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what's new in cannabis?

client satisfaction with GP cannabis use interventions study

NCPIC has launched an online survey regarding the experiences of cannabis users who have visited a general practitioner (GP) regarding any cannabis use concerns. The survey is designed to help NPCIC gain a better understanding of how GPs manage their clients who present with cannabis use concerns and what expectations the clients have prior to visiting. In addition, the survey questions how satisfied the client of a GP was in regards to the health professional's response. If you have any questions please feel free to contact Peter Gates at p.gates@unsw.edu.au.

[Please click here](#) to access the survey.

director's report

Jan Copeland (PhD), *Professor/Director, NPCIC*

Following the NSW Auditor-General's report on the effectiveness of cautioning for minor cannabis offences, we are pleased to provide a commentary by Detective Superintendent Nick Bingham in this month's E-Zine. Det Supt Bingham leads the NSW Drug Squad and is the new law enforcement representative of the Inter-Governmental Committee on Drugs on the Centre's Advisory Committee. He has also been a terrific help in facilitating the cannabis potency study in NSW which has now started testing in Sydney and the NSW North Coast and we thank him for his contributions.

In the middle of the month I participated in an evening community forum on cannabis and psychosis hosted by the Richmond Fellowship of NSW. It was well attended and there was wide ranging discussion. It was moderated by Quentin Dempster, who many of you will know as the presenter of the ABC program 7.30 on Friday evenings in NSW, who kept the discussion moving along with his mastery of the topic and chairing skills. He wrote about the evening for the ABC website *The Drum* and featured a story on his program that week. While there was a terrific array of representatives from senior legal, psychiatric and service provider perspectives, it was the passion and eloquence of the two consumer representatives that really captured those attending. I congratulate them on their courage and hope that we can include their voices in future such forums.

In preparation for the event, the Richmond Fellowship commissioned a community survey on attitudes towards, and levels of knowledge about, cannabis use. Next month we are meeting with the researchers to discuss how we might write up some of the findings for a NPCIC Bulletin to more widely disseminate the findings and develop responses to the issues it identified.

We finally launched our [Cannabisaurus](#) on the website this month. What started as a little idea turned into rather a large project for our web developers. I've promised Paul to contain my more tangential thoughts in the future! I hope we can develop it into a useful and interactive tool to learn more about the language around cannabis use from different cultures across Australia and internationally. Please take a moment to visit the page and contribute your local words for cannabis so it will really be a Cannabisaurus. See the article about the Cannabisaurus on page 6 for more information.

Professor Jan Copeland

guest editorial – cannabis cautioning scheme

Detective Superintendent Nick Bingham – *State Crime Command, NSW Police Force*

Penny Cheverall – *NSW Police Drug and Alcohol Coordination*

Over 5.5 million people have ever used cannabis in this country (2007 *National Drug Strategy Household Survey*, AIHW, 2008 p.48). As it is the most widely used illicit drug in Australia it is therefore, not surprisingly, the most widely detected drug. NSW Police Force is faced with the dilemma that they are charged with the responsibility of enforcing the law in the face of a high level of community acceptance of cannabis use and a preparedness to engage in its use, as evidenced by prevalence rates. This has implications for law enforcement particularly since most cannabis users are not involved in any other illicit activity and the use of cannabis itself is relatively short term. The community has an expectation that their police force will use all available resources efficiently and effectively, targeting serious offences and offenders. The issue for police however, is that there remains a large volume of cannabis-related work which is generated for police and courts which is contrary to community expectations.

So what can police do? We can prosecute and place cannabis users before the court which will result in whatever the court determines appropriate. This action criminalises people who might otherwise never come into contact with police and the criminal justice system. Or, we can utilise an alternative to prosecution, for which there is both police and public support. Police in NSW can issue the cannabis user a caution and provide them with information on where to go to get help.

The NSW Police Force Cannabis Cautioning Scheme (CCS) has been an option available to police in NSW since 2000. In the last decade police have issued over 35,000 cannabis cautions to adult offenders found in possession of under 15 grams of dried cannabis or implements for its use. The advantages of the CCS for police include the fact that we can deal with offenders on the street quickly, freeing up officers for higher-priority policing activities. Minor offenders are dealt with easily, quickly and efficiently, removing the need to attend court.

Police drug diversion is primarily based on the principle of early intervention. The CCS, in addition to diverting large numbers from the criminal justice system provides users with information on the harms and consequences associated with cannabis use and important referral information to available drug treatment. Involvement with police can have an impact on some users and motivate some to seek help for their drug use, particularly someone who is not otherwise criminally active and new to the criminal justice system.

The CCS allows the cannabis user an opportunity to avoid a criminal record, the negative consequences of which are long lasting. NSW Police Force recognise that this is important because the majority of cannabis caution recipients do not re-offend and never come into police contact again. An evaluation by the Australian Institute of Criminology (AIC) in 2007 found that NSW has the lowest recidivism rates for police cannabis diversion with only 18 per cent having been found to have re-offended within 18 months of having received the caution (*Police Drug Diversion: A study of criminal offending outcomes*, AIC, 2008 p.40).

An offender can receive no more than two cannabis cautions. With the first caution the user will be encouraged by police to contact a drug helpline, however if they receive a second caution then they must make the call within 14 days and have an education session over the phone.

The Alcohol Drug Information Service (ADIS) is a confidential information and helpline service provided by the NSW Department of Health, it is not a police call line. The cannabis education session provides the caller with an opportunity to think about how cannabis use might be impacting on their life and gives tips on how to make changes.

The Audit Office of New South Wales tabled a performance audit report in April 2011, *The effectiveness of cautioning for minor cannabis offences*. The audit report confirmed that the CCS is effective; police use the scheme

well, have access to the resources they need and use their discretion appropriately. These findings are consistent with previous external and internal reviews of the CCS. Police in NSW are committed to using the CCS when they can and when the eligibility criteria apply.

What are the eligibility criteria?

- Possession or use of not more than 15 grams of dried cannabis leaf and/or equipment for use of cannabis. Freshly cut leaf, seeds, resin and oil are excluded, the cannabis must be dried.
- The offender must be 18 years or over.
- The offender must admit the offence and have no prior convictions for drug offences, sexual offences or offences involving violence.
- The cannabis must be for personal use only.
- The offender must have no more than one prior cannabis caution, the maximum number of cannabis cautions that can be issued to one individual is two.
- There can be no other offence committed at the time the cannabis or implements are detected for which the offender will be required to appear at court.
- The offender must consent to the caution.
- There must be sufficient evidence to prosecute.

If you have any questions about the Cannabis Cautioning Scheme then you can look at the NSW Police Force website www.police.nsw.gov.au or ring the Drug and Alcohol Coordination team on (02) 8835 8647.

research publications

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

Bergamaschi, M.M., Queiroz, R.H., Chagas, M.H., de Oliveira, D.C., De Martinis, B.S., Kapczinski, F., Quevedo, J., Roesler, R., Schröder, N., Nardi, A.E., Martín-Santos, R., Hallak, J.E., Zuardi, A.W., & Crippa, J.A. (2011).

Cannabidiol reduces the anxiety induced by simulated public speaking in treatment-naïve social phobia patients. *Neuropsychopharmacology* 36, 1219-1226.

Black, M.D., Stevens, R.J., Rogacki, N., Featherstone, R.E., Senyah, Y., Giardino, O., Borowsky, B., Stemmelin, J., Cohen, C., Pichat, P., Arad, M., Barak, S., De Levie, A., Weiner, I., Griebel, G., & Varty, G.B. (2011). AVE1625, a cannabinoid CB1 receptor antagonist, as a co-treatment with antipsychotics for schizophrenia: Improvement in cognitive function and reduction of antipsychotic-side effects in rodents. *Psychopharmacology* 215, 149-163.

Buckner, J.D., Zvolensky, M.J., Smits, J.A., Norton, P.J., Crosby, R.D., Wonderlich, S.A., & Schmidt, N.B. (2011). Anxiety sensitivity and marijuana use: An analysis from ecological momentary assessment. *Depression & Anxiety* 28, 420-426.

Budney, A.J., Fearer, S., Walker, D.D., Stanger, C., Thostenson, J., Grabinski, M., & Bickel, W.K. (2011). An initial trial of a computerized behavioral intervention for cannabis use disorder. *Drug & Alcohol Dependence* 115, 74-79.

Canga, Y., Osmonov, D., Karatas, M.B., Durmuş, G., İlhan, E., & Kirbaş, V. (2011). Cannabis: A rare trigger of premature myocardial infarction. *Anatolian Journal of Cardiology* 11, 272-274.

Christie, M.J. & Vaughan C.W. (2011). Receptors: Cannabis medicine without a high. *Nature Chemical Biology* 7, 249-250.

Creemers, H.E., Harakeh, Z., Dick, D.M., Meyers, J., Vollebergh, W.A., Ormel, J., Verhulst, F.C., & Huizink, A.C. (2011). DRD2 and DRD4 in relation to regular alcohol and cannabis use among adolescents: Does parenting modify the impact of genetic vulnerability? The TRAILS study. *Drug & Alcohol Dependence* 115, 35-42.

Di Marzo, V. & Piscitelli, F. (2011). Gut feelings about the endocannabinoid system. *Neurogastroenterology & Motility* 23, 391-398.

Fernández-Artamendi, S., Fernández-Hermida, J.R., Secades-Villa, R., & García-Portilla, P. (2011). Cannabis and mental health. *Actas Espanolas de Psiquiatria* 39, 180-190.

Gérardin, M., Victorri-Vigneau, C., Louvigné, C., Rivoal, M., & Jolliet, P. (2011). Management of cannabis use during pregnancy: An assessment of healthcare professionals' practices. *Pharmacoepidemiology & Drug Safety* 20, 464-473.

González-Pinto, A., Alberich, S., Barbeito, S., Gutierrez, M., Vega, P., Ibáñez, B., Haidar, M.K., Vieta, E., & Arango, C. (2011). Cannabis and first-episode psychosis: Different long-term outcomes depending on continued or discontinued use. *Schizophrenia Bulletin* 37, 631-639.

Ho, B.C., Wassink, T.H., Ziebell, S., & Andreasen, N.C. (2011). Cannabinoid receptor 1 gene polymorphisms and marijuana misuse interactions on white matter and cognitive deficits in schizophrenia. *Schizophrenia Research* 128, 66-75.

James, A., Hough, M., James, S., Winmill, L., Burge, L., Nijhawan, S., Matthews, P.M., & Zarei, M. (2011). Greater white and grey matter changes associated with early cannabis use in adolescent-onset schizophrenia (AOS). *Schizophrenia Research* 128, 91-97.

Jouanous, E., Leymarie, F., Tubery, M., & Lapeyre-Mestre, M. (2011). Cannabis-related hospitalizations: Unexpected serious events identified through hospital databases. *British Journal of Clinical Pharmacology* 71, 758-765.

Karasu, T., Marczylo, T.H., Maccarrone, M., & Konje, J.C. (2011). The role of sex steroid hormones, cytokines and the endocannabinoid system in female fertility. *Human Reproduction Update* 17, 347-361.

Kolliakou, A., Joseph, C., Ismail, K., Atakan, Z., & Murray, R.M. (2011). Why do patients with psychosis use cannabis and are they ready to change their use? *International Journal of Developmental Neuroscience* 29, 335-346.

Lopez-Quintero, C., Cobos, J.P., Hasin, D.S., Okuda, M., Wang, S., Grant, B.F., & Blanco, C. (2011). Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Drug & Alcohol Dependence* 115, 120-130.

Maldonado, R., Berrendero, F., Ozaita, A., & Robledo, P. (2011). Neurochemical basis of cannabis addiction. *Neuroscience* 181, 1-17.

Martin-Blondel, G., Koskas, F., Cacoub, P., & Sène, D. (2011). Is thromboangiitis obliterans presentation influenced by cannabis addiction? *Annals of Vascular Surgery* 25, 469-473.

Rabin, R.A., Zakzanis, K.K. & George, T.P. (2011). The effects of cannabis use on neurocognition in schizophrenia: A meta-analysis. *Schizophrenia Research* 128, 111-116.

Ramchand, R., Griffin, B.A., Suttrop, M., Harris, K.M., & Morral, A. (2011). Using a cross-study design to assess the efficacy of Motivational Enhancement Therapy-Cognitive Behavioral Therapy 5 (MET/CBT5) in treating adolescents with cannabis-related disorders. *Journals of Studies on Alcohol & Drugs* 72, 380-389.

Sastre-Garriga, J., Vila, C., Clissold, S., & Montalban, X. (2011). THC and CBD oromucosal spray (Sativex®) in the management of spasticity associated with multiple sclerosis. *Expert Review of Neurotherapeutics* 11, 627-637.

Schubart, C.D., Boks, M.P., Breetvelt, E.J., van Gastel, W.A., Groenwold, R.H., Ophoff, R.A., Sommer, I.E., & Kahn, R.S. (2011). Association between cannabis and psychiatric hospitalization. *Acta Psychiatrica Scandinavica* 123, 368-375.

Stadelmann, A.M., Juckel, G., Arning, L., Gallinat, J., Epplen, J.T., & Roser P. (2011). Association between a cannabinoid receptor gene (CNR1) polymorphism and cannabinoid-induced alterations of the auditory event-related P300 potential. *Neuroscience Letters* 496, 60-64.

Strupp, M. (2011). Multiple sclerosis II: New diagnostic criteria, association with smoking and effects of cannabis on cognitive function. *Journal of Neurology* 258, 954-957.

Xiong, W., Cheng, K., Cui, T., Godlewski, G., Rice, K.C., Xu, Y., & Zhang, L. (2011). Cannabinoid potentiation of glycine receptors contributes to cannabis-induced analgesia. *Nature Chemical Biology* 7, 296-303.

Yousofi, M., Saberivand, A., Becker, L.A., & Karimi, I. (2011). The effects of *Cannabis sativa* L. seed (hemp seed) on reproductive and neurobehavioral end points in rats. *Developmental Psychobiology* 53, 402-412.

commentary on research using a Cross-Study Design to assess the efficacy of Motivational Enhancement Therapy–Cognitive Behavioral Therapy 5 (MET/CBT 5) in treating adolescents with cannabis-related disorders – a comment on Ramchand and colleagues (2011)

Peter Gates

The efficacy of utilising the 5 week Motivational Enhancement Therapy–Cognitive Behavioural Therapy 5 (MET/CBT 5) for treating cannabis use problems has been previously established in experimental settings in the Cannabis Youth Treatment (CYT) study. That is, the MET/CBT 5 compared favourably to an extended 12 week MET/CBT intervention with and without family support, a community reinforcement approach and a multidimensional family therapy intervention. As the authors of the current article point out, the efficacy of the MET/CBT 5 has not been established when compared to non-experimental, real world treatments already available to the community.

This comparison is appropriate given that SAMHSA has invested \$7 million to facilitate the adoption of MET/CBT 5 by 38 treatment programs without the certainty that treatment seekers would be better off participating in this form of treatment rather than the treatment the programs would normally provide. As such, the authors aimed to compare the MET/CBT 5 performance to that of three exemplary real world treatment facilities.

The chosen comparison treatment services were all outpatient services and included: 1) the individual and group outpatient services from Chestnut Health System; 2) the group and family counselling services from the Epoch Counseling Center; and 3) the family systems-based services from Teen Substance Abuse Treatment. Individuals accessing these treatments were 12-18 years old, had used cannabis in the previous 90 days to interview and reported at least one symptom of cannabis abuse or dependence.

Twelve month follow-up data from these three treatments (n=431 in total and n=115 after participants meeting exclusion criteria of frequent other drug use or repeated violent behaviour were dropped and participant groups were matched using pre-treatment data) was compared to data from the previous CYT study (n=174). Comparisons were made regarding improvements in the percentage of: 1) those with no use or abuse/dependence symptoms for 3 months prior to follow up; and 2) those institutionalised within 3 months prior to follow up; as well as reductions in scores on: 1) the Past Month Substance Problem Scale; 2) the Substance Frequency Scale; 3) the Illegal Activity Scale; and 4) the Emotional Problems Scale.

Overall, at the twelve month follow-up, one third of participants still smoked cannabis and one quarter had been recently institutionalised. The results showed that the MET/CBT 5 was no better than community treatments at assisting participants in improving on emotional problems, achieving abstinence, or avoiding being institutionalised but was more effective at reducing substance use frequency, substance use problems and illegal activities. The authors acknowledged that the differences observed could have been accounted for by differences in the way treatments were delivered (such as differences in counsellor skill sets or treatment settings) or other pertinent but unobserved variables, and that the sample lacked the size needed to detect a significant difference between groups less than 16 per cent for binary measures.

The authors concluded that the MET/CBT 5 was more efficacious (and cost effective) in reducing substance use frequency, substance use problems and illegal activities for participants who would otherwise seek typical outpatient treatments but no more effective in helping participants achieve abstinence, improve emotional problems or avoid institutionalisation.

Ramchand, R., Griffin, B.A., Suttrop, M., Harris, K.M., & Morral, A. (2011). Using a Cross-Study Design to assess the efficacy of Motivational Enhancement Therapy–Cognitive Behavioral Therapy 5 (MET/CBT5) in treating adolescents with cannabis-related disorders. *Journal of Studies on Alcohol and Drugs* 72, 380-389.



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 Chenoweth at c.chenoweth@unsw.edu.au

new expulsion powers in Queensland schools as student drug busts surge

Courier Mail: May 8, 2011

Minister for Education, Cameron Dick has warned any students caught with drugs at school will continue to be expelled after it was revealed 682 students had either been suspended or expelled over drugs last year. Queensland Parents and Citizens' Association and Queensland Teachers Union welcomed the crackdown. Liberal National Party Leader Campbell Newman said the policy was all wrong and that the issue was stopping the drugs getting to students in the first place.

ten per cent

Campus Daily: May 11, 2011

Random drug testing at mine sites in Western Australia shows one in ten workers are testing positive for drugs, while at some sites, the rate is as high as 30 per cent. The state government laboratory says a number of organisations, including mining companies, have approached them to test staff for the use of a synthetic cannabis product, Kronic. The ChemCentre is compiling a report on Kronic to help government agencies determine whether the product should be banned or regulated.

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Media stories this issue

one in ten miners on legal drugs

Australian Mining: May 12, 2011

An average of 10 per cent of all miners tested were positive for synthetic cannabis following a recent drug blitz on West Australian mines. Currently, the drug Kronic is sold over the counter in Western Australia and cannot be detected by normal drug tests. The state government is considering whether to ban its sale. Some mines have already begun testing for the drug and introduced policies banning the drug on site.

drug use on rise

North Shore Times: May 12, 2011

Possession and use of cannabis has risen in the Willoughby, Ku-ring-gai and North Sydney local government areas, according to a NSW Bureau of Crime Statistics and Research report. Harbourside Superintendent Allan Sicard, said the increase in cannabis offences was a trend across all Sydney metropolitan areas.

cannabis: 'an addictive scourge'

Westender: May 13, 2011

A national survey commissioned by the Richmond Fellowship of New South Wales (RFNSW) indicates that nearly half of all Australians underestimate the harmful impacts of using cannabis. RFNSW Chief Executive Officer Pamela Rutledge said the data reinforced many scientific and anecdotal views about cannabis use and effects on mental health, with the survey results highlighting that cannabis users are the most dismissive and vulnerable in terms of acknowledging what the drug can do to their mental health. The RFNSW said whilst it was encouraging to see new data showing that many Australians are recognising the links between cannabis use and mental health complications, there is still an apparent 'dual perception' of the drug.

fake pot known as Kronic is a very chronic concern

Perth Now: May 19, 2011

A synthetic product Kronic that mimics the effects of cannabis is being sold at a growing number of adult shops,

tobacconists and herbal retailers. Unlike other synthetic cannabis products currently available such as K2 or Spice, Kronic's marketing promotes that the product will get the smoker "high". National Cannabis Prevention and Information Centre (NCPIC) Director Jan Copeland, said "People have no idea what they're smoking." Professor Copeland said overseas research found long-term use could lead to "nasty withdrawals similar to cannabis but also heroin." She said "when something is sold as legal, herbal and, god forbid, natural, it makes it easier for young people to want to try it". A spokesman for Kronic's New Zealand manufacturer Light Years commented that the type of young people likely to smoke cannabis would think Kronic was "uncool" because it was legal and that the demographic (for Kronic) was older people who may have smoked pot in their younger days but don't want to risk their jobs or a criminal conviction. An Intergovernmental Committee on Drugs was expected to meet to discuss outlawing Kronic and similar synthetic drugs.

high risks: cannabis and psychosis

The Drum: May 24, 2011

There is now believed to be a link between the stronger cannabis distributed clandestinely throughout Australia and increasing cases of severe psychosis such as schizophrenia. Both the Mental Health Review Tribunal in NSW and the National Cannabis Prevention and Information Centre (NCPIC) have said publicly that if cannabis was removed from the chemistry of young brains, the incidence of schizophrenia in Australia would be reduced. Adolescents who start to use cannabis at any time are considered particularly vulnerable because the human brain does not complete its development until the early to mid 20s. Without cannabis in the chemistry of the brain, psychiatrists and clinicians could make more accurate diagnoses of mental illness, leading to more effective treatment and stabilisation of the individual. Professor Jan Copeland, Director of NCPIC, said that based on overseas studies (there have been no studies in Australia), if cannabis was taken out of the picture, the incidence of schizophrenia in Australia could be reduced by 8 to 14 per cent.

win \$5000 in the Aboriginal and Torres Strait Islander music competition

QMusic News: May 25, 2011

This article features the National Cannabis Prevention and Information Centre (NCPIC) Aboriginal and Torres Strait Islander Music Competition. The competition gives Indigenous Australians the opportunity to showcase their creative talent and express their ideas about cannabis and its harmful impact on their communities.

WA children exposed to drug lifestyle

Big Pond News: May 27, 2011

The Education and Health Standing Committee has tabled a second interim report from its inquiry into prevention and treatment services for alcohol and illicit drug problems in Western Australia. The report has revealed cannabis use has fallen, but amphetamine use is still among the highest in the world and children are being exposed to the drug lifestyle.

tourists to be banned from Amsterdam cannabis cafes

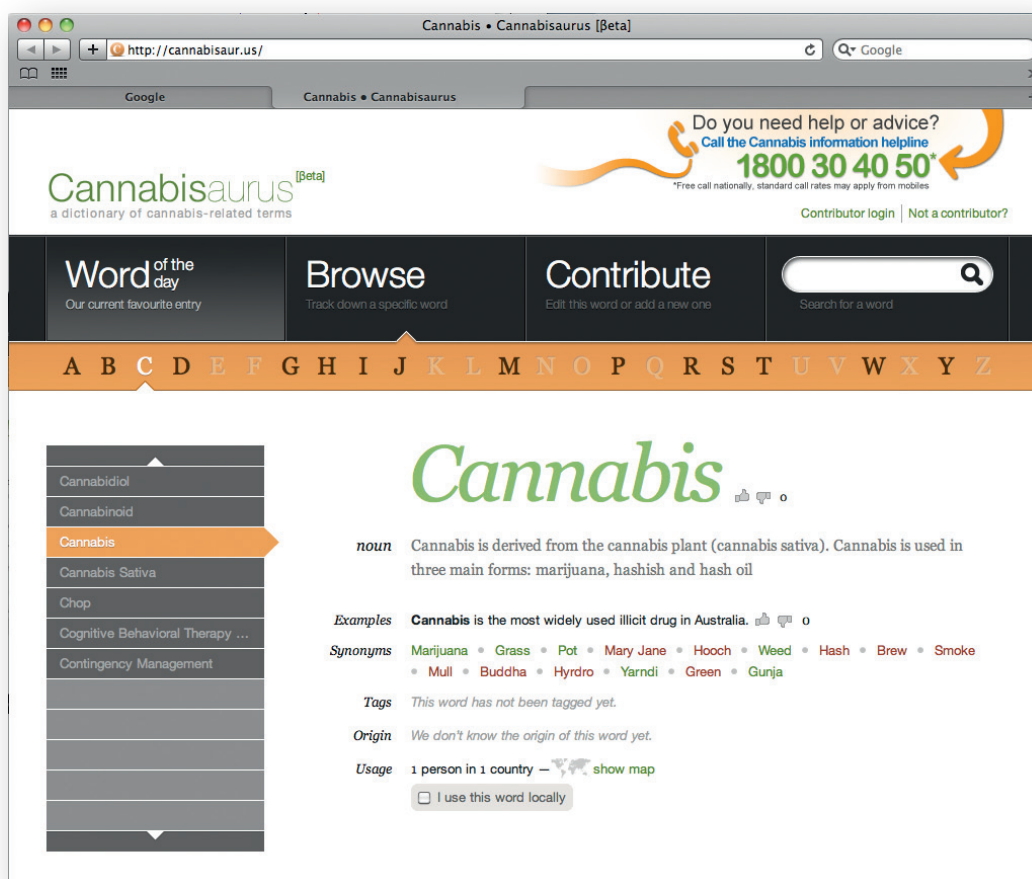
The Australian: May 30, 2011

New laws in Holland will soon prevent tourists from being able to enter the "cannabis-selling coffee shops" that currently "lawfully sell small amounts of cannabis to customers." A spokesman for the mayor of Maastricht says drug tourists have been "causing all types of trouble in the country" including noise, street blockages and vomiting and urinating in the streets. There are fears however that the new laws may encourage Dutch residents to "supply the drugs to tourists – for a hefty fee."

what do we know?

Cannabisaurus

NCPIC recently launched an exciting new interactive dictionary on our website called a 'Cannabisaurus'. The Cannabisaurus is a dictionary of terms relating to anything to do with cannabis, from cannabinoid and psychosis through to yarndi and greening out. The best thing about the new dictionary is that, like Wikipedia, everyone can contribute by adding or editing new content. Web visitors can search for cannabis-related terms, view examples of how the various terminologies are used, add or browse hyperlinked synonyms and discover the origins of cannabis-related words. NPIC would love to get our e-zine subscribers involved in the Cannabisaurus, so to sign up for an account or just to browse the dictionary, go to: <http://cannabisaur.us>



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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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