



The CCIC Podcast
October 19th, 2015

This month: Dr. Lynda Balneaves
Interview by Dr. Mark A. Ware

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Introduction

Hello and welcome to the CCIC Podcast. The CCIC Podcast is a series of in depth interviews with leading experts and opinion leaders in the world of medical cannabis and cannabinoids.

In this edition of the podcast we are delighted to welcome Dr. Lynda Balneaves from the University of Toronto, discussing her early experiences with medical cannabis as an oncology nurse:

"I was working on a bone marrow transplant unit, and I remember patients being snuck out by some of their friends to go down to the loading dock at minus forty, to smoke up to help them in managing some of their symptoms like anxiety, nausea and vomiting and pain."

...and her research trying to validate the patient experience:

"it's not just about recreational use, and it's not about people attempting to get high, but people trying to access a medication that they see themselves as relieving their symptoms, and allowing them to live their life."

Lynda Balneaves is an Associate Professor in the Department of Psychiatry and the Leslie Dan Faculty of Pharmacy in the University of Toronto and inaugural Director of the Centre of Integrative Medicine, a collaboration of the Faculty of Medicine and the Leslie Dan Faculty of Pharmacy, University of Toronto, as well as The Scarborough Hospital. She also holds the Kwok Yuen and Betty Ho Chair in Integrative Medicine at the University of Toronto and is a Scientist in the Department of Psychosocial Oncology and Palliative Care at the Princess Margaret Cancer Centre.

We spoke on October 19th, 2015.

Dr. Ware I'm going to begin with a very general question and ask what first got you interested in medical cannabis research?

Dr. Balneaves Well, I have always called myself an accidental cannabis researcher, in the fact that this was an area I never saw myself going into. It really was by accident that I was approached by a community based dispensary that was interested in doing a research study about the experience of patients that were going through their center. They were really looking for some support and some advice about applying for funding as well as methodological support in designing a research study to talk to patients. So when they approached me, I wasn't really sure it was an area that I was interested in, but the more we talked, the more I recognized overlap in my primary area of research, which is in complementary and alternative medicine, where I realized there is a great deal of overlap in terms of patients facing a lack of information and support and making decisions around medical cannabis, that they are wanting to use a medicine that is often stigmatized within the healthcare system, and they often struggle to talk about with their healthcare providers, sometimes with their families. So it forced me to look back into my experiences as an oncology nurse in Winnipeg, and I was working on a bone marrow transplant unit, and I remember patients being snuck out by some of their friends to go down to the loading dock at minus forty, to smoke up to help them in managing some of their symptoms like anxiety, nausea and vomiting and pain, and I'll never forget this one individual who had intractable hiccups, he couldn't stop any other way then going down and smoking cannabis with one of his friends. So putting all these experiences together and having the opportunity to partner with a community group, it really made me interested in what the experience was for patients trying to access cannabis what were their experiences with the Canadian healthcare system.

Dr. Ware This was done in Vancouver, and at that time you were based there, and in the last year you've moved to Toronto. I wonder if you have noticed any differences in your professional culture, your atmosphere about studying cannabis in Toronto compared to Vancouver?

Dr. Balneaves Well I think everyone in Canada makes jokes about the West Coast and having a very open attitude towards cannabis, especially recreational use, and I guess I have found in some settings here in Ontario and Toronto that there seems to be a much more conservative stance around medical cannabis and its potential value as a medicinal agent. However, at the same time I have come across a great deal of physicians that are very earnest in learning more about medical cannabis, and I have been fortunate to be at several of the events that you've organized in terms of doing education for physicians, and I have come across a lot of family physicians who want to know more about this in order to provide good and appropriate care for their patients. What else that has been very interesting in terms of looking at the research of medical cannabis is I've seen a lot more conversation, and it may be because I am currently situated within the faculty of pharmacy, is that there is a great deal of interest in the drug development and the potential role of

cannabis, and the different components of cannabis and how they can be used in terms of developing new drugs that may be able to address symptoms and conditions that Canadians are currently living with. So while there is some sense of it being very conservative, I also think there is a great deal of interest in the commercial potential around cannabis as well as how health professionals can best support patients in making decisions about these therapies.

Dr. Ware Toronto, of course, being the center of business so that doesn't surprise me! I wonder about the professional interest in cannabis in Toronto and from hearing from health professionals, their interest in learning more about this. Do you feel like this is different compared to your work with complementary medicine, has the cannabis work paralleled that in some way? I'm speaking about professional interest in learning about it: do you think cannabis is moving faster than the CAM area at this time, or is there any parallel between the medical attitudes towards cannabis and complementary medicines?

Dr. Balneaves I was really reflecting on that because currently in the complementary medicine world we are in a bit of a backlash for the last year or two years around complementary medicine, and there is a great deal of scepticism around it, whereas with the beginning of the licensed producers around medical cannabis there seems to be much more openness and conversation around people using cannabis, so I think there is a lot of overlap between these two worlds. I mentioned the stigma which is associated with using complementary medicine which I have also seen related to cannabis, and also a great deal of secrecy, and again there are many patients that refuse to disclose to their practitioner that they're using complementary medicine, and I'm seeing the same thing around their cannabis use as well particularly if they are families with paediatric patients. Other similarities that I have seen between these two worlds is practitioners are struggling, be it complementary medicine or cannabis, with a lack of evidence and a lack of guidelines, and practitioners really want to be able to address patients questions but they're really struggling when they don't feel like they have strong evidence from which to pull from. And the other thing is just the funding support, and I think with there being more focus on the business end of cannabis with the licensed producers coming on board, I think we are starting to see potential funding become available around cannabis use, whereas complementary medicine we still struggle to find funding in order to support the work that we are doing.

Dr. Ware I hear you, and I think it's interesting to see where things go. Speaking about funding, what does the funding need to be channelled towards? What are the research priorities now that we need to invest in for the medical cannabis field in the future?

Dr. Balneaves Over and over again you hear practitioners saying that they really need assistance in understanding the efficacy of whole plant cannabis, its safety across a range of different conditions, and understanding simple things like

how much is an appropriate dose, so I feel like we need to have research that is really focusing on whole plant cannabis and its efficacy across a range of health conditions as well as its safety across a range of patient groups, and to be able to provide information to practitioners and to translate it to the bedside in terms of dosing, side-effects and how to do appropriate management and follow up with patients. I think the other area we really need to prioritize in medical cannabis is health economics research. If we really want to see medical cannabis move into the mainstream and have it taken seriously by decision makers, we need to be able to show that not only is it effective and safe, but also it's cost effective when compared to pharmaceutical options, so doing that health economics research I think is going to be integral to the future of medical cannabis in the Canadian healthcare system. I guess the last issue, which is one that I've been doing some work with colleagues in B.C, is doing the health services research. We have these licensed producers who have recently come on board in the last year, and really doing prospective work, longitudinal work where we are following people using the system, so we really understand if it's meeting Canadians' needs and are there ways it could be improved to ensure that patients are having access to the medication that they require.

Dr. Ware Studying medical cannabis brings us in contact with many characters and issues that make the journey colourful. Would you be prepared to share with us any "stories from the road" that you have encountered that you wouldn't mind sharing with our listeners?

Dr. Balneaves Well the first thing is the personal side of doing medical cannabis research which maybe other people can relate to, but number one is I always want inform people before I do a presentation that I'm not a "pothead", and that my interest in this field is purely professional, and the other personal issue is having to call my parents to warn them I might be on CBC again talking about marijuana, because my parents would often get phone calls from their friends saying "I think your daughter is on line talking about pot"! From a research perspective, some of the colourful things have been really looking at the recruitment issues around doing research in this field, and I've always jokingly said that some of these projects have been the easiest ones I've ever done in terms of recruiting people for the study, but I always have to clarify that we are not giving out samples in the research that we've been doing around health services. I have also had a number of experiences where I have had to refuse gift bags from very kind participants who wanted to thank me for doing research in this area, and were more than eager to share a little bag of some of their product as a thank you, so that's been an interesting experience. There have also been some real challenges in doing research, where I have never had to talk to my staff about what to do if your arrested, if they are actually talking to someone who is using cannabis illegally, and if there was ever law enforcement involved just what would be the steps for them in terms of their safety as an interviewer during that process, and it has always raised in the back of my mind that in Canada as researchers we don't really have protection for doing

research on illegal activities, and what I would be faced if I was subpoenaed for my research records, so that's been a bit of a colourful side of doing research in this field. From a patient perspective, I guess what has really astounded me was the passion and commitment that patients approach this area of care. For so many patients they say medical marijuana is life, it gives them life and it gives them the capacity to function within society, and that really struck me was that for many of these individuals who are disabled and unemployed, that are coping with health conditions that's already stigmatized, they often share stories that's how that they have been double stigmatized, that when they actually try to access care, they end up being stigmatized in that process, and fellow that clearly stood out to me was an individual living with HIV/AIDS, and he had fallen to below 100 pounds, and he was suffering from dermatitis from the medication he was on, he said his skin was sloughing off, he was on to about twenty medications which causing a whole host of effects including severe nausea and vomiting, and when he asked for a prescription for medical cannabis from his doctor, he ended up being referred to addiction services, and him just sharing that story saying, "I'm in my final weeks of life, and to have my request for medication treated in that type of manner" it just reaffirmed to me why I think its so important for the patients voice in this type of research, and that we don't forget that there are these types of stories that are underlying peoples request for medical cannabis, and that it's not just about recreational use, and it's not about people attempting to get high, but people trying to access a medication that they see themselves as relieving their symptoms, and allowing them to live their life. So for me that is a story I take with me when I do research in this field.

Dr. Ware I wonder what it is about cannabis that scares people so much that that kind of reaction from a physician to a patient who is clearly struggling at the end of life, why is cannabis so stigmatized, what is it about this drug, this plant, that makes people have these terrifying reactions. I'm sure you don't see this in any other areas of complementary research where you see that visceral reaction, or maybe you do. What is it about cannabis that makes it so scary for some people?

Dr. Balneaves I have to say propaganda. I feel like there has been an overwhelming campaign since the late 1950's, where we see reefer madness, we see films that were focused on this, we see it being framed as a gateway drug. All these hosts of social problems that are associated with cannabis, and I feel like our education system in terms of our health professionals has almost underscored that propaganda, to the point where we have lost our objectiveness in terms of this being a plant that has medicinal properties that we really have not had a chance to explore because of the stigmatization and the lack of funding and support for research in this area. If you combine the lack of evidence, with the propaganda and with an education system that only focuses on the addiction aspect and the euphoric nature of this medication, and for some reason it causes fear, and I also think that there has been a real focus on the legal aspects, and that there have been physicians that have experienced a real pejorative stance from their medical association that has just contributed to the fear of even having an open conversation with their patients

about it, and this fear of censor from not only associations, bus also from your fellow practitioners. So if you add that all together it really creates this perfect storm, where patients really are not getting the support, advice and education that they require.

Dr. Ware Is there anything that scares you about this new dialogue around cannabis, or do you see any downside to these discussions that concerns you looking down the road? We talk about changing the dialogue and removing some of the stigma and opening the discussion for patients and physicians to happen, and to take the potential therapeutic uses of cannabis more seriously and counter-acting some of the propaganda that's been in place for the last couple of generation. I just wonder as the paradigm starts to shift, if you think there is anything we need to keep an eye out for from a safety perspective. We don't want to swing the pendulum too far, and if we do, what are the things that may concern you about this new openness?

Dr. Balneaves I think the area we need to be cautious about is that we don't discount the side-effects and the negative effects of cannabis, and that we don't have people reframing their recreational use as being medicinal, and I think we have already seen that dialogue in some of the work that has been done with youth, where they are refraining their recreational cannabis use being a way to manage their anxiety or their distress or stressful situations, and I think we do need to be cautious that we are not moving the pendulum so far, that people are looking at cannabis as a panacea for all ills, and are perceiving it as being completely safe without acknowledging that there are side-effects, and that people see it as just the new pill that without looking at other options, so in the context of something like anxiety, I would hate to see youth in Canada perceiving marijuana as an easy way of coping with anxiety and distress without looking at other options and coping methods that don't have the same side-effects attached to it, so I think we do need to be careful that we are not discounting it. I also think there is a slippery slope where people start equating this conversation around medical cannabis discussions around its safety, to saying that we should then just legalize it, and that's not a route that I would want to take particularly when we know the side effects around inhalation of cannabis which is the main route in which people consume it in Canada, so I think we need to be a little bit cautious from that perspective.

That was Dr. Lynda Balneaves, speaking to us via Skype from Toronto, Ontario.

Thank you for joining us.

Tune in next month to the CCIC podcast.

The approximately 20 minute audio podcast of this interview is available online at www.ccic.net/podcast and are also available on iTunes

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