

The background is a solid dark blue. In the corners, there are decorative white line art elements resembling circuit boards or neural networks. These elements consist of thin white lines that branch out and terminate in small white circles. The patterns are symmetrical, with similar designs in the top-left, top-right, bottom-left, and bottom-right corners.

CANNABIS: MEDICAL, LEGAL AND UNKNOWN

RANDALL WEBBER, MPH, CADC

CANNABIS

- Species:
 - Sativa (stimulating)
 - Indica (sedating)
- Cannabinoids:
 - > 100
 - Psychoactive: Δ^9 -THC
 - Cannabidiol (CBD)

ENDOCANNABINOIDS

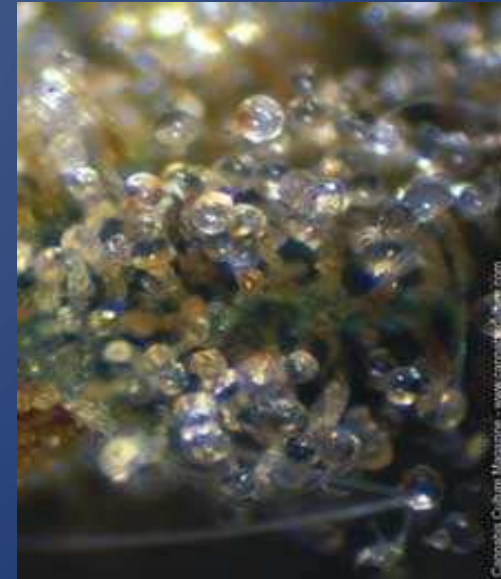
- Receptors

- CB₁
- CB₂

CANNABIS (HEMP)



CANNABIS (FLOWER/MARIJUANA)



TRICHOMES

HASHISH



kif



HASH OIL



SHATTER



BUDDER



WAX



CANNABIS (DESIRED EFFECTS)

- euphoria
- excitation/stimulation)
- relaxation
- altered perception (slowing) of time
- intensification of sensory stimuli
- hilarity/indiscriminate laughter
- increased *libido* (sex drive)

CANNABIS (UNDESIRE EFFECTS)


- Short-term memory impairment
- Impaired verbal skills/communication ability
- Depression
- Anxiety (More likely with high THC levels)
- Mental clouding
- Confusion
- Panic (More likely with high THC levels)
- Hallucinations
- Delusions

CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Substantial evidence:
 - Association between long-term cannabis smoking and worse respiratory symptoms and more frequent chronic bronchitis episodes
(Marijuana smoking most likely causes breathing problems and bronchitis)



CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Moderate evidence:
 - Cessation of cannabis smoking and improvements in respiratory symptoms (**If you quit smoking marijuana, your breathing problems could get better**)
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CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- No statistical association between cannabis smoking and the incidence of lung cancer (There is no evidence of a connection between smoking marijuana and lung cancer).
- No statistical association between cannabis use and the incidence of head and neck cancers (There is no evidence of a connection between smoking marijuana and those cancer either)



CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Limited evidence:
 - Statistical association between current, frequent, or chronic cannabis smoking and non-seminoma-type testicular germ cell tumors (There is some evidence of a connection between smoking marijuana and testicular cancer).
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CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)




- Limited evidence:
 - Association between occasional cannabis smoking and an increased risk of developing chronic obstructive pulmonary disease (COPD) when controlled for tobacco use (Even if people don't smoke tobacco, there is a possibility that they will develop COPD)

CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Insufficient evidence
 - To support or refute a statistical association between cannabis smoking and asthma development or asthma exacerbation (It's unknown whether marijuana smoking either causes or worsens asthma).
 - Esophageal, prostate, cervical, bladder, penile, anal cancer, non-Hodgkin lymphoma (It's unknown whether marijuana smoking causes those illnesses)



CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)




- There exists a paucity of data on the effects of cannabis or cannabinoid-based therapeutics on the human immune system (There isn't enough research to say one way or the other).
 - Insufficient data to draw conclusions concerning the effects of cannabis smoke or cannabinoids on immune competence (Not enough research).
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CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Limited evidence to suggest that regular exposure to cannabis smoke may have anti-inflammatory activity (Cannabis may have anti-inflammatory properties).
- Insufficient evidence to support or refute a statistical association between cannabis or cannabinoid use and adverse effects on immune status in individuals with HIV (There is not enough research to say one way or the other)



CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Smoking cannabis during pregnancy is linked to lower birth weight in the infant
 - The relationship between smoking cannabis during pregnancy and other pregnancy and childhood outcomes is unclear.
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CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)



- Recent cannabis use impairs the performance in cognitive domains of learning, memory, and attention. **Recent use may be defined as cannabis use within 24 hours of evaluation.**
- A limited number of studies suggest that there are impairments in cognitive domains of learning, memory, and attention in individuals **who have stopped smoking cannabis (Some research suggests that things can get better, but this is not known for sure).**

CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- **Cannabis use during adolescence is related to impairments in subsequent academic achievement and education, employment and income, and social relationships and social roles (Teens should not smoke marijuana).**



CANNABIS RESEARCH FINDINGS (NATIONAL ACADEMIES OF ENGINEERING, SCIENCE AND MEDICINE 2017)

- Cannabis use prior to driving increases the risk of being involved in a motor vehicle accident (Don't drive high).
 - In states where cannabis use is legal, there is increased risk of unintentional cannabis overdose injuries among children (Children often eat edibles).
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THE CANNABIS POTENCY PROBLEM

- Marijuana for research only available from U.S. government's marijuana farm
- Government marijuana averages 6% THC
- Street marijuana (and marijuana in dispensaries) can reach 30% THC or more

The background is a dark blue gradient with a series of concentric circles centered behind the text. On the left and right sides, there are stylized, light blue circuit-like lines with small circles at the ends, resembling a network or data flow.

(ILLINOIS) COMPASSIONATE USE OF MEDICAL CANNABIS PILOT PROGRAM ACT

MEDICAL MARIJUANA CARD

- Physician certifies that patient has qualifying condition
- Fingerprinting
- Photo
- Criminal background check
- Application to Illinois Dept of Public Health
- Good for two years

PRESCRIPTION VS CERTIFICATION

- Patient is not prescribed medical cannabis
- Physician certifies that patient has one of the qualifying conditions

MEDICAL MARIJUANA CARD

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PATIENTS AND CAREGIVERS

- Patient = Personal allowed to purchase and possess medical cannabis and cannabis products
- Designated caregiver = A person who is selected by a qualifying patient as the person who is authorized, on their behalf, to possess, obtain from a certified medical cannabis dispensary, dispense and assist in the administration of medical cannabis. Caregivers may only serve one patient, and **may not receive any payment or compensation for their services.**

MEDICAL MARIJUANA ACT: QUALIFYING CONDITIONS

- Cancer
- Glaucoma
- Positive status for HIV
- Acquired immune deficiency syndrome
- Hepatitis C
- Amyotrophic lateral sclerosis (ALS/Lou Gerig's Disease)

MEDICAL MARIJUANA ACT: CONDITIONS

- Crohn's disease
- Agitation of Alzheimer's disease
- Cachexia/wasting syndrome
- Muscular dystrophy
- Severe fibromyalgia
- Spinal cord disease, including but not limited to arachnoiditis

MEDICAL MARIJUANA ACT: CONDITIONS

- Tarlov cysts
- Hydromyelia
- Syringomyelia
- Rheumatoid arthritis
- Fibrous dysplasia

MEDICAL MARIJUANA ACT: CONDITIONS

- Spinal cord injury
- Traumatic brain injury
- Post-concussion syndrome
- Multiple Sclerosis
- Arnold-Chiari malformation and Syringomyelia
- Spinocerebellar Ataxia (SCA)

MEDICAL MARIJUANA ACT: CONDITIONS

- Myoclonus
- Dystonia
- Reflex Sympathetic Dystrophy, RSD (Complex Regional Pain Syndromes Type I),
- Causalgia, CRPS (Complex Regional Pain Syndromes Type II),
- Neurofibromatosis

MEDICAL MARIJUANA ACT: CONDITIONS

- Polyneuropathy
- Sjogren's syndrome
- Lupus
- Interstitial Cystitis
- Myasthenia Gravis

MEDICAL MARIJUANA ACT: CONDITIONS

- Hydrocephalus
- Nail-patella syndrome
- Residual limb (Phantom limb) pain

MEDICAL MARIJUANA ACT: CONDITIONS

- Seizures (including those characteristic of epilepsy)
- Post-traumatic stress disorder (PTSD)
- **Opioid alternative program:** Patients who would otherwise be prescribed an opioid can now choose to seek relief with medical cannabis and are eligible to apply for a 90-day renewable medical cannabis card



MEDICAL MARIJUANA ACT: SUPPLY

- 2.5 ounces every 14 days
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The image features a dark blue background with white, stylized circuit board traces in the corners. These traces include small circles at various points, resembling solder joints or vias. The traces are located in the top-left, top-right, bottom-left, and bottom-right corners, framing the central text.

CANNABIS REGULATION AND TAXATION ACT



IMPACT OF LEGAL MARIJUANA ACT ON CRIMINAL JUSTICE SYSTEM

- Expungement of up to nearly 800,000 cannabis convictions
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IMPACT OF LEGAL MARIJUANA ACT ON MINORITY COMMUNITIES WILL:

- Promote diversity in the largely white cannabis industry
- Provide grants and loans to minority cannabis business owners.
- Funnel 25% of cannabis tax revenue through “Restore, Reinvest and Renew” program to support minority communities impacted by the War on Drugs
- Ensure 20% percent of new licenses for social use sales will go to people of color
- Make \$30 million available to help minority business owners

CANNABIS REGULATION AND TAXATION ACT

- Starting January 1, 2020, adults 21 and older may possess cannabis and purchase cannabis products in licensed stores. Possession is limited to:
 - 30 grams of raw cannabis
 - Cannabis-infused product or products containing no more than 500 mg of THC
 - Five grams of cannabis product in concentrated form.
- Non-residents may purchase half that amount, or 15 grams of cannabis, 250 mg of THC in a cannabis-infused product, and 2.5 grams of concentrated cannabis product.

PROBLEMS SINCE LEGALIZATION

- Colorado:
 - More ER visits
 - Children who consume their parents' cannabis
 - People with mental illness who consume cannabis
 - Cannabis hyperemesis
 - Fires and explosions due to people trying to make cannabis concentrates
 - Adolescents with access to cannabis products with high THC levels
 - Increase in auto accidents/fatalities unclear
 - Increase in petty crime

PROBLEMS SINCE LEGALIZATION

- Colorado:
 - Adolescent experimentation first up then down
 - Adolescent daily use unchanged



CANNABIS USE DISORDER TREATMENT

- Cannabis dependence is real
- There are cannabis withdrawal symptoms
- Current approaches:
 - Motivational enhancement therapy (MET)
 - Cognitive behavioral therapy (CBT)
 - Contingency management
 - Group treatment may be more effective



CANNABIS USE DISORDER: REASONS FOR USE

- Anxiety (GAD)
- Panic disorder
- Depression
- Insomnia
- Pain
- Low libido
- Boredom
- Socialization



CANNABIS USE DISORDER TREATMENT

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CANNABIS: REASONS FOR QUITTING

- Spending too much money
- Significant other objects
- Trouble with memory/concentration
- Cannot cut down on use
- Coughing/respiratory symptoms
- Legal problems (DUI, etc.)



CANNABIS WITHDRAWAL SYMPTOMS

- Craving
- Feelings of anger, irritability, and/or aggressiveness
- Nervousness or anxiety
- Sleep disturbances




CANNABIS WITHDRAWAL SYMPTOMS

- Decrease in appetite
- Restlessness
- Depression
- ***Possible:***
 - Abdominal pain
 - Fever
 - Chills
 - Sweating
 - Headache
 - Tremors or shakiness



DISCUSSION QUESTIONS

- How have we managed clients who have medical marijuana cards?
 - Will we drug test for cannabis once it's legal?
 - Will cannabis use disorders (CUD) increase after legalization?
 - Are we prepared to treat CUD?
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