

# Cannabis in the Closet? Older Persons' Perceptions of Stigma and their Influence on Use and Access to Medicinal Cannabis

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## ABSTRACT

**Background:** Cannabis has been used for medicinal purposes for millennia. Stigma associated with cannabis use may influence older persons access to cannabis, information seeking about cannabis, and/or use of cannabis. Scant research has sought to examine the impact of older persons' perceptions of stigma on the ways they learn about and use medicinal cannabis, with important implications for their health.

**Methods/Design:** In this qualitative descriptive study, we will seek older persons' information needs and challenges accessing cannabis from older persons and professionals who work in the cannabis industry. Using open ended questions, we will survey and interview older persons who use cannabis or are considering using it about their perceptions of stigma, information seeking, choice of cannabis product, and preferred vendor. Professionals who work with cannabis will be interviewed for their experiences with older persons seeking information about and access to cannabis.

**Discussion:** Findings will identify what information related to medicinal cannabis use older Canadians most urgently need, shed light on any stigma they fear and/or experience when searching for such information, and inform the development of information products and knowledge mobilization strategies tailored to older Canadians' knowledge needs.

**Keywords:** *social stigma, cannabis, older people*

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# 1. Background

## 1.1 Study objectives and significance

Research related to cannabis has typically focused on younger people. Although the cannabis literature defines older persons as people aged 50 or older, the World Health Organization defines them as age 60 and older (WHO, 2015). Older cannabis users are a diverse group with diverse needs, who may also hold divergent views of the stigma associated with cannabis use. Our aim in this project is to understand older persons' fears and experiences of stigma related to cannabis and how it affects their information seeking and access to cannabis for medicinal reasons.

Cannabis has both benefits and risks for older Canadians, dependent on the proportion of cannabidiol (CBD) and tetrahydrocannabinol (THC) present in the products they consume (Atakan, 2012). Older persons are more likely than younger individuals to seek cannabis for health reasons (Choi et al., 2017; Hakkarainen et al., 2019; Lum et al., 2019), but are at greater risk of experiencing negative side effects or severe health consequences (Hall, 2018; Minerbi et al., 2019). To prevent negative side effects older persons must understand how to consistently portion and dose their CBD and/or THC products each time they consume them. There is also a knowledge need associated with accessing accurate information about the form of cannabis consumed – oil, edible, vaporization, inhalant – that would be most effective for their health condition and how to safely administer it. Consuming the wrong form or dose can occur due to unclear labelling of cannabis products purchased in retail stores or through a licensed distributor, or to procuring it from an illicit seller (Wolf et al., 2020), whether directly (such as self-purchased) or indirectly (such as receiving it as a gift) (Baumbusch & Sloan Yip, 2021; Kamrul et al., 2019). Further, those who obtain cannabis from a retail store may misconstrue it as a medical grade product because of the name of the store, when in fact, it may not be (Baumbusch & Sloan Yip, 2021; Lum et al., 2019). Older users of cannabis may have perceptions of stigma surrounding cannabis to the extent that they do not engage with information seeking and may purposefully conceal their cannabis use (Kamrul et al., 2019). Stigma may cause older persons to conceal their interest or usage, or to decline discussing their cannabis use with healthcare providers. This reluctance may prevent older persons from receiving accurate information, thereby increasing the possibility of medication errors (e.g., drug interactions with other medications). As such, a significant need exists for research into this constellation of factors related to cannabis use: social stigma, older users, and cannabis use for medicinal reasons.

## 1.2 Cannabis: Use, stigma, and older users

Cannabis is one of the most widely used illicit drugs worldwide. In Canada, most people have used it recreationally before turning 30 (Adlaf et al., 2005; Erickson et al., 2013). Yet, cannabis has been used for thousands of years to treat rheumatism, pain, sleep, inflammation, nausea, anxiety, and many other conditions (Zuardi, 2006). Some recent evidence suggests that cannabis may also be helpful in treating pain, nausea, arthritis, anxiety, sleep issues, and depression (Bachhuber et al., 2019; Briscoe & Casarett, 2018; Kamrul et al., 2019; Lum et al., 2019; Stockings et al., 2018).

Cannabis has been legal in Canada for health reasons since 2001, and for recreational use since 2018 (Cox, 2018; Statistics Canada, 2018), which means that older Canadians have lived most of their lives with cannabis viewed as an illicit drug. Although “a sense of moral outrage [of illicit drug use] has relatively little basis in the pharmacological” (Roberts & Chen, 2013, p.118) properties of the drug, cannabis may well evoke that history of stigma for older users or potential users. Consequently, older Canadians may be reluctant to discuss cannabis with their healthcare provider as a means of managing their health problems.

It is well known that fear of stigmatization can drive behaviour and actions underground, and lead people to conceal or avoid stigmatized activities or practices. In this respect, cannabis use is no different. Canadian evidence indicates that stigmatization related to cannabis use persists, whether it be for health or recreational reasons (Bottorff et al., 2013; Duff et al., 2012; Hathaway, 2004). Bottorff et al (2013) examined perceptions of medicinal cannabis use in Canada and found that the stigma associated with use affected users' social, professional, and familial relationships, as well as their relationships with healthcare providers. Participants in another Canadian study restricted their use of cannabis to places and times where they were less likely to encounter other people, to avoid being stigmatized (Duff et al., 2012). This finding supports research on stigma in sociological and management literature suggests that people will often engage in avoidance or concealing behaviour when they are afraid of stigmatization (Link & Phelan, 2001; Zhang et al., 2021).

Despite this enduring stigmatization, cannabis use in persons aged 60 and older has increased by 4% since its legalization in Canada, a greater increase than any other age group (Cox, 2018; Statistics Canada, 2018). Similar spikes in cannabis use by older persons have been seen in the United States (Han et al., 2016). Studies show that older users commonly seek out cannabis for health reasons such as managing pain, a well-researched symptom that cannabis can help ameliorate (Abuhasira et al., 2018; Bobitt et al., 2019; Choi et al., 2017; Kaskie et al., 2017; Kostadinov & Roche, 2017). However, in one study, most participants accessed illicit cannabis, and only one had a medicinal prescription (Baumbusch & Sloan Yip, 2021).

A study in Israel of cannabis users aged 60 and older reported using cannabis for pain and nausea associated with palliative care needs resulted in a decreased use of narcotics. The most common side effects were dizziness and dry mouth (Bobitt et al., 2019). In another study, older cannabis users reported numerous benefits including the ability to decrease their use of opioids (Lum et al., 2019); however, 22% of participants experienced memory loss. A study in Colorado confirmed that many people aged 60 and over lacked information about cannabis and had challenges accessing it, but were reluctant to discuss it with healthcare providers (Bobitt et al., 2019).

Prior history with cannabis is also an important factor influencing older persons' perceptions, i.e., whether they are first-time users, have used cannabis as a youth, or have used it recreationally for most of their lives (Arora et al., 2021). Experience with cannabis (or lack thereof) can shape older persons' perceptions of stigma, as well as how they access cannabis and seek information about it. In one Canadian study, participants believed that the cannabis they purchased from a retail store was medical cannabis, due to the name of the store, even though it was not (Baumbusch & Sloan Yip, 2021). Another issue to consider is that those who seek cannabis for health reasons face not only the cannabis associated stigma, but also stigma associated with using an alternative or complementary approach to manage health problems (Low, 2005). In Low's (2005) study, participants acknowledged that they were reluctant to discuss their use of complementary therapy with their healthcare providers, and sometimes even their family members.

Finally, the empirical evidence of cannabis efficacy and safety in older persons is scant, as Minerbi et al (2019) report that studies have predominantly focused on younger people. For older users, cannabis consumption is complicated by its proportion of THC, which may lead to cognitive changes, falls, heart attacks, or psychotic episodes—negative side effects related to physical, age-related changes that cause some healthcare providers to be concerned about cannabis use in older persons (Minerbi et al., 2019; Wu & Blazer, 2011). It is imperative that users aged 60 and older feel comfortable seeking advice from healthcare providers and disclosing their use of cannabis (or desire to use). At present, however, there is little research

that addresses these issues despite the important and potentially problematic influence of stigma on the way older Canadians access cannabis and information about it.

### **1.3 Theoretical framework: social stigma**

Stigma is “a discrediting mark” that can be attached to individuals, occupations items, organizations, or products (Goffman, 1963). Stigma can be based on a variety of sources, such as demographics like race or engagement in activities deemed morally dubious (Zhang et al., 2021).

It is important to note that “stigma” differs from “stigmatization”. Stigma “is the mark, the condition or status that is subject to devaluation, [but] stigmatization is the social process by which the mark affects the lives of all those touched by it” (Pescosolido & Martin, 2015, p. 91). While stigma is sometimes associated with elements that cannot be controlled (such as race or disability), other stigmas are seen as controllable, as with cannabis use (Crocker et al., 2005; Hudson, 2008; Jones, 1984; Ragins, 2008). Generally, the more controllable a perceived stigma, the greater the risk of stigmatization, which can lead to a host of negative implications, from social ostracization and shaming to decreased employment opportunities, morale, and personal wellbeing (Ali et al., 2017; Creed et al., 2014; Harding et al., 2018; Ruebottom & Toubiana, 2021). As a result, people generally seek to avoid stigmatization by avoiding sources of stigma, or by concealing their involvement with them (Jones & King, 2014; Leavitt & Sluss, 2015; Ragins, 2008).

A key feature of stigma is that it is dynamic and socially constructed, meaning that perceptions of stigma can shift over time; thus, stigmatization can be reduced or even eliminated (Lamont, 2018; Zhang et al., 2021). During periods of de-stigmatization, different actors can become less stigmatized for their involvement with particular groups or practices (Lashley & Pollock, 2020). Consequently, while stigmatization associated with recreational cannabis use may recently have decreased for adults in their 20s, it may not have been similarly reduced for other populations, including older persons. This research project has strong potential to enhance the limited theorizing that has been done of older persons’ experiences with stigma related to medicinal cannabis use.

## **2. Methods/Design**

We plan a naturalistic inquiry using qualitative descriptive methods (Sandelowski, 2000) to explain how older persons’ experiences of cannabis related stigma influences how they seek information about and access cannabis for health reasons. Qualitative description aims to provide an overarching understanding of an event or social phenomenon and is particularly useful for exploring research topics that are new or poorly understood (Sandelowski, 2000).

### **2.1 Sample**

We will purposefully sample English-speaking older Canadians who have used or are considering using cannabis for medicinal reasons and professionals who work in the cannabis industry. Since we anticipate that older persons may be hesitant to participate due to fear of being stigmatized, we will provide two options: 1) sitting for a virtual or in person interview or, 2) completing an online survey that employs the same open-ended questions. Using both surveys and interviews will allow for a diverse sample across Canada; the interview option will permit interviewers to dialogue with participants who are comfortable speaking openly about their cannabis use or potential use, while the survey option will provide more anonymity for those who are unwilling to discuss their views and experiences in an interview setting. The anticipated result of this sampling strategy is to support maximal variation and richer data. We

will also interview professionals in the cannabis field who provide advice on cannabis to understand their experiences working with older persons who are seeking cannabis for health reasons.

## **2.2 Recruitment**

We will ask retail stores, medical cannabis dispensaries, and healthcare providers to hang a poster advertising the study (which will explain that both survey and interview options are available) in their office or place of business. Our collaborators, who are well situated within the cannabis industry, will be of critical assistance in recruitment. Local, provincial, and national agencies (such as CanAge and HelpAge) that work with and support older persons will be contacted and asked to post information about the study on their websites. In addition, we will use snowball sampling, social media, such as Facebook, to advertise the study to older Canadians.

Participants will self-select to participate by contacting the researchers via telephone or email to schedule an interview, or by completing the anonymous online survey. As a small incentive, participants will receive a gift card in appreciation of their time, a strategy that has been found to facilitate recruitment (Dillman et al., 2014). We anticipate conducting approximately 45 interviews with older cannabis users (or individuals who are interested in using cannabis) and 20 interviews with cannabis professionals (such as retailers with experience responding to older persons' questions on medicinal cannabis use) for a total sample size of approximately 65 participants. Ultimately, however, we will conduct interviews until theoretical saturation is achieved. We estimate approximately 200 older persons will complete the online survey.

## **2.3 Data collection**

A semi-structured interview guide will be used to interview older participants via telephone, in person, or via Zoom (depending on their preference and public health guidelines at the time). The same questions will be used in the survey, which participants will access online. Participants' interviews will be audio- or video-recorded and then transcribed. A semi-structured interview guide will also be used to interview cannabis industry professionals about their experiences answering older persons' questions about using cannabis for health reasons.

## **2.4 Data analysis**

Our approach to thematic analysis will involve both deduction and induction. First, we will use an inductive approach to look for codes and themes, with three researchers coding the first three transcripts or survey responses. Next, we will examine our research objectives and whether they seem to be present in our preliminary codes. Subsequent coding will include considering research questions and existing codes developed from the first three transcripts. This will enable us to incorporate new, unforeseen codes into the codebook. Once the research team reaches agreement on the key codes to be included, the remaining transcripts and survey responses will be coded accordingly. NVivo (version 12) will be used to support thematic analysis by analyzing each code for frequently used words and phrases. Once we identify important concepts within codes, we will group them together to form categories, which will then be grouped together to form larger, unifying themes (Braun & Clarke, 2006; Vaismoradi et al., 2013). Findings from the interviews and survey will provide insight into older persons' experiences with stigma related to cannabis used for health reasons, where they seek information about cannabis, what types of information they seek, where they get their cannabis, and their experiences with healthcare providers related to cannabis.

### 3. Knowledge Mobilization

To engage the public, older Canadians, and the cannabis industry, we plan to employ a multipronged approach to Knowledge Mobilization that includes:

- (1) Formation of an advisory group consisting of older Canadians, healthcare professionals, cannabis professionals, and the research team to (a) develop information products about cannabis that answer the types of questions older users and potential users may have and to (b) create strategies to make the information accessible to older Canadians, healthcare providers, and the public.
- (2) Share information products with local, provincial, and national agencies that support older persons (such as CanAge and HelpAge, with whom we have established relationships);
- (3) Develop a cannabis forum for older persons. The forum would bring together healthcare professionals and professionals from the cannabis industry and older Canadians in either an online or face-to-face venue (depending on current COVID public health guidelines) so that older Canadians can pose questions. Healthcare professionals and professionals from the cannabis industry will also be able to ask questions of older Canadians that participate, and of one another.
- (4) Using game-based approaches as motivational tools—this innovative strategy has been effective with a variety of populations and could be fruitfully used to create messages designed to de-stigmatize cannabis use amongst older persons (Koivisto & Hamari, 2019; Koivisto & Malik, 2021).
- (5) Publish an article in *The Conversation Canada*, a website that publishes academic stories for a lay audience, which will mobilize information needed for medicinal cannabis use in a non-stigmatizing way;
- (6) Develop podcasts to explain older persons' experiences with social stigma related to cannabis use;
- (7) Disseminate media stories in radio and on television with accounts that highlight the stigma associated with medicinal use of cannabis in Canada;
- (8) Use social media such as Twitter and Facebook for public messaging to dispel stigma and mobilize accurate, evidence-based knowledge about cannabis and older persons;
- (9) Finally, public talks by the researchers at community centres and organizations such as the Canadian Association of Retired People (CARP) on the importance of dispelling stigma associated with cannabis use.

We will also utilize traditional strategies to target researchers and educators such as presenting the findings at premier research conferences (e.g., the annual meetings of Canadian Association on Gerontology and the Canadian Sociological Association), as well as disseminating the findings through publications in high-impact, peer-reviewed and open access scholarly journals—we will target those with international audiences, such as the *Journal of Sociology*, *Canadian Journal of Sociology*, *Administrative Science Quarterly*, and *Canadian Journal on Aging*.

### 4. Discussion

An increasing number of older Canadians are using cannabis, or are interested in using it, to treat their health problems. Yet, perceptions of stigma associated with cannabis use may lead older persons to seek cannabis and information on its use from unreliable sources, with serious implications for older persons' health. This study will illuminate older Canadians' perceptions and experiences of stigma surrounding cannabis use and identify their most urgent cannabis-related informational needs. We will develop evidence-based information knowledge products

to address those needs and develop other mobilization strategies to maximize the products' dissemination and impact. Ultimately, we hope to reduce the stigma associated with cannabis use so that older Canadians are comfortable engaging in meaningful conversations about cannabis with their healthcare providers. Doing so will enable safer acquisition and use of cannabis by older persons to treat their health conditions.

We anticipate that the study findings will be highly relevant to older persons, healthcare providers, and professionals working in the cannabis industry across Canada and internationally. The information products we create will help to fill a major knowledge gap amongst healthcare professionals, who often have limited training and experience on how to guide older persons on cannabis use for medical reasons. Findings will enhance theory development about stigma and older persons' use of cannabis for health reasons and provide invaluable opportunities for trainees working with the research team to build knowledge and expertise in survey- and interview-based research methods, as well as Knowledge Mobilization,

Furthermore, the study has the potential to deliver numerous benefits at the societal level. Our knowledge mobilization plans will lead to actionable strategies to reduce stigmatization surrounding older persons' cannabis use for health reasons within the Canadian public. We will promote and enrich public discourse on the topic through our knowledge mobilization strategies. This will open doors to have frank conversations about negative perceptions and practices within our Canadian society.

## List of Abbreviations

CARP	Canadian Association of Retired Persons
(CBD)	Cannabidiol
(THC)	Tetrahydrocannabinol

## Declarations

**Competing interests:** The authors declare that they have no competing interests.

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**Ethics approval:** To maintain anonymity, all participants who sit for an interview will provide either verbal consent (for interviews conducted remotely) or written consent (for interviews conducted in-person). Participants who complete the survey option will provide implied informed consent. This implied consent procedure was approved by the Research Ethics Board at the University of Alberta due to the anonymous and low-risk nature of the study. In the information letter describing the study, participants are informed that completing the survey constitutes consent. Ethics approval was obtained from the Research Ethics Board at the University of Alberta, Certificate #Pro00112287.

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