Cannabis Withdrawal Management

These toolkits are derived from the QLD Alcohol and Drug Withdrawal Clinical Practice Guidelines 2012.
Medical Addiction specialists will be able to offer additional expert opinion based upon current evidence.

insight
Centre for alcohol and other drug training and workforce development

1 SCREENING

Severity of Dependence SDS Scale (over last 3 months)

Record the answer that best represents the consumer's personal feelings towards their cannabis use over the previous three months.				
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)
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)
How much did you worry about your use of cannabis?	Not at all (0)	A little (1)	Quite a lot (2)	A great deal (3)
Did you wish you could stop?	Never or almost never (0)	Sometimes (1)	Often (2)	Always or nearly always (3)
How difficult would you find it to stop or go without cannabis?	Not difficult (0)	Quite difficult (1)	Very difficult (2)	Impossible (3)
For adults; SDS score of 3 indicates dependence. For adolescents; SDS score of 4 (Swift W, Copeland J, Hall W. 1998).				Total /15

2 ASSESSMENT

Perform Comprehensive Assessment

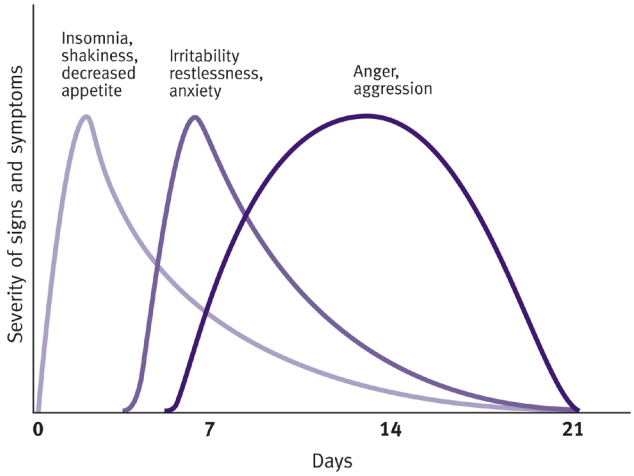
1. **Consumption history:** Type of cannabis use (synthetic, medicinal, plant). Pattern and recent history of cannabis and other drug use, quantity, frequency, and pattern of cannabis use over time (recorded as grams or number of cones or joints used daily/weekly), duration of current pattern, and changes in pattern over time, indicators of severity of dependence, withdrawal symptoms, significant periods of abstinence, and situations of/triggers for use, use of tobacco ("spin'). If TOBACCO USE – Commence Nicotine Replacement pathway
2. **Biopsychosocial history:** Medical and psychiatric conditions, social history and collateral relating to presentation
3. **Investigations:** Urine drug screen
4. **Physical examination:** Neurological observations

3 MONITORING

Withdrawal Symptoms and Course

Common Symptoms	Less Common Symptoms
• Anger or aggression • Decreased appetite or weight • Irritability • Nervousness / anxiety • Restlessness • Sleep difficulties • Cravings • Sweating	• Chills • Depressed mood • Stomach pains • Shakiness • Paranoid ideation

Factors affecting severity: psychiatric comorbidity; dose; history of violence / aggression; duration of current use; rate of withdrawal; comorbid substance use.



NB: Synthetic cannabis (excluding medicinal synthetic cannabis) has a much more severe withdrawal synrome, and may include symptoms that are not associated with cannabis plant withdrawal (such as seizures). Consider contacting a specialist for further widrawal advice

Cannabis Withdrawal Scale CWS

- Implement and monitor CWS, using as a guide to monitor withdrawal trends over the past 24 hours
- Commence at twice daily and reduce as scores settle (*inpatient only*)
- Use both subjective and objective data in addition to clinical judement to guide withdrawal management

Supportive Therapies

Nicotine Pathway and adequate nicotine replacement therapy will reduce symptoms and severity of withdrawal.
There are no current recommended pharmacotherapies that have proven utility in managing cannabis withdrawal or achieving abstinence.

Symptoms	Supportive Pharmacotherapies	Psychosocial Interventions
Sleep Problems	Promethazine Diazepam (low dose e.g. 5mg twice daily reducing over 3-7 days)	• Progressive muscle relaxation • Relaxation (app or CD) • Sensory approaches • Challenging irrational beliefs • Physical activity/exercise • Relaxation, breathing and meditation strategies • CBT, ACT and mindfulness approaches • Stress management • Mood management • Anger management • Sleep hygiene • Motivational Interviewing techniques • Psychoeducation • Activity scheduling • Timetabling pleasant activities • Goal-setting • Nutrition and hydration
Restlessness; anxiety; irritability		
Hallucinations Mood disturbances	Olanzapine (low dose e.g. 2.5mg while symptoms persist titrated against symptoms)	
Stomach pains Physical pain Nausea	Hyoscine butylbromide Paracetamol, NSAIDS Metoclopramide, promethazine	

Variances to Standard Withdrawal Protocols

THC containing medicinal cannabis products:

- View QScript record (**https://www.qscript.health.qld.gov.au/**) to investigate prescribing history and check whether they are obtaining prescriptions from other doctors
- THC containing medicinal cannabis products should be reduced over a period of 4-8 weeks to minimise withdrawal symptoms

Cannabinoid hyperemesis management: Fluid replacement and electrolyte management; compulsive hot showers have shown benefit, anti-emetics, capsaicin cream, antacids and proton-pump inhibitors.

If prescribing benzodiazepines as part of withdrawal protocol:

- Do not prescribe benzodiazepines for patients on methadone or buprenorphine programs without consultation with treating physician.
- Caution diazepam use in severe hepatic/renal dysfunction. Consider oxazepam as alternative.

Alcohol and Drug Clinical Advisory Service: 1800 290 928

Post-Withdrawal Treatment Options

Relapse Prevention	Adis 24/7 Alcohol and Drug Support 1800 177 833 adis.health.qld.gov.au Individual counselling Self-help groups (AA, NA, Smart Recovery) Residential rehabilitation Family Drug Support (FDS) - 1300 368 186