Preface

The American Cannabis Nurses Association (ACNA) used the American Nurses Association (ANA) (2021b) *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* to inform decision-making about the quality and validity of competencies relevant to cannabis nursing. ACNA formed a task group from their membership to research the competencies of other nursing specialties and standards set forth by ANA. Multiple iterations and revisions of this research now serve as the foundation for the competencies outlined in this document. The *Nursing: Scope and Standards of Practice (Fourth Edition)* (2021a) serves as a template for all nursing specialty organizations when describing the details and complexity of that specialty practice and as a resource. ACNA's *Scope and Standards of Practice* (2019) were also used as a framework and template for the updated and revised *Cannabis Nursing: Scope and Standards Practice* (2023) document.

Scope of Cannabis Nursing Practice

Cannabis nurses are confronted with political and legal challenges and barriers in their nursing practice. The federal ban of cannabis as a Schedule I drug creates conflict between state and federal laws and limits access, research, and education about cannabis as a medicine. The lack of consistent regulations, guidelines, and policies for cannabis nursing across different states creates confusion, inconsistency, and liability issues for cannabis nurses. Stigma and misinformation surrounding cannabis use affect the public perception, professional recognition, and ethical dilemmas for cannabis nurses. Additionally, nursing curricula lack learning opportunities about medicinal cannabis outside the frame of substance abuse. The discovery of the endocannabinoid system (ECS) and growing acceptance of medical cannabis requires cannabis nurses to be knowledgeable, adaptable, and resilient to provide optimal care and advocate for cannabis health care consumers. Cannabis nurses also need to advocate, educate, and collaborate to integrate cannabis nursing knowledge and competencies into mainstream health care, which provides the foundation for the cannabis nurse's scope of practice.

The ECS, discovered in 1992, has expanded the field of scientific research on the plant *Cannabis sativa* L. Nurses at all levels of practice have witnessed a surge in health care consumers' desire for education that exceeds nurses' knowledge and acceptance of cannabis as a medicine. Cannabis health care consumers often rely on untrained, nonmedical individuals or online searches for information and guidance on how to use medical cannabis along with or instead of other treatment modalities. Retail workers in dispensaries commonly offer advice on how to use medical cannabis without consideration of interactions and compromised disease states.

Cannabis health care consumers may withhold their use from health care professionals due to the stigma, legal issues, and historical harm of the War on Drugs. Nurses, as the most trusted and frequent health care professionals, can advocate, educate, and protect patients. Nurses outnumber other health care professionals and already educate health care consumers. This provides nurses an opportunity to change the health paradigm and include diverse wellness modalities beyond traditional Western medicine. Cannabis nursing requires specialized knowledge and competencies to navigate and address the stigma associated with cannabis use and support a healthy society.

Recognizing the importance of the nurse's role in protecting health care consumers, the American Cannabis Nurses Association (ACNA) identifies that the cannabis registered nurse, graduate-level prepared registered nurse, and advanced practice registered nurse involved with medical cannabis develop and demonstrate their requisite knowledge and skills that display competence in this specialty (American Cannabis Nurses Association, 2019). **Cannabis nursing is defined as a specialty nursing practice focused on the care of health care consumers seeking education and guidance in the therapeutic use of cannabis** (ACNA, 2023). ACNA embraces diversity, equity, and inclusion for all members of the nursing community, including licensed practical/vocational nurses (LPNs/LVNs) and registered nurses (RNs) with undergraduate, graduate, and doctoral degrees, and our prospective members. ACNA believes it is critical to provide authentic leadership and mentoring for nurses to fully practice cannabis nursing at the highest level of their education, training, and licensure (Institute of Medicine, 2011).

ACNA was founded by visionary leaders Julia (Ed) Glick and Mary Lynn Mathre in 2006 during the Fourth National Clinical Conference on Cannabis Therapeutics presented by Patients Out of Time, in Santa Barbara, CA. The founding leaders of ACNA had a vision of creating a nursing organization devoted to promoting excellence in cannabis nursing practice through advocacy, collaboration, education, research, and policy development—all of which form the core mission of ACNA (ACNA, 2022).

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

By 2014, increases in ACNA's membership prompted the ACNA board to restructure the organization to accommodate its growth. While the mission of ACNA is to advance excellence in cannabis nursing practice through advocacy, collaboration, education, research, and policy development (ACNA, 2022), restructuring included rechartering ACNA as a New Jersey nonprofit organization and adopting formal bylaws. In 2015, ACNA was granted tax-exempt status under the IRS code 501(C)(3). In 2016, ACNA held its first member-wide elections for the board of directors.

ACNA's vision is to improve health care outcomes by empowering pathways for cannabis education and competency through wisdom, compassion, integrity, and social justice principles (ACNA, 2022). ACNA has grown from a few dozen nurses to a historical high of 1500 members, currently a remarkable group of over 800 members and over 4000 active prospects representing all 50 US states, Canada, and Israel. ACNA supports cannabis nursing practice by disseminating scientific information and education to support nurses with the knowledge, skills, abilities, accountability, and judgment they need to provide competent care for the cannabis health care consumer (ACNA, 2022).

Cannabis nursing is described as a specialty practice focused on the care of health care consumers seeking education and guidance in the therapeutic use of cannabis (ACNA, 2022). Cannabis nurses are competent nurses with knowledge of the human ECS. Cannabis nurses provide

for the safe and effective use of products containing cannabis and cannabinoids when supporting the cannabis health care consumer's potential ECS upregulation and homeostasis. The cannabis nurse's goal is to provide safe, high-quality nursing care, education, and coaching on cannabis therapeutics, empower health care consumers to participate in their healing and wellness care planning, and reduce the societal stigma of cannabis prohibition. Cannabis nurses use a holistic approach that includes exercise, diet, lifestyle changes, and modalities that support healing, homeostasis, and well-being (Clark, 2021c). The cannabis nurse applies their nursing education and evidence-based research to educate, care, reduce harm, and coach cannabis health care consumers, caregivers, family members, and other health care providers on botanical cannabis and cannabis therapeutics. Cannabis nursing has unique competencies that distinguish it from other nursing specialties (ACNA, 2022; Clark, 2021c).

Cannabis nursing requires nurses to integrate foundational nursing competencies and cannabinoid science into their nursing practice (Clark, 2021c). Knowledge of the ECS, cannabinoids, flavonoids, terpenoids, cannabis laboratory testing requirements, cannabis therapeutics, potential drug-drug medication interactions, adverse effects, risks and benefits, evidence-based practice, coaching, motivational interviewing, advocacy, ethics, and the law are examples of advanced competencies and knowledge 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. The cannabis nurse guides the cannabis health care consumer toward optimizing the function of their ECS through the prudent use and titration of cannabinoid products and the incorporation of holistic modalities known to support homeostasis and well-being (Clark, 2021c).

Finally, as part of their practice, cannabis nurses share a common language and values reflected in the definitions and descriptions of key terms, concepts, models, theories, and values. Following is a summary of those definitions, principles, values, and practice settings.

DEFINITIONS, GUIDING PRINCIPLES, CORE VALUES, AND PRACTICE SETTINGS

ANA (2014) defined competency as an expected performance level that incorporates specific knowledge, skills, abilities, and judgment that form the foundation of quality practice. ACNA uses this definition to define the minimum proficiency and basic performance that a cannabis nurse must possess to provide care to cannabis health care consumers safely. Cannabis products are used by diverse and vulnerable populations of health care consumers who have various health conditions and consume cannabis therapeutically in a variety of settings. Therefore, it is vitally important that the cannabis nurse understands foundational and specialized cannabinoid therapeutic concepts and ECS physiology to demonstrate competencies as outlined in this document. Attainment of these competencies protects the cannabis health care 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 valuable to cannabis nurses and cannabis care.

Definitions of Key Terms

Cannabinoids

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, n.d.-b). Cannabinoids include chemical constituents derived from the cannabis plant (phytocannabinoids; see definition below), endogenously created in the human body (endocannabinoids), or synthetically created in a controlled setting (i.e., dronabinol) (Grotenhermen & Russo, 2008).

Cannabis

Also commonly known as "marijuana" or "marihuana," a term that may be discriminatory and has fallen from favor in professional and scientific settings. Any raw preparation of the leaves of flowers from the plant genus

Cannabis (NCSBN, 2018b). The cannabis plant, *Cannabis sativa* L, is dioecious (has male and female plants) and contains more than 500 chemical compounds called phytocannabinoids, terpenoids, and flavonoids (United States Department of Agriculture, n.d.).

Cannabinoid Therapeutics

The products are formulated from the botanical cannabis plant, found naturally in other cannabinoid-generating plants, or cannabinoids synthesized or produced by pharmaceutical manufacturers (Parmelee et al., 2021). These products interact with the human ECS and potentiate homeostasis (Sulak, 2021). They are used for restorative, palliative, and healing properties; improving human well-being and homeostasis; care for acute and chronic health conditions and symptoms; and enhancing human joy, spirituality, connections, and happiness (ACNA, 2022; Parmelee et al., 2021).

Cannabis Care Nurse

Cannabis care nurses are professional licensed vocational nurses, registered nurses, or advanced practice registered nurses (Clark, 2021c). Cannabis care nurses have the knowledge and formal training regarding the physiology of the human ECS, cannabinoid pharmacodynamics/pharmacokinetics, scientific evidence related to cannabinoid effectiveness, and advocacy approaches. They educate and support health care consumers to use cannabis safely and effectively and provide coaching around the upregulation of the ECS. They advocate for cannabis health care consumers to have access to safe, tested cannabinoid medicines. Cannabis care nurses focus on educating and coaching cannabis health care consumers toward maximizing the health potential of the ECS to support the cannabis health care consumer's homeostasis (Clark, 2021c). Cannabis care nurses approach the development of caring-healing spaces by applying caring theory and ethical principles (Clark, 2021c).

Cannabis Nursing

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

Endocannabinoid Deficiency

The clinical endocannabinoid deficiency theory suggests that deficiencies of the ECS produce pathophysiological syndromes with particular symptomatology (migraines, fibromyalgia, irritable bowel syndrome, etc.) (Russo, 2016).

Endocannabinoid System (ECS)

The human ECS is a widespread neuromodulatory system that plays essential roles in the central nervous system (CNS) development, synaptic plasticity, and response to endogenous and environmental stressors (Lu & Mackie, 2016). The human ECS was discovered in the early 1990s, and it consists of endocannabinoids, cannabinoid receptors (CB1 and CB2), and the enzymes responsible for the synthesis and degradation of endocannabinoids (Sulak, 2021). These receptors located throughout the body and brain are responsible for the synthesis and degradation of endocannabinoids (Higgins, 2020). Found in all complex animals, the ECS is a master regulatory system that regulates functions such as memory, digestion, motor function, immune responses, inflammation, appetite, blood pressure, bone growth, and protection of neural functions (Backes, 2017; Sulak, 2021).

Endocannabinoid Tone

All humans have an underlying unique endocannabinoid tone, which is based on the number of ECS receptor sites in the brain and throughout the body and the synthesis, catabolism, and influence of the two main centrally acting endocannabinoids, anandamide (AEA) and 2-arachidonoylglycerol (2-AG) (Russo, 2016).

Entourage Effect

A theory that the efficacy and therapeutic effect of cannabis plant medicine is synergistically potentiated by using all the components of the whole-plant cannabis flower, which contains the full spectrum of medicinal compounds (i.e., terpenes, flavonoids, and phytocannabinoids). The interactions between these compounds are hypothesized to be more effective than when individual compounds are used as isolated components (Blesching, 2015; Parmelee et al., 2021).

Flavonoids

Also known as bioflavonoids, flavonoids are a naturally occurring substance with variable phenolic structures found in many dietary plants, including berries, cannabis, cocoa, fruits, red wine, tea, and vegetables (Goldstein, 2016; Parmelee et al., 2021). Flavonoid compounds give plants unique colors and have antioxidant, antifungal, anticancer, antiviral, antiallergic, and potent antibacterial properties (Hudson, 2022). Flavonoids may comprise 2.5 percent dry weight of cannabis sativa (Hudson, 2022). There are about 14 flavonoids found in the cannabis plant, such as quercetin, apigenin, and cannaflavin A, which is unique to the cannabis plant and is a potent anti-inflammatory agent (Goldstein, 2016; Parmelee et al., 2021).

Hemp

Cannabis is a complex plant medicine available in various forms that can produce a wide range of effects and is also used for the extraordinarily strong fibers to make hemp cloth, paper, and building materials today (Backes, 2017). Hemp (cannabis with less than 0.3 percent THC) is federally legalized by the 2018 Farm Bill and is often regulated by states through their agricultural departments. At the time of this publication, cannabis with greater than 0.3 percent THC is legal through medicinal cannabis programs in thirty-eight states and in "adult use" or "recreational" programs in over twenty ("adult use" and "recreational" referred to 21+ cannabis markets, similar to alcohol).

Marijuana

The term "marijuana" is often used as a statutory definition. Cannabis was first domesticated in the United States as early as the 1850s, where it was used in medicinal pharmacy products to alleviate pain and treat specific illnesses. Around 1910, Mexican American farm workers used the terms "marijuana" and "marihuana" for inhaled cannabis. Over the following decades, the term "marijuana" became a xenophobic slang term, thought to be due to the hyper-focus on labor concerns during the Great Depression, further creating division and prejudice against Mexican Americans. The continued use of "marijuana" within cannabis prohibition, antidrug, and anti-immigration efforts has continued to propagate the derogatory

connotations of the slang term throughout the 20th century (ACNA, 2022).

Medical Marijuana Program (MMP)

This is the official jurisdictional resource for the use of cannabis for medical purposes (National Council of State Boards of Nursing [NCSBN], 2018b, S7). This refers to state laws and guidelines governing medicinal cannabis use. The term "marijuana" is often used in statutory definitions.

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 of that state (NCSBN, 2018b).

Terpenes/Terpenoids

Terpenes are aromatic compounds that comprise the largest group of plant chemicals; cannabis contains over two hundred terpenes (Grotenhermen & Russo, 2008). Currently, over 120 cannabis-based terpenes (isoprenoids) have been confirmed and named according to their number of isoprene units. There are 61 monoterpenes, 51 sesquiterpenes, 2 diterpenes, 2 triterpenes, and 4 miscellaneous cannabis terpenes. Prevalent terpenes in cannabis therapeutics are beta-caryophyllene, pinene, linalool, limonene, humulene, myrcene, terpineol, and borneol, and they create unique aromatic characteristics of the many cannabis chemovars (Blesching, 2015; Hudson, 2022).

Therapeutic Use of Cannabis

This is the use of cannabis products specifically for medicinal, wellness, and healing purposes (ACNA, 2022).

Guiding Philosophical Core Values and Ethical Principles of Cannabis Nursing

The cannabis nurse applies a guiding philosophy of caring during all cannabis health care consumer encounters (ACNA, 2022). This philosophy

embodies both learned skills and the intrinsic art and science of nursing and applies to delivering 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, 2019).

Core Values of Cannabis Nurses

The fundamental principles that define a cannabis nurse are to empower, educate, and guide cannabis health care consumers toward a state of optimal homeostasis by promoting the upregulation of the ECS and fostering wellness and healing through compassionate care. Moreover, the cannabis nurse places immense importance on education, possesses extensive knowledge across multiple domains, and tirelessly advocates for the legal rights of health care consumers to use cannabis therapeutically. ACNA has identified the overarching core values of cannabis nurses, which encompass a broad range of expertise and experience, a deep commitment to supporting education and mentorship, a relentless championing of diversity in all its forms, and an unwavering dedication to upholding the highest standards of professional integrity (ACNA, 2019).

A few scenarios are as follows: (1) A patient who qualifies for medical cannabis says he is afraid to try cannabis because his friend was addicted, which ruined his relationships with friends and family. (2) You overhear a clinician talking with a patient's family member. The family member says the patient is too embarrassed to ask but wants to know more about medical cannabis. The nurse responds, "No, that is not an option, and I would be embarrassed too!" (3) During a staff meeting, the unit manager announces that the staff should not talk to patients about cannabis because there is no evidence to support medicinal cannabis. (4) A pediatric physician wants to consider cannabis as an option for his patients but is unsure where to start. (5) A state legislator wants to know if there are any benefits to opening a medical cannabis dispensary.

Evidenced-Based Practice

Cannabis nurses stay updated on the current and best scientific evidence on the use of cannabis for therapeutic purposes to support wellness for

cannabis health care consumers. They also recognize and correct inferior quality research and misinformation when applicable (ACNA, 2019). Cannabis research quality is complex for the cannabis nurse. Clinical trials are difficult due to the scheduling status, and many studies are pre-clinical or have few participants, short duration, and vary in cannabis type and administration. The results need careful examination as most studies are not replicable due to product variability. The cannabis nurse recognizes real-world, experiential data as an essential source for understanding cannabis health care consumers' needs.

Application of Caring and Social Justice–Based Ethics

The cannabis nurse is familiar with the ethical considerations of nursing practice, such as autonomy, beneficence, nonmaleficence, justice, and integrity. Cannabis nurses strive to create a caring, healing presence with cannabis health care consumers. 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 health care consumers and family members may face discrimination, and nurses may face ethical dilemmas when caring for these populations. Cannabis nurses always consider legal and ethical concerns (ACNA, 2019). Cannabis nurses collaborate with nursing communities and nursing organizations to unify advocacy efforts to provide more equitable care for cannabis health care consumers. Advocacy efforts include engaging with communities, health care providers, regulatory agencies, health care organizations, and educators.

Cannabis Health Care Consumer-Centered Care

The cannabis nurse recognizes the utmost importance of cannabis health care being consumer-centered care, where the consumer is at the center of their own care. The cannabis nurse supports health care consumers in their autonomy and freedom to partner with others in determining their own plan of care. Cannabinoid therapeutics require the health care consumer's participation. The cannabis nurse may need to encourage, support, and enhance the cannabis health care consumer's participation to maximize outcomes (ACNA, 2019). The cannabis nurse supports and guides

cannabis health care consumers to advocate for their own care in a variety of settings in a caring, compassionate, nonjudgmental approach to cannabis health care consumers.

Interprofessional Health Care Teamwork

The cannabis nurse is an integral contributing member of the interprofessional health care team. The interprofessional health care team is characterized by effective collaboration and communication among the various health care professionals caring for the individual. The interprofessional health care team works in partnership to develop a comprehensive treatment plan that addresses the biological, psychological, and social needs of the cannabis health care consumer. The cannabis nurse informs other health care professionals about the specialty of cannabis nursing (ACNA, 2019).

Holistic Practice

The cannabis nurse considers the cannabis health care 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 or cannabinoid therapeutics for health and healing, the cannabis nurse is also obligated to promote the cannabis health care consumer's knowledge of their ECS function and their ability to create and maintain homeostasis by using evidence-based holistic-integrative modalities (ACNA, 2019).

Self-Care

The American Nurses Association Code of Ethics for Nurses emphasizes the importance of self-care for nurses and explicitly states that nurses have a duty to care for themselves in addition to their duty to provide care to patients (ANA, 2015a). According to results from the American Nurses Association Health Risk Appraisal, nurses can provide optimal care when in a state of well-being, however, most nurses prioritize others' well-being over their own (Linton & Koonmen, 2020). A 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 health care consumer interactions (ACNA, 2019).

Ethical Principles for Cannabis Nurses

Cannabis nurses possess knowledge of ethical principles, including autonomy, beneficence, nonmaleficence, justice, equity, totality/integrity, and the virtue of caring (Clark, 2021b). They prioritize respecting the wishes of cannabis health care consumers, even if those wishes conflict with their own values or beliefs (autonomy). Additionally, cannabis nurses strive to provide compassionate care that promotes the well-being of cannabis health care consumers (beneficence) and maintain competency in identifying and reporting suspected cases of abuse (nonmaleficence). They treat all cannabis health care consumers fairly and equally (justice; equity) and demonstrate a commitment to keeping their promises and upholding the highest standards of care (virtue of caring). Finally, they consider the whole person and uphold the integrity of the health care profession (totality/integrity) (Clark, 2021b). *Cannabis Nursing Scope and Standards of Practice* (ACNA, 2023) Standard Seven is aligned with the nine ethical provisions. In Clark's *Cannabis: A Handbook for Nurses*, table 8.1 depicts ANA's nine ethical provisions and cannabis care nursing ethical concerns (2021b, p. 371).

HIGHLY DIVERSE HEALTH CARE: CANNABIS NURSES THRIVE IN PROFESSIONAL PRACTICE SETTINGS

Cannabis nursing is a new and emerging specialty that supports cannabis health care consumers who seek information from trusted health care professionals. As cannabis becomes more accessible and states adopt medical cannabis programs, cannabis nurses face rapidly changing laws and misinformation on the internet. Cannabis nursing has evolved to support health care consumers' autonomy in the legislative, research, advocacy, education, and health care environment. The ECS, recently discovered, interacts with all bodily systems and offers potential health benefits and dysfunction.

Cannabis nurses work in diverse and evolving professional practice settings, including traditional and alternative health care facilities, private practices, dispensaries, veterans' hospitals/clinics, rehabilitation facilities,

cancer centers, schools, and organizations that serve the unhoused population. Cannabis nurses help cannabis health care consumers with various conditions such as posttraumatic stress disorder, pain, symptom management, seizures, neurological disorders, and palliation. Cannabis nurses function in various settings where cannabis may be part of the cannabis health care consumer's plan to heal and palliate symptoms. However, state cannabis laws and policies across the United States affect access to cannabis and cannabinoid therapeutics, directly affecting where the cannabis nurse can provide care.

Cannabis nursing is an advancing specialty that responds to new evidence on the effectiveness of cannabinoid therapeutics for various illnesses. The environmental location of cannabis nursing expands as cannabis health care consumers are in every state. Cannabis nurses can support, coach, and educate cannabis health care consumers on the potential benefits and risks of cannabis consumption, potential side effects, and harm reduction strategies, even if cannabis is obtained unlawfully. Harm reduction strategies require accurate and evidence-based information on cannabis, including guidance on safe consumption practices, resources for substance use disorders, and alternative treatments. Cannabis nurses can play a significant role in educating cannabis health care consumers within the law and ANA's (2015a) Code of Ethics for Nurses with Interpretative Statements.

Cannabis as a Medicine

For thousands of years the cannabis plant has been used by diverse global cultures for its medicinal, spiritual, industrial, and recreational properties (Ren et al., 2019). According to archaeological sites, cannabis is thought to have originated in Ancient Eastern civilizations, beginning in China and central Asia, and migrated along trade routes to India, the Middle East, Africa, and Europe, and was introduced to North America by physician William O'Shaughnessy in the late 1830s (Ren et al. 2019; Sulak, 2021). During the late 19th and early 20th centuries, cannabis was legal, recognized, and widely used throughout the US for industrial and therapeutic purposes. Physicians commonly prescribed cannabis extracts to alleviate pain and treat various conditions (Smith, 2021).

Cannabis Prohibition

Before federal prohibition, states across the nation began banning "marijuana" as the term became associated with Mexican American farm workers who smoked "marijuana" or "marihuana" (Berman & Kreit, 2020). "Marijuana" became a xenophobic slang term, thought to be due to the domestic labor concerns during the Great Depression, further creating division and prejudice against Mexican Americans (Berman & Kreit, 2020). The continued use of "marijuana" within cannabis prohibition, antidrug, and anti-immigration efforts has continued to propagate the derogatory connotations of the slang term throughout the 20th century (ACNA, 2023; Berman & Kreit, 2020). The term "marijuana" continues to perpetuate in statutory definitions in most states, though ACNA recommends using the term cannabis (ACNA, 2023).

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 health care consumers. In 1942, the drug was removed from the *United States Pharmacopoeia* (Smith, 2021).

In 1970, the US 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 fulfilled President Richard Nixon's pledge to be "tough on drugs." The law created five drug classifications. Schedule I drugs are the most restrictive. 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 (US Drug Enforcement Administration, n.d.). Cannabis was placed in the Schedule I category. Congress held hearings on

cannabis's placement on the Schedule I list, with several senators requesting evidence that supported its inclusion. Their opposition threatened the bill's passage, with Nixon proposing a presidential commission to study cannabis and recommend the proper scheduling. The presidential commission, chaired by Governor William Shafer of Pennsylvania, became known as the Shafer Commission and investigated cannabis for two years. In 1972, the Shafer Commission released its report stating that cannabis posed an insignificant 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 cannabis remains classified as a Schedule I controlled substance today (Smith, 2021). It is important to note that an FDA-approved synthetic THC drug, Dronabinol (delta-9-THC), is currently classified as Schedule III.

United States Public Support of Cannabis

Recent polling provides evidence of the overwhelming support among the US public for the legal use of cannabis for therapeutic, medicinal, and recreational purposes.

- In the United States in the year 2021, approximately 18.7 percent of the total population reported consuming cannabis at least once in the last year, 13 percent reported cannabis consumption in the last month, and 45.7 percent reported consumption over their lifetime (Substance Abuse and Mental Health Services Administration [SAMHSA], 2021).
- The percentage of US adults who have consumed cannabis has risen in the past 50 years from 4 percent of the population in the 1960s to almost 50 percent of the population in 2020 (Jones, 2021).
- A Quinnipiac University (2018) poll shows 93.5 percent of US voters support legalizing medicinal cannabis, and 63 percent support legalizing adult-use cannabis.
- A Yahoo News/Marist Poll (2017) poll revealed that 83 percent of the 1,122 adult participants believed that cannabis should be legalized for therapeutic use.

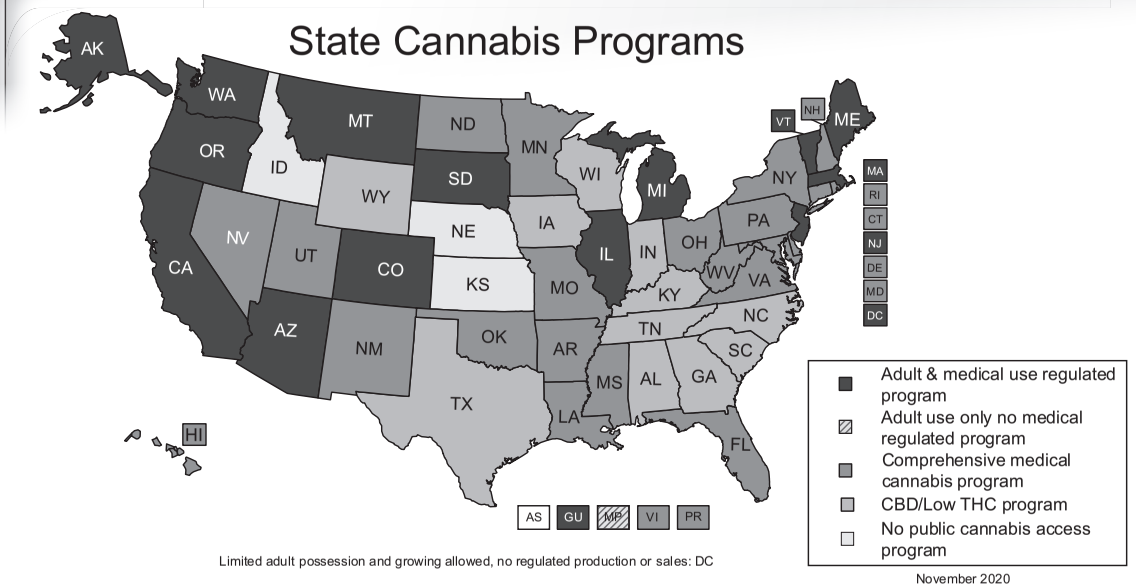
- The Pew Research Center reports that in 2021, 91 percent of US adults expressed their opinion that cannabis should be legalized, and 8 percent declared cannabis should remain illegal (Van Green, 2022).
- The Pew Survey also revealed that approximately 90 percent of participants between 8 and 75 years of age support the legalization of cannabis for therapeutic, medicinal, and recreational use (Van Green, 2022).
- In addition, according to a poll by Gallup, 86 percent of adults in the United States supported the legalization of cannabis, with medical aid being the prevalent factor supporting the legalization issue (Jones, 2019).

Over the past four decades, US public support for and using cannabis for therapeutic purposes has steadily risen. The US public supports the use of cannabis with an estimated 3.6 million cannabis health care consumers currently participating in some form of a state-legal medical marijuana program (MMP) (Rosenthal & Pippitone, 2020).

Legalization of Cannabis in the United States

As of December 2023, 39 states, Washington, DC, and four US territories have legalized medical cannabis and adult use (National Conference of State Legislatures [NCSL], 2023). According to 2022 population estimates by the US Census Bureau, 43 percent of US adults reside in a jurisdiction that has legalized the use of cannabis (Schaeffer, 2023). The Northern Mariana Islands, a US commonwealth, and Guam, a US territory, legalized the recreational use of cannabis in 2018 and 2019, respectively. Numerous states have 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 US 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 variation across 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;

FIGURE 1 State Medical Cannabis Laws



Note: NCSL. (Dec 2023). Map Monday: Nearly Every State Redefining Cannabis Access. https://www.ncsl.org /resources/map-monday-nearly-every-state-redefining-cannabis-access

and (3) the legal protections extended to cannabis consumers, designated caregivers, nurses, and all health care providers (NCSL, 2022). These dissimilarities in MMPs are central to the challenges faced by cannabis nurses, cannabis health care consumers, and cannabis nurse educators.

Qualifying Conditions

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 that a jurisdiction recognizes as qualifying a health care consumer to participate in the state's medical cannabis program (Boehnke et al., 2019). Each jurisdiction that authorizes health care consumers to use cannabis therapeutics has implemented its rules and qualifying conditions. Parmelee et al. (2021) provided a summarized list of the qualifying conditions drawn from data from MMP registries across the United States. This list indicated that the medical conditions most often treated with cannabis therapeutics are chronic pain (67 percent), multiple sclerosis (27.4 percent), cancer and cancer-treatment-related side effects (10 percent), and irritable bowel syndrome (5.7 percent) (Parmelee et al., 2021). According to NCSBN (2018b), chronic pain, nausea/vomiting, and neuropathies are the most researched and commonly associated with medical cannabis. The NCSBN (2018b) listed 57 conditions across a wide variety of state MMPs that qualify a health care consumer to seek a license to use cannabis therapeutically. Table 1 illustrates the 18 most qualifying conditions (NCSBN, 2018b).

Regulatory Concerns

The current state-dependent cannabis regulations have negative consequences for all residents in the United States. Cannabis health care consumers who reside in states that prohibit medical cannabis consumption or are in states that do not require testing are deprived of safe and effective medical treatment. Inadequate testing and quality standards for medical cannabis may be using unsafe or untested products, which could contain harmful toxins, such as residual solvents, bacteria, pests, mold, mildew, and heavy metals, or be improperly labeled (Dryburgh et al., 2018;

TABLE 1 Eighteen Most Common Qualifying Conditions Across All MMPs (NCSBN, 2018b)

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

Spindle et al., 2022). Although the *United States Pharmacopoeia* removed cannabis from the traditional publication, cannabis is listed under dietary supplements and herbal medicines with guidelines to promote safety and quality standards (USP, n.d.).

Cannabis health care consumers are seeking guidance from entry-level dispensary employees for their medical concerns. Dispensary employees are not medically trained, and while most are knowledgeable about cannabis products, cannabis nurses are knowledgeable about the disease process (Parmelee & Clark, 2022). Additionally, cannabis health care consumers who reside in states where medical cannabis is permitted cannot legally travel across state lines with their medication (ACNA, 2023b). This hinders their ability to seek out-of-state medical care or move freely within the country. However, some states' medical cannabis programs allow reciprocity, or authorization to purchase medicinal products with an out-of-state medical cannabis card.

Plant-based cannabinoid therapeutics are complex, and their use is more complicated as medical cannabis consumers must self-titrate their medicines. Self-titration of cannabis is a health care consumer–centered approach, and with the right education and coaching, the cannabis health care consumer can be guided toward using the least amount of cannabis or cannabinoid products for the greatest effect while avoiding adverse side

effects (Clark, 2021c). The cannabis nurse understands the pharmacokinetics and how various forms of cannabis can be used to create a personalized approach. The cannabis nurse must assess, collect data, and analyze each health care consumer's unique holistic health situation when guiding 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 (Clark, 2021c).

Consequences of the War on Drugs

Reid (2020) found that while stigma toward cannabis is on the decline, concerns remain that cannabis normalization may be related to social privilege, and that other intersecting societal stigmas (such as sexual minority stigma) may continue to propagate cannabis stigma. In a review of the quantitative literature around cannabis users and stigma, Reid found that most users remain guarded about their cannabis use related to:

- Structural stigma (state-level policy issues such as gun rights, and ineligibility for organ transplants)
- Cultural stigma (the US's historical puritanical culture, antidrug hegemony, Protestant work ethic, intoxication as an immoral act)
- Social stigma (cannabis as incompatible with cultural expectations of work productivity; parental roles with an emphasis on women cannabis users being poor mothers; men being viewed as immature, lazy, and irresponsible; scorning of cannabis as medicine from medical institutions) (Reid, 2020)

Medical cannabis health care consumers may delay or refuse care for chronic health issues and feel compelled to justify their autonomous choice of cannabis; likewise, health care consumers may be cautious in seeking medical cannabis as a medicine due to perceived stigma and the challenge of justifying their choice (Satterlund et al., 2015). Medical cannabis consumers may go to great lengths to conceal their use and experience higher levels of stress (Mortensen et al., 2019). Stress and nondisclosure put cannabis consumers at higher risk for chronic conditions and inadequate care. In a survey of over 2,300 medical cannabis users, 57 percent were afraid

of the police, criminal justice systems, and health care providers' perceptions of their medical cannabis use (Troup et al., 2022). The cannabis nurse recognizes the harm in thinking that cannabis has been normalized when stigma continues for people of color and other vulnerable populations and criminalization remains intact (Reid, 2020).

The lived experience of stigma is one of intersectionality; people experience privilege or oppression based on their multiple identities and layered vulnerabilities, where drugs become a scapegoat and stigma is rooted in xenophobia, classism, ageism, and sexism (Reinarman, 1994). Cannabis stigma will be experienced differently depending on one's age, class, ethnicity or racial identity, gender identity, and generation (Reid, 2020; Reinarman, 1994). Cannabis nurses act to promote social equity by bringing awareness of generational harms experienced in underserved communities to lawmakers and communities at large. Harms include criminal convictions for minor possession resulting in loss of jobs, child custody, housing, financial aid, and immigration status (American Civil Liberties Union, 2020).

The cannabis nurse is skilled in establishing trust and allyship for all populations seeking to use cannabis medicinally and validating their experiences through acceptance and listening to cannabis health care consumers' needs beyond verbal communication, body language, and other communication cues and recognizing when cannabis may be the health care consumers, preference for self-care. Moreover, cannabis nurses offer an accepting and impartial environment to discuss the use of cannabis for therapeutic purposes. Recognizing the cannabis health care consumers' individuality and the awareness of health inequities is essential in cannabis nursing.

Incarceration

In the 1930s, the federal government began to criminalize the possession and use of cannabis through the Marihuana Tax Act of 1937, which imposed strict penalties for the possession of cannabis, including fines and imprisonment (Smith, 2021). In the following decades, the federal government and many states continued to enact strict cannabis laws, often resulting in

harsh sentences for possession. The war on drugs in the 1980s and 1990s brought even more punitive measures for drug offenses, including cannabis possession (Smith, 2021).

The growing movement to decriminalize and legalize cannabis furthered efforts to release incarcerated individuals for nonviolent possession charges and expunge criminal records; however, these actions are highly dependent on state governors' efforts (Clark, 2021b). While President Biden has pardoned thousands for federal cannabis possession infractions, many state governors have not followed his call to do the same at the state level. As a result, individuals remain incarcerated for minor possession of cannabis, and groups like the Last Prisoner Project are focused on supporting their release and expungement of their records. Many states have implemented policies to reduce possession penalties or redirect individuals to treatment instead of incarceration. While cannabis possession is no longer punished with jail time in many states, it is still illegal under federal law. Hence, possession of cannabis can result in federal prosecution.

The use of cannabis, whether for medical or recreational purposes, is accompanied by a range of evolving issues in areas such as public health, nursing practice, science, law, education, ethics, and society. Notably, the classification of cannabis as a Schedule I controlled substance under federal law contradicts the legalization of its use for medical or recreational purposes in various jurisdictions (NCSBN, 2018b), and the issue of states' rights remains at the forefront of supporting a movement toward the federal legalization of cannabis by descheduling cannabis and effectively ending cannabis prohibition (ACNA, 2023). Therefore, ACNA holds the position that the best approach in support of social equity and the future of medical cannabis care is for the federal government to deschedule cannabis:

> Our understanding of both the human endocannabinoid system and how cannabis can positively influence health conditions has expanded. We now know that cannabinoids can be effective in the treatment of several medical conditions as demonstrated

through recent research. We also know it is not highly addictive and does not result in death, deprivation, or increased crime as previous claims purported. The American Cannabis Nurses Association supports descheduling and decriminalizing cannabis based on the current science. Furthermore, we support the establishment of a federal regulatory process to protect the consumer from dangerous, low-quality cannabis products; inclusion of cannabis therapeutics in the curricula of all students enrolled in health care education programs of study; and provision of reparation to individuals and communities negatively impacted by the prohibition of cannabis. (ACNA, 2023)

EVIDENCE FOR GUIDED PRACTICE

Cannabis is now one of the most researched plants in the world. There are over 38,500 publications regarding the therapeutic use of cannabis available from PubMed in 2022. Due to the effect of cannabis prohibition on cannabis research, evidence drawn from large-scale, double-blind, randomized controlled studies (RCTs) and human trials supporting cannabis therapeutics as effective for specific health conditions remains limited.

There are three credible sources available to guide the cannabis nurse in using cannabinoid medicine science evidence. The National Academies of Sciences, Engineering, and Medicine's (NASEM) (2017) landmark report entitled *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research* provides a starting point for understanding the state of the evidence around cannabis effectiveness and future research challenges. The NCSBN's *National Nursing Guidelines for Medical Marijuana* (2018b) and the Wolters Kluwer textbook *Cannabis: A Handbook for Nurses* by Dr. Carey S. Clark (2021) include information about cannabis's evidence-based health benefits, approaches to the safe and effective use of cannabis, cannabis's risks, safety concerns, and prevention of adverse effects, as well as the role of the nurse in working with cannabis health care consumers. The following are brief summaries of these three sources of information important for cannabis nurses and nursing practice.