



PERSONNEL AND
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APR 11 2025

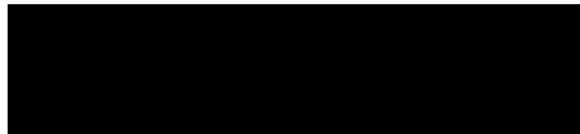
The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The Department's response to House Report 118-529, page 190, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act for Fiscal Year 2025, "Department of Defense Coordination with State Regulatory Programs for Marijuana," is enclosed.

Thank you for your continued strong support for the health and well-being of our Service members.

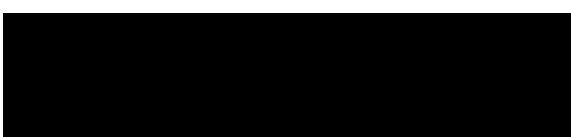
Sincerely,



Jules W. Hurst III
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



Report to the Committee on Armed Services of the House of Representatives



Department of Defense Coordination with State Regulatory Programs for Marijuana

April 2025

The estimated cost of this report for the Department of Defense (DoD) is approximately \$3,300.00 in Fiscal Year 2025. This includes \$0.00 in expenses and \$3,300.00 in DoD labor.

Generated on November 19, 2024

RefID: 7-79E26DE

PURPOSE

This report is in response to House Report 118–529, page 190, accompanying H.R. 8070, the Servicemember Quality of Life Improvement and National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2025, which requests that the Secretary of Defense provide a report to the House Committee on Armed Services (HASC) that includes the extent to which the Department of Defense (DoD) is coordinating with states that have regulatory programs for marijuana and incorporating related findings and data collected by state-approved marijuana regulatory programs.

The HASC notes that, to date, 38 States have implemented state regulatory programs for marijuana and therefore retain a level of knowledge and lessons learned regarding regulations and trends among producers, products, and consumer habits. The HASC believes that the DoD program established under section 723 of the NDAA for FY 2024 (Public Law 118–31) to study the effectiveness of psychedelic substances and plant-based therapies, including marijuana, in treating posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI) should incorporate findings and data collected by state-approved marijuana regulatory programs.

BACKGROUND

Psychedelic-assisted therapies have emerged as potentially efficacious interventions for psychological health conditions, including PTSD (Mitchell et al., 2021) and depression (Raison et al., 2023). Psychedelic therapies for the treatment of TBI in the civilian population are in their initial stages. Emerging evidence shows potential benefits of psychedelic therapies for treating and managing associated symptoms of TBI (Ly et al., 2018; Mithoefer et al., 2016; Palhano-Fontes et al., 2019). The Food and Drug Administration (FDA) has not approved psychedelic-assisted therapies for PTSD or TBI, and research requires an Investigational New Drug application. Findings from preliminary research based mostly on select civilian populations suggest that controlled clinical environments can allow for safe administration of psychedelic-assisted therapies with few adverse effects (Wolfgang & Hoge, 2023a). However, the DoD must consider operational and implementation considerations for using mind-altering compounds in active duty Service members. The impact of psychedelics and plant-based alternative therapies on future operational functioning may be particularly important for Service members who may deploy.

Research on marijuana, a plant-based alternative therapy, generally provides insufficient or mixed evidence supporting its use in the treatment of psychological health conditions (Black et al., 2019), including for the treatment of PTSD (Rodas et al., 2024). Cannabis use is also associated with psychiatric morbidity and psychological consequences (Wolfgang & Hoge, 2023b).

Historically, restrictions at the Federal and state levels and drug scheduling at the Federal level have limited research on psychedelic-assisted therapies and marijuana. Currently, the psychedelic therapies 3,4-Methylenedioxymethamphetamine (MDMA) and psilocybin are Schedule I drugs (U.S. Drug Enforcement Administration, 2018), as is marijuana.

For years, work at the State level facilitated research using psychedelic-assisted and plant-based therapies in a challenging regulatory climate. Programs supported by State funding include California’s Center for Medicinal Cannabis Research and Colorado’s Marijuana Health Effects Grant Program. New York, Pennsylvania, Florida, Oregon, and Washington State have established similar programs (Cooper et al., 2021).

Recent regulatory and legislative easements considerably reduced historical barriers to research involving psychedelic-assisted therapies and marijuana. Key examples include “breakthrough therapy” designations issued by the FDA for psilocybin and MDMA (Heal et al., 2023) and legislation passed by Congress and enacted into law addressing barriers to scientific research on marijuana (Medical Marijuana and Cannabidiol Research Expansion Act, 2022).

FINDINGS

Department of Defense Psychedelic Research Clinical Trial Award

In FY 2024, Congress appropriated \$10 million in funding to support DoD-wide psychedelic medical clinical trials. DoD is using this funding to evaluate treatments for PTSD and/or TBI involving the use of covered psychedelic substances which include: 3, 4-Methylenedioxy-methamphetamine (commonly known as MDMA); psilocybin; ibogaine; 5-Methoxy-N,N-dimethyltryptamine; and plant-based alternative therapies. The following institutions have been recommended for funding and awards are under negotiation: Henry M. Jackson Foundation/Walter Reed National Military Medical Center and the University of Texas Health Science Center at San Antonio.^{1, 2}

Coordination with State Regulatory Programs for Marijuana

Currently, the DoD has not coordinated with state regulatory programs for marijuana to incorporate findings and data on regulations and trends among producers, products, and consumer habits as related to the DoD funding opportunity noted above.

CONCLUSION

The DoD has established a clinical trial award mechanism to support DoD-wide psychedelic clinical trials, scheduled to begin funding studies in FY 2025. Currently, the DoD has not coordinated with state regulatory programs for marijuana. The DoD remains informed by the Centers for Disease Control and Prevention’s (CDC) public health activities, including efforts to monitor trends, track state and Federal policies, and advance research (CDC, 2020).

¹ The list of Psychedelic Treatment Research Clinical Trial applications recommended for funding is for informational purposes only. Identification on the list of applications recommended for funding is not intended to either confer a right to funding nor does it guarantee funding. The award of Federal funds to support any of these applications is contingent upon successful negotiations and applicable federal policy.
<https://cdmrp.health.mil/dmrpd/awards/24ptrct>.

² Congressionally Directed Medical Research Programs (CDMRP) Fiscal Year 2024 (FY24) Defense Medical Research and Development Program (DMRDP). Description of Review Procedures.
https://cdmrp.health.mil/dmrpd/pdfs/HT94254DMRDPTRCTA_Information%20Paper_Final.pdf.

The Department anticipates these DoD-funded research studies will provide data on the effectiveness of these interventions in military and veteran populations and their potential impact to operational readiness. Results of these studies will help inform DoD's decision on the use of psychedelic treatments in active duty Service members.

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