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Carl David Eastep

University of North Dakota

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The Impact of Medical Marijuana on the Opioid Crisis

By C. David Eastep, PA-S and Contributing Author, Daryl Sieg, PA-C

Abstract
• The opioid crisis dictates the need for research into alternative treatments for acute and chronic pain.
• Comprehensive literature review was conducted to determine if medical marijuana might play a role in the treatment of acute and chronic pain.
• The addiction profiles of medical marijuana and prescription opiates were compared along with the adverse effects and quality of life.
• No use for medical marijuana for the treatment of acute pain.
• Likely some benefits from medical marijuana for chronic pain.
• Addictive profile
  • Marijuana – marijuana withdrawal syndrome.
  • Prescription Opiates – highly addictive
• Adverse Effects
  • Prescription Opiates > Marijuana

Methods
• Literature Sources
  • PubMed
  • CINAHL
  • PsychInfo
  • Cochrane Database
• Key Words
  • Marijuana & Medical Marijuana
  • Cannabis & Cannabinoids
  • Acute & Chronic Pain
  • Opiates & Opioids
  • Addiction & Addiction Profile
  • Mortality
  • Opioid Deaths
  • Marijuana Deaths
  • Quality of Life
• Advanced Search Builder using “and” & “or”
• Requirements
  • Peer reviewed publications from RCTs, meta-analysis, & systematic reviews. Published within the last 10 years, with 1 exception.

Results
• No indication in the literature that suggests medical marijuana is beneficial for acute pain.
• Can possibly make treating acute pain more difficult if used regularly.
• The literature indicates that medical marijuana may likely play a role in treating specific chronic pain syndromes in a select population of patients.
• More research needed to evaluate individual causes of chronic pain in relation to different strains of marijuana.
• Addiction profile/adverse effects
  • Marijuana – marijuana use disorder
  • Withdrawal symptoms
  • Memory problems (youth)
  • Cravings & sleep disruption
  • Cough/bronchitis
  • Prescription opiates
  • Highly addictive
  • Constipation
  • Respiratory depression & death

Discussion
• Continued used of prescription opiates for pain control is not sustainable, especially for long-term use in chronic pain.
• Increased scrutiny by regulators causes decreased prescribing by healthcare providers across the board.
• Pain management clinics unable to see and treat all patients.
• Legalization of marijuana across the country ensures that providers will eventually encounter patients using marijuana medically or wanting to use marijuana medically.
• Requires providers to be familiar with diagnoses that can benefit from medical marijuana.
• Small sample populations and short duration of included studies affects the reliability of the data.
• Overall lack of research to base medical decisions on.

Conclusion
• There is no evidence in the literature to support the use of medical marijuana for treatment of acute pain.
• There is cursory evidence in the literature that suggests that medical marijuana is likely beneficial for the treatment of select chronic pain syndromes in a specific population.
• Marijuana and prescription opiates have addictive properties.
• Prescription opiates have greater adverse effects associated with their use than medical marijuana, with the most severe being respiratory depression and death.
• Cursory evidence exists in the literature that indicates medical marijuana may provide a better health related quality of life (HRQOL).
• The current literature consists mostly of studies evaluating small sample populations over a short duration of time. The evidence is not currently significant enough to allow the healthcare community to implement a comprehensive treatment plan for chronic pain that includes medical marijuana.
• Ideally, large, long-term, high quality studies should be conducted to evaluate the effectiveness of different strains of marijuana on specific chronic pain syndromes.

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