



**MEDICAL MARIJUANA:  
PROVIDER EDUCATION AND  
PROPOSED POLICY STATEMENT**

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**Community Project**

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# THE SUPPORTERS

**LEGALIZE IT!**



**Strongly supports the exemption from federal prosecution or professional sanctioning, for physicians who prescribe or dispense medical marijuana in accordance with state law.**

ACP

AMERICAN COLLEGE OF PHYSICIANS  
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# THE SKEPTICS





AMERICAN SOCIETY OF ADDICTION MEDICINE

ASAM

Cites the dangers of marijuana and the lack of clinical research supporting its medicinal value.

Asserts that medical marijuana should be subject to federal regulatory standards.

Advises that physicians avoid recommending medical marijuana's use until regulatory standards are met.



## THE MODERATES



- Assert that medical marijuana lacks rudimentary safeguards that should be applied to the appropriate use of any psychoactive substance.
- Urge the NIH to facilitate and conduct of well-designed clinical research into the medical utility of marijuana.
- Work to protect the free exchange of information between physicians and patients.



# WHY IT IS IMPORTANT

- Medical Marijuana is obviously heavily debated in popular culture as well as amongst health care providers and scientist.
- It's relevance however, goes beyond the argument as to whether medical marijuana should be available to patients.
- It is also linked to :
  - How legal issues hinder research on potential drug targets
  - How we as health care providers choose to recommend, or not recommend, supplements, herbs, and treatments that are not regulated by the FDA
  - How physicians manage patients with chronic pain



# WHAT IS MEDICAL MARIJUANA

- Medical Marijuana is the use of cannabis or cannabinoids to treat a variety of symptoms.
- Cannabis-flowering plant that has medicinal value (what our patients smoke or ingest)
- Cannabinoids-synthetic form of *Tetrahydrocannabinol (THC)* which is the psychoactive substance found in Cannabis



# CANNABINOID MEDICATIONS

- Dronabinol/Marinol (FDA approved for nausea and vomiting in chemotherapy patients who have failed to respond to existing antiemetic treatments / anorexia associated with weight loss in AIDS patients)
- Nabilone/Casamet (FDA approved for nausea and vomiting in chemotherapy patients who have failed to respond to existing antiemetic treatments) (shown in a controlled study to reduce spasticity-related pain in upper motor neuron syndromes)



# RESEARCH

- Clinical research is increasing but only a small number of controlled studies meet modern scientific standards
- Unfortunately, research expansion has been hindered by a complicated federal approval process, limited availability of research-grade marijuana, and the ongoing debate over legalization.



# HISTORY OF MEDICAL MARIJUANA

Until the invention of Aspirin , Marijuana was used as a primary pain reliever throughout the western world.



- In 1972, the US Congress placed marijuana in Schedule I of the Controlled Substances Act because they considered it to have "no accepted medical use." Since then, 16 of 50 US states have legalized the medical use of marijuana.
- Oregon Medical Marijuana Act as approved by the voters of the state in November 1998.
- Dr. Marcus Conant et al. vs John P Waters et al  
Sept. 7<sup>th</sup> 2000, the US District Court upheld the first amendment rights of a physician to recommend the use of medical marijuana to their patients.



# THE BENEFITS OF MEDICAL MARIJUANA

- There are many popular claims that Marijuana will cure everything from hangovers to lymphoma.
- Only a few well studied and documented benefits
  1. analgesia
  2. decreased spasticity in MS and ALS
  3. appetite stimulation
  4. neuropathic pain from HIV
  5. relieving intraocular pressure in the treatment of glaucoma



- Multiple illnesses such as dementia, chronic pain, and IBS are still being studied but may also benefit from medical marijuana
- A recent study also showed that subjects who use cannabis intermittently are found to be more likely to adhere to treatment for opioid dependence.



# THE SIDE EFFECTS AND CONSEQUENCES OF MEDICAL MARIJUANA

- Impairment of cognitive skills
- Syncope, tachycardia, and orthostatic hypotension
- Abdominal pain, nausea, and vomiting
- Smoked Cannabis can impair lung function and has a positive dose-response to oral and laryngeal cancers
- May exacerbate mania, depression, anxiety, and schizophrenia
- Cannabis lacks quality control and standardization and can be contaminated with pesticides and microbes.
- Reproducible and controlled dosing of Cannabis is impossible and increased potency increases the risk of dependence and addiction



# MARINOL VS. MORPHINE

## COMMON SIDE EFFECTS

### Marinol

- Dizziness
- Somnolence
- Abdominal pain
- Nausea/vomiting
- Anxiety
- Tachycardia
- Vasodilatation
- Amnesia
- Ataxia
- Confusion
- Hallucinations
- Orthostatic hypotension
- Paranoia

### Morphine

- Dizziness
- Somnolence
- Abdominal Pain
- Nausea/vomiting
- Anxiety
- Diarrhea
- Pruritis
- Xerostomia
- Headache
- Fatigue
- Insomnia
- Flushing
- Constipation



# WHAT IS OREGON'S MEDICAL MARIJUANA PROGRAM (OMMP)

- The Oregon Medical Marijuana Program is a state registry program within the Public Health Division, Oregon Department of Human Services.
- OMMP issues registry identification cards to qualified patients who comply with program requirements to grow and use marijuana as medicine.
- OMMP patients are protected from state civil and criminal penalties for the possession and use of medical marijuana.



# THE OREGON MEDICAL MARIJUANA ACT STATES

- In order for a patient to legally possess marijuana they must be registered through the Oregon Medical Marijuana Program.
- Registration includes a statement from a licensed physician that the patient has a qualifying debilitating medical condition and that medical marijuana may mitigate the symptoms or effects of that condition.



## CONDITIONS THAT QUALIFY INCLUDE

Agitation related to Alzheimer's disease

Cachexia

Cancer

Glaucoma

HIV+/AIDS

Severe Nausea

Severe Pain

Seizures, including but not limited to epilepsy

Persistent muscle spasms, including but not limited to those caused by multiple sclerosis



# THE PROCESS

- The patient fills out a OMMP application including a signed and dated “Attending Physician’s Statement”.
- The OMMP may contact the physician during the application process to verify the patient is under the physician’s care and copies of chart notes or medical records may be required.
- The OMMP verifies with the Board of Medical Examiners that each patient’s attending physician has a valid license to practice medicine in Oregon and has no disqualifying restrictions.
- The OMMP then grants or denies application
- Annual renewal is required.



# THE ISSUES

- Pharmacies can only dispense medications “prescribed” by licensed medical practitioners.
- The federal government classifies marijuana as a Schedule I drug, which means licensed medical practitioners cannot prescribe it.
- Although it is legal (from the states perspective) for a patient to have marijuana the way that they obtain the marijuana is frequently illegal.
- Employers have the right to fire employees for the use of marijuana even if they qualify for medicinal use under the OMMP.



Even with the challenges of Oregon's program multiple states have used OMMP as a model for their own medical marijuana initiatives and registration systems.



# HOW ARE PHYSICIANS IN THE REST OF THE STATE USING THE MEDICAL MARIJUANA PROGRAM

- Number of patients currently holding cards

49,220

- Number of caregivers holding cards for these patients

25,634

- Number of Oregon-licensed physicians with **current** OMMP patients (MDs and DOs only)

1,977



# CURRENT MEDICAL MARIJUANA CARDS SIGNED PER CONDITION

- Agitation related to Alzheimer's disease <50
- Cachexia 1,057
- Cancer 1,837
- Glaucoma 655
- HIV+/AIDS 692
- Nausea 6,630
- Severe Pain 44,756
- Seizures, including but not limited to epilepsy  
1,186
- Persistent muscle spasms, including but not  
limited to those caused by multiple sclerosis  
12,170



# CARDHOLDERS PER COUNTY

- Baker 173
- Benton 633
- Clackamas 3,450
- Clatsop 476
- Columbia 826
- Coos 1,602
- Crook 237
- Curry 664
- Deschutes 2,290
- Douglas 2,124
- Grant 91
- Harney 73
- Hood River 268
- Jackson 6,133
- Jefferson 206
- Josephine 3,754
- Klamath 954
- Lake 122
- Lane 5,155
- Lincoln 810
- Linn 1,125
- Malheur 246
- Marion 2,338
- Morrow 60
- Multnomah 8,512
- Polk 571
- Tillamook 426
- Umatilla 430
- Union 246
- Wallowa 93
- Wasco 426
- Washington 3,377
- Yamhill 853
- Gilliam, Sherman, & Wheeler 73



# WHAT WE HAVE LEARNED FROM THE USE OF OPIATES AND CHRONIC PAIN MANAGEMENT

- Open communication and clear policies should be utilized in order to maximize care.
- All providers should have consistent policies and firm ground rules to prevent abuse and negative drug seeking behavior.
- Assessment of function and the setting of patient centered goals should be ongoing.  
([www.painaction.com](http://www.painaction.com)) ICSI.
- Repeated visits and close follow-up is vital to good care for patients with chronic pain.
- Encouraging exercise and behavioral modification can decrease the amount of medication needed for chronic pain.



- Polypharmacy increases abuse potential and should be avoided.
- Use of screening tools for addiction potential is essential to determine risk.

ex: **NIDA Quick Screen** (online screen for abuse potential)

(<http://ww1.drugabuse.gov/nmassist>)

***SBIRT*** (model for assessment & intervention of addiction)

(<http://www.sbirtoregon.org>)



# PROPOSED POLICY STATEMENT

## Madras Medical Group Medical Marijuana Information and Policy Statement

What is the Oregon Medical Marijuana Program:

The Oregon Medical Marijuana Program (OMMP) is a registry identification system that allows qualified patients, who comply with program requirements, to grow and use marijuana as medicine. Under OMMP patients are protected from civil and criminal penalties for the possession and use of medical marijuana. The OMMP issues registry identification cards to qualified patients and to the designated primary caregivers of these patients.

What is the role of my physician in the OMMP:

A physician statement and medical records are required for participation in OMMP. This statement is not a prescription for medical marijuana. It is however, a confirmation that the patient has a qualifying condition that may benefit from the use of medical marijuana.



The following is a list of qualifying conditions that your physician may approve for application to the Oregon Medical Marijuana Program:

Alzheimer's Disease

Cachexia

Cancer

Glaucoma

HIV+/AIDS

Nausea

Severe Pain

Seizure Disorders

Persistent muscle spasms, including but not limited to those caused by multiple sclerosis or ALS



In addition each patient who does qualify for the use of Medical Marijuana will need to meet the following conditions.

1. Patients must follow up with a physician at MMG every four months to discuss the progress towards meeting overall health goals.
2. The patient must demonstrate continued functional improvement while utilizing the Oregon Medical Marijuana Program (see attached form to be filled out before each visit).
3. The patient will not be prescribed additional controlled substances (including opiates) while qualified for the Oregon Medical Marijuana Program unless the patients physician determines it is absolutely necessary.



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