Medical Cannabis: Washington State Perspective
(and practical thoughts)

• Gordon Irving MD
• Attending Swedish Pain Services
• Clinical Associate Professor UW
“The only thing we have to fear is fear itself”

• The nation was in the grip of the Great Depression.

• First inauguration speech of Franklin D. Roosevelt as the 32nd President of the United States Saturday, March 4, 1933.

• 2016: How do we respond to the Great Cannabis Debate?
HISTORY CANNABIS AND PAIN

- Used in ancient civilizations: Egypt, India, China, the Middle East
- First commercial produced for pain and spasms 1850-1940's
- Political reasons, lack of understanding, risk of inducing “homicidal mania” removed from US pharmacopoeia in 1942
- 1970 became a Schedule 1 drug
BENEFITS: POSITIVE RCT'S ON PAIN

- Experimentally induced
- Upper motor neuron syndrome
- Cancer related
- Fibromyalgia
- Rheumatoid arthritis
- Multiple Sclerosis
- Neuropathic pain of HIV, trauma, surgery, CRPS
- Neuropathic pain with hyperalgesia, allodynia
PHARMACOKINETICS

- Vaporized/smoked
  - Rapid onset: seconds to minutes:
  - Max effect: 30 minutes
  - Duration: 2-3 hrs

- Oral administration
  - Onset: 30-120 minutes
  - Duration: 5-8 hrs

- Topical administration
  - Little data available
MEDICAL CANNABIS CONCERNS

• Effective Dose?
  • Multiple different products
  • Multiple different strengths
  • Genetic modifications bringing more varieties to market

• Most not tested in RCT
OILS AND CONCENTRATES

- Cannabis concentrates are any product procured through an extraction process.
- Solvents strip compounds from the cannabis plant,
- Some types of extracts test as high as 80% in THC, while others are rich in non-psychoactive compounds like CBD
  - Hash, Butane Hash Oil (BHO),
  - CO2 Oil using portable vaporizing pens with polyphenol glycol
  - Hemp Oil / CBD Oil: rich in THC or CBD oral or local
  - Tinctures: flavored
MEDICAL CANNABIS CONCERNS

- Effective Dose?
- Home grown
  - Allowed 6, up to 15 plants
  - What strength
  - Risk diversion, underage use
ACUTE SCHIZOPHRENIFORM REACTIONS

- Young adults
- Under stress
- Other vulnerabilities
- Causal relationship not established

Advisory Council on Misuse of Drugs 2008
ADVERSE EFFECTS

- No risk of lethal overdose
- No risk end organ failure
  - No need for lab. monitoring
- THC no increased risk of lung cancer (may have synergistic effects with increase CA if smoking cigarettes)
- Dependence
  - Antisocial personality
  - Conduct disorders
- Withdrawal
  - Mild and short lived
PATIENT GB

• 45 year old female. New to your practice
• Long history of low back pain status fusion L5/S1 2008
• Depression well controlled
• Recently stopped smoking
• Social alcohol
• Oxycontin 20mg bid, oxycodone 5mg q 6hrs
• PMP appropriate
• POC Urine tox screening positive for oxycodone, THC
• States uses THC for sleep and leg pain, intermittently
PATIENT GB: PLAN

• You feel opioids are a reasonable option
• THC for sleep on occasions appears reasonable
• But you need to know if patient is able to control the potential danger of opioids, THC and alcohol especially if driving
• It is now a matter of “trust”
PATIENT GB: PLAN

• Discussion with patient about other potential non opioid forms of treatment.
• Discussion about need to taper opioids as much as possible due to long term effects
• Discussion about concern of danger of driving with the various substances
• Patient signs opioid agreement and opioids are prescribed
• Ask her to refrain from alcohol cigarettes, and THC for at least a week before next appointment, when urine will be collected and sent to the lab.
• Follow up 2 weeks
PATIENT GB: PLAN

- Two week appointment
  - Motivational interviewing to start goal setting
  - Urine sent to lab, ideally LC/MS/MS for quantification
    - Ethanol metabolites: ethyl glucuronide (EtG) and ethyl sulfate (EtS) allow detection of alcohol to 72 hours or longer, depending on the amount of alcohol consumed
    - Cotinine: If positive she is still probably smoking
    - THC: Can be positive for weeks but if truly intermittent after a week levels will be low
PATIENT HR

• 55 year old male, established patient
• Diagnosis relapsing remitting MS, slow deterioration
• Wheelchair/scooter
• Main pain neuropathic bilateral legs
• Tizanidine, duloxetine, baclofen, pregabalin,
• Fentanyl 25 mcg q 72 hrs, oxycodone 5mg prn tid
• Pain control poor
SUGGESTED PATIENT SELECTION

- Has a pain syndrome which MC has been shown to help.
- Is well known to you
- No mental health issues
- No addiction/alcohol issues
- Will follow up
- On opioids, is willing to taper if MC effective
PATIENT HR

• The problems:
  • Discussion
Patient's “Attestation”

- Patient: I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I further attest that I have read chapter 69.51A RCW and understand the legal requirements of being a patient.

- Signed and dated
CHAPTER 69.51A

- Problem 69.51 A. consists of 24 sections
  - 005, 010, 030, 040, 043, 045, 050, 055, 060, 100, 110, 120, 130, 210, 220, 230, 240, 250, 260, 270, 280, 290, 300, 900
- Problem: need a legal degree and a caffeine overdose to follow the verbiage.
PATIENT HR

• The problems:
  • Discussion
  • Legality
WHO CAN AUTHORIZE MC?

- Medical doctors (MDs)
- Advanced registered nurse practitioners (ARNPs)
- Physician assistants (PAs)
- Osteopathic physicians (DOs)
- Osteopathic physician assistants (OAs)
- Naturopathic physicians (NDs)
WHAT DOES THE WA LAW SAY?

• The law establishes immunity against prosecution for practitioners when properly authorizing patients under Washington State law, but not under federal law.
WASHINGTON STATE MEDICAL MARIJUANA AUTHORIZATION FORM

- Cancer, HIV, Epilepsy or other seizure disorder
- Spasticity disorder, Intractable pain
- Post-traumatic stress disorder
- A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures,
- Glaucoma, Crohn's, Multiple sclerosis
- Hepatitis C,
- Chronic renal failure with hemodyalysis
- Traumatic brain injury
PATIENT HR

• The problems:
  • Discussion
  • Legality
  • The mechanism of attestation
SO HOW TO AUTHORIZE

• Printed single-sided on 8.5 x 11 tamper-resistant paper for both pages
  • Every box completed
  • The patient and designated provider (if any) must each have their own form signed
• Authorizations expire after one year for adult patients and six months for patients under the age of 18.
• The authorizing healthcare practitioner may indicate an earlier expiration date.
WHAT TO DO WHEN AUTHORIZING MC

- Complete a physical examination.
- Document the qualifying medical condition on the patient’s record, noting that the patient may benefit from the medical use of cannabis.
- Inform the patient of alternative treatment options for their condition.
- Document alternative measures attempted to treat the medical condition.
- All authorizations must be printed on tamper-resistant paper on the form developed by the DOH.
- Maintain the patient’s health record, including diagnosis, treatment plan, and therapeutic objectives.
PATIENT HR

• The problems:
  • Discussion
  • Legality
  • The mechanism of attestation

• The solutions:
  • Commiserate with the 37% tax they have to pay and put head back in the sand
  • The medical and recreational marijuana shops are now combined
  • Get to know the local Medical Marijuana Licensed shop and medical marijuana consultant
WHAT DOES THE MEDICAL CANNABIS SHOP DO?

• Carry concentrates and infused products identified as medical grade by the DOH
• All employees trained on medical marijuana
• Have at least one medical marijuana consultant who can enter information into the medical marijuana authorization database and issue medical marijuana patient recognition cards with photo.
• Keeps records of qualifying patients and other records as required by the DOH and the Department of Revenue
• Enters information about medical sales into Washington’s traceability system
WHAT IS A MEDICAL MARIJUANA CONSULTANT?

• Passes a 20-hour training program exam
• Including: Washington state laws and rules
• Qualifying conditions and symptoms
• Positive and negative side-effects of cannabis
• Products and routes that may benefit patients
• Safe handling of cannabis products
• Ethics and customer privacy
• Risks and warning signs of overuse, abuse, and addiction
• Completes cardiopulmonary resuscitation (CPR) training
Patient's “Attestation”

An authorization for the medical use of marijuana does not provide protection from arrest unless the patient is entered into the medical marijuana authorization database and holds a recognition card.

- An authorized patient may not:
  - Sell, donate, or otherwise supply the patient’s marijuana to another person.
  - Use or display marijuana in a manner or place that is open to the view of the general public.
  - Grow, possess, or use marijuana on federal property.
PATIENT FOLLOW UP

- Similar to opioids
- 2 weekly initially
- Document changes.
- Have significant other present
- Start to taper opioids if appropriate