

Introduction

Pennsylvania’s medical cannabis program has been active since 2018, following the passage of the Medical Marijuana Act (State Bill 3) in 2016. The program allows individuals with one of 24 qualifying medical conditions to obtain certification for cannabis use and access dispensaries. Medical cannabis has been widely used to manage a variety of chronic conditions. Benefits of cannabis extend to parents and pregnant people by way of alleviating pregnancy symptoms and stress management, as found in our preliminary study with parenting people in PA. There are few studies that examine perspectives of pregnant and parenting individuals who use cannabis, and none on needs and barriers to medical cannabis. Our study explored parents’ experiences in PA’s medical cannabis program, to uncover what barriers they face and how to better serve this population.

Methods

We conducted 48 in-depth interviews between June and September 2024 with cis-gender women with children enrolled in the Pennsylvania Medical Marijuana Program (PAMMJ) Registry. Eligibility criteria: 1) currently parenting children under the age of 18, 2) currently reside in PA, 3) have an active MMJ card. Interviews were conducted over Zoom, where parents were asked the following questions:

- *What are the needs of accessing medical cannabis in your community?*
- *What are the barriers to accessing medical cannabis as a parent?*

Initial codebook was created based on interview guide; refined parent and child codes iteratively. Research assistants double-coded two transcripts independently, followed by consensus discussions to ensure trustworthiness. Remaining transcripts coded in NVivo. Documented emerging codes, reflections, and evolving patterns through ongoing memoing. We prioritized emergent themes authentic to participants' lived experiences over predefined frameworks. Codes were organized into a matrix to identify patterns and relationships across participants, and to arrive at key themes.

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Needs and Barriers to Accessing Medical Cannabis for Parents in Pennsylvania

Results

Barriers	Quote	Needs
Confusing, time-consuming, and siloed entry and recertification process	<i>“So there's a step in the process where you have to go through the state and then you have to wait, and then they process something, and it's very like the interface is terrible and then you have to kind of guess what your next steps are. Now it is spelled out all along different websites, but you have to go to all these different places to learn that. “</i>	Better marketing and information around PAMMJ; more streamlined and human-centered recertification process
High cost of initial entry and recertification; high costs of products; inconsistent stock	<i>“They’re still going to charge me the \$200, and I'm like, Well, why would it costs \$200 to sit there for 3 minutes to just say, yep, everything's the same” “Once you find something that you like and that helps you, it's gone.”</i>	Lower costs of products, entry and recertification fees; consistent stock of products across dispensaries
Limited knowledge about cannabis and parenting	<i>I haven't come across a wealth of information that makes me as a parent, any more informed about medical cannabis. Anything I've learned, I have sought out myself for this specific purpose. And if you don't know to seek it out, then you'll never get the info.”</i>	More pharmacists and knowledgeable staff on site; more educational resources for parents
Unclear policies around bringing children into dispensaries; lack of parent-specific policies and features	<i>“I think more curbside, making it easier to not have to go physically inside. Kind of like a target. Drive up. Most convenient thing that's hit the market. I love it. So yeah, just not having, cause, when you do bring you know your kids inside, I feel like they're looking at you all funny”</i>	Scaling up of existing features, curbside pickup and drive-through; introduction of new features like delivery
Pervasive stigma from medical providers and community members	<i>“if they knew that I was doing the medical marijuana, they would look at me different. They would treat me different. some doctors are really opposed to this program., I still to this day have not told anyone that I'm doing medical marijuana. I was just in the hospital. They asked me what I'm using for pain relief. I said nothing.... Don’t want to open up a can of worms.”</i>	Medical legitimacy of cannabis; open lines of communication with medical providers; unbiased medical care

Table 1. Socio-demographics of MCRC Parent Study Participants (n=48)	
Average Age	42
Race	N (%)
Black/African American	6 (12.5)
Hispanic/Latino	5 (6.9)
Non-Hispanic Multiracial	2 (4.2)
White/Caucasian	35 (72.9)
Reported Income Level	
Do not know or no income	3 (6.3)
Between \$1 and \$25,000	12 (25)
\$25,001 to \$50,000	18 (37.5)
\$50,001 to \$75,000	6 (12.5)
Over \$75,000	9 (5.3)

Key Takeaways

- Parents often report feeling stigmatized by healthcare providers for their use of or interest in medical cannabis, leading many to hide their use to avoid judgment or mistreatment. To provide equitable, unbiased care, medical professionals must pursue better education around medical cannabis- or seek it out themselves.
- Parents expressed a clear desire to discuss medical cannabis openly with providers and to have it integrated into their treatment plans.
- To improve access and reduce stigma, parents recommend expanded curbside and drive-through services, delivery options, and more dispensary locations, especially in rural areas. They also call for lower costs for entry, recertification, and products; consistent product availability; more pharmacists and knowledgeable staff on-site; and increased educational materials from PAMMJ.

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