

**WELCOME TO THE FUTURE OF
MEDICINE – MEDICAL
CANNABIS AND WORKERS
COMPENSATION**

Louisiana Claims Association Conference 2019

Glossary of Terms:

CBN – degraded THC – benefits indicated – sedation (sleep), anticonvulsant, pain relief, anti-cancer, burn treatment, antibacterial, bone growth

CANNIBIS – a tall plant with a stiff upright stem, divided serrated leaves, and glandular hairs. It is used to produce hemp fiber and as a drug.

CANNABINOID - -Various naturally-occurring, biologically active, chemical constituents (such as cannabidiol) of hemp or cannabis including some that possess psychoactive properties (such as THC and to some extent CBN)

MARIJUANA - cannabis, especially as smoked or consumed as a psychoactive (mind-altering) drug.

DECARBOXYLATION – removal, by heating, of a carbon molecule to transform THCA (Tetrahydrocannabinolic Acid) into THC

FLAVONOIDS – The chemical components of a plant, fruit, flower that give it its scene

HEMP – a cousin plant of Marijuana that contains less than .03% of THC

EXOCANNABINOID – Cannabinoids produced outside the body (by plants or chemically)

ENDOCANNABINOID system – the internal body system that interacts with cannabinoids to create homeostasis (CB1, Nervous System/CB2 Endocrine System)

ENTOURAGE EFFECT – the overall effect of “whole plant extract” that includes Terpenes and Flavonoids as well cannabinoids

EXTRACTS – Concentrates of the cannabinoids produced by a CO2 or alcohol process

EDIBLES – Cannabis ingested either in solid or liquid form

SHATTER - (also wax, honeycomb, oil, crumble, sap, budder, pull-and-snap) – various forms of extractions and concentrations of cannabinoids

TERPENE- the aromatic compounds secreted by the leaves of cannabis plants., as well as other plants, bugs and fruits.

THC – Tetrahydrocannabinol – a psychoactive cannabinoid

TINCTURE – cannabinoids dissolved in pure alcohol for ingestion. Cannabinoids are insoluble in water

TOPICAL – Creams, lotions and other forms of cannabis applied to the skin

VAPE – Smoking form of intake of cannabis (and nicotine for that matter)

1. History of medical marijuana

- a. "According to Chinese legend, the emperor Shen Nung (circa 2700 BC; also known as Chen Nung) [considered the Father of Chinese medicine] discovered marijuana's healing properties as well as those of two other mainstays of Chinese herbal medicine, ginseng and ephedra."
- b. In the United States, in the 1930's over 1 million doses of medical cannabis were dispensed.
- c. Standardized extracts were sold by drug companies Park-Davis and Eli Lilly
- d. Difficulty on understanding dosage, lack of research and knowledge of the exact composition of Medical made it difficult to predict the results of usage.

2. Today's expanding acceptance of Medical and Recreational cannabis

- a. 33 States plus the District of Columbia have approved Medical Marijuana in some form or another. 11 states allow recreational marijuana
- b. Changes coming about for several reasons
 - i. Changes in social attitude
 - ii. Money for public coffers
 - iii. Research into cures for various diseases
 - iv. Investment opportunities - Over 600 Million has been invested in Canada cannabis industry in 2019 alone.

3. States have taken different approaches to legalization of medical cannabis

- a. California legalized medical marijuana in 1996

- b. From 2015 to 2017 Texas enacted and developed the compassionate use law for treatment of severe epilepsy.
- c. In 2018 the US Congress legalized the growing and processing of Hemp
- d. Illinois began a long-range Medical Cannabis pilot program
- e. May 16, 2019 - A new medical cannabis bill would eliminate sales tax more quickly, increase monthly product limit to 4 oz., and includes a pilot program for home grow cannabis.
- f. Iowa has the longest list of conditions that qualify for Medical Marijuana use (12 and growing).

4. Recent Developments

- a. **1/14/2019** Pair of Studies Link Cannabis Use to Reduced Risk of Alcohol-Induced Pancreatitis & Alcoholic Gastritis
- b. **1/15/2019** Illinois Governor J.B. Pritzker Reaffirms Commitment to Legalize Marijuana During Inaugural Address
- c. **1/23/2019** Majority of U.S. Mayors Support Marijuana Legalization, Survey Shows
- d. **1/24/2019** Opioid Addiction Now Qualifies for Medical Marijuana in New Jersey
- e. **2/01/2019** Tennessee introduces legislation that would allow out-of-state medical marijuana cards
- f. 02/25/2019 *“Cannabis Does Not Cause Morphological Changes in the Brain, Two Studies Find”* (Univ of Pennsylvania and Univ of Colorado Boulder)

5. Pharmacology of Cannabis

- a. The cannabinoids were first isolated by an Israeli scientist in 1964 – first isolating THC and then CBD

- b.** In 1998 the first cannabinoid receptor was discovered in rats (CB1).
- c.** In 1992 the first naturally occurring cannabinoid, Anandamide, was discovered
- d.** In 1995 a second receptor (CB2) was discovered. Leading to the understanding of the Endocannabinoid system in the body, responsible for maintaining homeostasis, affecting conditions from low bone density and diabetes.

6. Marijuana vs Hemp

- a.** THC is present in both Marijuana and Hemp but more in Marijuana
- b.** CBD is available in both oils. CBD oil from Hemp contains only traces of THC (must contain less than .3% THC).
- c.** Hemp CBD oil is legal for everything but as a food additive. FDA is evaluating.
- d.** Other Cannabinoids have been identified and used for treatment of various conditions from pain to cancer – CBN, CBC, CBB, CBV.

7. Dealing with drugs in the workplace

- a.** The rate at which U.S. workers are dying on the job from drug overdoses has increased sharply, and opioids and illicit drugs are the main culprits, the National Institute for Occupational Safety and Health reported. (Workers' Comp Institute June 3, 2019)
- b.** Employees are allowed to work while using medically prescribed Opioids and benzodiazepines
- c.** Unless a drug free company policy prohibits such use, overdoses will continue. However, such policies could negatively affect a companies' ability to operate.

- d. Some argue that adding one more drug (Medical Cannabis) would just increase the problem.
- 8. Liability while under the influence – difficulty in determining the relationship between Medical Cannabis use and a work incident.
 - a. No uniform standard has been set for intoxication levels. And there is no universally accepted method of reliable testing
 - b. The length of time THC (particularly) remains in the system and how long it affects the body depends on many factors
 - i. Frequency of use
 - ii. Weight, gender, genetics, tolerance
 - c. Is it addictive?
 - d. Is it compensable?
- 9. Does it work?
 - a. Many studies are under way that point to benefits but
 - i. What are the long-term effects?
 - ii. How is dosing determined?
 - iii. When will reliable, acceptable and FDA approved studies be done that allow confidence that Medical Cannabis is safe and effective
 - b. Is it an alternative to Opioid use and what are the side effects?
 - i. Some studies have shown that Opioid use is decreased or even eliminated with the use of Medical Cannabis
 - ii. With CBD (Hemp) little or no side effects have appeared except for occasional interaction with other drugs taken
 - iii. With Marijuana (THC, CBD and/or other cannabinoids) several side effects have been observed including Bloodshot eyes, Depression, Dizziness, Fast heartbeat, Hallucinations, Low blood pressure.