Relationship Between Marijuana and Opioids

Cannabis access is associated with reduced rates of opioid use and abuse, opioid-related hospitalizations, opioid-related traffic fatalities, opioid-related drug treatment admissions, and opioid-related overdose deaths

"The objective of this study was to determine if the use of medical cannabis affects the amount of opioids and benzodiazepines used by patients on a daily basis. ... Over the course of this 6-month retrospective study, patients using medical cannabis for intractable pain experienced a significant reduction in the number of MMEs (daily milligram morphine equivalents) available to use for pain control."

Medical cannabis: Effects on opioid and benzodiazepines requirements for pain control, The Annals of Pharmacotherapy, 2019

"We examine the association between opioid prescription patterns in privately insured adults and changes in state cannabis laws among five age groups (18–25, 26–35 36–45, 46–55 and 56–64 years). ... [I]n states which implemented medical cannabis use laws (but not other categories of cannabis liberalization laws), lower rates of opioid prescription were seen in the younger age cohorts (18–25, 26–35, 36–45 and 46–54 years)."
Association between cannabis laws and opioid prescriptions among privately insured adults in the US, Preventive Medicine, 2019

Cannabis access is associated with reductions in overall prescription drug spending

"This longitudinal analysis of Medicare PartD found that prescriptions filled for all opioids decreased by 2.11 million daily doses per year from an average of 23.08 million daily doses per year when a state instituted any medical cannabis law. Prescriptions for all opioids decreased by 3.742 million daily doses per year when medical cannabis dispensaries opened. ... Combined with previously published studies suggesting cannabis laws are associated with lower opioid mortality, these findings further strengthen arguments in favor of considering medical applications of cannabis as one tool in the policy arsenal that can be used to diminish the harm of prescription opioids."
Association between US state medical cannabis laws and opioid prescribing in the Medicare Part D population, JAMA Internal Medicine, 2018

The adjunctive use of cannabis augments the analgesic properties of opioids

"The reduction of opioid dosing when used in combination with cannabis/cannabinoids reduces side effects and allows for easier detoxification and weaning due to less of a tolerance and withdrawal from opiates, and rekindling of opiate analgesia after prior dosages have worn off. Because of the cannabis-opioid synergistic interactions as suggested by available data, cannabis has been suggested as a tool in the opioid detoxification and weaning process. .... Unfortunately, most chronic pain management programs have rules and “opioid contracts” mandating patients to be free of cannabis/cannabinoid use for enrollment and ongoing treatment. Given the abundance of evidence-based medicine and research on cannabinoid-opioid synergy, these policies seem quite outdated and should be re-evaluated. Patients using cannabis/cannabinoids may inadvertently be assisting their own detox and weaning from opiates. Chronic pain management programs should harness this potential benefit within their treatment program and use it to their patients’ advantage."
Medicinal properties of cannabinoids, terpenes, and flavonoids in cannabis, and benefits in migraine, headache and pain: An update on current evidence and cannabis science, Headache, 2018
Patients often use cannabis as a substitute for other controlled substances, including prescription medications, alcohol, and tobacco

"In this exploratory CEA (cost effective analysis) of smoked cannabis for neuropathic pain, we found augmentation of standard therapy agents for neuropathic pain with smoked cannabis to be cost-effective over the short- and long-term. ... Judicious use of medicinal cannabis alongside standard therapy agents may be particularly beneficial to patients with refractory pain and to active cannabis users."

A cost-effective model for adjunctive smoked cannabis in the treatment of chronic neuropathic pain, Cannabis and Cannabinoid Research, 2019

"The aim of this study is to characterize the epidemiology of cancer patients receiving medical cannabis treatment and describe the safety and efficacy of this therapy. ... We analyzed the data routinely collected as part of the treatment program of 2970 cancer patients treated with medical cannabis between 2015 and 2017. ... A total of 1013 patients responded to the medication chapter before and during treatment. At intake these patients took together 3982 regularly used drugs (medications they take regularly). 35.1% reported a decreased in their drugs consumption, mainly in the following families: other analgesics and antipyretics, hypnotics and sedatives, corticosteroids and opioids. Opioids, for example, was the most prevalent drug consumed by 344 patients (33.9%) at intake, 36% of them stopped taking opioids [and] 9.9% decreased [their] dose."

Prospective analysis of safety and efficacy of medical cannabis in large unselected population of patients with cancer, European Journal of Internal Medicine, 2018

Chronic pain patients are less likely to abuse medicinal cannabis as compared to opioids

"Generally, rates of problematic use of MC (medicinal cannabis) among MC users seem lower than rates of problematic use of opioids among those prescribed opioids."

Problematic use of prescription opioids and medicinal cannabis among patients suffering from chronic pain, Pain Medicine, 2016

Chronic pain patients are less likely to become depressed using medical cannabis

"Prevalence of depression among patients in the OP (opioids), MM (medical marijuana) and OPMM groups was 57.1%, 22.3% and 51.4%, respectively and rates of anxiety were 48.4%, 21.5% and 38.7%, respectively. ... Levels of depression and anxiety are higher among chronic pain patients receiving prescription opioids compared to those receiving MM. Findings should be taken into consideration when deciding on the most appropriate treatment modality for chronic pain, particularly among those at risk for depression and anxiety."

Depression and anxiety among chronic pain patients receiving prescription opioids and medical marijuana, Journal of Affective Disorders, 2017

Cannabis use is associated with greater rates of opioid use treatment retention and may mitigate opioid-related cravings

"This exploratory double-blind randomized placebo-controlled trial assessed the acute (1 hour, 2 hours, and 24 hours), short-term (3 consecutive days), and protracted (7 days after the last of three consecutive daily administrations) effects of CBD administration (400 or 800 mg, once daily for 3 consecutive days) on drug cue–induced craving and anxiety in drug-abstinent individuals with heroin use disorder. ... Acute CBD administration, in contrast to placebo, significantly reduced both craving and anxiety induced by the presentation of salient drug cues compared with neutral cues. CBD also showed significant protracted effects on these measures 7 days after the final short-term (3-day)
CBD exposure. In addition, CBD reduced the drug cue–induced physiological measures of heart rate and salivary cortisol levels. There were no significant effects on cognition, and there were no serious adverse effects. CBD's potential to reduce cue-induced craving and anxiety provides a strong basis for further investigation of this phytocannabinoid as a treatment option for opioid use disorder."

"Cannabidiol for the reduction of cue-induced craving and anxiety in drug-abstinent individuals with heroin use disorder: A double-blind randomized placebo controlled trial, in The American Journal of Psychiatry, 2019"