



Figure 4: Published in 1865¹¹

unteered for the role!

As a nurse in the Union Army, Miss Edmonds recorded all the awful wounds she saw, how the soldiers handled their wounds, their worries for their families that they knew

they would never see again, letters that Edmonds wrote home on behalf of these boys, and many other experiences with a clergy family ministering to the soldiers and camp followers.

Then, when life in the military camps and on the battlefields were not going to well for the Union, she volunteered to serve as a spy. She was of small stature, and her visage was not completely feminine so with these attributes and her imagination and cunning, she was able to adapt, listen, and report back to help the Union Army and others.

That's it for this issue. Check out these books from your library and enjoy the readings. ■

Until next time,
Trudy

- i. Washington, George. George Washington Papers at the Library of Congress 1741-1799: Series 2 Letterbooks, page 24 image 27, <https://www.loc.gov/collections/> cited in Matheke, T., (2005) Nursing in Combat: Oral History Project, unpublished Senior Honors Project, History 597, CSUSB.
- ii. Image of Mary Seacole Statue, <https://www.maryseacoletrust.org.uk/mary-seacole-statue/>
- iii. Book Cover of Emma E. Edmonds, <https://www.perlego.com/book/2699502/nurse-and-spy-in-the-union-army-comprising-the-adventures-and-experiences-of-a-woman-in-hospitals-camps-and-battlefields-with-the-introductory-chapter-the-ethos-of-the-spy-pdf>

Evidence You Can Use

Don't Be Green When It Comes to Medical Cannabis: Updates for Educators and NYS Nurses

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The topic of Marijuana is no longer taboo. It is legal for both medical and adult-use (recreational) purposes in New York. Implemented in 2016, the Medical Cannabis Program, later amended in 2021 through the Marijuana Regulation & Taxation Act (MRTA), legalized adult-use cannabis for

medical patients with qualifying conditions (Office of Cannabis Management, 2023). Yet many registered nurses and nurse educators still feel "green" when it comes to understanding its pharmacology, legal landscape, and implications for practice. This column offers a dose of a lit-

erature review conducted to inform New York State nurses caring for adults using medical cannabis, as well as the undergraduate faculty responsible for preparing nursing students and future nurses to care for these patients. Suggested curricular amendments for nursing programs are provided, incorporating cannabis education that aligns with the American Association of Colleges of Nursing (AACN) Essentials and the National Council of State Boards of Nursing (NCSBN) standards. This information was presented at ANA-NY's 13th annual conference.

Under the letter of federal law, cannabis is classified as a Schedule I controlled substance, a category reserved for substances with no accepted medical use and a high potential for abuse. This rigid classification has severely stunted high-quality research and slowed the development of evidence-based practice initiatives related to cannabis (National Council of State

Boards of Nursing [NCSBN], 2018).

In contrast, the spirit of more recent legislation, specifically the 2018 Farm Bill, tells a different story. This law removed hemp from the Controlled Substances Act, allowing its cultivation and sale if it contains no more than 0.3% delta-9 tetrahydrocannabinol (THC) by dry weight (Herrington, 2025). This concentration is considered non-psychoactive and too low to produce a “high.” As a result, hemp-derived products containing 0.3% or less delta-9 THC are federally legal and no longer classified as controlled substances.

Meanwhile, state laws exist on an entirely different spectrum. Some states permit adult-use and medical cannabis, while others prohibit marijuana entirely or allow only low-THC, cannabidiol (CBD) products (National Conference of State Legislatures [NCSL], 2025). Because of this patchwork landscape, it is essential for nurses to understand and remain aware of the specific legislation and regulations in the state where they practice.

Current indications for medical cannabis certification in NYS commonly include chronic pain, post-traumatic stress disorder, substance use disorder, neuropathies, neurodegenerative disorders, spinal cord injury with spasticity, inflammatory bowel disease, movement disorders, rheumatoid arthritis, and autism (Slawek et al., 2022). Medical cannabis has the potential to help patients with mental health conditions. In NYS, 20% of patients between the ages of 13 and 40 years old indicated PTSD as the primary condition for their use of medical cannabis. However, adverse effects of cannabis use include anxiety, paranoia, and panic attacks in patients with these confounding conditions (Office of Cannabis Management, 2023). Preliminary evidence suggests that cumulative cannabis exposure is associated with an increased rate of onset of psychosis and earlier schizophrenic episodes with daily cannabis use.

Legalization of cannabis in New York State has generated both opportunity and concern regarding mental health

outcomes. Cannabis's impact on mental health is multifaceted and complex, with both potential benefits and significant risks noted in recent evidence. While some patients report symptom relief for conditions such as PTSD, depression, and anxiety, scientific consensus remains limited regarding its therapeutic effectiveness for these disorders, and the overall quality of supporting evidence is low (Marwaha et al., 2021). Cannabis use is linked to a higher risk of developing psychosis and may exacerbate experiences of paranoia, particularly in individuals who use cannabis to self-medicate for mental distress or who have underlying trauma. Nurses should foster informed discussions with patients about these potential mental health risks. Legalization has also been linked to a rise in cannabis use, which raises public health concerns about increased risks of psychosis, anxiety, and cannabis use disorder among vulnerable populations (Kamer et al., 2023). While legalization offers new avenues for relief, rigorous monitoring and ongoing research are needed to address unintended consequences, including early onset of psychiatric conditions and potential exacerbation of existing mental illness. Nurses must be prepared to navigate these evolving clinical and policy landscapes by integrating current evidence into patient education and care planning.

Cannabis education is lacking in undergraduate nursing education. Parmalee and Clark (2022) surveyed nursing students' knowledge of medicinal cannabis and found that more than 90% of respondents believed cannabis has therapeutic benefits, with 48.9% of students strongly agreeing. However, most respondents reported not receiving education surrounding managing care for a patient using medicinal cannabis. Qualitative themes indicated that students wanted it included in the curriculum, but some students experienced stigma and bias from faculty. In a later work, Parmalee (2025) explored nurse educators' perspectives and found they were in concordance with

the students regarding the therapeutic potential of cannabis. Nurse educators sought out learning opportunities but were constrained in their discussions with colleagues due to the illegality of cannabis on a federal level. Limited curricular time presents another barrier.

From a curricular standpoint, medical cannabis aligns with the American Association of Colleges of Nursing's (AACN) Essentials, introduced in 2021 and falls within the following domains:

Domain 2: Person-centered care to prepare students to holistically care for individuals using medical or recreational cannabis. This involves screening, education, counseling, and stigma reduction.

Since cannabis content is rapidly evolving, and the evidence is mixed, teaching students to critically appraise emerging evidence (e.g., NCSBN guidelines, pharmacology of cannabinoids, risks/benefits) aligns with **Domain 4**, which signifies scholarship in the nursing discipline.

Domain 5: Quality and Safety emphasizes understanding drug–drug interactions and identifying risks (e.g., impaired driving, dependency) and mitigating harm.

Domain 6: Interprofessional Partnerships involves collaboration among various professions, including medicine, nursing, social work, pharmacy, law, and public health, in medical cannabis management.

In 2018, the NCSBN released guidelines for nurses who care for patients who use medical cannabis (NCSBN, 2018). These guidelines state the nurse shall:

1. have a working knowledge of the current state of legalization of medical and recreational cannabis use.
2. have a working knowledge of the jurisdiction's medical marijuana program.
3. understand the endocannabinoid system, cannabinoid receptors, cannabinoids, and the interactions between them. (Cannabinoid receptors exist in areas of the brain that regulate appetite, memory, fear, and motor responses. Stimulating these receptors

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-