Position Statement:

Cannabis Use and Drug-Testing Practices in Nursing

Effective Date: 2021
Status: Reaffirmed Position Statement 11/20/2025
Written By: ACNA Policy and Government Affairs Committee
Adopted By: ACNA Board of Directors

Purpose

The purpose of this statement is to establish the American Cannabis Nurses Association's position regarding pre-employment, random drug-testing, and suspicion-based drug testing for nurses. It presents the rationale for eliminating cannabis-specific drug testing in states where cannabis is legal, and advocates for the adoption of more accurate, equitable, and evidence-based methods for determining impairment that do not rely solely on the detection of THC.

Statement of ACNA Position

The American Cannabis Nurses Association (ACNA) supports the removal of pre-employment and random drug-testing for cannabis in nursing practice, particularly in states where cannabis is legal for medical or adult use. Nurses, like the members of the public, may benefit from cannabis to manage legitimate medical conditions such as PTSD, chronic pain, or anxiety, yet remain subject to workplace discrimination based on

outdated and unreliable drug testing practices. ACNA recommends using validated, evidence-based cognitive and performance assessments in place of urine or blood THC tests to ensure accurate and equitable means of evaluating safe nursing practice, thereby upholding both the healthcare consumer/patient's safety and the rights of the nursing workforce.

The American Nurses Association (ANA) has long opposed random drug testing for healthcare workers (1994), while concurrently holding nurses ethically responsible for reporting impairment in others (American Nurses Association, 2025, Provision 3.5). This position is not intended to challenge the integrity or safety of nursing care, but rather to advocate for fair, science-based policies that support the well-being, rights, and retention of qualified nursing professionals.

Nursing-specific considerations

Nurses who use cannabis should be cautious of the overlap and contradictions that exist in state and federal law, individual employer policies, and state nursing board regulations. For example, in states where cannabis is legal, state boards of nursing may suspend or revoke a license if a nurse is found impaired on the job. Healthcare organization policies may be stricter than state law (Do Nurses Get Drug Tested for Marijuana in Today's Healthcare Settings, 2025).

Recommendations

The American Cannabis Nurses Association strongly recommends:

- Safe, therapeutic access to cannabis for nurses with documented medical conditions in states where cannabis use is legal.
- Elimination of cannabis-specific pre-employment and random drug-testing policies that penalize off-duty,

legal use.
- Implementation of scientifically validated cognitive or behavioral assessments for impairment, conducted by trained professionals, when impairment is suspected.
- Education and policy reform to ensure that drug-testing in healthcare prioritizes workplace safety and the rights of the healthcare workforce.
- Advocacy for federal policy changes to align workplace standards with emerging evidence and evolving state laws, especially in states such as California, as of 2024, has banned employment discrimination for off-duty cannabis use.

Background

Cannabis has a long and well-documented history as a therapeutic agent, dating back over 2,700 years (Russo et al., 2008). In the United States, cannabis was included in the U.S. Pharmacopeia in 1850 and remained widely prescribed until regulatory and political shifts culminated in its removal in 1942 (Brinckmann et al., 2020; Siff, 2014). Cannabis became a Schedule I substance under the 1970 Controlled Substances Act, despite ongoing evidence of its therapeutic potential.

Today, cannabis treats a variety of conditions, including chronic pain, anxiety, PTSD, insomnia, and opioid withdrawal. Nurses, facing immense stress, workplace injuries, and burnout from an overburdened, poorly functioning health care system (ANA, n.d., Nursing Shortage Fact Sheet, 2024), are increasingly turning to cannabis as a safe and effective alternative. However, workplace drug-testing policies have failed to keep pace with the science or the law.

Conventional THC testing methods (especially urine tests) poorly

correlate with actual impairment (Howard et al., 2020; Kim, 2025; Sharip & Razavi, 2025). THC can remain detectable for several weeks, particularly in regular users, even when no psychoactive effects persist (Cary, n.d.; Grabenauer, 2020). In contrast, performance-based tests such as the DRUID app or digit symbol substitution tests offer a more accurate, real-time assessment of functional impairment (Karoly et al., n.d.; Phifer, 2017). McNichol (2025) and others support replacing an assumptive model with ongoing efforts to validate new and existing tools identifying impairment (Fitzgerald et al., 2023; Marcotte et al., 2023; Ramaekers et al., 2023).

Furthermore, recent legal changes signal a national shift towards cannabis use. States such as California and Washington have implemented or proposed laws prohibiting employment discrimination for off-duty cannabis use. These reforms demonstrate a growing consensus around the need for equitable drug policies that reflect current science, protect healthcare professionals, and do not exacerbate workforce shortages (Zhang et al., 2017).

Call to Action

ACNA urges healthcare institutions, licensing boards, and employers to modernize drug-testing policies in alignment with scientific evidence and evolving state laws:

- Replacing outdated THC-based testing methods with validated cognitive and performance-based assessments to detect actual impairment.
- Protecting nurses who lawfully use cannabis off-duty for documented medical conditions.
- Updating institutional policies to eliminate discrimination based on positive THC tests unrelated to job performance or safety concerns.

- Advocating for national standards that balance public safety with employee rights in healthcare settings.

Who Has Already Taken Action?

States such as California and Washington have passed legislation protecting employees from workplace discrimination for off-duty cannabis use. These policy shifts reflect a broader national movement toward evidence-based, equitable workplace practices that recognize the distinction between legal use and workplace impairment. States such as New York ban cannabis testing for many professions. However, nursing may be excluded because of the "potential to significantly impact the health or safety of employees or members of the public" (New Marijuana Laws have companies questioning current drug testing policies, n.d.).

Resources:

- National Council of State Boards of Nursing (NCSBN) Guidelines for Medical Marijuana Use in Nursing Practice: https://www.ncsbn.org/search.page?q=marijuana
- CDC: Cannabis and Work: https://blogs.cdc.gov/niosh-science-blog/2020/08/20/cannabis-work-research/
- CDC: Cannabis and Work: Implications, Impairment, and the Need for Further Research https://blogs.cdc.gov/niosh-science-blog/2020/06/15/cannabis-and-work/
- DRUID App Information: https://www.druidapp.com/

More Information

For guidance, collaboration, or training on cannabis terminology and clinical best practices, please contact:

American Cannabis Nurses Association
�? Email: info@cannabisnurses.org
�? Website: http:www.cannabisnurses.org

ACNA Mission

To advance excellence in cannabis nursing practice through advocacy, collaboration, education, research, and policy development.

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