

Rx for Medical Marijuana?

Promoting research on and acceptance of this treatment option for patients.

As an RN, Rhonda O'Donnell has always seen herself as a patient advocate. But she never imagined that she would become the face of the medical marijuana movement in her home state of Rhode Island. But—through a series of events—she has. And she's fine with it if it means diminishing people's pain, as well as other symptoms associated with certain chronic and terminal conditions.

"I'm not promoting the use of illegal drugs and I'm not discounting the value of pharmaceuticals," says O'Donnell, who takes several federally-approved medications for multiple sclerosis (MS). "But if using marijuana can ease people's suffering, why not let people use it without being afraid of getting arrested?"

Activity around the issue of medical marijuana has increased lately, including efforts by RNs and nursing organizations, such as the Rhode Island State Nurses Association (RISNA), the Wisconsin Nurses Association (WNA) and the ANA, to win measures legalizing its use and to promote and publicize advances in clinical research.

This month, the partially nurse-created organization, Patients Out of Time (www.medicalcannabis.com), is featuring the latest science-based research at its Fourth National Clinical Conference on Cannabis Therapeutics. Some 350 clinicians, patients, lawmakers, and others are expected to attend.

IN THE STATES

The efforts of O'Donnell and

RISNA contributed to the passage of a new state law this year allowing Rhode Islanders diagnosed with specified illnesses to legally use marijuana solely for medicinal purposes. The Rhode Island legislature overrode the governor's veto to make the law possible—making it the 11th state allowing the limited use of marijuana.

"The reason for the law is compassion, and I'm so grateful to the legislators in Rhode Island who saw it the same way," says O'Donnell, who hopes marijuana will help alleviate the leg spasms and pain she's experienced since she was diagnosed with MS nearly 12 years ago.

"I chose not to use medical marijuana to deal with my symptoms until I could do it legally," O'Donnell says. Like others, O'Donnell must obtain an identification card—probably at an annual cost of \$100—to be immune from potential local or state prosecution.

Both she and Donna Policastro, RNP, president and interim director of the RISNA, participated in a community hearing earlier this year by the Rhode Island Public Health Department, which is charged with developing regulations around the measure.

"We collaborated with many other organizations, such as the Rhode Island Medical Society, to promote the legislation which we view as a patient safety and advocacy issue," Policastro says. "We're very happy the measure passed, but we do have some concerns about safety that we tried to address at the hearing."

As it stands now, Policastro says that patients in the program must still go to street vendors to

obtain marijuana—unlike in California where patients can obtain marijuana safely through state-sanctioned "clubs." RISNA nurses also have concerns about patient confidentiality and have urged state officials to keep only minimal information on qualified medical marijuana users in its database—such as identifying patients by an assigned number instead of by name.

Additionally, Policastro says RISNA wants to ensure that nurses' practices aren't compromised if they help—or elect not to help—administer medical marijuana to patients, such as those in a long-term care facility. And as an NP, she still expresses some concern about federal surveillance of health care professionals who provide the documentation needed for patients to enter the medical marijuana program—despite the existence of certain protections issued by the courts.

Meanwhile advocates of medical marijuana use in New York and Wisconsin suffered setbacks.

"We passed a reference at our annual meeting in 1999 to make marijuana a legally prescribed medication in cases where it's shown to be safe and effective," says Gina Dennik-Champion, MSN, MSHA, RN, executive administrator of the WNA.

Over the years, WNA nurses have testified before state lawmakers, participated in media interviews, and signed on to a resolution introduced by the New York State Nurses Association (NYSNA)—and ultimately passed—at the ANA's House of Delegates in 2003.

"Our members have been very outspoken in their belief that if medical marijuana

Susan Trossman is the senior reporter for the American Nurse, published by the ANA.

works as part of a palliative care regimen, it should be allowed,” Dennik-Champion says.

In her assembly testimony, she noted its therapeutic benefits, such as reducing nausea and vomiting associated with chemotherapy, stimulating appetite for AIDS patients experiencing wasting syndrome, and reducing intraocular pressure associated with glaucoma.

However, as 2005 ended, the state assembly passed on considering the medical marijuana bill (AB 740) further. But WNA nurses won’t give up their campaign.

And neither will NYSNA nurses even though the New York legislature has not taken a floor vote on its medical marijuana measure. As part of a consumer-driven coalition, the NYSNA has lobbied for several years to finally give patients who use or want to use medical marijuana legal protection.

“This issue is about treatment options and patients’ rights,” says Shaun Flynn, assistant director in the NYSNA’s Nursing Advocacy and Information program. “And it’s one our members believe in strongly. But it has lost a lot of traction among our state legislators following the recent Supreme Court ruling.”

In June 2005, the Supreme Court ruled that the federal law—the Controlled Substances Act of 1970—makes no exception for medical marijuana use. But officials in several states contend that their medical marijuana laws are still in effect.

And in what seem to be contradictory approaches, the Drug Enforcement Administration still views cannabis as an illegal substance worthy of raiding and prosecution even though there’s a longstanding federal program, known as “compassionate use,” that provides medicinal cannabis

to a handful of U.S. citizens who registered for it decades ago.

Additionally, in California—the first state to pass a medical cannabis law, in 1996—San Diego County supervisors filed a suit in late January asking the federal court to overturn the state law.

BREAKTHROUGHS

Some nurses blame the banning of medical marijuana on politics. Others suggest it’s about pharmaceutical companies not wanting to support research and promotion of a natural product that will not make money for them. And still others say marijuana myths—most commonly that it’s a gateway drug that will lead to hard-core drug use—persist because people, including many nurses, aren’t informed about its history or the most recent research.

At the request of nurse leaders attending the ANA’s 2003

House of Delegates, the ANA Congress of Nursing Practice and Economics Work Group developed a position statement—approved by the ANA board in 2004—that outlines the profession’s views on the issue.

According to the statement, the ANA supports the right of patients to have safe access to therapeutic marijuana under appropriate professional supervision; research on marijuana’s efficacy, including alternative methods of administration; laws that prevent patients who use and professionals who prescribe therapeutic marijuana from criminal penalties; and the education of RNs on current, evidenced-based therapeutic use.

Marva Wade, RN, an NYSNA member and work group chairperson, says many nurses believe marijuana should be in the arsenal of treatment options they can offer certain patients.

“But some nurses oppose the

profession taking a stand on something they consider outside the law and against the code of ethics,” Wade says.

“We don’t support the illegal use of any drug. We support changing laws so patients have safe, legal access to medical marijuana,” says Laurie Badzek, MS, RN, JD, LLM, director of the ANA’s Center for Ethics and Human Rights and a professor at West Virginia University School of Nursing. “Also, the code says that nurses must advocate for their patients, and that’s what we’re doing when we lobby for change.”

One longtime advocate of medical marijuana use is Mary Lynn Mathre, MSN, RN, CARN, director of Patients Out of Time and a Virginia Nurses Association member.

She reports that for years there has been phenomenal research from many countries outside the United States involv-

ing marijuana and products derived from cannabis. A United Kingdom company, GW Pharmaceuticals, won regulatory approval from Canada for its oral-mucosal spray derived from cannabis to relieve pain in MS patients. Recently, the U.S. Food and Drug Administration approved the start of clinical trials in the United States to test the drug’s ability to alleviate pain in cancer patients.

There is a national petition gaining steam that would change the classification of marijuana from a Schedule 1 to a Schedule 3 drug, allowing it to be treated like a prescription drug such as codeine, according to Mathre. Petition information is available at www.drugscience.org.

As for O’Donnell, she says, “I won’t be sorry if it doesn’t help me. Ever since I started speaking about medical marijuana, I’ve met so many people who say it’s helped them.” ▼
