



June 2017

Message from the President

Nurses compose the largest sector of the health care workforce in the United States. We are often the first to know when our health care system does not meet patient needs. We know what is working for patients and what is not. We are there when patients are their most vulnerable--in emergency rooms, hospitals, nursing homes, clinics/physicians' offices, or in their own homes.

ACNA leadership has been working on many fronts to assist nurses in their critical role as patient advocate, including developing educational materials, finalizing artwork and guidelines for the ACNA member logo, shoring up our operational structure and beginning work on a service directory for members. Additionally, in an effort to increase awareness and understanding of the endocannabinoid system and the support of cannabis nursing, ACNA has focused our outreach on national nursing conferences across the country. Our goal is simple, inform and educate--to meet nurses where they are and engage them in the dialogue of cannabis as medicine. It is gratifying to hear the conversations and to present the facts and science of the endocannabinoid system to those who have endured years of "reefer madness" and "just say no". [Here is where we have gone this year.](#)

We are making headway!
Eileen Konieczny, RN
ACNA President

Results of Member Survey on Scheduling of Cannabis

Recently the ACNA conducted its first survey of the membership. More than 60% of the membership responded. Thank you to all members who took time to share your thoughts on the important matter of re-scheduling cannabis.

By the numbers:

- 324 (98%) responded "Yes" to the question, "Do you think that the ACNA should issue a public statement regarding the DEA's classification of cannabis?"
- 282 (53%) responded to the question: "Please select the statement that best describes your opinion."

The option that garnered the most votes (34%) was "Rescheduling cannabis to a newly-defined, cannabis-specific Schedule VI that establishes policies to support cannabis' use as an herb, nutritional supplement, medicine and intoxicant." Some respondents took issue with the word "intoxicant" with one respondent stating the word has "negative connotations." That observation will be part of the considerations as the Board moves forward with this project to the next phase of public statement and preparation of a Resolution.

Indeed, there were a great many written comments and observations that will be extremely useful to ACNA and its Board of Directors moving forward.

A report on these comments can be found in the members-only section of the ACNA website in the "Surveys" section. Indeed, there

Answer Options	Response Percent	Response Count
Rescheduling cannabis to DEA Schedule II in alignment with the American Nurses Association position on cannabis and their expressed need for more research.	11.3%	32
Rescheduling cannabis to DEA Schedule III in alignment with the current scheduling of dronabinol (Marinol) and nabilone (Cesamet) .	9.2%	26
Rescheduling cannabis to DEA Schedule IV.	1.4%	4
Rescheduling cannabis to DEA Schedule V.	0.7%	2
Rescheduling cannabis to a newly-defined, cannabis-specific Schedule VI that establishes policies to support cannabis' use as an herb, nutritional supplement, medicine and intoxicant.	34.0%	96
Rescheduling medical cannabis to Schedule II AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control for the public.	5.0%	14
Rescheduling medical cannabis to Schedule III AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control for the public.	8.5%	24
Rescheduling medical cannabis to Schedule IV AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control for the public.	9.2%	26
Rescheduling medical cannabis to Schedule V AND concurrent legalization and regulation of adult-use cannabis to provide oversight, safety, and quality control to the public.	20.6%	58
answered question		282

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Alice O'Leary, LPN
ACNA Treasurer

Cannabis Nurse's Scope and Standards of Practice

The American Cannabis Nurses Association Executive Committee has recognized the need for nurses to have guidelines for cannabis nurse practice. Following and aligning with the American Nurses Association (ANA) *Standards and Scope of Practice* is the first step in the process of eventually being recognized as a specialty in nursing. Our President-Elect Dr. Carey S. Clark has developed the 17 standards and competencies that align with ANA's guidelines. The Executive Committee provided careful examination, editing support, and meaningful feedback with the first drafts of the document, and now the *Cannabis Nurse's Scope and Standards of Practice* is currently up for a vote of approval by our Board of Directors. We look forward to sharing this landmark document with you in the near future. Next steps will include adding in the APRN role standards and scope and approaching ANA with our document as we continue the journey toward specialty recognition.

Carey Clark, PhD, RN, AHN-BC
ACNA President-Elect

Coming Out of the Cannabis Closet

Most of my adult years have been spent in the cannabis closet, especially when it came to my professional life. A product of the 1960s flower-power era, I've always supported marijuana rights, but when I began my journey as a cannabis nurse I was just a mother trying to do the right thing for her boy.

When my son began using cannabis instead of pharmaceuticals to treat his ADHD, and it worked, I became a ferocious medicinal cannabis advocate. I've been on this journey for the last nine years and feel that it is my destiny. Following traditional treatment for ADHD and suffering the side effects of these pharmaceuticals, my son no longer wanted to take stimulants, anti-depressants, sleeping medication and something to stimulate his appetite. As a nurse, I felt it was an insane contraindication to treat a medication induced depression and side effects with more medication. So my son came off his legally prescribed medications. About a year later, my teenage son discovered marijuana and began self-medicating. This is when I started to take the concept of cannabis as medication very seriously and embarked on an intensive self-study of the topic. As a cannabis nurse living in the black market state of Virginia, one might think that I would be a bit cautious about my affinity for the sacred herb. Nope, not me! I like living on the edge and riding the waves of the medicinal cannabis movement.

It is ironic that something condemned as so wrong feels so right. The topic of marijuana continues to be taboo, especially in the conservative southern Bible belt. For a long time only my family and close friends knew of my experiences with the flower. After several years of intense study, I gained knowledge and found the support of the American Cannabis Nurses Association (ACNA). Joining and participating with ACNA has given me and my cause greater credibility and opportunity! As other states were making progress with the medicinal cannabis movement; I felt it was finally the right time to let the smoke come out of my cannabis closet.

As a nursing professor, I knew the only way to truly support the cannabis movement is to become an educator for the cause. My only dilemma was; how do I come out of the closet without ruining my reputation as a teacher, as an RN, and avoid putting my license at jeopardy, or lose my job? It was simple; I decided to just tell the truth. I started with my closest work friends, telling them about my son self-medicating with cannabis to treat his ADHD. I explained his story and our family journey, how cannabis was working for him when traditional pharmaceuticals and treatment failed. They understood my passion for cannabis as medicine is authentic. They could see that my son felt better and was thriving on cannabis. Plus, he was no longer suffering negative side effects from consuming multiple behavioral medications.

The majority of my professional friends are supportive and admire my controversial choice of treatment for my son. Interestingly enough most are eager to learn more about cannabis therapeutics! Their curiosity may be because it is such a daring stance for a nurse to take in the Commonwealth of Virginia. Having the support of some of my closest professional friends, I began to share my story with my superiors.

I told my Dean about my situation. She offered understanding and was supportive. I also shared my story with my fellow staff nurses in the Emergency Department. When my son turned 18, I quit my long term employer, and took a travel job in Oakland, California in order to send my son to Oaksterdam University, the college of cannabis. As I turned in my notice, I explained that we were going to California so that we could legally obtain medication. Some thought I had lost my mind and many were a bit confused, but they still were supportive and encouraging.

After a year in California, and a successful semester for my son at Oaksterdam, I returned to Virginia and was rehired without issue in both my positions as professor and staff nurse. In my professorship, I report to the same Dean, who is fully aware of my history. However, my staff nurse position is no longer in the ED but with the surgery department. Once I established a good work reputation with my surgical manager, I shared my cannabis history and aspirations. She was able to verify my story after speaking with my previous ED manager. While applying for further education, I wrote an admission paper explaining why I am a cannabis nurse and how I want to make a difference. I shared this paper with my surgical manager so that she could understand my position. Once again, I found that she was supportive.

I maintain positive and trustworthy relationships with all of my professional colleagues and personal friendships as I feel this is the most earnest way to keep people from “reporting” me to the board of nursing. I think carefully before I speak, I maintain a positive attitude and I keep confidences. I demonstrate a professional work ethic by arriving on time and working without complaints. All the while, educating and advocating for medicinal cannabis therapeutics when appropriate opportunities arise.

Individuals still influenced by the drug war might assume that nurse cannabis advocates consume cannabis, a career shattering fear that many pro-cannabis nurses share. Despite the knowledge that I am involved in cannabis advocacy and supportive of medical use, no one that I know of has reported me to the board. And, my employers have never threatened me with a drug screen; nor have I ever failed one for pre-employment testing. Additionally, I believe that my managers and peers actually advocate for me and my medicinal cannabis activism when the opportunity presents itself. Recently, I was describing my cannabis goals to my current director. She looked amused and then said, “You know, we have a special committee for potential future projects, perhaps you could collaborate with them.” I felt incredibly supported with that statement.

On a lighter note, coming out of the cannabis closet has resulted in other forms of endearment from my co-workers. I have opened myself up for plenty of teasing from my peers, physicians and superiors. Many jokingly ask for a consult and want to know if “I can hook them up.” My reply is that my consults are free....and I provide “education not medication”.

Some might consider my actions as professional suicide here in the Commonwealth of Virginia, even with the increasing support for medical use nationwide. Therefore, I am very active in the ACNA as well as participating with the National Organization for the Reform of Marijuana Laws. I write letters and emails to my government officials in an effort to create a position where I can pursue my goals of operating a distributorship and full service dispensary in my hometown of Portsmouth (when the legal status allows) and have established a cannabis nurse consultant company called Smith Cannabis LLC. I provide medicinal cannabis education and my consults are free. I’ve created business cards and hand them out to anyone I feel might benefit from my services or who might be a good networking opportunity. People are amused, impressed, dumbfounded and confused by my risky choices. But, they also find it within themselves to encourage my passion and efforts.

When you are comfortable enough to come out of the closet, my advice is to tell the truth. Provide education as often as possible as you advocate for medicinal cannabis. You too might be surprised to find that people are more supportive and encouraging than you could have imagined. Coming out of the cannabis closet provides nurses with the opportunity to influence other medical professional’s opinions about cannabis therapeutics. Now, if we can just work on the legal and political systems....in Virginia we are beginning to look at decriminalization efforts....times are changing slowly, but surely. So if you are passionate about medicinal marijuana, prepare for your nursing future by coming out of the cannabis closet in your hometown.

Llewellyn Dawn Smith, MSN, RN
ACNA Board of Directors

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