'Interconnected' tobacco and cannabis co-use among people receiving opioid agonist treatment: A mixed-methods analysis

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Introduction: Tobacco and cannabis co-use is highly prevalent among people receiving opioid agonist treatment (OAT), yet little is known about co-use patterns, cessation motivation and perceptions of integrated treatment approaches within this population. We aimed to characterise tobacco and cannabis co-use among individuals attending NSW OAT services and explore perspectives on co-use and cessation.

Methods: This mixed-methods sub-study of the HARMONY trial included 179 adults receiving OAT who reported past 28-day cannabis use at baseline. Quantitative measures assessed cannabis and nicotine use and dependence, mental health symptoms and other substance use, with multivariate examination of factors associated with co-use severity, cessation motivation and treatment preferences. Twenty-four participants completed semi-structured interviews, which were analysed thematically.

Results: Participants reported moderate/high levels of nicotine dependence (157/179; 88%) and psychosocial complexity, including severe depressive symptoms (85/179; 48%) and moderate-to-high polysubstance use (54/179; 30%). Cannabis use was frequent, with 78/179 (44%) reporting daily/near-daily use, and 155/179 (87%) mixing cannabis with tobacco. Although motivation to quit tobacco was high (159/179; 89%), cannabis cessation motivation was mixed, reflecting the perceived role of cannabis in managing pain, insomnia, trauma-related symptoms and emotional distress. Qualitative findings revealed tobacco and cannabis use were commonly viewed as 'interconnected', with participants describing compensatory increases in one when reducing the other. Participants strongly endorsed integrated, compassionate cessation support embedded within OAT services, particularly approaches addressing mental health, sleep, social isolation and behavioural coping.

Discussions and Conclusions: Co-use of tobacco and cannabis among people receiving OAT reflects a complex interaction between nicotine dependence, mental health, chronic health conditions and social adversity. Integrated cessation interventions tailored to this population may improve engagement and treatment outcomes.

Implications for Practice or Policy: Findings highlight the need for integrated tobacco/ cannabis interventions within OAT services and may inform future harm reduction and smoking cessation strategies for this population.

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