ncpic e-zine

national cannabis prevention and information centre

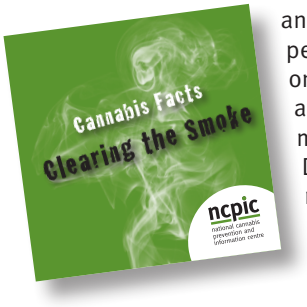
september 2012

contents

what's new in cannabis?

'Clearing the Smoke' DVD now available to view online

NCPIC's cannabis information DVD, 'Clearing the Smoke' has now been uploaded in its entirety to our website and can be viewed online. The DVD, along with the PowerPoint presentation and Educator's Kit continue to be available to order free of charge from our online order form. We hope that by providing this additional means of viewing the resource, it will make it more accessible and encourage people to watch it on their computers at work, or in staff meetings where DVD players may not be available.



guest editorial

Ms Peta Jesse – *Coordinator of CIH, Lifeline*

As a consortium member of the national collaborative network which makes up the National Cannabis Prevention and Information Centre (NCPIC), we are delighted to have the opportunity to update you on our service.

The Cannabis Information and Helpline (CIH) is a nationally available free call service provided by Lifeline Australia for the general community, particularly cannabis users, their families, and concerned others, including service providers. Our aim is to assist callers in reducing the harms associated with cannabis use. The CIH provides high quality, evidence-based information. It links callers to support services in their local area and to resources such as those available on the NCPIC website. In addition, two targeted counselling programs may be offered to callers.

The first is the Cannabis Assistance Helpline (CAHL) program. The CAHL is a telephone-based intervention designed to assist eligible individuals to reduce their cannabis use and related problems. The CAHL program consists of four, one hour counselling sessions of motivational interviewing (MI) and cognitive behavioural therapy (CBT). The sessions are conducted one week apart. This telephone-based intervention was initially conducted by the counsellors at the CIH as a randomised control trial (RCT) under the leadership of Dr Peter Gates, a senior researcher from NCPIC.

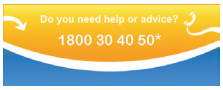
The CIH team was excited to be involved in this project and was pleased when Peter's research findings showed the benefits and effectiveness of the CAHL. This research was recently accepted for publication in the journal *Addiction*, receiving both local and international media coverage. Peter presented the findings of the RCT at the 2nd National Cannabis Conference and concluded: "The remote delivery of brief MI and CBT cannabis use interventions continues to show promise in assisting a wider audience of treatment seekers while achieving comparable treatment outcomes to those of face-to-face interventions in the short-term".

The CIH also offers a Continuing Support Program (CSP). This program provides ongoing call-back support of four to six telephone sessions over a maximum of eight weeks. The objectives of the CSP are to support cannabis users in their decision making regarding reducing their cannabis use and to support family and friends who are concerned about cannabis use by those close to them. It also aims to empower participants to build resilience and coping skills and to increase connectedness by encouraging links with other personal and professional supports. The demand for this service is based on caller needs and can be offered while callers are awaiting access to other services.

The Helpline is staffed by experienced and professionally trained telephone counsellors and operates from 11am to 7pm Monday to Friday including public holidays.

We are delighted to have this opportunity to introduce our service to those of you who may not know of our work and invite you to refer our service to anyone you believe would benefit.

Cannabis Information and Helpline
1800 30 40 50



Lifeline

commentary on research

combining cognitive behavioral therapy and contingency management to enhance their effects in treating cannabis dependence: less can be more, more or less – A comment on Carroll and colleagues (2012)

Peter Gates

There is currently strong evidence regarding the efficacy of treatment for cannabis dependence. Among the associated research there is an emerging consensus that a combination of counselling styles is likely to be the most efficacious; particularly when motivational enhancement therapy (MET), cognitive behavioural therapy (CBT) and contingency management (CM) are combined. Even for this treatment, however, the majority of participants remain to be regular cannabis users at twelve month follow-up. Clearly, there is a need for more research regarding cannabis treatment and the efficacy of combining particular treatment styles.

The most recent research investigating the implications of combining treatment styles was conducted by Carroll and colleagues (2012). The authors have previously investigated the effects of combining CM with a CBT and MET cannabis treatment but most recently explored the combination of CM with CBT alone. In their previous research it was found that a CM-only treatment was most effective in reducing cannabis use frequency *during* treatment, while a CBT+MET+CM treatment was most effective at one year follow-up.

In their most recent research Carroll and colleagues recruited 127 cannabis dependent adults (84% male, 67% African American) mainly from the criminal justice system. At baseline the participants were using cannabis on an average of 16 of the past 28 days. These individuals were randomly allocated to one of four treatment conditions. 1) CBT treatment consisting of 12 weekly 50 minute sessions; 2) CBT+CM condition where participants were 'rewarded' for treatment adherence which included homework completion (CBT+$CM_{adherance}$). These participants received the CBT condition with the addition of being placed into a draw for prizes worth up to $250 where additional draw placements (the 'reward') were received with consecutive evidence of treatment adherence; 3) CBT+CM condition where participants received a tailored version of the CBT condition (which employed a greater focus on developing strategies to deal with triggers to use) with the addition of being rewarded for providing cannabis negative urine samples (CBT+$CM_{abstinence}$); or 4) CM condition alone where participants were rewarded for providing cannabis negative urine samples ($CM_{abstinence}$). Each of the conditions was delivered by highly trained clinicians and fidelity monitoring ensured the treatments were delivered as intended.

The participants' frequency of cannabis use was assessed at baseline, weekly during treatment, and then in three month intervals for one year (with 31% lost to follow-up). Unfortunately, as with other cannabis treatment trials, in this study treatment adherence was low. That is, the average number of treatment days received was 61 out of 90 and the percentage of participants who were entered into at least one CM condition prize draw ranged from 34 per cent for the CBT+$CM_{abstinence}$ to 59 per cent of the CM condition and 94 per cent of the CBT+$CM_{adherence}$ condition. In addition, it was noted that 25 per cent of participants had antisocial personality disorder and a greater proportion of these participants were allocated to the CBT+$CM_{abstinence}$ condition.

Overall, participants in each condition showed statistically significant reductions to their cannabis use at final follow-up. During the twelve weeks of treatment, the participants in the CBT-only condition, showed greater reductions to cannabis use frequency than the three other conditions. Throughout post-treatment follow-up, however, the CBT alone and the $CM_{abstinence}$ condition evidenced the greatest reductions to cannabis use frequency. Notably, the combination of CM with CBT did not improve outcomes in comparison to these treatments alone.

These surprising results were difficult to explain. The authors highlighted the specific nature of the sample (mostly entering treatment through the penal system rather than through intrinsic motivation), a possible need for larger rewards or better methods of detecting abstinence from cannabis than urinalysis, and high rates of anti-social personality disorder among the participants, which resulted in poorer treatment uptake (particularly in the CBT and $CM_{abstinence}$ condition). It was also noted that the statistical power of this study was limited by a small number of participants being recruited to each treatment condition. Unfortunately, the study did not measure any treatment outcome other than days of cannabis use, such as problems associated with cannabis use, aspects of mental health, or changes in the frequency of other substance use. As such, it remains unknown whether any of the treatment conditions impact on these important aspects of functioning.

Curiously, the authors stated a lack of awareness of previous studies regarding the combination of CBT and CM. It warrants mentioning that this trial was not the first to conduct such an investigation. Budney and colleagues (2006) investigated the combination of $CM_{abstinence}$ with CBT among 90 adult cannabis users from a population of treatment seekers. Contrary to the findings of Carroll and colleagues, Budney and colleagues found that a CBT+$CM_{abstinence}$ condition produced statistically greater rates of abstinence *during* treatment compared to these two conditions alone. Despite this, no statistically significant difference was reported regarding reductions in cannabis use between treatment groups at *post-treatment* follow-up assessments. Thus, this body of work suggests that a CBT treatment alone or a $CM_{abstinence}$ treatment alone may be efficacious treatments for cannabis dependence. Importantly, despite the call for combined treatment styles, further research is required to support the additional strain on resources in combining CM with CBT alone as cannabis treatment.

Budney, A.J., Moore, B.A., Rocha, H.L., & Higgins, S.T. (2006). Clinical trial of abstinence-based vouchers and cognitive behavioral therapy for cannabis dependence. *Journal of Consulting and Clinical Psychology 74*, 307-316.

Carroll, K.M., Nich, C., Lapaglia, D.M., Peters, E.N., Easton, C.J., & Petry, N.M. (2012). Combining cognitive behavioral therapy and contingency management to enhance their effects in treating cannabis dependence: Less can be more, more or less. *Addiction 107*, 1650-1659.

research publications

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

Bobakova, D., Geckova, A.M., Klein, D., Reijneveld, S.A., & van Dijk, J.P. (2012). Protective factors of substance use in youth subcultures. *Addictive Behaviors 37*, 1063-1067.

Carroll, K.M., Nich, C., Lapaglia, D.M., Peters, E.N., Easton, C.J., & Petry, N.M. (2012). Combining cognitive behavioral therapy and contingency management to enhance their effects in treating cannabis dependence: Less can be more, more or less. *Addiction 107*, 1650-1659.

Clough, A.R. (2012). Listening to what Indigenous people in remote communities say about alcohol restrictions and cannabis use: "Good thing that the alcohol's gone, but the gunja has kept going". *Medical Journal of Australia 197*, 275.

Dekker, N., Meijer, J., Koeter, M., van den Brink, W., van Beveren, N.; GROUP Investigators:, Kahn, R.S., Linszen, D.H., van Os, J., Wiersma, D., Bruggeman, R., Cahn, W., de Haan, L., Krabbendam, L., & Myin-Germeys, I. (2012). Age at onset of non-affective psychosis in relation to cannabis use, other drug use and gender. *Psychological Medicine 42*, 1903-1911.

Fouad, A.A., Al-Mulhim, A.S. & Jresat, I. (2012). Cannabidiol treatment ameliorates ischemia/reperfusion renal injury in rats. *Life Sciences 91*, 284-292.

Hendriks, V., van der Schee, E. & Blanken, P. (2012). Matching adolescents with a cannabis use disorder to multidimensional family therapy or cognitive behavioral therapy: Treatment effect moderators in a randomized controlled trial. *Drug and Alcohol Dependence 125*, 119-126.

Hruba, L., Ginsburg, B.C. & McMahon, L.R. (2012). Apparent inverse relationship between cannabinoid agonist efficacy and tolerance/cross-tolerance produced by Delta 9-tetrahydrocannabinol treatment in Rhesus monkeys. *Journal of Pharmacology and Experimental Therapeutics 342*, 843-849.

Romero-Puche, A.J., Trigueros-Ruiz, N., Cerdán-Sánchez, M.C., Pérez-Lorente, F., Roldán, D., & Vicente-Vera, T. (2012). Brugada electrocardiogram pattern induced by cannabis. *Revista Espanola de Cardiologia 65*, 856-858.

Schuster, R.M., Crane, N.A., Mermelstein, R., & Gonzalez, R. (2012). The influence of inhibitory control and episodic memory on the risky sexual behavior of young adult cannabis users. *Journal of the International Neuropsychological Society 18*, 827-833.

Scott, L.A., Roxburgh, A., Bruno, R., Matthews, A., & Burns, L. (2012). The impact of comorbid cannabis and methamphetamine use on mental health among regular ecstasy users. *Addictive Behaviors 37*, 1058-1062.

Skosnik, P.D., D'Souza, D.C., Steinmetz, A.B., Edwards, C.R., Vollmer, J.M., Hetrick, W.P., & O'Donnell, B.F. (2012). The effect of chronic cannabinoids on broadband EEG neural oscillations in humans. *Neuropsychopharmacology 37*, 2184-2193.

Tsumura, Y., Aoki, R., Tokieda, Y., Akutsu, M., Kawase, Y., Kataoka, T., Takagi, T., Mizuno, T., Fukada, M., Fujii, H., & Kurahashi, K. (2012). A survey of the potency of Japanese illicit cannabis in fiscal year 2010. *Forensic Science International 221*, 77-83.

media stories this issue

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

cannabis helpline a success

Australian Doctor: September 6, 2012

A randomised-controlled trial testing the effectiveness of a program run by the Cannabis Information and Helpline (1800 30 40 50) was featured in this article. NCPIC's Dr Peter Gates led the research which found that "39% of those who received the intervention reported 'clinically significant' improvement – halving of their overall cannabis use with no cannabis-related lifestyle or behavioural issues." Over a one month period, study participants spoke to helpline counsellors who delivered the "specialised cognitive behaviour therapy and motivational interviewing" sessions. Participants were then followed up at three months. On average, participants "reported abstaining from cannabis on

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A night of entertainment with a strong message

The 2nd National Cannabis Conference Welcome Reception was a fantastic event featuring performances by Indigenous comic entertainer, Sean Choolburra and winner of the 2011 NCPIC Aboriginal and Torres Strait Islander Music Competition, Carol George. Set against a stunning Brisbane backdrop, conference delegates enjoyed the entertainment and the chance to network with Australian and international researchers, counsellors, AOD workers, youth workers and others in the field. The conference received overwhelmingly positive feedback and we look forward to a repeat of this success in 2014. Thank you to everyone who attended the meeting – we hope you found the conference interesting, relevant and a great chance to keep up-to-date with the latest cannabis-related research and projects.

Indigenous comic entertainer, Sean Choolburra, NCPIC Director, Jan Copeland and winner of the 2011 NCPIC Aboriginal and Torres Strait Islander Music Competition, Carol George.

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three out of four days in the last month of treatment, compared with just one in four days before starting treatment." Further, the researchers noted that "the results were comparable to the most intensive and comprehensive trial of face-to-face therapy delivered over 12 weeks." The success of the helpline means that phone counselling is a viable option for those experiencing cannabis-related issues in remote locations where access to face-to-face counselling is not available.

school's drug crackdown

Manly Daily: September 6, 2012

Students found dealing cannabis outside the school gates of a high school in the Manly area of Sydney were suspended by principal, Tim Cleary. The school is considering counselling as a way of dealing with the issue. Local counsellor at the Manly Drug Education and Counselling Centre, Belinda Volkov, says that young people "experimenting with drugs" is an "issue everywhere". "We can't even keep drugs out of our prisons, we can't expect to keep it out of our schools. What is important is how we deal with it."

regulate cannabis use – new report

Sky News: September 9, 2012

A report by 'Australia 21' states that decriminalising the possession and use of cannabis and ecstasy would be an effective way of "controlling drugs." The report recommends that cannabis users over 16 years of age be "recorded on a national register and could purchase cannabis from an approved government supplier in regulated amounts." Warning labels and plain packaging would be compulsory and all political donations by cannabis companies would be "banned".

testicular cancer link to cannabis

Canberra Times: September 11, 2012

A study recently published in the journal *Cancer*, found men who used cannabis had an "increased risk of developing testicular cancer." It was found that "men with a history of recreational marijuana use were twice as likely to have two types of testicular cancer that commonly occur in younger men and carry a worse prognosis." Professor Jan Copeland commented in the article that the results were not a surprise as there are "cannabis receptors in the testes" and smoking cannabis "affected sperm development." She went on to say, "As the peak ages for the development of testicular cancer and cannabis use coincide in young adulthood, protecting health and fertility is just one more reason not to smoke cannabis for this high-risk group."

teen cannabis use implicated in anxiety

Medical Observer: September 11, 2012

A longitudinal study by researchers at the National Drug and Alcohol Research Centre, UNSW, has found that "teenagers who used cannabis weekly or more were twice as likely as non-users to have an anxiety disorder in their late 20s, even if they had stopped using the drug years earlier." Further, "the strong association held even a decade after the drug use had ceased, even after adjusting for factors such as other mental health issues or other drug use in their 20s." Those who used cannabis frequently in their teenage years and continued to use during their 20s had "triple the risk of an anxiety disorder compared with those who used only infrequently or not at all." Despite the findings, the authors "acknowledge there is no proof yet of causation – for example they can't rule out the possibility that the same predisposing factors that would make someone more prone to an anxiety disorder, might also predispose them to smoking cannabis at a younger age." However the researchers still believe that "it's plausible that cannabis plays a role in the development of anxiety disorders, and further research is warranted."

endocannabinoids may contribute to pregnancy complications

Medical News: September 13, 2012

Recent research indicates that cannabis-like "compounds called endocannabinoids alter genes and biological signals critical to the formation of a normal placenta during pregnancy and may contribute to pregnancy complications like preeclampsia."

doctor's call to legalise cannabis

Northern Territory News: September 14, 2012

This article's interchangeable use of two very different terms, 'legalisation' and 'decriminalisation', does nothing to clear up the public's confusion surrounding their meaning. Australian Medical Association NT's president, Dr Peter Beaumont, is said to be calling for a trial to 'decriminalise' cannabis use in the Northern Territory. In fact, the Northern Territory decriminalised cannabis use in 1996. Adults found in possession of up to 50 grams of marijuana, one gram of hash oil, 10 grams of hash or cannabis seed, or two non-hydroponic plants can be fined $200 with 28 days to expiate rather than face a criminal charge in the Northern Territory. In New South Wales however, cannabis use is still a criminal offence, meaning that people can receive a criminal conviction. In states where cannabis remains a criminal offence, it is possible however, for someone caught with a small amount of cannabis, to receive a limited number of 'cautions' from a police officer. This often involves the person being given information about the harms associated with cannabis use and/or being referred to counselling, instead of being sent to court in the first instance. Nowhere in Australia is it actually legal to use, posses, sell or grow cannabis. What this article seems to be referring to is the call for a trial to make cannabis legal in the Northern Territory. For more information about cannabis and the law in Australia, please read our Cannabis and the Law factsheet.

grog bans contribute to cannabis use in remote areas

The Australian: September 18, 2012

Researchers from James Cook University have found high rates of cannabis use in certain Indigenous communities in Cape York. In one community, 37.3 per cent of people who reported using the drug, used it daily. Cannabis dealers commonly charged exorbitant prices due to the remote location of these communities. Associate Professor Alan Clough, who led the research said, "It's an issue we can't really ignore any more. I fear it has become endemic. It's become almost normal behaviour in some places." Clough also noted that rates of cannabis use "were accelerated in the Cape York area from around 2002, 2003, and coincidentally that was when the alcohol management plans were introduced." He stressed the importance of an "immediate and more inclusive and comprehensive policy review on this." Despite high levels of

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use in some communities, there was an "overwhelming desire among regular users to quit [as well as] evidence of a great willingness among community members to stop the cannabis trade." These findings were presented at NCPIC's recent '2nd National Cannabis Conference' in Brisbane.

many fathers with dependent children were dependent on or misusing cannabis

The Australian: September 19, 2012

A survey of Australian men and women with psychosis has found that "nearly 70 percent of those who were fathers with dependent children were dependent on or misusing cannabis" while among mothers, almost 50 per cent used cannabis. Lead author Linda Campbell, of the University of Newcastle, emphasised the importance of taking into account whether people seeking treatment for psychosis were parents. This would help "ensure that the children are being well looked after."

cannabis use can lead to suicidal thoughts

The Australian: September 20, 2012

A 30 year study that tracked 1265 New Zealand children born in 1977 has found that "regular use of cannabis can trigger suicidal thoughts in some users, particularly young men." It was also found that "not only did the cannabis use precipitate the suicidal thoughts, but the higher the frequency of regular use the faster susceptible individuals became suicidal." Professor Jan Copeland commented that the findings "provided another piece of evidence of cannabis risks." This study was presented at NCPIC's recent '2nd National Cannabis Conference' in Brisbane.

booze and pot use still on a high in WA

The West Australian: September 24, 2012

Despite a recent drop in the use of cannabis and alcohol by West Australians, rates of use for these two substances are still higher than among the general Australian population. The latest Drug and Alcohol Office's annual report states that 13.4 per cent of West Australians said they used cannabis in the last year. This is compared with 10.3 per cent of Australians reporting use of the drug in the previous 12 months.

one third of cannabis users exhibit cannabis use disorder

Medical Observer: September 24, 2012

A recent study that looked at data from the 2007 National Survey of Mental Health and Wellbeing found that "one third of lifetime cannabis users also exhibit cannabis use disorder." Cannabis use disorder is "broadly defined as when cannabis use has a significant impact on a person's life." Males and young adults experienced the disorder more commonly than females, and "a strong association was observed with alcohol use disorders." It was also found that "people with cannabis use disorder were nearly four times more likely to have a comorbid mental disorder." Professor Maree Teeson, of the National Drug and Alcohol Research Centre, stressed the importance of GPs asking people "especially young people, about their cannabis use if they are having problems at school or exhibiting anxiety or depression."

cannabis withdrawal symptoms might have clinical importance

Science Daily: September 26, 2012

NCPIC's Dr David Allsop recently had a paper published in journal PLOS ONE that discussed cannabis withdrawal. The paper has received a large amount of media attention which is mainly focussed on the findings that cannabis withdrawal is indeed a real phenomenon and that "cannabis users have a greater chance of relapse to cannabis use when they experience certain withdrawal symptoms" such as "physical tension, sleep problems, anxiety, depression, mood swings and loss of appetite." These symptoms were "more strongly associated with relapse" than other withdrawal symptoms including "hot flashes, fatigue or night sweats." Dr Allsop says, "Tailoring treatments to target withdrawal symptoms contributing to functional impairment during a quit attempt may improve treatment outcomes."

army's drug detection rate falls as testing increases

ABC News: September 30, 2012

The Australian Defence Force has reported that "the percentage detection of illicit drug use by its personnel is falling after nearly doubling the amount of tests taking place." In the last four years, "290 people tested positive to drugs such as cannabis, cocaine, opiates and amphetamines."

Survey: Help us improve our E-Zine

NCPIC is keen to ensure that our monthly E-Zine continues to deliver high-quality, relevant information to our subscribers. We would love your feedback and suggestions to help us deliver a newsletter that is both interesting and useful to you. Click here to take the survey online, or if you prefer, simply email Clare Chenoweth at info@ncpic.org.au with your answers to the following questions to be in the running to win a $50 David Jones gift voucher. Thank you in anticipation!

1. **How can we improve the E-Zine?**
2. **What is your favourite section of the E-Zine?**
3. **What topics would you like as feature articles?**
4. **Do you print off the E-Zine and/or email it to colleagues?**
5. **How do you use the information in the E-Zine (e.g. look up articles, use in staff updates etc.)?**

ncpic contact 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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