



# Cannabis for Medical Purposes

Standards for Nurse Practitioners

March 2021

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Council, March 2021.

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## Purpose

The purpose of this document is to outline the expectations and accountabilities of nurse practitioners (NPs) when authorizing cannabis for medical purposes for **CLIENTS**<sup>1</sup>. These standards apply at all times, regardless of role or practice setting.

The use of cannabis for medical purposes has expanded significantly in Canada. NPs assist clients 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 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 (Health Canada, 2018). However, there are some medical conditions for which there is evidence for its use when standard therapies have failed (Allen et al., 2018). The use of cannabis for medical purposes is no different from any other therapy that is considered part of a client's overall care and deserves the same care and attention as any other diagnostic or management decision (College of Physicians and Surgeons of Alberta, 2019).

Many companies 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 client.

## Legislation

As of October 17, 2018, the federal *Cannabis Act (2018)* and *Cannabis Regulations (2018)* are in effect and are the governing law in Canada regarding recreational and medical cannabis. All clients require a **MEDICAL DOCUMENT** to receive cannabis for medical purposes. A client treated in a hospital setting usually requires a written order by a health-care practitioner in addition to the medical document. The written order supports the administration of the cannabis for medical purposes to the client. 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 is found in section 272 of the *Cannabis Regulations (Appendix A)*.

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<sup>1</sup> Words or phrases in **BOLD CAPITALS** upon first mention are defined in the glossary.

# Standards for Cannabis for Medical Purposes

These standards identify the expectations for and accountabilities of an NP when authorizing cannabis for medical purposes for clients. The criteria illustrate how the standard must be met, and all criteria must be met in order to achieve the standard. The criteria are not written 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 under their **PROFESSIONAL SERVICE**.

### Criteria

Nurse practitioners must

- 1.1 follow prescribing responsibilities and accountabilities as outlined in the *Prescribing Standards for Nurse Practitioners* (2021);
- 1.2 only authorize cannabis for medical purposes when it is required for the condition for which the client 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* and the *Cannabis Regulations*;
- 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;
- 1.5 obtain appropriate education and mentorship to ensure that they have the knowledge, skill, judgement, and individual competence to authorize cannabis for medical purposes safely;
- 1.6 use evidence-informed guidelines, information, and resources that enhance client care and the achievement of desired client 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 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 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 Health Canada, and keep a copy on the client's health record; and
- 1.14 never provide cannabis plants or cannabis plant seeds to a client.

## 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 [CNA], 2017) and the client's health-care needs.

### Criteria

Nurse practitioners must

- 2.1 only authorize cannabis for medical purposes for a client within the context of a **THERAPEUTIC RELATIONSHIP**;
- 2.2 provide clients 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

**CLIENTS** – Refers to patients, residents, families, groups, communities, and populations.

**EVIDENCE-INFORMED** – Practice based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence including client perspectives, research, national guidelines, policies, consensus statements, expert opinion, and quality improvement data (Canadian Health Services Research Foundation, 2005).

**MEDICATION RECONCILIATION** – The systematic and comprehensive review of all the medications a client is taking (best possible medication history) (Institute for Safe Medication Practices, 2019).

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

**PROFESSIONAL SERVICE** - A service that comes within the practice of a regulated profession (*Health Professions Act*, 2000).

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

# Appendix A: Federal Cannabis Regulations

The *Cannabis Regulations* defines a health-care practitioner as a medical practitioner or a nurse practitioner. Part 14, subsection 271 - 274 of the *Cannabis Regulations* states the following:

## Health Care Practitioners

**271** A health care practitioner must not provide a medical document or issue a written order except as authorized under this Part.

**272(1)** A health care practitioner is authorized, in respect of an individual who is under their professional treatment and if cannabis is required for the condition for which the individual is receiving treatment,

- a. to provide a medical document;
- b. while practising in a hospital, to issue a written order;
- c. to administer to the individual a cannabis product, other than cannabis plants or cannabis plant seeds; or
- d. to transfer to the individual, or to an adult who is responsible for them, a cannabis product, other than cannabis plants or cannabis plant seeds,
  - i. that has been received from a holder of a licence for sale or a licence for processing, and
  - ii. in respect of which the quantity of cannabis does not exceed the quantity that the individual or adult is authorized to possess under section 266 or 267, as the case may be.

**(2)** A health care practitioner is authorized to possess a cannabis product, other than cannabis plants or cannabis plant seeds, in a public place if they have obtained it under the Act and require it for the practice of their profession in the province where they possess it.

**273(1)** A medical document that is provided under paragraph 272 (1) (a) must indicate

- a. the health care practitioner's given name, surname, profession, business address and telephone number and, if applicable, their facsimile number and email address;

- b.** the province in which the health care practitioner is authorized to practise their profession and the number assigned by the province to that authorization;
- c.** the given name, surname and date of birth of the individual who is under the professional treatment of the health care practitioner;
- d.** the address of the location at which the individual consulted with the health care practitioner;
- e.** the daily quantity of dried cannabis, expressed in grams, that the health care practitioner authorizes for the individual; and
- f.** a period of use, specified as a number of days, weeks or months.

**(2)** The period of use specified in a medical document must not exceed one year.

**(3)** A medical document must be signed and dated by the health care practitioner who is providing it and must include a statement confirming that the information in the document is correct and complete.

**(4)** A medical document is valid for the period of use specified in it, which period begins on

- a.** the date on which the individual referred to in paragraph (1) (c) is registered with a holder of a licence for sale on the basis of the document or, if there have been previous registrations on the basis of the document, the earliest registration date; or
- b.** if the individual referred to in paragraph (1) (c) uses the document to register with the Minister under Division 2 of this Part and has not previously been registered with a holder of a licence for sale on the basis of the document, the date of the registration with the Minister.

**274** A written order that is issued under paragraph 272 (1) (b) must be signed and dated by the health care practitioner and must indicate

- a.** the health care practitioner's given name, surname and profession;
- b.** the given name and surname of the individual who is under the professional treatment of the health care practitioner; and
- c.** the daily quantity of dried cannabis, expressed in grams, that the health care practitioner authorizes for the individual.

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