

Medical Board of California  
2005 Evergreen St #1200  
Sacramento CA 95815

To the Medical Board:

**COMPLAINT NOTICE:** I wish to report that Dr. \_\_\_\_\_ is wrongly threatening to cut off my prescription pain medications on account of my using medical marijuana as an adjunct therapy in legal accordance with Proposition 215. I have a recommendation for medical marijuana from \_\_\_\_\_ to treat \_\_\_\_\_. It is malpractice for a physician to abandon chronic pain patients who are on prescription pain killers.

Cannabis has been shown to be safe and effective in treating chronic pain, and can help patients reduce their dependence on addictive opiates. Chronic pain is the leading medical use of cannabis, accounting for 90% of the patients in Oregon's medical marijuana program [1]. Several recent clinical trials have found that inhaled marijuana can significantly alleviate pain. A pair of clinical trials recently demonstrated that smoking cannabis reduces neuropathic pain in patients with HIV by more than 30 percent compared to placebo.[2-3] In 2008 investigators at the University of California at Davis assessed the efficacy of inhaled cannabis on pain intensity among 38 patients with central or peripheral neuropathic pain in a randomized, placebo-controlled, crossover trial. They reported: “[C]annabis reduced pain intensity and unpleasantness equally. Thus, as with opioids, cannabis does not rely on a relaxing or tranquilizing effect, but rather reduces both the core component of nociception (nerve pain) and the emotional aspect of the pain experience to an equal degree.[4] Most recently, a new study by Dr. Donald Abrams of UCSF, reported at the IACM Conference in October, 2009, reported that cannabis and opioids work synergistically on related analgesic pathways in such a way as to ameliorate opioid side effects.

Physicians and patients who use cannabis for chronic pain commonly report major reductions in consumption of other prescription analgesics. A survey of California physicians treating 160,000 Prop. 215 patients found consistent reductions in reported use of other drugs, including opiates, sedatives, NSAIDS, and SSRI anti-depressants [5]. In particular, cannabis has been reported to act as an effective substitute or adjuvant in opiate therapy [6-7], sometimes to the point of eliminating opiates entirely. As is well-known, cannabis has a superior safety profile to opiates, being devoid of physical dependency problems and uniquely non-toxic even in heavy doses.

There is no defensible therapeutic rationale for disallowing cannabis use by chronic pain patients. Please notify Dr. \_\_\_\_\_ of this complaint.

Sincerely,

## REFERENCES

- [1] Oregon Medical Marijuana Program,  
<http://www.oregon.gov/DHS/ph/ommp/data.shtml>.
- [2] Abrams et al. 2007. Cannabis in painful HIV-associated sensory neuropathy: a randomized placebocontrolled trial. *Neurology* 68: 515-521.
- [3] Ellis et al. 2008. Smoked medicinal cannabis for neuropathic pain in HIV: a randomized, crossover clinical trial. *Neuropsychopharmacology* [E-pub ahead of print].
- [4] Wilsey et al. 2008. A randomized, placebo-controlled, crossover trial of cannabis cigarettes in neuropathic pain. *Journal of Pain* 9: 506-521.
- [5] Gardner, "Cannabis, the Anti-Drug: Some Implications of the Survey,"  
O'Shaughnessy's: The Journal of Cannabis in Clinical Practice, Winter-Spring 2007, p. 43;  
[http://www.pcmd4u.org/OShaughnessys/Backgrounder\\_files/Winter%3ASpring%20%202007.pdf](http://www.pcmd4u.org/OShaughnessys/Backgrounder_files/Winter%3ASpring%20%202007.pdf).
- [6] Lynch and Clark, "Cannabis reduces opioid dose in the treatment of chronic non-cancer pain," *Journal Pain Symptom Management*, (2003) 25(6) 496-8.
- [7] Narang et al., 2008 Efficacy of dronabinol as an adjuvant treatment for chronic pain patients on opioid therapy, *J Pain*. Mar;9(3):254-64.