

quitting cannabis

This resource will describe the content and delivery of the Quitting Cannabis 1 – 6 session brief intervention designed to assist cannabis users to change their cannabis use and maintain their desired goal.

The main components include:

- **assessment and feedback of use together with information regarding the effects of cannabis in relation to various facets of life**
- **information regarding strategies for change**
- **exploration and enhancement of motivation to change**

Most interventions described as ‘brief’ consist of one session, although this is a relative term.

Many brief or early interventions are conducted within 5 – 15 minutes. One-to-six sessions of one hour or more are usually possible with clients presenting for treatment specific to a substance abuse problem. Such sessions require an advance appointment, often with a prior assessment having been conducted. It is important to regularly gauge motivation at the beginning of each of the sessions.

The majority of people seeking treatment for cannabis problems will meet criteria for dependence.

Generally speaking those criteria will include the following:

- **tolerance**
- **withdrawal**
- **using more or using longer than intended**
- **persistent desire to use/unsuccessful efforts to control use**
- **great deal of time spent obtaining, using and recovering from cannabis use**
- **giving up/reducing important activities**
- **continued use despite the knowledge of physical or psychological problems**

Note: the **sections** of the workbook do not necessarily correspond with the **sessions required** – this is entirely dependent on how quickly you go through each section within a session and how your sessions flow, as well how much change your client is able to accomplish. The session number next to the various sections is a guide only .

Cannabis and you (session 1)

The techniques in this document may be used either for quitting or cutting down. Before working through the sections

- **Introduce the client booklet.** Briefly describe the six components, emphasising that the booklet is simple and self-explanatory. Explain that you will work through the booklet together during the sessions, filling in particular sections as you get to them. Stress that it is essential the booklet is read and the suggested homework is completed over the coming weeks.
- **Briefly discuss** the theory behind the intervention (CBT) e.g. the theory or treatment is called cognitive behaviour therapy, the theory suggests that our cognitions (our beliefs – the way we think and feel) are directly related to how we behave. In other words it's a type of therapy that helps people change unhelpful or unhealthy thinking habits in order to change maladaptive behaviour.
- **Emphasise** that the sessions are based on a **supportive and collaborative relationship** between you and the client.
- **Discuss the list of dependence criteria** (on previous page). Explain that dependence is a combination of physical, psychological and behavioural symptoms that occur repeatedly over time. Go through the list of symptoms with them and explain that people dependent on cannabis, experience at least **three of these symptoms in a 12 month period**. You may wish to **elaborate on dependence by highlighting tolerance and withdrawal symptoms as an introduction to the Severity of Dependence Scale (SDS – see below)**.

- **Administer the SDS** (p3 – 4 client booklet). This is a simplified five item measure of dependence that focuses on the clients concern over use.

A score of 3 or more is indicative of dependence for people 19 years of age and over.

- **In a motivational interviewing style, invite** the client to comment on the score and their perceived level of severity. For example 14/15 – may be perceived as 'very high'; and 4/15 – 'not so bad'. **Feedback the client's score**. While there are no clear guidelines of what a score of more than 3 means, in general, the higher the score, the more severe the level of dependence.
- **Administer the Cannabis Problems Questionnaire (CPQ)**. This is a 21 item questionnaire which identifies key problem areas the client has experienced in the previous three months.
- **Administer the High Risk Confidence Questionnaire (HRC)**. This is a 20 item questionnaire which identifies both internal and external situations where there is the temptation to use cannabis.
- You may now wish to raise the **'quit or reduce' date** at this point and whether or not they wish to go 'cold turkey' or reduce over the coming week/s (p25 – client booklet).

NB. The Severity of Dependence Scale – SDS, the Cannabis Problems Questionnaire – CPQ and the High Risk Confidence scale – HRC may be downloaded from ncpic.org.au

preparing for change (session 1 or 2)

- Review questionnaires as appropriate: HRC and CPQ
- Ask if there are any questions or explanations needed
- It is important to check at the beginning of every session whether or not the client's level of motivation has changed during the past week, if not, continue as follows:
- Using their booklet, work through the decisional balance (p7– 8)

Stress the importance of understanding the reasons for smoking and the reasons for wanting to make changes in order to quit or cut down.

Explain that there are both positive and negative aspects related to smoking and changing cannabis use. You may choose to go through the examples given in the client's workbook (p5 – 6) for the 'pros' and 'cons' of smoking. Another option is to use the **Cannabis Problems Questionnaire** to identify other areas of concern. Work through the same process for the 'pros' and 'cons' of change (p8).

Ratings – Each of the items on the list needs to be given a rating out of ten to determine how important each of them are to the client. You are then able to ascertain their level of commitment to change by adding up the rating scores. The greater total is likely to indicate which way the client is inclined. If the cons are greater than the pros of smoking, the client is probably clear about wanting to quit. However, if the pros are greater than the cons, there may still be some difficulty in deciding whether or not to quit or cut down which will need further discussion. If the scores

are equivalent, this ambivalence should be managed by greater perseverance with a motivational enhancement strategy. Help the client to identify any barriers to quitting and seek elaboration to enable the barriers to be minimised. **Elaboration of the cons of smoking and the pros of change is strongly suggested to tip the balance.** Working through this process is called the **Decisional Balance** or 'weighing things up' (p7).

Work through High Risk Situations and triggers

It is also important to discuss and **identify** high risk situations – you may use responses from the High Risk Confidence Questionnaire as a guide, and you may want to explain that 'triggers' are specific feelings and/or events which prompt strong desires/thoughts about wanting to use cannabis (p10).

Help the client to identify High Risk Situations and triggers (p10) and **explain** the difference between internal and external high risk situations and triggers. During this discussion you may also wish to introduce the client to the 'daily monitor sheet' (p29 – 30) in section five. It is important that the client understands and identifies when, where and how they are feeling when they have a strong desire to smoke. They are then better equipped to implement more helpful responses the next time these occur. Explain that the **mastery rating** is their perceived level of success at handling each situation they describe. It is rated from 0 ('not at all successful') to 10 ('completely successful'). They will need to begin using the monitor sheet in the coming week.

Discuss a change date

If you haven't already done so, decide on a change date (ie quit or cut down) with the client (p25) and how they will achieve their desired goal.

It is also important to discuss with the client what they will do with the cannabis they may still have in their possession during their change week.

Discuss which quit/change method the client seems most comfortable with, pointing out that whether they choose to quit or reduce their use, it will be necessary to monitor their smoking and to consciously decide when to smoke.

Discuss withdrawal

If appropriate during this session – you may want to discuss withdrawal symptoms again – explain the withdrawal monitoring sheets (p22 – 23) in chapter 4 – withdrawal. They will need to read this chapter for homework. Plan the coming week with them if it is the week they plan on changing their cannabis use. They will need to decide whether they are quitting cold turkey or gradually cutting down until their quit date. You may suggest delaying the time of the first smoke each day by 4 – 6 hours or, trying to reduce their use by 30% per day as a way of minimising the withdrawal symptoms. Suggest they read pages 11 and 12 for further homework in preparation for change.

strategies for change (session 2/3 and 4)

Review the previous week and assess whether they are still committed to change by reviewing their decisional balance

Strategies for change

As a first line strategy, explain why High Risk Situations need to be avoided. Then continue to work through other preferred strategies (p15) choosing one or two situations from the High Risk Situations questionnaire or you may use the examples on page 10. Ask the client whether they have ever attempted to stop or cut down, and if so, they may choose the strategies which were helpful in the past (p13 – 14).

Key points:

- Certain situations or events can trigger thoughts about smoking (refer to daily monitor sheet or HRC questionnaire). Stress that these are just thoughts which can be changed.
- Even when abstaining, these responses can still be triggered, leaving some discomfort. The strength of these responses will decrease over time and they will come and go without the need to act on them.
- Discuss support systems as further strategies and how they can help in a high risk situation as well as aiding changes in behavioural patterns. Begin by explaining the meaning of support and ask WHO might be able to support them, WHAT types of support will be most helpful and HOW they will go about getting the support or help they need when they need it?

- Discuss the 4 D's

Educate the client in relation to utilising the 4 D's (p21) as a coping strategy against urges to smoke particularly through the withdrawal phase.

Explain Distraction, Delaying, De-catastrophising and De stressing.

You may wish to go through various examples of how to challenge negative thoughts, for example, **catastrophising**: get them to ask themselves: “is this the worst I have ever felt?”. “is this the worst thing that can ever happen to me?”

Suggest they rethink these types of thoughts and feelings and begin to think of them as signals or signposts to use newly formed coping skills and more neutral thoughts. Get them to practice self coping statements such as “this IS tough but I WILL do my best to handle it” or “ I can change, there is nothing stopping me except me” and “I need to stay focused and on task”.

Help them identify personal skills or positive things they can draw upon when it gets a little tough, for example, their supports. Perhaps practice drug refusal skills while they are still in session with you.

Explain urge management as another strategy

Explain the normality of urges/cravings.

Explain that an urge/craving is a strong desire to use a drug and reassure the client that it rarely lasts for more than 30 minutes at a time but, may, last up to a maximum of 60 minutes.

To demonstrate this point you may wish to use the analogy of an ocean wave: they are small when they start, however they ascend, swell, crest and eventually break as they crash to the shore. Riding this craving is called 'urge surfing' (p17).

The aim is to stay on the board and to ride the wave until it subsides and not fall into the water. Stress that every time they overcome the craving to smoke, the craving will become weaker as time goes on, while at the same time, strengthening their confidence.

Conversely, point out that the more they give into the cravings the stronger they become, this will also increase their feelings of failure and loss of control.

You may also use the 'stray cat' analogy to discuss urges and how to weaken them by not feeding into them until they finally disappear.

Own their actions

Explain they need to be mindful while trying to stop smoking. After explaining what that

means (you may wish to elaborate as per (p18-19), request the client give their own example which can be used to clarify the point. They should then work through other examples at home on their own (p20) together with their **emergency plan** (p16). Stress to the client that their role is to take back control and responsibility for their own actions/behaviour. Further homework is to read page 26.

New skills

Further work may need to be initiated in areas such as :

- Behavioural self – management: limit setting; further strategies for high risk situations;
- Coping skills around anger management, communication, sleep hygiene and relaxation therapy.

Life style changes

This may also be an ideal session to raise lifestyle changes and withdrawal management (p21 – 24).

managing withdrawal (as appropriate)

Outline the range of effects of withdrawal such as:

- disturbed sleep
- irritability
- anxiety
- confusion
- depression
- insomnia
- night-sweats

Discuss how commonly they are experienced by the client and generally.

Remind the client to make **time for the withdrawal process**. For example, reduce social and work commitments. Stress the importance of support systems, eating well, maintaining hydration, engaging in moderate exercise and having routine sleeping habits.

Attempt to plan out in detail (incorporating the above bullet points), the week they have chosen as their quit or cut down date.

Discuss tobacco withdrawal and nicotine patches where appropriate. It is important to stress that withdrawal symptoms will pass and they usually only last a maximum of 10 days. Recommend the use of the 4D's techniques. and give examples of the following:

- distraction
- delay
- de catastrophising
- de stressing

Encourage the client to monitor their withdrawal symptoms in order to see them reduce over a 7 – 10 day period as this is a good motivator for maintaining change (p22 – 24).

It should not be necessary to medicate withdrawal symptoms. We advise you wait a minimum of two weeks of abstinence to reassess other underlying psychological disorders such as anxiety, depression and/or psychotic symptoms.

putting it all together (session 4/5/6)

If they haven't already done so, it is extremely important for the client to choose and commit to his/her change date (p 25). In addition, check they have read, understood and implemented pages 25 to 26.

- Change method (p 25)
- Preparing mentally (p 26)
- 'Rationalising' (p 26)
- Separation/loss (p 26)

Then:

- Review previous week — making sure they are still committed to change
- Review homework and their understanding of what they have read in their booklet
- Review daily monitor sheet and check for faulty thinking if strategies are working
- Identify and discuss new high-risk situations which may have emerged and need further planning

Explain/discuss the following:

- **Reviewing progress** — stress the importance of being mindful and being aware of how they are travelling through this change process (p 27).
- Review **self-monitoring** (p 29 – 30)
- Instruct the client on why it is important this should continue to be filled out daily for a few more weeks
- **Rewards** — you will need to discuss appropriate rewards for their efforts towards change. The rewards may be small but should be many. Develop a list of both daily and weekly rewards (p 28)
- **Continue with new skills acquisition** in areas such as coping skills, sleep hygiene, relaxation therapy, communication etc.

relapse prevention (session 5/6)

Reiterate that thoughts of smoking again after the client's goal has been achieved are normal.

Stress that having such thoughts **does not** mean they have failed, they are natural responses to certain strong triggers. They may even start dreaming about smoking cannabis after they have quit. Reassure them that this will pass.

Stress that a lapse **does not** mean they have failed. Explain a lapse is a temporary setback. A mistake! Many people who are ultimately successful find that they have slipped along the way. If a lapse occurs, suggest the client go back to the booklet and revisit the reasons they wanted to change in the first place (p 7 – 8).

In the event of a lapse ask them to think about:

- What can be improved or changed?
- What prompted the lapse?
- The difficulty in avoiding some High Risk Situations – they will need to think about how they can be dealt with more effectively in the future.

In order to increase the chance of success, refer to the emergency plan they developed (p 16) on a regular basis. They need to think of the emergency plan and relapse prevention as a fire blanket. Just because you have a fire blanket in the kitchen does not mean you will have a fire. However in the event of a fire, you will be prepared.

They should develop the emergency plan for a lapse (p 33), prior to a lapse and if necessary, update the emergency plan from time-to-time particularly when thoughts of using cannabis begin to occur regularly.

Relapse prevention

Main points

- lapsing is not failure
- learn to enjoy drug free activities
- dealing with urges after abstaining is important – stress that this is a natural response to certain potent triggers and that they will weaken over time.
- don't be fooled by 'just one won't hurt'
- look to the future – reinforce all the reasons they embarked upon this journey – refer to decisional balance.
- positively reinforce all their hard work – quitting anything is no easy task, but it is possible
- review emergency plan and give additional resources and referral information particularly NCPIC website

In Summary:

- discuss dependence
- complete SDS and discuss score
- complete and discuss Cannabis Problems Questionnaire
- complete and discuss High Risk Situations and triggers questionnaire.
- complete and discuss costs and benefits for using cannabis and costs and benefits for change
- develop strategies related to High Risk Situations including supports and 4 D's
- develop an emergency plan
- discuss owning future decisions
- discuss withdrawal and using the 4 D's and any previous strategies used
- explain and encourage self monitoring
- explain and encourage rewards
- plan relapse prevention

your notes

A series of horizontal lines for taking notes, consisting of approximately 30 evenly spaced lines.