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
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

(CDC, 2017)
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

(CDC, 2017)
Figure 71. Average THC and Cannabidiol Potency of Traditional and Concentrated Marijuana, 1995 – 2018

Source: University of Mississippi

(DeA, 2020)
Fig 3. Proportion of products with different levels of THC per state.

<table>
<thead>
<tr>
<th>State</th>
<th>Medical</th>
<th>Recreational</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19.2%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>

(Cash et al., 2020)
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

(CDC, 2017)
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 emotional 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.


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

(CDC, 2017)
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
- Syringomyelia
- 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

(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 Metrik¹,², Angela K. Stevens², Rachel L. Gunn², Brian Borsari³,⁴ 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 Carolas
Jul 28, 2009

Many children in the 1950'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

Gabrielle Campbell, Wayne D Hall, Amy Peacock, Nicholas Lintzeris, Raimondo Bruna, 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\textsuperscript{a,b,*}, James A. Cranford\textsuperscript{a}, Brooke J. Arterberry\textsuperscript{a,c}, Maureen A. Walton\textsuperscript{a,b}, Kipling M. Bohnert\textsuperscript{a,d}, Mark A. Ilgen\textsuperscript{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 ≠ 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?

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

Two recent articles in Blackwood's Magazine, on the "Narcotics we indulge 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
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%

Hi CBD

Arbitrary Value
Not further defined
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

STOP

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

**Driven by:**
1. Rapidly Expanding Market
2. Greed
3. Hubris

**Demands:**
- Speed
- Accuracy

**Needs:**
- Competency
- Robust Methods
- Certified Reference Material

**Challenges:**
1. Sample inhomogeneity
2. Scientific Expertise
3. Accreditation and Proficiency Testing
### Product Inconsistency

<table>
<thead>
<tr>
<th>Product</th>
<th>Labeled (mg/L)</th>
<th>Actual (mg/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloud 9 E-Liquid</td>
<td>3.3</td>
<td>6.5</td>
</tr>
<tr>
<td>Yellow Brick Road</td>
<td>3.3</td>
<td>7.6</td>
</tr>
<tr>
<td>Easy Rider</td>
<td>3.3</td>
<td>7.6</td>
</tr>
</tbody>
</table>
Product Inconsistency

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

Research Letter
November 7, 2017

Labeling Accuracy of Cannabidiol Extracts Sold Online
Marcel O. Bonn-Miller, PhD; Mallory J. E. Loflin, PhD; Brian F. Thomas, PhD; et al.
Short Communication

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

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

\textsuperscript{a} Virginia Commonwealth University, Department of Pharmacology & Toxicology, 410 North 12th Street, Room 754, Box 900617, Richmond, VA 23298-0617, USA

\textsuperscript{b} Virginia Commonwealth University, Department of Forensic Science, 1055 Floyd Avenue, Room 2035, Richmond, VA 23284, USA

The Philadelphia Inquirer

Toxic chemicals found in popular CBD products

by Sam Wood, Posted: November 15, 2018
Tests of CBD oils reveal three surprise chemicals, one big problem

Janet Burns
December 20, 2018

LABORATORY REPORT

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Specimen</th>
<th>Result</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill / Powder / Liquid Screen</td>
<td>Liquid Oil</td>
<td>See Below</td>
<td>November 22, 2018</td>
</tr>
</tbody>
</table>

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.
CBD oil in electronic cigarettes or vaporizing pens might be driving users to emergency rooms, North Carolina authorities say. (Mar. 5, 2019 - AP)

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

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 cannabimoids.

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

Jared Bustos, Director, Consumer Protection Division

March 06, 2019 06:23 PM

Updated March 06, 2019 09:19 PM

APHC / 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 cannabimoids.

Click here to view the alert on AFO (CAC required)
<table>
<thead>
<tr>
<th>Case</th>
<th>Product Purchase</th>
<th>Victim Quotes</th>
<th>CBD Present</th>
<th>Unexpected Ingredient</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBD for Anxiety</td>
<td>Store</td>
<td>He was <strong>pale and glassy eyed</strong> …</td>
<td>No</td>
<td>Synthetic Cannabinoid</td>
</tr>
<tr>
<td>CBD for Anxiety</td>
<td>Store</td>
<td>It was a <strong>hard high</strong> – was it a reaction to CBD?</td>
<td>Yes</td>
<td>Synthetic Cannabinoid + OTC Cough Med</td>
</tr>
<tr>
<td>Unknown</td>
<td>Online</td>
<td>Have you tested other CBD products because this is <strong>some bad [stuff]</strong></td>
<td>Yes</td>
<td>Synthetic Cannabinoid</td>
</tr>
<tr>
<td>Unknown</td>
<td>Online</td>
<td>I know what pot makes me feel like and this…wasn’t it</td>
<td>No</td>
<td>Synthetic Cannabinoid</td>
</tr>
<tr>
<td>CBD for Anxiety</td>
<td>Online</td>
<td>I’ve <strong>not left my apartment</strong> for 4 days</td>
<td>No</td>
<td>Synthetic Cannabinoid</td>
</tr>
<tr>
<td>CBD for Joint Pain</td>
<td>Store</td>
<td>…her pharmacist recommended it the most…<strong>hallucinated for 3 days</strong></td>
<td>Yes</td>
<td>SynCannabinoid</td>
</tr>
<tr>
<td>CBD for Arthritis</td>
<td>Store</td>
<td>…she just <strong>wanted to be painfree</strong>…she was found in a <strong>schizophrenic episode</strong></td>
<td>Yes</td>
<td>THC</td>
</tr>
<tr>
<td>CBD for Diabetic Leg Pain</td>
<td>Store</td>
<td>…I can only describe as a situation rapidly devolving into the scariest night of my life. I felt I like <strong>I was dissociating from reality</strong></td>
<td>Yes</td>
<td>SynCannabinoid</td>
</tr>
</tbody>
</table>
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
“If you use CBD products, you could be positive for THC in a drug test.”

Golombok et al. Toxics (2020) 8:41
Unified regulations and oversight would improve transparency for consumers

“Research as marketing” degrades public trust
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

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
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

Source: Substance Abuse and Mental Health Services Administration
Past Year initiates of Substance Age 12 and older: 2019

- Alcohol: 4.9M
- Cigarettes: 1.6M
- Marijuana: 3.5M
- Rx Pain Reliever Misuse: 1.6M
- Hallucinogens: 1.2M
- Rx Tranquillizer Misuse: 949,000
- Rx Stimulant Misuse: 901,000
- Inhalants: 730,000
- Cocaine: 671,000
- Rx Sedative Misuse: 239,000
- Methamphetamine: 134,000
- Heroin: 50,000

Source: SAMHSA
Chase, MD
Marijuana is the most commonly detected drug in the U.S. Workforce

Source: Quest
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)

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

Combined Workforce is the general workforce and federally mandated, safety-sensitive workforce
Source: Quest
Positivity Rates by Drug Category, Urine Drug Tests for federally mandated, safety-sensitive Workforce as a Percentage of all such tests

Federally mandated, safety-sensitive includes bus and truck drivers, pilots, and workers in nuclear power plants

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

General US Workforce=non-federally mandated safety sensitive workers
Source: Quest
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
Arkell et.al, Psychopharmacology (2019)236
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***

***Marijuana Business Daily
THE AMOUNT PEOPLE ARE BUYING IS ALSO GOING UP

*Average transaction size*

**Illinois**

Q1: $126  
Q2: $150

**National average**

Q1: $100  
Q2: $123

**Sources:** Illinois Department of Financial and Professional Regulation and New Frontier Data. National average for 24 legal cannabis markets.
Policymakers are thinking about safety, right?
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 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
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