Medical Cannabis Program

Cannabis Nugs Of Wisdom

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Disclaimer

• The opinions shared during this meeting do not necessarily reflect the position of the Medical Cannabis Program.

• The Medical Cannabis Program does not endorse any specific product, producer, or vendor.
Objectives

• Review utilizing the Online Patient Portal
• Discuss Cannabis Impairment and Road Safety
• Review role of Consumption Areas
• Discuss Safety Considerations
• Review effectiveness of Cannabis testing
Portal Pointers

• Barcode/ ID Code
• Answer Caregiver Question
• Tracking the status of an enrollment application
• *Please inform patients that they too can follow the status of their application using the online portal.
• *Please remind patients that they must create an online portal account and complete the application before the MCP can issue a card.
Patient Application

Application Type

- [ ] New Application
- [ ] Renewal

Barcode / ID Code

1

1. Patient Information

- First Name
- Suffix
- Date of Birth
- Middle Name
- Last Name
- Email Address
- Phone

If a Designated Caregiver is needed, the Patient email address MUST be different from the Caregiver email address.

Mailing Address

Identification

Self-Identification

2. Designated Caregiver

- Does the Patient wish to have a Caregiver?
  - [ ] Yes
  - [ ] No
## My Applications

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Myths Busted

• Having a medical cannabis card provides patient with a valid legal excuse for potentially driving while impaired - **WRONG**
• Smoking cannabis is no longer illegal while driving a vehicle - **WRONG**
• Cannabis use makes you a safer driver - **WRONG**
Cannabis Impairment

• Cannabis is the second most widely used recreation drug worldwide after alcohol.¹

• Acute Cannabis use is associated with cognitive deficits and psychomotor impairment.²

• Deficits are caused when THC crosses the blood-brain barrier and affects the brain.

• “CBD-only” products should be safe to drive on, but may contain substances that can cause impairment (delta-8 THC).
Impacts of Cannabis use on driving$^{3,4}$

- Slowing your reaction time and ability to make decisions
- Impairs coordination
- Distorts perception
How one drives\textsuperscript{5}

• Small amounts of THC in the blood
  • More cautious
  • Drive slower than normal (even too slow)

• Larger amounts of THC in the blood
  • Weave in and out of lanes
  • React slowly at lights and obstacles
  • Less aware of speed
Collisions Risk

• Three published meta-analyses each concluded that the acute use of cannabis definitively increases collision risk.\textsuperscript{6,7,8}

• Increased the risk for a traffic crash up to 50% following cannabis use.\textsuperscript{9}
Likely driver profile

- Adolescent or young adult
- CUD
- Medicinal patient
- Addition of alcohol
Timeline

• The psychoactive effects of cannabis are experienced immediately after smoking, with peak levels of intoxication occurring after approximately 30 minutes and lasting several hours.¹¹

• Following oral ingestion, psychotropic effects set in with a delay of 30 to 90 minutes and reach their maximum after 2 – 3 hours. Effects can last for approximately 4 – 12 hours.¹²

• Yet, a recent CDC report revealed that the number of people who acknowledged operating a motor vehicle after consuming cannabis increased by 47% in a four-year span.¹³
Cannabis consumption areas

- Must be licensed by RLD.
- CRA allows for both indoor and outdoor consumptions areas.
- Must follow local zoning and city/county code limits.
- May be limited to indoor spaces only.
- May be limited to 21 and over only.
- Cannabis products may be served and consumed by smoking, vaping, or ingesting.
- Alcohol cannot be sold or consumed in area.
Consumption area application
Safety Recommendations

• Avoid concomitant alcohol use.
• Plan not to drive, consider safe transportation option beforehand.
• Have a designated driver.
• Train budtenders to recognize impairment.
• *Wait at least 4 - 6 hours after smoking cannabis containing THC before attempting to drive, bike, or perform any safety-sensitive activity.
• *Wait at least 8 - 12 hours after eating or drinking products containing THC before attempting to drive, bike, or perform any safety-sensitive activity.
Smoked vs. Eaten

• Smoked\textsuperscript{14}
  • Rapid rise in blood THC = rapid onset of effects.
  • Rapid fall in blood THC after smoking ceases as THC is distributed into organs with higher blood supplies.
  • Effects can persist for four to six hours

• Eaten\textsuperscript{15}
  • Absorption of THC is much slower and less predictable.
    • Variable absorption from the gut and significant first-pass metabolism in the liver
  • In the liver, THC converted to 11-hydroxy-THC.
    • 11-hydroxy-THC is both more potent and longer-lasting than THC.
  • Intoxicating effects are therefore delayed and can last up to twelve hours and be more pronounced.
Alcohol vs. THC

• **Alcohol** - is a small, water-soluble molecule that crosses the blood brain barrier and quickly establishes an equilibrium concentration between what is in the blood and what is in the brain. The blood therefore offers a representation of how much alcohol is affecting the brain.

• **THC** - is a large fat-soluble molecule that is lipophilic and quickly crosses the blood brain barrier (BBB). High THC blood levels may indicate recent use, but after just 30 minutes, THC levels in the blood begin to drop precipitously (80 to 90% from peak levels). This drop occurs while at the same time intoxication in the brain is beginning to ramp up.16
Take Away (blood tests)

- *Alcohol* testing *may* represent how impaired a person is.

- *THC* testing *does not* reflect how impaired someone may be.
Lipophilic Leaching

• In chronic users, THC seeps back into the blood stream resulting in detectable THC in blood long after last use.¹⁷
Urine vs. Blood vs. Breath (THC)

• **Urine**
  - Easy to use
  - Does not detect the psychoactive component (THC) and therefore cannot measure impairment.\(^{18}\)
  - Detects THC metabolite THC-COOH which can linger in the body for weeks with no impairing effects.\(^{19}\)

• **Blood**
  - Difficult to perform roadside
  - Detects THC, so may offer some indication of impairment
  - High levels of THC indicate recent use, while low levels may persist for many days\(^{20}\)

• **Breath**
  - Difficult to capture THC in breath since it is moist and does not contain fats\(^{21}\)
  - Presence of THC does not signify impairment
Limits to Measuring Cannabis Impairment

- Cannabis can stay in the system for weeks and appear in roadside tests despite no longer causing impairment.
- Tracking cannabis impaired driving is difficult because drivers who use both alcohol and cannabis are cited for high blood alcohol concentration and rarely tested for additional substances.
- Limitations in drug detecting technology.
  - Can detect past drug use, but cannot indicate pattern of use
  - Cannot indicate impairment
  - Time is of the essence
- Lack of an agreed upon limit to determine impairment.
  - No national standard, but 5 ng/ml THC concentration has been adopted in many states as a metric to “infer impairment”
Testing for THC$^{22,23,24}$

- **Breath**
  - positive up to 3 hours

- **Oral fluid/Saliva**
  - positive for 24 – 48 hours (*after last use*)
  - Oral fluid THC concentrations are not adequate for predicting blood THC concentration

- **Blood**
  - positive up to 3 weeks

- **Urine**
  - Infrequent use (<2 times/week) - positive for 1 - 7 days
  - Moderate use (4 times/week) - positive for 7 - 15 days
  - Heavy use (daily) - positive for 15 – 30 days
  - Chronic Heavy use – positive for 30 – 60 days

- **Hair**
  - positive up to 90 days
Detection Windows of Marijuana Drug Tests

- **Peak Impairment**: 2-3 Hours
- **Breath**: up to 1 month
- **Oral Fluid**: up to 3 weeks
- **Blood**: up to 24 hours
- **Urine**: up to 3 months
- **Hair**: up to 3 months

1. THC, the psychoactive ingredient in marijuana, is detected in breath, oral fluid, and blood. THC-COOH, a metabolite of THC, is detected in urine and hair.


Marijuana detection windows using oral fluid, blood, urine, or hair: https://www.addictioncampuses.com/marijuana/detection-time/

The length of time marijuana can be detected in drug tests. Photo: Hound Labs
Additional Testing

• Drug Recognition Evaluation and Classification Program (DREs)
  • Officers trained on administering Multi-part assessment to look for impairment.
• All impairment is not the same.
  • DRE protocols geared more toward alcohol, depressants, anesthetics and less so toward cannabis
What’s Next?

• New Mexico’s Cannabis Regulation Act did not include specifics on DWI threshold.\textsuperscript{25}

• State Legislature may amend the bill to establish a \textit{per se} THC limit.\textsuperscript{25}

• Blood THC $> 2\text{ng/ml}$, and possibly even $\text{THC} > 5\text{ng/ml}$, does not necessarily represent recent use of cannabis in frequent cannabis users.\textsuperscript{26}

• Such limits may inadvertently criminalize drivers who use cannabis for medical purposes.\textsuperscript{27}
References


References


References


References


24. How long can you detect marijuana in the body? January 2019. Available at: https://www.medicalnewstoday.com/articles/324315

References


Any questions?
For More Information

• Website: www.nmhealth.org/go/mcp

• Phone: (505) 827-2321

• Email: medical.cannabis@doh.nm.gov

THANK YOU!!