

Medical Marijuana: The Legal and Clinical Facts Regarding Medical Use

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About the author:

Alexandra Ramsey is from Lake Saint Charles, Missouri. While at the School of Nursing, Anne received The School of Nursing, School of Nursing Endowment, and the University of Kansas Medical Center Bookstore scholarships. She plans to begin her career at the University of Kansas Hospital in the acute care area. She wants to return to school to pursue opportunities in nursing leadership. She is dedicating this article to her Aunt Chris who recently lost her battle with cancer. “She always encouraged me to pursue my dreams and never give up no matter how large the obstacle”.

Introduction

The Chinese Shen-nung Pen-tshao Ching is the oldest medical text found in the world today. This text mentions the use of marijuana to treat such ailments as digestive disorders and pain from rheumatism. Marijuana also made its way into many American and European medical journals in the late 1800's and early 1900's. The Dispensary of the United States of America stated that "the complaints in which [marijuana] has been specially recommended are neuralgia, gout, rheumatism, tetanus, hydrophobia, epidemic cholera, convulsions, chorea, hysteria, mental depression, insanity, and uterine hemorrhage" (Thomas, 2010, p.1). Marijuana was prescribed by physicians regularly in the United States through the 1930's, and then in the 1970's laws were passed to prohibit marijuana prescriptions. (Thomas, 2010, p.1) Since then, the use of marijuana as a medicinal intervention for such diseases as cancer and HIV complications has been a very controversial topic in both the legal and medical realms in the United States. The use of medical marijuana has made a comeback in recent years. The Office of the Deputy US Attorney General made a statement on October 19, 2009 stating:

A federal policy to abstain from investigating or prosecuting "individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana." The memo made clear, however, that it did not "legalize marijuana or provide a legal defense to a violation of federal law." Rather, it was "intended solely as a guide to the exercise of investigative and prosecutorial discretion." (Thomas, 2010, p.1)

The purpose of this paper is to simply present the facts about this controversial topic so that the reader can become informed and make his or her own conclusion about the medicinal use of marijuana.

Literature Review

Alaska, Arizona, California, Colorado, Washington D.C., Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington have legalized smoking marijuana as a therapeutic alternative (2010). Each state has its own regulations for how much marijuana one patient can have at a time. On average a patient can have 2 oz of usable marijuana on hand and can grow anywhere from 4 to 24 plants, but the larger majority of these plants have to be immature plants (2010). Each patient who has a prescription for marijuana must have an ID card to prove they can legally possess marijuana (2010). About half of the states that have legalized medical use of marijuana allow people from the other states to fill a prescription as long as the patient presents their ID card (2010).

Even though the US Deputy Attorney General made a memorandum to federal law about the medicinal use of marijuana the state and federal laws about this topic are still very clouded. “In the United States, marijuana is considered a Schedule I controlled substance under the federal Controlled Substances Act (CSA) in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970” (Seamon et al, 2007, p. 1039). By definition being classified as a Schedule I controlled substance means that marijuana “has no accepted medical use, a high potential for abuse, and a lack of accepted safety” (Seamon et al, 2007, p. 1039). However these 16 states and physicians practicing in these states continue to prescribe and allow the use of marijuana for medical purposes legally. The American Medical Association, the Institute of Medicine, the American College of Physicians, and patient advocates are joining together to “[call] for changes in federal drug-enforcement policies to establish evidence-based practices in this area” (Hoffman & Weber, 2010, p.1453). The AMA also stated that they are “urging review of marijuana as a Schedule I controlled substance, noting it would support

rescheduling of doing so to facilitate research and development of cannabinoid-based medicine” (Hoffman & Weber, 2010, p.1453). According to R. Eric Barnes the federal government has three options regarding the legalization of marijuana:

They can remove marijuana from the list of controlled substances entirely, so that everyone can buy it. They can remove marijuana from schedule I of the controlled substances act and place it on another schedule (most likely schedule 2), so that doctors could prescribe it and drug companies would be allowed to distribute it. They can reschedule marijuana and allow it to be marketed on a limited scale to those in need while more extensive testing of it is done. (2000, p.19)

The state governments are leading this movement to federally legalize marijuana because of its clinical significance in relieving ailing symptoms of debilitating diseases (Hoffman & Weber, 2010, p. 1454). This symptom list used by many states that have legalized medical marijuana includes:

serious, chronic, or debilitating medical conditions, such as (1) severe nausea and vomiting associated with cancer chemotherapy or other causes, (2) weight loss associated with debilitating illnesses, including HIV infection and cancer, (3) spasticity secondary to neurologic diseases, such as multiple sclerosis, (4) pain syndromes, and (5) glaucoma (Seamon et al, 2007, p.1040).

There is a lot of new research currently taking place that is investigating more illnesses that the use of marijuana may be warranted for because it prevents symptoms that severely interfere with a patient’s quality of life. Research has found that marijuana relieves pain associated with endometriosis and PTSD (Trossman, 2010, p.1). Research is being done on the actual receptors in the body that respond to any form of marijuana. This system is called the

endocannabinoid system. In the 1980's researchers thought that the receptors of this system were only found in the brain. However research has shown that receptors of the endocannabinoid system lie throughout the body. According to this research the endocannabinoid system "affects how we eat, sleep, relax, protect, and forget" (Trossman, 2010, p.1). Patient-guided research has also shown that some medical conditions respond better to different strains of marijuana. For example, patients have found that one strain of marijuana treats spasticity caused by MS better than other strains (Trossman, 2010, p.7).

Although there is starting to be more research in favor of use of medical marijuana; many people still argue that there are dangerous implications to prescribing marijuana. "The consequences that are of most concern to clinicians and patients are the risks of developing cannabis dependence, exacerbation of cardiovascular disease, precipitation of psychotic disorders and cancers" (Degenhardt & Hall, 2008, p.1685). Research regarding the increased risk of psychosis was done on recreational users of marijuana not those using medical marijuana (Degenhardt & Hall, 2008, p.1686). However according to John Thomas there has also been research done that "medical marijuana use may pose particular problems for some psychiatric patients, since marijuana may exacerbate positive symptoms of schizophrenia and increase the risk of psychotic relapse" (2010). Patients who have previous history of psychosis or a family history of psychosis should be very cautious or refrain from using medical marijuana due to the fact that use may cause a relapse (Degenhardt & Hall, 2008, p.1686). Finally a major concern for those who are opposed to the use of medical marijuana is the risk for developing cardiovascular disease or an exacerbation of cardiovascular disease. The reason this causes worry is that many of the patients using medical marijuana have cardiovascular comorbidities that could cause complications as severe as death. There is not much research in the area of cardiovascular

complications but it is a serious concern that needs to be addressed (Degenhardt & Hall, 2008, p.1686).

Conclusion

In the United States the use of medical marijuana has been a very controversial topic for over 40 years. Currently the use is on the rise and the number of states legalizing use has become higher as time progresses. There is still not consensus in the actual mechanism of action about how marijuana affects any comorbidity that patients may have. The American Medical Association, the Institute of Medicine, the American College of Physicians, and patient advocates are continually pushing for more extensive research about the effects (both positive and negative) marijuana has on the body and conditions it is currently being used for (Hoffman & Weber, 2010, p.1453). The goal of more extensive research is to provide the medical field with a better grasp on how effective medical marijuana can be, so that in the future it may become more widely legalized for debilitating conditions that a great percentage of the population in the United States faces today.

Today in the realm of medical marijuana treatment nurses have one role: safety. Nurses need to be aware that the use of medical marijuana can cause adverse effects in the cardiovascular, respiratory, and nervous system (Seamon et al, 2007, p.1040). It is important for the nurse to assess patients for symptoms of these adverse effects for early recognition and discontinuous before further complications occur.

Finally on a personal note, I chose to write my paper about medical marijuana because I recently had an aunt pass away from cancer. She battled with unrelenting nausea and vomiting for over a year and was only relieved by dronabinol which is a pill form of marijuana.

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