



Patient Care Guide for
the Responsible Use of
Medical Marijuana



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Date & Time	Sativa or Indica?	Strain	Comments

Self - Assessment Checklist

Name:

Date:

Please indicate below your typical level of discomfort or severity of the following symptoms:

Symptom	Severity (low to high)									
<i>Write Comments Below Symptom</i>										
Pain (specify locations)	1	2	3	4	5	6	7	8	9	10
Cachexia or Wasting Syndrome	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10
Seizures	1	2	3	4	5	6	7	8	9	10
Muscle Spasms	1	2	3	4	5	6	7	8	9	10
Agitation	1	2	3	4	5	6	7	8	9	10

This form is to help us help you better monitor your progress and to track how certain strains may or may not be benefiting you. Print as many copies of this form as you like so you can keep a running log. You may provide this information to either your dispensary staff and or any of your physicians or simply keep this for your own personal record keeping.

Know Your Risks

There are legitimate concerns about long term marijuana use that must be taken into consideration when deciding to use the plant medicinally. The following is a list of research-derived side effects that can happen to marijuana users (1, 2, 3, 4).

- **Anxiety/Panic attacks**
- **Exacerbation of schizophrenia in predisposed individuals**
- **Increased chances of lung infections**
- **Depersonalization, amotivational syndrome**

Documented cases exist of individuals dying from the use of marijuana (5, 6). Patients with cardiovascular diseases should take special care when trying new medicines derived from marijuana.

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Know the Signs of Substance Abuse

Please note that we reserve the right to refuse sale of medical marijuana to anyone who we deem to be impaired or who display signs of substance abuse of any kind. Note additionally that this is a reportable offense that may result in the revocation of your marijuana ID card. It is important you review this list of common signs and symptoms of substance abuse.

Common signs and symptoms of drug abuse

- You're neglecting your responsibilities** at school, work, or home (e.g. flunking classes, skipping work, neglecting your children) because of your drug use.
- You're using drugs under dangerous conditions or taking risks while high**, such as driving while on drugs, using dirty needles, or having unprotected sex.
- Your drug use is getting you into legal trouble**, such as arrests for disorderly conduct, driving under the influence, or stealing to support a drug habit.
- Your drug use is causing problems in your relationships**, such as fights with your partner or family members, an unhappy boss, or the loss of old friends.

Common signs and symptoms of drug addiction

- You've built up a drug tolerance.** You need to use more of the drug to experience the same effects you used to attain with smaller amounts.
- You take drugs to avoid or relieve withdrawal symptoms.** If you go too long without drugs, you experience symptoms such as nausea, restlessness, insomnia, depression, sweating, shaking, and anxiety.
- You've lost control over your drug use.** You often do drugs or use more than you planned, even though you told yourself you wouldn't. You may want to stop using, but you feel powerless.
- Your life revolves around drug use.** You spend a lot of time using and thinking about drugs, figuring out how to get them, and recovering from the drug's effects.
- You've abandoned activities you used to enjoy**, such as hobbies, sports, and socializing, because of your drug use.
- You continue to use drugs, despite knowing it's hurting you.** It's causing major problems in your life—blackouts, infections, mood swings, depression, paranoia—but you use anyway.



When Should I Notify My Dispensary or My Physician?

Should you become aware or concerned that you are experiencing side effects associated with your medical marijuana use you are encouraged to notify your dispensary so that we can help. You may also feel it beneficial to alert your certifying or other physician that you may be experiencing side effects associated with your medical marijuana use.

What should I do if I am experiencing side effects?

- Contact your referring physician
- Contact Phoenix Relief Center's Medical Director, Dr. Suzanne A. Sisley. Dr. Sisley may be reached at 480-326-6023, 24 hours a day 7 days a week.
- In the case of an emergency call 911

Date & Time	Sativa or Indica?	Strain	Comments

WORKING WITH YOUR DISPENSARY AGENT

When you visit your dispensary, bring your logbook and review it with your Dispensary Agent. They will encourage you to describe your experience, and help you identify the best available strains for your condition. They can also assist you in determining dosage, help you explore different ingestion alternatives, and provide you with additional information and resources.

FOR MORE INFORMATION AND ASSISTANCE

Please let us know if we can be of further assistance. You may reach us every day from 10am to 7pm at 602-273-3401, or via email us at help@phoenixreliefcenter.com Our Medical Director is Dr. Carlos Santo and may be reached 24 hours a day by calling 480-213-8883.

PATIENT RIGHTS AND RESPONSIBILITIES

It is the responsibility of the patient and caregiver to understand the use of marijuana in the State of Arizona is for MEDICAL PURPOSES ONLY. The use of cannabis for recreational purposes circumvents the letter and the spirit of the law.

Where to Go to Get Help

The following helpful links are provided by the Arizona Department of Health Services Division of Behavioral Health Services. They may be reached directly at 602-364-4558.

1. **AddictionWithdrawal.com** not only provides a list of the withdrawal symptoms of a variety of substances, but it also has a toll-free number for free assistance.
2. **The Agape Center** provides a substance abuse treatment facility locator for Arizona.
3. **AddictionSearch.com** delivers "the latest addiction information on the Internet," a list of Arizona drug and alcohol rehab programs and addiction treatment centers, and offers counselors 24 hours a day.
4. **SAMHSA**, the Substance Abuse and Mental Health Services Administration, offers treatment locators, information by topic, programs, publications, FAQs, and much more.
5. **CSAT**, the Center for Substance Abuse Treatment, is a division of SAMHSA that "...promotes the quality and availability of community-based substance abuse treatment services for individuals and families who need them."
6. **The National Institute on Drug Abuse (NIDA)** delivers educational resources based on audience group – including students and young adults, parents, and teachers, etc. – as well as by substance.
7. **NCADI** is SAMHSA's National Clearinghouse for Drug and Alcohol Information where you can get the latest information on the prevention and treatment of mental and substance use disorders.

Substance Abuse Programs

Advanced Counseling Center

4600 South Mill Avenue Suite 280 Tempe AZ 85282
(480) 655-9550

Amity Foundation

10500 East Tanque Verde Road Tucson AZ 85749
(520) 749-5980

Calvary Center

East Montebello Avenue
Phoenix AZ 85014
(602) 279-1468

Center for Behavioral Health

Phoenix Inc

1501 East Washington Street
Phoenix AZ 85034
(602) 253-6553

Chandler Valley Hope Alcohol/Drug and Related Treatment Services

501 North Washington Street
Chandler AZ 85225
(480) 899-3335

• ABOUT THIS LOG BOOK

Patients that take an active role in their own wellness tend to have better results than those who do not. By working with their doctors and other health professionals, caregivers, and dispensary agents, all become better informed and hence more able to define and pursue the most successful treatments.

Patients and their caregivers can better measure and assess the patient's experience with cannabinoid therapies by maintaining a detailed journal of their usage and effects of cannabis and its effect on pain and other symptoms, and how it consequently impacts the patient's quality of life.

Every patient is different, and a particular cannabis strain or method of ingestion that works for one individual might not work as well for another. It is up to individual patients to experiment with different strains, dosages, and methods of ingestion until they find those that best address their particular symptoms.

KEEPING A LOG

The most important consideration in keeping a log is consistency. Taking a few minutes each day to make notes on your personal experience will go a long way in helping you make the right choices. The illustration is an example of a logbook entry, including information on the ingestion time and method, type of stain, and the patient's experience.

In the example below, the patient recorded the time of their log note as well as the time the medication was taken. It may be further helpful to records the strain potency information, generally found on the label of the medicine's package.

Perhaps most helpful to the patient are recording comments on their experience, dosage taken, effect on pain and other symptoms, and duration of the relief. It can also be useful to provide a relative measure of effectiveness of the medication experience. The table below includes example log entries for several consecutive days.

Date &	Sativa or Indica?	Strain	Comments
Tuesday 3/15/13	S	Blue Dream, 12%THC, 8% CBC	vaporized 8:30am, 1/2gm. 5 minutes after use, pain much reduced, lasted 2 hours (8/10)
Wednesday 03/16/13	I	White Widow 10.5% THC, 8%CBC	Smoked 10:30pm, 1/2 joint, 1/2 gm, Slept well (9/10)

PATIENT LOG BOOK



Patient:

Start Date:

Continued...

Community Medical Services Inc

5002 West Glendale Avenue #101
Glendale AZ 85301
(623) 915-2106

Mountain Health and Wellness

3505 Western Avenue Apache Junction AZ 85120
(480) 983-0065

New Life Medical Center

617 North Scottsdale Road Suite D
Scottsdale AZ 85257
(480) 990-3720

Treatment Assessment Screening Ctr Inc (TASC)

2302 North 7th Street
Phoenix AZ 85006
(602) 712-0234

**Valle Del Sol Inc Behavioral
Health Program**

1209 South 1st Avenue
Phoenix AZ 85003
(602) 258-6797x194

Women in New Recovery

860 North Center Street
Mesa AZ 85201
(480) 464-5764

Side Effects and Warnings of Medical Marijuana Therapy

The use of marijuana has the following side effects:

- Addictive potential- which leads to harmful side effects on social functioning [i.e. work, school, etc.]. There are withdrawal effects which can last 1 - 2 weeks after stopping use. The use of marijuana may cause relapse in a chemically dependent & addictive personality.
- Mental health- Chronic use of marijuana has been linked to schizophrenia, paranoia, anxiety disorders, & psychotic reactions. Regular use of marijuana also causes short term memory loss, problems with concentration & coordination, as well as impaired judgment. There is an increased risk of accident & loss of motivation.
- Effects on the heart- Smoking can result in an estimated 4.8 times higher chance of getting a heart attack, as well as increased risks of tachycardia & arrhythmia.
- Effects on the lungs- Prolonged smoking moderately increases the risk of lung cancer, chronic obstructive pulmonary disease, emphysema, bronchial asthma & upper respiratory tract infections.
- Hormones- Regular use in pregnant women increases the risk of lower birth weights & health problems for the baby. Men experience decrease in sperm count.
- Be responsible in the presence of minors & young adults under the age of 18. Second-hand smoke can be detrimental to a child's development, both physically & mentally. Smoking near minors may influence them in illegal use.

WARNINGS & LAWS

Also consider any legal risks that may arise due to the use of marijuana [i.e. employer/ employee relationships, child custody cases, or criminal cases where you may need permission from your parole officer or court to enter the program. If already under supervision, you can be charged with driving under the influence [DUI] while using this medication.] Please check with your attorney if you have any doubts. The doctor does not participate in any program that puts your medical records online. If you voluntarily provide this information, which is your right to do so, please be careful as to whom you share it with & consider how they might use it. By self-disclosure, you may be waiving [your rights under HIPAA protection](#).

****CONSUMING MARIJUANA IN PUBLIC PLACES IS 100% PROHIBITED AND PUNISHABLE BY LAW. Please ensure that as a responsible patient you are being mindful of this law. That being said, you must medicate in the privacy of your own home. And away from any minors.**

****PREGNANCY WARNING: UNDER NO CIRCUMSTANCES SHOULD YOU USE MARIJUANA IN ANY FORM IF YOU ARE PREGNANT, TRYING TO CONCEIVE, OR ARE NURSING.****

****PATIENTS WITH CARDIOPULMONARY DISEASE SHOULD ONLY USE MARIJUANA IN AN ORAL FORM.**

****ABSOLUTELY DO NOT USE THIS MEDICINE WHILE OPERATING A MOTOR VEHICLE OR ANY OTHER HEAVY MACHINERY. DO NOT ENGAGE IN ANY ACTIVITIES THAT MIGHT ENDANGER YOURSELF OR OTHERS. DO NOT DRINK ALCOHOL WHILE USING MEDICAL MARIJUANA.**

References

1. Campbell, F.A., et al. 2001. Are cannabinoids an effective and safe treatment option in the management of pain? A qualitative systematic review. *Br. Med. J.* 323, 13–16.
2. Leweke, F.M., 2002. Acute effects of cannabis and the cannabinoids. In: Grotenhermen, F., Russo, E. (Eds.), *Cannabis and Cannabinoids. Pharmacology, Toxicology and Therapeutic Potential*. The Haworth Integrative Healing Press, New York, pp. 249–256.
3. Leroy, S., et al. 2001. Schizophrenia and the cannabinoid type 1 receptor. *Amer. J. of Medical Genetics*
4. Tatli, Ersan, et al. 2007. Cannabis induced coronary artery thrombosis and acute anterior myocardial infarction in a young man. *International Journal of Cardiology* 120: 420-422.
5. Lindsay, Alistair, et al. 2005. Cannabis as a precipitator of cardiovascular emergencies. *International Journal of Cardiology* 104: 230-232.
6. [Workshop on the Medical Utility of Marijuana](#). *National Institutes of Health*. 1997. Retrieved 26 April 2009.
7. J.E. Joy, S. J. Watson, Jr., and J.A. Benson, Jr. (1999). *Marijuana and Medicine: Assessing The Science Base*. Washington D.C: [National Academy of Sciences Press](#). ISBN 0-585-05800-8
8. Burns TL, Ineck JR (2006). "Cannabinoid analgesia as a potential new therapeutic option in the treatment of chronic pain". *The Annals of Pharmacotherapy* **40** (2): 251–260. doi:10.1345/aph.1G217. PMID 16449552.
9. ["Medical Cannabis Information"](#). *Medical Cannabis Information*.
10. Kohn, David (5 November 2004). "Researchers buzzing about marijuana-derived medicines". *San Francisco Chronicle*. Retrieved 26 April 2009.
11. Ben Amar M (2006). "Cannabinoids in medicine: A review of their therapeutic potential". *Journal of Ethnopharmacology* 105 (1–2): 1–25.
12. Hampson AJ, Grimoldi M, Axelrod J, Wink D. (July 1998). "[Cannabidiol and \(-\)-Δ9-tetrahydrocannabinol are neuroprotective antioxidants](#)". *PNAS* **95** (14): 8268–73. [Bibcode 1998PNAS...95.8268H](#). doi:10.1073/pnas.95.14.8268. [PMC 20965](#). PMID 9653176. Retrieved 15 May 2011.
13. Devane WA, Hanus L, Breuer A, Pertwee RG, Stevenson LA, Griffin G, Gibson D, Mandelbaum A, Etinger A, Mechoulam R (1992). "Isolation and structure of a brain constituent that binds to the cannabinoid receptor". *Science* 258 (5090): 1949. doi:10.1126/science.1470919. PMID 1470919.
14. Mechoulam R, Fride E (1995). "The unpaved road to the endogenous brain cannabinoid ligands, the anandamides". In Pertwee RG. *Cannabinoid receptors*. Boston: Academic Press. pp. 233–258. ISBN 0-12-551460-3.
15. Mechoulam R, Peters M, Murillo-Rodríguez E, Hanus LO (2007). "Cannabidiol—recent advances". *Chemistry & Biodiversity* 4 (8): 1678-92. doi:10.1002/cbdv.200790147. PMID 17712814.
16. Grille, L (1976). "A comparative study on some chemical and biological characteristics of various samples of cannabis resin". *Bulletin on Narcotics* 14: 37–46.
17. Zuardi AW, Crippa JA, Hallak JE, Moreira FA, Guimarães FS (2006). "Cannabidiol, a Cannabis sativa constituent, as an antipsychotic drug". *Brazilian Journal of Medical and Biological Research* 39 (4): 421–9. doi:10.1590/S0100-879X2006000400001. PMID 16612464.
18. Sandyk, R.; Awerbuch, G. (1988). "Marijuana and Tourette's syndrome". *Journal of Clinical Psychopharmacology* 8 (6): 444–445. doi:10.1097/00004714-198812000-00021. PMID 3235704. edit
19. Lakhan SE, Rowland M (2009). "[Whole plant cannabis extracts in the treatment of spasticity in multiple sclerosis: a systematic review](#)". *BMC Neurology* **9**. doi:10.1186/1471-2377-9-59. [PMC 2793241](#).
20. Karniol IG, Shirakawa I, Takahashi RN, Knobel E, Musty RE (1975). "Effects of delta9-tetrahydrocannabinol and cannabidiol in man". *Pharmacology* 13 (6): 502–12. doi:10.1159/000136944. PMID 1221432.
21. McCallum ND, Yagen B, Levy S, Mechoulam R (1975). "Cannabidiol: a rapidly formed metabolite of delta-1- and delta-6-tetrahydrocannabinol". *Experientia* 31 (5): 520–1. PMID 1140243.
22. Mahadevan A, Siegel C, Martin BR, Abood ME, Beletskaya I, Razdan RK (2000). "Novel cannabinoid probes for CB1 and CB2 cannabinoid receptors". *Journal of Medicinal Chemistry* 43 (20): 3778–85. doi:10.1021/jm0001572. PMID 11020293.
23. Pefitet F, Jeantaud B, Reibaud M, Imperato A, Dubroeuq MC (1998). "Complex pharmacology of natural cannabinoids: evidence for partial agonist activity of delta9-tetrahydrocannabinol and antagonist activity of cannabidiol on rat brain cannabinoid receptors". *Life Sciences* 63 (1): PL1–6. doi:10.1016/S0024-3205(98)00238-0. PMID 9667767.
24. Gertsch J; Leonti M; Raduner S; Racz, I.; Chen, J.-Z.; Xie, X.-Q.; Altmann, K.-H.; Karsak, M. et al (2008). "Beta-caryophyllene is a dietary cannabinoid" (Free full text). *Proceedings of the National Academy of Sciences of the United States of America* 105 (26): 9099–104. doi:10.1073/pnas.0803601105. PMC 2449371. PMID 18574142.
25. Colasanti, B. (1990). "A comparison of the ocular and central effects of delta 9-tetrahydrocannabinol and cannabigerol". *Journal of ocular pharmacology* 6 (4): 259–269. PMID 1965836.
26. Colasanti, B.; Craig, C.; Allara, R. (1984). "Intraocular pressure, ocular toxicity and neurotoxicity after administration of cannabiniol or cannabigerol". *Experimental eye research* 39 (3): 251–259. PMID 6499952.
27. [Amsterdam Coffeeshop Directory](#). www.coffeeshop.freeuk.com. Retrieved on 2012-05-19.
28. J.E. Joy, S. J. Watson, Jr., and J.A. Benson, Jr. (1999). *Marijuana and Medicine: Assessing The Science Base*. Washington D.C: [National Academy of Sciences Press](#). ISBN 0-585-05800-8
29. ["Medical Cannabis Information"](#). *Indica*
- 30.

Alternative Options to Treat my Symptoms

Yes there are a number of additional options you may consider pursuing either as an adjunct to or entirely in place of medical marijuana therapy. Below is just a brief list:

- Hypnosis
- Acupuncture
- Massage
- Chiropractic
- Non-marijuana-based herbal medicines (Teas, tinctures, and salves)
- Over-the-counter pharmaceutical medications
- Homeopathy
- Bio-feedback
- Psychological Counseling
- Life Coaching
- 12-Step or other support groups

Methods of Medicinal Marijuana Administration

Water Pipe (Bong)

A long tubular water pipe with a metal or glass bowl attached, users fill the tube in part with water and pack the bowl with marijuana. Users light the bowl and breathe through the tube, filtering the smoke through the water before inhaling.



Pipe

A pipe guarantees a “one-hit potential,” wherein a desired amount of marijuana is put inside a bowl with a metal screen and a stem through which the marijuana smoke will pass through. This method allows you to control the amount of weed intake per given time as well as save more quantities of weed burned.



Vaporizer.

The healthiest way to inhale any medicinal cannabis, this device allows the medicine to be lightly heated to extract only the medicinal properties of the plant.

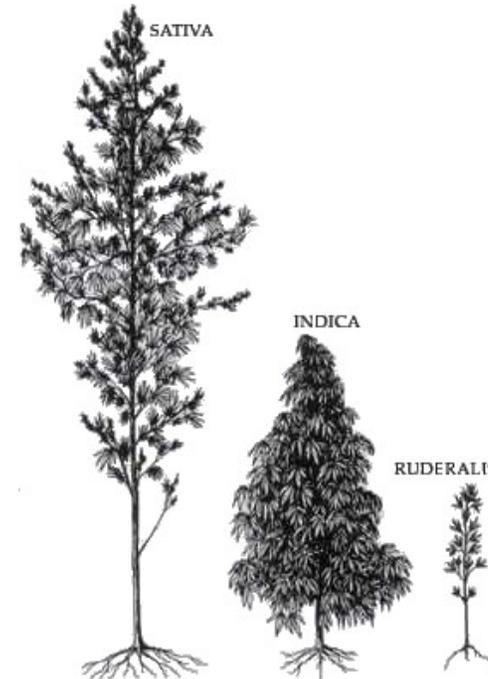


Differences Between *Cannabis indica* and *Cannabis sativa*

Indica or Sativa? Which is best for me?

A *Cannabis indica* plant may have a [CBD/THC](#) ratio 4–5 times that of *Cannabis sativa*. Cannabis with relatively high ratios of CBD:THC is less likely to induce [anxiety](#) than vice versa. Indica has more cannabidiol and sativa has more THC.^[28] This might partially be due to CBD's [antagonist](#) effects at the [cannabinoid receptor](#), compared to THC's [partial agonist](#) effect.^[29] The relatively large amount of CBD contained in *Cannabis indica*, means, compared to an *Cannabis sativa*, the effects are modulated significantly. The effects of *sativa* are well known for its cerebral high, hence used daytime as medical cannabis, while *indica* is well known for its sedative effects and preferred night time as medical cannabis. Indica plants are normally shorter and stockier plants than *sativas*. They have wide, deeply serrated leaves and a compact and dense flower cluster. The effects of *indicas* are predominantly

physical and sedative. Due to the relaxing nature of *indicas*, they are best used for non-active times of the day, and before bed. *Indica* strains generally have higher levels of C.B.D and C.B.N and lower levels of T.H.C.^[30]



Active Medical Marijuana Compounds

Medical marijuana (*Cannabis*) contains 483 compounds. At least 80 of these are cannabinoids (8,9,10) which are the basis for medical and scientific use of cannabis. This presents the research problem of isolating the effect of specific compounds and taking account of the interaction of these compounds.

⁽¹¹⁾ Cannabinoids can serve as appetite stimulants, antiemetics (anti-nausea), antispasmodics, and have some analgesic (pain-relieving) effects.

⁽¹²⁾ Five important cannabinoids found in the cannabis plant are tetrahydrocannabinol, cannabidiol, cannabinol, β -caryophyllene, and cannabigerol.

Tetrahydrocannabinol

Tetrahydrocannabinol (THC) is the primary compound responsible for the psychoactive effects of cannabis. The compound is a mild analgesic, and cellular research has shown the compound has antioxidant activity. ⁽¹³⁾ THC is believed to interact with parts of the brain normally controlled by the endogenous cannabinoid neurotransmitter, anandamide.^(14,15) Anandamide is believed to play a role in pain sensation, memory, and sleep.

Cannabidiol

Cannabidiol (CBD) has been shown to relieve convulsions, inflammation, anxiety, cough, congestion and nausea, and it inhibits cancer cell growth.⁽¹⁷⁾ Cannabidiol is a major constituent of medical cannabis. CBD represents up to 40% of extracts of medical cannabis.⁽¹⁶⁾ Cannabidiol has been shown to relieve convulsion, inflammation, anxiety, cough, congestion and nausea, and it inhibits cancer cell growth.⁽¹⁸⁾ Recent studies have shown cannabidiol to be as effective as atypical antipsychotics in treating schizophrenia.⁽¹⁸⁾ Because cannabidiol relieves the aforementioned symptoms, cannabis strains with a high amount of CBD may benefit people with multiple sclerosis, frequent anxiety attacks and Tourette syndrome. ^(16,19,20)

Cannabinol

Cannabinol (CBN) is a therapeutic cannabinoid found in *Cannabis sativa* and *Cannabis indica*.⁽²¹⁾ It is also produced as a metabolite, or a breakdown product, of tetrahydrocannabinol (THC).⁽²²⁾ CBN acts as a weak agonist of the CB₁ and CB₂ receptors, with lower affinity in comparison to THC. ^(23,24)

β -Caryophyllene

Part of the mechanism by which medical cannabis has been shown to reduce tissue inflammation is via the compound β -caryophyllene.⁽²⁵⁾ A cannabinoid receptor called CB₂ plays a vital part in reducing inflammation in humans and other animals. ⁽²⁵⁾ β -Caryophyllene has been shown to be a selective activator of the CB₂ receptor.⁽²⁵⁾ β -Caryophyllene is especially concentrated in cannabis essential oil, which contains about 12–35% β -caryophyllene ⁽²⁵⁾

Cannabigerol

Like cannabidiol, cannabigerol is not psychoactive. Cannabigerol has been shown to relieve intraocular pressure, which may be of benefit in the treatment of glaucoma ^(26,27)

A Word About Edibles

Not all livers are created equal. In order for ingested cannabinoids to enter your bloodstream and find their way to your cannabinoid receptors, they must first pass through your liver. If your liver does not have the proper enzyme make-up that allows the active compounds to enter the bloodstream, you will feel little or no effect. The opposite may occur where people with certain enzyme profile may eat very little cannabis and feel very strong effects. When smoking cannabis for instance, cannabinoids enter your bloodstream through the lungs, not the liver, so it is very possible that a person can have varying degrees of benefit depending on the method of intake.



Dosing of Edibles

One of the many benefits of our edibles is that patients are able to regulate their dosages themselves. We strongly suggest new patients start with a maximum dosage of 10 mg daily and increase conservatively until symptom improvement is achieved. You may want to wait to graduate up to our 25 and 50 mg edibles until you have established your daily dosing with our 10 mg edibles first. Please keep in mind that edibles can take 1 to 2 1/2 hours to take effect, so be patient before increasing the amount you consume in one sitting. Please consult your recommending doctor for further dosing guidelines.

What are my Options for Administering my Medicine?

There are several methods for administration of your medical marijuana dosage including:

- Vaporization
- Smoking dried buds
- Transdermal or topical application (ie. Lotion, oil)
- Drinking teas or concentrated extracts
- Eating extracts (ie. Candy, brownies, cookies, butter)
- Taking capsules

The comparison of these methods was the subject of an investigative study conducted by the Federal Government agency *National Institutes of Health* (7).

A variety of apparatuses are available to assist with marijuana delivery into the body including:

- Cigarette (rolling paper)
- Pipe
- Water pipe
- Vaporizer

Potential Drug Interactions with Medical Marijuana

Sedative medications (Barbiturates)

Taking marijuana along with sedative medications might cause too much sleepiness.

Sedative medications (CNS depressants)

Taking marijuana along with sedative medications might cause too much sleepiness.

Theophylline

Taking marijuana might decrease the effects of theophylline. But there isn't enough information to know if this is a big concern.

Disulfiram (Antabuse)

Taking marijuana along with Disulfiram can cause agitation, trouble sleeping, and irritability.

Fluoxetine (Prozac)

Taking marijuana with fluoxetine (Prozac) might cause you to feel irritated, nervous, jittery, and excited. Doctors call this hypomania.

Warfarin (Coumadin)

Smoking marijuana while taking warfarin (Coumadin) might increase the chance of bruising and bleeding.

Alcohol used with marijuana can result in nausea, sleepiness, visual disturbance, loss of coordination, decision-making, balance, and judgment.

In addition to the above interactions, do not use marijuana if:

- You are pregnant or breast-feeding.
- You have heart problems or hypertension (high blood pressure).
- You have lung problems.
- You have seizures (epilepsy).
- You have immune system problems.
- You are scheduled for surgery in the next two weeks. Marijuana may cause excessive sedation if combined with medications used during and after surgery.

Non-prescription Medication and Supplements

Please consult with your physician prior to consuming Medical Marijuana while taking non-prescription (over the counter) medications or while consuming supplements.

Do Not Consume Medical Marijuana while:

You are caring for children, elderly, or disabled people.
You are operating a motor vehicle or other machinery.