



# Medical Marijuana. Yes? or No?

*Should medical marijuana be legalised in New Zealand, to support people living with chronic pain?*

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## Introduction

There is much discussion in New Zealand at the moment about whether medical marijuana should be legalised or not for people living with chronic pain. In 2016, Australia passed a legislation that allows the cultivation of cannabis for medical or scientific purposes, and this scheme aims to pave the way for patients with painful and chronic conditions access to medical marijuana (Beech, 2016). Marijuana products are a class B1 controlled drug, which means that they require Ministerial approval before they can be prescribed, supplied or administered, this is in accordance with regulation 22 of the Misuse of Drugs Act 1977 (Ministry of Health, 2016). Clinical and scientific evidence is limited when it comes to the use of marijuana and marijuana derived products, which means that there is a need for higher quality research. There is some evidence that shows that marijuana products can help with nausea and vomiting, anxiety, sleep problems, muscle problems, movement problems and lastly, long-lasting pain management (Drug foundation, 2015).

## Implications

- Because medical marijuana, and marijuana products are not approved in New Zealand, medical practitioners need to be aware of the correct information to give to patients. Educating patients on the physical and psychological effects of marijuana, and the fact that it is not yet a legal drug in New Zealand to prescribe, unless the patient has multiple sclerosis.
- Informing the patient of the process that has to be followed if they want to gain access to medical marijuana, and prepare them for the fact that it could be a lengthy process and is more than likely to be denied use. Care must be taken to also educate patients on the laws around using illegal drugs in New Zealand.
- One of the serious implications would be the challenges of treating a patient with opioids, as they are highly addictive. All patients should be screened for vulnerabilities to addiction and other mental illnesses before being prescribing any opioids.

## Recommendations

- Marijuana should only be used for conditions such as: chronic pain for which all other pain management has been exhausted and found ineffective, or has unwanted side effects (NCPIC, 2014).
- Finding alternatives for the patient other than smoking is an effective way of reducing the damage that can be done from inhalation of smoke, as well as the second hand smoke that could affect anyone, especially children, that are around a person who are smoking marijuana as one smoke can cause as much damage to the lungs as 5 cigarettes (Drug-Free World, 2016).
- Compassionate grounds, a strategy should be put in place, so that people who are living with a debilitating or chronic illness be authorised to use raw marijuana under medical supervision if it would cause relief from the symptoms they are suffering from, especially when conventional opioid treatments have failed to provide the relief that is needed.
- The Misuse of Drugs act 1975, is now over 40 years old, and I think that it should be reviewed more regularly to keep up with the quick development and introduction of new and more beneficial pain management systems (Law Commission, 2010).

## Conclusion

Although marijuana has been used safely throughout history for medical use, it is still illegal under current New Zealand laws, and in order to use it, it must either be decriminalised, or you have to apply using the correct channels. The research process for making medical marijuana products is a long and lengthy process, and clinical trials need to be completed. There needs to be more research done into the side effects, and long term effects of the use of medical marijuana. Chronic pain sufferers will benefit from a new and more effective type of pain relief as a last resort to those who have exhausted all opioid pain management plans. Given that at our fingertips is an effective pain management treatment that can help people suffering from debilitating illnesses where no other treatment exists, not prescribing medical marijuana may be considered to be unethical and even negligent.

## References

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**Rational for poster choice:**

I have chosen to do a poster because, I think that posters are the most effective medium for stimulating learning, and developing vital skills that are associated with information gathering, analysis and dissemination of information, particularly when it comes to relevant evidence-based practice (Conyers, 2003). They can catch the eye of a person walking by, and share with them current topic information, whether they be on a clinical, or non-clinical level (Maiocco, 2002). Posters are a cost effective ways of presenting information. I feel that because the information is static, a nurse, or other health care professional can refer to it, or refer a colleague or patient to it. It also has the ability to be used in multiple healthcare settings. My poster explains in a quick and clear way why my project is important, what my literature review findings mean, my thoughts on the topic, and it presents further learning opportunities for others to benefit from. Its shows my ability to integrate and apply information outside my educational setting and into an everyday healthcare setting.

PECOT category	Information relating to question	Explanation
Population	Adults between 5-65 who live with chronic pain.	This is because people live with chronic pain at all ages.
Exposure (intervention)	People who live with chronic pain, and have used medical marijuana, or are using medical marijuana. Also the legality in New Zealand around the use of medical marijuana.	I will be looking for articles that use medical marijuana to deal with chronic pain management, and also ones that talk about the legalisation of medical marijuana in New Zealand as it relates to pain management.
Comparison / Control	People using legal synthetic opioids. Also other countries who have already approved medical marijuana for patient use.	To be able to compare the difference in using legal pain management systems.
Outcome	The implications of legalising medical marijuana and the effects that this has on people with chronic pain.	This is so that I can see what the issues would be with legalisation, and how probable it is to say yes to legalising medical marijuana in the future.
Time	Long term.	This is for long term management of chronic pain.

**Reference:**

Conyers, V. (2003). Posters: An assessment strategy to foster learning in nursing education. *Journal of Nursing Education*, 42(1), 38-40.

Maiocco, G. (2002). Posters give nursing staff consistent information. *Critical care nurse*, 22(2), 152.