Nursing Considerations in Medical Cannabis

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Legalization in the US

- California first to legalize for medical purposes in 1996
- 1996-2012: 15 more states legalized medical cannabis
- 2013-Present: 13 more states legalized medical cannabis
  - 18 states passed low THC-High CBD laws, 2 passed CBD laws
  - 10 states legalized recreational use (9 of those through ballot measures)

Implications of Conflicting Cannabis Policies

- For Patients
- For Providers

Problem #1: Not Enough Research

- Schedule 1 Drug
- Steps to start RCT:
  - Get a schedule 1 license
  - Submit IND application to FDA
  - Contact NIDA to obtain letter of authorization (LOA)
  - Apply for DEA registration and site licensure (for any cannabinoid)
  - Submit the IND and LOA to the FDA and the DEA for review
  - Researchers performing clinical trials must also submit a research protocol
  - DEA performed a pre-registration inspection of the facility
  - Some sites have further requirements
  - I RB
  - Then obtain the marijuana

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More Barriers to Research

- The mission of NIDA is to “advance science on the causes and consequences of drug abuse and addiction and to apply that knowledge to improve individual and public health.”
- Not to pursue or support research into the potential therapeutic uses of cannabinoids or any other drugs.
- As a result, less than one-fifth of cannabinoid research funded by NIDA in fiscal year 2015 concerns the therapeutic properties of cannabinoids.
- Cannabis only available from NIDA from University of Mississippi.

What does that mean for patients?

- There is not enough high quality evidence to support the use of medical marijuana for many conditions which states qualify a patient for.
- Health Care providers do not have adequate evidence with which to advise patients.
- Patients are figuring out on their own.

An Example

BOX 15-1
Illustrative Examples of the Current Research Barriers to Colorado Researchers

As a concrete example of the impact of the divide between federal and state policy, cannabis concentrates (also known in Colorado from 2000 to 2009, amounting $600 million in the third quarter of 2009) as marijuana (daily dose) and federal law prevents the use of marijuana products from examining the composition of these products as it may relate to efficacy, demonstrates from testing the effects of these products on the brain or physiology in animal models, and clinical seizures.

How are Patients Learning About Cannabis?

- Patients are not learning about cannabis from medical professionals.
- Patients are learning about cannabis from the internet.
- Patients are learning about cannabis from social media.
- Patients are learning about cannabis from friends and family.
- Patients are learning about cannabis from personal use.
Problem #2: Social Inequity
- State cannabis laws are often idiosyncratic and contradictory
- Medical cannabis patients face discrimination
- 6 states have anti-discriminatory laws
- Medical cannabis patients face stigmatization
- Medical cannabis patients face prosecution

Problem #3: Grey Zones
- Home Care/ Nursing Facilities
  - In some states registered nurses can be licensed caregivers, in other states they cannot
- Hospitals
  - Allow cannabis into acute care setting or prohibit it
  - Employee drug screening

Recommendations
- National Council of State Boards of Nursing
  - All nurses should have knowledge regarding:
    - Their individual state's medical and recreational cannabis laws and policies.
    - Federal cannabis laws and how these laws have prohibited research.
    - General medical cannabis policies.
    - The endocannabinoid system, cannabinoid receptors, cannabinoids, and the interactions between them.
    - Cannabis pharmacology and research associated with medical cannabis.
    - Moderate to high quality research showing therapeutic benefit for qualifying conditions.
    - Risks to certain patient populations such as children and adolescents, pregnant women, and those with mental illness or substance use disorders.
  - Nurses should not administer cannabis to a patient unless specifically authorized by their state's law.
  - Nurses have an ethical responsibility to approach patients without judgment regarding the choice of treatment.
  - APRNs have further responsibilities when caring for medical cannabis patients.

ANA Recommendations
- American Nurses Association
  - Scientific review of marijuana's status as a federal Schedule I controlled substance and relisting marijuana as a federal Schedule II controlled substance for purposes of facilitating research.
  - Development of prescribing standards that includes indications for use, specific dose, route, expected effect and possible side effects, as well as indications for stopping a medication.
  - Establishing evidence-based standards for the use of marijuana and related cannabinoids.
  - Protection from criminal or civil penalties for patients using therapeutic marijuana and related cannabinoids as permitted under state law.
  - Protection from criminal or civil penalties for health care practitioners who discuss treatment alternatives concerning marijuana or who prescribe, dispense or administer marijuana in accordance with professional standards and state laws.
“The linchpin for medical decision-making is not risk—for no treatment is without risk—but the balancing of risks and benefits.”
- Peter J. Cohen

Questions?

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