Clinical Toolkit

Clinical Tips: Cannabis Withdrawal

Cannabis Withdrawal Syndrome is defined by DSM 5 as the following:

1. Cessation of cannabis use that has been heavy and prolonged (i.e. usually daily or almost daily use over a period of at least a few months).
2. Three (or more) of the following signs and symptoms develop within approx. 1 week after Criterion A:
   - i. Irritability, anger, or aggression.
   - ii. Nervousness or anxiety.
   - iii. Sleep difficulty (e.g., insomnia, disturbing dreams).
   - iv. Decreased appetite or weight loss.
   - v. Restlessness.
   - vi. Depressed mood.
   - vii. At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.
3. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
4. The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

Cannabis withdrawal syndrome is not life-threatening, nor is it associated with significant medical or psychiatric consequences. ***No medications are approved for treatment of cannabis withdrawal.***

Most adolescents do not require medication on cessation of cannabis, rather coping strategies and emotional regulation information may suffice. Cannabis is often combined with tobacco. Nicotine withdrawal may need to be treated with nicotine replacement therapy.

Withdrawal syndromes vary from person to person depending on age, frequency, intensity and duration of use. Young people may experience a less severe withdrawal (reduced intensity and duration). Withdrawal can last from a few days to a few weeks. Insomnia may last months and is a common reason for relapse. Supportive care will help in the management of withdrawal symptoms and is likely to be the key assistance required.

Supportive care involves:

1. Providing clear information about what to expect from withdrawal- symptoms duration, and intensity over time.
2. Attending to nutrition, hydration, rest and activation at the appropriate times.
3. Psychological support (from family and friends at home, home based detox nurses, AOD counsellors and medical and or nursing staff in inpatient or residential detox.)
4. Techniques to manage cravings or withdrawal symptoms include:
   - i. **Delay** – encourage the client to avoid situational triggers, particularly during the early phase of modifying their use. However this will not stop cravings from coming altogether. When a craving does hit, delay the decision to use for a minute at a time or longer if the client can manage. During this time, ask the client to say to themselves: "I will not act on this craving right away. I'll delay my decision to act on this craving for...minutes".
   - ii. **Distract** – once the decision to use is delayed, the client needs to distract themselves from thoughts about using. Generate some ideas for strategies to use as a distraction. Technique such as going for a brisk walk, calling a support person, listening to music etc.
   - iii. **Decide** – after the craving has passed, revisit all the reasons why the client wanted to stop using in the first place. Decide then and there not to use again and ask the client to congratulate himself or herself on not giving in to something that is, after all, only a thought or a feeling.
   - iv. **Decatastrophise** with positive talk – by asking the client to remind themselves about the short-term nature of cravings (e.g. "this feeling will pass", "I can cope with this", "I don't have to act on this because it will go away on its own"), the urges themselves will be easier to deal with. Acknowledge that cravings are uncomfortable/ unpleasant but also that they will pass.
   - v. **De-stress-** Relaxation and imagery.

Note that the prescription of benzodiazepines is not necessary (or recommended) to manage cannabis and to help then sleep. However, in severe cases, the management of specific symptoms of withdrawal from withdrawal can be considered. Benzodiazepines (benzos) have significant risks attached to their use (i.e. diversion and dependence). Benzos should never be prescribed without a comprehensive management plan and monitoring procedure in place. Benzodiazepine risk mitigation can include:

- Limiting access via daily pickup or other supervised dosing
- Limited duration (maximum 14 days, preferably 7)
- Regular clinical review (no longer than 7 days).

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