ADF MENTAL HEALTH & WELLBEING

CANNABIS
What is cannabis?

Cannabis is the generic term used for the psychoactive substance derived from the three species of the Cannabis plant. The main psychoactive component in cannabis is delta-9-tetrahydrocannabinol (THC). ‘Psychoactive’ means that it has a relatively significant effect on the central nervous system. THC potency varies in different cannabis products.

Cannabis is generally used in three forms: marijuana, hashish and hash oil. Marijuana is the dried flowers and leaves of the plant. It is the least potent of all cannabis products and is usually smoked. Hashish is made from the resin of the plant which is dried, pressed and smoked. It can also be added to food and eaten. Hash oil, the most potent cannabis product, is a thick oil obtained from hashish. It is also smoked.
Common questions about cannabis

Can you become ‘addicted’ to cannabis?

There are multiple aspects of addiction including the physical, the social and psychological/emotional factors. Long-term marijuana abuse may eventually lead to physical addiction. Being dependent on a drug means that you need repeated doses of the drug to feel good or to avoid feeling bad. There is clear evidence of a cannabis withdrawal syndrome, with symptoms including anxiety, irritability, disturbed sleep with an increase in vivid dreams, nausea, excess salivation, tremor, weight loss, and increased body temperature. These symptoms usually resolve themselves overtime but this can vary from one week to two months after ceasing cannabis use.

Can cannabis cause anxiety?

Anxiety and panic attacks are among the most common negative reactions to Cannabis reported by users. Some people, however, use the drug in a belief it will relieve their anxiety, but find that it usually makes it worse in the long run. There are concerns and indications that cannabis use may cause or exacerbate longer lasting forms of anxiety disorders such as panic disorder.

Is there a link between cannabis and mental health?

There is consistent evidence which shows that cannabis use may exacerbate psychotic symptoms in people who have a mental disorder, even if they no longer have acute symptoms. Cannabis may also trigger a first psychotic episode in people with a personal or family history of schizophrenia.

What are the harms associated with cannabis use?

The National Cannabis Prevention and Information Centre (NCPIC) reports that although the short-term consequences of cannabis use are fairly well-known, the long-term effects of regular use are less so.
Consequences

Short term cannabis-related problems include:

• impaired attention, memory and psychomotor performance while intoxicated
• cannabis-induced psychosis
• an increased risk of motor-vehicle accident.

Determining the long-term effects of cannabis, however, is difficult. Often people use more than one drug so consequences cannot be exclusively linked to cannabis. Also, it can take some time for long-term effects to become apparent, making associations between cannabis use and outcome less clear.

Long-term harms that are probably associated with cannabis use include:

• subtle impairment in attention, memory and the ability to organise complex information
• risk of developing dependence on cannabis
• respiratory problems, such as bronchitis

It is also possible that other long-term harms are associated with cannabis use, such as:

• increased possibility of heart attack in people with risk factors for heart disease
• increased rate of lung cancer
• increased likelihood of pre-cancerous changes
• oral health problems (such as tooth decay or gum disease) resulting from dry mouth
• some evidence that cannabis may affect human female fertility
• difficulties with problem-solving and attention for children exposed to cannabis in the womb.

Synthetic Cannabinoid Products (‘Synthetic Cannabis’)

These products are usually sold in foil sachets typically containing 1-3 grams of dried plant matter to which one or more of the cannabinoids have been added. It is believed that a solution of the cannabinoids is sprayed onto the herbal mixture. A number of plant-based ingredients are often listed on the packaging but scientific testing has found that many of these are not actually present.

Synthetic cannabis are often classified as ‘research chemicals’. Research chemicals are experimental chemicals that are not approved for human consumption. The vast majority of these chemicals have only been recently synthesized and little, if any, data exists currently about their side effects, adverse reactions, long term damage or dependence potential. Most importantly, there are no officially published safety data and almost nothing is known about their effects on humans.

In addition to the possible legal consequences of using these products, we know little about their ingredients and as a result the possible health consequences of using them via any route of administration are as yet unknown.
Cannabis and the ADF

The ADF has a zero tolerance policy on the use of illicit drugs by its members. This means that any member found to be using illicit drugs will be required to ‘show cause’ why they should be permitted to remain in the ADF. A request for voluntary referral without any disciplinary or administrative sanction can only be made if the Defence member has not previously reported involvement with prohibited substances, or if the Defence member has not been identified for Prohibited Substance Testing Program (PSTP) testing. For more information, refer to DI(G) PERS 15-5 Management of the use or involvement with prohibited substances in the Australian Defence Force.

The ADF conducts random drug testing of ADF members. Both cannabis and its synthetic variations are tested for in the PSTP. Cannabis is the most commonly detected drug in the Prohibited Substance Testing Program. Cannabis remains detectable in urine for some time after use, so a person could return a positive test up to 10 weeks after they have used cannabis.
Where to seek help

Your chain of command is a primary resource that can provide advice, referral and support. You can also contact your local on base Health Centre, Mental Health Professional, Chaplain or the Duty Officer/Officer of the Day for immediate assistance and referrals.

The ADF Mental Health All Hours Support Line (ASL) is a confidential telephone service for ADF members and their families available 24/7 on 1800 628 036 or if calling from overseas +61 2 9425 3878.

If you are away from base, or for out-of-hours assistance, you can call 1800 IMSICK to locate the nearest support.

Chaplains are connected to all units in Australia and can provide support and appropriate referrals.

The ADF Health and Wellbeing Portal

The Portal is an online information resource tool for all current and ex-serving ADF Members and their families.

Other Resources

Defence Family Helpline (1800 624 608)

The Defence Family Helpline is your first point of call for support, information and connection with your community. The Helpline is available 24/7 for ADF members and their families, and is staffed by qualified human services professionals including social workers and psychologists.

You can also email the Helpline on DefenceFamilyHelpline@defence.gov.au and receive a response within 24 hours.

Veterans and Veterans Families Counselling Service (VVCS). This 24 hour service is available to veterans of all deployments and their families on 1800 011 046.