

# Cannabis Use and Dependence

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## 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

<i>Complexity factor</i>	<i>Definition</i>
<i>Poor mental health</i>	<ul style="list-style-type: none"><li>• <a href="#"><u>Kessler Psychological Distress Score (K10) ≥ 30</u></a>, or</li><li>• <i>presence of serious mental health diagnoses e.g., bipolar disorder, schizophrenia, borderline personality disorder</i></li></ul>
<i>Lack of meaningful activity</i>	<i>Unemployed and not studying or performing home duties</i>
<i>Housing insecurity</i>	<i>Homeless or at risk of eviction</i>
<i>Pregnancy</i>	<i>Pregnant</i>
<i>Serious criminal justice involvement</i>	<i>E.g. on a court order or on parole</i>
<i>Multiple previous AOD treatment episodes</i>	<i>&gt; 5 AOD treatment episodes (lifetime)</i>
<i>Children potentially unsafe</i>	<i>Clinician concern about parenting capacity</i>
<i>Significant or serious physical health issue</i>	<i>Serious physical illness (e.g. liver, cardiovascular, respiratory, neurological disease) that significantly impacts on wellbeing and functioning</i>

## 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:*
  - *Anger or aggression*
  - *Decreased appetite or weight loss*
  - *Irritability and/or anxiety*
  - *Mood swings*
  - *Restlessness*
  - *Sleep disturbance*
- *Uncommon symptoms:*
  - *Chills*
  - *Depressed mood*
  - *Stomach pain*
  - *Tremor and/or muscle spasm*
  - *Sweating*
  - *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. vapouriser.*
- *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.*

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

### 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

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