Information Sheet: Synthetic Cannabinoid Withdrawal

Synthetic cannabinoids, also referred to as synthetics, are substances that mimic the effects of cannabis, although with significantly greater potency and efficacy. Current evidence-base on management of synthetic cannabinoid withdrawal is sparse. This information sheet collates available evidence and makes some practical suggestions around management.

Reported withdrawal effects:

The withdrawal reaction from synthetic cannabinoids can be significant and more severe than that seen with cannabis withdrawal. The following are some of the commonly reported synthetic cannabinoid withdrawal effects:

- Irritability
- Anxiety, Panic attacks & Fear of dying
- Memory problems; Difficulty concentrating; & Confusion or disorientation
- Insomnia
- Difficulty breathing & Rapid heartbeat
- Constipation
- Nausea & vomiting
- Difficulty eating & Weight loss

Not all clients experience the effects listed above and some may also be experiencing other symptoms not listed.

In our experience clients using high amounts of synthetic cannabinoids (usually over 5g daily) are at higher risk of developing significant withdrawal symptoms.

Clients with co-existing mental health disorder including mood, personality and psychotic disorder are also more likely to experience more problematic symptoms associated with withdrawal.

The withdrawal setting:

The withdrawal setting should be selected for each individual patient. Withdrawal can be managed in an ambulatory setting (i.e., outpatient, home-based detoxification), a community residential unit or in a hospital.

The choice of withdrawal setting requires a clinical assessment and discussion with the patient (and where possible family or carers).

Factors to be considered in determining the most appropriate withdrawal setting for an individual include:

- Likely severity of withdrawal and occurrence of severe withdrawal complications
- Use of other substances: individuals who report heavy use of other drugs (e.g. benzodiazepines, psychostimulants, opiates) may be at increased risk of withdrawal complications and generally require close monitoring and supervision (e.g., community residential unit).
- Concomitant medical or psychiatric conditions: patients with significant comorbidity may require hospital admission until medically cleared. Patients may be able to be ‘step down’ to less intensive withdrawal settings to complete withdrawal once medically stable.
- Social circumstances, the availability of a safe environment and ‘home’ supports
- Outcome of prior withdrawal attempts; repeated failure at ambulatory withdrawal may be an indication for referral to a specialist addiction service
- Patient preference and availability of resources.
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**Recommendations**

1. Patients attempting substance withdrawal are vulnerable to psychological stress. Treatment is more effective in an environment that is quiet, non-stimulating and non-threatening.

2. Many patients experience nausea and/or vomiting during withdrawal. It appears that frequent, light meals are generally better tolerated in the first few days of withdrawal. Patients with severe nausea/vomiting or profuse sweating may develop dehydration. Dehydration can cause severe disturbances of fluid and electrolyte balance and should be corrected with oral fluids or via intravenous infusion if necessary. Anti-emetics such as metoclopramide or ondansetron can be prescribed.

3. Anxiety, agitation and insomnia can be managed using diazepam 2.5-5mg tds pm for a maximum of 5 days or quetiapine 12.5-50mg prn. Our experience is that quetiapine is more effective at managing symptoms of synthetic cannabis withdrawal. The dose of quetiapine depends on level of synthetic cannabis use; previous use of quetiapine and whether or not the client has any co-existing medical or mental health problems. The majority of patients require low doses which can be tapered over 7-14 days. Please note this is an off label use of quetiapine and the patient will need to be informed of this.

4. If a patient has a history of seizures avoid prescribing quetiapine.

5. Psychosocial interventions (non-pharmacological approaches) are highly recommended for cannabis withdrawal management. There is growing evidence for psychosocial interventions generally, and the risks are considered minimal. Areas that have a strong evidence-base generally include sleep hygiene, progressive muscle relaxation, meditation, exercise and family support.

Most symptoms peak 2-6 days after cessation. The symptoms that take longer (some weeks) to subside include sleep disturbances (including disturbing nightmares) and mood disturbances such as irritability.

For further information call the CADS Medical Officer Helpline 021-784-288 or 845-1818

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Any prescription of benzodiazepines should be long acting preparations, no more than 7 days' supply and should be monitored carefully.