Introduction
Cannabis is the most used illicit drug in the world (1). In 2016, around 10% of the Australian population aged 14 years or older had used cannabis in the last 12 months (1). Mixing cannabis with tobacco is a common practice worldwide (2,3). However, there is no estimate of the prevalence of co-administering cannabis with tobacco in Australia. Mixing cannabis with tobacco is a public health concern because it may be associated with higher levels of cannabis use, which in turn may be associated with worse health outcomes, especially with consideration of the harms associated with tobacco use. In contrast to cannabis, tobacco is a leading contributor to mortality; tobacco causes the death of six million people around the world each year (4).

Research aim
What is the relationship between co-administration of cannabis and tobacco and persistence of frequent cannabis use?

Research objectives
1. Do cannabis users who regularly mix cannabis with tobacco persistently use cannabis at higher levels compared with those who do not regularly mix these substances?
2. Do patterns of mixing cannabis with tobacco during the first years of early adulthood (19-23 years) predict subsequent levels of cannabis use at 4½ years later?

Methods
Data are from a prospective population-based study of young adults residing in South-East Queensland, Australia, which commenced in 2009. The mean age of participants was 20.9 years at baseline, and 51.7% were female. The frequency and quantity of cannabis consumption over 4½ years was examined. An ordinal logistic regression analysis was conducted using persistence of cannabis use (baseline, 12 months, 4½ years) as the outcome variable, reporting unadjusted odds ratio (OR) and 95% confidence intervals.

Results
Always mixing (OR: 9.84, 95% CI: 4.35-22.27) and sometimes mixing (OR: 3.34, 95% CI: 1.09-10.22) cannabis with tobacco at the study baseline were associated with persistent cannabis use over the 4½ year study period, independently of baseline frequency of cannabis use and tobacco use, respectively. At every time interval, participants who always mixed cannabis with tobacco had used cannabis on more days in the last month, compared with those who only sometimes mixed or never mixed the drugs (p<0.001).

Conclusion
Findings of this study have important implications for the development of health programs for cannabis users. Young adults are an important target population for these programs, including secondary prevention. Mixing cannabis with tobacco may contribute to longer involvement in frequent cannabis use. Young adult cannabis users should be advised not to mix tobacco with cannabis.

Reference