The Role of Stigma in Cannabis Use Disclosure
An Exploratory Study

Daniel D. King, DNP, CRNA, CPPS, CNE[1], Christopher J. Gill, PhD, MBA, CRNA, ACNPC-AG, FACHE[2], Carey S. Cadieux, PhD, RN, RYT, AHN-BC, FAAN[3], Neha Singh, MS[4]

1. Rosalind Franklin University of Medicine and Science, Chicago, IL, USA 2. National Board of Certification and Recertification of Nurse Anesthetists, Park Ridge, IL, USA 3. Pacific College of Health and Science, San Diego, CA, USA 4. Northeastern University, Boston, MA, USA

Photo: Admir Hadzic

Introduction

Despite increasing cannabis use, societal acceptance, and changing legislation, cannabis remains federally illegal in the United States. This study investigates the frequency of cannabis use disclosure in healthcare, considering the impact of stigmatization. Examining four stigma domains (perceived, anticipated, enacted, internalized), the study aims to enhance understanding of providers' challenges in delivering collaborative and informed patient care.

Objectives

- Evaluate rates and associations of cannabis disclosure and discussion in the U.S. healthcare system, considering stigmatization.
- Enhance understanding of cannabis stigmatization experiences, particularly in relation to disclosure and assessment within the U.S. healthcare setting.

Materials and methods

Northeastern University IRB (IRB# 22-06-17) granted exempt status for this study under DHHS Review Category #2 and revised common rule 45CFR46.104(d)(2)(ii).

Employing a descriptive exploratory design, data collection utilized an anonymous online national survey with a convenience sample recruited through electronic media from July to December 2022.

Participants, adults (>21), self-identified as cannabis users accessing the U.S. healthcare system within the last five years. The survey covered demographics, cannabis use, and disclosure patterns.

Stigma was measured using modified SU-SMS and SASSS scales. Ordinal logistic regression models evaluated associations between cannabis use disclosure patterns and stigma categories, assessed through Chi-squared or Fisher's exact tests.

Recommendations

- Providers should initiate cannabis discussions with stigma reduction strategies.
- Emphasize promoting patient comfort.
- Future research should target anticipated stigma as a key barrier to cannabis disclosure in healthcare.

Scan me to view **references**

Scan me to view **survey**

Results

Data from 249 respondents revealed that 57.1% initiated cannabis discussions with healthcare providers. In 27.8% of cases, cannabis was not discussed, and providers initiated discussions only 15.1% of the time. Anticipated stigma [95% CI: 1.045-1.164] and total stigma [95% CI: 1.001-1.039] were significantly associated with nondisclosure. Annual household income (p = .04), chronicity of cannabis use (p = .03), frequency of use (p = .02), and known CBD amount (p = .01) showed statistically significant associations with cannabis use disclosure frequency.
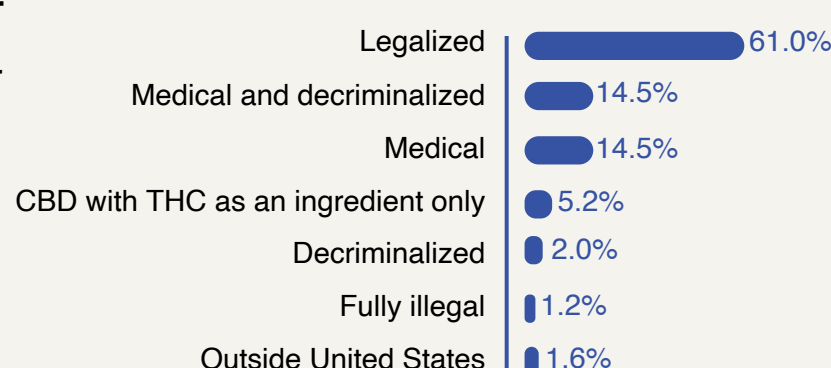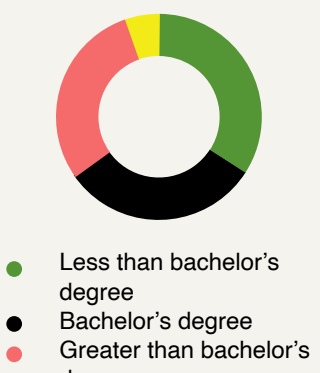
01 Demographic Characteristics

Age, n = 211   50.2 (± 13.2)
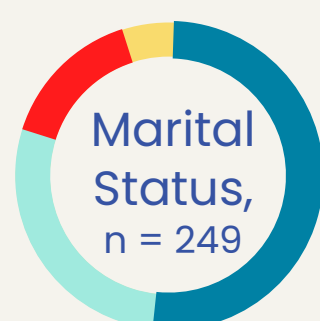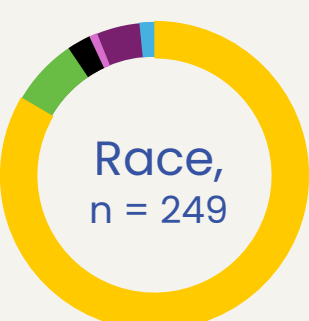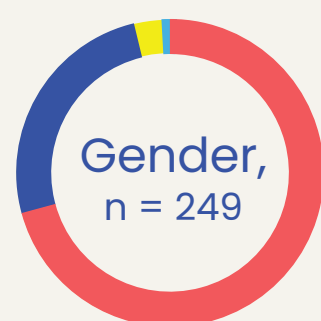
Gender, n = 249
- Female
- Male
- Transgender male
- Prefer not to answer

Race, n = 249
- White
- Black or African American
- Asian
- American Indiana or Alaskan Native
- Other

Marital Status, n = 249
- Now married
- Separated/widowed/divorced
- Never married
- Prefer not to answer

Cannabis Legalization Status in Reported State of Residence, n = 249

Legalized	61.0%
Medical and decriminalized	14.5%
Medical	14.5%
CBD with THC as an ingredient only	5.2%
Decriminalized	2.0%
Fully illegal	1.2%
Outside United States	1.6%

Highest Level of Education, n = 249
- Less than bachelor's degree
- Bachelor's degree
- Greater than bachelor's degree
- Prefer not to answer

Annual Household Income, n = 249
- < $35,000
- $35,000 to less than $70,000
- $70,000 to less than $105,000
- > $105,000
- Prefer not to answer
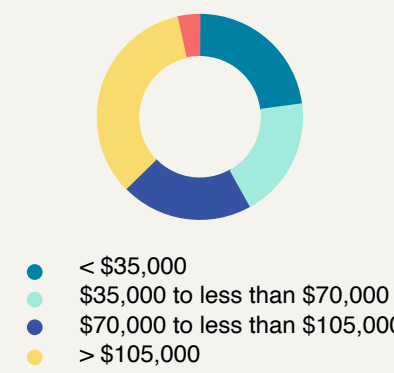
02 Stigma scores and significance for frequency of cannabis use disclosure

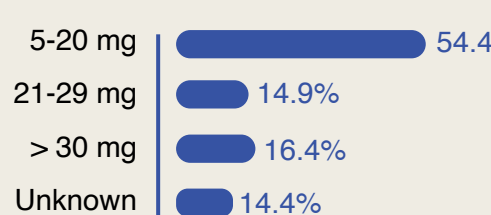| Domain	Minimum	Maximum	Mean ± SD	P
Perceived stigma	6	30	12.09 ± 5.87	.0652
Anticipated stigma	6	30	14.80 ± 7.06	.0015
Internalized stigma	6	30	8.62 ± 4.37	.1462
Enacted stigma	6	30	12.58 ± 6.78	.4566
Total Stigma	24	120	48.09 ± 19.91	.0489

N = 234, Wald Chi-square test utilized to analyze effects of stigma on the frequency of cannabis use disclosure, P < .05 determined to be statistically significant

03 Cannabis use Characteristics
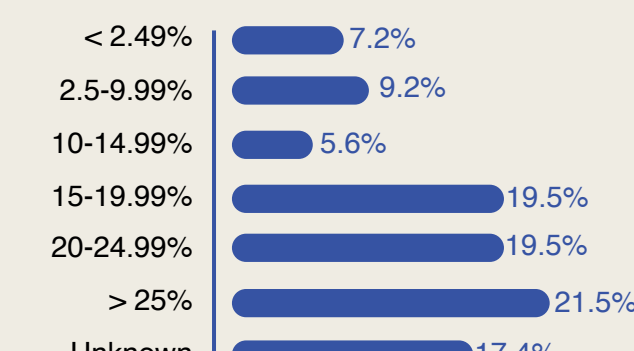
Route most often used, n = 249

Smoking	42.6%
Vape	20.9%
Edible	14.1%
Tincture	8.4%
Oil	4.8%
Capsule	3.6%
Topical	2.0%
Lozenge	0.4%
Other	3.2%

Known Amount of CBD/THC in Products Normally Consumed, n = 195
- No
- Yes

THC Concentration Normally Consumed, n = 195

< 2.49%	7.2%
2.5-9.99%	9.2%
10-14.99%	5.6%
15-19.99%	19.5%
20-24.99%	19.5%
> 25%	21.5%
Unknown	17.4%

Average Daily Amount of CBD Normally Consumed, n = 195

5-20 mg	54.4%
21-29 mg	14.9%
> 30 mg	16.4%
Unknown	14.4%

Number of Days Cannabis Used in Last 30 Days, n = 248

1 day or less	4.8%
2-5 days	6.9%
5-10 days	8.5%
11-20 days	8.9%
21 days or more	71.0%
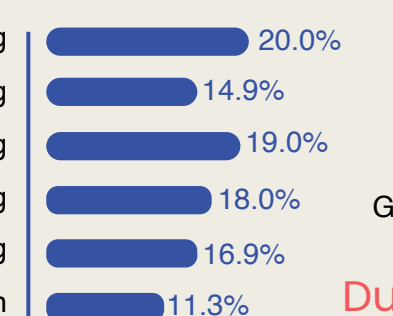
Frequency of Cannabis Use on Days Used, n = 248

Once	26.6%
Twice	20.2%
Three times	16.9%
Greater than three times	33.1%
Unknown/do not recall	3.2%

Average Daily Amount of THC Normally Consumed, n = 195

1-5 mg	20.0%
5-10 mg	14.9%
10-20 mg	19.0%
20-30 mg	18.0%
> 30 mg	16.9%
Unknown	11.3%

Duration of Cannabis Use, n = 248

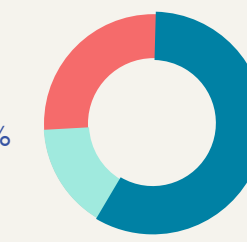|	
Less than 1 year	8.1%
1-5 years	26.2%
5-10 years	17.3%
Greater than 10 years	48.4%
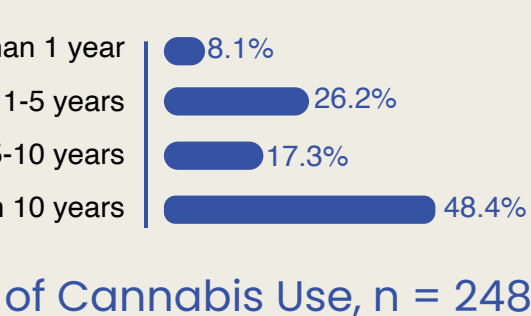
04 Cannabis use disclosure patterns in the healthcare setting
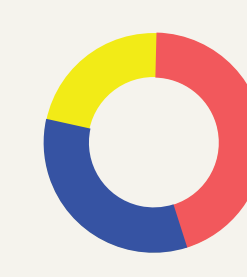
How often do you make your cannabis usage known to healthcare providers? n = 245
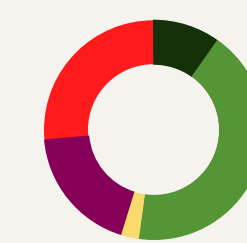
What most influences your desire to disclose your cannabis use? n = 245

When in the healthcare setting, who initiates discussion of your cannabis use? n = 245

- Always
- Sometimes
- Never
- Healthcare provider asks
- Comfort level with healthcare provider
- Unknown
- Healthcare provider
- Other
- Myself
- I do not disclose my cannabis use
- Healthcare provider
- Neither myself nor healthcare provider

05 Reasons for cannabis use (N=249)

01	**Anxiety**, frequency 161	
02	**Pain**, frequency 157	
03	**Sleep**, frequency 141	
04	**Depression**, frequency 109	
05	**Recreation/ leisure**, frequency 88	
06	**Arthritis**, frequency 73	
07	**Post-traumatic stress disorder**, frequency 68	
08	**Muscle spasm**, frequency 62	
09	**Headache/ migraine**, frequency 61	
10	**Neuropathy**, frequency 49	

06 Significance of Frequency of Cannabis Use Disclosure by Variable of Interest

P	Variables
	Demographics
.1047	Age
.3237	Gender
.7887	Race
.3130	Highest education level achieved
.0389	Annual household income
.8490	Marital status
.2387	Legal status in state of residence
.0169	Frequency of use (days per month)
.0344	Duration of use
.0137	Known amount of CBD per day
.5379	Known amount of THC per day

Conclusions

Cannabis users face healthcare stigmatization impacting disclosure of use history.

Healthcare providers need knowledge and unbiased perspectives for effective cannabis-related conversations.