Overview cannabis treatment

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NCPIC: National reference point for cannabis-related information

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UN World Drug use report, 2006 - cannabis

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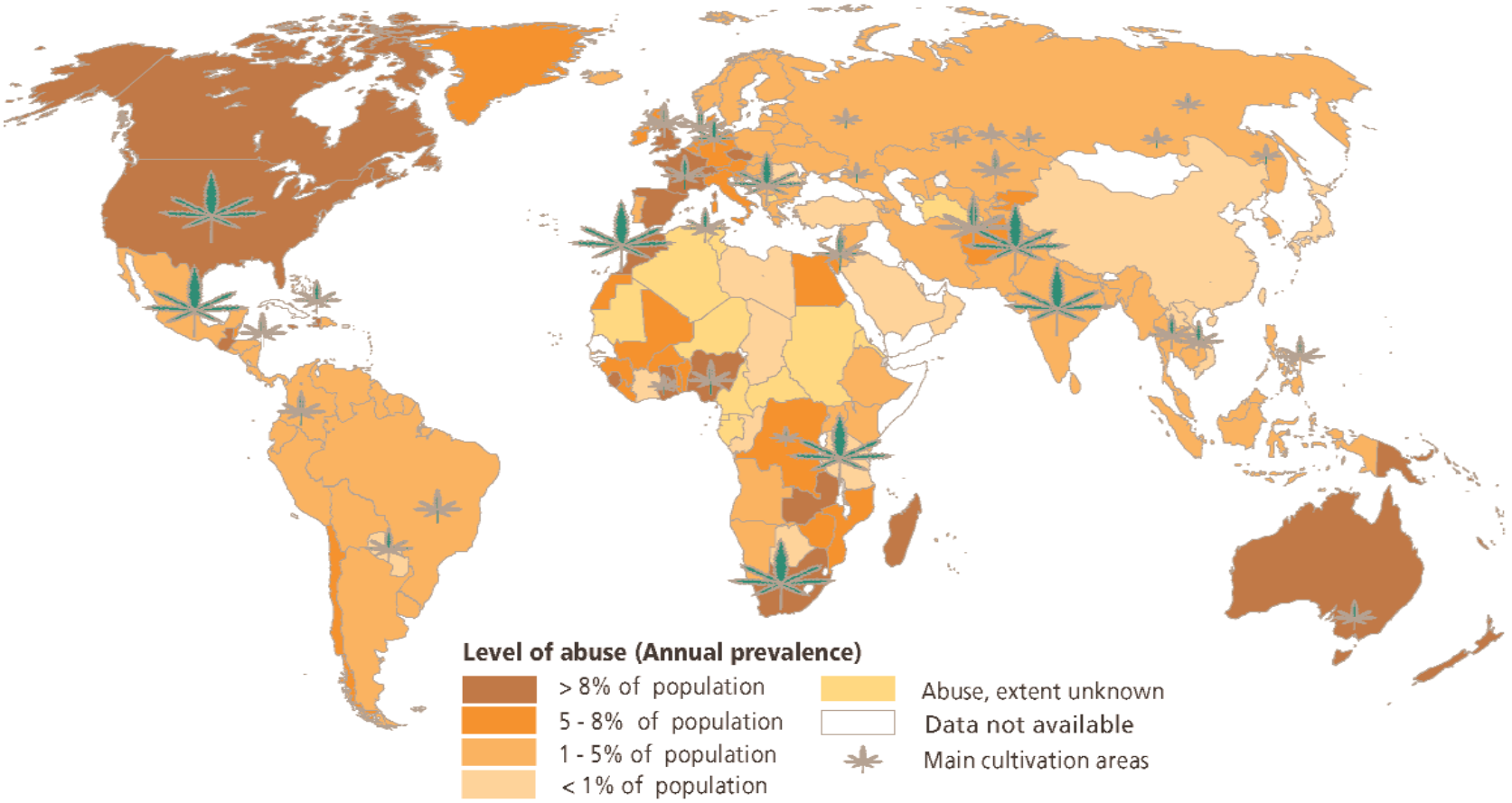

cannabis and Australia

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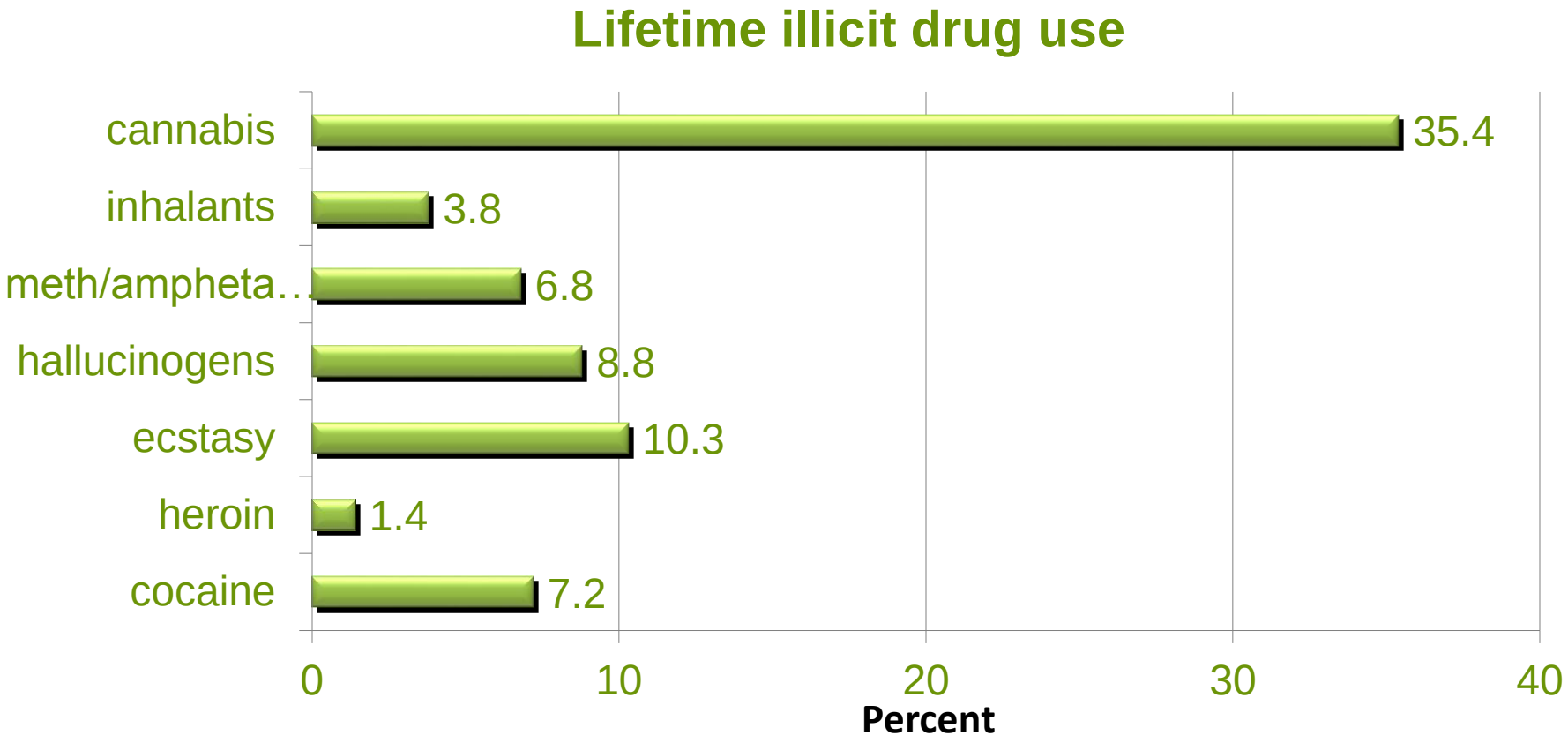
patterns of illicit substance use in Australia show cannabis first choice



cannabis use (ever used and recent use) across age groups, 2010

2010 National Drug Household Survey

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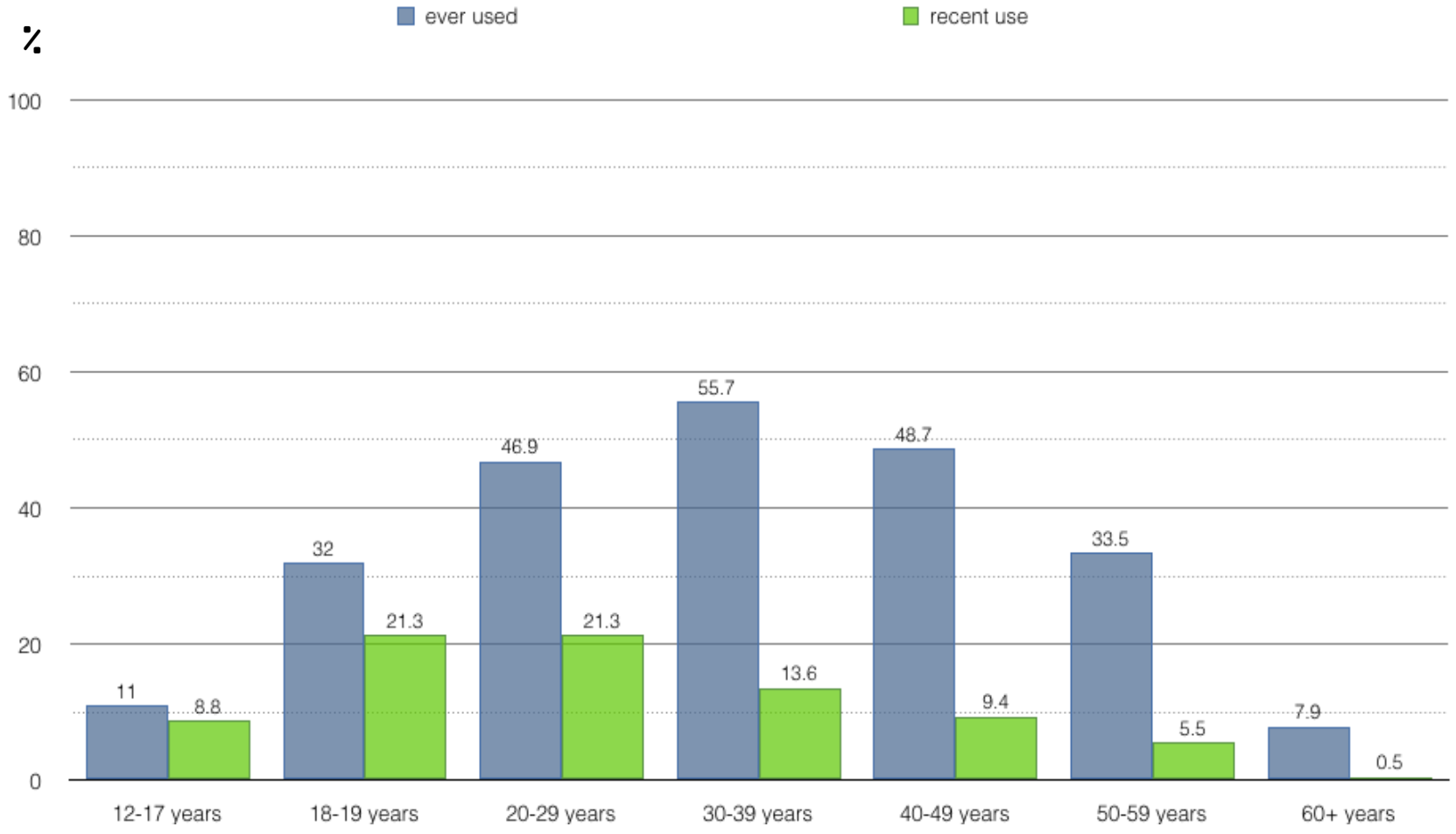

Australia 1890s

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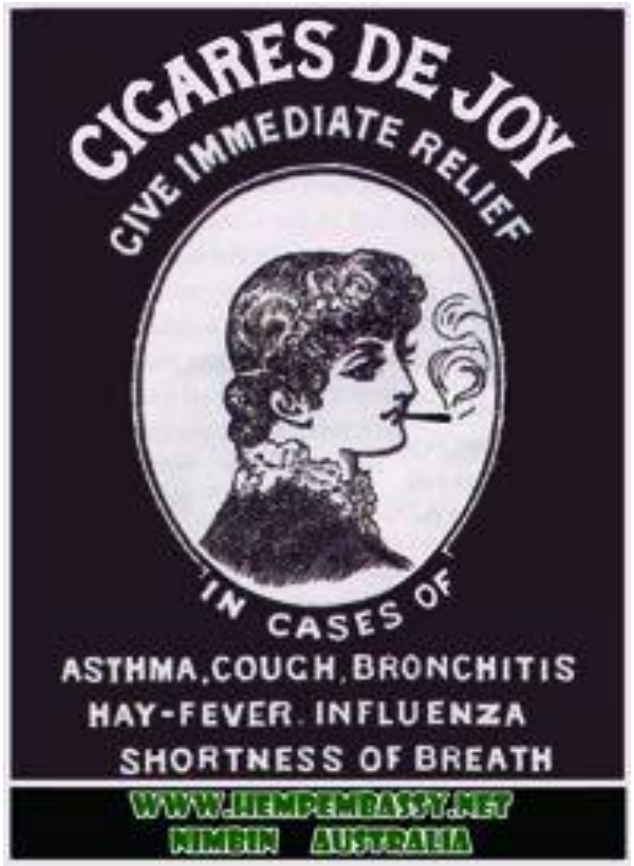

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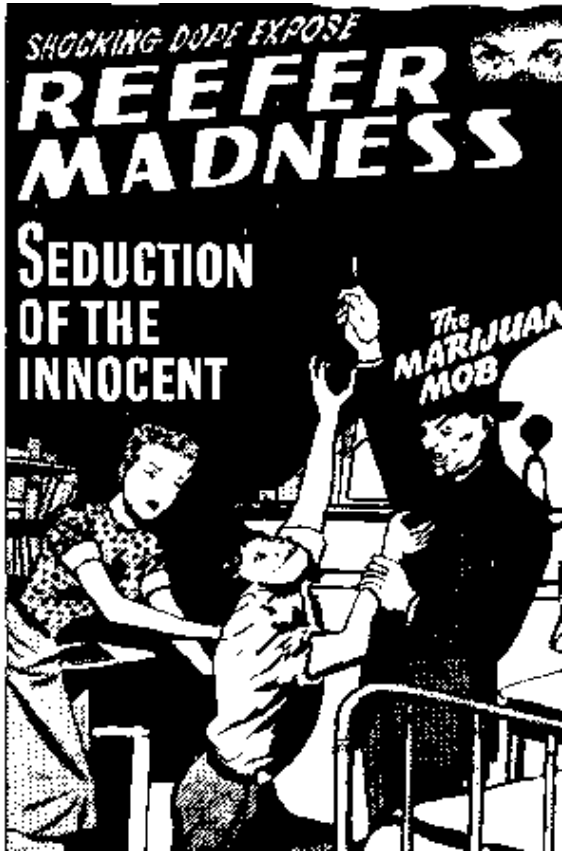

the myth

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cannabis and the media ..

Cannabis a larger risk than smokes

HONG KONG Smoking a joint is equivalent to 20 cigarettes in terms of lung cancer risk, scientists in New Zealand have found, as they warned of an "epidemic" of lung cancers linked to cannabis.

Studies in the past have demonstrated that cannabis can cause cancer, but few have established a strong link between cannabis use and the actual incidence of lung cancer.

In an article published in the European Respiratory Journal, the scientists said cannabis could be expected to harm the airways more than tobacco as its smoke contained twice the level of carcinogens, such as polyaromatic hydrocarbons, compared with tobacco cigarettes.

The method of smoking also increases the risk, since joints are typically smoked without a proper filter and almost to the very tip, which increases the amount of smoke inhaled. The cannabis smoker inhales more deeply and for longer, facilitating the deposition of carcinogens in the airways.

The researchers interviewed 79 lung cancer patients and sought to identify the main risk factors for the disease, such as smoking, family history and occupation. The patients were questioned about alcohol and cannabis consumption.

In this high-exposure group, lung cancer risk rose by 5.7 times for patients who smoked more than a joint a day for 15 years, or two joints a day for five years, after adjusting for other variables, including cigarette smoking.

Cannabis makes teeth fall out: dope research

DOPE smokers are not just damaging their lungs and their memory, but are also giving themselves gum disease, according to new research into the illicit habit.

A study by New Zealand researchers found that regular cannabis use causes the gums to recede and, in the worst cases, teeth to fall out.

The periodontal disease affected the heaviest smokers worst, with one in four having the chronic condition by the age of 32.

Researchers at the Dunedin School of Medicine tracked more than 900 people from age 18 to 32, regularly monitoring their dope smoking habits and dental check-ups.

Among those admitting to heavier use – smoking more than 10 times since the age of 18 – 24 per cent had the condition.

MARIJUANA MAY HAVE ROLE IN CANCER FIGHT

WEST AUSTRALIAN Marijuana may suppress tumour growth in highly invasive cancers, the *West Australian* reports. Cannabinoids, the active components in marijuana, are already used to reduce the side effects of cancer treatment. But a German study, published in the *Journal of the National Cancer Institute*, found the compounds also suppressed tumour cell invasion and stimulated the expression of TIMP-1, an inhibitor of the group of enzymes involved in tumour growth. The authors called for clinical trials to address the potential therapeutic benefits of cannabinoids in the treatment of highly invasive cancers.

There has been a great deal of cannabis research released in the past few years – some sensational and some very confusing

It cures cancer, causes cancer, is more addictive than tobacco and it makes your teeth fall out!

LUNGS SO [illegible]

MARIJUANA smokers' lungs will be destroyed faster than those of tobacco smokers, new research shows.

A study published in *Respirology* has found the development of bullous lung disease where air trapped in the lungs causes breathing obstruction and eventual lung destruction occurs in marijuana smokers about 20 years earlier than tobacco smokers.

About 10 per cent of young adults and 1 per cent of the adult population regularly smoke marijuana.

the response - NCPIC

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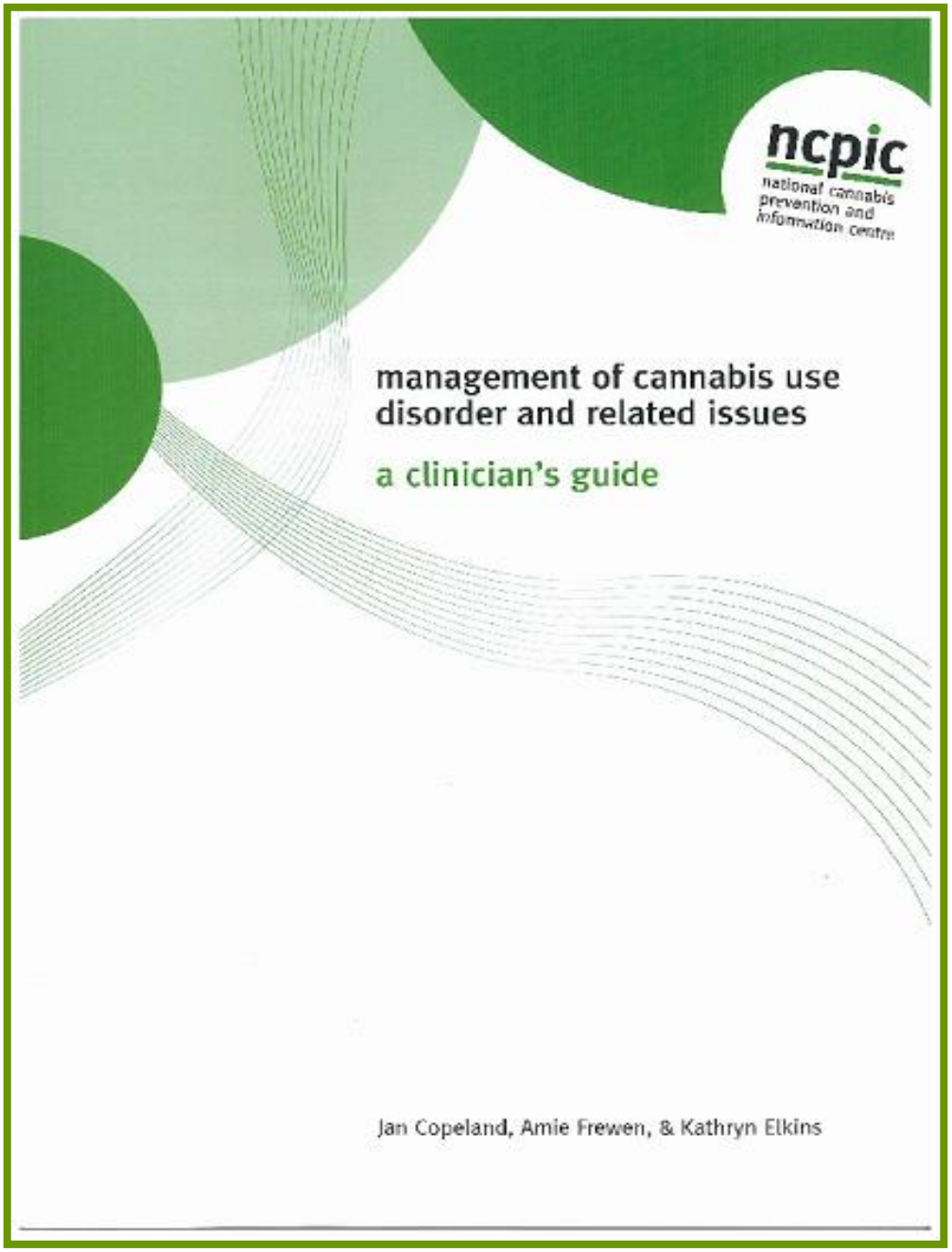
The NCPIC mission is to prevent and reduce the use of, and problems related to, cannabis in Australia by preventing uptake and providing the community with evidence-based information and interventions



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DVD “Clearing the Smoke” offers great general information

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Cannabis is the most commonly used illicit drug in Australia. In 2007, approximately one third of the adult population aged 14 years and over had ever used cannabis in their lifetime and approximately one out of every ten Australians reported using cannabis in the preceding year. Approximately one in 25 Australians over the age of 14 reportedly used cannabis in the previous week and over 300,000 Australians meet the criteria for cannabis use disorder (dependence).

Despite the high prevalence of cannabis use in Australia there is still significant confusion within the community and the Alcohol and Other Drug (AOD) and allied health workforce of the relative harm of the drug. The intention of this DVD is to clarify the evidence from the mythology and provide those working with cannabis users with correct information about the drug.

Cannabis Facts: Clearing the Smoke was produced by the National Cannabis Prevention and Information Centre (NCPIC) in 2011.

This DVD is intended to raise awareness and provide evidenced based information on the health and social effects of cannabis to the alcohol and other drugs (AOD) and allied health sector in Australia.

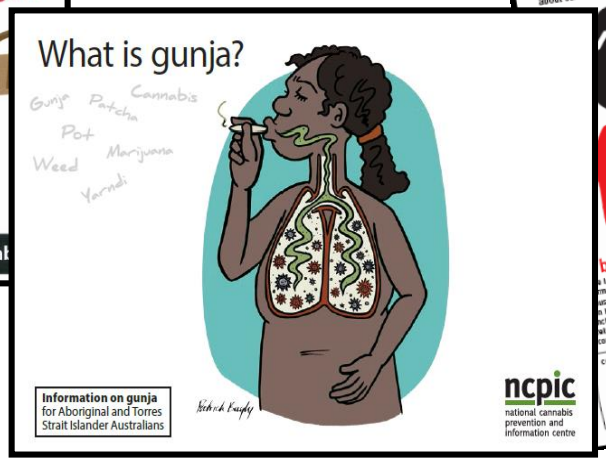
The DVD is approximately 30 minutes long and covers such issues as:

1. Cannabis use in Australia
2. How does cannabis work?
3. Cannabis and the brain
4. How potent is cannabis these days?
5. Is anyone more susceptible to harm from cannabis?
6. What do we know about the links between cannabis and mental health?
7. What is dependence?
8. What about cannabis withdrawal?

An Educator’s Kit that accompanies the DVD will be available in late 2011 via the NCPIC website. www.npcic.org.au

The DVD can be able to be used as a standalone resource for the sector; however it is not suitable or intended for screening with secondary school students.

free resources



The Cannabis Information and Helpline is available 11am-7pm Monday to Friday (including public holidays)

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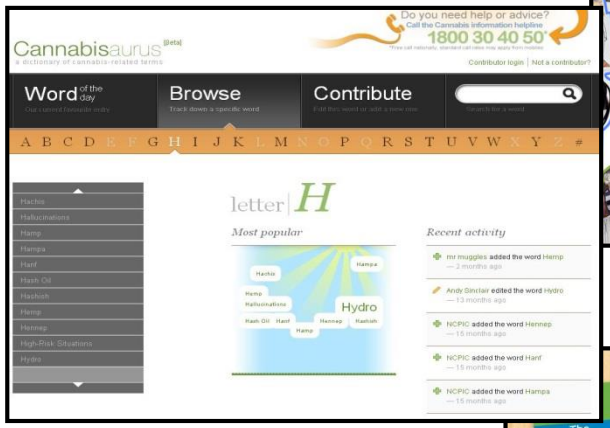
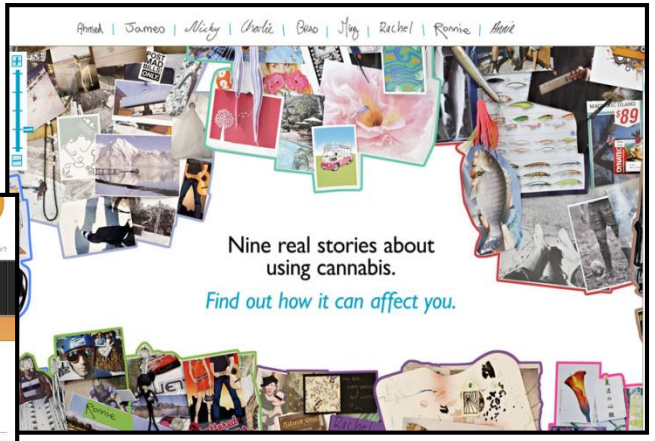
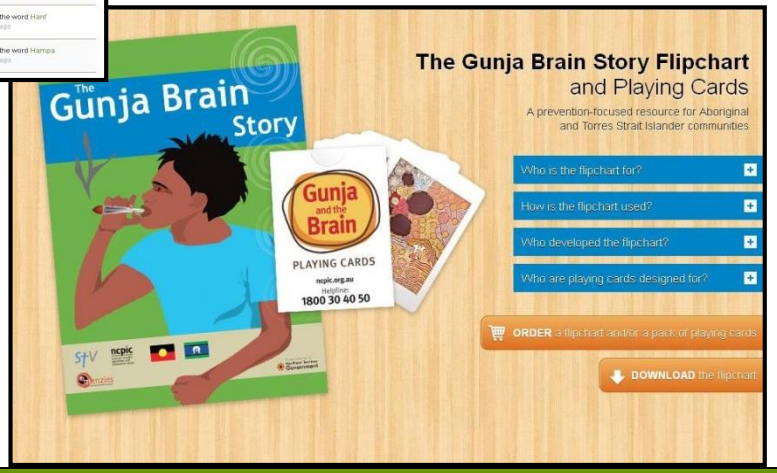
www.clearyourvision.org.au

A web-based version of a booklet developed with Youth Off The Streets designed to assist young people who want to cut down or stop their cannabis use







order resources via NCPIC website

www.NCPIC.org.au

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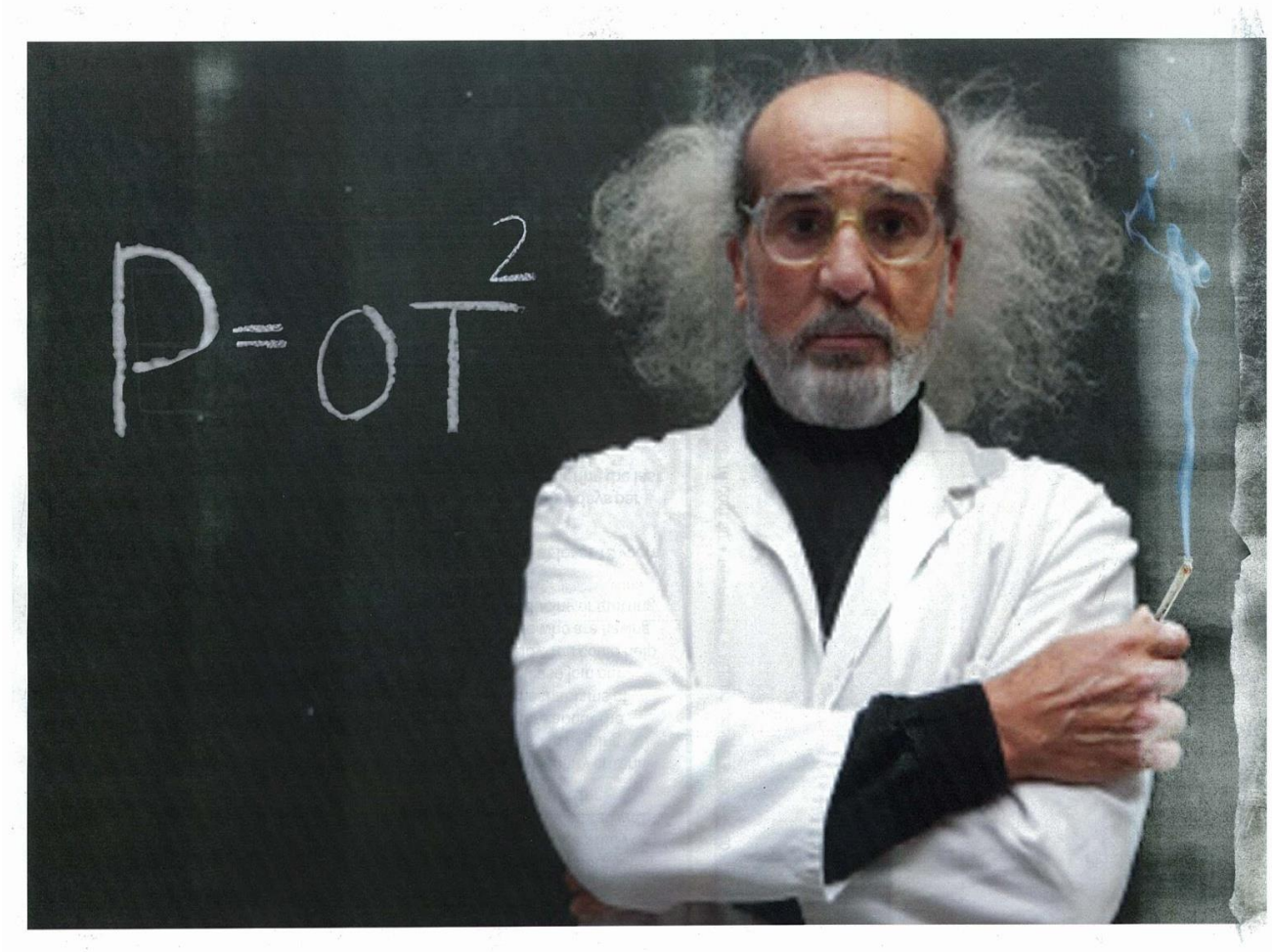
what do we know .....



what it cost 1 oz = 28 grams = approx $ 300.00

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¼ gram of cannabis head/flowers
= 3 cones

1 gram of cannabis head/flowers
= 3 joints or 8 – 12 cones

1 gram sale/packaged $ 20 – 25

Average dependant smoker
Smokes 8 – 10 cones a day
56 - 70 cones per week
= approx $ 125 - 150.00
Approx 2.25 each smoke

The more you buy the cheaper it is .....

how do people use cannabis?

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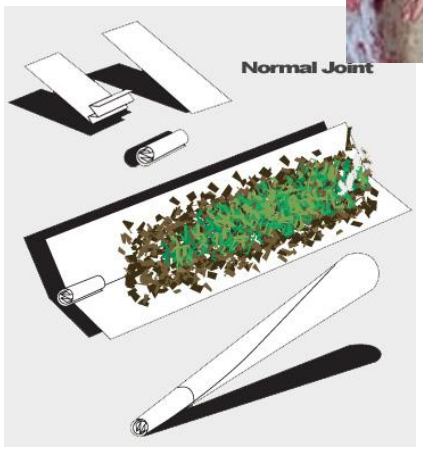

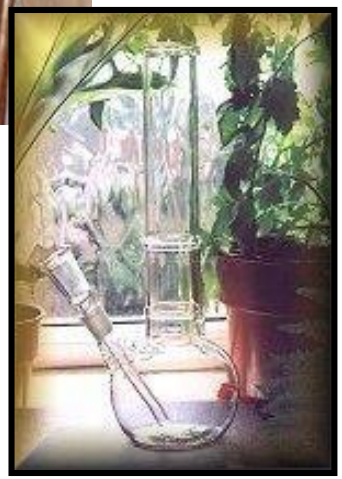

what is smoked?

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- At least 500 compounds
- **Pesticides**
- **Growth enhancers**
- **Mould/fungus**
- **Plastic**
- Blue tack
- Rubber
- Tar build up
- Tobacco

1 joint = 3 cones = 5 cigarettes = 3 x tar + 5 x carbon monoxide

what problems ?

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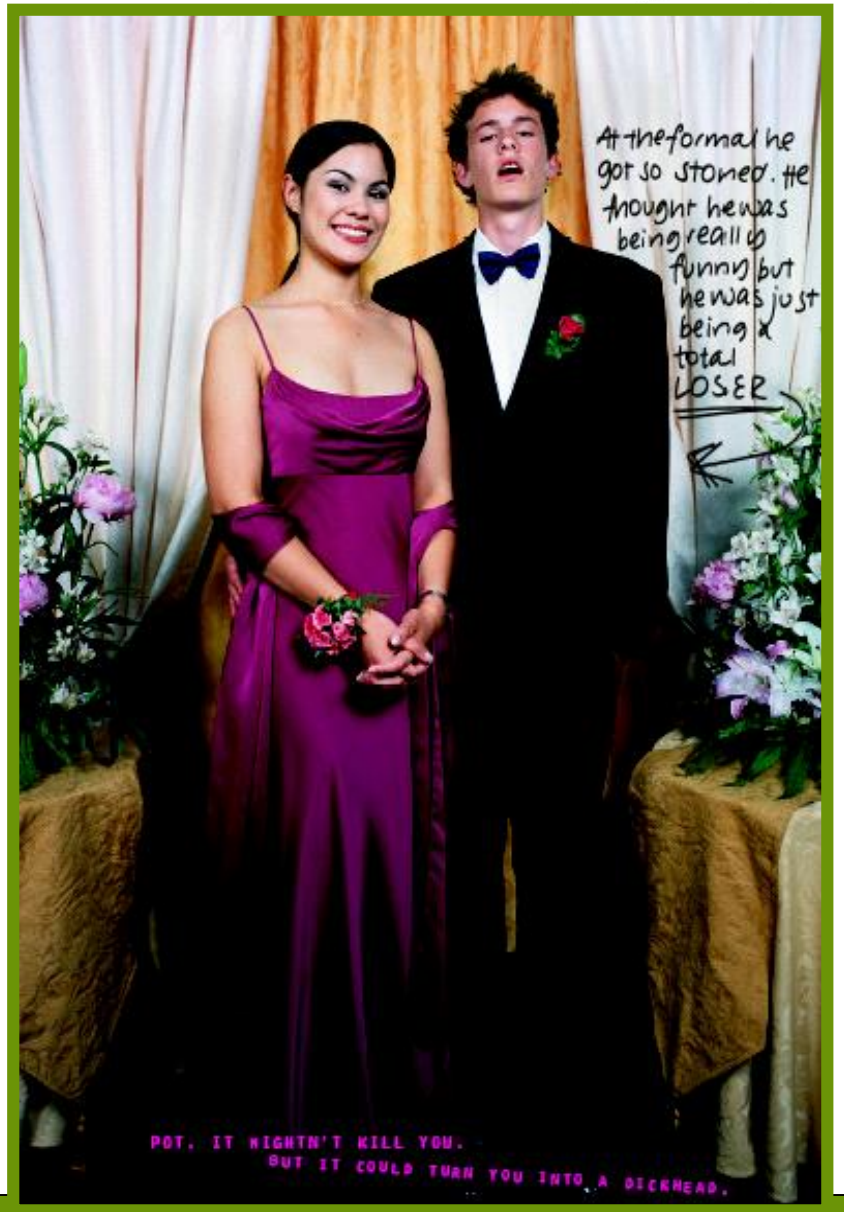
- Physical
  - respiratory such as bronchitis, impairment of physical co-ordination, decrease concentration and/or memory impairment

-Psychological
  - mood swings, demotivation in achieving personal goals, irritability, anxiety, paranoia

- Social
  - work difficulties, narrow social repertoire, financial problems, relationship problems

3 at risk groups



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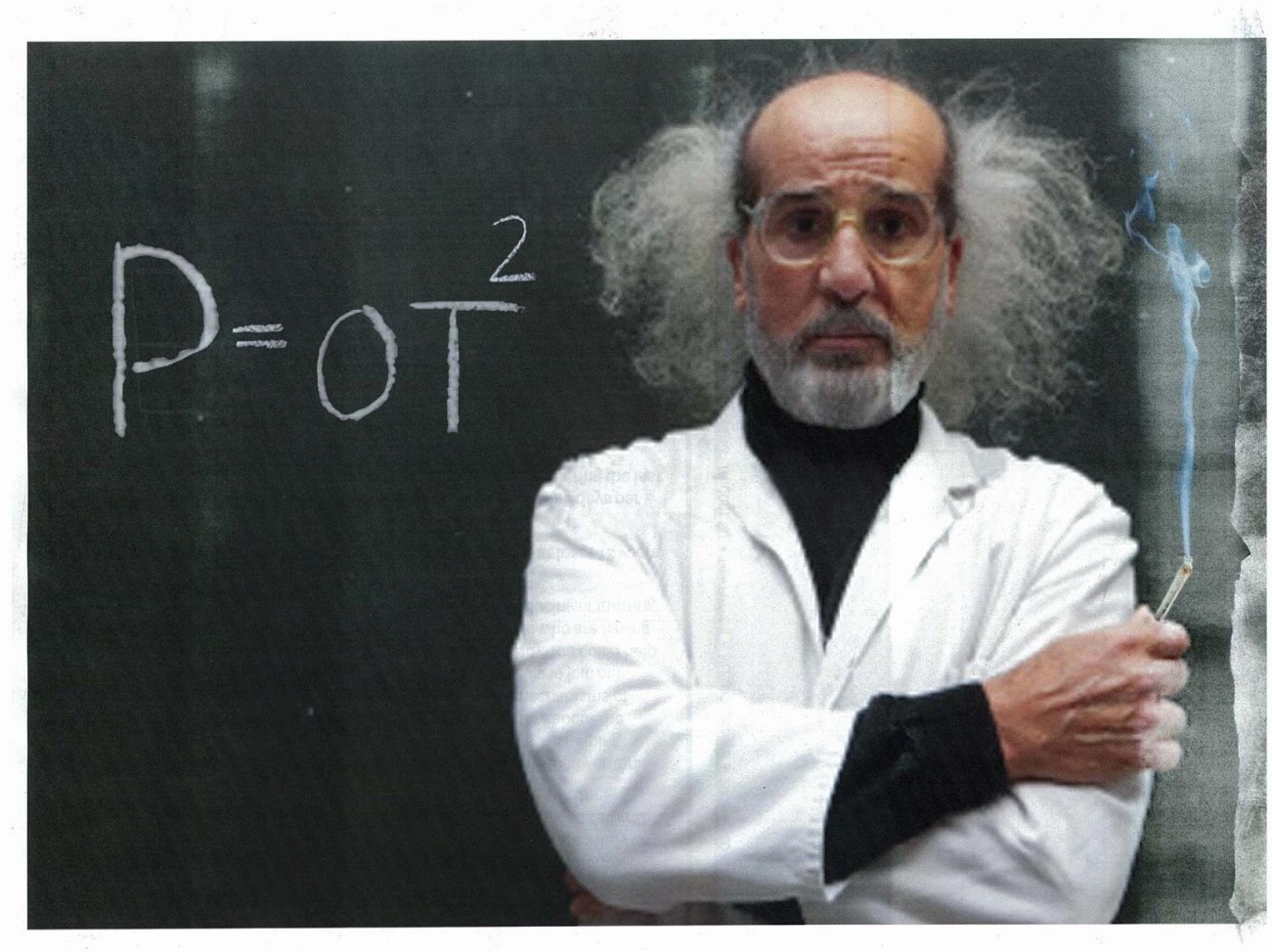
adolescent use



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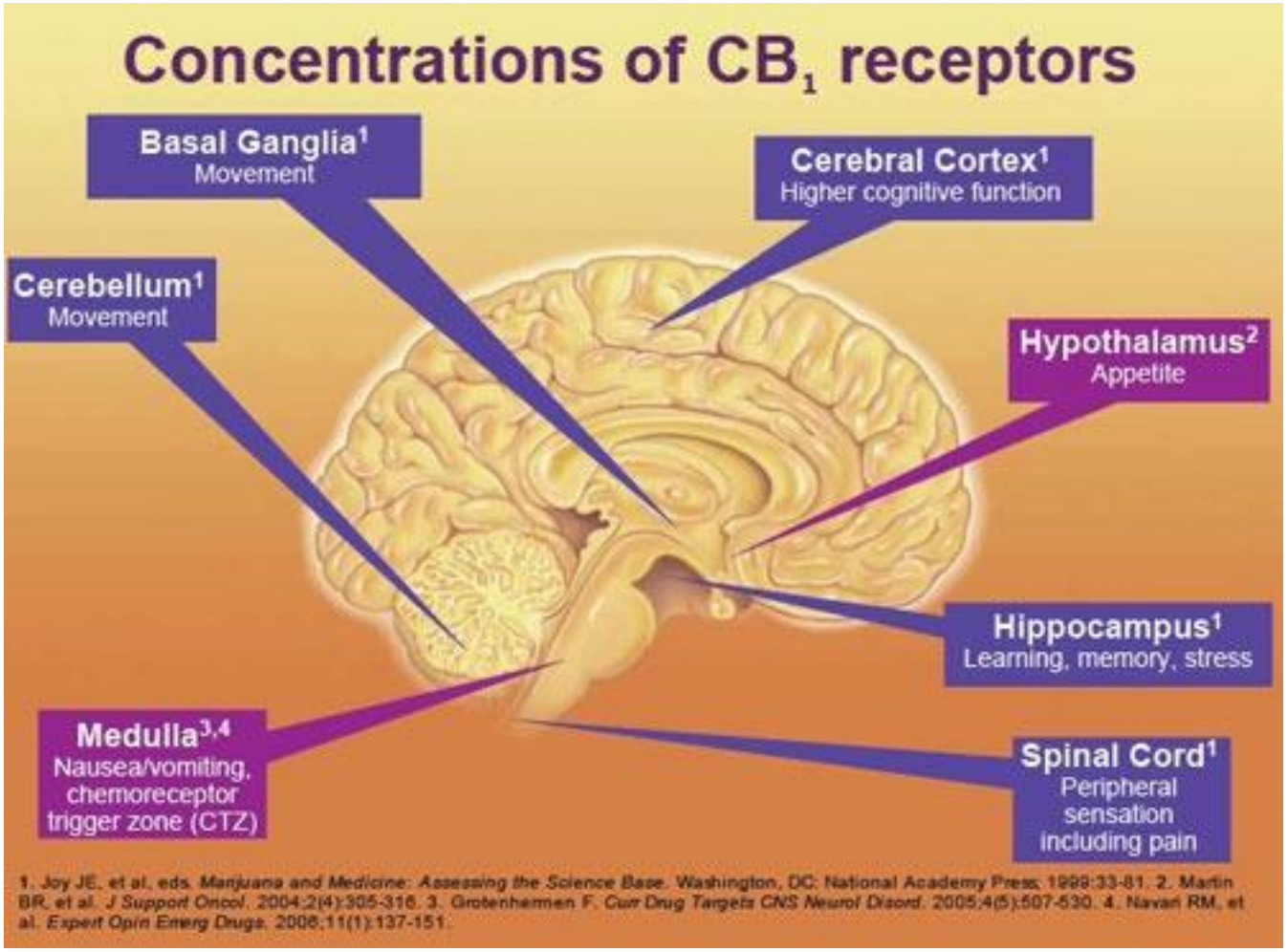

pruning occurs in stages, from back of the brain to the front

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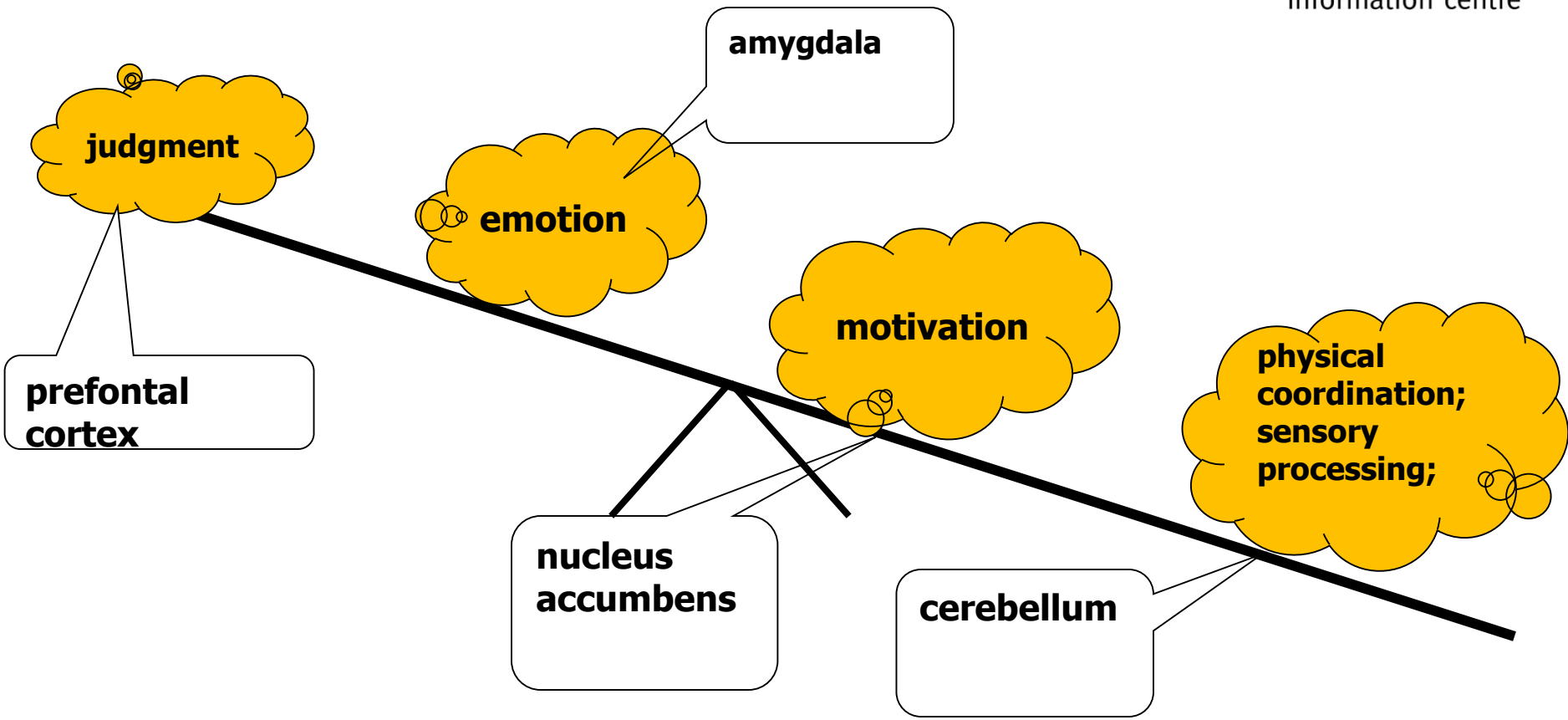

risks and harms associated with cannabis use and young people

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The earlier a person starts using cannabis and the more heavily they use it, the more likely they will continue to use it and develop later risks

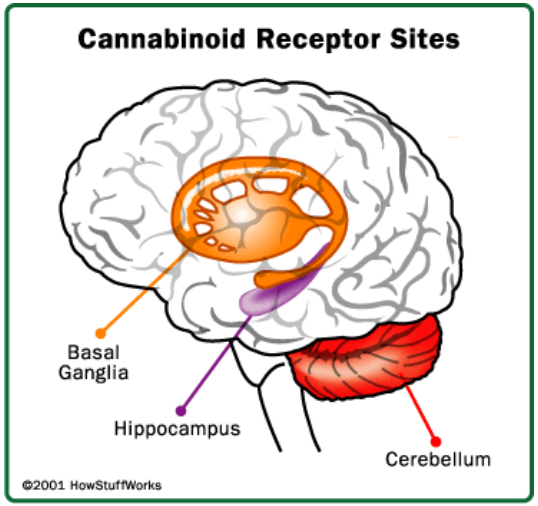
- still maturing is prefrontal cortex which deals with ……..

- Learning and memory
- Assessment of situations
- Make sound decisions
- Keeps emotions and desires under control

Because brain circuits still developing,

interference PUTS adolescent at risk of

Poor decision making e.g. continued use etc



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- 75% of mental illnesses first occur between 15 and 24
- 90% of substance use begins in adolescence

problems associated with adolescent cannabis use

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Complex relationship with mental health

- the evidence increasingly suggests that regular cannabis use, particularly among those who begin using at an early age (before 15) adds to the risk of mental health problems in adolescence (6 times more the risk of developing schizophrenia)

problems associated with adolescent cannabis use

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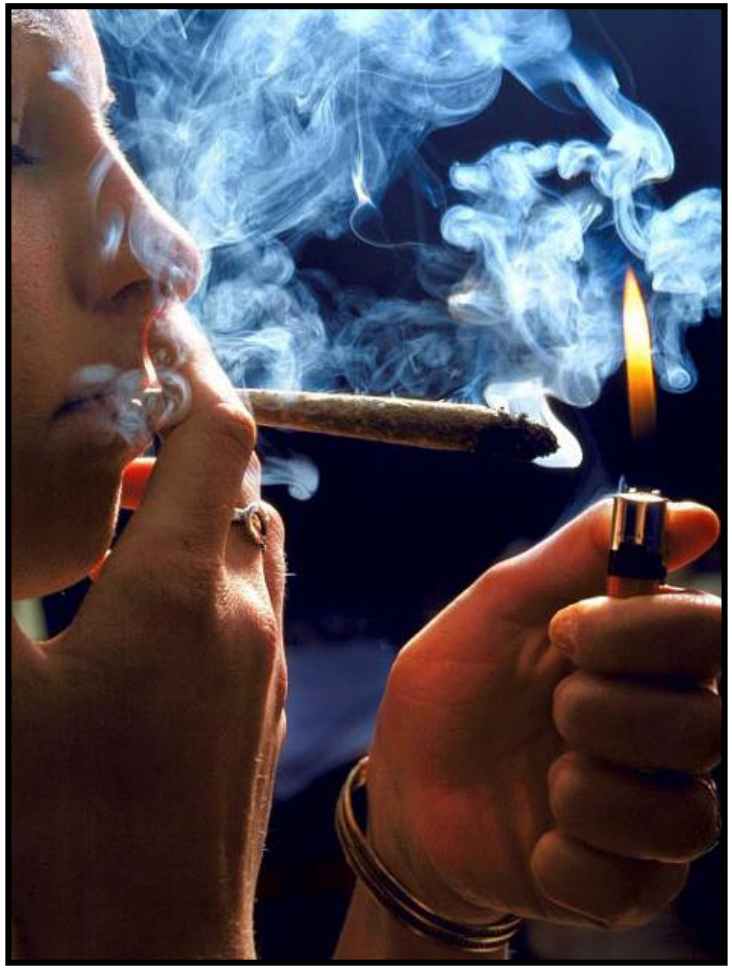
Cannabis use before the age of 15 predicts at age 16 years:

- school drop-out (22.5% versus 3.5%)
- frequent truanting (31.5% versus 4.7%)



Dr. J. Williams, ***Why parents worry: initiation into cannabis use by youth and their educational attainment***

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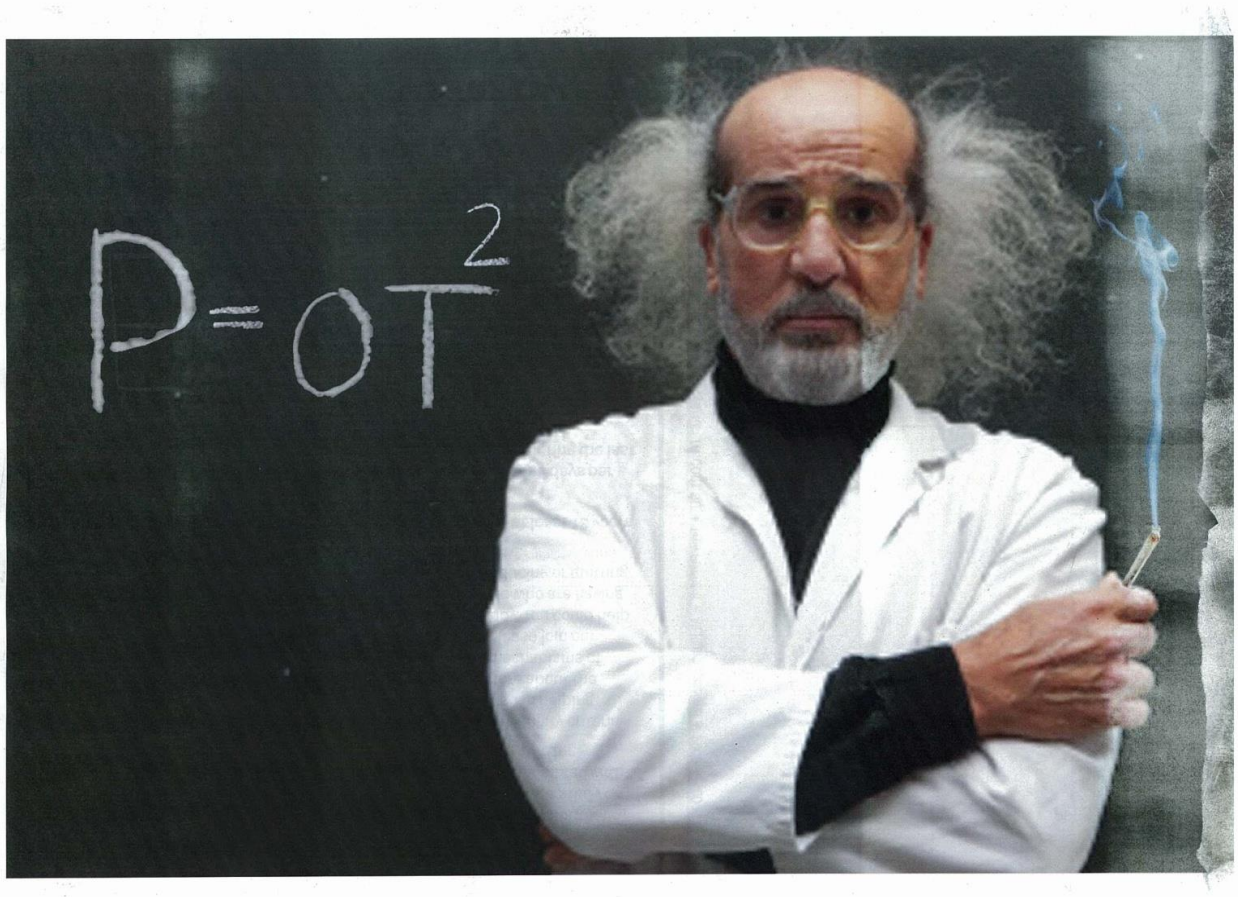
3 treatment options

A: SAFE

B: ACCU

C: QC 1-6



decision tree

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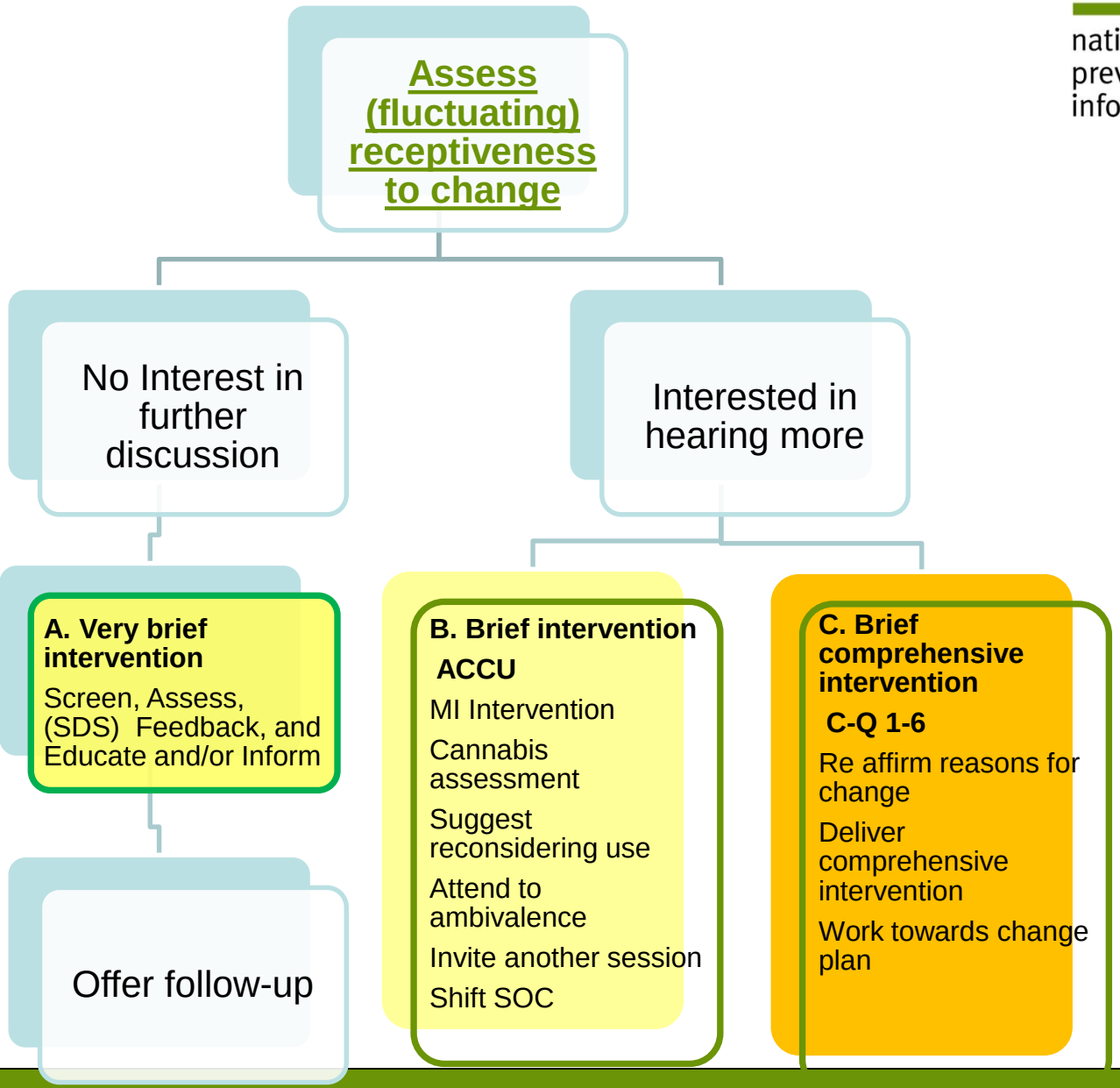

ask and asses .....

extent of the problem

level of use and readiness to change

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use falls into 3 general categories

Occasional

Reflect back any long term issues and what impact they have on their life as identified by client

-

Discuss both present and future cannabis use

Reinforce message "any use is risky"

Weekly

- Assess any problems
- Reflect back and discuss what impact cannabis may have
- Make suggestions
- Raise possible future problems cannabis may present
- Deliver feedback
- Administer SDS
-Refer website
-Give self help
-Give information

Daily Users

Require more intensive discussion

You will need to encourage and support them

They will need to commit to regular counselling sessions covering :pros/cons
triggers and high risk situations
develop strategies
discuss withdrawal
introduce other rewards
and
monitoring
discuss relapse prevention

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5 A's

- A 1 ask
- A 2 assess
- A 3 advise
- A 4 assist
- A 5 arrange

treatment option – non treatment seeking

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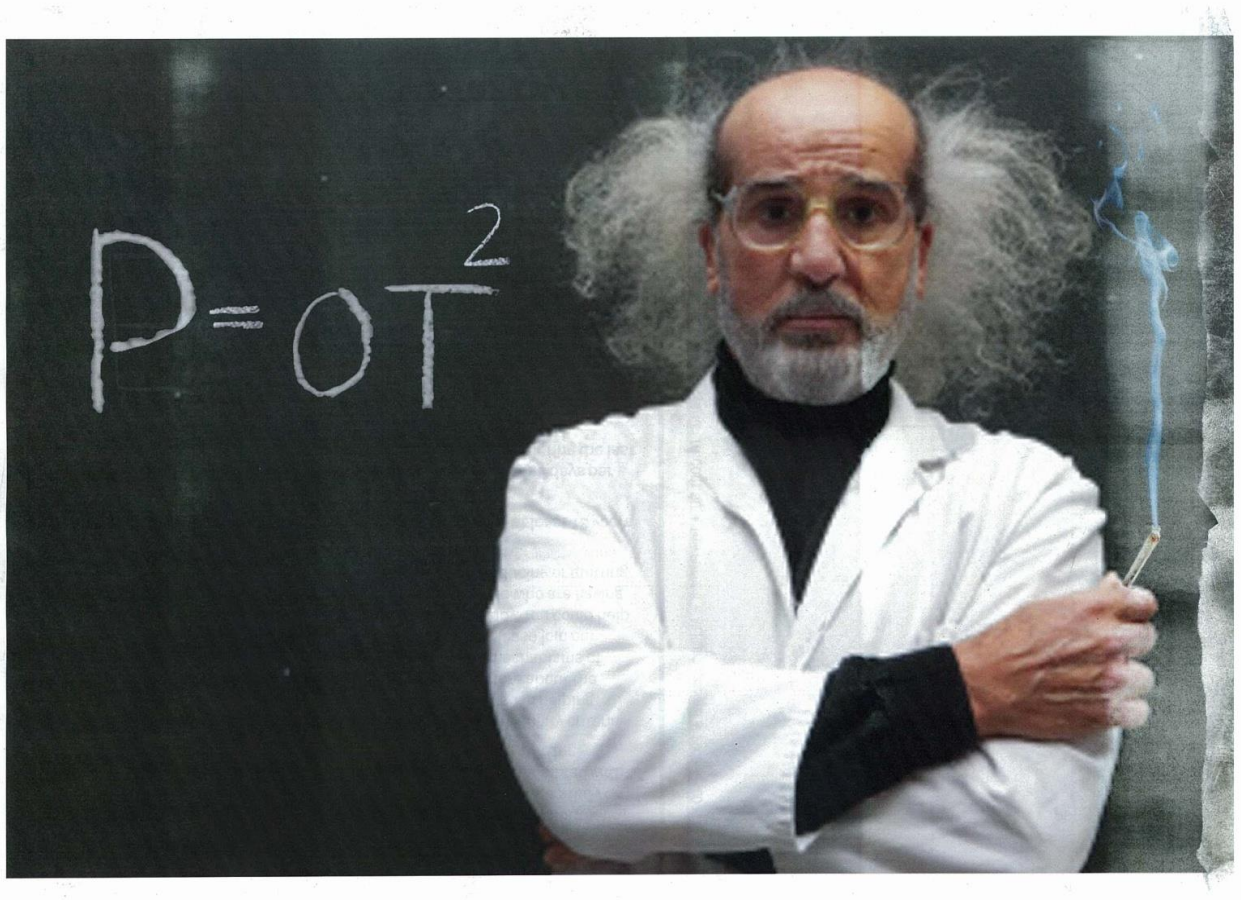
B: ACCU



brief intervention

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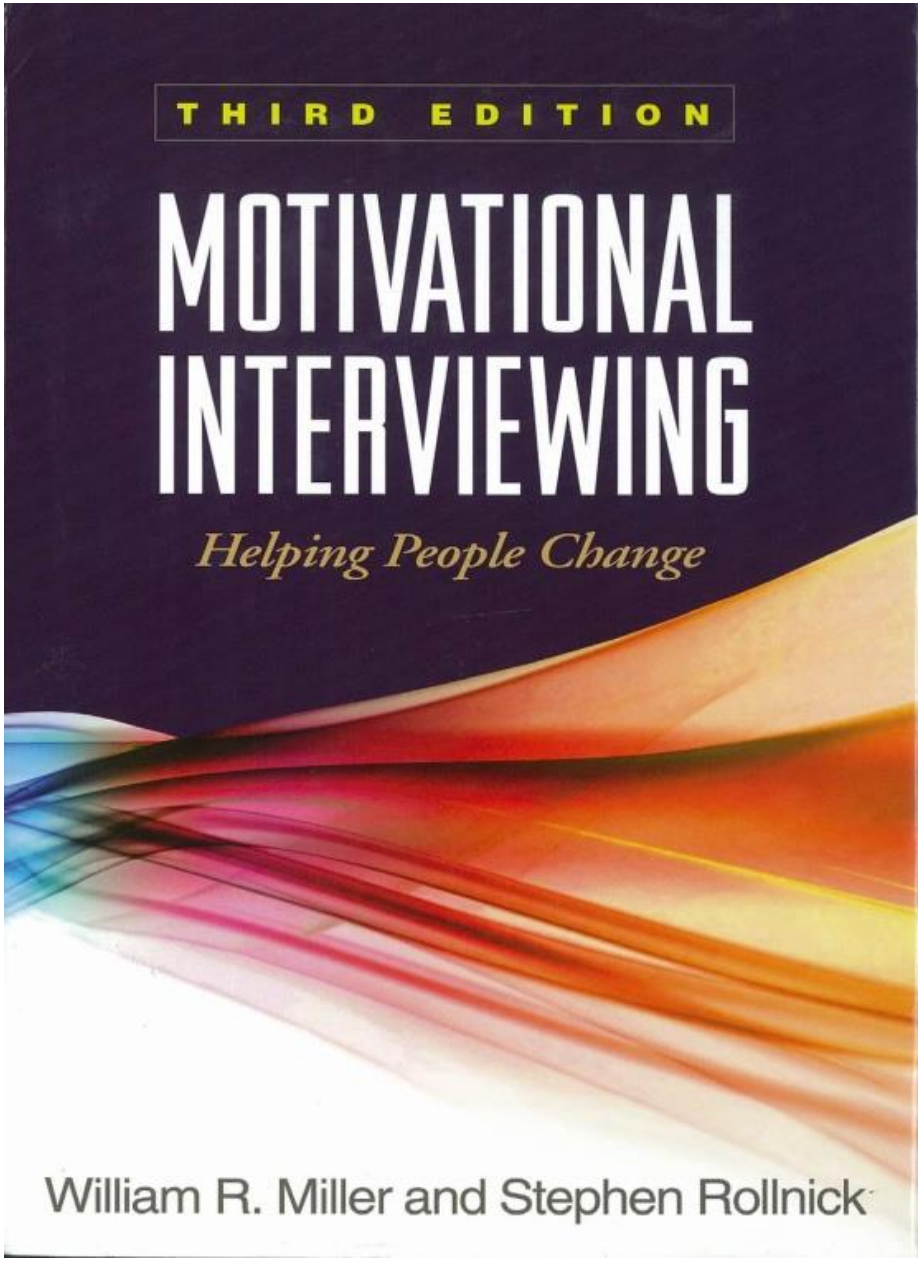
B. Cannabis Check - Up

- **ACCU – primarily for non treatment seekers**

  – **Assessment (45 – 60 mins)**

  – **Feedback session (45 – 60 mins)**

  – **Optional CBT strategies sessions (60 mins +)**



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Motivational Interviewing

W. Miller and S.Rollnick

1991, 2002, 2013 edition,

Guilford press

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motivational interviewing

Motivational interviewing is a collaborative conversational style for strengthening a person's own motivation and commitment to change

(William R. Miller and Stephen Rollnick, 2013)

journal article

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ELSEVIER

Journal of Substance Abuse Treatment 34 (2008) 407–414

Journal of Substance Abuse Treatment

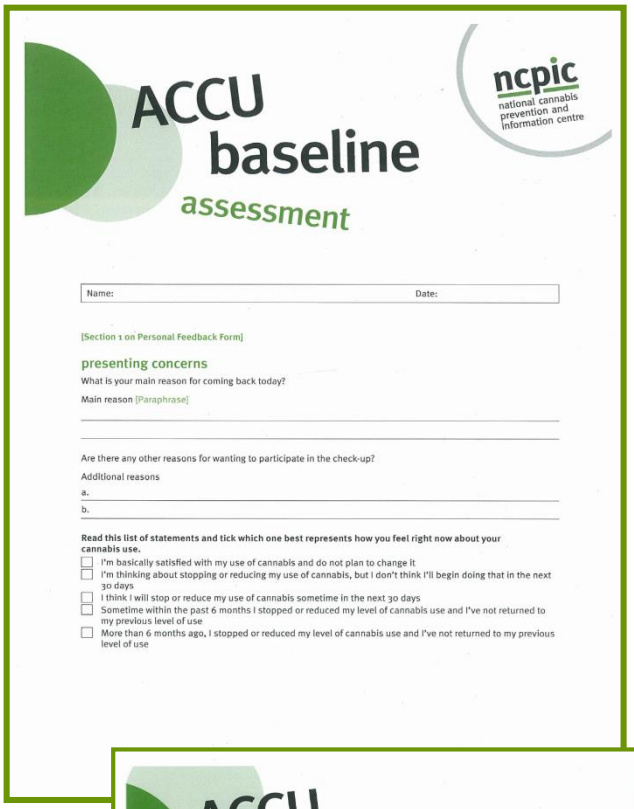
Regular article

The adolescent cannabis check-up: Randomized trial of a brief intervention for young cannabis users

Greg Martin, (M.A. (Hons))*, Jan Copeland, (Ph.D.)

National Drug and Alcohol Research Centre, University of New South Wales, Sydney NSW, Australia

Received 11 May 2007; received in revised form 28 June 2007; accepted 1 July 2007



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ACCU baseline assessment

Name: Date:

[Section 1 on Personal Feedback Form]

presenting concerns

What is your main reason for coming back today?

Main reason [Paraphrase]

Are there any other reasons for wanting to participate in the check-up?

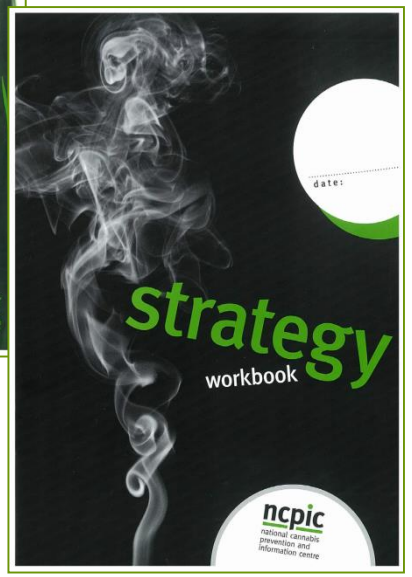
Additional reasons

a.

b.

Read this list of statements and tick which one best represents how you feel right now about your cannabis use.

- ☐ I'm basically satisfied with my use of cannabis and do not plan to change it
- ☐ I'm thinking about stopping or reducing my use of cannabis, but I don't think I'll begin doing that in the next 30 days
- ☐ I think I will stop or reduce my use of cannabis sometime in the next 30 days
- ☐ Sometime within the past 6 months I stopped or reduced my level of cannabis use and I've not returned to my previous level of use
- ☐ More than 6 months ago, I stopped or reduced my level of cannabis use and I've not returned to my previous level of use



ACCU personal feedback report

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Name: Date:

1 presenting concerns

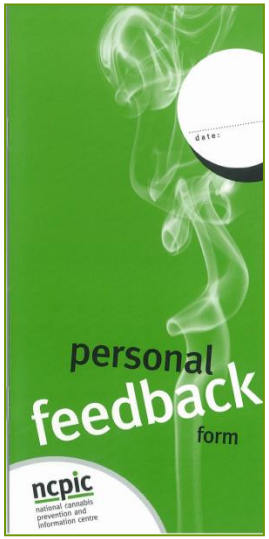
making changes?

Is this how you feel now?

2 good things about smoking

Any others?

1



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ACCU - content

Regular assessment – service provides

Baseline assessment - 60 – 90 mins

Feedback session takes about 45 – 90 mins

Optional strategies session/s 1+

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45-60 mins	• Comprehensive Assessment
45-60 mins	• Feedback Session
60+ mins	• Optional CBT strategies

assessment

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Purpose – establish rapport while collecting information on:

- Presenting reason for quitting or concerns
- Making changes?
- Decisional balance re use
- Typical pattern of use, TLFB
  money spent plus, quitting and moderating history,
  other drug use
- Risk perception
- SDS
- Problems – Health, physical and psychological, social ,legal
- Expected cost /benefits of increasing and decreasing use
- Goals and aspirations
- Relationships
- Immediate goals

Used for feedback session takes about 45 - hour

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45-60 mins	• Comprehensive Assessment
45-60 mins	• Feedback Session
60+ mins	• Optional CBT strategies

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Feedback Session: Content

1. Reasons for attending, and motivation for change?
2. Good things about cannabis use
3. Cannabis use patterns and history
4. Less good /not so good things
5. Anticipated consequences of increased/decreased use
6. Goals and aspirations
7. Relationships
8. Immediate cannabis goals
9. So, what now? (goals regarding cannabis) The “how would you know?” OR “how do you know?” question

Wrap up of feedback and offer of brief CBT/skills component

Brief CBT/skills component, if applicable

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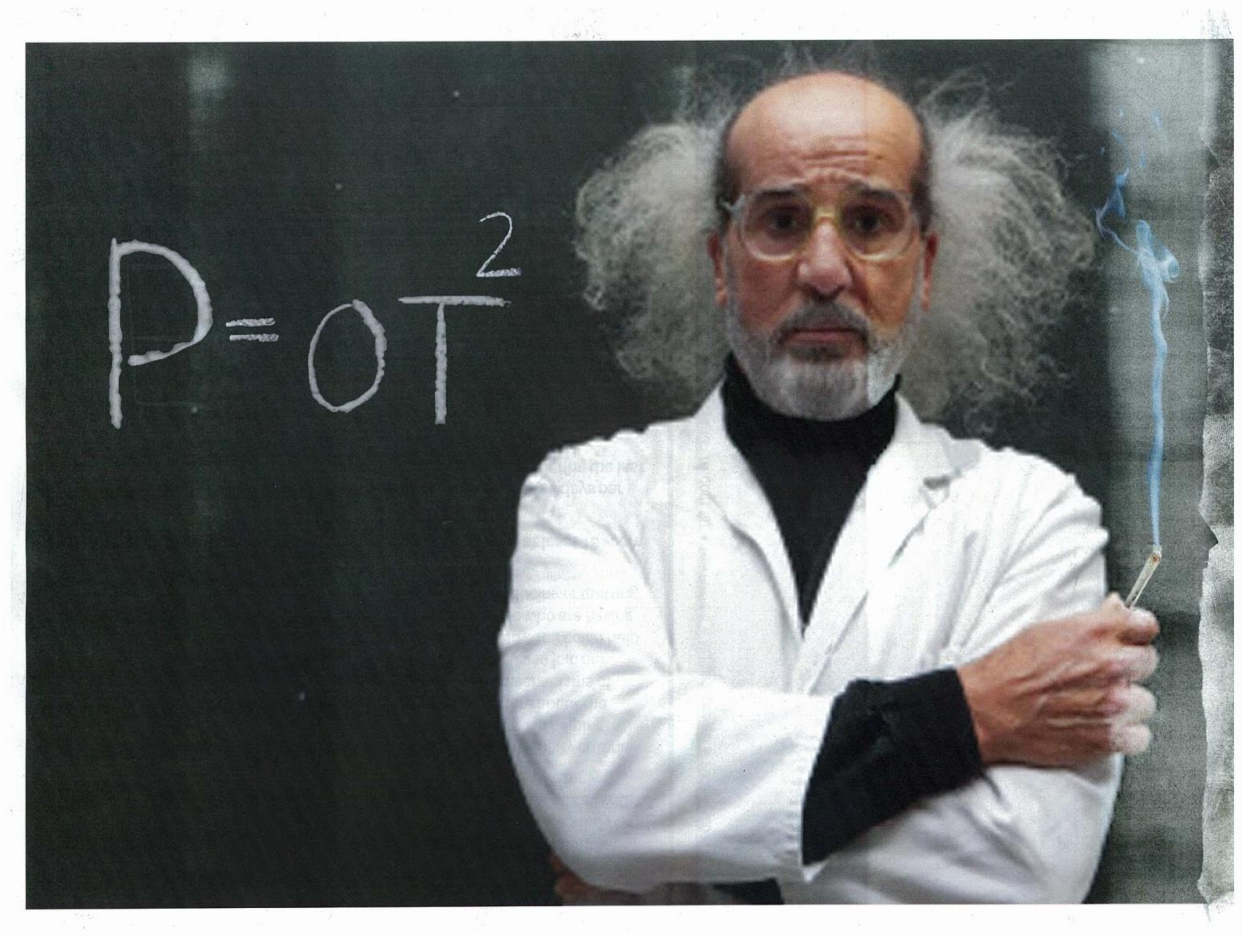
explore recognition and readiness to change



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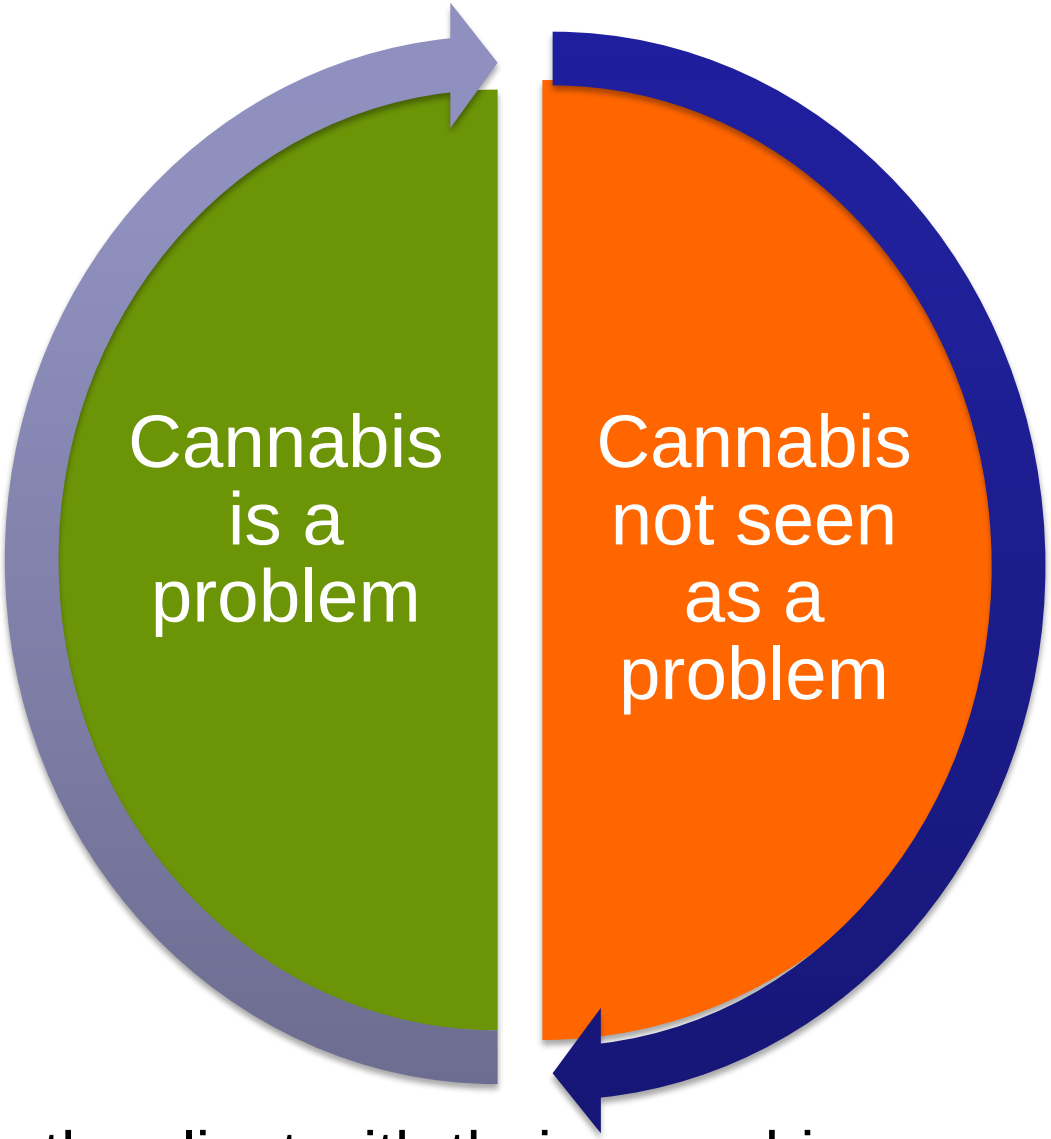

Where is the client with their cannabis use now?

feedback session:
9. the future - so what now?

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9a …… "how **would** you know you are smoking too much ?"

Aim: Help YP to think through and articulate indicators that would tell them they are smoking too much cannabis

Primes the YP to recognise the need for change at a later date

feedback session:
9b ….“how **do** you know you are smoking too much ?”

Aim: To help the YP think through and clearly articulate the reasons they consider their current cannabis smoking to be too much

- Makes explicit key motivators for changing cannabis use.

suggested questions which explore interest in change

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1	2	3	4	5	6	7	8	9	10
Not Interested				Somewhat					Most Interested

Circle how interested you may be in changing your (????) /substance use?

- Why are you interested/not interested in making a change?
- What would it take to move X to Y?
- If you were interested in change, what would it look like?
- What are the things you take into account in wanting to make changes?

1. if no …….

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Ask client-

In the future ….. What would indicate that you are smoking too much cannabis?

“How WOULD you know if you were smoking too much?”

Explain it is important to discuss how they could clearly identify if their use were to become unacceptably harmful or excessive.

Push for details.

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Push for concrete examples .....

How often is too often?

Spending how much $$$$ is too much?

When your grades fall bellow what level?

What would those consequences look like exactly

Put together specific examples of signs of “too much” and feed back

Then offer harm min suggestions

give harm minimisations

- Use late - after lunch, after dinner, late at night
- Reduce by 1/3 per week
- Cut down on number of days
- Take 4 small puffs .. DO NOT hold onto smoke
- Smoke joints-not bongs
- Tobacco patches
- Smoke “diet” joints … mull up with less cannabis

give information booklet, self help or fact sheet

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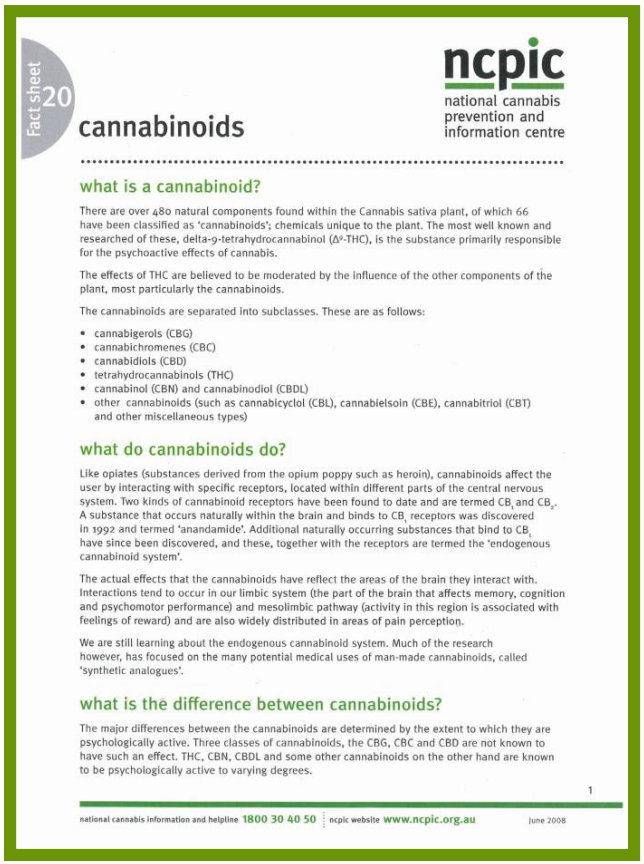

Fact sheet 20

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cannabinoids

what is a cannabinoid?

There are over 480 natural components found within the Cannabis sativa plant, of which 66 have been classified as 'cannabinoids'; chemicals unique to the plant. The most well known and researched of these, delta-9-tetrahydrocannabinol (Δ^9-THC), is the substance primarily responsible for the psychoactive effects of cannabis.

The effects of THC are believed to be moderated by the influence of the other components of the plant, most particularly the cannabinoids.

The cannabinoids are separated into subclasses. These are as follows:

- cannabigerols (CBG)
- cannabichromenes (CBC)
- cannabidiols (CBD)
- tetrahydrocannabinols (THC)
- cannabinol (CBN) and cannabinodiol (CBDL)
- other cannabinoids (such as cannabicyclol (CBL), cannabielsoin (CBE), cannabitriol (CBT) and other miscellaneous types)

what do cannabinoids do?

Like opiates (substances derived from the opium poppy such as heroin), cannabinoids affect the user by interacting with specific receptors, located within different parts of the central nervous system. Two kinds of cannabinoid receptors have been found to date and are termed CB_1 and CB_2. A substance that occurs naturally within the brain and binds to CB_1 receptors was discovered in 1992 and termed 'anandamide'. Additional naturally occurring substances that bind to CB_1 have since been discovered, and these, together with the receptors are termed the 'endogenous cannabinoid system'.

The actual effects that the cannabinoids have reflect the areas of the brain they interact with. Interactions tend to occur in our limbic system (the part of the brain that affects memory, cognition and psychomotor performance) and mesolimbic pathway (activity in this region is associated with feelings of reward) and are also widely distributed in areas of pain perception.

We are still learning about the endogenous cannabinoid system. Much of the research however, has focused on the many potential medical uses of man-made cannabinoids, called 'synthetic analogues'.

what is the difference between cannabinoids?

The major differences between the cannabinoids are determined by the extent to which they are psychologically active. Three classes of cannabinoids, the CBG, CBC and CBD are not known to have such an effect. THC, CBN, CBDL and some other cannabinoids on the other hand are known to be psychologically active to varying degrees.

1

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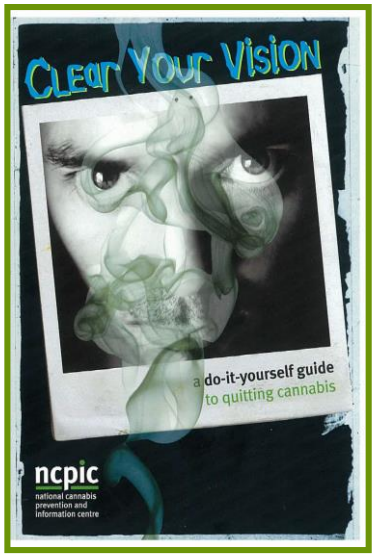

2. “not sure” as an answer .....

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Suggest

“here are a few options/issues that I can see”

“Would it be helpful to talk about some of the things you might consider ....”

go through the consequences of ...

no change

stopping

reduction

stopping for a while then revisit

Ask

“are any of these options interesting to you?”

“is there anything you would like to know in order for you to decide”

possibly interested in further discussion

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- Would you be interested in discussing your cannabis use in the context of ….. ?
- Would you like me to give you some written information?
- I have been listening ..... May I share some thoughts with you ?

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3. “yes” as an answer to .....

How do you know you smoking too much?

Get specific description of the signs

Provide summary of overuse and ask if this is accurate

Ask ..

“Given you have plans to change, how might you go about this ?”

Support self efficacy ....

“You have managed to make tough decisions/changes...

I think you could change cannabis use if you wanted to”

“What do you think?”

suggested questions which explore **importance** of change

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1	2	3	4	5	6	7	8	9	10
Not Important				Somewhat					Most Important

Circle how important it is for you to change your …… use?

- What would have to happen for it to become more important for you to change?
- What stops you from moving from X to 10?
- If you were to change, what would it look like?
- What are the things you take into account that makes you give yourself the score of X?

suggested questions which to explore confidence in changing

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1	2	3	4	5	6	7	8	9	10
Not Confident				Somewhat					Most Confident

- What would make you more confident about making these changes?
- What would need to happen to take your score from X to Y?
- How can I or others help you to make a change?
- What have you learned from previous attempts to change?
- What are the steps you need to take to achieve your goal?

users receptive to assistance

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Key messages to be given:

- allay fears
- clarify problems or concern
- give information and feedback
- give choices re intervention

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45-60 mins	• Comprehensive Assessment
45-60 mins	• Feedback Session
60+ mins	• Optional CBT strategies

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CBT/skills session :

- If yes, continue with CBT/skills using the strategies booklet as per the following

strategy hand book

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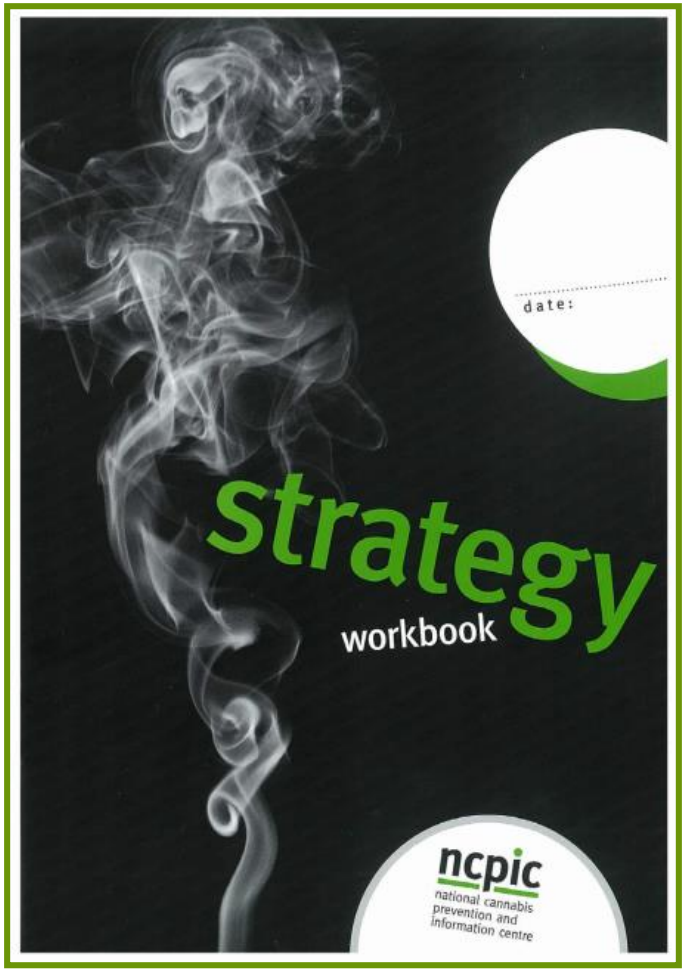

CBT/skills component:

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- Outline of intervention
- Level of cannabis use and dependence
- Reasons for smoking:
- why smoke, why change?
- Planning - goal setting (quit or cut?)
  - change date
- Increasing enjoyable activities
- Identifying high risk situations
- Strategies for dealing with high risk situations
- Withdrawal
- The 4Ds
- Rationalisations
- Separation loss or anxiety (grief reaction)
- Self rewards
- Relapse vs “lapse” or slip
- Summary and wrap-up

treatment option – treatment seeking

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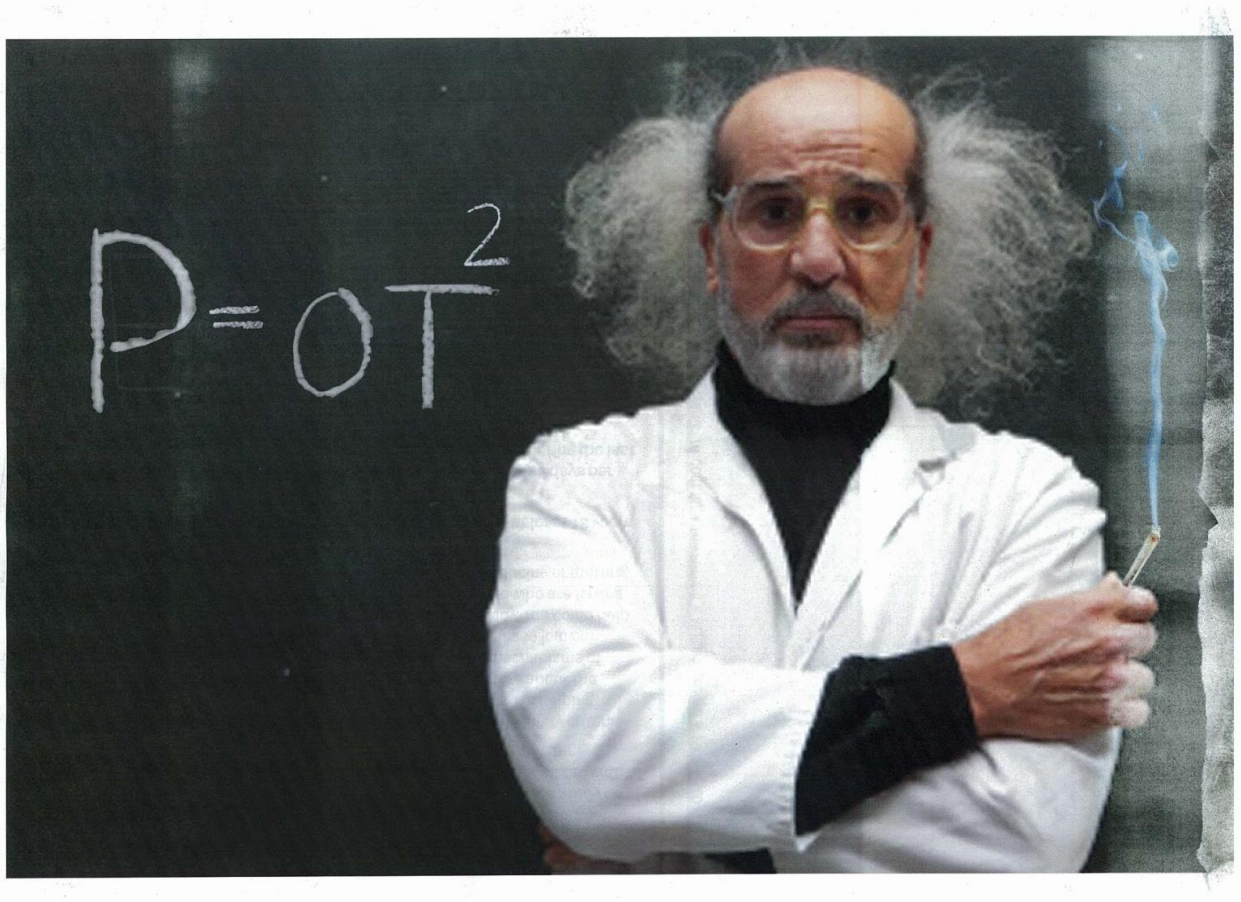
C: QC 1-6



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comprehensive brief intervention primarily for treatment seekers

C – Quitting Cannabis 1 – 6 sessions

- Assessment used by your service
- Assess Readiness to “change” if ready
- Offer Quitting Cannabis? 1 – 6 Sessions
- Make further Appointment for first session

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ELSEVIER

Journal of Substance Abuse Treatment 21 (2001) 55–64

Journal of Substance Abuse Treatment

Featured article

A randomized controlled trial of brief cognitive–behavioral interventions for cannabis use disorder

Jan Copeland Ph.D.[a,*], Wendy Swift Ph.D.[a], Roger Roffman Ph.D.[b], Robert Stephens Ph.D.[c]

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Received 16 January 2001; accepted 2 March 2001

Abstract

The increasing demand for treatment for cannabis dependence in Australia and internationally has led to the identification of significant gaps in knowledge of effective interventions. A randomized controlled trial of brief cognitive–behavioral interventions (CBT) for cannabis dependence was undertaken to address this issue. A total of 229 participants were assessed and randomly assigned to either a six-session

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technical reports

- on NDARC Website: ndarc.med.unsw.edu.au
View under: 'Publications' 'Reports'

Technical Reports 64

- 64. Rees, V – Copeland, J – Swift, W. "A brief cognitive-behavioural intervention for cannabis dependence: Therapists treatment manual"

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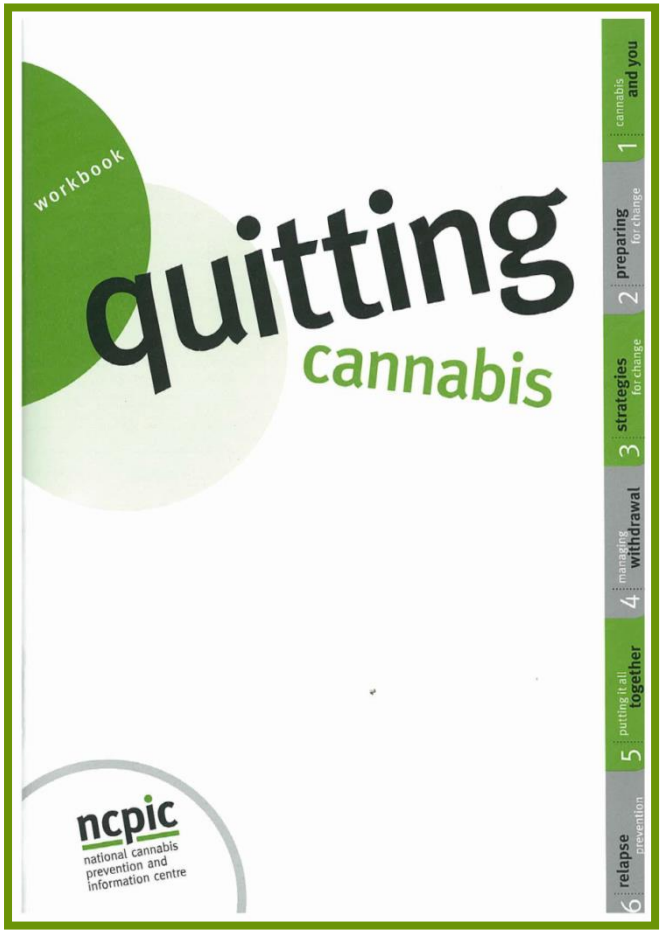

session 1 section 1 introduction

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introduced the booklet

stressed homework

stressed collaboration

explained CBT

discussed dependence

decided on date

administered SDS, CPQ and HRC and fed back SDS score

1. cannabis and you

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2.preparing for change

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3. strategies for change

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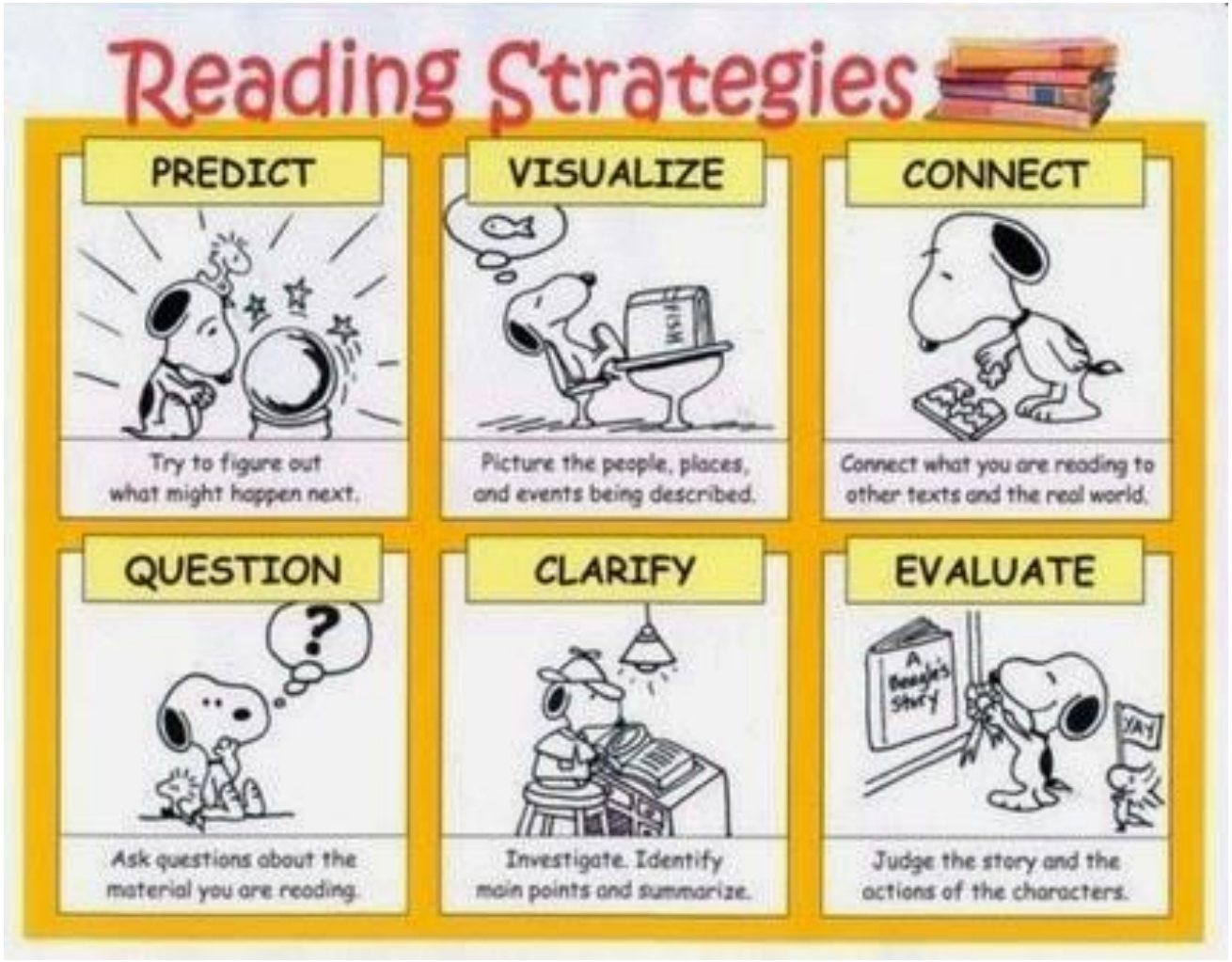

4. managing withdrawals

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5. putting it all together

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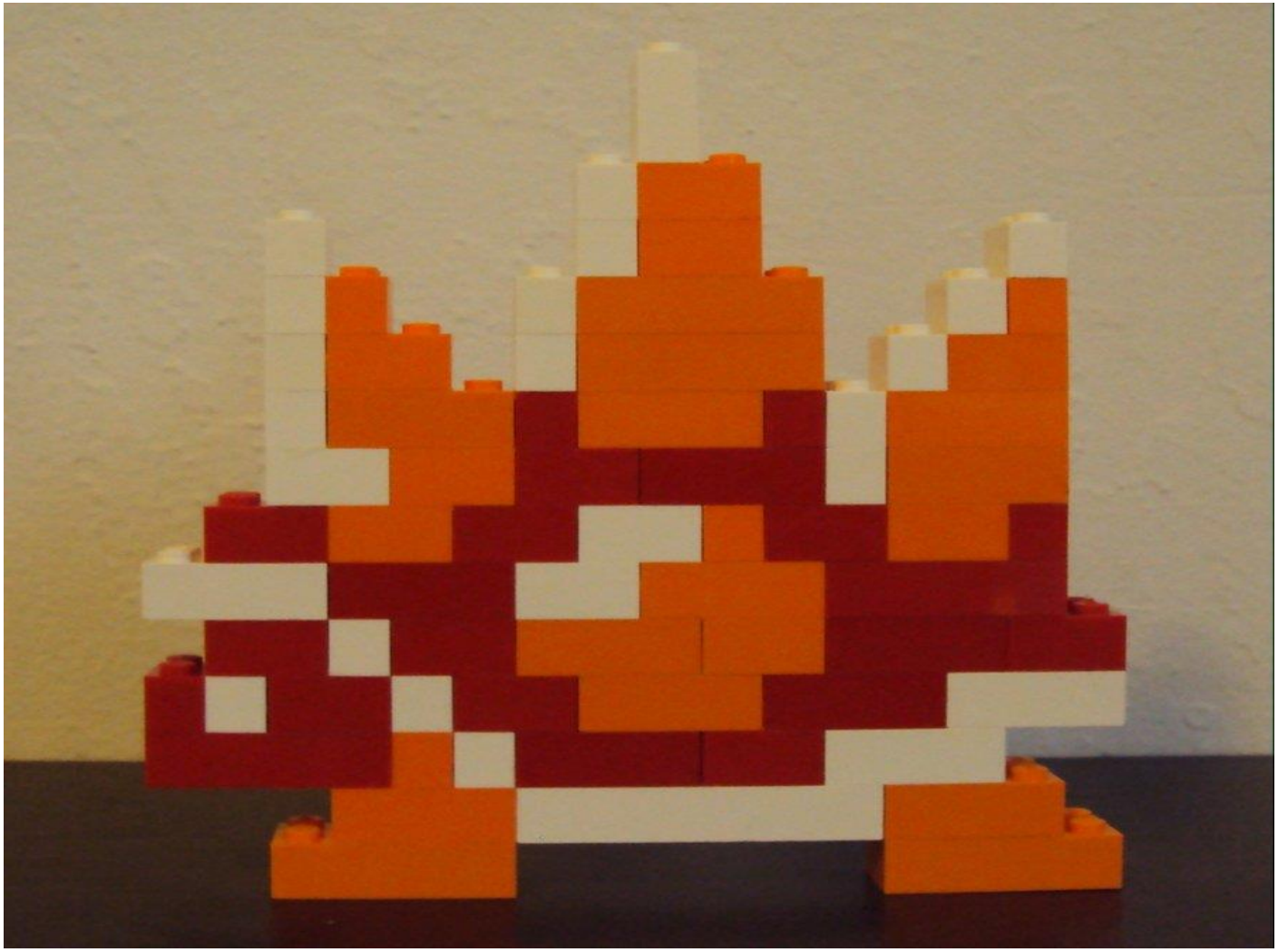

6. relapse prevention

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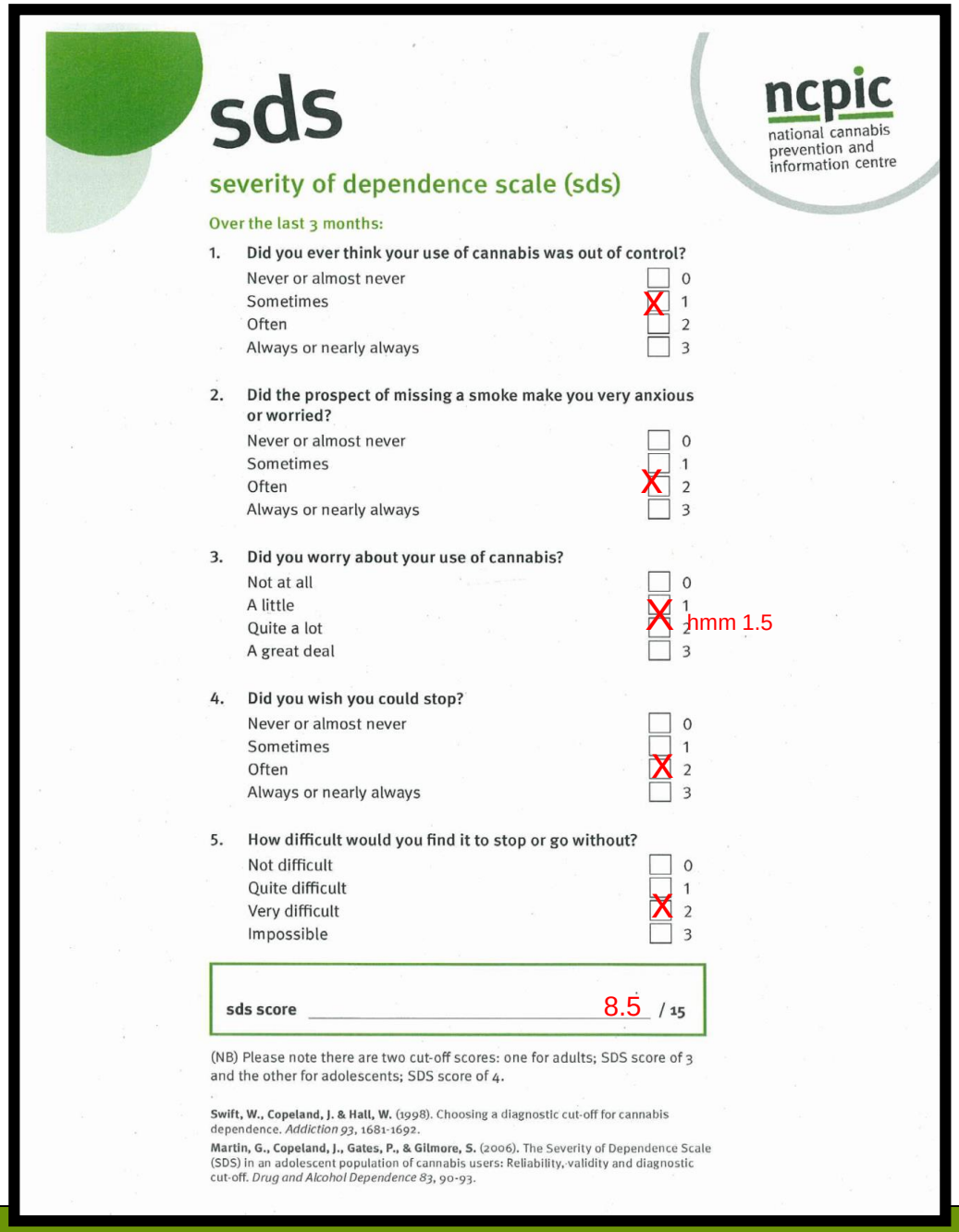
cognitive-behavioural therapy

- Based on the premise that thoughts and behaviours are linked
- Examines the evidence for and against thoughts to derive at a more realistic assessment of a situation
- Emphasis is on skills training
  - Drug dependent individuals ten to use drug use as their primary coping mechanism
  - Drug use is a result of faulty thinking processes



sds

severity of dependence scale (sds)

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Over the last 3 months:

1. **Did you ever think your use of cannabis was out of control?**
   - Never or almost never ☐ 0
   - Sometimes ☒ 1
   - Often ☐ 2
   - Always or nearly always ☐ 3

2. **Did the prospect of missing a smoke make you very anxious or worried?**
   - Never or almost never ☐ 0
   - Sometimes ☐ 1
   - Often ☒ 2
   - Always or nearly always ☐ 3

3. **Did you worry about your use of cannabis?**
   - Not at all ☐ 0
   - A little ☒ 1
   - Quite a lot ☐ 2
   - A great deal ☐ 3

hmm 1.5

4. **Did you wish you could stop?**
   - Never or almost never ☐ 0
   - Sometimes ☐ 1
   - Often ☒ 2
   - Always or nearly always ☐ 3

5. **How difficult would you find it to stop or go without?**
   - Not difficult ☐ 0
   - Quite difficult ☐ 1
   - Very difficult ☒ 2
   - Impossible ☐ 3

sds score 8.5 / 15

(NB) Please note there are two cut-off scores: one for adults; SDS score of 3 and the other for adolescents; SDS score of 4.

Swift, W., Copeland, J. & Hall, W. (1998). Choosing a diagnostic cut-off for cannabis dependence. *Addiction 93*, 1681-1692.

Martin, G., Copeland, J., Gates, P., & Gilmore, S. (2006). The Severity of Dependence Scale (SDS) in an adolescent population of cannabis users: Reliability, validity and diagnostic cut-off. *Drug and Alcohol Dependence 83*, 90-93.

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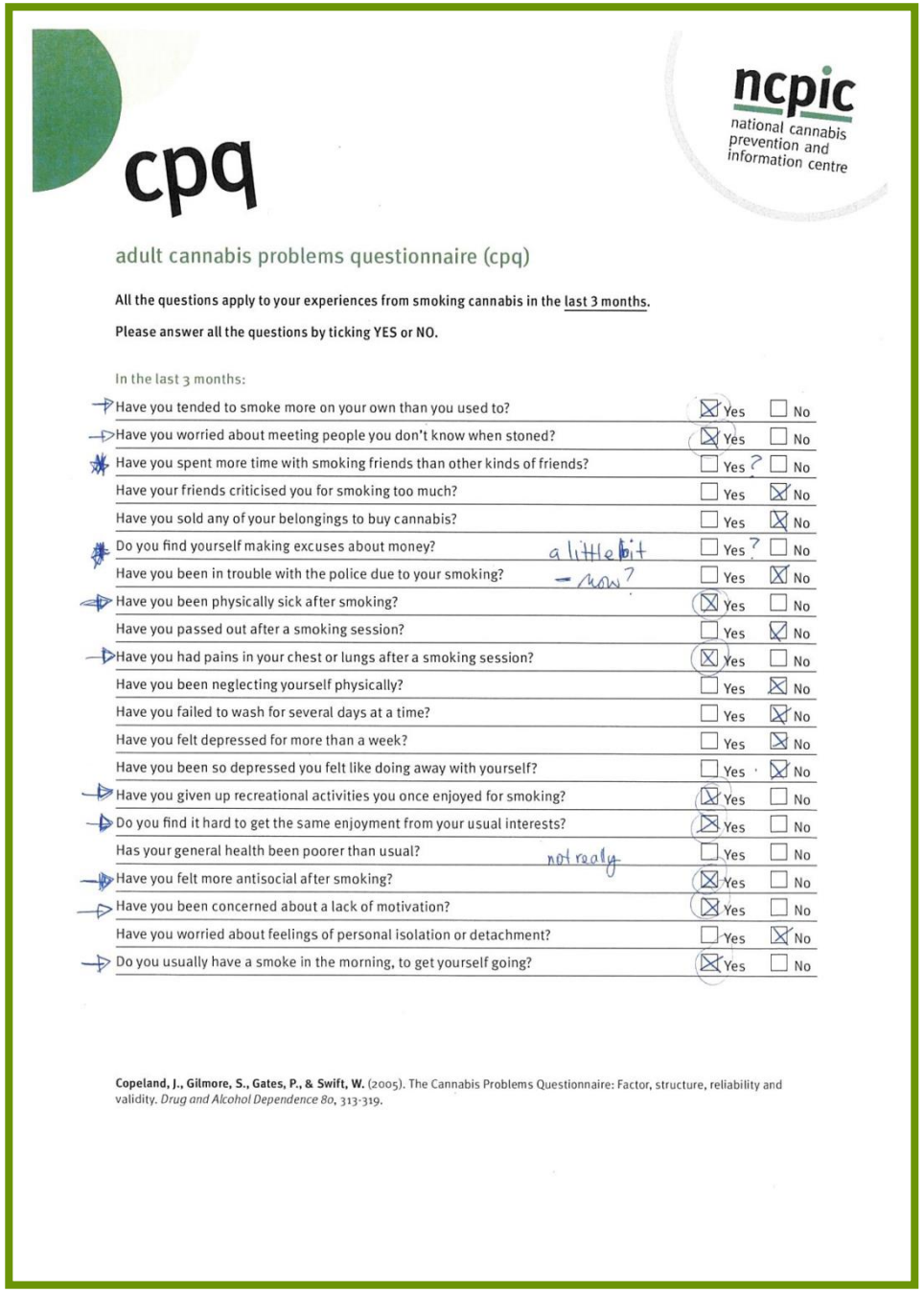
Feedback their level of dependence **SDS**



cpq

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adult cannabis problems questionnaire (cpq)

All the questions apply to your experiences from smoking cannabis in the last 3 months.

Please answer all the questions by ticking YES or NO.

In the last 3 months:

Have you tended to smoke more on your own than you used to?	☒ Yes	☐ No
Have you worried about meeting people you don't know when stoned?	☒ Yes	☐ No
Have you spent more time with smoking friends than other kinds of friends?	☐ Yes ?	☐ No
Have your friends criticised you for smoking too much?	☐ Yes	☒ No
Have you sold any of your belongings to buy cannabis?	☐ Yes	☒ No
Do you find yourself making excuses about money? a little bit	☐ Yes ?	☐ No
Have you been in trouble with the police due to your smoking? – now?	☐ Yes	☒ No
Have you been physically sick after smoking?	☒ Yes	☐ No
Have you passed out after a smoking session?	☐ Yes	☒ No
Have you had pains in your chest or lungs after a smoking session?	☒ Yes	☐ No
Have you been neglecting yourself physically?	☐ Yes	☒ No
Have you failed to wash for several days at a time?	☐ Yes	☒ No
Have you felt depressed for more than a week?	☐ Yes	☒ No
Have you been so depressed you felt like doing away with yourself?	☐ Yes	☒ No
Have you given up recreational activities you once enjoyed for smoking?	☒ Yes	☐ No
Do you find it hard to get the same enjoyment from your usual interests?	☒ Yes	☐ No
Has your general health been poorer than usual? not really	☐ Yes	☐ No
Have you felt more antisocial after smoking?	☒ Yes	☐ No
Have you been concerned about a lack of motivation?	☒ Yes	☐ No
Have you worried about feelings of personal isolation or detachment?	☐ Yes	☒ No
Do you usually have a smoke in the morning, to get yourself going?	☒ Yes	☐ No

Copeland, J., Gilmore, S., Gates, P., & Swift, W. (2005). The Cannabis Problems Questionnaire: Factor, structure, reliability and validity. *Drug and Alcohol Dependence 80*, 313-319.

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CPQ

hrc

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high risk confidence questionnaire (hrc)

These questions are about your ability to resist smoking cannabis (mull, dope, pot etc) in a variety of different situations and about how confident you are in your ability.

Think about the following situations and **CIRCLE** the degree of confidence that you have for resisting smoking cannabis in each of them.

How confident are you that you could stop yourself from (resist) smoking cannabis if you were:

Angry

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Sad

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

At a party with friends

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Wanting to feel good

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Before/after a meal

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Arriving home wanting to relax

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Wanting to feel more confident

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Bored

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

Offered a cone or a joint

Could not resist — Moderately sure I could resist — Certain I could resist

0% 10% 20% 30% 40% **50%** 60% 70% 80% 90% **100%**

1

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HRC

section 2
preparing for change

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conduct …..

Decisional Balance and introduce ratings

+ ve of smoking and change

- ve of smoking and change

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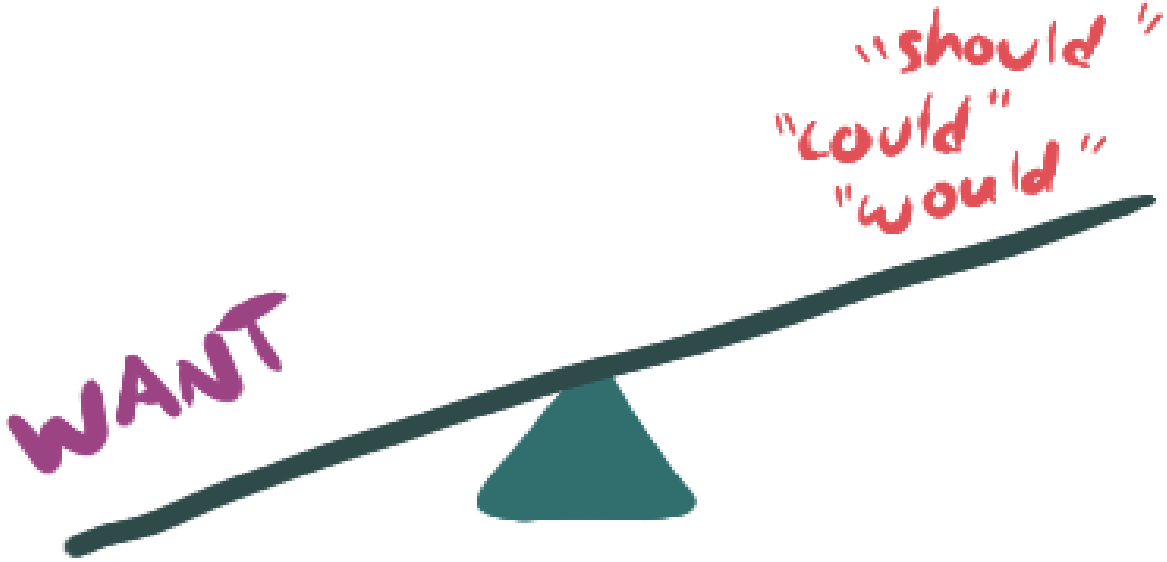
weighing up the pros and cons of smoking



section 2
preparing for change

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conduct ……. HRC

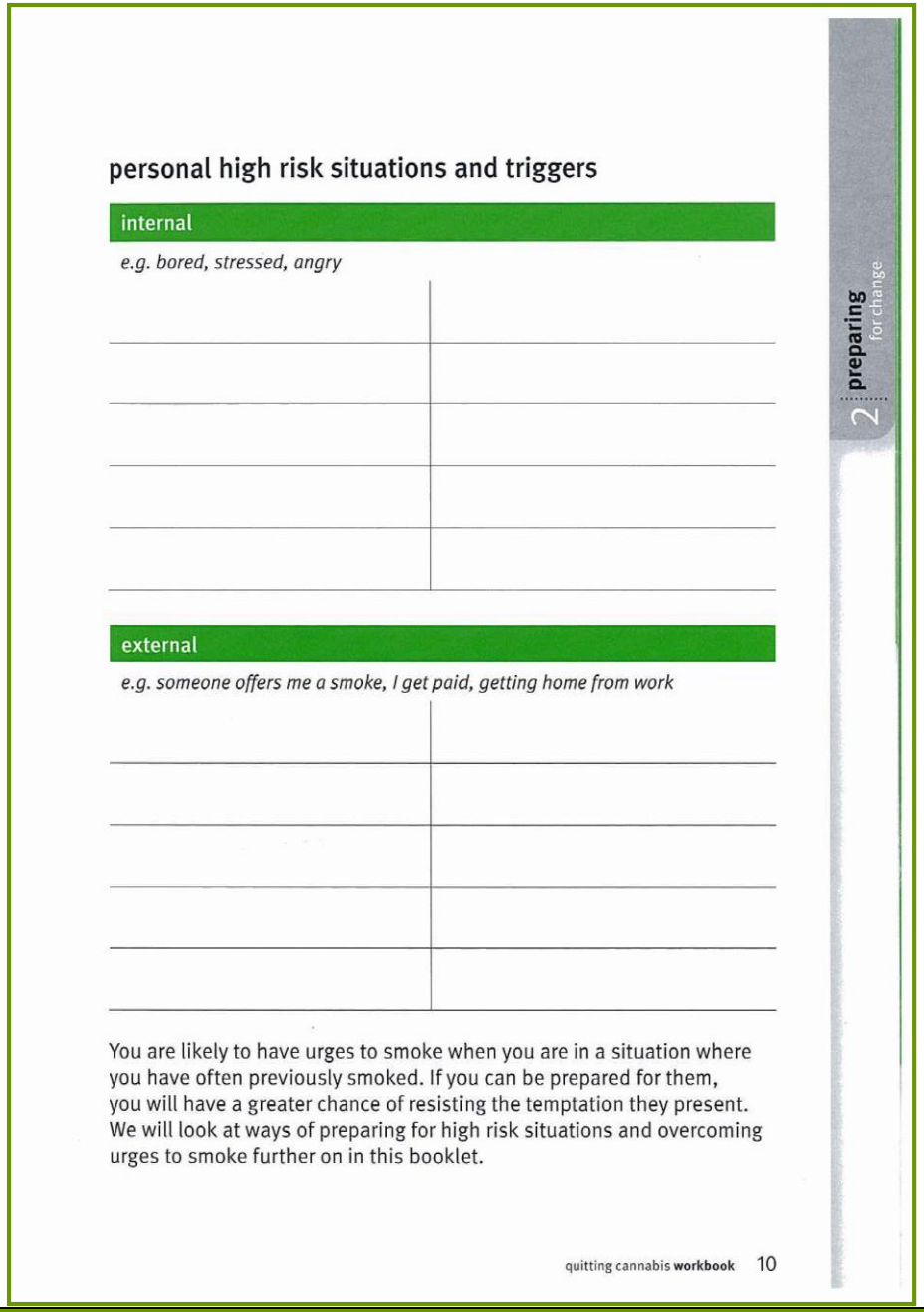
- why, where and when smoke –

High Risk situations:

Internal - Emotional

External - Environmental

Internal v External triggers



personal high risk situations and triggers

internal

e.g. bored, stressed, angry

external

e.g. someone offers me a smoke, I get paid, getting home from work

You are likely to have urges to smoke when you are in a situation where you have often previously smoked. If you can be prepared for them, you will have a greater chance of resisting the temptation they present. We will look at ways of preparing for high risk situations and overcoming urges to smoke further on in this booklet.

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strategies for change in section 3 and 4

discuss strategies for change

review monitor sheet

discuss cognitive restructuring i.e. thoughts, self talk, supports

4 D's

urge management

raise "owning own decisions" + develop emergency plan

behavioural self management

limit setting, strategies, coping skills,

discuss lifestyle changes and check on withdrawal

urges and craving

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urges and craving

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urges and craving

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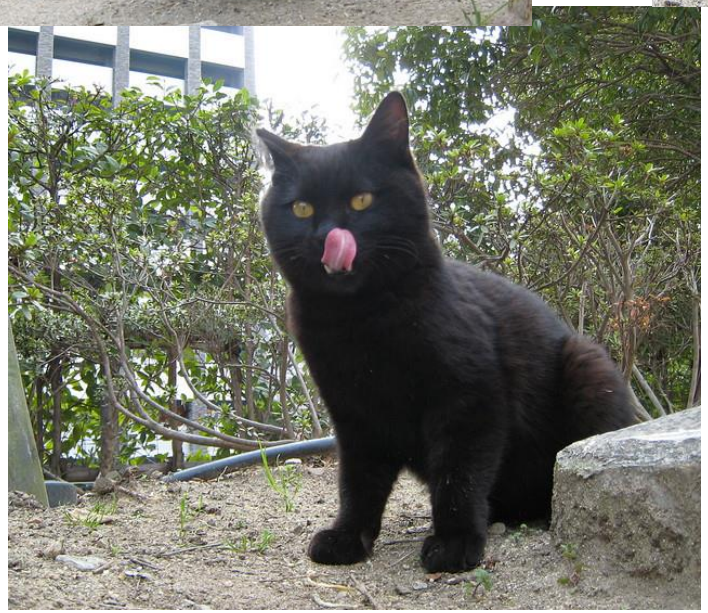

outline symptoms

section 4 managing withdrawal

withdrawal symptoms

Many people are likely to experience some cannabis withdrawal symptoms, while others may have little or no discomfort upon cessation. Often, the psychological symptoms are most difficult. There may, however, be some physical symptoms. These can be uncomfortable but are not dangerous. The main symptoms of cannabis withdrawal involve feelings of:

- **anxiety**
- **depression**
- **anger**
- **confusion**
- **irritability**
- **urges to smoke**

Physical symptoms may include

- **insomnia**
- **feelings of restlessness**
- **loss of appetite**
- **tremors**
- **nightsweats**
- **diarrhoea**

Withdrawal symptoms are actually signs that the body is recovering and readapting to being cannabis free, therefore withdrawal symptoms are positive signs of recovery. They are short-term and it is impossible for them to persist for a great length of time. Most of the symptoms will gradually resolve within five to ten days.

The following strategies will assist in the management of urges/cravings:

- **distracting** (i.e. do something else)
- **delaying** (i.e. put it off as long as possible)
- **decatastrophising** (i.e. that it is not the end of the world... it will pass)
- **de-stressing** (i.e. do something relaxing)

Most of the uncomfortable withdrawal symptoms will come and go, just as urges to smoke come and go. In the tables provided, monitor your withdrawal symptoms over the course of one week by placing a tick in the space next to each symptom.

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what is cannabis withdrawal?

A set of symptoms that are predominately emotional, behavioural and to a less extent physical that occur in many people who are dependent on cannabis

(sleep disturbance and agitation are most common complaint)

common symptoms

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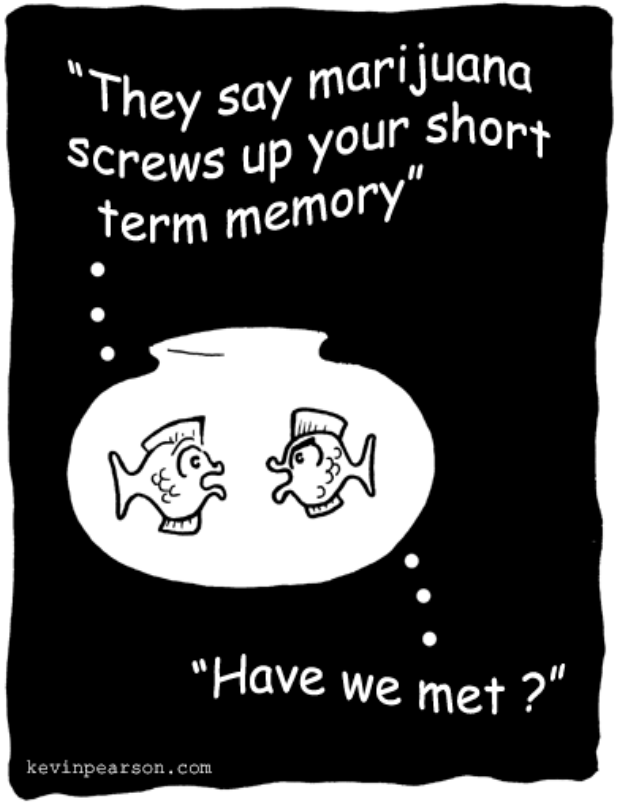
Common Symptoms

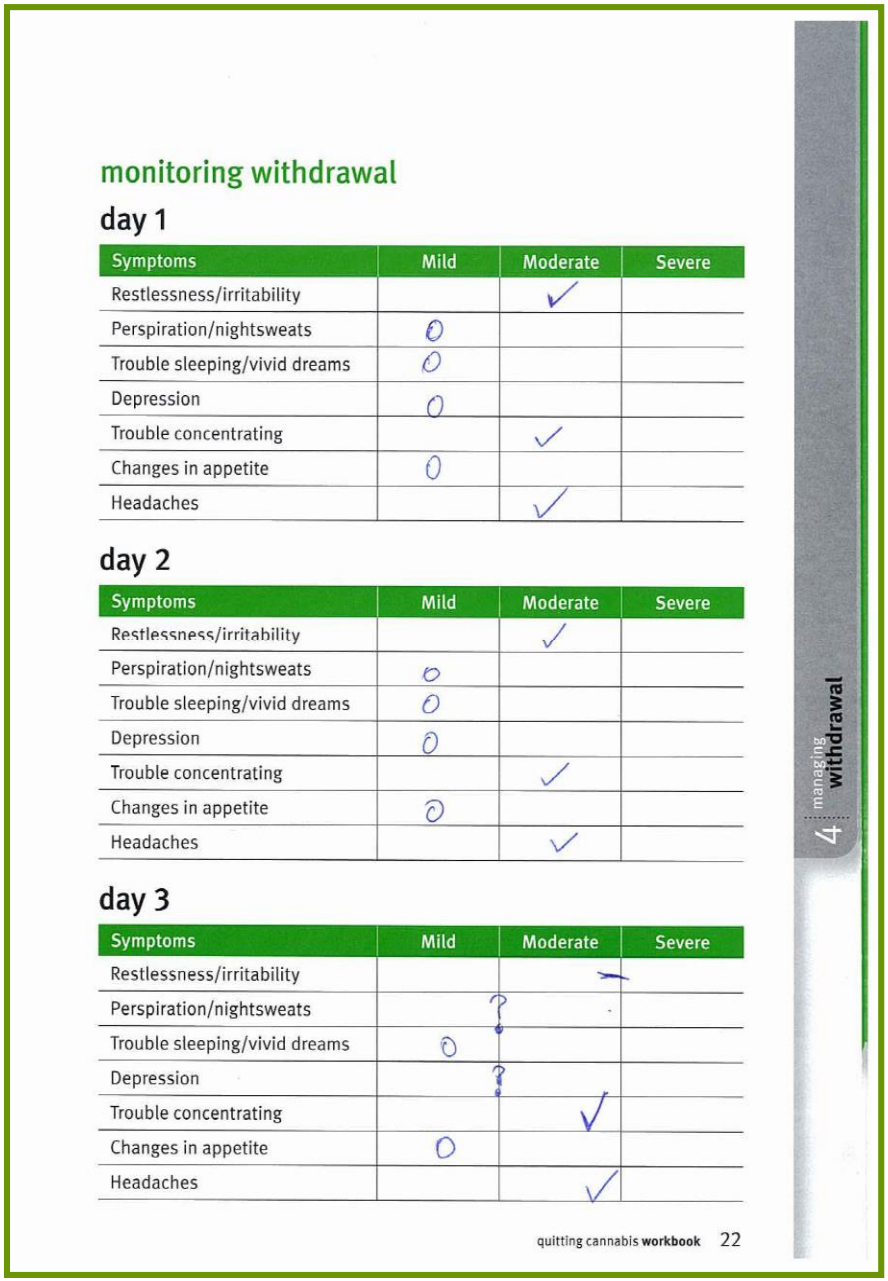
- Sleep difficulties including strange dreams
- Anxiety/nervousness
- Decreased appetite or weight loss
- Restlessness
- Anger, aggression, irritability

Less common symptoms

- Chills
- Depressed mood
- Stomach pain/physical discomfort
- Shakiness
- Sweating



withdrawal monitor



monitoring withdrawal

day 1

Symptoms	Mild	Moderate	Severe
Restlessness/irritability		✓	
Perspiration/nightsweats	0		
Trouble sleeping/vivid dreams	0		
Depression	0		
Trouble concentrating		✓	
Changes in appetite	0		
Headaches		✓	

day 2

Symptoms	Mild	Moderate	Severe
Restlessness/irritability		✓	
Perspiration/nightsweats	0		
Trouble sleeping/vivid dreams	0		
Depression	0		
Trouble concentrating		✓	
Changes in appetite	0		
Headaches		✓	

day 3

Symptoms	Mild	Moderate	Severe
Restlessness/irritability		✓	
Perspiration/nightsweats	?		
Trouble sleeping/vivid dreams	0		
Depression	?		
Trouble concentrating		✓	
Changes in appetite	0		
Headaches		✓	

4 managing withdrawal

quitting cannabis workbook 22

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section 5
putting it all together
summary ……

- Review previous week/s and fine tune

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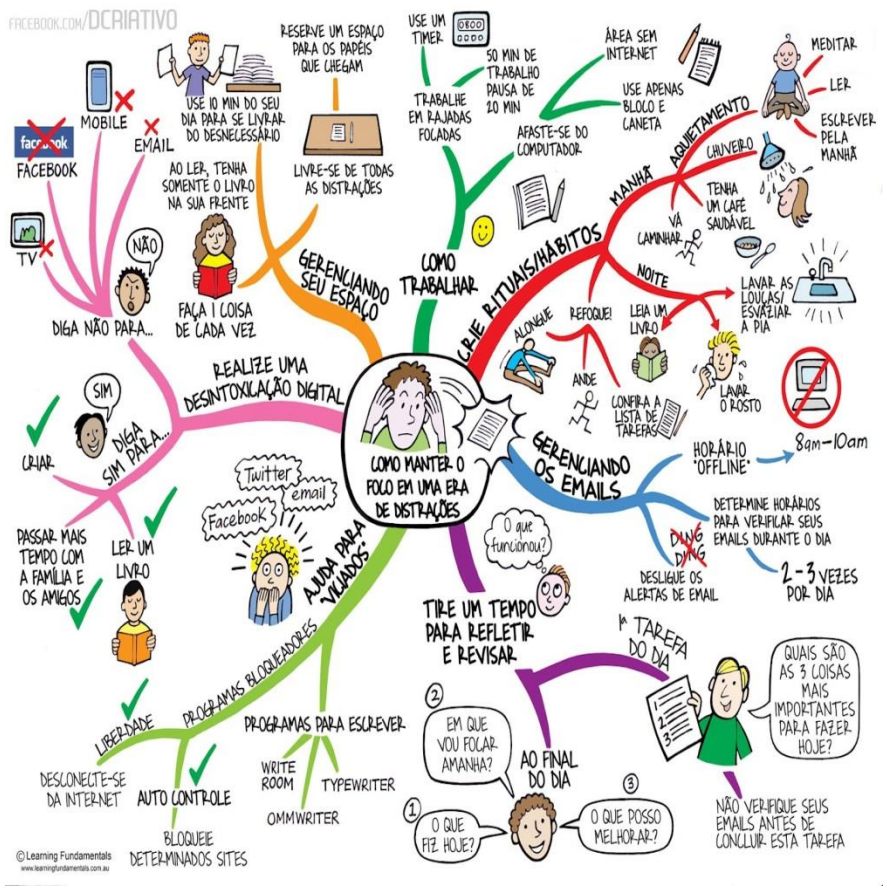
- **prepared mentally**



- **rationalisations**

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- **separation / loss**

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monitor sheet

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Your decision date:

self monitoring diary

Date & Time	Situation: where/ with whom	Strength of urge/desire	Thoughts and feelings	Outcomes (actions, challenges, thoughts, consequences)	Amount smoked	Mastery rating (0-10)
29/4	saw John at club	6/10 craving	"he looks wasted" - felt half good, half bad -	walk out of bar - walked down the street telling myself not to give up & be a loser like him.	0	6-7
30/4	shit day at work.	8/10	shit shit shit I need to calm down.	I am so stupid - "one won't hurt" - "no, I am better than that" - distract, walk, phone, coffee, check sports results.	0	7

Total number of days of abstinence/change:

encourage rewards

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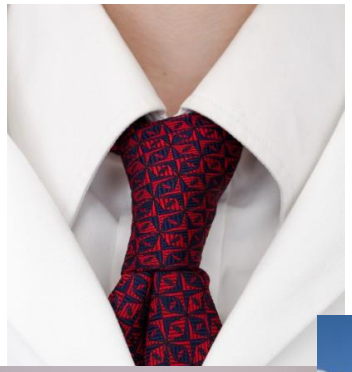

better coping skills

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– *Anger management*

– *Communication*

– *Sleep hygiene*

life style changes

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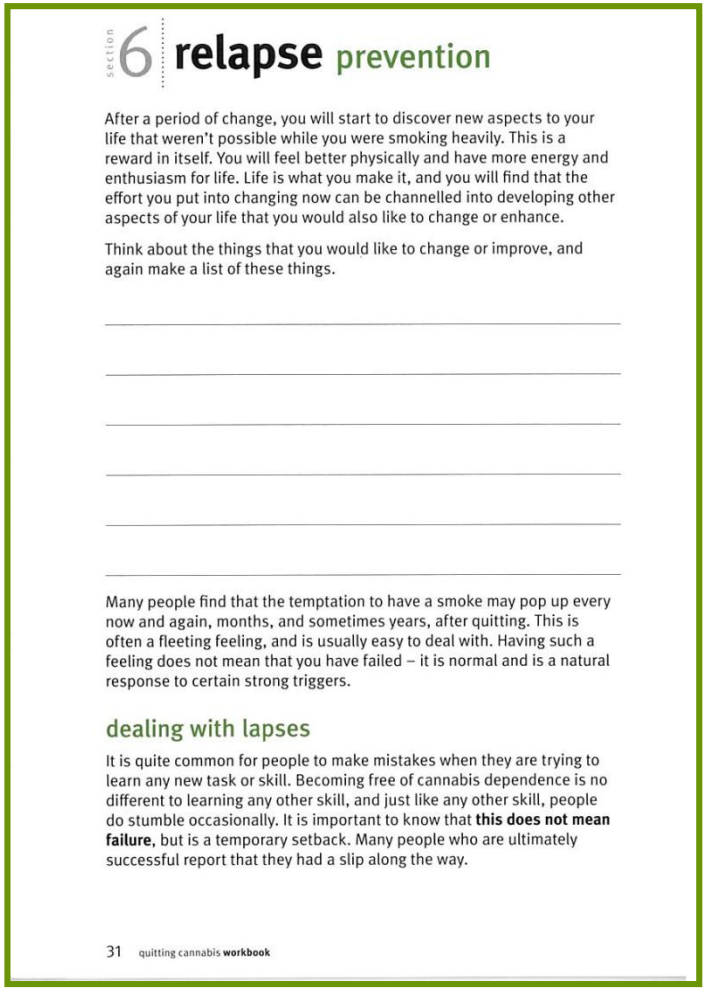
section 6
relapse prevention



section 6 **relapse** prevention

After a period of change, you will start to discover new aspects to your life that weren't possible while you were smoking heavily. This is a reward in itself. You will feel better physically and have more energy and enthusiasm for life. Life is what you make it, and you will find that the effort you put into changing now can be channelled into developing other aspects of your life that you would also like to change or enhance.

Think about the things that you would like to change or improve, and again make a list of these things.

Many people find that the temptation to have a smoke may pop up every now and again, months, and sometimes years, after quitting. This is often a fleeting feeling, and is usually easy to deal with. Having such a feeling does not mean that you have failed – it is normal and is a natural response to certain strong triggers.

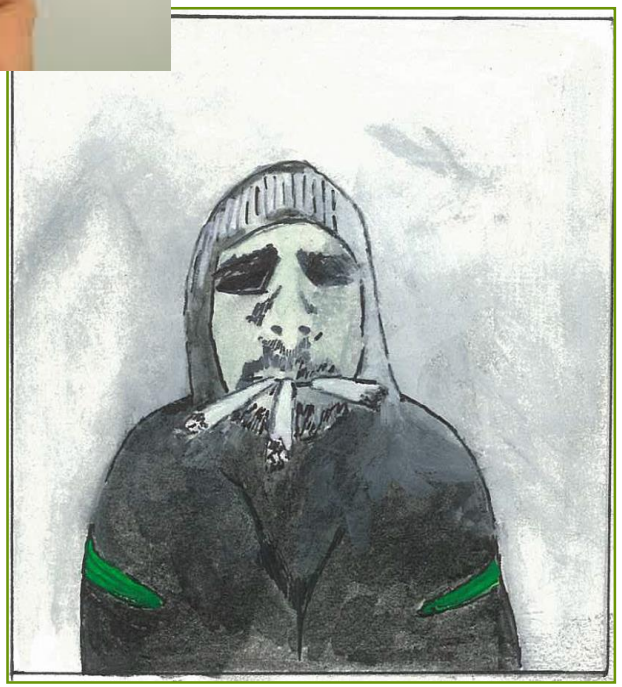
dealing with lapses

It is quite common for people to make mistakes when they are trying to learn any new task or skill. Becoming free of cannabis dependence is no different to learning any other skill, and just like any other skill, people do stumble occasionally. It is important to know that **this does not mean failure**, but is a temporary setback. Many people who are ultimately successful report that they had a slip along the way.

31 quitting cannabis **workbook**

Discuss Lapse v Relapse

ncpic
national cannabis prevention and information centre



ncpic
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Lapsing IS NOT failing

ncpic
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relapse prevention

- Look to the future

thank you for listening and please contact:

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