Hashing Out the Issues: Marijuana Use in Long Term Care

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Objectives

1) Participants will understand the evidence base for medical marijuana

2) Participants will understand different formulations of marijuana and general dosing

3) Participants will understand risks of marijuana use medically and legally
Marijuana Basics

• 420 chemicals in cannabis
• Primary psychoactive chemical
  – “DELTA-9 TETRAHYDROCANNABINOL” (THC)
• CB1 CNS pre-synaptic receptors
  – Cardiovascular and psychological effects
• CB2 periphery
  – Immune function and inflammatory response
• Onset 30min-2hours variable, lasts 5-8 hours
• Lipophilic with release into blood intermittently
  – can test positive long after ingested or smoked

The National Landscape
Evidence Base
Chronic Non-cancer Pain

- Primarily neuropathic
  - 18 RCTs from 2003-2010 (none met selection criteria in prior years)
  - N=766
  - Significant analgesic effect
  - Improved sleep
  - Adverse events mild
  - Improved IADL function
  - Limitations: short trial duration, small samples


Multiple Sclerosis, Epilepsy & Movement Disorders

- 1948-2013
- Spasticity – oral cannabis extract (OCE) effective, THC probably effective
- Central pain – OCE effective, THC probably effective
- Tremor – ineffective
- Other neurologic conditions - effects unknown

Cochrane Reviews Conclude Evidence is Lacking for...

- Behaviors related to dementia
- Epilepsy (although the Charlotte’s Web story would argue otherwise)
- HIV/AIDS
- 8 total, 3 related to medical treatment of conditions, the others to substance use

2015 Systematic Review

- 79 RCTs Reviewed
  - 28 Chronic Pain
    - Half nabiximols (mucosal spray)
    - Half smoked or inhaled
    - Moderate quality for neuropathic pain
  - Multiple Sclerosis Spasticity
    - Moderate quality
  - Nausea/Vomiting with Chemotherapy
    - Low quality
2015 Systematic Review

- HIV
  - Weight gain
  - Short duration, few enrolled
  - Low quality
- Tourette’s Syndrome
  - Low quality
- Other conditions
  - Very low quality or no evidence

Evidence Base Considerations

- Studies typically compare marijuana to placebo (rather than standard analgesics)
- Studies for nausea and vomiting not compared to 5-HT₃ antagonists (ondansetron) limited by dizziness, dysphoria
  - Cancer guidelines do not support
  - 1st line = Dexamethasone + Aprepitant
- Megace better alone than combined with MJ
Other Options

• Two FDA approved derivatives Drobinol (Schedule III) and Nabilone (Schedule II)

• Liquid extract nabiximols (Sativex) approved in 24 countries – Phase III trials, primarily for MS muscle spasms

Legal Issues

• The Department of Justice makes no distinction between recreational and medical
  – General position has been to focus on preventing use and abuse in children and adolescents
  – Trust states to create a detailed and robust system of regulation and oversight

• DEA reviewed literature and did not find sufficient evidence that marijuana is medically beneficial

• DEA does not distinguish medical from recreational
Federal Law

- US Attorney General, Eric Holder, 2009

Guidelines for Prosecutors

Attorney General Eric Holder Announces Formal Medical Marijuana Guidelines

“It will not be a priority to use federal resources to prosecute patients with serious illnesses or their caregivers who are complying with state laws on medical marijuana, but we will not tolerate drug traffickers who hide behind claims of compliance with state law to mask activities that are clearly illegal.”
VA Directive
July 22, 2010

• VA Personnel may not prescribe marijuana or fill out forms for participation in medical marijuana programs

• However, VA patients using medical marijuana will not be excluded from VHA substance abuse programs, pain treatment or other programs where use of marijuana may be considered inconsistent with treatment goals.
House Votes for Easier Veterans Access to Medical Marijuana

Lee Brooker

Growing up about a dozen plants behind his son’s house in Alabama, Brooker was not a drug dealer. He was 75 years old, a disabled veteran, and trying to ease his own pain. How can the state justify throwing him in jail for life? As Jessa Wegman explained it to the New York Times, “[Brooker] said the plants were for his own medicinal use only – he suffers from multiple chronic ailments – and prosecutors did not dispute that.

Remarkably, they didn’t have to. Alabama, like three other states, mandates a life without parole sentence for simple possession of small amounts of marijuana by people with certain prior felony convictions – and Mr. Brooker had been convicted of a string of robberies twenty years earlier in Florida, crimes for which he served 10 years in prison. In such a
State Law – Common Features

• Physician recommends the use of marijuana for a specified condition
• A specific set of conditions are provided as eligible conditions
• A registration process and ID cards are necessary for patients and primary caregivers
• There are limitations on the amount a patient or caregiver may possess and locations where marijuana may be consumed

A brief history in Colorado...

• Medical available 2000-present
• Modern dispensary system started in 2009
• January 2014 recreational use became legal
• Jan-April 3\textsuperscript{rd} = $202 million total sales (med+rec)
• August 2014 recreational sales > medical and tax income alone = $45.2 million
  – $10 million to schools $9 million research
• Sept 2016 $1 billion
Oregon Caregiver Laws

- Can possess and purchase marijuana on behalf of a patient
- Cannot use marijuana
- Designated on state application
- Can possess no more than 24oz
- Can grow for no more than 4 patients
- Plants must be provided to patient upon request

Milton is 84yo with colon cancer metastatic to liver. After failing 5 different anti-emetics, he has used marijuana supplied by his daughter for debilitating nausea with good results. He is now transitioning into a nursing home with hospice because he can no longer care for himself. He asks if he will be permitted to use marijuana in the facility.
Questions

• Is Milton eligible for medical marijuana?

• What are the legal issues with use in LTC?

• Have any facilities found a way to care for people like Milton?

Would Milton’s Condition Qualify for a Medical License?

• Qualifying conditions in Oregon
  – Cancer, glaucoma, pervasive neurologic condition (Alzheimer’s agitation);
  – HIV/AIDS (varies widely by state)
  OR
• Debilitating condition that produces
  – Cachexia, persistent muscle spasms, seizures, severe nausea, severe pain, multiple sclerosis
• In Oregon (and most states), the answer would be - YES
How would Milton get a license?

• Statement from licensed physician “may mitigate symptoms of debilitating condition.”
• Goes to a certified medical marijuana doctor
• Able to use his temporary license that day to purchase medical marijuana
• Caregiver named
• Now that recreational is allowed, does he need one?
  – Medical has separate inventory, storage and purchase for licensing as a med vs. rec dispensary but plants are grown exactly the same.
  – Taxation on medical is less than that of recreational

Dosing

• Physicians recommend, no prescription
• A serving size for edible marijuana is 10mg of active THC (equivalent to 60mg codeine)
• It is left in the hands of the “Bud Tender”
  – Leave Saturday open, cut into 16 pieces, take a bite, wait 30min then take another bite and continue until desired effect and then that’s your “dose”
It’s not just for smokers anymore
What would Milton buy?

- In Colorado 100mg of individually wrapped edibles = $25 (not allowed in Oregon)
- ¼ ounce/day (heavy use = <1/4 oz/day)
- Recreational ¼ ounce dried flower = $142
- Taxation 25-30% if he purchases recreationally 10-15% if he has a medical license

Could he overdose?

- Many argue that marijuana is safer than opioids
  - unable to overdose, no respiratory depression
  - estimated fatal dose 15 g which is much higher than heavy users consume in a day
- In Colorado a 19yo man jumped to his death after eating a cookie containing marijuana and another man killed his wife after eating candy containing marijuana
Marijuana Risks

- Adolescents – dependence, psychosis, altered neurologic development, poorer educational outcomes, utilization of other illicit drugs, amotivational syndrome
- Users 2x more likely to report motor vehicle accidents (5ng/ml THC blood level = DUI)
- Cannabis most common illicit drug detected in drivers injured or killed in MVAs
- Dependence 9% if ever used and 16% if started using in adolescence
- Earlier age 1st used cannabis more likely to use heroin and cocaine

Risks continued...
Today’s marijuana is more potent

1980 THC Content 2%
2014 26% (highest)
Risks continued...

- Hepatitis C progression due to steatosis
- Cannabis Hyperemesis Syndrome
- Arrhythmogenic, induces orthostatic hypotension, directly toxic to blood vessels
- Visceral adiposity, insulin resistance
- Nasopharyngeal carcinoma


Risks continued...

- Cardiovascular – dose related increases in heart rate, increased rate of MI 4.8x in the hour after use
- Gateway drug – nearly all who used heroin and cocaine first used ETOH, tobacco and cannabis
- Those who used before age 18 were 2.4x more likely to be diagnosed with schizophrenia (dose-response)
Are you at risk if you get involved?

• Physicians
  – Physicians are allowed to advise patient that they have a medical condition that may benefit from marijuana without fear of state criminal or professional sanction
  – A recommendation is made for marijuana, NO prescription is written

Who procures the marijuana?
Primary Caregivers

• Must be registered
  – Some states allow caregivers to have 1 patient others up to 5 (Colorado), 4 (Oregon) and others do not specify
  – In California the owner/operator of a health care facility may be a primary caregiver or designate three employees
  – In Maine a hospice or nursing facility may become the primary caregiver
As Recipients of Medicare/Medicaid Funding – what are the risks for LTC?

- Federal Controlled Substances Act
- Requirements of Participation are at odds:
  - 42 CFR §483.75(b)—PROVIDES SERVICES IN COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS
  - BUT
  - 42 CFR §483.10(n)—RESIDENT RIGHT TO SELF ADMINISTER DRUGS IF IDT APPROVES

Colorado Facilities

- Sunrise at Cherry Creek
  - Treated like any other medication, nurses administer much like opioids
  - Must be ingested
- Emeritus Senior Living
  - 478 communities nationwide
  - National policy follows state laws
  - Residents must self-administer in their rooms
Denver DEA

“Long-term care facilities are not necessarily part of the federal agency’s ‘bigger picture.’

“We do not target sick people. Never have and, as far as I can say, never will, unless they were involved with major trafficking.”

What Would Policies and Procedures Need to Include?

• Notification upon admission of P&Ps
• Proof of registration
• Proof of identity and relationship with primary caregiver
• Agreement by provider and patient to abide by facility policies and procedures related to marijuana use
• Sample P&Ps from Washington Health Care Assn...
Policy and Procedure Considerations

- Develop a notification procedure when marijuana is brought to facility by primary caregiver

- Storage, access and use of marijuana by resident “overseen” by facility although probably safest not to allow staff to be in possession of the marijuana
Policy and Procedure Considerations

• Must become familiar with your state laws
• In most states,
  – No employee may act as a primary caregiver to a resident in the facility in most states
  – No employee may deliver marijuana to the resident (State law prevents possession by any person other than the caregiver or patient)
  – No dispensing may occur by the facility

Policies and Procedure Considerations

• Limit use to resident’s room (edibles)
  – Rights of roommate?
• Storage
  – Locked box
  – Limited to amount one can possess legally
• Will facility administration have access?
What shall we do with Milton?

Final Words of Caution

• Marijuana is illegal under federal law
• State law provides little guidance
• Ultimately a question of risk acceptance vs. risk aversion
The Time to Develop P&Ps is Now!

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