CALL TO ACTION: CANNABIS IS NOT APPROPRIATE IN PEOPLE WITH PAIN

Dear Congressional Member:

My name is <enter name > and I really hope you will read this letter. I am concerned about marijuana use because <reason why you are concerned> and this is why I am reaching out to you.

I am contacting you on behalf of a national coalition of health advocacy groups because we have been impacted negatively by the rampant marijuana proliferation in our communities. Our goal is to **provide policymakers with data and research on a regular basis to support your efforts in advancing legislation that promotes public health and safety for all Americans**. Hopefully, this will be helpful to you.

The marijuana lobby is aggressive in promoting an agenda that would increase access and availability of high potency, addictive products. Like Big Tobacco, they are not concerned with the science or societal impacts, only profits. You may have been told that marijuana is harmless and even safe. **This could not be further from the truth. The science of marijuana harms is not debatable**.

You may also have been told that marijuana is actually medicine; however, anecdotal claims and unscientific reports are not sufficient evidence to further legalize/promote marijuana use. All FDA-approved pharmaceuticals have undergone scientific rigors, some of which began over a century ago.

There have been FDA approved marijuana-related products since 1985 (dronabinol = THC, Marinol®, generic versions) and 2018 (cannabidiol = CBD, Epidiolex®). These products **have** undergone the scientific rigors of medical research unlike the marijuana and current "retail CBD" products -- *which are not regulated by the FDA -- that are sold in many states to an uninformed public.*

The goal of this email, and future emails, is to provide you with peer-reviewed scientific evidence about the many hazards of marijuana. To date, there exist over 36,900 articles on marijuana research in the National Institute of Health's National Library of Medicine *(.ncbi.nlm.nih.gov/?term=marijuana)*.

Attached please find in this month three related peer reviewed scientific articles on the topic of **cannabis not being appropriate for non-cancer pain:**

Campbell G, et al. Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study. Lancet Public Health 2018;3:e341-50.
https://www.thelancet.com/action/showPdf?pii=S2468-2667%2818%2930110-5

Boland EG, et al. Cannabinoids for adult cancer-related pain: systematic review and meta-analysis. BMJ Support Palliat Care 2020;10:14-24.
https://www.spcare.bmj.com/content/bmjspcare/10/1/14.full.pdf

Here are three important facts from these articles for your consideration.

1) *Participants who used cannabis had a greater pain severity score and greater generalized anxiety disorder scores when compared to those who did not use cannabis.*
2) *There was no evidence that cannabis use reduces prescribed opioid use or increased rates of opioid discontinuation.*
3) *Studies with a low risk of bias showed that for adults with advanced cancer, the addition of cannabinoids to opioids did not reduce cancer pain compared with placebo and cannabinoids are associated with adverse*

effects including hallucinations, nausea and vomiting, confusion, drowsiness, dizziness, diarrhea, and euphoria.

Thank you for reading my letter and the accompanying peer-reviewed scientific articles. If you can help us find any peer-reviewed, scientific articles that show that **cannabis is effective for non-cancer or cancer pain, decreases anxiety, directly decreases opiate drug use with a lower incidence of adverse effects**– please send them to me. Simply reply to my e mail – thank you.

The supporting groups, listed below, consist of caring citizens who have joined together to educate, create change, and stop the growing drug culture that is spreading across our country at an alarming rate.

With regards,

<enter name>

<enter city, state>