Summer | 2015

SPS NEWS

The Official Publication of The Southern Pain Society

INSIDE

Mission Statement

The Southern Pain Society is a regional section of the American Pain Society (APS) and endorses and supports the mission and goals of the APS. The Southern Pain Society's missions are to service people with pain by advancing research and treatment, and to increase the knowledge and skill of the regional professional community.

MEDICAL MARIJUANA IN THE SOUTHERN UNITED STATES — AN UPDATE

Mordecai Potash, MD

In April 2013, I authored a medical marijuana case review in *SPS News*. That column included the observation that medical marijuana was not legal in any of the 18 state Southern region represented in the Southern Pain Society. It also described problems that states such as California were encountering in enacting marijuana legalization as well as describing the potential for federal licensures – such as licenses issues by the Drug Enforcement Administration – to be put in jeopardy by participating actively in the cultivating, prescribing, or dispensing of medical marijuana.

What a difference two years and some change has made! Now, 23 states and Washington DC has some sort of provision for medical marijuana [1] and the federal government has shifted its priorities from an outright prohibition of medical marijuana to evaluating the success and problems in states' initiatives. To that end, the U.S. Department of Justice issued a memorandum on August 29th, 2013, redefining the DOJ's "limited investigative and prosecutorial resources" from stopping states' medical marijuana initiatives to preventing the distribution of marijuana by criminal gangs, preventing the trading or bartering of marijuana for other drugs, and other otherwise preventing the use of marijuana profits to fund vice or corruption [2].

Now Southern states have passed laws allowing medical marijuana provision in their states. In Alabama, *Carly's Law* allowed UAB Hospital and Children's Hospital of Alabama to conduct a study of cannabidiol oil for intractable childhood seizures with hundreds of Alabama parents and guardians anticipated to enroll children in the study [3].

Florida's legislature has passed the *Compassionate Medical Cannabis Act of 2014* allowing the use of medical marijuana (i.e. low-THC cannabis) for patients suffering "from cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms" [4].

Georgia enacted *Haleigh's Hope Act* in April that created a medical marijuana registry that allows the possession of up to 20 ounces of cannabis oil to treat a qualifying disorder. At present time, qualifying disorders are cancer, Crohn's disease, Lou Gehrig's disease, mitochondrial disease, multiple sclerosis, Parkinson's disease, seizure disorders and sickle cell disease. This registry is being managed by the Georgia Department of Public Health [5].

(continued on page 2)

(continued from Page 1)

My own state of Louisiana enacted the *Alison Neustrom Act* just weeks ago – on June 29th – allowing for a single state-sanctioned grow site (likely to be at Louisiana State University or Southern University) where patients could fill prescriptions for medical marijuana to treat a qualifying condition such as cancer or intractable seizures [6]. This state sanctioned grow site is being planned by the Louisiana Department of Agriculture in consultation with the Louisiana Board of Pharmacy and other state agencies. Just weeks ago, the Louisiana Commissioner of Agriculture cautioned that it will take years to develop this state grow site – noting cultivating, security, and dispensing concerns [7].

And in the great state of Tennessee – where we had our fantastic 2014 meeting – medical marijuana is probably legal in a very limited capacity. I say "probably" because, even though Tennessee Governor Bill Haslam signed a medical marijuana bill into law in May [8], the Tennessee Department of Health has done nothing to educate either the public or Tennessee doctors about this new law. Its spokesperson recently admitted that the topic has not even been discussed yet with the Tennessee Board of Medical Examiners and does not know when it will. Furthermore, the Tennessee Medical Association was 'neutral' on this law when it was a bill and does not plan to educate its members on the law's provisions [9].

So, as I wrote in April 2013, where does this leave us – the membership of the Southern Pain Society? As this process unfolds in different ways in our different states, several points are becoming clear:

⇒ Under no circumstance has any Southern state declared that a medicalized version of the movie *Dazed and Confused* is "A-OK". Rather, several Southern states are developing the means to dispense very specific forms of cannabis to patients with specific qualifying conditions – and requiring clinical documentation to verify the presence of the condition. The qualities of marijuana, specifically its THC content, will be defined with clear maximum concentrations. The patients receiving this medical marijuana will be registered with an agency of the state and dispensing records including potency and quantity dispensed will be maintained.

⇒ Some states are also requiring that physicians go through educational programs before writing prescriptions. Florida, for example is requiring that physicians go through an 8-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association that covers the indications for medical marijuana, contraindications for its use, and review of state and federal laws for its ordering, dispensing, and possessing [5].

⇒ Other states are requiring that prospective patients are referred to one or two specialized clinical settings and not allowing other state physicians to prescribe or dispense medical marijuana. For example, Alabama is requiring that physicians who want a patient to receive medical marijuana refer the patient to a specific study run by the Departments of Neurology at UAB Hospital or Children's Hospital. Those sites alone are running Alabama's medical marijuana activities [10].

So, it is absolutely incumbent on SPS members to stay abreast of the very specific and particular regulations for medical marijuana in their state! Each state has also taken pains to point out that they will prosecute physicians who grossly depart from their state's specific regulations. Many of these states have also pointed out that their medical marijuana program is purposely significantly different than encountered in early state adopters of medical marijuana like California, Colorado, and Washington State.

(continued on Page 5)

SPS News is the official publication of the SPS, provided quarterly to its members. SPS may publish material dealing with controversial issues. The views expressed are those of the authors and may not reflect those of the SPS. No endorsement of those views should be inferred unless specifically identified as the official policy of the SPS.

Submissions are welcome. Publication is based on editorial judgment as to quality of material, timeliness, and potential interest to members. Submission deadlines:

January 1 **April 1** **July 1** **October 1**

Please email articles to lpostal@southernpainsociety.org

PRESIDENT'S COLUMN

Geralyn Datz, PhD

Hope everyone had a wonderful 4th of July! It was a rainy weekend here in Mississippi but that didn't stop the grilling and much needed porch time. I hope that you found a way to unwind and spend time with those close to you!

The topic of internet assisted pain treatment has been receiving increased attention in research, the media, and in technology development. If you haven't heard of this boon, it's a good one to be aware of as a treating pain provider. With 1 pain specialist to every 10,000 pain patients, technology developers are trying to bridge the gap of teaching and educating the pain patient masses.

The use of self-management tools for chronic pain patients, both online, as well as through apps, is a rapidly growing market. Now more than ever before, patients are enjoying, and even demanding, tools at their fingertips to manage their health. The challenge of pain treatment, with its impact on multiple life areas (sleep, mood, activity level, work, stress level, social life) would seem to be one of the more apt foundations for a self management tool. The research evidence is also strongly supportive of these types of interventions. Recent Australian research demonstrated that free, online self management program (5 lessons) can outperform traditional treatment alone, and are effective. In addition, progress was maintained, no matter how much contact users had with a health professional during the course of the program! [see *The Pain Course: A Randomised Controlled Trial Examining an Internet-Delivered Pain Management Program when Provided with Different Levels of Clinician Support. Dear et al Pain epub 6/2/15*]

The idea of self-management and self-engagement in pain treatment is not new; Dr. Bill Fordyce was one of the early pain pioneers that introduced this idea. His platform: Reduce pain medication, teach patients core concepts about pain and pain sensations, and increase the activity of level of pain patients. These ideas were revolutionary at the time, and now are cornerstones of biopsychosocial pain management.

In the past several years, and even this year, various internet sites, technologies and apps have been developed for patients with pain. These "treatments" go by various names including e-health, web-assisted technology, and mhealth. These products use cognitive behavioral as well as psychoeducational components that prompt patients to stay active, comply with therapy and develop appropriate pain coping skills. In some cases, these products also provide support functions such as ways to message the doctor, or access support communities within the product.

Here are a few that you should know about:

www.Goalistics.com

Not a new website, but one of the innovators of web based delivery of pain self-management and education. For a fee ($99.95 for 4 months unlimited access) pain patients can create a profile and have access to hundreds of educational modules and posts that teach everything from sleep hygiene, to goal setting, and pacing and adapting in the presence of pain. Dr. Linda Ruehlman, a co-owner and creator of the site, published outcome data related to this website [*A randomized controlled evaluation of an online chronic pain self management program: Pain (2012)*] which showed that completion of this self paced program, was associated with significant decreases in pain severity, pain-related interference and emotional burden, perceived disability, catastrophizing, and pain-induced fear. Use of the Goalistics program also led to significant reductions in depression, anxiety, and stress. Program completers also demonstrated significant increases in knowledge about the principles of chronic pain and its management.

(continued on page 4)

(continued from page 3)

PMC 320 (*available in iTunes and Android*)

Recently highlighted in the Boston Globe (http://www.betaboston.com/news/2015/06/22/brigham-and-womens-hospital-is-testing-an-app-to-manage-chronic-pain/) as a way to control chronic pain as well as healthcare costs, Dr. Robert Jamison's smart phone app was piloted at Brigham and Harvard Medical School. This app was designed with medical institutions in mind, and to facilitate a way to streamline communication between patients and their doctor. This app uses messaging features as well as data-tracking tools in smartphones. Patients are prompted to answer questions about their pain levels, mood, activity levels, and other areas at least once per day. The app pairs with a Fitbit and transmits information about steps walked and other activity indicators directly to the app. The app includes a messaging feature that lets patients send questions to their providers on bad days. Patients can even talk through the event with their doctor using the app! The creators of the app believe that use of this app will reduce extra office visits, as well as ER visits, which might trigger expensive and typically unnecessary tests.

Catch my Pain (*free iPhone & Android*)

One of several pain diary apps (other popular trackers include "MyPainDiary" and WebMD's "PainCoach"), this app is marketed as an "intelligent" app that not only tracks your pain, but makes it fun, and also connects patients with a community of other pain patients.

My Opioid Manager (My OM app, *free on iTunes and Google Play*)

Developed in Toronto, by Andrea Furlan, this app helps pain patients understand uses of opioids and the side effects and risks; track their pain and opioid use; and easily share information about their chronic pain with their health-care team. *MyOM* is specifically for patients using opioids for chronic, non-cancer pain. The app developers cite that opioid education is very important in today's landscape of overdoses and opioid misuse. The app is designed to educate and hopefully dispel fears related to proper opioid use.

Mindfulness Meditation for Pain Relief (*$9.99 iTunes*)

Created by Jon Kabat Zinn, this app uses mindfulness meditation recordings by Dr. Zinn and colleagues that have helped thousands of pain patients find relief.

Self-management techniques work best when patients are sufficiently motivated, curious, and believe that it's possible to gain control of the mind, and therefore gain control of pain.

However, in my experience, pain patients can also be motivated to try something "new" just by the profound suffering that comes with uncontrolled pain, or the desire to pursue something non-traditional, or even desperation try anything that might help.

While self-management has its limitations, there is growing support that its effects can be maintained over time. In addition, practical concerns like copays, deductibles, and accessibility to experienced pain health professionals are obstacles to education of pain patients. An app could never be substituted for one to one tailored contact with a skilled professional, such as a pain psychologist, or other educated health professional, or for complex patients that need tailored and personalized mental health attention. However, apps provide one avenue of treatment and pain education in today's environment that is increasingly self-care directed.

Why not recommend some of these great resources to your patients this month?

(continued from Page 2)

Of note to SPS members working at the Veterans Affairs, the DOJ memorandum cited earlier [2], and subsequent testimony from DEA officials [11] has also made it clear that the states' marijuana initiatives do NOT extend to federal properties within a state's borders. Most importantly to SPS members and colleagues – these medical marijuana initiatives do not involve or extend to Veterans Affairs hospitals and clinics. In short, VA providers will not be prescribing or dispensing marijuana – regardless of what the state allows!

We also must keep in mind what we have learned about the interactions of substances and drugs in the management of chronic pain and the need for attentive clinical management and monitoring of treatment. We know that the combination of oft prescribed sedative-hypnotic medications can greatly increase the risk for adverse effects when combined with many pain medications. In fact, many pain specialists require limited or no use of these sedative-hypnotic medications, at least if the dosage of pain medication used is significant [12]. Will the same be true of medical marijuana? Will the combined use of prescription pain medications and medical marijuana increase the risk for over-dosage or death? The many zealous advocates for medical marijuana state that it is safe and will eliminate the need for opiates. But, as front-line practitioners in the treatment of pain, we know that what may work for some patients will not work for others and some patients will insist on the co-administration of cannabis and opiates to control their symptoms. Any clinician who doubts this needs to just to remind themselves how many toxicology screens have they reviewed that were positive for both opiates and cannabis!

And finally, many of us who now have provisions for medical marijuana in our state – or watched debates of failed bills in other Southern states – are aware that there are thousands of patients in each state who legitimately see marijuana as a way to reduce their symptoms and their suffering. Many legislative hearings featured patients with truly catastrophic conditions who had tried countless prescriptions, including opiate containing pain medications, to control their symptoms and found their success grossly lacking. It is for these patients that a path is being created to move forward in several states. We should be a part of this unfolding process in our states and advocate for thoughtful and deliberative means to bring this treatment to selected patients while monitoring for side effects or unintended harms that could affect our patients or communities.

[1] ProCon.org. 23 Legal Medical Marijuana States and DC: Laws, Fees, and Possession Limits. Accessed on 07/01/2015 at URL http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881

[2] JM Cole. Memorandum: Guidance Regarding Marijuana Enforcement. Office of the Deputy Attorney General, US Department of Justice. Accessed on 07/01/2015 at URL http://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf

[3] Melanie Posey. Girl who inspired Carly's Law has setback in CBD Oil treatment. WAFF 40 News, June 12, 2015.Accessed on 06/23/2015 at URL http://www.waff.com/story/29309368/girl-who-inspired-carlys-law-has-setback-in-cbd-oil-treatment

[4] Florida 2014 Legislature CS for CS for SB 1030, 1st Engrossed. Accessed on 07/02/2015 at URL http://www.flsenate.gov/Session/Bill/2014/1030/BillText/er/PDF

[5] News Staff. 6 things to know now that medical marijuana is legal in Georgia. The Atlanta Journal-Constitution, Published on April 16, 2015 and accessed on 07/03/2015 at URL http://www.ajc.com/news/news/medical-marijuana-bill-georgia-facts/nkwWM/

[6] Alex Woodward. Louisiana Gov. Bobby Jindal signs marijuana bill. State prepares for growing and dispensing pot. The Gambit Weekly, July 6, 2015 and accessed on 07/10/2015 at URL http://www.bestofneworleans.com/gambit/jindal-signs-marijuana-bill/Content?oid=2707476

[7] Robert Stewart. Strain: Medical marijuana will take time to hit Louisiana market. Greater Baton Rouge Business Report, July 6, 2015. Accessed on 07/10/2015 at URL https://www.businessreport.com/article/strain-medical-marijuana-will-take-time-hit-louisiana-market

[8] Dave Boucher. Gov. Bill Haslam signs cannabis oil bill. The Tennessean, May 4, 2015. Accessed on 07/10/2015 at URL http://www.tennessean.com/story/news/2015/05/04/haslam-signs-cannabis-oil-bill/26866905/

[9] Dave Boucher. No guidance from state as cannabis oil law takes effect. The Tennessean, June 13, 2015. Accessed on 07/10/2015 at URL http://www.tennessean.com/story/news/politics/2015/06/13/guidance-state-cannabis-oil-law-takes-effect/71126496/

[10] Kyle Whitmire. Gov. Bentley signs Carly's Law to legalize marijuana-derived CBD oil prescriptions. AL.com, April 1, 2014. Accessed on 07/10/2015 at URL http://blog.al.com/wire/2014/04/gov_bentley_signs_carlys_law_t.html

[11] Testimony of Barbra M. Roach, Special Agent in Charge, Denver Field Division, U.S. Drug Enforcement Administration, Before the Committee on Indian Affairs, United States Senate, March 31, 2015. Accessed on 06/23/2015 at URL http://www.dea.gov/pr/speeches-testimony/2015t/033115t.pdf

Help us plan our 2016 annual meeting in New Orleans!

The 2016 Meeting Planning Committee needs you! Participate in planning the speaker agenda, poster session, and other aspects of the annual meeting. This committee does require a commitment to short monthly calls. **Our next meeting will be held in New Orleans, so we're especially eager for volunteers who work in or are familiar with the area.** Email info@southernpainsociety.org if you're interested in being an integral part of our next meeting.

Integrative Pain Care for the 21st Century

Friday, September 25, 2015 – 2:00 pm to
Sunday, September 27, 2015 – 12:15 pm

Topics will include the following:

- 3 hour opioid and REMS section
- Live patient examination, assessment and plan
- Regulatory, compliance, DEA, and coding symposium

13 National and Internationally recognized speakers including:

- Eddy Fraifeld, MD
- Marla Golden, DO
- Albert Ray, MD
- B. Todd Sitzman, MD, MPH
- Richard L. Stieg, MD, MHS
- Richard A. Tucker
- David M. Vaughn, Esq., CPC

Carolinas HealthCare System/Charlotte AHEC designates this **Live Activity** for a maximum of ***14.25 AMA PRA Category 1 Credit(s)™***. Physicians should claim only the credit commensurate with the extent of their participation in this activity.

The Charlotte Area Health Education Center (AHEC) designates this continuing education program as fulfilling the requirement for **1.43** Continuing Education Units (CEUs), representing **14.25** Contact Hours.

Charlotte AHEC/Carolinas HealthCare System is approved by the American Psychological Association to sponsor continuing education for psychologists. **Charlotte AHEC/Carolinas HealthCare System** maintains responsibility for this program and its content.

Contact: Jessica Dietrich at 704.512.6519 or Jessica.Dietrich@carolinashealthcare.org

September 25-27, 2015
Omni Championsgate Orlando Hotel

SPS Charlotte AHEC

www.southernpainsociety.org

SPS COMMITTEE CHAIRS

E-Communications:
Geralyn Datz, PhD, PhD

Finance:
John Satterthwaite, MD

Newsletter:
Lori Postal, RNC, MHA

Nominating:
Leanne Cianfrini, PhD

Program:
Albert Ray, MD/ John Satterthwaite, MD / Felix Linetsky, MD

2015 BOARD OF DIRECTORS

PRESIDENT
Geralyn Datz, PhD

PRESIDENT-ELECT
Mordecai Potash, MD

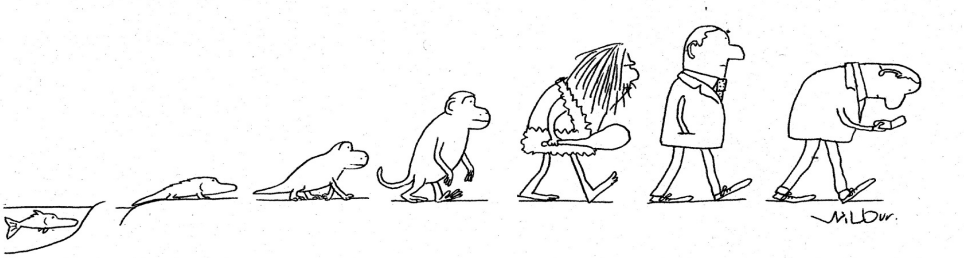
IMMEDIATE PAST-PRESIDENT
Leanne Cianfrini, PhD

TREASURER
John Satterthwaite, MD

SECRETARY
Maged Hamza, MD

DIRECTORS
Timothy Beacham, MD
Thomas Davis, MD
Ann Quinlan-Colwell, PhD, RNBC

EXECUTIVE DIRECTOR
Lori Postal, RN, MHA



NOMINATIONS WANTED!

Thanks to all who submitted nominations for the SPS elections through Survey Monkey. This is the LAST CALL for those of you who do not have email addresses. We have three positions available and the term runs from January 2016—December 2017

Secretary — Ensures that minutes of all meetings are kept by the executive director and provided to the board. Participates in virtual board meetings twice a year, and attends the in person board meeting during the annual meeting. Contributes to setting the direction and strategy for the organization.

At large (2 positions) - Participates in board decisions and virtual meetings twice a year and attends the in person board meeting at the end of the year. Contributes to setting the direction and strategy for the organization.

Please consider nominating yourself or a colleague. Please submit to info@southernpainsociety.org

Elections will be handled electronically in mid-August. Please let us know if you have a change in your email address, so we can keep your contact information current.

SPS

ABSTRACT SUBMISSIONS

We are pleased to welcome abstracts on patient evaluation, risk stratification, outcomes of interventional treatments, psychosocial factors in pain, pain education, and research, etc. If you are a non-industry learner professional or learner please consider submitting.

The deadline is August 20th.

All presenters will receive free registration at the 2016 New Orleans meeting!

Please visit our website for further details.

Mild Pain- Pipeline Insights

From the Publisher:

"Mild Pain- Pipeline Insights provides the in-depth analysis of the pipeline assets across the Mild Pain. The main objective of this report to track competitor pipeline molecules, related research activities, technology, collaborations, in-licensing and out-licensing deals. The Mild Pain Report helps to identify emerging players with potentially strong product information and create effective counter-strategies to gain competitive advantage.

Mild Pain- Pipeline Insights Report covers the Mild Pain pipeline molecules at various stages of development like Pre-registration phase, clinical phases (Phase III, Phase II & Phase I), pre-clinical and discovery phases. The Report also provides Mild Pain related therapeutic assessments by molecule type, route of administration,mono-therapy and combination products. The Report also highlights the discontinued and inactive projects in pipeline for Mild Pain."

Use this link to download your own printer friendly copy of the report

http://www.researchandmarkets.com/publication/

SOUTHERN PAIN SOCIETY

P.O. Box 2764

Asheville, North Carolina 28802

Phone: (828) 575-9275

Fax: (866) 368-2700

INFO@SOUTHERNPAINSOCIETY.ORG

CORPORATE MEMBERS

AvuTox

COMPASS LABORATORY SERVICES

SLOCUM-RADSON MEDICAL LABORATORIES, INC