



<u>Cannabis</u>

Cannabis is the most accessible and commonly used illegal drug in New Zealand.

What the drug does

Cannabis comes in a variety of forms, including marijuana (usually dried leaves) and hashish (small blocks of dried cannabis resin) or hash oil (a concentrated liquid). The active ingredient in cannabis is tetrahydrocannabinol (THC) and THC potency varies considerably: it is lower in the leaves/buds, i.e., from 0.5% to 5% than in hashish oil/resin which ranges from 10% to 50%.

Cannabis is a Central Nervous System depressant although it can have stimulatory and hallucinogenic effects. The effects vary according to the quantity and strength used; if it is eaten or smoked, the user's previous experience of the drug, and their mood at the time. The effects may last three or four hours.

Degree of harm

Cannabis burns at a higher temperature than tobacco, so taking deep tokes and holding in smoke for a long time is very harmful to the lungs.

Sharing of joints, bongs, pipes etc. where different people's mouths are in contact with the same piece of paraphernalia carries the risk of spreading saliva borne viruses such as influenza, cold sores or meningitis.

In small doses it relaxes the user, and can instil a feeling of well-being. It can also make it difficult to concentrate, increase the appetite, impair balance and co-ordination, increase the heart rate, and make the eyes bloodshot.

Taken in large doses, cannabis can affect people's perception of time, and can slow down reaction times and impair short-term memory, sometimes causing accidents.

Frequent cannabis users report physical problems (including lack of energy, skin problems, weight loss) and psychological problems (such as 'anxiety', 'strange thoughts' and depressionⁱ. People may also experience social, financial and relationship difficulties. Cannabis can affect motivation and cause learning/memory problems, so may affect worker productivity and educational achievement. The illegality of cannabis use in New Zealand has also led to many thousands of people having a criminal record.

People can become psychologically dependent on cannabis and mild withdrawal symptoms such as disturbed sleep, irritability and sometimes flu-like symptoms may be experienced by frequent or heavy users when they stop using.

THC is absorbed and stored in the body's fat deposits where it is released very slowly back into the bloodstream. THC can take up to six weeks to be fully eliminated from the body.

In pregnancy, it is known that THC is able to cross the placental membrane, which means it has the potential to affect the foetus. To avoid harm to the foetus, pregnant women are advised not to use cannabis at all.

Long term effects

A Ministry of Health report in 1996 concluded that the risks of cannabis use were minimal for occasional use, but greater for long term heavy users.

Long term effects include:

- An increased risk of respiratory diseases among those who regularly smoke cannabis
- A reduction in energy, drive and motivation for some users, affecting work and active hobbies
- Learning disabilities.

Issued by	CADS Document Control	Issued Date	JULY 2015	Classification	Nil
Authorised by	CADS Clinical Director	Review Period	36 months	Page	Page 1 of 2





Cannabis

Medical researchers think that some groups of people should be especially careful about cannabis use because of increased risks:

- Adolescents whose hormonal systems are still developing
- Epileptics who can suffer seizures after cannabis use
- Women who are pregnant or who want to become pregnant
- Marijuana use can trigger schizophrenia (a mental health problem) in people who are vulnerable to it. People
 with a history of mental health problems may have a higher risk of this. If having delusional thoughts or other
 distorted sensory experiences when not stoned see your GP or CADS.

Tolerance and dependence

If you are a daily user, having a period of abstinence will reduce your tolerance (i.e. needing more for the same effect) and help give you a different perspective on reality. A period of abstinence can also help to improve your memory, concentration and mental clarity. As it can be difficult to stop it is advisable to contact CADS or your local GP to support you in this process.

People can become dependent on cannabis. They might find it hard to control their use or give up.

Harm reduction

- No use is the safest choice. If you choose to use cannabis then moderate, occasional use is safer than continual
 use.
- Taking deep tokes and holding smoke down for a long time is very harmful to the lungs and is not necessary to get the full effects!
- Mixing tobacco with cannabis increases lung damage and risk of nicotine dependency.
- Cannabis burns at a much higher temperature than tobacco spotting can be especially harsh. Using a bong or
 pipe especially with iced water reduces damage from hot unfiltered smoke. Ensure that droplets of water do not
 come up as well (not good for the lungs). However bongs can increase the area of the lung reached creating more
 damage. Avoid inhaling deeply.
- Replace bong water each time to avoid bugs and bacteria.
- Cannabis strength varies. Try a small quantity of any new smoke first.
- If a friend is spinning out, reassure them and get them to focus on relaxing their breathing.
- Using cannabis as a way to deal with unpleasant feelings or life's problems can make things even worse or stop
 you getting these issues sorted.

Looking for help?

If you're looking for more information or perhaps want to talk to someone about cannabis or other drug issues for yourself or someone close to you, then give **Auckland CADS** a call on **845-1818**.

Other Services

For confidential advice, support or information on alcohol and drug services in your region contact:

- Alcohol & Drug Helpline, PH: 0800-787-797 10.00am 10.00pm, 7 days/week
- Narcotics Anonymous (NA) is a self-help organisation for people with drug problems
 PH: 09-303-1449 or 0800-628-632 www.nzna.org



Issued by	CADS Document Control	Issued Date	JULY 2015	Classification	Nil
Authorised by	CADS Clinical Director	Review Period	36 months	Page	Page 2 of 2

⁽Wilkins, Girling, Sweetsur and Butler 2005).