

Questions Asked During Live Webinar Broadcast on 12/4/19



What Addiction Professionals Should Know About Medical Marijuana

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When you state "marijuana" are you referring to THC, CBD or both?

A: Towards the beginning of the webinar, I discussed that the term “medical marijuana” is very broad and includes both THC and CBD. However, from the slide labeled “Adverse Side Effects...” on I used the terms “THC” and “medical marijuana” interchangeably, as from that point forward I am mostly referring to medical THC and not medical CBD.

What are the side effects of medical marijuana?

A: This question was covered when we reviewed the slide labeled, “Adverse Side Effects, Health Effects, and Risks.” Essentially, the potential side effects of medical THC are the same as for recreational THC. Additionally, I recommended that participants review the report entitled “[The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research](#)” published by the National Academy of Sciences, Engineering, and Medicine in 2017, as the NASEM report very thoroughly covers side effects.

What amount is considered mild, moderate, or excessive use?

A: I don’t think I can provide a very specific definition for “mild, moderate, or excessive use” as they are very subjective terms. I’m not sure I used those terms during the webinar. However, if you are referring to mild, moderate, and severe course specifiers for a substance use disorder, then I can say that per the DSM-5 if an individual meets 2 or 3 symptoms from the A1 criterion of substance use disorder in the same 12-month period, the severity of the disorder is considered “mild,” whereas 4-5 symptoms is considered “moderate” and 6 or more symptoms is considered “severe.”

What about WAX marijuana, which can have 85% to 100% pure THC? Won't this become an epidemic? Wax is like whiskey and flower/leaf marijuana is like beer. Won't WAX become a bad problem?

A: I agree that the higher the THC concentration, the greater the likelihood of adverse effects. We discussed a related concept when I talked about how “overdoses” associated with THC have a tendency to be related to edibles or hash rather than smokable marijuana as the THC concentrations are so high.

How have insurance companies responded to medical marijuana?

A: My understanding is that insurance companies do not provide coverage for medical marijuana as THC is a Schedule 1 drug under federal law, and insurance companies do not wish to violate federal law. Here is a good read on the subject: <https://www.verywellhealth.com/why-health-insurance-wont-pay-for-medical-marijuana-1738421>

What is a safe time to wait after using marijuana before parenting, driving or working?

A: That is an excellent question. I wish I could provide a solid answer for you, but I can’t. I suppose that a good rule-of-thumb would be that if an individual feels a high or euphoria of any kind, then they are possibly impaired and should avoid any activities that could be physically dangerous. If we were discussing alcohol, I could offer that a standard serving of alcohol takes the average adult 1 hour to eliminate from his/her system (though biological sex, metabolism, stomach content, etc. all play a role in variability), but it would be hard for me to provide a more specific answer for marijuana due to tremendous variations of THC content and the limitations in my expertise. I think it would be very important for a medical THC patient to ask their prescribing physician and/or staff at the medical marijuana dispensary for an answer to this question prior to using medical THC.

I have heard repeatedly that CBD can be helpful for certain conditions, but also that it is really hard to find a quality, standardized product. Do you have recommendations for people seeking out a quality CBD product?

A: I would recommend that patients purchase their CBD through physicians, other healthcare professionals, and/or appropriately credentialed marijuana dispensaries and not from gas stations, convenience stores, the internet, etc., as there are many documented cases of people purchasing products labeled as CBD only to find that there is THC content in the product and/or other potentially harmful chemicals.

Where does prevention of starting marijuana use fit in, or, is the attempt to prevent a moot point given the rapidity of legalization across the country?

A: For me, legalization makes prevention of marijuana no less a moot subject than prevention of other legal but potentially addictive substances such as alcohol, opiates, amphetamines, benzodiazepines, etc. I certainly think prevention is important.

Can you address workplace issue and medical marijuana? Particularly in manufacturing.

A: We answered this question during the webinar when we discussed that medical THC users should not under the influence of medical marijuana when performing work activities that can be physically hazardous, such as operating heavy machinery or driving. Additionally, we discussed that in any workplace with a federal drug free workplace policy, medical THC use would likely be a policy violation. We also discussed that medical THC use is strictly forbidden in any U.S. Dept. of Transportation-regulated “safety-sensitive” job, such as bus drivers, boat captains, airline pilots, assemblers on an assembly line manufacturing products that are involved in transportation, bridge painters, etc. (<https://www.transportation.gov/odapc/dot-recreational-marijuana-notice>). Finally, we discussed that medical THC is not protected by the Americans with Disabilities Act, and generally speaking states with legal medical THC do not require employers to permit medical THC on the worksite or among their employees. I understand that there have been a few court cases in states that provide some exceptions, and here is a good read on that: <https://www.shrm.org/resourcesandtools/legal-and-compliance/state-and-local-updates/pages/must-employers-accommodate-medical-marijuana.aspx>.

Is it merely a matter of time before recreational marijuana is legalized nationwide?

A: I suspect so. It certainly seems to be moving in that direction.

How can we look at CBD oil as a consistent product when there is no control on its manufacturing?

A: Good question. The best answer I can give for now is that I recommend that patients purchase their CBD through physicians, other healthcare professionals, and/or appropriately credentialed marijuana dispensaries and not from gas stations, convenience stores, the internet, etc., as there are many documented cases of people purchasing products labeled as CBD only to find that there is THC content in the product and/or other potentially harmful chemicals. I trust the medical community more than I do many other businesses.

Is marijuana still considered to be the gateway drug?

A: Yes and no. It is not a “gateway drug” in the sense that most people who have tried marijuana do not go on to use other illicit drugs, but it is a “gateway drug” in that so many people who end up using other illicit substances start off by using marijuana, and there is some evidence that marijuana use can be a precipitating factor for those who end up developing problems with other substances.

Who is qualified to prescribe medical marijuana?

A: Technically under federal law no one is. Physicians cannot technically “prescribe” marijuana because to write an official prescription (as in to write on a prescription pad) would constitute violation of a federal law, so instead they generally write a “recommendation” for medical marijuana and then refer the patient to a licensed dispensary. The requirements for physicians and dispensaries to “recommend” medical marijuana vary state-by-state, so you would have to review your state’s statutes and/or policies to answer the question.

How can we look at CBD oil as a consistent product when there is no control on its manufacturing?

A: This question was already answered (see three questions above this one).

Since research shows that people are using THC to "get high" is there research showing the phenomenological aspects of this fact?

A: I don't understand the question and would probably need some clarification to provide an answer. Please feel free to email me additional details at aaron@nbfe.net.

Is there any research on how grief and loss treatment could be used on people who have a loss of any kind associated with their substance abuse, yet who refuse to reduce their use?

A: I imagine that there is, but I am not intimately familiar with it. I know that I was always taught to coach clients on avoiding drinking and other substance use when grieving due to the tendency for people to over-use when emotionally vulnerable, and anecdotally I can say that in our practice's DUI program a large number of clients get their DUIs when experiencing grief associated with a loss.

Why are people being mandated for a treatment that is widely established by thousands of researchers to actually not work most of the time? What are the alternatives for the majority of people who find addiction treatment ineffective?

A: I suppose I would say that I am not certain that I agree with the presupposition built into the question. A majority of clients (but not all) relapse after treatment, but it is also true that people fare better with treatment than without it, and it is also true that a relapse is not necessarily an absolute "failure." Some people relapse and then move forward with their recovery. Furthermore, there is a correlation between number of treatment exposures and remission status (i.e., the greater the number of previous treatment episodes, the greater the probability of the client achieving remission status this time around). Addiction is hard to treat and difficult to recover from, but each treatment episode is a planted seed that often comes to fruition. I think that the fact that people fare better with treatment than without it would explain why treatment is often mandated. Treatment is more effective than incarceration and other punitive measures in terms of achieving remission status. NIDA addresses this question in their publication entitled "[Principles of Drug Treatment for Criminal Justice Populations](#)." As for the question about alternatives to treatment, I suppose they would include incarceration, trying to do it on one's own, and religion/spirituality (for some).

In States where recreational use is legal, aren't there still NO road-side sobriety tests for impairment?

A: My understanding is that there are no widely used, objective measures for road-side sobriety tests specifically for THC. Officers use clues like the distinct odor of marijuana, bloodshot eyes, poor performance on a standard field sobriety test, etc. to develop probable cause for an arrest. However, several THC devices are being tested, and I imagine we will have something available at some point. Here is an example:
<https://www.sciencedaily.com/releases/2019/08/190827123239.htm>

What are your thoughts on the use of CBD by a 14-year-old for anxiety?

A: If the World Health Organization's report that CBD does not pose a public health risk is accurate, then I would not be very concerned about adverse effects on the teen. However, that doesn't mean that the CBD would be effective. Remember that according to the NASEM report we can say very little conclusively about whether CBD is helpful for much of anything at this time. That could change as more research becomes available, and I would love it if CBD were both relatively safe AND effective for treating anxiety. Personally, I favor cognitive-behavioral approaches to treating anxiety. I would rather that teens learn to self-regulate and manage emotional distress without the aid of a chemical, but I am also open to CBD as an aid. Lastly, if nothing else there is power in the placebo effect.

What resources would you suggest for high schoolers who are getting mixed messages and believe that marijuana is not addictive?

A: Good question. NIDA publishes a brochure entitled "[Marijuana Facts for Teens](#)." However, I don't think that simply handing a teen a brochure does much for many teens. I think that relationships with adults and peers who have healthy perspectives on marijuana is vital. I also think parents often have greater influence on their kids than they realize. Also, I would love for more mental health professionals to be available in the schools as a resource.

Should a prescriber, prescribe medical marijuana to a client who is using recreational marijuana medicinally?

A: I would say, “It depends.” I think that if the prescriber thoroughly evaluates the client and concludes that the suspected benefits of prescribing the drug outweigh the potential drawback, that safer alternatives are not medically viable to treat the underlying condition, appropriate precautions are taken, the patient agrees to discontinue recreational use, and the patient is making an informed choice, then it might make sense to recommend medical marijuana.

Can an employee file a discrimination suit if the employer removes the employee from a job because of prescribed medical marijuana?

A: Medical marijuana is not protected under the Americans with Disabilities Act because THC is still a Schedule I drug and is illegal under federal law, so I don’t think a lawsuit would go very far. Here is an article for HR professionals on the topic: <https://www.thinkhr.com/blog/ask-the-experts-marijuana-and-the-ada/>

Was the evidence for helping with chemotherapy induced vomiting using CBD or THC?

A: According to the [NASEM report](#), the two medications that we can “conclusively” say are helpful for chemotherapy-induced nausea are nabilone and dronabinol, which both contain THC. Regarding CBD, the report indicates, “Nor have any of the reviewed trials investigated the effectiveness of cannabidiol or cannabidiol-enriched cannabis in chemotherapy-induced nausea and vomiting.”

Are you aware of any treatment-related distinctions between sativa and indica strains?

A: I do not. I would recommend reading the [NASEM report](#), however, as they periodically delve into this information.

What are your opinions on treating THC/CBD as an analog to tobacco? Are the similarities useful or is it a bad analogy?

A: I would say that in some ways it would make sense to compare THC/CBD to tobacco, and in other ways it wouldn’t. For example, we can say that both THC and nicotine are addictive chemicals that can be both beneficial and potentially harmful. However, tobacco-related illnesses are the number one cause of preventable death in the U.S., and we certainly can’t say anything like that for THC. If you have a more specific comparison that you’d like me to comment on, please feel free to email me at aaron@nbfe.net.

Is there any medical research on Traumatic Brain Injuries especially for individuals with a brain bleed?

A: Yes, the bottom line in the [NASEM Report](#) is that there is “limited evidence” that cannabis/cannabinoids are *ineffective* for “better outcomes (i.e., mortality, disability) after a traumatic brain injury or intracranial hemorrhage.” When you open the report, check out page 4-18 for the details.

Can you please talk about safety issues related to medical marijuana, specifically, slowed reaction time and cognitive impairment while driving?

A: Yes, we discussed this issue during the webinar. THC is associated with slowed reaction time and impairment while driving, and for that reason people should not drive under the influence of THC. The [NASEM Report](#)’s Conclusion 9-3 reads, “There is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes,” and there is a great deal of supporting information on pages 9-8 through 9-11 of the report.

In Switzerland, there is a cut off for THC for driving, so most people are not legally allowed to drive for a few days after having used cannabis. How is it regulated in the US?

A: The bottom line is that throughout the U.S. it is illegal to operate a motor vehicle when impaired by any substance, whether THC or some other substances. I do not know if any states offer cut-offs regarding THC use and driving.

What are the cognitive effects of medical marijuana? I do child custody evaluations & am interested in judgment & cognitive implications.

A: I would recommend reading section 11-2 of the [NASEM Report](#) for a more thorough answer to this question.

Do you have any references for impaired memory & judgment for medical marijuana?

A: Yes, I would recommend reading section 11-2 of the [NASEM Report](#) for a more thorough answer to this question.

Does medical marijuana have THC levels in their end products? Or are they sold for consumption without THC?

A: People can purchase CBD without THC content, CBD with THC content, or THC products as “medical marijuana.” It might be good to review the portion of the webinar video in which we discuss the slide entitled “Dosing Considerations for THC.”

Why hasn't non-psychoactive CBD not been tested, or do you know if has been?

A: I'm a bit confused about your question. CBD is not psycho-active, as we discussed when reviewing the slide entitled “THC vs. CBD.” Feel free to email me at aaron@nbfe.net if you want to clarify.

Isn't "medical marijuana" not an accurate term? Isn't it really Dispensary Marijuana? Perhaps marijuana isn't "medical" but more "recreational" and CBD more placebo effect?

A: I see validity in your question and the points that you are making. However, I am personally okay with the phrase “medical marijuana” in the sense that it is a useful term to describe the medicinal use of marijuana. I would, however, prefer that people use the terms “medical THC” or “medical CBD” if they are referring specifically to those respective chemicals. I also think that many people who are using marijuana “medically” are really using it “recreationally” (we discussed this when reviewing the slide with the quote from Roy-Byrne, 2017 indicating “Medical and recreational users had many more similarities than differences, and the differences were small, suggesting that only a few ‘medical users’ were likely targeting medical conditions”). Having said that, I don't personally want to “throw the baby out with the bath water” as I do think that medical marijuana is sometimes used appropriately and efficaciously.

If a client has a diagnosis of severe to cannabis, why would be okay to have them/encourage cannabis medical card when we would not do the same for those who are heroin opioid severe and obtain px for pain meds?

A: I think this is a fair point. I think that medical THC should be treated the same as other potentially addictive medications, such as benzodiazepines, opiates, barbiturates, and amphetamines, meaning that prescribers should generally avoid prescribing potentially addictive medications to individuals with substance use disorders (as recommended by the APA and ASAM).

Do you have suggestions about how to initiate and proceed with therapeutic conversations with patients to help them come to empowered decisions for themselves?

A: Yes, but this would be a whole other webinar as that discussion can become very robust. Generally, I recommend exploring with them the potential benefits and drawbacks of any treatment decision, checking in with them on what they know/don't know, helping them identify questions that they may need to answer before making a decision, providing them with information on the positions of various professional associations and on resources such as the NASEM report, exploring alternative treatment options, etc. I think we should avoid too strongly pushing for one decision over another, and I think we should avoid strongly recommending any medication as this can be viewed as practicing beyond our scope as non-prescribers. On page 16 of the ACA's *Counseling Today* magazine (July 2018), an attorney explained how this can create substantial liability for non-prescribers.

Do you think it's possible to help a patient identify "red flags" for themselves, about when "medicinal/helpful/therapeutic" use crosses the line to risky, harmful, "addictive" use?

A: Yes, I do. If a client makes an informed choice to use medical THC, then I think it is important to provide such education and information. I also think it is important to monitor for ongoing signs of problematic use of medical THC.

It seems like the leverage and some of the other decision making tools in the matrix would be most effective in an SUD outpatient, or longer duration treatment, like with a mental health provider.....are there some adaptations you'd recommend for a shorter treatment program, 28 day inpatient, or other shorter duration interventions?

A: I think that a residential program could treat a patient presenting with medical THC use the exact same way that the treatment program could treat a client presenting with prescribed benzodiazepines, opioids, barbiturates, amphetamines, or other potentially addictive medications. The same rules can apply. If you work in a residential program and want to provide me with your program's policy when clients are admitted with prescribed addictive medications, I can comment more specifically on how that same procedure can be applied to medical THC. Feel free to email me at aaron@nbfe.net.

Do you recommend a detox program for those experiencing withdrawal symptoms from THC?

A: Because cannabis withdrawal is not potentially deadly, I would say that we can treat this sort of like we would for opioid withdrawal—if there is reason to believe based on the client's history or other supporting evidence that the withdrawal discomfort will be so significant that the client, if treated on an outpatient basis, might return to using during withdrawal to ease his/her discomfort, then detox may be appropriate. I can add that I have referred many clients to residential programs for a month or more of residential treatment not just because they have access to detox in the program but also because the client needs to be away from the substance long enough to start developing alternative coping strategies for anxiety, depression, sleep problems, etc. In short, I highly recommend use of the ASAM treatment criteria to determine appropriate level of care.

Would daily CBD use multiple intakes a day, produce a positive result for THC on an average UDS?

A: It could if the CBD contains THC content. Some CBD products reportedly contain 0% THC, and others do have trace amounts of THC. This is another reason I advocate for purchasing CBD only through professional medical providers.

What certificate a practitioner needs to be able to assess at a dispensary site?

A: The answer to this question varies state-by-state. You would need to review the statute for whatever state you are interested in exploring.

Is there research on bipolar and medical marijuana?

A: I have never seen any evidence that medical marijuana is effective for the treatment of bipolar disorder. In fact, there is evidence that it actually exacerbates the disorder. According to the [NASEM Report](#), there is moderate evidence of a statistical association between cannabis use and “increased symptoms of mania and hypomania in individuals diagnosed with bipolar disorders (regular cannabis use).” See page 12-4 of the report for details. Additionally, there is limited evidence of a statistical association between cannabis use and “the likelihood of developing bipolar disorder, particularly among regular or daily users” (see page 12-3 of the report). Also, visit www.sciencedaily.com and enter the keywords “marijuana bipolar” into the search engine, and you can read a great deal more about this subject, including studies published after the NASEM Report was completed.

Is this the only time in history that you know of that we have legislated a substance as 'medical' or are there other examples?

A: There are also statutes in various states related to medical benzos, opioids, amphetamines, etc.

Can you provide the name of the app or database used for poll questions?

A: This webinar was conducted using Gotowebinar, which has a built-in polling question feature. When presenting live vs. online, I use PollEverywhere (<https://www.polleverywhere.com>) to do live polling questions via text messaging of attendees. Lots of fun! I will also soon be exploring another option called “CrowdMics” (<https://www.crowdmics.com/applications/live-events>), so we'll see how that experiment goes.