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August 16, 2018

Howard Zucker, MD
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Zucker:

The Medical Society of the State of New York is writing to you about the emergency regulations to expand the use of marijuana for the treatment of certain medical conditions including "pain" and opioid use disorder. We very much appreciate your efforts to be responsive to patients needs and to respond to the opioid epidemic we are all working to combat in New York and across the country. However, MSSNY is very concerned regarding the lack of clinical evidence to support the medical use of marijuana as treatment for opioid use disorder.

As you know, MSSNY has written previously to you to share our concern that the list of clinical conditions should not be expanded until such time as the effectiveness of the medical use of marijuana by patients has been sufficiently studied. Since MSSNY's original 2015 letter to you, the list of conditions has greatly expanded. The new emergency regulations include allowing a patient to be certified to use marijuana for any type of pain condition. Most importantly, the emergency regulations are now calling for marijuana to be used in the treatment of opioid use disorder. It is our understanding that New York is the third state to authorize the use of marijuana for opioid use disorder.

MSSNY recognizes that that the emergency regulations call for marijuana to be used in patients that have an opioid use disorder only if they are enrolled in a treatment program certified under Article 32 of the Mental Hygiene Law. However, there is no evidence that using marijuana to treat opioid use disorder is an effective medical treatment for this condition which is too often fatal. MSSNY is concerned that this untested method of treatment will result in patient harm even in certified programs. Rather than allowing widespread use, perhaps a pilot study would help to determine what place if any there may be for medical marijuana for those with opioid use disorder.

MSSNY is troubled by the promotion of marijuana use for opioid use disorder because it may worsen psychiatric co-morbidities and give a false impression to patients that it is as effective as established treatments such as methadone and buprenorphine, particularly in the prevention of fatal opioid overdoses. The US Food and Drug Administration has approved three medications for opioid use disorders—methadone, buprenorphine and naltrexone. A recent cohort study (Marc et al, 2018) of survivors of nonfatal opioid overdose found that "a minority of opioid overdoses survivors received MOUD (medications for opioid use disorder).

Buprenorphine and MMT were associated with reduced all cause and opioid-related mortality.” In contrast, the reason for the correlation between marijuana availability and lower opioid overdose rates in epidemiologic reports remains much less clear. Although these findings merit further study, they do not justify recommending marijuana as an alternative treatment for opioid use disorder.

Furthermore, MSSNY is concerned that the New York State Department of Health is now sending a “mixed message” to physicians throughout New York State as to what are now considered acceptable methods of treating and managing pain in patients. At this time, there are no established CDC guidelines for treatment of acute pain. There is insufficient evidence to support marijuana as an alternative to other treatments for acute pain, including in patients with opioid use disorder. In fact, a recent review and meta-analysis (Hill et al 2017) found that marijuana is ineffective for acute pain.

Good evidence supports MSSNY’s position that placing a patient on Medication Assisted Treatment (MAT) for opioid use disorder is a more appropriate option for managing pain for those patients that suffer from opioid use disorder. A recent four year study on cannabis use in patients prescribed opioids for non-cancer related pain (Campbell et al 2018) concluded that there was *“no evidence that cannabis use improved patient outcomes; those who used cannabis had greater pain and lower self-efficacy in managing pain. Furthermore, we found no evidence that cannabis use reduced pain interference or exerted an opioid-sparing effect”*.

According to the Institute of Medicine report *“Relieving Pain in American: A Blueprint for Transforming Prevention, Care, Education and Research”*, 116 million adults experience chronic pain. It also noted that chronic pain is experienced individually and is more than just a physical symptom and is not always resolved by curing the underlying disease. The Centers for Disease Control and Prevention (CDC) developed and published the *“Guidelines for Prescribing Opioids for Chronic Pain”*. This guideline provides the prescriber with a series of recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than three months or past the time of normal tissue healing). Also provided is guidance for determining when to initiate or continue opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care; types of opioid selection, dosage, duration, follow-up, and discontinuation and also calls for assessing risk and addressing possible harms related to opioid medication use. The guidance also discusses having prescribers consider alternative treatments **(which does NOT include use of marijuana)** before initiating opioid therapy.

While we have concerns with expanding the list of indications for marijuana, at the same time, we believe it important to continue a thoughtful dialogue with you and other individuals from New York State Department of Health regarding the ongoing evaluation of the use of marijuana as a treatment for various conditions. We appreciated and enjoyed meeting with your staff last month to begin the discussion. MSSNY is encouraged that the Department of Health is gathering data on the marijuana program. We look forward to release of information which will be helpful to our physicians in assessing the value of marijuana to patients in New York State.

MSSNY also looks for New York State to allocate funding to assess the efficacy of the multiple formulations available for treatment of the approved conditions to improve the recommendations of certifying physicians, and to assist patients in choosing which products to purchase. Our hope is that by engaging the physicians and medical community in New York State with data from well-constructed studies we can, as partners, promote the proper, evidenced based use of marijuana and its’ component compounds.

We look forward to hearing from you on this very important matter to improve the health and safety of the citizens of New York.

Sincerely,



Thomas Madejski, MD
MSSNY President

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Marc R. Laroche, MD, MPH; Dana Bernson, MPH; Thomas Land, PhD; Thomas J. Stopka, PhD, MHS; Na Wang, MA; Ziming Xuan, ScD, SM; Sarah M. Bagley, MD, MSc; Jane M. Liebschutz, MD, MPH; and Alexander Y. Walley, MD, MSc. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality A Cohort Study. *Ann Intern Med.* 2018;169:137-145

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