Medical Marijuana Presents a Unique Challenge to Employers

Since 1970, marijuana has been classified as a Schedule I substance, defined by the United States Drug Enforcement Administration (DEA) as having "no currently accepted medical use and a high potential for abuse." Schedule I drugs are considered by the DEA to be the most dangerous drugs with "potentially severe psychological or physical dependence." Other substances sharing the Schedule I classification include heroin, LSD, and ecstasy[i]. As a Schedule I drug, marijuana does not have an assigned National Drug Code (NDC) and therefore cannot be processed by pharmacy benefit managers or electronically adjudicated through the current standards available in the pharmacy industry. Furthermore, quality control and grading standards have not been implemented to systematically verify the safety and potency of medical marijuana. This results in a significant barrier to safe prescribing and dispensing processes under our current workers' compensation industry.

Adverse physical and psychological effects

The potency of marijuana is measured by the percentage of delta-9-tetrahydrocannabinol (THC), the primary psychoactive constituent of marijuana that makes up the sample. According to the American Lung Association, THC levels in marijuana had previously averaged 2.3% but have gradually increased to levels higher than 8%, with medical marijuana reaching up to 35%. Marijuana also contains 33 known cancer-causing chemicals (carcinogens) and deposits four times as much tar in the lungs when compared to tobacco use, as a result of deeper and more prolonged inhalation[ii]. With respect to airflow obstruction, one joint of marijuana has been found to be comparable to 2 ½ to 5 tobacco cigarettes, likely caused by inflammation and considered to be "of major public health significance" by the authors of the study[iii].

Beyond the physical consequences noted above, the psychological adverse effects of using marijuana have been well-documented, including depression, anxiety, and decreased motivation. Temporary psychotic reactions resulting from intoxication with high doses of marijuana have also been observed. Furthermore, some of the cognitive impairments experienced while under the influence of marijuana have included impaired judgment and decreased motor coordination[iv].

Unique challenges to the Employer

From an employer standpoint, medical marijuana presents unique challenges. First, a heightened level of concern from the employer may understandably exist when an injured worker returns to a potentially safety-sensitive occupation, such as driving or construction, while subject to the potential adverse cognitive and psychological effects of marijuana. Second, quantification of the amount of marijuana consumed by the injured worker is not available through urine drug testing, thereby limiting the ability to determine if he or she has consumed the prescribed dose, or is in fact acutely intoxicated. Finally, the Official Disability Guidelines (ODG) does not support the use of medical marijuana for the treatment of chronic pain due to the serious risks involved and recommends "caution in the prescribing of medical

marijuana for pain, especially in instances in which learning and memory are integral to a patient's work and lifestyle."[v]

Ongoing Discussion

The legalization of marijuana in multiple states across the country, for medical and recreational use, is generating conversation among all levels of stakeholders in the workers' compensation industry. The complexities of such discussions require careful review of the current knowledge and evidence from trusted sources across the healthcare spectrum, particularly with respect to the safety concerns and perceived effectiveness of marijuana when used for medical purposes. As the landscape continues to change and as the regulatory, medical and payor communities define (or redefine) their position on medical marijuana, engaging a pharmacy benefit manager to help understand the intricacies of this challenge is advisable.

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[i] http://www.justice.gov/dea/druginfo/ds.shtml

[ii] http://www.lung.org/associations/states/colorado/tobacco/marijuana.html

[iii] Aldington S, Williams M, Nowitz M, Weatherall M, Pritchard A, McNaughton A, Robinson G, Beasley R. Effects of cannabis on pulmonary structure, function and symptoms. Thorax. 2007 Dec;62(12):1058-63.

[iv] http://www.drugabuse.gov/sites/default/files/drugfactsmarijuana2014.pdf

[v] http://www.odg-twc.com/odgtwc/pain.htm