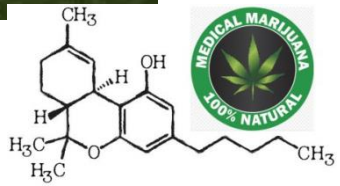
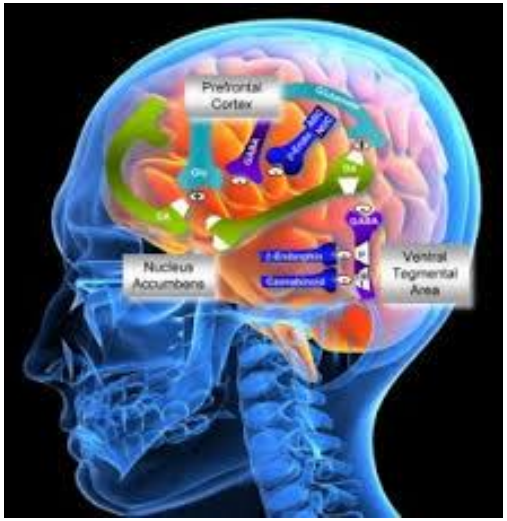
Medicinal Cannabis

The importance of healthy scepticism

ME….

ACRE
Australian Centre for Cannabinoid Clinical and Research Excellence






Hollywood

A potted history…

- 3000BCE- Indica in India
- 1500BCE- in Ancient Western writing
- 1800 CE- introduced into the West
- 1850 CE- US Pharmacopoeia (til 1937)
- Mid twentieth century- criminalised

- Early twenty first century- movement for social acceptance via medicalisation

What we take for granted when we prescribe….

1. We know what we are prescribing
   - Same every time
   - The dose is reliable
   - The kinetic and dynamics are examined
2. Its one thing that works
   - (expect for special foods)
3. The risks and benefits are spelled out
4. There is evidence of effectiveness

PHARMAC
TE PĀTAKA WHAIORANGA

VS

New Zealand Health Survey 2012/13: characteristics of medicinal cannabis users

Megan J Pledger, Greg Martin, Jacqueline Cumming

ABSTRACT

AIM: To explore the characteristics of medicinal and non-medicinal cannabis users, and the conditions that were treated with cannabis.

METHODS: The data comes from the New Zealand Health Survey 2012/2013, which sampled 13,009 people, aged 15+ years, living in private or non-private dwellings in New Zealand. Participants self-reported cannabis use and were put into groups: 1) non-users; 2) ex-users; 3) last year users—non-medicinal; 4) last-year users—medicinal. Prevalence was reported for the major demographic subgroups; sex, age and ethnicity. Regression models were then used to find associations between demographic characteristics and cannabis use for groups 3 and 4.

RESULTS/CONCLUSIONS: About five percent (4.6%, 95% CI 4.1–5.1) of those aged 15+ report using cannabis medicinally. This use was associated with being male, younger, less well-educated and relatively poor. While Māori have the highest prevalence of medicinal use, European NZ/Others make up 67.9% (95% CI 62.7–72.6) of medicinal users. Reported medicinal use was associated with reported conditions that were typically hard to manage: pain, anxiety/nerves and depression. Medicinal users were more likely to report chronic pain and pain interfering, moderately or more, with housework and other work.

It is currently illegal to cultivate, possess, supply and use cannabis through the Misuse of Drugs Act 1975.[1] However, the Minister of Health is able to approve the medical use of the cannabis plant, although in practice, the decision has been delegated to the Associate Health Minister Hon Peter Dunne.[2] In 2015, the first application was approved for the use of cannabis oil for a case of "status epilepticus".[2] In the context of this application, Hon Peter Dunne said that this should not be seen as a "significant change in policy".[2]

In 2010, consent was given for use of the cannabis medicine, Sativex, in New Zealand.[3] This medicine is an extract of the cannabis plant and is a standardised product with known levels of psychoactive content—unlike illicit cannabis, which can vary greatly in potency.[4] Sativex is available on application to the Ministry of Health by the patient, the patient's GP and specialist.[4] Sativex is not fully funded by PHARMAC,

applications to prescribe Sativex had been approved in New Zealand.[5] In the same month, a patient who had recurring seizures that her specialist said could lead to coma and death had the medicine fully funded.[6]

As cannabis use is illegal, it is difficult to get information about who is using cannabis medicinally and for what reasons. In 2003, the Green Party of New Zealand randomly surveyed general practitioners and selected hospital specialists about their views on medicinal cannabis.[7] The results showed that 20% of these doctors knew they had patients who were using cannabis medicinally. They also showed that 32% of doctors would consider prescribing medicinal cannabis products if they were legally allowed and 10% of doctors had patients they felt could benefit from cannabis.

In 2006, the Green Party of New Zealand introduced the Misuse of Drugs (Medicinal Cannabis) Amendment Bill, but it was

RESULTS/CONCLUSIONS: About five percent (4.6%, 95% CI 4.1–5.1) of those aged 15+ report using cannabis medicinally. This use was associated with being male, younger, less well-educated and relatively poor. While Māori have the highest prevalence of medicinal use, European NZ/Others make up 67.9% (95% CI 62.7–72.6) of medicinal users. Reported medicinal use was associated with reported conditions that were typically hard to manage: pain, anxiety/nerves and depression. Medicinal users were more likely to report chronic pain and pain interfering, moderately or more, with housework and other work.

New Zealand Health Survey 2012/13: characteristics of medicinal cannabis users

Megan J Pledger, Greg Martin, Jacqueline Cumming

ABSTRACT

AIM: To explore the characteristics of medicinal and non-medicinal cannabis users, and the conditions that were treated with cannabis.

METHODS: The data comes from the New Zealand Health Survey 2012/2013, which sampled 13,009 people, aged 15+ years, living in private or non-private dwellings in New Zealand. Participants self-reported cannabis use and were put into groups: 1) non-users; 2) ex-users; 3) last year users—non-medicinal; 4) last-year users—medicinal. Prevalence was reported for the major demographic subgroups; sex, age and ethnicity. Regression models were then used to find associations between demographic characteristics and cannabis use for groups 3 and 4.

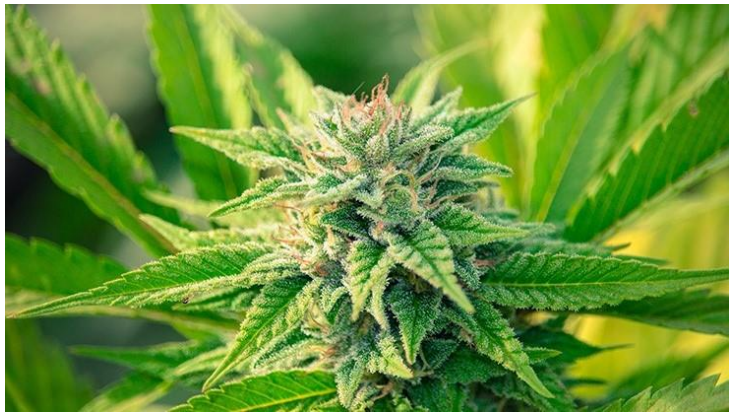
RESULTS/CONCLUSIONS: About five percent (4.6%, 95% CI 4.1–5.1) of those aged 15+ report using cannabis medicinally. This use was associated with being male, younger, less well-educated and relatively poor. While Māori have the highest prevalence of medicinal use, European NZ/Others make up 67.9% (95% CI 62.7–72.6) of medicinal users. Reported medicinal use was associated with reported conditions that were typically hard to manage: pain, anxiety/nerves and depression. Medicinal users were more likely to report chronic pain and pain interfering, moderately or more, with housework and other work.

It is currently illegal to cultivate, possess, supply and use cannabis through the Misuse of Drugs Act 1975.[1] However, the Minister of Health is able to approve the medical use of the cannabis plant, although in practice, the decision has been delegated to the Associate Health Minister Hon Peter Dunne.[2] In 2015, the first application was approved for the use of cannabis oil for a case of "status epilepticus".[2] In the context of this application, Hon Peter Dunne said that this should not be seen as a "significant change in policy".[2]

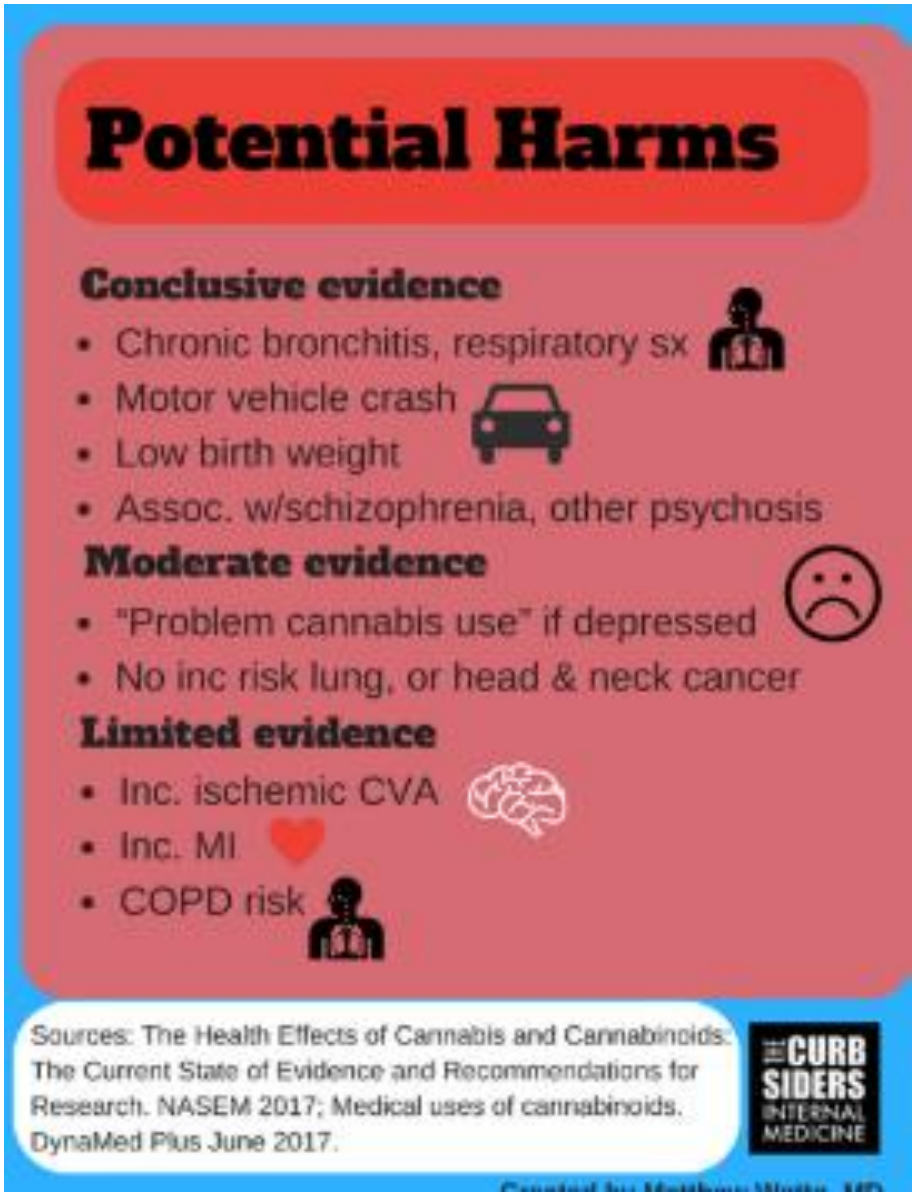
In 2010, consent was given for use of the cannabis medicine, Sativex, in New Zealand.[3] This medicine is an extract of the cannabis plant and is a standardised product with known levels of psychoactive content—unlike illicit cannabis, which can vary greatly in potency.[4] Sativex is available on application to the Ministry of Health by the patient, the patient's GP and specialist.[4] Sativex is not fully funded by PHARMAC, applications to prescribe Sativex had been approved in New Zealand.[5] In the same month, a patient who had recurring seizures that her specialist said could lead to coma and death had the medicine fully funded.[6]

As cannabis use is illegal, it is difficult to get information about who is using cannabis medicinally and for what reasons. In 2003, the Green Party of New Zealand randomly surveyed general practitioners and selected hospital specialists about their views on medicinal cannabis.[7] The results showed that 20% of these doctors knew they had patients who were using cannabis medicinally. They also showed that 32% of doctors would consider prescribing medicinal cannabis products if they were legally allowed and 10% of doctors had patients they felt could benefit from cannabis.

In 2006, the Green Party of New Zealand introduced the Misuse of Drugs (Medicinal Cannabis) Amendment Bill, but it was



RESULTS/CONCLUSIONS: About five percent (4.6%, 95% CI 4.1–5.1) of those aged 15+ report using cannabis medicinally. This use was associated with being male, younger, less well-educated and relatively poor. While Māori have the highest prevalence of medicinal use, European NZ/Others make up 67.9% (95% CI 62.7–72.6) of medicinal users. Reported medicinal use was associated with reported conditions that were typically hard to manage: pain, anxiety/nerves and depression. Medicinal users were more likely to report chronic pain and pain interfering, moderately or more, with housework and other work.


Potential Harms
Conclusive evidence
Chronic bronchitis, respiratory sx
Motor vehicle crash
Low birth weight
Assoc. w/schizophrenia, other psychosis
Moderate evidence
"Problem cannabis use" if depressed
No inc risk lung, or head & neck cancer
Limited evidence
Inc. ischemic CVA
Inc. MI
COPD risk
Sources: The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. NASEM 2017; Medical uses of cannabinoids. DynaMed Plus June 2017.
THE CURB SIDERS INTERNAL MEDICINE

Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study

Gabrielle Campbell, Wayne D Hall, Amy Peacock, Nicholas Lintzeris, Raimondo Bruno, Briony Larance, Suzanne Nielsen, Milton Cohen, Gary Chan, Richard P Mattick, Fiona Blyth, Marian Shanahan, Timothy Dobbins, Michael Farrell, Louisa Degenhardt

Summary

Background Interest in the use of cannabis and cannabinoids to treat chronic non-cancer pain is increasing, because of their potential to reduce opioid dose requirements. We aimed to investigate cannabis use in people living with chronic non-cancer pain who had been prescribed opioids, including their reasons for use and perceived effectiveness of cannabis; associations between amount of cannabis use and pain, mental health, and opioid use; the effect of cannabis use on pain severity and interference over time; and potential opioid-sparing effects of cannabis.

Lancet Public Health 2018; 3: e341–50

See Comment page e309

National Drug and Alcohol Research Centre, University of New South Wales Sydney, Sydney, NSW, Australia

Interpretation Cannabis use was common in people with chronic non-cancer pain who had been prescribed opioids, but we found no evidence that cannabis use improved patient outcomes. People who used cannabis had greater pain and lower self-efficacy in managing pain, and there was no evidence that cannabis use reduced pain severity or interference or exerted an opioid-sparing effect. As cannabis use for medicinal purposes increases globally, it is important that large well designed clinical trials, which include people with complex comorbidities, are conducted to determine the efficacy of cannabis for chronic non-cancer pain.

Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study

Gabrielle Campbell, Wayne D Hall, Amy Peacock, Nicholas Lintzeris, Raimondo Bruno, Briony Larance, Suzanne Nielsen, Milton Cohen, Gary Chan, Richard P Mattick, Fiona Blyth, Marian Shanahan, Timothy Dobbins, Michael Farrell, Louisa Degenhardt

Summary

Background Interest in the use of cannabis and cannabinoids to treat chronic non-cancer pain is increasing, because of their potential to reduce opioid dose requirements. We aimed to investigate cannabis use in people living with chronic non-cancer pain who had been prescribed opioids, including their reasons for use and perceived effectiveness of cannabis; associations between amount of cannabis use and pain, mental health, and opioid use; the effect of cannabis use on pain severity and interference over time; and potential opioid-sparing effects of cannabis.

Lancet Public Health 2018; 3: e341–50

See Comment page e309

National Drug and Alcohol Research Centre, University of New South Wales Sydney, Sydney, NSW, Australia

Interpretation Cannabis use was common in people with chronic non-cancer pain who had been prescribed opioids, but we found no evidence that cannabis use improved patient outcomes. People who used cannabis had greater pain and lower self-efficacy in managing pain, and there was no evidence that cannabis use reduced pain severity or interference or exerted an opioid-sparing effect. As cannabis use for medicinal purposes increases globally, it is important that large well designed clinical trials, which include people with complex comorbidities, are conducted to determine the efficacy of cannabis for chronic non-cancer pain.

Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study

Gabrielle Campbell, Wayne D Hall, Amy Peacock, Nicholas Lintzeris, Raimondo Bruno, Briony Larance, Suzanne Nielsen, Milton Cohen, Gary Chan, Richard P Mattick, Fiona Blyth, Marian Shanahan, Timothy Dobbins, Michael Farrell, Louisa Degenhardt

Summary

Background Interest in the use of cannabis and cannabinoids to treat chronic non-cancer pain is increasing, because of their potential to reduce opioid dose requirements. We aimed to investigate cannabis use in people living with chronic non-cancer pain who had been prescribed opioids, including their reasons for use and perceived effectiveness of cannabis; associations between amount of cannabis use and pain, mental health, and opioid use; the effect of cannabis use on pain severity and interference over time; and potential opioid-sparing effects of cannabis.

Lancet Public Health 2018; 3: e341–50

See Comment page e309

National Drug and Alcohol Research Centre, University of New South Wales Sydney, Sydney, NSW, Australia

Interpretation Cannabis use was common in people with chronic non-cancer pain who had been prescribed opioids, but we found no evidence that cannabis use improved patient outcomes. People who used cannabis had greater pain and lower self-efficacy in managing pain and there was no evidence that cannabis use reduced pain severity or interference or exerted an opioid-sparing effect. As cannabis use for medicinal purposes increases globally, it is important that large well designed clinical trials, which include people with complex comorbidities, are conducted to determine the efficacy of cannabis for chronic non-cancer pain.

Fee for service doctors dispense more antibiotics in Canada

Greg Basky, *Saskatoon, Canada*

Doctors paid on a fee for service basis write more prescriptions for antibiotics than their salaried counterparts, according to recently published Canadian research.

Researchers found New- clearly that there are other forces, beyond medical indications, that influence antibiotic prescribing," says Dr Jim Hutchinson, lead researcher on the project and assistant professor of medicine (medical microbiology) at

of pneum
streptoco
tis media
per 1000

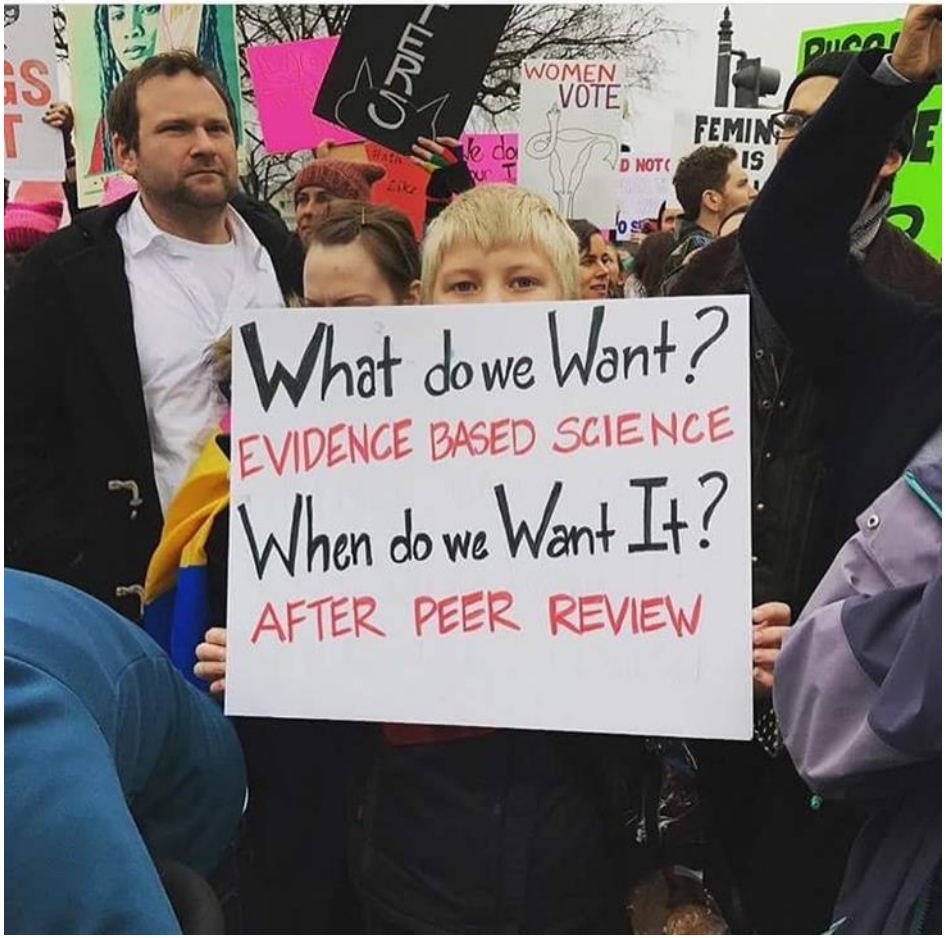
Widel
incidence
far lower
communi
nia, for
run at
1000 pati
just 10-2
throats h
coccal inf

So what to tell your patients…..

"It's just a simple Rorschach ink-blot test, Mr. Bromwell, so just calm down and tell me what each one suggests to you."

Evidence based use of a cannabinoid does not equal socially condoning the cannabis recreationally

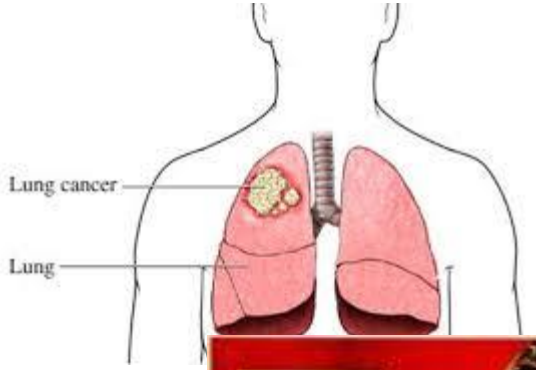
Cannabis has some evidence in very few conditions, benefits and harms need to be balanced



Not prescribing is not the same as doing nothing


ΙΠΠΟΚΡΑΤΟΥΣ
ΟΡΚΟΣ
HIPPOCRATIS
IVSIVRANDVM

Smoking cannabis is not cool



Taking cannabis when your young is not cool

- So get engaged

D-day 4th December 2019