Why do people who use illicit drugs also use cannabis?

Research Snapshot

What is this research about?

Researchers explored the range of therapeutic and non-therapeutic reasons for cannabis use described by a sample of PWUD in Vancouver, Canada.

Cannabis is commonly used by marginalized PWUD who use a variety of substances. Previous research on reasons for cannabis use tended to view cannabis negatively and to leave possible therapeutic reasons for use unexplored. This analysis addressed this gap in research.

The results of the study suggest that some PWUD may use cannabis for a range of therapeutic purposes, including harm reduction to manage cravings for opioids or other more harmful drugs or to manage opioid withdrawal.

What did the researchers do?

Researchers examined information from interviews done as part of the Vancouver Injection Drug Users Study (VIDUS) and the AIDS Care Cohort to Evaluate Survival Services (ACCESS) study, both of which enrol people who use illicit drugs. The study included 2,686 interviews with 897 PWUD who reported using cannabis between June 2016 and December 2018.

Researchers grouped people according to their main reason for using cannabis and tested whether the main reason for cannabis use is related to use of other drugs, mental and physical health, experience of homelessness or other social conditions, and other factors.

What did the researchers find?

The researchers found that people could be divided into four groups according to their main reason for using cannabis: 1) recreation, 2) therapeutic non-pain use (for example, to relieve insomnia, nausea, or stress), 3) therapeutic pain relief, and 4) pain relief plus other therapeutic uses.

What you need to know

People who use illicit (i.e., currently illegal) drugs (PWUD) use cannabis for various reasons. These reasons include recreational cannabis use and use for both pain and non-pain therapeutic goals. Many people who use cannabis mainly for a therapeutic purpose may also use it recreationally. PWUD who use cannabis mainly for therapeutic purposes have higher rates of daily use and higher rates of a variety of markers of mental and physical ill health than people who use mainly for recreation. This suggests they may be using cannabis to deal with unmet health needs.
Many people in all four groups sometimes used cannabis for recreation.

Key differences among groups included the following:

- Therapeutic users were more likely to get cannabis from a dispensary, but recreational users were most likely to get it from family or friends.
- Therapeutic users were more likely to use cannabis daily.
- Recreational cannabis users were more likely to report structural vulnerabilities such as recent homelessness or incarceration. They were less likely to be living with HIV, pain, or a diagnosed mental illness, and were more likely to report general good health.
- People using cannabis to treat pain were less likely to report daily heroin injection, or to have experienced a recent drug overdose, than members of the other groups.

Limitations and next steps

Data were self-reported and may be subject to recall accuracy. Findings may not be generalizable to other groups of PWUD. A small number of reasons given for cannabis use did not map neatly into the identified groups; however, this represented less than 3% of responses and is unlikely to have influenced findings. This research took place prior to cannabis legalization.

Keywords

Cannabis, opioids, pain management, heroin, recreational drug use, HIV, insomnia

This Research Snapshot is based on the article, Characterizing motivations for cannabis use in a cohort of people who use illicit drugs: A latent class analysis” published in PLoS ONE in 2020. https://doi.org/10.1371/journal.pone.0233463. This summary was written by Susan Eckerle.

How can you use this research?

The research suggests that PWUD use cannabis for a wide variety of therapeutic and non-therapeutic purposes. It suggests that people who use for a therapeutic purpose are more likely to use daily and may be using cannabis in response to an unmet need related to physical health, mental health or substance use harm reduction. Health care providers working with marginalized PWUD can use this information to engage in conversations about their reasons for using cannabis and whether it may have a place in treatment plans.

About the researchers

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This Research Snapshot was developed by the Cannabis Knowledge Exchange Hub. The Cannabis Knowledge Exchange Hub is funded by Health Canada’s Substance Use and Addictions Program. The views expressed herein do not necessarily represent the views of Health Canada.