

# Cannabis Withdrawal among Indigenous inmates (2012-2014)

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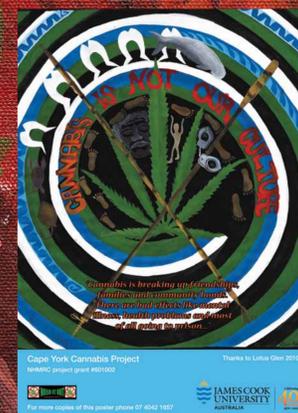
## Introduction

'Cannabis Withdrawal Syndrome' is proposed for inclusion in the DSM-5 due for release in 2013. Problematic cannabis use in remote Indigenous communities has been reported in Northern Territory and Queensland studies. When cannabis use is curtailed, many users suffer symptoms leading to violence, threats, intimidation, sleep disturbances and self-harm. Sudden cessation of cannabis use by detainees/inmates could increase risk of experiencing adverse symptoms.

Despite patterns of high cannabis use, dependence and risk factors of withdrawal, whether Indigenous detainees/inmates experience withdrawal differently has not previously been considered. The aims of the study are: to validate a Cannabis Withdrawal Checklist (CWC) for Indigenous detainees/inmates, assessment of cannabis withdrawal symptoms and severity over 28 days, and develop resources to effectively manage withdrawal in custody.



Examples of cannabis smoking apparatus: can bong, bottle bong, bucket set and pipes.



Lotus Glen inmates artwork depicting cannabis stories during pilot data study, 2010.

## Methods

| DAY | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | MEASUREMENT                             |
|-----|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Eligibility Assessment                  |
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Severity of Dependence (SDS)            |
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Psychological Distress (K6)             |
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Saliva testing (Cortisol measurement)   |
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Cannabis use (Timeline Followback)      |
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | In-depth Interview (SCID and interview) |
|     |   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | Indigenous CWC                          |

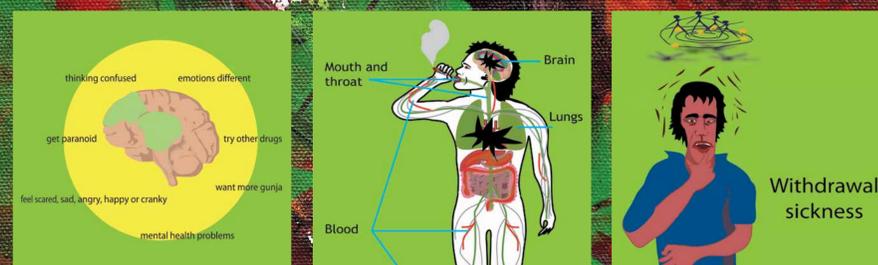
Cultural suitability of the withdrawal scale to assess symptoms will be achieved by a deductive approach, judged by a panel of experts and piloted. Dependent cannabis users (SDS), aged 18-40 years who identify as Indigenous (Aboriginal and/or Torres Strait Islander) will be recruited from north Queensland Police Watch Houses and Correctional Centres.

Interviews with new detainees/inmates will occur on eight different occasions over 28 days using a battery of scales. Assessments validated with biological markers will examine onset and severity of cannabis withdrawal symptoms and psychological distress.

## Discussion and Conclusions

Management of cannabis withdrawal requires improved assessment and timely referral to treatments within custodial settings. Studies are also needed to document onset and severity of symptoms.

Culturally acceptable resources to manage withdrawal will be developed to support new inmates/detainees. Findings from this study will inform the DSM-5 for cultural variation considerations to the proposed criteria.



Pictures from: Menzies guide: Cairney, S., Fitz, J., Thompson, S., Currie, J. 2009, The Gunja (Yarndi) Brain Story, St Vincent's Hospital Melbourne and Menzies School of Health Research.

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