Medical marijuana and the methadone prescriber

Meldon Kahan MD
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Presenter Disclosure

Faculty: Dr. Meldon Kahan

Relationship with commercial interest: has been on an advisory board or a speaker for the following companies in the last 24 months:

– Reckitt Benckiser
Commercial Support

Potential for conflict(s) of interest:

Dr. Kahan has received payment from Reckitt Benkiser for speaking.
Mitigation of Bias

- The products made by the companies in Slide 1 are not discussed in this talk.
Objectives

• Review key messages from the College of Family Physicians of Canada Preliminary Guidance Document on Medical Marijuana
• Address misperceptions about medical marijuana and methadone patients
http://www.cfpc.ca/Dried_Cannabis_Prelim_Guidance

Authorizing Dried Cannabis for Chronic Pain or Anxiety

PRELIMINARY GUIDANCE

September 2014
Smoking is a dangerous delivery system

- No other medication uses smoke as a delivery system
- Cannabis combustion produces hundreds of chemicals that are potentially toxic and carcinogenic
- Smoking produces a rapid rise and decline in serum THC levels
  - Even one or two inhalations can cause cognitive impairment
  - This is unacceptable for a long-term medication
Evidence for effectiveness is extremely weak

- Far weaker than other medications
- 5 RCTs on smoked cannabis
- Total subjects = 180
- Duration range 3-15 days
- Smoked cannabis compared to placebo, not to other treatments or to oral cannabis
Marijuana indicated only for neuropathic pain

- Trial subjects had severe neuropathic pain from MS or HIV or other causes
- Marijuana has not been adequately tested for common conditions eg fibromyalgia, back pain, headache
- Even for neuropathic pain, standard analgesics and pharmaceutical cannabinoids should be tried first
Cannabis has substantial evidence of serious harms

- Motor vehicle accidents
- Poor psychosocial performance, especially in youth
- Addiction
- Psychosis
- Reproductive effects
- Lung cancer
- Cardiovascular, respiratory effects
Contraindications/precautions to medical marijuana

- Youth < 25
- Current/past hx psychosis
- Active substance use disorder
- Cardiovascular or respiratory disease
- Mood or anxiety disorder
- Pregnant/breast feeding
Many patients requesting cannabis should not be prescribed it

- For many (most?) medical cannabis users, smoked cannabis not indicated, is contraindicated or precautions apply
  - Most medical cannabis smokers report using it for FM, MSK pain, H/A etc. – NOT for neuropathic pain
  - High prevalence of younger males with concurrent addiction and/or mental illness
Be careful about medical cannabinoid clinics

• Don’t refer to a cannabinoid clinic unless:
  – The clinic doesn’t charge fees
    • CPSO draft policy prohibits charging fees
  – The clinic provides comprehensive assessment and management
  – The clinic has explicit, prudent and evidence-based prescribing policies
Always prescribe pharmaceutical cannabinoids before prescribing dried cannabis

- One trial compared smoked cannabis to dronabinol
  - dronabinol had a longer duration of analgesia
- Oral/buccal cannabinoids are safer, less expensive, and have stronger evidence of benefit
- They are better suited for chronic neuropathic pain than smoked cannabis
Don’t prescribe more than 100-700 mg/day 9% THC

- Evidence suggests this dose will be effective for neuropathic pain
- Doses >9% THC have not been studied
- Cognitive impairment, MVA etc related to cannabis dose and THC concentration

- Maximum script should state:
  - Dried cannabis 700 mg/day, 9% THC maximum, 21 grams x 30 days

www.cfpc.ca/Dried_Cannabis_Prelim_Guidance
Medical marijuana and the methadone patient

Common misperceptions
Does marijuana reduce anxiety/insomnia?

• THC in higher doses is anxiogenic and can cause panic attacks
• Strong association between cannabis use and anxiety (but may not be causal)
• Patients with cannabis use disorder report high levels of anxiety
Cannabis & anxiety (2)

• PTSD sufferers report relief with use of cannabis
• Note: Patients with PTSD report relief with alcohol and opioids too
• A cohort study showed significant benefit of nabilone 4 mg in patients with severe PTSD
  • Cameron 2014
• Nabilone is a far better medication: has fewer cognitive effects and a longer duration of action
Does marijuana reduce problematic use of other drugs?

• Marijuana may reduce opioid analgesic dose in older patients with severe biomedical pain conditions

• But most medical marijuana users are younger, male, with common pain conditions eg FM, back pain etc

• Observational studies: Strong association between medical marijuana use and problematic use of other drugs

• Marijuana + alcohol = greater cognitive impairment
Marijuana and other drugs (2)

• Patients who report using medical marijuana, versus patients with similar pain conditions:
  – Are more likely to use opioids problematically
  – Are more likely to use cocaine
  – Have worse psychosocial function

• This suggests medical marijuana does not reduce opioid/cocaine misuse
What about patients who report benefit from marijuana?

- All drugs of abuse temporarily relieve anxiety, pain
  - Alcohol, opioids, cocaine, benzodiazepines
- How well is the patient functioning?
  - An effective analgesic/analgesic improves patients’ psychosocial functioning
- How does the patient function immediately after smoking?
  - Intoxication vs pain relief
  - Analgesia improves immediate function, intoxication reduces it
Patients who report benefit (2)

• No-one mentions the thousands of people who have suffered serious harms from marijuana use
  – 18 yo man smoked marijuana daily and heavily for 3 years, for anxiety
  – Developed ongoing paranoid delusions
  – At age 28, remains suspicious, living at home, not working
Benefit (3)

– 50 year old man, smokes marijuana continuously for back pain; hasn’t worked in years, completely dysfunctional

– Young man on suboxone whose brother died in an MVA at age 18 – was drinking and smoking marijuana – brother’s death destroyed his family
Harm reduction: Legal marijuana is not contaminated...

- But it is more potent than street marijuana (12% THC in street marijuana; 12-30% legal marijuana)
- Since acute and chronic harms of cannabis related to THC dose, legal marijuana is more dangerous than street marijuana!
Harm reduction: Medical marijuana will stop the illicit drug trade

• Evidence from US: patients with prescribed medical marijuana are a major source of street marijuana
  – Similar to prescription opioids

• Illicit drug trade will continue to exist as long as illicit marijuana is cheaper than legal marijuana
Harm reduction: Medical marijuana will keep people out of jail

- Advise patients that the best way to keep out of jail is to stop using street drugs of any kind
- Offer help for cannabis use disorder and other non-opioid addictions
- Not ethical to prescribe a potentially harmful medication with no medical indication
Marijuana is harmless vs opioids and cocaine

- Medical marijuana doesn’t stop people from using opioids or cocaine
- While most people smoke marijuana occasionally without harm, some people are grievously harmed by it (same as alcohol)
- The public perception of harmlessness contributes to its widespread use in Canada
- Addiction doctors have a public health responsibility to counter this perception
We need more research...

• This does not justify prescribing in the face of extremely weak and limited evidence of effectiveness, and substantial and robust evidence of harm
• First principle of Medicine: First Do No Harm
• It is unlikely that dried cannabis will ever be rigorously studied:
  – Dried cannabis contains many compounds
  – Smoking is a dangerous and unreliable delivery system
Cannabis use disorder

• Approx 9% of regular cannabis users have one or more clinical features suggestive of cannabis use disorder

• Our patients are more at risk for CUD than the general population
Rule out cannabis use disorder in patients requesting cannabis

• Signs of possible cannabis use disorder:
  – Current/past history of substance use
  – Concurrent anxiety, depression
  – Spends large amounts of time using cannabis
  – Poor social, work, or school function
  – Insists that ‘nothing else works’ for pain
  – Gets angry if physician reluctant to prescribe
  – No clear medical indication
Management

- Provide advice on tapering cannabis
- Taper opioids and benzodiazepines
  - Avoid dangerous drug interactions
- Consider use of nabilone for withdrawal
- Counsel: Patients with CUD will likely experience improved pain, mood and function with abstinence
- Refer to formal addiction treatment