

FOR DISCUSSION
CMS Focus Group on Marijuana – March 25, 2015
March 25, 2015
CMS Conference Room

[Executive Summary](#)

The focus group helped to identify some important physician knowledge gaps in several areas that could be addressed with education and/or inform the development of an educational needs assessment survey tool:

Clinical Research & Data is limited and should be communicated better to physicians, e.g. neurobiological impacts, sub-acute effects including memory loss, allergic reactions, & other adverse effects; **Practice management**, lack of knowledge about legal matters such as patient consent if under the influence, employee use of medical marijuana; **Patient care** especially for sub-populations including youth, pregnant & breastfeeding women and the need for patient guides and referrals; **Marijuana products** and their known health effects and risks e.g. delivery mechanism matters in regards to potency & side effects, contaminants in marijuana and their health effects, types of marijuana and their ingredients e.g. THC and CBD.

The Colorado Department of Public Health “needs our physician voices” to help support provider and public education and awareness about marijuana health effects. Emergency room physicians were the first to see the unintended consequences of legalized marijuana, and now primary and specialty care physicians too, are beginning to see in their practices the impacts of legalization.

As a next step, we recommend developing a marijuana survey to learn more about our membership’s attitudes and practice experiences over the last two years, and further assess their knowledge gaps in current research, health care, legal, and ethical aspects around legalized marijuana. The information from our focus group can help to inform the development of the survey instrument.

Purpose: The focus group with CMS members was to help explore the need for a set of products or initiatives needed by physicians, related to the implications and consequences of legal marijuana. The input provided through the focus group will be used by CMS to understand how big a problem legal marijuana is presenting for physicians, whether there is a need for more education, and to prioritize those needs and determine how quickly the education needs could be met.

Focus Group Demographics: The focus group included 10 physicians from different domains, including allergy immunology, toxicology, public health, family medicine (2), addiction psychiatry, OB/GYN, dermatology, ophthalmology, and emergency medicine.

Clinical Research/Data - What impact has legal marijuana had on how I care for my patients?

- Overall, there is a lack of validated data, including data on the health effects of marijuana and prevalence data among patients.
- Many reasons were suggested by the group as to why there is a lack of data or research, including:
 - The FDA has taken absolutely no oversight or action on any of the marijuana product being sold, because federally it is illegal. Thereby there are no standards or reporting for anything related to cannabis.
 - National Institute of Drug Abuse has grown the only form of marijuana federally legal for research in their contracted farm at the University of Mississippi using Cannabis sativa, so NO research has been done in the U.S. on Cannabis indica with CBD in academic institutions that receive federal grants.
 - There is a challenge with finding funding for data collection to understand prevalence and health effects.
- There is limited data available on the neurobiological and other adverse impacts of marijuana, and this may need to be communicated better to physicians.
- Motivational interviewing is a tool that can help manage care but need data on effectiveness with various populations.
- There is some research on the sub-acute effects from daily marijuana use, including memory loss up to 3 months.
- Physicians are beginning to see patients who are allergic to marijuana; the patient is a marijuana smoker, has symptoms of allergies but in fact is allergic.

Practice Management – Has this impacted patient flow, staffing needs, hours, etc...?

- The discussion focused on a need for educational materials for both staff and patients. It is important that the materials are tailored to the audience. For example, provider education should be tailored to the different staff positions and the information/role they provide in the patient flow. Additionally, not only should the content be tailored to the audience, but the way in which the education occurs needs to be unique to the audience (online modules, brief modules, etc).
- Knowledge of legal matters, particularly regarding patient consent and employee use for medicinal purposes, is an important consideration for practice management. For instance, can a provider proceed with a procedure/surgery if someone is under the influence of marijuana? What/how should consent change?
- Questions exists as to how an EHR may be used as a data collection tool on marijuana prevalence and effects.

- The presence of marijuana use in the practice itself was identified as a concern, for example, the prevalence of vaping in waiting room and how to deal or manage this.

Referrals – Has this impacted the need to have different, new, or more referrals to community services or other treatments?

- 67% of teens are in treatment for marijuana substance abuse and there is concern about the adequacy of treatment options for youth. There is misinformation and denial in the community about the addictive nature of marijuana.

Products – Do I need to know more about the delivery mechanisms of THC and if that matters in educating patients, i.e. edibles, gels, smoking, etc.?

- It matters. The delivery mechanism matters in regards to potency and health impacts.
- A challenge with the current climate are the wide spread marketing “Joe Camel-like” marketing efforts.
- Another important concern regarding marijuana are contaminants and that these have their own health impacts in addition to the marijuana itself (there is no regulation of the quality of medical marijuana so the products people buy can have metals, mold, etc.).
- Greater understanding is needed with regard to the type of marijuana, including ways of ingestion, potency, and the differences in side effects of each type.
- A public health campaign is needed to challenge the perception that marijuana is not a problem. There was discussion of how this challenge may be similar to the early days of tobacco education.
- Some physicians were able to provide information about the types of marijuana but there are two major forms of marijuana, including *Cannabis sativa* whose major ingredient is THC originally illegally brought into the US from Mexico, and *Cannabis indica* whose major ingredient is CBD.

Public Health and Prevention – What else do I and my staff need to know about the impact on our community?

- Physician talking points are needed in order for physicians to be front and center and educating the community through news, radio, and TV.
- There is a widespread challenge facing providers in that the mental health and substance use systems lack integration (i.e. different certification and training systems).
- There is a lack of knowledge on the sub-acute effects of daily marijuana use, such as deficits in memory loss.
- There needs to be a general public health campaign on risks.

Child Welfare – Has this changed how and when I report concerns to child welfare/ social services?

- One challenge is the lack of testing available to know if a parent is being neglectful by over using.
- There is a question among physicians as to “what should be done?” when faced with suspicion that a parent is using marijuana around a child.

- There is a fear of alienating the parents and losing access to the child. There is question of how best to manage the balance of protecting the child, maintain this access, and providing a teachable moment with the parent.
- There needs to be more public health messaging.

Subpopulations of patients – What additional or special concerns do I have about children, youth, pregnant women, or other special populations I see in my practice?

- Youth
- Prenatal and nursing moms
- People with allergies
- Tourists ("marijuana tourism" emerging in Colorado)
- People with underlying mental health diagnosis

General Comments/ thoughts

- Marijuana is full of dualities/paradoxes/contradictions. Including:
 - Both a medical problem, and a public health problem.
 - Both an illegal drug under federal law, and a legal drug under some state laws.
 - Both a source of revenue to states, and a downstream source of social expenses to states.
 - Perceived as relatively harmless and non-addictive by the population, and harmful and addictive to others.
 - Both an inhaled route of administration, and an oral route of administration with different effects.
 - Both THC and CBD (different bioactive chemical compounds).
- Urine and blood detection tests mostly test for THC, not CBD. Testing itself is a challenge, for example, the policy now is that when a driver is suspected of being impaired the roadside tests first assess alcohol use. If alcohol is positive, law enforcement will not assess for marijuana so we do not have good data on how many people are using both.

Existing Resources:

- National Alliance for Drug Endangered Children
- CDPHE Provider Guidelines on Marijuana and Pregnancy and Breastfeeding
- CDPHE Clinical Guidelines on Marijuana and Breastfeeding
- North Carolina State Website, including a series of links to articles on marijuana
<http://www.governing.com/topics/health-human-services/tns-north-carolina-medical-marijuana.html>

Desired Resources

- Physician talking points
- Affinity groups, for example OB/GYN providers affinity group interested in discussing marijuana issues
- Tweets – Provocative topics to share with physicians and other staff
- Learn from larger integrated systems like Kaiser on how they are seeing marijuana health issues emerge
- Produce a flyer with condensed information that can be shared with all practice staff

- Prevalence data

Outstanding Questions:

- Should marijuana related disease be made reportable?
- What can all the providers agree upon with regard to legal marijuana?
- What is it that we know? What is it that we don't know?
- What is the role of COPIC?
- What are large practices doing?
- What are medical schools teaching?
- How can physicians contribute to the public health effort?
- How have CMS member opinions/attitudes changed about legal marijuana use since the last CMS survey when medical marijuana was made legal?