Hello and welcome to the Rx Counter here at the University of Iowa College of Pharmacy. My name is Matt and today I'm introducing you to a p3 student black when he's going to be discussing the article marijuana is illegal under federal law, even in states that legalize it by German Lopez, lock the counters yours.

Thanks, Matt. Thanks for having me.

Just to get things started, and for those who are listening who don't know.

The article briefly discusses how CYCT was reclassified. And I'll briefly go over that just so you guys know, on the same page, see, one is considered a class of drugs with high potential for abuse with no medical value. Okay, now see two is also high potential for abuse, but there's some medical value the last. The article also touches on states that it doesn't mean that marijuana and heroin are on the same severity of danger scale.

It's just a really vague term for the term high potential for abuse. And this wasn't still long ago by a bunch of political figures and those in power back then. They haven't gotten to around, haven't gotten around to changing. So

how they need for the steps in order to reschedule it. And it's sort of a catch 22 now explain it right now. In order to be rescheduled, marijuana needs to undergo a large scale of clinical trials to prove its medical work. However, that's going to be difficult to prove its medical work. When it's considered a schedule one substance, which is already hard to get your hands on, although

Lastly, based on the article, it briefly touches on the Obama and Trump administration and how they have conflicting views on when it comes to marijuana.

So, I'll just give you the real blacks version during the Obama administration. It was more lacks on terms of how it was regulated, so

states could regulate it with their laws, as long as it met certain criteria on the federal level, but now with the Trump administration, regardless of your state status, the federal government can intervene as they deem necessary so they can shut down legal dispensers. So and that's pretty much it for the review. I'm going to open it up to discussion now. The questions that I had to talk about were what are your guys's thoughts on how has the recent change in medicinal marijuana impacted the pharmacist role? So has anyone witnessed it in their their settings? patient come in and ask any questions or, or any recommendations about it? I personally have not, or I've not had a patient come in that's talked about being on it. But I think a lot of patients are interested in it, just because all the hype about it online and everyone's servicing. from a student perspective, I was told off earlier, I think that it's time that we need to be formally educated on it, to answer those questions, because then the day that those patients look to us to answer those questions. And I'm not sure if you guys feel like you are formally educated on or could answer those questions and that kind of situation. How does everyone feel about their background and education marijuana for medicinal use. I feel like
the background is from Well, it's my experience. It's more so based around

my own curiosity on the matter

because when we have FDA approved drugs like EPA dialects or Geneva, no word is the active ingredient in cannabis, whether it's THC or CBD. We know roughly what their genetic profiles are. We know roughly what metabolisms they go through. We don't know a super lot about their mechanism of action and how they

Frazier we know that they don't do everything that the advertiser say were

married Mary Kay version of cannabis, or they're saying oh, you can take this off. And you'll be rich just have like this. It's it seems like snake oil salesman. But I feel like enough people have approached me at the pharmacy that I work at and say, hey, what have you heard about this? Or they kind of say it in passing, but they kind of give you the side i right at the end, I was just like, it's a joke, or is it? Yeah, that's happened a lot. But I feel like one of the most eye opening things for me concerning this topic was when the local clinic called us and said, Hey, we have a patient on warfarin, and they're wondering about CBD oils. Does that interact? And I added the Franken said, I don't know probably, because it's worked for him. But as we've learned and like substance abuse with Tim Kelly, you have your central nervous system stimulants have the presence, marijuana. Start right in between all the hybrid So I mean, it's tough to make that moral recommendation as to what that's going to impact on warfarin or any drug for that matter. So

the lack of clarification as to

how we

justify those medications. Another thing that's huge is that people don't consider that we are not talking about smoking it as a form of transportation to the body. Right. A lot of people think that that's the only way and I mean, really, it's the oils that we're really focusing on. You know, it's not a topic with patients. The board I know their rules and regulations on this is bipolar. And I'm not sure off top my head but still 3% Yeah, that's the max and there's all these ratios with THC CBD and it's kind of confusing how that goes. So I know a lot of pharmacists on this panel. That's a barrier founders like well play with fire if we don't know what we're giving people say you can give 3% of

1000 grams is still 30 grams. That's, that's not productive. say we don't we shouldn't have to do math to figure out the appropriate dose.

We should.

Yeah in general I think we learned about it and elective class are like four main products and they all have names like this overlap like relax or calm or something like that. And it's like, that's not descriptive at all for what it contains inside. Right.

briefly touch on that. Okay,
so Sue,

is a CBD to THC ratio of two to one. harmony, one to one. Call 22 one and comfort. One to 20 so comfort is there's a lot of THC in

You'll be very comfortable. And just just

a podcast visit talk about the effects that you should expect from the different ratios.

They all have the same thing. So,

yeah. comfort to me doesn't mean those ratios are like opposite. I mean is very simple, right?

So

specifically,

I can't tell you each one, but based on my class, he talked about prolonging use, potentially altering brain development and leading to a poor engineer educational outcome. So I mean, I guess that's where people are skeptical on their stance on this issue, but I think it's important to bring it up and talk about it because

like, like we said, what we're doing. We're talking about the oils, we're not talking about the Agile right?

So yeah, it's and to clarify, these are products that are just available on iOS

Yeah, so there's five dispensary's in Iowa. City Council Bluffs, Windsor heights, Davenport

and

Waterloo.

Yes. So

there's a difference between dispensary and a pharmacy is currently not allowed in the pharmacy right

from the dispensary to grow house grow building those two grow buildings are those are separate entities as
well right and right now

actually dispensers are completely separated for me sort of healthcare personnel at all. And it's a weird like they can't be in house but a prescription is required for

medical marijuana.

job titles they go by bud tenders, but

Another question. Yeah, I

guess what are your guy's thoughts on the pros and cons in the future stance of this topic?

No, I'm glad you brought that up. I was reading this about the

punishments for what they have on right now.

Anyways, they talked about how marijuana although still considered a schedule one drug in comparison to heroin and other scheduling drugs marijuana has a livestreaming penalties, according to another one was this article because I've always been under the impression that you can get some pretty nasty penalties for possession

or use it depends on which agency you deal

with YJ does that make sense then But then the dead federal can still come into any state entity now and make changes right under Obama's administration. He can let the states choose what they wanted to do with the benevolent Trump's administration, they can come in and make a bigger impact on each state

series. We can but I haven't heard anything yet.

Yeah, that's right. I hadn't been touched on too much. And

I think that they could try to change the rules on a state front, but that's immediately going to go to the course to say federal overreach, solutions. You know, that

this all comes down to the bottom?

Yeah, unfortunately. But
anyway, yeah, there's the serious areas, the federal level, a serious ramifications.

Even in places where the state law

says the drug is legal

visions

always interesting

issues, right?

We have your states such as Colorado, which I'd like to bring up another thing with the businesses and jobs in Colorado, I believe as an employer, you can still discriminate off of drug testing, not discriminate, but choose to hire based on drug testing results on illegal substance, recreational use the state. So I mean the impact that can have as a or just the general public. Imagine if they said that with alcohol, which is considered as a recreational use substance, a lot of people would not be able to get jobs. Right. And I know the Colorado's huge argument with this is it's helping the economy

but also mentioned in here that a lot of banks will not take

do business with the businesses that are

have dispense marijuana because it's casual enterprise which I've heard which I'm not sure if it's true or not, but those casual enterprises just had like these warehouses

of cash,

which presents another issue and potentially danger to people guarding that cash and just the general public as well because I mean, I guess everyone's looking for money nowadays and there's which that can be its own issue where the financial side then as I think you talked about this, yeah, it makes it effective income tax rate of 90%

which is great for the the state. However, it definitely puts up a barriers if you want to grow the business below the spam and 90% of your income.

You have to really be pushing the volume, which are we focusing on volume or value.

Right and
Pharmacists and Medical Marijuana

I say bow as a when it comes to recreational, medicinal. It's more it's comes from the transition of patient to customer. I think that's a distinction that we need to make sure not to forget where if there are the dispensary's at least on the iOS side for the medical product these people have qualified with a medical need which means they need proper medical care and if it's going to be something like Sue calm comfort that's that's not medical care that's that we can't say you're getting this much active product to treat this condition like we can take literally every other drug on.

Unknown Speaker 14:43
well there's a patient bring go to the dispensary you get into draw, are you expecting the person who happened to have some, some type of knowledge about the

Unknown Speaker 14:53
word or what you can expect?

Unknown Speaker 14:55
How fast gonna stop word a whole lot faster. I don't think any People, professionals. It's a because we don't have reputations IFTA nothing above is just for us to have no for an answer to to rely on have no. pasa con interesting things kind of scared. Yeah, patient nobody's here.

Unknown Speaker 15:19
good point behind because

Unknown Speaker 15:22
it was touched on when we have this discussion but

Unknown Speaker 15:28
really the workers at these places are like high school students and even the

Unknown Speaker 15:37
credibility yeah they have a lack of resources when it comes to providing education to patients here so that provides another barrier to

Unknown Speaker 15:46
pharmacists, pharmacists and

Unknown Speaker 15:48
anyone in the healthcare field so

Unknown Speaker 15:50
I'm not sure if it's still like this but when it first came out, medicinal use, you would have these like nurses go around beaches and some of that and ask patient And they said, yes, you would write prescriptions. I mean, how valid are these prescriptions? I don't know if that's still the case. Yeah, that was what I heard that was in California. I actually witnessed that myself when I was out there. They saw the beach like this. All these people walk around on scrubs and they're like writing prescriptions and what is

Unknown Speaker 16:26
your marketing technique where it was actually turned?

Unknown Speaker 16:29
In? Right. I think that's a maybe a marketing strategy, please. Yeah.

Unknown Speaker 16:35
Yeah. Could you imagine doing that with opiates?
I can't even imagine that for all right.

But here in Iowa, they do have a pretty diligent system in place. However, a lot of prescribers don't really want to touch this yet because of No regulations and the high schoolers dispensing everything.

Yeah, it might be good for us to step up as a profession and say, Hey, here's what we know. And we should take over. Because this is our realm of meditation.

We are the resident experts with our things. And just to play devil's advocate that the barrier to that is liability. Just making those recommendations will put your license in jeopardy and, and then a day, every clinical judgment recommendation we make is on our own license. That's our career and that's what we've done to get to where we are. So it does put a barrier up. I agree with that, that this is a political realm. It's just a challenge. Whoever wants to step up and be the first of the profession. I applaud you

I know that some have TJ Johnson who care

I know that he is a big proponent of dispensers.

Yeah, this opens a whole new can of worms, but then who would be regulating that? So then we kind of tie in Big Pharma, was it too late? That's my assumption, right?

It has to meet a certain standard can't just Well,

I have read something about Harper as much as you want to become the second one a series is about in your 60s 70s the government tracking minorities, particularly black population, so they want to have something to do as a tool to control you know, criminal through a crime rate. So they started using movement as a kind of the market to target is people people you know, we use my motto People Yeah, so kind of become the historical legacy of that era time. So back then when they scheduled to schedule one they had a no abducts at the hall the fact that easily people get addicted, dependent on it. And he sort of a medical use, they had no idea it was a purely political issue. So you can have this kind of thing that a lot of the research progress, so we don't have any major research before like one or four decades. So now people start to realize, oh, other countries doing this great stuff. Now, we should do it as well, but they don't have research and
a credit card. They don't have the founding fathers research.

Unknown Speaker 19:45
And there's those ethical component

Unknown Speaker 19:49
as well. So this is just a cycle here. You had to break so so somebody's hair off happy medium seasons, okay, we had to do something about this right?

Unknown Speaker 20:00
On the FDA, the FDA, DHS, CMS

Unknown Speaker 20:04
also will make the agency we have to go to the Congress or the White House.

Unknown Speaker 20:10
They have to do

Unknown Speaker 20:11
it does mention in this

Unknown Speaker 20:13
or the White House controls those agencies, Congress to

Unknown Speaker 20:18
reschedule marijuana

Unknown Speaker 20:20
legalization advocates.

Unknown Speaker 20:22
At least I have to pass a law to law mass scale researcher founded by teachers because

Unknown Speaker 20:29
if it does get moved to scramble to substance that opens up opportunity for large scale clinical

Unknown Speaker 20:36
trials. You know, that would be the first step

Unknown Speaker 20:40
considering the other members of a schedule one you have Harry,

Unknown Speaker 20:43
right.

Unknown Speaker 20:44
Yeah. So but it's interesting because that brings up another topic is some people are saying mushrooms are having medicinal use for depression and anxiety in

Unknown Speaker 20:58
having a researcher MDMA and esky.

Unknown Speaker 21:00
Yeah, yeah,
yeah. But Harry, definitely.

Probably not that you're probably saying

so that this scattered over control substance shouldn't be something very fixed is, as we know more about those drugs those schedules should be changed

when you think about the education that we are supposed to provide patients every time we dispense an opioid prescription, whether that be checking the PMP and then once it's ready for dispensing, you know, tell them about this is an as needed medication. Some of this includes Tylenol. Tell them about a keep this away from children. Tell us about putting the safety cap on storing in a lot of ourselves, but it's abusing our potential for abuse and addiction. I mean, I think that we did that have education. We switch this schedule to to marijuana and we are given the education Formerly in pharmacy school, you can provide patients with the kind of education standards we do. Because we're not supposed to just give out and say, Oh, you've been on for a while. There's a lot that we're supposed to be doing. Some people advocate for checking the PMP every single fill every single word that comes by.

Maybe you can touch base on that.

I think a lot of people have indications for chronic pain that are balanced. And so it is important to check the PFP to be aware of like whether or not their doctor shopping or pharmacy shopping. But overall like people there are reasons people need pain medication and just because they are a high films, or frequent and large amounts. Some of your eyes or other pain medications, which I mean, the PMD basically just tracks over us, but that shouldn't fault them for receiving an opioid. But it's good for the pharmacist that's checking to be aware and to make sure they are providing free education.

Yeah. Yeah, I think it's just a flag. You know, this is someone who gets

that education at the time. And then

the additional benefit is finding that maybe they are using abusing, maybe having that conversation.

It's also hard because you don't want to just take opiates away from people as they are on your product, because that can lead to extreme adverse health.

Yes, yes.

And if they've been on it for that long, they're probably gonna turn somewhere else so they can't get him pharmacy, right.
Unknown Speaker 23:55
It's up

Unknown Speaker 24:01
Here's a fun brain teaser. What about re examining all of the drugs on the controlled substances?

Unknown Speaker 24:14
Well, that would be

Unknown Speaker 24:17
that would be a tedious process

Unknown Speaker 24:21
but yeah beneficial seeing which ones make it go down a couple years ago we can

Unknown Speaker 24:27
push that from a central 3d to

Unknown Speaker 24:29
terminal went from legend for Yeah, right. Yeah.

Unknown Speaker 24:42
Oh yeah.

Unknown Speaker 24:46
Yeah, forget one of the

Unknown Speaker 24:52
bad things

Unknown Speaker 24:58
but reexamining See what deserves to be as high? What should be higher like, should bend those really only before if they had the abuse potential and the addictive potential and the potential for them to have debt upon withdrawal?

Unknown Speaker 25:19
IH something entertaining to think about, obviously practicality is not exactly nom Yeah, especially with bands. I mean, we can almost be in two different categories based off of age of education, because they're going to have a larger impact on someone who's about 65 potentially than the younger patients. So incorporating something like the stop starter beers criteria into the schedule. Yeah, I feel like that. Would that be awesome? Yes. Would that be too much information? Yes. Maybe we tackle just

Unknown Speaker 25:59
one person

Unknown Speaker 26:03
scheduling the rest of

Unknown Speaker 26:04
our forum. I think we can all conclude today that the first step that we can make to having those large scale clinical trials in the digital marijuana is moving the schedule from one to two, which is something that we would have allowed a Congress to pass legislation on. Something that we can advocate on students.

Unknown Speaker 26:27
Something that have no matter what to spend, on this issue you need to add, yeah, these are you against it easier for you to

Unknown Speaker 26:35
write and I think as pharmacists and pharmacy students, it's important to tell people you know, we're not just jumping on a bandwagon that we heard about marijuana and its benefits and we're trying to, you know, make patients feel more comfortable about it. I think at the end of the day, everyone is realized that we do everything in our will to make sure that the patient is that health is in their best health and we are making decisions with them. Power of their best interest. And the education that we want to know about it is not so we can go and press our friends with and that's something we can help people. And so I think the first thing that needs to be done, as we've already mentioned, is moving that schedule because we base all of our research and findings off of clinical randomized control trials. So I think having those for us to reference the curriculum.

Unknown Speaker 27:26
and be a huge first step in

Unknown Speaker 27:29
educating the pharmacies. And I do believe that pharmacies would be the right provider

Unknown Speaker 27:37
for practitioner, provide education to patients.

Unknown Speaker 27:44
Very well, but

Unknown Speaker 27:47
that's about our time. Thanks for bringing the issue to the counter log. Thanks for everyone else for coming.

Unknown Speaker 27:53
We'll see you around.

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