Purpose

The *Cannabis for Medical Purposes: Standards for Nurse Practitioners* are developed and approved as outlined in Section 133 of the *Health Professions Act* (HPA, 2000). The purpose of this document is to outline the expectations and accountabilities of nurse practitioners (NPs) when authorizing cannabis for medical purposes for ~~CLIENTS~~ PATIENTS. These standards apply at all times, regardless of role or practice setting.

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The use of cannabis for medical purposes has expanded significantly in Canada. NPs assist ~~clients~~ patients seeking cannabis for medical purposes by providing objective, **EVIDENCE-INFORMED** information, and education to support informed decision-making.

The use of cannabis for medical purposes should not be considered a first-line therapy. Based on evidence, NPs should know which of their ~~clients~~ patients are more at risk of harm if they take cannabis, whether for medical or recreational purposes. For example, cannabis is not recommended for those under 25 years of age as the brain is still developing (Government of Canada, 2018). However, there are some medical conditions for which there is evidence for its use when standard therapies have failed (Allan et al., 2018, pg. 111). The use of cannabis for medical purposes is no different from any other therapy considered part of a ~~client's~~ patient's overall care and deserves the same care and attention as any other diagnostic or management decision (College of Physicians and Surgeons of Alberta, 2021).

Many companies are opening operations in Canada since the legalization of cannabis, and the risk of multiple sources of information about cannabis for medical purposes could interfere with the provision of safe, competent, and ethical care. NPs need to assess for any conflict of interest related to their authorizing of cannabis for medical purposes for their ~~clients~~patients.

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Legislation

As of October 17, 2018, the federal *Cannabis Act* (2018) and *Cannabis Regulations* (SOR/2018-144) are in effect and are the governing law in Canada regarding recreational and medical cannabis. All ~~clients~~ patients require a **MEDICAL DOCUMENT** to receive cannabis for medical purposes. A ~~client~~ patient treated in a hospital setting usually requires a written order by a regulated health-care practitioner in addition to the medical document. The written order supports the administration of the cannabis for medical purposes to the ~~client~~patient. NPs who authorize or write an order for cannabis for medical purposes must be familiar with the governing federal legislation and any applicable provincial legislation and employer requirements (Canadian Nurses Protective Society [CNPS], 2018). The authorization for NPs to provide a medical document, written order, administer the cannabis product, or transfer it to a ~~client~~ patient is found in Section 272 of the *Cannabis Regulations* (SOR/2018-144).

Standards for Cannabis for Medical Purposes

These standards for cannabis for medical purposes identify the minimum expectations of the CRNA NP **REGISTRANTS.** The criteria describe how registrants must meet each standard and are not listed in order of importance.

STANDARD 1: RESPONSIBILITY AND ACCOUNTABILITY

Nurse practitioners are responsible and accountable for authorizing cannabis for medical purposes in a safe, effective, and competent manner for ~~clients~~ patients under their **PROFESSIONAL SERVICE.**

Criteria

A nurse practitioner must

1.1. follow prescribing responsibilities and accountabilities as outlined in the *Prescribing Standards for Nurse Practitioners* (CRNA, 2022);

1.2. only authorize cannabis for medical purposes when it is required for the condition for which the ~~client~~ patient is receiving treatment after other established evidence-informed therapies have been tried;

1.3. understand and comply with federal and provincial legislation and regulations, in particular, the *Cannabis Act* (2018) and the *Cannabis Regulations* (SOR/2018-144);

1.4. assess, treat, and monitor appropriate pharmacological and non-pharmacological therapies. The NP who authorizes the use of cannabis for medical purposes is responsible for providing ongoing follow-up care as determined by clinical need;

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1.5. obtain appropriate education and mentorship to ensure that they have the knowledge, skill, judgement, and competence to authorize cannabis for medical purposes safely;

1.6. use evidence-informed guidelines, information, and resources that enhance ~~client~~ patient care and the achievement of desired ~~client~~ patient outcomes;

1.7. follow all applicable employer requirements regarding cannabis for medical purposes;

1.8. understand the risks, limitations, and challenges of virtual care and that in person care is the preferred method to authorize cannabis for medical purposes safely;

1.9. complete a comprehensive health assessment using evidence-informed assessment tools including a **MEDICATION RECONCILIATION** process, capturing conventional and complementary medications, adjunct therapies, and non-medical substances;

1.10. report adverse reactions according to legislation, standards, and employer requirements;

1.11. comprehensively and clearly document their assessment, including the condition for which the ~~client~~ patient is receiving treatment of cannabis for medical purposes, current and other therapies tried, including non-prescribed or recreational use of cannabis, and their outcomes (CNPS, 2018);

1.12. counsel the ~~client~~ patient about the anticipated benefits, risks, regulations for travel (international and within Canada), and potential implications for employment, driving, and insurance associated with cannabis for medical purposes;

1.13. complete the required medical document for cannabis for medical purposes, as outlined by the *Cannabis Regulations*, and keep a copy on the ~~client's~~ patient's health record; and

1.14. never provide cannabis plants or cannabis plant seeds to a ~~client~~patient.

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STANDARD 2: ETHICAL PRACTICE

Nurse practitioners ensure their practice aligns with the values and responsibility statements within the Code of Ethics for Registered Nurses (Canadian Nurses Association, 2017) and the ~~client's~~ patient's health-care needs.

Criteria

A nurse practitioner must

2.1. only authorize cannabis for medical purposes for a ~~client~~ patient within the context of a **THERAPEUTIC RELATIONSHIP;**

2.2. provide ~~clients~~ patients with the information they need to make informed and autonomous decisions related to their health and well-being; and

2.3. identify and address any real or perceived conflicts of interest.

Glossary

~~**CLIENT(S)** – Refers to patients, residents, families, groups, communities, and populations.~~

EVIDENCE-INFORMED – The process of combining the best available evidence through a variety of sources such as research, grey literature, experience, context, experts, and ~~client~~ patient experiences and perspectives.

MEDICAL DOCUMENT – "A document provided by a health-care practitioner to support the use of cannabis for medical purposes" (*Cannabis Regulations*, SOR/2018-144).

MEDICATION RECONCILIATION – Health-care providers collaborate with patients and families to ensure accurate medication information is consistently communicated during care transitions, involving a thorough review of all medications to support informed prescribing decisions (Canadian Patient Safety Institute & Institute for Safe Medication Practices Canada, 2017).~~The systematic and comprehensive review of all the medications a client is taking (best possible medication history) (Institute for Safe Medication Practices, n.d.).~~

PATIENT(S) - The term patient(s) refers to clients, residents, families, groups, communities and populations who receive medical care, treatment or professional services from a registrant.

PROFESSIONAL SERVICE(S) – "A service that comes within the practice of a regulated profession" (Health Professions Act [HPA], 2000). This refers to activities listed in the legislated scope of practice statement in Schedule 24, section 3 of the HPA (2000).~~(HPA, 2000)~~.

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REGISTRANT(S) – Includes registered nurses (RN), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs), graduate nurse practitioners (GNPs), neonatal nurse practitioners (NNPs), graduate neonatal nurse practitioners (GNNPs) and RN ~~or,~~ NP or NNP courtesy registrants on the College of Registered Nurses of Alberta ~~register~~registry.

THERAPEUTIC RELATIONSHIP – A relationship established and maintained with a ~~client~~ patient by the ~~nurse~~ registrant, through the use of professional knowledge, skills~~,~~ and attitudes, in order to provide ~~nursing care~~professional services expected to contribute to the ~~client's~~ patient's health outcomes.

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