

# 2026 Annual PADONA Conference

## Preparing SNFs for the Change in Cannabis Scheduling

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# Goals of the Program

At the conclusion of the program, participants will:

1. Verbalize the differences between recreational and medicinal cannabis use
2. Identify three (3) reasons why cannabis is currently considered a Schedule I drug
3. Using the experiences from Canada, identify how prescription, storage and accountability for cannabis can be used by U.S. SNFs to safeguard residents and staff
4. Identify three (3) diagnoses which qualify a Pennsylvania resident to obtain permission for medical cannabis
5. Identify potential problems and pitfalls that Pennsylvania SNFs may face when/if cannabis is changed from Schedule 1 to Schedule III or not scheduled at all



# What are Scheduled Drugs?

Drug	Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V
Drug schedules classify controlled substances into 5 categories based on their potential for abuse/addiction and their currently accepted medical use in treatment (CAMU)-Currently Accepted Medical Use	Substances that have a high potential for abuse and no accepted medical use such as heroin and LSD	Have high potential for abuse which can lead to severe physical and psychological dependence but with some accepted medical uses such as cocaine, fentanyl, meth-amphetamine and oxycodone	Substances have medium potential for abuse and a moderate to low potential for dependence such as ketamine, anabolic steroids and codeine	Substances have moderate potential for abuse and a low potential for dependence such as Valium, Xanax and Ambien	Have a low potential for abuse and accepted medical uses with limited addiction potential such as Lyrica, Gabapentin and cough medications containing codeine



# Which Schedule Most Closely Describes Cannabis???

Schedule 1

Schedule 2

Schedule 3

Schedule 4

Schedule 5



# Why is Cannabis a Schedule 1 Drug?

Racism, New Deal reforms and bureaucratic self-interest are often blamed for the first round of federal cannabis prohibition under the Marihuana Tax Act of 1937, which restricted possession to those who paid a steep tax for a limited set of medical and industrial applications.

Disgraced Attorney General John Mitchell of the Nixon administration placed marijuana in this category in 1972

Richard Nixon saw pot prohibition as a means to destroy the antiwar left, according to clandestine recordings made by Nixon in the White House as well as his own statements



# Public Opinion About Cannabis

- In May 2024, the Drug Enforcement Agency (DEA) proposed a change in cannabis from Schedule I to Schedule III and asked for public comment.
- Lucas et al analyzed these comments in a 2025 noting that cannabis is legal for medical use in 33 states and for recreational use in 24 states
  - 42% supported rescheduling
  - 55% were against rescheduling
  - 71% argued that scheduling was unnecessary



# Public Opinion About Cannabis

- Four (4) main drivers of the argument were decriminalization, racism, safety and economy
- If a substance is prohibited from being tested in clinical trials, it is difficult to justify that it has currently accepted medical uses



# What is in Cannabis?

- Clinicians can currently prescribe only three (3) cannabinoids approved by the FDA:
  - Dronabinol-synthetic THC approved for chemo induced nausea or HIV induced cachexia
  - Nabilone-approved for chemo induced nausea
  - CBD approved for Dravet Syndrome, Lennox-Gastaut syndrome and seizures associated with tuberous sclerosis
- Cannabis sativa plant includes cannabinoids, flavonoids and terpenes
  - Cannabinoids include THC and CBD



# Will Cannabis Make the Resident High?

Cannabis contains over 70 cannabinoid compounds, each with a different effect.

THC causes the psychoactive effects that recreational users desire (euphoria, appetite stimulation, sensory stimulation)

CBD-cannot get an individual "high" but is effective in many conditions that cause insomnia and agitation



# Medical versus Recreational Use

Recreational cannabis is not prescribed by an authorized prescriber

Medical cannabis is prescribed for a specific condition or illness for which cannabis is expected to have a medical benefit

Treated and controlled similar to narcotics



# How Do the Federal Prohibitions and PA Laws For Cannabis Use Impact SNFs in the U.S.?



# Impact on Resident Rights

If a citizen of Pennsylvania has a valid cannabis card which enables him/her to purchase and use cannabis, those rights are limited once that person is admitted to a SNF as the SNF will be reluctant to allow the use of cannabis in order to avoid violating federal regulations and jeopardizing federal funding



# Pennsylvania Law

Pennsylvania legalized the use of cannabis for medicinal use in 2016

**Medical marijuana protections:** Under current law, PA employers may not take action against an employee solely for being a certified medical cannabis user, but they may still prohibit on-site use and discipline for on-duty impairment

**Drug testing policies:** If adult-use becomes legal, employers—especially those operating in cities like Philadelphia, which already restrict pre-employment marijuana screening—may face greater scrutiny for blanket drug testing practices.



# Pennsylvania Law

Patients register for an ID card and use that card to obtain medical marijuana at Pennsylvania dispensaries

Caregivers must also be Pennsylvania residents and be designated by a patient to obtain medical marijuana for them at a Pennsylvania dispensary

Caregivers register for an ID card and must complete a background check.



# Approved Diagnoses for PA Use

Amyotrophic lateral sclerosis

Anxiety disorders

Autism

Cancer, including remission therapy

Chronic Hepatitis C;

Crohn's disease

Damage to the nervous tissue of the central nervous system

Dyskinetic and spastic movement disorders

Epilepsy

Glaucoma

HIV / AIDS

Huntington's disease

Inflammatory bowel disease

Intractable seizures

Multiple sclerosis

Neurodegenerative diseases

Neuropathies

Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective

Parkinson's disease

Post-traumatic stress disorder

Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain

Sickle cell anemia

Terminal illness

Tourette syndrome



# Short-Term Harms

- THC and CBD may result in an increased risk for dizziness and sedation
- These risks may be more prominent in people who are frail
- Cannabis withdrawal syndrome had not been vigorously studied but may affect cognition, cardiovascular, gastrointestinal and pulmonary effects
- Cannabis is associated with increased caloric intake which may impact diabetes



# Long-Term Cannabis Harms

Cardiovascular: Hypertension/hypotension, coronary artery disease, arrhythmias, cerebrovascular accidents, MI and cardiac arrest

Pulmonary: Cough, wheezing, altered pulmonary function tests, chronic obstructive pulmonary disease, spontaneous pneumothorax, bullous emphysema

Gastrointestinal: gastric and colonic dysmotility, altered appetite, hyperemesis, diarrhea (CBD)

Drug-Drug Interactions: Polypharmacy

Central Nervous System: Dizziness, sedation, cognitive impairment, impaired driving

Psychiatric: Mood disorders, anxiety, bipolar, suicidality, PTSD, psychosis, SUD Mood disorders, anxiety, bipolar, suicidality, PTSD, psychosis, SUD

Risk for Abuse: Particularly in those with cognitive impairment



# Lessons from Canadian SNFs

**PRECAUTIONS**

- MESA
- VKE
- Camacho
- K. Simmonds
- W. Samsky
- J. Cline
- C. Kuehn
- ESBL P.L./C.H.

As of Jan 6/24  
Marie [unclear]  
\* NO male staff for personal care, bath  
\* Female staff only  
\* PAIRS CARES.

**HOSPITAL**  
Pat Karr

**FALLS**  
Ken Simmonds (near miss)  
\* 4 ARTS BATH SLINGS WITHOUT SM &

**Rehab Nursing**

## WHAT ARE BENEFITS OF CANNABINOID TX?

**INCREASED APPETITE**  
↓ nausea  
↑ Mood ☺  
stop pain

Relieves Body Pain  
Helps skin issues  
Reduce opioid use!!  
Supports improved sleep  
Decrease in Restless Behaviors  
Can have less seizure activity  
Better mood  
Reduction of antipsychotic use  
↓ polypharmacy related sedation

Residents are more calm & happy  
smiling ☺

**IMPORTANT NOTICE**



# Canadian Experience

Canada has been a world leader in medical legalization since 2001 and use in SNFs since 2018

Perceived barriers to its use:

- Lack of knowledge of effects

- Risks/benefits insufficiently researched

- Lack of clinical guidelines

- Uncertain interactions with drugs

- Concern about side effects

- Availability

- Fine line between medical and recreational use



# Canadian Experience

- Medical cannabis is used for adults if ordered by a physician or nurse practitioner
- In LTC, only medical cannabis is permitted
- The resident provides the facility with their own cannabis supply purchased from a licensed dispensing source
- The cannabis product must be in an identifiable form and administered in the specific vehicle indicated on the prescription
- Smoking and vaping of cannabis is prohibited in SNFs except in facilities where designation smoking is allowed



# Canadian Experience - Providers

A specialist in cannabinoid treatment is consulted by the SNF after the attending physician has ruled out treatable causes of delirium/dementia

The physician or nurse practitioner is responsible for providing client/family education

Responsible for the determination that cannabis is appropriate and safe for the episode of care

A physician's order must include the product label

Determines whether or not the client is capable of self-administration

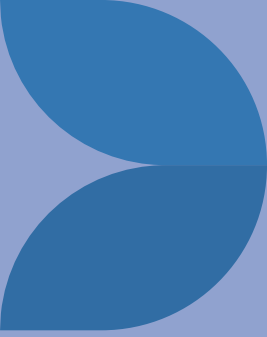
The amount prescribed can not exceed the amount authorized by Health Canada



# Storage



# Canadian Experience – Nursing Staff



Documents the use of medical cannabis in the medication history

Requests proof of authorization to use cannabis for medical purposes and place a photocopy in the clinical record

Provide client with “Cannabis for Medical Purposes: Client Information and Acknowledgement Form”

Review information with the client/family and document in the record

Attach a signed form to the health record

Assist with storage, administration, requesting family obtain refills and documentation on the MAR



# Canadian Experience-Pharmacy

- The Pharmacy Technician
  - Requests proof of authorization to use cannabis for medical purposes
  - Documents proof obtained
- The Pharmacist
  - Confirms that proof of authorization for cannabis for medical purposes was obtained and documented
  - Review and verify the prescriber's order and indicate "patient's own supply"



# Canadian Experience -Residents

Discloses use of cannabis

Informs the health care provider that s/he wishes to continue to use cannabis for medical purposes

Provides proof of authorization to use cannabis for medical purposes

Reviews and signs the “Cannabis for Medical Purposes: Client Information and Acknowledgement Form:

Provides the facility with medical cannabis from a Licensed Canadian Medical Provider



# Canadian Experience-Storage

- Resident/Family provides the nursing staff with their medical cannabis and they pay the cost
- Two (2) nurses (RN or LPN) accept and acknowledge the amount received
- The nurses store and lock the cannabis in the medication cart and treat it like a prescription narcotic
- Document the client's name and drug name on the top of the narcotic count sheet
  - Ensure the cannabis is labeled and has the client's identifying information
  - Include the quantity received
  - Clients are not permitted to store their own medical cannabis at the bedside



# Tincture



# Self-Administration

The patient is permitted to self-administer their cannabis unless they require assistance or lack of capacity to safely self-administer

Nursing and the health care provider assess the individual's capacity to self-administer and discuss an administrative plan with the client

Nursing may:

Remove cannabis dose from the narcotic package and documents on the controlled drug sheet

Provide cannabis dose to bedside and witness client's self administration and document



# Canadian Experience – Discharge/Disposal

To return medical cannabis, two (2) nurses remove and return a client's supply from storage

Document "Patient Discharged" on the narcotic sheet entry line and zero out the quantity

Document the return in the health record

The pharmacy disposes the prescribed medical cannabis after a client expires



# Canadian Federation of Nurses Unions

Against random drug testing

Recommend that employers develop and revise policies about psychoactive medications and cannabis

Nurses must be provided with PPE to avoid secondary exposure

Nurses must be provided with sufficient resources and training



# Are We Prepared?

In Pennsylvania, we will need to:

- Educate staff including physicians, residents and families in processes, contraindications and accountability

- Develop policies for the safe storage and use

- Identify acceptable forms of cannabis

- Work with pharmacy consultants to include cannabis use in the residents' drug regimens

- Address issues of fire safety

- Find ways to protect staff

- Develop disposal practices



**Thanks to Andrew Peterson, PharmD  
PhD, Nicki Thomson, RN, Blake Pearson,  
MD and the Staff of Afton Park Place,  
Sarnia, Ontario Province**



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