

Jessica McCain, MD

Family Practice

Compassionate Care Provider- Medical Marijuana Certified

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Florida Amendment 2, passed (71%) 11/8/2016

Senate Bill 8A, signed by Governor 6/23/17

QUALIFYING MEDICAL CONDITIONS.—A patient must be diagnosed with at least one of the following conditions to qualify to receive marijuana or a marijuana delivery device:

Cancer

Epilepsy

Glaucoma

HIV/AIDS

Post-traumatic stress disorder (PTSD)

Amyotrophic lateral sclerosis (ALS)

Crohn’s disease

Parkinson’s disease

Multiple sclerosis

Medical conditions of the **same kind or class as or comparable** to those enumerated in paragraphs (a)-(j)

A **terminal condition** diagnosed by a physician other than the qualified physician issuing the physician certification

Chronic nonmalignant pain [“Chronic nonmalignant pain” means pain that is caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition.]



Roles in the MMJ Industry

Physician

- Conant v. Walters, 2002 US Federal Court
- Patient advocacy
- Certifications to the Department of Health
 - Verify qualifying condition – medical records review and proof of FL Residency
 - Education about risks : benefits
 - Provision of scientific literature
 - Dosing discussions and Orders into the DOH system
 - Troubleshooting?
- NO ROLE in the sale, distribution, or administration of the medication

Nursery > Processing/Products > Dispensary (MMTC)

- Vertically integrated system, independent lab testing

Department of Health, FL Board Of Medicine, FL Board of Osteopathic Medicine, FL Legislation

- Regulatory power and Enforcement of laws
- Quality and integrity control
- Database for patient certifications, ID cards, orders



RECREATIONAL ≠ MEDICINAL

Background Science

Endocannabinoid system (1993) = Phytocannabinoid system

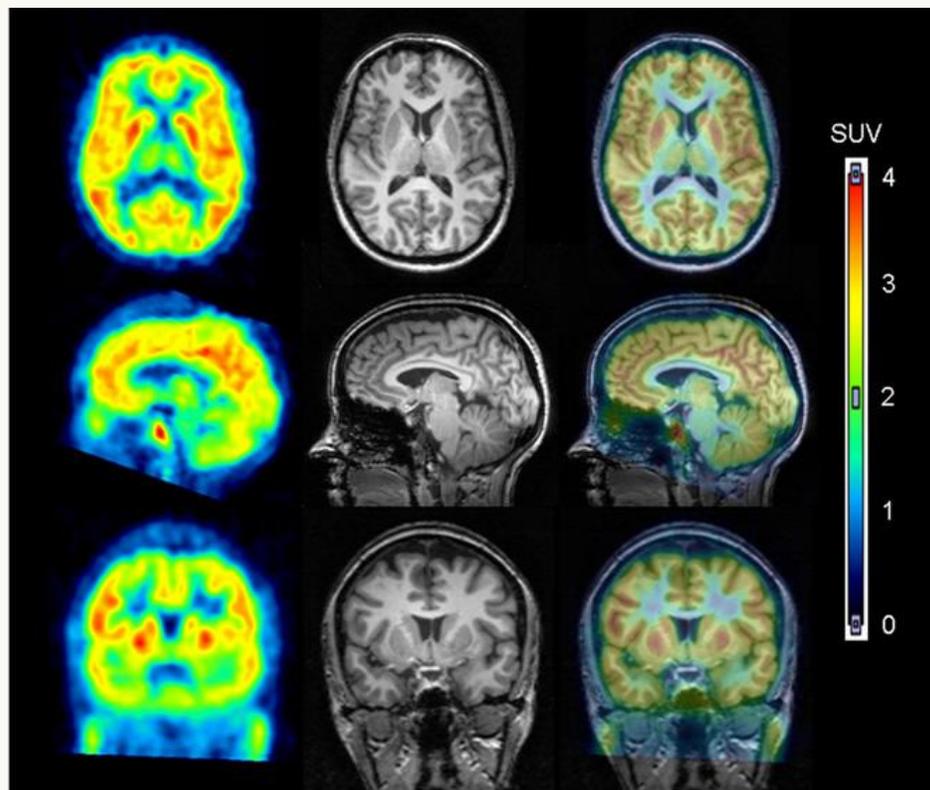
ANA = THC - highest concentration brain/CNS

2 AG = CBD - throughout the body

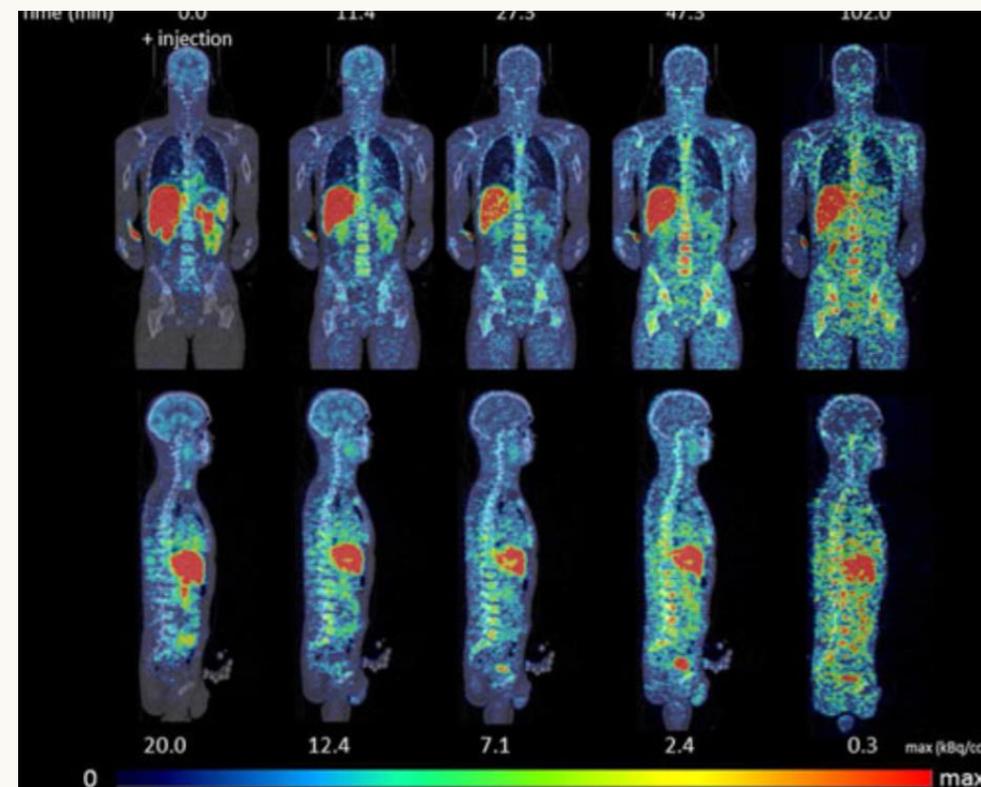
Neurotransmitters that have role in most bodily functions--
ie. GI and appetite, endocrine and metabolism, mood,
memory, immune and inflammatory regulation, cardiovascular,
motor/coordination, thermoregulation, reproduction, etc.



CB1 Receptors in Brain CB2 Receptors in Body (not a strict rule but cool picture)



Terry et al., 2010



Ahmad, 2013



RESEARCH

“Cannabinoids have been found to have antioxidant properties, unrelated to NMDA receptor antagonism. This new found property makes cannabinoids useful in the treatment and prophylaxis of wide variety of oxidation associated diseases, such as ischemic, age-related, inflammatory and autoimmune diseases. The cannabinoids are found to have particular application as neuroprotectants, for example in limiting neurological damage following ischemic insults, such as stroke and trauma, or in the treatment of neurodegenerative diseases, such as Alzheimer’s disease, Parkinson’s disease and HIV dementia.””

-- 10/7/03 Unites States Patent Office issued #6630507 to the U.S. Department of Health and Human Services, expires 2021



Not a “Snake Oil” – real research worldwide

Ex: **Terminal Conditions** - decrease excessive secretions, pain alleviation, reduce depression/anxiety, enhances appetite/weight gain if wasting, allow sleep

Ex: **Anticancer**- slowing tumor growth by limiting new blood vessels, triggering cell death “apoptosis,” prevents metastasis; along with palliative care from chemo/radiation

Ex: **HIV**- halt infected immune cells from crossing brain to prevent dementias or neuropathy, decrease replication enzymes activity of enzymes for replication

Ex: **Glaucoma** – high THC reduces intraocular pressure and increase vascularity to retina

Ex: **Psychiatric health**- directly enhances serotonin, inhibits GABA and glutamate - impacting behaviors of depression, anxiety (fear extinction), aggression, addiction, appetite, sleep, pain perception, nausea/vomiting or “sour stomachs” via noradrenaline decrease.

Ex: **Autoimmune conditions** – similar to rx “biologics” without AE, decrease TNF α , inflammatory cytokines, balance cortisol stress hormones, regulate immune destruction.

- Crohn’s Disease – high THC studies
- Rheumatoid arthritis- less joint damage
- Psoriasis- topical oils

Ex: **Neurologic conditions**- it’s neuroprotective

- Epilepsy -- CBD > THC
- ALS – all-in-one mechanism which multiple rx needed for glutamate antagonists, TNF α inhibitor, microglial modulator, neurotropic growth factor, and mitochondrial enhancer. Mice with longer neuronal life, analgesia, muscle relaxation, bronchodilation, saliva reduction, appetite stimulation, and sleep induction.
- Multiple sclerosis- cerebellum’s CB receptors become temporarily disorganized and then reorganize in remission; myelin production
- Strokes- mice studied after tx with less cerebral damage with imaged vasodilatory benefits and then improved neuroplasticity “re-learning”
- **Insomnia**- increased REM d/t increase adenosine in brain

Ex: **Pain**- capsaicin, G-protein receptors, mu-opioid receptors = widening therapeutic index for safety and less addiction

Other Outside Amendment applications:

ex: **Metabolic syndrome**- chronic marijuana users 1/3 less likely to be obese with improved insulin sensitivity, role of fat cell production/deposition for atherosclerosis, less cholesterol, less hypertension

ex: **Reproduction**- ANA regulates timing of embryo implantation; treatment for libido

ex: **Anti-MRSA, anti-fungal**

ex: **muscle and bone** - vasodilation effect washes toxins and repair muscle after exercise, promotes bone remodeling for osteoporosis.



ETC.

- ADD/ADHD
- Addiction
- ALS
- Alzheimer's
- Anorexia
- Anxiety
- Asthma
- Ataxia
- Bipolar
- Cachexia
- Cancer
- Chronic fatigue
- Chronic pain
- Cramps
- Crohn's
- Diabetes
- Depression
- Epilepsy
- Fever
- Fibromyalgia
- Glaucoma
- Hepatitis
- HIV/AIDS
- Incontinence
- Insomnia
- Migraine
- MRSA
- Multiple Sclerosis
- Nausea
- Neuralgia
- Neuropathy
- Parkinson's
- PMS
- PTSD
- Rheumatoid Arthritis
- Seizure disorders
- Sickle cell anemia
- Spasms
- Spinal injury
- Stroke
- Tourette's
- Vomiting



Why is “marijuana” taboo? History Lesson

Used for **thousands of years**, never a reported death- continued use in other countries. American settlers were required to grow cannabis for land use ownership.

Early 1900s with over 2000 tincture products, some companies started **adding morphine**- this led to the medico-social issues for government intervention. Plus, there was a backlash from **Mexican Immigration**.

Harry Anslinger, serving 1930-1962 as Commissioner of the Federal Bureau of Narcotics, created façade of nationalized/consolidated drug control under fanatical assertions that marijuana caused insanity and “pushed people towards horrendous acts of criminality ” with movies like ‘*Reefer Madness*.’ 1936 Agenda AMA publicly opposed legislation without medical basis.

1970 the **Federal Controlled Substances Act** placed marijuana in the highest regulated category as illicit; Schedule I means "having a high potential for abuse, no currently accepted medical use in treatment." There was a clause that if research disputed, the Attorney General could declassify. President Nixon vetoed the 1972 Schafer Commission Report concluding the need to declassify and decriminalize.

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I’m saying? *We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.*” -- 1994 interview with **John Erlichman, White House Counsel and Assistant to the President [Nixon] for Domestic Affairs (1969-1973)**



The result of prohibition and Propaganda

- The loss of the “Art of Medicine” – vast majority physicians now never exposed to the science.
 - People suffering, suicidality, because unaware there are still options
 - “Cannabis” for medical use and “Marijuana” for recreational
- False belief that Marijuana is a gateway, when it’s really an exit. Misunderstanding about correct use of opiates for pain.
- Criminality from legal system (4x higher incarceration in black). Blackmarket dependency and corruption.
- High cost of healthcare in the USA.



National Institute
on Drug Abuse
Advancing Addiction Science

A detailed analysis by the RAND Corporation, showed that **legally protected access to medical marijuana dispensaries** is associated with **lower levels of opioid prescribing**, **lower self-report of nonmedical prescription opioid use**, **lower treatment admissions** for prescription opioid use disorders, and **reduction in prescription opioid overdose deaths**. Notably, the reduction in deaths was present only in states with dispensaries (not just medical marijuana laws) and was greater in states with active dispensaries.

<https://www.drugabuse.gov/publications/marijuana/marijuana-safe-effective-medicine>



CBD for Opioid Addiction?

- Non-rewarding
- Minimal side effects and toxicity
- Reduces anxiety, a component of abuse and relapse
- Reduces the rewarding properties of opioid drugs and withdrawal symptoms
- Reduces heroin-seeking behavior in animals
- Reduces heroin-related cue-induced craving in heroin abusers

reviewed in Hurd, 2017

Cannabis Improves Naltrexone Treatment Retention STUDY

Days in treatment (mean):

Intermittent cannabis use = 113 days

Consistent cannabis use = 68 days

Abstinent = 47 days

Intensive behavioral therapy helped the consistent cannabis group but not the abstinent group.

(Raby et al., 2009)





Another recent study analyzed **Medicare prescription drug coverage data** and found that availability of medical marijuana significantly reduced prescribing of medications used for conditions that medical marijuana can treat, including opioids for pain. **Overall savings for all prescription drugs were estimated to be \$165.2 million in 2013.**

1. Bradford AC, Bradford WD. Medical Marijuana Laws Reduce Prescription Medication Use In Medicare Part D. *Health Aff Proj Hope*. 2016;35(7):1230-1236. doi:10.1377/hlthaff.2015.1661.



We can move forward.

Why force patients into using an online purchase system and delivery?

- It increases costs.
- Most patients have incentives to use mail-order pharmacies for standard pharmaceuticals- but choose not to- because having a relationship with a pharmacist is invaluable. It saves time, confusion, frustration.
- Loss of product education (for patient, for physicians)
- Less interaction for caregivers.
- Loss of individualized therapy.
- Could be helpful for troubleshooting ID cards and recommendation oversights.

QUESTIONS & ANSWERS

THANK YOU!

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PLEASE ALSO CHECK OUT
DR DUSTIN SULAK's

website for more
educational discussions
and videos at

www.healer.com

Compliments for informational reference of some data from presentation of Dustin Sulak D.O., "Medical Cannabis: A Solution to the Opioid Epidemic." 13 June 2017

