

Wellness and Recovery  
Policies with regard to the use of THC  
Spring/Summer 2018

This paper describes our clinic policies with regard to the use of the drug tetrahydrocannabinol, otherwise known as marijuana, medical cannabis. In summary, the use of THC is not permitted. With physician approval, the use of CBD (cannabidiol) and/or the over the counter supplement PEA (palmitoylethanolamide) are permitted.

**What is THC?**

THC stands for tetrahydrocannabinol, the active ingredient in marijuana. It is psychoactive, meaning that it causes alteration in state of consciousness. There is ample evidence from good quality studies in the medical research literature, that use of THC is detrimental to the health of the brain, with damage to memory, motivation, cognitive function and interpersonal relationships.

**What is CBD?**

CBD stands for cannabidiol, a molecule found in hemp; hemp does not contain THC, is legal in all states, and is a reasonable source of CBD, which has many potential medicinal benefits. There is a considerable volume of research showing benefit from CBD in the following areas:

- Reduction of inflammation by binding to the CB2 receptors
- Reduction of anxiety symptoms

**What is cannabis?**

Cannabis is the name of a plant family. Plants in the cannabis family that contain over 99.7% CBD are called hemp. Plants in the cannabis family that have more than .3% THC are classified as marijuana.

**What is medical marijuana?**

Medical marijuana is the term applied to strains of the cannabis plant that contain more than .3% THC, and also contain some amount of CBD. Its medical properties stem from the CBD. We see no reason to utilize these products in that good quality preparations of hemp with CBD are available at a reasonable cost.

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**Clinic procedures for urine screens (LCMS) positive for THC**

The policy is reviewed on admission to clinic. If the urine does not become normal after admission, or if the urine LCMS is positive for THC, our procedure is to give this statement again with the expectation that the THC levels in the LCMS sample will reach zero within a month and will be continually declining. A physician appointment will be scheduled to discuss alternatives that are acceptable. This could include:

Non drug modalities to manage anxiety such as CES (cranial electrical stimulation therapy), yoga, mindfulness meditation, reiki massage, referral for psychotherapy etc.

Non prescription modalities to support the brain GABA system

Prescription modalities as indicated such as hormone replacement therapy if appropriate.