



**Marijuana  
&  
Medication Assisted Treatment for OUD**  
How can science inform agency policies?

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# **Financial and Other Conflicts of Interest**

I have no conflicts to disclose.

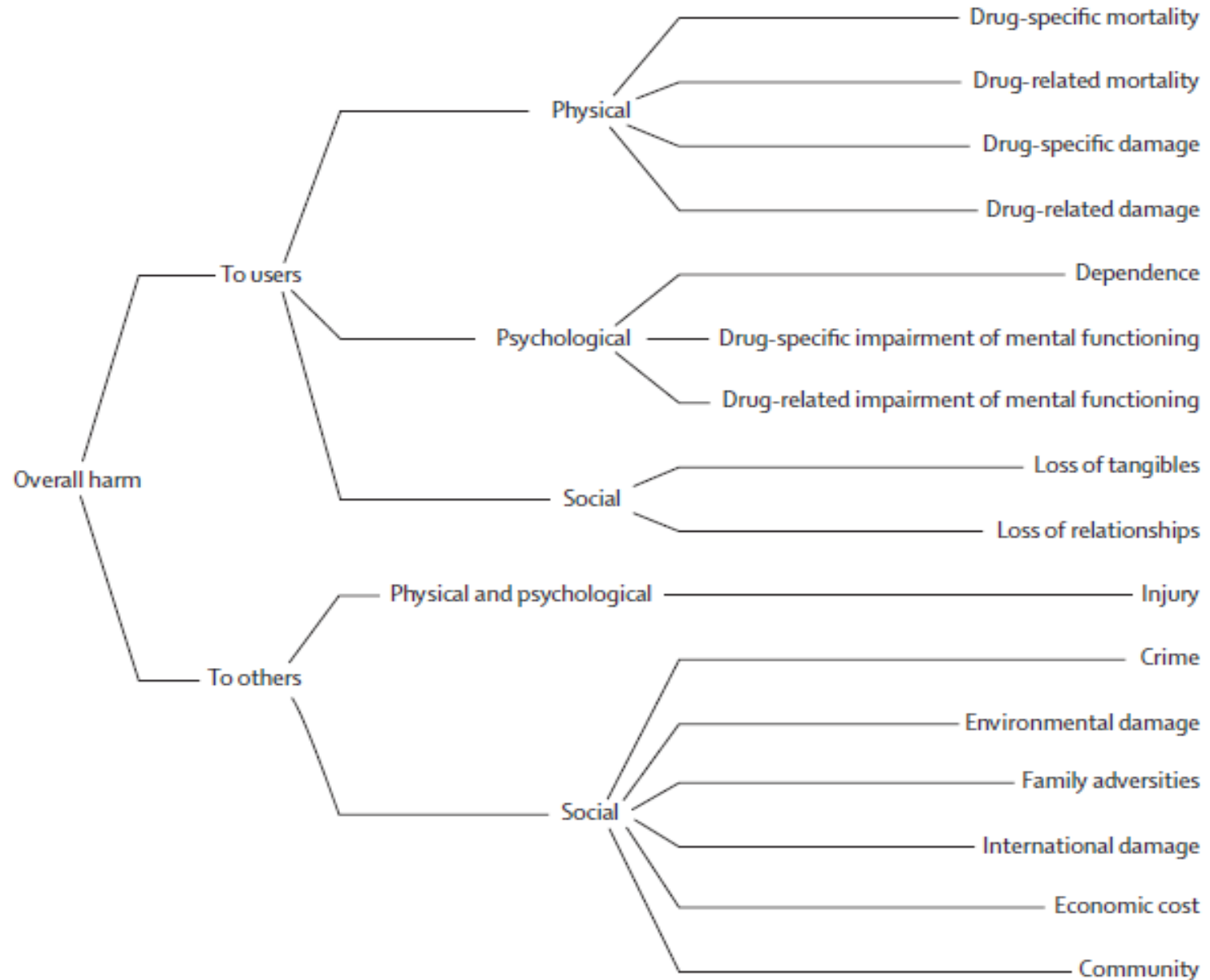


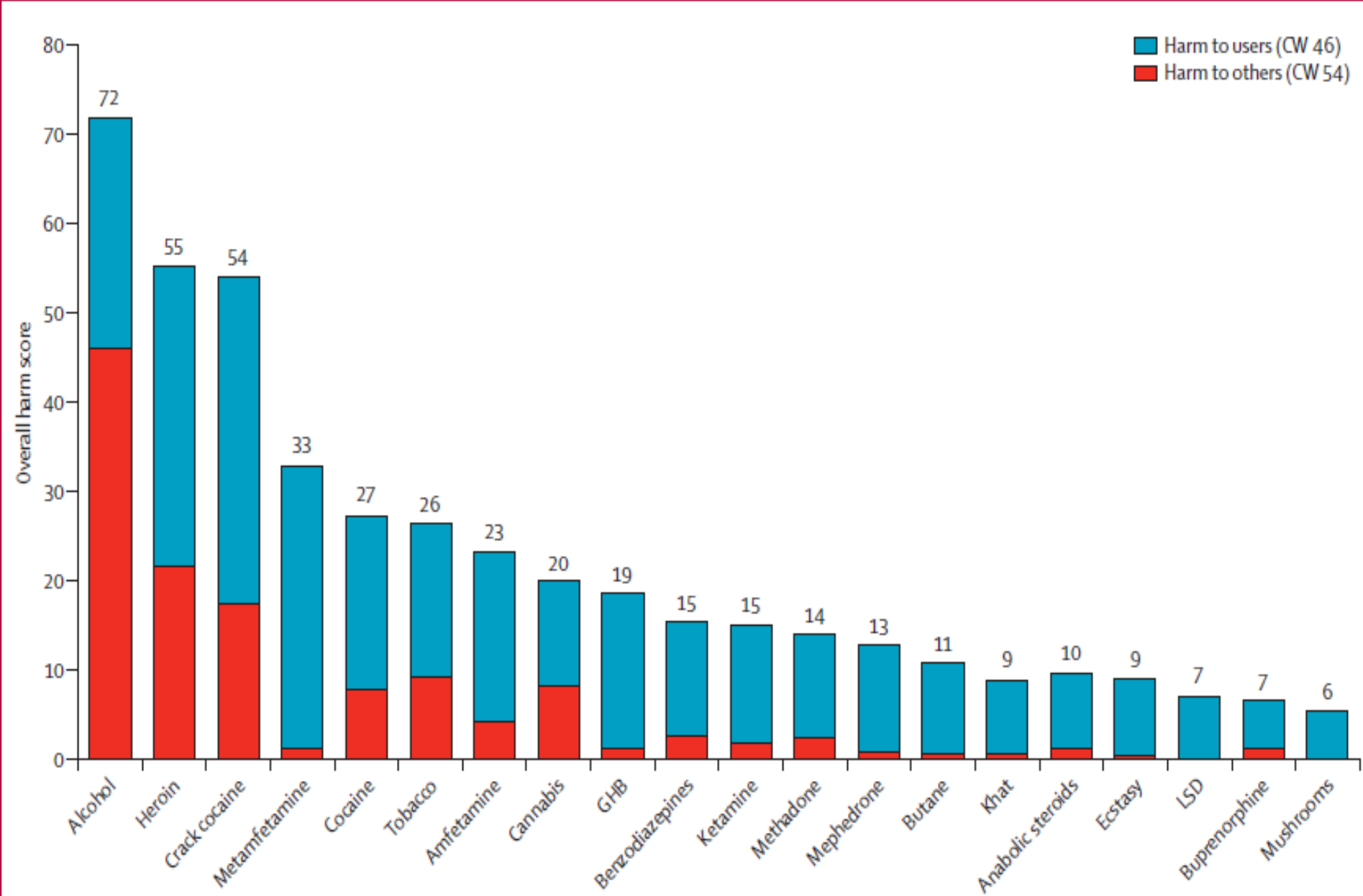
# What are the most harmful drugs?

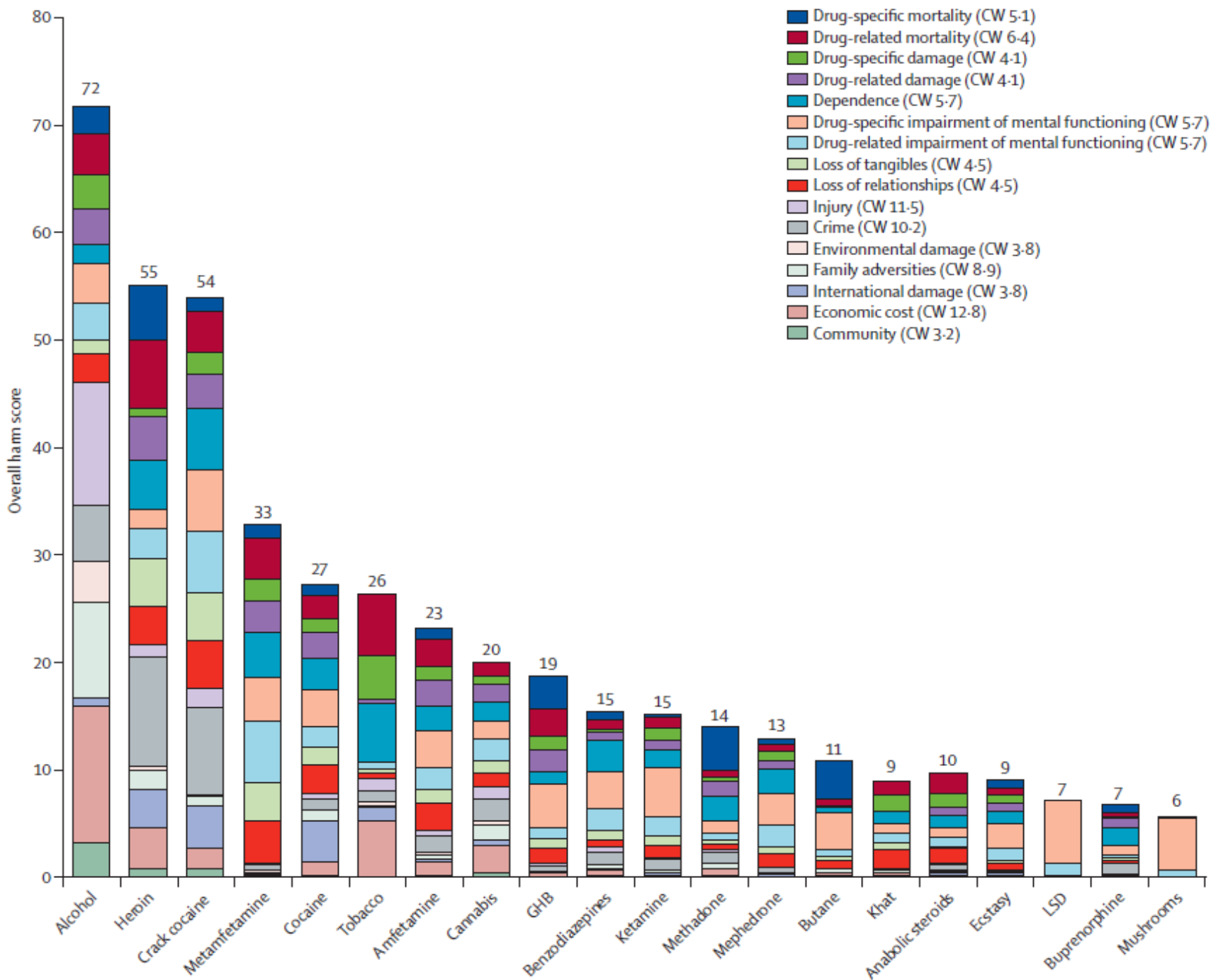
The report of the Independent Scientific Committee of Drugs which scored 20 drugs on 16 criteria, 9 relating to harm that the drug produces in the individual and 7 on the harms to other people.

Nutt, et. al., Drug Harms in the UK; a multicriteria decision analysis, *Lancet* 376:1558-1565, 2010.

# Evaluation Criteria











**Cannabis buds**

Photo by Anonymous Contributor, © 2001 Erowid.org



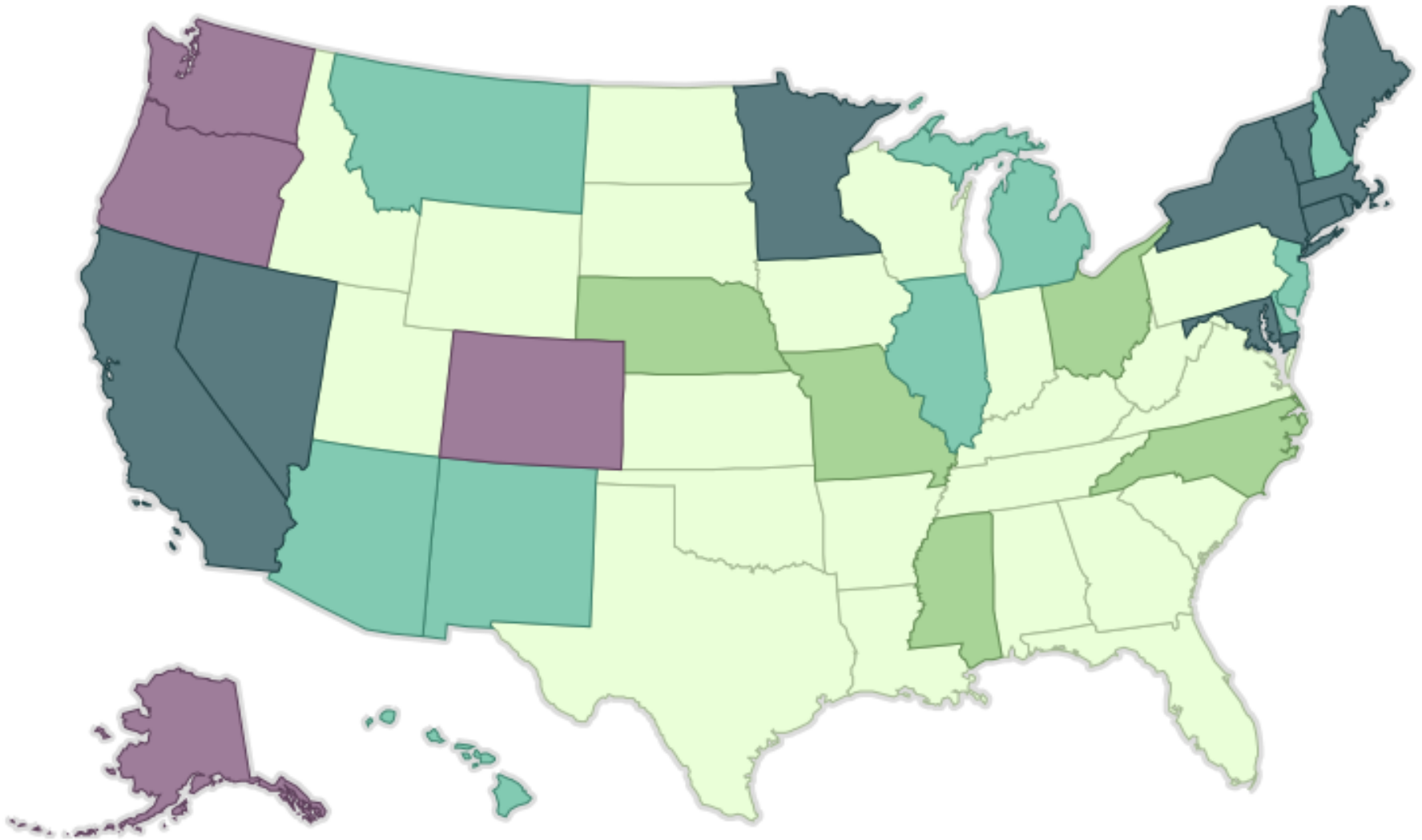
**Cannabis spp.**

Photo by Piklz, © 2000 Erowid.org



# Status of marijuana laws in the United States

Legalized Medical Decriminalized Medical and decriminalized Fully illegal

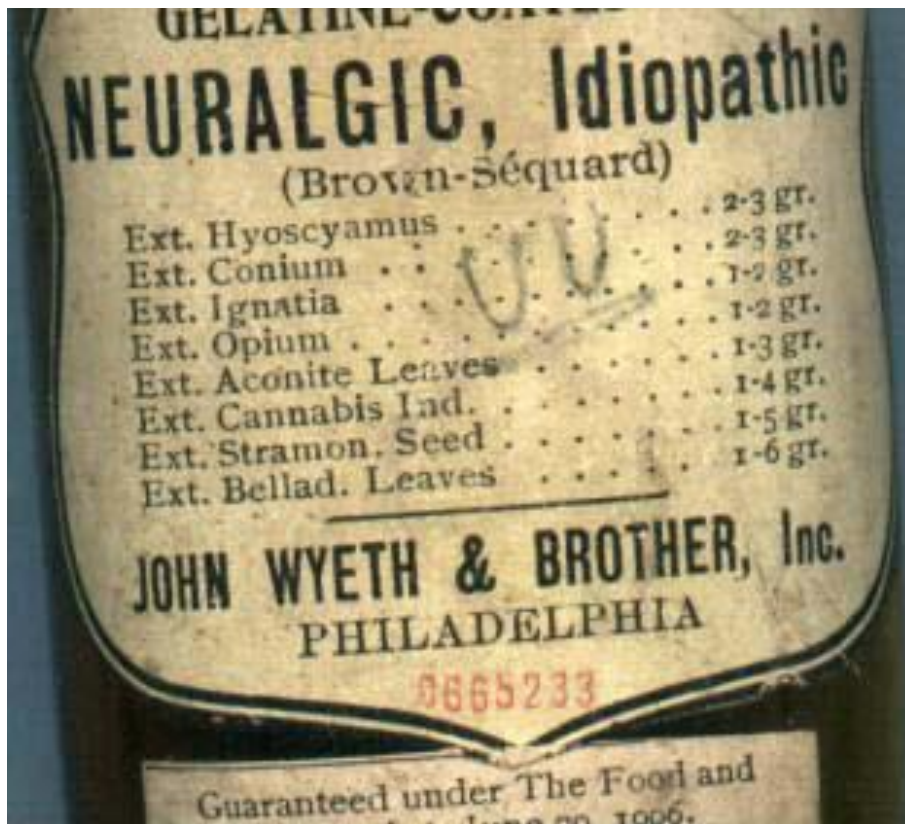


Source: NORML, Drug Policy Alliance, and the Marijuana Policy Project

For detailed state-by-state information see -  
<http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881>



# Marijuana as medicine



# Therapeutic Effects

- ✓ Analgesia
- ✓ Neurological disorders
  - Multiple sclerosis
  - Epilepsy
- ✓ Anti-inflammatory
  - Crohns disease and ulcerative colitis
- ✓ Nausea and vomiting associated with cancer chemotherapy
- ✓ Appetite stimulation

# Use of Cannabis in MAT

- Estimates of cannabis use in individuals seeking treatment for opioid addiction have ranged between 20-95% (Saxon et al., 1990, Nirenberg, 1996, Budney et al., 1998, Church et al., 2001, Epstein and Preston, 2003, Nixon, 2003, Aharonovich et al., 2005)
- Within a cohort of 1090 heroin-dependent individuals presenting for MMT between 1994 – 2005, 64.6% of males and 57.1% of females reported concurrent opioid and cannabis use at treatment entry. (Maremmani et al., 2010)
- Among opioid-dependent individuals participating in a study of the use of buprenorphine and behavioral therapy 66% tested positive for cannabis use at least once during the 26 – 32 week study period. (Budney et al., 1998)

Scavone, et al., Cannabinoid and Opioid Interactions: Implications for opiate dependence and withdrawal, *Neuroscience* 2013 September 17; 248: 637–654.


# Cannabis Use and Its Impact on MAT

- Among the outcomes assessed in various studies were treatment retention, other illicit drug use, medication compliance, relapse, risk behaviors, stabilization of HPA axis, opioid withdrawal signs and cognitive function.
- Numerous studies provide evidence that cannabis use does not appear to significantly alter the course of treatment for opioid addiction. (Epstein & Preston, *Addiction*, 2003)
- Amongst opioid-dependent individuals undergoing naltrexone therapy, intermittent cannabis users (with 1–80% of urine drug tests positive for cannabis) fared better than cannabis abstinent or consistent cannabis users in terms of treatment retention and medication compliance. (Raby et al., *Am J Addict*, 2009, Lopez-Moreno et al., *Curr Drug Targets*, 2010, Robledo, *Curr Drug Targets*, 2010)



# Cannabis Use and Its Impact on MAT


“The risks associated with cannabis use in the opioid-dependent population must be weighed against the prospective benefit of successful substance abuse treatment outcomes and the prevention of the much greater risk and harm association with opioid addiction.”



How should this evidence inform  
clinic/provider practices?

# **Audience Discussion**






# How should this evidence inform clinic/provider practices?

## Why test for cannabis?


- ✓ How to interpret test results between infrequent, non-problematic use versus harmful use?
- ✓ What about medically authorized use? Legal use?



# How should this evidence inform clinic/provider practices?


Why have negative consequences for a positive THC urine test?

- ✓ Loss of take-home privileges means more expense (time/money) for patients; destabilizing for work and life
- ✓ Discharge leads to increased risk for mortality from opioid overdose



# How should this evidence inform clinic/provider practices?

- How to deal with impairment?
  - ✓ How to recognize?
  - ✓ What to do about it?
  - ✓ How to handle the situation when a patient appears for dosing smelling of cannabis and have driven to the clinic?
- What about cannabis use by patients with thought disorders? PTSD and other anxiety disorders?




# How should this evidence inform clinic/provider practices?

Aren't there concerns about cannabis use?

“The epidemiological literature in the past 20 years shows that cannabis use increases the risk of accidents and can produce dependence, and that there are consistent associations between regular cannabis use and poor psychosocial outcomes and mental health in adulthood.”

Hall W, What has research over the past two decades revealed about the adverse health effects of recreational cannabis use? *Addiction*, 2014 110: 19-35

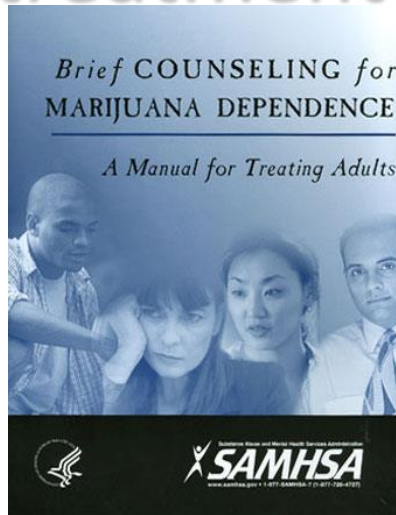


# How should this evidence inform clinic/provider practices?

Why not have agency policies about cannabis use the same as policies about tobacco use?

- ✓ Can addiction to either lead to negative health outcomes? **YES** but does “zero tolerance” for one but not the other make sense?
- ✓ Consider approaching patients from a perspective of “If you’re concerned about your use of cannabis and would like to reduce or eliminate your use of it, we’d like to work with you to that goal.”

# What could a clinic offer in terms of treatment?



Steinberg, K.L.; Roffman, R.A.; Carroll, K.M.; McRee, B.; Babor, T.F.; Miller, M.; Kadden, R.; Duresky, D.; and Stephens, R. *Brief Counseling for Marijuana Dependence: A Manual for Treating Adults*. DHHS Publication No. (SMA) 05-4022. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2005.

<http://store.samhsa.gov/product/Brief-Counseling-for-Marijuana-Dependence-A-Manual-for-Treating-Adults/SMA12-4211>