

Position statement: Medical Marijuana, 2016

Purpose

The purpose of this position statement is to summarise current research on medical marijuana. In this position statement, the term medical marijuana refers to prepared extracts or otherwise controlled, manufactured medicinal product, rather than to whole plant or unmanufactured product, referred to here as cannabis. It seeks to inform members in the light of considerable public debate, and several high profile cases in New Zealand of individuals seeking to use medical marijuana. At present medical marijuana is a restricted drug only used in exceptional circumstances, and with very high regulatory threshold for use, but there has been a significant shift in global opinion and regulation. New Zealand nurses therefore must know and understand the medical use of marijuana just as they do with any medication or treatment.

The position statement also outlines current evidence about the benefits and risks of cannabis. This is to inform nurses offering health education to those unable to access medical marijuana who self-medicate. This position statement does not seek to examine the wider debate about the decriminalisation of cannabis for recreational use.

New Zealand context

In New Zealand, medical marijuana use is controlled under legislation. The Medicines Act (1981) and the Misuse of Drugs Act (1975) both contain exemptions that would enable a doctor to lawfully prescribe or administer medical marijuana, a controlled drug, to a patient, provided ministerial approval is given. However, in practice, access is difficult and rarely timely. Please note, repeal of the Medicines Act, and other changes to the therapeutics regime are underway, though the Government has not signalled any change regarding the position on medical marijuana.

World-wide, policy shifts have followed considerable debate and legislative change, driven at first by allowing medical marijuana, but evolving rapidly towards legalisation of cannabis more generally (FDA 2009).

Whatever the politics, nurses need to have a thorough and balanced understanding of the facts as currently known, and the implications for nursing practice and for health education messages to patients.

Background

Marijuana comes from the leaves and flowering tops of the plant *Cannabis Sativa*. The plant contains over 460 known compounds, 60 of which are cannabinoids. The chief psychoactive compound of marijuana is tetrahydrocannabinol (THC) (Alvin, 2009). The endocannabinoid system and cannabinoid receptors have been shown to play regulatory functions in health and disease have been implicated in a growing number of physiological functions, in a host of central and peripheral nervous systems and in peripheral organs. (Pacher, Batkai and Kunos 2006) Currently, expert consensus is limited, due, in part, to the legal barriers and lack of financial incentive to conduct appropriate, large-scale trials (Clark, 2000; Whiting 2015). However, good quality research indicates it may have a positive role in the treatment of chronic pain, neurological and movement disorders (Koppel et al., 2014), nausea of patients undergoing chemotherapy for cancer (Tramèr et al., 2001), loss of appetite and weight (cachexia) related to Aids (Borgelt, Franson, Nussbaum, & Wang, 2013), and glaucoma. Preference, positively reported international experience and the absence of

effective but more conventional alternatives make medical marijuana an attractive option for some patients (APSM 2015).

The risks of medical marijuana use are described as extremely low in a therapeutic context when compared with the risks of using many commonly prescribed pharmaceutical medicines (Reynolds, 2015). The American Cannabis Nurses Association regards medical marijuana as having a “remarkably wide margin of safety” (Mathre, 2016). Newer medicinal preparations include oral and spray delivery systems of dose-defined active compounds extracted from marijuana, some of which also lack the psychoactive compounds such as THC found in whole plant, thus removing some known risks.

Nevertheless, it is also important to note the negative side effects of medical marijuana can include rapid heartbeat, some loss of coordination, and impaired immediate memory (McClure, Lydiard, Goddard, & Gray, 2015) . In addition, the drug can adversely affect one's critical skills, including those necessary to operate vehicles safely, such as judgement of distance and reaction time (Goplerud et al., 2015). There is inconclusive research on links to the potential for abuse, and development of neurological and psychological harm, especially in relation to use by adolescents (Duff & Erickson, 2014; McClure, Lydiard, Goddard, & Gray, 2015). There are known hazards from lung damage due to the combustion products produced and inhaled when smoking cannabis (Wodak, 2012).

Recommendations

NZNO:

- > recommends development of statutory and regulatory reforms that would bring state oversight of this drug into alignment with stringent regulation of other controlled substances with proven medical utility;
- > calls for the decision whether to add medical marijuana to the formulary and allow its prescription be made by MedSafe and Pharmac on the balance of evidence examining its effectiveness and safety, taking into account the gaps in patient need that access to this medication could address;
- > advocates for equity of access for all who need any medication demonstrated to be safe and effective;
- > opposes the criminalisation and stigmatisation of patients with serious illnesses who might benefit from access to medical marijuana but who are unable to negotiate the difficult pathways to legitimate access;
- > supports the recommendations of several international medical and nursing organisations for the urgent facilitation of research using medical-grade marijuana and its derivatives, including research into safer delivery systems; and
- > commits to updating and reviewing this position statement as further evidence accumulates.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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