

Successful and unsuccessful cannabis quitters: Comparing group characteristics and quitting strategies

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Cannabis is the most commonly used illicit drug in the world, with a global estimate of 166 million users.¹ While some individuals are able to quit using cannabis when they want to, others experience greater difficulty, such that 9-15 per cent of users become dependent upon the substance.^{2,3} Identification of differences between those who are able to quit using cannabis versus those who become cannabis dependent potentially could improve interventions so that individuals more strongly oriented for relapse might be better helped. In light of this, the National Cannabis Prevention and Information Centre (NCPIC) has recently completed a study examining how individuals who do and do not succeed in quitting cannabis differ in terms of demographic characteristics and quitting strategies. The sample included 78 individuals who had previously used cannabis at least once a week for at least a year, but had not used any cannabis in the last year; and 87 individuals who currently used cannabis at least once a week, and had made at least one unsuccessful attempt to quit. An online survey was used to collect information from participants.

The study revealed several notable differences between successful and unsuccessful cannabis quitters. Successful and unsuccessful quitters differed significantly in some personal characteristics, with unsuccessful quitters having less education, higher day-to-day exposure to other cannabis users, and higher usage of cannabis prior to their most recent quit attempt. With regard to quitting strategies, the two groups did not differ significantly in reducing exposure to cannabis or in their use of distraction/substitution techniques. Successful quitters, however, were 2.1 times more likely than unsuccessful quitters to use coping strategies to quit. These included strategies such as planning ways to cope with aversive emotions, and setting up a plan for coping with situations that are high-risk for cannabis use. Unsuccessful quitters, on the other hand, were 1.6 times more likely than successful quitters to use motivation enhancement strategies in their attempt to quit. These included strategies such as thinking about the negative aspects of using cannabis and the benefits of quitting. This latter finding was somewhat unexpected as motivational enhancement therapy is an established treatment for cannabis use. However, unsuccessful quitters scored below the mean in all other categories of quitting strategies, suggesting that using motivational strategies may not be problematic *per se*, but more that using them as the primary or only method for quitting may be problematic.

The findings of the study have implications for future research and interventions for cannabis use. While this was a relatively well educated sample, with almost half of the unsuccessful quitters having at least some tertiary education, future studies could further explore the association between education level and relapse by establishing whether the link is mediated by factors such as higher impulsivity and lower problem solving skills, and by determining which interventions are most effective and appealing to individuals with lower levels of education. Reducing exposure to other users, while also developing methods for coping with unavoidable exposures, may also contribute to more successful treatment. Coping techniques were the most important strategies contributing to successful quitting, suggesting that individuals who fail to quit may do so because they have trouble coping with distress. Treatments for cannabis use may, therefore, increase their effectiveness through placing greater emphasis on coping skills, and also addressing the source of distress.

1 **UNODC.** (2007). *The World Drug Report 2007*.

2 **Anthony, J.C., Warner, L.A. & Kessler, R.C.** (1994). Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Experimental and Clinical Psychopharmacology* 2, 244-268.

3 **Degenhardt, L., Hall, W. & Lynskey, M.** (2001). The relationship between cannabis use and other substance use in the general population. *Drug and Alcohol Dependence* 64, 319-327.