For more than 15 years, the ANA has supported medical cannabis.

In 1996, the ANA’s Congress on Nursing Practice pushed for the education of registered nurses in evidence-based therapeutic uses of cannabis as well as the investigation of therapeutic efficacy of cannabis in controlled trials. In 2003 the ANA’s broad policy-setting body, its House of Delegates, passed a resolution supporting nurses’ “ethical obligation to be advocates for access to healthcare for all,” including patients in need of cannabis for therapeutic use. The ANA’s Congress on Nursing Practice and Economics position statement entitled “In Support of Patients Safe Access to Therapeutic Marijuana,” was approved by its Board of Directors in December 2008.

For an even longer period of time, nurses with first-hand experience of how cannabis improves patients’ lives have followed the ethical mandate of their profession by advocating for reform.

**How the Federal Government Tried, and Failed, to Bury Evidence**

Many credit the birth of the modern-day medical cannabis movement to Bob Randall, who suffered from glaucoma. He realized in the 1970s that the plant he’d been using for recreation actually helped his condition by reducing ocular pressure. Told in his 20s that he’d be blind in two years, he became a strong advocate for medicinal marijuana and also retained his vision for the rest of his life. The primary motivator for him was the realization that individuals within the National Institute of Drug Abuse (NIDA) and the Food and Drug Administration (FDA) understood that marijuana could help individuals with glaucoma, and were deliberately ignoring the information.

Randall and Alice O’Leary, his wife, petitioned the federal government through the FDA for legal access to federal supplies of marijuana for treatment of glaucoma, which he received in November 1976. Randall was the first patient in the government’s Compassionate Investigational New Drug (IND) Program. Wanting to help others, Randall created protocols for prospective patients for glaucoma, multiple sclerosis, chronic pain and AIDS. With his help, several patients were accepted into the program. Randall continued to advocate for patients until his death in 2001.

By 1992, as evidence of medical benefit mounted, and faced with a surge in people applying to get into the IND for many conditions, the first Bush Administration shut its program down, but continued to service the few it had admitted. While the numbers vary, the federal government states that there were 15 patients in the program at that time.

Carrying on the work begun by Randall and O’Leary,
Mary Lynn Mathre, MSN, RN, CARN, and her husband Al Byrne founded Patients Out of Time in 1995. Their motivator was the realization that the federal government was waiting for the remaining patients in the IND program to die.

“Al and I were just looking at each other and looking at the patients, and we were saying, “You know, the federal government is just hoping that you guys will die and nobody knows their dirty little secret, which is that they’re growing marijuana and giving it to you and nobody else is getting it because they want to continue claiming it has no medical value.”

The existence of an organization such as Patients Out of Time ensured that the government’s strategy — supplying the chosen few with a monthly supply of cannabis for decades but refusing to study them — backfired in a big way. While the federal government might have wanted its program slip into obscurity after the IND patients died off, Patients Out of Time embraced them, studied them, and let the world know about them. Today, four IND patients remain alive and medicating with a United States government-sanctioned supply of cannabis.

Despite the federal government’s ongoing efforts to make sure mainstream media receives an endless supply of hollow sound bites to fan the flames of myth, the truth about the benefit of medical cannabis can no longer be buried or ignored.

Mary Lynn Mathre – Pushing for Reform

During most of her career as a nurse, Mathre has promoted cannabis medicine. Her commitment led to Patients Out of Time’s professional conferences, which are approved by the American Medical Association (AMA) and the ANA for continuing education credits.

From day one, Patients Out of Time’s focus has been to pull together doctors, nurses and clinicians in addition to patients. Its website — www.medicalcannabis.com — is cram packed with information, including video presentations from the scientists, clinicians, doctors, nurses and patients who speak at its conferences.

Melanie Dreher, PhD, RN, FAAN, is the Dean of Nursing at Rush University Medical Center in Chicago, Illinois. In an interview with Susan Trossman for The American Nurse, she referred to Mathre as a role model for nurses in political action. “She’s fighting a battle all the way on the issue of medical marijuana, but she stays upbeat and undaunted,” she said. “She’s definitely one of my heroes.”

With the assistance of Mathre, dozens of health care groups, including the American Public Health Association and the National Nurses Society on Addictions, have issued similar white papers in support of medical cannabis. Mathre has had a hand in virtually all of the state nursing association medical cannabis resolutions.

“She really was the inspiration for me going to my state’s nurses’ association,” said Ken Wolski, MPA, RN, and a New Jersey State Nurses Association (NJSNA) member. Indoctrinated into the cruelty of the Prohibition after becoming friends with a glaucoma patient who was imprisoned, lost everything he owned, and eventually left the country, Wolski spent a decade studying the science of cannabis medicine. He wanted to help the growing number of patients in his state, but was unsure of how to proceed. “When I saw that Mary Lynn went to the Virginia Nurses Association, I said, “Well, here is something that I can do that is meaningful, and could be very productive.””

He approached the NJSNA, which passed a resolution in support of medical marijuana in 2002. At that time, the organization also urged the state to pass a medical cannabis law. New Jersey’s medical cannabis program was signed into law in 2010.

According to Wolski, it is only natural that nurses lead the way toward reform.

“RNs have a unique position in the health care field,” he
said. “We are with the patients 24 hours a day, 7 days a week. I think that we are in a unique position to really evaluate the effectiveness of marijuana therapy, and we do, and we come out wholeheartedly in support of it. We are also traditionally advocates for patients. We go to bat for them when they need help.”

Bryan Krumm, psychiatric nurse practitioner, helped draft New Mexico’s medical cannabis legislation, pushing for the addition of Post Traumatic Stress Disorder as an approved condition and including nurse practitioners as well as physicians as professions permitted to make referrals. A speaker at Patient Out of Time’s Seventh National Clinical Conference on Cannabis Therapeutics in Tucson, Arizona in April 2012, he spoke about the many ways cannabis helps his patients. In an earlier interview, he stated why he has even gone so far as to sue the federal government to reschedule cannabis, which is currently in the no-medical-benefit category of the Controlled Substances Act.

“In terms of safety, there is nothing that we have to offer pharmaceutically that can match the safety of cannabis,” he said. “In my own practice as a clinician, I have never come across a single pharmaceutical agent that is as well tolerated, and lacking in significant side effects, as cannabis.”

The Rhode Island State Nurses Association (RISNA) lobbied and testified in favor of a state law, arguing that a lack of state access was endangering the sick. Rhode Island’s program was approved in 2006, not by voter referendum, but by legislature following the endorsement of the medical community and testimony by patients. RISNA supports the ANA’s “Safe Access to Therapeutic Marijuana” policy.

RISNA was a co-sponsor of Patient Out of Time’s 2010 conference, and Executive Director Donna Policastro, RNP, gave the opening address. In it, she explained why RISNA helped lobby and testify for Rhode Island’s legislation.

“It’s an access issue. It’s a safety issue. We believe very strongly in it and we want to move forward and continue to be proponents of this issue,” she said.

**American Cannabis Nurses Association**

At the Rhode Island conference, a nursing advocacy group, the American Cannabis Nurses Association (ACNA) was established.

The mission of the ACNA — www.cannabisnurse.org — is to bridge the knowledge gap through educational, professional, patient advocacy, collegial networking and supportive nursing practices. The aim of the specialty nursing association is to educate nurses, health care professionals, policy-makers and the public about the therapeutic use of the cannabis plant. The rationale of those volunteering to make ACNA viable is that only in integrating cannabis patients and the nurses who care for them into nursing practice can the overall objective of the ANA in ensuring access to healthcare for all be met.

As the professional organization developing nursing standards, credentialing and certification procedures for cannabis nurses, a goal of the ACNA is to become an ANA organizational affiliate.

“Just as there are critical care and psychiatric nurses associations, there needs to be a nursing association that supports all of the unique issues that come up with a specialty like endocannabinoid therapeutics,” said Ed Glick, ACNA secretary. “There are hundreds of thousands of nurses around the country that are dealing on a daily basis with people who use cannabis for many conditions. A doctor can prescribe a medicine, but it is the nurses that really are able to guide a person through the subtleties of using it. It is critically important that we have something that any nurse can tie into to learn about cannabinoid medicine.”

In Tucson this past April, ACNA board members, including Mathre, Glick, Krumm and Wolski, met with nurses attending Patients Out of Time’s conference. Many are active in the field of cannabis and endocannabinoid therapeutics. The response was enthusiastic.

Heather Manus, RN, practices nursing in northwestern New Mexico. Like many, she was afraid, at first, to let anyone know that she was supporting her patients in their therapeutic use of cannabis. Like many patients, she was afraid of being stigmatized. Gradually, though, as she realized how many of her patients were using it, her feelings changed.

A home health care nurse, she surveyed her clients and learned that of the 43 percent that were medicating with cannabis, only 83 percent had registered with New Mexico’s medical cannabis program. She now carries a supply of applications to the state’s program.

“I felt that it was my job to help these patients get legal,” she said. “They should not be subject to arrest because of a medication that they choose to use.”

Part of Manus’s change of heart came as a result of watching patients on opiates receiving a better quality of life with a non-toxic herbal remedy.
“When you have patients on opiate medication, a lot of times they are home bound,” she said. “They hurt. They are zonked out. If they can supplement with cannabis, they can enjoy their lives again. When you look at what pharmaceutical medications can do to the human body, it is not good. When we are able to replace some of those with an herb that has minimal side effects, I feel that we are doing something that is really, really good for patients.”

Manus is telling every nurse she knows about ACNA. “Nurses need to go online to the cannabisnurse.org site and register to become members,” she said. “They can see stories about other nurses that are dealing with cannabis patients, and learn what they are doing and how they are doing it. This is one more step in having people understand that this really is medicine. As nurses, we need to be compassionate about and understanding of what our patients are doing. We need to advocate for these patients.”

These days, Manus no longer has second thoughts. She is passionate about her chosen field and about the ACNA. “Up until about six months ago, when people asked me what I did, I’d say home health,” she said. “Now I’m getting to the point where I say that I am a medical cannabis nurse. I am following the law.”