DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDNOTE 5353
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24 Feb 2017

BUMED NOTICE 5353

From: Chief, Bureau of Medicine and Surgery

Subj: MEDICAL MARIJUANA – ACCESS TO CLINICAL PROGRAMS

Ref: (a) The Controlled Substances Act (21 U.S.C. § 801)
(b) SECNAVINST 5300.28E

Encl: (1) Management of Substance Use Disorder Patients Participating in State Medical Marijuana Programs

1. Purpose. This directive provides policy regarding access to Navy clinical programs for beneficiaries participating in a State-approved medical marijuana program.

2. Scope. All ships and stations having medical department personnel.

3. Background

a. Department of the Navy (DON) providers must comply with all Federal laws, including the Controlled Substances Act, reference (a). Marijuana is classified as a Schedule I drug under reference (a).

b. Non-active duty beneficiaries who receive their care from DON facilities and wish to participate in one of several State marijuana programs may consult their primary care provider regarding completion of State authorization forms.

c. State laws authorizing the use of Schedule I drugs, such as marijuana, even when characterized as medicine, are contrary to Federal law. Reference (a) designates Schedule I drugs as having no currently-accepted medical use and criminal penalties exist for the production, distribution, and possession of these drugs. State law has no standing on Federal properties. As such, active duty members may not participate in State or other medical marijuana programs. Illegal possession, trafficking, wrongful possession, use, distribution, or promotion of drugs or drug paraphernalia is prohibited by reference (b). Military members in violation of applicable provisions of the Uniform Code of Military Justice, or Federal, State, or local statutes should be disciplined as appropriate and processed for administrative separation per reference (b).

d. DON policy does not prohibit non-active duty beneficiaries participating in State medical marijuana programs from also participating in DON substance abuse programs, pain control programs, or other clinical programs where the use of marijuana may be considered inconsistent

with treatment goals. While patients participating in State medical marijuana programs must not be denied DON services, decisions to modify treatment plans, potentially including deferral to the network as appropriate, must be made by individual providers in partnership with their patients.

4. Policy. DON policy prohibits DON providers from completing forms seeking recommendations or opinions regarding non-active duty beneficiaries' participation in a State marijuana program. If a patient presents an authorization for marijuana to a United States Navy provider or pharmacist, DON facilities will neither provide marijuana, nor pay for marijuana to be provided to non-active duty beneficiaries by a non-DON entity. Note: Possession of marijuana, even for authorized medical reasons, by patients while on Federal property places them at risk for prosecution under the Controlled Substances Act.

5. Action

a. Commanders, Navy Medicine East and Navy Medicine West are responsible to ensure medical treatment facility (MTF) commanding officers provide clinical guidance to providers managing patients participating in both Substance Use Disorder (SUDS) and State medical marijuana programs. See enclosure (1).

b. MTF commanding officers are responsible for ensuring medical facility providers are aware of the prohibition of providing diagnostic, or professional guidance, expert opinions, or any other administrative assistance to beneficiaries furthering a beneficiaries participation in State medical marijuana programs. Enclosure (1) provides MTF commanding officers and their providers with the clinical guidance for the management of substance use disorder patients participating in State medical marijuana programs.

6. Records Management. Records created as a result of this notice, regardless of media and format, must be managed per SECNAV Manual 5210.1 of January 2012.

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MANAGEMENT OF SUBSTANCE USE DISORDER PATIENTS PARTICIPATING IN STATE MEDICAL MARIJUANA PROGRAMS

1. If a patient reports participation in a State medical marijuana program to a member of the clinical staff, that information should be entered into the patient's electronic medical record following established medical facility procedures for recording non-hospital prescribed medication use.

2. Patients must be non-active duty beneficiaries eligible for Substance Abuse Rehabilitation Program (SARP) outpatient treatment as determined by the current edition of the American Society of Addiction Medicine patient placement criteria, and reside in a state in which the medical use of cannabis is legal, and must have been diagnosed by a health care professional as having a terminal or debilitating medical condition.

3. Beneficiaries may be admitted into residential substance abuse treatment settings only when their medical marijuana is administered in an oral form, most commonly dronabinol, for indications approved by the Food and Drug Administration. Such patients may not possess or smoke medical marijuana while participating in any aspect of a residential treatment program, whether on or off of Federal property. If indicated, it is the patient’s responsibility to communicate with their prescribing physician and arrange for the switch to pill form prior to acceptance into the residential program.

4. There must be evidence that a medical exam has been completed within 30 days of admission to a SARP.

5. The patient's verified health history should reflect a terminal or debilitating condition substantially limiting the ability of the person to conduct one or more major life activities, and if not alleviated, may cause serious harm to the patient's safety, or physical or mental health. Other measures attempted to treat the terminal or debilitating medical condition that do not involve the medical use of marijuana must be reflected in documentation.

6. The symptoms for which the marijuana is prescribed can reasonably be expected to be relieved by rapid-onset cannabinoid drugs.

7. The treatment of medical conditions using marijuana is administered under non-DON medical supervision in a manner that allows assessment of treatment effectiveness.

8. The patient must have been advised by their prescribing provider about the potential risks of the medical use of marijuana include, but are not limited to:

   a. Variability of quality and concentration of medical marijuana;

   b. Adverse events subsequent to use of medical marijuana, including falls or fractures;

c. Use of marijuana during pregnancy or breast feeding is not recommended; and

d. All marijuana and marijuana infused products must be safeguarded from children and domesticated animals.

9. The patient must provide documentation that the duration for use of medical marijuana is not to exceed 12 months.

10. The patient must sign a release of information allowing the treatment provider to discuss treatment planning with the physician recommending the use of medical marijuana.

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

12. Upon admission to a SARP, the use of medical marijuana must not impair the ability of the client to fully participate in all aspects of the treatment program. In order to maximize the client's ability to participate effectively in treatment programs, medical marijuana should be taken/used no less than 4 hours prior to a treatment session.

13. If a client appears impaired during a SARP treatment session, whether an individual or group session, the client may be asked to leave the session.

14. Being asked to leave a session may be considered a failure to comply with a treatment agreement and may result in discharge from the program after review of the case by the multidisciplinary treatment team.