

# Marijuana: Know the Rules in Your State



Marie-Eileen Onieal,  
PhD, CPNP, FAANP

In 1992, then-governor of Massachusetts William F. Weld signed a bill into law legalizing the use of marijuana for glaucoma, cancer therapy, and certain asthmatic disorders under a limited Department of Public Health (DPH) research program. In 1996, the legislature gave DPH the power to approve any Massachusetts patient to “possess and use pot” legally for relief of symptoms.<sup>1</sup> In my position as Health Policy Coordinator with DPH, those two acts were my introduction to the controversy of medical marijuana.

Since then, the popularity of—or rather, the shift in public sentiment regarding—marijuana (cannabis/cannabinoid) use has changed. There has been significant interest in the use of marijuana as an adjunct to treating chronic and/or debilitating medical conditions. There is also increasing interest in the potential therapeutic uses of marijuana and other cannabinoid compounds.

In recent years, we’ve seen significant momentum on this front. Point in fact, in fiscal year 2017, the National Institutes of Health supported projects on cannabinoid research totaling almost \$140 million.<sup>2</sup> More than 30 US jurisdictions have passed legislation to legalize marijuana for medical use (while a few have legalized its use, period).<sup>3</sup> All of which has prompted quite the debate not only among the public but also among health care providers.

A review of the history of cannabis use is very interesting—specifically, that the use of cannabis as a therapeutic modality predates recorded history. Cannabis was very popular in ancient China, India, and Greece as a medicine to alleviate pain or cure a variety of ailments.<sup>4,5</sup> In the early 1900s, cannabis was available OTC and commonly used for a variety of illnesses in the US. The first law regarding marijuana was enacted in 1619 at Jamestown Colony, Virginia; it “ordered” all farmers to grow Indian hempseed.<sup>6</sup>

But by 1906, cannabis was labeled as a poison in many states, and by the 1920s absolute prohibitions began. The Controlled Substances Act of 1970 outlawed cannabis for any use. Despite that ban, marijuana is the most common illegal drug used in the US today.<sup>7</sup>

Marijuana, not a completely benign substance, occupies a unique position in our society. On the one hand, it is a recreational compound, used to attain pleasant euphoria and a sense of relaxation. On the other, it has been used as a therapeutic compound, relieving nausea and anorexia from chemotherapy. In the former, it is viewed by many as a dangerous drug that can lead to madness (as depicted in the film *Reefer Madness*).<sup>8</sup> In the latter, its use as an effective analgesic and appetite stimulant has been supported by people who have realized a therapeutic benefit.

The potential medicinal benefits of marijuana and its components have been the subject of research *and* ongoing heated debates. Decades of anecdotal evidence regarding the effectiveness of marijuana on the aforementioned symptoms have been documented. There are also numerous studies on marijuana as a therapeutic agent for multiple conditions, using the plant itself or extracts derived from it.<sup>9-11</sup>

Perhaps most interesting, emerging data suggest that use and abuse of prescription drugs may be decreasing in states where medical cannabis is legal.<sup>12</sup> Two recent studies examining cannabis laws and prescription of opioids found that “medical cannabis laws are associated with significant reductions in opioid prescribing in the Medicare Part D population,” concluding that the potential for marijuana to decrease opioid use in the Medicaid population deserves consideration during policy discussions about marijuana reform and the opioid epidemic.<sup>13, 14</sup>

The support for policy changes in states

that have legalized marijuana for medical use suggests it is gaining greater acceptance in our society. The increase in jurisdictions that have approved marijuana for medical use requires that we, as health care providers, understand the implications for our practice and educate ourselves on the laws and regulations in our respective states.

Recent guidelines from the National Council of State Boards of Nursing (NCSBN) identify six principles of essential knowledge for NPs (that could apply to PAs, as well) who care for patients who qualify to participate in a Medical Marijuana Program (MMP). These include principles of safe and knowledgeable practice for clinicians when qualifying a patient for an MMP.<sup>3</sup> Note that I said *qualifying a patient* and not *prescribing marijuana*. Federal law still classifies cannabis as a Schedule I controlled substance, thus prohibiting the actual prescription of marijuana, and prohibits pharmacies from dispensing cannabis. Quite a contradiction!

All of that said, it is incumbent upon each of us to understand the complexities of the MMP in our state. Each has its own specifications as to the qualifying conditions or symptoms, as well as the requirements to become an approved provider. And each is as diverse as the opinions on marijuana use.

Without doubt, the debate and dichotomy about medical marijuana will ensue for years. What we as health care providers must do is keep current on the laws and regulations not only in our state, but also at the federal level. As a primer on the status of MMPs and provider approval, I encourage all to review the NCSBN document.<sup>3</sup>

As always, you can share your thoughts with me via [NPeditor@mdedge.com](mailto:NPeditor@mdedge.com). **CR**

## REFERENCES

1. State House News Service. Marijuana in Massachusetts: where are we, what's next? Beacon Hill Patch. November 12, 2017. <https://patch.com/massachusetts/beaconhill/marijuana-massachusetts-where-are-we-whats-next>. Accessed October 12, 2018.
2. National Institute on Drug Abuse. NIDA's role in providing marijuana for research. April 2018. [www.drugabuse.gov/drugs-abuse/marijuana/nidas-role-in-providing-marijuana-research](http://www.drugabuse.gov/drugs-abuse/marijuana/nidas-role-in-providing-marijuana-research). Accessed October 12, 2018.
3. The National Council of State Boards of Nursing. The NCSBN national nursing guidelines for medical marijuana. 2018;9(suppl 2). [www.ncsbn.org/The\\_NCSBN\\_National\\_Nursing\\_Guidelines\\_for\\_Medical\\_Marijuana\\_JNR\\_July\\_2018.pdf](http://www.ncsbn.org/The_NCSBN_National_Nursing_Guidelines_for_Medical_Marijuana_JNR_July_2018.pdf). Accessed October 12, 2018.
4. ProCon.org. Historical timeline: history of marijuana as medicine—2900 BC to present. <http://medicalmarijuana.procon.org/view.timeline.php?timelineID=000026>. Accessed October 12, 2018.
5. National Commission on Marihuana and Drug Abuse. *Marihuana: A Signal of Misunderstanding—First Report*. Washington, DC: US Government Printing Office; 1972.
6. Guither P. Why is marijuana illegal? DrugWarRant.com. <http://www.drugwarrant.com/articles/why-is-marijuana-illegal>. Accessed October 12, 2018.
7. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Results from the 2015 National Survey on Drug Use and Health: Detailed Tables. [www.samhsa.gov/data/sites/default/files/NSDUH-DeTabs-2015/NSDUH-DeTabs-2015/NSDUH-DeTabs-2015.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-DeTabs-2015/NSDUH-DeTabs-2015/NSDUH-DeTabs-2015.pdf). Accessed October 12, 2018.
8. *Reefer Madness* (1938). <https://publicdomainreview.org/collections/reefer-madness-1938>. Accessed October 12, 2018.
9. ProCon.org. 60 peer-reviewed studies on medical marijuana: medical studies involving cannabis and cannabis extracts (1990-2014). <http://medicalmarijuana.procon.org/view.resource.php?resourceID=000884>. Accessed October 12, 2018.
10. Cochrane Library. Cochrane evidence: cannabis. [www.cochrane.org/search/site/cannabis](http://www.cochrane.org/search/site/cannabis). Accessed October 12, 2018.
11. The National Academies of Sciences, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press; 2017. <https://doi.org/10.17226/24625>. Accessed October 12, 2018.
12. Carroon JM, Mischley LK, Sexton M. Cannabis as a substitute for prescription drugs: a cross-sectional study. *J Pain Res*. 2017;10:989-998.
13. Bradford AC, Bradford WD, Abraham A, Adams GB. Association between US state medical cannabis laws and opioid prescribing in the Medicare Part D population. *JAMA Intern Med*. 2018;178(5):667-672.
14. Wen H, Hockenberr M. Association of medical and adult-use marijuana laws with opioid prescribing for Medicaid enrollees. *JAMA Intern Med*. 2018;178(5):673-679.