

Helping Kids Quit THC/Cannabis Products

<p>Take a history</p>	<ul style="list-style-type: none"> • What do you get out of using cannabis? • What types of cannabis products do you use? (e.g. Vaping devices or “carts”, “flower”, joints, blunts, bong, edibles) • Have you had problems with police or in school? • Have your grades dropped? • What do your parents say about cannabis? • Have you ever tried to quit? Why? • Have you had withdrawal symptoms or cravings? • Have you ever experienced hallucinations or paranoia while using cannabis? • When is the last time you used cannabis?
<p>Provide accurate medical information</p>	<ul style="list-style-type: none"> • Teens who use cannabis are more likely to have mental health disorders, including anxiety, depression, suicidal thoughts, and psychotic disorders • THC interferes with brain development and has been associated with decreasing IQ with increasing use • Teens who use cannabis are more likely to have school problems and not do as well with their education or career
<p>Advise NOT USING is best and suggest a quit trial</p>	<ul style="list-style-type: none"> • Suggest an abstinence trial; discuss the appropriate length with the teen • If unwilling to quit, suggest reducing use (using less often, only on weekends, using less total per week, etc.) • Consider drug testing to follow THC levels as an objective measure of progress
<p>Consider N-acetyl cysteine (NAC)*</p>	<ul style="list-style-type: none"> • NAC is not FDA approved, but it is available over the counter (or by prescription) • Recommended dose is 1200 mg bid. Start with 600 mg and taper up. <u>Day 1:</u> 600mg (1 tablet) with breakfast <u>Day 2:</u> 600mg with breakfast and 600mg with dinner <u>Day 3:</u> 1,200mg with breakfast and 600 mg with dinner <u>Day 4:</u> 1,200mg BID • Continue at full dose for 8 weeks or as clinically indicated

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<p>Consider treating withdrawal symptomatically as indicated</p>	<ul style="list-style-type: none"> • Withdrawal symptoms typically start within a week of cessation and can last for several weeks. <ul style="list-style-type: none"> ○ Anorexia: cyproheptadine, megestrol acetate ○ Nausea: ondansetron, metoclopramide ○ Insomnia: melatonin, hydroxyzine ○ Headaches: acetaminophen, ibuprofen ○ Anxiety: hydroxyzine, buspirone, propranolol, clonidine. AVOID benzodiazepines and gabapentin due to high addiction potential.
<p>Offer Drug testing</p>	<ul style="list-style-type: none"> • See separate Drug Testing guidance sheet
<p>Offer supportive counseling</p>	<ul style="list-style-type: none"> • Teens attempting behavior change can benefit from supportive counseling. • Many teens who use cannabis have co-occurring mood and/or anxiety disorders and may be interested in a referral for help with these issues even if they are not interested in changing their cannabis use.

*N-acetyl cysteine (NAC) has been shown to reduce cravings in two trials with adolescent participants

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