

OREGON PAIN MANAGEMENT COMMISSION POSITION STATEMENT

Medical Use of Marijuana

Intent

The intent of this position statement is to advocate for patient access to marijuana for therapeutic purposes and to support national efforts to have the Drug Enforcement Administration (DEA) reclassify medical marijuana as a schedule II controlled substance. This position statement is endorsed by the Oregon Pain Commission (OPMC), which is an independent commission. The OPMC is not issuing this position statement on behalf of the Oregon Health Authority (OHA), nor is it endorsed by the OHA.

Background

Inadequate pain relief is a serious public health problem in the United States. All health care providers who treat patients in pain (regardless of whether the pain is acute or chronic, or a result of terminal illness or non-life-threatening injury or disease) should become knowledgeable about effective methods of pain treatment. Particular difficulties face the clinician managing intractable patients afflicted with cancer-associated pain, neuropathic pain, and central pain states (e.g. pain associated with multiple sclerosis) that are often inadequately treated with analgesics and co-analgesics.

Marijuana has been used for its medicinal properties for centuries. Numerous randomized clinical trials have demonstrated safety and efficacy in treating central and peripheral neuropathic pain.^{1 2 3 4 5}

Position

- Position 1: OPMC supports programs and funding for rigorous scientific evaluation of the potential therapeutic benefits of medical marijuana and the publication of such findings.

¹ American College of Physicians. Supporting Research into the Therapeutic Role of Marijuana. Philadelphia: American College of Physicians; 2008: Position Paper. http://www.acponline.org/advocacy/where_we_stand/other_issues/medmarijuana.pdf

² New York State Nurses Association, Developed by the Statewide Peer Assistance Committee, January 2008, Approved by the NYSNA Board of Directors, 11 June 2008 from <http://www.nysna.org/practice/positions/position30.htm>

³ Smoked Medicinal Cannabis for Neuropathic Pain in HIV: A Randomized, Crossover Clinical Trial, Ronald J. Ellis, et al, Neuropsychopharmacology, 2008, <http://www.nature.com/npp/journal/v34/n3/full/npp2008120a.html>

⁴ Abrams DI, Jay CA, Shade SB, Vizoso H, Reda H, Press S, et al. Cannabis in painful HIV-associated sensory neuropathy: a randomized placebo-controlled trial. http://cdc.coop/docs/neuropathic_pain_abrams.pdf

⁵ Wilsey B, Marcotte T, Tsodikov A, Millman J, Bentley H, Gouaux B, et al. A randomized, placebo-controlled, crossover trial of cannabis cigarettes in neuropathic pain. *J Pain* 2008;9(6):506-21. <http://science.iowamedicalmarijuana.org/pdfs/clinical/Wilsey%20Cannabis%20Cigarettes%20in%20Neuropathic%20Pain%20J%20Pain%202008.pdf>

- Position 1a: OPMC supports increased research for conditions where the efficacy of marijuana has been established to determine optimal dosage and route of delivery.
- Position 1b: Medical marijuana research should not only focus on determining drug efficacy and safety but also on determining efficacy in comparison with other available treatments.
- Position 2: OPMC strongly urges protection from criminal or civil penalties for patients who use medical marijuana and clinicians who certify conditions allowing use of medical marijuana as permitted under the Oregon Medical Board and state laws. The Oregon State Board of Pharmacy reviewed an extensive collection of scientific and sociological material relating to marijuana, as well as comments from members of the public, some of whom have extensive training and experience with marijuana. The Oregon State Board of Pharmacy reclassified Cannabis as a Schedule II medicine.^{6 7}
- Position 3: OPMC encourages elimination of barriers to the use of medicinal marijuana. In Oregon, medical marijuana may be legally used for the treatment of certain medical conditions. However, many Oregon physicians fear repercussions to their DEA licenses because at the national level marijuana is still a Schedule I controlled substance and federal regulations do not grant providers the legal authority to certify conditions allowing use of medical marijuana. This conflict between the state and federal legal status of medical marijuana creates a barrier to physicians who want to certify conditions allowing use of medical marijuana in appropriate treatment plans that include the therapeutic use of opioids.

Mission

The mission of the Oregon Pain Management Commission (OPMC) is to improve pain management in the State of Oregon through education, development of pain management recommendations, development of a multi-disciplinary pain management practice program for providers, research, policy analysis and model projects. The Commission shall represent the concerns of patients in Oregon on issues of pain management to the Governor and the Legislative Assembly. The Commission shall develop a pain management education program curriculum and update it biennially. The Commission shall provide health professional regulatory boards and other health boards, committees or task forces with the curriculum and work with health professional regulatory boards and other health boards, committees or task forces to develop approved pain management education programs as required.

⁶ ORS 475.059 rule filing: http://www.oregon.gov/Pharmacy/Imports/Rules/June10/FilingCert_Div080.pdf?ga=t

⁷ Oregon State Board of Pharmacy Reference List:
<http://www.pharmacy.state.or.us/Pharmacy/Marijuana-Rescheduling.shtml>