



College of  
Registered Nurses  
of Manitoba

# Practice Direction:

## Authorization of Medical Cannabis

*The College of Registered Nurses of Manitoba (the College) Council must, by regulation, establish standards of practice to regulate the quality of practice of registered nurses (RNs).*

*The Council approves practice directions which are written statements to enhance, explain, add or guide RNs with respect to matters described in the College of Registered Nurses General Regulations or any other matter relevant to registered nursing practice. Compliance with practice directions are required; these expectations also serve as a legal reference to describe reasonable and prudent nursing practice.*

*It is the responsibility of all registered nurse (nurse practitioner)s in Manitoba to understand all practice expectations and be accountable to apply them to their own nursing practice, regardless of roles or practice settings. Responsibility is the duty to satisfactorily complete your obligations. Accountability means being capable to explain why you did or did not meet these expectations.*

*The policies of employers do not relieve individual RN(NP)s of accountability for their own actions or the primary obligation to meet practice directions. An employer's policies should not require an RN(NP) to practise in a manner that violates practice directions.*

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Terms in *blue* are defined in the Definitions section.

## Purpose

The College exists to serve and protect the public interest so as to achieve the outcome of accountable, quality, professional nursing practice. These practice expectations build upon *Practice Expectations for RN(NP)s* and *Practice Expectations for RNs*. They set the expectations of RN(NP)s in all domains of practice.

As such, this practice direction enhances and explains what the public can expect of all RN(NP)s regarding the authorization of *cannabis* for medical purposes.

## Introduction

Federal government regulations provide a mechanism for RN(NP)s to authorize clients to access *cannabis* for medical purposes. *Cannabis* differs from other prescribed products because longstanding restrictions on *cannabis* research has limited evidence-based data.

Health Canada has not approved *cannabis* for therapeutic use to the extent required by the Food and Drug Regulations for marketed drugs in Canada. *Health Canada's Information for Health Care Professionals: Cannabis (marijuana, marijuana) and the cannabinoids*, provides information on potential therapeutic applications, such as (but not limited to) chemotherapy-induced nausea/vomiting and advanced cancer-related pain, chronic pain (for adults), multiple sclerosis spasticity symptoms, or treatment of intractable seizures in certain syndromes. Evidence is still emerging with respect to the various strains and preparations of *cannabis*, dosage, tolerability, safety and efficacy of *cannabis* as compared to standard medications. Future research can support more scientific evidence to determine well-founded dosages, delivery routes, and indications for the use of *cannabis* and *cannabis products*.

With societal and media attention turning towards *cannabis*, some clients will seek *cannabis* for conditions that may or may not have proven research or therapeutic benefits. They can be seeking improved symptomatology, better health outcomes or increased quality of life where other treatment options have not succeeded. This creates client care situations where it is essential to acquire and apply up-to-date knowledge of *cannabis* as a therapeutic modality in the context of practice expectations for safe, effective client-centered care.

When working with clients to determine a plan of care, RN(NP)s must apply critical inquiry and evidence-informed processes for the use of *medical cannabis*, balanced against real and potential harms.

## Practice Expectations

RN(NP)s must practice in a manner consistent with provincial and federal legislation, Code of Ethics and CRNM practice directions *Practice Expectations for RN(NP)s* and *Practice Expectations for RNs*:

In addition, RN(NP)s must meet the following practice expectations when working with clients who may require authorization for *medical cannabis*:

### Apply requisite knowledge in client care when considering cannabis as a treatment option

The RN(NP) must:

1. Practice within the legislative limits, including but not limited to *Access to Cannabis for Medical Purposes*.
2. Consult your facility policy regarding the authorization, administration, and storage/disposal of *cannabis*.
3. Acquire and apply knowledge of the endocannabinoid system, pharmacology and pharmacokinetics of *cannabis* and *cannabinoids* and any related products, including potential *cannabis* interactions with other drugs/substances.
4. Accurately appraise current evidence of *cannabis* and *cannabinoids* and use as a therapeutic agent.
5. When considering whether to authorize *medical cannabis* for any client, evaluate the risks of *cannabis* use, particularly with clients of childbearing age or certain developmental stages as well as those living with certain co-morbid conditions. (e.g. heart disease, mental illness, substance use disorder).

### Authorize medical cannabis only within the context of client-centered care

The RN(NP) must:

1. Before authorization of **cannabis products**, optimize other available treatment options with the client, including non-pharmacological treatment modalities.
2. Assess client including but not limited to:
  - a. Client's previous use of **cannabis**,
  - b. Client's knowledge, values and preferences related to **cannabis** use,
  - c. Current and past medications utilizing the Drug Program Information Network (DPIN),
  - d. Risk for problematic **cannabis** use or diversion, using appropriate screening tools.
3. Demonstrate skill in developing therapeutic goals with clients for use of **medical cannabis**.
4. Provide the client with, or collaborate with other health care providers on the client's health care team to facilitate client's receipt of information regarding **cannabis** for medical purposes including but not limited to:
  - a. Scientific evidence (or lack of) of **cannabis** for the client's condition,
  - b. Risks of **cannabis** use, specific to client's current condition(s), medications, and life stage,
  - c. Variable effects of **medical cannabis**,
  - d. Variations in **cannabis** product, mode of administration, potency (**THC/CBD**),
  - e. Different sources of medical cannabis potentially accessed by clients – both regulated and unregulated,
  - f. Principles of dose titration,
  - g. Safety considerations for use and storage of **cannabis**,
  - h. Requirements for ongoing medical evaluation and treatment monitoring, and
  - i. Discontinuation of **medical cannabis** authorization when harms outweigh benefits.

3. Authorize **medical cannabis** only for clients who the RN(NP) has assessed through **direct client contact** to obtain relevant knowledge of the client's health status, health history, medication reconciliation and goals of care.
4. When initiating **medical cannabis**, only start as a therapeutic trial for a period of not more than three months with ongoing monitoring of the client's response to **cannabis** therapy.
5. Complete authorization accurately, completely, and legibly including any required information as per current legislation. E.g. *Access to Cannabis for Medical Purposes*.
6. Decide whether to continue, adjust or withdraw authorization for **medical cannabis** based on the client's response to therapy. If therapeutic goals are not met or the harms outweigh the benefits, then discontinue **medical cannabis**.
7. Document client's response to **cannabis** therapy, including a record of all re-authorizations.

### Maintain Safety in authorizing medical cannabis

The RN(NP) must:

1. Not provide any person with a blank, signed **cannabis** authorization form.
2. Not authorize **medical cannabis** for oneself or family members.
3. Minimize the associated harms of **cannabis** by using **harm reduction** resources such as, but not limited to *Canada's Lower Risk Cannabis Use Guidelines*.

### Definitions

**Cannabis:** a plant that contains a variety of cannabinoids, terpenes and other components that may have psychoactive and medicinal properties. The various methods of delivery include smoking, vaporization, oil/tincture/capsule, with in food or beverage and or as oral strip or suppository.

**Cannabis products:** preparations of the cannabis plant that contains cannabinoids such as tetrahydrocannabinol and/or cannabidiol in varying amounts.

**CBD:** Cannabidiol – a cannabinoid found within cannabis without psychoactive properties.

**Direct Client Contact:** Any activity in which the client and RN(NP) engage in the nursing process including face-to-face, hands-on, telephone, video conferencing or other forms of contact with the client if the RN(NP) can perform the requisite assessment, diagnosis, treatment, and follow-up.

**Harm reduction:** policies, program and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support. Harm reduction encompasses a range of health and social services and practices that apply to illicit and licit drugs.

**Medical Cannabis:** Cannabis products, as defined above, that are authorized by an authorized health care practitioner for use as part of a client's treatment plan.

**THC:** Tetrahydrocannabinol – the major psychoactive component in cannabis.

## References

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