

## **Petition to add Ankylosing Spondylitis to the Medical Cannabis Program**

Jeremy Theoret

Ankylosing Spondylitis

I, Jeremy Theoret, petition the Medical Advisory Board to add Ankylosing Spondylitis (AS) to the list of qualifying medical conditions for participation in the Medical Cannabis Program.

Ankylosing Spondylitis (AS) is an auto-immune disease characterized by painful inflammation and degeneration particularly of the spinal area, with additional joints being implicated in approximately thirty percent of sufferers. AS is classified as a spondyloarthritis, along with other conditions including inflammatory bowel disease (Crohn's disease). AS and Crohn's are associated in approximately thirty percent of cases, and both diseases respond similarly to treatment with TNF blockers like Humira (Adalimumab) and Infliximab. Cannabis is also beneficial for AS, as it is for Crohn's, because of its ability to alleviate inflammatory pain and suppress the immune system.

AS is often difficult to diagnose, with diagnosis often relying on subjective feelings of pain, stiffness, fatigue, exhaustion, and lethargy. Genetic testing for the HLA-B27 gene (90% of cases, including my own) and x-rays, especially of the sacroiliac region, are useful in confirming the disease. The subjective nature of AS symptoms means that management and relief are also subjective. For example, I may feel pain at a level of 9 out of 10 one day, but another day feel "pretty good" because I only rate a pain level of 3 or 4 out of 10.

I first learned of my AS in my early twenties, approximately 25 years ago. Throughout my twenties and thirties I had painful flare-ups of the disease, with severe back pain and physical limitations for a week or two at a time. Then in my late thirties and early forties the disease became more severe. Instead of experiencing flares, my AS symptoms became ever-present and the disease rapidly progressed. My neck was severely affected and today I have a very limited range of motion in my neck and back. I cannot tip my head back at all, and barely from side to side, as there has been some fusing in my neck as a result of AS. In addition to intensely painful spasms in my back, other areas of my body became affected as well including my shoulders, elbows, knees, and the tendons in my feet, making walking anywhere from difficult to impossible. Everyday movements like getting a cup out of the cupboard or getting in or out of a car were extremely painful. For several years I could only sleep face up on my back with no pillow and any movements in my sleep caused me to awaken due to the pain. It was during this time that I discovered the benefits of cannabis. Even when thousands of milligrams of ibuprofen offered no relief, I found that marijuana helped me to relax and reduced the pain. I still suffered from the disease, but it definitely became more tolerable.

In 2007 I started taking Humira, a TNF blocker, which has provided significant relief for my AS. However, as I suffer from severe AS, I am still plagued by pain and stiffness which I alleviate with cannabis. It should be noted that I went from feeling a 9 or 10 on the pain scale to a 2 or 3 or 4 when I started using Humira and while still using cannabis. I told my rheumatologist that I found relief with cannabis, both prior to and after starting Humira, but because I had just started law school we agreed it would be best not to include that in written records. While Humira has been helpful, when I do not use cannabis I definitely feel worse. So while my accompanying medical records may quote me as saying I was not in much pain on a particular visit that is relative to what I felt prior to taking Humira, and conditioned on the fact that I found additional relief with cannabis. It is especially when I have to be seated for long periods at a computer (which is very often and often for many many hours), and the pain and stiffness becomes most pronounced, that I often find cannabis to be very helpful. I cannot imagine living without either Humira or cannabis for my condition. Unfortunately, Humira can have serious side effects, including causing pneumonia my first year on it. Given that, I do not take the shots when I or my family has any kind of infection. Cannabis is especially helpful then as well.

I have hoped for years that AS would be added to the qualifying list. I was pleased when chronic pain was added and recently started the application process when federal policy became not to prosecute people complying with medical cannabis state law. My rheumatologist, who, while a specialist, is essentially my primary doctor due to my disease, has already filled out the referral for medical cannabis under chronic pain (I have included a copy of that referral). However, my primary care doctor, whom I rarely see, was not able to sign the referral, he explained, because of a political appointment to a state board where he was specifically asked not to participate in the cannabis program due to conflict of interest concerns. He tried to refer me to another provider, but that provider did not want to sign because he said it was “very controversial.” Rather than struggling with two referrals for chronic pain, and having to find a new provider due to the constraints on mine, I ask that this board add Ankylosing Spondylitis to the list of qualifying conditions for participation in the Medical Cannabis Program. While literature on cannabis and AS by itself is rare, there is ample scientific evidence that cannabis alleviates the inflammatory pain associated with AS. My personal experience with AS and cannabis has already convinced me of its benefits. AS sufferers are no less deserving of the benefits of medical cannabis than Crohn’s disease sufferers are.

For all the foregoing reasons, I ask the Medical Advisory Board to include Ankylosing Spondylitis in the list of qualifying conditions. Credible published studies, relevant medical records, and a copy of my driver’s license are attached to this petition.