

Cannabis Addiction – Key Notes

Type of users	8.2% of 16-59 year olds used in last year 20.9% of 16-24 year olds used in last year 4.8% of 16-59 year olds used in last month 12.0% of 16-24 year olds used in last month
Forms of the drug	Leaves of and flowering tops of the plant which can be infused and drunk (bhang) or smoked (marijuana, ganja) Resin from the plants which is smoked (hashish), or tobacco dipped in oil from the resin and smoked. Skunk is a variant of the plant grown 'hydroponically', a method designed to increase the concentration of THC, the active ingredient. Cannabis may be smoked with tobacco; smoked in a pipe / bong; eaten in cakes, biscuits, cannabis butter, cannabis chocolate; drunk in marijuana tea Medical forms of cannabis-derived medications may become available, eg Sativex, Marinol
Street Names	Hash, marijuana, dope, pot, grass, joint, weed, wacky baccy, tokes, spliff, reefer, roach
Purity	Not cut
Cutting agents	None
Legal status	Class C controlled drug under the Misuse of Drugs Act 1971
Modes of taking	Smoking (usually with tobacco), eating, drinking
Patterns of use	Many people try cannabis a few times and then stop Some people use cannabis, along with alcohol and tobacco, without, necessarily proceeding on to use of other drugs. Use may be weekly Some use cannabis daily, on its own (e.g, a joint to relax in the evening) Some use cannabis daily, as part of multiple drug use, with pills, heroin, cocaine.

Effects of the drug

Acute – wanted

Relaxed mood
Giggling
Euphoria
Self-confidence
General sense of well-being
Lack of worries
Time passing slowly

Acute – unwanted

Anxiety and panic
Racing heart
Impaired attention and memory
Risk of accident while driving
“Munchies”
Nausea
Acute toxic psychosis

Chronic – wanted

(contentious. Some think cannabis is helpful in the following conditions)
Muscle spasm in multiple sclerosis
Glaucoma
Appetite stimulation in AIDS
Nausea relief in cancer chemotherapy

(nb, although some research has been done into the efficacy of cannabis use in these clinical conditions, it is still NOT legal in the UK to smoke cannabis for them)

Chronic – unwanted

Risk of psychosis and schizophrenia
Impaired educational achievement and job performance, with increased sick days
Reduced testosterone levels and sperm count
Reduced female fertility
Cannabis allergy (rare)
Chronic bronchitis and cancers of mouth, windpipe, gullet

Evidence suggests little, if any, mortality from cannabis use, but caution that it is smoked with tobacco

Clinical presentations

Occasional use
Intoxication (F12.0)
Harmful use (F12.1)
Dependent use (F12.2)

Natural history

Tendency to start using in teenage years
Tendency to cease use with age, with getting married and having children.
Reduction in cannabis use continues with each passing decade (rounded data from 2003-4 BCS, similar pattern 10 years earlier)

Age Decade	16-24	25-34	35-44	45-54
% use last yr	25	15	7	3

Modes of presentation

Presentation to family doctor

- Consultation about cannabis use
- Diagnosis of another medical condition associated with cannabis use
- Presentation to psychiatric services with possible cannabis-induced psychosis or amotivational syndrome
- Concern expressed by another family member or friend

Referral by employer or from occupational health service

Medicolegal referral (contribution to criminal act, component of divorce / childcare proceedings)

Referral from police following drug testing following road traffic accident

Assessment

Clinical diagnosis

- History
 - longitudinal history of use and cross-sectional history (typical drug-using day, history of use over last week)
 - presence of withdrawal symptoms (decreased appetite, stomach pain, decreased body weight, depressed mood, shakiness, irritability, aggression, restlessness, sleep difficulties, strange dreams, craving for marijuana)
- Examination
 - Lowered level of consciousness / relaxed appearance / red eyes
 - Mental state examination for presence of psychosis
- Rating scales
 - None
- Investigations
 - Urine testing for cannabis.
 - Can also test in blood, sweat and saliva.
 - NB, cannabis is not taken up well in the hair and hair testing is not useful

Complications from drug use

- Physical
 - Respiratory illness
- Psychological
 - Memory
- Social
 - School failure, job difficulties, debt, finances, benefits, housing

Motivational state

- motivated to continue using, ambivalent, motivated to cease use

Treatment options

Self-help

Marijuana Anonymous (www.marijuana-anonymous.org)

(just starting in the UK)

Self-help books and recordings (CDs, MP3s)

Those continuing to use

Psychoeducation

Motivational interviewing

Group therapy

Those wishing to stop

Detoxification requires only support

Those wishing to remain abstinent

Relapse prevention therapy

Day programme

Residential rehabilitation

Outpatient treatment

- 1:1 support
- Individual counselling
- Individual cognitive-behavioural therapy
- Individual contingency management
- group therapy

Family support / family therapy

Assistance with process of finding accommodation

Assistance with addressing financial problems

Assistance with further education

Assistance with occupation / employment