



Examining Racial, Ethnic, and Sex Differences as Predictors of Cannabis Use Disorder Treatment

Retention.

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Background: Treatment trials for cannabis use disorder (CUD) lack racial, ethnic, and sex representation. This limits the generalizability of study results and reduces access to effective therapies for underrepresented groups. While racial, ethnic, and sex differences have been explored for treatment outcomes, no literature to date has explored if underrepresented groups are being retained in research at the same rates as their non-minority counterparts. The goal of this secondary analysis is to identify racial, ethnic, and sex differences in retention in CUD treatment trials. **Methods:** This secondary analysis used a combined data set of seven pharmacotherapy treatment trials for CUD conducted at MUSC (five completed, two enrolling; N=948). The final dataset is 30% female; 27% African American; 11% Hispanic/Latinx. Retention was defined as completing the end of treatment visit (yes/no) and number of days engaged in the study. Mixed effects logistic regression models were utilized to assess for differences in study completion across minority groups. **Results:** In adjusted models, Non-Hispanic White participants were more likely to complete treatment than all others combined (66% vs. 59%; OR=1.4 (1.0, 1.9); p=0.04). This difference is primarily driven by Non-Hispanic White females (73% v. 58%; OR=2.0 (1.2, 3.4); p=0.01) as compared to all minority races. Non-Hispanic Black/African American participants had similar odds in treatment completion compared to other minority races (p=ns). Although Non-Hispanic White females had greater odds of completion than minority females, there were no overall differences between males and females (62% vs. 66%; OR=0.8 (0.6, 1.1); p=0.17). **Conclusion:** Results suggest that sex differences do not independently contribute to study retention, but that racial and ethnic minorities have lower retention rates- showing that one of the barriers to diversity in research is retention, not just recruitment. Future retention efforts in CUD treatment trials should ensure special attention is paid to retaining racial/ethnic minorities.