



Who We Serve

• Anyone receiving services from a home health/hospice provider whose physician has determined that the person has a terminal illness with less than 6 months to live

• Residing at home or in a facility within a 25-mile radius of any of WCM's four dispensaries:

685 Congress St., Portland
221 Dirigo Dr., Brewer
67 Centre St., Bath
31 Maine Ave., Gardiner



What WCM Brings to the Table

CLEAN CANNABIS

• NO pesticides, fungicides, pre-mixed nutrients, or foliar sprays. Our bio-secure indoor garden uses only environmental and biological controls to prevent pests, mold, and other contaminants.

LAB-TESTED PRODUCTS

• In the absence of national industry-wide or state-mandated "Generally Accepted Practices" for testing cannabis, WCM created stringent internal quality standards based on the American Herbal Pharmacopeia. Products are tested by an independent third-party laboratory for:

- Cannabinoid and terpene profiles
- Microbiological and mycotoxin screenings for mold and bacteria
- Residual chemical and heavy metals



Services Under the MBCP

Free Medicine and Services

The Mark Bushey Compassion Program provides the following services to qualifying members:

- Cannabis medicine, free
- In-home/in-facility delivery, free
- Locking storage solutions, free
- Coaching and support for patients, family members, and/or caregivers

Expert Guidance and Coaching

- Patients, their families, and caregivers work directly with a WCM expert to learn how to manage dosing and administration and help monitor patient outcomes. Working with the primary physician and other members of the care team, WCM can help successfully integrate cannabis therapy into the plan of care.



Therapeutic Options - Edibles

• Oral ingestion and oromucosal absorption can provide long-lasting symptom relief with easy-to-track dose management.

Edible options include powdered tea mixes, infused honey, hempseed oil tincture, capsules, and traditional items like cookies.



Therapeutic Options - Topicals

• Non-psychoactive salves moisturize dry skin while offering relief from arthritic or neuropathic pain.

Made with coconut oil and other all-natural products, these lightly fragrant salves can relieve pain with no euphoric "high."



Therapeutic Options – Vaporizing

- **Vaporizing offers quick relief and easy dosing without smoking, open flame, or combustion.**

Vaporizing cannabis flowers or concentrated oils can provide swift symptom relief. Many patients are easily and quickly able to identify their desired dose.

(This inhaled delivery method requires fair to good manual dexterity.)



Cannabis Therapy New to End of Life Care in Maine

- Needed independent evaluation and reporting of patient outcomes.
- Opportunity to educate the next generation of doctors and pharmacists.
- UNE is a trusted partner and framed the research goals and outcomes (IRB approved).
- This research project combined the industry's best talent in program design (to break down the barriers to incorporation of cannabis therapeutics) and the best of young, open minds about the benefits of this therapy.



Barriers to Access

- "It really helps if people have shepherds through the system."
- No barriers whatsoever
- No barriers to beginning program as the MBC "know the avenues to work". Their team "is very good" and it is a "shame" people do not have access to MBC
- Experienced no barriers and assumed it would be as easy for others as himself
- Didn't initially think she could afford the cannabis, until she found the MBC



Initial Program Interest

- Was receptive and noted, "it's legal now" and he was open to its use for a "medical purpose".
- "Weary at first", but was supported by family, friends, and healthcare providers
- "Oddly enough, I thought she was going to take a lot of convincing... She was open and receptive to the idea". "As a gardener, she liked the whole plant use as opposed to pharmaceuticals." - caregiver
- Patient was "curious of the possibility" and "had read a little about it."



Initial Program Interest (cont.)

- In 2 cases, patients initiated the conversation, while in 2 cases others a family member, friend, and/or provider did, while in 1 case it was a combination
- They had read a little about it. Asked hospice at the time for background info due to interest in addressing depression and anxiety
- "I had always had an interest in and relative understanding of medical cannabis... I had some predisposition it would be a good idea for us." -caregiver
- "The doula started the conversation and connected me with" IMBC.
- Note: mention taking control of care



Pharmaceutical Dependence

- "The community and families with level I drug problems were skeptical and had negative views. They were fearful of an addiction in the community. [There were] a lot of concerns. Now everyone is a convert to medical cannabis."
- "Marijuana is classified as a level I [substance], and a source of addiction. It is a huge barrier because it affects the thoughts of medical staff"
- "My goal is to change the climate of death and dying. It does not always have to be about narcotics and lying in bed."
- Has been feeling tired and dizzy due to "too many narcotics". "I want to rely more on the cannabis and less on narcotics"
- "The only pain meds she continues to take are two acetaminophen and tylenol twice a day and two ibuprofen. That is quite a significant change."



Program Satisfaction

- "Looking for less sedating and overall medications to help with those specific issues. We found them!"
- "When we gave her small dose morphine, she would have intermittent confusion for a couple of days. She was narcotic naive before. Once we started taking her off of it, you wouldn't have called her a whole with vascular dementia. It was a very positive experience. It also made it easier as her caretaker."
- "Just because you have bad experience with one, doesn't mean you'll have bad experiences with others."
- "She was weary at first, but glad she tried it because the type she takes helps her tremendously, it is really a "god send" for her."
- "I would recommend that people consider medical cannabis. I would suggest to the wide public that people listen to what research we have to that effect rather than be scared of bad or no research. I would urge people to consider it."
- "I'm very happy I joined, but I regret not starting the program sooner."
- "I had no expectations because I treated her experience as a clinical trial. I thought, if things got worse, I would stop it, but in fact, it helped hugely."
- "The only pain meds she continues to take are two acetaminophen and tylenol twice a day and two ibuprofen. That is quite a significant change. It's not just about pain [though]. It's also about [her] ability to communicate, ability to pick up a glass and help herself to eat and drink, motor skills, emotional issues, being able to focus on sound...These have all been improvements connected to cannabis."



Case 1 (17392)

- 75yo F, end stage dementia
- CBD Tincture
- First Alzheimer's patient in Maine on cannabis
- Personalization of care
 - Science of understanding delivery and dose
- Able to come off all medications

Case 2 (18684)

- F, interview with caregiver
- Edibles, salve
- Stopped morphine and Ativan
- Stopped all oral medications, including antidepressants
- Made it easier for caretakers
- Caretakers initially thought there would be resistance, but patient was very receptive

Case 3 (18764)

- F, cirrhosis
- CBD tincture, indica/sativa/CBD capsules
- Excited others were interested in helping her
- Naive user, weary at first but now an enthusiastic supporter
- Tried many variations of therapy

Note: she is a firm believer that people need to get the right dose and right type for their needs and that people have to be open minded and patient.



Case 4 (24597)

- F, cancer
- Combatting dizziness
- People don't know about this program
- Wish she and others started sooner for better quality of life

Case 5 (20471)

- M, cancer
- Naive user
- Help reduce negative stigma
- Initially withdrawn about program, but now embraced it

Courtney Burkham, Candidate for Doctor of Pharmacy 2019



- Courtney received her B.A. from Florida Gulf Coast University
- In addition to working on this project, Courtney has also been a research assistant at UNE in the area of molecular graphics and biomolecular force fields.
- One of her volunteer positions of note was teaching kindergarten students about the life cycle of the mosquito!



Thomas Wickham, Candidate for Doctor of Osteopathic Medicine 2020



- With a B.S. in Health Sciences from Northeastern University, he was Magna Cum Laude.
- Tom also received a MPH in Urban Health from Northeastern.
- He has been a lab technician, an OR technician and phlebotomy technician. His list of exploration and involvement in health care through its length demonstrates his focus and intention to be a part of the health care solution.
- With a very impressive list of accomplishments at many levels, student doctor Wickham has a CV that is that of a seasoned professor with a number of lectures, poster presentations and citations from papers.
- He has and is a pleasure to work with on our team.



Liam Lombard, Candidate for Doctor of Pharmacy, UNE 2019



- Liam's undergraduate degree is in Pre Pharmacy from UNE
- Presently he is interning in New Hampshire in pharmacy
- Liam has research experience in the lab investigating epigenetics of neonatal abstinence syndrome in opioid exposed newborns.
- Liam has spent his last few years involving himself in projects learning collaboration and leadership skills on inter professional teams.



Emily Anne Boone, Candidate for Doctor of Osteopathy



- Emily's undergraduate degree is in Biology with a minor in Psychology from UNE
- She has been a research assistant investigating the prevention of renal loss in people who have type 1 diabetes
- Through volunteer work she has traveled to Guatemala, Vietnam, and Tanzania
- On campus, Emily is involved in the Pediatrics club and the World Association of Disaster Medicine



Aging should be seen from a place of health



The practical vision of our suffering, death, and grief need not be sterile, isolating, or un-whole!



Osteopathy



Shift your perspective to healing outcomes. Our bodies are whole and capable of health with help.



Proceed with Caution



Hospice and palliative care require attention and respect to the human being. See the **forest**.



Education will Let You See Past the Barriers

Many facilities see barriers or feel uneducated in the use of cannabis.



Plants are Whole

90 years of man made chemicals as medicine vs 11,000 years of plants healing and nurturing us. We can learn to discern when to use and respect both.

Our patients teach us.



References

Cannabis in Palliative Medicine: Improving Care and Reducing Opioid-Related Morbidity, Gregory T. Carter, Aaron M. Flanagan, Mitchell Earleywine, Donald I. Abrams, Sunil K. Aggarwal and Lester Grinspoon, AM J HOSP PALLIAT CARE published online 28 March 2011, DOI: 10.1177/1049909111402318



Thank You!

Questions?

