

BACKGROUND

- Cannabis is one of the most commonly used drugs in the United States (US)
- Current national data indicate that an estimated 1 million former military service members regularly use cannabis (i.e., have used cannabis on one or more days within the past month), a figure that has increased steadily since 2007
- However, very limited research has investigated cannabis use and health among Veterans Health Administration (VHA) patients, and existing health records do not regularly ascertain use that is below the threshold of a cannabis use disorder

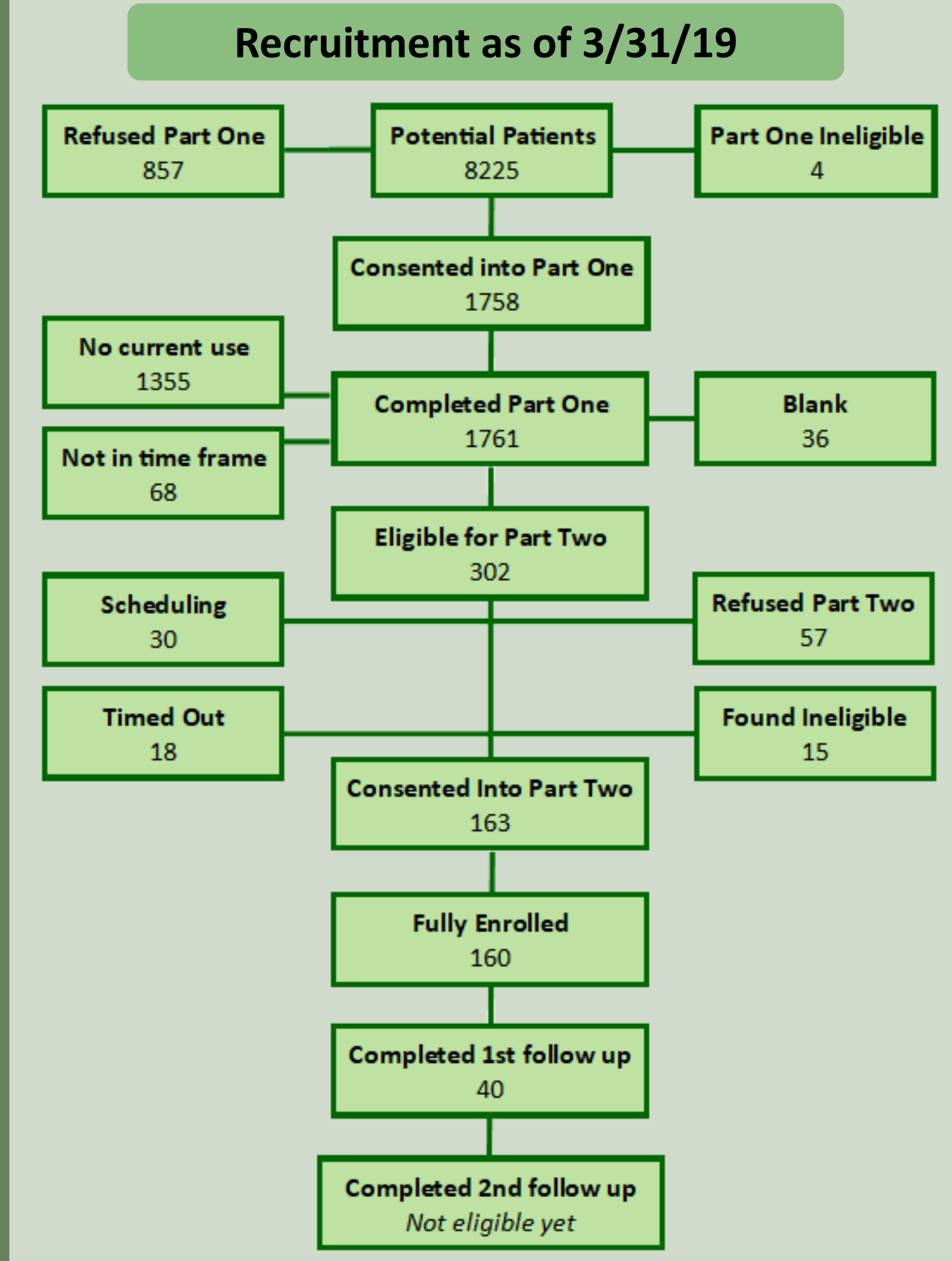
OBJECTIVES

- **Aim 1:** To characterize the extent of cannabis use among a sample of VHA primary care patients from 3 diverse VAMCs.
- **Aim 2:** To examine the extent to which cannabis use is associated with psychoactive medication use (e.g., opiates and other psychotropics), substance use, substance use disorder symptoms, mental health symptoms (e.g., PTSD), pain, functioning, and treatment utilization among a sample of 500 VHA patients with regular cannabis use.
- **Aim 3:** Among a cohort of 500 VHA primary care patients who regularly use cannabis, to identify cannabis use and cannabis use disorder symptom trajectories over a 12-month follow-up period.
- **Aim 4:** To longitudinally estimate associations between cannabis trajectory groups and psychoactive medication use (e.g., opiates and other psychotropics), substance use, substance use disorder symptoms, mental health symptoms (e.g., PTSD), pain, functioning, and treatment utilization.

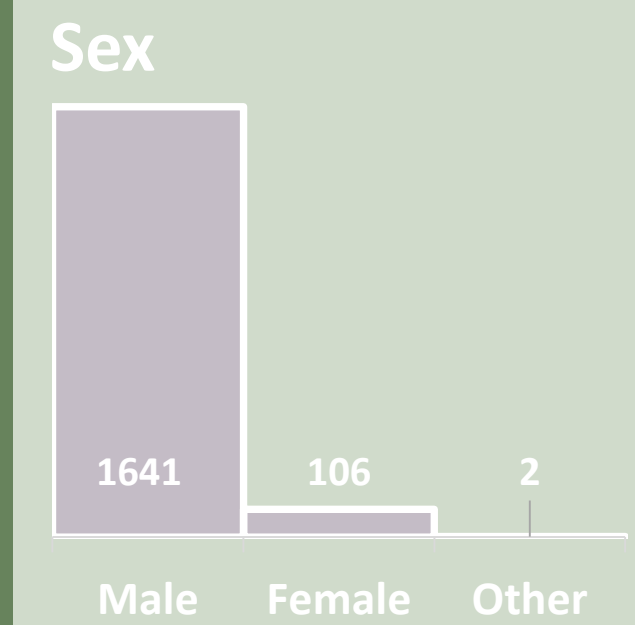
STUDY METHODS

- Study team members prepare a random list of patients with primary care appointments. Patients must be under 75 years of age, have the ability to speak and understand English, and be residents of the State of Michigan. Patients with legal guardians and those involved in other VA research studies are excluded.
- Patients are approached by members of the study team while they are waiting for their appointments. Research Assistants (RAs) introduce the study using a short explanation and determine if each patient is eligible for screening, and willing to volunteer their participation.
- RAs complete the informed consent and HIPAA authorization with the patient in the waiting area. A paper copy of the screening survey is given to the patient after the document is complete.
- Upon completion, the screening survey is checked by a member of the study staff to ensure there is no accidental missing information. **Part 1** is now complete.
 - The survey is also checked for patient eligibility into **Part 2** of the research study. If a patient does not currently use cannabis, they are given a copy of the consent form, and a \$5 incentive for completing the survey. No further study involvement is expected.
 - If a patient has answered they *currently use marijuana at least once a month or more frequently*, a member of the study team discreetly notifies the patient they are eligible for **Part 2**.
- If interested in completing **Part 2** of the study, the eligible individual can be consented and complete their baseline study involvement same-day, using the same process as **Part 1**.
- **Part 2** patients complete a baseline, 6 month, and 12 month meeting with a more thorough survey, an interview on substance use ranging 3 months back, and an optional urine drug screen.

PRELIMINARY RESULTS

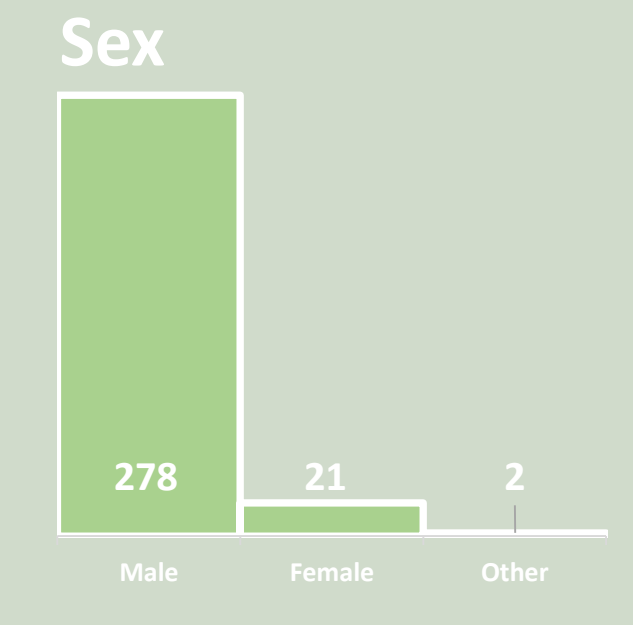


Demographics: Part 1 (n=1749)



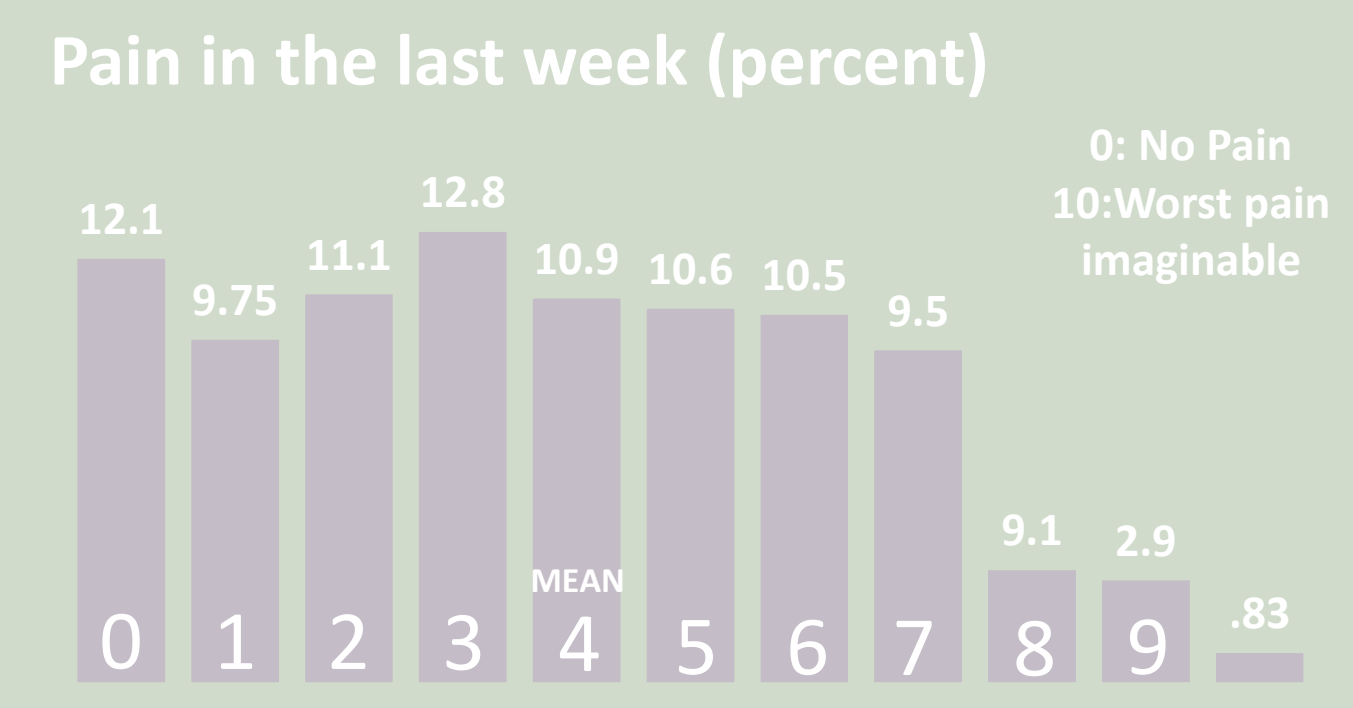
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MEAN AGE

Part 2 Eligible (n= 301)



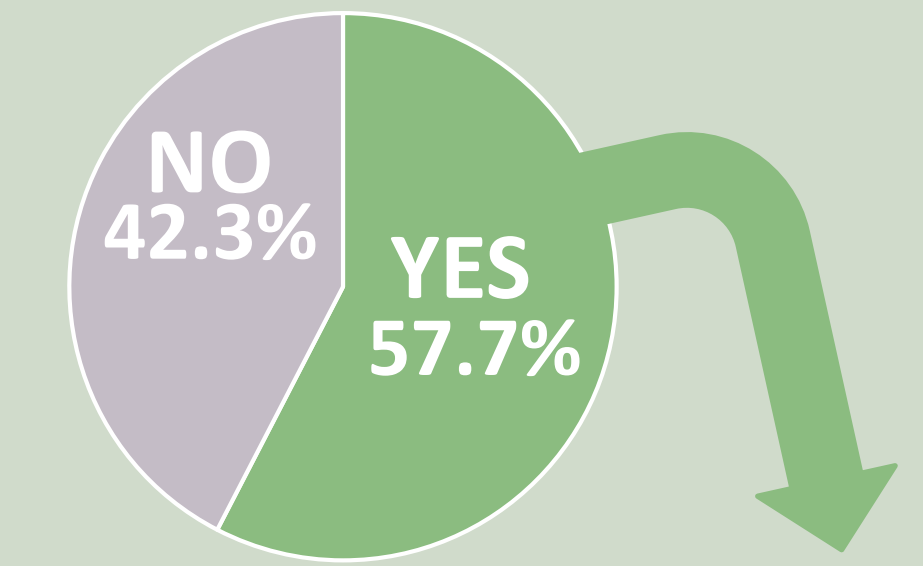
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MEAN AGE

Self-Reported Pain Measure

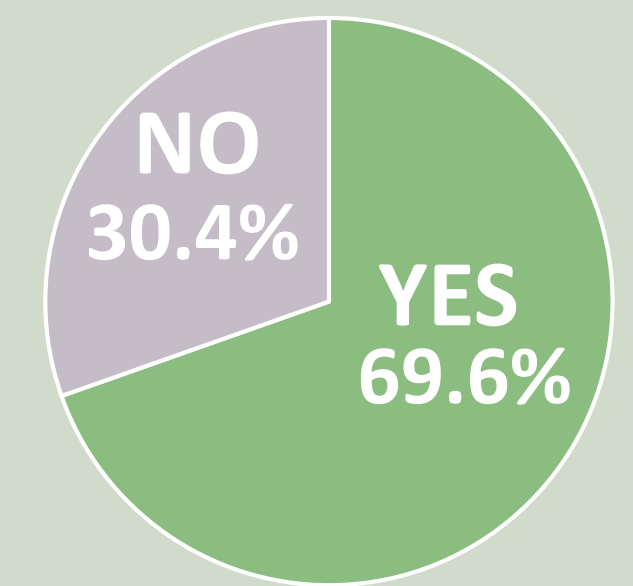


Cannabis Specific Findings

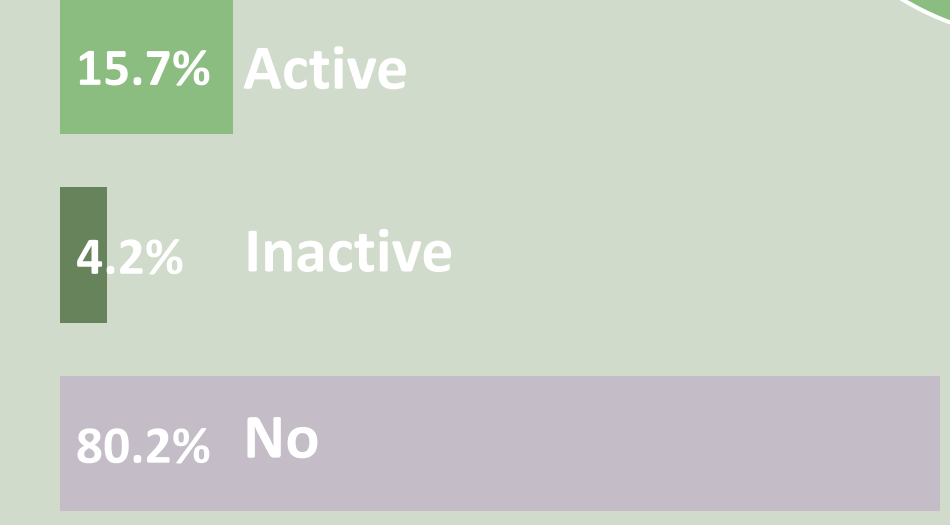
Lifetime Cannabis Use (n= 1,717)



Monthly or more use (n=990)



Medical cannabis card status (n=990)



ACKNOWLEDGEMENTS

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