



# Minnesota Psychiatric Society

*Improving Minnesota's mental health care through education, advocacy, and sound psychiatric practice, and achieving health equity.*

October 3, 2022

## **Re: Expansion of Medical Cannabis to include Opioid Use Disorder**

Dear Commissioner Malcolm:

The Minnesota Psychiatric Society (MPS), representing nearly 500 Minnesota psychiatric physicians, opposes the proposed expansion of the Minnesota Department of Health (MDH) medical cannabis program to include patients diagnosed with opioid use disorder. MPS is the state's professional association of psychiatrists, representing physicians with additional specialty training who treat patients experiencing mental illness and substance use disorders. As an organization, MPS primarily bases clinical and policy position decisions on scientific evidence and clinical outcomes. The following comes from MPS member and leader, George Realmuto, MD, DLFAPA, and also reflects his experience and specialized training.

*I am a child and adolescent psychiatrist and a member of the Minnesota Psychiatric Society and the Minnesota Society of Child and Adolescent Psychiatry and now retired. I have followed the cannabis scientific literature for several years and participated in the treatment of cannabis associated disorders as medical director of the Child and Adolescent Behavioral Health Services, the state of Minnesota's psychiatric hospital for youth. There are several critical reviews on the use of cannabis for Opioid Use disorder that are noteworthy for their contribution to this discussion of whether there is sufficient evidence and protection from harm to authorize the use of cannabis for the treatment of Opioid Use Disorder.*

*The review entitled "Emerging Evidence for Cannabis' Role in Opioid Use Disorder" (OUD) reiterates what is known about treatment for OUD.<sup>1</sup> This report states that the most effective tool for relapse prevention is medication assisted pharmacotherapy combined with social support. A non medical reader may become confused about the treatment of the first phase of opioid treatment namely the acute opioid withdrawal phase. With future research there may be a role for cannabis in this phase but currently there is effective treatment found in alpha adrenergic receptor agonists such as lofexidine. This medication is FDA approved and is quite effective in the prevention of acute withdrawal effects. In its conclusion the report makes clear that **"blinded, placebo-controlled clinical trials evaluating the efficacy of cannabis either alone or as an adjunct therapy for acute opioid withdrawal are lacking"**.*

*Another overview review asks the question "Should physicians Recommend replacing Opioids with cannabis?"<sup>2</sup> This review cites a 2018 study that found that "in an individual analysis which included 57,146 people of a nationally representative sample, medical cannabis use was **positively associated with greater use and misuse of prescription opioids.**"<sup>3</sup>*

Although effective treatments for OUD are available, the issue of opioid overdose mortality is salient in the discussion. Will medical or recreational cannabis reduce overdose deaths? Bachhuber 4. published an epidemiologically based study that demonstrated important differences in death rates from opioid with the advantage going to states with legal cannabis availability. Follow up studies with longer timelines tell a different story. Shover et al. 5. used the same methods and data as the Bachhuber study but included an additional seven years of data (2011-2017) a period in which overdose death rates rose sharply and more states legalized medical marijuana. By including the full 1999–2017 dataset, the authors found that states with medical cannabis laws experienced a **22.7% increase in overdose deaths**.

Decades of research has shown beyond doubt the overwhelming benefit of medication for opioid use disorder (or MOUD). The full opioid agonist methadone (in use for half a century) and the partial agonist buprenorphine (first approved two decades ago) have proven to be life-savers, keeping patients from illicitly using opioids, enabling them to live healthy and successful lives, and facilitating recovery. Naltrexone, an antagonist that prevents opioids from having an effect, is also effective for patients who do not want to use agonist medications and are able to undergo initial detoxification under medical supervision.

Nora Volkow, MD, the national expert on addiction research and treatment and the Director of the National Institute for Drug Abuse recently spoke to the issues of treatment. She said that the efficacy of MOUD has been supported in clinical trial after clinical trial, and MOUD is now considered the standard of care in treatment of opioid use disorder, whether or not it is accompanied by some form of behavioral therapy.

Furthermore, she said that science is no longer needed to show that these medications are effective. She directed attention to societal prejudice and ignorance when she indicated that ... we are directing efforts and dollars toward research aimed at overcoming attitudinal barriers and, again, increasing the implementation of these effective treatments.

Each of these reviews catalogues study after study that offer data that challenges the opinion that cannabis is a suitable choice for opioid withdrawal, treatment and maintenance.

In summary the following must be foremost in the decision NOT to consider cannabis for medical treatment of opioid addiction:

- There are currently three major categories of medication and 10 unique medications that are FDA approved for treating opioid use disorder. There is a problem with adequate access to these medications.
- There is no evidence that cannabis or any of its derivatives is adequate treatment for opioid use disorder. Promoting an unfounded opinion when soaring overdose and mortality rates from addiction raises serious ethical concerns.
- Cannabis as a treatment for Opioid Use Disorder should not be considered until it can be shown to be equivalent to current FDA approved treatments. Access to FDA approved treatments for OUD must be our major public health focus for the departments of health and human services. .

*My own clinical experience with adolescent use of cannabis is instructive. I have provided treatment to adolescents with intractable psychosis, thought disorder and dysfunction from the use of cannabis. I have seen healthy teenagers move on to college and as adults lose direction, motivation and academic competence while starting what would have appeared to be experimenting with cannabis. Cannabis is addictive. Replacing one addictive substance with another that appears safer is an often-repeated myth. Poly substance addiction is the outcome rather than the imagined belief that many addicted individuals give up opioids.*

*I recommend to the board that medical cannabis not be authorized as a treatment for opioid use disorder.*

As previously stated, MPS represents nearly 500 Minnesota psychiatric physicians with additional specialty training to treat patients experiencing mental illness and substance use disorders. MPS opposes expanding medical cannabis to include patients diagnosed with opioid use disorder, and takes the position based on scientific evidence and clinical outcomes.

Thank you for your attention to this letter. If you have any questions, please feel free to contact us.

Sincerely yours,



Matt Kruse, MD, FAPA  
MPS President



Mary Beth Lardizabal, DO, DLFAPA  
MPS President-Elect

References:

1. Wiese, B. Wilson-Poi, A Emerging Evidence for Cannabis 'Role in Opioid Use Disorder; Cannabis and Cannabinoid Research Vol3 #1 2018.
2. Humphreys, K. Saltz, R. : Should Physicians Recommend Replacing Opioids with Cannabis? JAMA 2/2019 Vol 321 #7.
3. Hasin ds, Saha TD, Kerridge BT, et al Prevalence of marijuana use disorders in the United States between 2001-2007 and 2021-2031. JAMA Psychiatry 2015, 72(12) 1235-1242.
4. Bachhuber, M, Saloner, et al Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010 JAMA Intern Med. 2014;174(10):1668-1673.
5. CL Shover, CS Davis, SC Gordon, Association between medical cannabis laws and opioid overdose mortality has reversed over time\_ PNAS 2019 116(26) 12624–12626.