

A photograph of a group of people in a meeting. In the foreground, a woman with long dark hair is seen from the back, looking towards a group of people. In the center, a Black man with a beard, wearing a white button-down shirt, is speaking and gesturing with his hands. To his right, a white man with a beard, wearing an orange shirt and a grey cardigan, is listening attentively. In the background, a woman with short grey hair and glasses is also visible. They are in a room with a brick wall, a water cooler, and some office equipment.

Insights into Veteran and Veteran Family Experiences with Cannabis and Mental Health

VIRTUAL DIALOGUE SERIES
Summary Report

ACKNOWLEDGMENTS

The Mental Health Commission of Canada (MHCC) and the Atlas Institute for Veterans and Families (Atlas Institute) would like to express their gratitude to all dialogue participants, who generously shared their expertise and insights to create the basis for this report. We would also like to thank our project planning committee, which included a Canadian Armed Forces Veteran and a Royal Canadian Mounted Police Veteran, as well as a Veteran Family advisor, whose experiences helped shape the focus and design of the dialogue sessions.

The MHCC and the Atlas Institute operate primarily on the unceded traditional territory of the Anishinaabe Algonquin Nation, whose presence here reaches back to time immemorial. The Algonquin people have lived on this land as keepers and defenders of the Ottawa River watershed and its tributaries. We are privileged to benefit from their long history of welcoming many nations to this beautiful territory. As national organizations, we also recognize the traditional lands across what is known as Canada, on which our staff and stakeholders reside.

Our work uses an intersectional [sex- and gender-based plus](#) lens to identify, articulate, and address health and social inequities through policy action. In this respect, it is guided by engagement with the diverse lived experiences (and other forms of expertise) that shape our understanding and policy recommendations. We are committed to continuous learning, and we welcome feedback.



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FOREWORD

Between May and June 2022, the Atlas Institute for Veterans and Families (Atlas Institute) and the Mental Health Commission of Canada (MHCC) co-hosted a series of four dialogues about cannabis use and mental health with Veterans, their Veteran Family members, and key supporters of that community, which included service providers and academic researchers. What started as an opportunity to learn from these under-represented voices quickly turned into a master class on vulnerability and candor.

While we know that the Veteran community has a strong interest in the interaction between cannabis use and mental health, we also know that understanding this complex relationship requires a diverse range of perspectives. To make meaningful advancements in this area, our work must be guided by lived and living experience and experts across the Veteran domain.

Through this Virtual Dialogue Series, we sought to provide a safe environment to help Veterans, Veteran Families, service providers, and researchers share their experience with cannabis use and mental health. Most importantly, we wanted to hear their questions on the topic to better understand the knowledge gaps, create resources to answer what we can, and prioritize research to answer the rest.

While we kept individual contributions anonymous out of respect for all participants, we believe the insights captured in this report will resonate because of their honesty.

On behalf of everyone at the Atlas Institute and the MHCC, we wish to express our deepest gratitude to everyone who participated in the dialogue. Without their interest and input, this project would not have been possible.

Our goal is that this series will serve as a catalyst for future conversations about cannabis and mental health in the Veteran community and provide further opportunities for knowledge exchange.

We hope this report will be shared widely and be read in the same spirit of openness and respect that was put into it. These first-hand reflections offer invaluable insights for our own research, which we believe they also will for governments, policy makers, and funding agencies. As this series has reminded us, sometimes the best way to improve is simply to listen.



Fardous Hosseiny

President and CEO

Atlas Institute for Veterans and Families



Michel Rodrigue

President and CEO

Mental Health Commission of Canada

INTRODUCTION

In 2022, more than 18,000 Veterans submitted claims involving cannabis for medical purposes through Veterans Affairs Canada's (VAC's) reimbursement policy.¹ But while cannabis is authorized for various medical conditions, scientific research has yet to fully explore its applications and potential for treating mental health concerns.

Currently, the published research on cannabis and mental health in Canada is limited, with even less that applies to Veterans and Veteran Family members (according to an environmental scan completed at the outset of the dialogue series). Yet the number of Veterans who use cannabis to treat chronic pain, post-traumatic stress disorder (PTSD), and sleep disorders is growing steadily: VAC's reimbursement program has repaid about \$150 million² to over 18,000 participants and now authorizes roughly 19 million grams of cannabis annually. By 2026, it projects that these reimbursements will rise to more than \$300 million.³ Due to the specific and unique requirements of Veterans and their Families, the need to identify and address knowledge gaps and research priorities in this area is especially important.

With federal government support, the Atlas Institute for Veterans and Families (Atlas Institute) and the Mental Health Commission of Canada (MHCC) have committed to better understanding and mobilizing knowledge around cannabis and mental health among Veterans and Veteran Families. The MHCC has undertaken several initiatives to assess the impacts of cannabis use on mental health and inform future policy development, including a 2019 [environmental scan and scoping review](#) and a number of [research projects](#). The Atlas Institute has been working to identify and fill knowledge needs related to cannabis and mental

health through this Virtual Dialogue Series and the development of knowledge products.

Together, the MHCC and Atlas are committed to learning from those with lived and living experience and sharing the best evidence available.

This report is meant to summarize and honour what we heard in the Virtual Dialogue Series, which was designed to gain deeper insight into cannabis-related knowledge, experiences, and research priorities for Canadian Veterans, their Families, researchers, and service providers.



Medical authorization of cannabis for Canadian Veterans

While medical cannabis is not prescribed, Veterans' health-care providers may authorize its use for the treatment of a variety of medical conditions.

Since 2008, they have been making such authorizations for cannabis from producers that are licensed by Health Canada.

In 2016, VAC's reimbursement policy set its daily maximum at three grams of dried marijuana (or its equivalent in fresh marijuana or cannabis oil). However, Veterans can apply to have coverage for much more.

1 Veterans Affairs Canada. (2022). *Cannabis for medical purposes*. <https://www.veterans.gc.ca/eng/about-vac/research/research-directorate/publications/reports/cmp>

2 Veterans Affairs Canada. (2022). *Cannabis for medical purposes*.

3 Veterans Affairs Canada. (2022). *Audit of health care benefits — Cannabis for medical purposes*. <https://www.veterans.gc.ca/eng/about-vac/publications-reports/reports/departmental-audit-evaluation/2022-audit-cannabis-for-medical-purposes>



What we mean by the term Veterans:

- » Former Canadian Armed Forces (Royal Canadian Navy, Canadian Army, Royal Canadian Air Force) personnel who completed basic training and were honourably discharged
- » Those who served in the regular or reserve force, full time or part time
- » Former members of the Royal Canadian Mounted Police (RCMP)



What we mean by the term Families:

- » A Veteran's parents, siblings, partners, spouses, dependent and adult children, aunts, uncles, and cousins
- » Carers, peers, and friends — essentially anyone a Veteran considers significant in their lives or to their well-being
- » Those who are no longer connected directly to a Veteran but who remain impacted by the relationship

— From the Atlas Institute's [five-year plan](#)

While the dialogues do not represent the full breadth of experiences related to cannabis and mental health, nor the entire truth of Veterans and their Families, it does highlight the insights of the participants who generously shared their perspectives.

The four dialogue sessions took place virtually in May and June of 2022. Each session brought together a different group — Veterans, Veteran Family members, service providers, and researchers — and discussed a series of questions on cannabis-related experiences, knowledge, impacts, stigma, and access (or barriers). Participants also had the opportunity after each session to connect with project team members and share further insights. In addition, individuals unable to attend a session were given the chance to share their perspectives through one-on-one interviews and written feedback.

The overall goals of the Virtual Dialogue Series were to identify key knowledge needs and determine future research priorities for addressing them. Individual sessions were led by two facilitators from Veteran or Family member communities, who introduced participants to the scope of the project and the questions to be discussed. In addition, the dialogues gave participants the opportunity to share their perspectives and experiences with cannabis use and mental health.

While the MHCC and the Atlas Institute sought equitable representation among its 32 participants from coast to coast, it is important to acknowledge that their perspectives do not reflect the full diversity of Veterans, Family members, service providers, and researchers. For example, since many Veterans in attendance had used cannabis to manage mental health symptoms, the sessions lacked a balanced perspective of users and non cannabis users. Other important limitations include having English-only sessions, a majority of Veterans from the Canadian Armed Forces (CAF) (not the RCMP), and a limited number of women, francophone, Indigenous, racialized, 2SLGBTQ+, and African, Caribbean, and Black (ACB) Veterans and Veteran Family members. When considered alongside the relatively small number of sessions and participants — including providers from health care and other services — the lack of diversity shows that further consultations are needed to gain a fuller understanding of the research and knowledge gaps in this area.

The views expressed in this report reflect what we heard and do not necessarily reflect the views and opinions of the MHCC, the Atlas Institute, or the government of Canada. Though most participants reported positive experiences with cannabis and mental health, due to the project's scope (and the limitations just mentioned), they should not be generalized to the Veteran and Family experience or interpreted as conclusive. We invite you to read this report as a collection of insights and experiences that shed light on this complex topic. Though we acknowledge there is much yet to learn, we hope it can help shape research and knowledge opportunities moving forward.

“

Veterans are not a homogeneous group. It is important when recruiting to engage the whole range of Veterans and not just those that put themselves out there. There is not just one perspective and not one Veteran can speak on behalf of all Veterans. As researchers, we need to make sure we have heterogeneity in our studies.”

— Researcher



WHAT WE HEARD

Throughout all four sessions with Veterans, Veteran Family members, service providers, and researchers, seven recurring themes emerged:

1. Too little information is available about cannabis use and mental health among Canada's Veteran populations.

Participants across all four groups described a wide variety of cannabis use benefits for Veterans' mental health (based on lived experience), yet easily accessible and reliable information is lacking on the potential benefits and risks of cannabis and appropriate dosages and strains. Though expertise from lived experience is vital to understanding its benefits, the community is looking for more credible research specific to the Canadian Veteran context.

2. More research is needed on the effectiveness of cannabis as a treatment for mental health conditions.

Most participants in the Veteran community saw cannabis as an effective tool for treating symptoms of anxiety, PTSD, chronic pain, mood regulation, anger management, and sleep issues. However, more needs to be known about safety, cost, and effectiveness when cannabis is used to treat mental health conditions.

3. More training is needed on cannabis use and mental health for health-care professionals who work with Veterans.

Ideally, cannabis education should come through a health-care professional or doctor and take a patient's medical history into account. Yet participants experienced a lack of professional guidance — stemming from a perceived education gap — with many Veterans learning about options for cannabis use through peers and their own personal experience.

4. Cannabis use by Veterans continues to be highly stigmatized.

Some Veteran participants described hesitancy about disclosing their cannabis use to Family, friends, and health-care practitioners out of fear of rejection and judgment. Many pointed to layers of stigma that Veterans experience in feeling judged about their mental health concerns and cannabis use. Some researchers indicated that studies investigating the positive impacts of cannabis faced additional barriers when seeking to secure funding and promotion.



5. Veterans need more information about the ways cannabis works and interacts with other substances.

To better guide the safer use of cannabis by Veterans, participants said they needed more information on the different cannabinoids and on the impacts of combining cannabis with other medications or substances. A greater understanding of the potential intoxicating effects of certain strains of cannabis and how it interacts with prescription medications and other non-prescription substances must be more readily available.

6. Independent, participatory research is needed on cannabis and mental health.

Participants across all sessions described the need for independent studies on cannabis and its impact on Veterans' mental health. Many felt a lack of trust toward studies funded by the cannabis or pharmaceutical industries. Participants also mentioned the importance of participatory research that keeps Veterans and their Family members engaged and committed through the entire process in order to better understand and address their needs.

7. Representing diverse Veteran perspectives is key.

Participants emphasized that the Canadian Veteran population is not homogeneous. While diverse representation can be difficult to achieve, it should be a priority in any discussion or study to ensure that wide-ranging perspectives are considered and represented in the knowledge, resources, and actions being generated. These perspectives include women, francophone, Indigenous, racialized, 2SLGBTQ+, and African, Caribbean, and Black Veterans and Family members.

SESSION SUMMARIES

The following section provides more detail on the topics covered and the variety of perspectives and experiences the participants shared.

Dialogue 1: Veterans

The first session involved Veterans from the CAF and the RCMP, who shared their lived and living experience of mental health and cannabis use. Key themes are summarized below.



Moderators

Glynne Hines, Chair, Veteran Reference Group,
Atlas Institute

Insp. Baltej S. Dhillon (ret.) Hon. LLD.,
C.DIR. served in the RCMP for 29 years

Cannabis empowers Veterans' well-being

Participants generally considered cannabis helpful for treating some mental health conditions and chronic pain. It empowered them to influence their own well-being and healing processes, and many saw cannabis use in combination with psychotherapy, physical therapy, yoga, meditation, or other practices as a holistic and comprehensive approach to well-being.



The group reported that cannabis provided a range of benefits as well as opportunities to manage their mental health and wellness. In addition to using cannabis to treat PTSD and chronic pain, Veterans said it had been highly effective for arthritis, panic attacks, night terrors, and other sleep issues. Some stated that cannabis helped them feel in control of their negative thoughts and overall mental health.

Cannabis is seen as a potential alternative to some prescription medications

When released from the military, many participants reported that they were prescribed a large number of medications to treat chronic pain and mental health concerns. As they transitioned to post-service life, several continued these medications without being offered new treatment options, particularly medical cannabis. Starting in 2008, medical cannabis was made available to Veterans (when authorized by a health-care provider) for the treatment of certain conditions.^{4,5}

In using cannabis, some participants reported that they were able to eliminate or reduce the intake of prescription medications and their long list of side-effects. Many said that prescription medications often caused them to feel dazed and impaired, gain significant weight, or prevent them from participating in social activities and family life. Cannabis, on the other hand, allowed them to feel like themselves again, lose that weight, and stop using most or all prescribed medications.

“

Being released from the military, I was prescribed a lot of meds. When I saw my civilian doctor for the first time, she wanted to take my driver's licence away — I was high as a kite from pharmaceuticals!”

— Veteran

More informed support leads to more informed choices

Many participants thought that their primary care physicians and mental health clinicians lacked the knowledge or experience to offer non-judgmental and appropriate advice on cannabis use, particularly in regard to specific dosages and strains. So, even when Veterans are authorized to use medical cannabis, adjusting or changing it is very difficult. They felt that cannabis should be aligned with practices for prescribed medications, which come with guidelines and helpful information like possible side-effects. Participants also emphasized the overall lack of access to unbiased and reliable information. They reported that most cannabis-related information circulating among Veterans and their Families was either based on anecdotal experiences or what they collected on their own.

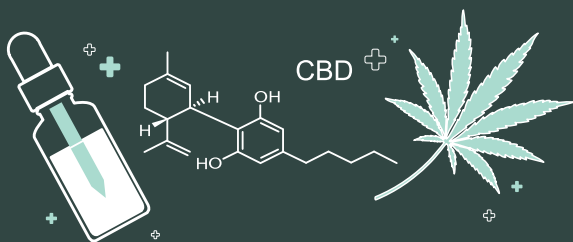
“

Most medical doctors still don't have the knowledge that is out there about cannabis. It is really the community and the users that can tell you what works and what doesn't.”

— Veteran

4 Veterans Affairs Canada. (2022). *Audit of health care benefits — Cannabis for medical purposes*.
<https://www.veterans.gc.ca/eng/about-vac/publications-reports/reports/departamental-audit-evaluation/2022-audit-cannabis-for-medical-purposes>

5 Currently serving CAF members are not eligible for reimbursement for medical cannabis under the VAC program.



What are Cannabinoids?

Cannabis is a plant that contains over 100 different chemical compounds called cannabinoids. The two most well-known **cannabinoids** are **THC** (delta-9-tetrahydrocannabinol) and **CBD** (cannabidiol).

THC is the main psychoactive component of cannabis and is responsible for the “high” feeling people may get when using cannabis. It has both harmful and therapeutic properties.

CBD is not psychoactive (so does not produce a “high”). It is more often used for therapeutic and medical treatments for pain, anxiety, and other health conditions.

Cannabis products can come in many different forms, including dried herb, oils, edibles, extracts, and creams, with different variations of THC and CBD.⁶

Guidelines are needed on dosage and strains

With a growing selection of cannabis options, finding which product, strain, and dosage can most effectively target health-related issues is difficult. Many participants reported having to use trial and error to find the right dosage and strain. They needed clearer information about the different aspects and effects of THC and CBD, as well as the ability of cannabis to treat the various health conditions Veterans experience. Not all those who used cannabis were certain about whether CBD and THC cause impairment. Some also expressed the desire to know if their tolerance to cannabis might increase with prolonged use and if there are interdependencies or adverse reactions with other substances and medications.

Stigma has an impact on treatment

While recreational cannabis use is legal in Canada, significant stigma toward those who use it remains, including in the CAF, in law enforcement, and among public safety personnel. Veterans may therefore be uncomfortable speaking to their health-care provider about cannabis use or not know where and how to access an authorization. While some participants would like confirmation on its potential to exacerbate mental health issues, all agreed that they need more information to make informed decisions.

“

When I go to my general practitioner and tell her that I use cannabis, I feel like I am betraying her. I want to have a good relationship and don’t want to keep my cannabis use a secret, but it is almost as if all doctors have agreed to not supporting it.”

— Veteran

⁶ Canadian Centre on Substance Use and Addiction. (2022). Cannabis. <https://tinyurl.com/bd4e5jaf>

Indigenous Veterans may be reluctant to participate in studies

Researching cannabis use among Indigenous Veterans presents its own challenges. One Veteran noted how important it is to be mindful about the past exploitation of Indigenous peoples through medical experiments by federal governments and health authorities, which has made them wary of participating in medical studies. Adding further to this reluctance is the ongoing and disproportionate criminalization of cannabis possession among Indigenous individuals. Another challenge is that many Indigenous communities are dry, meaning that the use of cannabis (and other substances) is prohibited. Much more nuanced research — in partnership with First Nations, Inuit, and Métis — is therefore required to better understand the complex relationship Indigenous Veterans have with cannabis use.

Coverage is not consistent and presents barriers to care

While VAC has one of the world's first programs to fund medically authorized cannabis, some Veterans felt that certain barriers made it difficult to access the program. For example, access to mental health care practitioners — which directly affects their ability to receive a diagnosis and explore potential treatment options, including medical cannabis — can be challenging. The lack of health-care professionals with the expertise and comfort level to authorize and monitor the use of medical cannabis also continues.



Knowledge needs for Veterans

- » The effects of cannabis (including various cannabinoids) and interactions with other medications
- » How cannabis and therapies (pharmaceutical, psychotherapeutic, physical) interact in the treatment of trauma
- » Cannabis forms, strains, and dosage requirements
- » Evidence-informed research (i.e., not only anecdotal experiences)
- » Unbiased and trusted information (i.e., not from interest groups or licensed providers)
- » The process of accessing medical cannabis



Research priorities for Veterans

- » The potential efficacy of cannabis for treating PTSD and trauma
- » Potential cannabis dependency and its relationship with other medications
- » The impacts of cannabis impairment
- » Changes in the body's tolerance to cannabis over time

Dialogue 2: Veteran Family members

Due to their lived and living experience with Veterans, Family members can offer unique insights on their loved ones' needs in relation to mental health and cannabis use. Participants in the second dialogue not only did so, they were also generous enough to open up about their own experience with mental health and cannabis use.



Moderators

Glynn Hines, Chair, Veteran Reference Group,
Atlas Institute

Polliann Maher, Lived Expertise Lead –
Families, Atlas Institute

Cannabis makes a difference in many areas of physical and mental wellness

During the discussion, many Veteran Family members reported a wide range of benefits after they started using cannabis for their own mental health and other related conditions. Echoing what Veteran participants had described, Family members observed its efficacy in helping them manage anxiety, PTSD, mental health concerns, and sleep disorders. They also found that introducing cannabis meant they no longer needed certain prescription medications, and that side-effects (such as weight gain) were now under control. Some participants thought that cannabis also helped Family members overcome alcohol dependency and led to improved mental and physical well-being.

As well, participants said that cannabis use facilitated greater Family involvement and engagement and did not impair the user as much as some prescription medications did. They also mentioned that edibles are a very discreet and effective form of cannabis consumption. However, travel to countries where cannabis is not yet legal presents challenges for uninterrupted treatment and requires workarounds (including less effective treatments) whenever that is required.



“

Cannabis wasn't a stigma until
we made it a stigma.”

– Family member

Cannabis use and mental health concerns can both result in stigma

Some participants acknowledged that people today are more comfortable talking about mental health concerns than cannabis use. Yet Veterans may still experience a double stigma: one for using cannabis and another for doing so in relation to their mental health. Family members may also experience such stigmatization.

Insufficient instruction is provided

Some participants reported that medical cannabis comes with few instructions, including information on methods of use (e.g., edibles, inhalation). There was a broad awareness that cannabis use had certain risks.

Family members also raised concerns about the risks of driving while using cannabis. They noted that driving can be an important aspect of a Veteran's independence but felt that there was a lack of guidance around the safe use of medical cannabis when doing so. For example, they expressed uncertainty about which conditions would allow them to safely operate a vehicle, especially given the different strains and doses of cannabis and the differences in each individual's reactions to THC and CBD. Participants also experienced different recommendations for safe cannabis use from one practitioner to the next.

“

A lot of people don't use prescribed cannabis appropriately and lack mental health resources. I personally feel that if you get cannabis prescribed, it should also involve an occupational therapist who specializes in mental health.”

— Family member

The negative impacts of cannabis use need further exploration

Family members expressed concern that the long-term links between cannabis use and mental health are not being adequately explored. Some pointed out that cannabis use may contribute to memory loss and exacerbate anxiety. They also thought the potential connection between cannabis and psychosis needed to be thoroughly studied. Some were worried that cannabis users may stop pharmaceutical treatment completely and rely solely on cannabis — despite the fact that it is not a cure-all.

“

We are quick to criticize the pharma industry, but we don't know the full range of cognitive effects. Cannabis is a potent drug, and we should not minimize it.”

— Family member

Careful considerations for cannabis consumption at home

Some Family members had concerns about cannabis use in the home, especially around children. They felt that great care must be taken, both to prevent minors from accessing cannabis and to explain to them the difference between cannabis use for medical treatment and recreation. Young teenagers in particular, who may use cannabis recreationally, may not understand this distinction.



Knowledge needs for Veteran Family members

- » The connection between cannabis use and mental health issues, including psychosis
- » Dosing and microdosing, as well as combining cannabinoids
- » Strain specificity
- » The potential negative impacts of cannabis use, including for intoxication and impaired driving
- » Methods of cannabis use
- » The effects of cannabis use on sleep patterns
- » More Family-specific education on cannabis, including information related to spouses/partners and children



Research priorities for Veteran Family members

- » Advanced testing to gain insight into different cannabis strains and determine dosage requirements
- » Biochemical research to better understand the interactions and interdependence of cannabis with other medications and substances
- » Studies that explore both short- and long-term impacts (cognitive, psychological, social, physical), risks, and side-effects of cannabis consumption
- » Research that includes different perspectives and observations from Veteran Family members

Dialogue 3: Service providers

The third session brought out insights on what service providers are hearing from the Veteran community. The important role these providers play in supporting the physical and mental health of Veterans and their Families may include helping Veterans access medical cannabis. Those in attendance mainly assisted Veterans through medical clinics and networks, which connect them with health-care providers and licensed medical cannabis suppliers.

We would like to note that, while the providers in attendance play an important role in supporting Veterans in their access to medical cannabis, the session lacked a sufficient number of health-care providers, including physicians, nurses, psychiatrists, psychologists, and psychotherapists. Many of the perspectives shared represent service providers with positive experiences of medical cannabis. It is therefore still necessary to consult further with health-care providers to better assess the knowledge needs within this population.



Moderators

Claire Bertran, Atlas Institute

Polliann Maher, Lived Expertise Lead – Families, Atlas Institute

Cannabis offers a range of benefits

Many service providers echoed what had been reported during other dialogue sessions: that cannabis has great potential for improving quality of life for Veterans and their Family members. When a Veteran suffers less, so do their loved ones. According to providers' observations, cannabis was able to help patients reduce or eliminate the use

of opioids and decrease their alcohol consumption. For some participants, cannabis also helped stabilize the moods and sleeping patterns of the Veterans they worked with. Besides these benefits, more evidence and guidelines are needed on the intoxicating effects of cannabis.



“

Cannabis opens up a positive window of communication, conversation, and connection for Veterans.”

— Service provider

Though not a cure-all, cannabis may assist with holistic health

In combination with other therapies and approaches, service providers felt that cannabis can have a great impact on Veterans’ lives and lessen their dependence on potentially harmful coping strategies. The group reported that Veterans who combined cannabis use with other therapies or treatments appeared to be doing better physically, mentally, and spiritually, especially when other wellness activities were included. Some thought that prescription medications can be helpful, but they can also numb the mind and body. With cannabis, however, Veterans can engage in community and Family life again. Other service providers reported concerns that cannabis use may reduce engagement in psychotherapy, particularly with high-potency strains or high dosages.

That said, it is important to distinguish symptom reduction and symptom resolution. Participants explained that, while cannabis helps with many health- and mental health-related challenges, some Veterans must continue using prescribed medications such as antidepressants or anti-anxiety drugs.



What is a medical release?

CAF members must maintain certain medical requirements to be sure they can meet the demands of their position. Should they sustain an injury (physical or mental) or otherwise be unable to fulfil their role, they may be assigned to a temporary medical category. If their health issue persists, they may be recommended for a permanent medical category and undergo a series of assessments. If they are deemed unable to continue their duties, they may be given the option of changing trades within the CAF; when that is not feasible, they will be medically released from the Forces.

Veterans can feel overwhelmed by a lack of structure and guidance

Service providers reported that there has been a significant uptick in cannabis use since VAC started authorizing medical cannabis in 2008 (which is consistent with VAC reports).⁷ They also expressed a need for more guidance, support, and monitoring with respect to Veterans’ use of medical cannabis, including strains, dosages, overall effectiveness, and the impacts on their mental and physical health. It was noted that, since CAF members have highly structured lives while in the military, transitioning to post-service life presents them with a number of challenges. This transition presents a particular vulnerability in connection with medical cannabis use, which Veterans are often left to navigate with little guidance, monitoring, or structure. Unlike other prescribed medications that come with exact dosages and instructions on how and when to use them, as Veterans reported, medical cannabis is often authorized with little direction. That leaves them with a process of trying to find what works best through trial and error. In these circumstances, some Veterans might be overwhelmed at having to bear the burden of finding the right form and dosage.

⁷ Veterans Affairs Canada. (2022). *Cannabis for medical purposes*.

“

Cannabis is difficult to standardize, which translates into a lack of understanding of the drug. There needs to be basic understanding about dosage, ingestion method, frequency, etc. — so people can make informed decisions.”

— Service provider

Stigma limits openness and transparency

Participants felt that cannabis education should come from a health-care professional through patient consultation and should take a Veteran’s medical history into account. However, some providers in attendance reported an ongoing stigma and lack of knowledge around cannabis among service and health-care providers. Participants added that this situation contributes to a reluctance among Veterans to disclose their cannabis use to health-care providers.



Knowledge needs for service providers

- » Guidance around dosage, treatment modality, and followup care
- » The intoxicating effects of cannabinoids, including THC and CBD
- » Addressing stigma through education about cannabis use for service providers, which may lead to more research and a better understanding of Veterans’ experience



Dialogue 4: Researchers

Researchers at the fourth dialogue were invited to share their thoughts from a variety of perspectives, including lived experience and research on cannabis, mental health, and Veteran well-being.



Moderators

Sara Rodrigues, Atlas Institute

Glynn Hines, Chair, Veteran Reference Group,
Atlas Institute

There is a growing acceptance and demand for cannabis

Some researchers acknowledged that, while perceptions about cannabis as a potential treatment for mental health conditions are slowly changing, the insufficient information about its effectiveness, potential interactions, and side-effects continues.

“

In the context of Veterans, we're looking at a unique scenario: the research into medical use of cannabis should have happened before it was authorized; instead, Veterans had to experiment and learn on the go.”

— Researcher

Better communication and education leads to more successful treatment

Researchers recognized that Veterans often hold more knowledge about cannabis use in their community than health-care providers do and found the way cannabis is authorized and monitored problematic. When Veterans are authorized to use medical cannabis, few receive guidance, monitoring, or follow up.

They also had questions about dosages and the lack of knowledge on what a proper dosage or treatment plan looks like. They felt that the scarcity of research in this area makes it difficult to develop standardized guidelines. In addition, participants emphasized the need for such foundational research and thought that the understanding of dosage and treatment modalities by referring health-care providers should be a priority. After all, proper guidelines around cannabis use may prevent potential negative impacts (which they cited), such as cannabis use disorder or an exacerbation of other mental health symptoms.



“

Veterans don't need efficacy trials; they already know what works for them. Us researchers now need to learn what works for whom, when, and in which context.”

— Researcher

Nuanced and balanced research is a must

Researchers pointed out that not enough is known about cannabis-related impairment and intoxication. Some also said that the lack of consistency in the products, which can differ depending on the supplier or batch, creates confusion among cannabis users and makes research into comparable products very difficult. For that reason, a more nuanced study of the efficacy of cannabis is needed.

Such studies should assess the varying circumstances that affect its use; for instance, types of cannabis and the methods, timing, and context involved. In addition, they need to differentiate between recreational and medical use (and their combination) and consider the risks of co-use with other medications or substances, including alcohol. In general, research that explores multiple variables is needed to better understand the interactions between cannabis use and mental health. PTSD, trauma, depression, and substance use all bring about diverse reactions when combined with cannabis.

Research must take into account Indigenous contexts

One of the participants, an Indigenous researcher and Veteran, stressed the importance of studying cannabis in the cultural context of Indigenous domains of well-being when exploring its possible benefits for holistic and medicinal qualities. Considerations such as trauma from residential schools and the criminal justice system must be taken into account when examining its potential to treat mental health conditions among Indigenous Veteran populations.

Research should also adopt a distinctions-based approach, while recognizing that Indigenous Veterans are not a homogeneous group. There is great cultural diversity among First Nations, Inuit, and Métis, including distinct cultural practices, world views, and languages.

Canadian perspectives in research are required

Participants pointed out that most studies relating to Veterans and cannabis use have been conducted in the United States, which has led to a significant knowledge gap in the perspectives and experiences of Canadian Veterans. Canada also lacks the regular grants and special calls that could support comprehensive cannabis research.

Research faces institutional, structural, and regulatory obstacles

The group acknowledged that current research is mainly focused on THC and does not necessarily consider other cannabinoids. Some participants said that current research emphasizes adverse side-effects and the potential for cannabis dependence rather than potential benefits. Even though adult cannabis use is legal, participants described a number of hard and soft barriers that still make research into it very challenging.

Hard barriers consist of institutional, structural, and regulatory obstacles. These include delays in obtaining government approvals for clinical trials as well as institutional rules, regulations, and ethics protocols that can lead to delays in the research process. Soft barriers involve stigma and publication bias. Some participants felt that qualitative research and studies exploring the potential positive impacts of cannabis may not get the same level of funding, acceptance, or publication as others.

“

When designing studies, do not add Veterans for tokenism. Veterans are a great source of information; they need to play an active role in the design of the study and participate in it.”

— Researcher

How does qualitative research differ from a randomized control trial?

Qualitative research looks at the “why” of something from a human perspective. It’s exploratory and seeks to understand the perspectives and experiences of participants by gathering data through different techniques, such as interviews, focus groups, and the observation of participants.⁸

In a randomized control trial (RCT), participants are randomly assigned to one of two groups, which either receives the “intervention” (e.g., a type of medication or therapy) or does not (the “control group”). The results from both groups are then studied and compared to each other.⁹

Keep Veterans involved in the research process

Discussing their recruitment experiences, researchers mentioned that achieving a heterogeneous representation of Veterans can be difficult. They also pointed out how important it is to earn and keep Veterans’ trust, given that some may have had issues with past research. Depending on the way research is worded and presented, what the participation entails, and how a study could benefit the Veteran community, they may refuse to participate. It is therefore important to obtain Veterans’ clear and informed consent and be sure they truly understand a study’s potential benefits, its parameters of confidentiality, and the possible risks and benefits it has for them. In short, they thought that Veterans must see the potential value of research if those conducting studies expect them to contribute and participate. Once recruited, researchers should be aware that keeping participants engaged and committed throughout the process requires significant resources. A focus on participatory action research may also help to engage more Veterans.

“

There are close to 18,000 cannabis users funded by Veterans Affairs Canada¹⁰ but there are relatively few Veterans participating in research studies.”

— Researcher

8 McGill Qualitative Health Research Group. (2022). *Qualitative or quantitative research?*

<https://www.mcgill.ca/mqhrhg/resources/what-difference-between-qualitative-and-quantitative-research>

9 Canadian Institutes of Health Research. (2020). *RCT evaluation criteria and headings*. <https://cihr-irsc.gc.ca/e/39187.html>

10 Veterans Affairs Canada. (2022). *Cannabis for medical purposes*.

Considerations for research involving Indigenous Veterans

While none of the four dialogue sessions had diverse Indigenous Veteran perspectives, one Indigenous Veteran researcher highlighted some key considerations. When conducting research, it is important to be aware that Indigenous Veterans are not a homogeneous group. Also important are the unique aspects of First Nations, Inuit, and Métis Veterans, as well as Veterans from rural, remote, and northern communities. Below is a summary of the key considerations that researchers shared.

Research must incorporate traditional Indigenous knowledge

One view that participants shared was that much of the cannabis research with Indigenous communities has focused on potential business opportunities and issues of substance use rather than on potential therapeutic benefits. They also thought that researchers should try to include the perspectives of traditional medicine and knowledge keepers.

Geography presents barriers

Canada's vastness may be a factor in limiting research in several aspects. For instance, both access to cannabis and travel to and from remote communities can create significant barriers to participation by Indigenous Veterans and their Families. Indigenous Veterans in these communities may also lack access to VAC's online offerings and not be aware of the benefits they are eligible for.

Indigenous perspectives are essential

Generally speaking, for Indigenous people to accept research projects and their results depends on the approach being taken and whether their communities are being meaningfully engaged and will benefit from the process. Research within Indigenous communities should be

done through partnership, and if a community wishes to end a project, researchers are ethically obliged to respect that decision, even if agreements were made or doing so means delaying or ending it. Relationship building, communication, transparency, and respect are essential to conducting research with Indigenous communities.





Knowledge needs for researchers

- » Symptom relief and the risks and harms associated with recreational and medical cannabis use
- » The relationship and risks between cannabis and alcohol use
- » Nuanced efficacy (for whom, when, and in what context)
- » The diversity of interactions between cannabis types or strains and PTSD, depression, trauma, and substance use



Priorities for researchers

- » Varied research designs that explore the relationship between cannabis use and mental health
- » Veteran engagement in the research process
- » The efficacy and safety of cannabis to treat mental health conditions, PTSD, sleep disorders, and chronic pain
- » An analysis of dosage and patterns of use
- » An exploration of all potential benefits and harms
- » Cannabis use and impairment
- » How cannabis tolerance changes over time and the implication of these changes
- » More in-depth exploration of the relationship between cannabis use and psychosis
- » More diverse representation, including Indigenous Veterans
- » More research modalities, including participatory and qualitative studies

Equity and diversity considerations

Throughout the sessions, participants discussed a number of challenges with diversity, equity, and inclusion in policy, research, and health care related to cannabis use, while emphasizing that certain groups have been systematically left out of research studies.

The representation of a wide range of groups and identities, including women, francophone, Indigenous, racialized, 2SLGBTQ+, ACB, and RCMP Veterans is critical, including more guidance for researchers on how to include them. For example, if studies do not use a sex- and gender-based lens, the research lacks important nuances and does not represent Canada's Veteran population. Even less research exists for the Veteran and Veteran Family population, which is itself vast and diverse.

We recognize and emphasize that this early scoping project lacks important perspectives. To truly understand the scope of knowledge needs and research priorities across Veteran and Veteran Families, further consultations are required.

WHAT'S NEXT

Once again, we'd like to thank all participants for their time, courage, and vulnerability and their input and ideas, including those who expressed interest but were unable to join our sessions.

We hope the lived and living experience that Veterans, Veteran Families, service providers, and researchers shared will help bridge the knowledge gaps that remain and determine where to invest in new research to create targeted tools and resources centred on Veteran and Veteran Family needs. Participants found the following four considerations essential for addressing research and knowledge gaps:

1. Based on current experiences of the Veteran and Veteran Family community, cannabis has great potential to replace or reduce some prescription medications for the treatment of mental health problems and illnesses, but more research should be undertaken to verify this.

To address the lack of evidence-informed information and resources available for Veterans and Veteran Family members, new research needs to be unbiased and objective and include a variety of research methods, including clinical trials and participatory research that meaningfully engages Veterans and Veteran Families.

2. Health-care professionals need more education and knowledge to adequately advise and support Veterans.

To address the knowledge gap among practitioners (and among Veterans and Veteran Family members), guidelines on dosage and strain specificity, efficacy, interdependence, and safety need to be developed. In addition, the long-term effects of both the adverse side-effects and positive mental health impacts of cannabis use need to be thoroughly studied.

3. Research must reflect the complexity and diversity of the Veteran and Veteran Family community.

Research needs to reflect the diversity of the Veteran community and encompass a broader range of perspectives and backgrounds from Veteran Family members.

4. More research support will lead to better research.

Cannabis and mental health research needs greater support structures and financial backing that is independent from cannabis industry and interest groups.

While this Virtual Dialogue Series helped illuminate some priorities, much work is still needed. We urge governments, policy makers, and funding agencies to note the priorities in this report. We also hope that what was generously shared with us will inspire more research on cannabis and its relationship to mental health — not only for individuals but for the broader Veteran and Veteran Family community.

The MHCC and the Atlas Institute are committed to sharing the latest evidence on cannabis and mental health. In partnership with VAC, the MHCC is supporting a number of [research projects](#) in this area, including six focused on the Veteran population. The Atlas Institute will continue to engage Veterans and Veteran Family members and is looking forward to creating and sharing knowledge products that help address the needs expressed by this community.

APPENDIX

Virtual Dialogue Session agendas and questions

DIALOGUE 1: VETERANS (inclusive of former RCMP)

WEDNESDAY, MAY 18, 2022, 2:00-3:30 P.M. ET

Objectives

1. Identify research priorities and knowledge needs through an equitable lens in the areas of mental health and cannabis use within Veteran communities, including recommendations on how they could be addressed.
2. Identify knowledge needs around cannabis and mental health, including potential strategies to address these needs within the Veteran and Veteran Family population.

TIME	ACTIVITY	LEAD
2:00-2:05	Welcome from the MHCC/ the Atlas Institute	Fardous Hosseiny, President and CEO at the Atlas Institute for Veterans and Families Michel Rodrigue, President and CEO of the Mental Health Commission of Canada
2:05-2:10	Session Overview	Moderated by Glynne Hines and Baltej S. Dhillon
2:10-3:20	Facilitated Discussion	Moderated by Glynne Hines and Baltej S. Dhillon
3:20-3:25	Closing Remarks and Next Steps	Moderated by Glynne Hines and Baltej S. Dhillon

Questions

Experience

- **What has been your experience with cannabis and mental health?**
 - » Positive or negative aspects of cannabis use
 - » Impact of cannabis on mental health
- **What reasons do you use or not use cannabis?**
 - » Recreational use, therapeutic use, medical use
 - » As a treatment vs. symptom management

Knowledge

- **What do you know about using cannabis in relation to mental health and how did you access this information?**
- **Where do you go for reliable information about cannabis and mental health?**
- **What did you wish you knew about cannabis and mental health?**

Stigma

- **Do you feel comfortable talking about cannabis and mental health with others? Why or why not?**
- **What barriers, if any, exist to you being able to rely on cannabis as a treatment (policy, access, education, supply, quality, quantity, etc.)?**

Concerns

- **Do you have any concerns about cannabis as it relates to mental health?**

DIALOGUE 2: VETERAN FAMILY MEMBERS

TUESDAY, MAY 31, 2022, 2:00-3:30 P.M. ET

Objectives

1. Identify research priorities and knowledge needs through an equitable lens in the areas of mental health and cannabis use within Veteran communities, including recommendations on how they could be addressed.
2. Identify knowledge needs around cannabis and mental health, including potential strategies to address these needs within the Veteran and Veteran Family population.

TIME	ACTIVITY	LEAD
2:00-2:05	Welcome from the MHCC/ the Atlas Institute	Fardous Hosseiny, President and CEO at the Atlas Institute for Veterans and Families Michel Rodrigue, President and CEO of the Mental Health Commission of Canada
2:05-2:10	Session Overview	Moderated by Polliann Maher and Glynne Hines
2:10-3:20	Facilitated Discussion	Moderated by Polliann Maher and Glynne Hines
3:20-3:25	Closing Remarks and Next Steps	Moderated by Polliann Maher and Glynne Hines

Questions

Experience

- What has your experience been with respect to your family member's use of cannabis in relation to their mental health?

Knowledge

- What is your understanding of the connection between cannabis and mental health and how did you access this information?
- What did you wish you knew?

Stigma

- Do you feel comfortable talking about cannabis and mental health with your loved one or others? Why or why not?

Concerns

- What concerns do you have about cannabis use?

DIALOGUE 3: SERVICE PROVIDERS

WEDNESDAY, JUNE 8, 2022, 2:00-3:30 P.M. ET

Objectives

1. Identify research priorities and knowledge needs through an equitable lens in the areas of mental health and cannabis use within Veteran communities, including recommendations on how they could be addressed.
2. Identify knowledge needs around cannabis and mental health, including potential strategies to address these needs within the Veteran and Veteran Family population.

TIME	ACTIVITY	LEAD
2:00-2:05	Welcome from the MHCC/ the Atlas Institute	Fardous Hosseiny, President and CEO at the Atlas Institute for Veterans and Families Michel Rodrigue, President and CEO of the Mental Health Commission of Canada
2:05-2:10	Session Overview	Moderated by Polliann Maher and Claire Bertran
2:10-3:20	Facilitated Discussion	Moderated by Polliann Maher and Claire Bertran
3:20-3:25	Closing Remarks and Next Steps	Moderated by Polliann Maher and Claire Bertran

Questions

Experience

- What are you seeing/hearing from your clients' experience around cannabis and mental health?
- From your perspective, what have the impacts of cannabis been on your client's mental health?

Knowledge

- What is your understanding of the connection between cannabis and mental health?
- Where do you access reliable information about cannabis and mental health?
- What did you wish you knew? What research do you think is lacking in this area?

Stigma

- Is cannabis a topic you feel comfortable talking about with your clients? Why or why not?
- What barriers do you perceive in accessing information about cannabis and/or information or services related to medical cannabis?

Concerns

- What concerns do you have about cannabis use as it relates to mental health?

DIALOGUE 4: RESEARCHERS

TUESDAY, JUNE 14, 2022, 2:00-3:30 P.M. ET

Objectives

1. Identify research priorities and knowledge needs through an equitable lens in the areas of mental health and cannabis use within Veteran communities, including recommendations on how they could be addressed.
2. Identify knowledge needs around cannabis and mental health, including potential strategies to address these needs within the Veteran and Veteran Family population.

TIME	ACTIVITY	LEAD
2:00-2:05	Welcome from the MHCC/ the Atlas Institute	Fardous Hosseiny, President and CEO at the Atlas Institute for Veterans and Families Michel Rodrigue, President and CEO of the Mental Health Commission of Canada
2:05-2:10	Session Overview	Moderated by Glynne Hines and Sara Rodrigues
2:10-3:20	Facilitated Discussion	Moderated by Glynne Hines and Sara Rodrigues
3:20-3:25	Closing Remarks and Next Steps	Moderated by Glynne Hines and Sara Rodrigues

Questions

Experience

We'd like to explore your experience researching cannabis use and mental health in the Veteran community:

- **Can you share the objectives of one cannabis and Veteran mental health study you currently have underway (or recently completed)? What were the objectives and some of the key findings?**
- **What is your perception of the state of cannabis and mental health research in Canada?**
- **Do you perceive any disparities between what is in the academic literature and what the community knows about cannabis?**

Barriers/challenges

We'd like to explore barriers or challenges to research in mental health and cannabis (e.g. barriers related to regulations, ethics, supply, funding, study design, methodology and recruitment):

- **Have you faced any barriers in conducting your research?**
 - » Does studying cannabis use and mental health present any unique challenges compared to research in other mental health treatments or other mental health research?
 - » Does recruitment differ (more challenging? Smaller pool to draw from?)
 - » What might help encourage participation? (education products?)
 - » What would be the biggest hurdle to overcome when undertaking research on cannabis and mental health in the Veteran population?
 - » How do funding agencies respond to applications to conduct cannabis-related research?

- **Do you involve people with lived experience in your research? How?**

- » What are the perceived impacts of engaging lived experience in research? (i.e., community-based research, participatory action research)
- » What are some barriers for engaging people with lived experience?
- » What do you think would help facilitate Veteran/Veteran Family engagement in research?

Knowledge

We'd like to explore what questions remain unanswered about cannabis, mental health and Canadian Veterans and/or Veteran Families:

- **What are some of the priority areas for cannabis and mental health research?**
- **Where do you see cannabis use and mental health research going in the next 5-10 years?**
- **What are your perspectives on the ways to conduct cannabis research in real world settings or to better capture the real world experiences?**
- **What do researchers interested in researching cannabis and mental health in the Veteran population need to know about Veterans?**
- **What are some of the equity and diversity considerations that must be considered when researching cannabis use and mental health in Veterans and Veteran Families?**