

Beyond the benefits: Recognising risks, side-effects & contraindications of CBPMs

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WHY THIS SESSION?

- Unlicensed CBPM use rising rapidly across UK clinical settings
- Patients seeking fast-acting, "natural" symptom relief
- Clinicians must balance benefit, safety, and patient trust
- Aim: practical framework for safer prescribing

LEARNING OBJECTIVES





Identify key adverse effects and risk factors



Recognise high-risk groups and contraindications



Understand drug-drug interactions



Apply structured risk-benefit reasoning



Communicate safety and monitor effectively

UK CONTEXT: UNLICENSED CBPMS

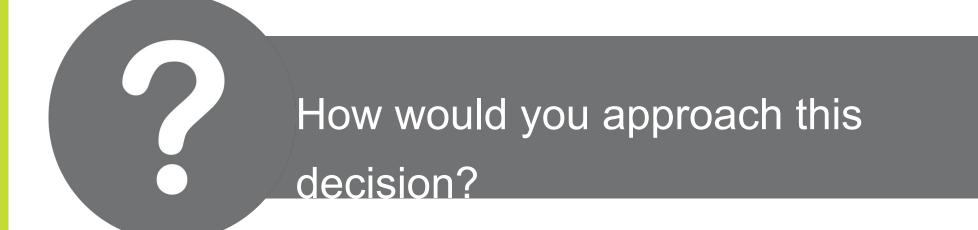
- Oils, capsules, flower, vape cartridges = unlicensed Schedule
 2 drugs
- Prescriber holds full clinical accountability
- Requires clear documentation and ongoing review
- Legal, but unlicensed



CLINICAL CASE EXAMPLE

Sarah, 46, MS spasticity

- Partial benefit from CBD:THC balanced oil, T10C10
 0.4mls morning O.6mls evening
- Requests inhaled product for faster relief of pain/spasms





ROUTE AND RISK

Route	Onset	Duration	Key points	THC Exposure
Oral oils	30-90 min	4-8 h	Steady plasma levels	Moderate
Flower	5-10 min	1-3 h	Titrated inhalation	Moderate-high
Vape cartridge	1-5 min	1-3 h	Rapid, potent	High (>70 % THC)

VAPE CARTRIDGES

High-Potency Option

Potential benefits:

- Rapid relief (pain, spasm, acute anxiety)
- Compact, minimal odour, easy to use

Key risks:

- High THC → anxiety, tachycardia, insomnia
- Unpredictable dose per inhalation, dose stacking
- Quality / solvent concerns (newer potentially safer)



FLOWERTitrated & Potentially Safer

• Generally Lower THC (but higher becoming available)

Easier dose control than cartridges

Avoids additives; known plant composition

Still carries CNS and coordination risks



RISK SPECTRUM BY FORMULATION

Capsule / Oil → **Flower** → **Vape Cartridge**

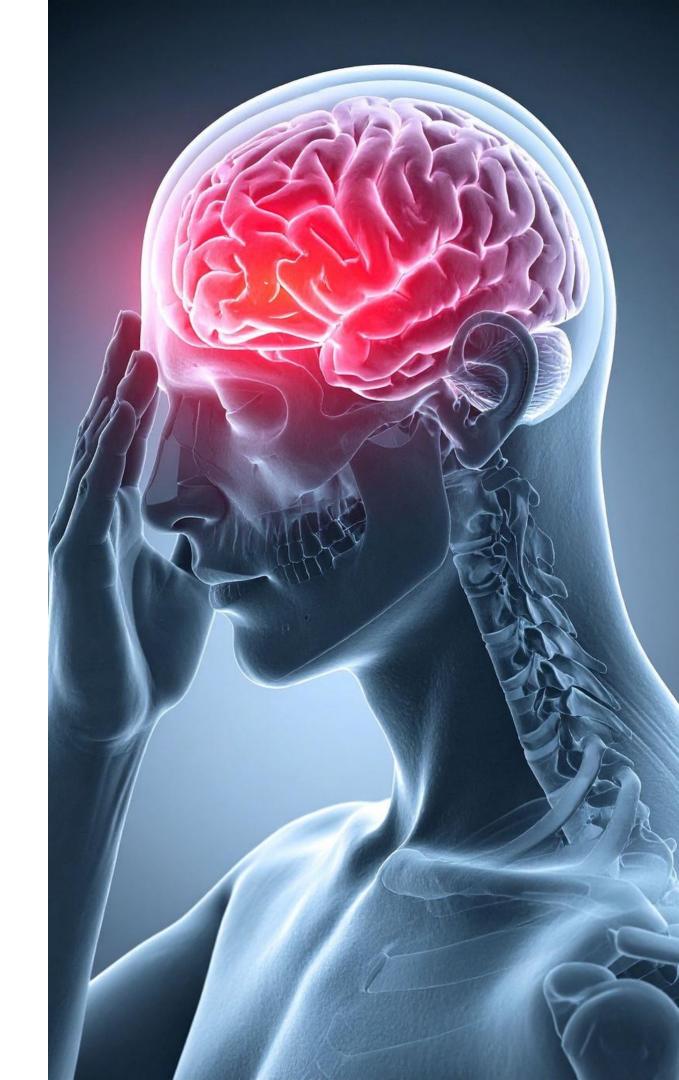
- Potency & peak THC
- Adverse effect risk

Start low - go slow - monitor closely



NEUROLOGICAL & COGNITIVE EFFECTS

- Dizziness, drowsiness, slowed reaction time
- Reversible cognitive slowing
- Driving & safety implications (DVLA guidance)



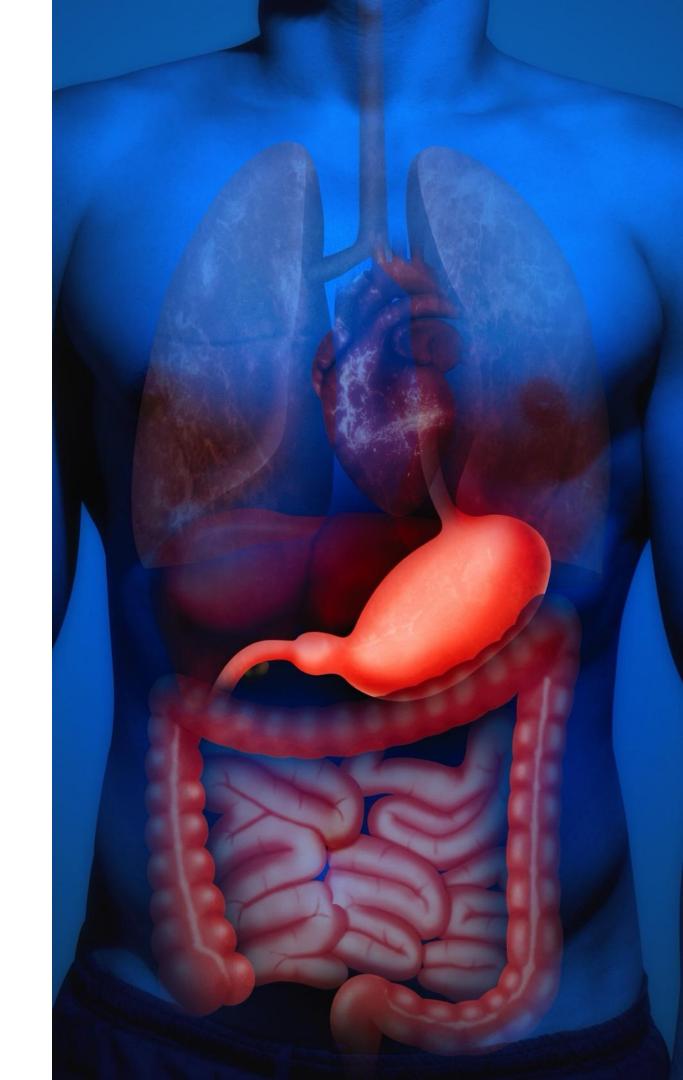
PSYCHOLOGICAL & MOOD EFFECTS

- Anxiety, irritability, transient paranoia
- Higher frequency with high-THC inhaled forms
- Avoid in psychosis or strong family history
- CBD may mitigate some effects



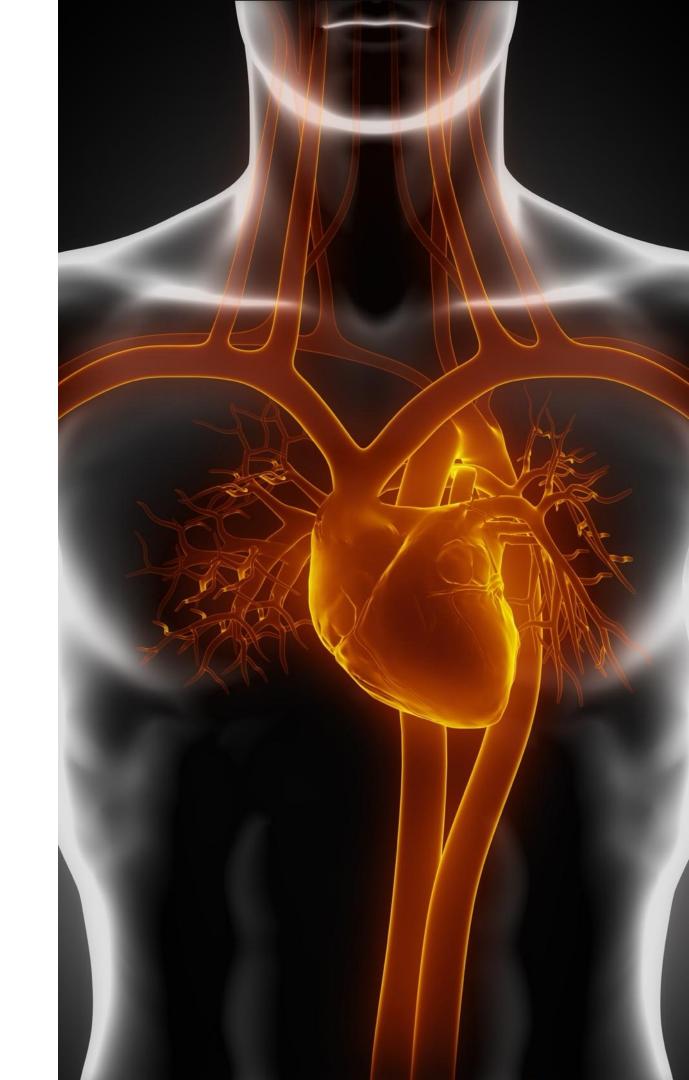
PHYSICAL & GI EFFECTS

- Dry mouth, appetite change, nausea
- CHS: cyclical vomiting, hot bathing behaviour
- Management: stop cannabinoids, supportive care



CARDIOVASCULAR & SYSTEMIC RISKS

- Tachycardia, postural hypotension
- Rare arrhythmia / MI († risk in cardiac patients)
- Vape cartridges: potential sympathetic surge
- Avoid in unstable cardiovascular disease



CONTRAINDICATIONS & CAUTIONS

Absolute	Caution	
Psychotic illness	< 25 yrs	
Pregnancy / lactation	Substance misuse	
Unstable CVD	Hepatic impairment	
Hypersensitivity	Frailty / polypharmacy	

DRUG-DRUG INTERACTIONS

- CYP3A4 / 2C9 / 2C19 metabolism
- CBD inhibits 2C19/3A4 → ↑ clobazam, SSRIs, warfarin, tacrolimus
- Additive sedation with opioids, benzodiazepines, alcohol
- Rapid absorption → larger interaction peaks



"WOULD YOU CONTINUE?" CASE

- On T800 1ml vape cart plus 30mls T10C10 oil
 0.5mls bd
- Improved spasm/pain → but mild anxiety and insomnia

What next?



Continue / Reduce / Switch / Stop?



RISK ASSESSMENT, COMMUNICATION, INFORMED CONSENT

- Full medical / psychiatric / substance-use history
- Explain unlicensed status and uncertainties
- Discuss driving, work, pregnancy precautions
- Provide written info & review plan
- Transparency builds trust



MONITORING & REVIEW

- Review benefit + adverse effects regularly
- Encourage patient dose / symptom diary
- Report harms (MHRA Yellow Card)
- Reassess benefit:risk each review



INTEGRATING RISK-BENEFIT THINKING

Safe Unlicensed CBPM Prescribing Principles:

- 1. Start low go slow titrate carefully
- 2. Screen for psychiatric & cardiovascular risk
- 3. Aim for lowest effective THC exposure ideally with CBD "cover"
- 4. Communicate, document, review

Compassion with caution keeps patients safe.

REFERENCES

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- Volkow ND & Baler RD. N Engl J Med. 2024
- Richards JR et al. Front Pharmacol. 2023
- Ho JJY et al. Clin Transl Sci. 2024
- MHRA Guidance 2024 update
- NICE NG144 (2019, current)



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