



CANNABIS

RECONSIDERED



CANNABIS RECONSIDERED

What we all need to know

- Peter Grinspoon, MD
- Instructor, Harvard Medical School
- PCP, Mass. General Hospital
- Board Member 'Doctors For Cannabis Regulation'
- Certified Health and Wellness Coach
- Next book: 'Seeing Through the Smoke'
(releasing April 20, 2023)
- TedX Speaker





History

- 0 1 Brother Danny an early adopter of medical cannabis – 1973
- 0 2 My dad, Dr. Lester Grinspoon, was a legendary cannabis scholar and activist
- 0 3 I have treated patients with cannabis for 2 decades
- 0 4 I have lived experience with recovery from opioid addiction (and with medical cannabis)





My older brother Danny

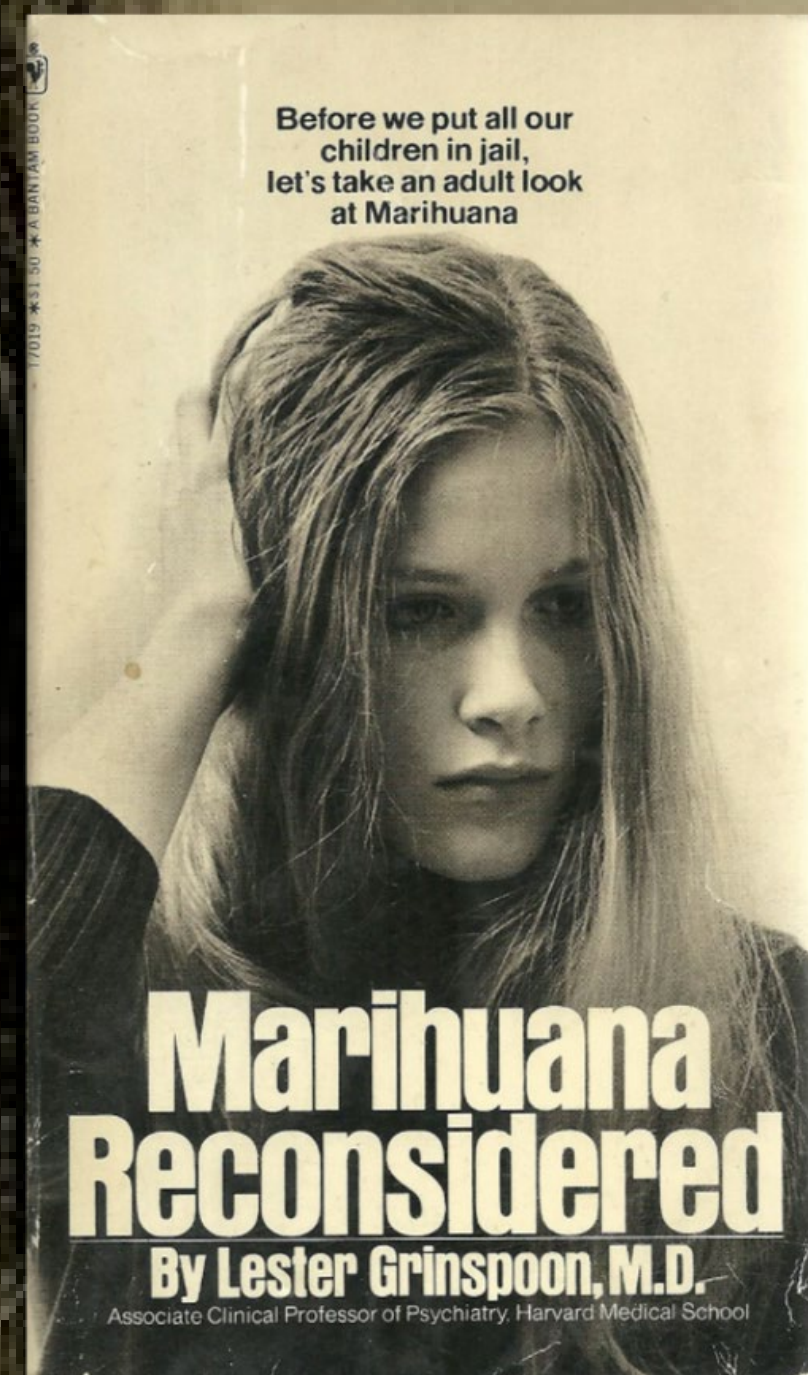
A pioneering medical cannabis patient
with childhood leukemia



Marihuana Reconsidered

LESTER GRINSPOON M.D.

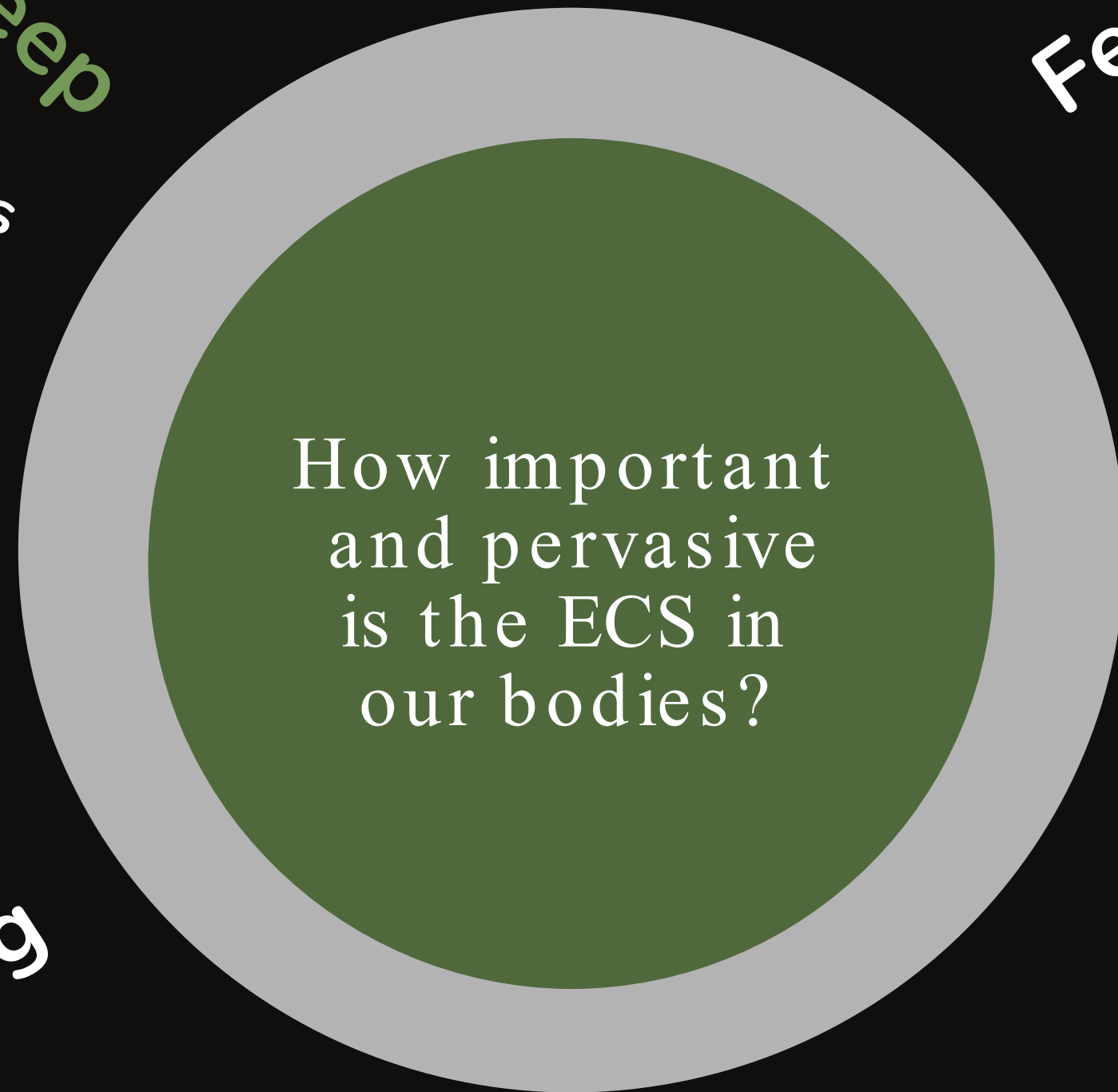
Groundbreaking exploratory written in 1971 -
reviewed on the front page of the New York Times
book review "The Best Dope on Pot So Far"



Legalization in Massachusetts

Lorem ipsum sit dolHaribus magnatet volo cus
sequatur aut es auteculparcitas milique et perae
as aut voluptae rection repe et reriunte idebita
eperferempor minis destiis velendent, nonse
ipsam , aut is modi





Sleep

Forgetting Harmful Memories

Decision making

Emotional Reactions

Stress Response

Learning

Feeding

Immune System Function

Energy Balance

Reproduction

Pain Control

Temperature Control



> [J Clin Oncol](#). 2018 Jul 1;36(19):1957-1962. doi: 10.1200/JCO.2017.76.1221. Epub 2018 May 10.

Medical Oncologists' Beliefs, Practices, and Knowledge Regarding Marijuana Used Therapeutically: A Nationally Representative Survey Study

Ilana M Braun¹, Alexi Wright¹, John Peteet¹, Fremonta L Meyer¹, David P Yuppa¹,
Dragana Bolcic-Jankovic¹, Jessica LeBlanc¹, Yuchiao Chang¹, Liyang Yu¹, Manan M Nayak¹,
James A Tulsky¹, Joji Suzuki¹, Lida Nabati¹, Eric G Campbell¹

Affiliations + expand

PMID: 29746226 PMCID: [PMC6553839](#) DOI: [10.1200/JCO.2017.76.1221](#)

[Free PMC article](#)



- Whereas only 30% of oncologists felt sufficiently informed to make recommendations regarding medical marijuana (MM), 80% conducted discussions about MM with patients, and 46% recommended MM clinically.
- Sixty-seven percent viewed it as a helpful adjunct to standard pain management strategies, and 65% thought MM is equally or more effective than standard treatments for anorexia and cachexia.

- Our findings identify a concerning discrepancy between oncologists' self-reported knowledge base and their beliefs and practices regarding MM. Although 70% of oncologists do not feel equipped to make clinical recommendations regarding MM, the vast majority conduct discussions with patients about MM and nearly one-half do, in fact, recommend it clinically. A majority believes MM is useful for certain indications.
- These findings are clinically important and suggest critical gaps in research, medical education, and policy regarding MM.



Main health & safety concerns with cannabis versus what else you'd be prescribing.

- Teens important concern, though usage rates thus far have been stable with legalization
- Storage teens, kids, pets – especially with edibles – safer to make it into candy
- Driving vs. alcohol – not safe to drive high, but hyper-focus on cannabis vs. common prescriptions
- Pregnancy/breastfeeding not known to be safe and not recommended unless extreme need
- Cognition concern for teens; short-term only effects on adults; medical vs. 'recreational'
- Bronchitis with smoking as route of ingestion cannabis not associated with lung cancer or COPD.

Using a dry herb vaporizer is safer than smoking


- Cardiac arrhythmia, MI
- GI: cannabis hyperemesis syndrome
- Psychiatric complex chicken vs. egg issue with anxiety/depression;
it can trigger or worsen psychosis and should be avoided in people with history or family history of psychosis
- Medication interactions e.g., CBD acts like grapefruit juice
- Dependency/addiction "cannabis use disorder" very broadly defined (ropes in medical patients); teens more susceptible)



A. A problematic pattern of cannabis use leading to clinically significant impairment or distress.

B. Two (or more) of the following occurring within a 12-month period:

- Cannabis is often taken in larger amounts or over a longer period than was intended.
- Persistent desire or unsuccessful effort to cut down or control cannabis use.
- A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
- Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to cannabis use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
- Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
- Recurrent cannabis use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired).
- Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- Tolerance, as defined by either or both of the following:
 - a. a need for markedly increased amounts of cannabis to achieve intoxication or a desired effect;
 - b. markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for cannabis (anxiety, irritability, restlessness, negative affect, as well as sleep and appetite disturbances);
 - b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
- There is craving or a strong desire or urge to use cannabis.



Need to redefine
'cannabis addiction' or
'cannabis use disorder'



Who should not use cannabis?

As with all things in medicine (including medical cannabis), there are exceptions to all rules, but generally:



Teens

should absolutely avoid using cannabis due to concerns about the effects it can have on brain development.




Pregnant Mothers

or breastfeeding should abstain from cannabis due to safety concerns about its effects on a newly developing brain.



People with certain psychiatric conditions, such as any type of psychosis, or those with a family history of schizophrenia, should avoid using cannabis, as this can worsen their condition.

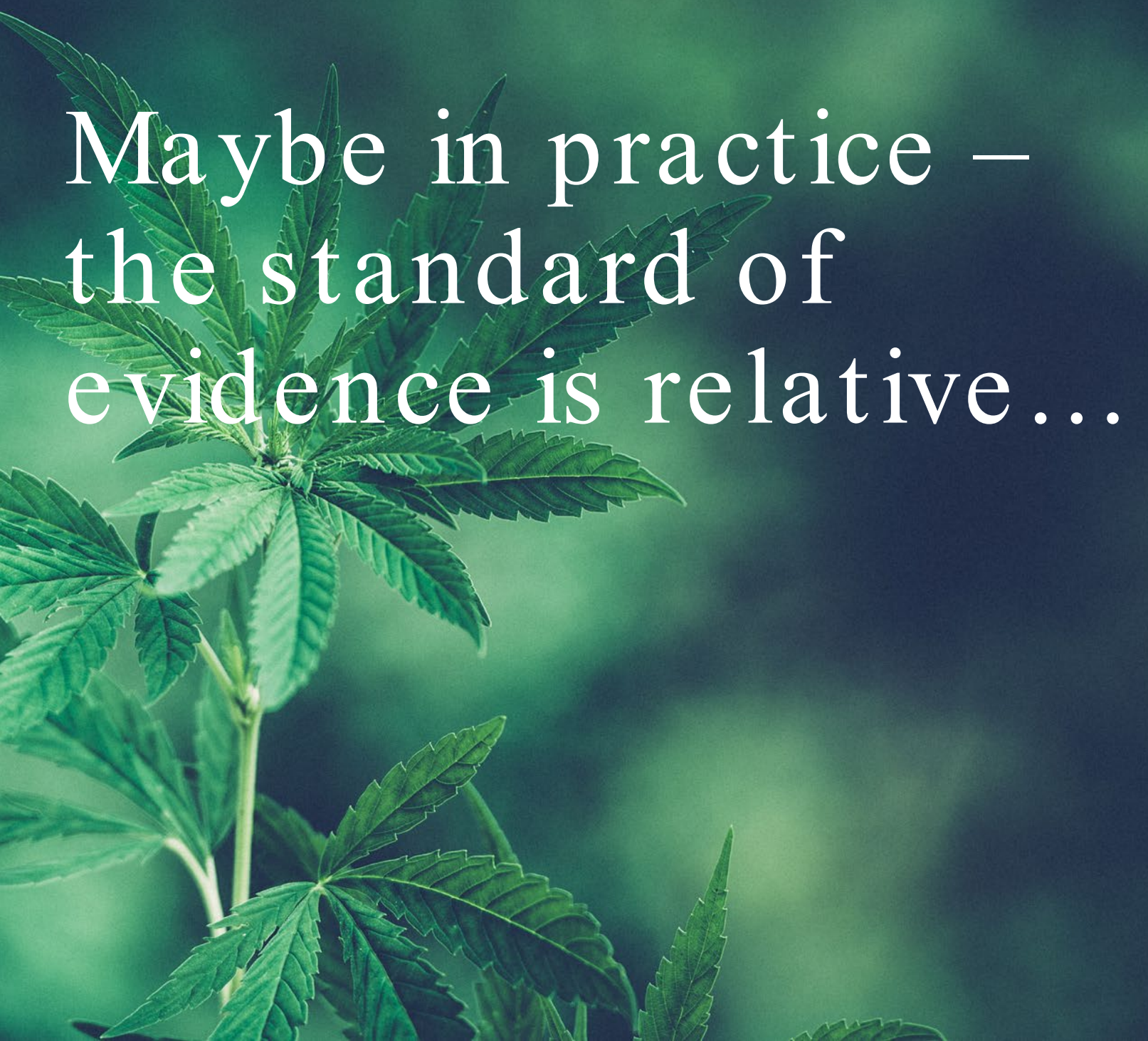




What do I most commonly treat with cannabis?

- Pain (e.g., neuropathic pain, fibromyalgia)
- Insomnia
- Chemotherapy and cancer-related symptoms (pain, appetite)
- Anxiety
- PTSD
- Irritable bowel and colitis symptoms
- MS – spasticity, bladder
- Parkinson's – especially non motor symptoms (pain, depression)





Maybe in practice —
the standard of
evidence is relative...

?

Maybe we should require different levels of evidence for ‘can it alleviate my migraine’ than for ‘does it cure leukemia’ - as there would be harm in NOT taking a medication that DOES work to treat leukemia (because you think cannabis will work.)



If you use cannabis do it safely

Dr. Peter Grinspoon M.D. Harvard Health Blog - January 2023

Key safety tips as legal medical and recreational marijuana evolve.





Final Points: Affordability as an equity issue

- Health insurance typically doesn't pay for medical cannabis in U.S.
- Many older Americans and veterans live on fixed incomes
- Many of my patients of limited financial means, want to get off opiates, and benzodiazepines, with the use of cannabis, but simply can't afford it
- With cannabis legalization, prescription medication use drops; this saves money for insurance companies; they must pay for medical cannabis
- Medical cannabis can't just be for the wealthy





"The illegality of cannabis is outrageous, an impediment to full utilization of a drug which helps produce the serenity and insight, sensitivity and fellowship so desperately needed in this increasingly mad and dangerous world."

Carl Sagan

American astronomer, cosmologist, astrophysicist and astrobiologist.





Contact Me

Available for Speaking
Engagements, Book Signings
and Medical Consultations.
www.petergrinspoon.com

