

CANNABIS

META-PHI Counsellor Meeting
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Facilitated by:

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Disclosure

- Consultant for Guide Point Research Group

Cannabis



- EPIDEMIOLOGY: 9% develop Cannabis Use Disorder; 25% of users age 14-24 past year use, highest group; legal in Canada x few years, and other jurisdictions for some time; prevalence increasing (6% global avg, 10% in US and Canada)
- BIOLOGY: *Cannabis Sativa*, >400I Compounds; psychoactive: THC; CBD – primary non-psychoactive compound
- PHARMACOLOGY: CB attaches to endocannabinoid receptors in brain/other tissues – leads to release of other neurotransmitters – dopamine, serotonin, GABA and glutamate
- EFFECTS: Euphoria, decreased anxiety/alertness, perception changes (vivid), sleepiness
Intoxication: Hallucinations/psychosis, paranoia, increased appetite, hypertension
Mimics: Generalised Anxiety/Mood Disorders. Schizophrenia (paranoia/psychosis)
Chronic Use: Cognitive, attention, short-term memory impairment; immune suppression

Cannabis



- USE DISORDER: Increasing use, cannot stop using, +++ cravings, recurrent use despite negative consequences, tolerance and withdrawal (largely psychological)
- PHYSICAL WITHDRAWAL (not in all users) chills, headaches, sweating, abdominal pain
- MEDICAL COMPLICATIONS: Respiratory symptoms, CAD, CVD, carcinogen, neuro-developmental effects, hyperemesis syndrome, decreased sperm count/infertility
- PSYCHOTIC DISORDER: Especially in developing brain in youth/adolescents
- TREATMENT: Psychosocial treatment has best evidence; CBT, MI, Contingency Management; digital health intervention helpful adjunct; combo helpful
- MEDICAL USE: May assist in neuropathic pain in HIV; reduces spasticity in multiple sclerosis; reduces nausea/vomiting in chemotherapy; acts synergistically with opioids to reduce acute pain in cancer, may reduce opioid doses required; increases appetite in patients with severe wasting

Cannabis



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