

Cannabis use assessed in people with spinal cord injury or moderate to severe traumatic brain injury

More than two-thirds (70%) of survey participants in Colorado who experienced spinal cord injury (SCI) or moderate to severe traumatic brain injury (TBI) reported having ever used cannabis prior to injury; but only approximately half reported ever using cannabis after injury. The rate of pre-injury use was much higher than the 48.9% of Colorado adults reported to have ever used cannabis, according to a study by Hawley and colleagues, and published in the *Archives of Physical Medicine and Rehabilitation* (2018; 99[8]:1584-1590)

Reasons for decrease in use of cannabis post-injury

In patients with SCI, the decrease in cannabis use (22%) could be related to concerns about interaction with prescribed medications, physical effects of cannabis, or social stigma.

The drop in use of cannabis was 32% in the TBI group, and there are several possible reasons why this occurred.

Moderate to severe TBI patients often require supervision and therefore may find it difficult to access cannabis. Physicians typically caution TBI patients against using alcohol, cannabis, or other non-prescribed medications.

Both SCI and TBI patients also may find it hard to access cannabis due to limited finances.

Reasons for using cannabis

The SCI group gave a number of reasons for using cannabis, related to chronic health conditions, including spasticity, pain, sleep, stress/anxiety, and decreasing the use of other medications. Reducing depression, improving appetite, and decreasing nausea were also mentioned.

The TBI group did not endorse as many medicinal reasons for cannabis use.

Negative side effects from cannabis use mentioned by participants included psychological effects such as decreased motivation, and physical effects such as fatigue. The SCI group reported social

stigma as a negative effect.

“This sensitivity to social perceptions could be related to the visible nature of their injury (i.e., already feeling more noticed socially),” reported the researchers.

Individuals with TBI were less concerned with social stigma.

Methods of cannabis use

Both groups listed smoking as their primary way of using cannabis. Smoking is the most affordable and accessible method of use. The SCI group also used edibles, which are a more discreet way of taking cannabis, without the negative respiratory effects of smoking. SCI patients were more likely to use a topical version of cannabis than the TBI group.

The study concluded that “clinicians should be aware of the high prevalence of cannabis use in these populations and the impact such use may have on the individual’s medical management.”

—**Sherene Chen-See**, *CJMC Correspondent*

Commentary Daniel Graves, PhD Philadelphia, U.S.A.

IN THIS STUDY by Hawley and colleagues, 70% of survey respondents reported having ever used cannabis before a spinal cord injury (SCI) or moderate to severe traumatic brain injury (TBI), and approximately half reported ever using cannabis after injury.

The reason could be due to access. There are common themes after an SCI or TBI, such as limited mobility and the need for caregivers. Both SCI and TBI will limit a person’s mobility; people may not be able to drive or even leave the house without a caregiver, which could affect their access to cannabis.

Another issue is the mindset of the caregivers. Often younger people with disabilities have to rely on parents to care for them after the injury. This might not be conducive to obtaining cannabis.

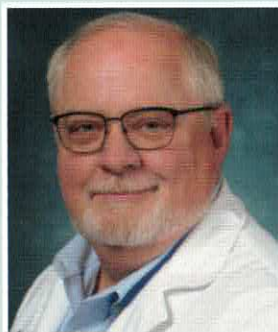
The cost of cannabis may also be too high for the unemployed.

The SCI group in the current study mentioned reasons for cannabis use related to chronic health conditions, and decreasing the use of other medications. In my experience, patients have been talking about the benefits of cannabis for at least 30 years. The

rehabilitation community has not always been friendly with cannabis, but patients have continued to use it for these conditions. People have avoided having to take pain killers, muscle relaxers, and anxiolytics because of the use of cannabis.

SCI participants more highly endorsed topical use of cannabis than the TBI group. This may be because the major reasons for cannabis use in SCI are pain and spasticity, which are both amenable to topical applications. Many of the pain indications in SCI are from muscle overuse, for example, with manual wheelchair use, and the use of a topical preparation may be more appropriate [in these patients].

It is likely that patients are under informed about the potential benefits of cannabis. Research is needed to determine the best and safest way to alleviate their symptoms. Cannabis is more useful than people have been told, and it will take a few decades for the effect of misinformation to be lessened.



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