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1895-1989

The Honorable Howard A. Zucker, MD, JD

Commissioner

New York State Department of Health

Corning Tower

Empire State Plaza

Albany, NY 12237

Re: Comments on New York State Department of Health's Emergency Regulations to Add Opioid Use to the List of Qualifying Conditions Under the Compassionate Care Act

Dear Commissioner Zucker,

On behalf of the American Society of Addiction Medicine (ASAM), the nation's oldest and largest medical specialty organization representing more than 5,500 physicians and clinicians who specialize in the treatment of addiction, and the New York Society of Addiction Medicine (NYSAM), we would like to take this opportunity to provide our comments in regard to the New York State Department of Health's recent decision to add opioid use disorder (OUD) to the list of qualifying conditions for the state's medical cannabis program. With the opioid addiction and overdose epidemic significantly impacting the country and New York, it is important that patients have access to the clinically proven treatment services that do help people recover.

NYSAM and ASAM are dedicated to increasing access to and improving the quality of addiction treatment for patients in New York and across the country. Ensuring that patients have access to all Food and Drug Administration (FDA)-approved medications to treat opioid use disorder is a critical part of our efforts to improve the care and treatment of patients with the chronic disease of addiction. However, we are concerned about allowing OUD to be a qualifying medical condition for the approval of provider applications for access to the state's medical cannabis program.

There are no human data on cannabis's efficacy in treating OUD. Clinical experience in New York and elsewhere has found no correlation between cannabis use and remission or recovery from OUD even though cannabis use is common among those in treatment for opioid addiction. In fact, individuals with OUD are actually at a higher risk for addiction to cannabis

given common neurochemical pathways. Given these concerns, we recommend the Department reverse this decision.

Currently, there are three categories of FDA-approved medications available in the US for the treatment of OUD: buprenorphine, methadone, and naltrexone. Each of these medication categories have been proven to be safe for the treatment of opioid addiction, and both clinically and cost-effective in reducing drug use and promoting recovery when used in conjunction with psychosocial services. Cannabis, cannabis-based products, and cannabis delivery devices should be held to the same standards as other prescribed medications and be subject to the FDA approval process to ensure their safety and efficacy.<sup>i</sup>

NYSAM and ASAM understand that there are epidemiologic reports showing that states in which medical cannabis is available have lower rates of both opioid prescribing and opioid overdose deaths. It is important to note that these studies have yet to conclude that the reductions in opioid overdose deaths and overall prescribing is a result of correlation or causation. While we overwhelmingly support expanding and easing barriers to research cannabis, states must base their decisions for patients on the conclusive data that exists in regards to the effectiveness of current FDA-approved medications to treat opioid use disorder and the risks cannabis presents for this patient population.

A recent prospective study of patients enrolled from an emergency department who presented with a nonfatal opioid overdose showed that prescription of buprenorphine or methadone was associated with significant reductions in all-cause and opioid-related mortality.<sup>ii</sup> Medical marijuana has never been demonstrated to confer these benefits. NYSAM and ASAM appreciate the state considering all resources available to help patients with OUD and addiction, but for the safety of New York's patients this decision should be reversed. We ask the Department to base any decisions regarding the treatment of OUD and addiction on the current scientific and clinical evidence around FDA-approved medications and address ways to further increase access and use of those proven pharmacotherapies along with psychosocial services.

NYSAM and ASAM share the state of New York's goal of increasing access to and improving the quality of OUD and addiction treatment services. While we are opposed to this decision to allow patients to treat their OUD with cannabis through the state medical cannabis program, we are committed to working with the state to ensure New York's addiction treatment system is aligned with the standards and best practices of the addiction medicine field. Please do not hesitate to contact Dr. Michael Delman, at [nicedreams@verizon.net](mailto:nicedreams@verizon.net), if NYSAM and ASAM can be of service to you. We look forward to working with you.

Sincerely,

A handwritten signature in cursive script that reads "Kelly J. Clark".

Kelly J. Clark, MD, MBA, DFAPA, DFASAM  
President, American Society of Addiction Medicine



Michael R. Delman, MD, FACP, FACG, DFASAM  
President, New York Society of Addiction Medicine

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<sup>i</sup> American Society of Addiction Medicine. (2015). Public Policy Statement on Marijuana, Cannabinoids and Legalization. Chevy Chase, MD: American Society of Addiction Medicine. Available at <http://www.asam.org/docs/default-source/public-policy-statements/marijuana-cannabinoids-and-legalization-9-21-20156d6e0f9472bc604ca5b7ff000030b21a.pdf?sfvrsn=0>.

<sup>ii</sup> Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Ann Intern Med*. 2018;169:137–145. doi: 10.7326/M17-3107