



VIRGINIA
Cannabis
Control
Authority

Medical Cannabis Program Patient Satisfaction Survey

October 3, 2024



About the Virginia Cannabis Control Authority

In 2021, the General Assembly adopted, and the Governor signed into law, legislation establishing the Cannabis Control Authority (“CCA” or “Authority”). The CCA assumed regulatory oversight of Virginia’s medical cannabis program (“MCP”) on January 1, 2024.

As an independent, apolitical subdivision, the Authority promotes public safety, advances public health, and protects communities in the Commonwealth through effective medical cannabis oversight and balanced and inclusive cannabis regulation, policy, and education.

Table of Contents

- Executive Summary** 3
 - Background 3
 - Survey Results 3
 - Recommendations 4
- Overview and Purpose** 5
- Survey Design and Methodology** 5
- Responses** 5
- Participants** 6
 - Demographics 6
 - Program Participation 7
- Survey Results** 8
 - Medical Cannabis Use Trends 8
 - Experience Obtaining a Written Certification 9
 - Dispensary Experience 11
 - Medical Cannabis Sources 13
 - Purchase Behaviors 15
 - Cost of Medical Cannabis 16
 - Overall Satisfaction 18
- Recommendations** 22
- Limitations** 24
- Appendix A: Medical Cannabis Program Patient Survey Demographics** 25

Executive Summary

Background

The CCA issued a medical cannabis patient survey to assess how the Virginia MCP serves patients, parents or legal guardians of patients, and registered agents. The survey captured patterns of cannabis use, the process of obtaining a written certification, purchase behaviors, dispensary experiences, and the overall satisfaction of medical cannabis patients in Virginia. Responses were anonymous and collected between June 25, 2024, and August 9, 2024.

Survey Results

The survey provided insight on patients' experiences engaging with the MCP and highlighted several program successes and areas for improvement:

Medical Cannabis Use Trends

Though patients used medical cannabis for a variety of reasons, anxiety was the most cited condition by Virginia medical patients. Nearly all patients surveyed (98%) used medical cannabis at least weekly, with 81% indicating daily use. Most patients (61%) reported using cannabis medicinally and recreationally.

Experience Obtaining a Written Certification

Among survey participants, 88% indicated that they obtained their written certification for medical cannabis online via telehealth. Patients reported experiencing short appointment times, with 87% having an appointment time of 30 minutes or less. The option for telehealth and the availability of a provider were the top two factors that influenced patients' choice of healthcare provider when seeking to obtain a written certification.

The healthcare provider experience was not consistent across surveyed patients. One-third of patients noted that their chosen practitioner did not give a diagnosis of health conditions or symptoms warranting medical cannabis use during their written certification appointment, and one-fifth of providers did not give instructions for the use of medical cannabis products. When speaking generally with their primary healthcare provider, 17% of surveyed patients do not feel comfortable discussing their medical cannabis use.

Dispensary Experience

Patients had overall favorable experiences at Virginia dispensaries. Among participants, 82% agreed that dispensary employees support a positive patient experience. About three-fourths of patients (73%) perceived dispensary employees to be knowledgeable about the products they sell. This perception of knowledge was likely why patients sourced their medical cannabis information from their local dispensary. About half of survey takers (51%) indicated they primarily get information about medical cannabis products from the pharmacists on duty.

Medical Cannabis Sources

Virginia medical cannabis dispensaries were the primary source of cannabis for most patients (80%). Of the one-fifth of patients who did not use a Virginia medical cannabis dispensary as their primary cannabis source, 93% indicated their reasoning for using other sources was that the price of medical cannabis is too high. Among all participating patients, just over half (54%) had purchased cannabis from an out-of-state dispensary at any point during their time in the program.

Purchase Behaviors

Survey respondents often visited Virginia dispensaries, as 83% reported visiting and purchasing from a dispensary at least once a month. Medical cannabis patients identified whole flower, edibles, and vape cartridges or pens as the products they purchased most often. On average, surveyed patients purchased about 28 grams of flower and six edible products per month. Type of strain, THC or CBD potency, and safety tests were the top three primary factors patients identified when selecting a product from a dispensary.

Cost of Medical Cannabis

The cost of medical cannabis is too high, according to surveyed patients. One-third of patients spent more than \$300 on medical cannabis in the past month. Nearly half of patients (48%) did not think they could afford to buy the amount of medical cannabis they needed to help their conditions or symptoms. Most patients (74%) did not think the cost of medical cannabis is reasonable.

Overall Satisfaction

Nearly all patients (93%) indicated that their quality of life had improved since using medical cannabis. About half of patients (51%) expressed an overall satisfaction with the current state of medical cannabis in Virginia. The largest reason for dissatisfaction was that the price of cannabis was perceived as too high. Four out of five surveyed participants planned to renew their written certification and continue using Virginia's MCP, with 82% sharing that they would recommend the program to a friend or family member.

Recommendations

Survey results outlined in this report offer insight into the beliefs, experiences, and challenges of Virginia MCP patients. While survey respondents had some favorable views toward the program and its benefits, further improvements may enhance patients' health outcomes. Key recommendations to strengthen the MCP include:

- Offering training and education to healthcare providers;
- Lowering the cost and increase the variety of medical cannabis;
- Regulatorily requiring pharmacists to provide first-visit consultations to patients at medical cannabis dispensaries;
- Expanding education for patients and dispensary staff;
- Conducting a survey of medical cannabis practitioners; and
- Assessing ways to engage more patients and potential patients with the MCP.

Overview and Purpose

This report summarizes findings from a survey developed by the CCA to assess how the Virginia MCP serves patients, parents or legal guardians of patients, and registered agents. The survey results offer information about the program's benefits, shortcomings, and opportunities for potential improvements for the CCA, legislators, pharmaceutical processors, medical cannabis practitioners, and other stakeholders. Responses were anonymous and collected between June 25, 2024, and August 9, 2024.

This report is a summary, not an exhaustive description of all survey results. For more information or questions, please contact the Authority's data and research team at data@cca.virginia.gov or fill out a [data request form](#).

Survey Design and Methodology

The Authority encouraged patients to complete the survey by requesting the state's medical cannabis processors to distribute QR codes and survey links at medical cannabis dispensaries. Processors also displayed flyers promoting the survey in their dispensaries. The CCA promoted the survey using its social media platforms, website, and press release. Anonymous survey responses were collected using Qualtrics software. Screening questions were included at the beginning of the survey to ensure an accurate representation of Virginia medical cannabis patients. Respondents had to be old enough to provide informed consent (≥ 18) and have a written certification from a healthcare provider for the purchase of medical cannabis in Virginia as a patient, parent/legal guardian, or registered agent.

The CCA conducted survey analysis using Qualtrics, Microsoft Excel, and Tableau software. Survey results contain aggregated data with no personal identifiers.

Responses

A total of 804 respondents participated in the survey. Participation was voluntary and uncompensated. All responses were self-reported.¹ Due to some questions being optional or allowing multiple responses, not all responses will equal 100% of total respondents (N). Questions with logic where the sample size (n) is a portion of N may not equal 100% or may be greater than 100%.

¹ Among survey participants, 1% identified as a parent/legal guardian or registered agent of a patient; this population was instructed to answer the survey on behalf of the patient, when appropriate. Throughout the report, all survey respondents may be referred to as patients, where applicable.

Participants

Demographics

A total of 804 respondents participated in the survey anonymously. All responses were voluntary and self-reported. The CCA could not conclude this sample was representative of the medical cannabis population, as Virginia no longer requires patient registration, and the current written certification system does not allow for the calculation of a true patient total. Although not the population of interest for this survey, the demographic distribution of Virginia's general population was not represented in this sample.

Among medical cannabis patients who participated in the survey:

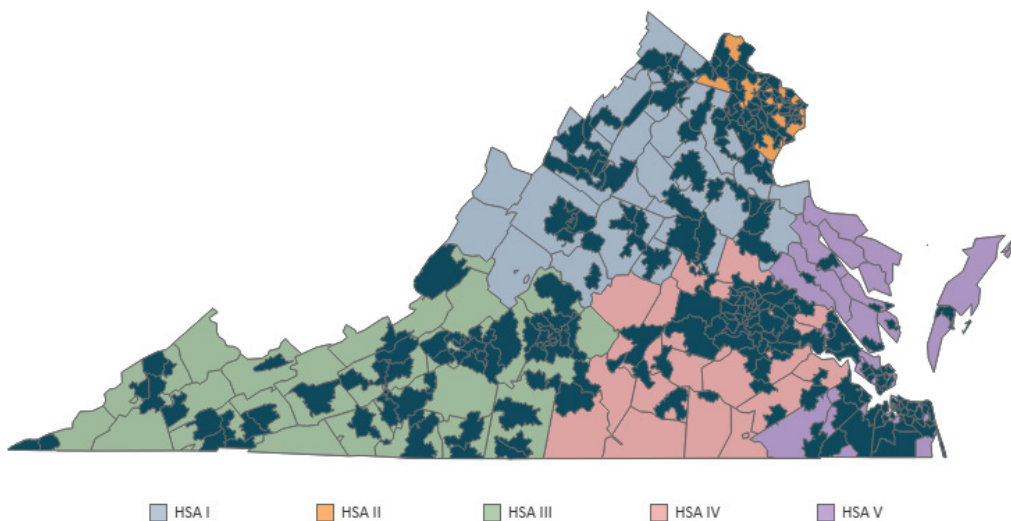
- 47% ranged between ages 30 to 49 years old;
- About half identified as men (52% men; 38% women); and
- A majority identified as White (74% White; 8% African American/Black; 5% two or more races).

Additional demographic information can be found in Appendix A of this document.

The state is divided into five geographic regions, known as Health Service Areas (HSAs). Locations from which patients resided span the state and represent all five HSAs (Figure 1):

- 10% of patients were located in HSA I;
- 16% of patients were located in HSA II;
- 17% of patients were located in HSA III;
- 28% of patients were located in HSA IV; and
- 29% of patients were located in HSA V.

Figure 1. Geographic Distribution of Survey Respondents



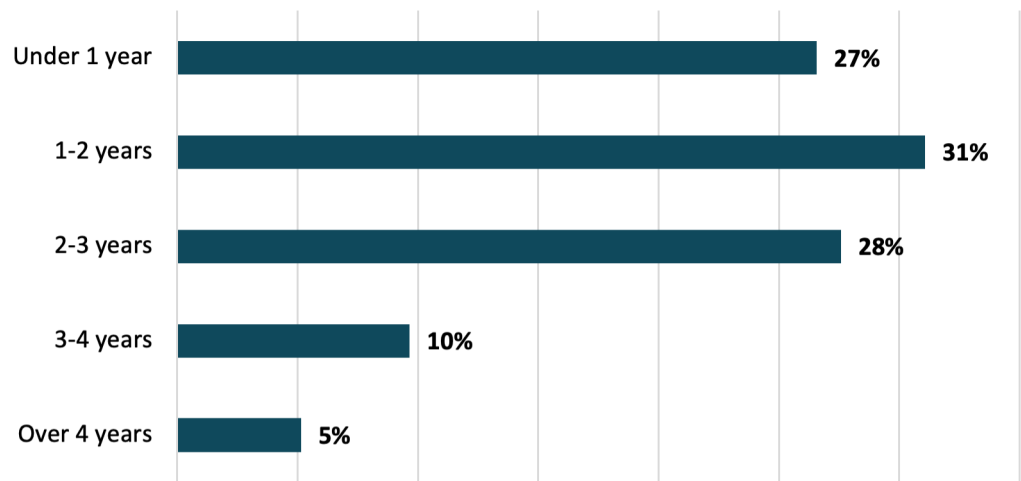
Q53. What is your US home zip code? (N=650)

Program Participation

Among survey respondents, 45% indicated having an active registration card (physical or digital), while another 40% did not have an active registration card and 15% were unsure. These results show that patients may be confused on the difference between an active registration card and a written certification. Active registration with the Virginia MCP is optional and a separate process from obtaining a written certification for the purchase of medical cannabis in Virginia. Per year, the optional registration costs are \$50.00 for patients and \$25.00 for parent/legal guardians and registered agents. Highlighting the difference between an active registration card and a written certification could clear confusion on the prerequisites of becoming a medical cannabis patient.

Since the launch of the Virginia MCP, participation has increased incrementally. About 60% of respondents had participated in the program for one-to-three years. Over a quarter of survey respondents (27%) were newer to the Virginia MCP, with length of participation cited as under one year (Figure 2).

Figure 2. Length of Participation in Virginia MCP



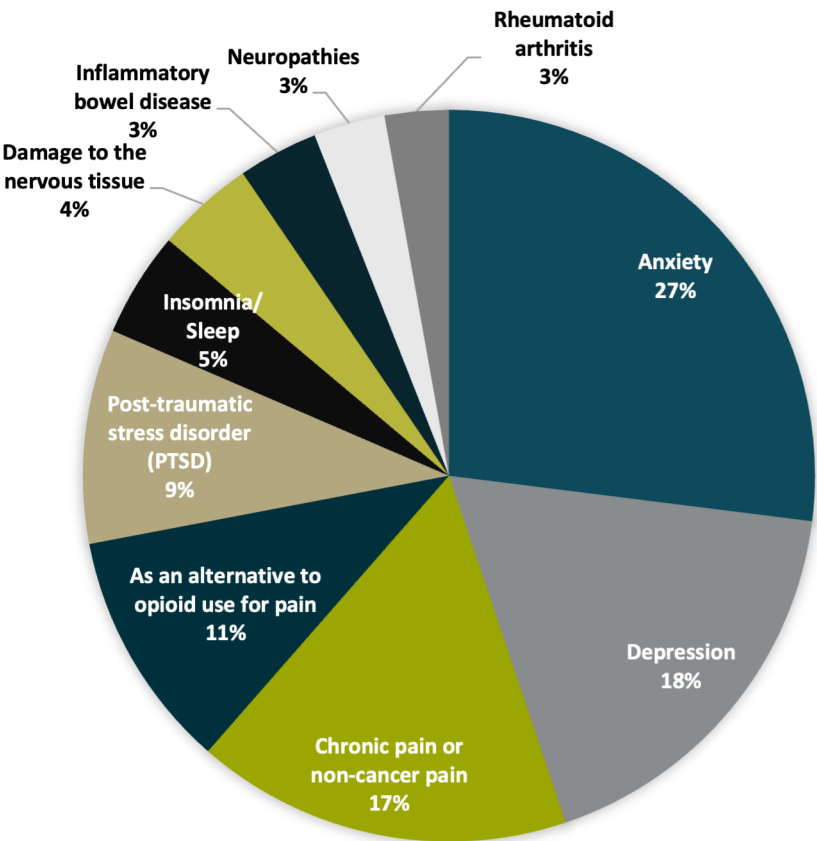
Q8. How long have you participated in the Virginia Medical Cannabis Program? (N=798)

Survey Results

Medical Cannabis Use Trends

Virginia law does not specify medical conditions that would qualify patients for medical cannabis use, but rather healthcare providers decide whether a patient’s condition would benefit from medical cannabis use. The survey asked patients about the medical condition they treat with medical cannabis. Although patients use cannabis to treat a variety of symptoms, the three most reported medical conditions were anxiety, depression, and chronic pain (Figure 3).

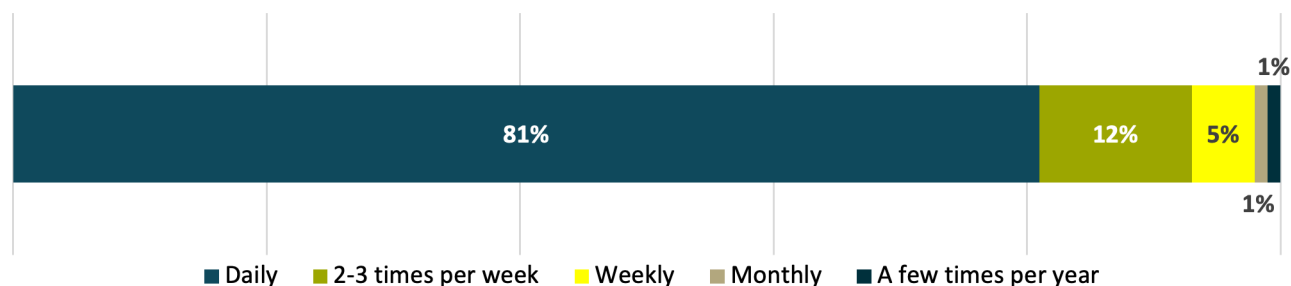
Figure 3. Top 10 Patient Health Conditions



Q16. Please indicate which condition(s) you, the patient, use medical cannabis for. (N=722)

No matter their diagnosed medical condition, medical cannabis patients expressed a high frequency of cannabis use. Nearly every patient (98%) used medical cannabis weekly or more frequently, with 81% of patients indicating daily use (Figure 4).

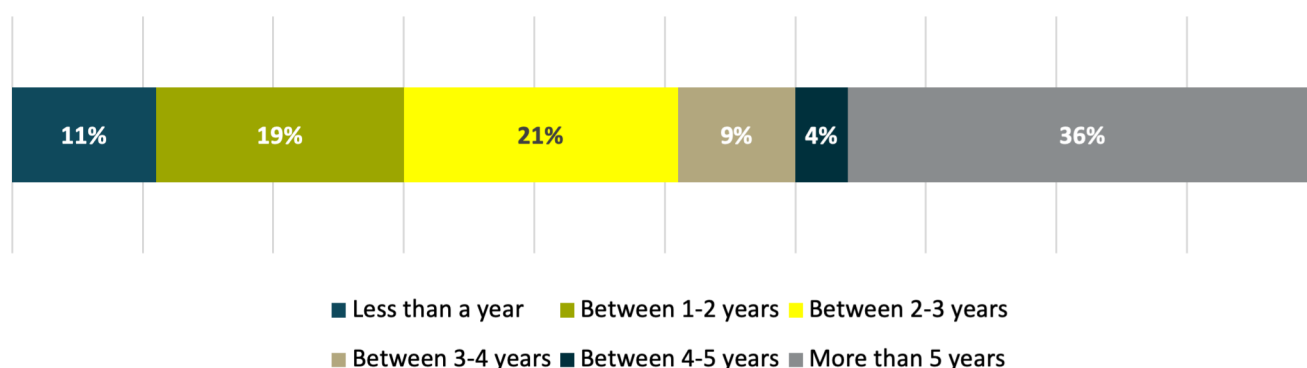
Figure 4. Frequency of Medical Cannabis Use



Q17. How often do you, the patient, use medical cannabis? (N=719)

Many patients surveyed also used cannabis for nonmedical purposes. Over half of patients (61%) reported using medical cannabis both medicinally and recreationally. About half of respondents (49%) have used cannabis for medical reasons for over three years, with 36% indicating that their medical cannabis use exceeded five years (Figure 5).

Figure 5. Length of Cannabis Use for Medical Reasons



Q18. How long have you, the patient, used cannabis for medical reasons? (N=721)

Experience Obtaining a Written Certification

Before entering a dispensary to purchase medical cannabis in Virginia, patients must first obtain a written certification from a licensed healthcare provider. Survey participants answered several questions about their experiences with the written certification process.

Despite 83% of patients indicating that they felt comfortable discussing medical cannabis use with their primary healthcare provider, over 90% visited another healthcare provider to get a written certification. Most patients also favored the convenience of online, telehealth visits (88%) and experienced appointment times of 30 minutes or less (86%), with 37% of those appointment times being less than 15 minutes. See Table 1 for more information.

Table 1. Written Certification Experience

	Number of responses (#)	Percent of responses (%)
Written Certification Provider		
I was certified by my primary care healthcare provider.	75	10.08
I found a different healthcare provider that could certify me.	669	89.92
Written Certification Location		
In-person, at a healthcare provider's office.	91	12.20
Online, with a healthcare provider via telehealth.	655	87.80
Appointment Length		
Less than 15 minutes	272	36.67
15-30 minutes	367	49.59
30-60 minutes	91	12.30
More than 1 hour	10	1.35

Q9. Who provided you with your medical cannabis certification? (N=744)

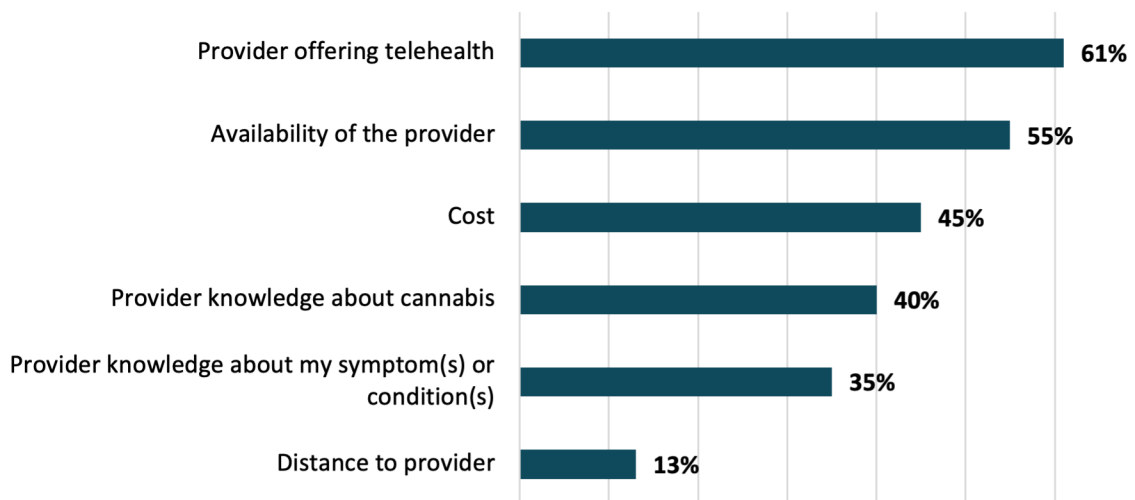
Q10. Where did your certification visit take place? (N=746)

Q11. When visiting a healthcare provider for your written certification, how long was your appointment? (N=740)

Patients report varied reasons for selecting a specific healthcare provider to receive a written certification for medical cannabis. The top three factors that patients used in deciding on a healthcare provider were (Figure 6):

1. The healthcare provider offered telehealth appointments (61%);
2. The availability of the provider (55%); and
3. The cost of the appointment and written certification (45%).

Figure 6. Influences on Choosing a Provider

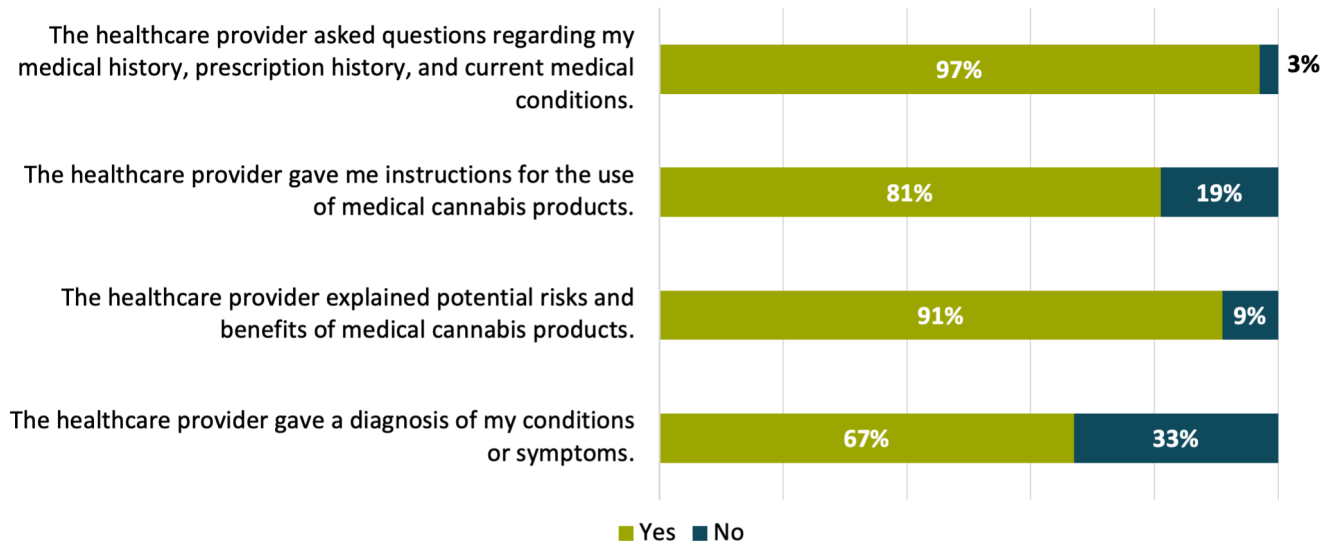


Q13. Which of the following factors influenced your decision when choosing a healthcare provider to certify you for medical cannabis? (N=719)

According to Virginia Administrative Code [3VAC10-30-30](#), prior to issuing a medical cannabis certification, the healthcare provider should complete certain requirements alongside the patient, as outlined in Figure 7; however, not all patients recalled their provider complying with these requirements. One-in-five healthcare providers did not provide instructions on medical cannabis use, while one-third of providers failed to give a diagnosis of medical conditions or symptoms, according to surveyed patients (Figure 7).

A focus on healthcare provider education may allow for an increase in the percentage of providers that meet legal requirements. It is important to remember this data comes from the patients' perspective, and gaining the perspective of providers will allow the CCA to learn more about providers' needs, including the potential need for continuing education on medical cannabis and the MCP's regulatory requirements.

Figure 7. Healthcare Provider Visit Experience

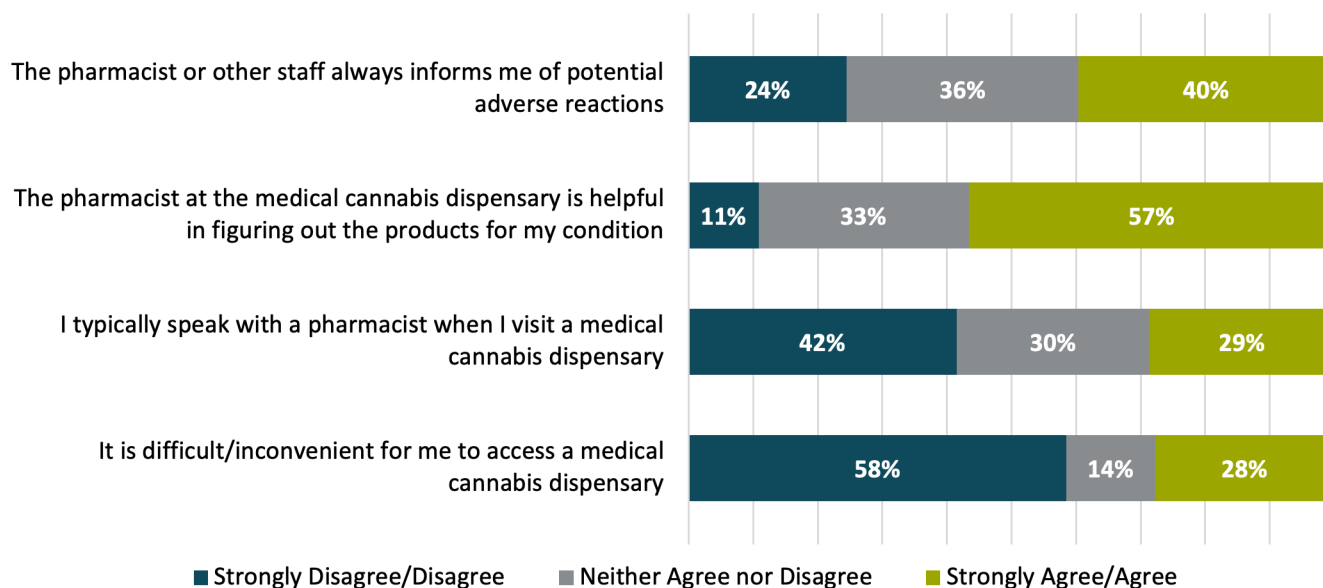


Q12. Please indicate which of the following took place during your certification visit (N=746)

Dispensary Experience

After receiving a written certification from a healthcare provider, visiting a medical cannabis dispensary is the last step for patients to procure cannabis for their medical needs. The survey asked patients about their experience at dispensaries and to indicate how strongly they agreed or disagreed to specific statements.

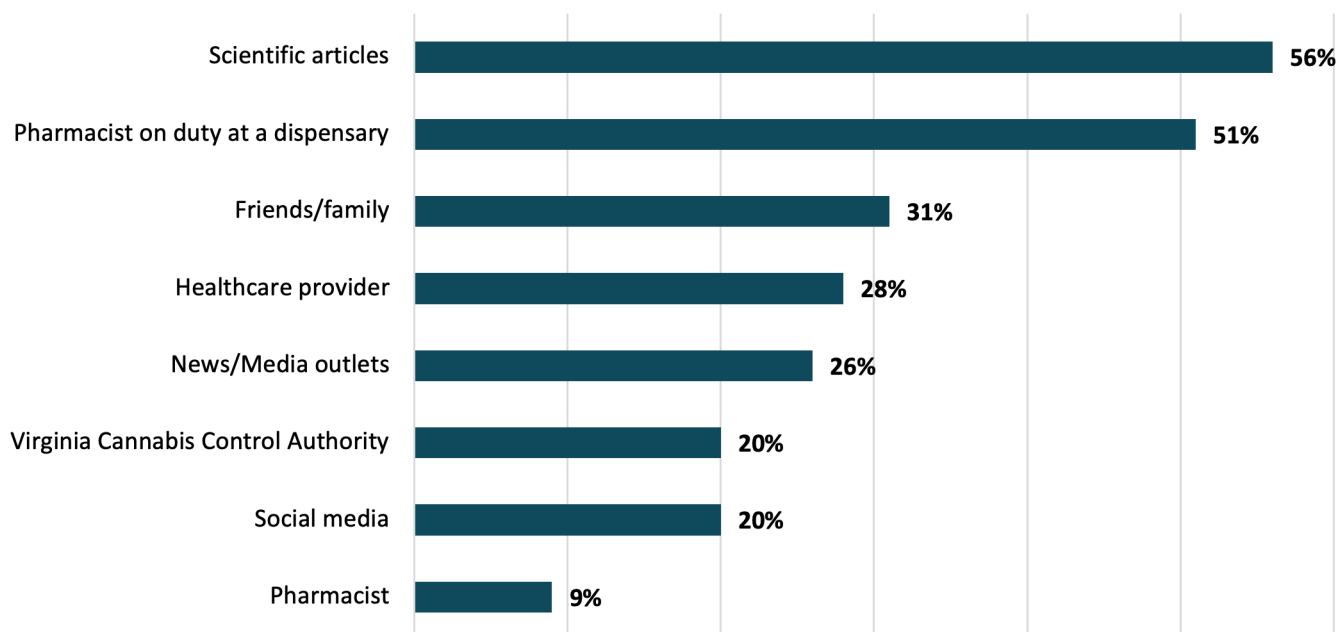
Figure 8. Experience at Medical Cannabis Dispensary



Q35. Please indicate how strongly you agree or disagree with the following statements? (N=678)

Two out of five patients (40%) reported that the dispensary pharmacist or other dispensary staff informs them of potential adverse reactions to medical cannabis use, and 57% of patients found the pharmacist helpful in identifying products for their medical condition. However, not all patients interact with the medical cannabis pharmacist – 42% of patients indicated that they do not typically speak with a pharmacist during their visit to a medical cannabis dispensary (Figure 8). When medical patients engage with dispensary pharmacists and staff, they gain valuable knowledge and information about medical cannabis products and possible adverse reactions of use.

Figure 9. Primary Sources for Medical Cannabis Information

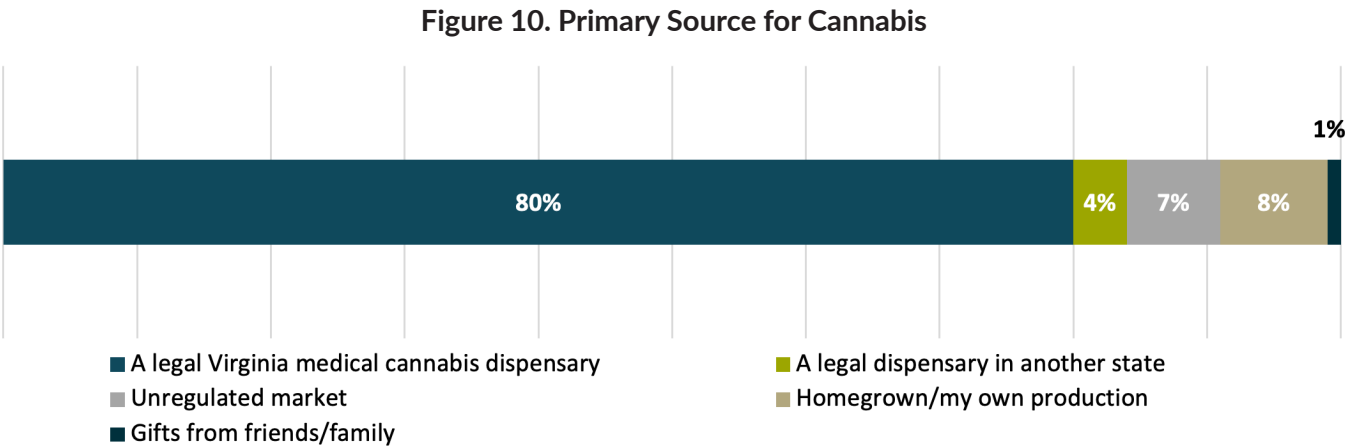


Q15. Where do you primarily get your information about medical cannabis products? (N=715)

Patients reported that they primarily get information about medical cannabis products from scientific articles (56%), staff at medical dispensaries (51%), and friends and family (31%). Although most respondents expressed that they feel comfortable talking about cannabis use with their primary healthcare provider (83%), only 28% of patients reported that they primarily source their information about medical cannabis products from any healthcare provider (Figure 9).

Medical Cannabis Sources

Because cannabis can be acquired through sources outside of the MCP, the survey asked participants to specify their primary source for cannabis. Adults 21 and older in Virginia are allowed to cultivate up to four cannabis plants in their private households and participate in adult-sharing of up to one ounce of cannabis. However, only 9% of survey respondents identified either as their primary source for cannabis. Most patients (80%) indicated that a legal Virginia medical cannabis dispensary was their primary source of cannabis (Figure 10).



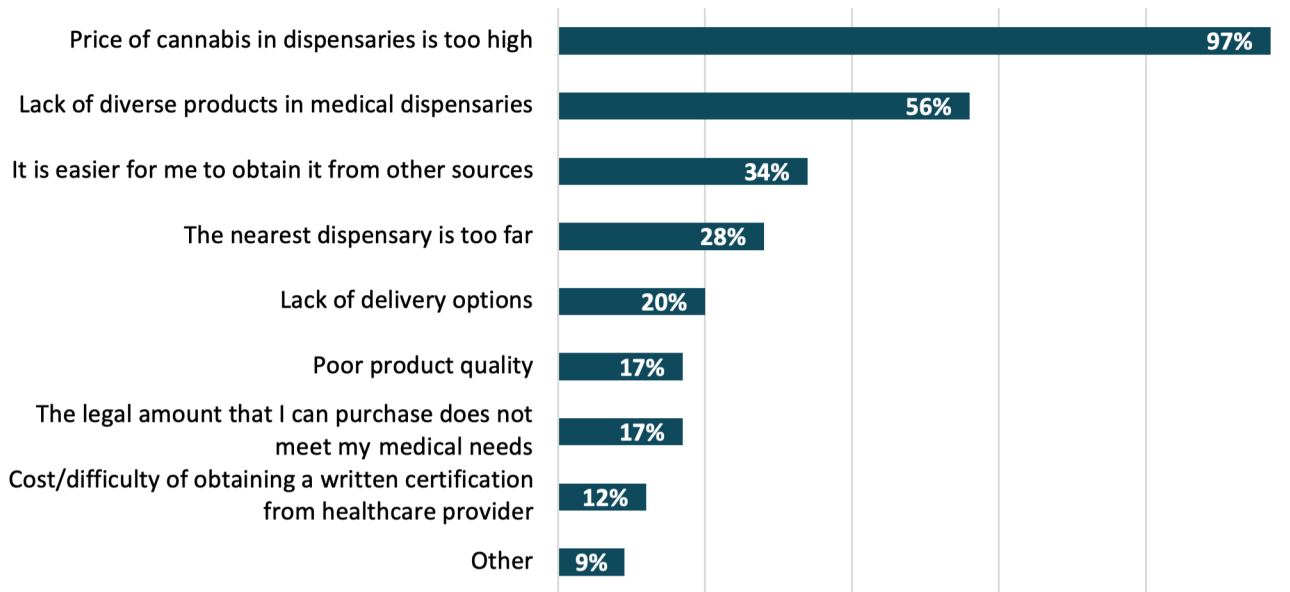
Q21. What is your primary source for cannabis? (N=717)

Patients who indicated that a Virginia medical cannabis dispensary was not their primary source for medical cannabis (20%) were then asked to indicate their reasoning for choosing an alternative source.

The top reasons respondents shared for not using a Virginia medical dispensary as their primary source of cannabis were the following (Figure 11):

1. Cost of cannabis in medical dispensaries is too expensive (97%);
2. Lack of diverse product at medical dispensaries (56%);
3. Easier to obtain medical cannabis from other sources (34%); and
4. Distance to nearest dispensary is too far (28%).

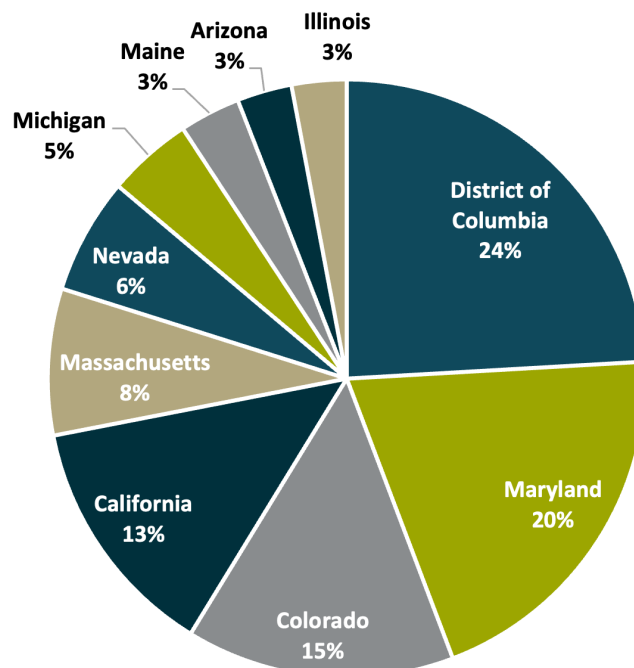
Figure 11. Reasons Virginia Dispensaries Were Not Primary Choice for Medical Cannabis



Q22. Why are Virginia medical cannabis dispensaries not your primary choice for obtaining medical cannabis? (n=141)

Participants were asked if they had ever purchased cannabis from a dispensary in a different state or jurisdiction. Although most respondents indicated that Virginia medical dispensaries are their primary source of medical cannabis, 54% of patients have purchased cannabis from an out-of-state dispensary. The most common locations patients reported visiting to purchase cannabis were Washington, D.C. (24%), Maryland (20%), Colorado (15%), and California (13%) (Figure 12).

Figure 12. Top 10 Out-of-State Dispensary Purchase Locations

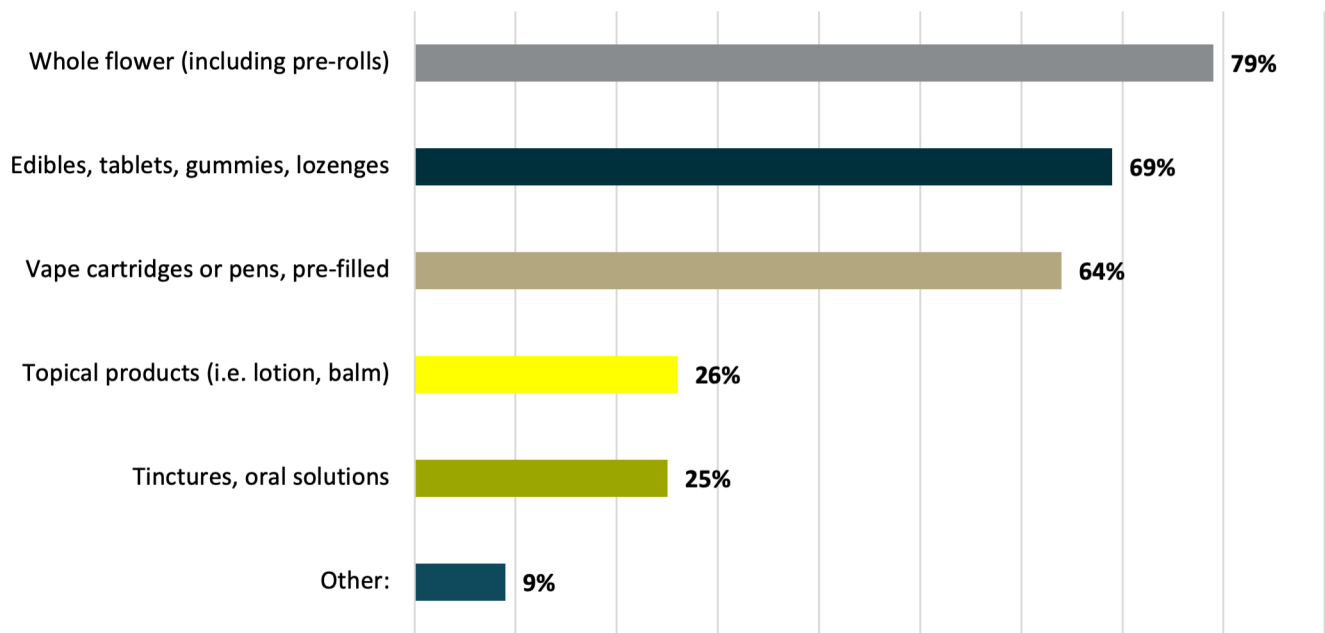


Q43. Which state do you most prefer to visit for an out-of-state cannabis purchase? (n=303)

Purchase Behaviors

Medical cannabis in Virginia is produced and sold in multiple forms, including whole flower, edibles, topicals, vape cartridges or pens, and tinctures. The survey asked patients to identify the types of products they typically purchase. The most reported products purchased by patients were whole flower (79%), edibles (69%), and vape cartridges or pens (64%) (Figure 13).

Figure 13. Purchased Medical Cannabis Products



Q25. What types of products do you purchase from a medical cannabis dispensary? (N=714)

To better understand the amount of medical cannabis products patients may consume, the survey included questions to capture monthly amounts of product type purchases (Table 2).

Table 2. Quantities of Products Purchased

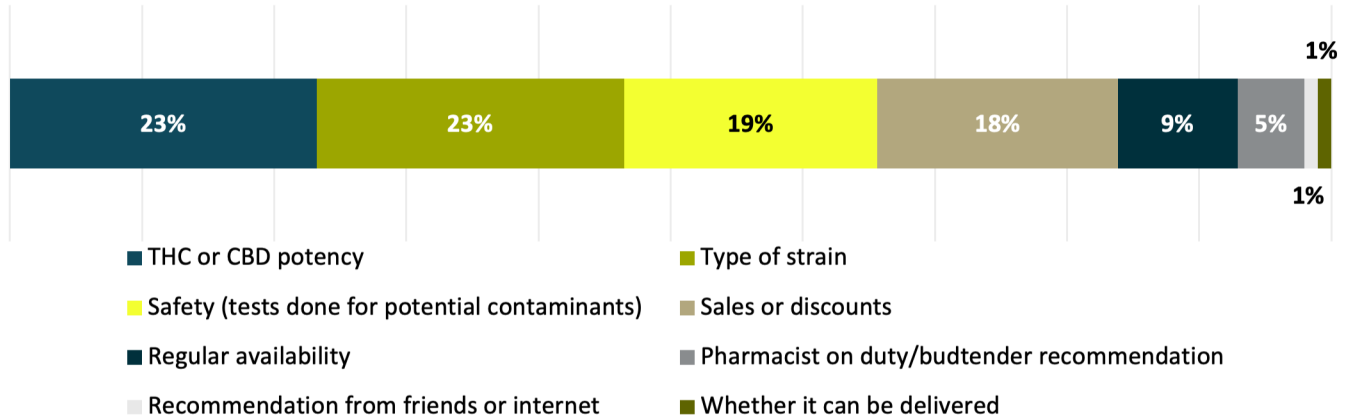
Products Purchased	Average	Median
Whole flower or pre-rolls (n=489) Grams (g)	27.92	14
Edible (edibles, tablets, gummies, lozenges) (n=427) Number (#)	5.85	2
Topical (i.e. lotions, balms) (n=156) Number (#)	1.1	1
Tincture, oral solution, vape cartridge, or vape pen (n=448) Number (#)	2.92	292

Q27-Q30. How many [grams or products] do you purchase in a month?

Multiple considerations factor into a patient's preference on cannabis products. Participants indicated the primary factors they consider when selecting a product include (Figure 14):

- 1. THC or CBD product potency (23%);
- 2. Type of product strain, such as sativa, indica, or hybrid (23%);
- 3. Safety of product, such as tests done for potential contaminants (19%); and
- 4. Sales or discounts offered on products (18%).

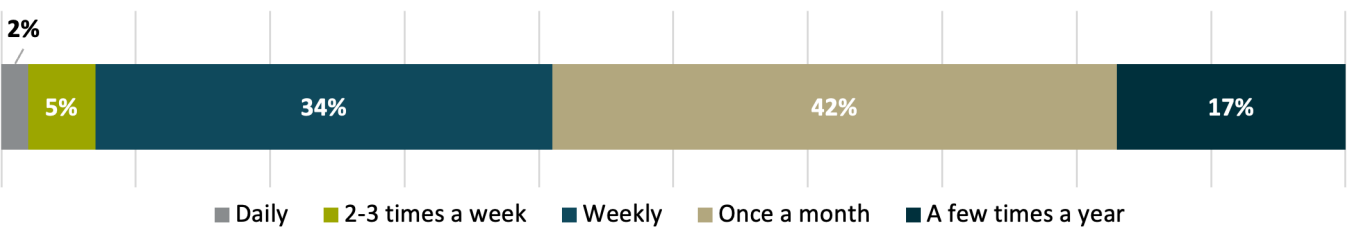
Figure 14. Primary Factor for Selecting Product



Q32. Which factor is your primary reason for selecting a medical cannabis product from a dispensary? (N=681)

The survey also asked patients to indicate how frequently they visit and make a purchase at a medical cannabis dispensary. Two out of five respondents (41%) indicated visiting a dispensary and making a purchase at least weekly, and 42% reported doing so at least once a month (Figure 15).

Figure 15. Frequency of Dispensary Visit and Purchase



Q34. How often do you visit and purchase medical cannabis products from a dispensary? (N=670)

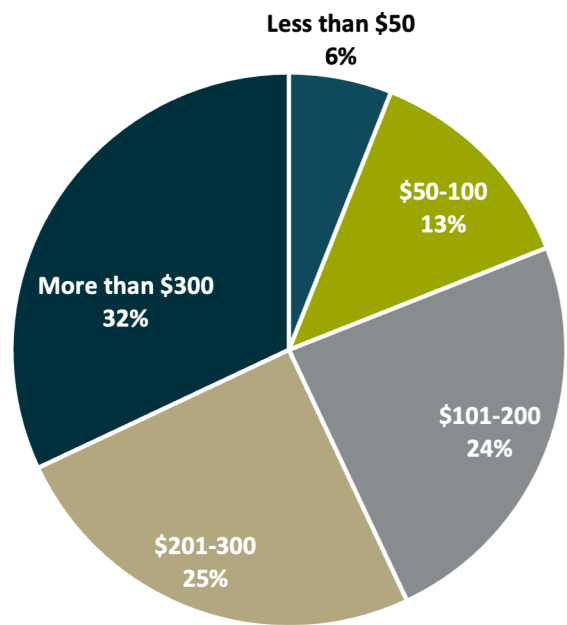
Cost of Medical Cannabis

To learn more about the costs associated with participating in the MCP, the survey asked patients to provide information on their typical spending habits and perspectives.

About half of patients (48%) spent less than \$100 on the appointment to receive a written certification, while the other half (51%) spent between \$100 and \$200. Once at a Virginia medical dispensary, a quarter

of patients reported spending between \$201 and \$300 a month on medical cannabis products, while another third of patients spent more than \$300 per month (32%) (Figure 16).

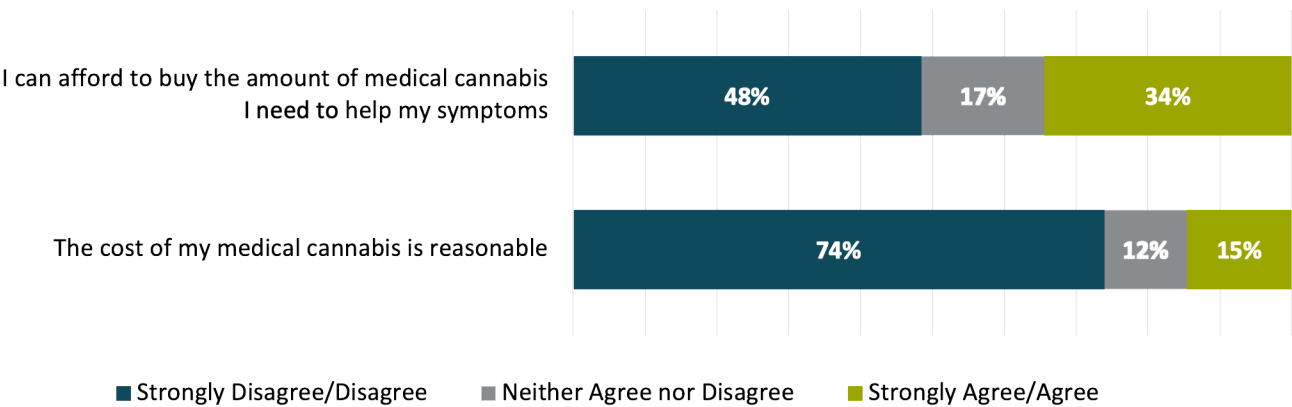
Figure 16. Monthly Spending on Medical Cannabis



Q38. Over the last month, how much have you spent on medical cannabis? (N=666)

Despite varied distribution of total monthly spending at dispensaries, surveyed patients shared similar opinions that medical cannabis in Virginia is unaffordable. Nearly half of patients did not think they could afford to buy the amount of medical cannabis they need to help their symptoms (49%), while three-quarters of patients did not view the cost of medical cannabis as reasonable (74%) (Figure 17). Lowering the cost of medical cannabis was one of the most suggested improvements for the Virginia MCP.

Figure 17. Opinion on Medical Cannabis Cost



Q37. How strongly do you agree or disagree with the following statements? (N=669)

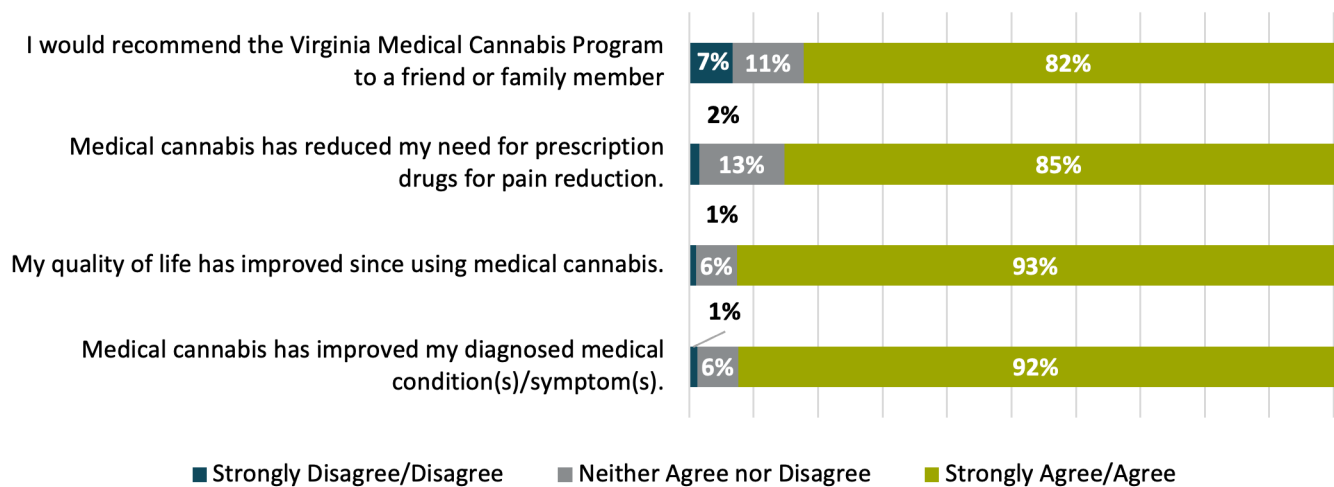
Overall Satisfaction

Participants were surveyed on their satisfaction with the Virginia MCP. Responses showed overall favorable satisfaction with the program, with 82% of patients indicating they would recommend the Virginia MCP to a family member or friend.

A vast majority of patients reported benefits from medical cannabis use, such as (Figure 18):

- 1. Reduced need for prescription drugs for pain reduction (82%);
- 2. Quality of life improvement (93%); and
- 3. Improved diagnosed medical condition(s)/symptom(s) (92%).

Figure 18. Satisfaction with the Virginia Medical Cannabis Program



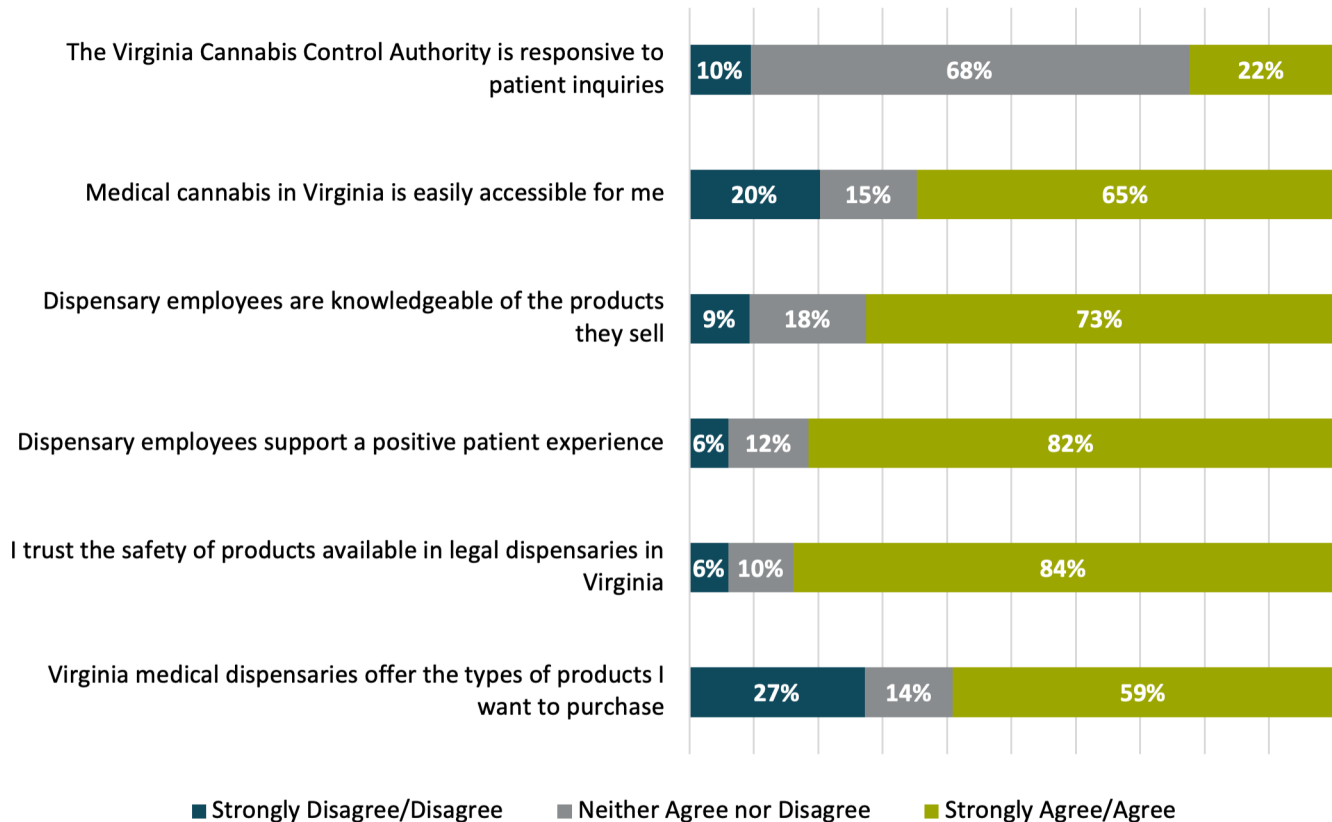
Q45. How strongly do you agree or disagree with the following statements? (N=657)

Most respondents indicated that they were satisfied with their Virginia medical cannabis dispensary experience. Patients expressed general satisfaction with the:

- 1. Overall accessibility of medical cannabis (64%);
- 2. Dispensary staff’s knowledge of products (73%);
- 3. Dispensary staff fostering a positive patient experience (82%);
- 4. Safety of products available in Virginia dispensaries (84%); and
- 5. Offering of products they would like to purchase (59%).

Patients expressed neutrality in their satisfaction with the CCA, as 68% of patients indicated they neither agree nor disagree with the overall responsiveness of the CCA to inquiries. This could be the result of survey respondents having few or no questions for the CCA or turning to other resources for information (Figure 19).

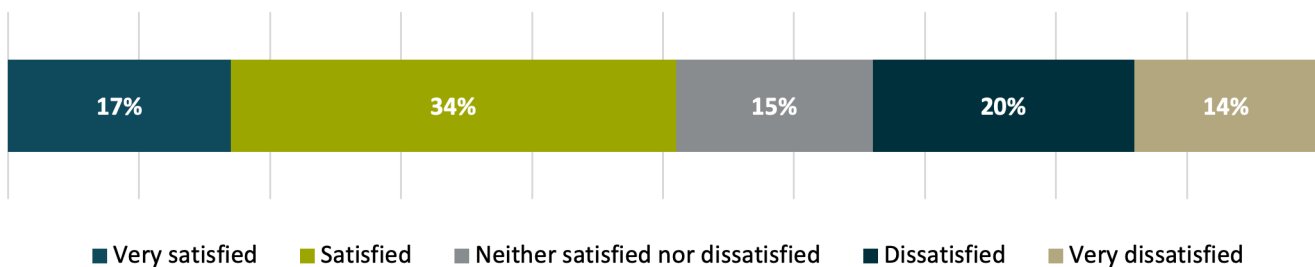
Figure 19. Virginia Medical Cannabis Program Experience



Q36. Please indicate to which extent you agree or disagree with the following statements. (N=677)

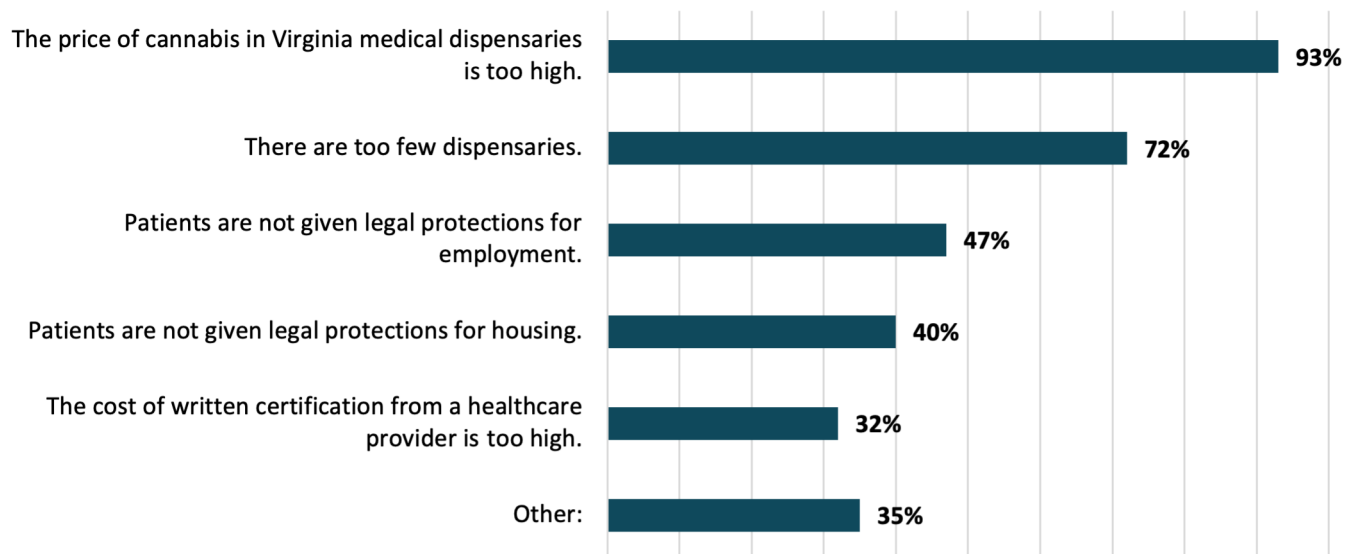
In addition to specific satisfaction statements, the survey asked patients to express overall satisfaction with the current state of medical cannabis in Virginia. Just over half of survey respondents (51%) indicated that they were either very satisfied or satisfied with the current state of medical cannabis (Figure 20). The other half of respondents who did not identify as very satisfied or satisfied (49%) were asked to clarify their reasoning for lack of satisfaction. Respondents who were dissatisfied with the Virginia MCP indicated it was due to the cost of cannabis, with 93% responding that the price of cannabis in Virginia medical dispensaries is too high and 32% reporting that the cost of written certifications is too high. The second highest reason for dissatisfaction with the MCP was too few dispensaries in the state (72%) (Figure 21).

Figure 20. Overall Satisfaction with Current State of Medical Cannabis in Virginia



Q54. How satisfied are you with the current state of medical cannabis in Virginia? (N=659)

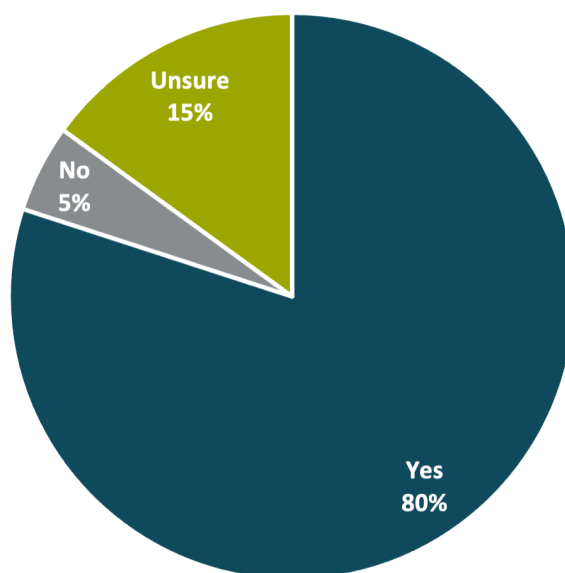
Figure 21. Reasons for Dissatisfaction with the Virginia Medical Cannabis Program



Q55. Why are you dissatisfied with the Virginia Medical Cannabis Program? (n=224)

Despite varied reactions to overall satisfaction with the Virginia MCP, 80% of patients reported that they have plans to continue and renew their current written certification for the use of medical cannabis (Figure 22).

Figure 22. Plan to Renew Written Certification



Q40. Do you plan to continue and renew your written certification for the Virginia Medical Cannabis Program for the use of medical cannabis when your current certification expires? (N=670)

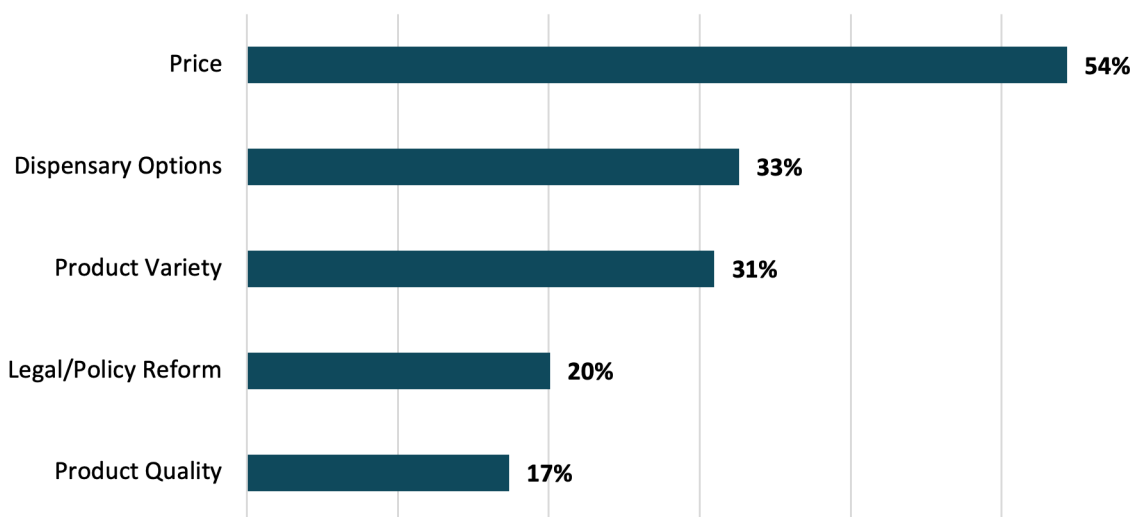
Respondents who indicated that they did not have plans, or were unsure of their plans, to renew their written certification for medical cannabis were asked to clarify their reasoning for their uncertainty about

continued participation in the MCP. As with responses to overall dissatisfaction with the program, a primary reason for not planning to renew was that medical cannabis is too expensive (81%). Other reasons for not wanting to continue in the Virginia MCP were:

1. A preference for purchasing from other states' adult-use dispensaries (29%);
2. Medical cannabis is too difficult or inconvenient to purchase (25%); and
3. The nearest medical cannabis dispensary being too far away (21%).

Participants were asked in a free response paragraph box to describe improvements they would like to see within the Virginia MCP. Responses were coded and cross referenced with a rubric to collate and identify common improvement themes. Figure 23 shows the top five improvements medical cannabis patients would like to see within Virginia. Consistent with previous responses, the high cost of being a medical cannabis patient and price of cannabis was the top improvement commented by respondents (54%). Patients also expressed that medical cannabis products needed to be improved, citing a need for better product variety (31%) and product quality (17%).

Figure 23. Improvements to the Virginia Medical Cannabis Program



Q57. Please describe any improvements you would like to see within the Virginia Medical Cannabis Program. (N=159)

Recommendations

The survey results in this report offer insight into the beliefs, experiences, and challenges of Virginia MCP patients. Patients held some favorable views toward the program. They also showed a commitment to the program, with most intending to renew their written certification. Although the program provides benefits to patients, improvements may enhance patient outcomes. Key recommendations to strengthen the MCP include:

Offer training and education to healthcare providers.

According to patients, before issuing a written certification, healthcare providers do not always meet the requirements defined in Virginia Administrative Code [3VAC10-30-30](#). Some patients also expressed a lack of comfort in discussing their medical cannabis use with their primary healthcare provider. These results highlight the need for more medical cannabis education for healthcare providers. Offering training tailored to providers' current level of cannabis knowledge and experience will enable continuing provider education.

Lower the cost and increase the variety of medical cannabis.

The most notable improvements to the Virginia MCP cited by patients include lowering the cost of medical cannabis and increasing product variety and quality. The Virginia MCP currently allows only five pharmaceutical processors, with each operating exclusively in a geographically protected HSA to supply medical cannabis. Adopting new policies that would reconfigure the MCP's current legal framework may increase product variety in the medical cannabis market and appreciably lower medical cannabis prices in Virginia, as outlined in a CCA-commissioned market study prepared by Cannabis Public Policy Consulting in 2023.² These changes include:

1. Adding limited standalone medical cultivation, manufacturing, and dispensary licenses that can operate within any HSA, and allow medical cannabis processors to expand beyond their six-store maximum within their HSA.
2. Issuing additional Pharmaceutical Processor licenses in each HSA and maintain the HSA framework.
3. Issuing additional Pharmaceutical Processor licenses, eliminate the HSA framework, and allow medical cannabis processors to expand past their six-store maximum across the state.
4. Adding limited standalone medical cultivation, manufacturing, and dispensary licenses, adopt permissive vertical integration for new and existing operators, allow Pharmaceutical Processors to expand in specialized supply chain functions, and remove the HSA framework.

All of these policy changes would require legislation to implement.

² Cannabis Public Policy Consulting. (Nov 2023). An examination of the Virginia medical cannabis market. <https://cca.virginia.gov/s/2023-An-Examination-of-the-Virginia-Medical-Cannabis-Market.pdf>

Regulatorily require pharmacists to provide first-visit consultations to patients at medical cannabis dispensaries.

The pharmacist on duty plays a key role in patient education, as patients identified dispensary pharmacists as their main source of information on cannabis products. Many dispensaries already offer first-time consultations to new medical patients, but it is not required. Requiring first-time consultations would guarantee patients receive education on the types of cannabis products, their effects, and their dosage. This requirement could also ensure patients are informed on how to properly use medical cannabis.

Expand patient and dispensary education.

Given the influence of dispensary staff and the assistance they provide, the Virginia MCP could benefit from expanding patient and dispensary education. In addition to the consultation provided by pharmacists to patients upon initial visit, the CCA and dispensaries should work together to continue patient education. This could be achieved by allowing CCA educational resources to be on display at dispensaries and available to patients. Resources should cover topics such as the risks and benefits of medical cannabis, proper storage and disposal methods, safe driving practices, and information on potential law changes. The CCA and the processors could also work together to provide patient-centered webinars or educational events that focus on topics of public health and safety.

The CCA should work with processors to ensure dispensary staff training is comprehensive. Although processors do educate their staff, collaboration with the CCA would guarantee that staff education includes training on statutory and regulatory changes, as well as public health and public safety measures unique to cannabis. Ongoing training of medical cannabis licensees will give patients greater confidence that the advice and information provided by dispensary staff is current and accurate.

Conduct a survey of medical cannabis practitioners.

This survey provided important insight on patients' beliefs and behaviors regarding the MCP. Practitioners, however, represent another stakeholder group that could provide key information on how to enhance the program. A practitioner examining a patient is the first step in the process of obtaining medical cannabis in Virginia. Learning how the medical program is serving practitioners from the practitioners themselves could shine a light on potential statutory and regulatory changes for the benefit of practitioners and their patients.

Assess ways to engage more patients with the MCP.

Survey results fail to capture the experiences of those who have never participated in the program or who once did but have since left the program. By conducting a more in-depth assessment that includes those that do not participate in the program, the CCA and its stakeholders can learn new perspectives on ways the program can better serve patients and potential patients.

Limitations

This survey contains valuable information from patients about their experience in the Virginia MCP. Although its data will be used to enhance the program's regulations and policies, there are limitations with the survey's utility.

As patient registration is not required in Virginia, there is not currently a way to identify the total number of program participants and their demographic make-up. Therefore, the survey does not necessarily reflect a representative sample of medical cannabis patients in Virginia. Inferences about the broader population of medical patients are limited. The sampling method relied heavily on distribution of the survey through Virginia medical dispensaries from late-June through early-August, meaning patients who did not visit a dispensary during that timeframe were not sampled. Participation in the survey was also limited to current medical patients; however, to better understand the challenges or barriers of participating in the medical program, a cross-sectional survey of participants who have never participated or no longer participate in the medical program should also be conducted.

Data collection for this survey was based on self-reported information, relying on patients' recall and feelings at the time of participation. Patient-centered information provides useful insights on experiences with healthcare providers and processors of medical cannabis, but data should also be collected from each stakeholder group to more fully inform the program.

Despite limitations, this survey will inform the work of the CCA, providing support for program initiatives and a baseline for future patient surveys that measure the operation and growth of the medical program in Virginia.

Appendix A: Medical Cannabis Program Patient Survey Demographics

Demographics	Frequency (n)	Percent (%)
Age (N=804)		
18-20	15	1.87
21-29	100	12.44
30-39	196	24.38
40-49	183	22.76
50-59	136	16.92
60-69	118	14.68
70-79	54	6.72
Over 79	2	0.25
Gender Identity (N=651)		
Man	338	51.92
Woman	250	38.40
Transgender	7	1.08
Non-binary	17	2.61
Other	1	0.15
Prefer not to respond	38	5.84
Race (N=649)		
African American/Black	54	8.32
American Indian/Alaskan Native	5	0.77
Asian American/Asian	6	0.92
Middle Eastern/North African	3	0.46
Native Hawaiian or Pacific Islander	4	0.62
White	480	73.96
Two or more races	33	5.08
Other	6	0.92
Prefer not to respond	58	8.94
Ethnicity (N=634)		
Hispanic or Latino	25	3.94
Non-Hispanic or Latino	521	82.18
Prefer not to respond	88	13.88

Demographics	Frequency (n)	Percent (%)
Income (N=645)		
Less than \$20,000	49	7.60
\$20,000-\$34,999	42	6.51
\$35,000-\$49,999	67	10.39
\$50,000-\$74,999	84	13.02
\$75,000-\$99,999	81	12.56
\$100,000-\$149,999	101	15.66
Over \$150,000	113	17.52
Prefer not to respond	108	16.74



VIRGINIA
Cannabis
Control
Authority

cca.virginia.gov