

2004 CNA Annual Meeting Resolution

SUBJECT: Providing Patients Safe Access to Therapeutic Marijuana/Cannabis

INTRODUCED BY: Professional Practice Committee

RECOMMENDATION: to establish CNA's official position as the right of patients to safe access to therapeutic marijuana when prescribed under appropriate supervision.

WHEREAS, the Controlled Substances Act of 1970 categorized marijuana as a Schedule I substance making it unavailable for medicinal use; and

WHEREAS, nine states and the District of Columbia have laws that permit use of medicinal marijuana/cannabis; and

WHEREAS, marijuana/cannabis has a wide margin of safety for use under prescribed supervision, and it is effective for numerous conditions and cannot cause lethal reactions; and

WHEREAS, marijuana/cannabis seems to work differently from many conventional medications, making it a viable option for persons resistant to conventional medications; and

WHEREAS, many desperate patients and families risk breaking the law to gain access to marijuana/cannabis for therapeutic use; and

WHEREAS, ten of ANA's Constituent Member Associations (CMAs) have taken positions in support of access to marijuana/cannabis for therapeutic use; and

WHEREAS, ANA's Congress on Nursing Practice in 1996 supported the education of registered professional nurses regarding current, evidence-based therapeutic uses of cannabis and the investigation of the therapeutic efficacy of cannabis in controlled trials; and

WHEREAS, nurses have an ethical obligation to be advocates for access to healthcare for all,

THEREFORE BE IT RESOLVED that the Connecticut Nurses Association will:

1. Support the right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision.
2. Support legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis.
3. Support federal and state legislation to exclude marijuana/cannabis from classification as a Schedule I drug.
4. Support research in controlled investigational trials on the therapeutic efficacy of marijuana/cannabis, including alternative methods of administration.
5. Support and encourage the education of registered nurses regarding current, evidence based therapeutic use of marijuana/cannabis.
6. Support the ability of health care providers to discuss and/or recommend the medicinal use of marijuana without the threat of intimidation or penalization.

EXECUTIVE SUMMARY: This report establishes as the official position of the Connecticut Nurses' Association (CNA) that patients should have safe access to therapeutic marijuana. 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. Marijuana has an extremely wide margin of safety for use under appropriate prescriber supervision and cannot cause lethal reactions. Nine states and the District of Columbia have laws that permit use of medicinal marijuana. Eleven of ANA's Constituent Member Associations (CMAs) have taken positions in support of access to marijuana for therapeutic use.

Cost: Minimal. Support of legislative and coalition efforts are included in association's government relations efforts. Education planning and administrative time \$500.

REPORT (from ANA report to 2003 HOD):

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 statement to be effective in:

1. Reducing nausea and vomiting associated with chemotherapy
2. Stimulating the appetite of patients coping with the wasting syndrome associated with HIV/AIDS and cancer
3. Controlling spasticity associated with spinal cord injury and multiple sclerosis
4. Decreasing suffering from chronic pain
5. Controlling seizures
6. Somewhat effective in relieving intraocular pressure associated with glaucoma

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). However, it is documented 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). 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. 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. Which means that 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 a 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:

1. The education of registered professional nurses regarding current, evidence based therapeutic uses of marijuana/cannabis, and
2. 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 Connecticut Nurses' Association needs to actively support patients' right 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:

- American Public Health Association. (1995). *Access to therapeutic marijuana/cannabis*. Washington, DC: Author.
- Bergen, J. Mother's homemade marijuana: A plan to aid her son leads to arrest and push for change. (1993, October 11). *The New York Times*, p.B-1..
- Fintor, L. (2001). Canada's Marijuana regulations raise efficacy, safety issues. *Journal of the National Cancer Institute*, 93: 740-742.
- Grinson, L. & Bakalar, J.B. (1995). Marijuana as medicine: A plea for reconsideration. *JAMA*, 273(23), 1875-1876.
- Institute of Medicine (1999). *Marijuana and medicine: Assessing the science base*. Washington, DC: National Academy Press.
- In the Matter of Marijuana Rescheduling Petition, Docket 86-22, Opinion Recommended Ruling, Findings of Tort, Conclusions of Law, and Decision of Administrative Law Judge, September 6, 1988. Washington, DC: Drug Enforcement Agency.
- Mathre, M.L. (Eds.). (1997). *Cannabis in Medical Practice: A Legal, Historical and Pharmacological Overview of Therapeutic Marijuana*. Jefferson, NC: McFarland & Co.
- Russo, E. Dreher, M., and Mathre, M.L. (2002). *Women and cannabis: Medicine, science and sociology*. Haworth Press.
- Schwartz, R. (2002). Marijuana: A decade and a half later, still a crude drug with underappreciated toxicity. *Pediatrics*, 109: 284-289.
- Steinborn, J. et al (2001). The latest buzz on medicinal marijuana: A legal and medical perspective. *American Journal of Hospice and Palliative Care*, 18 (5), 295-298.
- Trossman, S. (2000). A Virginia nurse takes on a tough issue: Medical Marijuana. *The American Nurse*, 32(6), 20, 22.
- Wall, J. et al (2001). Cannabis: it's therapeutic use. *Nursing Standard*, 16 (10), 39-44.
- Wren, C. Votes on medical marijuana are stirring debate. (1996, November 17). *The New York Times*, p. A-16.

Past CNA Actions: None Identified