Presentation Overview

**Presentation 1: Kevin P. Conway, PhD**
- Current trends in the national opioid crisis
- Ongoing state responses
- Evidence for cannabis policies as a response

**Presentation 2: Camille K. Gourdet, JD, MA**
- Emergent state responses
- New opioid-related qualifying conditions
- Future directions
Opioids and Qualifying Medical Conditions
The Scope of the Opioid Epidemic

- Over 70,000 drug overdose deaths in 2017
- Overdose mortality now higher than motor vehicle, HIV/AIDS, and gun deaths at their peaks
- Drug overdoses leading cause of death for people 55 and younger
Overlap of Cannabis and Prescription Opioids

Cannabis Policies

Opioid Drug Overdoses

Hedegaard et al. (2018)
Efficacy of Medical Cannabis to treat chronic pain

ANNEX

Report Conclusions

Chapter 4 Conclusions—Therapeutic Effects of Cannabis and Cannabinoids

There is conclusive or substantial evidence that cannabis or cannabinoids are effective:

- For the treatment of chronic pain in adults (cannabis) (4-1)
- As antiemetics in the treatment of chemotherapy-induced nausea and vomiting (oral cannabinoids) (4-3)
- For improving patient-reported multiple sclerosis spasticity symptoms (oral cannabinoids) (4-7a)

CONCLUSION 4-1 There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.

CHRONIC PAIN

Relief from chronic pain is by far the most common condition cited by patients for the medical use of cannabis. For example, Light et al. (2014) reported that 94 percent of Colorado medical marijuana ID cardholders indicated “severe pain” as a medical condition. Likewise, Ilnens et al. (2013) reported that 87 percent of participants in their study were seeking medical marijuana for pain relief. In addition, there is evidence that some individuals are replacing the use of conventional pain medications (e.g., opiates) with cannabis. For example, one recent study reported survey...
<table>
<thead>
<tr>
<th>States</th>
<th><strong>Opioid/Rx Medication is contraindicated or proven ineffective</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DE</td>
<td>“...severe, debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months...“</td>
</tr>
<tr>
<td>IL</td>
<td>Opioid Alternative Pilot Program</td>
</tr>
<tr>
<td>MO</td>
<td>“A chronic medical condition that is normally treated with a prescription medication...when a physician determines that medical use of marijuana...would serve as a safer alternative to the prescription medication”</td>
</tr>
<tr>
<td>ND</td>
<td>“A chronic or debilitating disease or medical condition...that produces...Severe debilitating pain that has not responded to previously prescribed medication or surgical measures for more than three months or for which other treatment options produced serious side effects;”</td>
</tr>
<tr>
<td>NH</td>
<td>“severe pain that has not responded to previously prescribed medication...“</td>
</tr>
<tr>
<td>NY</td>
<td>“ANY CONDITION FOR WHICH AN OPIOID COULD BE PRESCRIBED...”</td>
</tr>
<tr>
<td>PA</td>
<td>“Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective.”</td>
</tr>
<tr>
<td>WA</td>
<td>“Intractable pain, limited for the purpose of this chapter to mean pain unrelieved by standard medical treatments and medications;“</td>
</tr>
<tr>
<td>WV</td>
<td>“Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or has proved ineffective as determined as part of continuing care.”</td>
</tr>
<tr>
<td>States</td>
<td>Opioid Use Disorder</td>
</tr>
<tr>
<td>--------</td>
<td>---------------------</td>
</tr>
<tr>
<td>NJ</td>
<td>·opioid use disorder resulting from the treatment of chronic pain...“</td>
</tr>
<tr>
<td>NY</td>
<td>·opioid use disorder, but only if enrolled in a treatment program certified pursuant to article 32 of the Mental Hygiene Law”</td>
</tr>
<tr>
<td>PA</td>
<td>·Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions”</td>
</tr>
</tbody>
</table>
UT Example: Prop. Language vs. Compromise Bill

(k)(o) chronic or debilitating pain in an individual, lasting longer than two weeks that is not adequately managed, in the qualified medical provider’s opinion, despite treatment attempts using:

(i) a physician determines that the individual is at risk of becoming chemically dependent on, or overdosing on, opiate-based pain medications, conventional medications other than opioids or opiates; or

(ii) a physician determines that the individual is allergic to opiates or is otherwise medically unable to use opiates, physical interventions; and

Source: UTAH MEDICAL CANNABIS ACT, 2018 Ut. HB 3001, Sec. 48. Enacted and Eff. December 3, 2018
Next: Expungement...
Expungement for Past Simple Cannabis Possession
Expungement for Past Simple Cannabis Possession

What It Is:
“The removal of a conviction (esp. for a first offense) from a person’s criminal record.” (Black’s Law Dictionary, 8th Ed.)

Why It’s Needed (Collateral Consequences)
Criminal record makes it harder to:
- Secure a job
- Secure or restore a professional license
- Vote (some states: temporarily or permanent ban)
- Obtain public benefits (e.g., public housing, food stamps)
Racial Disparities in Punishment for Drug Offenses

U.S. Adult Incarceration Rates, December 31, 2016

Racial Disparities in Punishment for Drug Offenses

Disproportionate Impact of Drug Laws on Black and Latino Communities

Sources: U.S. Census Bureau; Bureau of Justice Statistics.19
# Arrests Table

## Arrests for Drug Abuse Violations
### Percent Distribution by Region, 2015

<table>
<thead>
<tr>
<th>Drug abuse violations</th>
<th>United States total</th>
<th>Northeast</th>
<th>Midwest</th>
<th>South</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>16.1</td>
<td>19.9</td>
<td>15.9</td>
<td>16.6</td>
<td>13.4</td>
</tr>
<tr>
<td>Heroin or cocaine and their derivatives</td>
<td>5.5</td>
<td>10.9</td>
<td>3.7</td>
<td>5.1</td>
<td>4.0</td>
</tr>
<tr>
<td>Marijuana</td>
<td>4.6</td>
<td>5.2</td>
<td>6.3</td>
<td>4.0</td>
<td>3.7</td>
</tr>
<tr>
<td>Synthetic or manufactured drugs</td>
<td>1.8</td>
<td>1.5</td>
<td>1.1</td>
<td>3.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Other dangerous nonnarcotic drugs</td>
<td>4.2</td>
<td>2.3</td>
<td>4.7</td>
<td>4.1</td>
<td>5.2</td>
</tr>
<tr>
<td>Total</td>
<td>83.9</td>
<td>80.1</td>
<td>84.1</td>
<td>83.4</td>
<td>86.6</td>
</tr>
<tr>
<td>Heroin or cocaine and their derivatives</td>
<td>19.9</td>
<td>18.0</td>
<td>10.9</td>
<td>14.7</td>
<td>33.5</td>
</tr>
<tr>
<td>Marijuana</td>
<td>38.6</td>
<td>46.1</td>
<td>50.7</td>
<td>46.5</td>
<td>16.5</td>
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<td>Synthetic or manufactured drugs</td>
<td>5.1</td>
<td>3.5</td>
<td>5.2</td>
<td>7.6</td>
<td>2.8</td>
</tr>
<tr>
<td>Other dangerous nonnarcotic drugs</td>
<td>20.2</td>
<td>12.6</td>
<td>17.3</td>
<td>14.7</td>
<td>33.8</td>
</tr>
</tbody>
</table>

1Because of rounding, the percentages may not add to 100.0.

Scope of the Problem: Expungement + Sealing

Cannabis Offenses Eligible for Expungement

- AR
- CA
- CO
- DE
- IL
- MA
- MD
- MI
- MN
- ND
- NJ
- OR
- SC

Expungement: CA

### Proposition 64 Data Summary Report

#### Total Reported Petitions, by Reporting Period

<table>
<thead>
<tr>
<th>Reporting Period</th>
<th>Counties reporting</th>
<th>Resentencing petitions</th>
<th>Redesignation Applications</th>
<th>Juvenile Petitions for Relief</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-Dec 2016</td>
<td>49</td>
<td>864</td>
<td>-</td>
<td>-</td>
<td>864</td>
</tr>
<tr>
<td>Jan-March 2017</td>
<td>35</td>
<td>1,188</td>
<td>527</td>
<td>115</td>
<td>1,830</td>
</tr>
<tr>
<td>April-June 2017</td>
<td>27</td>
<td>239</td>
<td>365</td>
<td>22</td>
<td>626</td>
</tr>
<tr>
<td>July-Sept 2017</td>
<td>31</td>
<td>436</td>
<td>653</td>
<td>142</td>
<td>1,231</td>
</tr>
<tr>
<td>Oct 2017-March 2018</td>
<td>30</td>
<td>376</td>
<td>1,261</td>
<td>63</td>
<td>1,700</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>3,103</strong></td>
<td><strong>2,806</strong></td>
<td><strong>342</strong></td>
<td><strong>6,251</strong></td>
</tr>
</tbody>
</table>

Source: [http://www.courts.ca.gov/documents/Prop64-Filings.pdf](http://www.courts.ca.gov/documents/Prop64-Filings.pdf)
Expungement: State-Led Review under new CA Law

**Cal Health & Saf Code § 11361.9**

Deering’s California Codes are current through all 1016 chapters of the 2018 Regular Session and the November 6, 2018 Ballot Measures.

*Deering’s California Codes Annotated > HEALTH AND SAFETY CODE > Division 10 Uniform Controlled Substances Act > Chapter 6 Offenses and Penalties > Article 2 Cannabis*

§ 11361.9. Prosecutorial review and challenge of cannabis conviction resentencing

(a) **On or before July 1, 2019**, the Department of Justice shall review the records in the state summary criminal history information database and shall identify past convictions that are potentially eligible for recall or dismissal of sentence, dismissal and sealing, or redesignation pursuant to Section 11361.8. The department shall notify the prosecution of all cases in their jurisdiction that are eligible for recall or dismissal of sentence, dismissal and sealing, or redesignation.

(b) **The prosecution shall have until July 1, 2020**, to review all cases and determine whether to challenge the recall or dismissal of sentence, dismissal and sealing, or redesignation.
Next: Reducing Disparities...
Cannabis Licensure and Equity

2019 North American Cannabis Summit
“Of the 126 different coefficients summarized in Tables 1 through 6, 122, or **96.8 percent**, are consistent with the presence of discrimination”

Table 1. Regressions Analysis Results on NAICS Codes for Growers

<table>
<thead>
<tr>
<th></th>
<th>Wages and Salaries</th>
<th>Business Owner Earnings</th>
<th>Business Formation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Native American</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Minorities</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Non-minority Female</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Minorities &amp; Women</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
</tbody>
</table>
“Of the 126 different coefficients summarized in Tables 1 through 6, 122, or 96.8 percent, are consistent with the presence of discrimination.”

Table 3. Regressions Analysis Results on NAICS Codes for Dispensaries

<table>
<thead>
<tr>
<th></th>
<th>Wages and Salaries</th>
<th>Business Owner Earnings</th>
<th>Business Formation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Not Adverse</td>
</tr>
<tr>
<td>Native American</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Minorities</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Non-minority Female</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
<tr>
<td>Minorities &amp; Women</td>
<td>Adverse</td>
<td>Adverse</td>
<td>Adverse</td>
</tr>
</tbody>
</table>
Cannabis Licensure and Equity: MD Example

“Additional factors that will be afforded 15 percent weight, including:

(a) A diversity plan…….Documentation that the applicant:

(i) Has at least 51 percent of its ownership interest held by one or more individuals who are disadvantaged equity applicants; or

(ii) Made good faith efforts to have at least 51 percent of its ownership interest held by disadvantaged equity applicants…Demonstration that the applicant meets three or more of the following criteria:

   (i) At least 51 percent of its ownership interest is held by one or more individuals who have lived in an economically disadvantaged area for 5 of the preceding 10 years;
   (ii) A majority of the current employees live in an economically disadvantaged area;
   (iii) A majority of the current contractors live in an economically disadvantaged area;
   (iv) At least 51 percent of its ownership interest is held by one or more individuals who are a member of a household that earns no more than 80 percent of the State median household income; and
   (v) The applicant has significant past experiences in or business practices that promote economic development and empowerment in economically disadvantaged areas.”

Md. Code Regs. 10.62.25.05 (2019)
Equity: MA’s Social Equity Program

Source: https://mass-cannabis-control.com/equityprograms/#tab-id-2
“Eligibility Criteria
To be eligible for this portion of the program, individuals must meet at least one of the following criteria:
• Have resided in an area of disproportionate impact for at least five of the past 10 years and current income may not exceed 400% of federal poverty level; or
• Have a past drug conviction and a resident of Massachusetts for at least the preceding 12 months; or
• Have been married to or the child of a person with a drug conviction, and a resident of Massachusetts for at least the preceding 12 months.”
“The department shall issue not less than fifteen per cent of cultivator, processor, or laboratory licenses to entities that are owned and controlled by United States citizens who are residents of this state and are members of one of the following economically disadvantaged groups: Blacks or African Americans, American Indians, Hispanics or Latinos, and Asians. If no applications or an insufficient number of applications are submitted by such entities that meet the conditions set forth in division (B) of this section, the licenses shall be issued according to usual procedures.” Ohio Rev. Code § 3796.09. 2016 HB 523, § 1, effective Sep 8, 2016
“Defendants included evidence of statistical studies published by the American Civil Liberties Union in 2013…This data, in connection with the vast amount of anecdotal evidence provided by Defendants, shows the legislature considered evidence of racial disparities for African Americans and Latinos regarding arrest rates for crimes related to marijuana. The Court does not find this to be evidence supporting a set aside for economically disadvantaged groups, including not only Blacks or African Americans, Hispanics or Latinos, but also American Indians and Asians…Evidence of increased arrest rates for African Americans and Latinos for marijuana generally, is not evidence supporting a finding of discrimination within the medical marijuana industry for Blacks or African Americans, Hispanics or Latinos, American Indians, and Asians.”  
*Pharmacann Ohio v. Ohio Department of Commerce, 17-CV-10962-Grant-SJ (Ohio Common Pleas Nov. 15, 2018.*


https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf


Acknowledgments

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RTI Webinar Series
https://www.rti.org/event/challenge-edibles-webinar
State Responses to the Ongoing Opioid Crisis

Kevin P. Conway, PhD
Camille K. Gourdet, JD, MA
RTI International
Data Fusion Center

WWW.NORTHAMERICANCANNABISSUMMIT.ORG
#NACannabisCONVO
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- Future directions
Phases of the Opioid Epidemic, 1999-2017

• **Phase 1**: Steady increases in deaths from prescription opioids beginning in 2000.

• **Phase 2**: Sharp increase in heroin overdose deaths beginning in 2010.

• **Phase 3**: Rapid increase in deaths from synthetic opioids beginning in 2013.
Current Trends in the Opioid Crisis

- Over 70,000 drug overdose deaths in 2017
- Overdose mortality now higher than motor vehicle, HIV/AIDS, and gun deaths at their peaks
- Drug overdoses leading cause of death for people 55 and younger
Emergence of Illicitly-Manufactured Fentanyl (IMF)

- In 2017, there were over 28,000 IMFs deaths that accounted for 41% of all drug overdose deaths
- Drug seizure data show rapid penetration of IMFs into street drug supplies
Geography of Drug Overdoses (2017)

Hedegaard et al. (2018)
<table>
<thead>
<tr>
<th>Response</th>
<th>Policies</th>
<th>Targeted Group</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Encouraging appropriate prescribing</strong></td>
<td>Prescription limits</td>
<td>Prescribers</td>
</tr>
<tr>
<td></td>
<td>PDMPs</td>
<td>Prescribers, pharmacists</td>
</tr>
<tr>
<td></td>
<td>Prescriber education</td>
<td>Prescribers</td>
</tr>
<tr>
<td><strong>Educating the public and raising awareness</strong></td>
<td>Public education campaigns</td>
<td>General public</td>
</tr>
<tr>
<td></td>
<td>Drug take-back programs</td>
<td>Patients prescribed opioids</td>
</tr>
<tr>
<td><strong>Expanding access to addiction treatment and harm-reduction services</strong></td>
<td>Medicaid coverage of medication-based treatment</td>
<td>People with OUD</td>
</tr>
<tr>
<td></td>
<td>Non-medication treatment</td>
<td>People with OUD</td>
</tr>
<tr>
<td></td>
<td>Syringe services programs</td>
<td>People who inject drugs</td>
</tr>
<tr>
<td><strong>Responding to overdoses</strong></td>
<td>Naloxone access</td>
<td>Pharmacists, general public, people who use opioids</td>
</tr>
<tr>
<td></td>
<td>Naloxone training</td>
<td>Bystanders, general public, people who use opioids</td>
</tr>
<tr>
<td></td>
<td>Good Samaritan laws</td>
<td>Bystanders, general public</td>
</tr>
<tr>
<td><strong>Providing penalties for traffickers, treatment for those who need it</strong></td>
<td>Criminal penalties</td>
<td>Opioid traffickers, dealers</td>
</tr>
<tr>
<td></td>
<td>Treatment and diversion</td>
<td>People who use opioids</td>
</tr>
<tr>
<td><strong>Civil litigation and disciplinary action</strong></td>
<td>Lawsuits against companies</td>
<td>Pharmaceutical companies, distributors</td>
</tr>
<tr>
<td></td>
<td>Legal and disciplinary action against medical professionals</td>
<td>Medical professionals</td>
</tr>
</tbody>
</table>
Passage of Cannabis Policies (December 2018)

33 Legal Medical Marijuana States & DC
10 Legal Recreational Marijuana States & DC

Overlap of Cannabis Policies and Drug Overdoses Deaths

Cannabis Policies (2018)
- States with Legal Medical Cannabis
- States with Legal Medical & Recreational Cannabis

Drug Overdose Mortality (2017)
- Hedegaard et al. (2018)
Overlap of Cannabis Policies and Opioid Prescriptions

Cannabis Policies (2018)

- States with Legal Medical Cannabis
- States with Legal Medical & Recreational Cannabis

Opioid Prescribing (2015)

Morphine Milligram Equivalents (MME)

- Insufficient data
- 0.1-453
- 454-676
- 677-958
- 959-5,543
Recent Ecological Studies

- **Bradford et al. (2018)**
  - Medicare patients filled 2.1M fewer opioid prescriptions from 2010-2015
  - Dispensary-based policies had greater decreases than home cultivation

- **Bradford & Bradford (2016)**
  - 10% reduction in anti-anxiety medications among Medicare Part D patients from 2010-2013
  - Estimated $165.2M reduced spending per year in 2013

- **Wen & Hockenberry (2018)**
  - 5.9% lower rate of opioid prescribing in states with medical laws from 2011-2016
  - 6.4% lower rate in states with recreational laws

- **Livingston et al. (2017)**
  - Passage of Colorado’s recreational law associated with 0.7 fewer opioid-related deaths from 2000-2015
Example: Linking Medical Cannabis Policies to Opioid Overdose Fatalities

Bachhuber et al. (2014)

25% reduction
Recent Epidemiological Studies

- Ecological studies are limited in making inferences about individual-level behavior

- Large observational studies in US and Canada have found that substitution is very common among cannabis patients (≥75%)

- Some studies of chronic pain patients have found reduced opioid use among those using cannabis and other cannabinoids (e.g., cannabidiol [CBD])

- Studies indicative of population-based substitution of prescription opioids and other drugs
Survey originally designed to pilot scales related to cannabis in the workplace

Module of questions included to explore patterns of use and substitution behaviors

Convenience sample of 117 medical cannabis patients recruited from January-March 2018 through an online cannabis marketplace in 9 states
Demographics of Patients (n=117)

**Age**
- 20-29: 20%
- 30-39: 20%
- 40-49: 30%
- 50+: 20%

**Gender**
- Male: 49%
- Female: 49%
- Other: 2%

**Race**
- NH White
- NH Black
- Hispanic
- NH AA/PI
- Other

**Employment Status**
- FT/PT
- Unemployed
- Disabled
- Retired
- Other
Qualifying Conditions and Patterns of Use (n=117)

**Qualifying Conditions**

- **Pain**: 48%
- **Mental Disorders**: 39%
- **Sleep Problems**: 10%
- **Chronic Disease**: 20%

**Frequency of Use**

- **1-9 days**: 10%
- **10-19 days**: 20%
- **20-30 days**: 30%
- **Daily**: 40%

**Age of Initiation**

- **<18**: 60%
- **18-24**: 30%
- **25+**: 10%
Recent Purchases by Patients (n=117)

- Flowers/Buds: 60%
- Edibles: 55%
- Concentrates: 50%
- Topicals: 35%
- Tinctures: 30%
- High CBD products: 25%
- Prerolled products: 20%
- Vape products: 15%
Lifetime Prevalence of Substitution (n=117)

Type of Drug Substitution (n=94)

- Rx Opioids
- Rx Benzos
- Rx Stimulants
- OTC Drugs*  
- Alcohol
- Tobacco

* OTC = Advil, aspirin, Tylenol

2019 North American Cannabis Summit
Reasons for Substituting Prescription Opioids (n=94)

- Manage withdrawal
- Cut back or quit*
- Fewer side-effects***
- Easier to access
- Cheaper
- Repair damage from use*
- No overdose risk**

Other drugs = Rx benzos, Rx stimulants, OTC drugs, alcohol, tobacco, other illicit (heroin, cocaine, methamphetamine)
Summary and Future Directions

- Moderately strong evidence from ecological and observational studies that substitution for prescription opioids is common in multiple population groups
- Our pilot study suggests that medical cannabis patients substitute for prescription opioids to manage side effects, symptoms of dependence, and overdose risk
- Need for cohort and intervention studies to better understand the mechanisms that drive substitution over time, as well as outcomes
- Examine state policies related to inclusion of opioid-related conditions as a qualifying condition to use medical cannabis
References


- https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf


- *Fentanyl; Furanyl fentanyl; U-47700; ANPP; 4-FiBF; Carfentanil; Acetylfentanyl; Cyclopropylfentanyl; Methoxyacetylfentanyl; Acryl fentanyl; Butyryl fentanyl; 3-Methylfentanyl; THF Fentanyl; U-49900; Benzylfentanyl; U-48800; 2-Thiofuranyl fentanyl B. †Jill Head, Supervisory Chemist, Special Testing and Research Laboratory, DEA. Exhibits seized 01/01/2017 through 12/31/2017. Data retrieved 01/08/2018.
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