



**South London  
and Maudsley**  
NHS Foundation Trust



# CHANGING CANNABIS:



A guided  
self-help  
workbook  
for  
people  
who use  
cannabis

## Welcome to the workbook...

This workbook has been produced by the Cannabis Clinic for Patients with Psychosis (CCP) at the South London and Maudsley NHS Foundation Trust (SLaM). The CCP was founded in 2019, and is the first service in the UK to provide specialist community dual diagnosis treatment to adults who use cannabis and have a history of psychosis.

This workbook provides an accessible guided self-help approach based on the principles of Motivational Interviewing (MI) for people who use cannabis.



### Who is this workbook for?

- People who use cannabis and are considering making changes
- Families and carers of people who use cannabis for educational purposes
- Professionals working with people who use cannabis to support the exploration of changes

### How will this workbook benefit me?

It provides ten modules which specifically focus on making changes and practical tools to maintain them, including:

- Psychoeducation
- Harm reduction
- Psychosocial intervention
- Relapse prevention



# CONTENTS

## **1. Psychoeducation** 05

Introductory module outlining key information about cannabis to inform harm reduction practices amongst people who use cannabis.

## **2. Considering Change** 27

Explore the advantages and disadvantages for cannabis use and identify potential changes and goals.

## **3. Managing Triggers** 37

Examine the internal and external triggers for cannabis use and develop practical management plans to reduce future risks.

## **4. The Stages Of Change** 45

Outlining the stages of change model and explore how this applies to current cannabis use to inform behavioural change.

## **5. Alternatives to Cannabis** 52

The risks of boredom in recovery and exploring pleasant activity planning and activity monitoring as prosocial replacement options for cannabis use.

## **6. Rewarding Yourself** 62

The significance of self-rewards and reward scheduling when planning longer-term changes to cannabis use to sustain motivation.

## **7. Coping With Cravings** 67

The process of cannabis cravings and craving management strategies that can be implemented in everyday life.

## **8. Social Networks And Relationships**

81

The meaningful people in life and impact continued cannabis use has on them, and teaching assertiveness and refusal skills.

## **9. Lapse And Relapse**

89

The role of the lapse and relapse process in making changes to cannabis use, and exploring previous relapses to develop future relapse prevention planning.

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# PSYCHO- EDUCATION

## THE CANNABIS USE DISORDER TEST- REVISED (CUDIT-R)

Have you used cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months:

Q1. How often do you use cannabis?				
Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4+ times a week 4
Q2. How many hours were you "stoned" on a typical day when you had been using cannabis?				
Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
Q3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
Q4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
Q5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?				
Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4

Q6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
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Q7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily/almost daily 4
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Q8. How you ever thought about cutting down, or stopping, your use of cannabis?

Never 0	Yes, but not in the past 6 month 2	Yes, during the past 6 months 4	
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Score: \_\_\_\_\_

Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.

Adapted from Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: the Cannabis Use Disorders Identification Test-Revised (CUDIT-R). *Drug and alcohol dependence*, 110(1-2), 137-143.

## FAGERSTRÖM TEST FOR CIGARETTE DEPENDENCE (FTCD)

This set of questions will enable us to see how dependent you are on cigarettes:

Q1. How soon after you wake up do you smoke your first cigarette? (Circle one response)	Within 5 minutes      3 6-30 minutes          2 31-60 minutes        1 More than 60 minutes   0
Q2. Do you find it difficult to stop smoking in no-smoking areas (Circle one response)	No                      0 Yes                     1
Q3. Which cigarette would you hate most to give up? (Circle one response)	The first of the morning   1 Other                        0
Q4. How many cigarettes per day do you usually smoke? (Write the number and circle one response)	_____ per day  10 or less                0 11 to 20                 1 21 to 30                 2 31 or more               3
Q5. Do you smoke more frequently in the first hours after waking than during the rest of the day? (Circle one response)	No                      0 Yes                     1
Q6. Do you smoke if you are so ill that you are in bed most of the day? (Circle one response)	No                      0 Yes                     1

Score: \_\_\_\_\_

1-2 = low dependence

3-4 = low to moderate dependence

5-7 = moderate dependence

8+ = high dependence

Adapted from Fagerström, K. (2011). Determinants of tobacco use and renaming the FTND to the Fagerström Test for Cigarette Dependence. *Nicotine & tobacco research*, 14(1), 75-78.

## WHAT IS CANNABIS?

The cannabis plant contains hundreds of different compounds known as cannabinoids. The main psychoactive cannabinoid is THC (Tetrahydrocannabinol). Cannabis plants are grown to contain varying levels of cannabinoid concentrations which all produce different effects.

Cannabis plants have served various functions across history (e.g. medicinal, psychoactive and religious). The legal control of cannabis differs around the world from the enforcement of laws prohibiting minor possession, to legalised medicinal usage and some having public sale for recreational purposes.

In the UK, cannabis-based medicinal products were legalised on 1st November 2018 by amending the Misuse of Drugs Regulations (2001) and Misuse of Drugs (Designations) Order (2015). Only a small number of conditions are eligible for NHS reimbursement therefore a growing private medicinal cannabis market has developed.

The cannabis plant has different strains which grow naturally depending on where you are in the world, these strains have different effects:

**Indica:** Subspecies of the cannabis plant which visually has a shorter stem and broad leaves. Cannabis produced from this strain can be more potent with higher levels of THC and associated with psychoactive effects which produces a 'full body high'.

**Sativa:** Subspecies of the cannabis plant which visually has a long stem and narrow leaves. Cannabis produced from this strain can be less potent with lower levels of THC and associated with psychoactive effects which are more energising and produces a 'head high'.

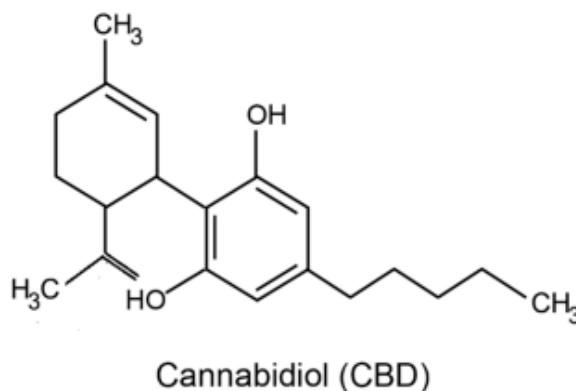
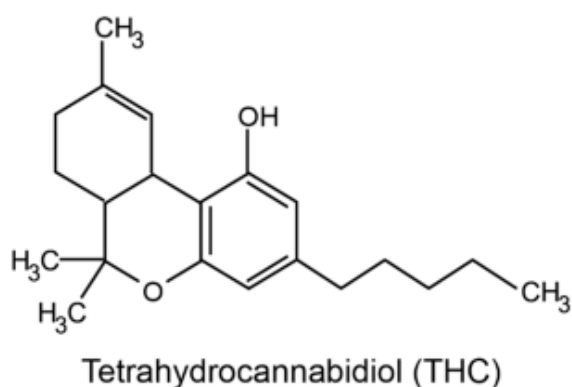
**Hybrid:** Human created strains of the cannabis plant which have been produced with a combination of indica and sativa strains. Associated appearance and psychoactive effects depends on the specific strain.



## THC VS. CBD

Cannabidiol (CBD) and Tetrahydrocannabinol (THC) are two of the most commonly recognised cannabinoids from the cannabis plant. Despite both being cannabinoids, they interact with the cannabinoid receptors in the brain differently and therefore produce different effects.

CBD has become more widely marketed for medicinal purposes and can be purchased over the counter in different forms, including oils, capsules, tinctures and gummies. No standard dose exists for CBD because this depends on multiple factors. Typically it will take at least 2-3 weeks of daily dosing for someone to experience the desired effects from CBD.



## Endocannabinoid System

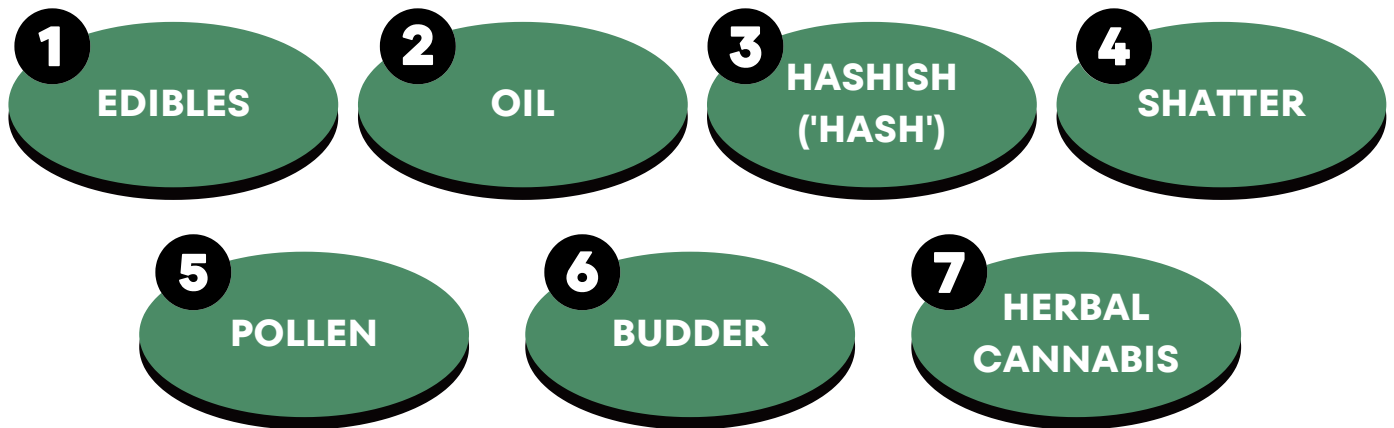
The endocannabinoid system is a complex biological structure which was first identified in the 1990s from research into THC. Endocannabinoids are similar to the cannabinoids found in the cannabis plant, but they are naturally produced by the body (e.g. anandamide).

They bind to the cannabinoid receptors in the body and support maintaining internal functioning, there are two main endocannabinoid receptors: CB1 (mostly found in the central nervous system) and CB2 (mostly found in the peripheral nervous system).

THC has a powerful effect on the body because it can bind to both CB1 and CB2 receptors which opens up a wide range of potential effects to the body and brain. Whereas, less is known about CBD but it is believed to bind less effectively to both receptors which is why it does not have the same effect. It is believed that CBD may instead work by preventing endocannabinoids being broken down in the body, allowing larger prolonged periods of effect.

## CANNABIS PRODUCTS

Below are a seven types of cannabis products. Attempt to correctly pair the corresponding images and product names:



ANSWERS:  
 1 = C    5 = D  
 2 = F    6 = A  
 3 = E    7 = B  
 4 = G

## CANNABIS PRODUCTS

A wide variety of products can be produced from the cannabis plant, with some having non-psychoactive properties (e.g. hemp) which can be used in products such as fibers, paper and bricks for hundreds of years.

Below are three cannabis products with psychoactive components:

### Herbal Cannabis

The most recognisable type of cannabis product. This cannabis bud will have the appearance of dried plant leaves comprising shades of green and brown. Cannabis buds can be consumed directly traditionally through smoking, but they are also the starting point for many other types of cannabis products.



### Hashish ('Hash')

Has the visual appearance of a dark brown bar. These cannabis products are produced by rolling the parts of the cannabis bud until they form a sticky lump texture. They are associated with lower levels of THC and traditionally smoked.



### Pollen

This is the sifted and collected remains from the cannabis bud. It has a powdery brown appearance with yellow tinges. This is often sold as a loose powder or pressed into solid blocks as a lower cost alternative.



## CANNABIS PRODUCTS

There are also a wide range of cannabis concentrate products which contain much high levels of THC than traditional herbal cannabis products. These cannabis concentrates are produced by removing the trichomes, the part of the cannabis plant containing cannabinoids and terpenes, and flushing the plants with solvents (e.g. butane, carbon dioxide). These cannabis concentrates come in a variety of different products:

### Oil

This has an oily liquid consistency and is typically used in e-cigarette juice and vaped. This can also be added to an edible oil (e.g. olive oil) and infused in food or administered sublingually (i.e. placed under the tongue).



### Shatter

A hard and brittle glass-like consistency with a clear and a yellow/orange coloured hue.



### Budder

A soft consistency with a cloudy yellow appearance. Waxy cannabis concentrates (e.g. shatter, budder) are commonly dabbed but can also be vaped or smoked.



### Edibles

Extracted cannabinoids are added to typically sweet food or drink items. Cannabinoids in edibles can be absorbed in the mouth (e.g. lollipops) or in the gut (e.g. cake).



## SYNTHETIC CANNABINOIDS

Synthetic cannabinoids (aka Spice, Mamba, K2) are completely different substances than cannabis. Synthetic cannabinoids are classified as 'Novel Psychoactive Substances' (NPS), which are defined as psychoactive substance that have often been created to replicate the effects of more traditional illicit drug (e.g. cannabis). NPS are often referred to as 'legal highs' because prior to the introduction of the Psychoactive Substances Act 2016 they are able to be purchased over the counter or online. These new forms of drugs acted for a brief time as legal alternatives to illicit drugs. Despite these changes to the legal status the use of NSP is still prevalent in the UK in present day.

Herbal spice is created by spraying plants with strong chemicals containing synthetic cannabinoids. There are 100s of different types of synthetic cannabinoids with new forms being created each year, different types of created by using different chemicals when manufacturing.

Synthetic cannabinoids are much stronger than traditional herbal cannabis. For example, as little as a match stick pinch is enough to produce psychoactive effects. It is also a highly toxic substance and is associated with an overpowering physical and mental health feelings which can result in hospitalisation or death.

If someone you know is experiencing a 'spice attack' following taking synthetic cannabinoids this will appear as unconsciousness, hallucinating, seizures or difficulty breathing. Immediately place them into the recovery position and call 999 and wait with them until an ambulance arrives.

Due to the significantly different effects of synthetic cannabinoids and cannabis it is important you avoid accidentally purchasing or using this substance. Synthetic cannabinoids can come in herbal, powder or liquid forms. There has been increasing mis-selling of 'THC vapes' which actually contain liquid spice.



## METHODS OF USING CANNABIS

Below are a six method of using cannabis products. Attempt to correctly pair the corresponding images and methods name:

**1****EDIBLE****2****DAB RIG****3****VAPE****4****WATERPIPE  
(‘BONG’)****5****JOINT/SPLIFF****6****PIPE****A****B****C****D****E****F**

ANSWERS:

1 = E	4 = C
2 = D	5 = A
3 = B	6 = F

## METHODS OF USING CANNABIS

Just as with the different types of cannabis products there are also multiple ways of using cannabis. It is important to note that each method and cannabis product will have differing effects. Having a knowledge and awareness of the expected effects and duration is an important harm reduction component to reduce potential negative effects:

### Joint & Spliff

Cannabis is traditionally associated with smoking. This can be smoked either as a joint (i.e. mixing tobacco) or as a spliff (i.e. without mixing tobacco). The effects of smoking cannabis can typically onset around 2-10 minutes from starting smoking and then peak after approx. 10 minutes. The total range of effects can last between 1-3 hours.



### Pipe

Cannabis can also be smoked using a pipe with the cannabis placed into the bowl and heat applied below conventionally with a lighter. The effects and duration are similar to smoking in a joint and/or spliff.



### Waterpipe ('Bong')

Cannabis is placed into a small bowl attached to the bottom of the waterpipe. A heat source, such as a lighter, is then used to light it and the created smoke which is drawn out through the water inside the pipe is inhaled. The effects onset faster than other traditional smoking methods, such as joint/spliff, and can be described as more intense.



## METHODS OF USING CANNABIS

### Vaping

Cannabis is also increasingly being vaped either with cannabis concentrate in a vape juice or using a cannabis bud in a dry vaporiser. If vaping cannabis concentrates it is important to note these potentially contain much higher levels of THC than herbal cannabis. The effects can onset around 2-10 minutes from vaping and reach peak effects after approximately 10 minutes. The total effects can last between 1-3 hours.



### Eating

Cannabis can be consumed in a wide range of commercial or homemade products often referred to as edibles. Typically these edibles are made of sweet treats (e.g. cake, chocolates, gummies, lollipops). Edibles when consumed take longer for the effects to onset which can be around 30-60 minutes after ingestion, the effects peaking after 2 hours. The total effects have a longer duration than smoking or vaping and can last up to 24 hours.





### Dabbing

Cannabis can be consumed via a method known as dabbing whereby a small amount of a cannabis concentrate is dropped onto a rig with a heated surface and the resulting vapour inhaled. Due to the high levels of THC in cannabis concentrates the effects can be felt almost instantly and peak effects felt over 1-3 hours. The total effects also have a longer duration and can last up to 24 hours.



## HARM REDUCTION FOR CANNABIS

- 
- 1. Make a plan:** Set yourself boundaries before using cannabis and stick to them - how much will you buy? when will you use? what are you going to do afterwards?
  - 2. Be in a safe place:** Aim to use somewhere familiar where you feel comfortable and around people you trust.
  - 3. Buy from a known source:** Buying from someone you trust and have previously used reduces the risk of being mis sold. If it does not look, smell or taste right consider not using it.
  - 4. Start low, go slow:** Each batch is different, start with a small amount (e.g. few smokes, smaller piece of edible) and allow yourself to feel the effects. You can always use more, you can't take away what's already been used.
  - 5. Stop if you feel unwell:** Stop using, take yourself to a cool quite place with fresh air and seek support from a friend to take your mind of any unpleasant feelings. If the feelings become more intense/distressing contact emergency services.
  - 6. Don't share equipment:** Bring your own equipment (e.g. grinders, bongs) and keep it to yourself. Using other peoples equipment may be cross contaminated with other unknown substances.
  - 7. Take a break:** Plan regular breaks during using and periods between using. Give your body time to rest and recuperate to support maintaining day-to-day functioning.
  - 8. Don't mix with other drugs:** Using cannabis with other drugs can cause unintended unpleasant and distressing effects.
  - 9. Different products have different effects:** All cannabis products have different levels of concentrates which changes the onset, length and after effects. Make sure you know what product you are using and what to expect.
  - 10. Don't drive:** Driving or operating machinery whilst under the influence can result in criminal prosecution and place yourself and others at-risk. If you need to get home consider calling a 'sober friend' or using a taxi/public transport.
- 

## HARM REDUCTION PLAN

If you use or are planning to use cannabis the below harm reduction plan can prompt you to consider how you are going to do this next time and setting yourself some boundaries and to reduce risk for yourself or others:

I am only going to spend £ \_\_\_\_\_ per \_\_\_\_\_

I am only going to use \_\_\_\_\_ times per \_\_\_\_\_

I am only going to use for \_\_\_\_\_

A safe place I can use:

Ways I am going to reduce the harm to myself when using cannabis:

- 1.
- 2.
- 3.

Ways I am going to reduce the harm to others around me when I am using cannabis:

- 1.
- 2.
- 3.

People I will contact in an emergency or reach out to if things are getting out of control:

- 1.
- 2.
- 3.

## EFFECTS OF CANNABIS

### Common Effects

Many people will experience pleasant euphoria and a sense of relaxation. Other varying responses include a heightened sensory perception (e.g. brighter colours), feeling of laughter and an altered perception of time.

### Feeling Unwell

Sometimes these effects can be overwhelming and result in feeling nauseous including, increased heart rate, dizziness, vomiting, pale and clammy skin. Colloquially this is known as a 'whitey' and there is an increased risk when mixing cannabis with other substances (e.g. alcohol).

If you begin to feel unwell then sit or lay down in a safe quiet place and wait for the intensity of the symptoms to pass. If symptoms worsen, or someone becomes unconscious seek medical help immediately.

### Sleep

Chronic long-term use can result in developing a tolerance to the sedating effects. Some people experience initial short-term benefits of using cannabis to aid sleep. Higher cannabis use has a negative effect on sleep such as, lower duration, less time in deep sleep, longer to fall asleep and frequent awakenings.

### 'Munchies'

Increased appetite after using cannabis ('munchies') can lead to craving food or drink often associated with unhealthy foods.

Aim to eat before to reduce cravings or prepare some healthier snacks in advance so you have greater control over types of food. This will also reduce accidentally consuming more edibles when craving sweet foods.



## MENTAL HEALTH

### Paranoia and Anxiety

Cannabis use can have a psychedelic effect which can sometimes be unexpected and cause unpleasant adverse reactions (e.g. paranoia, anxiety).

If you experience these effects stop using and take yourself away to a quite cool place or take a short walk. Try focusing on your breathing and take long inhales and exhailes to reduce these feelings. consider using in a comfortable setting amongst friends to reduce feelings of anxiety.



### Psychosis

Psychosis is a collection of experiences which may cause someone to temporarily lose touch with the reality. A wide range of physical health, mental health and substance-use can cause the onset of psychosis.

Due to the psychoactive properties of THC high-levels of cannabis use have been shown to increase risk of psychosis.



There are three main symptoms which can present during a psychotic episode:

- Hallucinations - seeing or hearing things which other people cannot.
- Delusions - believing things which may not be true.
- Confused & disturbed thoughts - changes to speech and thinking.

People who use cannabis following a recent first episode of psychosis are more likely to begin showing symptoms again, with the risk increasing further with higher levels of usage.

## SLEEP

### REM Sleep

Our sleep cycle is composed of unique stages which we cycle through multiple times per night. Cannabis use affects the Rapid Eye Movement (REM) stage where the brain is most active, the body becomes more relaxed and immobilised and dreaming occurs. The REM stage is important because it is where the brain is able to learn and remember through consolidating information and storing information in long-term memory. When using cannabis this reduces the time in REM sleep resulting in a suppression of dreams, distorted sleeping and reduces the functioning during this stage.

### Sleep Hygiene

- Create a restful environment - Try to avoid spending time in bed during waking hours and consider how you can make the bedroom as pleasant as possible to promote better sleep (e.g. blackout blinds, comfortable pillows).
- Avoid electronics at least one-hour before bed time - The blue screen light from TV and phones can make it more difficult for you better to immediately fall asleep.
- Avoid stimulants after midday (e.g. coffee, energy drinks) - Caffeine takes between 6-12 hours to fully be metabolised by the body, the later you drink caffeinated drinks the later this could affect your body during the evening when you want to sleep.
- Get regular exposure to sunlight during the day time -Promoting your body's natural circadian rhythm by going outside during the day time better regulates your body's natural sleep cycle in the evenings.
- Create a personalised relaxing bedtime routine.
- Limit or avoid napping during the day time



## MIXING ('POLY DRUG USE')

Taking cannabis in combination with other drugs during a short-term period can increase risks depending on specific drug interactions. Understanding drug interactions with mixing cannabis and other drugs can help inform and reduce harms:

### Alcohol

Alcohol increases the absorption of THC which can increase feelings of anxiety and paranoia.

When using cannabis after drinking this can result in the feeling of a more intense high. However, using alcohol and cannabis together can also cause you to 'whitey' (i.e. sweating, dizziness, nausea, and vomiting).

Both cannabis and alcohol will impair your reaction times and coordination skills, meaning this could increase your risk of falling or injury.



### Stimulants

Cannabis can increase the action of stimulants (e.g. cocaine, amphetamine). Using both of these substances together can cause tachycardia (i.e. increased heart rate) and high blood pressure which both increase the risk of a heart attack.

### Psychedelics

Cannabis and psychedelics (e.g. LSD, magic mushrooms) synergise meaning the intensity increases when taking both together. Taking cannabis and psychedelics in combination can cause an unexpectedly strong and undesired effect, which can increase the risk of paranoia and anxiety. If you attempt to use cannabis when the effects from a psychedelic begin to wear off this can cause a reappearance of visual hallucinations, which could also be unexpected and unpleasant.

## THE LAW

Cannabis is the most used controlled drug in the UK. Cannabis products which contain any levels of THC are Class B drugs under the Misuse of Drugs Act (1971), meaning that possession, supply, possession with intent to supply, manufacture and/or import are illegal.

### Driving

Cannabis impairs motor coordination and reaction times, including around driving ability. The presence of THC at 2 micrograms/L of blood or above can lead to a conviction for drug-driving.

Police can legally request a roadside drug test if they suspect drug-use (e.g. smell cannabis), you have committed a driving traffic offence (e.g. speeding) or have been involved in an accident.



If a driver tests positive for cannabis with a roadside saliva test they would be arrested and taken to a police station for an additional confirmatory blood test.

This could incur a criminal conviction including, a minimum 1 year driving ban, 3-11 penalty points, a fine of up to £5,000 and/or 6 months prison sentence.

### Stop and Search

The guidelines from the Association of Chief Police Officers (ACPO) advise an 'escalating' approach:

- Cannabis warning - first time possession, will not appear on criminal record.
- Penalty notice - If cannabis warning previously issued, given £80 fine.
- Arrest - If cannabis warning and penalty notice given could be arrested and taken to police station to be determined if you are charged, cautioned or no further action.

## WITHDRAWAL SYMPTOMS

### Cannabis

If you plan to stop or reduce cannabis use this can be associated with experiencing withdrawal symptoms, which can be increasingly uncomfortable if you have been using cannabis for a long-time or rapidly stop or reduce your intake suddenly.

The following symptoms are associated with cannabis withdrawal:

- Sleeping difficulty (e.g. falling sleep, strange dreams)
- Anxiety, restlessness, irritability or anger
- Sweats and chills
- Appetite changes (i.e. increased or decreased)
- Nicotine withdrawal, if you normally smoke tobacco with cannabis

These symptoms will typically peak at around 4 days from the last use or when the reduction began. Most symptoms should stop between 10-28 days this is because the active ingredients in cannabis are stored in the fat cells causing it to take longer to be released fully.

### Nicotine



If you usually smoke cannabis mixed with tobacco then you will also begin to experience nicotine withdrawal symptoms in combination if you stop this at the same time. The withdrawal symptoms are similar to those of cannabis.

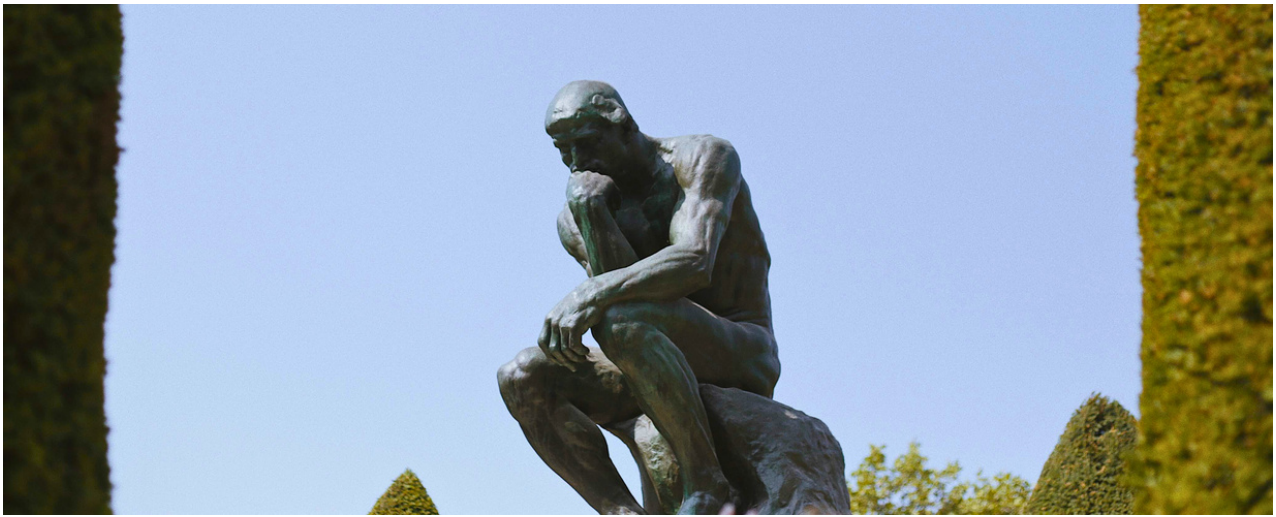
To reduce nicotine withdrawal whilst reducing cannabis use you can use various nicotine replacement options, including some purchased over the counter or under 'Nicotine Replacement Therapy' (NRT).

If you successfully stop using cannabis you may also consider aiming to stop smoking tobacco as this can be a trigger or future relapse.



## REDUCTION TIPS FOR CANNABIS

- 
- 1. Spend time with people that don't use:** Keeping yourself in the company of people that do not use will make you less likely to want to use cannabis around them.
  - 2. Spend time doing activities you enjoy:** 'Boredom' is a common reason for resorting to using cannabis. Think about alternative activities you enjoy which fill your time meaningfully.
  - 3. Make a plan:** At the start of every week or beginning of everyday set yourself a goal about how much you will be using or reducing by and stick to it.
  - 4. Keep a record:** Use a 'cannabis diary' to keep a record about how much you are using or a 'reduction diary' to keep track of your reductions. It's easy to lose track of how much we use without making a note.
  - 5. Start small and build on success:** Set yourself realistic SMART goals at the start. Learn from these and build on the achievements you will make. Don't be afraid to take a break or learn from a lapse or relapse.
  - 6. Tell people about your decision:** Telling people allows you to be accountable to others about the decision you have made. They can provide support and keep you going. This also lets people who are still using cannabis around you know you are wanting to stop.
  - 7. Reward yourself for success:** Cannabis may have been your primary reward for most things. Now that you are actively reducing think about rewarding success with alternative means and things you enjoy.
  - 8. Avoid high-risk situations:** Risk cannot be 100% eliminated, but you can make active decisions to significantly reduce being in situations which place you at higher-risk of using cannabis.
  - 9. Find alternatives for relaxation:** Cannabis is commonly used to 'relax'. Think about other ways to chill out and de-stress.
  - 10. Ask for help:** If you are struggling reach out for support from people you trust or professionals that can help.
- 



## **2** **CONSIDERING CHANGE**

## COST-BENEFIT ANALYSIS

Consider both the current costs and benefits to you using and not using cannabis:

Using	
Benefits	Costs

Not using	
Benefits	Costs

NOTE: Label the identified benefits and costs as either short-term (ST) or long-term (LT)

## COST-BENEFIT ANALYSIS

Focus exclusively just on the costs and benefits identified for using cannabis from the previous activity. Plot these below and reflect on their significance between 1 (low) and 10 (high):

Using			
Benefits	Significance (1-10)	Costs	Significance (1-10)
Total:		Total:	

## COST-BENEFIT ANALYSIS

Focus exclusively just on the costs and benefits identified for not using cannabis from the previous activity. Plot these below and reflect on their significance between 1 (low) and 10 (high):

Not using			
Benefits	Significance (1-10)	Costs	Significance (1-10)
Total:		Total:	

## **COST-BENEFIT ANALYSIS**

Use the questions below to reflect on the cost-benefit analysis exercise and consider any themes you have discovered around your cannabis use:

Q1. How important are the identified benefits of using cannabis compared to the current costs?

Q2. Are there any differences between the short and long-term benefits and/or costs with using cannabis?

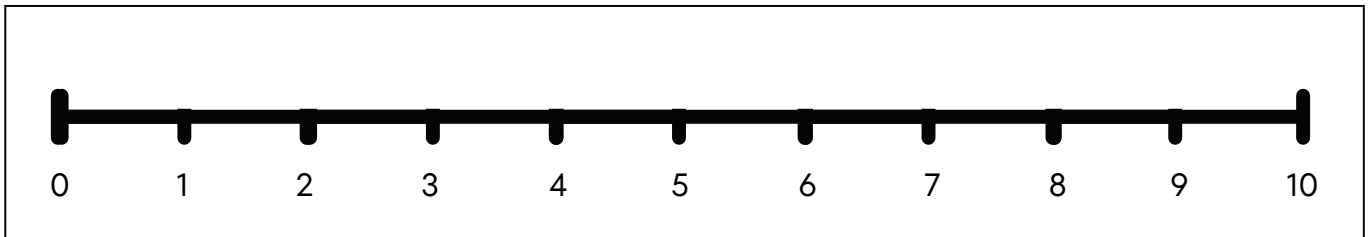
Q3. Are there any other alternative ways you can achieve the identified benefits from cannabis?

Q4. Are there any ways you can reduce the identified costs from using cannabis in your everyday life?

## CONFIDENCE RULER

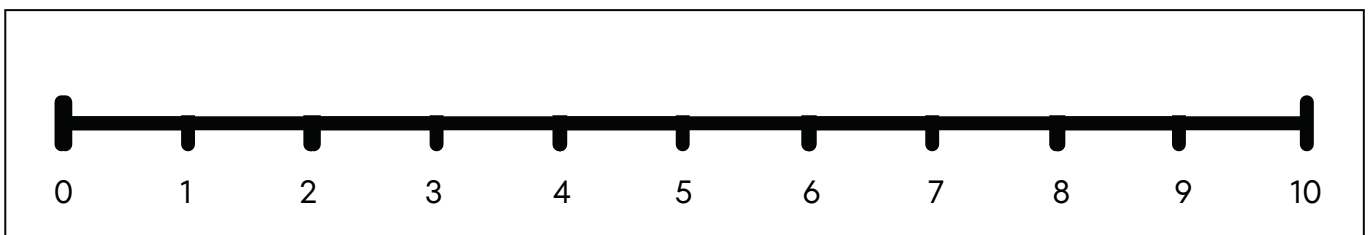
Making any type of changes to your cannabis use can be a potentially daunting thought process, use the below scales from 0 (not at all) to 10 (very) to explore how you might approach this:

Q1. On the scale below, how difficult would you find it to immediately stop using cannabis today?



Q2. Why did you chose this number?

Q3. On the scale below, how difficult would you find it to make a smaller reduction in your cannabis use today?



Q4. Why did you chose this number?

Adapted from Rollnick, S., Butler, C. C., & Stott, N. (1997). Helping smokers make decisions: the enhancement of brief intervention for general medical practice. *Patient education and counseling*, 31(3), 191-203.

## SMART GOALS

Think about the goal you want to set yourself around changing your cannabis use. Use the SMART (Specific, Measurable, Attainable, Relevant and Time bound) format below to help to refine this goal into something which is achievable and personal to you:

<b>S</b>	<b>Specific</b> What do you want to accomplish? When do you want to do this?	
<b>M</b>	<b>Measurable</b> How will you know you've accomplished this goal?	
<b>A</b>	<b>Attainable</b> What skills do you have to support achieving this goal?	
<b>R</b>	<b>Relevant</b> Why are you setting this goal now?	
<b>T</b>	<b>Time Bound</b> When do you want to achieve this by?	

SMART Goal:

## CHANGE PLAN

Consider the goal you want to achieve around your cannabis use and develop your own individual change plan to move towards achieving this:

My SMART goal:

How important is it for me to achieve this change?  
(0 = not at all, 10 = very)

\_\_\_\_\_

Why is making this change right now important to me?

How confident am I that I will achieve this change?  
(0 = not at all, 10 = very)

\_\_\_\_\_

What makes me confident that I can achieve this change?

## CANNABIS DIARY

Over the next 7 days, note down your cannabis use to begin to examine any patterns and triggers for using:

Day & time	How much?	Where & who with?	How did you feel?	What could you have done instead?

Day & time	How much?	Where & who with?	How did you feel?	What could you have done instead?



# **3** MANAGING TRIGGERS

## WHAT ARE TRIGGERS?

A trigger is any stimulus which creates a strong reaction. Often it is suggested that a trigger will activate a drug-related memory leading to a reward anticipation and craving response.

Triggers are therefore an integral part of both the lapse and relapse process into previous drug using patterns of behaviour. The ability to identify current and former triggers is an important part of developing management strategies to deal with these in everyday life. We can feel powerless to triggers because we cannot always control the actions of others, but we do have control over our own responses to these outside events.

### Internal vs. External Triggers

Triggers can be experienced both internally and externally depending on the stimuli:

- **Internal:** Triggers which come from internal process such as thoughts, feelings, emotions or behavioural responses (e.g. stress, boredom).
- **External:** Triggers which come from outside stimuli (e.g. people, places).

Q1. Can you think about any current or previous triggers for your cannabis use?

Q2. How have you been able to manage cannabis triggers in the past?

## IDENTIFYING INTERNAL TRIGGERS

The following two worksheets explore the internal and external triggers for using cannabis. Identify which ones are relevant to you:

Negative emotions	
<input type="checkbox"/> Feeling afraid <input type="checkbox"/> Feeling ashamed <input type="checkbox"/> Feeling criticised <input type="checkbox"/> Feeling guilty <input type="checkbox"/> Feeling inadequate <input type="checkbox"/> Feeling jealous <input type="checkbox"/> Feeling overconfident <input type="checkbox"/> Feeling _____	<input type="checkbox"/> Feeling angry <input type="checkbox"/> Feeling anxious <input type="checkbox"/> Feeling depressed <input type="checkbox"/> Feeling hateful <input type="checkbox"/> Feeling irritated <input type="checkbox"/> Feeling left out <input type="checkbox"/> Feeling overwhelmed
Normal emotions	
<input type="checkbox"/> Feeling bored <input type="checkbox"/> Feeling frustrated <input type="checkbox"/> Feeling lonely <input type="checkbox"/> Feeling nervous <input type="checkbox"/> Feeling relaxed <input type="checkbox"/> Feeling tired	<input type="checkbox"/> Feeling embarrassed <input type="checkbox"/> Feeling insecure <input type="checkbox"/> Feeling neglected <input type="checkbox"/> Feeling pressured <input type="checkbox"/> Feeling sad <input type="checkbox"/> Feeling _____
Positive emotions	
<input type="checkbox"/> Feeling celebratory <input type="checkbox"/> Feeling excited <input type="checkbox"/> Feeling happy <input type="checkbox"/> Feeling passionate <input type="checkbox"/> Feeling strong	<input type="checkbox"/> Feeling confident <input type="checkbox"/> Feeling exhausted <input type="checkbox"/> Feeling 'normal' <input type="checkbox"/> Feeling sexually aroused <input type="checkbox"/> Feeling _____

Adapted from Centre for Substance Abuse Treatment. Treatment for Stimulant Use Disorders (1999). Treatment Improvement Protocol (TIP\_ Series 33. DHHS Publications No. (SMA) 99-3296. Rockville, MD: Substance Abuse and Mental Health Services Administration

## IDENTIFYING EXTERNAL TRIGGERS

People		
<input type="checkbox"/> Dealers <input type="checkbox"/> Co-workers <input type="checkbox"/> Family members	<input type="checkbox"/> Dates <input type="checkbox"/> Friends <input type="checkbox"/> Employer	<input type="checkbox"/> Spouse/partner <input type="checkbox"/> Neighbours <input type="checkbox"/> -----
Places		
<input type="checkbox"/> Neighbourhoods <input type="checkbox"/> Pubs/clubs <input type="checkbox"/> Work place <input type="checkbox"/> Certain roads	<input type="checkbox"/> Drug storage place <input type="checkbox"/> High street <input type="checkbox"/> Friend's house <input type="checkbox"/> Hotels	<input type="checkbox"/> Concerts <input type="checkbox"/> Toilets <input type="checkbox"/> School <input type="checkbox"/> -----
Events		
<input type="checkbox"/> Meeting new people <input type="checkbox"/> Parties <input type="checkbox"/> Calls from creditors <input type="checkbox"/> During work <input type="checkbox"/> Going out	<input type="checkbox"/> During sex <input type="checkbox"/> Anniversaries <input type="checkbox"/> Group meetings <input type="checkbox"/> Pay-day <input type="checkbox"/> Before work	<input type="checkbox"/> After work <input type="checkbox"/> Before sex <input type="checkbox"/> After sex <input type="checkbox"/> Holidays <input type="checkbox"/> -----
Objects		
<input type="checkbox"/> Paraphernalia <input type="checkbox"/> Pornography <input type="checkbox"/> Television	<input type="checkbox"/> Credit cards <input type="checkbox"/> Magazines <input type="checkbox"/> Films	<input type="checkbox"/> Cash <input type="checkbox"/> Cash machines <input type="checkbox"/> -----
Behaviours and activities		
<input type="checkbox"/> Listening to music <input type="checkbox"/> Going out to dance/eat <input type="checkbox"/> Hanging out with friends	<input type="checkbox"/> Driving <input type="checkbox"/> After paying bills <input type="checkbox"/> Before/during a date	<input type="checkbox"/> When home alone <input type="checkbox"/> Dancing <input type="checkbox"/> After an argument <input type="checkbox"/> -----

Adapted from Centre for Substance Abuse Treatment. Treatment for Stimulant Use Disorders (1999). Treatment Improvement Protocol (TIP\_ Series 33. DHHS Publications No. (SMA) 99-3296. Rockville, MD: Substance Abuse and Mental Health Services Administration

## TRIGGERS MANAGEMENT PLAN

Using the identified internal and external triggers for cannabis now consider how you could manage the effects of these and begin to reduce the risk in the future:

Trigger	Plan: How can you manage this? How can you reduce the risk? How can you better cope?

## PAY-DAY PLAN

Pay-days can be a significant trigger in the early stages of making changes. Before your next pay-day use the below plan to consider how you could manage your money to support meeting the changes you want to make:

Pay-day: \_\_\_\_\_

Amount (£) \_\_\_\_\_

On my next pay-day I will prioritise budgeting the following:

Housing (e.g. rent): £ \_\_\_\_\_

Utility bills and council tax: £ \_\_\_\_\_

Food: £ \_\_\_\_\_

Transport: £ \_\_\_\_\_

Phone: £ \_\_\_\_\_

Leisure: £ \_\_\_\_\_

Gym: £ \_\_\_\_\_

Savings: £ \_\_\_\_\_

Debts: £ \_\_\_\_\_

Discretionary (e.g. clothes): £ \_\_\_\_\_

Personal (e.g. tobacco): £ \_\_\_\_\_

Other: £ \_\_\_\_\_, £ \_\_\_\_\_, £ \_\_\_\_\_

Total expenses: £ \_\_\_\_\_

Total remaining: £ \_\_\_\_\_

With the remaining income I will budget the following for cannabis:

Cannabis: £ \_\_\_\_\_

## TRIGGERS DIARY

Monitoring your triggers over the next 7 days, this can be useful for reviewing and reinforcing the triggers management plan you have set yourself:

Day & time	Trigger: Where? How? What was happening?	How did you feel? What were you thinking?	Did you use?	If yes: How did you feel afterwards? If no: How did you manage?

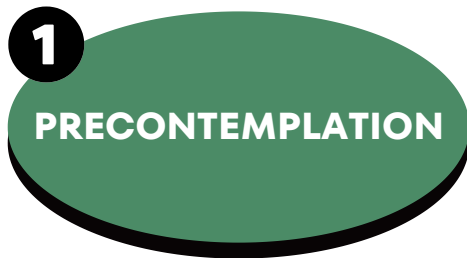
Day & time	Trigger: Where? How? What was happening?	How did you feel? What were you thinking?	Did you use?	If yes: How did you feel afterwards? If no: How did you manage?



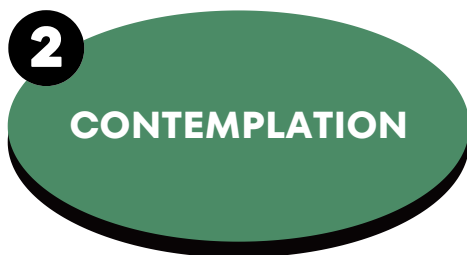
# **4 THE STAGES OF CHANGE**

## THE STAGES OF CHANGE

There are five stages of change try to match the name of the stage with the corresponding description:



**A** Person has sustained their behaviour change for sometime and intend to maintain this moving forward.



**B** Person is ready to take action and likely making small steps to behaviour change



**C** Person does not intend to take action in the foreseeable future. Can be unaware of the potentially problematic nature of the behaviour



**D** Person has recently made a conscious decision to change their behaviour and intent to keep making further changes

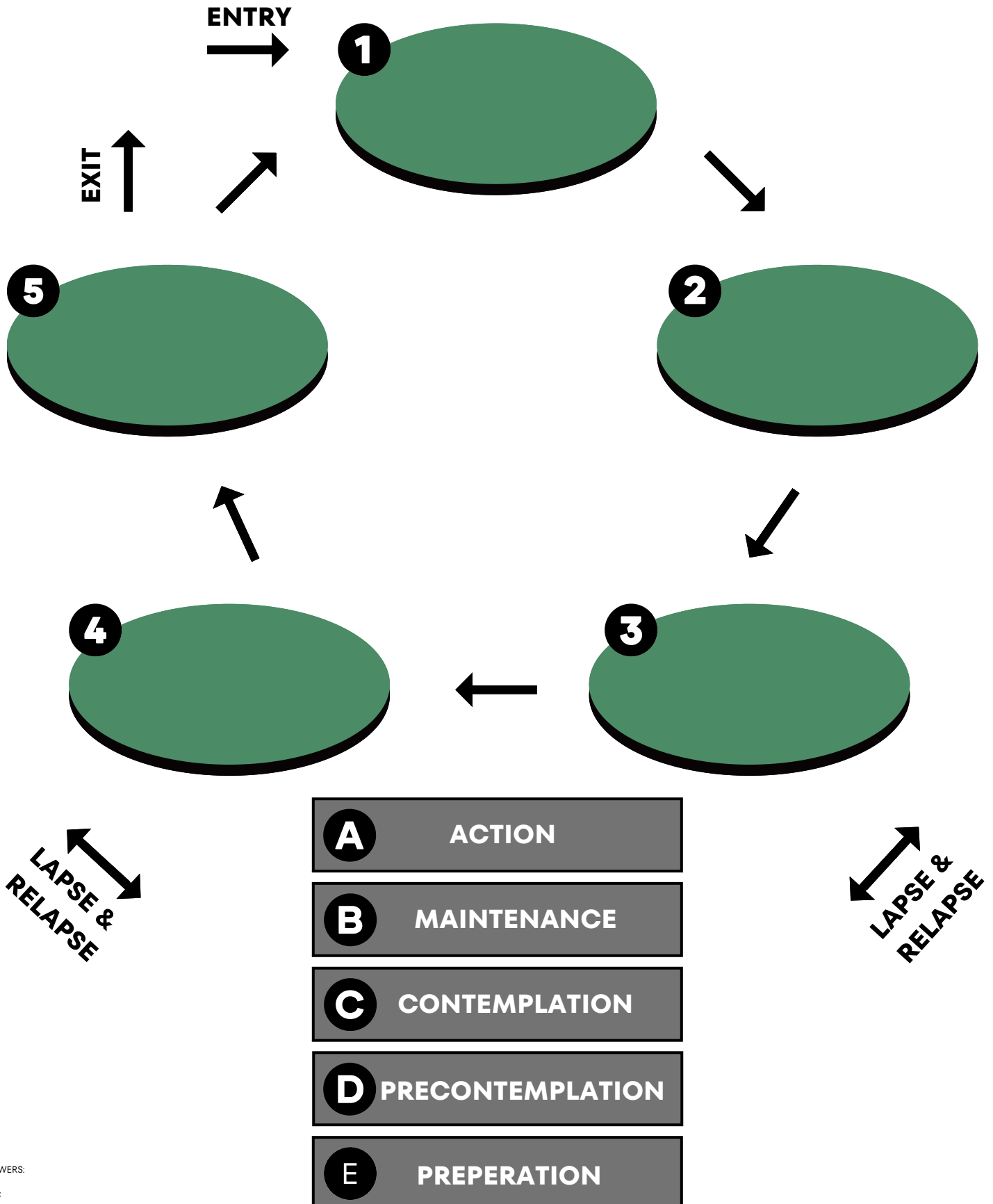


**E** Person intends to make changes in the foreseeable future. Recognition that behaviour may be problematic at present

ANSWERS:  
1 = C  
2 = E  
3 = B  
4 = D  
5 = A

## THE STAGES OF CHANGE

Now attempt to match the corresponding stage name into its position in the stages of change model:



ANSWERS:  
 1 = D  
 2 = C  
 3 = E  
 4 = A  
 5 = B

## THE STAGES OF CHANGE

The stages of change model was first used to describe the process of behavioural change in people with nicotine addiction and smoked cigarettes. Since then the model has been applied wider to encapsulate behavioural change across other substance use and addiction contexts. The five stages are as follows:

- 1. Precontemplation:** A person does not intend to take action in the foreseeable future. Can be unaware of the potentially problematic nature of the behaviour.
- 2. Contemplation:** A person intends to make changes in the foreseeable future. Recognition that behaviour may be problematic at present.
- 3. Preparation:** A person is ready to take action and likely making small steps to behaviour change.
- 4. Action:** A person has recently made a conscious decision to change their behaviour and intent to keep making further changes.
- 5. Maintenance:** A person has sustained their behaviour change for sometime and intend to maintain this moving forward.

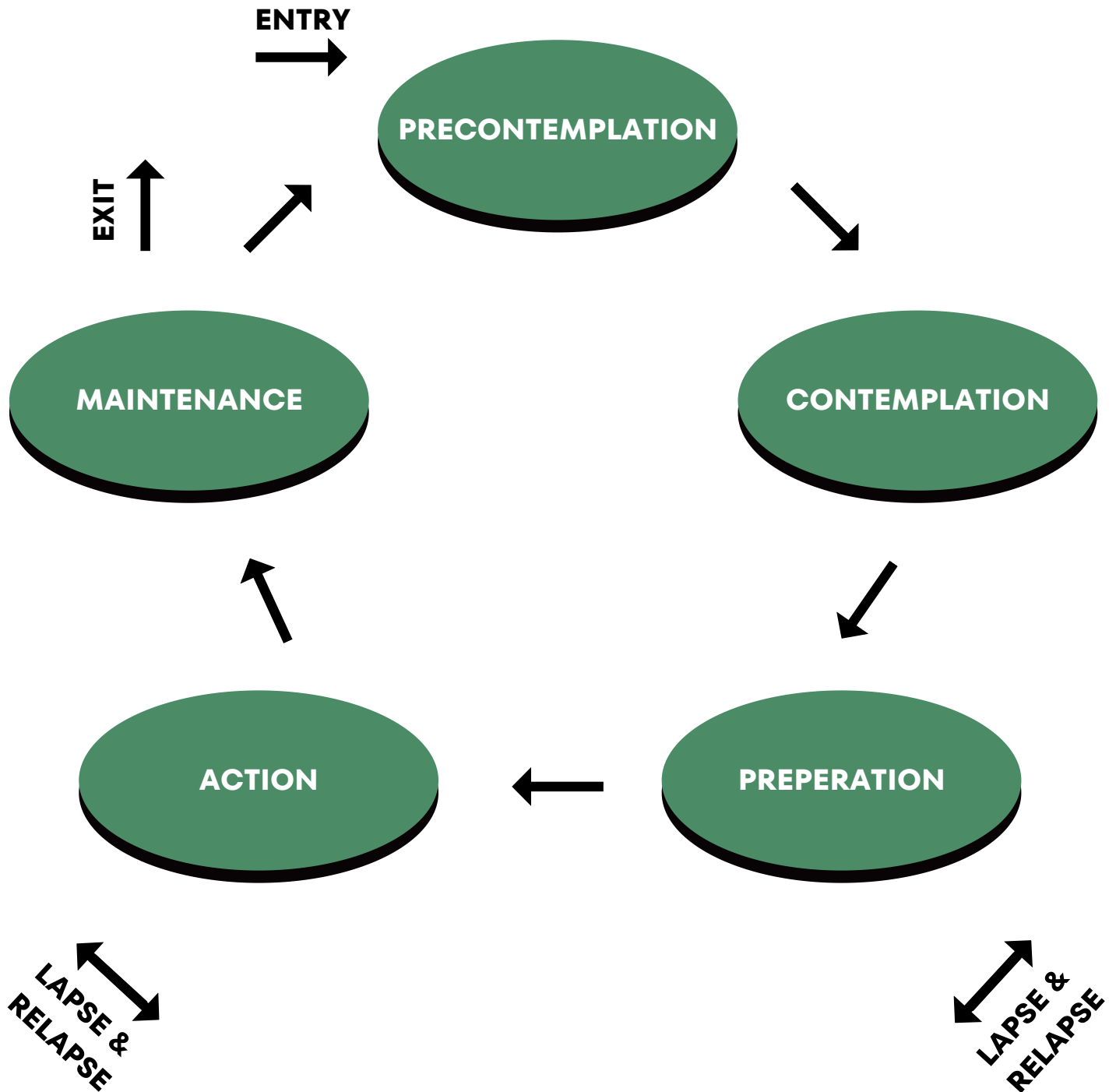
It is important to note that people will often go through this cycle multiple times and can be within certain stages for varying amounts of time. For example, someone could remain in precontemplation for many years prior to considering change. Several other key concepts exist in the model to explain behavioural change:

**Lapse and Relapse:** A lapse refers to a short-term one-off return to a previous drug using behaviour, whilst a relapse is distinguished as a longer-term process which is associated with a full or partial return to previous drug using behaviours.

In the stages of change lapses and relapses are to be expected and can happen at any stage, this can also cause a re-entry to the same or a different stage it does not always mean a full return back to precontemplation. When lapses and relapses occur it is important to explore the motivations behind this to learn and reduce the risk of future occurrences.

**Upward Spiral:** This describes the continuous advancement upwards growth which can be facilitated through self-reinforcing learning from behaviour change as we navigate the cycles multiple times towards a future exit.

## THE STAGES OF CHANGE



Adapted from Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of consulting and clinical psychology*, 51(3), 390.

## THE STAGES OF CHANGE

Take sometime to reflect on your own experience with changing your cannabis use and consider how the stages of change model could apply to this:

Q1. At what stage in the cycle would you currently place yourself around making changes to your cannabis use?

Q2. Why did you specifically chose to place yourself at this stage and not another?

Q3. What do you think could be the next steps to put in place to prepare you to move towards the next stage? Or, to keep you secure in your current stage?

Q4. How did the last time you tried to make changes to your cannabis use fit into this stages of change model?

## THE LIFELINE

### Part 1. Early Childhood - Present Day:

As we reflect on our current journey into making changes to our current cannabis use, it can be helpful to consider this use over our life time. Drawing our own lifeline which charts this from birth to present day can serve as an important visual representation and aid this process.

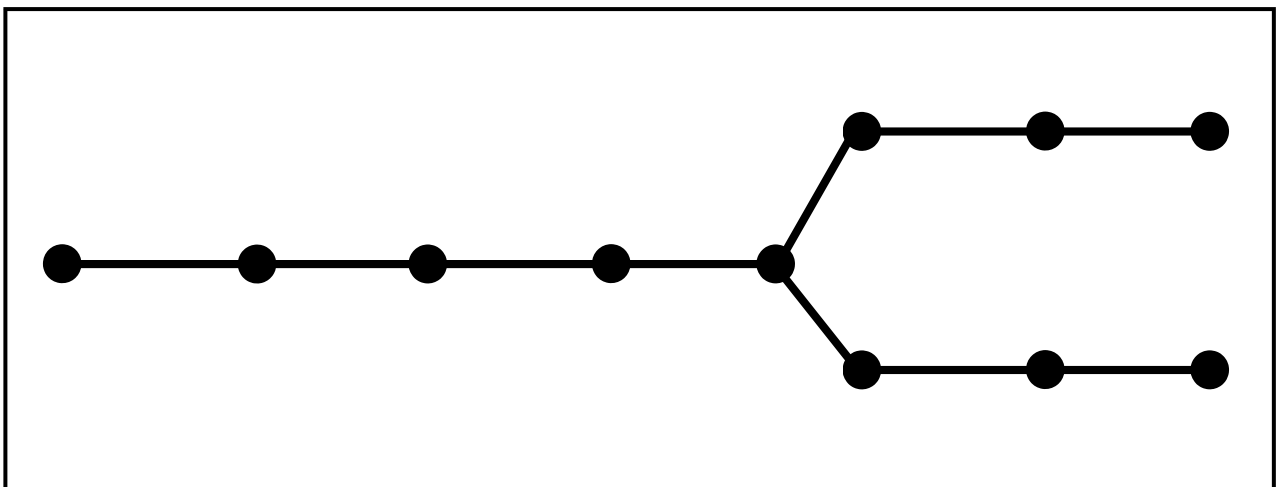
Begin with your early childhood and teenage years and start with plotting significant life events in chronological order, consider how you felt during the time and what was happening in your life at that moment.

Once you have completed this start plotting the history of your cannabis use. Try to begin from the first time you used cannabis or experienced cannabis (e.g. relative, friend using around you). Again consider how you felt at the time and what your early cannabis use was like (e.g. amount, frequency, method). Then plot how this has changed until you reach present day.

### Part 2. Two Future Branches:

Once you have completed your current lifeline plot two diverging branches stretching from present day to the future. On the first branch plot what you think will happen if you do not make any changes to your cannabis use, then on the second plot what you think will happen if you do achieve the changes you want to make.

The below diagram is an example of the lifeline activity:





# **5 ALTERNATIVES TO CANNABIS**

## WHAT IS BOREDOM?

Boredom is often defined as feeling an unpleasant state due to unmet arousal. Meaning that you have a desire to do something but do not feel able to do anything in the moment. This is an emotional state which is universally experienced by everyone, however we all have unique ways of managing this.

The feeling of boredom can be experienced through a variety of internal and external causes, including:

- Lacking motivation or imagination
- The absence of environmental stimuli
- Monotony (i.e. doing the same things on repeat every day)
- Difficulty maintaining attention
- Lacking autonomy (i.e. ability to make your own decisions)

### The Risk of Boredom

Boredom is commonly reported as one of the main reasons people will lapse or relapse. For most people, the feeling of boredom can be uncomfortable, but for someone who is trying to make changes around their cannabis use this can be a particular risk to fill this unallocated time with using.

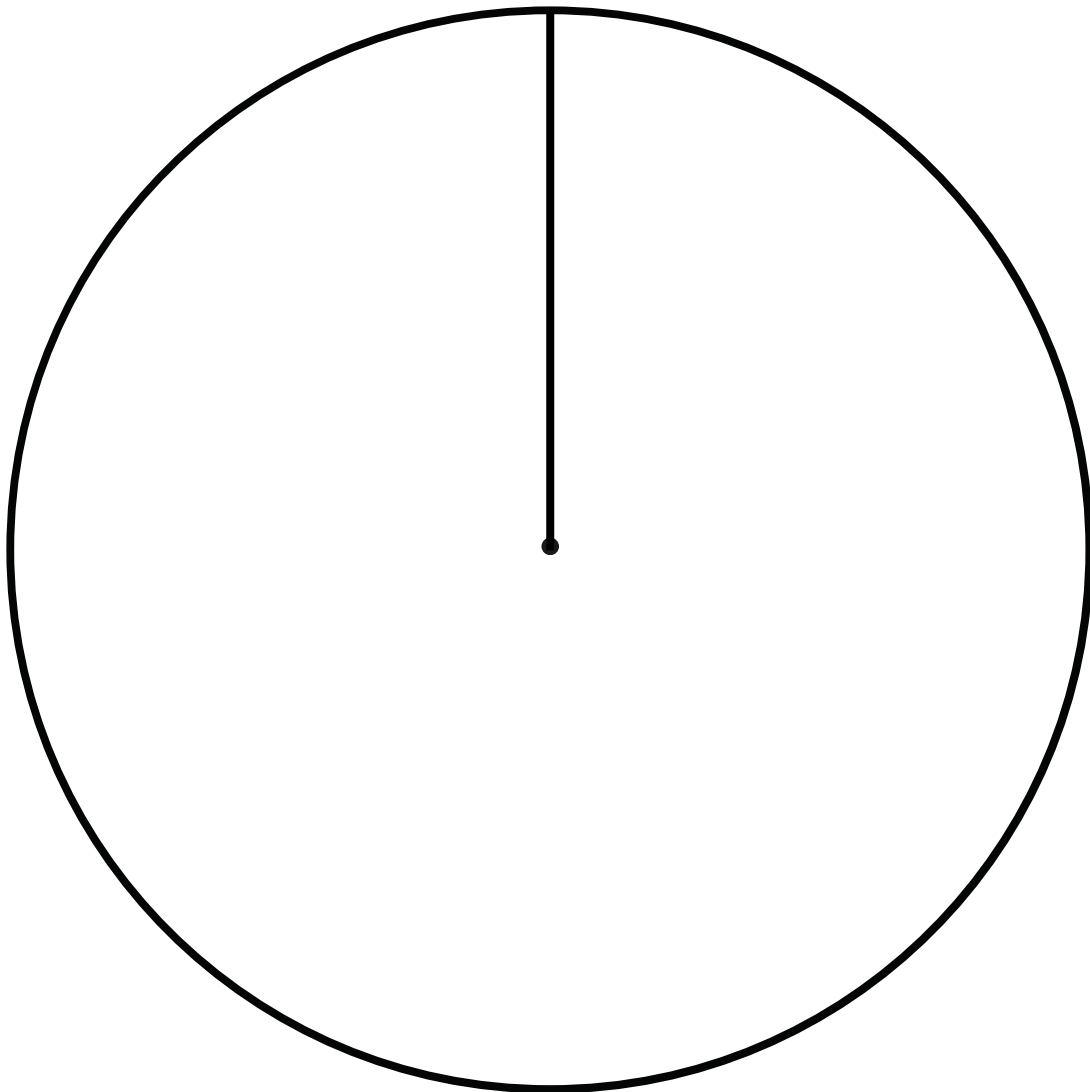
Boredom can therefore be widely used as a justification to use cannabis whereby we self-enable ourselves to resort to old drug-using habits. For example, unconsciously placing ourselves in a situation where we will feel bored (e.g. not going out with friends, not planning to do anything on the weekend), to create situations where we are more likely to feel bored and resort to using cannabis.

It is important that to sustain long-term changes to your cannabis use that you develop a range of strategies which can actively combat boredom in everyday life.

Q1. When are the times you feel most bored?

## THE TYPICAL WEEK

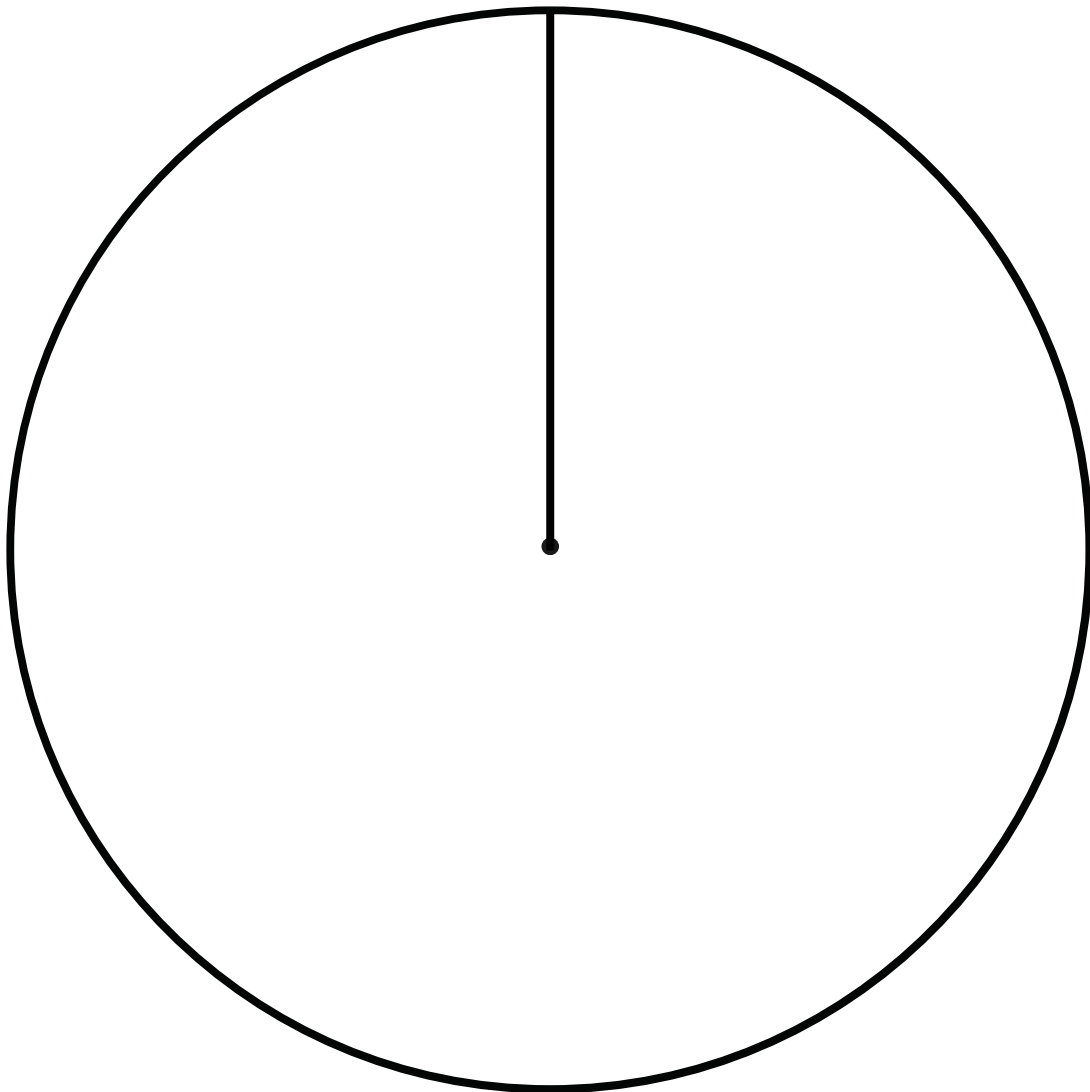
Considering how you allocate your current time can be useful when thinking about making changes to your daily life. Using the pie chart below think about your typical week and plot the time you spend doing day-to-day activities (e.g. work, cooking, leisure) and time you devote to cannabis use (e.g. obtaining, using, recovering):



Adapted from Mitcheson, L., Maslin, J., Meynen, T., Morrison, T., Hill, R., & Wanigaratne, S. (2010). Applied cognitive and behavioural approaches to the treatment of addiction: A practical treatment guide. John Wiley & Sons.

## THE IDEAL WEEK

Examine the typical week pie chart and then consider how you would allocate your time in your ideal week. Consider how this may result in changes to your cannabis use:



Adapted from Mitcheson, L., Maslin, J., Meynen, T., Morrison, T., Hill, R., & Wanigaratne, S. (2010). Applied cognitive and behavioural approaches to the treatment of addiction: A practical treatment guide. John Wiley & Sons.

## PLEASANT ACTIVITIES LIST

Using the below list of pleasant activities consider all the hobbies and interests you could begin to incorporate or increase doing in your everyday life:

Pleasant activities	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Having a bath/shower</li> <li><input type="checkbox"/> Going on holiday</li> <li><input type="checkbox"/> Going on a date</li> <li><input type="checkbox"/> Going to the cinema/ theatre</li> <li><input type="checkbox"/> Watching movies/ TV at home</li> <li><input type="checkbox"/> Listening to music</li> <li><input type="checkbox"/> Jogging/walking</li> <li><input type="checkbox"/> Going to the gym</li> <li><input type="checkbox"/> Shopping</li> <li><input type="checkbox"/> Going to the park</li> <li><input type="checkbox"/> Meeting up with friends</li> <li><input type="checkbox"/> Reading books/ newspapers</li> <li><input type="checkbox"/> Eating at a restaurant</li> <li><input type="checkbox"/> Going swimming</li> <li><input type="checkbox"/> Painting</li> <li><input type="checkbox"/> Playing group sports</li> <li><input type="checkbox"/> Speaking to friends/ family on the phone</li> <li><input type="checkbox"/> Cycling</li> <li><input type="checkbox"/> Karaoke</li> <li><input type="checkbox"/> Going to a nightclub/ bar</li> <li><input type="checkbox"/> Going to the beach</li> <li><input type="checkbox"/> Practicing religious beliefs</li> <li><input type="checkbox"/> Feeling nervous</li> <li><input type="checkbox"/> Walking a dog</li> <li><input type="checkbox"/> Driving</li> <li><input type="checkbox"/> Watching live sports</li> <li><input type="checkbox"/> Going to a coffee shop</li> <li><input type="checkbox"/> Cooking/ baking</li> <li><input type="checkbox"/> Volunteering</li> <li><input type="checkbox"/> Going to a museum/ art gallery</li> <li><input type="checkbox"/> Watching live music</li> <li><input type="checkbox"/> Meditating</li> <li><input type="checkbox"/> Going to after work events</li> <li><input type="checkbox"/> Texting/ social media</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gardening</li> <li><input type="checkbox"/> Sightseeing</li> <li><input type="checkbox"/> Taking photographs</li> <li><input type="checkbox"/> Fishing</li> <li><input type="checkbox"/> Going to the zoo/ aquarium</li> <li><input type="checkbox"/> Learning a new skill</li> <li><input type="checkbox"/> Journaling</li> <li><input type="checkbox"/> Cleaning</li> <li><input type="checkbox"/> Dancing</li> <li><input type="checkbox"/> Having lunch with a friend</li> <li><input type="checkbox"/> Playing board games</li> <li><input type="checkbox"/> Playing computer games</li> <li><input type="checkbox"/> Sewing/ knitting</li> <li><input type="checkbox"/> Playing pool/ snooker</li> <li><input type="checkbox"/> Listening to the radio</li> <li><input type="checkbox"/> Having a nap</li> <li><input type="checkbox"/> Going to the library</li> <li><input type="checkbox"/> Camping</li> <li><input type="checkbox"/> Doing puzzles/ crosswords</li> <li><input type="checkbox"/> Playing games on your phone</li> <li><input type="checkbox"/> Doodling/ colouring books</li> <li><input type="checkbox"/> Playing a musical instrument</li> <li><input type="checkbox"/> Having a picnic</li> <li><input type="checkbox"/> Making music/ singing</li> <li><input type="checkbox"/> Rock climbing</li> <li><input type="checkbox"/> Golfing</li> <li><input type="checkbox"/> Basketball</li> <li><input type="checkbox"/> Football</li> <li><input type="checkbox"/> Boxing</li> <li><input type="checkbox"/> Tennis</li> <li><input type="checkbox"/> Bowling</li> <li><input type="checkbox"/> Football</li> <li><input type="checkbox"/> Visiting friends</li> <li><input type="checkbox"/> Yoga</li> </ul>

## ALTERNATIVES TO CANNABIS

Based on the activities highlighted from the pleasant activities list and personal reflections create a list of up to ten things you could enjoy doing as an alternative to cannabis use in your life:

### Ten Alternatives to Cannabis

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Your alternative activities will likely be a combination of spontaneous and planned things, it can be useful to reflect on which category these activities fall into when considering these as regular alternatives to cannabis use. Having a diverse range of alternative activities which can be conducted across everyday life and larger less frequent ones will provide the best strategy to supplement.

#### Spontaneous Activities

#### Planned Activities

## WEEK PLANNER

Think about the next 7 days and plan your week ahead, with any expected unplanned gaps consider how you could fill these with the alternatives to cannabis/ pleasant activities:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

## DAY PLANNER

Starting by planning the day allows you to allocate and fill time meaningfully and avoid gaps:

Date:

Top priorities:

To-do-list:

06:00	
07:00	
08:00	
09:00	
10:00	
11:00	
12:00	
13:00	
14:00	
15:00	
16:00	
17:00	
18:00	
19:00	
20:00	
21:00	
22:00	
23:00	
24:00	

## ACTIVITY MONITORING

When trying new hobbies/ interests as alternatives to cannabis use it can be helpful to review how effective these are at decreasing your boredom and increasing pleasure:

0 None	1 Minimal	2 Slight	3 Mild	4 Moderate	5 A lot	6 Higher	7 Very high	8 Extreme
-----------	--------------	-------------	-----------	---------------	------------	-------------	----------------	--------------

Activity		Boredom	Pleasure
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		

0 None	1 Minimal	2 Slight	3 Mild	4 Moderate	5 A lot	6 Higher	7 Very high	8 Extreme
-----------	--------------	-------------	-----------	---------------	------------	-------------	----------------	--------------

Activity		Boredom	Pleasure
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		
	Before		
	After		



# **6 REWARDING YOURSELF**

## WHY ARE REWARDS IMPORTANT?

It is important to consider how you will reward yourself during the process of making changes around your cannabis use. The purpose of rewarding ourselves for hitting the milestones we are seeking to achieve and maintaining longer term behaviour change can help strength resolve and focus on the progress that has been made.

For many people, using cannabis has also historically been a form of self-reward, therefore when seeking to stop or reduce our usage we need to examine how this can be substituted in everyday life for alternative reward systems.

### How Should I Reward Myself?

Rewards are a very personalised component in behaviour change which you need to individually examine. What is rewarding for you may not be rewarding for someone else also wanting to make changes.

It is also important to note that rewards should only be used when you have been able to hit a pre-determined goal around your cannabis use. As rewards are ultimately tools to continue to increase your motivation over the long-term.

When considering what could be used as a reward think about a combination of smaller day-to-day rewards and increasingly larger rewards as you hit more difficult and significant milestones. Brainstorm below the potential self-rewards you could use:

#### Potential Self-Rewards

--

## SELF-REWARDS

Consider the potential small, medium and large self-rewards you could allocate for corresponding goals or milestones linked to changes in your cannabis use:

**1. Small Rewards:** A goal I can set myself today around cannabis use and a reward I could give myself for achieving this goal:

Goal	Reward

**2. Medium Rewards:** A goal I can set myself this week around cannabis use and a reward I could give myself for achieving this goal at the end of the week:

Goal	Reward

**3. Large Rewards:** A goal I can set myself this month around cannabis use and a reward I could give myself for achieving this goal at the end of the month:

Goal	Reward

## REWARDS SCHEDULE

Over the next 28 days, consider using this schedule to track your daily progress around your goals and the corresponding self-rewards to increase motivation:

Day	Goal	✓/✗	Reward
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Day	Goal	✓/✗	Reward
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			



# **COPING WITH CRAVINGS**

## BELIEFS ABOUT SUBSTANCE USE (BSU)

Complete the BSU questionnaire to explore your belief systems around substance use:

1 Totally disagree	2 Disagree very much	3 Disagree slightly	4 Neutral	5 Agree slightly	6 Agree very much	7 Totally agree
-----------------------	-------------------------	------------------------	--------------	---------------------	----------------------	--------------------

	1 - 7		1 - 7
Life without using is boring		I'm not a strong enough person to stop	
Using is the only way to increase my creativity and productivity		I could not be social without using	
I can't function without it		Substance use is not a problem for me	
This is the only way to cope with pain in my life		The cravings/urges won't go away unless I use	
I'm not ready to stop using		My substance use is caused by someone else (e.g. partner, family member)	
The cravings/ urges make me use		If someone has a problem with drugs, it's all generic	
My life won't get any better, even if I stop using		I can't relax without drugs	
The only way to deal with my anger is by using		Having a drug problem means I'm fundamentally a bad person	
Life would be depressing if I stopped		I can't control my anxiety without using drugs	
I don't deserve to recover from drug use		I can't make my life fun unless I use	

Adapted from Wright, F.D (1993) The Beliefs about Substance Use (BSU) scale, In Cognitive Therapy of Substance Abuse. Edited by: Beck AT, Wright FD, Newman CF, Liese BS. New York: Guilford Press, p. 311-323

## CRAVINGS BELIEF QUESTIONNAIRE (CBQ)

Complete the CBQ to explore your belief systems around specifically substance use cravings:

1 Totally disagree	2 Disagree very much	3 Disagree slightly	4 Neutral	5 Agree slightly	6 Agree very much	7 Totally agree
-----------------------	-------------------------	------------------------	--------------	---------------------	----------------------	--------------------

	1 - 7		1 - 7
The craving is a physical reaction; therefore, I can't do anything about it		If you have never used drugs then you have no idea what the craving is like (and you can't expect me to resist)	
If I don't stop the cravings will get worse		The images/ thoughts I have while craving drugs are out of control	
Cravings can drive you crazy		The craving makes me nervous, I can't stand it	
The cravings make me use drugs		I'll never be prepared to handle the craving	
I'll always have cravings for drugs		Since I'll have the craving for the rest of my life I might as well go ahead and use drugs	
I don't have any control over the craving		When I'm really craving I can't really function	
Once the cravings starts I don't have any control over my behaviour		Either I am craving lots or I'm not there's nothing in between	
I'll have cravings for drugs the rest of my life		If the craving gets too intense, using drugs is the only way to cope with the feelings	
I can't stand the physical symptoms I have while craving drugs		When craving drugs its okay to use alcohol to cope	
The craving is my punishment for using drugs		The craving is stronger than my willpower	

Adapted from Press, p. 22-42 Beck AT, Wright FD, Newman CF et al. (1993) Chapter 2: Cognitive Model of Addiction, In Cognitive Therapy of Substance Abuse. New York: Guilford

## WHAT ARE CRAVINGS?

A craving represents a strong desire for a particular type of experience, the fulfilment of this desire can be expressed in different forms across our thoughts, feelings and physical sensations.

The experience of a craving is a very individual feeling which differs person-to-person. Variation will also occur for an individual, such as the perceived level of intensity or the length of time which a craving can last. A craving is never a permanent feeling and will always pass with time. To begin mastering cravings you first need to understand how you individually experience these:

### Permission Giving Thoughts

It is common to firstly experience your brain trying to justify using cannabis, which can appear rational as it presents a reason for using which potentially counters out other thought process to the contrary.

Examples: "It's only one joint", "It's only a £10 bag", "I can't get through this day without smoking", "This is the last joint I'll smoke this week".

### Emotions

Our brains also experience hormones during the process of cravings which can influence our cannabis use. Such as an adrenaline rush during the craving which makes us feel anxious, once you eventually give into the craving this can shut off the adrenaline and release dopamine which is associated with the euphoria and excitement of using cannabis and reduction of these shorter term negative emotions.

Examples: During craving (anxiety, low mood); after using (euphoria, excitement).

### Physical Sensations

The process of using cannabis and thinking about this can create several physiological reactions within our bodies. During a craving this can often be unpleasant.

Examples: Heart palpitations, increased body temperature, increased heart rate and pulse, stomach churning, sweating, changes to breathing and bodily tension.

## HOW TO COPE WITH CRAVINGS?

### Craving Wave

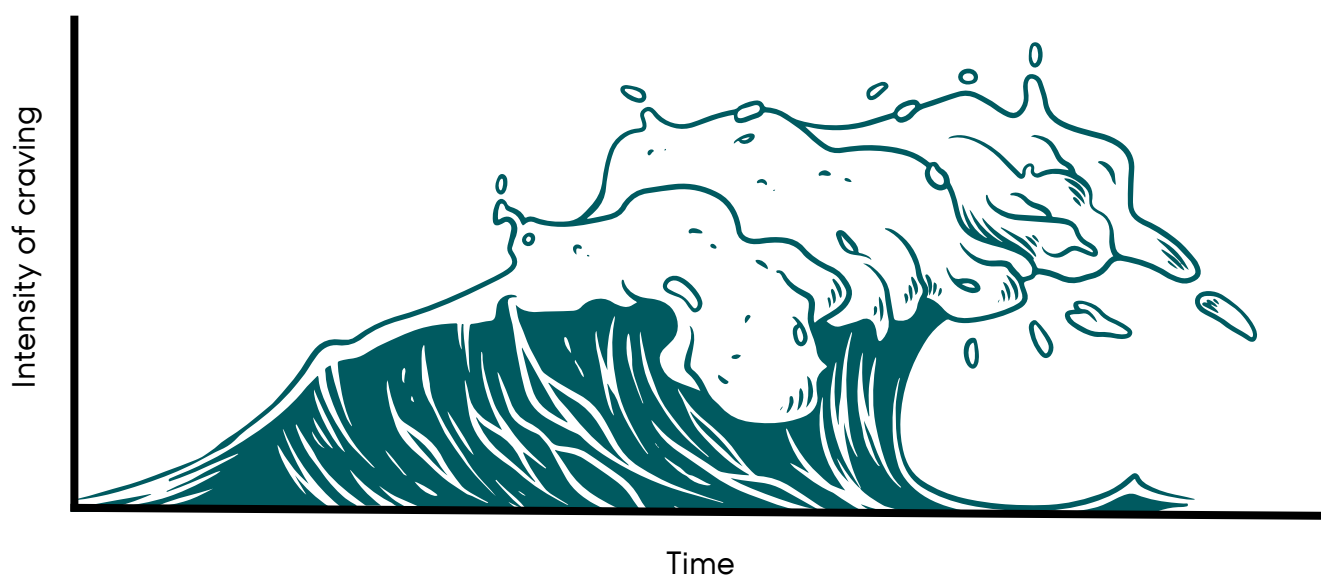
The experience of a craving can be described using the analogy of a wave. As the wave steadily rises and reaches its peak it will then crash and begin to fade away. It is during this peak that people experience the most discomfort and challenge with the craving, and is often associated with the point where you will give in.

Being able to spot these craving waves and develop management plans to reduce the significance can help reduce the likelihood of giving into a craving.

### Urge Surfing

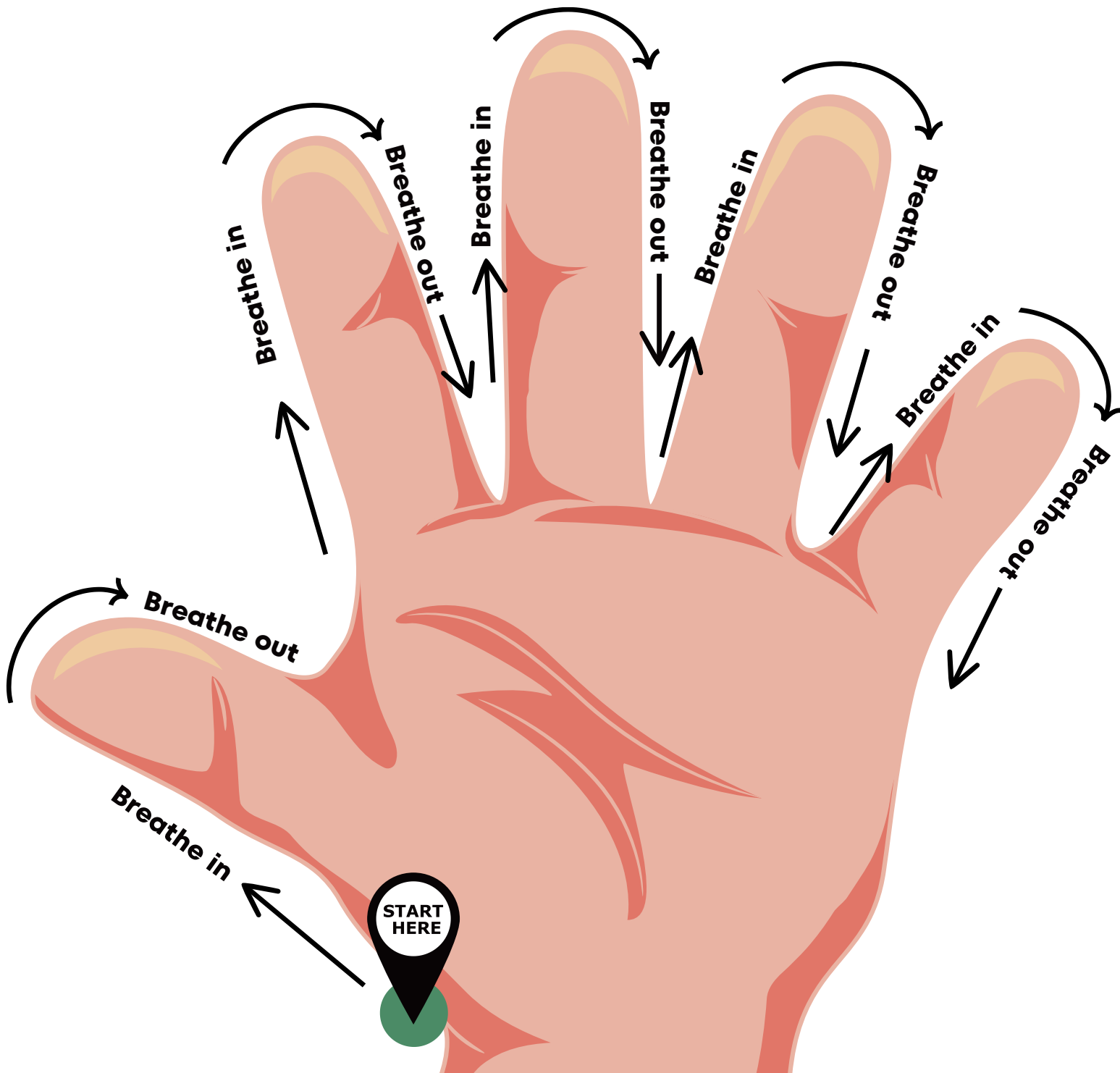
The technique of urge surfing can describe the process of riding this craving wave and developing mastery over managing our cravings for cannabis. As with all techniques the more we practice the better we get at applying this skill. Cravings can be caused by different situations and levels of intensity, therefore having a range of techniques can be helpful to help cope, such as:

- Distraction techniques
- Grounding techniques
- Refusal and assertiveness skills
- Activity scheduling



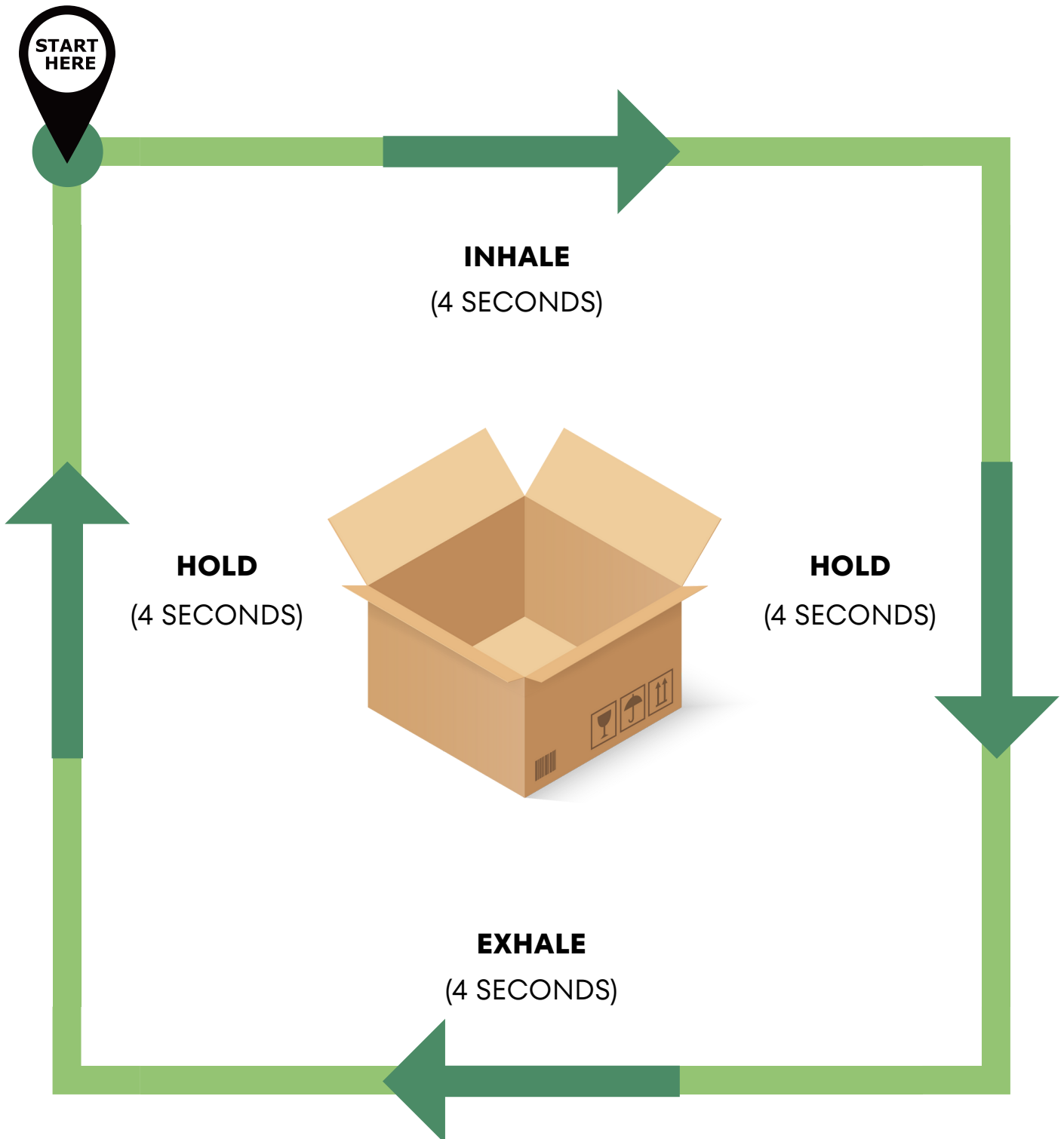
## FIVE FINGER BREATHING

Slowly trace from the outside of the hand with your index finger. Breathing in when you trace upwards and exhaling when you trace downwards:



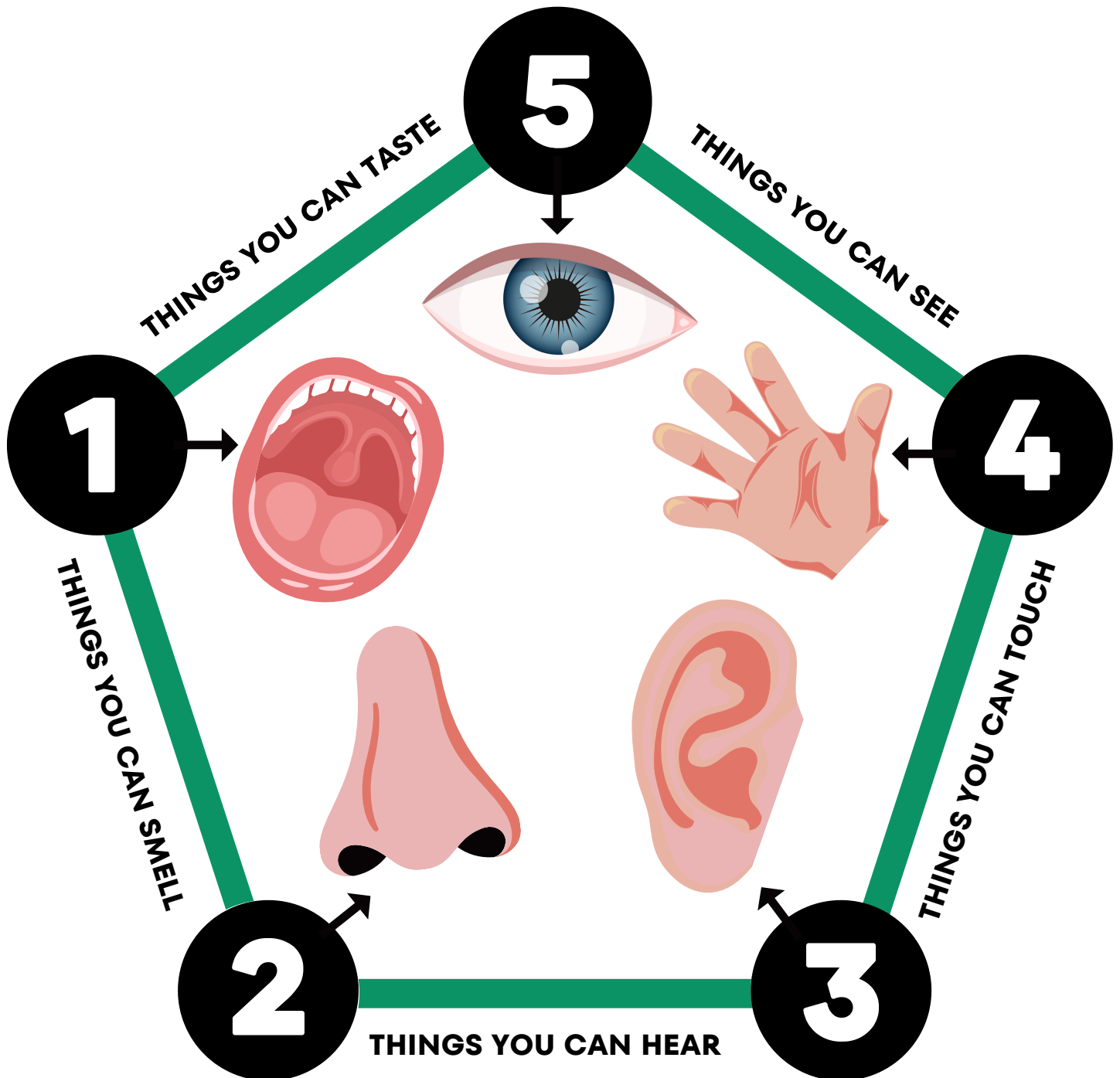
## BOX BREATHING

Box breathing can be an effective breathing exercise. Aim to repeat the cycle multiple times to re-centre:





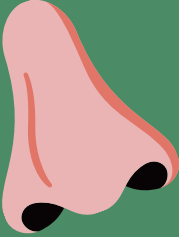


## 5-4-3-2-1 GROUNDING TECHNIQUE

This grounding technique can bring your awareness back to the present during a craving:



## SELF-SOOTHING

A way to remember this skills is to think about soothing each of your five senses. Consider things you could do whilst experiencing a craving:

<p><b>Sense of Sight</b></p> <p><b>1</b></p> 	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p><b>Sense of Hearing</b></p> <p><b>2</b></p> 	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p><b>Sense of Smell</b></p> <p><b>3</b></p> 	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p><b>Sense of Taste</b></p> <p><b>4</b></p> 	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p><b>Sense of Touch</b></p> <p><b>5</b></p> 	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>

Adapted from DBT® Skills Training Handouts and Worksheets, Second Edition. Copyright 2015 by Marsha M. Linehan.

## PROGRESSIVE MUSCLE RELAXATION (PMR)

An exercise that reduces stress and anxiety in your body by slowly tensing and relaxing muscles. Aim to tense a muscle group for 5 seconds followed by a relaxation of 10 seconds. This technique can be conducted seated or lying down.:

### Relaxation Sequence

#### 1. Right hand and forearm:

Make a fist with your right hand.

#### 2. Right upper arm:

Bring your right forearm up to your shoulder to 'make a muscle'.

#### 3. Left hand and forearm:

repeat as for right hand and forearm.

#### 4. Left upper arm:

repeat as for right upper arm.

#### 5. Forehead:

Raise your eyebrows as high as they will go, as though you were surprised by something.

#### 6. Eyes and cheeks:

Squeeze your eyes tight shut.

#### 7. Mouth and jaw:

Open your mouth as wide as you can, as you might when you're yawning.

#### 8. Neck:

Face forward and then carefully pull your head back slowly, as though you are looking up to the ceiling.

#### 9. Shoulders:

Tense the muscles in your shoulders as you bring your shoulders up towards your ears.

#### 10. Shoulder blades and back:

Push your shoulder blades back, trying to almost touch them together, so that your chest is pushed forward.

#### 11. Chest and stomach:

Breathe in deeply, filling up your lungs and chest with air.

#### 12. Hips and buttocks:

Squeeze your buttock muscles

#### 13. Right upper leg:

Tighten your right thigh.

#### 14. Right lower leg:

Pull your toes towards you to stretch the calf muscle.

#### 15. Right foot:

Curl your toes downwards.

#### 16. Left upper leg:

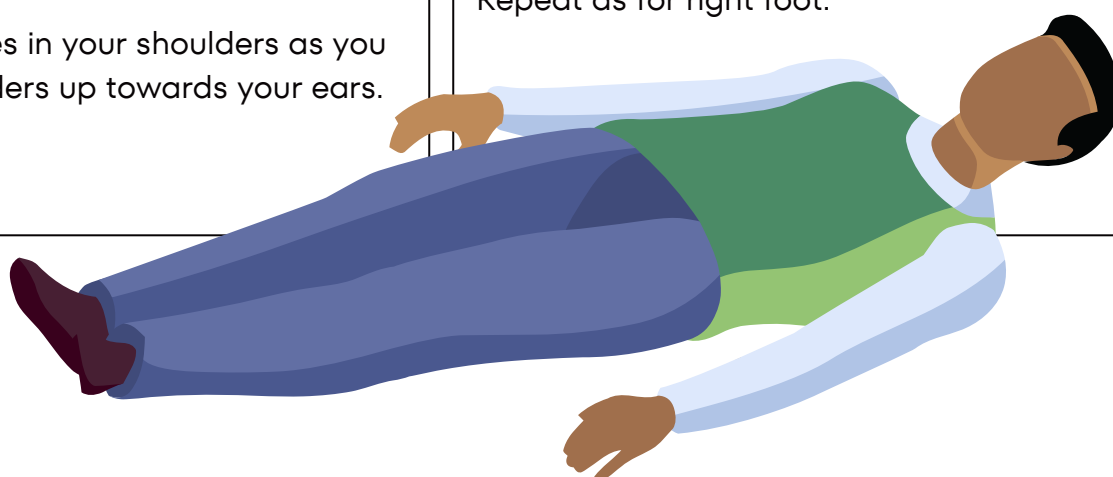
Repeat as for right upper leg.

#### 17. Left lower leg:

Repeat as for right lower leg.

#### 18. Left foot:

Repeat as for right foot.



Adapted from McCallie, M. S., Blum, C. M., & Hood, C. J. (2006). Progressive muscle relaxation. *Journal of Human Behavior in the Social Environment*, 13(3), 51-66.

## DELAY DISTRACT DECIDE

The 3Ds technique can be an effective way to challenge a craving before it reaches this peak and provides a good framework for managing cravings longer-term:

### DELAY

Do not give into the craving immediately, give yourself an agreed time period to consider

I will delay for...

### DISTRACT

Do something to occupy your thoughts/actions during this time period

Things you could do and for how long:

### DECIDE

Following this time period make your decision whether to give into the craving or continue with alternative actions

Advantages of not giving into the craving:

Disadvantages of giving into the craving:

Reasons I want to reduce cannabis:

My life goals:

## CRAVING MANAGEMENT PLAN

Reflect on the things you could do to manage future cravings for cannabis use in the boxes below:

What I plan to do when I experience a craving:


## CRAVINGS DIARY

Over the next 7 days, monitor your cravings to use cannabis and examine any patterns and coping strategies which are supportive:

When, where, who with & how long?	Thoughts at the time	Feelings at the time	Craving intensity (%)	How did you cope?

When, where, who with & how long?	Thoughts at the time	Feelings at the time	Craving intensity (%)	How did you cope?



# **SOCIAL NETWORKS & RELATIONSHIPS**

## PEER SUPPORT

When making changes to our cannabis use it can be beneficial to get support from our peers and people with lived experience of using cannabis. This can be through a combination of personal friends, family members and colleagues in our everyday life or through peer lead mutual aid groups. There are a wide range of mutual aid organisations in the UK for people that use cannabis specifically or other substances.

The most widely known form of mutual aid groups are the 12-step fellowships and SMART Recovery. Traditionally mutual aid group meetings occur in-person at local venues in the community, but since the COVID-19 pandemic there has been a significant rise in online/ hybrid group options which further increases the accessibility:

**12-step Fellowships:** Based on the Alcoholics Anonymous (AA) program in the 1930s recovery model.

**SMART Recovery:** Applies psychologically-informed Cognitive Behavioural model to promote active decision making.

Confidentiality is an important in mutual aid groups meaning what is shared in a meeting stays in the meeting. Mutual aid groups can hold the viewpoint that recovery in substance-use is a life long condition, therefore can be an approach which aims to provide a potentially life long accessible network of peers.

### Mutual Aid Group Signposting

SMART RECOVERY - [www.smartrecovery.org.uk](http://www.smartrecovery.org.uk)

Marijuana Anonymous (MA) - [www.ma-uk.org](http://www.ma-uk.org)

Narcotics Anonymous (NA) - [www.ukna.org](http://www.ukna.org)

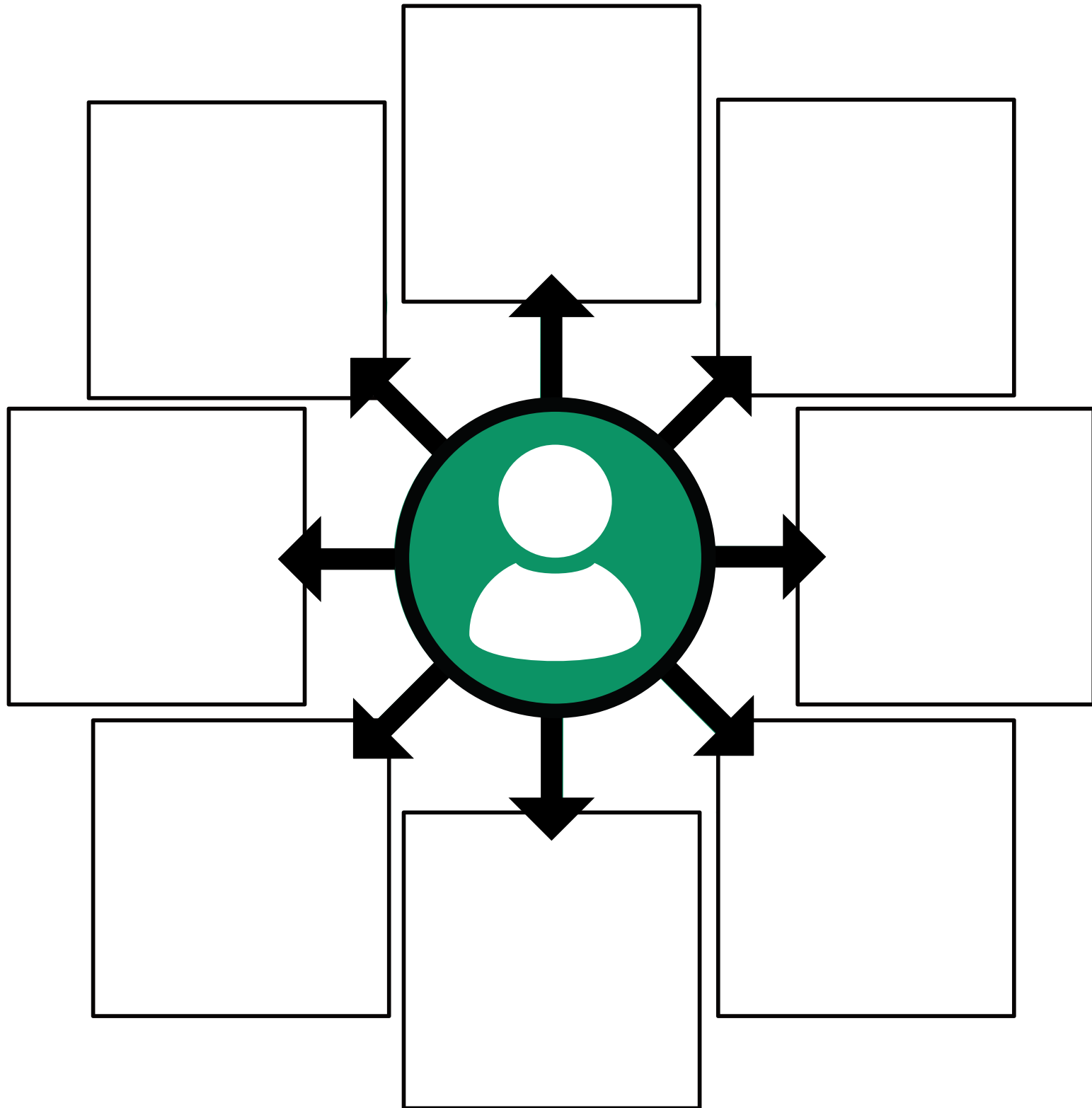
Dual Diagnosis Anonymous (DDA) - [www.ddauk.org](http://www.ddauk.org)

### Cannabis Clinic for Patients with Psychosis (Peer Group)

The CCP also facilitates a weekly online peer group on Tuesdays (16:00-17:00) which is hosted by clinicians and peers at the clinic and typically involves local and worldwide professionals and people with lived experience exploring topics relevant for people who use cannabis. To join the group contact the clinic via email ([cannabisclinicforpsychosis@slam.nhs.uk](mailto:cannabisclinicforpsychosis@slam.nhs.uk)).

## MAPPING SOCIAL NETWORKS AND RELATIONSHIPS

Use this map to explore the social networks and relationships which are important to you in life:



Adapted from Day, E (2013) Routes to Recovery via the Community, Public Health England, London

## IMPACT FROM CANNABIS USE ON OTHERS

Having mapped out the important people in your life now consider what impact your current cannabis use has on them and what impact this has on your relationship:

Person	Impact my cannabis use has on them

## CLOSING DOORS

When making changes around our cannabis use it is important to consider what doors we may be intentionally or unintentionally leaving open. These open doors can place us at-risk of not achieving our goals:

Door	How could you close this door?
Do you socialise with people who still uses cannabis regularly?	
Are you still going to areas where you have used cannabis?	
Is there anyone who is not supportive about you making changes around your cannabis use?	
Do you still have dealers phone numbers?	
Have you told people around you that you want to make changes around you cannabis use?	

## ASSERTIVENESS SKILLS

When exploring the social networks and relationships in our lives it can be useful to consider how we can navigate potentially negative influences to our cannabis use. For example, close friends or family members who still use cannabis and want to tempt you with a return to old habits.

Developing our assertiveness skills can be a significant way to maintain the changes to our cannabis use around people who still use cannabis. Being assertive is the most effective way to communicate to people how you are thinking and feeling, and expressing your intentions.

Practicing assertiveness allows you greater control over your life and resolving any uncomfortable feelings with others. As with all skills the more we practice and learn the more effective we can be at utilising this in everyday life. Below are seven points to consider when being assertive:

- 1. Think before you speak:** Decide how you are going to react to someone before speaking. Think about what is the other person's intention.
- 2. Plan the most effective way to make a statement:** Be specific and direct in what you chose to say to get your intended message across.
- 3. Pay attention to your body language:** Make sure your words and your body match the intention of your statement.
- 4. Give others your full attention:** Try to understand the other persons perspective and give them the opportunity to express themselves.
- 5. Be willing to compromise:** You don't need to "win" a conversation. There are ways to be assertive around your intentions without making the other person feel unhappy.
- 6. Restate your assertion if you're not being heard:** Persistence and consistency in your message can be important for being clear about your intentions.
- 7. Changing habits requires conscious efforts:** The first-steps will potentially be difficult and feel awkward, but being more assertive is a skill which requires training and practice.

## ASSERTIVENESS SCENERIOS

To further develop your familiarity with assertiveness skills utilise the below potential scenarios people experience around cannabis use. Consider how you would practice assertiveness in each scenario to support meeting your goals around cannabis use:

A close friend you have previously smoked with regularly	
A known associate (e.g. co-worker, classmate)	
A new acquaintance you have met at a social event	
A close relative you have smoked with in the past.	
Someone you have met outside a local drugs service	
A dealer you pass on the street	

## REFUSAL SKILLS

Managing your social networks and relationships with people who still use cannabis can often result in the common issue of being offered cannabis. The below five tips describe how you can practice refusal skills as a method for dealing with this issue:

**1. Say "No":** Reject the offer in a clear, firm and unhesitant voice. Incorporating direct eye contact with the offer holder can also be a good non-verbal sign of your confidence in your refusal. Being as clear as possible in a polite way makes your intentions known and should reduce the further attempts.

**2. Change the subject:** Once you've clearly expressed "No", try changing the topic of conversation to something not relating to the substance-use. For example, "No, thanks, I'm not smoking cannabis right now. You know, I'm glad I did come to this party I haven't seen you in a long time, what have you been up to?"

**3. Suggest an alternative:** A "No" could also be followed up with the suggestion of an different activity to do instead. For example, "No thanks, I'm not smoking cannabis right now. Do you fancy grabbing a coffee instead, or going for a walk instead on Saturday?"

**4. Request a behaviour change:** After a clear "No" and attempts to suggest alternatives and/or the subject and the person is still putting pressure on you try to challenge the behaviour. For example, "You know I'm not smoking at the moment. I'm good, you don't have to keep offering it to me."

**5. Avoid using excuses:** The reliance on false excuses could imply a future want to use, these could include "taking medication" or "feeling unwell". An excuse may sometimes be relied on as a last resort if you feel less able to refuse in more direct ways.

## REFUSAL SCENERIOS

Now you are familiar with refusal skills, use the below role play activities to practice these. Try practicing both characters in each scenario and think what you would do or say differently:

**Scenario 1:** "John" is at a party and recently stopped smoking 2 weeks ago this is the first time he's been out in a social setting since. "Alex" (who he used to smoke with) approaches him outside and offers him a joint."

**Scenario 2:** "Mia" is walking back from work. She hasn't smoked in a month. She sees "Toni" (who he used to smoke with) walking up to her smoking a joint."

**Scenario 3:** "Abdel" is on his way to a keyworking session when he gets off the bus he sees "Maya" coming out the building (who he knows smokes)."

**Scenario 4:** "Ava" is on her way to the cashpoint to get money out to pay for her shopping as it's her pay-day. "Theo" sees her getting cash out and comes over (who she knows deals)."



# LAPSE & RELAPSE

## LAPSE AND RELAPSE

The terms lapse and relapse can often be used interchangeably by people and cause confusion because these two distinctive processes in recovery:

**Lapse:** A one-off event which sees a return to an old drug-using behaviour.

**Relapse:** A prolonged return to an old drug-using behaviour.

Although lapses and relapses can be uncomfortable they are a necessary part of changing our behaviours around cannabis use. They provide opportunities to learn from our mistakes and implement future learning to avoid or minimise the potential for future occurrences.

Thinking about past lapse or relapses when you have met your goals or abstinence from cannabis can appear counterproductive, through fear of this causing a return to old behaviour. It can also be important to reflect on previous lapses and relapses when things are going well in our relationship with cannabis. During these times of stability it can be significant to develop a plan which can be used in an emergency lapse occurs or avoid this becoming a relapse.

Q1. What have been the previous reasons for lapsing or relapsing on cannabis in the past?

Q2. What has helped in the past in managing a lapse or relapse on cannabis?

## THREE STAGES OF A RELAPSE

**1. Emotional Relapse:** During this process you are not consciously thinking about using cannabis, but your emotions and behaviours are setting the foundations for a potential future relapse. Signs of an emotional relapse could include: anxiety, anger, mood swings, isolation, poor sleeping habits, intolerance and defensiveness.

Q1. How could you manage an emotional relapse?

**2. Mental Relapse:** During this process you may feel an internal war in the mind where part of you wants to use cannabis and the other part does not. Signs of a mental relapse are: glamorizing past use, hanging out with previous friends that use, fantasising about use, planning a relapse around people's schedules and lying.

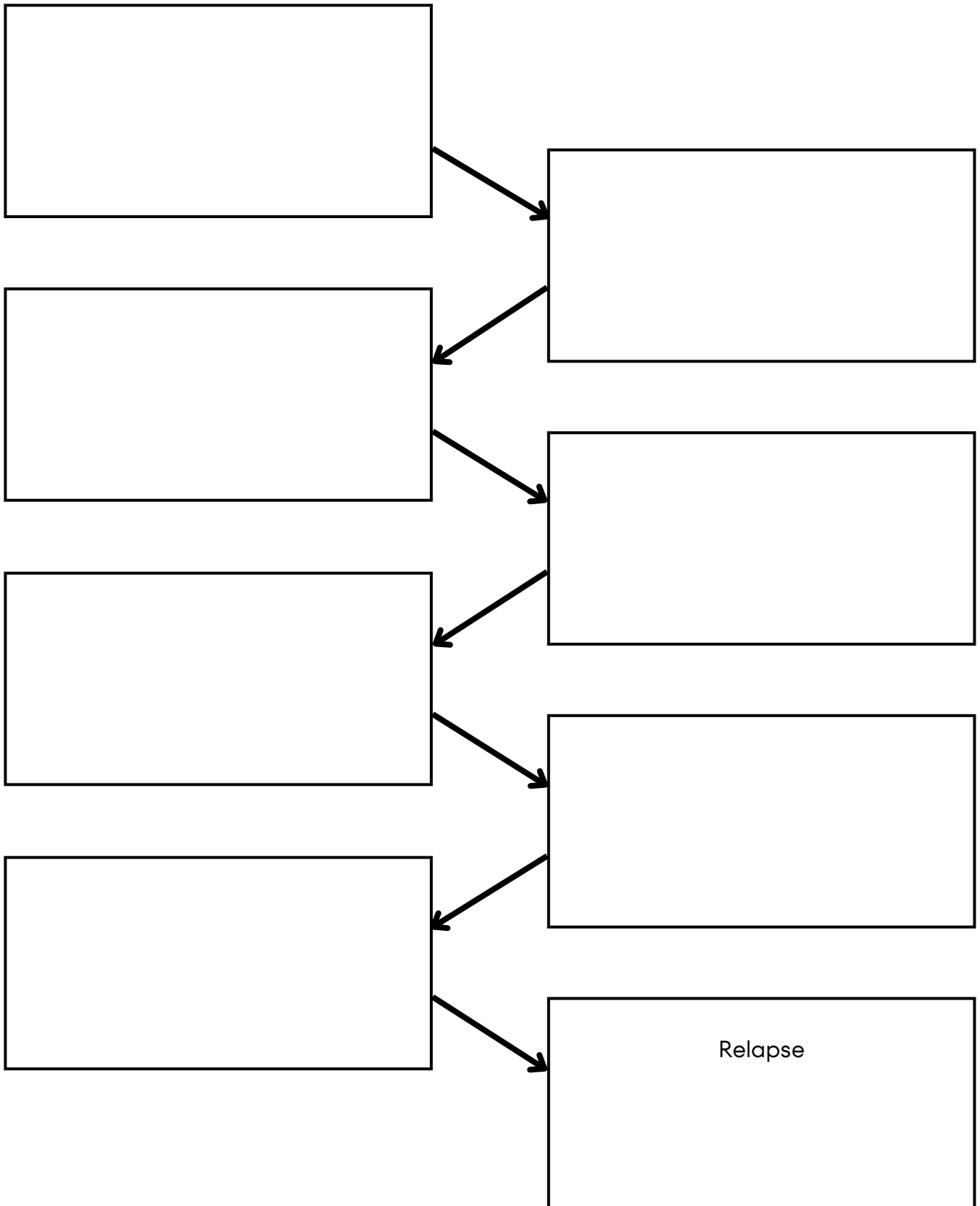
Q2. How could you manage a mental relapse?

**3. Physical Relapse:** This is often the final stages or an emotional and/or mental relapse and involves you physically going and setting out to use cannabis. Signs could include: meeting your dealer, going to a friends house that uses and getting money out the bank.

Q3. How could you manage a physical relapse?

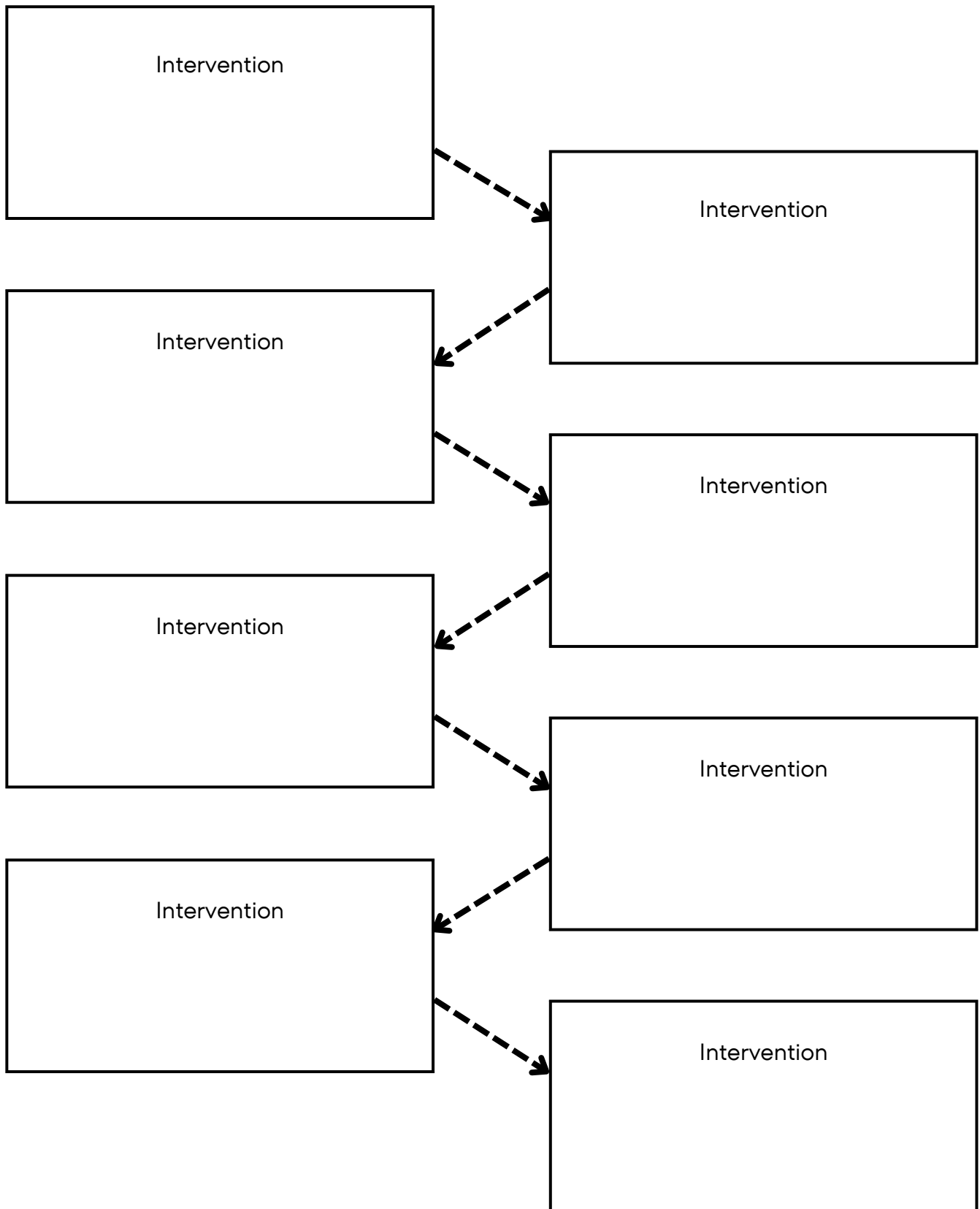
## THE RELAPSE CHAIN

Think about your last relapse and use the chain below to reflect on what could have lead up to this relapsing occurring:



## THE RELAPSE CHAIN INTERVENTION

Using the previous chain, consider how you could have intervened at each stage to stop this relapse progressing:



## RELAPSE PREVENTION PLAN

Consider the people, places and things you could do in the moment if you were triggered or experienced a craving for cannabis and create your own relapse prevention plan:

My SMART goal:

The things I could do if I experienced a trigger or craving to lapse:

- 1.
- 2.
- 3.

The places I could go and feel safe:

- 1.
- 2.
- 3.

The people I could contact in the moment for support:

- 1.
- 2.
- 3.

## AFTERCARE PLAN

Consider the next steps you want to make with your cannabis use and wider life goals. Use this aftercare plan to consider the goals, next steps and deadline dates:

	Goal	Next steps	Date
Cannabis			
Social networks and relationships			
Education, employment and training			
Financial			
Physical and mental health			
Hobbies and interests			
Housing			
Legal			
Other			

## MORE INFORMATION

### **Adfam**

A national charity for families and friends of drug users. It offers support groups and confidential support and information.

[www.adfam.org.uk](http://www.adfam.org.uk)

### **Talk to FRANK**

Gives confidential advice to anyone concerned about using cannabis or other drugs.

[www.talktofrank.com/](http://www.talktofrank.com/)

### **South London and Maudsley NHS Trust (SLaM crisis support)**

24-hour crisis line no: 0800 731 2864

<https://slam.nhs.uk/crisis/>

### **Release**

They give free non-judgmental, specialist advice and information to the public and professionals on issues related to drug use and drug laws.

[www.release.org.uk](http://www.release.org.uk)

### **DrugScope**

Gives online information on a wide range of drug related topics. They do not have a helpline.

[www.drugscope.org.uk](http://www.drugscope.org.uk)

### **NHS Live Well (Stop Smoking Support)**

Advice on how to access treatment to stop smoking.

<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>

### **MIND**

Mental health advice and support.

[www.mind.org.uk](http://www.mind.org.uk)

### **Samaritans**

24-hour listening support phone no: 08457 90 90 90

[www.samaritans.org](http://www.samaritans.org)