

WORKERS' COMPENSATION SHOP TALK

In the last [Workers' Compensation Shop Talk](#), we provided an overview on CBD, including what cannabidiol (CBD) is and isn't, where it comes from, its purported health benefits, and its murky legal status. In this issue of *Shop Talk*, we will discuss the health care uses of CBD, how it is being handled by physicians, whether a prescription is needed to obtain CBD, and if CBD can be prescribed to treat workplace injuries.

How is CBD treated in today's health care system?

In short: cautiously.

The first consideration in the use of any substance to treat injury or disease is whether it is treated as a drug or a supplement. The Food and Drug Administration (FDA), the regulatory authority tasked with approving drugs and therapeutic biologicals, has defined a drug as a substance that is:

- recognized by an official pharmacopoeia or formulary.
- intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.
- intended to affect the structure or any function of the body.
- intended for use as a component of a medicine but not a device or a component, part or accessory of a device.

<https://www.fda.gov/drugs/drug-approvals-and-databases/drugsfda-glossary-terms>.

To date, the FDA has approved of one drug derived from cannabis: Epidiolex, a prescription drug to treat epilepsy. The majority of CBD products are classified as supplements and are not subject to the FDA's rigorous approval process. As a result, they are subject to unproven claims and quality concerns that must be addressed. The FDA is aware of these problems, and held a public hearing on CBD on May 31, 2019 in Silver Spring, Maryland. The list of attendees included a representative of the Pennsylvania Department of Agriculture, members of academia from institutions such as Johns Hopkins and the University of Arkansas, as well as patients, public safety officials, various foundations, and retailers/distributors. They gathered to discuss the scientific data and information about products containing cannabis or cannabis-derived compounds. The FDA specifically expressed serious concerns over some CBD products being marketed to the public as treatments for specific diseases or conditions (relieving arthritis or reducing anxiety) that have not been approved by the FDA outside of Epidiolex. The FDA has also not determined appropriate dosages or formulated warnings about how CBD could interact with certain foods or other drugs.

How are physicians treating CBD?

Physicians looking to prescribe or recommend products containing CBD to their patients may look to sources outside of the FDA to determine whether a CBD supplement may help their patient. In many cases, the literature is simply absent, and physicians fall back on the “it can’t hurt” approach. However, without FDA approval or testing, including the dangers of interacting with drugs or metabolism, patients could be harmed. At least one study has shown that CBD can increase the effects of blood thinners and sedatives, and can impair the ability of the body to process certain medications by interfering with the enzymes called cytochrome p450. (This interaction is similar to that between medication and grapefruit juice.) One source physicians can look to is the supplier’s label, but there are pitfalls there as well. One 2017 study conducted by the Journal of the American Medical Association discovered that 69% of CBD supplements had levels of CBD that were inconsistent with labeling.

While CBD does not contain enough THC to trigger a psychoactive reaction, physicians should also be aware of CBD’s side effects. While testing the compound that became Epidiolex, the FDA noted that a potential side-effect of prolonged use of CBD is toxicity to the liver, which in severe cases could cause nausea, vomiting, abdominal pain, fatigue, anorexia, jaundice, and dark urine. Other side-effects included thoughts about suicide, attempts to commit suicide, feelings of agitation, new or worsening depression, aggression, and panic attacks.

Notwithstanding that Epidiolex contains a high-dose of CBD not generally comparable to over-the-counter CBD products, the FDA did express concerns about cumulative exposure through food, beverages, creams, and balms that contain CBD. These considerations leave a physician with the daunting task of navigating the field of CBD products with little guidance.

Do I need a prescription to obtain CBD?

Under the Agricultural Improvement Act of 2018, dubbed the “Farm Bill” (<https://www.govtrack.us/congress/bills/115/hr2>), if CBD is derived from hemp, and therefore has .3% or less THC, it can be legally purchased and consumed in any state without a prescription. The Farm Bill passed the Senate on December 11, 2018, the House on December 12, 2018, and signed into law on December 20, 2018. Therefore, depending on the state, while one will likely need a prescription card to purchase CBD from a medicinal marijuana facility, one is not needed to purchase from a local drug store or even from online retailers.

Can CBD be prescribed to treat work injuries?

In short: it depends where you work, and the law in your state. It is true that 11 states and the District of Columbia have approved cannabis and cannabis-derived products for recreational use, and 33 states and the District of Columbia have authorized cannabis and cannabis-derived

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products for medical purposes only, to date, only 17 states have laws that specifically address CBD. However, most of these regulations note that CBD can be used to treat epilepsy, which is in line with the FDA's approval of Epidiolex. Certainly, both the medical community and the legal system have yet to fully comprehend and address the problem.

Next week, we will address problems specific to Ohio, and to the workers' compensation system in general, including use of CBD products while working and impact on drug-testing programs.

If you would like to submit a question to Shop Talk, or would like to discuss this or any other workers' compensation issues, please feel free to contact me.

[Donald G. Drinko, Esq](#)

Gallagher Sharp LLP
Sixth Floor, Bulkley Building
1501 Euclid Avenue
Cleveland, Ohio 44115
(216) 241-5310
ddrinko@gallaghersharp.com
www.gallaghersharp.com