



ST VINCENT'S
HEALTH AUSTRALIA

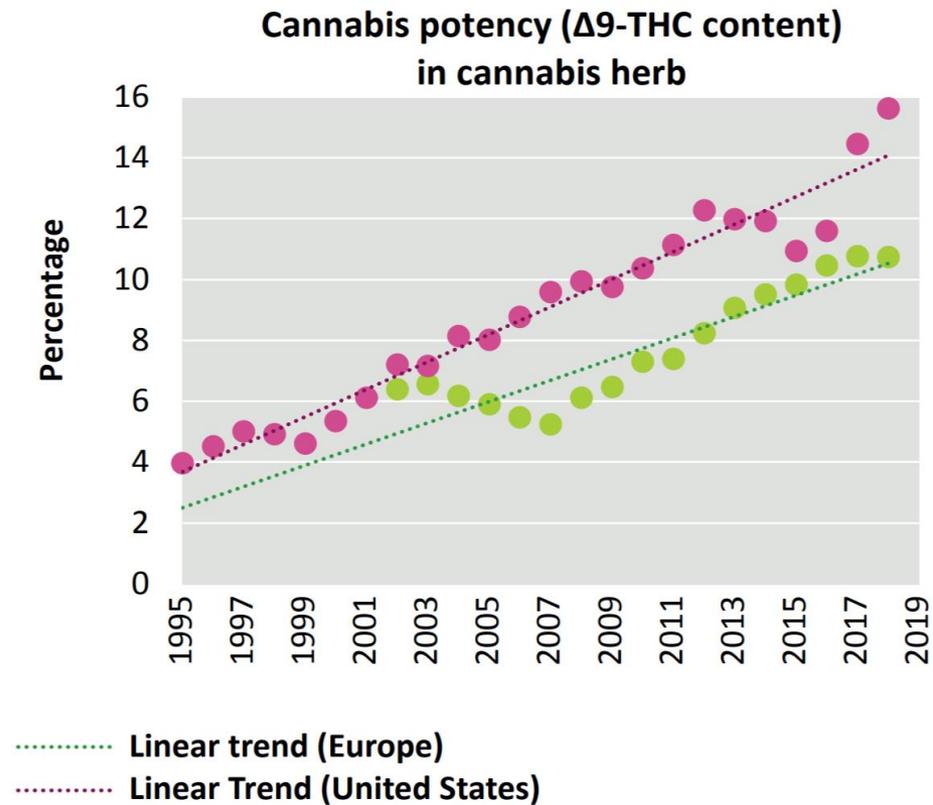
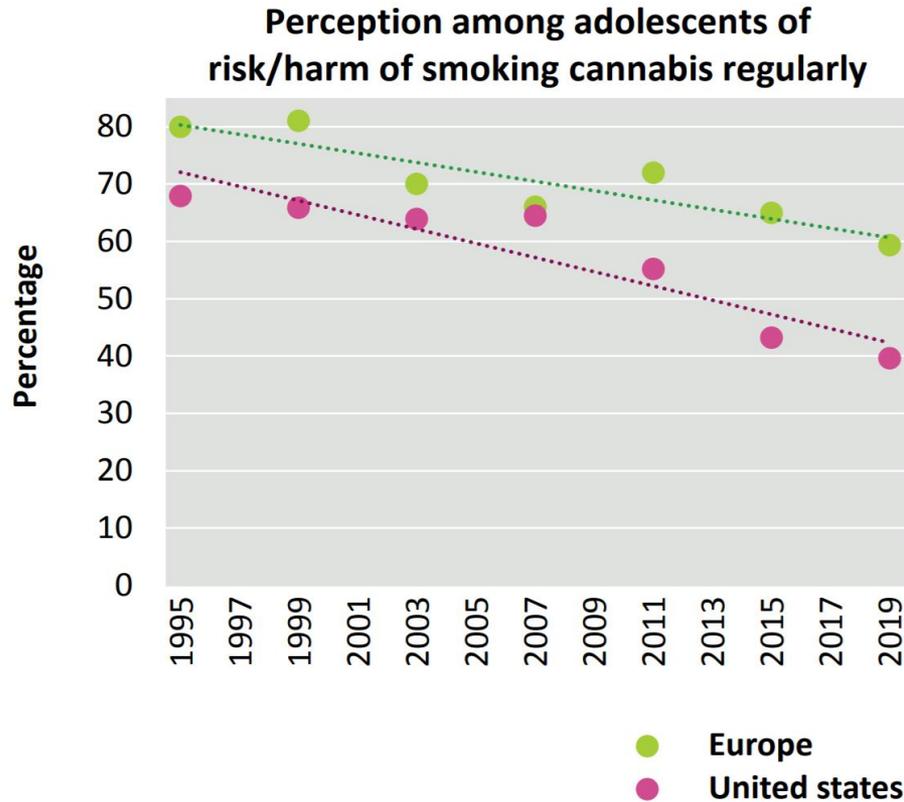
Cannabis withdrawal – facts and myths

The Panel with Nexus
Friday April 29th 2022

Fact or myth?

‘ Cannabis is natural and has been used for thousands of years ’

FIG. 27 Potency of cannabis and perception of risk from cannabis use among adolescents, Europe and United States, 1995–2019



Fact or myth?

‘ Can you get addicted to cannabis?’

- 1 in 10 heavy cannabis users

DSM-5

	DSM-IV Abuse ^a		DSM-IV Dependence ^b		DSM-5 Substance Use Disorders ^c	
Hazardous use	X	} ≥1 criterion	-	} ≥3 criteria	X	} ≥2 criteria
Social/interpersonal problems related to use	X		-		X	
Neglected major roles to use	X		-		X	
Legal problems	X		-		-	
Withdrawal ^d	-		X		X	
Tolerance	-		X		X	
Used larger amounts/longer	-		X		X	
Repeated attempts to quit/control use	-		X		X	
Much time spent using	-		X		X	
Physical/psychological problems related to use	-		X		X	
Activities given up to use	-		X		X	
Craving	-		-	X		

FIGURE 1. DSM-IV and DSM-5 Criteria for Substance Use Disorders

^a One or more abuse criteria within a 12-month period *and* no dependence diagnosis; applicable to all substances except nicotine, for which DSM-IV abuse criteria were not given.

^b Three or more dependence criteria within a 12-month period.

^c Two or more substance use disorder criteria within a 12-month period.

^d Withdrawal not included for cannabis, inhalant, and hallucinogen disorders in DSM-IV. Cannabis withdrawal added in DSM-5.

ICD-10/11

[ICD-10-CM Codes](#) > [F01-F99](#) Mental, Behavioral and Neurodevelopmental disorders > [F10-F19](#) Mental and behavioral disorders due to psychoactive substance use > Cannabis related disorders F12

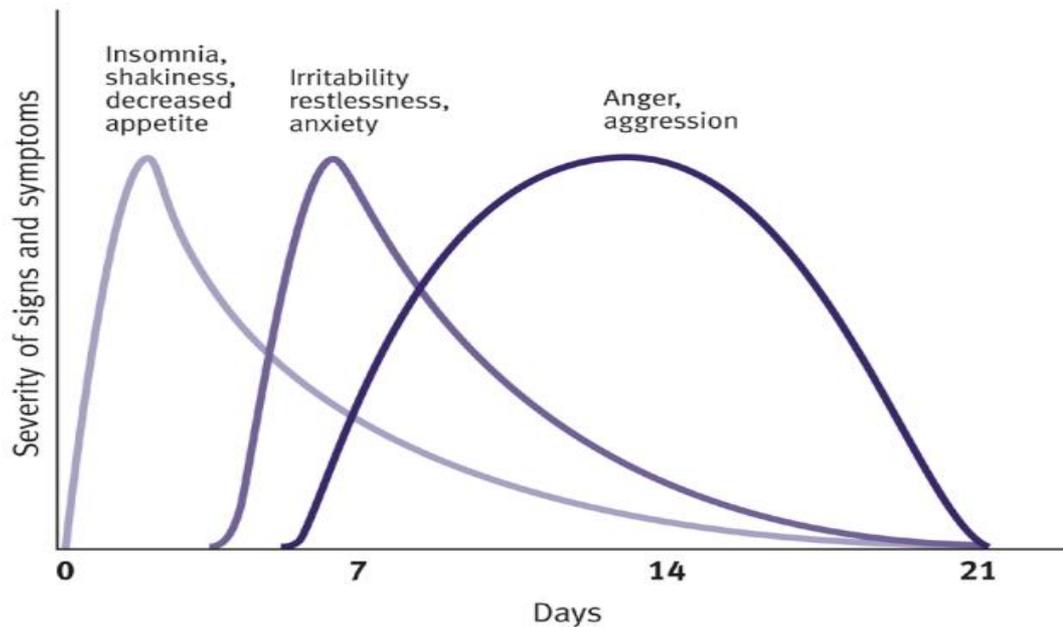
- ▶ **F12** Cannabis related disorders
 - ▶ **F12.1** Cannabis abuse
 - ▶ **F12.10** uncomplicated
 - ▶ **F12.11** in remission
 - ▶ **F12.12** Cannabis abuse with intoxication
 - ▶ **F12.120** uncomplicated
 - ▶ **F12.121** delirium
 - ▶ **F12.122** with perceptual disturbance
 - ▶ **F12.129** unspecified
 - ▶ **F12.13** with withdrawal
 - ▶ **F12.15** Cannabis abuse with psychotic disorder
 - ▶ **F12.150** with delusions
 - ▶ **F12.151** with hallucinations
 - ▶ **F12.159** unspecified
 - ▶ **F12.18** Cannabis abuse with other cannabis-induced disorder
 - ▶ **F12.180** Cannabis abuse with cannabis-induced anxiety disorder
 - ▶ **F12.188** Cannabis abuse with other cannabis-induced disorder
 - ▶ **F12.19** with unspecified cannabis-induced disorder
 - ▶ **F12.2** Cannabis dependence
 - ▶ **F12.20** uncomplicated
 - ▶ **F12.21** in remission
 - ▶ **F12.22** Cannabis dependence with intoxication
 - ▶ **F12.220** uncomplicated
 - ▶ **F12.221** delirium
 - ▶ **F12.222** with perceptual disturbance
 - ▶ **F12.229** unspecified
 - ▶ **F12.23** with withdrawal
 - ▶ **F12.25** Cannabis dependence with psychotic disorder
 - ▶ **F12.250** with delusions
 - ▶ **F12.251** with hallucinations
 - ▶ **F12.259** unspecified
 - ▶ **F12.28** Cannabis dependence with other cannabis-induced disorder
 - ▶ **F12.280** Cannabis dependence with cannabis-induced anxiety disorder
 - ▶ **F12.288** Cannabis dependence with other cannabis-induced disorder
 - ▶ **F12.29** with unspecified cannabis-induced disorder
 - ▶ **F12.9** Cannabis use, unspecified
 - ▶ **F12.90** uncomplicated
 - ▶ **F12.92** Cannabis use, unspecified with intoxication
 - ▶ **F12.920** uncomplicated
 - ▶ **F12.921** delirium
 - ▶ **F12.922** with perceptual disturbance
 - ▶ **F12.929** unspecified
 - ▶ **F12.93** with withdrawal
 - ▶ **F12.95** Cannabis use, unspecified with psychotic disorder
 - ▶ **F12.950** with delusions
 - ▶ **F12.951** with hallucinations
 - ▶ **F12.959** unspecified
 - ▶ **F12.98** Cannabis use, unspecified with other cannabis-induced disorder
 - ▶ **F12.980** Cannabis use, unspecified with anxiety disorder
 - ▶ **F12.988** Cannabis use, unspecified with other cannabis-induced disorder
 - ▶ **F12.99** with unspecified cannabis-induced disorder

Fact or myth?

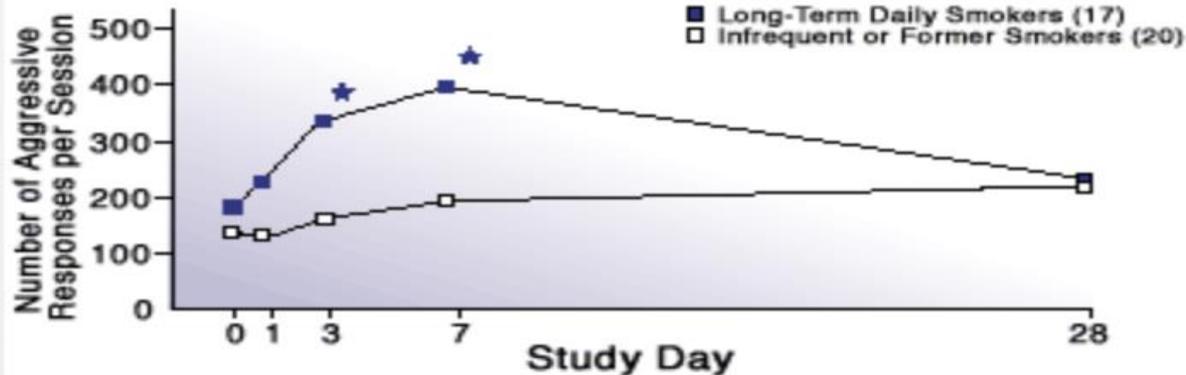
‘ How long does cannabis withdrawal take?’

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.



Abstinence Elicits Aggressive Behavior in Long-Term Marijuana Smokers

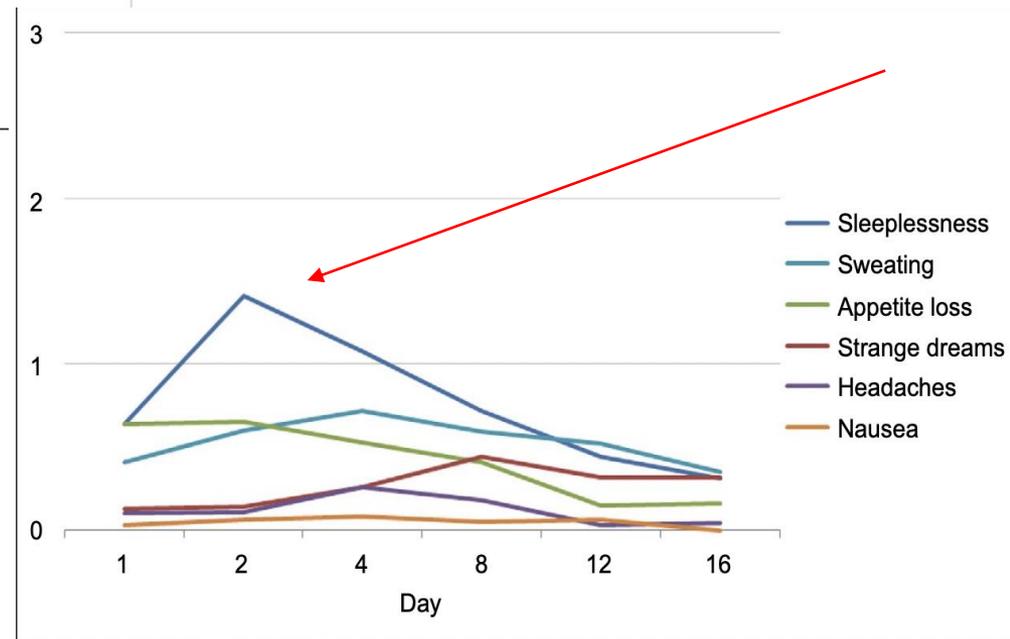
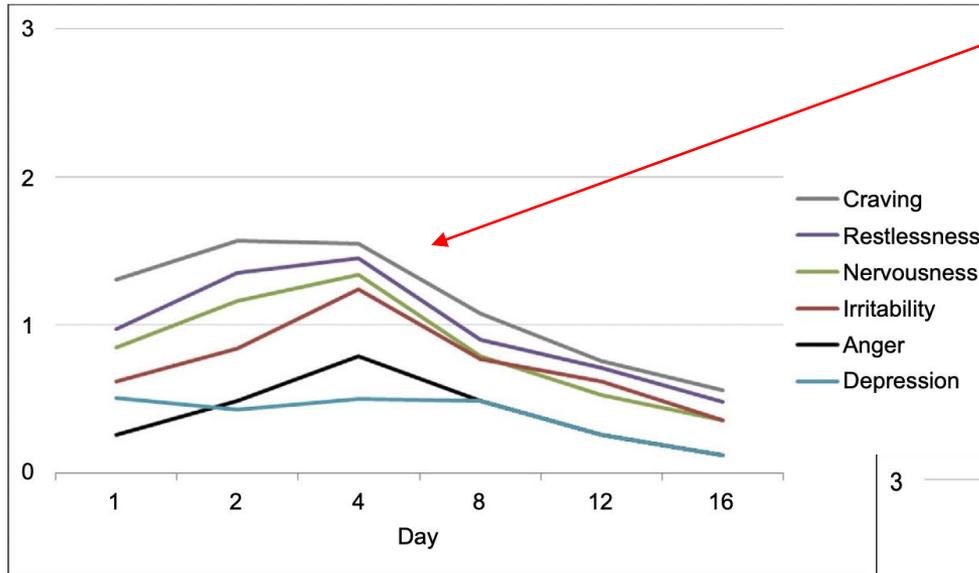


During the first weeks of abstinence, long-term current marijuana smokers made more aggressive responses on a computerized game than did infrequent or former smokers. The graph shows the average number of aggressive responses in 17 long-term daily (*Solid Square*) and 20 infrequent or former (*Open Square*) marijuana smokers. (*Star* = significantly different from former smokers.)

Fact or myth?

‘ What are the two most common symptoms of cannabis withdrawal that will lead to relapse?’

1. Irritability 2. Insomnia



Fact or myth?

‘Is a cannabis withdrawal scale useful?’

Cannabis withdrawal questionnaire

During the past 24 hours (Tick as per answer to each statement)

	Not at all 0	Moderately 5	Extremely 10
1. I had some nightmares or strange dreams			
2. I had some angry outbursts			
3. I was easily irritated			
4. I woke up early			
5. I had trouble getting to sleep			
6. I felt physically tense			
7. I felt nauseous (like vomiting) I felt restless			
8. I woke up sweating at night Imagining being stoned			
9. I felt depressed			
10. I felt nervous			
11. I had no appetite			
12. I had mood swings			
13. I had a stomach ache			
14. I had a headache			
15. I had hot flashes			
16. Thinking about smoking			
17. I felt shaky			
18. I was eating a lot			
19. I felt that life was like an uphill struggle.			
20. I felt dizzy			
21. I felt anxious			
22. I felt tired			
23. I yawned a lot			
24. I felt worried			
TOTAL SCORE			

Scoring

Range 0 – 190
(Empirically)

Mild: 0-47 Moderate: 48-95 Moderately severe: 96-143 Severe: 144-190

Source: D.J. Allsop et al. / Drug and Alcohol Dependence 119 (2011) 123–129

Fact or myth?

‘What is most often forgotten when someone is coming off cannabis that is *clinically relevant*?’

- Concurrent nicotine withdrawal

Fact or myth?

‘What is best treatment for cannabis withdrawal?’



- Psychological strategies
- Psychosocial
- Mirtazapine, temazepam, diazepam?
- Medicinal cannabis??
- Guanfacine??
- Baclofen??

Nabiximols?

- Derived from plant *Cannabis sativa*
- Contain THC and Cannabidiol (CBD)
- Oral spray
- Used in multiple sclerosis for muscle spasticity
- Trial in cannabis withdrawal:
 - No intoxication
 - Lesser severity of symptoms
 - Greater retention in treatment

CBD?

Cannabidiol for the treatment of cannabis use disorder: a phase 2a, double-blind, placebo-controlled, randomised, adaptive Bayesian trial



Tom P Freeman, Chandni Hindocha, Gianluca Baio, Natacha D C Shaban, Emily M Thomas, Danica Astbury, Abigail M Freeman, Rachel Lees, Sam Craft, Paul D Morrison, Michael A P Bloomfield, Dominic O’Ryan, Jane Kinghorn, Celia J A Morgan, Ali Mofeez, H Valerie Curran

Summary

Background A substantial and unmet clinical need exists for pharmacological treatment of cannabis use disorders. Cannabidiol could offer a novel treatment, but it is unclear which doses might be efficacious or safe. Therefore, we aimed to identify efficacious doses and eliminate inefficacious doses in a phase 2a trial using an adaptive Bayesian design.

Lancet Psychiatry 2020;
7: 865-74
Published Online
14 July 2020

Cannabis

And

Mood Disorder



Participants Needed

A study examining the use of medicinal cannabis to treat cannabis use disorder and mood disorder

Call - 03 9231 6947

Potential participants will be screened to ensure they are eligible to take part. The study duration is twelve weeks.

You **may** be eligible if you:

- Aged between 18 and 28 years
- Use cannabis at least 3 days per week
- Experience depression or anxiety
- Would like to reduce cannabis use

This study is being conducted by the Department of Addiction Medicine

St Vincent's Hospital Melbourne

V2 18-3-2022

Fact or myth?

‘Do physical health concerns co-occur with cannabis use disorder (and hence withdrawal)?’

Fact or myth?

‘Do mental health concerns co-occur with cannabis use disorder (and hence withdrawal)?’

DSM-5 mental disorders associated with substance class

	Psychotic disorders	Bipolar disorders	Depressive disorders	Anxiety disorders	Obsessive-compulsive and related disorders	Sleep disorders	Sexual dysfunctions	Delirium	Neuro-cognitive disorders	Substance use disorders	Substance intoxication	Substance withdrawal
Alcohol	I/W	I/W	I/W	I/W		I/W	I/W	I/W	I/W/P	X	X	X
Caffeine				I		I/W					X	X
Cannabis	I			I		I/W		I		X	X	X
Hallucinogens												
Phencyclidine	I	I	I	I				I		X	X	
Other hallucinogens	I*	I	I	I				I		X	X	
Inhalants	I		I	I				I	I/P	X	X	
Opioids			I/W	W		I/W	I/W	I/W		X	X	X
Sedatives, hypnotics, or anxiolytics	I/W	I/W	I/W	W		I/W	I/W	I/W	I/W/P	X	X	X
Stimulants**	I	I/W	I/W	I/W	I/W	I/W	I	I		X	X	X
Tobacco						W				X		X
Other (or unknown)	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X

X = category recognized in DSM-5 I = "with onset during intoxication" W = "with onset during withdrawal" P = persisting

*Also hallucinogen persisting perception disorder (flashbacks).

**Includes amphetamine-type substances, cocaine, and other or unspecified stimulants

Fact or myth?

‘Is cannabis withdrawal safe in pregnancy?’

Questions and discussion