

PATTERNS OF CANNABIS USE IN PATIENTS ADMITTED FOR ADDICTION TREATMENT IN SPAIN

F. FONSECA^{1,2,3,*}, M. Torrens^{1,2,3}, M. Farré^{2,3,4}, K.E. McBride⁵, I. Maremmani^{6,7}, M. Guareschi⁷, J.L. Green⁵, R. C. Dart^{5,8}

(1) Institut de Neuropsiquiatria i Addiccions, Hospital del Mar, Barcelona, Spain. (2) IMIM (Institut Hospital del Mar d'Investigacions Mèdiques), Barcelona, Spain

(3) Universitat Autònoma de Barcelona, Barcelona, Spain. (4) Hospital Universitari Germans Trias i Pujol-IGTP, Badalona, Spain

(5) Denver Health Rocky Mountain Poison & Drug Center (RMPDC), Denver, USA. (6) Department of Neurosciences, Santa Chiara University Hospital, Pisa, Italy

(7) Associazione per l'Utilizzo delle Conoscenze Neuroscientifiche a fini Sociali (AU-CNS), Pietrasanta, Italy. (8) University of Colorado-Denver School of Medicine, Aurora, US

* Contact information: Tel. +932483175, e-mail: mffonseca@parcdesalutmar.cat

BACKGROUND

Illicit cannabis use is frequent among patients enrolled in medication-assisted maintenance therapy for addiction (Choi et al., 2016) and could affect their treatment outcomes predicting poor response to methadone maintenance treatment, mainly in women (Zielinski et al., 2017).

OBJECTIVE

We describe the patterns of cannabis use in patients who enroll in treatment for prescription or other illegal substances dependence.

METHODS

EUROPAD Program data from Spain were analyzed for second quarter 2015 through second quarter 2017. Patients aged between 18-65 years were included. Demographic characteristics and drugs used "to get high" in the 90 days prior to treatment intake were analyzed. Data were compared by three groups: those who sought treatment for cannabis use (CU) only, those who endorsed cannabis concomitant with another primary drug (CCU), and those who did not endorse use of cannabis (NCU). For continuous data, ANOVA were utilized to determine if groups were different, and, for categorical data, chi-square tests were used.

RESULTS

A total of 117 surveys have been collected (75% males, 42±9 years). The 61% reported use of cannabis in the past 90 days, from them, 12% reported use of cannabis as primary drug. A 39% of respondents did not report concomitant use of illicit cannabis. In Table 1 there are described the main characteristics of the subjects depending on its cannabis use.

Subjects endorsing cannabis as primary drug of use were younger (36±12 years) than the others (p=0.004), but older when asked for the first treatment. We found differences regarding the source of the drug: dealer in the NCU (89%) and CCU (88%) groups and in "cannabis clubs" in the CU group (50%, p<0.001). The CCU group also endorsed more different type of substances compared to NCU and CU (3±1 vs. 1±1 vs. 2±1; p<0.001).

Table 1. Main characteristics of patients depending on the type of use cannabis.

	Total N= 117	NCU N= 45	CU N=14	CCU N=58	p
Males (%)	88 (75)	32 (71)	9 (64)	47 (81)	0.308
Age (mean ± SD)	42 ± 9	41 ± 9	36 ± 13	41 ± 7	0.004*
Country of birth (%)					0.536
Spain	73 (62)	32 (71)	11 (79)	30 (52)	
EU	15 (13)	3 (7)	0	12 (21)	
Europe non-EU	11 (9)	3 (7)	1 (7)	7 (12)	
America	5 (4)	2 (4)	1 (7)	2 (3)	
Asia	4 (3)	2 (4)	0	2 (3)	
North Africa	7 (6)	2 (4)	1 (7)	4 (7)	
Subsaharian Africa	1 (0.9)	0	0	1 (2)	
Other	1 (0.9)	1 (2)	0	0	
Heath Worker (%)	7 (6)	4 (9)	1 (7)	2 (3)	0.504
Age at first treatment (mean ± SD)	31 ± 11	34 ± 11	35 ± 14	27 ± 9	0.001**
Number of treatments (mean ± SD)	3.3 ± 2.4	3 ± 2.3	2 ± 1	3.7 ± 2.4	0.297
Main Drug (%)					< 0.001*
Heroin	61 (52)	22 (49)	0	39 (67)	
Prescription Opioids	4 (3)	1 (2)	0	3 (5)	
Cocaine	28 (24)	15 (33)	0	13 (22)	
Cannabis	14 (12)	0	14 (100)	0	
Benzodiazepines	4 (3)	2 (4)	0	2 (3)	
Other	6 (5)	5 (11)	0	1 (2)	
Route of use (main drug) (%)					<0.001*
Oral	6 (5)	2 (4)	0	4 (7)	
Sublingual	1 (0.9)	1 (2)	0	0	
Smoked	43 (37)	16 (36)	14 (100)	13 (22)	
Snorted	25 (21)	12 (27)	0	13 (22)	
Skin patch	1 (0.9)	0	0	1 (2)	
Injected	41 (35)	14 (31)	0	27 (47)	
Source of main drug (%)					<0.001*
Dealer	96 (82)	40 (89)	5 (36)	51 (88)	
Prescription	5 (4)	2 (4)	0	3 (5)	
Friend/Relative	7 (6)	3 (7)	2 (14)	2 (3)	
Cannabis Club	8 (7)	0	7 (50)	0	
Stolen	1 (0.9)	0	0	1 (2)	
Number of drugs used at admission (mean ± SD)	2.4 ± 1.4	1.5 ± 0.8	1.3 ± 0.6	3.4 ± 1.3	<0.001**

NCU: Non cannabis use; CU: cannabis as main drug; CCU: comorbid cannabis use; SD: standard deviation; EU: European Union

*Differences between CU compared to other groups. ** Differences between CCU compared to other groups

CONCLUSIONS

Use of illicit cannabis is prevalent in patients who enroll in addiction treatment. Patients seeking treatment for cannabis use obtain the drug from different sources, presenting a differential pattern of drug use, and "cannabis clubs" are a frequent source of cannabis of patients demanding treatment for cannabis addiction.

The influence of cannabis in the prognosis of medication-assisted treatments should be well defined and its use should be addressed in addiction treatment centers.

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