

**COMMENTS OF AMERICANS FOR SAFE ACCESS ON THE PRESIDENT'S COMMISSION ON COMBATING  
DRUG ADDICTION AND THE OPIOID CRISIS TO ADVANCE THE COMMISSION'S WORK ON DRUG ISSUES AND  
THE OPIOID CRISIS PER EXECUTIVE ORDER 13784**

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## **I. INTRODUCTION**

Americans for Safe Access (“ASA”) appreciates the opportunity to provide comments to advance the Commission’s work on finding solutions to the opioid crisis. ASA represents thousands of patients from around the country who, upon the recommendation of a doctor, have turned to medical cannabis as a treatment for debilitating medical conditions.

With a strong commitment to patients in mind, ASA requests President Trump’s Commission to consider a wide variety of methods and options in reducing our nation’s opioid epidemic. As you know, this epidemic is taking 91 lives a day.<sup>1</sup> ASA supports appropriate and effective solutions to this crisis that reduce the number of preventable deaths, and make our communities safer. ASA respectfully submits these comments to promote recommendations to President Trump that are backed by science and are efficient in the goal of reducing opioid abuse and addiction.

### **A. ASA’s Interest in the Commission’s Recommendations**

ASA is a national nonprofit that represents the interests of the over two million medical cannabis patients in the United States. Forty-six out of the 50 states, as well as the District of Columbia, Puerto Rico, and Guam have some form of a medical cannabis program. Twenty-nine of those states have a comprehensive medical cannabis program. Our patient members turn to medical cannabis for a long list of debilitating medical conditions including, among others, Multiple Sclerosis, HIV/AIDS, Cancer, Crohn’s Disease, Lupus, Post-Traumatic Stress Disorder, and most closely aligned with the Commission’s mission, Acute and Chronic Pain.

Thousands of individuals who suffer from severe and chronic pain have turned to medical cannabis to alleviate their symptoms. Our patient members turn to cannabis to reduce the number of opioids they take to deal with pain. Allowing greater access to legal medical cannabis has the potential to save hundreds, if not thousands of lives a year.

### **B. ASA’s Commitment to Resolving the Opioid Crisis**

In 2016, ASA issued a report, “Medical Cannabis Access for Pain Treatment: A Viable Strategy to Address the Opioid Crisis”, highlighting medical cannabis as a viable strategy to addressing the national opioid crisis.<sup>2</sup> This report urged passage of legislation on the state and federal level that protects patients and doctors from federal prosecution for using or recommending cannabis,

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<sup>1</sup> Ctr. for Disease Control and Prevention, *Understanding the Epidemic*, (Dec. 16, 2016), <https://www.cdc.gov/drugoverdose/epidemic/index.html>

<sup>2</sup> AMERICANS FOR SAFE ACCESS, *MEDICAL CANNABIS ACCESS FOR PAIN TREATMENT: A VIABLE STRATEGY TO ADDRESS THE OPIOID CRISIS*, (2016).

urged states to add chronic pain as a qualifying medical condition under medical cannabis programs, and called for the increase of medical cannabis education for physicians. Thousands of patients are dying every year from opioid overdoses and they need a safe alternative for relieving their pain. While there is a rapidly growing body of evidence, including from the National Institute of Drug Abuse and the National Academies of Sciences, Engineering, and Medicines, that indicates medical cannabis is effective in treating chronic pain, it remains illegal under Federal law.<sup>34</sup> Cannabis provides an alternative to many patients in pain that have tried countless pharmaceuticals with no results.

## II. EXECUTIVE SUMMARY

Use of prescription drugs, especially opiates, has greatly increased over the past several decades, despite a lack of scientific data showing the effectiveness and safety of these drugs when used in long term treatment plans. ASA recognizes that medical cannabis will not completely solve the opioid crisis; and it does not provide a one size fits all solution for those suffering with chronic and severe pain. However, it is important that the Commission recognize the potential value of medical cannabis as a tool in the efforts to reduce our nation's opioid crisis.

A key focus of President Trump's Commission is to identify and report on best practices for addiction prevention, including health care provider education and evaluation of prescription practices, collaboration between State and Federal officials, and the use and effectiveness of State prescription drug monitoring programs. State governments and legislatures have already recognized the value of medical cannabis in treating chronic pain and as an important tool in reducing opioid related deaths in their state.

ASA recognizes the need for more research on cannabis, but existing science and research has already shown that cannabis can reduce opioid deaths and can improve the efficacy of opioid medicines. Furthermore, ending the prohibition on medical cannabis can save Federal government funds that can be allocated to further reducing the financial burden carried by states dealing with opiate deaths. In developing recommendations for President Trump, ASA urges the Commission to work with the Department of Justice, the Drug Enforcement Administration, the Food and Drug Administration, and other relevant agencies in assessing the value of medical cannabis in fighting against opioid addiction and overdose.

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<sup>3</sup> *Marijuana as Medicine*, NAT'L INST. ON DRUG ABUSE, (2017) <https://www.drugabuse.gov/publications/drugfacts/marijuana-medicine>

<sup>4</sup> *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*, NAT'L ACAD. OF SCIS., ENG'G, & MEDS., (2017) available at <https://www.nap.edu/read/24625/chapter/1>

### III. CANNABIS INTERACTS WITH OPIOIDS, AND IS AN EFFECTIVE TREATMENT IN PAIN MANAGEMENT

ASA recommends that President Trump’s Commission recognize the value of medical cannabis in reducing the number of opioids that are prescribed to individual patients. State legislatures and officials have been the leaders in the development of drug policy that recognizes this reduction.

Of the states that have medical cannabis programs, there are many that recognize medical cannabis as a viable treatment to manage chronic pain. In addition to individuals on the state level, both the director of the National Institute of Drug Abuse, Nora Volkow, M.D., and the Director of the National Institute of Health, Francis Collins, M.D., Ph.D., have recognized the importance of finding safe, effective, and non-addictive interventions to manage chronic pain.<sup>5</sup> Collaboration between state health departments and our national health experts will be critical in finding comprehensive solutions to our nation’s opioid crisis.

#### A. Interaction of Cannabis and Opioids

An article in the New England Journal of Medicine indicates that “compounds that target non-opioid pain pathways, such as the endocannabinoid system, are being evaluated for pain management. There is strong evidence of the efficacy of cannabinoids, including tetrahydrocannabinol (“THC”), in treating pain. Medications that target the endocannabinoid system without producing the cognitive impairment and rewarding effects of marijuana could provide a powerful new tool.”<sup>6</sup>

THC has been shown to work in concert with opioid based painkillers, particularly in cases of neuropathic pain.<sup>7</sup> THC serves to lower dosage of opioids necessary for relief. Research in animals shows the addition of cannabinoids to opioids enhances analgesic efficacy of both. Surveys of medical cannabis patients have shown that use of medical cannabis is often related to a decrease in the use of other drugs. 66% of medical cannabis patients survey indicated using cannabis as a supplement for prescription drugs.<sup>8</sup> Additionally, a 2016 Journal of Pain survey of

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<sup>5</sup> Nora Volkow, M.D. & Francis Collins, M.D., Ph.D, *The Role of Science in Addressing the Opioid Crisis*, NEW ENG. J. MED.10.1056 (May, 31, 2017) available at <http://www.nejm.org/doi/full/10.1056/NEJMSr1706626>.

<sup>6</sup> *Id.*

<sup>7</sup> J. Manzares et al., *Role of the Cannabinoid System in Pain Control and Therapeutic Implications for the Management of Acute and Chronic Pain Episodes*, NAT’L CTR. FOR BIOTECH. INFO., (July 2006) available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2430692/>.

<sup>8</sup> Amanda Reiman, *Cannabis as a Substitute for Alcohol and Other Drugs*, NAT’L CTR. FOR BIOTECH. INFO., (Dec. 2009).

chronic pain patients found that among participants there was some suggested benefit to the use of medical cannabis, such as fewer side effects to medication, an improved quality of life, and a 64% reduction in overall opioid use.<sup>9</sup>

## B. Fewer total opioid prescriptions in Medical Cannabis States

In States that have developed medical cannabis programs, it has been found that doctors prescribed many less opiates for pain compared to their colleagues in states without medical cannabis programs as seen below in Figure 1.

### Fewer pills prescribed in medical cannabis states

Difference between annual drug doses prescribed per physician in medical cannabis states, and in states without medical cannabis law, by drug category

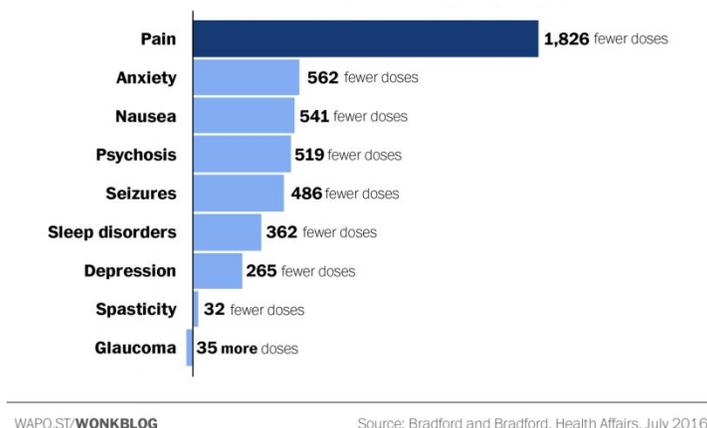


Figure 1<sup>10</sup>

In states with medical cannabis programs doctors were found to prescribe 1,826 less prescriptions per physician for patient pain.

State legislatures have recognized the effectiveness of using cannabis for chronic pain and added it to their state statutes.<sup>11</sup> There have also been recent pushes to include opioid use disorder as a qualifying condition for medical cannabis in many state houses across the country.

<sup>9</sup> Seddon R. Savage et al., *Cannabis in Pain Treatment: Clinical and Research Considerations*, J. PAIN, Vol. 6, 654-68 (June 2016).

<sup>10</sup> Christopher Ingraham, *One Striking Chart Shows Why Pharma Companies are Fighting Legal Marijuana*, WASH. POST, July 13, 2016, available at [https://www.washingtonpost.com/news/wonk/wp/2016/07/13/one-striking-chart-shows-why-pharma-companies-are-fighting-legal-marijuana/?utm\\_term=.2adac2f5b7a7](https://www.washingtonpost.com/news/wonk/wp/2016/07/13/one-striking-chart-shows-why-pharma-companies-are-fighting-legal-marijuana/?utm_term=.2adac2f5b7a7).

<sup>11</sup> See e.g., 18 V.S.A. § 4472 4(B) (2016).

#### IV. CANNABIS CAN HELP REDUCE DEATHS RELATED TO OPIATE ABUSE AND OVERDOSES

##### A. National Increase in Opioid Deaths

According to the Center for Disease Control and Prevention, prescription opioids are involved in almost half of all fatal opioid overdoses.<sup>12</sup> As an effective pain management treatment, cannabinoids, including THC, can help reduce the number of opioid related deaths in our country. Drug overdose is the leading cause of accidental death in the United States. In 2015 there were 52,404 lethal drug overdoses, with 20,101 deaths resulting from prescription opioids.<sup>13</sup> In 2016, opioid deaths across the country notably increased for example, there was a 36% increase in Ohio, a 26% increase in Massachusetts and a 13% increase in West Virginia.<sup>14 15 16</sup> In a FY18 Budget Hearing, Deputy Attorney General Rod Rosenstein estimated that the total number of drug overdoses for 2016 was over 60,000 with 60% of those resulting from prescription opioids.<sup>17</sup>

##### B. States with Medical Cannabis Programs Have Lower Opioid Death Rates

Despite this tragic increase in opioid deaths, a study published in the Journal of the American Medical Association has shown that states with medical cannabis programs had a 24.8% reduction in opioid related deaths and a 13% decrease in opioid related hospitalizations.<sup>18</sup> The National Institute of Drug Abuse has recognized that opioids may be effective in reducing opioid related overdoses.<sup>19</sup>

Based on the growing body of research indicating the efficacy of medical cannabis in the treatment of pain, and the fact that there has been no reported overdose from cannabis use in the

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<sup>12</sup> *Supra* n. 1.

<sup>13</sup> *Opioids*, NAT'L INST. ON DRUG ABUSE, (May 2017), <https://www.drugabuse.gov/drugs-abuse/opioids>.

<sup>14</sup> *Ohio had more than 4,000 Opioid Deaths in 2016*, ASSOC. PRESS, May 28, 2017, <http://abcnews.go.com/Health/wireStory/newspaper-ohio-4000-overdose-deaths-2016-47692798>.

<sup>15</sup> *Data Brief: Opioid-Related Overdose Among Mass. Residents*, MASS. DEP'T. OF PUBLIC HEALTH, (Feb. 2017), <http://www.mass.gov/eohhs/docs/dph/stop-addiction/current-statistics/data-brief-overdose-deaths-february-2017.pdf>.

<sup>16</sup> *Overdose Deaths Continue to Rise in West Virginia*, U.S. News, (Mar. 7, 2017), <https://www.usnews.com/news/best-states/west-virginia/articles/2017-03-07/overdose-deaths-continue-to-rise-in-west-virginia>.

<sup>17</sup> *FY 18 Department of Justice Budget Hearing, Commerce, Justice, Science and Related Agencies*, 115th Cong. (2017) (statement of Rod Rosenstein, Deputy Attorney General, Department of Justice).

<sup>18</sup> Bachhuber MA, et. al, *Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States*, JAMA Intern. Med. 174 (10), (2014).

<sup>19</sup> *Supra* n. 2.

DEA’s history, it is time to explore medical cannabis as an option to mitigate this epidemic.<sup>20</sup>

The Federal Government can help play a critical role in helping communities struggling with opioid addiction by using every tool available. This includes conducting research, sharing best practices with state and local officials, and exploring alternative treatments to opioids such as medical cannabis.

## **V. MEDICAL CANNABIS CAN REDUCE FEDERAL EXPENDITURES, ALLOWING THE AVAILABILITY AND ALLOCATION OF ADDITIONAL FEDERAL FUNDING TO BE USED TO COMBAT ADDICTION AND THE OPIOID CRISIS**

### **A. Opioid Funding Approved by the Legislative Branch**

A key goal of the Commission is to identify and describe the existing Federal funding used to combat drug addiction and the opioid crisis. Much of the existing funding in fighting the opioid crisis has come from the 21<sup>st</sup> Century Cures Act (“CURES”) and the Comprehensive Addiction and Recovery Act (“CARA”). CURES provides two parts of funding totaling \$970 million dollars to be distributed amongst the states. The Department of Health and Human Services and President Trump’s administration have already distributed \$485 million dollars of this total, with the balance to be distributed at a later date.<sup>21</sup> CARA provides an additional \$181 million a year to combat the opioid crisis; however, this value must be appropriated every year in order for it to be distributed in accordance with the law.<sup>22</sup> While these funding levels constitute a step in the right direction, they still fall incredibly short of addressing this epidemic.

The Department of Health and Human Services (HHS) estimates that the economic impact of the opioid crisis is \$55 billion dollars in health and social costs related to opioid abuse, with an additional \$20 billion in emergency department and inpatient care for opioid poisonings.<sup>23</sup> Even if HHS’s estimates are inflated, that means the opioid crisis is only being funded at 1.53% of the levels of the crisis’ economic impact.

### **B. Cost of Cannabis Prosecutions in Previous Administrations**

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<sup>20</sup>*Drugs of Abuse*, U.S. Drug Enforcement Administration, 72-73, 2015 Edition, available at [https://www.dea.gov/pr/multimedia-library/publications/drug\\_of\\_abuse.pdf#page=72](https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf#page=72) (noting “No death from overdose of marijuana has been reported.”).

<sup>21</sup> U.S. Dept. of Health and Human Services, *Trump Administration Awards Grants to States to Combat the Opioid Crisis*, Apr. 19, 2017, <https://www.hhs.gov/about/news/2017/04/19/trump-administration-awards-grants-states-combat-opioid-crisis.html>.

<sup>22</sup> Comprehensive Addiction and Recovery Act, Pub. L. 114-198, 114 Stat. 1221.

<sup>23</sup> U.S. Dept. of Health and Human Services, *The Opioid Epidemic: By the Numbers*, June 2016, <https://www.hhs.gov/sites/default/files/Factsheet-opioids-061516.pdf>.

Since 2014, an appropriations amendment originally introduced by Representatives Dana Rohrabacher (R-CA) and Sam Farr (D-CA) has prevented the Department of Justice from spending funds to interfere with the implementation of state medical cannabis laws. This appropriations provision has been extended to prevent the individual prosecutions of patients.<sup>24</sup>

The current iteration of the amendment, originally sponsored by Representatives Rohrabacher and Blumenauer (D-OR) was included in the continuing resolution budget as Section 537 in the budget that expires on September 30, 2017.<sup>25</sup> If this budget amendment was allowed to lapse, the Justice Department could resume spending funds prosecuting medical cannabis patients. ASA recommends that these funds could be better spent on investing in opioid use disorder treatment programs. Prior to the adoption of this appropriations rider, the Obama administration spent nearly \$300 million dollars on raids, prosecutions, and asset forfeitures in states that had medical cannabis programs operating legally under state law.<sup>26</sup> A reduction in expenditures could result in the allocation of funds be directed to comprehensive solutions and effective treatment to the opioid crisis.

### **C. Medicaid Savings**

The recommendations by the Commission to President Trump should balance protecting our communities with ensuring that federal taxpayer dollars are not wasted. However, a recent study revealed that if medical cannabis was legal nationwide, over a billion dollars could be saved in Medicaid spending.<sup>27</sup>

In developing recommendations to resolve the opioid crisis, we hope the Commission would consider the potential government savings of Medicaid-covered medications for chronic pain, as well as the potential savings related to prosecuting medical cannabis patients treating chronic pain. While these solutions would not cover all of the CDC's estimated economic impact, ASA recognizes that medical cannabis is one of many tools that can be used to reduce the financial burden of this epidemic.

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<sup>24</sup> See, *United States v. McIntosh*, 833 F. 3d 1163, (9th Cir. 2016).

<sup>25</sup> Consolidated Appropriations Act 2017, Pub. L. No. 115-31, § 537.

<sup>26</sup> AMERICANS FOR SAFE ACCESS, *What's the Cost Report?*, 2013, available at [http://www.safeaccessnow.org/whats\\_the\\_cost](http://www.safeaccessnow.org/whats_the_cost).

<sup>27</sup> Ashley Bradford & W. David Bradford, *Medical Marijuana Laws May be Associated with a Decline in the Number of Prescriptions for Medicaid Enrollees*, HEALTHAFFAIRS, Vol. 34, Issue 4, <http://content.healthaffairs.org/content/early/2017/04/13/hlthaff.2016.1135> (Apr. 2017).

#### **D. Doctors, Universities and Teaching Hospitals Using Federal Loan Dollars Should Not be Afraid of Decreases or Restrictions in Funding or Other Penalties for Promoting Medical Cannabis Education**

The Commission is tasked with identifying and reporting on best practices for addiction prevention including evaluating health care provider education. Currently, many doctors around the country remain hesitant to recommend cannabis even in states where it is legal under state law. Similar to the Rohrabacher-Farr amendment, Senator Patty Murray (D-WA) recognized this hesitation when she introduced an amendment to the FY17 budget that prevented appropriated funds from being used in a manner that would prevent a medical provider from recommending medical cannabis in accordance with state law or for recommending a patient to participate in a medical cannabis program in accordance with state law.<sup>28</sup> Policies that expressly allow medical professionals the ability to recommend this alternative treatment to opioids for pain could help reduce the number of opioid deaths. A codification of this amendment would mean that doctors in medical cannabis states who work at community health clinics and other health centers funded by HHS would be able to recommend medical cannabis to treat chronic pain without fear of punishment.

ASA also recommends that President Trump's commission take into account the use of federal dollars at colleges and universities in developing medical curriculums that train physicians in fighting opioid abuse. ASA recommends a comprehensive solution to the opioid crisis. There are only a fraction of medical schools in the United States that receive federal dollars that also teach about the endocannabinoid system, the largest neurotransmitter system in the human brain, let alone the therapeutic uses of medical cannabis. Many physicians are hesitant to teach about medical cannabis for fear of losing federal funding. A curriculum that includes coursework concerning the FDA's new proposed guidelines on prescribing opioids as well as classes and curriculum that explores alternative pain management therapies like cannabis could assist in reducing the opioid epidemic.

#### **VI. CONCLUSION**

ASA thanks the Commission for the opportunity to comment on drug issues and the opioid crisis. ASA shares the Commission's goal in reducing the negative effects of the opioid crisis, and hopes that the recommendations to President Trump include thoughtful consideration of medical cannabis as one of the viable components of its plan in managing the opiate crisis. We hope that in developing recommendations for President Trump that the commission will recognize the

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<sup>28</sup> *Proposed Amendment*, FY 2017 Labor, HHS, & Education Appropriations Bill, 114th Cong. (2016) available at <https://www.appropriations.senate.gov/imo/media/doc/060916-LABORHHS-Murray-Medical-Marijuana-Amendment.pdf>.

value of doctors being able to choose which treatments they recommend, that the Commission will value science based research, and that the Commission recognizes the potential cost savings that can be passed onto taxpayers when medical cannabis is used as a tool in the opioid epidemic. We would be happy to meet with you to discuss these comments. Please contact ASA's Executive Director Steph Sherer if you wish to discuss these issues further at [steph@safeaccessnow.org](mailto:steph@safeaccessnow.org) or at 202-618-6973 (103) x. 8