

DATE: October 23, 2018

TO: Director of the Division of Public Health  
Director of the Office of Medical Marijuana

RE: Medical Evaluation Notes on Petition to Add Opioid Use Disorder to Condition List (Delaware)

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The following is a review of the petition submitted to Delaware's MMP regarding adding Opioid Use Disorder to the approved medical conditions' list and recommendations from the consultants based on current peer-reviewed research.

The petition attempts to portray a compelling case to add Opioid Use Disorder to the Qualifying Conditions' List for Delaware's Medical Marijuana Program. However, the author's petition lacks credible sources and portrays medical cannabis as a simplistic resolution to the current opioid epidemic impacting Delaware.

The petition accurately highlights the devastation currently be laid by the opioid epidemic and across the nation. However, the author's claims are not substantiated by the data provided. Most likely, there is limited evidence that simply adding opioid use disorder to the qualifying conditions list will significantly reduce opioid morbidity and overdoses without additional support from treatment centers and doctors who recommended cannabis and treat opioid related disorders.

While the surrounding states have allowed this condition, they have yet, at this time, seen any significant decreases in morbidity related to allowing access to medical cannabis for opioid use disorder. This could be an artifact of the roll-out of their programs and physicians' reluctance to prescribe or recommend cannabis as a harm reduction alternative. Lack of education and stigmatization still exists related to medical cannabis.

Further, no physiological mechanisms were provided in the petition that are able to explain how or why cannabis can help. The author misquotes NCI regarding cannabinoid receptors. In actuality, there are cannabinoid receptors in the brainstem; the density of cannabinoid receptors in the brainstem is very sparse. Cannabinoid receptors do not affect respiration as opioids do, therefore a lethal toxic overdose of cannabis is not possible.

Another weakness of the petition is that a majority of research or data provided is based on surveys that have no physiological evidence to support them. Although the use of survey data is important and reveals significant findings, the studies could be critiqued for not having control groups for illicit or prescription drug use to verify use or abstinence with blood or fluid work. Lastly, the large studies are retrospective and showed that not all states with medical cannabis law experienced a decrease in opioid fatalities.

The author is wrong in their assumption that simply having a medical cannabis law will decrease opioid morbidity in the state. While we know that cannabis can have an analgesic effect, there is no data or a proposal on which varieties or which administration forms of products would be most effective or to be avoided for opioid use disorder.

A few issues potentially prevent the realization of these benefits, including cooperation from treatment centers and opioid prescribers. Patients at pain clinics could still lose access to their medication if they become a medical cannabis patient, as pain clinics and medication assisted treatment program typically have a zero-tolerance policy for cannabis (aka marijuana) use. Even if this condition is added, it may be under-utilized until additional physician practices and policy changes are implemented.

#### Conclusion:

Although the current petition aims to provide a compelling argument for the inclusion of Opioid Use Disorder to the list of qualifying conditions for the State of Delaware's MMP, the simplicity of its' argument and the lack of recent scientific peer-reviewed studies weakens its' case. Treatment of Opioid Use Disorder is complex and the science supports a comprehensive team-based approach with Medication Assisted Treatment as the standard of care. Multiple forms of MAT that have been rigorously studied are widely available in Delaware in the context of comprehensive and team-based care. To suggest that anything less at this time would be a disservice to Delawareans struggling with OUD. Ongoing conversations as part of the Delaware START initiative are most appropriate.

#### Reference

Gable, R. (2006) The Toxicity of Recreational Drugs. Scientific American. 94(3) 206-208.