

quitting cannabis

clinician's
guide

ncpic
national cannabis
prevention and
information centre

quitting cannabis

This booklet describes the content and delivery of a brief intervention designed to assist cannabis users to change their drug use and maintain their desired goal.

The main components include:

- **assessment and feedback of use together with information regarding the effects of cannabis**
- **enhancement of motivation to change**
- **information regarding strategies for change**

Most interventions described as 'brief' consist of one session, although this is a relative term. Many brief or early interventions are conducted within 5-15 minutes. Sessions of one hour or more are usually possible with clients presenting for treatment specific to a substance abuse problem. Such sessions require an advance appointment, often with a prior assessment having been conducted. It is important to regularly gauge motivation in these sessions.

The majority of people seeking treatment for cannabis problems will meet criteria for dependence. Generally speaking those criteria will include the following:

- **tolerance**
- **withdrawal**
- **using more or using longer than intended**
- **persistent desire to use/unsuccessful efforts to control use**
- **great deal of time spent obtaining, using & recovering from cannabis use**
- **giving up/reducing important activities**
- **continued use despite the knowledge of physical or psychological problems**

cannabis and you

The techniques in this booklet may be used either for quitting or cutting down.

Introduce the booklet. Briefly describe the six components, emphasising that the booklet is simple and self explanatory. Explain that you will work through it together during the sessions, filling in particular sections as you get to them.

- **stress that it is essential the booklet is read and worked through by the client over the coming weeks**

Before working through the sections, **discuss the list of dependence criteria (on previous page).**

Explain that dependence is a combination of physical, psychological and behavioural symptoms that occur repeatedly over time. Go through the list of symptoms with them and explain that people dependent on cannabis experience at least three of these symptoms in a 12 month period.

Administer the Severity of Dependence Scale (SDS). This is a simplified 5 item measure of dependence that focuses on concern over use. A score of 3 or more is indicative of dependence.

Administer the Cannabis Problems Questionnaire. This is a 21 item questionnaire which identifies key problem areas the client has experienced in the previous six months.

Feedback the client's score. While there are no clear guidelines of what a score of more than 3 means, in general, the higher the score, the more severe the level of dependence.

- ask the client to comment on their perceived level of severity, e.g. 14/15 – may be perceived as 'very high'; and 4/15 – 'not so bad'

NB. The SDS and the Cannabis Problems Questionnaire may be downloaded from the NCPIC website: www.ncpic.org.au.

2 preparing for change

High Risk Situations (HRS) – you may use responses from the **High Risk Confidence Questionnaire** as a guide, or you may want to explain what triggers are i.e. specific feelings or events which prompt strong thoughts about wanting to use cannabis.

- help the client to identify HRS and triggers (**p 6 of the workbook**) and explain the difference between internal and external high risk situations

Stress the importance of understanding the reasons for smoking and wanting to make changes.

- explain that there are both positive and negative aspects related to smoking and changing. You may choose to go through the examples given in the workbook (**p 7-8**)

Prompt the client to identify ‘pros’ and ‘cons’ of smoking and to rate them on a scale of 0 to 10 in relation to their level of importance. Another option is to use the **Cannabis Problems Questionnaire** to identify issues of concern.

Working through this process is called the Decisional Balance or ‘weighing things up’ (**p 9**).

Work through the same process for the ‘pros’ and ‘cons’ of change (**p 10**).

NB. The High Risk Confidence Questionnaire may be downloaded from the NCPIC website: www.ncpic.org.au.

strategies for change

Ask the client whether they have ever **attempted to stop or cut down**, and if so, request that they name ways which were helpful when they gave up or reduced their use (**p 13-14**).

Explain why High Risk Situations need to be avoided. Then continue to work through preferred strategies when HRS occur (**p 15**) and suggest the client work through an emergency plan while still with you (**p 16**).

Stress the normality of urges/cravings. Explain that an urge/craving is a strong desire to use a drug and reassure the client that it **rarely lasts for more than 30 minutes** at a time but may last a maximum of 60 minutes. **Review the key points:**

- certain situations or events can trigger thoughts about smoking
- even when abstaining, these responses can still be triggered, leaving some discomfort. These, however, will decrease over time

To demonstrate this point you may wish to use the analogy of an ocean wave ('urge surfing'), stressing that every time they overcome the craving to smoke, it will make the craving weaker the next time, while at the same time, strengthening their confidence. The reverse will increase their feelings of loss of control.

- **own your actions** – after explaining what that means (you may wish to elaborate as per pages 18-19), request the client give their own example which can be used to clarify the point. They should then work through other examples at home on their own (**p 20**)

4 managing withdrawal

Outline the range of effects of withdrawal such as:

- **disturbed sleep**
- **irritability**
- **anxiety**
- **confusion**
- **depression**
- **insomnia**
- **nightsweats**

Discuss how commonly they are experienced.

Remind the client to make time for this process e.g. reduce social and work commitments. Stress the importance of eating well, maintaining hydration, engaging in moderate exercise and encourage routine sleeping habits.

Attempt to plan out the week they have chosen as their quit or cut down date.

Discuss tobacco withdrawal where appropriate.

It is important to stress that withdrawal symptoms will pass and usually only last a maximum of 7 days. Give examples and recommend the use of the following techniques:

- **distraction**
- **delay**
- **de-catastrophising**
- **de-stressing**

Encourage the client to **monitor their withdrawal symptoms** in order to see them reduce over a 7 day period as this is a good motivator for change (pp 22-24).

It should not be necessary to medicate withdrawal symptoms. We advise you to wait a minimum of one or two weeks to reassess other psychological disorders such as anxiety, depression and/or psychotic symptoms.

5 putting it all together

Discuss which quit/change method the client seems most comfortable with, pointing out that whether they choose to quit or reduce, it will be necessary to monitor their smoking and to consciously decide when to smoke.

It is extremely important for the client to choose and commit to his/her change date (p 25).

Explain the following:

- ‘rationalising’ (p 26)
- How to fill out the **self monitoring form (p 29-30)**. Instruct the client on why it is important that this should be filled out daily
- that the **mastery rating** is their perceived level of success at handling each situation they describe. It is rated from 0 (‘not at all successful’) to 10 (‘completely successful’)

Summary

- **discuss dependence**
- **deliver SDS and discuss score**
- **describe and discuss HRS and triggers**
- **discuss costs and benefits for change and for using cannabis**
- **develop strategies related to HRS**
- **develop emergency plan**
- **discuss owning future decisions**
- **discuss withdrawal**
- **plan and prepare**
- **explain and encourage self monitoring**
- **raise relapse prevention (over page)**

6 relapse prevention

Reiterate that thoughts of smoking after the client's goal has been achieved are normal. Having such thoughts does not mean that they have failed and they are natural responses to certain strong triggers. They may even start dreaming about smoking cannabis. Reassure them that it will pass.

Stress that lapses do not mean failure. A lapse is a temporary setback. Many people who are ultimately successful find that they have slipped along the way. If a lapse occurs, instruct the client to go back to the booklet and revisit the reasons they wanted to change (p 10). In the event of a lapse ask them to think about:

- **what can be improved or changed?**
- **what prompted the lapse?**
- **because it's difficult to avoid some HRS – they will need to think about how they can be dealt with more effectively in the future**

In order to increase the chance of success refer to the emergency plan developed prior to a relapse (p 33), particularly when thoughts of using cannabis begin to occur.

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**NCPIC Cannabis Information
and Helpline:**

1800 30 40 50

NCPIC website:

www.ncpic.org.au