

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
- Rx pain medication: 16,235 deaths in 2013.
- 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

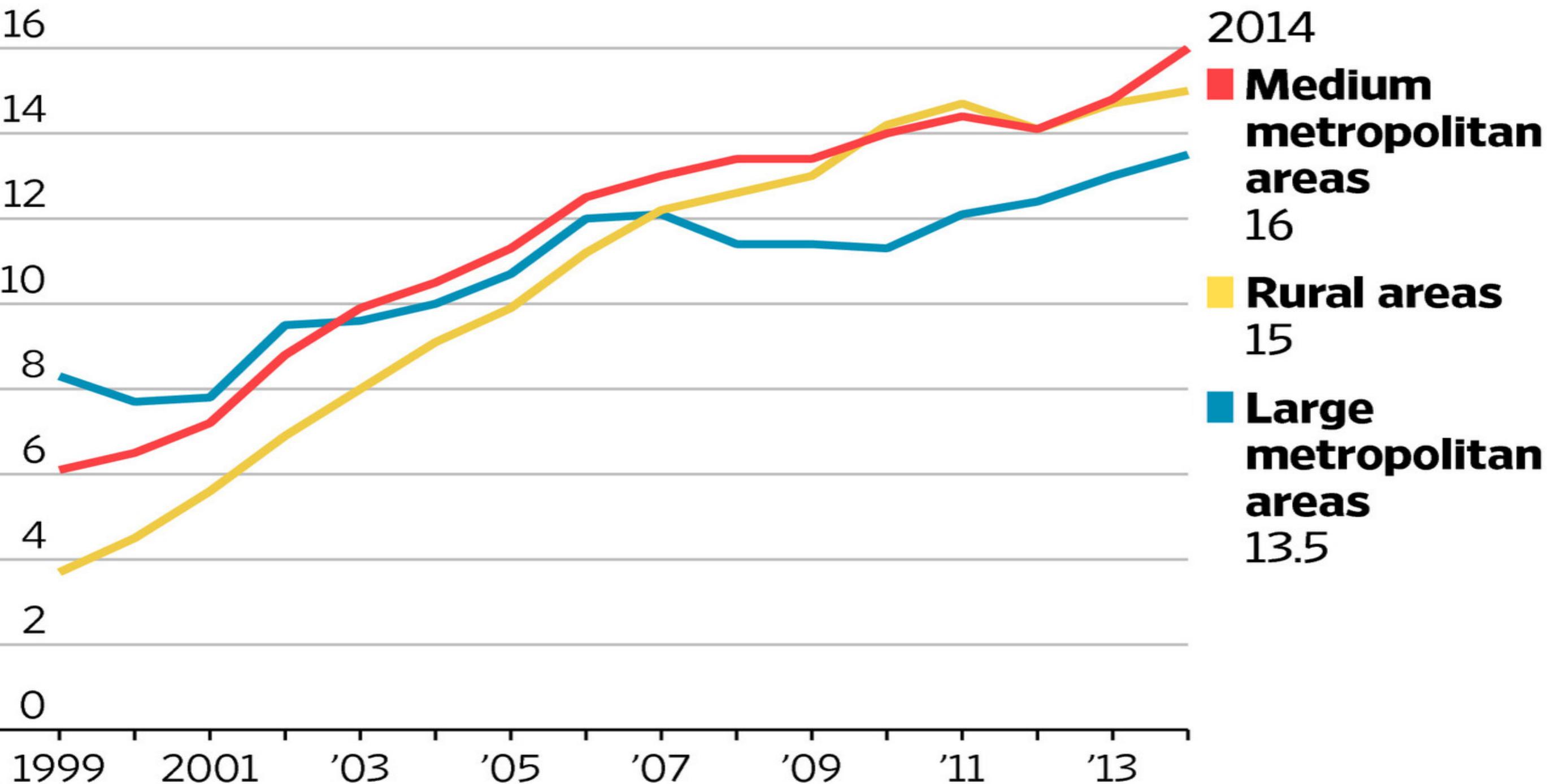
Opioids in rural America

- 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

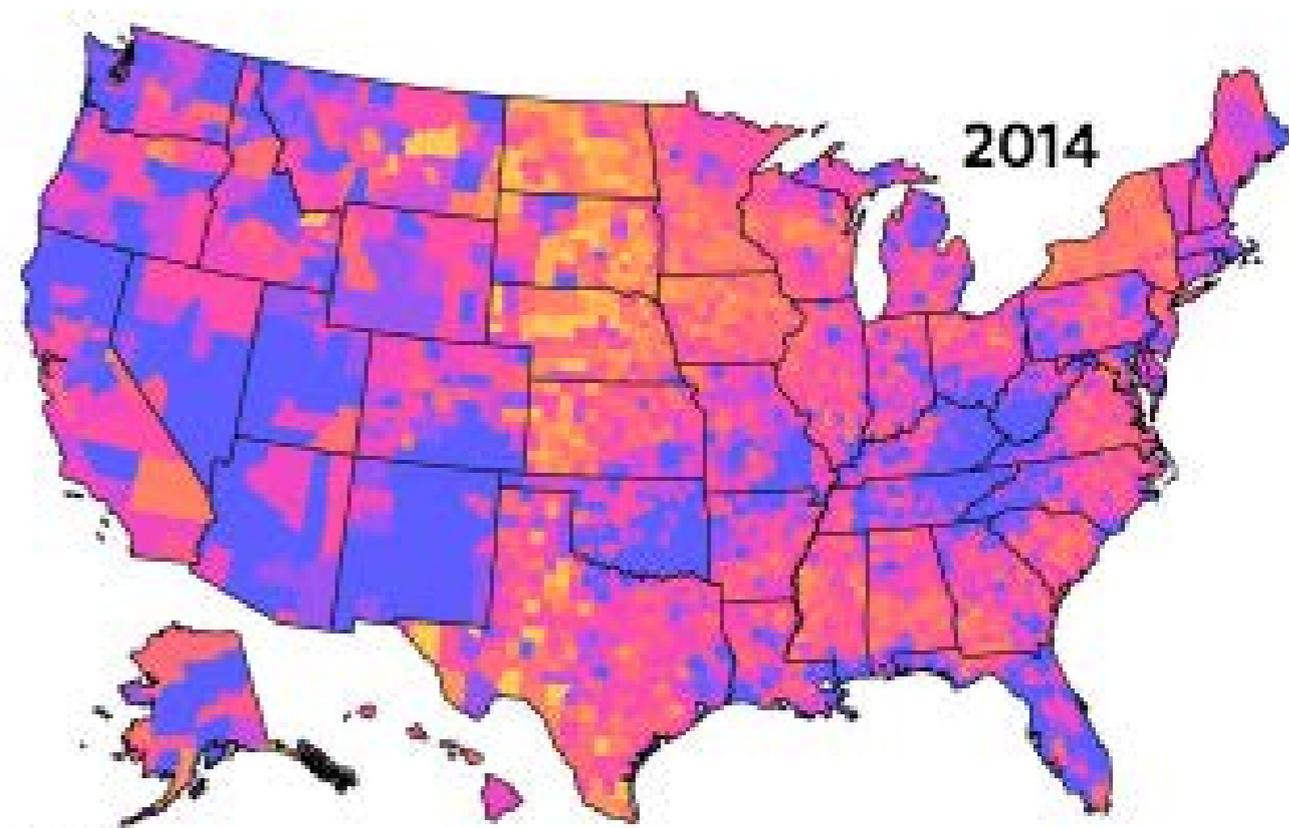
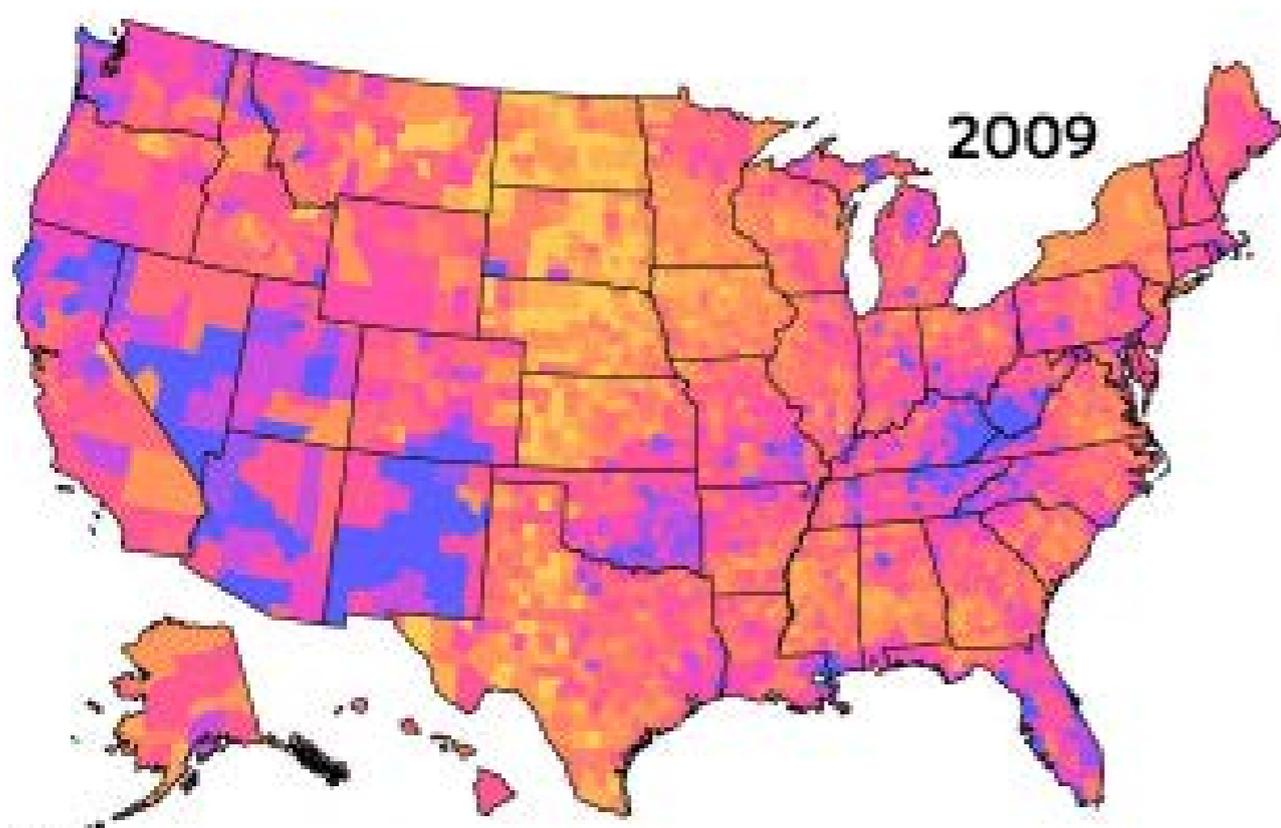
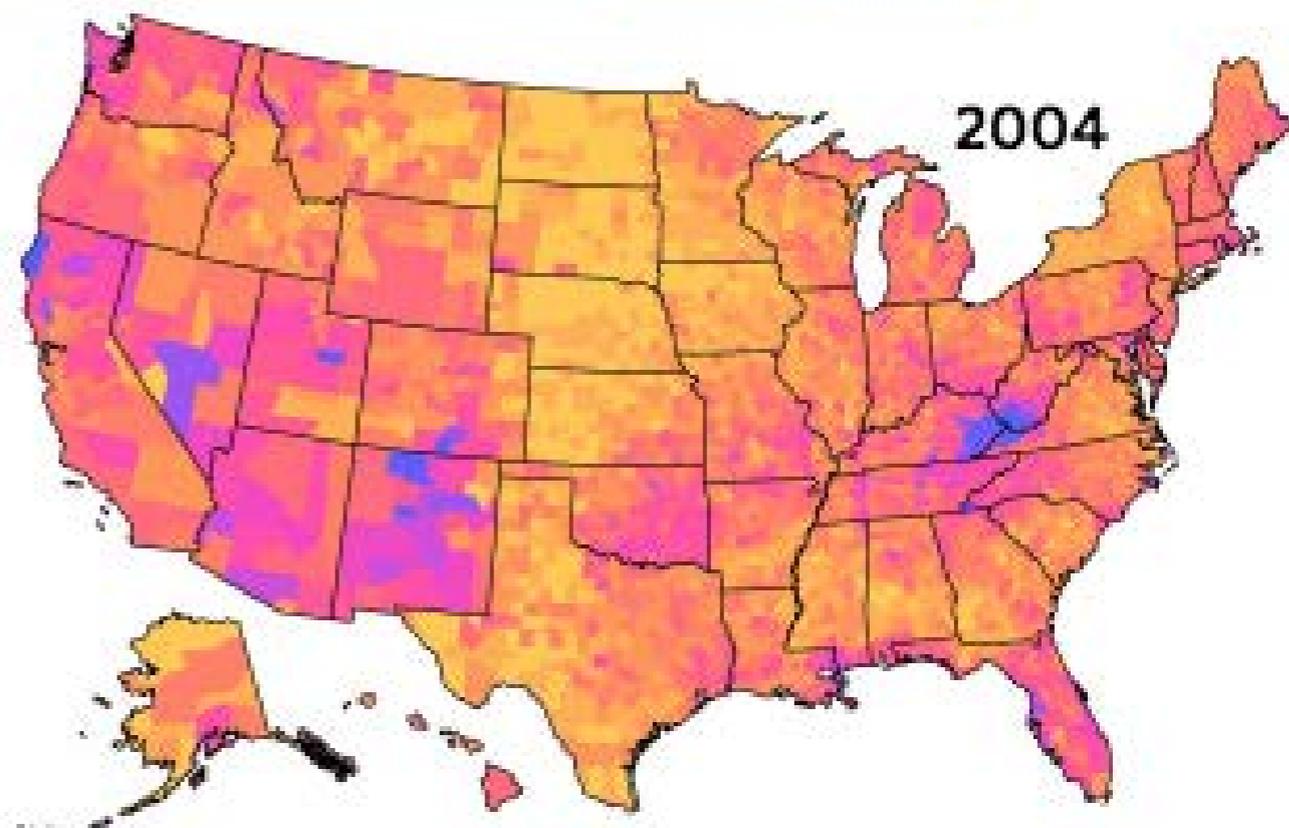
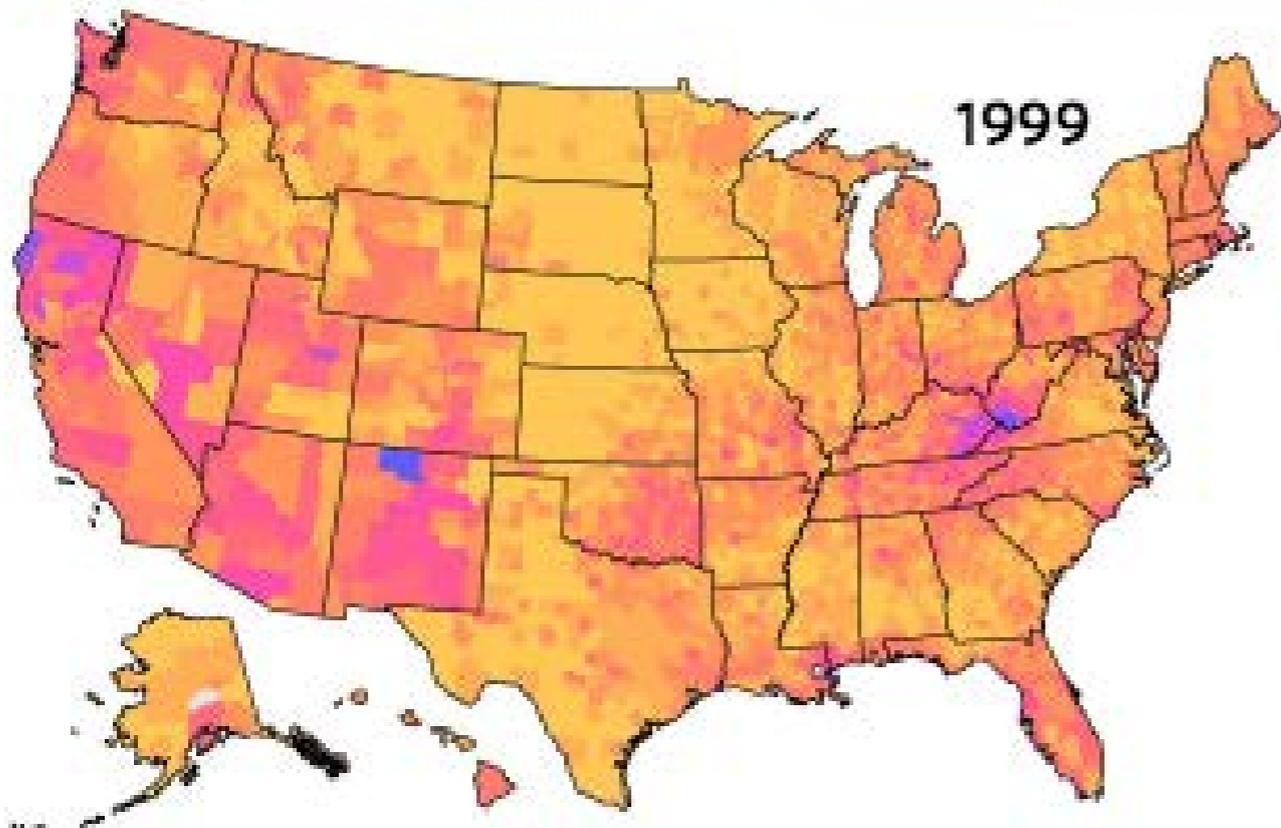
Fatal drug overdoses have soared in rural and mid-sized communities, surpassing those of large metropolitan areas.

Age-adjusted death rates, per 100,000



Estimated drug-overdose deaths, per 100,000 population

2 4 6 8 10 12 14 16 18 20 No data



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

Question	Strongly Agree/Agree
able to decrease the amount of opiates they consume when they also use cannabis.	97%
taking opiates produces unwanted side effects such as constipation and nausea	89%
cannabis has more tolerable side effects than the opiate based medications they have taken.	92%
taking cannabis by itself was more effective at treating their condition than taking cannabis with opiates.	81%

Question	Strongly Agree/Agree
cannabis produces the same amount of pain relief as their opiate based medications	71%
prefer cannabis to opiates for the treatment for their condition	92%
more likely to choose cannabis to treat their condition if it were more readily available	93%

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.

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 effect 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.

