Identifying Medical Marijuana Patient Barriers and Strategies to Overcome

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Identifying Medical Marijuana Patient Barriers and Strategies to Overcome

Angelina C. Lynch | DePaul University | Masters of Entry into Nursing Practice

**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
- 1930’s - Prohibition of marijuana in the U.S.
- 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 1 drug
- **Stigma** associated with their illness or disease that qualified them for medical marijuana

**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 barriers, stigma, therapy OR therapies OR therapeutic and included multiple qualifying conditions.

**Inclusion and Exclusion Criteria:** Articles were peer-reviewed academic journals. 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

<table>
<thead>
<tr>
<th>Identified Themes</th>
<th>Number of Studies Theme was Indicated</th>
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<tbody>
<tr>
<td><strong>Patient Barriers</strong></td>
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<td><strong>Nursing/provider Interventions</strong></td>
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<td>Comfortable environment</td>
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<tr>
<td>Patient and family education</td>
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**Discussion**

**Stigma**
- Historical implications of marijuana and misinformation about therapeutic treatment
- Stigmatization 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

**Legality**
- Possible repercussions – workplace, crossing borders and general travel, home insurance, possible arrest
- Varying qualification requirements/conditions between regions

**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 need 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 Cesarett