

Policy Statement on Medical Marijuana, Narcotic Treatment and Prescription Medications

Medical Marijuana

ADMHS recognizes that the use of Medical Marijuana, pain management and certain prescription medications by clients while in alcohol and drug treatment is controversial, might be clinically contraindicated for an individual receiving alcohol and other drug (AOD) treatment, and may be disruptive to others participating in treatment. For this reason, treatment recommendations include the use of a harm reduction model of care. To accomplish this, existing AOD providers are encouraged to offer specialized treatment and/or groups for this population.

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

ADMHS will use the Institute of Medicine (IOM) recommendations on a case by case basis to determine medical necessity for the use of medical marijuana. The IOM Recommendations state that 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 assessment of treatment effectiveness.
5. The client is willing to sign a consent for release of information for counselor and/or program physician to communicate with the physician who authorized/recommended medical marijuana.
6. Medicinal marijuana must be used for an illness identified by the IOM and California Medical Association (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.

7. Due to the impact on others (both physically and psychologically) clients smoking medical marijuana will not be eligible for ODF, detox or residential treatment funded by ADMHS 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.
8. When smoking is the medically prescribed method by the treating physician it will be left to the provider to determine if individualized services can be provided within the organization or referral to a specialized provider will be made.
9. All specialized Medical Marijuana treatment cases will be authorized through ADMHS treatment coordinator.

Treatment Guidelines- Recommendation

Program recommendations:

1. Have the client sign consent to authorize communication with the physician who has authorized the use for medical marijuana.
2. Obtain documentation from the client's physician that traditional medications have failed to provided relief, and that a good faith medical exam with results is documented.
3. Obtain an authorization (for the use of medical marijuana) letter from the client's treating physician that documents the diagnosis and includes a beginning and ending for the course of treatment or the next scheduled medical appointment.
4. Calendar the date for the end of treatment or upcoming appointment and inform client that termination of the medical marijuana is near or that new documentation will be required.
5. Place all documentation into the client's chart.
6. Notify Probation, the Court and ADMHS of all medical marijuana cases.
7. All medical marijuana cases should be staffed by the Court treatment team.

Program recommendations for Pain Management and Prescription Medications:

1. Have the client sign consent to authorize communication with the physician (s) who has authorized the use of prescription medications that may affect AOD treatment.
2. Contact prescribing physician to confirm medication, dosage and it's purpose.
3. Encourage the prescribing doctor to be part of the AOD treatment planning process.
4. If there is more then one physician prescribing medications are sure all physicians know of the others.
5. Obtain documentation from the client's physician that traditional medications have failed to provided relief, and that a good faith medical exam with results is documented.

6. Obtain documentation for the use of the specific medication from the client's physician that documents the diagnosis and includes the dosages and frequency of use.
7. Calendar the date for the end of treatment or the expiration on the specific prescriptions and repeat the above steps.
8. Place all documentation into the client's chart.

The TJS Policy Council has endorsed the use of special treatment providers for certain client populations. ADMHS recommends the utilization of a treatment agency willing to work with clients identified with prescription medical marijuana, medication for pain management, or other certain medications. In programs where this is not possible, a specialized treatment provider and/or the use of individual treatment are recommended.

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