



# Case of Spooky Sam: Addressing Medical Marijuana for Patients in Addiction Treatment

October 31, 2018 VIP Chat

Noon-12:30 MST

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# Vulnerable Veteran – Innovative PACT (VIP) & VIP Chats



- **VIP Goal:**

- The VISN 19 VIP (Vulnerable Veteran – Innovative PACT) Initiative’s over-arching goal is to **improve the health of veterans who are particularly vulnerable due to medical disease and/or their social determinants in primary care environments**
- Veterans served by this Initiative include those with unhealthy alcohol and drug use, co-occurring pain and/or addiction disorders, social determinants of health including homelessness, and those who frequently use health care services

- **VIP “Chat” Goal:**

*To provide education, mentorship, and foster a learning collaborative to improve the knowledge and skills of health care providers in VISN 19*

- The chats are generally scheduled for the **4th Wednesday of each month**
- All health care providers are welcome to join! – **FUN!**
- Please note this presentation is **recorded and archived**
  - VIP sharepoint site (VA only): [www.tinyurl.com/vip-initiative](http://www.tinyurl.com/vip-initiative)





# Disclosures and Acknowledgements

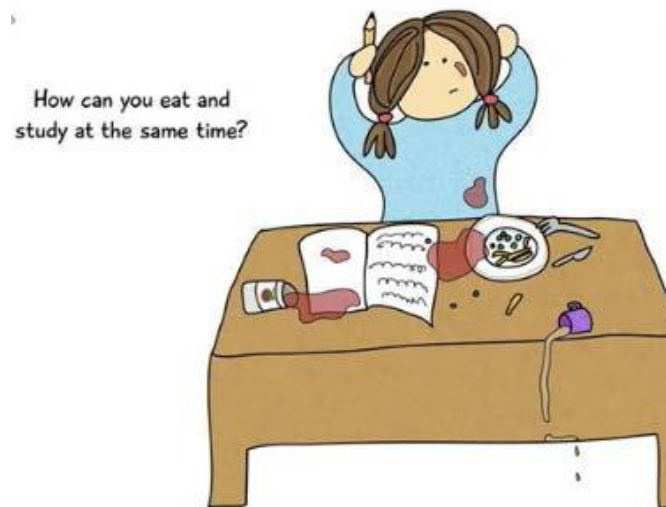
- I have no personal fiduciary conflicts of interest
- I work full time for the Salt Lake City VA Health Care System and the University of Utah
- The views expressed in this presentation are solely my own and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government or any other university or organization
- The VIP Initiative and these “chats” are sponsored by VA’s Veteran Integrated Service Network 19 (VISN 19) and the VA Salt Lake City Health Care System





# AGENDA

- Introduction and Case (10 minutes)
- “Bite Sized Teach” (BST or “Beast Mode”) (15 minutes)
- Discussion (5 minutes)
  - Extended discussion (optional) (30 minutes)





# TODAY'S GOALS

- Discuss VA policies related to recreational and medical marijuana
- Discuss how to manage medical marijuana and VA treatment of pain and/or addiction
- Have a robust discussion



# CASE: Spooky Sam

- Sam is a 24 year old male Veteran who returns to your clinic
- You have been seeing him for opioid use disorder
  - He is on buprenorphine/naloxone
  - He has been doing well
- He recently had an episode of back pain
- He was prescribed Medical Marijuana for this pain
- He relates:



“I went outside of the VA for this, as I know that you cannot prescribe it. I did not want to go back on opioids, you know. The doctor said that I should try medical marijuana, he prescribed me some. As you know, I have used marijuana in the past, but it is not my preferred drug of choice. Oh, it is working for the back pain...”



# CASE: Spooky Sam

- He further relates:

“I am doing so well in my treatment of heroin. My buprenorphine is working well and I am not using heroin. I’ve not used in 2 years!

My life is back in order. I am working. I have a paycheck

My wife has now returned to me with my kid.

Everything is just perfect.

Except for my new back pain.

Besides, I hear marijuana HELPS my opioid addiction...”



# CASE: Spooky Sam history

- **Past Medical History:**

- Anxiety disorder
- Opioid Use Disorder
- New acute back pain

- **Social history:**

- Was in the Marines
- Married with 1 child
- Works as a computer technician

- **Family history:**

- Children, family, and extended family alive and well





# CASE: Spooky Sam Medications/Studies

- **Allergies:**
  - None
- **Medications:**
  - Percocet 1 tablet every 6 hours PRN for pain
- **Labs/Studies:**
  - Urine drug screen:
    - Buprenorphine **Positive**
    - Nor-Buprenorphine **Positive**
    - Morphine **Negative**
    - Cocaine **Negative**
    - Amphetamine **Negative**
    - 6-AM **Negative**
    - Marijuana **Positive**
    - Oxycodone **Negative**



# CASE: Spooky Sam conundrums

- Patient has been on Medication treatment for OUD for 2 years and doing well
- He has now been prescribed medical marijuana:
  - Is this generally a legitimate reason to prescribe it?
  - What are policies regarding VA issues with medical marijuana?
  - Will this jeopardize his ongoing addiction care?
  - Can you prescribe buprenorphine/naloxone when someone is using marijuana?
  - How is this different than if he was using marijuana recreationally?

# CASE: Spooky Sam conundrums



**.... WHAT WOULD YOU DO AT THIS POINT?**

# UGH!

It's a strange thing to obtain a medical marijuana card after nearly a decade of sobriety. My decision to quit drinking was less of a healthy life choice, and more the only way to stay alive. Though alcohol was my substance of choice, I learned in treatment and still largely believe that "mood altering" substances of any kind are very dangerous for folks who have struggled with addiction. So how, nine years after getting sober, did I find myself waiting outside a cannabis dispensary in California, with a prescription from a "weed doctor" clutched tightly in my sweaty hand?

## New potential for marijuana: Treating drug addiction

By Susan Scutti, CNN

Updated 7:21 PM ET, Wed May 17, 2017



The screenshot shows a CNN news article. At the top, there's a navigation bar with the CNN logo and links for Health, Food, Fitness, Wellness, Parenting, and Vital Signs. The article title is "Getting off opioids with medical marijuana: Patients turn to pot over pills" by Nadia Kounang, CNN, updated on April 29, 2018. Below the title is a video player showing a hand pouring white powder from a bottle into a blue tray. To the right of the video are social media sharing icons and a "More from CNN" section with two article thumbnails. At the bottom of the video player, there's a caption: "Maine: Where medical marijuana is saving opioid addicts 02:03".



# TODAY'S GOALS

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# VA Directive 1315

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA DIRECTIVE 1315  
Transmittal Sheet  
December 8, 2017

## ACCESS TO VHA CLINICAL PROGRAMS FOR VETERANS PARTICIPATING IN STATE-APPROVED MARIJUANA PROGRAMS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive provides policy on access to VHA clinical programs for Veterans participating in a State-approved marijuana program.
- 2. SUMMARY OF MAJOR CHANGES:** Major changes include adding policy to support the Veteran-provider relationship when discussing the use of marijuana and its impact on health including Veteran-specific treatment plans.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** Population Health Services (10P4V) within the Office of Patient Care Services (10P4) is responsible for the content of this directive. Questions may be referred to the Chief Consultant, Population Health Services at (650) 849-0365.
- 5. RESCISSIONS:** VHA Directive 2011-004, Access to Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, dated January 31, 2011, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of December 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Carolyn M. Clancy, M.D.  
Executive in Charge

**DISTRIBUTION:** Emailed to the VHA Publications Distribution List  
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# VA Directive 1315

## 1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy regarding access to VHA clinical programs for Veterans participating in a State-approved marijuana program.





# VA Directive 1315

## 2. DEFINITIONS

a. **Controlled Substance.** A drug or other substance included in Schedule I, II, III, IV, or V established by section 202 of the Controlled Substances Act of 1970 (84 Stat. 1236), as updated and republished under the provisions of that Act (21 United States Code (U.S.C.) 812). Schedule I includes drugs or other substances with a high potential for abuse, without a currently acceptable medical use in treatment in the United States, and lacking accepted safety for use under medical supervision. Marijuana is classified as a Schedule I.

b. **Marijuana:** All parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds or resin. Such term does not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination.



# VA Directive 1315: “It is VHA Policy”

a. VHA providers and/or pharmacists discuss with the Veteran marijuana use, due to its clinical relevance to patient care, and discuss marijuana use with any Veterans requesting information about marijuana;

**KEY POINT:**

**DISCUSSION**

... allowed and encouraged



# VA Directive 1315: “It is VHA Policy”

b. To comply with Federal laws such as the Controlled Substances Act (Title 21 United States Code (U.S.C.) 801 et. al.), VHA providers are prohibited from completing forms or registering Veterans for participation in a State-approved marijuana program; and,

## **KEY POINT:**

VHA providers can't complete forms/registration for medical marijuana



# VA Directive 1315: “It is VHA Policy”

c. VHA providers and/or pharmacists should discuss with patients how their use of State-approved medical marijuana to treat medical or psychiatric symptoms or conditions may relate to the Veterans participation in other clinical activities, (e.g., discuss how marijuana may impact other aspects of the overall care of the Veteran such as how marijuana may interact with other medications the Veteran is taking, or how the use of marijuana may impact other aspects of the overall care of the Veteran such as pain management, Post-Traumatic Stress Disorder (PTSD), or substance use disorder treatment).

## **KEY POINT:**

**DISCUSSION on how their conditions  
*or treatment* can be impacted by  
marijuana**



# VA Directive 1315: VA Medical Facility Director Responsibilities

(1) Clinical staff may discuss with Veterans relevant clinical information regarding marijuana and when this is discussed it must be documented in the Veteran's medical record. Veterans must not be denied VHA services solely because they are participating in State-approved marijuana programs. Providers need to make decisions to modify treatment plans based on marijuana use on a case-by-case basis, such decisions need to be made in partnership with the Veteran and must be based on concerns regarding Veteran health and safety.



# **VA Directive 1315: VA Medical Facility Director Responsibilities**

(2) The prohibition on recommending, making referrals to or completing forms and registering Veterans for participation in State-approved marijuana programs.



# VA Directive 1315: VA Medical Facility Director Responsibilities

(3) If a Veteran presents an authorization for marijuana to a VHA provider or pharmacist, VA will not provide marijuana nor will VA pay for marijuana to be provided by a non-VA entity.



# **VA Directive 1315: VA Medical Facility Director Responsibilities**

(4) Possession of marijuana, even for authorized medical reasons, by Veterans while on VA property is in violation of 38 CFR 1.218(a)(7) and places them at risk for prosecution under the Controlled Substances Act, 21 U.S.C 801 et. al.





# VA Directive 1315: VA Medical Facility Director Responsibilities

(5) Employees of VA, including those who are Veterans receiving care through VHA, are prohibited from using a Schedule 1 drug, including marijuana, by the Mandatory Guidelines for Federal Workplace Drug Testing Programs published by the Department of Health and Human Services and VA Handbook 5383.2, VA Drug-Free Workplace Program.



# VA Directive 1315: VA Medical Facility Director Responsibilities

(6) If a Veteran reports marijuana use and/or participation in a State-approved marijuana program to a member of the clinical staff, that information is entered into the “non-VA/herbal/Over the Counter (OTC) medication section” of the Veteran's electronic medical record following established procedures for recording non-VA medication use (see VHA Directive 2011-012, Medication Reconciliation, or subsequent policy document, VHA Directive 1108.08, VHA Formulary Management Process). If a provider discusses marijuana with a Veteran, relevant information must be documented in progress notes, and considered in the development or modification of the treatment plan.



# VA Directive 1315: OVERALL

- Should discuss
- Should document discussion
- Cannot deny treatment
- Individual decisions between provider and Veteran
- Document medical marijuana in the chart
- Don't yourself use marijuana

# DISCUSSION



**Next VIP CHAT!**

*Wednesday, November 28 Noon-12:30 PM*

**The case of Martel – A Review of Current Approaches to Treat Methamphetamine Addiction**