This effect gets bigger the longer the law has been in place. For instance, there is a 33% drop in mortality in California, where compassionate use has been in place since 1996. This is replicated by Columbia's school of public health, using a completely different analysis strategy.

Cannabis is opioid-sparing in chronic pain patients. When patients are given access to cannabis, they drop their opioid use by roughly 50%. This finding has been replicated several times from Ann Arbor to Jerusalem.

This opioid sparing effect is accompanied by an increase of cognitive function once patients begin cannabis therapy: this effect is most likely due to the fact that patients reduce their opioid use.

Cannabis use is associated with a reduction in not only opioid consumption, but also many other drugs including benzodiazepines, which also have a high incidence of fatal overdose. In states with medicinal cannabis laws, the number of prescriptions for analgesic and anxiolytic drugs (among others) are substantially reduced. Medicare and Medicaid prescription costs are substantially lower in states with cannabis laws.

Cannabis can prevent dose escalation and the development of opioid tolerance.

Cannabinoids and opioids have acute analgesic synergy. When opioids and cannabinoids are coadministered, they produce additive or even greater analgesia. This suggests that analgesic dose of opioids is substantially lower for patients using cannabis therapy.

In chronic pain patients on opioid therapy, cannabis does not affect pharmacokinetics of opioids, yet it still enhances analgesia. This finding further supports a synergistic mechanism of action.

Pre-clinical models indicate that cannabinoids attenuate the development of opioid tolerance.

Cannabis, alone or in combination with opioids, could be a viable first-line analgesic.

The CDC has updated its recommendations in the spring of 2016, stating that most cases of chronic pain should be treated with non-opioids.

The National Academies of Science and Medicine recently conducted an exhaustive review of 10,000+ human studies published since 1999, definitively concluding that cannabinoids (a specific cannabinoid or cannabis-derived molecule) is safe and effective for the treatment of chronic pain.

When 3,000 chronic pain patients were surveyed, 97% strongly agreed/agreed that they could decrease their opioid use when using cannabis.

92% strongly agreed/agreed that they prefer cannabis to treat their medical condition.

81% strongly agreed/agreed that cannabinoid by itself was more effective than taking opioids.

Cannabis may be a viable tool in medication-assisted relapse prevention.

CBD is non-intoxicating, and is the 2nd most abundant cannabinoid found in cannabis. CBD alleviates the anxiety that leads to drug craving. In human pilot studies, CBD administration is sufficient to prevent heroin craving at 7 days.

Cannabis users are more likely to adhere to naltrexone maintenance for opioid dependence.

Mr. BLUMENAUER. There is a reason that 81% of the American public favors greater access to medical marijuana. Last year, voters in Florida approved their program by over 70 percent.

Mr. Speaker, the Federal Government continues to interfere, threatening medical marijuana programs, which requires Congress to step in to shield it, as we have done last year and for the previous 2 years. Unfortunately, the Rules Committee denied us a chance to vote on this.

Last Congress, both Houses approved measures for VA doctors to be able to consult with veterans who have a serious overdose problem. Despite passing both Chambers, it was stripped out and the Rules Committee failed to allow us to vote on this as well.

Most tragically, Congress continues to allow the Federal Government to have a stranglehold on research to be conducted to be able to definitely answer these questions.

I strongly urge my colleagues to join my friend, Dr. ANDY HARRIS, and me on our research bill, H.R. 3391. There is no reason that the Federal Government denies research to be able to definitively answer these questions.

I am tired of looking at the opioid damage in my State and around the country, and have Congress propose Band-aids when there is a simple, commonsense, widely accepted, and popular approach: allow people access to medical marijuana.

The time to do it is now. Lives are being lost as we dither.

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As long as it takes. They gave their lives and died.

Yesterday, a lot of us received military briefings from FEMA, the military, and Homeland Security. I wanted to know whether FEMA and the military are prepared to take people off the island, where we normally do in emergency situations. We did it in Houston, in Jacksonville, and New Orleans.

No, the Governor has not asked for help in evacuating people, they told me.

I asked: How many bridges, even temporary ones, have been constructed in Puerto Rico to replace those destroyed by the hurricane to allow for the transportation of supplies and the evacuation of people?

They said: None, Congressman. Zero.

We have not erected any bridges. Again, because the Governor of Puerto Rico hasn’t asked us to.

When I was there, I flew over the town of Maricao in the mountains, well known for coffee. There are six ways in and out of the town, and five of those bridges are gone.

Three weeks after D-day in 1944, the allies liberated the deepwater port of Cherbourg, one of the most important objectives in Europe. It took 20 days and we built bridges and communication lines along the way.

We made better progress in the 3 weeks after D-day than we are making on Puerto Rico. And in Puerto Rico, to the best of my knowledge, there are no Germans shooting at us.

Now, when I asked the officials about evacuating people from the island, they had no real answer. But if I remember correctly, FEMA and the military come to us to fund their budget every year. They are accountable to this Congress.

We are accountable to our constituents. Constituents are coming to me, as they did in St. Maarten, and are saying: Help us get our families out of danger’s way.

Mr. Speaker, when will we be able to give these constituents an answer as to why their family members and loved ones aren’t being allowed to leave the island and evacuated from danger?

This weekend, Members of Congress are going to Puerto Rico. I spoke with a few of them and said: Hey, at night, you should go to this place where it is really bad.

One stopped me, cut me off, and said: Congressman, we are not staying overnight.

So, on an island where 95 percent of the power is out, our Members of Congress are only going to see things during the day, not during the pitch-black darkness, which is what Puerto Ricans are living with every single night for the last 3 weeks.

Regardless of what my colleagues see during the day or what the President tweets in the morning, my friends stand in for families, if they can find it; my constituents are worried about their family members; and 5 million Puerto Ricans in the diaspora have run out of patience. We want our people free to live in the United States of America wherever they can.

Mr. Speaker, my constituents want the government to help get their families out of danger’s way.

HONORING THE MANY ACCOMPLISHMENTS OF STUART EPPERSON

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Ms. Foxx) for 5 minutes.

Ms. FOXX. Mr. Speaker, I rise today to recognize North Carolina Fifth District constituent, Mr. Stuart Eppspperson, whose work has positively affected so many in North Carolina and so many across this great Nation.

Stuart, or “Stu,” as his friends know him, is living proof that not only is the American Dream possible, it is achievable if you are simply willing to work hard for it. Stu’s story is a model one for all.

Growing up on a small tobacco farm in Virginia, Stu learned hard work and perseverance. In the 1980s, Stu and his brother-in-law started the Salem Media Group to minister to and report positive news to families across the country.

Under his leadership, Salem Media Group and Salem Radio News host 120 radio stations, 67 of which are in the top 25 markets, and operate 2,400 affiliates.

Mr. Speaker, at a time when many Americans opt to turn off the news due to the negative content, Mr. Epperson’s audience is tuning in to be inspired and to be informed.

The content put forth by the Salem Media Group serves as a beacon of hope to the many seeking positive and instructive stories.

Mr. Speaker, when I consider the body of Mr. Epperson’s work, I am reminded of the parable of the faithful servant in Luke 12:48. The Good Book tells us that: ‘For unto whomsoever much is given, of him much shall be required.’

The Lord has certainly gifted Mr. Epperson with some amazing abilities, and in return, Mr. Epperson has used these talents to give back to multiple communities that need them the most.

Among those activities are the Winston-Salem Rescue Mission, Salem Pregnancy Care Center, One Kid at a Time mentoring program, and the Christian Association of Youth Mentoring, which he founded.

Finally, Mr. Speaker, I am sure that Stu would agree that the adage “behind every good man is a good woman” is a true one for him. Stu married the love of his life, Nancy Etsinger Epperson, 54 years ago. This lovely couple has 4 children and 21 grandchildren.

I commend Stu Epperson not only for his many accomplishments but also for his dedication to ensuring that radio remains family-friendly and value-focused. In recognition of Stu’s life and work, I am pleased to announce that soon Stu will be receiving the highly coveted Vision and Leadership Award from the Family Research Council.

This award is truly deserved by such an accomplished man, and I add my salute to him.

I know that the community in Winston-Salem, this Nation, and the wider world have benefitted from Stu Epperson’s many efforts to make the world a better place. I commend Mr. Epperson on his many accomplishments and his service to our Nation.

STRUGGLES IN PUERTO RICO AND THE VIRGIN ISLANDS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Maryland (Mr. Brown) for 5 minutes.

Mr. Speaker, I am sure that the Governor of Maryland, Mr. Brown, is hard to tell where and in what direction Puerto Rico and the Virgin Islands are heading today. There is not enough food, millions are struggling to live without drinking water and electricity, and only 8 percent of the roads are open to traffic.

Containers with supplies, medical supplies, and food and other commodities are sitting in containers on the docks in the Port of San Juan and are not moving towards the people and the communities that need them the most. Struggles in the Virgin Islands are less heard about but no less real.

The question is whether we, as a nation, are doing all we can for the citizens of this Nation. Let’s compare.

After an earthquake hit Haiti in 2010, where the infrastructure was severely damaged, the U.S. military mobilized as if we were going to war.

The very next morning, after the earthquake hit, an Army unit was airborne. Within 2 weeks, 33 ships and 22,000 soldiers had arrived, and more than 300 helicopters were delivering millions of pounds of food and water, not just to the port, but the people of Haiti.

By contrast, today, there are fewer than 14,000 military personnel assisting in relief efforts in Puerto Rico and the Virgin Islands, and there are only 88 helicopters and only 4 naval ships, one of them the USNS Comfort that are aiding 1.3 million Americans in Puerto Rico, 100,000 Americans in the Virgin Islands.

In Haiti, Mr. Speaker, we airlifted 15,000 U.S. citizens in 2010 after the earthquake, but in Puerto Rico and the Virgin Islands, we are unwilling to evacuate a single American, even those who have relatives and friends in the many communities across the 50 States of this great country.

As Americans are starving and Americans are desperate, our response needs to be more vigorous.