

# The Basics of Cannabis: What Providers Need to Know

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University of California Los Angeles  
Integrated Substance Abuse Programs

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# Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

## Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:



The use of affirming language inspires hope and advances recovery.

**LANGUAGE MATTERS.**

**Words have power.**

**PEOPLE FIRST.**

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



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# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.



# What's in a Name?

REEFER

Herb

pot

Weed

Grass

Bud

# Cannabinoids



# Cannabis: Basic facts (1)

**Description:** The active ingredient in cannabis is delta-9-tetrahydrocannabinol (THC)

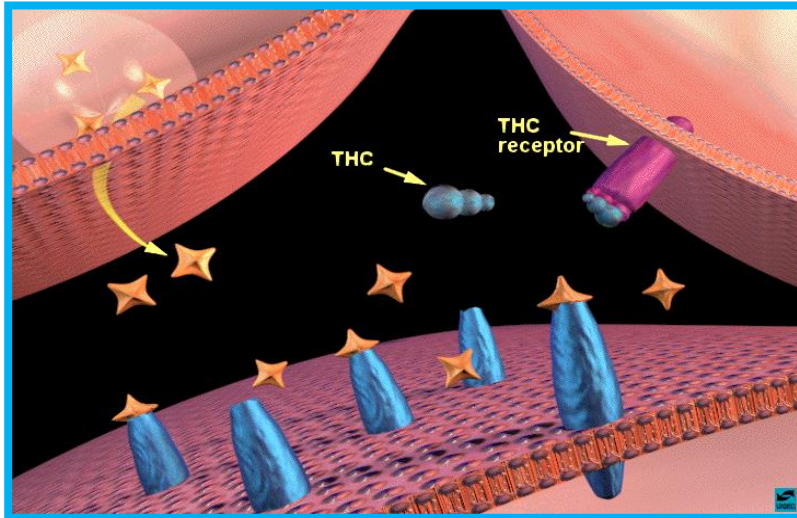
- **Cannabis:** tops (flower) and leaves of the plant Cannabis sativa
- **Hashish:** more concentrated resinous form of the plant

**Route of administration:**

- Smoked as a cigarette or in a pipe
- More recently, “vaping”
- Oral, brewed as a tea or (more recently) made into a food product (“edibles” - cookies, candies, etc)



# Cannabis: How Does it Work?



- ▶ Contains over 60 cannabinoids: main active chemical is  $\Delta$ -9-tetrahydrocannabinol (THC)
- ▶ Stimulates “high” by triggering receptors in parts of brain that influence pleasure, memory, thinking, concentration, coordination
- ▶ THC’s molecular structure is similar to that of neurotransmitters that affect cannabinoid receptors (affect pain, appetite, vomiting reflex)
- ▶ Effects generally last 1-4 hours

SOURCES: Eddy, 2010; NIDA, 2012a, 2012b (reference list).



<https://www.youtube.com/watch?v=oeF6rFN9org>

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# Cannabis: Basic facts (2)

- ▶ Effects begin almost immediately when smoked
- ▶ Effects of smoked cannabis can last from 1 to 3 hours
- ▶ If consumed in foods or beverages, the effects appear later—usually in 30 minutes to 1 hour—but can last up to 4 hours
- ▶ Stays in system from a few days to much longer



# Neurologic Impact of Cannabis in Adults

- ▶ Administered neuropsychological tests to **63 current heavy cannabis users** who had smoked cannabis at least 5,000 times in their lives and to **72 control subjects** who had smoked no more than 50 times in their lives.
- ▶ Differences between the groups after 7 days of supervised abstinence were reported. However, **no deficits were found after 28 days abstinence**, after adjusting for various potentially confounding variables.
- ▶ Suggest that cognitive deficits associated with long-term cannabis use are **reversible and related to recent cannabis exposure**.

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# Cannabis: Basic facts (3)

## Acute Effects:

- Relaxation
- Increased appetite
- Dry mouth
- Altered time sense
- Mood changes
- Bloodshot eyes
- Impaired memory

# Cannabis: Basic facts (4)

## Withdrawal Symptoms:

- Insomnia
- Restlessness
- Loss of appetite
- Irritability
- Sweating
- Tremors
- Nausea
- Diarrhea



# Cannabis: Negative Effects on Behavior and Mental Health

- ▶ Similar to alcohol/other drugs if misused (impairment)
- ▶ Long term use has negative impact on learning and memory
- ▶ Long term use reduces motivation (“amotivational syndrome”)
- ▶ Associated with mental health problems
  - ▶ Unclear if cannabis use is cause or effect
  - ▶ Heavy use is highly associated with serious mental illness - particularly among those with high risk (e.g., family history)

# Treatment Considerations

- ▶ There is currently no approved medication for cannabis use disorders
- ▶ *N-acetylcysteine* and gabapentin have potential but require additional research
- ▶ Behavioral approaches have shown promise:
  - ▶ Cognitive-Behavioral Treatment
  - ▶ Contingency Management
  - ▶ Motivational Enhancement





# Three Steps to Start the Conversation



1. Decisional Balance



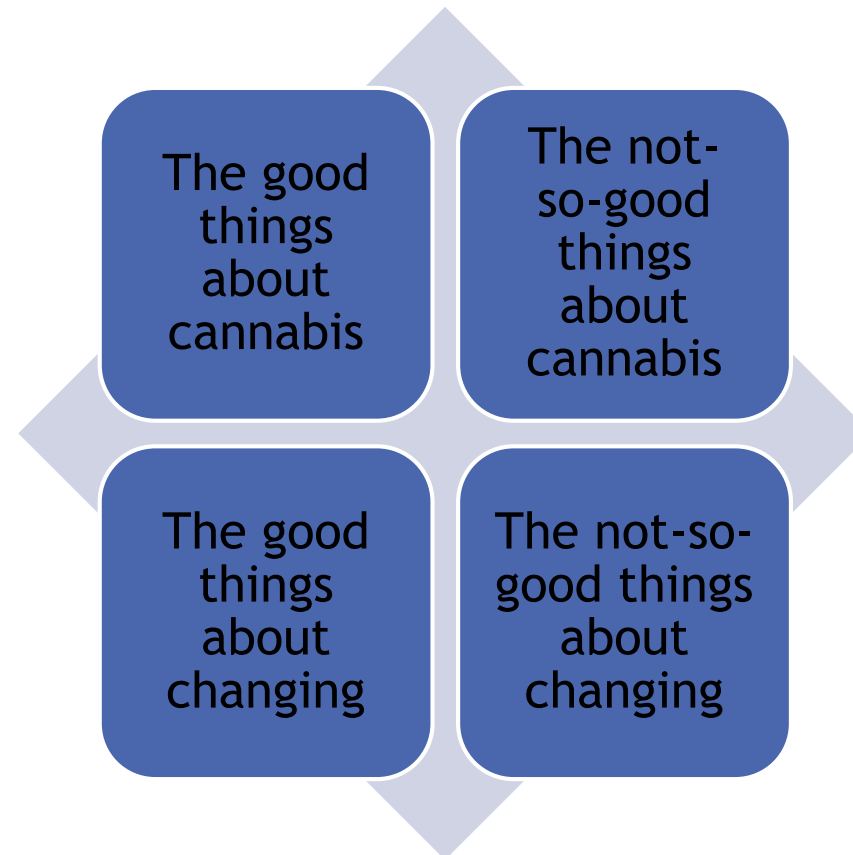
2. Feedback Sandwich



3. Explore options

# 1. Decisional Balance

Have patient explore what they perceive to be the benefits/costs of using medical cannabis



## 2. Feedback Sandwich



- ▶ Ask permission to give patient feedback on how cannabis may be affecting his/her health
- ▶ Give feedback
  - ▶ Acknowledge pros/cons patients mentioned
  - ▶ Mention concerns about cannabis's effects as they pertain to the patient (physical/behavioral health issues, regulatory/legal issues)
  - ▶ Present information in a non-judgmental manner
- ▶ Ask for patient response to feedback

# 3. Explore Options

- ▶ If Steps 1 and 2 show that reducing cannabis use would benefit patient, explore additional strategies to achieve symptom relief
  - ▶ Behavioral interventions
  - ▶ Pharmacological interventions
  - ▶ FDA-approved THC medications

