Elevated Cannabis Use Tied to Higher Anxiety and Symptom Burden in Opioid Use Disorder Patients

Key Takeaways

- Cannabis use was prevalent during MOUD (47.5%), and frequent use (≥3 days/week) was associated with anxiety, nausea/vomiting, and lower employment without degrading retention or opioid outcomes.
- Higher interoceptive awareness and being employed were linked to reduced likelihood of frequent cannabis use, suggesting psychosocial and self-regulation correlates may influence use intensity.
- Symptom-driven consumption predominated, with stress, anxiety, insomnia, pain, depression, and PTSD frequently cited, highlighting potential undertreated comorbidities and self-medication patterns.
- Evidence for cannabis as a therapeutic adjunct in OUD remains inconclusive due to observational bias and heterogeneity in formulations, dosing, and administration routes that limit cross-study interpretability.
- Pharmacist-facing priorities include routine cannabis use screening, assessment of underlying symptom burden, monitoring for additive CNS depressant effects and other interactions, and navigating evolving legal/regulatory constraints.

Cannabis use is common among patients receiving medications for opioid use disorder and is associated with higher rates of anxiety and other comorbid symptoms.

Emerging data reports that nearly half of patients receiving medications for opioid use disorder (MOUD) reported cannabis use.1 Patients who used cannabis more frequently reported higher rates of anxiety and nausea; however, it did not significantly affect MOUD treatment retention or opioid use outcomes.1 These findings raise important considerations for managing patients with opioid use disorder (OUD), particularly as cannabis use becomes increasingly common in this population.

MOUD and the Emerging Role of Cannabis

Despite advances in treatment, OUD remains a pressing public health issue, with medications such as methadone and buprenorphine forming the foundation of treatment due to their ability to reduce cravings, withdrawal symptoms, and the risk of overdose-related mortality.[2] Despite their effectiveness, there is still persistence in limitations such as the risk of relapse, adherence challengers, and adverse effects. These limitations have prompted a growing interest in both adjunctive and alternative therapies that may enhance or supplement the current opioid use disorder treatment approaches.[2]

Opioid-related adverse effects, tolerance, and contraindications in certain patient populations have driven interest in opioid-sparing strategies and multimodal approaches to pain and addiction management.[3]

A potential modulation of treatment includes cannabis and cannabis-derived products. The pharmacologic activity of cannabinoids—primarily Δ9-tetrahydrocannabinol (THC) and cannabidiol (CBD)—involves modulation of the endocannabinoid system, which may influence reward pathways, stress response, and addiction-related behaviors. Prior data implies cannabis may decrease opioid cravings and withdrawal symptoms; however, these findings remain inconsistent and largely observational.[2] With the expansion of cannabis legalization, both recreational and medicinal cannabis use are increasing among patients with OUD.

Study Overview: Patterns and Correlates of Cannabis Use in MOUD

Researchers conducted a randomized clinical trial analyzing 303 participants receiving MOUD, in which a mind-body intervention was evaluated as an adjunct to standard treatment. Participants were then categorized based on cannabis use frequency, with frequent use defined as use at least 3 days per week compared with less frequent or no use.[1]

47.5% of participants reported cannabis use, with 27% being frequent users. It was observed that frequent cannabis use had significant associations with increased anxiety ($P = .04$), nausea/vomiting ($P < .001$), and lower employment rates ($P = .03$).[1]

It was found that employment status and higher interoceptive awareness were associated with decreased chances of frequent cannabis use.[1]

Patient-Reported Motivations and Use Patterns

Among frequent cannabis users, a subset participated in a follow-up survey designed to further characterize patterns of cannabis use. Among these participants, 56% reported both recreational and symptom-management use, 30% reported exclusive symptom-management use, and 15% reported recreational-only use.[1] The data also concluded that cannabis was most frequently used to manage stress (100%), anxiety (83%), insomnia (79%), pain (75%), depression, and post-traumatic stress disorder (75%).[1]

The data expressed potential unmet treatment needs or concerns regarding dependence, with more than half of respondents expressing a desire to reduce cannabis usage.[1]

Clinical Implications: Is Cannabis a Therapeutic Adjunct?

The therapeutic role of cannabis in OUD management remains inconclusive. While there is data suggesting potential benefits such as reduced cravings and withdrawal symptoms, high-quality randomized controlled trial data remain insufficient. The differences in cannabis products, dosing, and methods of administration lead to difficulties in interpreting and comparing findings across research.[2]

The growing emphasis on opioid-sparing strategies, including non-opioid agents such as ketamine for pain management, represents the clinical need for alternative and adjunctive approaches in populations affected by opioid dependence.[1]

These data indicate that cannabis usage does not worsen key MOUD outcomes, which may challenge assumptions that cannabis use inherently undermines recovery.[1] However, there is an emerging emphasis on individualized care and diligent patient assessment when considering cannabis's association with anxiety, gastrointestinal symptoms, and socioeconomic factors.

Pharmacist Implications

Given the high prevalence and symptom-driven usage, a routine assessment on a patient's cannabis use should be implemented in patient interactions. It is essential to monitor for symptom management as patients may use cannabis as a form of self-medication for underlying and untreated conditions such as anxiety, insomnia, or chronic pain. Depending on severity, this can present as an opportunity for optimized pharmacologic or nonpharmacologic interventions.

Drug interactions are a growing concern, as cannabis may interact with central nervous system depressants and other medications commonly used in OUD, requiring monitoring for additive effects. Given evolving state and federal policies, it is vital to remain informed about legal considerations and regulations surrounding cannabis use and dispensing practices.

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