MEDICAL CANNABIS IN VETERANS' CARE: PATIENT VOICES, INSIGHTS, AND IMPLICATIONS OF PROPOSED REIMBURSEMENT CHANGES

Purpose: To provide Veterans Affairs Canada (VAC) and other relevant stakeholders with a timely and informed, patient-centred perspective grounded in lived experience, caregiver insight, and real-world use of medical cannabis. This document outlines how the proposed federal budget's reimbursement changes may affect veteran safety, treatment continuity, functional stability, and broader family and healthcare system outcomes. This is the second part of a series of round tables conducted on this issue and is a follow on to the first-round table which was focused on insight from the medical community.

Context: Medical cannabis is a clinically authorized therapy used by approximately 29,000 Canadian veterans as part of integrated care for PTSD, chronic pain, sleep disorders, and related conditions, often after conventional treatments failed. Patient roundtables conducted in December 2025 brought together veterans and caregivers to share lived experiences and assess how proposed reimbursement changes may affect access, continuity of care, and overall wellbeing.

Key Insights: Veterans and caregivers reported that the proposed reimbursement changes risk destabilizing clinically established medical cannabis regimens, increasing symptom burden, caregiver strain, and downstream harms, including disengagement from care and reliance on higher-risk alternatives.

What This Document Provides:

- Lived experience perspectives from veterans and caregivers directly impacted by medical cannabis reimbursement policy
- Real-world insight into how medical cannabis supports functional stability, continuity of care, and daily life
- Identification of foreseeable risks to veterans, families, and the broader healthcare system if access is disrupted
- Patient-informed policy considerations to support fiscally responsible, medically appropriate veteran 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's 2025 budget proposed changes to the medical cannabis reimbursement framework including a reduction of the $8.50 a gram to $6.00 a gram. It is believed that this would significantly alter how medically authorized cannabis products are reimbursed for veterans. The proposed approach applies a uniform price benchmark derived from the adult-use cannabis market to medical cannabis, without accounting for key differences in clinical purpose, delivery formats, dosing requirements, patient support, and the infrastructure required for medically supervised care.

We conducted a series of round tables and interviews veterans with service backgrounds across the Canadian Armed Forces and RCMP, representing a range of roles including combat arms, engineering, naval service, air force and militia service, military healthcare, and law enforcement. During the sessions the common theme observed was the overlapping symptom clusters including chronic pain, hyperarousal, sleep disruption, anxiety, irritability, intrusive thoughts, and emotional dysregulation was exhibited. Participants emphasized that cannabis reduced symptom intensity to a manageable level, allowing veterans to function, engage in therapy, maintain relationships, and participate in daily life.

Across patient roundtables, veterans and caregivers regularly described medical cannabis as a stabilizing, last-resort therapy, introduced only after multiple conventional treatments failed or produced intolerable side effects. Medical cannabis was also consistently described as a harm-reduction therapy, reducing or preventing reliance on opioids, sedatives, alcohol, and polypharmacy. Many veterans described challenges with the use of multiple conventional medicines on their mental health and well-being, often resulting in an out-of-body or emotionless feeling. These conclusions are in line with the statements and concerns also described throughout the healthcare provider round tables.

Stable access to appropriate cannabis formats was viewed as essential to maintaining this balance and preventing regression. Veterans and caregivers emphasized the need for a diverse portfolio and consistent supply in high quality medical cannabis products and ensuring dosing and titration and symptom management through out the day. Similar to prescribers, veterans described the need for product formats which had predictable dosing and composition.

Participants emphasized that disruption to established cannabis regimens would not reduce their need, but could predictably displace coping strategies toward higher-risk alternatives including illicit products. Patients and HCPs are also concerned about patient disengagement from treatment plans, which could result in increased risk and downstream healthcare utilization and caregiver burden. Importantly, veterans are already experiencing anxiety, destabilization, and altered treatment behaviors in anticipation of proposed changes, indicating that harm may occur even before policy implementation.

Veterans also highlighted the important role of medical cannabis platforms and patient support services in maintaining continuity of their care. Education, dosing guidance, administrative coordination, and consistent

product availability offered by such platforms were viewed as integral to the safe and effective treatment and a source of legitimacy of cannabis as a medical therapy.

Trust, psychological safety, and continuity of care emerged as central determinants of outcomes. Veterans consistently described reimbursement changes not only as financial or administrative adjustments, but as signals of institutional values, lack of respect, and responsibility toward those who served. Perceived withdrawal of support or uncertainty regarding access was described as triggering anxiety, sleep deterioration, symptom escalation, and protective behaviors such as rationing or disengagement from care. Veterans emphasized that erosion of trust undermines adherence, willingness to seek help, and long-term engagement with VAC-supported healthcare systems.

Based on veteran and caregiver lived experience, the following considerations were identified as essential to avoid unintended harm and preserve treatment stability:

1. **Allow time for veteran consultation and transition planning** before implementing reimbursement changes, to avoid destabilization and anxiety driven by uncertainty.
2. **Protect access to non-inhaled medical cannabis formats**, which form the foundation of long-term stability, predictable dosing, and harm reduction for many veterans.
3. **Recognize medical cannabis as a harm-reduction therapy rather than a discretionary benefit**, particularly in preventing relapse to opioids, alcohol, or other higher-risk coping strategies.
4. **Preserve continuity of care and established treatment routines**, avoiding forced product substitution or disruption to individualized regimens that veterans rely on to function.
5. **Ensure clear communication with veterans and caregivers** regarding any changes, to maintain trust and prevent anxiety-driven behaviours such as rationing or disengagement from care.

Key Quotes from Round Tables:

"*Before cannabis, I was right on the edge. Everything felt hopeless and pointless. I didn't see a future for myself anymore."* - (Veteran 15)

"I enjoy it because I'm at peace. It makes everything tolerable. I get a good sleep. I'm more able to function out in the community now because I don't snap at everybody." - (Veteran 4)

"I was taking sleeping pills. mood inhibitors, lithium, wellbutrin, trazodone, Ativan and just a whole bunch of different combinations and none of it worked. And yeah. So now I'm just on, now I'm just on the cannabis and things are better." - (Veteran 10)

"If you don't have someone to explain it to you, it's really hard to figure out. The support around it is what makes it work. It's not just the product, it's having someone there to guide you." - (Veteran 8)

"What I use for sleep is not what I use during the day. For anxiety, it's something else. I don't take the same thing if I'm going out or if I'm staying at home." - (Veteran 15)

"You're messing with people's medication. Symptoms will come raging back, and people will lose stability they fought years to build." - (Veteran 1)

"Unfortunately, I believe suicides are going to go up. I think alcoholism is going to come back with a vengeance. And I don't think they're considering the well-being of veterans when they made this decision, it was purely a numbers game." - (Veteran 3)

"This is not a cost-saving policy change. It shifts costs into emergency services, pharmaceutical treatments, and long-term care — likely at a higher overall expense than the savings from reduced cannabis coverage." - (Veteran 19)

"These policy changes don't just affect the veteran. Injuries like PTSD impact entire family systems and limiting access to effective care increases harm within those families." - (Veteran 19)

-*"You're going to cut the veterans who have protected and did their job and put their lives in harm's way. And this is the way you're going to repay them again. I mean, it's ridiculous as far as I'm concerned… The programme they have in place, I think, is working really well just the way it is."* - (Veteran 18)

2. BACKGROUND AND POLICY CONTEXT

As reflected through extensive patient and caregiver testimony shared during the patient roundtable discussions, medical cannabis plays a meaningful role in the lives of many Canadian veterans. Veterans consistently described medical cannabis as a therapy that supports daily function, symptom stabilization, and support for participation in family, work, and community activities. Due to stigma and lack of education, medical cannabis was often introduced as a late-stage option and after years of unsuccessful trials with other conventional treatments, thought itis often described as the first intervention to provide sustained, manageable symptom relief.

Veterans participating in the roundtables described living with complex and overlapping conditions, including chronic pain, post-traumatic stress disorder related symptoms, sleep disturbance, anxiety, depression, and neurological injuries. Medical cannabis was repeatedly characterized as a foundational component of symptom management and harm reduction rather than a discretionary or short-term intervention. Patient experiences underscored the importance of maintaining access to medically supervised cannabis care that is stable, predictable, and supported within the veterans' health system.

2.1. Current Reimbursement Model as Experienced by Veterans

Under the current framework, eligible veterans receive reimbursement for medical cannabis through Veterans Affairs Canada (VAC) when authorized by a physician or nurse practitioner as part of a treatment plan. Coverage is expressed as a daily quantity in grams of dried cannabis or its equivalent, most commonly capped at 3 grams per day, with higher authorizations requiring additional clinical justification.

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. Stakeholders have raised concerns that the proposed changes do not differentiate between medical cannabis services and adult-use cannabis retailers where the price comparison is derived from. These changes are expected to unintentionally incentivize lower cost 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 Roundtables

During December 2025 and January 2026, several Veteran Patient Roundtables were convened to understand the lived experiences of veterans and caregivers using medical cannabis and to understand how the proposed reimbursement changes may affect access, continuity of care, and overall wellbeing of patients.

The sessions were designed to elevate patient and caregiver perspectives and capture real-world impacts that may not be evident in administrative or utilization data.

Each roundtable was facilitated by an experienced moderator with expertise in veteran health and medical cannabis care. Participants were briefed on the proposed policy changes and invited to share their experiences in an open discussion format, with a focus on how medical cannabis supports daily functioning, how treatment stability is achieved, and the potential consequences of disrupted access.

Participants included veterans with service backgrounds across the Canadian Armed Forces and RCMP, representing a range of roles including combat arms, engineering, naval service, air force and militia service, military healthcare, and law enforcement. Years of service ranged from early career veterans to those with more than two decades of active duty. Several participants reported multiple deployments, operational trauma exposure, and medically related releases from service. Discussions reflected diverse lived experiences, including management of PTSD, chronic and neuropathic pain, sleep disturbance, anxiety, depression, and neurological injury. Participants described varied treatment approaches involving different product formats, dosing routines, and stages of symptom stability such as CBD products for during the day and THC at night. Additionally,. caregivers and/or spouses participated, providing insight into family-level and caregiver impacts.

There was strong thematic convergence across sessions. Veterans and caregivers consistently described reliance on routine and product consistency, concerns about destabilization if access is reduced, and fears of displacement toward non-medical sources. The greatest concerns were placed on risk of instability, emotional distress and even loss of life. The recurrence of these themes suggests the findings are directional and reflective of common patient experience rather than isolated perspectives.

Overall, the patient roundtables highlight the complexity of medical cannabis use in veteran populations and reinforce the importance of incorporating patient realities into policy decisions that may affect continuity of care, safety, and quality of life.

3. OUTCOMES AND IMPLICATIONS OF PROPOSED POLICY CHANGE

The patient roundtable discussions identified a set of interrelated outcomes and implications associated with the proposed changes to medical cannabis reimbursement for veterans. Across multiple sessions, veterans and caregivers consistently described medical cannabis as a foundational component of daily function, symptom regulation, and psychological stability, often achieved only after prolonged periods of clinical crisis and treatment failure.

The outcomes outlined below reflect real-world lived experience and illustrate how reimbursement changes may generate predictable and preventable unintended consequences if patient realities are not fully incorporated into policy design and implementation. These consequences extend beyond access to a single therapy and include impacts on clinical stability, caregiver burden, healthcare utilization, and trust in the veteran health system.

a. Medical Cannabis Functions as a Stabilizing Foundation of Daily Life for Veterans

For many veterans, medical cannabis is not an optional, short-term, or discretionary therapy. It functions as a stabilizing foundation that enables basic daily function, emotional regulation, and participation in family, work, and community activities. Veterans consistently described medical cannabis as a treatment to reduce symptom intensity to a manageable level rather than eliminating symptoms entirely, allowing them to maintain routines, engage in therapy, and remain socially connected.

Proposed policy changes that reduce access, affordability, or product continuity risk destabilizing veterans who have achieved hard-won functional balance after years of clinical instability. Even modest disruptions were described as likely to trigger symptom escalation, sleep deterioration, emotional dysregulation, and regression in quality of life.

b. Veterans Manage Complex, Overlapping Symptom Burdens Rather Than Single Diagnoses

Patient discussions reinforced that veterans rarely experience isolated conditions. PTSD, chronic pain, sleep disturbance, anxiety, depression, and neurological symptoms frequently coexist and interact. Veterans emphasized that medical cannabis is valued due to its function to help manage multiple symptoms simultaneously, even if it does not eliminate them entirely. Many participants described extensive history of polypharmacy with limited benefit, risk and significant side effects. Medical cannabis was often identified as the first intervention that provided a manageable baseline across multiple symptom domains. Policies that limit access to a diverse range of products may overlook the complexity of veteran health needs and the individualized nature of symptom management.

c. Consistency of Product Supply and Quality Is Central to Symptom Control and Psychological Safety

Veterans repeatedly emphasized that stability depends on consistency. Once an effective product, format, and dosing routine is identified, maintaining that regimen becomes critical to both symptom control and psychological safety.

Disruptions such as product discontinuation, forced substitution, or affordability changes were described as highly destabilizing and anxiety-provoking. Importantly, veterans reported that uncertainty itself can be harmful. Veterans reported stockpiling, rationing, or altering use in anticipation of policy changes, often resulting in reduced symptom control even before any formal change takes effect. Policy-changes may generate harm through anticipatory stress, forced treatment changes, and erosion of trust, even prior to implementation.

d. Access to Diverse Product Formats Enables Personalized Care and Safer Use

Veterans described using different formats at different times of day and for different purposes. Non-inhaled products such as oils, capsules, sprays, edibles, and topicals (with lower THC levels) were commonly used to support baseline symptom control, sleep, pain, and daytime functioning, while inhaled formats were sometimes reserved for acute symptom escalation.

Restrictions that disproportionately affect non-inhaled products may force veterans toward less suitable formats, disrupt individualized routines, and increase symptom volatility. Constraining product diversity may reduce veterans' ability to self-manage symptoms safely and predictably, increasing the risk of destabilization and undermine harm-reduction strategies establish by clinical oversight.

e. Medical Cannabis Supports Harm Reduction and Reduces Reliance on Higher-Risk Substances

Across sessions, veterans and caregivers described medical cannabis as enabling reductions in opioids, sedatives, alcohol use, and other substances associated with higher risk profiles and downstream healthcare utilization. Medical cannabis was frequently described as supporting symptom relief without emotional blunting, cognitive impairment, or physical dependency experienced with prior medications.

Participants expressed concern that reduced access would result in eliminating their need but could instead drive veterans towards medications or substances with greater health and social risks. Policy changes may inadvertently increase downstream harms and healthcare utilization by shifting veterans away from medically supervised harm reduction pathways and toward higher-risk coping strategies.

f. Continuity of Care Directly Affects Caregivers, Families, and Social Functioning

Caregivers and spouses emphasized that medical cannabis not only affects the patients but also supports stabilizing family systems and the quality of life for the caregivers. Improved symptom management was associated with better parenting, reduced caregiver burden, improved relationships, and greater household stability. Disruptions to care were described as likely to increase caregiver stress, family conflict, and reliance on informal caregiving, with ripple effects extending beyond the individual veteran. Policy decisions may have unintended consequences for families and caregivers, increasing social and emotional strain beyond the healthcare system.

g. Reimbursement Approaches Should Reflect Medical Use Rather Than Consumer Markets

Veterans consistently stated that reduced access through medical channels would not eliminate cannabis use. Instead, it may lead to displacement toward adult-use or illicit sources, particularly when affordability or product availability becomes a larger barrier. This shift was viewed as increasing risk due to inconsistent quality, lack of clinical guidance, and absence of oversight, rather than reducing overall consumption. Access restrictions may undermine patient safety and public health goals by pushing veterans away from regulated medical pathways.

h. Medical Cannabis Platforms and Patient Support Are Critical Safety Infrastructure

Veterans consistently highlighted the importance of medical platforms and their services including education, product guidance, coordination with insurers, and ongoing support. These services were viewed as essential to safe dosing, continuity, and navigation of complex reimbursement systems. Concerns were raised that reimbursement reductions could destabilize these platforms, indirectly reducing access to support

even for veterans who remain covered. System-level changes that fail to account for the role of medical platforms may increase risk, reduce oversight, and fragment care delivery

i. Erosion of Trust and Psychological Safety as a Direct Policy Outcome

Veterans consistently framed proposed reimbursement changes as symbolic actions that communicate institutional values, lack of respect, and responsibility toward those who served. Changes to medical cannabis reimbursement were not experienced as isolated administrative decisions, but as signals that shaped trust in VAC, perceptions of post service support, and veterans' sense of psychological safety within the healthcare system.

Participants described how uncertainty, perceived withdrawal of support, or repeated policy changes triggered feelings consistent with moral injury, including abandonment, loss of dignity, and disengagement from care. Veterans emphasized that trust is foundational to stability, adherence, and willingness to seek help, particularly among individuals with PTSD, chronic pain, and prior experiences of institutional harm.

Erosion of trust was viewed as having downstream consequences, including avoidance of VAC services, reluctance to disclose symptoms, disengagement from medically supervised care, and increased reliance on self-directed coping strategies. Veterans cautioned that once trust is damaged, re-engagement becomes difficult, compounding long term health and system impacts beyond the immediate policy change.

METHODOLOGY

3.1. Objectives of the Roundtable

A series of structured patient roundtable discussions were convened during December 2025 and January 2026 to understand the lived experience of veterans benefiting from medical cannabis under the Veterans Affairs Canada reimbursement framework and to assess the anticipated impact of proposed reimbursement changes on their health, functioning, and continuity of care.

In alignment with the VAC Engagement Patient Agenda, the primary objectives of the patient roundtables were to:

- Capture veteran lived experiences with medical cannabis as part of integrated, long-term care
- Understand how reimbursement structures directly affect daily functioning, treatment stability, and psychological safety
- Identify foreseeable downstream consequences of reduced access, including health, social, and family impacts
- Elevate patient voices to inform evidence-informed, patient-centred policy decision-making
- Support transparent, constructive engagement between veterans, caregivers, and VAC leadership

The roundtables were intentionally patient-led in focus, recognizing veterans as experts in their own care journeys and emphasizing experiential evidence alongside clinical and policy considerations.

3.2. Methods and Discussion Framework

A total of seven patient roundtables were conducted between December 2025 and January 2026, involving veterans, and caregivers from diverse geographic regions, service backgrounds, and clinical contexts.

Each session followed a consistent engagement framework derived from the VAC Engagement Patient Agenda and designed to foster trust, psychological safety, and meaningful participation. Sessions emphasized respectful dialogue, validation of lived experience, and non-judgmental exploration of impacts related to policy change.

Each roundtable began with the following:

- A facilitator-led welcome and clarification of purpose and confidentiality
- A plain-language overview of the proposed VAC reimbursement changes
- Participant introductions focused on service background and lived experience rather than diagnosis
- Guided discussion anchored in patient priorities, impacts, and concerns
- Open-ended opportunities for participants to raise additional issues not captured by structured questions

3.3. Discussion Domain Explored with Veterans

Guided questions were organized around five core engagement domains consistent with the VAC patient agenda.

a) Lived Experience and Role of Medical Cannabis

i. Why veterans turned to medical cannabis
ii. Symptoms and functional challenges being managed
iii. How medical cannabis fits into broader treatment plans
iv. Perceived benefits relative to prior or concurrent therapies

b) Treatment Stability and Daily Functioning

i. Impact on sleep, pain, anxiety, PTSD symptoms, and emotional regulation
ii. Ability to engage in therapy, family life, work, and community
iii. Importance of consistency in product access and formulation

c) Product Use and Clinical Support

i. Types of medical cannabis products used and why
ii. Role of non-inhaled formats in safety and daily management
iii. Importance of education, titration support, and trusted care teams

d) Anticipated Impact of Proposed Reimbursement

i. Concerns related to affordability, access, and forced product substitution
ii. Anticipated changes in symptom control or treatment adherence
iii. Emotional and psychological responses to uncertainty and instability

e) Downstream and System-level Consequences

i. Risk of reverting to opioids, alcohol, or other medications
ii. Likelihood of sourcing from adult-use or illicit markets
iii. Impact on caregivers, family dynamics, and mental health
iv. Trust in VAC and engagement with healthcare

3.4. Approach to Theme Identification

Roundtable discussions were transcribed and analyzed using a thematic synthesis approach grounded in patient engagement principles. Analysis focused on identifying recurring patterns of experience, shared concerns, and points of convergence across diverse participants.

Themes were developed through:

- Repeated review of transcripts to identify consistent narratives
- Coding of patient-reported impacts across health, social, and system domains
- Cross-session comparison to confirm thematic saturation
- Integration of direct anonymized quotes to preserve patient voice and authenticity

Where synthesis language is used, it reflects convergence across multiple patient experiences rather than isolated anecdotes. Quotes are attributed by role or lived-experience context to preserve confidentiality while maintaining transparency and credibility.

The findings are intended to be exploratory and directional, providing qualitative evidence to complement clinical and economic analyses and to inform patient-centred policy deliberation.

3.5. Ethical and Engagement Considerations

Participation was voluntary, with informed consent obtained at the start of each session. All contributions were anonymized, and participants were reminded they could pause, decline to answer, or withdraw at any time.

The engagement process was designed to uphold dignity, respect, and psychological safety, recognizing the unique vulnerabilities of veteran populations and the importance of trauma-informed facilitation.

4. COMMON THEMES

4.1. Crisis State Prior to Medical Cannabis Initiation

Prior to initiating medical cannabis, veterans consistently described living in a state of psychological and physical crisis. This baseline context is critical, as veterans entered medical cannabis care already experiencing high clinical, psychological, and suicide risk. Many reported hopelessness, intrusive thoughts, hypervigilance, emotional dysregulation, suicidality, and an inability to envision a meaningful future. For a subset of participants, symptom escalation resulted in repeated hospitalizations and highly intensive psychiatric interventions. These experiences were described as destabilizing and associated with significant personal, social, and functional loss.

> *"Before cannabis, I was right on the edge. Everything felt hopeless and pointless. I didn't see a future for myself anymore."* - (Veteran 15)
>
> *"Yeah, before medical cannabis, I was hospitalised for several months in a locked psych ward. They didn't know what was wrong with me. I didn't know what was wrong with me. I've had over 50 rounds of ECT, that shock therapy. And that was the doctor's long-term goal for me… I was just a zombie. I lost everything."* - (Veteran 10)
>
> *"I experimented. I had medication from the hospital…I end up at the hospital ambulance. I can't even walk. I can't sit down. I can't lay down. Nothing works. I just want to die."* - (Veteran 11)
>
> *"I was into some pretty hard painkillers and anti-inflammatories…they were very hard on the liver, hard on the belly…"* - (Veteran 5)

Veterans also reported substantial exposure to polypharmacy prior to medical cannabis initiation. Many described treatment regimens involving multiple psychotropic and analgesic medications, which were perceived to contribute to emotional blunting, cognitive disengagement, and reduced quality of life rather than meaningful symptom control.

> *"I was on upwards of nine different types of pills. And when I was on them, I was just numb… There was no sadness, there was no emotion. I was completely disconnected."* - (Veteran 1)

Several veterans described heavy or habitual alcohols use prior to medical cannabis initiation, with many noting a reduction or complete cessation of alcohol consumption once medical cannabis became part of their treatment plan.

> *"It was alcohol and I was self medicating myself with alcohol. It's the only way I could sleep. It was the only way I could do a lot of things like be around people"* - (Veteran 3)

Taken together, these findings indicate that medical cannabis was not initiated as a first-line or discretionary intervention. Rather, it was most often introduced after prolonged periods of clinical instability, treatment failure, and functional decline. This context is essential when considering the potential downstream risks associated with disruptions to established medical cannabis treatment plans in veteran populations.

4.2. Medical Cannabis as a Last-Resort Requiring Stigma Navigation and Enhanced Education

Veterans consistently described medical cannabis as a treatment pursued only after multiple pharmaceutical interventions failed to provide adequate relief or produced intolerable side-effects. Veterans emphasized

that medical cannabis was accessed through clinical authorization and ongoing oversight, not consumer choice. Cannabis was not considered an early or preferred option. Instead, it was framed as a last resort following years of polypharmacy. Participants emphasized that many veterans entered medical cannabis care only after exhausting pharmaceutical options across pain, sleep, and mental health domains. Several described long histories of medication use that failed to restore quality of life or emotional connection.

> *"There's no(t) one or two medications that can help… they suppress some symptoms but aggravate others… but I found the weed (cannabis) much better at balancing all my symptoms."* - Veteran 2

> *"My husband was in a very dark place… he was confined to a wheelchair. He wasn't able to bathe himself. He wasn't able to go out into the public. He couldn't get out of bed. He didn't want to be around anyone or his friends, he completely secluded himself. It was concerning. What kind of life is that? We were told about medical cannabis and thought, now's the time, because we'd tried everything. From the very beginning, there were no major side effects."* - Spouse 16

Many veterans emphasized the significant personal, cultural, and institutional stigma, including internalized stigma, fear of judgement, and concerns about legitimacy, that had to be overcome before trying medical cannabis as a therapeutic option.

> *"I tried cannabis against my judgment at the time. Therapy and medications weren't working, and I had my back against the wall."* - Veteran 3

> *"Cannabis wasn't my first choice. It was my last option after everything else failed."* - Veteran 2

4.3. Veterans Highlighted Functional Stabilization with Medical Cannabis

Veterans consistently described benefit as achieving a stable baseline that allowed daily functioning, rather than complete symptom resolution. Veterans emphasized that medical cannabis did not eliminate all physical or psychological symptoms. Instead, it enabled functional stabilization by reducing symptom intensity to a manageable level. Participants described this stabilization as allowing them to sleep, regulate emotions, manage pain, reduce anxiety, and re-engage in daily and social life. Medical cannabis was frequently contrasted with conventional medications, which veterans described as impairing cognition, emotional presence, or physical function.

Veterans repeatedly described cannabis as helping them remain closer to their baseline level of functioning, rather than producing intoxication or emotional numbing.

> *"Cannabis kept me closer to my baseline than I'd ever been. I wasn't numb — I could laugh, carry a conversation, and actually be around people again."* - (Veteran 1)

> *"I don't use cannabis to get high. I use it to bring me back to baseline so I can be the best human I can be."* - (Veteran 3)

Participants described that their diagnosed conditions often persisted, but symptom intensity became more manageable, allowing veterans to regulate emotions, improve sleep, reduce pain to tolerable levels, and remain present in family, social, and community life.

"My PTSD, my nightmares, my flashbacks are still there. But when I'm occupied, my brain just slows down so they don't push the images that much." - (Veteran 15)

"I enjoy it because I'm at peace. It makes everything tolerable. I get a good sleep. I'm more able to function out in the community now because I don't snap at everybody." - (Veteran 4)

"I'm more relaxed around people. I'm like I'm not near jumpy as I used to be. I still jump at quick sounds and so on, but I recognised them today because it take the time out to recognise them rather than react." - (Veteran 6)

"It helps my sleep for sure. If I didn't take that, I wouldn't sleep… without the sleep, then you're not rested for the next day… it just becomes just the snowball effect." - (Veteran 9)

"I don't do it to get high. Like, I, I don't need it for that. I need it for the pain. I need it for my everyday mobility. I, I just need it." - (Veteran 12)

4.4. Reduction or Discontinuation of Other Substances and Medications

Participants consistently reported that once medical cannabis became part of a structured treatment plan, their reliance on other prescription medications decreased substantially or was eliminated altogether. Veterans viewed medical cannabis as reducing reliance on alternative medications and substances associated with higher downstream healthcare utilization. Veterans described tapering or discontinuing opioids, sedatives, antidepressants, mood stabilizers, and medications used off-label for sleep or anxiety. Importantly, veterans emphasized that these reductions occurred alongside maintained or improved symptom control, rather than clinical deterioration.

"It took about a year and a half, but I got off all my medications. Cannabis helped me do that safely while still managing my symptoms." (Veteran 1)

"I was on 9 medications, 27 pills a day and basically turned to cannabis because I had smoked a joint one day and I felt better with that couple of puffs I had than all those pills." (Veteran 1)

"I was taking sleeping pills. mood inhibitors, lithium, wellbutrin, trazodone, Ativan and just a whole bunch of different combinations and none of it worked. And yeah. So now I'm just on, now I'm just on the cannabis and things are better." (Veteran 10)

Several participants also described reduced alcohol use and avoidance of other substances once cannabis was integrated under medical oversight.

"Once cannabis became part of my treatment, alcohol stopped being my coping mechanism." - (Veteran 3)

"Where are they (veterans, third person) supposed to turn to now? Is that mean back onto opioids? More sleep meds? An antidepressant?" - (Spouse 16)

4.5. Importance of Clinician and Patient Support in Establishing Treatment Plans

Veterans consistently described effective medical cannabis use as dependent on ongoing clinical guidance, education, and patient support rather than on product access alone. They framed these services as core care infrastructure, not ancillary services. Treatment planning was described as an iterative process requiring trial, adjustment, and follow-up over time, with support from healthcare providers, educators, and patient support

teams. Participants emphasized that continuity of care and responsive support were essential to safely and effectively navigating medical cannabis. These elements enabled timely adjustments, prevented destabilization, and supported an iterative treatment process grounded in clinical oversight rather than trial-and-error in isolation.

> *"If you don't have someone to explain it to you, it's really hard to figure out. The support around it is what makes it work. It's not just the product, it's having someone there to guide you."* - (Veteran 8)

> *"If something didn't work, we could call and ask what to do next. We didn't have to wait for another prescription or another appointment. We already had a plan, and that's what kept things stable."* - (Spouse 16)

> *"But what I did then was I phoned up the [LP] and said, okay, here's my situation. What do we got that we can do to, you know, change? So again, same thing. They gave me a couple of suggestions. ...So I found [LP] to be great for the picking and choosing. They've got the expertise in their products."* - (Veteran 14)

Veterans emphasized that different products and formats were used for different purposes, such as daytime anxiety management, social functioning, or nighttime sleep support, and that guidance was critical to making these distinctions safely and effectively.

> *"What I use for sleep is not what I use during the day. For anxiety, it's something else. I don't take the same thing if I'm going out or if I'm staying at home."* - (Veteran 15)

> *"This isn't about one injury or one symptom. It's about using creams and oils for joint pain, drops and edibles for anxiety, inhalers for acute moments. No other treatment gives that flexibility."* - (Veteran 19)

Veterans also highlighted the necessity of having access to multiple product options to address different symptoms and contexts, noting that removing options undermines the medical nature of treatment.

> *"If you take away the options, it stops being medical. People need different things for different symptoms."* - (Veteran 8)

Taken together, these accounts demonstrate that medical cannabis was most effective when delivered within a structured, clinician-supported care model that allowed for individualized treatment planning, ongoing adjustment, and access to multiple product formats. Veterans consistently emphasized that it was this surrounding clinical and patient support infrastructure, rather than cannabis alone, that enabled safe, effective, and sustained outcomes.

4.6. Fear of Destabilization from Established Care

Veterans consistently described medical cannabis stability as the result of years of careful titration, consistency, and trust. Stability was framed as fragile and deeply tied to function, identity, and the ability to participate in family and community activities. Participants emphasized that this footing was not easily achieved and would not be quickly replaced if disrupted.

> *"I finally have footing, something that works. Taking that away after everything the military put me through would be a huge blow."* - (Veteran 2)

> *"He already knows what he takes, when he takes it... any disruption would impact him profoundly."* (Spouse 19)

Veterans expressed that changes to coverage, product availability, quality, or affordability were perceived as direct threats to their stability. Even the anticipation of disruption triggered anxiety and fear of regression to prior states of crisis, loss of function, and diminished quality of life.

> *"You're messing with people's medication. Symptoms will come raging back, and people will lose stability they fought years to build."* - (Veteran 1)

> *"So just knowing that like you might not have what you need that changes your whole quality of life."* - (Veteran 6)

> *"It kicked my anxiety rate up big time."* - (Veteran 13)

Participants highlighted that proposed changes would disproportionately affect veterans who are unable to work or have limited financial means. While some could temporarily absorb higher costs, others would face immediate loss of access, compounding anxiety and exacerbating inequities within the veteran community.

> *"If I have to pay that difference, I have the money and the means to do so. But what about the veterans who are out because they're unable to work? ... Where's that money coming from for them?"* - (Veteran 13)

> *"...why it's the only medication that is taxable in Canada. Only, so if they want to get the cut, why they just cut that?"* - (Veteran 15)

Veterans and veteran-support professionals warned that destabilization could have serious downstream consequences, including relapse, family breakdown, and, in the most severe cases, loss of life. These concerns were grounded in prior experience and direct observation within the veteran community.

> *"But if they're cutting back on it. I don't know where I'll go afterwards... I know people out there that it's gonna cost lives."* - (Veteran 5)

> *"it's not going to be good for any of the veterans' mental health... so there's going to be a lot of...suicide, a lot of mental health issues."* - (Veteran 11)

> *"I can say that if I wouldn't have that. Now, it's really like my next step was death."* - (Veteran 11)

> *"All of these proposed changes are throwing veterans into a space that's unhealthy... what am I going to do without that medicine?"* - (Veteran 8)

4.7. Risks Identified with Access Restricted or Altered

Veterans consistently indicated that disruption to medical cannabis access would not result in symptom resolution, but rather substitution toward less safe or illicit alternatives. Veterans highlighted that the need for treatment would not disappear, rather be redirected. Participants emphasized a strong preference to avoid returning to conventional pharmaceuticals that had previously caused harm, instead anticipating increased reliance on alcohol or unregulated cannabis sources. Several veterans described alcohol as the most readily accessible fallback coping mechanism, particularly given its legal availability, despite recognizing its risks.

> *"Yes. Well, my biggest fear is like everybody else, someone was every veteran I know is an alcoholic or a recovering alcoholic. So. And that's the easiest mean to get."* - (Veteran 4)

"Unfortunately, I believe suicides are going to go up. I think alcoholism is going to come back with a vengeance. And I don't think they're considering the well-being of veterans when they made this decision, it was purely a numbers game." - (Veteran 3)

"it's ridiculous as far as I'm concerned... it's either going to the backdoor dealer guy or it's going to go into alcohol or it's going to illegal drugs in general." - (Veteran 18)

Participants expressed concern that restricting regulated medical cannabis access would drive veterans toward unregulated markets, introducing unknown product quality, safety risks, and inconsistent dosing. Veterans emphasized the contradiction of forcing patients away from medically supervised supply chains toward illicit sources when cannabis was otherwise being positioned as a legitimate medical therapy.

"Well, we'll end up at the black market... what are we then going to be putting into veterans lungs?"
- (Veteran 8)

"We don't go to the drug dealer to buy Tylenol... but that's where they'll end up." - (Veteran 8)

Veterans described medical cannabis as foundational to their ability to participate in daily life, including family interactions, employment, and community engagement. Participants expressed concern that losing access would result in withdrawal from society, increased isolation, and emotional dysregulation, reversing gains in functioning and social reintegration.

"So, you know, the looks that we get, the disdain, the, you know, all that. the judgment, you know. It's horrible. And if I didn't have, if I couldn't take medical cannabis, I'd be staying home." - (Veteran 9)

Medical cannabis was frequently described as a stabilizing buffer that helped prevent escalation to crisis-level care. Veterans expressed concern that removing this buffer would increase emergency department visits, psychiatric interventions, hospital admissions, and safety or wellness checks, placing additional strain on already burdened healthcare systems.

"People going in for pain for over 22 hours... if this can be dealt with, why are we stepping back?"
- (Spouse 16)

"Medical cannabis was a buffer... taking that away causes a whole lot of issues." - (Spouse 16)

"This is not a cost-saving policy change. It shifts costs into emergency services, pharmaceutical treatments, and long-term care — likely at a higher overall expense than the savings from reduced cannabis coverage."
- (Veteran 19)

Veterans indicated that anticipated access restrictions were already prompting behaviors such as rationing doses and limiting use to acute flare-ups rather than preventative stabilization. Participants expressed anxiety about running out of medication, recognizing that under-dosing could increase instability and risk of crisis.

"For some people, this is the only thing that's helping them. Take it away, and that's the final straw."
- (Veteran 2)

"A reduction in coverage is an increase in pain. It puts veterans in a position of rationing their access to healthcare." - (Veteran 19)

Veterans repeatedly warned that access disruption could have catastrophic consequences for some individuals, particularly those with long-standing mental health conditions. These concerns were grounded in lived experience, with participants referencing prior policy changes and known suicides within the veteran community. Veterans emphasized that prolonged sleep deprivation, unmanaged pain, and psychological distress could erode coping capacity over time, leading to irreversible outcomes.

> *"And we might have a few, many more suicides because of this… if you're not sleeping, You're not thinking clearly… after many, many months, years, you're not the same person."* - (Veteran 14)
>
> *"I lost friends last time they cut. Lives will be lost."* (Veteran 10)
>
> *"Yeah, I'm angry too… they're going to save money and they're going to have a bunch of dead veterans on their hands."* - (Veteran 9)
>
> *"For some people, this is the last thing keeping them going. Take it away, and there's nothing left."* - (Veteran 5)

Collectively, these accounts indicate that restricting or altering access to medical cannabis is likely to produce substitution toward higher-risk behaviors, increased disengagement from society, greater reliance on crisis-based care, and heightened caregiver burden. Veterans consistently emphasized that medical cannabis functioned as a stabilizing buffer within their broader care plans, and that removing this buffer would not redirect patients toward safer alternatives, but rather toward pathways associated with greater individual and system-level harm.

4.8. Impact on Families and Caregivers

Veterans consistently emphasized that medical cannabis played a critical role not only in their own stability, but in maintaining family functioning and reducing caregiver burden. Participants described how symptom control enabled them to be emotionally present, physically capable, and reliable as parents, partners, and family members. Medical cannabis was frequently framed as a stabilizing buffer that reduced the intensity of symptoms that would otherwise shift caregiving responsibilities onto spouses, partners, or children.

> *"These policy changes don't just affect the veteran. Injuries like PTSD impact entire family systems and limiting access to effective care increases harm within those families."* - (Veteran 19)
>
> *"I don't have strong memories of my daughter as a baby because of those medications. I can't lose another part of her childhood."* - (Veteran 2)
>
> *"Cannabis helped me become the stable dad I wanted to be. My wife saw that change, and it changed our family dynamic."* - (Veteran 3)
>
> *"That is going to be a big blow to me if they're going to take away the only medication that has actually worked. It makes me a great parent, makes me available to my daughter. She's 3. That demands a lot more of my time and my attention."* - (Veteran 2)

Veterans expressed concern that disruption to established treatment plans would reverberate through their families, increasing emotional strain, caregiving demands, and household instability. Participants worried that caregivers would be required to compensate for symptom escalation, loss of independence, and reduced function, often at the expense of employment, mental health, and family wellbeing. Several veterans

described fears of relationship breakdown, loss of parental role, and erosion of identity as a partner or provider if stability were lost.

> *"For me to be here and be available for her, I need this medication. I can't go back and be a zombie on those other medications. I'm not a person. I'm not a person for her and I'm her only support. I'm a single bomb."* - (Veteran 2)

Caregivers and veterans alike emphasized that medical cannabis supported autonomy and self-management, reducing reliance on family members for daily care. Participants expressed concern that removing access would reverse these gains, increasing dependency and undermining dignity, self-worth, and family roles. Veterans repeatedly stressed that the consequences of destabilization would not be confined to the individual, but would extend directly to spouses, children, and caregivers. Participants emphasized that caregiver strain ultimately translates into broader social and healthcare system impacts

> *"It just it's it helps so much. It's not just an escape from someone's reality. It's worrisome that is going to be taken away and the follow up usually tends to fall out on the family and the kids. So, is that going to mean divorce rates go up? Does that mean more spousal abuse? It is scary. It's really scary because you wouldn't take that away from a child that needs chemotherapy. So, I don't see why they would do this."* - (Spouse 16)

> *"What am I going to do without that medicine? What are my kids? My kids can't deal with their mom as it is. What? What's my family? I'm going to get a divorce now."* - (Veteran 8)

> *"One of the vets in my group, his pain is so bad and his mobility is decreased so much without his cannabis, the dreams and everything else. He told me he would be bedridden and his wife would have to quit her job."*
> - (Veteran 13)

4.9. Erosion of Trust, Institutional Disappointment, and Perceived Abandonment

Veterans consistently framed proposed reimbursement changes as symbolic actions that communicate institutional values, respect, and responsibility Veterans consistently described proposed and prior changes to medical cannabis reimbursement as having impacts that extended well beyond access to a single therapy. These changes were experienced as signals of institutional values, respect, and responsibility toward those who served. Veterans framed these experiences through themes of moral injury, abandonment after service, and erosion of trust in systems meant to support them.

> "We already lost people when things changed before. This isn't new, and it's not a risk — it's what happens."
> - *(Veteran 5)*

Many veterans described their service as involving obedience, personal sacrifice, and acceptance of risk, undertaken with the expectation of long-term institutional support after release. Changes to medical cannabis reimbursement were framed as a violation of this implicit social contract, contributing to feelings consistent with moral injury.

> *"We sacrificed – me and [V11] – our lives to give you Canada. So we work for Canadian for and I'm proud of it and I don't feel like I'm respected."* - (Veteran 15)

> *"We make sacrifice and I'm proud of it and I've done it every time but if I make sacrifice to someone, I hope that person helps me to go through it after."* - (Veteran 15)

"...if it's without their support, yeah, I'm questioning myself why I do that." - (Veteran 15)

Veterans described release from service as a rupture in identity, community, and belonging. Proposed or prior reductions in support were experienced as reinforcing a narrative of being discarded once no longer operationally useful, deepening feelings of abandonment.

"And it's all the frustration around that...we serve, and especially like, it was our life, it was our family, the military, and it's like...you're kicked out because you're no good anymore..." - (Veteran 11)

"When you're released...it's like 'oh, you don't serve for us anymore. You're no good for us.'" - (Veteran 11)

Several veterans highlighted the contrast between military culture, where obedience and compliance are expected, and post-service systems that require veterans to advocate, argue, and fight for care. This shift was described as exhausting and demoralizing, particularly for those already experiencing mental health challenges.

"When you're in the military...you have to do things without thinking, without asking questions...you just have to obey. And then now you get out of that system and you're trying to get a new life...and then what, I have to argue...fight for...that stuff." - (Veteran 11)

[On VAC] "they have to work for us, and not against us. They are the ones that should be putting us and defending us." - (Veteran 15)

Veterans expressed frustration that proposed changes appeared disconnected from lived experience and continuity of care. Some emphasized that the existing program was functioning well and that altering it felt punitive rather than corrective.

-"You're going to cut the veterans who have protected and did their job and put their lives in harm's way. And this is the way you're going to repay them again. I mean, it's ridiculous as far as I'm concerned... The programme they have in place, I think, is working really well just the way it is." - (Veteran 18)

Across these examples, veterans consistently framed changes to medical cannabis reimbursement as symbolic actions that communicated institutional priorities and values. Erosion of trust, perceived abandonment, and moral injury were not isolated reactions but recurring patterns tied to veterans' broader experiences with service, release, and post-service care. Participants emphasized that repeated or poorly communicated policy changes risk compounding psychological harm, disengagement from care, and long-term damage to trust between veterans and the institutions responsible for their wellbeing.

5. CONCLUSIONS AND IMPLICATIONS

5.1. Outcome

Collectively, the patient roundtables demonstrate that policies governing medical cannabis reimbursement function as more than administrative or fiscal mechanisms. For veterans, these policies directly shape clinical stability, psychological safety, engagement with care, and trust in institutions responsible for post-service support.

Based on consistent lived experience across multiple sessions, proposed reimbursement changes were associated with four primary outcome domains:

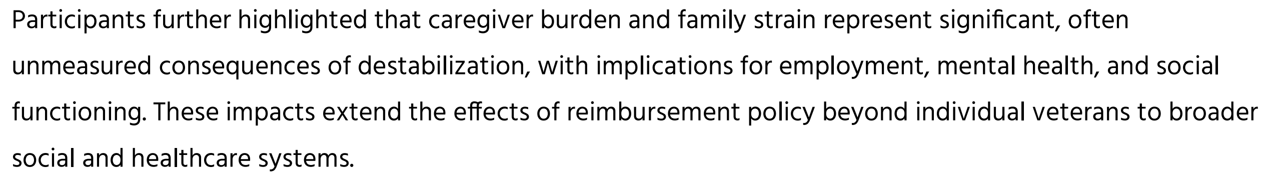
- **Clinical and functional stability**: Medical cannabis was described as a foundational stabilizing treatment for veterans managing complex, overlapping symptom burdens, often achieved only after prolonged periods of crisis and treatment failure.
- **Behavioral and health system responses**: Veterans emphasized that reduced access would not eliminate need, but rather alter behavior, including substitution toward higher risk substances, illicit markets, rationing, and increased reliance on crisis-based care.
- **Family and caregiver impact**: Stability achieved through medical cannabis extended beyond the individual veteran, supporting family functioning, reducing caregiver burden, and preserving roles, dignity, and independence.
- **Trust, psychological safety, and system engagement**: Reimbursement changes were experienced as symbolic signals of institutional values, with erosion of trust contributing to anxiety, disengagement from care, and long-term damage to veterans' willingness to seek help through VAC supported pathways.

5.2. Implications

The findings suggest that the proposed reimbursement framework carries foreseeable and clinically meaningful consequences that extend beyond short-term cost containment. From a patient-centred policy perspective, these outcomes reflect cost shifting rather than cost avoidance, with risks distributed across healthcare systems, families, and veterans quality of life.

Veterans consistently described that reduced affordability, constrained product access, or forced substitution would disrupt established treatment routines, increasing symptom volatility and undermining hard earned stability. These disruptions were associated with predictable downstream effects, including increased reliance on alcohol, opioids, unregulated cannabis sources, and crisis-based healthcare services.

Importantly, the findings indicate that harm may occur prior to implementation, as uncertainty and perceived withdrawal of support triggered anxiety, rationing behaviors, and disengagement from care. Veterans emphasized that once trust in VAC-supported healthcare systems is eroded, re-engagement becomes difficult, compounding long-term risks to safety, continuity, and health system effectiveness.



Participants further highlighted that caregiver burden and family strain represent significant, often unmeasured consequences of destabilization, with implications for employment, mental health, and social functioning. These impacts extend the effects of reimbursement policy beyond individual veterans to broader social and healthcare systems.

Taken together, the findings underscore the importance of incorporating patient lived experience, continuity of care, and trust preservation into reimbursement policy decisions, particularly for populations with complex needs and prior experiences of institutional harm. These findings highlight the need for reimbursement policies that are responsive to patient lived experience, preserve treatment stability, and support long-term engagement with VAC supported care.

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.

6.1. Participants

#	MILITARY , SERVICE ROLE	ORGANIZATION , BRANCH	YEARS OF SERVICE	ROUND TABLE DOCUMENT
1	Veteran	Canadian Armed Forces Combat Engineer	14 years	**Patient Round Table #1.docx**
2	Veteran	Canadian Armed Forces UTPNCM , psychology student	12 years	**Patient Round Table #1.docx**
3	Veteran	RCMP, Drug investigator, undercover operations	16 years	**Patient Round Table #1.docx**
4	Veteran	Canadian Armed Forces, Not stated	10 years	**Patient Round Table #2.docx**
5	Veteran	Royal Canadian Navy	23 years	**Patient Round Table #2.docx**
6	Veteran	Militia and Royal Canadian Air Force	4 years	**Patient Round Table #2.docx**
7	Spouse of veteran	Not applicable	Not applicable	**Patient Round Table #2.docx**
8	Veteran	Canadian Armed Forces Medic	28.5 years	**Patient Round Table #3.docx**
9	Veteran	Royal Canadian Air Force	17 years	**Patient Round Table #4.docx**
10	Veteran	Canadian Armed Forces	10 years	**Patient Round Table #4.docx**
11	Veteran	Royal Canadian Navy	23 years	**Patient Round Table #6.docx**
12	Veteran	Canadian Army Reserve	28 years	**Patient Round Table #5.docx**
13	Veteran	Canadian Armed Forces , Regular Force	20 years	**Patient Round Table #5.docx**
14	Veteran	Canadian Armed Forces , Regular Force	20 years	**Patient Round Table #5.docx**
15	Veteran	Canadian Armed Forces, Infantry Soldier	10 years	**Patient Round Table #6.docx**
16	Spouse of veteran	Not applicable	Not applicable	**Patient Round Table #7.docx**
18	Veteran	Canadian Armed Forces	20 Years	**Patient Round Table #4**
19	Veteran	Canadian Armed Forces, Close Protection Operator	13 years	**Patient Round Table #8 Letter Submission.docx**