



# Could medical marijuana change your life or the loved ones around you?

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## Introduction

When the words 'recreational marijuana' or 'medical marijuana' is spoken, it often sparks controversy. Should it be legalised for its potential benefits? Or should it remain illegal as it has a history of psychological problems, violence and ties to gang related activity. Although there may be some stigmas around marijuana and bad publicity of the plant, keep in mind that it is becoming apparent that cannabinoids may have extreme potential in a therapeutic setting (Wang, Collet, Shapiro & Ware, 2008).

Literature shows a wider scope for research in relation to marijuana use in alleviating chronic pain experienced by terminally ill cancer patients.

## Recommendations

- More extensive studies should be completed to help create a broader base of medical research and get a better understanding of the true benefits of medical marijuana and its adverse effects.
- That all patients and clients on oncology units understand the laws and protocols of possession in the country they are planning on using, and use the substance only after all other traditional or medical interventions have been exhausted before seeking medical marijuana.
- Adults in their early twenties and younger should avoid using any cannabis as the brain has not fully developed and matured. Failing to avoid cannabis use may cause acute psychosis, behavioural changes and their sense of coordination could diminish.

## Results

Medical marijuana is believed to have a wide range of benefits but because it has a long history of being an illegal substance these health benefits are often overlooked. It has been widely used recreationally, dating back hundreds of years ago and has proven itself to be effective in many medical treatments, management of pain, and has great therapeutic potential; it has also been said that Queen Victoria used it to help alleviate menstrual pain (Wang, Collet, Shapiro & Ware, 2008; Wight, 2011).

- Has been used extensively from textiles to remedies especially for chronic pain, as a relaxant and for its mild hallucinogenic properties (Thielmann & Daeninck, 2013).
- Main ingredient tetrahydrocannabinol (THC) is mainly used for its euphoric effect, and cannabidiol (CBD) now shows many health benefits and has interest from the medical profession

## Benefits

- A cannabidiol extract has been approved by the FDA for paediatrics with epilepsy who are resistant to other drugs. After three months, results are showing that the median seizure frequency has reduced by 35% due to the CBD (London, 2015).
- Patients with muscle wasting syndrome (cachexia) especially those with HIV/AIDS have managed to increase their appetite by using marijuana (Thielmann & Daeninck, 2013).
- Clinical trials have shown its effectiveness as an antiemetic for nausea and vomiting in cancer patients also the effect of an analgesic (Bagshaw & Hagen, 2002).

## Negatives

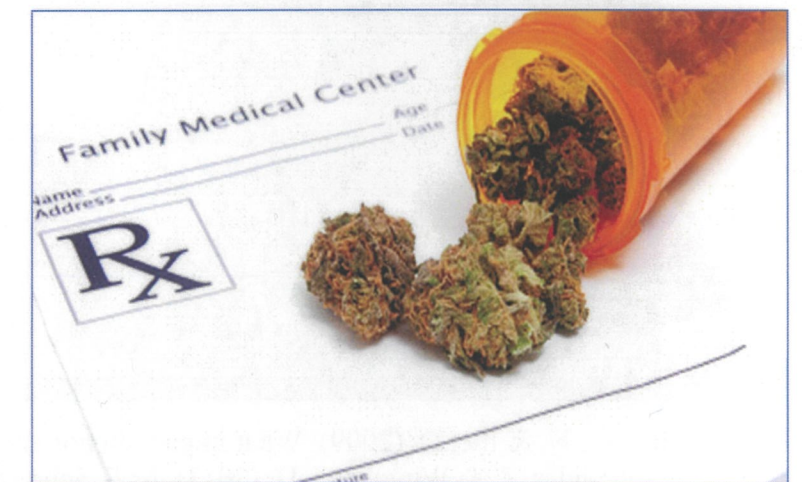
- High levels of THC can help manage severe pain similar to codeine, however it can also cause heavy sedation and side effects included heavy sedation, blurred vision, altered perception, somnolence and incompetence to coordinate voluntary muscle (Thielmann & Daeninck, 2013).
- People aged 25 years and under exposed to high levels of THC are at high risk of these negative effects including psychosis (Kahan & Srivastava, 2014; Thielmann & Daeninck, 2013).

## Implications and Conclusion

There is not enough relevant and recent literature or large enough trials to get a comprehensive understanding of the positive and negative effects of medical marijuana and cannabis. Therefore more trials and testing will need to be undertaken. Decriminalisation of marijuana for medical purposes may need to be put in place to help de-stigmatise the herb.

However, with many promising and positive effects of medical marijuana, it would be good for pharmaceutical companies to test therapeutic dosing that can achieve efficacy with minimal to no adverse effects. With potential benefits this may end patients suffering and give them a better quality of life.

It is not yet legal in New Zealand. I believe it should be for medical treatment when other treatments have failed or if the quality of life is better with the use of marijuana.



Bagshaw, S.M. & Hagen, N.A. (2002). Medical efficacy of cannabinoids and marijuana: A comprehensive review of the literature. *Journal of palliative care*, 18 (2), 111-122. Retrieved from ProQuest Central.

Kahan, M. & Srivastava, A. (2014). New medical marijuana regulations: the coming storm. *Canadian Medical Association Journal*, 186 (12), 895-896. doi: 10.1503/140309

London, S. (2015). Cannabinoid therapy promising in pediatric epilepsy. *Clinical Psychiatry News*, 43(4), 29. Retrieved from Gale Cengage

Thielmann, A. & Daeninck, P. J. (2013). Medical marijuana in cancer: Harmful or harm reduction? *Clinical Practice*, 10 (3), 371-381. doi: 10.2217/cpr.13.15

Wang, T., Collet, J. P., Shapiro, S., & Ware, M. A. (2008). Adverse effects of medical cannabinoids: a systemic review. *Canadian Medical Association Journal*, 178, (13), 1669-1678. doi: 10.1503/cmaj.071178



## Rationale

I have chosen to express my clinical issue in a poster form. I believe by doing this I can portray and express the contents on a piece of paper with eye attracting colour and pictures with the use of words that have been carefully laid out so that the message is understood by the readers wanting to know more about the issue. A study has been conducted to prove that posters have a more visual appeal to participants and was successful in capturing their attention and portraying information (Rowe & Ilic, 2009). Also the poster can easily be placed on walls or notice boards. With it being in a poster form I believe that the reader can quickly read it to get a general understanding without it taking up too much of their time. This is also easy to photocopy so the reader can take it home if they wish to, and of course the intent of the poster is so the reader becomes engaged and itching to know more about the dilemma so therefore they may read the article.

## PICOT model (Schneider & Whitehead, 2013)

PECOT	Research question	Rationale
Population/Problem	Adolescence Majority of people 25 years and over	To have minimal effect on the developing brain. Unless no other treatment has worked and the benefits out way the cons then using medical marijuana younger than 25 years of age maybe considered.
Intervention	Patients with no relief from traditional pharmaceutical drugs	Otherwise these patients will still be suffering from pain or other side effects
Comparison	The use of controlled medical marijuana in conjunction of those having traditional analgesic or placebo	To find a control and to see wether there is a considerable difference in alleviating pain or symptoms compared to traditional or placebo
Outcome	Will the use of medical marijuana help management and/or decrease pain and unwanted symptoms	To explore a larger variety of other unconventional methods of analgesics for further development as approved pharmacological therapy.
(Timeframe)	N/A	N/A

Rowe, N. & Ilic, D. (2009). What impact do posters have on academic knowledge transfer? A pilot survey on author attitudes and experiences. *BMC Medical Education*, 9(71). Doi:10.1186/1472-6920-9-71  
Schneider, Z. & Whitehead, D. (2013). In Z. Schneider & D. Whitehead (Eds.), *Nursing and Midwifery Research methods and appraisal for evidence-based practice* (4<sup>th</sup> ed.) (pp.57-76). NSW, Australia: Elsevier.