

CANNABIS USE DISORDERS IN ‘MEDICAL CANNABIS’ PATIENTS: IMPLICATIONS FOR CLINICAL PRACTICE.

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Background:

There are increasing numbers of people using cannabis for therapeutic indications – either through illicit or regulated/prescribed frameworks. Medicinal cannabinoid use is often long term, raising the possibility of physiological dependence and cannabis use disorders (CUD). There has been little attention to the development of CUDs in medical cannabis patients, or consideration of the clinical implications.

Method:

The paper uses data from the Australian on-line survey of medical cannabis users (Cannabis As Medicine:2016 (CAMS:16)) developed by the Lambert Initiative in Cannabinoid Therapeutics to examine the prevalence and correlates of CUD in medical cannabis users. Findings from this (and previous studies of medical cannabis users) are juxtaposed against Opioid Use Disorder in chronic pain management.

Results:

1749 respondents responded to the CAMS:16 survey. Mean age was 38 years (range18-85), 68% were male, and most (62%) were employed or studying. Pain (31%) and mental health (28%) conditions were the main therapeutic targets. 40% of participants met criteria for DSM-V Cannabis Withdrawal (or used cannabis to relieve or avoid withdrawal). Rates of CUD vary according to criteria applied: if considered ‘illicit’, 40% met DSM-V criteria, compared to 23% if cannabis use was considered ‘prescribed’.

Conclusion: A substantial minority of people using CBs for therapeutic reasons develop neuroadaptation and/or a CUD. This has implications for how CBs are used clinically. Building upon the ‘universal precaution’ framework developed by Gourlay for safer opioid therapeutics in chronic pain management, a clinical framework for medical cannabis use that addresses the risks and harms of CUD is presented.