

MARIJUANA: SAFER THAN OPIOIDS?

Marijuana

Some say using weed is good way to avoid addiction to pain pills and reduces overdoses

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TIMES HERALD

Weed, pot, reefer, grass, Mary Jane, hash, herb – whatever you call it, marijuana historically has had a bad reputation as an illegal street drug. Marijuana elicits images of high school kids hiding in bathrooms, college parties filled with smoky air and the gateway drug to harder addictions.

But in the midst of an opioid epidemic in the Blue Water Area, some advocates argue that using marijuana to treat chronic pain is a safer, less addictive alternative to narcotics. Tom Owens, a medical marijuana user and licensed caregiver, proposed to Brown City City Council in March to open a marijuana dispensary within the city limits. After consulting with the city attorney, the council decided to table the decision until more state rules are put in place. In the meantime, Owens will continue to cater to his five patients.

As a chronic pain patient himself, Owens knows the challenges of managing pain, accessing treatment and getting a good night's

rest. Owens had a hip replacement and continued back problems, in addi-

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Tom Owens poses among his medical marijuana plants in his secured growing facility Friday in Maple Valley Township. Owens, 63, is a medical marijuana user and licensed caregiver for five patients. Owens uses the plant to manage chronic pain from back problems and a hip replacement, and he hopes to open a dispensary in Brown City.

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tion to a heart attack. He saw the dangers of opioid addiction in friends and neighbors, and wanted to avoid that for himself. In addition, the narcotics that his physician originally gave him caused a multitude of side effects, including gastrointestinal upsets.

is very different.

“The key thing to think about with opioids, when people use, the brain literally has a strong craving impulse, and then they stop using opioids they experience a physical painful withdrawal and often need medication to help manage their dependence,” Saloner said. “Marijuana doesn’t have that kind of issue.”

Opioids overdoses also lead to respiratory depression, which is a serious medical conditional that causes

needs to be done about the effects of marijuana. He said some of the health risks of marijuana are not yet fully understood. He said abuse of marijuana can create problems as any substance abuse can, such as impacting family life and careers. Using cannabis while operating a vehicle can lead to accidents.

“There is pretty solid evidence now that marijuana is an effective tool for managing some symptoms related to pain, but it may come with its own risks and they are very real and important to

After reviewing research articles, Owens decided to try cannabis to treat his pain.

“I’ve got to be hurting pretty bad to take half a piece of (cannabis) candy,” Owens said. “I don’t usually take it until I am done for the day, and I sit in the chair and relax and take half a piece of candy and sleep like a baby. If you go a lot of nights without sleep, you realize how important it is. But I’m 63 years old, so everything hurts on me.”

For anyone who questions his decision to treat his pain with cannabis rather than narcotics, Owens urges them to delve into recent research on their own.

What the research shows

In St. Clair County, the illegal use of prescription pain pills and heroin continues to rise. In 2016, 308 grams of heroin was confiscated by the St. Clair County Drug Task Force, a nearly 50 percent increase from 2015. In 2015, 48 overdose deaths were reported. And 2016 came to an end with three fatal overdoses reported in the city of Port Huron in a 15 hour span from Dec. 31 to Jan. 1, 2017.

While local officials work to combat the epidemic and find real solutions, more community members continue to die from fatal overdoses. Owens not only advocates for cannabis as a way to treat chronic pain, but also as a safer alternative to replace opioids.

A study published a year ago by researchers at the University of Michigan School of Public Health reported that patients using medical marijuana to combat chronic pain reported a 64 percent reduction in their use of opioids.

Kevin Boehnke, the lead author of the study, said while cannabis does have the potential for abuse and addiction, as well as other long-term effects like bronchitis, he said the trade-off is worth it when compared to opioids. He said opioids present unfavorable side effects that cannabis does not, such as gastrointestinal upsets and constipation. He said patients using cannabis

a person to lose consciousness and can cause their vital organs to stop functioning. This is why opioid overdoses can be fatal.

“There are no cases of that kind of thing happening when people consume a lot of marijuana,” Saloner said. “But there are other (non-fatal) reasons why people using marijuana may seek medical attention like psychosis or if they become disoriented.”

Other ways to treat pain

Opioids and cannabis work to treat pain differently. While opioids interrupt the pain pathways, marijuana alters the central nervous system and changes a patient’s perception of pain, said Anand Thakur, Henry Ford Macomb anesthesiologist and pain specialist.

Thakur said with marijuana, patients still feel the pain, but their body can’t process the pain signal as it alters the central nervous system.

“I am not anti-marijuana, I am pro-patient,” he said. “But ‘medical’ marijuana is not the cure-all, but we are in a place where people think marijuana is a magic elixir that can cure stomach pain, back pain...but habitually it alters how you function and how you respond to normal stimuli.”

Thakur said opioids aren’t a curse and can be helpful when prescribed rationally.

He said pain should never be treated with just medication though. Patients should also seek out other treatments such as physical therapy or surgery.

“Pain is protective response,” Thakur said. “If you get back pain, ask why you have back pain, what is the diagnosis? Back pain and headaches are symptoms. Trying to treat them with just pain medication without a diagnosis is a disservice to patients.”

Thakur said in his practice he has found three populations of patients who have benefited from marijuana use: cancer patients, chemotherapy patients, and HIV neuropathy. However, he said those patients typically have a

think about in the broader public health perspective,” Saloner said.

Charlene McGunn, Mobilizing Michigan director, said because marijuana is not an FDA-approved substance, users can’t be certain how powerful each dose is. She said much of the research supporting medical marijuana use is just anecdotal research. Mobilizing Michigan is an educational movement started by the Chippewa Valley Coalition for Youth and Families, based in Macomb County, to protect kids from marijuana.

“What we do know is that marijuana is extremely potent and much stronger than it was decades ago,” she said. “We do know it is addictive, and very damaging to developing brains. Use of marijuana in adolescence can lead to use of opioids and heroin in adult life.”

Michell Tincknell, Owens’ daughter and a registered visiting nurse, is working with her father to bring the dispensary to Brown City. Some of the patients she works with as a visiting nurse use cannabis to treat their chronic pain. Tincknell said that the biggest myth about marijuana she hears is that it is a “gateway drug” that leads to the use of harder substances.

In 2015, more than 90 percent of Michigan medical marijuana users listed “treating severe and chronic pain” as their reason for applying for a card, according to the Michigan Department of Licensing and Regulatory Affairs.

“People already have it set in their mind that cannabis is bad and they don’t educate themselves,” she said. “But it’s a great feeling to be able to see a chronic pain patient who hasn’t wanted to get off the couch for months, be able to walk to get the mail themselves or walk around their house to do little things. It’s about patient quality of life.”

While cannabis might be a safer alternative to treat chronic pain, more research needs to be done before it is a regularly accepted practice in the medical field. At the very least, Saloner said, it is noteworthy to remember that

reported fewer side effects and better quality of life.

In addition, he said marijuana has not led to any fatal overdose deaths, like opioids have.

A recent study out of the University of California-San Diego reported that, on average, the hospitalization rates for opioid overdoses dropped 13 percent and hospitalization rates for opioid dependence dropped by 23 percent in states that allowed the use of medical marijuana.

Similarly, a 2014 study conducted by researchers at Johns Hopkins Bloomberg School of Public Health found that “in states where it is legal to use medical marijuana to manage chronic pain and other conditions, the annual number of deaths from prescription drug overdose is 25 percent lower than in states where medical marijuana remains illegal,” according to a Johns Hopkins press release.

“We believe patients are substituting the use of opioids with cannabis, which is not associated with overdoses or other clinical risk factors that opioids are associated with, so marijuana may present a safer alternative to opioids,” said Brendan Saloner, co-author of the Johns Hopkins study and assistant professor of health policy and management at Johns Hopkins Bloomberg School of Public Health.

Saloner said the biggest benefit of cannabis is that there is no risk of overdose. He said marijuana is not associated with the same kind of psychological dependence that opioids create. While marijuana can be addictive, it

heightened sense of pain and are more concerned with quality of life, and end of life treatment. For day-to-day chronic pain patients, Thakur encourages them to find other solutions to their pain, rather than just masking the symptoms with opioids or marijuana.

More research is needed

Boehnke said while more research is emerging to support the use of marijuana to treat chronic pain, there are still many physicians who are wary to support it. Thakur said in addition to lack of research, one of his other big concerns is lack of regulations.

Physicians do not write prescriptions for cannabis, but certify that their patient has a medical condition that qualifies them under state law to obtain a medical marijuana use license. Since it’s not a prescription, there is less regulation and that can make some doctors nervous to encourage the use of the substance.

“Unlike an opioid prescription that has a known standard, the quantity of active ingredients in marijuana is not regulated by the FDA,” Boehnke said. “Cannabis has many different active ingredients. It is grown by many different people. It is not standardized and there are many different ways to ingest it. There’s a lot of uncertainty for doctors, which pushes some physicians to say, ‘Let’s try something else first.’” Saloner said more research still

while opioids can lead to fatal overdoses, cannabis does not – and a rise in opioid-related overdose deaths is the public health epidemic that officials are currently trying to combat.

Tom Owens said he will continue providing for his five chronic pain patients, with hopes to one day be able to provide for even more.

“Marijuana still has a bad rep,” he said. “I used to be a farmer — I farmed corn, soybeans, hay and alfalfa — so I like growing (cannabis), but mostly I just want to help people. There’s not many places people can get cannabis close, they have to drive far. I just thought with a dispensary here, it would be easier for them.”

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A medical marijuana plant is seen growing at Tom Owens’ secured growing facility.

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