



Ohio Society of Addiction Medicine

A Chapter of American Society of Addiction Medicine

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April 27, 2022

The Honorable Shane Wilkin
Chair, Committee on Government Oversight
Ohio State House of Representatives
1 Capitol Square
Columbus, Ohio 43215

Re: Ohio Society of Addiction Medicine's Opposition to SB 261

Dear Chair Wilkin:

On behalf of the Ohio Society of Addiction Medicine (OHSAM), the medical specialty society representing physicians and clinicians in Ohio who specialize in the treatment of addiction, we write to express our opposition to SB 261, which updates the regulatory framework for the state's medical cannabis program. Among these changes, SB 261 adds opioid use disorder as a qualifying condition for medical cannabis. Due to the mounting death toll of the opioid epidemic in Ohio, and nationwide, it is imperative that lawmakers prioritize expanding access to evidence-based treatments for opioid use disorder rather than turn to unproven alternatives.

OHSAM is dedicated to increasing access to and improving the quality of addiction treatment for patients in Ohio. Ensuring that patients have access to all Food and Drug Administration (FDA)-approved medications to treat opioid addiction is a critical part of our efforts to improve the care and treatment of patients with the disease of addiction. However, we are greatly concerned by the inclusion of opioid use disorder as a qualifying medical condition for the approval of certain provider applications for access to the state's medical cannabis program.

There is no human data on cannabis's efficacy in treating opioid use disorder.ⁱ Clinical experience has found no correlation between cannabis use and remission or recovery from opioid use disorder even though cannabis use is common among those in treatment for opioid addiction. In fact, individuals with opioid use disorder are actually at higher risk for addiction to cannabis due to common neurochemical pathways.ⁱⁱ **Given this robust body of countervailing evidence, we recommend that SB 261 be reported unfavorably by your committee.**

Currently, there are three categories of FDA-approved medications available in the US for the treatment of opioid use disorder: buprenorphine, methadone, and naltrexone.

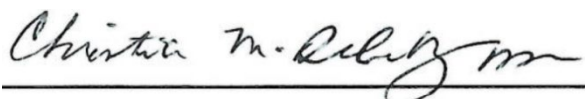
Each of these medication categories have been proven to be safe for the treatment of opioid addiction. Additionally, they are clinically and cost-effective in reducing drug use and promoting recovery when used in conjunction with psychosocial services. **Instead of authorizing non-FDA approved treatments for opioid use disorder, we recommend that lawmakers pursue policies to expand the usage of proven medications like buprenorphine, methadone, and naltrexone.**

OHSAM understands that there are epidemiologic reports showing that states in which medical cannabis is available have lower rates of both opioid prescribing and opioid overdose deaths.ⁱⁱⁱ It is important to note that these studies have yet to conclude that the reductions in opioid overdose deaths and overall prescribing is a result of correlation or causation. While we strongly support easing barriers to research cannabis, lawmakers must base their decisions for patients on the conclusive data that exists in regard to the effectiveness of current FDA-approved medications to treat opioid use disorder and the risks cannabis presents for this patient population.^{iv}

A recent prospective study of patients enrolled from an emergency department who presented with a nonfatal opioid overdose showed that prescription of buprenorphine or methadone was associated with significant reductions in all-cause and opioid-related mortality.^v Medical cannabis has never been demonstrated to confer these benefits. OHSAM appreciates the state considering all resources available to help patients with opioid use disorder and addiction, but for the safety of Ohio's patients this bill must not be enacted in its current form. Instead, we ask that lawmakers base any decisions regarding the treatment of opioid use disorder and addiction on the current scientific and clinical evidence around FDA-approved medications and address ways to further increase access and use of those proven pharmacotherapies along with psychosocial services.

OHSAM shares your goal of increasing access to and improving the quality of opioid use disorder and addiction treatment services. While we are opposed to SB 261 in its current form, we are committed to working with the state legislature to ensure Ohio's addiction treatment system is aligned with the standards and best practices of the addiction medicine field. Please do not hesitate to contact me at Christina.DelosReyes@UHhospitals.org if you would like to discuss these matters in greater detail. We look forward to working with you.

Sincerely,



Christina Delos Reyes, MD, FASAM
President, Ohio Society of Addiction Medicine

CC: The Honorable Andrea White

The Honorable Richard D. Brown
The Honorable Cindy Abrams
The Honorable Tavia Galonski
The Honorable Timothy E. Ginter
The Honorable Paula Hicks-Hudson
The Honorable Don Jones
The Honorable Brigid Kelly
The Honorable Phil Plummer
The Honorable Bill Seitz
The Honorable Michael J. Skindell
The Honorable D.J. Swearingen

ⁱ Humphreys, K., & Saitz, R. (2019). Should physicians recommend replacing opioids with cannabis? *JAMA*, 321(7), 639–640. <https://doi.org/10.1001/jama.2019.0077>

ⁱⁱ Olfson, M., Wall, M. M., Liu, S.-M., & Blanco, C. (2018). Cannabis use and risk of prescription opioid use disorder in the United States. *American Journal of Psychiatry*, 175(1), 47–53. <https://doi.org/10.1176/appi.ajp.2017.17040413>

ⁱⁱⁱ Bachhuber, M. A., Saloner, B., Cunningham, C. O., & Barry, C. L. (2014). Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010. *JAMA Internal Medicine*, 174(10), 1668–1673. <https://doi.org/10.1001/jamainternmed.2014.4005>

^{iv} American Society of Addiction Medicine. (2020). *Public Policy Statement on Cannabis*

^v Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Ann Intern Med*. 2018;169:137–145. doi: 10.7326/M17-3107