

Igor Grant, M.D. – Statement for HVA Committee – June 20, 2019

Good afternoon,

My name is Igor Grant. I am a physician, neuropsychiatrist and Professor at the University of California San Diego where I direct the Center for Medicinal Cannabis Research (CMCR). During my career I also served for 3 decades as a Staff Physician at the VA San Diego Medical Center where I oversaw the opening the hospital's first mental health outpatient clinic in 1972. Therefore, I have some familiarity with the mental health needs of our veterans.

Some of the prevalent health problems of our veterans include chronic pain, posttraumatic stress disorder (PTSD), certain inflammatory disorders, as well as sleep disorders. Our veterans have not always found the treatments that we offer them to be fully beneficial and they therefore sought recourse outside the VA medical framework including with medicinal cannabis in states where it has been legalized.

I am here today to provide you with my medical opinion based on our experience with the Center for Medicinal Cannabis Research as to the state of current knowledge on medicinal cannabis. Clearly, this is a controversial area, but there are important facts that are emerging. The Center for Medicinal Cannabis Research at University of California San Diego was established in 2000 by legislation of the State of California. The establishment of the Center followed the passage in 1996 of an initiative called the Compassionate Use Act which made California the first state to authorize use of medicinal cannabis. The legislators wished to be provided with more scientific evidence in regard to that initiative.

Since our establishment we completed 8 different short-term clinical trials with cannabis provided to us by the NIDA Drug Supply Program. As you may know, the only legal source of cannabis for medical research is through NIDA which has a contract with the University of Mississippi to grow cannabis.

Our studies found that tetrahydrocannabinol (THC) containing cannabis ranging in strength from 2% to 7% in the several studies showed benefit in a type of chronic pain called neuropathic pain, which can be a complication of HIV/AIDS, diabetes, and certain kinds of injuries; a pain that is sometimes difficult to control through traditional pain medicines. We also found that patients with severe muscle spasticity due to multiple sclerosis derived benefit. Our results dovetailed with emerging data from other investigations, and also were consistent with the report of the National Academies of Sciences, Engineering and Medicine in 2017. That report noted that there was "conclusive evidence" for cannabis and/or cannabinoid benefit in terms of management of certain types of pain, muscle spasticity, as well as nausea control. That report also noted modest evidence for benefit in improvement of certain sleep conditions, particularly when pain was a component, as well as possible evidence for anxiety control, including PTSD. More recently the non-psychoactive cannabinoid cannabidiol (CBD) has been shown to be effective in control of certain uncommon forms of severe intractable epilepsies of children. There are studies that have been initiated to determine whether either THC or THC/CBD

mixtures or CBD alone may be helpful in the treatment of some symptoms of PTSD, psychosis, anxiety, autism, essential tremor and sleep disorders.

Another area of increasing interest is the possibility that cannabinoids may have an “opioid sparing” effect. What this means is that it may be possible that the administration of cannabis or cannabinoids may reduce the requirement for opioids for patients with severe chronic pain problems, and it might in theory be possible to entirely eliminate the opioids. If research shows that these benefits are there, then this would be a step forward in combating the morbidity and mortality associated with chronic opioid use in our patients.

In summary, what I would recommend to you is that the area of medicinal applications of cannabis and cannabinoids has matured to a level that it is now clear that these drugs can be helpful for some chronic medical conditions, including conditions that are found in moderately high prevalence among our veteran population. As such, it is my opinion that the VA would be benefitting our veterans by:

- 1) Assuring that VA physicians and other medical staff receive education on both the potential value of medicinal cannabinoids as well as their side effects and possible harms, as well as what remains unknown;
- 2) Encouraging VA health providers to provide unbiased, authoritative information to veteran patients on medicinal cannabis and cannabinoids if the veteran’s medical condition might be benefitted from these based on emerging scientific consensus, such as articulated in the National Academies 2017 report and subsequent analyses;
- 3) That in medical marijuana legal states, VA physicians be allowed to recommend use of medicinal cannabis if the emerging scientific evidence indicates there may be benefit;
- 4) That in States that permit medicinal cannabis use, veterans who receive medicinal cannabis in a manner compliant with State law not be subjected to any adverse action in regard to their VA treatment or other benefits as a consequence;
- 5) That the VA collaborate with Medical Boards in Medicinal Cannabis states to develop protocols and decision trees to guide medicinal cannabis and cannabinoid administration based on the emerging science.

This leads me to my final comment and that is it is essential that high quality medical studies continue to be done in this area. I recommend that the VA work closely with academic universities that have expertise in this area, to pave the way to a better understanding of indications, cautions, factors that might affect benefit and risk in special populations, such as the elderly or persons with substance use disorders, values of specific cannabinoids and their combinations, pharmacology related to routes of administration, interactions with other medicines, and optimal duration of treatment.. Many years ago, when I was training as a psychiatrist, I learned about the VA’s landmark role in determining the value and limitations of antipsychotic medicines in the treatment of schizophrenia. I believe the VA, with its academic partners, can be at the forefront again of creating a better understanding of the place of cannabis and cannabinoids in addressing the health needs of our patients.

Thank you for your attention.