

with cannabinoids produces psychotropic effects which can mitigate anxiety, stress, pain, inflammation, and depression).

4. understand cannabis pharmacology and the research associated with the medical use of cannabis.
5. identify the safety considerations for patient use of cannabis (e.g. storage and child-resistant packaging and out of reach).
6. approach the patient without judgment regarding the patient's choice of treatment or preferences in managing pain and other distressing symptoms.

Other aspects to consider include morals and ethics, standards of practice, the patient's past medical history, the decision-making capacity of the patient or proxy, medication and supplement reconciliation, and finances and accessibility as cannabis is not covered by insurance. The American Nurses Association (ANA) supports providing safe access to therapeutic marijuana and promotes nurse advocacy for patients using marijuana and cannabinoids (Stokes, 2022).

The legalization of medical and recreational cannabis in New York State has created both opportunity and responsibility for nurses and nurse educators. While cannabis holds therapeutic potential for various conditions, its impact on mental health is complex and neces-

sitates informed patient guidance, risk awareness, and vigilant monitoring. The evidence base for medicinal cannabis remains limited due to regulatory barriers, demanding careful consideration of both benefits and risks, such as increased rates of psychosis and dependency, in clinical practice. Current undergraduate nursing education does not adequately prepare nurses for the challenges posed by patients using medical cannabis, with both students and educators recognizing existing curricular gaps and expressing a need for more comprehensive, evidence-informed instruction. Integrating cannabis-related content into nursing curricula, fostering interprofessional collaboration, and following professional guidelines are crucial steps that empower nurses to provide holistic and safe patient care, reduce stigma, and support informed decision-making amid the evolving regulatory landscape. ■

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# Climate Conversations

## The Calm after the Storm: Climate Disasters and the Continuum of Care

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Natural disasters do not end with environmental destruction. Their impacts are long-lasting and often manifest as prolonged public health crises within affected communities. According to the World Health Organization, climate

change presents a fundamental threat to human health. For countries like Jamaica, which just suffered the most catastrophic category five hurricane any island has seen, and regions like Puerto Rico, and the U.S. states, like Louisiana, with the

devastating hurricane Katrina, represent more than physical devastation. They trigger a cascade of health emergencies that spread through homes, hospitals, outpatient clinics, and communities.

High wind speeds, rainfall, and infrastruc-

ture damage often accompany hurricanes. Still, the actual costs are better measured by disrupted care, preventable illnesses, psychological trauma, widening health disparities, water contamination, displacement, and prolonged community instability.

As climate change intensifies, the frequency and severity of storms continue to rise. Increasing global temperatures are contributing to more intense and destructive hurricanes, not only in the Caribbean but also throughout the United States.

This climate-related catastrophe increases environmental vulnerability and organizational fragility of healthcare delivery systems, especially in communities that are already under-resourced.

## Immediate Health Impacts

In the immediate aftermath of the hurricane, healthcare systems are pushed beyond their limits. Downed power lines, limited resources, displaced equipment, flooded roads, or infrastructure damage impedes access to care and effective emergency response, thereby displacing healthcare providers. Hospitals and clinics may operate on generators, whereas community health centers, often the first line of care, are forced to close temporarily and typically rely on medical assistance from other countries or states to meet their basic needs.

Flooding and infrastructure damage often compromise water and sanitary sanitation systems, increasing the risk of waterborne illnesses and exposure to environmental contaminants.

Some of the main acute issues these individuals may face include traumatic injuries from debris and flooding; waterborne illnesses; lacerations and infections secondary to contaminated water; exacerbation of asthma and other respiratory diseases due to mold and poor air quality; and heat-related illnesses when power outages eliminate access to cooling.

Elevated blood pressure, demand-mediated stress, heart attacks, loss of medication, and potentially hypoglycemia secondary to lack of food during that time of damage increase the risk. For oxygen, re-

frigeration of insulin or even dialysis service interruptions become life-threatening.

## Chronic Disease Management in Crisis

One of the most unidentified consequences of natural disasters is the disruption of chronic disease management, specifically for conditions such as hypertension, cardiovascular disease, cancer, Alzheimer's disease, respiratory illness, epilepsy, mental health disorders, and diabetes, because they don't stop during emergencies, and they are often exacerbated under stress.

Fragmented access to medication, follow-up care, and routine monitoring can lead to preventable complications, including cardiovascular events, metabolic disorders, stroke, and psychiatric decompensation.

## Mental Health and Psychological Stress

The psychological impacts of natural disasters are severe. Survivors may experience stress disorder, acute stress reactions, anxiety, depression, fear, uncertainty, or even sleep disturbances, and unfortunately, substance abuse. Concurrent traumas can lead to worsening impacts and more acute effects on chronic illness.

## The Role of Nurses in Climate Disaster Readiness

Natural disasters are not created equal and affect populations in diverse ways. Some communities that are already under-resourced, with poor or inadequate housing and limited access to healthcare facilities, often experience greater exposure and slower recovery. Climate change can also exacerbate health and equity issues affecting more marginalized groups.

As nurses, we are reminded of our ethical responsibility to advocate for equitable disaster preparedness, healthcare recovery efforts, and resource allocation, not only in the immediate phase but also in the post-disaster phase.

Policy discussions and nursing leadership must elevate climate-related health

risks to ensure that disaster planning and preparedness are prioritized.

Nurses are uniquely positioned to bridge the gap for patients and to assist in navigating the fragmented care system during this crisis. Through early identification of symptoms, patient education on climate-related disaster best practices, and coordination of public health authorities.

Public health and community-based nurses are essential to prevention education, surveillance, and community outreach efforts aimed at mitigating disease transmission during disasters.

## Conclusion

Climate-informed preparedness has to be integrated into the nursing curriculum, healthcare systems protocols, education, and training modules, and clinical practice to help healthcare professionals know how to triage and do climate assessments, integrate mental health services into disaster response, elevate nursing leadership and climate and health policy advocacy, and manage chronic diseases in emergencies. ■

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