



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

December 21, 2017

The Honorable Tim Walz
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Walz:

Thank you for your October 26, 2017, cosigned letter to the Department of Veterans Affairs (VA), regarding the Veterans Health Administration Office of Research and Development's mission.

VA is committed to researching and developing effective ways to help Veterans cope with posttraumatic stress disorder and chronic pain conditions. However, Federal law restricts VA's ability to conduct research involving medical marijuana, or to refer Veterans to such research projects. Further explanation is provided in the enclosed fact sheet.

Should you have any questions, please have a member of your staff contact Ms. Angela Prudhomme, Congressional Relations Officer, at (202) 461-6471 or by email at Angela.Prudhomme@va.gov. A similar letter was sent to the co-signers of your letter.

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in blue ink that reads "David J. Shulkin, M.D." with a stylized flourish at the end.

David J. Shulkin, M.D.

Enclosure

Department of Veterans Affairs Medical Marijuana and Opioid Fact Sheet

VA is committed to researching and developing effective ways to help Veterans cope with PTSD and chronic pain conditions.

While Federal law restricts VA's ability to conduct research involving medical marijuana, or to refer Veterans to such research projects, VA commissioned a report from its Evidence-Based Synthesis Program, which conducted a systematic review of research and literature on the "Benefits and Harms of Cannabis in Chronic Pain or PTSD." The full text of the report published in August 2017 is available at: <https://www.hsrd.research.va.gov/publications/esp/cannabis.cfm>.

This review identified 10 randomized, controlled trials of cannabis for chronic pain, and two randomized, controlled trials of cannabis for PTSD that are currently underway. For purposes of the review, the literature search included 12 systematic reviews and 48 primary studies.

The review found insufficient evidence to demonstrate benefits of cannabis use for patients with PTSD or chronic pain.

The review also found evidence of risk of harm related to cannabis use, though most of the studies were not specific to populations with PTSD or chronic pain. For example, moderate-strength evidence from analysis of multi-national observational studies found that acute cannabis intoxication was associated with a moderate increase in motor vehicle collisions. Another systematic review of studies in general populations provided moderate-strength evidence that active, long-term cannabis use is associated with small, negative effects on all domains of cognitive function, but there was insufficient evidence of cognitive effects in past users.

No studies examined the effects of cannabis use on suicide risk, mania or psychosis in patients with chronic pain or PTSD, but review and analysis of epidemiological studies in general populations found significantly increased odds of suicide; an increased incidence of new-onset mania among populations without a diagnosis of bipolar disorder; and low-strength evidence of an association between cannabis use and development of psychotic symptoms.

VA is committed to expanding access to effective, safe treatments for pain and PTSD. A rapidly increasing body of evidence supports other treatments for chronic pain that are effective and have low likelihood of harm. Exercise, yoga, mindfulness, acupuncture, and cognitive behavioral therapy have been shown to be effective and are not associated with significant harm. Psychotherapies for PTSD such as Prolonged Exposure and Cognitive Processing Therapy have been shown to be effective and safe, and VA is training clinicians nationally to make these therapies more widely accessible. VA also offers acupuncture, biofeedback, guided imagery, hypnosis, massage therapy, meditation, Tai Chi, and yoga in its medical benefits package, and provides a

mechanism to offer these approaches either within the VA facility or in the community, if the Veteran's health care team determines that the care is needed to promote, preserve, or restore the health of the individual and is in accord with generally accepted standards of medical practice.

Because some Veterans enrolled in the VA health care system suffer from high rates of chronic pain, the Department of Veterans Affairs initiated a multi-faceted approach called the Opioid Safety Initiative to reduce the need for the use of opioids among America's Veterans using VA health care. The Opioid Safety Initiative is a comprehensive approach to improve the quality of life for the hundreds of thousands of Veterans suffering from chronic pain.

Since its launch in October 2013, this program has resulted in a significant change in opioid use in the Veteran population. There are currently:

- 33 percent fewer patients receiving opioids (679,376 patients to 457,643 patients, a reduction of 221,773).
- 60 percent fewer patients receiving opioids and benzodiazepines together (122,633 patients to 49,165 patients, a reduction of 73,468).
- 39 percent fewer patients on long-term opioid therapy (438,329 to 269,031, a reduction of 169,298).
- The percentage of patients on long-term opioid therapy with a Urine Drug Screen (UDS) completed in the last year to help guide treatment decision has increased 50 percent, from 37 percent to 87 percent.
- The desired results of the Opioid Safety Initiative have been achieved during a time that VA has seen an overall patient growth of 4 percent that have utilized VA outpatient pharmacy services (3,959,852 patients to 4,127,146 patients, an increase of 167,294 patients).

The latest VA/DoD Clinical Practice Guidelines for management of Opioid therapy for chronic pain are available at :
<https://www.healthquality.va.gov/guidelines/Pain/cot/>