



Stakeholder Feedback

Online consultation on the topic below was posted from January 25 to May 2, 2022. The verbatim comments received by WCB-Alberta during online consultation are reproduced below.

Medical Cannabis– Policy 04-06, Part II, Application 6 and Addendum A

<i>Stakeholder</i>	<i>Category</i>	<i>Comments</i>
Wilco Contractors Northwest Inc	Employer	Wording in the policy around testing in regards to over or misuse of pharmaceutical cannabinoids and cannabis for medical treatment would support employers when it come to these types of situations.
Mammoet	Employer	Hello, How does this impact safety sensitive positions? As well as client requirements for our employees? At what point is the duty to accommodate frustrate the employment contract?
Not provided	Employer	I like the fact that WCB is looking beyond the traditional scope of pharmaceuticals. Many main stream pharmaceuticals often have bad side effects. Traditional pharmaceuticals are often very addicting. I am in favor of trying all aspects to get a worker back on their feet with the least amount of intervention.
Lantic Inc.	Employer	I feel this policy is well written and I agree with the limitations placed onm the used of such products. The one question i have is related to point 1 in question 6. "chronic neuropathic pain resulting from an injury to the central or peripheral nervous system" Is it possible to get a further breakdown of what would be considered as chronic neuropathic pain? As Cannabis becomes more mainstream the more clarity we have the better especially if this becomes treatment of choice in the future.
Action Roofing and Siding Ltd	Employer	Policy looks very complete and comprehensive. It is fair to both the worker and the medical community.
Flatiron	Employer	When the use of cannabis is in violation of the company health & safety policy is there a requirement for WCB to acknowledge that an alternative must be prescribed to the worker?

<i>Stakeholder</i>	<i>Category</i>	<i>Comments</i>
ITF Association	Employer Association	<p>Thank you for the opportunity to provide feedback on the draft Medical Cannabis policy. The following is submitted on behalf of the ITF Association membership.</p> <ol style="list-style-type: none"> 1. Philosophically, there is consensus regarding introduction of a policy regarding pharmaceutical cannabinoids and cannabis specifically approved for medical treatment. This is contingent on policy being clear that this is not being approved as a first option. Use of medical cannabis can be a less harmful course of treatment than other alternatives such as opioids. However, the draft policy states that the worker has already had "appropriate trials of standard therapies". This language should be strengthened to state "there are no other standard therapies that would accomplish the same goal". Furthermore, the doctor should be required to provide proof they have exhausted all other mainstream treatment options. 2. The policy should include a statement addressing the overall the implications of this policy. Does this policy move treatment involving cannabis into the "standard treatment" path (it is currently considered experimental, non-standard treatment)? Although the list of conditions where medical cannabis can be approved is restricted, the potential is there for use to be expanded to any number of additional conditions (e.g. PTSD, anxiety, other pain conditions). If the approach of the Board will be to normalize use of cannabis as a treatment option this should be clearly stated. This would have workplace implications where a return to modified duties is an option. 3. The policy should also include and expand on the impact and implications of medical cannabis use on modified work availability and return to work. While many of the noted conditions would preclude work, there will be situations where, by approving cannabis use, the WCB could be removing the potential for a worker to return to the workplace where there are safety or other considerations. The draft is virtually silent in this regard, and considerations should include length of time of impairment, degree of impairment, possible adjustments to the dosing schedule or delivery mechanism (e.g. pills versus other forms) to support a return to work, and feasibility of having a plan to eventually end cannabis use. 4. The policy currently lists 5 specific conditions for which WCB may consider approving medical cannabis. There should be specific reference to the process under which additional conditions would be added to the list. The process should be structured, evidence based and rigorous.

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Alberta Roadbuilders Heavy Construction Assn.	Employer Association	<p>Thank you for the opportunity to provide feedback and suggestions from members of the ARHCA on this important topic. The notes provided below are in addition to those submitted by the Industry Task Force that also has representation from our association and are the consideration of policy drafters. We would appreciate the opportunity to review WCB next to final draft so that the ARHCA can provide a position on the policy before implementation. This raw data came from several sources and there may be duplication or varying opinions expressed.</p> <p>. Question 3 - authorized medical use - should remove edibles as this is not regulated.</p> <p>. Question 7 - ADD - the worker should have documented other means of therapy, treatment, or prescriptions before prescribing medical cannabis</p> <p>. Question 7 - ADD - WCB will not prescribe medical cannabis if the worker is participating in a return to work program where the worker needs to drive to the workplace and or subject to working in safety sensitive environments</p> <p>. Question 10 - ADD - that WCB will only consider if the prescription will not compromise injured worker or others as a result of prescribing the medical cannabis</p> <p>. Question 6 - the language should be clarified to ensure that the listed conditions are the ONLY conditions to which the WCB would consider authorization of this form of medical aid. The first sentence should be amended to read: "WCB may only consider approving coverage ..". The use of the word "only" ensures that the use of medical cannabis and pharmaceutical cannabinoids is limited to only those conditions listed in the policy.</p> <p>. Question 6 - Opioid/narcotic harm reduction. There is a concern that the use of opioids or narcotics may not be directly caused by a workplace injury. The employer does appreciate that prescription of such medications can arise as a result of a treatment from a compensable injury with oversight afforded to the WCB. However, there are many cases where use of such medications became apparent and was not originally prescribed by a treating physician for treatment of a compensable injury. It is often the case that in such situations, the WCB will choose to step in and seek to assist the worker to reduce dependency. The concern arising for this employer is that the accepted use of opioids and narcotics can have a tenuous relationship with a compensable injury and once established, the authorization of medical cannabis and pharmaceutical cannabinoids would follow and result in a long term or permanent disability with resulting</p>

Stakeholder	Category	Comments
		<p>excessive claims costs. With respect, this employer would suggest that further language be added to this policy to ensure that the accepted use of opioids or narcotics is limited to an initial prescription by a treating physician for treatment of pain arising directly from a compensable injury and specifically excluding the treatment of pain that does not have a specific and compensable origin. While we appreciate the language of Questions 7 and 8, far too often pain related conditions with vague origins or are not directly related to a physical injury are accepted by the WCB thereby triggering the availability of the use of medical cannabis and pharmaceutical cannabinoids.</p> <p>. In addition, the prescription for medical cannabis and pharmaceutical cannabinoids should specifically exclude conditions relating to stress, anxiety, adjustment disorders, somatic symptom disorders and other such psychological conditions that are not directly caused by physical compensable injuries on or shortly after the date of accident. These types of medical conditions are often accepted by the WCB as arising as a longer term consequence of such injuries and which can often lead to the use and abuse of medical cannabis and pharmaceutical cannabinoids.</p> <p>. Of concern to an employer is the ability to provide meaningful modified duties to a worker who is not totally disabled as a result of his or her compensable injuries. It is often the situation that a workplace, whether controlled by the employer or another party, demands that no worker test positive for the presence of any drug particularly where the environment is safety sensitive. If a worker is prescribed medical cannabis and pharmaceutical cannabinoids pursuant to the Policy, then it is quite conceivable that the employer could be prevented from its ability to offer any form of meaningful and suitable modified duties in any location except for perhaps, an office setting. This situation would cause significant wage loss benefits because of the authorization of medical cannabis and pharmaceutical cannabinoids. The employer suggests that some consideration be afforded to a category of cost relief arising when the authorization of medical aid cause an inability for an employer to provide suitable modified duties. It is understood that most if not all of the conditions listed in Question 6 would likely render a worker totally disabled in any event. However, the available of a cost relief category for the situation described above would ensure that an employer is not unfairly monetarily affected by the authorization of these medications.</p> <p>. Question 11 - While the employer appreciates the obligation of the worker to only obtain medical cannabis in accordance with the authorization provided by the WCB, it is expected that proving such compliance would be difficult, if not impossible given the retail and other purchasing options available. Further, this question does not address the</p>

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		<p>consequences of a breach of the worker's obligations.</p> <p>Again, thank you for the opportunity to contribute to this important policy development.</p>
Alberta Construction Association	Employer Association	<p>Thank you for the opportunity to comment on these policies. Alberta Construction Association represents nearly 3000 member firms, comprising up to 25% of WCB premiums.</p> <p>The policy should clearly state whether the WCB intends to define medical cannabis as a “standard treatment”, given the implications for return to work. ACA recommends that:</p> <ul style="list-style-type: none"> • The policy should clarify that medical cannabis is not being approved as a first option, by including language that “there are no other standard therapies authorized for treatment” and that “the physician must document that they have exhausted all other standard treatment options”. • The policy should clarify the conditions for safe return to work, including degree of impairment, duration of impairment, adjustments to dosing schedule or delivery method to support a return to work, mental health impacts, and steps to successfully terminate the medical cannabis treatment. • The policy currently lists 5 designated conditions for which the WCB may consider approving medical cannabis as a treatment option. The policy should specify a high-quality evidence-based process to add new conditions.
Individual	Health care practitioner	<p>Some treating physicians may not authorize cannabis themselves but would refer to a cannabis prescribing physician. That should be allowable.</p> <p>The treating physician may not be in Alberta. They should follow their licensing body be it Alberta or other province.</p> <p>Medical/pharmaceutical cannabis in my experience is not very effective in pain management, thus its use as a pre-requisite is questionable in view of all the other conditions.</p> <p>Pretty good and fair policy.</p>
Individual	Health care practitioner	<p>I we as shocked <i>[removed to protect the identity of the individual]</i> said the only acceptable form of medical cannabis is to Vap. There are many other better ways. Oils, tinctures topical patches etc. Nobody who wants to try medical marijuana who isn't already using a vap wants to have one.</p>

<i>Stakeholder</i>	<i>Category</i>	<i>Comments</i>
Individual	Health care practitioner	<p>Why don't you consider The National Academies of Science Engineering and Medicine review of over 10,000 papers in 2017. They conclude:there is conclusive/substantial evidence for benefit in chronic pain not just neuropathy.</p> <p>Why don't you consider the data on CBD and addiction from the WHO review or the studies of Yasmin Hurd who has double blind randomized placebo trials published in Am J Psychiatry in 2019 for example.</p> <p>It makes NO sense to limit THC a to 9% based on one article from a FP. That is like saying you would limit the amount of codeine or other narcotics arbitrarily rather than based on efficacy. Who would gradually increase pain meds from NSAIDs to codeine to morphine but then stop the dose before a patient gets benefit. Patients in pain are not getting addicted when their pain is not controlled. Neuropathy is hard to treat and THC can help but 9% is almost certainly too low for them. Very disappointed with your recommendations too narrow and not considering good published evidence. You are purposely using selective literature to try to not allow cannabis for WCB patients who could benefit.</p>
Individual	Other	<p>My thoughts on returning to work after using medicinal marijuana will not meet the employers requirements as they have set out in the individual drug and alcohol policies in which the employee agreed to and as it can be addictive how can they return to work if are needing it. This has the potential of putting others at risk for those safety sensitive positions.</p> <p>For companies that perform work for other major employers (oil and gas is prime example) where they must be tested for drugs and alcohol before going to site, marijuana can stay in the system for 36+ days.</p> <p>So will WCB cover them until they are completely free of the marijuana or is the employer responsible for addiction recovery? Or do employers have to change their policies to allow employees to be under the influence during work hours?</p>
Individual	Other	<p>My concern is that companies have policies in place for safety sensitive positions, and if the injured worker is using medicinal to deal cannabis with the injury he will not be able to do the modified duties as that will breach company policies.</p> <p>Cannabis is also known to be addictive, so the worker may be in less pain but is now becoming dependent on the cannabis substance. Therefore the injury will also have to deal with recovery from being addicted to a substance. It has also been mentioned that it is a gateway drug, which could lead to other drugs being used if the cannabis is no longer working for the pain.</p>

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Individual	Other	<p>I reviewed other WCBs that cover Medical Marijuana and you're basically mimicking their policies. But I also looked at the CPSA and found no limitations on the medical conditions considered appropriate for its use by the College, so I'm not impressed that you're again limiting its use to a select injured worker population. I also reviewed several peer reviewed and highly credible studies from the U.S. as well as the U.S Veterans Affairs which support the use of the Medical Marijuana in the treatment of PTSD.</p> <p>As a former case manager, who routinely had to deny the WCB's coverage for medical marijuana for mental health disorders, it was one of the most frustrating and disappointing parts of my job, particularly when the treating/prescribing physicians and also specialists were not hesitant in their advocacy and support for its benefits.</p> <p>Perhaps, you could be courageous (for once), and as per Section 137.1 fund research into its use for mental health issues.</p> <p><i>[This feedback was submitted under the consultation for cost relief for reactions to compulsory COVID-19 vaccinations. It is included here as it relates to medical cannabis.]</i></p>
Individual	Worker	<p>I believe that it would be helpful to injured workers whom are suffering from a chronic pain, sleep issues, stress and anxiety resulted from a work accident... For that reason I support coverage for pharmaceutical cannabinoids and cannabis for medical treatment.</p>
Individual	Worker	<p>See you in court! This violates the Canadian Charter of Human Rights.. Look it up! The WCB does and will not decide treatment options. Good luck!</p>
Individual	Worker	<p>Cannabis use especially the use of CBD can be an important form of treatment for PTSD and other psychological disorders. CBD has the quality of blocking anxiety receptors in the brain reducing anxiety and PRSD symptoms. While I applaud WCB's direction on this subject I would kindly suggest looking at expanding the use of Cannabis and CBD to treat other ailments and draft policy more in line with organizations such as veterans affairs who have a history of dealing with psychological disorders and utilize CBD and Cannabis to address certain psychological injuries.</p>
Individual	Worker	<p>I have used medical marijuana for a great many years. I find it beneficial to help get myself off the opiates that I've had to take to control my horrible pain that I've endured for 8 + years. With medical grade marijuana and hash, it seems to block the receptors in the pain center in the brain. I have also proven that with the pills I had to take, it had increased my blood pressure. Using medical grade marijuana or hash, it drops my blood pressures almost to normal levels. It definitely has some great perks in the</p>

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		medical fields. I think you'd find that marijuana is much less addictive than the opioids that are being pushed onto people these days. I've had chronic pain in my hands, my wrists, both shoulders , my lower back and in my neck. So I needed something to help ease my pain . I use it mostly at night as I will not use it and drive, it's just not safe.
Individual	Worker	Thank you for initiating this policy change. I agree that this will really help those in which the use of cannabis for medical purposes will positively impact their recovery or management of their injury or illness.
Individual	Worker	I have lived with chronic pain since July of 1996 and have been legally prescribed pharmaceuticals to help with pain management. In March of 2011, I had a very bad slip and fall on snow covered ice on my employer's plant site and since this day I've suffered with very bad back and sciatic nerve pain. WCB has had and still has issues with my doctor prescribing the pain medications I need to just slightly dull the pain. I have asked about them providing me payment for cannabis products because I know of a lot of people who use low THC cannabis oil for pain and they've said it helps a lot. I asked my case manager if they thought people getting hooked on narcotics is better than taking something natural and never got my answer. It was always WCB does not cover cannabis products, period. I would at least like to give them a try, but I cannot financially pay out of pocket to try them. As it is now WCB will NOT pay for my out of pocket expenses for pain medications and with what I'm receiving monthly from WCB doesn't even come close to covering my household bills. This is after losing a \$124,800/year career, which is now paying over \$200,000/year. The pittance of \$15,600/year I now receive does not afford me to try cannabis. I was having to sell personally items to put food on the table. I get the 3 bottom nerve branches in my back cauterized every 8 months, but that only gives me some relief for about 5.5 months and therefore, my pain level increases to the point of causing me to shed tears and when I'm close to my next procedure, I can only walk maybe 20 feet before I have to stop due to the pain. WCB thinks it's ok for someone to deal with this situation
Individual	Worker	I believe it should be covered I can not function with out it
Individual	Worker	As an injured worker who has used cannabis medically for years now and also ran a licensed producer of medical cannabis, I see many issues with your draft. 1, dose always depends on the patient. While 9% thc works for one, it won't be enough for the next. Many chronic pain studies and whitepapers prove this. I myself am on a

Stakeholder	Category	Comments
		<p>very high 80-90% thc to control pain.. it takes the edge off and is much better than living on opioids.</p> <p>2, 3 grams a day may be enough for some, but again, not all. Controlling pain with both cbd and thc is going to be different for everyone.</p> <p>The Human Rights Commission and Supreme Court learned this from patients who testified and submitted affidavits. That is why medical patients won their fight for medical cannabis "IN ALL ITS FORMS," As quoted by the court.</p> <p>Daily limits should be set by a patients doctor as his advice supercedes policy makers.</p> <p>If you would like to discuss this or would like proper information from a knowledgeable source, please email me at: <i>[removed to protect the identity of the individual]</i></p> <p>Thank you.</p>
Individual	Worker	<p>Hi,</p> <p>I am writing you today as an injured worker currently using high THC concentrates for pain management. For cannabis to work with pain management it's best suited to use I THC concentrates be concentrates in lodos's so smaller portion vaporized. The type of pain we're talking about is the type of pain that opioms are needed to treat cannabis will not do the same job as opiates but it can reduce the amount of opiates you need to use.. We are talking cannabis concentrates that range from 65 to 95% total THC.</p> <p>As a medical cannabis user, And someone who used to run a health Canada approved medical cannabis facility that grew and sold medical cannabis, and have my prescription approved by the Alberta collage of physicians <i>[removed to protect the identity of the individual]</i> I feel I can add a lot to this conversation.. As of right now WCB has denied covering cannabis for my injuries and I will be filing an RFR with that 1 as well.</p> <p>By trying to cap the THC percentage at 9% you are hindering the effectiveness of the treatment While also putting yourself at risk by going against Supreme Court ruling R V Allard and also the ruling on the V Smith case on cannabis extracts. I suggest that you will review both these rulings prior to putting this policy in place.</p> <p>The Canadian government allows us to write-off our cannabis prescriptions as medical expense but because I'm an injured worker on worker's</p>

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		<p>compensation I don't pay taxes and I am not able to write-off my opiates or my cannabis prescriptions leaving those costs permanently in my pocket because I've lost coverage of my benefits that I add while I was employed.</p> <p>To conclude I feel if you're not speaking to all experts including the injured workers currently using cannabis you can't possibly have a proper understanding of what we need or what the policy needs to read. Running a cannabis facility with 5 PhD's on staff made me realize that that the things that the phds are looking at are not necessarily truths a lot of them are intertwined with myth and the war on drugs propaganda and I know this is where I'm gonna lose you but it is true so you guys need to speak to actual users of cannabis, again my prescription is approved by the Alberta college of physicians And has reduced my use of opiate painkillers tremendously.</p> <p>Feel free to reach out to me. <i>[removed to protect the identity of the individual]</i></p>
Individual	Worker	<p>1. The practice of WCB determining what is an acceptable level of THC content (9%), as opposed to the worker's prescribing physician, seems inappropriate. I fail to see how WCB would be qualified to make this determination. There is plenty of supportive evidence available that shows that a 50/50 blend of THC to CBD has much better results for patients experiencing chronic neuropathic pain. WCB needs to be cautious not to discount this evidence just because it does not fit it's desired narrative.</p> <p>2. While I understand the risks of combusting (smoking) dry herb cannabis. The method of ingestion I believe should also be left to the prescribing physician to determine what is appropriate for the patient. WCB should not be determining this for patients as I believe that the prescribing physician would know what is best for their patient given that patient's specific circumstances. Not WCB.</p> <p>Many facets of this draft policy seem to have an underlying goal associated with them. It appears WCB making efforts to make medical cannabis approval very limited and difficult to obtain. Not every worker's case is the same. More flexibility needs to be considered to accommodate these variations in worker's injury & pain management requirements. I would suggest WCB reconsider their very narrow scope of what "WCB considers acceptable".</p> <p>I would also suggest WCB considers ensuring this policy does not effect patients that have already been using approved medical cannabis as part of their pain management. I have been using WCB approved medical cannabis for several years. It took a lot of work on the part of my prescribing physician & myself over a long period of time to figure out what cannabis</p>

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		<p>product's & concentrations are most suitable to manage my condition. For WCB to all of sudden start determining what THC content or method of ingestion is allowed for me, could prove catastrophic for my ability to continue to manage pain effectively. I would suggest that this proposed policy only apply to new approvals & not effect workers with existing approvals & ongoing prescriptions moving forward.</p> <p>I welcome WCB contacting me to potentially utilize my experience to help tweak this proposed policy to be more in line with real world experience.</p>
Individual	Worker	<p>At 9% THC levels you might as well not even bother using it as that is SUCH a weak dose it will not affect the user as intended! Please raise the amounts covered to at least include marihuana with up to 23% thc! I dont think they even MAKE a product containing such a miniscule amount.</p> <p>Also.. marihuana affects each person different and the benefits are not necessarily consistent, meaning that higher or lower doses affect people differently but there needs to be room for higher thc levels for those that require it. Just control the amounts a person consumes like you do with opiates! Using thc levels as a driving factor is ill informed and a poor application of the product!</p> <p>Also, consider medical cannabis to combat psychoactive drugs for depression! Many people are able to quit anti depressants by using marihuana with high thc.</p> <p>Also... 3 grams is a VERY low amount... many long time users use up to twice that amount so please raise that. Also, vaping it as you suggest uses/consumes much more product to attain the same desired benefits compared to other means of ingestion. Also, the products available through these health canada approved medical cannabis dispensaries is sub standard and of poor quality! Often too harsh and dried out causing coughing spasms! Please allow for local purchases from local dispensaries. The herbs available at these shops is the same brands as the medical distributors just of a higher quality! It goes through the same testing as all the health canada approved distributors so it makes sense for customers to purchase product like this locally and for a better price point also... the government weed is WAY overpriced and of MUCH lesser quality, plus you have to wait for a week to arrive through the mail!! Also allow for the purchase of cleaning supplies and maintenance of the vape. It gets grungy and covered in resin oil. Plus the batteries die out an need replacing.</p> <p>It would be nice to have been actually consulted about this proposal. It seems wcb doesnt REALLY want any public input on this subject and will do what they always do.. which is, whatever they want!!</p>

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		<p>After re reading this policy proposal, I get the sinking feeling that wcb is NOT actually prepared to allow injured workers ease of access to marihuana products! Wcb is using literature that is biased and not scientific.</p> <p>Formulate your policy based on the fact that marihuana is available recreationally over the counter and people will just go around wcb and purchase what they want at a local dispensary... they will get what works for them!! Wcb must also realize this and make their medical marihuana policy more accessible!</p>
Individual	Worker	<p>I have Occipital Neuralgia and the mechanism of my injury can not be operated on. (Injury: Feb 2015) I have gone thru dozens of surgical intervention for pain management but in the end all surgeries have been discontinued. Medical cannabis or opioids are my only options for pain control. I should not have to max out of opioids before being eligible for medical marijuana. I saught out and chose to go with Cannabis treatments over opioids in 2018.</p> <p>My treating doctor and myself have been trying to get accepted by WCB as a treating doctor for pain management since 2018. We have submitted everything that has been asked for by WCB case workers but the doctor has yet to be accepted. I have to pay per letter that is provided by him to submit manually to WCB for updates and 4 years later, he is still not listed as a treating doctor. WCB case workers refuse to add him and update your records dispite that he is a treating doctor that manages my chronic neurological pain with the most success.</p> <p>Had WCB accepted my treating physician for cannabis pain management, they would have been updated thru the years it took to figure out what dose and strains worked to manage the pain. I personally THC indicas for longer lasting pain control with a blend of CBD, to take the edge off the pain but it doesn't take the pain away. While surgical interventions with other Doctors were explored, cannabis with T3s, flexerol, adivan or naproxins were used to lessen the pain but did not take it away. Regardless if WCB accepts or pays for the prescription or milage; a doctor in charge of chronic pain should be consulted. WCB instead uses the gap in documentation to their advantage in miscommunications while denying milage and prescriptions.</p> <p>Thank you for time on this matter</p>

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Individual	Worker	<p>No one can set an amount of drug, whether it be pills or medical marijuana, each individual requires different dosings and higher amounts of pill form or thc. Some require less.</p> <p>Personally, putting someone like myself to 9%, it would not help my pain(crps).</p> <p>Opioids and other pills I was on before, I slept 36 hours a day and never seen outside.</p> <p>On marijuana. I spend my time outdoors and can associate some with others, on pills I did not associate.</p>
Individual	Worker	Canibus should be covered, if 2 or more doctors think it will be a benefit
Individual	Worker	As long as you have a permit from your Dr. I feel it would be worth a try, instead of taking Opioids for pain. What I have read you don't have to smoke it you take it in oil form under your tongue or pill form. I would be willing to try, instead of taking Opioids for the rest of my life.
Individual	Worker	Evidence based research suggests cannabis use can aid in the treatment of nightmares in patients with PTSD. Why is wcb not considering an amendment to support cannabis use in long term chronic psychological injuries involving PTSD?
Individual	Worker	I had 2 operation on my back and can not have a third one. The one time I used CBD marijuana it made the pain more manageable.