Cannabis Use and Dependence

Disclaimer

Contents

Background ......................................................................................................................... 2
  About Cannabis: ........................................................................................................... 2
  Red Flags: .................................................................................................................. 2

Assessment ....................................................................................................................... 2
  Complexity Factors .................................................................................................... 3
  Dependence ................................................................................................................ 3
  Low Risk ..................................................................................................................... 3
  Moderate Risk ............................................................................................................ 3
  High Risk .................................................................................................................... 4
  Withdrawal Symptoms ............................................................................................... 4
  Readiness to Change ................................................................................................. 4

Management ................................................................................................................... 4
  Specific risks ............................................................................................................... 5
  Patient information .................................................................................................... 5
  Health risks and legal ramifications ........................................................................... 5
  Harm minimisation .................................................................................................... 5
  Symptom Relieving Medication .................................................................................. 6
  Gradual dose reduction ......................................................................................... 6
  Lifestyle Changes ...................................................................................................... 7

Referral ............................................................................................................................ 7

Information ....................................................................................................................... 8
  For health professionals ............................................................................................ 8
  For patients ............................................................................................................... 8
Background

About Cannabis:

➢ *Cannabis is the general name given to preparations derived from the Cannabis sativa plant containing delta-9-tetrahydrocannabinol (THC) as a psychoactive ingredient.*

➢ It is used in three main forms: marijuana, hashish, and hash oil:
  - Marijuana is made from dried flowers and leaves and smoked as cigarettes, spliffs, or joints (least potent).
  - Hashish is made from the plant resin. It is dried and pressed into small blocks. It may be smoked via water pipe (bong), heated on a knife or electric element ("spotting") and inhaled, or added to foods.
  - Hash oil is the most potent cannabis product, it is a thick oil obtained from hashish. It is also smoked.

➢ One cannabis cigarette (joint) contains 3 times as much tar as a cigarette, and as many carcinogens.

➢ *Cannabis is the most commonly used illicit drug.*

➢ *Approximately 1 in 10 users will develop dependence.*

➢ *Regular heavy cannabis users may develop withdrawal symptoms.*

➢ *Infrequent social use (i.e. no regular pattern of use) is associated with little harm*

Red Flags:

- Aggression
- Psychotic episodes

Assessment

1. Screen opportunistically for patients at risk of cannabis use. Most users do not present for cannabis-related problems. Consider:
   - tobacco smokers
   - patients with mental health conditions
   - patients presenting with chronic respiratory symptoms or chest pain.

2. Confirm cannabis *dependence* and consider *complexity factors:*
## Complexity Factors

<table>
<thead>
<tr>
<th>Complexity factor</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor mental health</td>
<td>• Kessler Psychological Distress Score (K10) ≥ 30, or • presence of serious mental health diagnoses e.g., bipolar disorder, schizophrenia, borderline personality disorder</td>
</tr>
<tr>
<td>Lack of meaningful activity</td>
<td>Unemployed and not studying or performing home duties</td>
</tr>
<tr>
<td>Housing insecurity</td>
<td>Homeless or at risk of eviction</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Pregnant</td>
</tr>
<tr>
<td>Serious criminal justice involvement</td>
<td>E.g. on a court order or on parole</td>
</tr>
<tr>
<td>Multiple previous AOD treatment episodes</td>
<td>&gt; 5 AOD treatment episodes (lifetime)</td>
</tr>
<tr>
<td>Children potentially unsafe</td>
<td>Clinician concern about parenting capacity</td>
</tr>
<tr>
<td>Significant or serious physical health issue</td>
<td>Serious physical illness (e.g. liver, cardiovascular, respiratory, neurological disease) that significantly impacts on wellbeing and functioning</td>
</tr>
</tbody>
</table>

## Dependence

A person needs to experience at least 3 of the following in 1 year:

- Tolerance to the effects of cannabis, meaning that more cannabis is needed to get the same effect
- Withdrawal symptoms from cannabis, such as irritability, trouble sleeping, and depressive symptoms
- Using more cannabis than was intended
- Persistent desire to stop using cannabis or to cut down, and being unsuccessful at this
- Spending a lot of time obtaining, using, or recovering from the use of cannabis
- Giving up important activities in favour of using cannabis
- Using cannabis even when knowing it causes problems

## Low Risk

*Intermittent user or using cannabis long term but not cannabis-dependent.*

## Moderate Risk

*Cannabis-dependent with low-to-moderate mental health concerns but uncomplicated health issues.*
High Risk

Cannabis-dependent with moderate-to-high mental health issues and/or complicated health issues, e.g. concurrent alcohol abuse or pregnancy.

3. If the patient has tried to stop using cannabis, assess withdrawal symptoms.

Withdrawal Symptoms

Symptoms usually appear at least 4 hours after last use, peak at day 3 to 4 and subside after 1 to 2 weeks.

➢ Common symptoms:
  o Anger or aggression
  o Decreased appetite or weight loss
  o Irritability and/or anxiety
  o Mood swings
  o Restlessness
  o Sleep disturbance

➢ Uncommon symptoms:
  o Chills
  o Depressed mood
  o Stomach pain
  o Tremor and/or muscle spasm
  o Sweating
  o Headache

4. Assess use of other drugs, cigarettes, and alcohol. Consider using the e-ASSIST-lite questionnaire.

5. Ask about co-morbid mental health conditions, including symptoms such as aggression and psychosis, and use of antipsychotic medications.

6. Assess the patient’s readiness to change their behaviour.

Readiness to Change

➢ Precontemplation – not ready
➢ Contemplation – getting ready
➢ Preparation – ready
➢ Action
➢ Maintenance – sustained change
➢ Relapse – learning

Management

1. If floridly psychotic patient and at significant risk to self or others, contact the police to arrange transfer to the Emergency Department.

2. Manage according to patient’s age and readiness to change:
   Patient aged < 18 years
1. Advise about **specific risks**

### Specific risks

Young people aged < 18 years using cannabis are at greater risk of:

- developing mental health problems.
- becoming dependent on cannabis.
- relationship and home conflicts.
- difficulty with memory and learning.
- dropping out of study or work.
- financial difficulties.
- legal issues.
- social withdrawal.

2. Ask whether the patient is motivated to change and manage as not motivated or wanting to change as below.

3. Schedule a review appointment.

4. Provide **patient information** about self-help web-based programs.

### Patient information

- Alcohol and Drug Foundation – [Cannabis](#)
- [Cannabis Information and Support](#) (homepage)
- Headspace – [What Is Cannabis](#)
- ReachOut – [Everyday Issues](#)

**Patient not motivated to reduce cannabis use**

Raise concerns.

1. Educate about **health risks and legal ramifications**.

### Health risks and legal ramifications

Cannabis use is associated with:

- impaired driving (and legal ramifications).
- increased risk of oropharyngeal and lung cancer.
- increased risk of ischemic heart disease.
- precipitation of acute psychosis in vulnerable person.
- chronic bronchitis.
- decreased fertility in both sexes, menstrual abnormalities.
- growth retardation in pregnancy and subsequent behavioural problems in children.

2. Discuss **harm minimisation**.

### Harm minimisation

- Use less harmful routes of administration, e.g. vaporiser.
- Not using in hazardous situations, e.g. driving, using machinery.
- Cutting down if unable to cease.
- Not using when caring for children.
- Warn against mixing cannabis and alcohol as they enhance each other’s effect, particularly in driving.
3. Monitor at subsequent appointments.

Patient wants to reduce cannabis use
If possible, manage withdrawal in the community.

1. Be positive, non-judgemental, and support the patient's capacity to change their cannabis use.

2. Explore management options with patient:
   - Sudden cessation, with or without symptom relieving medications

### Symptom Relieving Medication

The default management for cannabis withdrawal should be supportive counselling, accurate information, and appropriate planning.

Prescribe only after careful consideration and assessment.

Benzodiazepine dependence may occur as a result of treating withdrawal symptoms and prescription should be limited to one week maximum.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleep problems</td>
<td>Temazepam 10 to 20 mg at night</td>
</tr>
<tr>
<td></td>
<td>Oxazepam 30 mg at night</td>
</tr>
<tr>
<td>Restlessness, anxiety</td>
<td>Diazepam 5 mg up to three times a day, 2 to 3 days only.</td>
</tr>
<tr>
<td>Stomach pain</td>
<td>Hyoscine butyl bromide, 10 to 20 mg, four times a day, as required.</td>
</tr>
<tr>
<td>Headache, general pains</td>
<td>Paracetamol, NSAID.</td>
</tr>
<tr>
<td>Nausea</td>
<td>Metoclopramide 10 mg three times a day, as required.</td>
</tr>
</tbody>
</table>

### Gradual dose reduction

- Reduce the number of bongs (water pipe device) or joints (rolled cannabis cigarette) used per day.
- Lengthen the time from waking up to the first use of cannabis.
- Reduce size or strength of preparations, e.g. smaller joints, not smoking the whole joint.
- Have agreed dose reduction schedule over 1 to 4 weeks.
- Involve family, if requested.

- Concomitant nicotine withdrawal – treatment may relieve many adverse symptoms.

3. Discuss lifestyle changes to support managing withdrawal symptoms, cravings, and maintain motivation.
Lifestyle Changes

- Anxiety management
- Sleep hygiene
- Stress management
- Healthy lifestyle choices, e.g. relaxation, nutrition, rest, exercise
- Coffee elimination – coffee exacerbates withdrawal symptoms

Consider providing multilingual resources.

4. Educate about potential withdrawal symptoms.

5. Monitor weekly for at least 4 weeks.

3. Consider seeking advice:
   - If patient is pregnant, contact the Women’s Alcohol and Drug Service.
   - If requiring advice regarding management of patients, phone Drug and Alcohol Clinical Advisory Service (DACAS) on 1800-812-804.

4. Offer to refer all patients for further management, counselling, and support:
   - Refer for moderate to high risk alcohol and drug treatment assessment if:
     - significant co-morbid mental or physical health issues.
     - multiple drug dependence.
     - complex psychosocial factors e.g., unstable living arrangement, co-habitation with active drug users.
   - Refer all other patients for low risk alcohol and drug treatment assessment.
   - If patient has co-morbid mental health condition and is opposed to seeing a drug and alcohol service, consider referral to adult psychological therapies.

5. Provide patient with advice and information on support services:
   - Alcohol and Drug Foundation – Cannabis
   - Counselling Online or other online support programs

Referral

- If floridly psychotic patient and at significant risk to self or others, contact the police to arrange transfer to the Emergency Department.
- Offer to refer all patients for management, counselling, and support to either of:
  - moderate to high risk alcohol and drug treatment assessment, or
  - low risk alcohol and drug treatment assessment.
- If patient has co-morbid mental health condition and is opposed to seeing a drug and alcohol service, consider referral to adult psychological therapies.
- Consider seeking advice:
  - If patient is pregnant, contact the Women’s Alcohol and Drug Service.
  - If requiring advice regarding management of patients, phone Drug and Alcohol Clinical Advisory Service (DACAS) on 1800-812-804.
Information

For health professionals

Education
ThinkGP – Active Learning Module and Allied Health Skills: Alcohol and Other Drugs and Sexual Health in Young People

Further information
Turning Point – Alcohol and Drug Withdrawal Guidelines

For patients

- Alcohol and Drug Foundation – Cannabis
- Caution with Cannabis
- Headspace – What Is Cannabis [information for adolescents]
- ReachOut – Everyday Issues [information for adolescents]

Last Reviewed: April 2019

Disclaimer