



California State Board of Pharmacy

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Business, Consumer Services and Housing Agency

Department of Consumer Affairs

Gavin Newsom, Governor



To: Board Members

Subject: Agenda Item III. Presentation by Dr. Jill Simonian, "Cannabis Therapeutics – High Time for Pharmacy Education"

Background

As part of the January 2020 Board Meeting, members received public comment from Dr. Simonian, requesting the opportunity to provide the Board a presentation on *cannabis*.

During the meeting, Dr. Simonian will provide members with a presentation that will include an overview of *cannabis*, information on the pharmacology of THC and CBD, information on drug interactions, adverse effects, current laws and regulations, and other topics.

Following this memo is a copy of the presentation.



CANNABIS THERAPEUTICS – HIGH TIME FOR PHARMACY EDUCATION

CALIFORNIA STATE BOARD OF PHARMACY

DECEMBER 3, 2020

Jill Simonian, PharmD
Affiliate Faculty Instructor
Skaggs School Pharmacy and Pharmaceutical Sciences
University of California, San Diego
jsimonian@health.ucsd.edu



PRESENTATION OVERVIEW

- History and botany of cannabis
- Endocannabinoid system
- Pharmacology and pharmacokinetics of cannabis
- Therapeutic uses
- Public safety
- Current legislation and regulations
- Implications for pharmacist education and involvement

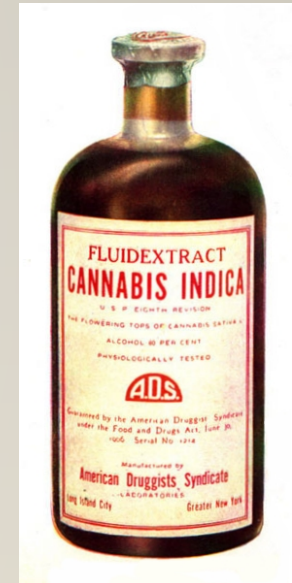
HISTORY AND BOTANY OF CANNABIS



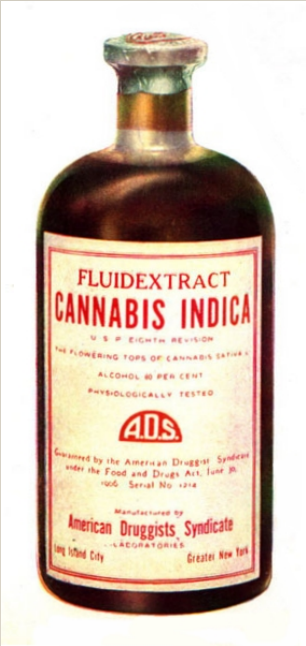
CANNABIS HISTORY



- Indigenous to Central and South Asia
- Used medicinally and for hemp fiber for millennia
- Most well-known compounds
 - Δ^9 -tetrahydrocannabinol (THC)
 - Cannabidiol (CBD)
- THC and CBD first isolated in 1960s
- Cannabinoid receptors isolated in 1990s
- Endocannabinoids discovered in later 1990s



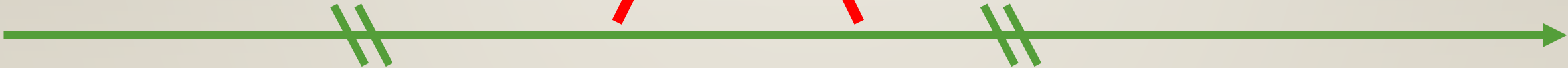
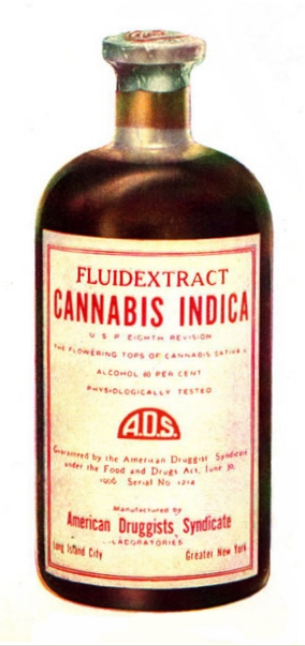
CANNABIS MEDICINE TIMELINE



POLITICS
GREED
MONEY
POWER
RACISM



RESEARCH
SCIENCE
HEALING
MONEY



FOREVER-AGO

1900s

2000s



CANNABINOIDS

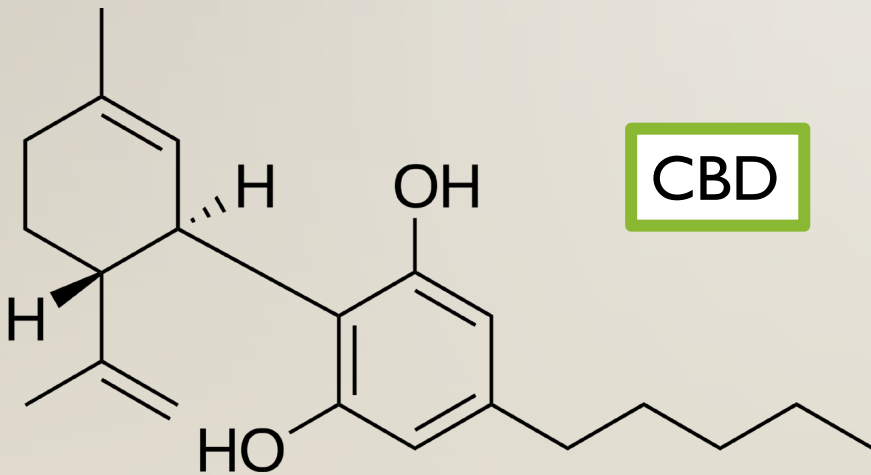
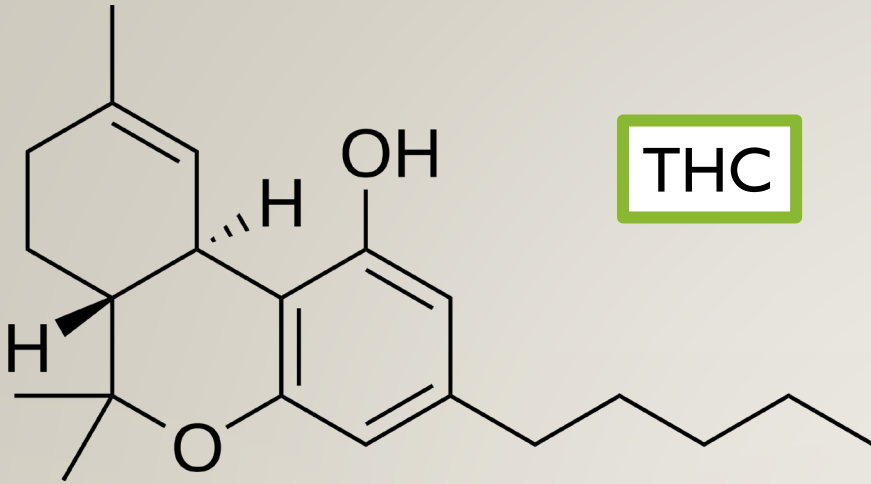
Molecules that directly or indirectly interact with cannabinoid receptors and modulate neurotransmitter signaling.

Two types:

PHYTO – Produced by a plant

ENDO – Produced by the body

Phytocannabinoids



- Naturally occurring
- Biologically active
- Chemical constituents of the cannabis plant

-
- 122 cannabinoids identified
 - Most well known
 - THC
 - CBD
 - Lesser known
 - CBC, CBG, CBN, THCV, CBDV

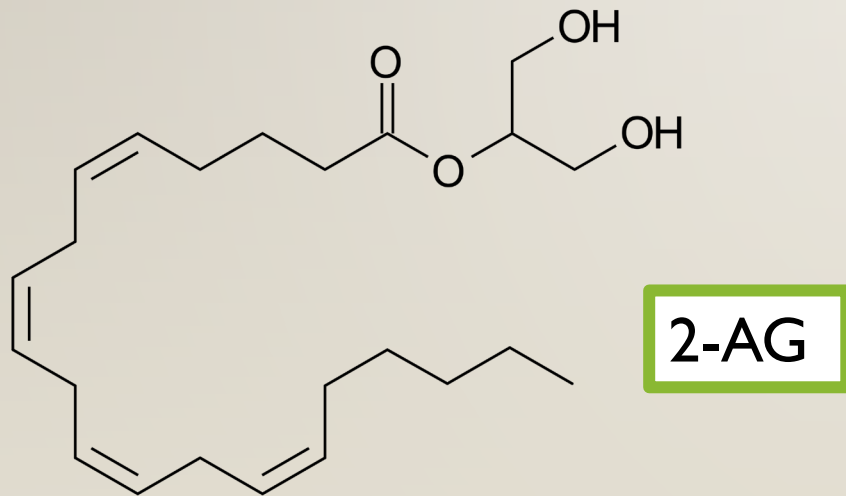
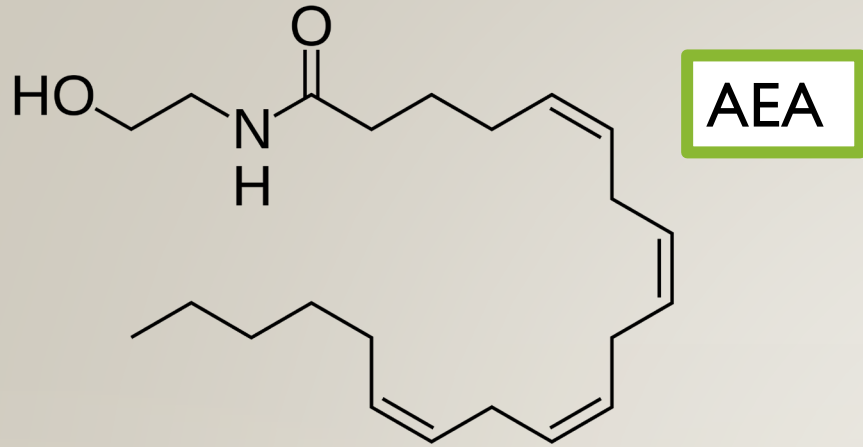
WHERE ARE PHYTOCANNABINOIDS FOUND?

- Cannabis sativa L.
- Trichomes of flowers/leaves of unfertilized female plant
 - Cannabinoids
 - Terpenoids/Flavonoids



Endocannabinoids

- Produced in the body
 - Long chain fatty acid lipids
 - Retrograde neurotransmitters
-



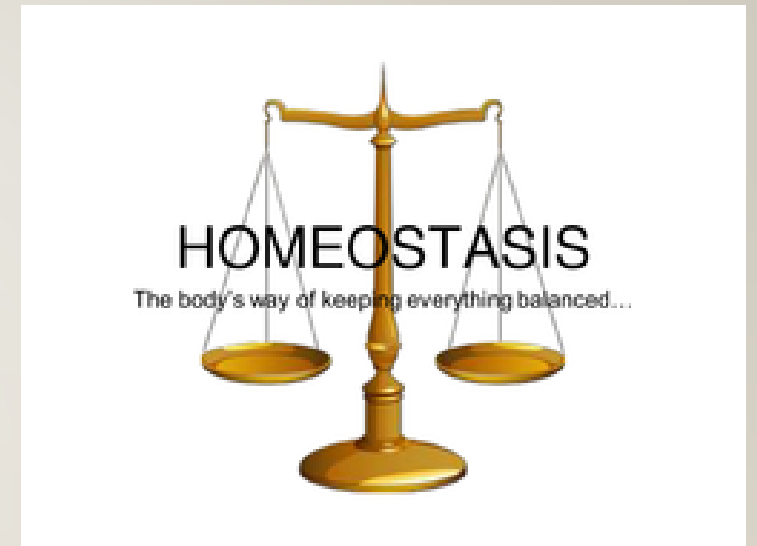
- Most well known
 - Anandamide (AEA)
 - 2-AG

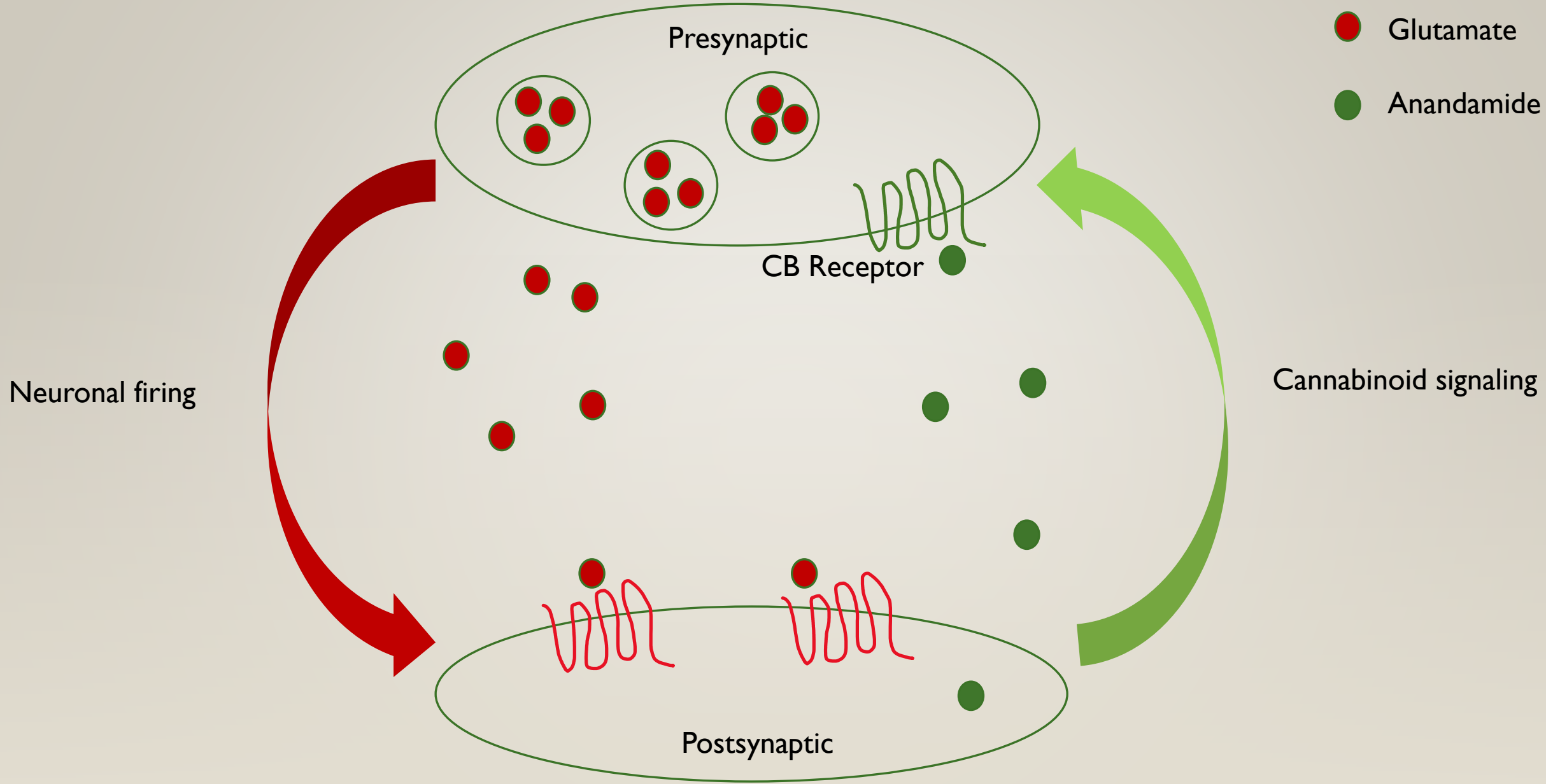
ENDOCANNABINOID SYSTEM (ECS)



ENDOGENOUS CANNABINOID SYSTEM (ECS)

- Major components
 - Receptors – CB1 & CB2
 - Endocannabinoids – AEA & 2-AG
 - Enzymes – FAAH & MAGL
- ECS activity is an adaptive response to stress
- Maintains homeostasis
- Eat, Sleep, Relax, Forget, Protect

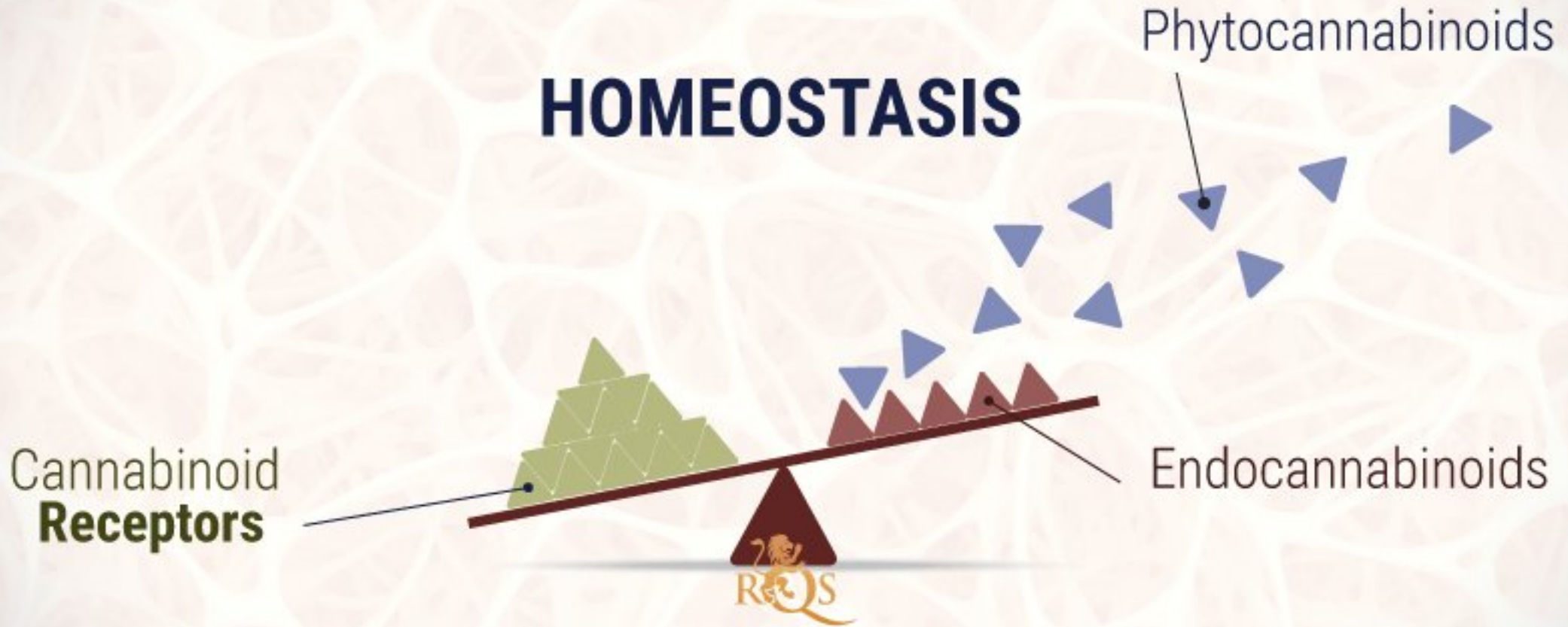




CANNABIS PHARMACOLOGY



HOMEOSTASIS



CANNABIS PHARMACOLOGY

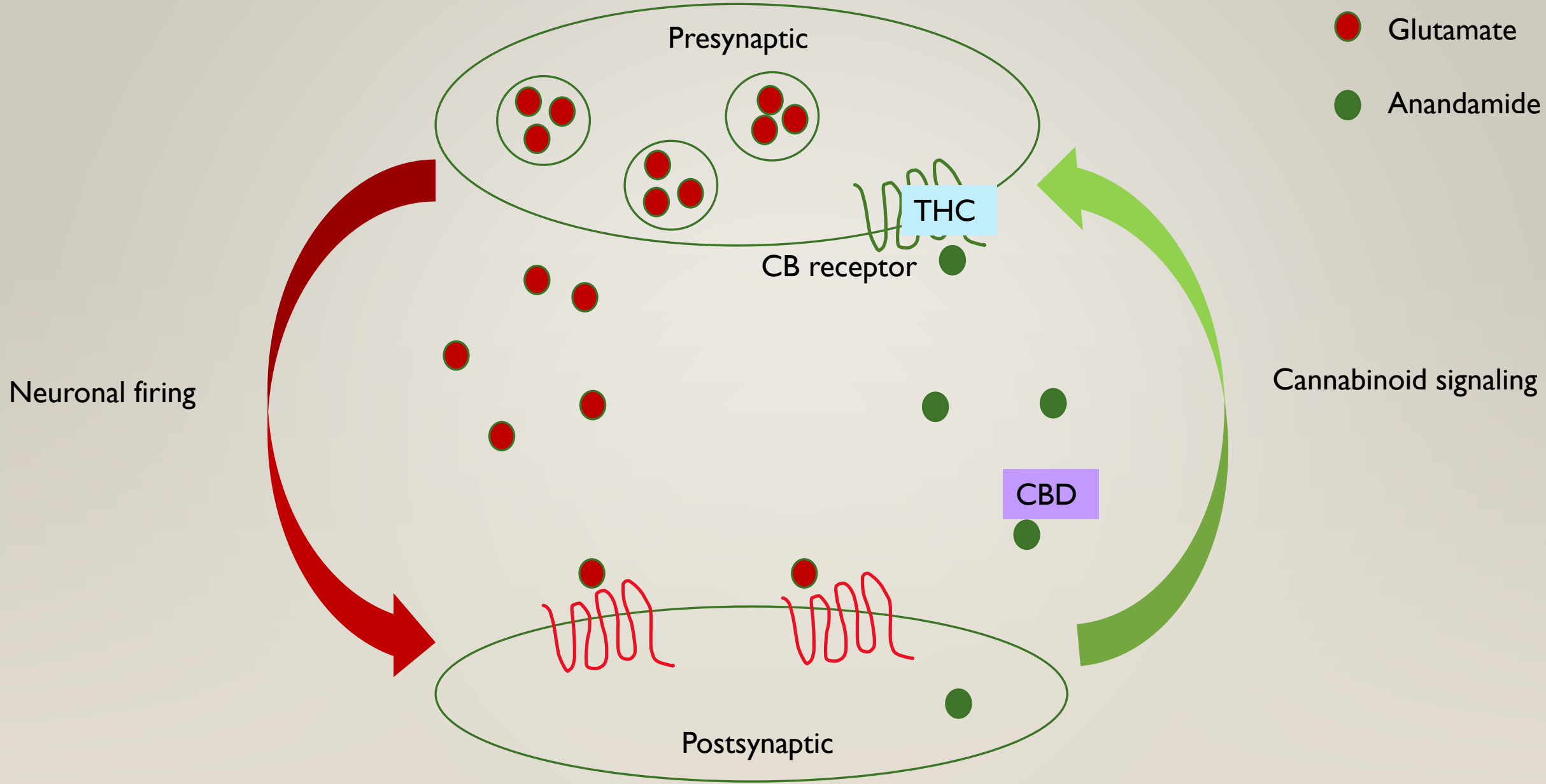


THC

- Intoxicating
- CB1 & CB2 partial agonist

CBD

- Non-intoxicating
- Does not bind to CB1 or CB2
- Increases AEA concentration
- TRPV1, 5HT1A, GPR55

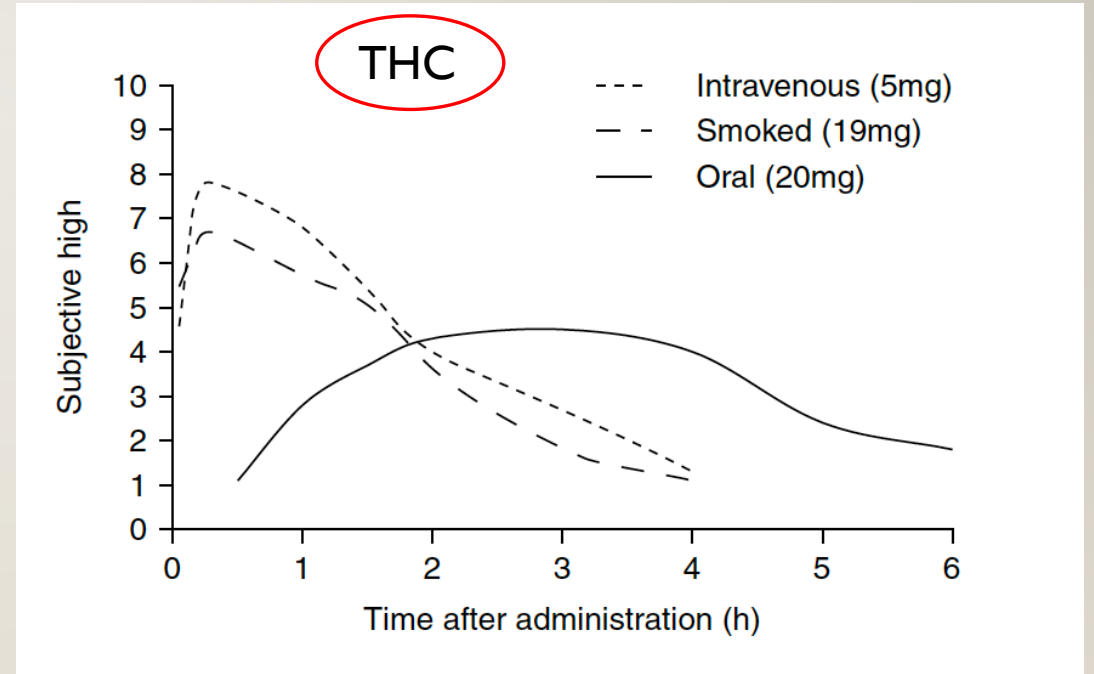


CANNABIS PHARMACOKINETICS



GENERAL THC AND CBD PROPERTIES

- Absorption:
 - Inhaled – 5-10 minutes
 - Oral/Sublingual – 1-4 hours
 - Topical – Not systemically absorbed
- Duration of Action:
 - Inhaled – 2-4 hrs
 - Oral/Sublingual – 4-12 hours
- Distribution:
 - Widely distributed into tissues
 - Lipophilic
 - Very long half-life



GENERAL THC AND CBD PROPERTIES

- Metabolism
 - Cytochrome P450 (CYP) enzymes
- Extensive gut and liver metabolism
- Oral/Sublingual Formulations
 - Higher liver/gut metabolism
 - Reduced bioavailability
 - Food effects
 - Active THC metabolite
- Potential drug interactions

POTENTIAL DRUG INTERACTIONS

- **Considerations**

- Drugs that utilize CYP P450
 - 3A4, 2C9 and 2C19
- CYP gene polymorphisms
- Doses used
- Liver function

- **Examples:**

- Anticonvulsants
- SSRIs
- Anticoagulants
- Macrolide Antibiotics
- Benzodiazepines

**very few documented

DOCUMENTED DRUG INTERACTIONS

AS CYP INHIBITORS

CBD increases clobazam levels

CBD increases nor-clobazam levels

CBD increases stiripentol levels

CBD increases warfarin (INR)

THC increases warfarin (INR)

AS CYP SUBSTRATES

Ketoconazole increases THC & CBD levels

Rifampin decreases THC & CBD levels

PHARMACODYNAMIC DRUG INTERACTIONS

- **Liver Toxicity**

- Concomitant drugs
- Doses used
- Liver function

- CBD + valproate *may* increase LFTs

- **Compounded CNS Effects**

- Concomitant sedative drugs

- THC in combination with:
 - Opioids
 - Alcohol
 - Benzodiazepines
 - Gabapentin

THERAPEUTIC USES OF CANNABIS



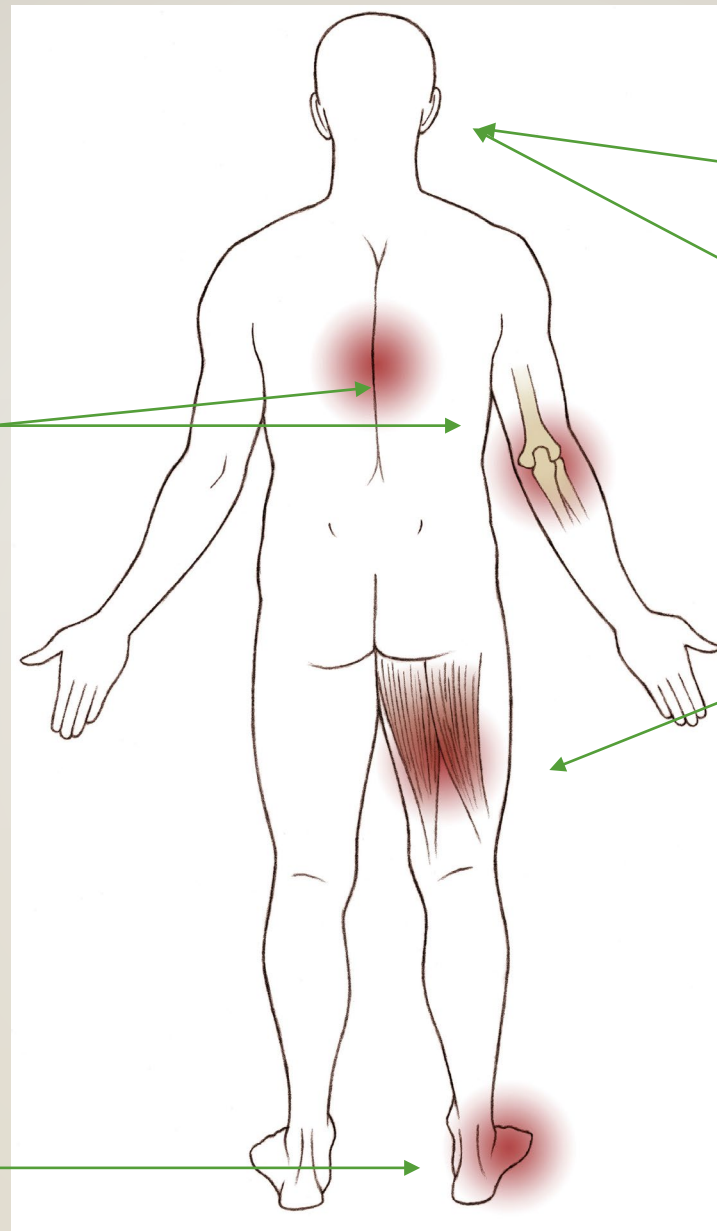
Study : More senior citizens using pot ...



DAVE GRANLUND © www.davegranlund.com

PAIN

- Chronic musculoskeletal pain
- Cancer pain
- Osteoarthritis
- Inflammation
- Neuropathic pain

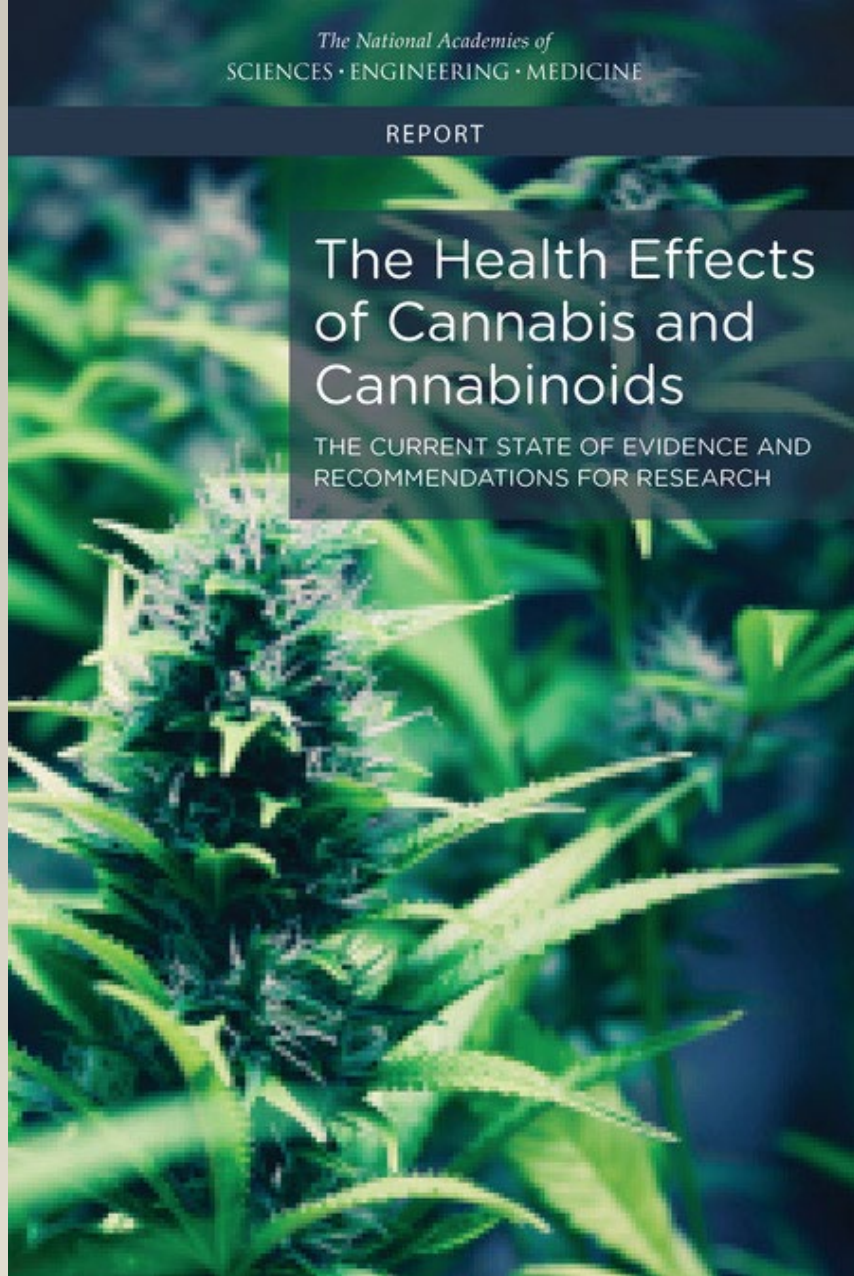


ANXIETY

SLEEP

**SPASTICITY
(MS)**

**OPIOID –
SPARING ?**



National Academies of Sciences, Engineering, and Medicine (NASEM)

Health and Medicine Division

2017 Report, 440 pages

NASEM 2017

There is **conclusive or substantial evidence** that cannabis or cannabinoids are effective:

- For the treatment of **chronic pain** in adults (cannabis)
- As **anti-emetics** in the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids)
- For improving patient-reported **multiple sclerosis** spasticity symptoms (oral cannabinoids)

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, fibromyalgia, chronic pain, and MS (cannabinoids, nabiximols)

PUBLIC SAFETY



PUBLIC SAFETY CONSIDERATIONS

- Dosing/Therapeutics
- Potential Drug Interactions



- Adverse Drug Reactions



- Lack of Product Standardization

ADVERSE DRUG REACTIONS

• THC

- Cognition, sedation, dizziness, headache, cough, impaired driving
- Tachycardia, orthostatic hypotension (rare)
- Acute psychosis (high doses)

• CBD

- Diarrhea, sedation at high doses
- Liver toxicity? (not likely)

NO FATAL DOSE

CDC REPORT ON DRUG RELATED RISKS

TABLE 2B

Self-reported prevalence of illicit drug use^a and prescription drug misuse^b in the past year, persons 12+ years old, numbers in thousands — United States, 2016

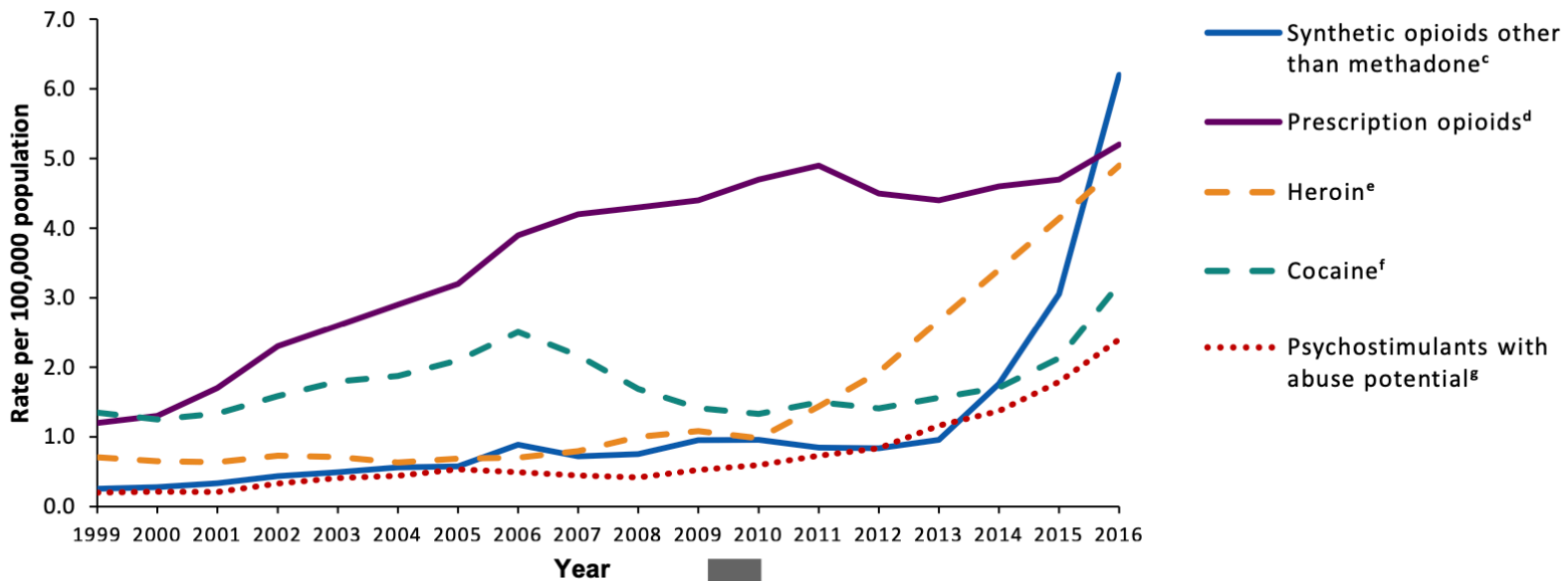
CONTINUED

Socio-demographic characteristic	Marijuana			Heroin			Opioids ^e (heroin or prescription pain relievers)			Cocaine			Methamphetamine		
	Number	%	SE	Number	%	SE	Number	%	SE	Number	%	SE	Number	%	SE
All	37,570	13.9	0.2	948	0.4	0.03	11,824	4.4	0.11	5,071	1.9	0.07	1,391	0.5	0.04
Gender															
Male	21,839	16.7	0.30	596	0.5	0.05	6,420	4.9	0.16	3,238	2.5	0.11	782	0.6	0.06
Female	15,731	11.3	0.24	352	0.3	0.03	5,403	3.9	0.14	1,833	1.3	0.08	609	0.4	0.04

CDC REPORT ON DRUG RELATED RISKS

FIGURE 2B

Age-adjusted rates^a of drug overdose deaths^b by drug or drug class and year —
United States, 1999–2016



CDC FAQ ON MARIJUANA AND PUBLIC HEALTH

A fatal overdose is unlikely, but that doesn't mean marijuana is harmless. The signs of using too much marijuana are similar to the typical effects of using marijuana but more severe. These signs may include extreme confusion, anxiety, paranoia, panic, fast heart rate, delusions or hallucinations, increased blood pressure, and severe nausea or vomiting. In some cases, these reactions can lead to unintentional injury such as a motor vehicle crash, fall, or poisoning.



Fatal dose of Heroin and Fentanyl

Fatal dose of Marijuana



PRODUCT STANDARDIZATION ISSUES





Schedule II
Synthetic THC



Schedule II
Synthetic THC analogue
Off-Market



Schedule III
Synthetic THC



Descheduled
Whole Plant CBD

Not FDA approved – available in UK etc
Whole Plant THC:CBD



WHOLE PLANT



VS

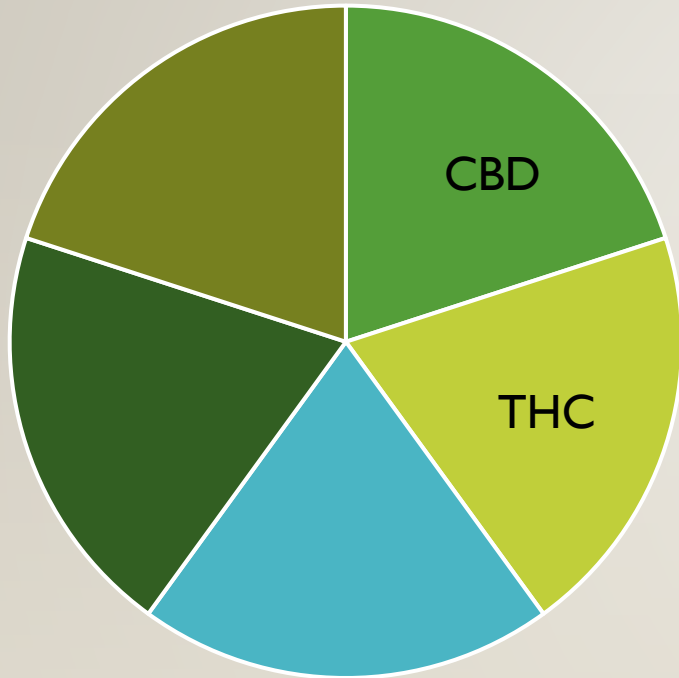
ISOLATE

???



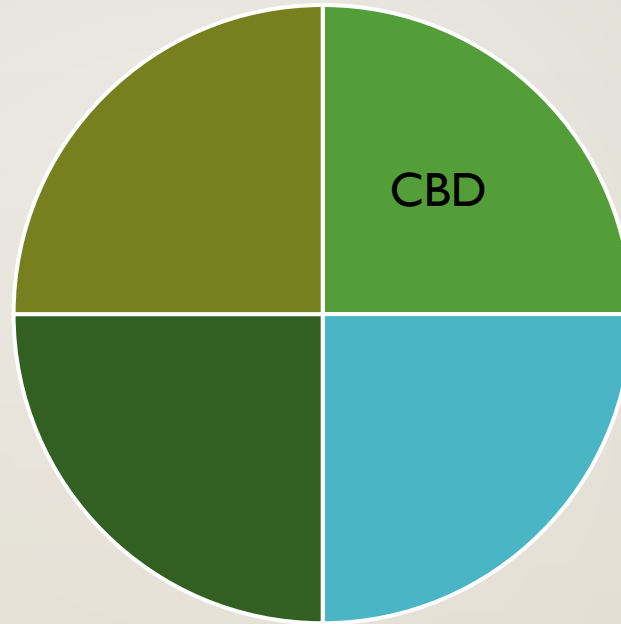
CBD PRODUCT COMPOSITION

Full Spectrum



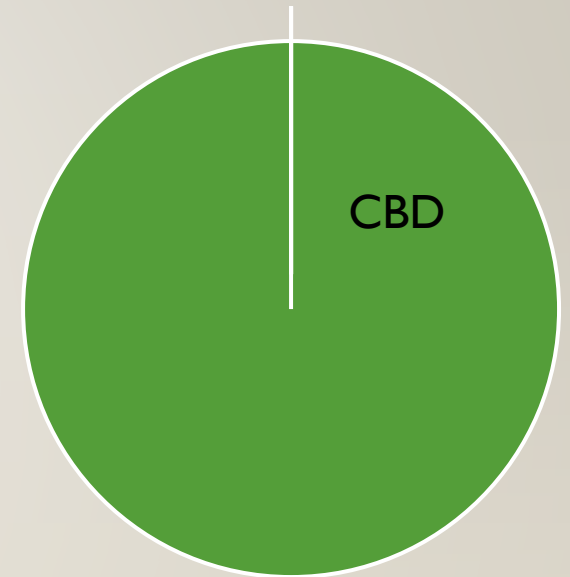
- CBD
- THC
- Minor Cannabinoids
- Terpenes
- Flavenoids

Broad Spectrum



- CBD
- Minor Cannabinoids
- Terpenes
- Flavenoids

Isolate



- CBD

2020 CBD Product Sampling and Testing by FDA

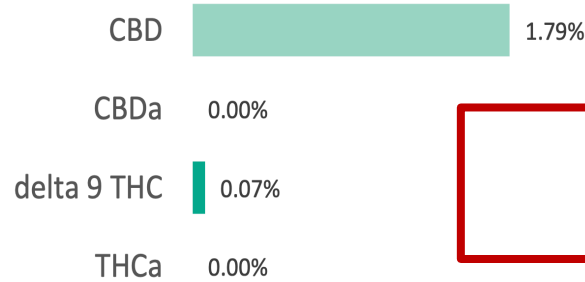
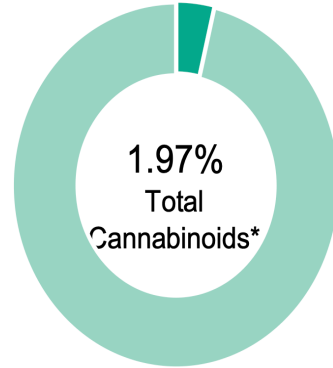
	PRODUCTS (tincture, oil, gummy, edible, beverage, pet)	
Products Tested	147	
CBD Amount Indicated on Label	102	(48%)
+/- 20% of CBD as Labeled	46/102	(45%)
<80% of CBD as Labeled	18/102	(17%)
>120% of CBD as Labeled	38/102	(37%)
Contained THC	72/147	(49%)
Heavy Metals Detected	0	



\$40 = 8 cents/mg CBD

30ml bottle

CANNABINOID PROFILE



Compound	LOQ (%)	Result (%)	Result (mg/g)
Delta 9-Tetrahydrocannabinolic acid (THCA-A)	0.06	ND	ND
Delta 9-Tetrahydrocannabinol (Delta 9THC)	0.03	0.07	0.7
Cannabidiolic acid (CBDA)	0.05	ND	ND
Cannabidiol (CBD)	0.03	1.79	17.9
Delta 8-Tetrahydrocannabinol (Delta 8THC)	0.03	ND	ND
Cannabinolic Acid (CBNA)	0.09	ND	ND
Cannabinol (CBN)	0.04	ND	ND
Cannabigerolic acid (CBGA)	0.06	ND	ND
Cannabigerol (CBG)	0.03	0.04	0.4
Tetrahydrocannabivarinic Acid (THCVA)	0.05	ND	ND
Tetrahydrocannabivarin (THCV)	0.03	ND	ND
Cannabidivarinic Acid (CBDVA)	0.05	ND	ND
Cannabidivarin (CBDV)	0.03	ND	ND
Cannabichromenic Acid (CBCA)	0.05	ND	ND
Cannabichromene (CBC)	0.06	0.07	0.7

Total Cannabinoids	1.97	19.70
Total Potential THC**	0.07	0.70
Total Potential CBD**	1.79	17.90

CBD = 537 mg
THC = 21 mg

30ml bottle

\$40 =
4 cents/mg



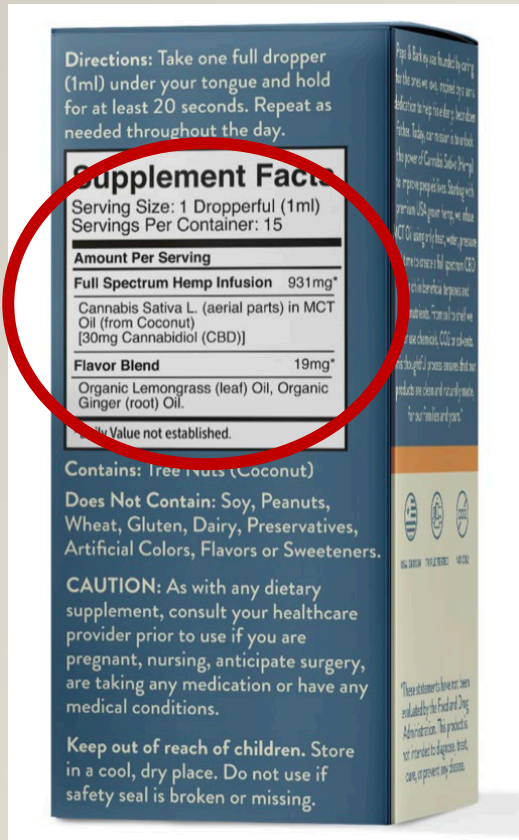
\$50 =
5 cents/mg

Locate a batch report by entering your product's batch number below. A Hyperlinked URL will appear. Click on the picture to view hyperlink, download, or print your Batch Report. Labs we use [are ISO 17025:2017 and AOAC accreditation](#)
Please Include The Dashes.

 FIND CERTIFICATE

?? CBD & THC

15ml bottle



Directions: Take one full dropper (1ml) under your tongue and hold for at least 20 seconds. Repeat as needed throughout the day.

Supplement Facts

Serving Size: 1 Dropperful (1ml)
Servings Per Container: 15

Amount Per Serving

Full Spectrum Hemp Infusion 931mg*

Cannabis Sativa L. (aerial parts) in MCT Oil (from Coconut) [30mg Cannabidiol (CBD)]

Flavor Blend 19mg*

Organic Lemongrass (leaf) Oil, Organic Ginger (root) Oil.

*Daily Value not established.

Contains: Tree Nuts (Coconut)

Does Not Contain: Soy, Peanuts, Wheat, Gluten, Dairy, Preservatives, Artificial Colors, Flavors or Sweeteners.

CAUTION: As with any dietary supplement, consult your healthcare provider prior to use if you are pregnant, nursing, anticipate surgery, are taking any medication or have any medical conditions.

Keep out of reach of children. Store in a cool, dry place. Do not use if safety seal is broken or missing.

Content:	
CBD	29.6 mg/serving
CBC	1.56 mg/serving
CBG	1.07 mg/serving
THC	0.97 mg/serving
CBDV	0.47 mg/serving
Total CBD	29.72 mg/serving
0.3% THC Compliant	✓
Total THC	0.97 mg/serving

CBD = 450mg
THC = 15mg



Dispensary
CBD = 900mg
THC = 30mg
\$94 = 10 cents/mg

\$34 = 3 cents/mg

HEMP PRODUCTION & THE 2018 FARM BILL



FARM BILL 2018, SEC. 297A.

The 2018 Farm Bill removed hemp from Schedule I of the Federal Controlled Substances Act. Thus, hemp is no longer federally regulated as a controlled substance.

FARM BILL 2018, SEC. 297A.

(1) HEMP.—The term ‘hemp’ means the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 percent on a dry weight basis.

FDA REGULATIONS ON CANNABIS-DERIVED COMPOUNDS

What the law *didn't* change:

Congress explicitly preserved the FDA's current authority to regulate products containing cannabis or cannabis-derived compounds under the Federal Food, Drug, and Cosmetic Act (FD&C Act) and section 351 of the Public Health Service Act.

FDA REGULATIONS ON FOOD PRODUCTS/DIETARY SUPPLEMENTS

It is unlawful under the FD&C Act to introduce food containing added CBD or THC into interstate commerce, or to market CBD or THC products as, or in, dietary supplements, regardless of whether the substances are hemp-derived.

MARIJUANA V. HEMP

CANNABIS BRED FOR HEMP

- *C. sativa* L.
- < 0.3% THC
- Hemp Seed (Oil)
- Hemp Stalks (Fiber/Materials)

Low THC:CBD

CANNABIS BRED FOR DRUG

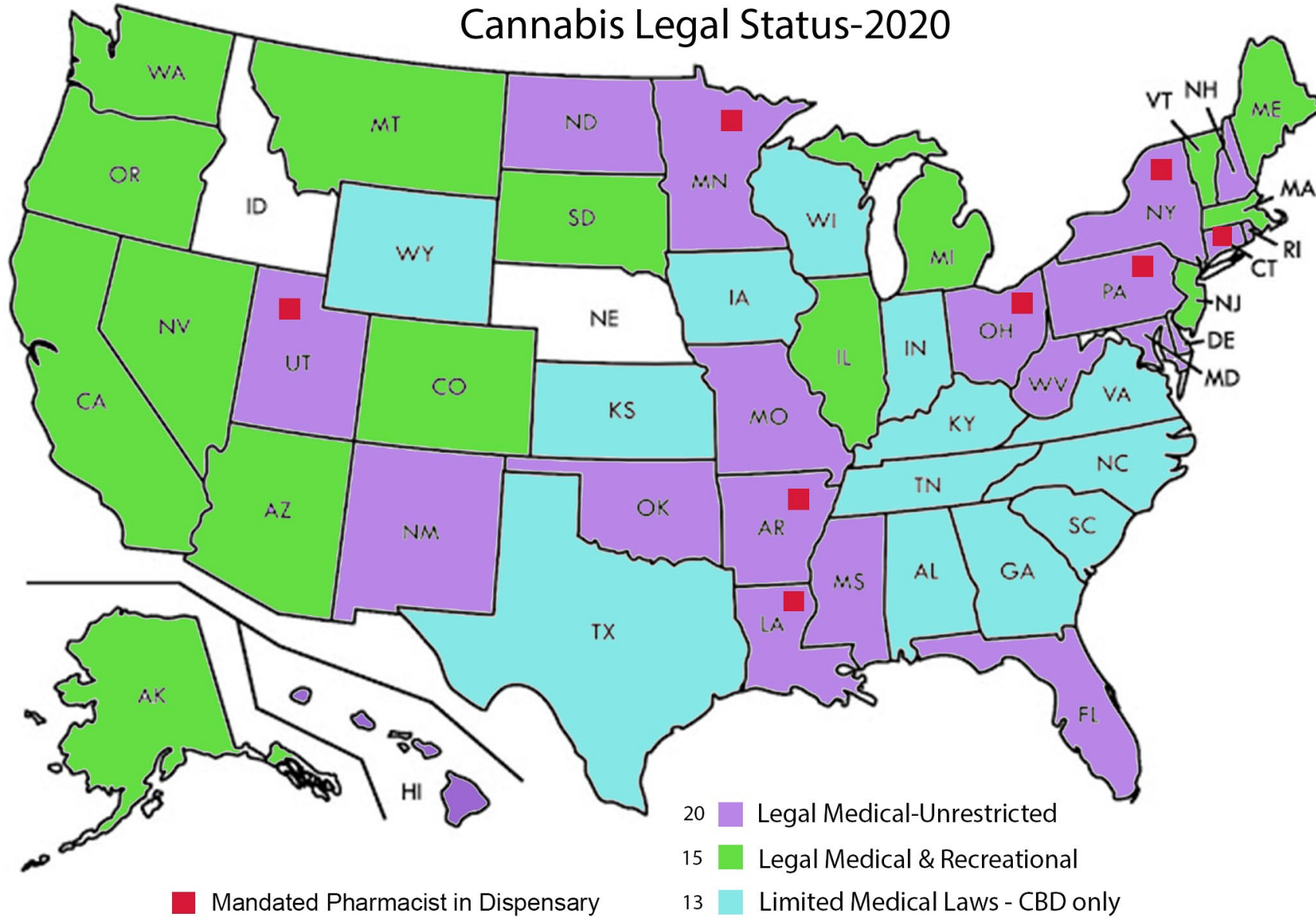
- *C. sativa* L.
- 5-30% THC
- Medical and Recreational Uses

High THC:CBD

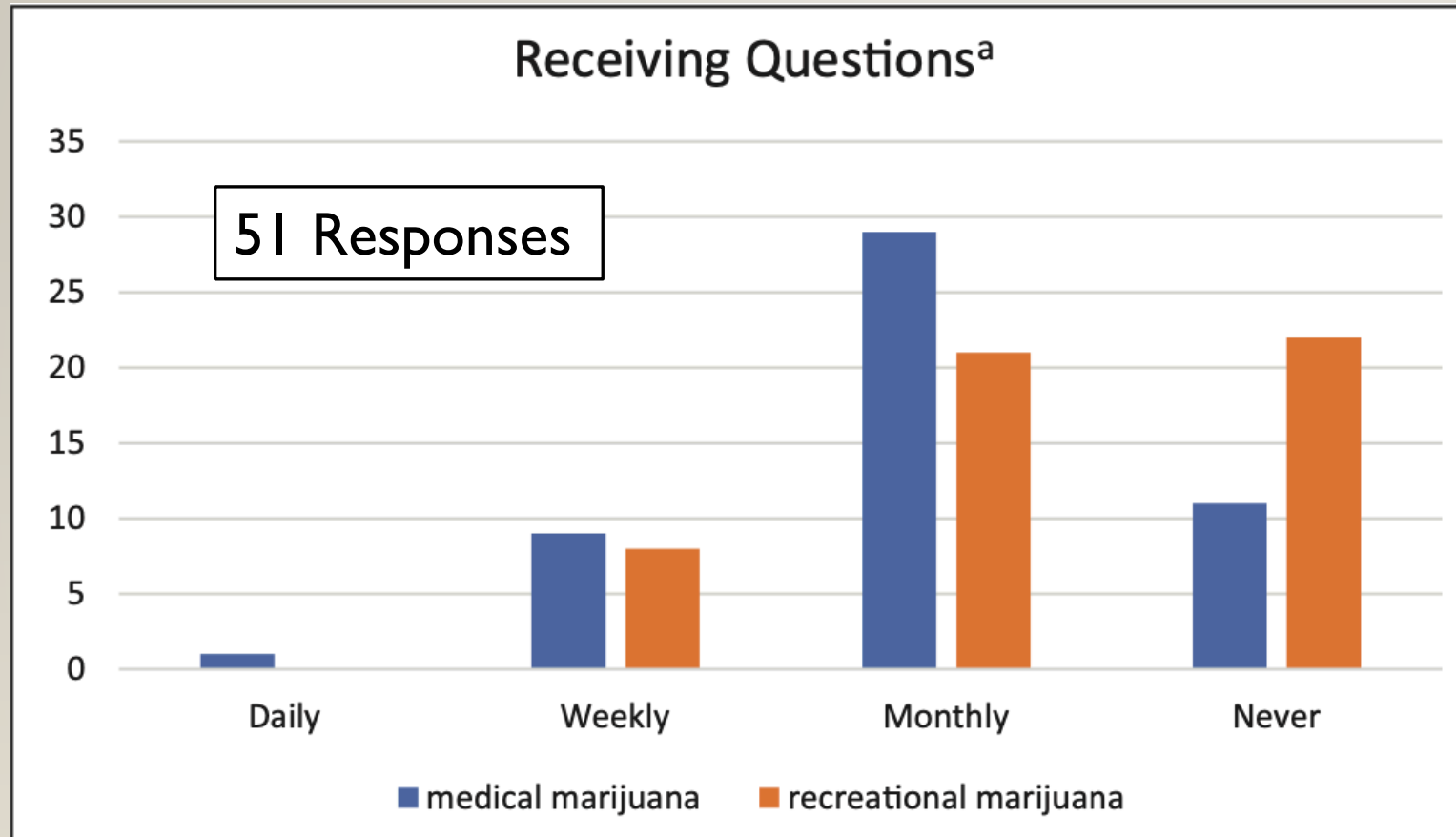
CANNABIS EDUCATION



Cannabis Legal Status-2020



Colorado Community Pharmacists' Survey 2018



53% - not comfortable answering questions:

- Indications
- Efficacy
- Drug Interactions
- Where to buy
- Detected in body

^aHow often do you receive questions about medical/recreational marijuana?

California Pharmacists Association Survey on Cannabis Knowledge and Attitudes – October 2017

Total: 474 surveys completed

Knowledge, n (%)	No Knowledge	Very Little Knowledge	Some Knowledge	Moderate Knowledge	Substantial Knowledge	High Level of Knowledge	Professional Level of knowledge	P
How much knowledge do you have about medical marijuana?	18 (5.64)	104 (32.60)	80 (25.08)	59 (18.50)	25 (7.84)	18 (5.64)	15 (4.70)	.000
How much knowledge do you have about the risks and side-effects of marijuana?	13 (4.06)	60 (18.75)	89 (27.81)	82 (25.62)	34 (10.63)	27 (8.77)	15 (4.69)	.000
How much knowledge do you have about marijuana dosage?	106 (33.44)	114 (35.96)	41 (12.93)	26 (8.20)	12 (3.79)	8 (2.52)	10 (3.15)	.000
How much knowledge do you have about the different types/forms of marijuana products	48 (52.96)	122 (38.01)	65 (20.25)	37 (11.53)	25 (7.79)	12 (3.74)	12 (3.74)	.000

Attitudes, n (%)	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	P
I know where to find info about medical marijuana	24 (7.50)	39 (12.19)	45 (14.06)	37 (11.56)	85 (26.56)	62 (19.38)	28 (8.75)	.00
Medical marijuana has medical efficacy	4 (1.25)	11 (3.43)	7 (2.18)	60 (18.69)	99 (30.84)	100 (31.15)	40 (12.46)	.00
There needs to be more education about marijuana	0 (0.00)	1 (0.33)	5 (1.65)	18 (5.94)	18 (5.94)	90 (29.70)	171 (56.44)	.00
Continuing education credits should be available for marijuana related education	2 (0.67)	0 (0.00)	4 (1.33)	20 (6.67)	22 (7.33)	92 (30.67)	160 (53.33)	.00

CANNABIS EDUCATION IN COLLEGES

- UCSD, USC, Rosalind Franklin Univ IL, UW Madison, UM Ann Arbor, Concordia Univ WI
 - Electives or classes offered
- University of Maryland School of Pharmacy
 - Two electives on Medical Cannabis - Pharmacology and Therapeutics (PY3 & 4)
 - MS: Medical Cannabis Science and Therapeutics (2 year)
- Univ of CO Skaggs School of Pharmacy
 - Graduate certificate in Cannabis Science and Medicine (1 year)
 - MS in pharmaceutical sciences: Cannabis Science and Medicine Specialty Track (2 year)

College	State	State Status	Type of Institution	Program Type
Northern Michigan University	Michigan	Full Legalization	Four-Year	Bachelors in Medicinal Plant Chemistry
Southern University	Louisiana	Medical Legalization	Four-Year	Pending Medical Marijuana Program
Stockton University ²⁹	New Jersey	Medical Legalization	Four-Year	Undergraduate Minor
University of Denver Sturm College of Law	Colorado	Full Legalization	Law	Class (Law) Representing the Marijuana Client Marijuana Regulatory Drafting and Policy
University of California-Davis	California	Full Legalization	Four-Year	Class (Graduate) ³⁰ Cannabis Sativa: The Plant and its Impact on People Class (Undergraduate) ³¹ Physiology of Cannabis
The Ohio State University Moritz College of Law	Ohio	Medical Legalization	Law	Class (Law) Cannabiz: Exploring the “Legalized Cannabis Industry”
Vanderbilt University ³²	Tennessee		Law	Class (Law) Marijuana Law and Policy
The University of Washington School of Medicine ³³	Washington	Full Legalization	Medicine	Training Medicinal Cannabis and Chronic Pain
Thomas Jefferson University	Pennsylvania	Medical Legalization	Four-Year	Graduate-Level Certification Cannabinoid Pharmacology Cannabis Medicine Cannabinoid Chemistry and Toxicology
The University of Vermont, Larner College of Medicine ³⁴	Vermont	Full Legalization	Medicine	Class Pharmacology 200: Cannabis Past, Present and Future Online Modules
Southern Illinois University ³⁵	Illinois	Medical Legalization	Four-Year	In Progress Medicinal Cannabis Science Certification in Medicinal Cannabis Production



RECOMMENDATIONS

- Education
 - California Pharmacy Schools
 - NABP collaboration
- Protection from liability for pharmacists
- Greater access to primary literature in community pharmacies
- Allow patients in hospitals to use personal medical marijuana
- Create task force committee with CPHA and CSHP

Q & A

