



Association Between Cannabis Information Source and Illicit Cannabis Use in a State Medical Cannabis Program



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Background

Understanding which sources of medical cannabis (MC) information individuals rely upon most, as well as the impact of this information on illicit MC use, could be valuable in helping state MC programs maximize benefits for MC users and reduce possible harms from illicit cannabis used medicinally.

Objective

To identify reliance on different sources of MC information among participants in a state MC program and the impact of source reliance on illicit cannabis used medicinally.

Methods

Design: We enrolled participants (N=211) into a prospective cohort study from adult patients newly enrolled (<6 months) in Utah's MC program. Participants had a diagnosis of Chronic Pain, PTSD, and/or Cancer.

Assessments: Participants self-reported their **trust** and **reliance** on different MC information sources through the validated 'Client Satisfaction Questionnaire' and researcher-designed questions. Participants reported whether they accessed illicit MC and motivations for doing so using the validated 'CAMS 2020' survey.

Analysis: We analyzed demographic data using descriptive statistics. Differences in reliance on sources of MC information were analyzed using Wilcoxon rank-sum tests. We used binominal logistic regression to determine associations between MC information source reliance and illicit MC use, controlling for other drivers of illicit MC use (ensuring adequate supply and cost).

Results

Figure 1. Consort Chart

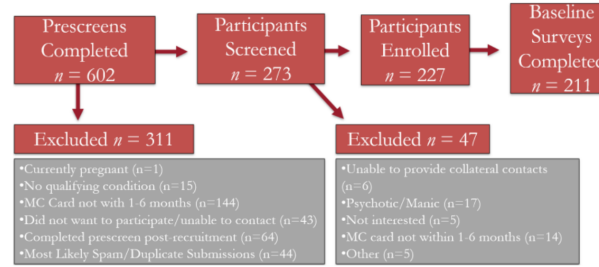


Table 1. Demographics of Participants

Ch.	Participants		Ch.	Participants	
	n	%		n	%
Age			Condition		
18-25	21	10	Chronic Pain	178	84.3
26-38	98	46.4	PTSD	73	35
39-55	69	32.7	Cancer	11	5.3
56-73	21	10	Race		
74+	2	0.9	Amer. Indian	9	4.2
Sex			Asian	7	3.2
Male	94	42.7	Black	7	3.2
Female	122	57.3	White	188	86.6

Figure 2. Distribution of Trust and Reliance Among MC Information Sources

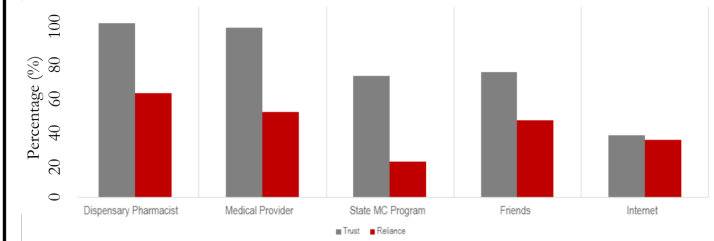


Table 3. Binominal Logistic Regression of Information Sources Impact on IMC Use

Barrier	AOR	SE	Z	p	95% C
---Majority of Information---					
Dispensary Pharmacists	0.47	0.24	-1.50	0.135	[0.17, 1.26]
Medical Providers	0.67	0.15	-1.73	0.083	[0.42, 1.05]
*State Program	0.15	0.14	-2.06	0.039	[0.03, 0.91]
Friends	0.67	0.16	-1.63	0.104	[0.42, 1.08]
Internet	0.74	0.18	-1.27	0.203	[0.45, 1.18]
---Trust---					
Dispensary Pharmacists	0.51	0.43	-0.79	0.428	[0.10, 2.70]
Medical Providers	0.62	0.47	-0.63	0.527	[0.14, 2.77]
State Program	0.52	0.28	-1.21	0.227	[0.18, 1.50]
Friends	1.22	0.69	0.36	0.720	[0.41, 3.67]
Internet	1.11	0.59	0.21	0.837	[0.40, 3.14]

Discussion

Participants were most likely to trust and rely on information from dispensary pharmacists and card-issuing health care providers. Utah MC program had the **lowest** information reliance rates among all the sources. When most participants' information came from the Utah MC program resources, the odds of using illicit MC decreased. Despite the low percentage of individuals relying upon Utah's MC program, this source of information may be effective in attenuating medicinal use of illicit cannabis.

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