ACT-SAB
Addictions Counseling Today: Substances and Addictive Behaviors
UPDATE

Addictions Counseling Today Update Newsletter

Volume 1, Issue 3 (Covering May 2019 through October 2020)

Cannabis Addiction

Attached is a formatted copy of the update. This is the third issue of the ACT-SAB Update. This issue is focused exclusively on cannabis addiction, or cannabis use disorder if you prefer DSM-5 languaging. If you missed the first two issues covering addictions in general and alcohol addiction, email me at alderson@ucalgary.ca. The cited references appear on the last page, ensuring your ease of finding the actual reference should this be important to you. The main application for addiction counselors is **bolded** and *italicized*. Let us begin.

Arguing for a Standard THC Unit
Freeman and Lorenzetti (2020) have argued for a standard THC unit that would help in understanding the long-term effects of cannabis use. Several authors in this issue of *Addiction* agree on its importance.

Fast Detection of THC Levels
Risoluti et al. (2019) began their article by stating that THC "is already considered one of the most addictive substances" (p. 1). They tested a novel miniaturized and portable MicroNIR spectrometer. The accuracy for oral fluid samples containing THC was measured from 10 to 100 ng/ml, with a precision and a sensitivity of about 1.51% and 0.1% respectively. The authors concluded this device would assist in roadside drug testing or workplace surveillance.

Blunts Versus Joints
"Blunt smokers may present to treatment with greater amounts of cannabis smoked and more intense withdrawal symptoms, which may adversely impact their likelihood of successful abstinence" (Montgomery et al., 2019, p. 105). Blunts are usually rolled with gutted cigars or cigarillos, so the paper used is different than for rolling a joint. Blunts are usually thicker and darker in color.

Metacognitions and Parenting Styles
A recent study of cannabis users ($N = 85$) found that use was positively correlated with metacognitions and both authoritarian and permissive parenting styles (Brosman et al., 2020). Regression analysis further revealed that it was the physically coercive components of the authoritarian style and lack of cognitive confidence that predicted cannabis use.

Personality disorders and Social Support in Cannabis Dependence
Using data from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions ($N > 34,500$), Cougle et al. (2020) found that cannabis dependence "was associated with higher rates of personality disorders and lower social support" (p. 26) compared to those with alcohol dependence, with exception of borderline personality disorder. Wave 2 was conducted in 2004-2005 using DSM-IV criteria.

Adolescents Experience Immediate Memory Impairments from Cannabis
"Adolescents ($n = 401$), aged 14-17 at baseline, completed 3 (biannual) assessments across a 1-year period" (Duperrouzel et al., 2019, p. 701). Increasing cannabis use over the year was correlated with declines in immediate memory.

Increasing Potency and Price of Cannabis in Europe, 2006-2016
"Marked increases in resin potency and value from 2011 to 2016 are consistent with the emergence of new resin production techniques in European and neighbouring drug markets" (Freeman et al., 2019, p. 1015).

DSM-5 Cannabis Withdrawal Syndrome (CWS)
Participants in the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III) in 2012-2013 were interviewed ($N = 1,527$; Livne et al., 2019). The prevalence of CWS was 12.1% in frequent cannabis users. Livne et al. (2019) concluded that "CWS is highly comorbid and disabling" (p. 170). The most common withdrawal symptoms included nervousness/anxiety (76.3%), hostility (71.9%), sleep difficulty (68.2%), and depressed mood (58.9%).

No Withdrawal Syndrome Following Abrupt Withdrawal of Cannabidiol (CBD)
Volunteers were matched with a placebo group (15 per group), and the experimental group received CBD for six weeks. Taylor et al. (2020) concluded that in healthy volunteers, there was no evidence of withdrawal syndrome with abrupt discontinuation of CBD.

Is There A Role for Cannabidiol in Psychiatry?
Khoury et al. (2019) concluded that "the evidence regarding efficacy and safety of CBD in psychiatry is still scarce" (p. 101).

Cannabis and Mental Illness: A Review
"Data to support the beneficial effects of cannabis use in psychiatric populations are limited, and potential harms in patients with psychotic and mood disorders have been increasingly documented" (Lowe et al., 2019, p. 107).

Cannabis Withdrawal Medications
1. **Nicotine Patch Helpful in Reducing Negative Affect in Cannabis Withdrawal**. Gilbert et al. (2020) found in their study ($N = 127$) that a 7-mg nicotine patch helps reduce negative affect withdrawal symptoms in cannabis-dependent individuals who are not heavy users of tobacco or nicotine.

2. **Guanfacine Decreases Symptoms of Cannabis Withdrawal in Daily Cannabis Smokers**. "A single daily administration of guanfacine at bedtime improved sleep and mood during cannabis withdrawal relative to placebo" (Haney et al., 2019, p. 707). Although guanfacine is also used to treat ADHD, it is **not** a stimulant, but instead it relaxes blood vessels, which in turn lowers blood pressure while improving blood flow.

3. **Review: Does Gabapentin Relieve Opioid, Cannabis and Methamphetamine Addictions?** Garzola (2020) concluded that "(a) Gabapentin is useful for treating opioid withdrawal symptoms, (b) additional studies are necessary for elucidating the effectiveness of Gabapentin for treating methamphetamine dependence, cannabis dependence and its withdrawal symptoms, and (c) more studies are necessary to confirm the efficacy of Gabapentin in reducing opioid consumption during detoxification" (p. 143).

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