It’s time to start using the M-word

By Tania Hass

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By Tania Haas

In many ways, Marion Albaum of Toronto, 38, is your typical Canadian mom. She cheers at her son’s minor league hockey games and creates brightly coloured cakes for her daughter’s sleepover parties. Photos of anniversary dinners and birthdays plaster her Facebook page. Not pictured are the nights she spends in hospital with a feeding tube and hovering team of nurses and doctors nearby.

Marion suffers from fibromyalgia and Crohn’s disease. Independently, these two conditions are debilitating. Combined, the pain can be blinding and all encompassing. Marion’s treatment history includes opioids and other prescription drugs. But when her dependence on opioids proved too destructive – she started to shake and sweat if her dose wasn’t constantly increased – her doctor suggested cannabis.

Like the more than 40,000 Canadians who are legally entitled to take cannabis for ailments, and thousands more doing it under the table, Marion swears marijuana is a lifesaver. She says the herb has helped her skirt a major addiction because it’s safer and less toxic than her other pharmaceutical options. She says it makes her a functional parent, wife and friend again. Luckily for Marion, her doctor was open to considering cannabis in the context of an overall treatment strategy. Many clinicians in Canada are not comfortable discussing cannabis with patients, let alone prescribing it.

Health care providers are hesitant to consider medical cannabis for a variety of reasons: conflicting information about cannabinoids in medical literature; irregular concentrations of THC (the psychoactive ingredient) or CBD (the non-psychoactive ingredient) in dosages; taking accountability for prescribing an illicit substance; the potential use of cannabis for recreational purposes; and the harm that smoking cannabis can cause. For these and other reasons, many physicians deny the medical cannabis conversation with their patients. And that’s a disservice to all, says medical cannabis advocates across the country.

“These aren’t hippies getting high. These are desperate people who find life can be livable again thanks to medical cannabis. To ignore the medical properties of the plant is shortsighted,” says Dr. Arnold Shoichet, a general practitioner in Toronto, who has had the opportunity to research medical marijuana, I can’t sleep without it. The biggest thing for me is how easily the docs will prescribe a habit-forming pharmaceutical over medical marijuana,” says Nelson who would still like to try medical cannabis. She is waiting to be assessed by a private clinic.

Recent studies show that physicians have disproportionate concerns about the addictive, psychiatric, respiratory and other health hazards of marijuana compared to what is indicated in the scientific literature. When compared to other drugs or substances like cocaine, heroin, tobacco and alcohol, marijuana ranks low in terms of dependence.

“As a physician who has had the opportunity to research medical marijuana, I have a greater comfort with the products available than an average physician. When I support a patient’s prescription, that includes monitoring for effect and outcomes as well as non-pharmacologic approaches to symptom management,” says Dr. Louis Hugo Francescutti, a practising pain physician at the McGill University Health Centre, researches the safety and effectiveness of medicines derived from cannabis (cannabinoids). He hopes to enhance research and medical education through the non-profit Canadian Consortium for the Investigation of Cannabinoids (CCIC).

“Bottom line, physicians and clinicians need to engage in this process so we can help shape it, so it can be what we want it to be,” says Dr. Ware. “We need to figure out together what is the best way to provide it to suitable patients at a reasonable cost with good quality control and sensible balance between risk and benefit.” He says one way to increase research is to demand support from the newly licenced medical cannabis distributors.

“Together, these new ‘pharmaceutical industry’, so I believe they have an obligation to fund research,” says Dr. Ware. “It may be difficult to see multiple large scale phase 3 clinical trials in the next five to 10 years. But then I don’t think the profession would have any problems getting behind it. Doctors are not very keen to prescribe with a blindfold on.”

Dr. Mark Ware says it’s time to take the blindfold off and quit standing at the sidelines. Dr. Ware, a practising pain physician at the McGill University Health Centre, researches the safety and effectiveness of medicines derived from cannabis (cannabinoids). He hopes to enhance research and medical education through the non-profit Canadian Consortium for the Investigation of Cannabinoids (CCIC).

Under the newest regulations, physicians and nurse practitioners are the gatekeepers to legal cannabis. It is not sitting well with many physicians that they are now effectively prescribing a product for which they have little control – or knowledge to guide them – on the use, concentration, and variety of cannabinoids,” says Dr. Colleen O’Connell, assistant professor at Dalhousie Faculty of Medicine and the research chief at the Stan Cassidy Centre for Rehabilitation in Fredericton, New Brunswick.

That leaves patients like Kristin Nelson of Toronto, 33, unhappy and scared of getting hooked on prescription drugs. She asked her doctor for medical cannabis to help with severe insomnia after her first pregnancy. Her doctor refused and prescribed benzodiazepine instead. Now Kristin can’t sleep without it.

“I think the biggest thing for me is how easily the docs will prescribe a habit-forming pharmaceutical over medical marijuana,” says Nelson who would still like to try medical cannabis. She is waiting to be assessed by a private clinic.

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death,” says Dr. Shoichet. “There’s never been a death attributed to the use of can-
nabis and that can’t be said for any other
drug I’ve prescribed.”

Studies have already shown a reason-
able proof of concept, says Dr. Ware. Can-
nabis helps patients with nausea, spastic-
ity, extreme derangement, and appetite loss to
to name a few. Whether that evidence base is
sufficient for a professional is often a mat-
ter of medical judgment.

Western University’s Dr. Richard
McLachlan, professor of neurology, is cur-
tently investigating the usage of marijuana
among epilepsy patients and recording their observed benefits and any adverse
effects. He turned to research after more of
his patients were asking for him to help
them obtain it legally.

“In the 19th century, cannabis was one of
the few treatments for epilepsy thought
to be effective. There are a number of
studies of animal models of epilepsy done
before 1980, which give support to the possi-
ble use of cannabinoids to control
seizures and some that indicated it might
make seizures worse. There are few studies
after 1980 and none in patients because,
as far as I can tell, authorities made it too
difficult to carry out such research,” says
Dr. McLachlan.

Under Health Canada’s current restric-
tions, there’s a lot of experimentation —
just like with other types of medications.

“Some strains made me paranoid or
didn’t help with the pain,” says Marion.
“Once I tried the right strain with the right
combination of cannabinoids, I buy as
much as I can.”

“I was a bit apprehensive at first,” says
Gloria, 60, of White Rock, B.C.,
who was diagnosed with multiple sclerosis
at 42 years old. She says it helps her with
sleep problems but not the spasticity.
“My doctor was supportive and completed
the referral form I needed,” says Kabele.
“My neurologist was not as supportive.”

A handful of physicians and medical en-
trepreneurs in Canada are hoping hesitant
health care providers, like Gloria’s neu-
rologist, will refer patients to them, rather
than closing the door on cannabis treat-
ment entirely.

Specially clinics like the Cannabinoid
Medical Clinic, which is set to open this
summer in north Toronto. The clinic’s
physicians will see patients on a referral
basis to evaluate them for suitability for
cannabinoid therapy in its various forms.

“We will work closely with the CCIC
to ensure that we are providing proper
screening, proper guidance, and follow up
after one or two weeks, and then again
after three months. The goal is to attain
the desired outcome: increased mobility;
return to work or reduced opioid usage,” says
Dr. Danial Schecter, a Georgian Bay,
Ontario based general practitioner and
co-founder of the clinic.

Dr. Schecter, and others in this burgeon-
ing field, say he is filling a much-needed
void. Until cannabinoid knowledge is in-
tegrated into general medicine, clinicians
can make patient referrals to experts like
him. From a harm-reduction perspective,
it’s the best approach since patients are
using the substance regardless.

He says the clinic’s strategy includes
establishing the standard of care in can-
nabinoid medicine and increasing medical
education.

“We will send letters back to the refer-
ral physician so they will understand who
we choose, which products we recommend
and which side effects to expect,” says Dr.
Schecter. “Hopefully, after they send four
or five patients, they will get more com-
fortable prescribing for pain therapy or
deprescribing care.”

Dr. Schecter would like to see can-
nabinoid integrated in general medicine
just like opioid and cholesterol treatment.
His goal is to help further the notion that
medical cannabis be considered a viable
alternative to established treatments.

Another specialty clinic is the MCRCI,
which has been in practice in British
Columbia since 2010. It’s a private orga-
nization that accepts applications from
patients anywhere in Canada (in person
or via telemedicine) and charges a fee
to cover operating costs. If the patient’s
health needs are in line with medical re-
quirements, the centre helps the patient
obtain the medical cannabis. MCRCI has
plans to open more clinics in Halifax,
Montreal, Calgary and Edmonton in the
coming years.

“Every day, we prescribe
federally approved
pharmaceuticals that
have significant risks,
including death,” says Dr.
Shoichet. “There’s never
been a death attributed
to the use of cannabis and
that can’t be said for any
other drug I’ve prescribed.”

Dr. Shoichet works to foster awareness
for cannabinoid therapy among those pro-
essionals who are more reluctant or less
informed. He does this through MCRCI.
He also founded Practitioners for Medi-
cannabis (PMIC) a network of special-
ists and general practitioners committed
to fostering professional awareness of all
aspects of cannabis in patient care. He
says the first step to more knowledge is re-
pealing prohibition – if only for the sci-
tific and medical communities. When it’s
legal, he says, scientific understanding will
adequately.

Price inflation is another challenge fac-
ing Canadian patients. The cost of grow-
ing cannabis is around one or two dollars
a gram. The current market cost is around
six or 12 dollars a gram — which puts it
out of the budget of many. Under the ini-
tial regulations, patients were allowed to
grow their own plants or have someone
else grow it for them, which was a more
economical option for many. But now only
licensed distributors can grow. Clinicians
say the product is now safer, standardized,
and independently tested in lab for mould,
residue or pesticides. But the price is cer-
tainly a negative factor for many patients.
Marion spends around $70 every three
weeks. It’s not covered by her insurance.

“There are a lot of other out-of-pocket
expenses like my feeding tube supplies. The
cost adds up. It would be nice if it
were covered,” says Marion.

Another inconvenience is access.
When her supply runs out, she can’t just
drive up to the nearest pharmacy. She has
to wait for a licensed distributor to deliver,
which can take days.

What’s needed, says another medical
researcher, is a shift in perspective.

“I’ve seen doctors jokingly refer to it as
reefer madness. The humor disrespects the
serious medicine that it is,” says Balneaves
who is the principal investigator of a can-
nabinoid access regulations study. “We need
humor transfers over to funding bodies.”

Balneaves wants more human-level
studies with the whole plant and better
education for physicians and nurse prac-
titioners.

Marion continues to smoke her medi-
cine but is considering a vaporizer. When
it’s time for a dose, her children know
that she needs privacy. She doesn’t like
promoting the use of it. It is, after all, still
a street drug, and not even endorsed by
Health Canada. An estimated 1.5 million
Canadians have a criminal record for use-
ing, selling or growing marijuana.

“The role of this drug in society, be it
depression, recreational or criminal will
only be determined by allowing unbiased
research to find the answer,” says Dr.
McLachlan.

“Once the door is open,” says Schecter,
who runs a closed doors, Marion inhales.
Her pain subsides, if only for a while. And
in those pain-free moments she can return
to being a normal mom again.

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Cover photo courtesy of CanniMed Ltd.

Photo, CanniMed Ltd.

The trichomes on the surface of medical marijuana are visible when viewed under a
microscope. This is the area of the plant where medically active cannabinoids are
produced.

JUNE 2014 HOSPITAL NEWS