

## **Interview: Medical cannabis is a scientifically reasonable option (4 min read) [1]**

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### **Do you prescribe medical cannabis to your patients, and why?**

*Dr. Blake Pearson:* For some of my patients, traditional pharmaceutical treatments weren't effective, or patients couldn't tolerate the side effects. So that's when I first started to prescribe medical cannabis. I continued to prescribe it because of the positive results, with less risk of serious side effects. I educated myself on the endocannabinoid system. And once I understood the underlying physiology, I had to acknowledge that medical cannabis is a scientifically reasonable option for the treatment of certain conditions.

I also support medical cannabis because it's a multimodal treatment. This means that it can treat more than one symptom with just one medication. For example, in pain management, I am often able to manage someone's pain and at the same time treat related issues like insomnia and anxiety with one cannabis formulation. So it's a medication that can also lead to a reduction in polypharmacy, which is the simultaneous use of multiple medications by a patient.

- Physician, CEO of Greenly Medical, Toronto, Canada, and medical cannabis researcher
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I prescribe medical cannabis because it is a scientifically reasonable option for the treatment of certain conditions.

**Dr. Blake Pearson**, Physician, CEO of Greenly Medical, Toronto, Canada, and medical cannabis researcher

### **What problems do you see with medical cannabis?**

*Pearson:* Unfortunately, there is a lot of misinformation about cannabis, even in the medical community, and there continues to be an inherent bias against it due to a variety of political and personal ideologies. There is already a significant body of high-quality evidence to indicate that cannabis is effective in treating conditions including chronic pain, chemotherapy-induced nausea and vomiting, MS spasticity and short-term sleep disorders – and the body of evidence is growing around a host of other conditions.

Undoubtedly, we need more controlled trials to investigate the effectiveness of cannabinoids for the multitude of other conditions that it has the potential to benefit. But, apart from that, we need to consider the double standard – and stigma – regarding medical cannabis amongst some in the medical community: We demand much more rigorous evidence for cannabinoid therapy than we do for other treatments. For example, in Canada, one in nine drugs is being used off-label, meaning that it is prescribed for different indications or types of application than originally approved by the authorities. Within pediatrics, this number rises to 75 % of medicines being prescribed off-label.

As physicians, we seem to be okay with this. Although, according to the Canadian health department, Health

Canada, 79 % of off-label prescriptions were not supported by strong scientific evidence – with “strong evidence” being described as having at least one randomized controlled clinical trial. Off-label prescribing is not prohibited in Canada, and most physicians agree it is essential in ensuring health professionals can pursue treatments that are in the best interest of their patients. There are many examples of innovative uses for existing drugs, and I see a parallel here. I see the positive impact of cannabis therapy on my patients every day, and I question this double standard.

**Based on your experience with your patients, does access to medical cannabis improve lives?**

*Pearson:* To put it simply, medical cannabis works for certain conditions – and for some patients, it is the only medication that is effective. A number of my elderly patients rated their pain as severe enough to limit themselves from gardening, going for walks and spending time with their grandkids. For many, it was also preventing them from getting a good night’s sleep. With medical cannabis treatment, they experience less pain, and they enjoy their lives again. Specifically, I’m thinking of a female patient with chronic pain, who had multiple operations on a tumor on her jaw. For her, this was an access matter: A pain specialist refused to give her medical cannabis, so she was given an opioid that’s a hundred times stronger than morphine - but it wasn’t providing relief. So, she was referred to me. Within a couple of months, we had her pain better controlled, and she was able to completely come off the opioid, by using a cannabis oil.

From my perspective, medical cannabis is a medication that can be effective for treating certain conditions. And when you consider its low risk for serious side effects and its ability to potentially reduce other medications, medical cannabis needs to be considered as a reasonable option. It’s not the only option, but it should be an option.

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