TAKE-AWAY GUIDE

A PLAIN-LANGUAGE GUIDE TO QUITTING CANNABIS

What the research says, in plain English, with something to try for each step.

No single trick works for everyone. The research points to a combination: **know why you're doing it, plan for the hard moments, and fill your life with things that beat getting high.** Each step below says what the studies found and gives you one thing to try.

HAVE CHS?

Cannabinoid hyperemesis syndrome (CHS) causes repeated bouts of severe nausea and vomiting in long-term, heavy users. Hot showers may ease it for a while, but **stopping cannabis completely is the only lasting fix.** Cutting back usually isn't enough. If CHS is your reason, use the steps below to quit for good, and find CHS support at **thcpoisoning.com**.

STRONGEST EVIDENCE Best-tested approach **SOME EVIDENCE** Mixed or modest results

EARLY SIGNAL Small or early studies

SOME EVIDENCE

1 Pick your goal: quit or cut back.

THE RESEARCH: A 2024 review of 22 trials covering 3,304 people **(Halicka et al.)** notes that cutting back, not just quitting outright, can be a meaningful win.

TRY THIS: Write one clear goal, like "No weed on weekdays" or "Done for 30 days." If you have CHS, make it "Stop completely."

SOME EVIDENCE

2 Find your own reasons.

THE RESEARCH: Motivational interviewing helps you explore your own reasons instead of being lectured. In a large text-message trial **(Mason et al., 2024)**, a stronger readiness to change was linked to fewer days of use later.

TRY THIS: Write your top three reasons, such as your health, your money, or ending CHS episodes, and make them your phone's lock screen.

STRONGEST EVIDENCE

3 Know your triggers.

THE RESEARCH: Cognitive-behavioral therapy (CBT) is the best-supported approach, and it starts by spotting what sets off use. In the 2024 review, more people using CBT were abstinent at the end of treatment than in comparison groups.

TRY THIS: For three days, note every urge: the time, place, mood, and who's around.

STRONGEST EVIDENCE

4 Make if-then plans for cravings.

THE RESEARCH: CBT rehearses coping moves before cravings hit. A 2025 online trial **(Kroon et al.)** found that pairing a goal with if-then plans helped more people reach their cut-back target.

TRY THIS: "If I get home stressed, then I walk around the block before doing anything else."

SOME EVIDENCE

5 Learn to ride out urges.

THE RESEARCH: Dialectical behavior therapy (DBT) and acceptance and commitment therapy (ACT) teach you to notice urges and hard feelings without acting on them. The 2024 review found they may help, though the evidence is still thin.

TRY THIS: When an urge hits, name it ("this is a craving"), rate it 1–10, and check again in 15 minutes. Cravings rise, peak, and pass.

SOME EVIDENCE

6 Reward early wins.

THE RESEARCH: Contingency management gives concrete rewards for hitting milestones. Older trials showed short-term gains, especially alongside CBT **(Cooper et al., 2015)**. Newer data suggest it's a helpful add-on, not a fix on its own.

TRY THIS: Put what you'd spend on weed in a jar. Spend it on something you want at day 7 and again at day 30.

EARLY SIGNAL

7 Plan for bad sleep.

THE RESEARCH: Poor sleep is a common reason people go back. In a small 2021 trial **(Short et al.)**, insomnia treatment improved sleep and eased stress-driven cravings and cannabis problems, though it didn't reduce how often people used.

TRY THIS: Keep the same wake time every day and screens out of bed. If insomnia hangs on, ask a doctor about CBT for insomnia (CBT-I).

EARLY SIGNAL

8 Move your body, and keep it up.

THE RESEARCH: In a small 2011 study **(Buchowski et al.)**, cravings and use dropped during a two-week exercise program, then rose again after it ended. A 2020 trial **(McCartney et al.)** found cycling improved some sleep measures during withdrawal.

TRY THIS: Pick an activity you'll actually stick with and put it on your calendar. The benefit seems to last only as long as the habit does.

EARLY SIGNAL

9 Fill the empty space.

THE RESEARCH: Weed often fills free time. In a small 2023 pilot of 20 people **(Coughlin et al.)**, participants added more weed-free activities, and their use went down.

TRY THIS: Put two things on the calendar this week, like a class, a game night, a hike, or a volunteer shift.

EARLY SIGNAL

10 Change who's around.

THE RESEARCH: In a 2021 study of young people in treatment **(Meisel et al.)**, days spent with friends or siblings who use came with more cravings and more use.

TRY THIS: Keep your friends, but choose when and where. Suggest plans that don't center on getting high.

EARLY SIGNAL

11 Grow an identity beyond weed.

THE RESEARCH: A 2017 study **(Blevins et al.)** found that people who saw themselves as "a cannabis user" used more and wanted to cut back less. It's an early idea, not a tested therapy.

TRY THIS: Finish the sentence "I'm someone who..." with something that has nothing to do with weed.

EARLY SIGNAL

12 If tobacco's in the mix, plan for it too.

THE RESEARCH: Shared smoking habits can pull each other back in. A 2015 program treating both at once **(Becker et al.)** was workable and reduced both, though it wasn't a head-to-head test.

REAL HELP FOR NICOTINE: Nicotine gum, patches, and lozenges are proven, medical-based aids for quitting tobacco, and you can buy them over the counter. Talk to a doctor or pharmacist about which fits you.

TRY THIS: Decide now whether to quit both together or one at a time. If tobacco is part of it, line up gum or patches before your quit day.

STRONGEST EVIDENCE

13 Treat a slip as information.

THE RESEARCH: CBT builds a lapse plan so one slip doesn't turn into a full return. Researchers treat lapses as signals to adjust the plan, not as proof that change is impossible.

TRY THIS: After a slip, write down what led to it, such as stress, a person, or a bad night's sleep, and change one thing in your plan.

14 Get support.

Therapy (ask for CBT) has the best evidence. **Apps and text programs** help you get started. **Peer groups** keep you going.

SAMHSA NATIONAL HELPLINE
Free · Confidential · 24/7
1-800-662-4357

IS IT THE WEED?

Not scare tactics. These are the things heavy, regular use is actually linked to, and what tends to come back after a break. Not everyone gets them, and the links are strongest with daily, high-THC use.

Foggy focus or memory?

Regular use is linked to slower short-term memory and attention.

Good news: Studies show memory and focus improve within weeks of stopping.

Needing more to feel it?

Tolerance builds because the brain dials down its cannabinoid receptors.

Good news: Those receptors start recovering within days and keep bouncing back over about a month.

More anxious than chill?

High-THC products can bring on anxiety or paranoia for some people, and heavy use goes hand in hand with low mood.

Good news: Many people find their baseline mood steadier after the first few weeks.

Sleep feels off?

Weed can help you fall asleep, but heavy use changes how you sleep, including less dreaming.

Good news: Early-quit sleep trouble and vivid dreams are temporary. Sleep usually settles in a few weeks.

Coughing or wheezing?

Smoking anything irritates your airways and can cause bronchitis-like symptoms.

Good news: These symptoms tend to ease after you stop smoking.

Stuck on the couch?

Many heavy users describe feeling flat or unmotivated, and the money adds up fast.

Good news: People who quit often report clearer heads, more energy, and more cash.

⚡ REAL TALK ⚡

NOTHING HERE IS GUARANTEED.

The biggest recent review rated most of this evidence low certainty. Treat these steps as a toolkit, not a promise. **Start with one or two, see what helps, and build from there.**

Full science and CHS support: thcpoisoning.com

✍ FILL IT IN ✍

MY QUIT PLAN

Write it down. Put it somewhere you'll see it every day.

MY GOAL

_____

Quit completely, or cut back to: _____

MY QUIT DAY

_____

Pick a date within the next two weeks.

MY TOP 3 REASONS

Health? Money? Ending CHS? The people you love?

1 _____

2 _____

3 _____

MY BIGGEST TRIGGERS

Times, places, moods, people

_____

_____

_____

THINGS I'LL DO INSTEAD

Activities that beat getting high

_____

_____

_____

MY IF-THEN PLANS

IF _____ **THEN I WILL** _____

IF _____ **THEN I WILL** _____

IF _____ **THEN I WILL** _____

MY REWARDS

Day 7 _____

Day 30 _____

MY SUPPORT

Call _____

Text _____

If I slip, I'll write down what led to it and change one thing. A slip is information, not a restart.

SAMHSA Helpline · 1-800-662-4357

KEY SOURCES: Halicka et al., 2024 (systematic review & meta-analysis, 22 trials) · Cooper et al., 2015, Health Technology Assessment · Mason et al., 2024, J. Substance Use & Addiction Treatment · Kroon et al., 2025, Drug & Alcohol Dependence · Short et al., 2021, J. Substance Abuse Treatment · McCartney et al., 2020, J. Sleep Research · Buchowski et al., 2011, PLoS ONE · Coughlin et al., 2023, J. Psychiatric Research · Meisel et al., 2021, J. Consulting & Clinical Psychology · Blevins et al., 2017, Addictive Behaviors · Becker et al., 2015, Drug & Alcohol Review. This guide summarizes research and is not medical advice.