Medical Marijuana

Questions from Part 1:

1. _________________ is a plant species, variety known as hemp.

   a. Cannabis sativa Linnaeus
   b. Cannabis sativa
   c. Cannabis indica
   d. Cannabis Lemark

2. The major psychoactive compound found in cannabis is an anandamide agonist known as

   a. cannabinol (CBN).
   b. aminoalkylindole.
   c. cannabidiol (CBD).
   d. Δ-9-tetrahydrocannabinol (Δ9-THC or THC).

3. Tetrahydrocannabinol is an aromatic ______________ with low water solubility.

   a. terpenoid
   b. protein
   c. sterol
   d. membrane

4. Cannabis use for longer than 6 months was associated with a five-fold higher risk of the necessity of surgical intervention for

   b. Dravet syndrome.
   c. glaucoma.
   d. pediatric treatment-resistant epilepsy.

5. The use of cannabis in cancer patients is

   a. approved as a cancer treatment.
   b. recommended by the American Society of Clinical Oncology.
   c. primarily for chronic cancer pain and as an anti-emetic.
   d. used to treat leukemia.
6. **Oral cannabis is effective in treating the following neurological condition:**

   a. urinary dysfunction.
   b. tremors.
   c. levodopa-induced dyskinesias.
   d. multiple sclerosis.

7. ________________ is promising therapeutic approaches for the treatment of schizophrenia.

   a. Cannabinol (CBN)
   b. Tetrahydrocannabinol (THC)
   c. Cannabidiol (CBD)
   d. Phytocannabinoids

8. **Cannabis is a common self-medicating tool in individuals with PTSD but there are increasing reports of associated comorbidities such as**

   a. depression, anxiety.
   b. psychosis.
   c. substance misuse/addiction.
   d. All of the above

9. **Hemp seeds, often referred to as hemp hearts are**

   a. toxic.
   b. psychoactive.
   c. highly nutritious.
   d. primarily medicinal.

10. **Physiological actions of the CB1 receptor include**

    a. a decrease in gut motility.
    b. hypertension.
    c. a decrease in drug-seeking behavior.
    d. expressed in immune cells and tissues.
11. __________________ are the endogenous cannabinoid-like ligand for the CB1 and CB2 receptors.
   a. Endocannabinoids
   b. Phenolics
   c. Aminoalkylindoles
   d. Meroterpenes

12. Endocannabinoids function as “gatekeepers” of the hypothalamic–pituitary–adrenal axis (HPA), particularly during
   a. cravings.
   b. steatosis.
   c. stress.
   d. consumption.

13. The endocannabinoids appear to be involved in regulating
   a. glucose utilization.
   b. gastric motility.
   c. appetite.
   d. the sleep-awake cycle.

Questions from Part 2

14. Within the United States, the laws of the states that have legalized marijuana
   a. provide for the unfettered use of cannabis.
   b. have the limitations, state to state.
   c. vary from state to state.
   d. provide that a person cannot be arrested for using marijuana.

15. Cannabidiol (CBD) concentrations are used to calculate potency for medicinal cannabis
   a. because CBD is psychoactive.
   b. in herbs high in CBD.
   c. in cases where THC levels are low.
   d. because CBD has a high affinity for CB1 and CB2 receptors.
16. The pharmacokinetics of cannabinoids delivered by being ingested orally have
   a. a slower onset of action.
   b. a shorter duration.
   c. negligible or no THC levels.
   d. All of the above

17. Plasma THC concentrations generally fall below 5 ng/mL
   a. in about 12 hours after cessation of smoking.
   b. within 24 hours after cessation of smoking.
   c. less than 3 hours after smoking.
   d. immediately at to the end of smoking.

18. One of the disadvantages of smoking marijuana is
   a. can contribute to lung diseases such as COPD and asthma.
   b. the slower absorption rates.
   c. rapid onset of peak THC concentration levels.
   d. it can result in higher serum levels.

19. A ________________ is composed of the herb soaked in 95% grain or grape alcohol (ethanol) or a (plant) glycerin extract.
   a. vaporizer
   b. tincture
   c. doobie
   d. topical preparation

20. What are the dosing guidelines for topical applications of cannabis oil?
   a. Cannabis oil cannot be applied directly to the skin.
   b. There are no available studies to guide dosing.
   c. Doses are set using grain or grape alcohol (ethanol).
   d. Dosage guidelines for edibles apply to topical applications.
21. Growers have been breeding cannabis to increase either the THC or the CBD content, and some strains approach
   
a. 15% THC.
b. 33% THC.
c. 20% THC.
d. 40% THC.

22. Edible cannabis is most useful for treating
   
a. neuropathic pain.
b. sleep disorders.
c. seizures.
d. All of the above

23. Depersonalization-derealization disorder can be defined as
   
a. an individual who is not interested in others.
b. an individual who does not believe he is real but things around him are real.
c. an individual observing himself outside of his body.
d. an individual who denies cannabis abuse.

24. Long-term use of cannabis may increase the risk of depression, anxiety, increased suicidal ideation and risk of suicide attempts, and __________________ appear to be at highest risk.
   
a. the elderly
b. young adults and adolescents
c. teenagers
d. middle-aged men

25. Adolescence represents a critical neurodevelopmental period characterized by marked synaptic pruning and increased myelination and adolescents who are heavy and long-term use of cannabis are
   
a. less likely to suffer from cognitive impairment.
b. no more vulnerable to cognitive impairment than other age groups.
c. particularly vulnerable to cognitive impairment.
d. less likely to suffer from anxiety or depression.