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New York State opioid patients may qualify for medical marijuana

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To help combat the opioid epidemic, the state Department of Health announced Monday it will develop a regulatory amendment to add opioid use as a qualifying condition for medical marijuana.

Currently, if a patient has one of the 12 qualifying conditions, as well as an associated condition, the patient can be referred to the medical marijuana program. The registered practitioner needs proof of state residency, such as a driver's license, as well as proof of condition from the patient's primary doctor. Once the proof is received, the registered practitioners can certify the patient online for the patient to complete the registration paperwork, which will then be taken to the nearest dispensary.

By adding opioid use to the list, the goal is for medical marijuana to reduce the use of opioids and number of opioid deaths across the state, based on research.

State Health Commissioner Dr. Howard Zucker said he wants to give medical providers as many options as possible to treat patients effectively. Some medical marijuana providers agree with Dr. Zucker on the beneficial factors substituting for opioids can have.

MEDICAL OPINION

A nurse practitioner and the owner of Medical Marijuana Recs NY, Lauraine F. Kanders, said the patients she sees are glad they have more choices. Her practice is completely online, known as telemedicine, which gives her the opportunity to see patients all across the state, rather than just at her Long Island location.

"I definitely see a lot of happy campers," Ms. Kanders said. "They are happy they get the chance to try something else because they have genuine concerns and don't want to be on opiates."

But while the patients do not want to be on opioids, Ms. Kanders said a majority of the patients she has are not addicted to them.

"I'd say 95 percent of the patients that call me want nothing to do with opioids because they want something natural," Ms. Kanders said.

For the people who come to Ms. Kanders with an addiction to opioids, she said it can become difficult to treat them because while she believes replacing opioids with medical marijuana will help with addiction, there is no concrete proof it will work.

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Considered by the Drug Enforcement Administration as a Schedule One drug — defined as a drug with no currently accepted medical use and high potential for abuse — there is practically no research on the benefits or concerns in using medical cannabis to help with opioid addiction. When a patient comes in with an addiction, Ms. Kanders said, she is concerned about treating them with medical marijuana because she does not want to make their condition worse.

“The government or state should track this and see if it really works. It’s not enough to just approve it; they have to be able to show that it is helpful,” Ms. Kanders said.

Additionally, Ms. Kanders said the current guidelines for the qualifying conditions are problematic for providers. She said the terminology in the instruction they provide is vague, and should be addressed in future legislation.

“To qualify, you have to have severe, chronic and debilitating mental or physical pain through your condition. But, of course, it is up to the interpretation of the practitioner. But what is debilitating? It differs. It’s pretty much all up to me,” Ms. Kanders said.

Dr. Michael J. Kullman, of Central NY Alternative Care in Oswego, said he wants opioid dependence to be immediately added to the list of conditions treated by medical marijuana. Regardless of the lack of research, he said the clinical power medical cannabis has should be available for any condition that it could help.

“You could have an 80-year-old patient that accidentally takes their whole month’s prescription and they will be fine. That’s incredible,” Dr. Kullman said.

With a background in anesthesiology, he was constantly giving people narcotics. Replacing these with a natural pain killer was important for Dr. Kullman, he said, and he wants the list of acceptable conditions to continue expanding.

FINANCIAL STRUGGLE

A common critique of the medical marijuana program is the lack of financial support from insurance companies. Both Dr. Kullman and Ms. Kanders said insurance does not cover the registration and certification process, nor the expense at the dispensary. The registration and certification can cost from \$100 to \$300, and depending on how many conditions you are receiving medical marijuana for, a trip to the dispensary can cost \$30 to \$400. Plus, cash is the only legal form of payment for all parts of the process, which can be inconvenient.

James P. Scordo, executive director of Credo Community Center for the Treatment of Addictions, said people addicted to opioids most likely wouldn’t take advantage of the medical marijuana program because of the cost. Also, in the north country, there are few local dispensaries. The closest for a resident of Watertown would be in Plattsburgh, a drive of more than three hours.

Several insurance companies were contacted, but have not responded. The lack of coverage by insurance companies, according to the Medical Marijuana Doctors, is mostly because the herb is not approved by the Food and Drug Administration as a medicine.

“The insurance company will pay for oxycodone, but will they pay for marijuana? No way,” Ms. Kanders said.

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