Opioid and Cannabis Co-Use among Adults with Chronic Pain: The Role Opioid Use to Cope with Psychological Distress

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Introduction and Aims:
Opioid misuse is a significant public health concern, particularly among adults with chronic pain¹⁻³. There are high rates of cannabis co-use among individuals with chronic pain and co-use appears related to worse opioid-related outcomes⁴. Per affective processing models, individuals who use multiple substances may do so in a maladaptive attempt to cope with negative affect (NA). Thus, the current study tested whether the relations between co-use and opioid outcomes were due to specific types of NA and opioid use to cope with NA.

Design and Methods:
208 adults with chronic lower back pain who used opioids (48 of whom endorsed co-use, \(M_{\text{age}}=45.5\) years) completed an online survey.

Results:
After controlling for pain severity and relevant demographics, co-use remained related to anxiety \((b=1.87, SE=.81, 95\% \text{ CI}: [.27, 3.46])\), depression \((b=1.82, SE=.92, 95\% \text{ CI}: [.001, 3.64])\), and opioid problem severity \((b=10.81, SE=2.47, 95\% \text{ CI}: [5.94, 15.67])\) (but not more opioid use; \(b=-15.51, SE=60.74, 95\% \text{ CI}: [-135.28, 104.27])\). Further, co-use was indirectly related to opioid problem severity via the serial effect of anxiety and coping motives \((b=1.18, SE=.53, 95\% \text{ CI}: [.25, 2.28])\) and depression and coping motives \((b=1.04, SE=.54, 95\% \text{ CI}: [.02, 2.14])\). Alternative model testing found co-use was not indirectly related to anxiety \((b=0.15, SE=.25, 95\% \text{ CI}: [-.35, .66])\) or depression \((b=0.13, SE=.28, 95\% \text{ CI}: [-.47, .67])\) via serial effects of opioid problems and coping.

Discussion and Conclusions:
Co-use of cannabis is associated with worse psychological and opioid outcomes, potentially due to reliance on opioids to manage NA.

Implications for Practice or Policy:
Practitioners who prescribe opioids and/or cannabis for pain are encouraged to monitor patients for NA and opioid problems and teach patients more adaptive ways to manage NA.

REFERENCES

