

SCRAs are structurally diverse molecules exhibiting full cannabinoid receptor agonism and producing a wide range of organ toxicity. Rx is supportive.

Toxicity

Phytocannabinoids including cannabis / THC are less potent than SCRAs (see separate *Cannabis* guideline)

SCRAs are often incorrectly called “synthetic cannabis”

SCRAs are usually lacquered onto herbal material and smoked. They are also vaped. Seldom taken orally or IV.

The effective dose is difficult to estimate. Potency plus ability to cause organ toxicity varies amongst SCRAs.

Clinical features

Most common clinical features (onset within 1-2 hours):

- Tachycardia, nausea / vomiting, seizures
- altered conscious state (confusion, agitation, sedation)

Wide range of organ toxicity reported:

CVS - ↑/↓HR, ↑/↓BP, ACS, ↑QT, myocardial dysfunction

Neurological - agitation/aggression, seizures, sedation, confusion, headache, mydriasis, hallucinations, SAH, stroke

GI - nausea, vomiting (including hyperemesis)

Renal - AKI (may require dialysis), rhabdomyolysis

Psychiatric - anxiety, psychosis, paranoia

Other - hypokalaemia, acidosis, pulmonary infiltrates

Management

The majority of patients recover fully with simple supportive care and a period of observation in ED

ABC

Secure airway via endotracheal intubation as required

Treat shock initially with IV crystalloid (10-20 mL CSL). Discuss with clinical toxicology if continued ↓BP

Decontamination

Activated charcoal is not indicated in most cases as exposure is via inhalation and there is a risk of ↓GCS

Seizures

Benzodiazepines: Diazepam 5 mg IV every 5 minutes as necessary

Mild Agitation

Benzodiazepines: Diazepam 2.5-5 mg IV q10 minutes or 5-10 mg PO q30 minutes until lightly sedated

More Significant Agitation & Aggression

Droperidol 10 mg IM / 2.5-10 mg IV initially. Continued agitation or delirium may require Rx with droperidol 5 mg increments / titrated doses of diazepam / or GA sedation (seek expert advice)

Other Supportive Care

Look for and treat dehydration. Check renal function. Correct electrolyte abnormalities.

Disposition

- The majority of patients will recover within 6-12 hours after a period of observation / supportive care
- Admit patients requiring airway / inotrope support / ongoing seizures to a critical care setting