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 lasts 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)
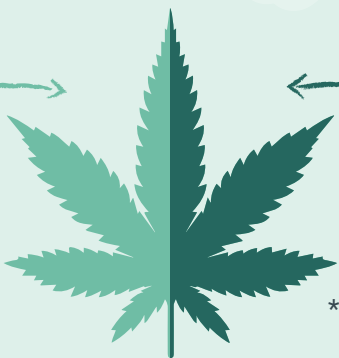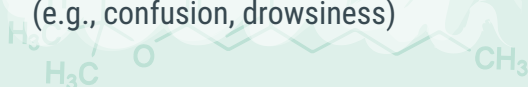- Vaping and edibles likely safer than smoking

When to Avoid

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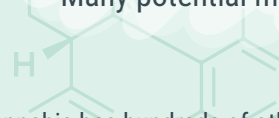- Allergy to cannabis
- Under age 25

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

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Volkow ND, Baler RD, Compton WM, Weiss SR. N Engl J Med 2014 Jun 5;370(23):2219-27.
Allan GM et al. Simplified guideline for prescribing medical cannabinoids in primary care. Can Fam Physician 2018;
https://www.canada.ca/en/services/health/campaigns/marijuana-cannabis.html 64: 111-120f

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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

http://www.cfpc.ca/Release_Dried_Cannabis_Prelim_Guidance/

	Inhaled	Edible	Pharmaceutical Cannabinoids
Product	Plant/oil that is smoked or vaporized	Plant/oil added to food/drink	Nabilone, nabiximols
Onset of effect	5-10 min	Up to 60 min	1-2h
Peak effect	10-20 min	2-4h	2-4h
Duration of effect	2-4h (up to 24h)	*Adults:* 4-6h (up to 24h) *Kids:* 6-12h (up to 36h)	12h (up to 24h)
Can impair driving	Yes	Yes	Yes

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, chlorpromazine)
- 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