2018 NCSBN Scientific Symposium - Regulation: Panel Discussion Video Transcript

Event
2018 NCSBN Scientific Symposium

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Presenter
Moderator: Maureen Cahill, MSN, RN, Associate Director, APRN, Nursing Regulation Administration, NCSBN

- [Maurine] Hello, everybody. Yeah, you got it too. I am Maurine Cahill with the National Council of State Boards of nursing and as Kathy mentioned, I was on the Marijuana Committee and I'm glad she mentioned that the copies of the journal supplement are in the back, should you wish.

So, while the pails coming up and I'm going to introduce our other two guest panelists, how long do you think marijuana has been in use for human conditions? There's evidence that it's been around and used for 5,000 years. Now, interestingly, there is not evidence basis of its use, just that it's been used.

It's amazing to think about an agent that's been around and been in use widely for so long with so little evidence of its use and it has a lot to do with what Cathy talked about in the conundrum of accessing research or the agent for research. So, let me introduce our two guest panelists. Karen Scipio-Skinner has served as Executive Director for the District of Columbia Board of nursing since 2002.

Prior accepting her current position, she was the nurse associate for Practice Education and Policy for the DC Nurses Association. She received her BSN from North Carolina, AT&T University, A&T University. And her MSN from Catholic University of America.

Ms. Skinner has served on numerous boards and commission. Most recently, she served as an at-large member on NCSBN's board of directors and represented NCSBN on the Board of

review. And I will also share with this group that I had somebody who was a former leader of the American Association of Cannabis nurses contact me who was not aware of that study.

So, when you look at that website, there's a lot of popular literature on there and I really encourage them to refer to the National Academy of Sciences because I think that's really a gold standard right now.

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And when you look at that, some of them are boosting the THC content, which is the cognitive effect from cannabis, but some of them are reducing it down to almost an imperceptible. So, as we get new formulations... And you heard about all the various ways you can take cannabis, we've got a lot of variables to keep track of here in terms of what may have evidence about.

While we still have a problem getting the agent for research purposes because of the federal prohibition, the one thing we do have right now is access to a lot more patients who are actually using it. So, there can be research at the user end, and we're hoping that there will be new evidence that'll come out of that. Let me ask another question, this time a little bit more regulatory.

In your states and territories, what parts of your regulation do you feel are working well and what parts do you think maybe still needs some refinement or adjustment?

- Around this issue around medical marijuana? Currently, we have nothing in our regulations that address medical marijuana, except that if you recommend more than 250, you have more than 250 recommendations within a year's time, the person comes before the board or is reported to the board.

[Inaudible] And essentially, it's not a discipline matter, but I would guess if a nurse is reported to the board, she probably would question whether or not it's considered discipline. So, what we did was we were auditing her records, so making sure that she complied with the requirements that she did an assessment that she specified the condition and that.

So, we've done that and she's done exactly what she was supposed to do as opposed to some of our other colleagues whose information wasn't quite as detailed as hers was. So, I'm pleased that our one nurse practitioner did what she was supposed to do.

But for DC, it's not just with nurse practitioners, it's all...any APRN can prescribe it, but my guess is it will probably be primarily nurse practitioners. But we are going to look to the guidelines to put something in our APRN regulations because I don't want them to be caught not knowing what they need to do in order to comply with what is in the law.

Yeah.

- Very helpful. Christine, how about for you?

- So, we... Our process a little bit different, I think, in Canada. The regulations are... First, the statute than the regulation. And so, government's regulation have nurse practitioners defined as one of the healthcare practitioners that can prescribe or authorize medical use of marijuana.

So, fro

- Opioids, yes. And we've ended up with all sorts of unintended consequences. So, I am of the persuasion that we do need regulation, but if we're going to say in a state like Washington that you can just go out and buy marijuana, I'm not sure what the regulations really do.

- Very good. I'm glad Kathleen mentioned opioids because that's my last question and then you guys can get ready with your questions. But one of the trends, I would say, that we're seeing in legislation, in bills that are coming forward... We're certainly still seeing expansion of medical marijuana programs.

We're still seeing expansion of recreational. If anybody's here from Massachusetts, I believe you start January 1. But we are seeing bills that are intended to maybe move patients who are on long-term opioid use to marijuana use for pain or to substitute... Perhaps we're treating addiction more than we're treating the pain.

I was recently at the addiction psychiatry meetings and there was a lot of discussion at that meeting about the potential to get patients if we can't get them into medication-assisted treatment because we don't have enough providers for that or enough facilities to provide. Could we get more patients moved from opioids to marijuana?

I believe, and I see Michelle is here. You know, we watched Illinois. I think there was a bill in Illinois that suggests that you could take in your opioid prescription and trade it for a medical marijuana access. So, that's a new sort of style kind of thing we're seeing.

A new direction is going in. And so, let me ask you guys that question. Are you getting more pressure about using the medical marijuana programs as an adjunct or a solution for opioid dependency?

- Well, I can't answer that question from the perspective of the state. I can tell you that that's something that we hear people say a lot when we have conversations about opioids.

We just at... Our university did a DNP day and I created a panel of people around the opioid issue including the governor's health policy advisor, people from Department of Health and someone who works in a treatment center for opioid use disorder. And so, the issue of marijuana and substitute for opioids came up and Tracy was telling me yesterday mentioned in her talk about New York now has this law that it can be substituted for opioids and it can be used for opioid treatment.

And, again, what is the evidence that we have that, you know, really the approach that I think we need to take for dealing with the opioid epidemic is prevention and then reduction in use for those who are existing users. And in Washington, we have just... The Nursing Commission just adopted the new opioid regulations that we're going to have that are both for acute and chronic non-cancer pain.

Previously, our rules were just about chronic non-cancer pain. And I think we want to be really careful that we don't say, well one substance is better than another because I don't think we have anything to base that on.

- How about others of you? Anything there about the...

Not as many people are going to be using it in the medical marijuana sense because I can go to my local store. There's someone there who knows, he's taken a course and he knows what to say to me. I think one of the difficulties, and you've mentioned it before, the challenges is that it's difficult for researchers to get ahold of medical marijuana, it's difficult for them to do the research.

And I agree with you, I think that we have to start looking at other countries to see what the evidence is. The idea that marijuana has been around for a thousand years, 5,000 years at 3% THC levels, 3% to 17% THC levels. We're talking now about marijuana being sold in Canada that has 35% THC level. We're talking about in year edibles. We're talking about California with that butter or shatter 92%, 94% THC levels.

That's a whole different range of it... It changes the nature of the research. How in the world are you going to do research with 93 different varieties with 100 different levels of THC and CBD?

So, although I feel we need the research and I feel particularly for specific conditions that we need to get that done, I'm not sure that the money's there, the interest is there or that our capability is there. So, I would say that as nursing and nursing regulators and nurses within, that we need to lobby and advocate that the federal government's wherever, or you're provincial, or territorial make a stand and say we are going to fund this, we are going to research it because.

Because if we don't, it's not going to happen. Canadian Medical Association has come out and pretty much said they want nothing to do with it. What they're saying now to their practitioners are, "There's not enough evidence if you want to prescribe it, that's on you, not us." So, we've been there. We don't have support. So, I guess in summary, I think as nurses, if we want to be able to advocate for our patients and say, "Yes, if you have ALS, this is probably this strain with this much THC and this much CBD and this much whatever else is in there."

Then we have to be a little bit stronger and quicker and more nimble because in four years, this isn't going to matter a hill of beans.

- The places too that still have some, you know, sort of conundrums for nursing, obviously, school nurses where children may be in the schools who are on cannabidiol for seizures. And in some cases, those nurses need to be able to administer. And in some states, they are allowed. In our guidelines, we talked about the caregiver role.

So, a lot of medical marijuana programs have a designated assistant if the patient can't administer for themselves. And the nurse could become a registered caregiver in some states. These are still widely variable realities and I think we learn kind of as we go. But, again, I think for us, the big important thing was get the conversation started.

These people are out there. They are trying, either in medical programs or in recreational programs and nurses are going to confront them and like any other condition, we need to be able to say we have some knowledge to do that. Go ahead, Michelle. - [Michelle] Hi, Michelle Bremerich, Illinois. Recently...