

What Is Cannabis Nursing?

Nursing has always represented *intelligent caring* for suffering people. Nurses have always blended compassionate attitudes with thoughtful practice. This integration of heart and mind is based upon ethical traditions which respect all people and require nurses to advocate for them when society or medical leaders fail to do so. Medical cannabis patients for over half a century have been essentially shut out: marginalized, criminalized, have lost homes and families and lives because the modern pharmaceutical industry obliterated natural medicine. This occurred with the complicity of governments world-wide, who promulgated racist laws victimizing suffering people because they grew, or used an herb for relief, because that were Hispanic, or because they played jazz.

Our grandmothers and their grandmothers before them knew the value of this herb. In a world devoid of the “magic pill” we today attach health care to, cannabis must have been a miracle of relief. Medical cannabis is probably the oldest herbal remedy on earth.

Notwithstanding the half century of pharmaceutical-oil medicine, or perhaps because of it, cannabis is making a remarkable recovery. It is not nurses or physicians or medical systems that have recognized the exceptional risk benefit relationship- it is millions of sick people who cannot tolerate the overreliance on single molecules for relief. So, today we are emerging from the dark ages of pharmaceutical medicine and patients, nurses and clinicians of are re-recognizing the wonder of a medicine which has been around for thousands of years.

Cannabis nursing is the incorporation of cannabis patients into nursing practice and the awareness of legal complexities attached to this herb.

Cannabis nurses recognize the many important considerations this treatment ushers in. This includes: how to guide use to minimize unwanted effects, how to recognize clean safe medicine, how to assist in titrating or tapering doses, test strains, teach about strain differences... The list is long.

Mostly, cannabis nurses understand that cannabis is a treatment within a continuum of care which involves interacting components, like other drugs and treatments, the law and the physiology of illness. They understand how to assist patients to navigate the medical system, how to guide them with accurate legal information, how to cultivate and maintain an attitude of respect and acceptance towards people who have been force drug tested, rejected by ignorant clinicians, or forced to choose cannabis or opiates.

Most nursing specialties limit themselves to understanding and applying the nursing process to a specific illness. Cannabis nursing goes beyond this medical appreciation and launches into many complicated legal areas which not only threaten the safety of the patients under their

care, but represent a grave danger to the license of any nurse. Thus, cannabis nurses must be knowledgeable about state practice acts which often forbid the nurse from violating any federal controlled substances statute. Every nurse signs an application verifying that she does not violate the CSA. Any nurse who is enrolled in a state marijuana registry is placed into a legal quandary; the use of cannabis, even if protected by state statute, remains a license violation punishable by suspension and revocation of a license to practice. The use of this safe herb outside of any state legal support is a grave risk, since forced drug testing is routine in virtually all hospitals today. Additionally, any nurse who assists patients with the use of cannabis, or dispenses cannabis to patients, is potentially violating federal law and their license.

There is simply no other area of nursing practice where nurses place themselves at such risk in order to assist suffering patients, or relieve their own suffering. Nursing boards and state nurses associations have generally ignored the issue entirely, or if they have addressed it they issue lukewarm endorsements of patients rights to not be prosecuted for their use of it. (The American Nurses Association has been perhaps the most stridently supportive of cannabis patients). Virtually no nursing regulatory agency in the United States has created a safe path for nurses who use cannabis as a medical treatment.

What is changing today is that so many patients and nurses are now using marijuana to treat illness that these people are coming in increasing contact with medical and regulatory agencies.

As the scientific research basis continues to expand, and the numbers of people using cannabis continues to explode, the pressure will inexorably mount on medical establishments, and nursing agencies to address this issue in an honest way. The Federal governmental agencies appear to be chasing their tails and at this time are incapable of intelligent action. This leaves nurses with the responsibility to advocate for themselves and their patients.

Student nurses represent the crest of cannabis nursing and these nurses will eventually demand that their nursing representatives accommodate them. As cannabis nurses begin to work in dispensaries (every dispensary should employ a nurse) they will professionalize an industry that has struggled with self-inflicted pot-culture ideology. This is not a criticism of *High Times*. It is an acknowledgement of it and an extension into the rarified atmosphere of professional medical practice and policy.

Cannabis nursing represents a singularly momentous movement in the constipated pharmaceutical- medical world we nurses inhabit. It will continue to expand because patients and nurses understand that the herbs our great grandmothers were using were, in many cases, safer, more effective and cheaper than the medical establishment offerings. Welcome to the world of cannabis nursing! It is all uphill from now on!

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2003 ANA Position on Medical Cannabis

WHEREAS, the Controlled Substances Act of 1970 categorized marijuana as a Schedule I substance making it unavailable for medical use; and,

WHEREAS, nine states [20 in 2014] and the District of Columbia have laws that permit use of medicinal marijuana/cannabis; and,

WHEREAS, marijuana/cannabis has a wide margin of safety for use under prescribed supervision, and it is effective for numerous conditions; and,

WHEREAS, ten of ANA's Constituent Member Associations (CMAs) has taken positions in support of access to marijuana/cannabis for therapeutic use; and,

WHEREAS, ANA's Congress on Nursing Practice in 1996 supported the education of registered professional nurses regarding current, evidence-based therapeutic uses of cannabis and the investigation of the therapeutic efficacy of cannabis in controlled trials; and,

WHEREAS, nurses have an ethical obligation to be advocates for access to health care for all,

THEREFORE BE IT RESOLVED THAT the American Nurses Association will:

- 1. Support research in controlled investigational trials on the therapeutic efficacy of marijuana/cannabis, including alternative methods of administration.*
- 2. Support the right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision.*
- 3. Support the ability of health care providers to discuss and/or recommend the medicinal use of marijuana without the threat of intimidation or penalization.*
- 4. Support legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescriber's of therapeutic marijuana/cannabis.*
- 5. Support federal and state legislation to exclude marijuana/cannabis from classification as a Schedule I drug.*

6. *Support and encourage the education of registered nurse regarding current, evidence-based therapeutic use of marijuana*