

## **Scope and Standards of Practice**

### **Cannabis Nursing**

DRAFT

# Scope of Cannabis Nursing Practice

## Prepared by:

### **American Cannabis Nurses Association Credentialing Committee / Task Force Members**

Deanna M. Collins Sommers PhD, MSN, RN, PNP-PC - Chair  
Connie Pascal PhD-LIS, MCIS – Contributing Editor  
Llewellyn Dawn Smith MSN, RN-BC – ACNA President (2021-2022)  
Holly Watson-Evans MS, APRN, FNP-BC, PMHNP-BC  
Graciela Hammel BSN RN  
Sherry Kay Schreiner-Beckwith MSN, RN, MS MCST  
Dominique Fontaine BSN, RN, HNB-BC, HWNC-BC  
Brenda McNeely MA, BSN, RN-BC, NPD-BC  
Lora Wade LPN

### **Reviewers**

Carey S. Clark PhD, RN, AHN-BC, RYT, FAAN  
Sarah Cohen RN  
Alice O’Leary RN  
Mary Lynn Mathre RN  
Eloise Theisen MSN, AGPCNP-BC

### **ANA Staff**

Carol J. Bickford, PhD, RN-BC, CPHIMS – Content editor

Disclaimer: Nurses must be aware that cannabis and most cannabinoids are federally illegal. They must also be knowledgeable about their state's delineated scope of nursing practice and consider the legal status of cannabis in the given state where the practice occurs. The American Cannabis Nurses Association (ACNA) is not responsible for an individual nurse's interpretation or misuse of the document.

DRAFT

Our first journey is to find that special place for us.

So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.

Nursing is a progressive art such that to stand still is to go backwards.

*Florence Nightingale, (1859)*

DRAFT

## Contents

<a href="#">Scope of Cannabis Nursing Practice</a> .....	1
<a href="#">Professional Practice Settings for Cannabis Nurses</a> .....	3
<a href="#">Summary of Available Educational Programs and Resources for Cannabis Nurses</a> .....	4
<a href="#">University degrees and college-based training programs</a> .....	5
<a href="#">Medical cannabis certificate programs and continuing education units</a> .....	6
<a href="#">Education resources and current textbooks for cannabis nurses</a> .....	7
<a href="#">Summary of research journals dedicated to the therapeutic use of cannabis</a> .....	9
<a href="#">Professional associations for cannabis healthcare providers</a> .....	9
<a href="#">History of Cannabis as Medicine</a> .....	10
<a href="#">Cannabis becomes regulated in the U.S.</a> .....	10
<a href="#">Nurses evolve into advocates for cannabis healthcare consumers</a> .....	12
<a href="#">Founding of the American Cannabis Nurses Association</a> .....	13
<a href="#">Establishment of formal guidelines for cannabis nurses</a> .....	14
<a href="#">Current Use of Therapeutic Cannabis in the United States</a> .....	16
<a href="#">Legalization of Cannabis in the United States</a> .....	17
<a href="#">Summary of Qualifying Conditions and Evidence of Benefits, Risk, and Adverse Effects</a> .....	18
<a href="#">Health Benefits of Cannabis Therapeutics</a> .....	20
<a href="#">Health Risks of Cannabis Therapeutics</a> .....	21
<a href="#">Adverse Side Effects of Cannabis Therapeutics</a> .....	21
<a href="#">Summary of Cannabis: A Handbook for Nurses - Ch 5 by Clark, Parmalee, &amp; Ochester (2021)</a> .....	22
<a href="#">Definitions, Guiding Principles, Core Value, and Practice Settings</a> .....	23
<a href="#">Definitions of Terms</a> .....	24
<a href="#">Advanced Practice Registered Nurse</a> .....	24
<a href="#">Cannabinoid(s)</a> .....	24
<a href="#">Cannabis</a> .....	24
<a href="#">Cannabis Therapeutics. The products formulated from the botanical cannabis plant used for its curative and healing properties for improving human well-being and homeostasis, the treatment of acute and chronic health conditions and symptoms, and for enhancing human joy, spirituality, connections, and happiness.</a> .....	24
<a href="#">Competence</a> .....	24
<a href="#">Competency. A</a> .....	24
<a href="#">Registered Nurse</a> .....	25
<a href="#">Endocannabinoid System (ECS)</a> .....	25
<a href="#">Entourage Effect</a> .....	25
<a href="#">Evidence-Based Practice (EBP)</a> .....	25
<a href="#">Graduate-level Prepared Registered Nurse. A registered nurse prepared at the master's or doctoral educational level; has advanced knowledge, skills, abilities and judgment; functions in an advanced level as designated by elements of the nurse's role; and not required to have additional oversight. (Nursing: Scope and Standards of Practice, Fourth Edition, 2021, p. 112)</a> .....	25
<a href="#">Healing</a> .....	26

<a href="#">Healthcare Consumer</a> .....	26
<a href="#">Health</a> .....	26
<a href="#">Health or Wellness-Illness Continuum</a> .....	26
<a href="#">Homeostasis</a> .....	26
<a href="#">Human Caring</a> .....	26
<a href="#">Nursing. Nursing integrates the art and science of caring and focuses on the protection, promotion and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presidents. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity. (Nursing: Scope and Standards of Practice, Fourth Edition, 2021, p 1)</a> .....	26
<a href="#">Nursing Process</a> .....	26
<a href="#">Medical Marijuana Program (MMP)</a> .....	26
<a href="#">Recommendation of Cannabis</a> .....	26
<a href="#">Social Determinants of Health</a> .....	27
<a href="#">Stakeholder</a> .....	27
<a href="#">Terpenes/terpenoids</a> .....	27
<a href="#">Descriptions - Philosophical Principles of Cannabis Nursing</a> .....	27
<a href="#">Core Values of Cannabis Nurses</a> .....	27
<a href="#">Evidenced-based practice</a> .....	28
<a href="#">Application of caring and social justice-based ethics</a> .....	28
<a href="#">Patient-centered care</a> .....	28
<a href="#">Interprofessional healthcare teamwork</a> .....	28
<a href="#">Holistic-based practice</a> .....	29
<a href="#">Development of Standards of Practice and Professional Performance for Cannabis Nurses</a> .....	29
<a href="#">Standards of Practice for Cannabis Nurses</a> .....	30
<a href="#">Standard 1: Assessment</a> .....	30
<a href="#">Standard 2: Diagnosis</a> .....	32
<a href="#">Standard 3: Outcomes Identification</a> .....	33
<a href="#">Standard 4: Planning</a> .....	34
<a href="#">Standard 5: Implementation</a> .....	36
<a href="#">Standard 5A: Coordination of Care</a> .....	38
<a href="#">Standard 5B: Health Teaching and Health Promotion</a> .....	39
<a href="#">Standard 6: Evaluation</a> .....	39
<a href="#">Standards of Professional Performance</a> .....	40
<a href="#">Standard 7: Ethics</a> .....	40
<a href="#">Standard 8: Advocacy</a> .....	42
<a href="#">Standard 9: Respectful and Equitable Practice</a> .....	43
<a href="#">Standard 10: Communication</a> .....	44
<a href="#">Standard 11: Collaboration</a> .....	45
<a href="#">Standard 12: Leadership</a> .....	46
<a href="#">Standard 13: Education</a> .....	47
<a href="#">Standard 14: Scholarly Inquiry</a> .....	48
<a href="#">Standard 15: Quality of Practice</a> .....	49
<a href="#">Standard 16: Professional Practice Evaluation</a> .....	50

[Standard 17: Resource Stewardship](#) ..... 51  
[Standard 18: Environmental Health](#) ..... 52  
[Conclusion Revise and position at the end of the scope statement.](#)..... 53  
[References](#)..... 56

DRAFT

### **Scope of Cannabis Nursing Practice**

The discovery of the endocannabinoid system has led to an emerging field of scientific research about cannabis. Licensed practical nurses, registered nurses, master's prepared nurses and advanced practice nurses have begun to observe an increase in healthcare consumers use of cannabis at a rate that is outpacing nurses' knowledge and acceptance of cannabis as a medicine. Cannabis healthcare consumers are currently obtaining their information and medical guidance from untrained, non-medical professionals. It is common for retail workers in dispensaries to provide advice on how to use medical cannabis along with or instead of other treatment modalities.

Recognizing the importance, the nurse's role in protecting healthcare consumers, the American Cannabis Nurses Association (ACNA) proposes that the cannabis registered nurse, master's prepared nurse and advanced practice nurse involved with medical cannabis develop and demonstrate their requisite knowledge and skills that display competency in this evolving specialty (ACNA, Scope and Standards, 2019). The ACNA prides itself on embracing diversity, equity, and inclusion, for all members of the nursing community, including Licensed Practical/Vocational Nurses (LPNs/LVNs) and registered nurses with undergraduate, graduate, doctoral degrees, and affiliate members. The ACNA believes it is critical to provide authentic leadership and mentoring for nurses to fully practice cannabis nursing at the level of their education, training, and licensure (Institute of Medicine, 2010). The ACNA's mission and vision is to "improve healthcare outcomes by empowering pathways for cannabis education and competency through wisdom, compassion, integrity, and social justice principles" (ACNA, 2021).

Cannabis nursing is described as a specialty practice focused on care of healthcare consumers seeking education and guidance in the therapeutic use of cannabis (ACNA, 2019). Cannabis nurses provide for the safe and effective use of products containing cannabis and

cannabinoids when managing the process of supporting the cannabis healthcare consumer's potential endocannabinoid system (ECS) upregulation and homeostasis. More importantly, cannabis nurses use a holistic approach which incorporates such elements as exercise, dietary and lifestyle changes, and modalities that are known to support optimal homeostasis, well-being and healing into the delivery of care. The cannabis nurse applies their nursing education and knowledge of evidence-based research to educate, care, reduce harm, and coach cannabis healthcare consumers, caregivers, family members, and other healthcare providers in the use of botanical cannabis and cannabis therapeutics. As described by the ACNA website (2022) and Clark (2021), the practice of a cannabis nurse encompasses competencies unique from other nursing specialties. Cannabis nurses are competent nurses with knowledge of the human endocannabinoid system (ECS),

Cannabis and cannabinoids, terpenoids, cannabis laboratory testing requirements, cannabis and cannabinoid therapeutics, potential medication interactions, adverse effects, risk and benefits, current body of cannabis and cannabinoid science evidence, history of cannabis as a sacred plant, holistic modalities as self-care techniques that upregulates the ECS, cannabis advocacy to support professionals and cannabis healthcare consumers, applied ethics supporting the cannabis healthcare consumer's right to autonomy and freedom of choice for healing (ACNA, 2019), and federal, state and local laws and legislative processes related to the role of cannabis advocacy (Clark, 2021).

The cannabis nurse's focus is to provide safe, high-quality nursing care, education and coaching involving cannabis therapeutics and to support and encourage healthcare consumers to participate in their healing and wellness care planning and decreasing the societal stigma associated with cannabis prohibition.

Cannabis nursing requires nurses to integrate foundational nursing competencies and cannabinoid science into their nursing practice. Knowledge of the endocannabinoid system, cannabinoids, terpenoids, cannabis laboratory testing requirements, cannabis therapeutics, potential drug-drug medication interactions, adverse effects, risks and benefits, evidence-based practice, advocacy, ethics, and the law are examples of advanced competencies required within the cannabis nursing specialty. In addition, the cannabis nurse is aware of the implications of the chronic use of cannabinoids and the potential this has on the possible downregulation of the individual's ECS. Instead, the cannabis nurse steers the cannabis healthcare consumer towards changing the function of their ECS through the prudent use of cannabinoid products and the incorporation of holistic modalities known to support homeostasis and the cannabis healthcare consumer's well-being (Clark, 2021).

### **Professional Practice Settings for Cannabis Nurses**

State laws across the United States impact the settings in which cannabis therapeutics can be accessed which affects where the cannabis nurse can provide care. Cannabis nurses function in a variety of settings where cannabis may be part of the healthcare consumer's plan for healing and palliation of symptoms. This may involve many specialty nursing areas with cannabis healthcare consumers across the life span. The cannabis nurse practices in professional settings where health care is delivered such as clinics and hospitals as well as in dispensaries and community settings. As new evidence emerges regarding cannabinoid therapeutics effectiveness for various illness, the environment location of cannabis nurse expands. Cannabis care nursing happens where the patients are at when there is recognition that the human endocannabinoid system needs to be upregulated to support homeostasis. This recognition comes from the healthcare consumer who is interested in accessing cannabis for healing and / or from the nurse who recognizes people and populations who

benefit from cannabinoid therapeutics and lifestyle changes that upregulate the endocannabinoid system (Clark, et.al, 2019).

From a personal perspective, the cannabis nurse embodies and practices a lifestyle that embraces self-care as a necessary and critical component of nursing practice. Self-care enables the cannabis nurse to maintain an optimal professional, intentional, and caring presence in all cannabis healthcare consumer interactions (American Cannabis Nurses Association, 2019).

### **Summary of Available Educational Programs and Resources for Cannabis Nurses**

Cannabis nursing education is of equal importance to evidence-based research when providing healthcare consumers with quality and safe cannabis care but limited by its availability. The six principles of essential knowledge as published by the National Council of State Boards of Nursing (NCSBN), 2018 create a solid foundation for “safe and knowledgeable nursing care for patients using medicinal and recreational cannabis” (p. S21). It should be noted the NCSBN six principles of essential knowledge have yet to be broadly recognized or implemented in U.S. nursing education programs. The complexity of providing cannabis nursing care to healthcare consumers requires specialized cannabis nursing curriculum, certification, and education programs. As it stands, nurses have historically been limited in their access to evidence-based cannabis nursing care education programs and high-quality evidence-based courses on cannabis therapeutics and pharmacology, due to this pervasive lack of cannabis care in nursing curricula.

The cannabis nursing education landscape is slowly improving and there are now a considerable number of cannabis education programs directed toward nurses, pharmacists, and other health care providers. These programs vary in rigor and curriculum and include graduate degrees, undergraduate degrees, and certifications, to continuing education units (CEUs). The

following is a high-level summary of a select group of cannabis-based degrees and programs currently being offered in the U.S. as of spring 2022.

### **University degrees and college-based training programs**

Three academic institutions are offering degrees in medical cannabis; these include University of Maryland, Thomas Jefferson University, and John Patrick University of Health and Human Services. The University of Maryland – Baltimore’s (UMB) School of Pharmacy is the first graduate program to offer a Master of Science (MS) in Medical Cannabis Science and Therapeutics. This program provides education in the following areas: basic science (pharmacology, chemistry, and medical cannabis delivery systems); clinical uses (pathophysiology, assessment, and management of conditions); adverse effects and public health considerations; and federal and state laws and policies. UMB is accredited by MSCHE, the Middle States Commission on Higher Education.

Thomas Jefferson University’s (TJU) Master of Science (MS) in Medical Cannabis Science and Business program includes classes in cannabis medicine (clinical applications, physiological impacts, therapies, and health effects); cannabis science (botany, chemistry, pharmacology, and toxicology); and cannabis business (regulations, management, operations, financial analysis, and business model innovation). MSCHE, the Middle States Commission on Higher Education. Lastly, John Patrick University of Health and Human Services (JPUHHS) offers a Master of Science (MS) in Integrative and Functional Medicine with a concentration in Cannabinoid Medical Sciences. This curriculum includes coursework on phytocannabinoid chemistry and pharmacology; interpretation pharmacodynamics; cannabis therapeutics, dosage, and toxicology; and global health laws and public health governance. JPU is accredited by the Accrediting Commission of Career Schools and Colleges (ACCSC).

**Medical cannabis certificate programs and continuing education units**

Currently there is a surge in the number of colleges and universities throughout the United States offering certificates and continuing education units (CEUs) in medicinal cannabis for nurses and other healthcare providers. The certificate programs typically offer three to four courses (8-12 credit hours) with a completion timeline ranging from six to 12 months. Pacific College and Health Sciences (PCHS) offers an accredited three course (eight credit hours) certification program to be completed in six months. The Pacific College and Health Science's Medical Cannabis Certificate program also integrates Radicle Health's online cannabis nursing curriculum modules along with intensive required readings to round out the academic offerings. This program was the first accredited medical cannabis academic certificate program offered in the United States from an accredited college. The program was initially developed for nurses, by Ph.D. prepared nurses, eventually evolving to include interdisciplinary students. The program is currently expanding to include a Medical Cannabis Master of Science degree. PCHS is accredited by WASC. Other programs such as Radicle Health offer self-paced cannabis curriculums that are nurse focused with contact hours and the ACNA offers CEU's through the webinars for members. In addition to college and university classroom instruction, there are numerous online certification programs from private vendors such as Holistic Caring and The Green Nurse that provide future cannabis healthcare providers with self-paced online modules and webinars. These private certification programs are proving popular with cannabis dispensary employers seeking to train their dispensary staff on how to communicate with cannabis consumers about their use of cannabis therapeutics. Other avenues of education that are widely available are textbooks and nursing education resources as described below.

**Education resources and current textbooks for cannabis nurses**

The following section briefly describes works published for healthcare providers by recognized cannabis healthcare experts including Dr. Carey S. Clark and Dr. Dustin Sulak as well as other prominent cannabis healthcare experts. Dr. Carey S. Clark (2021) published *Cannabis: A handbook for nurses* through Wolters Kluwer. The book was awarded second-place prize by the *American Journal of Nursing* for excellence in advanced practice nursing in 2021. This is the first textbook to provide nursing faculty / educators, nursing students, and practicing nurses with a foundational resource for cannabis therapeutics. This book focuses on the nurse's role in cannabis care and is designed to be used across all levels of curricula and supports the NCSBN's (2018) six principles of essential knowledge. The book provides instruction in nurse-driven coaching and educational interventions with cannabis healthcare consumers and includes case studies, applied nursing implications, and NCLEX style questions. In *Cannabis: A handbook for nurses, Chapter 5*, Clark, Parmalee, and Ochester (2021) described a substantial amount of current cannabis research studies on topics which include: adult chronic pain, posttraumatic stress disorder (PTSD), cancer care, cannabis, and opioids: pain and addiction, glaucoma, irritable bowel disease, and the neurologic issues of multiple sclerosis (MS), spasticity, intractable seizures, Parkinson's disease (PD) and traumatic brain injury (TBI). Clark, (2021) *Cannabis: A handbook for nurses* also delves into nursing responsibilities and skills in cannabis care as it relates to specific disease processes. It examines the physiology of the human endocannabinoid system, cannabis dosing, delivery methods, and side effects. In addition, Clark's (2021) book chapters include: 1) history of cannabis prohibition; 2) the human endocannabinoid system; 3) cannabis pharmacology; from the whole plant to pharmaceutical applications; 4) cannabidiol; 5) cannabis science: reviewing trends; 6) the nurses role: providing cannabis care; 7) advanced practice nursing considerations; 8) legal ethical,

and advocacy concerns: cannabis from the federal and state level; and 9) the cannabis care nurse's experience.

The *Handbook of cannabis for clinicians: Principles and practice* by Dustin Sulak, DO (2021) was written for physicians, psychologists, pharmacists, and nurses, focuses on the clinical use of cannabis and cannabinoid therapeutics. Based on over a decade of experience as a cannabis clinician, the book includes: a literature review, the history of cannabis in medicine, the foundations of endocannabinoid physiology, the pharmacological effects of cannabis, the clinical applications for various cannabis preparations and consumption methods, and specific recommendations for treating the most common health conditions. W.W. Norton and Company published this book.

In 2018, Eileen Konieczny, RN, and Lauren Wilson published *Healing with CBD: How cannabidiol can transform your health without the high*. This book serves as a guide to cannabidiol (CBD) treatments and benefits and draws on the authors' years of experience working with cannabis healthcare consumers, extensive scientific studies, and includes topics such as: what and how CBD is made; how CBD is different from THC; what are potential treatments for common ailments; how to purchase safe quality products; dosing considerations and effects; and an overview of the endocannabinoid system.

In addition to the above mentioned, several other texts authored by physicians and nurses are credible and reliable educational materials including Michael Backes's (2017) *Cannabis pharmacy: The practical guide to medical marijuana*; Michael Moskowitz's (2017) *Medical cannabis: A guide for patients, practitioners, and caregivers*; and Elizabeth Mack's RN, BSN, A(2020) *Cannabis for health: Become a coach*. In addition to texts authored by healthcare

professionals, educational and training materials such as the *Cannabis health index: Combining the science of medical marijuana with mindfulness techniques to heal 100 chronic symptoms and diseases* by Uwe Blesching (2022) have emerged to help cannabis healthcare professional find evidence and information. Blesching's book combines evidence-based insights from more than 1,000 studies from cannabinoid and consciousness research on the treatment of over 100 chronic conditions and rates the cannabis efficacy by symptom along with recommendations for use and related mindfulness-based practices to enhance healing.

### **Summary of research journals dedicated to the therapeutic use of cannabis**

To date, a handful of peer-reviewed journals have emerged and focus on the research into the therapeutic use of cannabis. These journals include the following:

- *American Journal of Endocannabinoid Medicine* – self-published
- *Cannabis* - published by Research Society of Marijuana.
- *CRx Medicine* - published by Great Valley Publishing Company
- *Journal of Cannabis and Cannabinoid Research* – published by Maryann Liebert, Inc
- *Journal of Cannabis Research* – published by Biomed Central
- *Medical Cannabis and Cannabinoids* – published by Karger Publishers

The only magazine to emerge which focuses on the cannabis healthcare consumer's experience is *Cannabis Patient Care* published by MJH life sciences. The fact that there are limited peer-reviewed research journals dedicated to cannabis therapeutics and no peer-reviewed journals focused on cannabis nursing or cannabis care demonstrates the importance of raising the visibility of cannabis nursing considering the growing use of cannabis therapeutics.

### **Professional associations for cannabis healthcare providers**

In addition to the NCSBN's six principles of essential knowledge for nurses, and the emergence of the ACNA to support cannabis nursing, several physician-based groups, such as the American Academy of Cannabis Medicine, the American Medical Marijuana Physicians

Association, Doctors for Cannabis Regulation, and the Society for Cannabis Clinicians, have emerged as champions of cannabis therapeutics and research. Other cannabis organizations such as the Cannabis Nurse Network (CNN), Project CBD, and Leaf411 are testament to the dedication of cannabis nurses to provide healthcare consumers with high quality resources. The establishment and evolution of these professional associations are an undisputable sign of the growing acceptance among healthcare professionals of the therapeutic use of cannabis for safely treating an array of chronic health conditions.

### **History of Cannabis as Medicine**

From ancient times to the current era, the cannabis plant has been utilized by diverse global cultures for its medicinal, spiritual, industrial, and recreational properties. Cannabis originated in Ancient Eastern civilizations, beginning in China and Central Asia, and migrated along trade routes to India, Middle East, Africa, Europe, and the Americas. Historically therapeutic potions derived from cannabis were formulated and routinely used by healthcare providers for a variety of ailments and conditions globally including the United States.

### **Cannabis becomes regulated in the U.S.**

During the late 19<sup>th</sup> and early 20<sup>th</sup> century, cannabis was legally available and widely used throughout the U.S. for industrial and therapeutic purposes. It was frequently prescribed by physicians. It was also used recreationally by some small segments of society – mainly people of color and recent immigrants from Mexico who, called the plant ‘marihuana’ which became the plant’s commonly known name.

The use of marihuana by people of color and recent immigrants became a tool for racial bias; this bias initially manifested in local laws targeted towards people who were using the plant for social purposes (Musto, need rest of citation details). In 1914, the US Congress passed the

Harrison Narcotics Act which established a first ever legislative model for the control of drugs with psychoactive properties (Musto, 1999). The Harrison Act model was applied to cannabis in 1937 when Congress passed the Marihuana Tax Act even though the American Medical Association opposed the legislation. This legislation prohibited the cultivation, production, and possession of cannabis and cannabis-based products, including medicines, without paying a specific tax, making cannabis expensive and cumbersome to obtain (Rasmusson, 2014). With many new drugs appearing on the market physicians found other avenues of treatment for their patients. In 1942, the drug was removed from the U.S. Pharmacopeia which was the death knell for cannabis as medicine.

In 1970, the U.S. drug laws underwent a major overhaul spurred in part by the Supreme Court ruling that found the Marijuana Tax Act unconstitutional (Booth, 2003). The Controlled Substances Act was President Richard Nixon's fulfillment of his pledge to be 'tough on drugs'. The Controlled Substance Act created five schedules of drugs with Schedule I being the most severe. Schedule I drugs such as heroin, LSD, and Ecstasy are defined as having a high potential for abuse, having no currently accepted medicinal use, and lacking an acceptable level of safety for their use (U.S. Drug Enforcement Administration, n.d.). Marijuana was placed in the Schedule I category. Congress held hearings on marijuana's placement on the Schedule I list with several senators requesting evidence that supported its inclusion. Ultimately, their opposition threatened the bill's passage with Nixon proposing a presidential commission to study marijuana and recommend the proper scheduling. The presidential commission, chaired by Governor William Shafer of Pennsylvania, became known as the Shafer Commission, and investigated marijuana for the two years. In 1972, the Shafer Commission released its report stating that marijuana posed negligible risk to the health and well-being of US citizens (Langdon, 2016) and should be

decriminalized (National Commission on Marihuana and Drug Abuse, 1972). The Shafer Commission's recommendations were disregarded, and marijuana remains a Schedule I controlled substance to this day.

### **Nurses evolve into advocates for cannabis healthcare consumers**

In 1976, Robert Randall, a resident of Washington, DC, was the first person in the United States to legally receive federally grown cannabis for his medical condition, glaucoma. This created a firestorm of publicity that was noted with considerable interest by the medical community. Nurses, in particular, were already hearing about the beneficial effects of marijuana for their cancer chemotherapy patients (O'Leary-Randall, 2014).

Robert Randall (1948-2001) is the acknowledged "father" of the medical marijuana movement and his wife Alice O'Leary Randall, is known as the "First Lady of Medical Marijuana" (Clark, 2021). In 1980, the couple founded the Alliance for Cannabis Therapeutics (ACT), the first nonprofit organization dedicated to the therapeutic applications of the cannabis plant. The ACT drafted national legislation to legalize medical access to cannabis. The legislation was in response to 34-state laws that had passed between 1978 and 1980 which authorized state programs of research with cancer and glaucoma patients using cannabis under a doctor's supervision. At one time the legislation had 110 co-sponsors but was derailed by the "Just Say No" campaign and Reagan's 'War on Drugs'.

In the late 1980s, ACT served as one of the primary plaintiffs in historic hearings before the U.S. Drug Enforcement Administration (DEA) in efforts to prove the therapeutic usefulness of cannabis. The ACT was successful in convincing the DEA's chief administrative law judge, Francis Young, that cannabis should be removed from the classification as a Schedule I controlled

substance, but the decision was overruled by DEA administrator, John Lawn. Despite additional petition efforts to properly classify cannabis it remains in Schedule I.

Denied relief on the removal of cannabis from the Schedule I list, advocates launched a series of voter initiatives across the U.S. Beginning with the 1996 passage of California's Compassionate Care Act known as Proposition 215 and continuing into the 21st century, these voter initiatives have resulted in the creation of statewide medical marijuana programs (MMPs). Sensing the needs of the public for information and education about cannabis, nurses began to advocate and provide nursing care to cannabis healthcare consumers.

In 1995, a former lieutenant in the Navy Nurse Corps, Marilyn Mathre and her husband, Al Byrne, both of whom were on the board of the National Organization for the Reform of the Marijuana Laws (NORML), joined Alice and Robert O'Leary to form Patients Out of Time (POT) as a 501c3 to educate health care professionals and the public about the therapeutic use of cannabis. In 2000 they started an accredited national clinical conference series on cannabis therapeutics.

### **Founding of the American Cannabis Nurses Association**

The American Cannabis Nurses Association (ACNA) was conceived by founding leaders, Julia (Ed) Glick and Mary Lynn Mathre in 2006 during the *Fourth National Clinical Conference on Cannabis Therapeutics* presented by POT in Santa Barbara California. The ACNA founding leaders envisioned a nursing organization dedicated to advancing “excellence in cannabis nursing practice through advocacy, collaboration, education, research, and policy development” (ACNA, 2021 website). This nursing association represents the emerging field of cannabis nursing and cannabinoid therapeutics, provides scientific and educational opportunities to nurses and the public, and assists nurses in understanding and advocating for their cannabis healthcare consumers.

In 2009 and 2010, the founding leaders completed the process to incorporate the ACNA and set up financial accounting, logo development, and outreach to the American Nurses Association. The ACNA was formally organized as an Oregon non-profit organization in 2010. An introductory meeting of the organization was held at the 2010 *Patients Out of Time Conference* in Warwick, Rhode Island by an interim founders committee composed of nurses: Julia (Ed) Glick, Mary Lynn Mathre, Bryan Krumm, Ken Wolski, Sharon Palmer, and advocates, Stacie Boilard, and Vincent Shelzi. In November of 2011, the first ACNA Board was elected to include: Mary Lynn Mathre as President, Julia (Ed) Glick as Secretary, Stacie Boilard as Treasurer, and Bryan Krumm, Ken Wolski, and Sharon Palmer as board members.

By 2014, increases in the ACNA's membership prompted the ACNA Board of Directors to restructure the organization to accommodate its growth. While the ACNA's mission remained the same, restructuring included rechartering ACNA as a New Jersey non-profit organization and adopting formal bylaws. In 2015, the ACNA applied for and was granted tax-exempt status under the IRS code 501(C)(3). In 2016, the ACNA held its first member-wide elections for the Board of Directors.

### **Establishment of formal guidelines for cannabis nurses**

In 2017, Mary Lynn Mathre MSN, CARN and 'mother of cannabis nursing' gave the presentation "*A Historical, Legal and Evidence-based Review of Medical Cannabis*" to the members of the National Council of State Boards of Nursing (NCSBN) at the NCSBN Annual Institute of Regulatory Excellence conference. The stated objectives of the presentation were to 1) describe the long history of medical cannabis from ancient use to the US prohibition, and to the current legal conundrum; 2) describe the basic components of the endocannabinoid system; and 3) recognize the ethical/legal conflicts facing nurses today as they relate to medical cannabis.

Mathre's presentation contributed to the efforts of NCSBN's Medical Marijuana Guidelines committee to address the issues, challenges, and barriers faced by nurses regarding medical cannabis.

In Spring of 2018, then president of the ACNA, Dr. Carey Clark met with members of NCSBN and reached consensus on the idea that the ACNA *Scope and Standards - 2017* were in alignment with the NCSBN essentials. In July 2018, the NCSBN published a supplemental edition of the *Journal of Nursing Regulation* to address cannabis nursing. *The NCSBN National Nursing Guidelines for Medical Marijuana* acknowledges that "nurses are left without evidence-based resources when caring for patients who use medical or recreational cannabis products" (NCSBN, 2018, p.S6). Within this edition, the NCSBN presented six principles of essential knowledge to "provide nurses with principles of safe and knowledgeable practice to promote patient safety when caring for patients using medical marijuana" (NCSBN, 2018, pS19). These six principles of essential knowledge provide nurses with a solid foundation for future inclusion in nursing academia, curriculum development, licensing examination assessment criteria, and nursing certifications within the nursing scope of practice. These six essentials of knowledge directs the cannabis nurse to include: 1) a working knowledge of the current state of legalization of medical and recreational cannabis use; 2) a working knowledge of the jurisdiction's medical marijuana program (MMP); 3) an understanding of endocannabinoid system, cannabinoid receptors, cannabinoid, and the interactions between them; 4) an understanding of cannabis pharmacology and the research associated with the medical use of cannabis; 5) being able to identify the safety considerations for patient's use of cannabis, and 6) approaching the patient without judgment regarding the patient's choice of treatment or preferences in managing pain and other distressing symptoms (NCSBN, 2018, p S19-S21).

As laws and policies surrounding cannabis therapeutics changed over the decades, nurses recognized the significance of including cannabis healthcare consumers within their nursing process (ACNA, 2021). Regardless of the state of evidence-based resources and despite legislative confusion, social justice issues, legal implications, and societal stigma, individuals continue to use the cannabis plant and nurses will continue to care for cannabis healthcare consumers leading to the required specialization of cannabis nursing education and a defined practice for cannabis nurses.

The American Cannabis Nurses Association (ACNA), a professional organization advocating for cannabis nursing as a specialty practice, was formally organized in 2010 as a 501c3 not for profit national nursing organization to represent nursing in the emerging field of cannabinoid therapeutics. The mission of the ACNA is to advance excellence in cannabis nursing practice through advocacy, collaboration, education, research, and policy development. The ACNA has grown from a few dozen nurses to a remarkable group of over 1500 members representing all fifty U.S. states, Canada, and Israel. The ACNA supports cannabis nursing practice by disseminating scientific information and education to give nurses the knowledge, skills, abilities, accountability, and judgment to provide competent care for the cannabis healthcare consumer (ACNA website, 2021).

### **Current Use of Therapeutic Cannabis in the United States**

Recent polling provides evidence of the overwhelming support among the American public for the legal use of cannabis for therapeutic, medicinal, and recreational purposes. In the United States approximately 48.2 million people (18% of the total population) reported consuming cannabis at least once in 2019 (CDC, 2021). The percentage of United States adults who have consumed cannabis has risen in the past 50 years from four percent of the population in the 1960's

to almost 50% of the population in 2020 (Gallup, 2021). A 2018 Quinnipiac University poll shows more than 90 percent of United States voters support legalizing medicinal cannabis (Quinnipiac, 2018). A Yahoo Marist (2017) poll revealed 83% of the 1,122 adult participants believed that cannabis should be legalized for therapeutic use (Stableford, 2017). The Pew Research Center reports that in 2021, 91% of U.S. adults expressed their opinion that cannabis should be legalized and 8% declare cannabis should remain illegal (Pew Research Center, 2021). The Pew Survey (2021) also revealed that approximately 90% of participants between the ages of 18 - 75 support the legalization of cannabis for therapeutic, medicinal, and recreational use (Pew Research Center, 2021). In addition, according to a poll by Gallup, 86% of adults in the United States supported the legalization of cannabis (Jones, 2019). Over the past four decades, the America public support and use of cannabis for therapeutics purposes has steadily risen. The results of these various polls provide evidence that the American public is supportive of the use cannabis with an estimated 3.6 million cannabis healthcare consumers currently participating in some form of a state-legal medical marijuana program (MMP) (Rosenthal. 2021).

### **Legalization of Cannabis in the United States**

As of February 2022, thirty-seven states, Washington, D.C., and four U.S. territories have legalized medical cannabis and adult use (NCSL, 2022). According to 2019 population estimates by the U.S. Census Bureau, 43% of United States adults reside in a jurisdiction that has legalized the use of cannabis (Pew Research Center, 2021). The Northern Mariana Islands, a U.S. commonwealth, and Guam, a U.S. territory, legalized the recreational use of cannabis in 2018 and 2019 respectively. Numerous states have also enacted laws reducing criminal penalties for certain cannabis-related convictions or allowing past convictions to be expunged. The result of this cannabis legalization activity across the U.S. and its territories is the implementation of over 40

different MMPs (see Figure 1). Each MMP is governed by its own state laws, regulations, restrictions, and lists of qualifying health conditions which results in a wide degree of variations between state MMPs. Each state has a different process for 1) becoming a state-legal certified cannabis consumer; 2) the amount and type of cannabis products an individual can purchase; and 3) the legal protections extended to cannabis consumers, designated caregivers, nurses, and all health care providers (NCSL, 2017). These dissimilarities in MMPs are central to the challenges faced by cannabis nurses, cannabis healthcare consumers, and cannabis nurse educators.

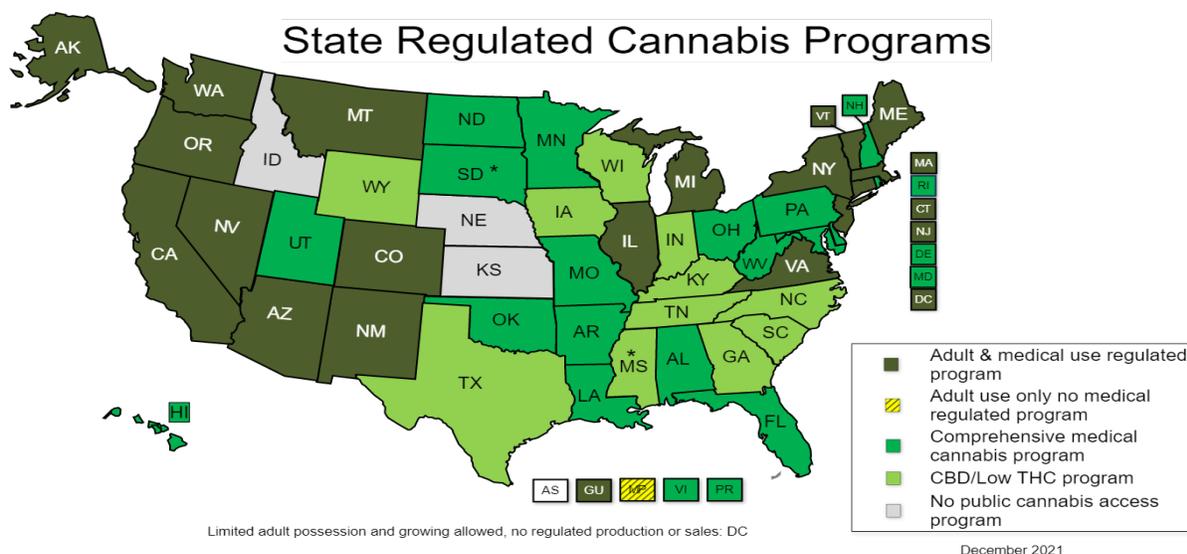


Figure 1: <https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>

### Summary of Qualifying Conditions and Evidence of Benefits, Risk, and Adverse Effects

As more jurisdictions legalize cannabis for therapeutic purposes, the list of qualifying health conditions continues to grow. A qualifying health condition is a medical condition which a jurisdiction recognizes as qualifying a healthcare consumer to purchase medical cannabis (Boehnke et al., 2019). Each jurisdiction that authorizes healthcare consumers to legally consume cannabis therapeutics has implemented its own set of rules and its own list of qualifying

conditions. Clark, Parmelee and Sommers (2021) provides a summarized list of the qualifying conditions drawn from data sourced from MMP registries across the United States. This list indicated that the medical condition most often treated with cannabis therapeutics are chronic pain (67%), multiple sclerosis (27.4%), cancer and cancer treatment related side effects (10%), and irritable bowel syndrome (5.7%) (Clark, et.al, 2021). According to NCSBN (2018) chronic pain, nausea/vomiting, and neuropathies are the most researched and commonly associated with medical cannabis. The NCSBN (2018) lists 57 conditions across a wide variety of state MMPs that qualify a healthcare consumer to seek a license to use cannabis therapeutically. Table 2 below illustrates the eighteen most qualifying conditions (NCSBN, 2018). *Table 2 Eighteen Most Qualifying Condition Across all MMPs (NCSBN, 2018)*

1. ALS	8. Glaucoma	15. Persistent muscle spasm (including multiple sclerosis)
2. Alzheimer's disease	9. Hepatitis C	16. Posttraumatic stress disorder
3. Arthritis	10. HIV/AIDS	17. Sickle cell disease
4. Cachexia	11. Nausea	18. Terminal illness
5. Cancer	12. Neuropathies	
6. Crohn's disease and other irritable bowel syndromes	13. Pain	
7. Epilepsy/seizures	14. Parkinson's disease	

While answers in the form of evidence drawn from large-scale double blind randomized controlled studies (RCTs) and human trials as to the 'how and why' cannabis therapeutics are effective for specific health conditions remains limited, cannabis itself is now one of the most researched plants in the world. For example, there are over 38,500 publications regarding the therapeutic use of cannabis available from PubMed (PubMed, 2022).

Plant-based cannabinoid therapeutics are complex, plant-based formulations whose use is made more complicated because cannabis healthcare consumers self-titrate. The safe and effective use of cannabinoid therapeutics can be ensured when guided by a knowledgeable nurse using a

patient-centered approach. The cannabis nurse must assess, collect data, and analyze each healthcare consumer's unique holistic health situation when providing guidance on the therapeutic use of cannabis. Based on the best evidence from the most credible sources the nurse can access, the cannabis nurse uses this information to make well-informed recommendations and nursing practice decisions.

Three credible sources are available to guide the cannabis nurse in utilizing cannabinoid medicine science evidence. They are the National Academies of Sciences, Engineering, and Medicine's (2017) landmark report entitled *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research*, the NCSBN's *National Nursing Guidelines for Medical Marijuana* (2018), and the Wolters Kluwer textbook, *Cannabis: A handbook for nurses* by Dr. Carey S. Clark (2021). These materials outline the health benefits, approaches to safe and effective use of cannabis, cannabis's risks and adverse effects, and the role of the nurse in working with cannabis care patients. Following are brief summaries of each of these three sources of information important for cannabis nurses and nursing practice.

### **Health Benefits of Cannabis Therapeutics**

The NASEM (2017) report collated and reviewed research findings dating back to 1999 related to the health effects of recreational and medical use of cannabis. The review summarizes the current evidence about the known therapeutic effects of cannabis and considers some of the potential adverse effects of cannabis use related to specific disease states, including some cancers, mental health issues and injuries (Clark, et.al, 2021). (See Appendix A for a list of the conditions).

### **Health Risks of Cannabis Therapeutics**

The NASEM committee concluded that cannabis containing the cannabinoid delta 9 Tetrahydrocannabinol (THC) does pose some risks which include developing cardiac-respiratory conditions, impaired brain development in young adults, testicular cancer; motor vehicle injuries, learning and attention impairment, and low birth weight babies (NASEM, 2017). The most significant health risk the NASEM committee attributes to cannabis use is its risk to human's personal safety and criminal persecution due to its status as a controlled substance.

Cannabis consumers risk more from being exposed to criminal elements in the illegal market or from being arrested and imprisoned for its use or possession than from using cannabis therapeutically (Drug Policy Alliance, 2016). The risk to personal freedom is particularly great for people of color who are incarcerated for cannabis related crimes at higher rates, yet there is negligible evidence that people of color consume more cannabis (NAACP, 2016). This situation has created a massive social injustice and put people consuming cannabis for either medicinal or recreational purposes in unnecessary danger. See Appendix A for a summary of the risk factors to human health, the level of risk, and abbreviated comments from the NASEM report (NASEM, 2017).

### **Adverse Side Effects of Cannabis Therapeutics**

While considered one of the safest medicinal plants, there are some adverse effects to human health related to cannabis containing delta-9 THC. Adverse side effects reported include increased heart rate, increased appetite, sleepiness, dizziness, decreased blood pressure, dry mouth/dry eyes, decreased urination, hallucination, paranoia, anxiety and impaired attention, memory, and psychomotor performance (National Institute of Health, 2019). Other adverse side

effects of cannabis vary by specific populations including adolescence, fertility, pregnancy and neonates, immunocompromised patients, dyskinesia, altered cognition, mania and predisposition to mania, schizophrenia, preexisting diseases, overdose, abuse dependence, and withdrawal, drug-drug interactions. [These adverse side effects are described in greater detail in the Journal of Nursing Regulations (NCSBN, 2018, p 14 - S17)]. Overall, in 2017 the NASEM committee concluded there is enough evidence to prove that cannabis has medicinal value. As noted above, Appendix A provides a summary of this evidence including risk factors, levels of risk, and abbreviated comments (NASEM, 2017).

The NASEM (2017) report noted that patients, health care providers, and policymakers still need more conclusive information about both benefits and risks of using cannabis therapeutically. The report also concluded that with the rise in both the recreational and medicinal use of cannabis in the United States, the need to understand the potential risks and benefits becomes both an individual concern and a public health issue. Another public health issue the NASEM report identified is the growing evidence that cannabis may be effective in helping stem the alarming rise of opioid addiction in the United States. Since the NASEM report was published there has been strong evidence of the effectiveness in helping heal people with opioid addictions (Vyas et al., 2018).

### **Definitions, Guiding Principles, Core Value, and Practice Settings**

Cannabis nurses have a shared language and shared values that are reflected in their definitions and descriptions of key terms, concepts, models, theories, and values. Following is a summary of those definitions, principles, and values.

The nursing profession defines competency as an expected performance level that incorporates specific knowledge, skills, abilities, and judgment that form the foundation of quality

practice (ANA, Professional Role Competence Position Statement, 2014). The ACNA uses this definition to define the minimum proficiency and basic performance that a nurse must possess to safely provide cannabis care to healthcare consumers. Cannabis products are used by diverse and vulnerable populations of healthcare consumers who consume cannabis therapeutically in a variety of settings and who have various health conditions. It is vitally important that the nurse understand foundational concepts and can perform complex cannabis competencies as outlined in this document. These competencies coupled with specialized knowledge of cannabis therapeutics help protect the cannabis healthcare consumer, the public, the cannabis industry, the nurse, and the nursing profession by facilitating the delivery of cannabis care and the effective use of cannabis for therapeutic purposes. The following definitions provide a shared understanding of terms and concepts important to cannabis nurses and cannabis care.

### **Definitions of Terms**

**Advanced Practice Registered Nurse.** A graduate -level prepared registered nurse who has completed an accredited graduate-level education program preparing nurses for special licensure and practice for one of the four recognized APRN roles (Nursing: Scope and Standards of Practice, Fourth Edition, 2021, p. 109).

**Cannabinoid(s).** Any of various naturally occurring, biologically active, chemical constituents (such as cannabidiol or cannabinol) of hemp or cannabis including some (such as THC) that possess psychoactive properties (Merriam Webster Medical Dictionary, 2017a). Cannabinoids include chemical constituents derived from the cannabis plant (phytocannabinoids), endogenously created in the human body (endocannabinoids), or synthetically created in a controlled setting (i.e., dronabinol) (Grotenhermen & Russo, 2008). Phytocannabinoids found in the cannabis plant including delta 9 tetrahydrocannabinol (THC) and cannabidiol (CBD) interact directly with human endocannabinoid system (ECS) via a network of CB1 and CB2 receptors found throughout the body.

**Cannabis.** Any raw preparation of the leaves of flowers from the plant genus *Cannabis sativa*. (NCSBN, 2017) Cannabis: The preferred designation of the flowering herbal plant species *Cannabis sativa* L., belonging to the genus *Cannabis* L., which belongs to the Cannabaceae family (United States Department of Agriculture, n.d.). Also commonly known as “marijuana” which is a term that may be discriminatory and has fallen from favor in the professional and scientific settings.

**Cannabis Therapeutics.** The products formulated from the botanical cannabis plant used for its curative and healing properties for improving human well-being and homeostasis, the treatment of acute and chronic health conditions and symptoms, and for enhancing human joy, spirituality, connections, and happiness.

**Competence.** Competence is performing successfully at an expected level. (Professional Role Competence Position Statement, ANA, 2014)

**Competency.** An expected level of nursing performance that integrates knowledge, skills, abilities, and judgment (ANA, 2014, p. 3)

**Registered Nurse.** an individual who is educationally prepared and then licensed by a state, commonwealth, territory, government regulatory body to practice as a registered nurse (Nursing: Scope and Standards of Practice, Fourth Edition, 2021, p. 113)

**Cannabis Nursing.** Cannabis nursing is defined as a specialty nursing practice focused on care of healthcare consumers seeking education and guidance in the therapeutic use of cannabis (ACNA, 2019).

**Cannabis Care Nurses.** Cannabis care nurses be professional licensed vocational nurses, registered nurses, or advanced practice registered nurses (Clark, 2021, pp 268 - 307). Cannabis care nurses have knowledge and formal training regarding the physiology of the human ECS cannabinoid pharmacodynamics'/pharmacokinetics, the body of scientific evidence related to cannabinoid effectiveness, and advocacy approaches. They educate and support patients to use cannabis safely and effectively, and they also provide coaching around the upregulation of the ECS. They act as advocates for patients to have access to safe, test cannabinoid medicines. Cannabis care nurses focus on education and coaching patients toward maximizing the health potential of the ECS and obtaining homeostasis (Clark, p. .

**Endocannabinoid System (ECS).** A human endogenous system that consists of endocannabinoids, cannabinoid receptors (CB1 and CB2) and the enzymes responsible for synthesis and degradation of endocannabinoids (Mackie, 2008)

**Entourage Effect:** The synergist relationship between the cannabinoids and terpenoids present only in whole plant botanical cannabis that purports to boost the potential benefits of cannabis therapeutics such as easing pain and decreasing inflammation, while lessening unwanted side effects such as memory impairment.(Worth, n.d.) The entourage effect is unique to cannabis therapeutic (Worth, n.d.)

**Environment:** The surrounding milieu, habitat, conditions, and context in which beings participate and interact, inclusive of the external physical space and habitat, as well as the cultural, psychological, social, and historical influences. Additionally, the individual's internal physical, mental, emotional, social, and spiritual experiences are aspects of the environment (ANA, 2015a)

**Evidence-Based Practice (EBP):** The use of the best well-designed and valid research evidence, integrative-healing philosophies, personal experience, clinical expertise, and patient preferences to

guide one's nursing decision-making processes and practices (ANA, 2015a; Mariano, 2015). Use of EBP leads to the nurse making the best clinical decisions and the resultant positive healthcare outcomes (ANA, 2015a)

**Graduate-level Prepared Registered Nurse.** A registered nurse prepared at the master's or doctoral educational level; has advanced knowledge, skills, abilities and judgment; functions in an advanced level as designated by elements of the nurse's role; and not required to have additional oversight. (Nursing: Scope and Standards of Practice, Fourth Edition, 2021, p. 112)

**Healing:** The act or process of restoring health or curing; the process of becoming well; tending to heal or cure (Merriam Webster Medical Dictionary, 11th Edition, 2020). Healing involves the physical, mental, spiritual, and social processes that support recovery, repair, renewal, and transformation of the self toward integration, balance, wholeness, and coherence (Mariano, 2015).

**Healthcare Consumer.** The consumer of healthcare; this may be a person (patient), family, community, or population who receives the nurse's professional services as sanctioned by the state regulatory bodies the more global term healthcare consumer is intended to reflect proactive focus on health and wellness care rather than disease and illness (ANA, 2021).

**Health.** An experience defined in terms of the continuum between wellness and illness in the presence or absence of disease or illness (ANA, 2015a); an individually defined state in which the person experiences well-being, harmony, and unity (Mariano, 2015).

**Health or Wellness-Illness Continuum.** The absence or presence of illness or disease does not adequately define health or wellness. Rather, individuals can move along a continuum toward greater wellness and health status as they pass through the stages of awareness, education, and growth (Travis & Ryan, 2004).

**Homeostasis.** The maintenance of relatively stable internal physiological conditions and processes in response to fluctuating internal and environmental conditions (Merriam Webster Medical Dictionary, 2017c).

**Human Caring.** The guiding moral idea of nursing; human attempt to connect with others to protect, enhance, and preserve human dignity and humanity with integrity as one supports a person toward finding meaning in illness, suffering, pain, and existence (ANA, 2021, pp 6 - 9; Watson, 2012).

**Nursing.** Nursing integrates the art and science of caring and focuses on the protection, promotion and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate prescribers. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity. (Nursing: Scope and Standards of Practice, Fourth Edition, 2021, p 1).

**Nursing Process.** A critical thinking model used by nurse that is represented as integration of the singular, concurrent, iterative actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation. (ANA, 2021 p. 1) .

**Medical Marijuana Program (MMP).** The official jurisdictional resource for the use of cannabis for medical purposes (NCSBN, 2018, S 7). This refers to the individual state laws and guidelines that govern medicinal cannabis use.

**Recommendation of Cannabis.** At the time of publication, cannabis cannot legally be prescribed due to the Federal Drug Enforcement Agency's level I schedule of cannabis. In many states, medicinal cannabis can be recommended by physicians or APRNs as per the medical marijuana program in any given state.

**Social Determinants of Health.** "The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age and the wider set of focuses and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, develop agendas, social norms, social policies, and political systems" (World Health Organization, n.d.)

**Stakeholder.** Stakeholders are those entities that are integrally involved in the healthcare system. They include but are not limited to patients, nurses, physicians, employers, insurance companies, pharmaceutical firms, government and regulating bodies, and cannabis cultivators and cannabis medicine dispensaries.

**Terpenes/terpenoids.** Any of various isomeric hydrocarbons C<sub>10</sub>H<sub>16</sub> found present in essential oils (as from conifers) and used especially as solvents and in organic synthesis (Merriam Webster Medical Dictionary, 2017d). Terpenes make up the largest group of plant chemicals and cannabis contains over two hundred terpenes (Grotenhermen & Russo, 2008).

**Therapeutic use of Cannabis.** The use of cannabis product specifically for medicinal, wellness, and healing purposes.

### **Descriptions - Philosophical Principles of Cannabis Nursing**

The cannabis nurse applies a guiding philosophy of caring during all cannabis healthcare consumer encounters (ACNA Scope and Standards, 2019). This philosophy embodies both learned skills and the intrinsic art and science of nursing and applies to the delivery of acute, chronic, and wellness care. Previous experiences with healing, wellness, and nursing are called upon to build one's expertise and support growth within the field of cannabis nursing (ACNA Scope and Practice, 2019).

### **Core Values of Cannabis Nurses**

In brief, the core values of a cannabis nurse are to support, educate, and lead healthcare consumers work toward a maximal state of homeostasis through the upregulation of the endocannabinoid system by supporting wellness and healing through a caring presence. The cannabis nurse places a high value on education and is knowledgeable in multiple areas and is supportive by constantly advocating for healthcare consumers' legal right to use cannabis therapeutically. ACNA identifies the overarching core values of cannabis nurses include having broad expertise and experience, supporting education and mentorship, championing diversity in all forms, and having the highest integrity in professional standards (ACNA, 2020).

**Evidenced-based practice.** Cannabis nurses remain up to date on the current and best scientific evidence regarding the use of cannabis to treat specific illness states or support wellness with patients or populations. Cannabis nurses will also identify inferior quality research and dispel misinformation when applicable (ACNA Scope and Standards, 2019, p. 6).

**Application of caring and social justice-based ethics.** The cannabis nurse is familiar with the ethical considerations related to nursing practice. They practice from a platform of social justice and ethics of care by acknowledging that communities of color are disproportionately affected by health care inequality in cannabis medicine. Cannabis nurses recognize that cannabis healthcare consumers and family members may face discrimination and ethical dilemmas and always consider their legal and ethical concerns (ACNA Scope and Standards, 2019, p 6).

**Patient-centered care.** The cannabis nurse recognizes that healthcare consumers are at the center of their own care. The cannabis nurse support healthcare consumers in their autonomy and freedom to partner with others in determining their own plan of care. Cannabis therapeutics requires the patient / healthcare consumer participation, and the cannabis nurse may need to

encourage them to enhance their participation to maximize outcomes (ACNA Scope and Standards, 2019, p 6).

**Interprofessional healthcare teamwork.** The cannabis nurse is an integral member of the interprofessional healthcare team. The interprofessional healthcare team is characterized by a high degree of collaboration and communication among the health professionals caring for the individual who collaborates to develop a comprehensive treatment plan that addresses the biological, psychological, and social needs of the cannabis healthcare consumer. The cannabis nurse informs other healthcare professionals about the specialty of cannabis nursing (ACNA, 2019, p 6).

**Holistic-based practice.** The cannabis nurse considers the healthcare consumer's holistic needs (body, mind, spirit) when designing plans of care. The nurse is cognizant that in addition to supporting their use of cannabis for health and healing, the nurse is also obligated to promote the healthcare consumer's knowledge of their endocannabinoid system function and the ability to create and maintain homeostasis by utilizing evidence-based holistic-integrative modalities.

**Self-care.** A cannabis nurses recognizes that it is only by valuing their own self-care that they can maintain a professional and caring presence with cannabis healthcare consumers (ACNA, 2019, p.6).

### **Development of Standards of Practice and Professional Performance for Cannabis Nurses**

The ANA Standards of Practice describe a competent level of nursing practice as demonstrated by the nursing process that includes assessment, diagnosis, outcomes identification, planning, implementation, and evaluation (ANA, 2021b). The ANA Standards of Professional Performance describe a competent level of behavior in the professional role including activities related to ethics, culturally congruent practice, communication, collaboration, leadership,

education, evidence-based practice and research, quality of practice, professional practice evaluation, resource utilization, and environmental health (ANA, 2021b).

Every specialty nursing organization must address the standards of specialty nursing practice and competencies for RNs and include the other applicable standards and competencies for graduate-level prepared specialty nurses, and APRNs (ANA, 2021b). Registered nurses, graduate-level prepared specialty nurses, and APRNs must demonstrate competence associated with their level of nursing for each standard of practice and professional performance. Registered nurses delegate appropriately to other nursing professionals such as CNAs and LPN/LVNs

### **Standards of Practice for Cannabis Nurses**

The following standards of practice and professional performance provide a comprehensive overview of what it means to be a cannabis nurse and to deliver cannabis care.

#### **Standard 1: Assessment**

The cannabis registered nurse collects relevant data and information related to the cannabis healthcare consumer's health, needs, and concerns or the situation.

#### **Competencies**

Throughout the ongoing assessment process, the cannabis registered nurse:

1. Creates the safest environment of continuous data collection.
2. Uses the health and wellness model of assessment to ensure that data collection is performed with compassion, caring, respect, and honors the dignity and uniqueness of each human's needs.
3. Collects assessment data that may include, but is not limited to the following:
  - a. chronological age and development, health disparities, physiology of disease processes, medical interventions, physical and functionality data.
  - b. social determinants of health, demographics, environmental and occupational exposures, cultural, lifestyle/economic assessment data.
  - c. spiritual/transpersonal, psychosocial, cognitive, mental, emotional, sexual, and economic concerns.
4. Recognizes the cannabis healthcare consumer or designated person as the decision-maker regarding their health.

5. Identifies enhancements and barriers to effective communication based on personal, cognitive, physiological, psychological, literacy, financial, and cultural considerations.
6. Engages the cannabis healthcare consumer, their family, significant others, and interprofessional team members in holistic culturally sensitive data collection.
7. Integrates information about current local, regional, national, and global health initiatives and environmental factors into the assessment process.
8. Engages with the cannabis healthcare consumer to understand their culture, values, preferences, needs, and level of knowledge related to their health, wellness, illness, and cannabis use.
9. Establishes a trusting relationship that promotes and creates a caring atmosphere for the cannabis healthcare consumer, their family, and significant others.
10. Recognizes the impact of the nurse's own bias, attitudes, values, knowledge, and beliefs about cannabis on the assessment process.
11. Assesses the influence of the family dynamics related to the healthcare consumer's own health and use of cannabis.
12. Prioritizes data collection based on the cannabis healthcare consumer's own health condition(s) and expressed concerns.
13. Utilizes evidence-based assessment techniques to identify cannabis healthcare consumer patterns and variances in the use of cannabis therapeutics.
14. Remains knowledgeable about constantly changing technologies that impact the assessment process.
15. Analyzes assessment data to identify patterns, trends, and situations that impact the cannabis healthcare consumer's health and wellness.
16. Applies ethical, legal, and privacy guidelines and policies throughout the data collection process, inclusive of data maintenance, use, and dissemination. Considers federal cannabis (medical marijuana) laws as well as state-based Medical Marijuana Program (MMP) principles.
17. Honors the cannabis healthcare consumer's preferences while recognizing their authority regarding their health.
18. Gathers specific historical and current data regarding the cannabis healthcare consumer's knowledge and experience with cannabis.
19. Integrates knowledge from local, state, and global departments of health such as the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and environmental factors into the assessment process.
20. Communicates changes in a cannabis healthcare consumer's condition to the interprofessional healthcare team.
21. Documents data gathered in a secure and compliant manner that protects the privacy of cannabis healthcare consumers as per the federal mandates required by the Health Insurance Privacy and Portability Act (HIPAA).

In addition to the competencies of the cannabis registered nurse, the **Graduate level prepared cannabis nurse**:

1. Uses advanced knowledge, skills, assessment techniques, and approaches to maintain, enhance and improve the health and wellness of the cannabis healthcare consumer.
2. Analyzes the effect of interactions among individuals, family, community, and social systems on health, wellness, and illness.
3. Uses information to synthesize the results leading to clinical understanding.

In addition to the competencies of the cannabis nurse and the Graduate level prepared cannabis nurse, the **APRN**:

1. Uses advanced assessment skills during a review of systems to best potentiate the cannabis healthcare consumer's journey toward endocannabinoid system health and wellness. Performs a complete clinical assessment to identify whether a healthcare consumer has a qualifying condition based on state Medical Marijuana Program (MMP) guidelines.
2. Considers current and previous mental health and substance use history.
3. Initiates appropriate tests and diagnostics related to the healthcare consumer's endocannabinoid system health status and specific health concerns.
4. Reviews current treatment of qualifying conditions and responses to treatment.
5. Reconciles medications.
6. Applies current requirements and principles of state MMP and considers current National Council of State Boards of Nursing (NCSBN) recommendations. Considers if cannabis will be effective for the qualifying condition while considering the current state of evidence related to cannabis and the qualifying condition(s).

## **Standard 2: Diagnosis**

The cannabis registered nurse analyzes assessment data to formulate the appropriate potential and actual diagnoses, problems, and other issues.

### **Competencies**

Throughout the ongoing diagnostic process, the cannabis registered nurse:

1. Derives the diagnoses based on the data gathered from and with the cannabis healthcare consumer and other appropriate sources.
2. Identifies actual or potential risks to the cannabis healthcare consumer's health, well-being, and safety.
3. Verifies the diagnoses, problems, and issues with the cannabis healthcare consumer and their interprofessional healthcare team.
4. Prioritizes diagnoses, problems, issues....
5. Shares diagnostic information with other interprofessional healthcare colleagues as needed.

6. Establishes goals with cannabis healthcare consumers across the health continuum. Should not be listed here but in Standard 3 Outcomes Identification
7. Works with the cannabis healthcare consumer to prioritize goals around the therapeutic use of cannabis while establishing a safe plan of care. Should not be listed here but in Standard 3 Outcomes Identification
8. Considers the cannabis healthcare consumer's holistic and other healing needs as related to the endocannabinoid system health and optimal functioning.
9. Utilizes current evidence related to cannabis effectiveness and relative risks for the cannabis healthcare consumer.
10. Documents diagnoses, problems, strengths, and/or issues in a manner that facilitates the collaborative development of a plan of care to achieve outcomes that will be evaluated.
11. Identifies the cannabis healthcare consumer's medical diagnoses and qualifying medical conditions for cannabis recommendations as defined by state laws and MMP.

In addition to the competencies of the cannabis registered nurse, the **Graduate level prepared** cannabis nurse:

1. Uses information and communication technologies to analyze the diagnostic practice patterns of the nurse and the other members of the interprofessional healthcare team.
2. Employs aggregate-level data to articulate diagnoses, problems, and issues around organizational and institutional systems encountered by cannabis healthcare consumers.

In addition to the competencies of the cannabis registered nurse and the Graduate level prepared registered cannabis nurse, the APRN:

1. Formulates a differential diagnosis and actual diagnoses based on the assessment, history, physical examination, and findings and results from diagnostic testing.
2. Considers risks to specific vulnerable populations based on the current body of scientific evidence relating to qualifying recommendations, considerations, and the potential effectiveness of cannabis therapeutics.

### **Standard 3: Outcomes Identification**

The cannabis registered nurse clearly identifies expected outcomes for an individualized plan related to the healthcare consumer's or a population's unique situation.

#### **Competencies**

Throughout the outcome identification process, the **cannabis registered nurse**:

1. Engages with the cannabis healthcare consumer, family, and interprofessional healthcare team members to determine desired goals and outcomes. The cannabis healthcare consumer remains at the center of the process.
2. Defines the outcomes as related to the cannabis healthcare consumer's, age, beliefs, culture, preferences, and values, while considering environmental concerns, ethical concerns, and spiritual practices.
3. Promotes outcomes that incorporate the cannabis healthcare consumer's culture, ethical concerns, and values regarding health and cannabis.
4. Formulates expected outcomes derived from assessments and diagnoses.
5. Integrates the most relevant available scientific evidence regarding cannabis therapeutics as well as other scientific evidence to alleviate the concerns of healthcare consumers and populations.
6. Integrates evidence considering the best cannabis nurse practices.
7. Weighs the risks, benefits, and costs related to attaining the intended outcomes.
8. Generates a time frame for expected outcomes.
9. Modifies outcomes based on ongoing evaluation of the plan.
10. Documents expected outcomes and actual outcomes as measurable goals.

In addition to the competencies of the cannabis registered nurse the **cannabis graduate-level prepared registered nurse, including the APRN:**

1. Identifies that expected outcomes and the cannabis healthcare consumer-centered cannabinoid therapy plan are in alignment with the benchmarks identified by members of the interprofessional healthcare team.
2. Supports the cannabis healthcare consumer titration process plan as per National Council of States Board of Nursing (NCSBN).
3. Anticipates results from the implementation of the personalized healthcare consumer-centered cannabis plan of care, considering current evidence-based science, projected costs to the cannabis healthcare consumer and family, clinical effectiveness, and the individual cannabis healthcare consumer's response.
4. Differentiates outcomes that require care process interventions from those that require system-level actions.
5. Identifies quality outcome measures in relation to expected outcomes, safety, and quality standards.
6. Takes active role in educating others regarding the identification of anticipated outcomes.

#### **Standard 4: Planning**

The cannabis registered nurse develops a collaborative plan that outlines strategies to attain expected outcomes.

## Competencies

Throughout the patient-centered planning process, the **cannabis registered nurse**:

1. Develops an evidenced based plan in partnership with the cannabis healthcare consumer that considers age, beliefs, choices, cultural relevance, environmental factors, health practices and preferences, spirituality, and values.
2. Develops a plan in conjunction with the cannabis healthcare consumer, family, and other clinicians and concerned persons, which incorporates the appropriate use of cannabis therapeutics and modalities that support optimal functioning of the endocannabinoid system.
3. Builds upon the established trusting-caring relationship to explore alternative and integrative options for healing. Includes evidence-based strategies to address established issues, diagnoses, and problems.
4. Prioritizes elements of the plan based on the assessment of the cannabis healthcare consumer's level of safety needs to include risks, benefits, and alternatives.
5. Identifies costs and financial implications with the cannabis healthcare consumer and their family, and significant others.
6. Advocates for compassionate, responsible, and appropriate use of cannabis interventions to minimize unwarranted or unwanted treatment, and to optimize the cannabis healthcare consumer's wellness.
7. Modifies the nursing process to address ongoing assessment and the cannabis healthcare consumer's responses to their therapeutic use of cannabis.
8. Provides coaching, health education, health promotion and teaching, as needed to support the cannabis healthcare consumer's interprofessional healthcare team.
9. Coordinates implementation of the cannabis healthcare consumer's plan. Belongs with Standard 5 A Coordination of Care
10. Supports the NCSBN call for the cannabis healthcare consumer to 'start low and go slow' with the cannabis titration dosing process through education and communication.
11. Documents the plan using evolving standardized cannabis language or recognized cannabis terminology.
12. Contributes actively at all levels in the development and continuous improvement of systems that support the planning process.

In addition to the competencies of the cannabis registered nurse, the **Graduate-level cannabis registered nurse**:

1. Designs strategies and approaches to meet the complex health needs of cannabis healthcare consumers by partnering with the cannabis healthcare consumer's, family, and significant others to implement interprofessional processes addressing the identified diagnoses, health challenges, problems, issues, and opportunities.

2. Leads the design, facilitation, implementation, and evaluation of interprofessional healthcare processes to address the identified diagnosis, health challenges, issues, and opportunities.

In addition to the competencies of the cannabis registered nurse, and the graduate level cannabis registered nurse:

**the APRN:** (missing advanced competencies associated with population focus?)

1. Creates an evidence-based plan in partnership with the cannabis healthcare consumer and their interprofessional healthcare team members.
2. Applies the nursing process to create a cannabis healthcare consumer-centered holistic plan that uses coaching techniques such as active listening, appreciative inquiry, and motivational interviewing in efforts to develop innovative strategies tailored to the individual.
3. Utilizes cannabis healthcare consumer-centered resources and professional experience as part of the planning process to meet the needs of the cannabis healthcare consumer.
4. Demonstrates leadership in the design and implementation of therapeutic interventions; considers all modalities that may support endocannabinoid system health.
5. Integrates assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current cannabis evidence-based knowledge and practice into the plan of care.

### **Standard 5: Implementation**

The cannabis registered nurse supports the cannabis healthcare consumer in the implementation of the plan of care.

#### **Competencies**

Throughout the implementation process, the **cannabis registered nurse:**

1. Partners with the cannabis healthcare consumer's, family, and significant others to implement the care plan in a safe and equitable manner.
2. Develops a therapeutic relationship with the healthcare consumer to implement the care plan in a caring, safe, and timely manner while following state laws and MMP regulations.
3. Utilizes interprofessional healthcare resources to support cannabis healthcare consumer's' achieve desired outcomes.
4. Provides an ongoing presence to gather data while implementing the plan of care.
5. Uses the nursing process, critical thinking, and data analysis during implementation; continuously modifies the care plan based on the healthcare consumer's responses to cannabis therapeutics.
6. Supports the education and information needs of cannabis healthcare consumers coming from diverse populations across the lifespan.
7. Provides coordination of care as needed to achieve cannabis-related health and wellness outcomes.

8. Implements health teaching and health promotion strategies to support cannabis healthcare consumers' ongoing educational needs related to their wellness and possible adverse effects of their therapeutic use of cannabis.
9. Monitors the cannabis healthcare consumer or population for adverse effects related to the use of cannabis or related to the implementation of the care plan.
10. Engages cannabis healthcare consumer alliances and advocacy groups in health teaching and health promotion activities.
11. Uses evidence-based interventions and strategies to achieve mutually identified goals and outcomes specific to the problems or needs.
12. Maintains accountability while delegating the responsibilities for the care of the cannabis healthcare consumer based on the circumstances, evaluation, institutional, person, regulatory entities, supervision, task, and the state nurse practice act regulations.
13. Documents the implementation process.
14. Avoids conflicts of interest with the cannabis industry.

In addition to the competencies of the cannabis nurse, the **Graduate-level prepared cannabis registered nurse**:

1. Supports and translates cannabis healthcare consumers implementation of evidence-based interventions stated in the personalized care plan. What does this competency mean?
2. Demonstrates ethical and critical decision-making, during effective working relationships, and through a systems perspective.
3. Uses theory-driven approaches to effect organizational or system change.
4. Applies quality principles while articulating methods, tools, performance measures and standards, as they relate to the implementation of the plan.
5. Uses systems, organization, and community resources to lead effective change and implement the plan.
6. Leads interprofessional teams to effectively communicate and collaborate.
7. Serves as a consultant to other nurses, cannabis healthcare consumers, their families, and caregivers to provide additional insight and potential solutions.

In addition to the competencies of the cannabis registered nurse, and the graduate level prepared cannabis registered nurse  
**the APRN**:

1. Uses prescriptive authority with pharmaceuticals and recommendation privileges with cannabis and cannabinoid medicines in accordance with state laws and with awareness of federal laws.
2. Follows state based MMP guidelines for the cannabis recommendation process.
3. Educates the cannabis healthcare consumer about evidence-based cannabinoid medicines and therapies in accordance with clinical indicators after reviewing results of diagnostic and laboratory tests.

4. Utilizes an integrative approach where cannabis medicine can be incorporated with lifestyle management, holistic modalities, traditional pharmaceutical medications, and herbal therapies-supplements in an appropriate and safe manner to support endocannabinoid system tone. The side effects, adverse effects, variable effects, and safety considerations are explored with the cannabis healthcare consumer, their family/caregiver as decisions about cannabis therapeutics are made.
5. Provides ongoing clinical consultation regarding cannabis medicine, the titration process, and the endocannabinoid system.
6. Provides the cannabis healthcare consumer and cannabis healthcare consumer/ family members/ caregivers with relevant and accurate information and guidance on appropriate cannabis dosing, routes of administration, cannabinoid ratios, and terpenes/terpenoids as allowed by practice standards, state MMP mandates, and federal laws.
7. Monitors the cannabis healthcare consumer for side effects, adverse effects, and cannabis use disorder.

#### **Standard 5A: Coordination of Care**

The cannabis registered nurse supports the cannabis healthcare consumer in the coordination of the delivery of care.

#### **Competencies**

##### **The cannabis registered nurse:**

1. Provides clinical cannabis consultation for cannabis healthcare consumers and other professionals related to complex clinical cases to improve outcomes.
2. Collaborates with the cannabis healthcare consumer and the interprofessional team to help manage the delivery of health care based on mutually agreed-upon outcomes.
3. Organizes the components of the plan with input from the cannabis healthcare consumer and other stakeholders.
4. Engages the cannabis healthcare consumer in self-care to achieve preferred goals for quality of life.
5. Assists the cannabis healthcare consumer in identifying options for care and navigating the healthcare system.
6. Communicates with the cannabis healthcare consumer, interprofessional team, and community-based resources to effect safe transitions in continuity of care.
7. Advocates for the delivery of dignified and person-centered care by the interprofessional team.
8. Documents the coordination of care.
9. Provides coordination of care as needed to achieve cannabis-related health and wellness outcomes.

In addition to the competencies of the cannabis nurse, **the Graduate-level cannabis nurse:**

1. Provides leadership in the coordination and integration of interprofessional healthcare for the delivery of cannabis healthcare consumer services to achieve safe, efficient, timely, person-centered, and equitable care for the individual cannabis healthcare consumer.
2. Manages identified cannabis healthcare consumer panels or populations.

In addition to the competencies of the cannabis nurse, and graduate level cannabis nurse **the APRN:**

1. Synthesizes data and information to advise, recommend and provide necessary system and community support measures, including modifications of environments.
2. Serves as the cannabis healthcare consumer's provider in coordination of cannabis healthcare services in accordance with state and federal laws and regulations.

### **Standard 5B: Health Teaching and Health Promotion**

The cannabis nurse employs strategies to teach and promote health and wellness.

#### **Competencies**

##### **The cannabis nurse:**

1. Provides opportunities for the cannabis healthcare consumer to identify needed health promotion, disease prevention and self-management topics such as: healthy lifestyles, self-care and risk management, coping, adaptability, and resiliency.
2. Uses collaborative health promotion and health teaching methods to educate cannabis healthcare consumers, taking into consideration their values, beliefs, health practices, developmental level, learning needs, readiness, language preference, spirituality, culture, socioeconomic status, and ability to learn.
3. Uses feedback from the cannabis healthcare consumer and other assessments to determine the effectiveness of the employed strategies.
4. Provides cannabis healthcare consumer with information and education about intended effects and potential adverse effects of the cannabis plan of care.
5. Uses technologies to communicate health promotion and disease prevention information to the cannabis healthcare consumer.
6. Engages consumer alliance and advocacy groups in health teaching and health promotion activities for cannabis healthcare consumers.
7. Provides anticipatory guidance to cannabis healthcare consumers to promote health and prevent or reduce risk.

Implements health teaching and health promotion strategies to support cannabis healthcare consumers' ongoing educational needs related to their wellness and possible adverse effects of their therapeutic use of cannabis.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level prepared registered nurse, including the APRN:**

1. Synthesizes evidence on risk behaviors, gender roles, learning theories, information literacy, behavioral change theories, motivational theories, translational theories for evidence-based practice, epidemiology, technology, and other related theories and frameworks when designing cannabis health education information, tools, and programs.
2. Evaluates health information resources for applicability, accuracy, readability, and comprehensibility to help cannabis healthcare consumers access quality health information.

### **Standard 6: Evaluation**

The cannabis registered nurse evaluates progress toward attaining goals and outcomes.

#### **Competencies**

##### **The cannabis registered nurse:**

1. Uses applicable standards and defined criteria (e.g., National Council on State Boards of Nursing (NCSBN) National Guidelines for Medical Marijuana).
2. Evaluates the cannabis healthcare consumer's care plan, implementation process, and outcomes achievement as prescribed by the indicated timeline.
3. Determines the effectiveness, efficiency, safety, timeliness, and equitability of the planned strategies as related to cannabis healthcare consumer or population in the response to obtain outcomes.
4. Uses ongoing assessment and evaluation data to revise the cannabis plan of care, including diagnoses, outcomes, plans, and implementation strategies.
5. Document's findings and results of the evaluation process.
6. Monitors the cannabis healthcare consumer for side effects, adverse effects, variable effects, and cannabis use disorder in alignment with state MMP requirements.
7. Shares evaluation data and conclusions with the cannabis healthcare consumer and other stakeholders to promote clarity and transparency in accordance with state, federal, organizational, and professional requirements.

In addition to the competencies of the cannabis nurse, **the cannabis graduate-level prepared registered nurse and APRN:**

1. Enacts a systematic evaluation process with the goal of enhancing the effectiveness of a cannabis healthcare consumer's plan of care.
2. Considers results of evaluation when making recommended revisions to the plan of care.
3. Uses cannabis healthcare consumer-centered focus and s interprofessional team members' insight as the plan of care is revised.
4. Supports cannabis healthcare consumer with recommendations for cannabinoid/terpenoid administration routes, doses, and ratios based on evaluation findings.
5. Follows up with cannabis healthcare consumers regarding any changes in the body of scientific evidence related to cannabis and current qualifying condition(s).

6. Makes recommendations for policy, procedure, or protocol revisions based on the evaluation results and cannabis healthcare consumer outcomes.

## Standards of Professional Performance

### Standard 7: Ethics

The cannabis nurse practices ethically in all aspects of practice.

#### Competencies

The **cannabis nurse**:

1. Utilizes the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015b) to guide practice while establishing and maintaining an ethical environment of nursing care.
2. Practices cannabis nursing with compassion, caring, respect, and in acknowledgement of the inherent dignity, worth, and unique attributes of all persons. (Beneficence)
3. Advocates for the rights of cannabis healthcare consumers and populations regarding informed decision making and self-determination in relation to cannabis as a medicine. (Respect for Autonomy)
4. Demonstrates a primary commitment to the cannabis healthcare consumer and populations in all settings and situations they serve. (Fidelity)
5. Maintains therapeutic-caring relationships and professional boundaries.
6. Acts to prevent breaches to cannabis healthcare consumer's privacy and confidentiality.
7. Safeguards the cannabis healthcare consumer's sensitive information within ethical, legal, and regulatory parameters. (Non-maleficence)
8. Identifies relevant resources within the practice setting to assist and collaborate in addressing ethical issues.
9. Integrates principles of social justice in all aspects of cannabis nursing practice. (Justice)
10. Refines ongoing cannabis nursing ethical competencies through professional and personal education and development opportunities on a continuous basis.
11. Portrays professional cannabis nursing identity through demonstrated values and ethics, knowledge, leadership, and professional comportment.
12. Demonstrates ongoing commitment to self-reflection and self-care practices.
13. Contributes to the establishment and maintenance of ethical environments conducive to the delivery of safe, quality cannabis health care.
14. Collaborates with other health professionals and the public to protect human rights and reduce health disparities.
15. Enacts personal and nursing core values to maintain the integrity of cannabis nursing practice in all settings.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse and APRN role**:

1. Demonstrates advanced knowledge of ethical analyses, ethical principles of respect for autonomy, beneficence, nonmaleficence, and justice and their relation to ethical cannabis nursing practice.

2. Provides leadership in developing cannabis nurses' ethical competence that includes making ethical decisions regarding emerging or recurrent ethical issues.
3. Practices cannabis nursing from a framework of caring ethics and social justice with a non-discriminatory, caring, and compassionate approach.
4. Participates with interprofessional teams as they address ethical risks, benefits, and outcomes related to cannabis healthcare industry practices.
5. Acts as an advocate to end social stigma related to the use of cannabis.
6. Advances knowledge and practice of ethics through scholarly inquiry, professional standards development, and policy generation.
7. Represents the nursing profession and the cannabis nursing specialty as a subject matter expert, advisor, or consultant, locally, statewide, regionally, nationally, and internationally.

### **Standard 8: Advocacy**

The cannabis nurse demonstrates advocacy in all roles and settings.

#### **Competencies**

##### **The cannabis nurse:**

1. Champions the voice of the cannabis healthcare consumer.
2. Recommends appropriate levels of care, timely and appropriate transitions, and allocation of resources to optimize outcomes for cannabis healthcare consumers.
3. Promotes safe care and the acquisition of sufficient resources for healthcare consumers and safe work environments for other healthcare providers within the cannabis industry.
4. Participates in health initiatives on behalf of cannabis healthcare consumers and the systems where nursing occurs.
5. Demonstrates a willingness to address persistent, pervasive systemic issues in providing cannabis care to healthcare consumers.
6. Informs the political arena about the role of the nurse and the vital components necessary for providing cannabis care in therapeutic settings.
7. Empowers all members of the interprofessional healthcare team to include the cannabis healthcare consumer in care decisions, including the understanding surrounding the limitations of end-of-life care.
8. Embraces diversity, equity, inclusivity, health promotion, and health care for individuals of diverse cultural, ethnic, gender, geographic, racial, and spiritual backgrounds across the lifespan.
9. Develops policies that improve cannabis care delivery and access for underserved and vulnerable populations.
10. Promotes policies, regulations, and legislation at the local, state, and national level to improve cannabis healthcare access and delivery of cannabis care.
11. Considers cultural, economic, political, and societal factors in addressing social determinants of endocannabinoid health.

12. Models cannabis advocacy behavior for other healthcare professionals.
13. Addresses the urgent need for a diverse and inclusive workforce as a strategy to improve outcomes related to social determinants of health and inequities in the delivery of cannabis care to healthcare consumers.
14. Advances policies, programs, and practices within the health care environment that maintains and sustains the resources of the environment and the natural world.
15. Contributes to professional organizations which focus on cannabis, endocannabinoid health, education, research, and therapeutics.

In addition to the competencies of the cannabis nurse, **the Graduate-level cannabis nurse:**

1. Analyzes the impact of geographic, societal, political, economic, and cultural factors on healthcare disparities experienced by cannabis healthcare consumers.
2. Develops alliances with various groups to promote cannabis healthcare consumers' advocacy goals.
3. Pursues resources to improve health outcomes through the improvement of the delivery of cannabis care and services.
4. Influences leaders, legislators, governmental agencies, non-governmental organizations, and internal bodies to address the relationship of cannabis use and social determinants to the health of individuals.

In addition to the competencies of the cannabis nurse, and the graduate level cannabis nurse: **the APRN:**

1. Promotes universal application of full practice authority in all settings and roles in meeting the health care needs of diverse populations of cannabis healthcare consumers.
2. Advocates for the development of an organizational structure for the cannabis nurse to directly report to the appropriate advanced practice nursing leadership position.
3. Endorses the nursing profession's *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*.

### **Standard 9: Respectful and Equitable Practice**

The cannabis nurse practices with cultural humility and inclusiveness.

#### **Competencies**

##### **The cannabis nurse:**

1. Demonstrates respect, equity, and empathy in actions and interactions with all cannabis healthcare consumers.
2. Respects cannabis consumer decisions without bias.

3. Participates in lifelong learning to ensure understanding of diverse cannabis healthcare consumers' cultural preferences, worldviews, and choices and how these impact cannabis healthcare consumers' decision-making processes.
4. Addresses the effects and impact of discrimination and oppression on cannabis practice within and among diverse groups.
5. Applies knowledge of the differences in health beliefs, practices, and communication patterns without assigning value to the differences.
6. Provides care to all cannabis healthcare consumers and populations in a non-discriminatory manner.
7. Communicates with appropriate language and behaviors including the use of qualified cannabis healthcare interpreters and translators in accordance with the cannabis healthcare consumer needs and preferences for cannabis therapeutics.
8. Serves as a role model and cannabis care educator for demonstrating cultural humility and the recognition and appreciation of diversity and inclusivity.
9. Identifies culturally specific meanings of interactions, terms, and content (such as pot, weed, ganja, Mary jane, herb, etc.) during encounters with cannabis healthcare consumers.
10. Advocates for cannabis policies that promote health and prevent harm among culturally diverse, underserved, vulnerable, or underrepresented cannabis healthcare consumers and populations.
11. Promotes equality in all aspects of therapeutic use of cannabis and cannabis health care.
12. Educates nurse colleagues and the interprofessional healthcare team about the intersection between endocannabinoid system and the healthcare needs of diverse populations.
13. Provides quality cannabis nursing care to all cannabis healthcare consumers and populations in a nondiscriminatory and inclusive manner.
14. Advances organizational cannabis policies, programs, services, and practices that reflect respect, equity, and values for diversity and inclusion.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse and APRN role:**

1. Provides leadership within interprofessional healthcare teams to identify and respond to the cultural needs of cannabis healthcare consumers and communities.
2. Collaborates with healthcare consumers, communities, medical organizations, and lawmakers to create and maintain a focus on cross-cultural partnerships, both within the cannabis nursing practice, and populations at large.
3. Conducts holistic research on cannabis medicine interventions to improve quality of life and health outcomes for culturally diverse cannabis healthcare consumers.
4. Develops non-discriminatory recruitment and retention strategies to achieve a diverse and inclusive workforce in cannabis clinics and dispensaries.

5. Promotes shared decision-making solutions incorporating evidence-based cannabis practices to resolve discrepancies that may exist between cultural preferences and/or the cannabis healthcare consumer's firsthand experiences.

### **Standard 10: Communication**

The cannabis nurse communicates effectively in all areas of practice.

#### **Competencies**

##### **The cannabis nurse:**

1. Assesses their own communication skills and communication effectiveness.
2. Demonstrates cultural empathy, professionalism, and respect when communicating with the cannabis healthcare consumer.
3. Uses communication methods that demonstrate caring, respect, deep listening, authenticity, and trust.
4. Maintains communication with interprofessional healthcare teams as needed to ensure continuity of care.
5. Conveys accurate information regarding the therapeutic use of cannabis.
6. Discloses concerns related to potential or actual hazards or safety issues related to the therapeutic use of cannabis.
7. Applies HIPAA-compliant, ethical, legal, and privacy guidelines and policies throughout the communication process, inclusive of information maintenance, use, and dissemination.
8. Contributes the cannabis nursing perspective in interactions and discussions with the interprofessional healthcare team and other stakeholders.
9. Demonstrates continuous improvement of communication skills.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse and APRN role:**

1. Utilizes compassionate communication skills concerning the therapeutic use of cannabis when working with healthcare consumers, while discussing new legislation with lawmakers, and during interactions with colleagues.
2. Leads the charge for cannabis healthcare consumer advocacy and communication of the need for change so that cannabis healthcare consumers have adequate access to medicinal cannabis.
3. Guides conversations in a forward direction with a positive attitude to facilitate productive discussions and creative solutions in the evolving cannabis healthcare industry.
4. Acts as a leader by facilitating a psychologically safe communication environment that encourages healthy conversation and discourse about the therapeutic use of cannabis and the practice of cannabis nursing.

### **Standard 11: Collaboration**

The cannabis nurse collaborates with healthcare consumers, clinicians, families, interprofessional healthcare teams, key stakeholders, and diverse populations.

### **Competencies**

#### **The cannabis nurse:**

1. Identifies areas of cannabis expertise and the contributions of other professionals and key stakeholders for purposes of collaboration.
2. Treats others with dignity and respect in all interactions.
3. Articulates the cannabis nurse role within the interprofessional healthcare team.
4. Promotes engagement through consensus building and conflict management.
5. Partners with the cannabis healthcare consumer and key stakeholders to advocate for change that supports positive healthcare outcomes and enhanced quality of care.
6. Uses appropriate tools and techniques including information systems and technologies to facilitate discussion and team functions in a manner that protects privacy and confidentiality.
7. Exhibits dignity, respect, professionalism, and confidentiality when communicating and when giving and receiving feedback.
8. Shares cannabis knowledge with peers and colleagues in a professional manner.
9. Partners with all stakeholders to create, implement, and evaluate plans.
10. Models the development of clear roles, effective communication, efficient processes, measurable outcomes, mutual trust, and shared goals within the interprofessional healthcare team.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse and APRN role:**

1. Guides cannabis care activities within the interprofessional healthcare care team, including endocannabinoid education, consultation, management, technological development, and research to enhance positive health and wellness outcomes for the healthcare consumer.
2. Establishes collaborative relationships between cannabis nursing professionals and those nurses seeking cannabis knowledge in efforts to improve overall healthcare for consumers.
3. Develops protocols and tools to assist the interprofessional healthcare team in the creation of plans of care for cannabis healthcare consumers.
4. Provides an open forum with other interprofessional cannabis professionals to collaborate in customizing these protocols to meet specific needs.

### **Standard 12: Leadership**

The cannabis nurse leads within profession and practice settings.

### **Competencies**

#### **The cannabis nurse:**

1. Fosters effective relationships to facilitate quality outcomes and promote a culture of safety.
2. Provides an open forum with other interprofessional cannabis professionals to collaborate in customizing cannabis care protocols to meet specific needs.
3. Contributes to the evolution of cannabis nursing through participation in professional organizations, including but not limited to, the ACNA.
4. Embraces cannabis nursing practice innovations and role performance to achieve lifelong personal and professional goals.
5. Communicates to lead changes in policy about cannabis care.
6. Influence policy-making processes about cannabis care throughout nursing.
7. Ensures cannabis healthcare consumer safety, health, and well-being.
8. Mentors other cannabis nurses towards the advancement of cannabis nursing practice.
9. Acts as a professional role model for providing cannabis care to other nurses and healthcare professionals.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse and APRN role:**

1. Engages with decision-making bodies to communicate knowledge and skills with a goal of increasing effectiveness of cannabis healthcare consumer outcomes and advancing professional cannabis nursing practice.
2. Contributes as an active member within interprofessional healthcare teams.
3. Educates policy makers, colleagues, and cannabis healthcare consumers about advanced practice cannabis nursing and role development.
4. Provides guidance and counseling to colleagues regarding the acquisition of clinical knowledge, skills, ways of knowing, and judgment about safe and effective use of cannabis therapeutics.
5. Supports APRNs and the promotion of advanced practice roles in cannabis nursing.
6. Models expert cannabis nursing practice to colleagues, consumers, and interprofessional team members.
7. Advocates for the continuous improvement of systems that support the advancement and broad implementation of the therapeutic use of cannabis in society.
8. Leads change in the evolving cannabis care nursing theory, research, education, and practice by assuming advanced leadership roles.

### **Standard 13: Education**

The cannabis nurse seeks knowledge and competence that reflect current cannabis nursing practices and promote futuristic and innovative thinking.

#### **Competencies**

**The cannabis nurse:**

1. Participates regularly in educational activities related to cannabis nursing to acquire knowledge about other disciplines by working with interprofessional healthcare teams.
2. Demonstrates a commitment to lifelong learning inclusive of self-reflection and inquiry for personal and professional growth.
3. Acquires knowledge, skills, and abilities related to the role of the cannabis nurse in clinical practice or performance.
4. Advocates through formal consultation or informal discussions to address issues in cannabis nursing practice, demonstrating an application of education and knowledge.
5. Identifies modifications or accommodations needed in the delivery of cannabis education based on the learner's needs.
6. Mentors new cannabis nurses in their roles for the purpose of ensuring successful acculturation, orientation, competence, and emotional support in providing care for the cannabis healthcare consumer, their family, and the community.
7. Shares educational findings, experiences, and ideas with peers.
8. Facilitates a work environment supportive of ongoing cannabis education for healthcare professionals and interprofessional colleagues.
9. Maintains a professional portfolio that provides evidence of individual competence and lifelong learning in cannabis: this includes knowledge of the endocannabinoid system, awareness of local and national policy and regulations, and best practices for the delivery of care to the healthcare consumer.
10. Seeks professional cannabis nursing degrees or cannabis specialty certifications, and / or degrees in cannabis medicine.
11. Recognizes the value of professional and cannabis nurse specialty certifications and / or degrees in cannabis medicine.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse** including the **APRN**:

1. Uses current cannabis healthcare research findings and other evidence to expand knowledge, skills, abilities, and judgment to enhance role performance.
2. Disseminates cannabis science evidence to nurses, interprofessional colleagues, communities, and policy makers.
3. Designs educational activities which incorporate the role of the endocannabinoid system in homeostasis and are inclusive of the integrative modalities that support endocannabinoid system health and self-regulation.

#### **Standard 14: Scholarly Inquiry**

The cannabis nurse integrates scholarship, current best evidence, and research findings into practice.

## Competencies

### The cannabis nurse:

1. Articulates the importance and value of cannabis science-based research and its application to cannabis healthcare consumers and populations.
2. Uses current evidence-based knowledge to guide cannabis nursing practice and decision-making processes.
3. Participates in the formulation of evidence-based practice and contributes to the emerging fields of cannabis therapeutics and cannabinoid science research.
4. Promotes ethical practices and principles regarding cannabis research efforts in nursing practice and healthcare settings.
5. Shares peer-reviewed, evidence-based findings with colleagues to integrate cannabis knowledge into nursing practice.
6. Incorporates evidence and nursing research when initiating changes and improving the quality of cannabis nursing practices.
7. Reviews cannabis nursing research for application in practice and the healthcare setting.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse**, including the **APRN**:

1. Integrates current cannabis science evidence in all practice settings to enhance the quality of services provided.
2. Utilizes current evidence-based practices to continuously improve cannabis nursing role performance and clinical judgment while developing new knowledge, skills, and abilities.
3. Uses critical thinking skills to integrate evidence-based practices and holistic modalities to enhance cannabis healthcare consumer-centered practices.
4. Contributes to the cannabis nursing knowledge base by conducting cannabinoid science research or synthesizing current cannabinoid science evidence to enhance healthcare consumer outcomes.
5. Encourages other nurses to enhance and grow their research skills.
6. Performs rigorous critiques of cannabinoid science to create progressive evidence-based cannabis nursing practices and protocols.
7. Advocates for ethical cannabis science research and translational scholarship with consideration of research participants as protected healthcare consumers.
8. Supports a climate of collaborative interprofessional research and clinical inquiry.
9. Disseminates research and scholarly findings through peer-reviewed journal publications, presentations, and consultations.

## Standard 15: Quality of Practice

The nurse contributes to quality nursing and cannabis nursing practices.

## Competencies

**The cannabis nurse:**

1. Ensures quality of nursing practice within the interprofessional healthcare team engaged in the delivery of cannabis healthcare consumer services to achieve efficient, equitable, person-centered, safe, and timely care for the individual cannabis healthcare consumer.
2. Recommends strategies to stakeholders to improve quality of care for cannabis healthcare consumers.
3. Uses creativity and innovation to enhance nursing care for the cannabis healthcare consumer.
4. Collects data to monitor quality of cannabis nursing practice.
5. Provides critical review of policies, procedures, and guidelines that impacts cannabis healthcare consumers and nurses.
6. Documents cannabis nursing practice in a manner that supports quality and performance improvement.
7. Engages with interprofessional healthcare teams in formal and informal peer review of cannabis care delivery processes.
8. Collaborates with the interprofessional healthcare team to implement quality improvement plans and interventions for the cannabis healthcare consumer.
9. Incorporates evidence-based practice into cannabis care to improve the quality of outcomes and initiatives.
10. Fosters a practice environment that supports evidence-based health care.
11. Incorporates available benchmarks to evaluate cannabis care practice at the individual, departmental, or organizational level.
12. Promotes compliance with internal and external regulatory requirements for cannabis care.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level nurse and APRN:**

1. Examines trends in cannabis nursing quality data, especially as it relates to the delivery of cannabis theories.
2. Explores cultural, ethnic, and population-based considerations when examining the cannabis nursing quality data.
3. Designs innovative plans of care with cannabis therapeutics in accordance with state MMP requirements and in consideration of federal laws.
4. Provides leadership in the design and implementation of the protocols and processes which support the safe delivery of cannabis therapeutics.
5. Contributes to cannabis nursing knowledge through the pursuit of scientific inquiry.
6. Utilizes quantitative and qualitative data to inform decision-making at all levels of cannabis care practice.
7. Influences organizational systems to incorporate cannabis therapeutics and improve outcomes for cannabis healthcare consumers.

8. Obtains professional or cannabis nursing specialty certifications and / or degree(s) in cannabis medicine

### **Standard 16: Professional Practice Evaluation**

The cannabis nurse evaluates their own and other nurse's cannabis nursing practices.

#### **Competencies**

##### **The cannabis nurse:**

1. Regularly engages in self-reflection and self-evaluation of cannabis nurse practice.
2. Adheres to The Nursing Scope and Standards of Practice (ANA, 2021) and The Code of Ethics for Nurse with Interpretive Statements (ANA, 2015).
3. Ensures that cannabis nursing practice is consistent with state laws and policy regarding MMP, regulatory requirements pertaining to licensure, relevant statutes, rules, and regulations.
4. Influences organizational policies and procedures to promote interprofessional evidence-based cannabis nursing practice.
5. Provides evidence for making practice decisions and taking actions as part of the process of evaluating the cannabis nurse's role performance.
6. Seeks formal and informal evaluation and feedback about their own practice performance from the cannabis healthcare consumer, colleagues, and stakeholders.
7. Provides other cannabis nurses with formal and informal constructive feedback regarding their practices and role performance.
8. Documents the evaluation process, strategies used, and next steps to enhance their own cannabis nursing practice.

In addition to the competencies of the cannabis nurse, the **Graduate-level prepared cannabis registered nurse:**

1. Disseminates best practices through activities such as presentations, publications, and consultations.
2. Demonstrates leadership in evaluating cannabis nursing practice to improve healthcare outcomes.
3. Mentors other cannabis nurses in the performance of their professional roles and responsibilities within the area of cannabis therapeutics.
4. Holds leadership positions in professional and specialty cannabis practice organizations.
5. Influences development of evaluation standards and guidelines within cannabis nursing.
6. Leads implementation and translation of evidence-based standards and guidelines into cannabis nursing practice.

In addition to the competencies of the cannabis nurse, and the graduate level prepared cannabis registered nurse, **the APRN**:

1. Influences the development of advanced practice standards and guidelines in the specialty of cannabis nursing.
2. Evaluates professional cannabis nursing practice data and benchmarks to enhance their own and other's nursing practice.

### **Standard 17: Resource Stewardship**

The cannabis nurse utilizes available resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, financially responsible, and used judiciously.

#### **Competencies**

##### **The cannabis nurse:**

1. Facilitates the cannabis healthcare consumer in factoring costs, benefits, and risks regarding decisions about their therapeutic use cannabis.
2. Supports the cannabis healthcare consumer in identifying and obtaining medical therapies, holistic services, integrative and alternative medical treatments as appropriate to support their healing processes.
3. Advocates for equitable resources that support and enhance cannabis nursing practice and health outcomes.
4. Integrates telehealth and mobile health technologies when appropriate to promote positive interactions with cannabis healthcare consumers and care providers.
5. Uses community resources to support and implement interprofessional plans and educational efforts for cannabis healthcare consumers.
6. Addresses bias and discriminatory healthcare practices and the adverse impact on cannabis healthcare consumers regarding the allocation of cannabis use, therapeutics, and resources.
7. Uses knowledge and awareness of the existence and use of quasi legal and illegal markets for cannabis products when counselling cannabis healthcare consumers.

In addition to the competencies of the cannabis nurse, **the cannabis graduate-level prepared registered nurse and APRN** :

1. Creates comprehensive treatment plans that consider the unique needs, conditions, and resources available to the cannabis healthcare consumer.
2. Develops innovative strategies and solutions to effectively manage the use of cannabis therapeutics, while continuously improving quality of care.
3. Implements evaluation strategies that address cost-effectiveness, cost-benefits, and efficiency factors associated with cannabis nursing practice.
4. Connects the cannabis healthcare consumer with local cannabis resources, including supportive programs, cannabis educational opportunities, and informational materials.

5. Utilizes organizational and community cannabis resources when creating holistic interprofessional treatment plans.

### **Standard 18: Environmental Health**

The cannabis nurse practices in a manner that advances environmental safety and health.

#### **Competencies**

##### **The cannabis nurse:5**

1. Creates a safe and healthy workplace environment and professional practice.
2. Fosters a professional environment that does not tolerate abusive, destructive, and oppressive behaviors.
3. Promotes evidence-based practices to create a psychologically and physically safe environment.
4. Assesses the physical environment to identify and address the impact of social determinants and risk factors on health.
5. Reduces environmental health risks to self, cannabis healthcare consumers, and the world.
6. Integrates environmental health concepts into cannabis nursing practice.
7. Communicates information about environmental health risks and exposure reduction strategies when using cannabis therapeutics.
8. Uses cannabis therapeutics or treatments consistent with evidence-based practices designed to decrease environmental threats and hazards.
9. Examines how the healthcare consumer's biography affects their endocannabinoid system, resultant health issues, and the ecosystem.
10. Analyzes the impacts of social, political, and economic influences on the cannabis healthcare consumer and the environment.
11. Advances environmental concerns and complaints about cannabis therapeutics in through advocacy and appropriate reporting mechanisms.
12. Promotes sustainable global environmental health polices and conditions that focus on prevention of hazards to people and the natural environment.

In addition to the competencies of the cannabis nurse, the **cannabis graduate-level prepared registered nurse and APRN**:

1. Influences social, political, environmental, and economic considerations regarding the production of cannabis therapeutics and wellness products.
2. Affects social, political, environmental, and economic considerations regarding the pharmaceutical production of whole spectrum, botanical cannabinoid medicines.
3. Creates partnerships with stakeholders to promote environmentally sound and sustainable cannabis cultivation and production practices.
4. Designs research addressing the connection between the environment, its conditions, and health status of cannabis healthcare consumers.

5. Utilizes windshield survey as part of the community assessment data to develop cannabis (limited only to cannabis? Consider more global focus) policies, recommendations, plans, and programs that prevent harm to the cannabis healthcare consumer and their natural environment.

### **Conclusion Revise and position at the end of the scope statement.**

In conclusion this *Affirmation of Practice of Cannabis Nursing as an Emerging Specialty (2022)* establishes a standardized nursing presence designed to educate, advocate and support cannabis healthcare consumers. The nursing process employed by cannabis nurses guides healthcare consumers in the use of this scared plant and its wide and various cannabinoid therapeutics. The use of this plant exists well within the nursing domain as needing definition of practice on how to support and coach cannabis healthcare consumers on its proper consumption for health and nutritional purposes. It is imperative that cannabis nurses follow scope and standards of care that fall within the Statement of Practice for this emerging nursing specialty.

This affirmation, scope of practice statement, and acknowledgement of specialty practice standards is a call to action. This document is grounded in philosophies, theories, evidence-based research, and the “critical thinking model known as the nursing process” (Nursing Scope and Standards 4<sup>th</sup> edition, p 113). These statements create the foundation of cannabis nursing and clinical guidelines which advance cannabis nursing as a recognized nursing practice. Therefore, the ACNA seeks formal designation for cannabis nursing as an emerging nursing specialty though the guidance, collaboration, and approval of the American Nurses Association / American Nurses Credentialing Center (ANA/ANCC). The first textbook, *Cannabis: A handbook for nurses* describes the roles and supports the competencies of a cannabis nurse. As noted by its author Carey S. Clark, PHD, AHN-BC, FAAN, and past president of ACNA, a cannabis nurse combats

stigma, is a change agent, a leader, and an advocate all while providing compassionate care to cannabis healthcare consumers.

Cannabis care nurses stood up, despite the prohibition – era stigma, to become spokespersons for those who cannot speak for themselves, and they have learned how to best share this wealth of information with others.

Cannabis care nurses are leaders in creating change: they will continue to advocate for positive change that supports patient’s rights to autonomy in healing, even as we enter this cannabis post-prohibition era and move into an era of cannabis regulations.

Cannabis care nurses are called to be caring, compassionate, social justice warriors to ensure that all patients need to have the opportunity to access cannabis therapeutics along their palliative and healing journeys (Clark, 2021, p. 271).

## References

*About Healthcare consumers Out of Time.* Medical Cannabis Network. (2020, January 13).

<https://www.medicalcannabis.com/about/>.

Alligood, M. R. (2014). *Nursing theory utilization and application.* St Louis, MO: Elsevier.

Need to reference new 2021 AACN Essentials 'American Cannabis Nurses Association. (2019).

Scope and standards of practice for cannabis nurses. Retrieved from

<https://cannabisnurses.org/Scope-of-Practice-for-CannabisNurses>

American Nurses Association (2016). *Therapeutic use of marijuana and related cannabinoids:*

Position statement.

<https://www.nursingworld.org/~49a8c8/globalassets/practiceandpolicy/ethics/therapeutic-use-of-marijuana-and-related-cannabinoids-position-statement.pdf>

American Nurses Association and American Holistic Nurses Association. (2019). *Holistic nursing: scope and standards of practice.*

American Nurses Association. (2015a). *Nursing: Scope and Standards of Practice, Third Edition.*

Silver Springs, MD.

American Nurses Association. (2015b). *Code of Ethics for Nurses with Interpretive Statements.*

Silver Springs, MD.

American Nurses Association. (2021a). *Recognition of a nursing specialty, approval of a specialty nursing scope of practice statement, acknowledgment of specialty nursing standards of practice, and affirmation of focused practice competencies.*

<https://www.nursingworld.org/~49d755/globalassets/practiceandpolicy/scope-of-practice/3sc-booklet-2021-june.pdf>

American Nurses Association. (2021b). *Nursing: Scope and Standards of Practice, Fourth Edition*. Silver Springs, MD.

American Nurses Credentialing Center. (2017). ANCC Certification Renewal Requirements (June 1, 2017).

<https://www.nursingworld.org/~4ac164/globalassets/certification/renewals/RenewalRequirements>.

Andrew, E. (2019, March 11). *Cannabis May Have Eased Breast Cancer Symptoms of Siberian Ice Princess*. IF Science. <https://www.iflscience.com/health-and-medicine/cannabis-may-have-eased-breast-cancer-symptoms-siberian-ice-princess/>.

Backes, M. (2014). *Cannabis pharmacy: The practical guide to medical marijuana*. New York, NY: Black Dog & Leventhal Publisher.

Backes, M. (2017). *Cannabis Pharmacy: The practical guide to medical marijuana (revised and updated)*. New York, NY: Black Dog & Leventhal.

Balla, A., Forsyth, A., & Richmond McKnight, T. (2020). University of California Cannabis Research Workshop May 2019 Meeting Summary. *Cannabis and Cannabinoid Research*, 5(2), 183–186. <https://doi.org/10.1089/can.2020.0022>

Balneaves, L. G., & Alraja, A. A. (2019). "Guarding their practice": a descriptive study of Canadian nursing policies and education related to medical Cannabis. *BMC Nursing*, 18(1). <https://doi.org/10.1186/s12912-019-0390-7>

Baumbusch, J., & Sloan Yip, I. (2020). Exploring New Use of Cannabis among Older Adults. *Clinical Gerontologist*, 44(1), 25–31. <https://doi.org/10.1080/07317115.2020.1746720>

Bourque, A. (2019, February 8). From Chemistry to Culinary: 10 Educational Programs For Students Eager To Learn About Cannabis. *Forbes*.

- <https://www.forbes.com/sites/andrebourque/2018/07/24/from-chemistry-to-culinary-10-educational-programs-for-students-eager-to-learn-about-cannabis/?sh=6a71fb234aeb>.
- Brand, E. J., & Zhao, Z. (2017). Cannabis in Chinese medicine: are some traditional indications referenced in ancient literature related to cannabinoids? *Frontiers in pharmacology*, 8, 108.
- Cannabis: Evolution and Ethnobotany, Robert Clarke and Mark Merlin, University of California Press, 2016.
- Clark, C. S. (2021). *Cannabis, A Handbook for Nurses*. Philadelphia, PA: Wolters Kluwer.
- Clark, C.S., Bernard, C., Quigley, N., Smith, K., Theisen, E., & Smith, D. (2019). Scope and standards of practice for cannabis nurses. Retrieved from [www.cannabisnurse.org](http://www.cannabisnurse.org)
- Cohn, M. (2021, May 23). University of Maryland School of Pharmacy produces medical cannabis graduates. *baltimoresun.com*. [https://www.baltimoresun.com/health/bs-hs-um-graduates-first-medical-cannabis-students-20210521-y5ge725zdje3foba3exm7ve4ky-story.html?fbclid=IwAR0HZkXQtZcQmg7qhi7nERkkCrBYjg9zzMzft51cq\\_\\_MnjFOici8NtVQerg](https://www.baltimoresun.com/health/bs-hs-um-graduates-first-medical-cannabis-students-20210521-y5ge725zdje3foba3exm7ve4ky-story.html?fbclid=IwAR0HZkXQtZcQmg7qhi7nERkkCrBYjg9zzMzft51cq__MnjFOici8NtVQerg).
- Colleen Higgins, R. (2020). *The Cannabis Prescription*. Sway Innovations.
- Conley, K. (2017). Did Aliens bring pot to earth: National UFO day. Retrieved from <https://dopemagazine.com/aliens-bring-pot-earth/>
- Descheduling Cannabis in the US Supreme Court, organized by Bryan Krumm*. [gofundme.com](http://gofundme.com). (n.d.). <https://www.gofundme.com/f/descheduling-cannabis-in-the-us-supreme-court>.
- Dossey, B. M., Luck, S., & Schaub, B. G. (2015). Nurse coaching: integrative approaches for health and wellbeing. International Nurse Coach Association.
- Esch, M. (2019, March 4). Higher education: Colleges add Cannabis to the curriculum. AP NEWS. <https://apnews.com/article/111fc6b22d4f4301bceaa6f4576b98be>.

Farlex. (n.d.). *homeostasis*. The Free Dictionary. <https://medical-dictionary.thefreedictionary.com/homeostasis>.

Fontain, D., *Applying Research to Cannabis Nursing Practice*.

Goldstein, B. (2016). *Cannabis Revealed*. Bonni Goldstein.

Goldstein, B. (2020). *Cannabis is Medicine*. New London Boston, MA: Little Brown Spark.

Grotenhermen, F., & Russo, E. (2008). *Cannabis and cannabinoids: Pharmacology, missing rest of title?*

Grotenhermen, F., & Russo, E. (2002). *Cannabis and cannabinoids: pharmacology, toxicology, and therapeutic potential*. Psychology Press.

Hasse, J. (2019, July 17). U.S. Universities Offering Cannabis-Focused Graduate Programs and Master's Degrees. *Forbes*. <https://www.forbes.com/sites/javierhasse/2019/07/17/cannabis-university/?sh=5b11365013c1>.

Hand, A., & Blake, A., & Kerrigan, P., & Phineas, S., & Friedberg, J. (2016). History of medical Cannabis. *Journal Pain Management*, 9(4), 387-394.

Hemp Resource Center at Colorado State University. Hemp Resource Center. (2020, September 15). <http://hemp.agsci.colostate.edu/>.

Hess, D. R., Dossey, B. M., Southard, M. E., Luck, S., Schaub, B. G., & Bark, L. (2021). *The art and science of nurse coaching: The provider's guide to coaching scope and competencies*. (2nd ed.) Silver Spring, MD: Nursesbooks.org.

Higher Education: Colleges Add Cannabis to Curriculum. *Voice of America*. (n.d.).

Holland, J. (Ed.). (2010). *The pot book: A complete guide to Cannabis*. Simon and Schuster.

Jones, J. (2019). Gallup. In U.S., Medical Aid Top Reason Why Legal Marijuana Favored.

Retrieved from <https://news.gallup.com/poll/258149/medical-aid-top-reason-why-legal-marijuana-favored.aspx>

Konieczny, E. (2018). *Healing with CBD*. Berkely, CA: Ulysses Press.

Konieczny, E., & Wilson, L. (2018). *Healing with CBD: How Cannabidiol Can Transform Your Health Without the High*. Simon and Schuster.

Krumm, B. A. (2016). Cannabis for posttraumatic stress disorder: A neurobiological approach to treatment. *The Nurse Practitioner*, 41(1), 50-54.

Lee, M. A. (2013). *Smoke signals: a social history of marijuana-- medical, recreational, and scientific*. Scribner.

Louis, B. W.-S. (2018). *Cannabis: A Clinicians Guide*. Boca Rotan, FL: Taylor & Francis Group.

Mack, E. (2020). *Cannabis for Health: Become a coach*. Bloomington, IN: AuthorHouse

Mariano, C. (2013). In *Holistic nursing: scope and standards of practice*. essay, American Nurses Association.

Marihuana: A Signal of Misunderstanding, Report of the National Commission on Marihuana and Drug Abuse, Signet Books, 1972.

Mathre, M. L. (2017). A historical, legal, and evidence-based review of medical Cannabis., In the National Council of State Boards of Nursing (NCSBN) 2017 Annual Institute of Regulatory Excellence Conference: Practice breakdown, discipline and healthcare consumer safety. Presentation conducted at Clearwater Beach, FL: McFarland & Co., Inc.

Mathre, M.L. (1997). *Cannabis in medical practice: A legal, historical, and pharmacological overview of the therapeutic use of marijuana*. Jefferson, NC: McFarland & Company.

Merriam-Webster. (n.d.). Dictionary by Merriam-Webster: America's most-trusted online dictionary. Merriam-Webster.

<https://www.merriamwebster.com/dictionary/cannabinoid> Merriam-Webster Medical Dictionary.

Merriam-Webster Medical Dictionary. (2017c). Homeostasis. Retrieved

Merriam-Webster Medical Dictionary. (2017d). Terpene. Retrieved from

Moskowitz, M. (2017). *Medical cannabis: A guide for patients, practitioners and caregivers.*

Virginia Beach, VA: Koehler

National Council of State Boards of Nursing (NCSBN). (2018). The NCSBN national nursing guidelines for medical marijuana. *Journal of Nursing Regulations*, 9(2), S5-46. Retrieved from

[https://www.ncsbn.org/The\\_NCSBN\\_National\\_Nursing\\_Guidelines\\_for\\_Medical\\_Marijuana\\_JNR\\_July\\_2018.pdf](https://www.ncsbn.org/The_NCSBN_National_Nursing_Guidelines_for_Medical_Marijuana_JNR_July_2018.pdf)

National Council of State Boards of Nursing. (2020). NCSBN's Environmental Scan A Portrait of Nursing and Healthcare in 2020 and Beyond. *Journal of Nursing Regulation*, 10(4), S1-S35.

Quotes from – *Notes on Nursing (1859) Florence Nightingale, (1859)*  
Nightingale, F.

Nicole Skrobin, T. F. T. (2019, August 22). Here's every cannabis college course you can take in U.S. and Canada. *thegrowthop*. <https://www.thegrowthop.com/back-to-school/heres-every-cannabis-college-course-you-can-take-in-u-s-and-canada>.

Ohio Plants. (n.d.). <https://ohioplants.org/fruits-achene/>.

O'Leary, A. M. (2014). *Medical marijuana in America: memoir of a pioneer*. CreateSpace.

Pershall, S. (2020, July 28). Higher Education: The Top Universities Offering Cannabis Degrees.

Leafly. <https://www.leafly.com/news/industry/higher-education-university-cannabis-degree>.

Pettinato, M. (2017). Medicinal Cannabis. *Nursing*, 47(8), 40–46.

<https://doi.org/10.1097/01.nurse.0000521022.07638.35>

Quinnipiac, 2018). . Need name of the poll

Ren, M., Tang, Z., Wu, X., Spengler, R., Jiang, H., Yang, Y., & Boivin, N. (2019). The origins of cannabis smoking: Chemical residue evidence from the first millennium BCE in the Pamirs. *Science advances*, 5(6), eaaw1391.

Rosenthal M, S, Pipitone R, N: Demographics, Perceptions, and Use of Medical Marijuana among Patients in Florida. *Med Cannabis Cannabinoids* 2021;4:13-20. doi: 10.1159/000512342

Russell, K. A. (2019). Caring for Healthcare consumers Using Medical Marijuana. *Journal of Nursing Regulation*, 10(3), 47–61. [https://doi.org/10.1016/s2155-8256\(19\)30148-6](https://doi.org/10.1016/s2155-8256(19)30148-6)

Russell, K., Cahill, M., & Duderstadt, K. G. (2019). Medical marijuana guidelines for practice: health policy implications. *Journal of Pediatric Health Care*, 33(6), 722-726.

Ryan, J. E., McCabe, S. E., & Boyd, C. J. (2021). Medicinal Cannabis: Policy, Healthcare consumers, and Providers. *Policy, Politics, & Nursing Practice*, 22(2), 126–133.

<https://doi.org/10.1177/1527154421989609>

Ryan, J. E., Smeltzer, S. C., & Sharts-Hopko, N. C. (2020). Parents' experiences using medical Cannabis for their child. *Nursing Outlook*, 68(3), 337–344.

<https://doi.org/10.1016/j.outlook.2019.12.004>

- Ryan, J. E., Veliz, P., McCabe, S. E., Stoddard, S. A., & Boyd, C. J. (2020). Association of early onset of Cannabis, cigarette, other drug use and schizophrenia or psychosis. *Schizophrenia Research*, 215, 482–484. <https://doi.org/10.1016/j.schres.2019.10.002>
- Sloman, L. (1979). *Reefer madness; A history of marijuana*. New York, NY: St. Martin's Press.
- Smith, L. D. (2021). History of Cannabis and prohibition. In *Cannabis a handbook for nurses* (First ed., pp. 3-10). Wolters Kluwer.
- Solomon, R. (2020). Racism and Its Effect on Cannabis Research. *Cannabis and Cannabinoid Research*, 5(1), 2–5. <https://doi.org/10.1089/can.2019.0063>
- Southard, M. E., Dossey, B. M., Schaub, B. G., & Bark, L. (2021). Art and science of nurse coaching: the provider's guide to coaching scope and competencies. American Nurses Association.
- Spross, J.A. (2005). Expert coaching and guidance. In A.B Hamric, J.A. Spross, & C.M. Hanson
- Sulak, D. (2021). *Handbook of Cannabis for Clinicians: Principles and Practice*. W.W. Norton & Company
- The American Disease: Origins of Narcotic Control*, David F. Musto, Oxford University Press, 1999.
- Tracy, M. F., & O'Grady, E. T. (2019). *Hamric and Hanson's advanced practice nursing. An integrative approach*. St. Louis: Elsevier.
- Travis, J., & Ryan, R. S. (2004). *The wellness workbook: How to achieve enduring health and*
- United States Department of Agriculture. (n.d.). *Cannabis sativa L. marijuana*. USDA Plants Database. (n.d.). <https://plants.usda.gov/core/profile?symbol=casa3>.
- Watson, J. (2012). *Human caring science a theory of nursing*. Jones & Bartlett Learning. Sudbury.

- Wolf, L. A., Perhats, C., Clark, P. R., Frankenberger, W. D., & Moon, M. D. (2019). The perceived impact of legalized Cannabis on nursing workload in adult and pediatric emergency department visits: A qualitative exploratory study. *Public Health Nursing, 37*(1), 5–15. <https://doi.org/10.1111/phn.12653>
- Writers, S. (2021, April 20). *Are Cannabis Degrees Legit? BestColleges*. BestColleges.com. <https://www.bestcolleges.com/blog/are-cannabis-degrees-legit/>.