DRUGS & SOCIETY: ETHICAL IMPLICATIONS OF MEDICAL MARIJUANA LEGALIZATION

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HANNAH AHRENS & AUBREY ST. JOHN

LOOKING THROUGH ROSE COLORED GLASSES?

AREAS OF FOCUS

- **Introductory Content** (Barry Lee)
  - NASW Code of Ethics: Preamble
  - *Cannabis sativa*
- **Medical Use** (Hannah Ahrens)
  - NASW Code of Ethics: Ethical Principles
  - Patients' stories & implications for further research
- **Macro Perspective: Policy** (Aubrey St. John)
  - Scheduling of Controlled Substances; Constitutional Commerce Clause
  - Research findings/clinical studies' impact
- **Legal Factors/Parallels to Alcohol** (Barry Lee)
  - "Straddling" MML and "Adult Use": Beverage Alcohol

INTRODUCTORY CONTENT: BARRY LEE

NASW Code of Ethics

Faith Integration

About *Cannabis sativa*

NASW CODE OF ETHICS: CORE VALUES

- **Competence**
- **Dignity and Worth of the Person**
- **Importance of Human Relationships**
- **Integrity**
- **Service**
- **Social Justice**

NASW CODE OF ETHICS

Ethical Standards

5.01 (d) **Integrity of the Profession**: "…should contribute to the knowledge base of social work and share with colleagues…and to share their knowledge at professional meetings…."

6.04 (a) **Social and Political Action:** "Social workers should be aware of the impact of the political arena…and advocate for changes in policy…to improve social conditions…."

NASW
CODE OF ETHICS

Preamble

"The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people...."

NASW
CODE OF ETHICS

Preamble

"A historic and defining feature of social work is the profession's dual focus on individual well-being in a social context and the well-being of society."

NASW
CODE OF ETHICS

"Fundamental to social work is attention to the environmental forces that create, contribute to and address problems in living."

FAITH INTEGRATION

- ❑ The Bible: no specific reference to plant-based substances
- ❑ Scripture does reference wine:
  - ➢ wine as created by God; contributes to joyful heart (Psalm 104:4-15; Ecclesiastes 9:7)
  - ➢ medicinal value: 1 Timothy 5:23
  - ➢ Paul cautions (Ephesians 5:18): don't get drunk on wine which leads to debauchery.
- ❑ Parallels (Scripture & marijuana legalization): likely very loose
  - ➢ Plausible question (?): can *Cannabis sativa* plant be viewed as possessing medicinal value (to be used in manner → to debauchery)?

THE PLANT:
WHAT WE (ARE PRETTY SURE) WE KNOW

- Botanical name: *Cannabis sativa* (Do you have a favorite street name? Could be over 200 of them!); technically, one of three plant varieties (*Cannabis Indica* & *Cannabis Ruderalis*)
- Marijuana: dried/shredded leaves/stems/seeds/flowers of *Cannabis sativa*
- delta-9-tetrahydrocannabinol: THC, the chief psychoactive "ingredient" (one of over 400 compounds, a.k.a. cannabinoids, in the plant)

Levinthal (2014, pp. 168-169); Safeaccessnow.com

THE PLANT:
NON-PSYCHOACTIVE CANNABINOIDS
(SAFEACCESSNOW.ORG)

- **Cannabidiol (CBD)**
- **Cannabinol (CBN)**
- **Cannabichromene (CBC)**
- **Cannabigerol (CBG)**
- **Tetrahydrocannabivarin (THCV)**
- **Terpenes**

THE PLANT:
WHAT WE (ARE PRETTY SURE) WE KNOW

- ❑ Mature plant: leaves/flowers covered with trichomes (resinous oils containing cannabinoids & terpenes)
- ❖ ***Terpenes***: Essential oils secreted in resin gland; provides the "unique aroma" (e.g. lemon bars with cannabis strain—scent derived from limonene; 100 or so in cannabis plant; 20,000 (?) in existence—from oranges to pine trees to….)
- ❑ THC ratio to other cannabinoids: varies from strain to strain

safeaccessnow.com

MEDICAL MARIJUANA: HANNAH AHRENS

Applicability of Code of Ethics

Stories

Viable Medical Conditions

Federal Policy and AMA Stance

MEDICAL MARIJUANA: HANNAH AHRENS

- NASW Code of Ethics: Six Principles/Core Values
  - Social Justice & Service
- American Narratives: Cannabis Patient Network
  - Cathy: ALS (aka, Lou Gehrig's Disease)
  - Brenda: Breast cancer

MEDICAL MARIJUANA: HANNAH AHRENS

- Epilepsy Action Australia
  - International trial: Cannabidiol (CBD) oil versus placebo
  - N=120: 40% using CBD → 50% reduction; 5% → seizure-free
  - No reports of negative side-effects

MEDICAL MARIJUANA: HANNAH AHRENS

- Rachel: Autism Spectrum Disorder & Kabuki syndrome
  - intersection with international research & autoimmune disorders
  - Cannabis: capacity to “modulate” immune response (?)
- Implications for further research: Controlled Substances Act (1970)

MEDICAL MARIJUANA: POTENTIAL USES
HANNAH AHRENS

Chronic Pain

Fibromyalgia

Crohn’s disease

Seizure Disorders

Cancer

Depression

Migraine Headaches

Parkinson’s disease

Glaucoma

PTSD

Multiple Sclerosis

Insomnia

MEDICAL MARIJUANA: HEALTH BENEFITS
HANNAH AHRENS

- ***Cannabidiol*** (CBD): convulsions; inflammation; anxiety & nausea; (same as THC without psychoactive effects)
- ***Cannabinol*** (CBN): mildly psychoactive; intraocular pressure & seizure occurrence (fluid pressure reduction temporary, about 90 minutes; optic nerve requires constant control)
- ***Cannabichromene*** (CBC): analgesic (pain relieving, similar to THC); sedative/calming effects

safeaccessnow.org, 2018

MEDICAL MARIJUANA & FEDERAL RESTRICTIONS: HANNAH AHRENS

Clark, 2000: “The Ethics of Medical Marijuana”

“The ethical dilemma at the center of this debate focuses on whether the Federal ban on the use of medical marijuana violates the physician-patient relationship. Patients have the right to expect from their physicians full disclosure and discussion of all available treatment options” (pp. 41-42).

AMERICAN MEDICAL ASSOCIATION: STANCE ON MEDICAL MARIJUANA

- encourages research on marijuana & related cannabinoids (those with serious medical conditions)
- review current Schedule I classification: goal to facilitate clinical research/development of cannabinoid-based meds & alternate delivery methods [***not*** endorsing any current state programs, legalization, or that prescription drug product standards are met]

Drugs.com, 2018

AMERICAN MEDICAL ASSOCIATION: STANCE ON MEDICAL MARIJUANA

- urges National Institutes of Health (NIH), Drug Enforcement Agency (DEA), and Food & Drug Administration (FDA) to facilitate processes for grant applications and strong clinical research designs
- effective patient care: free/open discussion of treatment options & such discussion should not be subject to criminal sanctions

Drugs.com, 2018

POLICY MATTERS: AUBREY ST. JOHN

Controlled Substances Act

Research Findings

State Policy Example

Decriminalization versus Legalization

FEDERAL POLICY
AUBREY ST. JOHN

Controlled Substances Act (1970)

Federal US Drug Policy Which Regulates

- manufacture, importation, possession, use & distribution of:

certain narcotics *stimulants* **depressants** *hallucinogens*

anabolic steroids

Mack, A. & Joy, J. (2000).

FEDERAL POLICY: AUBREY ST. JOHN

Title 21 USC Controlled Substance Act

Factors determinative of control or removal from schedules

- ❑ Potential for abuse
- ❑ Pharmaceutical effect
- ❑ State of scientific knowledge
- ❑ History & current pattern of abuse
- ❑ Scope, duration, and significance of abuse
- ❑ Risk to public health
- ❑ Psychic or physiological dependence liability
- ❑ Immediate precursor of another scheduled substance?

FEDERAL POLICY: AUBREY ST. JOHN

DEA Schedule	Abuse Potential	Examples of Drugs Covered	Medical Use
Schedule I	Highest	Heroin, LSD, hashish, marijuana	No accepted use; some are legal for limited research use only
Schedule II	High	morphine, PCP, cocaine	Accepted use with restrictions
Schedule III	Medium	some amphetamines, anabolic steroids, codeine with aspirin	Accepted use
Schedule IV	Low	Equanil,diazepam, darvon	Accepted use
Schedule V	Lowest	Over the counter prescription compounds with codeine, limotil robitussin A-C	Accepted use

FEDERAL POLICY: AUBREY ST. JOHN

- **Controlled Substances Act (CSA)**
  - Marijuana as Schedule I:
    a. No accepted medical uses
    b. High potential for abuse
- Current scheduling & clinical trial impact/options

FEDERAL POLICY: AUBREY ST. JOHN

STATE POLICY: COLORADO
AUBREY ST. JOHN

Colorado Constitution Art. XVIII, Section 16

Regulations on Recreational Use of Marijuana

- 21 years of age or older
- One ounce or less
- No remuneration during transfers
- No more than six Marijuana plants *(three or fewer flowering plants)*
- Growth of Marijuana must be in a locked, enclosed space

FEDERAL POLICY: AUBREY ST. JOHN

- Research findings:
  - Alison Knopf (2017): number of users—in past 30 days—ages 12 & older
  - Correlation between marijuana use & schizophrenia/psychoses
- State-by-state provisions
- "Constitutional Commerce Clause" clarification

DECRIMINALIZING VERSUS LEGALIZING: AUBREY ST. JOHN

Canna Law Blog, 2014

- **Decriminalization**: "a given activity no longer qualifies as criminal conduct and can only be treated as a civil infraction" (para 1).
- **Legalization**: "the ability to lawfully regulate a given activity, as well as the fact that that activity is no longer considered criminal conduct" (para 1).

THE PHYSICIANS' CASE FOR MARIJUANA LEGALIZATION: AUBREY ST. JOHN

Nathan, Clark, and Elders, 2017

- "Decriminalization does not empower the government to regulate product labeling and purity, which leaves marijuana vulnerable to contamination and adulteration" (p. 1746).
- "As the legalization of medical...marijuana spreads across the United States, conscientious and knowledgeable physicians are increasingly voicing support-- not for marijuana use but for effective regulation as an alternative to the failed policy of prohibition" (pp. 1746-1747).

RESEARCH/LEGAL MATTERS/IMPLICATIONS: BARRY LEE

Clinical Trial Process

Federal Stance/Restrictions

Medical Marijuana Access (State Level)

Three Strikes

RESEARCHING MEDICAL MARIJUANA

STAT News, August 2016

The Process

- ❑ Schedule I drugs require: DEA license & FDA study approval
- ❑ Clinical trials for marijuana & drugs derived from it:
  - ➢ require highest levels of permission (even if constituents of marijuana are free of mind/mood-altering components)

RESEARCHING MEDICAL MARIJUANA

STAT News, August 2016

- DEA approval/license often accompanied by security protocol upgrades (for labs)
- Security protocol upgrades = significant costs (time and materials)

RESEARCHING MEDICAL MARIJUANA

STAT News, August 2016

Some Background

- 2011:Washington state and Rhode Island governors request marijuana moved to Schedule 2 status
- DEA response: Federal health officials conclude "No accepted medical use in the United States" (not considered safe & effective)
- Similar to a familiar conundrum? "No experience, no job; no job, no experience."

RESEARCHING MEDICAL MARIJUANA

Popular Science, April 18, 2013

Federally Approved Research Sites

- Challenge for medical benefits-related research:
  - NIDA had congressional mandate to research harmful effects of controlled substances & to stop drug abuse → reduced focus on marijuana as medicine
- So, medical marijuana research has been/is conducted, but is relatively limited

RESEARCHING MEDICAL MARIJUANA

Schedule I Proponents

- ❑ Support expanding research (but maintain not safe & effective in clinical trials)
- ❑ Expanded number of suppliers should → increased research options, e.g. strains with varied THC levels & other compounds
- ❑ Research expansion requires dedicated oversight/vigilance → assurance of research quality
- ❑ Vigilance necessary in light of health risks associated (negative impact on developing brain & dependence potential)

STAT News, 2016; Drugs.com, 2018

DRUG ENFORCEMENT ADMINISTRATION (DEA): POSITION ON MARIJUANA

“The campaign to legitimize what is called 'medical’ marijuana is based on two propositions: first, that science views marijuana as medicine; and second, that the DEA targets sick and dying people using the drug. Neither proposition is true.”

Drug Enforcement Administration, 2013.

DEA:
POSITION ON MARIJUANA

"Specifically, smoked marijuana has not withstood the rigors of science—it is not medicine, and it is not safe. Moreover, the DEA targets criminals engaged in the cultivation and trafficking of marijuana, not the sick and dying (para 1, 2013)."

MEDICAL MARIJUANA: LEGAL-RELATED

To Qualify for Medical Marijuana

- ❑ Must have diagnosed condition on their state's list of conditions that qualify
- ❑ Receive ***recommendation*** from their physician
- ➢ NOTE: illegal to prescribe under federal law
- ❑ Once obtained, patient can obtain card/qualification → purchase medical marijuana & associated products from dispensaries

leafly.com; Drugs.com

MEDICAL MARIJUANA: LEGAL-RELATED

- 33 states (and Washington DC): legalized medical marijuana
- Illinois: 2013 HB 1 (close vote: 61-57, House; 35-21, Senate)
  - 2.5 ounces of usable cannabis during 14 day period
- 18 states with CBD-specific laws (CBD is non-psychoactive)
  - ratio of THC % to CBD %; example: Utah = less than 0.3 % THC to greater than/equal to 15 % CBD

medicalmarijuana.procon.org

HABITUAL OFFENDER LAWS ("THREE STRIKES LAWS")

- ❑ Implemented March 1994, Justice Department's Anti-Violence Strategy
- ❑ Mandatory life sentence* in prison if:

a. guilty of committing severe, violent felony and

b. two other previous convictions

- 20/25 years to life; 20 years served before parole eligibility (variation by state)

criminal.findlaw.com

HABITUAL OFFENDER LAWS ("THREE STRIKES LAWS")

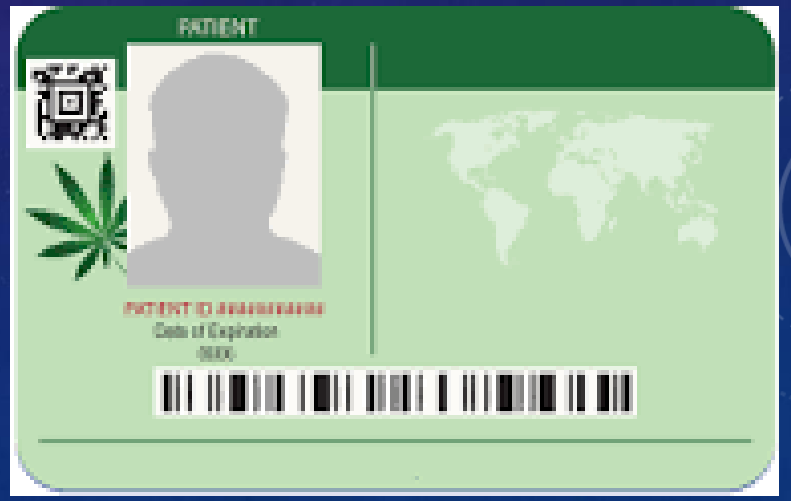
- Some challenges:
  - some states don't require any felony convictions to be violent
  - 2009, California, Leandro Andrade: 50 years with no parole (failed robbery attempt—videotapes worth $153—and history of drug and other burglaries)
  - modest/no reduction in violent crimes, prison population rose distinctly

criminal.findlaw.com

“STRADDLING THE LINE”: BARRY LEE

- Alcohol and Marijuana: parallels about which we should worry?
  - DUI offenses?
  - Family & Fertility?
- Economics

THE FUTURE IS HERE….



ALCOHOL LEGALIZATION: PARALLEL TRAJECTORY FOR MARIJUANA?

- 1826: Lyman Beecher, Litchfield, Connecticut
  - wife of "drunkard" who prioritized drink over his family & God
  - sermons on intemperance published, translated into several languages, published in England and several European nations
- Carrie Nation: 1899 vision from God to smash saloons

Prohibition (Botstein, Novick, and Burns, 2011)

ALCOHOL LEGALIZATION: PARALLEL TRAJECTORY FOR MARIJUANA?

Current Issues with Alcohol

- Driving Fatalities: 31% alcohol-impaired (2014, NSDUH)
- Medical Costs: $27 billion (2010, NIDA); 88,000 die annually (various causes) = 3rd leading preventable cause of death in USA
- Crime, Lost Work Productivity: $249 billion (2010, NIDA)

ALCOHOL LEGALIZATION: PARALLEL TRAJECTORY FOR MARIJUANA?

Current Issues with Alcohol

- Family Impact: 10% of children live with at least one parent with Alcohol Use Disorder (2015, NSDUH)
- Fetal Alcohol Spectrum Disorder: 0.2 to 1.5 per 1,000 live births* (2015, CDC)

* CDC: difficult to provide exact estimates

MEDICAL MARIJUANA: CONCERNS/RISKS

Evans, 2013: "The Economic Impacts of Marijuana Legalization"

- ❑ Impact on Public Safety:
  - ➢ sensorimotor & attention deficits → undermining operation of motor vehicle/heavy machinery (p. 10)
  - ➢ 13% high school seniors drove after using marijuana (10% drove after consuming 5 or more drinks, pp. 14-15)

MEDICAL MARIJUANA LEGALIZATION & US TRAFFIC FATALITIES

Santaella-Tenorio et al. (February, 2017)

- Overarching question: will increasing medical marijuana laws (MMLs) → increases in numbers of non-medical marijuana users (and increases in driving under the influence → increased rates of traffic injuries, p. 336)
- Results: 7 states with MMLs enacted "significantly associated with reduction in traffic fatality rates" (p. 339)
- Explanation: fewer alcohol-related incidents → overall number?

RECREATIONAL MARIJUANA LEGALIZATION & US TRAFFIC FATALITIES

Aydelotte et al. (August, 2017)

- Question: if MMLs are associated with reductions in motor vehicle crash fatalities, will recreational marijuana legalization affect crash fatalities (p. 1329)? [Selected Washington & Colorado]
- Results: “We found no significant association between recreational marijuana legalization…and subsequent changes in…crash fatality rates in the first 3 years after recreational marijuana legalization” (p. 1330).

MEDICAL MARIJUANA: CONCERNS/RISKS

Evans, 2013: “The Economic Impacts of Marijuana Legalization”

- Criminal Justice Costs:
  - “Proponents of legalization ignore the fact that legal sanctions deter or delay potential abusers thereby limiting the growth of the illicit market” (p. 16).

MARIJUANA: CONCERNS/RISKS

- ❑ Quantities of CBD and THC can vary widely/wildly. User beware?
- ❑ “Gummies”!!
- ❑ Spikes in use of other illicit drugs to follow?
- ❑ Vaping: to date over 25 deaths; over 1,200 illnesses
  - ➢ THC quality-checked?
  - ➢ adulterants added?
  - ➢ smoking habits changing due to the “cool factor”?
  - ➢ would/will FDA regulation change anything?

POTENTIAL HEALTH RISKS

Risks for Youth

"Chronic cannabis use can hasten age-related loss of nerve cells and can suppress" neuronal transmission in information processing system (hippocampus) → deterioration of learned behaviors"

(Behere, Behere, & Sathyanarayana Rao, 2017, p. 263)

MEDICAL MARIJUANA: CONCERNS/RISKS

Evans, 2013: "The Economic Impacts of Marijuana Legalization"

- Economic & Social Arguments Against Legalization:
  - "May be significant and questionable disparities between projected and actual tax revenues due to variation in regional demand…and regulatory compliance and enforcement" (p. 6).
- Economic & Social Damage Caused by Medical Marijuana
  - In California, Proposition 215 created to help patients avoid dealing with "black market profiteers. ***But today it is all about the money.*** Most dispensaries…are little more than dope dealers with store fronts" (p. 18).

FINAL THOUGHTS

- Legalization of alcohol: often cited as motivator for marijuana legalization
- Are alcohol-related problems (financial; social; legal; medical; relational) adequate to limit marijuana legalization?
- Would medical marijuana become easily accessible to those who desire its psychoactive properties?
- Are these (potential) risks offset by medical value of cannabis?

FINAL THOUGHTS

- We have marijuana legalized (recreational & medicinal) before we have findings from numerous, rigorous studies.
- In light of the expanding legal status—recreational & medicinal—will any research finding/s have any impact on user's habits?

  [Closing the barn door after the cows have escaped??]

FINAL THOUGHTS

Mark Twain

“Nothing so needs reforming as other people's habits. Fanatics will never learn that, though it be written in letters of gold across the sky. It is the prohibition that makes anything precious.”

Prohibition, Botstein, Novick, and Burns (2011)

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