KENTUCKY NURSES ASSOCIATION

Constituent of the American Nurses Association

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Statement of Support for Legislation to Advance Medical Cannabis

As the professional association of Registered Nurses (RNs) in Kentucky, the Kentucky Nurses Association (KNA) is extremely invested in protecting and promoting the welfare of patients across the state. The issue of the legalization of medical cannabis is among the most important and relevant patient welfare issues of our time and the KNA feels strongly that providing legal access to medical cannabis is imperative.

As the voice of a profession driven by evidence based practice, best practices and research and data, the KNA has examined the evidence related to medical cannabis. The data overwhelmingly indicates a profound potential to improve patient outcomes, reduce pain and suffering, and alleviate the burden of often overwhelming medication regimens. Moreover, there is growing evidence to indicate that medical cannabis could be used as a safer alternative to prescription opioid drugs and it presents a possible mechanism to reduce Kentucky's opiate addiction problem. Additionally, data concerning side effects and negative outcomes related to use of medical cannabis showed little to no risk.

As a member of the American Nurses Association (ANA), the national voice of RNs in the U.S., the Kentucky Nurses Association adopts the following statement position as issued by the ANA:

In Support of Patients' Safe Access to Therapeutic Marijuana
Effective Date: December 12, 2008
Status: Revised
Position Statement Originated By: Congress on Nursing Practice and Economics
Adopted By: ANA Board of Directors

Purpose: The purpose of this statement is to reiterate the American Nurses Association (ANA) support for patients having safe access to therapeutic marijuana. Statement of ANA position: Marijuana (cannabis) has been used medicinally for centuries. It has been shown to be effective in treating a wide range of symptoms in a variety of conditions. Therefore, the American Nurses Association supports:

1. The education of registered nurses and other health care practitioners regarding appropriate evidence-based therapeutic use of marijuana including those nonsmoked forms of delta-9-tetrahydrocannabinol (THC) that have proven to be therapeutically efficacious
2. Protection from criminal or civil penalties for patients using medical marijuana as permitted under state laws
3. Exemption from criminal prosecution; civil liability; or professional sanctioning, such as loss of licensure or credentialing, for health care practitioners who prescribe, dispense or administer medical marijuana in accordance with state law.
4. Reclassification of marijuana's status from a Schedule I controlled substance into a less restrictive category.
5. Confirmation of the therapeutic efficacy of medical marijuana.

History/Previous Position Statements: Marijuana has been smoked for its medicinal properties for centuries. The American Nurses Association has supported providing patients with safe access to therapeutic marijuana for over a decade. The ANA House of Delegates has gone on record as supporting nurses' "ethical obligation to be advocates for access to healthcare for all" including patients in need of "marijuana/cannabis for therapeutic use" (ANA, 2003). In addition, in 1996, ANA's Congress on Nursing Practice (the forerunner of today's ANA Congress on Nursing Practice and Economics) advocated support for:

- the education for RNs regarding current, evidence based therapeutic uses of cannabis, and
- the investigation of therapeutic efficacy of cannabis in controlled trials (ANA, 1996).

Preclinical, clinical, and anecdotal reports suggest numerous potential medical uses for marijuana. Although the indications for some conditions (e.g., HIV wasting and chemotherapy-induced nausea and vomiting) have been well documented, less information is available about other potential medical uses (ACP, 2008).

Until 1937, cannabis was widely prescribed in the United States. The Marihuana Tax Act of 1937 began the prohibition of its use (Galliher & Walker, 1977) and the Controlled Substances Act of 1970 completely prohibited all therapeutic medicinal use of marijuana/cannabis by making it a Schedule I drug (Public Law 91-513). 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 (Steinborn, 2001; IOM, 1999). A number of professional associations including the American College of Physicians (ACP) and the American Public Health Association have noted marijuana's therapeutic properties for a number of conditions. Marijuana is seen as efficacious in:

- Reducing nausea and vomiting associated with chemotherapy
- Stimulating the appetite of patients coping with the wasting syndrome associated with HIV/AIDS and cancer
- Short-term relief of the intraocular pressure associated with glaucoma
- Decreasing spasticity, pain, and tremor in some patients with multiple sclerosis (MS), spinal cord injuries, or other trauma
- Decreasing suffering from chronic pain (ACP, 2008; APHA, 1995). Additional research is called for to confirm marijuana's therapeutic properties and to determine standard and optimal doses and routes of delivery. Unfortunately, research expansion has been

hindered by a complicated federal approval process, limited availability of research-grade marijuana, and the debate over legalization. Marijuana's categorization as a Schedule I controlled substance raises significant concerns for researchers, health care practitioners, and patients (ACP, 2008). While voters have approved the use of marijuana in a number of 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).

According to a number of U.S. Department of Health and Human Services agencies, including the Food and Drug Administration (FDA) and the National Institute of Drug Abuse (NIDA), there is no evidence supporting medical use of marijuana for treatment in the United States (FDA, 2006). In June 2005, the U.S. Supreme Court ruled 6 to 3 that the federal government has the power to arrest and prosecute patients and their suppliers even if the marijuana use is permitted under state law, because of its authority under the federal Controlled Substances Act to regulate interstate commerce in illegal drugs (Okie, 2005).

Those positions are in conflict with the IOM report which noted that "for patients such as those with AIDS or who are undergoing chemotherapy and who suffer simultaneously from severe pain, scientific studies support medical use of marijuana for treatment in the United States." The IOM also determined that in comparison with other drugs (both legal and illicit), including alcohol, tobacco, and cocaine, "dependence among marijuana users is relatively rare and dependence appears to be less severe than dependence on other drugs." (IOM, 1999). Clearly there is a disconnect between federal agencies and the scientific and healthcare communities as to the value of medical marijuana, which hinders ongoing research and precludes patients having safe access to therapeutic marijuana.

Summary: The evidence demonstrates a connection between therapeutic use of marijuana and symptom relief. The American Nurses Association actively supports patients' rights to legally and safely utilize marijuana for symptom management and health care practitioners' efforts to promote quality of life for patients needing such therapy.

References

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