

Cannabis: Employer Strategies that Improve The Safety and Health of Your Workforce

February 23, 2021

Speakers



Michael Thompson
MODERATOR
National Alliance of
Healthcare
Purchaser
Coalitions



Aaron Weiner
Bridge Forward
Group



Michelle Peace
Virginia Commonwealth
University



Jane Terry
National Safety Council



Randa Deaton
Kentuckiana Health
Collaborative

Medical Marijuana

Overview and Implications

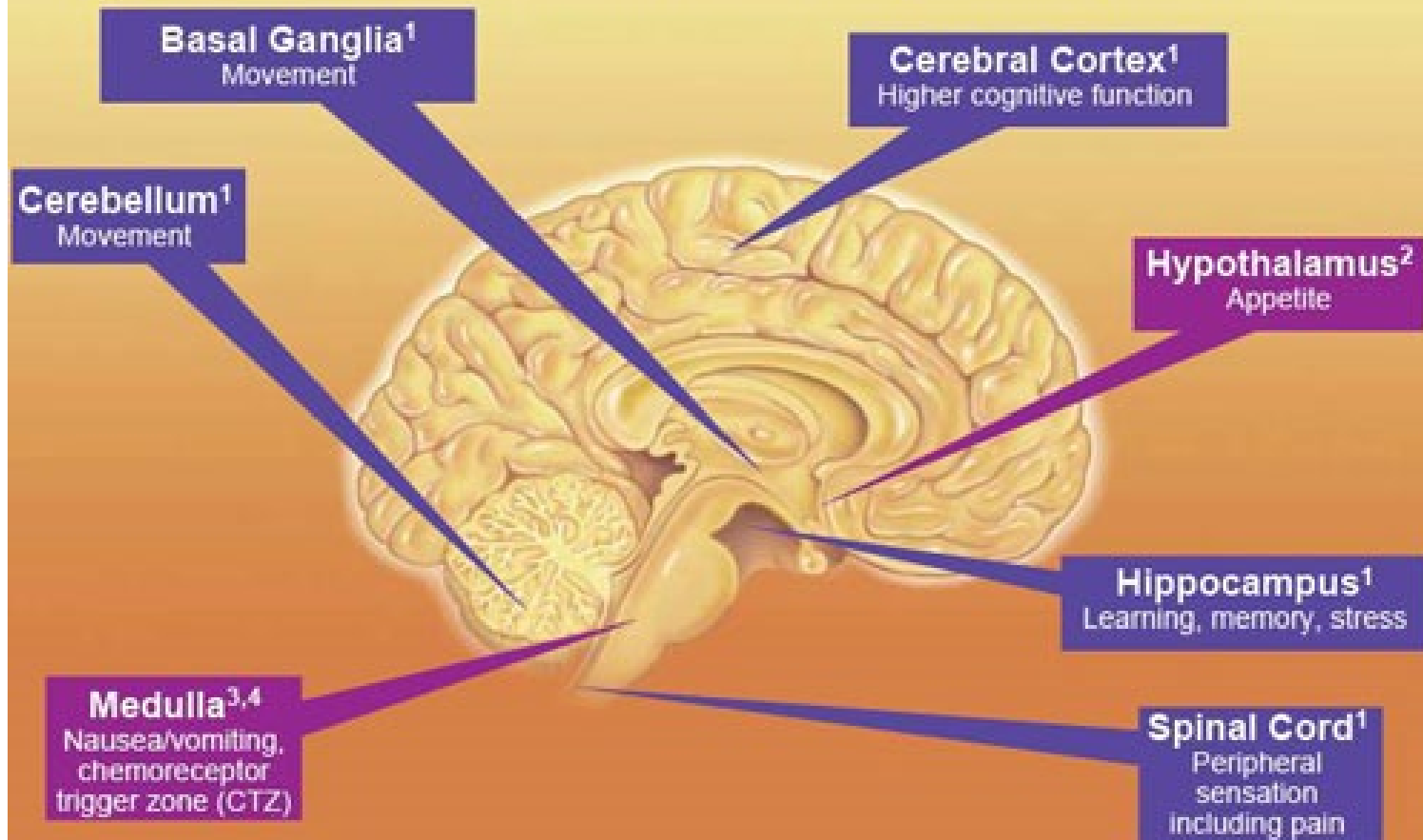
Aaron Weiner, PhD

aaron@weinerphd.com

What is marijuana?

- Plant with 500 chemical compounds, and 100 cannabinoids
 - THC & CBD
 - THC binds to CB1 receptors in the brain
-

Concentrations of CB₁ receptors



1. Joy JE, et al, eds. *Marijuana and Medicine: Assessing the Science Base*. Washington, DC: National Academy Press; 1999:33-81. 2. Marin BR, et al. *J Support Oncol*. 2004;2(4):305-318. 3. Grotenhemen F. *Curr Drug Targets CNS Neurol Disord*. 2005;4(5):507-530. 4. Navari RM, et al. *Expert Opin Emerg Drugs*. 2006;11(1):137-151.

What is marijuana?

- Plant with 500 chemical compounds, and 100 cannabinoids
- THC & CBD
- THC binds to CB1 receptors in the brain
- Most-used substance behind alcohol & tobacco
- Number of routes of administration



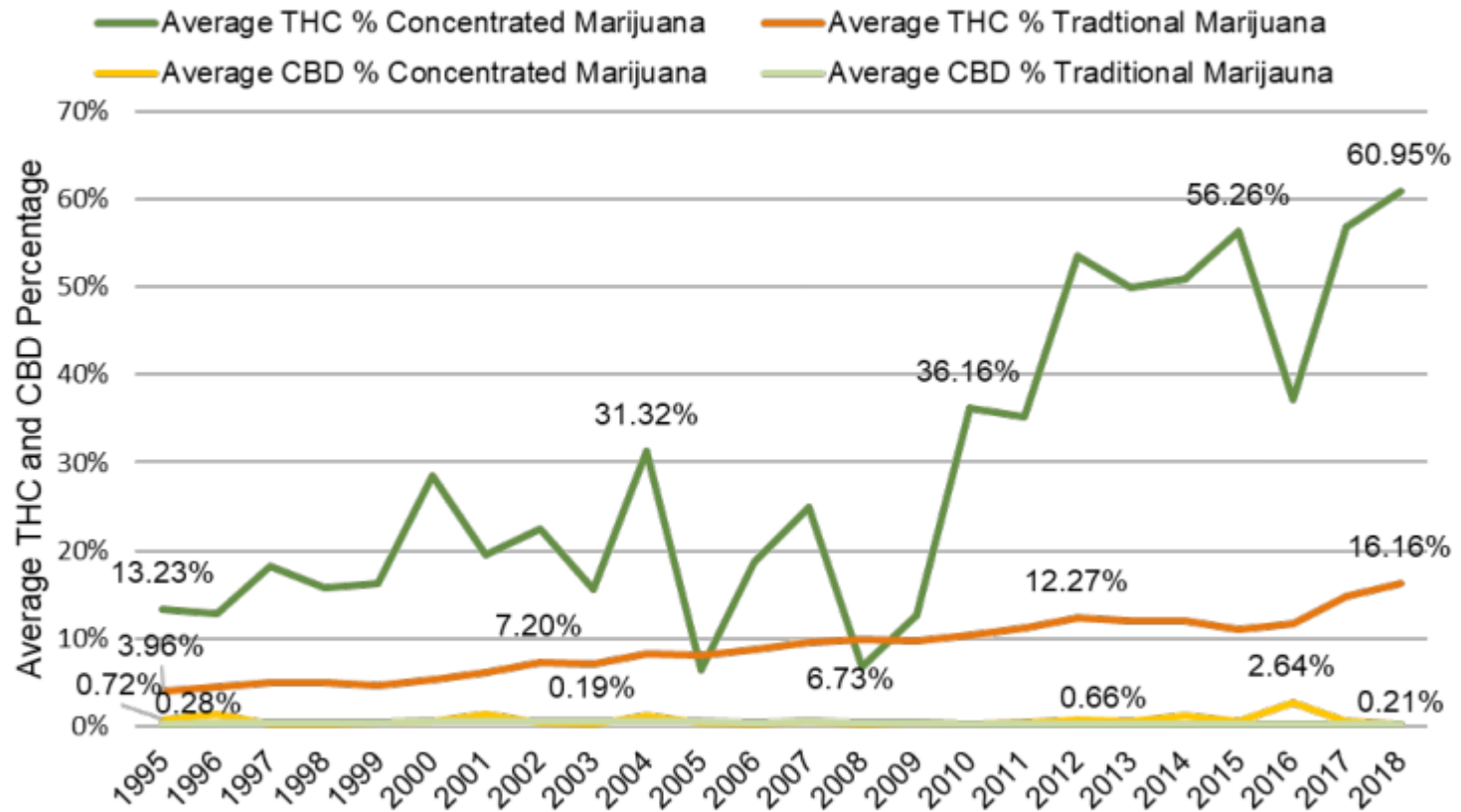




What is marijuana?

- Plant with 500 chemical compounds, and 100 cannabinoids
- THC & CBD
- THC binds to CB1 receptors in the brain
- Most-used substance behind alcohol & tobacco
- Number of routes of administration
- High variability of concentration

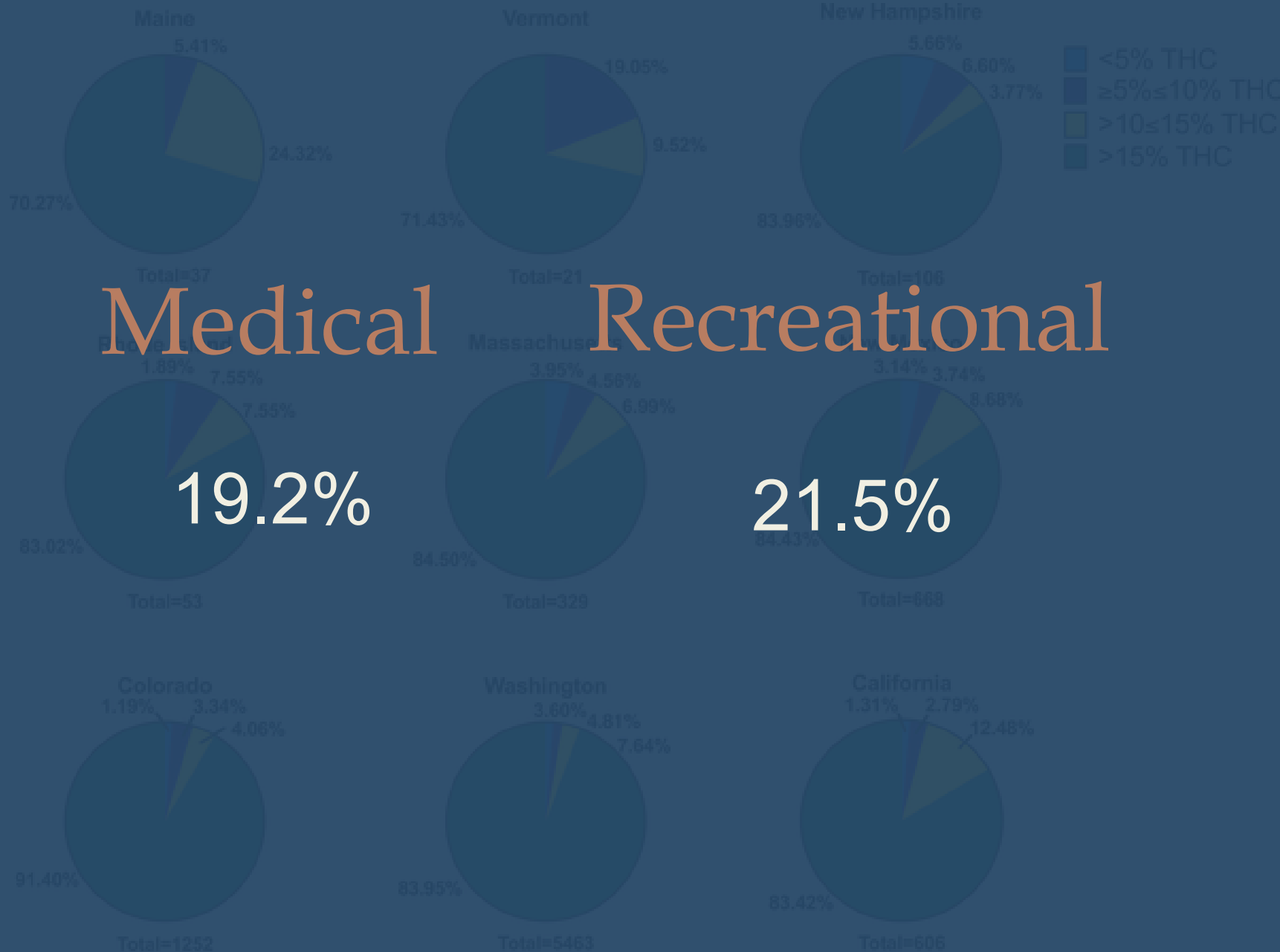
Figure 71. Average THC and Cannabidiol Potency of Traditional and Concentrated Marijuana, 1995 – 2018



Source: University of Mississippi

UNCLASSIFIED

Fig 3. Proportion of products with different levels of THC per state.



What is marijuana?

- Plant with 500 chemical compounds, and 100 cannabinoids
- THC & CBD
- THC binds to CB1 receptors
- Most-used substance behind alcohol & tobacco
- Number of routes of administration
- High variability of concentration
- Addictive substance

Review of the Validity and Significance of Cannabis Withdrawal Syndrome

Alan J. Budney, Ph.D.

John R. Hughes, M.D.

Brent A. Moore, Ph.D.

Ryan Vandrey, M.A.

The authors review the literature examining the validity and significance of cannabis withdrawal syndrome. Findings from animal laboratory research are briefly reviewed, and human laboratory and clinical studies are surveyed in more detail. Converging evidence from basic laboratory and clinical studies indicates that a withdrawal syndrome reliably follows discontinuation of chronic heavy use of cannabis or tetrahydrocannabinol. Common symptoms are primarily emo-

tional and behavioral, although appetite change, weight loss, and physical discomfort are also frequently reported. The onset and time course of these symptoms appear similar to those of other substance withdrawal syndromes. The magnitude and severity of these symptoms appear substantial, and these findings suggest that the syndrome has clinical importance. Diagnostic criteria for cannabis withdrawal syndrome are proposed.

(*Am J Psychiatry* 2004; 161:1967–1977)

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

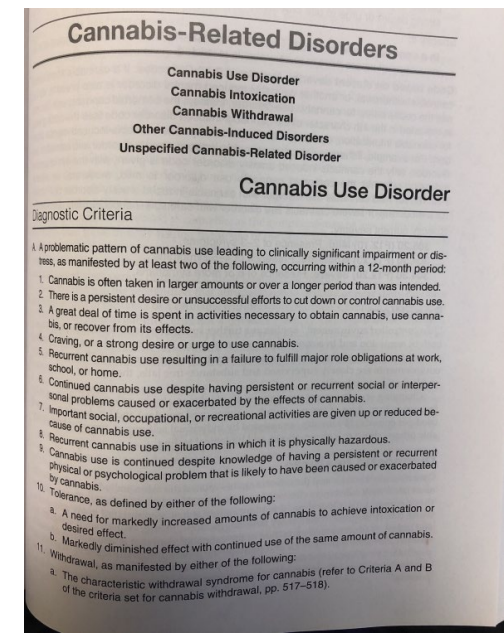
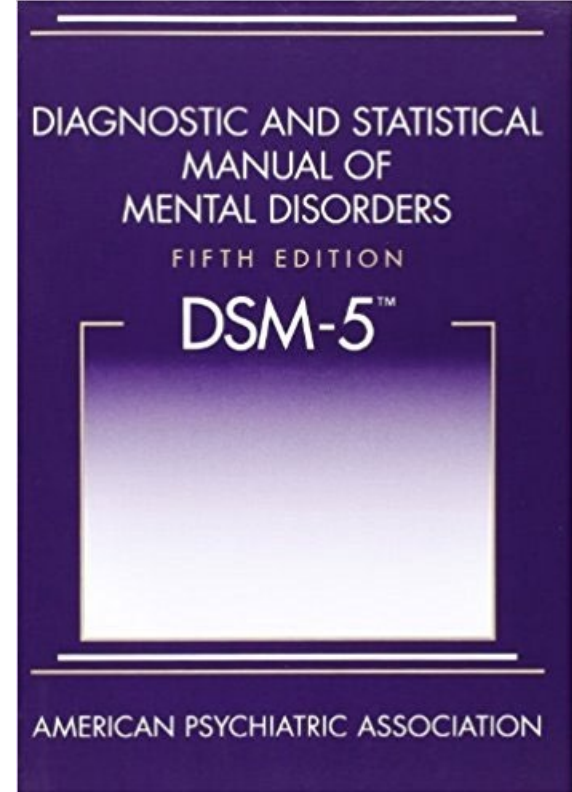
Dan L. Longo, M.D., *Editor*

Adverse Health Effects of Marijuana Use

Nora D. Volkow, M.D., Ruben D. Baler, Ph.D., Wilson M. Compton, M.D.,
and Susan R.B. Weiss, Ph.D.

Effects of long-term or heavy use

Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)*

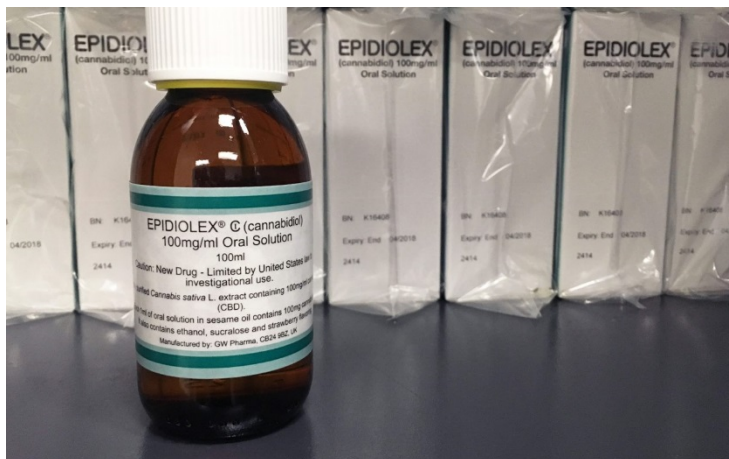


What is marijuana?

- Plant with 500 chemical compounds, and 100 cannabinoids
- THC & CBD
- THC binds to CB1 receptors
- Most-used substance behind alcohol & tobacco
- Number of routes of administration
- High variability of concentration
- Addictive substance
 - Approximately 30% of active users have a SUD
 - 1:10 adults, 1:6 adolescents
- Well-studied detrimental impact on behavioral health and functioning

Is this medicine?

- Not approved by the FDA, nor prescribed/dispensed like medicine
 - **Medicine:** Marinol, Sativex, and Epidiolex



Is this medicine?

- Not approved by the FDA, nor prescribed/dispensed like medicine
 - **Medicine:** Marinol, Sativex, and Epidiolex
 - **Not medicine:** Buying whatever you like from a dispensary, using it however you want
 - Also consider: physicians are not pushing for this

Therapeutic Uses for Marijuana

- What does quality research show it is good for?
 - Appetite stimulation
 - Nausea suppression
 - MS spasticity (cannabinoids only)
 - Short-term sleep outcomes (cannabinoids only)
 - Some types of pain
 - Good reference: [National Academy of Sciences](#)
- In Illinois, it is approved (by the legislature) for **51 conditions**

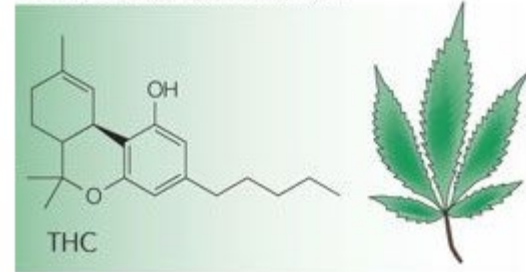
Qualifying Conditions

- Autism
 - Agitation of Alzheimer's disease
 - HIV/AIDS
 - Amyotrophic lateral sclerosis (ALS)
 - Anorexia nervosa
 - Arnold-Chiari malformation
 - Cancer
 - Cachexia/wasting syndrome
 - Causalgia
 - Chronic inflammatory demyelinating polyneuropathy
 - Chronic pain
 - Crohn's disease
 - CRPS
 - Dystonia
 - Ehlers-Danlos syndrome
 - Fibrous Dysplasia
 - Glaucoma
 - Hepatitis C
 - Hydrocephalus
 - Hydromyelia
 - Interstitial cystitis
 - Irritable bowel syndrome
 - Lupus
 - Migraines
 - Multiple Sclerosis
 - Muscular Dystrophy
 - Myasthenia Gravis
 - Multiple Sclerosis
 - Muscular Dystrophy
 - Myasthenia Gravis
 - Myoclonus
 - Nail-patella syndrome
 - Neuro-Bechet's autoimmune disease
 - Neurofibromatosis
 - Neuropathy
 - Osteoarthritis
 - Parkinson's disease
 - Polycystic kidney disease (PKD)
 - Post-Concussion Syndrome
 - Post-Traumatic Stress Disorder (PTSD)
 - Reflex sympathetic dystrophy
 - Residual limb pain
 - Rheumatoid arthritis
 - Seizures Severe fibromyalgia
 - Sjogren's syndrome
 - Spinal cord disease Spinal cord injury
 - Spinocerebellar ataxia
 - Superior canal dehiscence syndrome
 - Siringomyelia
 - Tarlov cysts
 - Tourette syndrome
 - Traumatic brain injury
 - Ulcerative colitis
-

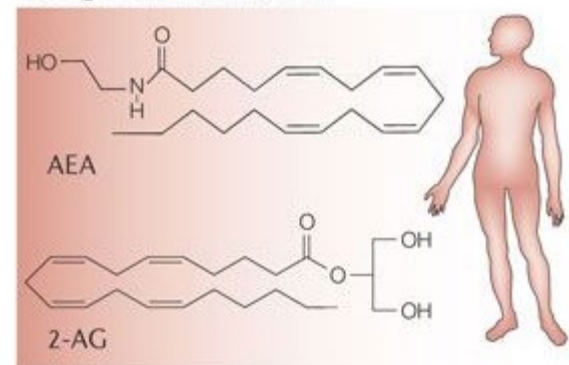
Endogenous Cannabinoids vs. Exogenous Manipulation

- Theory
 - Endocannabinoid system impacts many different diseases
 - Manipulate the same receptors, get the desired effect
- Reality
 - Hit & Miss

Plant-derived cannabinoid



Endogenous cannabinoids



(Nature, 2012)

Medical Marijuana

There is no or **insufficient evidence to support or refute the conclusion that cannabis or cannabinoids are an effective treatment for:**

- Cancers, including glioma (cannabinoids) (4-2)
 - Cancer-associated anorexia cachexia syndrome and anorexia nervosa (cannabinoids) (4-4b)
 - Symptoms of irritable bowel syndrome (dronabinol) (4-5)
 - Epilepsy (cannabinoids) (4-6)
- Spasticity in patients with paralysis due to spinal cord injury (cannabinoids) (4-7b)
- Symptoms associated with amyotrophic lateral sclerosis (cannabinoids) (4-9)
 - Chorea and certain neuropsychiatric symptoms associated with Huntington's disease (oral cannabinoids) (4-10)
- Motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia (cannabinoids) (4-11)
- Dystonia (nabilone and dronabinol) (4-12)
 - Achieving abstinence in the use of addictive substances (cannabinoids) (4-16)
 - Mental health outcomes in individuals with schizophrenia or schizophreniform psychosis (cannabidiol) (4-21)


● What about glaucoma?



Summary: Although marijuana can lower the intraocular pressure (IOP), its side effects and short duration of action, coupled with a lack of evidence that it use alters the course of glaucoma, preclude recommending this drug in any form for the treatment of glaucoma at the present time.

● PTSD...

Cannabis use and posttraumatic stress disorder: prospective evidence from a longitudinal study of veterans

Jane Metrik^{1,2} , Angela K. Stevens², Rachel L. Gunn², Brian Borsari^{3,4}
and Kristina M. Jackson²

Conclusions. Strong prospective associations capturing within-person changes suggest that cannabis use is linked with greater severity of trauma-related intrusion symptoms over time. A strong person-level directional association between PTSD and CUD was evident. Findings have significant clinical implications for the long-term effects of cannabis use among individuals with PTSD.

Is this medicine?

- Medicine via politics, not physicians
 - Should lawmakers really be deciding what society calls “medicine?”
 - Public health implications? Perceived risk?
 - Consider: could you imagine big pharma doing this?

Why are we doing an end-around the FDA?

THE THALIDOMIDE TRAGEDY: LESSONS FOR DRUG SAFETY AND REGULATION

By: Bara Fintel, Athena T. Samaras, Edson Carias

Jul 28, 2009



Many children in the 1960's, like the kindergartner pictured above, were born with phocomelia as a side effect of the drug thalidomide, resulting in the shortening or absence of limbs. (Photo by Leonard McCombe//Time Life Pictures/Getty Images)

Association between medical cannabis laws and opioid overdose mortality has reversed over time



Chelsea L. Shover, Corey S. Davis, Sanford C. Gordon, and Keith Humphreys

PNAS June 25, 2019 116 (26) 12624-12626; first published June 10, 2019 <https://doi.org/10.1073/pnas.1903434116>

et al.'s analysis through 2017. Not only did findings from the original analysis not hold over the longer period, but the association between state medical cannabis laws and opioid overdose mortality reversed direction from -21% to $+23\%$ and remained positive after accounting for recreational cannabis laws. We also uncovered no evidence that either broader (recreational) or more restrictive (low-tetrahydrocannabinol) cannabis laws were associated with changes in opioid overdose mortality. We find it unlikely that medical

Opioid Substitute?

Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study

Lancet Public Health 2018;
3: e341-50

Gabrielle Campbell, Wayne D Hall, Amy Peacock, Nicholas Lintzeris, Raimondo Bruno, Briony Larance, Suzanne Nielsen, Milton Cohen, Gary Chan, Richard P Mattick, Fiona Blyth, Marian Shanahan, Timothy Dobbins, Michael Farrell, Louisa Degenhardt

Interpretation Cannabis use was common in people with chronic non-cancer pain who had been prescribed opioids, but we found no evidence that cannabis use improved patient outcomes. People who used cannabis had greater pain and lower self-efficacy in managing pain, and there was no evidence that cannabis use reduced pain severity or interference or exerted an opioid-sparing effect. As cannabis use for medicinal purposes increases globally, it is important that large well designed clinical trials, which include people with complex comorbidities, are conducted to determine the efficacy of cannabis for chronic non-cancer pain.

Medical Cannabis Patients Driving While High

Driving under the influence of cannabis among medical cannabis patients with chronic pain

Erin E. Bonar^{a,b,*}, James A. Cranford^a, Brooke J. Arterberry^{a,c}, Maureen A. Walton^{a,b},
Kipling M. Bohnert^{a,d}, Mark A. Ilgen^{a,d}

In the past 6 months...

- 56.4% endorsed driving within 2h of use
- 50.5% endorsed driving while “a little high”
- 21.5% endorsed driving while “very high”
- US base rate 16+ for driving high in the past year: 4.3%

Summary

- Cannabis \neq cannabinoids
- Actual science-based therapeutic applications for cannabinoids are limited, but present
- The delivery system is not consistent with current models for medication, promoting speculative treatment, poor product choices, self-medication, and unintended side-effects
- Proceed carefully with your policies!

Thank You!

Aaron Weiner, PhD

aaron@weinerphd.com

www.weinerphd.com



Quality Assurance Means Consumer Safety:

***Does the Cannabis Industry
Measure Up?***



VCU

Michelle R. Peace, Ph.D.
Associate Professor
Department of Forensic Science
Virginia Commonwealth University



LFTR

Laboratory for Forensic
Toxicology Research

The New York Times

Published: January 10, 1854

Copyright © The New York Times

Our Fashionable Narcotics.

Two recent articles in *Blackwood's Magazine*, on the "Narcotics we indu'ge in." have attracted more than ordinary attention. Tobacco, hops, opium, hemp, &c., are brought under skillful review, and their various physiological and psychological effects considered.

from good men. The very way to fix a bad habit, and to extend its subjects, is to denounce it unnecessarily. Abusive language

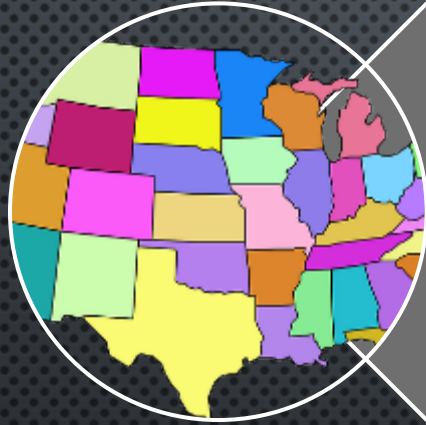


New Drug Law!

As passed by Congress under the Pure Food Act of June 3, 1906, has not effected our business. We adopted our motto, "Only the Best," long before Congress thought of such an Act. Call on us for fresh Colgan's Taffy Tolu and Dr. Hass' stock and chicken powders.

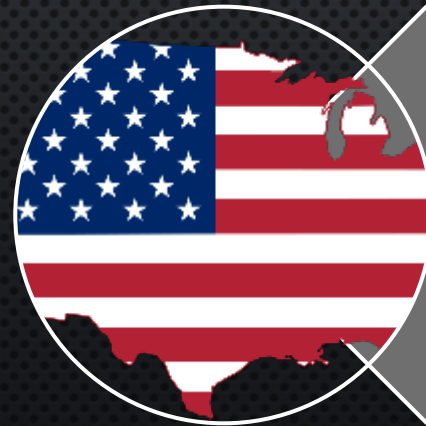
LYNE BROS, Crab Orchard Druggists.

CANNABIS PROHIBITION



1911-1933

- States Prohibition



1937-1970

- Federal

CANNABIS LEGISLATION

1973

- Texas
 - Possess 4 oz = misdemeanor
- Oregon
 - First state to decriminalize

1975

- Alaska, Maine, Colorado, California, and Ohio decriminalize cannabis
- Alaska S.C. : right of privacy to possess C

1978-79

- New Mexico
 - First state to recognize medical value of C, legally
- Virginia
 - Legislation for Rx of C

CANNABIS LEGISLATION

1996

- California
 - Legalize medical cannabis
- Oregon
 - First state to decriminalize

1998

- OR, AK, WA, NE
 - Medical C
 - NE required 2nd vote in 2000

1996-
2012

- 19 States Decriminalized or legalized medical C

HEMP LEGISLATION

Agriculture Improvement Act Of 2018



THC
<0.3%

Arbitrary Value

Not further
defined

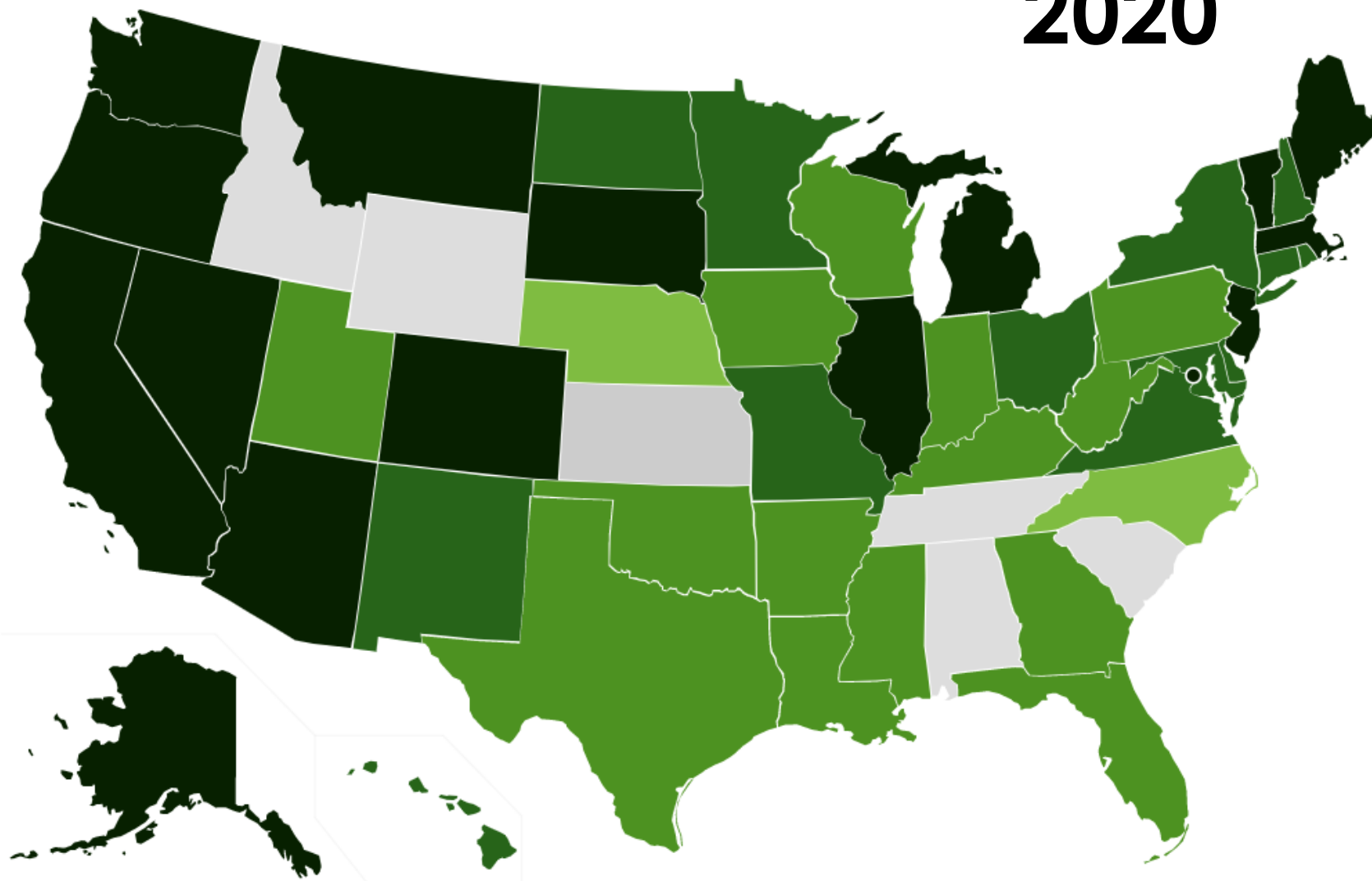


Hi
CBD



Legalized Medical and Decriminalized Medical Decriminalized Fully illegal

2020



QUALITY ASSURANCE TESTING

PLANT



EXTRACT



PRODUCTS



POTENCY
PESTICIDES
HEAVY METALS
RESIDUAL SOLVENTS
TOXINS
BACTERIA
TERPENES

THE INDUSTRY DOES NOT HAVE ESTABLISHED ROBUST METHODS OF ANALYSIS

PROBLEMS

Example
1



5 Labs
Spiked THC
Samples



Example
2



2019
Proficiency
Program



WHAT IS THE
PROBLEM??

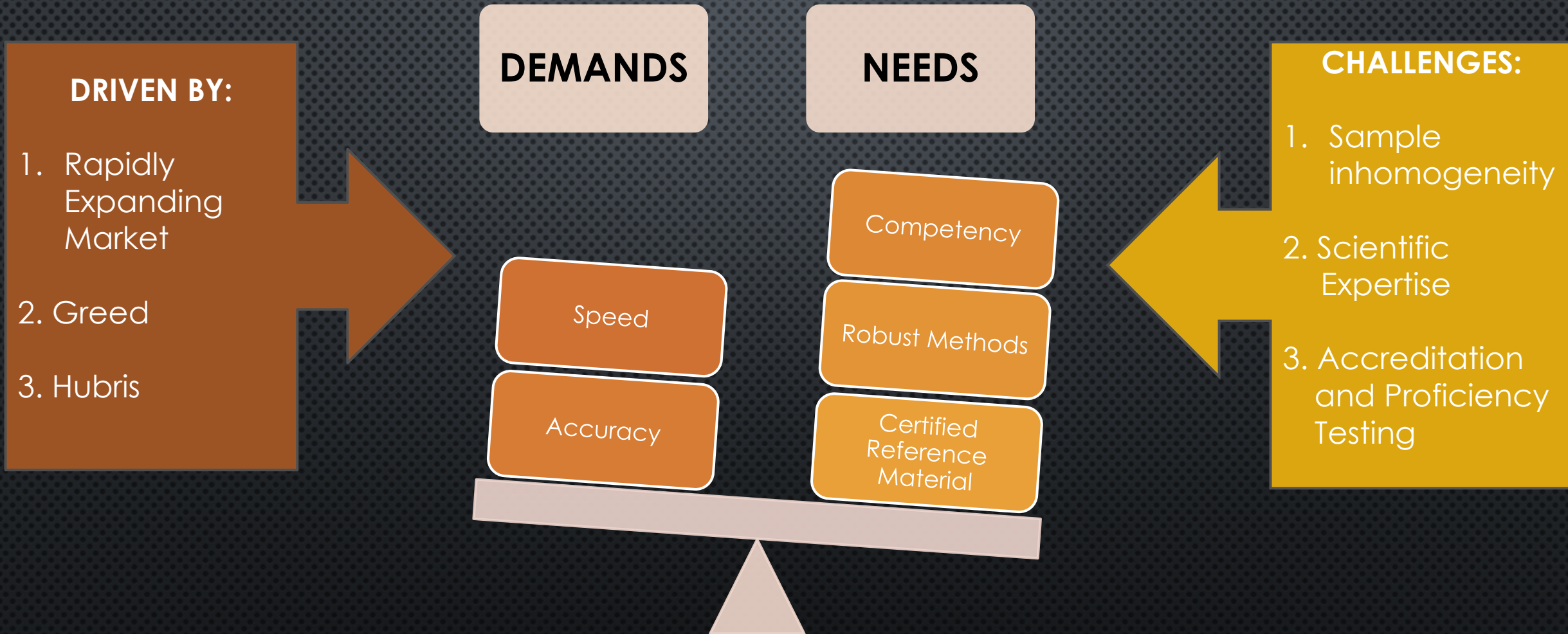
THE INDUSTRY DOES NOT HAVE ESTABLISHED ROBUST STANDARD METHODS OF ANALYSIS



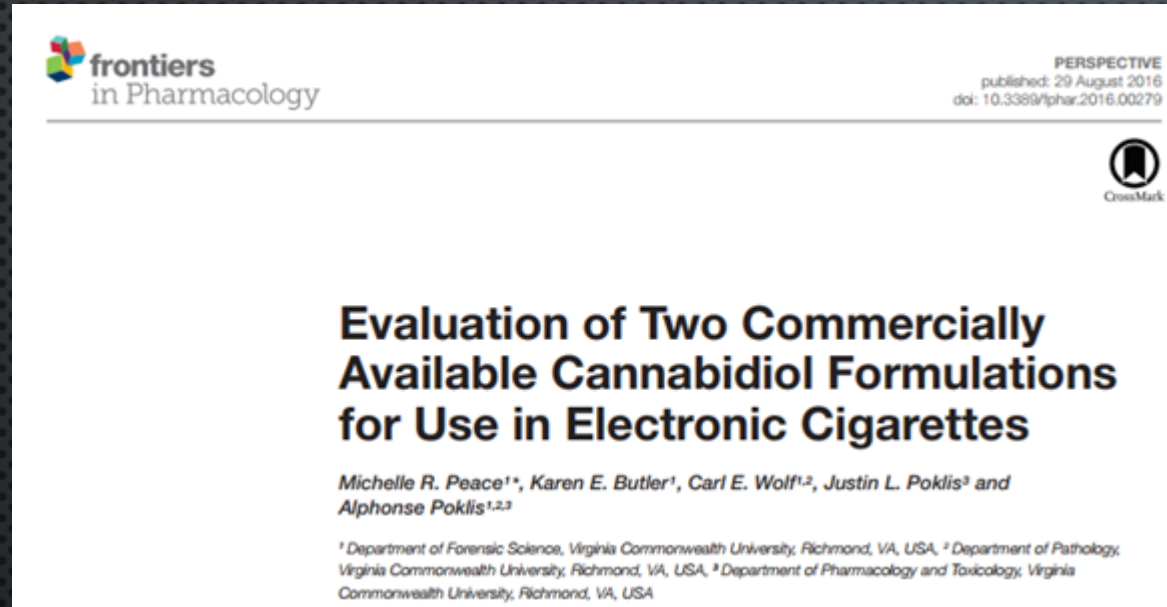
CHALLENGE / NEED:

Laboratories *must* have skilled scientific staff with experience

Laboratory Challenges



Product Inconsistency



	Labeled (mg/L)	Actual (mg/L)
Cloud 9 E-Liquid		
Yellow Brick Road	3.3	6.5
Easy Rider	3.3	7.6

Product Inconsistence



84 Products Tested

- 31 companies
- 43% underlabeled
 - 33-54% deviation
- 26% overlabeled
 - 18-37% deviation



Contents lists available at ScienceDirect

Forensic Science International

journal homepage: www.elsevier.com/locate/forensi



Short Communication

The unexpected identification of the cannabimimetic, 5F-ADB, and dextromethorphan in commercially available cannabidiol e-liquids

Justin L. Poklis^{a,*}, Haley A. Mulder^b, Michelle R. Peace^b

^a Virginia Commonwealth University, Department of Pharmacology & Toxicology, 410 North 12th Street, Room 754, Box 980613, Richmond, VA 23298-0613, USA

^b Virginia Commonwealth University, Department of Forensic Science, 1015 Floyd Avenue, Room 2015, Richmond, VA 23284, USA

The Philadelphia Inquirer

Toxic chemicals found in popular CBD products

by Sam Wood, Posted: November 15, 2018



Leafly.

Tests of CBD oils reveal three surprise chemicals, one big problem

Janet Burns

December 20, 2018



Report printed: November 26, 2018

LABORATORY REPORT

Item Name: **DIAMOND CBD**
Agency/Other ID: CBD Vape Additive
Specimen Received: 11/20/18, 1045 Hours
Specimen Collected: Unknown

<u>Test</u>	<u>Specimen</u>	<u>Result</u>	<u>Date Completed</u>
Pill / Powder / Liquid Screen	Liquid Oil	See Below	November 22, 2018

Yellow liquid oil contains cannabidiol (CBD) and melatonin.

No other illicit drugs, synthetics, or pharmaceuticals were identified.

Note: Melatonin detected as the major constituent and CBD detected as the minor constituent.

Analysis performed by full scan gas chromatography-mass spectrometry.

Sample description: One "12mL Diamond CBD Vape Additive" product box containing one sealed "12mL Diamond CBD Vape Additive" dropper bottle containing yellow liquid oil.

Secure https://www.charlotteobserver.com/news/local/article203727924.html



CBD oil in electronic cigarettes or vaporizing pens might be driving users to emergency rooms, North Carolina authorities say. Nam Y. Huh - AP

LOCAL

CBD oil in your e-cig or vape pen might send you to the ER, NC says

BY BRUCE HENDERSON
bhenderson@charlotteobserver.com

March 06, 2018 01:33 PM
Updated March 06, 2018 03:38 PM

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TOBACCO-FREE LIVING

Health Effects of Vape Oils Containing Unknown Substances

Last Updated: April 25, 2018

APHC Home / Topics / Healthy Living / Tobacco-Free Living / Health Effects of Vape Oils Containing Unknown Substances



PUBLIC HEALTH ALERT: Users of e-cigarettes and/or vaporizer pens must ensure that the products they purchase do not contain Cannabidiol (CBD) oil, CBD, tetrahydrocannabinol (THC) or synthetic cannabinoids.

[CLICK HERE TO VIEW THE ALABAMA ACT ON AKO \(CAC REQUIRED\)](#) @

Other Articles

Annual Tobacco Cessation Events

Information about the nationally supported tobacco cessation events to help you need to quit tobacco use.

Related Sites

Related Sites for tobacco-free living.

TFL Education for I

Information and links on tobacco-free living

6,376 views | May 28, 2018, 03:08pm

Fake CBD Poisoned At Least 52 People In Utah Last Winter, Officials Say



Janet Burns Senior Contributor @ Consumer Tech
I cover AI, cybersecurity, culture, drugs, and more.



Shutterstock



Case	Product Purchase	Victim Quotes	CBD Present	Unexpected Ingredient
CBD for Anxiety	Store	He was pale and glassy eyed...	No	Synthetic Cannabinoid
CBD for Anxiety	Store	It was a hard high – was it a reaction to CBD?	Yes	Synthetic Cannabinoid + OTC Cough Med
Unknown	Online	Have you tested other CBD products because this is some bad [stuff]	Yes	Synthetic Cannabinoid
Unknown	Online	I know what pot makes me feel like and this...wasn't it	No	Synthetic Cannabinoid
CBD for Anxiety	Online	I've not left my apartment for 4 days	No	Synthetic Cannabinoid
CBD for Joint Pain	Store	...her pharmacist recommended it the most... hallucinated for 3 days	Yes	SynCannabinoid
CBD for Arthritis	Store	...she just wanted to be painfree... she was found in a schizophrenic episode	Yes	THC
CBD for Diabetic Leg Pain	Store	...I can only describe as a situation rapidly devolving into the scariest night of my life. I felt I like I was dissociating from reality	Yes	SynCannabinoid

CANNABINOID HYPEREMESIS

- SYNDROME ASSOCIATED WITH THE CHRONIC USE OF CANNABIS, CHARACTERIZED BY RECURRENT EPISODES OF NAUSEA, VOMITING, ABDOMINAL PAIN, AND COMPULSIVE HOT BATHING.
- WEEKLY USE OF CANNABIS
- MORNING PREDOMINANCE OF SYMPTOMS
- NORMAL BOWEL HABITS



DRUG TESTING & CBD



“If you use CBD products, you could be positive for THC in a drug test.”



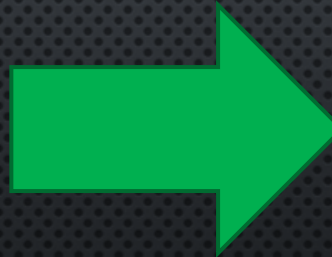
SUMMARY

Unified regulations and oversight would improve transparency for consumers

“Research as marketing” degrades public trust

Chemicals in cannabis are helping cure COVID-19

By Charlie Loran - 6 October 2020 @ 09:40



August 20, 2020

CLARIFICATION: IS CANNABIS A CURE FOR COVID-19?

🕒 5min read



Thank you

Michelle Peace, Ph.D.

Laboratory for Forensic Toxicology Research

Department of Forensic Science

Virginia Commonwealth University

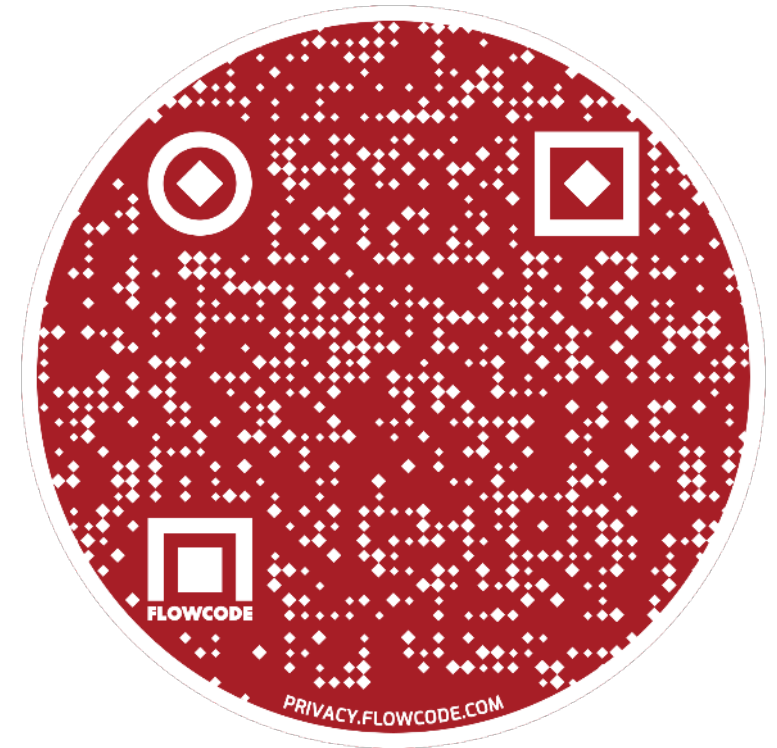
mrpeace@vcu.edu

Twitter: MichelleRPeace

LinkedIn: Michelle Peace

LFTR

Laboratory for
Forensic Toxicology
Research



Link to Research and Lab Team Blog

**Eliminating leading
causes of preventable
death and injury so
that people can live
their fullest lives**

National Safety Council

Focusing efforts
where we can make
the biggest impact

- **workplace**
- **roadway**
- **impairment**

Substance Use in the Workplace- Business Impacts



Screening



Injuries



Medical



Treatment



Disability



Insurance



Workers Comp

Substance Use in the Workplace- Safety Impacts



Driving



**Operating
Equipment**



Critical Errors



Productivity

Substance Use Cost Calculator

www.nsc.org/drugsatwork



TOTAL COST:\$904,731



Lost Time

COST:

\$256,802



Job Turnover &
Re-training

COST:

\$371,010



Health Care

COST:

\$276,919

RECOVERY IS GOOD FOR BUSINESS

Substance misuse and substance use disorders (SUDs) can be an expensive problem for employers. However, providing resources to assist workers with their SUD can be a very good investment.

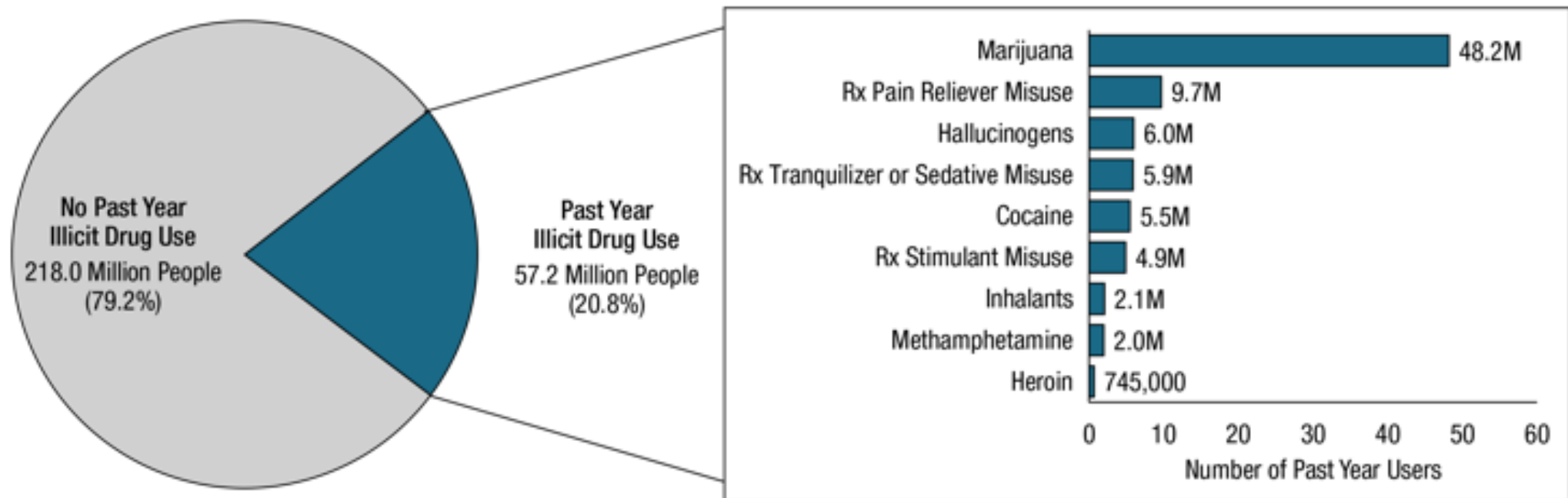
Workers in recovery
help employers **AVOID**
\$4,088
in turnover & replacement costs

Workers in recovery miss
13.7 days
LESS
per year
than workers with an SUD

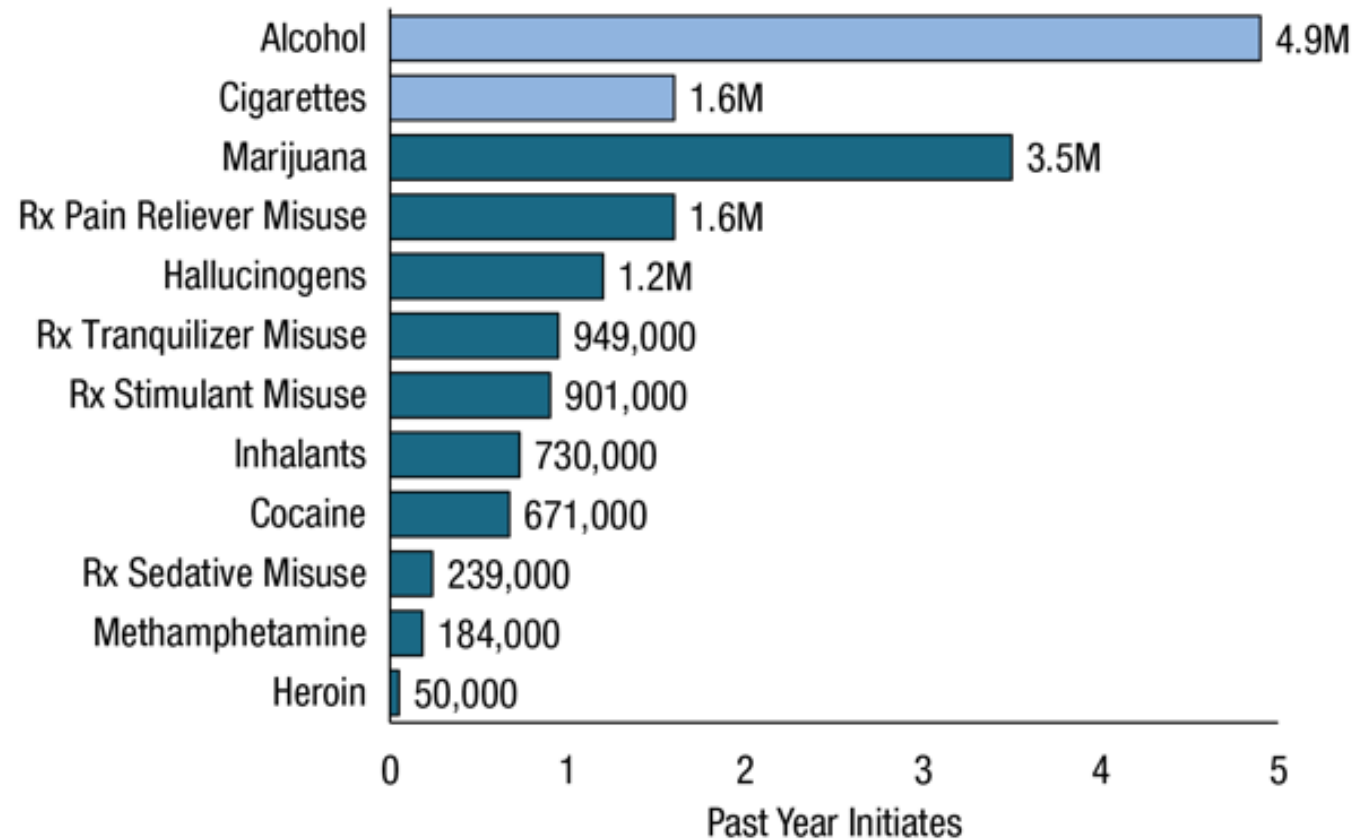
Each employee who recovers
from a substance use disorder
SAVES
a company over
\$8,500
on average

[Learn Why](#)

Past Year Illicit Drug Use among people Age 12 and older, 2019



Past Year initiates of Substance Age 12 and older: 2019



Chase, MD



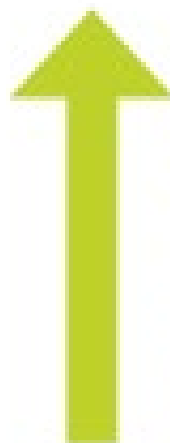
**Marijuana is the most
commonly detected drug
in the U.S. Workforce**

Safety Impact



Since 2015, the post-accident positivity rate increased annually in the general U.S. workforce.

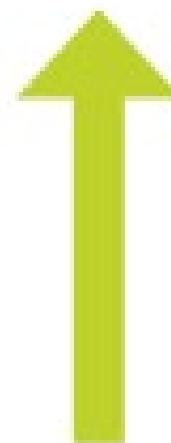
General U.S. workforce



8%

increase between
2018 and 2019

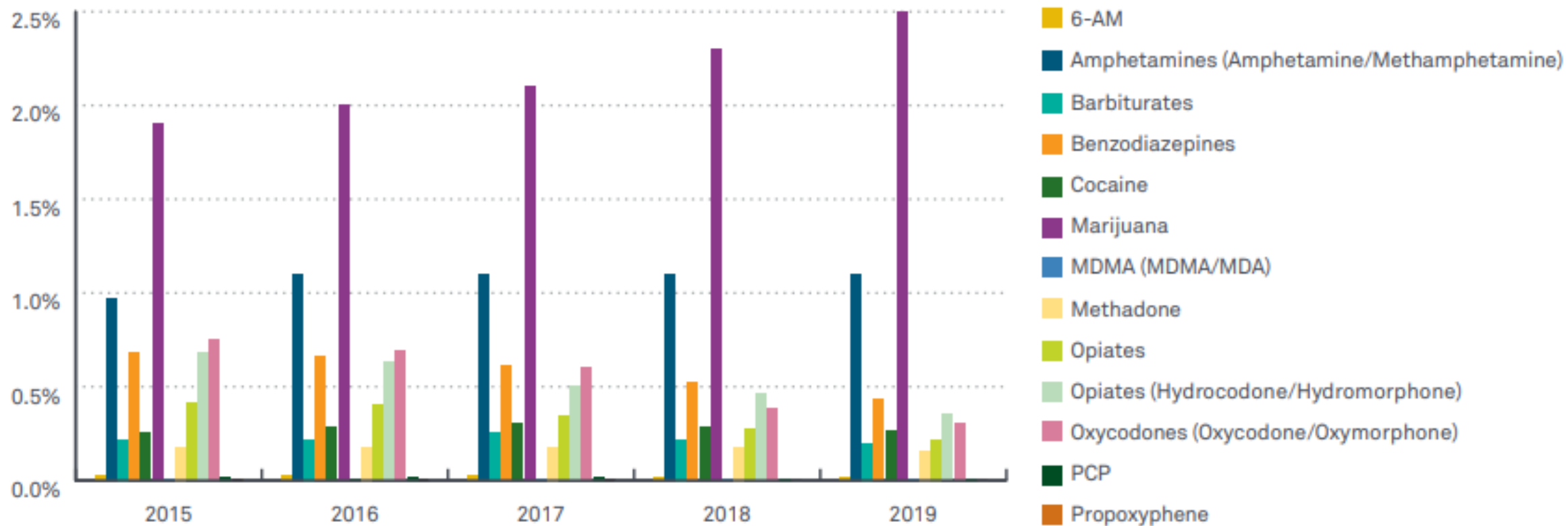
8.4% (2018) versus
9.1% (2019)



32%

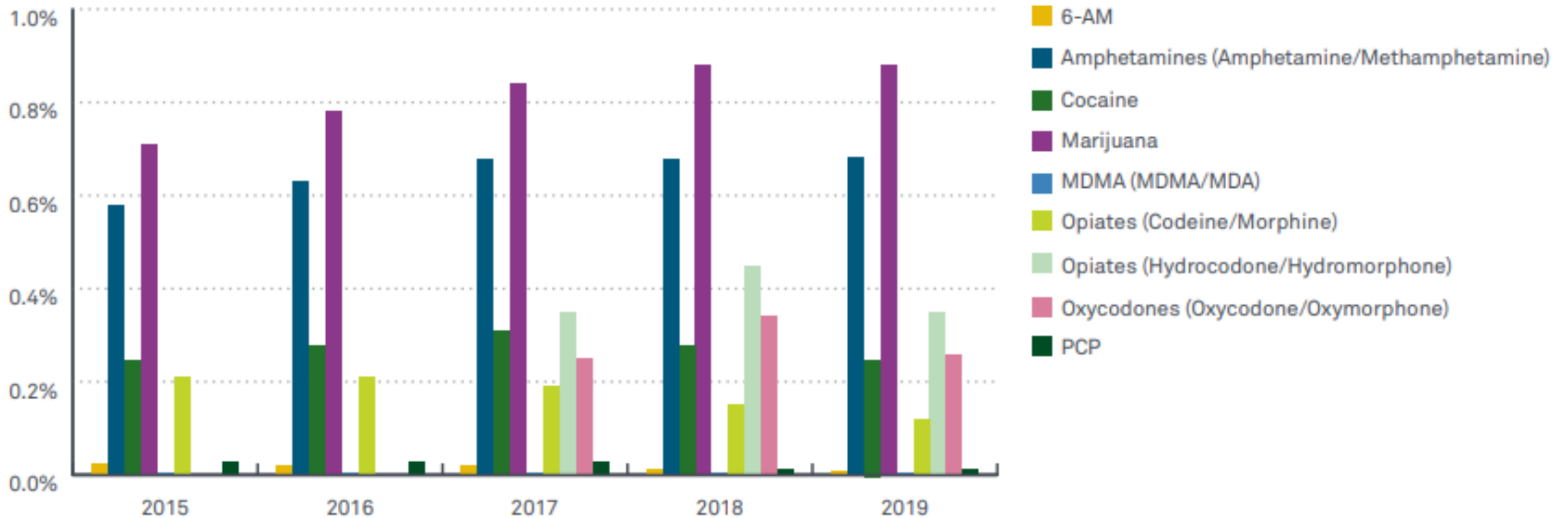
increase over
five years

6.9% (2015) versus
9.1% (2019)



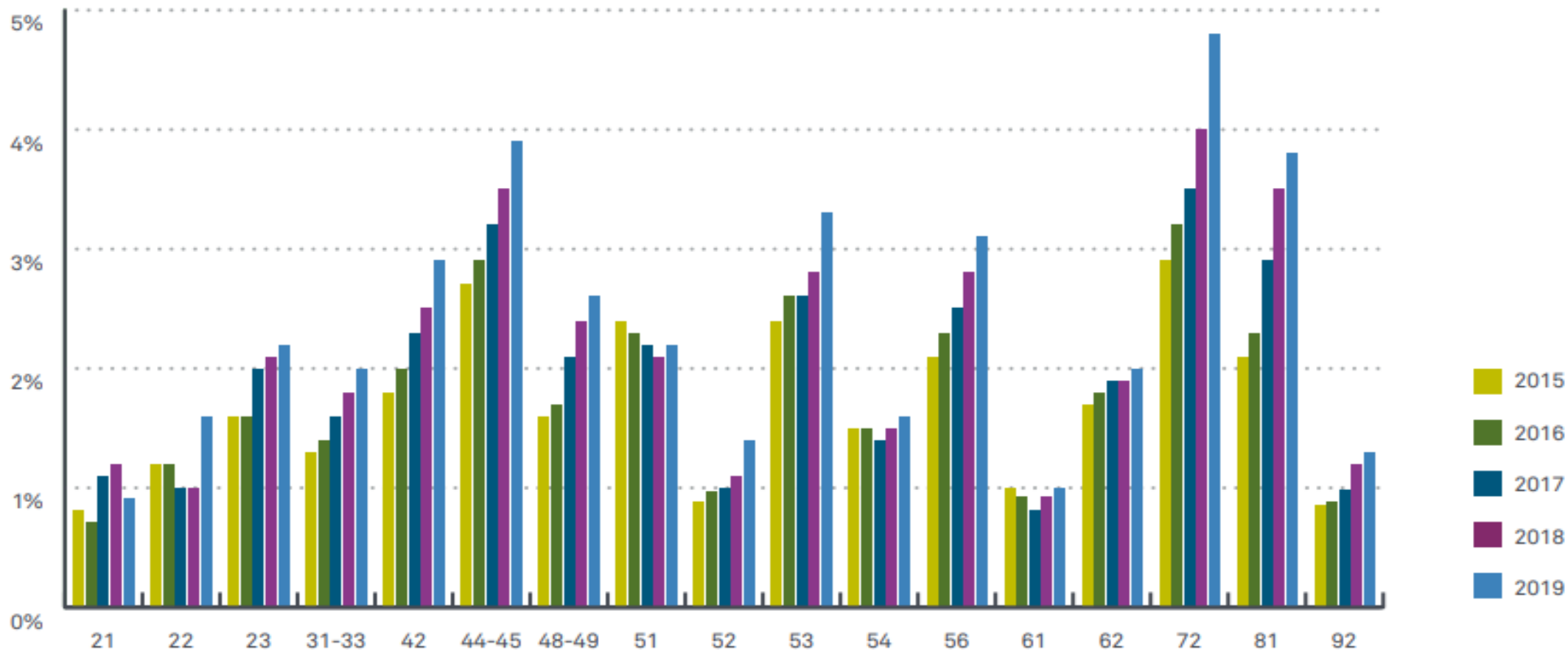
Nearly 9 million tests from January to December 2019

Positivity Rates by Drug Category, Urine Drug Tests for combined US Workforce as a Percentage of all such tests



More than 2.4 million tests from January to December 2019

Positivity Rates by Drug Category, Urine Drug Tests for federally mandated, safety-sensitive Workforce as a Percentage of all such tests

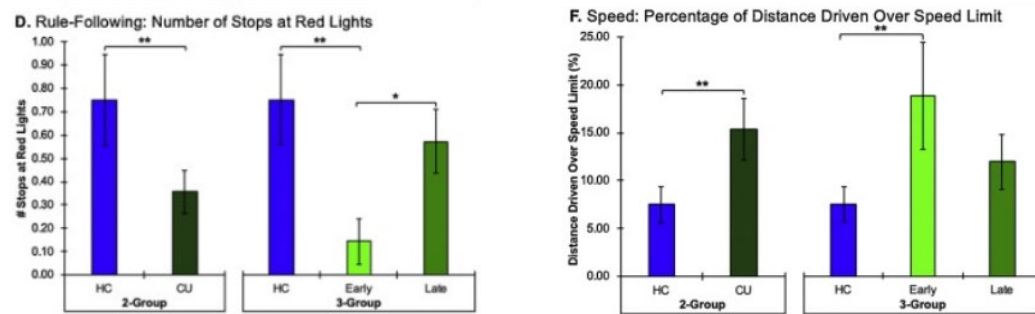


Positivity Rates of Marijuana, Urine Drug Tests for general US workforce by industry sector

CANNABIS AND DRIVING

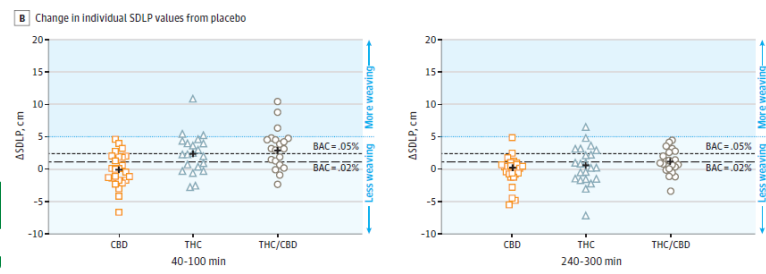
Recreational cannabis use
impairs driving performance

Dahlgren et.al. Drug Alcohol Dependence 2020 (208)

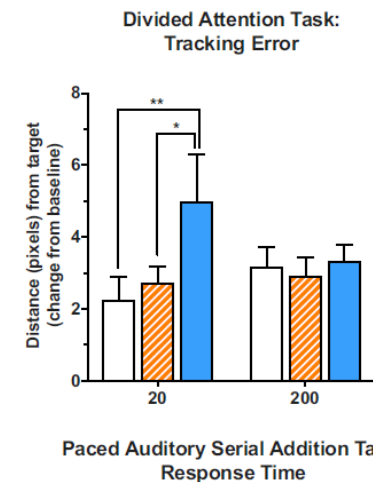


CBD and d9-THC produce
short term driving
impairment.

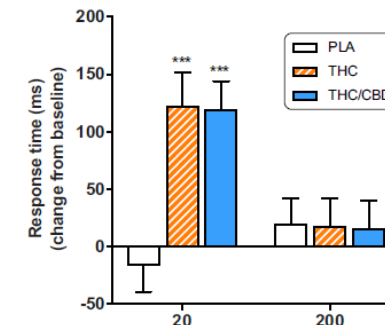
Arkell et.al, JAMA 2020. 324(21)



CBD does not prevent THC-
induced impairment of
driving and cognition



Paced Auditory Serial Addition Task:
Response Time



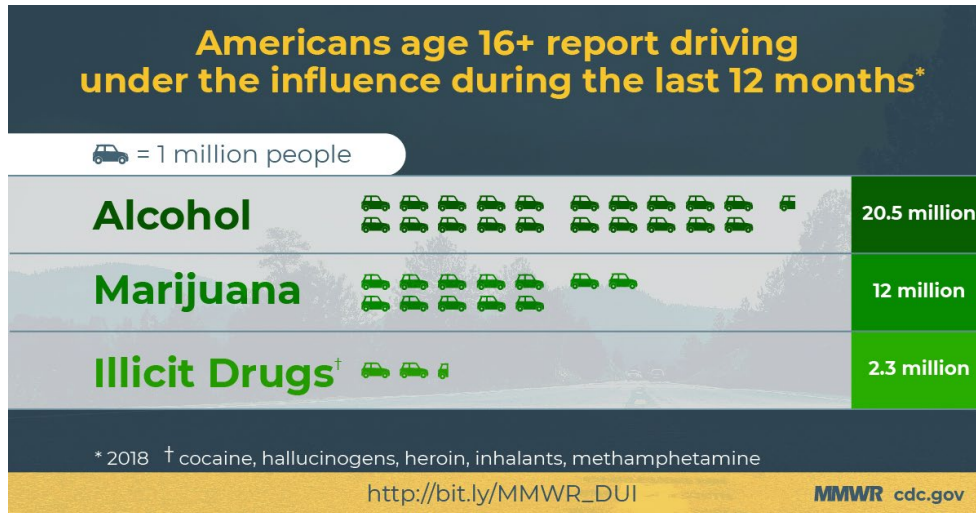
Arkell et.al, Psychopharmacology (2019)236

CONFIDENTIAL

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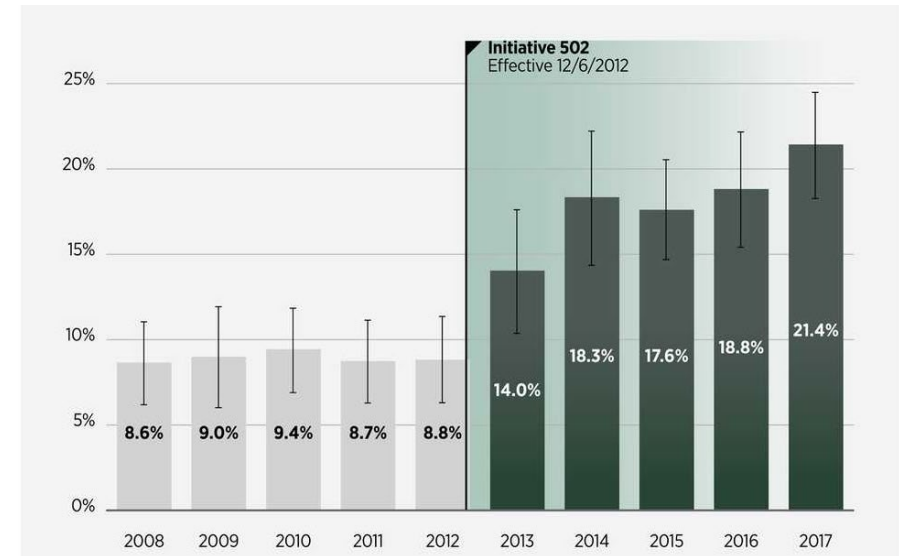
CANNABIS AND DRIVING

Self-reported DUI w Alcohol or THC

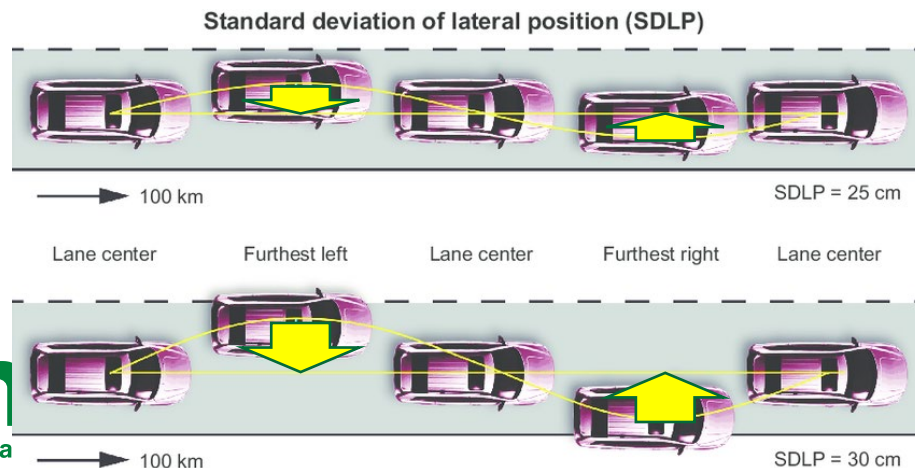


Azofeifa et.al., MMWR. CDC. 68 (50) 2019.

Drivers in Fatal Crashes in Washington Positive for Marijuana



Tefft et al. AAA Foundation for Traffic Safety (2020)



- Recreational cannabis use impairs driving performance Dahlgren et.al. Drug Alcohol Dependence 2020 (208)
- CBD does not prevent THC-induced impairment Arkell et.al, Psychopharmacology (2019)236
- CBD and d9-THC produce short term driving impairment Arkell et.al. JAMA 2020. 324(21)

Substance Use during COVID

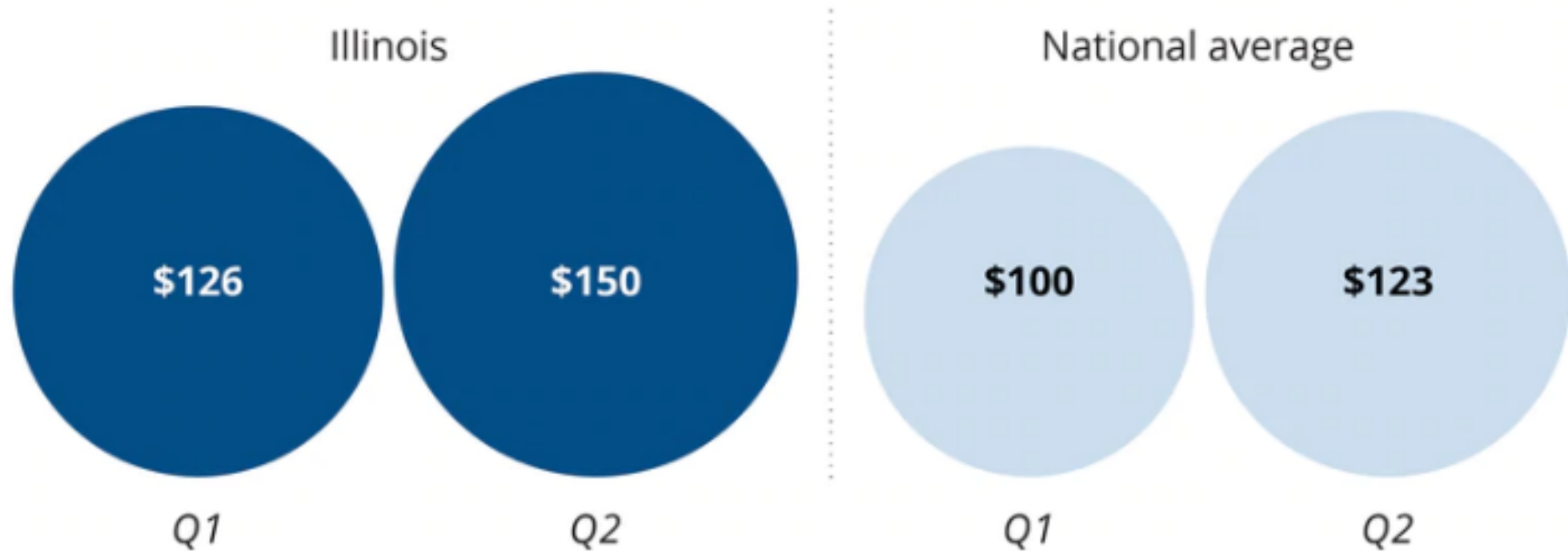
Alcohol use in 2020
up 14% over 2019*

Medical cannabis use for
people with mental
health conditions is up by
91% since COVID**

Cannabis sales in
California topped
\$320M in March
2020 compared to
\$282M in
January***

THE AMOUNT PEOPLE ARE BUYING IS ALSO GOING UP

Average transaction size



SOURCES: Illinois Department of Financial and Professional Regulation and New Frontier Data. National average for 24 legal cannabis markets

CHICAGO TRIBUNE

**Policymakers are thinking
about safety, right?**



News Release

1121 Spring Lake Drive · Itasca, IL 60143 · media@nsc.org
Contact: Maureen Vogel, Director of Communications

FOR IMMEDIATE RELEASE

Sept. 17, 2020

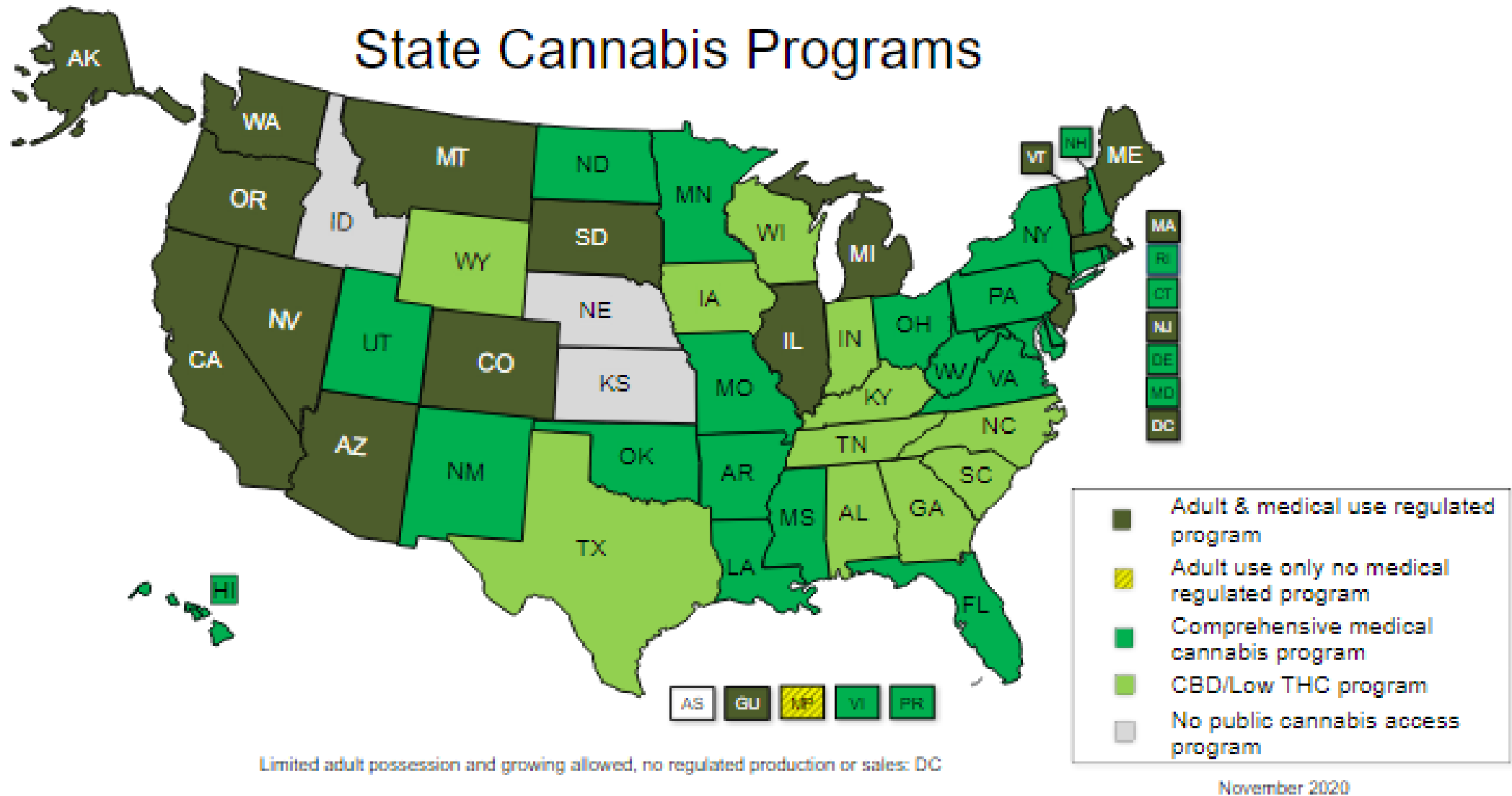
NSC and Partners Call for U.S. House to Hold Hearings on Workplace Safety Impacts of MORE Act

Organizations concerned about potential effects of pending legislation on workplace health and safety

Itasca, IL – The [National Safety Council](https://www.nsc.org) and the American College of Occupational and Environmental Medicine, along with 20 partner organizations from across the country, are urging the U.S. House of Representatives to hold hearings on the workplace safety impacts of the Marijuana Opportunity Reinvestment and Expungement Act of 2019 – also known as the MORE Act. In [a letter sent to House members](#), NSC and its partners express their collective concern about the implications the MORE Act could have on workplace health and safety, as marijuana impairs psychomotor skills and negatively impacts attention and decision-making, with this impairment posing a significant risk to workers, co-workers, customers and the public.

Because impairment for marijuana cannot be scientifically detected at this time, no standardized impairment regulations have been set. Similarly, functional marijuana sobriety or impairment tests and cut-off levels are not generally available. Yet, marijuana is the drug most often detected in workplace drug testing^[1]. Employees who tested positive for marijuana had 55% more industrial accidents, 85% more injuries and 75% greater absenteeism compared to those who

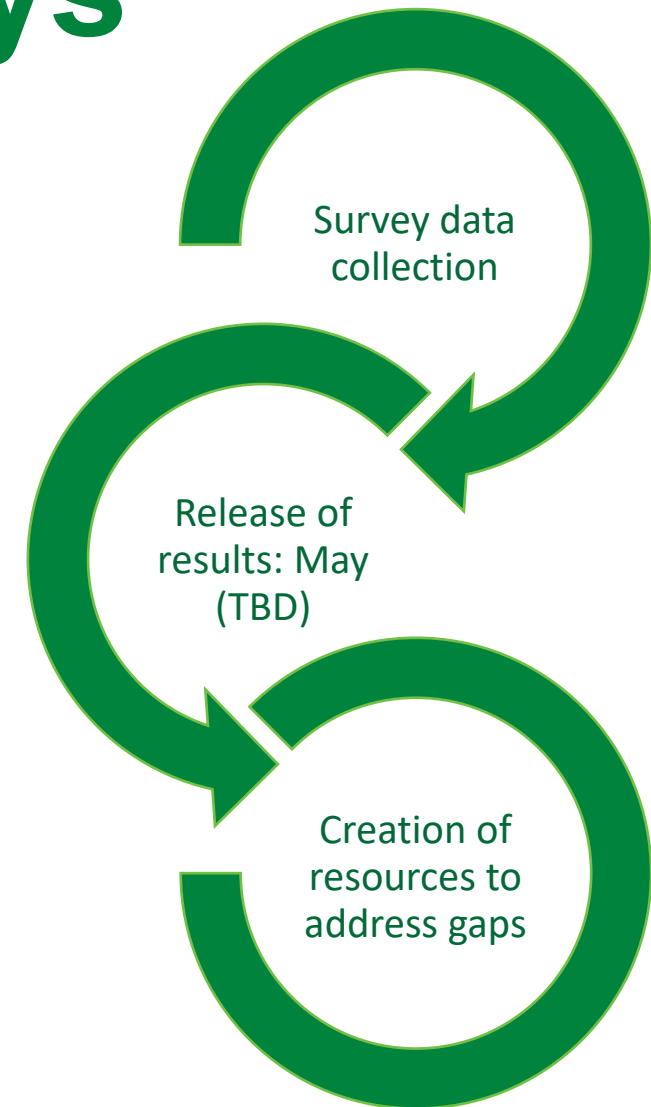
State Cannabis Programs



Source: National Conference of State Legislatures

NSC Cannabis Surveys

- **Purpose:** Understand employer and employee perceptions, concerns and practices regarding cannabis in the workplace and explore solutions to address it
- **Scope:**
 - 2 surveys → employer and employee
 - Compare responses by legality of state(s)



NSC Policy Positions

- Safety sensitive jobs and cannabis
- Workplace drug testing
- Substance-free workplaces

www.nsc.org/policies

Why Cannabis in the Workplace Matters to Employers?

Employer Priorities

- Mental Health, Substance Use Disorder, and Pain Management top priority condition among workers requiring employers to consider strategies around prevention, treatment, and recovery from SUD as it relates to benefit design, provider adequacy, and evidenced based treatment.
- SUD impacts hiring, retention, safety, productivity, absenteeism, turnover, and healthcare costs including cannabis use disorder
- Cannabis has several additional complexities to consider unique to other substances.

Federal, State, Industry Context Matters

- Under federal law, marijuana is still illegal and considered Schedule I drug
- States vary in their legalization of CBD, medical marijuana, and recreational marijuana
- Industries with federal contracts have additional compliance requirements to consider
- Businesses moving to recovery friendly workplaces
- Industrial hemp and cannabis are playing increasing roles in agriculture in many states
- Attitudes about marijuana vary by state

2020 Employer Roundtables “Cannabis in the Workplace”

Key Findings

- **Baseline drug facts.** Employers need and want factual information on cannabis, its legal status, quality (manufacture and labeling) and effectiveness issues and implications.
- **Current benefit best practices.** Employers want to understand best practices around whether employee health benefits should or must cover medical uses of cannabis.
- **Employee education.** Employers want better employee education and training resources that address cannabis health claims and health liabilities and the implications in employee drug testing.
- **Hiring and firing.** Employers want to understand the implications of cannabis use by employees and best practices as regards to testing, hiring and firing.
- **Workplace health and safety issues.** What are the drug impacts on employee behavior, employee safety? How can this be identified, monitored and addressed?
- **Cost implications for overall health and wellness programs.** Includes possible increases of other health conditions (due to drug interactions or risks from impurities), mental health, absenteeism, social isolation due to COVID, job insecurity, etc.

Employer Recommendations

- **Educate management and employees about cannabis** - include definitions, state and federal laws, medical claims, health risks of use and company policies around testing, hiring and firing
- **Establish workplace policies about cannabis** – address onsite use of medical cannabis; what covered in formulary; employment testing and terminations; employee confidentiality, health and welfare programs
- **Monitor and adjust employment practices that advance employee health and safety on the job.** Document causes of safety failures due to use of cannabis products either on or off the job; create guidelines for the elapse of time after use before an employee begins a work shift
- **Gather data (claims and otherwise) to help evaluate implications to organization of medical cannabis use.** Establish metrics that impact health and welfare programs, retention, turnover and productivity.
- **Participate in advocacy for cannabis quality, manufacturing and labeling requirements**

National Alliance Cannabis Resources

- Clinical Brief - Medicinal Uses of Cannabis Derived Products
- Action Brief – Cannabis Products on the Formulary Adhering to Evidence – and Value-based Standards
- Producing a Safe and Consistent Cannabis Product - infographic on Producing a Safe and Consistent Cannabis Product Requires a Controlled Growing Environment (Farm Bill Infographic)
- Cannabis: Adhering to Evidence and Value-based Standards (Webinar recording available)
- How Should Workplaces be Adapting to a Changing Cannabis Landscape (Workshop 2020 Annual Forum, recording available)

Questions?



Michael Thompson
MODERATOR
National Alliance of
Healthcare
Purchaser
Coalitions



Aaron Weiner
Bridge Forward
Group



Michelle Peace
Virginia
Commonwealth
University



Jane Terry
National Safety
Council



Randa Deaton
Kentuckiana Health
Collaborative

Upcoming Events

MARCH

- **Employer Townhall - Addressing Pandemic Fatigue**, March 4, 5 p.m.-6:00 p.m (EST) [REGISTER](#)
- **Debunking the Myth of COVID-19 Vaccines**, March 11, 12:00 p.m.- 1:00 p.m. (EST) [REGISTER](#)
- **Assessing a Plan's Efforts to Address Health Inequities: The Role of NCQA's Multicultural Healthcare Distinction Program**, March 18, 2:00 p.m.- 3:00 p.m. (EST) [REGISTER](#)
- **Mental Health Index**, March 19, noon-12:30 p.m. (EST) [REGISTER](#)