

A VET AOD Training Enhancement Project

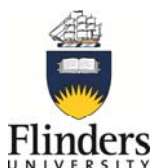
Cannabis Makes the Grade

A resource to support the development of a 'cannabis competent'
workforce in the AOD sector

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October 2014



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Foreword

NCETA identified the need to enhance vocational education and training (VET) sector training on cannabis in an evidence informed and nationally consistent manner. The VET sector is responsible for the delivery of qualifications and ongoing professional development to a significant proportion of the alcohol and other drug (AOD) sector. By improving the quality of training content and delivery, the VET sector can positively impact clinical service delivery and client outcomes.

In 2012 NCETA undertook research into VET training for AOD workers that resulted in the report, 'Trainers talking training: An examination of vocational education and training for the alcohol and other drug sector in Australia'.^{1,2} This research identified that:

- many VET providers do not give sufficient attention to cannabis
- some messages given to students underplay cannabis as a drug of concern
- students were leaving training unprepared to deal with client's cannabis issues
- few training providers specifically:
 - focused on cannabis
 - addressed cannabis in assessment strategies
 - included cannabis in recognition of prior learning.

In 2013-2014, the National Cannabis Prevention and Information Centre (NCPIC) funded NCETA to undertake a VET AOD Training Enhancement Project. The project's goals include:

1. development of an online Community of Practice (CoP) to identify best practice and evidence informed materials to support the delivery of VET qualifications for the AOD workforce
2. development of training resources, in collaboration with NCPIC staff, to meet the needs of VET AOD trainers
3. delivery of professional development forums (in Melbourne, Sydney and Adelaide) to provide registered training organisations (RTOs) with evidence informed information and data on cannabis and to assist them to develop strategies for inclusion of this material into courses and assessment materials
4. development and dissemination of cannabis resources to support face-to-face, online and distance delivery and assessment procedures.

This document addresses project goals # 2: development of training resources, in collaboration with NCPIC staff, to meet the needs of VET AOD trainers, and # 4: development and dissemination of cannabis resources to support face-to-face, online and distance delivery and assessment procedures. It is intended for use as a resource by VET practitioners who are responsible for developing and/or delivering AOD units, skill sets and qualifications. It provides guidance on the appropriate training content in relation to cannabis.

It is hoped that by highlighting opportunities to incorporate cannabis content at unit, element and performance criteria level, the resource will encourage VET practitioners to increase the cannabis content they deliver. It is also intended that this should lead to an increased focus on cannabis in assessment activities, including those involving recognition of prior learning.

¹ Roche, A., White, M., Duraisingam, V., & Adams, V. (2012). Trainers Talking Training: An Examination of Vocational Education and Training for the Alcohol and Other Drug Sector in Australia, Adelaide, SA: National Centre for Education and Training on Addiction (NCETA), Flinders University.

² See also Roche, A., Adams, V., & White, M. (2014). Up in Smoke: Cannabis Content in Alcohol and other Drug Qualifications. *Drugs: Education, Prevention and Policy*, 21(2), 140-146. (doi:10.3109/09687637.2013.819567).

NCETA

The National Centre for Education and Training on Addiction is an internationally recognised research centre that works as a catalyst for change in the AOD field.

Our mission is to advance the capacity of organisations and workers to respond to alcohol- and drug-related problems. Our core business is the promotion of workforce development (WFD) principles, research and evaluation of effective practices; investigating the prevalence and effect of alcohol and other drug use in society; and the development and evaluation of prevention and intervention programs, policy and resources for workplaces and organisations.

NCETA is based at Flinders University and is a collaboration between the University and the Australian Government Department of Health.

NCPIC

The National Cannabis Prevention and Information Centre (NCPIC) was established in response to community concerns about cannabis use. NCPIC's mission is to reduce the use of cannabis in Australia by preventing uptake and providing the community with evidence-based information and interventions.

NCPIC's key goals are:

- to provide the Australian community with access to evidence-based information on cannabis and related harms
 - to provide community access to, and awareness of, evidence-based information to prevent uptake, and continuation, of cannabis use
 - to supply service providers with evidence-based interventions to respond to people experiencing cannabis-related problems.
-

How to Use this Resource

This resource is designed to be used by a range of VET practitioners, from frontline trainers and course coordinators through to RTO managers.

The resource provides guidance on where and how to incorporate cannabis-related content into AOD training. Three Units of Competency from AOD qualifications in the Community Services Training Package are provided as a guide. It describes cannabis specific learning and assessment activities aligned to the elements of competency and underpinning skills and knowledge in the units.

The resource utilises the competencies as a mechanism to organise the suggested training content and assessment activities. Training content is aligned to elements and performance criteria, whilst assessment activities are aligned to underpinning skills and knowledge.

This resource is not intended to be prescriptive, rather, it is a guide to enable training providers to draw activities from the resource and incorporate them into existing training and/or assessments.

Where possible, links to online resources have been embedded within the resource. PowerPoint slides were developed for the 'Cannabis Makes the Grade' (CMTG) forums delivered as part of the resource development consultation process. These forums were integral to the development of the resource and sought feedback from a wide range of VET and AOD practitioners (see [CMTG PD Workshop.pptx](#)). Hyperlinks (indicated by blue underlined text) open resources or slides relevant to specific components of the resource.

The resource is structured in five parts:

- **Part A - Information for VET AOD Course Coordinators** is a brief overview of 'cannabis competency', recent NCETA research and the risks and harms associated with cannabis use
- **Part B - Information for VET Educators** provides an overview of the importance of 'cannabis competency' and basic information on cannabis, its prevalence in the community and harms associated with its use
- **Part C - The Training Delivery Framework** describes training activities aligned with the Units of Competency at element, required skills and knowledge level
- **Part D - The Assessment Framework** describes activities that can be used to assess 'cannabis competency'. These activities are aligned to elements of competency and required knowledge and skills at the unit of competency level. Where appropriate, activities are aligned to the requirements of more than one unit. They can be used in face-to-face, distance and online training and can also be incorporated into recognition of prior learning/current competency (RPL/RCC) assessments
- **Part E - Further Resources Available on the Web** contains description of and hyperlinks to a range of resources to support training development and delivery.

This resource is a fully editable word document. RTOs and trainers can readily update it with new information, links and activities.

You are invited to comment on the resource to nceta@flinders.edu.au. For further resources see the VET AOD Community of Practice website (<https://plus.google.com/u/0/communities/109081727783576106446>).

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Background and Rationale

The development of this resource was informed by numerous research projects undertaken by NCETA with VET providers of AOD training^{3,4,5} including:

- a national survey³ of all RTOs that provided the Diploma of Community Services (Alcohol and Other Drugs), Diploma of Community Services (Alcohol, Other Drugs and Mental Health) and/or Certificate IV in Alcohol and Other Drugs Work. The survey sought information from key RTO representatives about the type of cannabis-related training provided, the manner in which it was delivered and coverage and scope for provision of cannabis-related information³
- a survey of AOD service managers to ascertain their attitudes in regard to VET qualified workers⁴.

NCETA's research identified that providers of AOD qualifications in the VET sector required further support to be able to offer appropriate cannabis content in nationally accredited training qualifications [1]. In particular they required support with:

- the development and implementation of cannabis specific evidence-based learning resources and assessment materials
- mechanisms to share training resources and obtain support to deliver vocational training and associated professional development for the AOD sector in relation to cannabis.

Whilst NCETA's research³ found that most RTO representatives saw cannabis-related content in AOD training as 'very important', this was not matched by their perception of students' level of interest, which was reported to be relatively low.

Low level of student interest was attributed to:

- a lack of understanding of the harms associated with cannabis use
- a perception that cannabis was a natural product
- a belief that cannabis was a 'soft' drug and/or less harmful than 'hard' drugs.

Despite this, most RTO respondents were of the view that student interest in cannabis could be increased if they were offered up-to-date, evidence-based information and research, attended presentations by AOD experts and practitioners, and offered placements in services where clients had cannabis issues.

Most RTO representatives involved in delivering qualifications also indicated that their courses only moderately met the cannabis-related training needs of students, and a majority were of the view that there was a need for more cannabis content in the Diploma of Community Services (Alcohol and Other Drugs), Diploma of Community Services (Alcohol, Other Drugs and Mental Health) and/or Certificate IV in Alcohol and Other Drugs Work. Risk of potential harm from cannabis was reported to be the main justification for the need for greater coverage within courses.

Widespread myths and misperceptions were noted to be held about cannabis, not only among students but also among AOD workers and trainers. Addressing these myths and misconceptions is a key challenge for the VET sector. However, it requires support in terms of evidence-based resources and on-going professional development.

³ Roche, A., White, M., Duraisingam, V., & Adams, V. (2012). *Trainers Talking Training: An Examination of Vocational Education and Training for the Alcohol and Other Drug Sector in Australia*, Adelaide, SA: National Centre for Education and Training on Addiction (NCETA), Flinders University.

⁴ Pidd, K., Roche, A. M., Duraisingam, V., & Carne, A. (2012). Minimum qualifications in the Alcohol and Other Drugs field: Employers' views. *Drug and Alcohol Review*, 31(4), 514-522.

⁵ Roche, A. M., & White, M. R. (2011). *Alcohol and Other Drug VET Qualifications and Training Providers Database*. Adelaide, SA: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Extensive materials that provide information about cannabis are available for individuals, their families, community members and people working with clients who have cannabis-related issues (including clinicians, welfare workers, teachers, GPs etc.). However, few materials have been developed to support the delivery of high quality, evidence-based, and nationally consistent training and assessment in relation to cannabis in the VET sector.

This resource was therefore developed to address this gap and support the delivery of three key competencies:

- CHCAOD402A - Work effectively in the alcohol and other drugs sector
- CHCAOD406D - Work with clients who are intoxicated
- CHCAOD408A - Assess needs of clients with alcohol and/or other drug issues.

Impending changes to the Training Package

The Community Services Training Package AOD qualifications and Units of Competency were under review by the Community Services and Health Industry Skills Council (CS&HISC) during the period that this resource was developed. Draft units had been developed but were awaiting final approval and endorsement. The following table identifies the units that were current during the development of this resource and maps them against the new units that will replace them. The new units will be included in the revised Community Services Training Package, due for release in 2015.

Table 1: New unit mapping (CHC08 to proposed CHC14)

Existing Unit Code	Existing Unit Title	New Unit Code	New Unit Title
CHCAOD402	Work effectively in the alcohol and other drugs sector	CHCAOD001	Work in an alcohol and/or drugs context
CHCAOD406	Work with clients who are intoxicated	CHCAOD002	Work with clients who are intoxicated
CHCAOD408	Assess needs of clients with alcohol and/or other drug issues	CHCAOD004	Assess needs of clients with alcohol and/or other drug issues

Online Community of Practice

To further support the implementation of evidence-based training on cannabis in the VET AOD sector, NCETA developed an online Community of Practice (CoP). CoPs are groups of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly [2].

The online CoP was developed by NCETA to support VET educators in the AOD field and enhance delivery of VET AOD qualifications through the development of new, evidence-based resources and the dissemination of existing resources.

RTO managers, course coordinators and trainers are invited to join the online CoP.

CoP joining instructions

Step 1

To join the NCETA VET AOD Community of Practice (CoP) Google Community it is essential that you have a google+ account. Sign up for an account at [Google+ Sign Up](#). A Gmail email account on its own is NOT sufficient to join the community.

Step 2

Once you have established a Google+ account please send a request to allan.trifonoff@flinders.edu.au to join the VET AOD CoP using your Google+ address. You will be sent an invite to join the site.

Step 3

Accept the invite (this ensures that your participation is controlled by you). You will now be a member of the NCETA AOD VET CoP community.

You can also join the AOD VET Enhancement Google **Circle**.

The Circle is a forum for communicating across the whole CoP or between group members. All Google+ account users can join or create circles. Circles are also capable of supporting video conferencing with groups of up to 10 participants.

Many educators are now using Google+ communities to support their learning. There is a great guide to setting up an educational community [here](http://mashable.com/2013/01/18/google-plus-communities-beginners-guide/) (<http://mashable.com/2013/01/18/google-plus-communities-beginners-guide/>).

Introduction

Many people working in the alcohol and other drugs (AOD) sector in Australia gain a vocational education and training (VET) qualification through education undertaken at a registered training organisation (RTO). RTOs include both public (Technical and Further Education providers – usually referred to as TAFEs) and enterprise, government or privately owned providers (usually referred to as RTOs).

All RTOs delivering nationally accredited AOD qualifications and Units of Competency use the Community Service Training Package (CHC08). The Training Package is a nationally endorsed and integrated set of competency standards.

This VET Training Enhancement Project was developed to facilitate the incorporation of cannabis training content and assessment activities by RTOs delivering AOD qualifications and Units of Competency.

Primary drivers for this work were:

- the high prevalence of cannabis use in Australia
- risks of harm associated with cannabis use
- evidence showing that many students exiting VET AOD training lacked the necessary skills and knowledge to address client's cannabis issues.

Cannabis competence

It is critically important that students on completion of VET AOD training are able to competently address their client's cannabis issues. Effectively addressing cannabis issues is referred to as 'cannabis competency'. It is defined as the ability to:

- identify and use evidence-based guidelines, tools and intervention strategies to facilitate effective screening, assessment and interventions for clients experiencing cannabis-related problems, including dependence, withdrawal, co-morbidity with mental health disorders and polydrug use
- apply specific skills and knowledge to deliver interventions that ensure individuals (including those from high risk groups such as young people, pregnant women and Indigenous Australians) can readily access relevant cannabis information and treatment [3].

Why cannabis competence is critical for all AOD practitioners

Cannabis is the most widely used illicit drug in Australia. According to initial data from the 2013 National Drug Strategy Household Survey (NDSHS) [4]:

- 34.8% of Australians (14 years or older) reported using cannabis at some time in their lives
- the mean age at which Australians tried cannabis for the first time was 16.7 years which is older than reported in the 2010 NDSHS (16.2 years)
- 1.2% of Australians reported using synthetic cannabinoids.

Although cannabis use (in the previous 12 months) declined between 1998 and 2007 (from 17.9% to 9.1%), it increased to 10.3% in 2010. This increase was driven by a higher prevalence of use among Australians aged 50 to 59 years [5]. In 2013, cannabis use (in the previous 12 months) remained consistent with 2010 findings.

Australian men were more likely than women to report using cannabis in their lifetime, the last 12 months, last month and last week. Data from the 2010 NDSHS found that:

- among Australian men, 39% had used cannabis in their lifetime, 13% in the last 12 months, 8% in

the last month and 5% in the last week

- among Australian women, 32% had used cannabis in their lifetime, 8% in the last 12 months, 4% in the last month and 3% in the last week [6].

Cannabis is more commonly used by young adults than adolescents, middle aged and older aged Australians. According to the 2010 NDSHS cannabis use peaked at:

- 30-39 years for ever having used (56%)
- 18-24 years for use in the last 12 months (22%)
- 18-24 years for use in the last month (12%)
- 25-29 years for use in the last week (8%) [6].

The 2011 Australian Secondary Students' Alcohol and Drug (ASSAD) survey found that amongst secondary school aged students (12-17 years) cannabis was the most commonly tried illicit substance (15%). Students aged 17 years were more likely to have used cannabis (29%) than students aged 12 years (3%). The ASSAD survey also found that 7% of all students had used cannabis in the previous month, and 4% had used it in the past week [7].

In 2012-13, cannabis was the principal drug of concern for more than 1 in 5 treatment episodes (24%) and the second most common drug of concern (principal or other) in closed treatment episodes (46%). Where cannabis was the principal drug of concern for clients in treatment, 64% reported additional drugs of concern, most commonly alcohol (34%) and nicotine (24%) [8].

Cannabis has both short and long term effects resulting in risk of harm. Negative short term effects include:

- drowsiness
- loss of inhibitions
- increased appetite
- loss of co-ordination
- anxiety and paranoia [9, 10].

Potential long term harms include:

- increased risk of respiratory diseases associated with smoking, including cancer
- impaired memory, learning abilities, poor concentration and motivation in areas such as study or work
- links between cannabis use and mental health problems
- risk of dependence [11, 12].

However, it is important to note there is limited research on the long term effects of cannabis.

Other associated harms include potential impacts on personal and family relationships, engagement with the justice system and negative impacts on employment [13].

A recent review of the last 20 years of cannabis research by Hall [12] found that:

- cannabis intoxication doubles a driver's risk of having a road traffic accident, whilst alcohol intoxication increased the risk of a crash 6-15 times
- approximately 9% of people who ever use cannabis become dependent, compared to 32% for nicotine, 23% for heroin and 15% for alcohol
- infants' birth weight is modestly reduced when mothers use cannabis during their pregnancy

- daily cannabis use:
 - doubles a user's risk of experiencing psychotic symptoms and disorders, especially if there is a personal or family history of psychosis, and if cannabis use commenced in the mid-teens
 - that begins in adolescence and continues through adulthood has been linked to cognitive impairment, but the mechanism and whether this is reversible remains unclear
 - as a teenager increases the likelihood of using other illicit drugs, though some evidence suggests this relationship may be due to shared risk factors.
- the risk of cardiovascular disease increases with smoking cannabis, as most users either use a mix of cannabis and tobacco or also smoke tobacco.

Many cannabis users in Australia also consume other drugs. The 2010 NDSHS [6] found that of people who had used cannabis in the last 12 months (aged 14 plus), 68.8% smoked tobacco, 85.2% drank alcohol, 23.9% used ecstasy, 17.6% used meth/amphetamines, 12.3% used cocaine and 12% used hallucinogens.

Correspondingly, many people who use illicit drugs also use cannabis. Seventy three percent of people who inject drugs (PWID) regularly use cannabis and 46% of PWID use cannabis daily [14]. Eighty three percent of regular ecstasy users also use cannabis with 19% using cannabis on a daily basis [15].

Given the prevalence of cannabis use, its significance as a primary drug of concern among treatment clients, use by polydrug users and the risks of harm associated with its use, it is essential that all students attain an appropriate level of 'cannabis competence' by the completion of their AOD studies.

Part A - Information for VET AOD Course Coordinators⁶

It is critically important that vocationally trained students are adequately skilled to deal with clients with cannabis-related issues in AOD treatment settings. The purpose of this resource is to provide VET AOD course coordinators and trainers with guidelines on the delivery of appropriate content and assessment in relation to cannabis.

There is significant public debate around cannabis in relation to its use for recreational and medicinal purposes. There are also current debates relating to:

- criminalisation and decriminalisation
- the risks of harm arising from use
- the impact of use on the mental health of users, especially adolescents and those vulnerable to mental health issues
- its possible role as a 'gateway' drug, that is a drug that increases the likelihood of users engaging with other illicit substances.

It is therefore essential that VET practitioners ensure that training and assessment in relation to cannabis remains current and evidence-based. Evolving research, evidence, legislation and clinical practice requires VET practitioners to regularly update training content using authoritative sources [1, 16]. It is intended that this resource is a living document to be modified in light of new information.

Why increase the focus on cannabis?

There are at least three key reasons to increase the focus on cannabis in VET AOD training.

1. Importance of cannabis in clinical and community work

VET teachers and students may be unaware of the importance of cannabis in clinical and community work. Some key facts that highlight the importance of addressing cannabis in training are:

- cannabis is the primary drug of concern in 24% of treatment episodes [8]
- cannabis is responsible for 66% of drug-related arrests [6]
- daily cannabis use among those who continue to use has remained relatively stable over time (13% of cannabis users in 2010) [5].
- cannabis is regularly used by people who use other drugs: 85% of regular ecstasy users use cannabis (18% on a daily basis); 72% of PWID regularly use cannabis: and 46% of PWID use cannabis daily [5]
- cannabis is responsible for 5.5 ambulance call outs a day in Victoria, making it the fourth most common cause of drug-related call outs [17].

Consequently, workers need to be equipped with the skills and knowledge to be able to address client's cannabis and other drug use in order to provide effective support.

2. Prevalence

⁶ This section of this resource is based on the following document: NCPIC, 2014, *Cannabis and Consequences II*, Information for curriculum coordinators, <https://ncpic.org.au/static/downloads/workforce/teachers/cannabis-and-consequences/information-for-curriculum-coordinators.pdf>

Cannabis is the most commonly used illicit drug in Australia. Preliminary analysis of the 2013 NDSHS data found [4]:

- one in three Australians aged 14 years or older reported having used cannabis in their lifetime (34.8%)
- the average age of initiation for Australians has risen in recent years from 16.2 years in 2010 to 16.7 years in 2013
- over one in 10 Australians (10.2%) have used cannabis in the previous 12 months
- Australians aged 20-29 are the most likely age group to have recently used cannabis (i.e., previous 12 months) with males aged 20-29 years more likely to report recent use (31.7%) than females aged 20-29 years (22.9%)
- 1.2% of Australians (from age 14) used synthetic cannabinoids in the last 12 months, whilst 2.7% of 14-19 year olds used them in the last 12 months
- 1.2% of the Australians (from age 14) had used synthetic cannabinoids in their lifetime and 2.8% of 14-19 year olds had used synthetic cannabinoids in their lifetime.

According to the 2010 NDSHS report [6]:

- the proportion of Australians who had recently used in all age groups showed some growth but this was only statistically significant for the 50–59 year old group (3.8% in 2007 to 5.5% in 2010)
- since 1998, recent cannabis use had generally decreased in younger age groups, but either increased or remained stable for older age groups (40 years or older).

3. Harms associated with cannabis use

There are a range of potential harms associated with cannabis use which are highlighted in the following table.

Table 2: Cannabis harms

Risks and effects	Potential harms
Risks from acute intoxication	<ul style="list-style-type: none"> • impaired attention, memory and psychomotor performance • anxiety, paranoia through to cannabis-induced psychosis • increased risk of motor vehicle accidents
Probable chronic effects	<ul style="list-style-type: none"> • subtle cognitive impairment in attention, memory and the organisation and integration of complex information (of unknown reversibility, though not likely to be grossly debilitating) • increased risk of developing a dependence syndrome • adverse respiratory effects, such as chronic bronchitis (greater if cannabis is used with tobacco)
Possible chronic effects	<ul style="list-style-type: none"> • increased exposure to xerostomia (dry mouth), which can lead to tooth decay, gum disease and other oral health issues • some evidence that cannabis may affect human female fertility (cannabis has been found to reduce sperm count and testosterone levels in some male animals, but this has not been established in humans) • in children who have been exposed to cannabis in the womb, more difficulties with problem-solving and attention, which may continue into adulthood and reduce education potential • an increased likelihood of pre-cancerous changes • increased rate of lung cancer • increased possibility of heart attack in people who have risk factors for

Risks and effects	Potential harms
Probable risks amongst specific populations	<ul style="list-style-type: none"> • the following may be associated with adolescent cannabis use: <ul style="list-style-type: none"> ○ poorer school performance and outcomes ○ lower levels of degree attainment by age 25 ○ higher unemployment ○ lower levels of life satisfaction ○ leaving the family home ○ early sexual activity and teenage pregnancy ○ other illicit drug use and dependence • in women who continue to smoke cannabis during pregnancy, increased risk of having a low birth weight baby (which can lead to mortality, morbidity and disability) • exacerbation of some mental health conditions such as depression, anxiety, suicidality and schizophrenia

Part B - Information for VET Educators⁷

Research conducted by NCETA found that educators in the VET sector may feel that they lack the knowledge or experience to educate their students about cannabis and the range of issues surrounding its use. This document provides up-to-date and evidence-based background information to help VET educators improve their own knowledge and understanding of cannabis, its use and potential harms.

Terminology: Cannabis or marijuana?

Cannabis is known by many names. Although many street terms are used to describe the drug (such as grass, pot, weed, yandi, gunja and dope) cannabis and marijuana are the terms most likely to be used in drug prevention and treatment. The term 'cannabis' is used internationally and is botanically correct as the flowering plant is named *Cannabis sativa*. 'Marijuana' is used mainly in the USA, deriving from the Mexican name for the plant. It is also used in American legislation, including the *Marihuana Tax Act of 1937* [18]. The term 'marijuana' is often used to describe the dried leaves and flowers from the cannabis plant that are generally smoked. Other forms have different names (e.g. hash, hash oil) which are generally not encompassed by the term marijuana. Although the terms can be used interchangeably, the term 'cannabis' is used in this resource.

For more detail on this topic [click here](#) for a link to NCPIC resources.

Cannabis and the law

In Australia, it is illegal to possess, use, grow or sell cannabis under federal and state law. The penalties for breaching these laws differ between the states and territories. Some jurisdictions have 'decriminalised' cannabis meaning that, if the quantity of cannabis in a person's possession is deemed to be 'small' (1-2 plants, or up to 25-50 grams of plant material) and for personal use, the penalty for a cannabis offence can be reduced to a fine without a criminal charge (i.e., a 'civil penalty', typically \$50-\$200) [19]. South Australia, Western Australia, the Australian Capital Territory and the Northern Territory have decriminalised cannabis use. In the remaining states where cannabis is not decriminalised, a cannabis offence attracts a criminal charge, although minor offences are often diverted from the criminal justice system. For example, offenders caught in Queensland with less than 50 grams of plant material can agree to attend a drug assessment or brief intervention.

For up to date information regarding cannabis and the law and the different penalties that exist across the country [click here](#).

Types of drug use

The context in which an individual uses an illicit drug can assist in identifying any associated health risks. Individuals may use illicit drugs for different reasons at different times. Fluctuations between these types of use are not necessarily linear. Most young people will not experience cannabis dependence as their use is often sporadic, occurs within a social context and is determined by

⁷ This section of this resource is based on the following document: NCPIC, 2014, *Cannabis and Consequences II | Information for teachers*, <https://ncpic.org.au/static/downloads/workforce/teachers/cannabis-and-consequences/information-for-teachers.pdf>

availability [20, 21]. Each individual's experience of smoking cannabis will be influenced by the dose, purity and mode of administration, the user (in terms of mood, attitudes, tolerance, susceptibility, prior experience and psychiatric symptoms) and the environment in which it is used (in terms of social setting) [22, 23]. Table 3 describes key types of drug use and the issues that may arise from such use.

Table 3: Categories of drug use and their implications for young people

Type of use	Description	Issues to consider with cannabis
Experimental	A person tries a drug once or twice for the first time out of curiosity For example, having a puff/sharing a joint at a party	The person is unaware of the response they will have and the dose they may respond to, thus there is an increase in the possibility of an adverse response. Use in this context might be unplanned and therefore take place in an environment that could be risky (e.g. a public park).
Recreational	A person is motivated to and chooses to use a drug. This type of use is typically less than weekly For example, using to enhance the enjoyment of watching a DVD with a group of friends	The person is likely to have had some experience with the drug but may be unaware of the potency, environmental and consequential effects
Situational	A person uses cannabis as a coping mechanism for certain situations For example, smoking cannabis to settle nerves before an exam or smoking at a party to ease social anxiety	The use may become directly associated with a specific experience depriving the person of finding other ways to manage the situation. Links have been made between young people who use cannabis to avoid/manage negative emotions (stress or distress) and higher likelihood of developing ongoing or problematic use
Intensive	Intensive or heavy use is typically defined as daily or near daily use. This kind of use can have detrimental effects on many aspects of personal functioning For example, smoking cannabis daily during school holidays	Accumulative cannabis toxicity increases the likelihood of an adverse response. Neuro-adaptation may occur, leading to the risk of withdrawal symptoms upon ceasing use. The risk of many physical and/or mental impairments has been shown to increase with more frequent use and higher doses
Dependent	A person becomes dependent on the substance after prolonged or heavy use over time. They feel a need to take the drug consistently to feel 'normal' and avoid unpleasant withdrawal symptoms. They may need to consume more of the drug to attain the same effect or feel less benefit from their usual dose (tolerance) For example, prolonged daily use	The use of cannabis interferes with day-to-day functioning and takes priority over other activities. The person may be constantly preoccupied with thoughts about smoking. Young people who use a lot of cannabis can experience a lack of motivation. Ceasing use is likely to result in uncomfortable withdrawal symptoms; typically experienced as trouble sleeping and increased irritability

From [24].

Cannabis – the drug

Cannabis, referring to the plant *Cannabis sativa*, is a product of almost 500 compounds, including over 70 compounds that are unique to the plant, known as cannabinoids. The main psychoactive constituent of cannabis is the cannabinoid delta-9-tetrahydrocannabinol (THC). This component is

thought to be primarily responsible for the 'high' when using cannabis. It is also associated with many of the negative outcomes of cannabis use.

The effect of THC does not work in isolation and may be enhanced or reduced through interactions with other cannabinoids, particularly 'cannabidiol' (CBD) [25, 26]. Recent research indicates that the concentration of different psychoactive components of cannabis have changed over time. There are some indications that the level of THC has increased, whilst CBD has decreased. This change is associated with an increased level of intoxication and co-occurring problems for people using cannabis [27, 28].

The flowering tops or 'buds' of the female cannabis plant contain higher levels of THC than the leaves and are the most commonly used part of the plant. These buds are typically smoked using a hand-rolled cigarette called a 'joint' (used by approximately 84% of cannabis users), and/or by being packed into the 'cone' of a water pipe (whereby the smoke passes through water before being inhaled) called a 'bong' (used by approximately 82% of cannabis users) [29].

Dried cannabis resin, although infrequently used, also has a high concentration of THC and is commonly referred to as 'hash' or 'hashish'. Oil-based extracts from hashish, referred to as hash oil, are also infrequently used but are likely to have an even higher THC content or 'potency'. Cannabis can also be added to food and then eaten.

Eating cannabis in foods (cookies, cakes etc.) slows down the process of intoxication (getting 'high') and can prolong the 'high' once achieved. This can mean that controlling the dose effect can be difficult, especially for inexperienced users. In occasional users, a dose of 2-3mg is likely to deliver a 'high' when cannabis is consumed [30].

Cannabis is often mixed or 'mulled up' with tobacco and this is often called 'mull' or 'spin' and as such the potency and associated effects from smoking can vary greatly. Importantly, smoking this tobacco-cannabis mix is associated with a significant increase in the risk of a cannabis use disorder and psychosocial problems [31]. Moreover, simultaneous cannabis and alcohol use is associated with an increased risk of substance-related legal, academic and relationship problems among adolescents [32].

For more information regarding cannabis and its effects [click here](#).

Potency

Cannabis potency is of particular interest as cannabis plants with different cannabinoid content are likely to have different adverse health effects [33, 34]. Potency is highly variable and is mostly affected by the type of plant, where it is grown, the season in which it was grown, and the quality and freshness of the plant [28]. International trends show that more intensive plant cultivation techniques tend to favour plants with high THC and low CBD [35]. Data from the USA showed that the concentration of THC in cannabis increased from an average of 3.4% THC in 1993 to 8.8% in 2008 [27]. In European samples, THC concentration had remained relatively stable during this period [34, 36]. Cannabis potency has not been systematically tested in Australia. However, in a recent analysis of cannabis seized by NSW police, high levels of THC (14.7%) and low levels of CBD (0.1%) were found. THC levels did not appear to be affected by cultivation technique despite mythology that hydroponically grown cannabis is much stronger (indoor cultivation, often referred to as 'hydro' or 'hydroponics', or outdoor cultivation, 'bush buds') [28].

In conjunction with the complex chemical nature of cannabis, the variability of cannabis potency that is found across studies is compounded by the methods and sample sizes used in the analysis. For example, most studies that have examined the potency of cannabis have analysed material seized by police (which may not be representative of all cannabis) and some studies did not identify which part of the plant (leaves – less potent, buds – more potent) had been analysed [25]. In addition, studies that found an increased potency may actually reflect differences in the quality of the plants analysed. However, a study that addressed these issues still found that average cannabis potency in the USA had increased more than six-fold since the 1970s and more than two-fold since the mid-

1980s [37].

For further information on cannabis potency [click here](#).

Intoxication Effects

The effects of smoking cannabis (referred to as the 'high') typically begin to occur within a few minutes, and peak within approximately one to two hours [38, 39]. In a systematic review of 30 studies regarding the effects of cannabis use, great variation in the reported effects was noted. Although the most commonly reported subjective effect from smoking was a feeling of relaxation [40], other common effects include increased appetite and ability to concentrate, increased talkativeness and a feeling of happiness invoking laughter [40].

Overdose

Unfortunately, there is not enough reliable data to determine whether smoking cannabis poses a direct threat to mortality [41]. A fatal dose of cannabis is beyond that which any user could realistically smoke or eat (the estimated acute lethal blood concentration is at 180-315 µg/L) [42]. While overdosing is unlikely, some people may have a negative experience commonly referred to as 'greening out'. This term refers to the experience of feeling nauseous or sick after smoking cannabis. Other effects can include going pale, sweating heavily, feeling dizzy and vomiting [43]. Recent reports from the UK and Germany indicate that a small number of deaths from cardiac arrest have been linked to cannabis use [44]. These findings are contested. Research is inconclusive in relation to the association between cannabis use and morbidity [41].

Neuropsychological functioning

Persistent use of cannabis during adolescence is a significant concern. A comprehensive prospective study of 1,037 individuals followed from birth to 38 years showed that cannabis use, when initiated in adolescence and continued into adulthood, was associated with significant and broad neuropsychological decline. That study controlled for demographic variables including education [45]. Notably, initiation to cannabis use prior to the age of 20 years showed greater impairment of neuropsychological functioning than initiation after age 20. The literature consistently supports the view that there is a significant detriment to health associated with initiating cannabis use in the teenage years [46-48]. Hence delaying the initiation of use in young people could have long term positive health effects for those young people.

Withdrawal

Numerous withdrawal symptoms have been observed in adults and adolescents seeking treatment for cannabis use [49, 50]. These include problems with sleep, increased irritability, and increased aggression, particularly among those with a previous history of aggression [51-54]. Withdrawal symptoms usually appear from about 24 hours after last use, with symptoms peaking between one and two weeks later and declining to baseline levels over three to four weeks [50, 51, 55, 56]. Withdrawal symptoms among young people may also include tiredness and impaired concentration and an inability to complete school work [50].

For more information regarding cannabis withdrawal, [click here](#).

Individual factors associated with initiating cannabis use

Risk factors for initiation to cannabis use include psychological factors such as poor emotional

regulation, low self-esteem and behavioural self-control, and physiological factors such as an intense neurological response that increases craving [57]. The more commonly reported individual risk factors for initiation to cannabis use are described below:

Mental health

There is a well described comorbidity between mental health disorders and substance use disorders [58]. In particular, depressive symptoms, behavioural problems and antisocial behaviours have been found to be significantly associated with both cigarette and cannabis use [59, 60]. Mental health disorders and other substance use disorders have been found to increase cannabis use onset by 1.2 to 3.3 times [61]. Females with poor mental health are at a greater risk of frequent cannabis use compared to males with poor mental health [21]. Finally, a common motivation reported for cannabis use is to alleviate stress [62]. This pattern of use is associated with more entrenched use and poorer health outcomes [63, 64].

For more information regarding cannabis and mental health, [click here](#).

Motivations and expectations

A study on motives for using cannabis found that among 634 recent high school graduates, over half used cannabis for enjoyment or fun (52.1%) [65]. That is, most users wished to get 'high' from smoking, typically described as mild euphoria, relaxation and perceptual alterations [30, 40]. Other common motives included social cohesion (42.8%) and experimentation (41.3%) [65]. Cannabis is often used in a social context to increase sociability and 'talkativeness' [11] though this may be associated with lower levels of intoxication [66, 67]. Using cannabis to help cope with certain situations (18.1%) or out of addiction or habit (1%) is less common [65]. However, using cannabis out of habit, or as a coping mechanism, is a strong predictor of frequent cannabis use. Finally, the extent to which users perceive the effects of cannabis as harmful to their health is likely to affect the risk of onset of cannabis use. That is, low expectations of negative effects from cannabis use have been consistently shown to be associated with subsequent frequent use while expectation of negative effects is a predictor of non-use [68-70].

Impulsivity

Individuals with an impulsive nature are thought to be at greater risk of substance use uptake than those with low impulsivity [71-73]. This is of particular relevance to young people who are in a stage of neurocognitive development which is associated with heightened levels of impulsivity [72]. For example, neuroimaging studies have shown that compared to adult brains, adolescent brains show a heightened response to novel stimuli, suggesting a greater vulnerability to initiating substance use [48]. Interestingly, impulsive decision-making is also more likely to occur during cannabis intoxication. This finding has been supported by a number of studies including self-report [74], neuroimaging [75, 76] and observations using measures of behavioural impulsivity [77-82].

Genetics

Individual genetics have a significant impact on vulnerability to cannabis use initiation and to continued problematic cannabis use [83]. The influence of genetics in this respect appears to be stronger than the influence of environmental factors, although the individual's gender is also an important factor [83]. In a review of 28 twin studies of cannabis use initiation and 24 studies on problematic cannabis use among males, genetic factors appeared to predict progression of use to a greater extent than environmental factors. Alternatively, environmental factors appeared to better predict onset of use [48, 84]. As such, the influence of genetics is of obvious importance but cannot be considered in isolation from the individual's environment [71, 84].

Environment and cannabis

Four large, separate longitudinal cohort studies in three different countries (totalling over 40,000 participants) found that environmental factors can increase the likelihood of initiating cannabis use between 2.5 to 3.9 times over two to four years [61, 85-87]. Across these four studies, the most important environmental influences included familial environmental influences, social environment influences, the price and availability of cannabis and the media portrayal of cannabis.

Familial environment influences

Familial environment influences are complex and include behavioural modelling, parental attitudes and parental monitoring [48, 88]. In particular, parenting practices can shape a child's decision to remain abstinent or to progress to substance use [48, 57, 60]. Firm and consistent limit-setting, careful monitoring, nurturing and open communication patterns have been shown to act as protective factors for adolescent substance use [57]. In contrast, permissive parental attitudes, parental substance use and low parental monitoring are predictors of substance use onset [48, 60]. Similarly, family dysfunction, including parental divorce and abuse, is a predictor of substance use associated with stress coping mechanisms [61, 62, 81, 85].

Social environment influences

These include factors such as peer influences and participation in social activities. A peer's disapproval of substance use has consistently been shown to reduce the risk of substance use onset although this relationship appears to be stronger among males than females [59, 60, 83, 86, 89, 90]. There is some contention however, as to whether this peer influence is an artefact of choosing 'like-minded' peers with similar attitudes toward substance use, or whether the influence is a result of the intention to model behaviour from peers' own behaviours. A combination of the two is most likely (26). In addition, studies have found that young people who connect with non-users and engage in community activities, particularly religious attendance, are less likely to engage in substance use [57, 61, 87].

Price and availability

The price of cannabis is also an important environmental factor which is significantly associated with the risk of onset to cannabis use [91, 92]. Using data from the 1998 NDSHS and the Australian Illicit Drug Report (supplied by police), a study has linked lower cannabis prices with an increased likelihood of early initiation into cannabis use during adolescence [91]. Further, the more available cannabis is to potential users the greater the risk of initiation into cannabis use and of continuing use [90, 93].

Media portrayal

The media portrayal of licit and illicit substances has been found to influence adolescent attitudes, expectancies and perceived positive consequences of use [57, 94-96] and is one of the dominant forms by which substance-related information is communicated in Australia [97, 98]. Of all illicit drugs, cannabis had the highest media coverage by number of articles in Australian news articles, with articles on cannabis tending to focus on the legal problems associated with its use [99]. Despite this, the impact of media on public opinion regarding cannabis use has only recently been explored and has focused on the media portrayal of synthetic cannabis [100] and rates of cannabis seizures [101]. Importantly, these articles suggest that cannabis-related media in Australia may be indirectly shaping an escalated sense of risk by exaggerating the prevalence of synthetic cannabinoid use and the size and frequency of cannabis seizures [102].

Negative health impacts of cannabis use

Both short term (acute) and long term (chronic) cannabis use are associated with significant and negative health impacts [103]. Acute cannabis use is most likely to increase the risk of a heart attack, and injury from a motor vehicle accident. Chronic cannabis use however, is of greater concern due to its more significant health implications. The commonly cited negative health impacts of both acute and chronic cannabis use are described below:

Acute cannabis use

Risk of heart attack

Acute cannabis smoking is known to produce increases in heart rate corresponding to the dose consumed [104]. This increased heart rate is likely to be experienced as mild stress in young people which decreases as tolerance develops [105-107]. For those who are particularly vulnerable to heart complications, such as older adults with ischaemic heart disease or hypertension, the increased heart rate may exacerbate symptoms and cause a greater risk of heart-related complications [105, 107-110]. In one study of over 3,000 patients who had experienced a heart attack, of those who had smoked cannabis (3.2% of the sample) the risk of heart attack increased by 4.8 times within the first hour of smoking [111].

Accidental injury

Cannabis use has been consistently shown to affect cognitive performance and increase the likelihood of accidental injury [39, 112]. In relation to young people, those who use cannabis prior to age 15 years frequently show reduced cognitive capabilities compared to non-users. The most commonly reported impairments to cognition include memory problems [113], failure to maintain attention [114], and a reduction in overall IQ [115]. Whether or not such impairments result in an increased risk of accidental injury is not as clear. The injuries thought to be most associated with cannabis use are those involving motor vehicle accidents. This association is the subject of ongoing debate and has resulted in multiple systematic and meta-analytic reviews [116]. In the most recent review of observational studies, case-control studies and culpability studies, the pooled relative risk of being involved in a motor vehicle accident was calculated to be between 1.2 and 6.3 times higher when driving under the influence of cannabis than when driving unimpaired (1.9 times higher on average among observational studies, 2.8 times among case-control studies and 2.1 times among culpability studies) [116]. Overall, the literature suggests a near doubling of the risk of motor vehicle accident occurring when driving under the influence of cannabis.

Chronic cannabis use

The respiratory system

As with tobacco smoke, cannabis smoke contains harmful chemicals which can damage the lungs, and the respiratory system [117-119]. For some people this damage is increased due to a prolonged and deeper inhalation when smoking cannabis compared with tobacco. This style of smoking can lead to a three-fold increase in the amount of tar and nearly a five-fold increase in the carbon monoxide that is taken into the lung [120]. The literature on the respiratory health effects of chronic cannabis smoking suggests a causal link with symptoms of bronchitis, such as coughing and sputum production [121-127], and damage to mucosa which may result in an impaired immune response to ingested toxins [128-133]. In a recent literature review on respiratory health effects, the extent to which the aforementioned symptoms result in a reduction to the size of the airway or the development of emphysema remains unclear [134]. In addition, the possibility that cannabis smoking may lead to lung cancer, as has been shown with tobacco smoking, is the subject of some contention [135, 136]. A recent longitudinal cohort study (which controlled

for other substance use), found smoking cannabis more than fifty times was calculated to approximately double the risk of developing lung cancer over a period of 40 years among a sample of Swedish conscripts; whilst less frequent cannabis use showed no significant association [135].

For more information about cannabis and tobacco use, [click here](#).

Reproduction and fertility

Although cannabis is the most commonly used illicit drug amongst women of reproductive age, or who are pregnant, research on the effects of smoking during pregnancy that controls for other substance use is scarce. While it is strongly recommended that pregnant women abstain from using illicit drugs, including cannabis, relatively little is known about the impact on children exposed to cannabis in the womb. In a recent review of studies on prenatal cannabis exposure, foetal development (in terms of birth size and early growth) was found to be consistently affected, while negative impacts on infant behaviour and cognition were not as clear [137]. Moreover, the majority of effects on behaviour or cognition which were significant at birth, and shortly after, were seen to disappear over the first few years of the newborn's life. Unfortunately, only three longitudinal cohort studies have examined human prenatal cannabis exposure to date and more replication studies are needed [137]. In contrast, a large body of research has consistently shown that male fertility is negatively affected by chronic cannabis use [138].

For information regarding cannabis use and pregnancy, [click here](#).

Mental health

Chronic cannabis use compared to infrequent use and non-use is thought to increase the risk of developing psychotic symptoms [139, 140]. This dose-related risk has been quantified by two meta-analyses which state that cannabis users are likely to develop psychotic symptoms approximately two to three years prior to non-users [140] and are at approximately twice the risk of being diagnosed with psychosis [139]. This increased risk of psychosis is particularly important among cannabis users with a first degree relative who has symptoms of psychosis, because for these individuals the risk doubles from around 10 per cent to 20 per cent [141]. In addition, cannabis users are from 1.5 to 4.3 times more likely to develop schizophrenia compared to non-users [142-154]. Notably, the prevalence of cannabis users with schizophrenia is low given the already low prevalence of schizophrenia in the population [155].

Anxiety is one of the most commonly reported negative effects of cannabis use and is also a commonly cited withdrawal symptom [156-158]. The experience of anxiety as a withdrawal symptom is so intense for some individuals that it causes them to relapse [159]. The association between cannabis use and anxiety is further explained by a 2009 review of the literature [160]. First, inexperienced users are particularly at risk of symptoms of anxiety resembling panic attacks. Second, anxiety is frequently cited by regular cannabis users (8% to 33% of occasional non-dependent users, and 36% to 83% of cannabis dependent users). Third, there is a high prevalence of co-morbid panic and/or social anxiety disorder diagnoses among those with cannabis dependence (between 13%-31% of dependent users, compared to approximately 5% of non-users) [160]. Cannabis use is most likely to predate the onset of these diagnoses [161].

For more information regarding cannabis and mental health, [click here](#).

Cannabis use disorder

Approximately one in 50 people in the USA and Australia report a cannabis use disorder (cannabis dependence or cannabis abuse) in national surveys [162, 163]. When looking at the prevalence of cannabis use in the population, Hall and Pacula (2013) estimate that one in 10 cannabis users are at risk of cannabis dependence [22]. Cannabis use disorders are typically first experienced in adolescence, within 10 years of initiation, and are more commonly cited by males compared to females [86, 164-169]. Other factors thought to increase the likelihood of developing a cannabis use disorder include having greater access to cannabis, a lower socio-economic status, a co-morbid substance use disorder, living in an urban centre, experiencing early parental death, and using cannabis more frequently and in greater quantity [170-172].

Cannabis use disorders are characterised by habitual use despite social, psychological, and physical impairments, relationship and family problems, guilt associated with its use, and low life satisfaction [173, 174]. In addition, those with a cannabis use disorder are also likely to experience withdrawal when abstaining from cannabis use. In a recent investigation of the prevalence and intensity of withdrawal symptoms, the most commonly reported and distressing symptoms included having trouble sleeping, increased aggression, imagining being stoned and having no appetite [55].

For more information on cannabis and dependence, [click here](#).

Cognition

Studies comparing chronic cannabis users with non-users have found that cannabis use is associated with impairments to verbal learning, memory and attention span [113, 114, 175, 176]. These impairments can also be seen in the brain using functional imaging where areas responsible for memory and attention show reduced activity in cannabis users [177-179]. A large New Zealand longitudinal study found that when controlling for other factors that may affect IQ, persistent cannabis use during adolescence explained a reduction of 8 IQ points compared to non-users [45]. This reduction was not seen when cannabis onset began during young adulthood. Importantly, there is some evidence to suggest that these deficits may persist for several years following complete abstinence from use [112, 175, 180].

Compounding the negative health impacts of cannabis use

The negative health impacts associated with cannabis use are compounded by two main patterns of use: early initiation to use and frequent and long term use. Cannabis use at an early age is associated with stronger negative health impacts, including poorer long term health outcomes [181-183], worse academic outcomes [184], social and legal problems [181] and a greater likelihood of developing dependence [91, 167, 181, 185]. National surveys from the USA, the European Union and Australia suggest that the age of initiation to cannabis use has been declining over time which is of concern [91]. Further, the majority of health-related harms from cannabis are dose-related with the amount and frequency of cannabis use increasing the harms [103, 186, 187]. Early intervention to delay initiation and reduce dose and frequency could have a significant positive impact on users, particularly young users. For example, a longitudinal study suggests that those who use cannabis less than 100 times in their life are not likely to experience significantly worse health outcomes compared to non-users [187].

Part C - The Training Delivery Framework

The purpose of the training delivery framework is to provide training developers with guidance in relation to cannabis content that can be incorporated into training activities delivered in relation to the following Units of Competency: CHCAOD402, CHCAOD406 and CHCAOD408.

The term NCS is used in the document to indicate 'not cannabis specific' and that the element or underpinning skills do not lend themselves to cannabis specific content or assessment. It indicates that differentiating cannabis content from general content is unnecessary.

CHCAOD402 Work effectively in the alcohol and other drugs sector

Unit Descriptor

This unit describes the knowledge and skills required by all workers who may be working primarily with clients with AOD issues and provides a basic introduction to values, services and approaches applied to work in this sector

Application of the Unit

This unit applies to those working with clients with AOD issues in the delivery of community services

CHCAOD402 Elements, performance criteria and cannabis content

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
1. Work within the context of the AOD sector	1.1 Reflect consideration in all work in the sector of the historical context of the sector	402/1/1.1	Cover the history of cannabis use in Australia, Europe, America (USA and others) and Indigenous cultures. Note the historical uses of cannabis (medicinal, religious), and it's emergence as a 'counter culture' drug of choice through the late 20 th century. Address the current debates around legalisation, medicinal use and emerging health research on the links between cannabis use and mental health.
	1.2 Reflect consideration in all work of the changing social, political and economic context	402/1/1.2	Discuss the regulation of cannabis e.g. prohibition, decriminalization, legislation (you can include a discussion of synthetics). Reflect on how cannabis control measures reflect the key principles in the National Drug Strategy, in particular demand, supply and harm reduction.
	1.3 Reflect consideration of the interrelationship of issues affecting clients in all work in the AOD sector	402/1/1.3	Highlight the importance of cannabis in discussions of co-occurring substance use (e.g. alcohol and cannabis, cannabis and tobacco/tobacco cessation), and its impact on one's life e.g. comorbidity and cannabis, regular cannabis use and employment, parenting and general motivation.
2. Develop knowledge of the AOD sector	2.1 Demonstrate consideration and basic understanding of the essential values and philosophy of the sector in work undertaken	402/2/2.1	Explore the values of a range of AOD service providers and related organisations (e.g. counselling services, therapeutic communities, peak bodies, 12 step programs, relevant government departments). Discuss the essential values and philosophies espoused by these organisations and discuss which ones may be the 'essential' ones. Are there value conflicts between different components of the sector? Consider how a worker may need to manage such conflicts.
	2.2 Demonstrate in all work basic knowledge of the current issues which impact on the sector and different models of work	402/2/2.2	Discuss current issues that can affect the delivery of AOD services. This may include but is not limited to issues such as government policy, funding, service design, community attitudes to AOD, workforce planning (recruitment, retention, training), and changes in client engagement (increased complexity, client directed service delivery etc.). Consider cannabis in relation to a range of different models of work. For example: <ul style="list-style-type: none"> • harm minimisation • motivational interviewing • brief interventions • abstinence • withdrawal services • residential communities • 12 step programs.

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CHCAOD402 Elements, performance criteria and cannabis content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
2. Develop knowledge of the AOD sector (cont.)	2.3 In collecting information about the AOD sector, collect and use the views of key stakeholders and representatives from relevant target groups	402/2/2.3	Source a range of cannabis-related resources from different organisations involved in the AOD sector. Explore the views held by these organisations about cannabis use and its treatment.
	2.4 Apply understanding of risks related to personal safety when working in AOD sector	402/2/2.4	Explore cannabis-related risk in a number of contexts including: <ul style="list-style-type: none"> • physical • health and safety • professional.
3. Develop knowledge of work requirements across a range of settings	3.1 Demonstrate consideration and understanding of the range of settings supporting people with alcohol and other drug needs	402/3/3.1	Discuss the range of settings in which workers are most likely to encounter cannabis as the primary drug of concern. Explore the issues of polydrug use and how cannabis use may impact on other drug use and treatment.
	3.2 Demonstrate the client variables that might indicate the most appropriate service delivery setting	402/3/3.2	Discuss the suitability of a range of service types for working with people where cannabis is their primary drug of concern. Compare these recommendations to those developed for working with clients who attend treatment for other drugs.
4. Demonstrate commitment to the central philosophies of the AOD sector	4.1 Demonstrate consideration and understanding of the essential values and philosophy of the sector in all work undertaken	402/4/4.1	Work with students to develop a personal values statement in relation to drug use and treatment. Can you describe the AOD sector's philosophy? Is it coherent? Is it applied consistently to all drugs and services?
	4.2 Demonstrate a commitment to access and equity principles in all work in the sector	402/4/4.2	NCS
	4.3 Identify personal values and attitudes regarding AOD use and take these values and attitudes into account when planning and implementing all work activities	402/4/4.3	Discuss differing perceptions of drug use e.g. 'hard' vs 'soft'; safe vs dangerous; legal vs illegal; acceptable vs unacceptable. Use cannabis, alcohol and a range of other drugs to explore students' personal values about AOD.

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CHCAOD402 Elements, performance criteria and cannabis content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
5. Communicate effectively in a community services setting	5.1 Develop, review and revise personal skills in communication as an ongoing priority to address organisation standards	402/5/5.1	NCS
	5.2 Exercise caution in communicating personal information by oral and written means to ensure confidentiality of client and staff matters	402/5/5.2	Many workers in the AOD sector come into the industry as peer support workers. Consider some of the issues that peer support workers may encounter when engaging clients with cannabis use issues including disclosure of prior personal use to clients.
	5.3 Routinely apply workplace protocols and procedures in all workplace communication to support accuracy and understanding of information provided and received	402/5/5.3	NCS
	5.4 Recognise individual and cultural differences and make any adjustments needed to facilitate the achievement of identified outcomes	402/5/5.4	NCS
	5.5 Conduct interpersonal communication with clients and colleagues in a manner that enhances a client-centred approach consistent with organisation standards	402/5/5.5	NCS
	5.6 Take appropriate measures to resolve conflict and interpersonal differences in the workplace	402/5/5.6	Within any organisation there will be a range of views about AOD use. Use cannabis as an example to discuss the range of perspectives that may exist within an organisation. Many large organisations incorporate a number of services. Consider for example, the conflicts that may arise in relation to shared clients between an organisation's AOD service and their housing, family violence and child welfare services.

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CHCAOD402 Elements, performance criteria and cannabis content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
6. Work ethically	6.1 Follow ethical guidelines in decision-making in all work undertaken with an awareness of potential ethical complexity in own work role	402/6/6.1	A useful way to explore ethics issues is to develop a number of ethical dilemmas for discussion in training. These can be developed beforehand or drawn from the students' or trainer's experiences.
	6.2 Reflect understanding and compliance with the principles of duty of care and legal responsibilities in all work undertaken	402/6/6.2	The appropriate actions required of AOD workers to fulfil their duty of care responsibilities can be complex and involve balancing various factors. The use of case studies can be a valuable tool for considering such issues.
	6.3 Refer any breach or non-adherence to standard procedures or adverse event to appropriate personnel	402/6/6.3	Identify a range of organisational policies and procedures that guide worker practice in relation to addressing cannabis use by clients.
	6.4 Maintain confidentiality of any client matter in line with organisation policy and procedure	402/6/6.4	NCS
	6.5 Show respect for rights and responsibilities of others through considered application of work practices	402/6/6.5	NCS
	6.6 Reflect current working knowledge and understanding of employee and employer rights and responsibilities in all work undertaken	402/6/6.6	NCS
	6.7 Recognise, avoid and/or address any conflict of interest	402/6/6.7	NCS

CHCAOD406 Work with clients who are intoxicated

Unit Descriptor

This unit describes the knowledge and skills required to work with alcohol and/or other drug affected clients in a range of settings including night patrols, detoxification/ withdrawal units and sobering up shelters.

Application of the Unit

This unit applies to those working with clients with alcohol and other drugs (AOD) issues in the delivery of community services.

Related units

Depending on jurisdiction and job role, assessment of this unit of competency may be required in conjunction with:

- HLTF302B Apply first aid or
- HLTF402B Apply advanced first aid

CHCAOD406 Elements and performance criteria aligned to cannabis-related content

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
1. Provide a service to intoxicated clients	1.1 Assess level of intoxication and nature and extent of drug use according to organisation policy and procedure	406/1.1	<p>NCPIC defines ‘problematic cannabis use’ as using cannabis at levels which are associated with short term and/or long term harm (see https://ncpic.org.au/static/pdfs/background-papers/screening-and-assessment-for-cannabis-use-disorders.pdf). Problematic cannabis use refers to how use affects a client’s life and the lives of those around them. Problematic cannabis use may occur in the context of AOD use. Students should know the short term and long term consequences of cannabis use. These include:</p> <ul style="list-style-type: none"> • adverse effects on judgement and decision-making • family or social difficulties (e.g. relationship, work, or financial problems) • legal problems arising from the drug’s illegality • cannabis-related injuries (e.g. as a result of accidents, or road trauma) • mental health problems • physical health problems • difficulty controlling the amount of time spent using cannabis • developing tolerance requiring increased quantity and associated costs • difficulty cutting down • withdrawal symptoms.
	1.2 Report behaviour or physical status inconsistent with alcohol and/or drug use to the appropriate person and/or seek assistance	406/1.2	AOD use can mask other health conditions. It is important that workers are skilled at differentiating the effects of AOD use from co-morbid, underlying or other conditions that mimic intoxication.
	1.3 Where necessary, provide first aid and seek assistance from a health professional	406/1.3	First aid guidelines for problem cannabis use have recently been released to help the community identify and assist users who are developing a problem with their cannabis use or are experiencing a cannabis-related crisis. Refer to: Helping someone with problem cannabis use: Mental Health First Aid Guidelines (see https://ncpic.org.au/ncpic/news/ncpic-news/article/helping-someone-with-problem-cannabis-use-mental-health-first-aid-guidelines).
	1.4 Provide client with a safe and secure environment in which to sober up	406/1.4	NCS
	1.5 Monitor client’s physical state regularly in accordance with organisation policies and procedures to ensure health and safety	406/1.5	<p>Whilst rare, severe cannabis intoxication can lead to a range of health complications.</p> <p>See: http://ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide.</p>

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CHCAOD406 Elements and performance criteria aligned to cannabis-related content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
1. Provide a service to intoxicated clients (cont.)	1.6 Document services provided to client in accordance with organisation reporting requirements	406/1.6	Many clients will present with polydrug use. It is important that workers record all drugs used, both licit and illicit. Cannabis use should always be recorded on intake and assessment forms or in case notes.
2. Assist client with longer term needs	2.1 Assist client with activities of daily living	406/2.1	Discuss how cannabis use can affect a client's ability to manage their daily life. Consider the impact of cannabis use on motivation, concentration, budgeting, forward planning and social relationships (including parenting)
	2.2 Provide information as appropriate on alcohol and other drugs issues including services available	406/2.2	Identify appropriate resources on cannabis use that you can provide to clients. Refer to www.ncpic.org.au , Orygen Youth Health (http://oyh.org.au/), Youth Support + Advocacy Service (YSAS) (http://www.ysas.org.au/) and Turning Point Alcohol and Drug Centre (http://www.turningpoint.org.au/) resources. Map local services that support clients with cannabis use (include services that deal with polydrug use). Identify any online resources or interventions that a client could be referred to. Note that many clients will attend only one session but may go on to self-regulate their AOD use.
	2.3 Contact families and/or support networks upon request of the client and in accordance with organisation policies	406/2.3	NCS
	2.4 Assess client in accordance with organisation policy and procedure to determine if they represent a risk to themselves or others by leaving the facility	406/2.4	All organisations have policies and procedures to manage workplace risks. Identify a number of organisational risk management and related work health and safety policies and procedures and explore how these may inform work practice in relation to discharge or allowing an intoxicated person to leave the premise.
3. Apply strategies to reduce harm or injury	3.1 Maintain calm and confident manner in contact with client	406/3.1	NCS
	3.2 Conduct interactions with clients in a fair, just, humane and positive manner	406/3.2	NCS
	3.3 Use strategies identified in the organisation response plan	406/3.3	NCS
	3.4 Maintain safety of self and others	406/3.4	NCS

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CHCAOD406 Elements and performance criteria aligned to cannabis-related content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED CONTENT
3. Apply strategies to reduce harm or injury (cont.)	3.5 Provide services to client in a manner consistent with organisation infection control guidelines	406/3.5	NCS
	3.6 Seek emergency assistance as required	406/3.6	Identify major health issues that clients may encounter when using cannabis on its own or in combination with other drugs. Identify a range of issues that may require emergency assistance.

CHCAOD408 Assess needs of clients with alcohol and/or other drugs issues

Unit Descriptor

This unit describes the knowledge and skills required to assess client needs in the context of identifying options for delivery of community services to support their needs. This unit includes applying standard processes and procedures to providing a comprehensive assessment of clients' AOD and other needs, developing case plans based on the assessment, and referring *clients* to *other services* as required

CHCAOD408 Elements and performance criteria and cannabis-related content

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED ACTIVITIES
1. Prepare for assessment	1.1 Conduct discussions with the client to identify reasons for seeking help and other relevant information that may assist in establishing a basis for further work	408/1.1	Initial discussions should seek to identify the range of issues affecting a client. Early identification of the range and quantities of drugs used can be helpful in planning. It is important to establish if cannabis is a key drug of concern or one of a range of drugs. Clients may not consider their cannabis use to be an issue. It is important that the worker explore all AOD use including cannabis use.
	1.2 Explain to client organisation parameters of confidentiality and policy/procedures	408/1.2	Consider issues arising out of the disclosure of drug use and co-occurring issues in a range of situations. Apart from internal organisation documentation other useful resources include: <i>Can I ask: An alcohol and drug clinician's guide to addressing family and domestic violence</i> and the SA Ombudsman's Information Sharing Guidelines . Whilst these guidelines are South Australian specific they have been incorporated into or have formed the basis for guidelines in other jurisdictions. It is important that students identify their jurisdictions guidelines and can implement them.
	1.3 Inform the client of the purpose and process of the assessment	408/1.3	The assessment may involve the use of a number of tools. Access a range of clinical assessment tools including those that deal with cannabis. Use role plays or workplace observation to practice the use of these tools. For cannabis specific tools see https://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-information/assessment-tools/ .
	1.4 Confirm the client's understanding of the purpose and process of assessment	408/1.4	NCS
2. Conduct assessment	2.1 Take client's drug use history in accordance with organisation policies and procedures	408/2.1	Identify a number of organisations' intake and assessment forms. Do they identify various drugs of concern? Is cannabis one of them?
	2.2 Identify and clarify any previously identified co-morbidity / dual diagnosis in consultation with relevant health or community services professionals	408/2.2	Discuss the interrelationship between cannabis and mental health issues. How might this inform a discussion with other health or community service workers?

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CHCAOD408 Elements and performance criteria and cannabis-related content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED ACTIVITIES
2. Conduct assessment (cont.)	2.3 Assess the current status of the client using standardised alcohol and other drugs screens and from discussion with client	408/2.3	For assessment of cannabis use see: http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-informationNCSSessment-tools/
	2.4 Use established assessment procedures and protocols to identify issues related to client health in collaboration with relevant health professional as required	408/2.4	For assessment of cannabis use see: http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-informationNCSSessment-tools/
	2.5 Assess patterns of use with established assessment procedures and protocols	408/2.5	For assessment of cannabis use see: http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-informationNCSSessment-tools/
	2.6 Assess level of dependence with established assessment procedures and protocols	408/2.6	Dependence can be assessed using a number of assessment scales. Cannabis specific scales include: <ul style="list-style-type: none"> • Severity of Dependence Scale (SDS) • Cannabis Use Problems Identification Test (CUPIT)
	2.7 Identify indicators of other issues that may affect work with the client through observation and questioning	408/2.7	NCS
	2.8 Provide a suitable and comfortable environment for the assessment	408/2.8	NCS
	2.9 Comply with the guidelines when conducting the assessment	408/2.9	NCS
	2.10 Conduct assessment in a fair manner	408/2.10	NCS

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CHCAOD408 Elements and performance criteria and cannabis-related content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED ACTIVITIES
3. Identify and respond to need for referral	3.1 Identify client issues that are outside the scope of the service and/or the scope of the worker	408/3.1	<p>Consider the range of clients who present with cannabis as a primary or secondary drug of concern including:</p> <ul style="list-style-type: none"> • young people • clients with co-morbid mental health issues • clients affected by poverty, homelessness, disability, family violence and/or social exclusion. <p>Define the boundaries of AOD practice and consider the types of networks/relationships a worker needs to facilitate appropriate referral.</p>
	3.2 Identify appropriate service and other support options	408/3.2	NCS
	3.3 Inform the client of possible options	408/3.3	NCS
	3.4 Inform the client of the reasons for seeking other service and support options	408/3.4	NCS
	3.5 Confirm the client's understanding of options	408/3.5	NCS
	3.6 Work with the client to determine referral options and responsibilities	408/3.6	NCS
	3.7 Where appropriate, make referral with client consent and within organisation policy and procedures	408/3.7	NCS

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CHCAOD408 Elements and performance criteria and cannabis-related content (cont.)

ELEMENT	PERFORMANCE CRITERIA	UNIT / ELEMENT / PC	CANNABIS-RELATED ACTIVITIES
4. Interpret and report on assessment results (cont.)	4.1 Record assessment results according to defined guidelines	408/4.1	Use cannabis assessment forms to undertake workplace assessments and classroom based practice. Encourage students to identify where and why cannabis should be recorded in organisation-developed forms. If organisation forms do not incorporate cannabis, discuss the merits of using cannabis focussed forms such as those produced by NCPIC. See http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-informationNCSassessment-tools/
	4.2 Interpret assessment results according to defined guidelines	408/4.2	Use role plays or client scenarios and get students to undertake an assessment and analyse the results. Explore the information gained and its value in future treatment planning.
	4.3 Apply organisation criteria to determine entry or exclusion to services	408/4.3	NCS
	4.4 Prepare assessment report based on guidelines and organisation policy and procedures	408/4.4	Identify and critique organisation guidelines, policy and procedures in relation to how they address a number of substances of concern, including cannabis. Is cannabis given sufficient weight in these documents?
5. Provide assessment feedback and information	5.1 Provide feedback to the person according to organisation policy and procedure	408/5.1	NCS
	5.2 Provide assessment information to others, including relevant health and/or community services professionals according to consent requirements and organisation policy and procedure	408/5.2	Discuss the importance of including a client's cannabis use when providing information to other services. What are the risks of not disclosing cannabis use? Discuss the parameters for information sharing, client consent and confidentiality. See the SA Ombudsman's Information Sharing Guidelines for further information.

Part D - The Assessment Framework

When assessing students it is important to note that whilst CHCAOD402 and CHCAOD406 can be assessed using simulation, the CHCAOD408 assessment guidelines stipulate that assessment must be 'demonstrated in a real work environment'.

The term NCS is used in the document to indicate 'not cannabis specific' and that the element or underpinning skills do not lend themselves to cannabis specific content or assessment. It indicates that differentiating cannabis content from general content is unnecessary.

CHCAOD402 Assessment activities aligned to required skills and knowledge

To demonstrate competency students should be able to complete a number of the cannabis-related activities and assessments listed in the following table or similar activities developed by the RTO. It is not envisaged that every student will be set every task or question but each student should be able to address a range of these activities in a cannabis specific context.

CHCAOD402 Assessment activities aligned to required skills and knowledge

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES/QUESTIONS
Awareness of risk and co-morbidity issues, including theoretical frameworks about motivation to change alcohol and/or other drug use	402/EK	<p>Define the concept of co-morbidity and explore some of the issues relating to co-morbidity. For information on co-morbidity see: http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/FE16C454A782A8AFCA2575BE002044D0/\$File/mono71.pdf</p> <p>Describe the risks associated with cannabis use alone and in combination with other drugs. Discuss motivation to change models. A useful resource that uses the stages of change and motivational interviewing can be found at http://www.racgp.org.au/download/documents/AFP/2012/September/201209hall.pdf</p> <p>Discuss why and how some people quit drug use by themselves. See http://ncpic.org.au/ncpic/news/ncpic-news/pdf/results-summary-available-for-ncpic-quitters-study.</p>
Basic pharmacology relevant to the work being undertaken, including: types of drugs dose levels effects of specific drugs misuse and abuse of benzodiazepines and other pharmaceutical drugs tolerance treatment approaches broadly	402/EK	<p>Discuss the pharmacology of cannabis including:</p> <ul style="list-style-type: none"> • what is a dose • is overdose possible • what are the: <ul style="list-style-type: none"> ○ effects of cannabis ○ risks associated with use ○ indicators of tolerance and dependence ○ effective treatments for cessation or harm minimisation.
Client needs and rights including duty of care	402/EK	<p>Students should identify their agency's client rights frameworks/policies and compare with other organisations e.g., http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-information/factsheets/article/seeking-help-for-cannabis-use-problems-your-rights-as-a-client.</p> <p>Where the student is not in the workplace have them develop a charter of clients' rights for a fictitious organisation (no more than 1 A4 page) based on existing charters.</p> <p>Define duty of care and discuss how duty of care requirements influence a clinician's work with a cannabis using client. A case study discussion can be used to tease out some of the issues.</p>

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CHCAOD402 Assessment activities aligned to required skills and knowledge (cont.)

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES/QUESTIONS
Current issues facing clients and existing services to address their needs and rights	402/EK	<p>Discuss some of the key issues facing clients who use cannabis. This may include:</p> <ul style="list-style-type: none"> • changing patterns of use • synthetic cannabinoid substances • changes in the strength of a range of cannabis types • changes in laws relating to possession, cultivation and dealing (see http://ncpic.org.au/ncpic/publications/factsheets/article/cannabis-and-the-law/) <p>Identify local services that provide support to clients with cannabis and/or polydrug use issues. Identify online/telephone counselling alternatives if there are no specific local services. Identify web based interventions and evaluate their use based on the literature. Identify co-occurring issues that cannabis users face in relation to factors such as poverty, mental health, education, employment, social engagement/exclusion and family relationships.</p>
Harm minimisation approach to work in the sector and a range of support activities	402/EK	<p>Discuss some of the specific issues that arise in relation to cannabis and harm minimisation. Identify several harm minimisation approaches that specifically address cannabis use and critique their effectiveness at the population and individual level.</p>
Historical and social context as listed in the Range Statement	402/EK	<p>Discuss the historical use of cannabis in Australia and explore the issues this raises. http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/4FDE76ABD582C84ECA257314000BB6EB/\$File/mono-57.pdf</p>
Holistic and client-centred care	402/EK	<p>Define the concepts of holistic and client-centred care. Discuss the importance of engaging clients holistically. Identify some of the issues that may arise if workers fail to address all of the issues that a client presents with. Use cannabis as an example of an issue that can be left out of treatment plans and consideration of client needs and discuss the impact this may have on a client's progress in treatment and their long term recovery.</p>
In depth knowledge of alcohol and other drug issues and their impact on individuals and the community	402/EK	<p>Describe the impact of cannabis use on the individual including:</p> <ul style="list-style-type: none"> • social issues (e.g. the impact of legal sanctions for use on the individual and their family, impact of prolonged use on relationships, motivation and employment). • employment-related issues • general health-related issues including mental health issues. <p>Describe the impact of cannabis use on the community. This may require the student to undertake research into local community impacts. Community may be defined geographically or culturally. This could be done as a small group exercise.</p>
Mental health issues and co-existing drug issues	402/EK	<p>Discuss the issues of mental health and cannabis use considering:</p> <ul style="list-style-type: none"> • current evidence • emerging evidence • cannabis as a key drug in polydrug using clients

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CHCAOD402 Assessment activities aligned to required skills and knowledge (cont.)

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES/QUESTIONS
Political and economic context as listed in the Range Statement including early intervention and health promotion	402/EK	Describe the regulation of cannabis e.g. prohibition, decriminalisation and legislation. Include a discussion of synthetic cannabinoids. Reflect on how cannabis control measures reflect the key principles in the National Drug Strategy, in particular: demand, supply and harm reduction.
Principles and practices of community support	402/EK	NCS
Principles and practices of ethics and values	402/EK	NCS
Principles of access and equity	402/EK	Describe the principles of access and equity. Discuss how they can be implemented within the constraints of the service system. AOD services are limited by funding, time and human resources. How does an AOD service or worker prioritise their clients? Consider issues of deservingness in relation to a range of substances clients may present with. Discussion questions could include: <ul style="list-style-type: none"> do people who use cannabis deserve the same quality of medical care as people who don't use this drug? Provide reasons to support your argument. working people, parents, and young people may be considered to have more to 'offer society'. Should we focus our services on people who will 'pay it back' or on those whose 'need is greatest'? For a comprehensive resource on deservingness and stigma see: http://nceta.flinders.edu.au/files/7712/5548/2203/EN150.pdf
Principles of access and equity (cont.)	402/EK	For a discussion of access and equity issues see Legal and Ethical Dimensions Of Practice, Youth Alcohol And Drug Good Practice Guide at: http://www.dovetail.org.au/media/50612/20120823_guide02.pdf
Principles of client and community empowerment/disempowerment	402/EK	NCS
Principles of health promotion (as per Ottawa Charter)	402/EK	Briefly research the development of the Ottawa Charter . Discuss the key principles and how they relate to AOD service delivery. Give specific examples of how the Ottawa Charter can inform practice in relation to AOD services. Focus on alcohol, tobacco and cannabis as the three most widely used drugs. See http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
Range of different settings	402/EK	Describe the range of settings (counselling service, therapeutic community, inpatient/outpatient clinic, mental health service, youth service etc.) in which clients may present with substance use issues. Incorporate a number of drugs and include alcohol, cannabis and one other drug in your considerations.
Relevance of the work role and functions to maintaining sustainability of the workplace, including environmental, economic, workforce and social sustainability	402/EK	NCS

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CHCAOD402 Assessment activities aligned to required skills and knowledge (cont.)

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES/QUESTIONS
Statutory and legislative framework within which work takes place, including legal issues facing workers in the AOD sector	402/EK	Describe the legislative restrictions/offences related to cannabis use in your jurisdiction. What are the responsibilities of drug workers in relation to confidentiality, information sharing, criminal behaviour and mandatory reporting? For a comprehensive resource on legal and ethical practice see Legal and Ethical Dimensions Of Practice, Youth Alcohol And Drug Good Practice Guide at http://www.dovetail.org.au/media/50612/20120823_guide02.pdf . In particular the section Drilling Down 4: the Case of Steven (p. 101) provides a useful case study for addressing some of the legal issues facing workers.
Understanding of risks related to personal safety when working in AOD sector	402/EK	NCS
It is critical that the candidate demonstrate the ability to:	402/RS	
Apply an in depth knowledge of alcohol and other drug issues and their impact on individuals and the community	402/RS	Given the prevalence of cannabis use, its presentation as a primary drug of concern in AOD settings, and its presentation as a secondary drug of concern in polydrug users, a student must be able to demonstrate an in-depth knowledge of cannabis and its impacts on the individual and their community.
Apply an understanding of the appropriateness of a range of different settings	402/RS	Identify and describe a range of settings where drug and alcohol treatment and/or referral may occur. Consider the treatment settings most appropriate to address the common presenting drugs of concern (including cannabis).
In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role These include the ability to: Demonstrate interpersonal communication with clients and other stakeholders Prepare reports so that the information and the organisation of this information is appropriate to its purposes and audience Recognise and act upon opportunities to enhance sustainability in the workplace Work individually or as part of a team	402/RS	Students should be assessed by observation in the workplace, supervisor report of simulation on their ability to relate to and provide services to cannabis using clients and other stakeholders. In relation to cannabis, students should demonstrate: <ul style="list-style-type: none"> the ability to ask clients about their drug use (including cannabis use) and provide clients with appropriate counselling and/or information report writing skills consistent with the requirements of the unit, which demonstrate the ability to accurately report on clients' cannabis use. This can incorporate the use of evidence-based assessment tools and organisational reporting proformas The ability to discuss a client's case appropriately with a supervisor, co-worker or referral agency staff.

CHCAOD402 Assessment activities aligned to range statement

RANGE STATEMENT		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Historical, social, political and economic context includes:	Changing social context of work e.g. changing government and societal views of AOD use and approaches to working with clients	402/RS	Develop a timeline showing significant changes in social and legislative attitudes to cannabis use in Australia and internationally. Incorporate information in relation to evidence-based research and discuss how evidence-based research has influenced work with cannabis using clients.
	Economic context e.g. the current economic situation as it relates to and affects AOD use and the subsequent impact on client needs	402/RS	Discuss the regulation of cannabis e.g. prohibition, decriminalization, legislation (you can include a discussion of synthetics). Reflect on how cannabis control measures reflect the key principles in the National Drug Strategy, in particular demand, supply and harm reduction.
	Historical context of work e.g. changing attitudes to AOD use; changing approaches to working with clients	402/RS	Discuss changes in practice for addressing cannabis use in Australia over time, make reference to international comparisons (e.g. New Zealand, USA, Uruguay and the UK). What are some future developments that could be expected given the current debates about cannabis usage?
	Political context e.g. government policies and initiatives affecting AOD work including early intervention and health promotion	402/RS	Identify a range of government policies and initiatives affecting AOD work, focusing on early intervention and health promotion. Use cannabis as one of the issues identified. Initiatives can include government nationally funded activities (e.g. NCPIC) or state/territory funded activities. Highlight significant shifts in policy over time. Identify any emerging policy changes that may impact on AOD work.
	Statutory framework within which work takes place in the sector	402/RS	What are the legislative restrictions/offences related to cannabis use in your jurisdiction? Discuss other legislation that has a direct impact on delivering AOD services to clients.
Consideration of the interrelationship of issues affecting clients may include:	Community development approach Empowerment of the community	402/RS	Research a community development initiative targeted at reducing cannabis use in a specific community or group. Discuss how the community needs were identified, the activities planned and what outcomes were achieved. Highlight the strengths and challenges of community development approaches. Imagine you are asked to present a 20 minute information session at a local high school on cannabis as part of the schools health and wellbeing activities. Develop a suitable short presentation. It can be targeted at one of three target groups: pupils, teachers or parents. Discuss how your choice of target group influenced your presentation. Make your presentation (the presentation can be a role play). Reflect on the strengths and weakness of your presentation.

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CHCAOD402 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Essential values and philosophy of the sector may include:	A focus on harm minimisation including harm prevention; harm reduction; health promotion and harm management	402/RS	Define harm minimisation and discuss how it underpins the essential values and philosophy of the sector. Describe how harm minimisation as a philosophy influences the delivery of services to cannabis using clients as an example.
	A holistic and client-centred approach - i.e. promotion of health and well-being; early identification of health problems; delivery of appropriate services; commitment to meeting the needs and upholding the rights of clients; commitment to empowering the client	402/RS	Many clients who seek treatment for substance abuse may seek it for drugs other than cannabis. However, research shows that many clients will be polydrug users and that the majority of polydrug users will use cannabis. Define the concepts of holistic and client-centred care. Discuss the importance of engaging clients holistically. Identify some of the issues that may arise if workers fail to address all of the issues that a client presents with. Use cannabis as an example of an issue that can be left out of treatment plans and consideration of client needs and discuss the impact this can have.
Models of work in the sector may include:	Case management	402/RS	NCS
	Community development and education	402/RS	Research a community education or development initiative targeted at reducing cannabis use in a specific community or group. Discuss how the community needs were identified, the activities planned and what outcomes were achieved. Highlight the strengths and challenges of community development approaches.
	Working with families	402/RS	Cannabis use by parents and/or children can have significant impacts on family functioning. It can also co-occur with family violence, abuse and neglect. Resources on working with families can be found at: http://nceta.flinders.edu.au/workforce/projects_and_research/family-centred-practice-alcohol-and-other-drug-field/ Present a short talk or paper on working with families where cannabis use is of concern.

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CHCAOD402 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Stakeholders and representatives may include:	Clients Community organisations Consumer workers Families and care givers Friends, peers and target group Government representatives and service providers Local community Management, colleagues, supervisor, team members Peak bodies and networks in the sector Services Specialists/experts	402/RS	Develop a contact list of organisational stakeholders your service may interact with. Focus on those that support a range of clients who are using different substances (including cannabis). Organisational stakeholders may include: <ul style="list-style-type: none"> • community organisations • consumer workers • government representatives and service providers • peak bodies and networks in the sector • other health and community service providers • specialists/experts
Settings may include:	Any community setting Day program De-toxication unit Home based withdrawal Home via telephone/ email/ internet Inpatient Outreach Residential rehabilitation	402/RS	Identify the settings that are most suitable for a client who presents with cannabis as their primary drug of concern. Discuss why you have made that choice.

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CHCAOD402 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
A commitment to access and equity must be demonstrated by:	A non-discriminatory approach to all people using the service, their family and friends, the general public and co-workers	402/RS	<p>It is increasingly recognised that a major barrier to the receipt of optimal clinical care by clients with AOD-related problems is the stigma attached to these behaviours and any associated problems. The stigmatised nature of this area of work is reflected in views about the deservingness of clients. Describe the principles of access and equity. Discuss how they can be implemented within the constraints of the service system. AOD services are limited by funding, time and human resources. How does an AOD service or worker prioritise their clients? Consider issues of deservingness in relation to a range of substances clients may use. Discussion questions could include:</p> <ul style="list-style-type: none"> do people who use cannabis deserve the same quality of medical care as people who don't use this drug? Provide reasons to support your argument. working people, parents, and young people may be considered to have more to 'offer society'. Should we focus our services on people who will 'pay it back' or on those whose 'need is greatest'? <p>For a comprehensive resource on deservingness and stigma see: http://nceta.flinders.edu.au/files/7712/5548/2203/EN150.pdf for a discussion of access and equity see Legal and Ethical Dimensions Of Practice, Youth Alcohol And Drug Good Practice Guide at http://www.dovetail.org.au/media/50612/20120823_guide02.pdf.</p>
	Ensuring the work undertaken takes account of and caters for differences including: cultural, physical, religious, economic, social etc.	402/RS	<p>Aboriginal and Torres Strait Islander people, culturally and linguistically diverse groups, new migrants and refugees can make up significant proportions of the client base in many AOD-related services. Cannabis can be a significant cause of social and legal harms in these populations. All students should be assessed on their ability to work within culturally appropriate frameworks. Students should be able to demonstrate an understanding of the impact of cannabis use on at least one of these subgroups. See: http://ncpic.org.au/indigenous/</p>

CHCAOD406 Assessment activities aligned to required skills and knowledge

To demonstrate competency, students should be able to complete a number of the cannabis-related activities and assessments listed below or similar activities developed by the RTO. It is not envisaged that every student will be set every task or question but each student should be able to address a range of these activities in a cannabis specific context.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role. These areas of essential knowledge are detailed in the following table.

CHCAOD406 Assessment activities aligned to required skills and knowledge

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Alcohol and other drug use and symptom	406/EK	Identify and discuss some of the symptoms of chronic or severe cannabis use. See http://ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide
Drugs around in the local community	406/EK	The student should identify the prevalence rates of AOD use in their local community using organisational and other data sources (local media, service providers, police websites, Australian Bureau of Statistics reports etc.) to create a profile of AOD use in the community. Present a report on local AOD use and the issues the community faces in relation to these drugs. Include cannabis as one of the drugs.
Protective/risk management strategies	406/EK	NCS
Strategies for dealing with aggressive clients	406/EK	NCS
Statutory and organisation requirements for dealing with clients affected by alcohol and other drugs	406/EK	Consider the statutory and organisational requirements for dealing with clients affected by cannabis alone, cannabis and alcohol and cannabis and other drugs. Discuss the high prevalence rates of cannabis use in conjunction with other drugs.
Strategies for dealing with aggressive and potentially violent clients	406/EK	Research the relationship between cannabis and violence. Is there an inter-relationship between violence and polydrug use? If so what are some of the important issues workers need to know about. Discuss how you would deal with an intoxicated client who is demonstrating escalating anger that may result in violence.
Other agencies and services provided	406/EK	Undertake a mapping exercise of other local agencies and the services they provide.
Recent and relevant information on alcohol and other drugs issues	406/EK	Research the current issues and prepare a presentation on two or more aspects of AOD use and treatment in Australia. Include information on alcohol and cannabis due to their prevalence and their association with polydrug use.
Use of breath analysis equipment	406/EK	NCS
Concurrent medical illnesses which may mimic/mask withdrawal	406/EK	Undertake research into conditions that can co-occur, underlie or mimic intoxication e.g.: <ul style="list-style-type: none"> • some mental health conditions such as schizophrenia and psychosis • stroke • acquired brain injury • dementia. Identify similarities and differences in presentation and describe some of the challenges in differentiating between intoxication and illness.

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CHCAOD406 Assessment activities aligned to required skills and knowledge

ESSENTIAL SKILLS	UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
<p>It is critical that the candidate demonstrate the ability to: Demonstrate first aid certification or equivalent skills (as per unit HLTFA301B Apply first aid) including:</p> <ul style="list-style-type: none"> • cardio pulmonary resuscitation (CPR) • bandaging • managing toxic substances • managing bleeding • managing broken bones • managing consciousness • managing choking and knowledge of coma positions 	406/RS	Describe the First Aid issues that may arise where a client is severely intoxicated due to cannabis use. What are the recommended treatments? The term 'greening out' is used by some clinicians in the AOD sector. What is 'greening out' and how is it treated?
Work with intoxicated clients in a manner that ensures personal safety and that of others	406/RS	NCS
Apply a non-judgemental approach to clients regardless of alcohol and/or other drug use	406/RS	NCS
<p>In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role. These include the ability to:</p> <p>Demonstrate the application of skills in:</p> <ul style="list-style-type: none"> • conflict resolution • negotiation • self-protection 	406/RS	NCS
Communicate with intoxicated people	406/RS	List some of the challenges of dealing with a cannabis intoxicated person. Does cannabis intoxication affect the ability of a client to engage with counsellors or services? Describe effective strategies for communicating with an intoxicated client.
Maintain documentation as required, including effective use of relevant information technology in line with occupational health and safety (OHS) guidelines	406/RS	NCS

CHCAOD406 Assessment activities aligned to range statement

The Range Statement relates to the Unit of Competency as a whole. It takes into consideration different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

CHCAOD406 Assessment activities aligned to range statement

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES/QUESTIONS
Assess may include:	Immediate drug history	406/RS	Students should demonstrate that they can: <ul style="list-style-type: none"> identify appropriate assessment tools that incorporate all drugs (including cannabis) determine level of intoxication take a recent drug history using an evidence-based assessment tool
	Orientation to person, place, time		Describe how different levels of intoxication by a number of drugs (including cannabis, alcohol and polydrug use) affect a person's ability to know who they are, where they are and what is happening around them.
	Level of consciousness	406/RS	Describe how cannabis (used alone or in conjunction with alcohol and other drugs) may affect a client's level of consciousness.
	Breath analysis	406/RS	NCS
Behaviour or physical state inconsistent with alcohol and other drugs use may include:	Evidence of physical illness or injury Evidence of mental illness Behaviour inconsistent with drug use history obtained from client Assessment of personal risk to client	406/RS	What physical illness or injuries mimic the effects of cannabis intoxication? What may be some of the risks of mistaking another illness or injury for cannabis intoxication? Does cannabis intoxication mimic any mental health issues? What mental health issues commonly co-occur with or are exacerbated by cannabis use? Describe physical health problems associated with cannabis use (short term/long term).
Assist client with activities of daily living may include:	Helping the client with personal hygiene Providing the client with food and drink Assisting the client to travel home Transporting clients to a place of safety	406/RS	What are some of the issues that a client affected by cannabis may experience if they are travelling home? Discuss issues such as cannabis and driving, cannabis intoxication and spatial judgement, decision-making etc. What discharge advice would be appropriate for a client who had presented with cannabis-related issues? Describe how this advice may vary if the client had co-morbidity or polydrug use issues.
	Discharge advice	406/RS	Identify appropriate resources and advice that can be given to clients on discharge in relation to cannabis and cannabis inclusive polydrug use. Discuss the advantages of post care support such as assertive continuing care (ACC).
Provide information may include:	Contact information for other services e.g. other sobering-up services, withdrawal services	406/RS	Develop a contact list of other organisations in the local area that provide services to support people with a range of AOD issues. Identify which services specifically address cannabis-related issues and what other supports could be provided if no such service is available.
Provide information may include (cont.):	Harm minimisation information	406/RS	Identify appropriate harm minimisation resources for cannabis users. Discuss the challenges of harm minimisation in relation to cannabis. How does cannabis differ from other drugs particularly in the way that clients can be supported to minimise harm when they are using?

CHCAOD402 and CHCAOD406 Evidence guide

There is significant overlap between the content of CHCAOD402 and CHCAOD406. To facilitate integrated delivery, the evidence guides for both units have been combined in the following table. Note that the assessment activities below focus on cannabis competency and do not address the requirements for students to demonstrate competence in relation to AOD other than cannabis.

CHCAOD402 and CHCAOD406 Evidence guide

EVIDENCE GUIDE		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Critical aspects for assessment and evidence required to demonstrate this unit of competency:	The individual being assessed must provide evidence of specified essential knowledge as well as skills	402/EG	Assessment should reflect the prevalence of and harms arising from drug use. Cannabis is the most commonly used illicit drug, and is a significant drug of concern for many presenting clients, including polydrug users. Cannabis content must be included in any assessment of essential skills and knowledge. Cannabis-related assessment should be incorporated as a key component in at least 20% of all assessment activities.
		406/EG	A comprehensive knowledge of substance misuse issues reflecting their prevalence rates is essential. As cannabis is the most commonly used illicit drug, a comprehensive knowledge of its usage and treatment is required. A student should not be considered competent to work in the AOD sector unless they are competent to deal with clients who use cannabis alone or in combination with alcohol or other drugs. Students should be asked to provide evidence of essential knowledge in relation to cannabis covering (but not restricted to): <ul style="list-style-type: none"> • prevalence • basic pharmacology/neurobiology of cannabis use • harms • risks associated with use by at least two subgroups of users (e.g. young people, polydrug users, Aboriginal and Torres Strait Islander users, corrections clients and older users/aged care clients with cannabis use issues) • organisational policies and procedures • use of assessment instruments (both general purpose and cannabis specific).
	This unit must be assessed with other relevant specialisation units chosen as part of a qualification	402/EG	NCS
	This unit may be assessed on the job or through simulation	402/EG	Consider the development or use of a workplace supervisor feedback sheet that specifically includes supervisor observations of and comment on the students work with client(s) for whom cannabis is an issue (possibly as a co-occurring issue). Use cannabis inclusive case studies and role plays when undertaking assessment. A selection of case studies is provided below. (see CASE STUDIES)
	Assessment must be over a range of situations with more than one target group	402/EG	When identifying situations and target groups, ensure that you include cannabis as a component in the assessment process.
	Where work is undertaken with clients, assessment should include demonstration of competency on the job or in a workplace environment	406/EG	Placements should include exposure to clients with a range of presenting drugs of concern, one of which should be cannabis.

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CHCAOD402 and CHCAOD406 Evidence guide (cont.)

EVIDENCE GUIDE		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Critical aspects for assessment and evidence required to demonstrate this unit of competency (cont.):	Competence in this unit must be assessed over a period of time in order to ensure consistency of performance across contexts applicable to the work environment	406/EG	Cannabis should be considered as an essential context for working in the AOD sector.
	It will entail observations and other workplace assessment tools	402/EG	Workplace assessment tools could include: <ul style="list-style-type: none"> • third party assessment forms for supervisors • observation checklists for use by assessors • question proformas for assessors when undertaking assessment interviews • client feedback forms
	Consistency in performance should consider the work environment, worker's role and responsibilities in the workplace	402/EG 406/EG	NCS
Access and equity considerations:	All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work	402/EG 406/EG	NCS
	All workers should develop their ability to work in a culturally diverse environment	402/EG 406/EG	Different cultural communities will have different attitudes and engagement with AOD issues. Assessment should include an exploration of the student's capacity to engage with culturally and linguistically diverse clients and their communities.
	In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people	402/EG 406/EG	Aboriginal and Torres Strait Islander peoples are significantly over-represented in AOD treatment services, the criminal justice system, child welfare and protection and out of home care. Discuss some of the co-occurring issues that Aboriginal and Torres Strait Islander people deal with in your community. For background and links to other resources on Aboriginal and Torres Strait Islander AOD work see: <ul style="list-style-type: none"> • http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=614&PortalId=0&TabId=211 • http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/ • http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph15.pdf • http://remoteaod.com.au/frontline-work/indigenous-aod-resources

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CHCAOD402 and CHCAOD406 Evidence guide (cont.)

EVIDENCE GUIDE		UNIT / ELEMENT / PC	SUGGESTED ASSESSMENT STRATEGIES
Access and equity considerations (cont.):	Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities	402/EG 406/EG	NCS
Context of and specific resources for assessment:	Resources required for assessment include access to appropriate workplace where assessment can take place	402/EG 406/EG	Where a student undertakes a placement in an AOD organisation it is essential that the student is provided the opportunity to work with cannabis using clients.
	Resources required for first aid certification or equivalent skills	406/EG	
Method of assessment:	In cases where the learner does not have the opportunity to cover all relevant aspects in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on 'What if?' scenarios	402/EG 406/EG	Realistic simulations: <ul style="list-style-type: none"> • where simulation is used, students will need to include information about cannabis use, its risks and treatments along with a range of other drugs as a component of the assessment • given the prevalence of polydrug use, students should address more than one drug in their assessment • where questioning is used (written or verbal), the questions should refer to a number of drugs. Questions could be weighted in relation to drugs according to their prevalence and presentation in services as a principle drug of concern. See the Cannabis makes the grade PowerPoint for further information.
	Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on Essential knowledge and skills and consideration of required attitudes	402/EG 406/EG	Ensure that assessment processes incorporate observations and oral and written questions that establish the students' knowledge, skills and attitudes in relation to cannabis.
	Where performance is not directly observed and/or is required to be demonstrated over a 'period of time' and/or in a 'number of locations', any evidence should be authenticated by colleagues, supervisors, clients or other appropriate persons	402/EG 406/EG	Consider the use of assessment tools that incorporate supervisor, collegiate and client feedback.

CHCAOD408 Assessment activities aligned to range statement

The Range Statement relates to the Unit of Competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

CHCAOD408 Assessment activities aligned to range statement

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Clients include:	Families and personal network of the client	408/RS	Families are often impacted by a client's drug use. Discuss the importance of integrating the family and personal network into treatment and service provision. For further information see: <ul style="list-style-type: none"> • NCETA resources such as http://nceta.flinders.edu.au/workforce/projects_and_research/family-centred-practice-alcohol-and-other-drug-field/, • NCPIC resources such as http://ncpic.org.au/static/pdfs/resources/whats-the-deal-talking-with-a-young-person-about-cannabis.pdf • Family support groups such as Family Drug Support (www.fds.org.au).
Assessment may take place:	Face-to-face	408/RS	Demonstrate the use of evidence-based assessment tools. Assessment may be supported by third party reports from supervisors and clients. For cannabis specific assessment tools see: http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-informationNCSassessment-tools/
	By telephone	408/RS	
Other issues may include but are not limited to:	Legal issues for persons under court/protective/statutory orders	408/RS	NCS
	Co-morbidity (dual diagnosis) issues related to physical/sensory/intellectual/psychiatric disabilities	408/RS	Discuss the interrelationship between cannabis and mental health issues and how this relationship might inform a discussion with another health or community service worker.
	Developmental issues	408/RS	Present research evidence/literature on the effects of cannabis use on development in children/adolescents. Address how the evidence supports using different practices to deal with younger as opposed to older cannabis users?
	Trauma issues, for example for survivors of domestic violence, abuse, neglect or sexual assault	408/RS	NCS
Other related information may include:	That provided by other services via referral	408/RS	NCS
	Doctor's or other professional's reports	408/RS	NCS
	Information provided by family or support network	408/RS	Discuss the possible positive and negative impacts of engaging other family members in a client's drug treatment. Describe how family members are/may be engaged to support a client. Why might family members be a good source of information? What might be some of the limitations of information provided by family members and support networks?

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Current status of the client includes:	Determining readiness to change	408/RS	The stages of change model provides a framework for understanding client's engagement with treatment. Explore a number of models including a cannabis specific model such as: http://ncpic.org.au/ncpic/publications/bulletins/article/bulletin-12-self-managed-change-from-problematic-cannabis-use . Undertake research on readiness and motivation to change and the stages of change model. Identify a range of resources from the AOD literature (using hard copy or web resources) and make a short presentation of the key points.
	Physical, emotional, financial, legal and psychosocial state and immediate needs in these areas	408/RS	NCS
	Other drug use in the family	408/RS	Discuss some of the issues that arise within families around AOD misuse. Are there associations between parental and child AOD misuse? Present strategies for working with multiple family members and compare these to working with one member of a family where other members also use drugs.
	Level of risk of deliberate self-harm behaviours and/or harm to others	408/RS	Compare a number of articles on the risks of cannabis use and self-harm. Examples may include: <ul style="list-style-type: none"> http://www.theaustralian.com.au/news/health-science/regular-use-of-cannabis-can-lead-to-suicidal-thoughts/story-e6frg8y6-1226477629628#; http://www.sciencedirect.com/science/article/pii/S016762961300009X# http://bjp.rcpsych.org/content/195/6/492.short. How can a worker assess the value of these articles and identify whether they can use them to inform their practice?
	Levels of risk behaviour associated with alcohol and/or other drug use including behaviours which expose clients to blood borne diseases	408/RS	NCS
Indicators of other issues may include:	A history of mental health issues	408/RS	Cannabis use may co-occur with a range of other issues. Investigate the associations between cannabis use and other issues such as mental health, abuse, neglect, self-harm, housing and employment.
	Indicators of abuse, neglect or harm including self-harm	408/RS	
	Indicators of child abuse	408/RS	
	Having no accommodation, employment or money	408/RS	

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Options for meeting the range of client needs may include:	Referral to other services	408/RS	NCS
	Community intervention	408/RS	Identify a range of community interventions that may assist clients address their cannabis use. Look at the needs of: <ul style="list-style-type: none"> • young people • Indigenous people • ageing drug users • culturally and linguistically diverse and refugee communities.
Client's drug use history refers to collection of relevant information on:	Name, age, gender etc. Drug history Social and legal history Current status including housing status Agency ability to cater for the client needs Mental health issues Other relevant related issues affecting clients	408/RS	Use relevant intake forms and organisational guidelines to take a full history. Include drug use issues, mental health/comorbidities (if any), legal history, housing status and employment status. Ensure issues relating to cannabis are identified as cannabis use can have significant effects on family and social relationships. Discuss the importance of assessing the family functioning of cannabis using clients.
Early or short term programs refers to:	Less intensive, shorter term activities that are an alternative to longer and more intensive programs. These brief interventions carried out by a range of workers, often opportunistically, are usually offered to those individuals who are less severely drug dependent	408/RS	Identify up to 3 early or short term programs that have been designed or which could be modified to address cannabis use. Critique each program. This may be done as a written assignment or as a group discussion.
Current information on related issues includes information on:	Meeting physical, emotional, financial and social needs	408/RS	NCS
	Contacts for self-help groups	408/RS	Identify services that clients can engage with to support their self-help strategies. These may be local, online, face-to-face, by telephone etc. Incorporate these contact details into a self-referral resource such as a flyer for distribution to clients. As an alternative provide a critique of some existing resources that provide information on self-help.

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Current information on related issues includes information on (cont.):	Resources on dependency	408/RS	Cannabis dependence is a recognised medical condition. Describe the key identifying symptoms as described in a diagnostic manual (see the Diagnostic and Statistical Manual of Mental Disorders (DSM), fourth or fifth editions (DSM IV/V) or the International Classification of Diseases (ICD)). It is important that students understand the issues of cannabis dependence and its treatment. See http://ncpic.org.au/ncpic/publications/factsheets/article/cannabis-and-dependence .
	Resources on alcohol and other drugs issues for families or personal network	408/RS	Identify a range of resources that can be provided to clients' families and friends to assist them to deal with their family members substance use. Discuss the importance of child and family sensitive practice. Students should identify a range of family sensitive resources e.g. http://nceta.flinders.edu.au/workforce/projects_and_research/family-centred-practice-alcohol-and-other-drug-field/ .
	Advocacy groups	408/RS	Students are required to develop a list of national, state and local advocacy groups (users, family support, public health, abstinence etc.). Discuss the positions each group takes and how they complement or differ with each other. Use pro- and anti-cannabis legalisation as an example of the wide range of positions such groups can hold.
	Information regarding mental health and self-harm	408/RS	Students are required to undertake research on the association between cannabis use and mental health. Discuss the mental health sector's perspective on cannabis use and how it differs from/is consistent with perspectives in the AOD field?
	Crisis and emergency contacts	408/RS	Students are required to identify services that can assist clients in an emergency. These may be local, online, face-to-face, by telephone etc. Students should compile a crisis contacts list.
Goals and action plans may be short and long term and should include:	Harm minimisation (including abstinence, controlled drinking, safer sex, safer drug use, safe injecting)	408/RS	Identify appropriate strategies to engage cannabis users in harm minimisation. What are the risks of minimising as opposed to eliminating harms? Is cannabis different to other drugs in this respect (e.g. amphetamines, alcohol, tobacco etc.)? See: http://ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide .
	Strategies to target reducing at risk behaviours	408/RS	Using cannabis as a model, develop a goal statement and action plan for a client that identifies at least three strategies that can be used to support the client to reduce their risk behaviours.
Goals and action plans may include:	Vocational goals (employment and training)	408/RS	Identify the evidence of links between cannabis use and employment. Consider the impact of a criminal conviction resulting from AOD use (include cannabis and alcohol in the discussion) on future employment prospects.
	Accommodation	408/RS	NCS

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Goals and action plans may include (cont.):	Meeting immediate physical needs	408/RS	NCS
	Maintenance of stable social and emotional environment	408/RS	Social context can be an influencer of substance misuse behaviour. What advice would you give to a client who is completing treatment but returning to a social environment where cannabis use is a common social activity?
	Reintegration within social context	408/RS	
	Ensuring personal safety	408/RS	NCS
	Management of crisis	408/RS	NCS
	Timelines and priorities	408/RS	NCS
Review refers to:	A short term formative analysis of client progress	408/RS	What constitutes progress for a client who has been in treatment? Consider the research on the stages of change model as the basis for undertaking client reviews. Identify other models that may assist a worker to assess a client's progress. Discuss how to prioritise progress in relation to a number of different substances in a polydrug use context, including cannabis.
	Reviewing strategies	408/RS	NCS
	Standards against which a review can occur	408/RS	NCS
Relapse prevention strategies may include:	Identification of drug use 'triggers' and working with the client to develop responses to deal with triggers	408/RS	Develop or use case studies involving clients with cannabis or cannabis and other drug use and relapse issues. Case studies can include a range of issues/situations that may increase the likelihood of a client using drugs.
	Referral to self-help groups	408/RS	Identify local self-help groups to support clients with cannabis and/or polydrug use issues.
	Stress management advice	408/RS	Consider the relationship between stress and substance use. What evidence is there of an association? There has been a growing interest in using mindfulness skills as a therapeutic intervention. Utilising a range of sources, develop a critique of mindfulness techniques in assisting clients to moderate or cease their cannabis use.
	Ongoing positive support	408/RS	NCS
	Monitoring of the client's progress	408/RS	Identify strategies to support workers to monitor client progress in relation to managing their cannabis use. See: http://ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide .
	Facilitating use of community resources	408/RS	Identify local community resources that may assist clients to develop relapse prevention responses.
	Encouraging client to develop a support network	408/RS	Identify support groups in the local area that clients can be referred to and identify any that are cannabis specific. Describe some of the benefits/negatives of different client support networks.

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Relapse prevention strategies may include (cont.):	Role play	408/RS	Develop a role play for use with a client who has completed treatment. The role play could explore: <ul style="list-style-type: none"> • talking to family and friends about not using cannabis • how to decline an offer of drugs • making safer social choices.
	Discussion of strategies for stress management, money management, goal setting, prioritising, problem solving, decision-making, disengagement	408/RS	Identify and discuss evidence-based research on the impact of cannabis use on stress, financial management (drug costs, fines), goal setting, problem solving, decision-making and social engagement. Do different drugs have different impacts? Discuss using cannabis as an example.
Client exit (negotiation of with the client) will depend on the organisation policies and procedures and the individual clients needs and may include:	Negotiation of contract with client	408/RS	NCS
	Providing information on what the client may expect when they leave	408/RS	NCS
	Providing follow up	408/RS	NCS
	Ending the client/worker relationship	408/RS	NCS
	Ensuring personal safety of clients at risk of self-harm including availability of ongoing supports from appropriate agencies	408/RS	NCS
	Access to harm reduction consumables e.g. Needles, syringes, and needle exchange programs	408/RS	NCS
Client exit (organisation requirements) may include:	Client questionnaire	408/RS	Identify current client exit questionnaires/documentation used in students' organisations or develop a model questionnaire. Consider what questions should be asked about a client's cannabis use on exit from a treatment service.
	Documentation including reason for exit and condition of client at exit	408/RS	
	Organisation's documentation on treatment/ assessment progress	408/RS	Review a range of organisational documentation and identify where particular drugs of concern are referred to including cannabis.
Supporting a client to make contact with other services may include:	Making an appointment for the client	408/RS	NCS
	Accompanying client to first appointment	408/RS	NCS
	Organising for another appropriate person to accompany the client to an appointment	408/RS	NCS

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Supporting a client to make contact with other services may include (cont.):	Organising interpreter services for the client	408/RS	NCS
Other services that are specific to alcohol and/or other drugs use may include:	Detoxification	408/RS	There is emerging research on the value of cannabis detoxification. See: http://informahealthcare.com/doi/abs/10.3109/14659891.2010.499491 . Discuss detoxification from a range of drugs including cannabis.
	Inpatient counselling	408/RS	Identify the impact of available services that provide inpatient and outpatient counselling. Do they provide services for cannabis users?
	Outpatient counselling	408/RS	
	Self-help groups	408/RS	Identify local self-help groups. Where these are difficult to access, not available or inappropriate for a particular client consider other alternatives e.g. https://reduceyouruse.org.au/sign-up/
	Proclaimed place, rehabilitation centres, residential etc.	408/RS	NCS
	Sobering up units	408/RS	NCS
	Services which provide consumables e.g. Syringes, thiamine, needle exchange, methadone or other drug substitution/replacement services	408/RS	NCS
Therapeutic communities	408/RS	Identify local therapeutic communities that address cannabis as a presenting drug of concern or as a secondary drug of concern.	
Other services include:	Department of Social Security Accommodation Emergency services Mental health services	408/RS	NCS
Follow up will depend on the organisation's policies and procedures and the client needs and may include:	Obtaining feedback and reports on outcomes of referrals from other agency in accordance with organisation policies and procedures including those referring to client confidentiality	408/RS	NCS

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CHCAOD408 Assessment activities aligned to range statement (cont.)

RANGE STATEMENT		UNIT / ELEMENT / PC	CANNABIS CONTENT: ASSESSMENT ACTIVITIES AND QUESTIONS
Follow up will depend on the organisation's policies and procedures and the client needs and may include (cont.):	Checking protective support for suicide risk is available if required	408/RS	NCS
	Making an appointment for follow up	408/RS	NCS
	Contact with client at referral agency	408/RS	NCS
	Liaison between alcohol and other drugs worker and other services	408/RS	Identify a range of services that could assist a client with a range of issues regarding their drug use, including servings that assist with cannabis use.
Outcomes may include:	Measurement of harm minimisation	408/RS	Describe a range of outcome measures that could be used to demonstrate the success of harm minimisation strategies in the context of cannabis-using clients.
	Changes made during intervention and changes sustained over time	408/RS	Describe how as an AOD worker you can monitor and record changes made by clients during an intervention and changes sustained over time.
	Those negotiated with the client as part of a management plan	408/RS	NCS
	Referral and acceptance to another treatment program or half-way house	408/RS	When a client is referred to other agencies what information do those organisations require in relation to a client's cannabis use? What are the opportunities and risks that arise from sharing clients' cannabis use information? Identify appropriate referral forms from the student's organisation or from evidence informed resources available in the sector.
	Both positive and negative outcomes	408/RS	List the positive and negative outcomes a client may experience when reducing/ceasing cannabis use.
	Linkage with appropriate services	408/RS	Identify a range of services that could assist a client with a range of drug-related issues, including cannabis use.
	Client changes - behaviour, attitudinal	408/RS	NCS
	Client being moved from institution or service	408/RS	Complete an exit or referral form for a client moving from your service to another service. Identify their drug(s) of concern, noting any cannabis use.
Review against care plan may be:	Within the organisation	408/RS	Do organisational policies and procedures highlight the importance of including all drugs (including cannabis) in the care plan?
	In consultation with other agencies	408/RS	When reviewing a care plan involving other agencies what information do they need in relation to cannabis using clients? What are the opportunities and risks that arise from sharing clients' cannabis use information?

CHCAOD408 Evidence guide and cannabis assessment activities

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

EVIDENCE GUIDE		UNIT / ELEMENT / PC	CANNABIS ASSESSMENT ACTIVITIES
Critical aspects for assessment and evidence required to demonstrate this unit of competency:	The individual being assessed must provide evidence of specified essential knowledge as well as skills	408/EG	Assessment should reflect the prevalence of and harms arising from drug use. As cannabis is the most commonly used illicit drug, and is a significant drug of concern for many presenting clients, including polydrug users, cannabis content must be included in any student assessment of essential skills and knowledge.
	Competency must be demonstrated in a real work environment	408/EG	Workplace assessment tools could include: <ul style="list-style-type: none"> • third party assessment forms for supervisors • observation checklists for use by assessors • question proformas for assessors when undertaking assessment interviews • client feedback forms.
	Competence in this unit must be assessed over a period of time in order to ensure consistency of performance across contexts applicable to the work environment	408/EG	Consider the development or use of a supervisor feedback sheet that specifically includes supervisor observations and comments on the student's work with client(s).
	Consistency in performance should consider the work environment, worker's role and responsibilities in the workplace	408/EG	NCS
Access and equity considerations:	All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work All workers should develop their ability to work in a culturally diverse environment	408/EG	Describe the issues facing culturally diverse AOD clients. Identify a range of resources to support clients from at least three different cultural backgrounds.

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CHCAOD408 Evidence guide and cannabis assessment activities (cont.)

EVIDENCE GUIDE		UNIT / ELEMENT / PC	CANNABIS ASSESSMENT ACTIVITIES
Access and equity considerations (cont.):	In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities	408/EG	Identify the issues facing Aboriginal and Torres Strait Islander clients in your local community. For background and links to other resources on Aboriginal and Torres Strait Islander AOD work see: <ul style="list-style-type: none"> • http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=614&PortalId=0&ndTabId=211 • http://nceta.flinders.edu.au/workforce/indigenous-aod-workforce/feeling-deadly-working-deadly-indigenous-worker-wellbeing/ • http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph15.pdf • http://remoteaod.com.au/frontline-work/indigenous-aod-resources • http://remoteaod.com.au/sites/default/files/images/Yarning%20about%20Gunja%20FINAL%202014.pdf
Context of and specific resources for assessment:	Assessment of this competency will require human resources consistent with those outlined in the Assessment Guidelines In cases where the learner does not have the opportunity to cover all relevant aspects in the work environment, the remainder should be assessed through realistic simulations, projects, previous relevant experience or oral questioning on 'What if?' scenarios	408/EG	NCS Realistic simulations: <ul style="list-style-type: none"> • where simulation is used include information about cannabis use, its risks and treatments along with a range of other drugs as a component of the assessment • given the prevalence of polydrug use, students should address more than one drug in their assessment • where 'what if' questions are used, the questions should refer to a number of drugs. It is suggested that questions could be weighted in relation to their prevalence and presentation in services as the principle drug of concern. See the Cannabis makes the grade PowerPoint for further information.
Method of assessment:	Assessment of this unit of competence will usually include observation of processes and procedures, oral and/or written questioning on Essential knowledge and skills and consideration of required attitudes	408/EG	Ensure that assessment processes incorporate observations and oral and written questions that establish the students' knowledge, skills and attitudes in relation to cannabis.

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CHCAOD408 Evidence guide and cannabis assessment activities (cont.)

EVIDENCE GUIDE		UNIT / ELEMENT / PC	CANNABIS ASSESSMENT ACTIVITIES
Method of assessment (cont.):	Where performance is not directly observed and/or is required to be demonstrated over a 'period of time' and/or in a 'number of locations', any evidence should be authenticated by colleagues, supervisors, clients or other appropriate persons	408/EG	Consider the use of assessment tools that incorporate supervisor, collegiate and client feedback.
Related units:	This unit of competency is recommended to be assessed in conjunction with a first aid unit. Depending on jurisdiction and job role, this may be: HLTFA301B Apply first aid or HLTFA402B Apply advanced first aid	408/EG	NCS

CHCAOD408 Assessment activities aligned to required skills and knowledge

This describes the essential skills and knowledge and their level required for this unit. The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role.

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES AND QUESTIONS
<p>Legal and organisation knowledge, including:</p> <ul style="list-style-type: none"> • legal and organisation requirements for client registration, allocation and referral • organisation policies on reporting and confidentiality • organisation policies and procedures for documenting work with clients • understanding agency role, agency target group and the impacts on the local community • range of alcohol and other drugs specific treatment intervention options including detoxification, inpatient treatment programs, outpatient treatment services, and brief interventions 	408/EK	<p>Identify organisational reporting requirements to ensure that a client's cannabis use (either as a primary or co-occurring drug of concern) was recorded. Demonstrate its use in a workplace setting.</p> <p>Identify appropriate treatment options for a person presenting with cannabis as a primary/secondary drug of concern. Discuss the merits of a range of interventions and their application to cannabis and a variety of other drugs.</p>
<p>Effects of alcohol and other drugs use, including:</p> <ul style="list-style-type: none"> • signs and symptoms of medical risk associated with alcohol and other drugs use • stages and symptoms of alcohol and other drugs withdrawal • basic health issues relating to alcohol and/or other drugs use - e.g. malnutrition, blood borne diseases, skin infestations, effects of drug use on health, cognitive, social, emotional development and impact on others • basic pharmacology - types of drugs; dose levels; effects of specific drugs; tolerance; treatment approaches broadly • the effects of alcohol related brain injury • consequences and effects of drug substitution/replacement • effects of prescribed drugs on the use of other drugs • patterns of drug use in Australia and the local community • range of use and use scenarios e.g. lifestyle context of illegal drug use 	408/EK	<p>Students should be able to demonstrate their knowledge in relation to cannabis including:</p> <ul style="list-style-type: none"> • signs and symptoms of medical risk associated with cannabis use • stages and symptoms of cannabis withdrawal - see: http://ncpic.org.au/static/pdfs/cannabis-withdrawal-scale.pdf • effects of cannabis use on health, cognitive, social, emotional development and impact on others • basic cannabis pharmacology <ul style="list-style-type: none"> ○ dose levels ○ effects ○ tolerance ○ treatment approaches • interaction of prescribed drugs on cannabis use • patterns of cannabis use in Australia and the local community • lifestyle impacts of cannabis use (e.g. legal, social, employment and educational issues arising from use).

ESSENTIAL KNOWLEDGE	UNIT / ELEMENT / PC	CANNABIS-RELATED ASSESSMENT ACTIVITIES AND QUESTIONS
Co-morbidity issues relating to assessment of people with drug and/or alcohol issues	408/EK	Consider the relationship between co-morbidity and cannabis use. Discuss the findings from recent evidence-based research and the arguments for and against cannabis as a causal factor in mental health issues. See http://ncpic.org.au/static/pdfs/young-people-training-package/cannabis-and-mental-health-put-into-context.pdf . This activity can be presented by a group of students as a debate followed by a class discussion.
Risk management in relation to interventions for people with drug and/or alcohol and co-morbidity issues	408/EK	NCS
Theoretical frameworks about motivation to change alcohol and/or other drug use	408/EK	Motivation to change frameworks provide a model for understanding a client's engagement with treatment. Explore a number of models including a cannabis specific model such as: http://ncpic.org.au/ncpic/publications/bulletins/article/bulletin-12-self-managed-change-from-problematic-cannabis-use
Legal issues, including: <ul style="list-style-type: none"> • legal status of drugs • legal issues surrounding alcohol and other drugs use 	408/EK	Cannabis use and possession have differing legal ramifications in different jurisdictions. It is essential that AOD workers have a comprehensive understanding of the legal issues related to cannabis use in their jurisdiction and are able to share this information with their clients. Describe or deliver a short presentation on the legal issues for the relevant jurisdiction.
Policy issues, including: <ul style="list-style-type: none"> • public health model - interaction of impact of drugs, individual and the environment • harm minimisation including a range of approaches: prevention, early intervention, abstinence, specialist treatment, supply control and safer drug use 	408/EK	Identify the key national and local jurisdictional policy documents (e.g. National Drug Strategy, National Cannabis Strategy, and the relevant local state/territory Drug Strategy) that regulate and guide AOD work. Consider how they treat a range of drugs including cannabis. It may be useful to compare a range of licit and illicit drugs e.g. alcohol/tobacco versus cannabis/illicit pharmaceuticals/methamphetamines etc.
Established processes and protocols for determining: <ul style="list-style-type: none"> • level of dependence • patterns of use • length of dependence • health status 	408/EK	Level of dependence scales are used as standardised assessment tools. Workers should have the skills and knowledge to implement them with a range of clients. For clients using cannabis scales include: <ul style="list-style-type: none"> • Severity of Dependence Scale (SDS) • Cannabis Use Problems Identification Test (CUPIT) Students are required to present one or more case studies arising from their use of standardised assessment tools with their client(s).

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<p>Aspects of working with clients, including:</p> <ul style="list-style-type: none"> • common relapse precipitants • a range of strategies for working with clients • strategies to promote participation in programs • range of cultural contexts - lifestyle, set of beliefs, customs • client empowerment/disempowerment • rights of workers and clients • different lifestyles • self-esteem, abuse issues, self-awareness, own biases, ethical obligations re: helping relationships • types of counselling e.g. motivational interviewing, brief and intensive intervention, relapse prevention • protocols around use of interpreters • client-centred approach • case management principles 	<p>408/EK</p>	<p>Given the prevalence of cannabis and the percentage of clients who attend treatment for cannabis use it is essential that cannabis is included in teaching and assessment activities.</p>
<p>Working with clients at risk of self-harm, including: suicidal or self-harming behaviour, ideation or intention no-suicide contracts and other protective strategies links between predisposing factors for self-harm, drug use and mental health problems legal and ethical obligations regarding clients at risk of self-harm or with mental illnesses</p>	<p>408/EK</p>	<p>Investigate the links between cannabis and mental health issues, and mental health issues and self-harm. Are there co-occurring risk behaviours that link cannabis with self-harm?</p>
<p>It is critical that the candidate demonstrate the ability to:</p> <ul style="list-style-type: none"> • Conduct assessments using established processes and protocols • Demonstrate the capacity to work with clients: <ul style="list-style-type: none"> ○ with a range of issues ○ in a range of settings ○ from different cultural backgrounds ○ in a non-judgemental way ○ in emergency situations <p>In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role</p>	<p>408/RS</p>	<p>A candidate's skills must be assessed using evidence-based or informed standardised assessment tools. A candidate should be required to demonstrate using tools in either an actual or simulated work environment. Cannabis-related tools that can be used for this purpose include:</p> <ul style="list-style-type: none"> • Severity of Dependence Scale (SDS) • Cannabis Use Problems Identification Test (CUPIT) <p>Some jurisdictions have or are implementing standardised assessment tools. These should be used in these jurisdictions where appropriate.</p>

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CHCAOD408 Assessment activities aligned to required skills and knowledge (cont.)

ESSENTIAL KNOWLEDGE		CANNABIS-RELATED ASSESSMENT ACTIVITIES AND QUESTIONS
<p>These include the ability to: Demonstrate first aid certification or equivalent skills (as per unit HLTFA301B Apply first aid) including:</p> <ul style="list-style-type: none"> • cardio pulmonary resuscitation (CPR) • bandaging • managing toxic substances • managing bleeding • managing broken bones • managing consciousness • managing choking and knowledge of coma positions • Establish rapport • Use active listening including questioning • Interpret verbal and non-verbal communication • Work with a range of clients • Contract with clients • Demonstrate application of skills in: <ul style="list-style-type: none"> ○ conflict resolution ○ negotiation ○ crisis intervention ○ protective intervention ○ advocacy ○ networking and liaison with other agencies ○ identification of support structures <p>Maintain documentation as required, including effective use of relevant information technology in line with occupational health and safety (OHS) guidelines</p>		<p>NCS</p>

CASE STUDIES

Case Study 1

RAY (an older user)

Ray is an older man in his fifties. He has been a regular cannabis user for many years. He mostly smokes cannabis at home in the evenings after work. Occasionally he will smoke when out with old friends who also smoke cannabis. He drinks socially, though seldom more than one or two drinks when he is out as he rides a motorcycle and does not like to drink and ride. His partner is a non-drinker so he seldom drinks at home. Recently he lost his job due to conflict with another worker. He expresses anger and frustration at the way he was treated by his employer. He had been employed at the same workplace for a number of years. He has seldom been out of work up till now. However, since losing his job he has not been able to find further employment. He is struggling with applying for work, feeling listless and unmotivated. Since becoming unemployed he has gradually increased the number of times he smokes cannabis a week. He has also indicated that his drinking has increased. There are emerging tensions with his partner who is on a disability pension. As a couple they are finding it harder and harder to make ends meet. Ray and his partner have no children.

Resources

- At least two standardised assessment tools sourced from your AOD service or materials available on the web

Activity

- Identify an appropriate assessment tools to use with Ray to develop a comprehensive picture of his situation and substance use.
- Role play using the assessment tool with another student.
- Repeat the process with another assessment tool that explicitly focuses on cannabis.
- Reflect on the different outcomes, if any, from the role play. Discuss the importance of identifying all substance use, including cannabis.
- List some of the risks that arise for Ray as an older cannabis user.

Case Study 2

Jacob

Jacob is the natural father of Becky who is aged 5 years. Jacob separated from Becky's mother before Becky was born. Twelve months ago, Becky was placed into Jacob's care after she was removed from her alcoholic mother who had seriously neglected Becky. Becky was recently diagnosed with Foetal Alcohol Syndrome and has been prescribed antipsychotic medication to control her angry outbursts and sleep disturbance. Becky is also developmentally delayed including poor speech, toilet training and she can't feed herself.

Jacob remarried two years ago and his wife Sarah has recently given birth to their daughter Katie. Sarah has given up her paid work to care for Becky and Katie. Jacob is suffering from depression and alcohol misuse and has previously only engaged in treatment intermittently.

Jacob informed his counsellor that he is afraid his marriage will end as Sarah is angry that he works a lot of casual night shifts, drinks heavily and smokes cannabis with his mates. He also informed his counsellor that Sarah has told him that he never does enough to help look after the kids. Sarah has repeatedly told him that she feels worn out from caring for two young children, especially Becky who is a "problem child" that Jacob "dumped" on her.

Jacob admitted to his current counsellor that he drinks a lot, is a regular cannabis user, has had several affairs and that he is afraid his marriage will end. He also stated that he wants to be a good father, but that during his own childhood he had never felt loved.

Exercise:

In small groups complete the following tasks:

- What policies (from your area of practice) underpin work you may do with Jacob?
- What organisational facilitators and barriers are you aware of?
- What needs to happen at a practice level to support his family?
- Formulate a statement or question that would engage Jacob in a discussion about his role as a parent.
- How might addressing Jacob's substance use impact on his parenting and relationships?

Part E - Further Resources available on the web

There are a wide range of resources addressing cannabis available on the web. These include:

- clinical research articles
- policy, practice and training resources
- popular media articles (both print and video).

These resources take a range of positions on the risks, harms and possible benefits of cannabis use, control and legalization. The following tables present a selection of resources that may be of assistance in your work. It is important to recognise that new material is produced in relation to cannabis every day. Training providers are advised to update their resource lists on a regular basis and incorporate new evidence-based resources into their training.

Cannabis-related clinical resources and cannabis-related training resources

The following tables contain:

1. details of cannabis-related clinical resources that have been developed by a range of research and policy development organisations
2. details of cannabis-related training resources
3. details of general AOD resources.

Cannabis-related clinical resources

Resource name	Resource developer	Resource description	Web link
Evidence-based answers to cannabis questions	ANCD	This brief review of the evidence answering key questions in relation to cannabis was commissioned by the Australian National Council on Drugs for an audience including media, politicians and their advisers, the AOD sector, and interested members of the community. This review of the current research and clinical literature reflects the status of the evidence to November 2004.	http://www.ancd.org.au/images/PDF/Researchpapers/rp11_cannabis_questions.pdf
Management of cannabis use disorder and related issues: A clinician's guide	NCPIC	This guide provides the knowledge essential to help people reduce, cease, or manage their cannabis-use problems. The guide aims to provide facts, figures, and useful techniques to assist clinicians in providing evidence-based treatments for cannabis users wishing to change their patterns of use. The guide also provides a number of worksheets to use with cannabis clients.	http://ncpic.org.au/ncpic/news/ncpic-news/pdf/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide
Fast Facts on Cannabis	NCPIC	Comprise a series of fact sheets on a variety of cannabis-related issues.	http://ncpic.org.au/ncpic/publications/factsheets/
Cannabis and mental health: Put into context	NCPIC	The aim of this monograph is to provide clear information about cannabis and mental health. It does not simply review research on cannabis and mental health, and while it provides an overview of what the research says about the link, it also places the research in a broader context.	http://ncpic.org.au/static/pdfs/young-people-training-package/cannabis-and-mental-health-put-into-context.pdf

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Cannabis-related clinical resources

Resource name	Resource developer	Resource description	Web link
NCPIC assessment tools	NCPIC	A collection of assessment tools and resources for those working in the field to aid them when working with clients who use cannabis. The assessment tools can be downloaded and printed as PDFs. Future assessment tools will appear here as they are developed. Please note that these assessment tools are designed to be used in collaboration with workshop training. For enquiries about training please contact NCPIC .	http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-information/assessment-tools/
Cannabis and your mental health	Beyond Blue	A resource for young people on cannabis and its effects on mental health.	http://www.youthbeyondblue.com/wp-content/uploads/2011/PDFs/fact-sheet-10-cannabis-and-your-mental-health.pdf
Young people's resources webpage	NCPIC	A webpage that links to a range of resources for young people to use regarding cannabis use. These resources can be used to inform training through the use of online stories that are coupled with questions and answers.	http://ncpic.org.au/youngpeople/
Cannabis use in remote Indigenous communities in Australia: Endemic yet neglected	Medical Journal of Australia	A comprehensive report on cannabis use in remote Indigenous communities.	https://www.mja.com.au/journal/2009/190/5/cannabis-use-remote-indigenous-communities-australia-endemic-yet-neglected?0=ip_login_no_cache%3Ddc75378166f8089ca42b0b3371d5ac3c
Cannabis and psychotic illness	SANE Australia	A factsheet about cannabis use and its association with psychotic illness. This factsheet can be freely downloaded, copied and distributed on condition no change is made to the contents. SANE Australia is not responsible for any actions taken as a result of information or opinions contained in the Factsheet.	http://www.sane.org/information/factsheets-podcasts/547-cannabis-and-psychotic-illness
Helping someone with problem cannabis use: Mental Health First Aid Guidelines	NCPIC/Orygen	An overview of how non-professionals can provide support to people with cannabis use issues, or someone in a cannabis-related crisis. Mental Health First Aid is provided until professional treatment is obtained or the crisis resolves.	http://ncpic.org.au/static/pdfs/external-publications/mental-health-guidelines.pdf

Cannabis-related training resources

Resource Name	Resource Developer	Resource Description	Web Link
Training and workshops	NCPIC	This link takes you to the current list of NCPIC training on offer. Training is either delivered as public workshops (see 'training dates' on the right bar menu) or can be delivered on a consultancy basis within an organisation.	NCPIC Training Workshops Overview
Department of Education and Child Development SA	DECD SA	SA Government resources for conducting training in schools. Useful for students undertaking community education competencies. There is also data (limited to SA) on drug use by young people.	http://www.decd.sa.gov.au/drugstrategy/pages/resources/
Clear your vision: Groupwork Program: Facilitators manual	NCPIC	This manual was produced as a do-it-yourself cannabis resource for young people to work through on their own, one-on-one with a counsellor/youth worker or in a group setting.	http://ncpic.org.au/static/pdfs/high-res-web-version-facilitators-manual-final.pdf
Cannabis Facts: Clearing the Smoke	NCPIC	A DVD that can be viewed as a 'stand-alone' information resource, however NCPIC recommends that it form part of an education seminar or workshop. There are three resource components available. The resources are designed to be used by alcohol and other drug workers, as well as allied health workers in areas such as mental health, law enforcement, youth and social work. They are also useful for use in training.	<p><u>Video link:</u> https://ncpic.org.au/workforce/alcohol-and-other-drug-workers/clearing-the-smoke/watch-full-video/</p> <p><u>PowerPoint presentation</u></p> <p><u>Educator's kit</u></p>

General resources available on the web

Resource Name	Resource Developer	Resource Description	Web Link
Australian Drug Foundation online catalogue	Australian Drug Foundation	An online catalogue of resources available for a fee that can be used to run training programs.	http://bookshop.adf.org.au/
'Child Aware Supervision' - eLearning course	COPMI	An online course that provides training for supervisors in strategies that promote child and family-sensitive practices in their service	http://www.copmi.net.au/professionals/professional-tools/child-aware-supervision.html
Facts and resources about alcohol and other drugs	DrugInfo (Australian Drug Foundation)	A list of free resources about cannabis and other drugs, including fact sheets, pamphlets and reports.	http://www.druginfo.adf.org.au/information-for/free-resources-on-cannabis
Of substance	Australian National Council on Drugs (ANCD)	A magazine that covers the latest Australian and international news and research on alcohol, tobacco and other drugs. It is essential reading for organisations and individuals who provide services to those affected by substance use. Published three times a year, printed copies are now available free of charge to subscribers within Australia and the Asia/Pacific region.	http://www.ofsubstance.org.au/
Youth AOD toolbox	Youth Support + Advocacy Service (YSAS)	This toolbox uses the best evidence-based and practice wisdom to provide a practical and comprehensive guide to knowledge and interventions for supporting young people with drug and alcohol issues.	http://www.youthaodtoolbox.org/user
A resource for strengthening therapeutic practice frameworks in youth AOD services	Youth Support + Advocacy Service (YSAS)	This resource outlines in detail the framework for therapeutic youth AOD practice.	http://www.ysas.org.au/
Training frontline workers: Young people, alcohol and other drugs	Department of Health	Includes a workbook on Frameworks for AOD Work.	http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-pub-illicit-tfwi-cnt.htm

Assessment and Recognition of Prior Learning (RPL) resources

This table provides links to assessment and RPL resources developed by a range of providers and government bodies. The links are provided to support the development of cannabis specific and general assessment and RPL processes.

Note: In recent NCETA research⁸ it was found that despite cannabis being the third most commonly used drug by Australians and a significant drug of concern in treatment services, few RPL processes focused on it. Based on this finding, NCETA will be working towards developing resources that address cannabis appropriately in face-to-face, distance education and RPL assessment [1].

Assessment and Recognition of Prior Learning (RPL) resources

Resource Name	Resource Developer	Resource Description	Web Link
Guidelines for assessing competence in VET	Department of Training and Workforce Development WA	A comprehensive general resource to developing RPL processes.	http://moodle.westone.wa.gov.au/file.php/6/vet_publications/Guidelines%20for%20assessing%20competence%20in%20VET%20-%20content.pdf
Engaging VET practitioners forum: RPL – done well in VET	Victorian TAFE Authority	A model for RPL development.	http://www.vta.vic.edu.au/docs/Skills%20Recognition/RPL+Done+Well+In+Vet+Reframing+the+Future.pdf
Skills recognition: A guide for registered training organisations	NSW DET 2009	A model for RPL development.	http://www.training.nsw.gov.au/forms_documents/industry_programs/skillsonline/rpl_rto_guide.pdf

⁸ See Roche, A., White, M., Duraisingam, V., & Adams, V. (2012). Trainers Talking Training: An Examination of Vocational Education and Training for the Alcohol and Other Drug Sector in Australia, Adelaide, SA: National Centre for Education and Training on Addiction (NCETA), Flinders University.

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