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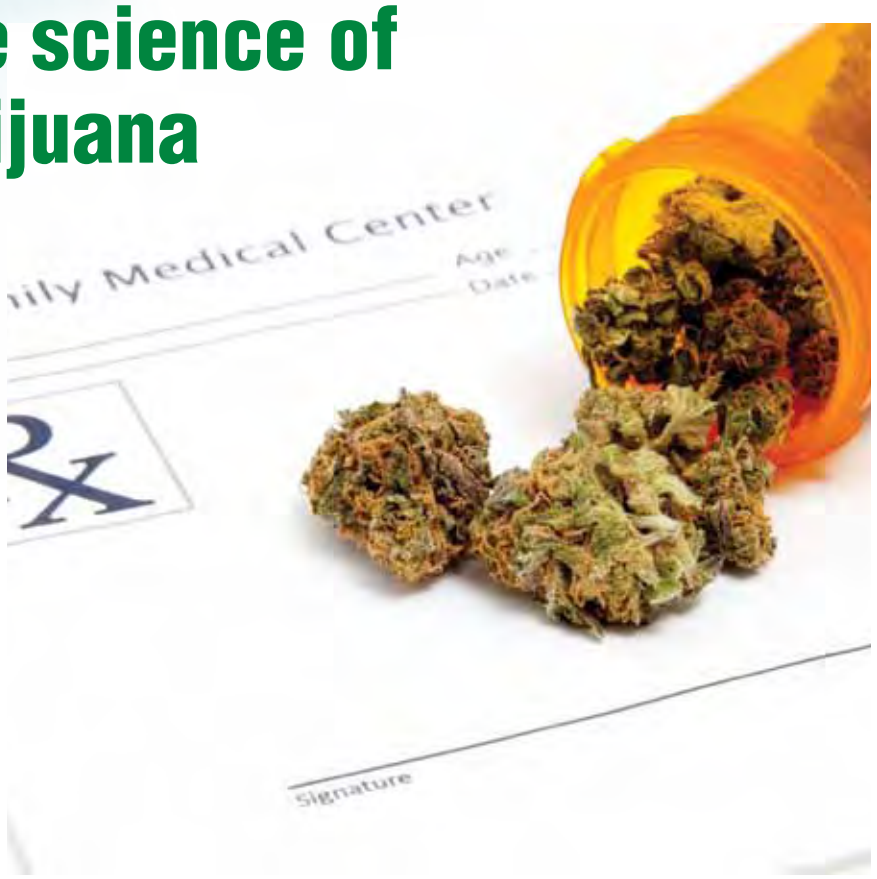
Exploring the science of medical marijuana

By Susan Trossman, RN



Aspirin is often touted as a wonder drug, while critics challenge the medicinal effects of a natural plant used for centuries — marijuana. As a way to counter those challenges, medical marijuana advocates helped plan a clinical conference in Rhode Island this April in which health care professionals could hear the latest science on cannabis and state initiatives allowing its use.

Nearly 250 nurses, physicians, and patients attended the Sixth National Clinical Conference on Cannabis Therapeutics, entitled "Cannabis: The Medicine Plant." The conference was sponsored by the advocacy organization, Patients Out of Time, and the University of California, San Francisco School of Medicine, with support from the Rhode Island State Nurses Association (RISNA) and several other organizations.

One of the key presentations focused on the latest research on the endocannabinoid system, which initially was discovered in the late 1980s. At that time, scientists believed that cannabinoid receptors were located solely in the brain.

"Although the science is still in its infancy, research shows that the endocannabinoid system has receptors throughout the body," said Mary Lynn Mathre, MSN, RN, CARN, a Virginia Nurses Association member and president and co-founder of Patients Out of Time. Mathre says this is why medical cannabis can prevent or alleviate such a wide range of symptoms.

"This system affects how we eat, sleep, relax, protect, and forget," she said. "So we felt it was important to share more information about it with conference participants." (Presentations will be available online for both physicians and nurses; 11.5 contact hours were granted for the conference.)

Medical marijuana has long been recognized — and its use legalized in 14 states — for its efficacy with cancer pain, glaucoma, spasticity associated with multiple sclerosis, and other conditions. New and ongoing research, including studies presented at the recent conference, shows it can also help in pain associated with endometriosis and other women's health issues, as well as post-traumatic stress disorder (PTSD), according to Mathre.

"For nurses not familiar with the science behind medical marijuana, this conference probably was a real eye-opener, especially information about the endocannabinoid system," said Ken Wolski, MPA, RN, executive director of the Coalition for Medical Marijuana — New Jersey and a New Jersey State Nurses Association (NJSNA) member. "We keep learning about more uses of medical marijuana, including its ability to help with eye movement disorders and healing bone fractures."

Wolski attended the conference to learn the newest science, earn continuing education contact hours, network with other health care professionals and patients, and provide information on New Jersey's new law legalizing medicinal marijuana use.

Wolski's organization was instrumental in passage of the state law. Also supported by NJSNA, it allows for the creation of six non-profit, medical marijuana distribution centers

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Nurse volunteers back from Haiti see great devastation, ongoing needs

By Susan Trossman, RN

This story represents the experiences of three of the many nurses who volunteered in Haiti when disaster struck in January.

Staff nurse Pat Schlosser's recent experience volunteering in Haiti is a study in contrasts: At times, it seemed as if she were on a movie set complete with border guards carrying M-16s, women sweeping dirt floors in thatched huts, and bone-thin pigs and cattle wandering near babies. Other times, the reality of the human suffering caused by the massive, earthquake on Jan. 12 was undeniable. There were countless wounds that needed to be cleaned and re-dressed and hunger so rampant that nurses had to stress to parents to give their children only one vitamin a day — not the entire package as a meal.

See **Nurse volunteers** *on page 8* ☛

Photo courtesy of Pat Schlosser

A little girl in a pink dress stands out amid the drabness of a Haitian border area called "no man's land."

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Medical marijuana

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throughout the state, which will be tightly regulated by the New Jersey Department of Health. Currently, only patients with certain qualifying conditions, such as MS, seizure disorder, and glaucoma, can get a certificate for medical marijuana use from their health care provider.

"We would like to see the law cover other conditions, such as PTSD," he said. "We also would like to see home cultivation allowed, because it really empowers patients to take charge of their health care. And because it can be produced for pennies, it prevents patients from being dependent on pharmaceutical and insurance companies."

Home-grown medicine

Medical marijuana cultivation also was a topic at the conference, with one presentation given by advocate and nurse Ed Glick.

Glick specifically spoke about the importance of safe cultivation for optimal growth. "Cultivating cannabis is a very complicated process, and safe handling is important, because plants and dried and cured flowers must be kept free of pathogens, mildew, and mold," he said.

Nurses need to know about these safety issues, as well as gain a better understanding of medical marijuana's effects and uses, according to Glick. In Oregon, currently about 36,000 residents are enrolled in the medical marijuana program and thousands more are enrolled nationwide. And therapeutic cannabis use likely will become more common.

"Clinicians often have a difficult time wrapping their mind around a plant that can be used for some 150 clinical conditions," Glick acknowledged. "But there are 100s of different strains of marijuana, which can have different ratios of certain cannabinoids. That's why patient-guided research has shown that one strain may be better for MS than for some other condition."

Glick noted that another speaker, Steve DeAngelo, presented information on a California lab that not only tests and certifies cannabis for patients to ensure it's free of pathogens and contaminants, but also has been successful in determining different ratios of specific cannabinoids and flavonoids.

New Mexico Nurses Association member Bryan Krumm, RN, CNP, also thought DeAngelo's presentation was important because, for many patients, finding the correct strain of marijuana to ease their symptoms often is done by trial and error.

Krumm, who wrote draft legislation for medical marijuana use in New Mexico and whose advocacy helped it become law in 2007, presented information on his state's program. That law allows for medical cannabis use for one psychiatric disorder, PTSD. And Krumm, a psychiatric nurse practitioner, said that several patients under his care already have benefited from its use.

"Patients report decreased anxiety and racing and perseverating thoughts," he said. "It also has stopped their nightmares, and has helped in decreasing irritability and anger that can accompany PTSD because [cannabis] reduces hyperactivity of the amygdala."

Krumm added that many state laws allowing medical marijuana use will not truly be effective until cannabis is no longer classified as a Schedule I drug.

"Even with laws in place, people are worried about losing their jobs or their children, and health care providers often are afraid of losing their license or being prosecuted by the DEA (U.S. Drug Enforcement Administration)," said Krumm, who's petitioned and sued the federal agencies to remove the Schedule I classification. "Marijuana doesn't meet the legal definition of a Schedule I drug, because it has accepted medical use in the United States. So the DEA is technically violating the Controlled Substances Act."

Organizations get involved

Charles Alexandre, MS, RN, chief, Rhode Island Office of Health Professionals Regulation and a RISNA member, presented information on the roughly four-year-old law in his state regarding medical marijuana use.

Although currently 1,500 patients are enrolled in the Rhode Island program, Alexandre said that the law initially had no plan for these patients to safely access medical marijuana.

"Patients were really out on their own," Alexandre said. "They could have relatives go out and get it [on the street], help them grow it, or grow it for them."

This lack of safe access was an issue for RISNA, which actively lobbied and testified on behalf of a state law, according to RISNA Executive Director Donna Policastro, RNP, who also provided welcoming remarks at the recent medical cannabis conference.

Last year, however, the Rhode Island Department of Health created regulations allowing for the creation of up to three "compassion centers" state-wide to ensure safe access. Further, based on RISNA' s legislative success giving nurse practitioners' global signature authority, NPs now have the right, like physicians and physician assistants, to sign the certification that's needed for patients to enroll in the medical marijuana program.

The public health department reviews patients' eligibility based on a list of approved diagnoses and conditions, such as MS, cancer, and HIV/AIDS. Patients must re-apply for certification annually and pay a fee of $10 for those receiving government benefits and $75 for others, Alexandre explained.

Mathre's presentation focused primarily on nurse advocates' plan to create a specialty nursing association called the American Cannabis Nurses Association (ACNA). Physicians, both researchers and clinicians, already formed a specialty group in 2009, called the American Academy of Cannabinoid Medicine.

ACNA's goals include educating nurses, other health care professionals, policymakers, and the public about the science and uses of medical cannabis. Further, the new association would lobby for medical marijuana's therapeutic use throughout the nation, as well as protect those, including nurse-patients, from retaliation when they advocate for its use, according to Glick and Mathre.

ACNA also eventually wants to become an organizational affiliate of ANA, which has policy around the issue. In 2003, ANA's broad policy-setting body, the House of Delegates, passed a resolution supporting nurses' "ethical obligation to be advocates for access to health care for all," including patients in need of marijuana/cannabis for therapeutic use. ANA's Congress on Nursing Practice and Economics developed a position statement, called "In Support of Patients' Safe Access to Therapeutic Marijuana," which was approved by ANA's Board of Directors in December 2008.

Clearly, advocates say there is work that needs to be done in both research and education.

There are health care professionals who still believe that medical marijuana isn't really needed, because there is an approved oral pill, marinol, that patients can use, Mathre said. But marinol is synthetic THC – the substance that causes the "high."

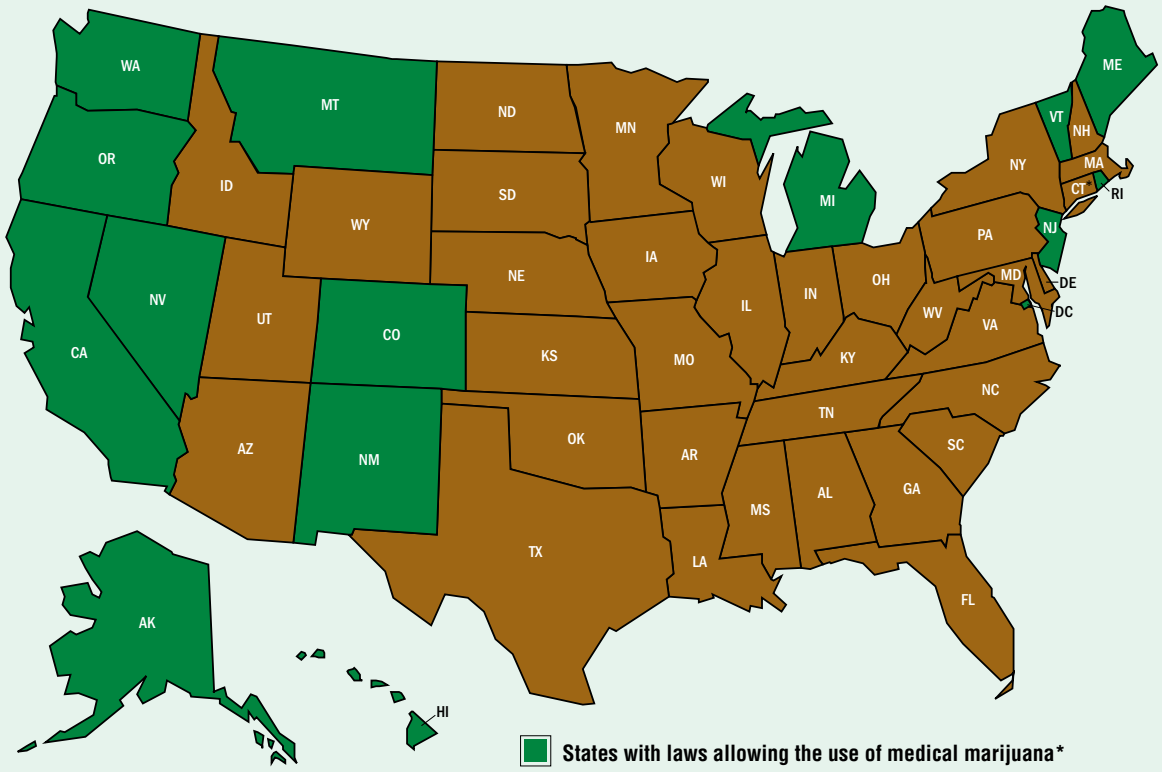
"Medical marijuana is a synergistic shotgun containing cannabinoids, flavonoids, and terpinoids that have more therapeutic effects, and fewer side effects when taken together [than marinol or other pharmaceuticals]," Mathre said. "I know people are skeptical, but for centuries, various cultures have found it to be beneficial and so have patients."

For more information on ANA's position statement, go to www.nursingworld.org/positionstatements_ethics.aspx. For more information on Patients Out of Time and links to online cannabis education, go to www.medicalcannabis.com. ■

Susan Trossman is the senior reporter of *The American Nurse*.

Legalization gaining ground from coast to coast

To date, 14 states and the District of Columbia have passed laws allowing the legal use of medical marijuana.



*Washington, D.C. has passed medical marijuana legalization, but it is still pending Congressional review.