

- **Resolution: ONA commits to providing fair and balance education and resources to nurses. Nurses need to be able to:**
- Describe the clinical pharmacology and pharmacodynamics of cannabis and its active components
- Identify potential drug-drug interactions that may occur with cannabis use
- Discuss potential medical uses of cannabis and cannabinoids where higher level data from the clinical, not bench, science that is available: these include treatment of chronic pain, multiple sclerosis spasticity, seizure disorders, wasting and nausea from HIV/cancer and selected mental health disorders
- Understand the potential adverse effects of cannabis, including use in adolescents
- Understand special considerations for cannabis use in pregnant and lactating women
- Be familiar with recognition and management of acute withdrawal symptoms, especially as it applies to newly hospitalized or incarcerated patients

These objectives are critical so that nurses in Oregon are equipped to provide quality care to patients using marijuana medically or recreationally.

Problem: Current Oregon law prohibits nurses from counseling or recommending the use of marijuana. Furthermore, APRNs are not permitted to endorse medical diagnosis on marijuana cards, despite APRN capability to make all diagnoses on the OR medical marijuana authorization forms. Moreover, APRNs in multiple states, including Washington, can now endorse medical diagnosis on authorization forms. Notably in OR, 88.8% of patients use medical marijuana for chronic pain. Chronic pain is a chief complaint of 44% of patients in primary care, where APRNs are concentrated. Health could be compromised by the lack of education and knowledge about how marijuana works, is metabolized, and interacts with other medications and substances used by patients. APRN programs in Schools of Nursing are only just beginning to include information about the use of marijuana, mostly as supplementary rather than core content. Fortunately, the OR Medical Board has comprehensive recommendation for physicians who sign medical marijuana authorization forms. Nurses can leverage the extensive work already in place in Oregon:

<https://www.oregon.gov/omb/Topics-of-Interest/Documents/medical-marijuana-guidelines.pdf>

Whereas, the Oregon Nurses Association (ONA) recognizes and values the importance of quality patient care and nursing education and,

Whereas, it is estimated more Adults in Oregon use marijuana than in any other state and,

Whereas, nurses are the healthcare worker most often tasked with educating patients on the use of medications and supplements and,

Whereas, there is little, if any, education provided to nurses about marijuana and its uses, benefits and risks, mechanism of action, side effects, and drug-drug reactions and,

Whereas, nurses make up the largest segment of Oregon’s licensed health care work force and,

Whereas, the National Council of State Boards of Nursing (NCSBN) has asserted a place for nurses in the counseling, educating, and recommending of the use of marijuana for treatment of illness-related symptoms and,

Whereas, the NCSBN has identified ‘Six Principles of Essential Knowledge’ of marijuana use for nurses and,

Whereas, ONA’s position statement asserts that we protect and expand the role and best interests of nursing within our state’s healthcare system. Now, therefore, be it

Resolved, that ONA will commit to engaging with coalition and community partners to expand state marijuana law to include the role of the nurse in counseling, educating, and recommending the use of marijuana for treatment of illness-related symptoms and, be it further

Resolved, that ONA will use its legislative power to advocate for more scientific research to promote evidence-based practice in the use of medical marijuana and, be it further

Resolved, that ONA will work through the Cabinet on Education to develop educational guidelines for schools of nursing to include marijuana in pharmacotherapeutic education and, be it further

Resolved, that ONA will develop continuing education for nurses in practice to support the expansion of their scope to include counseling, educating, and recommending the use of marijuana for treatment of illness-related symptoms.