Cannabis 101
For recreational or medicinal use. Also known as marijuana, pot, bud, and weed.

How it’s Used
- Inhaled starts working within 10 min and effects last 2-4h (but can be up to 24h)
- Edibles start working at around 1h and effects last 4-6h (but can be up to 24h)
- Vaping and edibles likely safer than smoking

When to Avoid
- Pregnancy and breastfeeding
- Personal/family history of psychosis
- Several hours before driving
- Allergy to cannabis
- Under age 25

Tetrahydrocannabinol (THC)
- Makes some people high
- Stimulates appetite
- More cognitive side effects than CBD (e.g., confusion, drowsiness)

Cannabidiol (CBD)
- Does not make people high
- Many potential medicinal uses

*Cannabis has hundreds of other ingredients with unknown effects

What to Watch For Side effects are higher for cannabis than most prescription medicines

Very common (10-30%)
- Intensely happy/uneasy
- Sedation/relaxation
- Difficulty speaking
- Numbness
- Disconnected thoughts
- Muscle twitching
- Changes in heart rate/blood pressure

Common (1-10%)
- Impaired memory, confusion
- Blurred vision/visual hallucination
- Loss of touch with reality/self
- Problematic cannabis use (e.g., difficulty cutting down, continued use, despite harm)

Uncommon but serious (<1%)
- Intense/prolonged vomiting
- Loss of motivation

Long term side effects largely unknown

Reduce Harm
- Avoid driving for several hours after use
- Vaporizing/edibles preferred over smoking
- Keep away from children, especially edibles
- Delay age of first use as long as possible
Practical Tips for Medical Cannabis
Includes medical marijuana and pharmaceutical cannabinoids

Reasons for Use  Most evidence is from pharmaceutical cannabinoids
- May help in chronic nerve pain, palliative care, nausea and vomiting from chemotherapy, and spasticity from multiple sclerosis
- May help drug-resistant seizure disorders in kids
- Very little evidence to support use for anxiety, general nausea/vomiting, or other pain conditions

Prescribing for Medical Use
- Try pharmaceutical cannabinoids first (nabilone, nabiximols)
- Don’t need to feel high for effective symptom management
- Avg use is 1.5-3g of herbal cannabis/day
- 1 joint ≈ 0.5g of cannabis

Dosing Medical Marijuana
- Effects vary considerably based on strain
- Start with lower THC, limit to <9%
- **Inhaled**: start with 1 puff and wait 10 min to assess effect, repeat as needed
- **Edible**: start with 1 small bite and wait 1 hour to assess effect, repeat as needed

<table>
<thead>
<tr>
<th>Inhaled</th>
<th>Edible</th>
<th>Pharmaceutical Cannabinoids</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Product</strong></td>
<td>Plant/oil that is smoked or vaporized</td>
<td>Plant/oil added to food/drink</td>
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<tr>
<td><strong>Onset of effect</strong></td>
<td>5-10 min</td>
<td>Up to 60 min</td>
</tr>
<tr>
<td><strong>Peak effect</strong></td>
<td>10-20 min</td>
<td>2-4h</td>
</tr>
<tr>
<td><strong>Duration of effect</strong></td>
<td>2-4h (up to 24h)</td>
<td>Adults: 4-6h (up to 24h)</td>
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<tr>
<td><strong>Can impair driving</strong></td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
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Managing Side Effects
- Reduce dose (frequency, potency, amount) or stop
- Reduce THC if cognitive side effects
- Tolerance may develop over weeks to months
- Stop if signs of problematic cannabis use
- Withdrawal symptoms include intense anxiety/fatigue 1-2 days after stopping

Cannabis Drug Interactions
- Smoked cannabis induces CYP1A2 (e.g., may decrease effect of olanzapine, chloropromazine)
- Inhibitors of CYP3A4 (e.g., ketoconazole) may result in more effects from THC or CBD
- Inducers of CYP3A4 (e.g., rifampin, St. John’s wort, phenytoin) may result in less effects from THC or CBD
- Clinical importance of other interactions unclear

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