

# facts

## Detox and treatment

Treatment centres for cannabis dependency are difficult to find, as acknowledging the possibility of physical dependency has only recently occurred. Home detox or withdrawal is a good option. See **FACT SHEET No.15 Supporting someone through detox.**

Treatment for psychological dependency on cannabis involves therapy or counselling to help the user understand why they use cannabis and how they can function without it.

The National Drug and Alcohol Research Centre (NDARC) is carrying out research into cognitive behavioural interventions in cannabis use with very encouraging results, which will also have implications for treatments for other drugs. Their booklet "Quitting Cannabis" can be obtained from NDARC, University of NSW, corner of Barker and Avoca Streets, Randwick. NSW 2031. Cognitive Behavioural Therapy (CBT) assists people to examine the behaviour and thought processes underlying heavy cannabis use, and helps them to develop skills to counteract the desire and craving to use cannabis.

Phone ADIS for details of services running Quit Cannabis programs see **FACT SHEET No.1 Contacts.** See also "What's the deal on Grass?" (NDARC booklet) in this Kit for more information about questions commonly raised by families.

## Contacts

**For more information contact 1300 368 186**

**Family Drug Support**

**PO Box 226**

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# facts



## Cannabis

### Common Names

Cannabis is the short name for the hemp plant *Cannabis Sativa* also known as marijuana.

Street or slang names include: pot, grass, dope, mull, yundi, hooch, dagga and hash.

### History of the drug

The first known mention of cannabis was in a Chinese medical text of 2737BC. It has been used for many thousands of years to make products such as clothing, rope and for medicinal and spiritual purposes. Despite this long history, it remains one of the least understood illicit drugs. Cannabis is the most commonly used illicit drug in Australia and comes from the dried flowers and leaves of the cannabis plant. In 1998, 39% of people aged 14 and over had used cannabis at least once in their life-time. ('Reducing Cannabis Consumption' C Jones and D Weatherburne - Boscar Report B60). Chronic use of cannabis is now associated with the development of psychological dependence. Recent research combined with anecdotal evidence from many long-term users, indicates that physical and psychological dependence is possible with prolonged heavy use with people meeting the DSM criteria for dependence (see page 24 'A Guide to Coping') but this is not inevitable. Small amounts of cannabis do not appear to produce lasting harmful effects, withdrawal is minimal or non-existent from all but heavy continuous use.

### Forms of the drug

Cannabis leaf is usually smoked in water pipes called bongos or in hand-rolled cigarettes called joints. Hashish, or hash, is the resin of the plant. It is sold as oil or in compressed small blocks. Hash is usually mixed with tobacco and smoked. The chemical Delta-9 tetrahydrocannabinol or THC is what makes the user 'high'. The more THC cannabis contains, the stronger it is. The concentration of THC is higher and more potent in hash than in the leaf and flower heads of the plant. Cannabis leaf and hashish can also be cooked in foods eg: hash cookies.

## Drug effects

The effects of cannabis depend on the amount taken, the person's experience with the drug, their expectations, the mood they are in, and the way in which the drug is taken. The effects of cannabis are most intense during the first hour after taking the drug, although they may persist for three to five hours.

### Physical effects include:

- **Feeling of well-being and lethargy**
- **A tendency to talk and laugh more than usual**
- **Reddening of the eyes**
- **Impaired co-ordination and reduced concentration that can particularly affect driving ability**
- **Increased appetite, often called "the munchies"**

Higher doses make these effects stronger. A person's perception of time, sound and colour may become distorted or sharpened. Feelings of excitement, anxiety or paranoia and confusion may also increase. Unlike alcohol and most other illicit drugs, THC does not act on the dopamine (pleasure) centres in the brain. The THC receptors are elsewhere in the brain and the immune system. Their purpose is not yet certain and the chemical effect of THC is not yet fully understood.

Frequent or heavy smokers commonly report some long term effects, which recent research supports.

Psychological effects include:

- Decreased motivation, ambition and apathy
- Reduced memory and learning abilities
- Decreased sex drive and deterioration of social and communication skills
- Impaired balance, co-ordination, logic, judgment, and concentration. The biggest risk with cannabis is of having accidents while driving, operating machinery, or at home

These abilities will usually recover once the person stops or reduces their use of cannabis.

## Risks and harms

Long-term cannabis use also carries the same established risks as tobacco smoking eg: developing chronic respiratory problems, or lung, mouth or throat cancer from the carcinogens in the smoke. It is not wise to use any drugs during pregnancy. There is some evidence that cannabis used as tobacco can contribute to lower birth weight and slower development in some babies.

## Dependency

Regular users may develop a psychological dependence. This means they need cannabis because it has become important in their daily lives - usually to relax, unwind, counter stress, or to make them feel at ease in social situations. Some research indicates that some heavy users of cannabis may develop physical dependency. They may also develop tolerance, which means they need more cannabis to get the same effects as before.

Extreme reactions are rare. There is clinical recognition of people becoming disoriented or suffering hallucinations or behavioural disturbances. Some researchers think cannabis use triggers episodes of pre-existing bipolar disorder (manic depression) or psychosis. People suffering from depression are also likely to have a bad reaction to cannabis and recent research indicates cannabis can precipitate depression in some vulnerable adolescents. Those people with a family history of mental illness should avoid cannabis or any other drug. Cannabis has been shown by research to be linked to the development of schizophrenia in susceptible people.

## Danger signs

An overdose of cannabis is very unusual. Ingesting huge amounts has been known to cause people to fall into a coma, and smoking or eating too much cannabis can make someone feel nauseous, paranoid, panicky and generally unwell.

## Withdrawal

Withdrawal occurs when a heavy user stops using cannabis or severely cuts the amount used. During withdrawal the person may experience:

- Sleeping problems
- Anxiety
- Sweating
- Loss of appetite, and an upset stomach

These symptoms usually disappear within a few days, although sleep disturbances may last longer. Psychological attachments are similar to nicotine.