OREGON NURSES ASSOCIATION
Position Statement on the Therapeutic Use of Marijuana by Nurses and Nursing Practice

Submitted by
ad hoc committee of representatives from the Cabinet on Health Policy, Cabinet on Economic and General Welfare, and Workdrugfree

Summary: Since the initial Oregon Nurses Association (ONA) position statement on medical marijuana in 1997, there is an increasing body of research on therapeutic effects of grown marijuana and, outside the United States, marijuana-derived medications for specific illnesses. However, research to measure the impact of marijuana use on work performance is sparse. When nurses deliver direct care, patient safety is the primary concern. At the same time, nurses are entitled to the same privacy for their health treatments and the same protections in the workplace as other health professionals. In the absence of clear evidence regarding the impact on performance when a nurse uses marijuana therapeutically to relieve symptoms, ONA supports the following:

1. Federal legislation to exclude therapeutic marijuana from classification as a Schedule 1 drug
2. The right of patient access, including nurses, to marijuana therapeutically to relieve symptoms of disease when a primary care provider evaluation determines that Federal Drug Administration approved medications are less effective
3. Continuing research to support the development of marijuana-derived medications
4. Initiation of investigational research to determine the effects of standardized doses, routes, and frequencies of administration of marijuana on work performance especially as it relates to worker capacity to deliver patient care
5. The American Nurses Association position statement opposing random drug tests for healthcare workers
6. Nurse responsibility to report to the nurse's supervisor when she or he may be impaired from ingestion of any substance
7. Policies by both employers and the Oregon State Board of Nursing for nurses using marijuana therapeutically that are similar to policies addressing other medications that may impair judgment and performance
8. Assurance of safe patient care through Oregon State Board of Nursing regulation of nursing practice, when nurses are using marijuana therapeutically in accordance with the rules of the Oregon Medical Marijuana Program

Background:

The therapeutic use of marijuana to relieve symptoms related to disease is a complex and controversial issue that cannot be settled in a single position statement at this time. There are many conflicting tensions. Federal law and state law are contradictory causing nurses in Oregon to function under two very different standards. Marijuana for therapeutic purposes is accessible for large populations in twelve states without state penalty, while other large populations are denied similar access. Different courts have rendered different decisions in different states. The research base is not accruing rapidly enough to support evidence-based clinical practice as patient access is increasing.

This position statement attempts to isolate a single dimension from this complexity by addressing professional issues when an Oregon nurse uses marijuana in compliance with the Oregon Medical Marijuana Program.

The sources for recommendations in this position statement include: 1) evidence for the therapeutic value of marijuana, 2) concern for the potential impact on patient care by nurses who use marijuana therapeutically to relieve their illness-related symptoms, 3) concern for the rights of nurses to the same protections as other citizens, and 4) the ethics of practicing nursing while simultaneously using marijuana therapeutically to relieve disease-related symptoms.

ONA House of Delegates established its first position on the therapeutic use of marijuana at the time of the 1998 Oregon initiative petition for patient access to marijuana for relief of disease-related symptoms. In the absence of sufficient evidence supporting the therapeutic benefit of marijuana, ONA approved a position that states: *ONA supports continued research and current documentation on the medicinal use of marijuana where other drugs have not been effective.* This continues as the current position for ONA.

The citizen initiative passed with strong support from voters. Following passage of the initiative petition, the Oregon Medical Marijuana Program (OMMP) was created as a state agency to regulate citizen access to marijuana for the purpose of relieving symptoms. Rules of the OMMP apply only to Oregon citizens.

At the 2007 ONA Convention in Eugene, a convenience survey was conducted to measure nurse attitudes and opinions about nurse use of prescription medication and marijuana. It was a collaborative effort of the Cabinet on Human Rights, Ethics, Practice & Research and Dr. Donald Truxillo, Psychology professor at Oregon State University. Among the key findings are the following:

> " . . . [N]ursing as a profession is highly safety-sensitive, a significant predictor of negative attitudes toward drug use in the workplace. It would seem logical in this profession to question the procedural fairness of a policy sanctioning drug use in the workplace. Additionally, the results are also in alignment with the distributive justice perspective because a coworker that is using drugs (legal or illegal) would result in an impaired worker which puts greater pressure on those who are not impaired. *Interestingly, no differences were found between policies allowing the use of prescription drugs and those allowing medical marijuana, suggesting that any kind of impairment is unacceptable in this safety-sensitive job* (emphasis added).
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> Additionally, our results showed that the greatest stigma was associated with coworkers who illegally use prescription pain medications, even compared to a coworker illegally using marijuana seemingly outweighing the general public's stigma associated with illegal marijuana use. This result is not surprising because *a nurse coworker illegally using prescription medications would be a concern not by only putting people's lives in danger, but the coworker would also be breaking ethical standards of practice* (emphasis added) and possibly stealing the drugs from patients or the employer." (Truxillo, 2007)

These key findings from a recent survey of ONA leaders at the annual convention provide guidance for the positions elaborated below.

Position 1: Federal legislation to exclude therapeutic marijuana from classification as a Schedule 1 drug.

While there is still much to learn, clearly there is sufficient evidence of the therapeutic benefits of cannabinoids to remove marijuana from Schedule 1, defined in the federal Controlled Substances Act as having three characteristics: (A) the drug or other substance has high potential for abuse; (B) the drug or other substance has no currently accepted medical use in treatment in the United States; and (C) a lack of accepted safety for use of the drug or other substance under medical supervision.

Multiple studies have found cannabinoids to be effective as antiemetics in cancer chemotherapy, when treating anorexia in patients with HIV, and providing analgesic effects for chronic pain and on central pain in patients with multiple sclerosis and other debilitating illnesses (Zajicek, 2005; Iversen, 2007; Svendsen et al, 2004; Seamon, 2006). Limited evidence is available for long-term use, and caution is warranted regarding inhaled therapy which carries inherent hazards in those who are immuno-compromised (Abrams, 2007; Tramer, 2001). Only one study involving placebo-controlled research has been published and this study involved only 50 participants (Abrams, 2007).

Federal listing as a Schedule 1 drug has probably inhibited basic research into the therapeutic uses of marijuana and the development of marijuana-derived medications. Because by definition a Schedule 1 drug has "no currently accepted medical use" in the United States, this classification has likely hindered licensing of marijuana-derived medications by pharmaceutical companies. For example, Sativex is a marijuana-derived drug approved for prescription use in Canada (but not in the United States) in which dose, frequency, route of administration, and side effects can be measured and standardized for safe patient care.

Recently, the American College of Physicians issued a position paper calling for reclassification of marijuana from Schedule 1 (2008). They also support expanded rigorous scientific evaluation of the potential therapeutic value of marijuana, encourages the use of non-smoked forms with proven therapeutic value, continuation of the current process for obtaining marijuana for investigational purposes, and exemption from criminal prosecution those physicians who recommend marijuana to patients to the extent permitted under state law. The position statement recommends not only that marijuana be available for research and for patient care, but also that physicians have information about the comparison of marijuana with other approved drugs separately and in combination. Because of the high biovariability in cannabis plants, measuring standardized doses is a challenge and administration has been limited to only the smoked and oral routes.

Position 2: The right of patient access, including nurses, to marijuana therapeutically to relieve symptoms of disease when a primary care provider determines that marijuana is effective.

Oregon like eleven other states has established a "medical marijuana" exemption under state law. Through ballot initiative in 1998 citizens are permitted to grow marijuana for the relief of disease-related symptoms when a physician indicates that marijuana may be beneficial. In January 2008, there were nearly 16,000 Oregonians registered with medical marijuana cards issued by the State for acceptable medical conditions, an additional 8,000 hold cards as "care givers" who may possess marijuana, and a further 4,000 cards for marijuana growers who produce the marijuana for the users. In every case, a card is issued because a physician has indicated in writing that the patient may benefit therapeutically with relief from disease-related symptoms when using marijuana. The physician statement reads in part as follows: "Marijuana used medically may mitigate the symptoms or effects of this patient's condition. This is not a

prescription for the use of medical marijuana."

Position 3: Continuing research to support the development of marijuana-derived medications

Under the Oregon Medical Marijuana Program, typical prescription medication standards do not exist for marijuana. A cardholder must obtain a written statement from a physician that describes that marijuana may relieve symptoms for the medical condition, although the statement is not a prescription which indicates dose, frequency and route of administration. No prescription for medication is written because medical marijuana is not approved by the Federal Drug Administration for therapeutic use, standardized doses are available only for investigational purposes, and cardholders grow their own or have others grow cannabis plants.

Furthermore, while OMMP application documents require that an attending physician sign the physician statement, no on-going physician/patient relationship is required. Clinical supervision of the patient response to marijuana is not required to protect patient safety or to monitor progress with the treatment intervention.

Oregon law notwithstanding, federal law continues to prohibit the growing, distribution and consumption of marijuana. Although Oregonians have the power to pass an initiative that establishes an exemption for the use of marijuana therapeutically, the State of Oregon cannot "over rule" the authority of federal law. The consumption of marijuana is illegal and can be prosecuted under federal law.

Given these facts, it is reasonable to conclude that while grown marijuana may have therapeutic effects as established in the research literature, the regulation of marijuana for the relief of illness-related symptoms is not like the regulation of other medical care. Furthermore, marijuana use remains a violation of federal law.

Position 4: Initiation of investigational research to determine the effects of standardized doses, routes, and frequencies of administration of marijuana on work performance especially as it relates to worker capacity to deliver patient care

No published research has been discovered that describes the impact of marijuana on performance when delivering patient care. There is growing evidence on the impact of standardized doses of marijuana on cognitive and psychomotor functions. Recently a field study of cannabis use on cognitive performance and mood in workers (Wadsworth, 2006) found evidence of a possible "hangover effect" perhaps more apparent under work conditions that are fatiguing and carry a greater cognitive load. Cannabis use was associated with impairment in both cognitive function and mood. Cannabis users reported no more workplace errors than controls. In this study, 30% of the cannabis users and 42% of the controls were employed in management and professional positions. While the study is suggestive, there is too little research evidence to confidently assert that marijuana impairs or does not impair nursing practice.

Unlike Federal Drug Administration approved narcotics and other medications with psychomotor and cognitive effects, there is a dearth of evidence for establishing workplace and patient safety risks that may be associated with the use of marijuana. As indicated above, research has been discouraged by federal policy that establishes marijuana as a Schedule 1 drug. Investigation of the workplace and safety risks of marijuana use, including measurements of dose, route and frequency of administration, should be a research priority.

Research regarding self-assessment of an employee's ability to determine for him or herself their fitness for duty should be an additional focus. This issue is salient given that the Oregon Medical Marijuana Program does not require clinical supervision of the effects of marijuana on patients. Indeed, no on-going physician-patient relationship is required to apply for and receive a Medical Marijuana card.

Position 5: The American Nurses Association position statement opposing random drug tests for healthcare workers

In 1994 the American Nurses Association Board of Directors adopted a policy in opposition to random drug screening as a "grave threat to civil liberties." They described random drug screening as a violation of the constitutional principle that a person is innocent until proven guilty. At the same time, the ANA Board recognized that nurses are at risk of drug and alcohol abuse and gave qualified support to drug and alcohol testing of employees when there is a *reasonable suspicion* and documented objective evidence that job performance is or has been impaired. The requirement for reasonable suspicion provides protection for patients, employers and nurses.

Position 6: Nurse responsibility to report to the nurse's supervisor when she or he may be impaired from ingestion of any substance

The American Nurses Association Code of Ethics for Nurses provides guidance about the nurse responsibilities regarding potential impairment when legal or illegal substances are ingested. The Code of Ethics states unequivocally that the "nurse's primary commitment is to the health, well-being, and safety of the patient across the life span and in all settings in which health care needs are addressed" (Provision 3.5). A practical approach to protecting patient health, well-being, and safety is for the nurse to use the workplace chain of command when impairment may be an issue. The nurse is encouraged to contact employee assistance professionals, other qualified healthcare professionals for personal assistance, and in some cases their labor representative.

Position 7: Policies by both employers and the Oregon State Board of Nursing for nurses using marijuana therapeutically that are similar to policies addressing other medications that may impair judgment and performance

The use of marijuana therapeutically is recognized by the State of Oregon within the requirements of the Oregon Medical Marijuana Program but remains illegal under federal law. At the same time, although marijuana has evidence of therapeutic effect for specific diseases, it does not fit a standard model of medical management with prescription medication—no prescription is written, no standardized dose, route and frequency of administration is established, and no on-going physician/patient relationship is required. While the legal and clinical dimensions of the therapeutic use of marijuana are complex, employers and the Oregon State Board of Nursing have reliable practices for assessing fitness for duty. In addition, by treating marijuana like other medications, the policies possess the virtue of fairness by treating all employees in the same way.

Position 8: Assurance of safe patient care through Oregon State Board of Nurse regulation of nursing practice, when nurses are using marijuana therapeutically and in accordance with the rules of the Oregon Medical Marijuana Program

The Oregon State Board of Nursing has a central role in protecting the public safety by regulating the nursing license. OSBN has both the responsibility and legal authority to establish procedures that protect the public as well as protect the rights of nurses to privacy. OSBN also has the capacity to accommodate the needs of nurses following state law in the treatment of their disease-related symptoms. The primary issue for their consideration is reducing the risk of impaired performance and OSBN should provide guidance to employers and nurses that protect patient care while assuring nurse privacy.

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