



**UW PACC**

Psychiatry and Addictions Case Conference

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# HELPING PATIENTS REDUCE AND STOP THEIR CANNABIS USE

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# TAKING A HISTORY ON CANNABIS USE

- Why are you using cannabis?
- Addressing the positives and negatives of patient use
- Quantify how much they are using and when they use

## Dosing Guide

### Dose Chart

<b>1 - 2.5mg</b>	<b>Microdose</b>
This dose alleviates stress and anxiety without causing intoxication.	
<b>3 - 5mg</b>	<b>Low</b>
A dose at this level offers symptom relief with a mild "high" for new or occasional users.	
<b>10 - 15mg</b>	<b>Moderate</b>
Perfect for experienced users seeking recreation, sleep, or pain relief.	
<b>20 - 30mg</b>	<b>High</b>
This potent dose provides strong euphoria and is suitable for chronic illnesses.	
<b>50 - 100mg</b>	<b>Acute</b>
Ideal for severe physical pain and conditions, is not advised for mental health issues.	
<b>100 - 500mg</b>	<b>Macrodose</b>
Beneficial for severe conditions and GI issues, this high dose demands cautious consumption.	

### Therapeutic Doses

**Anxiety**  
2.5-5mg 1:1 THC-CBD in the form of whole plant extract.

**Nausea**  
2.5-5mg THC in the form of whole plant extract. Sublingual methods recommended.

**Insomnia**  
5-10mg THC for sleep initiation and maintenance, potentially with 5-15mg CBD.

**Pain**  
15-30mg THC and CBD each, with CBD reducing dysphoria and helping inflammation.

**Seizures**  
Daily low doses of whole plant cannabis can reduce frequency, but up to 100mg may be necessary.

**Cancer**  
Studies have involved 25mg each of THC and CBD, with some healers using up to 2-3 grams per day.

### Flower & Concentrate Dosing

**Edible Equivalency**  
Edibles can be up to three times more potent than inhaled cannabis per milligram dose, as the liver metabolizes THC into 11-hydroxy-THC, a compound three times stronger. The (Eq.) columns represent the "Edible Equivalent" for comparison purposes.

<b>Pre-rolls .5g Joint</b> <b>30% Efficiency</b>	<b>Bongs &amp; Pipes .25g Bowl</b> <b>40% Efficiency</b>	<b>Flower Vape .25g Bowl</b> <b>70% Efficiency</b>	<b>Concentrate .05g Dab</b> <b>70% Efficiency</b>
3% = 4.5mg (1.5mg)	3% = 3mg (1mg)	3% = 5.25mg (1.75mg)	50% = 17.5mg (5.83mg)
10% = 15mg (5mg)	10% = 10mg (3.33mg)	10% = 17.5mg (5.83mg)	70% = 24.5mg (8.16mg)
25% = 37.5mg (12.5mg)	25% = 25mg (8.33mg)	25% = 43.75mg (14.58mg)	85% = 29.75mg (9.92mg)
35% = 52.5mg (17.5mg)	35% = 35mg (11.66mg)	35% = 61.25mg (20.42mg)	95% = 33.25mg (11.08mg)

### Onset & Duration

Time (min)	Inhale (Strength)	Sublingual (Strength)	Edible (Strength)
0	0	0	0
15	100	0	0
30	95	85	0
60	45	75	35
90	15	65	75
120	5	15	90
150	0	5	85
180	0	0	75
240	0	0	35
300	0	0	15
360	0	0	5
480	0	0	0

### Resources

Learn more about dosing, what to do if you dose too high, review our sources, and more.

# SAMPLE APPROACH TO QUANTIFYING CANNABIS USE AND DOSE

- Assume 10% THC

Total cannabinoids combine delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD):

- Example 1

1 vape inhalation of cannabis = 10 mg total cannabinoids

1/8 ounce of cannabis = 3,500 mg total cannabinoids

- Example 2

1 ounce of cannabis = 28,000 mg total cannabinoids

# TAKING A HISTORY ON CANNABIS USE

- Build rapport and work towards addressing the negative aspects of cannabis use
- DSM-V criteria for Cannabis Use Disorder
- Cannabis use disorder treatment takes time! No quick fixes!

**Table DSM 5 criteria for cannabis use disorder severity**

- Used for longer periods in larger amounts
- Unable to cut down use
- Excessive time spent acquiring, using and recovering from cannabis use
- Strong urge to use cannabis
- Problems fulfilling work, school, and family obligations due to cannabis use
- Continued use despite persistent interpersonal problems caused by cannabis use
- Decrease in important social and recreational activities because of cannabis use
- Repeated use in physically dangerous situations
- Ongoing use despite worsening physical and psychological problems that are likely to have been caused by cannabis
- Have to use increased amount for the same desired effect
- Withdrawal reaction upon cessation

Mild: 2–3 symptoms; moderate: 4-5 symptoms; severe:  $\geq 6$  symptoms.

# RISKS OF CHRONIC CANNABIS USE

- Ask permission to share info about cannabis use
- 9% can develop an addiction





# RISKS OF CHRONIC CANNABIS USE

- Explore health risks with cannabis use
- How do they use?
- Do they mix products? What papers do they use?
- Use unregulated cannabis?



# RISKS OF CHRONIC CANNABIS USE

- Mental health- schizophrenia, depression, suicidality.
- Not you father's marijuana
- Cannabis hyperemesis syndrome



# HARM REDUCTION

- Avoid adding tobacco or using cigar papers
- Edibles > vaporizing > smoking
- Encourage regulated cannabis





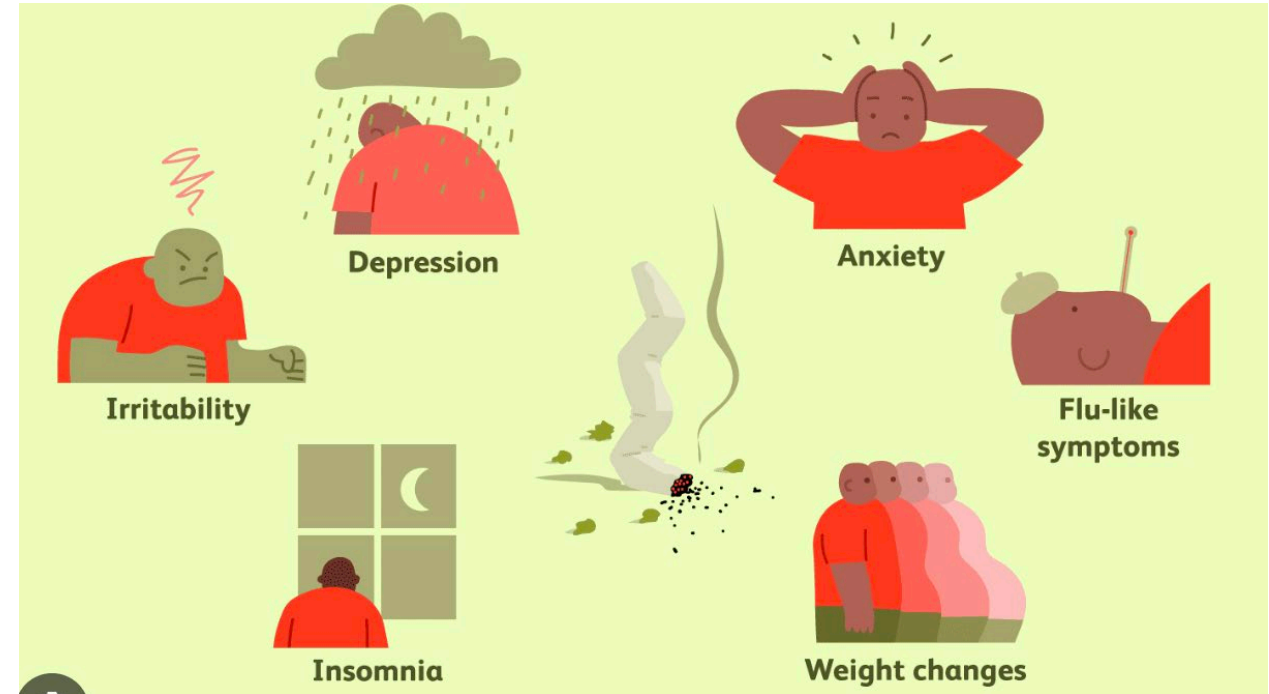
# HARM REDUCTION

- By accessing medical/regulated cannabis this can better help a clinician lower their THC dosing
- Criminalization and cannabis



# CANNABIS WITHDRAWAL

- Anxiety, irritability, depressed mood, decreased appetite
- Gabapentin, hydroxyzine, zolpidem
- Nicotine replacement



# CANNABIS USE DISORDER TREATMENT

- Currently no recognized or proven pharmacologic treatment
- Gabapentin
- N-acetylcysteine
- Buspirone
- Topiramate
- Dronabinol
- Psychosocial Interventions

