

Purpose:

To provide clinical guidelines for approved Chemical Dependency Programs on the treatment of patients who are qualified to receive Medical Marijuana under Oregon's Medical Marijuana Act.

Sample Policy

ABC Chemical Dependency Program makes every effort to treat individuals with substance abuse issues in a professional and respectful manner. Individuals who qualify for medical marijuana and are seeking treatment in the Chemical Dependency Program will receive those services provided the criteria of this policy and procedure are met.

The use of medical marijuana while in drug treatment will be viewed and treated similar to those of mood altering and potentially addicting prescriptions such as narcotics pain medication and benzodiazepines.

Reliable research has shown that marijuana is clearly a mood altering and potentially addicting drug. Smoked marijuana contains a number of different byproducts that may pose a health hazard to the user or individuals exposed to the smoke.

In order to protect the recovery of all patients, ABC Chemical Dependency Program requires patients to work with the physician to consider the options of not using smoked marijuana during the course of chemical dependency treatment. The following options should be discussed.

1. Discontinuation of medical marijuana use over the course of treatment.
2. Substitution of Marinol for smoked marijuana. There is a pill form of THC (one of the active ingredients of marijuana) that is approved by the federal Food and Drug Administration (FDA) for use in treating the nausea and vomiting associated with cancer chemotherapy and AIDS wasting syndrome. The medication is named dronabinol and sold under the trade name Marinol and does not have the liability of smoke or marijuana odor that would trigger relapse in other patients.

3. Substitution of other non-marijuana medications that address similar symptoms.

The use of medical marijuana on the premises of ABC Chemical Dependency Program is prohibited by state and under Federal Drug Free Workplace Laws.

Patients who are medically unable to avoid using medical marijuana while on the premise may not be admitted and will be referred to a more appropriate program.

Procedure

Those patients seeking treatment from the Chemical Dependency Program and who use marijuana for medicinal purposes will agree to the following guidelines:

At the time of admission the patient will present a medical marijuana card.

Patients will be required to sign a Release of Information to their primary care physician and allow consultation and coordination of their treatment between their primary counselor and/or program medical director, and physician recommending the marijuana. Chemical dependency treatment of a medical marijuana patient can only occur if the patient's marijuana use is both actively managed by the physician and, the physician is willing to coordinate with ABC over the course of treatment.

Patients who refuse to allow this communication will not be allowed to use marijuana while in treatment and will be treated as other clients using marijuana despite any claims for medical use.

Clients must sign a Medical Marijuana Agreement and abide by it for the duration of their treatment.

Medical Marijuana Treatment Agreement

Clients in treatment at XYZ Chemical Dependency Treatment Program are required to abstain from the use of ALL mood-altering substances while in treatment. Exceptions to this requirement are those clients who are taking prescribed medications and/or those individuals providing the required documentation under the Oregon Medical Marijuana Act.

As a medical marijuana user, in order to be admitted and to remain in treatment, I agree to comply with **ALL** of the following:

___ I will present a valid copy of my medical marijuana card verifying my medical need for medical marijuana.

___ I will sign a Release of Information to my physician allowing my primary counselor/ and or Medical Director to discuss the reasons for and appropriate use of marijuana for medical purposes.

___ I will discuss and explore alternatives to medical marijuana with my physician/ primary counselor and Medical Director.

___ **If required by ABC**, I will participate in frequent UA's, at my expense, to monitor any significant changes in the level of marijuana in my system.

___ I will not use marijuana ___ hours prior to coming to treatment.

___ I will not use marijuana for other than its prescribed purpose.

___ I will not bring marijuana in any form, or drug paraphernalia, onto ABC premises.

___ I understand that it is my responsibility to assure that I am not impaired or unable to participate in my treatment sessions.

___ I understand that if I appear impaired, my counselor may ask me to leave the session.

___ Being asked to leave may be considered a failure to comply with my treatment agreement and may result in my being discharged from treatment at ABC.

___ I further acknowledge that ABC has the right to refuse treatment if I am unable or unwilling to comply with any provision of this agreement.

Client

Date

Witness

Date