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Lack of cannabis consumption registry

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Cannabis is the illegal drug used the most (3.3% and 4.4% of the world population between 15 and 64 years have consumed it at least once during their lifetime¹). Perception of risk regarding consumption is less compared to other substances and is progressively decreasing.² Risk of dependence is related to consumption pattern and concentration of Tetrahydrocannabinol (THC).³ In recent years, specific units have been created for the treatment of problematic use of cannabis. On the contrary to alcohol and tobacco, registry systems that allow it to be quantified simply and reliably are lacking. Cannabis consumption is recorded according to frequency patterns (consumption over lifetime, in the last year, last month, number of times/week) and occasionally quantitatively (number of cigarettes/day or grams/day). The lack of adequate consumption registers hinders both the clinical intervention and preventive policies and harm reduction. In the following, we describe the type of registry used in the usual clinical history (first visit and referral report) of a specialized dispensary in the approach to the cannabis problematic use. The time criteria used is that the patients have been visited at least once during one quarter (1 March to 31 May 2012) (n=24).

Mean age of the sample was 26 years (SD 9) and 79% were males. In 75% of the clinical histories (n=18), we found some type of quantified registry of consumption. The most frequently used measurement was number of cannabis cigarettes per day (75%, n=18) with a mean of 5.5 cigarettes of cannabis per day (SD 4.1).

Money involved in the purchase of cannabis was recorded in 29% of the patients (n=7), with a mean cost of 6.3 Euros/day (SD 3.25). Grams of substance consumed daily were recorded in four patients (17%) with a mean of 4.1 g/day (SD 2.17). In eight cases (33%) the type of consumed cannabis

presentation was recorded, observing a predominance of marijuana (n=6, 25%). In one case, hashish (40%) was recorded and in another, both marijuana and hashish together were recorded (40%). It has been shown that using cannabis consumption registries even in a specialized dispensary is not sufficient. In this sense, the diversity of registry options, lack of knowledge of the abundance in psychoactive components in the samples consumed by the patients and lack of a standardized registry hinders the evaluation of cannabis addiction. A standardized, simple and reliable registry tool is needed that would facilitate the systematic recording of cannabis consumption, in a similar way as occurs with tobacco (packages/year)⁴ and alcohol (Standard Drink Unit).⁵

Key words: Cannabis, THC, Dependence, Abuse, Consumption assessment

REFERENCES

1. United Nations Office on Drugs and Crime (2009) World Drug Report 2009 <http://www.unodc.org/unodc/en/data-and-analysis/WDR-2009.html>
2. Plan Nacional sobre Drogas, Ministerio de Sanidad, Política Social e Igualdad (2009) Encuesta Domiciliaria sobre Alcohol y Drogas en España (EDADES) http://www.pnsd.msc.es/Categoria2/observa/pdf/EDADES_2009.pdf
3. Comisión Clínica de la Delegación del Gobierno para el Plan Nacional Sobre Drogas (2006) Informe sobre cannabis. <http://www.pnsd.msc.es/Categoria2/publica/pdf/InformeCannabis.pdf>
4. Weintraub WS, Klein LW, Seelaus PA, Agarwal JB, Helfant RH. Importance of total life consumption of cigarettes as a risk factor for coronary artery disease. *Am J Cardiol.* 1985 Mar 1;55(6):669-72.
5. Gual A, Martos AR, Lligoña A, Llopis JJ. Does the concept of a standard drink apply to viticultural societies? *Alcohol Alcohol.* 1999 Mar-Apr;34(2):153-60.

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