

Marijuana Frequently Asked Questions

I) Medical Marijuana

1) Does having a medical marijuana card prevent me from getting licensed in Oregon?

No. The Board does not ask an applicant to disclose their medical marijuana card or prescribed medications on the application for licensure. However, it is every licensee and certificate holder's responsible to ensure that their use of medical marijuana does not impair their ability to practice safely.

2) If my medical provider recommends use of medical marijuana, can I use medical marijuana and still practice?

Yes; however, it is important to remember that all licensees and certificate-holders have a responsibility to ensure that their use of medical marijuana does not impair their ability to practice safely. Any use of medical marijuana while practicing that results in performance problems, changes in behavior, or impaired practice will be reported to the Board and investigated.

3) Can I legally give or administer medical marijuana to a patient who receives medical marijuana as part of his medication regimen?

The Nurse Practice Act does not specifically address the nurse's ability to administer medical marijuana. It is advised that the nurse refer to the [Scope of Practice Decision Making Guideline for RN and LPN Practice](#), which can be found on the Oregon State Board of Nursing website under Scope of Practice Information/Board Policies and Position Papers. A nurse should also refer to the current laws and rules related to medical marijuana in this state found on the [Oregon Medical Marijuana Program \(OMMP\) website](#). It is also important to know your employer's policy about the administration of medical marijuana to patients. Most, but not all, hospitals do not allow the use of medical marijuana while a patient is hospitalized.

4) Can I use my medical marijuana card or obtain a medical marijuana card while I am on probation or participating in the Health Professionals' Services Program?

No. Both Probation and the Health Professionals' Services Program are abstinence-based programs. Though some participants may have prescriptions, medical marijuana cards are not prescriptions and cannot be monitored.

5) Can a NP sign the "Attending Physician Statement" for a medical marijuana card?

No. According to the OMMP website, "Attending Physician is defined as a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) licensed under ORS chapter 677."

II) Recreational Marijuana

1) Will I be reported to the Board if I test positive for marijuana on an employer drug test?

According to the Nurse Practice Act (OAR 851-045-0090), substance abuse as defined by ORS 678.111 (e) shall always be reported to the Board of Nursing. ORS 678.111 (e)

defines impairment as an inability to practice with reasonable competence and safety due to the habitual or excessive use of drugs or alcohol, other chemical dependency or mental health condition. Any dismissal from employment due to unsafe practice or conduct derogatory to the standards of nursing shall also always be reported to the Board.

2) Can my employer terminate my employment or deny me employment if I test positive on a drug test?

It is up to each employer to determine its own workplace policies. Some employers may have a zero tolerance policy. If an employer has a zero tolerance policy, then they will most likely terminate you and should report you to the Board of Nursing if the termination was due to impairment behavior or the inability to practice nursing safely.

3) How does the Board handle a complaint related to positive drug tests for marijuana?

Once the Board receives a complaint, Board staff will determine if a Nurse Practice Act violation has occurred. If there was a violation, a case will be opened and referred to an investigator. The investigator will collect evidence related to impaired practice and substance abuse. The nurse or nursing assistant may be asked or ordered to complete a substance use disorder evaluation.

4) How might marijuana impair my ability to practice?

The following are potential effects of marijuana use depending on the type of marijuana used, potency, amount, and experience of the user:

- Short term memory problems
- Impaired thinking/delayed decision making
- Loss of balance and coordination
- Decreased concentration
- Changes in sensory perception/distortions in time.
- Impaired ability to perform complex tasks
- Decreased alertness
- Decreased reaction time
- Paranoia
- Drowsiness
- Increase appetite
- Impaired of tracking ability

THC attaches to sites called cannabinoid receptors on nerve cells in the brain, affecting the way those cells work. Cannabinoid receptors are located in parts of the brain that regulate movement, coordination, learning and memory, judgment, and pleasure.

5) How long do the effects last?

Although detectable amounts of THC may remain in the body for days or even weeks after use, the **noticeable effects** of smoked marijuana generally last from one to three hours and those of marijuana consumed in food or drink may last for many hours

(National Institute of Drug Abuse). However, some studies suggest that impaired performance may last up to 24 hours.

6) Isn't marijuana the same as the marijuana my parents smoked back in the Sixties and Seventies?

Actually, the potency of marijuana has increased during the last few decades. The average potency of marijuana in the 1960s was around 1-3 percent THC. Due to changes in growing techniques, the average potency of today's marijuana is between 9.6 to 16 percent THC. However, some confiscated marijuana has tested above 30 percent THC and marijuana extracts have a much higher potency, between 50-80 percent or higher.

7) Is marijuana addictive?

Yes, marijuana can be addictive. Over time, a person who uses marijuana can develop signs and symptoms related to dependence on the drug. A person can develop tolerance and show signs of withdrawal when use is stopped. The person finds it difficult to reduce or stop their use of marijuana despite negative consequences. Marijuana is estimated to produce addiction in approximately 9 percent, or about 1 in 11, of those who use it at least once. This rate increases to about 1 in 6, or 17 percent, for users who start in their teens, and 25–50 percent among daily users (National Institute of Drug Abuse).

8) What are synthetic cannabinoids?

Also known as "Spice," synthetic cannabinoids are chemicals that are usually sprayed onto plant material that is then smoked or ingested to produce experiences similar to marijuana (cannabis). To hide their intended purpose and avoid FDA regulatory oversight, synthetic cannabinoids are labeled as "not for human consumption." Even though some of the chemicals used are similar to those found in marijuana, the effects are sometimes very different from marijuana and frequently much stronger. These products appear as a mixture of herbs or spices and marketed as "herbal incense" or "potpourri."

The effects of Spice can include increased anxiety, nausea, vomiting, tachycardia, elevated blood pressure, muscle spasms, tremors, seizures, hallucinations, dilated pupils, psychotic episodes, and suicidal and other harmful thoughts and/or actions. The number of emergency department (ED) visits involving synthetic cannabinoids increased significantly from 11,406 visits in 2010 to 28,531 visits in 2011.