Smoking cessation and cannabis use

A guide for stop smoking practitioners



NCSCT

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About the National Centre for Smoking Cessation and Training

The National Centre for Smoking Cessation and Training (NCSCT) is a social enterprise set up to:

- help stop smoking services to provide high-quality behavioural support to people who smoke based on the most up-to-date evidence available
- contribute towards the professional identity and development of stop smoking practitioners and ensure that they receive due recognition for their role
- research and disseminate ways of improving the provision of stop smoking support

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Why cannabis use is an issue for stop smoking practitioners

Cannabis is the most widely used illicit* substance worldwide, including the UK where 7.6% of adults report using it in the past year.[1] Most cannabis use involves mixing it with tobacco to smoke (i.e. in *joints* or *spliffs*), although it can be consumed in a variety of ways.[2]

For clients attempting to quit smoking, continued cannabis smoking may well hamper the chances of a successful quit attempt.[3–6] In fact, cannabis use is associated with an increased risk of starting smoking and risk of relapse after quitting.[7]

While a client may no longer identify themselves as a 'smoker', if they continue to smoke cannabis mixed with tobacco then they haven't actually stopped using tobacco. This makes it really important that we find out from clients of stop smoking services whether they also use cannabis. A recent study found that many stop smoking practitioners were aware of the potential impact of cannabis on stop smoking attempts, but not all felt they were able to provide enough support.[8]

This briefing aims to enable stop smoking practitioners to ask, advise and act on cannabis use in order to support clients with stopping or managing their cannabis use so that they can minimise the impact it has upon their attempt to quit smoking. The briefing provides practitioners with an overview of cannabis products so that you can speak with confidence to your clients on this topic. It does not focus on physical and mental health effects associated with cannabis use. Stop smoking practitioners are invited to consider this pragmatic approach to supporting service users who may have a range of views on their cannabis use, including an intention to continue use even after quitting tobacco.

*Cannabis is not illegal in a number of countries

An introduction to cannabis

Cannabis is a plant with psychoactive properties which has been used in a variety of ways for centuries.[9] Although use of cannabis for recreational purposes is illegal in the UK, use of **medicinal cannabis**, that is prescribed by a doctor for very specific medical conditions, has recently been legalised. Cannabis comes in many forms and may be consumed in a variety of ways, via both **combustible** and **non-combustible** routes.

Cannabis has many active elements, but the two most commonly discussed are **THC** (tetrahydrocannabinol) and **CBD** (cannabidiol). As THC and CBD are often extracted for use as separate products, both elements can be marketed as different products to cannabis.

THC is the element which creates the 'high', such as feeling relaxed and experiencing enhanced or altered perceptions, but it can also cause anxiety, paranoia and unpleasant sensations. The **potency** of THC in recreational cannabis has increased significantly in recent years.[10] In a cannabis product that contains both THC and CBD, CBD may influence the effects of THC, for example by making its effects less strong.[11] Since the drug is illegal, users won't know with certainty what is in their cannabis.

CBD on the other hand is non-intoxicating. People might use CBD as a *wellness product* and it can be purchased as a 'herb' that you might smoke, or an oil you could vape, vaping CBD is not without risk and therefore should not be suggested as a harm reduction option.[12,13] CBD is also used for a variety of medical conditions. There is some evidence to suggest CBD may be useful in treating some medical conditions, but higher quality research is required. Medical CBD and 'over-the-counter' or online CBD purchases are very different, therefore CBD that has not been prescribed is not recommended for medical use given the lack of data on safety, quality and efficacy (see NHS advice on medical cannabis). Nevertheless, you may hear people report they find CBD useful for all sorts of things, such as pain management, sleep and depression. The range of products containing CBD is broad. However, the market is not well regulated and overall quality of products, including CBD content, varies widely and is often below therapeutic level.

Whilst cannabis and THC are illegal to produce in the UK, CBD products are legal if they contain less than 0.2% THC.

There is a wide range of cannabis types and products, so it is important to understand which your clients might be using, and how they are using it.

The most common types of cannabis used in the UK

TYPE OF CANNABIS	IN A NUTSHELL	COMBUSTIBLE	NON-COMBUSTIBLE
Seeded herbal cannabis (Dry herb)	Commonly referred to as weed, grass or herb. The dried flower/leaf can be smoked (usually combined with tobacco) or vaporised in a small portable device similar to an e-cigarette, or in larger non-portable vaporisers.	✓	✓
Seedless herbal cannabis (Sinsemilla)	Commonly called skunk. Has been grown in such a way as to increase the THC content. Commonly smoked with tobacco or vaporised.	✓	✓
Resin, hash or solid	Cannabis compounds are extracted from the plant, and formed into a compressed block. Commonly smoked with tobacco.	✓	✓
Concentrates (Shatter, wax, butane hash oil)	THC is extracted from the plant using highly efficient processing methods (e.g. butane or carbon dioxide) to increase concentration. The concentrate may resemble wax, or even toffee brittle, and is consumed by heating to a high temperature on a nail or similar heated element and inhaling the vapour – a process known as dabbing. Concentrates are less common in the UK.	✓	✓
Cannabis oil	By using solvents or gases to create a solution which is then heated, oil can be extracted from the cannabis plant. The oil may contain THC, CBD or both; it can be used in edibles or could be added to liquid and used in a vape. The risks of vaping substances other than nicotine are unknown and it is potentially more risky.		✓
Edibles	Cannabis may be mixed in food, such as brownies, or even drink. This is usually resin, although other forms including tinctures may be found.		✓

Synthetic cannabinoids

- Synthetic cannabinoids (such as *spice*) are in fact novel psychoactive substances that act on cannabinoid receptors in the brain; they are not derived from the cannabis plant. The manufactured substance is usually sprayed onto plant material to allow it to be smoked.
- Synthetic cannabinoids are similar but not identical to THC, and are usually more potent and therefore may pose a higher risk for people who use them.
- Synthetic cannabinoid use can produce serious, life-threatening side effects, and little is known about the long-term impact.[14]
- Synthetic cannabinoid use is common amongst prisoners and people experiencing homelessness. Although not used as frequently as cannabis, it may be consumed with tobacco and so it is worth asking someone if they use synthetic cannabinoids.

Asking about cannabis use

There is no typical cannabis user, it's important to ask all your clients even if it might seem unlikely.

> *"Do you ever use cannabis? How do you use it?"*

Some clients will volunteer this information before you've asked them this question, others will be reluctant to answer, concerned about the implications of this information being recorded and potentially shared.

You might say:

> *"I am asking you this because it might affect your chances of quitting and I want to give you the most relevant and helpful advice."*

Many clients may be concerned about the legal implications and it is good practice to inform clients that you will not be reporting or sharing this information. If your service does not already have a policy on the recording, storage and sharing of this data, then it is advisable that one be developed.

What advice can we give to clients who use cannabis to reduce the risk of relapse?

We can say to clients that continued use of cannabis with tobacco means that they haven't actually stopped smoking and that their chances of stopping smoking cigarettes are slim.

Quite simply, completely stopping smoking cannabis with tobacco significantly improves clients' chances of becoming smokefree.[15]

We can suggest a number of options to clients who smoke cannabis with tobacco.

1. Abstinence

Given the established risks of smoking cannabis on respiratory health, giving up cannabis use completely is likely to be the healthiest option.[16–18] Abstinence can bring a number of health and lifestyle benefits; for example, memory may improve significantly within the first month of stopping.[19] Some people who abstain may experience a renewed sense of wellbeing and use the decision as an opportunity to make other important changes, for instance in relation to personal spending, employment and leisure time. Cannabis use can be a feature of a social, emotional and cultural approach to life that is not easy to step away from, and clients may need to find other ways to relax, or to get to sleep, for example.

Clients can be advised:

> *"The best thing for your quit attempt is to completely stop smoking both cannabis and tobacco. Even in the long-term, a return to using cannabis puts you at high risk of relapsing back to cigarette smoking."*

Clients should be aware that complete cessation from long-term and regular cannabis use can result in short-lived withdrawal symptoms that typically start to improve a couple of days after abstinence and resolve within around four weeks.[20]

Clinical studies have found that cannabis withdrawal symptoms start between 1 – 3 days after cessation, peak at 2 – 6 days, and persist to 14 days or longer. They are similar in magnitude and time course to tobacco withdrawal symptoms.[21] Withdrawal from both cannabis and tobacco at the same time may result in stronger withdrawal than from either substance alone.[22]

The longer someone has been using cannabis, or the more frequently they have been using it, the more likely they are to develop withdrawal symptoms when they stop.[23] It is estimated that between 10 – 30% of people who use cannabis become dependent.[24,25]

The main symptoms of cannabis withdrawal include:[26]

- Restlessness
- Irritability
- Feeling anxious or worried
- Feeling depressed
- Having trouble sleeping, with nightmares and vivid dreams
- Feeling tired during the day
- Lack of appetite and weight loss
- Headaches
- Sweating
- Digestion problems, cramps and nausea
- Tremor
- Fever or chills

Bear in mind that many of these withdrawal symptoms resemble tobacco withdrawal symptoms, so it can sometimes be difficult to tell the difference. You could advise your clients that quitting both at the same time gives them the best chance of remaining abstinent, even if they find it difficult to manage the withdrawal symptoms of both in the short term.

Pharmacotherapy

Research suggests nicotine replacement therapy (NRT) may assist with cannabis withdrawal symptoms. A recent study found that the NRT patch may alleviate negative affect-related cannabis withdrawal symptoms among those who were not heavy tobacco users.[27]

Some evidence suggests that varenicline is useful for the treatment of withdrawal symptoms among individuals who use both tobacco and cannabis.[28,29] Further trials are ongoing to evaluate varenicline for cannabis use disorders, as is research exploring a combination of varenicline and nabilone (a THC analogue) on tobacco and cannabis cessation and outcomes.[30]

2. Harm reduction

If clients are prepared to stop using cannabis with tobacco but feel that they cannot, or don't want to, stop using cannabis altogether, then there are a number of **alternatives to reduce the harm caused by their cannabis use and to maintain their chances of abstinence from smoking.**

Switching to a non-combustible cannabis product or method is a harm reduction approach that can be considered for clients making a quit attempt as they do not involve tobacco. It is important to note that switching the way that cannabis is used may alter the effect of it. For example, clients might find they get a different, or even greater, impact via a dry herb vaporiser compared to smoking the same amount in a *joint*. Similarly, switching to edibles needs careful experimentation – the impact may take longer to come into effect and could last longer.

It is also important to consider the potency of the type of cannabis they are using. For example *concentrates* will, as the name suggests, have a much higher potency than regular dry herb cannabis and will provide a very different experience.

It would be sensible when switching to a different consumption method to advise clients to start with a small amount of cannabis and use it slowly: **start low and go slow.**

Non-combustible methods of harm reduction

Edibles

People can eat or drink cannabis by mixing it into cakes, tea, yoghurt or 'melted' in olive oil and dripped under the tongue, depending on what type of cannabis they are using. The effects of cannabis can take longer to be experienced if taken in this way and typically last longer;[31] it is also more difficult with edibles to gauge the amount needed to obtain the desired effect.

Vaporisation

This method has become more popular in recent years.[32] There are a wide range of devices available, and the market is constantly evolving. Some vaporisers use a liquid cannabis extract; however, most use 'dry herb'.

A vaporiser can be either stationary, or handheld. Stationary devices tend to be substantial and relatively expensive, such as the Volcano Medic 2. After heating with hot air (with no combustion), the cannabis vapour can be inhaled directly from a tube or collected in a large bag which the user detaches from the device and inhales using a valve.



Volcano Medic 2



Mighty Medic

Portable devices, such as the Mighty Medic, are handheld and resemble personal vaporisers. Both the Volcano Medic 2 and the Mighty Medic have an international medical electrical equipment certificate.

To learn more about the range of available products, enter 'dry herb vape' in an online marketplace.

Vaping THC and CBD

By modifying a vaping device, it is possible to vape either THC or CBD e-liquid. However, if a client tells you they are doing this it is important they are made aware they are using a potentially unsafe device (due to it undergoing modification) and that we do not have evidence indicating vaping THC or CBD liquids is safe. They should be advised of this and, if they wish to continue using THC or CBD, supported to identify a safer means of consuming them.

Combustible methods of harm reduction

Smoking cannabis exposes users to harmful by-products of combustion. As such, smoking cannabis with or without tobacco will significantly increase exposure to carbon monoxide and carcinogens, and therefore, may not be the best option for clients.

Pipes

Using cannabis in pipes is only useful as a means of reducing the chance of relapse in clients quitting smoking if it is not mixed with tobacco, and it is still a combustible form of consumption. Cannabis is placed in the bowl of the pipe, lit and smoked.





Waterpipes

Often called *bongs*, waterpipes involve placing the cannabis in a small bowl attached to the bottom of the waterpipe, lighting it and then inhaling the smoke which is drawn through water. The water does not make the cannabis smoke any safer, it just cools the smoke to allow more smoke to be inhaled. For this reason, waterpipes may not qualify as harm reduction, even if the person using it avoids using tobacco.





When quitting cannabis is the problem

For some long-term or frequent cannabis users, or those for whom cannabis is associated with psychological, social or physical issues, stopping cannabis use may be a significant challenge.[11,24]

These clients may require specialist help such as:

- **Substance misuse services:**
  accessed either via GP or self-referral and provided by local authority or third sector, this varies from region to region
- **Self-help:**

  www.talktofrank.com/drug/cannabis

  www.knowcannabis.org.uk

  http://saferuselimits.co

Further resources

We welcome feedback from practitioners who have experience of working with service users who vape cannabis instead of smoking. You can get in touch with us at: enquiries@ncsct.co.uk

NHS Scotland advice on cannabis and harm reduction:
www.nhsinform.scot/healthy-living/drugs-and-drug-use/common-drugs/cannabis

Drug Science:
drugscience.org.uk/drug-information/cannabis

Say Why to Drugs podcast on cannabis:
tinyurl.com/SWTDP-cannabis

Say Why to Drugs podcast on CBD:
tinyurl.com/SWTDP-CBD

Say Why to Drugs podcast on synthetic cannabinoids:
tinyurl.com/SWTDP-synthetic

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A guide for stop smoking practitioners that aims to increase the chances of abstinence and reducing relapse in clients quitting smoking, who also use cannabis.

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