

The Growing Intersection between Cannabis and Older Persons

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February 7, 2019

Acknowledgements

ILLINOIS











TODAY'S PRESENTATION

•How did we get here?

•What did we find?

•Where are we going?



Nursing Home Reform Act of 1987



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Thousands of Executives Seeking Wall Street Jobs in Bleak Market

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EMPSHORE:

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Back in lowa...







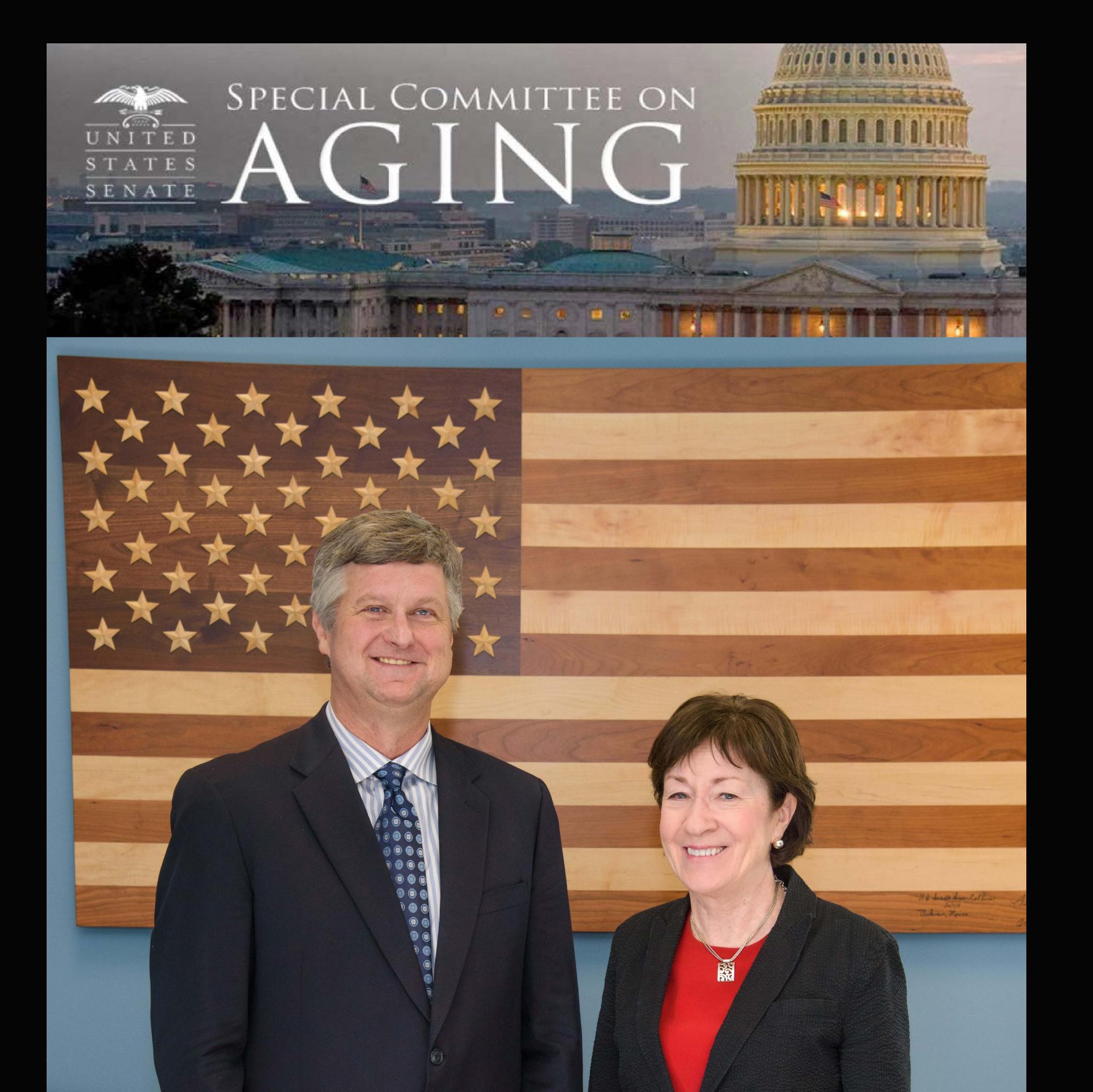
Improving Dementia Care and Reducing Unnecessary Use of Antipsychotic Medications in Nursing Homes







Alice Bonner, PhD, RN
Division of Nursing Homes
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services



2016 Data

Cannabis & Older Adults

TABLE 2. Percentage of past month marijuana use* among all persons aged ≥12 years, by age group — National Survey on Drug Use and Health, United States, 2002–2014

Age group (yrs)	2002 % (95% CI)	2003	2004	2005	2006	2007	2006	2009	2010	2011	2012	2013	2014	Linear	% change (diff)
			% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	p-value [†]
Total	(5.9-6.5)	6.2 (5.9-6.4)	6.1 (5.8-6.4)	(5.7-6.3)	6.0 (5.8-6.3)	5.8 (5.6-6.1)	6.1	6.7	(6.6-7.2)	7.0	7.3 (6.9-7.6)	7.5	8.4 (8.1-8.7)	< 0.0015	+35
12-17	8.2 (7.7-8.6)	7.9 (7.4-8.4)	7.6 (7.1-8.1)	6.8	(6.3-7.1)	(6.3-7.2)	6.7 (6.3-7.1)	7.4 (6.9-7.8)	7,4 (6.9-7.9)	7.9 (7.4-8.4)	7.2 (6.8-7.7)	7.1 (6.6-7.5)	7.4	NS	-10
18-25	17.3	17.0	16.1	16.6	16.3	16.5	16.6	18.2	18.5	19.0	18.7	19.1	19.6 (18.7-20.5)	<0.0015	+13
226	(3.7-4.3)	(3.7-4.3)	(3.8-4.4)	(3.7-4.4)	(3.8-4.5)	(3.6-4.2)	(3.9-4.6)	(4.3-4.9)	4.8 (4.4-5.1)	(4.5-5.2)	5.3 (4.9-5.7)	(5.2-6.0)	(6.2-6.9)	<0.0015	+65
26-34	(7.0-8.6)	(7.6-9.3)	(7.5-9.3)	(7.7-9.7)	0.6-9.4)	7.9	(7.9-9.7)	9.6 (8.7-10.6)	10.6	10.2	11.3	12.6 (11.5-13.9)	12.7	<0.0015	+65
35-44	5.6 (5.0-6.4)	6.0 (5.3-6.8)	5.5 (4.8-6.2)	(4.2-5.5)	5.5 (4.8-6.4)	5.0 (4.3-5.7)	5.1 (4.4-5.8)	4.8 (4.2-5.5)	5.4 (4.7-6.1)	5.4 (4.7-6.2)	(5.1-6.7)	(5.6-7.1)	(7.4-8.7)	<0.0015	+43
45-54	(3.4-4.7)	3.3	4.5 (3.7-5.4)	(3.6-5.1)	(3.8-5.3)	(3.6-5.3)	3.9	(42-5.7)	5.0	(4.1-5.7)	5.2 (4.4-6.1)	5.4	(5.2-6.6)	<0.0015	+48
55-64	1.1 (0.6-1.8)	1.2 (0.7-1.8)	1.0 (0.6–1.7)	1.8 (1.2-2.6)	1.4 (0.9-2.0)	(1.0-2.2)	3.2 (2.2-4.4)	(2.3-4.1)	(1.9-3.5)	(2.6-4.3)	(2.9-4.7)	(3.1-4.6)	6.1 (5.2-7.1)	<0.0015	+455
265	(0.1-1.0)	(0.0-0.3)	(0.0-0.5)	(0.1-1.0)	(0.1-0.5)	(0.1-0.6)	(0.1-0.7)	(0.2-1.3)	(0.2-1.0)	(0.4-1.2)	(0.5-1.5)	(0.5-1.5)	1.3 (0.9-1.8)	<0.0015	+333

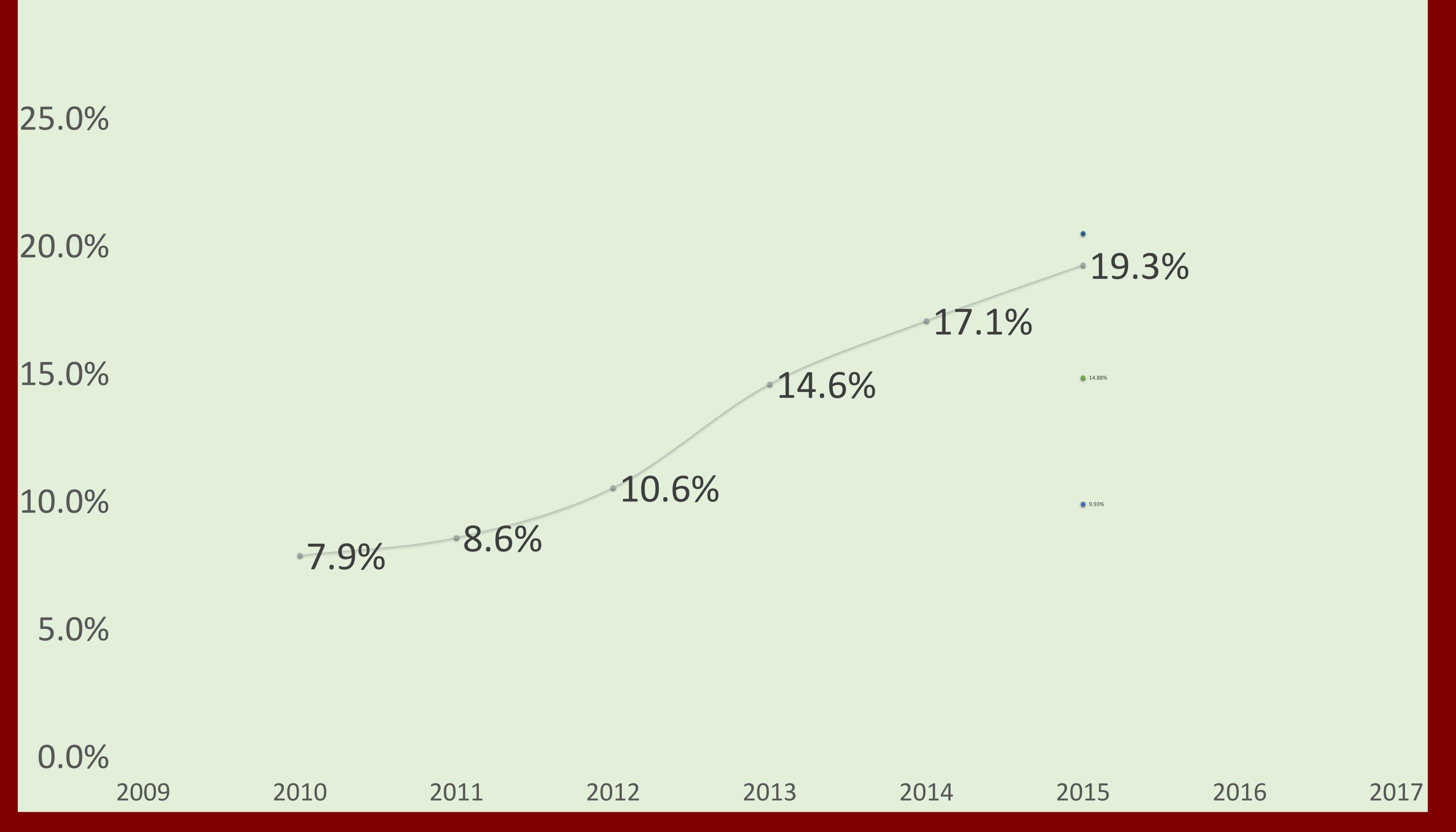
Abbreviations: CI = confidence interval; diff = difference; NS = not significant; + = increase; - = decrease.

^{*} Past month use of marijuana is defined as those who reported use of marijuana within 30 days preceding the date of interview.

[†] Linear trends were assessed using logistic regression model from the 2002–2014 survey years.

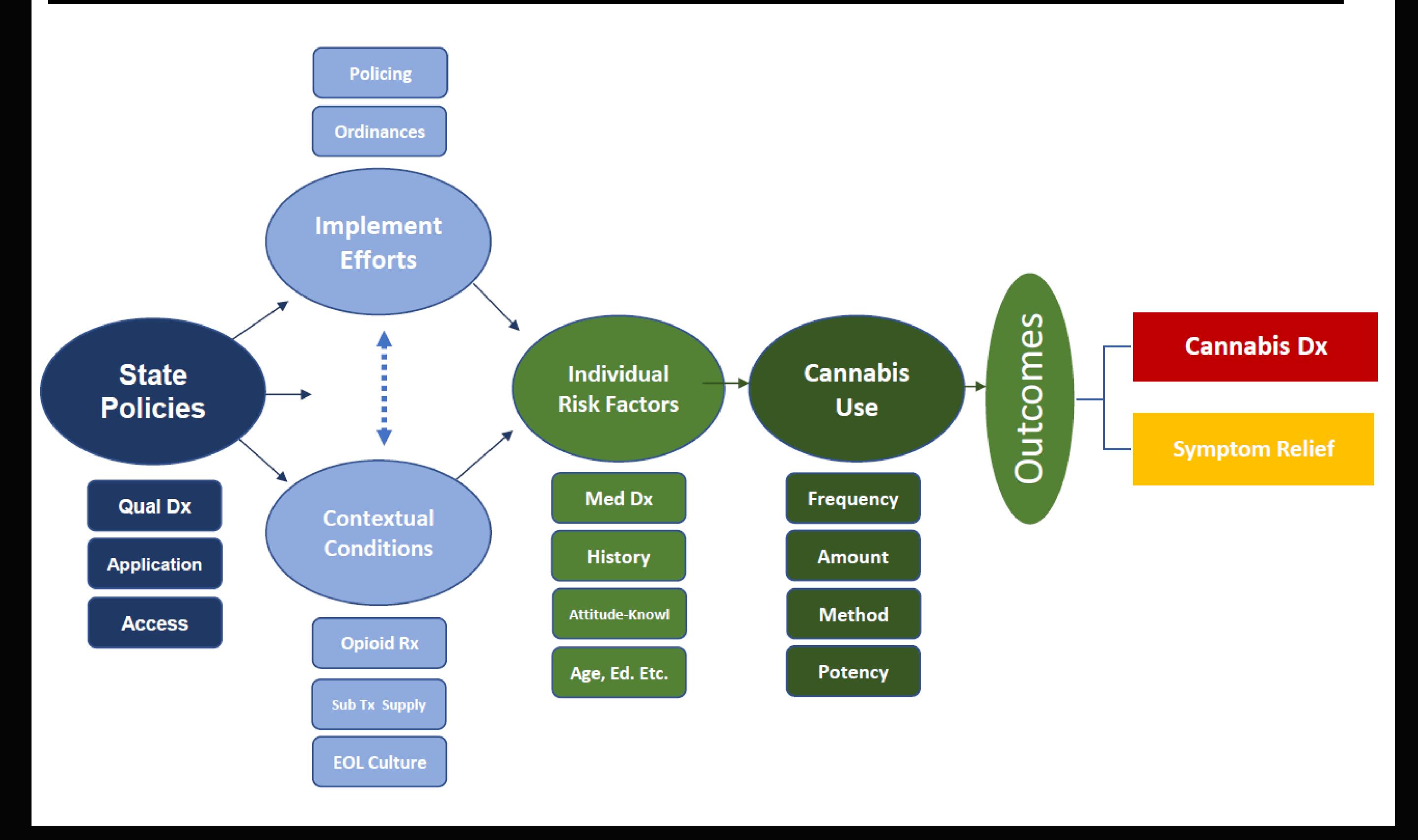
⁵ Logistic regression (ps0.05).

State Cannabis Program Participation 65+



Previous Research

Figure 1: State Policies, Local Implementation Efforts and Cannabis Use among Older Americans



Three Types of Studies

• Surveillance

• Focus Groups

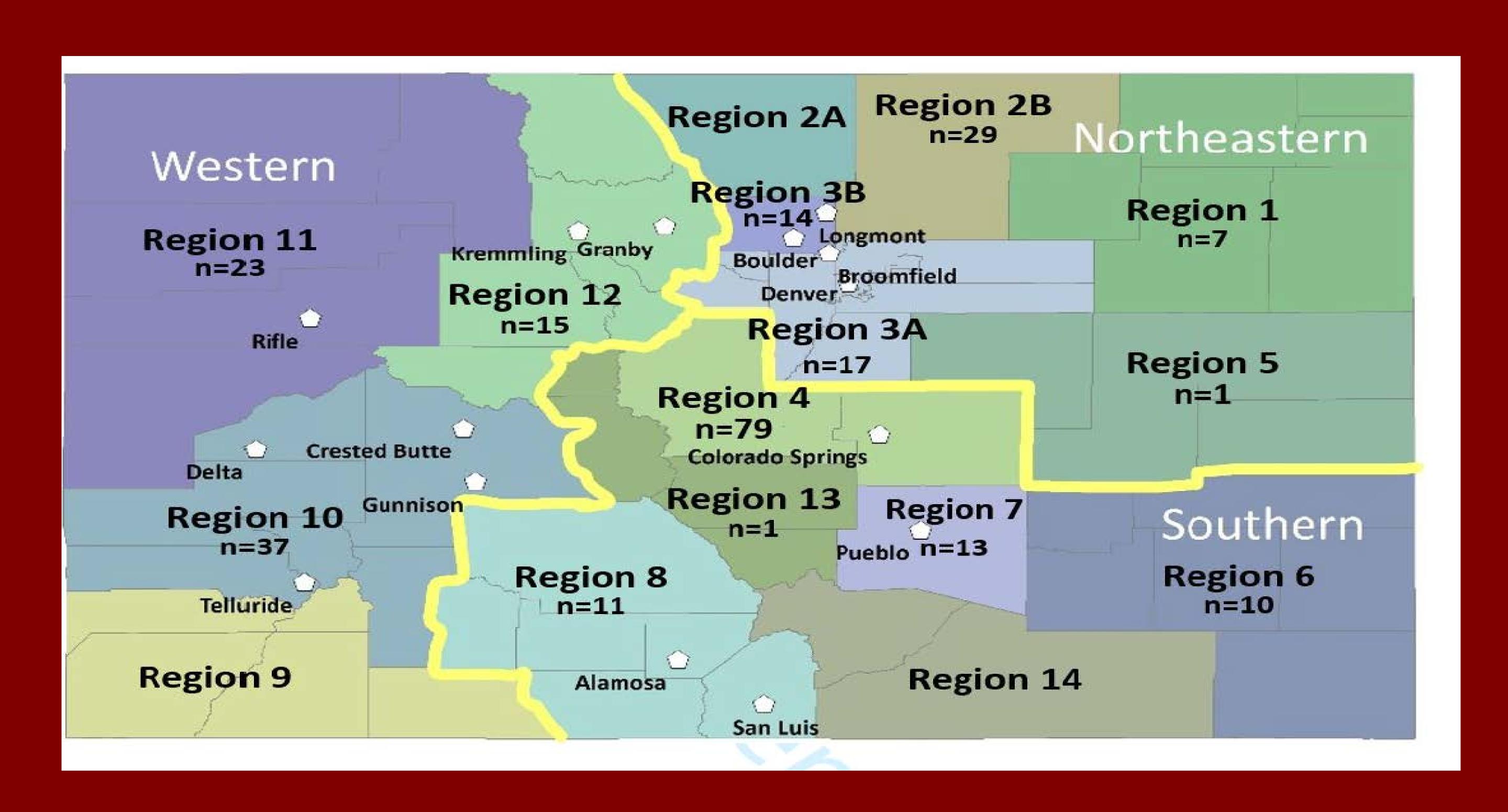
Clinical Assessments

State of Colorado, Department of Public Health

State of Illinois,
Department of Public Health

What are older adults' attitudes toward cannabis?

We surveyed 276 users and non-users across over 60



More than 100 survey questions...

GENERAL ATTITUDES ABOU	JT M ARIJUANA				
marijuana for the following	ate law, I am in favor of legalized reasons: e for state revenue	Do Not Agree	3	Str /	ongly Agree
B. Medical b	enefits	1	3	4	5
C. Recreatio	nal use	1 2	3	4	5
D. Reduction	n of burden on legal/prison system	1 2	3	4	5
E. Safer, eas	ier access	1 2	3	4	5
F. Other:					
G. Other:					
H. Other:					
I. Other:					
15. Has a health provider talke	d to you about marijuana use?	<u></u>	0	Yes	•

Table 1: Attititude:	s regarding I	Recreational	& Medical P	Vlarijuana	
Recreational	Do not a	gree		Str	ongly Agree
	[1]	[2]	[3]	[4]	[5]
I currently believe that use of marijuana for a recreational purpose is acceptable. (N=265)	33%	1096	16%	12%	29%
Recreational marijuana use is risky. (N=266)	18%	17%	17%	15%	33%
When I was 18 years old, I believed that using marijuana for a recreational purpose was acceptable. (N=260)	56%	8%	1396	1096	1496
The imp. people in my life have positive attitudes toward using recreational marijuana. (N=264)	31%	14%	24%	15%	17%
Using recreational marijuana leads to the use of harder drugs	35%	16%	16%	12%	22%
Regardless of my current state law, I am in favor of legalized marijuana for recreational use (N=257)	3196	1296	1396	1696	28%
Medical					
	[1]	[2]	[3]	[4]	[5]
I currently believe that use of marijuana for a medical purpose is acceptable. (N=265)	5%	3%	15%	18%	59%
Medical marijuana use is risky. (N=263)	28%	23%	28%	11%	10%
When I was 18 years old, I believed that using marijuana for a medical purpose was acceptable. (N=256)	53%	996	2196	696	1296
The people in my life have positive attitudes toward using medical marijuana. (N=261)	18%	1196	20%	20%	31%
Using medical marijuana leads to the use of harder drugs (N=262)	47%	16%	16%	696	15%
Regardless of my current state law, I am in favor of legalized marijuana for medical benefits (N=256)	896	296	13%	2096	60%

Groupings

NO

NEVER HAD,
NEVER WILL
NEVER.EVER

NEVER FOR ME,
BUT
OK FOR YOU

NOT NOW,
BUT MAYBE
I WILL IF...

YES

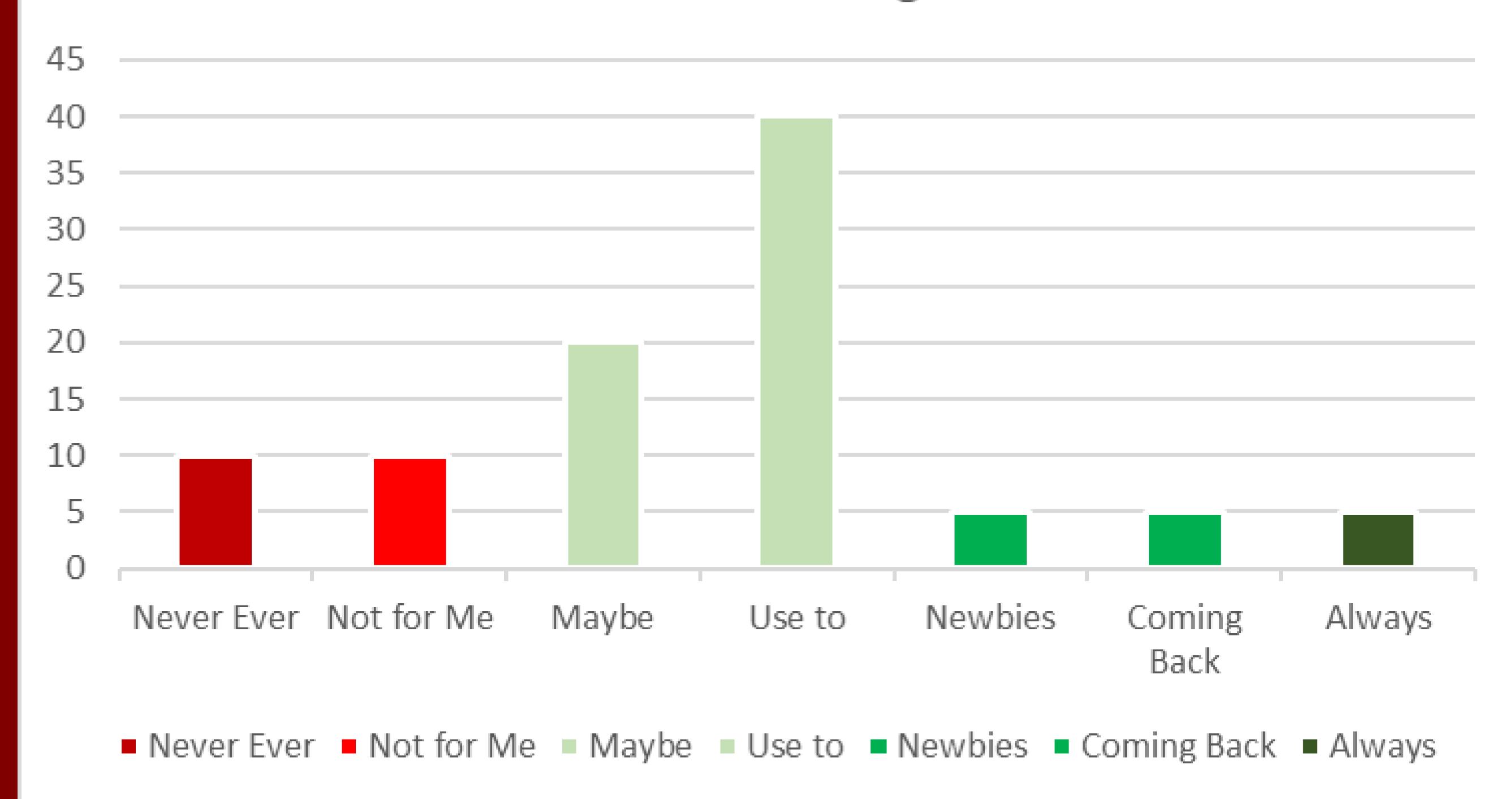
USED TO...
BUT MAYBE
I WILL IF...

NOT BEFORE...
BUT NOW I DO

USED TO...
AND NOW I GET
THE BENEFITS

ALWAYS HAVE,
ALWAYS WILL
IT'S ALL GOOD

Atttitudes among 65+



What are some of the unique views held by older persons?

Our goal was to identify emerging themes about cannabis use and older persons by conducting 17 focus groups across the state



We identified five themes:

- 1) older adults perceive a <u>stigma</u> associated with cannabis use, even if used for medical purposes
- 2) there is a <u>lack of information</u> about the use of cannabis for medical purposes.
- 3) substantial barriers exist to medical cannabis program.
- 4) cannabis largely is used for <u>symptom relief</u> (e.g., pain) and as a <u>substitute for opioids</u> and other medications.
- 5) persons who use cannabis only for a medical purpose prefer their own physicians but do not always use

Illinois Study

Surveys (N= 294)
31 Focus Groups (N= 258)



- "My doctor would put it down, marijuana use. And then, move right on, 'we're not talking about that, no."
- "It's not just going to the dispensary it's going to somewhere you trust with knowledgeable people that are educated."
- "Went to my doctor and asked her about the whole concept about medical marijuana and immediately got shut down. She said you know that's just not something we do here."
- "But it was so difficult just to get it, and when you have pancreatic cancer, you have such a limited amount of time. So I think I really jumped on board as why isn't this easier? Why is it so hard to be an advocate for yourself when your doctor doesn't have any information because that is the first person you would go to?"

The Role of Medical Providers...

EMBEDDED IN
HEALTH
SYSTEMS

ATTITUDES & EXPERIENCES

NOT TALKING
BUT
NOT IN THE WAY

HAPPY TO REFER WHEN ASKED & APPROPRIATE

INITIATING TALK
REGISTERED
REFERRAL

TIED TO
DISPENSARY OR
OTHER CLINIC

WHY ARE
DOCTORS EVEN
INVOLVED?

A Clinical Profile of Older Adults who use Cannabis

H Lum, MD, PhD¹, K Arora, PhD⁴, S Qualls, PhD², J Bobitt, PhD³, G Milavetz, PharmD⁴, B Kaskie, PhD⁴

¹University of Colorado Anschutz Medical Campus, ²University of Colorado, Colorado Springs, ³University of Illinois, Urbana Champaign, ⁴University of Iowa

OBJECTIVE

To describe

- a) prevalence and patterns of marijuana use, and
- b) predicators and outcomes of marijuana use, in Colorado adults age 65 and older

Design

State-wide survey, Self-reported health outcomes related to past year marijuana usecross-sectional paper or computer-based survey

Participants and Settings (n = 270)

Purposive sample of older adults ≥ age 65 in each of Colorado's 16 Area Agencies on Aging regions; at senior centers, wellness clinics, health clinics, and marijuana dispensaries.

Methods

Logit regression of predictors of past year marijuana use (medical or recreational)

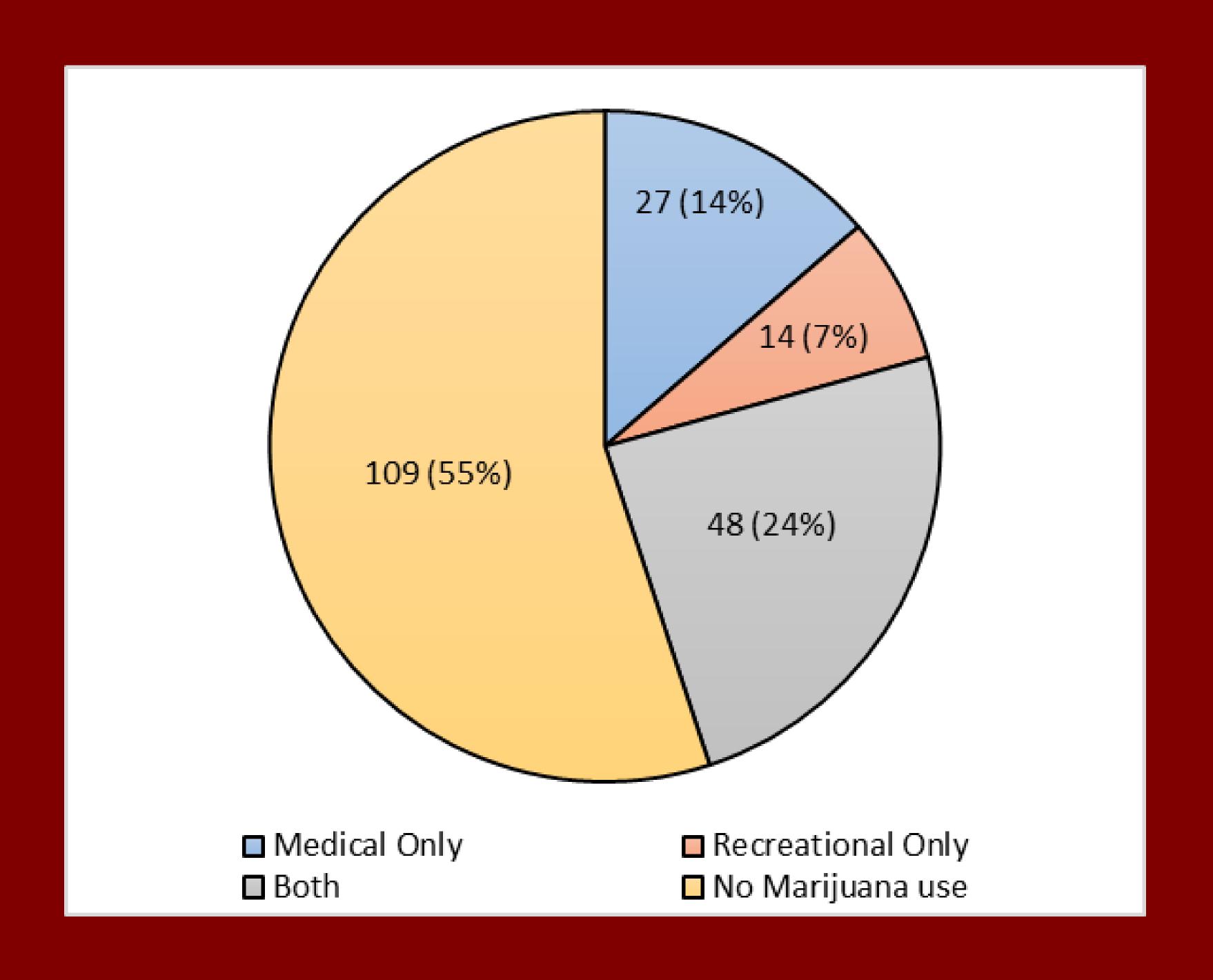
Are these "patients" really that different?

Table 2. Adjusted Odds Ratios showing odds of past-year marijuana use (N=167).

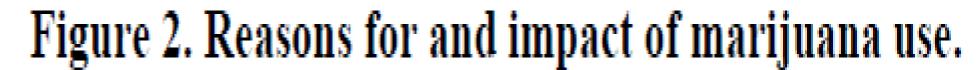
Independent Variable	Past-Year Marijuana Use, OR (95% CI)	p-value
Age	0.91 (0.86 - 0.97)	0.00*
Female	0.44 (0.20 - 0.99)	0.04*
Some College	3.1 (0.65 - 15)	0.15
College Graduate	4.5 (0.95 - 21)	0.06
Graduate Degree	3.4 (0.80 - 14)	0.09
Divorced/Separated	0.47 (0.18 -1.2)	0.11
Widowed	1.3 (0.45 - 3.7)	0.63
Never Married	0.96 (0.17 - 5.4)	0.96
Retired	2.2 (0.72 - 6.7)	0.16
PROMIS Global Health	0.94 (0.89 - 0.99)	0.02*
Past-year Opioid Use	2.6(1.0-7.0)	0.04*
Past-year Benzodiazepine Use	0.58 (0.21 - 1.6)	0.30
Caregiver in past year	2.2(0.80-6.0)	0.13

PROMIS - Patient-Reported Outcomes Measurement Information System *p<0.05

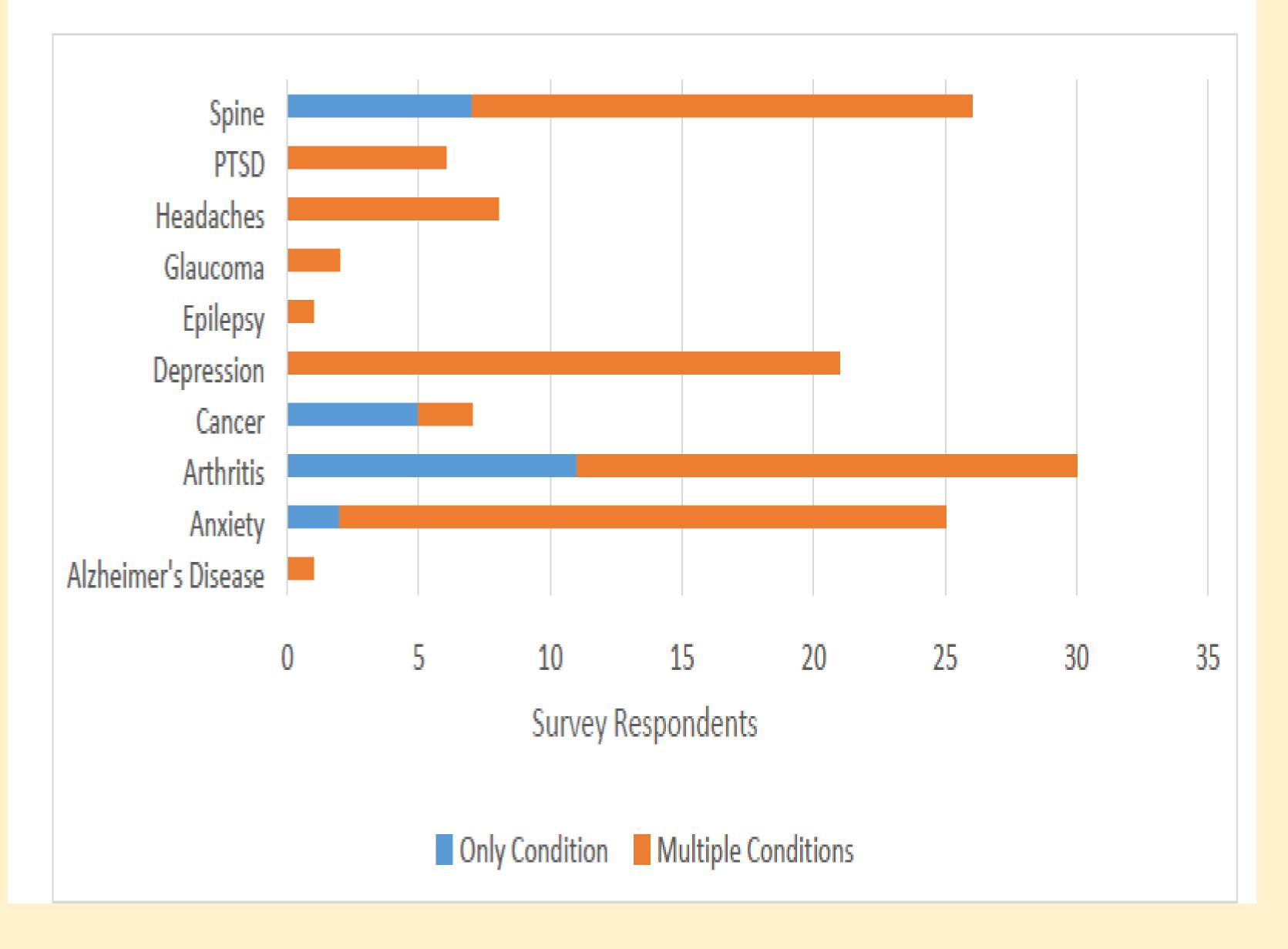
Why are they doing it?



Reasons for Cannabis Use

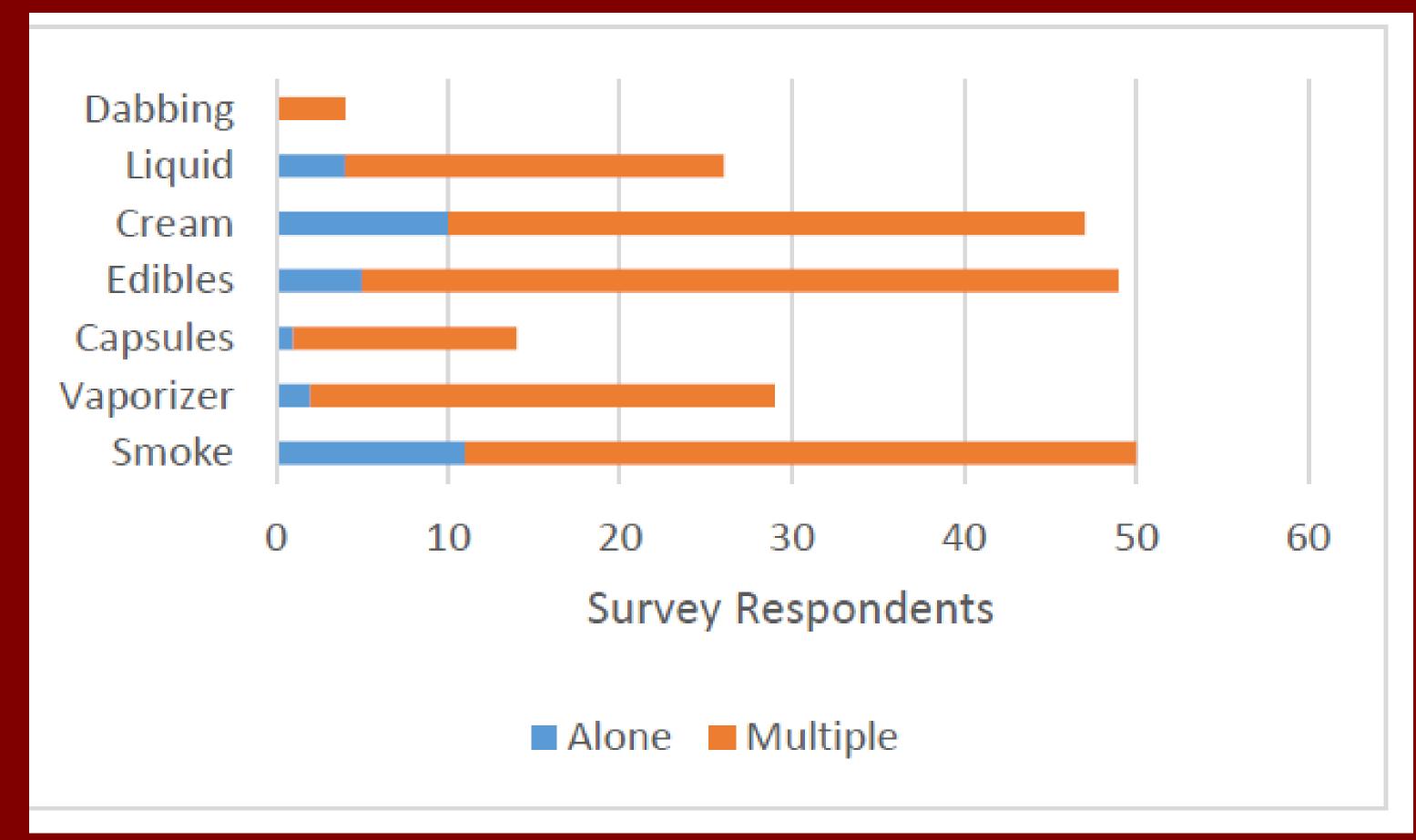


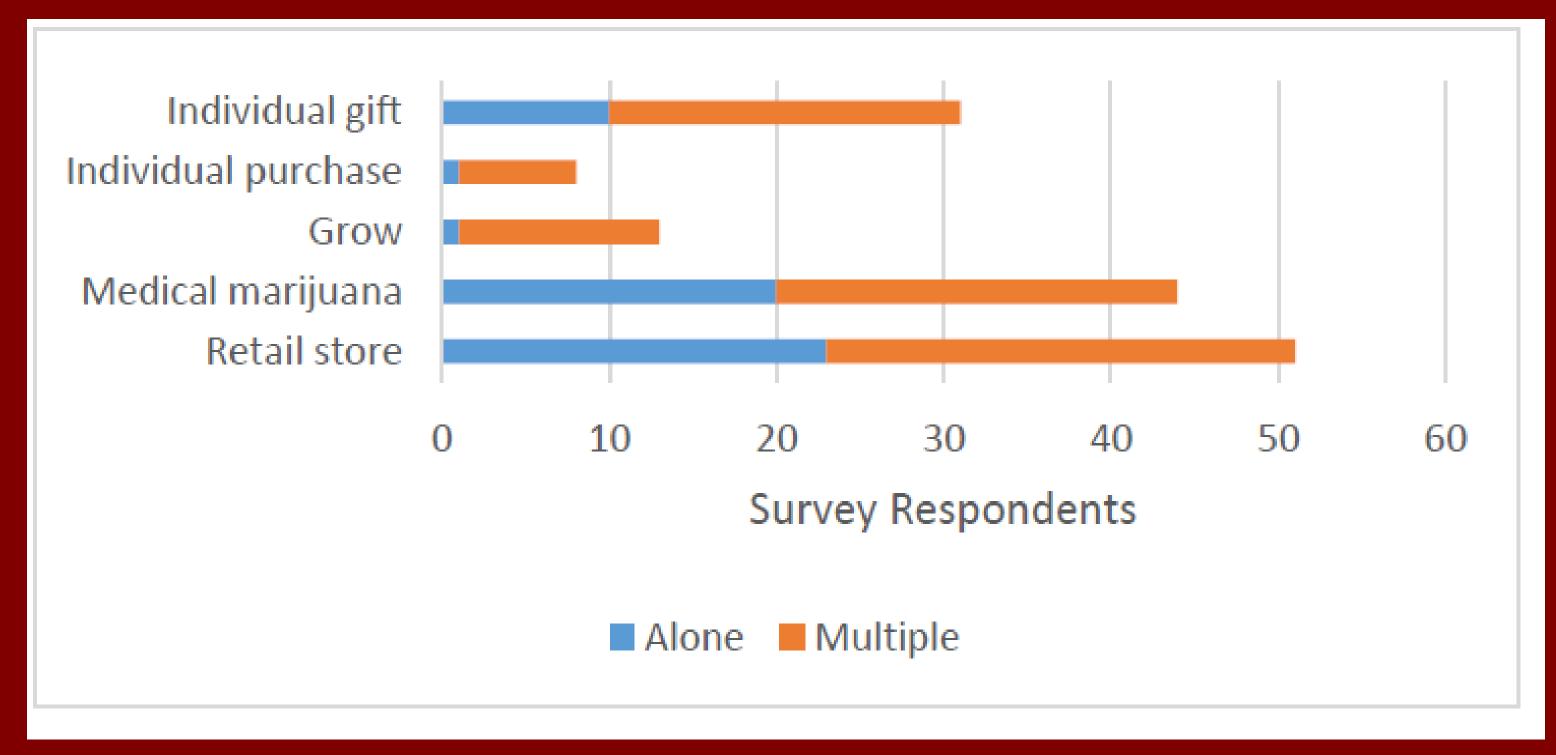
A. Reasons for use of marijuana.



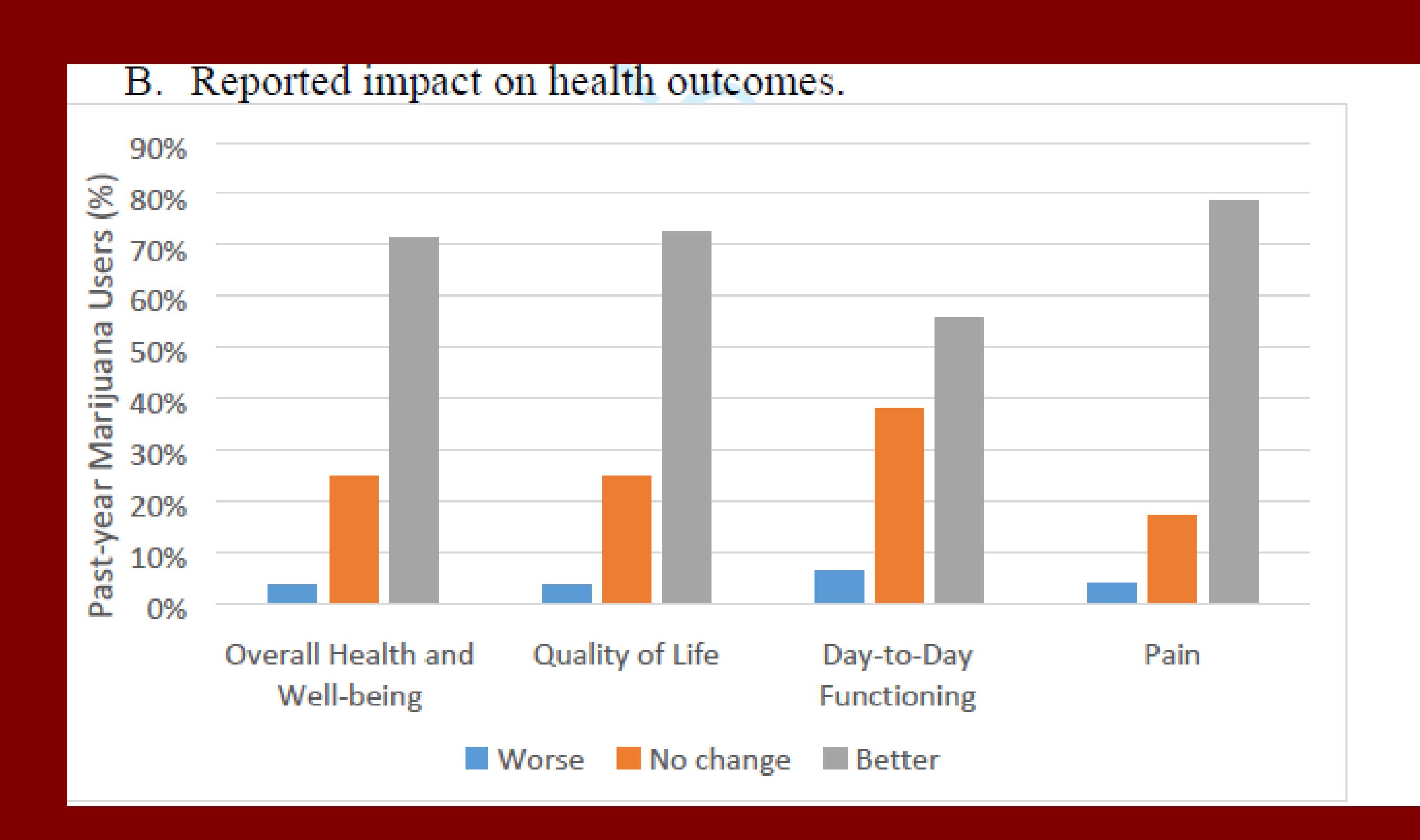
Diagnosed Condition	Percent
Anxiety	32%
Arthritis	37.3%
Cancer	8%
Depression	28%
Migraines/Headaches	10.7%
Spinal condition, including chronic back pain	34.7%
Other Diagnoses	13.3%

Just what are they doing?

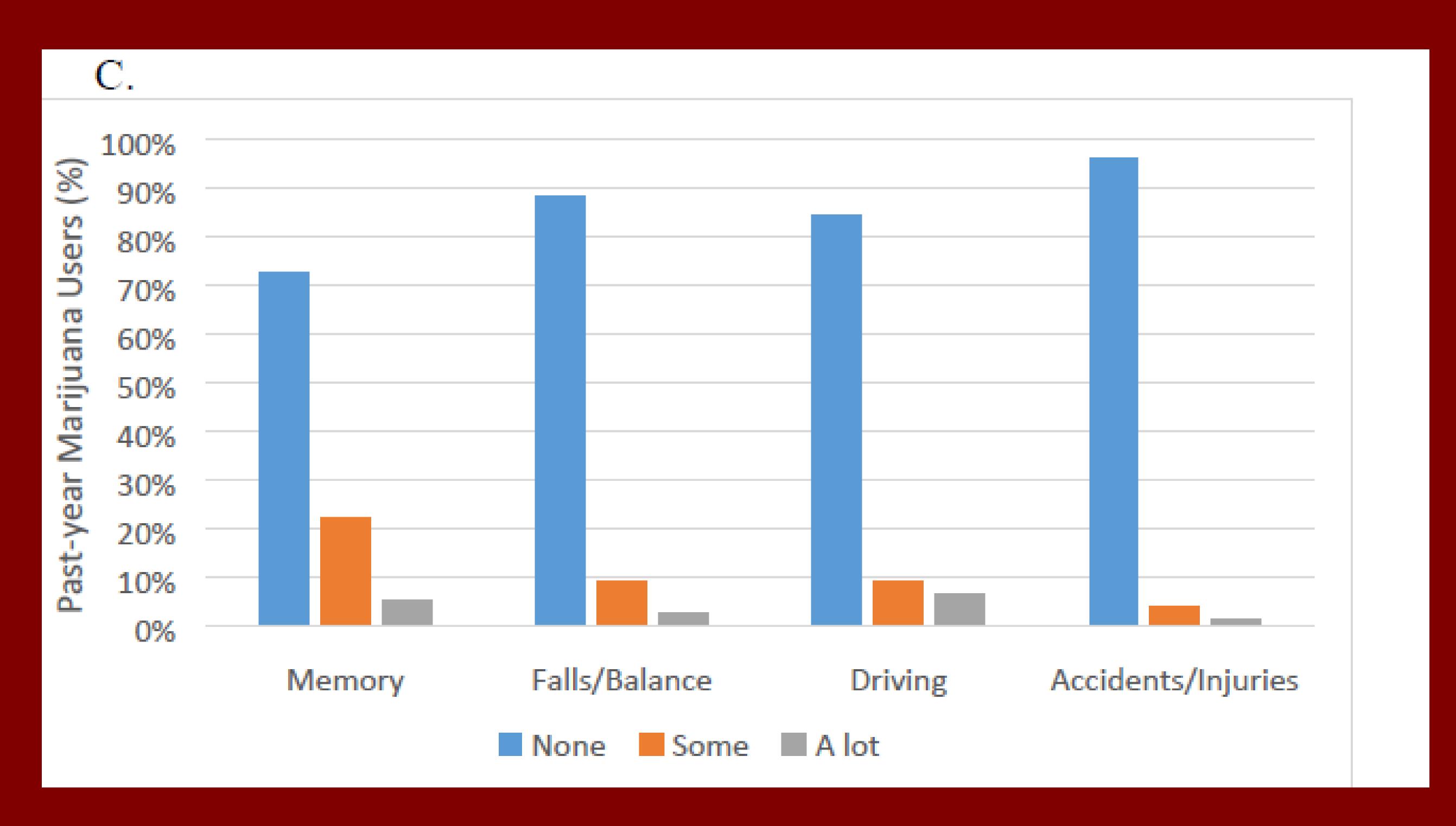




Outcomes of Cannabis Use



Outcomes of Cannabis Use



DISCUSSION

•A New Paradigm

Policy Alternatives

Research Directions

Cannabis Use Changes w Age



Policy Alternatives

Do we really need doctors to be involved?

Bbk Mks Afk

Know Your Strain.

Mgk Bbr

X13

Tw

Ak

Ogk Ww Gsc Cck Bd

Pex

Che Lk

C99

Indica

Indica

Ds

Death Star

Critical Mass

God Blk

Bw Mgo Afo

Indica

Rom Chz Sen

Blue Cheese

Lem Nyc Bak

St

Sweet Tooth

N

Northern

Lights

G13 Ago Fog Whr Gdg Pak Sno Pin Cas

Bg

Tok

Power Plant

Sativa

Kali Mist Purple Haze

Juicy Fruit Purple Diese Ssk

Juf

Indica Ga Grape Ape

Gth **Ghost Train** Haze

Tnd

Tangerine Dream

Skywalker OG

Chc Cah Chocolope

Sko Flo

Sage N Sou

Har

Harlequin

Sns Cnx

Jack the Ripper Acapulco Gold

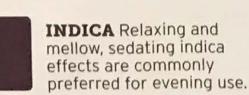
THREE SPECIES OF CANNABIS STRAINS:

Orange Kush

Lar

Lavender

Indica



Berry White

Romulan

Indica



HYBRID Most strains are indica or sativa dominant hybrids that yield "best of both worlds" effects.

Sensi Star



Super Skunk

SATIVA Uplifting and stimulating, energizing sativa effects are commonly preferred for daytime use.

Find these strains and more on the Leafly App.

9 (f) (S) (S+)

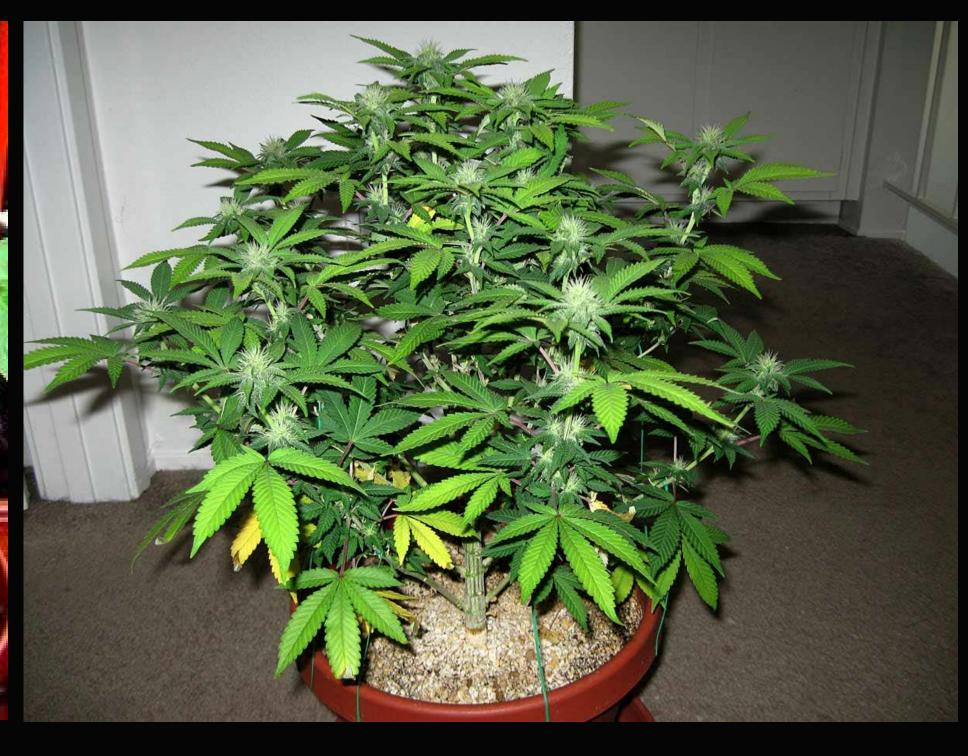
Leafly's 100 most popular strains, as determined by the number of user ratings.

Policy Alternatives

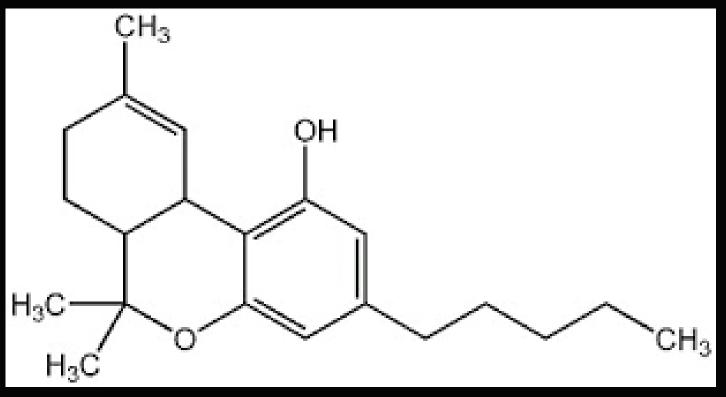
•Do we really need law enforcement to be involved?













Policy Alternatives

 Who gets to write the rules (and make the money)?













Current Research Opioid Substitution

Chicago Tribune

Lawmakers In Illinois Embrace Medical Marijuana As An Opioid Alternative



Figure 1: State Policies, Local Implementation Efforts and Cannabis Use among Older Americans

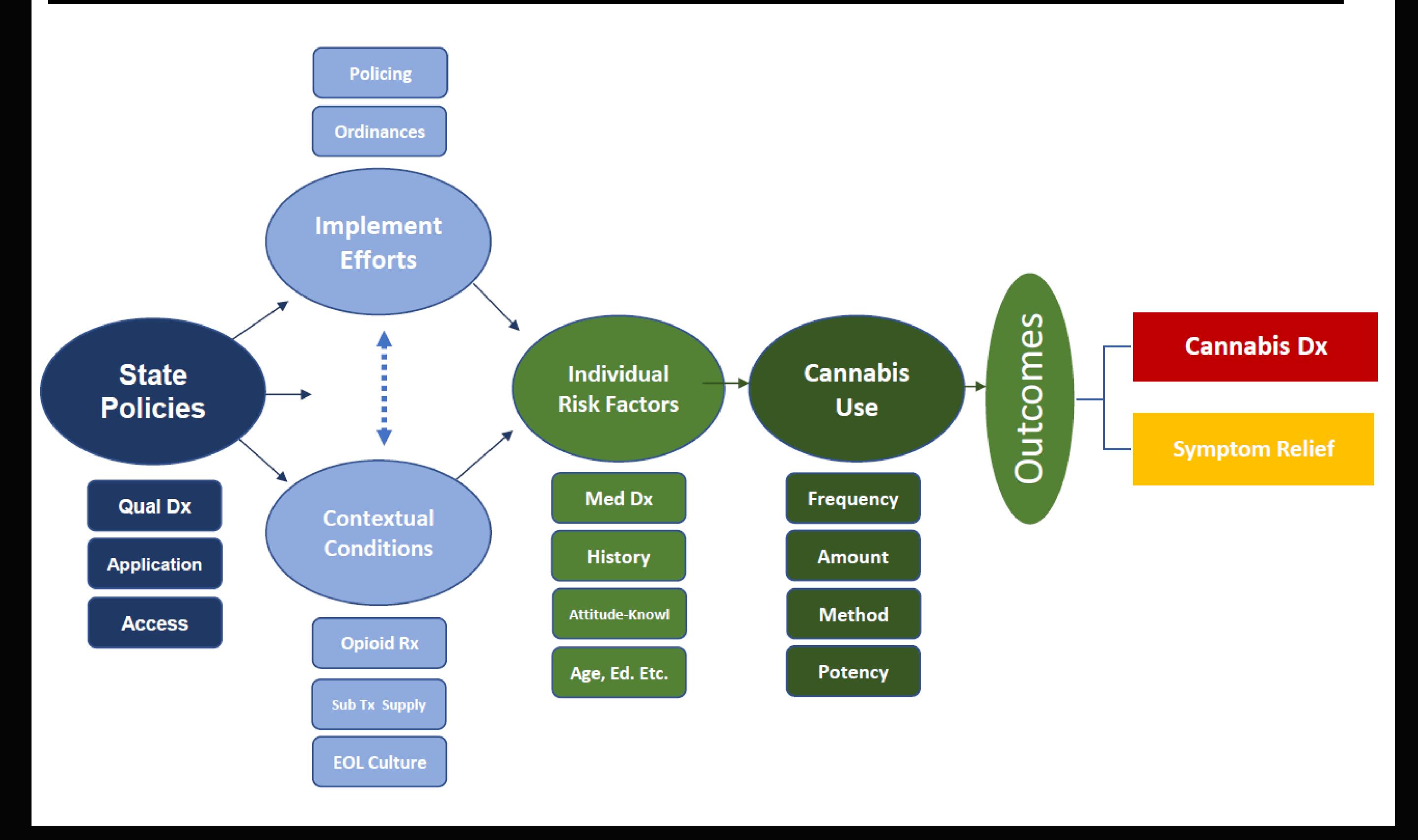


Table 1: Aspects of Statutory and Regulatory Code Pertinent to Ol	der Adults

Codes (Examples)	Sub-Codes (Examples)		
Program Qualification	Exclusions: Inclusion:	Place of Residence: Clinical Symptoms:	Federal Nursing Facility Pain
		Diagnosed Conditions:	Nausea Alzheimer's Disease Glaucoma
Application	Qualifying Pr	oviders: Medical Doctors:	Neurologists Psychiatrists
		Nurses	
	Processes:		Finger Printing Application Fee Renewal
Access	Home:		Delivery
	Caregivers Product Type		Cultivation Combustibles-Edibles Labeling

Survey Findings

Symptoms treated with Medical Cannabis:

Symptom:	Percent
Lack of Energy	10.7%
Pain	70.7%
Difficulty sleeping	46.7%
Nausea	12.0%
Other Symptoms	32.0%

	Sub-Codes (Examples)		
Program Implementation	Access:	Number of Stores	Medical – Clinic Like
			Retail
	Ordinances:	Sales Limits	Hours
			Advertising
	Policing	Citations	Retailers
			Individuals
Local Conditions	General		65+
			Urban/Rural
	Substance Use End of Llife		Opioid Prescribing
			Treatment Programs
			Advance Directives
			Hospice Programs

Table 3: Cannabis Use and Outcome			
Use	Frequency	Daily 3-4 Month	
	Method	Combustible Edible	
	Product Type	Indica (Low THC) Sativa (High THC)	
Outcomes	Self-Reported Negative Event		
	Health Status	Cannabis Disorder Dx Substance Use Dx Memory Wellness	
	Symptom Management	Anxiety Depression Pain Nausea Memory	
	Behavior	ER Use Treatment Social Engagement Exercise	

THANK YOU