

CANNABIS USE AND ILLICIT OPIOID CESSATION AMONG PEOPLE WHO USE DRUGS LIVING WITH CHRONIC PAIN

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Background:

Chronic pain is highly prevalent among people who use drugs (PWUD) and is a key driver of ongoing unregulated opioid use. In the context of an increasingly toxic and unpredictable drug supply, identifying non-opioid strategies that may support opioid cessation represents a critical harm reduction priority. Cannabis is commonly used by PWUD for pain management; however, longitudinal evidence examining its relationship with opioid cessation remains limited.

Methods:

Data were drawn from three prospective cohort studies of PWUD in Vancouver, Canada (2014–2022). Participants reporting both chronic pain and unregulated opioid use were included. The primary outcome was self-reported cessation of unregulated opioid use for at least six months. Extended Cox proportional hazards models with time-updated covariates were used to examine the association between cannabis use frequency and opioid cessation, adjusting for socio-demographic, substance use, and clinical factors. Sex-stratified analyses were conducted to assess effect modification.

Results:

Among 1,242 participants, reporting chronic pain and unregulated opioid use at baseline, 764 experienced a cessation event over 1038.2 person-years resulting in a cessation rate of 28.5-per-100person-years (95% confidence interval [CI]:25.4-31.9). Compared to less frequent or non-use, daily cannabis use was positively associated with opioid cessation (adjusted hazard ratio [AHR]=1.40, 95%CI:1.08–1.81; p=0.011). In sex-stratified analyses, daily cannabis use was associated with increased cessation rates among males (AHR=1.50, 95%CI:1.09–2.08; p=0.014).

Conclusion:

Our findings add longitudinal evidence to a growing body of work warranting evaluation of cannabis-based interventions responsive to emerging risks and individual outcomes, particularly in terms of dosing, comorbid conditions and sex specific differences, within peer-led harm-reduction initiatives and clinical practices. Conference attendees are invited to contextualise findings within their own settings, through furthering interdisciplinary research and dialogue into cannabis-based approaches as pragmatic adjunct tools for populations of drug users at elevated risk of chronic pain and opioid-related harms.

Disclosure of Interest Statement:

M-JM is the Canopy Growth professor of cannabis science at the University of British Columbia (UBC), a position created using unstructured arms' length gifts to the university from Canopy

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