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Practical Strategies Webinar: What Healthcare Providers Need to Know
June 13th, 2019
Questions and Answers

1. What kind of research is being done on the use of medical marijuana and driving? Are there any guidelines currently available?

A number of studies have examined the relationship between cannabis use and cognitive or psychomotor functions, which have a direct impact on one's ability to drive.[1] Largely, the studies suggest that moderately high levels of cannabis use are associated with performance deficits on several cognitive and motor functions relevant to driving,[2] changes in driving performance,[3] and a reduced ability to react appropriately to unexpected events.[4] Combined with alcohol, cannabis use may have an increased effect on impairment and driving skills.[5]

In 2017, the School of Medicine at McMaster University opened the Michael G. DeGroote Centre for Medicinal Cannabis Research. They focus on curating evidence-based content and conducting cutting-edge research regarding the uses and effects of medicinal cannabis.

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[1] See: Bilsker, D., Capler, R., MacPherson, D., Van Pelt, K. Cannabis Use and Driving: Evidence Review. Canadian Drug Policy Coalition (CDPC) Simon Fraser University. 2017 March 27. Available from: https://drugpolicy.ca/wp-content/uploads/2017/02/CDPC_Cannabis-and-Driving_Evidence-Review_FINALV2_March27-2017.pdf; Armentano P. Cannabis and psychomotor performance: A rational review of the evidence and implications for public policy. Drug testing and analysis. 2013 Jan 1;5(1):52-6.; Crean RD, Crane NA, Mason BJ. An evidence based review of acute and long-term effects of cannabis use on executive cognitive functions. Journal of addiction medicine. 2011 Mar 1;5(1):1.; Ramaekers JG, Kauert G, Theunissen EL, Toennes SW, Moeller MR. Neurocognitive performance during acute THC intoxication in heavy and occasional cannabis users. Journal of psychopharmacology. 2008 Aug 21.

[2] Beirness DJ, Porath-Waller AJ. Clearing the smoke on cannabis: cannabis use and driving – an update. Ottawa, ON: Canadian Centre on Substance Abuse; 2015. Available from: http://www.ccsa.ca/Resource%20Library/CCSACannabis-Use-and-Driving-Report-2015-en.pdf

[3] Sewell R, Poling J, Sofuoglu M. The effect of cannabis compared with alcohol on driving. The Am J Addict. 2009;18(3):185-93. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/pm id/19340636/

[4] *Ibid.*

[5] *Supra* note 2.

The continued introduction of provincial cannabis legislation and the continued uncertainty surrounding many of the long-term effects of marijuana is likely to encourage increased clinical research into the medical use of cannabis.

Unfortunately, a one size fits all guideline for a safe amount of time to wait before driving does not exist. As cannabis can impair each individual differently, depending on the THC levels, quantity, differing tolerance levels, and consumption method, Health Canada has not been able to offer guidance to medical marijuana users with regards to how much cannabis can be consumed before driving becomes a risk.

Studies suggest that medical marijuana users should wait 4 hours after inhalation, 6 hours after oral ingestion, and 8 hours or more after consumption if the patient experiences a psychoactive high. [6]

Similar to alcohol, it is always advised to plan ahead and arrange for alternative transportation options.

2. What is the law in terms of driving under the influence of cannabis? (i.e. penalties of driving, how driving under the influence is measured, legal limit of use, etc.)

As cannabis affects each consumer differently, Health Canada has not offered a guideline with regards to the amount of cannabis that can be consumed before it is unsafe to drive. It is important to note, however, that it is illegal to drive impaired regardless of the source of impairment (including medical marijuana).

If you have a medical prescription for cannabis, the Ontario government will allow greater leniency for driving with THC in your system (unless you are a young, novice or commercial driver, where there is a zero-tolerance policy in place). Medical marijuana users still risk facing criminal charges if a police officer stops them because their consumption of medical marijuana is affecting their ability to drive safely.

In June 2018, the legislation was amended to reflect new offences related to drug-impaired driving. The changes clearly set out the prohibited blood drug concentrations when driving:

[6] College of Family Physicians of Canada. Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance from the College of Family Physicians of Canada [Internet]. Mississauga, ON: College of Family Physicians of Canada; 2014 and Kahan M, Srivastava A, Spithoff S, Bromley L. Prescribing smoked cannabis for chronic noncancer pain. Canadian Family Physician. 2014;60:1083-1090.

1. Between 2 nanograms (ng) and 5 ng of THC per ml of blood may result in a maximum fine of $1,000.
2. 2.5 ng of THC per ml of blood combined with 50 mg of alcohol per 100 ml of blood may result in mandatory minimum penalties of a $1,000 fine for a first offence, 30 days imprisonment for a second offence and 120 days imprisonment for a third offence.
3. 5 ng of THC or more per ml of blood may result in mandatory minimum penalties of a $1,000 fine for a first offence, 30 days imprisonment for a second offence and 120 days imprisonment for a third offence.

3. Is there a chance a person can be charged while driving as they are using medicinal cannabis? What if they took their dose of medical cannabis before driving, but a police RIDE check may still smell or question if the person is under the effects of medicinal cannabis?

If you have a medical prescription for cannabis, the Ontario government will allow greater leniency for driving with THC in your system (unless you are a young, novice or commercial driver, where there is a zero-tolerance policy in place). However, one still risks facing criminal charges if a police officer stops them because their consumption of medical marijuana is clearly affecting their ability to drive safely. It is illegal to drive impaired, regardless of the source of impairment.

As it is customary when consuming other prescription drugs which may impact driving ability, it is recommended that one consults with their prescribing doctor about when it is safe to drive after taking the drug based on their specific circumstances.

Ultimately, it is each driver's responsibility to make sure that they are able to operate their vehicle in a safe, unimpaired manner.

4. If one finds a better strain (Cannabinoids) in the United States or abroad can the user then purchase the product from the distributed country and bring it into Canada or are there restrictions on bringing the product in?

Transporting cannabis across the border, in any form, without a permit or an exemption issued by Health Canada is a serious criminal offence, whether it is for medical or recreational purposes.

The federal cannabis regulations set out the rules for importing cannabis into Canada. In order to import cannabis, one would first need to have a federal licence to possess cannabis and a special permit or exemption to import it. Import permits for cannabis will only be issued if the cannabis in question is being imported for "medical or scientific purposes". Import exemptions for the personal importation of cannabis are granted on a

case by case basis if the Minister of Health finds that the exemption is necessary for a medical or scientific purpose.

Further, the government will require information about what kind of cannabis is being imported, why it's being brought in, the amount of product, the THC and CBD contents, where it's coming from, where it's going and how it's getting there.

5. Any lessons learned from the outcomes of the LAT?

Increasingly, individuals who are injured in motor vehicle accidents are submitting medical marijuana claims to their accident benefits insurers. The current Statutory Accident Benefits Schedule (SABS) provides medical benefits for "all reasonable and necessary expenses incurred by […] the insured person as a result of the accident for […] medication".

The Licence Appeal Tribunal ("LAT") is the appointed body which resolves disputes concerning compensation claims. Unfortunately, the LAT boasts very few reported decisions involving medical marijuana. *ZA v Certas*[7] is a recent note-worthy decision.

ZA was injured in a rear-end motor vehicle crash in 2016. ZA's family physician provided a prescription for medical marijuana and a treatment plan recommending a medical benefit in the amount of $2,288.25 for medical marijuana was submitted. The insurer denied the claim. They relied on a report from Dr. Zabieliauskas which assessed the treatment plan that ZA had submitted. The insurer's position was that there was no residual impairment and no further medication was required. They also argued that ZA did not provide any notes or records from their doctor supporting their claim for medical marijuana.

ZA presented limited documentation to justify their claim for medical marijuana: an in-home assessment performed by an OT noted: "some pain behaviours during bed transfer" and ZA "refrained from performing trunk forward flexion and utilized modified posture for reaching to lower areas due to reported back pain." A letter from the insured's doctor also stated: "vaporized medical marijuana, 4g/day required for pain sustained from MVA."

Even though ZA's evidence at the hearing was limited, the Adjudicator found that the claim for medical marijuana was both reasonable and necessary as ZA had ongoing pain due to injuries that arose from the 2016 accident.

[7] ZA v Certas, 2018 CanLII 39451 (ON LAT 17-003297)

The ZA decision demonstrates the willingness of some LAT adjudicators to recognize the reasonableness and necessity of medical marijuana for injured individuals dealing with pain. The ZA case appears to set a low threshold in this regard. Though the analysis is fact-specific, the focus of the recent SABS decisions on the administrative aspects of funding rather than the therapeutic merits of the medical marijuana seems to signal a shift in public perception.

6. Has legalization of recreational marijuana affected medical marijuana users?

The government kept the regulations governing cannabis for personal use largely separate from those regulating medical use so that medical users would not be subject to the same restrictions as recreational users, particularly in regards to the amount of cannabis which may be grown or carried by medical users. In theory legalization ought to make all forms of cannabis more affordable to consumers due to the massive increase in competition amongst licensed producers. This should also improve patient access by increasing supply and the range of products available. To this end, Health Canada has committed to reviewing the medical marijuana system within five years of legalization. However, at this early stage post legalization the jury is out on how legalization will ultimately impact upon medical users.

7. Is insurance coverage is available for medical marijuana users?

Some major insurers have begun to offer coverage for medical cannabis through group benefits plans. Manulife, Sunlife and Desjardins for instance, have offered various forms of coverage, up to a monetary limit, under some group policies. There are however, in most instances, important limitations that may be imposed upon coverage for medical users, such as limiting covered marijuana use to a small number of conditions, such as cancer or MS. The wording of a particular policy must therefore be closely examined.

8. What additional changes might be coming in regards to the legal landscape around marijuana use?

Many hope to see the law change to permit open consumption venues for legal cannabis, such as bars or coffee shops. There is a concern however that this would see Canada turn into the new Amsterdam, leading to an influx of marijuana tourism. However, perhaps anticipating the landscape changing in favor of open consumption, Second Cup recently applied for a license to sell cannabis. If open consumption venues are permitted, we will likely see the law evolve regarding commercial host liability. Commercial hosts, such as bars, who have traditionally been responsible for monitoring

the level of impairment of its patrons, may see changes implemented in regards to monitoring the impairing effect of cannabis on its guests.

9. Client on ODSP prefers vaporizing cannabis but has been denied funding by ODSP for cost of vaporizer. He claims he has better pain control but ODSP says he should continue with capsules/oils as he has had some benefit with capsules.

If the client is on ODSP, they may receive coverage for a vaporizer and a discount on the medical cannabis called “compassionate pricing”. Clients should speak to their family doctor and ask for a letter confirming they may take the medical marijuana with a vaporizer. The doctor will need to complete the Mandatory Special Necessities benefit request form. If your client`s family doctor will not provide this support, I would suggest they go to Apollo Cannabis and ask for a consultation and assistance with completing these forms.

10. Client is in affordable, regional housing and property manager sent notice to all tenants that vaping/smoking is prohibited in building. Client is fearful about getting evicted, so has stopped using medical cannabis in his apartment.

The Smoke-Free Ontario Act ban`s smoking in public or shared areas inclusive of medical marijuana. There is a trend emerging whereby local Health Units are encouraging the Ontario Ministry of Housing to develop policies and programs to facilitate the provision of smoke and vape free housing. The Smoke-Free Housing Ontario website (www.smokefreehousingon.ca) provides useful information for both landlords and tenants.

11. My question is related to travel and medical cannabis. I support clients who will travel and may be on a number of "traditional" medications. Often we will advise them to pack medications in carry on and travel with a doctor's note stating what meds they are using. Can a person travel safely to another country with medical cannabis?

The legalization of cannabis in Canada did not change Canada’s border rules. Taking cannabis or any product containing cannabis across Canada’s international borders is illegal and can result in serious criminal penalties both at home and abroad. This is the case even if you are travelling to places that have legalized or decriminalized cannabis. Transporting cannabis used for medical purposes is illegal.

12. What are the legal implications of using medical cannabis in the workplace?

A prescription for marijuana does not give an employee a green light to use in the workplace. There are provisions in the Ontario Human Rights Code and the Occupational Health and Safety Act that will impact a person`s ability to use medical marijuana at work. Most workplaces have policies that address the use of medical marijuana at work.

13. The cost of providing medical Cannabinoids for the rest of a person's life can run in the range of $400.00 / month, for life, working out to $100,000's over a person's lifetime (ex: 30 years LE), have there been any legal cases in which the courts have rejected this position or determined that this cost is too excessive? Perhaps with increased competition or improvements with technology and production yield for Cannabis the costs are projected to decrease?

To date, there are no reported Court decisions that address the cost of providing medical cannabinoids for life.

14. Extended Benefit Insurers continue to deny Cannabis under the determination that because there is no DIN (Drug Identification Number) that it cannot be covered. Has there been any progress or legal precedent over turning this position?

While medical marijuana is legal, it is not an approved therapeutic drug under the Food and Drugs Act. Consequently, it does not have a DIN assigned by Health Canada, which is the criteria most plans use to determine which drugs are eligible for reimbursement.

For a drug to be approved and marketed in Canada, drug manufacturers must first provide Health Canada with detailed information including results of pre-clinical and clinical studies, so the department can assess the potential benefits and risks of the drug. Health Canada has stated that it encourages clinical research in this area and is committed to a fair and evidence-based approach in its oversight of cannabis-based therapies.8

The continued introduction of provincial cannabis legislation and ongoing clinical research into the medical use of cannabis may help push for cannabis' DIN status. However, we are not currently aware of any legal precedent requiring that cannabis' DIN status be changed.

[8] See e.g., https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/applications-submissions/guidance-documents/guidance-cannabis-act-food-and-drugs-act-related-regulations/document.html

That said, there are cases where individuals have argued that being denied coverage for their medical marijuana was a discriminatory practice in violation of human rights laws. See for example, *Canadian Elevator Industry Welfare Trust Fund v. Skinner*,9 a Nova Scotia case, or Rivard v. Essex (County),10 from Ontario. However, in these cases the court or tribunal ultimately concluded that a denial of medically-prescribed cannabis was not discriminatory under the applicable laws.

15. My client was a recreational marijuana smoker before the collision. Since the collision he is smoking more due to pain and depression. How do I present this to the insurer for approval?

In order for a pre-collision recreational marijuana smoker to receive funding for medical marijuana under the SABS he or she will require a prescription for same. Further, the need for medical marijuana must be related to the injuries sustained in the collision. It will be important for the treating doctor or occupational therapist to be able to provide a solid rationale for why the client`s need has changed. For example in Applicant v TD Insurance, 17-003356-AABS, Adjudicator Ferguson found that an objective that sets out the reduction of narcotic dependence and it`s side effects by using medical marijuana is an acceptable rationale.

16. Do I need to submit an OCF-18 for medical marijuana?

You do not need to submit an OCF-18 to cover the cost of medical marijuana if there is a medical prescription for same.

17. My client has a prescription for medical marijuana. The insurer will not direct bill the company and she has no funds to pay up front. Can I put it on my credit card and submit the expense to the insurer for repayment?

Health care providers should consult with their College to determine what if any the policy is for medical marijuana. Before agreeing to purchase medical marijuana for a client and wait to be reimbursed, you should know that section 6 of the Cannabis, Smoke Free Ontario and Road Safety statute strictly prohibits anyone from “distributing” marijuana unless you are an authorized Ontario cannabis retailer. Distributing is defined as transporting, sending, delivering or making available marijuana in any manner whether directly or indirectly. The penalty is a fine of not more than $100,000 for an individual and $250,000 for a corporation.

[9] 2018 NSCA 31.
[10] 2018 HRTO 1535.

18. Now that recreational cannabis is legal, why would you need a medical prescription?

Medical Cannabis is medicine. As such, if a patient is looking to use cannabis for a medicinal purpose- such as pain, sleep issues or anxiety, it is very important that they seek a medical recommendation (prescription) from a qualified Healthcare Practitioner. This ensures a patient is taking the right type of medical cannabis for their medical condition, in the form most appropriate for their needs, and in the correct doses. Furthermore, medical cannabis is often less expensive than recreationally bought cannabis, and some patients are even eligible for a discount through "compassionate pricing" programs offered by some Licensed Producers, based on income level or government social assistance. Medical Cannabis is also tax-deductible as a medical expense, whereas recreationally bought cannabis, is not.

19. Why would a patient choose Apollo vs. getting a prescription from their own doctor?

Apollo is a specialty clinic that specializes in medical cannabis, and our doctors and Healthcare practitioners are experts in this clinical field. Just like a patient may choose to be treated at a dermatology clinic for a certain skin issue, or go to a pain clinic for untreated pain disorders, patients choose to be treated at Apollo because we are experts at prescribing, educating and supporting patients in their journey with medical cannabis.

Medical cannabis is a very personalized medicine. As such, what works for one patient, may not be what another patient, suffering from a similar condition, may need. We work one-on-one with every patient to educate them on how to use medical cannabis specific to their needs, and ensure they are fully comfortable and confident in their personalized treatment plan with medical cannabis.

The average family physician often doesn't have the bandwidth to support patients with this complicated medicine, and often prefers to refer their patients to Apollo, so we can ensure their patients receive individualized care and support they need to be successful with medical cannabis. Furthermore, our team provides ongoing education and support 7 days/ week through phone or email, if patients ever have questions or concerns in between appointments.

20. What are the most common misconceptions about medical cannabis?

Myth #1 - You have to get high - NOT TRUE. Medical cannabis contains 2 major cannabinoids: THC, and CBD. THC can cause psychoactive effects, more commonly

referred to as the ‘high’, and may be very beneficial for many conditions and symptoms. However you can still get relief from products containing less than 1% THC and not feel high.

Myth #2 - You have to smoke medical cannabis - NOT TRUE. Medical cannabis comes in many different forms. There is dry cannabis, which is recommended to be vaporized instead of smoked (as it is healthier, safer and more efficient), and oils and capsules which are ingested. We never recommend a patient to smoke their medical cannabis.

Myth #3 - You have to be terminally ill to qualify for medical cannabis - NOT TRUE! Apollo sees patients of all ages and all conditions, ranging from cancer & MS to sleep issues, seasonal depression, anxiety and all levels of pain. Our goal is to assist all patients and help improve one’s quality of life.

21. What area of Ontario does Apollo cover?

Apollo sees patients all across Canada. They have multiple physical clinics, and can also consult with patients anywhere in Canada from the comfort of their home or office on a secure video call. Whether in clinic, or through telemedicine, their services are free of charge.

22. Is there any research on cannabis use in individuals with TBI with respect to cognitive impairment, i.e., benefits as well as risks? Are research studies looking at THC vs CBD in this regard?

There is not enough research for Apollo to comment at this time, however anecdotally their patients have seen success with improved recovery from TBI.

23. Can CBD be used while pregnant?

Apollo advises against it, as there is not enough research at this time to determine the effects on the developing fetus.

24. What is the harm (if any) of individuals using cannabis as a 'gate-way' to using other stronger drugs?

Apollo often sees patients who begin to substitute drugs such as opioids and benzodiazepine, as well as alcohol, for medical cannabis, in a harm reduction capacity.

25. What kind of per month costs are clients looking at with cannabis?

It will vary depending on what types of cannabis one chooses to use (dry cannabis, oils, capsules, sprays etc.) and how much cannabis they need to reach their therapeutic dose. Apollo works one-on-one with every patient to ensure they are choosing medical cannabis products best for their health care, and financial needs, and that they secure any discounts or compassionate pricing they may be eligible for.

26. How is the right dose determined to one's needs? Is it a combination of weight + reason for need + existing medication one might be on?

Apollo has developed a specific titration methodology based on over 50'000 patient interactions and over 4 years of prescribing. With that said, medical cannabis is very personalized medicine, and can take some trial and error as well as an ongoing conversation between patients and their healthcare provider to find one's therapeutic dose.

27. Are their negative interactions between CBD's and other medications? ie: blood thinners & heart medications

Yes, there can be. That is why it is very important for a patient to speak with a qualified medical professional when considering using medical cannabis, even just CBD. Apollo's doctors determine if there are any negative interactions with current pharmaceuticals the patient is taking, and will advise appropriately to ensure safe titration.

28. Why do cannabis clinics continue to recommend high-dose THC, that is, THC greater than 7%? Why do we not dose cannabis by mg rather than %?

The type and percentage of THC/ CBD product recommended to a patient depends on their individual needs. Some patients only find relief from products very rich in CBD, where others with the same condition may find benefit with low doses of THC.

Cannabis is often referred to in % when we are discussing dried cannabis flower as the % is an indication of the percentage of weight the compound makes up in the plant matter. For example, 1 gram of a 7% THC strain of dried cannabis will contain 70mg of THC. Capsules and oils tend to be dosed by mg. For example, patients can choose an oil of cannabis that is a 10:10 oil. This means, the oil would contain 10mg of THC and 10mg of CBD per ml of oil. Similarly, the capsules are dosed by mg. Patients can choose various doses of THC or CBD that meet their needs - for example 2.5mg, 5mg, 10mg or 20mg (depending on the product and producer).

29. Do Apollo doctors take into account pre-existing substance use and speak to the treating physiatrist/family doctor prior to making recommendations re: how much CBD vs THC. Please explain the process.

This is why Apollo does a full medical history and triage prior to a patient's consultation, to ensure they are the right candidate for medical cannabis, and prescribe on a case by case basis. If the patient has been referred to them, they can open up that dialogue with the referring physician as well to ensure appropriate prescribing & that consult notes are sent back to the referring physician.

30. **One concern clients have in my experience is that cannabis has also been known for increasing appetite, and they are concerned about it increasing weight gain. Are there strains that avoid this as well?**

This is a common concern for many. Most patients who are using just CBD do not feel the appetite stimulation. THC is often the culprit for increasing one's appetite, however it often depends on the dose and strain. For example, if a patient is using a THC product to assist with sleep, they often find they fall asleep before the 'munchies' kick in. We also have anecdotal evidence from our patients who report that they have actually lost weight after beginning medical cannabis treatment. This is because they are able to exercise more, due to decreased pain, or increased energy and motivation, aiding them in a healthier lifestyle overall.

31. **Are there any restrictions in terms of eligibility to be a cannabis user? For instance, I had a patient with schizophrenia who was not allowed to even be assessed.**

We are certainly more cautious with prescribing patients who have a history of psychosis, bi-polar disorder, or schizophrenia. However we do still consult with these patients as CBD alone can be beneficial. It is important that we take a full medical history prior to prescribing so we assess and prescribe appropriately, and do not cause more harm than good.

32. **Does your clinic have experience assessing/treating geriatric clients (over 85 years)? Do you know about the effects of cannabis on comorbid conditions such as mild dementia, kidney disease, heart disease which is commonly found in the elderly?**

Apollo will assess patients of all ages. As for the specific question - unfortunately there is not enough research done at this point.

33. **I am considering using medical marijuana to help with my issues with sleep. Can you summarize whether studies indicate it does or does not negatively impact an adult's brain if used regularly. Are the negative effects on the brain worse than using a low (25mg) dose of Quetiapine Fumarate or 5mg of Zopiclone?**

There is not enough research to comment.

34. Are there any very long term clinical studies (10 years or more) for adults who use Cannabis and any secondary effects? Example, does long term use of cannabis lead to early onset dementia, decreased libido, increased risk of cancer, etc?

Not enough research to comment.

35. Does Apollo do any outreach/education to family physicians about the benefits of medical cannabis vs. expecting the doctors to seek out the research?

Apollo is committed to education, both for patients and the wider medical and healthcare community. We frequently attend medical conferences to educate all health care practitioners about medical cannabis, and are always willing to chat with family doctors about how to support their patient's choice to use medical cannabis.

36. Are you able to comment on the average range of costs per gram and the average recommendations for the number of grams per day? We don't always have that precise information from the client or the documentation.

When making recommendations for social work services for a life care plan, I would include the specific costs and amounts requested directly from the physician and dispensary.

37. How do you tease out the efficacy of medical cannabis in the context of other services concurrently provided e.g. counseling, physio, pain management?

We use a range of clinical scales to assess functioning in all areas including physical, cognitive, psycho-emotional and social functioning, and then complete the same scales again every 6 months to compare results. We can compare these scales against reports from other disciplines to see if results are consistent. As social workers, we assess and treat clients over all areas of functioning and therefore other therapies such as physio, and OT, would effect change in the client's overall functioning and engagement/success in social work counselling.

38. What should I, and should I not be, recording in my clinical notes about marijuana use, medical and recreational?

The OCSWSSW is always updating policies and giving guidance so keep checking because Cannabis is so new for us all.

I always include copies of physicians rx and letters, and any supportive evidence in my notes

If documenting during a session, I recommend clear notes, using “client reported…” (when describing symptoms or request for support with medical cannabis) or Dr. Name and Date (when learning medical cannabis has been recommended) and I would be clear never to make any recommendation for treatment outside of your scope of practice (such as medical cannabis).

39. **We've talked a lot about how to advocate for our clients to use cannabis but under what circumstances would you NOT advocate for clients to use? My experience has been that many clients with severe TBI aren't able to self-regulate their cannabis use and just end up using and requesting more and higher doses.**

I would only ever advocate if accompanied by a note from a doctor and a clear prescription (either from a doctor who knows the client very well or more than one doctor). To be clear we are only advocating for funding for a medical treatment that was recommended, we are not involved in the decision to use this treatment.

40. **Can you tell me how a SW can help me with a chronic pain case?**

- Educate/advocate to client, family and team about the following as validating and informative process:
  - compounding layers of trauma with chronic pain (if you have a broken leg, and then become depressed, your leg does not stop hurting)….so chronic pain causes layers of problems on top of the main source of pain, impacting functioning in each role
  - internal coping resources depleted in chronic pain, because energy spent on managing pain, and weighing side effects of medication vs. effects of no medication
  - Clients exhausted from chasing the cure for pain, leaving them with few resources to cope with daily irritations, communications, small problems, and leaving them vulnerable to mental health problems such as hopelessness/anxiety/depression
  - DBT/CBT/Acceptance and Commitment Therapy effective Combination treatment for symptoms of anxiety and depression
  - Chronic pain can not be seen on imaging, internal coping resources can not be seen on imaging, so you have to understand client (then educate family and team) and validate their symptoms for healing to begin
  - Educate family and team on variability in length of recovery for trauma and chronic pain, based on client’s pace and personality, environmental stressors, etc and also based on injury to help with acceptance and healing

41. **How successful have your SW's been in getting approval for marijuana tx plan?**

    - I am a very strong advocate, I prepare clear, detailed letters and I attribute success in approvals to a combination of: education, clarification and persistence
    - I don't give up…rebuttals, letters, appeals, phone calls, building a strong rapport with adjuster so they understand our role, our professional position, our recommendation, the client's unique situation and story, and the recommended tx for this client (all statements supported by evidence)
    - When I believe in any tx as reasonable and necessary, I can effectively sell it, and my 20+ years of clinical social work experience in trauma provides the foundation for my professional judgment

42. **Can you give me an example of how you can work with a clients strength when they are so depressed, hopeless, injured?**

- Social workers are professional listeners, and we take the time to understand the client's pace, and understand their personality, and how they think, feel, make decisions, and interpret and process information, which prepares us to make an appropriate treatment plan that will be suitable and effective (success comes from a non-judgmental position and with no pre-determined goals/agenda)
- Moving at THE CLIENT'S pace-a pace they can manage is extremely important in effectiveness of SW tx
- Educating the family about trauma recovery, how it can impact all areas of life (even if suffering not visible on imaging) and how recovery time largely dependent on client's personality and pace, can help remove expectations and judgments from family members and increase support and validation
- Taking a pause, and considering what is reasonable and necessary for this client? Client may be overwhelmed with many tx's and may distract from each individual therapy, thus causing overload/shut down.