



Safety Information 002/21

Cannabis (THC) lollies and risk to children

24 March 2021

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation and Compliance Unit

We recommend you also inform:

- Toxicology Units
- Emergency Departments
- Paediatric Departments
- Paediatric Retrieval Services
- NSW Ambulance
- Drug and Alcohol Directors
- Child and Adolescent Mental Health Services
- Children's Healthcare Network
- Child Protection/Wellbeing Units

Expert Reference Group

Content reviewed by:

- Centre for Alcohol and Other Drugs, NSW Ministry of Health
- Standing Panel on Toxicity Risk, NSW Ministry of Health
- Chief Paediatrician
- Chief Pharmacist
- Chief Addiction Medicine Specialist
- Director Child Wellbeing

Clinical Excellence Commission

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<http://health.nsw.gov.au/sabs>

Intranet Website:
<http://internal.health.nsw.gov.au/quality/sabs>

Review date
December 2021

Background

Commercially branded products containing high doses of tetrahydrocannabinol (THC), the main psychoactive cannabinoid in cannabis, are known to be circulating illicitly in Australia. The packaging of some THC products, often termed 'edibles', is very similar to regular lollies and poses a risk to children, particularly for accidental ingestion. There have been at least two children requiring observation in NSW hospitals, as well as reports of increasing hospitalisations overseas. By way of example, the below images are photographs of actual 'edibles' recently seized by NSW Police (reproduced with permission of NSW Police).



Case diagnosis and management

- A high index of suspicion is essential to diagnose acute THC toxicity in children. Clinicians should consider exposure to THC products in children presenting with sudden onset of lethargy, ataxia or slurred speech. Tachycardia, mydriasis and hypotonia are commonly observed. Severe THC toxicity resulting in respiratory depression, encephalopathy or coma has been reported.
- THC ingestion has a delayed onset of psychoactive effects that ranges from 30 minutes to 3 hours, lasting up to 12 hours. Toxicity in children can be more severe than in adults and can present with nonspecific neurological symptomatology.
- Mainstay of treatment is supportive care. Patients with severe toxicity may require airway management, oxygenation and ventilation.
- Urine drug screen (UDS) is recommended in suspected cases in order to indicate THC exposure. This may prevent unnecessary invasive and costly workups as THC toxicity can mimic postictal state, sepsis and encephalitis.
- Most patients may be discharged from the Emergency Department after complete recovery, however some patients may require hospitalisation or admission to intensive care unit.

Suggested actions required by Local Health Districts/Networks

1. Ensure clinicians consider exposure to THC products in children presenting with sudden onset of lethargy or ataxia. Illegal 'THC lollies' have recently been found in NSW. The high dose of THC as well as their packaging and appeal may increase the risk to children.
2. Consult the NSW Poisons Information Centre (13 11 26) for any exposure with toxicity from commercially branded cannabis 'edibles'/lollies in children 12 years and under. De-identified notifications will be passed to the NSW Ministry of Health or can be made to MOH-PRISE@health.nsw.gov.au, until 31 December 2021 (unless otherwise notified). Please note any descriptions of the product packaging, and ensure that urine is collected and retained.
3. Ensure clinicians consider if a child's access to and/or ingestion of these products indicates neglect or abuse by a parent or carer. If so, apply the Neglect/Supervision or Physical Abuse decision pathway of the online NSW Mandatory Reporter Guide, referring to the definitions for each question, and follow the outcome; or contact the NSW Health Child Wellbeing Unit for further advice on 1300 480 420 (Mon-Fri 8:30am - 4.30pm).