WHEREAS, The Institute of Medicines’ (IOM) 1999 report on marijuana and medicine asserts that, (a) the adverse effects of marijuana use are within the range of effects tolerated for other medications,(b) that few marijuana users develop dependence, (c) abuse among the general population would not be a problem if the medical use of marijuana were as closely regulated as other medications with abuse potential, and (d) acknowledges that there is no clear alternative for people suffering from chronic conditions that might be relieved by smoking marijuana (IOM, 1999); and

WHEREAS, The IOM also found (a) cannabinoids to be comparable with opiates in potency and efficacy, (b) evidence that cannabinoids act at the site of injury to reduce peripheral inflammation and further state the finding that CB1 receptors are 10 times more abundant than mu opioid receptors, the receptors responsible for the effects of morphine (IOM, 1999); and

WHEREAS, The American Nurses Association (ANA) published a position statement in 2008 supporting nurses "ethical obligation to be advocates for access to healthcare for all”; including patients in need of “marijuana/cannabis for therapeutic use”(ANA, 2008); and

WHEREAS, The ANA also supports protection from criminal or civil penalties for patients using medical marijuana as permitted under state laws; and exemption from criminal prosecution, civil liability, or professional sanctioning, such as loss of licensure or credentialing for health care practitioners who prescribe, dispense, or administer medical marijuana in accordance with state law (ANA, 2008); and

WHEREAS, Marijuana is seen as efficacious by the ANA for (a) reducing nausea and vomiting associated with chemotherapy, (b) stimulating the appetite of patients coping with the wasting syndrome associated with HIV/AIDS and cancer, (c) short-term relief of the intraocular pressure associated with glaucoma, (d) decreasing spasticity, pain, and tremor in some patients with multiple sclerosis, spinal cord injuries, or other trauma, and (e) decreasing suffering from chronic pain (ANA, 2008); and

WHEREAS, In the 2013 position statement, the American Cannabis Nurses Association (ACNA) reiterates the 2008 ANA position statement and further states support for (a) “the monitored and controlled use of cannabis in conjunction with opiate administration for patients… who are suffering from severe pain, intractable pain, severe neuropathy or pain associated with terminal illness”, and (b) evaluation for cannabis therapy to lessen the
risk of adverse events related to long-term opiates (Glick, 2013, para.1). The ACNA further justifies their position by means of (a) “evidence based [in] use patterns, in-vitro research demonstrating the interaction of endocannabinoid receptors with opioid receptors, (b) the potential severity of adverse events associated with long-term opiate use, and (c) the ethical responsibility of health care practitioners to advocate on the behalf of their patients”; and

WHEREAS, The Texas Nurses Association (TNA) states "Licensed health care providers should not be punished for recommending the medical use of marijuana to seriously ill people, and seriously ill people should not be subjected to criminal sanctions for using medical marijuana if their health care provider has told the patient that such use is likely to be beneficial" (TNA, 2005); and

WHEREAS, Most recently the medicinal use of cannabis has been supported by a randomized, double-blind, placebo controlled, graded-dose trial in cancer patients with poorly-controlled chronic pain; and low and medium dose inhaled cannabis showed greater reduction in pain as well as improvement in sleep for the group receiving cannabis (Portenoy, Ganae-Motan, & Allende, 2012); and

WHEREAS, Marijuana's use as an herbal remedy before the 20th century is well documented (Walsh & Callaway; 2013); and

WHEREAS, Evidence of the use of cannabis for medicinal purposes goes back 4000 years (Bar-Sela, Vorobeichik, Goldberg, & Muller; 2013); and

WHEREAS, Twenty-three states, the District of Columbia, and Guam have legalized medical marijuana; while 11 states have limited access marijuana product laws allowing the use of medical marijuana for specific illnesses dictated by the individual state. Pending legislation exists in six other states in 2015, with ten more states anticipated to introduce bills to reform their states policy surrounding medical marijuana (National Conference of State Legislators, 2014); and

WHEREAS, Congress passed a bill ending the federal ban on medical marijuana. The Consolidated and Further Continuing Appropriations Act states that none of the funds made available to the Department of Justice may be used to prevent such States from implementing their own State laws that authorize the use, distribution, possession, or cultivation of medical marijuana (H.R. 83, 2014); and

WHEREAS, The National Student Nurses’ Association (NSNA) adopted a resolution “In Support of Patient Safe Prescribed Access to Therapeutic Medical Cannabis and Continued Further Research and Awareness of the Topic” in 2014 authored by University of Toledo’s Student Nurses’ Association; and

WHEREAS, The ANA Code of Ethics for Nurses states “Respect is extended to all who require and receive nursing care in the promotion of health, prevention of illness and injury, restoration of health, alleviation of pain and suffering or provision of supportive care” (ANA, 2015, p. 2), therefore be it
RESOLVED, that the Texas Nursing Students’ Association (TNSA) support legalized patient access to therapeutic prescribed medical marijuana; and be it further

RESOLVED, that the TNSA request the Texas Nurses Association (TNA) support and advocate for state approval for the use of therapeutic prescribed medical cannabis, thus allowing patients safe and legal access; as well as encouraging Texas constituents to do the same; and be it further

RESOLVED, that the TNSA task the TNA to publish a position statement in support of medical cannabis legalization in the Texas Nurses Magazine and newspaper; and be it further

RESOLVED, that the TNSA request that the Texas Association of Deans and Directors of Professional Nursing Programs support and encourage faculty to incorporate into their curriculum current, evidence based therapeutic uses of marijuana; and be it further

RESOLVED, that the TNSA send a copy of this resolution to the TNA, Texas Association of Deans and Directors of Professional Nursing Programs, Texas Board of Nursing, American Nurses Association, the American Cannabis Nurses Association, the American Association of Colleges of Nursing, the American Public Health Association, the National League for Nursing, the American Hospital Association, the Texas Hospital Association, the National Organization for Associate Degree Nursing, the National Institute for Nursing Research, The Joint Commission, the Nursing Organizations Alliance, the National Council of State Boards of
Nursing, the United States Department of Health and Human Services (HHS), the Texas Department of State Health Services, the National Organization for the Reform of Marijuana Laws, the Marijuana Policy Project, Students for Sensible Drug Policy, and any others, and all others deemed appropriate by the TNSA Board of Directors; and be it further

RESOLVED, that the TNSA send a copy of this resolution to the NSNA and the ANA to reiterate the ANA 2008 position statement “In Support of Patients’ Safe Access to Therapeutic Marijuana” and the University of Toledo Student Nurses’ Associations resolution “In Support of Patient Safe Prescribed Access to Therapeutic Medical Cannabis and Continued Further Research and Awareness of the Topic” (2014).
References


University of Toledo Student Nurses’ Association. (2014). In support of patient safe prescribed access to therapeutic medical cannabis and continued further research and awareness of the topic. National Student Nurses’ Association. Adopted 2014 Resolutions, p 69. Retrieved from www.viewer.zmags.com/publication/2f92b1ec#/2f92b1ec/1

Cost Estimate

Document size: 6 pages

Photocopy costs: $0.10/page x 6 pages=$0.60/copy x 20 mailings= **$12.00**

Postage costs: $0.49/ mailing x 20 mailings= **$9.80**

Envelopes: $0.05/ envelope x 20 mailings= **$1.00**

**Total Cost: $22.80**
Addresses:

**American Association of Colleges of Nursing**
One DuPont Circle, NW, Suite 530
Washington, D.C. 20036

**American Cannabis Nurses Association**
No street address
541-224-4039
Website
http://www.cannabisnurse.org/

**American Hospital Association**
One North Franklin
Chicago, IL 60606-3421

**American Nurses Association**
8515 Georgia Ave, Suite 400
Silver Springs, MD 20910-3492

**American Public Health Association**
800 I Street, NW
Washington, DC 20001

**Marijuana Policy Project**
P.O. Box 77492
Capitol Hill,
Washington, D.C.  20013

**National Council of State Boards of Nursing**
111 East Wacker Drive, Suite 2900
Chicago, IL 60601-4277

**National Institute for Nursing Research**
31 Center Drive, Room 5B10

**National League for Nursing**
61 Broadway, 33rd floor
New York, NY 10006

**Nursing Organizations Alliance**
201 East Main Street, Suite 1405
Lexington, KY 40507

**National Organization for Associate Degree Nursing**
7794 Grow Drive
Pensacola, FL 32514

**National Organization for the Reform of Marijuana Laws**
1100 H Street, NW Suite 830
Washington, DC 20005

**Students for Sensible Drug Policy**
1011 O Street NW #1
Washington, DC 20001

**Texas Association of Deans and Directors of Professional Nursing Programs**
No address

**Texas Board of Nursing**
333 Guadalupe #3-460
Austin, TX 78701

**Texas Hospital Association**
PO Box 679010
Austin, TX 78767-9010

Texas Nurses’ Association
7600 Burnet Road, Suite 440
Austin, TX 78757

Texas Department of State Health Services
PO Box 149347
Austin, Texas 78714-9347

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

United States Department of Health and Human Services (HHS)
200 Independence Avenue,
S.W. Washington, D.C. 20201