Medicinal cannabis for chronic pain, anxiety, insomnia and... opioid overuse: review of my first 200 CBD prescriptions in Aotearoa NZ.

Graham Gulbransen1, Bruce Arroll2. 1Cannabis Care Clinic, Auckland, Aotearoa NZ, 2Department of General Practice and Primary Health Care University of Auckland, NZ. Presenter’s email: doctor@CannabisCare.nz

Introduction
On 7 September 2017 the NZ Misuse of Drugs Act regulations were amended to deschedule cannabidiol (CBD). Near-pharmaceutical grade CBD products became available from 7 December 2017. The lead author opened the first medicinal cannabis clinic in Aotearoa NZ in early 2018 and has prescribed CBD oil to over 250 patients.

Method
Medical records were audited for the reasons (presenting problems) patients were started on CBD oil. Levels of patient satisfaction were audited from self-reports after at least one month of CBD therapy. Patients gave their subjective outcome by choosing from No Good, Good, Very Good or Excellent. Patients have also completed a Quality of Life questionnaire before and after one month of CBD oil, yet to be analysed.

Key Findings
Most Pain patients had experienced pain for years or decades, unresponsive to multiple medical interventions. Many were on opioids. Up to 48% with chronic pain reported very good to excellent subjective benefits from CBD. Some were able to reduce or stop opioids. Neurological, psychological or cancer symptoms also showed reasonable response.

Dose: usually 50 – 100mg twice daily ($20-40 per day).

CBD case histories: Experiential evidence
• LM, male, 33, using morphine 500mg daily, ran out for 2 days. Took CBD then and on initiating methadone (slowly increased to 110mg), more relaxed & sedated, coped better with withdrawal symptoms
• TO, male, 29, off opioid agonist treatment 4 months: substituted CBD: less anxious, no more panic attacks, less back pain and muscle ache from old injury. Took naltrexone for co-existing alcohol dependence, developed tremor that stopped with CBD
• TM, female, 29, CBD 50mg twice daily eased the body pain sensations coming off methamphetamine & keeps her off it, helped with IBS and anxiety.

Discussion
International literature and patient experiential evidence support the use of CBD for chronic pain and other symptoms. Literature suggests there are opioid-sparing effects of medicinal cannabis. Patients reported their opioids were more effective and some were able to reduce them while on oral CBD. CBD is non-euphoriant with low abuse potential and may have a role in treating opioid overuse. Main benefits reported were reduced pain and anxiety with improved sleep. Adverse effects were few. Evening doses were not tolerated by 4 patients because of vivid dreams. One case of oral irritation.

Disclosure of Interest
No funding was received in the development of this study.

Summary
128 of 250 patients responded to this audit giving subjective outcomes after at least a month on CBD oil.
Half had chronic pain not responding to standard treatments. About half of all groups reported very good to excellent relief on a dose of 50 – 100mg twice daily.
Patients reported relief of pain, anxiety & insomnia. Some found opioids became more effective, easier to initiate OST or stop methamphetatmine. Oral CBD appears safe and effective.

Literature
  ‘This study suggests that many CP [chronic pain] patients are essentially substituting medical cannabis for opioids and other medications for CP treatment, and finding the benefit and side effect profile of cannabinoid to be greater than these other classes of medications.’
• Patterns of medicinal cannabis use, strain analysis, and substitution effect among patients with migraine, headache, arthritis, and chronic pain in a medicinal cannabis cohort. Baron et al. The Journal of Headache and Pain (2018) 19:37
  ‘Chronic pain was the most common reason for cannabis use, consistent with most registries… Opiates/opioids were most commonly substituted with cannabis.’
  ‘The growing body of research supporting the medical use of cannabis as an adjunct or substitute for opioids creates an evidence-based rationale for governments, health care providers, and academic researchers to consider the implementation and assessment of cannabis-based interventions in the opioid crisis.’
  ‘Data also suggested that objective ratings of opiate withdrawal decreased in MMT patients using cannabis during stabilization.’
  ‘Findings include high self-reported use of cannabis as a substitute for prescription drugs (63%), particularly pharmaceutical opioids (30%), benzodiazepines (16%), and antidepressants (12%). Patients also reported substituting cannabis for alcohol (25%), cigarettes/tobacco (12%), and illicit drugs (3%).’
  ‘…concluded that vaporized cannabis augments the analgesic effects of opioids without significantly altering plasma opioid levels. The combination may allow for opioid treatment at lower doses with fewer side effects.’

Table:
<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>N=128 Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIN, CHRONIC</td>
<td>49%</td>
</tr>
<tr>
<td>CANCER SYMPTOMS</td>
<td>21%</td>
</tr>
<tr>
<td>PSYCHOLOGICAL DISTRESS</td>
<td>17%</td>
</tr>
<tr>
<td>NEUROLOGICAL</td>
<td>13%</td>
</tr>
</tbody>
</table>

Diagram:
Outcome for all patients after one month of CBD oil
N=128, % Benefit

No Benefit 24%
Poor 24%
Good 24%
Very Good 34%
Excellent 18%

Females 54% Males 46%