

2018 NCSBN Scientific Symposium - Regulation: Patients Using Marijuana: An Integrative Review of the Literature Video Transcript

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Event

2018 NCSBN Scientific Symposium

It presents a high potential for abuse. Health care providers cannot prescribe Schedule I substances. And then, there's restrictions on research using a Schedule I substance and that's particular to cannabis also. And so then, what do we do when we're looking at the literature if it's restricted?

You'll see that there's a dearth of randomized clinical trials that actually compare the effect of cannabis and cannabinoids against other standardized medications with clinically-proven efficacy and regular use in clinical practice. So there were two most prominent and thorough reports, and that was the National Academy of Sciences and the World Health Organization.

So in our methodology, we used those two studies, as well as to search all scholarly articles related to cannabis and its derivatives and words related to qualifying conditions listed by jurisdictions.

So what we did then was identify all those studies in the literature, and so the search used was medical, as well as scientific, as well as gray literature sources. And so then all those studies were reviewed and graded according to the Cochrane method, and then what we continued to do was review all of those studies and then all of their references, and reviewed every article and graded it until all the literature had been exhausted.

So after amassing those citations, you can see that we looked at randomized placebo-controlled studies like we do for most studies when we're looking at efficacy. Now, we did do additional researches in PubMed and the gray literature, and we use those terms usually relating to cannabis and medical marijuana programs as qualifying conditions, common symptoms related to qualifying conditions, and words related to cannabis.

So once everything was graded, we could come up with, "What is the moderate to high-quality evidence for effective treatment with cannabis?" And we found there were really only six conditions where there's moderate to high-quality evidence.

And those are some things that you would probably know of right off the top of your head – cachexia, chemotherapy-induced nausea and vomiting. Everyone kind of knows that about the use of cannabis in medical conditions. What we also learned about was pain resulting from cancer or rheumatoid arthritis, chronic pain resulting from fibromyalgia, neuropathies resulting from HIV/AIDS, MS, or diabetes, and spasticity from MS or spinal cord injury.

frequency, but there's only one clinical study for that, and also the reduction of posttraumatic stress disorder, there's one clinical study now, and improvement in tics.

And what we should talk about right now is, "Well, are those the only things that medical marijuana should be used for?" And I'll comment now and say that there's great restrictions on studying marijuana or cannabis, or THC, or any of the cannabinoids because it's a Schedule I substance.

So that limitation actually limits how you procure marijuana for study, and that procurement has to go through several federal government layers. So what does that mean?

Red tape, lots of red tape and, in the context of this current administration, even slower action on the request for use of medical marijuana, which only comes from the University of Mississippi. So there's one source for marijuana and a lot of restrictions on obtaining the marijuana.

So therefore, although we report on what there's evidence for, there probably could be a lot more evidence for other conditions and other diseases. However, there hasn't been able to be enough study so far. So I'm reporting on the current evidence, not that there'll never be any other evidence.

Now, we also found some other interesting information besides the effectiveness of marijuana, and we'll talk briefly about those additional findings. We found studies that talked about the improvements due to the general effects of cannabis, and we found a lot of information regarding the adverse effects of cannabis for these particular areas, and we learned a lot about administration of cannabis.

So let's talk about the general improvements due to the use of cannabis. I bet you could name a couple. What do you know happens when people use cannabis? They get the munchies. So there is some appetite stimulation, and there is some euphoria, and there is some sedation.

So those are the general effects that we all know about, and it's in the literature. Those three general effects, though, may actually help the patient because they may mask the symptoms. Because it produces a euphoria, you may feel better about your disease, even though the cannabis may not directly affect a symptom of your disease.

So you may have an increase in the subjective sense of well-being, and so then patients report a quality of life improvement sometimes. Now, the adverse effects of cannabis are important to also know about. You may also be familiar with some of these.

It's an increased heart rate, dizziness, sleepiness, decreased blood pressure, increased appetite, maybe dry mouth, dry eyes, some decreased urination. Some people have some hallucination or paranoia, or anxiety, impaired attention, memory, psychomotor performance. Those are also maybe common things you've heard about when people use marijuana whether it's medical or recreational.

Some people describe fatigue

professionals. So we have more qualifying conditions with more symptoms and conditions than we do with high-quality research.

So it leaves the jurisdictions to approve conditions based on those advocacy research. So what do all researchers say at the end? "More research is needed." So we really need to reschedule cannabis so that research can be completed. And we need to then assess individuals right now with cannabis use as a complementary or alternative medicine, not as the only medicine.

We also need research to assess the safety and provide dosage and delivery route information. So from all of that, we reviewed the literature and the medical marijuana program legislation, we came up with