

"I am Using Cannabis to Treat My Pain."

SCOPE of Pain *Colleague to Colleague* Audio Short: #5

Welcome back to the SCOPE of Pain Audio Shorts Series. This is Dr. Daniel Alford, Professor of Medicine and Course Director for the Boston University School of Medicine's SCOPE of Pain Program.

Your patient, who has been stable on chronic low-dose opioids for chronic pain, discloses that he started buying cannabis from his friend to treat his pain and help him sleep. What changes will you make in his treatment plan and how will you communicate with the patient about his cannabis use?

What do we know about use of cannabis for chronic pain? Well, there is moderate, quality evidence to support the use of cannabinoids for the treatment of chronic pain.

In fact, one recent systematic review found a 30% decrease in pain with cannabinoids versus placebo.

There are also preliminary, low-quality studies that have found that using medical cannabis results in improvements in quality of life, better side effect profile and decreased opioid use. However, these findings need to be confirmed by rigorous longitudinal studies.

Now back to our patient. How you approach his cannabis use will depend on whether the patient is accessing legal or illegal cannabis. If it's illegally-purchased, the risk of prescription opioid misuse is likely similar to patients using other illegal substances, and in my opinion precludes you from continuing to prescribe opioids to this patient.

If this is the case, I will ask the patient to decide between the illegal cannabis and the prescribed opioid for his chronic pain. You should also counsel the patient on the risks of illegal drug use.

If the patient is obtaining cannabis legally, either medically or recreationally, depending on the state, it's up to you to decide whether you think it's safe for the patient to take both prescribed opioids and legal cannabis using a risk-benefit framework. If you think it's unsafe for a specific patient, I would explain to the patient why you've come to that conclusion and again, ask him to choose between legal cannabis and the prescription opioid.

To me, it's very similar to a patient who is prescribed a benzodiazepine by a psychiatrist. In some cases, I feel comfortable continuing to prescribe an opioid for pain. In other cases, I may feel uncomfortable and will ask the patient to choose between the benzodiazepine for anxiety and the opioid for pain.

How to assess a patient's risk for prescription opioid misuse and how to communicate with patients about opioid misuse risk are all addressed in detail in the SCOPE of Pain program. You're not alone in facing these challenging issues. Thanks for listening. Be sure to check back often, as new Audio Shorts will be added throughout the year.

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