CBD and Cannabis Use in Assisted Living

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2

Objectives:

- Discuss cannabis-based products and CBD in the US/Ohio and the legality of using these in assisted living
- Understand the status of medical marijuana laws in the US
- Learn how providers can address potential CBD and cannabis use in their communities
- Explore best practices and compliance check points

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Ancient World History of Cannabis

- 28th century B.C. China
  - Shen Nung - cultivation of Hemp for cloth
- 3000 years ago in Egypt
  - Mummy found to contain THC
  - Egyptians recorded the use of cannabis for
    - Used to relieve pain
    - Used to treat sore eyes
- Ancient Greece
  - Treat horses
  - Treat otic inflammation and pain

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United States History of Cannabis

- 1790 – Virginia
  - Farmers were required to grow hemp
- Hemp was grown for rope and fabric until 1937
  - 1937 Marihuana (sic) Tax Act
  - Development of synthetic fibers

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Definitions

- Cannabis – AKA Marijuana
  - Psychoactive drug for medical or recreational purposes
- Hemp – strain of Cannabis Sativa (plant species), low concentrations of CBD
- THC – Tetrahydrocannabinol – one of over 100 cannabinoids in cannabis
- CBD – Cannabidiol is a phytocannabinoid that was discovered in 1940
  - 2nd most prevalent active ingredient in cannabis
  - Most common form is CBD oil
  - When it was originally discovered was thought to be inactive

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Endocannabinoid system

- Endocannabinoids – produced by the human body
  - Regulate body's response to various stimulus
  - Produced when needed
- There are cannabinoid receptors of various types
  - Type 1 receptors predominantly in the brain
  - Type 2 receptors on cells with immune function and in GI tract
  - CBD blocks the breakdown of anandamide
    - This prolongs the calming affect associated with anandamide
  - CBD also binds to Serotonin receptors

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Cannabis: The Medication

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CBD

- Available in a variety of formats
  - Topicals
  - Oils
    - Derived and diluted with a carrier oil like coconut or hemp seed oil
- CBD is legal if derived from industrial hemp
- Only derivatives that have low amounts of THC (<0.3%)
  - Marijuana usually contains 42 times more THC than hemp

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Government and Cannabis

- Schedule 1 drug by the DEA in the U.S. federally
  - "drugs with no currently accepted medical use and a high potential for abuse"
  - Cannabis is federally illegal – but has not been a priority for prosecution
  - Other Schedule 1 drugs
    - Heroin
    - LSD
  - In 2015, the FDA eased regulatory requirements to allow research of CBD

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Studying CBD and Cannabis

- Netherlands – studied home-made and store bought CBD products finding a great deal of variation in actual amounts of CBD
  - 46% of the studied products listed the content of CBD and THC
    - 7 of 21 products contained no CBD or THC
- Utah – CBS News in May of 2018 reported 52 people sickened by fake CBD oil
  - There's no way to know if products are what they claim to be
  - Utah fixed that by creating a system to register and test products

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Studying CBD and Cannabis

- Marcel Bonn-Miller, Adjunct assistant professor of psychology in psychiatry at University of Pennsylvania School of Medicine
  - Led a study that discovered 7 of 10 CBD products didn't contain the amount of CBD promised on the label
    - 43% contained too little
    - 26% contained too much
    - 1 in 5 contained THC
  - This was also in a JAMA article from 2018 Nov 7 - 30% were advertised correctly
- Timothy Welty, Chair of the Clinical Sciences department at Drake's College of Pharmacy and Health Sciences said, that the few human studies out there didn't include a control group
- Take away: Encourage products that have been independently certified

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Studying Cannabis and the Patient

- CBD has been shown to increase blood levels of other anti-epileptic drugs
- Other drug-drug interactions are unknown at this time
- CBD has been shown to spike liver enzymes in some patients
  - About 10 percent of people in CBD studies
- According to the World Health Organization, CBD has no effects that indicate abuse or dependence potential

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Studying Cannabis

- Most clinical information that currently exists is predominantly in vitro
- Some has been replicated in animal studies
- There needs to be more human trials
  - There needs to be more reputable sources

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Studying Cannabis

- There are some successful trials with CB1 receptor agonists in Alzheimer's Dementia
  - Behavioral disturbances were ameliorated with THC/Dronabinol
  - Longer, larger studies are needed

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CBD and Drug Interactions

- Cytochrome P450
  - About 70-80% of enzymes that affect drug metabolism are part of P450
  - And CBD does inhibit "some" P450 enzymes
    - Not completely clear whether this has a measurable affect on drug metabolism
    - CYP3A4 and CYP2C19 mentioned in Epidiolex package insert

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CBD – the Supplement

- Supplements vs Medications
  - Supplements – unregulated, don't have to prove efficacy
    - FDA does not regulate the safety and purity of dietary supplements
  - Bioavailability varies from 13-19%
    - Low amounts of CBD in a product are likely to translate to little benefit

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DEA and Canada Approved Cannabinoids

- 1970s
  - Marinol
    - Synthetic THC to treat nausea associated with chemotherapy
      - Oral medication to treat nausea?
      - Smoking worked more quickly
- 2010
  - Sativex
    - Extract of marijuana
    - 1:1 THC and CBD in oral spray for neuropathic pain in MS patients
- 2019
  - Epidiolex approved for two seizure disorders
    - Side effects: Somnolence, decreased appetite, diarrhea, malaise, weakness, sleep issues
    - Starting 2.5mg/kg twice daily, increasing to 5mg/kg twice daily
    - Maximum 10mg/kg twice daily

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Potential Therapeutic Benefits of CBD

- Alzheimer's Disease
- Psychosis
- Anxiety
- Depression
- Inflammatory Disease
- Rheumatoid Arthritis

Pisanti, S., et al., *Cannabidiol: State of the art and new challenges for therapeutic applications.* Pharmacol Ther, 2017. 175: p. 133-150.

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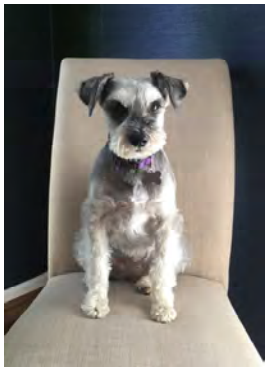

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Cannabis: Regulations & The Law

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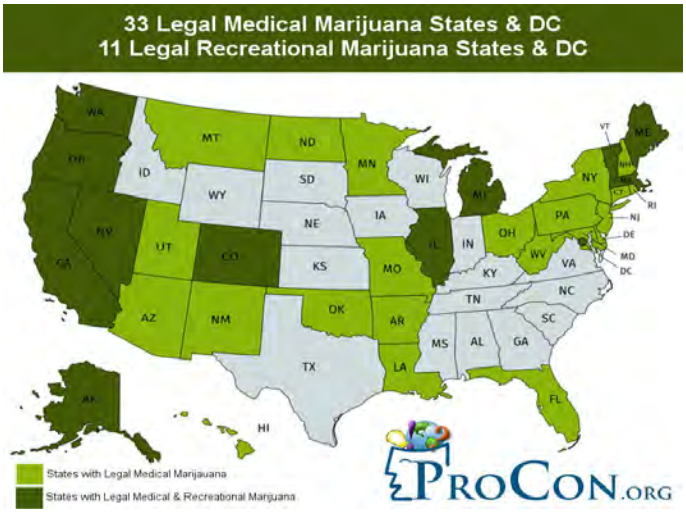

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Ohio Medical Marijuana: Qualifying conditions

- Acquired immune deficiency syndrome;
- (b) Alzheimer's disease;
- (c) Amyotrophic lateral sclerosis;
- (d) Cancer;
- (e) Chronic traumatic encephalopathy;
- (f) Crohn's disease;
- (g) Epilepsy or another seizure disorder;
- (h) Fibromyalgia;
- (i) Glaucoma;
- (j) Hepatitis C;
- (k) Inflammatory bowel disease;
- (l) Multiple sclerosis;
- (m) Pain that is either of the following:
  - (i) Chronic and severe;
  - (ii) Intractable.
- (n) Parkinson's disease;
- (o) Positive status for HIV;
- (p) Post-traumatic stress disorder;
- (q) Sickle cell anemia;
- (r) Spinal cord disease or injury;
- (s) Tourette's syndrome;
- (t) Traumatic brain injury;
- (u) Ulcerative colitis;

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Ohio's Medical Marijuana Control Program

90-day supply; medical use for 20 conditions

Users must have patient or caregiver ID cards

Smoking is not permitted

Oils, tinctures & extracts | Plant material | Edibles | Patches | Vaporization

Employers can take actions against employees for their use of marijuana

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Ohio Statistics

- Patients & Caregivers (as of 9/15/2020)
- 168,678 Recommendations
- 131,654 Registered patients
  - 9,267 Patients with Veteran Status
  - 9,694 Patients with Indigent Status
  - 724 Patients with a Terminal Diagnosis
- 103,642 Unique patients who purchased medical marijuana (as reported to OARRS by licensed dispensaries)
- 14,775 Registered Caregivers

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Ohio Medical Marijuana Statistics

- (As of 9/10/2020) Physicians 670 Certificates to recommend
- (As of 8/17/2020) Sales Figures
  - 21, 340 pounds of plant material
  - 1,377,123 units of manufactured product
  - $176.1 million in product sales
  - 1,319,136 total receipts

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Cannabis: And the Employer

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Ohio

- "Nothing in this chapter" does not refer to Ohio Civil Rights Act:
  - Plaintiff's bar believes Ohio employers have to accommodate their disabled employees using marijuana
  - R.C. 4112.02 prohibits discrimination based disability, which is defined as "a physical or mental impairment that substantially limits one or more major life activities, including the functions of caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; a record of a physical or mental impairment; or being regarded as having a physical or mental impairment."
  - General Assembly cross-referenced BWC and U/C laws

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Ohio's Medical Marijuana Control Program

- R.C. 3796.28(A) – "Nothing in this chapter" requires employers:
  - To accommodate an employee's use of marijuana
  - To hire applicants and take adverse actions against employees who use marijuana
  - To not maintain zero-tolerance drug policies
  - To not take advantage of BWC discounts for drug testing
- R.C. 3796.28(B) – Employers have "just cause" to terminate employees for their "use of medical marijuana . . . in violation of [their] drug-free workplace policy, zero-tolerance policy, or other formal program or policy regulating the use of medical marijuana."

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Accommodating Medical Marijuana Use

- Employers who have to or want to accommodate medical marijuana use should treat it like they would other lawfully prescribed medication
  - engage in interactive process
  - engage with employee's doctor to review alternatives – would a transdermal patch (releases THC in lower concentrations) or CBD oil provide the same relief?
  - Consider alternative work schedules
  - Document well if accommodating the employee poses an undue hardship

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Additional Recommendations for Employers

- Consider whether marijuana should be in pre-employment drug panel
- Right to use medical marijuana is not right to use it or be under its influence at work
- Inform employees who have right to use medical marijuana that they may not come to work under the influence or use at work (no possession in workplace either)
- Train your HR personnel and first-line supervisors to recognize impairment
- Reinforce policy of drug testing if there is a reasonable suspicion

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Additional Recommendations for Employers

- Pre-employment testing – can continue to pre-employment test in Ohio
- Random testing should be used primarily for safety-sensitive positions
- Observation documentation for impairment—for any type of impairment not just cannabis

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Cannabis: And the Facility

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34

35

Ohio Board of Nursing
and Medical Marijuana

- Momentum Summer 2018
  - Page 10
  - RNs and LPNs
  - RNs and LPNs may only possess or administer medical marijuana if he/she is registered as a patient's "Caregiver" with the Pharmacy Board
  - https://www.medicalmarijuana.ohio.gov/faqs

36

Medical Marijuana in RCFs

- Self-administration
  - Order required
  - How will the medical marijuana be safely stored and self-administered by the resident
  - Documentation with self-administration
  - Communication with physician regarding order and use
- Dementia residents
  - How will it be given to the resident?
    - Will a family member (caregiver) provide the medical marijuana to the resident?
    - Will that work? Wouldn't work during the restriction with COVID on visitation?
    - ???

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Medicaid Waiver Facilities

- Federal prohibition on marijuana: DEA Schedule 1
- Concerns over federal dollars being paid to the facility
  - Same concerns that nursing home have with marijuana
- Discuss with your own legal counsel

DEA

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Ohio RCFs are NOT required to allow residents to use marijuana

- It is not required that communities allow medical as it is still illegal under federal law.
- It is not a resident right.

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FACILITY POLICY CONSIDERATIONS

- Consider the following:
  - Resident safety
  - Resident Assessment
  - Designated Caregivers
  - Medication Storage
  - Medication Administration
  - Information Access
  - Cost: Can be expensive

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Policy Considerations

- Important consideration: Safety
- Clinicians need to assess the impact of these products on the patient's status and make a judgment with the patient on whether or not to continue use.
- It is recommended that providers seek legal guidance when developing policies for cannabis use.
  - Given the fluid nature of legal status around cannabis and related products, it is imperative to conduct continual review of policies to ensure compliance with federal, state, and case law.

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Policy Considerations

- Considerations for policies include qualifying conditions; appropriate documentation by a licensed health care professional, patient, and designated provider(s);
- Documented recommendation by physician that the resident can use medical marijuana in the medical record.
- Issues with “dose” amounts. It is not the same as traditional medication dosage.
- Consequences for deviating from the policy or negatively affecting the patient's safety and well-being.

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Storage

- How to safely store the medical marijuana can be an issue.
- Box bolted to the wall?
- How many keys?
- What happens with a lost key?
- Employee access?

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Procurement

- How does the resident procure the medical marijuana?
- Ohio: 2 caregivers can be registered for a resident.
- Caregivers must also obtain a medical marijuana card to access the purchase for the resident.
- Community employees cannot be caregivers

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Dispensaries

- Dispensaries are licensed by the state of Ohio
- Dispensaries are highly regulated
- Dispense only Ohio authorized medical marijuana
- Make recommendations for types of medical marijuana
  - Recommendations from the physician
  - Discussion with the dispensary personnel

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CBD

- CBD products derived from hemp and with no more than 0.3% THC are legal under Federal and Ohio law.
- CBD products derived from cannabis and/or containing more than 0.3% THC remain Schedule 1 substances prohibited under Federal law and regulated by the Ohio Medical Marijuana Program.

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Ohio Board of Nursing and CBD Oil

- CBD oil
  - Nurses can handle and administer CBD oil
  - Order for CBD oil like any other over the counter type medication
  - Self-Administration order for resident to keep at bedside and to self-administer
- All type of RCF facilities including Medicaid waiver

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- *RCF providers should review their outside medication/supplement policies and update as needed*
- Facilities without such written policy should consider adopting one to clarify expectations regarding:
  - (1) communication between staff, resident, and resident representative (if any);
  - (2) product labeling requirements; and
  - (3) physician and facility staff notification to identify contraindications and avoid drug interactions or unwanted side effects.

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48


WHAT
NEXT
Next Steps
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49


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50