

Drug Testing in the Era of Legalized Marijuana and CBD

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Conflict of Interest Disclosure

Patti Darbshire, Bruce Mueller and Tom Tenhoeve have **no** conflict of interests or relevant financial relationships with a commercial interest pertaining to the content of this presentation.

Objectives

By the end of this program, participants will be able to:

1. Describe pharmacy students' risk for substance abuse and perspectives on drug screening.
2. Describe the College responsibilities to sites, students, and society about marijuana use in a state where it has been "legalized".
3. Describe the changes necessary for an established drug testing policy to maintain its integrity in an era of legalized recreational marijuana.

Is this really a problem
for our for students?

National Survey of Drug Use and Health Self-reports from college-age adults

Aged 21-25, legally use

- 68% ALCOHOL
- 32% TOBACCO

Aged 18-25, Illicit Drug Use (23%)

- 21% MARIJUANA
- 5% RX DRUGS FOR ILLICIT USE
 - e.g., stimulants, opioids, benzodiazepines
- 2% HALLUCINOGENS
- 2% COCAINE

15% reported
having a
substance use
disorder (SUD)

Substance Use by Student Pharmacists

Hazardous and/or illicit use of:

Alcohol (25-36%)

Tobacco (5-58%)

Marijuana (6-33%)

Stimulants (3-19%)

Cocaine (3-7%)

Sedatives (3-9%)

Opioids (8-15%)

Heroin (<3%)

Hallucinogens (3-14%)

- 2016 review of 16 articles published between 1985-2014 at University of Georgia
- Summarizes findings of student pharmacists' use of illicit substances

**Ranges are indicative of study age and report of current or lifetime use*

Substance Use Behaviors/Consequences at Three Colleges of Pharmacy

Study by Baldwin et al in Substance Abuse

- 566 students completed surveys at 3 colleges of pharmacy
- Conclusion: A substantial number of pharmacy students engage in risky drug-use behaviors
- Past-year drug-associated events included:
 - n=164 Heavy drinking; n=102 Blacked out
 - n=45 Attended class or work under influence
 - n=34 Grades or job evaluations harmed by drug use
 - n=17 Legal charges from drug use
 - n= 8 Provided patient care under influence

Unique risks for pharmacy students

We asked them.....

Factors
leading to
substance
use

*"I need
an edge."*

Intense competition - Acceptance to pharmacy school, grades, internships, employment, post graduate opportunities

Professional Stressors - Rigorous curriculum, long study hours, expectation to be super-human: participation in pharmacy organizations, leadership positions, committees, community service

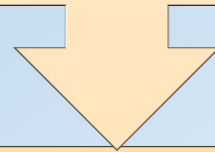
Family, Social Pressures – Financial “do or die” situation for the family; Expectations: “A” in high school ≠ “A” pharmacy school, financial stress /students supporting families; Frats/sororities, sports

Knowledge of and easy access to medications

Survey of U.S. Colleges of Pharmacy

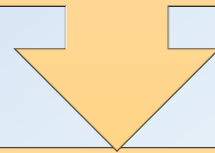
Purpose

Gather data on drug screening policies/procedures, drug-related incidents, and substances abused by pharmacy students



Participants

135 U.S. colleges and schools of pharmacy



Method

Sent to deans, who forwarded it to the most appropriate person (e.g., experiential education, student services/affairs)

Number of Incidents

On average, how many substance use incidents is your college/school **aware of** per year?

Total Known Incidents = 2.7

Drugs = 0.9

Alcohol = 1.8

An iceberg floating in the ocean, with a small portion above the water and a much larger portion submerged. The sky is blue with light clouds, and the water is a deep blue. The text is overlaid on the image.

Most are UNKNOWN

Potential Impact of Screening

Schools that don't drug screen **are aware of twice as many** drug and alcohol-related incidents than those that do screen students.

Average total alcohol and drug-related incidents per year		
Schools that DO drug screen	Schools that do NOT drug screen	Statistical significance at 0.05
Mean = 1.9 (<i>SD</i> = 2.1)	Mean = 4 (<i>SD</i> = 3.8)	$p < 0.01^*$

Purdue Task Force of 12 Faculty, Administrators and Students

Faculty/Administrators Reasons to Drug Screen

- Uphold reputation of our college and profession
- Protect health/welfare of students in our charge
- Protect the public from misuse/abuse/diversion
- Ensure optimal judgment, skills and safe practices
 - Learning, patient care, and mentoring other students
- Uphold affiliation agreements with practice sites
- Report illegal activities and comply with laws
- Pharmacists screened prior to employment
 - Clinical faculty screened at sites; so should students

Faculty and Administrators' Reasons NOT to Screen

- “If you look for them, you will find them.”
- How do you differentiate the extent of the problem?
 - Recreational? Substance Use Disorder? Mental health issues?
- Whose responsibility to administratively manage/monitor?
 - Time and effort
- How do we use a general policy to address individual situations?
- How do we know when a student should be allowed to continue or return to :
 - Didactic coursework? Patient care? Pharmacy licensure?
- If we screen students, shouldn't we do the same for faculty/staff?
 - Only those in patient care?
- Are we micromanaging students' personal lives?

Students' Perspectives

Reasons to Drug Screen

- Want an even playing field
- Need peers sober for group work; ensures accountability
- Protects integrity of their pharmacy degree
- Method to anonymously protect their peers from SUD
- Tells them the school thinks this is important
- Conclusion: Cost is justifiable

Concerns about Screening

- Unexpected costs (random)
- Inconvenience (time, interruptions)
- Legitimate use would result in disclosure of personal information
- Fear of repercussions from false positives
- Fear of detecting insignificant recreational use
- Cloud of suspicion; undermined their professionalism

State of Michigan Context

- **“Medical Marijuana” MD prescription legal in 2008.**
 - Michigan Medical Marijuana Act, qualifying patients suffering from a state-approved debilitating condition are allowed to possess up to 2.5 ounces of usable marijuana and usable marijuana equivalents.
- **“Recreational Marijuana” legalized in 2019**
 - Early 2020 Cannabis dispensaries opening for sale to the >21yo public
 - May possess 2.5 ounces of usable marijuana and up to 10 ounces in their home. Additionally, adults of age may possess & cultivate up to 12 cannabis plants in their home & possess no more than 15 grams of concentrate at any time.
- **“Social Marijuana” may be next.**

State of Michigan Context

- Michigan is an at-will employment state, so that means employees could still be hired or fired because of cannabis use.
- Cannabis is still classified as a Schedule 1 in the eyes of the Federal government
- Michigan Medicine Medical residency policy:
- *Cannabis (marijuana) use, whether for medical purposes or not, is prohibited. A positive drug test for marijuana will therefore prevent successful completion of the pre-employment drug screen and will result in revocation of a conditional employment offer.*

Experiential Site Demands

Historically, sites that wanted drug testing of our students arranged and paid for it themselves.

More recently, sites are demanding that the College deliver “certified drug-free” students for IPPE/APPE

We had not tested before this year.

U Michigan College of Pharmacy Policy Statement

- **Every student will undergo urine drug testing**
 - As a component of admissions to the program.
 - Enrolled students - random drug testing each academic year.
- **A student may be required to submit to additional drug tests**
 - Practice site requirements
 - “For cause”
 - If a student, while on the premises of the COP or a practice site, appears to be acting inappropriately, displaying physical and/or behavioral signs of being under the influence of drugs or alcohol, or is suspected of being involved in a medication discrepancy or theft involving a controlled substance.

U Michigan: For Cause Drug Testing

- For Cause Drug Testing Checklist
 - <https://pharmacy.umich.edu/mycop/drug-testing-policy>
 - Completed when a student exhibits behavior(s) or other indicators such that there is reasonable suspicion of substance abuse, misuse or impairment.
 - Reasonable suspicion – a justifiable suspicion which is sufficient to a reasonable person to suggest that a student has used alcohol or drugs while on-site for a rotation or on University premises, is impaired, is under the influence of drugs or alcohol, has the odor of drugs or alcohol (regardless of behavior) or is in the possession of or has diverted substances intended for use by patients. Per the UM College of Pharmacy Drug Testing Policy, the student will undergo for cause testing to ensure compliance with the policy.
 - Facilitates documentation of observations which, if not otherwise explained, justify a reasonable concern about impairment/intoxication

Prepping for January 1, 2020

University of Illinois at Chicago College of Pharmacy

Illinois Law

On May 31, 2019, the Illinois General Assembly passed the Illinois Cannabis Regulation and Tax Act, legalizing recreational marijuana starting on January 1, 2020. The bill was signed by Governor J.B. Pritzker on Tuesday June 25, 2019.

Consumers aged 21 and older will be able to buy marijuana products from licensed sellers in Illinois.

Any person, business or landlord can prohibit use on private property. Illinois colleges and universities will also be allowed to ban marijuana use.

Background Check, Drug Testing, and Fitness for Duty/Participation

Background Check, Drug Testing Policy was established due to experiential site requirements in the mid 2000s.

Matriculation and Continued Enrollment Policies

Routine Drug Testing (Non-Random)

P1-P3: annual background check/drug test – Aug 1

P4: two background checks/drug tests (some sites require results no older than 6 months)

Background Check, Drug Screening, and Fitness for Duty/Participation

Non-Routine Drug Testing

Fitness for Duty Evaluation*

- Any student producing a positive drug screen will be required to submit to a fitness for duty evaluation.
- Any student constituting a direct threat to the health and safety of others, as well as to themselves, is required to have a fitness for duty evaluation.

Site Requirement – such as VA

*All fitness for duty evaluations are handled through the University Health Service at the student's expense.

Changes to Maintain Integrity of Current Policy

1. Modify current policy to include verbiage about legalized recreational marijuana to ensure the integrity* of the policy is maintained.
 - Safety and well-being of patients
 - Accreditation Standards – Clinical facilities
 - Licensure Issues
 - Contractual Obligations
 - Liability Issues
 - School policies on alcohol/drug use
2. Disseminate information about changes to college's policies to relevant parties (students, faculty, preceptors, sites) prior to the legalization date.
3. Evaluation whether a move from non-random to random drug testing should be implemented and any necessary changes that might ensue.

*Policy statement will be modeled after the University of Colorado policy.

[University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences](#)

Definitions:

Drug Screens and Tests

Drug screen

Initial, cost effective, quick method to detect use of a drug class
Not highly selective for specific drugs
Results should be confirmed through use of a drug test

Drug test (Confirmation)

Precise, more costly and time intensive measure used to confirm a positive drug screen and identify specific drugs used

Drug screening program

Officially accepted, written policy with procedures requiring drug screening for some or all students

Preferred Screening Methods

Urine

- Gold standard, most commonly used for drug screens
- Easy to collect; can be tampered (perform specimen validity)
- Doesn't detect immediate use, but detection period 5X longer than saliva, blood
- Comparable results with saliva (results in agreement)

Saliva (Oral fluids)

- Alternative to urine screen for shy bladder, renal impairment, suspected urine tampering/substitution
- Easy to collect and observe collection
- Better positivity rate than urine for heroin, cocaine, but drugs in some dosage forms may not appear (transdermal, intrathecally)
- Limited to detection of current drug use (only)

Additional Screening Methods

(less utility for student screening)

Blood (Plasma)

- Invasive and costly
- As with saliva, limited to detection of current drug use only
- Meds with short half life, e.g., opiates, only detectable a few hours

Hair

- Substances may not be detectable until weeks after exposure
- Longest detection method (weeks to years, depending on hair length)
- Hair tampering limits utility: Cutting, bleaching, dyeing alters results

Examples of Urine Drug Screen Panels

- Smorgasbord of companies offer drug screening services
- Quality varies; cost increases with additional drugs
- Monthly list of Substance Abuse and Mental Health Services Administration (SAMHSA)-certified labs that meet standards for Federal Workplace Drug Testing Programs

Examples:

- 5-panel: amphetamines/methamphetamine, cocaine, marijuana, natural opiates, phencyclidine
- 9-panel: above + barbiturates, benzodiazepines, methadone, propoxyphene
- 14 panel: above + buprenorphine, ecstasy, oxycodone, tricyclic antidepressants

Periods of Detection in Urine

Detection period for any drug varies greatly, depending on several factors, including the person's and the drug's individual characteristics, as well as the quality of the detection method.

Examples

	<u>Up to:</u>
Marijuana	10 days
Benzodiazepines	10 days
Buprenorphine	7 days
Most opioids	5 days
Amphetamines	5 days
Cocaine	5 days
Heroin	1 day

Point of Care Urine Screening

Presumptive use only, not confirmation

Many prescription and nonprescription drugs cause false positives

Many drug omissions; false negatives are common

- Opiates/Opioids
 - Detect natural opiates, but often miss semi-synthetics (hydrocodone, oxycodone, oxymorphone) and synthetics (fentanyl)
- Benzodiazepines
 - 50% false negatives occur for alprazolam, clonazepam, lorazepam

Substance Use Incident

- Positive drug screen and/or test, or any occurrence where student behavior is sufficient to cause reasonable suspicion, a problematic event, or criminal charges.
- In our study, we reported Substance Use Incidents as the number of reported drug or alcohol occurrences the respondent was aware of in their professional program.

Pharmacy School Respondents



73% response rate
(98/135 programs)

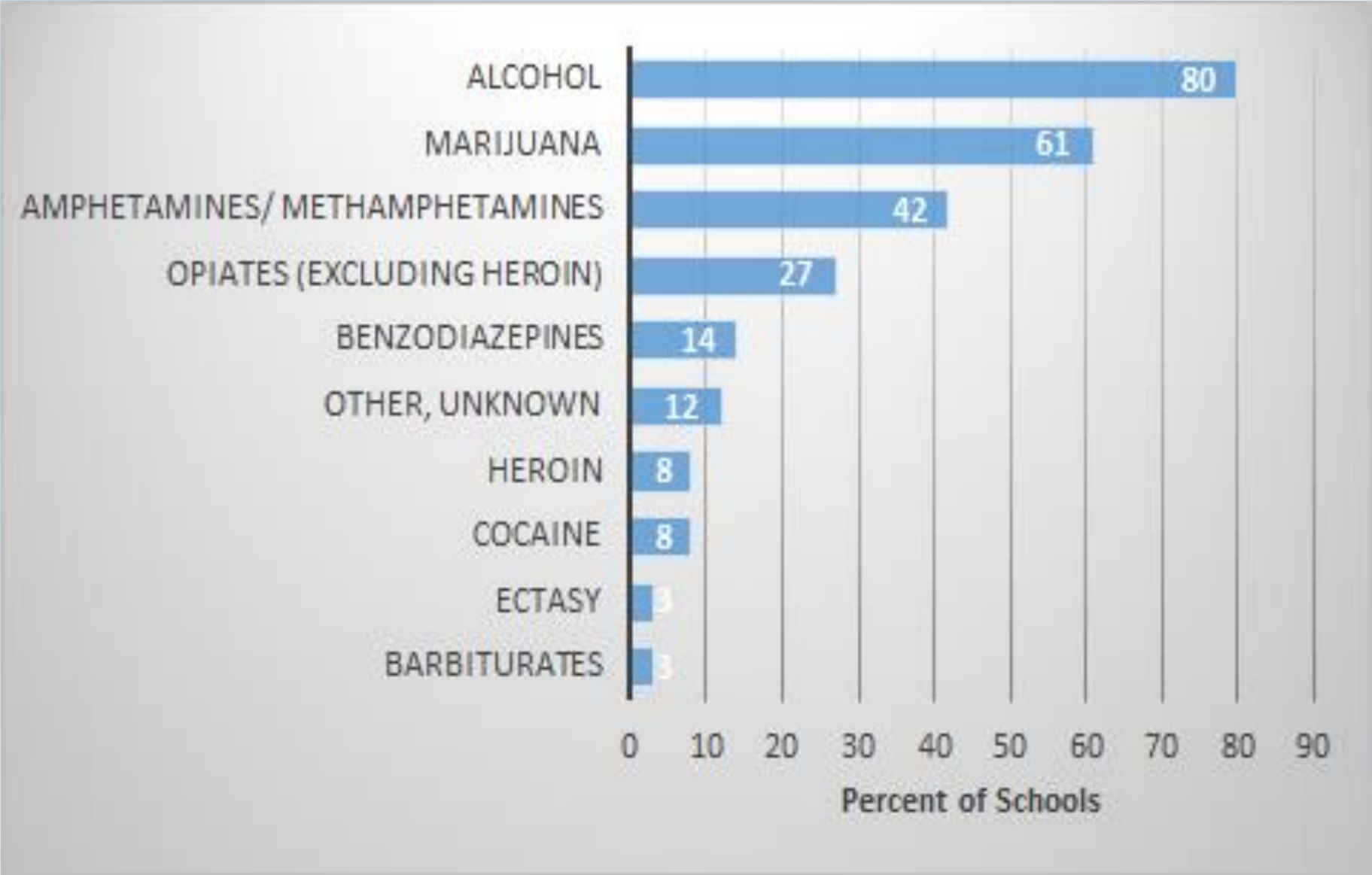


Survey Results

Demographic Trends

- Average pharmacy class enrollment size = 123
- Private and faith-based pharmacy schools almost twice as likely to have a drug screen program than public schools
- Substance use among pharmacy students in colleges located in rural areas tends to be higher than urban areas/inner city

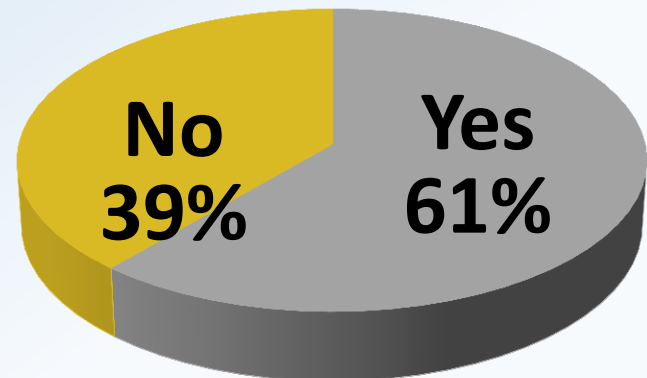
Drugs Involved with Substance Use Incidents



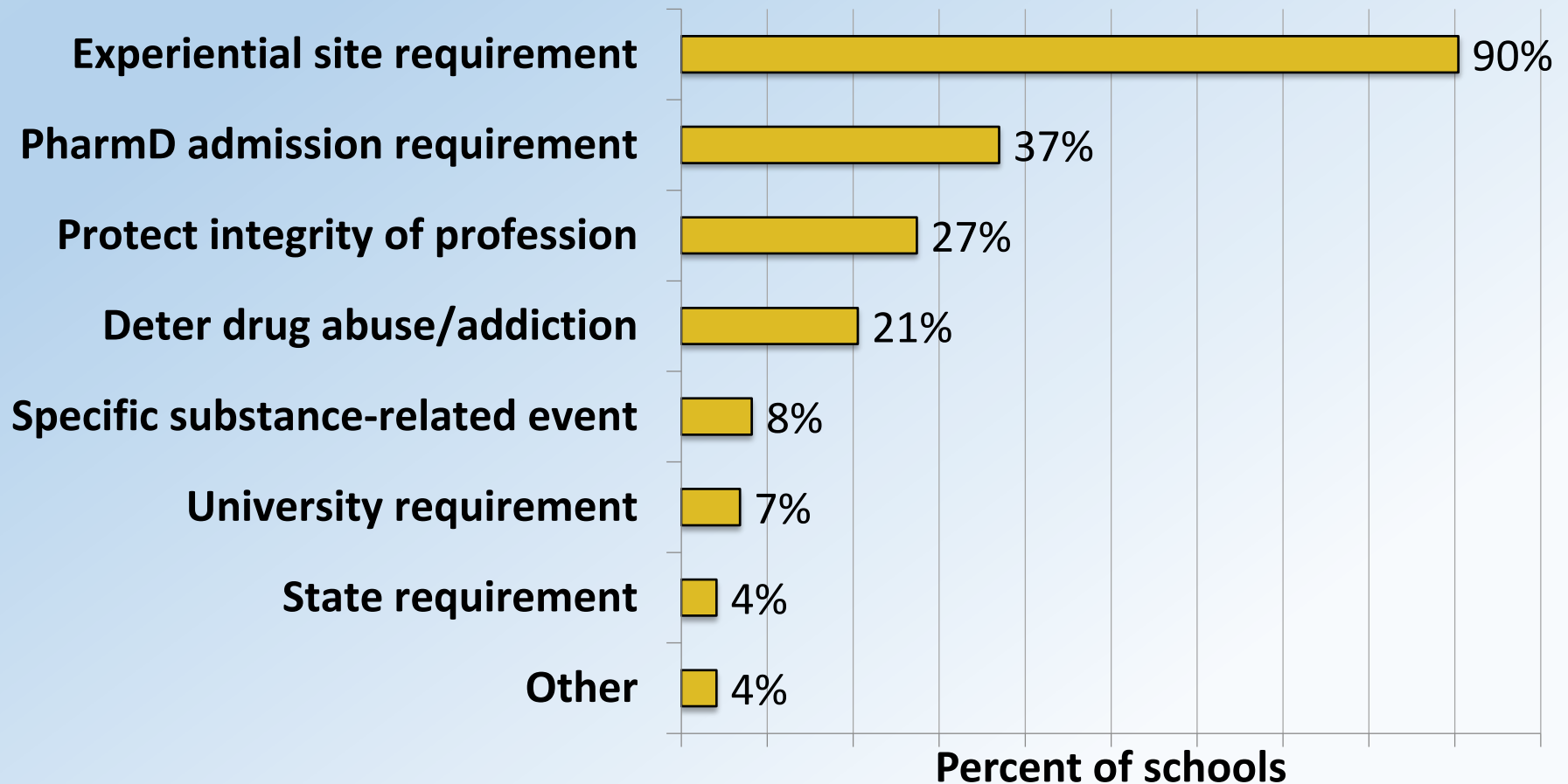
Colleges that Screen

Drug Screening Program

- **Our Definition:** Having an official policy/procedure requiring regular screening for some or all students, such as prior to admission or randomly throughout curriculum



Initial Motivation(s) for Screening



Drug Screen Procedures




- Urine is the primary specimen used (100%)



- Schools commonly use 10-panel drug screen (72%)



- No schools breathalyze students

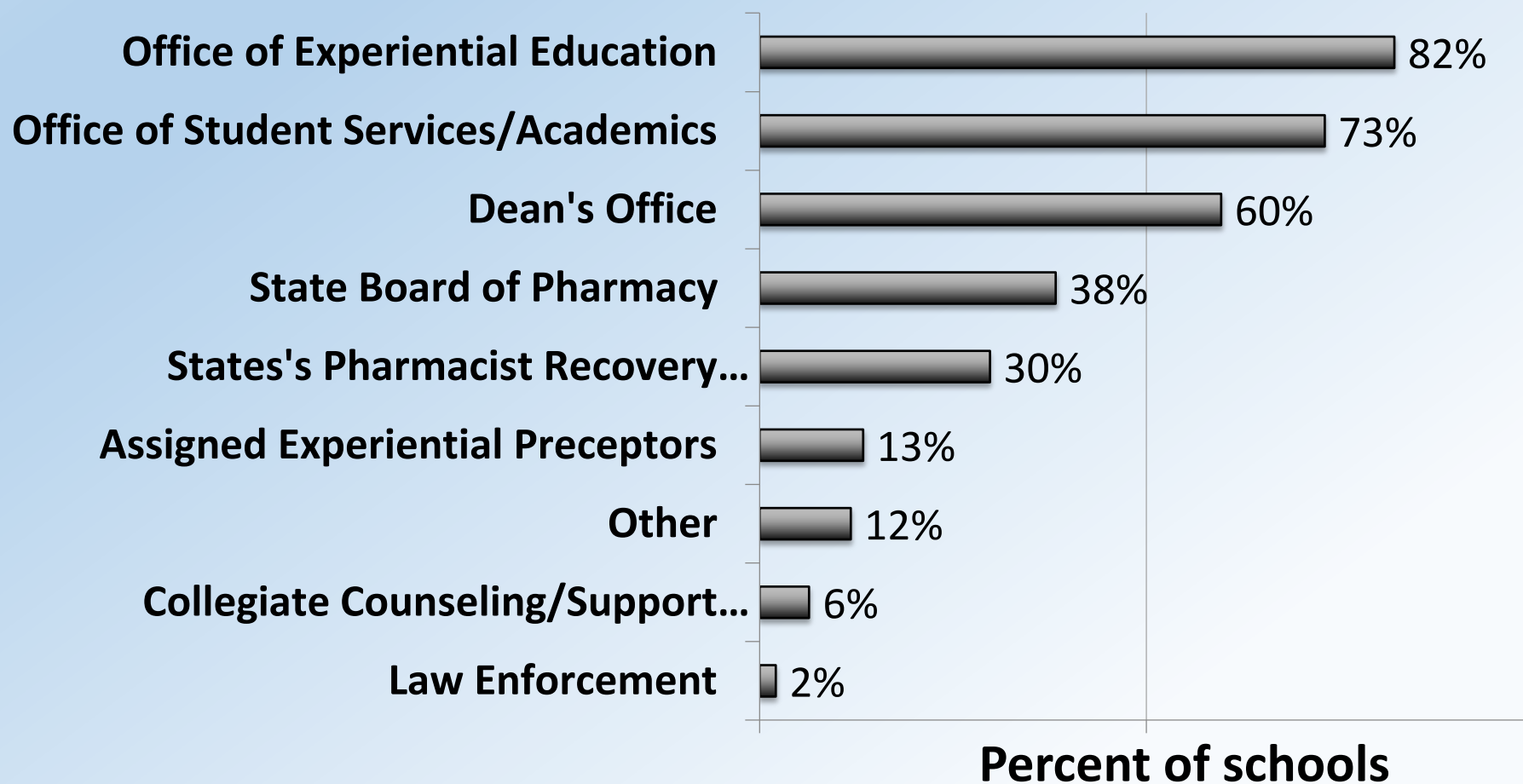


- Primarily paid for by students, yearly or on occurrence (94%)



- Average cost is \$42

Who is Notified of Positive Results?



Respondents selected all that applied.

Administrator Perceptions on Screening

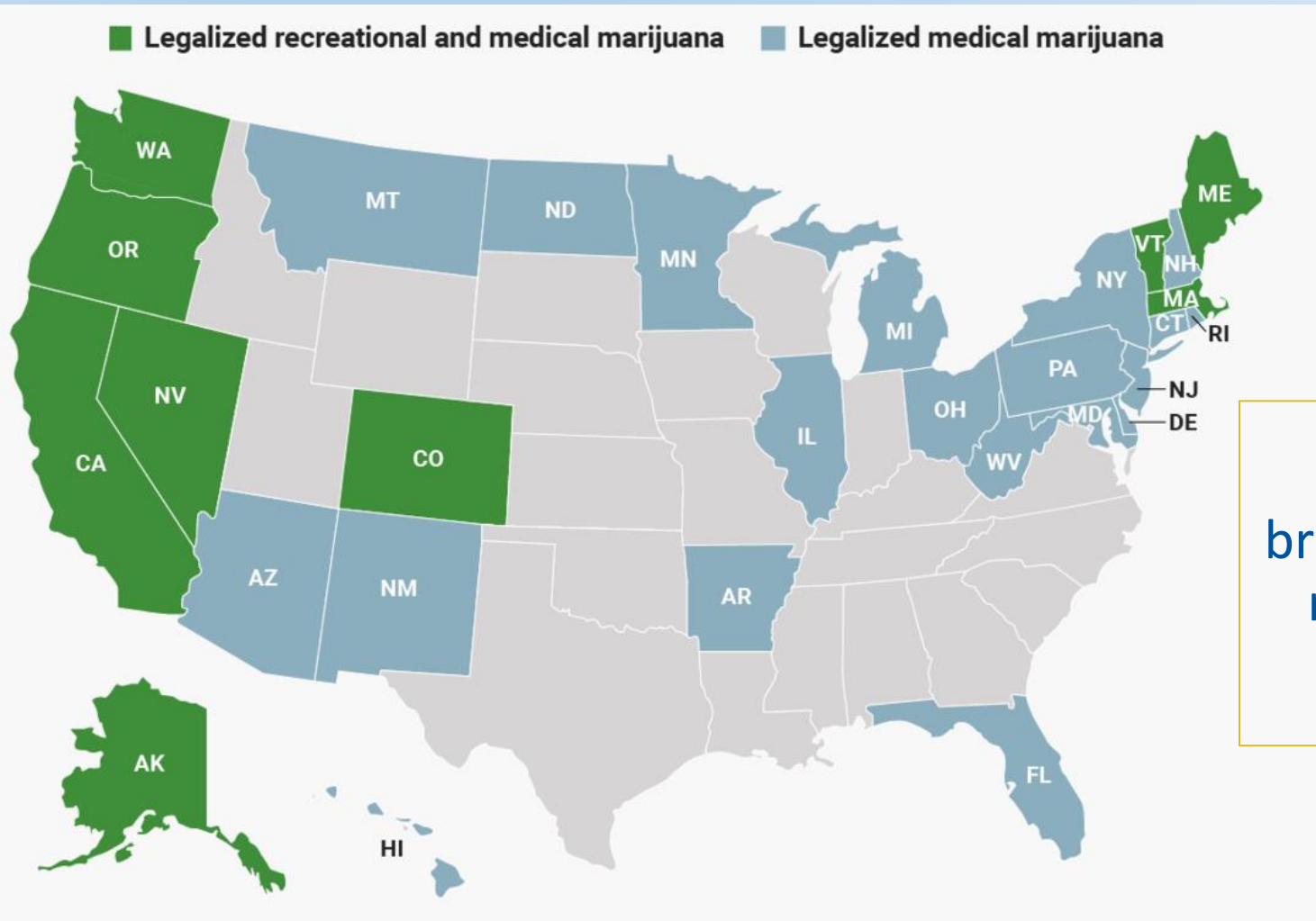
Most (75%) administrators felt that random drug screening would deter pharmacy students from substance abuse

Yes: Students need a reason to say "**no**" and this gives them that reason. It also tells students that this issue is important to us.

Yes: Recreational users are likely to abstain if drug screened.
But: Students who have a substance use disorder will find it difficult to abstain in spite of potential consequences.

No: Non-random screens are **highly ineffective** in detecting use.
But: Students will be less likely to use if they know they can be screened at any time.

Marijuana: Legally Gray



State
breakdown of
marijuana
laws

Why is it gray?

- Federal law supersedes State law
- Currently the Federal Government isn't "enforcing"
- Each state has its own laws regarding recreational marijuana and/or medical marijuana
- Board of Pharmacy employees are State employees not Federal, each with their own laws and philosophy towards enforcing them
- University, college, and program policies and attitudes towards enforcing laws can vary
- Experiential education sites policies (many large systems have institutions in more than one state)

What do you do with all this gray?



Next Steps

- Present findings and review advantages, disadvantages and concerns of all involved parties, including:
 - Administrative leadership, faculty and staff
 - Experiential advisory counsel (preceptors, faculty, and student representatives)
 - Student focus groups (e.g., pharmacy student leadership organizations)
- Modify survey for use in other healthcare disciplines and compare results