

SMOKE GETS IN
YOUR EYES-
AND A WHOLE LOT
MORE

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Marijuana Use

What's the Risk?

- Opinions/data all over the spectrum
- No right or wrong answer
 - Thank you very much!

Case #1

Admitted marijuana use 1 X/month

Is the case....

- A) Best Preferred?
- B) Standard Non-Smoker?
- C) Best Smoker?
- D) Standard Smoker?
- E) Clintonesque?

Case #2

Admitted marijuana use 1 X/week

Is the case....

- A) Best Preferred?
- B) Standard Non-Smoker?
- C) Best Smoker?
- D) Standard Smoker?
- E) Table 2 (NS/S)?

Case #3

Admitted daily marijuana use

Is the case....

- A) Standard Non-Smoker?
- B) Best Smoker?
- C) Standard Smoker?
- D) Table 2 (NS/S)?
- E) “Up in Smoke?”

Marijuana Use

What are our mortality/morbidity concerns?

- Lung, oral, neck malignancies
- Respiratory illnesses
- Motor vehicle accidents
- Cognition
- Psychosis
- Poly drug use
- Dependency
- Criminal activity

Recreational Use

Defining use is problematic. Self admitted usage is even more problematic. Is anyone truthful?

- Rare?
- Occasional?
- Moderate?
- Regular?
- Heavy?

What do these mean? Is there consistency among underwriters?

Wide variance in definitions among studies.

Recreational Use

Legal vs. Illegal Use

- Suggest companies take the legal argument off the table.
- 23 states plus D.C have legalized medicinal/recreational use. Several others have decriminalized. Other states are sure to follow.
- If your company takes adverse action for recreational use, taking legality off the table reduces appeals and producer debates.

Recreational Use

What are the mortality/morbidity facts?

- Depends on where you look and how you interpret the numbers.
- Compared to nonusers or experimental users the mortality relative risk is 1.12 for men and 1.09 for women. (Source: Sidney/Beck/Tekawa/Quesenberry/Friedman: Am. Journal of Public Health, April 1997)
- Consider the following from the National Institute on Drug Abuse's December 2012 "Drug Facts: Marijuana"

Recreational Use

- “Research from different areas is converging on the fact that regular marijuana use by young people can have long-lasting negative impact on the structure and function of their brains.”
- “In one study, it was estimated that marijuana users have a 4.8 fold increase in the risk of heart attack in the first hour after smoking the drug.”
- “Because it seriously impairs judgment and motor coordination, marijuana also contributes to accidents while driving.”
- “A number of studies have shown as association between chronic marijuana use and mental illness.”
- “A series of large prospective studies have shown a link between marijuana use and later development of psychosis.”
- WOW!!!!

Recreational Use

- “Marijuana smoke contains similar levels of tar as tobacco and up to 50% more carcinogens.”
- Marijuana users smoke unfiltered material, inhale the smoke more deeply, and hold the smoke longer than tobacco smokers, resulting in substantially greater tar deposits in the lungs than tobacco smokers.”
- Source: Moore/Augustson/Moser/Budney (Journal of General Internal Medicine, January 2005, P33-37)

Recreational Use

Wayne Hall, PhD, University of Queensland recently completed a 20 year study on rec. marijuana use and notes the following risks :

- Road traffic crashes- 2 fold
- Dependence- 1 in 10 among ever users
- Educational outcomes- 2 fold in regular users
- Cognitive impairment- Difficult to quantify
- Psychosis- 2 fold
- Depression- Probably confounding
- Suicide- 2 fold in regular users
- Chronic bronchitis- 2 fold in regular users

Recreational Use

Wayne Hall, PhD, (continued) :

- Respiratory impairment- Mixed
- Cardiovascular disease- 3-4 fold for M.I.
- Testicular cancer- 2-3 fold
- Respiratory concerns- Confounded by smoking
- Regular adolescent cannabis users are more likely to use other illicit drugs

Source: *Addiction*, October 7, 2014, Volume 110, Issue 1, pages 19-35

Recreational Use

Driving and marijuana

- High Times.com: Dr. Guohua Li, Columbia University, “I would say even though there are risks associated with the use of marijuana, it seems not as big as other drugs like depressants, stimulants, and narcotics.”
- Dr. Guohua Li, Columbia University,- Marijuana contributed to 12% of traffic deaths in 2010, tripled from a decade earlier. Nearly 1/2 of fatally injured drivers who tested positive for marijuana were under the age of 25.

Recreational Use

And then there's "DrugWarFacts.org"

"Drug War Facts offers a treasure trove for serious seekers of useful facts and sources about all sides of the drug war." - Source: Clarence Paige, Syndicated Columnist, Chicago Tribune

Scores of studies and references related to multiple drugs of abuse

Recreational Use

Poly Drug Use

“There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent use of other illicit drugs”

Source: Joy/Watson/Benson, Institute of Medicine (Washington DC: National Academy Press, 1999, P.99.)

Recreational Use

Cancer

“These 19 diverse studies [analyzed by researchers in this article] offer biological evidence for the potential association between marijuana smoking and lung cancer. Most studies support an association between marijuana smoking and premalignant lung cancer findings, although small observational studies fail to demonstrate such association.”

“Despite these findings, the small number of observational studies fail to demonstrate a clear association between marijuana smoking and diagnoses of lung cancer. Therefore, we must conclude that no convincing evidence exists for an association between marijuana smoking and lung cancer based on existing data.”

Source: Mehra/Moore/Crothers, Tetrault/Fiellin, “The Association Between Marijuana Smoking and Lung Cancer: A Systemic Review,” *Archives of Internal Medicine*, July 10, 2006, Vol 166, P1365

Recreational Use

Cognition

“..our data suggest that over the long term cannabis use is not associated with greater declines in cognition among men, women, and heavy users...these results would seem to provide strong evidence of the absence of a long term residual effect of cannabis use on cognition.”

Source: Iyketos/Garrett/Liang/Anthony, “Cannabis Use and Cognitive Decline in Persons under 65 Years of Age,” *American Journal of Epidemiology*, 1999, Vol 149, No.9

Recreational Use

Psychosis

“...the expected rise in diagnoses of schizophrenia and psychoses did not occur over a 10 year period.”

Source:Frisher/Crome/Orsolina/Croft, “Schizophrenia Research” (Schizophrenia International Research Society, September 2009, Vol 113, Issue 2, p126.

“Although the lifetime risk of chronic psychotic disorders such as schizophrenia, even in people who use cannabis regularly, is likely to be low (less than 3%), cannabis use can be expected to have substantial effect on psychotic disorders at a population level because exposure to this drug is so common.”

Source:Moore/Zammit/Lingford-Hughes/Barnes/Jones/Burke/Lewis, “Cannabis Use and Risk of Psychotic or Affective Mental Health Outcomes”,

The Lancet, July 28, 2007, Vol 370, p327

Medicinal Marijuana

23 states plus D.C. have legalized medicinal marijuana

Common legitimate uses

- Severe pain
 - Cancer
 - Glaucoma
 - Epilepsy
 - Arthritis
- Legitimate medicinal marijuana is not smoked! Serious consideration must be given to treating all smoked marijuana as recreational use.

Medicinal Marijuana

- Since legitimate medicinal use does not involve smoking, consider as non-smoker and rate for cause?
- But the applicant can't have it both ways. "I got the prescription for medicinal purposes but I really just like to smoke weed."

Trust but verify...order the APS!

And Then What?

Recreational use.

- Smoker Rate Class?
- Non-Smoker??

Routine cotinine testing may alleviate some of this concern.

- According to Moore, et., al., 77% of marijuana users also smoke tobacco.
- One insurers c/b showed a smaller (35.2%) but still percentage. Nearly 2x the “usual” smoker rate.
- Some life insurance industry data shows largest percentage of marijuana users are ages 60-69 followed by ages 50-59 and 20-29. The 20-29 “hit rate” was $<1/4$ of 60-69 hit rate.
- Reinsurers offer excellent guidance

And Then What?

Medicinal use

- Determine true medicinal versus “manufactured” medicinal
- Consider non-smoker rate class and rate for cause.
- If medically preferred (glaucoma) consider for Preferred

And Then What?

Underwriting workup. Consider:

- Drug/alcohol questionnaire (File it! Misrep defense)
- Inspection report
- Full drug screen
- Hep B/C screening
- Inspection report
- Criminal records check??

Finally...

- What to do with repeated marijuana denials in light of positive urine result or other source?
- Application/exam deny use.
- Drug/alcohol questionnaire denies use.

Finally...

Would you

- A) Ignore the potential misrep
- B) Ignore but rate as tobacco user
- C) Ignore but rate as tobacco user and add several tables for lack of candor
- D) Requestion the applicant to give him/her one more chance
- E) Decline for lack of candor

Finally...

- You might decide to ignore the misrepresentation. If you do, have you essentially taken other misrepresentations off the table at claim time?
- Is marijuana misrepresentation any different than medical or financial misrepresentation?

Marijuana Use

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Thank you very much!