

examines the association between informal caregiving and marijuana use and whether this association varies by age. Julie Bobitt shares findings from 32 interviews with older Veteran cannabis users. Alton Croker examines cannabis use as a complement or alternative to palliative care. Hyojung Kang clusters negative outcomes experienced by older persons who use cannabis. Brian Kaskie compares cannabis use among persons with Multiple Sclerosis (N=135) and persons diagnosed with arthritis (N=582) or cancer (N=622). While we certainly find reason to remain concerned that cannabis use alone and co-occurring use with prescription opioids may contribute to increased rates of substance misuse and other undesirable outcomes among older adults, we find it increasingly difficult to overlook the benefits many persons derive when taking cannabis as a method to manage pain or address other medical conditions. At this point, public policy officials and program administrator should strive to strike a balance between addressing cannabis harms relative to promoting benefits such as opioid reduction and diversion.

#### COMPARING CANNABIS USE ACROSS DIAGNOSED CONDITIONS: APPLES AND ORANGES?

Brian Kaskie, *University of Iowa, Iowa City, Iowa, United States*

Although researchers have identified medications that relieve symptoms of Multiple Sclerosis (MS), none are entirely effective and some persons with multiple sclerosis (PwMS) use alternatives. Our study compared cannabis use among PwMS (N=135) and persons diagnosed with arthritis (N=582) or cancer (N=622) who participated in the Illinois medical cannabis program. We tested for significant differences across psychological well-being, quality of life and three behavioral outcomes, and also considered effects of co-occurring prescription opioid use. A majority of all individuals used cannabis to address pain and improve quality of sleep. PwMS reported lower levels of productivity, exercise and social activity, and cannabis was less helpful with improving these particular outcomes. Most persons used cannabis for sleep or digestive problems and we found no differences across groups in terms of well-being and quality of life. This comparative evaluation suggests cannabis mechanisms are not specific as much as they impact common processes.

#### CAREGIVERS' CANNABIS USE: DOES BURDEN LEAD TO BLUNTS?

Kanika Arora, *University of Iowa, Iowa city, Iowa, United States*

Research on risky health behaviors among caregivers is limited. In this paper, we examine the association between informal caregiving and marijuana use and whether this association varies by age. Using data from Behavioral Risk Factor Surveillance System (2016-2019), a multivariable logistic regression model compared marijuana use in “caregivers” and “expectant caregivers.” We stratified the analyses by age and also assessed the association between caregiving intensity and marijuana use. Among younger individuals (18-49 years), informal caregiving was associated with higher odds of marijuana use. In this group, higher prevalence of marijuana use was positively associated with care intensity. There was no detectable association between caregiving and marijuana use

among older individuals (50 years or older). Health behaviors among caregivers differ by age. Combined exposure to informal caregiving and marijuana in young adulthood may lead to adverse long-term health consequences. Immediate effects of marijuana use may negatively influence care recipient outcomes.

#### CANNABIS USE AMONG VETERANS: IT SHOULD BE EASIER TO GET SOME

Julie Bobitt, *Center for Dissemination and Implementation Science, University of Illinois at Chicago, Illinois, United States*

and PTSD. From December 2020 – February 2021 we conducted 32 semi-structured interviews with Veterans who responded to our initial and follow-up surveys and agreed to discuss their cannabis use. We coded and themed the interviews using inductive thematic analysis. We found that many Veterans are using cannabis in place of other medications such as opioids and benzodiazepines and often do so to avoid the negative side effects. However, barriers such as Veterans Administration policies and cost of medical cannabis affect Veterans ability to obtain medical cannabis. Our results inform clinicians and policy makers on the use of cannabis as an alternative to prescription medications for treating chronic pain and other conditions in older Veterans.

#### CANNABIS AT THE END OF LIFE: A ROAD MORE TRAVELED

J Alton Croker, *CTCRE, CVRI, UCSE, Chicago, Illinois, United States*

This study examines medical cannabis as a complement or alternative to palliative care (PC). Using cross-sectional survey data from 708 terminal patients in the Illinois Medical Cannabis Program, we compare those in PC (n = 115) to those who are not (n = 593). Increased odds of PC utilization were observed for prior military service, cancer diagnosis, low psychological wellbeing, and medical complexity. PC was positively associated with improvement scores for pain, and ability to manage health status. Higher pain levels were also observed for PC patients who indicated concurrent use of cannabis and opioids, compared to those not using opioids. While most terminal patients use cannabis as an alternative to PC, medical cannabis does operate as a therapeutic complement for individuals in PC to help manage pain and overall health status, and is used at higher levels of pain when patients are also using opioids.

#### NEGATIVE CLUSTERS ASSOCIATED WITH CANNABIS USE: TANGLED UP IN BLUES

Hyojung Kang, *University of Illinois, University of Illinois, Illinois, United States*

Previous studies concerning older adults have focused on whether cannabis use leads to positive or negative outcomes. In this study, we identified clusters of negative health outcomes associated with medical cannabis use. In total, we examined eight health outcomes: pain, sleep, falls, memory, digestive issues, mental health conditions, exercise, and general productivity reported by 2,968 persons over 60 who participated in the Illinois Medical Cannabis Program. We used association analysis to simultaneously identify groups of negative outcomes reported by participants. The distribution