

Evaluating knowledge, beliefs and attitudes toward the use of medical cannabis in patients with spinal cord injury

As reported in

Spinal Cord Series and Cases

2019; 5:1–5.

Some people with spinal cord injury (SCI) use medical cannabis to relieve pain, spasticity, anxiety, and sleeplessness, but little is known about their attitudes toward and knowledge of cannabis. In an observational study based on an online survey and published in *Spinal Cord Series and Cases*, Dr. Michael Stillman, Dr. Daniel Graves, and colleagues evaluated beliefs about and attitudes toward cannabis use in a nationwide sample of people living with SCI.

Methods

Using previous surveys, manuscripts, and expert interviews, the authors created an online survey asking participants about demographic and injury-specific data, their knowledge of and attitudes toward cannabis, and various aspects of their personal and family use of cannabis.

“The reason we conducted this survey was to determine the current level of understanding,” explained Dr. Graves, professor, Thomas Jefferson University, Philadelphia. “The interest in cannabis in the SCI population is high, since many live with chronic pain due to injury. It was time to find a method of presenting truth and provide accurate information to the people who need it.”

They distributed the survey to SCI email lists maintained by Thomas Jefferson University, University of Washington at Seattle, and University of Alabama at Birmingham.

Demographics

A total of 353 responses were received from 39 states. Median age

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was 55 years, and median age at time of injury was 31 years (therefore, median duration of injury was 14 years). Most respondents were male (62.5%), not currently employed (62.8%), and held a college or advanced degree (60.2%). Most participants (85.1%) identified trauma (sports, assault, motor vehicle crash, fall, or birth injury) as the cause of their SCI.

Participants’ addiction and legalization of cannabis

Study participants overwhelmingly believed (91.0%) that cannabis should be legalized in the U.S. and could have medicinal effects (96.0%), that cannabis smokers are not prone to violence (96.6%), that cannabis is not a gateway drug (81.3%), and that cannabis neither carries a high risk of overdose (96.0%) nor is a very dangerous drug (94.3%).

“I was somewhat surprised at the high level of support for

legalization of cannabis among our respondents with SCI,” said Dr. Stillman, associate professor of internal medicine and rehabilitation medicine at Sydney Kimmel Medical College. “This is substantially higher than among the general public. That being said, people with SCI may live with severe chronic pain and spasticity, and may have found inadequate relief from traditional prescription medications. So, their high level of support may simply reflect an openness to new therapies and a hope for improved symptom management.”

Beliefs about health and social risks of cannabis

Relatively few participants thought that cannabis use is associated with moderate or great health-related risks (15.5%) or social risks (25.5%), but substantially more (55.9%) felt it carries moderate or great legal risks.

“Overall, respondents said they had fewer side effects and that they were more manageable with cannabis, and many tried cannabis to reduce the need for painkillers,” said Dr. Graves.

“Many who elaborated on their fear of social repercussions reported feeling worried they would lose employment or access to federally-supported housing were they found to be using cannabis, even for medicinal purposes,” explained Dr. Stillman.

“One important sub-point to this is the belief/experience of caregivers,” added Dr. Graves. “One respondent mentioned that he did not use cannabis because his mother and caregiver did not like it.”

Participants who reported never having used a controlled or illicit substance were less likely than those who had used such a substance to know that 9-THC is the chemical in cannabis that causes users to feel ‘high’ (81.3% vs. 91.3%) and to know that smoking is the method that works the fastest (54.7% vs. 78.2%). They were also more likely to incorrectly believe cannabis intoxication causes impairment in simple learning tasks (74.1% vs. 57.2%) and cannabis smokers are prone to violence (14.4% vs. 4.7%).

Conclusions

The research concluded that, “. . . while limited, this data provides a roadmap for future research. It also offers medical providers an initial understanding of which factors may encourage or dissuade their patients with SCI from seeking medical cannabis treatment.”

Dr. Graves added: “It is unethical to restrict people who have pain and spasticity from getting effective medicine. Cannabis will eventually be available for patients; however, the next problem will be cost. If legalization is going to lead to higher prices, then is it worth it?”



Dr. Michael Stillman

—Sherene Chen-See, *CJMC Correspondent*