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Troup, Lucy J.; Erridge, Simon; Ciesluk, Beata; Sodergren, Mikael H.

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An Assessment of Current and Previous Exposure to Illicitly Obtained Cannabis in UK Medical Cannabis Patients

Lucy J Troup¹, Simon Erridge^{2,3}, Beata Ciesluk¹, Mikael H Sodergren^{2,3}

- 1. Division of Psychology, School of Education and Social Sciences, University of the West of Scotland, UK
- 2. Medical Cannabis Research Group, Imperial College London, UK
- 3. Sapphire Medical Clinics, London, UK

Introduction: In November 2018, the UK government changed the scheduling of Cannabis-based medicinal products (CBMPs) to enable them to be prescribed by specialist physicians, supported by a multi-disciplinary team. Moreover, as CBMPs are unlicensed in the UK, patients must have failed to gain sufficient benefit from first-line licensed therapies. Data from the UK Medical Cannabis Registry has demonstrated that approximately 60% of patients treated with CBMPs in the UK since this change in regulation were consuming illicitly purchased cannabis either at the time initiating therapy, or earlier in their lives. Whilst patients are counselled as to the risks of continuing to source and consume cannabis from illicit sources, the exact extent of prior and current consumption is not known. This study therefore aims to assess the previous and current exposure of those undergoing active treatment with CBMPs.

Methods: This cross-sectional questionnaire study invited 2319 patients from Sapphire Medical Clinics who were being actively treated with CBMPs. The questionnaire was developed utilising a multidisciplinary group of clinicians and psychologist to establish patient demographics, in addition to previous and current cannabis consumption. The Sapphire Medical Clinics Patient and Public Involvement Group (n=7) assessed the content validity and study feasibility. The questionnaire was hosted on Qualtrics (Seattle, Washington, United States). Reponses were assessed utilising descriptive analysis.

Results: 450 (19.4%) active patients completed the questionnaire. 258 (57.3%) identified as male and 176 (39.1%) identified as female. 22.2% (n=100) of patients first started consuming cannabis as a prescription medication under supervision of a doctor. 44.2% (n=199) and 33.6% (n=151) patients first started consuming cannabis recreationally or self-medicating with illicitly purchased cannabis. The mean age participants started consuming cannabis was 28.0 (±16.3). The mean length of cannabis consumption to date was 12.9 (±11.8) years. 71.8% (n=323) of participants were only consuming CBMPs as prescribed. 13.1% (n=59) and 17.8% (n=80) were continuing to consume illicit cannabis recreationally or source illicit cannabis for self-medication respectively. 4.2% (n=19) of patients were consuming illicit drugs for either recreational or perceived medical benefit.

Conclusion: This study demonstrates that most patients treated with CBMPs sampled in this study were consuming cannabis prior to initiating treatment. On average this was for almost 13 years. Despite only 22.2% of patients being naïve to cannabis at initiation of therapy over 70% were only consuming CBMPs and no other illicitly sought cannabis. This suggests that, in addition to any derived medical benefits, supervised treatment with CBMPs can reduce the exposure to the associated harms of illegally sourced cannabis.