

Why and How

Prescribing Medical Marijuana

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Why?

Patients want it.

They've heard about it.

They've tried it.

They're asking for prescriptions.

Why?

It seems to work.

Empirical Evidence:

1. Experience
2. Observation
3. Common Sense

The Practice of Medicine:

-do no harm, while working with patients to improve their quality of life.

Why?

It's relatively safe

Therapeutic index (TI): ratio of effective dose to toxic dose

-Digoxin, Warfarin, Tylenol: 2:1 to 3:1

-Alcohol, Barbiturates: 5:1

-Cocaine, stimulants: 15:1

-Opioids, Benzodiazepines: 100:1

-Marijuana: 40,000:1

Adjust treatments toward safer alternatives.

How?

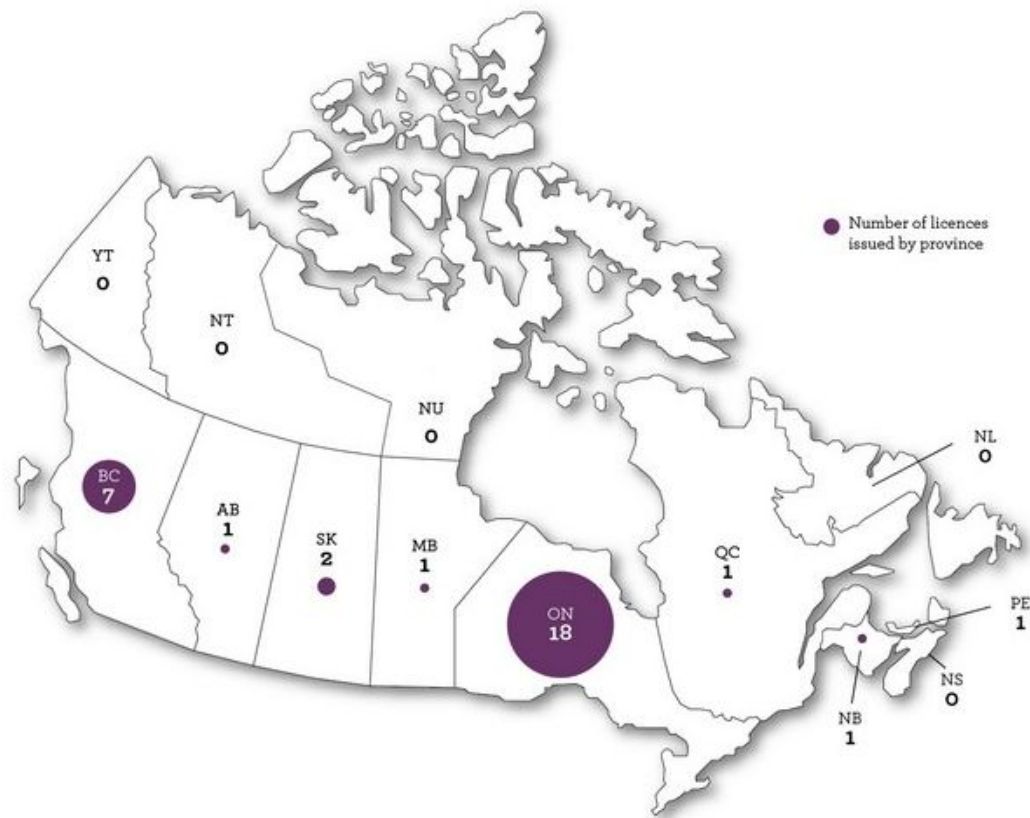
Licensed Growers:

Patient Assessment:

Medical Document:

Authorized Licensed Producers under the *Marihuana for Medical Purposes Regulations*

The map below shows all licenses issued by Health Canada under the *Marihuana for Medical Purposes Regulations* (MMPR). Only producers who are authorized to produce and sell to the public may sell or provide dried marijuana, fresh marijuana or cannabis oil to eligible persons.



Patient Assessment

The first 40 to 50 patients that I prescribed medical marijuana for had either tried it and found that it helped or were already self-medicating on a daily basis. I was simply legitimizing their usage and improving the quality of their supply. I learned from them.

The next step was to start suggesting medical marijuana to patients who had never tried or used marijuana. The vast majority of these marijuana naive patients prefer oils/edibles and don't want any mental fogginess. This is a huge pool of potential patients for safe and effective, high CBD oils/edibles.

1. Anxiety - primary or secondary
2. Chronic pain, inflammatory pain, neuropathic pain, fibromyalgia, migraine
3. Sleep disturbances
4. Neurodegenerative disorders (if the claims of neuroprotection pan out)
5. Reactive depression

Medical Document

(Like a Prescription)(permission)

The document is easy. Keep it simple. There's no need to be overly precise.

Order 1 gm per day for 3-12 months (1 month is just too short) (low risk of **diversion**)
-the amount per day is their order limit, so they don't have to use that much per day and they could end up skipping a month or two, depending on their order and how well it works for them.

You don't have to specify specific strains, but high CBD edible oil is the least likely to cause problems and the most likely to be acceptable and to have some benefit.

For those who will be using smokable medical marijuana, encourage the use of vaporizers to avoid the harmful effects of smoke. Among other advantages, they won't smell of "pot".

Selection and Dosing

You can leave it up to the patient, but most prefer to have guidance from their doctor.

Pick a strain:

- THC strains: only if they need help sleeping, or have a history of success with street marijuana usage.
- CBD strains: for everything else (Can also help with sleep, by reducing anxiety.)
- Mixed strains: may be a better option than the THC strains for relaxation and sleep.

With respect to titration, patients just need a little guidance. They learned how to titrate when they were young and went out drinking for the first time or when they met their first box of chocolates.

-Take a puff; repeat until it feels like it's working; stop and backoff if it feels like it's too much.

Feedback is quick with inhaled medical marijuana. They'll know in a minute or two if they need another puff.

Edible Oils - The Future

1 gm (rolls 2 joints) = equivalent to 8 ml of edible oil (This conversion factor will vary depending on the Licensed Producer.)

But, the key point is that you can't convert directly from dried marijuana to edible oil.

It's confusing for those who like to prescribe dosages in mg. Start low and titrate!

Dosage: (wide range of responses)

Titration of edible oils takes longer than with inhalation -start low (1/4 ml every 12 hours) and slowly titrate up each day until the desired effect.

Effects often last 12 hours - thus dose bid or qam and hs - should be safe to work taking a high CBD oil.

The lowest dose that works saves money and lessens unwanted side effects (drowsiness, brain fog).

Medical Marijuana Simplified

THC

analgesic, anxiolytic, antispasmodic, antiemetic and you get the munchies

-good for relaxing, chilling out and eating. Level of sedation varies.

-studies showing risk of addiction (claimed 9% vs 10% for opioids) and psychosis.

CBD

anti-inflammatory, anxiolytic, anticonvulsant (the famed “Charlotte's Web” strain)

-claimed antipsychotic and (hopefully) neuroprotective.

Indica (more calming) or Sativa (more stimulating) or Hybrids

High THC / Low CBD “Mettrum Red”

High CBD / Low THC “Mettrum Yellow”

half and half THC/CBD “Mettrum Blue”

Flavonoids, Terpenes and Terpenoids (smoothing out the effect)

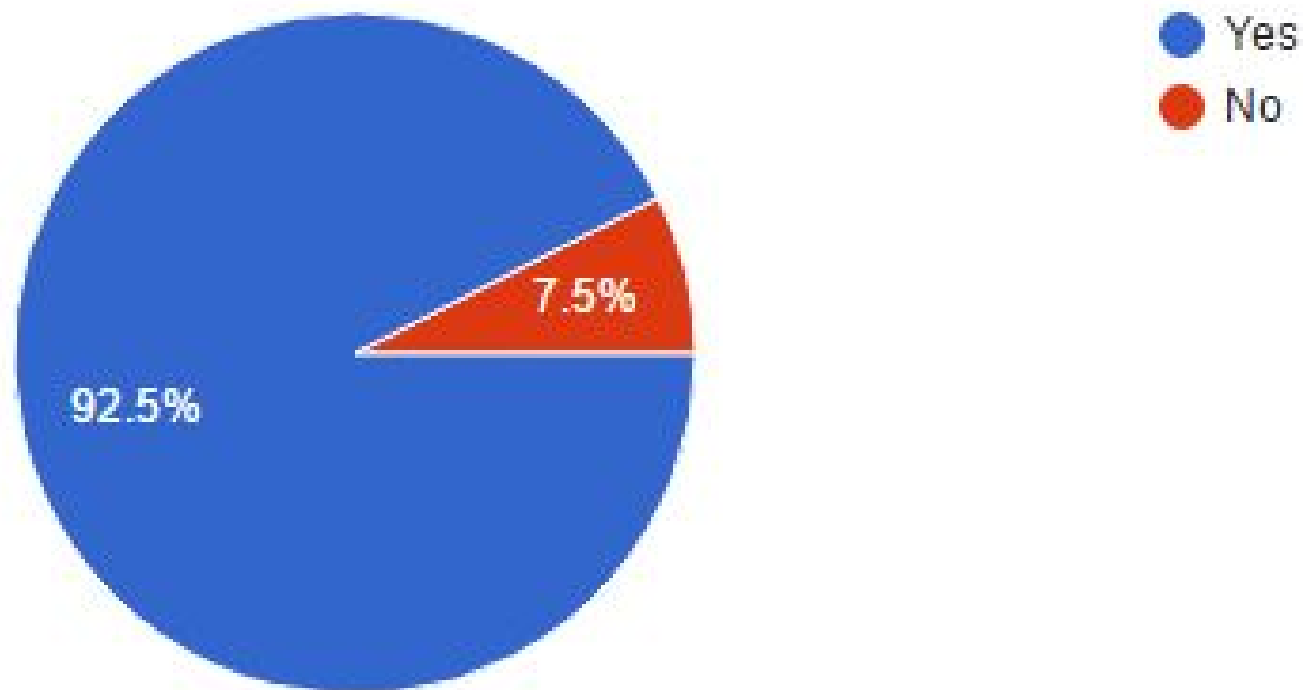
Medical Marijuana Survey

We sent out a friendly, (no wrong answer)/(no penalty), request for feedback and comments.

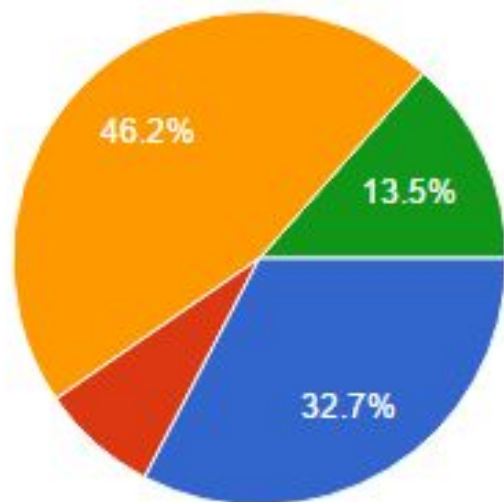
The survey was mostly anonymous.

We sent the survey to 121 patients and received 53 responses, for a response rate of 44%.

Did you try the medical marijuana? (53 responses)

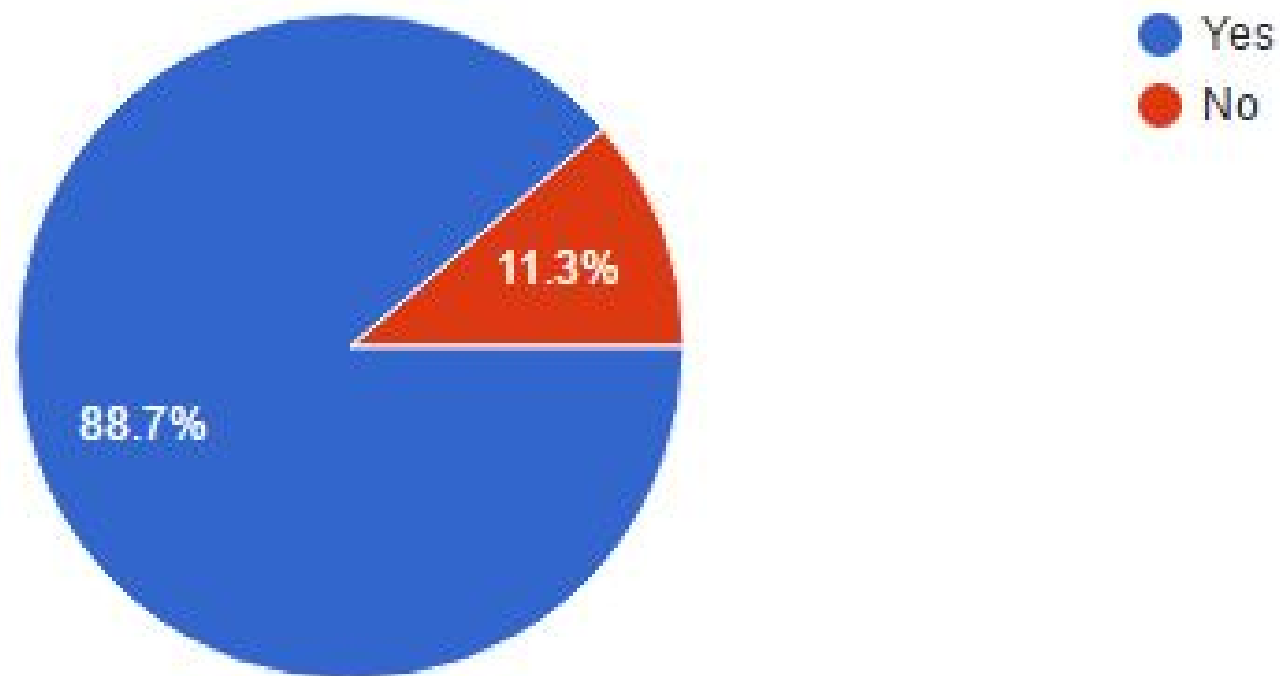


Had you used marijuana prior to starting medical marijuana? (52 responses)

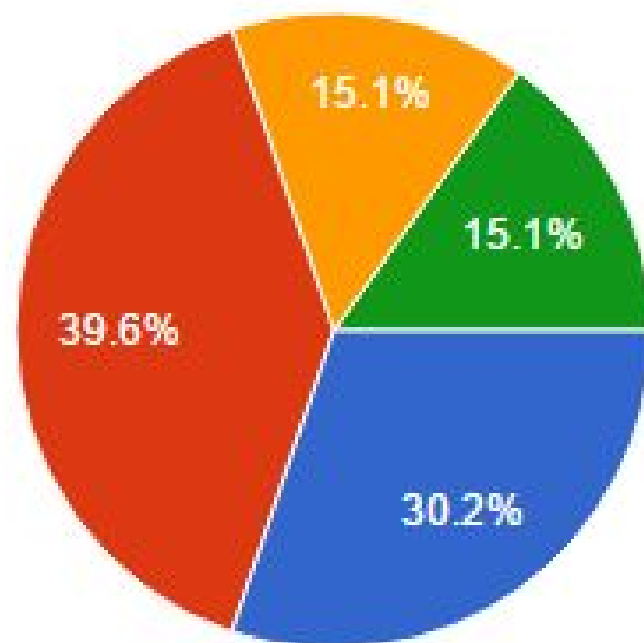


- Yes, but I used it recreationally in the past
- Yes, but I was using it for medical reasons prior to formally initiating medical marijuana for my medical i...
- Yes, I used it BOTH recreationally in the past and recently have been using it for medical reasons prior to...
- No, I had never used marijuana at all in the past

Are you still using the medical marijuana? (53 responses)



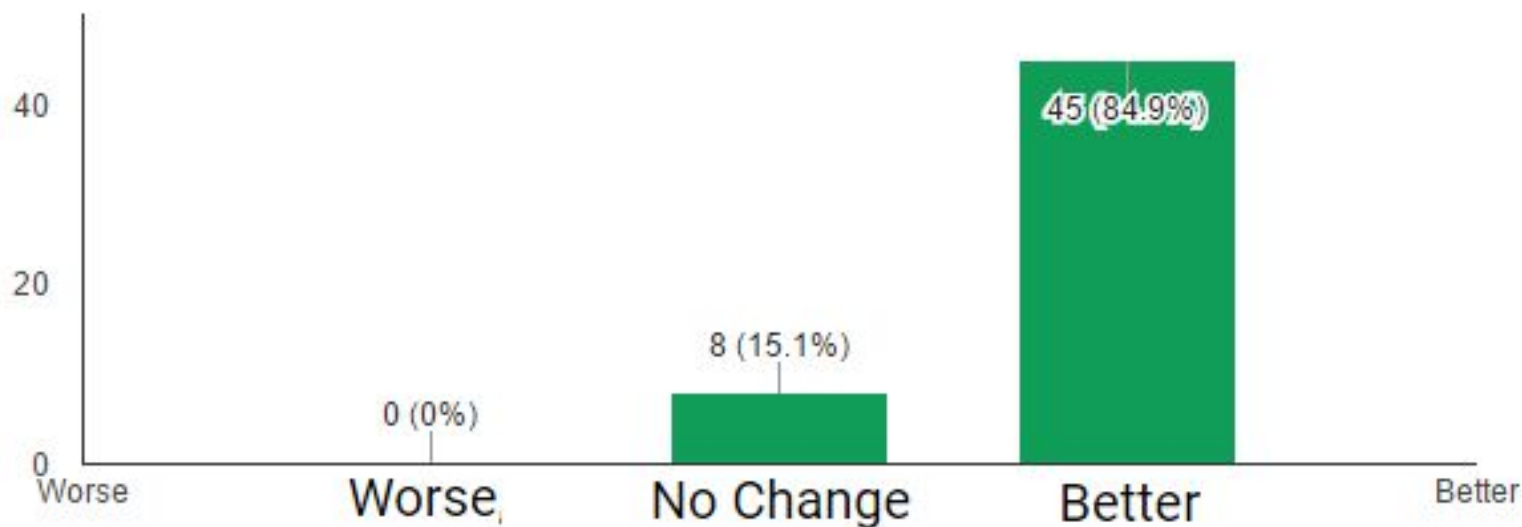
What was your method of use? (53 responses)



- Vaporizer
- Smoking
- Oil
- Edible

How has Marijuana changed your Quality of Life? (1. Worse, 2. No Change, 3. Better)

(53 responses)



Case Study: One

75 year old female severely debilitated with PSP (Progressive Supranuclear Palsy)

-no history of marijuana use

-high CBD edible has helped with muscle contractures

-quality of life improved

Comment: higher CBD content better

Addendum: This lady has since died. Her family is grateful that Medical Marijuana helped improve her quality of life during her last months.

Case Study: Two

64 year old male with chronic insomnia

- history of recreational marijuana usage in past
- helped with sleep
- quality of life improved

Comment: Unfortunately, although he found that the high THC and combo THC/CBD helped, he felt that it had a slight but noticeable effect on his cognitive abilities, so he stopped using it.

- Pt advised to try a high CBD, low THC strain, but unavailable

Case Study: Three

62 year old male with back pain and sciatica

-history of recreational marijuana usage in past

-short term pain relief without the unwanted drowsiness and constipation that he had with opioids or the gastric irritation that he had with NSAIDs. Gabapentin was not effective.

-quality of life improved

Comment: high CBD preferred, but hard to get.

Case Study: Four

38 year old male with chronic back pain and insomnia

-history of recreational and self-medicating marijuana usage

-high CBD strains best for controlling back pain, but made it harder to sleep. THC strains worked for sleep.

-quality of life improved

Comment: high CBD strains hard to get

Case Study: Five

33 year old female with migraines

- history of self-medicating marijuana usage
- high CBD strains best for controlling pain
- quality of life improved

Comment: high CBD strains preferred, but hard to get (would like to try oils)

Medical marijuana was the only thing that worked for another female patient with migraines, but she got rebound headaches in the morning. She hadn't tried a high CBD strain or an oil, which might bridge the gap as the effect of edible oil seems to last 12hrs or more.

Case Study: Six

36 year old female with chronic back pain, menstrual cramps and insomnia

-history of recreational and self-medicating marijuana usage

-a 50:50 blend of CBD and THC or any sativa strains work. Gets a good sleep making it easier to function next day and able to avoid Percocet.

-quality of life improved

Comment: wish it was covered by insurance

Case Study: Seven

55 year old male with chronic pain

-history of recreational and self-medicating marijuana usage

-felt better overall, able to exercise more; more energy, clarity and innovation.

-quality of life improved

Comment: stopped the medical marijuana, saying the grade too strong and unnatural.

Still using home grown and street sources.

Case Study: Eight

32 year old male with fibromyalgia

- history of recreational and self-medicating marijuana usage
- ”a complete life changer” various 50:50 blends
- quality of life improved

Comment: cost too high and not covered

Case Study: Nine

34 year old male with refractory trigeminal neuralgia and TMJ pain

-history of recreational and self-medicating marijuana usage

-unable to tolerate opioids or gabapentin. Unclear which blends most helpful

-quality of life improved

Comment: cost and not covered by insurance

Case Study: Ten

61 year old female fibromyalgia pains

- no history of marijuana usage
- nothing worked until prescribed the high CBD oil
- quality of life improved

Comment: “pain 95% better”, concerned about cost and availability issues

Summary

Why:

1. Patients have tried it and want to get it legally. They prefer to work with their physician.
2. There's growing empirical evidence that it works. Quality of life is better.
3. It's safer than many pharmaceutical alternatives (billions of street test doses).
4. When patients do better, they won't insist on being seen as often.
5. Harm Reduction: barbiturates to benzos (The trend is to adopt safer solutions.)

How:

1. A prescription document gives patients control to self medicate. Work with them and help guide them. Be the leader of the team (you + your patient)
2. Encourage patients to titrate slowly and prescribe high CBD, low THC strains and oils to avoid problems historically linked to THC (addiction and psychosis)

I suggest focussing on prescribing the high CBD edible oils. Insurance coverage is needed.

Challenges

Doctors want more conventional evidence and clear dosage guidelines. Managing patients using medical marijuana is imprecise, dosing is confusing and all of those strains with names like “Purple Haze” will only slow down the acceptance of medical marijuana as a viable treatment option.

Modern medicine has a history of preferring formalized statistical research and can be slow to drop traditional approaches and habits.

Historical Examples:

- in the 1980s, the resistance to recognizing the significance of H. pylori.

- in the 1970s, the reluctance to stop doing radical mastectomies in the face of growing evidence that less invasive alternatives got the same results while maintaining a better quality of life.

- in the 1950s, the slow acceptance of the dangers of smoking tobacco. (Doctors in cigarette ads.)