



# GP guidelines for the assessment and management of cannabis use disorder

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## identifying cannabis users

While cannabis is the most commonly used illicit drug in Australia, few patients will present directly requesting assistance in managing their cannabis use or related conditions. Research has shown, however, that cannabis users recognize and support the role of GPs in the active, opportunistic assessment and management of their cannabis use.

For this reason, it is important to identify high-risk groups for brief assessment and advice.

## the groups at higher risk of having cannabis use disorder include:

- those aged under 40 years
- males
- tobacco smokers
- patients with mental health conditions
- patients presenting with chronic respiratory tract symptoms/infections not otherwise explained including chest pain

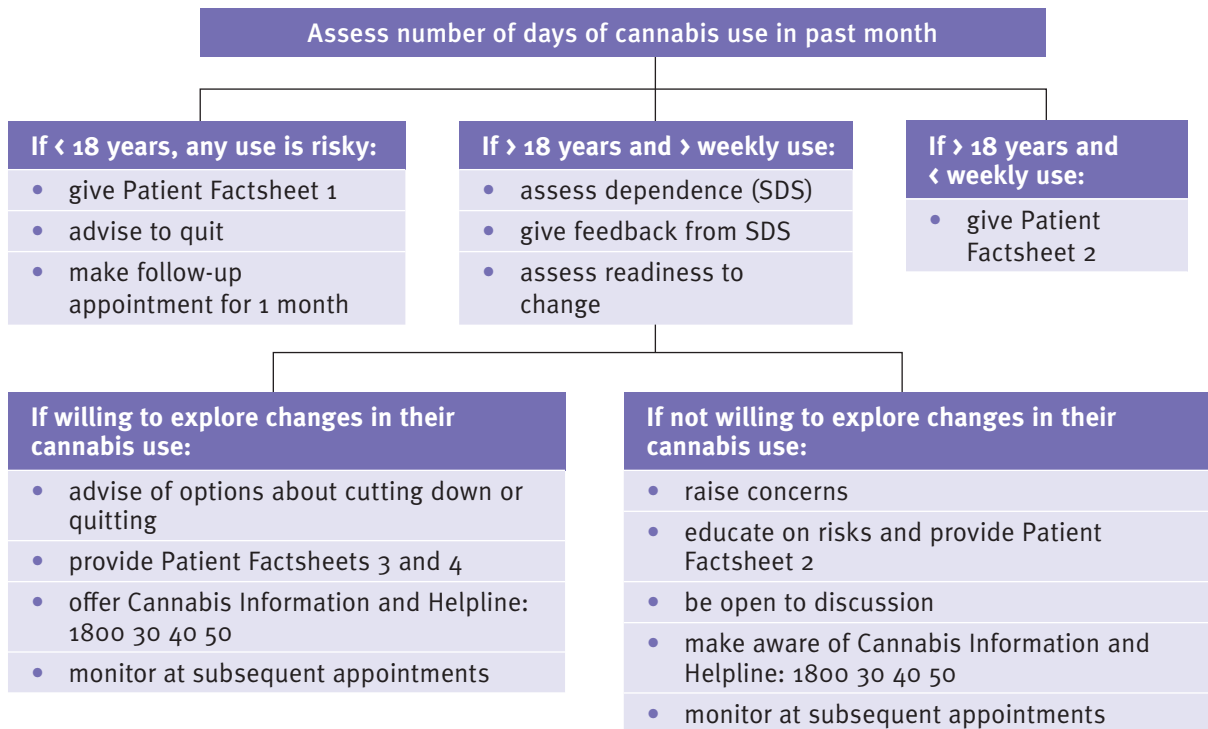
The flow chart provided sets out the steps in the assessment and brief management of cannabis-related problems. The Severity of Dependence Scale (SDS) follows it, which will help determine if the patient is dependent on cannabis, along with scoring and suggested feedback.

As few patients come to the surgery thinking about changing their cannabis use, they may require some time to take in the information and make a commitment to change. Be supportive of this process and encourage them to return when they are ready to discuss making changes in their cannabis use. They may only be ready to cut down at first but any change is positive and supports further reduction.

Where you suspect cannabis use may be a problem:

- ask the patient about the frequency of their cannabis use
- if they are less than 18 years old they are at elevated risk of poorer educational and mental health outcomes at even low levels of use, so provide them with Patient Factsheet 1: Adolescent Risks, advise them to quit and refer to the Cannabis Information and Helpline 1800 30 40 50, or if they ask for specialist care, to ADIS if you aren't aware of appropriate local services. Arrange a follow-up appointment to re-assess
- if your patient is using cannabis more than weekly and is willing to answer further questions, proceed to the 5 item SDS. Feedback the score and advise them that a score of 3 or more indicates they are dependent on cannabis
- assess their willingness to explore making changes in their cannabis use
- follow flow chart's suggested advice, relevant factsheets, 1800 30 40 50 and other referrals and follow-up

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## Severity of Dependence Scale (SDS)

These are the questions that make up the Severity of Dependence Scale. Tick the patient's response and add up the score out of 15.

### In the last three months:

**1 Did you ever think your use of cannabis was out of control?**

- Never or almost never  0
- Sometimes  1
- Often  2
- Always or nearly always  3

**2 Did the prospect of missing a smoke make you very anxious or worried?**

- Never or almost never  0
- Sometimes  1
- Often  2
- Always or nearly always  3

**3 Did you worry about your use of cannabis?**

- Not at all  0
- A little  1
- Quite a lot  2
- A great deal  3

**4 Did you wish you could stop?**

- Never or almost never  0
- Sometimes  1
- Often  2
- Always or nearly always  3

**5 How difficult would you find it to stop or go without?**

- Not difficult  0
- Quite difficult  1
- Very difficult  2
- Impossible  3

SDS Score	Dependence rating
0-3	nil or negligible
4-6	mild
7-9	moderate
10-12	substantial
13-15	severe

SDS score \_\_\_\_\_ /15, indicating a \_\_\_\_\_ level of dependence

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### Suggested feedback if SDS Score is greater than 3:

e.g. 13/15

“what do you think that means where a score of 3 or more indicates cannabis dependence?”

### Suggested questions in assessing readiness to change include:

“would you like to talk more about your cannabis use?”

“would you like some assistance to manage your cannabis use?”

## when to refer

- severe dependence (12+)
- severe psychiatric comorbidity
- risk of harm to self or others
- significant polydrug use
- patient’s desire for specialist treatment
- history of failed GP management

### in summary:

#### The important steps are:

- to assess frequency of cannabis use
- if more than weekly, assess dependence
- feedback to the patient their levels of use, dependence status and any other concerns they may raise during the consultation e.g. “*you tell me you are using cannabis most days of the week*”, “*your score indicates you are moderately dependent on cannabis*”, “*you’ve told me that you are sick of your partner nagging you about smoking and you’ve always got this cough*”
- be positive, non-judgemental and support the patient’s capacity to change their cannabis use
- explore willingness to make those changes
- provide appropriate information sheets which contain NCPIC web address for further resources and the free national 1800 30 40 50 Cannabis Information and Helpline if they have any questions
- refer to other services as required e.g. local ADIS for specialist referral
- monitor and follow-up at subsequent visits



# cannabis withdrawal syndrome

Many regular cannabis users are likely to experience some withdrawal symptoms, while others may have little or no discomfort upon stopping use. For many users, the psychological symptoms are most difficult. There are also a number of physical symptoms that can be uncomfortable but these are not dangerous.

common symptoms	less common symptoms
anger	chills
aggression	stomach pains
irritability	shakiness
nervousness/anxiety	sweating
appetite changes	depressed mood
restlessness	
sleep difficulties	
strange dreams	

Withdrawal symptoms are actually signs that the body is recovering and readapting to being cannabis free, therefore withdrawal symptoms are positive signs of recovery. Generally speaking, withdrawal symptoms resolve within five to ten days. Some symptoms like developing good sleeping patterns generally take longer.

## quitting tobacco at the same time

Many people who smoke cannabis, either smoke tobacco or mix tobacco in with their cannabis, which is called ‘mulling up’. If you mix tobacco in with cannabis, it is likely that some of your withdrawal symptoms are caused by tobacco withdrawal.

Being in withdrawal from both cannabis and tobacco doesn’t mean that it will be twice as hard to quit and research tells us that it is better to quit both tobacco and cannabis simultaneously. If you are worried about your ability to quit both tobacco and cannabis at the same time, discuss possible nicotine replacement treatments with your doctor.

## treatment options

There are a number of drug treatment options available in Australia. Some treatment options include counselling, support groups and education groups. You can also call the Cannabis Information and Helpline on 1800 30 40 50 or contact your local Alcohol Drug Information Service. At this stage, there are no medications available to help specifically with cannabis withdrawal, although your GP may recommend medication for other issues like low mood or sleeping difficulties. This will depend on your individual situation.

The good news is that withdrawal from cannabis ceases in a relatively short time period and most symptoms will subside within two weeks.

## cannabis withdrawal syndrome

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### monitoring withdrawal symptoms

You might like to copy and use this table to monitor your withdrawal symptoms over the course of one week by placing a tick in the space next to each symptom you experience. You will see that the number and severity of symptoms reduce quite quickly.

symptoms	mild	moderate	severe
depressed mood			
changes in appetite			
sleep difficulty			
sweating/night sweats			
cravings for cannabis			
restlessness/irritability			
aggression/anger			
headaches			

### managing withdrawal symptoms

Developing a withdrawal management plan with a friend, family member or counsellor can help you during this time.

Your plan may include:

- removing all smoking implements to remove temptation
- making an extra effort to eat well and do some gentle exercise
- writing down the pros and cons of quitting, and display this somewhere where you will look at it often
- not planning too much for the first few weeks after quitting
- finding a friend or someone who will support you and help distract you from the urges to use again
- trying not to beat yourself up if you have a lapse and use cannabis again
- planning a reward for yourself once you have achieved your goal, i.e. using the money you have saved to buy yourself a present

pros of quitting/cutting down	cons of quitting/cutting down
1 <i>i.e. saving money</i>	1 <i>i.e. miss your smoking mates</i>
2	2
3	3
4	4
5	5
6	6

Make an appointment to see your doctor to monitor your progress and develop strategies to consolidate and build on your success.



# cannabis and mental health

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The link between the use of cannabis and mental health problems is an issue that receives a great deal of attention in the research and general media. Although severe illnesses such as schizophrenia have received a large portion of this attention, there is also debate about whether the use of cannabis can lead to more common psychiatric disorders such as depression and anxiety.

There have been a number of studies that have explored the link between cannabis use and mental health symptoms. Strong associations are often found but this is not the same as a causal link. Overall, any cannabis use increases the risk of experiencing psychotic symptoms by 40%.<sup>1</sup>

## does smoking cannabis cause schizophrenia?

There have been reports of people experiencing psychotic symptoms after smoking a lot of cannabis or more cannabis than they are used to. This is called drug-induced psychosis and accounts for a small percentage of cases. For those who have drug-induced psychosis, psychotic symptoms will usually diminish if cannabis use is stopped. However many individuals who have had an episode of drug-induced psychosis go on to experience psychosis when not using drugs, suggesting they are now more prone to experience psychosis.<sup>2</sup> Cannabis has been shown to make psychotic symptoms worse in those who already have a psychotic disorder such as schizophrenia.

Some researchers claim that cannabis can cause schizophrenia.<sup>3</sup> Evidence suggests that cannabis may trigger schizophrenia in those who are already at risk of developing the disorder and they may first experience psychosis at an earlier age. Any use of cannabis can double the risk of schizophrenia in those who are vulnerable, and bring on a first episode up to two and a half years earlier. Early and heavy use of cannabis are associated with up to six times the risk for schizophrenia; especially smoking three or more times per week before the age of fifteen. Those with a vulnerability to develop schizophrenia, such as having a family history of the illness, should be strongly advised against using cannabis for this reason.

## does smoking cannabis cause depression or anxiety?

The link between cannabis and other more common mental health disorders such as depression and anxiety is confusing, because cannabis is often used in an attempt to relieve symptoms of depression and anxiety.

Cannabis may seem to help ease depression before the effects of the drug wear off; however after that, smoking cannabis may make depression worse. Those who use cannabis have been shown to have higher levels of depression and depressive symptoms than those who do not use cannabis. Although results are mixed, there is a substantial amount of evidence to suggest that cannabis use, particularly frequent or heavy use, predicts depression later in life. Young women appear to be more likely to experience this effect.

Cannabis can lead to symptoms of anxiety in the short-term, but there is a lack of evidence pointing to cannabis as an important risk factor for chronic anxiety disorders.

## are some people more at risk than others?

Generally speaking, those who start smoking cannabis at a younger age (early adolescence) and smoke heavily are more likely to experience negative consequences. This may in turn lead to

## cannabis and mental health

mental health problems, but also lead to more general life problems, such as conflict at home or school/work, financial problems and memory problems.

Again, if someone has a genetic vulnerability to mental health problems or has existing mental health issues, cannabis should be avoided.

## what help is available?

Help is available from a range of face-to-face, telephone and online agencies. Drug and alcohol services and mental health services are available in most areas of Australia and ideally, a coordinated approach that will tackle both issues at the same time can be arranged.

The table below gives the telephone contact in each state for local alcohol and other drug referral agencies. Allied health staff are available with specific training in the management of co-occurring mental health and cannabis problems and Headspace services will also see individuals aged 15-25 with emerging mental health or substance use issues.

Information about mental health services per state:		
<b>National</b>	Health Direct: 1800 022 222 (Calls from landlines are free. Mobile charges may apply)	<a href="http://www.healthdirect.org.au">http://www.healthdirect.org.au</a>
<b>New South Wales</b>	NSW Mental Health Line: 1800 011 511	<a href="http://www.health.nsw.gov.au/mhdao/contact_service.asp">http://www.health.nsw.gov.au/mhdao/contact_service.asp</a>
<b>Queensland</b>	General health information, referral & teletriage services: 13 4325 84 (13 HEALTH)	<a href="http://www.health.qld.gov.au/mentalhealth/service/find.asp">http://www.health.qld.gov.au/mentalhealth/service/find.asp</a>
<b>Northern Territory</b>	Mental health support, crisis assessment and telephone triage: 1800 682 288	To find a service in the Top End call (08) 8999 4988 To find a service in Central Australia call (08) 8951 7710
<b>Western Australia</b>	Mental Health Emergency Response Line Metro: 1300 555 788 Mental Health Emergency Response Line Peel: 1800 676 822 Rural Link: 1800 552 002	<a href="http://www.mentalhealth.wa.gov.au/getting_help/directory.aspx">http://www.mentalhealth.wa.gov.au/getting_help/directory.aspx</a>
<b>South Australia</b>	Mental Health Emergency Triage: service 13 14 65	<a href="http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+services/mental+health">http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+services/mental+health</a>
<b>Victoria</b>	Mental Health Services General Enquires: 1300 767 299	<a href="http://www.health.vic.gov.au/mentalhealth/services">http://www.health.vic.gov.au/mentalhealth/services</a>
<b>ACT</b>	General enquiries: 13 2281 CATT Mental Health Triage Service: 1800 629 354 or 02 6205 1065	<a href="http://health.act.gov.au/health-services/mental-health-act/mental-health-services/mental-health-act-services-directory">http://health.act.gov.au/health-services/mental-health-act/mental-health-services/mental-health-act-services-directory</a>
<b>Tasmania</b>	Mental Health Services Helpline: 1300 135 513	<a href="http://www.dhhs.tas.gov.au/mentalhealth/mhs_tas">http://www.dhhs.tas.gov.au/mentalhealth/mhs_tas</a>

Alcohol Drug Information Service (ADIS) telephone support:		
<b>Australian Capital Territory</b>	(02) 6207 9977	
<b>New South Wales</b>	(02) 9361 8000	1800 442 599
<b>Northern Territory</b>	(08) 8922 8399	1800 131 350
<b>Queensland</b>	(07) 3236 2414	1800 177 833
<b>South Australia</b>	1300 131 340	
<b>Tasmania</b>	(03) 6230 7901	1800 811 994
<b>Victoria</b>	(03) 9416 1818	1800 888 236
<b>Western Australia</b>	(08) 9442 5000	1800 198 024



## cannabis and mental health

National telephone support programs:	
Family Drug Support	1300 368 186
Lifeline	131114
Cannabis Information and Helpline	1800 304 050
Kids Help Line	1800 551 800
Mensline	1300 789 978

Online support:	
National Cannabis Prevention and Information Centre <a href="http://www.ncpic.org.au">www.ncpic.org.au</a>	Premier Australian site for information, factsheets and self-help resources on cannabis for the community, users, families and workforces.
Reduce Your Use <a href="https://reduceyouruse.org.au">https://reduceyouruse.org.au</a>	Free online therapy program developed by NCPIC to help cut back or stop cannabis use. It is a six week program that provides advice and support.
Turning Point online counselling service <a href="http://www.counsellingonline.org.au/en">www.counsellingonline.org.au/en</a>	Free online counselling with a professional clinician for anyone seeking help with their own drug use or the drug use of a family member, relative or friend. Counselling Online is available 24 hours a day, 7 days a week, across Australia.
Somazone <a href="http://www.somazone.com.au">www.somazone.com.au</a>	A website where much of the content is provided by young people and managed by the Australian Drug Foundation. It offers an anonymous space for young people to ask questions, share stories and get help for mental health, drug use and other issues.
Dual Diagnosis <a href="http://www.dualdiagnosis.org.au">www.dualdiagnosis.org.au</a>	A resource repository created to contribute to better outcomes for persons with co-occurring substance use and mental health disorders
Headspace <a href="http://www.headspace.org.au">www.headspace.org.au</a>	Website of the national youth mental health foundation for young people 12-25 to get health advice, support and information
eheadspace <a href="http://www.eheadspace.org.au">www.eheadspace.org.au</a>	Provides online and telephone support and counselling to young people aged 12 to 25
Reachout <a href="http://www.reachout.com.au">www.reachout.com.au</a>	Australia's leading online youth mental health service provides information, stories and support network to other young people who have been through similar issues. Offers factsheets, stories, forums, videos and an SMS Tips service
Lifeline Online Chat <a href="https://www.lifeline.org.au/Find-Help/Online-Services/crisis-chat">https://www.lifeline.org.au/Find-Help/Online-Services/crisis-chat</a>	Provides support through chatting online, service is available 7 days a week from 8pm – midnight
Beyond Blue <a href="http://www.beyondblue.org.au">http://www.beyondblue.org.au</a>	Provides information and resources around the issues of depression, anxiety and other related disorders
Youth Beyond Blue <a href="http://www.youthbeyondblue.com">http://www.youthbeyondblue.com</a>	Youth Beyond Blue offers special focus for younger people 12-25 years facing these issues
Know Cannabis <a href="http://www.knowcannabis.org.uk">www.knowcannabis.org.uk</a>	Website where people can assess their cannabis use, its impact and how to make changes

- 1 Moore, T.H.M., Zammit, S., Lingford-Hughes, A., Barnes, T.R., Jones, P.B., Burke, M., & Lewis, G. (2007). Cannabis use and risk of psychotic or affective mental health outcomes: A systematic review. *Lancet* 370, 319–328.
- 2 Caton, C.L., Samet, S. & Hasin, D.S. (2000). When acute-stage psychosis and substance use co-occur: Differentiating substance-induced and primary psychotic disorders. *Journal of Psychiatric Practice* 6, 256–266.
- 3 Barkus, E. & Murray, R.M. (2010). Substance use in adolescence and psychosis: Clarifying the relationship. *Annual Review of Clinical Psychology* 6, 365–389.

For more help or information please visit the National Cannabis Prevention and Information Centre website at: [www.ncpic.org.au](http://www.ncpic.org.au) or call the Cannabis Information and Helpline on 1800 30 40 50





## key messages on cannabis

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### is cannabis more potent than it used to be?

On the available evidence it would appear that the strength of cannabis has increased to some extent over the last 25 years. The reported changes in strength may be partially explained by different patterns of use and the increased availability of the stronger part of the plant. It should be noted that:

- potency data is not routinely collected in Australia so it cannot be determined whether the cannabis used here in Australia has become more potent over time
- reported changes in strength could be due to changes in patterns of use, i.e., people are more likely to smoke the stronger part of the plant – the ‘heads’
- in the USA, THC levels of cannabis have risen over the last 25 years, from about 4% in 1983 to 9% in 2007
- in New Zealand, the potency of THC has not changed
- in Europe, cannabis potency has remained the same in some countries and increased in others

### can cannabis cause violence?

Cannabis is less likely to cause violence than other drugs such as alcohol or amphetamines. Cannabis users who commit violent acts typically have a history of violence before they first use the drug. Cannabis withdrawal may cause aggressive behaviour because of the irritability associated with it.

### does cannabis cause people to become ‘demotivated’?

A lack of motivation is often reported by cannabis users. This is more likely to be due to the regular user being depressed and/or chronically intoxicated rather than a particular effect of use.

- the ‘amotivational syndrome’ can be characterized by a loss of interest, being less productive, having difficulty in carrying out long-range plans, tiredness, depression, and difficulties with concentration and attention
- it is commonly reported among those in cannabis treatment but not among cannabis users generally

### what are the effects of passive cannabis smoking?

Cannabis smoke contains many of the dangerous substances that are found in tobacco smoke, such as tar, carbon monoxide and cancer-causing chemicals, and can therefore cause similar problems to those experienced by passive tobacco smokers.

Traces of cannabis can be found in body fluids as a result of passive cannabis smoking.

- a recent study compared tobacco and cannabis smoke and found that directly inhaled cannabis smoke contained 20 times as much ammonia and 5 times as much hydrogen cyanide as tobacco smoke. Nitrogen oxides were five times as concentrated in cannabis smoke

## key messages on cannabis

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- it also measured the chemicals found in ‘sidestream smoke’, which would account for 85% of the smoke inhaled during passive exposure. It found that it contained higher concentrations of almost every chemical measured than inhaled smoke

## is cannabis a gateway drug?

Most people who use illicit drugs first used drugs like alcohol, tobacco or cannabis. However, the vast majority of people who use cigarettes, alcohol or cannabis never use other illegal drugs, e.g. only 4% of cannabis users have ever used heroin.

Cannabis use, however, particularly regular use at a younger age, increases the risk of other drug use.

- most users of heroin or amphetamines first used cannabis
- there is a greater risk of other illicit drug use and dependence among those who begin cannabis use in early adolescence

The link between cannabis use and the use of other illicit drugs is usually due to personal traits that make it more likely for the person to take part in risky behaviour, e.g. associating with drug using peers.

## what do we know about mixing alcohol and cannabis together?

If more than one drug is used at one time, the more unpredictable are the effects. This is the case when alcohol and cannabis are used together. Having alcohol in a person’s blood can cause more THC to be absorbed into the blood, leading to an unpleasant effect. It also compounds the negative effect on driving performance and other motor skills.



# cannabis use and fertility, pregnancy and breastfeeding

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Cannabis is the most commonly used illicit drug by women who are pregnant.

Even though there has been little research into the effects of cannabis use upon the unborn child, it is strongly recommended that pregnant women do not use alcohol or any other drug due to the potential harmful effects on the developing baby.

## can cannabis use affect fertility?

Heavy use of cannabis has been linked to decreased fertility in both men and women.

In females, there is evidence that cannabis use may disrupt the menstrual cycle. In males, cannabis is thought to decrease sperm quality and production and testosterone levels. It has also been shown to decrease the ability of sperm to move quickly and has been linked to sperm abnormalities. These factors can make it difficult for a woman to become pregnant.

## can cannabis use affect pregnancy?

THC (delta-9-tetrahydrocannabinol), the principal psychoactive ingredient in cannabis, is known to pass from the mother to the developing foetus through the placenta, increasing the risk of complications.

Any form of smoking can disrupt the supply of oxygen and nutrients to the foetus, which can result in premature birth. Women who smoke cannabis even once a week are more likely to give birth to babies with a lower birth weight, which may place the child at a higher risk of developing breathing problems and possible infections. Other risks can include reduced foot length, head circumference and body length.

There is evidence of the damage caused by smoking tobacco during pregnancy, including:

- miscarriage
- still-birth
- Sudden Infant Death Syndrome (SIDS)

Because most people who smoke cannabis also smoke tobacco at the same time, it is believed that these complications could also occur if a woman smokes cannabis and tobacco during pregnancy.

## can cannabis use affect the baby?

There is some evidence that babies born to women who use cannabis during pregnancy are more likely to startle, have higher levels of tremors and may not see as well compared to those babies who are not exposed to cannabis. These symptoms, however, are not evident after the first month. Other effects may include delays in the commencement of breathing at birth and a higher rate of defects in the walls of the heart.

Other studies have found that in the first six months of life, babies who have been exposed to cannabis in utero are also at greater risk of developing asthma, chest infections, and other breathing problems such as wheezing.

## cannabis use and fertility, pregnancy and breastfeeding

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### can cannabis use affect breast milk?

When a breastfeeding mother uses cannabis, THC passes into the breast milk and thus into the baby, where it can be stored in the baby's fatty tissue for several weeks.

Using cannabis while breastfeeding may cause the baby to be unsettled and disrupt feeding cycles. As a result, cannabis use should be avoided when breastfeeding.

### can using cannabis impact on pregnancy care?

Other problems can be experienced by pregnant women using cannabis because they are less likely to disclose their use of cannabis to healthcare workers. The stigma associated with their use, as well as fear, guilt and shame about what they may have exposed their unborn baby to, may prevent these women from giving a full history to their obstetricians or midwives.

This may impact on the quality of care for both the woman and her developing baby as healthcare workers do not have a complete history.

### what can your patient do?

If your patient is planning to become, or is pregnant and using cannabis, then it is a good time to advise them to stop using. If they have been using cannabis during their pregnancy, talk to them about their use and/or refer them for more specialized treatment to help them cut down or quit their cannabis use. There is no evidence that cannabis withdrawal increases the risk of miscarriage.



## cannabis: what is it?

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Cannabis is derived from the cannabis plant (primarily from the species *cannabis sativa*). It grows wild in many of the tropical and temperate areas of the world. It can be grown in almost any climate, and is increasingly cultivated by means of indoor hydroponic technology.

The main active ingredient in cannabis is called delta-9 tetrahydro-cannabinol, commonly known as THC. This is the part of the plant that gives the 'high'. There is a wide range of THC potency between cannabis products.

Cannabis is used in three main forms: marijuana, hashish and hash oil. Marijuana is made from the dried flowers and leaves of the cannabis plant. It is usually the least potent of all the cannabis products and is almost always smoked. Hashish is made from the resin (a secreted gum) of the cannabis plant. It is dried and pressed into small blocks and smoked. It can also be added to food and eaten. Hash oil, the most potent cannabis product, is a thick oil obtained from hashish. It is also smoked.

Cannabis is usually smoked in hand-rolled cigarettes (known as 'joints') or in special waterpipes ('bongs').

## how many people use cannabis?

Cannabis is the most widely used illicit drug in Australia. According to the 2010 National Drug Household Survey, 35.4% of the Australian population reported using cannabis at some time, with 10.3% having used it in the last 12 months.

- 21.5% of 14–19 year olds reported ever using cannabis
- 46.9% of 20–29 year olds reported ever using the drug
- 55.7% of 30–39 year olds reported ever using the drug

## other names for cannabis

Cannabis is also known as marijuana, grass, pot, dope, Mary Jane, hooch, weed, hash, joints, brew, reefers, cones, smoke, mull, buddha, ganga, hydro, yarndi, heads and green.

## what are the short-term effects of cannabis?

The short-term effects of using cannabis may include:

- feeling of well-being
- talkativeness
- drowsiness
- loss of inhibitions
- decreased nausea
- increased appetite
- loss of co-ordination
- bloodshot eyes
- dryness of the eyes, mouth and throat
- anxiety and paranoia

## cannabis: what is it?

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## what are the long-term effects of cannabis?

There is limited research on the long-term effects of cannabis. On the available evidence, the major probable adverse effects are:

- increased risk of respiratory diseases associated with smoking, including cancer
- decreased memory and learning abilities
- decreased motivation in areas such as study, work or concentration

There is also much concern about the link between cannabis use and mental health problems and the risk of dependence.