

Cannabis: Are you on drugs?



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Conflict of Interest Disclosure

Andrew Efaw and Kevin Homiak do not have any real or apparent conflicts of interests or vested interests that may have a direct bearing on the subject matter of the continuing education activity.

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Learning Objectives

This presentation will enable participants to:

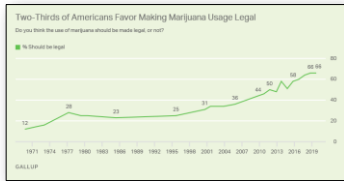
- *Understand the existing landscape of marijuana legalization and regulation.*
- *Identify potential legal and regulatory barriers and risks associated for hospital and providers.*
- *Consider how hospitals can respond to the increasing acceptance of marijuana in crafting hospital policies.*

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PUBLIC OPINION:

66% Favor Legalization

October 2019



<https://www.gallup.com/poll/267696/support-legal-marijuana-steady-past-year.aspx>

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PUBLIC OPINION

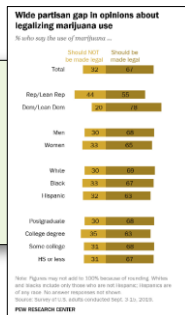
October 2019 – By Age & Generation

Support for Making Marijuana Legal, by Age and Generation

	Favor %	Oppose %
Age		
18-29 years	81	18
30-49 years	71	29
50-64 years	62	38
65+ years	49	49
Generation		
Millennials (born 1980-2000)	80	20
Generation X (born 1965-1979)	62	38
Baby boomers (born 1946-1964)	61	39
Traditionalists (born in 1945 or earlier)	40	60

Combined data from three 2019-2020 polls. Generation Z not shown due to small sample size.

GALLUP



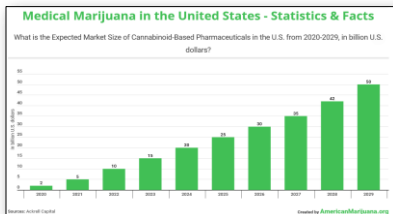
<https://www.gallup.com/poll/267696/support-legal-marijuana-steady-past-year.aspx>

<https://www.pewresearch.org/fact-tank/2019/11/14/americans-support-marijuana-legalization/>

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Legal marijuana sales

2019: **\$12 billion** worth of legal marijuana sales in the US



<https://expandedramblings.com/index.php/marijuana-facts-statistics/>

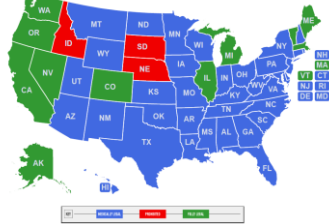
<https://americanmarijuana.org/medical-marijuana-statistics/>

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Medical Use on the Ballot

Initiatives Underway

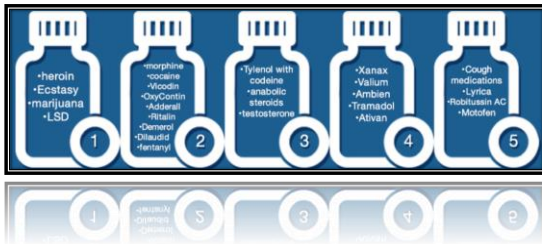
- New Jersey
- New Mexico
- New York
- Vermont
- Arizona
- Florida



<https://www.cslark.com/marijuana-initiatives-by-state-2020>

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FEDERAL LAW: The Controlled Substances Act

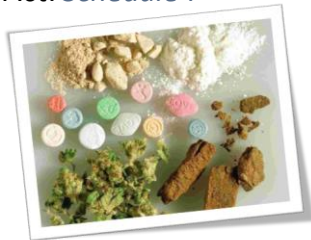


<https://www.dea.gov/druginfo/csa.shtml>

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The Controlled Substances Act: *Schedule I*

"[D]rugs with **no currently accepted medical use** and a **high potential for abuse**. Schedule I drugs are **the most dangerous drugs** of all the drug schedules with potentially **severe psychological or physical dependence**."



Schedule I: Heroin, LSD, **marijuana**, MDMA/ecstasy, methaqualone (Quaalude), and peyote

<https://www.dea.gov/druginfo/csa.shtml>

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The Controlled Substances Act: *Schedule II*

"[D]rugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous."



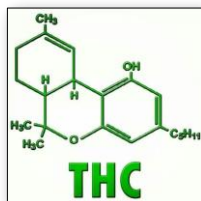
Schedule II: Hydrocodone (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

<https://www.dea.gov/druginfo/schedule>

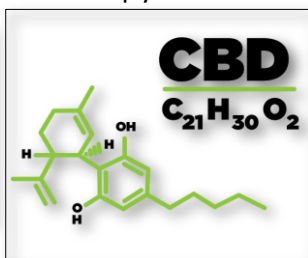
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Science: CBD is NOT THC

Psychoactive



Non-psychoactive



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Medical Marijuana: *Good Medicine?*

"[F]or most qualifying conditions, approval [of medical marijuana] has relied on low-quality scientific evidence, anecdotal reports, individual testimonials, legislative initiatives, and public opinion. Imagine if other drugs were approved through a similar approach. . . . For most of the conditions that qualify for medical marijuana use, the evidence fails to meet FDA standards."



~Drs. Deepak D'Souza & Mohini Ranganathan

<http://jama.jamanetwork.com/article.aspx?articleid=2338230>

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Medical Marijuana: Good Medicine?



"The use of marijuana as a medicine is remarkably uncontroversial at the bedside of a cancer patient or a child suffering from convulsions who might be helped."

Steven Patierno, PhD
Professor of Medicine
Professor of Pharmacology and Cancer Biology
Professor in Community and Family Medicine
Member of the Duke Cancer Institute

<http://www.wj.com/article/steven-patierno-new-york-does-medical-marijuana-right-140477965>

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Testing Potential Medical Uses for MMJ or CBD

1. Slow or stop cancer cell growth
2. Prevent conditions that lead to Alzheimer's disease
3. Relieve arthritis
4. Control epileptic seizures
5. Relieve pain from multiple sclerosis
6. Reduce symptoms from Crohn's disease
7. Reduce seizures associated with Dravet's syndrome
8. Lessen side effects of Hep-C treatment and improve effectiveness
9. Reduce nausea from chemotherapy and stimulate appetite
10. Reduce size of brain area damaged by stroke
11. Treat inflammatory bowel disease
12. Protect brain from concussions (in mice)

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Example: Mayo Clinic

Key to grades

- A** Strong scientific evidence for this use
- B** Good scientific evidence for this use
- C** Unclear scientific evidence for this use
- D** Fair scientific evidence against this use (it may not work)
- F** Strong scientific evidence against this use (it likely does not work)

B	Chronic pain Marijuana has been studied for the treatment of chronic pain. It has been used in people whose
C	Epilepsy Early studies suggest that marijuana taken with antiseizure drugs may lower seizure risk in people
C	Appetite stimulant Current studies show that cannabis-based therapy may lack benefit on weight loss and anorexia related to cancer. Early studies
B	Multiple sclerosis Marijuana has been studied for the relief of multiple sclerosis symptoms, such as nerve pain, muscle spasms, and urinary disorders. The active

<http://www.mayoclinic.org/drugs-supplements/marijuana/evidence/hrb-20059701>

Is Medical Marijuana an Effective Drug?

In States that allowed Medical Marijuana to be prescribed, the average doctor prescribed:

- 264 fewer doses of anti-depressants
- 541 fewer doses of anti-nausea
- 562 fewer doses of anti-anxiety medication
- 1862 fewer doses of pain killers



<https://healthcareinamerica.us/5-ways-medical-marijuana-is-disrupting-healthcare-and-why-thats-a-good-thing-69c0e970da3>

St. Francis Study

Goal: develop medical marijuana as safer alternative to opioids.
Authorized for use by patients under 18

Initial phase involved 60 patients with rib injuries over 8 months

Trial ongoing

The first of its kind research study to gauge the effectiveness of Medical Marijuana as a painkiller for traumatic injuries.

St. Francis Hospital in Connecticut



Medical Marijuana and Pediatric Patients

- Strong support for use with autism, epilepsy, and pediatric oncology patients
- At this time, no large, high-quality studies have examined marijuana for the treatment of autism or other developments or behavioral conditions.

Medical Marijuana and Pediatric Patients

- *Journal of Developmental and Behavioral Pediatrics* found the known harms of long-term marijuana use outweigh any benefits:
 - Decades of research
 - Decrease in IQ points
 - Increased odds of psychosis
 - Triple the risk of adult anxiety disorder

Pediatric Patients: Is the research relevant?



- THC is likely to cause harm
- THC changes the brain structure and function of developing mice
 - MRI studies have revealed significant, widespread neurological changes in long term marijuana studies where THC present

Animal Use



KEY ISSUE

*If **marijuana** has legitimate medical uses,
we can just test it and find out right?*

Current Research Critiquing Medical Use

The Washington Post

In Theory | Opinion

5 reasons marijuana is not medicine

1. The drug's chemistry must be known and reproducible.
2. There must be adequate safety studies.
3. There must be adequate and well-controlled studies providing efficacy.
4. The drug must be accepted by well-qualified experts.
5. Scientific evidence must be widely available.

<https://www.washingtonpost.com/archive/local/2015/04/29/5-reasons-marijuana-is-not-medicine/2015/04/29/?hpid=hp-local%3A5-reasons-marijuana-is-not-medicine%3Ahomepage%2Fstory&hpid=hp-local%3A5-reasons-marijuana-is-not-medicine%3Ahomepage%2Fstory>

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The Problem

"So you had that Catch-22, where marijuana is a Schedule I drug because there's no evidence, and there's no evidence because marijuana is a Schedule I drug."

—Dan Riffe, Director of Federal Policies at the Marijuana Policy Project

<http://www.forbes.com/sites/jacobson/2014/02/07/more-than-zero-red-actifying-marijuana-would-have-a-significant-impact-on-drug-policy/#27a0581625>
<http://www.foxnews.com/story/2014/02/07/why-we-hate-do-marijuana-research-69753>

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The Problem

The Schedule I Classification creates significant roadblocks for research:

- Researcher Dr. Sue Sisley is leading the first placebo-controlled trial that uses raw marijuana for PTSD.
- Government approval for the study took over 4 years.



<http://www.nytimes.com/2014/08/20/us/politics/medical-marijuana-research-hits-the-wall-of-federal-law.html>
<https://www.washingtonpost.com/news/health/wp/2015/10/20/the-federal-government-is-stifling-medical-research-major-think-tank-declares/>

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The Problem

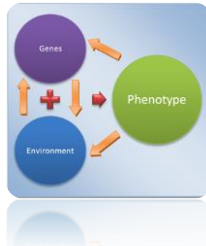
[illegible]

<http://www.mayoclinic.org/drugs-supplements/marijuana/related-terms/hrb-20059701>

The IDENTITY CRISIS Problem

IS MY MARIJUANA THE SAME AS YOURS?

- The National Institute on Drug Abuse (“NIDA”) is the only federally authorized grower. Authorized growing at U. of Miss. for decades.
- In one authorized study, NIDA *failed* to achieve the *phenotype* and *potency* requested.



<http://www.nytimes.com/2014/08/20/us/politics/medical-marijuana-research-hits-the-wall-of-federal-law.html>
http://www.washingtonpost.com/national/health-science/marijuana-research-hampered-by-access-from-government-and-police-scientists-say/2014/03/21/8b65eb88-a47d-11e3-84d4-e59b1702222c_story.html

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The **IDENTITY CRISIS** Problem



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The **IDENTITY CRISIS** Problem



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Political Climate





Office of the Attorney General
Washington, D.C. 20530
July 24, 2017

The Honorable John Hickenlooper
Governor
State of Colorado
Office of the Governor
200 E. Colfax Avenue
Denver, CO 80202

Dear Governor Hickenlooper:

sale of marijuana is a crime. The Department remains committed to enforcing the Controlled Substances Act in a manner that efficiently applies our resources to address the most significant threats to public health and safety. I look forward to working with you on these issues. As you

Substance Abuse in a manner that efficiently applies our resources to address the most significant threats to public health and safety. I look forward to working with you on these issues. As you

regard, I would note the concluding paragraph: "nothing herein [in the Cole Memorandum] precludes investigation or prosecution, even in the absence of any one of the factors listed above, in particular circumstances where investigation and prosecution otherwise serves an important federal interest." Thus, the memorandum "does not alter in any way the Department's authority to enforce federal law, including federal laws relating to marijuana, regardless of state law."

to enforce federal law, including federal laws relating to marijuana, regardless of state law."

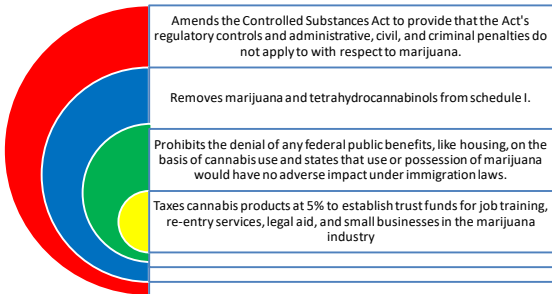
I also recently read the 2016 report by the Rocky Mountain High Intensity Drug Trafficking Area (HIDTA), entitled "The Legislation of Marijuana in Colorado: The Impact" (A copy of this report is attached as Exhibit B). This report raises serious questions about the efficacy of marijuana "regulatory structures" in your state, including findings that:

- "Highway patrol nearly interdiction seizures of Colorado marijuana increased 37 percent from 200 to 2014 (2013-2015, since recreational marijuana was legalized);"
- "Of the 394 seizures in 2015, there were 36 different states destined to receive marijuana from Colorado";
- Seizures of Colorado marijuana in the U.S. mail increased 427 percent after Colorado enacted "recreational marijuana" laws;

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A Political Solution:

H.R. 3884 / S. 2227



Reclassification to Schedule II?

January 25, 2019 - Rep. Morgan Griffith (R-VA) introduced a bill to reclassify marijuana as a Schedule II substance

116TH CONGRESS
1st Session

H. R. 171

To provide for the legitimate use of medicinal marijuana in accordance with the laws of the various States.

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Increase Access for Veterans?

February 12, 2019 – Multiple pieces of legislation introduced to create an exception to the CSA for veterans.

116th CONGRESS
1st Session

H. R. 1151

To allow veterans to use, possess, or transport medical marijuana and to discuss the use of medical marijuana with a physician of the Department of Veterans Affairs as authorized by a State or Indian Tribe, and for other purposes.

116th CONGRESS
1st Session

H. R. 601

To increase the number of manufacturers registered under the Controlled Substances Act to manufacture cannabis for legitimate research purposes, to authorize health care providers of the Department of Veterans Affairs to provide recommendations to veterans regarding participation in federally approved cannabis clinical trials, and for other purposes.

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Does Medical Insurance Cover Marijuana?

- Coverage under medical insurance is a significant step towards acceptance
- Courts in several states have exempted workers compensation insurers from covering the costs of medical marijuana
- Recent ruling in New Mexico requires workplace insurers cover marijuana-based treatments if they are recommended by a physician. Similar rulings have been issued out of courts in Connecticut, Massachusetts and Michigan.
- VA hospitals won't recognize medical marijuana as a form of medication. *
 - Will not endorse of form of treatment
 - Patients cannot have on them when seeking treatment at VA facilities.
 - However, cannot deny patients access to care just because they are part of a medical marijuana program.

* <http://www.illinoishomepage.net/news/local-news/va-hospitals-wont-recognize-medical-marijuana/497713355>

Hospital Philosophies: Opting in or Out?



Hospital Philosophies: Opting in

This substance has been shown to help patients, especially pediatric patients. Our mission is to serve our patients and their families, so we cannot bluntly state that this will not be allowed within our walls.



- Create committee to meet, gain feedback from the state's health systems, and draft policy
- Committee needs physicians, nurses, pharmacists, and representatives from other agencies (professional boards, drug diversion, etc.).

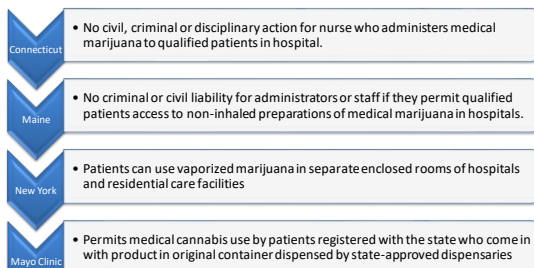
Hospital Philosophies: Opting in Example

Mayo Clinic hospitals permit use of medical cannabis among patients registered by the state's approved cannabis patient centers.

If patient is hospitalized, admitting physician decides whether continuation of the therapy is appropriate for the stay. If so, physician writes an order. In many hospitals, only capsules and oral liquids allowed. Medication CANNOT be stored or dispensed in the pharmacy. Patient cannot self administer.

* <https://acphospitalist.org/archives/2017/01/marijuana-policies-hospital.htm>

Some States and Hospitals Permit Marijuana in the Facility



An Act Concerning the Palliative Use of Marijuana, H.B. 5450
An Act To Increase Patient Safety in Maine's Medical Marijuana Program, 22 Maine Rev. Stat. § 2422, et seq.
N.Y. Comp. Codes R. & Regs. Tit. 10, § 1004.18(a)(1-4)
<https://acphospitalist.org/archives/2017/01/marijuana-policies-hospital.htm>

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Creation of Education Service

Education Service

If you allow use or marijuana in the hospital, create an education service or team.

- Involve social workers and pharmacist
- Assess drug interactions
- Provide education to patient/family
 - State law compliance
 - How to store the medication
 - Clear explanation of hospital policy
- This education service is not meant to be confrontational. It provides family with information necessary to take responsibility by use of honest communication about risks and policies.



Handling & Administering a Schedule I Substance

Risks of handling and administering a Schedule I substance in a pharmacy or hospital without an approved protocol:

- A Federal offense
- Puts the pharmacy's DEA license at risk
- Puts the hospital's federal Medicare reimbursement at risk
- Refer to the Approved Protocol

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Hospital Philosophies: Opting Out

- As long as CMS does not allow it and the FDA does not allow it to be prescribed, our facility will continue to prohibit its use.
- Acknowledges risk of hospital losing licensure or CMS certification.
- Physician concern about drug interactions.
- Allows for reconsideration when Marijuana is taken off Schedule I.



Not Opting In or Opting Out: Compromise Policies

- In California and Maine, use of medical marijuana by hospitalized patients is allowed and the state statute gives state-level protection for clinicians who administer it.
- Physicians are more comfortable administering MMJ, but the federal prohibition is still a significant issue.



Don't Ask, Don't Tell

- March – approved use of MMJ at its facilities on a “don’t ask, don’t tell” platform
- Family member can bring MMJ and self administer. Staff does not acknowledge

Marin General Hospital
in Greenbrae, CA



Allow [Family](#) to Administer

Allowable patient use policy provides criteria and procedures for therapeutic use of medical marijuana products while patients are inpatients:

- Release of liability executed by family
- Providers must acknowledge use. This is NOT an endorsement.
- Must appear in the Medication Administration Record in EHR
- Hospital employees will not provide or give product
- Attending physician can determine if use is not allowed
- No inhaled preparations allowed.

Development of Policy

Your hospital received letter signed by multiple patients wanting access to medical marijuana in the hospital. Board meeting follows and you are asked to draft MMJ strategy for a board meeting in 2 months.

- Convene a committee across specialties
- First question: will our hospital permit prescription of medical marijuana by providers and/or use it within the hospital?
- Second question: if patients or families are self-administering, what will hospital do? Call social services if patient is a child? What is the priority for advocates?

Pediatric Patients: Reporting Aspects?



Most states require hospital staff report when any child is in need of services because the parent or guardian fails to take actions to provide adequate medical care.

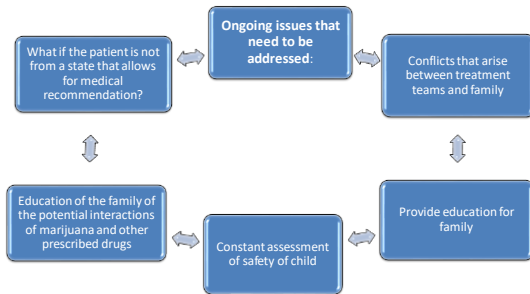
- Is giving a child a schedule I substance abuse or neglect?
- Does age of child matter?

Pediatric Patients: Reporting Aspects

- Consider full psychological assessment in younger patients (13 and under)
- If it is determined that deliberate actions on the part of the parent or lack of supervision led to the child's medical presentation, a report should be considered.
- A report should be considered if the explanation for the use of medical marijuana is unknown, not provided, or not supported.



Pediatric Patient Monitoring



Consent Form

- Written Form to Include:
 - Addiction and other risks
 - Confirmation of qualifying condition
 - Direction of type of cannabis
 - Note that marijuana is given in reliance of patient's statement of condition, diagnosis, and need for relief
 - **Signed by patient**

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Pharmacist Role in Medical Marijuana



- Have a greater liability risk related to marijuana prescriptions and use
- Medical marijuana is outside the pharmacist scope of practice

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Must Pharmacists Assist Dispensaries?

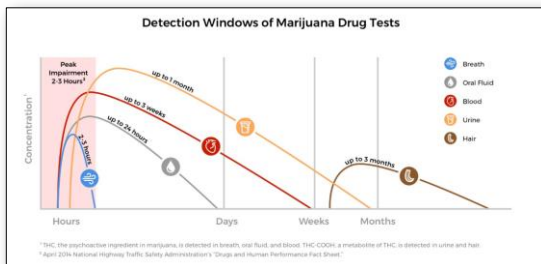
- Four states require a pharmacist to be on-site at dispensaries
 - Connecticut, Minnesota, Arkansas, New York, and Pennsylvania
- Other states are considering the same rule
 - Arkansas
 - Ohio
- How will these state statutes reconcile with Federal law prohibiting pharmacists from handling or dispensing Schedule I substances?

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Staff/Physician Use

- What if your employee or medical staff member uses marijuana legally (medically or otherwise)? Can you take action?
 - If you are a federal contractor, you cannot allow marijuana, regardless of what state law says.
 - Any other employer can take the conservative approach that substance against federal law and terminate employment.
 - Do you want to eliminate a whole group of educated and talented people because the use legal marijuana on the weekend?

Staff/Physician Use



<https://houndlabs.com/2018/09/06/how-long-can-marijuana-be-detected-in-drug-tests/>

Driving while stoned? Marijuana breathalyzers expected to hit the street in 2020



Staff/Physician Use

An institution that relies on federal funding may be at risk with their funding if it does not test people for Schedule I drugs as part of hiring and retention.

- What does your drug policy say?
- When do you test? Who do you test?
- Error in OR?



Staff/Physician Use

BEST PRACTICES FOR HR

- Don't tolerate marijuana use on the job, just as you wouldn't tolerate alcohol use.
- Train managers to spot signs of impairment.
- Think carefully about the type of test your company uses and stay on top of developments in the technology of testing.
- Talk to a lawyer about relevant state laws before setting policies and testing rules.
- For companies operating in different states, know that testing policies may need to vary by location.
- Educate employees about the company marijuana-use policy and the repercussions for failed tests, including random, post-accident or reasonable suspicion tests.

<https://www.shrm.org/hr-today/news/hr-magazine/fall2019/pages/marijuana-and-the-workplace-its-complicated.aspx>

Talking Points

- Should hospitals allow patients to have MMJ on site?
- Should hospitals permit a patient's loved-one to provide MMJ?
- Should hospitals allow their physicians to "recommend" MMJ?
- Without more empirical data on the efficacy of MMJ, does it violate the standard of care to recommend MMJ to patients?
- On the other hand, with the state of current research and wide ranging reports of medical benefit, does it violate the standard of care to NOT recommend MMJ to patients?

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Questions?



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