AOD ECHO Network
Session 3

12/10/21

Didactic: Cannabis

Case presentation: Dr Bridget Sawyer

Contributing partners:

AOD ECHO Network - Agenda

- Welcome and introductions

- Announcements

- Didactic presentation: Dr. Bridget Sawyer

  o Questions on the didactic

- Case presentation –

  o Clarifying questions for Dr Bridget Sawyer

    o Recommendations

- Post-session evaluation survey

ECHO Etiquette

- Remain on 'Mute' except when speaking.

- Ask questions or make comment by raising your hand (in 'Reactions')
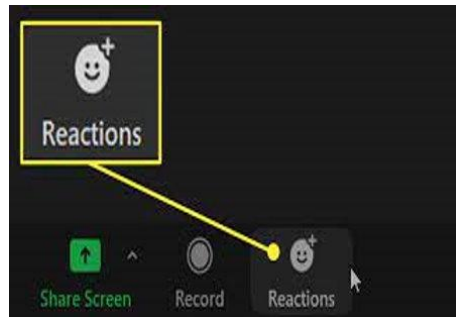
- Use 'Chat' if you wish to communicate with the ECHO Coordinator.

- Maintain confidentiality.

Consumer Experience of Cannabis: why people use it?

- Cannabis culture

- Normalisation and acceptance

- Cannabis as recreation

- Cannabis as self-medication

Cannabis and mental health

- Mental health impacts more likely:
  - Early onset of use – impact key stages of brain development <18yo
  - ↑Duration of use, Frequency (at least weekly), Dose
  - Dependence (daily use, ~0.5gm?)

- Depression risk 'moderate'
  - 'direct' pharmacological causation unclear.
  - Psychosocial impacts of pharmacological effects → depression
  - = ↓ motivation, ↓ energy/activity, withdraw socially, ↓ cognitive capacity
  - Occupational/educational struggles, relationship impacts, weight gain, procrastination, less active, staying at home, DUI
  - ↓ self-efficacy

- Anxiety risk 'small' – complex relationship.
  - Intoxication can cause anxiety/paranoia in some, relieves anxiety in others
  - Feature of withdrawal/falling blood cannabis concentration

- General mood impacts
  - ↓ capacity to manage stress, emotional lability, irritability, ↑anger/aggression, sleep disturbances, amotivation

- Psychosis and schizophrenia risk ~doubled (but other factors at play – genetics, Fa Hx, ACE)

- Positives: instant relaxation, reduced rumination/worry, euphoria, sensory enhancement, social (short period), sleep producing

- Negatives: ↓ memory/concentration, inactivity, unproductive, relationship impacts, loss of control/independence, driving, moodiness, flatness, anxiety, weight gain.

- [How to administer the ASSIST and linked Brief Intervention](#)

- The package includes three different manuals; Guidelines for clinicians (1) and (2), and Self Help Strategies for clients (3)

- (1) [The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (who.int)](#)

- (2) [The ASSIST-linked brief intervention for hazardous and harmful substance use (who.int)](#)

- (3) [Self-help strategies for cutting down or stopping substance use (ASSIST) (who.int)](#)

Patient Assessment: Cannabis use

Start with general questions:

- How is your health?

- Eating/sleeping/exercise?

- Do you drink?

- Do you smoke?

- What about cannabis? (dope, marijuana, mull, pot, weed, grass, skunk [hydroponic])

ASSIST screening tool (ASSIST)

Assessment: cannabis cont..

Pattern and frequency of use:

- do you smoke first thing: 'wake and bake'.

- Smoke at work/ in breaks

- DUI

- Mix alcohol and/or other drugs.

Quantity:

- how many joints or bongs a day?

- how much are you spending?
    - 1 gram: few joints ($10-15) *
    - ¼ ounce=7 grams: common amount ($50-60) *
    - 1 ounce = 28 grams ($200-250) *

*
average pricing in SA

Assessment: cannabis cont..

Method of use:

- Joint rolled with or without tobacco

- Small pipes

- Bong/water pipe-
  - high efficiency in delivering greatest level of THC
  - smoke is cooled allowing for deep inhalation
  - high level of tar and harmful materials consumed each dose

- Consumed through cookies/cakes or hot water infusions
  - delayed psychoactive effects, difficult to judge dose but reduced risk of diseases of the respiratory tract

Duration:

- predictor of withdrawal

- time of last use

- What are the positive and negative aspects of smoking for the patient/client?

Withdrawal symptoms – highly variable

- Anxiety, restlessness, irritability, agitation
- Racing thoughts
- Mood swings and increased aggression
- Nausea and anorexia
- Disturbed sleep, and an increase in vivid dreams.
- Feelings of depression

Withdrawal management

- No specific medications for managing cannabis withdrawal or relapse

- Effectively managed on an outpatient basis; however, severe dependence may require specialised assistance.

- engage in brief interventions, including relapse prevention and problem-solving skills

- consider shared care with psychologists and/or experienced AOD workers.

Pharmacology for withdrawal

Medications may be useful for a limited time:

- sedative / hypnotics

  e.g., diazepam 5 –10 mg qid prn, temazepam, 10 – 20 mg nocte for a few days (lorazepam if nausea a significant issue)

- antipsychotics (for severe agitation or psychosis)

  e.g., olanzepine or quetiapine.