

**Pennsylvania State Nurses Association Position Statement on Patients' Safe Access to Therapeutic Marijuana**

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*Background*

History has documented the use of marijuana (cannabis) in medical settings since 28th century BCE China, and it was first introduced to the Western world in the early 19th century (Johnson,2013). It was quickly adopted by health care professionals to treat various problems such as nausea, chronic pain and psychological disorders, and it was widely accepted in the United States until the Marijuana Tax Act of 1937 (Johnson, 2013). Since that time, it has undergone a complicated past of federal regulation regarding its use recreationally and medicinally.

Currently, marijuana is classified under the Controlled Substances Act as a Schedule I drug; possessors are subject to federal punishment and no clinician is permitted to prescribe, as it has no known medical value. Despite this regulation, 18 states and the District of Columbia have adopted laws to permit its use as a therapeutic medication in many disease entities (ProCon.org,2013). Supporters of the legalization of medical marijuana advocate for the distinction between leisure and medicinal use of the drug, ensuring that with proper clinician oversight, abuse of the drug can be avoided. Many supporters specifically compare use of medical marijuana to the current practice of using opioids for symptom management, citing the fact that drugs like morphine have a greater potential (23 percent to 10 percent respectively) to become addicting yet are used for pain management across the health care continuum (Cohen, 2009). Additionally,they reference the zero to few deaths caused by illegal marijuana use as compared to use of legal federally-regulated prescription drugs (0 vs. 10,008 in 2009, respectively).

There has been documentation of efficacy from medicinal marijuana, both smoked and in oral tetrahydrocannabinol (THC) form in pain control and reduction of spasticity, for improvement of glaucoma, asthma, seizures, appetite stimulation and in management of nausea (Joy, Watson &Benson, 1999; ACP, 2008). The results are highly variable. There is difficulty delineating true effects of cannabis from the emotional well-being resulting from smoked marijuana (“high”). Additionally, there is worry regarding the endorsement of a drug delivery system that involves smoking. There are also ongoing safety concerns – relatively poorly documented – regarding medical marijuana’s potential to exacerbate mental illness, to be a “gateway” for harder drugs, and to cause respiratory arrest and even death (Cohen, 2009). Due to the drug’s classification as a Schedule I drug, potential drug manufacturers and physicians have been unable to conduct rigorous clinical trials using the standard grade drug to draw definitive conclusions regarding the drug’s risk/benefit ratio.

## *Position*

It is the position of PSNA that medical marijuana is worthy of further rigorous clinical testing. In order to weigh the true risks and benefits of medical marijuana, there must be a discussion and openness at the federal level regarding the conversion of marijuana from a Schedule I to Schedule II drug classification. Schedule II classification would allow testing of consistent grade medical marijuana in a randomized controlled fashion in order to ascertain the drug's risk/benefit profile for a multitude of illnesses and symptoms. In addition, PSNA supports protection from prosecution for patients who currently use medicinal marijuana or for providers suggesting medicinal marijuana for relief of intractable conditions or symptoms. Lastly, PSNA shares concerns about the delivery system of smoking medication and, if this drug is approved, encourages the development of a more efficient drug delivery system.

## *Rationale*

Marijuana has been used as a way to manage symptoms for chronic illness since ancient times. In 1999, The Institute of Medicine (IOM) recommended that marijuana have its drug schedule classification changed in order to allow for more rigorous testing. Despite a persistent federal ban on marijuana, claims regarding its efficacy for a host of illnesses and symptoms have soared. As a result, more than a quarter of the states in the nation have adopted laws to legalize the drug for medicinal purposes despite the continued federal ban. Marijuana may be an important therapeutic adjunct in hard-to-manage illnesses and for persistent symptoms. Detangling the argument regarding the legalization of marijuana for medicinal vs. recreational use may allow a more open weighing of the evidence for consideration of the appropriate schedule classification. Well-designed, rigorous research must be performed to truly assess the relative benefits and risks of medicinal marijuana.

## *References*

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