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Nursing Considerations in Medical Cannabis
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Implications of Conflicting Cannabis Policies
• For Patients
• For Providers

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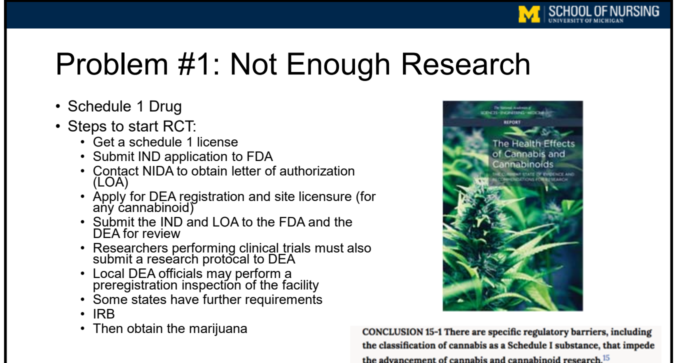
Legalization in the US
• California first to legalize for medical purposes in 1996
• 1998-2012: 15 more states legalized medical cannabis
• 2013-Present: 13 more states legalized medical cannabis
• 18 states passed low THC-High CBD laws, 2 passed CBD laws
• 10 states legalized recreational use (9 of those through ballot measures)
Federal Prohibition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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 to DEA
• Local DEA officials may perform a preregistration inspection of the facility
• Some states have further requirements
• IRB
• Then obtain the marijuana
The Health Effects of Cannabis and Cannabinoids
CONCLUSION 15-1 There are specific regulatory barriers, including the classification of cannabis as a Schedule I substance, that impede the advancement of cannabis and cannabinoid research.15

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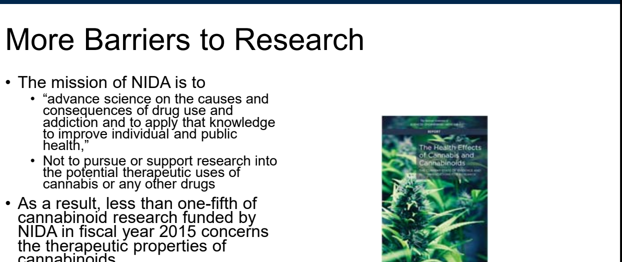

More Barriers to Research

- The mission of NIDA is to
  - "advance science on the causes and consequences of drug use 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 cannabis 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

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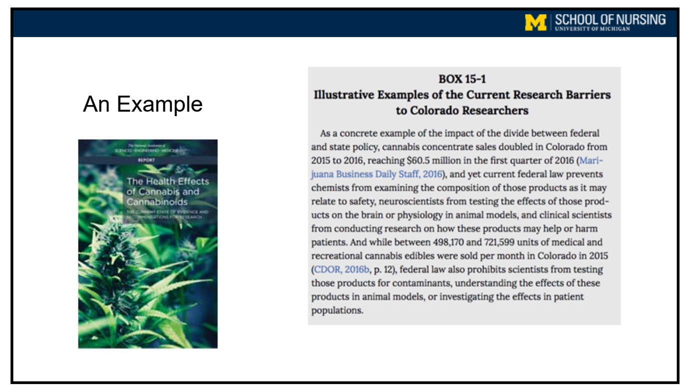
An Example



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 concentrate sales doubled in Colorado from 2015 to 2016, reaching $60.5 million in the first quarter of 2016 (Marijuana Business Daily Staff, 2016), and yet current federal law prevents chemists from examining the composition of those products as it may relate to safety, neuroscientists from testing the effects of those products on the brain or physiology in animal models, and clinical scientists from conducting research on how these products may help or harm patients. And while between 498,170 and 721,599 units of medical and recreational cannabis edibles were sold per month in Colorado in 2015 (CDOR, 2016b, p. 12), federal law also prohibits scientists from testing those products for contaminants, understanding the effects of these products in animal models, or investigating the effects in patient populations.

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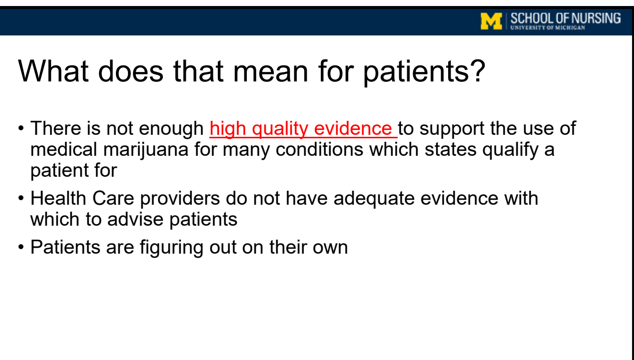

What does that mean for patients?

- 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

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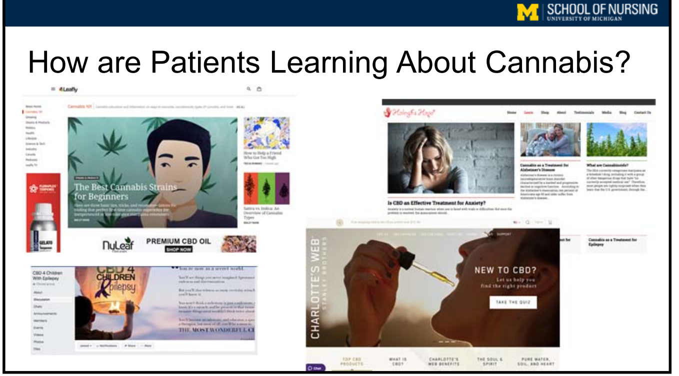
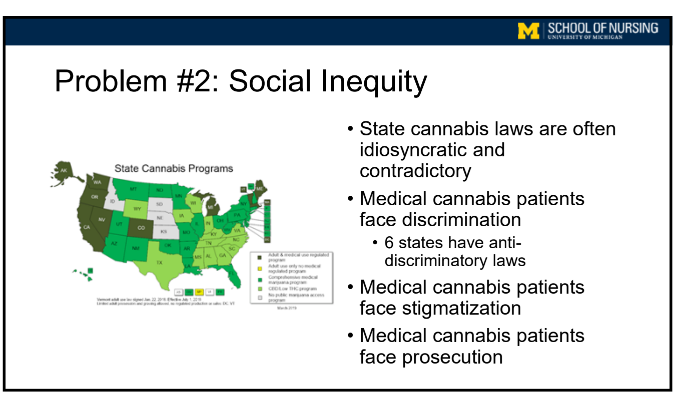
How are Patients Learning About Cannabis?

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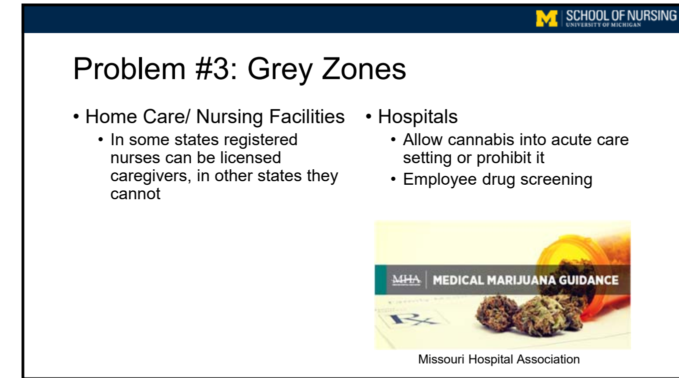
Problem #2: Social Inequity
State Cannabis Programs
• State cannabis laws are often idiosyncratic and contradictory
• Medical cannabis patients face discrimination
• 6 states have anti-discriminatory laws
• Medical cannabis patients face stigmatization
• Medical cannabis patients face prosecution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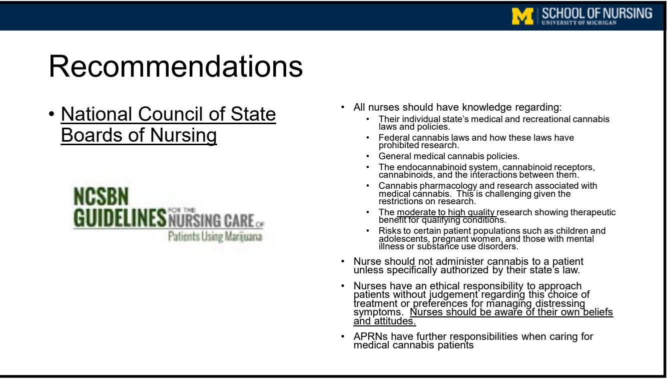
Problem #3: Grey Zones
• Home Care/ Nursing Facilities
• In some states registered nurses can be licensed caregivers, in other states they cannot
• Hospitals
• Allow cannabis into acute care setting or prohibit it
• Employee drug screening
MHA
MEDICAL MARIJUANA GUIDANCE
Missouri Hospital Association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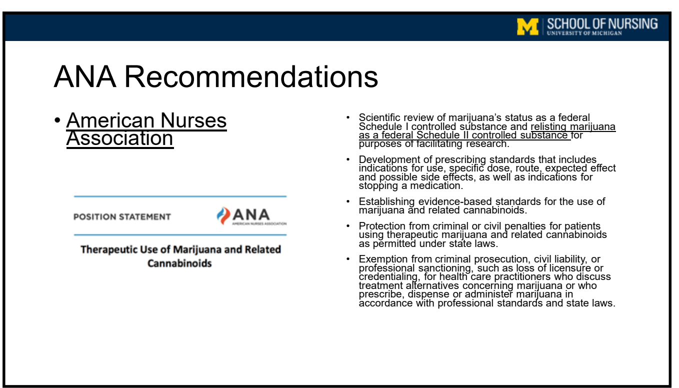
Recommendations
• National Council of State Boards of Nursing
NCSBN GUIDELINES FOR THE NURSING CARE OF Patients Using Marijuana
• All nurses should have knowledge regarding:
• Their individual state's medical and recreational cannabis laws and policies.
• Federal cannabis laws and how these laws have 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. This is challenging given the restrictions on research.
• The 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.
• Nurse should not administer cannabis to a patient unless specifically authorized by their state's law.
• Nurses have an ethical responsibility to approach patients without judgement regarding this choice of treatment or preferences for managing distressing symptoms. Nurses should be aware of their own beliefs and attitudes.
• APRNs have further responsibilities when caring for medical cannabis patients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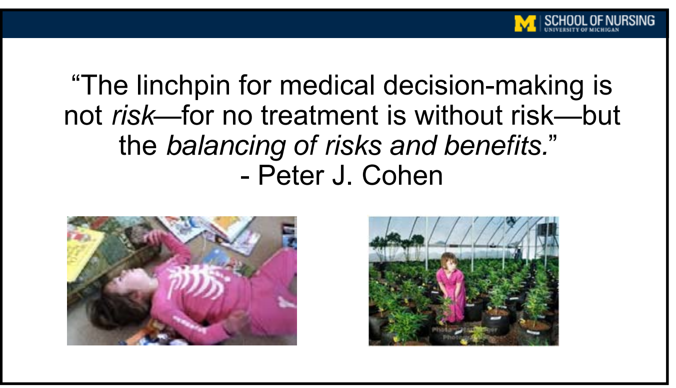
ANA Recommendations
• American Nurses Association
POSITION STATEMENT
ANA
Therapeutic Use of Marijuana and Related Cannabinoids
• Scientific review of marijuana's status as a federal Schedule I controlled substance and relisting marijuana as a federal Schedule II controlled substance for purposes of facilitating 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 laws.
• Exemption from criminal prosecution, civil liability, or professional sanctioning, such as loss of licensure or credentialing, 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.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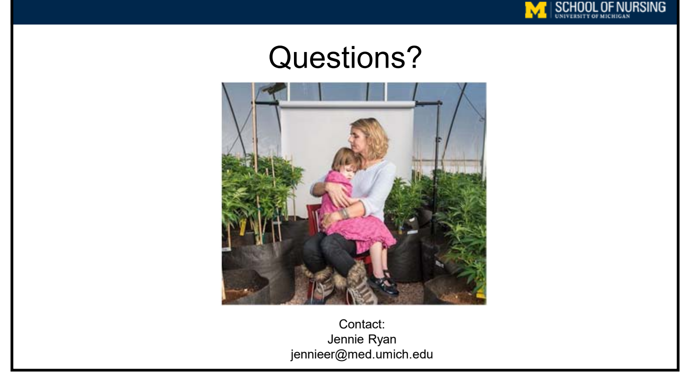
"The linchpin for medical decision-making is not *risk*—for no treatment is without risk—but the *balancing of risks and benefits.*"
- Peter J. Cohen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Questions?
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