

What's in a Name?



William Brooke O'Shaughnessy is the Irish-born physician who introduced cannabis to western medicine in 1839

At the Spring meeting of the California Cannabis Research Medical Group, Philip A. Denney, MD, questioned whether the name really applied to doctors who are independent practitioners. The appropriateness of "California" was also discussed, since doctors in other states — and countries — are treating and consulting with patients who use cannabis as medicine. And shouldn't the second "C" word be "Cannabinoids?" to include compounds made in the lab and in the body?

Jeff Hergenrather, MD, thinks the CCRMG name works. The member-doctors may have disparate and diverse practices, but they have a common interest in studying the clinical applications of cannabis, i.e., doing research. So it stands, for now. Doctors and others who want to learn more about the CCRMG should contact info@ccrmg.org or John Trapp at 510-548-1188.

O'Shaughnessy's seeks to be a forum for doctors, nurses, caregivers and patients who are interested in the clinical applications of cannabis.

The main goal of this issue is to confront and demolish the lie perpetrated by the U.S. Drug Enforcement Association that there have been thousands of studies showing cannabis to be harmful and none showing beneficial medical effect.

Copies or bundles of O'Shaughnessy's are available to physicians for distribution to patients. A sound doctor-patient relationship requires a level of honesty that Prohibition makes very difficult to achieve. Placing O'Shaughnessy's in the waiting room is a good way to "break the ice" and encourage patients to confide about their cannabis use.

To be listed as a supporter, or to get involved as a contributor, a distributor, or on any other level, please contact 510-548-1188 or journal@ccrmg.org.

Confidentiality respected.

Our mailing address is p.o. box 9143 Berkeley CA 94709.

The paper is online at <http://www.ccrmg.org> Subscriptions are \$12 for four issues.

Fred Gardner, Managing Editor

O'SHAUGHNESSY'S AVAILABLE HERE

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Cannabis Specialists Agree On Health History Questionnaire

Jeff Hergenrather, Tod Mikuriya and Frank Lucido of the California Cannabis Research Medical Group have developed a questionnaire for patients that elicits extensive information about cannabis use.

The three physicians have submitted an abstract to the International Cannabinoid Research Society and hope to make a presentation at the ICRS meeting to be held this summer in Naples, Italy.

Here is the abstract, as drafted by Hergenrather. ["ICD" stands for "International Classification of Disease."]

Pre-1937 citations in the medical literature for cannabis treated conditions include 28 codeable diagnoses among them chronic pain, neurodegenerative diseases, seizure disorders, mental disorders, drug and alcohol dependence, cerebral palsy, migraine, colitis, gastritis, premenstrual syndrome, arthritis, (rheumatoid, degenerative and post-traumatic), nausea, anorexia and insomnia.

Since 1996 these earlier cited conditions and more than 100 other ICD-9 codeable conditions have been encountered by California physicians in the evaluations of patients presenting for medicinal cannabis use. There are >30,000 patients followed by the physician members of the California Cannabis Research Medical Group, CCRMG. It has been the resolve of this group to develop a comprehensive health history questionnaire and data entry program to build a research database, further knowledge of cannabis therapeutics, and identify a patient population for future approved cannabis research.

Health history forms were collected from physicians who are evaluating patients with serious medical conditions for cannabis use. Information from 10 physicians' intake forms were collated and edited into the present document, The Health History Questionnaire (HHQ).

It was then circulated among the contributing physicians for further discussion. A few considered the form to be excessively long and more subject to inaccurate responses. For other physicians the form was fully adopted or used to modify their existing documents. Subsequently, a data entry program was designed to mirror the HHQ content and assign an identity to each question to facilitate future modifications in the questionnaire. The HHQ and data entry software are now available for those who wish to use them.

Because there is no requirement in California to report cannabis-approved patients, it is impossible to accurately determine the numbers of physicians and patients involved in this form of therapy. At this time it has been estimated that 4,000 physicians have approved the use of cannabis to at least 60,000 patients in the state. Fewer than 20 physicians, willing to be publicly identified as cannabis consultants, have approved about half of these patients.

Physician education remains the principle deficiency in fostering a more broad-based involvement in the medical community. Use of the HHQ and data entry software and subsequent voluntary sharing of information will create a database that will help to educate physicians in cannabis therapeutics and advance cannabinoid research.

Cannabis Use Pattern

At what age did you first use cannabis? _____ years old.

Was your first use social? Yes / No

When did you discover that cannabis eased your medical symptoms? _____

What were the circumstances? _____

Type of cannabis preferred: sinsemilla, Mexican, hashish, kief, other _____

Preferred method: Inhaled: vaporizer, joint, pipe, waterpipe

Ingested: tea, capsules, oil, tincture, baked goods, other _____

Suppository: _____

Topical: tincture, ointment, poultice, parabath, DMSO

How often do you use cannabis:

1 X/ month, 2-3 X/ week, 1 X/ day, 2 X/ day, 3 X/ day, 4 X/ day, >4 X/ day

Estimate the average amount of cannabis you use per day? (large joint = 1 gram, 1/8 oz. = 3.5 gm)

< 1 gram 1 gram 2 grams 3 grams 4 grams 5 grams 6 grams other _____

Has your cannabis consumption changed in the past 6 months?

Increased No change Decreased If changed, to what do you attribute the change: _____

Would you use more if it were 1) easier to obtain? Yes No 2) cheaper to obtain? Yes No

How much more? 25% 50% 75% 100% Other: _____

How effective is cannabis in treating your condition?

Much better (very effective) better (effective) slightly better (somewhat effective)

Has the amount of cannabis needed to control your symptoms changed over time?

need much more need a little more need about the same need a little less need much less

Have you ever used Marinol (synthetic THC) Yes / No

Compare effect of Marinol to natural cannabis: _____

Have you ever stopped using cannabis only to find that your symptoms return or worsen?

Yes/ No Explain: _____

How does cannabis compare with your usual prescribed medicines in relieving your symptoms?

Prescribed medicines work much better Cannabis works a little better than prescribed medicines

Prescribed medicines work a little better Cannabis works much better than prescribed medicines

Prescribed medicines work about the same Explain _____

Does use of cannabis modify your use of other drugs or alcohol? Yes/ No Explain: _____

If you use an SSRI anti-depressant and cannabis, describe the effect of each? _____

Describe adverse or side effects that you have to cannabis: _____

Are there other reasons for which you use cannabis? _____

How has your cannabis use affected your relationship with your family? _____

PAGE FOUR OF NINE-PAGE CCRMG INTAKE FORM focuses on cannabis use. Patients are asked for information that, in most cases, has never been shared with a physician.

Release of Liability:

I understand that I must be a California State resident to obtain an approval or recommendation for the use of cannabis (medical marijuana) under California's Compassionate Use Act of 1996 (Health & Safety Code #11362.5).

I affirm that I have a serious medical condition that adversely affects my quality of life. I have found or am interested in finding whether cannabis (medical marijuana) provides substantial relief and improvement in my condition.

I understand that the cannabis plant is not regulated by the United States Food and Drug Administration and therefore may contain unknown quantities of active ingredients, impurities and/or contaminants. In requesting an approval or recommendation for the use of this plant as medication I assume full responsibility for any and all risks of this action.

I am advised that the cannabis (medical marijuana) smoke contain chemicals known as tars that may be harmful to my health. Recent research indicates that vaporizing cannabis may eliminate exposure to tar. Should respiratory problems or other ill effects be experienced in association with its use, it should be discontinued and reported to the physician.

I am advised that the use of cannabis (medical marijuana) may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. I assume full responsibility for any harm resulting to me and/or other individuals as a result of my use of cannabis.

California's Compassionate Use Act of 1996, (Health & Safety Code #11362.5), provides for the possession and cultivation of cannabis (medical marijuana) for the personal medical purposes of the patient with a physician approval or recommendation. It should be made absolutely clear that the physician, staff and representatives of this practice are neither providing cannabis, nor are they encouraging any illegal activity in my obtaining cannabis (medical marijuana).

I, the undersigned, hereby request a consultation by the physician for purposes of determining the appropriateness of medicinal cannabis treatment. There are no claims about the medical efficacy of cannabis. The physician, staff, and representatives are addressing specific aspects of my medical care, and, unless otherwise stated are in no way establishing themselves as primary care provider. Should an approval be made for my medicinal use of cannabis I understand that there is an expiration of this approval at a date specified by the physician. I understand that it is my responsibility to see the physician to assess the possible continuance of cannabis use beyond the approval expiration. Furthermore, the undersigned, my heirs, assigns, or anyone acting on my behalf, hold the physician and his/her principals, agents, and employees, free of and harmless from any liability resulting from the use of cannabis.

Signed _____ Date _____

Patient or Minor patient's parent or legal guardian

Witness _____

LAST PAGE OF THE INTAKE FORM reiterates that the cannabis consultant is not a primary care provider.