

Clinical Characteristics of Arkansas Residents Who Have Medical Needs for Cannabis

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Disclosure



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Research team

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Students

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Background – potential benefits and controversy

- Cannabis is Schedule I substance under Controlled Substances Act



- Pharmaceutical products approved by authorities, e.g.
 - Epidiolex[®] (CBD)
 - Sativex[®] (THC, CBD)
 - Marinol[®] (synthetic THC)
- Potential medical benefits from RCT
 - Chronic pain
 - Neuropathic pain
 - Multiple sclerosis

Background – regulation in Arkansas

- Cannabis was legalized for medical use in Arkansas in 2016
- Patients may apply for medical cannabis registration card in Arkansas if...
 - Have at least one of the 18 qualified medical conditions
 - At least 18 years old [OR] be a minor patient with parental consent
 - Obtained Physician Written Certification for the medical needs
- **Who are they? How they think about medical cannabis?**

18 qualified conditions:

Cancer
Glaucoma
HIV
Hepatitis C
Amyotrophic lateral sclerosis (ALS)
Tourette's syndrome
Crohn's disease
Ulcerative colitis
Post-traumatic stress disorder (PTSD)
Severe arthritis
Fibromyalgia
Alzheimer's disease
Cachexia or wasting syndrome
Peripheral neuropathy
Pain (intractable pain, has not responded to ordinary medications, treatment or surgical measures for ≥ 6 months)
Severe nausea
Seizures
Muscle spasms (including those characteristic of multiple sclerosis)
Others

Objectives

How does the potential and non-potential cardholder differ?

Demographic characteristics
Health-related quality of life (HRQOL)
Expectancy effects of marijuana

What are the factors associated with intention to apply for card?

Examine characteristics that may be related to the intention

Methods

How

Online survey, self-administered

Who

Arkansans, ≥ 18 y/o, English speaker

What

- Age, gender, race, education and socioeconomic status, cannabis-use history and prescription use*

- HRQOL measures: SF-36v1

- 48-item Marijuana Effect Expectancy Questionnaire (MEEQ)

Where

Recruited participants from social media, flyers in head shops, and research registry

When

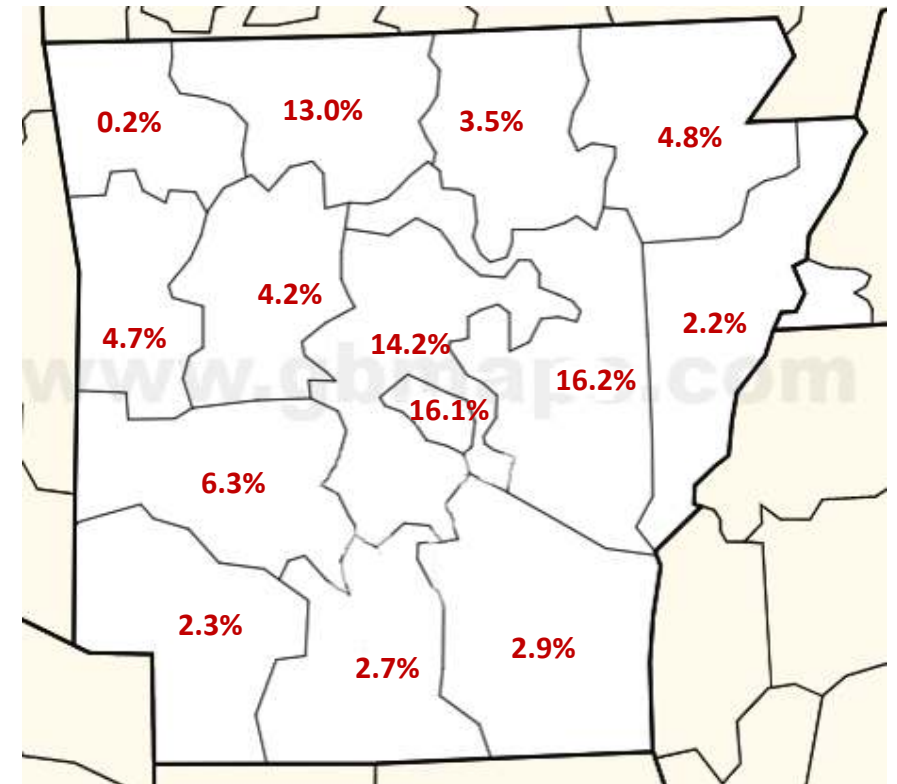
Feb. 2018 – Apr. 2018

* We only collected the prescriptions that are related to cannabis use

Participants overview

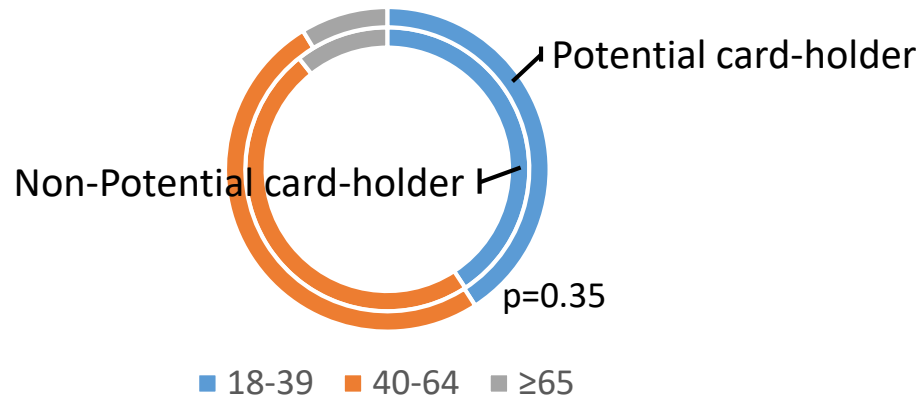
- All qualified participants: 2,142
 - Mean age: 44.7 y/o, 67.2% female, 75.2% white
- Participants answered about card status: 1,814
 - Potential card-holder: 999
 - Non-potential card-holder: 815
- Geographic distribution
 - Representation from all regions
 - Underrepresented for the northwest

Geographic distribution of the participants

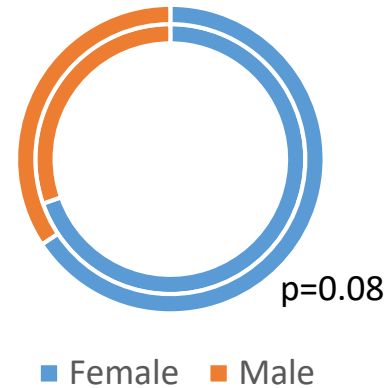


Results 1 – educational status and cannabis use history distributed differently among two groups

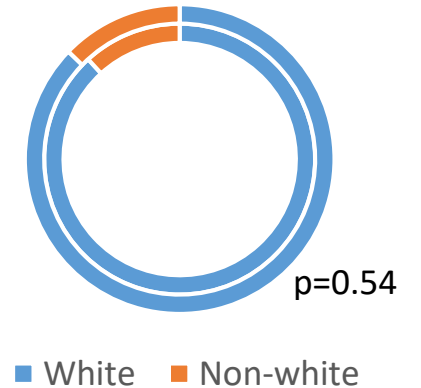
Age distribution



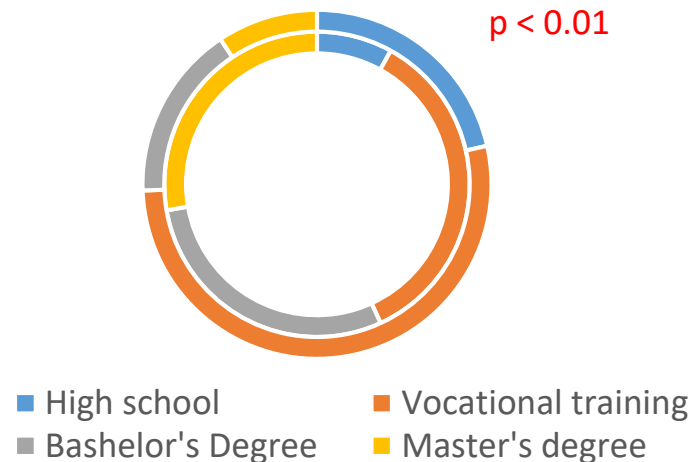
Gender distribution



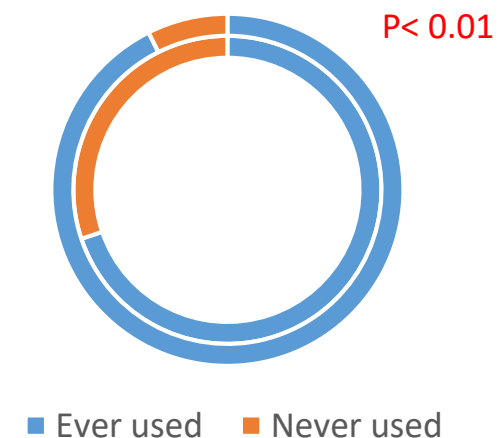
Race distribution



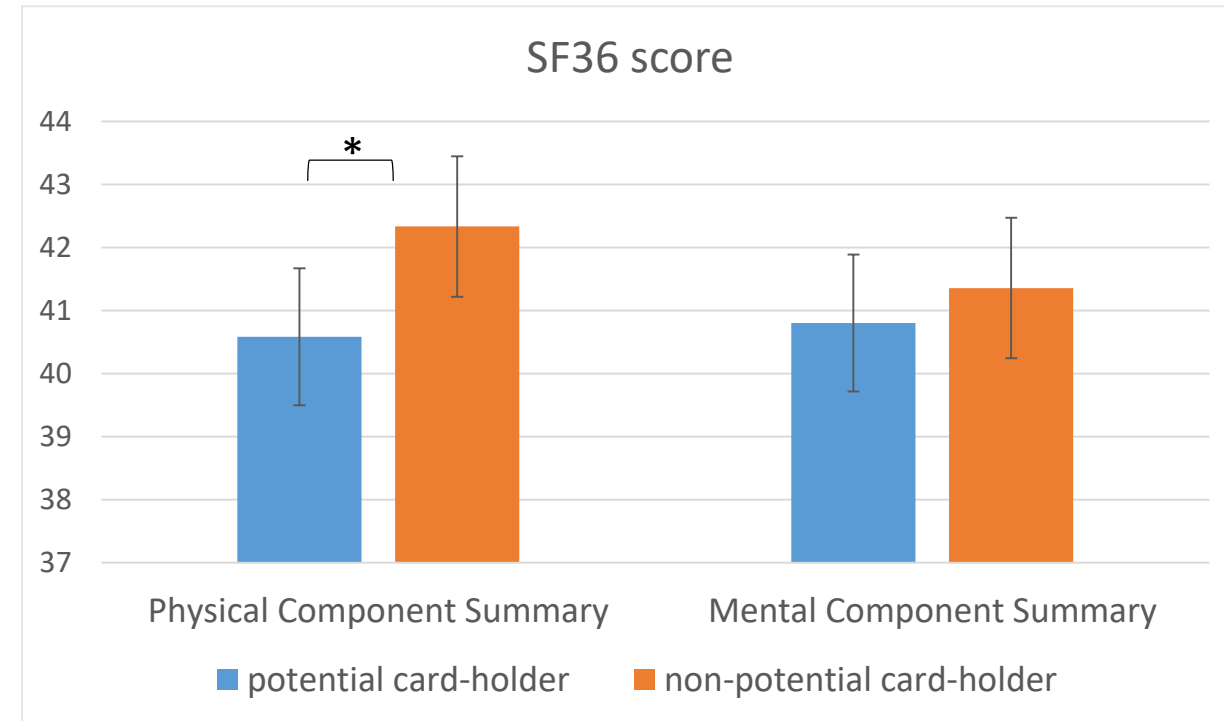
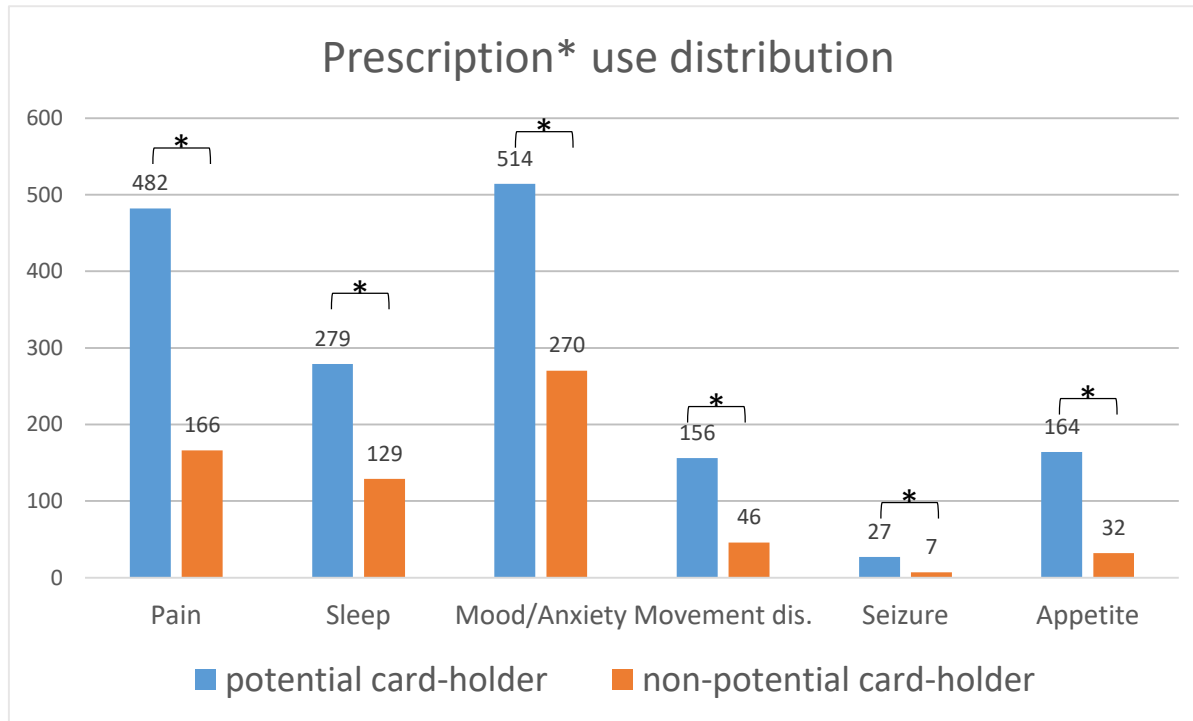
Educational status distribution



Cannabis-use history



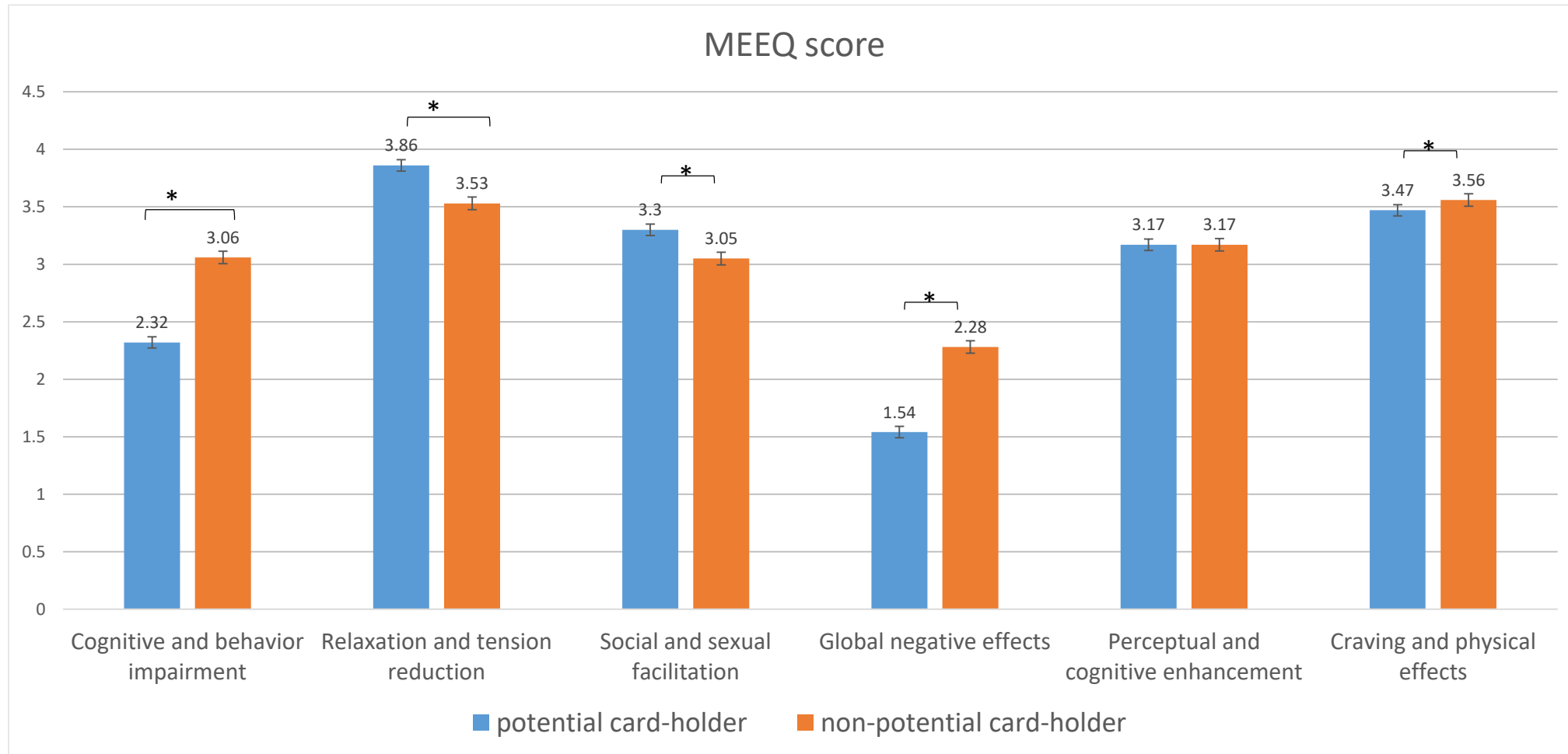
Results 1 – potential card-holders have poorer health status



N=1147

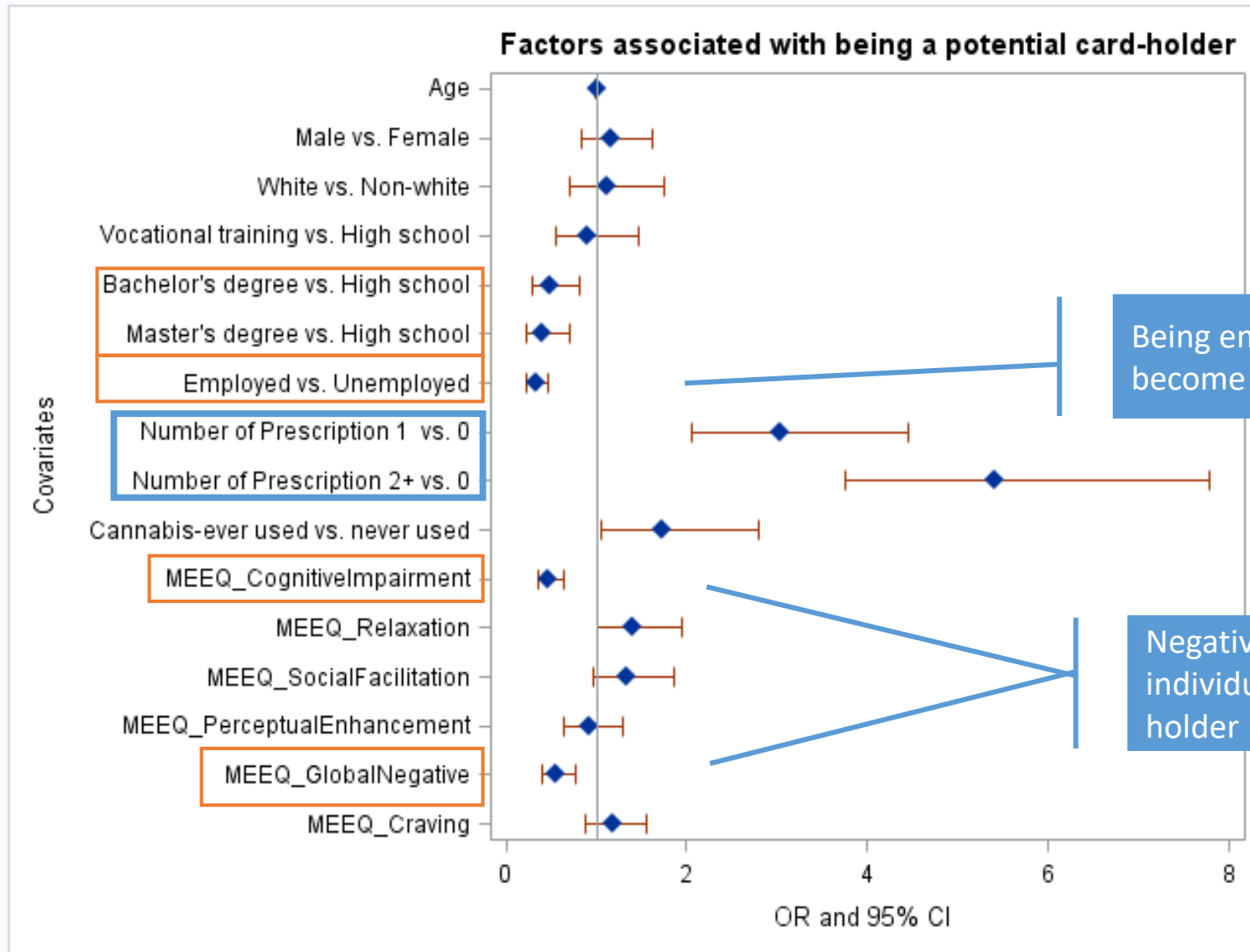
* We only collected the prescriptions that are related to cannabis use

Results 2 – potential card-holder hold a more positive perception of cannabis



N=1341

Results 3 – having more than one prescription is highly associated with being a potential card-holder



Being employed is preventing one to become a card holder

Negative perception prevented individual from becoming a card-holder

Implication

The negative perception of cannabis may be a barrier for those who might benefit from medical cannabis

Poorer health status on potential card-holder could be further investigated, and the change examined as the product become available

Limitation

Convenience
sampling

Validation to the
answers

Thank you for your attention

Q&A