

High time for compassionate approval of pot: expert

The federal government's new guidelines for using marijuana for medical purposes are a "very humane" initiative, says a leading pain expert.

"I have patients who say it works better than anything they have tried, and these are patients who have tried everything for chronic neuropathic pain," says Dr. Mary Lynch, who heads the 26-member Canadian Consortium for the Investigation of Cannabinoids in Human Therapeutics (www.ccicht.ca).

She says the new Health Canada program to fund research on cannabis while allowing its use under defined circumstances is a "reasonable and compassionate approach." The alternative, for many patients, would be to wait 5 or so years until there is sufficient scientific evidence of smoked marijuana's efficacy, says Lynch, director of research at the pain management unit of the Queen Elizabeth II Health Sciences Centre in

Halifax. The government will spend \$7.5 million over 5 years on marijuana research.

But CMA past president Hugh Scully said that even though the association understands why Health Canada prepared the regulations, it cannot support them. "We believe that it is premature for Health Canada to expand broadly the medicinal use of marijuana before there is adequate scientific support," said Scully.

Lynch counters that Health Canada is in effect saying that there is "enough evidence" to use marijuana.

Beginning July 30, patients suffering from terminal illnesses and serious medical conditions such as multiple sclerosis can apply for special permission to grow and possess marijuana for personal use. A physician must sign their application form.

In announcing the program, Dr. Jody Gomber, head of Health Canada's Office of Controlled Substances, says the



Canapress

government is not advocating the use of marijuana, but is allowing compassionate use for certain patients.

A recent overview of studies of cannabinoids (cannabis in pill or injectable form) found they are no more effective than traditional painkillers (*British Medical Journal* 2001;323:2-3). But there is little published research on the efficacy of smoked cannabis, something the Canadian consortium hopes to rectify by 2002. — *Barbara Sibbald, CMAJ*

A primer for patients' use of medicinal marijuana

Health Canada has promised guidelines for physicians whose patients want to use medicinal marijuana, but in the interim, an expert researcher offers some basic advice.

Dr. Mary Lynch, a pain researcher and head of the Canadian Consortium for the Investigation of Cannabinoids in Human Therapeutics, says there is very little research to guide practice so it's best to start with the lowest dose possible, particularly for the "naïve" (first-time) user. Using the protocols she and colleagues are developing for their research on the medicinal use of smoked marijuana, she recommends that naïve users begin with 1 puff (or toke), usually before bed, to help with symptoms such as pain or spasticity and improve sleep quality. To get the most out of a dose while limiting the amount of smoke exposure, she tells patients to inhale on the pipe or joint and hold it in their lungs as long as possible.

Experienced users often know what dose is most effective, though Lynch recommends that a dose of 2 to 4 puffs per dose, 3 times per day is reasonable and, depending on response, the dose

can be titrated accordingly. (Health Canada has suggested a daily maximum dose of 5 grams.)

Lynch also cautions all users about potential side-effects, particularly those related to the central nervous system and the cardiovascular system.

The effects on the CNS include the subjective or euphoric "high" (this is what makes the drug attractive to recreational users) and may include some perceptual alterations, time distortion and intensification of experience. Some patients, particularly naïve users, may also experience anxiety. "Prior warning along with support and reassurance are often enough to assist in controlling the anxiety," says Lynch. There may also be impaired motor coordination and reaction time, so Lynch advises her patients not to drive while under the influence.

There is some suggestion in the literature that individuals with schizophrenia may experience an exacerbation if exposed to cannabinoids, so patients with a history of psychosis should be advised against using marijuana. Marijuana also causes a transient increase in heart rate and can cause hypotension, which may be associated with dizziness. These ef-

fects normally disappear within 30 to 40 minutes, but Lynch suggests that naïve users should smoke in a reclining position and in the presence of another person. Lynch advises against the use of marijuana for anyone with lung, cardiac conditions, uncontrolled hypertension, a past history of psychosis, panic disorder or significant anxiety. In addition, since marijuana is a CNS depressant, patients taking other agents with CNS depressant effects may find smoking marijuana produces additive side-effects.

The bottom line, says Lynch, is that patients should discuss questions with their physicians. "It's important for people to be aware of the potential side-effects and risks right up front. It is also important for patients to follow up with their physicians to let them know of therapeutic and side effects and to review further questions."

Prior to consulting with patients about the use of medicinal marijuana, physicians should refer to: *The Health Effects of Cannabis*, Kalant H, et al. (editors), Centre for Addiction and Mental Health, Toronto, 1999 (www.camh.net/resources/index.html). — *Barbara Sibbald, CMAJ*