

ncpic e-zine

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national cannabis
prevention and
information centre

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Poster competition closing soon!

Calling all teachers – NCPIC would like to remind teachers to submit their students' entries into this year's Poster Competition which closes on Friday, 20 September 2013. This year the competition will focus on how young people might help a friend who is experiencing problems with cannabis get the right sort of help – e.g., from a GP, counsellor, youth worker or the [NCPIC Cannabis Information and Helpline 1800 30 40 50](#). There will be one national winner selected and three runners up, with prize money offered of \$2,000 for the designer of the winning poster and \$1,500 for their school. Each runner up will receive \$500 and their school will also be given \$200. [Click here](#) for more information and to download the entry form.



communications report

Paul Dillon, National Communications Manager, NCPIC

As some of you may know I recently returned from three months long-service-leave and coming back to the NCPIC Communications Team and catching up with all of the projects that have been progressing while I was away, with some of them actually being completed, has been an interesting process.

At this point, I would like to say a huge thank you to the Team for all the work they did through that time, as well as to say how grateful I am to Professor Jan Copeland for managing my staff while I was away. We are just about to begin the final year of our current funding period and it will be exciting to see projects that we have been working on in recent years now beginning to be distributed and used by people across the country. What is particularly pleasing is that we are putting a great deal of effort into evaluating our dissemination activities and the results so far have been overwhelmingly positive, with workers from all jurisdictions reporting that they not only use our resources with their clients, but that they also find them effective.

I am sure that if you are a regular reader of the E-Zine you would be well aware of some of the projects I am now going to highlight, but we're pretty proud of these, so I'll mention them one more time! Here is just a brief selection of some of the Communication Team's recent outputs:

- a **National Aboriginal and Torres Strait Islander Reference Group (NATSIRG)** has been formed with a face-to-face meeting planned for July to discuss strategic planning in the Indigenous area, as well as to discuss

proposed 2013-2014 Workplan Indigenous projects

- the **winners of our 2012 Poster, Short Film and Aboriginal and Torres Strait Islander Music Competitions** have been chosen, announced and the winning posters, films and songs have been made available
- a suite of **low literacy resources for the general community** (4 booklets and 5 posters) have been printed and made available on the NCPIC online order form and are proving extremely popular
- the original print-run of 1000 copies of the **'The Gunja Brain Story' flipchart developed for Indigenous communities** was successfully distributed and a second print-run (2000 A4 flipcharts) is available for order via the NCPIC website
- a suite of **low literacy resources for Aboriginal and Torres Strait Islander communities** (4 booklets and 4 posters) is in the final stages of development and will be ready for printing and distribution in the coming month
- a **Pharmacist Package** has been developed and is now available on the NCPIC website. The mini-site features downloadable factsheets for pharmacists and customers, referral information and a brief motivational intervention for them to use with their customers. A poster has also been developed which pharmacists can print and display if they choose. The tag line for this is **'All smoke is bad smoke'**

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commentary on research

Multidimensional family therapy lowers the rate of cannabis dependence in adolescents: A randomised controlled trial in Western European outpatient settings – A comment on Rigter and colleagues (2013)

Peter Gates

Although family-therapy based treatments such as Multi-Dimensional Family Therapy (MDFT) are typically available only to adolescent populations with a supportive network, these treatments may be attractive for adolescents wishing to reduce their cannabis use for three main reasons. First, research trials of these treatments consistently demonstrate small to moderate treatment effects and depict significant reductions in cannabis use at short to long-term follow-up assessments compared to baseline use. Second, unlike the more common treatments based on motivational interviewing (MI) or cognitive behavioural therapy (CBT), family-therapy based treatments have consistently resulted in significant improvements to adolescent psychological functioning and family cohesion. Finally, the participants of family-therapy based intervention trials are typically more likely to complete treatment compared to participants of other cannabis treatment trials. On the other hand, the biggest limitation of these trials is that they lack generalizability in that they are largely exclusive to the US.

In recognition of the benefits of MDFT for adolescents interested in reducing their cannabis use, Rigter and colleagues (2013) recently reported on the first randomised controlled trial of MDFT outside of the US, with participating treatment centres in Belgium, France, Germany, the Netherlands and Switzerland. The MDFT treatment focusses on the impact of life domains thought to influence decisions to use cannabis including youth and their parents, extended family, peers and school as well as work and leisure time. In this trial the efficacy of MDFT in reducing the severity of cannabis use disorder was compared to treatment as usual (individual treatment based on MI

and CBT, hereby referred to as TAU) with follow-up assessments conducted at three, six, nine and 12 months.

Participants in the trial were 450 adolescents (mean age was 16.3 years, 85% boys) with at least one family member involved (56% of the involved parent[s] were divorced or separated). All were interested in receiving cannabis treatment and were diagnosed with past year cannabis use disorder (four in ten also had an alcohol use disorder). The participants were randomised to receive one of two relatively intense treatments – two sessions of MDFT or one session of TAU per week for six months. A total of 90 per cent of MDFT therapists said that their clients completed their treatment compared with 48 per cent of the TAU therapists.

Encouragingly, most participants reduced their frequency of cannabis use and the severity of their cannabis use disorder. As hypothesised, however, the MDFT participants were seen to improve to a significantly greater extent than the TAU participants. That is, at 12 month follow-up, 38 per cent of MDFT participants met criteria for cannabis dependence, 33 per cent for cannabis abuse (reporting an average of two symptoms) and 18 per cent no longer had the disorder compared to 52 per cent, 22 per cent and 15 per cent of TAU participants (reporting an average of three symptoms). Interestingly, when adjusting for hours in treatment, the treatment effects diminished greatly and the difference observed in the prevalence of cannabis use disorder was no longer significant. Further, no significant difference was observed for overall reductions in cannabis use frequency between treatments (reduced by 43% of the past 90 days for MDFT participants and 31% for TAU participants). A notable similarity in results between countries and treatment centres was observed which supported the generalizability of the treatments.

This trial of MDFT for those with a cannabis use disorder was the largest and most robust to date and supported the efficacy of this treatment for adolescents. Despite the reported successes, it remains a concern that the great majority of participants were still unable to achieve complete abstinence from their cannabis use (more than four out of five participants maintained any cannabis use). This is consistent with past research on cannabis treatments

and compounds with the fact that only a minority of those in need of help will enter cannabis treatment. Clearly there is a need for further multi-centre research of this kind and particularly for work which will lead toward improving the fidelity of available treatments. Without these improvements we can expect to continue to see more than half of assisted quit attempts fail.

Rigter, H., Henderson, C.E., Pelc, I., Tossmann, P., Phan, O., Hendriks, V., Schaub, M., & Rowe, C.L. (2013). Multidimensional family therapy lowers the rate of cannabis dependence in adolescents: A randomised controlled trial in Western European outpatient settings. *Drug and Alcohol Dependence* 130, 85-93.

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communications report

- the next stage of our cannabis and driving work (**'Danger: Stoned driver on board. It's more obvious than you think'**) has been released. Three thousand A2 and 2000 A4 posters were printed, with over half of these already being disseminated across all jurisdictions to police and road traffic authorities (via the contact list we developed for our previous work in this area). In addition, an Avant Card campaign is currently being 'rolled-out', with 170,000 postcards being made available at coffee shops, cinemas, TAFEs and universities, as well as selected secondary schools

We are extremely proud of our achievements thus far and are looking forward to the year ahead with planned projects targeting such groups as Aboriginal and Torres Strait Islander communities, parents and school communities. We are also currently working with our web developers on a 'redesign' of the NCPIC website. Our aim is to improve navigation and make it more 'user-friendly'. We hope to do a relaunch of the site before the end of the year. Keep watching this space for further details.



Each issue we will examine some of the cannabis-related stories that have received media attention across the country. The headlines are listed below in bold, with a short summary and/or commentary regarding the content of the news story beneath.

If you are interested in obtaining a copy of a particular story, please contact Clare Le at clare.le@unsw.edu.au

anguish sparks search for more data on 'legal highs'

WA Today: June 3, 2013

This article discusses the unpredictable effects of synthetic cannabis and the need for further education about the harms associated with these products. Difficulties in educating the public arise because so little is known about synthetic cannabis products and manufacturers frequently change the chemical components of the drug in an attempt to evade prosecution.

government moves to stamp out sale of synthetic drugs

The Northern Star: June 11, 2013

The NSW Government has enacted an interim ban on the sale of synthetic cannabis in Sydney and "across regional centres all over the State." Fair Trading Inspections will take place across the state to "stop the sale of synthetic drugs like Kronic, K2, Skunk, Black Widow, White Revolver, Ash Inferno and Montana Madness."

Madden's casino drug bust

Mix 106.5: June 12, 2013

It is alleged that a small amount of cannabis was found in the hotel room of American singer, Joel Madden. It has been said that he is unlikely to be

charged as laws in NSW state that those found in "possession of up to 15 grams of cannabis may simply be cautioned." This information was sourced from the NCPIC [Cannabis and the Law factsheet](#).

the scourge of super-skunk: cannabis-induced mental health issues up 50%

International Business Times: June 13, 2013

This article claims that "the number of people suffering from mental or behavioural disorders as a result of cannabis use has increased by nearly half in four years." Medical experts have "linked the increase with the rise in popularity of a particularly strong strand" of cannabis, known as "super-skunk". It is said to contain high levels of THC, the psychoactive ingredient in cannabis.

waste water reveals music festival drug use

Medical Observer: June 21, 2013

A study of waste water from a recent music festival has shown that "levels of drug use mirror that in a nearby urban community, with the exception of increased ecstasy use." The National Research Centre for Environmental Toxicity at the University of Queensland conducted the study which found that "cannabis was the most commonly used drug at the music festival, followed by ecstasy, methamphetamine and cocaine." Interestingly, the researchers found that "cannabis consumption at the music festival, attended by 100,000 people over six days, averaging 50-100 doses per day per 1000 people, was lower than the 120-160 doses per day per 1000 people in the nearby urban area." This kind of research is useful in that it could "enable authorities to measure the impact of supply and demand reduction policies and initiatives on illicit drug use over time."

research publications

Relevant publications examining issues to do with cannabis that have been published in the last month include the following:

Atakan, Z., Bhattacharyya, S., Allen, P., Martín-Santos, R., Crippa, J.A., Borgwardt, S.J., Fusar-Poli, P., Seal, M., Sallis, H., Stahl, D., Zuardi, A.W., Rubia, K., & McGuire, P. (2013). Cannabis affects people differently: Inter-subject variation in the psychotogenic effects of Δ^9 -tetrahydrocannabinol: A functional magnetic resonance imaging study with healthy volunteers. *Psychological Medicine* 43, 1255-1267.

Dudášová, A., Keir, S.D., Parsons, M.E., Molleman, A., & Page, C.P. (2013). The effects of cannabidiol on the antigen-induced contraction of airways smooth muscle in the guinea-pig. *Pulmonary Pharmacology and Therapeutics* 26, 373-379.

Hofmann, M.E. & Frazier, C.J. (2013). Marijuana, endocannabinoids, and epilepsy: Potential and challenges for improved therapeutic intervention. *Experimental Neurology* 244, 43-50.

Khan, S.S., Secades-Villa, R., Okuda, M., Wang, S., Pérez-Fuentes, G., Kerridge, B.T., & Blanco, C. (2013). Gender differences in cannabis use disorders: Results from the National Epidemiologic Survey of Alcohol and Related Conditions. *Drug and Alcohol Dependence* 130, 101-108.

Lee, D., Karschner, E.L., Milman, G., Barnes, A.J., Goodwin, R.S., & Huestis, M.A. (2013). Can oral fluid cannabinoid testing monitor medication compliance and/or cannabis smoking during oral THC and oromucosal Sativex administration? *Drug and Alcohol Dependence* 130, 68-76.

Levin, F.R., Mariani, J., Brooks, D.J., Pavlicova, M., Nunes, E.V., Agosti, V., Bisaga, A., Sullivan, M.A., & Carpenter, K.M. (2013). A randomized double-blind, placebo-controlled trial of venlafaxine-extended release for co-occurring cannabis dependence and depressive disorders. *Addiction* 108, 1084-1094.

Rigter, H., Henderson, C.E., Pelc, I., Tossman, P., Phan, O., Hendriks, V., Schaub, M., & Rowe, C.L. (2013). Multidimensional family therapy lowers the rate of cannabis dependence in

The Gunja Brain Story Flipchart – Reflections from those using the resource six months down the track

NCPIC recently made contact with 21 organisations that had previously provided feedback to us via a questionnaire when they first received The Gunja Brain Story Flipchart. This was carried out in an effort to determine how useful they have found the resource over the last six months. We also wanted to ensure that it is culturally appropriate and being accessed by relevant organisations.

Most of those who provided us with feedback worked in schools, Indigenous Health Centres such as Aboriginal Medical Services, and AOD Centres. We heard from a wide range of workers about their experiences using the resource, including teachers, registered nurses, midwives and counsellors. Despite most not being Aboriginal or Torres Strait Islander themselves, they all reported using it with Indigenous clients or students, both individually and in groups. Most people had used the Flipchart weekly and found it a useful resource, commenting that their clients liked that it was Indigenous-specific, enjoyed and understood the illustrations, and were now more likely to engage with them in discussions about cannabis use issues. Respondents also believed that it had also helped them improve their cross-cultural communication skills by modelling culturally appropriate language and approaches to sensitive issues such as cannabis use.

When asked what impact the resource has had on their clients, workers reported that it had helped

dispel misunderstandings about cannabis, encouraged discussion about cannabis-related issues and had raised awareness about the harms of the drug. The 'Have a Yarn' discussion questions had been useful in promoting community-focussed discussion, particularly on topics such as: long-term changes from gunja; how gunja affects emotions; side effects of gunja; health effects on babies and pregnancy; effects on community, family and spirituality; and effects on the brain. The story provided at the end of the Flipchart had also proven useful, helping to engage younger audiences in particular.

Suggestions for improving the resource were also sought, with some of these including: shortening it and making it less text-heavy; using other terms for cannabis such as 'yarndi' and 'patcha'; linking mental health issues with the Dreamtime; and further simplifying some sections such as the effects of cannabis use on the brain.

We are very grateful to all the people who gave us feedback about the Flipchart which has proven to be very well received, culturally appropriate and engaging, and useful in a variety of settings. [Please click here](#) to order your copy of The Gunja Brain Story Flipchart and related Playing Cards.



continued from page 3 research publications

adolescents: A randomised controlled trial in Western European outpatient settings. *Drug and Alcohol Dependence* 130, 85-93.

Rooke, S.E., Norberg, M.M., Copeland, J., & Swift, W. (2013). Health outcomes associated with long-term regular cannabis and tobacco smoking. *Addictive Behaviors* 38, 2207-2213.

Scholes-Balog, K.E., Hemphill, S.A., Patton, G.C., & Toumbourou, J.W. (2013). Cannabis use and related harms in the transition to young adulthood: A longitudinal study of Australian secondary school students. *Journal of Adolescents* 36, 519-527.

Thornton, L.K., Baker, A.L., Johnson, M.P., & Lewin, T. (2013). Perceived risk associated with tobacco, alcohol and cannabis use among people with and without psychotic disorders. *Addictive Behaviors* 38, 2246-2251.

Timberlake, D.S. (2013). The changing demographic of blunt smokers across birth cohorts. *Drug and Alcohol Dependence* 130, 129-134.

Volk, D.W., Siegel, B.I., Verrico, C.D., & Lewis, D.A. (2013). Endocannabinoid metabolism in the prefrontal cortex in schizophrenia. *Schizophrenia Research* 147, 53-57.

Wobrock, T., Falkai, P., Schneider-Axmann, T., Hasan, A., Galderisi, S., Davidson, M., Kahn, R.S., Derks, E.M., Boter, H., Rybakowski, J.K., Libiger, J., Dollfus, S., López-Ibor, J.J., Peuskens, J., Hranov, L.G., Gaebel, W., Fleischhacker, W.W., & EUFEST study group. (2013). Comorbid substance abuse in first-episode schizophrenia: Effects on cognition and psychopathology in the EUFEST study. *Schizophrenia Research* 147, 132-139.

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details

NCPIC is a consortium led by the National Drug and Alcohol Research Centre and is an Australian Government Department of Health and Ageing initiative

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