



Medical Marijuana and Nursing Practice:
Current Legislation, Scientific Literature Review, and
Nursing Implications

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NCSBN
GUIDELINES FOR THE **NURSING CARE** OF
Patients Using Marijuana

[Marijuana Intro Video](#)

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1850: In the US, marijuana was sold over the counter and was commonly used for a variety of illnesses

1936: Every state had passed a law to restrict possession of marijuana, eliminating its availability as an over-the-counter drug

1937: The Marihuana Tax Act of 1937 was passed to prohibit all non-medical use of marijuana in the US

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1970: Controlled Substances Act (Schedule I to V)

- Marijuana was Schedule I category, prohibiting its use for any purpose

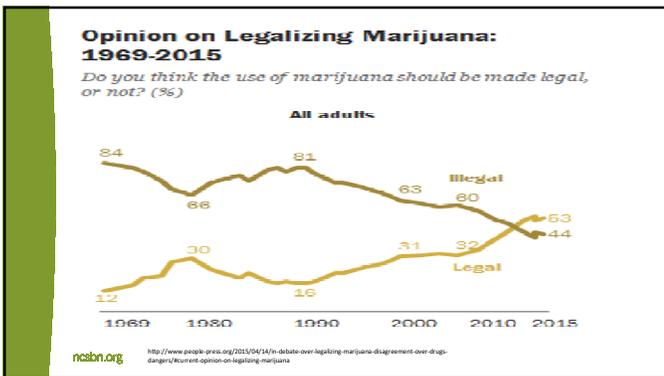
1996: California voters approved Proposition 215 to legalize medical marijuana

- White House opposed the proposition & threatened to revoke the prescription-writing abilities of doctors who recommended or prescribed marijuana

2000: In response to government's aversion to Proposition 215, a group of physicians challenged this policy

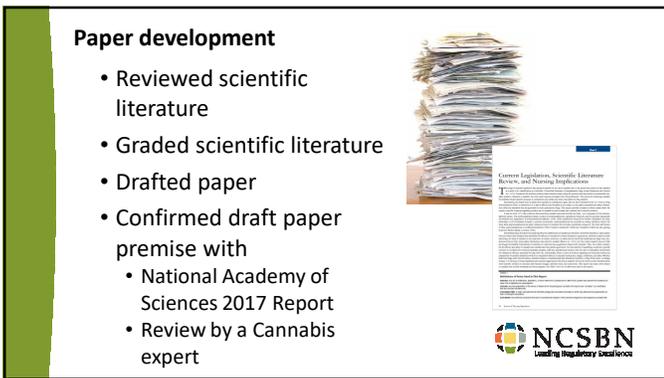
- prevailed in court, decision made to allow physicians to recommend – but not prescribe – medical marijuana

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Federal Legislation and Actions

Schedule I Controlled Substances

- no accepted medical value & present a high potential for abuse

This classification prohibits

- practitioners from prescribing cannabis
- most research using cannabis except under rigorous government oversight

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University of Mississippi



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Medical Marijuana Programs & Conflict with Federal Law

At present there is no controlling case law holding that Congress intended to preempt the field of regulation of cannabis use under its supremacy powers

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U.S. Department of Justice (DOJ) position papers

2009 - discourages federal prosecutors from prosecuting people who distribute or use cannabis for medical purposes in compliance with applicable jurisdiction law

2011, 2013, 2014 – similar guidance

2018 – above memos rescinded
federal prosecutors should follow the well-established principles in deciding which cases to prosecute

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Requests to Reschedule Cannabis

- Numerous federal bills
 - None passed out of House or Senate
- 2016 congressional representatives called on DEA to reschedule
 - Denied
 - Announced a policy change to expand number of DEA registered cannabis manufacturers



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State Legislation and Actions

- locate through the jurisdiction's Department of Health and MMP
- useful links are provided through the National Council of State Legislatures website



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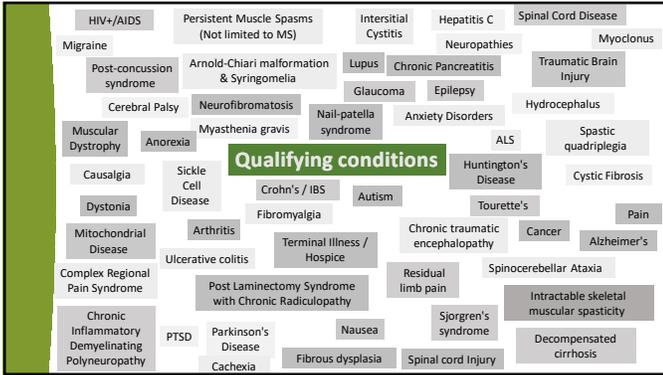
Type of Provision	Jurisdictions
MMP	AK, AR, AZ, CA, CO, CT, DC, DE, FL, HI, IL, LA*, MA, MD, ME, MI, MN, MT, ND, NH, NJ, NM, NV, NY, OH, OR, PA, RI, VT, WA, WV
Allow cannabidiol products (often for intractable seizures; often the use is restricted to clinical studies)	AL, GA, IA, IN, KY, MO, MS, NC, OK, SC, TN, TX, UT, VA, WI, WY
Allow APRNs to certify a qualifying condition referred to in medical marijuana statute	HI, ME, MA, MN, NH, NY, VT, WA
No cannabis statutes	ID, KS, NE, SD
Recreational use of cannabis	AK, CA, CO, DC, MA, ME, NV, OR, VT, WA



Medical Marijuana Programs (MMPs)

- Schedule I Controlled Substance
 - Health care providers cannot prescribe cannabis
- Process to obtain cannabis for medical use
 - Patient must have a qualifying condition
 - Health care practitioner certifies that the patient has one of the state qualifying conditions
 - Patient registers with MMP
 - Patient visits medical marijuana dispensary

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Most Common Qualifying Conditions

- ALS
- Alzheimer's disease
- Arthritis
- Cachexia
- Cancer
- Crohn's disease and other irritable bowel syndromes
- Epilepsy/seizures
- Glaucoma
- Hepatitis C
- HIV/AIDS
- Nausea
- Neuropathies
- Pain
- Parkinson's disease
- Persistent muscle spasms (including multiple sclerosis)
- Posttraumatic stress disorder
- Sickle cell disease
- Terminal illness

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**Literature Review
Therapeutic Effects of Cannabis**

- Dearth of randomized clinical trials
- Use of cannabis and cannabinoids is best considered for patients who
 - could benefit from complementary use
 - where currently accepted first- and second-line medications or therapies show
 - no or insufficient effect
 - demonstrate dangerous adverse events in selected patients

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Moderate- to High- Quality Evidence for Effective Treatment with Cannabis

1. Cachexia
2. Chemotherapy-induced nausea and vomiting
3. Pain (resulting from cancer or rheumatoid arthritis)
4. Chronic pain (resulting from fibromyalgia)
5. Neuropathies (resulting from HIV/AIDS, MS, or diabetes)
6. Spasticity (from MS or spinal cord injury)

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Moderate- to High- Quality Evidence for Effective Treatment with Cannabis supported by a single clinical study

1. Reduction of seizure frequency (Dravet syndrome and Lennox-Gastaut syndrome)
2. Reduction of posttraumatic stress disorder (PTSD) nightmares
3. Improvement in tics (Tourette syndrome)

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Improvements Due to General Effects of Cannabis

- General effects of cannabis—sedation, appetite stimulant, and euphoriant
- General effects of cannabis may mask symptoms and increase a subjective sense of well-being
- Could improve self-reported quality of life in some patients

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Adverse Effects of Cannabis - General

- Increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, and psychomotor performance
- fatigue, nausea, asthenia, vertigo
- suicidal ideation (contradictory)

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Adverse Effects of Cannabis (continued)

- **Adolescence** – recreational use is correlated with poor grades, high drop-out rates, lower income, lower percentage of college degree completion, greater need for economic assistance, unemployment, and use of other drugs
- **Fertility** - No human studies are available
- **Pregnancy** - no reliable data for neurodevelopmental outcomes with early exposure to cannabis in neonatal life, through either breastfeeding or second

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Adverse Effects of Cannabis (continued)

- **Altered Cognition** – research exists to suggest that patients who suffer from diseases with neurologic symptomology may show greater cognitive impairment
- **Mania and predisposition to mania** – significant relationship between cannabis use and subsequent exacerbation and onset of bipolar disorder manic symptoms
- **Schizophrenia** - no research exists that can conclude that cannabis use causes schizophrenia

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Abuse, dependence, overdose, and withdrawal

- **Overdose** - Cannabinoid receptors are effectively absent in the brainstem cardiorespiratory centers
- **Induced psychosis** - ingestion of large doses of THC
- **Cannabis Use Disorder** - problematic pattern of cannabis use leading to clinically significant impairment or distress
- **Hyperemesis** - seen in patients <50yo with a long history of marijuana use
- **Cannabis withdrawal syndrome** - irritability, nervousness, sleeping difficulties, dysphoria, decreased appetite, restlessness, depressed mood, physical discomfort, strange and vivid dreams, craving, and anxiety

Methods of administration

- Smoking and oromucosal sprays
 - most studied methods
- Vaporized cannabis, edibles, dabbing
 - insufficient evidence
- Oral administration
 - delayed effects

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Nurses and cannabis

Some MMPs specify that an APRN can certify a qualifying condition

Some MMPs allow an employee of a hospice provider or nursing or medical facility, or a visiting nurse, personal care attendant, or home health aide to act as a designated caregiver for the administration of medical marijuana

Many nurses will come into contact with a patient who uses cannabis

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Development of Guidelines

- APRNs Certifying a Medical Marijuana Qualifying Condition
- Medical Marijuana Education in APRN Nursing Programs
- Nursing Care of the Patient Using Medical Marijuana
- Medical Marijuana Education in Pre-Licensure Nursing Programs

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APRNs Certifying a Medical Marijuana Qualifying Condition

- ✓ Essential knowledge
- ✓ Clinical encounter & identification of a qualifying condition
- ✓ Informed & shared decision-making
- ✓ Documentation & communication
- ✓ Ethical considerations
- ✓ Special considerations

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Essential Knowledge

- Legalization of medical & recreational cannabis
- Medical Marijuana Program (MMP)
- Endocannabinoid system
- Cannabis pharmacology & the research associated with medical use of cannabis
- Safety considerations for patient use of cannabis

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Clinical Encounter and Identification of a Qualifying Condition

- Clinical assessment
- Current treatment
- Medication reconciliation
- Mental health, alcohol and substance use history
- Experience with cannabis
- Decision for MMP not be predicated on existence of qualifying condition alone
- Determine ongoing monitoring and evaluation

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Informed and Shared Decision-making

- Provide information to the patient and family members/caregivers
 - Scientific evidence, adverse effects, variable effects, lack of produce standardization, safety consideration, individualized goals, requirement for monitoring and evaluation
- Together, the APRN and the patient shall make the decision whether or not to proceed with certifying the qualifying condition

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Documentation and Communication

- Document assessment, reasoning underlying the therapeutic use of cannabis for the qualifying condition, goals of therapy, means to monitor and evaluate response, education provided
- Communicate the patient’s plan of care for use of medical marijuana to other health team members

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Ethical Considerations

- APRN shall approach the patient without judgment regarding their choice of treatment or preferences in managing pain and other distressing symptoms because of serious or life-limiting illnesses
- Avoid conflict of interest
- Shall not certify a MMP qualifying condition for oneself or a family member

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Special Considerations

Important to investigate and follow any

- specific employer policies and procedures
- terms of the collaborative agreement
- standard of care arrangement
- facility policy procedures regarding certifying a qualifying condition

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Medical Marijuana Education in APRN Nursing Programs



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Mirrors the APRN Guidelines



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Nursing Care of the Patient Using Medical Marijuana

- ✓ Essential knowledge
- ✓ Clinical encounter considerations
- ✓ Medical marijuana administration considerations
- ✓ Ethical considerations



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Essential Knowledge

- Legalization of medical & recreational cannabis
- Medical Marijuana Program (MMP)
- Endocannabinoid system
- Cannabis pharmacology & the research associated with medical use of cannabis
- The nurse shall be aware of the facility or agency policies regarding administration of medical marijuana



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Clinical Encounter Considerations

- Assessment related to adverse and variable effects of cannabis
- Communicate the findings of encounter to other health care providers and document
- Identify the safety considerations for patient use of cannabis (storage, disposal)

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Medical Marijuana Administration Considerations

- Nurse shall not administer cannabis to a patient unless specifically authorized by jurisdiction law
- Instances where the nurse may administer cannabis or synthetic THC to a patient
 - *FDA approved synthetic THC drugs (dronabinol and nabilone) as per facility formulary and policy*
 - *As a registered MMP designated caregiver*

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Designated Caregiver

- Majority of jurisdictions allow a designated caregiver to assist a patient with medical use of cannabis
- Must meet specific qualifications and be registered with the MMP
- Some jurisdictions allow an employee of a hospice provider, nursing, or medical facility or a visiting nurse, to become a designated caregiver to assist in the administration of medical marijuana
- Check MMP statute or rules
- Check facility policy

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Ethical Considerations

- Nurse shall approach the patient without judgment regarding their choice of treatment or preferences in managing pain and other distressing symptoms because of serious or life-limiting illnesses

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Cannabis-Specific Education Content for Pre-Licensure Nursing Programs

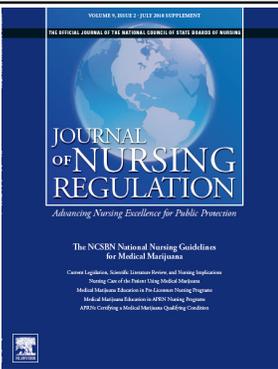


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Mirrors the Nursing Care of Patient Using Medical Marijuana Guidelines

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Key points

- Public opinion is changing
- Legalization is progressing
- Legal inconsistencies remain
- Research is limited by the government

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Key points

- Limited clinical research regarding efficacy
- MMPs vary widely
- Nurse administration of cannabis is limited
- Education of licensees about cannabis is necessary

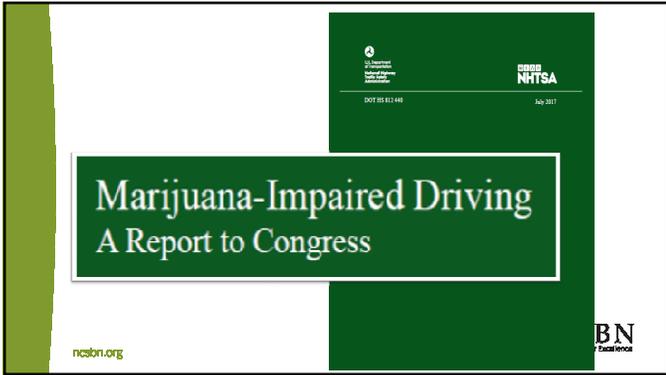
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Discussion & Questions

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Right Touch Regulation

- Evaluate all mitigating and aggravating factors
- Use minimum regulatory force necessary for protection of public



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