

POLICY

The Department of Alcohol & Drug Services (DADS) recognizes the controversy over the medicinal use of marijuana. While the State of California takes a compassionate stand on the use of medical marijuana, the federal government, and specifically the Drug Enforcement Agency, considers marijuana (medical or otherwise) to be an illegal drug. The challenge for DADS is to provide effective chemical dependency treatment and at the same time consider a known addictive substance as ancillary treatment for certain medical conditions. DADS policy attempts to deal with the contradictions inherent in the use of medical marijuana in a client population identified as having chemical dependency problems.

PROCEDURE

DADS will use the Institute of Medicine (IOM) recommendations on a case by case basis to determine medical necessity for the use of medicinal marijuana. The IOM Recommendations state the patient must meet the following conditions:

1. There is evidence that a good faith medical exam has been completed.
2. Failure of all approved medications to provide relief has been documented.
3. The symptoms can reasonably be expected to be relieved by rapid-onset cannabinoid drugs.
4. Such treatment is administered under medical supervision in a manner that allows for assessment of treatment effectiveness.
5. The client is willing to sign a consent for the release of information for counselor and/or program physician to communicate with the physician who has authorized medical marijuana use.
6. Medicinal marijuana must be used for an illness identified by the IOM and CMA to be appropriate for this treatment protocol, such as terminal illness, intractable pain, chemotherapy induced nausea and vomiting, and AIDS wasting syndrome. Illnesses such as anxiety disorders and mood disorders would not be acceptable as appropriate for this type of treatment.

Due to the impact on others (both physically and psychologically), clients smoking medical marijuana will not be eligible for THU placement, detox or residential treatment unless they switch to oral pill form and/or stop smoking the medical marijuana. Clients who have a prescription for the pill form and decide, on their own, that the smoked form works better for them will not meet the IOM and CMA conditions.

**Primary
Counselor**

1. Have the client sign a consent to authorize communication with the physician who authorizes marijuana use for a medical condition.
2. Obtain documentation from the client's physician that traditional medications have failed to provide relief, and that a good faith medical exam with results is documented.

**Primary
Counselor
Continued**

3. Obtain an authorization (for the use of medical marijuana) letter from the client's physician that documents the diagnosis and includes a beginning and ending date for the course of action.
4. Provide documentation to your Clinical Supervisor for review and approval.
5. Document in the client's chart that the client has been approved to use medical marijuana as an adjunct to treatment of conditions other than addiction.
6. Place all documentation from the client's physician in the client's chart.
7. Monitor the time line for approved use of medical marijuana and inform the client and Clinical Supervisor when near completion.

**Clinical
Supervisor**

1. Review for approval the required documentation and note in the client's chart that this process has been completed, with an approval or not. If the request is not approved, documentation will provide an explanation of the reasons.
2. For those clients who have met the criteria, any urine drug tests that are positive for THC will be excused.
3. Any questions or concerns about a client's eligibility for the use of medical marijuana should be directed to the Clinical Director who will, as needed, work with the Medical Director.