EAT SLEEP RELAX FORGET PROTECT

Medical Cannabis and Opioids Tapering

Using Medical Cannabis to Reduce or Eliminate Narcotics and other Pain Relievers

This guide is provided as an information resource and should not be used as a substitute for professional diagnosis and treatment.
Please consult a healthcare provider.

If you or a loved one is considering tapering opioids using cannabis, congratulations!

Thousands of people have used cannabis to help them reduce and replace opioid medications, as demonstrated in numerous recent scientific papers[1-4] and strongly supported by animal research.

Potential Advantages of Adding Cannabis

Cannabis may enhance the pain relief from opioids and allow for lowering the opioid dose.[5]

Taking cannabis with opioids can make the opioids "safer" by widening their therapeutic window (the window between the effective dose and the lethal dose).

An ineffective dose of an opioid drug may become effective when combined with cannabis.[6]

In addition to reducing pain, cannabis conveys other benefits, such as improving sleep[7] reducing anxiety[8], relaxing muscles, providing a new perspective on your healthcare condition, etc. .

Cannabis may also be safer than other harm reduction options like methadone and Suboxone.
Cannabis does not have the risk of a fatal overdose and has a lower risk of dependence and problematic use than other psychoactive substances.[10]

Cannabis can be used in combination with methadone or Suboxone to enhance the benefits and support a taper of these drugs.

Some studies have shown that cannabis users are more successful adhering to other forms of opioid addiction treatment, such as long-acting naltrexone.[9]

Those who are most successful in using cannabis to replace opioid drugs are typically engaging in a combination of pharmacologic and behavioral interventions. Cannabis is no "magic bullet" By prioritizing and organizing the proper resources for sleep, exercise, counseling, support groups, and social support, patients can help to ensure their success!

Basic Principles of Cannabis Use

Start by using low dose administration with every dose of opioid

- At low dose, there is less chance of side effects that will impair any function.
- The lowest effective dose is very patient specific, and using this dose there is little chance of building tolerance.

Inhaled cannabis can provide very rapid effects, while oral administration will provide more prolonged relief (between 4-8 hours depending on individual metabolism).

Cannabis at night can promote more restorative sleep, have impacts on opioid induced central sleep apnea and thereby improve daytime pain.

Cannabis may not entirely remove pain, but will help to increase the pain threshold, allowing for more enjoyment of daily activities.

Specific Dosing Information

We typically recommend patients start with a liquid or inhaled cannabis preparation. Vaporization allows for intermediate onset of benefits while the oral preparation has an onset time of 1.5-3 hours

Any liquid preparation should give a specific milligram (amount of drug) per milliliter (amount of liquid) potency (mg/ml), allowing for accurate dosing using drops or an oral syringe.

The cannabis oral form should be taken 2-3 times daily or with every administration of an opioid drug. We suggest 6 hours between doses, initially.

The content of CBD and THC is important. For most patients, a CBD:THC ratio of approximately 1:1 is broadly effective and well tolerated.

For those who may be very sensitive to THC, including older individuals or those who have balance issues or dizziness, we will typically start patients at a much lower daytime dose. Night dosing will depend on sleep quality and pain at night.

Frequently Asked Questions:

Does tolerance develop?
Our clinical experience has found that most patients can maintain consistent benefits without building tolerance for years or decades if they stay at their "optimal dose" of cannabis. If a patient has developed tolerance by regularly exceeding their optimal dose, then a slow withdrawal from the cannabis and then re-initiation will typically "re-set" the endocannabinoid system.

How Do I know when I have reached a therapeutic dose?
If the patient finds that cannabis makes the opioid last longer or feel stronger, or they are able to use less of the opioid, then they are likely at an effective dose.

How do I know if I am taking too much?
A patient may have exceeded the optimal dose experiencing:

- A reduction in the effects (it was working, but now it's not)
- An increase in unwanted side effects (such as cognitive effect, lightheadedness, fatigue).

Can Cannabis help with "breakthrough pain?

Yes, cannabis can be used in between opioid dosing to address pain that may occur between opioid doses.

Am I going to be "high"?

By following the protocol, using a slow upward dose titration, the body can become accustomed to any potential side effects of THC. The goal is to use the lowest necessary dose, which each patient individually discovers using this method. Older individuals report having less cognitive effects that younger users.

Will I be able to get off any other drugs?

Survey data has indicated that cannabis users may also taper non-opioid medications or other drugs used for anxiety or depression. Always work with the prescribing doctor when attempting to taper other medications.[12]

References

1. Haroutounian S, et al. "The effect of medicinal cannabis on pain and quality-of-life outcomes in chronic pain: A prospective open-label study". Clin J Pain. 2016;32(12):1036-1043.
2. Boehnke KF, Litinas E, Clauw DJ. "Medical cannabis use is associated with decreased opiate medication use in a retrospective cross-sectional survey of patients with chronic pain". J Pain. 2016;17(6):739-744.
3. Lucas P, Walsh Z. "Medical cannabis access, use, and substitution for prescription opioids and other substances: A survey of authorized medical cannabis patients". Int J Drug Policy. 2017;42:30-35.
4. Piper BJ, et al. "Substitution of medical cannabis for pharmaceutical agents for pain, anxiety, and sleep". J Psychopharmacol. 2017;31(5):569-575.
5. Nielsen S, et al. Opioid-sparing effect of cannabinoids: A systematic review and meta-analysis. Neuropsychopharmacology. 2017;42(9):1752.
6. Cooper ZD, et al. "Impact of co-administration of oxycodone and smoked cannabis on analgesia and abuse liability". Neuropsychopharmacology. 2018:1.
7. National Academies of Sciences, Engineering, and Medicine. "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: National Academies Press"; 2017.

8. Walsh Z, et al. “Medical cannabis and mental health: A guided systematic review”. Clin Psych Rev. 2017;51:15-29.
9. Bisaga A, et al. “The effects of dronabinol during detoxification and the initiation of treatment with extended release naltrexone”. Drug Alcohol Depend. 2015;154:38-45.
10. Anthony JC, Warner LA, Kessler RC. “Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey”. Exp Clin Psychopharmacol. 1994;2(3):244.
11. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. JAMA. 2016;315(15):1624-1645.
12. Carroon, J, Sexton, M, Mischley, LKM “Cannabis as a substitute for prescription drugs- a cross-sectional study” Journal of Pain Research 2017 (open access)