STASH, Vol. 21(6) – The role of cannabis in reducing opioid use among people who inject drugs

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Despite recent declines in drug overdose deaths in the U.S., opioid use remains a significant and ongoing public health concern. Established harm reduction strategies such as syringe service programs, along with evidence-based treatments like methadone for opioid use disorder, effectively reduce overdose risk and support long-term recovery. Beyond these conventional methods, some people who use opioids are exploring lesser-recognized alternatives, particularly cannabis, as a harm reduction strategy. This week, STASH reviews a study by Siddhi S. Ganesh and colleagues that investigated factors that motivate people who inject drugs (PWID) to use cannabis to reduce their opioid use.

What was the research question?

What factors motivate PWID to co-use cannabis and opioids?

What did the researchers do?

The researchers conducted semi-structured qualitative interviews with 30 adults who were recruited from a syringe service program and a methadone clinic in Los Angeles, California. All participants were both opioid and cannabis users, were at least 18 years old, and had injected drugs in the past 30 days. They answered questions about their behaviors and experiences with cannabis and opioid co-use. The researchers used constructivist grounded theory to identify key themes pertaining to motivations for cannabis-opioid co-use among PWID.

What did they find?

Over half of participants had experienced recent homelessness or housing instability. Three themes emerged regarding how PWID use cannabis to cut down or stop opioid use (see Figure). Participants described using cannabis to *manage*

opioid withdrawal symptoms like pain and chills. Participants stated that their opioid withdrawal symptoms decreased when they used cannabis alone or alongside medications for opioid use disorder. Cannabis also played a role in *maintaining cessation from opioids* after withdrawal by easing longer-term symptoms like cravings and anxiety. This symptom management strategy helped some participants adhere to opioid use disorder treatment plans and use opioids less often. Finally, participants noted that cannabis was *easily accessible via dispensaries*, making it a convenient and low-barrier option for managing their opioid use.



Figure. Motivations for cannabis and opioid co-use among PWID. Quotes from participants illustrate each motivator. Click image to enlarge.

Why do these findings matter?

This study highlights how PWID use cannabis to both manage withdrawal symptoms and support longer-term cessation from opioids. Thirty-nine U.S. states allow the use of cannabis for medical purposes, and 24 states have legalized recreational cannabis use. The low-barrier accessibility of cannabis has facilitated its use as a practical tool for managing and reducing opioid use among PWID. This is an important consideration as people without insurance might have

difficulties accessing medications for opioid use disorder. Community-based cannabis distribution programs could help PWID who otherwise face structural barriers (e.g., cost) to accessing cannabis for harm reduction purposes. However, cannabis use has its own risks, and using cannabis for harm reduction is controversial. Additional research is needed to explore if and how cannabis can be safely and effectively integrated into treatment for opioid use disorders in conjunction with medications like methadone.

Every study has limitations. What are the limitations of this study?
This study was conducted in California, where cannabis is legally available for both medicinal and recreational use. Participants were also recruited from syringe service programs and methadone clinics. Therefore, these findings may not be generalizable to states and countries with different cannabis laws, or to PWID who are not engaged with harm reduction services and may be less motivated or able to adopt safer opioid use behaviors.

For more information:
Visit the CDC website for more information about addiction, including treatment and recovery resources. If you are worried that you or someone you know is experiencing addiction, the SAMHSA National Helpline is a free treatment and information service available 24/7. For additional self-help tools, visit our Addiction Resources page.

— Kira Landauer, MPH

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