Guidance on developing a policy for stop smoking services on discussing cannabis use with service users

Date of last review: March 2026

1. Introduction

A proportion of people who receive support from stop smoking services will also use cannabis; their use of cannabis can have a direct effect on their ability to quit smoking. As such, it is important for service users to be asked about current cannabis use as this will have implications for their quit plan.

It is also important that stop smoking services develop a policy regarding the collection, storage and confidentiality of this information, so that both practitioners and service users can feel confident in having discussions about cannabis use.

2. Aim of this document

The aim of this document is to provide guidance for stop smoking services on developing a policy for identifying and recording cannabis use within their service. It does not provide clinical guidance; this can be found in the NCSCT briefing: *Smoking cessation and cannabis use.*

Each service should develop their own policy taking into account laws, regulations, existing policies and procedures, and this development should ideally involve commissioners, practitioners, care providers and service users. A policy review, involving all stakeholders, should be scheduled at appropriate intervals.

3. Cannabis and the law

3.1 Illegal substances are classified within the UK legal framework according to risk posed, and cannabis is currently a Class B drug.[1] This means an individual may be charged with possession and serve up to five years in prison, though the penalty issued will vary depending on the circumstances. Penalties are much higher for supply or production.

3.2 Although possession of cannabis is not legal in the UK, the number of people prosecuted for 'personal' use is decreasing,[2] and common practice indicates that warnings are issued for first offences.[3]

3.3 Since 2018, cannabis-based products for medicinal use may be produced under a license. However, this relates primarily to products such as Epidiolex, which is available as a spray to help with certain kinds of epilepsy,[4] and not to combustible forms of cannabis.

4. Identifying cannabis use

4.1 Due to the relatively high prevalence of cannabis use amongst people who smoke tobacco, and because of its negative effect upon quit attempts, stop smoking practitioners should ask all stop smoking service users about cannabis use in a non-judgemental manner. Although cannabis use is more common amongst younger people, it is used by all ages and for many different purposes. There is no typical cannabis user, and as such asking all service users about cannabis use is important.

4.2 Service users are under no obligation to answer questions about their cannabis use and may need reassurance of this. It can be helpful to inform service uses that the reason for asking about cannabis use is that it can potentially affect their success with quitting and should be considered when developing their plan for quitting. Good use of therapeutic relationship skills will assist with making service users feel more comfortable about disclosing cannabis use, allowing a useful and informative discussion to take place with practitioners.

5. Disclosure of drug use in a health and social care setting

5.1 The role of stop smoking practitioners is to provide appropriate treatment and advice irrespective of illegal activity being discussed. The policy should reflect this approach.

5.2 Across health and social care settings, policies and procedures may vary slightly but, as an underlying principle, practitioners are only expected to disclose or report illegal activity in rare cases where it is considered a serious crime. Reference should be made to the organisation's overarching policy on reporting illegal activity.

5.3 There may be occasions where service users tell a practitioner something that indicates that they may pose a risk to themselves or to others. In this instance, the practitioner may be required to pass on this information to another service without the consent of the individual (see section overleaf for more detail).

6. Recording of illicit drug use in client's notes

6.1 Service users may be understandably concerned about disclosing cannabis use, and in particular about this being recorded within their notes. It is important to be able to give reassurance to the individual about how each service does this, so that they feel confident that the information will not be shared outside of the practitioner/user consultation without their permission.

6.2 As with all significant clinical information shared in a consultation, cannabis use should be recorded. This serves as a reminder to the practitioner, or a colleague in the same service, to follow this up in later consultations, and allows the service as a whole to monitor how often cannabis use is raised and to establish how practitioners might deal with this.

6.3 In most services, the health records are kept within the service and are not available to other services without permission; although some services may use a platform that other services can access, such as a 'shared care record'. It is important for staff to be aware of how their service records, stores and shares data so that clients can be provided with this information if requested.

6.4 As with any health and social care service, the individual's permission should be sought before their records are shared with anyone else, or with any other service. The exceptions to this are when someone is either not able to give consent, or where there is a risk that someone will be harmed. Further details on sharing records will be available from the organisation's Information Governance Lead. The policy should include a statement on sharing information with other services.

6.5 The General Data Protection Regulation (GDPR) Act of 2018 outlines the requirements for organisations keeping personal data. Services will have guidelines in place for service users to understand how their personal data is handled. It is important to note that giving consent to an organisation to collect personal under GDPR is not the same process as giving consent to a health service to share records with another service. For the latter, as described above, details of the procedure should be included in the policy.[5]

7. Pregnant and breastfeeding women

7.1 Pregnant women may be particularly concerned about sharing information on cannabis use. It can be challenging for a pregnant woman to disclose tobacco use, let alone cannabis use, and it is important to acknowledge this with the service user. The policy should address the needs of pregnant women, and it may be helpful to liaise with local midwifery services when developing the policy.

7.2 The risks of tobacco use during pregnancy are well known; there is less evidence around use of cannabis during pregnancy, but it is clear that it cannot be considered safe. Pregnant women might use cannabis for a variety of reasons, including management of morning sickness. It is important that the policy encourages practitioners to use their therapeutic skills to allow women to feel confident to talk about their use of cannabis, and to provide reassurance about how this information will be used.

7.3 The issue of illicit drug use during pregnancy and breastfeeding can be sensitive, and the policy needs to reflect that the underlying principle of the service is to support users, and that this is best done if they are able to talk about their cannabis use. Reference should be made to the organisation's safeguarding policy, and service users made aware that cannabis use alone would not usually constitute a safeguarding concern.

8. Harm reduction

8.1 Harm reduction involves switching to a non-combustible method of cannabis use. The policy should include direction about harm reduction for stop smoking practitioners in terms of recommendations practitioners provide to clients who do not want to quit cannabis use completely. The policy should include what harm reduction approaches can be recommended to service users and under what circumstances so that there is a consistent approach across the service, reflecting good practice. The NCSCT briefing *Smoking cessation and cannabis use* provides clinical guidance on harm reduction approaches.

9. Onward referral and raising concerns

9.1 The policy should include details on when to seek further clinical guidance from line managers or other colleagues. This might include signposting to another service. The policy needs to reflect that cannabis use alone would not usually necessitate onward referral, but that it depends on the context, as it may form part of an overall picture which causes concern.

9.2 Clients may take the opportunity of a tobacco quit attempt to also reduce or stop cannabis use. The policy should include details of how to signpost clients to their local substance misuse service, or online support. It will be helpful to contact the local substance misuse service to find out what provision there is for people who use cannabis, and how to access this, and ensure the team is aware of this.

Resources

NCSCT briefings

Smoking cessation and cannabis use
www.ncsct.co.uk/publications/cannabis

Substance use

Advice and information on local services
www.talktofrank.com

Safeguarding

www.england.nhs.uk/safeguarding/how-to-raise-a-safeguarding-concern
For general advice, your local authority will provide specific advice to your area.

Pregnant women

NCSCT training related to cannabis use in pregnancy:
https://elearning.ncsct.co.uk/pregnancy_specialty_module-registration

Mental health services

www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services

Ideally someone needing a mental health service would be referred by their GP, so signposting clients to see their GP first is recommended, but it is useful to know what mental health services are available in your area in any case.

References

1. https://www.gov.uk/penalties-drug-possession-dealing
2. https://www.theguardian.com/society/2018/jul/14/police-decriminalising-cannabis-prosecutions-fall-norman-lamb-mp
3. https://theconversation.com/policing-of-cannabis-possession-is-largely-accidental-and-many-officers-dont-think-it-makes-a-difference-100102
4. https://www.medicines.org.uk/emc/product/10781#gref]
5. https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/