

CANNABIS

FREQUENTLY ASKED QUESTIONS

COMMON TERMINOLOGY

Cannabis

Commonly referred to as Marijuana or Marihuana. Refers to fresh or dried marijuana or cannabis oil.

Cannabinoids

Compounds derived from or based on chemicals found in the cannabis plant.

MAIN ACTIVE INGREDIENTS

Tetrahydrocannabinol (THC)

Is by far the best studied and is responsible for many of the physical and psychotropic effects of cannabis. The average amount of THC in cannabis is approximately 10%, but can range from as low as 1% to as high as 30%.

Cannabidiol (CBD)

Lacks psychoactive activity but shares some of the same therapeutic activity as THC.

The cannabis dose, the ratio of THC to CBD and the route of administration all play a role in terms of efficacy and adverse effects. Adjusting the THC to CBD ratio will change the effect that cannabis has on a patient.

FORMS OF CANNABIS

Inhaled (smoking / vaporizing dried cannabis)

Onset within a few minutes (peak 10-20 min). Duration 2-4 hours for adults (up to 24 hours).

Oral (e.g. oils, foods, capsules)

Onset 30 min (peak 2-4 hours). Duration 4-6 hours for adults (up to 24 hours).

WHICH MEDICAL CONDITIONS MAY BENEFIT FROM CANNABIS USE?

Cannabis has no official indications for use and it is NOT typically recommended for most medical conditions due to the lack of evidence to support its use. Possible exceptions include multiple sclerosis, chronic neuropathic pain, and pediatric treatment-resistant seizure disorders.

WHAT SIDE EFFECTS ARE ASSOCIATED WITH CANNABIS USE?

Some of the more common side effects may include dizziness, drowsiness, impaired memory/concentration, disorientation, impaired motor skills/perception, dry mouth/coughing, nausea/vomiting, and fast heartbeat. A sense of euphoria is seen more often with recreational use as more concentrated products are typically used. Long term use may lead to increased risk of triggering psychiatric disorders, increased risk of respiratory infections, decreased sperm count, possible negative impact on cognitive development in children/adolescents, tolerance, addiction, and cannabis-induced hyperemesis syndrome. Cannabis withdrawal can also occur.

WHO SHOULD AVOID CANNABIS?

Avoid use in pregnant or breastfeeding women, people under the age of 25, and those with a history of psychiatric illness or substance use disorder. Use with caution in those with respiratory conditions (e.g. asthma and COPD), cardiac conditions, and liver disease.

Health PEI
One Island Health System

ARE THERE ANY DRUG INTERACTIONS?

The most significant drug interactions are with medications that also cause sedation (e.g. sedatives, anxiolytics, opioids, alcohol). There are also a few pharmacokinetic drug interactions with medications like fluoxetine, ketoconazole, diltiazem, and HIV protease inhibitors (see Canadian Pharmacists Association Monograph on Cannabis).

HOW IS CANNABIS DETECTED?

Hospital testing for cannabis typically consists of urine drug screen. At Health PEI, a urine drug screening method is used that detects the presence of delta-9 tetrahydrocannabinol (THC) metabolites. Results > 50 ng/mL are reported as positive. It is difficult to achieve sufficient concentrations from secondhand smoke from typical cannabis cigarettes to detect cannabis concentrations above most urine drug screen limits.

HOW LONG AFTER USING CANNABIS PRODUCTS CAN IT BE DETECTED IN URINE?

Testing is usually positive several hours after acute exposure, but it can also be positive well after symptoms have resolved, making urine drug screens less helpful in diagnosis of acute intoxication. Positive results for THC metabolites have been reported up to 10 days after weekly use and up to 25 days after daily use. Thus, cannabis testing does not provide any specific information on the timeline of exposure or correlate with severity of intoxication.

TIPS TO REDUCE HARM RELATED TO CANNABIS

- Low potency cannabis products with less THC content are less likely to cause harm.
- Vaporization is preferred over smoking because less noxious chemicals are released into the lungs.
- Oral dosage forms are also considered safer than smoking but keep in mind that the effect is delayed and longer lasting.
- Cannabis should not be used when driving or operating machinery.
- Advise patients under age 25 to avoid using THC-containing products, to reduce harm to the developing brain.

References

1. Health Canada Government of Canada. Information - Cannabis (Marihuana, marijuana). <http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/cons-eng.php>. Published September 13, 2013.
2. Wang, GS (2018). Cannabis (marijuana): Acute intoxication. In J.F. Wiley (Ed.), *UpToDate*. Retrieved March 23, 2018, from http://www.uptodate.com/qa/proxy.mun.ca/contents/cannabis-marijuana-acute-intoxication?search=cannabis&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H7892848
3. CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2018 [updated 2018 April; cited 2018 Aug 30]. Cannabis [product monograph]. Available from: <http://www.e-cps.ca> or <http://www.myrx.ca>. Also available in paper copy from the publisher.
4. Fischer B, Russell C, Sabioni P, van den Brink W, LeFoll B, et al. Lower-risk cannabis use guidelines: a comprehensive update of evidence and recommendations. *AJPH* 2017; 107(8): e1-e12.

RESOURCES

Canadian Pharmacists Association Medical Cannabis CE and Medical Cannabis Q&A
<https://www.pharmacists.ca/education-practice-resources/professional-development/medical-cannabis-ce/>

The Canadian Consortium for the Investigation of Cannabinoids
<http://www.ccic.net>

Health Canada's Access to Cannabis for Medical Purposes Regulations
<http://laws-lois.justice.gc.ca/eng/regulations/SOR-2016-230/FullText.html>
<https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-use-marijuana/information-medical-practitioners.html>

The College of Family Physicians of Canada, Authorizing Dried Cannabis (Medical Marijuana) for Chronic Pain or Anxiety: Preliminary Guidance
https://www.cfpc.ca/uploadedFiles/Resources/_PDFs/Authorizing%20Dried%20Cannabis%20for%20Chronic%20Pain%20or%20Anxiety.pdf



Canada's Lower Risk Cannabis Use Guidelines

https://www.cma.ca/Assets/assets-library/document/en/advocacy/cma_policy_canadas_lower_risk_cannabis_use_pd16-06-e.pdf

Prescribing Medical Cannabinoids in Primary Care

<http://www.cfp.ca/content/cfp/64/2/111.full.pdf>

Toward Optimized Practice - Medical Cannabinoid Clinical Practice Guideline 2018

<http://topalbertadoctors.org/cpgs/2757327>

University of Waterloo - Pharmacy 5in5 Resources

<https://uwaterloo.ca/pharmacy/pharmacy5in5-resources>