

Dope Specialty - The Rise of the Cannabis Nurse

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By Lee Nelson

People come to Eloise Theisen with tears in their eyes and pain in their bodies that no one else or no other drug has been able to subdue.

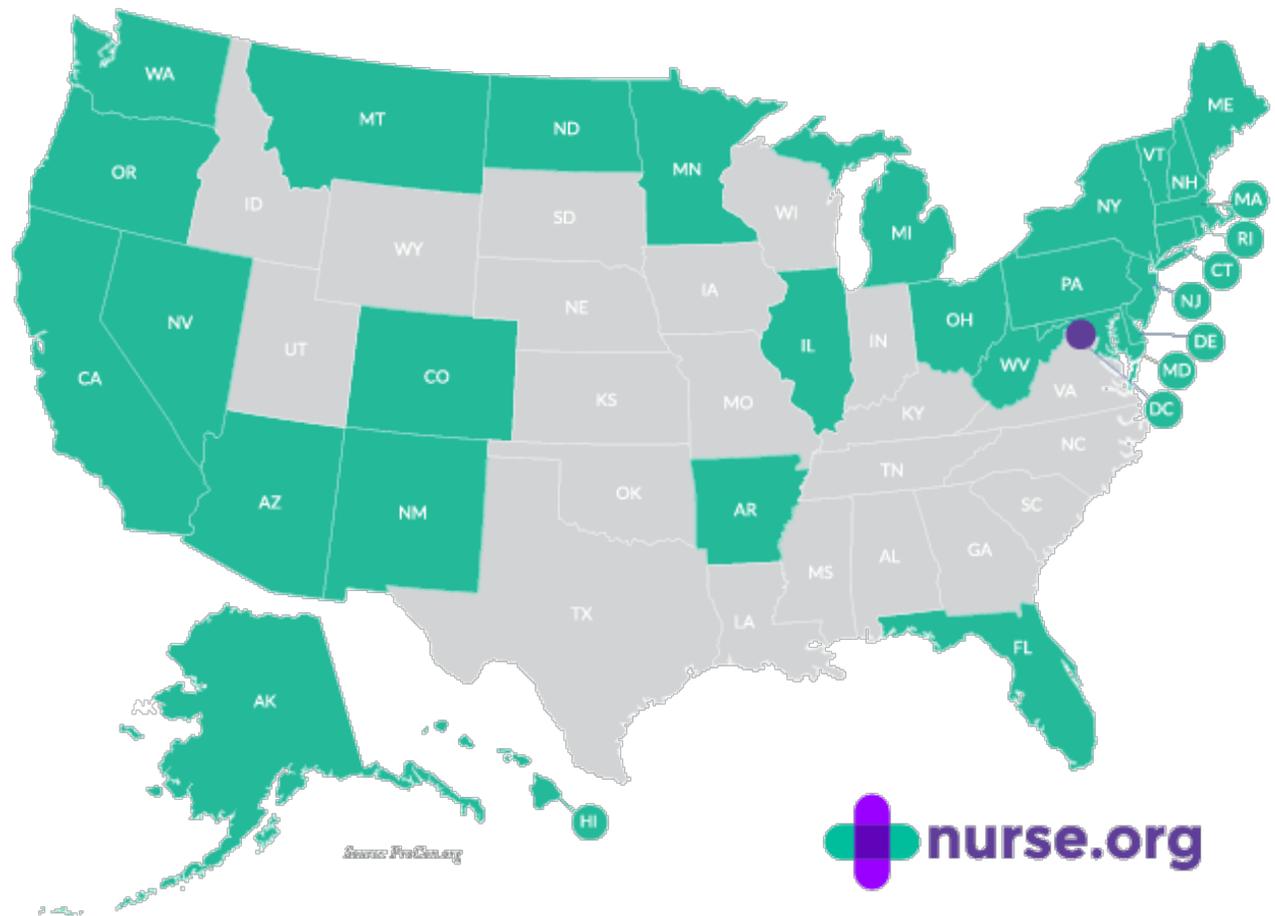
“I’m a nurse practitioner, but some of them come to me with diseases or disorders I’ve never even heard of because they are so rare,” says Theisen, the owner and founder of Green Health Consultants in Lafayette, Calif.

As a cannabis nurse, she can often help find the right cannabis product to ease their anxiety and lingering pain. Her clinic offers qualified counseling to safely and effectively use cannabinoids to manage a health condition, cure an illness, or reduce the intake of pharmaceuticals. She also provides education and training to other medical practitioners on the therapeutic potential of cannabis as a treatment option.

Her business does not distribute cannabis products. In California, the products must come from dispensaries.

Though cannabis remains a prohibited substance by the federal government, medical marijuana is now legal in 29 states plus DC, Puerto Rico, and Guam. What was once a desperate last resort that turned terminally-ill patients into criminals is now an effective, well-documented form of treatment gaining wider acceptance.

Map Of States With Legalized Medical Marijuana



State	Year	Possession Limit
Alaska	1998	1 oz usable; 6 plants (3 mature, 3 immature)
Arizona	2010	2.5 oz usable; 12 plants
Arkansas	2016	3 oz usable / 14-day period
California	1996	8 oz usable; 6 mature or 12 immature plants
Colorado	2000	2 oz usable; 6 plants (3 mature, 3 immature)
Connecticut	2012	2.5 oz usable
Delaware	2011	6 oz usable
Florida	2016	Amount TBD
Hawaii	2000	4 oz usable; 7 plants
Illinois	2013	2.5 ounces usable / 14 days
Maine	1999	2.5 oz usable; 6 plants
Maryland	2014	30-day supply (amount TBD)
Massachusetts	2012	10 oz or 60-day supply for personal medical use
Michigan	2008	2.5 oz usable; 12 plants

State	Year	Possession Limit
Minnesota	2014	30-day supply of non-smokable marijuana
Montana	2004	1 oz usable; 4 plants (mature); 12 seedlings
Nevada	2000	2.5 oz usable; 12 plants
New Hampshire	2013	2oz usable /10-day period
New Jersey	2010	2 oz usable
New Mexico	2007	6 oz usable; 16 plants (4 mature, 12 immature)
New York	2014	30-day supply non-smokable marijuana
North Dakota	2016	3 oz per 14-day period
Ohio	2016	90-day supply (amount TBD)
Oregon	1998	24 oz usable; 24 plants (6 mature, 18 immature)
Pennsylvania	2016	30-day supply (amount TBD)
Rhode Island	2006	2.5 oz usable; 12 plants
Vermont	2004	2 oz usable; 9 plants (2 mature, 7 immature)
Washington	1998	8 oz usable; 6 plants
Washington, DC	2010	2 oz dried
West Virginia	2017	30-day supply (amount TBD)

Interestingly, as of May 2017, the U.S. Food and Drug Administration has approved 3 different cannabinoid-based medicines which have been derived from isolated synthetics. These include Marinol (dronabinol), Syndros (liquid dronabinol), and Cesamate (nabilone).

What Is A Cannabis Nurse?

According to the [American Cannabis Nurses Association \(ACNA\)](#), cannabis nursing is defined as care that incorporates the knowledge of:

- The endocannabinoid system which includes the group of cannabinoid receptors located in the brain and throughout the central and peripheral nervous systems
- The safe use of herbal cannabis products
- The legal complexities associated with the use of herbal cannabis products

“It mainly is being a patient advocate and educator,” says Thiesen. “You really have to help them understand cannabis, how they can use it, how often to use it, and help them figure out drug interaction from their other medications.”

In addition to guiding the use of cannabis in a way that minimizes unwanted side effects, cannabis nurses must also identify drug interactions, assist in titrating or tapering doses, test strains, and educate the patient and family members - encouraging them to discuss treatment with other healthcare providers in the continuum of care.

Scope and Standards of Practice

Cannabis nursing requires that the nurse is educated in multiple areas above and beyond all registered nurse competencies.

“The ACNA has been proactive in developing the first Scope of Practice and Standards for Cannabis Nurses,” says Eileen Koneczny, RN, and president of the organization.

The [5-page document](#) includes definitions, overarching philosophical principles, and core values along with 16 standards:

Standards of Care

- Assessment
- Diagnosis
- Outcomes Identification
- Planning
- Implementation
- Evaluation

Standards of Professional Practice

- Ethics and Advocacy
- Culturally Congruent Practice
- Communication
- Collaboration
- Leadership
- Education
- Evidence-Based Practice And Research
- Quality of Practice
- Professional Practice Evaluation
- Resource Utilization
- Environmental Health

Cannabis nursing is both a learned skill and a practiced art, where the cannabis nurse builds expertise upon previous experiences with healing and nursing while enacting reflective practices to support growth toward expertise.

Cannabis Nursing Education

Before Thiesen became a cannabis nurse, she received her BSN from San Francisco State

University. She later earned an MSN in nursing administration from California State University, and then went on to get a Post-Masters certification as an adult-geriatric nurse practitioner from the University of Massachusetts.

Not every cannabis nurse needs advanced nursing education, however. In fact, any licensed or registered nurse can become a cannabis nurse.

In order to understand the basics of cannabis and its use in modern medicine, the ACNA has developed a comprehensive online course:

- Core Curriculum - An eight-hour seminar that provides an extensive overview of cannabis nursing

Certification For Cannabis Nurses

Unfortunately, the unique legal challenges of cannabis treatment have stymied the process for national recognition, so there is no certification right now.

However, the ACNA is currently working to put the framework in place to meet the stringent requirements necessary to establish a true certification, recognized by the American Nurses Credentialing Center (ANCC).

“Achieving recognition by the center is, frankly, several years in the future,” says Thiesen.

“There are rigorous criteria that must be met, additional education and clinical hours to track, exams and renewing qualifications to be developed and approved.”

Considerations For Cannabis Nurses

Theisen suggests that anyone thinking about this career should have a thick skin. The profession still holds a stigma, and when people hear what you do, they often think you are getting people high.

“When I told my colleagues what I was going to do, they laughed at me. Now they send me their patients. Patients are leading that change, and that’s good,” she says.

The majority of Theisen’s patients are geriatrics and women with the average age of 76. Her oldest patient is 104. Many come with chronic pain, insomnia, depression, and anxiety.

Cannabis Medications

Theisen says that California has some of the best variety of products in the country along with Colorado, Washington, and Oregon.

“I spend at least an hour with every new patient. The biggest request I have is that they want something that won’t get them high,” she says.

The options remain endless allowing patients to inhale, vaporize, smoke via joint or pipe, eat

gummies or brownies, rub with salves or balms, transdermally via a patch, and even a melting strip.

“There is no standardization of products,” she says. “Some will be high doses, and patients will often deal with a person at a dispensary with no formal training in health or human body.”

The average doses in most dispensaries are much higher than what Theisen suggests.

Job Outlook For Cannabis Nurses

“With the increased acceptance of medical cannabis across world and growth of the science coming out identifying the medicinal value of cannabinoids, the need for educated nurses will be in demand,” Koneczny states.

A cannabis nurse’s perspective and understanding of the patient and their needs can be very advantageous to healthcare systems as well as up and coming cannabis companies.

The 29 states are just the beginning. Many states have passed legislation decriminalizing the possession, use, and sale of cannabis. Wherever there are people seeking this type of treatment, nurses skilled at its administration can bring value to their patients.