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EXIT DRUGS IN THE GREEN ZONE

April 17, 2018 By EMILY ARNTSEN, JASMINE BRASWELL and KATHERINE ISBELL — Leave a Comment



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From the doc's office to the dispensary, Mass continues to fight opioids with cannabis

The opioid crisis in Massachusetts is costly. As has been the war on drugs. From the financial toll to the thousands of lives lost, the nightmares continue to add up. According to the Mass Department of Public Health, opioid-related deaths—mostly overdoses—in the state reached 2,100 in 2016.

Marijuana, on the other hand, already makes the Commonwealth—as well as municipalities where there are medical dispensaries—significant money, while recreational cannabis will bring in millions more. In addition to the nearly \$26 million in revenue that Mass has seen from its medical program [since 2014](#), the state also stands to earn anywhere from \$45 to \$83 million in tax revenue during the first year of legalized sales. After that, it is estimated that cannabis will bring in between \$93 and \$172 million from second-year sales reaching between \$707 million and \$1.3 billion.

When this lucrative reality is viewed within the same context as the devastation wrought from hard drugs, certain solutions seem increasingly possible. [According to the US Drug Enforcement Agency](#), “no death from overdose of marijuana has been reported.” Comparatively, between 2000 and 2017, approximately 15,889 people died from opioid-related overdoses in Mass alone (the rate has steadily increased over that time; it may have dipped slightly since 2016, though annual totals for the past three years have yet to be finalized by the state Department of Public Health).

“About 30 percent of our patients have been on some form of opioids in the past or are currently using opioids now,” said Uma Dhanabalan, a doctor at Uplifting Health and Wellness in Natick. Dhanabalan has worked at the intersection of cannabis and opioid addiction since 2013; a certified cannabinoid medicine specialist, she provides guidance on treatments and helps people secure medical cards and prescriptions at her practice. Her patients suffer from varying ailments, with a considerable number coming for help quitting opioids, either prescribed or illicit.

“A lot of our patients want to use cannabis because they want to stop taking the medications they’re currently on,” Dhanabalan said.

[According to the Governor’s Working Group on Opioids](#), the state has allotted more than \$500 million for efforts to combat the opioid crisis over the last four fiscal years. The funding has gone to initiatives including community education, programs for nasal naloxone access (the lifesaving medication can reverse an overdose), community drug prevention education, and access to support services.

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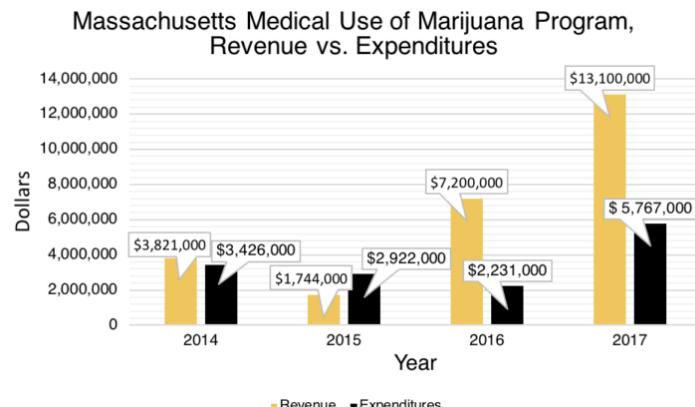
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But despite some occasional minor statistical victories, the problem persists.



FACING THE REAL PROBLEM

According to FBI numbers from last decade, 53 percent of drug arrests in the northeast were for marijuana-related offenses, while offenses involving heroin and other drugs including and related to opioids comprised 33.3 percent of arrests. Similarly, a 2010 report by Jeffrey Miron, an economics professor and department head at Harvard University, estimated that at times, Mass has spent more than \$92 million a year enforcing marijuana prohibition. He goes on to estimate that, for all drug prohibition, Mass has spent hundreds of millions of dollars a year fighting the drug war, between law enforcement, the judiciary, and the prison system.

Though it has been decades since President Richard Nixon perpetuated countless incorrect claims about substance abuse, the idea that cannabis is a "gateway drug" to heroin still looms. Even some members of the state's Cannabis Advisory Board hold such views. For the most part, however, people are realizing that the real culprit behind opioid addiction isn't cannabis—it's prescription painkillers sold under brand names like Vicodin, OxyContin, and Percocet. Those are the real "gateway drugs." Last October, even President Donald Trump declared a public health emergency, though critics level that his measures won't go close to far enough to make a difference.

Cannabis, meanwhile, has the potential to save lives, said Jordan Tishler, a physician who runs a medical marijuana wellness clinic, Inhale MD. He's worked in cannabis for five of his 25 years in medicine and is happy with what Mass has done with its medical law, enshrining a list of eight conditions for which cannabis can be prescribed, as well as leaving space for doctors to prescribe as they see fit. Other states like Colorado haven't been as careful, leaving patients in the cold.

"Massachusetts took a very different approach, which I think was brilliant," he explained. "We are now in the position for applying our science and knowledge to patients and determining whether a patient is likely to benefit from this medication."

Politicians are overstepping their jurisdiction when they interfere with the sanctity of the patient-doctor relationship, Tishler added. The list of approved conditions, for example, shouldn't really be up to politicians to define.

"Fundamentally, the real problem is who are these politicians and what makes them knowledgeable enough to make a list of these conditions [that marijuana is suitable for?]" Tishler said. "The point is neither the politicians, nor the people they are getting involved with, are qualified to make this determination."

Through the turbulence, proponents see an opportunity to lobby on behalf of marijuana. Many have given cannabis a bold new nickname, the "exit drug," because of benefits for patients who are trying to ditch opioids. Experts have found that cannabis does not trigger opioid users to relapse, and is oftentimes a strong alternative for pain management. Though such studies have been available for years, cannabis remains a Schedule I drug at the federal level, which means it isn't approved for medicinal use in the same way that opiates are. So doctors like Dhanabalan give recommendations and meet with patients to monitor progress.

"The worst case scenario is that a patient has to sleep [a dose] off," Dhanabalan said.

LOW POTENTIAL, HIGH POTENTIAL

At the end of a nondescript side street in Quincy is a windowless, signless warehouse identified solely by



Photo of blueberry muffins infused with CBD isolate via Ermont

the overwhelming smell of marijuana around it. Ermont is Quincy's first and only medical marijuana dispensary, and because of local policies, the facility is not allowed to have any signage or products visible from outside.

Inside, past the security window, there's a lobby that looks like a health food store. Patients with state-issued cards line up at the counter, waiting for their turn to consult with an Ermont employee about which strains best suit their needs. Known for edible fascinations like medicated pizza, Ermont offers a variety of products, ranging from peanut

butter to pre-rolled joints, split along four categories—relax, sleep, relieve, amplify. Those are just quick identifiers, though, as each product is unique in its effects.

Patients come here for a range of ailments. According Ermont CEO Jack Hudson, some are trying to fight chronic pain and wean themselves off of prescription drugs.

"One of our patients was in a horrific car accident," Hudson said. "While she was in the hospital, they wanted to give her opioid painkillers, but she didn't want them because she was high on painkillers when she got in the accident in the first place. She is still in chronic pain, but she manages it through marijuana, not opioids."

It's a common story. Hudson said he asked that particular patient, "When you're medicated, does that trigger you? Does it make you want to take painkillers?" He reports that she said, "No, because I know this is medicine, and I treat it like medicine. I know it's helping me get through the day without using painkillers."

While studies and statistics, [including data](#) recently published by the Minnesota Department of Health, show that access to cannabis may reduce opioid abuse, conclusive evidence remains somewhat elusive. Nevertheless, cannabis does have demonstrably low addiction potential, which is positive for patients with a history of compulsive behavior.

"Marijuana has addictive potential, which is the case for most substances ... not super high, though," said Dr. Joji Suzuki, an associate psychiatrist and addiction researcher at Brigham and Women's Hospital. "It's the most-used illicit drug used in the US, and yet we almost never have patients come in and say, 'I feel like I can't stop using marijuana.'"

People who use marijuana do not exhibit the usual signs of addiction, Suzuki pointed out. He defined addiction as a three-stage process: lack of control, cravings, and negative consequences.

"Generally we don't see people who fit those categories with marijuana," he added.

At Ermont, like with other dispensaries around the state, patients searching for painkillers can choose from various THC and CBD products and hybrids, which can help with pain relief in different ways. As is becoming common knowledge in these spaces in the medical and recreational era, THC is more known for euphoric properties, while CBD, a non-psychoactive compound, has a distinctly physical effect on the body.

It's anybody's guess if or when there will ever be more dispensaries than traditional pharmacies or more doctors like Dhanabalan than those who prescribe OxyContin; but with rec dispensaries slated to open on July 1, Mass at least appears to be moving further from opioids and closer to cannabis.

See more of Emily, Katherine, and Jasmine's work at [@theexitdrug](#) on Twitter

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sometimes i go by katherine | probably holding a guitar at the moment | most of my friends are dogs | journalism student | instagram: katieisbell

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