Articles on Pain and dependency and a solution to the SYNthetic drug problem

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TOPICS: Big Pharma Heather Callaghan Police Prescription Drugs War On Drugs

SEPTEMBER 22, 2015

By Heather Callaghan

Ready for a positive police story? Where will it lead – you decide.

Yesterday, I reported at Natural Blaze that a Gloucester, Massachusetts police department fed up with Big Pharma posted the top 5 CEO salaries and emails online. Their Facebook status erupted with cheers in the comments and many shares. The department bemoaned the city’s drug problem and took aim at Big Pharma’s role in creating addiction through prescription opioid painkillers.

The Big Pharma salaries were as follows:

4. Abbott Labs – Miles D. White $17.7 million miles.d.white@abbott.com 847-937-6100
3. Merck – Kenneth C. Frazier $25 million + cool private jet. ken.frazier@merck.com 908-423-1000
Deaths are just the tip of the iceberg

218,000 die

2,555,000 face life-threatening Adverse Effects

Others can’t work

Many more suffer

$126 Billion

We Must Stop Prescription Drug Addiction
2. Johnson & Johnson – Alex Gorsky $20.38 million ceo@jnj.com 732-524-0400

1. Pfizer – Ian Read $23.3 million ian.read@pfizer.com 212-573-2323

The department urged people to politely press the CEOs about their companies’ roles in the statistic that 80% of drug addiction starts with “gateway” legal painkillers. Indeed, the FDA just approved opiate use for children even though states where medical marijuana is legal have seen a 25% drop in painkiller deaths. And, a major review last year found that pharmaceutical painkillers cause more deaths than cocaine and heroin combined.

The department’s urging worked.

Someone from Pfizer called to meet with them and people following the page are awaiting the results.

Jillian Berman Become a fan Jillian.Berman@huffingtonpost.com

Big Pharma Slapped with Another Addiction Lawsuit

Posted December 30, 2014 in Addiction Culture, Addiction in the News, Drug Law and Crime by McCarton Ackerman

Photo via pixabay
Much like the rest of the nation, Chicago is in the midst of a prescription painkiller addiction epidemic. The difference, however, is that Chi-Town is doing something about it. The city is attempting to hold the pharmaceutical companies who make and market these highly addictive drugs legally responsible for the resulting devastation they have caused.

Holding Big Pharma to the Fire

Chicago Mayor Rahm Emanuel is gearing up for a lawsuit filed against five leading drug companies, including Johnson & Johnson. The suit was initially filed last June and asks for an unspecified amount of monetary compensation. According to the legal documents, all five pharma giants are accused of hiding the risks associated with opiate painkiller use, while simultaneously overstating the benefits. The complaint says that “the city has paid for nearly 400,000 claims for opioid prescription fills, costing nearly $9,500,000” and has “suffered additional damages for the costs of providing and using opiates long-term to treat chronic non-cancer pain.”

According to a 2009 report from the U.S. Department of Health and Human Services, about 1,080 Chicagoans were sent to emergency rooms for adverse effects directly related to opioid use, including overdoses.

“For years, big pharma has deceived the public about the true risks and benefits of highly potent and highly addictive painkillers in order to expand their customer base and increase their bottom line,” said Chicago Mayor Rahm Emanuel in a statement. “It’s time for these companies to end these irresponsible practices and be held accountable.”

Fighting Back Against Opiate Addiction

Other cities and states have also stepped up to file lawsuits against pharmaceutical companies for the same reasons. For example, Kentucky filed its own $1 billion lawsuit against Oxycontin maker Purdue Pharma last month.
Court documents reveal the state claims to have lost $1 billion paying for overdoses, addiction-related deaths and drug-related crime – all of which stem from Oxycontin abuse.

…the state claims to have lost $1 billion paying for overdoses, addiction-related deaths and drug-related crime – all of which stem from Oxycontin abuse.

“I want to hold them accountable in eastern Kentucky for what they did,” said Kentucky Attorney General Jack Conway. “We have lost an entire generation. Half the pharmacies in Pike County have bulletproof glass. We had FedEx trucks being knocked off. It was the Wild West.”

Individual Counties Filing Suit

In addition to state-sponsored law suits, two California counties have also gone on the attack.

Last May, both Orange and Santa Clarita counties filed suits against five pharmaceutical companies: Actavis, Endo Health Solutions, Janssen Pharmaceuticals, Purdue Pharma, and Cephalon Inc.

Officials in both counties claim they have been wracked with prescription opioid overdose deaths and massive medical costs due to the increase in prescription opiate abuse. Orange County District Attorney Tony Rackauckus described the lawsuit as a “matter of public protection,” in that it will ultimately keep more overdose deaths from occurring.
Similar to the other lawsuits, court documents show that both California counties claim these five companies used “marketing – and not any medical breakthrough – that rationalized prescribing opioids for chronic pain and opened the floodgates of opioid use and abuse...[causing] important, sometimes life-or-death decisions to be made based not on science, but on hype.”

**How A Big Drug Company Inadvertently Got Americans Hooked On Heroin**

When she was 18, Arielle would come home every day and embark on what she calls an “Easter egg hunt.” She wasn’t looking for candy. Arielle was hunting behind stairwells and inside closets in her suburban Long Island home for the OxyContin bottles her cousin brought home from work at a pharmacy and was hiding from her mother around the house. “I found them one day, and I wanted to try them because all of my friends were already hooked,” said Arielle, who asked that her last name be withheld to avoid hurting her chances of getting a job. “I would see [my cousin] nodding out on the couch and not really being present, and that was how I wanted to feel. My best friend had just passed away, so I was numbing out the feelings.”

It took about a year before Arielle moved from prescription painkillers into the illegal drug that killed her best friend: heroin. She snorted it for the first time after tagging along with a friend who was going to buy some. "I was like, 'I love it,'" she said. Heroin was cheaper than prescription pills -- about $10 a bag, compared to $60 to $80 per pill -- and gave her a more potent high.

Her friend helped her inject the drug. “It was a feeling that I don’t think anyone should experience. Because once you experience it, you want to experience it over and over again,”
she said. “Next thing I know, I’m addicted.”

Arielle landed in a Long Island jail last year after she was caught breaking into a house and stealing money to buy drugs. Now 26 and living at a substance abuse treatment center, she says she's all too aware that her story isn’t unique.

Between 1996 and 2011, the number of people who ended up in substance abuse treatment centers in Suffolk County, where Arielle lives, as a result of heroin jumped 425 percent, according to a 2012 special grand jury report from the county’s Supreme Court. During the same period, the number of people who landed in substance abuse treatment for opioid pill use spiked 1,136 percent, the report found.

Long Island is one of many areas of the country where heroin addiction is reaching harrowing levels, according to Gregory Bunt, the medical director at Daytop Village, a New York-based substance abuse treatment center. The crisis is getting renewed attention after actor Phillip Seymour Hoffman died last month from an apparent heroin overdose. The rise in heroin use mirrors a decade-long spike in abuse of prescription opioids -- painkillers that are a medical cousin to heroin, but are legal as long as they’re prescribed by a doctor.

In recent years, more prescription drug abusers have started turning to heroin for a cheaper high as the price of pills skyrockets on the black market, Bunt said. Two factors have contributed to the cost increase: opioid addiction boosting demand and doctors becoming more cautious about prescribing opioids, decreasing supply, Bunt said.

Another reason for the price increase: The Drug War, according to a January 2012 report from Radley Balko. Government crackdowns have made it difficult for even reputable doctors to prescribe pain pills. To fill the void, doctors and others looking to make a buck off the prescription pills created so-called "pill mills" -- offices that prescribe pain medication in high volume and often serve people addicted to the drugs.

The result: Nearly four out of five people who recently started using heroin used prescription painkillers first, according to a 2013 study from the Center for Behavioral Health Statistics and Quality.
A lot of people who got in trouble with the prescription opiates are switching over to heroin, and they get more for their buck, so to speak,” Bunt said. In his experience, he added, much of the heroin available today is laced with other additives, like additional painkillers -- making it more dangerous.

“Once you inject the heroin that’s available today, you’re at very high risk for fatal overdose,” he said.

**Painkillers And The Heroin Market**

A growing number of people are using heroin in recent years, in part because it can be cheaper and easier to find than opioid painkillers purchased on the black market. Most heroin users were first hooked on prescription opioids, which generated $11 billion in 2010 for the pharmaceutical industry.

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**Substance abuse treatment facilities admissions by primary drug**

- **Heroin**
- **Other Opiates and Synthetics**

*2012 data for Mississippi, Pennsylvania, and West Virginia are not available.*

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**4 out of 5**

new heroin users have abused painkillers.

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**A Cheaper High**

$30 can buy one oxycodone pill on the street in New York...

or six hits of heroin.
For decades, opioid painkillers, like oxycodone, hydrocodone and morphine, had been used successfully to treat conditions like intense pain at the end of life for cancer patients and acute pain after an injury like a broken bone.

But everything changed when OxyContin -- and the marketing campaign that came with it -- started in the 1990s, experts say. The drug, developed by Purdue Pharma, had a time-release mechanism that spaced out its effects over a longer period of time.

In dozens of seminars in ritzy hotel conference rooms across North America, the company sold doctors on the idea that the time-release function made OxyContin perfect for a population of patients who were suffering from chronic pain. Representatives also argued that the drug's spaced-out effects made it less likely that patients would get addicted -- which was the main factor deterring many physicians from prescribing opioids for chronic pain.
“This campaign focused on convincing doctors that they shouldn’t worry about addiction, so the medical community was taught to believe that addiction to opiates was relatively rare,” said Andrew Kolodny, the director of Physicians for Responsible Opioid Prescribing.

The pitch was convincing, Kolodny said, because no doctor wants to believe that they’re keeping a patient in pain unnecessarily. By 2001, OxyContin had exceeded more than $1 billion in sales, and by 2003, nearly half of the doctors prescribing OxyContin were primary care physicians, according to a 2004 report from the Government Accountability Office.

“As prescriptions began to take off, it led to an epidemic of opioid addiction,” Kolodny said. “We all became much more likely to have opioids in our homes, so it created a hazard.”

“We have now this incredibly unusual public health crisis that’s essentially caused by physicians, caused by the health care industry,” said Meldon Kahan, the medical director of substance use services at the Women’s College Hospital in Toronto.

In 2007, Purdue and three of its top executives pleaded guilty to misleading doctors, regulators and patients about OxyContin’s risk of addiction. The company agreed to pay more than $600 million in fines. In 2010, Purdue developed a version of the drug that was harder to crush and snort or inject than the original, aimed at deterring abuse. In April, the FDA banned the original OxyContin and all of its generic versions from hitting the market.

Purdue Spokesman Raul Damas wrote in an email statement to The Huffington Post that “like any public health issue, opioid abuse is the result of many factors, not just one drug or one company.” Brand-name OxyContin represents a small share of oxycodone-based drugs on the market, and Purdue has taken steps to curb the addiction epidemic, like paying for addiction hotlines and working with law enforcement to help them better identify pills that are frequently abused.

“The recent increase in heroin abuse is an unfortunate result of many different factors, and what often gets lost is that prescription opioids play an important role in helping patients and physicians address the very real issue of chronic pain.” Damas wrote. “Purdue has led
People typically become addicted to the prescription pills in one of two ways, Kolodny said. The majority of younger users, like Arielle, find the pills lying around at home or at friends’ houses. But the other demographic suffering from prescription painkiller addiction -- middle-aged Americans -- typically get the pills from their doctors for things like chronic back or head pain. Once their bodies adjust, their doctors have to up the doses to mitigate the pain.

Betty Tully experienced this phenomenon firsthand. She went to her doctor in January of 2001, looking for a fix for the pain that had plagued her lower back for decades. Tully’s doctor said he had just the thing, a new “miracle drug” that could help her pain without putting her at risk of addiction. He started her on 20 milligrams of OxyContin. Soon, she was asking for more, so he upped her doses.

“By June, I was an absolute zombie. I couldn’t work anymore, I couldn’t drive my car anymore. I left my car running one day on the street,” the former real estate agent said. “I was calling his office and screaming that I needed this medicine.”

By the end of 11 months, Tully was on 280 milligrams of OxyContin per day. The mother of two, who had held down jobs since she was 12 years old, refused to leave the house for fear she’d miss a dose and go through terrible symptoms of withdrawal like nausea and profuse sweating. When she decided to get clean, it took her six years to completely get off the drug, and she says she’s lucky she was able to finally kick the habit. Indeed, according to Kolodny, "middle-aged women getting pain pills from doctors" are dying from overdoses at some of
the highest rates in history. In 2010, 40 percent of U.S. drug overdose deaths were women, many of whom died from abusing prescription pills.

“I should be among those statistics,” Tully said. “There’s not many people that can take that much and be breathing every day.”
How the American opiate epidemic was started by one pharmaceutical company

FROM

Mike Mariani

(Stephen Lam/San Francisco Chronicle/San Francisco/CORBIS)

March 4, 2015

The state of Kentucky may finally get its deliverance. After more than seven years of battling the evasive legal tactics of Purdue Pharma, 2015 may be the year that Kentucky and its attorney general, Jack Conway, are able to move forward with a civil lawsuit alleging that the drugmaker misled doctors and patients about their blockbuster pain pill OxyContin, leading to a vicious addiction epidemic across large swaths of the state.

A pernicious distinction of the first decade of the 21st century was the rise in painkiller abuse, which ultimately led to a catastrophic increase in addicts, fatal overdoses, and blighted communities. But the story of the painkiller epidemic can really be reduced to the story of one powerful, highly addictive
drug and its small but ruthlessly enterprising manufacturer.

On December 12, 1995, the Food and Drug Administration approved the
opioid analgesic OxyContin. It hit the market in 1996. In its first
year, OxyContin accounted for $45 million in sales for its manufacturer, Stamford, Connecticut-based
pharmaceutical company Purdue Pharma. By
2000 that number would balloon to $1.1 billion, an increase of well over
2,000 percent in a span of just four years. Ten years later, the profits would
inflated still further, to $3.1 billion. By then the potent opioid accounted for
about 30 percent of the painkiller market. What's more, Purdue Pharma's
patent for the original OxyContin formula didn't expire until 2013. This meant that a single private,
family-owned pharmaceutical company with non-descript headquarters in the Northeast controlled
nearly a third of the entire
United States market for pain pills.

OxyContin's ball-of-lightning emergence in the health care marketplace was
close to unprecedented for a new painkiller in an age where synthetic opiates
like Vicodin, Percocet, and Fentanyl had already been competing for decades
in doctors' offices and pharmacies for their piece of the market share of pain
relieving drugs. In retrospect, it almost didn't make sense. Why was
OxyContin so much more popular? Had it been approved for a wider range of
ailments than its opioid cousins? Did doctors prefer prescribing it to their
patients?

During its rise in popularity, there was a suspicious undercurrent to the drug's
spectrum of approved uses and Purdue Pharma's relationship to the
physicians that were suddenly privileging OxyContin over other meds to
combat everything from back pain to arthritis to post-operative discomfort. It
would take years to discover that there was much more to the story than the
benign introduction of a new, highly effective painkiller.
In 1952, brothers Arthur, Raymond, and Mortimer Sackler purchased Purdue Pharma, then called Purdue Frederick Co. All three men were psychiatrists by trade, working at a mental facility in Queens in the 1940s.

The eldest brother, Arthur, was a brilliant polymath, contributing not only to psychiatric research but also thriving in the fledgling field of pharmaceutical advertising. It was here that he would leave his greatest mark. As a member of William Douglas McAdams, a small New York-based advertising firm, Sackler expanded the possibilities of medical advertising by promoting products in medical journals and experimenting with television and radio marketing. Perhaps his greatest achievement, detailed in his biography in the Medical Advertising Hall of Fame, was finding enough different uses for Valium to turn it into the first drug to hit $100 million in revenue.

The Medical Advertising Hall of Fame website's euphemistic argot for this accomplishment states that Sackler's experience in the fields of psychiatry and experimental medicine "enabled him to position different indications for Roche's Librium and Valium."

Sackler was also among the first medical advertisers to foster relationships with doctors in the hopes of earning extra points for his company's drugs, according to a 2011 exposé in Fortune. Such backscratching in the hopes of reciprocity is now the model for the whole drug marketing industry. Arthur Sackler's pioneering methods would be cultivated by his younger brothers Raymond and Mortimer in the decades to come, as they grew their small pharmaceutical firm.

Starting in 1996, Purdue Pharma expanded its sales department to coincide with the debut of its new drug. According to an article published in The American Journal of Public Health, “The Promotion and Marketing of
OxyContin: Commercial Triumph, Public Health Tragedy,” Purdue increased its number of sales representatives from 318 in 1996 to 671 in 2000. By 2001, when OxyContin was hitting its stride, these sales reps received annual bonuses averaging over $70,000, with some bonuses nearing a quarter of a million dollars. In that year Purdue Pharma spent $200 million marketing its golden goose. Pouring money into marketing is not uncommon for Big Pharma, but proportionate to the size of the company, Purdue’s OxyContin push was substantial.

Boots on the ground was not the only stratagem employed by Purdue to increase sales for OxyContin. Long before the rise of big data, Purdue was compiling profiles of doctors and their prescribing habits into databases. These databases then organized the information based on location to indicate the spectrum of prescribing patterns in a given state or county. The idea was to pinpoint the doctors prescribing the most pain medication and target them for the company's marketing onslaught.

That the databases couldn't distinguish between doctors who were prescribing more pain meds because they were seeing more patients with chronic pain or were simply looser with their signatures didn't matter to Purdue. The Los Angeles Times reported that by 2002 Purdue Pharma had identified hundreds of doctors who were prescribing OxyContin recklessly, yet they did little about it. The same article notes that it wasn’t until June of 2013, at a drug dependency conference in San Diego, that the database was ever even discussed in public.

Combining the physician database with its expanded marketing, it would become one of Purdue's preeminent missions to make primary care doctors less judicious when it came to handing out OxyContin prescriptions.

Beginning around 1980, one of the more significant trends in pain
pharmacology was the increased use of opioids for chronic non-cancer pain.

Like other pharmaceutical companies, Purdue likely sought to capitalize on the abundant financial opportunities of this trend. The logic was simple: While the number of cancer patients was not likely to increase drastically from one year to the next, if a company could expand the indications for use of a particular drug, then it could boost sales exponentially without any real change in the country's health demography. This was indeed one of OxyContin’s greatest tactical successes. According to "The Promotion and Marketing of OxyContin," from 1997 to 2002 prescriptions of OxyContin for non-cancer pain increased almost tenfold. Meanwhile, in 1996 the FDA approved an 80mg version of the pill; four years later it approved a 160mg tablet. According to the FDA’s “History of OxyContin: Labeling and Risk Management Program,” higher dosages were approved specifically for opioid-tolerant patients. These high-milligram pills were probably one of biggest reasons that OxyContin became such a popular street drug. Recreational users and addicts could crush, sniff, and inject the pill for a powerful high that, as promised, lasted over eight hours. The euphoric effects and potential for abuse were comparable to heroin. But clearly doctors and pharmacies never drew the ghastly parallel. Why?

The state of Kentucky's lawsuit against Purdue Pharma is not the first legal trouble the company has run into. In 2007, in *United States of America v. The Purdue Frederick Company, Inc.*, Purdue and its top executives pleaded guilty to charges that it misled doctors and patients about the addictive properties of OxyContin and misbranded the product as "abuse resistant." Prosecutors found a "corporate culture that allowed this product to be misbranded with the
intent to defraud and mislead." Purdue Pharma paid $600 million in fines, among the largest settlements in U.S. history for a pharmaceutical company.

Perhaps knowing that doctors would be vigilant against prescribing drugs with the potential for abuse, Purdue set out to distinguish OxyContin from rivals as soon as it dropped. The cornerstone of its marketing campaign was the drug's incredibly low risk of addiction, an enviable characteristic made possible by its patented time-release formula. Through an array of promotional materials, including literature, brochures, videotapes, and Web content, Purdue proudly asserted that the potential for addiction was very small, at one point stating it to be "less than 1 percent."

The time-release conceit even worked on the FDA, which stated that "Delayed absorption, as provided by OxyContin tablets is believed to reduce the abuse liability of a drug." Armed with the time-release formula and misleading statistics about the risk of addiction, Purdue positioned the drug as a relatively safe choice for CNCP patients. Sales representatives told some doctors that the drug didn't even produce a buzz, according to USA Today. (This for a pill that has since drawn frequent comparisons to heroin in terms of analgesia, euphoria, and the propensity for addiction.)

Between physician databases, incentive-happy sales reps, and an aggressive blitz package of promotional ephemera, Purdue's multifaceted marketing campaign pushed OxyContin out of the niche offices of oncologists and pain specialists and into the primary care bazaar, where prescriptions for the drug could be handed out to millions upon millions of Americans. The most scathing irony is that what allowed OxyContin to reach so many households...
Kentucky originally filed its civil suit, *Commonwealth of Kentucky v. Purdue Pharma*, over seven years ago, back in 2007. After years of Purdue Pharma fighting to keep the trial out of Pike County, and Kentuckians watching as the suit pinballed from appeals court to appeals court, at one point even being transferred to New York, Purdue has finally exhausted its adjournment artistry. Unless the pharmaceutical company wins its latest appeal in the state Supreme Court, trial will most likely begin this year.

Kentucky is filing a total of 12 claims against the company, including false advertising, Medicaid fraud, unjust enrichment, and punitive damages. In total the suit could cost Purdue Pharma $1 billion (which is just one-third of its annual revenues from OxyContin).

No state has been more devastated by the nationwide opiate problem than Kentucky. Much of the eastern part of the state and the Appalachians has watched as men, women, and teenagers fell victim to the potent pain pills. There were several different gateways — back injuries, operations, parents' medicine cabinets — but all of them led to an implacable addiction that rivals that of the hardest street drugs. And that’s the rub. Because there was simply so much OxyContin available for over a decade, it trickled down from pharmacies and hospitals and became a street drug, coveted by teens and fiends and sold by dealers at a premium (prices often shot up well over $1 a milligram, pricing the popular 80mg tablets at over $100 for a single pill).

Whatever the gray areas on OxyContin's many paths to perdition, the statistics on the first decade of this century bear out a staggering epidemic. From 1999 to 2010, the sale of prescription painkillers to pharmacies and
doctors' offices quadrupled. In the exact same time span, the number of
overdose deaths from prescription painkillers also quadrupled, rising to
almost 17,000.  
To call this a coincidence would be analogous to declaring no connection
between loosening enforcement on drunk driving laws and observing a
sudden increase in deaths caused by drunk driving. It goes almost without
saying that these figures dovetail seamlessly with the release of OxyContin
and Purdue's marketing timeline, which hit hardest in the early 2000s.
The figures on fatal overdoses, which in recent years have eclipsed the
number of deaths caused by cocaine and heroin combined, speak nothing of
the skyrocketing rates of addiction throughout the country. Funerals from
overdoses are anguishing enough, but as places like Pike County know too
well, fatalities are only one dimension of a problem whose insidious sprawl
affects local economies and health care costs, incites crime, and ruptures
families through the vagaries of addiction, rehab stints, and prison sentences.

The degree to which Purdue Pharma is responsible to Kentucky for a decade
rotted and warped by its popular drug is still pending in the eyes of the justice
system. Now that federal regulations have finally caught up to the
pharmaceutical drug problem in this country and doctors have wised up to the
sinister realities of the drug nicknamed "Hillbilly Heroin," the hard and fast
days of OxyContin are over. Many are now arguing that the epidemic hasn't gone away so much as it has evolved: Heroin use is again on the upswing. Like a shrewd virus that mutates once it confronts a vaccine, Americans' addiction to opioids has survived the government crackdown on OxyContin and fled to the seedy asylum of heroin. It's a kind of evolution in retrograde, with pill users turning to an old 20th-century scourge that once flourished in urban decay and is uglier, more stigmatized, and more lethal than its pharmaceutical counterpart. But for OxyContin, a drug that, despite its manufacturer’s many clever disguises, was always frighteningly close to heroin, there's a morbid sort of symmetry.

In 2011, 55% of overdose deaths were caused by prescription drugs.

Of prescription drug overdoses, 74% involved opioid painkillers.

Roughly 20% of doctors prescribe 80% of all prescription painkillers.

In 2010, nearly 5,500 people per day said they had begun taking prescription painkillers for non-medical reasons.

The steep rise in overdose deaths in the U.S. parallels a 300% increase in the sale of these strong painkillers since 1999.
The Solution to Pain Relief is Nature as Usual
Use Of Opiate And Other Addictive Drugs Reduced By Therapeutic Cannabis

According to a review published in the Journal of Psychoactive Drugs, regulating access to cannabis would offer an effective treatment for chronic pain patients besides reducing morbidity associated with the use of prescription opiates and other pharmaceuticals.

Cannabis could be useful in treating chronic pain and certain substance abuse disorders, according to a report by a researcher with the Centre for Addictions Research of British Columbia. The researcher also reported that therapeutic cannabis poses fewer risks to health than many conventional alternatives.

He writes: “When used in conjunction with opiates, cannabinoids lead to a greater cumulative relief of pain, resulting in a reduction in the use of opiates (and associated side-effects) by patients in a clinical setting. Additionally, cannabinoids can prevent the development of tolerance to and withdrawal from opiates, and can even rekindle opiate analgesia after a prior dosage has become ineffective. Novel research suggests that cannabis may be useful in the treatment of problematic substance use. These findings suggest that increasing safe access to medical cannabis may reduce the personal and social
harm associated with addiction, particularly in relation to the growing problematic use of pharmaceutical opiates.”

The author continues: “Since both the potential harms of pharmaceutical opiates and the relative safety of cannabis are well established, research on substitution effect suggests that cannabis may be effective in reducing the use and dependence of other substances of abuse such as illicit opiates, stimulants and alcohol. As such, there is reason to believe that a strategy aiming to maximize the therapeutic potential benefits of both cannabis and pharmaceutical cannabinoids by expanding their availability and use could potentially lead to a reduction in the prescription use of opiates, as well as other potentially dangerous
pharmaceutical analgesics, licit and illicit substances, and thus a reduction in associated harms.”

The author concludes, “Despite a lack of regulatory oversight by federal governments in North America, community-based medical cannabis dispensaries have proven successful at supplying patients with a safe source of cannabis within an environment conducive to healing, and may be reducing the problematic use of pharmaceutical opiates and other potentially harmful substances in their communities.”

https://www.youtube.com/watch?v=fuJPrjEAzeE medical story of Marijuana and the risks