Opiates and Cannabis: from Crisis to Questions

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Chronic Pain

- Common in older adults
  - 50% living independently
  - 75-85% in care facilities

- Increases risk of
  - Depression
  - Anxiety
  - Reduced mobility and social isolation
  - Sleep disturbance
‘The crisis we’re currently facing’: How Indiana plans to fight opiate scourge

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Opioids

- A class of drugs that are naturally found in the opium poppy plant or can be made synthetically
- Prescription pain relievers such as hydrocodone, oxycodone, codeine, morphine, fentanyl, and others
- Generally used for moderate to severe pain
- Also include the illegal drug heroin
The Opioid Crisis

- Every day, more than 130 people in the United States die after overdosing on opioids.
- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.
- Between 8 and 12 percent develop an opioid use disorder.
- Evolved during the American Pain Society initiative “Pain as the 5th Vital Sign” in 1996 and risk of opioid addiction was minimized or underestimated.
State of addiction: For the elderly, when is opioid prescription worth the risk?

Indianapolis Star | September 22, 2018
Opioid Use for Chronic Pain (CDC Guidelines)

- Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.
- Clinicians should always exercise caution when considering or prescribing opioids for any patient with chronic pain outside of active cancer, palliative, and end-of-life care.
- When prescribing opioid physicians should use set treatment goals, use lowest effective doses and periodically reassess for benefits and adverse effects.
- Advise patients about common effects of opioids, such as constipation, dry mouth, nausea, vomiting, drowsiness, confusion, tolerance, physical dependence, and withdrawal symptoms when stopping opioids.
Seniors from Laguna Woods Village consult with sales associates at Bud and Bloom cannabis dispensary in Santa Ana, Calif. The seniors spent hours choosing from a variety of cannabis-infused products, including candies, drinks and weed. JAE C. HONG/AP

More aging Americans are using pot to ease ailments
Marijuana

- Recreational marijuana is legal in 10 states
- Medical marijuana is legal in 33 states
- 17 states have laws specific to legal cannabidiol (CBD)
Judge dismisses Cannabis Church’s case that cited RFRA to defend pot as a sacrament

Indianapolis Star | July 8, 2018
Cannabis in Older Adults

- National Survey on Drug Use and Health in 2015 and 2016 found that 3% of those over the age of 65 used marijuana in the previous year, increased from 1.4% in 2013.
- A large review in 2015 (Whiting et al) suggested there is moderate evidence to support its use for chronic pain.
- Most studies involved neuropathic pain.
- National Academies report on cannabis stated that while there is “conclusive or substantial evidence” of benefit from cannabis or cannabinoids for chronic pain, more research is needed to better understand the efficacy, dose–response effects, routes of administration, and side effect profiles.
Cannabis

- Strongest evidence for benefit in chronic pain, nausea and vomiting due to chemotherapy and muscle spasticity from MS
- Main psychoactive compound, delta-9-tetrahydrocannabinol (THC)
- May reduce attention, memory, and learning functions
- Marijuana users are significantly more likely than nonusers to develop temporary psychosis (not knowing what is real, hallucinations and paranoia) and long-lasting mental disorders, including schizophrenia
Marijuana Uses (CDC)

- Even though pain management is one of the most common reasons people use medical marijuana in the U.S., there is limited evidence that marijuana works to treat most types of chronic pain.
- A few studies have found that marijuana can be helpful in treating neuropathic pain (pain caused by damaged nerves).
- Although marijuana and cannabinoids have been studied with respect to managing side effects of cancer and cancer therapies, there are no ongoing clinical trials of marijuana or cannabinoids in treating cancer in people. Studies so far have not shown that cannabinoids help control or cure the disease.
Why Is CBD Everywhere?

Cannabidiol is being touted as a magical elixir, a cure-all now available in bath bombs, dog treats and even pharmaceuticals. But maybe it’s just a fix for our anxious times.
Cannabidiol (CBD)

- Does not have the same psychoactivity as THC
- Available in oil, extract, vaporized liquid and capsule form, but content highly variable- In one study 70% of products did not contain the amount promised and 20% contained THC (Bonn-Miller et al, 2017)
- Epidiolex has been approved by the Food and Drug Administration for treatment of two epilepsy disorders
- Preliminary clinical research on CBD includes studies of anxiety, cognition, movement disorders, schizophrenia, diabetes, and cancer
- According to a report from the World Health Organization, “In humans, CBD exhibits no effects indicative of any abuse or dependence potential…”
CBD for Chronic Pain

- CBD may offer an option for treating different types of chronic pain.
- A study from the *European Journal of Pain* showed, using an animal model, CBD applied on the skin could help lower pain and inflammation due to arthritis.
- Another study demonstrated a mechanism by which CBD may inhibit inflammatory and neuropathic pain, two of the most difficult types of chronic pain to treat.
- More study in humans is needed in this area to substantiate the claims of CBD proponents about pain control.