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Supportive social networking on Reddit for individuals with a desire to quit cannabis use

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Abstract

Background: Online communities can provide social support to those in need and can foster personal empowerment for individuals experiencing distress. This study examines the content of a Reddit community dedicated to the support of people trying to quit using cannabis, in order to develop an understanding of the type of social networking occurring on this subreddit (e.g. community).

Methods: A total of 100 Reddit posts and their replies (i.e. comments) were collected from the subreddit on June 12, 2015. Posts were qualitatively coded for expression of DSM-5 symptoms of cannabis use disorder (CUD) as well as other prominently featured themes. Comments on posts where individuals were seeking support/advice were also coded.

Results: 91 people posted the 100 Reddit posts, and of those 35 (38%) people described enough symptoms to be classified as mild disorder severity, 15 (16%) moderate and 11 (12%) severe, as outlined in the diagnostic criteria for CUD. Over half of posts (n=51) were seeking advice and/or support from members of the community. There were 174 comments made by 108 unique people on the advice/support seeking posts. Most were supportive/encouraging in nature (140, 80%) and gave advice to the post author (126, 72%).

Conclusions: This exploratory research highlights the potential of online communities as tools for individuals coping with addiction recovery, and future research should investigate if involvement in such communities would be a beneficial supplement to more traditional recovery practices.

Keywords

Cannabis abuse; social media; cannabis smoking

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AUTHOR CONTRIBUTIONS

Ms. Sowles led the acquisition of the data, analyses, interpretation of results and manuscript writing. Ms. Krauss contributed to interpretation of results and critical revisions to the manuscript. Ms. Gebremedhn participated in the acquisition of the data, coding of Reddit posts and drafting the manuscript. Dr. Cavazos-Rehg provided mentoring on all aspects of the project, including the study design, acquisition of the data, analyses, interpretation of results, and revisions to the manuscript.

INTRODUCTION

Reddit is a popular content-sharing social networking site (www.reddit.com/about/) with roughly 7% of U.S. adults using this platform.¹ Reddit has over 200 million unique visitors every month with around four million users logging in every day,^{2,3} and the user base consists largely of young (18–29; 58%) males (69%).¹ Reddit is organized into many different subreddits (i.e. communities) where people can post and comment on others' content.

In a recent commentary, Reddit was praised for multiple subreddits that “help people get sober and stay sober”.⁴ Accordingly, in this study we examine one large subreddit (nearly 25,000 subscribers) that exists as a space for discussions surrounding cannabis cessation and sobriety from other like-minded individuals. In order to respect the anonymity of the group members, throughout this report the community will be referred to as *QuitCannabis*.

Online communities can provide social support and can foster personal empowerment for individuals experiencing distress.^{5,6} Such mechanisms are important for helping individuals avoid and cope with relapse-inducing situations as indicated by the Relapse Prevention Model (RPM).⁷ In this study, we examined the content of *QuitCannabis* posts to develop an understanding of the type of social networking occurring on this subreddit. Specifically, we looked for the mention of symptoms of cannabis use disorder (CUD) as outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) to identify the CUD symptoms expressed by individuals using this subreddit for its intended reason, “to help people stop smoking [cannabis]”. In keeping with the RPM, we investigated if the responses (i.e. comments) to posts provide specific strategies for coping with the possibility of relapse.⁷ In doing this, we aim to inform the potential value of using online support groups, like *QuitCannabis*, to support the CUD recovery process.

METHODS

This study was granted a non-human subjects determination by the University's Human Research Protection Office. All Reddit posts in this study are publicly available. However, given the ethical concerns of social media research,⁸ no usernames of the post authors are reported. Similar precautions have been observed in other social media studies.^{9–11} Data collection

Reddit organizes user-generated content (i.e. posts) using various filter tabs. Posts appearing under the “hot” tab are determined by an algorithm that considers the time the entry was posted as well as the number of up and down votes the post receives.¹² This tab captures posts that are rapidly gaining popularity (i.e. recent and more upvotes) on the site. Depending on the user's settings, the first page in a subreddit can display up to 100 posts. Therefore, we collected the first 100 “hot” posts and all accompanying comments from *QuitCannabis* on June 12, 2015 using NCapture, an online extension of NVivo 10 qualitative analytic software. NCapture takes a screenshot of web-based content and generates a PDF for coding in NVivo. The post author's username, number of post comments, and comment author usernames were recorded

Theme development

Reddit Posts.—Two research team members examined half of the 100 post sample to inductively develop codes based on reoccurring themes within the data. Recurring themes of interest and/or fitting with the RPM are described below. Individuals tended to self-report symptoms consistent with CUD. The DSM-5 criteria for CUD are: 1) consuming cannabis in large amounts; 2) persistent desire or unsuccessful attempts to cut down/control use; 3) spends lots of time trying to obtain or use cannabis; 4) experiencing cravings or strong desire to use; 5) trouble fulfilling major obligations (work, school, home); 6) use causes/ makes worse social or interpersonal problems; 7) gives up or reduces important activities; 8) uses in situations that are physically hazardous; 9) has a physical and/or psychological problem from cannabis use; 10) increased tolerance; 11) experiencing symptoms of withdrawal.¹³

All 100 posts were coded for the expression of these symptoms. For each unique post author (91 Reddit users posted the 100 posts), the DSM-5 criteria were tabulated based on their posts and each user was assigned a DSM-5 disorder severity level of mild (2–3 criteria), moderate (4–5 criteria) or severe (>6 criteria).¹³ Most posts did not specify how long they had been experiencing a symptom; therefore some CUD symptomology language was altered in the codebook to remove the “time” criteria.

We coded when *QuitCannabis* was mentioned as a good/motivating/encouraging resource or when considered a useful relapse prevention tool. Environmental/social barriers to quitting were coded, which the RPM signifies as high-risk situations for relapse. Posts that discussed tactics for quitting, including cognitive reframing to deal with triggers and changes to lifestyle (i.e. exercise more, meditate) were coded, which are consistent with the RPM’s framework to prevent relapse.⁷ Additionally, we coded when individuals sought advice/support on *QuitCannabis*, experienced/looked forward to positive results from quitting, and/or mentioned using cannabis to self-medicate from a physical or psychological problem. Multiple themes could appear in a single post.

Clinical characteristics were also recorded including duration of sobriety from cannabis, duration of use, frequency of use, and age of first use.

Post comments.—The number of comments was recorded for each post at the time of data collection. In posts where individuals were seeking advice and/or support, the comments replying directly to the original post were also coded to ascertain the nature of the responses. From the comments, we captured the comment author’s username (i.e. commenter) and any indication if/how long the commenter was sober from cannabis use. The sentiment of the post was identified as being supportive/encouraging/positive, negative, or neutral/unable to discern. Separately, it was recorded if the commenter provided advice to the post author. Types of advice were coded based on intervention strategies outlined in the RPM: 1) Cognitive reframing procedures (i.e. advice that recommended alternate cognitions for mentally processing/coping with recovery process) and/or 2) Lifestyle intervention strategies (i.e. advice that recommended engaging in a specific activity as a coping mechanism). It was also noted if the advice was given in response to coping with a high-risk situation,⁷ and if there was a specific suggestion to counseling or a 12 step program.

Comments that gave advice that could be detrimental to maintaining sobriety were also coded.

Coding

Posts.—Each of the 100 posts was coded by three team members. Posts were divided into five sets of 20. Each set was first coded separately by each of the three coders, and then discrepancies were discussed until a consensus was reached. Discussing discrepancies within the group allowed coders an opportunity to reflect on how their own personal impressions of the data impacted their code selection. The agreed upon codes then reflect a more objective interpretation of the material.¹⁴ These agreed upon codes were then entered into NVivo for tabulation of themes.

Comments.—Responses/comments to posts where individuals were seeking advice and/or support were classified by two members of the research team for presence of the themes outlined above. Comments were first coded separately by each coder and any discrepancies were addressed before coming to a final agreement.

Statistical analysis.—The indicators of CUD and advice giving were compared by cannabis use status (used within the past 30 days versus did not use within the past 30 days) of the post author or commenter using Pearson chi-square tests or Fisher's exact tests as appropriate. SAS version 9.4 for Windows (SAS Institute, Inc., Cary, NC) was used for these analyses.

RESULTS

Characteristics of the Reddit posters in *QuitCannabis*

The 100 posts were posted by 91 unique usernames (i.e. post authors), with a median number of four comments per post (range 0–33). Post authors commonly mentioned duration of sobriety (51/91, 56%). The majority (36/51, 71%) indicated being sober for less than one month, and of those, most were sober for less than one week (29/36, 81%). Only six people had been sober for over one year (6/51, 12%).

Of those that mentioned duration of use (38/91, 42%), 39% specified using between 1–5 years (15/38), and 29% between 6–10 years (11/38). Eight posts expressed cannabis use for longer than 10 years (21%), and four for less than one year (11%). Only 17 posts revealed age of cannabis initiation ($M=16$ years, $SD=2.5$ years).

DSM-5 cannabis use disorder criteria

Of the 91 unique post authors, 35 (38%) people described enough symptoms to be classified as mild disorder severity, 15 (16%) moderate and 11 (12%) severe, as outlined in the diagnostic criteria for CUD.¹³ The remaining 30 (33%) people expressed less than two symptoms, and therefore were not classified into a severity category. It is possible that these individuals could meet the criteria for CUD, however because they did not express those symptoms in the post, their CUD status remains unknown. A greater proportion of post

authors who were current users (i.e. sober less than 30 days) displayed enough symptoms to reach at least mild CUD (28/37, 76%) than non-users (6/17, 35%) ($\chi^2_{df=1}=8.1, p=0.004$).

Of the DSM-5 criteria mentioned, having a physical and/or psychological problem from cannabis use was expressed most often (42/91 people, 46%), followed by expressions of persistent desires or unsuccessful attempts to cut down/control cannabis use (40/91 people, 44%). Other common symptoms described included withdrawal symptoms (33/91 people, 36%), cravings (29/91 people, 32%), cannabis consumed in large amounts (24/91 people, 26%), social or interpersonal problems caused or worsened by cannabis use (21/91 people, 23%), giving up or reducing social/occupational/recreational activities (18/91 people, 20%), and spending lots of time trying to get or use cannabis (18/91 people, 20%) (Table 1).

Other less frequently observed DSM-5 categories include not fulfilling major obligations (11/91 people, 12%), using cannabis in physically hazardous situations (3/91 people, 3%), and tolerance issues (2/91 people, 2%).

Other Popular Themes

Of the 100 posts, over half (n=51) were seeking advice and/or support from members of the *QuitCannabis* community. The post author mentioned experiencing/looking forward to positive results from quitting in 43 posts. *QuitCannabis* was mentioned as a good resource or the author was supporting/motivating others in 42 posts. Other common themes included mentioning environmental or social barriers that facilitate use (37/100 posts, 37%), discussing tactics for quitting cannabis (34/100 posts, 34%), and using cannabis to self-medicate from physical or psychological problems (20/100 posts, 20%) (Table 2).

Comments on advice/support seeking posts

A more in depth analysis was conducted on the 51 posts where the user was seeking advice or support. There were 177 comments directly replying to these 51 posts. Three comments were authored by the same person who wrote the original post and were removed from further analysis, leaving 174 comments made by 108 unique people. Half of these individuals did not disclose their length of sobriety from cannabis within the comments (54/108, 50%), however 31% (n=34/108) indicated they had been sober for less than 30 days (i.e. current users) and only 13% (n=14/108) had been sober for more than 30 days (i.e. non-users). Six people mentioned they were in recovery (i.e. a successful quitter, no longer uses cannabis), but did not mention a specific time frame.

The overwhelming majority of the 174 comments were supportive/encouraging in nature (140, 80%). There was only one negative comment, and the remaining were neutral or sentiment could not be discerned (33/174, 19%). Roughly 72% (n=126) of comments gave advice to the post author. Of those, 42% (n=53/126) suggested some form of lifestyle intervention, 17% (n=21/126) presented a strategy for cognitive reframing, and 20% (n=25/126) suggested both a lifestyle intervention and a strategy for cognitive reframing (see Figure 1 for examples). Advice on how to cope with a high-risk situation was observed in 24 (19%) comments, and 9% (n=11/126) specifically suggested counseling or a 12 step program. The advice presented in the remaining comments was not specific enough to be classified. Advice that could be potentially damaging or threaten an individual's recovery

was only observed in 3 (2%) comments. Further comparisons revealed that among commenters, a greater proportion of those who were non-users provided advice (19/20, 95%) compared to those who were current users (23/34, 68%) (Fisher's exact test $p=0.022$).

DISCUSSION

We found that the *QuitCannabis* subreddit is an accessible online platform for users seeking support and encouragement from other like-minded individuals. Most responses to posts in *QuitCannabis* were supportive and provided advice. The individuals on *QuitCannabis* who provided details on their length of sobriety were often in the early stages of quitting (i.e. sober less than 30 days), which contrasts with some in-person support groups like Alcoholics Anonymous where a successful non-user/quitter (i.e. sponsor) provides support and guidance to a recent quitter. There could be a cause for concern if the interactions on this site were not supportive or were providing coping strategies that could be detrimental to a successful recovery. However in our analysis of the advice provided on *QuitCannabis*, only three of the 126 comments provided concerning advice (i.e. “*give [the cannabis pipe] to a stoner friend who will give it back no big deal if you want it again*”), while the remaining comments were sound advice on how to mentally and physically cope with the struggles associated with quitting cannabis use. The lack of advice referring *QuitCannabis* users to seek out treatment is noteworthy, but not surprising when considering that cannabis users often quit without treatment and tend to express that treatment is not necessary to quit.^{15,16} Considering individuals early in the recovery process are particularly vulnerable to relapse,¹⁷ *QuitCannabis* appears to offer individuals quitting cannabis use with a space for self-expression, social support, anonymity, and can foster a sense of community,^{18–20} which are important factors to potentially decreasing relapse risk.²¹ Our findings also highlighted *QuitCannabis* users' perceived environmental/social barriers to quitting. As these barriers potentially signal high-risk situations for relapse,⁷ clinicians in training could use *QuitCannabis* as a tool for better understanding barriers to quitting and/or could allow practitioners to keep up with the contemporary issues related to cannabis (for example: latest jargon utilized by their clients).

Our study has limitations in that we only examined the content of 100 *QuitCannabis* posts appearing under the Reddit “hot” tab. As with all social networking sites, Reddit is a constantly evolving platform, and so the posts under this tab may vary from day to day. Collecting more posts from all tabs over multiple days may have provided a more holistic snapshot of the posts within this subreddit, and this larger sample size could have impacted our results. Additionally, severity estimates of CUD should be viewed as only suggestive, as the Reddit posts may have omitted one or more symptom criteria and we also have no way of identifying the individuals posting on this subreddit.

Despite popular opinion that cannabis is not addictive,^{22,23} *QuitCannabis* demonstrates the self-reported struggles associated with quitting cannabis use. This exploratory research highlights the potential of online communities such as *QuitCannabis* as tools for individuals coping with addiction and choosing recovery, and future research should investigate if involvement in such communities would be a beneficial supplement to more traditional recovery practices.

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Cognitive reframing strategies

Had a relapse; Got arrested again (self.leaves)

I am a fucking mess.

I've relapsed recently, probably 3 days ago. I was trying to ween myself off of my antidepressants and it was proving difficult. So naturally I smoked, because it's not like I know how to do anything else.



I've been in abuse classes and seen a psychiatrist for the last 3 months. They were helping, but I still fucked everything up. I'm a goddamned failure and I hate myself. I will never forgive myself for this.

Please, don't relapse. What is the point? You've made it this far, why stop now? I know it's hard. Trust me, I know. But life can be a wondrous, beautiful thing, and you shouldn't throw away your freedom for essentially bringing yourself down and falling behind.

If anyone could help me right now, I would deeply appreciate it.

You are only a failure if you choose to accept it as your permanent way of life. Here is another opportunity to better yourself. Without consequences, you will not learn. Take them as an opportunity to turn yourself around, not as a punishment for being a failure. The glass half full or the glass half empty, perspective is huge.

Lifestyle intervention strategies

How long does the anxiety last? (self.leaves)

I've been a fairly heavy smoker for about 4.5 years. I'm on day 3, sort of... I needed to take 1 or 2 small hits before bed to even consider sleeping. Everything is going ok except for my anxiety. I was diagnosed with depression and anxiety before I started smoking and I've been taking an SSRI for a few years now.



I've done a little meditation, and I will go to the gym tomorrow. I know that the anxiety is probably temporary. So for those of you who have been through this, how long does it last? Right now it's pretty crippling although I think I feel better than yesterday.

The anxiety was really bad for me for about 2 weeks. I went cold turkey and it was not a fun experience. Keep at it though- it is worth it. I'm 11 weeks free today and feel great. Exercising really does help as well and other lifestyle changes (mentioned in this thread- diet, etc) really do make a big difference...You may still have anxiety here and there when [marijuana is] out of your system but it won't be nearly as bad as it is while you're withdrawing. Hang in there. It's really not fun but it will pass.

Figure 1.

QuitCannabis advice-seeking posts with accompanying comments demonstrating types of advice provided

Table 1.Frequently observed DSM-5 cannabis use disorder criteria among *QuitCannabis* post authors (N = 91)

DSM-5 diagnostic criteria	# of posts	Examples
Physical and/or psychological problem from cannabis use	42	<ul style="list-style-type: none"> • <i>I feel that I've not only lost a lot of who I was, but that I've also lost control of my own mind.</i> • <i>I feel as though my sleep quality has been very poor because of smoking. I feel exhausted all the time.</i> • <i>After smoking I experienced psychosis, depression, anxiety, I just felt like shit. I was slurring my words, talking too fast, saying weird things, it just wasn't fun.</i>
Persistent desire or unsuccessful attempts to cut down/control use	40	<ul style="list-style-type: none"> • <i>I've relapsed recently, probably 3 days ago. I was trying to ween myself off of my antidepressants and it was proving difficult. So naturally I smoked, because it's not like I know how to do anything else.</i> • <i>I'm here because I am addicted. I need help. I've tried quitting on my own and I can't do it.</i>
Withdrawal symptoms	33	<ul style="list-style-type: none"> • <i>If I don't smoke I am very irritable, my head aches, I cannot sleep, and I cannot eat.</i> • <i>When I don't smoke for a few hours, I feel my temper start to rise and I get a tension headache and chest tightness and get angry at stupid things.</i>
Cravings or strong desire to use	29	<ul style="list-style-type: none"> • <i>It seems like I am constantly thinking about getting high, and this day has draggggggged on for what seems like forever.</i> • <i>It is now 9am and i'm struggling to not just text my dealer and go get high in the sun.</i>
Consuming cannabis in large amounts	24	<ul style="list-style-type: none"> • <i>I used to smoke pot all [day] everyday, my life sort of revolved around it. I would wake up and go smoke and go home to sleep, then repeat.</i> • <i>I was 16 years old and I was smoking once a day. Then twice. Then four times. I would never come down. I was always happy.</i>
Cannabis use causes/makes worse social or interpersonal problems	21	<ul style="list-style-type: none"> • <i>My girlfriend will break up with me and she is the only thing I really care about. I'm fucking terrified.</i> • <i>i've stolen, lied, and swore my allegiance to this plant.</i>
Gives up or reduces important social, occupational or recreational activities	18	<ul style="list-style-type: none"> • <i>Marijuana makes me complacent with just sitting and doing nothing. Sitting and being lonely. Sitting and avoiding my hobbies. Sitting and watching TV.</i> • <i>Weed made me more reclusive and over time it's replaced huge portions of my life - mainly my social life and all interests and activities I used to enjoy.</i>
Spending lots of time trying to get or use cannabis	18	<ul style="list-style-type: none"> • <i>stoned was the only way i knew how to navigate the world.</i> • <i>all I remember doing this past year has been chasing a high anywhere and everywhere I could.</i>

Table 2.Additional themes observed in *QuitCannabis* posts (N = 100)

Theme	# of posts	Examples
User is seeking advice and/or support from the <i>QuitCannabis</i> community	51	<ul style="list-style-type: none"> • <i>What should I expect in withdrawals these next few days?</i> • <i>I'm just hoping someone can reassure me that things aren't to bad and they do get better?</i> • <i>Is there any things I can do to make the transition of smoking often to never a little easier?</i>
User is experiencing/ looking forward to positive results from quitting	43	<ul style="list-style-type: none"> • <i>I'm cautiously optimistic and pretty happy... The mental haze has begun to dissolve</i> • <i>I've been spending a lot more time with friends and doing hobbies I enjoy. Without pot, I have so much more free time.</i> • <i>I'm an entirely different person now. I have the concentration to do everything and my lack [of] memory is no longer freaking me out.</i>
<i>QuitCannabis</i> is a good resource; author is supporting/motivating others	42	<ul style="list-style-type: none"> • <i>If you're reading this and having a tough time too, know that you're not alone. Call me corny, but posting on here is something that is helping me to reach my 'checkpoints.'</i> • <i>Thanks to everyone here, you've been my sole source of support, and I can't imagine doing it without this group. Keep up the good work and fighting the good fight.</i>
Environmental or social barriers that facilitate use	37	<ul style="list-style-type: none"> • <i>My mum and her friend who lives with us smoke, all of my friends smoke... and they don't think cannabis can be addictive.</i> • <i>...if not for rap music I might never have gotten into this stuff in the first place.</i> • <i>I'm quitting, but my girlfriend who I live with isn't, how can I avoid relapse at this time?</i>
Tactics for quitting cannabis	34	<ul style="list-style-type: none"> • <i>My best friend dropped by and I gave him all my smoking stuff (grinder, papers etc).</i> • <i>My goal is to quit cold turkey... I plan on replacing smoking with fitness.</i> • <i>I know this isn't going to be easy, as I've already made steps in the right direction by signing myself up for addictions counseling.</i>
Uses cannabis to self-medicate a physical or psychological problem	20	<ul style="list-style-type: none"> • <i>I've used cannabis for the past months or so to help with some depression and anxiety I've also been dealing with lately.</i> • <i>I have stomach problems and I used Marijuana to help cope with it, it just made me feel so much better.</i>