



IssueBrief

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Same ethics, new context: Case managers must understand the new world of medical cannabis

Times change.

"When I first started my career, medical marijuana was never even discussed. Today, I work with a lot of clients from all walks of life who are using it or thinking about it and weighing the pros and cons," says Jared Young, PsyD, CAC, LCSW, CCM, chair-elect, Commission for Case Manager Certification®.

If you aren't encountering these patients, you soon will. Case managers, he says, have an ethical obligation to stay on top of the issue. That sometimes proves challenging. "The landscape is constantly changing. But with medical marijuana becoming more mainstream, we're only going to be addressing these issues more and more."

Patricia Carothers, BSN, RN, MS, CCM, president of Colorado-based My Net RN, Inc., agrees. She has extensive experience working with clients who use medical marijuana. As its use increases, she's seen an array of ethical issues arise—issues case managers must equip themselves to address.

The core values remain the same, the issues familiar—including patient safety and autonomy—but the context is often new.

That's why case managers—if they are to be informed advisors—must understand the logistical, medical and ethical implications of medical cannabis if they are to guide clients.

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CCM, CHAIR-ELECT, COMMISSION
FOR CASE MANAGER CERTIFICATION

Informed, educated advisors

“One of the most important things for case managers to do is keep learning,” says Vivian Campagna, MSN, RN-BC, CCM, chief industry relations officer, Commission for Case Manager Certification. “The lifelong learning so valued by professional case managers is particularly vital when it comes to cannabis.”

For example, people using medical cannabis—and, by extension, case managers—should know how the body processes the substance. It can be ingested, inhaled or applied topically. Oral ingestion is difficult to titrate and must pass both stomach and liver breakdown; there’s a delayed onset and longer duration.

The variability of absorption and the potency can be difficult to judge no matter how it’s

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administered, but inhalation is the easiest to titrate. It’s therefore the most common route. Although considered safe, inhalation can lead to respiratory irritation. Carothers emphasizes that the recent vaping concerns in the media have included substances other than medical marijuana.

She strongly recommends micro-dosing—between 2 and 2.5 milligrams of either THC or CBD. She recommends the “start low and go slow approach” for everyone, but especially seniors and those using cannabis for the first time.

One thing to know is that patients cannot be *prescribed* marijuana. However, an MD or a DO with an active DEA certification *can* recommend it, if they have a bona fide relationship with the patient. The doctor may make the official recommendation, but case managers need to be able to provide the client with accurate, current information.

If the doctor *won’t* make a recommendation, the client may choose to visit a medical cannabis specialist who can make that recommendation.

Ethics in real life

Lauren K. is in her mid-30s and suffers from Ehlers-Danlos syndrome, which affects connective tissue; it can be painful and debilitating. She wanted to alleviate the severe chronic pain she faced each day. She tried everything, including medications, supplements and changes to her diet.

“Health care professionals should honor and respect freedom of choice for their patients. The situation raises several ethical questions: How safe is the choice of taking a recreational product and using it as a medicine? Is it ethical to refuse a request for medical marijuana based upon personal views?”

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PRESIDENT, MY NET RN, INC.

Ultimately, because she lives in a state where it’s legal, she went to her physician and asked for a recommendation for medical cannabis. The physician refused.

She turned to recreational marijuana. She currently takes an edible gummy with two milligrams of THC before bed three to four nights a week. She reports better sleep, increased activity levels and improved pain management.

But should she have been forced to turn to *recreational* marijuana? The doctor’s decision compromises patient autonomy and, perhaps, safety.

“Health care professionals should honor and respect freedom of choice for their patients,” Carothers says. The situation raises several

active chemical ingredients of the cannabis plant.

In the 1990s, scientists discovered the endocannabinoid system (see Figure 2). Endocannabinoids are the natural cannabis-like molecules produced by the body. Marijuana mimics our own natural endocannabinoids.¹ The endocannabinoid system is involved in a wide variety of processes, including pain, memory, mood, appetite, stress, sleep, metabolism and immune function.²

- 1 UCLA Health. Human Endocannabinoid System. www.uclahealth.org/cannabis/human-endocannabinoid-system
- 2 Maccarrone M, Bab I, Bíró T, et al. "Endocannabinoid signaling at the periphery: 50 years after THC." *Trends Pharmacol Sci.* 2015;36(5):277-296. europepmc.org/backend/ptpmcrender.fcgi

"The receptors in our body are ready to bind with the compounds in cannabis for activating responses," she explains. For instance, CB1 receptors are typically in the brain and the central nervous system. CB2 are mostly in the immune system.

But how close are we to understanding the cause and the effect of that acceptance within the body? Not that close, she says, citing one of the leading researchers in the area, Dr. Dedi Meiri. His cannabis lab in Tel Aviv is tackling big research questions, including whether cannabis kills cancer cells; and, if it does, which types of cancer; and which cannabis strains are effective.

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That "which strains" question is crucial. She relates one of Meiri's studies. Children with autism given a low THC/High CBD compound had a 78% success rate on various endpoints including anxiety, violence, sleep and communications. But the company that supplied the CBD product had an issue with their grower and found a similar strain—also low THC/high CBD—from a different grower. That compound had no effect at all.

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Medications must go through rigorous clinical trials to win FDA approval but, because of the federal prohibition, medical cannabis doesn't face such rigorous testing. This could be

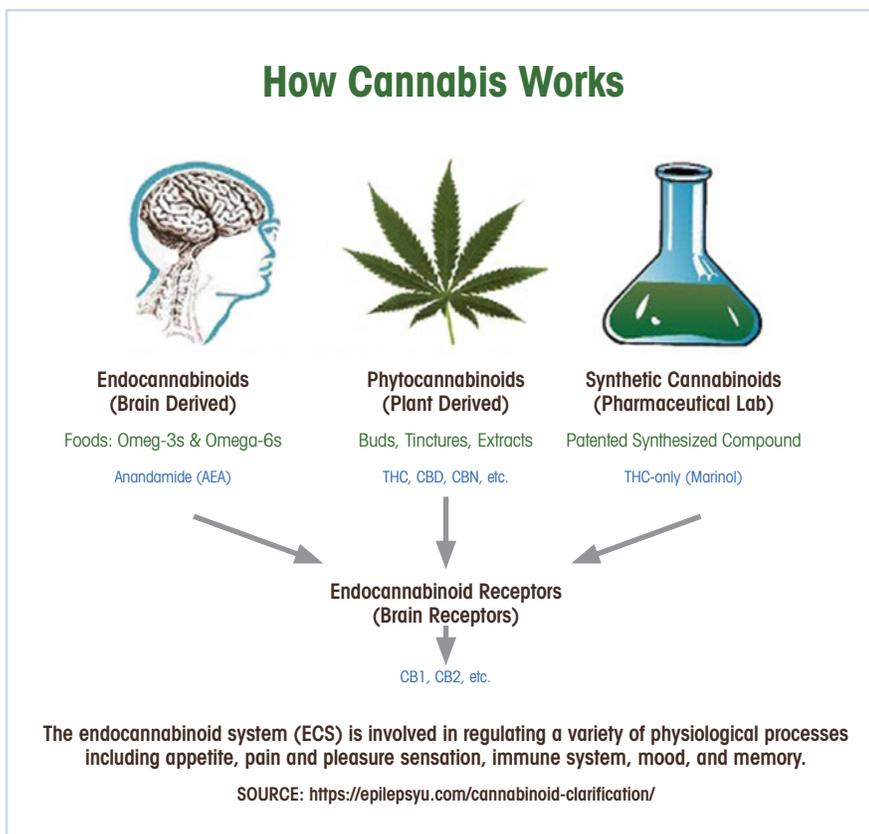


Figure 2. How cannabis works.

why many physicians are reluctant to recommend it. In Colorado, she reports, fewer than 2% of licensed doctors recommended cannabis to registered medical marijuana patients.

“As one physician friend pointed out to me, we’re giving marijuana the status of a medicine without any of the standards,” she says. But development of evidence-based standards requires research.

A dire need for research

Roughly 3.1 million medical marijuana patients are registered in the United States.³ As of October 2019, 33 states and the District of Columbia have legalized marijuana for medical use, and others are considering it. Of course, because of its status as a Schedule 1 drug, insurance, including Medicare and Medicaid, won’t cover medical cannabis.

Cannabis remains illegal at the federal level—although, perhaps ironically, early evidence suggests medical cannabis is an effective adjunct therapy to opioid withdrawal.

A major objection to the medicinal use of marijuana is the lack of robust evidence. Yet as long as cannabis remains illegal at the federal level—with a Schedule 1 classification—research opportunities are limited. It’s a Catch-22.

3 Marijuana Policy Project, Medical Marijuana Patient Numbers updated July 2019 www.mpp.org/issues/medical-marijuana/state-by-state-medical-marijuana-laws/medical-marijuana-patient-numbers/

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Researchers elsewhere are generating evidence. Israel, for instance, is a global center of medical cannabis research; the country allows production of marijuana for pharmacological purposes.⁴

Many mainstream organizations are starting to call for more

4 “The Holy Land of Medical Marijuana,” *US News and World Report*, April 11, 2017

cannabis-related research and pointing to the evidence that already exists. For example, a 395-page report from the National Academies of Sciences, Engineering, and Medicine found “conclusive or substantial evidence” that marijuana-related compounds can effectively treat chemotherapy-induced nausea, chronic pain and patient-reported spasms related to multiple sclerosis.⁵ It cited moderate to limited research for other conditions, outlined the potential risks and called for more study.⁵ In general, Carothers notes, the National Institutes of Health is a good resource for information.

5 National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>.

Detecting impairment

Medical cannabis—specifically, THC—can affect cognition, judgment and coordination. CBD typically contains less than .03% of THC; in other words, it doesn’t have the component that affects your cognition. However, Carothers warns, ingestion of CBD *could* show positive on a drug test.

So, what does actual impairment look like? It includes poor muscle coordination, slowed speech, slowed reaction time, etc. But don’t rely on the stereotypical depiction of someone high on marijuana, Carothers warns.

Unlike alcohol, breathalyzers are only just coming on the market and are not as widely used. “From a visual perspective, I would say it is difficult to tell when someone’s under the influence of either recreational or medicinal marijuana. Usually it’s after the fact with blood or urine testing or even hair sampling that we can tell a person has used it.”

The Code of Professional Conduct for Case Managers

Originally adopted in 1996, the Commission developed the Code of Professional Conduct for Case Managers to assure quality and protect the public interest. It includes broad principles—advisory in nature—and prescriptive rules and standards for professional conduct.

- Principle 1** | Board-Certified Case Managers (CCMs) will place the public interest above their own at all times.
- Principle 2** | Board-Certified Case Managers (CCMs) will respect the rights and inherent dignity of all of their clients.
- Principle 3** | Board-Certified Case Managers (CCMs) will always maintain objectivity in their relationships with clients.
- Principle 4** | Board-Certified Case Managers (CCMs) will act with integrity and fidelity with clients and others.
- Principle 5** | Board-Certified Case Managers (CCMs) will maintain their competency at a level that ensures their clients will receive the highest quality of service.
- Principle 6** | Board-Certified Case Managers (CCMs) will honor the integrity of the CCM designation and adhere to the requirements for its use.
- Principle 7** | Board-Certified Case Managers (CCMs) will obey all laws and regulations.
- Principle 8** | Board-Certified Case Managers (CCMs) will help maintain the integrity of the Code, by responding to requests for public comments to review and revise the code, thus helping ensure its consistency with current practice.

Compliance with the rules and standards in the Code is an expectation for every board-certified case manager (CCM®). Accepted throughout the industry, the Code provides the framework for all case managers to follow. Case managers who carry the CCM credential commit to providing ethical advocacy for their clients, putting the client's safety, privacy and autonomy first.



The American Medical Association calls for controlled clinical trials:

“The AMA believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis and cannabinoid products for medical use. Due to legal and regulatory barriers to cannabis and cannabinoid research, physicians and patients do not currently have the evidence needed to understand the health effects of these products and make sound clinical decisions regarding their use.”

Keeping up

“Stay current with your state’s regulations around possession and use of marijuana, because they’re always changing,” CCMC’s Young warns. “This is an area where that can be very confusing and risky for clients.”

Each state has its own regulations and rules regarding medical marijuana. Access your state’s governmental pages for more information. Other resources, including American Cannabis Nurses Association (www.cannabis-nurses.org/) and Americans for Safe Access (www.safeaccessnow.org), provide regulatory and other information for staying current on research and best practices.

As you are seeking outside guidance, also look inward, he counsels. Case managers must act with

About the Experts

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integrity, fidelity and objectivity with our clients. "Know your own bias. If you come across to a client as either negative or positive, that will be a big influence on their decision whether to use medical marijuana."

Case managers must place the public interest above their own, but that can get tricky. What is the public interest, given that public opinion is so divided and research so scarce, Carothers asks? "We should understand that patients and their caregivers are the primary drivers behind the medical marijuana movement. As case managers, we should be prepared to provide the advocacy that their clients need." ■



Patricia Carothers, BSN, RN, MS, CCM
President, My Net RN, Inc.

PATRICIA CAROTHERS is the president and owner of My Net RN, Inc., a Colorado based case management company. She has been a registered nurse for over 30 years and has focused on case management for the last 20 years with an emphasis on worker's compensation. With a MS in sports medicine, she has extensive expertise with various injuries and conditions including catastrophic trauma. Patricia is a speaker, blogger and educator on health and wellness topics including CBD and Medical Marijuana. Patricia is a member of the American Cannabis Nurses Association.



Jared Young,
Psy.D., CAC, LCSW, CCM
Chair-Elect, Commission for Case Manager Certification

DR. JARED YOUNG, a native of Lancaster County, Pennsylvania, has over 20 years of clinical experience in mental health and substance abuse treatment as well as behavioral health and physical health managed care. He earned his doctorate in clinical psychology from Philadelphia College of Osteopathic Medicine and masters of social work from Temple University. Dr. Young is a certified advance drug and alcohol counselor. Young is founder and practitioner of an outpatient behavioral health practice located in Camp Hill, Pennsylvania and experienced in a range of diagnostic conditions. Young's practice focus is in the treatment of depression, anxiety, pain management, couples, addictions and personality disorders. Young previously served as a member of the Case Management Body of Knowledge (CMBOK) Editorial Board from June 2012 to January 2017. In addition to his work as a commissioner, Young volunteers on the Pennsylvania Certification Board and serves as co-chair of the ethics committee.

Dr. Young's professional background involves a variety of clinical, business and case management roles. Young was the medical affairs
(continued on next page)

About the Experts (continued)

consultant for AmeriHealth Mercy Health plan, providing public relations and corporate communications and interacting with the Department of Public Welfare, and State Legislators. Young was involved in monitoring medical management practices in the development of Physical Health-Behavioral Health initiatives with an emphasis on disease management, special needs and preventative health strategies. Dr. Young authored the article, *Addressing the Needs of the Support System*, and co-authored the article *Supporting the System: How Assessment and Communication Can Help Patients, and Their Support Systems*, published in the Professional Case Management Journal.



Vivian Campagna, MSN, RN-BC, CCM
Chief Industry Relations Officer
Commission for Case Manager Certification

VIVIAN CAMPAGNA works with individuals and organizations interested in certification (CCM®/CDMS®), related products and services through

the Commission's broader marketing and promotions efforts. She fosters strategic partnerships and alliances and provides insight and guidance related to industry trends and developments.

Campagna has been involved in case management for more than twenty-five years. She has held staff and administrative positions on both the independent and acute care side of the industry. She has published articles on case management topics and is a frequent presenter and educator. She was a founding member of the Long Island chapter of CMSA and served on the board and the conference committee of the NYC chapter of CMSA.

Campagna was a member of the inaugural class of certified case managers and worked with CCMC as a volunteer for more than 10 years. She is a former Commissioner and past chair for the Commission. Campagna earned her nursing diploma from St. Clare's Hospital and Health Center School of Nursing, her bachelor's degree from CW Post Center of Long Island University, and her master's degree in nursing from Seton Hall University. She is certified in case management by both the Commission for Case Manager Certification and the American Nurses Credentialing Corporation.



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