

Legalization of Medical/Recreational Marijuana: What Nurse Educators Need to Know

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Objectives



History of Cannabis



Legalization of cannabis



Endocannabinoid system



Medical Marijuana Programs



Science



NCSBN National Nursing Guidelines for Medical Marijuana



Medical Marijuana Dispensaries & Products



Medical marijuana users today





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Legalization of cannabis

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Timothy Leary

- Arrested for pot
- Failure to pay the tax

Tax Act violated his privilege against self-incrimination

- He filed suit

Tax Act found unconstitutional

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1970: Controlled Substances Act (Schedule I to V)

1996: California voters approved Proposition 215 to legalize medical marijuana

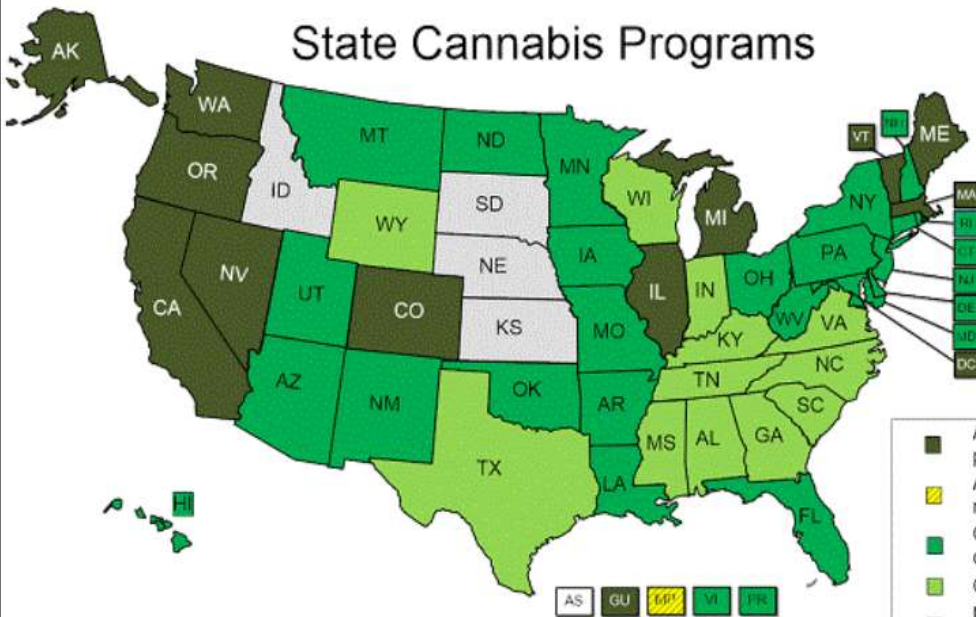
White House opposed, threatened to revoke the prescription-writing abilities of doctors who recommended or prescribed marijuana

2000: MDs challenged & prevailed, decision made to allow physicians to recommend

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State Cannabis Programs



- Adult & medical use regulated program
- Adult use only no medical regulated program
- Comprehensive medical cannabis program
- CBD/Low THC program
- No public cannabis access program

Vermont adult use law signed Jan. 22, 2018. Effective July 1, 2018
Limited adult possession and growing allowed, no regulated production or sales. DC, VT

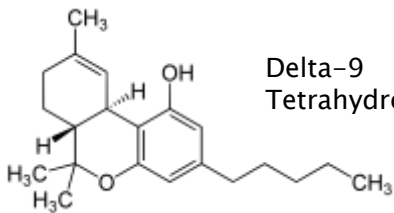
June 26, 2019

 Endocannabinoid system

1964
Scientists isolated THC from cannabis

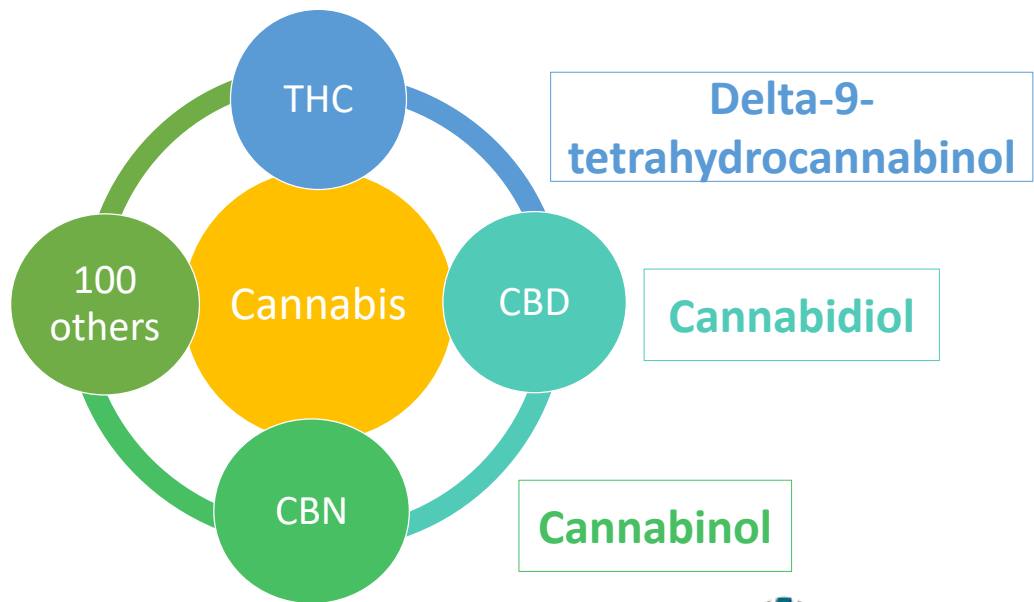
1980s
Discovered the receptor for THC

Led to the understanding of the endocannabinoid system



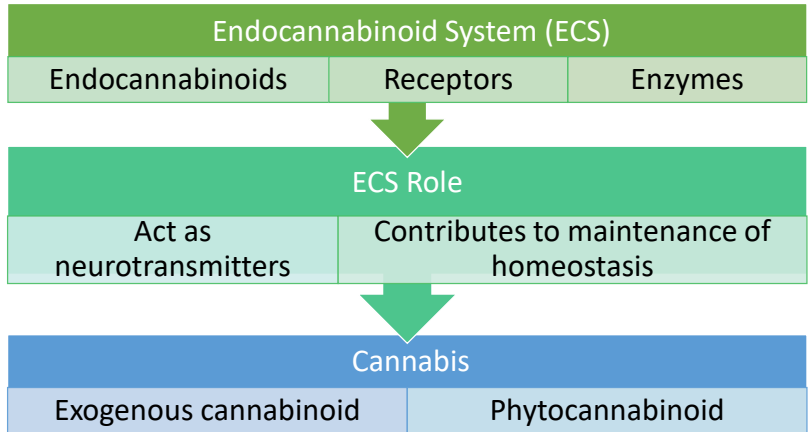
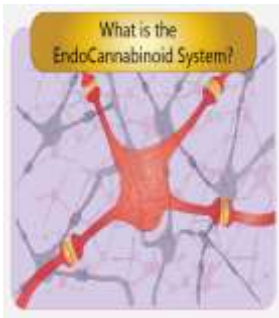
Delta-9 Tetrahydrocannabinol

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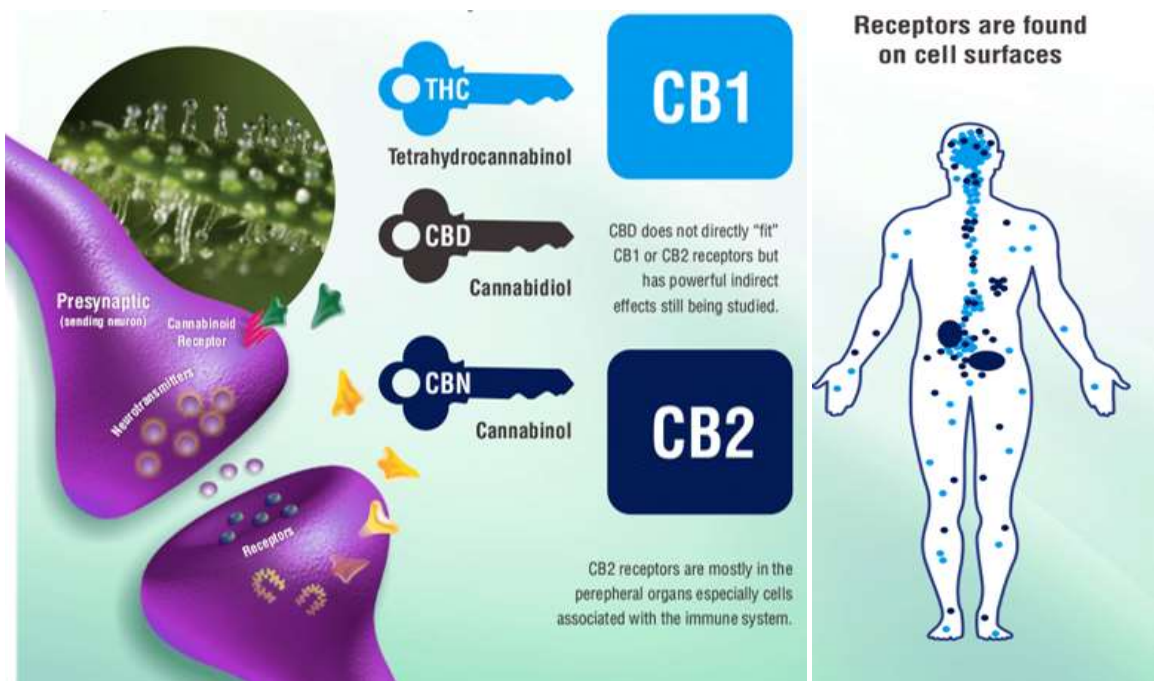


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Medical Marijuana Programs

Medical Marijuana Program

State program

Certification

Qualifying condition
Health care practitioner certification

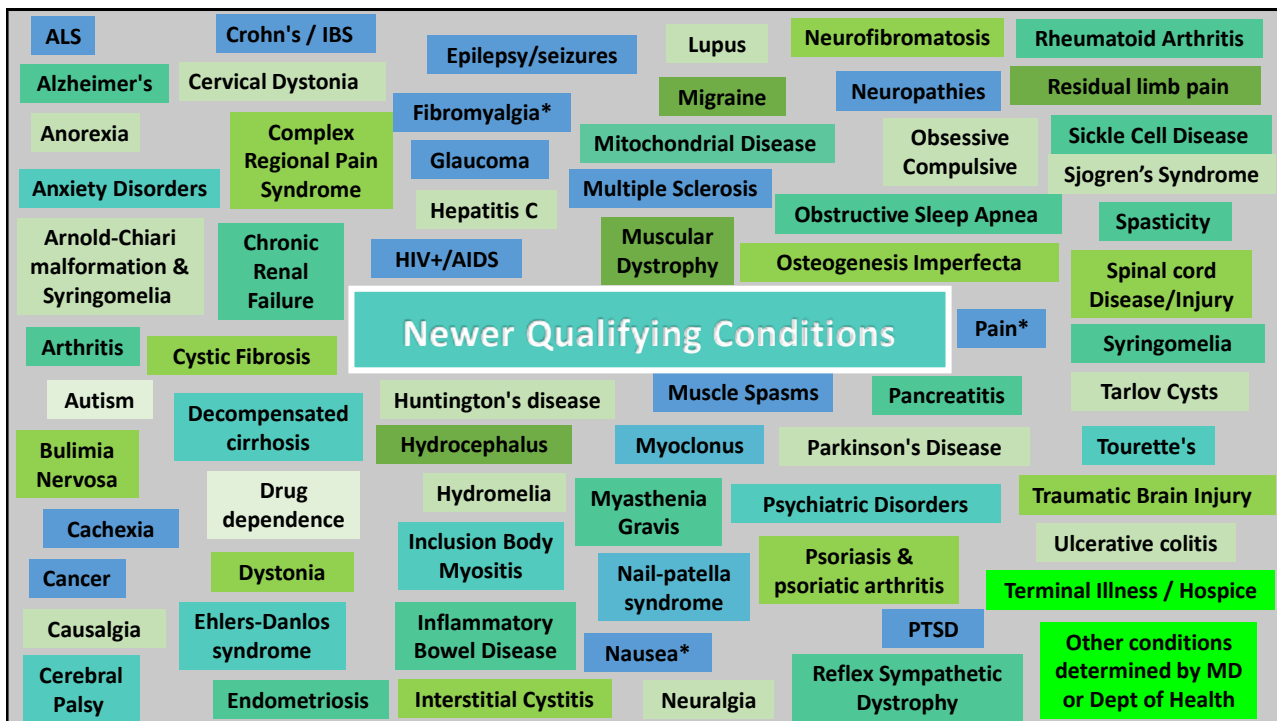
Certification

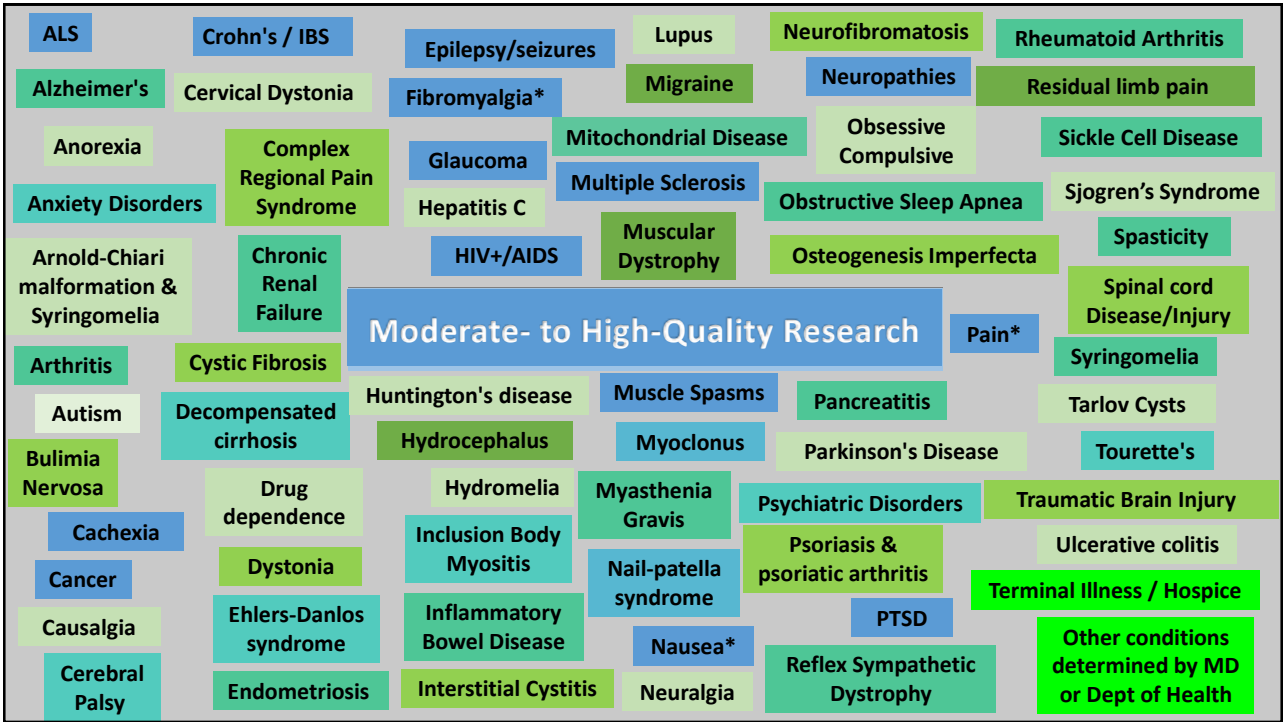
Qualifying condition
Health care practitioner certification

Dispensary

Patient obtains marijuana product from a dispensary

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Administration of medical marijuana

Per patient

Designated caregiver

Some MMPs authorize another person to purchase and/or administer medical marijuana on the patient's behalf

Health care employee

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

School personnel

3 states have now made it explicitly clear that school personnel may possess, and administer medical marijuana to a student without risk of prosecution

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Federal law

- Comprehensive Drug Abuse Prevention and Control Act (1970)
- Cannabis
 - Schedule I substance
- Attorney General memos



State law

- MMP legislation creates an exemption from Federal law

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Supremacy Clause

- “This Constitution, and the laws of the United States which shall be made in pursuance thereof, and all treaties made, or which shall be made, under the authority of the United States, shall be the supreme law of the land... anything in the constitution or the laws of any state to the contrary not withstanding.”

– Article 6, section 2

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10th Amendment

The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

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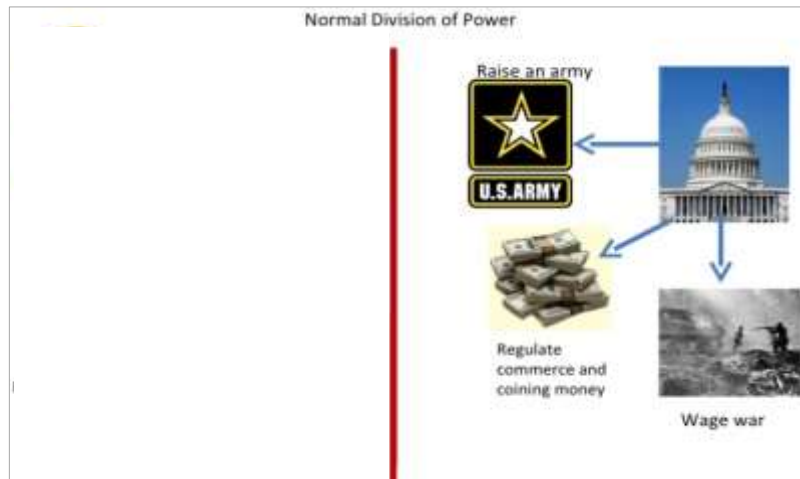


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State

Federal



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THE UNITED STATES
DEPARTMENT OF JUSTICE

U.S. Department of Justice
Office of the Deputy Attorney General

Department of Justice
Office of Public Affairs

FOR IMMEDIATE RELEASE Thursday, January 4, 2018

Justice Department Issues Memo on Marijuana Enforcement

The Department of Justice today issued a memo on federal marijuana enforcement policy announcing a return to the rule of law and the rescission of previous guidance documents. Since the passage of the Controlled Substances Act (CSA) in 1970, Congress has generally prohibited the cultivation, distribution, and possession of marijuana.

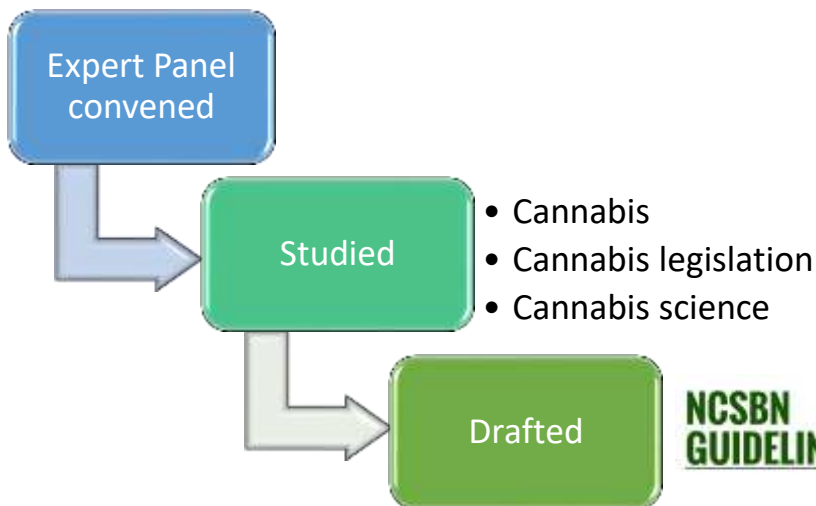
In the memorandum, Attorney General Jeff Sessions directs all U.S. Attorneys to enforce the laws enacted by Congress and

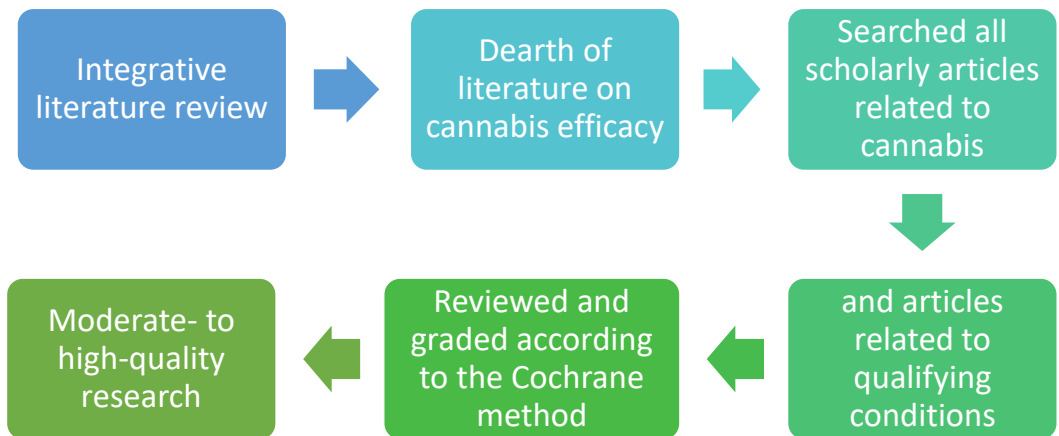
On August 29, 2013, the Department issued guidance (August 29 guidance) to federal prosecutors concerning marijuana enforcement under the Controlled Substances Act (CSA). The August 29 guidance reiterated the Department's commitment to enforcing the CSA consistent

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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*	AL, GA, IA, IN, KY, MO, MS, NC, OK, SC, TN, TX, UT, VA, WI, WY
Allow APRNs to certify a qualifying condition	HI, ME, MA, MN, NH, NM, NY, VT, WA
Recreational use of cannabis	AK, CA, CO, DC, IL, MA, ME, NV, OR, VT, WA
No cannabis statutes	ID, KS, NE, SD

RESEARCH Science





**Results:
Moderate- to
High- Quality
Evidence for
Effective
Treatment
with:**

- Cachexia
- Chemotherapy-induced nausea and vomiting
- Pain (resulting from cancer or rheumatoid arthritis)
- Chronic pain (resulting from fibromyalgia)
- Neuropathies (resulting from HIV/AIDS, MS, or diabetes)
- Spasticity (from MS or spinal cord injury)
- *Intractable seizures (Dravet syndrome and Lennox-Gastaut syndrome)

**Single
Moderate-
to High-
Quality
Study for:**

Reduction of posttraumatic stress disorder (PTSD) nightmares

Improvement in tics (Tourette syndrome)

**Additional
findings:**

Improvement from general effects of cannabis

Adverse effects of
cannabis

General

Specific populations

Specific conditions

Abuse, dependence, overdose,
& withdrawal

Administration considerations

**Improvements
Due to General
Effects of
Cannabis:**

General effects - sedation, appetite stimulation, and euphoria

May mask symptoms and increase a subjective sense of well-being

Could improve self-reported quality of life in some patients

**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)

Adverse Effects of Cannabis – Population:

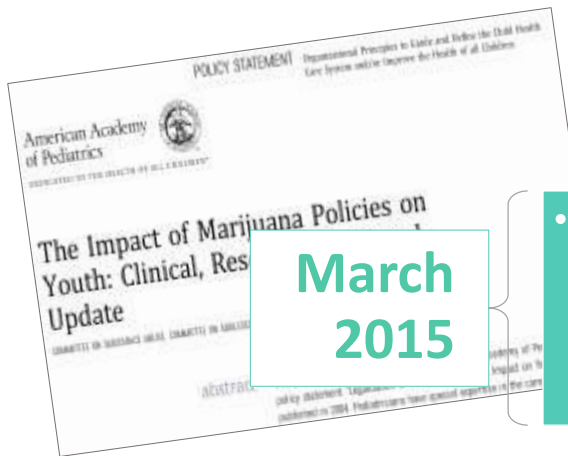
Adolescence – recreational use is correlated with poor grades, high drop-out rates, lower income, lower percentage of college degree completion, greater need for economic assistance, unemployment, and use of other drugs

Fertility - No human studies are available

Pregnancy/neonate - no reliable data for neurodevelopmental outcomes with early exposure to cannabis in neonatal life, through either breastfeeding or secondhand inhalation



- Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use
- Marijuana use during lactation and breastfeeding is discouraged



March
2015

- Given the data supporting the negative health and brain development effects of marijuana in children and adolescents, ages 0 through 21 years, the AAP is opposed to marijuana use in this population



August
2019

- No amount of marijuana use during pregnancy or adolescence is known to be safe. Currently, the safest choice for pregnant women and adolescents is not to use marijuana.

Adverse Effects of Cannabis – Conditions:

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

Abuse, dependence, overdose, & 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 history of daily or excessive cannabis use

Cannabis withdrawal syndrome - DSM-5

Methods of administration

Inhalation – smoking or vapor

Oral mucosal sprays

Edibles, cannabis infused butter/oil

Tinctures

Topicals

Concentrates – dabbing - inhaling small quantities of a concentrated and vaporized drug, cannabis oil or resin

Methods of administration

Smoking and oromucosal sprays - most studied methods

Oral administration – may have delayed effects

Vaporized cannabis, edibles & dabbing - insufficient scientific evidence on effectiveness

Dosing

Self titration

Continual assessment of perceived efficacy and adverse effects



START LOW AND GO SLOW

Wait at least 10 minutes after smoking or vaping cannabis and at least 2 hours after eating it to feel the full effects before using more.

If you choose to use cannabis, know how to reduce your risks. Learn more at www.pdhu.on.ca

Adapted with permission of North Bay-Pearce District Health Unit

Proudly Cannabis, Health, Legal

Strain: Dispensary: BROOK CANLAWRENCE Sativa Indica Hybrid THC CBG Sativa Indica Hybrid Delivery Method: Smoke Vaper Edibles Topicals * * * Aroma: Appearance: Flavor: Effects: OVERALL:  ☆☆☆☆☆	Strain: Dispensary: Group COMMUNICABLE Sativa Indica Hybrid THC CBG Sativa Indica Hybrid Delivery Method: Smoke Vaper Edibles Topicals * * * Aroma: Appearance: Flavor: Effects: OVERALL:  ☆☆☆☆☆
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U.S. Department of Transportation
National Highway Traffic Safety Administration

NHTSA

DOT HS 812 440 July 2017

Marijuana-Impaired Driving
A Report to Congress

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Standards and limitations of current laboratory testing for cannabis

Cannabis is fat soluble

Not metabolized at a steady rate

Can be released into blood long after ingestion

Slow release not correlated to resurgent impairment

Level of THC in the blood and the degree of impairment do not appear to be closely related

A laboratory test for THC examines the biological specimen **only** for the presence or absence of THC

4 Takeaways from NCSBN Review



Limited moderate- to high-quality research

Caution with specific populations and conditions



Self titration & continual assessment

No biological test for impairment by THC



Need more research



The
NCSBN
National
Nursing
Guidelines
for
Medical
Marijuana

- Current Legislation, Scientific Literature Review, and Nursing Implications
- Nursing Care of the Patient Using Medical Marijuana
- Medical Marijuana Education in Pre-Licensure Nursing Programs
- Medical Marijuana Education in APRN Nursing Programs
- APRNs Certifying a Medical Marijuana Qualifying Condition

Nursing Care Guidelines



Essential knowledge

Clinical encounter

Administration Considerations

Ethical considerations

Special considerations

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APRN Guidelines



Essential knowledge

Clinical encounter & identification of a qualifying condition

Informed & shared decision-making

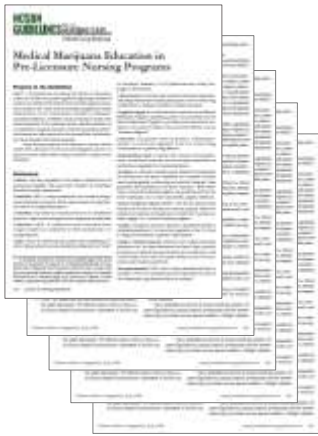
Documentation & communication

Ethical considerations

Special considerations

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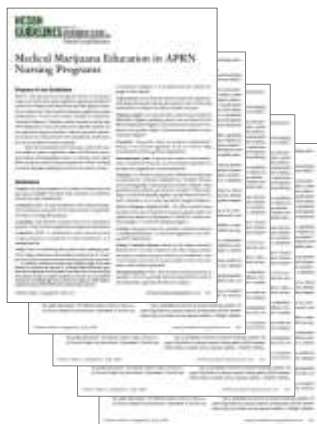




Medical Marijuana Education in Pre-Licensure Nursing Programs

Mirrors the *Nursing Care of the Patient Using Medical Marijuana* Guidelines

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Medical Marijuana Education in APRN Nursing Programs

Mirrors the *APRNs Certifying a Medical Marijuana Qualifying Condition* Guidelines

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Essential knowledge

- ✓ Endocannabinoid system
- ✓ State & Federal laws
- ✓ Principles of MMP
- ✓ Available cannabis research

Clinical encounter considerations



- ✓ Cannabis adverse effects
- ✓ Dosing considerations



Medical marijuana administration considerations

- Current FDA approved medications
- Administration per MMPs

Ethical Considerations



- Respect for patient's decision making



Medical marijuana administration considerations

Marinol



Synthetic THC FDA approved for anorexia,* nausea & vomiting*

Syndros



Synthetic THC FDA approved for anorexia,* nausea & vomiting*

Cesamet



Synthetic THC FDA approved for nausea & vomiting only

Epidiolex



Oral CBD plant derived product
FDA approved for patients ≥ 2 years
with either Lennox-Gastaut syndrome
or Dravet syndrome

Designated Caregiver

Majority of jurisdictions allow a designated caregiver to assist a patient with medical use of cannabis

Must meet specific qualifications & register with 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

Children in school

Parents can administer marijuana in school in some jurisdictions

[Delaware](#), [Colorado](#), [Florida](#), [Illinois](#), [Maine](#), [New Jersey](#), [New Mexico](#)

[Washington](#) schools can create own policies, but are not required to permit use of medical marijuana

[West Virginia](#) education officials can create rules for schools

School
personnel
administration

Colorado law - school personnel may administer

Virginia law - removes prosecution for possession/distribution by school employee for storing, dispensing, or administering CBD oil/THC-A oil, in accordance with a policy adopted by the local school board, to a certified student

Illinois law - School must allow a school nurse/administrator to administer medical cannabis to a certified student on school premises, at school-sponsored activity, before/after normal school activities, before-school/after-school care on school-operated property or on a school bus

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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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Continuing Education

Caring for Patients Using Medical Marijuana

Author: C. Howell, J. M. M. M.

Since 1989, 19 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 10 Canadian provinces have passed legislation legalizing the use of medical marijuana. Another 10 states allow use of low-dose cannabidiol (CBD) oil. The National Academies of Sciences, Engineering, and Medicine (NASEM) report, *Medical Cannabis: Evidence on Therapeutic Benefits and Risks*, published in 2017, found that the use of medical cannabis is associated with a 25% reduction in hospitalizations and a 10% reduction in mortality. The report also found that the use of medical cannabis is associated with a 10% reduction in hospitalizations and a 10% reduction in mortality. The report also found that the use of medical cannabis is associated with a 10% reduction in hospitalizations and a 10% reduction in mortality.

Objectives

1. Explain the regulatory and legislative process of medical marijuana.
2. Discuss current legislative and legal questions associated with medical marijuana.
3. Identify potential implications of medical marijuana use for patients, staff, and employers.
4. Discuss the importance of medical and other professionals providing a patient-centered approach.

Keywords

Medical marijuana, medical cannabis, medical cannabis dispensaries, medical cannabis products, medical cannabis use, medical cannabis patients, medical cannabis providers, medical cannabis education, medical cannabis research, medical cannabis policy, medical cannabis regulation, medical cannabis legislation, medical cannabis implementation, medical cannabis evaluation, medical cannabis monitoring, medical cannabis enforcement, medical cannabis compliance, medical cannabis safety, medical cannabis quality, medical cannabis access, medical cannabis equity, medical cannabis justice, medical cannabis equity, medical cannabis justice, medical cannabis equity, medical cannabis justice.

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Medical Marijuana Dispensaries & Products





Modes of Delivery



Smoking



Vaporizing,
inhalation



Spray, oil,
tincture



Capsules,
topical




Edible
infused
products











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- Education >
- Licensure >
- Practice >

APRN in the U.S.

- APRN Licensure Model
- History of APRN
- Knowledge for Consumers
- APRN Licensure Model Toolkit
- APRN Licensure Implementation Status

Substance Use Disorder

- Substance Use Disorders in Nursing
- Speed Toolkit

Guidelines for Medical Marijuana

NCSBN GUIDELINES FOR THE NURSING CARE OF Patients Using Marijuana

The July 2018 Supplement to the Journal of Nursing Regulation (JNR) contains the "NCSBN National Nursing Guidelines for Medical Marijuana."

This body of work fills the gap in the literature on the nursing care of patients using medical marijuana and provides evidence-based nursing guidelines. The JNR supplement covers:


- Current Legislation, Scientific Literature Review, and Nursing Implications
- Nursing Care of the Patient Using Medical Marijuana
- Medical Marijuana Education in Pre-Licensure Nursing Programs
- Medical Marijuana Education in APRN Nursing Programs

RELATED RESOURCES

- ANP Report: Marijuana Use Among Physicians and Broadbanding
- ACEP Opinion: Marijuana Use Among Physicians and Patients
- WHA Report to Congress: Marijuana Use and Health
- WHO Report: Cannabis and the Medical Use
- FDA Fact Sheet: Epidiolex (cannabidiol) oral solution
- National Academies Report: The Health Effects of Cannabis and Cannabinoids
- NCJL State Medical Marijuana Laws

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