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Cannabis

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OVERVIEW

The cannabis plant has been used throughout the world for centuries. Cannabis is an addictive drug that changes how people feel ('mind-altering'). In Australia cannabis is known by many names including: marijuana, gunja, yarndi, hemp, hash, amarda, skunk, grass, weed, pot and mull.

It is illegal to buy, grow or supply cannabis in Australia; however, the penalties for this differ across the country (see Cannabis and the law, p. 133).

Most often cannabis is mixed with tobacco and smoked in a water pipe (bong) or rolled into a cigarette (joint). It can also be baked and eaten in cakes and biscuits. Cannabis users can become strongly attached to the tools and equipment that they use to smoke.

How common is cannabis use and how does it affect communities?

Cannabis is the most commonly used illegal drug in the world. Over 1 in 3 Australians have tried cannabis and over 1 in 10 people have used it in the last year. Typically more males than females use it, and people aged 18 to 29 have the highest rates of use (2 in 10 people in the past year). Cannabis is the second most common reason people access alcohol or drug treatment in Australia.

Overall, across Australia cannabis use has reduced in recent years, but among some Aboriginal communities it has increased. Over 2 in 10 Aboriginal Australians report using cannabis in the past year in surveys, but some communities have very high levels of cannabis use – with up to 6 in every 10 people smoking every day if they can. Some communities report problems, like fights or other violence when cannabis is in short supply or runs out. They also report money problems, mental health problems (like psychosis and sometimes depression) and fewer people working.

WHAT DOES CANNABIS LOOK LIKE AND HOW IS IT USED?

Types of cannabis

For the purpose of smoking, the cannabis plant is broken down into two parts: the leaves and stems, and the buds or heads. As a general rule the leaves and stems contain less of the active THC component and therefore give less of a 'stoned effect'. The buds or heads have a stronger concentration of THC.

Types of cannabis that are used

- Resin extracted from the flowers of the female plant is referred to as 'hash', which can be chewed or smoked; it is less common in Australia.
- Hash oil is the strongest of the concentrated extract of the plant; it is also less common in Australia.
- Cannabis plants grown indoors (hydroponic) are generally stronger than cannabis grown naturally outdoors; it is the genetic make-up of the seeds, which has the biggest impact on its strength. 'Skunk' is one type of hydroponic cannabis used in Australia.
- Other synthetic types of cannabis include Kronik, Spice, Karma and Voodoo. These products are banned in many parts of Australia. They contain a blend of dried herbal plants mixed with chemicals similar to THC and are sometimes sold as 'fake weed' in small bags of various colours. The short and long-term effects of synthetic cannabis are still largely unknown.

Typical equipment for using cannabis

Cannabis smokers usually have a preferred way of smoking.

- The 'joint' or 'spliff' is similar to a large rolled cigarette, often mixed with tobacco, and is often passed around in a group.
- A bong is usually a homemade water pipe; the smoke is bubbled through water, which cools and filters the smoke; the smoke is often taken deep into the lungs. As the cannabis is placed into a cone, which is inserted into the bong, users may describe how many 'bongs' they smoke a day.
- A vaporiser acts by heating the cannabis so that the active ingredients rise off as a vapour that is then inhaled via a pipe. As there is no actual burning there is no smoke or tar and there are likely to be less toxic gases.

EFFECTS ON THE BODY

The main active chemical in cannabis is THC (delta-9 tetrahydrocannabinol). When THC enters the bloodstream the person feels ‘chilled out’, ‘stoned’ or ‘high’.

The effect that THC has depends on:

- How tolerant the person is to it – if they are new to cannabis, they will be more affected; if they are a long-term or dependent user, they may be affected less.
- The method of use (e.g. bongs or cookies)
- The strength of the cannabis. The cannabis available in some communities has become twice as strong in the past 10 years. If this stronger type of cannabis is available, it is often called ‘hydro’ (hydroponic cannabis).
- Any other physical or mental health issues.

Short-term effects

Smaller amounts of cannabis

Effects typically last two to four hours and can include:

- Feeling happy
- Feeling relaxed and sleepy
- Problems with concentration and remembering things
- Distorted sense of time and place
- Feeling less inhibited – may do or say things they would not usually do or say
- Problems with coordination
- Hungry (‘munchies’)
- Red eyes
- Dry mouth and throat
- Increased heart rate.

Larger amounts of cannabis

This can cause more problems, including:

- Vomiting
- Being isolated from family and friends (withdrawn)
- Poor judgement and decision making
- Being anxious or paranoid, sometimes with panic or aggression
- Slower reactions (e.g. when driving, slower to respond to a problem) and problems with coordination
- Triggering a mental illness: hallucinations, paranoia and removed from reality (drug-induced psychosis).

HOW TO RECOGNISE HARMS FROM CANNABIS

What are the physical harms of chronic cannabis use?

Long-term ('chronic') cannabis use can lead to serious physical problems including:

- Lung disease, coughing, chronic bronchitis, and difficulty breathing. This is caused by deeply inhaling the smoke – and can lead to tar and other poisons entering the lungs. We do not yet know if cannabis may be linked to lung cancer.
- Smoking any substance is often also bad for the heart. Cannabis increases the heart rate so may put strain on the heart in a person who is already at risk of a heart attack (for example, if they are overweight or also smoke tobacco).
- Effects on fertility (the ability to have children): cannabis causes lower sperm quality and levels of testosterone (the male hormone) in men; and, for women, periods that are not regular.
- Cannabis use may weaken the immune system (i.e. the 'system' that fights off illnesses), leaving the person with a higher chance of infections and colds.
- Tooth decay, gum disease caused by dry mouth.
- Effects on the developing baby (foetus): smoking any substance can reduce the amount of oxygen that reaches the foetus. Also, cannabis crosses from the woman into the developing baby. We still need more research, but it seems likely that cannabis can harm the developing baby. Babies may be at risk of low birth weight, infections and breathing problems if their mother uses cannabis.
- Cannabis can be found in breast milk of women who smoke it.
- Nausea, uncontrollable vomiting and abdominal pain (known as 'cannabinoid hyperemesis') can occur. Hot showers may provide some temporary relief. Some people may need to be admitted to hospital if they are unable to hold down any fluids.

What are the psychological harms of chronic cannabis use?

Short-term harms

- One distressing effect of smoking cannabis is that a person can experience anxiety and have paranoid thoughts. Sometimes, it can become hard for them to work out what is real and what is not, and they may even hear or see things that are not real (psychosis and hallucinations). These experiences are more common in people who have not smoked much cannabis before or in those who smoke more than they usually do. Whilst distressing at the time, for the smoker and for those observing, these symptoms are usually short term and stop when the cannabis wears off.

Long-term harms

Long-term chronic cannabis use can lead to serious psychological harm including:

- Anxiety and panic (symptoms include: feeling worried and fearful, racing thoughts, awareness of paranoid thinking, shortness of breath, and increased heart rate). While the person may be using cannabis to calm them down, it may be, bit by bit, making their anxiety worse.
- Depression (feelings of worthlessness, hopelessness and loss of interest in activities, low energy and possible suicidal thinking). There is growing evidence that cannabis may make depression worse.
- Psychosis (paranoid thinking, confused and jumbled thoughts, changes in sense of reality, hallucinations and aggression). The person may not be aware of their symptoms. Drug-induced psychosis is short term and can last from one to four weeks after stopping cannabis use; the symptoms develop during, or within one month of cannabis use. Using cannabis with a family history of schizophrenia, particularly in adolescence, may increase a person's vulnerability to longer-term psychotic disorders such as schizophrenia.
- Loss of self-esteem (changes in how the person views themselves).
- Poorer memory, attention and organisation skills. This can lead to poor ability to learn new things. Research into whether these effects are reversible is ongoing; however, there is more concern for people who use cannabis during their adolescent years while their brain is still developing.
- Decreased motivation and energy. This can lead to a loss of desire to carry out plans, to work or be productive.
- Disturbed sleep patterns (unable to sleep without cannabis).
- Pre-existing mental health disorders such as anxiety, depression or schizophrenia can be made worse or be triggered by the use of cannabis. Cannabis use can also impact on the treatment of such disorders, impacting on the effectiveness of anti-depressant medicine and engagement in counselling.
- Cannabis can trigger a first episode of schizophrenia in someone who is naturally at increased risk of developing this illness (e.g. if they have a family history of schizophrenia).

What are the social harms of cannabis use?

Long-term chronic cannabis use can lead to serious social harms, including:

- Poor school attendance
- Risky sexual activity that can lead to sexually transmissible infections (STIs) and unplanned pregnancy (see STIs, p. 284)
- Other illegal drug use and dependence: of course not all cannabis users go on to use other drugs, but some get to know people who sell illegal drugs; some also get bored of using cannabis and want to try something new.
- Higher unemployment (difficulties keeping a job)
- Financial problems (from the cost of cannabis, fines or unemployment)
- Relationship problems (communication problems, domestic violence)
- Parenting problems (e.g. difficulty making an emotional connection and attending to the needs of the children)
- Sometimes communities might think it is better to smoke cannabis than use other drugs
- Sometimes if people who use cannabis cannot get any supply, they might get violent or aggressive
- Legal issues (e.g. criminal charges, family law and children's court).

Cannabis and the law in Australia

In some parts of Australia, a person can get a small fine (instead of a criminal charge) for possessing small amounts of cannabis and cannabis plants ('decriminalisation'). States and territories that have decriminalised some cannabis offences include: the ACT, NT, SA and WA.

In the other states (NSW, Qld, Tas and Vic), cannabis is not decriminalised. This means that people caught with cannabis or cannabis plants can get a criminal charge, which may involve a large fine, going to jail, and getting a criminal record. However, people caught with small amounts of cannabis in these states are often given a 'caution' from police. A caution usually involves being given information about the harms of cannabis use, and may include drug assessment and referral. There is a limit to the number of cautions a person can have. For more information, contact the police in your local area.

Note: this information was correct at the time of writing.

What are the harms of using cannabis with other drugs?

- It is potentially dangerous to mix cannabis with other drugs including alcohol and prescribed medicines.
- It is important that doctors know if a client is taking medicines for mental illness (for example, anti-depressants or anti-psychotics) and also using cannabis. The cannabis may interfere with how well the medicines work, or the cannabis effects may be confused with side effects of these medicines.
- Most cannabis users also smoke tobacco, either as 'spin' in their cannabis or as a stand-alone drug. Those cannabis users who use tobacco increase their risk of cardiovascular disease and lung damage. People who smoke tobacco and cannabis tend to inhale more deeply and for longer, and they hold more smoke than tobacco smokers who do not smoke cannabis.
- It is especially risky to combine alcohol with cannabis. Alcohol may increase the speed with which your body absorbs cannabis. Both can affect driving and control of impulses. The combined impact can lead to poorer decision making, greater risk taking, and more negative health outcomes. If a person is trying to reduce their cannabis use, it is important that they do not increase their alcohol consumption to replace the cannabis.

HOW TO RECOGNISE CANNABIS DEPENDENCE

Around 1 in 10 people who use cannabis become dependent. Up to half of daily smokers can be dependent. When dependence happens, cannabis becomes something that the person needs and feels they cannot live without.

People who are dependent on cannabis may:

- Feel a strong desire to use ('cravings')
- Want to stop or reduce their cannabis use but find that they are not able to do so
- Become anxious or agitated when they run out or stop using cannabis (i.e. go through withdrawal)
- Need to use more cannabis to get the same effect (tolerance)
- See cannabis as more important than most other things, so they may not take part in other activities that are important to them; they may spend a great deal of time obtaining, using and getting over cannabis use.
- Continue to use cannabis even though they can clearly see the harms that it is causing them or their family.

The time and amount of cannabis used before a person becomes dependent varies. Past and present stress and social supports can also affect the chance of becoming dependent on cannabis.

HOW TO RECOGNISE CANNABIS WITHDRAWAL

People who are dependent on cannabis may experience some withdrawal symptoms when they stop. Withdrawal may occur in half or more of dependent users. Withdrawal signs can start within six hours of stopping cannabis. People often feel at their worst 2–3 days after stopping, and feel much better after six days. Some symptoms can last for a few weeks, but they gradually improve over that time. Cannabis withdrawal is uncomfortable but not physically dangerous.

Symptoms of cannabis withdrawal

- Irritability, anger, aggression
- Anxiety or nervousness
- Restlessness
- Sleep difficulties, strange dreams
- Cravings
- Weight loss or decreased appetite.

Less commonly, people may experience:

- Depressed mood
- Physical discomfort: stomach pain, chills, sweating, shakiness.

HOW TO ASSESS A CLIENT WHO USES CANNABIS

People who use cannabis often do not access treatment and may attend health services for another reason (e.g. for anxiety, depression, chest infections, other drug use). As with any drug and alcohol assessment, use a positive style when you look at what is going on. Consider their cannabis use in the setting of their other substance use, their health, and family and community. The assessment should also look at the person's strengths and the resources they can access to help them cut down or quit cannabis.

Questions you can ask about cannabis use

- How much do you use? (e.g. grams, cones, joints or money spent)
- How long have you been smoking cannabis?
- How old were you when you first used cannabis?
- Have you ever tried to stop using before? Were you able to quit previously? If so, how did you do this? (e.g. What help did you receive?)
- How does cannabis help you? What are the good things about smoking cannabis?
- What are the not-so-good things about smoking cannabis?
- Do you want to change your cannabis use?

Other questions to ask your client

- Do you use any other drugs or alcohol?
- Do you have any mental health concerns? (e.g. anxiety, depression, strange experiences/psychotic symptoms)
- Are you having thoughts about suicide or planning to harm yourself?
- Do you have any physical health problems? Have you had a recent health check?
- Are you having any problems with relationships, money, the law, or employment?
- What supports do you have? (e.g. family, friends, employment, other health workers)
- Are there children at risk when people are smoking cannabis? (safety: are there caregivers who do not use drugs?)
- Are you safe at home? (e.g. is there any violence in the home?)

HOW TO HELP A CLIENT WHO USES CANNABIS

Counselling

Counselling is the best available treatment for people who are dependent on cannabis (see Counselling, p.20). Services that provide counselling support to cannabis users include:

- Drug and alcohol services (government or non-government)
- Aboriginal medical services
- Youth counselling services
- Medicare approved private counsellors (psychologists, social workers and occupational therapists). Your client can get a referral from their GP.
- Support groups such as Marijuana Anonymous, Narcotics Anonymous, SMART Recovery and relapse prevention groups (see Mutual support groups, p. 54).

Counselling usually focuses on the following areas:

- Education on the harms of cannabis can help raise their awareness of bad aspects of use.
- Increasing or maintaining motivation for change – you can help them weigh up the good and the bad aspects of their cannabis use.
- Problem solving and goal setting
- Developing coping skills, including stress management and relaxation, assertiveness and communication skills, drug refusal skills, and self-care
- ‘Mindfulness’, including recognising triggers for cannabis use
- Strategies for a healthier lifestyle (e.g. sleep, diet and exercise).

Managing cannabis withdrawal

For most clients, cannabis withdrawal can be managed at home and many people do not need any medicines. If there are concerns about the client's mental or physical health, or if they feel they are unable to stop while in the community, an inpatient detox or residential rehabilitation program ('rehab') can be considered.

People who are particularly at risk (e.g. mental health problems, major social stress) may need longer periods within a safe environment to gain skills to help them to make long-term changes. For these people, rehab programs may be better.

If a client is having (or expects to have) problems with withdrawal symptoms (e.g. sleep problems, depression, anxiety) they could see their doctor. Sometimes low dose Valium (diazepam) is prescribed; for example, 1 tablet 3 times a day, reducing to nothing by the 5th day. Daily dispensing of Diazepam (e.g. from the chemist) reduces the risk of misuse.

If a person mixes tobacco with cannabis they may also get nicotine withdrawal when they cease cannabis. Nicotine gum or another short-acting nicotine replacement therapy (NRT) may help (see p. 118).

Medicines for relapse prevention?

There are no medicines that are approved to prevent people relapsing to cannabis dependence. Many medicines have been trialled, but none have been effective enough to be used all the time.

REDUCING THE HARMS IF A CLIENT CANNOT OR WILL NOT STOP

If a client cannot or will not stop using cannabis, they could try:

- Smoke a joint instead of using a bong. Joints take more time to prepare and may be less damaging to the lungs as more smoke is lost compared to using a bong. People also may inhale less deeply with a joint.
- Increase the time between smoking sessions.
- Do not mix tobacco with cannabis to avoid or reduce tobacco dependence and also to avoid the harms of smoking tobacco.
- Do not mix cannabis with alcohol or other drugs.
- Do not drive while stoned due to slower reaction time, and reduced concentration and coordination (see Alcohol, drugs and driving, p. 322).
- Do not smoke near children and other people.
- Do not breastfeed if smoking cannabis.
- Spend more time with people who do not use cannabis.
- Get outdoors and exercise more.

PREVENTING CANNABIS USE FROM EVER STARTING

Cannabis use often begins in adolescence. Problematic cannabis use is more common in young people who experience peer pressure, stressful life events, low self-esteem and have easy access to cannabis. Parents, caregivers and other family are best placed to help young people through adolescence. When young people do experiment it is important that adults offer support by talking to them in a non-judgemental way and provide them with accurate information.

Keeping young people connected (e.g. to school, family, community and/or culture) can help make them stronger and less likely to develop cannabis and other drug problems.

FURTHER READING

National Cannabis Prevention and Information Centre's cannabis fact sheets: ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-information/factsheets/.

Copeland J, Frewen A & Elkin K (2009). *Management of cannabis use disorder and related issues: A clinician's guide*. Sydney: National Cannabis Prevention and Information Centre, University of New South Wales. See: ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide.