Position Statement Cannabis Scientific Classification and Regulatory Terminology – Best Practices

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Written By: ACNA Education Committee
Adopted By: ACNA Board of Directors

Purpose

This Position Statement aims to promote consistency and accuracy in the terminology used by healthcare professionals, regulators, and educators when referring to plants within the genus Cannabis. Standardized language fosters informed clinical care, inclusive communication, and culturally competent practices.

Statement of ACNA Position

This position statement is focused solely on the appropriate terminology used when referring to the Cannabis plant and does not engage in the broader debate surrounding legalization for recreational use. While cannabis and its derivatives continue to be used to support symptom relief and wellness, inconsistent terminology rooted in stigma and outdated classifications can hinder research, patient education, and policy development. Federal scheduling of cannabis continues to limit the scope of rigorous scientific inquiry. ACNA's objective is to promote the use of precise, inclusive, and evidence-informed language to support clinical care, research, and advocacy in the field of cannabis nursing.

Recommendations

As nurses, we have a responsibility to use language that is scientifically accurate, culturally respectful, and free from stigma—especially when caring for patients who use cannabis therapeutically.

Therefore, the American Cannabis Nurses Association strongly recommends:

- The adoption of scientifically accurate terminology in all clinical, educational, research, and policy settings, specifically the use of cannabis over stigmatizing terms such as marijuana.
- The use of cannabinoid classification systems (Type 1, Type 2, Type 3) and THC-based regulatory distinctions (Hemp vs. THC-Cannabis) to promote consistency and clarity in professional communication.
- Revision of outdated language in state and federal policy to reflect current understanding of the cannabis plant and its applications in health and wellness.
- Continued education for nurses and other healthcare professionals on the historical context of cannabis terminology and the importance of language in reducing stigma and promoting health equity.
- Ongoing interdisciplinary collaboration to ensure that cannabis terminology evolves in alignment with emerging science, cultural understanding, and patient-centered care.

Background

Cannabis and its derivatives are increasingly used across the United States for therapeutic and symptom management purposes. However, despite widespread use, inconsistent terminology has contributed to confusion in clinical settings, regulatory disparities, and ongoing stigma in healthcare environments (National Academies of Sciences, Engineering, and Medicine, 2017). Common terms like “marijuana” have historical roots in racially charged rhetoric and were weaponized during the early 20th century to promote anti-immigrant sentiment and justify criminalization policies (Bonnie & Whitebread, 1974).

Background (cont.)

This terminology, while still prevalent in legal and regulatory language, is not scientifically accurate and carries social and political baggage that can compromise patient care and public perception.

Before federal prohibition, cannabis was widely used in American medicine and listed in the U.S. Pharmacopeia until it was restricted under the Marihuana Tax Act of 1937. The Controlled Substances Act of 1970 later classified cannabis as a Schedule I substance—defined as having no accepted medical use and a high potential for abuse—effectively halting therapeutic research and further entrenching stigmatization (DEA, 2022). Although the 2018 Farm Bill federally legalized hemp (cannabis with less than 0.3% THC), the broader cannabis plant remains federally restricted, creating significant barriers to research, education, and evidence-based policy.

The continued use of outdated or stigmatizing terms, such as “marijuana,” reinforces these systemic challenges and undermines efforts toward equitable, patient-centered care. As more states legalize cannabis for medical and adult-use purposes, the need for clarity, cultural sensitivity, and scientific accuracy in terminology becomes critical.

The American Cannabis Nurses Association acknowledges that language influences perception, policy, and practice. Establishing best practices for cannabis terminology is essential to advancing nursing care, supporting research, reducing stigma, and ensuring that patients receive safe, informed, and respectful guidance in their cannabis-related healthcare decisions.

https://www.cannabisnurses.org

Background (cont.)

What is Cannabis?

Cannabis refers to plants within the family *Cannabaceae*, widely recognized for their medicinal, recreational, and industrial uses. This annual, erect, and aromatic herb is believed to have originated in Central Asia and is now cultivated globally.

Cannabis contains a range of bioactive compounds, notably Tetrahydrocannabinol (THC) and Cannabidiol (CBD). To support evidence-based discourse, ACNA recommends the following classification systems:

Scientific Classification (commonly used in research):

- Type 1 – THC-dominant
- Type 2 – Balanced THC: CBD
- Type 3 – CBD-dominant

Regulatory/Colloquial Terms (based on THC content):

- Hemp – Cannabis containing less than 0.3% THC (by dry weight)
- THC – Cannabis with more than 0.3% THC (also referred to as “Adult-Use” or “High-THC Cannabis”)

Legal Status of Cannabis In the United States

Hemp (≤ 0.3% THC) was federally legalized under the 2018 Farm Bill and is typically regulated by individual state agricultural departments.

THC-Cannabis remains federally prohibited, but is legal under various state-level programs:

- Medical use is permitted in 38 states
- Adult-use (21+) or recreational use is permitted in 20+ states
- Federal legalization for medicinal or adult-use cannabis has not been enacted at the time of this publication.

https://www.cannabisnurses.org

Call to Action

ACNA urges the adoption of accurate cannabis classifications in all healthcare, research, educational, and regulatory contexts. This includes:

- Replacing stigmatizing or outdated terms like “marijuana” with Cannabis
- Utilizing cannabinoid ratio classifications in research
- Applying THC-based thresholds when referencing regulatory categories

Who’s Already Taken Action?

Washington State and Hawai‘i have revised cannabis-related legislation to eliminate outdated terminology in favor of language that is scientifically and culturally appropriate.

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: www.cannabisnurses.org

ACNA Mission

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

https://www.cannabisnurses.org

References

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November 2025, Reviewed and reaffirmed, no changes.