

# Exploring the Relationships between Cannabis Use Disorder Status and Reasons for Medical Cannabis Use among Hispanic/Latino Young Adults

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## BACKGROUND

- One out of every four individuals who use cannabis as a medicine meet criteria for a Cannabis Use Disorder (CUD) (1).
- Those with a greater proclivity to use cannabis for health purposes had higher initial levels of use at baseline and faster increases in the rate of use over time (2), which might increase the risk of developing a CUD.
- Less is known about the specific medical reasons associated with meeting criteria for a CUD and its severity.
- This study examined the associations between specific reasons for using cannabis as a medicine and CUD status among a sample of young Hispanic/Latino adults who use cannabis.

## METHODS

- **Study sample:** 145 Hispanic/Latino young adults (Mean age = 21.4 [SD = 0.11]; 49.4% female) in South Florida, who used cannabis in the past 12 months.

### Study Variables:

Outcome variable: CUD in the past 12-months based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, classified as (i) No CUD (ii) Mild CUD, and (iii) Moderate/Severe CUD.

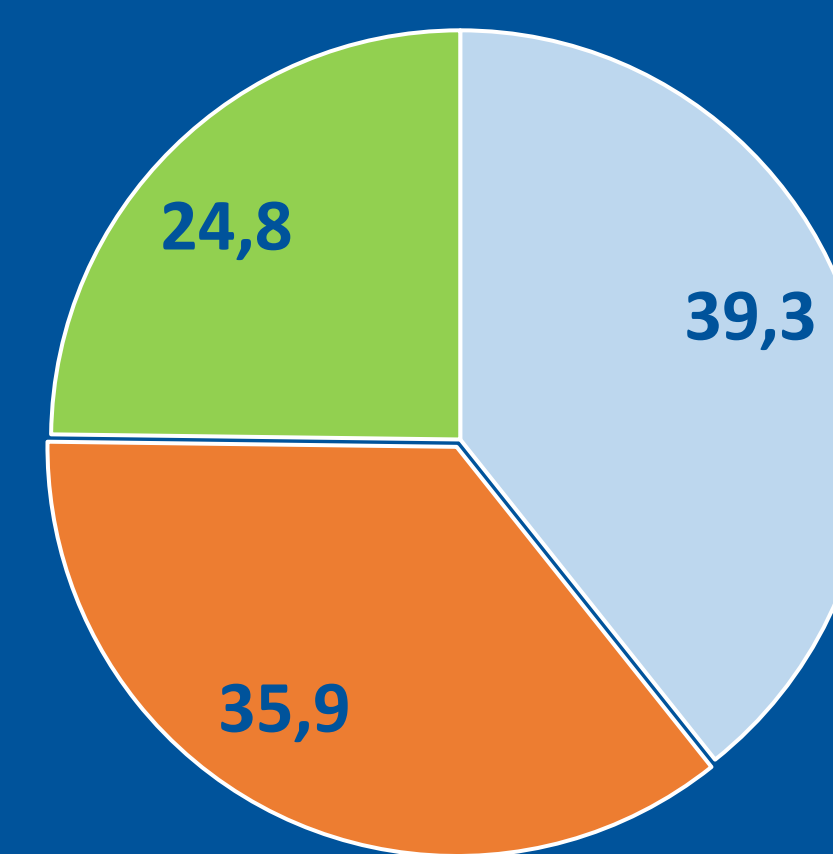
Independent variables of interest: Reasons for using cannabis as a medicine, including to (i) reduce pain, (ii) improve sleep, (iii) increase appetite, (iv) reduce nausea, (v) improve mood, and (vi) reduce anxiety.

### Analysis:

Six independent multinomial regression models examined the associations between CUD status and each specific reason of cannabis use while adjusting for socio-economic and mental-health factors. Associations are expressed as relative risk ratios (RRR) and their corresponding 95% confidence intervals (95% C.I.).

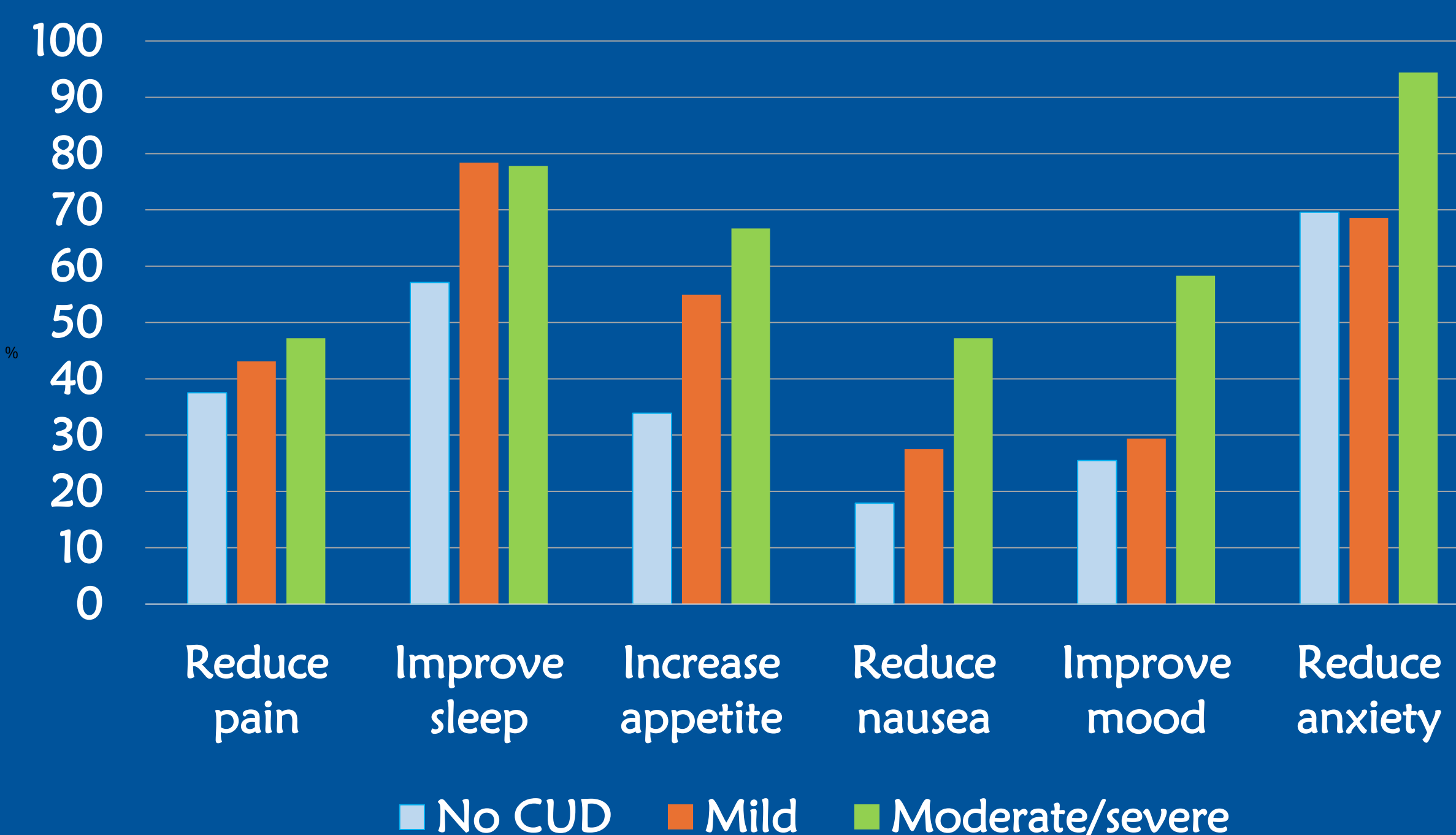
## RESULTS

Fig 1. Severity of CUD in the past 12-months (%)



■ No CUD ■ Mild ■ Moderate/severe

Fig 2. Reasons for using cannabis as a medicine and severity of CUD in the past 12-months (%).



■ No CUD ■ Mild ■ Moderate/severe

Table 1. Models examining the associations between reason for using cannabis as a medicine and CUD status in the past 12-months.

	Mild vs. No CUD	Moderate/severe vs. No CUD
	RRR (95%C.I.)	RRR (95%C.I.)
M1: Reduce pain	1.2 (0.5, 2.6)	1.5 (0.6, 3.5)
M2: Improve sleep	2.6 (1.1, 6.3)	3.2 (1.2, 8.7)
M3: Increase appetite	2.4 (1.1, 5.3)	3.7 (1.5, 9.1)
M4: Reduce nausea	1.8 (0.7, 4.6)	4.2 (1.6, 10.9)
M5: Improve mood	1.3 (0.5, 3.1)	4.8 (1.9, 12.5)
M6: Reduce anxiety	0.9 (0.4, 2.1)	9.4 (1.9, 45.3)

Multinomial models (M) adjusting by biological sex, age, years of education and history of mental health treatment



## DISCUSSION

- About one-third of the sample (30.9%) met criteria for a mild CUD disorder and one-fifth (21.8%) met criteria for a moderate to severe CUD. The observed estimates are substantially higher than those observed in the general population.
- Overall, the most common reason cited for using cannabis as medicine was to reduce anxiety (70.9%), followed by to improve sleep (64.2%), increase appetite (44.9%), reduce pain (38.2%), improve mood (33.5%) and reduce nausea (25.5%). However, these estimates increased with the severity of the CUD.
- Multinomial regression models showed that relative to their counterparts, individuals who used cannabis to improve their sleep, appetite or mood or reduce anxiety had a higher expected risk of meeting criteria for a mild or moderate CUD as opposed to not meeting criteria for CUD.

## CONCLUSIONS

- Our results extend prior findings (3) by documenting a relationship between reasons of cannabis use as a medicine and CUD occurrence.
- The study highlights the need to carefully consider the risk of CUD when prescribing medicinal cannabis to individuals who use cannabis experiencing the studied medical reasons.
- Future longitudinal studies should investigate whether sleep disturbances and anxiety are intermediary mechanisms in the pathway to develop CUD.

## REFERENCES

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