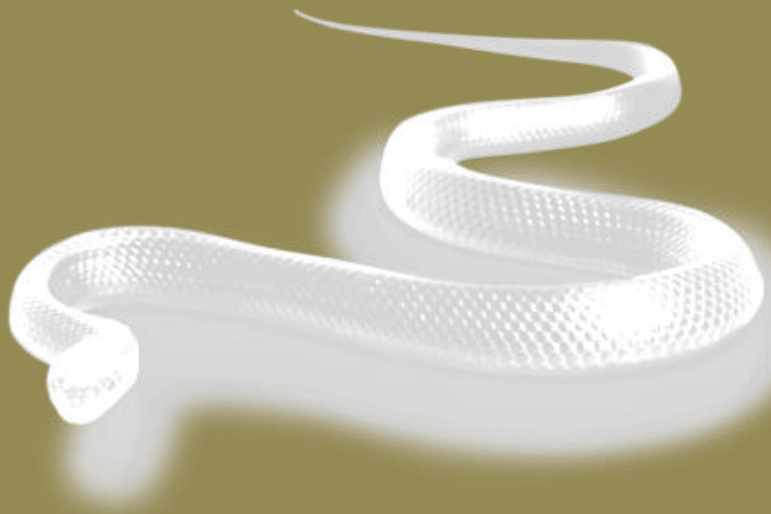


Synthetic Cannabinoids

Screening and Action Planning Toolkit

A toolkit for those who are concerned about their use of Synthetic Cannabinoids and those who support them.



About this tool:

Since the development of the Cannabis Toolkit, the issue of dependency on Synthetic Cannabinoid Receptor Agonists (SCRAs) such as Black Mamba and Spice has become a more significant issue. Reports from the field indicate that they can cause much more significant dependency and withdrawal symptoms are widely reported. As such the existing Cannabis Toolkit wasn't applicable and so a revised version for people solely or primarily using SCRAs was required.

The five exercises in the pack are intended to be used (for example) over successive weeks of face-to-face sessions. They could also be completed by person using cannabis on their own, but it is likely that the person will benefit from discussion and interpretation of results.

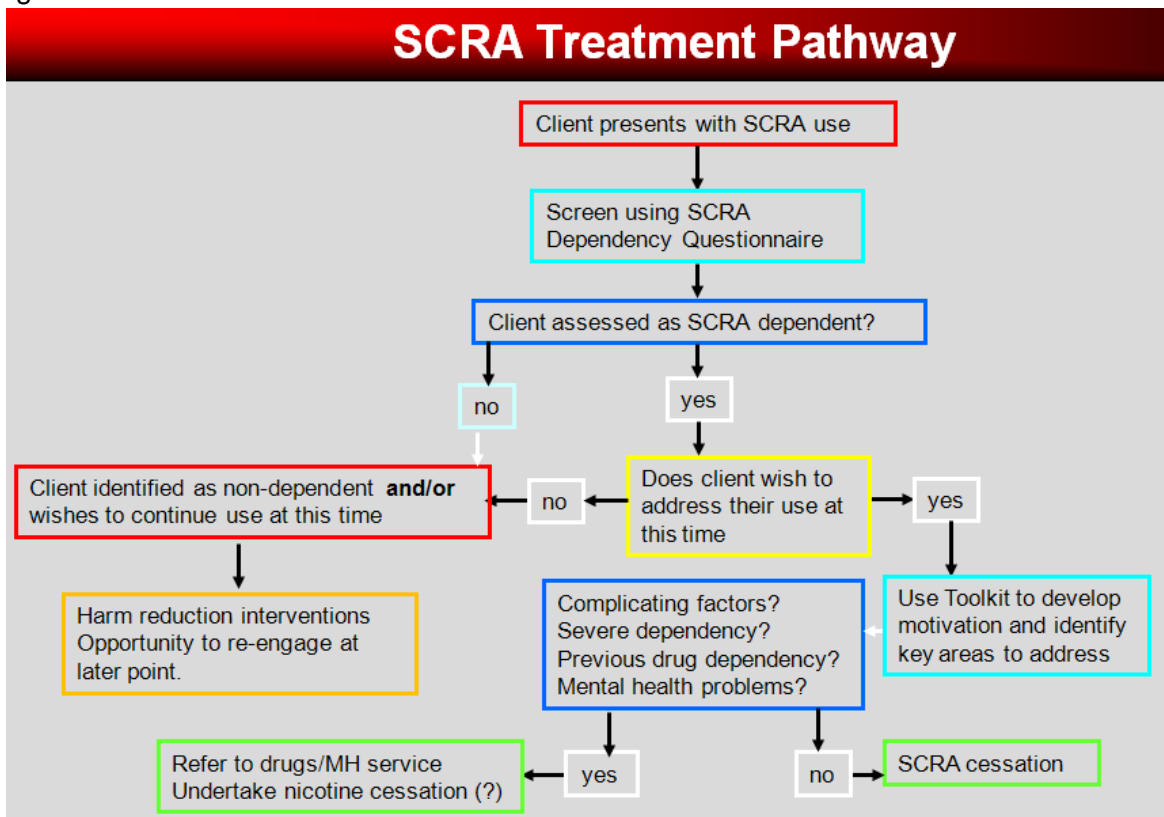
The programme follows the stages of The Cycle of Change, and is intended to support the process to the point of action.

Who should use the tool?

It is to be hoped that where the level of dependency is relatively low, and no complicating factors are identified, the cessation programme can be followed in generic, non-drug specific settings. As such workers in numerous settings including Youth Workers, School Nurses and Smoking Cessation Workers are well placed to work with cannabis cessation. It is of course also suitable for those primarily working in drug settings.

SCRAs can cause more marked symptoms of withdrawal than cannabis. This can include acute physical and psychiatric symptoms.

Where there is a significant level of dependency, poly-drug use or a history of drug dependency, or mental illness, referral to or joint working with a drugs agency and/or mental health services is strongly advised. Indeed, early contact with a drugs agency may be useful to gain more information about newer SCRAs and may be able to help in supporting people even if they are early in the cycle of change.



Sample Six Week Programme:

An example of how this toolkit could be used over six sessions is as follows.

Week 1: (Precontemplative/Contemplative): Client presents with SCRA use but doesn't consider themselves to have any problems with cannabis or to be dependent.

-Worker introduces **Synthetic Cannabinoid Dependency Questionnaire**. This could either be filled in now or taken by the client for later completion. Feedback suggests that when people complete it on their own, at their leisure, answers are more honest and insightful so it may be worth leaving the person with a copy to complete at their leisure

Week 2: (Contemplation): It may well be that the results of the Synthetic Cannabinoid Dependency Questionnaire do not indicate significant cannabis dependency. It may be that SCRA use is generally being managed, but with some areas of concern. If this is the case, some Solution Focussed interventions to address where cannabis is causing problems may be appropriate.

-If the results of the Dependency Questionnaire indicate a higher level of dependency, discuss this with the client, exploring how SCRA use is currently having an impact.

-Introduce **Spice Log**. This is intended to look at patterns and associations of use, along with impact it may be having.

Week 3: (Contemplation/Decision):

- Review the Spice Log sheet with client. Explore scale, costs, associations and impact.

-Provide fresh Diary Sheet for following week(s).

-Introduce the **Weighing Up Spice** sheet. This is a classic motivational tool, exploring pros and cons of carrying on SCRA use and stopping. Ask the client to complete this and bring it back next week.

Week 4: (contemplation/decision):

-Review Diary sheet; provide fresh one if needed

-Review and discuss Weighing Up sheet. Identify key benefits and functions of SCRA use. Use motivational interviewing approach to explore tension between pros and cons.

-Introduce **Dependency Profile Assessment**. The client can either complete this now or take it for self completion. As the scoring and plotting of results is a little more complicated this may be better done with worker help, though it should be straightforward for most people to interpret the results.

Week 5: (decision/action):

- If this hasn't already been done, score and interpret the Dependency Profile Assessment with the client.

-Use the results of this to identify significant areas which will need to be addressed for change to happen

- identify if there are any referrals that may need to be made in light of these results

- review Diary (if relevant)

-Introduce **Action Plan Sheet**. This is best completed at the client's leisure. It is important that the client reaches the decision about stopping themselves. The sheet links together key points identified in the Weighing Up and Dependency sheets, so it will be useful to have all these sheets together for completing the action plan.

Week 6: (action): Review the Action Plan sheet, identify other interventions that may have been missed. Reinforce positive reasons for change. Identify and promote alternatives to perceived benefits of SCRA's, Discuss withdrawal symptoms and coping strategies. Identify support interventions during cessation period.

Synthetic Cannabinoid Dependency Questionnaire

Worried your use of synthetic cannabinoids (Mamba, Spice) is getting out of control? Use this self-assessment tool to find out if you may be dependent on cannabis. Answer the questions as honestly as possible.

Group 1	Are any of the following statements true for you?	YES	NO
(a)	Spice/mamba is now one of my main drugs of choice		
(b)	Over the past three months I smoke synthetics more times per day than before		
(c)	Over the past three months I smoke synthetics more times per week than before		
(d)	I put more smoking mixture in my pipe/spliff each time.		
(e)	I use several times per week		
Group 2	If you stop using Synthetic Cannabinoids do you experience any of the following?		
(a)	I find myself feeling anxious or stressed.		
(b)	I think about synthetics a lot of the time and crave it		
(c)	I get sweats, pain, stomach ache or other physical symptoms when I haven't used		
(d)	I find it hard to get to sleep when I haven't been smoking/using.		
(e)	I have used another drug to avoid bad symptoms from stopping synthetics.		
Group 3	I carry on using Synthetic Cannabinoids but I think?		
(a)	It is having a bad impact on my mental well-being		
(b)	It has got in the way of getting housed, my work, or made my situation in prison worse		
(c)	It is having a negative impact on family/friends/partner.		
(d)	I've got debts because of my spice/mamba use		
(e)	It's having a bad effect on my physical health		
(f)	I have got in to trouble as a result of using synthetics		
(g)	I have been hurt, robbed, assaulted or attacked while under the influence of spice/mamba		
(h)	it is having other negative effects on me.		
Group 4	In the past year I have made any of the following choices?		
(a)	Spending money on spice/mamba instead of buying food, or paying bills.		
(b)	Getting money or scoring spice/mamba ahead of getting my housing sorted		
(c)	Not done something I was meant to do or planned to do because I was out of it		
Group 5	Are any of the following statements true for you?		
(a)	I think about synthetic cannabinoids several times a day.		
(b)	I plan ahead when I am going to be able to use.		
(c)	I have tried to cut down on my use but often break my own rules.		
(d)	I have done some pretty risky things to get spice/mamba		
(e)	I start to get anxious when I am running out of spice/mamba		
(h)	Deep down inside I think I may have an issue with spice/mamba		

Synthetic Cannabinoid Dependency Questionnaire

Scoring

Look at the answers from the questionnaire and use the table below to score yourself. Add up your score for each group and your total score.

Group 1:		Group 2:		Group 3:		Group 4:		Group 5:	
(a)	2	(a)	2	(a)	3	(a)	2	(a)	2
(b)	1	(b)	2	(b)	3	(b)	3	(b)	2
(c)	1	(c)	2	(c)	2	(c)	1	(c)	3
(d)	2	(d)	2	(d)	1			(d)	2
(e)	2	(e)	3	(e)	3			(e)	3
				(f)	3			(f)	3
				(g)	3			(g)	2
				(h)	2			(h)	1
Total Group 1:		Total Group 2:		Total Group 3:		Total Group 4:		Total: Group 5	
Total Score									

Understanding the results:

If you have scored **two or more** in any **three groups** then this suggests that you may be having a problem with your use of Synthetic Cannabinoids, and there may be a level of dependency.

The higher the score in each group, and the more groups you have a score in, the more it suggests that you have significant level of dependency.

Group 1: A high score in this group suggests that you have become more tolerant to the effects of synthetics and that your use is escalating. It may be that you increasingly find normal cannabis or weaker mixtures unrewarding, or perhaps you have less other activities and using synthetics is taking up more of your time.

Group 2: A score in this box suggests that you struggle a bit to cope without cannabis and that you experience some withdrawal symptoms when you stop. When you decide it's time to quit cannabis, you might need to find ways of coping with these negative symptoms if you are going to be able to stop successfully., especially if you score more than 4 in this box. **If you said <yes> to question (c) or (e) you should get medical advice to help you stop safely.**

Group 3: The higher the score here, the greater the negative impact cannabis is having on you. A score of more than 10? Cannabis seems to be having a negative impact on most aspects of your well-being – your physical and mental health, you social and financial wellbeing and your education or employment. The fact that you can see it's having a negative impact but carry on doing it strongly suggests a level of dependency.

Group 4: A score here suggests cannabis is becoming your priority, even at the expense of other important aspects of your life. You don't feel able to be without it, even if you can't afford it.

Group 5: The higher the score here, the more it suggests that you are preoccupied about cannabis. If you answered "yes" to question 5(c) it suggests that you are trying to control your use by setting yourself some rules and goals – but you are struggling to stick to them. It may also suggest that other people are worried about your use, and perhaps you are too.

Instructions: In order to get an idea of the scale and pattern of your use, it is useful to complete a diary sheet. You should do this for a number of weeks – ideally over a typical month.

Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:
Date	What I smoked: <i>(brand)</i> How much I smoked: <i>(number of spliffs/pipes etc)</i> <i>(Estimate weight/estimate cost)</i> How long I smoked for: Who with: Where:	What else was I doing: <i>(activities)</i> How I felt before: How I felt during: How I felt after:

What do I like about using synthetic cannabinoids?

What do I dislike about using synthetic cannabinoids?

What would I gain by stopping my use of synthetics?

What would I miss or lose by stopping my use of synthetics?

Dependency Profile Assessment

Answer the following questions as honestly as possible. If the answers are not currently relevant to you, or you don't know the answer, leave them blank. Add to your answers later on if you want to.

Field 1: Physical Markers		YES	NO
(a)	When I stop using synthetics I experience aches, pains or other physical symptoms		
(b)	I would consider my physical pain: mild/moderate/severe (mark as appropriate)		
(c)	I have experienced gut ache, nausea, vomiting, dry heaving if I haven't used		
(d)	I use more synthetics to make my symptoms go away or I have used a different drug to make my symptoms go away.		

Field 2: Social Markers		YES	NO
(a)	A lot of the people I know use spice/mamba		
(b)	My partner smokes synthetics		
(c)	Other family members or close friends use synthetics		
(d)	I'm in prison and I get pressured to use synthetics by other people		
(e)	I'm in prison and lots of the people I know are also using synthetics		
(d)	I get on with other people better when I am using synthetics		
(e)	I don't get on with people so well after I've been using synthetics		

Field 3: Ritual Markers		YES	NO
(a)	I tend to use synthetics at regularly times of the day		
(b)	I tend to synthetics at regular points in the week		
(c)	I look forward to new batches of spice/mamba arriving		
(d)	I'd say a lot of my day rotates around getting and using spice/mamba		
(e)	I think about having synthetics at various points in the day		

Field 4: Psychological Markers		YES	NO
(a)	I get a really big buzz off using synthetics, or really like the way it makes me feel		
(b)	I've had some bad experiences with synthetics but I keep going back for more.		
(c)	If I smell synthetics around me it makes me think strongly of having some		
(d)	I have trouble sleeping if I haven't had some synthetics		
(e)	I don't feel down or low when I have had some synthetics to smoke		
(f)	I have bad thoughts or memories if I haven't had a smoke for a while		
(g)	I feel like I've escaped for a while I'm using spice/mamba		

Dependency Profile Assessment

Interpreting Results

Using the answers from the *Dependency Profile* assessment questions, use the scoring below to work out your total for each field. Then plot these figures on to the chart. This will help to explore what things could get in the way of changing your use of synthetic cannabinoids.

Field 1: Physical

- (a) 0
 (b) mild: 1
 moderate: 2
 severe: 3
 (c) 1 (d) 1

Total: _____

Field 2: Social

Score one point for each question you answered "yes" to

Total: _____

Field 3: Ritual

Score one point for questions

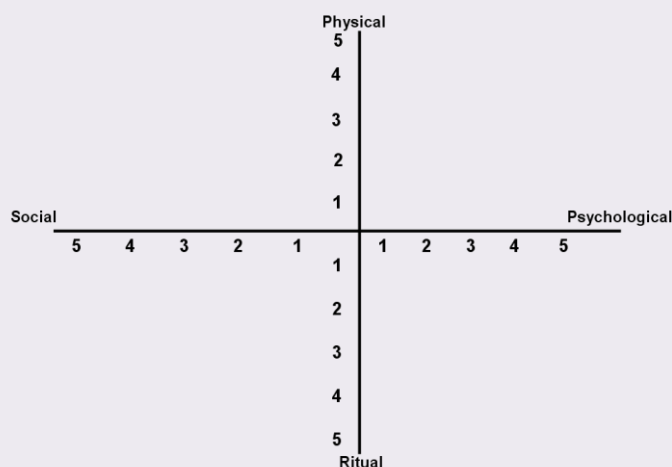
Total: _____

Field 4: Psychological

Score one point for questions (each question up to a maximum of 5 points)

Total: _____

Transfer your scores onto the chart below:



Field 1 is your score in the Physical field;
 Field 2 goes in the Social field;
 Field 3 goes in the Ritual field;
 Field 4 goes in the Psychological field.

3: Interpretation

Physical Field: A score of less than two in the physical field suggests that you will not experience any significant physical discomfort when you stop using cannabis. A score of two or more means you may experience some physical distress. The higher this score is, the more likely that you will need some medical help to stop with as little discomfort as possible.

Social Field: A score of two or more here suggests that synthetics are important in terms of your social relationship. Answering yes to (a), (b) or (c) indicates people close to you also use synthetics and you will need to think about how to talk to these important people if you want to stop using synthetics. A <yes> to question (d) means you will need to think how to get on people socially without synthetics. On the other hand a <yes> to (e) may mean you have become more socially isolated as a result of synthetics.

Ritual Field: The higher the score here, the more strongly you have developed a pattern of synthetic use with rituals and habits. These patterns will need to be spotted and changed. You can use your diary to help understand your patterns. Then change your daily routines and make sure you are occupied during times you associate with use. If you have a score of three or more in this field it may be helpful to discuss this with a drugs counsellor who can help you change your patterns.

Psychological field: With a score of two or more here, seeking professional help from a drugs agency is likely to be useful. Answering <yes> to questions (a) (b) or (c) indicates quite significant mental craving for synthetics. Although you may have had unpleasant experiences, you find yourself going back for more, and triggers can make you think about synthetics. If you have answered yes to (e) or (f) you may well benefit from professional help to explore underlying issues that may be distressing you.

Action Plan

I have decided to stop using synthetic cannabinoids because:

The things I like or find helpful about synthetics are:

My non-using alternatives to these are:

In order to deal with the physical side of my use I will:

In order to deal with the ritual sides of my use I will:

In order to deal with the social sides of my use I will:

In order to deal with the psychological sides of my use I will:

I plan to stop using synthetics cannabinoids by:

(insert your target stop date)

Signed:

Date:

SCRA Withdrawal Symptom Severity Index

The SWSSI is a tool to help assess the nature and level of symptoms associated with cessation of SCRA use (Spice, Mamba.) There is a lack of evidence regarding the extent of and reasons for withdrawal symptoms for SCRA use, and this is a guidance tool to help shape symptomatic responses.

Symptom		Severity Score	Notes: (description, frequency, level of distress)
A group: pain; may require analgesia B: muscular/movement: H: fluid loss: may require fluids G: Gastro-intestinal symptoms P: Psychological symptoms C: cardio-vascular symptoms		0 – not experienced 1 – very mild 2 – mild 3 – significant 4 – severe 5 – v. severe	
A1	Headaches	0 1 2 3 4 5	
A2	Neural pain	0 1 2 3 4 5	
A3	Aching muscles or joints	0 1 2 3 4 5	
B4	Poor fine motor control/ shakes	0 1 2 3 4 5	
B5	Convulsions/fits	Present yes/no	
6	Cold spells	0 1 2 3 4 5	
H7	Hot flushes	0 1 2 3 4 5	
H8	Sweating	0 1 2 3 4 5	
G9	Loss of appetite	0 1 2 3 4 5	
G10	Stomach cramps	0 1 2 3 4 5	
G11	Dry heaving/retching	0 1 2 3 4 5	
G12	Vomiting	0 1 2 3 4 5	
G13	Bowel pain/cramps	0 1 2 3 4 5	
P14	Craving	0 1 2 3 4 5	
P15	Sleeplessness/Insomnia	0 1 2 3 4 5	
P16	Strange/vivid dreams	0 1 2 3 4 5	
P17	Anxiety/panic/paranoia	0 1 2 3 4 5	
C18	Fast heart rate	0 1 2 3 4 5	
P19	Delusional thoughts	Present yes/no	
P20	Hallucinations	Present yes/no	
X	Other	0 1 2 3 4 5	

Symptom levels	Scoring	Possible interventions
Non-pharmacological		
Users with little/no physical dependency	Scores of 0 or 1 across all domains. Answers <no> to B5, P19, P20	Craving management, Relaxation and anxiety management Abstaining from caffeine
Users with mild physical symptoms	Low scores in As No scores in Bs Low scores in Hs Scores 1-2 in G9,G10,G11 No score in G12,G13 Low scores in P14-17 Low score in C18 Answers no to P19, P20	As above, plus: Fluids/rehydration to replace those lost through nausea and sweating Peppermint oil, peppermint tea
Pharmacy/OTC		
Mild to moderate symptoms	Scores of 2-3 in A1, A2, A3 Scores 2-3 in G10,11,12 Scores 3-5 in G13 P15, P16, P17	Analgesia: paracetamol (due to stomach irritation/damage through nausea, probably better to avoid Ibuprofen or Aspirin) Buscopan (some risk of misuse) Loperamide Anxiety/Sleep: chlorphenamine, diphenhydramine etc
Prescribed/OTC		
Moderate to Severe symptoms	A1,A2,A3: scores of 3-4 High scores (4-5) in A2, A3, B4 and P15, P16, P17 High scores in G9-G13 Nausea/vomiting High score P14 (craving)	Analgesia: paracetamol or co-codamol Significant neural pain/anxiety/insomnia: possibly Pregabalin or benzodiazepines or mirtazapine Buscopan, Promethazine, Mirtazapine? Mirtazapine?
Inpatient		
Serious symptoms including psychosis	Answered <yes> to any of B5, P19, P20 High scores: P17 but not B5, P19, P20 High score: C18	Anti-psychotics, benzodiazepines Mirtazapine? Pregabalin? benzodiazepines Clonidine?