

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Medical Use of Marijuana

Adopted by ANAC Board of Directors, September 13, 1998

Reviewed and Revised by the ANAC Board: August 14, 1999; November 1, 2000; April 15, 2001; January 2003; August 2005; and January 2008

Position:

It is the position of the Association of Nurses in AIDS Care that:

- *Funding for research through federal funding sources is required to determine the safety and efficacy of marijuana as a therapeutic intervention for a variety of symptoms in HIV/AIDS and other diseases.*
- *Healthcare personnel (HCP) should not be threatened, penalized, or otherwise intimidated for discussing and/or recommending the medicinal use of marijuana.*
- *HCP should not be asked to report patients/clients using marijuana for medical purposes to any law enforcement agency.*
- *Individuals should not be prosecuted for medicinal use of marijuana.*

Statement of Concern:

Marijuana (*cannabis*) is designated as a Scheduled I controlled agent, which infers that there is no accepted medical use and the use of marijuana in clinical settings is illegal in most states. Efforts to restrict access to illicit drugs has resulted in problems for persons in need of marijuana for medical purposes. As of 2007, voters in twelve states have approved the medical use of marijuana (Armour, 2007). On June 6, 2005, the United States Supreme Court, by a vote of six to three, ruled that the federal government can still ban possession of marijuana in the states that eliminated sanctions for its use in treating symptoms of illness (Lane, 2005).

Background:

Marijuana is currently designated as a Schedule I drug (without accepted medical use) in the United States. However, on-going use of marijuana has influenced decisions about allowing marijuana for medical purposes. The "War on Drugs" raised public awareness about the problems of drug use by focusing on law enforcement efforts. Law enforcement agencies were charged with arresting and prosecuting persons using drugs including the use of marijuana to allay physical symptoms. The "War on Drugs" has restricted access to many substances, including marijuana, and criminalized the behaviors of individuals who use marijuana to allay physical symptoms. The absence of legal access to marijuana and to marijuana buyers' clubs has potentially harmful consequences, including individual risks for consuming marijuana of unknown quality and for criminal prosecution.

There have been a number of claims by both clinicians and clients regarding the therapeutic benefits of marijuana. Anecdotal evidence on the efficacy of marijuana for individuals suffering from cancer or HIV-related nausea and vomiting when other medications have been ineffective has raised the need for scientific investigation. Research has focused on the long term use of marijuana, its effects in psychotic illness, potential teratogenic effects, and the effectiveness of inhaled versus ingested 9-tetrahydrocannabinol (Corless & Miramontes,

1997). Marijuana has been suggested as treatment for chemotherapy-induced nausea and vomiting, anorexia, AIDS wasting, pain, movement disorders, glaucoma and Alzheimer's (Harvard Health Letter, 2004; American for Safe Access, 2007). Cannabinoid receptors have been identified in the brain. These receptors are believed to explain the role of cannabinoids in pain modulation, control of movement, cognition and memory (Watson, Benson, & Joy, 2000). Further clinical research is needed to describe the role of cannabis in symptom management.

Many organizations throughout the United States, Canada and Europe support the use of medicinal marijuana. US organizations that support its use include The American Academy of Family Physicians, the American Nurses Association, the American Public Health Association, and Kaiser Permanente(American for Safe Access, 2007).

References:

American for Safe Access. (2007). Medical marijuana and HIV/AIDS. Retrieved December 21, 2007 from http://www.safeaccessnow.org/downloads/AIDS_brochure.pdf.

Armour, S. (2007, April, 16). Medical marijuana laws vary among states. *USA Today*. Retrieved December 20, 2007 from http://www.usatoday.com/money/workplace/2007-04-16-marijuana-chart_N.htm.

Corless, I. B., & Miramontes, H. (1997). Is it better to inhale? An examination of the medical use of marijuana controversy in the United States. *Journal of the Association of Nurses in AIDS Care*, 8(3), 17-18.

Lane, Charles (2005). A defeat for users of medical marijuana. *Washingtonpost.com.*, June 7, 2005.

Harvard Health Letter. (2004, September). *Reefer Rx: Marijuana as medicine*. Retrieved September 6, 2007 from www.health.harvard.edu.

Watson, S.J., Benson, J.A. & Joy, J.E. (2000). Marijuana and medicine; Assessing the science base. A summary of the 1999 Institute of Medicine Report. *Archives of General Psychiatry*, 57, 547-552.