MARCOEM Webinar Series

Q&A Panel on Medical Marijuana

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12:00 – 1:30 pm EST

Moderator

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Panelists

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Medical marijuana: What will happen now that Oklahomans have approved State Question 788?
Therapeutic Effects of Cannabis

- Chronic Pain
- Cancer
- Chemotherapy-induced Nausea & Vomiting
- Anorexia & Weight Loss (from HIV)
- Irritable Bowel Syndrome
- Epilepsy
- Spasticity
- Tourette’s Syndrome
- Amyotrophic Lateral Sclerosis (ALS)
- Huntington’s Disease
- Parkinson’s Disease
- Dystonia
- Dementia
- Glaucoma
- Traumatic Brain Injury/Intracranial Hemorrhage
- Addiction
- Anxiety
- Depression
- Sleep Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia

Substantial/Conclusive Evidence
Moderate Evidence
Limited Evidence

Natl Academy of Sciences, 2017
NABIXIMOLS (THC/CBD ORAL SPRAY) FOR OPIOID-TREATED CANCER PATIENTS WITH POORLY-CONTROLLED CHRONIC PAIN. THE JOURNAL OF PAIN, 2012

Median starting opioid dose 120 mg of oral morphine equivalents

Findings: Nabiximols has analgesic efficacy as add-on therapy for pain from advanced cancer has great potential clinical relevance
Dude, we totally forgot our slogan.
American Medical Marijuana Assn.

Adverse Effects

[Image of Golden Gate Bridge]
Marijuana and Workplace Safety
USPS EMPLOYEES WHOSE PRE-EMPLOYMENT TEST WAS POSITIVE FOR THC COMPARED TO THOSE WHO TESTED NEGATIVE, JAMA 1990

Accidents, injuries, absenteeism, and disciplinary problems among pot users all increase costs for employers.
## Federal Cannabis Laws

- Illegal to possess, distribute or manufacture for any purpose other than research
- Physicians are prohibited from recommending or prescribing
- Federal government can arrest state-recognized medical cannabis patients (SCOTUS ruling)
- ADA- medical cannabis users are not protected
- 1988 Drug-free Workplace Act
  - Those contractors/grantees receiving Fed $$ must provide a drug-free workplace with respect to certain employees performing services related to the contract or grant

## State Cannabis Laws

- Clinicians, patients and primary caregivers exempt from prosecution for possessing or cultivating for medicinal purposes, when approved by a physician
- Range of Approaches to Providing Protection Against Adverse Employment Actions (see next slide for discussion)

- Urine Drug Screens (hiring)
  - Does not protect possession/use or impairment from cannabis at work
Range of Approaches to Providing Protection Against Adverse Employment Actions

1. Undefined prohibition against denying a “right” or “privilege” to a medical marijuana user
2. General prohibition against refusing to employ or otherwise penalize an individual solely on basis of:
3. Specific prohibition against discrimination in hiring, termination or other terms/conditions of employment on basis of:
   - “Cardholder” status
   - Qualifying user
   - Caregiver of qualifying user
   - Positive drug test
Drug test is reported negative if there is a legal prescription.

For DOT and Federal tests, medical marijuana not considered a legal prescription. Therefore, test reported as positive.

Marinol (prescription THC) would be a negative test with a safety warning.

For non-federal tests, follow the employer policy within reason. Default is to follow DOT protocol. Note that Health Professionals don’t actually “prescribe” marijuana under state programs, they issue a certification.
EMPLOYER NON-FEDERAL OPTIONS

1- Follow DOT. All medical marijuana reported as positive. Employer must decide how to handle information.

2- Treat MM like any other drug. If employee has a certificate, the test is reported as negative.

3- Same as #2, but add provision for MRO to report potential safety issues. Would need releases from applicant/employee to divulge medical information.

4- Remove marijuana from drug test panel.
**Avidekel Oil - 3%**

**Indica specie**

Ingredients: Avidekel extract, olive oil

CBD=3% (1.5mg/drop)

THC=0.5% (0.25mg/drop)

CDN<1% (<0.5mg/drop)

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**Alaska Oil 15%**

**Sativa specie**

Ingredients: Alaska extract, olive oil

THC=15% (7.5mg/drop)

CBD=1% (0.5mg/drop)

CBN<1% (<0.5mg/drop)

*According to the medical staff instructions*
Economy Needs Workers, but Drug Tests Take a Toll

New York Times (7/24/17)
In fitness proceeding, taxi driver was found to have tested positive for the ingestion of marijuana. However, under TLC’s rules, respondent’s drug test should not be viewed as “failed” because his ingestion of marijuana was legal under the New York State Compassionate Care Act and implementing regulations. Moreover, under the Compassionate Care Act, respondent is afforded protections for his certified medical use of marijuana. Accordingly, there is no basis to conclude based upon respondent’s legal ingestion of marijuana that he is unfit to hold a TLC license. The petition against respondent should be dismissed.
Clinical Features of Cannabis (THC) Intoxication

- ↑ Sociability/sensitivity to stimuli (music/colors)
- Altered perception of time
- Heightened appetite for sweet/fatty foods
- Relaxation
- ↓ Short-term memory
- Dry Mouth
- Impaired perception and motor skills
- Panic attacks/Hallucinations/Paranoid thoughts
References


https://journals.lww.com/joem/Fulltext/2015/05000/Medical_Marijuana_in_the_Workplace__Challenges_and.6.aspx

References

For Question 1:
Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study
https://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(18)30110-5.pdf

2017 review in Annals of Internal Medicine:
Limited evidence suggests that cannabis may alleviate neuropathic pain in some patients, but insufficient evidence exists for other types of chronic pain.

For Question 3:
Editorial accompanying largest study. 1400 patients over 5 years published in Lancet Public Health. “A painful lesson: are we repeating previous mistakes in pain management?”
For Question 4:

“We found SUBSTANTIAL evidence that adults who use marijuana daily or near-daily are more likely than non-users to have memory impairments for at least seven days after last use.”

Colorado Dept. of Public Health report:
http://hermes.cde.state.co.us/drupal/islandora/object/co%3A27198

Many agree that Blood THC levels are useless in defining “too high to drive” (AAA and NORML)

Should Per Se Limits Be Imposed For Cannabis?

According to a study by the AAA Foundation for Traffic Safety, this type of legal limit is “arbitrary and unsupported by science.”
https://hightimes.com/culture/everything-you-need-to-know-about-marijuana-blood-tests/
For Question 4:

Medical Marijuana in the Workplace: Challenges and Management Options for Occupational Physicians

“The intended and unintended physiologic effects of marijuana on neurocognitive performance range from several hours to beyond 28 days of subsequent abstinence. Blood levels may be useful for MRO reporting, but are not reliable for determining whether an individual is impaired. This can only be done by neurocognitive testing. There can be no assurance that neurologic effects in a given user will not persist from the intershift period into the following workday. As such, the use of marijuana by workers cannot be explicitly endorsed by the pharma and MRO working groups.”

https://journals.lww.com/joem/Fulltext/2015/05000/Medical_Marijuana_in_the_Workplace__C hallenges_and.6.aspx