## A MEMORIAL

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REQUESTING THE SECRETARY OF HEALTH TO ADD OPIOID USE DISORDER AS A "QUALIFYING CONDITION" IN DEPARTMENT OF HEALTH RULES IN ORDER THAT INDIVIDUALS LIVING WITH OPIOID USE DISORDERS MAY BE ELIGIBLE TO PARTICIPATE IN THE LYNN AND ERIN COMPASSIONATE USE ACT MEDICAL CANNABIS PROGRAM; REQUESTING THE NEW MEXICO LEGISLATIVE COUNCIL TO CHARGE THE LEGISLATIVE HEALTH AND 8 HUMAN SERVICES COMMITTEE WITH HEARING EXPERT TESTIMONY ON USING MEDICAL CANNABIS TO PROVIDE AN ALTERNATIVE TO OPIOIDS IN ACUTE AND CHRONIC PAIN MANAGEMENT AND IN PREVENTING AND TREATING OPIOID USE DISORDERS. 11

WHEREAS, every day, more than ninety Americans die after overdosing on opioids, often after becoming addicted to these drugs; and

WHEREAS, many of these opioids are prescribed to patients for the treatment of pain; and

WHEREAS, there is a growing body of research showing that medical cannabis may be a safe alternative allowing the replacement or reduction of opioid-based treatments, thereby reducing the risk and number of opioid-related deaths; and

WHEREAS, cannabis helps to reduce symptoms associated with detoxing from opioids, including nausea, vomiting, pain and anxiety, as well as cravings; and

WHEREAS, opioid use disorder often goes untreated

because medication assisted treatment is not accessible to many residents of New Mexico, especially those living in rural areas of the state; and

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WHEREAS, a study published in 2017 in *Harm Reduction* Journal provides evidence that suggests that expanding medical cannabis programs to people with opioid use disorders could help people suffering from addiction at risk of dying from overdose; and

WHEREAS, a study published in 2017 in the American Journal of Public Health concludes that legalization of cannabis in Colorado was associated with short-term reductions in opioid-related deaths; and

WHEREAS, a 2009 study of three hundred fifty medical cannabis patients in California found that twenty-six percent of respondents reported they used cannabis as a substitute for illicit drugs and sixty-five and eight-tenths percent as a substitute for prescription drugs; and

18 WHEREAS, a similar study to the 2009 California medical 19 cannabis patient study that was done in Canada in 2016 found 20 results similar to those reported in the California study; 21 and

WHEREAS, a study published in 2014 in the Journal of the American Medical Association found that states with medical cannabis laws were associated with a significant reduction in mortality from opioid use, with a twenty-five percent

reduction in opioid overdose deaths reported in these states; and

WHEREAS, the intent of the medical cannabis program is to provide access to allow the beneficial use of medical cannabis within a regulated system; and

WHEREAS, a recent university of Michigan study has concluded that patients using medical cannabis to control chronic pain reported a sixty-four percent reduction in their use of more traditional prescription pain medications, including opioids; and

WHEREAS, researchers from the university of Michigan school of public health and the university of Michigan medical school reported that their results suggest that for some people, medical cannabis may be an alternative to more common prescription painkillers at a time when national health leaders are asking the medical community to cut back on prescribing opioids such as Vicodin and OxyContin; and

WHEREAS, hundreds of people in Massachusetts who are addicted to opioids are being treated with medical cannabis; and

WHEREAS, a March 2017 article in the journal *Trends in Neurosciences* urges that the initial promise shown by cannabidiol warrants additional clinical studies to further evaluate cannabidiol's potential as a treatment for opioid use disorders; and

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WHEREAS, a study published in 2017 in the journal *Planta Medica* suggests that cannabidiol, a nonpsychoactive compound found in medical cannabis, blocks opioid reward centers and thereby may be effective in treating opioid use disorders; and

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WHEREAS, on November 6, 2016 and November 3, 2017, the New Mexico medical cannabis advisory board recommended to the secretary of health that opioid use disorder be included in department of health medical cannabis program rules as a "qualifying condition", that would render those living with opioid use disorders as eligible to participate in New Mexico's medical cannabis program; and

WHEREAS, in the first regular session of the fifty-third legislature, the legislature passed a bill that would have added opioid use disorder to the list of qualifying conditions;

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE 17 STATE OF NEW MEXICO that, in light of the epidemic of 18 opioid-induced deaths in New Mexico and recommendations by 19 20 the New Mexico medical cannabis advisory board to include opioid use disorder among those conditions listed in 21 department of health rules as a "qualifying condition" for 22 participation in the Lynn and Erin Compassionate Use Act 23 medical cannabis program, the secretary of health be 24 requested to adopt and promulgate in the department of 25

health's medical cannabis program rules opioid use disorder as a "qualifying condition"; and

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BE IT FURTHER RESOLVED that the New Mexico legislative council be requested to charge the legislative health and human services committee with hearing evidence related to the use of medical cannabis to combat opioid use disorders during the 2018 legislative interim; and

BE IT FURTHER RESOLVED that, if it is charged with holding hearings on the use of medical cannabis to combat opioid use disorders during the 2018 legislative interim, the legislative health and human services committee receive testimony from the secretary of health, the medical cannabis advisory board, the chair of the New Mexico medical board and the chair of the board of osteopathic medicine as well as national experts in the therapeutic application of medical cannabis, in acute and chronic pain management and in the prevention and treatment of substance use disorders; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the president pro tempore of the senate, the speaker of the house of representatives, the chair of the legislative health and human services committee, the secretary of health, the members of the medical cannabis advisory board, the chair of the New Mexico medical board and the chair of the board of osteopathic medicine.