



OPIOIDS

Clinical Summary



HARVEST
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Opioid Reduction

Opioids refer to a broad class of pain-relieving drugs naturally found in the opium poppy plant.¹ Being effective analgesics, they are widely used in both acute and chronic pain conditions but are associated with serious side effects, such as respiratory depression (life-threatening), confusion, and sedation.¹



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Even more concerning is the fact, owing to its effects in the brain that produce feelings of euphoria, many patients find opioid use to be pleasant and enjoyable.² In Canada, opioid overdose led to 4000 deaths in 2017 and opioid-related hospitalizations increased by 53% over the past 10 years.³ The COVID-19 outbreak is worsening the already deadly and ongoing public health crisis of opioid overdoses and death. It is having a tragic impact on people who use substances, their families, and communities across Canada.⁴ The government of Canada also reports that 96% of deaths from January to September 2020 were accidental (unintentional).⁴



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Being that opioids are commonly used for pain conditions, that other analgesics have been ineffective for, uncontrolled pain and exhaustion of other available analgesics are at the root of the opioid crisis. The fundamental solution would be to find another analgesic that can replace or complement the use of opioids. There is emerging evidence to suggest that medical cannabis (MC) may be a viable solution to mitigating opioid overuse.



The positive effects of MC on pain relief and opioid use reduction have been well described by patients. A survey in 2032 Canadian MC users was conducted to determine patterns of cannabis substitution, which describes the practice of using MC products to reduce the use of other substances.³ The most commonly cited substitution was for opioids, and 59.3% of the participants using MC as a substitute for opioid were able to completely stop opioid treatment while 18.4% managed to decrease their opioid use by 75%.³ Similarly, in a US survey conducted to ascertain cannabis substitution for opioids, 41% of participants identifying themselves as users of both opioids and MC reported decreasing or stopping opioid use following MC treatment.⁵ They cited better pain management (36%) and fewer side effects (32%) as primary reasons for cannabis substitution.⁵

The positive effects of MC on opioid use reduction have also been well demonstrated by more objective findings. In the United States, there was a mean 24.8% reduction in the annual rate of opioid overdose deaths in states that have established medical cannabis laws (95% CI, -37.5 to -9.5%, $P=0.003$).⁶ In a study looking at 800,000 patients undergoing pain management, urinary opiate levels in MC users were significantly lower than non-MC users, thus establishing an association between MC and decreased opioid use.⁷

In another study, when patients with severe pain were prescribed MC, a significant decrease in their daily opioid dose (milligram morphine equivalent) was observed at both 3 months (median MME -32.5mg, $p=0.013$) and 6 months (median MME -39.1mg, $p=0.001$).⁸



As with any other treatment, MC has its limitations. Although many people across different studies reported reducing their opioid use following MC treatment initiation, some reported no change or even an increase in their opioid use.⁵ Also, MC use in chronic pain was associated with headache, dry eyes, burning sensation, and dizziness.⁹ Therefore, for optimal MC substitution, it is important to consult experienced healthcare professionals and follow-up routinely.

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