for 1 ounce of *morphine*. **5.** Colloquial term for *beer* (2.3% to 5.0% *alcohol* content). **6.** Colloquial term for jail.

Can action Colloquial term for buying or selling a packet of *marijuana*.

Can of M Colloquial term for about 1 ½ ounces of *marijuana*.

Can of O Colloquial term for about 3 ½ or 6 2/3 ounces of *opium*.

Can-Yac *Cannabis*.

Can-yack Colloquial term for *cannabis*.

Cana 1. *Arundo donax*. 2. Ecuadoran and Peruvian colloquial term for calaboose, dungeon, cell . **3.** Argentinean colloquial term for law enforcement officer.

Cana brava *Arundo donax*.

Canachiari 1. *Brugmansia suaveolens.* **2.** *Brugmansia versicolor.*

Canada black Colloquial term for *marijuana* of low quality grown in Canada.

Canadian black Colloquial term for *marijuana* grown in Canada.

Canadian bouncer Colloquial term for low-potency *Seconal* from Canada.

Canadian cross Colloquial term for *amfetamines*.

Canadian star Colloquial term for *LSD* on blotter paper.

Canaib Colloquial term for *cannabis*.

Cáñamo indiano *Cannabis*.

Canamazo Colloquial term for *cannabis*.

Canamo Colloquial term for *marijuana*.

Canamo Indico Colloquial term for *marijuana* plant.

Canamo indiano Colloquial term for *cannabis*.

Canap Colloquial term for *cannabis*.

Canapa *Cannabis*.

Canape Colloquial term for *cannabis*.

Canape indiana *Cannabis*.

Canapis Colloquial term for *cannabis*.

Canappa Colloquial term for *marijuana*.

Canapu Colloquial term for *cannabis*.

Canavalia maritima See: *Frijol de playa*.

Canazepam *Diazepam*.

Cancelled stick Colloquial term for *marijuana cigarette*.

Cancer-root *Phytolacca acinosa*.

Cancerogenic Giving rise to a malignant tumor. Substances which can give cancer are for example tobacco smoke, alcohol and arsenic.

Candelón *Anadenanthera peregrina*.

Candle Colloquial term for *LSD* on paper.

Candles Colloquial term for *LSD*.

Candy 1. Colloquial term for *barbiturates*. **2.** Colloquial term for *cocaine*. **3.** Colloquial term for *crack.* **4.** Colloquial term for *depressants*. **5.** Colloquial term for *amfetamines*. **6.** Colloquial term for *LSD*. **7.** Colloquial term for pills in general.

Candy C Colloquial term for *cocaine*.

Candy a joint Colloquial term for adding *heroin* to a *joint* of *marijuana* or *hashish*.

Candy cee Colloquial term for *cocaine*.

Candy fiend Colloquial term for a person addicted to *heroin*.

Candy flip Colloquial term for 1 hit *ecstasy* per three hit(s) *LSD*.

Candyman Colloquial term for drug dealer.

Cane Colloquial term for *cocaine*.

Cane of Spayne *Arundo donax*.

Canelon Argentinean colloquial term for *cocaine*.

Canep *Cannabis*.

Canepa indiana *Cannabis*.

Canfirin *Phenobarbital*.

Cangonha *Cannabis*.

Canhama *Cannabis*.

Canhamo *Cannabis*.

Canimo Indio Colloquial term for the *marijuana* plant.

Canna *Sceletium tortuosum*. See: *Channa*.

Canna cheirosa *Calamus*.

Canna-root *Sceletium tortuosum*. See: *Channa*.

Cannab *Cannabis*.

Cannabidiol $C_{21}H_{30}O_2$, one of the cannabinoids, the psychoactive substances in cannabis. Cannabidiol can in therapeutic doses prevent epileptic seizures.

Cannabinaceae Hemp-family, the botanical group including *cannabis* and *hop* (humulus).

Cannabinoids Organic substances, terpenes, present in *Cannabis sativa*, having a variety of pharmacologic properties.80 cannabinoids has been identified. The most important are *cannabidiol* CBD, *tetrahydrocannabinol,* THC and *cannabinol*, CBN. The steps CBD-THC-CBN represent the biosynthetic pathway in the plant.

Cannabinol Colloquial term for *PCP*.

CANNABIS

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CANNABIS – Introduction Cannabis is a natural product under international control according to the UN Single Convention 1961 and its amendments, Schedule I. It is defined as "the flowering or fruiting tops of the cannabis plant, *Cannabis sativa* (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted.

Modern botanist specify only one spiecy of cannabis , *Cannabis sativa L.* with three subspecies: *Subspecies sativa* (oil- and fiber plant), *Subspecies indica* (hashish- and marijuana plant) and *Subspecies spontani*a (wild hemp). These subspecies are viewed as ecotypes stemming from the same plant that through climate and actions by man has developed different qualities.

The word cannabis comes from Greek kánnabis, hemp.

Cannabis is a generic term used to denote the several psychoactive preparations of the hemp plant, *Cannabis sativa*. Cannabis contains at least 60 cannabinoids, several of which are biologically active. The most psychoactive constituent is D-9-*tetrahydrocannabinol* (THC), its metabolites can be detected in urine for several weeks after usage of cannabis. The THC-content variates between different types of cannabis and is also depending on in what climate it has been grown in.

The most important preparations are:

1. *Bhang* - dried flowering tops and leaves that has been extracted in a fluid usually water, drunk as tea or mixed with milk, often sweetened with sugar or honey, traditional drink in India and Pakistan. THC content usually 1-2 per cent. 2. *Marijuana* - dried flowering tops and leaves from *Cannabis sativa*. Normally smoked as *cigarettes* or in pipes often mixed with *tobacco*. THC-content usually 1-3 per cent. 3. *Ganja*, *sinsemilla* - small flowering and fruiting tops of cultivated from female *Cannabis sativa* plants, normally smoked as *marijuana*. THC-content usually 5-10 per cent. 4. *Hashish*, in international conventions called cannabis resin and defined as "the separated resin, whether crude or purified, obtained from the cannabis plant" " The resin comes from the flowering tops and female parts of the plant that has been pressed together in in bricks or lumps varying from yellow, brown an black. Hashish is smoked in *cigarettes* or pipes often mixed with *tobacco*. *THC*-content usually 8-15 per cent. 5. *Hashish oil* - a brown sirup-like oil extracted from Cannabis sativa with chemicals and thereafter have been filtered and concentrated. It is usually dropped on *tobacco* and smoked in a *cigarette*. THC-content usually 40-60 per cent. 6. Pure *THC* is almost never available, except for research. Substances sold as *THC* on the street often turn out to be something else, such as *PCP*.

CANNABIS-History Cannabis is second to *alcohol* the most used mind-altering drug in the world. It has been known and used for at least 10.000 years. In religion and folk medicine it played an important role in ancient China and India. Homer describes elixir of cannabis as a healing drink which lessens feelings of unhappiness. The, according to the history-tellers, cruel *assassins* used the drug extensively in warfare.

In the Muslim world cannabis spread extensively, partly due to the *alcohol* restrictions in the Koran. In Europe the interest in cannabis arose after Napoleon´s invasion of Egypt. In the middle of the 19ths century the French doctor *Jaques-Joseph Moreau* initiated *Le Club des Haschichins* where some of the most prestigious writers and artists of the time ate hashish jam and hailed its effects.

In USA cannabis was the drug of the slaves that later was associated with the jazz music in the afro-american community. 1920 the interest in cannabis became more widespread as a substitute for the *prohibited* alcohol. Cannabis also played a role in the *beat-movement* in the 1950s but it was not until the middle of the 1960s during the *hippie-movement* that cannabis was spread all over the western world as the drug of choice of millions of rebelling students. Cannabis was connected with *flower-power* and the revolt against the establishment and cannabis-positive messages was spread through popular music and literature. In the *rastafari-culture* with its *reggeamusic* cannabis-smoking was a main component. During the 1980s the use of cannabis tended to go down considerably but in the late 1990s cannabis gained new popularity as a "downer" to calm down after using *ecstasy* and other *dance drugs*. Since the 1960s the discussions of the legal status of cannabis has continued. Some countries has in practice differentiated between cannabis and hard drugs and are not enforcing personal use of small amounts of the drugs, it has also in some countries been possible for physicians to prescribe cannabis and/or THC. Most countries though has continued and in some cases even hardened their attitudes towards cannabis and are critical over the tendencies to make the law enforcement towards cannabis more liberal.

CANNABIS-Botany The cannabis evolved in the Himalaya mountains. Carl von Linné classified 1753 the *hemp* plant and gave it the name *Cannabis sativa*, sativa means cultivated. It is an annual herb that can grow up to 9 meters high but are usually 1,5-2 meter. The male plants are small and thin while the female plants are thicker and produce a lot more of resin.

The stems contains bastcells that can be up to 3 centimeters long this are connected with 1-3 meter long fibers, The fatty seeds, even called nuts contains hemp-oil. Hemp has been cultivated for:

1. The fibers which played an important role as raw material for textiles and ropes. Hemp rope was especially important for the sailing ships as they do not easily rotten. 2. The seeds which are used as a grainlike food and animal feed. 3. The resin which contains the highly psychoactive *THC* has been used medically and as a mind-altering drug.

The plant is usually called hemp when referring to the use of its seeds and fibers while it is called cannabis when referring to its psychoactive properties.

The whole plant is covered with small gland-hairs that produces cannabis resin. Hemp cultivated in a subtropic climate tends to produce more resin. cannabis is easy to grow and it adapts itself to different conditions Cannabis has been evolving for hundreds of thousands generations on its own and by informal breeding programs by farmers. A diverse group of varieties has evolved or been developed to create a plant that is efficient at producing a desired product. Varieties differ i height, width, branching traits, leaf size, leaf shape, flowering time, yield, potency, taste and aroma. Potency is mainly a factor of genetics.

Cannabis is usually dioecious, plants are either male or female, although some varieties are monoecius, they have male and female plants at the same plant.

Cannabis annual cycle begins with germination in early spring. The plants require a long period of sunlight and grows fast for several months. It flowers in the late summer or early fall and sets seed, The seeds drop as the plant dies.

By indoor growing the cultivator determines when the plants are to be stared, flower, whether they will flower, produce seeds and even if they are to bear a second harvest. Indoor growing for getting high potency *marijuana* and *hashish* has developed to industrial proportions Seeds and equipment for indoor lightning makes it possible to grow cannabis with extremely high THC content. The THC content of especially *marijuana* is therefore generally considerably higher today than 20 years ago.

CANNABIS-Chemistry and pharmacology

Cannabis consists of 420 different identified parts of with about 80, the so called *cannabinoids* are most active. The cannabinoids has some chemical similarities with human *steroids* (eg cholestorol and sex hormones)

THC is the strongest and most studied of the cannabinoids and is possible to make synthetically. In tablets gives pure THC the same pharmacological effects as concentrated cannabis resin. The cannabinoids are closely chemically related and are soluble in fat. They and their metabolites can be stored in fat-tissues in the human body for a relatively long time and is the main course of the long term effects of the drug among long time cannabis users that can persists weeks after the acute intoxication.

THC and the other cannabinoids is effectively absorbed by the lungs during smoking. The maximum blood-concentration is usually achieved after 10-30 minutes. The blood concentration decreases rapidly and after 8 hours only a very small amount i left in the blood. THC is first binded to the blood-proteins but as it is fat -soluble THC and its metabolites is taken up by fat tissues and in different organs, the brain that has a high fat-content and the liver THC can easily pass the blood-brain-barrier and also pass to the placenta and influence the fetus. THC is even pass to the mothers milk and to the child through breast-feeding.

THC metabolize slowly and is eliminated in four weeks, for persons who have smoked cannabis for a long time it can take up to 8 weeks. the metabolites can be found in the urine with the EMIT-methode. The slow process makes the cannabinoids accumulate in the fat-depots of the human body which influence the long-term effects as *flash-backs* and psychosis

The biochemical ways of action are not fully known Some of the. cannabinoids are binded to special receiving molecules, cannabis-receptors on the brain cells and change their functions. A hypotheses is that the cannabinoids block the reception of certain substances such as the aminoacid arginin. In the same way as the body produces its own morphine - endorphine - which binds itself to certain receptors on the brain cells, their seems to be certain cannabis receptors who originally are designed to bind the bodies own "cannabis". This was discovered 1992, the cannabis-like substance where given the name anandamide (from hindi anand, happiness).

CANNABIS-Effects, tolerance, withdrawal syndrome and overdose Cannabis intoxication produces a feeling of *euphoria*, lightness of the limbs, and often social *withdrawal*. It impairs driving and the performance of other complex, skilled activities: it impairs immediate recall, attention span, reaction time, learning ability, motor coordination, depth perception, peripheral vision, time sense (the individual typically has a sensation of slowed time), and signal detection. Other signs of intoxication may include excessive anxiety, suspiciousness or paranoid ideas in some and *euphoria* or apathy in others, im-

paired judgment, conjunctival *injection*, increased appetite, dry mouth, and tachycardia. Cannabis is sometimes consumed with *alcohol*, a combination that is additive in its psychomotor effects.

There are reports of cannabis use precipitating a relapse in schizophrenia. Acute anxiety and panic states and acute delusional states have been reported with cannabis intoxication; they usually remit within several days. Cannabinoids are sometimes used therapeutically for glaucoma and to counteract nausea in cancer chemotherapy.

Cannabinoid use disorders are included in the psychoactive substance use disorders in *ICD-10* (classified in F12).

The high

There individual response to the *high* of the cannabis smoking differs a lot, due to set and setting but also due to the THC content of the drug and the smoking technique. Some persons experience hardly any effects at all the first times they smoke cannabis on the other extreme there are persons who can get *hallucinations* and a panic attack the first time they smoke.

The first experience tends to be a slight nausea, increased heartbeat and pulse rate , dryness of the mouth and eyes and bloodshot eyes Thereafter follows the desired mild *euphoric* feelings of happiness , enhanced felling of self-confidence, relaxation and vivid associations. the experience of time is different - there are usually a feeling of that the time slows down. colours and sounds get a different flavour and music can is experienced differently. The perception of the body and other persons gets different. Normally however the altered experiences tend to be based on reality. Things and persons can get different colours or size. The dryness of the mouth often trigger a thirst and even a flavour for sugar-rich food.

In larger doses the cannabis intoxication tends to be more hallucinogenic and resembles the effects of *LSD.*

The onset of the drugs are about 10 seconds and the intoxication effects tend to peak after 10-30 minutes and last for 2-4 hours and are usually not noticeable 4-6 hours after the intake. Some of the impaired functions tend to persist for a longer time and the day after heavy intake is often characterized of feelings of tiredness and difficulties to concentrate.

A common bad reaction to *marijuana* is the "acute panic anxiety reaction." People describe this reaction as an extreme fear of "losing control," which causes panic. The symptoms usually disappear in a few hours.

Tolerance

There have earlier been conflicting reports of the tolerance to cannabis, in older literature a negative tolerance is described meaning that she cannabis smoker decreases the doses. This is however due to the smoking technique. It takes a certain time to learn the smoking technique to inhale the hot cannabis smoke and keep the smoke in the lungs as long as possible and then slowly exhale.

There is a slight devlopment of tolerance, a chronic hashish-smoker usually smoke 1-4 grams of hashish per day a dose that would have toxic effects on a beginner.

There is a cross-tolerance between *alcohol* and cannabis and also between cannabis and many sleeping agents.

Dependence

Most cannabis users never experience any physical *withdrawal* symptoms. Long-term regular users of *marijuana* can experience abstinence symptoms with sleep-disturbance, irritation, tremors, diarrhea and stomach pains. Compared with opioids like heroin the physical *withdrawal* symptoms are mild. Regular users may however may become psychologically dependent. They may have a hard time limiting their use, they may need more of the drug to get the same effect, and they may develop problems with their jobs and personal relationships. The drug can become the most important aspect of their lives.

Overdose

There is a natural limit of how much cannabis the body can receive. In high doses the human body reacts with nausea, vertigo and confusion and stop the intake of the drug. Cannabis can be toxic in high doses but no over-dose deaths due to only cannabis in itself has not been reported.

Effects on the heart

Marijuana use increases the heart rate as much as 50 percent, depending on the amount of THC. It can cause chest pain in people who have a poor blood supply to the heart - and it produces these effects more rapidly than *tobacco* smoke does.

Effects on the the lungs

Scientists believe that *marijuana* can be especially harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in their lungs as long as possible. Therefore, the smoke is in contact with lung tissues for long periods of time, which irritates the lungs and damages the way they work. Cannabis smoke contains some of the same ingredients in *tobacco* smoke that can cause emphysema and cancer. In addition, many *marijuana* users also smoke *cigarettes*; the combined effects of smoking these two substances creates an increased health risk.

Cannabis and cancer

Cannabis smoke has been found to contain more cancer-causing agents than is found in *tobacco* smoke. Examination of human lung tissue that had been exposed to *marijuana* smoke over a long period of time in a laboratory showed cellular changes called metaplasia that are considered precancerous. In laboratory test, the tars from *marijuana* smoke have produced tumors when applied to animal skin. These studies suggest that it is likely that *marijuana* may cause cancer if used for a number of years.

Effects on the human reproductive system

Some research studies suggest that the use of *marijuana* during pregnancy may result in premature babies and in low birth weights. Studies of men and women may have a temporary loss of fertility. These findings suggest that *marijuana* may be especially harmful during adolescence, a period of rapid physical and sexual development.

Effects on driving

Driving experiments show that *marijuana* affects a wide range of skills needed for safe driving - thinking and reflexes are slowed, making it hard for drivers to respond to sudden, unexpected events. Also, a driver's ability to "track" (stay in lane) through curves, to brake quickly, and to maintain speed and the proper distance between cars is affected. Research shows that these skills are impaired for at least 4-6 hours after smoking a single *marijuana cigarette*, long after the "*high*" is gone. If a person drinks *alcohol*, along with using *marijuana*, the risk of an accident greatly increases. Marijuana presents a definite danger on the road.

CANNABIS-Long-term effects Most cannabis smokers has occasionally experienced adverse reaction of the drug such as panic attacks when the intoxication instead of the desired *euphoria* gives anxiety and panic-reactions. *Flash-backs* has also been reported where drug effects of apparently no reason reappear although no cannabis has been smoked for days or even weeks. It has been suggested that the THC in the body-fat can be the course of the *flash-backs*.

The most commonly reported effect of long term cannabis smoking is the amotivational-syndrome, even called cannabis burn out syndrome. it is characterized by decreased drive and ambition, shortened attention span, poor judgment, high distractibility, impaired communication skills, and diminished effectiveness in interpersonal situations.

Infrequently, a "cannabis psychosis" may occur, but generally this type of psychiatric reaction is associated only with heavy, long-term use of hashish, and are most common in countries such as in India and Morocco. Other effects of chronic hashish use are a debilitation of the will and mental deterioration. The cannabis psychosis is characterized of confusion, paranoia, visual and audial *hallucinations*, and impulsive behavior. Cannabis psychosis is similar to mania and psychiatric care is usually needed. The cannabis psychosis normally decrease and disappears within five weeks but there are cases reported when psychosis come in a row and became chronic.

Cannabis can also trigger psychiatric syndrome or make it difficult to treat especially schizofrenia.

CANNABIS-Cannabinoid Dependence Syndrome In the World Health Organization *ICD-10* Classification of Mental and Behavioural Disorders defined as:

F12.2 Cannabinoid Dependence Syndrome

A cluster of physiological, behavioural, and cognitive phenomena in which the use of cannabinoid takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) to take cannabinoid (which may or may not have been medically prescribed). There may be evidence that return to substance use after a period of abstinence leads to a more rapid reappearance of other features of the syndrome than occurs with nondependent individuals.

Diagnostic Guidelines

A definite diagnosis of dependence should usually be made only if three or more of the following have been experienced or exhibited at some time during the previous year:

(a) a strong desire or sense of compulsion to take cannabinoid;

(b) difficulties in controlling cannabinoid-taking behaviour in terms of its onset, termination, or levels of use;

(c) a physiological *withdrawal* state when cannabinoid use has ceased or been reduced, as evidenced by: the characteristic *withdrawal* syndrome for cannabinoid; or use of the same (or a closely related) substance with the intention of relieving or avoiding *withdrawal* symptoms;

(d) evidence of tolerance, such that increased doses of cannabinoid are required in order to achieve effects originally produced by lower doses;

(e) progressive neglect of alternative pleasures or interests because of cannabinoid use, increased amount of time necessary to obtain or take the substance or to recover from its effects;

(f) persisting with cannabinoid use despite

clear evidence of overtly harmful consequences, such as depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning; efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.
Narrowing of the personal repertoire of patterns of cannabinoid use has also been described as a characteristic feature.
It is an essential characteristic of the dependence syndrome that either cannabinoid taking or a desire to take cannabinoid should be present; the subjective awareness of compulsion to use drugs is most commonly seen during attempts to stop or control substance use.
In the USA a slightly different diagnosis tradition exists mainly organised after *DSM IV*.:*Diagnostic Criteria*
A.Cannabis abuse: A destructive pattern of cannabis use, leading to significant social, occupational, or medical impairment.
B.Must have three (or more) of the following, occurring when the cannabis use was at its worst:
1. Cannabis tolerance:
Either need for markedly increased amounts of cannabis to achieve intoxication, or markedly diminished effect with continued use of the same amount of cannabis.
2. Greater use of cannabis than intended:
Cannabis was often taken in larger amounts or over a longer period than was intended
3. Unsuccessful efforts to cut down or control cannabis use:
Persistent desire or unsuccessful efforts to cut down or control cannabis use
4.Great deal of time spent in using cannabis, or recovering from hangovers
5.Cannabis caused reduction in social, occupational or recreational activities:
Important social, occupational, or recreational activities given up or reduced because of cannabis use.
6.Continued using cannabis despite knowing it caused significant problems:
Continued cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been worsened by cannabis
Associated Features
Learning Problem
Psychotic
Euphoric Mood
Depressed Mood
Somatic/Sexual Dysfunction
Addiction
Odd/Eccentric/Suspicious Personality
Differential Diagnosis
Nonpathologic cannabis use for recreational or medical purposes; repeated episodes of Cannabis Intoxication.

CANNABIS-Treatment Most cannabis smokers end their experimentation with the drug without any need for treatment. But sometimes even a brief encounter with the drug can induce panic attacks or trigger underlaying psychiatric problems. Heavy cannabis smoking can also lead to a full blown psychosis that can not been differed from a schizofrenic psychosis. There is an academic discussion whether this is to be labeled as a special hashish psychosis or if it rather is a schizofrenic psychosis triggered of the THC-intake, in clinical practice this i however of less interest as these problems are treated symptomatically in the usual psychiatric setting.
The main problem is a relatively small group of cannabis smokers who have used the drugs for a long time, often daily smoking and where cannabis smoking often have become one of the main activities in their lives often accompanied with a ideological or religious philosophy where the use of cannabis is integrated. They often find it hard to stop using the drug even when they want to. They can suffer from mild *withdrawal* symptoms and *flash-backs*. As THC is stored in the fat body tissues it can take several weeks before the cannabinoids are eliminated. When a longtime regular cannabis smoker stop the drug taking he often suffers from depression
The most well described symptoms after long term cannabis use is the amotivational syndrome - characterized by a lack of interest lowered intellectual capacity, sleepiness and low resistance capability even to everyday problems. It has similarities to the state in which users of benzodiazepines are in in the *withdrawal* period. It has been documented that long term cannabis smokers has about 10 percent lower cerebral blow flow which can be the biological explanations to these phenomena.
The wish for stop smoking cannabis often appears in connection with a change of lifestyle as a new relationship, a pregnancy or new study or job opportunities. In the counseling it is often hard to differ what are drug or drug *withdrawal* effects or what is a depression developed as a reaction to the sorrow to leave a value system or the sorrow accompanied with the awareness.
The best treatment in these cases appears to be counseling and group therapy where it is pointed out the relatively long time that can pass before the THC is eliminated from the body fat tissues and where supporting and conflict-solving are, the main themes. Sometimes it is necessary to treat the depression