In 2017, the National Academies of Sciences, Engineering and Medicine issued a review of over 10,000 studies and came to the conclusion that there is substantial evidence that “cannabis is effective in treating chronic pain in adults.” Cannabis and cannabis-derived products have been found to be safe and effective for treating certain types of chronic pain conditions, with over 20,000 patient/years of data from modern clinical studies in existence.

A lethal toxic overdose of cannabis has never been documented, unlike opioids, which take the lives of over 116 individuals everyday.

Data gathered from states that have medical cannabis programs has shown a 24.8% reduction in deaths attributed to opioid-related overdose compared to states without programs. In states with medical cannabis dispensaries, this reduction in opioid-related overdose deaths is nearly 40% compared to states without medical cannabis programs.

States with active medical cannabis dispensaries saw collectively 3.742 million fewer daily doses of opioids filled in Medicare Part D populations from 2010-2015. From 2011 to 2016 in states with medical cannabis laws, there was a 5.88% reduction in opioid prescribing rates among Medicaid populations.

Surveys of medical cannabis patients have suggested that cannabis is often used to decrease the use of other drugs, most significantly opioid-based painkillers. Sixty-six percent of patients surveyed reported using cannabis as a substitute for prescription drugs. The most common reasons given for substituting included less adverse side effects (65%), better symptom management (57%), and less withdrawal potential (34%) with cannabis.

Additionally, in a separate survey, 93% of pain patients said they preferred cannabis for pain management compared to opioids. These findings support the therapeutic use of opioid-cannabinoid combinations for pain. Further research has shown that individuals consuming medical cannabis were able to decrease the number of opioids they took and demonstrated cognitive improvement and increased task performance after three months of treatment.
Nineteen preclinical studies have directly examined and measured the effects of co-administering cannabis (or THC) and opioids. 17 out of 19 of these studies demonstrated a synergistic effect on pain relief with less reported side effects, than the individual drugs (i.e., THC or oxycodone alone). For example two studies showed that a low dose opioid and cannabinoid combination was more effective than an opioid alone. Nine clinical studies have been completed involving over 750 participants showing significant reductions in pain with an opioid-cannabis based treatment, compared to an opioid alone. Further studies have shown that levels of depression and anxiety are higher among chronic pain patients who are taking prescription opioids compared to those who are using medical cannabis.

In 2016 the Centers for Disease Control issued guidelines instructing pain doctors to not test for THC and subsequently terminate care due to a positive result, as it is a substance that does not “affect patient management or for which implications for patient management are unclear.” While these guidelines are not mandatory, it indicates that even the U.S. government believes at the very least that THC does not interfere with pain management.

Of the 29 states with full medical cannabis programs, only three quarters currently include chronic pain as a qualifying condition; however, several of these states require that the pain be non-responsive to conventional therapy.

End Pain, Not Lives is a project of Americans for Safe Access, the U.S. Pain Foundation, and others. Americans for Safe Access is the nation’s largest nonprofit dedicated to medical cannabis therapeutics and research. For more information about End Pain, Not Lives, and about Americans for Safe Access, please visit: SafeAccessNow.org/end_pain_not_lives