Marijuana and the Brain

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Objectives

- Information on the chemical composition of marijuana and the physiological response when it is consumed
- How marijuana and the brain interact to produce effects
- Adolescent brain and marijuana and the impact on structure and function
The Old

- Weed
- Bud
- Chronic
- Ganja
- Hash
- Hemp
- Joint
- Mary Jane
The New

- Carts
- Dabs
- Oil
- Pens
- Concentrates
- Wax
- Shatter
This is what we are talking about

\[ \Delta^9-THC \]
Important Dates

- 1964 THC identified as marijuana’s primary active ingredient
- 1988 scientists identified sites in brain and body where it acts (cannabinoid receptors)
- 1992 first known endocannabinoid (anandamide...‘dimmer switch’)
Chemical Composition of Cannabis

- More than 85 different cannabinoids
- Why THC psychoactive? Shape (similar to endocannabinoid anandamide...video)
Endocannabinoid System

- Cell receptor network that regulates a variety of bodily functions
- Regulate functions ranging from appetite, sleep, mood regulation, neuro-protection, and immune function.
- Helps maintain homeostasis (optimal balance and harmony)
- Anadamide plays a critical role in this homeostasis
THC vs. Anandamide

- THC produces the ‘high’
- Anandamide breaks down in minutes after binding to receptor
- THC can binds for several days
- THC produces more exaggerated effect
- Anadamide associated with ‘runner’s high’
CBD

Abbreviation for Cannabidiol (one of the ingredients in the cannabis plant).

• CBD is not psychoactive (mind-altering) in its pure form

• Doesn’t bind with cannabinoid receptors but increases anandamide levels

• CBD inhibits enzyme that breaks down anadamide

• FDA approved medication for seizures in children with epilepsy
Cannabinoid Receptors

Two types of receptor site have been identified

CB1 receptors – located in CNS (primarily brain)

- Maintenance of homeostasis in health and disease
- Suppression of excessive neuron activity (some reduction in pain and inflammation)
- Inhibits excessive arousal
- Stimulates appetite in GI tract
- The “high”
- Reinstates drug seeking behavior with addiction
Cannabinoid Receptors

Two types of receptor site have been identified

CB2 receptors

- Outside the brain on specific components of the immune system
- Peripheral tissues of spleen, tonsils, and thymus gland
- Localized on immune cells (monocytes, b-cells, t-cells)
- Modulate GI inflammatory response (IBS possibilities?)
Physiological Response
When marijuana is smoked, vaporized, eaten

- THC quickly passes from the lungs into the bloodstream, which carries it to organs throughout the body, including the brain.
- Its effects begin almost immediately and can last from 1 to 3 hours.
- Decision making, concentration, and memory can be affected for days after use, especially in regular users.
- If marijuana is consumed in foods or beverages, the effects of THC appear later—usually in 30 minutes to 1 hour—and may last for many hours.
Neurological Response

• Most of the cannabinoid receptors are found in parts of the brain that influence pleasure, memory, thinking, concentration, sensory and time perception, and coordinated movement.

• Marijuana activates the endocannabinoid system, which causes the pleasurable feelings or "high" and stimulates the release of dopamine in the brain's reward centers, reinforcing the behavior.
dopamine

dopamine receptor
How does THC affect behavior? It depends on where the CB receptors are in the brain.

<table>
<thead>
<tr>
<th>Brain Structure</th>
<th>Regulates</th>
<th>THC Effect on User</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amygdala</td>
<td>emotions, fear, anxiety</td>
<td>panic/paranoia</td>
</tr>
<tr>
<td>Basal Ganglia</td>
<td>planning/starting a movement</td>
<td>slowed reaction time</td>
</tr>
<tr>
<td>Brain Stem</td>
<td>information between brain and spinal column</td>
<td>antinausea effects</td>
</tr>
<tr>
<td>Cerebellum</td>
<td>motor coordination, balance</td>
<td>impaired coordination</td>
</tr>
<tr>
<td>Hippocampus</td>
<td>learning new information</td>
<td>impaired memory</td>
</tr>
<tr>
<td>Hypothalamus</td>
<td>eating, sexual behavior</td>
<td>increased appetite</td>
</tr>
<tr>
<td>Neocortex</td>
<td>complex thinking, feeling, and movement</td>
<td>altered thinking, judgment, and sensation</td>
</tr>
<tr>
<td>Nucleus Accumbens</td>
<td>motivation and reward</td>
<td>euphoria (feeling good)</td>
</tr>
<tr>
<td>Spinal Cord</td>
<td>transmission of information between body and brain</td>
<td>altered pain sensitivity</td>
</tr>
</tbody>
</table>

The brain structures illustrated above all contain high numbers of CB receptors.
Adolescent Brain Development

- Rapid brain development continues from embryonic stage through mid-20s
  - Synaptogenesis
  - Myelination
  - Apoptosis (pruning)

Synaptic Pruning

- Brain eliminates little-used neurons during adolescence
- Wraps myelin sheath around used neurons to improve efficiency
- Pruning cuts interference between remaining neurons
Cannabis Effects on Teen Brain

- Decreases gray matter in orbitofrontal cortex (OFC)
- OFC contributes to impulse control, decision making, and learning
- Less gray matter indicates lower neuron density or volume
- Correlated with higher scores on Marijuana Problem Survey (psychological, social, occupational, legal problems)(video)
Risk for Progression of Use

• Over 90% of adults with a severe substance use disorder began use under age 18.

• Children who begin using at or before age 13 have a 47% risk of developing a severe substance use disorder during their lifetime, age 17 run about 25%, age 21 run 10%

Source: http://www.casacolumbia.org/addiction-research/reports/adolescent-substance-use
Adolescent Behaviors and Cannabis Use

- Increased internal “reward” for substance use (including Cannabis)
- Increased motivation to use these drugs
- Less sensitivity to aversive or negative consequences of these drugs
Higher Dose Effects of THC

- Difficulty thinking/making decisions/solving problems
- Distorted perceptions
- Impaired balance and coordination
- Paranoia
- Problems with Learning/Memory
- Acute Psychosis (Delusions, Panic)
Marijuana and the Brain

- So much attention is being paid to legalization and not enough to impact on teen brain development.

- Hippocampus (memory), amygdala (emotion and anxiety), nucleus accumbens (motivation), hypothalamus (appetite, stress), cerebellum (muscle coordination)

Source: http://www.jneurosci.org/content/34/16/5529.full
Cannabis Effects On Brain Function

- Changes in mood – despair and anhedonia
- Changes in cognition (thinking)
  - Memory
  - Attention
- Increased emergence of psychosis
- Increased vulnerability for more harmful use
Cannabis and Immune Function

- THC immunological defects in mice and rats
- Defects included decreased antibody responses and reduced lymphocyte proliferation
- THC doses which produced very little behavior effects
Cannabis and Immune Function

- THC significantly inhibits humoral (related to the production of antibodies) and cell-mediated (dependent on the presence of activated T-lymphocytes) immunity.
- Immune response of rats is dose-related.
Cannabis and Driving

- Moderate doses, cannabis use impairs the functions of:
  - Co-ordination
  - Tracking
  - Perception
  - Vigilance

*He proceeded to test drivers on car simulators and confirmed*

- Deterioration of the ability to assess time accurately
Cannabis and Driving

- Impairment of short-term memory
- Clear association exists between the dose of cannabis (15-35mg) and reaction times
- Significant deterioration in driving ability, especially keeping the car steady in the middle of a lane and a constant distance from the verge
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