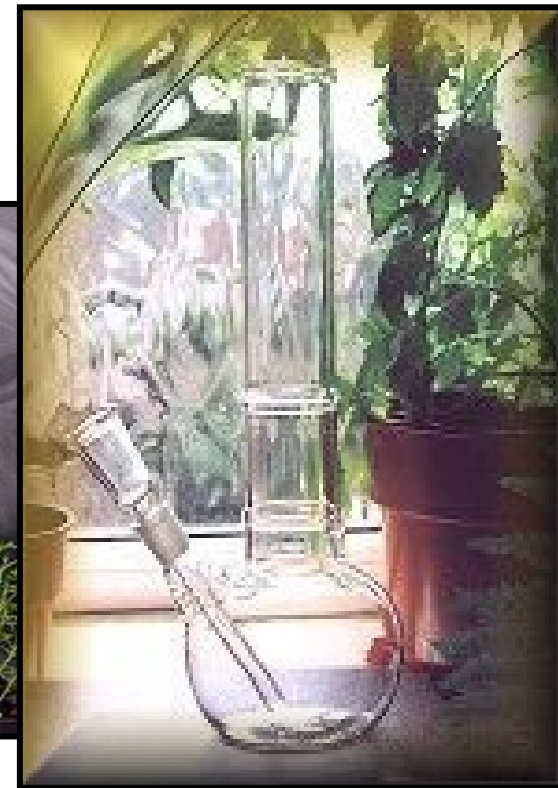
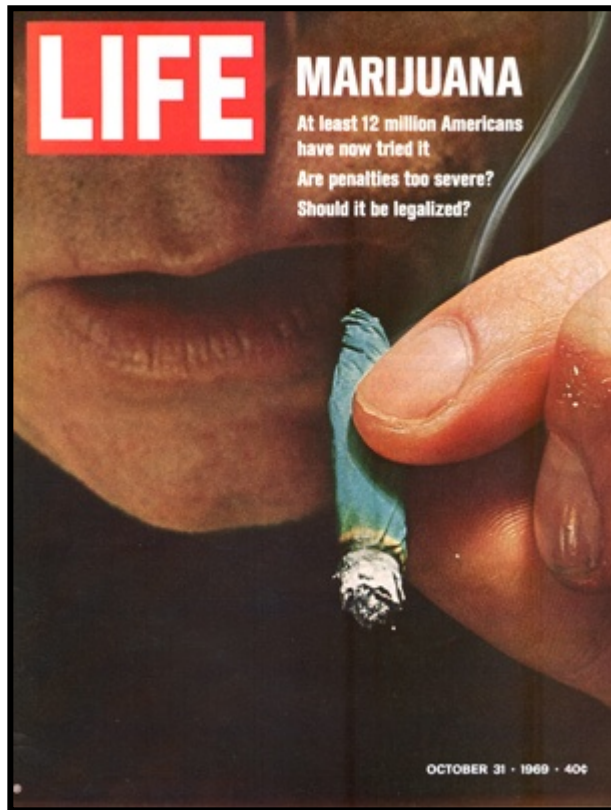


Etty Matalon Clinical Training Manager

(02) 9385 0262 04111 94568 etty@unsw.edu.au



Quitting cannabis? 1 – 6 sessions



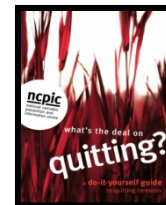
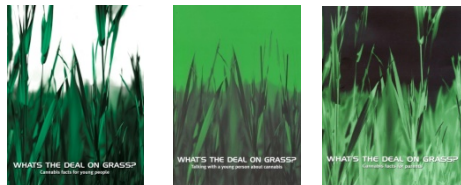
Outline for 90 minutes

Introduction to NCPIC	10 mins
Brief Interventions – general	10 mins
<i>Quitting cannabis?</i>	
<i>1 – 6 sessions + materials</i>	60 mins
Summary – questions	10 mins



NCPIC provides Resources, Information, Education and Training

- One stop shop on our website + helpline + Cannabis Clinics (NSW)
- Other projects - Postal and On line self help,
- Barriers and Facilitators to treatment – Technical Report No. 1
- Series booklets (including self help)



- Facts sheets, Flyers, E-Zines, Bulletins
- **Training - Everything you need to know**
- - Youth workshops
- - Intervention: Quitting Cannabis? 1 – 6 sessions (with books)
- - Intervention: ACCU – Assessment + Feedback + cbt session (op)
 - For adolescents and adults (with books)
- - National Clinical Guidelines

NCPIC Bulletins

nctic
national cannabis
prevention and
information centre



Clinical profiles of cannabis-dependent adolescents in residential substance use treatment

Anthony Arcuri, Jan Copeland and John Howard

Key points

- Young people are most likely to present to residential substance use treatment in Australia with cannabis as their principal drug of concern
- Those who present with cannabis use problems are younger and more likely to be male
- They are also more likely to seek treatment in rural settings than are their primarily psychostimulant or opioid-using peers
- The mental health of young people presenting with cannabis problems is as poor as that of primary psychostimulant users, and poorer than that of primary alcohol or opioid users
- Cannabis-using young people presenting to residential treatment are less criminally involved
- Young people with cannabis as a principal drug of concern were retained longer than other groups

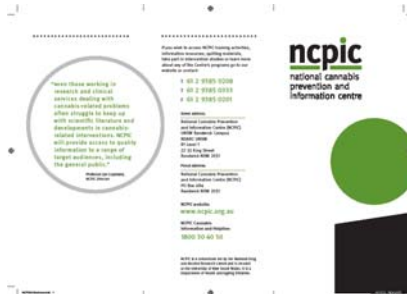
Background

Cannabis is the most common drug for which young people present to specialist drug and alcohol treatment in Australia. In 2005-06, 50.1% of Australian substance use treatment episodes among young people aged 10 to 19 years involved cannabis as the principal drug of concern, followed by alcohol (23.4%), psychostimulants (i.e., methamphetamine, ecstasy and cocaine; 10.5%) and opioids (5.9%).¹

Cannabis use among young people has been associated with impairments in a number of areas of functioning, including mental health (most notably psychosis, but also depression and anxiety), physical health, vocational and educational engagement, social and family functioning, and delinquent and criminal behaviour.²⁻³ It is unclear, however, whether these impairments among young cannabis users are more or less pronounced than they are among young people who primarily use alcohol, psychostimulants or opioids in similarly problematic ways, and how existing psychopathology or other vulnerability may be exacerbated by cannabis use.

Gaining such an understanding may assist substance use treatment program developers, managers and clinicians to meet the specific needs of young cannabis users presenting to treatment. This knowledge may be particularly useful within residential treatment settings where some needs of cannabis users may be overlooked when attention is focussed on the management of more visible and immediate symptoms and behaviours associated with substances other than cannabis (such as the aggressive behaviours purportedly associated with psychostimulant and alcohol presentations).⁴ More in-depth knowledge of the clinical profile

We thank TNF, a NCPIC consortium partner, for generously sharing their client data.



contents

- research publications p2
- commentary on research p3
- media stories this issue p3
- what do we know? p4
- developing limits for cannabis and driving p4
- cannabis and the law p4
- varieties of cannabis p5

what's new in cannabis?

director's report
Jan Copeland
(Professor/Director, NCPIC)
National Cannabis Information and Helpline – 1800 30 40 50
do you need information on cannabis?
do you know someone concerned about their own cannabis use, or that of a friend or family member?
does a client need support and advice around their cannabis use?
does someone you know want to stop using cannabis and needs help to do so?

Cannabis use stabilizing in Europe
Nearly a quarter of all adults in the EU (around 70 million) have tried cannabis at some time in their lives, and around 7% (3 million) have used it in the last year. But while cannabis remains Europe's most commonly used illicit drug, the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) 2007 Annual Report says that new data are a cause for 'cautious optimism'. Following escalating cannabis use through the 1990s, and more modest rises after 2000, latest data suggests that cannabis use is now stabilising or falling. There are also signs that among younger age groups the drug's popularity may be waning. According to the report, on average 13% of young Europeans (9-34 years) have used cannabis in the past year.

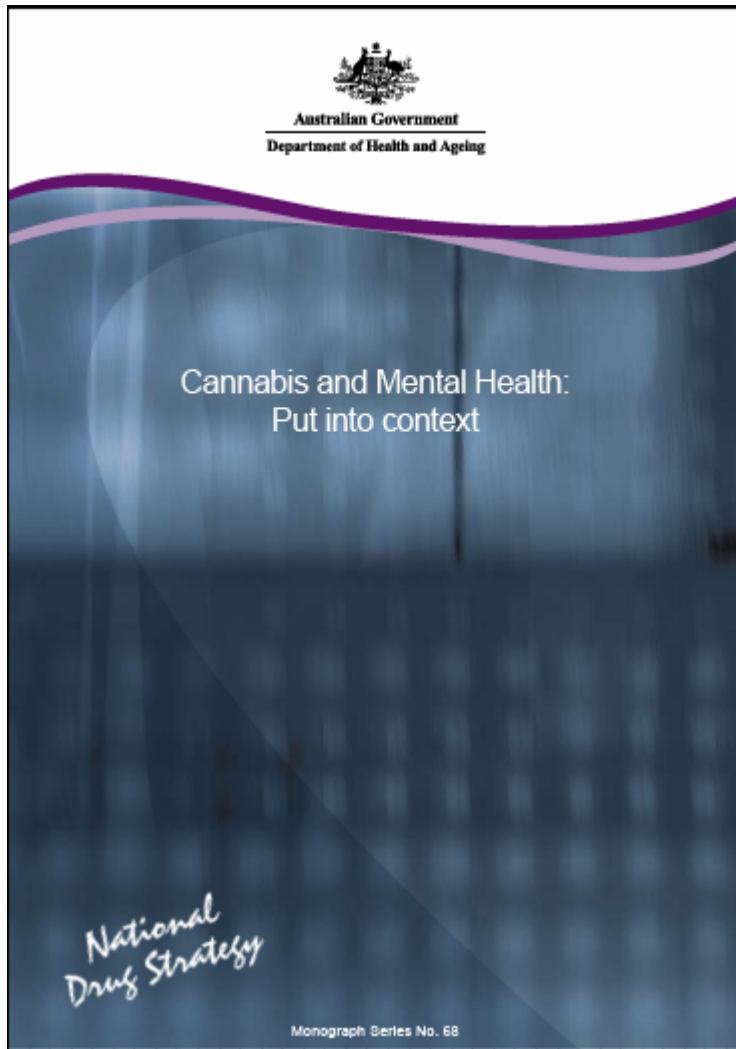
The Cannabis Information and Helpline will operate 2-11pm Sunday to Friday (including public holidays). After hours all calls will be directed to a message service as well as to Lifeline 13 11 14 as an alternative contact. Callers will be advised that the call may be monitored but the number will not appear on most major Telco bills. In addition, call tracing will be available from the technology platform where there is a serious suicide risk. Lifeline can accommodate people with disabilities, Indigenous peoples and people with culturally and linguistically diverse backgrounds. Provision for the National Relay Service (for people who are deaf or who have a hearing or speech impairment) will be provided on the service as well as the ability to engage interpreters.

The CHi is run by our consortium partner Lifeline. Lifeline Australia has been operating a national 24 hour counselling service for more than 40 years. Every year almost 400,000 calls are taken by the line, which is staffed by 3,500 trained volunteers in over 60 sites.

continued on page 2

Order via NCPIC website

The screenshot shows the NCPIC website in a Mozilla Firefox browser window. The browser's address bar displays the URL `http://stage.doubleloop.com.au/nctic/`. The website's header features the NCPIC logo and the text "information for" followed by a navigation menu with categories: WORKFORCE, CANNABIS USERS, FAMILY & FRIENDS OF USERS, YOUNG PEOPLE, INDIGENOUS COMMUNITIES, and GENERAL COMMUNITY. Below the header, the main content area is divided into two columns. The left column features a large image of cannabis leaves with the text "Cannabis Information" and "Evidence-based information on cannabis and related harms". Below this, there are images of promotional materials for a "short film competition" and a "poster competition", with the text "News articles & publications from NCPIC" overlaid. The right column contains a vertical menu with links for "About Us", "Media", "News", "Links", and "Partners". Below the menu is a search section titled "Looking for something?" with a search input field, a "Search" button, and radio buttons for "Entire Site" and "This Section". At the bottom of the right column is a "Member Log-in" section with fields for "Username" and "Password", and a "Login" button. The browser's taskbar at the bottom shows the Windows Start button, several open applications (including "Fw: Website - IBM Lo...", "Calendar - Microsoft...", and "NCPIC - Mozilla Firefox"), and the system clock showing "4:20 PM".



<http://ncpic.org.au/ncpic/news/ncpic-news/article/new-national-drug-strategy-monograph-series-report-cannabis-and-mental-health-put-into-context>

Learning Outcomes

- To provide participants who treat individuals presenting with cannabis use disorder with a brief and efficacious intervention
- To familiarise participants with the material for the delivery of treatment with individuals presenting with cannabis use disorder

Objectives

By the end of the workshop participants will be:

- * familiar with a brief intervention aimed at reducing cannabis related harms
- * familiar with resources and materials including
 - Severity of dependence
 - High Risk Confidence questionnaire
 - Cannabis problems questionnaire



Additional Resources

- Motivational Interviewing
W. Miller and S. Rollnick
1991, 2002 edition, Guilford press
- Treatment Approaches for Alcohol and
Drug Dependence
Jarvis, Tebbutt and Mattick
1995, 2004 edition

Engagement

- Clinician characteristics mediate effectiveness
- Counselling skills need to be supported by structured evidenced based interventions
- Retention to treatment relies on engagement
- Longer retention predicts positive treatment outcomes
- Removal of practical barriers is important
- Systematic follow-up + missed appointments and post treatment follow-up encouraged

Motivational Enhancement

- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll with resistance
- Support self efficacy
- Use open ended questions
- Use reflective listening
- Affirm the participant
- Use periodic summaries
- Elicit self-motivating statements
- Recognise and deal with resistance
- Recognise readiness for change

General Motivational Approaches

- Give **A**dvice
- Remove **B**arriers
- Provide **C**hoices
- **D**ecrease **D**esirability
- Display **E**mpathy
- Provide **F**eedback
- Clarify **G**oals
- **H**elp Actively



Using FRAMES

Feedback

Responsibility

Advice

Menu

Empathy

Self Efficacy



Brief interventions

What is a brief intervention?

A structured clinical interview which can range from minutes to hours and ranges from 1 session to 12 sessions

The procedure is a combination of motivational interviewing techniques and counselling

Brief Intervention – “the headlines”

- Feedback (assessment + anything else assessed)
- Education (related to dependence e.g. SDS) +
- Education (related to harms e.g. facts sheets) +
- Identifying problem areas + HRS (questionnaires)
- Discuss reasons & strategies for change +
- Discuss withdrawal + coping with cravings
- Goal setting (e.g. review in x months or cut down or come back for counselling)
- Monitoring (if at all possible)

Brief Intervention

A more comprehensive intervention in a Motivational Interviewing style covers

- Challenging positive expectancies
- Decisional Balance
- Coping skills training
 - Relationship issues, health issues
 - stress management, anger management
- Rationalisations
- Lifestyle modification
- Grief and loss
- Behavioural self-management
- Relapse prevention



Why use Brief Interventions?

- Standardised – no organising required
- Validated through research
- Material is readily available
- Increases chances of effecting change

Who and How ?



- How will what we are covering fit into your work?
- Creating a clinical case
- Think about what you found difficult when dealing with clients..?



Brief Interventions

Assess receptiveness to “change”
(even though it fluctuates)

Options: **A, B or C**

- **A.** Education and Information
- **B.** Intervention ACCU or (2 – 3 sessions)
- **C.** Comprehensive (3 or more sessions)

Brief Intervention –
the minimum –

A. Information and Education

- **Feedback from assessment
using FRAMES**
- **Education related to dependence**
- **Add booklets and or facts sheets**
- **Raise notion of review**

Brief Intervention

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



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”

Outline of Workbook:

1. Introduction (to material) and level of dependence SDS
2. Preparing for change
3. Strategies for change
4. Managing Withdrawals
5. Putting it all Together
6. Relapse Prevention

Is cannabis addictive?

Definition of Addiction:

A maladaptive pattern of
substance use, leading to
clinically significant
impairment or distress



Introduction and Dependence

Introduce the booklet

Decide quitting or reduction

Discuss Dependence vs normative data

Feedback their level of dependence **SDS**

Criteria for Dependence

- Tolerance
- Withdrawal
- Using more or for longer than intended
- Persistent desire to use/unsuccessful efforts to control use
- Great deal of time spent obtaining, using and recovering from cannabis use
- Giving up/reducing important activities
- Continued use despite knowledge of physical or psychological problems

Section 2

Preparing for change

- What steps might be involved in changing cannabis use?
 - Beginning to think about change
 - Obtain information
 - Decide When
 - Remove Cannabis & implements
 - Plan coming week
 - Think about withdrawal

Section 2

Preparing for change:

High Risk situations:

Internal - Emotional

External - Environmental

Decisional Balance: and ratings

+ ve of smoking and change

- ve of smoking and change



Section 2

Exploring the ratings – e.g.

Pros of smoking

Relaxing	9
Social	7
Good feeling	5

Total 21

Cons of smoking

Brain function	10
Forgetful	9
Work	10
Unwell	6
Paranoia	8

Total 43



Section 3

Strategies for change

limit setting, behavioural self management, learning to recognise triggers, how to avoid high risky situations, getting support/help, self talk, lifestyle change

Discuss previous strategies used

Develop Strategies for High Risk Situations

Develop an Emergency Plan for High Risk Situations

Discuss Urges and Cravings

Owning decisions

Section 4

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 most common complaint)

Common Symptoms

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



Section 4

Managing Withdrawal

Outline symptoms

Make Time for the process

4 D's plus 2 more

Encourage Monitoring

Medication?

Section 5

Putting it all Together

Discuss change method

Choose change date

Preparing Mentally

Discuss Rationalisation

Discuss loss

Encourage Self Monitoring

Encourage Rewards



Section 6

Relapse Prevention

Review reasons for change

Discuss Lapse v Relapse

Normalise

Develop emergency plan

Discuss supports and other alternative activities



References

- High Risk Confidence Questionnaire :
has been informed by other measures of Situational Confidence
amongst Alcohol and Other Drug users.
- Copeland, J., Gilmour, S., Gates, P. & Swift, W. (2005) The
Cannabis Problems Questionnaire: factor structure, reliability and
validity. *Drug and Alcohol Dependence*, 80, 313-319
- Swift, W., Copeland, J., & Hall, W. (1998). Choosing a diagnostic
cut-off for cannabis dependence. *Addiction*, 93(11), 1681-1692.

Take home message

Thorough assessment

Engage in treatment as quickly as possible
**(Motivational Enhancement
strongly suggested)**

Do not despair if not totally abstinent



Your input:

- Educate, Encourage and Empower



Clients input:

- Effort



To achieve an effective outcome

- Takes three things
 - Clinical skills
 - A motivated client
 - Sound validated treatment

Contact:



John Redmond

Research Assistant

NCPIC

(02) 9385 0451

0420 711 273

j.redmond@unsw.edu.au

