



Medical Marijuana

IMPLICATIONS FOR NURSES IN OHIO

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CE Approval & Disclosures

- Approved contact hours: 1.0 Category A continuing education contact hour for nurses is approved by the Ohio Board of Nursing through the OBN Approver Unit at the University of Cincinnati College of Nursing, Continuing Education Program, (OBN-011-93)
- I have no financial disclosures or conflicts of interest with any of the material in this presentation.

Learning Outcomes

At the end of this presentation:

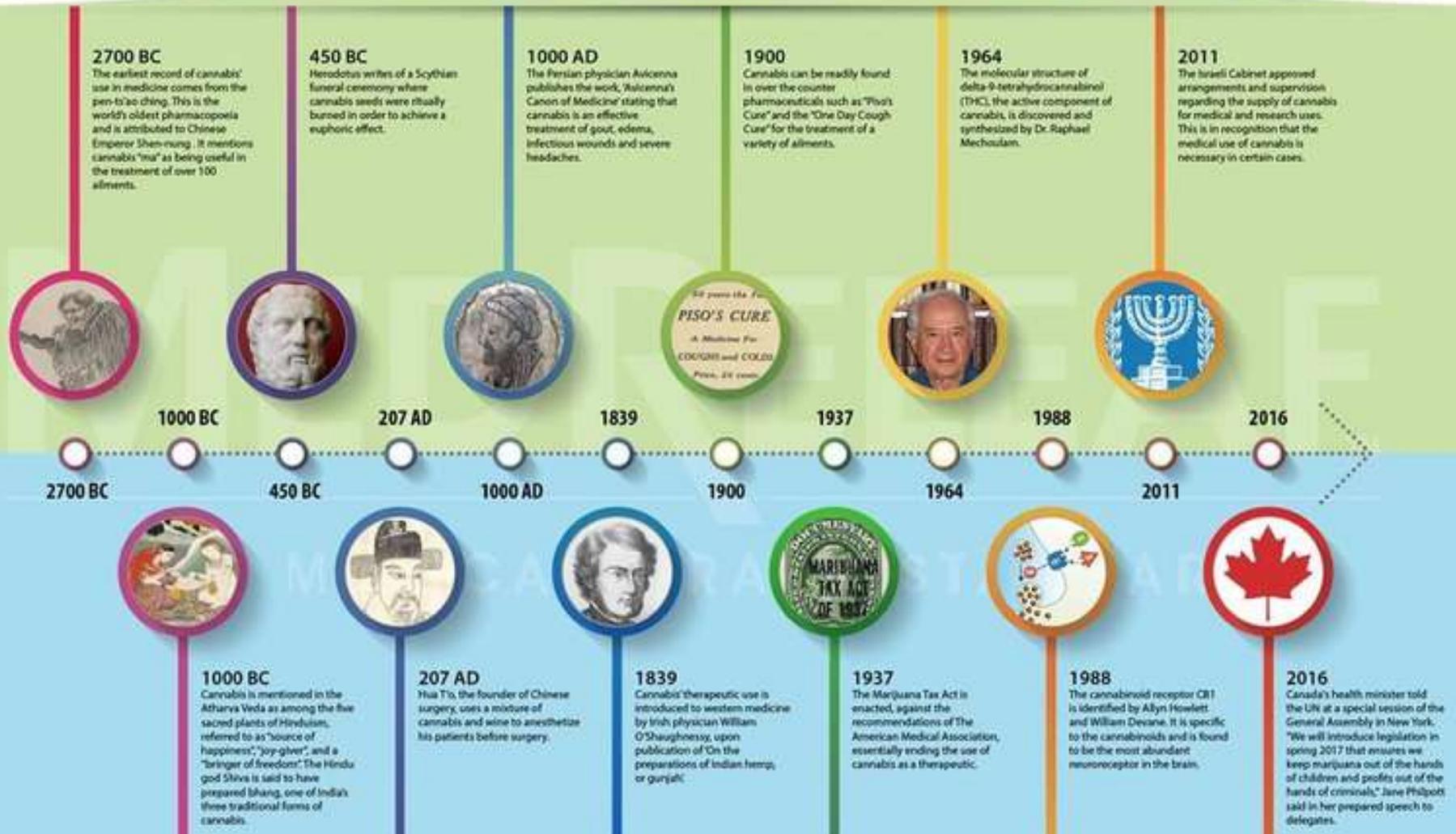
1. Participants will recall history of therapeutic cannabinoid use;
2. Participants will discuss how OAC 4723-4 impacts patient use of medical cannabis, including patients who are nurses;
3. Participants will discuss how OAC 4723-9 impacts APNs prescribing medical cannabis; and
4. Participants will identify federal legislation that impacts the use of therapeutic cannabis inside Ohio healthcare facilities.

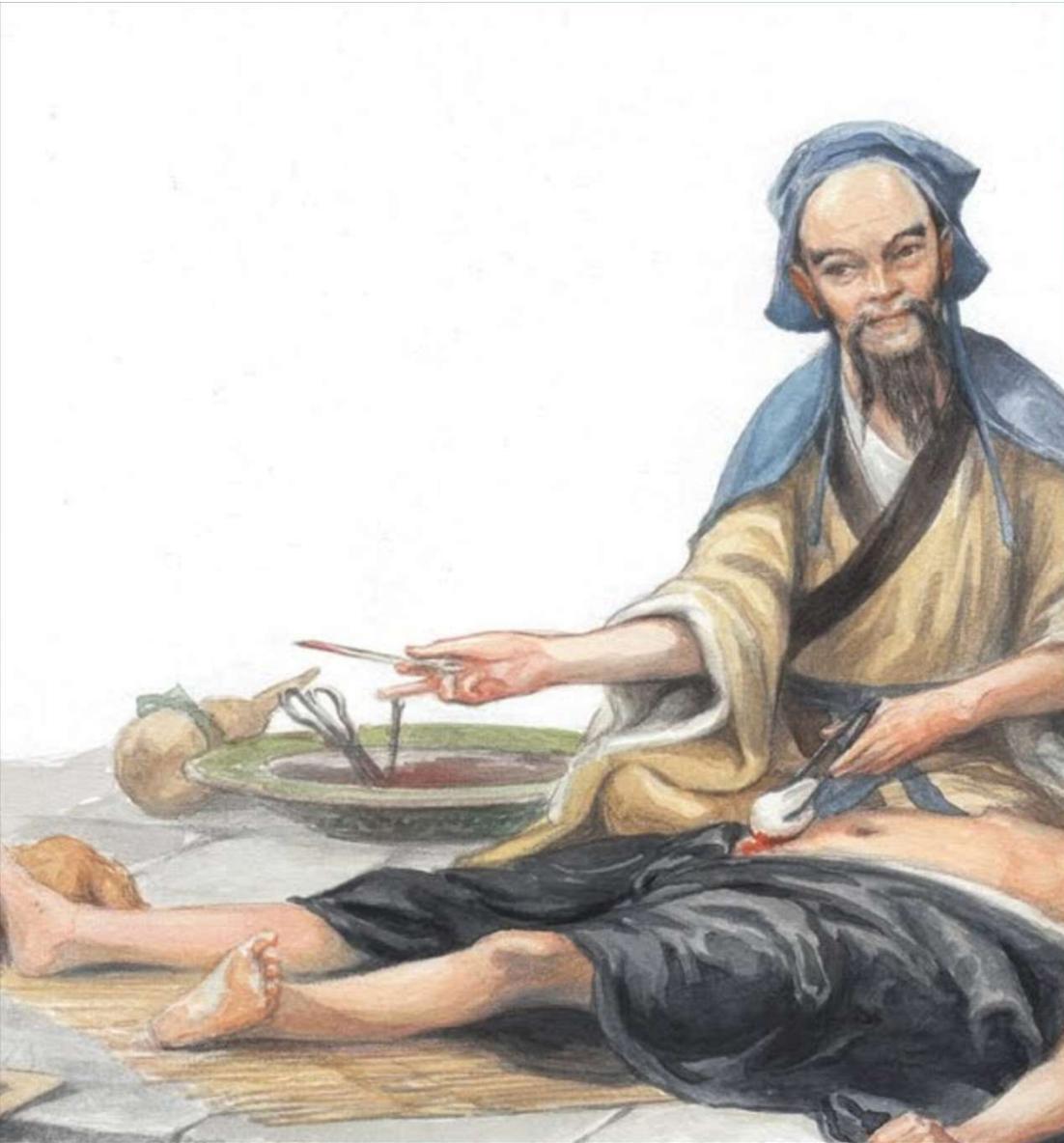
A person wearing a blue lab coat and gloves is holding a cannabis plant in a laboratory setting. The plant is green and has small, developing buds. The background is blurred, showing other people in lab coats.

History of Therapeutic Cannabinoid Use

FROM ANCIENT CHINA TO TODAY

TIMELINE OF MEDICAL CANNABIS

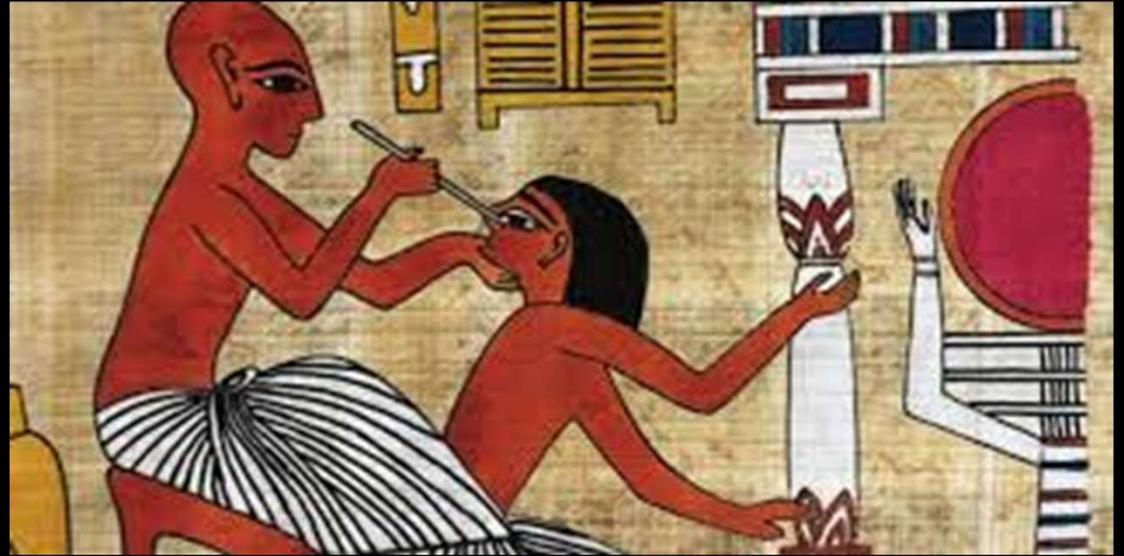




China (~2700 BC)

- Emperor **Shen Nong** – the “father of Chinese medicine”
- Called “ma”
- Rheumatism, gout, malaria, constipation, and memory problems (Alzheimer’s?)

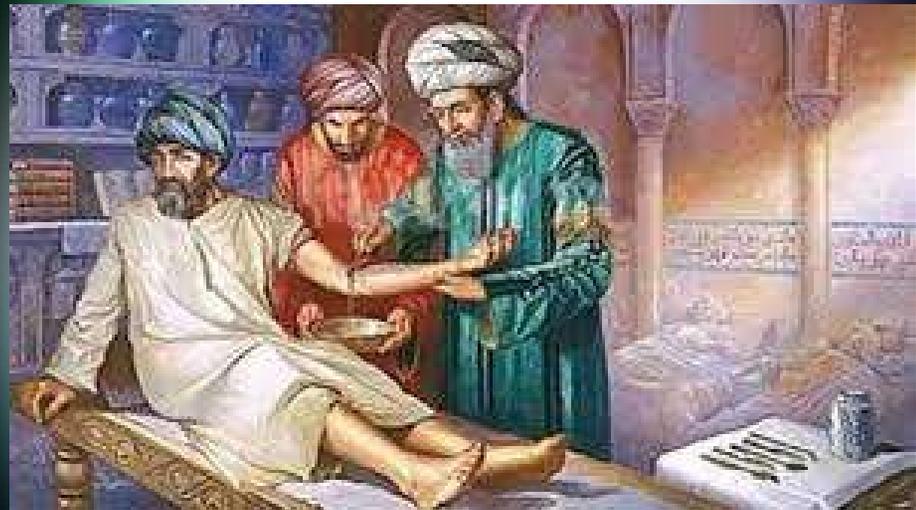
Egypt (~1550 BC)



- Ebers Papyrus, an ancient Egyptian medical text, mentions cannabis (called “shemshemet”)
- Used to treat inflammation and glaucoma

Islamic Medicine (1300–800 BC)

- Islamic scholars and physicians included cannabis in their medical texts
- Used to treat epilepsy, pain, and nausea
- Despite Islamic prohibitions on intoxicants, medicinal use was generally ok





India (1000 BC – onward)

- Used in Ayurvedic medicine for its analgesic, anti-inflammatory, and anticonvulsant properties
- Mentioned in the Hindu scripture Atharvaveda – called “bhanga”
- Often consumed in drinks, especially in religious and healing rituals

Medieval Europe



- Used medicinally across Europe
- Tinctures or poultices
- Tumors, coughs, and jaundice

19th Century – Rise of Western Medical Use

- Western interest in cannabis surged when Irish physician William Brooke O'Shaughnessy studied its use in India and introduced it to European medicine
- Common ingredient in tinctures and extracts, used for:
 - Pain relief
 - Muscle spasms
 - Seizures
 - Sleep disorders
- ***Cannabis was listed in the United States Pharmacopeia (USP) from 1851 to 1942!!***

20th Century – Decline and Prohibition

Signs Bill to Curb Marihuana
WASHINGTON, Aug. 2 (AP).—
President Roosevelt signed today a
bill to curb traffic in the narcotic,
marihuana, through heavy taxes on
transactions.

- **Early 1900s**
 - Concerns about recreational use and racialized propaganda (especially in the U.S.) = increasing regulation.
- **1937: Marihuana Tax Act**
 - Criminalized cannabis for recreational use, sharply reduced medical use other than with extreme taxes
- **1940s-1970s**
 - Cannabis removed from the USP and classified as a Schedule I drug under the 1970 Controlled Substances Act, defined as having "no accepted medical use."

Late 20th Century to Present: Re-Emergence

- **1970s-1980s**

- Despite federal prohibition, studies and anecdotal evidence emerged about its benefits in cancer-related nausea, glaucoma, and chronic pain

- **1996**

- California becomes the first U.S. state to legalize medical cannabis with Proposition 215

- **2000s-Present**

- A growing number of countries and U.S. states have legalized medical cannabis and use it for:
 - Chronic pain
 - Epilepsy (e.g., CBD for Dravet syndrome)
 - PTSD
 - Multiple sclerosis
 - Chemotherapy-induced nausea
 - Anxiety and sleep disorders

Ohio Nurse Practice Act Impact on Patient Use of Medical Cannabis

OAC 4723-4



**Board of
Nursing**

O.A.C. 4723-4-03(C)

Requires the RN to demonstrate competence and accountability in all areas of practice in which the nurse is engaged including:

- (1) Consistent performance of all aspects of nursing care; and
- (2) Recognition, referral or consultation, and intervention, when a complication arises.

Approved Medical Conditions in Ohio

- AIDS
- Alzheimer's disease
- cancer
- Crohn's disease
- fibromyalgia
- hepatitis C
- inflammatory bowel disease
- multiple sclerosis
- Parkinson's disease
- post-traumatic stress disorder
- spasticity
- terminal illness
- traumatic brain injury
- ALS
- cachexia
- chronic traumatic encephalopathy
- epilepsy or another seizure disorder
- glaucoma
- Huntington's disease
- irritable bowel syndrome
- pain that is either chronic and severe or intractable
- positive status for HIV
- sickle cell anemia
- spinal cord disease or injury
- Tourette syndrome
- ulcerative colitis

Refractory autism spectrum disorder is also being considered now

Who Can Prescribe?

- Not an NP!
- OAC 4723-9-10(B) Exclusionary formulary. An advanced practice registered nurse with a current valid license issued by the board and designated as a certified nurse practitioner, clinical nurse specialist or certified nurse midwife **shall not prescribe or furnish any drug or device in violation of federal or Ohio law**, or rules adopted by the board, including this rule.
- BUT - it's probably going to be legal at the federal level soon



Ohio CTR

Rule 4731-32-02 | Certificate to recommend medical marijuana

(A) Eligibility for a certificate to recommend medical marijuana requires that all of the following requirements be met:

- (1) The applicant holds an active, unrestricted *license to practice medicine and surgery or osteopathic medicine and surgery*.....
- (7) The applicant has completed at least *two hours of continuing medical education* in a course or courses certified by the Ohio state medical association or the Ohio osteopathic association that assist physicians in both of the following:
 - (a) Diagnosing qualifying medical conditions as defined in section 3796.01 of the Revised Code;
 - (b) Treating qualifying medical conditions with medical marijuana, including the characteristics of medical marijuana and possible drug interactions.



New Amendments to Ohio's Law

- Reducing the maximum THC content in cannabis extracts from 90% to 70%
- Limiting the THC content for edibles to 10 milligrams per serving and 100 milligrams per package
- Reducing the maximum number of home-grown marijuana plants in a single residence from 12 to six
- Prohibiting any non-sanctioned transfer of cannabis between two people regardless of age
- Requiring recreational marijuana to be stored in its original packaging
- Prohibiting the possession of marijuana purchased out-of-state
- Eliminating Issue 2's Cannabis Social Equity and Jobs Program, which would have provided financial assistance and marijuana license application support to individuals adversely impacted by the enforcement of marijuana-related laws
- Allowing for the expungement of marijuana-related convictions that were made legal under Issue 2

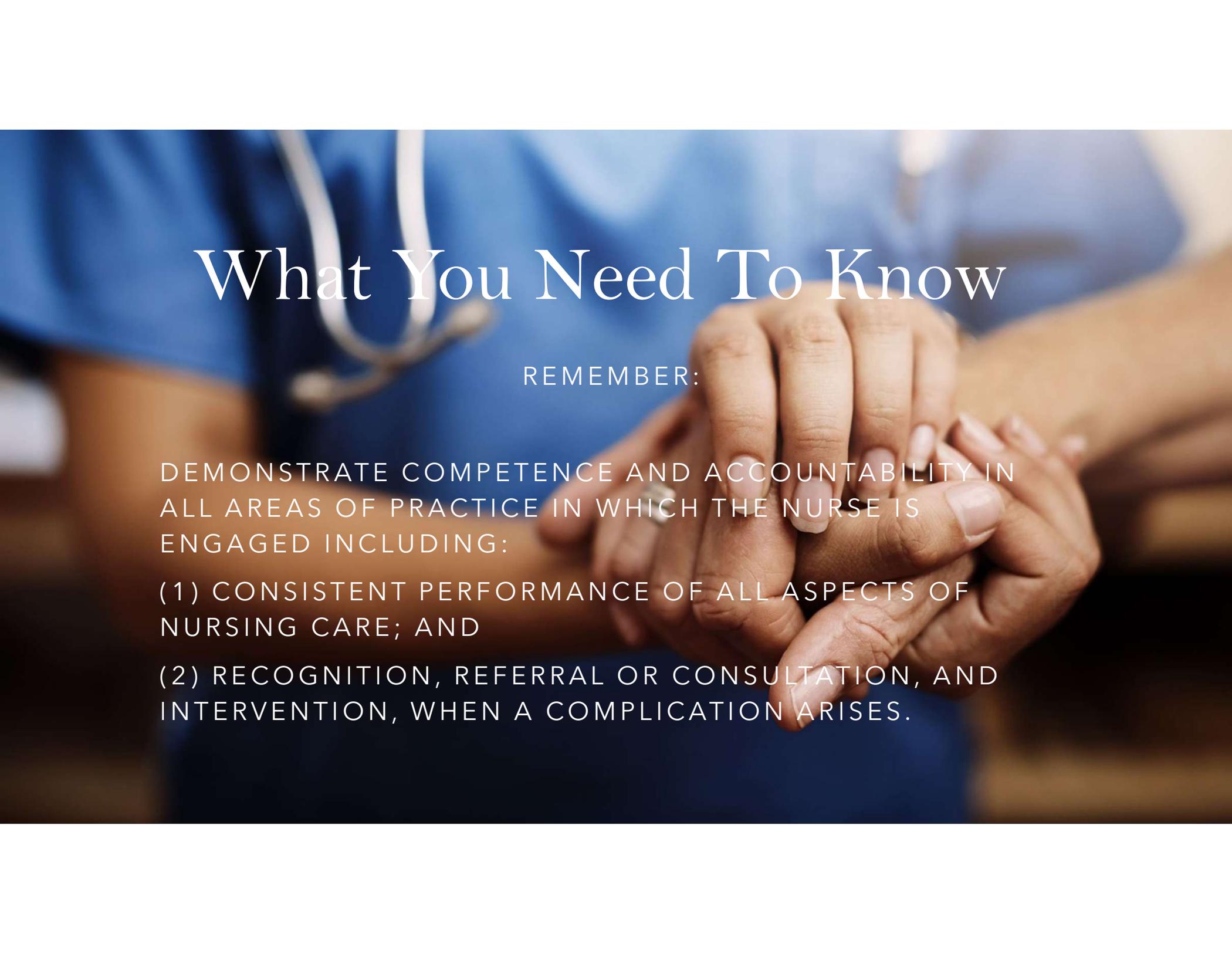
A photograph of medical cannabis products on a wooden surface. In the center is a white jar with a yellow lid, filled with dried cannabis buds. The jar has a green cannabis leaf logo and the text "Medical Marijuana". To the left is a dark glass bottle with a black dropper cap, containing a yellowish-green liquid. To the right is a white ceramic bowl. The background is a light-colored wooden surface.

Will I See Patients Who Use It?

YES

BUT...Probably Not in Hospitals

- Hospitals get federal funding (CMS)
- Can't let patients use federally illegal substances and still get it
 - Against hospital policy at several major hospital systems in Ohio
- Exceptions: hospices are probably ok - no one wants to tell a dying person they can't have it
 - Even though they also get federal funding
- Other exceptions: lots of research into it, including some that's federally funded (hmmmm) and those patients can use it



What You Need To Know

REMEMBER:

DEMONSTRATE COMPETENCE AND ACCOUNTABILITY IN ALL AREAS OF PRACTICE IN WHICH THE NURSE IS ENGAGED INCLUDING:

(1) CONSISTENT PERFORMANCE OF ALL ASPECTS OF NURSING CARE; AND

(2) RECOGNITION, REFERRAL OR CONSULTATION, AND INTERVENTION, WHEN A COMPLICATION ARISES.

Types of Marijuana

- Cannabis sativa
 - Cannabis ruderalis (subspecies seen in Europe - "dwarf cannabis")
 - Hemp is one variant (cultivated for non-drug use)
- Cannabis indica
- Strains have different percentages of the main types - hybrids
 - More sativa = more energizing
 - More indica = less energizing
 - Also various percentages of THC and CBD in each strain



SATIVA



TALLER
& SLIMMER

LEAVES ARE

LONGER
& THINNER



INDICA



SHORTER
& BUSHIER

LEAVES ARE

SHORTER
& WIDER



HEAD HIGH

ALERTNESS



UPLIFTING
& EUPHORIC

CREATIVITY



INCREASED
ENERGY

BEST FOR
DAYTIME USE



BODY HIGH



RELAXATION

APPETITE
STIMULATOR



SLEEP AID

PAIN RELIEF



BEST FOR
NIGHTTIME USE

Some Uses

- Schizophrenia - comparable to conventional antipsychotics!
- Epilepsy - reduces childhood seizures (placebo-controlled trial)
- Appetite stimulation - cancer/CINV, HIV/AIDS
- MS - reduces muscle spasms and pain

- Future areas: neurodegenerative disorders

Known Risks

- Chronic bronchitis and other airway symptoms
- Low birth weight
- Some strains associated with schizophrenia and other psychoses
- Some small studies show increased risk of MI and CVA

- Does NOT increase risk of lung, head, or neck cancer

Potential Side Effects

- Depends on underlying medical conditions AND other medications they're on
 - Note - pharmacists aren't checking for interactions with marijuana!!!
- In general:
 - Increased heart rate
 - Increased appetite (sometimes the goal)
 - Sleepiness & dizziness (CNS depression)
 - Hypotension,
 - Dry mouth/dry eyes & decreased urination
 - Hallucinations, paranoia, & anxiety
 - Impaired attention, memory, and psychomotor performance

Other Medical Conditions

- Asthma, COPD? - may exacerbate symptoms IF smoked
 - BUT cannabis is a bronchodilator!
- Heart conditions - sativa may exacerbate CAD and HF because it's more of a stimulant
 - Any strain may interact with cardiac meds because can cause hypotension
- Dyskinetic disorders? Will make them worse
- Can exacerbate alcohol and drug dependence
- Neuro disorders - can cause greater cognitive impairment
- Can make psychiatric conditions worse - hallucinations, paranoia, suicidal ideation

Cannabis Use Disorder

- Problematic pattern of cannabis use leading to clinically significant impairment or distress
 - More likely with recreational marijuana than medical uses
- Withdrawal - recreational OR medical use!!
 - Will happen if use is daily (or almost) for a minimum of a few months
 - Initially have insomnia, loss of appetite, physical symptoms, and restlessness
 - After about a week, irritability/anger, vivid and unpleasant dreams

- It depends!!
- "Start low, go slow"
- Since medical cannabis is not an FDA drug, there is no recommended dosage
- Track dose, symptoms, relief, and adverse effects in a journal



How Much Will
They Be Using?

What if I have a medical card?

- Can I work at a hospital in Ohio?
 - Probably not
 - Many of them still test for it
 - Use of marijuana, even medical, is against policy (OSU, UC, Capital)
- Rules about federally illegal substances apply to nurses too - even if you have a card for it
 - Federally, it's the same as heroin
 - Hospitals aren't going to risk their federal funding

OBN's Stance

- Nothing official, BUT
 - Nurses have been disciplined by OBN for testing positive for marijuana regardless of it being legal under state law or in another jurisdiction
- ALSO
 - Still illegal federally
- Patient safety?
 - Is the use of the marijuana putting patient safety at risk?

Impairment – ORC 4723.28(B)

- OBN can discipline you for:
- (9) Habitual or excessive use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs the individual's ability to provide safe nursing care or safe dialysis care;
- (10) Impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care or safe dialysis care because of the use of drugs, alcohol, or other chemical substances;

Student Nurses – OAC 4723-5-12

- (14) A student shall not habitually or excessively use controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.
- (15) A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of the use of drugs, alcohol, or other chemical substances.

Federal Legislation

SOMETHING CHANGES
EVERY DAY!

Effects of Marijuana Laws

- Disproportionate legal effect on Black and Latinx communities
 - Both regarding arrests and the industry
- Unequal financing of legalized centers for Blacks and Latinx
- Long-term effects - people remain in prison

April-May 2024

- Federal government announced plans to reclassify marijuana from Schedule I to Schedule III under the CSA
- DEA and DOJ statement about the change: “consistent with the view of the Department of Health and Human Services (HHS) that marijuana has a currently accepted medical use as well as HHS’s views about marijuana’s abuse potential and level of physical or psychological dependence”

December 2024

- Formal hearing proceedings began regarding the proposed rescheduling of marijuana

What Will This Mean?

- In a word? Nothing.
- You'll need a prescription, which will need to be filled at a pharmacy
- Substitute Tylenol/codeine for the word marijuana, and that's what it'll be
- Dispensaries aren't pharmacies
- Current status of medical marijuana in Ohio will still be illegal federally

April 2025

- Strengthening the Tenth Amendment Through Entrusting States (STATES) 2.0 Act, would change the federal Controlled Substances Act to remove criminal penalties for cannabis activities that are legal under state or tribal marijuana regulations
- Preparing Regulators Effectively for a Post-Prohibition Adult-Use Regulated Environment (PREPARE) Act - bipartisan bill introduced in House
 - Calls on AG to develop plans to legalize cannabis at the federal level
 - Directs the AG's office to form a commission to create a plan to regulate cannabis like alcohol



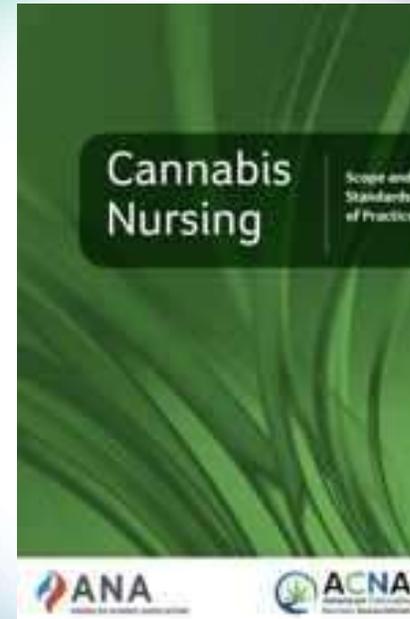
Other Resources

American Cannabis Nurses Association

- <https://cannabisnurses.org/american-cannabis-nurses-association>
- Not a ton here yet - growing community

ANA Cannabis Nursing

- 2023 - ANA officially recognized cannabis nursing practice as a specialty area
- Scope and Standards of Practice published in 2024



2018: The NCSBN National Nursing Guidelines for Medical Marijuana

- Therapeutic effects
 - Clinical evidence supporting it for medical conditions
 - Qualifying conditions without clinical evidence
- Effects of Cannabis That May Influence Treatment Decisions
 - Physiologic effects
 - Adjunctive use with opiates, antidepressants, and benzos
 - Neuro symptoms
 - Subjective Measures vs Objective Measures for Spasticity and Pain
- Medical marijuana education in prelicensure and APRN nursing programs
- APRN certification of medical marijuana qualifying condition

https://www.ncsbn.org/public-files/The_NCSBN_National_Nursing_Guidelines_for_Medical_Marijuana_JNR_July_2018.pdf