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Can Marijuana Alleviate the Opioid Crisis?

The federal government should stop blocking research into the drug's medical potential.

By Richard Boxer

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Customers at a medical marijuana dispensary in Los Angeles, April 20. PHOTO: RICHARD VOGEL/ASSOCIATED PRESS



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Jennifer, a 37-year-old Virginia school teacher now unable to work due to unrelenting pain caused by a genetic spinal disease, stared hopelessly at the bottle of opioids her doctor had prescribed her. Beset by desperation and discomfort, she faced a difficult choice. The opioids would provide limited relief but came with a high risk of addiction. Or she could try marijuana, which would likely be safer but put her on the wrong side of the law.

Jennifer chose marijuana. She drove to Washington, D.C., where the drug is sold legally, and visited three medical marijuana storefronts offering ridiculously named products like “Kush,” “Diesel” and “Head Trip.” While the offerings were of unknown concentrations and efficacy for her pain, they worked to a greater degree and with fewer side effects than any previous medication Jennifer had tried. Her experience (she is the daughter of a patient in Los Angeles, where I practice) inspired me to advocate for further research into clinical uses of the drug for pain relief.

For the most part, doctors and patients rely on anecdotal information when deciding on a treatment path involving cannabinoids. No rigorous scientific studies have been published that corroborate claims about marijuana’s medical benefits when prescribed and used properly. The federal government should remove the drug from Schedule I of the Federal Controlled Substances Act so researchers can lawfully assess its medical potential.

In September, Sen. Orrin Hatch introduced a bill “to improve the process for conducting scientific research on marijuana as a safe and effective medical treatment.” The Marijuana Effective Drug Study Act of 2017 has bipartisan support. “To be blunt, we need to remove the administrative barriers preventing legitimate research into medical marijuana,” Sen. Hatch said in a press release.

Any research on medical marijuana must first assess the potential for addiction to other, harder drugs. The notion that marijuana is a “gateway” is so far unsupported. “There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs,” wrote researchers for the Institute of Medicine in 1999. Still, the idea lives on, underscoring the need for real research.



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Not only is marijuana a potentially effective pain treatment, it may also help alleviate the opioid crisis. States that have legalized medical marijuana enjoy significantly lower levels of opioid consumption and overdose deaths than states that continue to penalize possession and use, according to the Journal of the American Medical Association: “States with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate . . . compared with states without medical cannabis laws.”

Researchers from the University of California, San Diego found that hospitalization rates of people suffering from painkiller abuse and addiction dropped 23% and overdoses requiring hospitalization fell 13% in places where medical marijuana was made legal. And a recent study found that Colorado, which legalized the drug for recreational use in 2014, experienced a 6.5% reduction in opioid-related deaths.

Last year alone, more than 64,000 Americans died from drug overdoses. Recognizing the link between decriminalizing marijuana and reducing opioid overdoses could save thousands of lives. With 650,000 prescriptions for opioids filled each day (3,900 for new patients) the epidemic seems likely to continue. Although scientific proof is no guarantee of an end to partisan squabbling, evidence-based medical data may offer hope for a consensus about the effectiveness of cannabis in the alleviation of human suffering.

Jennifer is not a criminal. She uses marijuana to relieve her debilitating pain because it is effective, non-addictive and almost impossible to overdose on. By preventing essential research on the medical uses of the drug, the federal government forces Jennifer, and thousands like her, into an impossible position.

Dr. Richard Boxer is a clinical professor at UCLA's David Geffen School of Medicine and medical adviser to iAnthus Capital Management, which invests in the cannabis industry.