

# Canadians Who Want to Quit Cannabis: Comparing Cannabis User Profiles on Cannabis Cessation

Category: Oral Presentation

## Abstract Body

Although cannabis is the second most used substance after alcohol, compared to other substances such as tobacco, there is comparatively little research on how individuals stop using cannabis. Although not all cannabis users will experience negative outcomes, about 1 in 11 users develop cannabis use disorder (CCSUA, 2020). Previous studies have outlined distinct groups of cannabis users based on their patterns of substance use, mental and physical health, as well as sociodemographic variables and associated these profiles with distinct risks of negative outcomes (Chabrol et al., 2012; Fischer et al., 2010; Korf et al., 2007; Miller & Plant, 2002). However, no study has examined how groups of cannabis users differ on cannabis cessation methods and outcomes. The purpose of this study was to examine the methods cannabis users employed to decrease or quit cannabis use and to examine if profiles of individuals who attempted to quit cannabis differed in their cessation outcomes. A total of 147 Canadian adult participants were drawn from mTurk ( $n = 63, 42.86\%$ ) and community samples ( $n = 84, 57.14\%$ ) to participate in an online survey on Qualtrics. Four distinct cannabis user profiles emerged: the rapidly escalating high risk ( $n = 40, 27.21\%$ ), low risk ( $n = 62, 42.18\%$ ), long-term high severity ( $n = 35, 23.81\%$ ), and long-term moderate severity ( $n = 10, 6.80\%$ ) profiles. Profiles differed in the number of times users had attempted to decrease cannabis use  $F(3, 123) = 5.71, p = .003$  and the number of cessation methods used,  $F(3, 144) = 8.27, p < .001$ . Individuals in the rapidly escalating high-risk profile attempted to decrease their cannabis use significantly more than other profiles ( $M = 12.10, SD = 10.02$ ). The most often reported cessation method in the sample was physical activity ( $n = 90$ ), followed by replacing cannabis with another drug, food, or activity ( $n = 71$ ), individual counselling (in-person or online,  $n = 63$ ), attending a support group (in-person or online,  $n = 59$ ), using pharmaceutical supplements/medications (e.g., anti-depressants, benzodiazepines,  $n = 59$ ), using smartphone apps ( $n = 54$ ), among others. These results demonstrate that individual differences exist in cannabis cessation outcomes and that few Canadian cannabis users are accessing structured cannabis cessation interventions.

## Key Words

- Cannabis/Synthetic Cannabinoids
- Pharmacologic Interventions
- Psychological Interventions

- Recovery

#### Learning Objective # 1

Attendees will gain an understanding of the individual factors that impact cannabis cessation outcomes.

#### Learning Objective # 2

Attendees will gain knowledge on what cannabis cessation methods are most used by individuals attempting to decrease or quit cannabis use.

#### Reference # 1

Jutras-Aswad, D., Le Foll, B., Bruneau, J., Wild, T. C., Wood, E., & Fischer, B. (2019). Thinking beyond legalization: The case for expanding evidence-based options for Cannabis Use Disorder treatment in Canada. *The Canadian Journal of Psychiatry*, 64(2), 82–87. <https://doi.org/10.1177/0706743718790955>

#### Reference # 2

Seidel, A.-K., Pedersen, A., Hanewinkel, R., & Morgenstern, M. (2019). Cessation of cannabis use: A retrospective cohort study. *Psychiatry Research*, 279, 40–46. <https://doi.org/10.1016/j.psychres.2019.07.003>

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