

DRAFT RESOLUTION 20-22

SUBJECT: Support for the Rescheduling and Research of Cannabis as an Opioid Alternative

SOURCE: CA

WHEREAS, The Department of Veteran Affairs (VA) reported in 2014 that "more than 50 percent of all Veterans enrolled and receiving care at VHA (Veterans Health Administration) are affected by chronic pain, which is a much higher rate than in the general population. Veterans who suffer from chronic pain also experience much higher rates of other co-morbidities (post traumatic stress disorder, depression, traumatic brain injury) and socioeconomic dynamics (disability, joblessness) that may contribute to the challenges of pain management when treated by opioids";

WHEREAS, from 2004 to 2012, VA increased the number of opioids prescribed to veterans by 77%--in 2012 nearly one-third of veterans receiving healthcare from VA were prescribed opioids. The Center for Ethics and the Rule of Law (CERL) cited a VA inspector general report: "Between 2010 and 2015, the number of veterans addicted to opioids rose 55 percent to a total of roughly 68,000. This figure represents about 13 percent of all veterans currently prescribed opioids";

WHEREAS, a 2011 study of VHA found that veterans were twice as likely to die from an accidental drug overdose, with opioids as primary agent;

WHEREAS, The Department of Veterans Affairs has since drastically reduced the number of opioids prescribed to veterans, but lacks effective, low-risk alternative medications for pain management;

WHEREAS, many veterans are prescribed multiple medications for their service-connected injuries--including opioids, sedatives, and tranquilizers, all of which are recognized to have a high potential for abuse, with use potentially leading to severe psychological or physical dependence;

WHEREAS, with a population of approximately 20 million, at least 20% of veterans have post traumatic stress, at least 50% experience chronic pain, approximately 20% have a traumatic brain injury, and there are significant rates of alcohol abuse, depression, anxiety, and sleep disorders;
WHEREAS, this combination of mental, physical, and pharmaceutical challenges and risks helps explain why the suicide rate for veterans is 50% percent higher than those who never served in the military, and higher still for post-9/11 veterans;

WHEREAS, the Department of Health and Human Services (HHS) has positively affirmed the medicinal value of cannabis as antioxidants and neuroprotectants by patenting and licensing cannabinoids, the chemical compounds found in the cannabis plant;

WHEREAS, the Drug Enforcement Administration (DEA) currently considers synthetically derived tetrahydrocannabinol (THC), the primary cannabinoid found in the cannabis plant, to be a Schedule III drug that is non-narcotic and has low risk of physical or mental dependence;
WHEREAS, the Food and Drug Administration (FDA) has recently argued that cannabidiol

(CBD), a non-euphoric cannabinoid, does not meet the requirements for scheduling because of its non-intoxicating and non-toxic nature;

WHEREAS, the federal government has acknowledged the potential medical efficacy of cannabis by approving a first-of-its-kind smoked cannabis study on combat veterans with PTSD in 2017;

WHEREAS, several studies suggest that where medical and adult-use cannabis is accessible, there is a reduction in opioid prescribing, opioid use, and opioid-related overdose;

WHEREAS, the federal government has an explicit legal, ethical, and moral obligation to care for the veterans of the nation's wars, and to provide the best treatment possible to those injured in service to the country;

WHEREAS, veterans have noted often sudden and long-lasting improvements to their ability to treat and manage their service-connected injuries with cannabis;

WHEREAS, a 2017 American Legion survey reported that one-in-five veterans use cannabis to treat a service-connected condition;

WHEREAS, veterans and their loved ones have described seeing marked improvements in their relationships and ability to reconnect with their family and friends after beginning treating themselves with cannabis;

WHEREAS, veteran patients have reported transitioning from regular states of depression, anxiety, and rage under prescribed medications to more normal functioning and better quality of life with the sole use of cannabis;

WHEREAS, cannabis is currently legal and regulated for adult and medicinal use in more than 35 states, representing more than ½ of the US population, yet veterans have no way to access cannabis through the Department of Veterans Affairs and risk loss of employment or imprisonment for cannabis use in certain circumstances; and so

RESOLVED: *that we, the undersigned, call upon the White House and Congress to fulfill their responsibilities to the nation's veterans by recognizing the inappropriateness of cannabis' current scheduling and removing it from the Controlled Substance Act, by removing the roadblocks to expanding approved cultivation and research, and committing all necessary resources to understanding the therapeutic potential of cannabis and bringing those derived medications to veterans as quickly as possible.*

Committee Recommendations:

VAVS & VA Hospital and Medical Services, Rehabilitation Benefits Committee: Adopt

Floor Action: ADOPTED