



# Acute effects of cannabinoids on addiction endophenotypes are moderated by genes encoding the CB1 receptor and FAAH enzyme

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# Conflicts of interest

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I have no COIs



# Background

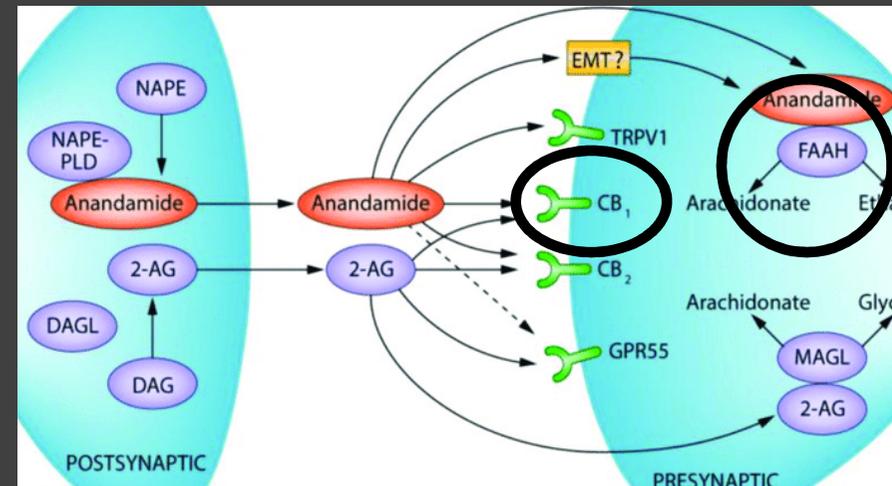
1. Genetic variation accounting for approximately 40% to 60% of the variance of the total risk of *problematic drug use* in vulnerable individuals (Nestler et al, 2013).

2. Meta-analyses have found that polymorphisms in **CNR1** and **FAAH** genes have been associated with cannabis, alcohol, nicotine, and cocaine dependence (Lopez-Moreno et al. 2013).

*CNR1* gene encodes CB1 receptor

*FAAH* gene encodes FAAH enzyme (breaks down eCBs)

3. Our approach investigate the neurocognitive endophenotypes of CUD after acute cannabinoid administration, which may be more valid than a single dichotomous variable such as a diagnosis of CUD itself



Endophenotype = intermediate phenotype

“quantitative neurobehavioral traits that index genetic susceptibility for a psychiatric disorder”



# Aims and hypotheses

To investigate if and how genetic variants in the endocannabinoid system, in particular **the CB1 receptor (rs1049353 and rs806378)** and the **FAAH enzyme (rs324420)**, would modulate the acute response to cannabinoids, in relation to promising endophenotypes: cannabis-related satiety, the salience of appetitive cues, and craving.

**CNR1 rs1045393** A allele carriers (versus G carriers)

**rs806378** T carriers (versus C carriers)

**FAAH 324420** C carriers (versus A carriers)

would **show greater indicators of CUD** which would be evidenced by greater drug cue salience, lower satiation and greater craving after intoxication with THC.

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~~rs806378~~ T carriers (versus G carriers)

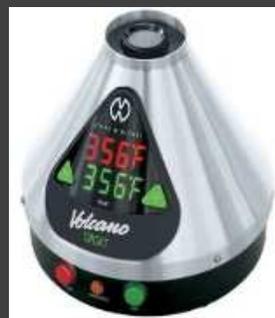
**FAAH 324420** CC carriers (versus AA/AC carriers)

would show greater indicators of CUD which would be evidenced by greater drug cue salience, lower satiety and ~~greater craving~~ after intoxication with THC.

# METHOD

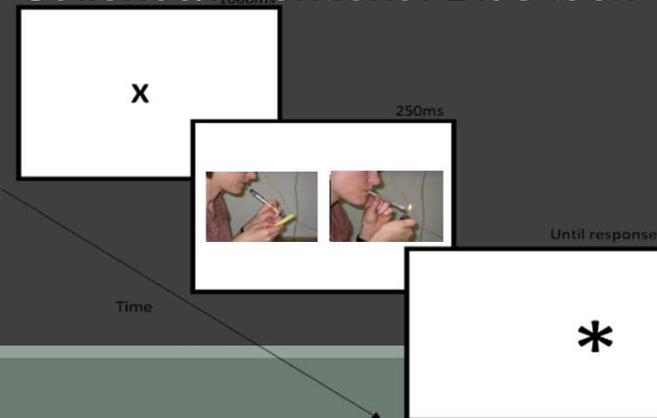
48 cannabis users  
genotyped for CNR1  
(rs1049353,  
rs806378) and FAAH  
(rs324420)

- Placebo
- 8mg THC
- 8mg THC + 16mg CBD
- 16mg CBD



## Endophenotypes

1. Cannabis-induced satiety assess with Bodily Symptoms Scale
2. Cannabis craving as assessed with the Marijuana Craving Questionnaire
3. Drug Cue Salience/Attentional Bias task



# RESULTS 1

**TABLE 1** Means (SD) for demographic, mental health, and cannabis use variables for each of the genotype groups

	CNR1 rs1049353			CNR1 rs806378			FAAH rs324420		
	GG	AA/AG	Test Statistic	CC	CT/TT	Test Statistic	CC	AA/AC	Test Statistic
Total N (N female)	20 (7)	22 (6)	$\chi^2(1) = .293^{ns}$	18 (6)	27 (8)	$\chi^2(1) = 0.069^{ns}$	30 (7)	14 (7)	$\chi^2_1 = 3.129^{ns}$
Age	21.90 (1.94)	21.59 (1.94)	$F_{1,40} = 0.265^{ns}$	21.44 (1.98)	22.00 (1.79)	$F_{1,43} = 0.953^{ns}$	21.87 (1.92)	21.79 (1.72)	$F_{1,43} = 0.018^{ns}$
Race/ethnicity (self-reported)									
White British	14	17		12	20		23	8	
Other ethnic group	6	5	$\chi^2(1) = 0.28^{ns}$	6	7	$\chi^2(2) = 0.005^{ns}$	7	5	$\chi^2_1 = 1.03^{ns}$
Frequency of cannabis	19.75 (10.95)	17.72 (10.21)	$F_{1,40} = 0.394^{ns}$	20.36 (10.15)	17.98 (10.82)	$F_{1,43} = 0.548^{ns}$	19.53 (17.21)	17.21 (10.21)	$F_{1,42} = 0.452^{ns}$
Severity of dependence	4.05 (3.62)	2.09 (2.21)	$F_{1,40} = 4.585, p = .038^*$	3.55 (3.70)	2.56 (2.47)	$F_{1,43} = 1.187^{ns}$	3.47 (3.26)	1.71 (2.16)	$F_{1,42} = 3.345^{ns}$
Last use of cannabis	5.25 (3.17)	7.61 (25.07)	$F_{1,40} = 0.852^{ns}$	2.94 (1.98)	8.00 (23.14)	$F_{1,43} = 0.848^{ns}$	6.83 (2.64)	4.96 (2.68)	$F_{1,42} = 3.557, p = .035^*$
Years of cannabis use	6.80 (2.31)	6.02 (3.05)	$F_{1,40} = 0.854^{ns}$	6.00 (2.57)	6.31 (2.91)	$F_{1,43} = 0.138^{ns}$	6.83 (2.64)	4.96 (2.68)	$F_{1,42} = 3.557, p = .035^*$
SPQ total	19.05 (12.41)	16.55 (15.86)	$F_{1,40} = 0.320^{ns}$	19.83 (13.43)	15.15 (14.32)	$F_{1,43} = 1.214^{ns}$	14.07 (9.92)	22.36 (19.46)	$F_{1,42} = 3.542^{ns}$
BDI	13.30 (9.42)	7.91 (8.87)	$F_{1,40} = 3.651^{ns}$	11.96 (10.79)	8.48 (8.25)	$F_{1,43} = 1.485^{ns}$	9.23 (9.16)	10.79 (10.32)	$F_{1,42} = 0.253^{ns}$
STAI	43.50 (11.40)	40.41 (8.81)	$F_{1,40} = 0.976^{ns}$	42.44 (11.55)	40.04 (9.63)	$F_{1,43} = 0.575^{ns}$	40.47 (10.95)	42.14 (10.95)	$F_{1,42} = 0.239^{ns}$

Note. BDI: Beck Depression Inventory; ns: not significant; STAI: State-Trait Anxiety Inventory.

<sup>a</sup>Welch's test.

<sup>b</sup>It includes white other, mixed white and black Caribbean, mixed white and black African, any other mixed background, Asian/British Asian, any other Asian/British Asian background, Black/British Caribbean, Chinese, and any other ethnic group.

\*It indicated significant difference at  $p \leq .05$ .

Therefore SDS and Last use of cannabis were included in the analysis as covariates, but did not modify the results

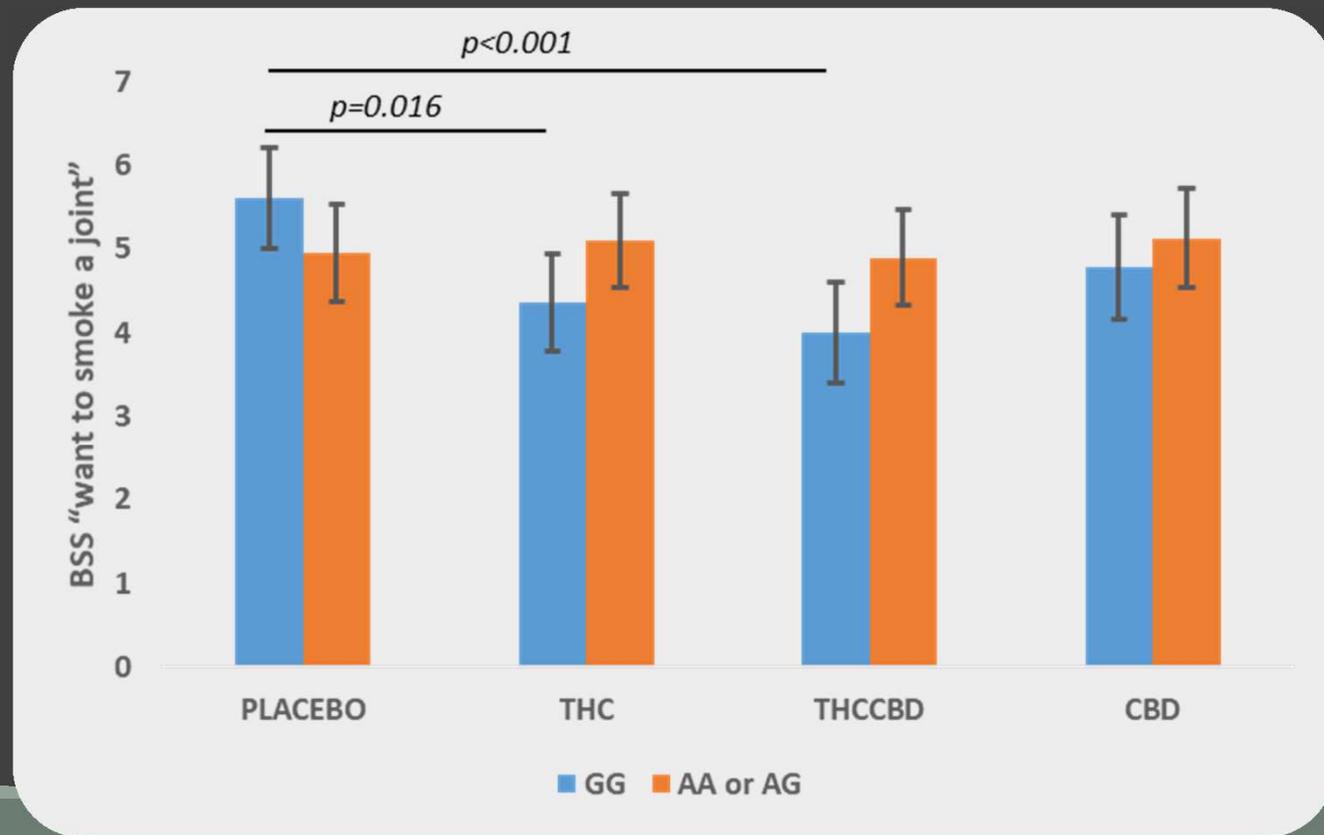
*Homozygote GG carriers of CNR1 rs1049353 showed reduced wanting after both THC measures, but A carriers show no such reduction in state satiety.*

*H1: A carriers show signals of addiction*

*Drug X Genotype interaction*

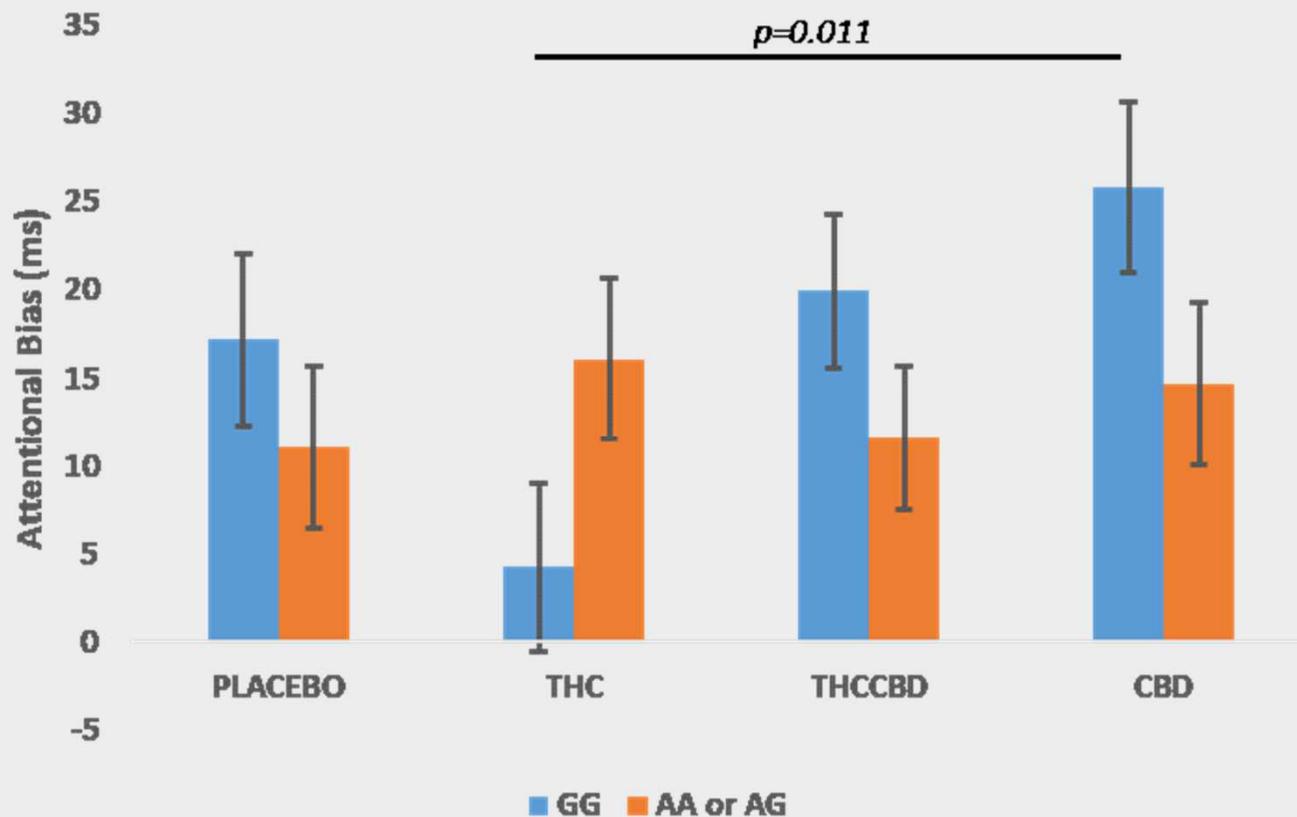
$F_{3,105} = 4.192, p = .008, \eta^2 = .05$

*Bonferroni corrected p values are displayed for the drug x genotype interaction.*





*CNR1 rs1049353 GG homozygotes vary by cannabinoid administration. A carriers' attentional bias remains relatively constant*



*H1: A carriers show signals of addiction*

*Drug X Genotype interaction*

*F 3,120 = 3.108, p = .029,  $\eta^2 = .03$*

*Bonferroni corrected p values are displayed for the drug x genotype interaction.*

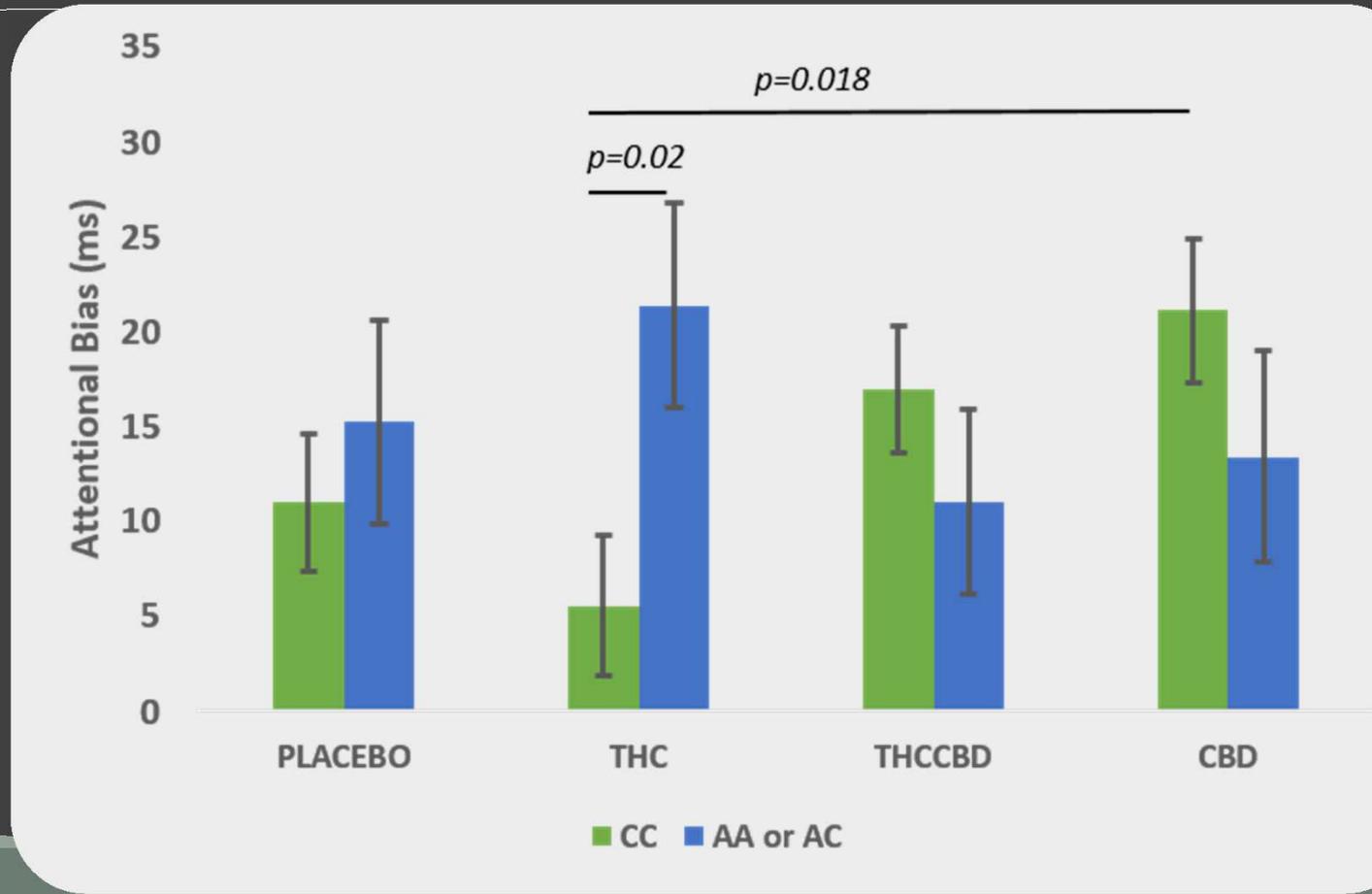
# FAAH rs324420 “A” carriers’ attentional bias remains relatively constant whilst CC homozygotes vary by cannabinoid administration.

H1: CC carriers show signals of addiction

Drug X Genotype interaction

$$F_{3,126} = 3.385, p = .020, \eta_2 = .003.$$

Bonferroni corrected  $p$  values are displayed for the drug x genotype interaction.





# Strength & Limitations

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## STRENGTHS

1. Our endophenotypes have strong theoretical and empirical clinical relevance to CUD, potentially more than diagnostic criteria alone
2. Highly controlled experimental design.
3. Acute cannabinoid administration

## LIMITATIONS

1. Behavioral genetics approach – replicability?
2. Sample size based on THC effects not genetics
3. Unable to externally validate the consequences of the SNPS e.g. anandamide plasma levels



## TAKE HOME MESSAGE

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Variation in eCBs genetics, specifically **CNR1 (rs1049353 and rs806378)** and **FAAH (rs324420)** predicted drug cue salience (attentional bias) and feelings of cannabis-induced satiety but not craving. As such, this study provides preliminary evidence of neurocognitive mechanisms through which eCBs genetics may influence vulnerability to cannabis use disorder.



ORIGINAL ARTICLE

WILEY *Addiction Biology*

SSA

## Acute effects of cannabinoids on addiction endophenotypes are moderated by genes encoding the CB1 receptor and FAAH enzyme

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<http://tiny.cc/CNR1>



# Thanks for listening!! Questions?



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