

AMERICAN NURSES ASSOCIATION

Position Statement
on



Providing Patients Safe Access to Therapeutic Marijuana/Cannabis

Summary: The American Nurses Association (ANA) recognizes that patients should have safe access to therapeutic marijuana/cannabis. Cannabis or marijuana has been used medicinally for centuries. It has been shown to be effective in treating a wide range of symptoms and conditions. Therefore, the ANA supports:

1. Research in controlled investigational trials on the therapeutic efficacy of marijuana/cannabis, including alternative methods of administration.
2. The right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision.
3. Legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis.
4. Federal and state legislation to exclude marijuana/cannabis from classification as a Schedule I drug.
5. The education of registered nurses regarding current, evidence based therapeutic use of marijuana/cannabis.

Background:

Until 1937, cannabis was widely prescribed in the United States. The Marihuana Tax Act of 1937 began the prohibition of its use, and the Controlled Substances Act of 1970 completely prohibited all therapeutic medicinal use of marijuana/cannabis by making it a Schedule I drug. In 1992, access to legal marijuana through the FDA's Investigational New Drug Program was terminated by the Secretary of Health and Human Services.

There is a growing body of evidence that marijuana has a significant margin of safety when used under a practitioner's supervision when all of the patient's medications can be considered in the therapeutic regimen. (IOM, 1999) and (Steinborn, 2001). The American Public Health Association (1995) noted that marijuana's therapeutic properties seem to work differently from conventional medication, making it a viable option for patients who are resistant to this conventional therapy. Marijuana/cannabis was noted in the APHA statement to be effective in:

- Reducing nausea and vomiting associated with chemotherapy
- Stimulating the appetite of patients coping with the wasting syndrome associated with HIV/AIDS and cancer
- Controlling spasticity associated with spinal cord injury and multiple sclerosis
- Decreasing suffering from chronic pain
- Controlling seizures

- Somewhat relieving intraocular pressure associated with glaucoma

Yet, it should also be acknowledged that there continues to be controversy and conflicting opinions on the efficacy and safety of using marijuana/cannabis for medicinal therapeutic purposes (Schwartz, 2002 and Fintor, 2001). Therefore, more study is required before definitive conclusions about the effectiveness of marijuana, differences between pharmacological marijuana equivalents and the side effects of marijuana can be made.

In spite of ongoing controversy, nine states (California, Washington, Oregon, Alaska, Hawaii, Arizona, Colorado, Nevada, Maine) and the District of Columbia have passed medical marijuana laws, some more restrictive than others (Schwartz, 2002). While voters have approved the use of marijuana in these states, there are several where the administration and legislative bodies have refused to accept regulations or codify provider behaviors. Further, the FDA, the DEA and the federal government have issued warnings to the providers in those states, identifying the federal consequences of distributing or prescribing medical marijuana. Therefore, families and patients who gain access to or use marijuana/cannabis as adjunct therapy for symptom relief are still at risk for breaking the law (Wall, 2001).

Nurses have an ethical obligation to advocate for patients' access to healthcare. In 2000 Mary Lynn Mathre, MSN, RN, CARN (Virginia Nurses Association) and Melanie Dreher, PhD, RN, FAAN (Iowa Nurses Association) co-directed an historic national conference on the medical use of marijuana/cannabis, the First National Clinical Conference on Cannabis Therapeutics. Over 250 nurses, physicians, patients and attorneys attended the conference at the University of Iowa. Mathre also has founded an advocacy group, Patients Out of Time, to promote the therapeutic use of marijuana/cannabis (Trossman, 2000).

Eleven of ANA's CMAs have positions that address the therapeutic use of marijuana. They are Alaska, Colorado, Hawaii, Minnesota, Mississippi, New Mexico, New York, North Carolina, Virginia, Wisconsin, and New Jersey. In 1996, ANA's Congress on Nursing Practice advocated support for:

- The education of registered professional nurses regarding current, evidence based therapeutic use of marijuana/cannabis, and
- The investigation in controlled trials of the therapeutic efficacy of marijuana/cannabis.

There is significant research that demonstrates a connection between therapeutic use of marijuana/cannabis and symptom relief. The American Nurses Association actively supports patients' rights to legally and safely access marijuana/cannabis for symptom management and to promote quality of life for patients needing such an alternative to conventional therapy.

References

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