

MARIJUANA, OPIOIDS, AND PAIN MANAGEMENT

The marijuana industry and its boosters have been actively advertising marijuana as a solution for the opioid epidemic: they claim that marijuana is an effective substitute for opioids in pain management and even that using marijuana is a treatment for opioid use disorder.

A deeper look at the scientific literature reveals that individual marijuana users are at much higher risk for developing opioid use disorders and that population studies claiming a correlation between state marijuana legalization and reduced opioid deaths have serious deficiencies. Better studies are now showing marijuana is a risk factor in the increased non-medical use of opioids.

“The opioid crisis appears to be worsening where marijuana has been legalized.”

– JAMA Internal Medicine Journal¹

MARIJUANA HAS HAD NO IMPACT ON OPIOID PRESCRIPTIONS OR REDUCED PRESCRIBING.

THE LANCET JOURNAL, 2018¹

A 4-year prospective study followed medical marijuana patients with a dual opioid prescription and found that **marijuana use had no positive impact on opioid use or reduced prescribing.**

Further, even though they found that marijuana users were more likely to rate the drug as means of effective pain relief, other self-reported pain measures indicated the opposite. **Users reported greater pain severity and more day-to-day interference than those that did not use marijuana.**

MARIJUANA USERS ARE MORE LIKELY TO ABUSE PRESCRIPTION OPIOIDS.

THE AMERICAN JOURNAL OF PSYCHIATRY, 2017 AND JOURNAL OF ADDICTION MEDICINE, 2018²

Over 30,000 American adults were sampled and researchers found that **marijuana users were more than twice as likely to move on to abuse prescription opioids** – even when controlling for age, sex, race/ethnicity, other substance use disorders, and a variety of psychiatric disorders and family history. In another study, medical marijuana users were significantly more likely to report the use of prescription drugs in the past 12 months.

MARIJUANA USE CAN DECREASE PAIN THRESHOLDS, REQUIRING MORE MEDICATION.

PATIENT SAFETY IN SURGERY, 2018³

Researchers found that patients reporting marijuana use actually experienced **more pain on average when admitted to the hospital following a traumatic injury than those that did not.** Compared to non-users, they required more opioid medication to cope with the pain and consistently rated their pain higher during the duration of their stay.

MARIJUANA IS OFTEN USED WITH OTHER SUBSTANCES.

THE AMERICAN JOURNAL OF PSYCHIATRY, 2016⁴

Regular use of marijuana is linked with increased risk of developing cannabis use disorder, higher rates of mental illness and higher rates of co-substance abuse with alcohol, among other drugs.

“[W]E RECOMMEND AVOIDING MEDICAL MARIJUANA CERTIFICATION IN A PATIENT PRESCRIBED HIGH-DOSE OPIOIDS. GIVEN THE DEARTH OF EVIDENCE FOR LONG-TERM OPIOID THERAPY FOR CHRONIC PAIN, ADDING MORE UNCERTAINTY WITH MARIJUANA SEEMS UNWISE.”

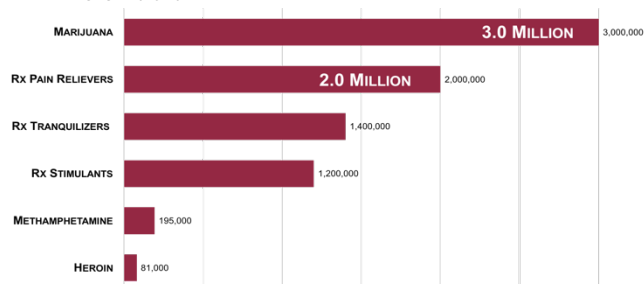
- MAYO CLINIC (2016)⁵

“THERE IS MODERATE EVIDENCE OF A STATISTICAL ASSOCIATION BETWEEN CANNABIS USE AND THE DEVELOPMENT OF SUBSTANCE DEPENDENCE AND/OR A SUBSTANCE ABUSE DISORDER FOR SUBSTANCES INCLUDING ALCOHOL, TOBACCO, AND OTHER ILLICIT DRUGS.”

- NATIONAL ACADEMIES OF SCIENCE (2017)⁶

THERE ARE 2X AS MANY DAILY OR NEAR DAILY MARIJUANA USERS TODAY THAN THERE WERE JUST A DECADE AGO.⁷

PAST YEAR INITIATES AMONG THOSE 12 & OLDER IN 2017
NSDUH 2016-2017



“THE HISTORY OF OPIOIDS IN PAIN MEDICATION IN NORTH AMERICA SHOULD BE A LESSON. DESPITE LIMITED EVIDENCE FOR EFFECTIVENESS, PRESCRIPTION OPIOIDS WERE SEEN AS A WONDER DRUG, ESPECIALLY FOR PAIN MANAGEMENT.”

“WE SHOULD NOT REPEAT HISTORY WITH, YET ANOTHER WONDER DRUG INSTALLED BEFORE PROPER EVIDENCE FOR EFFECTIVENESS AND WELL-DOCUMENTED UNINTENTIONAL CONSEQUENCES”

- COMMENTARY PUBLISHED IN ADDICTION⁸ CRITIQUING A RECENTLY PUBLISHED STUDY⁹ (2018)

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