Cannabis and Cannabinoid Research
Volume 10, Number 1, 2025

DOI: 10.1089/can.2023.0276

ORIGINAL RESEARCH

VA Providers' Perceptions of Cannabis Use Policies in a Legalized and Nonlegalized State

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Abstract

Background: Providers in the Department of Veterans Affairs (VA) system are caught between two opposing sets of laws regarding cannabis and cannabidiol (CBD) use by their patients. As VA is a federal agency, it must abide by federal regulations, including that the Food and Drug Administration classifies cannabis as a Schedule 1 drug and therefore cannot recommend or help Veterans obtain it. Meanwhile, 38 states have passed legislation, legalizing medical use of cannabis.

Objective: The goal of this project is to examine how VA providers understand state and federal laws, and VA policies about cannabis and CBD use, and to learn more about providers' experiences with patients who use cannabis and CBD within a legalized and nonlegalized state.

Materials and Methods: We identified 432 health care providers from two VA facilities in northern Illinois (IL) where medical and recreational cannabis is legal, and two VA facilities in southern Wisconsin (WI) where medical and recreational cannabis is illegal. Participants were invited via e-mail to complete an anonymous online survey, including 31 closed- and open-ended questions about knowledge of state and federal laws and VA policies regarding cannabis and CBD oil, thoughts about the value of cannabis or CBD for treating medical conditions, and behaviors regarding cannabis use by their patients.

Results: We received 50 responses (IL $N=20$, WI $N=30$). Providers in both states were knowledgeable about cannabis laws in their state but unsure whether they could recommend cannabis. There were more providers who were unclear if they could have a conversation about cannabis with their VA patients in WI compared with IL. Providers were more likely to agree than disagree that cannabis can be beneficial, χ^2 (1, 49) = 4.74, $p=0.030$. Providers in both states (81.6%) believe cannabis use is acceptable for end-of-life care, but responses varied for other conditions and symptoms.

Discussion: Findings suggest that VA providers could use more guidance on what is allowable within their VA facilities and how state laws affect their practice. Education about safety related to cannabis and other drug interactions would be helpful. There is limited information about possible interactions, warranting future research.

Keywords: Veterans Administration; providers; State Policy; Federal Policy; cannabis

Introduction

Providers in the Department of Veterans Affairs (VA) health care system are caught between two opposing sets of laws regarding the use of cannabis by their patients. As VA is a federal agency, providers must abide by federal regulations, including that the Food and Drug Administration (FDA) classifies cannabis as a Schedule 1 drug (defined as a drug that has no accepted medical use but has a high potential for abuse)[1] and therefore cannot recommend or help Veterans obtain it.[2] On the contrary, 38 states have passed legislation that allows for the medical use of cannabis.[3] Veterans have been able to obtain approvals for medical cannabis through non-VA providers and access cannabis products from state-approved dispensaries. In certain states, such as Illinois (IL), Veterans can

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bypass the requirement for a signed certificate by a physician by simply providing their medical records (Medical Cannabis Pilot Program Act [MCPP] Veteran Requirements).[4]

VA providers may feel that they are caught in the middle.[5] Despite assurances that Veterans will not be denied VA benefits due to their use of cannabis and are encouraged to talk with their VA providers about their use, many Veterans are fearful that they may lose benefits and do not report this information to their VA providers.[6,7] Anecdotal data from prior research, including our own, indicate that there are Veterans who have been denied or lost VA benefits as a result of cannabis use in states where cannabis is legal.[6,8,9] In addition, some Veterans fear the negative stigma associated with cannabis use and may be hesitant to report their use.[10,11]

While the literature is limited, some Veterans who use cannabis report doing so to treat medical conditions, including chronic pain, and symptoms of post traumatic stress disorder (PTSD) such as anxiety and insomnia.[6,7,9,10,12] There are also studies that demonstrate negative effects of cannabis use related to substance abuse and the possibility of some prescribed medications interacting with cannabis (e.g., warfarin).[13–15] Lacking information about cannabis use puts providers and patients at a disadvantage as it may result in harm to the patient.

There have been several efforts recently to introduce legislation in the Congress to allow Veterans to use and possess medical cannabis and to discuss use with their VA physicians. H.R.2588- The Veterans Medical Marijuana Safe Harbor Act is a recent example put forth by Rep. Barbara Lee from California.[16] None of these efforts has been successful to date. In the meantime, there continues to be conflict in state and federal laws and inconsistency in the application of VA regulations regarding the use of cannabis.

Cannabis, tetrahydrocannabinol, and cannabidiol

Cannabis is a psychoactive plant consisting of many cannabinoids. Two of these cannabinoids—tetrahydrocannabinol (THC) and cannabidiol (CBD)—are derived from the cannabis plant. The key difference between the hemp and cannabis plants is the THC content as THC and CBD are mutually exclusive compounds.[17] Cannabis that contains THC over 0.3% is considered mind-altering and causes the "high" feeling that individuals experience when using it. CBD can be derived from hemp, which is defined as a cannabis plant with no more than 0.3% THC.[17,18] Because of the low level of THC in hemp, this plant is considered nonimpairing.[17,18] CBD can also be derived from a plant with more than 0.3% THC and that CBD must be sold through a licensed dispensary.

Although cannabis was deemed a Schedule 1 drug by the Federal Government, in 2014 the Agriculture Improvement Act removed hemp from the Federal Controlled Substances Act and hemp-derived CBD is now considered legal in most U.S. states and can be sold outside of dispensaries.[17,18]

Wisconsin and Illinois

To better understand the conflicts that VA providers face depending on state laws, we identified two states within the same Veterans Integrated Services Network (VISN) with different rules about cannabis use. The states of Wisconsin (WI) and IL are both in VISN12 (Midwest) and are well-positioned to look at the differences in state legalization and how it relates to federal law.

IL enacted the Compassionate Use of MCPP on August 1, 2013.[19] Public Act 98-0122 allows for legalized access to cannabis for 40 qualifying medical conditions and certified terminal illnesses. Eligible patients who meet one of the qualifying conditions as approved by the state and who have a doctor's certification must register with the state and then may legally purchase and consume cannabis. As of January 2, 2020, adults aged 21 years and older can legally purchase cannabis for recreational use from licensed dispensaries across the state.[20] Although both medical and recreational cannabis is now legal in Illinois, there are benefits to obtaining a medical cannabis card and purchasing through medical dispensaries, including reduced taxes on products, Veteran's discounts, and no waiting in recreational dispensary lines.

There are also conflicting rules about CBD oil use. VA providers can only prescribe medications that are approved by the FDA. To date with a few exceptions, products that contain THC, CBD, or other cannabinoids are not FDA approved. IL does allow the purchase and use of hemp-derived CBD products if they contain no more than 0.3% THC and is produced in IL.[20] Cannabis-derived CBD oil requires a medical cannabis card.

In WI, cannabis manufacture, sale, and possession are illegal for medical and recreational use. Use of medicinal CBD oil requires a medical certificate, while use of hemp products is allowed if purchased from a dispensary or online.[21]

WI and IL border each other, and some VA patients live closer to a VA in the other state, traveling across

state lines to a VA rather than attending the VA within their state. If patients from a legalized state are traveling to a nonlegalized state, this makes decisions around cannabis and CBD oil more complicated.

Objective

The goal of this project is to examine how VA providers understand state and federal laws, and VA policies about cannabis and CBD oil use, and to learn more about providers' experiences with patients who use cannabis within a legalized and nonlegalized state.

Materials and Methods

Participants

We identified 432 health care providers working at two VA facilities in northern IL where medical and recreational cannabis is legal, and two VA facilities in southern WI where medical and recreational cannabis is illegal. Participants were identified using VA e-mail server lists for a given group of providers. These providers included primary care physicians (doctor of medicine [MD] and doctor of osteopathic medicine [DO]), physician assistants, nurse practitioners, pharmacists, geriatricians, and pain specialists. A total of 120 e-mails from Hines, 91 from Jesses Brown, 122 for Milwaukee, and 99 for Madison VA were sent to relevant providers.

Procedures

The project was submitted as a quality improvement project to the Hines Veterans Administration Institutional Review Board. It was determined to meet the guidance as quality improvement. The project and VA designation was also submitted to the Institutional Review Board at Loyola University (which provided the funding for the project) and Loyola also determined that it was quality improvement, and a waiver of determination for human subject's research was provided. Provider unions at each facility reviewed the questionnaires in advance of distribution. As per VA guidelines, incentives for providers (VA employees) to complete the survey were not allowed.

Providers were invited through VA e-mail to participate in an anonymous online survey (using REDCap) that took ~5–10 min to complete. The survey consisted of 31 closed- and open-ended questions asking about their knowledge of state and federal laws and VA policies about cannabis and CBD oil, their thoughts regarding the value of cannabis or CBD for treating medical conditions, and their behaviors and experiences related to cannabis use by their patients (see Supplementary Appendix SA1 for survey questions). Following Dillman's strategy to increase survey responses, e-mail reminders were sent three times ~2–3 weeks apart.[22]

Main measures

Demographic and employment questions. Providers were asked a variety of demographic questions in multiple-choice and open-response format. Questions about their age, gender, race, and ethnicity. Employment questions were also presented. Providers reported their role in the VA, type of medical license, time spent working in the VA, and in which VA facility they are employed (*Edward Hines Jr., VA*, *Jesse Brown VAMC*, *Madison VAMC*, and *Milwaukee VAMC*).

Knowledge of cannabis and CBD oil laws. Providers were asked six multiple-choice questions about their familiarity with laws relating to cannabis in their state and within the VA. For instance, providers were asked "As a VA provider, are you allowed to recommend cannabis for medical purposes." Responses included *yes*, *no*, or *do not know/unsure*. Providers were also asked about their knowledge of CBD oil such as "Is CBD legal in your state."

Discussing cannabis use with patients. Providers also were asked eight multiple-choice questions concerning their experiences with discussing cannabis use with patients. For instance, providers were asked "Do you ask your patients if they are using CBD oil as part of your examination or initial screening." Providers could respond with either marking *yes* or *no*.

General knowledge and attitudes about cannabis

Providers were asked eight multiple-choice questions concerning their knowledge and attitudes concerning cannabis and its medical use. For example, providers were asked to respond the statement "Cannabis is a useful therapy for some medical conditions." Providers could respond with *Disagree*, *Somewhat disagree*, *Somewhat agree*, and *Agree*.

Analysis

We use descriptive statistics to report survey results and responses to open-ended questions to provide more in-depth details. Due to the sample size, descriptive statistics were the primary focus of this analysis. Chi-square analyses were performed to examine certain state differences, such as understanding state

laws and beliefs about cannabis and CBD oil. However, analyses were not possible for all comparisons due to insufficient expected cell size ($n < 5$).

Results

We received 50 survey responses (IL $N = 20$, WI $N = 30$). The respondents were mainly primary care specialists, physicians, and nurse practitioners, white, and non-Hispanic/Latinx. There were slightly more female respondents than male (Table 1).

VA providers in both states were relatively knowledgeable about cannabis laws and whether cannabis was legal in their state (85.0% IL and 67.0% WI providers answered correctly about legalization). There was some confusion on whether they could recommend cannabis, but this did not differ by state, with 20.0% of IL and 20.0% of WI providers responding incorrectly or "do not know/unsure." There were more providers who were unclear if they could have a conversation about cannabis with their VA patients in WI compared with IL (46.7% WI and 30.0% IL). However, this difference was not significantly different, χ^2 (1, 48) = 1.92, $p = 0.166$ (Table 2).

Providers' responses about the legality of CBD oil in their state differed but not significantly. In IL, 85% of respondents were knowledgeable that CBD oil was legal for both recreational and medical purposes. In WI, 60.0% responded that CBD was legal for both medical and recreational use and 13.0% said it was legal for recreational use only, while 20% responded "do not know/unsure." When asked if providers could recommend CBD oil for medical use, 25% of IL and 40% of WI providers were unsure.

Providers in both states reported that patients have told them their use of cannabis and the reasons for doing so, including for chronic pain, anxiety, sleep, and PTSD. When asked if any of their patients have expressed concerns about sharing information about their cannabis use, 41.4% of WI and 35.0% of IL providers indicated that their patients had concerns that they may have benefits taken away. One respondent from IL provided additional written-in details about a concern their patients shared:

> My patients are very concerned about their FOID card and ability to purchase firearms and ammunition. They have shared that if they get a medical marijuana card it could impact them on a federal level. Most purchase [cannabis] illicitly due to this concern. (IL Nurse Practitioner)

Less than half of providers in both states reported they would change a patient's medications (37.9% WI, 20.0% IL) or tell them to stop using cannabis (31.0% WI, 25.0% IL) if they were aware of their patient's using cannabis. Most providers (82.8% WI, 90.0% IL) would discuss the potential impacts of cannabis use when combined with other medications with these patients.

Providers were more likely to agree that cannabis may be somewhat or is beneficial than disagree that it is beneficial, χ^2 (1, 49) = 4.74, $p = 0.030$. While this varied between states (75.0% of IL and 58.6% of WI agreed), this difference was not statistically significant.

Providers in both states (81.6%) believe cannabis use is acceptable for end-of-life care. However, for other conditions and symptoms, responses varied. When asked about what other conditions cannabis could be beneficial for that we had not included, they provided the following open-ended comments:

> Nausea, vomiting, weight loss. (IL MD)
> I have some concerns related to the use of marijuana in treating anxiety and PTSD due to the potential for increased anxiety and paranoid thoughts that may develop with certain chemical compositions of marijuana. (WI Nurse Practitioner)
> It's not my area of interest, but it seems that there is little evidence out there to suggest it being prescribed. Cannabis should be legalized or decriminalized on a federal scale, relegated to the risky behavior it is, rather than continue some mystical magical cure-all weed that some states recognize. (WI DO)

Table 1. Survey Respondents' Demographics

	IL (n=20), %	WI (n=30), %
Primary care/geriatrics clinic	79	72
Pain clinic	11	10
Pharmacy	0	10
MD/DO	65	49
PA/NP	25	45
PharmD		6
5 Years or less (in VA)	25	24
6–10 Years	25	22
>10 Years	50	44
Male	25	39
Female	60	58
White	65	89
Asian	10	7
DNWA	20	7
Hispanic	15	4
Not Hispanic	65	89
DNWA	20	7

DNWA, did not want to answer; DO, doctor of osteopathic medicine; IL, Illinois; MD, doctor of mMedicine; NP, nurse practitioner; PA, physician assistants; VA, Department of Veterans Affairs; WI, Wisconsin.

Table 2. Providers' Responses to Cannabis/Cannabidiol Knowledge and Experience Questions

		IL (n=20), %	WI (n=30), %
Is cannabis legal in your state for:	Medical use only	5	10
	Recreational use only	0	0
	Both medical/recreational use	85*	16.7
	Neither medical or recreation	5	66.7*
	Don't know/unsure	5	6.7
Is CBD legal in your state for:	Medical use only	0	0*
	Recreational use only	0	13.3
	Both medical/recreational use	85*	60
	Neither medical or recreation	0	6.7
	Don't know/unsure	15	20
Are you allowed to recommend use of cannabis oil for medical purposes?	Yes	5	0
	No	80*	80*
	Don't know/unsure	15	20
Are you allowed to recommend use of CBD oil for medical purposes?	Yes	15	13.3
	No	60*	46.7*
	Don't know/unsure	25	40
Are you allowed to have a conversation with patients regarding cannabis use?	Yes	70*	46.7*
	No	10	16.7
	Don't know/unsure	20	30
What do you do if a patient tests positive for THC? (Check all that apply)	Discuss potential impacts of using cannabis with other treatments/meds	90	83
	Change Vet prescription for meds that might interact	20	38
	Encourage Vet not to use cannabis	25	31
	Monitor Vet's laboratories on subsequent visits	30	21
	Offer alternatives to cannabis	30	41
Are your patients concerned about possible loss of VA benefits?	Yes	35	41.4
	No	65	58.6
Do you review the literature related to cannabis use for medical conditions?	Yes	65	41.4
	No or rarely	35	58.6
Are you concerned about the interactions with other medications?	Not very concerned	45	10.3
	Somewhat concerned	45	69
	Very concerned	10	20.7

*Asterisk denotes the correct response to legality questions according to state and/or federal law.
CBD, cannabidiol; THC, tetrahydrocannabinol.

About 65.0% (IL) and 42.0% (WI) of providers reported reviewing the literature on cannabis use and just over half in both states reported that evidence supports the use of cannabis for medical conditions. Neither of these responses significantly differed by state.

Finally, we asked providers if there were any additional thoughts that they would like to share that we had not asked about (Table 3). Providers indicated that cannabis was useful for certain medical conditions or symptoms and has the potential to be a safer alternative to other, more harmful, substances. It is also something that they reported needs more research and education.

Discussion

This study sought to examine provider's understanding of state and federal laws and VA policies regarding cannabis use by VA patients. Although most of the providers we surveyed appear to know about the cannabis legalization at their respective state level (IL-legal, WI-not legal), some confusion was evident when it came to recommending and discussing cannabis. This confusion could stem from VA policies and the conflict between state and federal laws. Because cannabis is considered a Schedule 1 drug, it is considered illegal at the federal level, which includes the VA system.[1] In IL, where cannabis is legal, this has created a situation in which the VAs that operate within IL are under one set of federal laws, while the rest of the state is under another.

The Illinois Medical Cannabis Program has also created a way for Veterans to access a medical card to use at cannabis dispensaries without needing a recommendation from a VA physician.[4] This is not the case for WI where their state laws are in line with federal laws, and therefore, we expected that we might see more confusion from IL than WI providers because of the conflict with state and federal laws. However, this was not the case. This could be because WI providers do not have as much experience with cannabis use due to it also being illegal in their state. However, it is also likely that it is related to confusion with VA policies, which impact IL and WI VAs equally.

The VA Office of General Counsel first issued directives regarding state medical programs to VA physicians in 2008.[5] In the directives, VA physicians are

Table 3. Providers' Responses to "Additional Comments" Question Do You Have Anything to Add That We Did Not Ask About?

State	Role	Degree	Quote
Illinois	Primary care provider	NP	My patients are very concerned about their FOID card and ability to purchase firearms and ammunition. They have shared if they get a medical marijuana card it could impact them on a federal level. Most purchase illicitly due to this concern
Illinois	Provider in a pain management clinic	MD	it should be available for veterans. It does decrease opioid usage in pain and other medications in spasticity
Wisconsin	Primary care provider	NP	Patient centered care and education should be the primary focus- having knowledgeable and unbiased providers is key
Wisconsin	Primary care provider	DO	I am totally against Marijuana as our pt's commonly use it. I am very worried about use of M and on a lot of meds for depression, use of ETOH and then MH meds on top of that. Pain mgt does not support us however and many times we have to refill meds against our better judgement imho
Wisconsin	Primary care provider	NP	Medical marijuana will end up just like 'medical opiates' with patient deaths and disability; THC should be regulated like ETOH - pt can make their own decisions and take the responsibility for such; why does an already overburdened medical system want to get involved in substances primarily used for pleasure????????????????????????
Wisconsin	Missing	MD	literature does not seem to be clear
Wisconsin	Primary care provider NP		should Primary Care be the prescribers of chronic controlled substances for pain vs. specialty who are more astute to the pharmacokinetics of these medications
Wisconsin	Provider in a pain management clinic	MD	Glad VA is looking at this. Cannabis is here to stay and not to talk about is not in veteran's best interest
Wisconsin	Primary care provider	Missing	The pain clinic will often say that it's not a problem for Vets on opioids to be also using marijuana, but MANY of our patients have compounding risks that increase with adding Marijuana, and i think it's a liability to prescribe drugs that interact with marijuana use and can contribute to accidents and impairment. It's a controversial topic, and I don't feel comfortable with the liability of prescribing opioids with Vets using marijuana. I think it's important to test for THC and advise Vets using controlled substances that it's not recommended, and many patients have chosen to continue the marijuana because they think it workers better, and with Illinois having medical/recreational marijuana, I do support Vets making an informed decision to do so, but I refuse to be an accomplice of creating a safety risk by prescribing unsafe combinations of medication that are being used with marijuana
Wisconsin	Provider in a pain management clinic	NP	I think the VA needs to take a stance on whether it is acceptable or not because there is a large variation in practice with prescribing controlled substances
Illinois	Palliative care provider	MD	Cannabis is not a 'magic bullet' for most of my palliative care and hospice patients. Patients want it to be, but it's not. I think it's safer to co-ingest marijuana + opioids vs. opioids + alcohol. I've had many older patients who do not tolerate mixing opioids and cannabis—it makes them loopy. Some of my older patients report feeling too paranoid on cannabis. I now only refer to marijuana as 'cannabis' as I learned there is a derogatory, racist insinuation to the term 'marijuana'

directed not to fill out certification forms required by state cannabis programs to access medical cannabis through licensed dispensaries.[5] Although the VA policy is clear about not allowing physician certifications, it is less clear about the conversations providers may have with Veterans. For example, the VA states that individual providers may make decisions to modify treatment plans in partnership with their patients.[5] It also states that chronic pain must be treated in accordance with the VA step-care model.[5] These policies are broad in scope and allow interpretation by the individual provider.

Lack of clarity also applied to the legalization and recommendation of CBD. These results reflect the confusion and complexity that surround CBD in terms of lack of regulation, how and why it is used, and the efficacy of CBD for conditions and symptoms.[23]

This study also sought to learn more about providers' experiences with patients who use cannabis. It is evident from the survey responses that providers at VAs in both states, regardless of whether cannabis is legal, are encountering patients who use cannabis. Their patients report that they use it primarily for chronic pain, anxiety, sleep, and PTSD, which is consistent with other research about Veterans and cannabis use.[6,7,12] However, as indicated in our survey responses, providers in the two states varied in their perceptions of the benefits of and research on cannabis, with IL providers being more favorable and knowledgeable. This could be attributed to the fact that providers in IL are more likely to have patients who are using cannabis and therefore have more experience with discussing cannabis use with patients and observing health outcomes.

Another reason that survey responses to this question varied could be attributed to the limited and contradicting literature that exists about the harms and benefits of cannabis use by Veterans. This is particularly important given recent data that the use of cannabis disorders among Veterans has continued to rise representing a harm of cannabis.[24] Providers and Veterans need evidence about the harms and benefits of cannabis to make informed decisions.

Another consideration is that many VA physicians also practice at the university medical center affiliated with their VA (often next door/across the street from one another). In the university settings, providers operate under state laws. Provider education is also likely more available in IL due to the efforts of the dispensaries and industry representatives.[25,26] Lack of provider education about cannabis has been a consistent issue reported by both patients and providers within and outside of the VA.[6,27,28] Research exploring VA providers' attitudes about cannabis found that physicians would like more education on cannabis for medical purposes and are often uncomfortable discussing the benefits and harms of cannabis use with Veterans.[29,30] This is similar to the research conducted with non-VA providers and patients regarding the need for rigorous research to inform guidelines and patient–provider discussions.[29,30]

More research and education are needed to inform not only providers, but VA policy makers as well. While stigma may be a reason that Veterans do not bring up cannabis use to providers, it could also be a reason that physicians are hesitant to openly discuss cannabis use. Research has indicated that physicians who recommend CBD for epilepsy experience stigma. More research about stigma around physicians who support and/or recommend cannabis for Veterans is needed.[31]

Also consistent with existing research is the concern that Veterans have about losing VA benefits.[6–8] Although we did not ask providers specifically what benefits their patients expressed fear of losing, other research has shown a fear for losing prescription medications or no longer receiving care at the VA.[6–8] Although there is no evidence to support these concerns, we have found several instances within our research and within the news of Veterans who have had certain medications discontinued.[6–8] Because of the broad VA policies mentioned above, there is room for physicians to make decisions on whether to discontinue medicine in light of Veterans' use of cannabis.

Limitations

The current study's results should be considered in the context of some limitations. Our response rate and sample size are small and not representative of all VA providers. Also, due to the small sample size and small effects, there was not enough power to detect differences between states or by providers. While most differences were nonsignificant, our descriptive results provide a good starting point by which to understand providers' experiences and beliefs surrounding cannabis use among their patients in both states. Likewise, even with a small sample size, our study includes a good distribution of types of providers and respondents from both states and the four VA facilities. Therefore, our results capture a diverse group that can give us insight into the larger community of VA providers.

Conclusion

As cannabis use becomes more prevalent among Veterans, health care professionals should be equipped to address its potential benefits and risks in the context of pain management and other health-related issues. Policymakers should consider the implications of state-level legalization and the potential role of cannabis in reducing opioid-related harm. Our findings suggest that VA providers could use more education and/or guidance on what is allowable within their VA facilities and how state laws may affect their practice. In addition, education about safety related to cannabis and other drug interactions would be helpful. There is limited information about possible interactions, warranting future research.

Author Disclosure Statement

The authors have no conflicts of interest to report.

Funding Information

Funding for this project was provided by the Rule of Law Institute Scholar Grant, School of Law, Loyola University of Chicago. The views expressed in this article are those of the authors and do not reflect the views of the Department of Veterans Affairs or the U.S. Government.

Supplementary Material

Supplementary Appendix SA1

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Cite this article as: Bobitt J, Berryman K, Weaver FM (2025) VA providers' perceptions of cannabis use policies in a legalized and nonlegalized state, *Cannabis and Cannabinoid Research* 10:1, e176–e183, DOI: 10.1089/can.2023.0276.

Abbreviations Used

CBD = cannabidiol
DO = doctor of osteopathic medicine
FDA = Food and Drug Administration
IL = Illinois
MCPP = Medical Cannabis Pilot Program Act
MD = doctor of medicine
NP = nurse practitioner
PA = physician assistants
THC = tetrahydrocannabinol
VA = Department of Veterans Affairs
VISN = Veterans Integrated Services Network
WI = Wisconsin