Overview of Medical Marijuana Use Within Mental and Behavioral Health in Pennsylvania

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High-Quality
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DISCLAIMER

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PerformCare does not endorse, advise, advocate, promote, or otherwise take a stance regarding the use of marijuana for clinical/medicinal or recreational purposes. This training and all contents are solely for educational purposes to better understand members' care when medical marijuana is prescribed during the course of mental or behavioral health treatment.

Learning Objectives

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- Participants will understand the history and empirical literature on the use of marijuana for clinical/medicinal purposes.
- Participants will understand Pennsylvania's medical marijuana laws, statistics, and usage trends.
- Overview of the PerformCare 2023 Provider Medical Marijuana Survey so that participants understand how some providers within our network deal with medical marijuana use within the treatment space.

Outline

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- Historical Overview of Medical Marijuana
- Medical Marijuana in Pennsylvania
- Summary of Empirical Literature on Medical Marijuana
- Review of IET Workgroup Medical Marijuana Survey
- Roadmap for Clinical Decision-Making
- Q & A

Cannabis Plant

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- Sativa, Indica, and Hybrid
- More than 500 chemical compounds in cannabis plant
- Tetrahydrocannabinol (THC) and cannabidiol (CBD) are only two of 100 phytocannabinoid compounds
- THC is the main psychoactive compound in cannabis, first isolated in 1964
- Marijuana is cannabis containing >0.3% THC

Historical Overview

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- Archeological evidence suggest use more than 5,000 years ago.
- Medicinal use, (evidence of tetrahydrocannabinol in ashes) about 400yrs ago
- 1841, William Brooke O'Shaughnessy introduced marijuana to western medicine.
- Use in the US in the 19th and early 20th century as an analgesic, sedative, and even as a cough remedy for children

Cannabis as a patented medicine

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FLUID EXTRACTS AND TINCTURES

CANNABIS, U.S.P. (American Cannabis):
Fluid Extract No. 598 .....(*Alcohol 80%*).. 5.00

- Fluid Extract Cannabis, in common with other of our products that cannot be accurately assayed by chemical means, is tested physiologically and made to conform to a standard that has been found to be, in practice, reliable.
- Every package is stamped with the date of manufacture. *Physiologic standardization was introduced by Parke, Davis & Co.* This fluid extract is prepared from *Cannabis sativa* grown in America.
- Extensive pharmacological and clinical tests have shown that its medicinal action cannot be distinguished from that of the fluid made from imported East Indian cannabis. *Introduced to the medical profession by us.*

Average dose, 1 1.2 mins. (0.1 cc). Narcotic, analgesic, sedative.

History Cont'd

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- Marihuana Tax Act of 1937 imposed tax on usage, which had the effect of criminalization
- Marijuana removed from the US Pharmacopeia (USP) in 1942
- Boggs and Narcotics Control Acts of 1951 and 1956 increased penalties for possession
- Controlled Substance Act of 1970 introduced federal prohibition
- 1996 California becomes first state to permit use for medicinal purposes with the Compassionate Use Act

Medical Marijuana in PA

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- SB 3 of 2016 allowed use of cannabis for medical purposes. 24 qualifying medical conditions. Pill, oil, ointment, creams, etc. NO SMOKEABLE
- Act 16 (Pennsylvania Medical Marijuana Act)
  - established MM program and imposed duties on the Dept of Health.
  - Regulates patient, caregiver, and physician participation, advisory board, research program, and clinical research centers.
- How it works
  - Patient
    - Create profile on the MM Registry ➔Get certified by an approved physician ➔Return to the registry and pay ($0 - $50) for an MM ID card ➔ Visit dispensary
    - Annual certification and renewal.

MM in PA

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- Caregiver
  - >/= 21yrs, PA resident, criminal background check, valid PA license/ID, no drug offenses in 5yrs
  - Register and obtain ID that allows you to pick up MM at dispensary
  - Adult patients can designate up to 2 caregivers. Patients <18 are required to have a caregiver

- Physician/Practitioner
  - Apply ➔ demonstrate qualification to treat ➔ training course ➔ annual review
  - In-person visit of applying patient; consult prescription drug monitoring program for patient's history; diagnosed one of qualifying condition; patient MUST remain under care for the condition

PA Usage Trends

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Program Metrics as of 3/1/2024

440,949 Active Patient Certifications

1,929 Approved Practitioners

9,203 Active Carded Caregivers

180 Operational Dispensaries

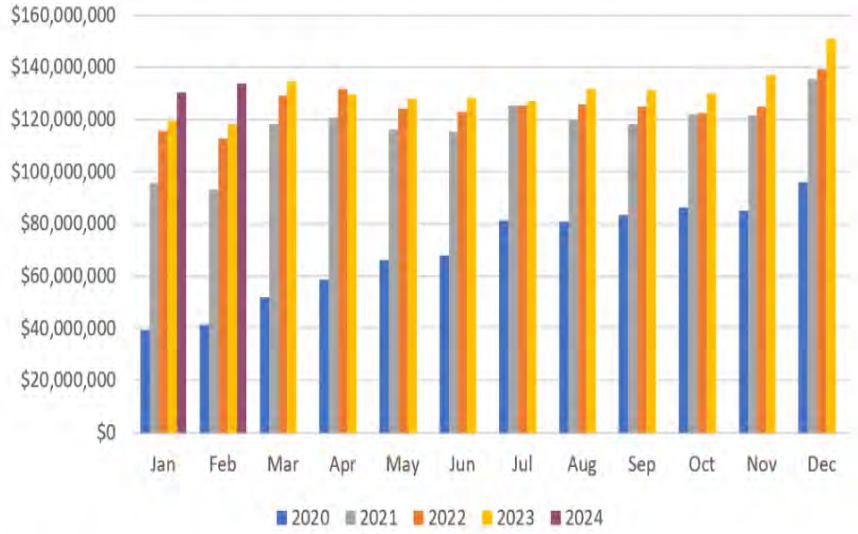
$470,087 MMAP Phase 3 Financial Benefit Given

33 Operational Grower/Processors

pennsylvania DEPARTMENT OF HEALTH

Medical Marijuana Program Update

Dispensary Sales by Month Since Jan 2020



$5.8 Billion Sales Program-to-Date

pennsylvania DEPARTMENT OF HEALTH

PA Usage Trends

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2022: SMC ID, Name, and Number of Occurrences

ID	Name	Occ.
1	Amyotrophic Lateral Sclerosis	112
2	Autism	2,055
3	Cancer, including remission therapy	14,641
4	Crohn's Disease	3,067
5	Damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies	2,748
6	Epilepsy	3,569
7	Glaucoma	2,363
8	Positive status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome	1,988
9	Huntington's Disease	57
10	Inflammatory Bowel Disease	5,541
11	Intractable Seizures	825
12	Multiple Sclerosis	3,251

ID	Name	Occ.
13	Neuropathies	14,023
14	Parkinson's Disease	971
15	Post-traumatic Stress Disorder	43,580
16	Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain	165,127
17	Sickle Cell Anemia	144
18	Neurodegenerative diseases	962
19	Terminal illness	256
20	Dyskinetic and spastic movement disorders	902
21	Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions	12,120
22	Anxiety Disorders	264,595
23	Tourette Syndrome	530

2023: SMC ID, Name, and Number of Occurrences

ID	Name	Occ.
1	Amyotrophic Lateral Sclerosis	112
2	Autism	2,514
3	Cancer, including remission therapy	14,703
4	Crohn's Disease	3,275
5	Damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies	2,293
6	Epilepsy	3,704
7	Glaucoma	2,490
8	Positive status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome	1,832
9	Huntington's Disease	47
10	Inflammatory Bowel Disease	5,551
11	Intractable Seizures	801
12	Multiple Sclerosis	3,213

ID	Name	Occ.
13	Neuropathies	14,426
14	Parkinson's Disease	913
15	Post-traumatic Stress Disorder	49,442
16	Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain	164,711
17	Sickle Cell Anemia	147
18	Neurodegenerative diseases	965
19	Terminal illness	233
20	Dyskinetic and spastic movement disorders	874
21	Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions	11,855
22	Anxiety Disorders	289,317
23	Tourette Syndrome	582
24	Chronic Hepatitis C	80

Test Your Knowledge

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In Pennsylvania, one can be cited for DUI during a traffic stop if a law enforcement officer sees your MM card

1) True
2) False

Empirical Literature

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- Challenges to evidence quality
  - sample size
  - Retrospective, case reports, anecdotal reports, chart reviews, observational studies, but some RCTs
  - Measurement techniques (e.g. QOL and subjective)
  - Product type, dosage, concentration
  - Federal prohibition
    - Still a Schedule 1 drug
    - Legal liability and risks

Literature cont'd

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- Efficacy and Safety
  - "mixed," "preliminary," "limited," "very low," etc. are often used to describe strength of evidence
  - National Academy of Science, Engineering, and Medicine (NASEM, 2017)
    - Conclusive evidence (1 symptom/condition/disorder)
    - Substantial evidence (2 symptom/condition/disorder)
    - Moderate evidence (1 symptom/condition/disorder)
    - No evidence or insufficient evidence (11 symptom/condition/disorder)

Literature cont'd

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- Known effects of marijuana
  - Abuse potential
  - Concerns about dependence
  - Absence of accepted safety guidelines for use under medical supervision
  - Short term effects
    - Memory, arousal, judgment, motor functions, psychosis, etc.
  - Long term effects
    - Addiction, cognitive impairment, respiratory and cardiac conditions, psychiatric disorders, etc.

IET's Medical Marijuana Survey

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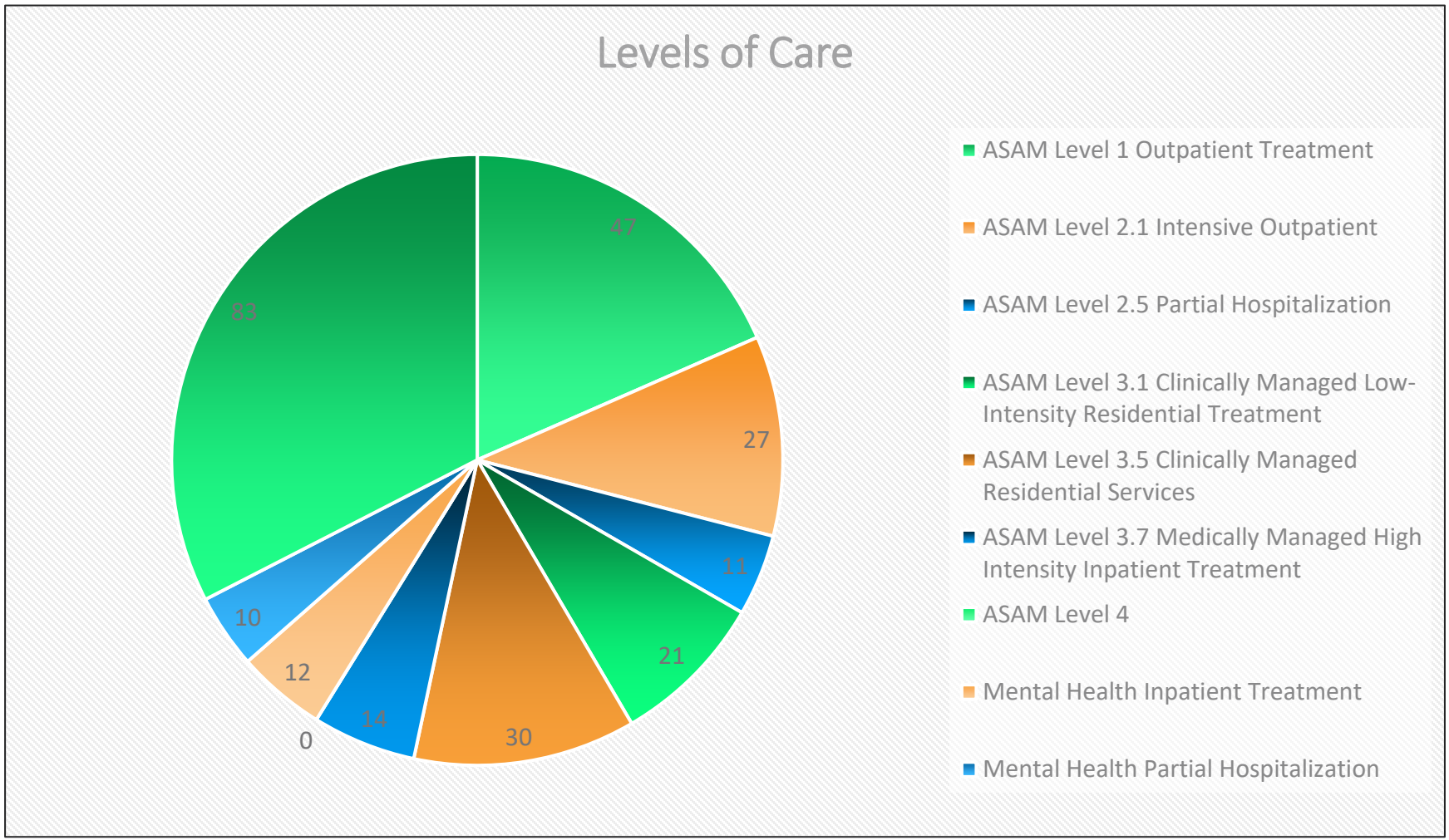
180 Total Respondents



MM Survey Results

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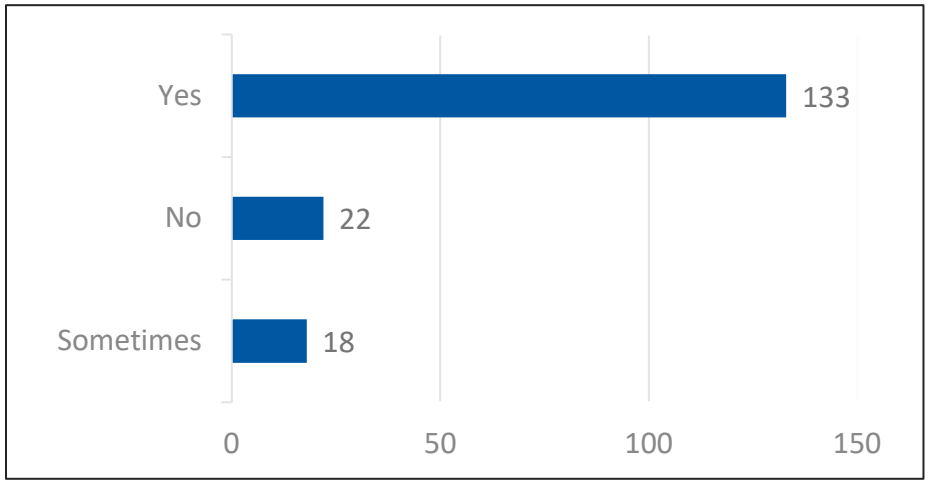
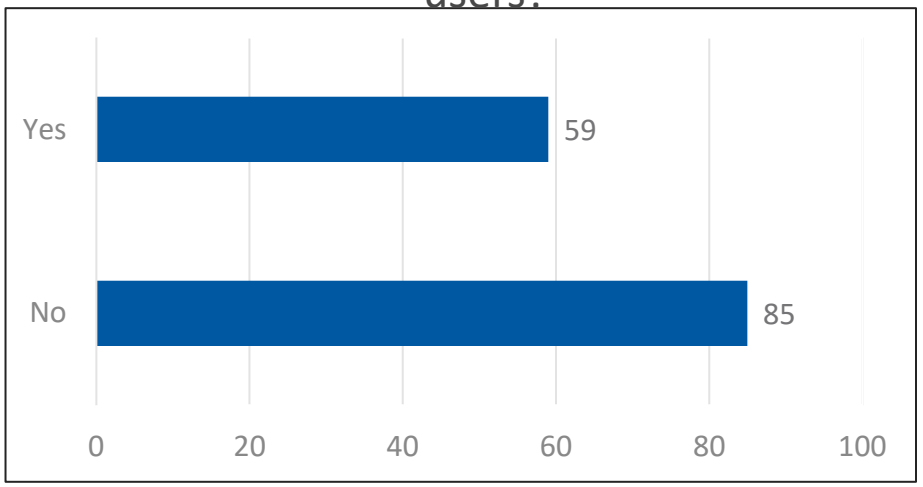
Accept MM patients?



Program/Philosophy for bh tx to MM users?



I am not aware of any resources or training available to help providers with assessment and treatment of patients using mm (107/180)

24 Responses

- Online trainings
- ASAM
- Case Consultation
- Reviewing research
- SAMHSA
- PA DUI Association Conference/DDAP

I have not participated in any training or education opportunities on this topic (114/180)

16 Responses

- APA, AACAP, ASAM, CE4 Less, INR, Newport Healthcare, Addiction Professional, J&K, PESI, National Academy of Neuropsychology, NetCE, OJT, Relias Online, Etc

MM Survey Results

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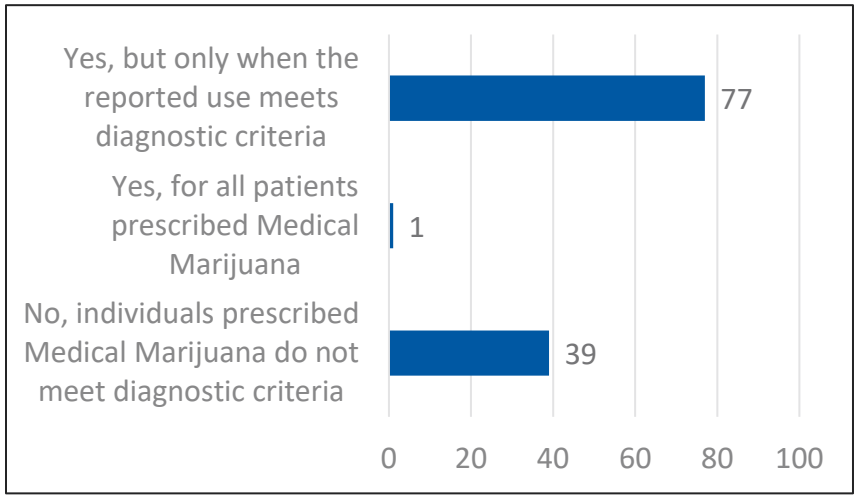
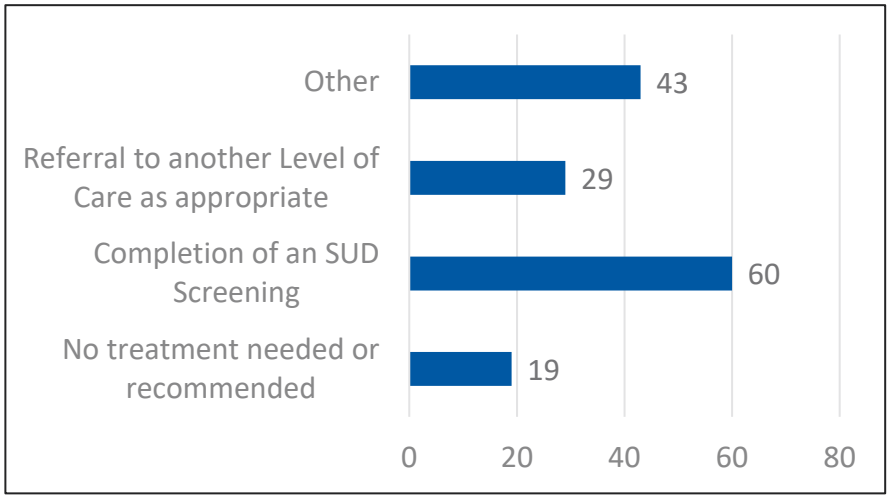
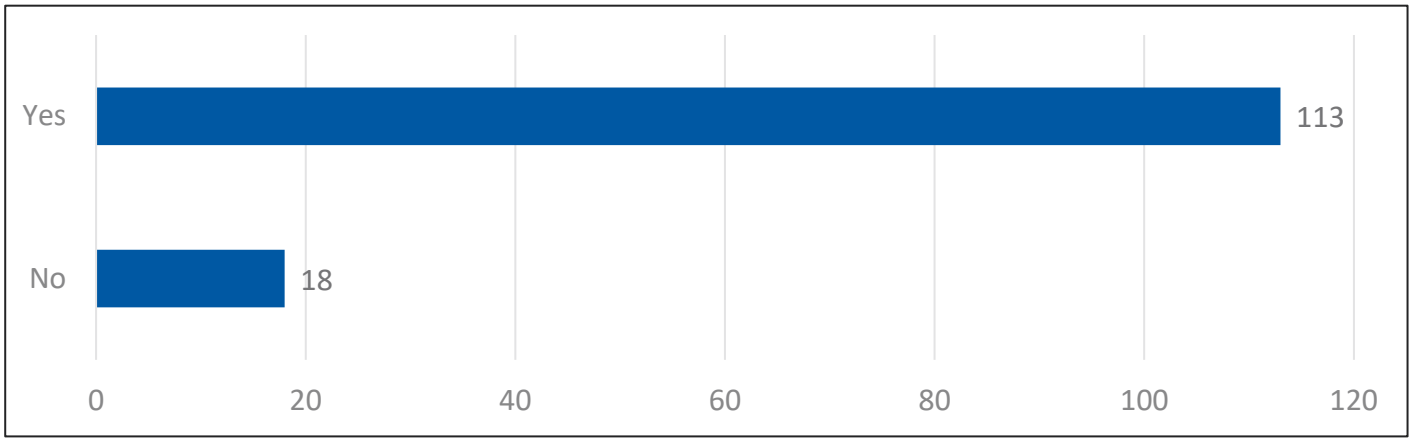
Diagnose MM users with CUD or CURD?



Treatment approach to MM users?



Need for educational resources and training for MM use in bh tx?



Best Practice Suggestions

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- Position statements from various professional organizations regarding medical marijuana, but no best practice guidelines
- Suggestions
  - Screen
  - Determine use vs. abuse
  - Informed consent
  - Implications for treatment efficacy

Suggestions cont'd

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- Establish agency policies and procedures
  - Do you accept patients with MM
  - Depending on level of care (e.g. medically managed SU tx), will you regulate or monitor patients use
  - Approach to patients with MM who are involved in the legal system
- Continuing education/trainings
  - Empirical literature and clinical implications
  - Legal landscape

NAADAC suggested decision matrix

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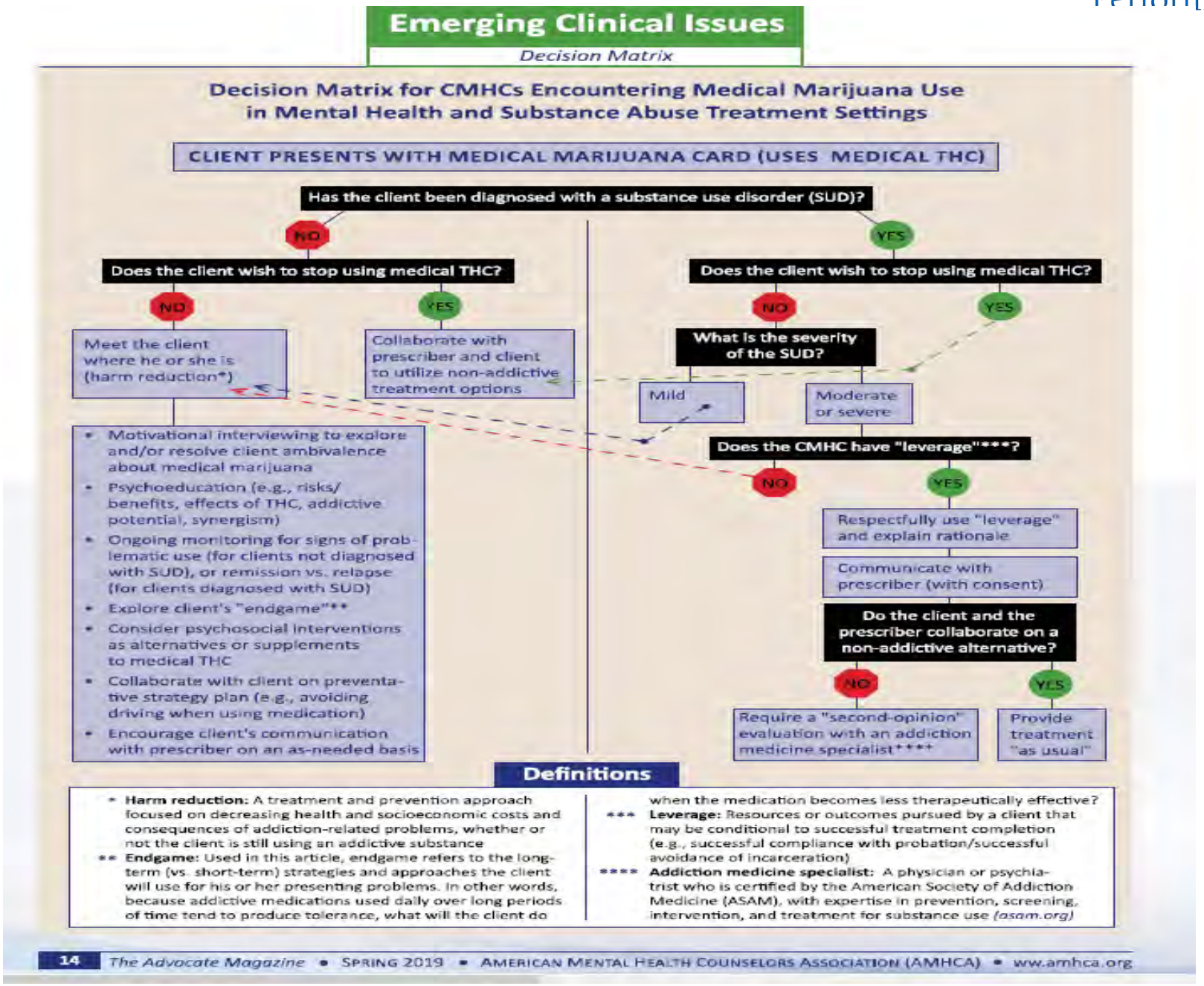

Emerging Clinical Issues

Decision Matrix

Decision Matrix for CMHCs Encountering Medical Marijuana Use in Mental Health and Substance Abuse Treatment Settings

CLIENT PRESENTS WITH MEDICAL MARIJUANA CARD (USES MEDICAL THC)

Has the client been diagnosed with a substance use disorder (SUD)?

NO

Does the client wish to stop using medical THC?

NO

Meet the client where he or she is (harm reduction*)

- Motivational interviewing to explore and/or resolve client ambivalence about medical marijuana
- Psychoeducation (e.g., risks/benefits, effects of THC, addictive potential, synergism)
- Ongoing monitoring for signs of problematic use (for clients not diagnosed with SUD), or remission vs. relapse (for clients diagnosed with SUD)
- Explore client's "endgame"**
- Consider psychosocial interventions as alternatives or supplements to medical THC
- Collaborate with client on preventative strategy plan (e.g., avoiding driving when using medication)
- Encourage client's communication with prescriber on an as-needed basis

YES

Collaborate with prescriber and client to utilize non-addictive treatment options

YES

Does the client wish to stop using medical THC?

NO

What is the severity of the SUD?

Mild

Moderate or severe

Does the CMHC have "leverage"*?**

NO

YES

Respectfully use "leverage" and explain rationale

Communicate with prescriber (with consent)

Do the client and the prescriber collaborate on a non-addictive alternative?

NO

Require a "second-opinion" evaluation with an addiction medicine specialist****

YES

Provide treatment "as usual"

Definitions

* **Harm reduction:** A treatment and prevention approach focused on decreasing health and socioeconomic costs and consequences of addiction-related problems, whether or not the client is still using an addictive substance

** **Endgame:** Used in this article, endgame refers to the long-term (vs. short-term) strategies and approaches the client will use for his or her presenting problems. In other words, because addictive medications used daily over long periods of time tend to produce tolerance, what will the client do when the medication becomes less therapeutically effective?

*** **Leverage:** Resources or outcomes pursued by a client that may be conditional to successful treatment completion (e.g., successful compliance with probation/successful avoidance of incarceration)

**** **Addiction medicine specialist:** A physician or psychiatrist who is certified by the American Society of Addiction Medicine (ASAM), with expertise in prevention, screening, intervention, and treatment for substance use *(asam.org)*

Q and A

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- Thoughts?
- Reactions?
- Experiences?

References/Links

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https://www.ncbi.nlm.nih.gov/books/NBK423845/

What Addiction Professionals Should Know about Medical Marijuana:
https://www.naadac.org/medical-marijuana-webinar