

HARVEST

MEDICAL CANNABIS EDUCATION

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IMPORTANT NOTES & WARNINGS

This information is for **EDUCATIONAL PURPOSES ONLY**, not for diagnosing or treating any medical condition.

KEEP CANNABIS & CANNABIS PRODUCTS OUT OF REACH OF CHILDREN!

Cannabis use can be addictive and lead to dependence.

Cannabis use can impair an individual's ability to drive a motor vehicle or operate heavy machinery.

There may be potential developmental and health risks to a fetus caused by smoking or ingesting cannabis while pregnant, or to infants while breastfeeding. Use of cannabis during pregnancy or while breastfeeding may result in being reported to Child Protective Services by Medical Professionals who are required to report.

Under the U.S. Federal law, cannabis is illegal. A patient's qualified decriminalization of cannabis use may not extend across state borders, to other states, tribal land, or federal land.

Using cannabis in public places is prohibited.

Cannabis smoke contains carcinogens that can lead to an increased risk for cancer, tachycardia, hypertension, heart attack, and lung infection.

Individuals with specific legal concerns should consult a licensed and experienced attorney.

In a **MEDICAL EMERGENCY: DIAL 911**



Cannabis use is being decriminalized across the United States and around the world, due to increasing evidence of medical benefits versus the potential risks.

Although more human studies are needed to recognize the full potential of cannabis, the evidence is compiling. A National Academies of Sciences, Engineering and Medicine report recently concluded:

- There is conclusive or substantial evidence that cannabis or cannabinoids are effective:
 - For the treatment of chronic pain in adults
 - As antiemetics in the treatment of chemotherapy-induced nausea and vomiting
 - For improving patient-reported multiple sclerosis spasticity symptoms
- There is moderate evidence that cannabis or cannabinoids are effective for:
 - Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis
- There is limited evidence that cannabis or cannabinoids are effective for:
 - Increasing appetite and decreasing weight loss associated with HIV/AIDS
 - Improving clinician-measured multiple sclerosis spasticity symptoms
 - Improving symptoms of Tourette syndrome
 - Improving anxiety symptoms in individuals with social anxiety disorders
 - Improving symptoms of post-traumatic stress disorder
- There is limited evidence of a statistical association between cannabinoids and:
 - Better outcomes (i.e., mortality, disability) after a traumatic brain injury or intracranial hemorrhage

National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: National Academies Press.

Medical Cannabis Qualifying Conditions

Historical use, patient reports, case studies, preclinical research, and human studies suggest cannabis may be beneficial in many medical conditions. The following are some of the conditions that have been approved by Medical Marijuana Programs in the United States:

Alzheimer's Disease	Hydrocephalus	Pain
Amyotrophic Lateral Sclerosis	Huntington's Disease	Parkinson's Disease
Anorexia	Idiopathic Pulmonary Fibrosis	Post-concussion Syndrome
Arthritis	Interstitial Cystitis	Post Herpetic Neuralgia
Autism	Lupus	Post-traumatic Stress Disorder
Cachexia (wasting syndrome)	Migraines	Psoriasis
Cancer	Mitochondrial Disease	Renal Failure
Cerebral Palsy	Multiple Sclerosis	Rheumatoid Arthritis
Crohn's Disease	Muscle Spasms	Seizures
Cystic Fibrosis	Muscular Dystrophy	Sickle Cell Disease
Decompensated Cirrhosis	Myasthenia Gravis	Sjogren's Syndrome
Dystonia	Nausea	Spasticity
Epilepsy	Neurodegenerative Diseases	Spinal Cord Injury
Fibromyalgia	Neurofibromatosis	Terminal Illness
Glaucoma	Neurological Disorders	Tourette's Syndrome
Hepatitis C	Obstructive Sleep Apnea	Traumatic Brain Injury (TBI)
HIV/AIDS		Ulcerative Colitis
Hospice		



Inquire with your State Health Department for more information on the legalities of medical cannabis and qualifying conditions in your state.

Adult-use and recreational use of cannabis has been decriminalized in some states. Be aware of state regulations and conscience of the risks associated with recreational activities.

Cannabis Terminology

Cannabis: The accepted botanical name for the plant. The cannabis plant is well documented throughout human history as a valuable resource, including use as food, fuel, fiber, ritual, and medicine.

Hemp: A common name for the cannabis plant. This term is typically associated with its industrial use and non-psychoactive products, such as fiber, clothing, paper, seed, food, and oil that is absent of euphoric or impairing effects.

Marijuana: A common name for the cannabis plant. This term is typically associated with the prohibition, legal status, or euphoric use of the plant.

Cannabis Strains or Types

Cannabis Sativa: A cannabis strain reported to have more of an energizing effect. It has been described as uplifting, cerebral, or mentally stimulating. It may be preferred for daytime use or for patients experiencing low energy, fatigue, or depression. It may not be preferred by patients prone to anxiety.

Cannabis Indica: A cannabis strain reported to have a more sedating effect. It has been described as a relaxing, calming, full body experience. It may be preferred for night time use or by patients prone to hyperactivity or anxiety.

Hybrid: A cannabis strain that is a cross between sativa and indica strains. Most cannabis strains available today are hybrids, which exhibit selective or balanced characteristics.

CBD Rich: A cannabis strain that is selected for greater cannabidiol content.

Cannabis Safety

Psychoactive effect: A change in mental-emotional state associated with the use of cannabis rich in THC. It is popularly characterized by euphoria, relaxation, happiness, and an overall sense of well-being or what is commonly referred to as being “high.”

Psychoactive side effect: Cannabis has been reported to cause impairment, anxiety, panic attacks, psychosis, and complete sedation. These effects are dose dependent, making the psychoactive effect the limiting factor as to how much cannabis can be consumed.

Toxicity studies suggest no potential for lethal overdose or liver or kidney damage from cannabis consumption. However, if a patient is experiencing chest pain, vomiting, loses consciousness, or behaves in an unsafe manner following cannabis use, monitor their airway and seek emergency medical services for precaution.

Constituents of the Cannabis Plant & Potential Benefits

Cannabis is a very unique and complex plant with numerous identified chemical compounds, including over 100 identified cannabinoids, as well as terpenoids, flavonoids, and other botanical compounds. It is understood that all of these components work together synergistically to provide the greatest medical benefit. Varieties of cannabis strains contain different constituent profiles, medicinal qualities, and potency.

The following are common chemical compounds found in the cannabis plant:

Phytocannabinoids: Plant-derived cannabinoid molecules, named after the cannabis plant, where they are most abundantly found. *Phyto-* originates from the Greek *phuton*, meaning “plant.”

Tetrahydrocannabinol (THC): The most abundant phytocannabinoid. THC is primarily responsible for the psychoactive effect. It has also been reported to be effective for treating nausea and vomiting, stimulating appetite, managing pain, reducing muscle spasms, facilitating sleep, opening airways, decreasing pressure of the inner eye, and relieving mental-emotional stress. THC is also known to cause impairment, sedation, mental confusion, anxiety, and panic attacks in some people. This risk increases with larger doses.

Cannabidiol (CBD): The most abundant non-psychoactive phytocannabinoid, CBD does not produce the euphoric effect associated with THC. CBD has been reported to reduce THC's psychoactive side effects (mental confusion, sedation, anxiety, and psychosis). CBD may also have anti-anxiety effects and many preventive health effects, particularly in neurological, immunological, and inflammatory conditions.

Patients concerned with the cannabis plant's psychoactive effects or patients susceptible to mental-emotional disorders or imbalances may prefer CBD-dominant strains or products.

CBD rich strains and products may be described by the amount or ratio of CBD to THC content, such as, 1:1, 2:1, 5:1, 10:1, and 20:1. The more CBD to THC content, the less potential for psychoactive side effects. This allows for larger doses, greater nutritional benefit and health support. The smaller the CBD to THC content, the greater potential for psychoactive effects and relief from severe symptoms with smaller doses.



CBD hemp strains and products are selected and produced with less than 0.3% THC to be legal for nutritional use and to lack psychoactive euphoric effects. They may contain a spectrum of other cannabinoids and terpenoids.

CBD isolate products are purified to remove the THC, other cannabinoids, and terpenoids. Often, they are preferred by persons who desire a more standardized CBD product. CBD isolates are not considered whole plant or full spectrum.



Cannabinoid Acids: Phytocannabinoids are initially produced by the cannabis plant in a carboxylic acid form, specifically *tetrahydrocannabinolic acid* (THCA) and *cannabidiolic acid* (CBDA).

Heating or aging processes are required to activate (i.e. decarboxylate) these cannabinoid acids, turning THCA and CBDA into THC and CBD, respectively. THCA does not cause euphoria until it has been converted to THC through the process of smoking, vaporizing, cooking, curing, etc.

These non-psychoactive cannabinoid acids may have selective health benefits, particularly with respect to antioxidant value, inflammatory conditions, and the immune system. Eating raw or unheated plant products and juicing are ways in which cannabinoid acid constituents can be ingested with less potential for psychoactive side effects.

Cannabichromene (CBC): non-psychoactive, anti-microbial, anti-inflammatory.

Cannabigerol (CBG): non-psychoactive, anti-inflammatory, analgesic, anti-fungal, anti-microbial.

Tetrahydrocannabivarin (THCV): non-psychoactive, decreases appetite, anticonvulsant, improves glucose/insulin function.

Cannabidivarin (CBDV): non-psychoactive, anticonvulsant.

Cannabinol (CBN): produced from THC oxidation, sedative, anti-microbial, mild psychoactive effect.

Izzo, A.A., Borrelli, F., Capasso, R., DiMarzo, V., Mechoulam R. (2009). *Non-psychootropic plant cannabinoids: new therapeutic opportunities from an ancient herb*. Trends Pharmacol Sci.

Terpenoids

Terpenes are aromatic compounds found in cannabis that have diverse biological activity and are responsible for the characteristic cannabis smell. They contribute to the whole plant synergistic or entourage effect. They may also add nuance to the perceived psychoactive effect.

alpha-Pinene (pine trees): anti-inflammatory, bronchodilator, antimicrobial, and memory support.

beta-Myrcene (hops): sedative, muscle-relaxant, analgesic, and anti-inflammatory.

Limonene (citrus): anxiolytic, anti-carcinogenic, anti-oxidant, and immune system support.

Linalool (lavender): anxiolytic, analgesic, sedative, and anticonvulsant.

beta-Caryophyllene (black pepper): anti-inflammatory, analgesic, GI protective, and antimicrobial.

Caryophyllene Oxide (lemon balm): antifungal, insecticidal, and platelet support.

Nerolidol (orange): sedative, antimicrobial, and antifungal.

Phytol (green tea): product of breakdown chlorophyll, antioxidant, and calming.

Russo, E.B. *Taming THC: potential cannabis synergy and phytocannabinoid-terpenoid entourage effects.* Br J Pharmacol, 163 7 (2011):1344-64.

How does Cannabis Work in the Body?

Endocannabinoid System (ECS): A communication and regulatory system in all vertebrate organisms, named after the cannabis plant and its unique cannabinoid constituents. It includes messenger molecules, receptors, and enzymes distributed throughout the body, with the role of maintaining balance and health of the individual. The ECS is essential in human development, reproduction, and survival. It maintains homeostasis through the regulation of our nervous, immune, and endocrine systems.

Endocannabinoid Receptors: Cell structures that act as specialized gatekeepers. When activated, they regulate or allow specific changes in the cells, tissues, system, and body.

Cannabinoid 1 (CB1) Receptors: Receptors located most densely in the central nervous system. They are associated with the regulation of activity within the brain and spinal cord.

Cannabinoid 2 (CB2) Receptors: Receptors located throughout the body most densely associated with the immune system and regulation of immune responses such as inflammation and cell turnover.

Endocannabinoids (Messenger Molecules): Natural compounds made by the body that activate cannabinoid receptors. Phytocannabinoids found in the cannabis plant mimic their activity and activate the ECS.

Forms of Medicine

Flower: The cannabinoids and terpenoids form on the flower of the plant in microscopic, mushroom-shaped, crystal-looking structures called trichomes. Generally, flower has been cured to produce the best product for smoking, vaporizing, and storage. Flower may be lab tested for constituent content by weight. If a flower tests 10% THC content, then 1 gram of flower has the potential of containing 100 mg of THC.

If eating raw or unheated flower, at least 3 - 10% of the available THC-A can be expected to be decarboxylated to psychoactive THC in the drying or curing process. Exposure to heat and aging may increase the percentage of THC significantly.

Kief: A product of trichomes that are physically separated or screen-sifted from the plant material.

Edibles: Cannabis extractions infused into foods. May contain sugar and other less-than-healthy ingredients and variable potency.

Capsules: Cannabis products may be encapsulated to standardize the dose and to bypass the palate.

Concentrates: Also known as extractions, hash, oil, wax, or shatter. Use caution! These products may be very potent. A solvent, such as carbon dioxide (CO₂), ethanol (ETOH), or butane (BHO), may be used to extract and concentrate the constituents from the solid plant material. Some solvents and processes may have additional associated health concerns.

Rick Simpson Oil (RSO): An extracted, THC-rich oil concentrate that is coined after the individual who popularized the use of cannabis oil for treating cancer. Human studies are lacking on the subject; however, cannabinoids have been shown to have anti-cancer properties.

Tinctures: Plant extractions in a solution, commonly with ethanol, vegetable glycerin, fractionated coconut oil (MCT), or olive oil.

Tinctures are available in different concentrations and are typically dosed by drop, dropper, or milliliter. There are approximately 30 - 40 drops in a milliliter, depending on the solution. A syringe may be used for more precise measurement.

Tea: Hot water may be used to heat and activate cannabis, making it more psychoactive. However, water does not extract the cannabinoids well. For best results, steep flower 20 - 30 minutes and swallow the plant material with the tea. Patients also report combining other teas for specific synergistic effects.

Suppositories: A preparation of the medicine intended for insertion into the rectum or vagina. Most useful for conditions localized in the area of insertion.

Topicals: Includes salves, lotions, and balms. Topicals are cannabis extractions prepared to be applied to the skin directly and typically only have localized effects.

Transdermal Patches: Designed to increase medicine availability through the skin for systemic effects. Persons with skin sensitivities to adhesives should use with caution or avoid.

Modes of Administration

METHODS OF INHALATION

With inhalation, absorption occurs through the lungs, with rapid effects being felt within 2 - 5 minutes and lasting approximately 2 - 4 hours.

CAUTION: inhaling anything other than fresh air increases potential health risks.



Reasons patients choose inhalation:

- Quick, short acting
- Effects are more predictable
- Bypass the palate and digestive system

Vaporizer: A device that heats plant products until they boil into a vapor to be inhaled. It is intended to operate below combustion temperatures to reduce the creation of potentially harmful chemicals.

Vape Pens: A convenient, battery operated type of vaporizer used with pre-filled cannabis oil cartridges. **Attention:** the oil is often mixed with a thinning agent, such as polyethylene glycol (PEG), vegetable glycerin (VG), and/or fractionated coconut oil (MCT) to improve pen function.

Smoking: Typically using a device such as a pipe, water-pipe (bong), or rolled in paper (joint). Combustion or burning creates potentially harmful chemicals and heat. Inhaling substances into the lungs may irritate airways, increasing risk of lung disease and lung infections.



ORAL ADMINISTRATION

Oral ingestion includes anything consumed by mouth. Absorption occurs through the mucosa of the gastrointestinal tract. It takes approximately 30 - 45 minutes to experience the effects, which may last 6 - 8 (or more) hours, depending on the dose. Variable absorption and metabolism through the liver may enhance or diminish the effects and make them more unpredictable than inhalation. **IT MAY TAKE SEVERAL HOURS TO FEEL THE FULL EFFECTS. WAIT AT LEAST THREE (3) HOURS BEFORE RE-DOSING.**

Reasons patients choose oral dosing:

- To avoid inhalation concerns
- Long lasting effects
- Potential for larger dosing and a stronger effect

METHODS OF APPLICATION

Sublingual: Absorption occurs under the tongue. It may have quicker, shorter acting effects than oral dosing. The effects may start within 10 - 25 minutes and last 3 - 5 hours.

Topical: Applied directly to the skin for local conditions.

Transdermal: Absorption occurs through the skin usually via a specially formulated patch for systemic effects.

Conservative Dosing Strategies

Test dose small amounts of the cannabis medicine to determine the psychoactive potency. Increase the dose by small increments over extended time periods until reaching a comfortable effective dose. Everyone responds individually to cannabis dosing. The patient can use conservative dosing strategies to find the most effective dose with the least potential for side effects. A daily log or journal is a useful tool to track and evaluate dosing.

IF A DOSE CAUSES ANY UNWANTED SIDE EFFECTS, LOWER THE DOSE OR DISCONTINUE USE AND CONSULT YOUR TREATING PHYSICIAN.

Inhalation: Test dose one inhaled puff, **WAIT AT LEAST ONE (1) HOUR**, and then evaluate the effects. If the effect was not sufficient and without side effects, then re-dose with two (2) puffs and **WAIT ONE (1) MORE HOUR**. Continue this dosing method until the desired results are achieved.

Oral ingestion: Begin test dosing with no more than a quarter ($\frac{1}{4}$) of the manufacturer recommended edible dose. Patients who are new or have a low tolerance may choose to begin with an eighth ($\frac{1}{8}$) or less of the recommended dose. If **AFTER THREE (3) HOURS** the dose was not sufficient to feel the desired effects, increase the dose by the same increment and **WAIT AT LEAST ANOTHER THREE (3) HOURS BEFORE RE-DOSING**.

Oil Concentrates: Begin test dosing with less than $\frac{1}{4}$ the size of a grain of rice, or more conservatively, a pinhead size drop. If **AFTER THREE (3) HOURS** the effect was not sufficient, increase the dose by the same increment and **WAIT AT LEAST ANOTHER THREE (3) HOURS** before re-dosing.

Tinctures: Begin test dosing with 1 - 2 drop increments. If **AFTER THREE (3) HOURS** the effect was not sufficient, increase the dose by the same increment and **WAIT AT LEAST ANOTHER THREE (3) HOURS** before re-dosing.

With conservative dosing, patients may take several sessions or even days of test dosing before the benefit or effects are felt, rather than introducing too much medicine into the system initially. A slow approach also gives new patients a chance to adjust and build a tolerance to the psychoactive effects.

Follow your physician's recommendations and product manufacturer suggested dosing.

DOSING BY THC/CBD CONTENT

THC: The psychoactive potency of the medicine can be approximated by THC content in milligrams (mg). Edible manufacturers report an average adult dose of 5 - 25 mg of THC. Some patients do better with less and some may require more.

New or low-tolerance patients may begin test dosing at or below 1 - 2½ mg of THC, and slowly increase by this same increment.

Microdosing: using the smallest effective dose of THC, at regular intervals. Patients often report improvement of symptoms without feeling psychoactive effects.

CBD: To quantify non-psychoactive cannabinoid dosing, patients may evaluate their dosing based on the milligrams (mg) consumed compared to their body weight in kilograms (kg).

Literature suggests that therapeutic dosing of CBD may be as high as 5 - 25 mg/kg/day. However, dosing at these levels currently may not be practical or necessary, particularly when using whole plant medicines. Dosing below 5 mg CBD/kg may be more practical. Patients can begin with levels below 1 mg/kg/day, and then slowly increase as needed. Wait 1 - 2 weeks between each dose increase for a more conservative approach.

Product manufacturers may suggest a dosage of 10 - 75 mg/day for adult-use CBD nutritional supplementation.

Follow your physician's recommendations and the manufacturer's suggested dosing of the product.



Potential Side Effects of Cannabis

Psychological and behavioral changes	Sensation of slowed time	Dry mouth, potential increase in periodontal disease
Euphoria	Anxiety	Rapid heart rate
Hallucinations, temporary psychosis	Social withdrawal	Lowered blood pressure
Impaired motor coordination and balance	Conjunctival injection (red eyes)	If inhaled — coughing, irritation, inflammation of airway
Impaired judgement and short-term memory	Increased appetite and thirst	Sedation, drowsiness
	Vomiting	
	Dependence	

CONTRAINDICATIONS

Patients should first consult with a physician regarding health conditions that may be exacerbated by cannabis use.

Respiratory Disorders: Smoking and inhaling cannabis may further aggravate respiratory and other related disorders.

Heart Conditions: There may be cardiovascular effects such as an increased heart rate, lowered blood pressure, or increased blood pressure with excitement or anxiety. Use of cannabis may aggravate cardiovascular conditions.

Mental Health: Cannabis use may cause psychosis, schizophrenic episodes, or mental and emotional stress in patients who are predisposed to schizophrenia or other mental illnesses. Even without a history of mental illness, some individuals are sensitive to the psychoactive side effects of cannabis.

Pregnancy: Cannabis constituents pass through breast milk and to a developing fetus during pregnancy. Use of cannabis while pregnant or nursing may increase developmental risks.

Overall Impairment: Cannabis use may cause impairments that can affect daily activities, as well as job performance. Patients should not drive or operate heavy equipment while impaired or participate in responsibilities and activities that require focus and attention, such as childcare.

DRUG INTERACTIONS

COMBINING CANNABIS WITH ALCOHOL, PRESCRIPTION DRUGS, NONPRESCRIPTION DRUGS, OVER-THE-COUNTER MEDICATIONS, OR NUTRITIONAL SUPPLEMENTS MAY INCREASE POTENTIAL IMPAIRMENTS, SIDE EFFECTS AND EFFICACY CONCERNS.

Cannabis use may affect how other drugs, medications, and nutritional supplements are absorbed, metabolized, and eliminated from the body. Although reports of harmful interactions are not common, if you are taking other drugs, medications, and nutritional supplements, consult your physician before cannabis use.

CONTACT RECOMMENDING PHYSICIAN IF ANY SIDE EFFECTS OR CONTRAINDICATIONS OCCUR.

Alternatives to Medical Cannabis

No medicine can make up for improper nutrition, lack of exercise, unchecked stress, and negative mental-emotional habits. The best chance of avoiding disease is a balance of proper nutrition, daily exercise, stress-management, and positive mental-emotional practices.

FOCUS ON THE CAUSE OF DISEASE RATHER THAN JUST TREATING SYMPTOMS!

Consult with your primary care physician regularly. Report any symptoms or health concerns that may arise, whether or not they are relieved by medical cannabis.

Consider further naturopathic medical care and alternative treatment options.

- **American Association of Naturopathic Physicians:**
<http://www.naturopathic.org>
- **American Association of Acupuncture and Oriental Medicine:**
<https://aaaomonline.org>

Pharmaceutical Cannabinoids: Synthetic THC has been available by prescription in the USA since the 1980's under the Pharmaceutical name Marinol® (generic name: dronabinol). In 2018, the FDA approved CBD extract, Epidiolex®, for two types of pediatric seizure disorders.



Substance Use Disorders

Medical professionals now use the term “substance use disorders” to signify the growing understanding that these conditions should be regarded and treated as medical conditions rather than sinful or unlawful behaviors.

Tolerance: The need to continue increasing the amount of a substance being used to obtain the desired effects. Heavy THC use may cause downregulation of an individual’s endocannabinoid system and lead to some tolerance. Individuals have reported that after discontinuing cannabis use for several days, they were able to significantly decrease their effective dose on resumption of use. Taking periodic breaks from cannabis use may be considered a good endocannabinoid system detox, a chance to reboot and re-evaluate the continued benefit of cannabis use.

Withdrawal: The body can become dependent on certain substances; stopping or decreasing the amount of use may cause the body to become sick or impaired. With certain substances, such as opiates and alcohol, withdrawal can be severe and medically dangerous.

Cannabis is not reported to cause medically dangerous withdrawal. However, abruptly discontinuing daily cannabis use may result in irritability, depressed mood, and sleep and appetite disturbances for up to a few weeks.

SIGNS & SYMPTOMS OF SUBSTANCE USE DISORDERS

- Using larger amounts of substance over a longer period of time than was originally intended.
- Failure to fulfill major role obligations at work, school or home.
- Risky use of substance.
- Tolerance and withdrawal.

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Health Disorders: DSM-V*. Washington, DC: American Psychiatric Association. (pp. 481-490, 509-519)

CANNABIS USE DISORDER

A concern with cannabis overuse is that individuals may spend time and resources using cannabis when they should be directing those resources toward success and quality of life. Another concern is the unknown effects of long-term use on the developing brain, nervous system, and mental-emotional potential.

As with any medication, individuals should be aware of the signs and symptoms of substance use disorders and constantly re-evaluate how cannabis and other substances are affecting their overall health, relationships, and quality of life.

Cannabis should be used as a tool to benefit a patient's health and overall quality of life rather than to escape the realities and responsibilities that lead to improved health and increased quality of life.

SUBSTANCE USE DISORDER RESOURCES

Mental and physical health can improve with good practice. Both are needed to be actively desired and exercised on a daily basis. Health and success are not guaranteed, they are gifts with responsibility and great reward.

- **The Agape Center:** National and local substance abuse treatment facility locator. (theagapecenter.com)
- **The Substance Abuse & Mental Health Services Administration:** Offers treatment facility locator, information by topic, programs, publications, FAQ's, and much more. (findtreatment.samhsa.gov)
TOLL FREE PHONE: 1-800-662-HELP (4357)
- **National Suicide Prevention Lifeline**
(suicidepreventionlifeline.org)
TOLL FREE PHONE: 1-800-273-8255

Cannabis Journal

A daily log or journal is a useful tool to evaluate ones benefit and/or negative effects from medical cannabis use.

Patients may use these logs to self-evaluate their overall health, symptoms, cannabis effects and benefits, as well as to provide this information to the treating physician.

***Symptoms are very important to the treating physician.** Be specific and include details of onset, description, duration, associations and severity. Severity of symptoms can be quantified with a number scale, ten (10) being most severe and one (1) being least severe.

***Notify your recommending physician of any side effects that occur as a result of cannabis use.**

DATE	TIME:	STRAIN/CONSTITUENTS:	AMOUNT:																	
METHOD OF USE:																				
REASON FOR USE/SYMPTOMS:																				
	BEFORE USE										AFTER USE									
PAIN	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
AGITATION	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
SLEEP DISTURBANCE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
CACHEXIA / WEIGHT LOSS	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
NAUSEA	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
SEIZURES	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
MUSCLE SPASMS	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
QUALITY OF LIFE	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
POST-USE REPORT/SIDE EFFECTS:																				

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