



## How Texans Stop Pain with a Plant: Findings from a Survey of Medical Cannabis Users

With the passage of the Compassionate Use Act in 2015, the state of Texas officially recognized cannabis as medicine. Still, most Texas patients are excluded from participating in the Compassionate Use Program (CUP) due to restrictions in the state's law. Our recent survey of 2,866 Texas residents who use medical cannabis sought to gain insight into the needs and experiences of this population. The survey was conducted online between August 11, 2020, and October 6, 2020. Twenty-two percent of respondents were military veterans.

### SURVEY HIGHLIGHTS AND KEY FINDINGS

- 23% of respondents report that medical cannabis has decreased pain (517 respondents, N=2,302).<sup>1</sup>
- 39% report that medical cannabis has improved quality of life (900 respondents, N=2,302).
- 61% report having replaced prescription opioids and benzodiazepines with medical cannabis (988 respondents, N=1,622).
- 80% of respondents report using cannabis for chronic pain (2,006 respondents, N=2,501).
- 52% of veteran respondents report using cannabis for PTSD (299 respondents, N=579).
- 18% of respondents say they use illicit cannabis to treat neuropathy, despite this diagnosis making them eligible for the CUP (468 respondents, N=2,558). Respondents also reported using cannabis for several other conditions covered by the CUP.
- 64% of respondents who purchase medical cannabis from the illicit market report spending between \$100 and \$500 per month (1,249 respondents, N=1,937).
- 48% of respondents who purchase cannabis through out-of-state medical markets report spending between \$100 and \$500 per month (255 respondents, N=536).
- 84% of respondents have considered leaving Texas for a state with a more inclusive medical cannabis program (2,033 respondents, N=2,409).

### POLICY RECOMMENDATIONS

1. Expand the Compassionate Use Program's qualifying conditions and move to a system in which program eligibility is based on both symptoms and diagnoses.
2. Remove the cap on THC content. Allow doctors and patients to determine the optimal strength and dosage for each individual's medical needs.
3. Revise the state's current regulatory scheme so that program oversight rests with qualified medical professionals who can adjust program guidelines in response to evolving research and other relevant considerations.
4. Provide legal protections against discrimination and denial of benefits in areas including but not limited to employment, health care, housing, education, and parental rights for people who use medical cannabis.
5. Make possession of small amounts of cannabis flower and concentrates for personal use a fine-only offense, to avoid criminalizing patients.

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<sup>1</sup> Due to the sensitive nature of the subject matter, respondents were able to skip questions. This results in variation in sample size across survey questions.