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Identifying Medical Marijuana Patient Barriers and Strategies to Overcome

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Background & Significance

- Marijuana has been used globally to treat varying ailments for a millennia
- **Medical marijuana:** The use of the cannabis plant for the purpose of treating medical conditions
- Active ingredients: Delta-9-tetrahydrocannabinol (THC) & cannabidiol (CBD)
- Administration of medical marijuana includes oral ingestion or inhalation via smoke or vaporization
- 1930s – Prohibition of marijuana in the U.S. → Halted research into medicinal and therapeutic components of the cannabis plant
- 1996 – Passing of proposition 215 in California → Created framework of decriminalization of medical marijuana
- 2016, January – Twenty-five states + District of Columbia have legislation that approves the use of medical marijuana for therapeutic purposes
- **Current** – inhaled marijuana not federally approved as form of therapeutic treatment making it a Schedule I drug.
- Benefits to ailments including multiple sclerosis, epilepsy, chronic/severe pain, HIV/AIDS, gastrointestinal disorders, glaucoma, post-traumatic stress disorder (PTSD), eating disorders, cancer and chemotherapy induced nausea/vomiting

Benefits

- Euphoria or pleasure
- Relaxation
- Appetite stimulation
- Alleviation of nausea & vomiting
- Pain relief
- Decreased muscle spasticity
- Reduction of glaucoma eye pressure
- Sleep quality improvements
- Reduction of nightmare frequency

Adverse Effects

- Long-term effects limited
- Sensation of panic attack, anxiety, and depression (first time users)
- Increased heart rate
- Possible connection to hypotension

Statement of Purpose

- To identify barriers that patients as it related to medical marijuana
- The identification of barriers allows for healthcare providers to set forth a plan to overcome barriers through interventions
- Thus allowing healthcare professionals to better serve patients

Research Questions

1. What are patient barriers to the use of medical marijuana?
2. What interventions can healthcare providers utilize to minimize patient barriers?

Methods

Research Design: Integrative literature review to determine patient barriers and provider interventions

Literature Search Strategies: Search platforms included PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycInfo. Key words varied from *marijuana OR cannabis, barriers, stigma, therapy OR therapies OR therapeutic* and included multiple qualifying conditions.

Inclusion and Exclusion Criteria: Articles were peer-reviewed from academic journals over the last ten years. Articles focused on marijuana research that investigated barriers and interventions. Articles that indicated the use of marijuana as an illicit drug rather than in a medical treatment were excluded.

Data Synthesis & Analysis: Research was organized into a matrix – article, search platform, summary, identified barriers, and identified nursing/provider interventions. Common themes were among barriers and interventions were found within the selected articles.

Results

Six studies were selected for inclusion

An analysis of the reviewed literature exposed several themes

Identified Themes	Number of Studies Theme was Indicated
<i>Patient Barriers</i>	
Stigma	2
Affordability	2
Provider Availability	4
Legality	2
<i>Nursing/provider Interventions</i>	
Comfortable environment	3
Patient and family education	4

Discussion

Barriers

- **Stigma**
 - Historical implications of marijuana and misinformation about therapeutic treatment
 - Stigmatized as drug addicts, criminals, and potheads
 - Stigma associated with their illness or disease that qualified them for medical marijuana
- **Affordability**
 - Costs reported were not limited to the purchase of medical marijuana
 - Application fees, physician fees for the application process, and annual renewal fees
 - Out-of-pocket expense, not covered by insurance
- **Provider Availability**
 - Difficulty finding qualified providers or willing to prescribe vs other medications
 - Regional differences – dispensaries, qualifying conditions, varying laws
 - CTP users reported access to medical expertise and services was limited
- **Legality**
 - Possible repercussions – workplace, crossing borders and general travel, home insurance, possible arrest
 - Varying qualification requirements/conditions between regions

Provider Interventions

- **Comfortable Environment**
 - Open and safe environment – accurate health history and inquiries
 - Provider initiate open dialog about alternative treatment including medical marijuana
- **Patient and Family Education**
 - Traditional patient education of medical marijuana use – include family
 - Aiding patients in the qualification process

Conclusion/Relevance

- The identification of patient barriers and nursing/provider interventions need to be further researched
- Individuals will seek care when their perception of their health status is at risk
- Barriers can affect an individuals willingness to seek care.
- Providing interventions to overcome barriers can alter an individuals perception of their health status
- As the trend toward decriminalization continues further research into patient barrier and provider interventions needs to be conducted
- Nurses are uniquely positioned to utilize identified interventions via direct access to patients which provides more patient centered care

Limitations – was not limited to a geographical area, doesn't apply to pediatric patients and currently FDA approved drugs Marinol and Cesamet.