



INFO SHEET

NON-MEDICAL CANNABIS

The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent and ethical nursing care. An Info Sheet informs membership on relevant nursing topics or the CLPNA's processes.

<i>This document is linked to legislation:</i>	Health Professions Act	Licensed Practical Nurses Profession Regulation	
<i>This document is linked to other documents that direct expectations of professional behavior and requirements for practice:</i>	Standards of Practice Code of Ethics Competency Profile	Professional Responsibility and Accountability Incapacity under the HPA	Medication Management
<i>This document is linked to related supportive documents:</i>	Continuing Competence Program Guide		

CANNABIS LEGALIZATION The Government of Canada introduced federal cannabis legislation in spring 2017. The *Cannabis Act* legalized non-medical cannabis use on October 17, 2018.¹ Adults will be able to purchase, possess, and use cannabis under legal parameters. Where healthcare providers may decide to use non-medical cannabis, it is important to emphasize responsible use and to be aware of the potential health risks. The privilege of self-regulation in health professions means that healthcare providers are responsible for maintaining their fitness to practice, which may be affected by using cannabis.

FITNESS TO PRACTICE Licensed Practical Nurses (LPNs) are regulated by the College of Licensed Practical Nurses of Alberta (CLPNA). The CLPNA ensures safe, competent, and ethical nursing practice of LPNs for the safety of the public. An LPN who fails to meet the standards of the profession could result in disciplinary proceedings.²

Cannabis (medical or non-medical) has the potential to cause side effects and lead to various health risks.³ LPNs using non-medical cannabis **must ensure** that

they are fit to practice.⁴ LPNs must be able to apply critical thinking, critical inquiry, and clinical judgment in order to provide safe, competent, and ethical nursing care.⁵ Cannabis is like any impairing substance (e.g. alcohol and prescribed medication). It may affect an LPN's cognitive function, physical health, and fitness to practice.

HEALTH RISKS The short-term effects of cannabis (the 'high') can be felt within minutes and lasts up to 6 hours or longer after consumption.⁶ Impairment depends on a number of factors including:

- user sensitivity and tolerance,
- consumption method, and
- combined use with tobacco or alcohol or prescription medications.⁷

Some forms of cannabis result in delayed but longer lasting effects.

Regular and continued use of cannabis can also lead to longer-term health risks. Three areas of potential health risks that can affect fitness to practice are outlined below. Health risks may arise from short-term and/or long-term use of cannabis.



Cognitive

The chemical composition of cannabis is an important factor related to impairment. Delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are two common chemicals found in cannabis.⁸ From a pharmacological and neurological perspective, only THC can cause psychoactive effects, whereas CBD lacks psychoactivity.⁹ CBD on its own would not affect any psychomotor learning or neurological functions.¹⁰ The risk for short-term cognitive impairment depends on the concentration of THC and its ratio to CBD.¹¹

The research evidence on cannabis related to the types and severity of cognitive impairment is varied. A review of scientific literature shows consensus on the types of short-term impairment. These types of short-term impairment include:

- impaired attention and concentration,
- impaired learning,
- impaired memory,
- greater impulsivity,
- decreased motivation,
- lowered psychomotor coordination, and
- delayed and less accurate decision-making and judgment.¹²

Individual differences complicate the severity of short-term impairment. How often someone uses cannabis and how long has that person had use cannabis influence the likelihood for impairment.¹³ Additionally, genetic susceptibility to THC and length of abstinence can also influence impairment.¹⁴

The research evidence on the types and severity of long term cannabis impairment is less certain. Some evidence show that regular and frequent cannabis users are at a higher risk for developing psychosis, addiction, and depression.¹⁵ Users who started using cannabis at a young age are also more at risk. There is, however, a lack of evidence on the permanence of cannabis impairment.

Respiratory

The frequent inhalation (i.e. smoking and vaporizing) of cannabis increases the risk for long-term adverse pulmonary effects such as emphysema, COPD,

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pneumonia, chronic bronchitis, and chest tightness due to vasoconstriction.¹⁶ There is also the chance of contracting a respiratory bacterial and/or fungal infection from shared smoking devices.¹⁷ Although there is competing evidence, some studies have shown that there is an increased risk for developing lung cancer.¹⁸

Cardiovascular

Regular cannabis users appear to be at an increased risk for stroke and other long-term heart/vascular conditions. Reviews of case series and reports found that many patients who experience an ischemic cardiovascular event are long-term cannabis users.¹⁹ Further, these patients tend to be individuals who increased their cannabis use recently.²⁰ Cannabis interaction with illicit drug use or prescribed medicine are also common in these patients.²¹

CAUTIONARY ADVICE LPNs should take caution when using any substance that may impair their fitness to practice. Although cannabis use may not lead to immediate impairment, it is important for LPNs to recognize the potential risks. The lingering effects of cannabis from non-medical use may carry forward into the workplace. If LPNs use non-medical cannabis, it is part of their professional responsibility and accountability to understand how the risk for impairment may interfere with their ability to provide safe nursing care. LPNs are also required to follow related employer policies in their workplace. Issues related to an LPN's fitness to practice may lead to an investigation and disciplinary action by the CLPNA to protect and ensure the safety of the public.

Please note that there is a difference between an LPN's decision to use non-medical cannabis and the LPN's role related to administering or assisting with medical cannabis in nursing care. More information on the LPN's role for medical cannabis can be found in the CLPNA's document on [Medication Management](#).



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- ⁸ Caulkins, Kilmer and Kleiman, *Marijuana Legalization*.
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- ¹⁰ Ibid.
- ¹¹ Ibid.
- ¹² Amir Levine et al., “Evidence of Risks and Consequences of Adolescent Cannabis Exposure,” *Journal of American Academy of Child & Adolescent Cannabis Exposure* 56, no. 3 (2017): 214-225; Mahvan et al., “Marijuana Use in the Elderly,”; Mandelbaum and de la Monte, “Effects of Marijuana on the Brain,”; Nugent et al., “Over of General Harms,”; Nora D Volkow et al., “Effects of Cannabis Use on Human Behavior, Including Cognition, Motivation, and Psychosis: A Review,” *JAMA Psychiatry* 73, no. 3 (2016): 292-297.
- ¹³ Nugent et al., “Over of General Harms,”; Volkow et al., “Effects of Cannabis Use on Human Behavior,”.
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