

“Unrolling” Marijuana

Reasonable Suspicion: Recognizing Under the Influence

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Disclaimer: For informational purposes only

Who We Are - For Over 30 years:

- Drug & Alcohol Testing Provider
- Third Party Administrator
- Drug Testing Industry Trainer and Consultant
- Community Partner in Safety and Substance Abuse Prevention

Who We Are Not:

- Attorney
- Laboratory
- Medical Provider
- Clinical Scientist



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Learner Objectives

- Be able to identify suggested steps for updating controlled substance testing policy and addressing safety issues related to medical marijuana and other medications
- Know recent trends in marijuana, CBD Oil and impact on safety in the workplace
- Understand options in drug testing methodology



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Learner Objectives

- Learn an employer's responsibility for compliance with state and federal regulations
- Be able to define training requirements for employees and supervisors
- Recognize the potential safety impact and benefits of a Drug-Free Workplace



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Marijuana – “unrolled”

- **Cannabis**: a tall plant with stiff upright stem, divided serrated leaves and glandular hairs
- **Marijuana**: cannabis, especially as smoked or consumed as a psychoactive drug
- **Cannabinoids**: different chemicals found in marijuana



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Marijuana – “unrolled”

- **Tetrahydrocannabinol**: THC is a crystallin compound that is a main psychoactive ingredient of cannabis
- **Cannabidiol**: CBD is a chemical occurring in cannabis plants
- **Medical Marijuana**: a term for derivatives of the Cannabis sativa plant that are used to ease symptoms caused by certain medical conditions.



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Confusion from CBD

- Cannabis products with > .3% THC are Schedule 1 drugs
- CBD containing THC could result in a positive drug test
- DOT drug screens test for THC **NOT** CBD*

*Clinical Reference Laboratories (CRL) announced a urine drug test for 11 compounds or metabolites found in hemp/marijuana and can be used to evaluate a claim of CBD ingestion.



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CBD vs THC

CBD

- Psychoactive, but no "high"
- Pharmaceutical grade products undergoing FDA approval process
- Federal Illegal-ish
 - Derived from hemp: legal
 - Derived from cannabis oil: illegal

THC

- Psychoactive - causes "high"
- drugs with no currently accepted medical use and a high potential for abuse
- Federally Illegal
 - Medically legal in 39 states*
 - Recreationally legal in 21**

*Plus DC, Guam, Puerto Rico ** Plus DC and Guam



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DEA Ruling September 2018

Certain FDA-approved drugs containing CBD and <0.1% of THC can be lowered to Schedule V

- CBD can be a Schedule I drug
- Epidiolex is currently the only FDA-approved CBD



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Marijuana and the FDA

- The FDA has not recognized or approved the marijuana plant as medicine (Schedule I)
 - No prescriptions (RX) are written for Medical Marijuana
 - Recommendations are provided by physician
 - ID Cards are issued
- Why?
 - Have not conducted enough large-scale trials
 - Currently the benefits do not outweigh the risks



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Marijuana and the FDA

- FDA approved synthetic THC
 - Dronabinol (Marinol/Syndros) used for nausea, vomiting, and weight loss related to chemotherapy or HIV/AIDS. Approved 1985
 - Nabilone (Cesamet) also used for nausea, vomiting, and weight loss related to chemotherapy. Approved 1985/2006

<https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process>



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Synthesized THC

COMPARED TO DELTA-9 THC:

- **THCP** – tetrahydrocannabiphorol – 33X stronger
- **THC-O** – 3x stronger: Delta 8 + acetic anhydride
- **HHC** – Hexahydrocannabinol – Hydrogenated – 80% as potent



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Synthesized THC

COMPARED TO DELTA-9 THC:

- **DELTA-8 THC** – 50-65% as potent – tiny amount in plant
- **DELTA-10 THC** – 50% as potent - totally lab created
- **THCV** – Tetrahydrocannabivarin – 25% as potent



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Safety Concerns for Employers

- Distorted Sense of Time
- Higher Likelihood of Depression
- Possibility of Increased Anxiety
- Risk of Psychiatric Disorders
- Problems with Memory Function
- Damage to the Lungs



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Safety Concerns for Employers

- Cannabinoid Hyperemesis Syndrome –
 - repeated and severe bouts of vomiting
- Cardiovascular & Heart Damage
- Marijuana Use Disorder
- Impaired Depth Perception
- Lower Inhibitions
- Impaired Driving Ability and Motor Skills

Some concerns from: <https://summitmalibu.com/blog/10-negative-weed-side-effects-of-marijuana-use/>; <https://nida.nih.gov/publications/research-reports/marijuana/marijuana-addictive>; <https://www.webmd.com/mental-health/addiction/marijuana-use-and-its-effects#1>



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D & A Industry Perspectives

- Brian Drew, VP of Nationwide Medical Review, serves on the Government Affairs Committee of the National Drug and Alcohol Screening Association:
 - Employers must provide a safe and drug-free work environment
 - Pass smart laws:
 - Safety must come first
 - Limit THC potency
 - Keep kids safe from marketing



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D & A Industry Perspectives

- Rick Tennant, VP of Business Development, Current Consulting Group
 - With legalization . . The ability to identify recent drug use will become more important.
 - Quest Diagnostics Drug Testing Index – 8.3% positivity rate increase between 2020 and 2021
 - Highest positivity rate in history of DTI
 - States with recreational laws . . . Surge of 118%



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D & A Industry Perspectives

- Rocky Mountain High Intensity Drug Trafficking Area's annual report: THE LEGALIZATION OF MARIJUANA IN COLORADO: THE IMPACT – Volume 8, September 2021 - Since 2013:
 - Traffic deaths where drivers tested positive for marijuana increased 138%
 - Past month marijuana use for ages 12 and older increased 26% and is 61% higher than the national average, currently ranked 3rd in the nation.
 - The percent of suicide incidents in which toxicology results were positive for marijuana has increased from 14% in 2013 to 29% in 2020.
 - Marijuana tax revenue represent approximately 0.98% of Colorado's FY 2020 budget.
 - 66% of local jurisdictions in Colorado have banned medical and recreational marijuana businesses

• 2021 <https://www.rmhidta.org/intelligence>



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Building a Drug Testing Program

- Methodology
- Drug panel(s)
- Medical Review Officer
- Drug Testing Policy



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Methodology - Urine

- Most common
- Only option for federally mandated workers
- Longer detection time after use
- **Pre-employment, random,** reasonable suspicion, post-accident and follow-up



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Testing for THC in Urine

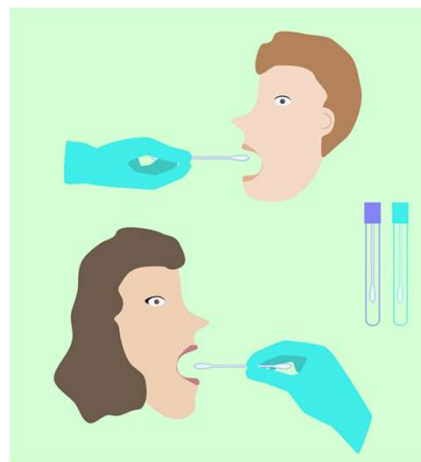
- Detects the drug metabolite not the parent drug
- An active **metabolite** results when a **drug is metabolized** by the body into a modified form
- A metabolite can continue to show the same effects of the parent drug



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Methodology - Oral Fluid

- Least invasive method
- Shorter detection time
- Pre-employment, random, **reasonable suspicion, post-accident** and follow-up



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Testing for THC in Saliva

- Tests for the parent drug and metabolites
- Detection windows can be as soon 30 minutes after use
- Difficult to adulterate



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Medical Review Officer (MRO)

A licensed physician who determines if there is a valid medical reason for a drug result to be positive.

- Mandatory for ALL DOT testing
- Best practice for workplace testing
- Can issue safety concern with a non-DOT negative



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“I was just notified of a positive result for an employee with a medical marijuana certification. What do I do now?”



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Answer:

- *Medical Marijuana Certifications or Cards are not viewed as Prescriptions.*
- *They are not recognized by an MRO as a medical reason for a positive THC drug screen.*

DOT

- Remove employee from any safety sensitive related job functions.
- Provide employee with a list of Substance Abuse Professionals (SAP).
- Once employee visits with a SAP, passes a return to duty test they can return to safety sensitive work.
- Follow-Up program determined by the SAP.

Non-DOT / DFWP

- The MRO will release the result as a positive, with a comment stating the employee provided proof of a medical marijuana certificate/card.
- **Refer to your policy.**



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“My employee says he/she is using CBD Oil to explain his/her THC positive. What do I do?”



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Answer:

- CBD Oil use is not a valid explanation for a THC positive
- Remember: Drug screens test for THC not CBD
- The MRO will not overturn a THC positive based on CBD oil use



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THC: Need for Levels of Intoxication and Impairment

- Science is not ready to provide levels of intoxication, placing employers and law enforcement in a challenging position.
- Scientific research has not yet established a firm correlation between the amount of marijuana consumed by an individual and how impaired they become.



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THC: The Search for Impairment

- Lambert Initiative for Cannabinoid Therapeutics, based out of Sydney University (Australia) is researching THC impairment in humans
- Their research is suggesting that those having taken moderate (10 mg) to high levels of THC are likely to be impaired between 3 and 10 hours
- High dose THC edibles more likely to impact for longer periods

<https://www.sydney.edu.au/news-opinion/news/2021/04/12/scientists-put-stopwatch-on-cannabis-thc-intoxication-lambert-drug-driving.html>



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Industry Recommendations

- Keep testing!
 - Focus on SAFETY
 - Define safety and security sensitive positions
 - Treat all impairing substances equally
 - Update policy annually
 - Enlist expert help (legal, medical, TPA)
 - Provide recognition training for leadership and supervisors



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Reasonable Suspicion Recognition Training

- D.O.T. regulations, as well as some states and/or company policies require a minimum of:
 - 60 minutes of drug recognition training
 - 60 minutes of alcohol recognition training
- Some states, D.O.T. administrations and company polices require annual refresher training
- Sources for training can include:
 - Third Party Administrators (TPA)
 - Drug Recognition Experts (DRE) and law enforcement
 - Medical professionals



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Reasonable Suspicion Recognition Training

Signs of Use:

Words: <https://www.ganjabpreneur.com/marijuana-slang/page/5/>

- pot, Mary Jane, 420, weed, joint, Dabs, sungrown
- Toking, Smoking Trees, Mowing the Grass, Hitting the Hay, Blowing
- Restlessness, dreamy, hunger, loss of memory
- Odor – burnt popcorn, skunk like



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Reasonable Suspicion Recognition Training

Signs of Use:

- Visine use – get the red out
- Poor muscle coordination
- Feelings of Heightened Insight, distorted senses
- Delayed reaction time



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Cannabis: **Inhaling vs Ingesting**

Inhaling

- THC to lungs then blood, then brain
- Effects within seconds to minutes
- Full effect can peak within 30 minutes
- Effects can last up to 6 hours with residual up to 24 hours

Ingesting

- THC to stomach, then liver, then blood, then brain
- Effects within 30 minutes to 2 hours
- Full effects can peak within 4 hours
- Effects can last up to 12 hours with residual up to 24 hours



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Signs & Symptoms of Marijuana Overdose

- Acute Marijuana Intoxication
- Often related to consumption of edibles
- More adverse effects include:

Drowsiness
Confusion
Anxiety/Panic attacks
Agitation
Impaired motor ability

Psychotic episodes
Hallucinations
Paranoia
Respiratory depression
Irregular Heartbeat



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Reasonable Suspicion Recognition Training

- Paraphernalia



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Cannabis: Potential hiding/storage places

- Carved-out space at the top of a door
- Over-the counter drug packages
- Hollowed-out can
- Under a fish tank
- Lining of a speaker
- Drop ceiling
- False roof of a bird house
- Wall outlet
- Between slats of assembled furniture



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Thank You

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