

# National Nurses Society on Addictions' Position Paper

## Access to Therapeutic Cannabis

Seriously ill individuals are suffering because of the prohibitory federal policies which list cannabis (marijuana) as a Schedule I drug of the Controlled Substances, which means it cannot be used by patients or prescribed by physicians.

### **Marijuana Prohibition**

The placement of drugs into the various Schedules is under the authority of the Drug Enforcement Administration (DEA). To be placed in the Schedule I category, a drug must meet all three of the following criteria: 1) it has no therapeutic value; 2) it is not safe for medical use; and, 3) it has high abuse potential.

After a twenty-year legal battle to get marijuana removed from the Schedule I category, the case finally came before Judge Francis Young, the chief administrative law judge for the DEA. In 1988, he ruled that marijuana did not meet the first two criteria for placement in Schedule I and must be removed from that restricted category and made available for physicians to prescribe. Unfortunately, the DEA chose not to abide by their judge's decision and marijuana remains in Schedule I.

In the past, some patients have been able to receive medical cannabis/marijuana through the investigational New Drug (IND) Program (administered by the Food and Drug Administration) when their physicians have submitted the required application papers. However, in February 1992, the U.S. Secretary of Health and Human Services closed the access to medical marijuana, dismissing hundreds of submitted applications, most of which were for AIDS patients. As of March 1995, there are only eight legal marijuana patients still alive and receiving their medication through the IND program, but legal access for other Americans is no longer available.

### **Therapeutic Value**

Cannabis has been used medicinally throughout the world for centuries. Cannabis contains more than sixty cannabinoids which are unique to the cannabis plant,

one of which is delta-9-tetrahydrocannabinol (THC), the main psychoactive cannabinoid. However, it appears to be the combination of various cannabinoids which seem to have the greater therapeutic value.

As a medicine, cannabis has been found to be effective in: a) reducing intraocular pressure from glaucoma, thus preventing blindness; b) reducing nausea and vomiting associated with chemotherapy; c) stimulating the appetite for AIDS patients suffering from the wasting syndrome; d) controlling spasticity associated with spinal cord injuries and multiple sclerosis; e) increasing comfort for persons suffering from chronic pain; and f) controlling seizures for persons suffering from seizure disorders.

While the mechanism of action is not completely understood, marijuana seems to work differently from many conventional medications, which offers a possible alternative when the conventional therapies are not effective.

### **Safety**

Regarding safety, cannabis is remarkably non-toxic. It is virtually impossible to overdose with this drug in its natural state. The estimated lethal dose is 20,000 to 40,000 times a normal dose. Judge Francis Young, the DEA's administrative law judge, noted in his ruling that marijuana is "one of the safest therapeutically active substances known to man."

The side effect of greatest concern is potential harm to the lungs caused by smoking. However, this risk can be minimized in a number of ways. All drugs pose potential risks, and when used medicinally the goal is to maximize the benefits and minimize the risks.

### **Potential for Abuse**

In regard to physical dependence from chronic, regular use, cannabis has relatively minor, if any, withdrawal symptoms. Tolerance to natural marijuana develops slowly, if at all. The effects of marijuana are generally more subtle than those of other drugs of abuse. It is considered not strong enough by many addicts and rarely is their drug of choice.

## Support for Therapeutic Cannabis

Thirty-five states have recognized marijuana's therapeutic potential and have passed legislation supporting its value. Therapeutic use of cannabis/marijuana is also supported by several organizations including the Alliance for Cannabis Therapeutics, the American Medical Student Association, the California Medical Association, Mothers Against Misuse and Abuse (MAMA), the National Lymphoma Foundation, the National Association of Attorneys General, Patients Out of Time, Physicians for AIDS Care, and the Virginia Nurses Association.

## Patients Risk Due to the Prohibition

Despite its illegal status, desperate patients and their families continue to break the law in order to obtain and use this medicine when conventional therapies are not effective or are too toxic. This has placed patients at risk for obtaining contaminated cannabis and has placed patients and their families or significant others at risk for criminal charges. Some patients may not disclose their therapeutic use of cannabis to their health care provider because of possible legal consequences and are subsequently not monitored to determine the benefits and risks.

## Role of Addictions Nurses

As addictions nurses, members of the National Nurses Society on Addictions (NNSA) have an understanding of the negative health consequences that substance abuse and/or addiction can cause. Substance abuse and addiction are not about "bad" drugs, but rather about "bad" or unhealthy relationships with drugs. Persons can develop a substance abuse or addiction problem from any psychoactive drug, legal or illegal. Accordingly, our focus is on prevention of substance abuse and addiction as well as treatment for persons with such problems.

Addictions nurses understand that no drug is completely safe and that any drug can be abused. Prior to using any medication or drug, the patient should have an understanding of the expected benefits and associated risks so that he or she can make a responsible decision regarding its use.

As nurses, we have an ethical obligation to advocate for optimal health care for all individuals. Medicine which enhances the quality of life for persons suffering from life and sense-threatening illnesses should not be prohibited because some per-

sons may develop a substance abuse and/or addiction problem to that medicine. Cannabis does have therapeutic value and has a wide margin of safety, and, therefore, practitioners should have the right to prescribe cannabis to patients when the potential benefits surpass the health risks.

## NNSA's Position on Access to Therapeutic Cannabis

The National Nurses Society on Addictions urges the federal government to remove marijuana from the Schedule I category immediately and make it available for physicians to prescribe.

NNSA urges the American Nurses' Association and other health care professional organizations to support patient access to this medicine.

NNSA supports ongoing human research to determine alternate active methods of administration to minimize health risks.

NNSA supports research regarding the various cannabinoids and combinations thereof to determine the greatest therapeutic potential.

## Therapeutic Cannabis References

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