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# Tuesdays with Nexus:

# *Demystifying Medicinal Cannabis*

Kah-Seong Loke,
Consultant Psychiatrist,
Nexus Dual Diagnosis Consultation Service

Tuesday 7/2/2023 – 9.30 am

# Acknowledgement of Country

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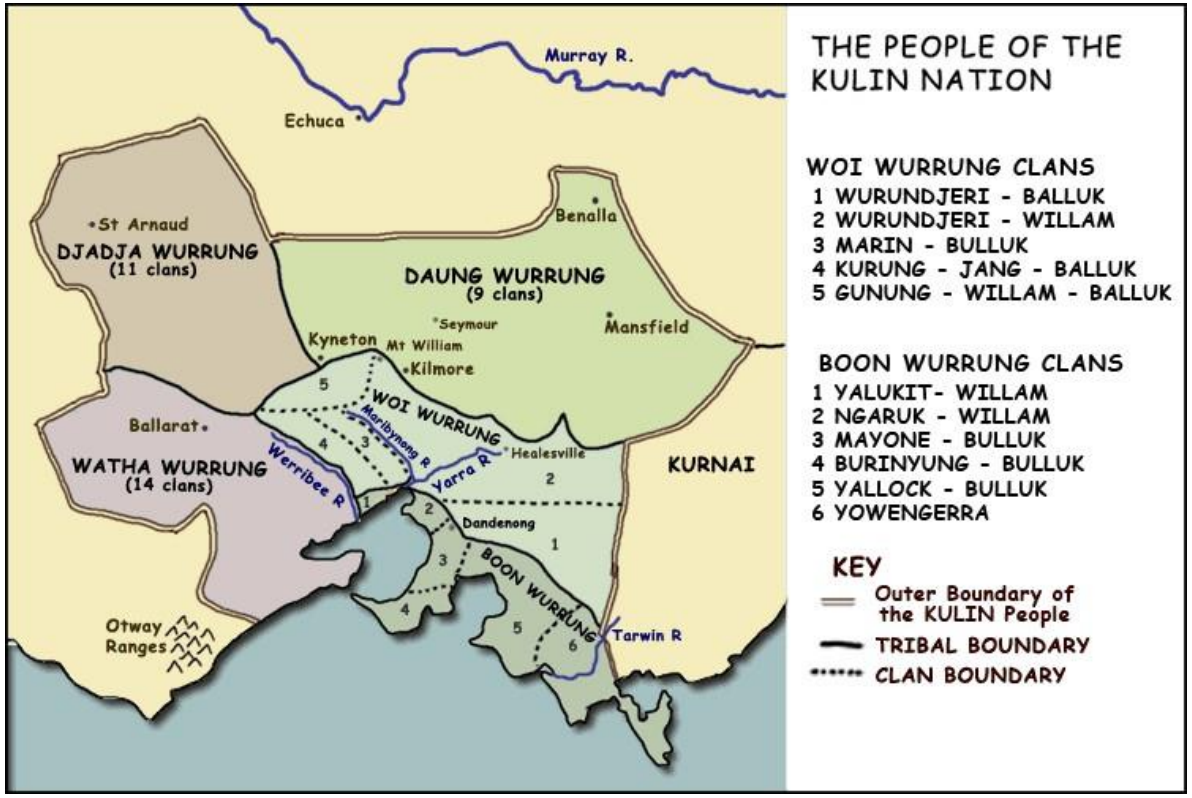
We respectfully acknowledge the Traditional custodians of the land on which we meet today, the Wurundjeri people of the Kulin Nation, and we pay respect to all Aboriginal Community Elders, past and present.



# THE MOST USED DRUG

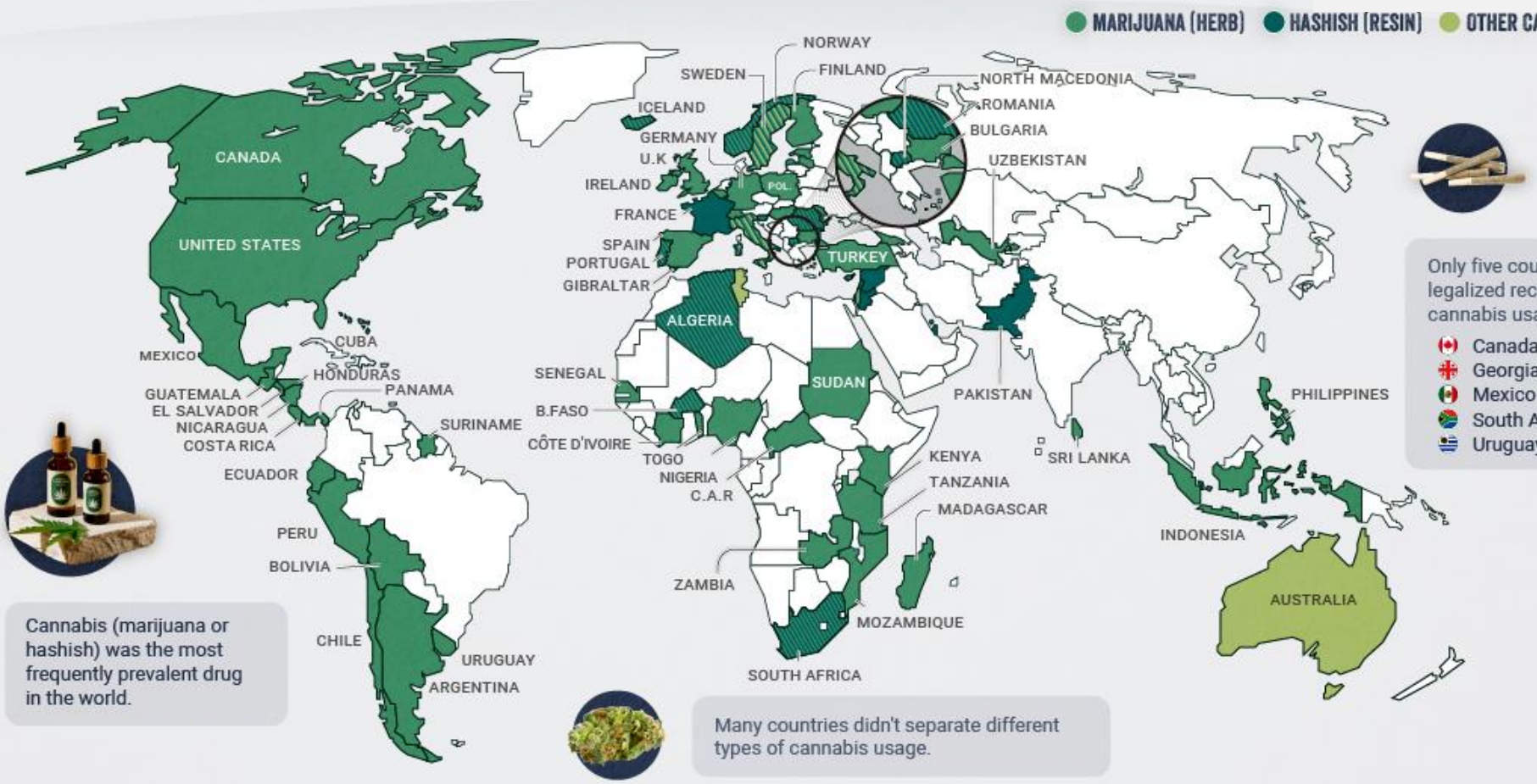
## IN EVERY COUNTRY IN THE WORLD 2021

### CANNABIS TYPE

Drugs like cannabis and c
throughout history, and m
the world.

**GLOBAL ESTIMATES OF THE NUMBERS OF DRUG USERS IN MILLIONS (2020)**

| Cannabis | Opioids | Amphetamines | Cocaine | "Ecstasy" |
|---|---|---|---|---|
| 209 (149–265) | 61 (37–78) | 34 (29–41) | 21 (18–26) | 20 (9–36) |



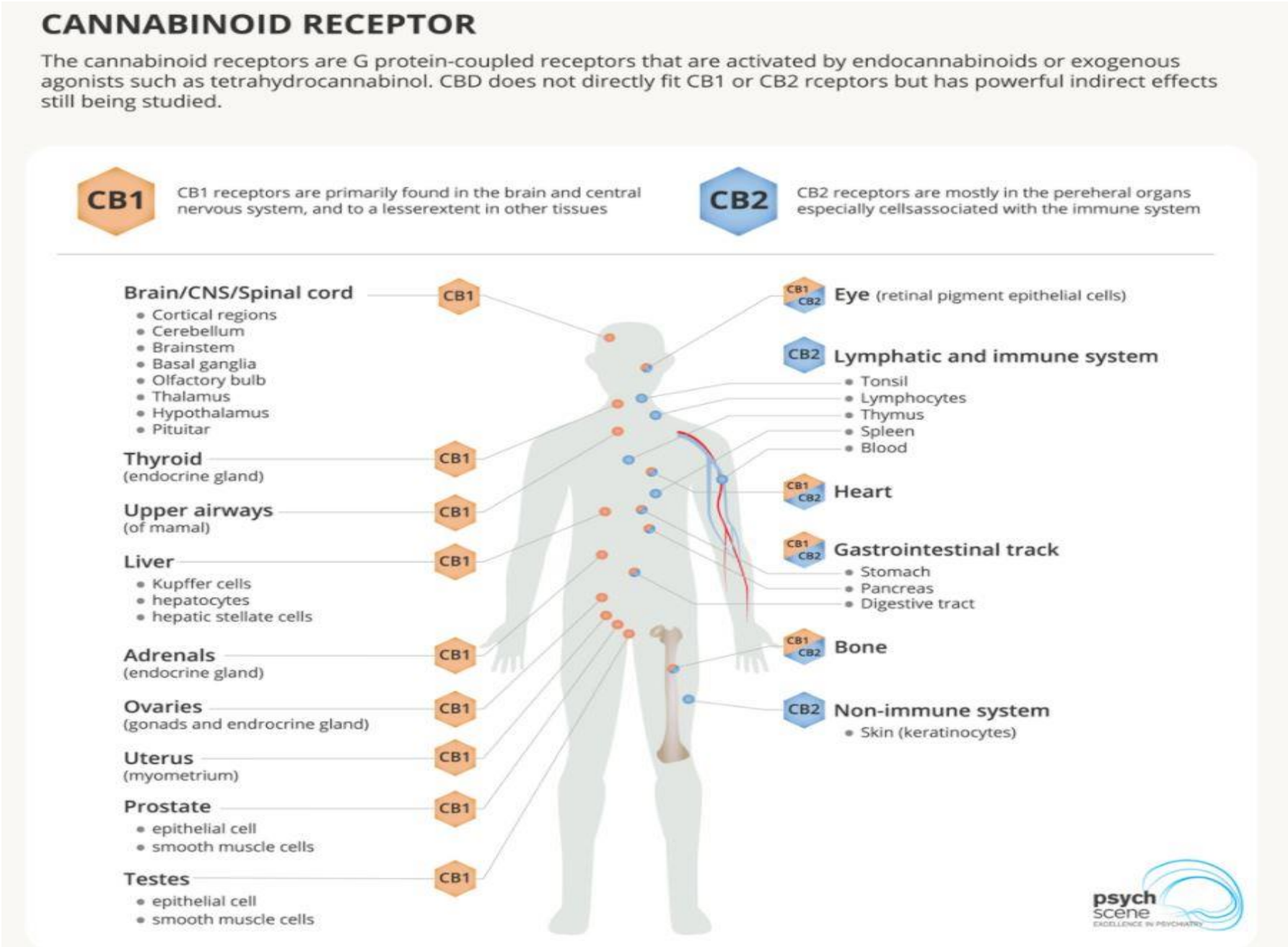

VISUAL CAPITALIST

*Source: World Drug Report 2021*

/visualcapitalist @visualcap visualcapitalist.com


COLLABORATORS **RESEARCH + WRITING** Raul Amoros, Omri Wallach | **ART DIRECTION + DESIGN** Athul Alexander, Clayton Wadsworth

# Endocannabinoid System

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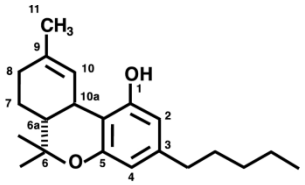
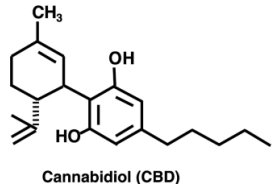
**Endocannabinoids (eCB)**

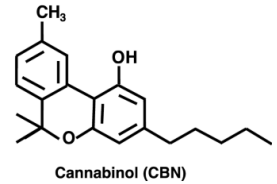
- 2-arachidonoylglycerol (2-AG)
- anandamide (AEA) [N-arachidonoylethanolamide]

# Cannabis


- Derived from Indian hemp plants (Cannabis sativa, indica, ruderalis)
- 3 main psychoactive ingredients (phytocannabinoids):
  - $\Delta^9$-tetrahydrocannabinol (THC) [dronabinol: synthetic $\Delta^9$-THC]
  - cannabidiol (CBD)
  - cannabinol (CBN) [25% potency of THC]



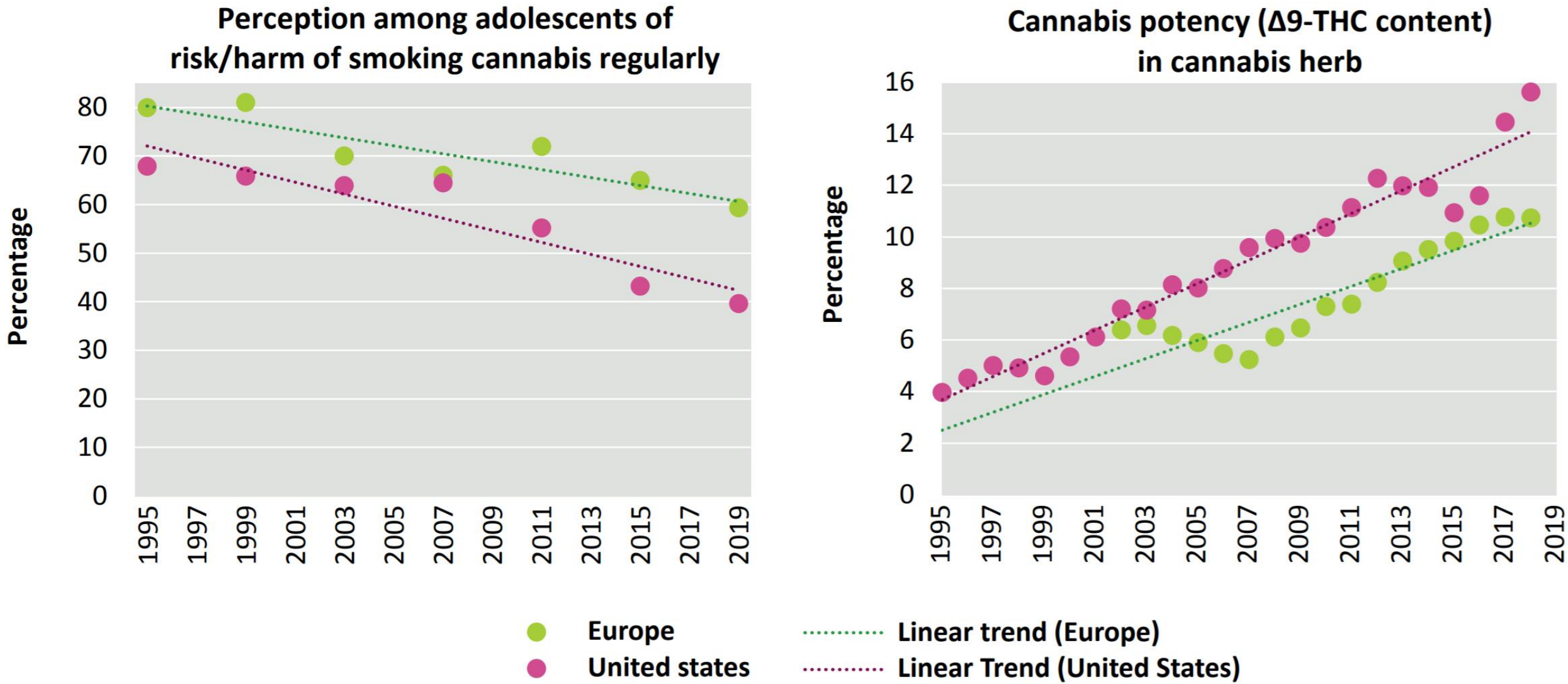




- THC MoA - agonist at CB1 receptors in CNS
  - agonist at CB2 receptors in PNS
- CBD MoA - allosteric modulator? indirect antagonist of CBRs? CBx?
- CNS depressant; Hallucinogenic effects in large doses
- Most commonly & frequently used illicit drug amongst Australians aged over 14*
  - 36% have used in their lifetime
  - 11.6% have used in the last 12 months
  - 37% of cannabis users using it weekly or more often

*National Drug Strategy Household Survey 2019

FIG. 27 Potency of cannabis and perception of risk from cannabis use among adolescents, Europe and United States, 1995–2019




Bong
(72%)

Joint / Spliff
(83%)

Herb Grinder

Pipe

1g = $20
3g = $50
7g = “¼” oz = $100
**28g = 1 oz = $250 - $300**

Hookah / Sisha

Dry Herb Vaporisers

Marijuana usually mixed with tobacco (& very occ’ly speed/ice/cocaine/heroin) in a “mull bowl” → “mull” or “mix”

# Cannabis Misuse in Mental Illness

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Why do people with severe mental illness (SMI) use cannabis?

Main reasons given:

- reduce boredom
- to socialise
- to enjoy positive mood from intoxication

Nearly half of patients use cannabis:

- to get relief from dysphoria & agitation
- to sleep better

A minority use it to reduce their suspiciousness

Self-medication has been proposed as a reason
(yet to be supported by research evidence)

**Reasons For Use Scale** (1)

**Which drug do you use the most or causes most concern for you?** (Write drug name here): Marijuana

Considering your current use of that substance, how often do you use that drug for the following reasons? *(Tick a box for each reason)*

| | | 1 Almost never/ never | 2 Some of the time | 3 Half of the time | 4 Most of the time | 5 Almost always/ always |
|---|---|---|---|---|---|---|
| 1 | To relieve boredom | | | | ✓ | |
| 2 | To make it easier to sleep | | ✓ | | | |
| 3 | To slow down racing thoughts | | ✓ | | | |
| 4 | To be sociable | ✓ | | | | |
| 5 | To relax | | | | ✓ | |
| 6 | To be part of a group | ✓ | | | | |
| 7 | To get high | | | ✓ | ✓ | |
| 8 | To decrease (?) suspiciousness / paranoia | | ✓ | | | |
| 9 | To forget your worries | ✓ | | | | |
| 10 | Because it's fun | ✓ | | | | |
| 11 | To reduce side effects of medication | ✓ | | | | |
| 12 | Because it makes a social gathering more enjoyable | ✓ | | | | |
| 13 | To help you talk to others | ✓ | | | | |

| | | 1 Almost never/ never | 2 Some of the time | 3 Half of the time | 4 Most of the time | 5 Almost always/ always |
|---|---|---|---|---|---|---|
| 14 | To get away from the voices (?) | ✓ | | | | |
| 15 | Because you feel more self confident and sure of yourself | ✓ | | | | |
| 16 | Because it helps when you feel nervous (?) | ✓ | | | | |
| 17 | Because it's what most of your friends do when you get together | | ✓ | | | |
| 18 | As a way to celebrate | ✓ | | | | |
| 19 | To decrease restlessness (Anger related) | | | ✓ | | |
| 20 | Help me concentrate | ✓ | | | | |
| 21 | Because your friends pressure you to do it | ✓ | | | | |
| 22 | To be liked | ✓ | | | | |
| 23 | So you won't feel left out | ✓ | | | | |
| 24 | It helps when you feel depressed | ✓ | | | | |
| 25 | To feel more motivated (maybe) every day - more | ? | | ? | | |
| 26 | Because it makes you feel good | | ✓ | | | |

Spencer, Castle, Michie, 2002: based on DMQ: Cooper, 1994 (with additional items).

The CBD in cannabis has anti-anxiety & anti-psychotic effects

(but street cannabis contains very small quantity of CBD & high quantity of THC)

None of the models proposed explain the interaction b/SMI & substance use disorder nor has a satisfactory evidence base & it is thought that a multiple risk factor model is needed.

# Synthetic cannabinoids

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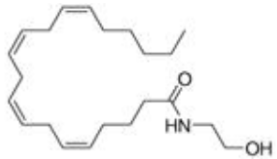
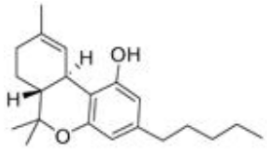
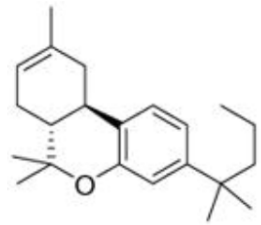
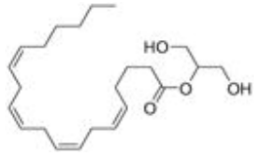
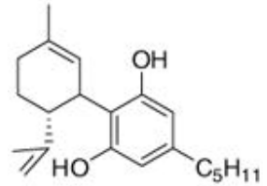
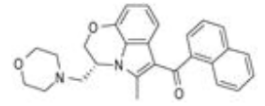
- **CB-1 and CB-2 agonists**
- Synthetic cannabinoid families (e.g. AM-xxx, CP-xx,xxx, HU-xx, JWH-xxx) which are classified by the creator of the substance; e.g. benzoylindole, cyclohexylphenol, naphthoylindole, phenylacetylindole
- aka Kronic, K2, Karma, Spice, Voodoo, Aroma and Dream (sold with herbal substances)
- most synthetic cannabinoid receptor agonists show **higher affinity** for CB1 (and CB2) receptors than THC (↑ **toxicity risk**)
- **not able to be detected by most pathology labs** ⇨ use in occupations where mandatory drug testing occurs



| Endocannabinoids | Natural cannabinoids | Synthetic cannabinoids |
|---|---|---|
| Arachidonylethanolamide | $\Delta^9$-tetrahydrobannbinol | JWH-133 |
|  |  |  |
| 2-arachidonoylglycerol | Cannabidiol | WIN55,212-2 |
|  |  |  |

# Medicinal cannabis – clinical decisions

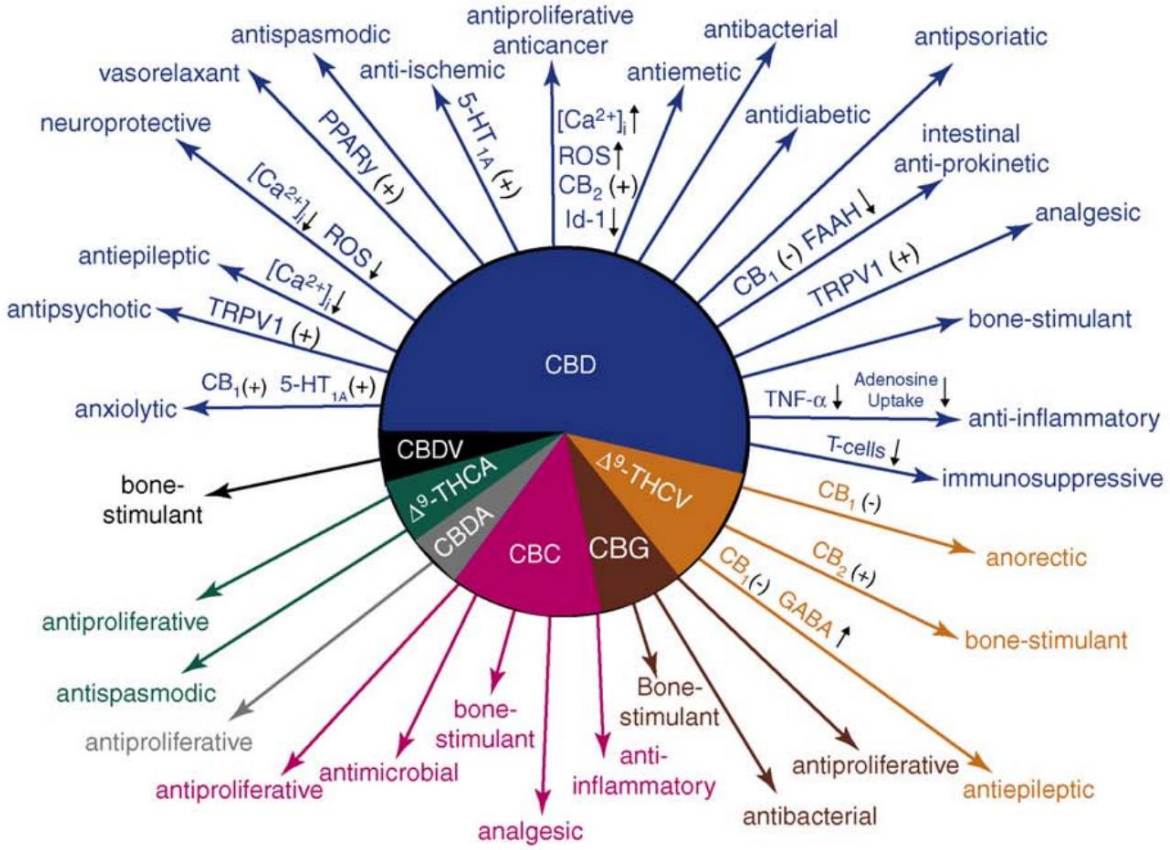
- Varying proportions of CBD:THC
- Formulations: capsule, oil/oral liquid, flower
- Multiple suppliers
- Varying cost / value for $



# THC vs CBD

| THC | CBD |
|---|---|
| Intoxicating | Non-intoxicating |
| Anti-inflammatory and reduces pain | Anti-inflammatory and reduces pain |
| May improve appetite | May reduce anxiety |
| May reduce nausea | Anticonvulsant |
| May help with insomnia | Regulate THC effects |

https://www.xativahub.com/cannabis




Izzo AA, Borrelli F, Capasso R, Di Marzo V, Mechoulam R. Non-psychotropic plant cannabinoids: netherapeutic opportunities from an ancient herb. Trends Pharmacol Sci. 2009 Oct;30(10):515-27. doi: 10.1016/j.tips.2009.07.006. Epub 2009 Sep 2. Erratum in: Trends Pharmacol Sci. 2009 Dec;30(12):609. PMID: 19729208.

https://www.cell.com/trends/pharmacological-sciences/pdf/S0165-6147(09)00182-5.pdf

# Effects of tetrahydrocannabinol (THC) and cannabidiol (CBD)

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| Effect | THC | CBD |
|---|---|---|
| **Receptor/Non-Receptor Effects** | | |
| $CB_1$ (CNS/PNS receptors) | ++ | ± |
| $CB_2$ (peripheral receptors | + | ± |
| Vanilloid ($TRPV_1$) receptors | - | - |
| Anti-inflammatory | + | + |
| COX-1, COX-2 inhibition | - | - |
| Immunomodulatory | + | + |
| **CNS Effects** | | |
| Anticonvulsant | + | ++ |
| Muscle relaxant | ++ | + |
| Antinociceptive | ++ | + |
| Psychotropic | ++ | - |
| Anxiolytic | ± | ++ |
| Antipsychotic | - | ++ |
| Neuroprotective antioxidant | + | ++ |
| Antiemetic | ++ | + |
| Sedation | + | - |
| Agitation (Alzheimer disease) | + | - |
| Tic reduction (Tourette syndrome) | + | ? |
| Opiate withdrawal reduction | + | ? |

| Effect | THC | CBD |
|---|---|---|
| Migraine treatment | + | + |
| Bipolar disease | + | ? |
| Dystonia | | + |
| Parkinsonian symptoms | + | ? |
| Withdrawal symptoms to other drugs (reduction) | + | + |
| Motor neurone disease (ALS) (increased survival, function) | + | + |
| **Cardiovascular Effects** | | |
| Bradycardia | - | + |
| Tachycardia | + | - |
| Hypertension | + | - |
| Hypotension | - | + |
| **Appetite/Gastrointestinal** | | |
| Appetite | + | - |
| GI motility (slowed) | ++ | + |
| **Anti-Carcinogenesis** | | |
| Glioma (apoptosis) | + | + |
| Glioma cell migration | | + |
| **Ophthalmological** | | |
| Intra-ocular pressure (reduced) | ++ | + |
| Night vision | + | - |

Russo E, Guy GW. A tale of two cannabinoids: the therapeutic rationale for combining tetrahydrocannabinol and cannabidiol.
Med Hypotheses. 2006;66(2):234-46.
doi: 10.1016/j.mehy.2005.08.026. Epub 2005 Oct 4. PMID: 16209908.

| CBD only | THC only | THC + CBD |
|---|---|---|
| Anxiety | Anxiety | Anxiety |
| ASD | | ASD |
| Cancer pain & Sx Mx | Cancer pain & Sx Mx | Cancer pain & Sx Mx |
| Chronic pain | Chronic pain | Chronic pain |
| Epilepsy | | |
| Migraine | Migraine | |
| Movement disorder | | Movement disorder |
| Multiple Sclerosis | | |
| | | Nausea |
| Neuropathic pain | Neuropathic pain | Neuropathic pain |
| Palliative care | Palliative care | Palliative care |
| Sarcoidosis | | |
| Sleep disorder | Sleep disorder | |
| Tinnitus | | |
| Tourette Syndrome | | |

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## TGA-approved indications

[formulation-dependent]

# Formulations / Delivery methods & Pharmacokinetics

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## Inhalation

| | |
|---|---|
| Bioavailability | 10-35% |
| Onset of action | 5-10 min |
| Peak effect | 15-30 min |
| Duration of action | 2-3 hrs |

**Pros**
Rapid onset (PRN), shorter therapeutic duration. Mitigate GI upset.

**Cons**
Inhalation may have negative impact on lungs.
Titration challenges.
Vaporisers are expensive.
Ability to medicate in public without unwanted attention is difficult.
Higher risk of tolerance development.

## Oromucosal

| | |
|---|---|
| Bioavailability | 6-19% |
| Onset of action | 15-45 min |
| Peak effect | 2-4 hrs |
| Duration of action | 6-8 hrs |

**Pros**
Duration good for chronic conditions.
Clinically proven products available.
Mitigate GI upset.

**Cons**
Expensive.
Products with low terpenes may have more absorption challenges.

## Oral/Sublingual

| | |
|---|---|
| Bioavailability | 6-19% |
| Onset of action | 1-1.5 hrs |
| Peak effect | 2-4 hrs |
| Duration of action | 6-8 hrs |

**Pros**
Duration good for chronic conditions.
Easier than inhalation to find therapeutic dose.

**Cons**
Possibility of GI upset.

## Topical

| | |
|---|---|
| Bioavailability | Varies |
| Onset of action | Varies |
| Peak effect | Varies |
| Duration of action | Varies |

**Pros**
Good for localised symptoms.

**Cons**
Limited availability in Australia. Only localised effects.

https://catalyst.honahlee.com.au/article/cannabis-delivery-methods-quick-guide/

# Use in Psychiatry

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## TGA-approved

- Anxiety
- ADHD
- ASD
- PTSD
- Sleep disorder

## TGA Non-Approved

- Cannabis Use Disorder
- Depression
- Psychosis
- Bipolar Disorder

# Contraindications, Adverse effects and Drug interactions

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## Contraindications

- Young people <25yo (potential adverse effects on developing brain) [NB: use in severe, treatment-resistant epilepsy in children]
- Pregnancy/lactation
- Cardiac history - severe and unstable heart disease (angina, peripheral vascular disease, cerebrovascular disease and arrhythmias) or risk factors for heart disease

## Adverse / Undesirable Effects

Increased heart rate, dizziness, impaired coordination and reaction times, drowsiness, impaired short-term memory, dry mouth, nausea, anxiety, respiratory irritation (if inhaled), increased appetite, euphoria

## Drug interactions

1. Medicinal cannabis can interact with other medicines, particularly **other CNS depressants**, causing drowsiness and potentiating any side effects; this also applies to **alcohol**.
2. Pharmacokinetics:

- Metabolism: THC (2C9, 3A4), CBD (2C19, 3A4), CBN (2C9, 3A4)
- THC (& tobacco smoking): induces 1A2 (clozapine, olanzapine), inhibits 2C9, 3A4
- CBD: inhibits 1A2 (CLZ, OLZ), 2D6 (antidepressants, antipsychotics), 3A4 (AED), UDP-glucuronosyltransferases UGT1A9 and 2B7, (?) P glycoprotein (P-gp)

**Specific examples:** [not an exhaustive list]

- Anti-depressants (fluoxetine, fluvoxamine)
- Anti-coagulants (warfarin, apixaban, rivaroxaban)
- Antiretroviral drugs used in the treatment of HIV/AIDS
- Stomach acid inhibitors (omeprazole)
- Certain antibiotic and antifungal medications (ketoconazole, itraconazole, ritonavir, clarithromycin; rifampicin)
- Some heart medications (amiodarone, diltiazem, verapamil)
- Some anti-epileptic medications (carbamazepine, phenytoin, clobazam)
- St John's Wort

**References:**


- Medicinal Cannabis—Potential Drug Interactions
- Cannabinoid Metabolites as Inhibitors of Major Hepatic CYP450 Enzymes, with Implications for Cannabis-Drug Interactions
- Sativex Product Information (PI); Spectrum Cannabis Softgels Consumer Medicine Information (CMI)

| Medicinal Cannabis | | THC/unit | CBD/unit | Amount/Volume | Total THC content | Total CBD content | Cost | THC cost/mg | CBD cost/mg | Cost/mg |
|---|---|---|---|---|---|---|---|---|---|---|
| **Brand** | **Product** | (mg) | (mg) | (caps) | (mg) | (mg) | $ | $/mg | $/mg | $/mg |
| Spectrum gel (CBD/THC) | **Spectrum Cannabis Yellow Softgels 20mg** | <1 | 20 | 30 | | 600 | **70** | | **0.12** | |
| Spectrum gel (CBD/THC) | Spectrum Cannabis Blue Softgels 2.5mg | 2.5 | 3.75 | 60 | 150 | 225 | 70 | 0.47 | 0.31 | |
| Spectrum gel (THC/CBD) | Spectrum Cannabis Red Softgels 2.5mg | 2.5 | <1 | 60 | 150 | | 65 | 0.5 | | |
| Spectrum gel (THC/CBD) | **Spectrum Cannabis Red Softgels 10mg** | 10 | <1 | 30 | 300 | | 75 | **0.25** | | |
| | | (mg/mL) | (mg/mL) | (mL) | (mg) | (mg) | $ | $/mg | | |
| Spectrum liquid (CBD/THC) | Spectrum Therapeutics Cannabis Oil Yellow Oral Liquid | <1 | 20 | 40 | | 800 | 95 | | **0.12** | |
| Spectrum liquid (CBD/THC) | Spectrum Therapeutics Cannabis Oil Blue Oral Liquid | 10 | 15 | 40 | 400 | 600 | 110 | 0.28 | 0.18 | |
| Spectrum liquid (THC/CBD) | **Spectrum Therapeutics Cannabis Oil Red Oral Liquid** | 26.3 | <1 | 40 | 1052 | | 110 | **0.10** | | |
| Spectrum liquid (CBD/THC) | **Spectrum Therapeutics Cannabis Oil White Oral Liquid** | 0 | 100 | 50 | | 5000 | 295 | | **0.06** | |
| | | (mg) | (mg) | (wafers) | (mg) | (mg) | $ | $/mg | $/mg | |
| iX Syrinx Pty Ltd (CBD) wfr | iX Biopharma Xativa sublingual wafers 12.5mg S4 | 0 | 12.5 | 60 | 0 | 750 | 89 | | 0.12 | 0.18 |
| iX Syrinx Pty Ltd (CBD) wfr | **iX Biopharma Xativa sublingual wafers 25mg S4** | 0 | 25 | 60 | 0 | 1500 | 146 | | **0.10** | 0.097 |
| Cannatrek (CBD) oil | **C25 Sunstone 25mg CBD capsules S8** | 0 | 25 | 60 | 0 | 1500 | 150 | | **0.1** | 0.1 |
| Cannatrek (CBD) oil | C115 Sunstone CBD oil (115mg/mL) S8 | 0 | 115 | 30 mL | 0 | 3450 | 245 | | 0.07 | 0.07 |
| Cannatrek (CBD/THC) oil | C20 (20:1mg/mL) CBD oil S8 (new - C25 - 25:1) | <1 | 20 | 25mL | <25 | 500 | 105 | 4.2 | 0.21 | 0.2 |
| Cannatrek (CBD/THC) oil | C100 Amber (100:4 mg/mL) CBD oil S8 | <4 | 100 | 30mL | 120 | 3000 | 255 | 2.125 | 0.085 | 0.08 |
| Cannatrek (CBD/THC) oil | C200 Amber (200:8 mg/mL) CBD oil | <8 | 200 | 30mL | 240 | 6000 | 425 | 1.77 | 0.07 | 0.069 |
| Cannatrek (CBD/THC) oil | C20T5 Ruby (20:5 mg/mL) CBD oil S8 | 5 | 20 | 30mL | 150 | 600 | 90 | 0.6 | 0.15 | 0.12 |
| Cannatrek (CBD/THC) oil | C12T12 Ruby (12.5:12.5 mg/mL) balanced CBD oil S8 | 12.5 | 12.5 | 30mL | 375 | 375 | 90 | 0.24 | 0.24 | 0.12 |
| Cannatrek (THC) oil | T20 Indica oil (THC 20mg/mL) S8 | 20 | 0 | 25 | 500 | | $105 | 0.21 | | 0.21 |
| Cannatrek (THC) oil | T25 Ruby oil (THC 25mg/mL) S8 | 25 | 0 | 30 | 750 | | 90 | 0.12 | | 0.12 |
| | | | | | | | $ | | | |
| Beacon | Girl Scout cookies (10g) | | | | | | 150 | | | |
| | | | | | | | | | | |
| Cannatrek flowers (THC) | T15 Flower (Sativa Avadia) - 60% Sativa:40% Indica - S8 | 15% | 0 | 10gm | 1500 | 0 | 170 | 0.11 | | 0.11 |
| Flower (THC) | T18 Flower (Uplift Lemnos)- 60% Sativa:40% Indica - S8 | 18% | 0 | 10gm | 1800 | 0 | 170 | 0.09 | | 0.09 |
| Flower (THC) | T19 Flower (Beersheba) - 70% Sativa:30% Indica - S8 | 19% | 0 | 10gm | 1700 | 0 | 150 | 0.09 | | 0.09 |
| Flower (THC) | T17 Flower (Jerusalem) - 50% Sativa:50% Indica - S8 | 17% | 0 | 10gm | 1700 | 0 | 150 | 0.09 | | 0.09 |
| Flower (THC) | T18 Flower (Jasmine) - 5% Sativa: 95% Indica - S8 | 18% | 0 | 10gm | 1800 | 0 | 150 | 0.09 | | 0.09 |
| Flower (THC) | T20 Flower (Relax Daylesford)- 30%Sativa:70%Indica-S8 | 20% | 0 | 10gm | 2000 | 0 | 170 | 0.08 | | 0.08 |
| | | | | | | | | | | |
| Medical Vapouriser devices | 3 approved TGA devices (150+$, 500$, 800$) | | | | | | | | | |
| Dry Herb Vaporisers | | | | | | | | | | |

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# Therapeutic Goods Administration (TGA) – SAS & AP

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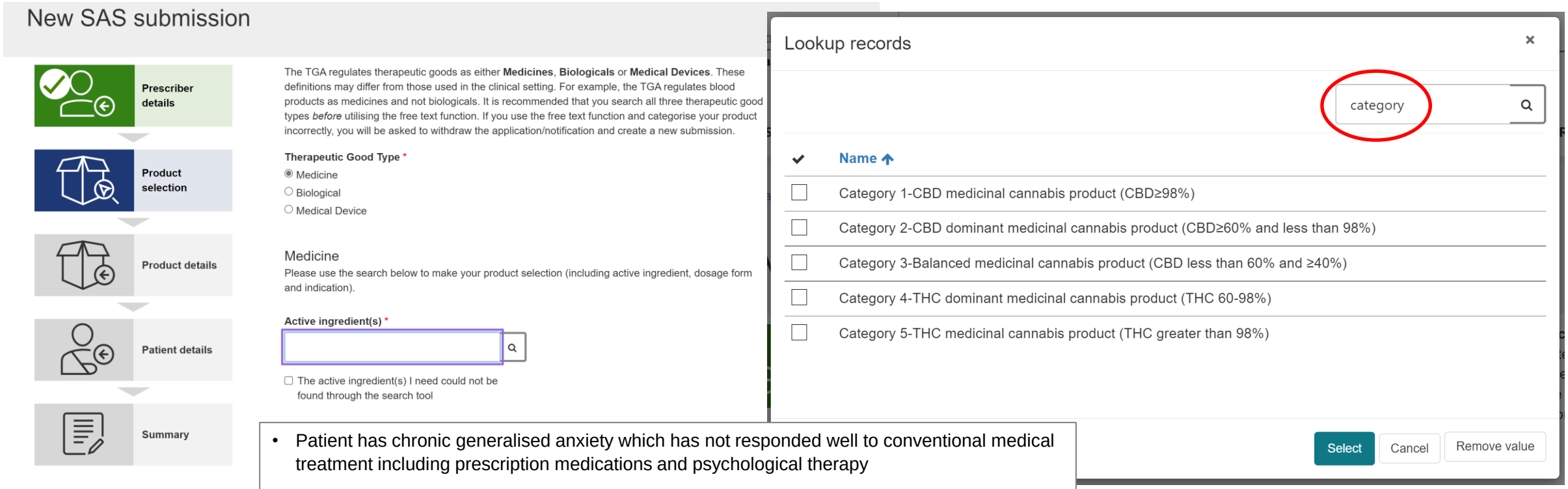
For nurse and medical practitioners seeking to prescribe a medicinal cannabis product not included in the Australian Register of Therapeutic Goods (ARTG), Therapeutic Goods Administration (TGA) approval is required.

- TGA's Special Access Scheme
- Authorised Prescriber ('established history of use'; must report the number of patients treated every 6 months; "Treatment of refractory anxiety [and/or chronic pain] in adult patients")




- Patient has chronic generalised anxiety which has not responded well to conventional medical treatment including prescription medications and psychological therapy
- 4-weekly monitoring; 2-year permit

# Victorian Department of Health – Medicines and Poisons Regulation (MPR)

- **Any doctor or nurse practitioner** in Victoria can prescribe medicinal cannabis for any patient with any condition, if they believe it is clinically appropriate to do so.
- **Commonwealth** and/or state approvals may be required
- From 28 February 2022, prescribers **no longer require a Schedule 8 treatment permit** from the Victorian Department of Health when prescribing a Schedule 8 medicinal cannabis product to **non-drug dependent** patients
- For **drug-dependent** patients, an application for a treatment permit can be made – *Application for a permit to treat a patient with Schedule 8 drugs form* [specify pt is drug-dependent]
- Prescribers are still required to **check SafeScript** each time before prescribing any Schedule 8 medicinal cannabis products to any patient."


https://www.health.vic.gov.au/drugs-and-poisons/medicinal-cannabis

# Informed Consent

Informed consent should include an adequate knowledge of:

- the condition and its consequences
- treatment options
- the likelihood of recovery
- the long-term prognosis

- Patients should be specifically informed:
  - of the possible benefits of treatment and any known risks and side effects
  - that unknown risks and late side effects are possible
  - of any alternative treatments using approved products which are available

- Driving:
  - Medicinal cannabis [THC>>CBD] can impair a patient's ability to drive and/or operate machinery due to the risk of experiencing drowsiness [and other neurocognitive effects].
  - "Patients treated with medicinal cannabis should not drive or operate machinery."
  - THC can be detected in saliva for many hours after administration and in urine many days after the last dose.
  - Patients may be charged with drug-driving if THC is detected in their saliva or urine.

# Case vignettes

55yo woman with COPD who continues to smoke cannabis (and tobacco) for anxiety and insomnia. Problems accessing cannabis with 5km lockdown restriction

- Trialled THC/CBD 2.5/3.75mg capsule
- Started stronger formulations of THC/CBD - THC 10 mg/CBD <1 mg cap.; THC <1 mg/CBD 20 mg cap.

30yo woman living alone referred for anxiety symptoms. Smoking cannabis 1-2g/d supplied by b/friend 'for free'. Commenced THC/CBD 2.5/3.75mg capsule. Partner increasingly hostile; places ice pipe on coffee table.

**Substance use coercion** – perpetrators of intimate partner violence undermine and control their partners through substance use related tactics and actively keep them from meeting treatment and recovery goals.

# Case vignettes

60yo woman with BPD, Alcohol use disorder, cannabis use disorder

- Wanted to reduce cannabis 1g/d (28g/month)
- Trialled THC/CBD 10/15 mg/mL; oral liquid (oil)
- Cost reduced from $300/month -> $220/month

37yo woman – cannabis ($400/wk with partner) for anxiety and insomnia

- Commenced THC/CBD 2.5/3.75mg capsule
- -> $270 /week (~ 2/3)  [lower, less intoxicating dose]

# Case vignette

45yo woman, employed, high functioning. Mood and psychotic symtpoms (paranoia)

- CBD wafers, Adherence Tx, ↓THC (self, but ↓)
- Progress – ↑adherence / ↓THC / ↓psychosis

## Synthetic Δ-9-Tetrahydrocannabinol (Dronabinol) Can Improve the Symptoms of Schizophrenia

Schwarcz, Glenn MD[*†‡]; Karajgi, Basawaraj MD[*]; McCarthy, Richard MD, PhD[§‖]

Author Information

Journal of Clinical Psychopharmacology: June 2009 - Volume 29 - Issue 3 - p 255-258

4 of 6 treatment-refractory patients with severe chronic schizophrenia but who had a self-reported history of improving with marijuana abuse improved with dronabinol. This improvement seems to have been a reduction of core psychotic symptoms in 3 of the 4 responders and not just nonspecific calming.

# Take home messages

Nexus
Dual Diagnosis Consultation Service

- Can be effective for anxiety disorders
- Can be useful for harm reduction in current cannabis users [anecdotal evidence]:
  - Financial harm
  - COPD
  - Family/IPV violence
  - Reduced psychotic symptoms (CBD formulations only)

  BUT ? duration of therapy, tapering/cessation process
  ? harm reduction/substitution for other substances, e.g. stimulants and (illicit) opioids
  Risk of losing licence for drug driving (CBD-only formulations; rinse mouth if THC-containing preparations, especially oils)

- TGA permit process: Psychiatrist? GP with letter from psychiatrist?
- Consider addressing tobacco/nicotine

# Further reading

Nexus
Dual Diagnosis Consultation Service

## General

https://www.reddit.com/r/MedicalCannabisAus/comments/jwbbjd/new_to_medical_cannabis_here_are_the_best/

https://www.reddit.com/r/MedicalCannabisAus/wiki/index

https://cannareviewsau.co/

https://cannareviewsau.co/products [registration required]

## Prescribers

https://www.medihuanna.com/

https://catalyst.honahlee.com.au/app

## Patients

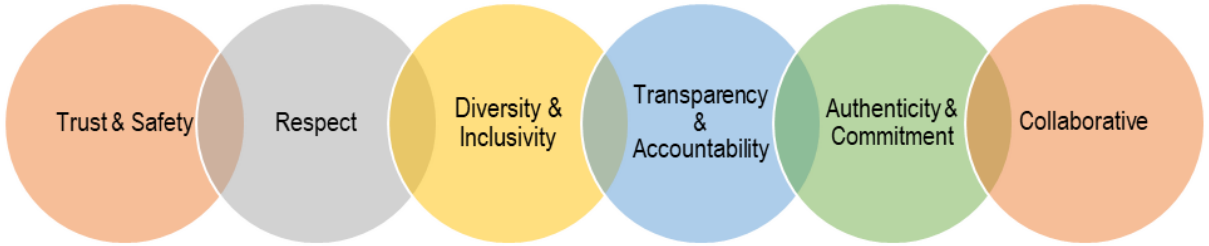
https://cannareviewsau.co/cannabis-clinic-price-comparison

https://honahlee.com.au/

# Acknowledgement of Lived/Living Experience

We recognise and value the knowledge and wisdom of people with lived/living experience, their supporters and the practitioners who work with them.

We celebrate their strengths and acknowledge the important contribution that they make to the development and delivery of health and community services.







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