

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

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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

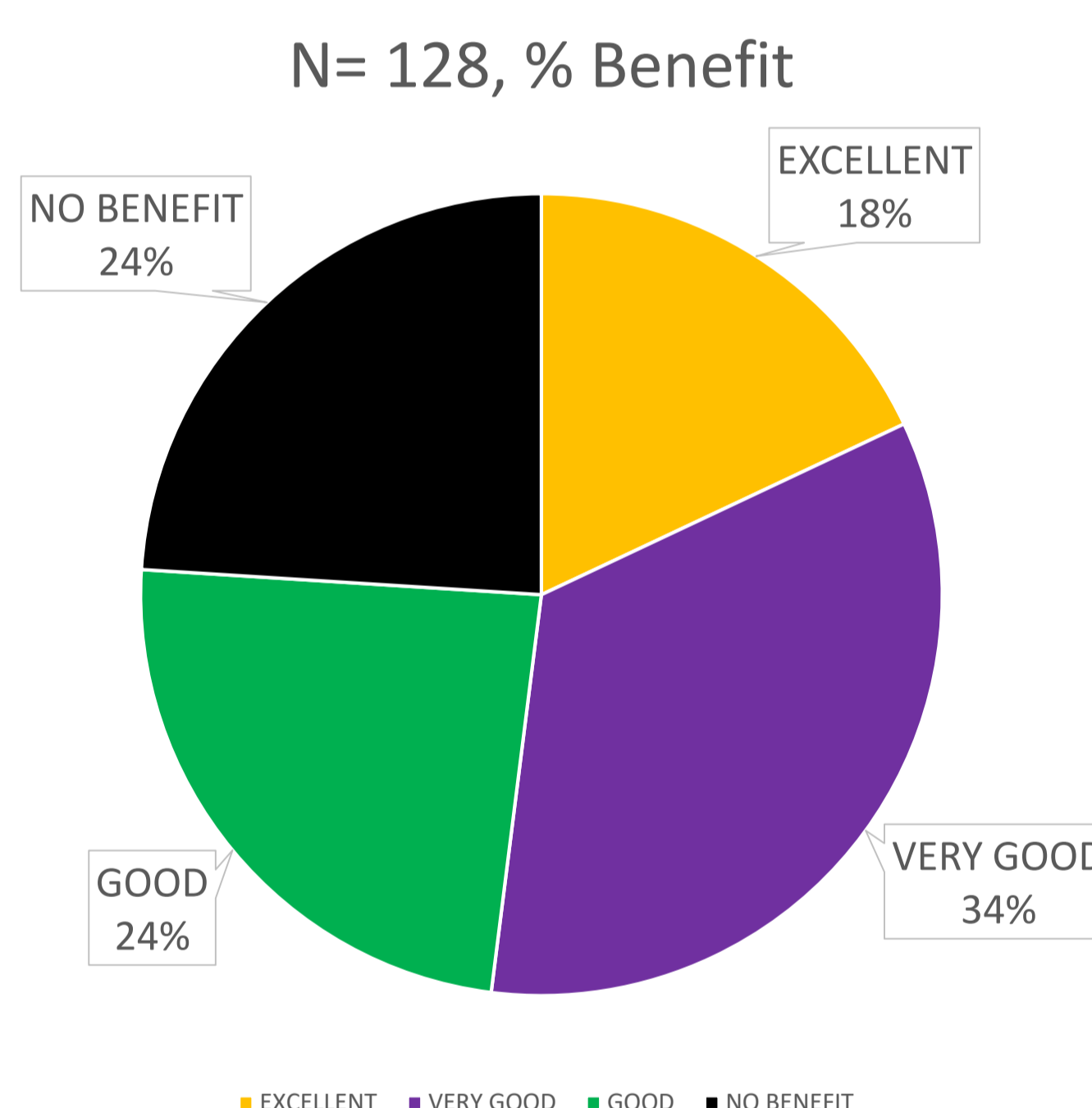
- LM, male, 33, using morphine 500mg daily, ran out for 2 days. Took CBD then and on initiating methadone (slowly increased to 110mg), more relaxed & sedated, coped better with withdrawal symptoms
- TO, male, 29, off opioid agonist treatment 4 months: substituted CBD: less anxious, no more panic attacks, 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.

250 Patients on CBD since Dec 2017

SYMPTOMS	
PAIN, CHRONIC	49%
CANCER SYMPTOMS	21%
PSYCHOLOGICAL DISTRESS	17%
NEUROLOGICAL	13%

Females	54%	Males	46%
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Outcome for all patients after one month of CBD oil



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 4 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 methamphetamine.

Oral CBD appears safe and effective.

Literature

- Medical Cannabis Use Is Associated With Decreased Opiate Medication Use in a Retrospective Cross-Sectional Survey of Patients With Chronic Pain. Boehnke, et al. The Journal of Pain, Vol 17, No 6 (June), 2016: pp 739-744.

'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 cannabis 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.'

- Rationale for cannabis-based interventions in the opioid overdose crisis. Lucas. Harm Reduction Journal (2017) 14:58.

'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.'

- Impact of Cannabis Use during Stabilization on Methadone Maintenance Treatment. Scavone et al. The American Journal on Addictions, 22: 344–351, 2013.

'... data also suggested that objective ratings of opiate withdrawal decrease in MMT patients using cannabis during stabilization.'

- Medical cannabis access, use, and substitution for prescription opioids and other substances: A survey of authorized medical cannabis patients. Lucas & Walsh. International Journal of Drug Policy 42 (2017) 30–35.

'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%).'

- Cannabinoid–Opioid Interaction in Chronic Pain. Abrams et al. Clinical Pharmacology & Therapeutics. Online 2 November 2011.

'...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.'