CA Clinics

cannabis access clinics



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Presentation: Dr Sanjay Nijhawan

Cannabis Vs. Opioids - A comparison

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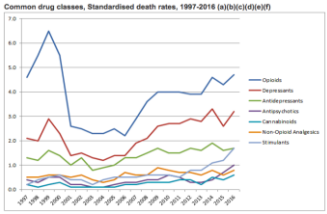
Cannabinoids compared to Opioids

- Data from the Australian bureau of statistics shows opioids had the highest rate of death compared to any drug class.
- Overall, studies indicate approx. 0.2% per annum risk of death amongst patients prescribed opioids for non-cancer pain over a 10-year period (Gomes T *et al* 2011).



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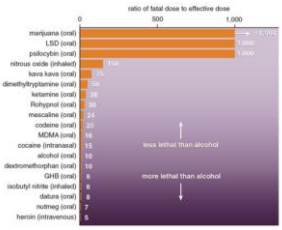
Ratio of Fatal Dose to Effective Dose

- In 2006, a study in American Scientist compared the relative toxicity of marijuana to other commonly used substances, including some legal ones.
- 10 times the effective dose of alcohol could be enough to cause death in humans.
- 5 times the effective dose of heroin could be enough to cause death in humans.
- Cannabis ranked among the least toxic drugs.



AMERICAN SCIENTIST Alcohol is far more toxic than several popular illicit drugs.

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Potential to Reduce Opioid deaths

- A 2014 study in the United States identified that:
  - → states with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate compared with those without such laws.
  - → examination of the opioid death rates showed that such laws were associated with a lower overdose mortality that strengthened with each year.
- Most studies confirm that side effects (from ingestion and inhalation of cannabis) are mild and well tolerated
  - → The dropout rate from cannabis studies is quite low – usually less than 10%.
  - → The dropout rate in studies of opioids from unacceptable side effects of around 33%. Koppel and colleagues in 2014 the authors analysed 1619 patients who received cannabinoids for less than six months (Koppel et al 2014).

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Importance of Monitoring

Monitoring Treatment

- Important that patients are reviewed regularly to ensure efficacy and to manage any adverse events as majority of products are not registered on the Australian Register of Therapeutic Goods (ARTG).
- No monitoring regimes are available internationally.
- Patients should be reviewed more frequently when commencing on medicinal cannabis products.
- Once established on a dose, at a minimum monthly review is recommended.

Patient Reported Outcome Measures

- In addition to routine clinical care patient reported measures are used for monitoring treatment.
- Most relevant areas for people with chronic illness include domains:
  - depression; anxiety;
  - physical function; pain interference;
  - fatigue; sleep disturbance;
  - and ability to participate in social roles and activities.
- Generic health related quality of life (HRQoL) measure. Ranked on a 5-point Likert Scale.

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Dosing and Administration

- No precise dosing or established dosing schedules for products
- Dosing is highly individualised and relies on titration of the product, regardless of the cannabinoid content, using the premise '**start low and go slow**'.
- Doses depend on the type of product used, indication, individual variation, the development of tolerance, interaction with other drugs and previous exposure to cannabis either recreationally of medically. Lower doses are less likely to be associated with adverse effects.
- Epilepsy: Current advice (TGA guidance document) is that CBD should be commenced orally at 5mg/kg/day in two divided doses. This can then be titrated up on a weekly basis by 5mg/kg/day to 20mg/kg/day with a maximum dose of 1gm/day.
- Other indications: Initially 1 to 2.5mg THC/CBD at night, titrated upwards to Average maximum dose 60mg THC and/or CBD per day in single or twice daily dosing.

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