



## Helping Someone with Problem CANNABIS Use

### Mental Health First Aid GUIDELINES





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### What is Mental Health First Aid for problem cannabis use?

First Aid is the help given to an injured or ill person until medical treatment is available. Mental Health First Aid for problem cannabis use is the help given to someone who is developing a problem with their cannabis use, or someone in a cannabis-related crisis. Mental Health First Aid is provided until professional treatment is obtained or the crisis resolves.

These guidelines do not teach people to be counsellors or provide treatment for cannabis use problems. Rather, they inform members of the community how to recognise when someone's cannabis use has become a problem, how to provide initial support and information, and how to guide the person to seek appropriate professional help. The guidelines also advise someone how to encourage a person with problem cannabis use to seek other help options, such as informal support groups. Finally, they provide information on what to do if the person does not want help with their problems.

Not all cannabis use would be considered 'problem cannabis use' as referred to in these guidelines.

**If you are unsure about whether someone you know is developing a problem with their cannabis use, or if you have questions about how to use these guidelines, contact the:**

**Cannabis Information and Helpline on 1800 30 40 50.**

**All cannabis use has the potential to cause harm. Harm linked with cannabis use may include social (e.g. legal problems), physical (e.g. respiratory problems) and psychological (e.g. anxiety and depression) issues. The best way to avoid the risk of harm from cannabis is not to use the drug.**

### Why should I know about Mental Health First Aid?

It is important that as many people as possible are familiar with Mental Health First Aid in order to support people with mental health and drug use problems to get help early. The sooner someone receives help for their cannabis use or mental health problems the better the outcome. But for many reasons, people with these problems are often reluctant or afraid to get help. These may include the stigma associated with having a drug or mental health problem, or the fact that many people are poorly informed about these issues, and may not realize they need help or that effective help is available.

Even though knowing about Mental Health First Aid may determine how quickly the person with the problem recovers, many people often don't know how to respond to mental health or drug-related crises.

By knowing about Mental Health First Aid, you may be able to help someone you know get help for their cannabis use problem or a related crisis.

### Who can learn about Mental Health First Aid?

Anyone can learn about Mental Health First Aid. The role of a 'first aider' may be filled by any member of the community (e.g. a friend, family member or colleague). The first aider does not need professional training in alcohol and other drugs, mental health or medical/emergency care.



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### When would I use these guidelines?

If you are worried that someone you know is developing a cannabis use problem, these guidelines may be useful. They are a general set of recommendations which may help you recognise if there is a problem, approach the person about your concerns, support and provide information, and guide the person to professional help.

### How would I use these guidelines?

These guidelines are a general set of recommendations designed to guide you in helping someone with a cannabis use problem. Some of the recommendations, such as '*Tips for communication*', can apply to many different situations. Others, such as '*What to do in a medical emergency*' are very specific and may not apply. Each individual is unique and it is important to tailor your help and support to that person's needs. The recommendations in these guidelines therefore may not be appropriate for every person who has a cannabis use problem.

Problems with cannabis may occur at the same time as problems with alcohol, other drugs or mental health. Combinations of drugs and alcohol can lead to short and long-term harm, therefore the information in these guidelines also applies to cannabis use in the context of alcohol and other drug use.

### How were the guidelines developed?

These guidelines were funded by the Australian Government.

The recommendations are based on the expert opinions of panels of consumers, carers and clinicians from Australia, Canada, New Zealand, the USA, and the UK about how to help someone who may have a cannabis use problem.

### What if I want to know more about Mental Health First Aid?

More information about other Mental Health First Aid guidelines and the Mental Health First Aid course can be found at [www.mhfa.com.au](http://www.mhfa.com.au).



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*These guidelines are designed to be suitable for providing first aid in developed English-speaking countries. They may not be suitable for other cultural groups or for countries with different health systems.*



## Problem cannabis use

### What is problem cannabis use?

**Problem cannabis use refers to using cannabis at levels which are associated with short-term and/or long-term harm.**

Problem cannabis use is not a matter of how much cannabis the person uses, but how their use affects their life and the lives of those around them.

Problem cannabis use may occur in the context of other drugs and alcohol use. If you are concerned that the person may also have a problem with other drugs (such as ecstasy, amphetamines, cocaine and/or heroin) please see **Helping**

**someone with problem drug use: Mental Health First Aid Guidelines.** Similarly, if you think the person may also have a drinking problem, please see **Helping someone with problem drinking: Mental Health First Aid Guidelines.**

Depression and other mental health problems commonly occur in people with problem cannabis use. If you think the person may be depressed, please see **Depression: First Aid Guidelines.**

### Consequences of problem cannabis use

**You should know the short-term and long-term consequences of problem cannabis use.**

***These include:***

- Adverse effects on the person's judgement and decision-making
- Family or social difficulties (e.g. relationship, work, or financial problems)
- Legal problems
- Injuries while using cannabis (e.g. as a result of accidents, or road trauma)
- Mental health problems (e.g. depression, anxiety, panic attacks, psychosis, and suicidal thoughts)
- Physical health problems (e.g. respiratory problems)
- Difficulty controlling the amount of time spent using cannabis or the quantity used
- Needing more cannabis to get the same effect
- Problems in cutting down or controlling cannabis use
- Experiencing unpleasant symptoms when stopping or reducing cannabis use



## Approaching the person about problem cannabis use

Before speaking to the person, reflect on their situation, organise your thoughts and decide what you want to say. Be aware that the person may react negatively when approached. They may not consider their cannabis use a problem.

If you are uncertain about how best to approach the person about your concerns, you can speak with a health professional who specialises in drug use problems.

You may also find it helpful to consult with others who have also dealt with problem drug use (such as members of your community or support groups for family members of drug users).

Arrange a time to talk with the person. Express your concerns non-judgmentally in a supportive, non-confrontational way. Be assertive, but not do blame or be aggressive. Let the person know that you will listen without judging them.

***(see Tips for effective communication)***

Try to talk to the person in a quiet, private environment at a time when there will be no interruptions or distractions and when both of you are in a calm frame of mind. Talk to the person about their cannabis use by asking about areas of their life it may be affecting (e.g. their mood, work performance and relationships). Ask the person if they would like information about problem cannabis use or any associated risks. If they agree, provide them with relevant information (e.g. increased risk of physical and mental health problems).

There are a wide range of reasons why people use cannabis and the person may not be clear about why they use. Try to find out whether the person wants help to change their cannabis use. If they do, offer your help and discuss what you are willing and able to do. Have a drug helpline number with you so the person can call for confidential help or ask for more information ***(e.g. Cannabis Information and Helpline on 1800 30 40 50)***.

Do not expect a dramatic shift in the person's cannabis use right away; this conversation may be the first time they have thought of their cannabis use as a problem.

## Tips for effective communication

- Stay calm and reasonable
- Ask the person about their cannabis use rather than make assumptions about their use
- When the person finishes talking, repeat back what you have heard them say and allow them to clarify any misunderstandings
- Focus the conversation on the person's behaviour rather than their character
- Use "I" statements instead of "you" statements (e.g. "I feel worried/angry/frustrated when you..." instead of "You make me feel worried/angry/frustrated...")
- Stick to the point (i.e. focus on the person's cannabis use) and do not get drawn into arguments or discussions about other issues
- Do not criticise the person's cannabis use
- Do not call the person an "addict" or use other negative labels





## What to do if the person is unwilling to change their cannabis use

If the person does not want to reduce or stop their cannabis use you cannot make them change.

Do not feel guilty or responsible for their decision to keeping using cannabis.

It is important that you maintain a good relationship with the person as you may eventually be able to have a beneficial effect on their use. Let the person know you are available to talk in the future.

If the person continues to use cannabis, you should encourage them to seek out information (such as [www.ncpic.org.au](http://www.ncpic.org.au) or other reputable websites) about ways to reduce the risks associated with cannabis use.

If the person is using or planning to use cannabis or other drugs while pregnant or breastfeeding, encourage them to consult with a health professional (e.g. a doctor). Only disclose the person's cannabis use to a professional if the person is at risk of harming others.

“It is important that you maintain a good relationship with the person as you may eventually be able to have a beneficial effect on their use.”

## If the person is unwilling to change their cannabis use, do not

- use negative approaches (such as lecturing or making them feel guilty) as these are unlikely to promote change
- try to control them by bribing, nagging, threatening or crying
- use cannabis or other drugs with them
- take on their responsibilities
- cover up or make excuses for them
- deny their basic needs (e.g. food or shelter)



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#### Professional help

There are effective interventions for problem cannabis use. Treatment options and support services available include education, counselling, therapy, rehabilitation and self-help groups.

It is useful to be aware that while abstinence may be a suitable treatment aim for some people, many programs recognise that for others this may not be possible or realistic.

“It is ultimately the person’s decision to get professional help.”

#### If the person wants professional help

Provide the person with a range of options that they can pursue including information about local services. Encourage the person to find a health professional who they feel comfortable talking to and to make an appointment. Reassure the person that professional help is confidential.

#### If the person does not want professional help

Be prepared for a negative response when suggesting professional help. It is common for people with drug use problems to initially resist seeking, or to have difficulty accepting, professional help. Drug use is often associated with stigma and discrimination, which are barriers to seeking help.

It is ultimately the person’s decision to get professional help. Pressuring the person or using negative approaches may be counter-productive. Be patient and remain optimistic because opportunities will present themselves to suggest professional help again. Changing problem cannabis use is a process that takes time. Be prepared to talk to the person again in the future. In the meantime, set boundaries around what behaviour you are willing and unwilling to accept from the person.

#### If the person needs other supports

Encourage the person to talk to someone they trust (for example, a friend, family member or community support worker). Inform the person of supports they may turn to (e.g. self-help resources, support groups, family members) and allow the person to decide which would be the most appropriate or useful for them.



## Cannabis-affected states

Cannabis-affected states refer to temporary alterations in the person's mental state or behaviour as a result of cannabis use, **resulting in distress or impairment.**

The effects of cannabis vary from person to person and the behavioural signs of cannabis-affected states vary depending on the person's level of intoxication. A person who is a regular or heavy user of cannabis may also experience distress (e.g. irritability or aggression) if they stop using cannabis suddenly.

“The effects of cannabis vary from person to person...”

### What to do if the person is in a cannabis-affected state

- Stay calm and assess the situation for potential dangers. Try to ensure that the person, yourself and others are safe.
- Talk with the person in a respectful manner using simple, clear language. Be prepared to repeat simple requests and instructions as the person may find it difficult to comprehend what has been said. Do not speak in an angry manner.
- Try to dissuade the affected person from engaging in dangerous behaviours, such as driving a vehicle or operating machinery. Tell the person that it is dangerous to drive even though they may feel alert.
- Encourage the person to tell someone if they start to feel unwell or uneasy, or to call emergency services if they have an adverse reaction.





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## Adverse reactions leading to a medical emergency

**Cannabis use can lead to medical emergencies, particularly if used in combination with other drugs (including alcohol).**

Even though there may be legal implications for the person, it is important that you seek medical help if required and that you tell medical staff that the person has been using cannabis (and/or other drugs if necessary).

## Deterioration or loss of consciousness

You should be able to recognise and help someone who is showing signs of an adverse physical reaction after cannabis and/or other drug use.

**If the person shows signs of a rapid deterioration in consciousness (i.e. sudden confusion or disorientation) or unconsciousness (i.e. they fall asleep and cannot be woken), it is essential that you:**

### Check the person's airway, breathing and circulation

You should clear the person's airway if it is blocked. If they are not breathing, give the person expired air resuscitation (EAR). If they don't have a pulse, give the person cardiopulmonary resuscitation (CPR). If you do not know how to give resuscitation (EAR and CPR), enlist the help of someone in the vicinity who does or call the ambulance service and follow the directions of the telephone operator.

### Put the person in the recovery position

If the person is unconscious, or slipping in and out of consciousness, put them in the recovery position. Ensure they do not roll out of the recovery position onto their back (see box for more information).

### Call an ambulance

When you call for an ambulance, it is important that you follow the instructions of the telephone operator. When asked, describe the person's symptoms and explain that the person has been using cannabis and/or other drugs (e.g. 'my friend has taken drugs, has collapsed and is unconscious').

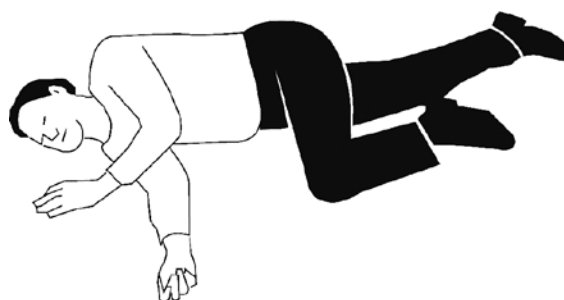
Try to get detailed information about what drugs the person has taken by asking the person, their friends or visually scanning the environment for clues. Have the address of where you are ready to give to the telephone operator and stay with the person until the ambulance arrives.

## Helping an unconscious person

**Any unconscious person needs immediate medical attention and their airway kept open.**

If they are left lying on their back they could suffocate on their vomit or their tongue could block their airway. Putting the person in the recovery position will help to keep the airway open. Before rolling the person in the recovery position, check for sharp objects (e.g. broken glass) on the ground. If necessary, clear the person's airway after they have vomited. Keep the person warm without allowing them to overheat.

### The recovery position





## Adverse psychological reactions

**Mental health problems can be caused or exacerbated by cannabis use.**

However, it can be difficult to differentiate between the symptoms of mental illness and cannabis-affected behaviour.

You should be able to recognise and help someone who is experiencing an adverse psychological reaction associated with using cannabis.

### Panic

If the person is anxious and panicky, take them to a quiet environment away from crowds, loud noise and bright lights and monitor them in case their psychological state deteriorates.

It is important that you remain calm and you do not start to panic yourself. Speak to the person in a reassuring but firm manner and be patient. Speak clearly, slowly and use short sentences. Rather than making assumptions about what the person needs, ask them directly what they think might help.

Do not belittle the person's experience. Acknowledge that the terror they feel is very real, but reassure them that a panic attack, while very frightening, is not life threatening or dangerous. Reassure them that they are safe and that their symptoms will pass.

The symptoms of a panic attack sometimes resemble the symptoms of a heart attack or other medical problem. It is not possible to be totally sure that a person is having a panic attack. Only a medical professional can tell if it is something more serious. If the person has not had a panic attack before, and doesn't think they are having one now, you should follow physical first aid procedures.

For more information on helping someone see ***Panic attacks: First Aid Guidelines.***

### Psychosis

Psychosis is characterised by changes in thinking, perception, behaviour and emotion (e.g. paranoia, irritability, odd ideas and unusual perceptual experiences). For more detailed signs of psychosis see ***Psychosis: First Aid Guidelines.***

If the person appears psychotic, evaluate the situation by assessing the risks involved including whether the person is at risk of suicide (*see p11 for helping someone with suicidal thoughts or behaviours*). Try to find out if the person has anyone they trust (e.g. close friends, family) and try to enlist their help. Assess whether it is safe for the person to be alone, and if not, ensure that someone stays with them.

It is important to communicate with the person in a clear and concise manner, using short simple sentences. Speak quietly in a non-threatening tone of voice at a moderate pace. If the person asks you questions, answer them calmly. You should comply with requests unless they are unsafe or unreasonable. This gives the person the opportunity to feel somewhat in control.

You should be aware that the person might act upon a delusion (false belief) or hallucination (perception of things that are not real). In this case, it is your primary task to de-escalate the situation and therefore you should not do anything that will further agitate the person. Do not dismiss, minimise or argue with the person about their delusions or hallucinations; do not act alarmed, horrified or embarrassed by the person's delusions; do not laugh at the person's symptoms of psychosis; if the person exhibits paranoid behaviour, do not encourage or inflame the person's paranoia. Try to maintain safety and protect the person, yourself and others around you from harm.

Be prepared to call for assistance. If the person is at risk of harming themselves or others, make sure they are evaluated by a medical or mental health professional immediately. Encourage the person to seek professional help whether you think the psychosis is drug related or not.

For more information on helping someone who may be developing psychosis while using cannabis over a period of time see ***Psychosis: First Aid Guidelines.***



#### Suicidal thoughts or behaviours

All thoughts of suicide must be taken seriously. A high level of intent and planning indicates a serious risk of suicide.

**To determine whether the person has definite intentions to take their life you need to ask them three questions:**

1. Have you decided how you would kill yourself?
2. Have you decided when you would do it?
3. Have you taken any steps to secure the things you would need to carry out your plan?

You must remember that the absence of a plan is not enough to ensure the person's safety.

If the person is actively suicidal, they should not be left alone. If you can't stay with them, arrange for someone else to do so. In addition, give the person a safety contact which is available at all times (such as a telephone help line, a friend or family member who has agreed to help or a professional help giver). Do not use guilt or threats to prevent suicide (for example, do not tell the person they will go to hell or ruin other people's lives if they die by suicide).

Mental health professionals advocate always asking for professional help, especially if the person is psychotic. If the suicidal person has a weapon or is behaving aggressively towards you, you must seek assistance from the police in order to protect yourself (see *What to do if the person is aggressive*).

For more information on helping someone see ***Suicidal thoughts or behaviours: First Aid Guidelines***.

#### What to do if the person is aggressive

If the person becomes aggressive, assess the risks to yourself, the person and others. Ensure your own safety at all times so that you can continue to be an effective helper. If you feel unsafe, seek help from others. Do not stay with the person if your safety is at risk. Remain as calm as possible and try to de-escalate the situation with the following techniques:

- Talk in a calm, non-confrontational manner.
- Speak slowly and confidently with a gentle, caring tone of voice.
- Try not to provoke the person; refrain from speaking in a hostile or threatening manner and avoid arguing with them.
- Use positive words (such as "stay calm") instead of negative words (such as "don't fight") which may cause the person to overreact.
- Consider taking a break from the conversation to allow the person a chance to calm down.
- Try to provide the person with a quiet environment away from noise and other distractions.
- If inside, try to keep the exits clear so that the person does not feel penned in and you and others can get away easily if needed.

***If violence has occurred, seek appropriate emergency assistance.***