

Pragmatic use of cannabis products for chronic pain

Barriers to effectively engaging with patients about cannabis

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Disclosures

<i>Sponsor Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Ownership/ Equity Position</i>	<i>Employee</i>	<i>Other (please specify)</i>
Vireo Health								Data Safety and monitoring committee (unpaid)
Tryp Therapeutics			X					Protocol development funding
National Institutes of Health			X					R01AT010381 (NCCIH), K01DA049219 (NIDA), and R34AR078435 (NIAMS)
State of Michigan			X					State of Michigan Veteran's Marijuana Research Program

Stigma and barriers can stem from multiple sources

Barriers:

- Legal issues
- Lack of healthcare provider knowledge
- Cost (no insurance coverage)
- Where to purchase?

Stigma

- Loss of status/respect from perception of being a “drug user” or pothead
- Past propaganda
- Provider viewpoint – may turn people to addiction services rather than providing therapeutic guidance for use

Health disparities!



http://66.media.tumblr.com/tumblr_mb_kx10s2D51qapkmyo1_500.jpg





<http://blog.norml.org/2011/07/21/who-are-americas-medical-marijuana-patients/>



Full length article

Physicians-in-training are not prepared to prescribe medical marijuana

[Anastasia B. Evanoff](#)^a, [Tiffany Quan](#)^b, [Carolyn Dufault](#)^c, [Michael Awad](#)^d,
[Laura Jean Bierut](#)^b  

Highlights

- Physicians-in-training are not prepared to prescribe medical marijuana.
- Physicians-in-training think education about medical marijuana should be required.
- Only 9% of medical schools have medical marijuana documented in their curriculum.
- Education can improve physician preparedness to prescribe medical marijuana.

Communication Breakdown



- How do patients select cannabis products?
 - 2.6% via consultation with medical provider vs. 54.6% via consultation with budtender
- How do patients select CBD products?
 - 63.2% through personal research
 - 36.2% through advice from employee at place of purchase
 - 16.4% due to endorsement of medical professional

Table 3 Cannabis substitution for pharmaceuticals among 275 Michigan medical cannabis patients, influences for substitution, and primary care provider knowledge of substitution

Substance type	Use <i>n</i> (%)	Substitution (%)	Influences for substitution (%)				
			Experiences	Healthcare provider	Dispensary	Individuals	Other
Amphetamines	52 (19%)	75	89	11	0	3	14
Anticonvulsants	30 (13%)	70	87	22	4	8	4
Antidepressants	141 (51%)	53	93	22	7	6	6
Antiemetics	33, 12%	79	87	13	4	0	4
Antihistamines	94, 34%	36	100	3	0	3	6
Antipsychotics	19 (7%)	78	71	43	0	7	0
Anxiolytics or benzodiazepines	64 (23%)	73	87	34	4	8	8
Muscle relaxers	107 (39%)	82	88	15	3	5	11
Non-opioid pain relievers	93 (34%)	76	97	10	4	6	12
Nonsteroidal anti-inflammatories	125 (46%)	62	92	14	3	4	9
Opioids	102 (37%)	86	88	28	11	9	12
Non-amphetamine stimulants	19 (7%)	50	89	11	0	11	22
Prescription cannabinoids	5 (2%)	75	75	0	0	25	25
Sedatives	34 (12%)	88	93	25	7	4	14
Sleep aids	79 (29%)	83	95	15	6	8	5
Steroids	44 (16%)	64	55	18	2	0	2

N = 275 participants total, 192 of whom reported any substitution. Note: all values are proportions of relevant groups. Use indicates proportion of participants who have used a substance. Substitution indicates proportion of participants using a substance who have reduced or stopped their use because of medical cannabis. Influences for substitution include participant's own experimentation and experiences, advice from primary health/medical care provider, advice from my medical marijuana caregiver/dispensary, advice from other individual(s), and other source of information
PCP primary care provider

Table 2 Characteristics of and perceptions towards primary care providers of 275 Michigan medical cannabis patients

<i>Variables and responses</i>	<i>Value</i>
Number of physicians visited to obtain medical cannabis authorization	
1	75.3% (n = 207)
2	18.9% (n = 52)
3	2.9% (n = 8)
4	0.7% (n = 2)
5	0.4% (n = 1)
6	0.4% (n = 1)
Missing	1.5% (n = 4)
Primary care provider's knowledge about medical cannabis	
Poor	32.4% (n = 89)
Fair	27.3% (n = 75)
Good	22.2% (n = 61)
Very good	12.4% (n = 34)
Excellent	4.4% (n = 12)
Missing	1.5% (n = 4)
Confidence in primary care provider's ability to integrate medical cannabis into treatment	
Not at all confident	46.2% (n = 127)
Somewhat confident	16.7% (n = 46)
Moderately confident	16.7% (n = 46)
Very confident	10.2% (n = 28)
Completely confident	8.7% (n = 24)
Missing	1.5% (n = 4)
Primary care provider's level of support for medical cannabis	
Not at all supportive	25.1% (n = 69)
Somewhat supportive	28.4% (n = 78)
Moderately supportive	21.1% (n = 58)
Very supportive	12.4% (n = 34)
Completely supportive	11.6% (n = 32)
Missing	1.5% (n = 4)

Assessing Health Care Providers' Knowledge of Medical Cannabis

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Published Online: 31 Aug 2021 | <https://doi.org/10.1089/can.2021.0032>

 Tools  Share

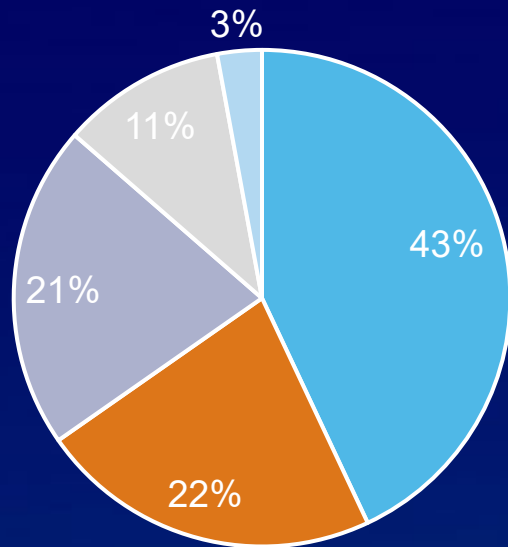
Abstract

Introduction: Many health care providers would benefit from greater knowledge and awareness of medical cannabis, even if they choose not to integrate it into their medical practice. Unfortunately, health care providers generally report low knowledge of medical cannabis and cite this lack of knowledge as a barrier to making patient recommendations. It is important to understand health care providers' medical cannabis knowledge and its correlates. However, few studies have rigorously assessed clinically relevant cannabis-related knowledge, instead typically focusing on attitudes toward cannabis and perceived knowledge.

- Physicians lack confidence and comfort in their own knowledge to integrate cannabis into treatment regimens
- Only 8% moderately or extremely knowledgeable about cannabis. (61% not at all or slightly knowledgeable)
- Only 18% somewhat or very comfortable incorporating cannabis into treatment regimen (64% somewhat or very uncomfortable)
- 58% of questions on risk, benefits, and cannabinoids were accurately answered

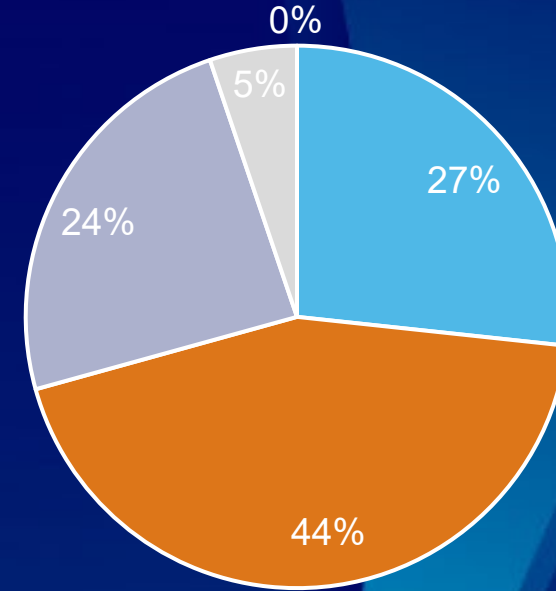
Physician mistrust of dispensaries and caregivers

N=242 physician ratings of likelihood of using recommendations from dispensary staff or caregivers



- Extremely unlikely
- Somewhat unlikely
- Neither likely or unlikely
- Somewhat likely
- Extremely likely

Physician ratings of competency of medical cannabis dispensary staff and caregivers



- Not at all
- Slightly
- Moderately
- Very
- Extremely

Analysis of State Cannabis Laws and Dispensary Staff Recommendations to Adults Purchasing Medical Cannabis

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Table 2. Self-report of Basis of Recommendations

Basis of recommendation	Yes response, No. (%)
Customer's medical condition(s)	319 (73.5)
Experiences of other customers	305 (70.3)
Customer's prior experience with cannabis	292 (67.3)
Customer preference	286 (65.9)
Daytime or nighttime consumption	283 (65.2)
Scientific articles (eg, articles from medical journals)	279 (64.3)
Your personal experience	274 (63.1)
Training provided by your employer	265 (61.1)
Other staff recommendations	242 (55.8)
Product availability	215 (49.5)
Cost	197 (45.4)
Experience of friends or colleagues	194 (44.7)
Trade literature (eg, trade magazines or websites)	191 (44.0)
Physician/clinician input	175 (40.3)
App or website that helps with product selection (eg, Strainpaint)	140 (32.3)
Product smell	127 (29.3)
Product appearance (for flower)	123 (28.3)
What needs to get moved out of inventory	52 (12.0)

Summary

- Despite increasing legality, clinicians are not adequately prepared to engage with patients about cannabis
- Clinicians are often left out of conversations about medical cannabis
- There is little communication between clinicians and dispensaries