

# Lawmakers In Illinois Embrace Medical Marijuana As An Opioid Alternative



Policymakers in Illinois and other states want to make it easier to get medical marijuana for pain relief.

A painkiller prescription could become a ticket for medical marijuana in Illinois. Lawmakers there passed a bill making anyone with a prescription for opioids eligible for its medical cannabis program.

With this move, Illinois joins a growing number of states turning to legal cannabis in the fight against painkiller addiction.

"As we see the horrible damage inflicted by opioid use and misuse, it seems like a very low-cost and low-risk alternative," says state Sen. Don Harmon, a Democrat from Oak Park, Ill., and sponsor of the Senate version of the bill.

The [Alternatives to Opioids Act](#) would allow millions of patients to apply for temporary access to the state's existing [medical cannabis pilot program](#). The bill, which passed on May 31, is now awaiting Republican Gov. Bruce Rauner's signature. Though the bill has bipartisan support, marijuana advocates have some doubts about whether he'll sign it, given his past opposition to medical cannabis.

Lawmakers in several states have taken action to initiate or expand their medical marijuana programs in light of the opioid crisis.

Among them, in Georgia [Gov. Nathan Deal signed a law](#) adding PTSD and intractable pain to the list of conditions covered in its medical marijuana program in May. And New York state Sen. George Amedore, a Republican, [introduced legislation](#) that would allow doctors to prescribe cannabis oil as an alternative to opioids for certain conditions.

Under Illinois' proposed new law, anyone 21 or older with a condition for which opioids might be prescribed could get near-immediate access to cannabis products at licensed dispensaries by presenting paperwork signed by their doctor. They would no longer be fingerprinted or need criminal background checks, or wait months for approval. The measure would reduce the backlog of applications, Harmon says.

The state's medical cannabis program currently has about [38,000 licensed users](#), who have been certified by a doctor to have one of 41 qualifying conditions. Many more people would become eligible under the new measure. [More than 2 million people](#) got opioid prescriptions in 2017.

Harmon says he hopes the measure will reduce the number of opioids prescribed to new patients and help others taper off. Advocates for medical marijuana see the measure as an important step to combat the state's opioid crisis. In 2017, more than 13,000 people in Illinois overdosed on opioids. About 2,000 of those were fatal.

"I think it will save a lot of people's lives to be quite honest," says Dan Linn, executive director of the Illinois chapter of the National Organization for the Reform of Marijuana Laws.

The measure will be "a lifeline to those patients who are being prescribed opioid-based painkillers, as well as the medical cannabis industry in Illinois," Linn says.

But some addiction treatment specialists are concerned the policy is getting ahead of the science.

Aaron Weiner, director of addiction services at Linden Oaks Behavioral Health in Naperville, Ill., says the new policy amounts to replacing one addictive substance with another. "People are prescribed opioids inappropriately all the time," he says. "That doesn't mean they should be smoking pot."

Weiner says some scientific research supports the use of marijuana to treat chronic pain, referring to a [2017 report](#) from the National Academy of Sciences, Engineering and Medicine (NASEM). But, he says, the industry puts patients at risk. That's because patients must use trial and error to find what works among a vast range of marijuana products.

Weiner is concerned that cannabis dispensary staff aren't trained adequately, and, he notes, they've been found to make [recommendations that can harm patients](#).

He's also worried about how patients will navigate products sold under colorful names such as "Bio Jesus" and "OG 18."

"This is not marketed to 50-year-old people in intractable pain," Weiner says. "If we're going to pass something like this, I think it's our responsibility to protect patients while we do it. I really don't see that right now."

The Illinois Association for Behavioral Health, which represents more than 60 behavioral health organizations across the state, has taken a neutral stance on the bill. But the group's chief operating officer, Eric Foster, says he supports efforts to reduce opioid prescriptions.

The most recent guidelines from the Centers for Disease Control and Prevention find [no evidence that opioids are effective for treating chronic pain](#). As many as [1 in 4 patients](#) who take opioids long-term struggle with addiction.

It's still an open question whether medical marijuana is an effective alternative to opioid painkillers, says Ziva Cooper, a cannabis researcher and associate professor of clinical neurobiology at Columbia University Medical Center in New York.

"I think the public is unaware of how little data we have that's rigorous on the therapeutic effects of cannabis," says Cooper, who is one of the authors of the 2017 NASEM report on medical marijuana.

Earlier this year, Cooper published [a study in the journal Nature](#) that found medical cannabis can work in conjunction with low doses of opioids to provide greater pain relief than opioids alone.

But her research subjects did not have chronic pain and she says more research is needed before drawing any conclusions.

"Science is so far behind the policy," Cooper says.

She says there are a lot of data that suggest cannabis can serve as a substitute for — or work in conjunction with — opioids. But the vast majority of those studies are not the rigorous, placebo-controlled studies that are the gold standard in scientific research.

"On the flip side, there's also evidence that shows it might not be the best idea, that cannabis might actually increase prescription opioid use," Cooper says.

Leslie Mendoza Temple, an associate professor of family medicine in Chicago's north suburbs, has certified more than 500 patients for medical cannabis for approved illnesses.

Temple says she considers cannabis for her patients when she finds that other treatments, including nonaddictive ones, are not working.

She acknowledges that high-quality data on medical marijuana is lacking. But with opioid death rates climbing every year, she says her approach is harm reduction.

"I don't think we have the time to wait for those beautiful trials to come out in 10 or 20 years," Temple says. "We have people dying now."

While the changes to Illinois' medical cannabis program could increase access to the drug, Sandy Champion, an advocate for medical marijuana who helped draft legislation for the pilot program in 2013, remains cautious.

She says some patients with qualifying conditions can't find a doctor willing to complete the paperwork to apply to the program and she thinks that's unlikely to change — even with the new rules in place.

Harmon says doctors will not be compelled to participate. But he thinks the argument that the measure would replace one addictive drug with another is "ridiculous."

"Opioids and heroin [are] killing scores of people. No one has died from overdose of cannabis," says Harmon.

He agrees more research on marijuana is needed, but points out that the drug's Schedule 1 classification, which means it's considered highly addictive and has no medical use, makes it difficult for scientists to conduct research.



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