

“OUR MANDATE IS TO DIFFERENTIATE OURSELVES BY FOCUSING ON THE SAFE AND RESPONSIBLE USE OF CANNABIS IN THE WORKPLACE. WE WILL STRIVE TO HAVE MEDICAL CANNABIS BECOME A PAID BENEFIT, SO WE CAN HELP BREAK THE DEVASTATING CYCLE OF OPIATE USE AND ABUSE.”

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ANGELO TSEBELIS

President, Starseed Medicinal Inc.

“IF WE CAN INCORPORATE MEDICALLY SUPERVISED CANNABIS INTO THE BENEFIT PLANS OF MOST LARGE EMPLOYERS, I BELIEVE WE CAN HELP DISPLACE THE RAMPANT USE OF OPIATES AND SLEEP MEDICATIONS.”

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DR. PETER BLECHER

Chief Medical Officer, Starseed Medicinal Inc.



Adding medical cannabis to employee benefit plans has the potential to help curb the rising costs and health risks associated with opiate use, while reducing absenteeism and presenteeism resulting from chronic pain, say Starseed Medicinal Inc.’s chief medical officer Dr. Peter Blecher and president Angelo Tsebelis. With legalization of recreational cannabis taking effect on October 17 of this year, Benefits Canada asked them for their take on the future of medical cannabis.

Peter, you have a background as an ER physician. What did that teach you about pain management?

Peter: About 80% of people who show up in the ER have what we call undifferentiated pain.¹ We run tests, do investigations and hopefully come to a diagnosis. But often, we send people back into the community still in pain. Over time, you develop awareness that there are lots of people living with

chronic pain. We call it the silent epidemic because it affects one in five Canadians.²

What are the risks associated with conventional treatments for chronic pain?

Peter: Opiates transformed modern medicine and they can be very good for managing acute pain. The problem is that opiates have never been validated for treating long-term chronic pain. That’s a shock to many people, but the International Pain Society defines chronic pain as pain that lasts for four months or more, yet in the United States, Canada and Europe, a drug manufacturer has to demonstrate that an opiate has efficacy for only six to eight weeks before it can make claims for long-term use. On the other hand, there is an overwhelming amount of evidence to suggest that opiates are a bad choice for treating chronic pain. Over time, patients often develop tolerance, which is not the same as addiction but means they need

ever-increasing doses to maintain the same efficacy. And there is a disturbing paradoxical effect called opioid-induced hyperalgesia, where opiates that initially helped patients can, over time, make the pain worse.

How is cannabis different? What does it do better?

Peter: As with opiates, we need more data on cannabis, but the data we do have show that most long-term cannabis users – even those who use it recreationally and “self-medicate” – typically don’t need ever-increasing doses the same way opiate users do.

Cannabis can address every part of what we refer to as the ‘chronic pain triad’ – pain itself, poor sleep hygiene, as well as depression and anxiety. Cannabinoids work on pain receptors, can help restore sleep architecture, and reduce anxiety and depression for some. And, importantly, there are relatively few receptors for cannabis in the brain stem, which controls breathing and heart rate,

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so individuals cannot have a fatal overdose on cannabis. There hasn’t ever been a single recorded death from a cannabis overdose documented in the medical literature. In contrast, every single day many die from overdosing on opioids.

How can incorporating medical cannabis into a benefit plan help employees and employers?

Peter: If we can incorporate medically supervised cannabis into the benefit plans of most large employers, I believe we can help displace the rampant use of opiates and sleep medications such as benzodiazepines that can be even more addictive than opiates, and that can put you in a permanent brain fog.

Companies like ours are partnering with scientists and innovators to invest in developing cannabis-based products that are intended for daytime and work use, where dosing is controlled, so patients get the right amount to help their symptoms and the right balance of cannabidiol (CBD) and even tetrahydrocannabinol (THC) that in low ‘micro-doses’ can actually improve alertness and concentration, as THC may reduce pain, inflammation and anxiety when provided in the right amount.

Angelo, you came to Starseed from Shoppers Drug Mart and Loblaw Companies. Why did you make the leap to an emerging company in an emerging part of the industry?

Angelo: I have spent the better part of my career in various roles in the pharma and healthcare sectors. Prior to Shoppers Drug Mart and Loblaw, I worked in pharmaceutical consulting and had progressive roles at

GlaxoSmithKline. Coupled with various entrepreneurial ventures I have been a part of, it was an ideal fit for me to join this medical cannabis company. The chance to be part of this amazing start-up feels like a once-in-a-lifetime opportunity because of the incredible people within the organization and our world-class board.

How are you setting Starseed apart from other medical cannabis companies?

Angelo: It is an interesting time, with recreational cannabis set to become legal on October 17. Historically, there has been only one legitimate channel through which to sell cannabis, and now we will amplify our efforts and strategy around medical cannabis. Our mandate is to differentiate ourselves by focusing on the safe and responsible use of cannabis in the workplace. We will strive to have medical cannabis become a paid benefit, so we can help break the devastating cycle of opiate use and abuse.

Starseed is the first medical cannabis company to form a strategic partnership with a large private health benefit plan – the Laborers’ International Union of North America (LiUNA). What outcomes are you hoping for?

Angelo: With LiUNA, we have a specific and committed customer base that deals with back-breaking work day in and day out and that tends to over-represent for chronic pain. We are looking to offer their 120,000 active members plus their dependants and retirees a valid alternative to what they are taking today. If we can validate medical cannabis as an “opiate

replacement therapy” for construction workers, it will be abundantly clear that it can also benefit individuals working in less safety-sensitive positions.

What approaches can plan sponsors take to ensure safe and responsible use of medical cannabis within a plan?

Angelo: The key to implementing medical cannabis as a paid benefit will be to ensure that employers and employees are informed and educated. To further support employees to use the right medicine and appropriate dosing at different times of day, we developed the Starseed System. It is essentially simple and clearly marked packaging that titrates up from high CBD, low THC Blue Star One to higher THC Blue Star Three. Part of the future solution will involve further product development including gel caps, metered dose inhalers and other formats that deliver medicine to where it is most needed. In addition, to help address their fiscal and fiduciary responsibilities, employers can consider annual limits on coverage and developing partnerships with licensed producers and healthcare professionals to consult and educate patients about responsible use. That said, we also need the proper controls in place to ensure that employers are not reimbursing or paying for employees’ recreational products on the weekend.

¹ Tanabe, P. & Buschmann, M. A prospective study of ED pain management practices and the patient’s perspective. J Emerg Nurs 25, 171-177 (1999).

² Schopflocher, D., Taenzer, P. & Jovey, R. The prevalence of chronic pain in Canada. Pain Res Manag 16, 445-450 (2011).

