

# Impact of co-occurring cannabis and tobacco use in patients with severe mental disorder

S. Berta<sup>(1)</sup>, V. Chavarria<sup>(1)</sup>, A. Toll<sup>(1)</sup>, J. Pagerols<sup>(2)</sup>, F. Fonseca<sup>(3)</sup>, V. Pérez-Solá<sup>(3)</sup>

(1)Institut de Neuropsiquiatria i Addiccions, Hospital del Mar, Barcelona, Spain

(2)Institut de Neuropsiquiatria i Addiccions, Centre Emili Mira - Parc de Salut Mar, Barcelona, Spain

(3)Institut de Neuropsiquiatria i Addiccions, Hospital del Mar-IMIM Institut Hospital del Mar d'Investigacions Mèdiques, Barcelona, Spain

## Purpose of the study

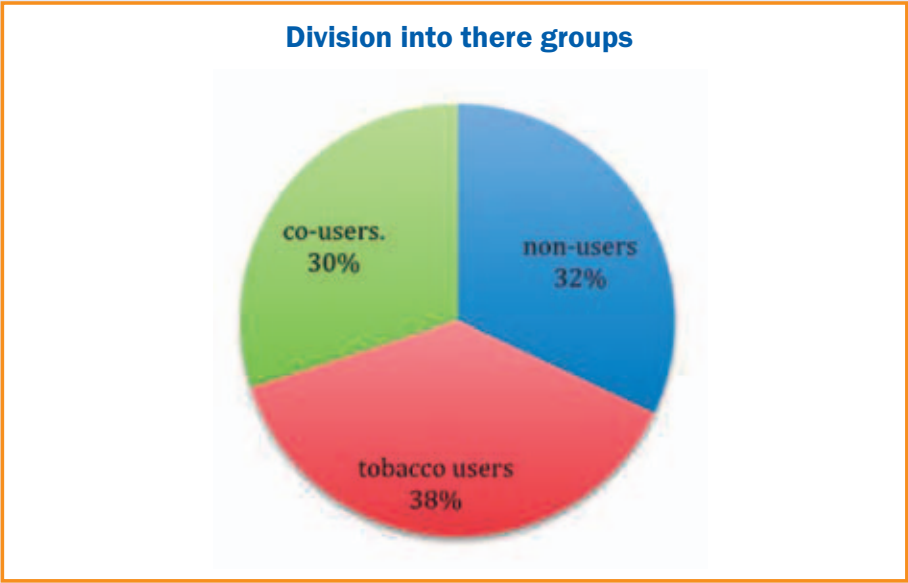
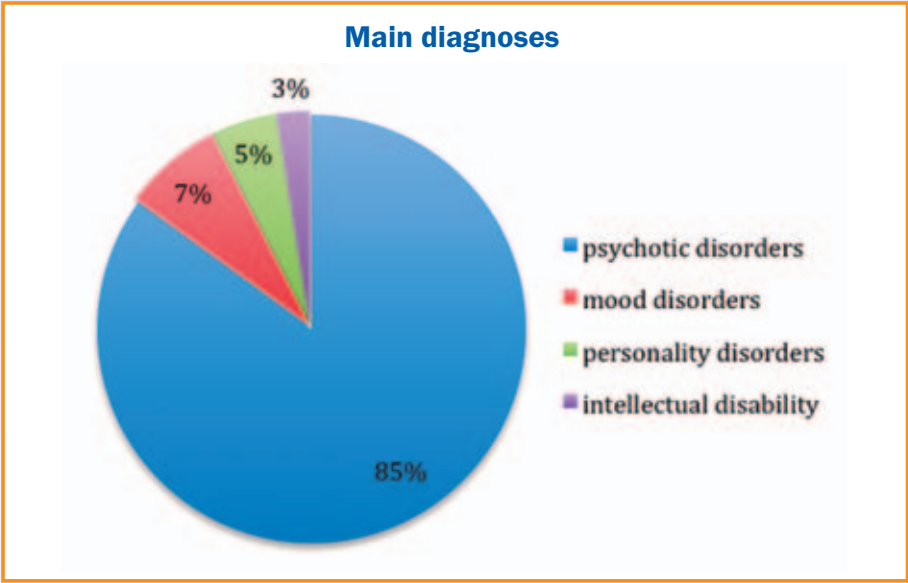
Tobacco and cannabis are the most commonly used psychoactive substances worldwide. A growing body of evidence has documented the important prevalence of the co-occurring tobacco and cannabis use in adults and adolescents [1]. This comorbidity is associated with greater cannabis use disorders, psychosocial problems, psychiatric pathology and treatment difficulties [2,3]. The aim of this study is to evaluate whether there are differences in patients characteristics, psychopathology, medical comorbidity, drug use and psychosocial problems, related to the concomitant use of cannabis and nicotine, in a sample of patients recruited in a long-stay psychiatric unit.

## Methods

Patients were recruited from a long-stay psychiatric unit in Barcelona (Spain) from June to September 2014. Patients were divided in 3 groups: non-users (nor tobacco, neither cannabis), tobacco users and cannabis-tobacco co-users. Groups were compared in terms of sociodemographic characteristics, psychiatric diagnosis, concomitant drug use, medical comorbidity and type of treatment required (including the use of clozapine).

## Results

A total sample of 40 patients (53% male, mean age: 43±12 years) were included: 13 (32%) were non-users, 15 (38%) were tobacco users and 12 (30%) were tobacco and cannabis co-users. The total sample main characteristics were: 80% of patients were compulsory admitted, 72.5% had somatic background (including HIV infection, HBV and HCV infection), 60% had a previous record for suicide attempt. The mean number of previous hospital admissions was 7. The 47.5% was from a middle class and 52.5% of the sample of lower social class. The 72.5% had completed primary education. The majority of the sample (95%) presented psychosocial problems. In the area of substance use 37.5% used nicotine; 20% used alcohol; 15% used cannabis; 10% used caffeine and 17.5% did not use psychoactive substances.



When comparing the 3 groups we found statistically significant differences regarding mean age (no-users: 46±12 vs. tobacco users: 47±8 vs. tobacco and cannabis co-users: 34±10; p=0.002).

Table 1. association with increase use of other substances

	Non-users%	Tobacco users%	Co-users%	Sig
Alcohol	7.7	40	92	<0.001
Cocaine	0	7	58	<0.001
Caffeine	23	46.7	75	0.034
Bzd*	15,4	6.7	33.3	0.188

\*Bzd: benzodicepines

The groups were not significantly different in other characteristics, including sex, previous record for suicide attempt, number of previous hospital admissions, main psychiatric diagnosis, medical comorbidity, treatment required (including clozapine treatment) and psychosocial problems.

## Conclusions

- Cannabis users who also smoke tobacco are prevalent in a long-stay psychiatric unit: 30% of patients admitted.
- This group of patients required an admission in a long-term facility at younger age than patients with no comorbid tobacco and cannabis use.
- They also presented a history of increased use of psychoactive substances: alcohol and cocaine.
- They are patients with more severe and premature illness presentation, requiring and accurate assessment and specific treatment focused in both, psychiatric and addiction disorders.
- Sample should be increased in order to find other differences.

## References

[1] Agrawal, A., Lynskey, M.T., 2009. Tobacco and cannabis co-occurrence: Does route of administration matter? Drug Alcohol Depend 99, 240–7.

[2] Peters, E.N., Budney, A.J., Carroll, K.M., 2012. Clinical correlates of co-occurring cannabis and tobacco use: a systematic review. Addiction 107, 1404–17.

[3] Peters, E.N., Schwartz, R.P., Wang, S., O'Grady, K.E., Blanco, C. 2014. Psychiatric, psychosocial, and physical health correlates of co-occurring cannabis use disorders and nicotine dependence. Drug Alcohol Depend 134, 228–34.

**Keywords:**  
Drug dependence & abuse: clinical  
Dual diagnosis  
Schizophrenia: clinical