

Cannabis

Screening and Action Planning Toolkit

A toolkit for those who are concerned about their
cannabis use and those who support them.

About this tool:

Cannabis dependency hasn't always been acknowledged or taken that seriously, even by those routinely working in drugs agencies. Similarly a fair few cannabis users are unable or unwilling to acknowledge that they may have lost control of their cannabis use.

Where problems with cannabis have been identified, a clear, structured programme for both cannabis users and workers to follow can help identify problems and solutions.

This tool-kit came about following numerous training courses, workshops and discussions with people who use cannabis and those who support them.

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.

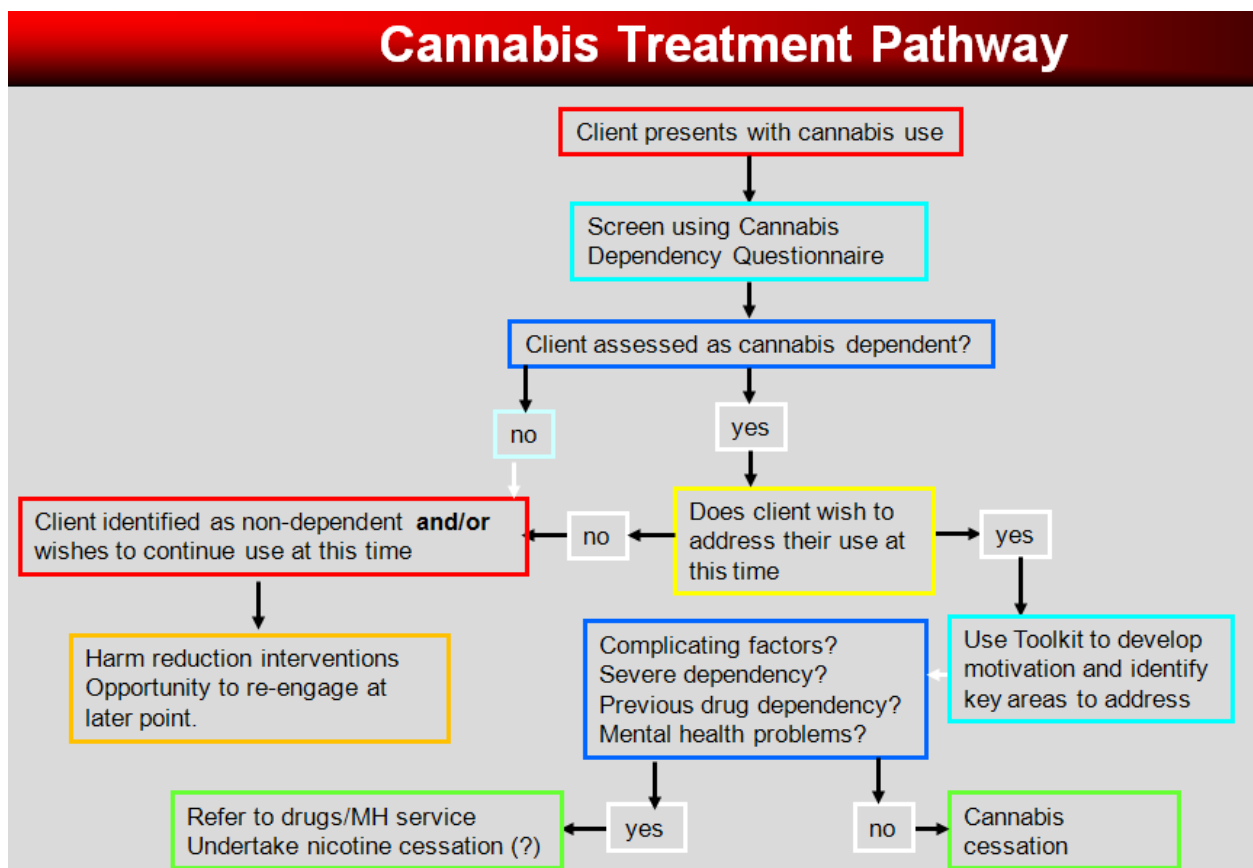
The programme follows the stages of The Cycle of Change, and is intended to support the process to the point of action.

Who should use the tool?

Although cannabis use can result in dependency, for most people stopping should not be overly complicated and shares many similarities with smoking cessation. 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.

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. Where there is a significant level of dependency, poly-drug use or a history of drug dependency, referral to or joint working with a drugs agency is probably advised.

Cannabis Treatment Pathway



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 cannabis use but doesn't consider themselves to have any problems with cannabis or to be dependent.

-Worker introduces **Cannabis 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 Cannabis Dependency Questionnaire do not indicate significant cannabis dependency. It may be that cannabis 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 cannabis is currently having an impact.

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

Week 3: (Contemplation/Decision):

- Review the Cannabis Diary sheet with client. Explore scale, costs, associations and impact.

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

-Introduce the **Weighing Up Cannabis** sheet. This is a classic motivational tool, exploring pros and cons of carrying on cannabis 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 cannabis 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 cannabis.

Discuss withdrawal symptoms and coping strategies. Identify support interventions during cessation period.

Cannabis Dependency Questionnaire

Are you worried that your cannabis use is getting out of control? Use this self-assessment tool to find out if you may be dependent on cannabis. Answer the following questions as honestly as possible.

Group 1	Over the past six months, are any of the following true?	YES	NO
(a)	I smoke cannabis more times per day than I used to.		
(b)	I smoke cannabis more times per week than I used to.		
(c)	I smoke cannabis for longer each time than I used to.		
(d)	I put more cannabis in my pipe/spliff/vape each time.		
(e)	I look for stronger cannabis or extracts, or switched to synthetic cannabinoids.		
Group 2	If you stop using cannabis you experience any of the following?		
(a)	I find myself feeling anxious or stressed.		
(b)	I find it harder to relax or sit still.		
(c)	I find myself getting more wound up more quickly.		
(d)	I find it hard to get to sleep when I haven't been smoking/using.		
Group 3	I carry on using cannabis but I think?		
(a)	It is having a bad impact on my mental well-being.		
(b)	It is affecting my performance at work/school/college/university.		
(c)	It is having a negative impact on family/friends/partner.		
(d)	It is costing me more than I can afford.		
(e)	It is affecting my lungs badly.		
(f)	My memory is not as good as it was.		
(g)	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 cannabis instead of buying food, or paying bills.		
(b)	Borrowed or stolen to pay for cannabis or got in to debt or supplied to pay for it		
(c)	Not done something I was meant to do or planned to do because I was too stoned.		
Group 5	Are any of the following statements true for you?		
(a)	I think about cannabis 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 would travel around to get cannabis if my usual dealer didn't have any.		
(e)	I start to get anxious when I am running out of cannabis.		
(f)	I have told other people I have cut down and stopped using but this wasn't true.		
(g)	I get very defensive when people start to challenge my cannabis use.		
(h)	I started answering these questions because somewhere deep inside I am worried that I may be using too much cannabis.		

Cannabis 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
				(f)	2			(f)	2
				(g)	1				
Total Group 1:				Total Group 2:		Total Group 3:		Total Group 4:	
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 cannabis use, and there may be a level of cannabis 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 cannabis and that your use is escalating. It may be that you increasingly find cannabis unrewarding, or perhaps you have less alternative activities and cannabis 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.

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.

Cannabis Diary Sheet

Instructions: *In order to get an idea of the scale and pattern of your cannabis 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>(form of cannabis)</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>(form of cannabis)</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>(form of cannabis)</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>(form of cannabis)</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>(form of cannabis)</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>(form of cannabis)</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>(form of cannabis)</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>(form of cannabis)</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:

Weighing Up Cannabis Use

What do I like about using cannabis?

What do I dislike about my cannabis use?

What would I gain by stopping my cannabis use?

What would I miss or lose by stopping my cannabis use?

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)	I use cannabis to help me cope with physical pain or other physical symptoms		
(b)	When I stop using cannabis I experience aches, pains or other physical symptoms		
(c)	I would consider my physical pain: mild/moderate/severe/extreme (mark as appropriate)		

Field 2: Social Markers			
(a)	most of my friends use cannabis		
(b)	my partner smokes cannabis		
(c)	other family members smoke cannabis		
(d)	cannabis is a feature of many of my social activities		
(e)	I would find it difficult to tell my friends I was going to stop smoking cannabis		
(f)	I don't have any close friends who don't use cannabis		
(g)	I use cannabis when I am out socially		
(h)	I would feel out of place being with my friends if I wasn't using cannabis		
(i)	I feel quite socially isolated – cannabis is one of my best friends		
(j)	I find it easier to be sociable when I have used cannabis		

Field 3: Ritual Markers			
(a)	I tend to use cannabis at regularly times of the day		
(b)	I tend to use cannabis at regular points in the week		
(c)	I find the process of preparing a spliff or a pipe very enjoyable		
(d)	If I'm at home I tend to use in the same rooms, sit in the same places or do the same things		
(e)	I have strong likes and dislikes in terms of the papers, pipes or bongs I use		
(f)	I think about having spliffs at various points in the day		
(g)	If I am going to be away from home I think about how I would fit in using cannabis		
(h)	If I miss one of my regular spliffs I feel put out		

Field 4: Psychological Markers			
(a)	I think my cannabis use helps me relax and chill out		
(b)	I tend to get stressed when I haven't had a smoke		
(c)	I have a problem with anger; cannabis helps me		
(d)	I don't feel down or low when I have had a spliff		
(e)	I have trouble sleeping if I haven't had a spliff		
(f)	If I smell cannabis around me it makes me think strongly of having a spliff		
(g)	I have bad thoughts or memories if I haven't had a smoke for a while		
(h)	My head really does me in if I haven't had a smoke – I get scared and panicky		

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 cannabis use.

Field 1: Physical

- (a) 1 (b) 1
(c) moderate: 1
severe: 2
extreme: 3

Total: _____

Field 2: Social

Score half a point for each question you answered "yes" to

Total: _____

Field 3: Ritual

Score one point for questions (a) and (h) and half a point for the other questions.

Total: _____

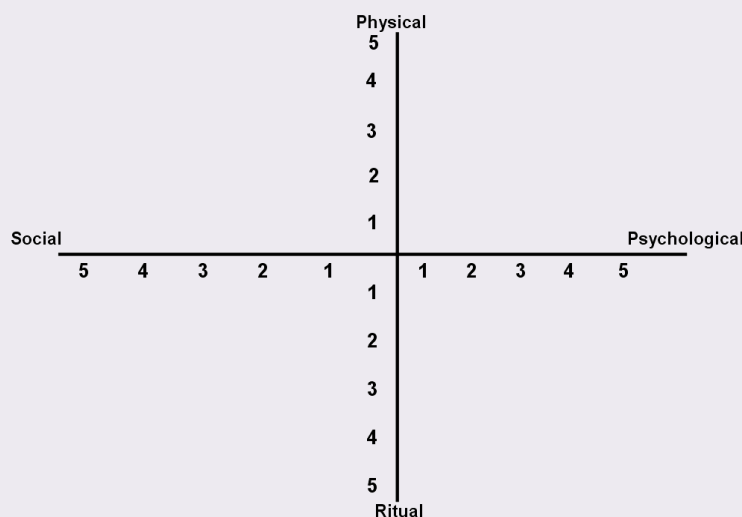
Field 4:

Psychological

Score one point for questions (g) and (h) and half a point for the rest

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. As score of two or more means you may experience some physical distress. The higher this score is, the more likely that the underlying causes of your physical pain or a professional assessment of your pain management will be needed to help you stop using cannabis.

Social Field: A score of two or more here suggests that cannabis is socially important to you. Your plan for stopping cannabis use will need to take on board how you will cope with family and/or friends who use, and how you will cope socially without cannabis.

Ritual Field: The higher the score here, the more strongly you have developed a pattern of cannabis use with rituals and habits. These patterns will need to be spotted and changed. You can use your cannabis diary to help understand your patterns. Then change your daily routines and make sure you are occupied during times you associate with cannabis 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: You may need to develop alternative ways of coping with stress and anger, and find ways to get to sleep. If you have answered yes to (g) and (h) you may well benefit from professional help to explore underlying issues that may be distressing you. With a score of two or more here, seeking professional help from a drugs agency is likely to be useful.

Action Plan

I have decided to stop using cannabis because:

The things I like or find helpful about cannabis are:

My non-cannabis 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:

My plan is to cut down in stages *(Or)* I plan to stop outright *(circle your preferred method)*

I plan to stop using cannabis by: *(insert your target stop date)*

Signed:

Date: