

Session 6

Leslie Hayes: I have heard some people state that the increased rate of THC is less significant than it's been made out to be because users decrease the amount they use. Is there any truth to that?

- Donald Foster: In my practice it seems to be patient dependent. based on tolerance. as the increase in TCH decreases amount of CBD which counteracts the anxiety and paranoia in the brain THC causes those adverse symptoms do tend to turn some folks off and decrease use.
- Donald Foster: I prescribe to chronic pain pts with OUD so allot of the patients I m describing are relatively naive to THC usually so please take that into account
- Dr. Marienfeld: If you mean the increased rate of THC onset with smoked vs oral, it's more associated with increased risk of misuse because it's more rewarding to the brain. If you mean increased percent of THC, there is a little bit of moderation of amount, but people are still getting exposed to more. A rough analogy is drinking low percent alcohol beer versus hard liquor. If people are drinking hard liquor, they don't typically stop with 1 shot, but at some point they will "feel" the effects of the more potent modality and that might stimulate moderation. They might get full of beer before they would stop from being as intoxicated.

Laura Swain: Why is medical cannabis use accepted/ granted by medical marijuana Doctors in Colorado for those who have used daily for years prior to applying for medical marihuana?

- Laura Swain: it is DSM 5 Not DSM V correct?

Adam Voelckers: Do you use quant values from drug screens? Is there a reliable correlation to their use?

- Dr. Marienfeld: The quant values are helpful, but must be considered in context. They are dependent on urine concentration. If markers of urine concentration are consistent (specific gravity, Cr), you can roughly use quant values to see general trends upward or downward. But, I caution over interpretation.
- Dr. Marienfeld: You can't really correlate amount used to urine levels. Also, it's hard to even pin down amount used since it's often measured in grams smoked, but how much is absorbed is variable, and the THC concentration can be variable in the same grams of smoked MJ. Also, there are studies showing the reported percentages of THC and CBD are not particularly accurate since there is often not independent third party verification of quality/purity.

Helene Alphonso: Does smoking Marijuana prevent seizures?

Jamie Redwing: my friends who work in the ED keep reporting seizures in cannabis-intoxicated persons. Any thoughts? Neurophysiology?

Abbie Ewell: are there any studies about subjective reports of intoxication varying? A sub-group of patients report very adverse responses (severe anxiety, hallucinations, etc) and I'm curious if this is genetic or how to explain this.

Juliette Perzhinsky: In states that have legalized marijuana for recreational use, young adult/adolescent use has increased and they perceive no harms (even medical students contest that it is safe and is NOT associated with addiction). Any thoughts on how this is being addressed at a national level or URL links? thanks.

Leslie Hayes: What is the reason we have switched from calling it marijuana to calling it cannabis?

- Adam Lake: i think just that cannabis is more accurate, as it is the species
- Leslie Hayes: Thanks!
- Dr. Marienfeld: Yes, it's the cannabis species. And, the term marijuana has some racist origins that are problematic. <https://www.theguardian.com/society/2018/jan/29/marijuana-name-cannabis-racism>
- Leslie Hayes: Interesting. Thank you.
- Bill Walsh: Honestly, it was because Marijuanna is a Spanish word, which was used to stigmatize the drug as "foreign" in the 30s. We see this as racist and non-medical now.

Mary Chima: how about delta-8 THC, what role does it play here?

- Dr. Marienfeld: My understanding is that Delta-8 THC is psychoactive, but less potent. Usually when we are talking about THC, we are including all the psychoactive components of cannabis that include delta 8 and delta 9, though delta 9 is more famous.

Sadie Knott: Please comment on cannabinoid hyperemesis syndrome

- Stephenie Chiyomi Thurber: why is marijuana becoming legal in more states?
- Dr. Marienfeld: It exists and is bothersome for patients. The time-honored hot shower actually does seem to help. It can strike at any time, so when longstanding smokers dismiss cannabis as a potential cause because they've used it forever, you can educate them. Best treatment = cessation.

Stephen Gibert: How early is early?

- Dr. Marienfeld: Early exposure for cannabis - usually we are talking about 12-13 I believe since that is when we see most initial experimentation. It's rare in youth 11 and under (unless trauma, other unstable environments). In the US, we start seeing use around 12-13 and then increasing rates of use throughout teens. We get most of this data from the Monitoring the Future Study that surveys 8th, 10th, and 12th graders.

Bruce Burns: Non FDA approved choices? Mirtazapine?

Martha Arden: As MJ use becomes more common/legal, I wonder if the definitions of concerning use will come to resemble those for alcohol. I see many patients who smoke 10+ blunts per day but say they are functioning just fine and have no interest in cutting back. They sound like old-time "functional alcoholics.

Stephenie Chiyomi Thurber: why is marijuana becoming legalized in many states? It seems it will lead to serious problems, MVA, etc.

Bruce Burns: Specifically for the withdrawal rather than to increase success of continued abstinence.

Donald Foster: I have had some really good results with NAC with cannabis use disorder and treating psychosis 2/2 amphetamine use disorder anyone else have any clinical correlation. Unfortunately the studies and data isn't great right now.

Mary Chima: how about delta 8-thc, how does it play into all of this?

YOGI GUNDAMRAJ: synthetic cannabinoids - some examples and street names please?

Linda Kinch: Can you comment on marijuana being laced with other drugs of abuse?