Veterans Administration Loosens Medical Cannabis Policy

Veterans will now be able to speak a bit more freely about medical cannabis with their Veterans Health Administration (VHA) doctors. On December 8, the Department of Veteran Affairs (VA) updated their policy, encouraging VHA health care providers to discuss cannabis use with veterans. VHA physicians are still barred from completing the state paperwork required for veterans to register, but the new directive states “[v]eterans must not be denied VHA services solely because they are participating in state-approved marijuana programs.”

VHA Directive 2017-1315 replaces a 2011 directive (VHA 2011-004) that technically expired in 2016 but remained department policy. The new directive encourages VHA providers to discuss cannabis with any Veteran seeking information about it, including how using it to treat medical or psychiatric conditions may relate to other medications or aspects of overall care.

VHA providers are still barred by the policy from completing state forms or providing formal recommendations to veterans for state-approved medical cannabis programs. All doctors and other professionals have a protected First Amendment right to recommend medical cannabis to patients, thanks to the US Supreme Court’s 2003 decision in the Conant case.

The VA will still neither pay for nor provide cannabis for veterans, nor can veterans possess cannabis while on VA property. If a veteran reports cannabis use and/or participation in a state-approved program to a member of VHA clinical staff, that information is entered into the “non-VA/herbal/Over the Counter (OTC) medication” section of the veteran’s record.

The American Legion surveyed veterans about medical cannabis last summer, finding more than 80 percent of veterans and veteran households favored legal medicinal use and said they would want it as an option. The survey also indicated that 22% of veterans are currently using cannabis as a treatment, with the most prevalent conditions being chronic pain and PTSD.

“I applaud the VA in taking this bold move toward treating veterans and also fulfilling resolutions passed by The American Legion,” said Denise Rohan, National Commander of the American Legion. “We do not support recreational use of drugs, but we do think the medicinal possibilities of cannabis should not be ignored by the VA. We are all about putting the health of veterans first.”

Veterans are twice as likely to succumb to accidental opioid overdose than non-veterans. Medical cannabis is effective as a substitute or adjunct to opioids.

Congress Extends Patient Protections to Jan. 19

On December 21, Congress approved stopgap legislation to keep the government funded until January 19, averting a government shutdown and extending medical cannabis protections until then.

The short-term spending bill extends government funding under the last fiscal year’s levels and rules, including the amendment that prohibits the Department of Justice (DOJ) from prosecuting medical cannabis patients and providers. The fate of medical cannabis protections will be decided by negotiations between the House and Senate on FY18 Appropriations.

Earlier this year, the amendment was blocked from being considered by the House Rules committee. First introduced in 2001, the bipartisan amendment has been part of the DOJ budget since 2014.

To show the strong bipartisan support for the Rohrabacher-Blumenauer amendment, ASA worked closely with other advocacy groups to get 66 members of the House to sign on to a letter to congressional leadership urging continued protections for state medical cannabis programs. The letter was signed by 28 Republican representatives and 38 Democrats.

The amendment is opposed by Attorney General Jeff Sessions, who in May sent his own letter to Congress, stating: “It would be unwise for Congress to restrict the discretion of the Department to fund particular prosecutions.”

ASA Releases State Policy Blueprint

Americans for Safe Access has released a guide for state policymakers on how medical cannabis can combat the opioid epidemic. The report, “Medical Cannabis as a Tool to Combat Pain and the Opioid Crisis: A Blueprint for State Policy,” covers legislative and regulatory solutions that states can utilize.

One-third of the U.S. population is living with chronic pain, but just two percent participate in state medical cannabis programs, despite its demonstrated efficacy. Clinical trials have shown cannabis to be more effective than opioids for treating some types of chronic pain. Cannabinoids also work synergistically with opioids, making them more effective at lower doses. That may explain why unintentional overdose deaths from opioids drop 20-30 percent when states make medical cannabis legally available.

“I am excited to introduce this book to potential bill sponsors in my state,” said Jamie Lowell, a medical cannabis advocate and organizer in Michigan. “Medical cannabis allowed me to wean myself off of opiates, and I’m hopeful that by introducing this model legislation, we can reduce some of the barriers to medical cannabis and help even more Michigan patients.”

The report features model legislation, an emergency proclamation, and flow charts that help lawmakers identify barriers to access that medical cannabis patients in their states are facing. It also highlights the state of Michigan as a case study to illustrate how many individuals are potentially excluded from state medical cannabis programs. Michigan filed emergency regulations Dec. 4, which will improve product safety standards through testing and security.

This report follows the President’s Commission on Drug Abuse and Combating the Opioid Crisis report issued on Nov. 1, which identified over 50 solutions, but omitted cannabis.
Amy and her husband Greg decided to try cannabidiol (CBD) to mitigate the intense nausea, even though their state of North Carolina had approved CBD use only for childhood epilepsy. The CBD allowed her to tolerate the chemo without other anti-nausea medications and only limited use of opioid painkillers.

In August, 2017, Amy was hit by intense pain throughout her body. The cancer had metastasized into inoperable stage-4 bone cancer. Her doctors advised acting fast, which meant 18 months and only limited use of opioid painkillers.

Amy has a recommendation from oncologist to use cannabis, but the state of North Carolina does not yet recognize cancer as a qualifying condition, nor does it allow whole-plant medicines. After attending ASA’s Unity Conference in Washington, D.C., Greg began lobbying his state and federal elected officials, sharing the story of Amy’s success with cannabis and what it has meant for their young family.

“We have the medical evidence from Amy’s treatment that full-plant extract works,” says Greg. “For them to want to push opiates with this opiate epidemic just doesn’t make sense.”

North Carolina saw a trio of bills introduced in the 2017 session that would have created a robust medical cannabis program. Advocates are hopeful similar measures will pass in 2018.