

Tobacco in cannabis joints: why are we ignoring it?

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Background

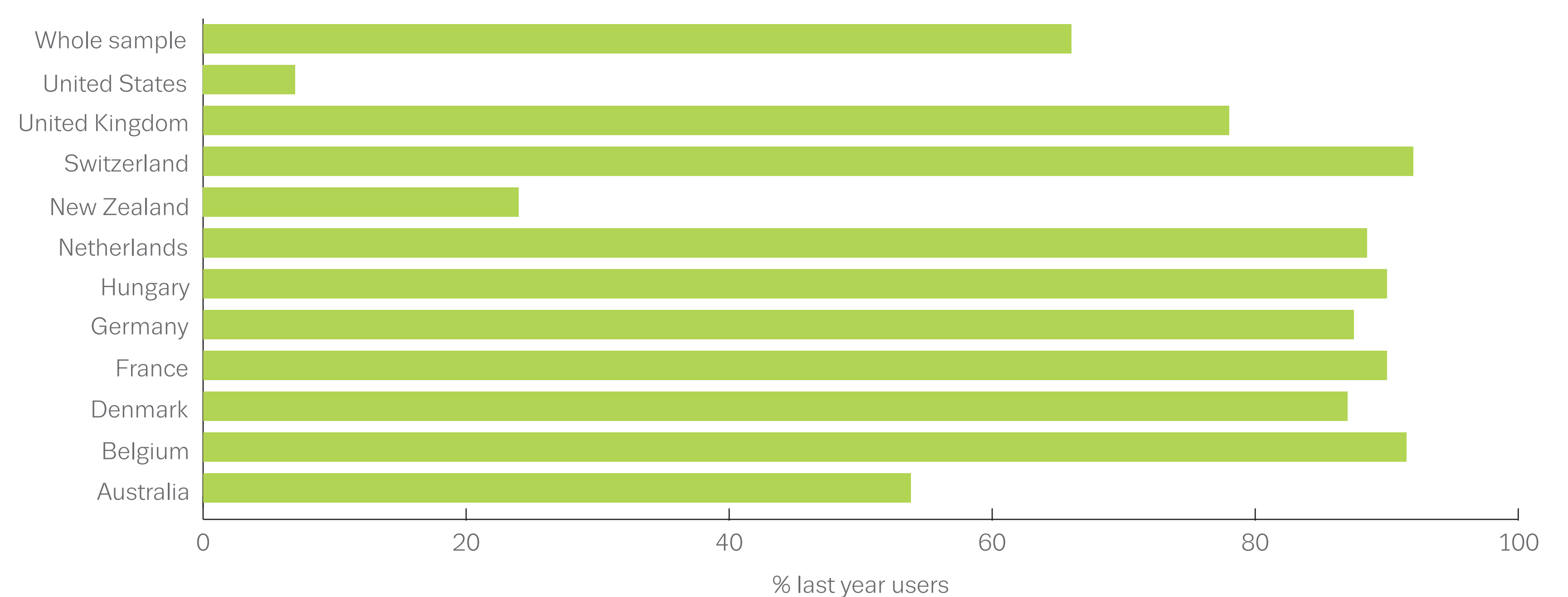
General population survey data from EU Member States show that cannabis is the illicit drug most used by Europeans. The latest data show that an estimated 14.6 million young Europeans (aged 15–34) used cannabis in the last year, with 8.8 million of these aged 15–24. It is estimated that almost 1 % of European adults are daily or almost daily cannabis users. EMCDDA treatment demand data show that cannabis is now the drug most frequently reported as the principal reason for entering specialised drug treatment by first-time clients in Europe. These data support current debates and public health concerns in Europe about the harms, such as cannabis dependence, associated with frequent consumption of the drug.



'The European smoking pattern'

It is known that most European cannabis users smoke the drug mixed with tobacco in order to facilitate its combustion. This combined mode of smoking cannabis, whether in herbal or resin form, with tobacco is characteristic of Europe, whereas in the United States for example, smoking the drug 'pure', with no additional substance, is the most common form of cannabis consumption. It is therefore surprising that European drug epidemiologists, researchers and professionals generally ignore this predominant mode of polydrug consumption of cannabis and tobacco. For example, general population surveys in the EU Member States ask citizens about tobacco use and cannabis use separately, but not about co-use during the same episode. As a consequence, epidemiological information on how many Europeans consume tobacco together with cannabis is very limited.

FIGURE | Usually use tobacco when smoking cannabis?



Source: Global Drug Survey 2014.
Note: data for countries with over 1 500 respondents.

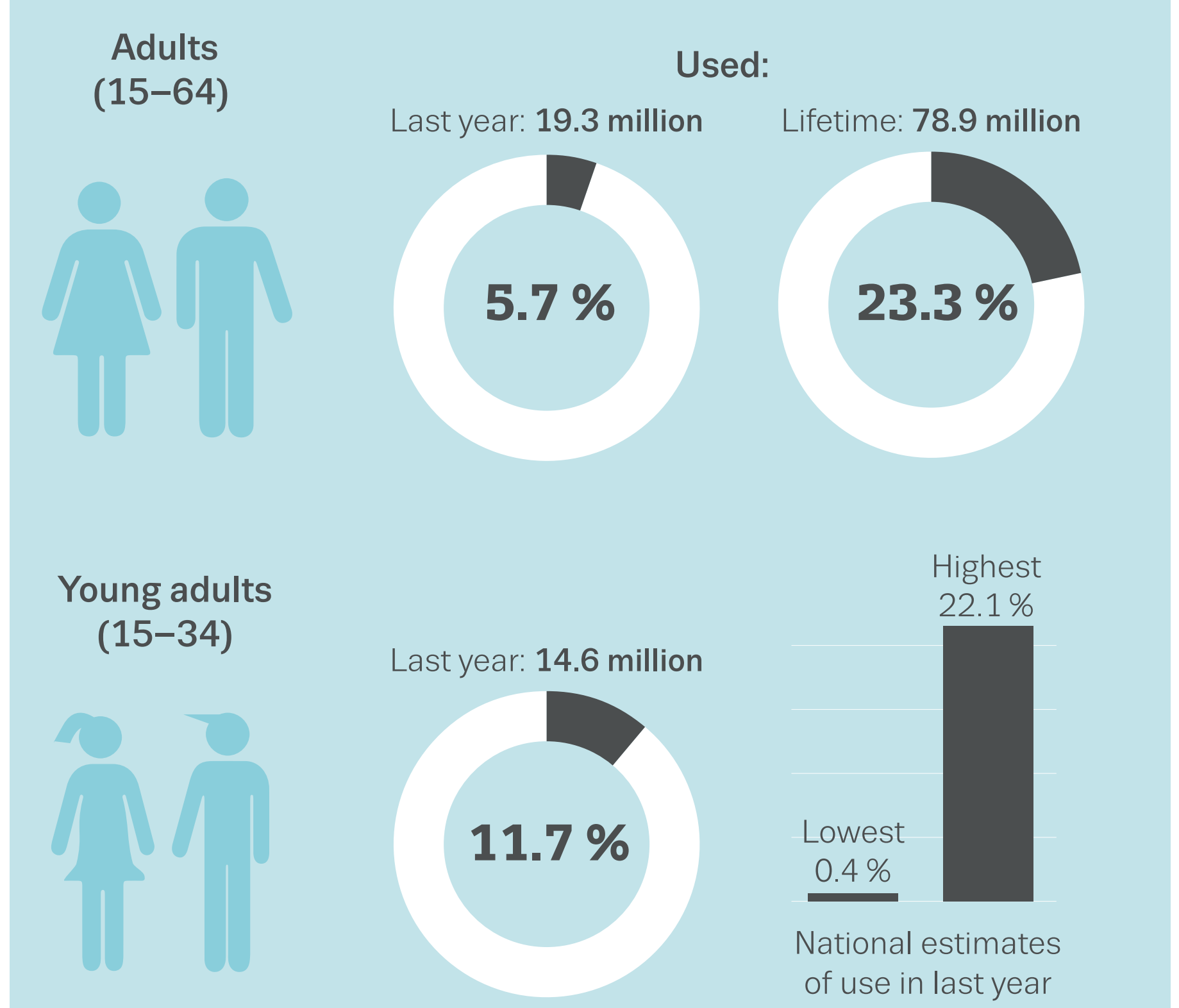
Implications for research and interventions

Neglecting the co-use of cannabis and tobacco has important implications for research, screening and interventions. In pharmacology, drug interactions are defined as a situation in which one drug affects the activity of another drug when both are administered together. Research on the abuse liability of cannabis has ignored the 'European smoking pattern' and therefore we do not yet clearly understand the synergistic effects of nicotine in the development and maintenance of cannabis dependence. However, recent conditioned place preference studies on nicotine have shown that the endocannabinoid system plays a role in the rewarding, reinforcing and motivational effects of nicotine. Theoretically, the adequacy of psychometric tests for measuring cannabis dependence among cannabis smokers could thus be questioned since what is diagnosed as cannabis dependence (and its severity) could primarily be influenced by a nicotine addiction, which reinforces the addictive behaviour regardless of the frequency of use. In practice, tobacco use in cannabis joints is disregarded when assessing cannabis dependence, although its high abuse liability in humans is well documented.

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Similarly, treatment for cannabis dependence also generally overlooks the tobacco component. While it is clear that any addictive behaviour,

Cannabis



including cannabis dependence, is complex and multi-faceted, and that cannabis in itself has demonstrated abuse potential, rarely do we adopt a harm reduction approach by advising cannabis users to use nicotine replacement products or to reduce cannabis consumption by removing the addictive tobacco component.

Conclusions

The need for a more accurate depiction of how Europeans consume cannabis, which includes simultaneous use of tobacco, is urgently required in our monitoring and screening tools in order to achieve an accurate assessment of the associated addictive behaviour and ultimately provide adequate interventions.