

Congress of the United States
Washington, DC 20515

December 5, 2017

The Honorable Eric D. Hargan
Acting Secretary
U.S. Department Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Secretary:

As you know, our country is grappling with an opioid epidemic that is now taking 91 lives every single day.¹ According to the Centers for Disease Control and Prevention, prescription opioids are involved in almost half of all fatal opioid overdoses.² Prescription drugs have been a key factor in the rapid growth of this public health emergency, which has hit communities all across America. Our health care providers, first responders, and community advocates have been on the front lines working tirelessly to deliver prevention, treatment and recovery services to those impacted by this epidemic, and they require sustained action and support from public officials at all levels of government.

The federal government can play a unique and critical role to help communities struggling to combat the opioid epidemic with every tool available. This includes conducting epidemiological research, exploring possibilities for alternative treatments to the prescription pain medications that have been at the center of this crisis, and sharing best practices and current data with state and local public health officials, as well as the public.

Recent studies published by qualified academic researchers suggest that marijuana may prove to be a useful alternative treatment for chronic pain instead of harmful, addictive prescription opioids, and that marijuana may reduce the overall number of opioid overdose deaths.

- A 2014 JAMA Internal Medicine study analyzed all 50 states and found that those with medical marijuana laws had 25% fewer fatal opioid overdoses than states that had no such laws between 1999 and 2010.³
- A HealthAffairs study published last year looked at Medicare Part D prescribing data and found that with the implementation of state medical marijuana laws, among prescriptions for pain there was a reduction of 1,826 daily doses filled per prescriber per year. This same study also found that due to implemented medical marijuana laws, Medicare Part D savings were over \$165 million among seventeen states and the District of Columbia in 2013.⁴
- A 2016 Journal of Pain survey of chronic pain patients found that among participants there was some suggested benefit to medical marijuana use, such as fewer side effects to

¹ <https://www.cdc.gov/drugoverdose/epidemic/index.html>

² <https://www.cdc.gov/drugoverdose/>

³ <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1898878>

⁴ <http://content.healthaffairs.org/content/35/7/1230.full>

medication, a 64% reduction in overall opioid use, and an improved quality of life among half of patients.⁵

- A report released in January 2017 by the National Academies of Sciences, Engineering, and Medicine compiled research from over 10,000 studies on marijuana and its components. The report states that “in adults with chronic pain, patients who were treated with cannabis or cannabinoids are more likely to experience a clinically significant reduction in pain symptoms.” This report also concluded that “there is substantial evidence that cannabis is an effective treatment for chronic pain in adults.”⁶

The evidence that marijuana may have a positive therapeutic warrants additional attention from the federal government. We request that you provide answers to the following questions:


1. Please describe in detail what the Department of Health and Human Services (HHS) is doing to fill the gap in our knowledge about the use, uptake, and effectiveness of medical marijuana as an alternative to opioids for pain treatment in states where it is legal.
 - a. Please describe in detail any federal efforts to conduct research the impact of state medical and recreational marijuana laws on opioid overdose deaths.
 - b. Please also describe in detail efforts by other federal agencies under the jurisdiction of HHS.
2. Please describe in detail what HHS and other federal agencies are doing to work with states that have implemented medical marijuana laws to collect data on the impact of these laws on opioid overdose deaths.
3. Is HHS committed to implementing evidence-based policies regarding the use of medical marijuana as an alternative pain treatment in an effort to promote public health?
4. Is HHS committed to making any research on the therapeutic benefits of marijuana available to states including as a more benign alternative to opioids for pain management, so that they can implement evidence-based policies to address the opioid epidemic?
5. Please describe in detail any ongoing efforts to share this research on marijuana’s potential as an alternative pain treatment to addictive and dangerous prescription medications with other federal agencies, including but not limited to the Office of National Drug Control Policy, the Drug Enforcement Administration, and the Department of Justice.

We should not ignore any information that suggests there may be a tool available to fight the opioid epidemic that we are not using to the fullest extent. While it is clear that more research is necessary, it is equally clear that medical marijuana is an alternative pain treatment that merits the attention of the federal government. We appreciate your consideration of these questions and respectfully request a response by December 1, 2017.

Sincerely,

⁵ [http://www.jpain.org/article/S1526-5900\(16\)00567-8/abstract](http://www.jpain.org/article/S1526-5900(16)00567-8/abstract)

⁶ <https://www.nap.edu/read/24625/chapter/6>



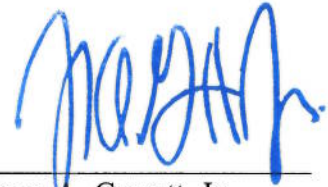
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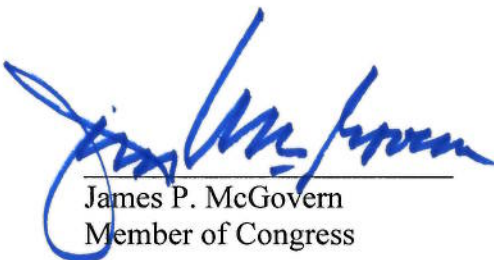
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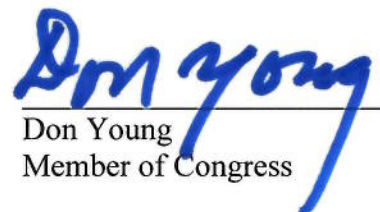
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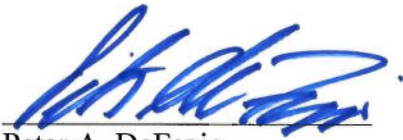
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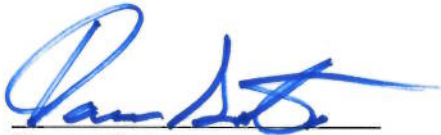
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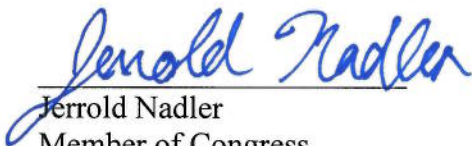
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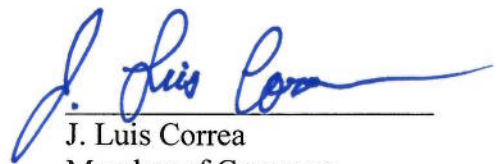
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