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MEDICAL MARIJUANA

1. PURPOSE: The purpose of this Veterans Health Administration (VHA) Directive is to provide guidance on access to and the use of medical marijuana by Veteran patients.

2. BACKGROUND

a. Fourteen states have enacted laws authorizing the use of medical marijuana. These authorizations generally require a physician to complete forms stipulating that a patient suffers from one or more of a variety of conditions and would benefit from the use of marijuana for medical purposes. Medical conditions associated with the use of medical marijuana include, but are not limited to: glaucoma, chemotherapy induced nausea, multiple sclerosis, epilepsy and chronic pain. Veterans who receive their care from the Department of Veterans Affairs (VA) and who have a desire to participate in state medical marijuana programs might ask their VA physicians to complete these authorization forms.

b. State laws authorizing the use of medical marijuana are contrary to Federal law. The Controlled Substances Act (Title 21 United States Code (U.S.C.) 801 et al.) designates marijuana as a Schedule I drug meaning that it has no currently accepted medical use and there are criminal penalties associated with its production, distribution, and possession. A VA physician's completion of a form that would permit a patient to participate in a state medical marijuana program could result in the Drug Enforcement Administration's actual or threatened revocation of the physician's registration to prescribe controlled substances, as well as criminal charges.

c. VHA policy does not prohibit Veterans who use medical marijuana from participating in VHA substance abuse programs, pain control programs, or other clinical programs where the use of marijuana may be considered inconsistent with treatment goals. Although patients participating in state medical marijuana programs must not be denied VHA services, modifications may need to be made in their treatment plans. Decisions to modify treatment plans in those situations are best made by individual providers in partnership with their patients. VHA endorses a step-care model for the treatment of patients with chronic pain: any prescription(s) for chronic pain should be managed under the auspices of such programs described in VHA policy regarding Pain Management.

3. POLICY: VA providers must comply with all Federal laws, including the Controlled Substances Act. Due to marijuana's classification as a Schedule I drug under the Controlled Substances Act, it is VHA policy to prohibit VA providers from completing forms seeking

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recommendations or opinions regarding a Veteran's participation in a state medical marijuana program. If a Veteran presents a prescription or authorization for medical marijuana to a VA provider or pharmacist, VA will not provide marijuana nor will it pay for the prescription to be filled by a non-VA entity. *NOTE: Possession of medical marijuana by Veterans while on VA property is in violation of VA regulation 1.218(a)(7) and places them at risk for prosecution under the Controlled Substances Act.*

4. ACTION

a. **Deputy Under Secretary for Health for Operations and Management (10N).** The Deputy Under Secretary for Health for Operations and Management is responsible for ensuring that medical facility Directors are aware of the prohibition of completing forms for participation in state medical marijuana programs.

b. **Chief Officer Patient Care Services.** The Chief Officer Patient Care Services is responsible for providing clinical guidance to VA providers regarding factors to be considered when determining how substance abuse, pain control, or other treatment plans could be impacted by Veterans' participation in state medical marijuana programs.

c. **Medical Facility Directors.** Medical facility Directors are responsible for ensuring VA clinical staff are aware:

(1) Of the prohibition of completing forms for participation in medical marijuana programs.

(2) That if a patient reports participation in a state medical marijuana program to the clinical staff, that information is entered into the "non-VA medication section" of the patient's electronic medical record following established medical facility procedures for recording non-VA medication use.

5. REFERENCES

a. Office of General Counsel (OCG) Opinion on State Medical Marijuana Registration Forms - VAOPGCADV 9-2008.

b. Title 21 U.S.C. 801 et al, the Controlled Substances Act.

c. VHA policy regarding Pain Management.

6. FOLLOW-UP RESPONSIBILITY: Pharmacy Benefits Management Services (119) is responsible for the content of this Directive. Questions may be addressed to (202) 461-7326.

7. RESCISSIONS: None. This VHA Directive expires July 31, 2015.

Robert E. Petzel, M.D.
Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 07/22/2010