

**Maine Medical Center
Transplant Program
Policies and Procedures
Narcotics, Recreational Drug Use and Transplantation Policy**

Purpose

To define the Maine Transplant Program's position concerning the use of analgesic and recreational substances by potential transplant candidates. This includes the use of narcotics, tobacco, marijuana, alcohol, and also the use of other illicit substances such as cocaine, heroin etc.

Policy

1. The use of *tobacco* is strongly discouraged in all transplant candidates and recipients because of the risk of premature graft failure, cardiovascular events, cancer and death.
 - a. However, persistent tobacco use may not be deemed to be a contraindication to transplantation in patients without cardiovascular or respiratory disease.
 - b. Ongoing *tobacco* use is an absolute contraindication to transplantation in diabetics and in patients with established COPD or cardiovascular disease.
2. The use of inhaled or vaporized *marijuana* is absolutely prohibited because of the risk of invasive sinopulmonary aspergillosis and death after transplantation (see Addendum 1 regarding Maine State Law and Addendum 2 regarding infection risk). Continued smoked or vaporized marijuana use by a candidate accordingly will exclude him/her from consideration for further evaluation and/or listing for transplantation.
3. The judicious use of *alcohol* after transplantation is permitted.
 - a. Binge drinking is discouraged as it may exacerbate hypertension and increase the risk of non-adherence with medications.
 - b. Active alcoholism is deemed to be a contraindication to transplantation because of the risk of non-adherence with medications leading to graft failure.
4. Active use of other illicit, recreational substances including but not limited to *heroin, crystal meth, cocaine, inhalants, LSD, MDM (ecstasy)* or prescription drugs purchased for recreational purposes such as *hydrocodone* or *oxycontin* is deemed to be an absolute contraindication to transplantation because of the risk of non-adherence leading to graft failure.
5. Transplant candidates who are receiving prescribed *narcotics* may continue to do so. Maine Transplant Program does not prescribe long term narcotics. Patients requiring such ongoing treatment after transplantation will be redirected to the pretransplant prescribing provider/s.

Procedure

1. Patients using prescription narcotics prior to transplant will have their medication usage verified against the Maine Prescription Monitoring Program-Office of Substance Abuse database.
2. It is the responsibility of the prescriber (PCP, Pain Clinic, other) to ensure adherence to the rules & guidelines of the Maine Board of Medical Licensure regarding prescription narcotic drug use. These include although are not limited to:
 - Narcotic Use Contract
 - Drug Testing
 - Pill Counts
 - Drug prescription monitoring

3. The Maine Transplant Program will provide appropriate analgesia for peri-operative pain for up to 14 days. Thereafter, patients with ongoing narcotic requirements will be advised to return to their primary care provider for narcotic prescriptions.
4. The Maine Transplant Program will not assume the responsibility for prescribing narcotics, benzodiazepines or other psychotropic medications beyond 14 days after transplantation.
5. The Maine Transplant Program does not prescribe medical marijuana.
6. Patients with a history of substance use may have their sobriety confirmed using either blood or urine testing at random intervals. Failure to disclose substance use with subsequent positive test results will preclude transplantation.

Original Date: 5/13/10

Revised Date: 2/8/12, 10/20/14, 8/15/17, 7/1/20

This policy was reviewed and approved at QAPI on 7/24/20

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Addendum 1

LAW WITHOUT GOVERNOR'S SIGNATURE	CHAPTER
JUNE 24, 2017	252 PUBLIC LAW

STATE OF MAINE

_____ IN THE YEAR OF OUR LORD TWO THOUSAND AND SEVENTEEN _____

H.P. 544 - L.D. 764

An Act To Limit the Exclusion of a Patient from Eligibility for an Organ Transplant Based on Medical Marijuana Use

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §2423-E, sub-§10 is enacted to read:

10. Receiving an anatomical gift. In reviewing a qualifying patient's suitability for receiving an anatomical gift, a transplant evaluator shall treat the qualifying patient's medical use of marijuana as the equivalent of the authorized use of any other medications used at the direction of a medical provider. A transplant evaluator may determine a qualifying patient to be unsuitable to receive an anatomical gift if the qualifying patient does not limit the qualifying patient's medical use of marijuana to the use of forms of prepared marijuana that are not smoked or vaporized, including, but not limited to, edible marijuana and tinctures and salves of marijuana. A transplant evaluator may require medical marijuana used by a qualifying patient to be tested for fungal contamination by a marijuana testing facility. For purposes of this subsection, "transplant evaluator" means a person responsible for determining another person's suitability for receiving an anatomical gift. For the purposes of this subsection, "anatomical gift" has the same meaning as in section 2942, subsection 2.

Appendix 2

Marijuana and Sinopulmonary Aspergillosis Risk

Numerous publications have accrued since 1978 that describe the risks and outcomes of sinopulmonary fungal infections (most commonly although not exclusively, aspergillus species in immunocompromized individuals due to marijuana use (1-26). This is a serious infection that can lead to prolonged hospitalization, transplant loss, and death. Maine Transplant Program has experienced 2 cases of sinopulmonary Aspergillosis consequent on Marijuana inhalation that were associated with bad outcomes.

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