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Understanding cannabis use in people prescribed opioids for chronic non-cancer pain

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Medicine

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Acknowledgements and disclosures

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Background

- Chronic non-cancer pain (CNCP) is a common problem that makes a major contribution to disease burden
- Currently there are no proven effective treatments for CNCP
- There has been considerable debate about the role and efficacy of cannabinoids for medicinal use in CNCP
- This study aimed to examine:
 - I. Describe characteristics of cannabis use in the POINT cohort
 - II. Examine the effect of cannabis on pain and opioid use

Overall design

Sample: National sample of people living with chronic non-cancer pain, prescribed strong opioids ≥ 6 weeks

Recruitment across community pharmacies

- Contacted 93% (n=5,332) via fax and phone
- 33% of pharmacies agreed to be involved in recruitment

Four assessment waves:

- Baseline n = 1,514
- T2 follow up (3 months) 80%
- T3 follow up (12 months) 83%
- T4 follow up (24 months) 87%
- T5 follow up (36 months) 85%
- T6 follow up (48 months) 81% (ongoing)

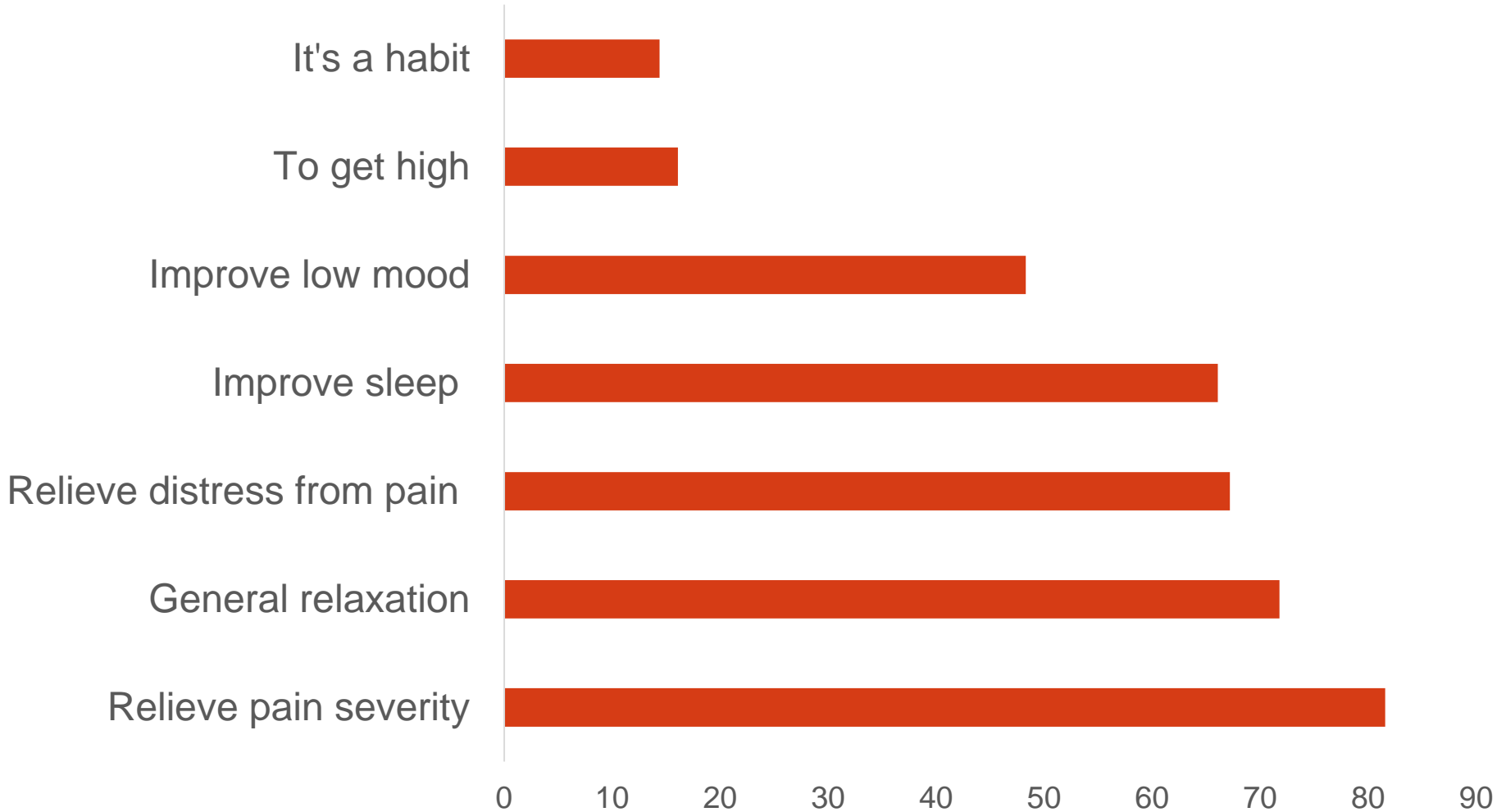
Baseline characteristics of the POINT cohort

	N=1514
Demographics	
Median age (IQR)	58 (48-67)
% Male	44
% Unemployed	48
% Reported change in employment due to pain	64
Mental health	
% Current moderate to severe depression	47
% Current moderate to severe anxiety	23
% Reporting childhood abuse and/or neglect	52
Physical health	
Median time experiencing pain (years)	10 (4.5-20)
% More than one lifetime pain condition	85

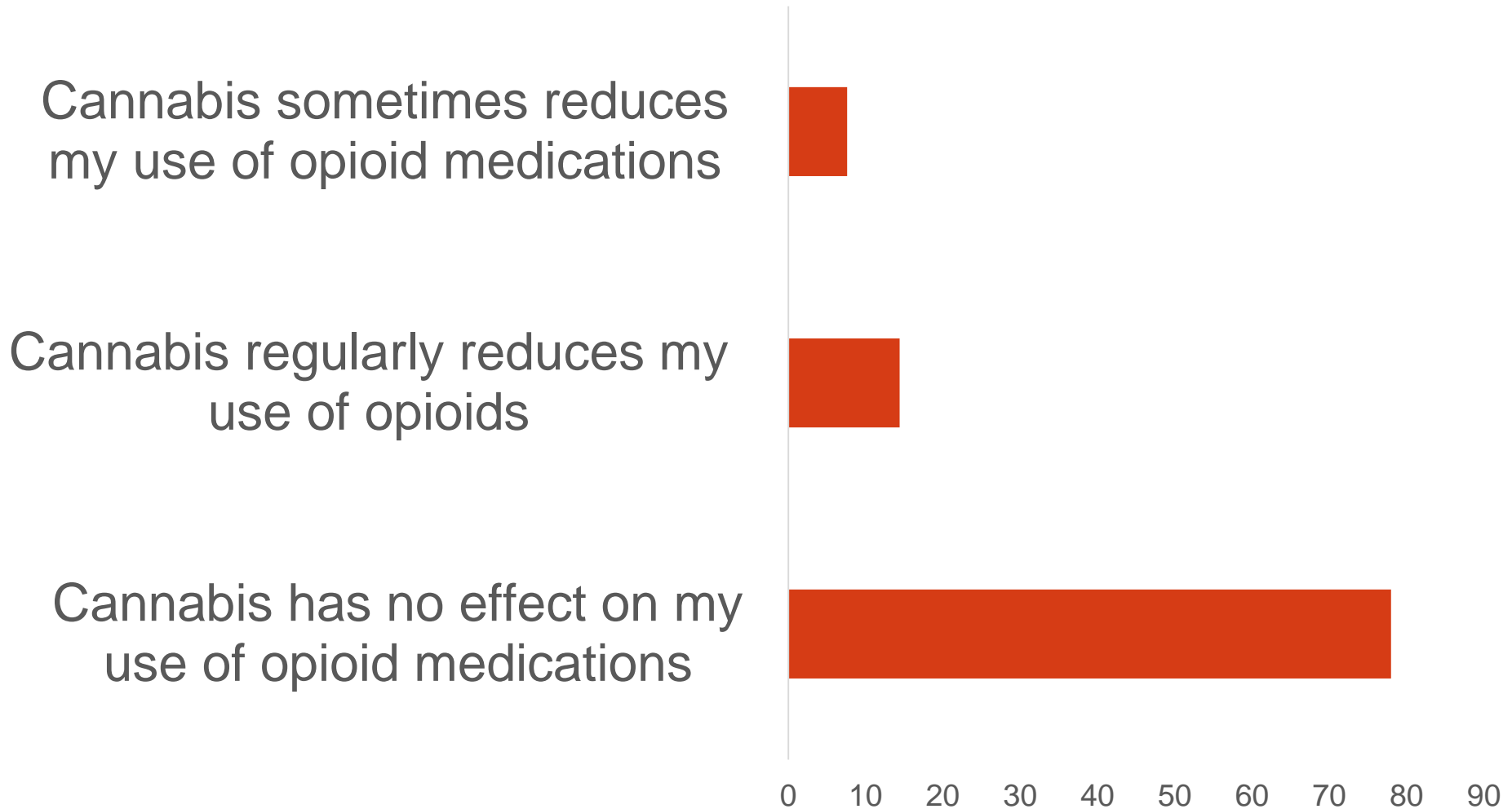
Results: Characteristics

Cannabis use	Baseline (1514)	12-month (1216)	2-year (1278)	3-year (1211)
% Lifetime use	43.2	-	-	-
% Past 12 months	12.9	11.1	13.3	14.3
% Past month use	8.3	9.3	9.6	10.9
% Ever used for pain relief	15.6	-	-	-
% Used cannabis pain relief past 12 months	-	9.8	11.8	12.0
% Used for pain relief past month	5.6	-	8.7	10.0
% Use it if had access	32.6	-	44.1	53.6
Mean effectiveness of cannabis on pain out of 10	6.5	5.0	7.3	7.0

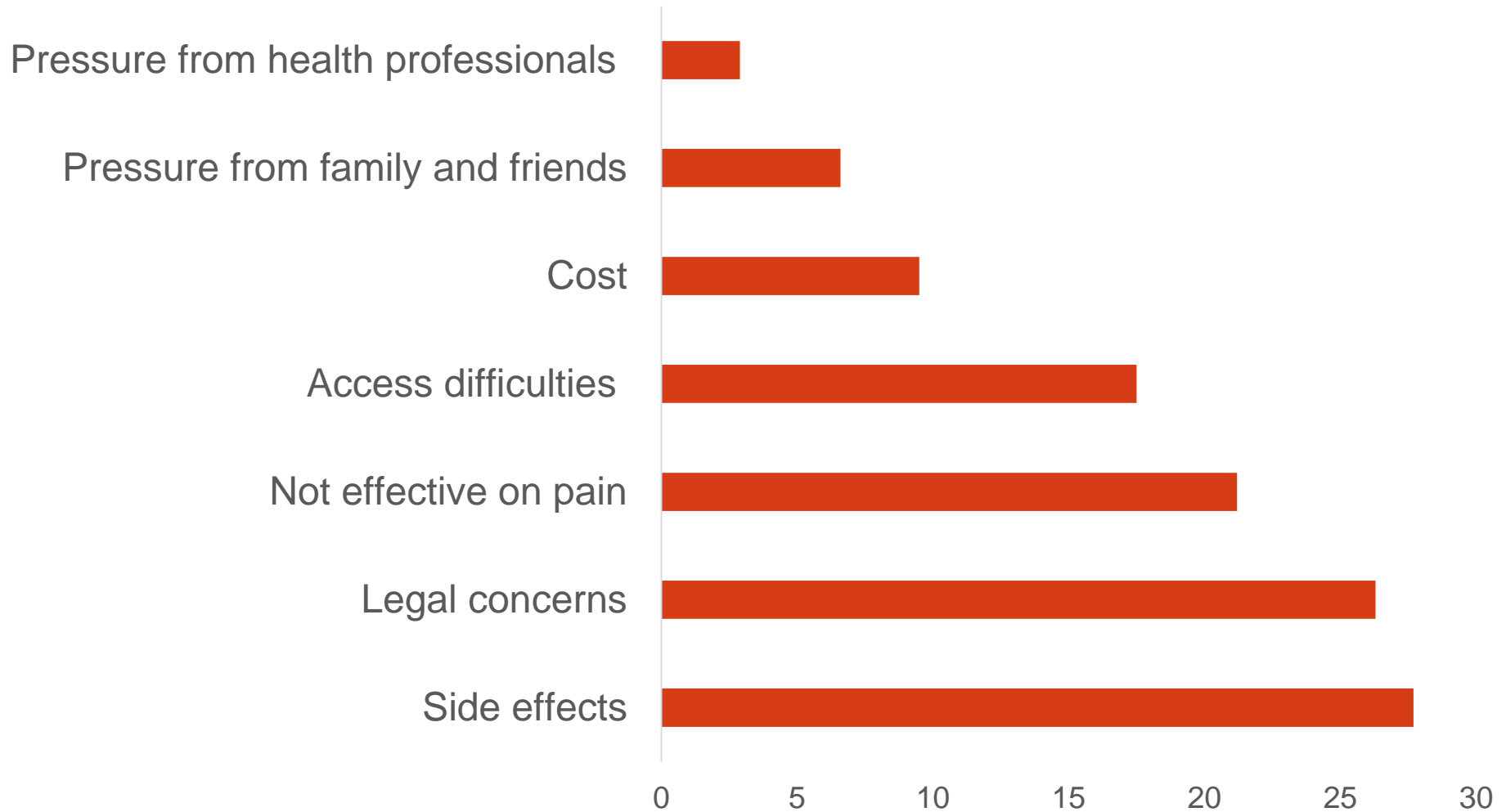
Results: Reasons for use (n=174)



Results: Effect on opioid medication (n=132)



Results: Reasons for discontinuance (n=137)



Results: Associations at 36-month follow-up

- Cannabis users reported
 - Greater pain severity (5.3 vs 4.8 on a 10-point scale)
 - Greater pain interference (6.4 vs 5.4 on 10-point scale)
 - Lower pain self-efficacy (28.8 vs 34.5)
 - Greater oral morphine equivalent (79 vs 57)*

- No significant findings for
 - Reported relief from pain medications (6.1 vs 6.2 on 10 point scale)
 - Opioid discontinuance (16% vs 17%)

Results: Longitudinal associations

- Hierarchical mixed-effects regression models
- Current frequent cannabis use NOT associated with
 - Future pain interference
 - Future OME
- Current infrequent cannabis use associated with reduction in future pain interference, but not OME
- Current pain interference associated with future cannabis use, but not after adjusting for PSEQ

Summary and discussion

- Cannabis use in people prescribed opioids for CNCP is common
- Approximately 50% sample reported they would use if they could access it
- Participants reported, and we found, no effect of cannabis use on discontinuance or reduction in opioid medication use
- Side effects and legal concerns were most common reasons for stopping cannabis use

Summary and discussion

- Cannabis use in people living with CNCP likely to increase
- Importantly, there have been very few studies on the effectiveness of cannabis for back/neck problems, migraines and arthritis
- CNCP is complex and a multidisciplinary approach likely offers the best outcome for patients

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POINT

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