

# **Medical Marijuana and Addiction Treatment Clients**

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**Briefing Paper- July 2004**

## **Background**

In 1998, Oregon voters passed the Medical Marijuana Act. Passage of the act has allowed patients to possess and grow their own marijuana for medical purposes. Patients are exempt from prosecution under state and local laws as long as they follow provisions of the act. Physicians cannot prescribe marijuana as medication, but they can provide a statement that their patient has a qualifying debilitating medical condition and that medical marijuana might alleviate their symptoms or disease.

Since the passage of the act, the number of people possessing a medical marijuana card has increased from 594 patients at the end of the first year to 7582 as of January 2004.

The Office of Mental Health and Addictions Services (OMHAS) has received several questions from providers pertaining to the admission and treatment of clients who are using medical marijuana. This paper and enclosed policies is an attempt to provide direction and guidance to programs.

## **How does the Medical Marijuana law affect chemical dependency treatment providers and patients?**

Patients qualified for medical marijuana under Oregon law may present for admission to a residential, or outpatient program for treatment. This may raise a number of issues for staff and administrators, including:

- Staff may be ambivalent about treatment of patients using any physician recommended or prescribed drugs with addictive potential.

- Programs may not have adequate written policies and procedures in place to both make the decision to admit or not admit and to create a treatment structure that serves the patients using recommended medical marijuana while protecting the recovery of other clients.

**What does OMHAS suggest for service providers regarding policies related to treatment for patients using medical marijuana?**

OMHAS recommends that all certified programs adopt written policies and procedures on medical marijuana that focus on the clinical issues of treatment. If programs wait to generate a written policy after the client is admitted they may risk litigation if they attempt to retroactively enforce a policy on a client already enrolled in treatment services. Providers should involve as many interested parties as possible in the creation of their policy in order to air everyone's concerns. Any new policies should be reviewed and approved with their programs legal counsel and medical director prior to implementation.

Procedures could include a medical marijuana agreement between the patient and the program that requires:

- Documentation showing a valid medical need for marijuana. In Oregon this could include a valid card from the Oregon Health Division and documentation from the physician who has recommended it.
- Signature of a release of information allowing the treatment provider to discuss treatment planning with the physician recommending the medical marijuana.
- Agreement to allow the counselor or program medical director to discuss alternatives to smoked marijuana with the patient and their physician.

Other elements of an agreement could include the use of urinalysis for monitoring and schedules for administration of medical marijuana.

Programs should be aware that onsite administration of medical marijuana in certified programs is a violation of federal requirements under the SAMHSA Block Grant. Residential programs may need to work with patients and their physicians to establish a mechanism so that the patient can use an alternative prescribed medication or defer usage until they are off premises.

### **Summary**

Written policies and procedures should be adopted by treatment providers to optimize the treatment structure for the medical marijuana patient and to protect the treatment of other patients.

Medical marijuana patients should be admitted to chemical dependency treatment if they are qualified, meet the criteria for medical marijuana, meet treatment program eligibility requirements and the program determines the patient will benefit from treatment.

If the treatment program determines that the patient will not benefit from treatment or if no accommodation can be made such that the patient can be admitted without threatening the stability of other patients' recovery plans, then the program should support the patient by referring them to an appropriate facility.