

Synthetic Cannabinoids				
Potpourri, Bombay B	<b>bids</b> – Isms, Spice, K2, Bliss, Black Blue, Fake weed, Genie, Dream, <i>i</i> I (liquid form often used in e-ciga	Aroma, Skunk,	and a second	
<b>Characteristics</b> (Designer Drug)	<ul> <li>A mixture of herbs and spices typically sprayed with a synthetic compound acting as a cannabinoid receptor agonist and primary affects CB1 receptors in the brain.<sup>1</sup></li> <li>Sold legally by stating "not for human consumption" in order to evade legal controls<sup>5</sup></li> <li>Large group of drugs that act on the cannabinoid receptors that is functionally similar to THC, with some exhibiting 10 to 90 times its potency.<sup>3</sup></li> <li>Risks are increased due to the availability and variability (estimated in the hundreds) of the product, which is available online and at convenience stores and 'head shops'.<sup>2</sup></li> <li>The product has considerable inter-and intra-batch variability in smoking mixtures, both in terms of substances present and their quantity.<sup>4</sup></li> <li>Identification require gas chromatography with mass spectrometry, difficulties arise due to new formulations constantly emerging.<sup>3</sup></li> <li>The initial half-life is over 1-2 hours and elimination half-life exceeds 24-36 hours (longer than THC).<sup>5</sup></li> <li>Product is rapidly adapted by substituting other synthetic cannabinoids that have not yet been banned by existing legislation.<sup>4</sup></li> </ul>			
Presentation during intoxication <sup>2,5</sup>	Common Signs and Symptoms Anxiety Tachycardia Agitation Hypertension High blood pressure Extreme intoxication signs and Seizures Ischemic Strokes Aggressive behaviour Death	s of intoxication can include: Psychosis Euphoria Dilated pupils Chest Pain Nausea/Vomiting	Mood swings Coughing Red Eyes Alterations in cognitive Functioning Myocardial Infarction Severe Anxiety, Agitation, and paranoia	
Monitoring and support during intoxication	<ul> <li>Goal<sup>6</sup> <ul> <li>Preserve client safety</li> <li>Assess client's level of disorientation to determine their specific supportive safety requirements</li> </ul> </li> <li>Assess / Monitor<sup>6</sup> <ul> <li>Obtain substance use history if possible (i.e. type of substance, time of last use, urine sample)</li> <li>Mental status (including risk of harm to self or others, and agitation)</li> <li>Physical status (including vital signs, risk for falls)</li> </ul> </li> <li>Supportive Interventions         <ul> <li>Provide supportive care and reassurance</li> </ul> </li> </ul>			
Withdrawal presentation <sup>5</sup>	Symptoms may include <sup>:</sup> Restlessness Headaches Nausea	Irritability Sweating Tachycardia	Muscle twitches Vivid dream/nightmares	

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Monitoring and support during withdrawal	<ul> <li>Monitor         <ul> <li>Monitor for symptoms of withdrawal and potential complications.</li> </ul> </li> <li>Support <sup>10</sup> <ul> <li>Provide supportive care, and ensure a calming environment</li> </ul> </li> </ul>
Notable Drug Interactions⁴	<ul> <li>Due to the relative infancy of the research there is a limited amount of information available about notable drug interactions. However, several studies have made reference to treating psychiatric symptoms with benzodiazepines successfully.</li> <li>Reports indicate use of synthetic cannabinoids can cause death, particularly in combination with relatively high amphetamine serum concentrations.</li> </ul>
Psychiatric Symptoms	<ul> <li>Synthetic cannabinoid intoxication is associated with acute psychosis as well as exacerbations of previously stable psychotic disorders, and may have a propensity to trigger a chronic psychotic disorder among vulnerable individuals.<sup>2</sup></li> <li>In patients with Schizophrenia common effects are the occurrence or marked worsening of mood and anxiety symptoms and prominent behavioural changes.<sup>3</sup></li> </ul>



## References

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- 3. Celofiga, A., Koprivsek, J., & Klavz, J. (2014). Use of Synthetic Cannabinoids in Patients with Psychotic Disorders: Case Series. *Journal of dual diagnosis*, *10*(3), 168-173.
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- 6. Townsend, M.C. (2015). *Psychiatric Nursing: Assessment, Care Plans, and Medications.* Oklahoma: F.A. Davis Company.