



California NORML has received a complaint from one of your patients, saying you are refusing them treatment for their pain because of their use of medical marijuana.

There is no law requiring pain clinics or doctors to screen out marijuana users, according to legal experts. Medical marijuana patients are being caught up in a push to drug test in order to ensure compliance with prescription opiates. Many practitioners wrongly assume that they are obliged to screen out marijuana users as well.

Many studies have found cannabis and cannabinoids are useful for pain patients, with few side effects. The California Center for Medicinal Cannabis Research, established by the state legislature at University of California in 2000 to conduct controlled scientific studies of medical marijuana, reported positive results in six different human clinical trials regarding chronic pain, spasticity and vaporization. CMCR director Prof. Igor Grant concluded in the report to the legislature, "There is good evidence now that cannabinoids may be a good adjunct or even first line treatment" for neuralgia. See: <http://www.canorml.org/news/CMCReport.html>

Not only that, but recent studies have shown that marijuana is a useful adjunct to opiates, working along parallel paths to enhance pain relief while actually lowering the required dosage of opiates. **Knowledgeable specialists therefore regard medical marijuana as an exit, rather than a gateway, to narcotic abuse.** See: <http://www.canorml.org/opiateMMJstudies.pdf>.

In January 2017, the National Academy of Science released a major report on cannabis, which concluded that chronic pain is one of the few conditions for which there is "conclusive or substantial evidence" for cannabis's effectiveness: <http://nationalacademies.org/hmd/~media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-conclusions.pdf>

The U.S. Centers for Disease Control and Prevention issued opiate guidelines in March 2016, which include the statement:

"Clinicians should not test for substances for which results would not affect patient management or for which implications for patient management are unclear. For example, experts noted that there might be uncertainty about the clinical implications of a positive urine drug test for tetrahydrocannabinol (THC)...**Clinicians should not dismiss patients from care based on a urine drug test result because this could constitute patient abandonment and could have adverse consequences for patient safety.**"

See:

http://www.canorml.org/news/CDC_Guidelines_Instruct_Pain_Doctors_Not_to_Test_for_THC

The US Veterans Administration announced in 2010 it would allow medical marijuana use by patients on opioid therapy. Cal NORML has recently confirmed that this remains their policy. See: <http://www.canorml.org/news/VA.html>

A recent study shows that the number of opiate overdoses is down by 25% in states with medical marijuana programs (<http://blog.norml.org/2014/08/25/jama-medical-cannabis-states-possess-lower-rates-of-opiate-induced-fatalities/>) and suicides in those states are also down (<http://blog.norml.org/2012/02/21/study-passage-of-medical-marijuana-laws-correlated-with-fewer-suicides/>).

As far back as 1997, Dr. Sandra Welch from the University of Virginia was studying the interaction of opioids and cannabinoids, with promising results in animal studies showing that the two have a synergistic effect, see:

http://www.nap.edu/openbook.php?record_id=6376&page=233http://www.nap.edu/openbook.php?record_id=6376&page=233

These findings were confirmed in a recent of 21 individuals with chronic pain, which concluded that “vaporized cannabis augments the analgesic effects of opioids without significantly altering plasma opioid levels. The combination may allow for opioid treatment at lower doses with fewer side effects.” See: Cannabinoid–Opioid Interaction in Chronic Pain D I Abrams, P Couey, S B Shade, M E Kelly and N L Benowitz *Clinical Pharmacology & Therapeutics* 90, 844-851 (December 2011)
<http://www.nature.com/clpt/journal/v90/n6/full/clpt2011188a.html>

A survey conducted by scientists from the Australian National Drug and Alcohol Research Centre and other institutions found that pain patients who receive opioids experience better pain relief if they also take cannabis
(<http://www.ncbi.nlm.nih.gov/pubmed/25533893>).

Cannabis has also been found helpful in treating intractable pain (see: http://www.canorml.org/medical_marijuana/RussoPain.pdf) and a 2012 study from Vancouver found that increased access to medical marijuana reduced use of opiates and other addictive drugs (see <http://norml.org/news/2012/08/02/increased-access-to-therapeutic-cannabis-likely-to-reduce-patients-use-of-opiates-other-addictive-drugs>).

Except for a single case where doctors were financially involved in a cannabis dispensary operation, **the DEA has never taken action against doctors who recommend or allow the use of medical cannabis by their patients.** The federal government’s saber rattling against doctors in 1996 after Prop. 215 passed ended in 2003 with the *Conant* case, in which the Supreme Court ruled that doctors have the right to recommend medical marijuana to their patients, see:

https://scholar.google.com/scholar_case?case=1028878453405695499&q=conant+v.+walters&hl=en&as_sdt=2006&as_vis=1.

We recommend that medical marijuana-using patients whose doctors continue to refuse them their prescription pain medications file a complaint with the California Medical Board.

Please feel free to contact our office if you would like to discuss this matter, or if you would like to report a policy change.

Sincerely,

Ellen Komp
Deputy Director
California NORML

Also see: Studies on Opiate Use and Medical Marijuana
<http://www.canorml.org/studiesonopiateuseandcannabis.pdf>