

The HIGH-lights of CBD and Cannabis Use in Senior Living

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Learner Objectives



- 1 Review the history and science of CBD, hemp, and cannabis-based medications
- 2 Discuss the legal and regulatory status of CBD and medical marijuana in the U.S
- 3 Evaluate marketing claims versus evidence on efficacy and safety
- 4 Identify strategies for senior living providers to address resident use and reduce risk





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Cannabis, Hemp and CBD: What to Know

- Cannabis – Sativa, Indica, Ruderalis (species of cannabis)
 - Hemp – from Sativa for clothing, textiles, food – Low THC
 - Marijuana - Psychoactive drug for medical or recreational purposes
 - Contains many cannabinoids
- Cannabinoids
 - Endocannabinoids – produced in the brain
 - Phyto-cannabinoids – produced by plants
 - Synthetic cannabinoids – created in the lab
- THC – Tetrahydrocannabinol – one of over 100 cannabinoids in cannabis
- CBD – Cannabidiol is a phyto-cannabinoid that was discovered in 1940
 - 2nd most prevalent active ingredient in cannabis
 - Most common form is CBD oil
 - When it was originally discovered was thought to be inactive





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Endocannabinoid System HIGH-Lights


- Endocannabinoids – produced by the human body
 - Regulate body’s response to various stimulus
 - Produced when needed
- There are cannabinoid receptors of various types
 - Type 1 receptors predominantly in the brain
 - Type 2 receptors on cells with immune function and in GI tract
 - CBD blocks the breakdown of anandamide
 - This prolongs the calming effect associated with anandamide
 - CBD also binds to Serotonin receptors

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CBD Products


- Available in a variety of formats
 - Topicals
 - Orals (oil and capsule)
 - Sublingual, Mucosal, Oral
 - Derived then diluted with a carrier oil like coconut or hemp seed oil
 - Suppository
- CBD is legal when derived from hemp
 - Hemp is lower in THC
 - Only derivatives that have low amounts of THC (<0.3%)
 - Marijuana usually contains 42 times more THC than hemp

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CBD Administration: Why Route Matters


	Smoking/Vaporization	Oral	Mucosal	Topical
Onset (min)	5-10	60-180	15-45	Varies
Duration (hour)	2-4	6-8	6-8	Varies
Pro	Rapid	Less odor	Pharmaceutical	Less systemic effects
Con	Expensive, portability	Titration due to onset	Expensive	Only local effects

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Comparing types of CBD: Why Labels are Important

Broad Spectrum	Full Spectrum	CBD Isolate
Lots of cannabinoids	Lots of cannabinoids	Only Cannabidiol
Plant, extracts, Terpenes, etc.	Plant, extracts, Terpenes, etc.	
No THC (typically)	<0.3% THC	No THC


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CBD Supplements: Minimal Oversight, Real Risk

- Supplements vs Medications
 - Supplements – unregulated, don't have to prove efficacy (GRAS)
 - FDA does not regulate the safety and purity of dietary supplements
 - Bioavailability varies from 13-19%
 - Low amounts of CBD in a product are likely to translate to little benefit
 - A 2022 Johns Hopkins found that 35% of topical CBD products were mislabeled and some contained THC
 - Some were "THC-free" (11%)
 - Some did not mention THC (51%)

Take away:
Encourage products that have been independently certified

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Concerns with "Supplements"

Safety


- Utah – CBS News in May of 2018 reported 52 people sickened by fake CBD oil
 - There's no way to know if products are what they claim to be
 - Utah fixed that by creating a system to register and test products
- "The Great Hemp Hoax" – Feb 2025
 - Over 100 "hemp" products
 - 95% contained chemically synthesized cannabinoids often prohibited
 - Marketed as natural but pose health risks
- Known adverse effects from America's Poison Centers and the CDC from unregulated synthetic or semi-synthetic products
 - Neuro – Seizures, hallucinations, loss of consciousness, and coma
 - Physical – Vomiting, difficulty breathing, extreme blood pressure variances
 - Contamination – heavy metals, pesticides, solvents
- The FDA continues to have concerns about labeling accuracy and safety of CBD products (for good reason!)

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Production Selection: Decreasing Safety Risks

- Quality Standards
- Independent Adverse Event reporting
- Certified organic or Eco-farmed
- Lab tested by batch to confirm THC%, pesticides and heavy metals




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THC vs CBD: Different Risks and Responsibilities

Property or Function	THC	CBD
CB1 Receptor	Partial Agonist with High binding affinity	Noncompetitive modulator
CB2 Receptor	Partial Agonist	Receptor modulator
Metabolism	Liver (especially 2C9 and 3A4)	Liver
Psychoactive	Yes	No
Analgesic	Yes	Yes
Anxiolytic	---	Yes
Anticonvulsant	---	Yes
Anti-inflammatory	Yes	Yes



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CBD and Drug Interactions: Polypharmacy Risks

- Cytochrome P450
 - About 70-80% of enzymes that affect drug metabolism are part of P450
 - And CBD does inhibit "some" P450 enzymes
 - Not completely clear whether this has a measurable effect on drug metabolism
 - CYP3A4 and CYP2C19 mentioned in Epidiolex package insert
- High-risk medication examples
 - Interaction looks like medication adverse effects, not cannabis use

Examples	Effect
Warfarin	INR Variability
SSRIs	Sedations/Falls
Anticonvulsants	Seizure threshold, Sedation

1. Brown D, Mendenhall AM. Potential Alcohol-Drug, Cannabis, and Drug-Drug Interactions with Medical and Consumer Cannabis (CBD). *Drug Interactions with Cannabis*. 2020. doi: 10.1007/978-1-4939-9500-9_10. PMID: 34032784. 2. Mendenhall AM, Brown D, Pugh R, Carter L, Boushey PJ. Cannabis-Drug Interactions: A Review. *Journal of Clinical Pharmacy and Therapeutics*. 2020;45(1):1-10. doi: 10.1111/jcpt.12508.



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Delta-8 and Synthetic Cannabinoids: Emerging Safety Risk



- Naturally occurring compound found in marijuana plants
- More relaxing than CBD
 - “THC-Light”
- There was a crackdown in 2023-24 and many states have banned

1. America's Public Centers. Data on THC and synthetic cannabinoid exposure surveillance reports. [Report 19, August 2024](#)

2. Dhillon S, et al. Legal status, public health risks, and clinical outcomes. [Journal of Cannabis Research. 2023;4\(1\)](#)

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Older Adults: Disproportionate Adverse Effects



- Dizziness
- Sedation
- Cognitive blunting
- Fall Risk

1. Alsharrah, Siddiqui, et al., "Medication & Nursing," epidemiological characteristics, safety and efficacy of medical cannabis in the elderly. [European Journal of General Medicine. 2019;14\(1\): 30](#)

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Clinical Evidence: Modest Benefits, Real Risks



Pure CBD

- RCT of Anxiety & Stress in Communications Medicine (Nature)
- General Anxiety Disorder Efficacy better for acute stress than as long-term baseline treatment
- Opioid Use Disorder (2019) Reduced craving and anxiety

THC

- Chronic Neuropathic Pain
- Very narrow therapeutic window
 - Cognitive blurring
 - Dizziness
- Benefits may be outweighed by risk
- Number Needed to Treat: 20

CBD:THC

- 1:1 - Broader spectrum
- Cancer-related pain better than either alone
- 1:1 - Multiple sclerosis patients have less muscle stiffness and spasms when not responding to conventional treatment
- 20:1 - Insomnia (quality and duration) improved
 - Daytime sedation

1. Hwang JY, et al. [Healthcare, 2021](#)

2. [Cochrane Database of Systematic Reviews](#)

3. [Cochrane Database of Systematic Reviews](#)

4. [Cochrane Database of Systematic Reviews](#)

5. [Cochrane Database of Systematic Reviews](#)

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Potential Therapeutic Benefits of CBD: Limited but Evolving Evidence

Piatti, S., et al., Cannabidiol: State of the art and new challenges for therapeutic applications. *Pharmacol Ther.* 2017; 175: p. 143-150

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What the Evidence Says – at a HIGH Level

- Evidence varies widely by indication
- Benefits are often modest
- Adverse effects common
- Data in older adults is limited

1. National Academies of Sciences, Engineering, and Medicine. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: National Academies Press; 2017.
2. Cannabis Use for Chronic Pain: Current Data and Future Directions: Systematic Review. Evidence-Based Medicine Review. updated regularly.

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CBD: The Business

- The Hemp Business Journal estimated that in 2018 the CBD market totaled \$190 million
 - Globally it was valued as \$12.5 billion in 2026 per Grand View Research
 - The revenue forecast to exceed \$30 billion by 2033
- Regulatory uncertainty has slowed this market growth
 - Recent efforts to ban even small amounts of THC through federal legislation may change this.
 - Expected implementation in November of 2026
- Stay tuned . . .

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FDA and Canada Approved Cannabinoids

- 1970s
 - Marinol (dronabinol)
 - Synthetic THC to treat nausea associated with chemotherapy
 - Oral medication to treat nausea?
 - Smoking worked more quickly
- 1985
 - Cesamet (nabilone) approved
 - 1989 withdrawn (marketing)
 - 2004 Sold
 - 2006 approved
 - Synthetic product that mimics THC
 - C2
 - Antiemetic and adjunct for neuropathic pain




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FDA and Canada Approved Cannabinoids

- 2016
 - Syndros (dronabinol)
 - Liquid dronabinol
 - Anorexia in AIDS patients and Nausea/vomiting due to chemotherapy
- 2019
 - Epidiolex (Cannabidiol)
 - approved for two seizure disorders
 - Side effects: Somnolence, decreased appetite, diarrhea, malaise, weakness, sleep issues
 - Starting 2.5mg/kg twice daily, increasing to 5mg/kg twice daily
 - Maximum 10mg/kg twice daily



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Federal Law vs State Law: Facility Exposure

- Schedule 1 drug by the DEA in the U.S. federally
 - "Drugs with no currently accepted medical use and a high potential for abuse"
 - Cannabis is federally illegal – but has not been a priority for prosecution
 - Other Schedule 1 drugs
 - Heroin
 - LSD
- In 2015, the FDA eased regulatory requirements to allow research of CBD
- HHS recommended rescheduling to Schedule III in 2023
 - The FDA and President Trump have made similar efforts/suggestions
- In 2024 DOJ proposal recognizing "accepted medical use"
 - CMS Position is that Cannabis products are not recognized as medications – so LTC providers 'could' risk Medicare/Medicaid funds if allowing use onsite

1. **Food and Drug Administration**
FDA has approved several cannabis-derived products, including cannabidiol (CBD) Epidiolex, and tetrahydrocannabinol (THC) dronabinol, and has issued professional guidelines.


2. **Center for Medicare and Medicaid Innovation**
CMS is testing several innovative payment and service models, and will continue to explore ways to improve the quality and efficiency of Medicare and Medicaid.

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Rescheduling: What Changes?

- What Rescheduling does:
 - Acknowledge Medical Value
 - Recognize the currently accepted medical use
 - Tax Relief
 - Allowing state-legal cannabis businesses to deduct their business expenses
 - Ease Research
 - Reduce the extreme regulatory barriers faced by scientists
- What does Rescheduling NOT do?
 - Does not federally legalize recreational marijuana
 - Still federally controlled, but less severe penalties for certain violations

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Medical & Recreational Marijuana

Medical Marijuana laws have proliferated

State laws vary greatly, but *all* still conflict with federal law

Federal law still classifies marijuana as a schedule 1 drug

- No medicinal value and highly addictive

Recreational marijuana vs Medical marijuana

Wave is moving forward, but guidance and federal law are lagging behind

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CMS Position: Why Funding may be at Risk

- Historically cannabis products were ineligible for coverage
- As of February 2026, there is a historic policy shift going on
 - Was: prohibiting all cannabis
 - Now: prohibiting those that are illegal under applicable state law
- Medicare Advantage plans
- Still prohibited:
 - Medical marijuana – pending reclassification
 - FSA/HSA restrictions still exist due to federal restrictions

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What Facilities Must Decide - NOW?

- Policies and Procedures
 - Residents
 - Employees
- Encourage products that have been independently certified

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Operational Decisions and Risks

- Practical considerations (if allowed):
 - Different levels of care
 - Procurement
 - Storage
 - Administration

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Operational Decisions and Risks

- If you decide to allow the use of cannabinoids, you must follow the state laws and regulations governing it.
 - There are many issues that arise when devising a policy on cannabinoids that your state may or may not have addressed in the law or regulations.
 - Some of the more common issues include the following:

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Procurement Risks


- **Procurement**
 - Review policy on labeling and medications from outside sources
 - Product labeling requirements
 - Communication between staff, resident, and resident representative
 - Physician and facility staff notification to identify contraindications and avoid drug interactions or unwanted side effects

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Storage and Administration Gaps


- **Storage**
- **Administration**
 - The administration of will depend on the form of cannabinoids
 - You can determine what routes are allowed

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Elements Surveyors Will Expect


- Think patient safety.
 - How is the product identified?
 - How does the provider verify its integrity?
 - How to assess for potential drug interactions?
- Assess impact of these products on the patient and make a judgment with the patient on whether or not to continue use.
- It is recommended that providers seek legal guidance when developing policies for cannabinoid use.
 - Imperative to conduct continual review of policies to ensure compliance with federal, state, and case law.

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Elements Surveyors Will Expect


- Considerations for policies include
 - Qualifying conditions;
 - Appropriate documentation by a licensed health care professional, patient, and designated provider(s);
- Documented recommendation by physician that the resident can use medical marijuana in the medical record.
 - Issues with "dose" amounts. It is not the same as traditional medication dosage.
- Consequences for deviating from the policy or negatively affecting the patient's safety and well-being.

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Elements Surveyors Will Expect


- **What are the next steps for our community?**
 - As marijuana laws proliferate, now is the time to address it in your community. Know the state law and regulations regarding marijuana.
 - Next, your organization should explore what policies and procedures best reflect your organization's values and the needs of your residents.
 - Draft a policy outlining the protocols for storage, administration, and procurement, as well as any other operational issues due to use of cannabinoids.
 - Consult legal counsel

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Key Takeaways for Senior Living Leaders

- Safety Concerns
 - GRAS
 - CBD may have benefits, but evidence is still weak for some indications
- Pay attention to the news laws and regulations are constantly changing
- CMS prohibits recognition of cannabis products – federal funding could be at risk
- LTC facilities need clear policies
 - Procurement
 - Documentation
 - Monitoring

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Resources

- [CDC](https://www.cdc.gov/cannabis/about/about-cbd.html#:~:text=if%20consumers%20experience%20adverse%20effects,have%20consumed%20to%20healthcare%20providers)
 - <https://www.cdc.gov/cannabis/about/about-cbd.html#:~:text=if%20consumers%20experience%20adverse%20effects,have%20consumed%20to%20healthcare%20providers>.
- [Mayo Clinic](https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/medical-marijuana/art-20137855)
 - <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/medical-marijuana/art-20137855>
- [FDA](https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd)
 - <https://www.fda.gov/news-events/public-health-focus/fda-regulation-cannabis-and-cannabis-derived-products-including-cannabidiol-cbd>
- [Safe Access](https://www.safeaccessnow.org)
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QUESTIONS?

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