Concurrent Tobacco and Cannabis Use

The AHS Tobacco Care Pathway provides an evidence informed 5-Step process for addressing commercial tobacco and/or tobacco-like product (electronic nicotine delivery system) use in a healthcare setting. This pathway can be adapted to any healthcare setting. This document provides a guide for healthcare providers seeking to address concurrent use of smoked tobacco and cannabis with adults.

Why Address Concurrent Use of Tobacco and Cannabis?

The concurrent use of cannabis and tobacco has become an increasingly popular practice worldwide. Studies report that up to 90% of people who use cannabis also smoke tobacco, while rates of co-use of other substances, including alcohol, occur at much reduced rates.[1]

When tobacco and cannabis are used concurrently, most commonly, tobacco is added to cannabis joints ("mulling"or simultaneous use) or is smoked directly after cannabis ("chasing").[2,3] Simultaneous use of tobacco and cannabis is associated with an increased risk of adverse health effects compared with using one or the other. At this time, there is a lack of evidence regarding the long-term health effects of concurrent use of tobacco and cannabis. Evidence suggests that tobacco use contributes to an increased likelihood of becoming cannabis dependent and similarly cannabis use promotes transition to more intensive tobacco use.[1] The use of tobacco and cannabis together appears to negatively influence response to treatment and thus may have important treatment outcome implications compared to the treatment of either one substance on its own. [4]

The field of concurrent intervention for tobacco and cannabis is surprisingly new. Overall, limited scientific information exists around best practices for treating co-morbid tobacco and cannabis use and there is a lack of neurobiological understanding of this co-morbitiy to explore unique and efficacious treatment interventions.[5] While brief interventions are recommended, the effects are short-lived and therefore, referral to more intensive interventions with comprehensive assessment and treatment planning are warranted. Psychoeducation, counselling, motivational interviewing and group interventions for concurrent-use cessation are all supported in the literature available.

Applying the Tobacco Care Pathway to Concurrent Use of Tobacco and Cannabis

1. Patients and their visitors are informed of the AHS Tobacco and Smoke Free Environments (or other) policy. '*AHS provides a tobacco and smoke free environment so the use of tobacco and tobacco-like products including cannabis is prohibited'*
2. Patient's tobacco/tobacco-like product use status is identified. '*Have you used tobacco or tobacco-like products, in the past 30 days?'*
3. (Inpatient setting) If current use of tobacco or tobacco-like products, patient asked if they would like withdrawal comfort. '*Would you be interested in nicotine replacement therapy or medication to keep you comfortable?'* Nabilone can be provided for cannabis withdrawal comfort.
4. Patient provided with a therapeutic intervention to advise of the importance,and assess interest in stopping/reducing and receiving support. This intervention should include asking about concurrent use of smoked/vaped products.The intervention can be brief (5A's model) or intensive. (see box below)
5. Patient provided with a referral for follow-up intervention/treatment or group support (counsellor, AlbertaQuits online or HelpLine, QuitCore, primary care clinic, etc.) *'Would you be interested in a referral for follow-up or additional support?'*

During a therapeutic intervention, patients are:

- **A**sked about their tobacco/tobacco-like product use (type, amount, years of use) and concurrent use.
- **A**dvised that stopping use remains the best thing they can do for their health and treatment outcomes.
- **A**ssessed for interest in stopping or reducingtobacco/tobacco-like product use and receiving support.
- **A**ssisted to stop or reduce through pharmacotherapy and behavioural counselling.
- **A**rrange for additional support and/or more intensive intervention.

Key messages for clinical support?

When **Assist**ing patients, a discussion of concurrent use of tobacco and cannabis can include the following messages:

- Tobacco use continues to be the leading cause of death and disability in Alberta and therefore stopping is the best thing you can do for your health.
- Tobacco, cannabis and concurrent tobacco/cannabis use are associated with emphysema. Adding tobacco to cannabis is linked to more smoking related health symptoms and may synergistically compromise health.[7] Concurrent tobacco/cannabis use may also increase the risk of chronic obstructive pulmonary disease.[8]
- Emerging evidence suggests that simultaneously quitting both tobacco and cannabis may yield benefits at multiple levels: reducing health harms, improved addiction and mental health outcomes and treatment outcomes for both.[1]
- Patients interested in support to stop dual use of tobacco and cannabis should be referred for more intensive (duration and interaction) assessment, intervention/treatment and support: AlbertaQuits HelpLine or QuitCore (group cessation) a physician, pharmacist or addiction counsellor.
- Tobacco and cannabis should not be smoked or vaped in public spaces, or in homes/vehicles where children and pets can be exposed, due to the harms of second and third-hand exposure.

For additional information:
Print Resources:
Let's Talk About Cannabis and Tobacco
Tobacco Information Series – Concurrent Use of Tobacco and Cannabis

References:

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