

Statement of Support for SB 19-013
Prepared by David Mangone, Esq., Americans for Safe Access
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Americans for Safe Access (“ASA”) is the nation’s largest nonprofit dedicated to medical cannabis patients and researchers. With over 100,000 members nationwide, ASA works to protect the interests of medical cannabis patients suffering from debilitating conditions.

While ASA believes the decision of the types of medical conditions for which medical cannabis is appropriate should be left to the discretion of a healthcare provider rather than the legislature, the reality of Colorado’s Constitution and accompanying statutes have created an enumerated condition list.¹

ASA works to expand access to medical cannabis for those who need it, and thus supports any legislation that serves a larger patient population through expanding the number of eligible conditions or through removing other barriers to access.

I. Overview of Colorado’s Opioid Crisis

According to the National Institutes of Health, close to 135 individuals die each day due to opioid-related causes. In Colorado, there were 373 deaths involving prescription opioids and 224 involving heroin in 2017.² While this number is lower than some states, it is clear that the state of Colorado needs to significantly decrease preventable overdose deaths.

In November of 2017, ASA launched a campaign titled, “End Pain, Not Lives.” This campaign focuses on the use of medical cannabis as an alternative to opioids for pain management. We have seen successes from this campaign in states like Illinois, where bill SB 336 was signed into law. SB 336 authorizes physicians to offer medical cannabis as an alternative to any patient holding a prescription for opioid painkillers such as

¹ COLO. CON. art. XVIII, §14(a)(II), *See also*, COLO. REV. STAT. §25-1.5-106(a.7)(2017).

² Jalyn Ingalls, *Drug Overdoses Continued to Increase in 2017*, COLO. HEALTH INSTITUTE, 2017 available at <https://www.coloradohealthinstitute.org/research/drug-overdoses-continued-increase-2017> (updated Sept. 2018).

National Office

1624 U St. NW, Suite 200, Washington DC 20009
PHONE: 202.857.4272 FAX: 202.857.4273

California Office

770 L St., Suite 950, Sacramento, CA 95814
PHONE: 916.449.3975

General Information

WEB: www.AmericansForSafeAccess.org
TOLLFREE: 888-929-4367

Vicodin or Oxycontin. This legislation presents Colorado with a powerful example on how to mitigate opioid overdose deaths in its state.

Recent findings from the Washington School of Medicine in St. Louis highlight why and how individuals are replacing opioid therapies with cannabis:

The primary use for both prescription opioids and cannabis is for analgesia. Currently, up to 90% of patients in state-level medical cannabis registries list chronic pain as their qualifying condition for the medical program. In an exhaustive review, the National Academies of Science and Medicine recently confirmed the efficacy of cannabis for chronic pain in adults. Interestingly, when given access to cannabis, individuals currently using opioids for chronic pain decrease their use of opioids by 40–60% and report that they prefer cannabis to opioids. Patients in these studies reported fewer side effects with cannabis than with their opioid medications (including a paradoxical improvement in cognitive function) and a better quality of life with cannabis use, compared to opioids. Despite the vast array of cannabis products and administration routes used by patients in states with medical cannabis laws, cannabis has been consistently shown to reduce the opioid dose needed to achieve desirable pain relief. (*internal citations omitted*)³

Research has shown that cannabis decreases opioid deaths and reliance on opioids. In an analysis of more than 1.3 billion opioid prescriptions from 2011 to 2018, researchers found that the number of morphine milligram equivalents prescribed each year were reduced by 6.1 percent in medical cannabis states.⁴ In other words, cannabis access laws reduce the average provider's opioid prescriptions by the equivalent of half a kilogram of morphine.⁵ In states with medical cannabis programs, there has been a 25% reduction of overdose deaths,⁶ and in a survey of almost 3,000 patients, 93% preferred cannabis to opioids for pain management.⁷

³Beth Wiese & Adrienne Wilson-Poe, "Emerging Evidence for Cannabis' Role in Opioid Use Disorder", *CANNABIS AND CANNABINOID RESEARCH*, at 180 (2018).

⁴ Benjamin McMichael, et. al., *The Impact of Cannabis Access Laws on Opioid Prescribing* (Oct. 15, 2018). U of Ala., Legal Studies Research Paper No. 3266629 available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3266629

⁵ *Id.*

⁶ Marcus A. Bachhuber, et. al., *Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010*. *JAMA INTERN. MED.*, 1668–1673, (2014).

⁷ Amanda Reiman, *Cannabis as a Substitute for Opioid-Based Pain Medication: Patient Self-Report*, *CANNABIS AND CANNABINOID RESEARCH* at , June 1, 2017, available at <https://www.liebertpub.com/doi/full/10.1089/can.2017.0012>

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II. Removal of Restrictions on Pediatric Healthcare Providers

ASA supports the removal of overly cumbersome restrictions on physicians who wish to recommend cannabis to patients under the age of eighteen. Patients under the age of eighteen are already burdened by the requirement that two separate physicians must diagnose their condition. This requirement is not in place for adult patients, and only a few states with medical cannabis programs have similar requirements. Requiring one of the two physicians to be hyper-specialized severely limits the available number of physicians capable of writing recommendations for minors. Removing the requirement that physicians carry certain specializations would allow more physicians to recommend medical cannabis, providing a greater number of access points for patients.

ASA urges the Colorado legislature to quickly pass SB 19-013 to ensure that those diagnosed with conditions that require opioids can access medical cannabis as a safer alternative.

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