



THE ROSEBUD GROUP LLC

# Texas Legislative Report: Legalization of Medical Marijuana

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**INTRODUCTION**

**Texas is in need of Medical Marijuana to help combat the opioid crisis, reduce the strain of opioid addiction on county and state resources, and improve the health and well-being of Texans, including the ever-growing veteran population.<sup>1</sup>**

**Texans are more ready and willing to accept a viable Medical Marijuana program now than ever before.<sup>2</sup>**

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## EXECUTIVE SUMMARY

**As the opioid crisis rages across America, 36 Texas counties are mounting legal offensives against the Big Pharma companies alleged to be responsible for nearly destroying their communities.<sup>3</sup>**

## QUICK FACTS

**21–29%**

21–29% of patients prescribed opioids for chronic pain misuse them.<sup>4</sup>

**8–12%**

8–12% of patients prescribed opioids develop an opioid use disorder.<sup>5 6 7</sup>



ABOUT

**80%**

About 80% of heroin users first misused prescription opioids before heroin use.<sup>8 9 10</sup>



MORE THAN

**115**

More than 115 Americans die from opioid overdose each day.<sup>11</sup>





The load being placed upon emergency services, hospitals, and child welfare agencies as a result of this crisis has been catastrophic to these communities and Texas as a whole.

With the CDC measuring opioid death rate in only 9 out of 254 total counties, Texas has been incorrectly led to believe that the state does not have an opioid problem, but the professionals providing emergency response, child welfare, and healthcare services to many Texas communities believe otherwise.<sup>12</sup> While the solution to the opioid crisis is elusive, Medical Marijuana programs have been shown to reduce significantly the overall effects of opioid abuse and death in other states.<sup>13</sup>

The veteran population of Texas is growing and is projected to grow into the largest such population in the U.S. by 2027.<sup>14</sup> Veterans are statistically more likely to abuse opioids and to be adversely affected by PTSD and suicide.<sup>15 16</sup>

<sup>17</sup> In addition to reducing opioid abuse among the general population, an effective Medical Marijuana program would provide Texas' veteran population with healthcare solutions and treatments for their conditions not possible given the laws currently prohibiting such a program.<sup>18</sup>

In addition to the strains and burdens upon the people, facilities, and governmental institutions of Texas, Medicare Part D spending continues to rise, in part due to opioid abuse. During 2013, seventeen states and the District of Columbia realized a savings of \$165.2M in Medicare Part D spending because they had an effective Medical Marijuana program in place.<sup>19</sup> With a similar Medical Marijuana program, Texas can also experience similar savings.

Finally, people nationwide are seeing the benefits of Medical Marijuana with voter approval at an all-time high. A recent study shows 83% of Texans approve Medical Marijuana.<sup>20</sup> Further, the approval rating among Republicans has grown to 51% with party leaders like former Republican Speaker of the House, John Boehner, saying they have had their "thinking on cannabis evolve" over the past several years.<sup>21 22</sup>

Texas has a golden opportunity to save lives, cut costs, and enrich the lives of its citizens. The time for an effective Medical Marijuana program in Texas has come. Please contact Elizabeth Nichols of the Rosebud Group to find out more about how you can effectively support local, district, and statewide efforts to legalize Medical Marijuana in Texas.

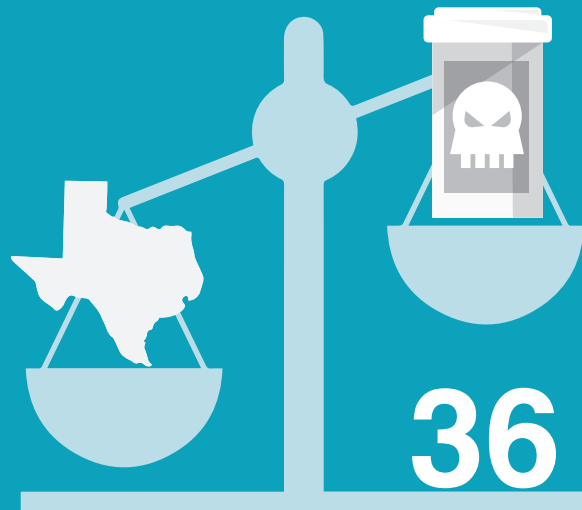
PART 1

# The Opioid Crisis is a Burden on the State of Texas and Its People

## QUICK FACTS



The opioid epidemic has created numerous burdens on the state of Texas.<sup>23</sup>

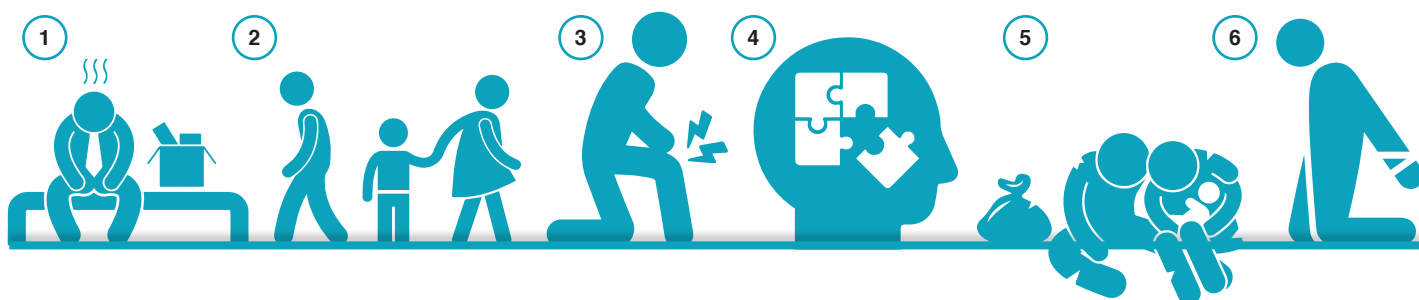


36 Texas counties are suing opioid









### Why Texas is Suing Opioid Manufacturers

These suits are a result of numerous burdens on the state including:<sup>27</sup>

1. Job loss
2. Loss of child custody
3. Physical health problems
4. Mental health problems
5. Homelessness
6. Incarceration

There is also increased demand for community facilities and services such as:<sup>28</sup>

1. Hospitals
2. Courts
3. Child services
4. Treatment centers
5. Law enforcement
6. First responders



**PART 1**

# The Opioid Crisis is a Burden on the State of Texas and Its People

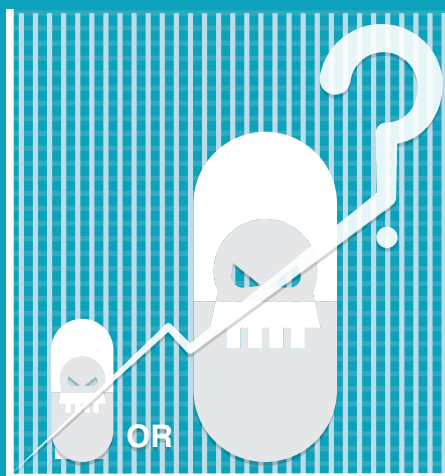
## CONCLUSION

Multiple county facilities, institutions, and citizens have been affected adversely by opioid abuse. Medical Marijuana has been proven to reduce opioid abuse, death, and lower state costs. Establishing an accurate count of Texas opioid deaths is required to more fully understand how many lives can be saved with Medical Marijuana .

## PART 2

# Reducing the Texas Opioid Death Count

## QUICK FACTS



Data on opioid death is unreliable in Texas.<sup>29</sup>



The statistical adjustment for lives lost due to drug overdose between 2011–2015 is ~9,932.<sup>30</sup>



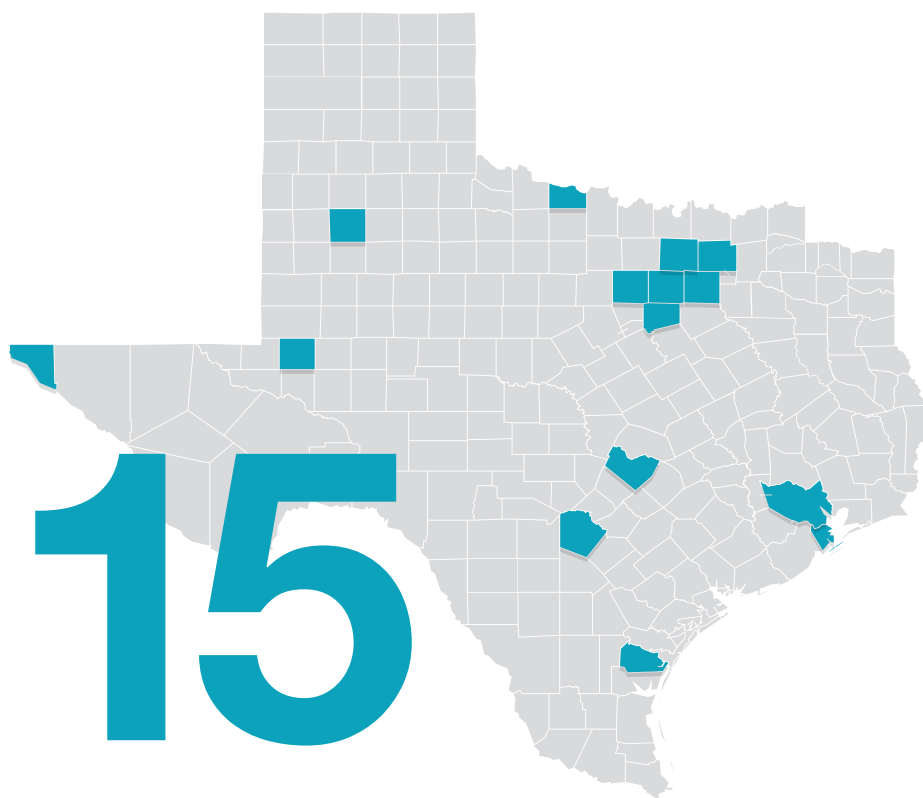
~3,981 of those deaths can be attributed to prescription opioid overdose.<sup>31</sup>



## PART 2

Texas has an opioid problem like the rest of the U.S. However, legislators may not have an accurate understanding of the size and effects of the opioid epidemic due to misreporting.<sup>32</sup> Effectively treating the opioid problem in Texas, no matter the solution, first requires establishing an accurate opioid death count.

## Only 6% of Texas Counties have Medical Examiners<sup>33</sup>



### 15 out of 254 Counties

Bexar, Collin, Dallas, Ector, El Paso, Galveston, Harris, Johnson, Lubbock, Nueces, Tarrant, Parker, Denton, Travis, and Wichita are the only 15 of 254 Texas counties with a medical examiner.<sup>34</sup> The CDC only reports on nine of Texas counties.<sup>35</sup>

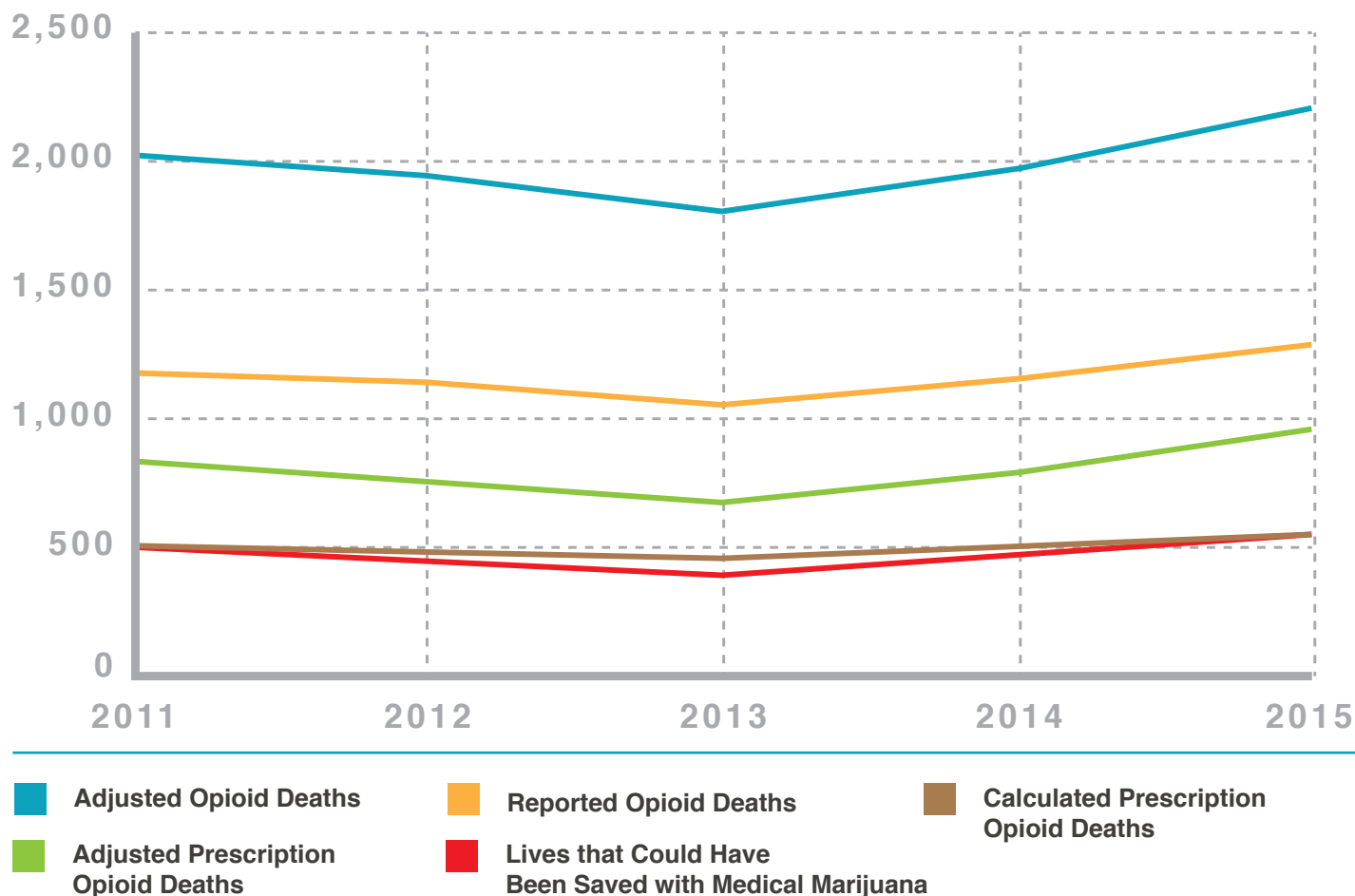
### Prone to Misreporting

Out of the 254 counties in Texas, the CDC only reports on opioid-induced deaths in nine of those counties due to the absence of a medical examiner.<sup>36</sup> The remaining counties utilize a justice of the peace who is not medically trained to determine the cause of death.<sup>37</sup> Only 58.4% of the population in Texas resides in a county where a medical examiner is available.<sup>38</sup>

### Texas' Opioid Abuse Impact on the Country

Of the top twenty-five cities for opioid abuse nationwide, four of those cities are located in Texas [#10 Texarkana 8.5%; #13 Amarillo 8.1%; #15 Odessa 8.0%; and #17 Longview 8.0%].<sup>39</sup> Of the top twenty-five cities for opioid prescriptions abused nationwide, three of those cities are located in Texas [#10 Amarillo 47.1%; #19 Texarkana 45.1%; and #23 Killeen 43.9%].<sup>40</sup>

## Texas Opioid Death Rate (2011–2015)



# 9,932

Total Adjusted Opioid Deaths in Texas from 2011–2015<sup>41</sup>

# 3,891

Total Adjusted Prescription Opioid Deaths in Texas from 2011–2015<sup>42</sup>

# 2,463

Total Lives that Could Have Been Saved with Medical Marijuana in Texas from 2011–2015<sup>43</sup>

### A Better Count of Lives Lost Due to Opioid Abuse

Taking into account the entire population of Texas, the adjusted statistic for lives lost due to opioid overdose between 2011–2015 is ~9,932 people<sup>44</sup>, with ~3,981 cases attributable to prescription opioid overdose.<sup>45</sup>

### Marijuana Can Have a Positive Effect

Substance abuse treatment admissions decrease by ~49% in states with Medical Marijuana laws and legally-protected dispensaries.<sup>46</sup> Deaths have decreased ~24.8% in states that have enacted a Medical Marijuana law.<sup>47</sup> Using the more accurate number of Texas opioid deaths as a foundation, approximately 2,463 lives in Texas could have been saved between 2011–2015 with an active Medical Marijuana program.<sup>48</sup>



**PART 2**

# Reducing the Texas Opioid Death Count

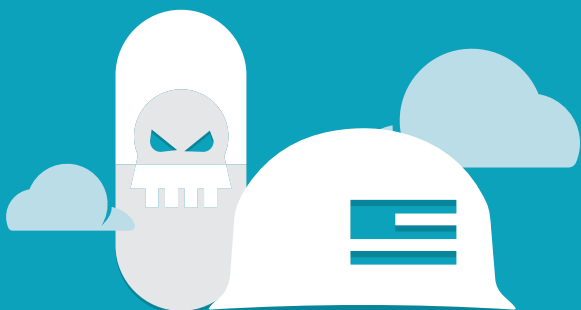
## CONCLUSION

Though the Texas opioid death count is more extensive than currently reported, it can be reduced with an effective Medical Marijuana program. Additionally, Medical Marijuana programs can help reduce opioid abuse among the rapidly growing Texas veteran population.

## PART 3

# Reducing Veteran Opioid Abuse in Texas

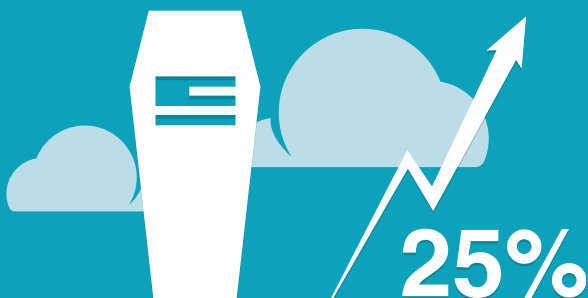
## QUICK FACTS



Veterans experience increased risk of opiate misuse.<sup>49</sup>



Suicide risk is 22% higher among veterans as compared to U.S. non-veterans.<sup>50</sup>



Veteran suicide rates increased by 25% between 2000-2010.<sup>51</sup>

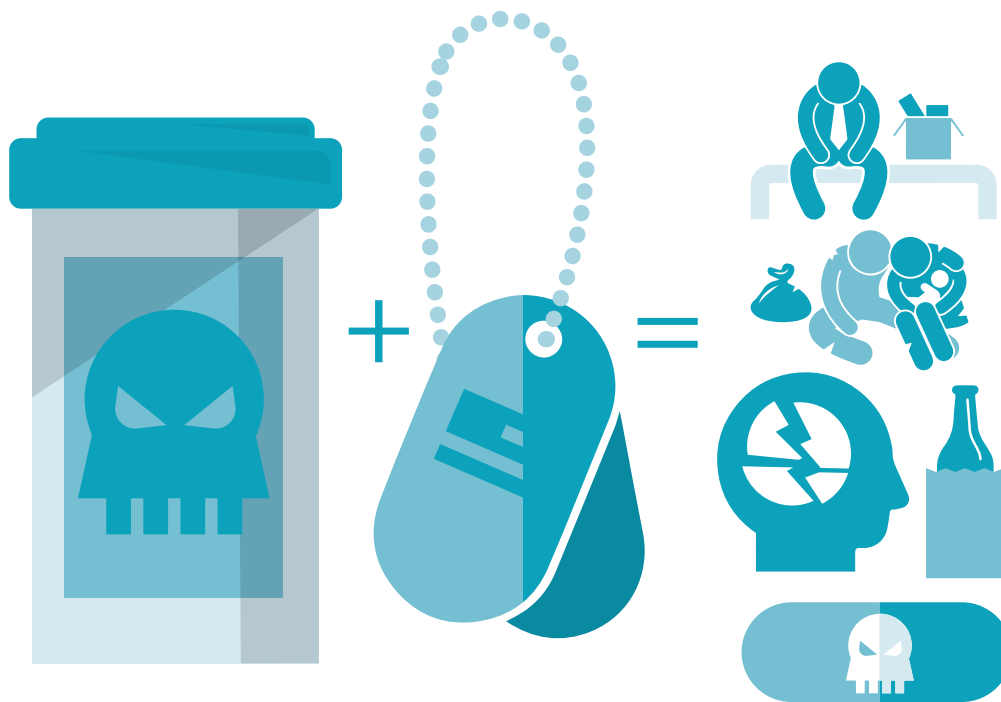


Patients using cannabis have shown a 75% reduction in the Clinician-Administered Posttraumatic Scale.<sup>52</sup>

## PART 3

Texas has a very large veteran population that is projected to become the largest such population in the U.S.<sup>53</sup> This population has a high disposition for opioid abuse and PTSD-induced suicide.<sup>54</sup>

## Prescription Opioid Abuse is Harming Veterans



### Integration Issues

Veterans who misuse prescription opioids are facing integration problems such as drug and alcohol use, traumatic brain injury (TBI), unemployment, and homelessness.<sup>55</sup>

### The Texas Veteran Population is Large and Growing

Texas is home to the second-largest population of veterans in the U.S. totaling 1.6 million.<sup>56</sup> It is estimated that by 2027 Texas will have the largest population of veterans in the U.S.<sup>57</sup>

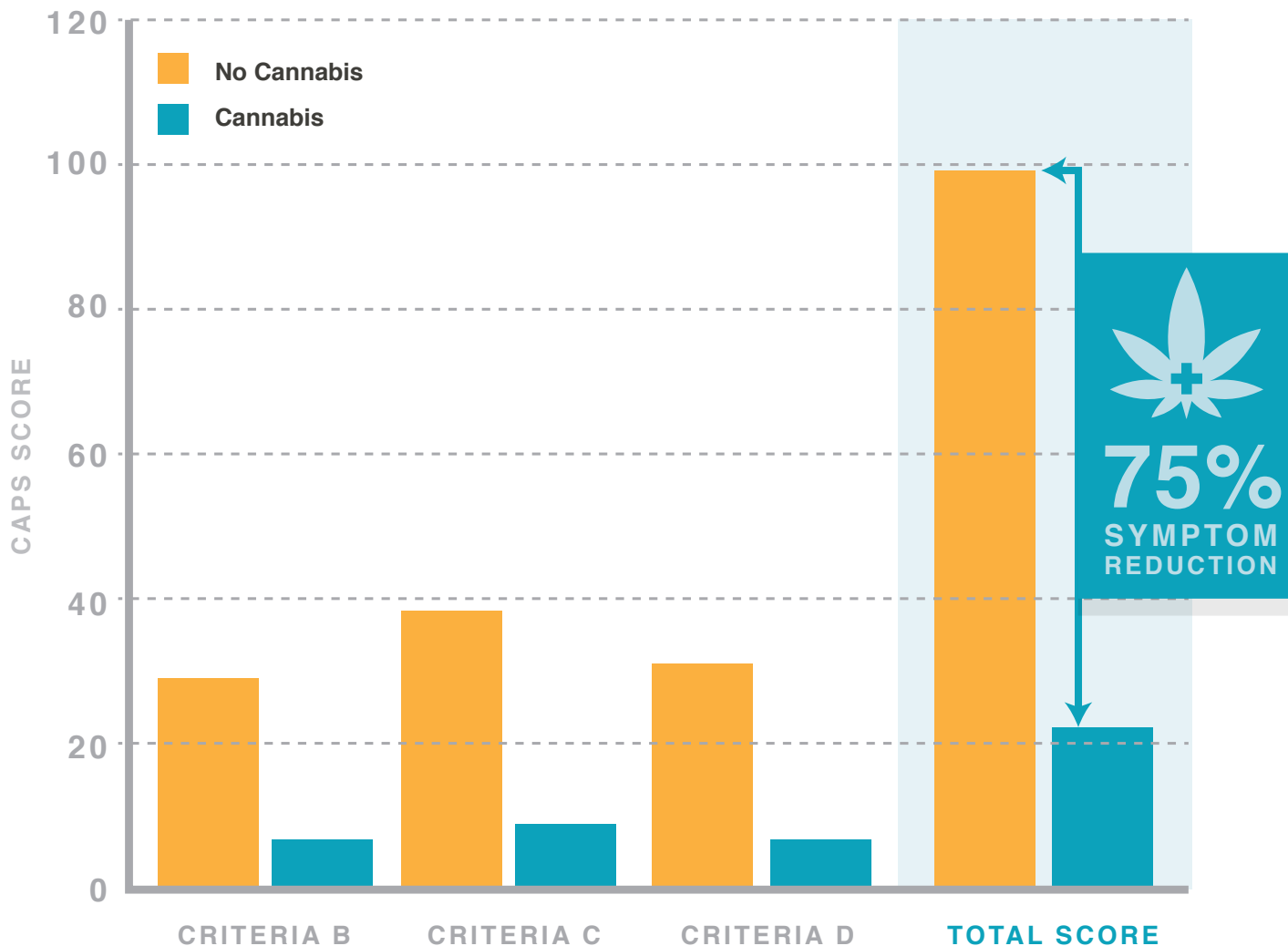
### Veterans and Opioid Abuse

Veterans are at a higher risk for opiate misuse due to high rates of chronic pain and mental health issues.<sup>58</sup> Further, Veterans who misused prescription opiates were more likely to have other reintegration problems including drug and alcohol use disorders, traumatic brain injury (TBI), unemployment, and homelessness.<sup>59</sup>

### Veteran Wars and PTSD

About 11–20% of those who served in Operation Iraqi Freedom or Operation Enduring Freedom have PTSD.<sup>60</sup> Additionally, about 12% of Gulf War Veterans have PTSD.<sup>61</sup> 15% of Vietnam Veterans were diagnosed with PTSD in the late 1980s (the National Vietnam Veterans Readjustment Study or “NVVRS”).<sup>62</sup> It is estimated that about 30% of Vietnam Veterans have had PTSD in their lifetimes.<sup>63</sup>

## Medical Marijuana Reduces PTSD Symptoms<sup>64</sup>



### CRITERION B

### Re-Experiencing

### CRITERION C

### Numbing and Avoidance

### CRITERION D

### Hyperarousal

#### Veterans and Suicide

In one study, PTSD was associated with suicidal ideation or attempts.<sup>65</sup> Between 2000 and 2010, veteran suicide rates increased by 25%.<sup>66</sup> Risk for suicide is 22% higher among veterans when compared to U.S. non-veteran adults.<sup>67</sup>

#### Medical Marijuana Can Help

Studies have shown that Medical Marijuana can help treat PTSD symptoms.<sup>68</sup> A 75% reduction in Clinician Administered Posttraumatic Scale (CAPS) symptom scores was reported when patients used cannabis as compared to when they did not.<sup>69</sup>



**PART 3**

# Reducing Veteran Opioid Abuse in Texas

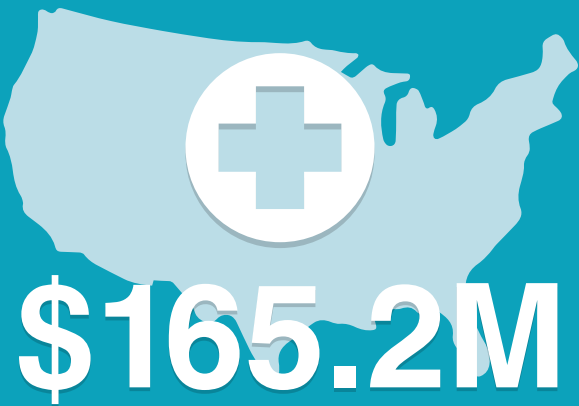
## CONCLUSION

With an active Medical Marijuana program, Texas can positively affect the population by providing a treatment solution where solutions are limited or do not exist for the men and women who have served to protect our freedom.

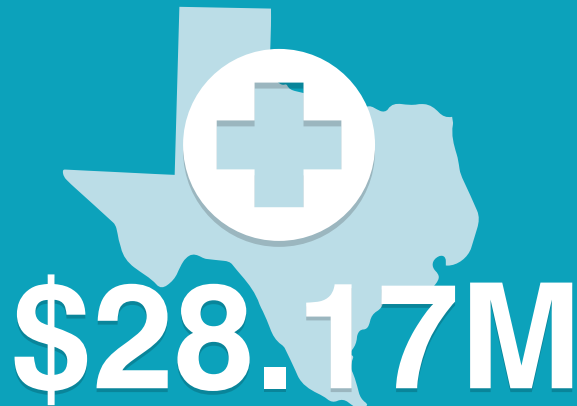
## PART 4

# Medical Marijuana Shown to Reduce Strain on Medicare Part D Costs

## QUICK FACTS



17 states and the District of Columbia realized a savings of \$165.2M in Medicare Part D costs in 2013.<sup>70</sup>



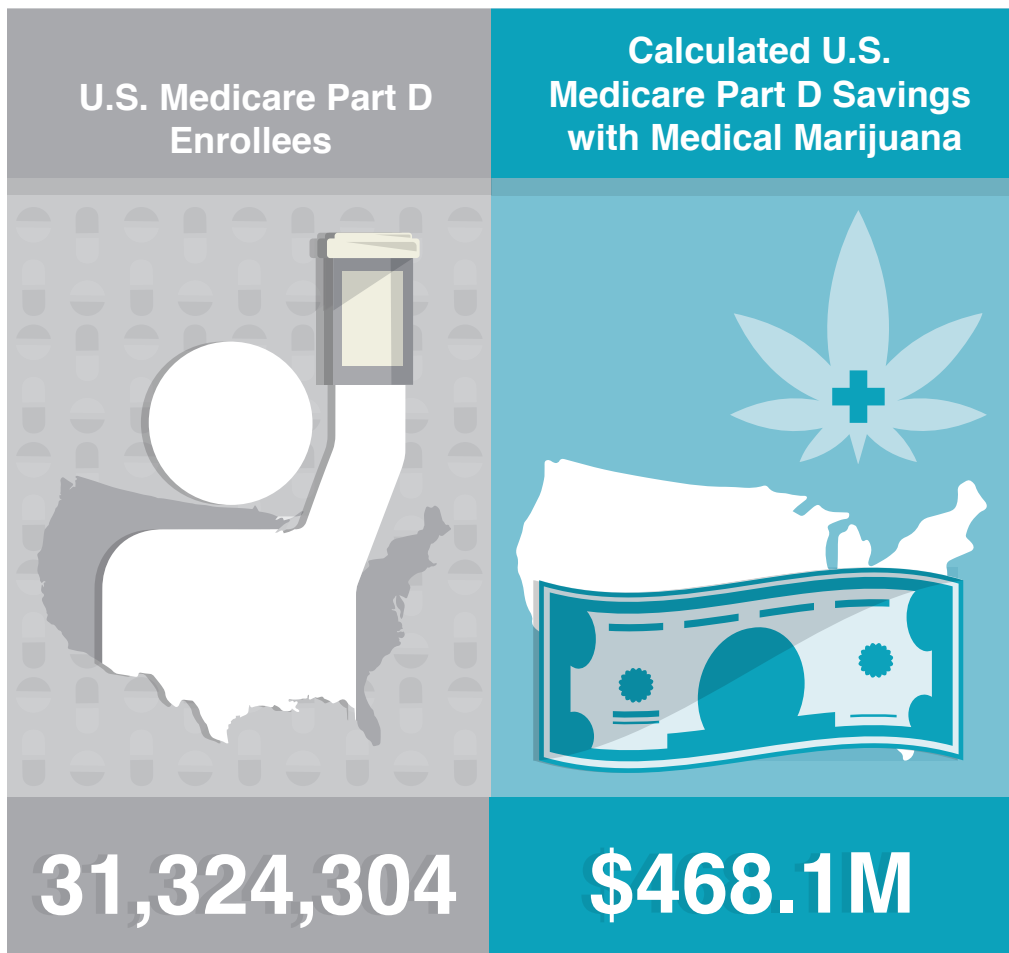
In 2013, Texas could have saved \$28,174,328 in Medicare Part D costs with an active Medical Marijuana program.<sup>71</sup>



**PART 4**

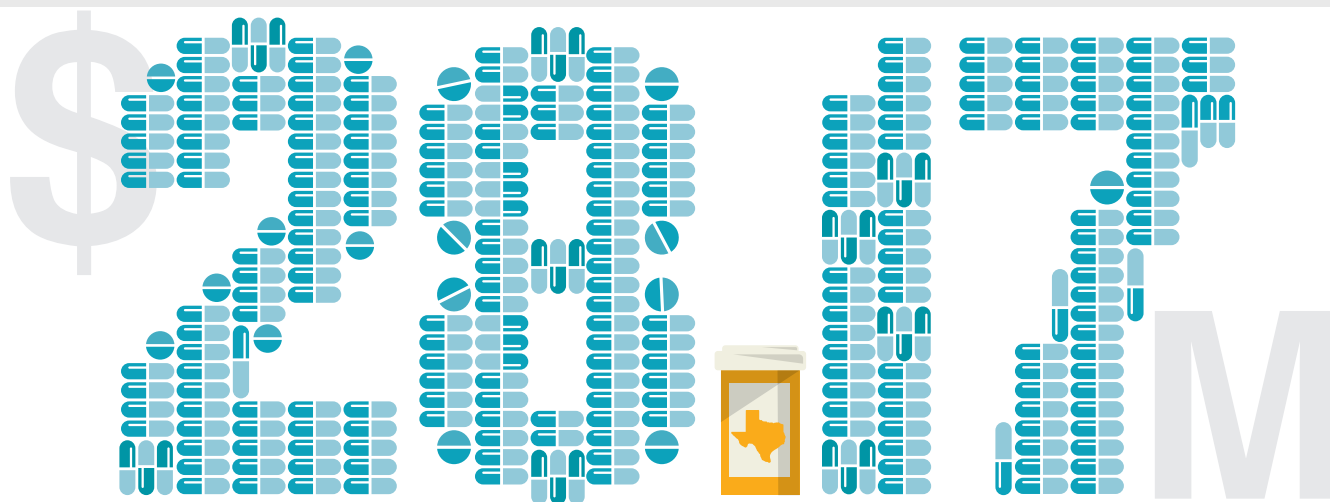
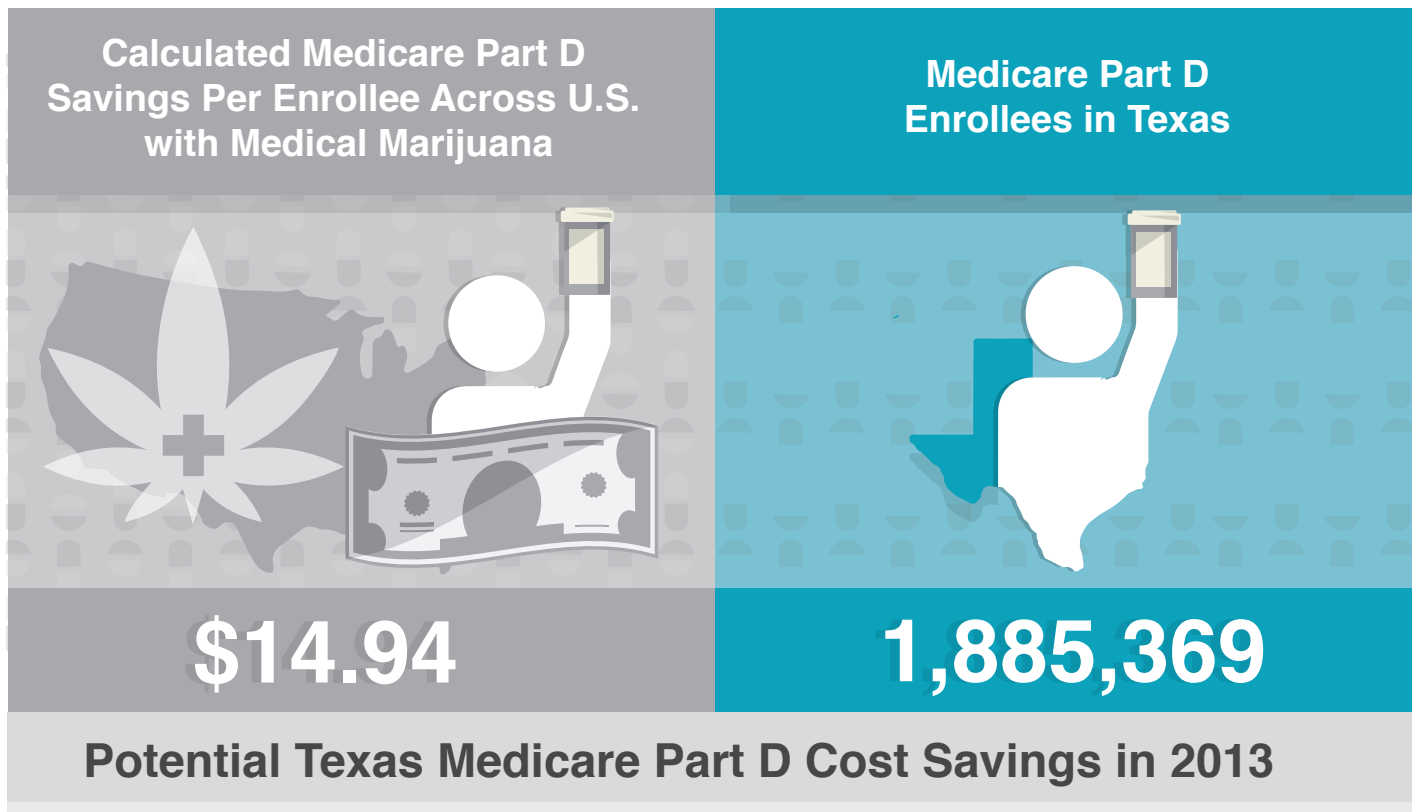
In addition to positively affecting county resources, reducing deaths, and enhancing treatment options for veterans, Medical Marijuana can reduce Texas Medicare costs.

## U.S. Medicare Part D Savings in 2013



Through Medical Marijuana programs, 17 states and the District of Columbia realized a savings of \$165.2M in Medicare Part D spending in 2013.<sup>72</sup> More importantly, if similar Medical Marijuana programs had been implemented nationwide, National Medicare Part D spending would have been reduced by \$468.1M.<sup>73</sup>

# Applying 2013 Medicare Part D Savings in Texas



## Calculating Medicare Part D Savings with Medical Marijuana

There were 31,324,304 Medicare Part D enrollees nationally during 2013.<sup>74</sup> As calculated, the approximate savings would be \$14.94 per enrollee with an active Medical Marijuana program.<sup>75</sup>

Applying the \$14.94 savings per Medicare Part D enrollee to the enrollee population of Texas during 2013 of 1,885,369 renders a savings of \$28,174,328 for Medicare Part D in Texas during 2013.



**PART 4**

# Medical Marijuana Shown to Reduce Strain on Medicare Part D Cost

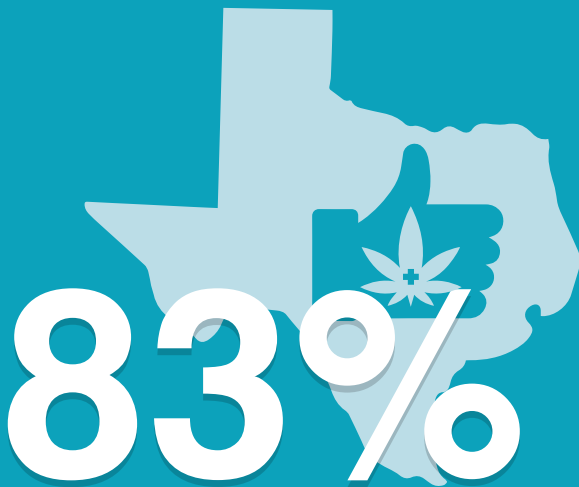
## CONCLUSION

With an effective and self-sustainable Medical Marijuana program, Texas can save money and lives. This savings, in addition to Texans' growing support of Medical Marijuana , provides an opportunity for Texas legislators to implement an Medical Marijuana program with less public resistance than ever before.

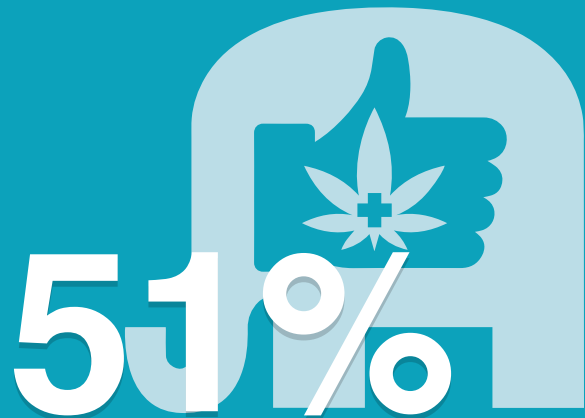
PART 5

# Approval for Medical Marijuana is Rapidly Rising

## QUICK FACTS



As of 2017, Texan support for a legal marijuana program is at 83%.<sup>76</sup>



As of October 2017, 51% of Republicans surveyed by Gallup supported legalization.<sup>77</sup>

## PART 5

An active Medical Marijuana program will have many benefits in Texas, and since Texan opinions are strongly trending towards the acceptance of Medical Marijuana, now is the time to implement such a program.

## Texan Medical Marijuana Support is Higher Now than Ever<sup>78</sup>

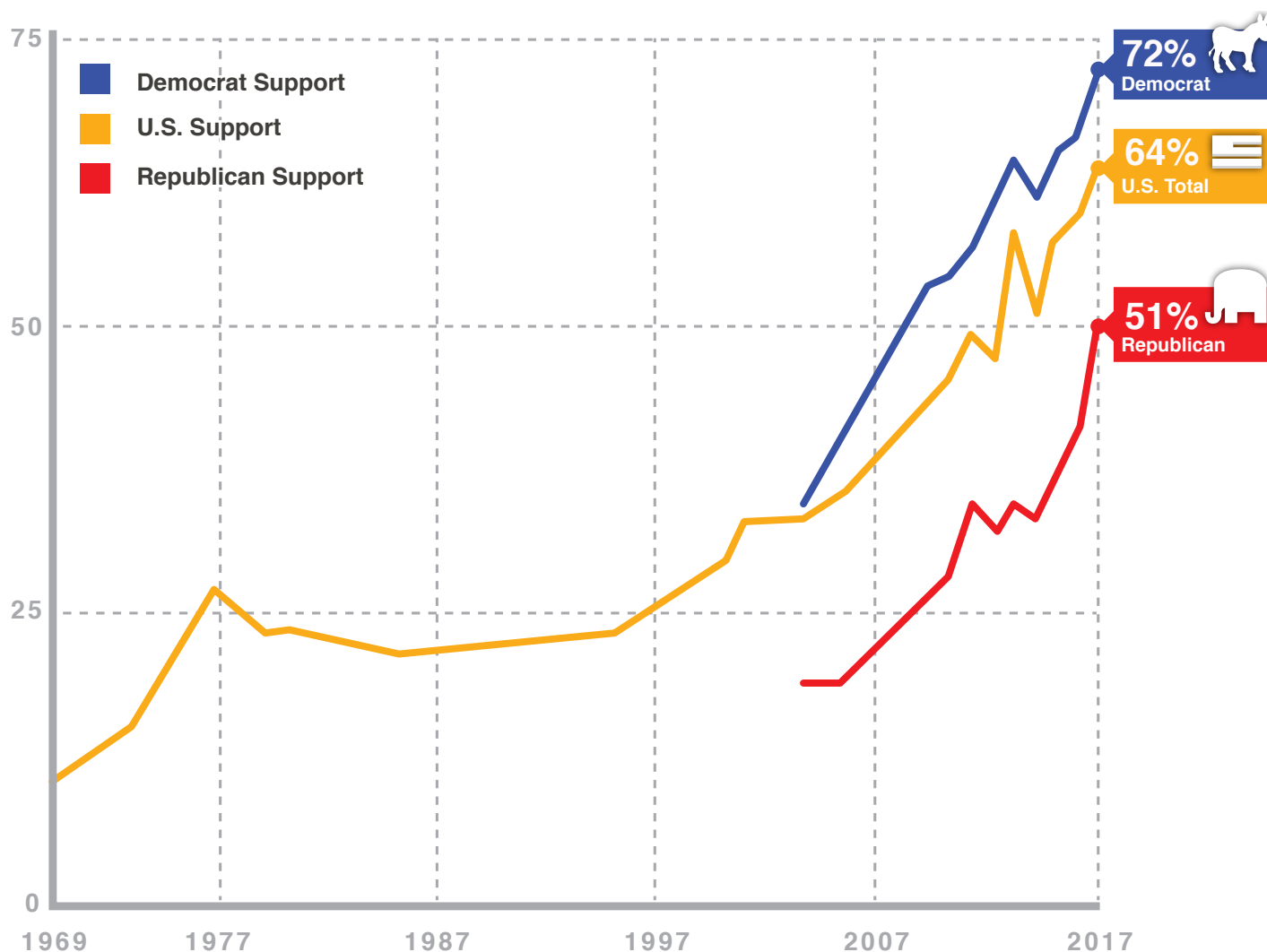


	FEB '15	FEB '17	CHANGE
Never	24%	17%	▼ 8%
Medical Only	34%	30%	▼ 4%
Small Amounts	26%	32%	▲ 7%
Any Amount	16%	21%	▲ 5%

### Trending Positivity Among Texas Citizens

The support for a legal marijuana program in Texas has been increasing over the past three years. In accordance with a University of Texas/Texas Tribune Poll taken in February 2015 and again in February 2017, Texan support for a legal marijuana program is at 83%.<sup>79</sup>

# American Support for Marijuana Legalization<sup>80</sup>



## Acceptance Among Republicans

51% of Republicans surveyed by Gallup in October 2017 supported legalization, up sharply from 42% a year ago.<sup>81</sup>

## Acceptance Among Republican Leadership

Former Speaker of the House of Representatives and noted Republican, John Boehner, recently stated: “I’m joining the board of #AcreageHoldings because my thinking on cannabis has evolved. I’m convinced de-scheduling the drug is needed so we can do research, help our veterans, and reverse the opioid epidemic ravaging our communities.”<sup>82</sup>



## PART 5

# Approval for Medical Marijuana is Rapidly Rising

## CONCLUSION

Support for a legal marijuana program among the Texas population and among national Republican leadership is growing at an exponential rate. Texan voters are ready to support sustainable, well-regulated Medical Marijuana laws and programs.

**CONCLUSION**

**Texas and its citizens need an effective solution for the opioid epidemic, veteran PTSD and suicide, statewide facility and institutional burdens, and to aid in the reduction of Medicare spending.**

**Growing public and Republican Party acceptance of Medical Marijuana will encourage governmental leaders to use Medical Marijuana programs to address these issues. Now is the ideal time to support the development of a sustainable Medical Marijuana program in Texas.**

**Contact The Rosebud Group to learn more about implementing an Medical Marijuana program in your district.**

## FOOTNOTES

- 1 National Center for Veterans Analysis and Statistics; Veteran Population Projections 2017-2037; [www.va.gov/vetdata/docs](http://www.va.gov/vetdata/docs)
- 2 Texas Tribune, "UT/TT Poll: Support for marijuana growing like a weed in Texas" February 21, 2017 located at <https://www.texastribune.org/2017/02/21/uttt-poll-support-marijuana-growing-weed-texas/>
- 3 Currently Bexar, Childress, LaSalle, Dallas, Van Zandt, Haskell, Delta, Kinney, Kendall, Kerr, Falls, Throckmorton\*, Mitchell\*, Franklin\*, Clay\*, Camp\*, Red River\*, Morris\*, Nolan\*, Leon\*, Jones\*, Titus\*, Hopkins\*, Upshur\*, Polk\*, Lamar\*, Cherokee\*, Rusk\*, Harrison\*, Bowie\*, Wichita\*, Smith\*, McLennan\*, Webb\*, Montgomery\*, and Travis\* counties have filed litigation against the manufacturers of prescription opioids. Those identified with \* have been consolidated into the multidistrict litigation Federal Northern District of Ohio, In Re National Prescription Opiate Litigation, Case No. 2804.
- 4 Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN., Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis, *Pain*. 2015;156(4):569-576. doi: 10.1097/01.j.pain.0000460357.01998.f1.
- 5 Muhuri PK, Gfroerer JC, Davies MC., Associations of Non-medical Pain Reliever Use and Initiation of Heroin Use in the United States, CBHSQ Data Rev. August 2013.
- 6 Cicero TJ, Ellis MS, Surratt HL, Kurtz SP., The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years, *JAMA Psychiatry*. 2014;71(7):821-826. doi:10.1001/jamapsychiatry.2014.366.
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- 10 Carlson RG, Nahhas RW, Martins SS, Daniulaityte R., Predictors of transition to heroin use among initially non-opioid dependent illicit pharmaceutical opioid users: A natural history study, *Drug Alcohol Depend*. 2016;160:127-134. doi:10.1016/j.drugalcdep.2015.12.026.
- 11 CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov>
- 12 Daily Texan Staff, The Daily Texan, Scale of Opioid Epidemic Likely Obscured By Bad Data Experts Say, November 17, 2017.
- 13 Ibid.
- 14 National Center for Veterans Analysis and Statistics; Veteran Population Projections 2017-2037; [www.va.gov/vetdata/docs](http://www.va.gov/vetdata/docs)
- 15 Sareen, J., Houlahan, T., Cox, B., & Asmundson, G. J. G. (2005). Anxiety disorders associated with suicidal ideation and suicide attempts in the National Comorbidity Survey, *Journal of Nervous and Mental Disease*. 193, 450-454. doi: 10.1097/01.nmd.0000168263.89652.6b
- 16 [https://www.mfri.purdue.edu/wp-content/uploads/resources/presentations/VeteransAndComplexIssues\\_Pentz\\_Battlemind2017.pdf](https://www.mfri.purdue.edu/wp-content/uploads/resources/presentations/VeteransAndComplexIssues_Pentz_Battlemind2017.pdf)
- 17 <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>
- 18 Greg R Greer, M.D., Charles S. Grob, M.D. & Adam L. Halberstadt, Ph.D., PTSD Symptom Reports of Patients Evaluated for the New Mexico Medical Cannabis Program, Mar 2014, <http://www.tandfonline.com/doi/abs/10.1080/02791072.2013.873843>
- 19 Bradford, Ashley C. and Bradford, David W., Medical Marijuana Laws Reduce Prescription Medication Use in Medicare Part D, *Health Affairs*, July 2016, p. 1230.
- 20 Texas Tribune, "UT/TT Poll: Support for marijuana growing like a weed in Texas" February 21, 2017 located at <https://www.texastribune.org/2017/02/21/uttt-poll-support-marijuana-growing-weed-texas/>
- 21 [https://www.washingtonpost.com/news/wonk/wp/2017/10/25/for-the-first-time-a-majority-of-republicans-support-marijuana-legalization/?noredirect=on&utm\\_term=.eed707af49f0](https://www.washingtonpost.com/news/wonk/wp/2017/10/25/for-the-first-time-a-majority-of-republicans-support-marijuana-legalization/?noredirect=on&utm_term=.eed707af49f0)
- 22 Boehner, John (SpeakerBoehner). "I'm joining the board of #AcreageHoldings because my thinking on cannabis has evolved. I'm convinced de-scheduling the drug is needed so we can do research, help our veterans, and reverse the opioid epidemic ravaging our communities." 11 April 2018, 3:58 AM. Tweet.
- 23 Currently Bexar, Childress, LaSalle, Dallas, Van Zandt, Haskell, Delta, Kinney, Kendall, Kerr, Falls, Throckmorton\*, Mitchell\*, Franklin\*, Clay\*, Camp\*, Red River\*, Morris\*, Nolan\*, Leon\*, Jones\*, Titus\*, Hopkins\*, Upshur\*, Polk\*, Lamar\*, Cherokee\*, Rusk\*, Harrison\*, Bowie\*, Wichita\*, Smith\*, McLennan\*, Webb\*, Montgomery\*, and Travis\* counties have filed litigation against the manufacturers of prescription opioids. Those identified with \* have been consolidated into the multidistrict litigation Federal Northern District of Ohio, In Re National Prescription Opiate Litigation, Case No. 2804.
- 24 Ibid.
- 25 Ibid.
- 26 Ibid.
- 27 Ibid.
- 28 Ibid.
- 29 Daily Texan Staff, The Daily Texan, Scale of Opioid Epidemic Likely Obscured By Bad Data Experts Say, November 17, 2017.
- 30 Adjusted opioid death rate =  $x$ ; .584 $x$  = 5,800;  $x$ =9,932; State Health Facts, Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths, <https://www.kff.org/other/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22asc%22%7D>; Daily Texan Staff, The Daily Texan, Scale of Opioid Epidemic Likely Obscured By Bad Data Experts Say, November 17, 2017.

## FOOTNOTES

- 31 Adjusted opioid death rate =  $2,325/584 = 3,391$  (Reduction to opioid deaths due to Medical Marijuana ) of the adjusted Opioid prescription death rate of 3,391 (To account for the counties in Texas without medical examiners, the total Opioid deaths from 2011 to 2015 was increased by 42%); Texas State Health Facts, Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths, <https://www.kff.org/other/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>; Daily Texan Staff, The Daily Texan, Scale of Opioid Epidemic Likely Obscured By Bad Data Experts Say, November 17, 2017.
- 32 Daily Texan Staff, The Daily Texan, Scale of Opioid Epidemic Likely Obscured By Bad Data Experts Say, November 17, 2017.
- 33 Ibid.
- 34 Ibid.
- 35 Ibid.
- 36 Ibid.
- 37 Ibid.
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- 39 Castlight Health “The Opioid Crisis in America’s Workforce”, 2016.
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- 41 Adjusted opioid death rate =  $x; .584x = 5,800; x=9,932$ ; State Health Facts, Opioid Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths, <https://www.kff.org/other/state-indicator/opioid-overdose-deaths/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>; Daily Texan Staff, The Daily Texan, Scale of Opioid Epidemic Likely Obscured By Bad Data Experts Say, November 17, 2017.
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