

Essential Knowledge on Care and Considerations of Patients Using Medical Marijuana

Morten Hesse*

Centre for Alcohol and Drug Research, Aarhus University, Denmark

Introduction

The nurse must have a solid understanding of the present condition of medicinal and recreational cannabis legalization. Cannabis is classified as a Schedule I controlled substance by the Drug Enforcement Administration (DEA). This categorization forbids not only practitioners from prescribing cannabis, but also most cannabis-related research. Obtaining cannabis for government supported research is a time-consuming process. Currently, the University of Mississippi is the only legal source of cannabis for research purposes, and it is grown in small quantities. The Drug Enforcement Administration (DEA) sets an annual limit for cannabis grown for research purposes. Over 31 jurisdictions (including the District of Columbia, Guam, and Puerto Rico) have approved legislation allowing for the medical use of cannabis [1].

Description

The jurisdiction has enacted exemptions in these statutes that legalize the use of cannabis for medical reasons despite the fact that the use of marijuana under permitted MMPs is in violation of federal law and regulations, there is currently no controlling case law stating that Congress intended to preempt the realm of cannabis regulation under its supremacy powers. The federal government's stance on pursuing cannabis usage that is permitted under applicable jurisdiction law has been laid forth in position papers issued by the US Department of Justice. The US Attorney General issued a statement in 2009 discouraging federal prosecutors from prosecuting anyone who distribute or use cannabis for medical purposes in accordance with applicable jurisdiction law; similar statements were issued in 2011, 2013, and 2014. 9 The previous nationwide recommendation pertaining to marijuana enforcement was repealed by the US Attorney General's Office in January 2018. The 2018 memorandum¹⁰ states that while determining whether cases to pursue, federal prosecutors must consider all relevant factors, including the attorneys general's goals, the nature of the offence, and other factors [2].

The severity of the crime, the deterrent effect of criminal prosecution, and the cumulative impact of specific offences on the community are all factors to consider. The nurse must have a basic understanding of MMP concepts. MMPs are defined and specified in the specific jurisdiction's statutes and norms. The appropriate statutes or rules can be easily found through the Department of Health and MMP in the jurisdiction. 11 MMP laws and regulations are always changing. Always double-check that you're using the most recent version. Cannabis is not prescribed by a health care practitioner. The MMP will outline the qualifying conditions, as well as the certification process and the types of health care providers who can certify a qualifying condition. The MMP will state whether a qualified condition can be certified by an advanced practice registered nurse [3].

To participate in certifying an MMP qualifying condition, you must take a course or receive training. The patient registers with the MMP after the qualifying condition is certified. The patient can receive cannabis from a jurisdiction-authorized cannabis dispensary

after registering. The patient and/or the patient's chosen caregiver are the only ones who can obtain and administer cannabis for medical purposes.

The MMPs will state whether or not designated caregivers are permitted, as well as the process for becoming a designated caregiver. The MMP authorizes an employee of a hospice provider, nursing home, or medical institution, as well as a visiting nurse, personal care attendant, or home health aide, to function as a designated caregiver for the administration of medicinal marijuana in specific counties. The nurse must have a general awareness of the situation. The endocannabinoid system, cannabinoid receptors, cannabinoids, and their interconnections are all discussed. Endocannabinoids, cannabinoid receptors, and the enzymes that synthesize and degrade endocannabinoids make up the endo cannabinoid system. This system, discovered in 1973, consists of a network of cannabinoid receptors embedded in cell membranes throughout the body that, when triggered by endocannabinoids, are thought to support homeostasis. Endocannabinoids are molecules that naturally occur in the body, whereas phytocannabinoids (plant substances that excite cannabinoid receptors) are found in cannabis [4].

Conclusion

Tetrahydrocannabinol (THC) is the most well-known of these cannabinoids, but cannabidiol (CBD) and cannabitol (CBN) are gaining popularity for medicinal usage. Increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety, impaired attention, memory, psychomotor performance, and symptoms associated with asthma, bronchitis, and emphysema, as well as exacerbation of poor balance and posture in patients with dyskinesia disorders [5]. Fatigue, suicidal ideation, nausea, asthenia, and vertigo occur less commonly. Hyperemesis syndrome is a condition produced by excessive ingestion of edible cannabis products, which can result in higher than usual THC amounts in the blood.

Conflict of Interest

None

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*Corresponding author: Morten Hesse, Centre for Alcohol and Drug Research, Aarhus University, Denmark, E-mail: morten.hesse4@gmail.com

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