

CANNABIS ACCESS FOR MEDICAL PURPOSES SURVEY (CAMPS): PATIENT CHARACTERISTICS, PATTERNS OF USE, & ACCESS



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THE UNIVERSITY OF BRITISH COLUMBIA

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**Institute for Healthy Living and
Chronic Disease Prevention**
PARTNERS IN RESEARCH FOR BETTER HEALTH

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Belle-Isle, L.* , Walsh, Z*., Lucas, P., Callaway, R., Capler, R., Kay, R., & Holtzman, S. (*in press*). Barrier to access for Canadians who use cannabis for therapeutic purposes. *International Journal of Drug Policy*

Walsh, Z., Callaway, R., Belle-Isle, L., Capler, R., Kay, R., Lucas, P., & Holtzman, S. (2013). The Cannabis Access for Medical Purposes Study: Patient characteristics, reasons for use, and modes of access. *International Journal of Drug Policy*, 24, 511-516.



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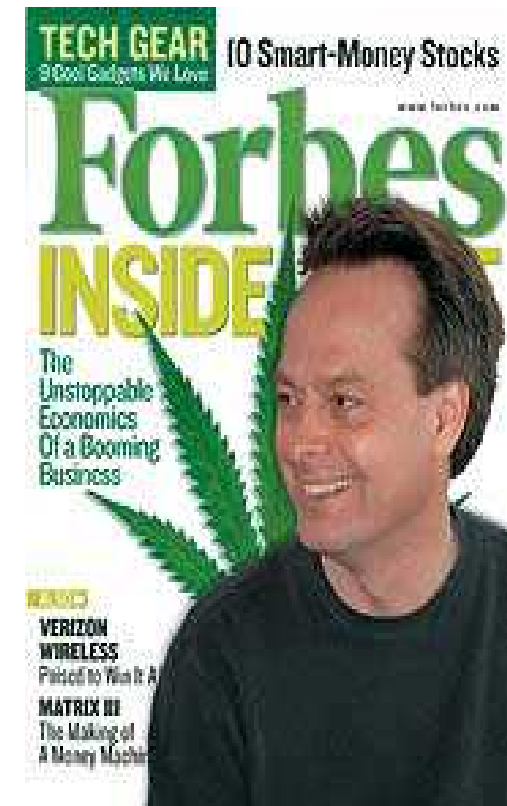
Background

- More than 500,000 Canadians use cannabis for self-defined medical conditions
- *R. v. Parker* (2000) - constitutional right to choose cannabis as medicine without fear of criminal sanction
- *Federal Marihuana Medical Access Regulations – 2001*
 - ▣ Health Canada, Self-production, Designated producer
- Approximately 30,000 Canadians have obtained an authorization to possess cannabis for medical purposes.
- Huge increase anticipated in 2014 following changes >100, 000



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Big Business



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Methods

- Cross-sectional
 - ▣ local/ in person
 - ▣ national/ online
- Developed & disseminated via dispensaries & patient groups
- Participatory research framework
- 628 self-selected current users of cannabis for therapeutic purposes (CTP)
- Collected July 2011 - August 2012



Demographics

	CTP (%)	Census (%)	Z
% male	71	49	11.03*
% white	92	80	7.52*
% aboriginal	7	4	3.80*
<u>Age</u>			
18-24yrs old	17	12	3.86*
25-34	26	16	6.84*
35-44	19	20	.63
45-54	24	20	2.51
55>	14	32	9.67*



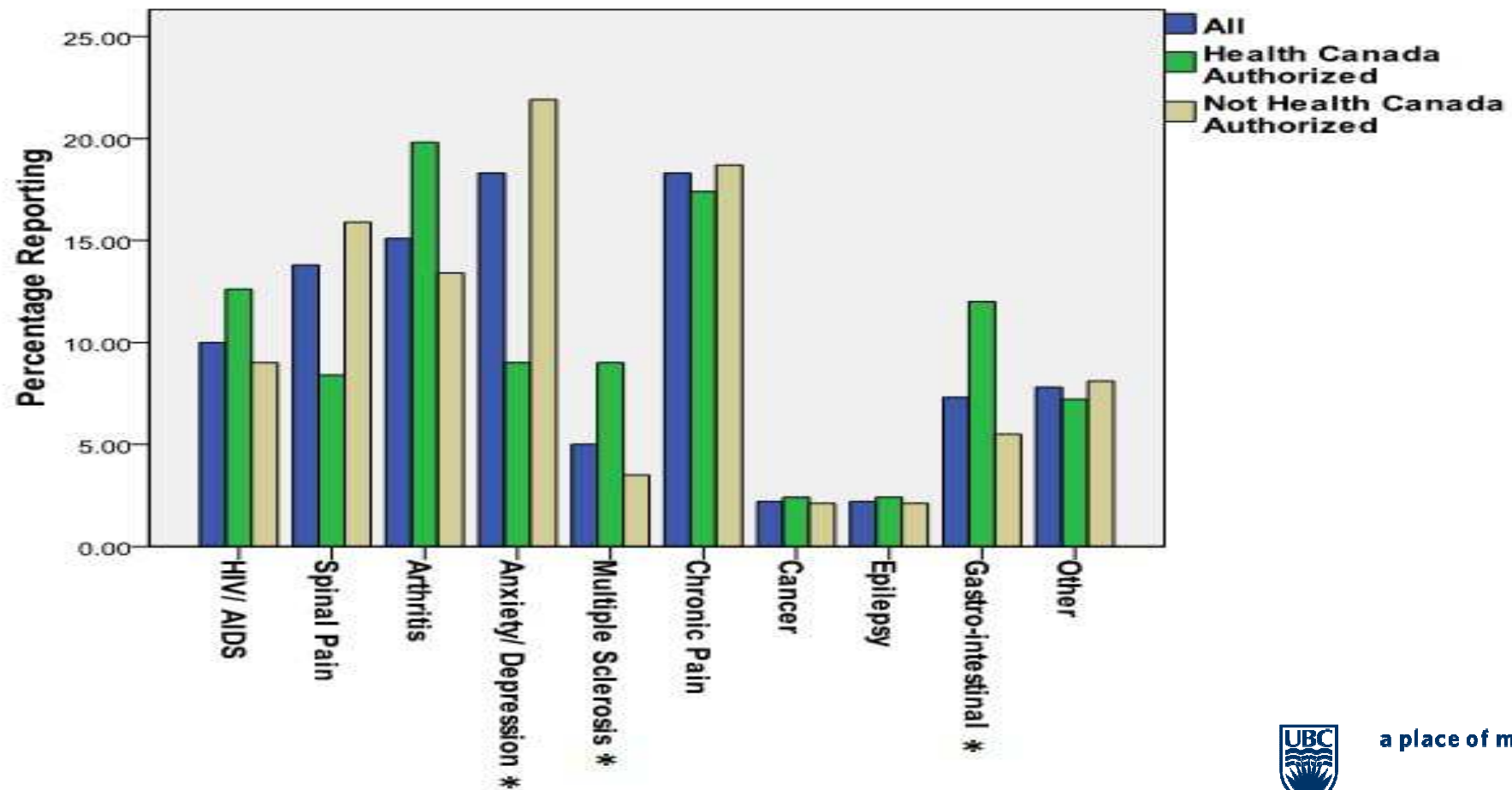
Demographics

	CTP(%)	Census (%)	Z
Education			
<high School	4	15	-7.86*
post secondary	58	61	-1.54
Income			
<20,000	33	44	-5.55*
20,000-39,999	26	27	-.56
40,000-59,999	17	15	1.43
60,000 +	24	14	7.22*
Region			
Rural	22	20	1.25
Urban	78	80	-1.25



Medical Conditions – Authorized / Unauthorized

32.49% Health Canada authorized (12.45% in process)

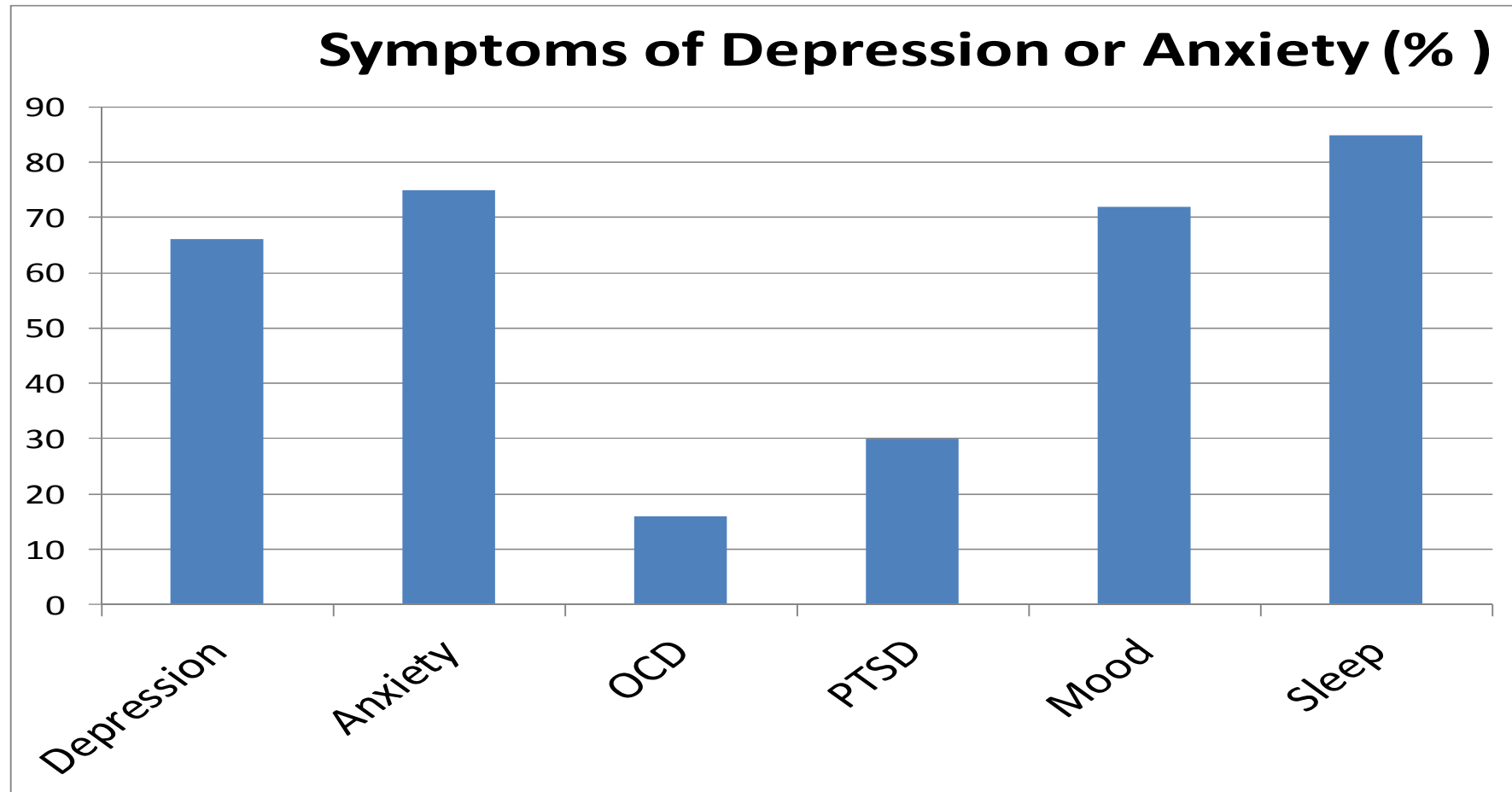


Medical Conditions - Symptoms

	All	Pain – Spinal	Pain - Nonspinal	Arthritis	Mood	HIV/AIDS	GI
Sleep	85.3%	82.9%	85.3%	89.9%	92.5%	78.3%	76.7%
Pain	81.8%	97.6%**	93.6%**	96.6%**	52.3%**	68.3%**	93%
Anxiety	78.3%	79.3%	78%	64%**	99.1%**	73.3%	67.4%
Depression	66.1%	67.1%	62.4%	57.3%	91.6%**	56.7%	62.8%
Appetite/ Weight	56.0%	52.4%	51.4%	39.3%**	57%	76.7%**	76.7%**
Nausea	49.4%	43.9%	51.4%	37.1%	40.2%	78.3%**	81.4%**
Inflammation	48.3%	62.2%	47.7%	88.8%**	23.4%**	33.3%	58.1%
Spasms	46.8%	70.7%**	48.6%	56.2%	21.5**	33.3%	51.2%
Headache	40.5%	53.7	51.4	40.4%	35.5%	25%	27.9%



Symptoms Treated – Mental Health



Symptoms Treated – Mental Health

MEDICAL CONDITION	N	DEPRESSION SX ONLY	ANXIETY SX ONLY	BOTH	EITHER
All	605	5%	18%	61%	84%
Anxiety/Dep	107	1%	8%	91%	100%
Arthritis	89	12%	19%	44%	75%
Pain – Spinal	82	5%	17%	62%	84%
Pain – Other	109	5%	20%	58%	83%
HIV/AIDS	60	7%	23%	50%	80%
GI	43	9%	14%	54%	77%
MS	28	7%	7%	54%	68%
Cancer	13	8%	15%	69%	92%
Epilepsy	13	0%	39%	61%	100%



Medical Conditions - Symptoms



“The countries that report the highest per capita consumption of benzodiazepines — regardless of whether for sedative, anxiolytic or anti-epileptic purposes — are (in order of magnitude) Belgium, **Uruguay**, Portugal and Serbia.”



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Initiation

- 82% reported non-medical cannabis use prior to medical use
 - ▣ Mean age first use 17.30 (SD =7.08)
 - ▣ Mean age first medical use 28.35 (SD = 11.25)
 - ▣ No differences between naïve and experienced users in patterns of use & medical conditions
- Most participants who reported prior non-medical use reported increased use with the initiation of therapeutic use
 - ▣ 33% large increase
 - ▣ 32% small increase
 - ▣ 17% no change
 - ▣ 10% small decrease
 - ▣ 7% large decrease.



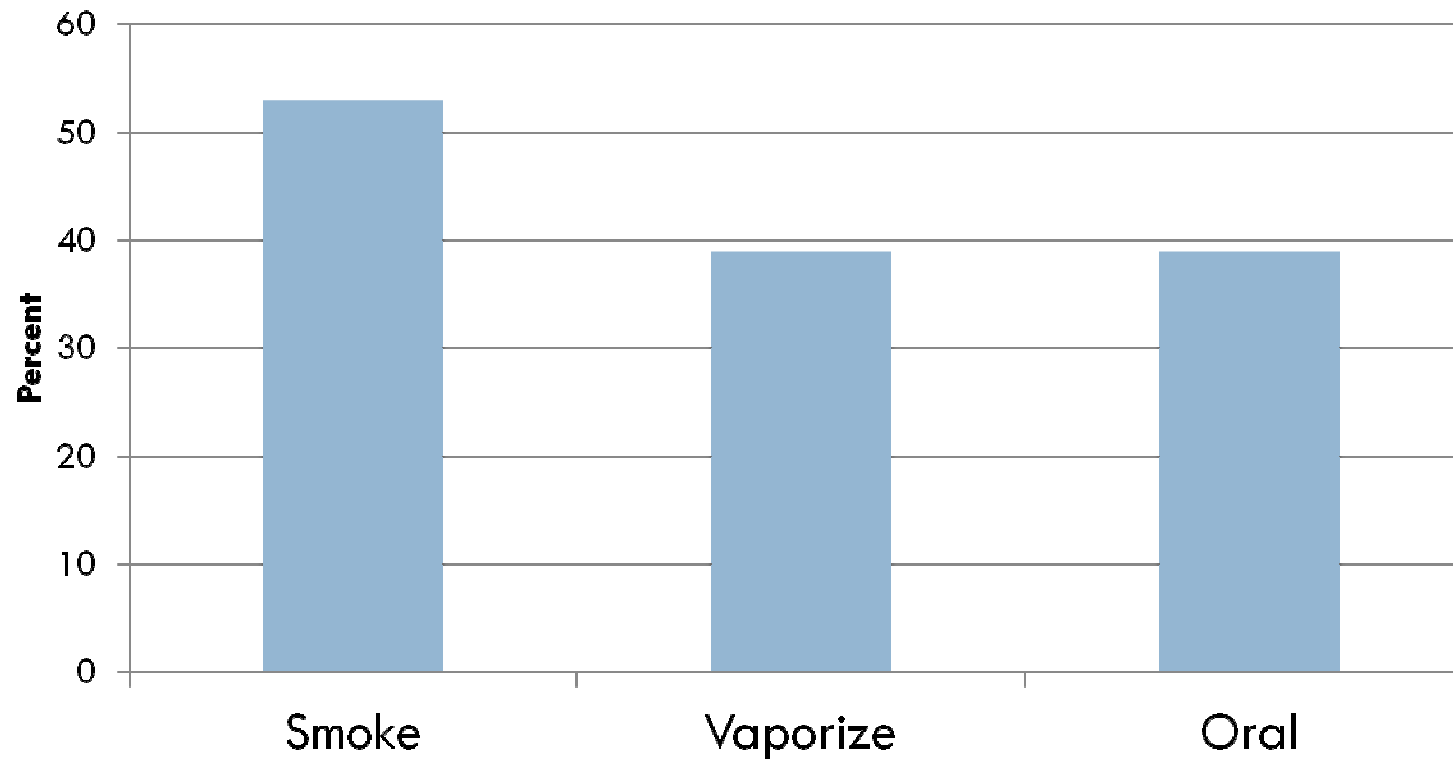
Patterns of Use

	All	Pain Spinal	Pain	Mood	Arthritis	HIV/AIDS	GI
Amount per week (Grams)							
≤2	8.8%	7.8%	9.8%	10.3%	4%	26.8%*	2.9%
2.1-5	12.6%	12.5%	12%	12.6%	13.3%	12.2%	0%
5.1-9	17.9%	10.9%	23.9%	27.6%	14.7%	14.6%	17.1%
9.1-14	16%	23.4%	16.3%	12.6%	20%	9.8%	17.1%
>14 (Mdn = 28)	44.6%	45.3%	38%	36.8%	48%	36.6%	62.9%
Frequency of Use							
< daily	11.1%	8.8%	12.6%	14.1%	3.9%	24.5%*	5.3%
1x day	13.5%	10.3%	15.5%	18.5%	15.6%	15.1%	2.6%
2-3x	33.2%	30.9%	30.1%	39.1%	33.8%	30.2%	36.8%
4x +	42.2%	50%	41.7%	28.3%*	46.8%	30.2%	55.3%

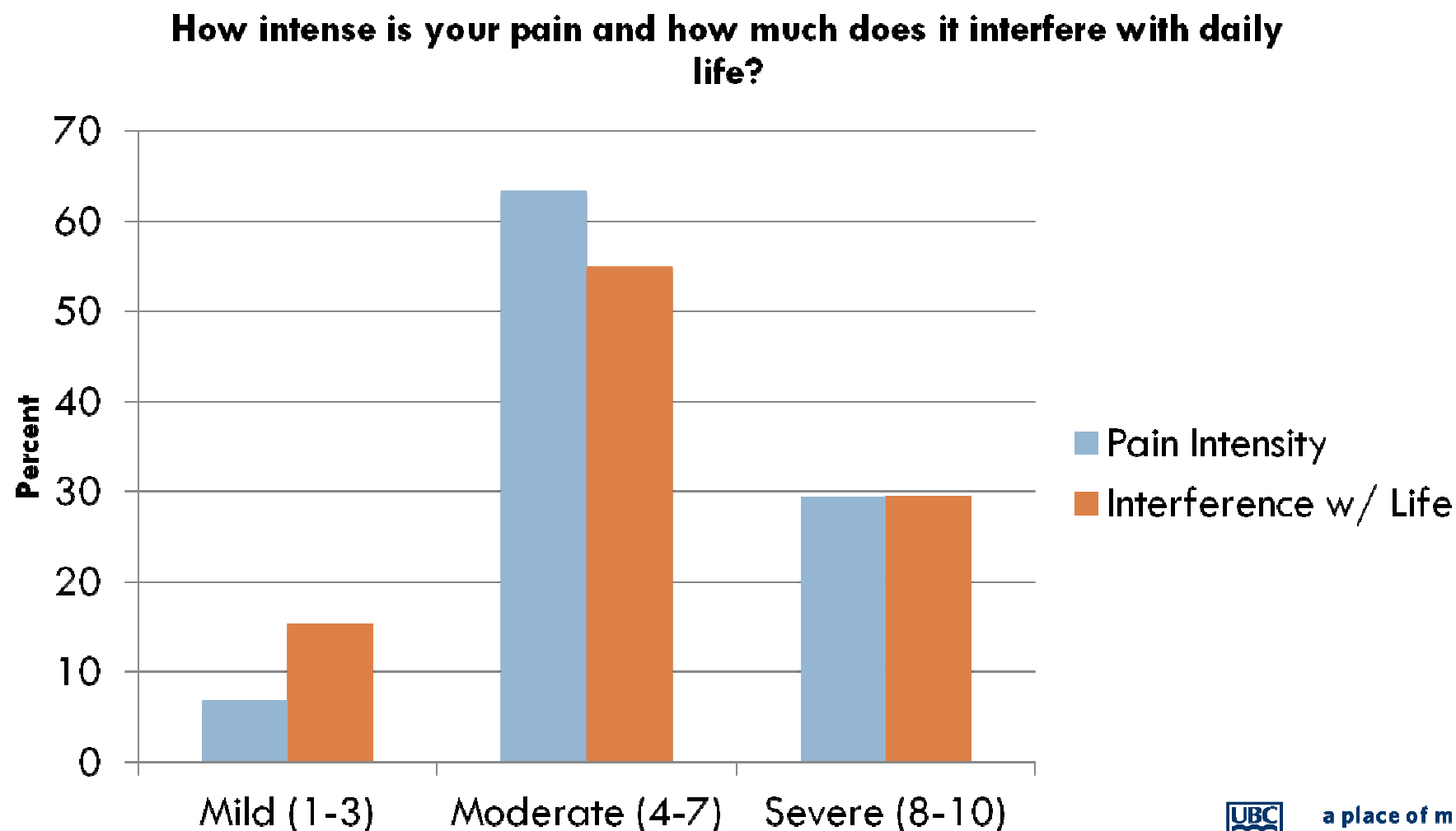


Use Patterns

Preferred Mode of Use

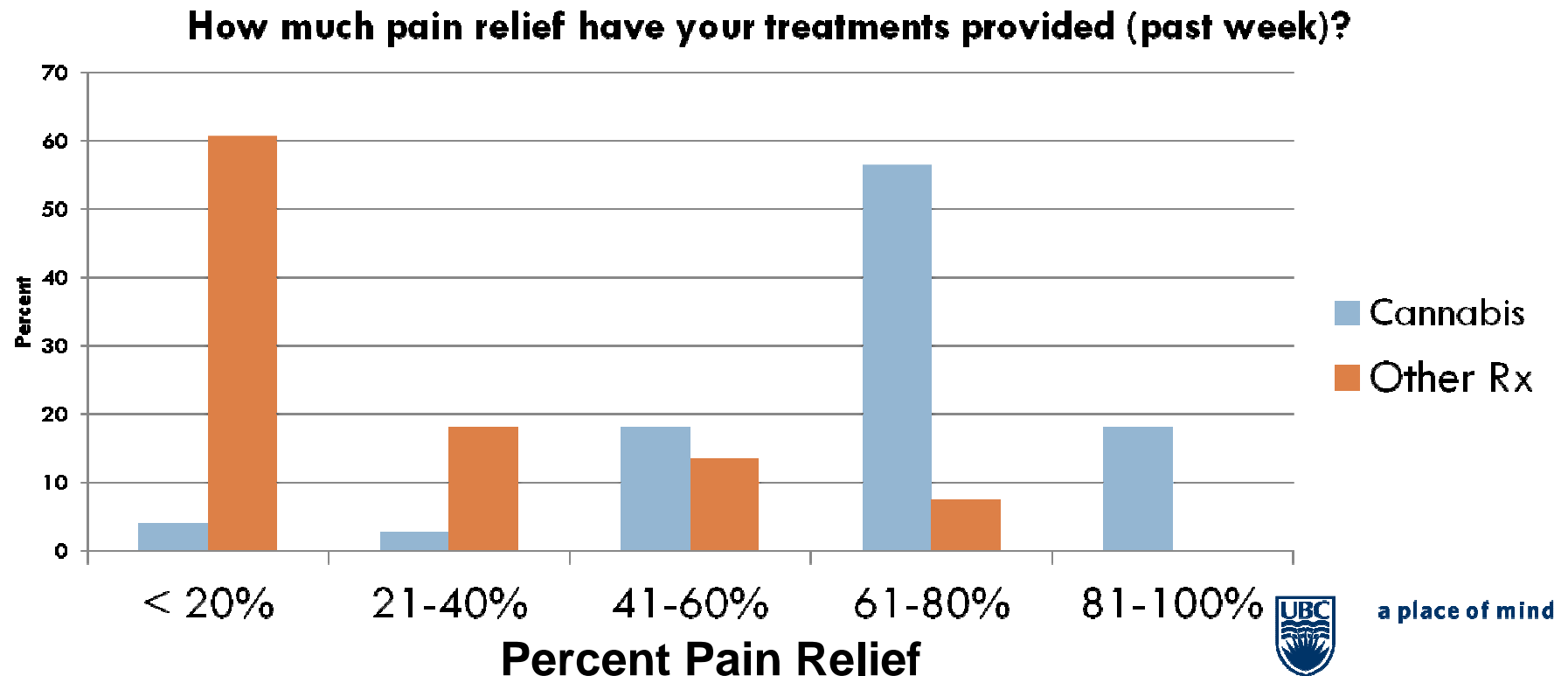


Pain – Arthritis subsample



Cannabis & Other Medications

Use treatments in addition to cannabis	58%
Cannabis has fewer side effects than other treatments	86%
Use cannabis to substitute for prescription drugs	85%



Perceived mechanisms of pain relief

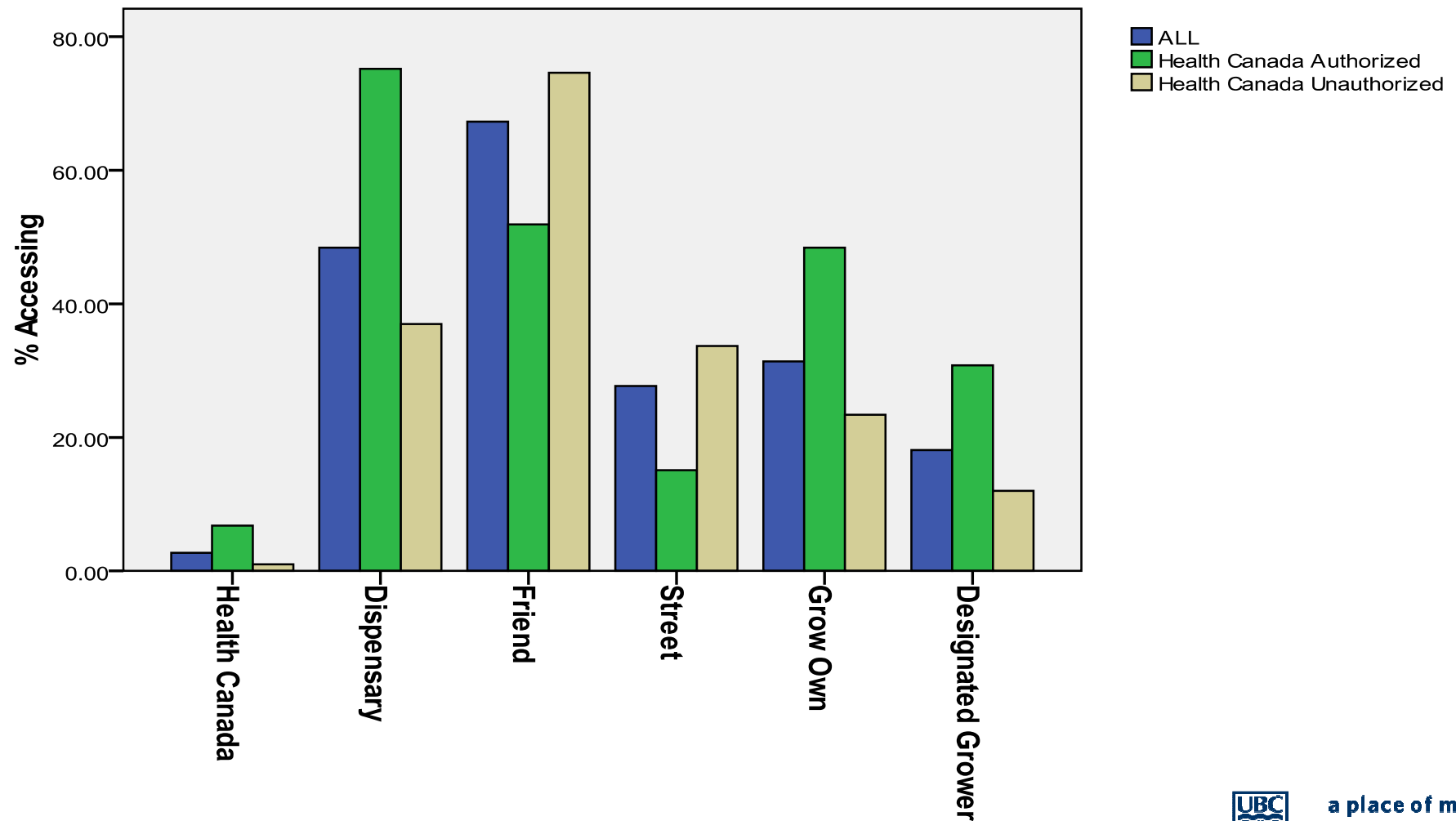
Active despite pain	88%
Pain seem more bearable	88%
Directly reduces intensity	84%
Less irritated about pain	83%
Enjoy myself despite pain	80%
Less depressed about pain	76%
Helps me forget pain	71%
Less anxious about pain	69%

Pain sample n =79



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Access



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Access – Obstacles

- Physician communication:
 - ▣ 32% changed physicians
 - 38% did so once
 - 27% did so twice
 - 24% did so three times or more
 - ▣ 48% wanted to discuss cannabis but did not do so
 - fear of discrimination
 - feelings of discomfort
 - fear of annoying the physician
 - ▣ 50% relatively less satisfied with CTP-related physician interactions than with interactions that were unrelated to CTP
 - ▣ 31% felt discriminated against

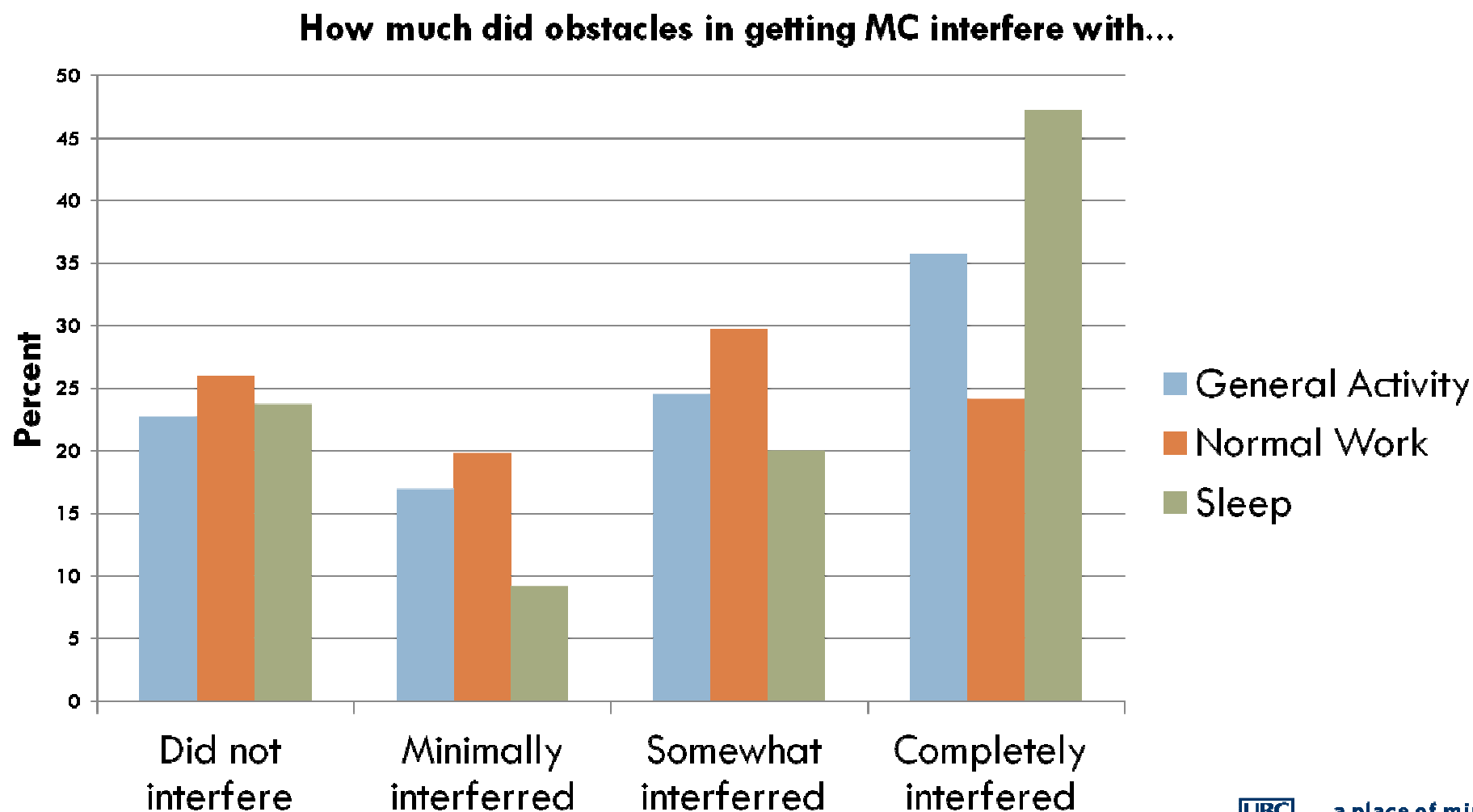


Barriers to Access

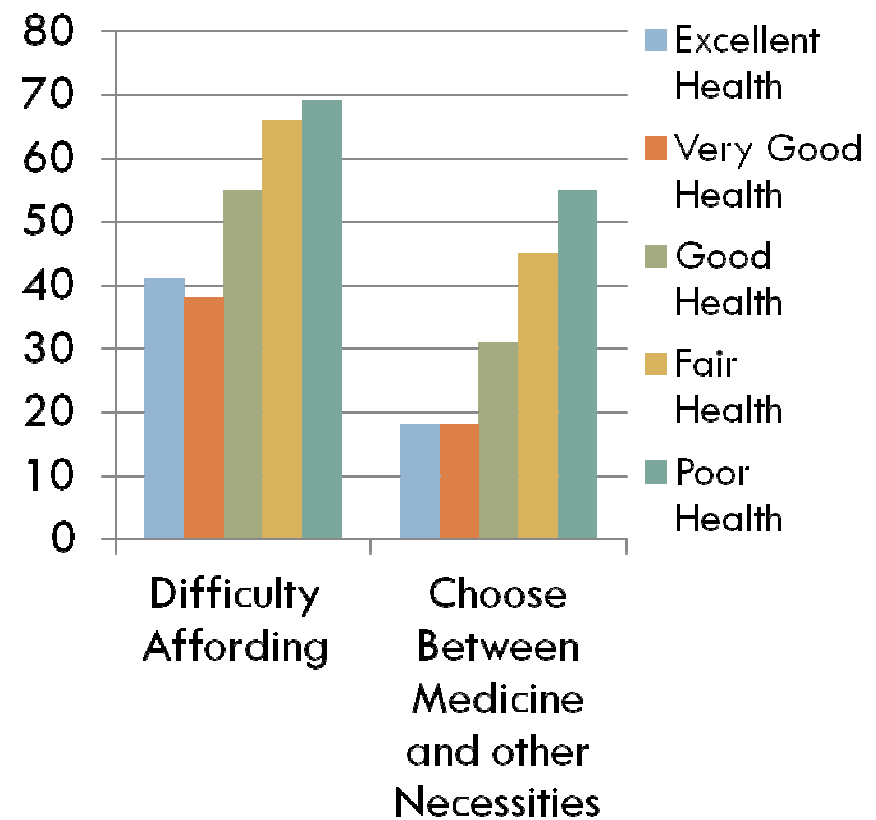
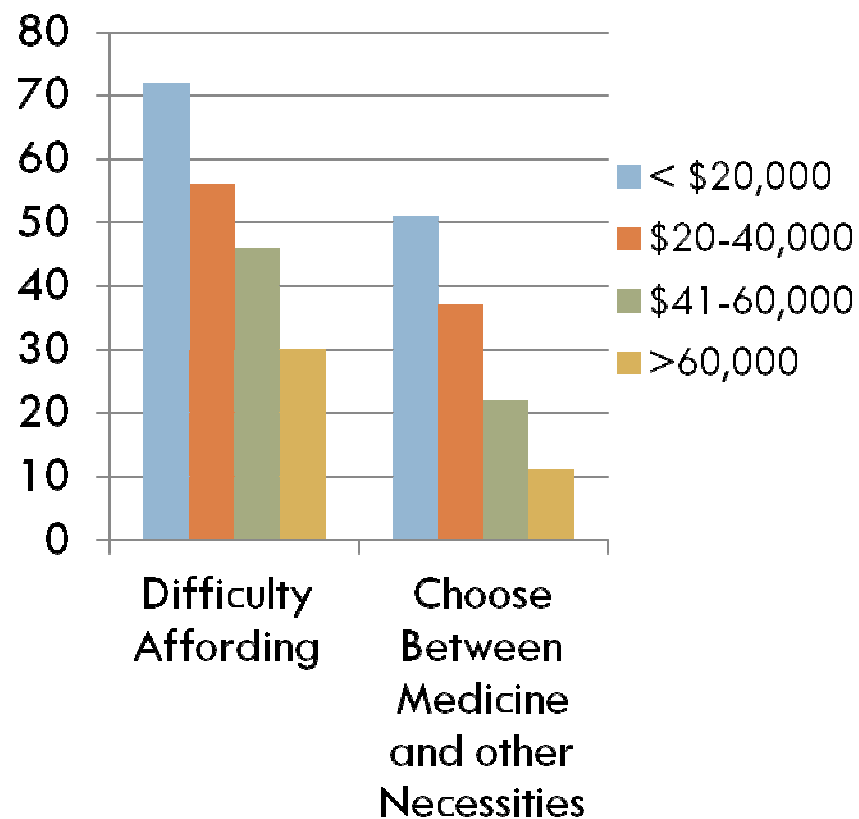
BARRIERS	
Experienced obstacles obtaining MC	79%
Authorized by Health Canada	43%
Difficulty getting authorization	58%
Unsatisfied with Health Canada program	65%
Discriminated against by doctors	27%
Sometimes or never afford	60%



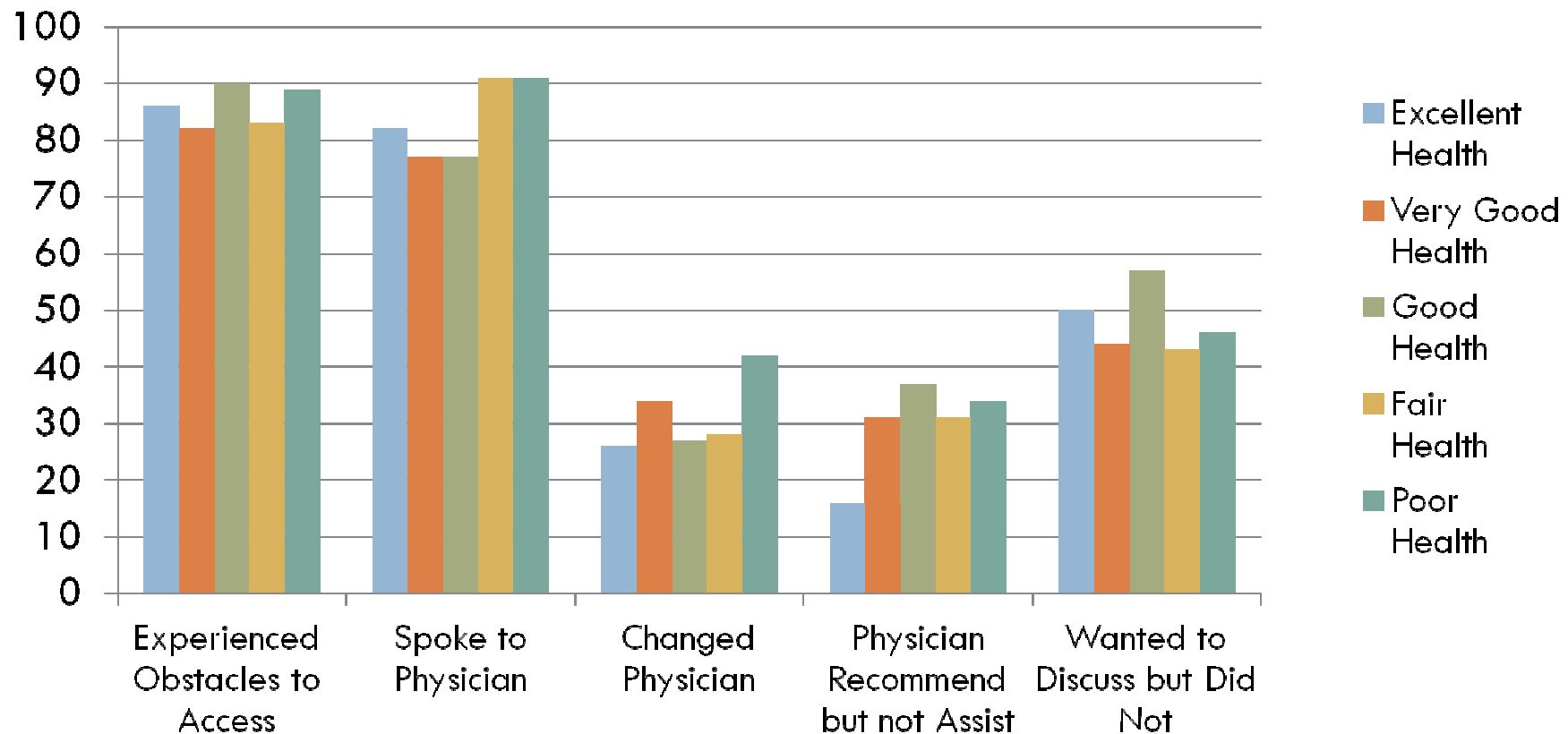
Barriers - Arthritis subsample



Access – Affordability



Access – Availability



Discussion

- Reasons for use and perceived effectiveness were generally consistent across medical conditions; respondents overwhelmingly reported using cannabis to effectively address sleep disturbance, pain, and anxiety.
- A substantial disconnect between the medical use of cannabis and research on the risks and benefits
 - ▣ Particularly evident with regard to the anxiolytic and sedative use
 - ▣ Extrapolation from our sample to the national population of CTP users suggests that the number who use cannabis for these purposes is comparable to the number who currently use benzodiazepine and other sedatives (Kassam & Patten, 2006).



Discussion

- Authorized and unauthorized users exhibit few meaningful differences with regard to medical conditions and patterns of use, but face substantial differences regarding access
 - ▣ Many seriously ill Canadians risk legal sanction and other negative outcomes associated with accessing cannabis from illegal markets.
- Medical cannabis users are nearly unanimous with regard to experiencing substantial obstacles to access
- Affordability is a substantial barrier to access – respondents from all income groups reported difficulty affording medical cannabis
 - ▣ Worse among those with the poorest health
- Physician communication is a barrier to access
 - ▣ A substantial portion of even the most seriously ill patients have had recommendations to use medical cannabis and support denied for obtaining legal access

