The effect of the main substance of cannabis on the body

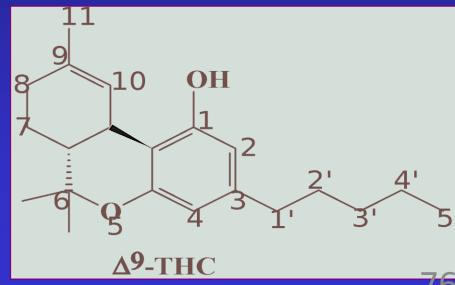
Pharmacological actions of THC

- Psychotropic
 - Initial euphoria and relaxation
 - Followed by a depressant period
 - Alterations memory and cognitive perceptual abilities
- Immuno-suppressive/immuno-modulation

Cardiovascular (tachycardia, orthostatic hypotension,

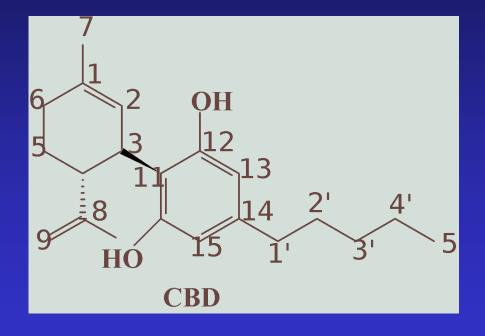
peripheral vasodilation)

- Analgesic
- Anti-emetic
- Appetite stimulant



Pharmacological Effects of CBD

- Anticonvulsant
- Analgesic
- Anti-anxiety
- Anti-psychotic
- Anti-inflammatory
- Anti-arthritic
- Immunosuppressive



Pharmacological Effects

Acute Effects

- CNS depressant: drowsiness, alertness, impairment of short term memory, slowed reactions, accuracy of psychomotor task performance; motor coordination and muscle tone
 - ➤ Low doses: mild euphoria, relaxation, ↑ socialability, ↓ anxiety
 - ➤ High doses: dysphoria, nanxiety and panic reactions (esp. inexperienced users) sensory distortions, hallucinations

Acute Effects

- Dry mouth
- Stimulated appetite (munchies)
- Antiemetic (low doses)
- Nausea and vomiting (high doses)
- Dilate blood vessels (red eyes)
- Increased heart rate
- Orthostatic hypotension
- Impaired:
 - Attention
 - Short term memory
 - Some complex cognitive processes,
 - Motor abilities

 Most effects are dose dependent and moderated by tolerance, comparable to those of moderate doses of alcohol (BAC approximately 0.05%)

//16/2022 //

Pharmacological Effects (cont'd)

Acute Effects

- Pain perception \downarrow (exerted at CB₁ receptor)
- Antinauseant and antiemetic effects,

 ↑ appetite (CB₁ receptors)
- Anticonvulsant effects (not via CB₁ receptors)

Pharmacological Effects (cont'd)

Neuromuscular system

 Centrally and peripherally mediated antispasticity

Cardiovasular effects

Tachycardia, cardiac output, myocardial oxygen need

Pharmacological Effects (cont'd)

Respiratory

Bronchodilation $\rightarrow \downarrow$ airway resistance (acute) Bronchial irritation \rightarrow particulate fraction of cannabis smoke (chronic) Cannabis smoke similar to tobacco smoke

Eye

 \downarrow IOP at doses that produce CNS effects

Immune System

Effects unclear

Chronic Effects

- > CNS
 - cognitive changes include poor memory, vagueness of thought, decreased verbal fluency, learning deficits
 - daily high doses can cause chronic intoxication syndrome (apathy), confusion, depression, paranoia
 - cannabis dependence (DSM-IV criteria)

Chronic Effects (cont'd)

Respiratory System

↑ chronic inflammatory chest disease precancerous changes

What Are the General Effects of Cannabis Use?

Administration

Smoked (start 1-2 minutes -> ends 4 hours)
PO (start 30 minutes -> ends 6 hours)

General effects of Cannabis use:

Potential Positives:

Euphoria, relaxation, laughing, >appreciation for music

Potential Negatives:

Anxiety, fear, paranoia, or panic

Hallucinations (rare)

Dissipate with time

Effects with Long Term Use

Impaired cognition

Attention

Memory

Problem solving

Mental flexibility

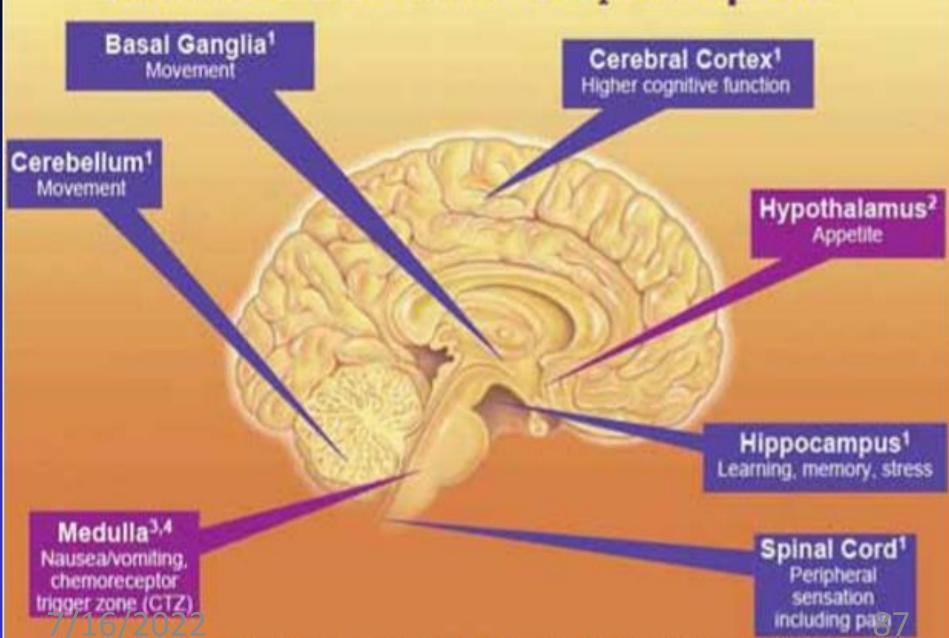
Altered brain function on neuroimaging:

Prefrontal cortex

Cerebellum

Hippocampus

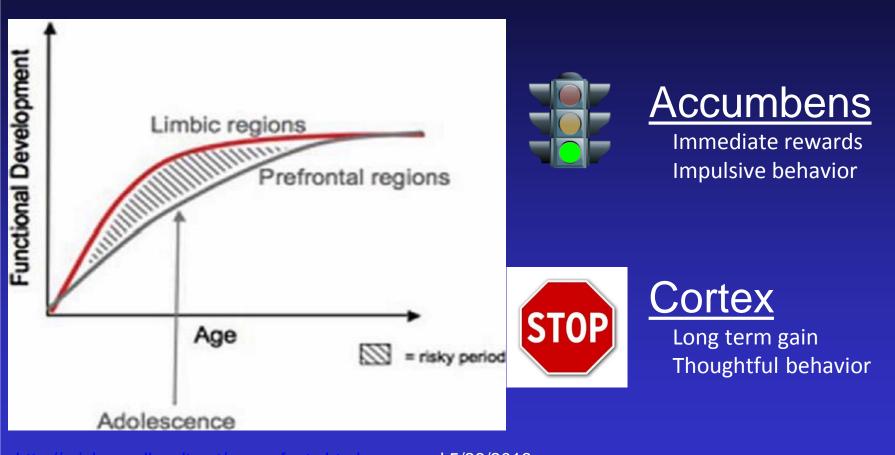
Concentrations of CB, receptors



How Does Cannabis Interact with the Brain?

- Endogenous cannabinoid receptors (CB1, CB2) and 5 endogenous ligands
- CB1
 - Psychoactive and reinforcing effects
 - Highest concentrations
 - Basal ganglia (reward, learning, motor control)
 - Cerebellum (sensorimotor coordination)
 - Hippocampus (memory)
 - Cortex (planning, inhibition, higher-order cognition)
 - Dose and time dependent
 - Euphoria: increased dopamine in reward center

Brain development in adolescence



http://erichengelhardt.net/neuro-facts.html accessed 5/28/2013

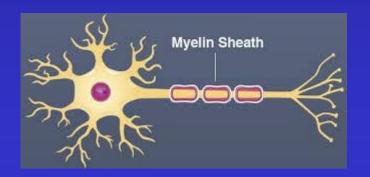
Amendment 64 prohibits the sale and use of cannabis products by those younger than 21 years. Why?

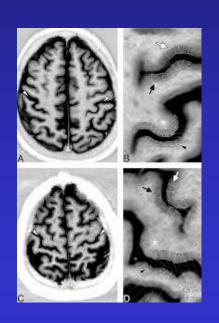
The adolescent brain is still developing. There is concern that the reward pathways and feedback loops may be altered if cannabis is used by those with still developing brains.

How Does Cannabis Interact with the Teen Brain?

Chronic or frequent use

- Impaired executive function
- Impaired higher-level control of attention
- Impaired working memory
- Decreased cortical thickness
- Possible decreased myelination





Behavioral, Medical, and Psychiatric Adverse Effects

Adolescents with regular use:

- Try other substances
- Develop substance use disorders
- Poor academic performance
- Drop out of school
- More delinquent behavior
- Psychiatric problems
- Emergency department visits
- Risky behavior
 - Drugged driving
 - Sexually transmitted diseases



Cannabis and Schizophrenia

Using Cannabis ->psychotic disorders

Association repeatedly demonstrated

Higher risk

- Frequent use
- Early onset

Prior schizophrenia diagnosis

- Negative effect on course and treatment
- Possible positive effect on cognition

Cannabis Withdrawal

- Experienced by most heavy users
- Resume THC and symptoms abate
- Cannabis withdrawal syndrome
 - Begins 1-2 days after stopping
 - Peaks in 2-4 days
 - Lasts for 1-3 weeks
 - No major medical/psychiatric consequences
 - More severe withdrawal=worse prognosis

Cannabis Withdrawal Symptoms

- Irritability/anger
- Nervousness/anxiety
- Sleep difficulty
- Decreased appetite
- Depressed mood
- Physical symptoms
 - Stomach pain
 - Tremor, headache
 - Fever, chills, sweating



Photo: Tony Fischer

Risk Factors

Genetic Environmental

Availability

Delinquent Behavior ผิดนัด

Chaotic Home วุ่นวาย

Low socio-economic status

Other psychopathology

Low perceived risk of harm

Peer/Family Use

Use of other substances

Earlier initiation risk of CUD (cannabis use disorder)



Cannabis coffee shop in Amsterdam