

# Reuters

Prescription painkiller deaths fall in medical marijuana states  
NEW YORK | BY KATHRYN DOYLE

NEW YORK (Reuters Health) – Researchers aren't sure why, but in the 23 U.S. states where medical marijuana has been legalized, deaths from opioid overdoses have decreased by almost 25 percent, according to a new analysis.

“Most of the discussion on medical marijuana has been about its effect on individuals in terms of reducing pain or other symptoms,” said lead author Dr. Marcus Bachhuber in an email to Reuters Health. “The unique contribution of our study is the finding that medical marijuana laws and policies may have a broader impact on public health.”

California, Oregon and Washington first legalized medical marijuana before 1999, with 10 more following suit between then and 2010, the time period of the analysis. Another 10 states and Washington, D.C. adopted similar laws since 2010.

For the study, Bachhuber, of the Philadelphia Veterans Affairs Medical Center and the University of Pennsylvania, and his colleagues used state-level death certificate data for all 50 states between 1999 and 2010.

In states with a medical marijuana law, overdose deaths from opioids like morphine, oxycodone and heroin decreased by an average of 20 percent after one year, 25 percent by two years and up to 33 percent by years five and six compared to what would have been expected, according to results in JAMA Internal Medicine.

Meanwhile, opioid overdose deaths across the country increased dramatically, from 4,030 in 1999 to 16,651 in 2010, according to the Centers for Disease Control and Prevention (CDC). Three of every four of those deaths involved prescription pain medications.

Of those who die from prescription opioid overdoses, 60 percent have a legitimate prescription from a single doctor, the CDC also reports.

Medical marijuana, where legal, is most often approved for treating pain conditions, making it an option in addition to or instead of prescription painkillers, Bachhuber and his coauthors wrote.

In Colorado, where recreational growth, possession and consumption of pot has been legal since 2012 and a buzzing industry for the first half of 2014, use among teens seems not to have increased (see Reuters story of July 29, 2014 here: [reut.rs/1o040NI](http://reut.rs/1o040NI)).

Medical marijuana laws seem to be linked with higher rates of marijuana use among adults, Bachhuber said, but results are mixed for teens.

But the full scope of risks, and benefits, of medical marijuana is still unknown, he said.

“I think medical providers struggle in figuring out what conditions medical marijuana could be used for, who would benefit from it, how effective it is and who might have side effects; some doctors would even say there is no scientifically proven, valid, medical use of marijuana,” Bachhuber said. “More studies about the risks and benefits of medical marijuana are needed to help guide us in clinical practice.”

Marie J. Hayes of the University of Maine in Orno co-wrote an accompanying commentary in the journal.

“Generally healthcare providers feel very strongly that medical marijuana may not be the way to go,” she told Reuters Health. “There is the risk of smoke, the worry about whether that is carcinogenic but people so far haven’t been able to prove that.”

There may be a risk that legal medical marijuana will make the drug more accessible for kids and smoking may impair driving or carry other risks, she said.

“But we’re already developing Oxycontin and Vicodin and teens are getting their hands on it,” she said.

If legalizing medical marijuana does help tackle the problem of painkiller deaths, that will be very significant, she said.

“Because opioid mortality is such a tremendously significant health crisis now, we have to do something and figure out what’s going on,” Hayes said.

The efforts states currently make to combat these deaths, like prescription monitoring programs, have been relatively ineffectual, she said.

“Everything we’re doing is having no effect, except for in the states that have implemented medical marijuana laws,” Hayes said.

People who overdose on opioids likely became addicted to it and are also battling other psychological problems, she said. Marijuana, which is not itself without risks, is arguably less addictive and almost impossible to overdose on compared to opioids, Hayes said.

Adults consuming marijuana don’t show up in the emergency room with an overdose, she said. “But,” she added, “we don’t put it in Rite Aid because we’re confused by it as a society.”

SOURCE: [bit.ly/1pYZf8d](http://bit.ly/1pYZf8d) JAMA Internal Medicine, August 25,

2014 <http://www.reuters.com/article/2014/08/25/us-medical-marijuana-deaths-idUSKBN0GP1UJ20140825>

# CBS



States that have legalized the use of medical marijuana to manage chronic pain and other conditions have a 25 percent lower rate of deaths from opioid drug overdose than states where medical marijuana is illegal, according to a new study. These findings suggest laws that make cannabis available to manage chronic pain and other illnesses may be useful in the U.S. health care system's uphill battle to reduce prescription painkiller abuse.

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The researchers at Johns Hopkins Bloomberg School of Public Health and the Philadelphia Veterans Affairs Medical Center found rates of death from prescription painkiller overdoses climbed steadily from 1999 to 2010. But in states where medical marijuana use is legal, the rates of overdose were, on average, 25 percent lower. The study looked at data on death certificates from the Centers for Disease Control and Prevention.

"In absolute terms, states with a medical marijuana law had about 1,700 fewer opioid painkiller overdose deaths in 2010 than would be expected based on trends before the laws were passed," said the study's lead author, Dr. Marcus Bachhuber of the Philadelphia Veterans Affairs Medical Center and the University of Pennsylvania, in a news release.

The study, which was published Monday in the journal JAMA Internal Medicine, does not indicate that patients with access to medical marijuana aren't using prescription painkillers, but rather that they may be using them less frequently, which could lower risk for overdose.

Prior to 1999, medical marijuana became legal in California, Oregon and Washington states, with another 10 states legalizing use in the decade that followed. There are currently 23 states in the U.S. where [medical marijuana is legal](#).

### **Medical marijuana: Will Colorado's "green rush" last?**

Denver, Colo., has more medical marijuana dispensaries than Starbucks, but the budding business defies federal laws. Steve Kroft reports.

But while some lawmakers remain wary of passing laws that ease restrictions on marijuana, the rates of overdose from prescription painkillers continue to skyrocket. Earlier this month, an investigation conducted by Consumer Reports found prescriptions written by doctors for addictive opioid painkillers like OxyContin, Percocet and Vicodin have increased by 300 percent in the last decade. In addition, deaths from overdose are up 400 percent since 1999.

Doctors who prescribe marijuana do so in order to help patients manage pain and discomfort from conditions such as cancer and multiple sclerosis because they say the drug is less addictive than prescription painkillers. But opponents argue that regular marijuana use can be equally dangerous to narcotics. Currently, cannabis is classified under the federal Controlled Substances Act as a Schedule I drug, the strictest classification, along with heroin and LSD.

Bachhuber and his team say more research is needed to clearly understand the long-term impact that may come with using cannabis, even for patients who are seriously ill. Among other things, opponents of medical marijuana worry that expanding access may increase the likelihood that young people will abuse the drug.

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<http://www.cbsnews.com/news/medical-marijuana-laws-reduce-prescription-painkiller-deaths/>

# NEWSWEEK

## In States With Medical Marijuana, Painkiller Deaths Drop by 25%

BY DOUGLAS MAIN 8/25/14 AT 4:08 PM

America has a major problem with prescription pain medications like Vicodin and OxyContin. Overdose deaths from these pharmaceutical opioids have approximately tripled since 1991, and every day 46 people die of such overdoses in the United States. However, in the 13 states that passed laws allowing for the use of medical marijuana between 1999 and 2010, 25 percent fewer people die from opioid overdoses annually.

“The difference is quite striking,” said study co-author Colleen Barry, a health policy researcher at Johns Hopkins Bloomberg School of Public Health in Baltimore. The shift showed up quite quickly and become visible the year after medical marijuana was accepted in each state, she told *Newsweek*.

In the study, published August 25 in *JAMA Internal Medicine*, the researchers hypothesize that in states where medical marijuana can be prescribed, patients may use pot to treat pain, either instead of prescription opiates, or to supplement them—and may thus require a lower dosage that is less likely to lead to a fatal problem.

As with most findings involving marijuana and public policy, however, not everyone agrees on a single interpretation of the results.

It certainly can be said that marijuana is much less toxic than opiates like Percocet or morphine, and that it is “basically impossible” to die from an overdose of weed, Barry said. Based on those agreed-upon facts, it would seem that an increased use in marijuana instead of opiates for chronic pain is the most obvious explanation of the reduction in overdose deaths.

Not so fast, said Dr. Andrew Kolodny, chief medical officer at Phoenix House, a national nonprofit addiction treatment agency. He said that the immediate reduction in overdose

deaths is extremely unlikely to be due to the substitute use of the herb, for one simple reason: Marijuana isn't widely prescribed for chronic pain.

"You don't have primary care doctors in these states [prescribing] marijuana instead of Vicodin," he said. Even in states where medical marijuana is legal, it is only prescribed by a small subset of doctors, and, therefore, probably couldn't explain the huge decrease in opiate-related overdose deaths.

Kolodny says the study results are more likely due to a host of factors. One example is differences in state policies to cut down on over-prescribing of opiate medications. Also, many people who overdose on painkillers are already addicted, and these individuals are naturally among the most likely to take too much, Kolodny told *Newsweek*. States that pass progressive laws to treat addiction may be more likely to lower their rates of overdose deaths; for political reasons these states may also be more likely to legalize medical marijuana.

"This is a good example of where policy change has gotten ahead of the science," Barry said. She and Kolodny would probably agree on that point.

<http://www.newsweek.com/states-medical-marijuana-painkiller-deaths-drop-25-266577>