Current state of cannabis in palliative care

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Introductions

Our ECHO Team: Planning Committee

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JA Accreditation & Credit Designation Statements – LIVE Activities

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1.00 ANCC contact hours

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The following Planning Committee and Presenting Faculty Members report having **no relevant financial relationships**:
Danielle Noreika, MD; Egidio Del Fabbro, MD; Diane Kane, LCSW; Tamara Orr, PhD, LCP, PMHNP-BC; Brian Cassel, PhD; Felicia Barner, RN; Candace Blades, JD, RN; Jason Callahan, M.Div.

No commercial or in-kind support was provided for this activity

Objectives

- Understand recent changes to laws in Virginia regarding recreational and medical cannabis
- Respond appropriately to patients with serious illness inquiring about cannabis
- Access resources and literature to understand benefits and risks of cannabis for patients with serious illness

NHPCO frames the situation well (but beyond the scope of our session today):

"The recent trend in US state legislatures is to pass rules and regulations to allow medicinal marijuana and the trend continues. Its use in Palliative Care and Hospice is evident in treating patients with cancer, neurodegenerative diseases, inflammatory diseases, end-of-life angst, uncontrolled seizures and HIV cachexia. All physicians and especially palliative care physicians and APRNs need a basic understanding of the history, legality, pharmacokinetics, cannabis products, dosage and administration, and side effects including contraindications."

https://www.nhpco.org/palliative-care-overview/palliative-care-resource-series/attachment/palliativecare_cannabis/

About this session….

DISCLAIMER: The federal Controlled Substances Act makes it a crime to lease, rent or maintain a place for the purpose of manufacturing, distributing or using marijuana (21 U.S.C. § 856), to engage in financial transactions to promote illegal activities (21 U.S.C. § 1957), and to conspire to commit such a crime (21 U.S.C. § 846). There is a narrow research exception that permits researchers to grow and study Schedule I drugs, such as marijuana, if the research is registered with and approved by the DEA.

VCU Health CME, VCU Health System, VCU and its School of Pharmacy are only associated with marijuana research that meets this exception.

This educational material does not constitute legal advice and does not express the views or opinions of VCU Health CME, VCU Health System, VCU or its School of Pharmacy.

Things have changed in Virginia

"Hey Dani, do you know how to get my patient marijuana?"

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Cannabis in Virginia

From Wikipedia, the free encyclopedia

Cannabis in Virginia is legal for medical use and recreational use. The first medical marijuana dispensary opened in August 2020,[1] and adult recreational use became legalized in July 2021.[2][3]

In April 2020, Virginia Governor Ralph Northam approved a bill to decriminalize simple marijuana possession, which took effect July 1, 2020. In February 2021, both houses of Virginia's General Assembly passed legislation to fully legalize cannabis, with an effective date of 2024.[4][3] The bill received broad support, despite no Republicans in either house of the state Assembly voting in favor.[5] On April 7, 2021, the legislature approved amendments made by Northam; the most notable change had legalization begin July 1 of the same year, much sooner than the bill's original 2024 effective date.[2][6] The new law allows adults (aged 21+) to possess up to 1 ounce (28 g) of marijuana, to cultivate up to four plants per household, as well as "adult sharing" of marijuana where there is no concurrent commercial transaction.[2] The bill does, however, contain a "re-enactment clause" on the retail sales provisions which do not go into effect in 2021; as a result, Virginia lawmakers will have to approve them again during their general session next year, after the 2021 Virginia elections.[2]

Virginia is the first state in the Southern United States to legalize adult-use cannabis. (The first jurisdiction in the South being the District of Columbia).[7]

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1 Legislation and history
2 Medical cannabis in Virginia
3 2015 failed attempt to decriminalize
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Virginia Board of Pharmacy

INFORMATION REGARDING MEDICAL CANNABIS IN VIRGINIA

Legislative Timeline

- 2015: provided an affirmative defense for the possession of CBD oil or THC-A oil, initially to alleviate intractable epilepsy.
- 2016 and 2017: authorized the establishment of the 5 pharmaceutical processors to produce and dispense these oils.
- 2018: expanded the use of these oils to any diagnosed condition or disease, upon recommendation from any physician.
- 2019: expanded authority to issue written certifications to nurse practitioners and physician assistants, created "registered agent" registration category, and authorized wholesale distribution of oils between pharmaceutical processors
- 2020: removed the definitions of cannabidiol oil and THC-A oil and replaced them with a definition of cannabis oil, allows for the use of telemedicine for patient care, in compliance with federal requirements for prescribing drugs in Schedules II-V, allows for up to 5 cannabis dispensing facilities per health service area that are owned, at least in part, by the pharmaceutical processor permitted for that health service area, and access to cannabis oils for individuals that temporarily reside in Virginia.
- 2021-allowance for the dispensing of botanical cannabis products. 4 ounces of botanical cannabis may be dispensed in a 30 day period. The amount of botanical cannabis dispensed is included in the total amount of medical cannabis products allowed to be dispensed within a 90 day period.

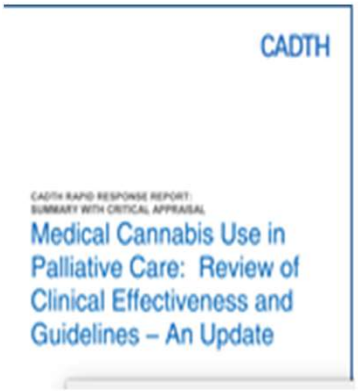
https://www.dhp.virginia.gov/Pharmacy/PharmaceuticalProcessing/docs/ProgramUpdate07012021.pdf

There are conflicting recommendations

neuropathic pain. Of relevance to palliative care settings (12-15), cannabis medicines, both orally administered and inhaled, have been shown to have efficacy in randomized, double-blind, placebo-controlled trials (RCT) for a number of symptoms.

Fast Facts #279, 2015

Versus:



2019

The clinical effectiveness of medical cannabis for symptom control in adult palliative care patients is unclear, due to a lack of quality and quantity of evidence; this lack of evidence applies to the cannabis plant, its extracts and synthetic cannabinoids. From a systematic review of nine randomized controlled trials, low quality evidence suggests that in patients with HIV, dronabinol (a synthetic cannabinoid) may be more effective than placebo for appetite and weight gain, at the expense of increased risk of psychiatric adverse effects. In patients with cancer, dronabinol may be less effective than megestrol for improvement in appetite, weight gain and health-related quality of life, and may increase risk of withdrawal due to adverse events as compared to megestrol. Similarly, in patients with HIV, dronabinol may be less effective than megestrol for weight gain.

Two evidence-based guidelines address the use of medical cannabis in a palliative care setting. The first evidence-based guideline explicitly recommends against the use of medical cannabis as a first or second line option for palliative cancer pain. The guideline suggests that it could be considered in the case of refractory symptoms and with careful consideration of potential risks. The second evidence-based guideline similarly recommends that medical cannabis only be used in the palliative care setting when other treatments have failed, and after consideration of the potential for adverse events and drug interactions.

Dr. Drew Rosielle, M Health Fairview, 2019

Interpreting cannabinoid research is a total mess (when it comes to trying to apply it clinically)

→ A cannabis/cannabinoid study may involve…

- A standardized pharmaceutical which is synthetic THC (dronabinol), or
- A standardized pharmaceutical which is a THC analog (nabilone), or
- A standardized pharmaceutical which is a cannabis-plant extract containing both THC+CBD in a fixed ratio (nabiximols), or
- A non-standardized cannabis product which may be
  - Whole-leaf cannabis of varying THC/CBD/cannabinoid quantities and ratios
  - A straight up whole-leaf/bud cannabis extract which retains the cannabinoid profile of its cannabis strain, or
  - A modified whole-leaf/bud cannabis extract in which the ratio of THC:CBD is altered and could be very high or very low, AND
  - These products may be delivered orally, sublingually, topically, trandermally; smoked, vaporized.

capc Center to Advance Palliative Care

Dr. Drew Rosielle, M Health Fairview, 2019

Interpreting cannabinoid research is a total mess (when it comes to trying to apply it clinically)

- Nearly any study you read will NOT DIRECTLY be evaluating the non-pharmaceutical medical cannabis your patients are actually using
- Thus, except for the actual pharmaceuticals, I view a lot of cannabinoid research as *proof of principle*.
- Eg, "*Yes there is therapeutic potential for cannabinoids for this indication*"
- But not, "*This study assures me that Minnesota-Brand-Orangesicle-Vape-Oil will be effective for this patient's symptoms.*" That's much more of a **Big Maybe**.

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CFP·MFC
Official Publication of The College of Family Physicians of Canada

Can Fam Physician. 2018 Feb; 64(2): e78–e94.
PMCID: PMC5964405
PMID: 29449262
Language: English | French

Systematic review of systematic reviews for medical cannabinoids
Pain, nausea and vomiting, spasticity, and harms

Review > Headache. 2015 Jun;55(6):885-916. doi: 10.1111/head.12570. Epub 2015 May 25.

Comprehensive Review of Medicinal Marijuana, Cannabinoids, and Therapeutic Implications in Medicine and Headache: What a Long Strange Trip It's Been ...

Eric P Baron [1]

Original Investigation

June 23/30, 2015

Cannabinoids for Medical Use
A Systematic Review and Meta-analysis

Penny F. Whiting, PhD[1,2,3]; Robert F. Wolff, MD[3]; Sohan Deshpande, MSc[3]; et al
» Author Affiliations | Article Information

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

PLOS ONE

OPEN ACCESS PEER-REVIEWED
RESEARCH ARTICLE

Health professional beliefs, knowledge, and concerns surrounding medicinal cannabis – A systematic review

Kyle M. Gardiner, Judith A. Singleton, Janie Sheridan, Gregory J. Kyle, Lisa M. Nissen

Published: May 6, 2019 • https://doi.org/10.1371/journal.pone.0216556

Research | Open Access | Published: 10 December 2019

Benefits and harms of medical cannabis: a scoping review of systematic reviews

Misty Pratt, Adrienne Stevens, Micere Thuku, Claire Butler, Becky Skidmore, L. Susan Wieland, Mark Clemons, Salmaan Kanji & Brian Hutton

Systematic Reviews **8**, Article number: 320 (2019) | Cite this article
17k Accesses | **25** Citations | **46** Altmetric | Metrics

Conclusions

Results from the included reviews were mixed, with most reporting an inability to draw conclusions due to inconsistent findings and a lack of rigorous evidence. Mild harms were frequently reported, and it is possible the harms of cannabis-based medicines may outweigh benefits.

Challenges:

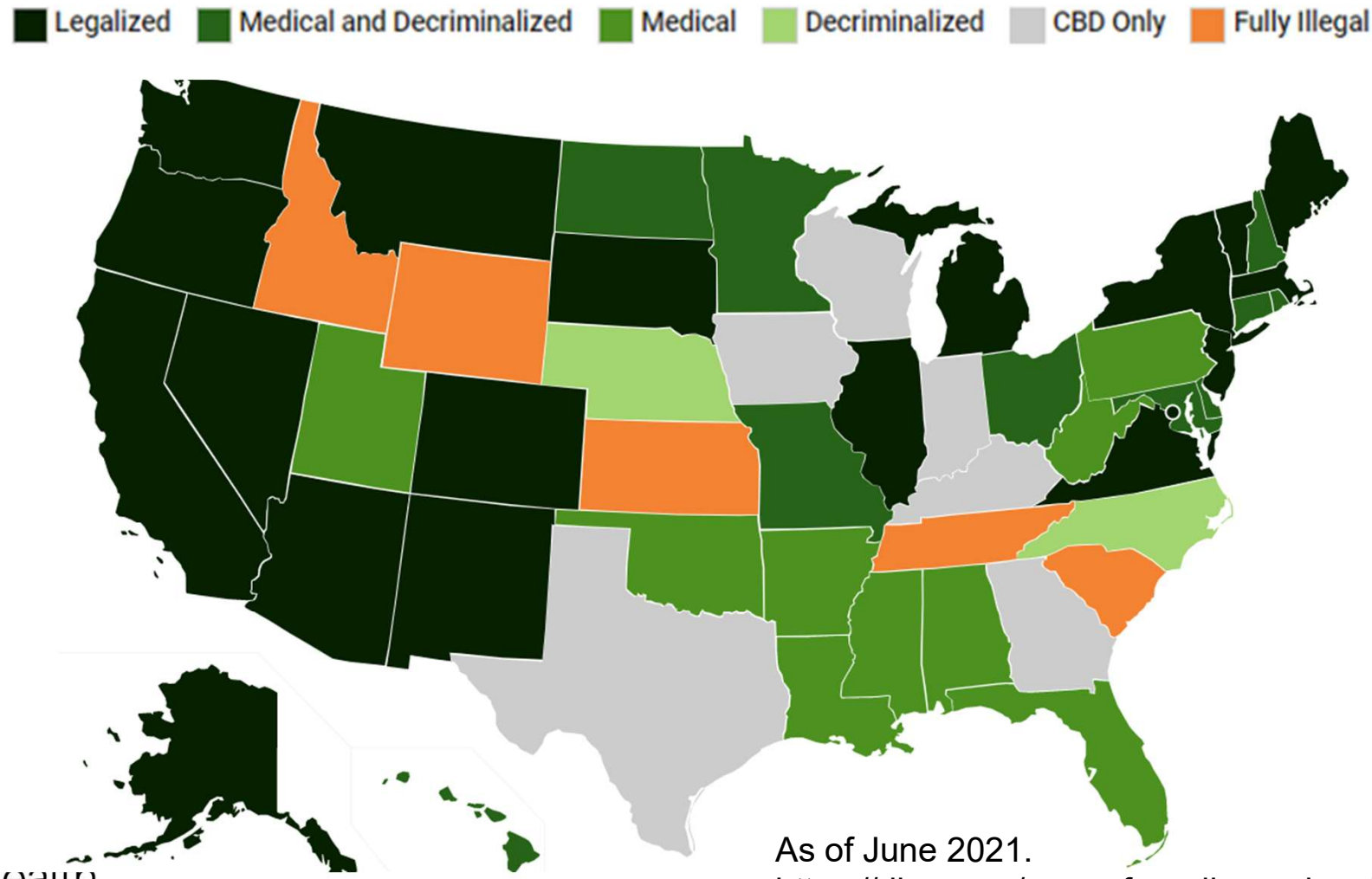
- Evidence base is difficult to interpret
- Differences in formulations exacerbates ability to interpret
- ”Crazy quilt of conflicting laws"
- Unclear risks/side effects

Recommendations:

- Stay up to date with local regulations
- Familiarize with basic difference between THC, CBD oil, and whole plant AND different modes of ingestion
- Advocate for more concrete research
- Advocate for standardized way of charting cannabinoid use in EMR

Johnston & Vanderah. “Lost in the haze: The physician’s role in cannabinoid prescribing and advising”. American Journal of Medicine 2020. DOI: https://doi.org/10.1016/j.amjmed.2019.05.049

Speaking of “crazy quilt of conflicting laws”…



As of June 2021.
https://disa.com/map-of-marijuana-legality-by-state

Virginia's changing landscape

What is legal in Virginia now?

✓ Possession by adults 21+ of up to one ounce in public
✓ Personal cultivation of up to 4 plants per household by adults 21+ at their primary residence
✓ Adult-sharing of up to one ounce in private without remuneration
✓ Participation in the medical cannabis program which allows purchase at Virginia dispensaries

What is NOT legal?

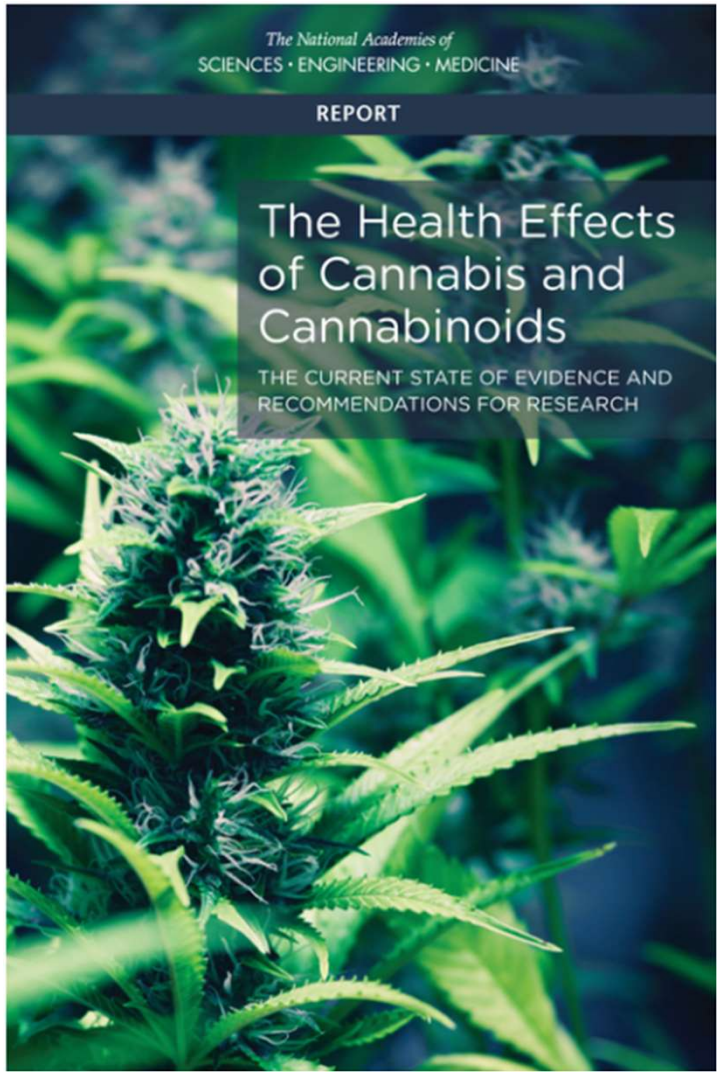
X Public consumption
X Possession or consumption by anyone under 21
X Possession on school grounds or school bus
X Consumption in a motor vehicle while being driven (passenger or driver)
X Open container in a vehicle
X Sharing or offering in public
X Selling or purchasing cannabis outside of the medical program
X Selling or purchasing cannabis seeds or cannabis products
X Gifting schemes (gift with purchase, public giveaway events, paid entry consumption events)

https://www.vanorml.org/legalization_faqs

Medical cannabis in Virginia

- Providers do not *prescribe* marijuana or CBD / THC-A in Virginia.
- The Virginia laws do allow for *written certifications from registered providers* which provides "affirmative defense" of patients or parent/guardian/registered agent to posses cannabidiol (CBD) or THC-A oil in various forms – capsules, sprays, oils, etc. – including botanical forms as of July 2021.
- §54.1- 3408.3(B) "A practitioner in the course of [their] professional practice may issue a written certification for the use of cannabidiol oil or THC-A oil for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use."
- Process:
  - Provider registers with Virginia Department of Health Professions to issue certifications
  - Patient seeks certification from registered providers
  - For minor or incapacitated adult, the parent/guardian/agent must have certification also
  - Provider follows practitioner requirements
  - Patient obtains products from licensed processors
- 5 "pharmaceutical processors" (vertically integrated medical cannabis facilities) were licensed by the Board of Pharmacy – 1 for each health service area of state – gLeaf is Richmond/southside one.

https://www.mpp.org/states/virginia/virginias-medical-cannabis-law/; https://www.vanorml.org/; https://www.dhp.virginia.gov/Pharmacy/PharmaceuticalProcessing/default.htm



4

Therapeutic Effects of Cannabis and Cannabinoids

Chapter Highlights

- In adults with chemotherapy-induced nausea and vomiting, oral cannabinoids are effective antiemetics.
- In adults with chronic pain, patients who were treated with cannabis or cannabinoids are more likely to experience a clinically significant reduction in pain symptoms.
- In adults with multiple sclerosis (MS)-related spasticity, short-term use of oral cannabinoids improves patient-reported spasticity symptoms.
- For these conditions the effects of cannabinoids are modest; for all other conditions evaluated there is inadequate information to assess their effects.

Research and clinical aspects

- Research indicates some positive effects as well as adverse effects
- Research studies are very specific when it comes to dose, ratio of various cannabinoids, how administered, timing, patient characteristics, concurrent use of other drugs…
- Your patients may be using a different form, often non-pharmaceutical, and are largely in control of timing, poly-pharmacy, etc.
- Given that, what are the implications for discussing cannabis, or asking about it, with your patients?

Rosielle D. 2019. “What you need to know about medical cannabis”. CAPC seminar.
NHPCO resource: https://www.nhpco.org/palliative-care-overview/palliative-care-resource-series/attachment/palliativecare_cannabis/

Patient-facing, trusted sources

Memorial Sloan Kettering Cancer Center

https://www.mskcc.org/cancer-care/integrative-medicine/herbs/cannabis

What are the side effects?

Side effects of taking cannabis products may include:

- Drowsiness (feeling sleepy)
- Restlessness (feeling like you can't relax or get comfortable)
- Anxiety (strong feelings of worry or fear)
- Paranoia (intense thoughts or feelings that someone might try to harm you)
- Hallucinations (seeing or hearing things that aren't there)
- Feeling hungry
- Short-term memory loss
- Euphoria (feeling very happy or excited)
- Trouble focusing
- Changes in your blood pressure
- Faster heart rate
- Confusion
- Nausea (feeling like you're going to throw up)
- Vomiting (throwing up)
- Flushing (when your skin becomes red or warm)
- Depression (strong feelings of sadness)
- Insomnia (trouble falling asleep, staying asleep, or waking up too early)

If you're worried about any of these side effects, talk with your healthcare provider.

What else do I need to know?

Don't take cannabis products if:

- You have kidney, heart, or liver disease. Cannabis may make these worse.
- You have psychiatric illnesses that affect mood, thinking, and behavior. Cannabis may make these conditions worse.
- You're taking nivolumab (Opdivo®). Cannabis can lower the response to this medication in patients with advanced melanoma, non-small-cell lung cancer, and renal clear cell carcinoma.
- You're taking warfarin (Jantoven® or Coumadin®) or other blood thinners. Cannabis can increase your risk of bleeding.
- You're taking fluoxetine (Prozac®) or disulfiram (Antabuse®). Taking cannabis with these medications can cause confusion, elevated mood, inflated self-esteem, decreased need for sleep, racing thoughts, and trouble focusing.
- You're on amphetamines (Adzenys XR-ODT, Evekeo ODT). Heart damage may occur with cannabis
- You're taking atropine (Atropen®). Taking this medication and cannabis can cause heart damage.
- You're on cocaine. Heart damage may occur with cannabis
- You're taking pseudoephedrine (such as Sudafed ®), epinephrine (such as Auvi-Q®) or the prescription drug dobutamine (Dobutamine). Taking these medications and cannabis can cause heart damage.
- You're taking medication that helps you sleep such as lorazepam (Ativan®), diazepam (Valium®), or zolpidem (Ambien®). Taking these medications and cannabis can increase drowsiness.

American Medical Association

"The American Medical Association commends the Surgeon General for issuing an advisory today (Aug 29, 2019) on the harmful health effects of cannabis use by pregnant women and youth. We strongly support this effort as the AMA has long discouraged cannabis use by youth, pregnant women, and women who are breastfeeding and has called for research to determine the consequences of long-term cannabis use in these populations.

"The AMA has urged legislatures to delay legalizing cannabis until further research is completed on the public health, medical, economic, and social consequences of its use. In states that have already legalized cannabis, the AMA has urged jurisdictions to take steps to regulate the product effectively to protect the health and safety of high risk populations and the public."

https://www.ama-assn.org/press-center/ama-statements/ama-applauds-surgeon-general-s-advisory-cannabis

Discussion questions

- Do your cancer, palliative care or other patients seek information about or access to CBD or medical marijuana? If so for what underlying issues – pain?, nausea?, anxiety?, loss of appetite?, other?
- How do you or your colleagues respond? Do you follow a standardized script or guideline that is provided by your practice, health system leadership or professional society?
- Does your office / practice / system have any policies or recommendations for staff on this topic? This may include communication with patients/families, registering as a provider for patient certifications, or documenting discussions or use in medical records.

Resources and references

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- NASEM report. https://www.nap.edu/catalog/24625/the-health-effects-of-cannabis-and-cannabinoids-the-current-state
- Lemay, M: THC and CBD: Evidence and risks. Massey Cancer Center. April 2021. https://www.facebook.com/watch/live/?v=2837232456518914&ref=watch_permalink