

Press Release

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SAFE Glen Cove Coalition: Why Marijuana Will Not Help the Opioid Epidemic

According to a recent Journal article published by the National Institutes of Health (NIH), currently, there is no widely available or accepted medical literature showing any benefit for pain with dispensary cannabis in common pain conditions. Historically, marijuana has been used for reported medical purposes for thousands of years when the plant at that time had THC content of 0.5–3%. Now, the most common reported medical use of THC is for pain. To date, there are 30 states and the District of Columbia that have some form of legalized marijuana, with eight states having legalized for recreational use. The United States is currently in the grips of an opioid epidemic which has been growing over the last 20 years and began with “pain” being termed the “5th vital sign.” At the time, it was reported that people in pain did not become addicted to opioids, and the number of opioid prescriptions started to increase over time, followed by an increase in opioid overdose deaths.

There has been a lot of discussion about how the use of cannabis will help curb the opioid epidemic. It has been reported that medical cannabis laws are associated with significantly lower opioid overdose mortality rates, and others have suggested that legalization may result in less opioid overdose deaths. Other studies have reported that medical marijuana laws were associated with a decrease in Medicare prescriptions, saving millions of dollars. Additional reports suggest that medical cannabis laws are associated with significant reductions in opioid prescribing in the Medicare Part D population. There is some evidence that there are components of the marijuana plant which may have therapeutic medical value. There are several reasons as to why any reported benefit will be outstripped by lack of benefit and increased risk of harm, and why cannabis is contributing to ongoing opioid use, and subsequently, the opioid epidemic. There is evidence in animal models showing adolescent rats exposed to THC will develop enhanced heroin self administration as adults. More than 90% of heroin users report a prior history of marijuana use compared to a prior history of painkiller use (47%).

The currently accepted body of evidence supporting use of cannabis in pain consists of 28 studies comprised of 63 reports and 2,454 patients. Additional articles relying on this primary paper misleadingly stating that “there is substantial evidence that cannabis is an effective treatment for chronic pain in

adults. Both articles noted that products typically studied are not available in the United States (nabiximols, Sativex) or were with available synthetic agents (dronabinol, nabilone), and were studied in less common pain conditions: neuropathic and cancer pain. Currently there is no widely available or accepted medical literature showing any benefit for pain with dispensary cannabis in common pain conditions. Dispensary cannabis is a generic substance containing multiple components which may have physiologic activity in the body.

To date, a large and growing body of evidence shows that cannabis use increases, rather than decreases non-medical prescription opioid use and opioid use disorder, based on followup of more than 33,000 people. Concurrent use of cannabis and opioids by patients with chronic pain appears to indicate a higher risk of opioid misuse. Closer monitoring for opioid-related aberrant behaviors is indicated in this group of patients and it suggests that cannabis use is a predictor of aberrant drug behaviors in patients receiving chronic opioid therapy.

Inhaled cannabis in patients with chronic low back pain does not reduce overall opioid use, and those patients are more likely to meet the criteria for substance abuse disorders, and are more likely to be non-adherent with their prescription opioids. It has been found that patients with chronic pain participating in an interdisciplinary pain rehabilitation program using cannabis may be at higher risk for substance related negative outcomes, and were more likely to report a past history of illicit substance, alcohol, and tobacco use. A more recent study of 57,000 people showed that medical marijuana users are more likely to use prescription drugs medically and non-medically, and included pain relievers, stimulants, tranquilizers, and sedatives.

There is sufficient and expanding evidence demonstrating that medical marijuana use will not curb the opioid epidemic. There is further evidence that marijuana is a companion drug rather than substitution drug and that marijuana use may be contributing to the opioid epidemic rather than improving it. Although there are patients who have successfully weaned off of their opioids and use marijuana instead, the evidence that marijuana will replace opioids is simply not there. Medical provider and patient awareness, utilization of prescription drug monitoring programs, widespread availability and use of naloxone, and increasing coverage for atypical opioids and abuse deterrent formulations are only some of the other factors which hopefully be contributing to any impact on the opioid crisis. Education and prevention efforts as well as medication assisted therapies will be additional benefits to impact the opioid epidemic.

The National Institutes of Health (NIH) is the nation's medical research agency and includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit www.nih.gov.

SAFE, Inc. is the only alcohol and substance abuse prevention, intervention and education agency in the City of Glen Cove. It's Coalition is conducting an opioid prevention awareness campaign entitled, "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its

consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.