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Texas House Public Health Committee
Texas House of Representatives
Austin, Texas

RE: H.B. 1365

Members:

Thank you for the opportunity to speak with you today in support of H.B.1365

My name is Bryon Adinoff. I recently retired after 23 years as the Distinguished Professor of Alcohol and Drug Abuse Research at UT Southwestern Medical Center and over 30 years as an addiction psychiatrist in the Department of Veterans Affairs. I have published and spoken widely on the biological effects and treatment of addictive disorders¹ and I am the Editor of *The American Journal of Drug and Alcohol Abuse*. My research has been funded by the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Department of Veterans Affairs.

Two sessions ago, the Texas Legislature took a giant leap forward in approving the Compassionate Use Program. This law allows for the use of cannabidiol, one of over 100 active cannabinoids, for the treatment of epilepsy. However, marijuana, or “botanical cannabis,” has several known cannabinoids that are potentially useful in a number of additional debilitating conditions. In a recent report, the National Academy of Sciences reported that there was *conclusive or substantial evidence* that cannabis or cannabinoids are effective for the treatment of chronic pain in adults and multiple sclerosis spasticity.³ In states with medical cannabis, studies show a 25% decrease in fatal opioid overdoses, a decrease in Medicaid Part D and Medicare prescriptions for opioids and psychoactive drugs, and a decrease in the probability of obesity. A review in the *New England Journal of Medicine* by the director of NIDA states “clinical conditions with symptoms that may be relieved by treatment with marijuana or other cannabinoids” include chronic pain, inflammation, multiple sclerosis, AIDS-associated anorexia and wasting syndrome, glaucoma, and nausea.⁴

Furthermore, from a pharmaceutical perspective, botanical cannabis is a very safe drug. In the U.S., tobacco kills almost 500,000 people last year, alcohol almost 90,000.^{7,8} The opioid epidemic was responsible for over 70,000 overdose deaths in 2017.⁹ In contrast, to my knowledge, even though medical cannabis was first legalized 23 years ago and the full plant is now legal in 33 states and the District of Columbia, nobody has ever died from a marijuana overdose.

Thus, while the Compassionate Use Act was a wonderful first step, there are several debilitating conditions that botanical cannabis may be useful for. This is a very exciting area of investigation and many pharmaceuticals using the human body’s own cannabinoid receptor system are in

development. However, the path to FDA approval is a long and arduous process; it will likely be at least a decade before these compounds are available for use. And despite the clarion call “we need more research,” very little research in the U.S. is being funded in cannabis therapeutics and the research is notoriously difficult to conduct due to government restrictions. Meanwhile, there is an *urgent need* to increase the availability of botanical cannabis for those presently suffering. Although I myself was initially skeptical of many of the claims of medical cannabis advocates, I cannot ignore the hundreds of personal and heart-felt testimonies of changed lives, not possible with present pharmaceuticals, that I have heard over the past few years. I hope that you are similarly touched.

It is important that we do not further delay the ability of patients to obtain a potentially life-saving drug. I urge your support of H.B. 1365.

Sincerely,



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Bryon Adinoff
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Bryon Adinoff, M.D.

1. [Adinoff publications](#)
2. [The American Journal of Drug and Alcohol Abuse](#)
3. [Committee on the Health Effects of Marijuana](#): An Evidence Review and Research Agenda (2017) *The health effects of cannabis and cannabinoids: a report from the National Academies of Sciences, Engineering and Medicine*. The National Academies Press: Washington, D.C.
4. Volkow ND, Baler RD, Compton WM, Weiss SR (2014) [Adverse health effects of marijuana use](#). *N Engl J Med* 370:2219-2227.
5. Bachhuber MA, Saloner B, Cunningham CO, Barry CL (2014) [Medical cannabis laws and opioid analgesic overdose mortality in the United States, 1999-2010](#). *JAMA internal medicine* 174:1668-1673.
6. See Amanda Reiman, “Cannabis as a substitute for alcohol and other drugs,” *Harm Reduction Journal* (2009) Philippe Lucas et al, “Cannabis as a substitute for alcohol and other drugs: A dispensary-based survey of substitution effect in Canadian medical cannabis patients,” *Addiction Research and Theory* (2012); Donald Abrams et al., "Cannabinoid-opioid interaction in chronic pain," *Clinical Pharmacology & Therapeutics* 90, no. 6 (2011)
7. [CDC – Fact Sheets – Alcohol Use and Health – Alcohol](#)
8. CDC – Fact Sheets - Smoking & Tobacco Use
9. CDC - <https://www.cdc.gov/drugoverdose/>