Cannabis as Harm Reduction for the Opiate Epidemic

Research shows that cannabis can be an exit strategy for those addicted to alcohol, hard drugs, and pharmaceuticals. Increased legal access to cannabis is associated with a reduction in both prescription and non-prescription opiate use, abuse, and overdose. With studies and evidence identifying cannabis as a method of harm reduction for the opiate epidemic and other drug abuse, it’s time to acknowledge the true gateway relationship between cannabis and other substances – for many, cannabis is the gateway to recovery, reduced dependence on prescription and non-prescription drugs, as well as reduced mortality and health risks.

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"Colorado’s legalization of recreational cannabis sales and use resulted in a 0.7 deaths per month (b = −0.68; 95% confidence interval = −1.34, −0.03) reduction in opioid-related deaths. This reduction represents a reversal of the upward trend in opioid-related deaths in Colorado."


National Institute of Drug Abuse

"...Similarly, the second study examined Medicaid prescription data and found that MMLs and adult-use marijuana laws were associated with lower opioid prescribing rates (5.88% and 6.38% lower, respectively). The second NIDA-funded study was a more detailed analysis by the RAND Corporation that showed legally protected access to medical marijuana dispensaries is associated with lower levels of opioid prescribing, lower self-report of nonmedical prescription opioid use, lower treatment admissions for prescription opioid use disorders, and reduction in prescription opioid overdose deaths. Notably, the reduction in deaths was present only in states with dispensaries (not just medical marijuana laws) and was greater in states with active dispensaries."


National Institute of Drug Abuse

"Their analysis revealed that states with LMDs (Legal Marijuana Dispensaries) had lower opioid overdose mortality rates and fewer admissions to treatment for opioid addiction than they would have had without the dispensaries. The estimated sizes of the reductions were 16 to 31 percent in mortality due to prescription opioid overdoses, and 28 to 35 percent in admissions for treatment of opioid addiction. This latter reduction was steeper, up to 53 percent, among patients who entered treatment independently of the criminal justice system. The researchers also noted a trend whereby the longer LMDs were in place, the more the incidence of opioid-related problems declined."

"Substituting cannabis for one or more of alcohol, illicit drugs or prescription drugs was reported by 87% (n = 410) of respondents, with 80.3% reporting substitution for prescription drugs, 51.7% for alcohol, and 32.6% for illicit substances. Respondents who reported substituting cannabis for prescription drugs were more likely to report difficulty affording sufficient quantities of cannabis, and patients under 40 years of age were more likely to substitute cannabis for all three classes of substance than older patients."


"The relationship between medical marijuana laws and reductions in opioid overdoses is complex. Medical marijuana laws vary in their effect on reducing opioid overdoses. States with medical marijuana dispensaries experienced reductions in opioid-related overdoses. As states have become more stringent in regulating dispensaries, the protective value of medical marijuana laws generally has fallen. These findings suggest that broader access to medical marijuana facilitates substitution of marijuana for powerful and addictive opioids."


"From 2010 to 2015 there were 23.08 million daily doses of any opioid dispensed per year in the average state under Medicare Part D. Multiple regression analysis results found that patients filled fewer daily doses of any opioid in states with an MCL. The associations between MCLs and any opioid prescribing were statistically significant when we took the type of MCL into account: states with active dispensaries saw 3.742 million fewer daily doses filled (95% CI, −6.289 to −1.194); states with home cultivation only MCLs saw 1.792 million fewer filled daily doses (95% CI, −3.532 to −0.052)."


"Three states (California, Oregon, and Washington) had medical cannabis laws effective prior to 1999. Ten states (Alaska, Colorado, Hawaii, Maine, Michigan, Montana, Nevada, New Mexico, Rhode Island, and Vermont) enacted medical cannabis laws between 1999 and 2010. States with medical cannabis laws had a 24.8% lower mean annual opioid overdose mortality rate (95% CI, −37.5% to −9.5%; P = .003) compared with states without medical cannabis laws."