

Could cannabis be a pain relief alternative to opioids?

28 October 2019, by Liz Ahlberg Touchstone



The Opioid Alternative Pilot Project offers medical cannabis as a pain-relief option for those looking to avoid or reduce opioid use, says Julie Bobitt, the director of the Interdisciplinary Health Sciences program at Illinois. Credit: L. Brian Stauffer

According to the Illinois Department of Public Health, deaths related to opioids in the state rose 13 percent between 2016 and 2017. In response to rising opioid use and associated deaths, the Alternative to Opioids Act of 2018 created the Opioid Alternative Pilot Program. The IDPH commissioned Dr. Julie Bobitt, the director of the Interdisciplinary Health Sciences program at the University of Illinois, to evaluate the program. She discussed the preliminary data and the feasibility of cannabis as an opioid alternative in an interview with News Bureau biomedical sciences editor Liz Ahlberg Touchstone.

What is the Opioid Alternative Pilot Program?

The Illinois Opioid Alternative Pilot Program provides qualifying individuals an alternative to opioids for managing their pain with the long-term goal of reducing opioid-related deaths in the state. It allows access to medical cannabis by individuals

age 21 and older who have or could receive a prescription for opioids as certified by a physician licensed in Illinois.

The OAPP officially began enrolling individuals in February as a separate [program](#) from the Medical Cannabis Patient Program. Patients enroll online through the Illinois Department of Public Health website and pay a \$10 fee for a 90-day registration period. Physician certifications can be renewed after 90 days to allow patients to continue accessing medical cannabis.

What is the prevalence of opioid prescription in Illinois? Is there evidence that legalized medical cannabis in Illinois has reduced [opioid use](#)?

The state average prescribing rate is about 51.1 per 100 persons—just below the national rate of 58.7. However, nearly 60 percent of Illinois counties have prescribing rates well over this average, with the highest being 203 prescriptions per 100 persons.

National studies have determined states with legalized [medical cannabis](#) have experienced a decline, sometimes significant, in opioids prescription rates. However, more research needs to be done in this area. The legalization of cannabis is occurring quickly, and at the same time campaigns cautioning about the use of opioids are occurring. It will take some time to monitor these programs to see if cannabis is the determining factor. We also want to pay close attention to not only [opioid](#) prescription rates, but also overdose and death rates due to opioids.

What has the OAPP's preliminary data shown about who could benefit from such a program? What work remains?

We are still collecting data on this project, but preliminary data have shown that the vast majority of the 900-plus individuals who responded to our

survey to date have enrolled in the OAPP specifically to either avoid starting opioids, or to decrease or altogether stop their use of opioids. This is a good indication that people are searching for alternative ways to control their conditions and symptoms.

We just completed phase one of our data collection and will be sending six-month follow-up surveys to respondents to continue our evaluation of the program. We specifically will look for positive and negative outcomes of program enrollment, as well as determine the needs physicians, dispensaries and individuals may have for education about the program and the use of cannabis for medical purposes.

How effective is cannabis as an alternative to opioids for pain relief?

Many smaller [clinical studies](#) have shown cannabis is a viable alternative for pain relief for a variety of chronic conditions. Most notably, a comprehensive 2017 report from the National Academies of Sciences, Engineering, and Medicine found substantial evidence supporting cannabis as an effective treatment for chronic pain in adults, as well as self-reported spasticity in individuals with multiple sclerosis.

Does cannabis have risks of addiction or abuse, and how do those compare with the risks of opioids?

There exists limited and contradicting data on this issue. As with all drugs, cannabis and opioids impact individuals differently. There have been studies that link long-term self-reported use of cannabis—especially when started in youth—with negative outcomes related to memory and addiction. There also have been numerous clinical studies that show the addictive nature of opioids.

Side effects occur with both opioids and cannabis use. As with any drug, it is always best to consult a physician to discuss the option that is best.

Provided by University of Illinois at Urbana-Champaign

APA citation: Could cannabis be a pain relief alternative to opioids? (2019, October 28) retrieved 21 August 2022 from <https://medicalxpress.com/news/2019-10-cannabis-pain-relief-alternative-opioids.html>

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