


Sidney Kimmel Cancer Center
 Jefferson Health | NCI – designated

Until every cancer is cured

Accessing Medical Cannabis in PA
Social Work's Role in an Academically Based Clinic

Greg Garber, MSW, LCSW
 Director of Oncology Support Services
 Co-Director Medical Cannabis Certification Clinic
 Neu Center for Supportive Medicine and Cancer Survivorship

Objectives

- Overview of Cannabis in US
- Potential concerns surrounding MMJ
- Barriers to access: digital literacy, cost, education
- Specifics and approach of SKCC Medicinal Cannabis Clinic


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Background



- 2900 BC - 1900 AD
 - Therapeutic mainstay across many cultures
 - 1800's - cannabis extracts sold in pharmacies and doctor's offices in Europe and US
- 1900 AD
 - Influx of immigration from Mexico into states like Texas and Louisiana
 - Use of cannabis as medicine and muscle relaxant via Mexican culture, but referring to it as "marihuana"
 - Media, playing on fears of "disruptive Mexicans" and dangerous behaviors, including "marihuana" use
 - No recognition that marihuana = cannabis

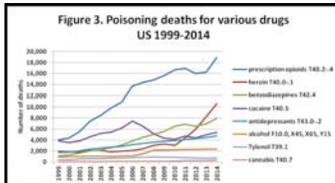

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Background

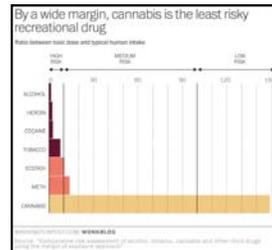
- 1970 - Controlled Substances Act
 - Schedules for ranking substances according to their dangerousness and potential for addiction
 - 1 = drugs with no currently accepted medical use and a high potential for abuse
 - LSD, 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone(Quaalude), and peyote
 - 2 = opioids, cocaine, stimulants (Ritalin, Adderall)
 - Marijuana classified as Schedule 1
- 1973-1978 - 11 states decriminalized cannabis
- 1996 - The Compassionate Use Act
 - California was the first state to permit use of cannabis prescribed by a physician
- 2012 - Colorado legalized recreational use of cannabis


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Toxicity



Source: CDC



Cannabis Is Not Without Risk!

- 21st century, most widely used illegal drug in the world
- UN estimating up to 190 million people consumed cannabis in 2007
- Most users experience "mild euphoria, relaxation, perceptual alterations including time distortion and intensification of ordinary experiences such as eating, watching films, listening to music and engaging in sex"

Hall W, Degenhardt L. Adverse health effects of non-medical cannabis use. *Lancet*. 2009;374(9698):1383-1391

'The Bad'

- Anxiety, dysphoria and even frank paranoia
 - High becomes so intense, can lead to panic attacks and psychosis, particularly in naive users and unfamiliar situations
- Short term memory disruption, reduced ability to focus, incoordination and sleepiness
 - Why recreational users like it, but can also limit medical usefulness

Mayo Clin Proc. 2012;87(2):172-186

Cannabinoid Hyperemesis Syndrome

- Chronic cannabis use, cyclical nausea and vomiting episodes
- 3 phases
 - Prodromal
 - Increased cannabis use believing it is helpful
 - Hyperemetic
 - Recovery
- Treatment - supportive, cessation of cannabis
- Often confused with cyclical vomiting syndrome

Galli JA, Sawaya RA, Friedenberg FK. Cannabinoid Hyperemesis Syndrome. *Current drug abuse reviews*. 2011;4(4):241-249.

Addiction

- Prevalence of use peaks in late teens - 20's
- Lifetime dependence risk = 9%
 - Opioids 36%
 - Nicotine 32%
 - Heroin 23%
 - Cocaine 17%
 - Alcohol 15%
- Risk of dependence after 25 yr is essentially zero
- Withdrawal syndrome

Robson P. Abuse potential and psychoactive effects of Δ^9 -tetrahydrocannabinol and cannabidiol oromucosal spray (Sativex), a new cannabinoid medicine. *Expert Opin Drug Saf* 2011;10(5):675-685

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Abuse and psychiatric illness

- Heavy use 6.2x the risk of hospitalization for psychosis
- Swedish study followed 50,000 people for 27 yrs
 - >50 uses = 7x more likely to have schizophrenia than never users
 - Chicken or the egg??
 - Does it really "cause" schizophrenia vs heavy use more likely in individuals with schizophrenia/genetic predisposition to schizophrenia
- Australian study
 - 10 fold increase in marijuana use
 - No change in rates of schizophrenia over last 40 yrs

Zammit S, Allebeck P, Andreasson S, Lundberg I, Lewis G. Self reported cannabis use as a risk factor for schizophrenia in Swedish conscripts of 1969: historical cohort study. *BMJ*. 2002;325(7314):1199

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What we don't know

- In reality, we have no good evidence around:
 - Cancer suppression or carcinogenesis
 - Schizophrenia/mental health
 - Pulmonary effect - smoking vs vaporizing



Van Dam, Nicholas T., and Mitch Earleywine. "Pulmonary function in cannabis users: support for a clinical trial of the vaporizer." *International Journal of Drug Policy* 21.6 (2010): 511-513.

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What we don't know



- Shi, Yuyan. "Medical marijuana policies and hospitalizations related to marijuana and opioid pain reliever." *Drug and Alcohol Dependence* 173 (2017): 144-150.
 - Looked back one decade in Colorado (5 years pre-post)
 - Hospitalizations related to marijuana and opioids have risen by 300%
 - Medical marijuana legalization reduced opioid-related hospitalizations significantly (23%)
 - Medical marijuana legalization had no impact on marijuana-related hospitalizations (very few)
- Badford, A.; Bradford, D.; Abraham, A. "Association Between US State Medical Cannabis Laws and Opioid Prescribing in the Medicare Part D Population." *JAMA Internal Med.* 2018;178(5):667-673.
 - From 2010-2015 found that patients filled fewer daily doses of any opioid in states with medical cannabis laws
 - Finding particularly strong in states that permit dispensaries, and for reductions in hydrocodone and morphine prescriptions

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Pennsylvania Program (2019 Data)

- Approximately 116,000 patients registered and 86,000 certified (1,000 caregivers) since program started.
 - Approximately 1400 (3.8%) Physicians are able to certify with approximately 1000 certifying
 - Approximately 45 dispensaries are open in PA with 150 scheduled to ultimately open
- Physician
 - Register via DOH
 - Complete 4 hour approved course
 - Certify patients
 - Complete form, submit to DOH
 - Follow up 'at least annually'
- Patients
 - Sign up with DOH through online portal
 - Must have email address, valid PA license or ID, credit or debit card
 - See certified physician
 - Pay registration fee \$50 for card (\$25 if on public assistance, MA, SNAP, PACE)
 - Visit any PA dispensary
- Caregivers
 - Patients can designate up to 2 caregivers who can either accompany patient or purchase on behalf of patient
 - Fingerprints and background check required, cost is same, no Dr visit needed

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Pennsylvania Program (2018 data)

- 21 conditions
 - Pediatric and Adult eligible
 - May 2018 - added OUD as condition
- Amyotrophic lateral sclerosis
 - Autism
 - Cancer, including remission therapy
 - Crohn's disease
 - Damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies.
 - Dyskinetic and spastic movement disorders
 - Epilepsy
 - Glaucoma
 - HIV / AIDS
 - Huntington's disease
 - Inflammatory bowel disease
 - Intractable seizures
 - Multiple sclerosis
 - Neurodegenerative diseases
 - Neuropathies
 - Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions
 - Parkinson's disease
 - Post-traumatic stress disorder
 - Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain
 - Sickle cell anemia
 - Terminal illness

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NJ Program (2016 data)

- >24,000 active registrants, >1600' family representatives'
- Find a registered physician to 'certify'
 - 4.5% of physicians (663) in NJ (1% in NY)
- Apply through state and pay fee - \$100 (If Veteran or on PA \$20)
 - Card is for 2 years provisional at first and must be reviewed after 30-60-90 days
 - Need photo ID and proof of residency uploaded
 - Must have 'bona-fida' relationship with certifying physician (4 visits or known for 1 year)
- Dispensary "Alternative Treatment Center"
 - 6 operational
 - Patient must pick one center to use (may be changed)
 - Consult with expert on site for recommendations of product, strain, etc.

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New Jersey Qualifying Diagnoses

- Amyotrophic lateral sclerosis (Lou Gehrig's disease)
- Multiple Sclerosis
- Terminal cancer
- Muscular Dystrophy
- Inflammatory bowel disease including Crohn's disease
- any terminal illness with a prognosis of less than 12 months
- seizure disorders including epilepsy, intractable skeletal muscular spasticity, post-traumatic stress disorder and Glaucoma qualify if traditional medicine has failed
- Severe or chronic pain, severe nausea or vomiting and wasting syndrome caused by HIV/AIDS and cancer
- Anxiety
- Migraines
- Tourette's syndrome
- Chronic pain related to musculoskeletal disorders, which include rheumatoid arthritis, lupus, fibromyalgia and opioid use disorder
- Chronic pain affecting of "visceral origin," which includes pancreatitis, irritable bowel syndrome and bowel dysfunction.

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Delaware Program (2016 data)

- Can apply online or by paper
- 3 Compassion Centers
- 1550 cards have been issued
 - Cost is \$125 (one year) If under 230% of FPL card is free
- Need to upload or mail information
- Up to 45 day turnaround to receive card
- Any physician can certify

Delaware Qualifying Diagnoses

- Terminal illness
- Cancer
- Positive status for Human Immunodeficiency Virus (HIV Positive)
- Acquired Immune Deficiency Syndrome (AIDS)
- Decompensated cirrhosis
- Amyotrophic Lateral Sclerosis (ALS / Lou Gehrig's Disease)
- Agitation of Alzheimer's disease
- Post-traumatic Stress Disorder (PTSD)
- Intractable epilepsy
- Autism with self-injurious or aggressive behavior
- Glaucoma
- Chronic Debilitating Migraines
- A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following
 - Cachexia or wasting syndrome
 - Severe, debilitating pain that has not responded to previously prescribed medication or surgical measure for more than three months, or for which other treatment options produced serious side effects.
 - Intractable nausea
 - Seizures
 - Severe and persistent muscle spasms, including but not limited to those characteristic of Multiple Sclerosis

Goals of Medicinal Cannabis Certification Clinic at the SKCC

- Make medicinal cannabis accessible to our patients and relieve, to the extent possible, creating another healthcare disparity
 - Address potential barriers
 - Cost (no insurance coverage, accessing in community is often prohibitively costly)
 - Digital Literacy (the majority of patients we have certified have needed assistance with some aspect of on-line registration)
 - Education/Health Literacy (while many of our patients have used cannabis at some point in their lives, very few have knowledge on what to look for based on their symptoms and how to use safely and effectively)
 - Oncologist/Care Team support and education
 - Engagement in Supportive Medicine services, cannabis clinic is one of many components and seen as an adjunct treatment

SKCC Digital Literacy Survey

Between August 2017 and January 2018, we surveyed 363 SKCC patients about their use of and interest in technology. Among those surveyed, 56% were female and 30% were of a minority race or ethnicity. About half had a college or advanced degree. Three-quarters were under the age of 70.

- 90% of our patients have access to or use the Internet. However, our patients with less than a high school diploma are 12X less likely to have access to the Internet than those with an advanced degree.
- Among our patients who access the Internet, 87% of them can do so in their home. Those who are over the age of 70, are of a minority race or ethnicity, or have less than or equal to a high school diploma are significantly less likely to have Internet access at home.
- About 85% of our patients report owning a smart phone. However, those with less than or equal to a high school diploma are 5X less likely to own a smartphone than someone with a college degree. Android phones are more popular with older patients, those of a minority racial or ethnic group, and those with less education; iPhones are more popular with younger patients, white patients, and those with advanced degrees.
- While many of our patients have been to a website to learn about their cancer, only half of our patients with less than or equal to a high school diploma have ever done this. Only 60% of our African American patients have done this.
- While many of our patients are savvy about using the Internet and integrating technology into their care, those who are older, have less than a college degree, and/or are of a minority race or ethnicity are at a significant disadvantage in doing so.

Our Experience at the Sidney Kimmel Cancer Center

- Medicinal Cannabis Certification Clinic (MD and MSW)
 - Half-day session weekly
 - 30 minute visit
 - Only require annual visit for recertification
 - Billed as palliative care encounter through insurance so patient only liable for copay
 - Referrals through provider or self-referrals
 - Patients instructed to bring valid PA License or ID with correct address
 - Need email address to which patient has access and credit or debit card
 - We will create Gmail address if needed
 - Patient/Caregiver can complete entire certification in one visit and card typically comes within 4-5 days. (takes a few extra days if receiving discount for Public Assistance/SNAP/PACE)
 - Patient receives a card with our names, numbers and their togon and password for PA portal
 - Using philanthropy funds we are able to pay for a patient's card if needed and also can provide vaporizer pens

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Visit Structure

- Epic
 - Created reportable visit types NPV MMJ and EPV MMJ
 - Created trackable smart phrase for note .MMJ
 - MD, SW and Research Coordinator (Medical Student/SW Student/RC)
- Note content
 - Experience with cannabis
 - Symptoms they wish to address (nausea, insomnia, neuropathy, pain, anxiety etc..)
 - Opioid/Benzodiazepine use (checked against PDMP)
 - ETOH and street drug use
 - History/Treatment serious psychiatric illness (Schizophrenia, Bipolar, MDD)
 - Income Source
 - Review of Systems
 - Interest in participating in survey based research if so consented during visit or by phone after.

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Education

- Provide education on various forms of medicinal cannabis and pros/cons
- Instruction regarding usage (demonstration of vaping, tincture)
- Locate nearest dispensary and go over recommended forms/usage/cost
 - Bring up menu on web
- Recommendations entered into portal and process explained
- After Visit Summary (AVS)
 - Nearest dispensary
 - Recommendations
 - Contact information for us
- Assistance/Education with caregiver registration
- Further assistance with registration process if indicated/needed
- Use of discretionary funds to pay card fee if needed or supply vaporizer

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SKCC Data from January 2018-April 2019

432 patients/caregivers certified (data from Epic, SKCC demographic)

<p>Sex</p> <ul style="list-style-type: none"> • 210 Female 222 Male 	<p>Age</p> <ul style="list-style-type: none"> • Range 23-90 • Average 64
<p>Ethnicity/Race</p> <ul style="list-style-type: none"> • African American 21% (18%) • Caucasian 71.4% (73%) • Asian 1% (5%) • Hispanic 2.3% (3%) 	<p>Diagnosis (data still being gathered)</p> <ul style="list-style-type: none"> • Lung, Leukemia/Lymphoma, Breast, GI, Brain, Head and Neck, Gynecological, Myeloma
<p>Payor</p> <ul style="list-style-type: none"> • Commercial Insurance/Medicare 52% (80%) • Medical Assistance 48% (18%) 	<p>Primary Symptoms (Patient report)</p> <ul style="list-style-type: none"> • Peripheral Neuropathy, Nausea, Appetite/Cachexia, Pain, Insomnia, Anxiety, CBD for Cancer Control

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Anecdotal Observations (patient reports in clinic)

- Appears to be helpful for many with nausea, appetite, insomnia, anxiety (vape or tincture, 1:1 formulation usual starting point, adjusted based on symptoms and response)
- Appears to be helpful for some with peripheral neuropathy (topical, tincture, vape high CBD:THC formulations)
- Appears to be helpful for some for visceral pain (tincture, vape, pill varying ratios and strengths) typically used as an adjunct to pain medications but a significant number of patients report decreasing opioid use over time

IRB Approval (Modern Day Miracle)



What should our role be?

- De-stigmatize
 - No matter what your opinion on marijuana is
- Educate ourselves
 - TJU
 - Lambert Center for the Study of Medicinal Cannabis & Hemp
 - <http://www.jefferson.edu/university/emerging-health-professions/lambert-center.html>
 - Medical Marijuana Inc
 - <http://www.medicalmarijuanainc.com/education/>
- Contribute to body of research on marijuana
 - "The Financial and Psychosocial Impact of Medicinal Cannabis in Cancer Patients" (pending final IRB approval)

Questions?

Gregory.Garber@Jefferson.edu



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