

- Dr. Roth: This podcast is for informational and educational purposes only, and is not to be considered medical or behavioral advice for any particular patient. Clinicians must rely on their own informed clinical judgements when making recommendations for their patients. Patients in need of medical or behavioral advice should consult their personal healthcare provider.
- Dr. Roth: Good day! Welcome to [the UPMC Western Psychiatric Hospital](#) podcast series. [I am Dr. Loren Roth](#), distinguished professor and a senior psychiatrist at the hospital. This podcast series presents innovative research and patient-centered programs at the cutting edge of psychiatry and the behavioral sciences of special interest to diverse professionals and the interested public.
- Dr. Roth: Our hospitals and clinics are the Behavioral Health Psychiatric Division of the UPMC health system in Pittsburgh, Pennsylvania. The hospital houses the [wide ranging missions, clinical, educational, and research of this UPMC specialty hospital](#), and the nationally known Department of Psychiatry of the University of Pittsburgh School of Medicine.
- Dr. Roth: My guest today is Dr. Antoine Douaihy. He is a professor of psychiatry and medicine, senior academic director of Addiction Medical Services, and the Addiction Psychiatry Fellowship at the UPMC Western Psychiatric Hospital.
- Dr. Roth: [Dr. Douaihy has a demonstrated record of expertise](#) and experience in substance use disorders as well as a well-established record of leadership in conducting multi-site clinical trials. Dr. Douaihy is an expert in medical marijuana, now legal in Pennsylvania, as well as in more than 29 other states. This despite continuing absence of FDA approval of marijuana as a therapeutic drug.
- Dr. Roth: Our subject today is [medical marijuana](#). Dr. Douaihy is a member of the physicians work group on medical marijuana at the Pennsylvania Department of Health. Presently, Pennsylvania is one of more than 29 states that have enacted a medical marijuana law.
- Dr. Roth: Dr. Douaihy, perhaps we could begin our discussion of medical marijuana use today by distinguishing this approach from that of certain other states where marijuana is available today even more widely for use as a recreational drug. This is not the state case in Pennsylvania.
- Dr. Douaihy: Thank you, Dr. Roth, for inviting me to discuss medical marijuana, particularly review the issues related to Pennsylvania, our law here, the medical marijuana law. Now that you talked about really the difference between medical marijuana and also recreational use, I would like to take a moment to really separate these two things.
- Dr. Douaihy: Medical marijuana is about using the whole unprocessed plant or the chemicals contained in it to [alleviate certain medical conditions](#). The recreational use is basically [marijuana](#), it's pod, that is used without medical justification. In Pennsylvania, we have basically legalized medical marijuana as you mentioned.

Dr. Douaihy: The medical marijuana means that marijuana for certified medical use as set forth in the Pennsylvania medical marijuana act. How did that really evolve? The PA medical marijuana program developed by the medical marijuana physician work group, and I'm one member of that group. It issued permits to entities for dispensaries in the area and as well as entities for growers and processors. It completed temporary regulations for growers and processors as well as dispensaries and practitioners, as well as laboratories. This has been all really explained very well and appeared in the Pennsylvania Bulletin.

Dr. Roth: All right, let me just interrupt you here, or just ask you a question, Dr. Douaihy. What is the history of how medical marijuana became available by law in Pennsylvania? I have read that the Pennsylvania Medical Society was opposed to this, presumably for medical reasons. But to the extent that you know about that aspect of it, could you just say a little bit about it please?

Dr. Douaihy: Yes. In 2016 as you look at the history of how we've evolved with medical marijuana and legalization of medical marijuana and also the recreational use in other states, obviously there are some medical conditions that could benefit from the use of medical marijuana. Therefore, the PA, the Department of Health, got a whole work group together to discuss the reviewing the potential law that could really be enacted, obviously, which is related to the medical marijuana.

Dr. Douaihy: In fact, since there are some conditions that have been established in other states that would really be considered as potentially conditions that would be helped by medical marijuana, so the medical marijuana work group discussed potentially initiating a law.

Dr. Roth: I see.

Dr. Douaihy: As a result of that, and this is basically the work group was made of a lot of physicians, made of a lot of people who are experts, with Dr. Rachel Levine who was heading the whole work group.

Dr. Roth: In others words, the medical marijuana group which was composed of informed persons and also people looking at health policies systematically, felt that we really should at this point given the potential use of this for conditions that could be helpful, and they felt that way. But the medical society felt the other.

Dr. Douaihy: The medical society was very much concerned about really since there is not ... We don't have a significant evidence, clinical evidence that medical marijuana works well for certain conditions, they were concerned that it could really not be used appropriately.

Dr. Roth: I see.

Dr. Douaihy: Also the Pennsylvania medical society followed the AMA policies and how they looked at that issue. In fact, now they have really obviously evolved in their view and their perspective, and they have always been supportive of more research to be done in that area. They've been also supportive of the idea of potentially removing marijuana from the schedule one, which really would allow more potential research to be done and also

we would have more answers in a sense to a lot of the questions that we have about the indications of medical marijuana.

Dr. Roth: Yes. That all makes sense to me. I get it. This is the evolution ...

Dr. Douaihy: Yes.

Dr. Roth: ... really, of a new compound that could be misused presumptively and we'll talk about that, perhaps in a ... shortly. But on the other hand, since there is a indicated use, we believe so, and then it doesn't seem right perhaps just simply to say no. Dr. Douaihy, I read that in January 2017, the National Academy of Sciences, Engineering, and Medicine wrote a detailed report about the health effects of cannabis and cannabinoids. This was a wonderful summary of the current state of evidence and recommendations for research and certainly had comments as to when this condition ... when medical marijuana might be helpful.

Dr. Roth: As you've mentioned, could you give us a little more information about which conditions in your knowledge the medical marijuana would be useful for? And perhaps where we have insufficient evidence, let's put it this way, to proceed certainly at least in a rapid way?

Dr. Douaihy: Every state established it's own conditions, medical conditions. Obviously I can talk about Pennsylvania. The one thing that we want to keep in mind is that we do not have randomized clinical trials, when it comes to medical marijuana.

Dr. Douaihy: Yes. This is why we would want to really kind of promote more the research. We would want to do more research to really look at some randomized clinical trails. When we look at really in general the use of the cannabis or cannabinoids, it is best considered for patients who could benefit from complimentary use, where currently accepted first and second line treatments show no sufficient in a way effects. Which means, medical marijuana can never be used as a first line treatment for any of the medical conditions that I will be discussing.

Dr. Roth: That is very clear. That makes it a little clearer to me, even, to think about this.

Dr. Douaihy: Yes. This is really extremely important when we're reviewing what they call the serious medical conditions for which medical marijuana is approved in the state of Pennsylvania. Currently we have 21 conditions. Initially we started out with 17, and we've expanded them to 21 conditions.

Dr. Douaihy: Some of these conditions I can really ... You can find them on basically the medical marijuana website. But I can review some of them.

Dr. Roth: Why don't you just perhaps review the ones that are most obvious or have the best evidence by clinical use, or the most serious.

- Dr. Douaihy: Yes. Some of these approved conditions are, for example, cancer; autistic disorder; epilepsy; HIV/AIDS; Huntington's Disease; multiple sclerosis; intractable seizures. Some of them also are related to the chronic pain in general. Others are basically related to things that we've added recently.
- Dr. Douaihy: For example, the opioid use disorder as an adjunct treatment. And this is ...
- Dr. Roth: I read that myself. I thought that was, frankly, pretty amazing. I don't know if other states do have that condition in their list.
- Dr. Douaihy: No, that's basically ... yeah. It's basically Pennsylvania was the first state to indicate that as a part of the serious medical conditions under the list of approved conditions for medical marijuana. I know that we can discuss a little bit more, because I would like to clarify some issues about it and what it really means.
- Dr. Douaihy: Other conditions that have been included as part of the 21 serious medical conditions is post-traumatic stress disorder as well as neuropathies and Parkinson's Disease.
- Dr. Roth: I see. So we have this list, and it is a list that is for consideration of physicians working with patients, but first they need by the scriptures of the law and medical practice at least the way you would recommend it for sure, is that the usual approaches be tried in a reasonable way, and really exhausted before you get to the medical marijuana.
- Dr. Douaihy: Yes, exactly. This would be determined by the practitioners who is closely working with them. This is really indicated in the medical marijuana law which is the practitioners will be recommending, again not prescribing because we do not prescribe medical marijuana. We recommend. So the practitioners will be recommending medical marijuana, has to be a practitioner who is working with the patient. It would not be any sort of practitioner.
- Dr. Douaihy: Which really means that the practitioner with the patient or the caregiver will decide together whether medical marijuana is an appropriate option for that particular medical condition that the patient suffers from.
- Dr. Roth: I follow all of that, but what happens next then? How do the patients actually get the medical marijuana? Because usually doctors call pharmacies and I know that we have some other procedures here in Pennsylvania that are really of interest. So perhaps you could tell us about those.
- Dr. Douaihy: Yes. There is a process. There is a process, and first as I mentioned, the patient has to be under the practitioner's continuing care for that serious medical condition. That is really very important. As I mentioned earlier, we recommend, we do not prescribe. There is a process here.
- Dr. Douaihy: First of all, the patient must have the qualifying condition that I mentioned among the 21 serious medical conditions. The health practitioner certifies that the patient has one of these conditions, for which medical marijuana could be a potential treatment option.

- Dr. Douaihy: Then the patient would register with the medical marijuana program. They go online and register and I'm talking about either the patients or even the caregivers, because sometimes the caregivers would need to really go it for the patients.
- Dr. Douaihy: What ends up really happening after that, the process will continue as the patient will go and visit medical marijuana dispensary, and there with the practitioners in the medical marijuana dispensary, they will decide about the formulation and the dose of the medical marijuana. The practitioners could recommend what sort of formulations could be helpful, not really mandatory in a sense. This could be really worked out at the dispensary whether with the pharmacists or with the practitioner there to discuss the process of what sort of particular form of medical marijuana could be helpful.
- Dr. Roth: It's reassure, as a physician, I think it is reassuring to me and I think then it should be reassuring to the public or really people who were listening to this podcast, that we have in Pennsylvania, a controlled situation. It's a careful review situation, and actually also that we then know ... we know the numbers of patients where they have received this medication. This is just not marijuana to pass around, so to speak.
- Dr. Douaihy: Yes. I mean, it's a very ... I will discuss with you briefly, yes. It's a very well tracked and monitored process.
- Dr. Roth: I can see you smiling, so there's more here that is worth our listeners hearing about.
- Dr. Douaihy: It's very well regulated. Yeah, it's a very well-regulated process.
- Dr. Roth: Okay, tell me more.
- Dr. Douaihy: The one thing that I want to mention, the patient certification in the state of Pennsylvania is valid for one year, unless the practitioner specifies, the physician specifies that a patient would benefit for a specific period less than one year. Very importantly, when the practitioner decides to recommend medical marijuana, it is very highly recommended that they consult the PDMP, which is the Prescription Drug Monitoring Program of Pennsylvania, to ensure that, to have an idea in a way, of what the patient has been prescribed in terms of medications, to have a sense of what sort of really whether there are any kind of a suspicious prescribing patterns when it comes for example to opiates.
- Dr. Douaihy: It is really a big part of really the clinical, really, judgment whenever the physician decides to recommend and certify the patient for medical marijuana, is to really have a sense of what their medical conditions clearly are and really whether they have been receiving also other medication treatments for that condition that might potentially interfere with medical marijuana.
- Dr. Roth: That is reflective in our PDMP, so that really it is recorded that this is a patient who is receiving medical marijuana, and the practitioner also can see if there are other drugs that the patient might be taking of which even potentially he could be unaware.

Dr. Douaihy: The PDMP, just to clarify, the PDMP really keeps track of the opioid. I'm referring to the opioid, not really mentioning the medical marijuana. The medical marijuana would not really be tracked in PDMP.

Dr. Roth: That is not recorded in the PDMP?

Dr. Douaihy: No, what is really tracked there is basically any medications such as the opioids, sometimes the medications ... Any prescribed medications like for example, benzodiazepine.

Dr. Roth: Yes, I know that they're in the PDMP. That physician also could and in making the recommendation, and I don't know if this is customarily done, but the physician could go into the PDMP for this patient, presumptively, and find out as he's evaluating the entire situation, whether this patient is receiving other drugs ...

Dr. Douaihy: Yes.

Dr. Roth: ... and even drugs which might be of concern to him or her.

Dr. Douaihy: Exactly, because once you're going to decide to recommend and certify the patient for the medical marijuana, you want to make sure that you are really covering all clinical information, all the clinical bases before you proceed with that decision.

Dr. Roth: Ah. Now I understand this a little bit better, frankly, because I did read in the newspaper that already in Pennsylvania, we have 16,000 patients who are receiving that, and that more than 600 physicians in Pennsylvania are now approved to certify it's use. We didn't say anything about that. What does the physician have to do to give ... have permission to recommend the marijuana?

Dr. Douaihy: They would have to go and really get registered with the medical marijuana program. That could be, they could really choose now whether they want to be put on the list of really the practitioners who are recommending it. It is a choice now, it's not that they go really directly and they are really on the list, sort of there. But obviously ...

Dr. Roth: Isn't there some training required that I read about?

Dr. Douaihy: Correct. Yes.

Dr. Roth: Briefly, what's the core of that training?

Dr. Douaihy: It's a four-hour training, and that is really basically a training in understanding better the marijuana, as well as the medical marijuana, the benefits of medical marijuana, the adverse events that could happen as a result of the marijuana. All these aspects, it's really very much of a training that would help them really build on some really more information and knowledge regarding medical marijuana.

Dr. Roth: What, in your, since you are the head of our program and you're knowledgeable and on the task force, if one would say to you, "Well, I certainly would like to know how this could be misused," and then I know just when you talk about this somebody says, "Well you know, that's just the beginning. Marijuana, that's probably a gateway for these patients later to become addicted, so my goodness. This is a really serious matter."

Dr. Roth: Perhaps you would comment on that.

Dr. Douaihy: Okay. First I would like to really bring up a very important issue here, is that to debunk three myths about cannabis, about marijuana. First of all, it is the myth that is really it's not addictive, is not really true. Marijuana is addictive. It's an addictive substance, and people when they stop using it, they can go through withdrawal. There is a withdrawal symptom that has been established with that. And the fact that people perceive it as not harmful is not true.

Dr. Douaihy: Again, now that we talked about these are more in general aspects of really what we would need to understand about cannabis in general. Obviously the ... when people are taking it as really recommended, for these particular conditions, we do not really expect to see any serious problems in a way. In certain populations, it could have serious effects. What I'm referring to for example, if people, younger people, we're talking about adolescents. Obviously it is not indicated for below the age of 18. If we're talking about really adolescents and young adults, are really very much vulnerable because of their brain development that is really going on and progressing. They could be extremely vulnerable to the use of any substances, particularly cannabis.

Dr. Roth: Yes, and I have seen such patients. It's a long time ago, but I worried about it.

Dr. Douaihy: This is very much important to remember, that this is coming from studies that we have with recreational use, that is associated particularly in adolescents who aren't greatly as controlled as this.

Dr. Roth: That wouldn't be as controlled as this.

Dr. Douaihy: In regards to the question that refer to really any potential really diversion, obviously you ...

Dr. Roth: That's a whole other subject. I know we'll never be able to cover. We could probably talk about this for an hour.

Dr. Douaihy: Exactly. So what did the state, what did the really state do about it? How to really prevent diversion of medical marijuana? First of all, the tracking is really well established. We do track, the state tracks ...

Dr. Roth: I got that. I understand.

- Dr. Douaihy: ... and the tracking starts from, in a way, the seed to the sale tracking. We're talking about really also what really we can ... the way we can keep track of it is basically the practitioner and the caregiver registry. We have that online registry there.
- Dr. Roth: I understand that.
- Dr. Douaihy: All inventory is tracked, and the transportation of the product is tracked, and the dispensing is monitored, as well as really allows the fact that patients are allowed, patient and caregiver, to really register online is really seen by itself as safe. We need to be very clear, patients are not really, it is in a way illegal and they are not allowed to really share their medical marijuana with other people.
- Dr. Roth: The only other thing I could think about in this area myself is, how rapidly and how much the patient uses for relief, because when I get a medication for example, I had today to pick up my medication which they told me I wasn't ready for yet in my pill usage. So I'm just saying, there's a lot to this.
- Dr. Douaihy: Yes. I mean, I think we're still also learning. This is a kind of more of a learning process for us, particularly each state has been dealing with different issues related to medical marijuana. Particularly states where it is more complicated, where they have medical marijuana as well as recreational use.
- Dr. Roth: When in our closing, I would like to note something else that I saw and read about, which is that in the very law itself, there is a condition that we are going to do further research here in Pennsylvania about the uses of marijuana for the very reason you mentioned at the beginning. We haven't had controlled trials.
- Dr. Roth: I also read that this will be done by eight different medical schools. We're not going to go into all the details here, but I would simply like to say that in your judgment, what do you think really would be maybe the first trial? If you can only do one trial, Dr. Douaihy, I'm going to restrict you here. One trial. What would you do first as a logical person who does know research and methodology?
- Dr. Douaihy: I think from my perspective and from what we know from the science, I think figuring out more, doing more clinical research in the area of chronic pain. Particularly associated with certain conditions such as sickle cell anemia, such as really neuropathies that are really like when there is damage to the nerves.
- Dr. Douaihy: Also another area would be basically the intractable seizures, the epilepsy, particularly in kids. I would say these would be the biggest ones at this point in time that I would see really great potential to get a better understanding of how medical marijuana could be helpful for chronic pain.
- Dr. Douaihy: This is important in the context as you know, Dr. Roth, with the opioid crisis that we're dealing with, could be extremely beneficial also to see whether really in patients who have chronic pain, to avoid really opiates. Maybe, could be, medical marijuana an option. But obviously we don't have enough evidence for it.



Dr. Roth: I get it.

Dr. Douaihy: That's why it's really also important to keep in mind and as I mentioned earlier in one of the conditions, serious medical conditions that were added recently which is the opioid use disorder, as we do not want to replace treatments that we have that work for opioid use disorder with medical marijuana. We have no evidence at this point in time to say that medical marijuana is going to be a treatment for the opioid addiction.

Dr. Roth: You are an informative person, Dr. Douaihy.

Dr. Douaihy: Thank you. I appreciate it.

Dr. Roth: I appreciate all that I have learned as well as hopefully our listeners today. This podcast with Dr. Douaihy and other podcasts that we're doing in our series here are available and they will be able to be heard again by you, but you will learn more because we will give you some informative references. If you go to the UPMC, just the UPMC, we'll get it. It has a website and if you look for our hospital, the Pennsylvania Western Psychiatric Hospital, you will find this information and perhaps can share it with others. It will also be on the academic website of the Department of Psychiatry of the University of Pittsburgh. We thank you very much for your information, and it was very interesting for me to learn these things. Thank you.

Dr. Douaihy: Thank you for having me.