POSITION STATEMENT

Therapeutic Use of Marijuana and Related Cannabinoids

Effective Date: 2016
Status: Revised Position Statement
Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors

Purpose

The purpose of this statement is to reiterate the American Nurses Association's (ANA) support for the review and reclassification of marijuana's status from a federal Schedule I controlled substances to facilitate urgently needed clinical research to inform patients and providers on the efficacy of marijuana and related cannabinoids. This position statement speaks only to the use of marijuana and related cannabinoids in the context of health care. It addresses the roles and responsibilities of nurses related to the use of cannabinoids for health care.

Statement of ANA Position

Marijuana and its derivatives continue to be used to alleviate disease-related symptoms and side effects. The findings of anecdotal and controlled studies regarding the efficacy for patient use are mixed. Current federal regulations impede the research necessary to evaluate and determine the therapeutic use of marijuana and related cannabinoids. This position statement does not extend to the current debate on the legalization of marijuana for recreational purposes. The goal is to develop an evidence-based approach to its use in the treatment of disease and symptom management.

Recommendations

"It is the shared responsibility of professional nursing organizations to speak for nurses collectively in shaping health care and to promulgate change for the improvement of health and health care" (ANA, 2015, p. 36). Therefore, the ANA strongly supports:

- Scientific review of marijuana's status as a federal Schedule I controlled substance and relisting marijuana as a federal Schedule II controlled substance for purposes of facilitating research.
- Development of prescribing standards that includes indications for use, specific dose, route, expected effect and possible side effects, as well as indications for stopping a medication.
- Establishing evidence-based standards for the use of marijuana and related cannabinoids.

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- Protection from criminal or civil penalties for patients using therapeutic marijuana and related cannabinoids as permitted under state laws.
- Exemption from criminal prosecution, civil liability, or professional sanctioning, such as loss of licensure or credentialing, for health care practitioners who discuss treatment alternatives concerning marijuana or who prescribe, dispense or administer marijuana in accordance with professional standards and state laws.

Background

Marijuana and related cannabinoids are widely used to treat disease or alleviate symptoms, but their efficacy for specific indications is not clear (Whiting et al., 2015). Marijuana has been used for alleviating symptoms of nausea and vomiting; stimulating appetite in HIV patients; alleviating chronic pain; easing spasticity due to multiple sclerosis; decreasing symptoms of depression, anxiety, sleep disorders and psychosis; and relieving intraocular pressure from glaucoma (Whiting, 2015). Some of these indications have moderate evidence to support treatment with marijuana; however, many do not (Hill, 2015).

Marijuana was widely prescribed in the United States until 1937 when the Marihuana Tax Act of 1937 prohibited its use (Musto, 1972). By 1970, the Controlled Substances Act completely prohibited all therapeutic use of marijuana by making it a Schedule I drug (Public Law 91-513). Schedule I drugs are defined as "drugs with no currently accepted medical use and a high potential for abuse" (Drug Enforcement Agency, 2016). Because of this designation, a limited number of DEA licenses to perform clinical research using marijuana exist (Nutt, 2015). In addition, the DEA has one single source of marijuana approved for medical research (DEA, 2016). The Food and Drug Administration (FDA) supports scientific research into the use of marijuana and related cannabinoids for medical purposes, but has not approved marijuana as a safe and effective drug for any indication (FDA, 2016). While numerous scholars and organizations have called for an expansion in research, regulatory restrictions have impeded this effort. ANA recommends additional scientific research of marijuana and its related cannabinoids in order to guide evidence-based practice for therapeutic use in patients.

Twenty-four states and the District of Columbia have legalized the use of marijuana for some medical purposes. Despite this, the United States Supreme Court voted that Congress had the legal authority to criminalize the use of home grown marijuana even in states where it is legal for therapeutic purposes (Gonzales, 2005). As a result, patients and families who gain access to or use marijuana for therapeutic purposes in a state that allows for its use are still at risk for criminal consequences. ANA actively supports patients' rights to legally and safely use marijuana and related cannabinoids for therapeutic symptom management, as well as the nurse's promotion of quality of life for patients using such therapy.

Previous Position Statements

The nursing profession holds that health is a universal right, which includes access to health care and education concerning the prevention of health issues (ANA, 2015). ANA has supported providing safe access to therapeutic marijuana and related cannabinoids for over 20 years. In 1996, ANA's Congress on Nursing Practice supported research and education for evidence-based therapeutic uses of marijuana and related cannabinoids. In addition, the ANA House of Delegates has gone on record as supporting nurses' advocacy for patients using marijuana and other related cannabinoids for therapeutic use (ANA, 2003).

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Supersedes

American Nurses Association. (2008). Position Statement: *In support of patients' safe access to therapeutic marijuana*. Silver Spring, MD: author.

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Hill, K. P. (2015). Medical marijuana for treatment of chronic pain and other medical and psychiatric problems: a clinical review. JAMA, 313(24), 2474-2483. doi:10.1001/jama.2015.6199.

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Pub.L. 91-513, 84 Stat. 1236, enacted 1907-10-27, codified at 21 U.S.C. § 801 et. seq.

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