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“We change laws.”

July 27, 2018

Commissioner Jan Malcolm
Minnesota Department of Health
Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882

Re: Medical cannabis opiate use disorder petition

Dear Ms. Malcolm:

My name is Karen O’Keefe and I am the director of state policies at the Marijuana Policy Project, the largest marijuana policy reform organization in the United States. MPP has been working to enact compassionate and sensible marijuana policies for more than 20 years. It was our honor and pleasure to work with patients and their loved ones as a leading partner in Minnesotans for Compassionate Care, which led the medical marijuana advocacy campaign in Minnesota until the enactment of the law in 2014.

Although we were grateful for the law’s enactment, it was bittersweet because the initial program was exceptionally restrictive and left behind most patients who could benefit from medical cannabis. Since then, it has been heartening to see the Department of Health expanded the program by approving additional serious medical conditions.

We write today in support of the petition to add opiate substitution as a qualifying condition.

In the past year, states have increasingly begun to look at adding opiate substitution as a qualifying condition, and that trend will surely continue. In February, Dr. Rachel Levine, physician general for the Pennsylvania Department of Health, approved opiate-use disorder as a qualifying condition, following the recommendation of the state’s advisory board. In New Jersey in June, the State Health Commissioner Shereef Elnahal announced the state was considering following suit. Hawaii’s legislature approved a bill to allow medical cannabis for opiate substitution, but Gov. David Ige vetoed it on July 10, 2018, asserting the proper approach would be an administrative petition.

In New York, the health department added opioid replacement as a qualifying condition on July 12 — meaning any condition an opiate could be prescribed for

would qualify, even if it does not meet the definition of chronic pain, which is already a qualifying condition in New York.

As you surely know, the opiate epidemic has taken staggering numbers of American lives. In 2016 alone, more than 30,000 Americans died of opiate overdose,¹ with 376 opioid-involved deaths reported in Minnesota.²

Many people struggling with opiate addiction have found cannabis to be beneficial both at easing withdrawal and as a substitute. For many, having cannabis as an option could prevent a relapse, which can be the difference between life and death.

In 2016, an international team conducted one of the most comprehensive surveys of its kind, which examined 60 studies on cannabis and mental health, and found that, "Research suggests that people may be using cannabis as an exit drug to reduce use of substances that are potentially more harmful, such as opioid pain medication."³

Another study found that people adjusting to medication-assisted treatment for opioid addiction suffered less from withdrawal if they were consuming marijuana.⁴

If a physician believes cannabis could help their patient discontinue the use of opiates, Minnesota law should not stand in way of that option. It is also worth noting that some of these individuals who are struggling with addiction may otherwise self-medicate cannabis, accessing it on the robust illicit market. It is far better to bring them into the legal medical cannabis program, where cannabis is tested, regulated, and not sold by dealers who may also sell other drugs.

We respectfully urge you to approve the petition to approve opiate use withdrawal.

Sincerely,



Karen O'Keefe
Director of State Policies
Marijuana Policy Project
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¹ <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

² <http://www.health.state.mn.us/news/pressrel/2017/opioid090717.html>

³ University of British Columbia, "Marijuana could help treat drug addiction, mental health, study suggests," ScienceDaily, Nov. 16, 2016.

⁴ Jillian L. Scavone, et al., "Impact of Cannabis Use during Stabilization on Methadone Maintenance Treatment," Am. J. on Addiction Vol. 22 2013.