

Cannabis and Cannabinoids for Opioid Use Disorder (OUD): An Evidence-Based Review, Conclusions and Recommendations of the Utah Cannabinoid Product Board: January, 2021

The Utah Cannabinoid Product Board (UCPB) has recently reviewed the current literature pertaining to cannabis and cannabinoids for the treatment of opioid use disorder (OUD).

In addition to the review by the UCPB, a recognized expert, Dr. Adam Gordon, presented his review of current literature and knowledge at a recent meeting of the UCPB.

Dr. Gordon was selected to review and present this information based on his qualifications as Professor of Medicine and Psychiatry, Director of the Program for Addiction Research, Clinical Care, and Advocacy (PARCKA) at the University of Utah and Chief of Addiction Medicine at the VA Salt Lake City Health Care System. He is nationally and internationally recognized as a preeminent clinician and researcher in addiction medicine and substance use disorder prevention and treatment, including cannabis use disorder. Based on his review of current literature and knowledge, the following summary points were made:

- There have been no prospective clinical trials of cannabis or cannabinoids for the treatment of OUD, nor trials that compare such compounds to existing medication treatment for OUD such as buprenorphine, or other evidence based medication treatments for OUD;
- There are no data at present to support the listing by some states of cannabis or cannabinoids as a treatment for OUD;
- Evidence suggests against recommending cannabis or cannabinoids as a substitute to existing medications for treating OUD;
- Until we have more research to show their efficacy, policy makers, and clinicians should refrain from portraying cannabis and cannabinoids as evidence-based treatments for OUD;
- Prospective longitudinal research has shown an association between state-approved medical cannabis use and increased opioid overdose mortality.
- OUD is a lethal disease and FDA-approved medications including long-acting injectable naltrexone, buprenorphine, and methadone, in combination with cognitive behavioral therapies, counseling, and monitoring, have been shown in clinical trials to reduce mortality from OUD.
- The American Society of Addiction Medicine (ASAM), 2020 policy statement concludes, “Healthcare professionals should not recommend cannabis use for the treatment of OUD.”

Based on these findings, the UCPB adapts the position there is insufficient evidence to recommend cannabis products for OUD.

Approved by UCPB on -----, 2021

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