

10/29/16

Dear members of the New Mexico Medical Advisory Board to the NM Cannabis Program,

I am submitting this statement in support of the petition to the NM Medical Advisory Board to add opiate dependence as a qualifying condition.

I am a physician who has practiced in New Mexico for 35 years. For 23 years I was a public health physician with the NM Department of Health (DOH) where I assisted in setting up the NM Harm Reduction Program, the Milagro Perinatal Substance Abuse program, a DOH buprenorphine (Suboxone) induction clinic in Albuquerque, and helped start the methadone maintenance treatment program at the Bernalillo County Metropolitan Detention Center.

I continue to treat patients in New Mexico who have an Opioid Use Disorder (OUD) using buprenorphine (Suboxone) and methadone. For the past five years I have consulted on medication assisted treatments (MAT) throughout Southeast Asia - working with both government and non-governmental organizations.

I support the petition to add opiate use disorder as a qualifying diagnosis for the NM Medical Cannabis program for the following reasons:

- 1 - A patient on methadone who is arrested for possession of cannabis risks being sent to jail where, with the sole exception of methadone patients who are booked at the Bernalillo County Metropolitan Detention Center, will have their methadone

treatment discontinued. The involuntary discontinuation of their methadone or buprenorphine means that people will suffer from opiate withdrawal symptoms during their incarceration. This leads some people to seek, and to use heroin while in jail which places them at risk of acquiring a blood borne infection (such as hepatitis C or HIV) from sharing of needles and of overdose death. It is almost certain that anyone whose MAT is involuntary discontinued during incarceration will relapse to opiate use after they are released from jail and will be at high risk of overdose death. Death is an unacceptable price to pay for being in possession of marijuana.

2 - Whether or not patients with OUD are on medication assisted treatment (MAT) with methadone or buprenorphine, there are a number of reasons why the use of medical cannabis may benefit this population.

Many of my patients who *are* in MAT programs tell me that they use illicit or medical cannabis to decrease their cravings for opiates. Cravings are a problem for many patients, especially early in the course of their treatment with methadone or buprenorphine, and this puts them at risk for continued use of heroin and other opioids, or use of other drugs, and for relapse.

I have a number of patients who tell me that cannabis use decreases their anxiety, pain, insomnia and PTSD symptoms. Medical cannabis is safer to use in these situations than would the use of illegal drugs, and even in some cases, of legally prescribed medications (such as poorly monitored or inappropriately prescribed benzodiazepines or opioids) that may increase their risk for relapse and possibly of overdose.

Patients who are not on MAT often use cannabis to help them cope with opiate withdrawal and cravings. While cannabis is not a substitute for appropriate treatment with MAT, delaying or decreasing heroin, or other opioid use reduces harms for the individual, family and community.

3 - Although there are few definitive scientific studies that demonstrate the safety and effectiveness of regulated cannabis use in the OUD population, there is extensive anecdotal and plausible evidence that patients can benefit from the use of cannabis. There is also a growing body of studies showing that cannabis improves tolerance to pain which is a common problem for OUD patients, whether or not they are receiving MAT.

4 - Many patients with OUD have chronic hepatitis C. Any alcohol use is dangerous for these patients. By allowing patients to use medical cannabis as a safer alternative, we could reduce risk to patient health.

5- Many people with OUD in NM who would benefit from MAT are unable to access treatment. This is due to many factors such as geographic barriers, shortage of physician prescribers, and financial barriers such as being uninsured or underinsured.

Until MAT is more readily accessible in NM, use of medical cannabis would reduce risk by providing a safer option than many of the legal or illegal medications commonly used to self medicate for withdrawal symptoms and cravings. Often legal and illicit opiates, heroin, alcohol, methamphetamine, cocaine, benzodiazepines and other drugs are used, leading to significant health risks.

6 - From a public health and safety, and harm reduction perspective, it is safer for a person with OUD to obtain their cannabis from a regulated, legal and licensed provider than from a drug dealer who is more likely to offer addictive and dangerous drugs when the cannabis is purchased.

In my professional opinion there are valid reasons for including opiate dependence/addiction among the diagnoses for medical cannabis in New Mexico, all of which far outweigh any potential risks.

In addition, I recommend that every medical provider who refers OUD patients for medical cannabis should be required to provide their patients with medically accurate information and referrals for MAT, harm reduction services - such as syringe exchange - and should prescribe, dispense or refer all patients for naloxone (Narcan) to reverse overdoses.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bruce G. Trigg', with a stylized, flowing script.

Bruce G. Trigg, MD