Research

**Veteran’s Beliefs**

1. A survey run by “Iraq and Afghanistan Veterans of America (IAVA) released Jan 30th showed that “83 percent support allowing legal access to medical marijuana, while 55 percent back recreational legalization” [Feb 1]

[More...](https://news.weedmaps.com/2019/02/survey-most-iraq-afghanistan-war-veterans-back-marijuana-legalization/)

2. An analysis published in the *American Journal of Drug and Alcohol Abuse* uses self-reported data from 93 US military veterans who had access to free cannabis with the aim to “document which cannabis formulations and routes of administration are chosen by veterans with increased access to cannabis, and to determine whether cannabis is being used as a substitute for other licit and illicit drugs” finds that “most of the sample reported using cannabinoids as a substitute for either alcohol, tobacco, prescription medications, or illicit substances, reported that they use cannabis frequently…and primarily select higher-risk cannabis formulations (i.e., high THC/low CBD, smoked). The majority… use cannabis to self-treat multiple physical and mental health conditions/symptoms.”

May 28, 2019: VA San Diego Healthcare System, CA [More...](https://www.tandfonline.com/doi/abs/10.1080/00952990.2019.1604722?journalCode=iada20)

**Opioid Use**

3. An analysis of data relating to cannabis and opioid users’ notes that “people using cannabis are much more likely to decrease or stop opioid use (different surveys suggest that between 30-60% of opioid-users are able to entirely switch to cannabis).” (May 8, 2019) (Project CBD)

[More...](https://www.projectcbd.org/news/quick-hits/thc-makes-oxycodone-safer)

4. An analysis of data from the National Veterans Health Administration (VHA) found that “Of the 234,181 (94% male) patients diagnosed with drug use disorders, 8.6% were diagnosed with co-occurring OUD (Opioid Use Disorder) and CUD (Cannabis Use Disorder); 33.3% with OUD only; 26.5% with CUD only; and 31.6% with other drug use disorders. Compared to the OUD only group, the group with co-occurring OUD and CUD was associated with a lower number of opioid prescription but higher likelihood of inpatient psychiatric admission and homelessness, and no significant difference in ED (emergency department) visits.” (May 21, 2019) (Yale University School of Medicine, CT)

[More...](https://www.ncbi.nlm.nih.gov/pubmed/31112429)

5. (**Regular article, quote)** In a an article about veteran’s access to cannabis Jeremy Butler, chief executive officer of Iraq and Afghanistan Veterans of America is quoted as saying “There's been an overreliance and over-prescription of opioids, where medical marijuana seems to be one of those areas in which we could make a lot better use of pain management treatments … and get people off opioids."

(May 27, 2019)

[More...](https://www.usnews.com/news/health-news/articles/2019-05-27/veterans-face-hurdles-to-accessing-medical-marijuana)

**Chronic Pain**

6. Results from an ongoing, online survey of medical cannabis users with chronic pain nationwide about how cannabis affects pain management, health, and pain medication use finds that of those surveyed “~80% reported substituting cannabis for traditional pain medications (53% for opioids, 22% for benzodiazepines), citing fewer side effects and better symptom management as their rationale for doing so” [(University of Michigan Medical School), (Om of Medicine, Michigan), (Scottsdale Research Institute, Arizona)] [Jan 25]

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30690169)

7. A review of data regarding cannabis use for the treatment of medical conditions found that “Chronic pain is currently and historically the most common qualifying condition reported by medical cannabis patients (64.9 percent in 2016)” and that “of all patient-reported qualifying conditions, 85.5 percent had either substantial or conclusive evidence of therapeutic efficacy.” [(University of Michigan, MI) [Feb 21]

[More...](https://www.healthline.com/health-news/what-drives-patients-to-use-medical-marijuana-chronic-pain)

8. A study done on cannabis use in patients attending an ambulatory palliative care clinic found that “(27%) reported use of any form of cannabis. The most common reasons for cannabis use were pain, anorexia, insomnia, nausea, anxiety, and depression. (31%) used cannabis for more than one symptom. Among the 83 patients using cannabis, 60 (72%) were also prescribed opioids with 32% on immediate-release only and 25% on both immediate- and extended-release opioids. These 60 patients on opioids and cannabis represent 33% of all patients prescribed opioids in this clinic.” [Apr 17] [(Dartmouth College, NH) (Dartmouth-Hitchcock Medical Center, NH)]

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30994387)

9. A model developed by researchers on the co-occurrence of pain and substance use integrates “theoretical mechanisms in bidirectional pain-substance use relations… including negative reinforcement, social cognitive processes, and allostatic load in overlapping neural circuitry.” The researchers suggest a “reciprocal model in which pain and substance use are hypothesized to interact in the manner of a positive feedback loop, resulting in the exacerbation and maintenance of both conditions over time.” (May 7, 2019) (Syracuse University, NY)

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30566371)

**PTSD**

10. A survey done on the relation between PTSD symptom severity and cannabis use found that “for males, as PTSD symptom severity increased, likelihood of being a cannabis user increased. This relation was not supported in females.” [(Pacific University, OR)] [Feb 15]

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30767607)

**Reduction of Prescription Meds**

11.A report based on data from 450,000 thousand customers and a 4,000-person survey found that cannabis customers **“**needed fewer pills. Of those who purchased marijuana, 71 percent reported reducing their purchase of over-the-counter medicine and a 35 percent reduced the purchase of prescription drugs.” [Feb 15]

[**More...**](https://www.stamfordadvocate.com/news/article/Women-Bought-Twice-As-Much-Cannabis-in-2018-Than-13617330.php)

**Access to care**

12. A survey of primary care providers between January 23 and February 5, 2018 found that a majority believed ("strongly agree" or "somewhat agree") that “medical cannabis was a legitimate medical therapy (58.1%) and 38.7% believed that providers should be offering to patients for managing medical conditions. A majority (> 50%) of providers believed that medical cannabis was helpful for treating the qualifying medical conditions of cancer, terminal illness, and intractable pain. A majority of providers did not know if medical cannabis was effective for managing nearly one-half of the other state designated qualifying medical conditions. Few believed that medical cannabis improved quality of life domains. Over one-third of providers believed that medical cannabis interacted with medical therapies. One-half of providers were not ready to or did not want to answer patient questions about medical cannabis, and the majority of providers wanted to learn more about it” [(Mayo Clinic, Minnesota)] [Jan 22]

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30669979)

13. “A study based on N‐SSATS — the National Survey of Substance Abuse Treatment Services — has found that in 2016, the most recent year covered, only 36.1 percent of substance use disorder (SUD) treatment programs in the United States offer at least one of the three medications for treating opioid use disorders (OUDs)” [(Alison Knopf, NY)] [Jan 20]

[More...](https://onlinelibrary.wiley.com/doi/full/10.1002/adaw.32228)

14. A study done examining the increasing rate of cannabis use in older adults in Colorado found that “Older adults want more information about cannabis and desire to communicate with their healthcare providers. Older adults who used cannabis for medical purposes reported positive outcomes but highlighted difficulties in accessing medical cannabis. Older adults in Colorado also revealed how a stigma continues to be attached to using cannabis.” [March 28] [(University of Illinois, IL) (University of Colorado Springs, CO) (Eastern Colorado VA Geriatric Research Education and Clinical Center, CO)]

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30924098)

**Mental Health**

15. An analysis of a survey done examining the relationship between cannabis use and psychological distress found that “daily cannabis use is significantly more common among persons with serious psychological distress and is increasing in this group, as well as among those without.” [Apr 1] [(Yeshiva University, NY) (Duke University Medical Center, NC) (Roswell Park Cancer Institute, NY)

[More...](https://www.ncbi.nlm.nih.gov/pubmed/30825793)

More:

Veterans

USA (paid)

[The relationships between chronic pain and changes in health with cannabis consumption patterns](https://www.sciencedirect.com/science/article/abs/pii/S0955395919303706?via=ihub)

[Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration](https://onlinelibrary.wiley.com/doi/abs/10.1111/add.13774)

[Medicinal Vs. Rec Cannabis Use Among Returning Veterans](https://doi.apa.org/doiLanding?doi=10.1037/tps0000133)

[Pain, Cannabis Species, and Cannabis Use Disorders](https://www.jsad.com/doi/10.15288/jsad.2016.77.515)

[Depression, Alcohol and Cannabis Use in Veterans](https://doi.apa.org/doiLanding?doi=10.1037/pha0000357)

[PTSD Treatment Outcomes for Veterans with and without Recent Histories of Cannabis Use](https://doi.apa.org/doiLanding?doi=10.1037/ser0000424)

[Cannabis use and posttraumatic stress disorder: prospective evidence from a longitudinal study of veterans | Psychological Medicine](https://www.cambridge.org/core/journals/psychological-medicine/article/cannabis-use-and-posttraumatic-stress-disorder-prospective-evidence-from-a-longitudinal-study-of-veterans/D5690C8E361C8F0197C31D94F33ED806)

[Cannabis Use Disorder and Post-Deployment Suicide Attempts in Iraq/Afghanistan-Era Veterans](https://www.tandfonline.com/doi/full/10.1080/13811118.2018.1488638?scroll=top&needAccess=true)

[Cannabis Use in Civilian College Students and College Student Service members/veterans: The Moderating Effect of Anxiety](https://pubmed.ncbi.nlm.nih.gov/32469609/)

[Cannabis use disorder among veterans: Comorbidity and mental health treatment utilization](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472%2819%2930287-9/fulltext)

[Clinician Knowledge Report From a Survey on Veterans](https://academic.oup.com/painmedicine/article-abstract/doi/10.1093/pm/pnz322/5698028?redirectedFrom=fulltext)

[Treating Alcohol Use Disorder in US Veterans: The Role of Traumatic Brain Injury](https://pubmed.ncbi.nlm.nih.gov/31117905/)

[Six policy lessons relevant to cannabis legalization: The American Journal of Drug and Alcohol Abuse: Vol 45, No 6](https://www.tandfonline.com/doi/abs/10.1080/00952990.2019.1569669?journalCode=iada20)

[Cannabis and Alcohol Co-Use Among Veterans](https://www.sciencedirect.com/science/article/abs/pii/S0376871619304387?via=ihub)

International (paid)

[Cannabinoids as an Emerging Therapy for Posttraumatic Stress Disorder and Substance Use Disorders](https://pubmed.ncbi.nlm.nih.gov/31895187/)

**OCCP**

Free:

1. [Rising Trends in Hospitalizations for Cardiovascular Events among Young Cannabis Users (18–39 Years) without Other Substance Abuse](https://www.mdpi.com/1010-660X/55/8/438/htm)

        “...growing rates and rising trends in hospitalizations for AMI, arrhythmia, and stroke from 2007–2014 among young cannabis users compared to non-users even without concurrent other substance abuse. Rates of VTE was lower among cannabis users as compared to non-users, with rising trends in VTE admissions in both cannabis users and non-users”

1. [A regulatory variant of CHRM3 is associated with cannabis-induced hallucinations in European Americans](https://www.nature.com/articles/s41398-019-0639-7)

        “consistent with the assumption that cannabis use is an environmental risk factor in the etiology of schizophrenia… suggesting potential excitatory-to-inhibitory imbalance in the THAL may predispose to cannabis-induced psychosis or schizophrenia”

1. [Frequency of cannabis and illicit opioid use among people who use drugs and report chronic pain: A longitudinal analysis](https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002967)

    “These findings provide longitudinal observational evidence that cannabis may serve as an adjunct to or substitute for illicit opioid use among PWUD with chronic pain.”

1. [Medical Cannabis for Opioid Use Disorder and Dispensary Marketing for This Indication](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2768239)

        “...officially designating OUD a qualifying condition for medical cannabis was associated with cannabis dispensaries making unsupported medical claims regarding using cannabis to treat OUD”

**USA (paid)**

1. [Changes in Cigarette Smoking and Cannabis Use](https://www.sciencedirect.com/science/article/abs/pii/S0376871619304764?via=ihub)
2. [Cannabis for Symptom Management in Older Adults](https://pubmed.ncbi.nlm.nih.gov/32312410/)
3. [Cannabis Use Among Individuals with Psychosis](https://www.tandfonline.com/doi/abs/10.1080/09638237.2018.1487540?journalCode=ijmh20)
4. [Arrhythmia Among Youth with Depression Who Use Cannabis](https://www.ejinme.com/article/S0953-6205%2820%2930171-0/pdf)
5. [Interactive effects of PTSD and substance use on suicidal ideation and behavior in military personnel: Increased risk from marijuana use](https://pubmed.ncbi.nlm.nih.gov/31475423/)
6. [Cannabis Use Preferences and Decision-making Among a Cross-sectional Cohort of Medical Cannabis Patients With Chronic Pain](https://pubmed.ncbi.nlm.nih.gov/31132510/)
7. [The Interaction of Alcohol Use and Cannabis Use Problems in Relation to Opioid Misuse Among Adults with Chronic Pain](https://link.springer.com/article/10.1007/s12529-019-09813-3)
8. [Reductions in cannabis use are associated with improvements in anxiety, depression, and sleep quality, but not quality of life](https://linkinghub.elsevier.com/retrieve/pii/S0740547217301939)

International (paid)

1. [Medical cannabis for chronic pain: can it make a difference in pain management?](https://link.springer.com/article/10.1007/s00540-019-02680-y)
2. [Associations of PTSD, chronic pain, and their comorbidity on cannabis use disorder: Results from an American nationally representative study](https://onlinelibrary.wiley.com/doi/abs/10.1002/da.22947)
3. [Cannabis-based Medicines for Chronic Pain Management: Current and Future Prospects](https://pubmed.ncbi.nlm.nih.gov/31356363/)

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1. [Development of a Cannabis Assessment Tool (CAT-1) to measure current and lifetime marijuana use among older Veterans](https://bmjopen.bmj.com/content/bmjopen/10/1/e034274.full.pdf)

    “The CAT-1 created and tested in this study provides a reliable assessment of current and lifetime use of smoked marijuana.”