

# Quitting experiences, attitudes and beliefs amongst UK young adult co-smokers: a qualitative interview study

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- Participants who gave their time to be interviewed

# Rationale

- Why co-use?
  - Co-use is common, but rarely screened for, and rarely co-treated
- Why young adults?
  - Average age of first use 15; average age of first treatment seeking presentation is 25 (EMCDDA)
  - experimentation → regular use → problematic use → reduction or cessation
- Why quitting?
  - To inform interventions; understand existing practice; understand impact in single/joint quit attempts
- Why qualitative design?
  - Expands on existing evidence base about prevalence of co-use; provides nuance and depth about context

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# Study aims

1. Develop an **understanding of the context of co-use** of tobacco and cannabis
2. To explore how (or whether) young adults **consider co-use**.
3. Explore the **capability, motivation and opportunity** described by young adults in relation to quitting either tobacco, or cannabis, or both.
4. To investigate how participants may view future quit attempts, and how **motivation to quit** both may overlap and differ between tobacco and cannabis use.

# Recruitment and data collection

- Recruitment via Further Education colleges
- Online survey -> sub-sample
- Received £25 shopping voucher for interview
- Interviews carried out in 2019

- ✓ Aged 16-30
- ✓ Past 6 months use of BOTH tobacco and cannabis



# Results: sample characteristics

18 participants:

4 non-white British

10 female

age range 17-24

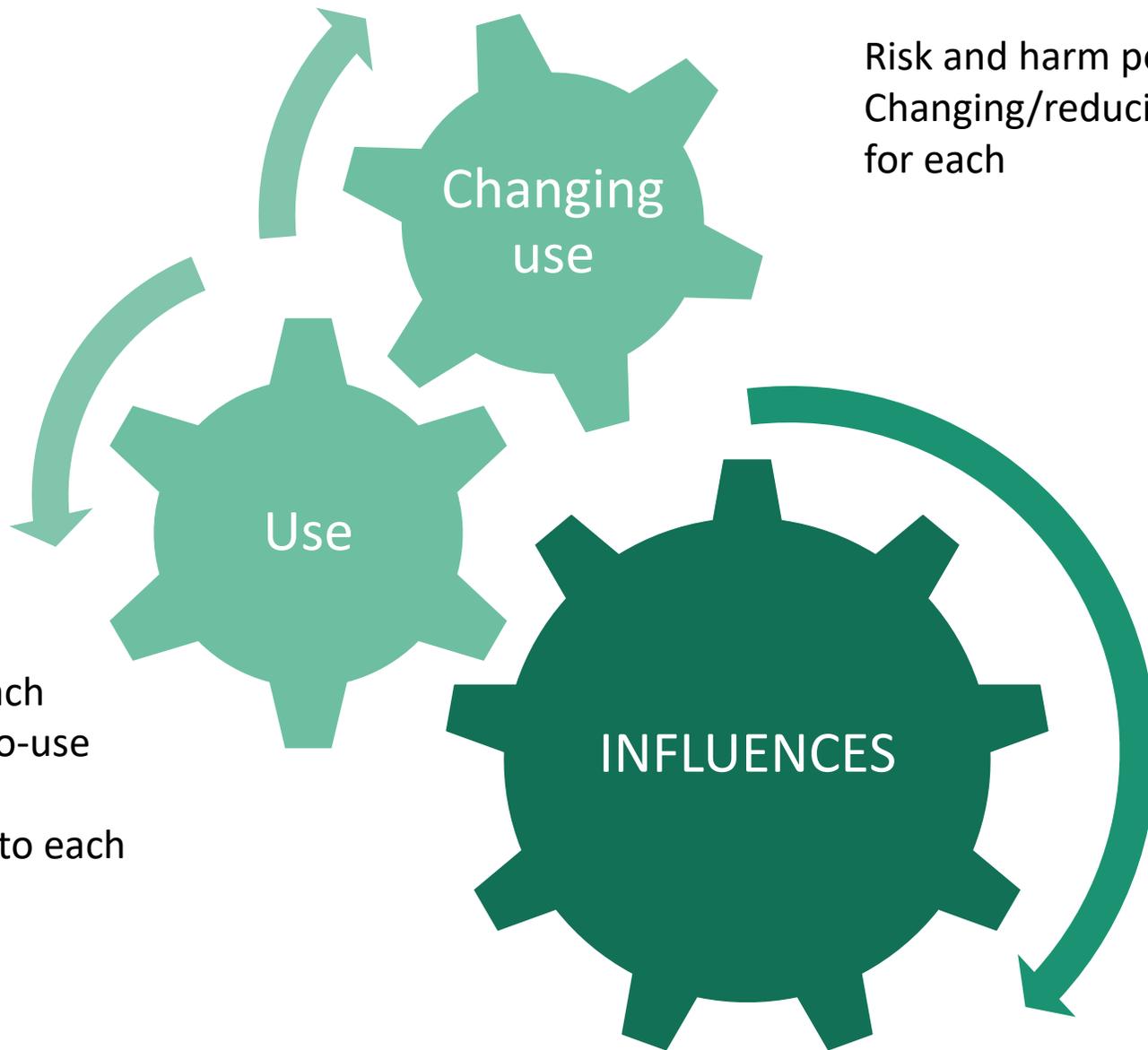
tobacco cigarettes + cannabis = 9

cannabis with tobacco (not cigarettes) = 3

cannabis without tobacco = 2

tobacco only = 2

stopped both = 2



Risk and harm perceptions of each  
Changing/reducing/quitting process  
for each

Identity  
Access and control  
Information + knowledge  
People

Reasons for using each  
Co-administration/co-use  
Harm reduction  
Nature of addiction to each

# Contrasting features of (co-)use

## Reasons for using each

- Both ubiquitous, close others
- Tobacco introduced through cannabis
- Cannabis: pleasure, relaxation a facilitator of social connection

*A protection, a seal keeping out all the bad things in your life*

## Co-administration

- The “norm”
- form of harm reduction
- tobacco use in joints not the same as ‘smoking’

*people are just made fun of for putting tobacco in*

# (Co-) use continued

## Harm reduction

- Episodic abstinence

*Homegrown cannabis is not actually sprayed too much with THC, because it already produces so much that it will be fine to smoke, that's the difference between strains and homegrown*

## Addiction to each

- Nature of addiction to each very different – time spent using, impact on whole life vs. substance related harm

*I think the aspect of smoking [is what] I am more tied to than just smoking weed, because tobacco is addictive, weed as a substance isn't'*

# Changing use

*You just have to find other ways that doesn't involve smoking to make yourselves happy and when you manage to do that you'll realise 'oh I didn't actually need it'.*

## Risks + harms of each

- Stark contrast between the two

*if anything, cannabis is more safer than tobacco. Even if you have tobacco in a joint it's still not as bad as having a full fag*

*I don't feel it's [cannabis] that bad, it's just not for everyone, you know*

## Process of changing use

*I don't necessarily see my cannabis use or tobacco use as an addiction, due to the fact that I know I can quit. It's just deciding when's the right time.*

## Reduction as anti

*Most often the reason I usually take a break is sometimes I go out with friends and smoke a joint and I just can't think of anything to say. It's antisocial. When it gets like that, I take a break because it's not really fun*

# Influences

## Identity

- Cannabis: commonplace
- Tobacco = 'disgusting'

*Smoking is much easier to go to your GP about, and talk about...but cannabis on the hand, you never know what the doctors might think*

## Access and control

- Measures used to control use
- Easy access to both via networks, family

*In the black community, or more like my age black people, smoking cigarettes is not, it's kind of frowned upon. It's like eugh why are you smoking cigarettes when you could smoke a joint.*

# Influences continued

## Information + knowledge

- Harms understood
- Sought out

*It's not like I sit in a school and get taught about weed. If I did then that would be great but you've got to learn it yourself.*

*I'm a pretty informed guy, I could tell [whether cannabis is harmful] and I looked it up before that there's nothing really that damaging about it*

*[I found] a whole little sub-reddit dedicated to 'cannabis vapourising' and I started looking into it...and I found a link and ordered one*

*Hands up who smokes? You will smoke even more. Hands up who has quit? You will start again. Hands up who doesn't smoke? Give it two weeks*

## People

- Family, peers, colleagues
- Work settings

*With cannabis ... I had the motivation, I had the information, I had the support network*

cannabis: created by co-users

# Strengths and limitations

- Diverse sample, with range of additional complexities
- Wide spectrum of tobacco and cannabis use
- Little detail on process of quitting both – few had intentionally done so

# Conclusions + Implications

- Co-use is intricately embedded into home, peer group, college and work environment
- Co-use requires thorough assessment in all clinical settings, to understand context and interaction with mental health
- Harm reduction is practised, and co-administration is a form of this, but may require advice on efficacy and risk
- Tobacco may be used as a means of reducing/managing cannabis use, and tobacco use not readily acknowledged amongst co-users – a hidden cohort
- We need to explore co-use across varied communities – context is important again

# Thank you for listening

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