

# Compassionate Cannabis Clinic

In this installment of Practice Spotlight, we shine a light on a cannabis medicine practice in Venice, Florida that was created by trailblazer Barry Gordon, MD.



Barry Gordon, MD

When former emergency medicine (EM) physician Barry Gordon, MD, opened the door of the Compassionate Cannabis Clinic on January 3, 2017,<sup>1</sup> he had already booked up the entire first month of practice. The small practice quickly evolved into a state-of-the-art facility in Venice, Florida. He currently sees more than 5000 medical cannabis patients per year.

knowing that it was the right thing to do for society,” Dr. Gordon said.

## About the Practice

The patient base at the Compassionate Cannabis Clinic is varied. The average patient age is approximately 54 years, and ranges from 3 to 98 years of age. The most common conditions among patients seeking treatment are chronic pain, anxiety, and sleep issues.<sup>1</sup>

The staff at the clinic includes Dr. Gordon as the Chief Medical Officer, 2 part-time physicians, 2 triage nurses, and 3 cannabis educators, as well as a clinical scheduler, receptionist, office manager, marketing manager, outreach coordinator, and a chief operating officer.

## From Emergency Medicine to Cannabis Medicine

After working as an EM physician for 32 years at hospitals in northeast Ohio, Dr. Gordon’s blood pressure hit an all-time high as a result of shift work (including 6 night shifts a month) and although giving up a specialty that he loved was a difficult decision, he knew it was time for a change.

Dr. Gordon’s transition involved a move to Florida that coincided with changes to Florida’s medical cannabis program. On November 8, 2016, Florida voters approved an amendment to expand the state’s limited medical cannabis program (which was restricted to terminally ill patients) to include a number of debilitating medical conditions. What Dr. Gordon noticed was the high approval rate of the amendment—it passed with a 71% majority—which he viewed as an unmet need for medical cannabis on a societal level.<sup>2</sup>

The next day, he began laying the groundwork for a clinical model of cannabis practice. This decision also was influenced by his ER career, where he witnessed opioid overdoses increase from 5 to 10 in the first 18 years of his career to 5 cases per week by the time he left the field. “I came in originally very strong on the social side,

I’m proud to see 30 patients a day, and could only do that because the practice is set up with education augmented by my excellent staff.

—BARRY GORDON, MD

Dr. Gordon spends time with each patient at each visit and is able to leverage his expertise as a communicator from his years working in emergency medicine to encourage patients to report their past cannabis use and other essential information used to individualize care. His experience with cannabis was a personal one, as he used cannabis throughout his academic years to help him focus as well as to help with the effects of ER shift work and sleep issues.

Although Florida legislation on medical cannabis requires in-person visits with a physician, the COVID-19 outbreak prompted a temporary emergency order issued on March 16, 2020, allowing physicians to use telehealth to recertify qualified patients in their practice.<sup>3,4</sup>

“I’m proud to see 30 patients a day, and could only do that because the practice is set up with education augmented

*Dr. Gordon has no financial conflicts of interest to disclose.*

### Compassionate Cannabis Clinic

continued from page 29



Dr. Barry Gordon and staff members celebrate the opening of the Compassionate Cannabis Clinic in Venice, Florida in 2017.

by my excellent staff,” Dr. Gordon said. That education includes what Dr. Gordon calls the 5 Ds teaching technique:

1. Determination of a debilitating condition,
2. Doobie status (prior cannabis experience rated on a scale from 1 to 4),
3. Duality of the plant,
4. Dispensary, and
5. Delivery.

The emphasis on educating patients on safe medical cannabis use is the same regardless of whether a patient is cannabis naive or an experienced user.

“You would be amazed how many people use cannabis throughout their entire adult lives and have no idea about cannabinoids other than THC [delta-9-tetrahydrocannabinol]. We have had experienced users come back and thank us for the CBD [cannabidiol] discussion because their arthritis symptoms are now better,” said Dr. Gordon.

#### Microdosing and Multidelivery Treatment Approach

Dr. Gordon’s treatment philosophy “may be very different than others,” in that he does not recommend milligram doses and instead teaches patients about microdosing and

a multidelivery approach to treatment. He teaches “safety and control by ratio,” to start low and go slow, and to use a “brew” of tinctures, topicals, vaping, and other products as needed.

For example, for an elderly patient with chronic pain in an assisted living facility, Dr. Gordon might start treatment with a 1:1 THC:CBD patch, which has a long duration of action, minimal mental effects, and bypasses the first-pass effect of cannabis in the liver that occurs with oral administration. If the patient requires an additional dose for symptom relief, the patient could take 1 puff of a 1:1 vape product under the supervision of a family member.

The benefit of this approach is that the effects of vaping wear off relatively quickly if the dose is too high, and the effects of the patch dissipate fairly quickly once it is removed, Dr. Gordon said.

“We rarely use an oral product with a cannabis-naive patient,” given the delayed onset of action and the greater potential for administering too much in an inexperienced patient, he said. He also is a proponent of vaping, given the immediacy of effect and how easily it is to titrate dose.

“You can titrate vaped cannabis very closely by one little puff of the weakest product for grandma, and

5 huge puffs of the strongest product for a Vietnam vet,” Dr. Gordon said.

Dr. Gordon frequently receives referrals from pain management physicians to help patients reduce use of opioids, gabapentin, and other pain medications. For these, he advises first finding a balance with cannabis treatment, and then slowly reducing the medication dose under the supervision of a physician. He does not suggest using a titration schedule.

### Free Follow-Up Visits

All patients are seen again at a 210-day follow-up visit, as Florida regulations limit patients to a certification for a 70-day supply with 2 refills (eg, a maximum supply of 210 days).<sup>5</sup> Patients also are offered free visits before that time if their symptoms are not well controlled or they have additional questions.

“We like to demonstrate to the state that follow-up visits are not a financial incentive for our practice,” Dr. Gordon said. “We want those patients back so that we can safely educate and counsel them on how to achieve the best results.”

He added that his practice is currently surveying patients regarding their health outcomes over time while in the medical cannabis program, and expects to publish data over the next year.

**M**y role is to be a safety officer, an educator, and an advocate for my patients in the visitor State of Florida.

—BARRY GORDON, MD

### Cannabis Legislation in the Visitor State of Florida

Florida is unique in that many patients live in the state seasonally. Fortunately, Florida legislation includes stipulations that adult seasonal residents may register for cannabis ID cards if they live in the state for at least 31 consecutive days in each calendar year.<sup>6</sup>

“My role is to be a safety officer, an educator, and an advocate for my patients in the visitor State of Florida,” Dr. Gordon said. “We know the law, we follow the law, and we utilize the wording of the law for the benefit of our patients so that we can advocate for them to have safe legal access to the high-quality products that they deserve.”

The medical cannabis program in Florida has more than 500,000 registered members, which is higher than states like Ohio, where patients must have specific medical



The product display room at Dr. Barry Gordon's Compassionate Cannabis Clinic features all of the medical cannabis products offered by manufacturers in the state of Florida.

## Compassionate Cannabis Clinic

continued from page 31



The Compassionate Cannabis Clinic in Venice, Florida.

conditions to register. Although Florida does have a list of qualifying conditions, the legislation also stipulates that patients with other debilitating medical conditions of the “same kind or class as or comparable to” the qualifying conditions may also be approved, allowing more patients to enter the medical cannabis program.<sup>6-8</sup>

Additionally, in June 2017, Florida passed an amendment removing the 90-day waiting period for the use of medical marijuana after a physician qualifies the patient, which Dr. Gordon said was “brutal” for patients with cancer and other significantly debilitating conditions.<sup>9</sup>

Dr. Gordon is a leader in the fight for patient access, and most recently successfully lobbied state legislators to not enact a 10% THC potency cap for medical marijuana use in pediatric patients in Florida. He welcomes other physicians, elected officials, and advocates to his practice to learn from his clinical model of cannabis care.<sup>10,11</sup>

### References

1. Compassionate Cannabis Clinic. About us. Accessed March 7, 2021. <https://venicecare.com/about-us/>
2. Ballotpedia. Florida medical marijuana legalization, amendment 2 (2016). Accessed March 7, 2021. [https://ballotpedia.org/Florida\\_Medical\\_Marijuana\\_Legalization,\\_Amendment\\_2\\_\(2016\)](https://ballotpedia.org/Florida_Medical_Marijuana_Legalization,_Amendment_2_(2016))
3. Department of Health. 64-4.011 medical marijuana use registry identification cards. Accessed April 5, 2020. <https://www.flrules.org/gateway/RuleNo.asp?title=COMPASSIONATE%20USE&ID=64-4.011>
4. State of Florida Department of Health. Suspension of statutes rules and orders made necessary by COVID-19. Accessed March 7, 2021. <http://www.flhealthsource.gov/pdf/emergencyorder-20-002.pdf>
5. Office of Medical Marijuana Use. Medical marijuana use registry physician’s user guide.
6. The Florida Senate. Session Bill 8A. Accessed March 7, 2021. <https://www.flsenate.gov/Session/Bill/2017A/8A/BillText/er/HTML>
7. Office of Medical Marijuana Use. Know the facts. Accessed April 5, 2020. <https://knowthefactsmmj.com/about/weekly-updates/>
8. State of Ohio Board of Pharmacy. 2019 medical marijuana patient annual report. Accessed March 7, 2021. <https://medicalmarijuana.ohio.gov/advisory-committee>
9. Florida medical association. Medical marijuana in Florida. Accessed March 7, 2021. [https://www.flmedical.org/florida/florida\\_public/docs/edu/cme/cme\\_01-06-cannabis.pdf](https://www.flmedical.org/florida/florida_public/docs/edu/cme/cme_01-06-cannabis.pdf)
10. Tampa Bay Times. THC cap for medical pot passes Florida House. Accessed March 7, 2021. <https://www.tampabay.com/florida-politics/buzz/2020/03/06/thc-cap-for-medical-pot-passes-florida-house/>
11. Haughey J. Florida measure caps THC levels at 10 percent for underage medical marijuana patients. Accessed March 7, 2021. <https://www.washingtonexaminer.com/politics/florida-measure-caps-thc-levels-at-10-percent-for-underage-medical-marijuana-patients>