

Management of cannabis use

Long term high dose cannabis use may be complicated by comorbid mental health disorders and is associated with a withdrawal syndrome characterised by anxiety, insomnia and agitation.

1. Assessment

Management of cannabis use requires initial assessment including:

- Pattern, quantity and setting of use, including whether smoked in joints or bongs
- Comorbid other drug use, including tobacco
- Previous episodes of cessation or reduction and symptoms
- Physical and mental health history
- Mental state examination
- Urine drug screen may be helpful in documenting other drug use (although may be difficult to interpret for cannabis due to variable elimination of cannabinoids).

2. Management of cannabis dependence

2.1 Withdrawal syndrome

Symptoms are variable and may not relate to the quantity smoked or duration of use.

Most common symptoms comprise:

- craving
- anxiety, restlessness, irritability
- anorexia (and weight loss)
- disturbed sleep and vivid dreams
- gastrointestinal tract symptoms (eg abdominal pain)
- night sweats
- tremor.

Most symptoms may last one to two weeks. Sleep disturbance can be longer lasting. There are no significant complications of withdrawal that would necessitate inpatient treatment.

2.2 Withdrawal management

Medical management of cannabis withdrawal is usually straight forward; however specialist support may be required in patients with severe comorbid psychiatric disorders or high risk polysubstance use.

Cannabis withdrawal symptoms commence 24 – 48 hours after last use and peak from days 4 – 7. Cravings and sleep disturbance, as well as symptoms such as irritability, may persist for months in some patients.

Patients requesting treatment of cannabis use usually have a history of chronic use and treatment should be carefully planned including provision of a supportive home setting.

No specific medications have been demonstrated to be effective in cannabis withdrawal. If prescribed at all, short-term symptomatic medications may be useful.

This may include:

- Diazepam 5 to 10mg QID prn for a maximum of seven to 10 days
- Metoclopramide 10 to 20mg TDS prn for nausea
- Simple analgesia (for example paracetamol).

Drug and Alcohol Services South Australia uses olanzapine 2.5 to 5mg BD prn for seven to 10 days for agitation that is not relieved by diazepam.

Note that benzodiazepine / hypnotic use should be restricted to short-term use only.

These medications may carry risk of toxicity and they should be closely monitored. It is advised that doses are dispensed on a limited pick-up basis (such as weekly). Patients should be advised about sleep hygiene and encouraged to maintain hydration.

Management of nicotine withdrawal may be required in some patients and smoking cessation advice should be provided.

3. Post withdrawal care

Key components of managing cannabis use problems include strategies to reduce relapse risk and management of comorbid mental health problems such as depression and anxiety.

On-line counselling is also available at www.counsellingonline.org.au.

More information about services in South Australia can be accessed at the [Know your options](#) website, or call the Alcohol and Drug Information Service (ADIS) on 1300 131 340.

Disclaimer

This information is a general guide for the management of cannabis withdrawal. Consultation with a specialist drug and alcohol service such as the Drug and Alcohol Clinical Advisory Service (DACAS) is recommended for patients using multiple drugs or with serious medical or psychiatric conditions. Telephone DACAS on (08) 7087 1742. The drug doses given are a guide only and should be adjusted to suit individuals.

For more information

Drug and Alcohol Clinical Advisory Service (DACAS)

Telephone: (08) 7087 1742

24-hour specialist support for advice for health professionals



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