

From Colombia to Canada: A Medical Cannabis Journey

Why would someone from Colombia, who grew up during the height of the drug cartel wars, have an interest in medical cannabis?

Let me walk you through my experience of living with chronic pain for almost 20 years and how the addition of cannabinoid therapies to my pain management toolkit helped me to mitigate my pain.

In 2003, I was diagnosed with Rheumatoid Arthritis (RA) and Sjogren's Disease (previously referred to as Sjogren's Syndrome), which presented in relentless and incapacitating pain. My rheumatologist put me on a high dose of corticosteroids and conventional DMARDs (Disease-Modifying Antirheumatic Drugs) for over three years before offering a biologic DMARD.

Back then, my rheumatologist had to comply with a step therapy policy imposed by private health insurance providers. Under this treatment approach, patients must try lower-cost medications before being eligible to try newer, more advanced and expensive therapies. This policy caused a delay in accessing the appropriate treatment, which resulted in the worsening of my pain and irreversible damage to the joints in my hands and feet.

Given that biologics were still relatively novel in treating RA at that time, it's also understandable that my rheumatologist opted for conventional DMARDs, which had a longer track record of use and a known safety profile.

I immigrated to Canada in 2007, and the following year, a rheumatologist prescribed a biologic DMARD, which helped to slow down the progression of my RA. While my joint and muscle pain improved, I continued to experience neuropathic pain, which was initially misdiagnosed as fibromyalgia. I later discovered that the real cause of my neurological damage was Sjogren's Disease (SjD).

By 2015, I was desperate for relief from the burning pain that engulfed my arms, hands, legs, and feet. Consequently, I visited one of the cannabis clinics authorized to "prescribe" cannabis as medicine.

Before the Cannabis Act came into effect in 2018, navigating the Medical Cannabis system was far from simple. Initially, I had to provide a urine sample to confirm the absence of other drugs in my system. Following that, there was a lengthy wait to see a physician, often exceeding an hour. The physician would then spend approximately 20

minutes reviewing my medical history and ensuring I met the criteria to qualify for cannabis use, which included chronic pain or pain lasting for more than three months.

Following this, the physician would provide a medical document authorizing me to use cannabis, allowing for a daily consumption of up to 1g/day. The last stage included a session with a cannabis educator, typically employed by a licensed cannabis vendor. They guided me on how to use cannabidiol (CBD) oils as the first step. However, I was limited to only one product option that cost between \$300 and \$400 CAD per month, which had to be covered out of my own pocket. Overall, the entire appointment consumed nearly 3 hours of my time.

I was still hesitant about using cannabis, primarily due to the significant stigma attached to it, the limited evidence and the lengthy follow-up procedures involved. However, by 2017, my neuropathic pain was unbearable, prompting me to adhere to the recommendations, including gradually increasing the dosage of cannabidiol (CBD) oil and adding small doses of Delta-9-tetrahydrocannabinol (THC). Over time, dry cannabis was introduced into my treatment regimen, to be utilized either with a herb vaporizer or infused into teas. Remarkably, it virtually eradicated my neuropathic pain.

This blissful, pain-free moment came to a halt when I unexpectedly became pregnant. The moment I stopped medical cannabis for my baby's safety, the rapid fire consumed my body again. It was the most horrible pain I've experienced since I was diagnosed with my rheumatic diseases even while continuing with my biologics and increased dose of corticosteroids.

After the birth of my son in 2019, I experienced a severe postpartum RA flare-up. My rheumatologist determined that the biologic I had been using during pregnancy was ineffective and needed reevaluation, alongside restarting my conventional DMARDs. Opioid medications were suggested to alleviate the pain, but I opted out completely due to concerns about side effects such as nausea, decreased appetite, drowsiness, constipation, headaches, and even anxiety. Regrettably, no alternative treatments were offered to address my resurfaced neuropathic pain.

Given the circumstances, and after discontinuing breastfeeding my son after two weeks, I resumed my medical cannabis therapy under the guidance of a physician from a Cannabis Clinic while continuing my regular check-ups with my new rheumatologist. In 2020, the COVID-19 pandemic forced the medical cannabis system to transition to virtual platforms, resulting in increased access to medical cannabis clinics and licensed cannabis providers.

Captivated by cannabis's efficacy in alleviating my neuropathic pain and driven by my curiosity as a healthcare provider, I pursued enrollment in the [Cannabis Educator Certificate Program](#) provided by the Michener Institute of Education at University Health Network. Additionally, I undertook various specialized courses designed for healthcare providers in the United States.

I felt empowered to ask specific questions to physicians and cannabis educators. I even had the privilege of consulting with Dr. Carolina Landolt, a rheumatologist based in Toronto renowned for her expertise in cannabinoid therapies for chronic pain, particularly fibromyalgia.

My main takeaways from my experience using cannabinoid therapies are:

- Patients living with arthritis and chronic pain should use the medical access program as it's the only system that provides oversight from authorized healthcare professionals for those using cannabis for medical purposes.
- Patients should always consult with a trained healthcare provider about their cannabis needs, including method of administration, products, dosing, and potential interactions with their conventional treatments.
- Cannabis should not replace the treatment prescribed by a healthcare provider to manage inflammatory arthritis.
- Canadians can claim medical cannabis as a medical expense on their federal income tax.
- Patients can ask cannabis clinics for recommendations on up to three different licensed providers from whom they can purchase cannabis.
- CBD and THC are the most known plant cannabinoids to complement pain management treatments. CBD demonstrates anti-inflammatory properties with minimal adverse effects. THC is commonly linked with the psychoactive "high" of cannabis, yet it also exhibits benefits in alleviating pain and inflammation.
- THC and other cannabinoids like cannabidiol (CBD) can also exert medicinal effects, especially to improve sleep. Some [research](#) has shown this but there is a need for more well designed clinical trials to understand how cannabis can help people living with chronic pain.
- The downside is that high-quality cannabis products are not affordable nor yet covered by most private and public extended health plans.

Unfortunately, despite the potential benefits of using cannabis for pain management, patients still feel the stigma from healthcare providers. A survey of 1000 medical cannabis patients conducted by [Medical Cannabis Canada](#), found that **"83% of patients felt stigma in the medical system regarding cannabis use, and 57% found**

it hard to find a healthcare provider to speak to about their medical cannabis use."

I no longer carry the heavy stigma of growing up in a country defined by narcotraffic in the late 80s and early 90s. As a patient, I stay abreast of new research about cannabis to ask relevant questions to my healthcare providers. I hope to see more well-designed clinical trials on the use of cannabinoid therapies in the management of chronic pain in the near future.