

GP guidelines for the assessment and management of cannabis use disorder

identifying cannabis users

While cannabis is the most commonly used illicit drug, few patients will present directly requesting assistance in managing their cannabis use or related conditions. Research has shown that cannabis users recognize and support the role of GPs in the active, opportunistic assessment and management of their cannabis use.

For this reason, it is important to identify high-risk groups for brief assessment and advice.

the groups at higher risk of having cannabis use disorder include:

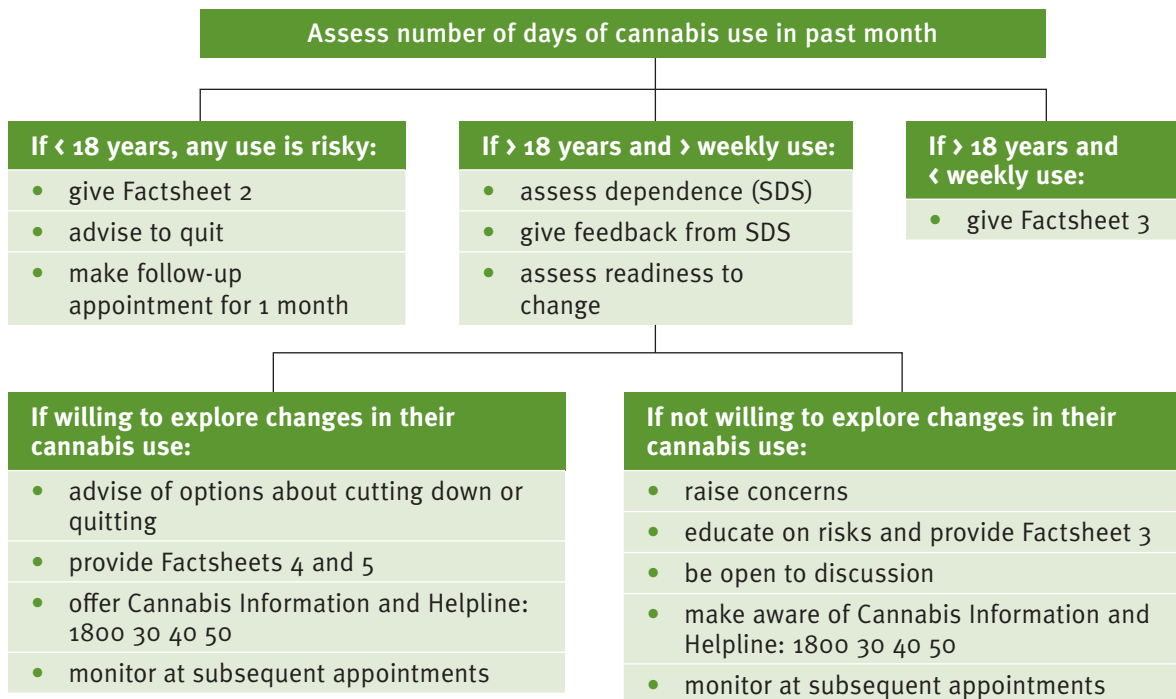
- those aged under 40 years
- males
- tobacco smokers
- patients with mental health conditions
- patients presenting with chronic respiratory tract symptoms/infections not otherwise explained including chest pain

The flow chart on page 2 sets out the steps in the assessment and brief management of cannabis-related problems. The Severity of Dependence Scale (SDS) follows it, along with scoring and suggested feedback.

As few patients come to the surgery thinking about changing their cannabis use, they may require some time to take in the information and make a commitment to change. Be supportive of this process and encourage them to return when they are ready to explore with you making changes in their cannabis use. They may only be ready to cut down at first but any change is positive and supports further reduction.

Where you suspect cannabis use may be indicated:

- ask the patient about the frequency of their cannabis use
- if they are less than 18 years they are at elevated risk of poorer educational and mental health outcomes at even low levels of use, so provide them with the Adolescent Risks Factsheet, advise them to quit and refer to the Cannabis Information and Helpline 1800 30 40 50, or if they ask for specialist care, to ADIS if you aren't aware of appropriate local services. Arrange a follow-up appointment to re-assess
- if your patient is using cannabis more than weekly and is willing to answer further questions, proceed to the 5 item SDS. Feedback the score and advise them that a score of 3 or more indicates they are dependent on cannabis. Words are suggested for eliciting their feelings about this information
- assess their willingness to explore making changes in their cannabis use
- follow flow chart's suggested advice, relevant factsheets, 1800 30 40 50 and other referrals and follow-up



severity of dependence scale (SDS)

These are the questions that make up the Severity of Dependence Scale. Tick the patient's response and add up the score out of 15.

In the last month:

- 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

- 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	Dependence rating
0-3	nil or negligible
4-6	mild
7-9	moderate
10-12	substantial
13-15	severe

SDS score _____ /15, indicating a _____ level of dependence



Feedback from SDS:

e.g. 13/15

“what do you think that means where a score of 3 or more indicates cannabis dependence?”

Suggested questions in assessing readiness to change include:

“would you like to talk more about your cannabis use?”

“would you like some assistance to manage your cannabis use?”

when to refer

- severe dependence (12+)
- severe psychiatric comorbidity
- risk of harm to self or others
- significant polydrug use
- patient’s desire for specialist treatment
- history of failed GP management

in summary:

The important steps are:

- to assess frequency of cannabis use
- if more than weekly, assess dependence
- feedback to the patient their levels of use, dependence status and any other concerns they may raise during the consultation e.g. “*you tell me you are using cannabis most days of the week*”, “*your score indicates you are moderately dependent on cannabis*”, “*you’ve told me that you are sick of your partner nagging you about smoking and you’ve always got this cough*”
- be positive, non-judgemental and support the patient’s capacity to change their cannabis use
- explore willingness to make those changes
- provide appropriate information sheets which contain NCPIC web address for further resources and the free national 1800 30 40 50 Cannabis Information and Helpline if they have any questions
- refer to other services as required e.g. local ADIS for specialist referral
- monitor and follow-up at subsequent visits