State of Utah

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The Compassionate Use Board would like to share the following important information regarding cannabis use:

- Delivery Methods
    - Smoking cannabis is not permitted under the Utah Medical Cannabis Act.
    - The use of vaporization or other inhalation methods are not recommended for patients under the age of 21.
    - Oral, topical, or sublingual methods are recommended over vaporization or inhalation.

- Children, Adolescents, and Adults Under the Age of 26
    - The use of cannabis may result in altered brain development and function with possible long-term negative consequences, including adverse mental health outcomes and long-term cognitive impairments.

- Hyperemesis Syndrome
    - The use of cannabis regularly or at high doses may result in cannabis hyperemesis syndrome. The symptoms include severe persistent vomiting, abdominal pain, and compulsive hot showers to relieve the symptoms temporarily.

- Start Low and Go Slow
    - Lower doses of THC and a slow increase of the dose can minimize psychoactive responses.
    - It can also minimize the following unwanted side effects:
        - fatigue
        - anxiety
        - euphoria
        - impairment of mental status
        - tachycardia
        - drop in blood pressure
        - dizziness

- Motor Function and Driving

    - Based on available data and making conservative recommendations, patients should abstain from driving for a minimum of 8 hours after an inhaled dose of cannabis.
    - Patients may need to refrain from driving substantially longer than 8 hours after an orally ingested dose of cannabis-based medicine.

- Addiction

    - With any cannabis use the lifetime probability of developing Cannabis Use Disorder (CUD) is 9%.
    - CUD significantly increases if use is during adolescence.
    - Studies show an association with cannabis use is combined with other substance use such as opioids.
    - There is a noted increase in CUD in states with medical marijuana laws.
    - There is no current evidence that cannabis is an effective Opioid Use Disorder (OUD) treatment. Evidence suggests against recommending cannabis or cannabinoids as a substitute to existing medications for treating OUD.

- Mental Health

    - THC-predominant cannabis and high doses of THC should be avoided in individuals with a history of schizophrenia and other psychotic disorders.
    - The available evidence suggests that cannabis may worsen the course of bipolar disorder by increasing the likelihood, severity, or duration of manic phases.
    - Evidence suggests a link between regular (weekly or more frequent) or high dose cannabis use and suicidality.

- Autism

    - Individuals with ASD may be more likely to develop cannabis-related psychosis. The onset of psychosis due to THC may not be immediate and may not show up for months to years after starting treatment with THC-containing cannabis preparations.
    - Detection of symptoms of psychosis due to the use of THC-containing cannabis preparations in individuals with ASD may be delayed and be more challenging to

detect due to the core problems with communication that characterize individuals with ASD.

- Anti-Seizure Medications
    - A careful pre-treatment review of potential drug-drug interactions should be completed. Clobazam and valproic acid, in particular, are two commonly used anti-seizure medications whose metabolic clearance may be affected by the co-administration of cannabinoids.

For additional information related to the safe use of medical cannabis, please visit our Cannabinoid Product Board (CPB) site here. All of the noted information can be found in the following documents: CPB General Guidance, CPB Epilepsy Guidance, Cannabis and Opioid Use Disorder Treatment, and CPB Autism Guidance.

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