

Welcome Ruth Hill to Holistic Caring Network

Greetings Holistic Caring Subscribers,

We would like to announce the addition of Ruth Hill, RN, BSN, CHPN to the Holistic Caring Team! Ruth is in Palm Springs / Coachella Valley and will contribute a career in oncology, palliative care, and psychiatric nursing. She also enjoys writing so we will all benefit from her insights in our regular column and blog editions. If you're in the Desert Hot Springs area or want a phone consultation, please book online with Ruth from our website, <https://www.holisticcaring.com/services>.

~ Elisabeth Mack, RN, MBA

The Science Behind Cannabis-Assisted Opioid Reduction

This week's article attempts to provide cannabis-assisted opioid reduction research to share with your physician or other health providers. Physicians need research. The website <https://phil420.com/> will take you to a "German Patient Roundtable" that quotes world-wide studies supporting cannabis use. Philip J. Cenedella IV, an international cannabis consultant, manages the website. A *Roundtable Discussion* on this subject was prepared by Adrienne Wilson-Poe, Ph. D and distributed by Congressman Earl Blumenauer on October 13th, 2017.

Dr. Wilson-Poe is an NIH-funded neuroscientist who has been studying cannabis, opioids, and their interaction for her entire career. She is a global leader with a strong

publication record in chronic pain, addiction, and opioid reduction. Earl Blumenauer (D) is the U.S. Representative for Oregon's 3rd congressional district, serving since 1996.

It is encouraging to note that on August 21st, 2018 the United Nations announced it will conduct a first-ever review of its cannabis ban. This could lead to rescheduling of the plant from Schedule I to Schedule II. Rescheduling to Schedule II with morphine will require physicians to write prescriptions for every tincture, pill, edible and topical creating a monumental disaster for medicinal users. This plant's chemistry is more complex than the chemistry of an opioid. Knowledgeable cannabis activists are pushing for full declassification.

If you are wondering why your physician is reluctant to prescribe opioids, one look at the policy of the California's *Prescription Drug Overdose Prevention Initiative* will end your curiosity. The initiative requires physician notification every time one of their patients dies of an overdose of opioids. That will put a damper on anyone's prescription tablet.

Getting back to the *Roundtable Discussion* the following are the results compiled by Dr. Wilson-Poe. In states with medicinal cannabis laws, opioid overdoses drop by an average of 25%. This effect gets bigger the longer the law has been in place. For instance, there is a 33% drop in mortality in California, where compassionate use has been in place since 1996. This finding was replicated by Columbia's school of public health, using a completely different analysis strategy.

The National Academies of Science and Medicine recently conducted an exhaustive review of 10,000+ human studies published since 1999, definitively concluding that cannabis itself (not a specific cannabinoid or cannabis-derived molecule) is safe and effective for the treatment of chronic pain. When 3,000 chronic pain patients were surveyed, they overwhelmingly preferred cannabis as an opioid alternative. Read PubMed Results at PMID: [28861516](#); Read Pubmed Results [PMCID: PMC5569620](#).

97% "strongly agreed/agreed" that they could decrease their opioid use when using cannabis.

92% "strongly agreed/agreed" that they prefer cannabis to treat their medical condition.

81% "strongly agreed/ agreed that cannabis by itself was more effective than taking opioids.

Cannabis is opioid-sparing in chronic pain patients. When patients are given access to cannabis, they drop their opioid use by roughly 50%. This finding has been replicated several times from Ann Arbor to Jerusalem Boehnke KF, et.al. Read PubMed Results [PMID: 27001005](#).

This opioid sparing effect is accompanied by an enhancement of cognitive function once patients begin cannabis therapy. This effect is most likely due to the fact that patients reduce their opioid use. Cannabis use is associated with a reduction in not

only opioid consumption, but also many other drugs including benzodiazepines, which also have a high incidence of fatal overdose. In states with medicinal cannabis laws, the number of prescriptions for analgesic and anxiolytic drugs (among others) are substantially reduced. Medicare and Medicaid prescription costs are substantially lower in states with cannabis laws.

CBD is non-intoxicating and is the 2nd most abundant cannabinoid found in cannabis. CBD alleviates the anxiety that leads to drug craving. In human pilot studies, CBD administration is sufficient to prevent heroin craving for at least 7 days.

For seniors who have been on opioids for chronic pain there are alternatives. A holistic approach utilizes all modes of treatment: natural herbs, cannabis, aromatherapy, acupuncture, physician therapy maintenance, and/or yoga. Utilizing a competent provider to assist with the correct medicinal cannabis product is essential for success. ~

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