Health Justice in Rural America: How cannabis can impact the opiate crisis

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Opiate Use in the US

- Number one cause of accidental death
- Since 2000, opioid drug overdoses rose 200%
- Who has been most impacted?
Castlight study

- 32% of opiate prescriptions are being abused
- Baby Boomers (4x)
- Behavioral health diagnosis (3x)
- Those with multiple pain conditions (2x)
- Those in lowest income areas (2x)
- States with medical cannabis laws have lower rates of abuse
Opioids in rural America

- Williamson, W.Va (pop. 2908) Drug wholesaler Miami-Luken sent more than 20.8 million prescription painkillers to the town from 2008 and 2015.

- Kermit, W.Va (pop. 406) In 2008, Miami-Luken provided 5,624 pills for every man, woman, and child.

- Oceana, W.Va (pop. 1394) One pharmacy was provided 4.3 million painkillers by Miami-Luken from 2008 to 2015.
Death Rate

Fatal drug overdoses have soared in rural and mid-sized communities, surpassing those of large metropolitan areas.

Age-adjusted death rates, per 100,000

Source: Centers for Disease Control and Prevention

THE WALL STREET JOURNAL
Why?

- Opioids are a key part of rural pain management.
- Less access to alternatives like physical therapy.
- Less access to medication assisted treatment for those who are dependent.
- Poverty and the impact of unemployment and hopelessness.
- Rural jobs have higher injury rates.
- Larger social networks.
Medical cannabis and substitution

• Not a new idea (Lancet 1889)

• Tod Mikuriya in the 1970’s

• Cannabis Care study (2005) and it’s replications

• JAMA (2015) study of mortality and Medicare Part D

• RAND study: states with MMJ dispensaries saw 15-35% reduction in substance abuse admissions and opiate overdose

• Most recent: 2 studies in JAMA found medical cannabis laws are associated with significant reductions in opioid prescribing in the Medicare Part D and Medicaid populations. The effect was strongest in states with dispensaries and for the drugs hydrocodone and morphine.
3 points of opportunity

Based in the philosophy of harm reduction

1. As a first line of defense against pain
2. As a withdrawal medication
3. As a maintenance medication
A first line of defense

- Abrams research on cannabis and opiates together
- Reduces risk of dependence
- Reduces risk of fatal overdose
- Patients prefer it
Patient preferences: opiates vs. cannabis

- UC Berkeley/Hello MD/Kent State
- Hello MD: telemedicine recommendations
- Goal: to collect self report substitution data on a large sample.
- Look at inter-population differences
30% (N=841) reported using an opiate based pain medication currently or in the past six months. Of those who have used opiates, 61% reported using them with cannabis.

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<th>Question</th>
<th>Strongly Agree/Agree</th>
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<tr>
<td>Able to decrease the amount of opiates they consume when they also use cannabis.</td>
<td>97%</td>
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<tr>
<td>Taking opiates produces unwanted side effects such as constipation and nausea</td>
<td>89%</td>
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<tr>
<td>Cannabis has more tolerable side effects than the opiate based medications they have taken.</td>
<td>92%</td>
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<td>Taking cannabis by itself was more effective at treating their condition than taking cannabis with opiates.</td>
<td>81%</td>
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<td>Cannabis produces the same amount of pain relief as their opiate based medications</td>
<td>71%</td>
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<tr>
<td>Prefer cannabis to opiates for the treatment for their condition</td>
<td>92%</td>
</tr>
<tr>
<td>More likely to choose cannabis to treat their condition if it were more readily available</td>
<td>93%</td>
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A withdrawal medication

- Morality tied to the withdrawal experience
- Common opiate withdrawal symptoms = common cannabis treatments
- Already use medications during withdrawal
- Swartz (2010) found that cannabis use during treatment did not adversely affect outcomes.
As a maintenance medication

- Cannabis inclusive recovery
- Challenges abstinence only model
- Lifelong psychotropic medication is common and accepted
- Not a lot of research here (See The Business of Recovery)
Moving forward

- Recent editorial by Wayne Hall et al: It is premature to expand access to medicinal cannabis in hopes of solving the US opioid crisis

- Need controlled studies, program evaluations, longitudinal data

- In 2017, 5 year, $3.8 million grant for the first long-term study to test whether medical marijuana reduces opioid use among adults with chronic pain, including those with HIV at Albert Einstein College

- But, 68,000 deaths from accidental drug overdose in 2017. 0 from cannabis.....can we wait for cannabis research to catch up?
Conclusion

• There is a lot of pain in society and pain is subjective

• We have a system created to make money from the pain and the treatment of it

• This profit driven model does not, in many cases, fit with a patient driven one. The opioid crisis is evidence of that and it is heavily impacting rural communities

• Cannabis has a 5000 year old history as a medicine. It is relatively safe, non-toxic and extremely out-preferred by patients.