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| **Cannabis** |
| **Marijuana**-Crushed leaves, stems, and flowers of female hemp plant (cannabis sativa). Pot, Grass, Dope, Ganja, Mary Jane, Reefer, Skunk, Weed, reefer, smoke, ace, blunt, dope, skunk5**Hashish-** resin from flowers and leaves; more potent than marijuanaCannabis IndicaHash, hash oil, weed oil, weed juice, honey oil, tea, black solids, grease, smoke, boom, chronic, gangster, hemp5  |
| **Characteristics**(Hallucinogen) | * Tetrahydrocannabinol (TCH) is the active ingredient; 5-11% in marijuana and up to 28% in hashish5
* THC modulates release of neurotransmitters (including dopamine and glutamate) by interacting with specific cannabinoid receptors that are distributed in brain regions5
* Initial half-life is 1-2 hours and elimination half-life is 24-36 hours.5
* Effects occur rapidly and last up to several hours; accumulates in fat tissue for up to four weeks before being released back into blood stream; effects may persist5
* When smoking cannabis the effect is almost immediate and may last several hours, depending on amount consumed. When it is swallowed, the effect is felt in about an hour, and lasts longer than when it is smoked.4
* THC is stored in fat cells and expelled from the body over a period of days or weeks, depending on the frequency of use and the amount used.4
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| **Presentation during intoxication** | **Common Signs and Symptoms of intoxication can include2,3:**

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| Relaxation | Talkativeness | Mood swings |
| Tachycardia | Euphoria | Coughing |
| Decreased blood pressure | Increased appetite | Decreased Inhibitions |
| Blood shot eyes |  |  |

**Extreme intoxication signs and symptoms may include3**:

|  |  |  |
| --- | --- | --- |
| Fatigue | Paranoia | Delusions |
| Hallucinations |  |  |

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| **Monitoring and support during intoxication** | **Monitor10*** Monitor vital signs
* Monitor mental status

**Supportive Interventions10*** Provide supportive care and reassurance
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| **Withdrawal presentation4****(usually last a week or two)** | **Symptoms may include4**

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| --- | --- | --- |
| Restlessness | Irritability | Sleep difficulties |
| Decreased appetite | Night sweats | Vivid dreams |
| GI Distress | Anxiety and general fear | Tremor |

* The symptoms are usually relatively mild and last a week or two. They do not require more than short-term symptomatic management. 7
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| **Monitoring and support during withdrawal** | **Monitor*** Monitor for symptoms of withdrawal and potential complications (i.e anxiety) 4,7

**Support 10*** Provide supportive care, and ensure a calming environment
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| **Potential Complications** | **May include5:*** Chronic use may lead to bronchitis, weight gain, bloodshot eyes, loss of energy, apathy, “fuzzy” thinking, slow reaction time, impaired judgment, decreased testosterone in males; increased risk of depression, anxiety, and schizophrenia
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| **Notable Drug Interactions** |

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| --- | --- |
| **With antidepressants8*** With tricyclic antidepressants, tachycardia, light-headedness, mood lability, and delirium have been reported
* Cardiac complications have been reported in children and adolescents
* Cannabis increases serotonin levels which may result in a serotonin syndrome

**With antipsychotics8** * Drugs with anticholinergic properties can cause marked hypotension and increased disorientation
 | **With Lithium8*** Clearance of lithium may be decreased with cannabis use.

**With Alcohol 9*** Intensifies each other’s effects and can cause severe impairment.

**With Opioid8*** THC blocks excitation produced by morphine

**With Stimulant8*** Increased heart rate
* Blood pressure increased with high doses of both drugs
* Increased plasma level of cocaine euphoria
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| **Psychiatric effects** | * Cannabis can exacerbate depression, impair cognitive functioning, induce psychosis, trigger schizophrenia in individuals who are predisposed, and worsen symptom control in people with schizophrenia.1
* Cohort studies suggest that chronic use of cannabis by teenagers is associated with >5-fold increase in risk of later-life depression and anxiety as well as an increased risk of early-onset psychosis.5
* Prolonged exposure may cause an initial increase in synaptic dopamine and then lead to prolonged changes in the endogenous cannabinoid systems.5
* Regular marijuana use has been linked with increased risk of tardive dyskinesia in patients on antipsychotics.5
* Adolescents and individuals with primary psychiatric disorders appear to be particularly vulnerable to the psychiatric effects of cannabis.1
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