



## ACADEMY OF MEDICAL MARIJUANA DISPENSARIES

Testimony before the Public Health Committee  
February 11, 2019

### HB 5442, AN ACT ADDING CHRONIC PAIN AS A DEBILITATING MEDICAL CONDITION FOR THE PALLIATIVE USE OF MARIJUANA BY A QUALIFYING PATIENT

Good Morning Chairman Abrams and Chairman Steinberg; Senator Somers and Representative Pettit.

My name is Nathan Tinker, and I am Chief Executive of the Connecticut Pharmacists Association. I am here today representing the CPA and, more specifically, the Association's Academy of Medical Marijuana Dispensaries (AMMD), which comprises all the currently-operating medical marijuana dispensaries in the state. I am submitting testimony in support of HB 5442, An Act Adding Chronic Pain as a Debilitating Medical Condition for the Palliative Use of Marijuana by a Qualifying Patient.

In the four years that Connecticut's medical marijuana program has been active, the list of qualifying medical conditions has expanded to 32 indications for adults, and 8 indications for patients under 18 years of age. The list includes a range of disease areas, and for many patients, medical marijuana may be the only effective treatment for their condition.

According to the American Academy of Pain Medicine, 100 million Americans experience chronic pain conditions, not including an additional 55 million with pain from diabetes, cancer, heart disease and stroke. Chronic pain results in difficulty in daily function and is a cause of poor sleep for 20 percent of people. It is estimated to carry a yearly financial strain on the economy upwards of \$630 billion. Additionally, moderate to severe chronic pain can increase a person's individual annual health expenditures by over \$7,700 per year.<sup>1</sup>

Consideration of HB 5442, therefore, is not only important, but also extremely timely. Just six days ago, the journal *Health Affairs* took up this very subject, publishing a deep analysis of data from 15 states that reported the reasons given for administering medical marijuana. These patients have a number of reasons for trying medical marijuana—for example, many drugs do not effectively manage pain symptoms or they have significant side effects. Patients also may fear the addictive qualities and side effects of opioids, seeking out cannabinoids instead.

The *Health Affairs* article found that chronic pain is by far the most common reason people give when they enroll in state-approved medical marijuana programs. Indeed, in states with such programs, chronic pain comprises about 1/3 of all reported conditions, followed by other conditions such as multiple sclerosis spasticity symptoms (27.4 percent), cancer (10.0 percent), and irritable bowel disease (5.6 percent). By comparison, in states with non-

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<sup>1</sup> American Pain Society. "Chronic pain costs U.S. up to \$635 billion, study shows." ScienceDaily. ScienceDaily, 11 September 2012. <[www.sciencedaily.com/releases/2012/09/120911091100.htm](http://www.sciencedaily.com/releases/2012/09/120911091100.htm)>.

medicalized marijuana programs, chronic pain accounted for some 68% of reported conditions.<sup>2</sup> In 2017, more than 800,000 patients were enrolled in medical marijuana programs in 19 states (excluding California and Maine, which do not require patient registration). Of those, some 264,000 reported chronic pain as the primary reason for using medical marijuana. And, when surveyed, medical marijuana patients “described in great depth how medical cannabis improved their treatment of chronic-pain and enhanced their quality of life.”<sup>3</sup> Yet, Connecticut patients are currently unable to access medical marijuana for this condition.

Such patient-reported data is supported by evidence-based science. Opioids are commonly prescribed for chronic pain, and for this reason researchers have been actively examining the relationship between medical marijuana use and opioid intake. Since the inception of Connecticut’s medical marijuana program, members of AAMD have themselves been engaged in this research. In an ongoing study by an AMMD member utilizing data from the state’s Patient Medication Profile (PMP) and internal sources, 279 patients (199 “active” and 80 “non-active”)<sup>4</sup> were followed over two years to understand how medical marijuana affects opiate usage.

For “non-active” patients, results were inclusive: about one-third increased their opiate intake; one-third had no change; and the remainder reduced their opiate intake.

But for “active” medical marijuana program patients, the results were striking. A small number (15%) increased their opiate intake and 27% remained unchanged. But a **full 58% of patients actually reduced their opiate intake when on a managed medical marijuana program.**

These results are consistent with national research: In 2017, the National Academies of Science published a report entitled *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*.<sup>5</sup> The report reviews and analyzes a range of recent comprehensive studies of medical marijuana and chronic pain, including one on survey data from patrons of a Michigan medical marijuana dispensary suggesting that medical cannabis use in pain patients was associated with a 64 percent reduction in opioid use.<sup>6</sup> Similarly, recent analyses of prescription data from Medicare Part D

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<sup>2</sup> Kevin F. Boehnke , Saurav Gangopadhyay , Daniel J. Clauw , and Rebecca L. Haffajee. “Qualifying Conditions Of Medical Cannabis License Holders In The United States.” *Health Affairs*, Vol 38, No 2, Feb 5, 2019.

<sup>3</sup> Brian Piper;Monica Beals; Alexander Abess; Stephanie Nichols; Maurice Martin;Catherine Cobb; Rebecca DeKeuster. “Chronic pain patients' perspectives of medical cannabis.” *Pain*, 158(7):1373–1379, Jul 2017

<sup>4</sup> “Active” patients are those who have purchased medical marijuana products within 3 months of data collection; “Non-active” are patients that have not received product for more than 3 months of data collection. Data provided by Prime Wellness of Connecticut.

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>.

<sup>6</sup> Boehnke, K. F., E. Litinas, and D. J. Clauw. 2016. “Medical cannabis use is associated with decreased opiate medication use in a retrospective cross-sectional survey of patients with chronic pain.” *Journal of Pain* 17(6):739–744.

enrollees in states with medical access to cannabis suggest a significant reduction in the prescription of conventional pain medications.<sup>7</sup>

In its conclusions, NCI was unequivocal:

**“There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.”<sup>8</sup>**

Further, a 2015 Harvard study published in the Journal of American Medical Association reviewed 28 randomized clinical trials of cannabinoids as pharmacotherapy for indications other than those for which there are two FDA-approved cannabinoids (dronabinol and nabilone). The researchers concluded that the

**“use of marijuana for chronic pain, neuropathic pain, and spasticity due to multiple sclerosis is supported by high-quality evidence.”<sup>9</sup>**

In conclusion, there is no qualifying condition that has been as widely cited or broadly studied as chronic pain. Acknowledging this, Kevin Boehnke, lead author of the *Health Affairs* study, has said that **“The majority of patients for whom we have data are using cannabis for reasons where the science is the strongest.”<sup>10</sup>**

For this reason alone, including chronic pain on the list of qualifying medical conditions should be a public health priority and we fully support it.

Nathan Tinker  
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<sup>7</sup> Bradford, A. C., and W. D. Bradford. 2016. “Medical marijuana laws reduce prescription medication use in Medicare part D.” *Health Affairs* 35(7):1230–1236.

<sup>8</sup> Ibid.

<sup>9</sup> Hill, KP. “Medical Marijuana for Treatment of Chronic Pain and Other Medical and Psychiatric Problems: A Clinical Review.” *JAMA*. 2015 Jun 23-30;313(24):2474-83. doi: 10.1001/jama.2015.6199.

<sup>10</sup> Associated Press/NBC News. “Chronic pain top reason for medical marijuana use, study says.” <https://www.nbcnews.com/health/health-news/chronic-pain-top-reason-medical-marijuana-use-study-says-n967131>