



# Ohio Society of Addiction Medicine

*A Chapter of American Society of Addiction Medicine*

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March 24, 2022

The Honorable Shane Wilkin  
Chair, Committee on Government Oversight  
Ohio House of Representatives  
1 Capitol Square  
Columbus, Ohio 43215

Re: Ohio Society of Addiction Medicine's Opposition to SB 261

Dear Chair Wilkin,

On behalf of the Ohio Society of Addiction Medicine (OHSAM), the medical specialty society representing physicians and clinicians in Ohio who specialize in the treatment of addiction, we write to express our opposition to SB 261, which updates the regulatory framework for the state's medical cannabis program. Among these changes, SB 261 adds opioid use disorder as a qualifying condition for medical cannabis. Due to the mounting death toll of the opioid epidemic in Ohio, and nationwide, it is imperative that evidence-based treatments are made more accessible to save lives.

OHSAM is dedicated to increasing access to and improving the quality of addiction treatment for patients in Ohio. Ensuring that patients have access to all Food and Drug Administration (FDA)-approved medications to treat opioid addiction is a critical part of our efforts to improve the care and treatment of patients with the disease of addiction. However, we are greatly concerned by the inclusion of opioid use disorder as a qualifying medical condition for the approval of certain provider applications for access to the state's medical cannabis program.

There is no human data on cannabis's efficacy in treating opioid use disorder.<sup>i</sup> Clinical experience has found no correlation between cannabis use and remission or recovery from opioid use disorder even though cannabis use is common among those in treatment for opioid addiction. In fact, individuals with opioid use disorder are actually at higher risk for addiction to cannabis due to common neurochemical pathways.<sup>ii</sup> **Given this robust body of countervailing evidence, we recommend that SB 261 be reported unfavorably by your committee.**

Currently, there are three categories of FDA-approved medications available in the US for the treatment of opioid use disorder: buprenorphine, methadone, and naltrexone. Each of these medication categories have been proven to be safe for the treatment of

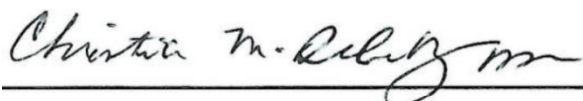
opioid addiction. Additionally, they are clinically and cost-effective in reducing drug use and promoting recovery when used in conjunction with psychosocial services. Instead of authorizing non-FDA approved treatments for opioid use disorder, we recommend that the state take steps to expand the usage of proven medications like buprenorphine, methadone, and naltrexone. **Cannabis, cannabis-based products, and cannabis delivery devices should be held to the same standards as other prescribed medications to ensure their safety and efficacy.**<sup>iii</sup>

OHSAM understands that there are epidemiologic reports showing that states in which medical cannabis is available have lower rates of both opioid prescribing and opioid overdose deaths.<sup>iv</sup> It is important to note that these studies have yet to conclude that the reductions in opioid overdose deaths and overall prescribing is a result of correlation or causation. While we overwhelmingly support expanding and easing barriers to research cannabis<sup>v</sup>, states must base their decisions for patients on the conclusive data that exists in regard to the effectiveness of current FDA-approved medications to treat opioid use disorder and the risks cannabis presents for this patient population.

A recent prospective study of patients enrolled from an emergency department who presented with a nonfatal opioid overdose showed that prescription of buprenorphine or methadone was associated with significant reductions in all-cause and opioid-related mortality.<sup>vi</sup> Medical cannabis has never been demonstrated to confer these benefits. OHSAM appreciates the state considering all resources available to help patients with opioid use disorder and addiction, but for the safety of Ohio's patients this bill must not be enacted in its current form. Instead, we ask the state to base any decisions regarding the treatment of opioid use disorder and addiction on the current scientific and clinical evidence around FDA-approved medications and address ways to further increase access and use of those proven pharmacotherapies along with psychosocial services.

OHSAM shares the state's goal of increasing access to and improving the quality of opioid use disorder and addiction treatment services. While we are opposed to this bill that would allow patients to treat their opioid use disorder with cannabis through the state's medical cannabis program, we are committed to working with the state legislature to ensure Ohio's addiction treatment system is aligned with the standards and best practices of the addiction medicine field. Please do not hesitate to contact me at [Christina.DelosReyes@UHhospitals.org](mailto:Christina.DelosReyes@UHhospitals.org) if you would like to discuss these matters in greater detail. We look forward to working with you.

Sincerely,



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Christina Delos Reyes, MD, FASAM  
President, Ohio Society of Addiction Medicine

CC: The Honorable Andrea White  
The Honorable Richard D. Brown  
The Honorable Cindy Abrams  
The Honorable Tavia Galonski  
The Honorable Timothy E. Ginter  
The Honorable Paula Hicks-Hudson  
The Honorable Don Jones  
The Honorable Brigid Kelly  
The Honorable Phil Plummer  
The Honorable Bill Seitz  
The Honorable Michael J. Skindell  
The Honorable D.J. Swearingen

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<sup>i</sup> Humphreys, K., & Saitz, R. (2019). Should physicians recommend replacing opioids with cannabis? *JAMA*, 321(7), 639–640. <https://doi.org/10.1001/jama.2019.0077>

<sup>ii</sup> Olfson, M., Wall, M. M., Liu, S.-M., & Blanco, C. (2018). Cannabis use and risk of prescription opioid use disorder in the United States. *American Journal of Psychiatry*, 175(1), 47–53. <https://doi.org/10.1176/appi.ajp.2017.17040413>

<sup>iii</sup> American Society of Addiction Medicine. (2020). *Public Policy Statement on Cannabis*. [asam.org](https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2020/10/13/cannabis) retrieved from <https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2020/10/13/cannabis>.

<sup>iv</sup> Bachhuber, M. A., Saloner, B., Cunningham, C. O., & Barry, C. L. (2014). Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010. *JAMA Internal Medicine*, 174(10), 1668–1673. <https://doi.org/10.1001/jamainternmed.2014.4005>

<sup>v</sup> American Society of Addiction Medicine. (2020). *Public Policy Statement on Cannabis*

<sup>vi</sup> Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Ann Intern Med*. 2018;169:137–145. doi: 10.7326/M17-3107