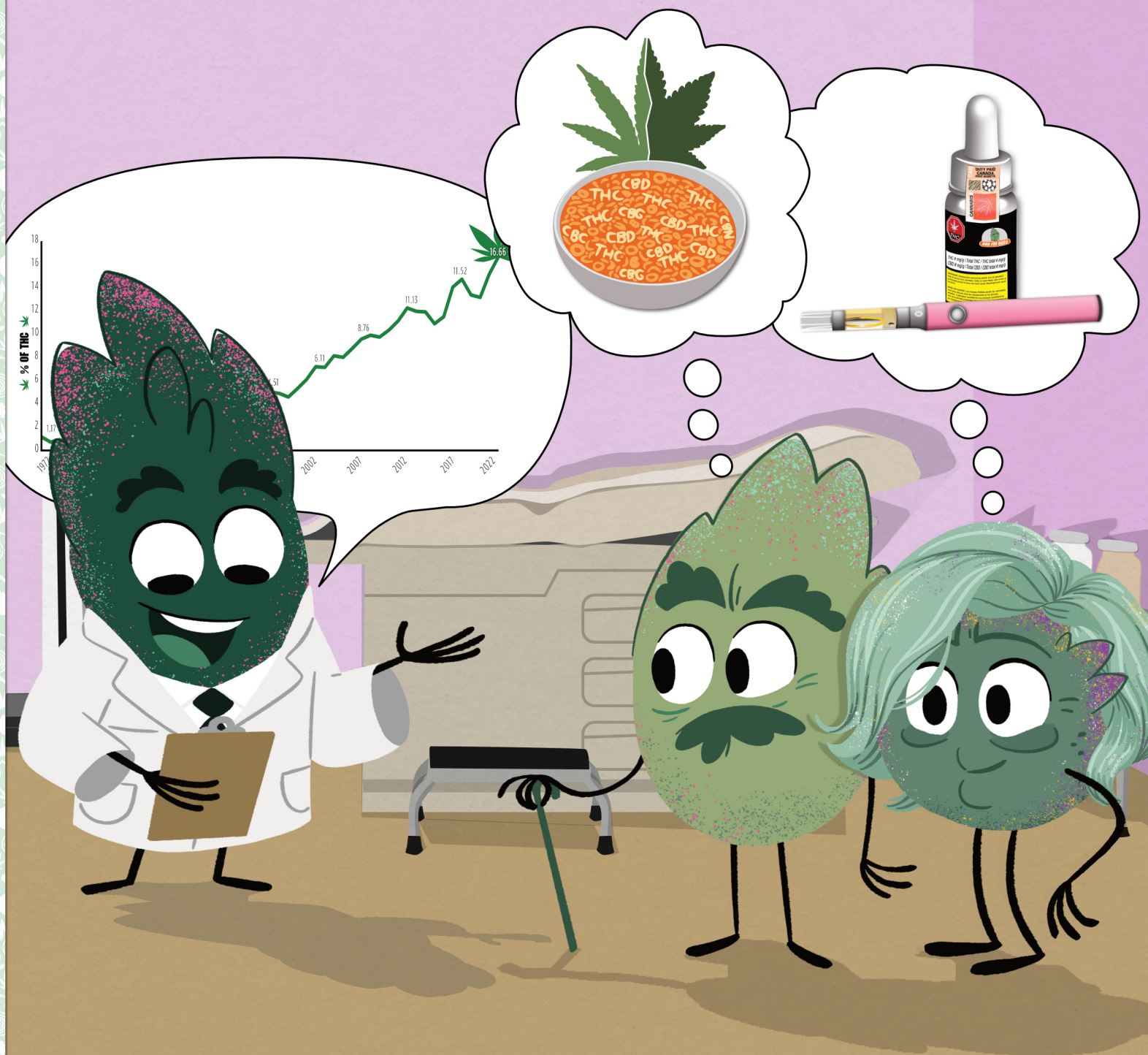
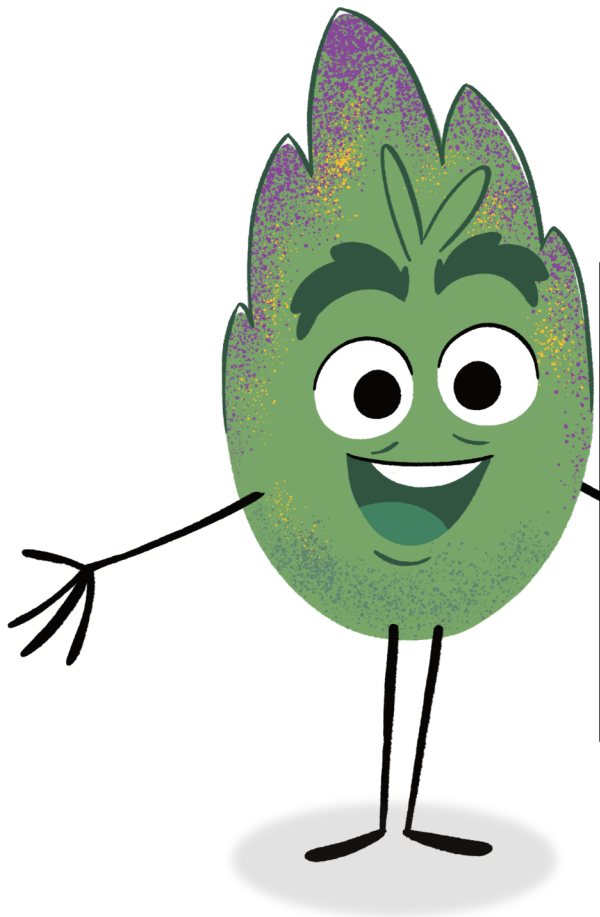




CANNABIS & OLDER ADULTS





BUD TALKS: Cannabis & Older Adults,
authored by Iris Balodis, Deirdre Querney
and Jean-Pierre Joubert, and is intended
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CANNABIS USE AMONG OLDER ADULTS: WHAT DO WE KNOW?

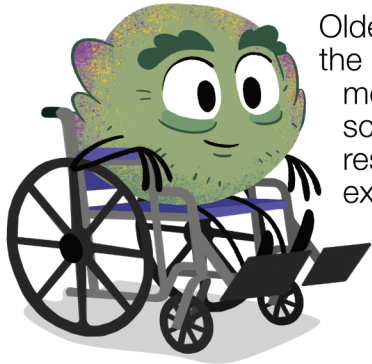
Older adults are now the fastest growing age group of cannabis users. More now report vaping or taking oral forms of cannabis for recreational purposes, but also to manage health problems associated with ageing such as chronic pain, sleep issues, low mood and anxiety.

Since cannabis legalization and increasing views that cannabis is more helpful than harmful, a lot of attention has been paid to how cannabis can treat these kinds of health issues. But, if cannabis is strong enough to help, it's also strong enough to harm. Unfortunately, far less attention has been paid to understanding those harms in older adults.

In this handout, we'll talk about the risks that can come with cannabis use and why it's important to talk to your doctor about them!



RESEARCH ON OLDER ADULTS IS LIMITED

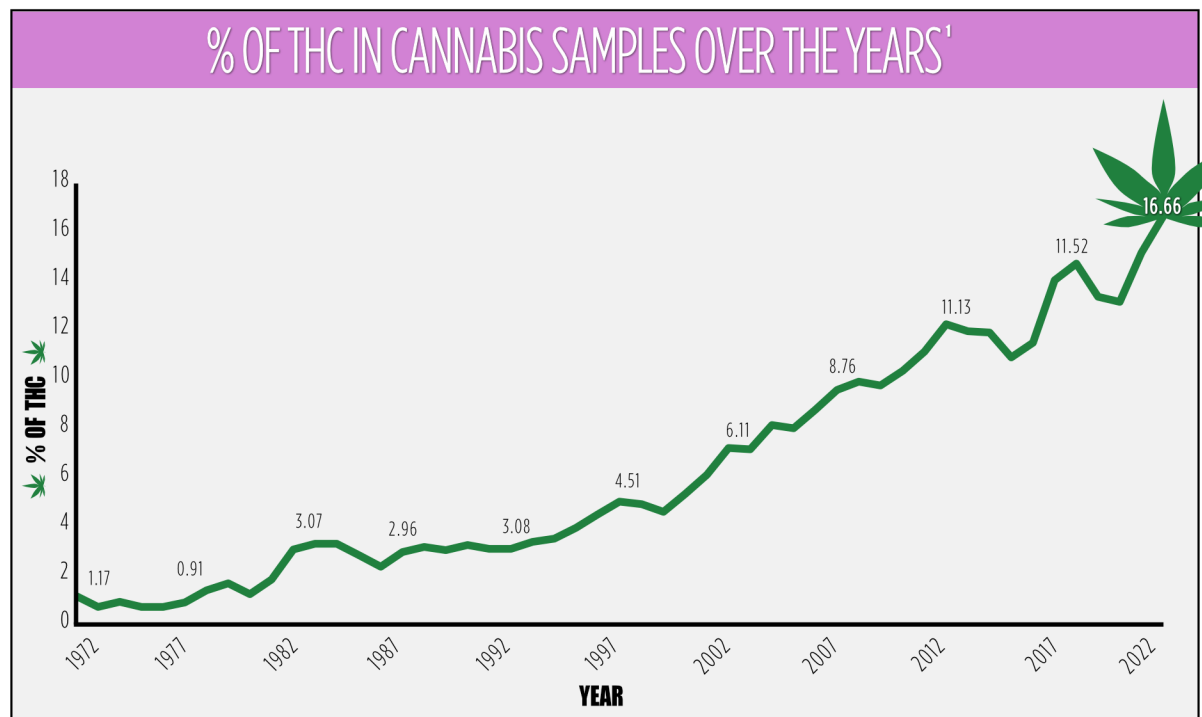


Older adults may react differently to cannabis than people in other age groups. For example, the body's ability to process substances changes with age. Older adults may be on medication or have other health conditions that react badly with cannabis. The overall scientific evidence for the benefits of cannabis is weak, and there isn't much gold standard research specifically about cannabis use in older adult populations. Almost no studies exist that look at medication interactions with cannabis. For all these reasons, we don't know enough about the ideal dose, types of use, or formulations (e.g. ratio of CBD to THC) that are a best fit for older adults.

TODAY'S CANNABIS IS NOT THE CANNABIS OF YOUR YOUTH

There is now far more THC (the chemical that causes the 'high') in cannabis than there was in the past. Since the 1970s, the level of THC in cannabis has risen by about 3% every year and is now more than ten times (10x) stronger than it was 50 years ago. There are also many different formulations and ways to consume it, including edibles, drinks, and tinctures.

If your cannabis use experience isn't recent, you might be surprised about how strong cannabis is and how it might affect you.



¹ Adapted from data provided by the NIDA Potency Monitoring program at the University of Mississippi.

For more information, references and handouts on cannabis, visit www.budtalks.ca

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PRODUCT NAMES & CANNABIS STRAINS CAN MISLEAD YOU

If someone recommends that you use *sativa*, *indica*, or specific products like *Purple Kush* or *Unicorn Poop* for a particular physical or therapeutic effect, there's a good chance that the information isn't accurate.

STRAIN CROSSBREEDING

Cannabis strains, like *indica* and *sativa*, have been bred together over centuries. Strain analysis shows that they are now so genetically similar that there is hardly a difference between them.



CANNABINOID INTERACTIONS

The effects of cannabis come from cannabinoids, which are chemicals that affect the body and the brain. There are over 100 cannabinoids, beyond THC and CBD. Cannabis chemistry is like an 'alphabet soup' with all the cannabinoids mixing in different ways to produce different effects. When you use cannabis, you are not just consuming one chemical, but rather a medley of cannabinoids.



UNREGULATED NAMING

Naming conventions for cannabis are unregulated. The industry can use any name that they would like to sell their products. They can also give two different products the same name or rename a product for marketing purposes. This makes it difficult to know what you are consuming based on packaging.

Sex Candy
Banana Stardawg
Cougar Milk
Tom's Plushhammer
Peyote Cookies Truth Serum
Grandpa's Breath **Master Yoda**
Trainwreck Unicorn Poop
Hubbabubbas melloscope
Alien OG

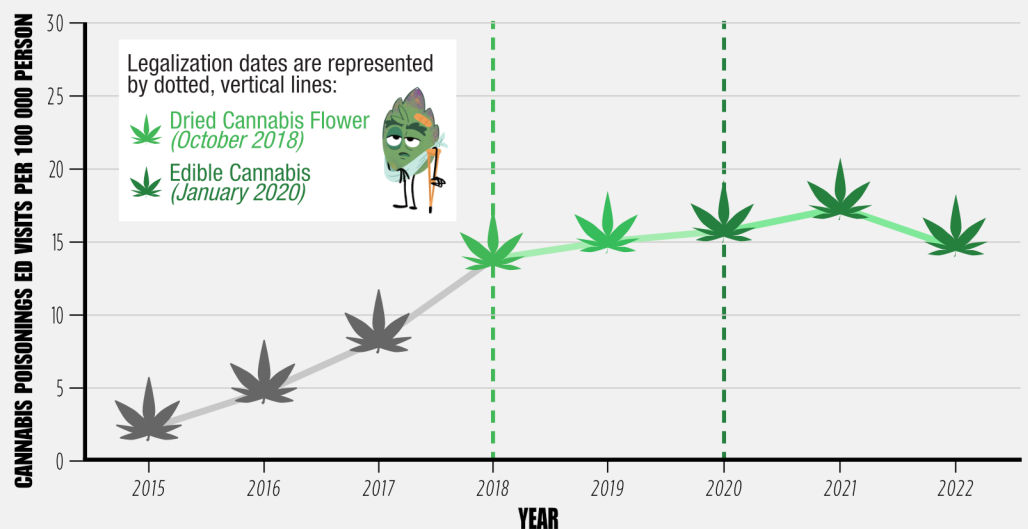
CANNABIS USE CAN BE DANGEROUS

As we age, our liver, kidney, and cardiovascular system change, affecting our ability to process and eliminate any substance we take. This means that consuming cannabis carries higher risks and side-effects for older adults. For example, cannabis affects vision, movement, and the ability to process information. This can make you dizzy, fall, or experience other injuries. Even in healthy older adults, several recent scientific reviews show physical, mental, and behavioural health risks associated with cannabis use.

Not surprisingly, with the increase in THC potency over the years, there has been a large increase in the number of older adults going to emergency rooms for cannabis-related problems.

Additionally, since ageing is often associated with the onset of chronic health conditions, many older adults use medications, nutritional supplements, or other substances to cope. Adding cannabis to the mix taxes the body, potentially worsening symptoms, and increasing the chances of falls, cognitive impairment, and psychosis.

ANNUAL CANNABIS POISONING EMERGENCY ROOM VISITS FOR OLDER ADULTS (2015-2022)²



² Adapted from Stall NM et al. (2024). Edible Cannabis Legalization and Cannabis Poisonings in Older Adults. JAMA Intern Med. 2024 May 20:e241331. doi: 10.1001/jamainternmed.2024.1331.

THE HEALTH RISKS OF USING CANNABIS FOR OLDER ADULTS INCLUDE ...

MOVEMENT

- Difficulties with walking & stability
- Greater risk of falls/injuries
- Impaired driving



THINKING

- Short-term memory problems
- Difficulty processing emotions
- Confusion



MENTAL HEALTH

- Psychosis
- Depression/Suicidality
- Anxiety
- Addiction



DIGESTION

- Cannabis Hyperemesis Syndrome (incl. severe nausea and vomiting)
- Slowed / poor / badly-coordinated digestion
- Appetite changes
- Diarrhea



HEART & CARDIOVASCULAR

- High / low blood pressure
- Coronary artery disease
- Irregular heartbeat
- Heart attacks
- Strokes



LUNGS

- Chronic Obstructive Pulmonary Disease (COPD)
- Coughing
- Phlegm
- Wheezing



CANNABIS & MEDICATION INTERACTIONS IN OLDER ADULTS

At present, the science about how cannabis interacts with other drugs is extremely limited. We know very little about how effective and safe it is for older adults to mix cannabis with medicines, supplements, and other substances.

For example, each medication has its own list of side-effects. But, when combined with cannabis, those side-effects could worsen, or new and unwanted side-effects could appear. As another example, mixing medications with cannabis can create a chemical reaction that changes the way the medication works or how the body processes it.

Not knowing how cannabis will affect the balance that people must establish with their medications, supplements and other factors can present a major health risk.



WHY IS IT HARD TO UNDERSTAND CANNABIS DRUG INTERACTIONS?

Most drugs that are plant-based – such as tobacco, cocaine, or morphine – have a single active ingredient, making it easier to study the effects of mixing them with other substances.

However, the effects of cannabis come from over 100 cannabinoids, including THC and CBD. Cannabinoids interact with each other. For example, many people notice that, depending on how much and the way they take it, CBD interacts with THC. CBD can increase or decrease how long and how much THC affects you.

Cannabis chemistry is like an ‘alphabet soup,’ with all the cannabinoids mixing in different ways to produce different effects. When you use cannabis, you are not just consuming a single chemical, but rather a medley of cannabinoids.

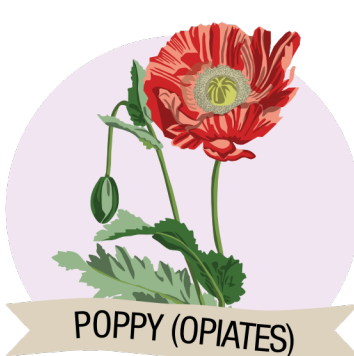
When this medley interacts with medications, supplements, or other substances you are already taking, the effects are unpredictable and potentially very dangerous.



CANNABIS (THC, CBD, CBG, CBN, CBE, CBV, Δ8-THC, Δ8-THCA, OTHC, CBF, CBR, CBT, DCBF, cis-THC, etc.)



COCA (COCAINE)



POPPY (OPIATES)



TOBACCO (NICOTINE)

THC, CBG, CBCA, CBDV, CBD-C1, CBG, CBN, CBE, CBV, Δ8-THC, Δ8-THCA, OTHC, CBF, CBR, CBT, DCBF, cis-THC, etc.

CBD IS NOT RISK-FREE

THC produces most of the mind-altering effects that we think of with cannabis, such as feeling ‘high’ or ‘spacey.’ By contrast, many people think that CBD, a widely-sold cannabis product, is safe because it doesn’t produce those same effects. CBD might even be recommended to you as a safer alternative to THC to treat a variety of health problems. It’s widely available in oils, creams, capsules, edibles, teas, and syrups.

But, CBD is not risk-free since, on its own, it can cause fatigue, nausea, and diarrhea.

Drug interactions with CBD is an even bigger concern. To date, there is very little high-quality research looking at drug interactions with CBD. What we do know, though, is that CBD interacts with enzymes (specific proteins in the body that break down chemicals) to alter chemical reactions. We need these enzymes to clear out the effects of drugs we have consumed. However, CBD prevents many enzymes from doing their job. Substances and medications are not broken down properly and can become toxic, causing organ damage, heart and blood pressure problems, rashes, respiratory failure, or convulsions.



WHAT KINDS OF INTERACTIONS CAN THERE BE?

The studies that have been done show that cannabis interacts with several medications including those for depression, anxiety, seizures, sleep, and pain. Cannabis also interacts with over-the-counter medications like acetaminophen, as well as substances like alcohol and tobacco. Given what we know about cannabis chemistry, many more interactions are very likely. Here are common cannabis interactions found in older adult populations, along with examples of each.

CANNABIS CAN INCREASE THE LEVELS OF OTHER DRUGS

ADDITIVE EFFECT

Sometimes cannabis can increase the levels of other drugs in an additive way (i.e. $1+1=2$).

For example, many people think that mixing cannabis with their pain medication will mean that they can use less opiates and still have the same pain-relieving effect. However, mixing cannabis with opiates has an additive effect – it increases drowsiness, decreases motor control, causes difficulties with concentration, and increases anxiety and depression. It's like you took two doses of your opiate instead of one.

SYNERGISTIC EFFECT

Sometimes the effect of cannabis is synergistic (i.e., $1 + 1 = 10$).

For example, combining alcohol and cannabis, which is commonly done, can make people feel like they have used more of each drug than they actually used. This can lead to impaired driving, social problems, and injuries.

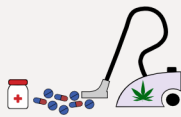


COMBINED EFFECT

Sometimes the effects are both additive and synergistic. This is the case with antidepressant medication. Cannabis slows the breakdown of these medications in the body. The anti-depressant's effect is heightened by the cannabis because the medication stays active for longer than it would have if the body had eliminated it. The interactive effects include changes to heart rhythm, drowsiness, gastrointestinal problems, and agitation that could progress to delirium, confused speech, and hallucinations.

ELIMINATES MEDICATIONS QUICKER

Smoking cannabis regularly can eliminate certain drugs from the body more quickly. For example, some drugs used to help with breathing (in the case of asthma or chronic obstructive pulmonary disease), get 'cleared out' much more rapidly, potentially reducing their effectiveness.



ALTERED EFFECTIVENESS

Some medications can increase or decrease cannabis levels by changing the effects and the length of time that cannabis remains active in the body. Two examples are:

- Ketoconazole (an antifungal cream) can almost double levels of CBD and THC in the bloodstream
- Rifampicin (an antibiotic) can reduce CBD concentrations in the bloodstream



EXAMPLE: SLEEP MEDICATIONS

Many people use cannabis as a sleep aid. Cannabis interacts with many sleep medications - like Xanax (alprazolam), Ambien (zolpidem), or melatonin; these interactions can increase side effects such as confusion, dizziness, poor motor coordination and concentration, and can even impair your thinking and judgment.



BLEEDING & CLOTTING

Combining cannabis with some medications can be lethal. This is the case with warfarin, a drug prescribed to prevent blood clots. Cannabis causes an increase of warfarin circulation in the body, leading to a higher risk of bleeding and hospitalization.



FREQUENTLY ASKED QUESTIONS (FAQ)

1. WHAT CONDITIONS IS PHARMACEUTICAL CANNABIS APPROVED FOR?

Doctors do prescribe cannabis for many conditions, however, currently in Canada, pharmaceutical cannabinoids are only approved as a medicine for the three conditions shown here. Those who use cannabis for other conditions may experience some benefits, but every experience is different, and cannabis comes with its own risks.

There isn't enough strong scientific evidence for using cannabis to treat any other medical conditions at this time, although studies are underway. Clinical trials that follow specific guidelines are necessary for cannabinoids to be approved and recommended as a medicine. It's a high bar, because we need medicines to be safe and well-understood.

APPROVED CONDITIONS FOR PHARMACEUTICAL CANNABINOIDS IN CANADA

- Childhood epilepsy
- Chemotherapy-associated nausea/vomiting
- Multiple sclerosis-related muscle spasms



2. WHAT EVIDENCE IS THERE FOR TREATING CHRONIC PAIN USING CANNABIS?

Many older adults experience chronic pain. There have been several good clinical trials on the treatment of chronic pain with cannabis. The overall results are that, compared to standard care, a small number of people experience some reduction in pain when using oral cannabis (gel capsules/oil drops or spray). This doesn't mean that even a small reduction in pain, for example, wouldn't be meaningful to some, but the risks of using cannabis must also be considered. This chart shows the benefits over standard care alone, along with the risks of combining cannabis with standard care.

ADDING CANNABIS TO STANDARD CARE FOR CHRONIC PAIN

BENEFITS

SLEEP

~6% improvement within ~1-3 months

CHRONIC PAIN

10% for both cancer and non-cancer pain improvements within 1-4 months

PHYSICAL FUNCTIONING

~3% improvement within 1-4 months

SOCIAL, EMOTIONAL & ROLE FUNCTIONING

No improvement

RISKS

- **COGNITIVE IMPAIRMENT**
- **REDUCED ATTENTION**
- **DROWSINESS**



3. CAN I USE CANNABIS TO DECREASE MY OPIOID USE?

Unfortunately, there is no good evidence for doing this. Most studies don't directly compare cannabis and opioid treatments, so it's difficult to get a clear understanding of the impact of cannabis. High quality research is needed before this can be recommended.



HAVE A BUD TALK WITH YOUR DOCTOR

Cannabis is growing in popularity, especially amongst older adults. This poses health risks. There are many reasons why older adults don't talk to their doctors about cannabis, including shame, stigma or simply not knowing that cannabis use could impact their health. Some healthcare providers are uncomfortable prescribing cannabis due to a lack of knowledge, education, resources or stigma. Having a Bud Talk with your doctor can reduce potential harm from using cannabis. Ideas to prepare you for that conversation include:

PREPARING FOR YOUR BUD TALK

ASK YOURSELF THE FOLLOWING QUESTIONS

- 1.1** What medications and substances am I currently taking?
(incl. prescriptions, nutritional supplements and substances such as alcohol, tobacco, cannabis, etc.)
- 1.2** What are my goals for taking cannabis?
(incl. reducing pain, better day-to-day functioning, sleeping better, having a better quality of life, enjoyment/recreation/relaxation, and reducing or stopping other medications)
- 1.3** What is my history of cannabis use?
(incl. whether or not you may have a history with addiction)

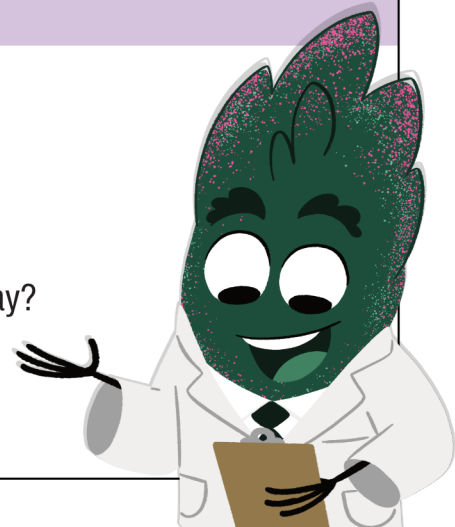
ASK YOUR DOCTOR

IS CANNABIS RIGHT FOR ME?

- 2.1** Can cannabis help me achieve my goals and/or improve the health condition I have?
- 2.2** What other resources, treatments or supports could help me?
(e.g. physical therapy, medication, counselling, recreation, environmental changes, etc.)
- 2.3** Will cannabis interact with my medications or nutritional supplements?
- 2.4** Should I change medications if I use cannabis?
- 2.5** Is there a recommended prescription for my condition?
(i.e. how much would I start with? How would I know the dose or when to adjust dosage?)
- 2.6** Should I use oils, edibles, inhaled, non-inhaled, sublingual, synthetic or plant-based cannabis to achieve my goals?
- 2.7** What ratio of THC to CBD should my products have?

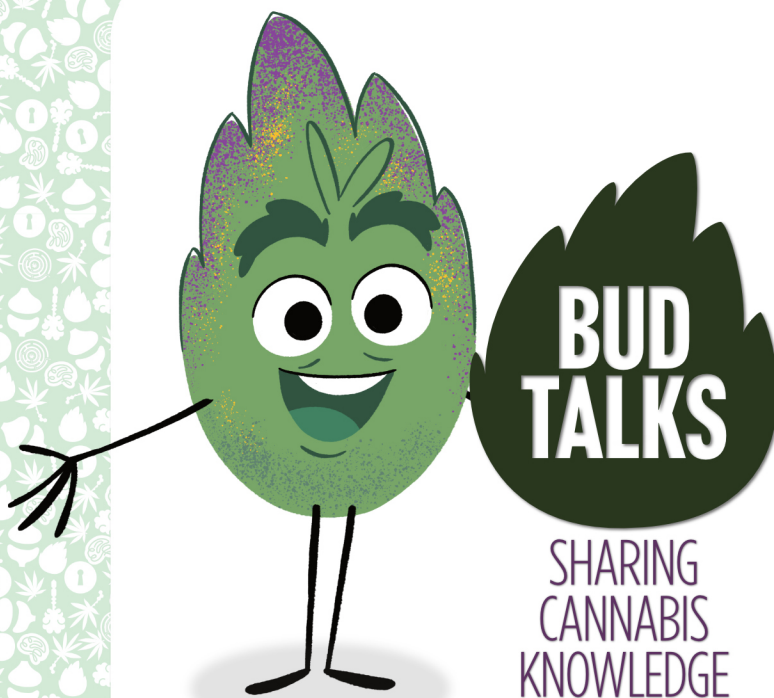
WHAT CAN I EXPECT?

- 3.1** How often will we meet to talk about my goals and how things are going?
- 3.2** How long will the effects of cannabis last?
- 3.3** How would I know if cannabis is not helping me?
- 3.4** What should I do if I feel worse?
- 3.5** What are the side-effects of cannabis and how could it affect my day-to-day?
- 3.6** What risks are there and how can I decrease these risks?
(i.e. age, situation, cannabis history, driving, medical condition[s], etc.)
- 3.7** How should I safely dispose of cannabis products?



NOTES

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across the entire width of the page, providing a guide for writing. The background is a solid off-white color.



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