Podcast Transcript

# Cannabis Legalization: Progress or Patchwork?

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### Guest: Frances Rieth Maynard PhD MBE FNP-BC

Dr. Maynard is an associate professor in the School of Nursing, Rutgers University with a dual appointment in the Department of Family Medicine of New Jersey Medical School. She has a broad background in nursing and bioethics, with specific training and expertise in qualitative research and clinical ethics consultation. She co-chairs the Ethics Committee of the University Hospital in Newark NJ, and she works part-time as a family nurse practitioner.

### Host: Candace Pierce: DNP, MSN, RN, CNE

Dr. Candace Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. PIERCE: strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.


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Recording Transcript

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**Pierce:** Hello, I'm Dr. Candace **Pierce** with Elite Learning by Calibri Healthcare, and you are listening to our Elite Learning podcast where we share the most up-to-date education for healthcare professionals.

Welcome to our podcast, *Cannabis Legalization: Is it Progress or Patchwork?* As cannabis legalization continues to evolve, not just here in the States, but across the globe, as healthcare

professionals, we definitely face some new challenges and opportunities in patient care and public health.

So in this episode, we're going to explore the implications of cannabis legalization and really **examine** whether it represents progress or a patchwork of policies. Now with over 40 countries having legalized medical cannabis and more than 20 States in the U.S. actually allowing recreational use, the landscape is definitely changing and it's changing rapidly.

And so it's not just a legal issue, it's a healthcare issue. It's **going** to affect how we manage pain, mental health, chronic conditions, and it even influences patient decisions and societal norms. Studies have shown that cannabis use has increased by 30% in regions where it has been legalized. And I think that really highlights the need for healthcare professionals to stay informed and proactive.

And the shift definitely has some significant implications for clinical practice, for patient education, and really public health policies and public health education. So joining me for this discussion is Dr. **Frances Maynard**, thank you for being here.

**Frances Maynard: Thanks** for having me.

**Pierce:** Yes, can you share how you became involved in this topic?

**Maynard:** The way it was more of a personal issue in that I had a friend of mine whose child was attending the university where I was teaching, and he was telling me about the problems that this child, a new freshman at the university, was having in acquiring **and** using medications that he had been legally given.

This child had had numerous issues over the years and was **authorized** to use marijuana, medical marijuana, for his issues. And the problem was **that** this kid was at the university, and when he would need the legal substance, he had the card, the medical marijuana card, allowing him to hold and use this substance.

The university said that he was not allowed to use this substance on campus and that he was not allowed to store the substance on campus. And they had reached out to the health services piece of the university and said, will you all handle this for us? Can **he** store it here such that if he needs it? He can come to health services. And as it turns out, that was not accessible to him either. And what the family was told was that the child was allowed to live in the dorms but was not allowed to store the cannabis, was not allowed to have the cannabis anywhere on campus, and that if his symptoms warranted needing this substance that he'd been using for a number of years under the care of various physicians, that the parents would have to drive across the state with the substance, take the child out of the dorm off university property, let the child use the substance, and then drive the kid back to his dorms. At that time, recreational marijuana was not legalized. It was only medical marijuana that had been legalized. And the father's concerned, aside from his child not being able to access a substance that he had been using, that the father said, I don't have the medical marijuana card. If I put this in my car and I'm driving across the state to give this to my kid, you know, he was

concerned about that. So that was how I became interested in it and speaking with other colleagues, we were totally thrown by all of this, did not know that this was an issue. So then reaching out to other universities and learning that there's a whole lot more to it than just saying that someone has the medical card and they can use it, marijuana, whenever they need to.

**Pierce:** Right. That is such an interesting story. And so many places in your story where I feel like this child was failed by the healthcare providers, by the university administrators. I mean, he has a medical card for this. This is a prescription, pretty much, not recreational use. And so how they got away with not even giving him a way to use the medication that he needed.

**Maynard:** Right, right. **It** was, yes. And so it was interesting because then talking to others about this whole issue, it was like, well, I mean, kids are in college. Why didn't we just hide the cannabis under his pillow like all the other kids do, right? But this situation **was** not. Yes.

**Pierce:** That, you know, that is, but he was trying to be honest and straightforward. He wasn't hiding what he needed. I mean, this was a medical use, approved medical use, you know? So I respect him for trying to do the right thing. That says so much about him and his character. And I just, it breaks my heart to hear how we failed him.

**Maynard:** Right. It was a medical use. Yes.

**Pierce:** From the university administrators to the healthcare providers who should have been like, hey, yes, we'll help you, this is medication. Most universities have clinics on campus. So there were so many avenues where he could have been helped and accommodations could have been made, should have been made.

**Maynard:** Right. That's what he tried. Basically, that's what he tried to do. Right, right. Well, according to the federal law, that's not possible. So that's ultimately what the issue was. Yes.

**Pierce:** Well, let's get into that. So my goal for our discussion today is really just equipping us healthcare professionals with that knowledge and the strategies to navigate exactly what you're talking about. This landscape of, you know, federal laws, state laws, choices that, you know, I don't even know **what** you call them, for, you know, places like the university just to be able to make informed decisions in our practice and also to help our patients navigate this landscape, because it's definitely different.

So to kick us off, what are the current trends in cannabis legalization and how do they vary across the different regions?

**Maynard:** Yes, yes. What is interesting is that it's very much a state-by-state landscape. Even one state next to the other, some have authorized use of medical cannabis, some have authorized use of recreational, some have said no to both. And each state, even if they have legalized use of medical cannabis, they all have different formulations and different amounts and different ways that patients can access it, which is very interesting in and of itself.

It's very much a way for a while there, it seems that more and more states were authorizing use of medical cannabis, allowing it. And certainly more than three quarters of the states are now allowing medical cannabis in some way. But even state by state, the amount that people can access and the type, the varietals that people can access are very different depending on the state.

**Then** it was one of the biggest issues was that because it is currently a Schedule I substance federally, **there is** no research, very, very limited research is able to be done **using** the substance. And so there was, in Biden's term, thought to reschedule the cannabis from a substance, excuse me, from a Schedule I to a Schedule III, which would allow more research on the substances in the whole cannabis plant because there's so many different substances within it.

**Then** what happened with that was that, and then candidate Trump was all for rescheduling and for, and he pushed legalization actually in Florida, I think it was, it might've been only a week before he was, Trump was inaugurated, put into as president, a judge put a hold on the rescheduling. So even though then candidate Trump was for legalization. The people he appointed at the DEA and at the Office of Management and Budget were very much against rescheduling cannabis as a Schedule III drug. So where it is now is kind of in limbo in terms of rescheduling. So even though there seems to be a very broad public support and almost like a I don't know, a wink and a nod with people using it, that policies are very much on the other, against that, right? So it's not only, I, you know, what we saw with that kid at the university, but it's true for things like, and so the child with the university, the issue was is that universities get federal funding, and so universities were afraid of losing any kind of federal funding. And that would mean not only grants for their researchers, but scholarships for other children going to the universities because all that stuff is federally regulated. So there's the universities. And then in addition to that are the people living in public housing. So public housing gets federal monies as well. So for those individuals living in public housing that are subsidized by federal monies, those individuals as well are not allowed to use medical marijuana if they are deemed eligible for it. So there's a whole bunch of political things happening, weird things happening.

**Pierce:** Yes. And so people are tiptoeing around these federal regulations to try not to have any negative repercussions on them. It sounds like more of the monetary areas. We don't want to lose our funding or them to decrease our funding. It's just interesting that medical cannabis is put in this position.

**Maynard:** Yes, and part of it too, what I think is interesting is that one of the **big pushes** for getting cannabis legalized was states saying we can make money off of this by taxation. And we can get this, and what's happening in various states, it's very interesting on a very state-by-state basis. **What's happening in various states** are states saying every time that they're trying to increase, for example, taxation on this, what's happening then is they're competing with the illicit market.

So states are saying, we're not getting the monies theoretically that we should be getting because if it's not legal, it's very interesting. It's very interesting, I think.

**Pierce:** There's a lot of red tape there too, it sounds like. Now, one of the things that you mentioned that I want to touch on is the reclassification. So right now, Schedule I, trying to make it a Schedule III. As far as the potential benefits and the risks of cannabis use from a healthcare perspective, what do we actually know? Because I know that the studies are, you know, we don't have as many because it's a Schedule I versus a Schedule III. So what do we actually know when it comes to the potential benefits and the potential risks?

**Maynard:** So what's interesting about that too is that it depends on who you read, and different organizations have said different things.

The only definitive thing that we know is that for some forms of epilepsy, it **reduces seizures**. We know that, yes, it can help with cancer-induced nausea and vomiting. And we know that certain forms of spasticity, like in multiple sclerosis or spinal cord injuries, that it definitely can help with spasticity there.

What is interesting is that we as providers cannot prescribe, right? We can authorize if someone meets qualifications for needing or benefiting from cannabis. Each state has its own indications for who qualifies for it, right? The interesting thing about that too is that because different states and different organizations have said, yes, it works for this, then really providers are working in the dark. If my state where I live says that this is medically called for because of this condition, your state might say something very **different**.

So that's part of it, we don't know a whole lot. One of the things with this too is that it's different formulations of the cannabis, right? So there's the THC and there's **CBD**. The proportions of each in what is given to a person matter. CBD affects people in a very different way than THC does.

A higher CBD might be useful for someone suffering from inflammatory diseases versus THC, which works on a different part of the whole system. It is very confusing trying to figure that stuff out.

One of the things that we've seen is that we know that it works to reduce anxiety in some, right? But that's for a higher CBD versus THC. THC in some people can cause **severe** anxiety. It's a very strange world that we're living in.

There are certainly benefits for medical cannabis seen in a number of populations. The issues become one of the things that we are concerned with, that if people are using it, **it** can result in things like cannabis use disorder, people becoming dependent on it, using it more, having problems with anxiety.

If people are prone to psychiatric illnesses, **THC** can induce psychosis in some individuals who are predisposed to that.

So I'm a family nurse practitioner. One of the things that I am concerned with, that I see, are the use of edibles that look like candy, right? With packaging for that, kids can get a hold of something that looks like candy, but it's **marijuana**.

There are a lot of advantages and potential advantages to using this as medication, but there are a lot of issues and real issues. The problem is that without true research and overall legalization, it makes it very difficult to even have conversations with patients about what the potential benefits and issues are.

People say that it works in reducing cancer-induced nausea and vomiting, **cachexia**, etc. But persons who are pregnant might think it reduces nausea and vomiting. And if I'm having nausea in my first trimester, then maybe I should be using edibles.

The issue is that **THC** crosses the placenta, so they definitely should not be. Part of it is that there's not enough information out there and that people know. Exactly. We do not have guidelines.

**Pierce:** And we don't have guidelines. There's no prescribing guidelines. Now what about the other, you know, there are other countries where it has been legalized. Are they leading the way in research?

**Maynard:** They are doing more in, so Germany is one, for example, that **is more**, not liberal, but more, they have more of an overall vision. It's not localized. I don't know what it is in Germany. It's not county. What is it in Germany? There's very, you know how we have states?

**Pierce:** Yes.

**Maynard:** It is not that way in Germany. It is not that way in Mexico. There **was**, for a time, a number of countries that were again, like you say, leading the way for this kind of legalization and for research. But given the political **environment** that we're seeing in this country, we're seeing in other countries as well. So it is less. It is not on the radar in the same way as it was even 10 years ago.

**Pierce:** That's so interesting. The way that we're looking at cannabis and all of these, I mean, you could be trying, going on vacation, and you have, and you need this. You need the medical cannabis, and you go to a different state. **Try** even driving through different states. You need to know what those laws are, what you're allowed to do.

**Maynard:** Right. And so if I have a card, a medical marijuana card, like my patients call it, I can't go to a different state and use it if that state has not legalized it. My card in my state is not valid in your state.

**Pierce:** So how do we navigate these legal and ethical considerations that we're identifying that we're seeing? How as healthcare providers do we navigate this?

**Maynard:** I think part of it is, so you've seen, I'm sure, the numbers of CMEs and CEUs that have gone out. The American Nurses Association has promoted legalization of cannabis. They have a number of textbooks now out about this.

**Maynard:** The whole education piece has to be done. But I think that one of the things that is problematic is if we focus on the education with only the physiologic, pharmacologic, those kinds of issues, one of the big things that we really, really need to be **paying** attention to are the legal aspects.

Things like going across state lines. So what is interesting is the work for me, I hear my patients wanting me to authorize them to have the card for various issues. And they don't know if someone has if they have legal access to cannabis. It does not mean that cannabis is free. So I have patients saying, if I have the cards, then I can get them for free, **etcetera**. So part of that issue is education.

Healthcare providers, I think we need to be really, really well educated enough to speak to our patients about not only physiologic and pharmacologic things but also the legal aspects of this.

Part of it too is that especially if you're in a state where it is legal, recreational or medicinal, persons are getting their cannabis through dispensaries and not **randoms** on the street, right? So that's one of the issues. At least we know that from a dispensary standpoint, the substances they're getting are in some way regulated and not with various substances also put in there.

**Pierce:** Right. They're usually on the street laced with other things. But it's so interesting talking about the education that you have to have or that you **should** provide. I mean, when you think about, I'm going to authorize you to have a card, you're not necessarily thinking that you also need to educate them about all these different laws, the state laws and all the, you know, you're thinking side effects and the reason to use it and I put this up so other people can't get to it type of thing.

But now healthcare providers have to be responsible in understanding and knowing the laws that surround it, because where else is our patient going to get that information? I don't think the dispensary is necessarily going to share that. You know, they're in the money-making business. They're out to sell it. So I don't know that they're going to be responsible. I mean, some might. I don't want to speak for all of them, but where else is that patient going to receive that information, they need so that they don't get in trouble with the law going on vacation, driving through other states?

So there is definitely a piece of this that we need to start understanding and making sure that we are sharing with our patients because we don't want them to get in trouble.

**Maynard:** No, no, no. And so one of the things that you just alluded to, which I think is interesting as well, is that as providers, we are not saying you should be taking **50% THC and 50% CBD.** This is the plant. This is how I want you to be taking this. We're not.

All we are doing is saying if someone is getting the legalized cannabis, all we are saying is that we agree that this patient meets this medical condition, right, and may benefit. What's happening then, so if I say that for one of my patients, I am not saying to my patient, you should really be looking for this kind of dosage, right?

What's happening is that patients are going to dispensaries and that's where they're getting the advice about which thing to smoke or which edible to use. It's the dispensary people who are giving that advice because they do some training. It's a wild, wild west out there. It really is very interesting.

**Pierce:** Right. Yes, because are we doing studies on the different types and the percentages? Are there studies to try to help with narrowing it down, THC versus CBD?

**Maynard:** Yes, that does exist. Yes. But if you're a provider and you are authorizing one of your patients to use this, there is no prescription pad saying, I think you should be using sublingual versus vaping versus whatever and looking for this percentage. That doesn't happen. You are just basically authorizing. You're saying to the patient, this is what.

**Pierce:** Who's leading the studies for THC versus CBD? I mean, is it a different country that really is leading the studies to help us understand?

**Maynard:** No. **There has been** a lot of stuff in the United States that has been done. It's very, very, extremely regulated because the plants that we can get to do this research are in one place and the researchers have to be going through all of this stuff to be able to access this and to be able to get that information. So it's a very, very **onerous** process and very few universities are allowing that research to even take place.

**Pierce:** Yes. What other challenges are you seeing as far as being able to conduct research on the medical use of cannabis in these different regions? Because, you know, we have the varying legal statuses. So what other challenges are we seeing?

**Maynard:** I think that is the biggest one. I think that for a lot of us, we're almost kind of flying blind in that we know some things about what **CBD** versus **THC** does. We know some things about that, right. We don't know, like you're saying, different guidelines.

Even different organizations, right? The American Medical Association is very much against the legalization of cannabis, but they are for doing research on this, right? So we need to have more research because we don't know what's going on with that.

I think one of the big things as well is, like you're saying, the idea that we need to have a broader understanding as providers. It's not just this "go ahead and use this substance and it will hopefully help alleviate this," but this broader understanding of what you're saying, what it means for the laws, where people can use it and where they can live.

Just because they **have access to it** doesn't mean they're not going to be thrown out of their housing. I think a lot of it is that one of the biggest ways is to, like we talked about, really have

this education. That education has to go beyond just going into the weeds, per se, of differences between CBD and THC.

There's so much more with that. It's almost like for the past five years, it's been “oh yes, people are doing it,” but there are real issues.

Using it as well, if we have the various routes, one of the things that we can learn about or teach our patients about is that if you're going to be using this, there are various ways that you can ingest it. You can use edibles, you can use vaping, you can smoke it, you can use sublingual.

Teaching patients about that as well, the idea that this whole, it’s like all the stuff we learned way back when you start low, go slow. So if someone is going to be using this, recognize you don't want to go for the highest levels at the beginning.

Understanding from the adolescent perspective, the adolescent brain is a real potential problem with adolescents using it. The longer you're exposed to this, the more potential you have for issues later on.

Recognizing too that people are using it and saying it's more natural, so “I want to use this instead of Lexapro or some kind of drug for my anxiety.” But if you have underlying issues, it can be a real problem.

One of the big hurdles we have is that with the idea of legalization, medical or recreational, it becomes “it's there.” It's saying, “this is okay.” But recognizing that it still really does have potential, really big issues that we can't just take for granted, or allow our patients to take for granted, just because it's quote-unquote natural.

**Pierce:** Right. Right. I think everything in moderation, you know, is that saying, like everything in moderation. **Most** things have side effects. You might not see it tomorrow, but you might see it 10 years down the road. And we really don't know what those side effects are going to be for even medical cannabis.

And I definitely think those are things that also our patients need to be educated about as well. Hey, we don't have the research to know what the long-term effects of this are. We do have some research that shows that this can be helpful, but we don't know what we are going to be facing years down the road because we use this.

Because we don't have the research that most of our prescription drugs go through to be able to identify the side effects and the issues that arise from taking those medications. So I think that's definitely something that needs to be part of that patient education.

And I don't really know why cannabis legalization has had such a political, I mean, this is like a lot of headbutting. And this is not a political podcast at all, so I don't want to get into that. But we do, I just want to say we do recognize that this is a topic that is very politically charged.

But we think as healthcare providers, we really need to know the information for our patients to be able to provide the correct information and let them make the best-informed decisions. Because if we're not informed, they can't make informed decisions.

So when it comes to the implications of cannabis legalization, what are the implications when it comes to mental health and addiction treatment? Because we are seeing it in those areas of healthcare.

**Maynard:** Well, even before we get to that, one of the things you had just mentioned is that patient care and how we educate people, etcetera. Another thing that I think is really interesting with that is that even if you as a provider were to say that your patient would benefit from **medical** cannabis and that you and your patient are now taking cannabis medicinally, and you're aware of that and you've documented it, etcetera.

If that patient gets hospitalized, they may or may not even have access to that. So it's a very interesting dynamic with that too. On the one hand, we're saying yes, but on the other hand, we're saying no.

**Pierce:** We're not going to provide that for you in the hospital. And that's interesting too, because if you have a patient that is an alcoholic, and they come in, I can't tell you how many trays I've seen where they would get just a shot of alcohol to keep them from going into **DTs**. And that was an option.

Now we have this in some areas where we have legalization for medical use. Yes, in some hospitals, like if they're hospitalized, they might not be able to access that.

**Maynard:** Right. Right. Yes, that is definitely true. That is definitely true.

So going back to legalization, if it is legalized nationally, one of the things that I think is a benefit of this is that we have this idea, if it's decriminalized, then what we have is potentially reduced incarceration rates, right? So if the cannabis offense is nonviolent, then we are potentially reducing incarceration.

The issue, and we're seeing this in different states, even those that haven't legalized recreational or medicinal cannabis, they are still decriminalizing it. I think one of the big things is that if this is legalized, it comes under the umbrella of being able to monitor safety and quality control.

So reducing contamination. The whole idea is that you can check for quality of what you are giving somebody. And potentially, one of the things that can be done with this is getting funds through tax revenues to support other public health initiatives.

But on the other hand, like you mentioned before, one of the risks of legalization is that potentially you're having increased use. So if you have this increased availability, you're going to have higher rates of use.

Same with if more adults are using it, then more adolescents are going to be using it. So maybe there's concern with cannabis use disorder. Certainly the idea of, you know, Mothers Against Drunk Driving, we know you cannot drive a vehicle; you cannot operate things if you are under the influence of alcohol. And there are ways that police officers can measure someone's alcohol level.

So what does that mean if cannabis is legalized? How does that work with people driving if they're impaired with cannabis, and how can that be monitored?

One of these concerns right now, if cannabis is not regulated, the potency of various strains can be higher or lower. So people are potentially exposing themselves to very high potency strains of THC, right? And so that really increases risks of **psychosis** and anxiety.

These early and frequent uses so this is a problem with kids later on, adolescents with memory and their own development. There's so many things that I think, by doing this in a **half-baked** format, we're not able to really monitor and regulate it better for the safety of individuals from a public health perspective.

**Pierce:** To even know, to even understand what is happening. And when you were talking about more increased usage, I was thinking they come to the emergency room, and they've been drinking too much. We know what to do. We know how to take care of them. They have used opioids. We know what to do. We know how to take care of them. They come in using marijuana. Do we know what to do with them?

**Maynard:** There is a real, I mean, unfortunately, we do see a lot of our patients come to the emergency room who have, it's not even a cannabis, it's, **shoot, what's the name of it?** There is a name for this when someone has used too high of a THC, or they have this severe reaction.

So yes, there are ways that emergency departments are dealing with this when this happens, and just recognize that it is, yes, for that aspect.

**Pierce:** We do have guidelines in that aspect. Well, that's good. That's good that we have that.

There's just so much that we don't know about cannabis in general that is just interesting to me. And the holdup of us not being able to do the research that we need to do, and yet we're saying, yes, we can use this. It's got these benefits. But there's so much red tape that's holding us back from being able to really learn how to use this to the best of its ability to even understand how we can use this and to understand the, how do we say that we're going to inform our patients when we don't even know what the long-term side effects are, because we haven't been able to do that research in order to find it like we can for most of our other medications that we prescribe.

Are we seeing this use in pediatric care as well?

**Maynard:** Yes, it has been for a long time. Like I had mentioned before, there are specific types of epilepsy. **There are three diseases** where it has been used in a very different way. It is recognized that it is useful for this.

There was also, so I'm in New Jersey. So here in New Jersey, we had this law passed in remembrance of or in honor of this child who had brain cancer and died, and was using medically prescribed cannabis, and allowing in some cases for children to have access that way.

But again, even though that law was passed here in New Jersey, we were unable to, in different hospitals, these children who qualify are not able to access that because of federal regulation.

**Pierce:** So they can access it in the state, but they can't access it federally. And in some areas in the state where it was passed, they can't have access to it. Makes sense. Yes. A lot of sense. Actually, I don't understand. I don't.

It's hard to wrap my head around all this red tape when all we're trying to do is take care of our patients and to use the things that we know can help them. What were the three disease processes that you're seeing it used for **peds**?

**Maynard:** I was hoping you were going to ask me that. There is a very specific seizure disorder that **shoot kids are born with it.** And I remember that one, but also for epilepsy that is not, in some children, that **does not respond**. The usual suspects for those the medications do not work. **Yes. And in palliative end-of-life care in some cases.**

**Pierce:** Okay, yes. Now, how does cannabis legalization affect workplace policies and even like employee health programs? Are we seeing it affect that?

**Maynard:** Yes. What is interesting about that whole thing is, so if I am and that is very varied again depending on which state you live in.

So I'm a healthcare provider in the state of New Jersey. New Jersey currently allows medicinal marijuana use and adult recreational marijuana use. I, with my state board of nursing though, it is said that I should not be using cannabis, certainly in the workplace.

So even if I have a medicinal marijuana card, I cannot use it in the workplace. I cannot use it if I'm going to be working that day. It's very, very different. It's very interesting because with the various strains and forms and each of these varying concentrations, dosing is very difficult to determine.

So if I say I'm going to use recreational marijuana and then the next day I'm supposed to go into work, that is against the state board of nursing, right? So it's very, the state boards are finding their way with all of this stuff as well.

One of the things now, if people are for various jobs, in terms of, you know, certainly drug screening for a lot of different positions. So whether or not they're being screened for THC or not versus cocaine, you know, all the others.

So there's that. The idea that for healthcare providers, it's not only healthcare providers, right? So if I am seeing someone who is a school bus driver, I don't know if I want someone who has used marijuana that morning driving my kids to school, right?

But on the other hand, what does that look like? What are the legal things with something like that? Who are the people that should not be given access to medicinal marijuana? Or if they are, what is the form for when can they then go to work after they've used it?

It's very and a lot of that does vary state by state.

**Pierce:** Right. So there's a lot of red tape here. So let me see. You have federal laws and regulations. You have state laws and regulations. You have workplace policies and regulations. And you have licensing body policies and regulations. So you've got to basically go through all four of these to try to figure out if you can use it and when you can use it.

**Maynard:** Yes, yes, yes, yes. So if we don't know, how can we possibly expect our patients to know? And the thing is, it's one day it's this, the next day it's that. So it's just this constant change. The guidelines are changing. It's very scary.

**Pierce:** And it's very confusing, and that I think is what makes it so scary as well. Plus, there's so much unknown. That to me makes it scary. I want to know if I'm using this now, what does my future look like in 10 years potentially? But how can we advocate for evidence-based cannabis policies and fair regulations? Are we in a place as healthcare providers where we can?

**Maynard:** Well, from your lips to God's ears. I think one of the biggest issues is education. So we do have to have this, I think, recognizing that if you go on the internet right now and try to find CEUs or CMEs for cannabis education, you're going to find 20,000. There are tons of them. Tons of people offering certificates in this and even majors in various universities for not only marketing, but for cannabis itself.

So I think recognizing that, like you alluded to, there's money to be made. So the issues for us as providers are trying to figure out what the.

**Pierce:** What are the actual facts that are not skewed by money? Yeah, wow, that's a lot. Well, there's definitely a stigma that's associated with the use of cannabis. So can we at least address how we can address the stigma itself that's associated with the use of cannabis in patient care?

**Maynard:** I think part of it is much like anytime you're doing a basic health history. It's trying to be very nonjudgmental. You ask someone how much they drink, you ask someone how much cannabis they're using, how they're using it, where they're getting it. And these are very, very basic things in a nonjudgmental way, that it's just part and parcel of the basic health history.

**Pierce:** Right, absolutely. Well, as we come to the end of our discussion, is there anything that you really just want to make sure you emphasize or even something that maybe we didn't touch on that you think is really important that we should mention?

**Maynard:** I think, and we have mentioned it, but I really do think that there is so much that we don't know in terms of not only the pharmacologic stuff, but the idea that when talking to various colleagues about these things, no one knew that all this was going on. You think people are using it, it's not a big deal, but I really do think that it is so much more than just legalize or don't legalize, use it or don't use it.

It's not like drinking a beer on a Saturday night. There's a lot to it, and also a lot for us to realize in terms of implications for patient care outside of their physical health, potentially involving a whole bunch of other things.

**Pierce:** Absolutely. So my question for you now as we come to a close is, is it patchwork or progress?

**Maynard:** I think it's very much patchwork.

**Pierce:** Absolutely. I 100 percent agree with you. I don't want to say it's like we're flying by the seat of our pants here, but you kind of are. Yeah, you really are. It's like, well, I know that from what we know about this, you could benefit from it. But you've got to now navigate all of this red tape. And I'm supposed to tell you about the red tape, but I don't actually know all of the red tape either. But I know that there's red tape.

**Maynard:** Yes. But also in a way, it's not just about navigating red tape or people trying to prevent you from getting this. It's that we don't know enough to say definitively. I don't want it to sound like we're the weed queens saying yes, you should definitely be using it, and it's "the man" who's preventing you. There are things we just don't know enough about.

**Pierce:** Right, and I wish that from the beginning they would have done this the way that we do with our medications, actual research studies. Then at the end, you come out with evidence-based guidelines on how to use it and what the benefits are. Why we didn't do that, I don't know.

**Maynard:** Well, the thing is that cannabis has been around for years and years. People have been using it for a very, very long time.

**Pierce:** Yeah, but now you're looking at it with a totally different lens. If we're going to look at this as a type of medication that we can prescribe, let's go backwards and do real studies like this is a new drug. No, it's not new in terms of people using it, but looking at it under this filter is new.

So I just question why we didn't do it the way we do with most of our medications.

**Maynard:** We're not even doing studies on aspirin anymore, or at all.

**Pierce:** Yeah. Well, thank you so much for being here and for really helping us to understand that changing landscape.

**Maynard:** Well, thank you for having me.

**Pierce:** Yes. This was a discussion that for me really emphasized the importance of knowing and understanding the benefits and risks of cannabis use. And it really increased my understanding of the legal and ethical considerations that we need to be aware of that I didn't even know, to help our patients be educated and to help our communities be better educated.

To our listeners, thank you for joining us, and I encourage you to explore many of the courses that we have available on EliteLearning.com to help you continue to grow in your careers and earn CEs.