Cannabinoids and chronic pain

Mark Ware
McGill University



Disclosures

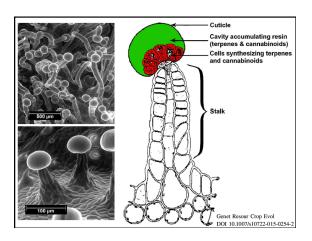
- Executive Director of Canadian Consortium for the Investigation of Cannabinoids (CCIC)
- Grant from CanniMed for RCT of vapourised cannabis for OA of the knee

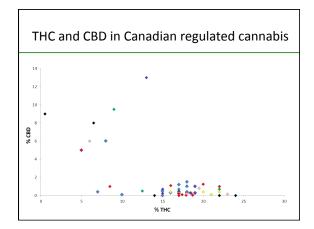
Objectives

- Communicate in a patient centred way with patients requesting a prescription for medical cannabis
- Recognise cannabis use disorder and when medical cannabis might be a reasonable option fo patients
- Use existing tools that assist with medical cannabis decision making

Ralph

- Is he a candidate for medical cannabis?
 - Insomnia
 - Anxiety
 - Pain
 - Refractory
- Two scenarios:
 - He tried it and 'it helped'
 - He is curious having heard about it in the media and friends say he should try it





Other cannabis constituents

- Myrcene
 - Analgesic effect
 - Blocked by naloxone or yohimbine
 - Anti-inflammatory effect
 - Through PGE2 inhibition
- - Possible reduction of stress
- Limonene
 - Adenosine agonist
- Caryophyllene
 - CB2 agonist
 - Anti-inflammatory
 - Beta-caryophyllene is an FDA approved dietary supplement
- Humulene
 - Anti-inflammatory Effects similar to dexamethasone
 - Inhibits TNFα and IL1B

Cannabis 'oils'

The maximum concentration of THC in the cannabis oil cannot exceed 30 mg/ml (taking into account the potential for THCA to convert into THC upon heating for example. If cannabis oil is provided or sold in a capsule or a similar dosage form, the maximum amount of THC cannot exceed 10 mg of THC (taking into account the potential for THCA to convert into THC upon heating etc.).

Restrictions on vehicle

Nestrictions on venice:

The definition of 'foil' is "an oil, in liquid form, that contains cannabis or dried marihuana".

"Cannabis oil" is considered a finished product resulting from a process such as dilution of a cannabis extract/Concentrate (e.g. cannabis restract/Concentrate (e.g. cannabis restract/Concentrate (e.g. cannabis restract/Concentrate (e.g. cannabis restract/Concentrate (e.g. cannabis restract) into an oil that is liquid, non-polar, hydrophobic, lipophilic, and viscous at room temperatures.

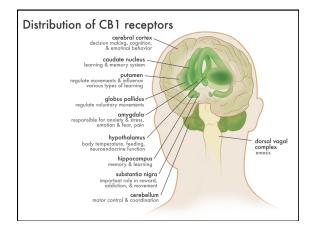
Cannabis oil can only be produced using marijuana plants or dried marijuana, meaning no synthetic preparations are allowed. Tinctures are outside the scope of the Section 56 class exemptions for licensed producers.

Health Canada does not have a recommended carrier agent or vehicle. However the finished product must be an oil and must meet the most recent version of the ICH Q3C guidelines for Class 3 residual solvents and any other applicable Canadian guidelines that ensure the finished product is appropriate for the intended route of administration and is suited for human use.

Vapourization 101



Solvents Naphtha Butane Ethanol CO₂ Device constituents Heat source Thermoplastics Screens Temperature Dose



Prescription cannabinoids

Dronabinol (Δ -9 tetrahydrocannabinol – THC) (2.5 - 10mg)

- Oral capsule
- Approved for chemotherapy-induced nausea and vomiting and anorexia associated with HIV/AIDS

Nabilone (0.25 - 1.0mg)

- Oral capsule
- Approved for chemotherapy-induced nausea and vomiting

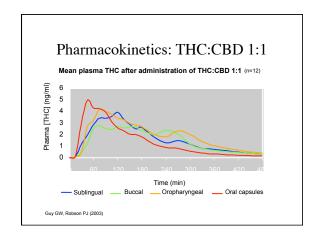
- Nabiximols (2.7mg THC + 2.5mg CBD)

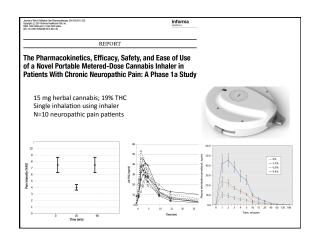
 Oromucosal spray
 Approved in Canada for multiple sclerosis-associated neuropathic pain, spasticity and advanced cancer pain

- Herbal cannabis (varying THC levels)

 State programs (USA)

 Federal programs (Canada, Holland, Israel)
 - No formal 'approval'





Cannabinoids for Medical Use A Systematic Review and Meta-analysis

Penny F. Whiting, PhD; Robert F. Wolff, MD; Sohan Deshpande, MSc; Marcello Di Nisio, PhD; Steven Duffy, PgD; Adrian V. Hernandez, MD, PhD; J. Christiaan Keurentjes, MD, PhD; Shona Lang, PhD; Kate Misso, MSc; Steve Ryder, MSc; Simone Schmidlkofer, MSc; Marie Westwood, PhD; Jos Kleijnen, MD, PhD

There was moderate-quality evidence to support the use of cannabinoids for the treatment of chronic pain and spasticity. There was low-quality evidence suggesting that cannabinoids were associated with improvements in nausea and vomiting due to chemotherapy, weight gain in HIV, sleep disorders, and Tourette syndrome. Cannabinoids were associated with an increased risk of short-term AEs.

JAMA. 2015;313(24):2456-2473. doi:10.1001/jama.2015.6358

CONSENSUS STATEMENT Pharmacological management of chronic neuropathic pain: Revised consensus statement from the Canadian Pain Society DE Modified MD, A Roulanger MD, A Clark MD, H Clarke MD PRD, T Dao DMD PRO, CA Finley MD, A Fadian MD PRO, I Clarke MD, BY Control MD, State MD, BY State MD, BY State MD, BY State MD, D Stimon RN PRO, P Tentzer PRD, A Velly DDS PRO, MA Ware MD, EL Weinberg MD, OD Williamoon MBBS Gabapentinoids TCA SNRI Tramadol Opioid Analgesics Consider adding additional agents sequentially if partial but inadequate pain relief* Moulin DE et al PR&M 2014

Table 1. Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana.

Effects of short-term use
Impaired short-term memory, making it difficult to learn and to retain information
Impaired motor coordination, interfering with driving skills and increasing the risk of Injuries
Altered judgment, increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases
In high doses, paranoia and psychosis
Effects of long-term or heavy use
Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)*
Altered brain development*
Poor educational outcome, with increased likelihood of dropping out of school*
Cognitive impairment, with lower IQ among those who were frequent users during adolescence*
Diminished lift satisfaction and achievement (determined on the basis of subjective and objective measures as compared with such ratings in the general population)*
Symptoms of chronic bronchitis
Increased risk of chronic psychosis disorders (including schizophrenia) in persons with a predisposition to such disorders

*The effect is strongly associated with initial marijuana use early in adolescence.

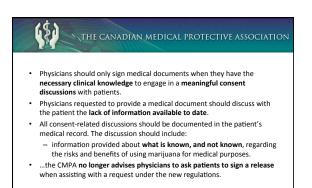
Cannabis use disorder (DSM-V) Table 3. Clinical features of cannabis use disorder in patients with chronic pain Insists on a medical document for dried cannabis rather than trying other treatments known to be effective for his or her condition Uses cannabis daily or almost daily, spending considerable non-productive time on this activity Has poor school, work, and social functioning Is currently addicted to or misusing other substances (other than tobacco) Has risk factors for crannabis use disorder: is young, has current mood or anxiety disorder or a history of addiction or misuse Reports having difficulty stopping or reducing use Reports cannabis withdrawal symptoms after a day or more of abstinence: intense anxiety, fatigue Has friends or family members concerned about his or her cannabis use

	Sample Medical Document for the Marihuana for Medical Purposes Regulations
	This document may be completed by the applicant's authorised health care practitioner as defined in the Marchinary for Medical Purposes Regulations. An authorised health are practitioner includes physicians in call provious and trimings, and many practitions in provious and furnitions where practicing deal environal per medical purposes is permitted under their suppret practice. If mostler document is used, it must contain of of the information below.
	Patient's Given Name and Surname
, .	ntity of dried marihuana to be used by the patient:g/day d of use isday(s)week(s)month(s).
	Full business address of the location at which the patient consolited the health care practitioner (if different than above):
	Phone Number: Fan Number (Spiglode): Fan Andrew (Spiglode): Francisco (Andrew (Spiglode)): Francisco (Spiglode): Francisco (Spiglod
	Health care Prictificoner's License number: By signing this document, the health care practitioner is attesting that the information contained in this document is correct and complete.
	Health Care Practitioner's Signature: Date Signed (DD/MM/YYYY):



- "Physicians must be familiar with the existing program for patients currently accessing medical marijuana and must also familiarize themselves with the new regulations.
- Physicians are expected to know and comply with the regulations and policies of their College."

http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/web_sheets/2013/com_w13_005-e.cfm



http://www.cmpa-acpm.ca/cmpapd04/docs/resource files/web sheets/2013/com w13 005-e.cfm

| Table 1. Provinces
| Registrations Applies
| Control or information
| Maint rate upply in bits
| Mai

Precautions and contraindications

- Contraindications:
 - psychosis
 - unstable heart disease
 - pregnancy
- Precautions
 - Age <25y
 - History of legal issues/criminal charges
 - Screen for cannabis use disorder
 - Validate that desire for cannabis is 'medical'

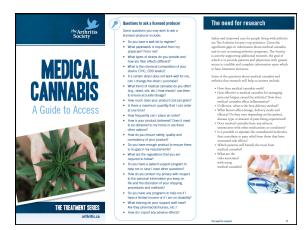
Ralph...

- Central sensitization? Muscle spasm? Insomnia? Anxiety?
- · Treatment agreement
- Treatment plan
 Reduce other meds
 Functional goals

 - Validate with family
- Counseling
 Use low dose, low THC
 - Non-smoked delivery
 - Caution with driving while titrating and after exposure
- Document and follow up

Resources

- Cannabis: the use of medical marijuana and cannabinoids
 - Foundation for medical practice evaluation
 - www.fmpe.org
- Health Canada monograph
 - www.hc-sc.gc.ca/dhp-mps/marihuana/med/infoprof-
- CCIC Cannabinoid checklist
 - https://surveys.mcgill.ca/limesurvey/index.php?sid=53929





Canadian Consortium for the Investigation of Cannabinoids www.ccic.net

Promoting education and research on the role of cannabinoids in health and disease.

> **CCIC Cannabinoid Congress** Toronto April 7 & 8 2016