Medical marijuana & Bioethical Concerns

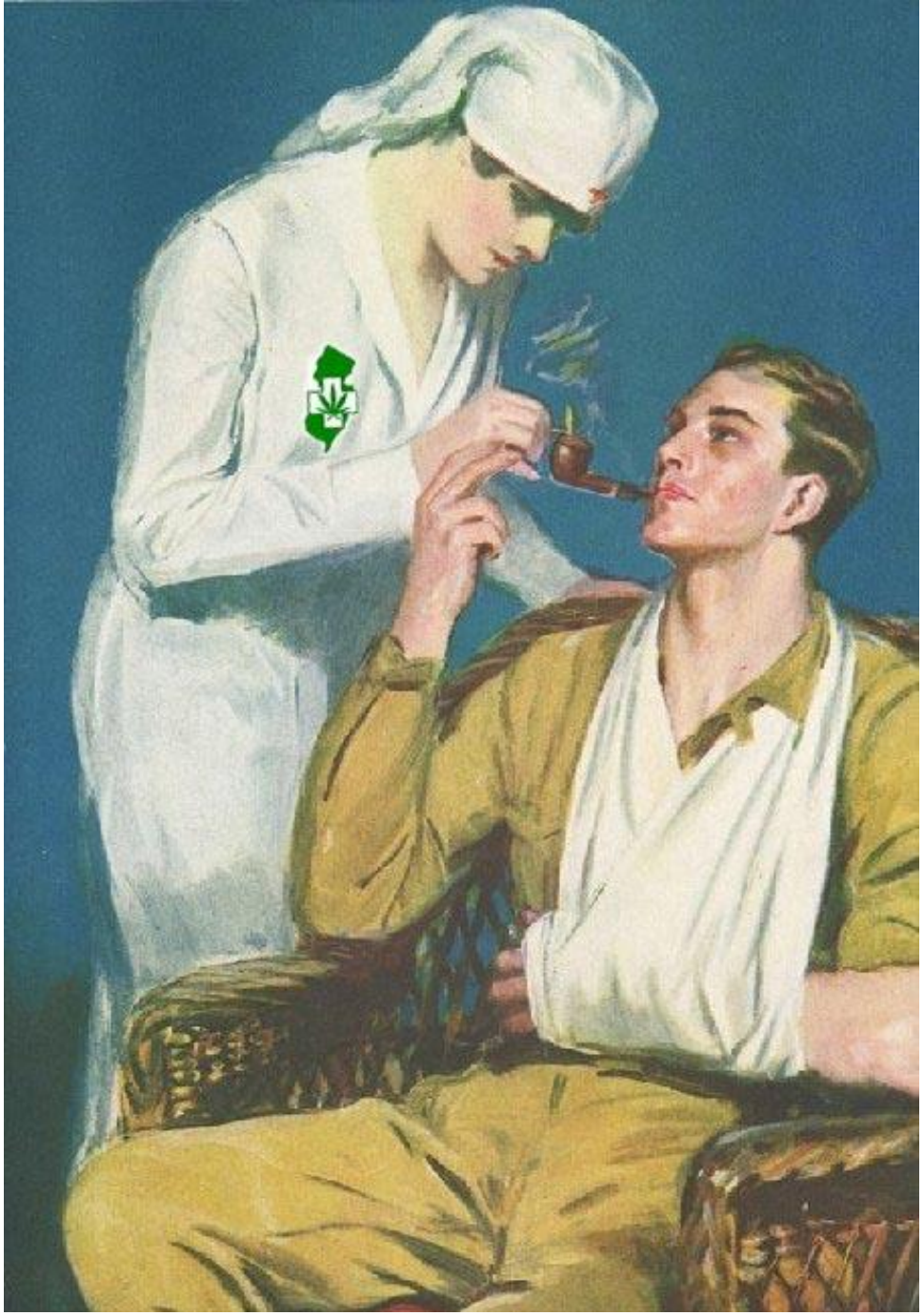
What are a healthcare professional's obligations when the safest and most effective therapeutic agent is an illegal substance?

Medical marijuana & Bioethical Concerns

Have some groups had their objectivity on this issue compromised by lobbyists and financial contributions from the Pharmaceutical Industry or others?

Medical marijuana & Bioethical Concerns

Has the federal government's handling of medical marijuana been a long series of ethical missteps?




S.I.M.M

James Burton—ex-felon in America; respected government employee in Europe for doing the same thing

New Jersey State Nurses Association
Resolution Concerning Therapeutic Marijuana

- Recognizes the therapeutic value and safety of medically recommended marijuana; and,
- Supports legal access to medically recommended marijuana for patients in New Jersey who are under the care of a licensed health care provider; and,
- Urges the Governor of New Jersey and the New Jersey State Legislature to move expeditiously to make medical marijuana legally available to New Jersey residents who can benefit from it.
- **Date Approved: March 20, 2002**


Petitioning for a Redress of Grievances Our Right Our Duty
I'M A MEDICAL MARIJUANA PATIENT, NOT A CRIMINAL
Wife
Mother
Sister
Daughter
Friend
Cheryl Lee Miller
Silverton, New Jersey
May 21, 1946 – June 7, 2003

AMERICAN NURSES ASSOCIATION

Position Statement on

Providing Patients Safe Access to Therapeutic Marijuana/Cannabis

Summary: The American Nurses Association (ANA) recognizes that patients should have safe access to therapeutic marijuana/cannabis. Cannabis or marijuana has been used medicinally for centuries. It has been shown to be effective in treating a wide range of symptoms and conditions. Therefore, the ANA supports:

1. Research in controlled investigational trials on the therapeutic efficacy of marijuana/cannabis, including alternative methods of administration.

2. The right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision.

3. Legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis.

4. Federal and state legislation to exclude marijuana/cannabis from classification as a Schedule I drug.

5. The education of registered nurses regarding current, evidence based therapeutic use of marijuana/cannabis.

Effective Date: March 19, 2004

ANA: Access to medical marijuana is a patient's right

- It is the right of a patient to have access to the best possible treatment available.
- Who here does not want the best possible treatment available when they are sick or injured?

Code of Ethics for Nurses

Nurses have four fundamental responsibilities:

- to promote health,
- to prevent illness,
- to restore health and
- to alleviate suffering.

Code of Ethics for Nurses

The nurse's primary professional responsibility is to people requiring nursing care.

International Council of Nurses in Geneva, Switzerland.

What is it RN's do?

- Many tasks, nurses are constantly evaluating or assessing, how a patient is doing--how a patient is responding to therapeutic interventions. We use our own eyes, ears and hands—all our senses--to assess the patient. Our goals are to promote health, to prevent illness, to restore health and to alleviate suffering.

What is it RN's do?

- When we see the effectiveness of marijuana, when we see how marijuana:
- relieves nausea and vomiting, pain, anxiety, spasticity, the wasting syndrome,
- and how it does so safely and with manageable side effects, it is no wonder that there is overwhelming approval for medical marijuana by RNs.

Easier to get marijuana from high school kids than from medical researchers.

- Patient Support Groups: patients share how they cope.
- Over 80% of high school kids say that marijuana is easy to obtain, yet there are no clinical trials of medical marijuana in most states. The government prefers patients commit suicide rather than in engage in clinical trials of medical marijuana.

The nurse's role when the best treatment is illegal

- Advocate to change the laws to allow safe and legal access to marijuana.
- Document any discussions about marijuana. (May protect the patient by proving patient’s use was medical.)
- Warn their patients about the legal status of marijuana--it is the most serious adverse effect of the drug.

Groups' objectivity skewed by donations and lobbying?

- Whose interests are the politicians representing when they oppose medical marijuana?
- 86% in NJ supported medical marijuana but bill took 5 years to pass into law ('05-'10).
- 86% of Americans say doctors should be allowed to prescribe medical marijuana (CBS poll from 2014).

Marijuana is a threat to profits

- of the pharmaceutical industry;
- of the alcohol industry;
- of the prison/industrial complex
  - Federal, state, county, & municipal LEO's;
  - Judges, prosecutors, probation/parole officers;
  - Jails, prisons and prison services;
  - Substance abuse treatment programs/halfway houses.

Why aren't physicians more supportive?

- Federal threat to take away DEA licenses;
- Fear to even write the word “marijuana” in a patient's chart;
- In 1990 44% of oncologists advised cancer patients to obtain marijuana illegally;

Sean McGrath

Sean McGrath

- Columbia Presbyterian oncologists recommend marijuana “off the record”
- ethically unacceptable for physicians to recommend an illegal substance and fail to document that recommendation--they just wash their hands of the situation and leave the patient on a limb.

Ethically challenged position

MDs recommend but fail to document:

“As physicians, we cannot abide our patients being subject to arrest and jail for using a physician-recommended treatment that clearly relieves suffering for many who are not helped by conventional treatments.“

Dr. Halpern, a professor emeritus of psychiatry at New York Medical College

Federal government opposed to medical marijuana

- 1970 Controlled Substances Act (CSA) put marijuana in Schedule I. Schedule I drugs:
- have no recognized medical uses in the U.S.,
- are unsafe for use even under medical supervision,
- have a high potential for abuse,

Schedule I drugs

- are unavailable for prescription in the U.S., and,
- may only be obtained by federally authorized researchers for investigational purposes. (Extremely difficult to obtain).
- NIDA mission is bias towards harm,
- DEA approval for research.

Congressional Research Service Report for Congress
Medical Marijuana: Review and Analysis of Federal and State Policies April 2, 2010

- The Cannabis sativa plant has been used for healing purposes throughout history. According to written records from China and India, the use of marijuana to treat a wide range of ailments goes back more than 2,000 years.
- Ancient texts from Africa, the Middle East, classical Greece, and the Roman Empire also describe the use of cannabis to treat disease.
- http://www.fas.org/sgp/crs/misc/RL33211.pdf

Congressional Research Service Report for Congress

- From 1850 to 1941 cannabis was included in the *United States Pharmacopoeia* as a recognized medicinal.
- Congress enacted the Marihuana Tax Act of 1937.
- Dr. William C. Woodward, legislative counsel of the American Medical Association (AMA), opposed the measure:
- "…the prevention of the use of the drug for medicinal purposes can accomplish no good end whatsoever. How far it may serve to deprive the public of the benefits of a drug that on further research may prove to be of substantial value, it is impossible to foresee."

American Medical Association opposed the Marijuana Tax Act

“There is no scientific evidence that marijuana presents a serious danger to the public health and that even a limited prohibition against marijuana's social use would corrupt legitimate pharmacological and medical experimentation and destroy the drugs use in therapeutic applications.”

Congressional Research Service Report for Congress

- **Controlled Substances Act (1970)**
- Schedule I substances have “a high potential for abuse,” “no currently accepted medical use in treatment in the United States,” and “a lack of accepted safety for use of the drug ... under medical supervision.”
- Possession of marijuana for personal use, a misdemeanor, can bring up to one year in federal prison and up to a $100,000 fine for a first offense.
- Growing marijuana is a felony. A single plant can bring an individual up to five years in federal prison and up to a $250,000 fine for a first offense.

Shafer Commission Report

- The Shafer Commission was a hand picked group of conservative politicians and academicians. They studied the issue between 1970 and 1972.
- They found that marijuana should not be a Schedule I, or a Schedule II, III, IV or V. Marijuana should be decriminalized for adult use in the U.S.
- The Shafer Commission said, “The criminal law is too harsh a tool to apply to personal possession…The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior.”
- The Shafer Commission also said, “Marijuana has important therapeutic qualities which should be aggressively explored.”
- Nixon ignored the results of the commission he appointed. The commission report was released March 22, 1972.

US Department of Justice DEA Administrative Law Judge Francis L. Young on September 6, 1988:

"Based upon the foregoing facts...the provisions of the (Controlled Substances) Act permit and require the transfer of marijuana from Schedule I to Schedule II...The evidence in this record clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and during so with safety under medical supervision. It would be unreasoning, arbitrary and capricious for the DEA to continue to stand between these sufferers and the benefit of this substance in light of the evidence in this record...**Marijuana, in its natural form, is one of the safest therapeutically active substances known to man**."

IND Compassionate Access Program (1978)

In 1978, FDA created the Investigational New Drug (IND) Compassionate Access Program, allowing patients whose serious medical conditions could be relieved only by marijuana to apply for and receive marijuana from the federal government.

Then, in 1992, in response to a large number of applications from AIDS patients who sought to use medical cannabis to increase appetite and reverse wasting disease, the George H.W. Bush Administration closed the program to all new applicants.

Irv Rosenfeld still receives 300 joints a month from the federal government.

States v. feds

- The CSA is not preempted by state medical marijuana laws, nor are state medical marijuana laws preempted by the CSA.
- States can statutorily create a medical use exception for botanical cannabis under their own, state level controlled substance laws.
- At the same time, federal agents can investigate, arrest, and prosecute medical marijuana patients, caregivers, and providers in accordance with the federal CSA even in states with medical marijuana laws.

State Laws

Under state law, 29 states and Washington, D.C. currently provide legal protection and state programs for seriously ill patients whose doctors recommend the medical use of marijuana:

Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, and Washington, West Virginia.

Arkansas, Florida and North Dakota were added 11-8-16.
http://medicalmarijuana.procon.org/view.resource.php?resourceID=000881

Generally, these laws are working well and providing patients with relief and protection from arrest.

Since 1996, when the first effective medical marijuana law passed, data have shown that concerns about these laws increasing youth marijuana use are unfounded:

In fact, all states have reported overall decreases in youth marijuana use — exceeding 50% in some age groups.

Coalition for Medical Marijuana - New Jersey

Coalition members hold diverse opinions, but we all agree:

- *Arresting patients is wrong, and it must stop now.*
- Modern clinical research, centuries of experience and the impassioned personal accounts of thousands of real patients concur: Marijuana can alleviate symptoms of certain serious medical conditions, and it can do so when other drugs fail to help.
- Doctors should be free to recommend this medicine to promote health, and sick or injured New Jerseyans should be free to use it responsibly.
- The safety margin for therapeutic marijuana is as wide as it can be — there is no known lethal dose.

www.cmmnj.org

Coalition for Medical Marijuana - New Jersey

- CMMNJ meetings are the second Tuesday of each month at the Lawrence Twp. Library (Mercer County) from 7:00 PM until 9:00 PM.
- CMMNJ is a 501(c)(3) public charity. Donations to CMMNJ are income tax deductible. All volunteer organization. T-shirts $15; wristbands $2.
- Free literature.
- Join our email list for monthly updates. Sign up or visit: www.cmmnj.org:
- *Facebook:* Friends of the Coalition for Medical Marijuana-NJ

More info:

Patients Out of Time:

http://www.medicalcannabis.com/

Americans for Safe Access:

http://www.safeaccessnow.org/

National Organization for the Reform of Marijuana Laws:

http://norml.org/