Project Title: Understanding cannabis use and the potential for medical cannabis programs in patients with opioid dependence
Code: CCS3

Host School / Institute: Central Clinical School
Address: The Langton Centre, cnr Nobbs and South Dowling St, Surry Hills, NSW

Certificates & Clearances required: No

Primary Supervisor: Prof Nick Lintzeris
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Co-Supervisor/team: Dr Llewellyn Mills (Central Clinical School; Discipline of Addiction Medicine); Ms Kristie Mammen (Manager Clinical Outcomes and Quality Indicators Project; South Eastern Sydney Local Health District); Ms Sarah Hutchinson (Research Manager; South Eastern Sydney Local Health District)

Project Type: Clinical; Data Analysis; Literature Review
Project Category: Addiction; Mental Health

Skills / Attributes of a successful student: The project is ideally suited for those students who have an interest in addiction or medical cannabis related areas of medicine, and wish to acquire skills in data analysis, participant interviews and data management.

Project Keywords: Medical Cannabis; Opioid; Comorbidity; Therapeutics

Project Description: Although the majority of clients being treated for opioid addiction do not use heroin regularly, 30-40% report regular use of cannabis. Up to now there has been little exploration of the motivations, patterns, and perceived benefits or harms of cannabis use in patients in Australian opioid treatment programs. Historically, cannabis use in alcohol and drug treatment populations has been conceptualised as substance ‘abuse’ or ‘problematic’ drug use; however, there is now increasing recognition of the potential for cannabis to be used therapeutically. Australian studies suggest that 10-15% of chronic pain patients and palliative care patients have used cannabis for pain management, and online surveys indicate Australians are using cannabis for a range of conditions, including chronic pain, anxiety, sleep problems, depression and post-traumatic stress disorder. Cannabinoid medications are now prescribed in Australia for some of these conditions.

These conditions are highly prevalent in patients with opioid dependence, with 30-60% of patients in opioid treatment programs reporting chronic pain, sleep problems, mood disorders, or PTSD. This begs the question whether cannabis use by some patients with opioid use disorders may indeed be therapeutic (i.e. an attempt at self-medication) or whether cannabis use contributes to harms experienced by patients by reducing the effectiveness of treatment for their opioid addiction.

This study will be the first in-depth examination of cannabis use in NSW opioid treatment settings. It will involve: a) characterising patterns of cannabis use in two opioid treatment clinics by secondary analysis of data already extracted from medical record systems (data available for approximately 800 patients), including demographics, and measures of substance use, social conditions and physical and psychological health status; b) survey interviews with 40-60 (up to 100) participants in opioid treatment at one of two opioid treatment programs who regularly use cannabis, examining their patterns of cannabis and other substance use, concurrent health conditions, perceived reasons, benefits and harms associated with their cannabis use, and examine the potential interest in prescribed medical cannabis programs in this patient group.