

2019 Veterans Health and Medical Cannabis Study Massachusetts Preliminary Results

**Presented to the Joint Committee for Cannabis Policy
Massachusetts State House
Feb 3, 2020**

RESEARCH SUMMARY

The anonymous 2019 Veterans Health and Medical Cannabis Study was a national and Massachusetts-focused research study led by Stephen Mandile, an Iraqi War Veteran and medical cannabis advocate, Cannabis Community Care and Research Network (C3RN), and UMass Dartmouth. The study was complemented by a community engagement event series, the “Cannabis Advancement Series” (CAS) to act as a vehicle to raise awareness and drive policy change locally in Massachusetts, coordinated by Joint Venture & Co, Stephen Mandile and C3RN.

The research study utilized a 100+-question anonymous survey online and recruited U.S. Military veterans to take the survey using a convenience sampling approach. The goal was to collect anon, self-reported data from U.S. military veterans regarding their current health conditions, conventional medical treatments, medical cannabis use and its effectiveness with self-reported health conditions and symptoms, and issues related to access and stigma.

Study data collection lasted from Mar 3 - Dec 31, 2019, and a total of 565 US military veterans completed the survey, of which 201 were from Massachusetts. A 2019 cannabis advancement series hosting six events was launched simultaneously in MA intending to actively share findings through community education. Preliminary findings are presented here in support of BillH4274, being reviewed by the Joint Committee for Cannabis Policy at the Massachusetts State House. A final policy memo is currently being developed for release in Spring 2020 with full recommendations for the Veterans Affairs detailing final research findings and recommendations.

RESEARCH STUDY TEAM

Principal Investigator:

Marion McNabb, DrPH, MPH, CEO Cannabis Community Care and Research Network (C3RN); marion@c3researchnetwork.com; www.cannacenterofexcellence.org

Study Investigators: Primary: C3RN, UMass Dartmouth, Stephen Mandile, and Joint Venture & Co
Data collected Mar 3 - Dec 31, 2019, N=201 Massachusetts veterans

Follow www.cannabisadvancementseries.org and www.cannacenterofexcellence.org for final research results, policy memo, and manuscript in spring 2020.

Research Study Co-Investigators and Team:

- Stephen White, Professor, University of Massachusetts Dartmouth
- DJ Ritter, Research Assistant, C3RN
- Randal MacCaffrie, CIO, C3RN
- Stephen Mandile, Iraq War Veteran and Veteran Advocate
- Ann Brum, CEO, Joint Venture & Co.

BACKGROUND

US Military veterans face many health conditions at disproportionate rates than their civilian counterparts, including higher rates of homelessness, addiction, and suicide. According to the 2017 Chapter 55 Report, Veterans comprise 5% of the Massachusetts population – more than 355,000 persons and are three times more likely to die of an opioid overdose, as compared to their civilian counterparts.¹ According to the 2016 VA report, nationally, on average 20 veterans commit suicide a day.²

In Massachusetts, the use of medical cannabis was legalized in 2012 and the adult use of cannabis in 2016. As of the latest available public data on the medical cannabis program in Massachusetts, as of March 31, 2019, there were 37,513 medical cannabis patients registered for the medical cannabis program.³ The number of veterans who are registered for the medical cannabis program in Massachusetts is not currently publicly available.

On December 8, 2017, the Veterans Health Administration (VHA) issued a policy directive number 1315 “ACCESS TO VHA CLINICAL PROGRAMS FOR VETERANS PARTICIPATING IN STATE-APPROVED MARIJUANA PROGRAMS”. Relevant policy directives are below:

“It is VHA policy that:

- a. VHA providers and/or pharmacists discuss with the Veterans about their marijuana use, due to its clinical relevance to patient care, and discuss marijuana use with any Veterans requesting information about marijuana;
- 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,
- 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 1315 2

¹ <https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf>

² Source: <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

³ Source: <https://www.mass.gov/doc/mmj-dashboard-march-2019/download>

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pain management, Post-Traumatic Stress Disorder (PTSD), or substance use disorder treatment).”

“ Each VA medical facility Director, or designee, is responsible for ensuring VA facility staff are aware of the following:

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

In Massachusetts, veterans still face challenges getting their medical cards from third party providers and awareness about the medical benefits of cannabis for veterans is still needed.

As part of a multi-year work to change policy in access for veterans, leading Iraqi war veteran and cannabis advocate Stephen Mandile in December 2019 engaged cannabis Community Care and Research Network (C3RN) to design a national and Massachusetts-focused research study that could gather much needed anonymous data from veterans regarding their health,

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medical cannabis use and its impact on their conditions and symptoms faced. C3RN engaged UMass Dartmouth Professor and U.S. Military Veteran Stephen White in the design of the study tool. Input from Dr. Staci Gruber at Harvard/McLean Hospital on the study design and survey tool was also included in the final survey instrument used. The study was designed to gather much needed anonymous data from our veterans to be used in local Massachusetts policy change and community education. As a result, the study team established six public events in 2019 and early 2020 that brought together leading veterans, advocates, local leaders, experts, researchers, and policy makers to raise the awareness in Massachusetts about the importance of veteran's access and the data collected through the study. The events were called the Cannabis Advancement Series, and the last event was held on Jan 25, 2020 where final preliminary results, presented here, were presented to the public. You can learn more here: www.cannabisadvancementseries.org

RESEARCH METHODS

The 2019 veterans' health and medical cannabis research study asked U.S. military veterans to self-report their current health conditions, conventional medical treatments, medical cannabis use and its effectiveness with self-reported health conditions and symptoms. The online survey was developed by Cannabis Community Care and Research Network, UMass Dartmouth, and Stephen Mandile leading Iraqi veteran and cannabis advocate. The study instrument was approved by the UMass Dartmouth Charlton College of Business Institutional Review Board. The survey was powered by SurveyMonkey and participants were recruited through study partners, CAS event partners. Study partners consisted of providing their own unique links to share the survey through their respective social and email listservs. Press releases of data were sent to the local media for TV and print publication, promoting preliminary findings to drive policy change. Additionally, project partners shared through their organic and earned media reach. Nine primary study partners were recruited to support sharing and funding the study, however the study had over 39 supporters. The 2019 Cannabis Advancement Series, consisting of six events throughout Massachusetts, was launched to share research findings and engage local veterans, policy makers, and leaders in data dissemination. Please refer to www.cannabisadvancementseries.org for the events and speakers who advocated in 2019 for veterans access. Preliminary data was disseminated at local events to drive awareness about veterans' alternatives.

RESULTS

Data collection lasted from Mar 3 - Dec 31, 2019, and a total of 565 US military veterans completed the survey, of which 201 were from Massachusetts. The following results presented are representative of the 201 MA veterans who responded.

Of those who responded in Massachusetts, 26% are aged 60-69; 16% 50-59; 16% 40-49 years; 20% aged 30-39. 90% of respondents were male and 84% white/non-Hispanic. Among Massachusetts respondents, 30% served in the War in Iraq – Operation Iraqi Freedom, 27% no war, 26% Vietnam War, 17% Other, 13% Persian Gulf, and 10% War in Afghanistan. On

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average veterans in this study reporting being on average 54% disabled according to the VA and 31% reported being 100% disabled according to the VA. In our MA sample, 30% of veterans reported being homeless currently or in the past. The majority of the respondents served in the Army (54%), with the exposure to various environmental toxins during service ranging from 30% never exposed to toxins, 28% exposed to burn pits, 24% to asbestos, and 18% agent orange, among reported exposures.

Among Massachusetts Veterans, the top health conditions they report facing included: 37% chronic pain, 25% PTSD, 10% anxiety. Veterans were asked to select common symptoms they face from their health conditions; 62% reported experiencing depression, 61% issues with sleep, 57% reported pain, and 50% anxiety/panic attacks.

In terms of managing their conditions, MA veterans report taking on average of 4.3 medications to manage their health conditions, and 11% reported not having health insurance. On average, MA veterans report spending on average \$77.28 per month out of pocket for over the counter (OTC) and prescription medications. Of all MA veterans, 88% reported having prescription drug coverage, 55% report getting prescription drugs mailed to them by the Veterans Affairs, and 27% report having unwanted prescription medications at home that they do not use and they would like to get rid of. In the Massachusetts sample, 60% of veterans report seeking mental health services, counseling, and other therapy within or outside of the VA.

In this study, veterans were asked if they consume medical cannabis, and if so, what are the top conditions that they find relief through medical cannabis. 91% reported using cannabis for medical purposes, and the TOP health conditions veterans report medical cannabis was reported helpful for: 36% report chronic pain, followed by 24% PTSD, 11% anxiety, and 6% depression. In terms of the symptoms veterans report most helpful in treating, 51% of veterans report cannabis is helpful to relieve symptoms of pain, 50% insomnia, 45% depression and mood, 41% anxiety and panic attacks, 24% aggression, and 17% inflammation, among others.

Among those who consume medical cannabis, 28% report consuming for 25 months – 5 years, 16% report 10+ years consuming, and 23% report consuming form at least 13 months – two years. The most common side effects for medical cannabis reported by veterans include: 64% report dry mouth, 36% changes in appetite, 33% increased energy, 33% more or less talkative, 27% sleepiness or fatigue, among others reported.

Veterans were asked if they were choosing to consume cannabis as an alternative to other over the counter (OTC) or prescription medications. Among all Massachusetts veterans, 22% report not taking any prescription medications or trying to reduce with cannabis, 10% report using cannabis to reduce prescription medication use in the past, while 67% report actively using medical cannabis to reduce unwanted prescription or over the counter medication use.

When asked how many days they consume cannabis per week, 41% of MA veterans report consuming multiple times a day, 23% report 4-7 days a week, 17% report consuming 2-3 days a week, 18% report consuming once every day. Massachusetts Veterans report spending on average \$79.32 per week on cannabis, or \$317.28/month. On average 72% of Massachusetts veterans report purchasing 100% of their cannabis products through licensed establishments, dispensaries, or other authorized sources.

Most of the MA veterans in our sample (84%) report not being concerned about their family members or loved ones about their cannabis use. When asked about concerns of the workplace knowing about cannabis use, 22% reported concern, and 38% reported being unemployed, 37% not worried about workplace knowing and 3% reported not sure.

In terms of barriers to access medical cannabis, 55% report money to purchase products as a barrier, followed by 37% lack of money to get a medical cannabis card, 33% lack of access to the right products, 33% stigma, 26% owning a firearm, 21% workplace or other testing policies, and 17% place to consume cannabis, and 16% report a lack of knowledge about medical cannabis benefits.

When asked about their VA or healthcare providers awareness of their medical cannabis use, 59% report their VA provider being aware of the medical cannabis use yet 63% report not knowing if their VA or healthcare provider supports their medical cannabis use. Most veterans in this sample report getting their information to make informed decisions about cannabis products from mobile apps or websites (51%), followed by dispensary agents (45%), scientific literature (44%) Google searches (38%), clinician or other healthcare provider (26%), friend (26%), or cannabis cultivator (10%).

Finally, the veterans were asked their opinions about future medical cannabis research, use, and access. Among MA respondents, 100% think that the VA should be trained in medical cannabis and be allowed to recommend it; 100% support conducting more research for medical cannabis in veteran populations, and 98% believe the VA should offer free or discounted medical cannabis for veterans who qualify.

In 2019, the cannabis advancement series in Massachusetts was formed as part of this research study and the community outreach strategy for utilizing data for local education and policy change. Over 400 people attended the events, and 53 speakers from six events shared their thoughts about advancing cannabis access for veterans. Over 39 partners financially or in-kind supported the project and research study, and the study was mentioned in the mainstream print and TV media over a dozen times.

In addition to the research study and educational events, the overall research objectives also included driving local policy change in Massachusetts through using the data collected through the 2019 veterans' health and medical cannabis study.

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DISCUSSION

The 2019 veterans' health and medical cannabis study collected anonymous data nationally from veterans with a focus on Massachusetts. and community education arm, the Cannabis Advancement Series, was a collaboration with UMass Dartmouth, C3RN, Stephen Mandile, and Joint Venture & Co. The team conducted the research study and held local educational events to share data and findings to inform local policy change for veterans' access to alternatives, as part of the study design.

Through this study, investigators were able to document current health conditions faced by veterans and understand their medical cannabis use and its impact on health conditions and symptoms reported by veterans. The top conditions reported medical cannabis is useful for are chronic pain, PTSD, and anxiety.

An overwhelming majority of veterans are using cannabis as a harm reduction method to replace other lethal and more toxic substances. Seventy-seven percent of the veterans in our MA sample report actively or in the past having used medical cannabis to reduce prescription and OTC medications.

Despite its potential to improve the quality of life for many veterans, the top two barriers reported veterans face for access are related to cost - thus limiting access. On average, Massachusetts veterans report spending an average of \$77 monthly out of pocket on prescription medications and \$317 monthly on medical cannabis; insurance coverage for medical cannabis is non-existent.

In terms of VA provider and policy related to medical cannabis use, as of VHA directive 1315 issued on December 8, 2017, it is VA policy that: 1) VHA providers and/or pharmacists should discuss with the Veterans their cannabis use as it is relevant to their clinical care. They are however prohibited from being state-licensed cannabis providers but still encouraged to discuss with their patients how cannabis can be used to in place their clinical care, including possible interactions with the medications they are taking and this information must be recorded.

In our sample, we are finding that the majority of veterans have reported to their VHA provider about medical cannabis use, but 64% do not know if they support it.

With the VA mandating that the providers should discuss cannabis use with veterans, we are finding in our Massachusetts sample that this dialogue is not happening. Generally, veterans report finding out medical cannabis information from other informal, non-clinical sources, yet the majority of veterans in our sample (77%) report using cannabis currently or in the past as an alternative to other medications.

Medical cannabis use among veterans in our sample is reported effective for improving quality of life, improving clinical and physical and psychological symptoms, and reducing the use of

unwanted medications. However, the average monthly cost for cannabis is four times higher than their prescription out of pocket expenses. There is no insurance coverage for cannabis and VHA policy restricts giving cannabis for free or at discount. Additionally, the money needed to purchase products and money needed to get a medical cannabis card were the top two barriers reported by MA veterans in our study. There are a few medical cannabis card providers in Massachusetts, and some give discounts or free certifications for veterans on occasion, but not consistently. Additionally, some registered medical dispensaries in MA give discounts on products for those who are disabled, but it is not mandated and is up to the business owner to provide discounts for veterans.

Further analysis around the cost benefits of increasing access to cannabis will be conducted in early 2020. A full policy memo and recommendations will be presented in early spring 2020 for use by the federal and Massachusetts Veterans Affairs and other key policy makers.

Study Acknowledgements

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