MEDICAL CANNABIS IN VETERANS' CARE: CLINICAL INSIGHTS AND IMPLICATIONS OF PROPOSED REIMBURSEMENT CHANGES

Purpose: To provide Veterans Affairs Canada ("VAC") and other relevant stakeholders an informed perspective grounded on frontline clinical expertise and real-world evidence regarding the potential impact of the proposed reimbursement changes [for medical cannabis use in veteran populations] on patient safety, continuity of care, and other unintended healthcare consequences.

Context: Medical cannabis is a clinically authorized therapy utilized by about 29,000 Canadian veterans as part of integrated treatment plans for PTSD, chronic pain, sleep disorders, anxiety, depression, traumatic brain injury, and related conditions. Current utilization patterns, clinical oversight, and product selection differ substantially from adult-use cannabis markets. A series of roundtable discussions were conducted during December 2025 with fifteen Canadian healthcare professionals from different medical institutions and specialities. These roundtables focused on the potential impacts of reducing medical cannabis coverage on patient care and outcomes.

Key Insights: Healthcare providers reported that the proposed changes could unintentionally disrupt stable treatment plans, undermine physician-directed care, increase inhalation use, and increase the risk of downstream harms including relapse to opioids, alcohol and/or other illicit substances and sources.

What This Document Provides:

- Frontline clinical perspectives from physicians, nurse practitioners, pharmacists, and educators
- Analysis of how the proposed changes can affect real-world medical use
- Identification of foreseeable patient and health care system-level risks
- Constructive policy considerations to support fiscally responsible, medically appropriate care

Intended Audience:

Veterans Affairs Canada leadership, policy makers, and advisors involved in medical cannabis reimbursement and veteran health policy.

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1. EXECUTIVE SUMMARY

The Federal Government 2025 budget included proposed changes to the medical cannabis reimbursement framework that would substantially alter how authorized products are reimbursed for veterans. The proposed approach applies a uniform price benchmark derived from the adult-use cannabis market to medically authorized products, without accounting for differences in clinical use, product formulation, delivery format, patient support or the infrastructure required to support medical care.

Clinicians and patient support teams consistently confirmed that medical cannabis plays a critical role in veterans' treatment plans, particularly for conditions such as PTSD, chronic pain, sleep disorders, anxiety, depression, traumatic brain injury, and acute pain. Veterans were described as commonly experiencing a range of symptoms, including pain, hyperarousal, insomnia, irritability, sleep disruption, and anxiety, all of which can co-occur and reinforce one another. Medical cannabis is seen as part of a broader, integrated care model that includes psychotherapy, physiotherapy, pharmacologic treatment, education, and ongoing clinical monitoring. Stable access to appropriate product formats allows veterans to engage more effectively in therapy, reduce reliance on opioids, sedatives, and alcohol, and improve overall quality of life and family functioning.

Healthcare providers reported that the proposed changes would materially reduce effective coverage including reduced patient support and access to non-inhaled medical cannabis products, including oral or topical products with CBD-predominant formulations. These formats represent majority of medical cannabis formats used among veterans and are clinically preferred due to safety, dosing precision, and alignment with medical standards of care. Applying adult-use pricing benchmarks uniformly across medical products creates an unintended incentive toward inhaled dried flower, which currently only accounts for only 30–35 percent of medical cannabis use among veterans. When compared with over 60 percent in adult-use markets, this push toward combustible formats risks undermining physician-directed care by increasing reliance on higher-risk routes of administration. Participants also expressed significant concern that reduced access to non-inhaled medical cannabis would lead to predictable downstream consequences, including increased inhalation, resurgence of opioid or alcohol use, disengagement from care, sourcing from unregulated markets, and erosion of trust in VAC. These outcomes would likely shift costs rather than reduce them, increasing downstream healthcare utilization and harm.

Clinicians emphasized that medically appropriate cannabis use differs fundamentally from adult-use consumption. Non-inhaled formats that allow predictable dosing, milligram-based titration, and sustained symptom control were considered essential, particularly for older veterans and for those with respiratory, cardiovascular, or mental health comorbidities. Product selection and diversity were consistently framed as matters of clinical necessity rather than consumer preference, enabling safe titration, management of fluctuating symptoms, and long-term treatment stability. Medical cannabis platforms were described as playing a key role in maintaining continuity of care, absorbing administrative burdens, providing patient support and reinforcing the legitimacy of treatment.

The roundtable participants strongly agreed that medical cannabis should not be evaluated or reimbursed using adult-use market assumptions. Medical cannabis involves physician authorization, individualized dosing

and titration, clinical follow up, pharmacist and educator support, secure dispensing infrastructure, and privacy and safety obligations that do not exist in the adult-use system. Participants expressed significant concern that proposed changes to the VAC reimbursement framework may inadvertently disrupt this stability.

Finally, clinicians highlighted the importance of trust, continuity of care, and psychological safety as critical determinants of outcomes in the veteran population. Veterans were described as particularly sensitive to perceived instability or withdrawal of institutional support. Participants reported that uncertainty regarding coverage alone can trigger anxiety, sleep deterioration, and symptom escalation, even before any changes are implemented.

To mitigate foreseeable clinical and system-level risks while supporting fiscal responsibility, participating clinicians recommended that Veterans Affairs Canada consider the following actions:

1. **Pause implementation of the proposed reimbursement changes,** to allow for a structured clinical consultation and impact assessment period
2. **Adopt stratified reimbursement benchmarks by product category**, rather than a single adult-use price cap, to reflect differences in product complexity, safety profile, and clinical use
3. **Protect access to non-inhaled medical cannabis formats**, which function as the foundation of medically appropriate care for veterans and harm reduction
4. **Collaboratively develop clinical guardrails for higher authorization levels**, aligning reimbursement policy with evidence-based practice and real-world care delivery

These measures were viewed as pragmatic, clinically aligned options that would preserve continuity of care, reduce unintended harm, and uphold VAC's commitment to supporting the health and wellbeing of veterans.

2. BACKGROUND AND POLICY CONTEXT

Medical cannabis plays an important and established role in the care of Canadian veterans with clinical oversight and reimbursement controls. According to the most recent data from Veterans Affairs Canada, approximately 27,600 veterans received reimbursement for medical cannabis in 2024–2025, with early figures for 2025–2026 indicating more than 29,000 veterans accessing the program to date. This steady increase over recent years reflects sustained clinical demand among veterans living with chronic pain, post-traumatic stress disorder related symptoms, sleep disturbances, and complex comorbid conditions, many of whom have not achieved adequate relief with conventional therapies alone. For this population, medical cannabis is a core component of symptom management, functional stability, and harm reduction, underscoring the importance of maintaining access to medically supervised, evidence-informed cannabis care within the veterans' health system.

2.1. Current Reimbursement Model

In Canada, eligible veterans may receive reimbursement for medical cannabis through Veterans Affairs Canada when authorized by a physician or nurse practitioner as part of a veteran's treatment plan. Coverage is based on a daily quantity expressed in grams of dried cannabis or its equivalent, with reimbursement typically capped at 3 grams per day, extendable to 5 grams per day with additional clinical justification and higher amounts requiring specialist support. Reimbursement is provided at a maximum rate of $8.50 per gram, applied uniformly across all product formats, including dried flower and non-inhaled products such as oils, capsules, sprays, edibles, and topicals. Non-inhaled products are reimbursed using a dried cannabis equivalency model, whereby the product cost is converted into gram deductions from a veteran's authorized limit, often resulting in higher gram utilization for medically preferred formats. Claims administration is managed through Medavie Blue Cross, with licensed producers and medical platforms responsible for dispensing, compliance, and patient support services.

2.2. Summary of Proposed Changes Prompting Review

Veterans Affairs Canada has proposed changes to the medical cannabis reimbursement framework that would reduce the maximum reimbursable rate from $8.50 per gram to $6.00 per gram, aligning reimbursement with average adult-use dried cannabis pricing. While the daily gram authorization limits would remain unchanged, the revised price cap would apply uniformly across all product formats and continue to rely on dried cannabis equivalency conversions. As a result, veterans using non-inhaled medical formats are likely to experience a disproportionate reduction in covered access, as these products would consume a larger share of authorized grams or require additional out of pocket costs. Stakeholders have raised concerns that the proposed changes do not differentiate between medical and adult-use cannabis, may unintentionally incentivize inhaled products over clinician preferred non-inhaled formats, and could disrupt continuity of care for veterans who rely on stable, titrated medical cannabis regimens.

2.3. Veteran Healthcare Provider Roundtables

The Veteran Healthcare Provider Roundtables were convened to identify key clinical knowledge gaps, assess the real-world impact of proposed changes to Veterans Affairs Canada medical cannabis reimbursement, and help inform future research, policy, and consultation priorities. The sessions were designed to capture front-line clinical perspectives on how medical cannabis is currently used in veteran care and how changes to coverage may affect treatment continuity, clinical decision-making, and patient outcomes.

Each roundtable was facilitated by an experienced moderator with expertise in veteran health, clinical practice, and medical cannabis care. Facilitators introduced participants to the scope of the initiative, the policy context surrounding proposed reimbursement changes, and the guiding questions for discussion. The dialogue format encouraged open, evidence-informed discussion and provided healthcare providers with the opportunity to share clinical experiences, patient-reported outcomes, and concerns related to access, stigma, and system-level impacts.

Participants included physicians, psychiatrists, pain specialists, nurse practitioners, pharmacists, and other clinicians actively involved in veteran care across Canada. While efforts were made to include diverse clinical disciplines and geographic representation, the perspectives captured do not reflect the full diversity of all healthcare providers, veterans, or care settings. Notably, the discussions primarily reflect the experiences of clinicians who currently prescribe or support medical cannabis therapy and therefore may not fully represent viewpoints of providers who do not use cannabis in their practice. Additional limitations include English-only sessions, a predominance of clinicians working with Canadian Armed Forces veterans rather than RCMP populations, and limited representation from certain regions and practice models.

Given the number of sessions and participants, the findings should be interpreted as exploratory and directional rather than comprehensive or definitive. The insights shared highlight the complexity of medical cannabis care in veteran populations and underscore the need for broader, inclusive consultation and further research to fully understand clinical, economic, and system-level implications.

3. OUTCOMES AND IMPLICATIONS OF PROPOSED POLICY CHANGE

The healthcare provider roundtable discussions identified several opportunities for the design, implementation, and evaluation of policies related to medical cannabis access for veterans. These considerations reflected a consistent frontline HCP experience across multiple disciplines and highlighted areas where the policy decisions may produce unintended downstream consequences if real-world clinical practice is not fully accounted for in the current policy decision.

a. Medical Cannabis Functions as an Integrated Component of Ongoing Care for Veterans

For many veterans who have complex clinical presentations, medical cannabis is not a short-term or discretionary intervention and instead, an integrated component of long-term care. Policy frameworks that alter access or reimbursement should consider the potential impact on clinical stability, continuity of treatment, and sustained patient engagement, particularly for veterans who have achieved symptom stabilization over time.

b. Veteran Care Commonly Involves Management of Multi-Morbidity and Overlapping Symptom Clusters

Veterans commonly present co-occurring PTSD, chronic pain, sleep disturbance, anxiety, and depression disorders. Medical cannabis has been used in veterans who have undergone years of polypharmacy with little success. Access to medical cannabis is vital to their quality of life and alterations to access to their current products could have tremendous impact.

c. Product Format and Consistency Are Central to Clinical Appropriateness and Safety

Clinicians emphasized that non-inhaled products are foundational to medically appropriate cannabis use. Policy coverage decisions would inadvertently favour inhaled formats due to lower cost of production and may conflict with clinical best practices, particularly for older veterans and those with respiratory, cardiovascular, or mental health comorbidities. Oral formulations generally allow for better dose accuracy, consistency and ability to titrate while inhaled products do not.

d. Product Diversity Supports Clinical Flexibility and Treatment Stability

Access to a range of product formats and cannabinoid profiles enables clinicians to tailor treatment plans, manage symptom variability, and maintain long-term stability. Policies that constrain coverage to a narrow subset of lower-cost products may limit clinical flexibility, increase the likelihood of force substitutions, and risk destabilizing previously effective treatment regimens. Given that such products are often priced higher than inhaled products the proposed policy could result in limited product diversity and implications such as titration gaps, substitution, or contributing to destabilization of patient care.

e. Medical Cannabis Plays a Significant Role in Harm Reduction and Medication Optimization

Clinicians reported that medical cannabis often leads to lower use of alternative substances with higher risk of abuse and long-term damage and that medical cannabis can lead to a reduction in polypharmacy, including lower reliance on opioids, and sedatives, antipsychotics used off label for sleep. Policymakers

should consider how the proposed changes to medical cannabis access could affect higher use of other medication and other costs through healthcare utilization.

f. Continuity of Care and Psychological Safety are Key Factors to Veteran Care

Veterans were described to be particularly sensitive to perceived instability or withdrawal of support. Policymakers should consider the psychological and emotional impact of uncertainty, abrupt changes, or forced transitions, including potential effects on symptom stability, trust in care systems, and engagement with healthcare providers.

g. Access Restrictions May Lead to Displacement Rather than Cessation

Clinicians consistently indicated that reduced access to regulated medical cannabis is likely to result in displacement toward adult-use or illicit markets, rather than elimination of use. This shift may increase exposure to higher-risk products and reduce clinical oversight, with implications for public health and patient safety.

h. Reimbursement Models Should Reflect Medical Delivery Models

Benchmarking medical cannabis reimbursement to adult-use flower pricing was widely viewed as misaligned with standard of care. Recommendations were given to consider stratified reimbursement approaches that reflect differences in product formulation, quality standards, clinical oversight, and infrastructure requirements.

i. Medical Cannabis Platforms and their Patient Support is Integral to Safe and Effective Delivery of Medical Cannabis

Medical cannabis platforms were described as essential infrastructure that supports administration, continuity, patient education, privacy protection, and insurer coordination. Policymakers may wish to consider the cost of meeting standards to run a medical platform to maintaining stability and mitigating risk when evaluating system-level changes.

METHODOLOGY

3.1. Objectives of the Roundtable

A series of structured healthcare provider roundtable discussions were convened to examine the clinical role of medical cannabis in veteran care and to assess the anticipated impacts of proposed changes to the Veterans Affairs Canada reimbursement framework. These discussions were designed to capture real-world clinical experience from healthcare professionals actively caring for veterans within regulated medical cannabis programs.

The primary objective of the roundtables was to understand how medical cannabis is currently integrated into veteran treatment plans, how reimbursement structures influence clinical decision-making, and what downstream clinical, behavioural, and system-level consequences may arise if access is disrupted. The sessions were intentionally clinician-focused, allowing participants to speak candidly about patient outcomes, risks, and practical challenges observed in practice.

The roundtables also sought to identify areas of alignment across specialties, clarify the unintended consequences of policy changes, and inform the development of evidence-based resources and advocacy efforts aimed at protecting continuity of care for veterans.

Each session followed a consistent agenda and discussion framework to ensure comparability across meetings, while allowing flexibility for clinicians to raise additional issues based on their professional judgment and patient experience. The discussions demonstrated a high degree of thematic convergence across specialities, practice settings, and sessions. Clinicians from psychiatry, pain medicine, family practice, nursing, and integrative care independently described consistent clinical experiences, concerns, and observed patient outcomes. This convergence was interpreted as strengthening the credibility of the findings, as developed themes were repeated across disciplines rather than reflecting isolated perspectives.

3.2. Methods and Discussion Framework

A total of four roundtables including 15 healthcare providers were conducted with up to 5 healthcare providers in attendance based on availability.

Each roundtable began with the following:

- A facilitator-led welcome and overview of meeting objectives and agenda
- Clarification of participant roles and expectations
- Participant introductions to establish clinical context and areas of expertise
- A brief overview of the proposed changes to the VAC-funded medical cannabis program and the rationale for convening the discussion

3.3. Questions Posed to Healthcare Providers

a) Role of medical cannabis in veteran care
    i. The role medical cannabis plays in their patients' lives
    ii. The health-related reasons veterans typically consider medical cannabis
    iii. Common and unique outcomes reported by patients
    iv. How medical cannabis fits within broader treatment plans

b) Product Use and Planning
    i. The types of medical cannabis products their veteran patients typically use
    ii. How product selection is guided by clinical needs
    iii. How the current VAC reimbursement structure influences treatment planning

c) Anticipated Impact of Proposed Reimbursement Changes
    i. How the proposed changes are expected to impact veteran patients
    ii. How changes may influence treatment decisions, including product selection, discontinuation of therapy, or sourcing non-medical alternatives
    iii. Anticipated effects on the use of other medications
    iv. Questions, concerns, and reactions expressed by patients

d) Broader Healthcare Utilization and System Impact
    i. How medical cannabis use impacts healthcare utilization, including emergency department visits and prescription medication use
    ii. Which medications may be most affected by changes in access
e) Impact on Clinical Practice and Provider Decision Making
    i. How the proposed changes would affect their ability to care for veterans
    ii. Feedback and concerns raised by professional colleagues
    iii. How clinicians would manage patients who lose access to medical cannabis products that have been clinically effective

3.4. Approach to Theme Identification

Transcripts from the recordings were used to identify common themes by capturing recurring concepts, areas of convergence and divergence across the round tables. In addition, extracts of key quotes were incorporated into the findings. The themes presented in the following sections reflect areas of consistent clinical experience and concern identified across all roundtable discussions. Quotes are anonymized and attributed by clinical role to preserve confidentiality while maintaining transparency and credibility. Where synthesis language is used, it reflects convergence across multiple discussions rather than isolated viewpoints

4. COMMON THEMES

4.1. Medical Cannabis is Functioning as a Stabilizing Therapy

Across psychiatry, pain management, family medicine, and integrative care, clinicians repeatedly emphasized that medical cannabis is not being used episodically or casually. Instead, it was described as a 'core stabilizing therapy' that allows veterans to regain emotional regulation, sleep continuity, pain control, and overall functioning. Clinicians repeatedly noted that integration of medical cannabis into treatment plans was considered after patients tried various other medication options which had limited efficacy and or intolerable side-effects.

Clinicians emphasized that medical cannabis is not a rescue therapy used only at the end of treatment but is instead filling a therapeutic gap that other medications failed to address, particularly across pain, anxiety, sleep, and PTSD symptoms. Clinicians noted that once a patient achieves baseline stabilization with medical cannabis, they tend to better respond to psychotherapy and improve relationships with their families and communities.

Importantly, clinicians emphasized that patient use patterns were highly repeatable and consistent over time. This consistency was interpreted as further evidence of the therapeutic benefit of medical cannabis care in contrast to spontaneous or adult- use.

Key observations included:

- Reduction in baseline hyperarousal, irritability, and emotional dysregulation
- Improved ability to engage to psychotherapy, family relationships, and community life
- Sustained benefit over years with consistent product use and minimal dose escalation

"*I would have told everybody five years ago do not use this, that is what we were taught. What changed my mind was following patients over time. They are more regulated, they can sit in therapy, their anger is reduced, their quality of life is better. This is not people getting high, this is people getting stable.*" – Psychiatrist

"I do not know exactly how it is working, but the proof is right in front of us. The patients are communicating better with their families, their distress level is lower, and they are functioning again." – Psychiatrist

"I see patients who could not tolerate SSRIs, antipsychotics, or sleeping pills. With medical cannabis they are calmer, more present, better parents, better partners. Their spouses tell me, do whatever you want, just do not take this away." – Family Physician

"*Cannabis is allowing people to get off opioids or reduce them significantly. It is not replacing everything, but it stabilizes pain enough that they can function without escalating other medications.*" – Pain expert

Clinicians also emphasized that many veterans had undergone extensive medication trials during their service before considering and initiating medical cannabis treatment though, medical cannabis was often the first

intervention that provided long term benefits and stability.

Clinicians further emphasized that veterans using medical cannabis were not seeking intoxication, and were intentional, cautious, and often still reluctant or embarrassed to use medical cannabis. Continued use and product selection was attributed to sustained benefit and improved quality of life rather than preference or convenience.

4.2. PTSD Rarely Exists in Isolation, Cannabis Addresses Symptom Clusters

A dominant theme across all the sessions was the understanding that veterans suffer from multimorbidity most commonly involving overlapping PTSD, chronic pain, sleep disturbance, anxiety, and depression. Clinicians emphasized that cannabis is important as it acts across multiple symptom domains simultaneously, rather than targeting a single symptom in isolation. This multi-pathway effect of cannabinoids was repeatedly contrasted with SSRIs, antipsychotics, and opioids, which often addressed one symptom while worsening others.

Benefits frequently cited included

- Reduction in nightmares and fragmented sleep
- Decreased pain related hypervigilance and somatic tension
- Anxiety driven irritability and anger dysregulation
- Secondary benefits such as reduced alcohol and substance reliance

Clinicians stated that they "rarely see PTSD on its own, and that pain, anxiety, sleep disturbance, irritability, all layered together. Cannabis helps because it does not just target one symptom, and regulating the endocannabinoid system can stabilize the entire system." Additionally, they described PTSD, pain, sleep disturbance, and anxiety as a self-reinforcing cycle, where worsening one domain exacerbates the others.

"*Let's face it, a lot of the people with PTSD also have chronic pain. They go together.*" – Physician

"*Pain drives hypervigilance, and hypervigilance drives pain.*" - Pain Clinician

"*When pain settles, their PTSD symptoms settle too.*" - Pain Clinician

Clinicians described quality of life and functional improvements that reflected stabilization across symptom domains rather than improvement in a single outcome.

"*People say, I can now go to Costco on a Saturday and not lose my mind. I get cut off in traffic and I do not chase somebody down anymore… They do not go from zero to one hundred anymore. They are better parents. They are not angry at their kids.*" – Physician

"*They are more regulated. They can sit in therapy.*" – Physician

Several clinicians noted that once baseline anxiety and hyperarousal were reduced, patients were better able to participate in psychotherapy and other aspects of care, indicating broader stabilization rather than isolated symptom control. They described medical cannabis as 'reducing baseline arousal', allowing secondary therapies to be more effective or possible.

Clinicians across psychiatry and pain medicine emphasized that PTSD frequently co-occurs with chronic pain and insomnia, and that treating symptoms in isolation fails to produce durable improvement.

"*Pain and PTSD feed into each other. When pain is uncontrolled, hypervigilance and anxiety worsen. Cannabis helps calm both sides of that loop.*" - Pain Physician

Across sessions, clinicians framed outcomes in terms of function and daily life, rather than symptom elimination.

"*Patients do not talk about symptom scores; they talk about being able to function again. Sleep improves, anger improves, pain is manageable. That is the cluster we are treating.*"- Nurse Practitioner

"*Patients do not come back saying one symptom is better. They say their day-to-day life is better.*"- Clinician

"*Patients are not talking about diagnoses. They are talking about being able to live their lives.*" – Physician

4.3. Non-Inhaled Formats are Central to Medically Appropriate Care

Across the roundtables, clinicians consistently emphasized that non-inhaled cannabis formats are a necessity and form the foundation of clinically appropriate medical use. Oils, capsules, other oral formats, and topicals were described as the primary formats used to design, titrate, and maintain treatment plans, particularly for veterans with PTSD, chronic pain, sleep disturbance, and anxiety.

Clinicians described non-inhaled products as essential due to predictable dosing, milligram-based titration, and sustained symptom control, all of which are required for medical oversight and long-term stability. These formats were contrasted with inhaled products, which clinicians described as more variable in exposure, harder to titrate consistently, and less suitable as a baseline medical therapy due to cardiovascular and respiratory implications of inhalation products.

Product selection was repeatedly framed as a clinical decision, guided by comorbidities, age, prior treatment history, and functional goals. Clinicians noted that many veterans have respiratory, cardiovascular, or mental health comorbidities that make inhalation inappropriate or undesirable, and that aging veterans and those new to cannabis almost universally initiate treatment with oral or topical formats.
Clinicians further noted that even among veterans with a history of inhaled use, non-inhaled products are typically introduced in parallel as part of a gradual transition toward safer, more consistent long-term management once trust and education are established.

Clinicians across all roundtables reported that

- Non-inhaled formats are the primary tools used for dose titration and treatment planning
- Oral and topical products enable sustained symptom control without rapid peaks
- Product selection is driven by comorbidities, safety, and functional goals, not preference
- Non-inhaled formats support work, driving safety, and daily functioning
- Inhaled products, when used, are situational rather than foundational

"Medical cannabis should primarily be oral products. That is the only way we can titrate doses properly and avoid threshold psychoactive effects." - Pain Physician

"*Most of my patients gravitate away from smoking once they are introduced to oils.*"- Physician

"*I'm concerned we're going to see a shift to more inhaled use if patients can't afford the oral products.*" – Clinician

"*Inhaled CBD does not seem to work the way oral CBD does.*" - Family Physician

"*A lot of the veterans I see have respiratory or cardio-respiratory conditions, and smoking or using flower directly is less of an option."* – Clinician

"*The medical route reduces inhalation… When patients are supported properly, they choose non-inhaled formats."* - Clinician

"*A lot of these patients are older, and inhalation is just not appropriate for them.*" - Integrative Physician

"*Non-inhaled use is really what the medical stream should be about.*" - Clinician

Clinicians noted that when non-inhaled options are available and supported, patients naturally gravitate toward them, reinforcing their role as the clinically appropriate standard rather than an alternative. Conversely, clinicians cautioned that potential constraints that limit access to these formats would distort clinical product selection, forcing decisions to be driven by availability rather than medical appropriateness or quality.

4.4. Product Diversity and Flexibility Are Medically Necessary

Across all roundtables, clinicians consistently rejected the notion that product diversity reflects patient preference or discretionary choice. Instead, product diversity was described as clinically necessary to enable safe titration, manage a range of symptom patterns, and to maintain long-term treatment stability. Clinicians emphasized that veterans who achieve stability on medical cannabis are typically highly consistent in their product use over time, directly contradicting narratives of misuse, novelty seeking, or diversion.

Clinicians repeatedly emphasized that medical cannabis treatment plans are multi-component by design, as they are treating several symptoms or morbidities which often requiring different formats, cannabinoid ratios, and onset profiles to address distinct clinical needs. Product diversity was framed as essential to

maintaining stability, particularly during symptom flares, tolerance changes, or transitions in care.

Key highlights:

- Similar to other medicines, different formats serve needs including time of day, symptoms and medical need. For example, rapid onset for acute distress versus sustained control for baseline symptoms
- Patients require flexibility to trial new products without sacrificing stability or reverting to higher-risk alternatives
- Limited product choice can lead to undertreatment and destabilization

"*Different patients need different formats and ratios. That is not consumer choice, that is clinical necessity.*" - Pain Physician

"*Patients do not switch products for novelty. They stay on the same ones when they work.*" – Physician

"*One product cannot cover pain, sleep, anxiety, and breakthrough symptoms at the same time.*" - Integrative Psychiatrist

"*When products disappear or coverage changes, patients destabilize.*" – Pain Expert

"Forced substitution breaks treatment plans [that took months or years to stabilize.]" – Clinician

"*Product diversity allows us to titrate safely and avoid side effects..*" - Pain Specialist

4.5. Cannabis is Enabling Harm and Polypharmacy Reduction

Across all the round tables, clinicians consistently reported meaningful reductions in polypharmacy or multi-medication following appropriate treatment with medical cannabis. While cannabis was rarely framed as a complete replacement for other therapies, it was repeatedly described as a tool for filling therapeutic gaps, allowing dose reduction or discontinuation of higher risk medications. Clinicians emphasized that medical cannabis is often integrated deliberately into treatment plans to improve tolerability, reduce adverse effects, and support long-term stability.

Several clinicians stressed that reducing medical cannabis access from a stabilized patient could result in the patient to increase reliance on higher risk pharmacologic medications or illicit cannabis. In this context, medical cannabis was framed as a harm reduction tool, rather than an additive or duplicative therapy.

Commonly cited medications and abused substances are lower with medical cannabis use:

- Opioids
- Sedative hypnotics
- Antipsychotics used off-label for sleep
- Alcohol and other substances

"*I see patients come in on eight, nine, sometimes ten different medications. With medical cannabis, many of them are able to reduce or stop opioids, sleeping pills, and antipsychotics.*" – Physician

"*They describe feeling clearer, less sedated, less foggy.*" – Family Physician

"*That tells me we are reducing medication burden, not adding to it.*" - Family Physician

"*Cannabis allows people to come down on opioids without destabilizing their pain. That alone is a major harm reduction benefit."* - Pain Physician

"*In some cases it is the only thing that lets us avoid escalating opioids further.*" - Pain Physician

Clinicians also described the impact of medical cannabis on lowering the use of other more harmful substances such as alcohol. Medical cannabis has helped to prevent risk-seeking behaviour including alcohol abuse and related consequences such as physical abuse, driving under the influence, and other risks associated to high alcohol consumption,

"*We are seeing reduced reliance on alcohol... and other substances once cannabis is introduced in a structured medical way.*" - Physician providing longitudinal care

"*For some patients, cannabis replaces riskier coping mechanisms.*" - Integrative Physician

"*This is not about stopping every other medication. It is about using cannabis to lower doses and reduce side effects.*" – Psychiatrist

"*Cannabis fits into treatment plans in a way that lets us remove the most harmful drugs first.*" – Psychiatrist

"*From a harm reduction perspective, medical cannabis is far safer than what many of these patients were using before.*" - Clinician

"If cannabis access is disrupted, patients will not go without treatment, they will go back to higher risk options." – Clinician

4.6. Psychological Safety, Trust and Continuity of Care as Determinants of Clinical Stability

Clinicians emphasized that trust, psychological safety, and continuity of care are foundational determinants of clinical stability for the veteran population. Veterans were described as highly sensitive to perceived instability or withdrawal of institutional support, a vulnerability shaped by prior service experiences and historical disruptions in care. Clinicians cautioned that abrupt changes to medical cannabis access, reimbursement, or product continuity risk destabilization, disengagement from care, and, in severe cases, escalation of mental health crises. These risks were not presented as speculative but grounded in repeated clinical experience following prior system or coverage changes.

Clinicians reported that the proposed reimbursement changes have already triggered anticipatory anxiety among veterans. Coverage reductions were frequently interpreted as a withdrawal of governmental support or a questioning of the legitimacy of their care. Loss of trust was consistently linked to worsening PTSD symptoms, sleep disruption, emotional dysregulation, and reduced engagement with healthcare services, even before any formal policy changes were implemented.

"*For many veterans, just the idea that this could be taken away is enough to destabilize them.*" – Physician

"*When coverage is threatened, symptoms worsen even before anything changes clinically.*" – Psychiatrist

"*These patients finally trust a system again. If you disrupt that continuity, you lose more than access to a product, you lose engagement in care.*" – Psychiatrist

"*We underestimate how psychologically unsafe uncertainty is for veterans with PTSD.*" - Pain Physician

Medical cannabis platforms were repeatedly described as critical anchors of continuity of care for this population. Clinicians emphasized that medical authorization alone is insufficient to ensure safe and effective treatment. Instead, medical platforms translate clinical authorizations into structured, actionable treatment plans, providing the infrastructure necessary to support long-term stability. These platforms were described as absorbing much of the administrative complexity associated with VAC coverage, including documentation, renewals, adjudication, and coordination with insurers and prescribers, allowing veterans to remain engaged in care without becoming overwhelmed.

Clinicians emphasized that medical cannabis platforms:

- Provide a safe environment distinct from adult-use retail, with privacy, security, and clinical oversight
- Maintain consistent access to medically appropriate products, reducing destabilizing interruptions
- Prevent unintended displacement due to stock volatility or episodic purchasing
- Support treatment planning through guidance on product selection, adherence, and appropriate formats
- Coordinate intake, verification, and administration to ensure continuity of coverage

Continuity of support through these platforms was directly linked to clinical stability, particularly in PTSD symptom control, sleep regulation, and pain management. Clinicians noted that even minor disruptions, such as delayed shipments or temporary product unavailability, can precipitate anxiety, sleep deterioration, and symptom escalation.

"Even small disruptions, a delayed shipment or a product being unavailable, can trigger anxiety and sleep deterioration." - Family Physician

"*Stability comes from knowing the same treatment will be there next month.*" - Family Physician

Importantly, clinicians emphasized that consistent access to regulated medical cannabis through trusted platforms reinforces the legitimacy of care and acts as a powerful de-stigmatization factor. Familiar processes, reliable follow-up, and predictable access were described as reinforcing trust and psychological safety, while disruptions were consistently associated with disengagement and worsening outcomes.

"*When patients feel their care is legitimate and supported, they do better. When they feel it is being questioned, they spiral.*" - Nurse Practitioner

"*The paperwork alone would stop a lot of patients from staying engaged.*" – Clinician

"*Once people are stable, changing things is risky.*", Clinician

"*Without support, many of these patients would just give up.*" – Clinician

4.7. The Current Reimbursement Framework Fails to Fully Comprehend Medical Cannabis Care

Across the roundtables, clinicians consistently emphasized that benchmarking medical cannabis reimbursement to adult-use flower pricing fundamentally undermines 10+ years of medical cannabis care advancements. Clinicians stressed that medical cannabis providers operate within a clinical, regulated care model that differs materially from adult-use retail, both in product composition, quality, consistency and in the infrastructure required to support patients safely.

Broad clinician support for a stratified reimbursement model was observed whereby pricing as a function of product category would be rational and clinically aligned approach than a single price cap. Clinicians emphasized that reimbursement models should reflect quality standards, manufacturing complexity, clinical oversight requirements, and patient safety objectives, rather than retail comparisons.

Key areas of misalignment highlighted were:

- Quality standards, Manufacturing complexity of non-inhaled products
- IT and patient support infrastructure that is necessary for medical platforms including privacy, security, pharmacist oversight, and insurer coordination
- Product quality and supply management to ensure consistent product quality and delivery

"*Comparing medical cannabis to recreational [adult-use] flower pricing makes no clinical or operational sense… These are completely different systems.*" – Physician

"*This is not dried cannabis being sold over a counter. These are formulated medical products that require precision and consistency.*" - Pain Physician

"*Non-inhaled products are more complex to manufacture, test, and standardize.*" – Clinician

"*You cannot price oils and capsules as if they were bulk flower.*" - Integrative Physician

"*Medical platforms carry infrastructure costs that do not exist in adult-use. Privacy, secure data systems, trained staff, and pharmacist oversight are not optional. None of that is captured when you benchmark to recreational [adult-use] pricing.*" – Physician

"*A rational framework would align pricing with clinical goals, not retail comparisons.*" – Physician

"*If you want to encourage safer formats, reimbursement has to reflect their real cost..*" - Family Physician

4.8. Adult-Use and Illicit Market Displacement is a Predictable Downstream Consequence

Across all roundtables, clinicians expressed that reduced access to regulated medical cannabis and its patient support programs will likely not reduce cannabis use but would instead transition veterans toward adult-use or illicit channels, particularly to seek higher THC potency or lower-cost products. Clinicians emphasized that this outcome would directly undermine public health, patient safety, and harm reduction objectives.

Clinicians framed this displacement as a predictable behavioral response, not a speculative risk, based on prior experience with coverage changes and patient behavior. Loss of access to regulated medical cannabis products was consistently described as leading to loss of clinical oversight, increased exposure to higher-risk products, and reduced ability to monitor safety or outcomes.

Concerns included:

- Lack of clinical oversight, education, and monitoring
- Increased exposure to high-THC products that are available in adult-use or illicit markets
- Unknown cannabinoid content, potency variance, and contamination due to lack of regulations in illicit market
- Quality risks such as m microbiology, heavy metals and immunologic risk in vulnerable patients with lack of testing requirements in illicit market
- Increased reliance on smoked products due to availability and cost

"If patients cannot access regulated medical products, they will not stop using cannabis. They will go to dispensaries or the illicit market." – Physician

"*Veterans are resourceful. If coverage disappears, they will find cannabis elsewhere, and that is where the real risks begin.*" – Psychiatrist

"*In the recreational and illicit space there is no clinical oversight. No one is helping them titrate, no one is monitoring adverse effects.*" – Psychiatrist

"*The adult-use market is dominated by high-THC flower. That is what patients will default to if medical options become unaffordable.*" - Pain Physician

"*You are effectively pushing a vulnerable population toward products we actively try to steer them away from.*" - Pain Physician

"*When patients leave the medical system, we lose visibility.*" – Family Physician

"*We do not know what they are taking, how much, or how often.*" - Family Physician

"*That loss of oversight is dangerous…. especially for patients with PTSD and complex comorbidities.*" -Family Physician

"*Illicit products carry real risks… We see mold exposure, inconsistent potency, and unknown contaminants.*" – Nurse Practitioner

"*Cost pressure drives format choice… When oils and capsules are no longer accessible, patients fall back on smoking.*" - Clinician involved in observational research

5. CONCLUSIONS AND IMPLICATIONS

5.1. Outcome

Collectively, the roundtables suggest that policies affecting medical cannabis access for veterans should be evaluated not only for their fiscal impact, but also for their potential effects on:

- Clinical stability and continuity of care
- Medication use patterns and harm reduction efforts
- Patient behavior and sourcing decisions
- Other healthcare and medication costs

Incorporating clinician experience into policy design may help mitigate unintended consequences and support alignment between reimbursement frameworks and real-world delivery of care.

5.2. Implications

If the proposed reimbursement framework foreseeable and clinically important consequences are likely to emerge. From a policy perspective, these outcomes represent cost shifting rather than cost containment. Providers anticipate an increased reliance on inhaled cannabis as veterans are pushed away from medically preferred non-inhaled formats, alongside reduced adherence to established treatment plans due to affordability and access barriers. Clinicians also expect a higher likelihood of veterans reverting to alcohol, opioids, or illicit cannabis sources to manage symptoms that were previously controlled under supervised medical care. Over time, these disruptions risk eroding veterans' trust in VAC health supports and continuity of care, while shifting costs downstream through increased healthcare utilization, including emergency visits, management of medication related adverse effects, and re escalation of comorbid conditions.

6. APPENDIX

6.1. Facilitator

Dr. Karolina Urban (MSc, PHD), the executive vice president of medical affairs, was the lead facilitator across all roundtable sessions. The facilitators' role was limited to moderation and synthesis and clinical content reflect participant perspectives and not organizational positions.

Avicanna is a Canadian commercial-stage biopharmaceutical company established in research and development (R&D), and commercialization of evidence-based cannabinoid products for the global consumer, as well as medical and pharmaceutical market segments. Avicanna conducts its own R&D and collaborates with leading Canadian academic and medical institutions. Avicanna has established an industry-leading scientific platform that includes R&D and clinical development and has led to the commercialization of over thirty proprietary products and a robust pharmaceutical pipeline. Avicanna Inc. owns MyMedi.ca a medical cannabis care platform, operated by Northern Green Canada Inc, providing access to medical cannabis patients' needs and specialty services to distinct patient groups such as veterans and collaborates with public and private payers for adjudication and reimbursement.

6.2. Healthcare Professionals

PARTICIPANT	PROFESSIONAL DESIGNATION	PRIMARY SPECIALTY / ROLE	PRACTICE OR EXPERTISE FOCUS
1	MD, FRCPC	Physician	PTSD, anxiety, sleep disorders, integrative care
DR. BARBARA MAINVILLE	MD	Physician, Emergency Medicine	PTSD, mood disorders, trauma informed care, veteran mental health
CHAIMAKA ODUNUKWE-IWEGBULEM	NP-PHC, MN	Nurse Practitioner	Chronic pain, PTSD, anxiety, sleep disorder, integrative medical Cannabis care, Veteran focused
DANIEL BEAR	PhD	Policy, Educator	Drug policy, medical cannabis education, harm reduction
DALAH MAZRAEH	MD	Internal Medicine Specialist	Medical cannabis, chronic disease management, internal medicine specialist
ERIN MIGNAULT	NP, MScN	Nurse Practitioner	Primary care, chronic pain, cannabis treatment planning
EWA PASIK	MD, PHD, MSc, FRCPC	Internal Medicine Specialist	Medical cannabis, primary care, medication management, patient counselling
HANCE CLARKE	MD, PhD, FRCPC	Anesthesiology & Pain Medicine	Chronic pain, perioperative pain, clinical trials, cannabinoid research
HOWARD MITNICK	MDCM	Physician	Medical cannabis, veteran care, chronic conditions
IRYNA NISHCHEMENKO	NP	Nurse Practitioner	Chronic pain, PTSD, integrative medical cannabis care
LORNE WISEBLATT	MD, FRCP	Family Medicine, Palliative Care	Chronic pain, integrative medicine, medical cannabis authorization
12	MD, FRCPC	Integrative Psychiatrist	PTSD, chronic pain, polypharmacy reduction, veteran focused care
MICHELLE TRAN	RPh., BScPhm	Pharmacist	Community pharmacy and medical cannabis therapy
DR. NICHOLAS J. WITHERS	MD, CCFP EM	Emergency Medicine & Primary Care	Chronic pain, PTSD, veteran medical cannabis care
YVONNE LIBBUS	MD, FRCPC	Psychiatrist	Community psychiatry, PTSD, trauma, veteran mental health

Professional designations reflect nationally recognized Canadian regulatory credentials. Royal College of Physicians and Surgeons of Canada (FRCPC) and College of Family Physicians of Canada (CCFP, CCFP EM) designations are included only where publicly verifiable through regulatory college listings. Absence of a designation does not imply lack of qualification.