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"An exploration of Australian adolescent cannabis addiction and a critique of some of the current psychotherapeutic interventions available in Northern N.S.W Australia."

Introduction

Cannabis addiction is responsible for a diverse range of health issues amongst the adolescent population of Australia. In the past 20 years a rise in cannabis related psychosis, depression and anxiety disorders have lead to a serious revaluation by health professionals who previously perceived cannabis to be a low health risk drug*(http://www.mhca.org.au/documents/MHCACannabisfinalLR.pdfcited 26/05/09*. The North Coast of NSW Australia has been linked with excessive levels of cannabis use and cultivation since the 1970's therefore, it is an area identified within this paper with a need for treatment services. This paper is: an exploration of Australian adolescent cannabis addiction and a critique of some of the current psychotherapeutic interventions available in Northern N.S.W Australia. Firstly, this paper will address the history of cannabis culture and the demographic of adolescent use in the NSW North coast area. Secondly, changes to the cultivation and levels of potency present in cannabis today have attributed to a rise in health issues experienced by the adolescent population. Thirdly, the paper will explore four current psychotherapeutic interventions available to young people living on the North Coast of NSW. This will be followed by a case study of a 15year old female who is currently undertaking Holistic Counselling for cannabis addiction in Byron Bay.

The use of Cannabis throughout history is long, controversial, spiritual and colourful. Evidence of intoxicating marijuana use dates back in Chinese history as far as 2737 BC *(Lester, Grinspoon, James, Bakalare& Russo: 2005:263).* Its consumption though, as a consciousness altering substance and a conduit for contacting other dimensions was limited. A Chinese Sharman's guidance was required to be present for those who chose to summon up spirits capable of speeding up time and prophesizing the future *(Dunselman: 2006:86).*
Buddha was said to have survived on a single hemp seed during his six stages of asceticism which then led to his enlightenment. Persia, Mesopotamia and the Himalayas all have spiritual connections with the drug pre dating Christ. The Scythes took the plant to Europe where members of the classical worlds such Heroditus took part in its consumption. The Greeks and Romans were also aware of its consciousness altering properties *(Dunselman 2006:86).*
In 1000AD the use of cannabis in India had become so popular it was a part of daily life and the religious activities of the nation. A description of one common religious feast is described as follows:
"At the feasts in the honour of the bloodthirsty goddess Kali, victims were given a drink containing hashish. They were then pushed under the gigantic wheels of a chariot carrying a statue of a goddess. In a trance others threw themselves before the feet of sacred elephants to be trampled underfoot. According to an estimate made in 1806, the number of victims at these festivities amounted to 20 000 people every year" *(Dunselman 2006:87).*
Arab culture, The Crusaders, the Egyptians, North Africans , the Spaniards, Pygmies, the Aztecs, tribes of North American Indians and of course the Caribbean nations all have had a relationship with the drug throughout ancient history *Dunselman 2006:90).*

It was not until the 21st century that an explosive rise in its use was connected with young people in countries across the western world. The counter culture of the 1960's celebrated cannabis and advocated its positive influence on the world.
(http://quarterbloom.com/blog1/2009/04/20/the-history-behind-420-a-counterculture-holiday/cited8/5/09). Hippies, university students, high school students and young

professionals incorporated the use of the drug into their lifestyles, initially as a consciousness expanding drug and then as its use increased it became a drug used for leisure, increasing pleasure and then a remedy for inner restlessness, loneliness and emptiness *(Dunselman 2006:94).*

Northern N.S.W. Australia has been identified as an area associated with high levels of cannabis use and cultivation since the 1960's. The surfing culture of Byron Bay and the coastal fringes smoked cannabis and identified with the drug as enhancing a liberating, non conformist lifestyle. In 1973 students and young people radicalized by the protests of the Vietnam War gathered in the village of Nimbin, Northern NSW to celebrate the Age of Aquarius and explore the meaning of peace *(http://www.nimbin-aquarius.netfirms.com).* Free love, the dawning of consciousness and cannabis were synonymous.

Today cannabis culture continues to thrive in the hinterland and coastal communities of Northern NSW. Nimbin, hosts the annual 'Mardi Grass' festival which pays homage to the drug. This is a culturally rich family friendly event where children can see "ganga" fairies and watch the giant joint make its way through town in a colourful street parade. There are competitive events such as joint rolling and bong throwing which completes with the annual picker's ball. In Mullumbimby you can buy a slice of "Mullumbimby madness" a flavour of pizza from the local pizza shop named after a potent strain of local cannabis.

Australian and American politicians, teachers, judges and other well know identities are comfortably admitting to using cannabis at one point or another throughout their lives. American President Barack Obama who spoke publicly on national television had this to say about his experience with cannabis,
"Look when I was a kid I inhaled. Frequently……..that was the point,"
(http://www.youtube.com/watch?v=cpBzQI_7ez8).

Although cannabis is the most widely used illicit drug in the world *(http://www.aihw.gov.aucited26/5/09)* and perceived by many as a relatively safe drug, it is also the most common illicit drug reported in Australian hospital emergency room admissions, treatment centres and autopsies. From 2001 to 2002, Australia saw a doubling in the rates of people seeking cannabis treatment from a rate of 21% overall to 45.5% in people aged less than 20 years *(http://www.aihw.gov.aucited26/5/09).* The rise of psychotic illness and behavioural disorders relating to cannabis dependence amongst young people has been a growing concern for health care professionals for the past 10 to 20 years
(http://www.mhca.org.au/documents/MHCACannabisfinalcited 28/6/09).

Evidence of a rise in mental illness and adverse health issues associated with regular cannabis use amongst the adolescent population can be attributed to both, the socially acceptable and perceived low health risk involved with its use, and a change in the drug's cultivation.
The Mental Health Counsel of Australia reported in 2006 that a serious re-evaluation of cannabis use and its connection with mental illness was needed. This report titled "Where There's Smoke, Cannabis and Mental Health" found that high levels of cannabis use amongst the Australian adolescent population attributed to a dramatic rise in the risk of suicide, psychosis, anxiety disorders, depression, respiratory illness, negative self image, low self esteem, paranoia and self harm. The belief that cannabis is a low health risk drug was believed to be a highly influential factor contributing to its experimental and regular use.
(http://www.mhca.org.au/documents/MHCACannabisfinalcited 28/6/09).

The mean age of a first time cannabis user in Australia is currently 14.9 years although on the extreme scale of the spectrum the Australian Department of Community Services has observed incidences of 6 yr olds sharing bongs with their grandmothers *(http://www.mhca.org.au/documents/MHCACannabisfinalcited 28/6/09).*

Recent changes to the cultivation of the drug have seen a rise in mental health issues particularly amongst young people. THC or delta-9-tetrahyrocannabinol is the active ingredient responsible for the psychoactive effects experienced from cannabis intoxication. Evidence suggests that the cultivation of cannabis has changed from what was typically grown 20 or more years ago *(http://www.mhca.org.au/documents/MHCACannabisfinalLR.pdfcited 26/05/09).* The potency of the drug has increased dramatically due to stronger strains being cultivated, genetic modification and the use of hydroponics and high potency fertilizers.
Research from the Australian Mental Health Counsel indicates that younger users, those who fall into the14-19 year age bracket, prefer the stronger forms of cannabis, typically genetically modified strains where the flower or 'the heads' have been cultivated to produce very high levels of THC. This research also indicates a direct connection between regular adolescent cannabis use of potent hydroponically grown cannabis and anxiety disorders, depression, self harm, psychosis, insomnia, respiratory diseases such as asthma, schizophrenia and suicide *(http://www.mhca.org.au/documents/MHCACannabisfinalLR.pdfcited 26/05/09).*

According to the Australian Drug Foundation, there is mounting evidence that regular adolescent cannabis use increases the likelihood of psychotic symptoms occurring if users also have a personal or family history of mental illness. Susceptible individuals who avoid cannabis have a 25 per cent chance of developing psychosis, whereas susceptible individuals who smoke cannabis have a 50 per cent risk
(http://druginfo.adf.org.au/druginfo/fact_sheets/cannabis_factsheets/cannabismentalhealth.htmlcited26/5/09).

The available psychotherapeutic treatments available to adolescents in Northern NSW are limited. In-patient treatment centres such as 'The Buttery' cater to adults. There has been a rise in luxury detox and holistic rehabilitation centres opening in the area, although these are expensive and therefore unaffordable to the majority of the community. Economically viable and government funded in-treatment rehabilitation programs are not available in the immediate area for the adolescent population. For a person under 18 years, the closest in-treatment facility is over 350km away. This option requires separation from the potential support of friends and family. Free drug and alcohol dependency programs are available through community services, mental health care services, hospitals, out-reach programs, youth centres and GP's, although none of these provide cannabis specific programs.

The counselling models chosen and explored for the purpose of this paper are examples of some of the realistic options available to the adolescent population of Northern N.S.W. who are in a low economic demographic.

Motivational Interviewing

Motivational interviewing (MI) for the treatment of adolescents on the North coast of NSW for cannabis addiction is a brief counselling model currently implemented by health care professionals. These include local area health care services, youth workers, drug and alcohol counsellors, General Practitioners and school counsellors
(*http://www.mhca.org.au/documents/MHCACannabisfinalcited28/509).*

This harm minimization approach is supported by the Australian Government as one of the main counselling models used by drug and alcohol services, in-treatment and out -treatment programs. Also health care professionals working in the addictions field across the country. (*http://www.mhca.org.au/documents/MHCACannabisfinalLR.cited-21/5/09).*

MI compliments the adolescent phase typically experienced as a time of boundary pushing, experimentation and an increasing need for independence *(Peterson: 1989:380).* Adolescence is seen by many health care professionals as a difficult population to engage and treat successfully *(Wormer, Davis: 2008:101)*. MI by nature encourages and supports self responsibility, personal choice and the freedom to move forward when the client is ready. For this reason it is well suited to the adolescent age group.

Dr William Miller, the founder of MI, developed the process out of his work with clients with alcohol dependence in 1983. Dr William R.Miller defines the model as;

"A directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence" *(Miller, Rollnick: 2002:26)*

To further explore what this means Miller applies the term *directive* to the process and techniques used to resolve client ambivalence. It is "*client centred*" as it is the responsibility of the client to explore and transform their own ambivalence and create the behaviour change with which they are comfortable *(Wormer, Davis: 2008:100). Client centred* also refers to the Carl Rogers' model that states, what a client brings to the session are what the counsellor works with, rather than the directive approach where the counsellor's role is to ask questions, offer treatments and diagnose *http://world.std.com/~mbr2/cct.htmlcited29/5/09). Ambivalence* as a concept is central to this model of counselling. It is considered a natural state of being and prominent in situations where adversity occurs. It is the resolve of ambivalence that generates the motivation for change. *(Miller, Rollnick: 2002:19).*

The spirit of MI is central to the approach and is often perceived as of higher importance than the technique *(Wormer, Davis: 2008:101).* The spirit can be defined as the way in which the counsellor approaches the client and offers support and/or guidance. Dr Miller observed over an eleven year period, clients respond to the spirit of a counselling session with greater levels of motivation and commitment than if simply moved through the techniques by clinicians or trainers without approaching the process with the appropriate 'spirit' *(Miller, Rollnick: 2002:26).*

Contrasting the spirit of MI with opposing models of counselling, the spirit can be further explained as follows; the spirit of MI honours the client's expertise and perspectives and forms a partnership conducive rather than coercive to change. The spirit of MI uses evocation and the underlying presumption that the inner resources and motivation required for change, reside within the clients own goals, values and philosophy *(Miller, Rollnick: 2002:26).* An opposing model of counselling such as a client -directed model would challenge and override the client's perspective and offer awareness to an alternative reality. They may also strive to bring about the client's awareness to their denial. *(Miller, Rollnick: 2002:26).* A client -directed approach would rely on the assumption that the counsellor holds the knowledge, skills and insight required to motivate client change and heal through addiction.

Techniques implemented by Motivational Interviewing practitioners are underlined by four basic principles.

1. **Express empathy.** Irrespective of a clients perceived irrational ideas or their resistance to change and no matter how dysfunctional the MI style is empathetic, warm, respectful and accepting*(Wormer, Davis: 2008:101).*

   Dr Miller *(20002:37)* writes,
   "An empathetic counsellor seeks to respond to a person's perspectives as understandable, comprehensible (and within their own frame work) valid."

Dr Miller based the importance of empathy and genuineness specific to MI on a theory Carl Rogers tested. It stated that; for a counsellor to facilitate change with a client, three critical conditions must be present for the client to feel supported and allow the process for natural change to occur: "Accurate empathy, non possessive warmth and genuineness *(Miller, Rollnick: 2002:26). "*

2. **Develop discrepancy.** Reflective listening and feedback are mirrored back to the client highlighting the discrepancies between past and present behaviours *(Wormer, Davis: 2008:101).*

An example,

"On one hand you say it's imperative that you stop smoking cannabis, but every day you go home and smoke until you pass out, tell me about this."

If presented in a non-judgmental frame work where the client feels empathized with, the session allows the client to explore the discrepancies independently. This can then create an opportunity for self -awareness and deeper insight into the dynamics of addictive behaviour.

3**. Roll with resistance.** Ambivalence and reluctance to change are perceived as natural to the process. The MI counsellor is aware that compliance is not a goal. New perspectives are invited but not imposed. Resistance is redirected with simple statements such as "What you do with this information is entirely up to you." *(Wormer, Davis: 2008:101).*

4**. Support self-efficacy.** A client's belief that change is possible is an important motivator. There is also the view that there is no right way to change and that a client's own resources, creativity and experience are wells of hope and opportunities for perseverance *(http://motivationalinterview.org/clinical/principles.html cited23/5/09).*

Motivational Interviewing is used in conjunction with a variety of cannabis treatment programs in Australia. Although MI can be implemented as a counselling model alone often it is combined with Cognitive Behaviour Therapy or as preliminary therapy required to enhance motivation and commitment prior to undertaking in-treatment cannabis programs. It is seen to be particularly helpful in services where one–on-one client time and resources are limited (*http://ncpic.org.au*).

Limitations of motivational interviewing include;

- MI is generally used in conjunction with other models or as a preliminary stage in counselling. MI lacks the scope to cover the full spectrum of a client's needs from

beginning to end, compared to a more comprehensive model such as a holistic counselling model.

- MI lacks the statistical data and research findings required to gain full credibility within the clinical world of psychotherapeutic interventions, specifically the precise links between its processes and outcomes(*www.vcu.edu-meta-analysis.pdf+criticism+weaknesses+motivational+interviewing:cited 24/5/09).*

Transpersonal Psychology

Transpersonal psychology, also known as spiritual psychology, can be first linked to founding members of the psychotherapeutic world such as Carl Jung, Abraham Maslow and Carl Rogers.
Definitively Transpersonal Psychology is concerned with the study of humanity's highest potential and with the recognition, understanding, and realization of unitive, spiritual, and transcendent states of consciousness. (*http://en.wikipedia.org/wiki/Transpersonal_psychologycited23/5/09).*

The Australian psychology/psychiatry and psychotherapy movement has seen a rise in clinical psychologists adding a transpersonal professional dimension to their qualifications in the recent years. Due to the alternative lifestyle culture present on the North Coast of NSW this is particularly pertinent to the area. It is now relatively common for Buddhist mindfulness techniques, A Course in Miracles, Reiki, Yoga, Trantra, Zen or shamanistic practises to be interwoven within a psychology degree
(*http://www.groups.psychology.org.au/buddhismcited/23/5/09).*

Transpersonal Psychology treatments are financially viable and accessible forms of therapy for many Australian adolescents.
On 1 November 2006, the Australian Government introduced Medicare rebates for psychological treatment by registered psychologists. It is now possible for adolescent Australians and the Australian community to access up to 12 successive psychology sessions free of charge (*chargehttp://www.psychology.org.au/community/fees_rebatescited 24/5/09).*
Adolescents seeking treatment for cannabis addiction are often limited to their economic and environmental circumstances. Therefore Transpersonal Psychology for many adolescents is a viable option.

The spiritual aspect of this model contains a holistic quality from which many adolescents struggling with cannabis dependency may benefit. It is common for adolescents with a substance addiction to have a distorted or non-existent view of spirituality *(Estroff: 2005:231).* Influential to this is an increase in stereotypes propagated by popular culture which identify spirituality as unfashionable, fundamentalist, controlling or conservative. Adolescents with a combination of anxiety, depression, loneliness or isolation can be seen sometimes to revere the shadow states of human spirituality such as Nazi swastikas, the symbol for the devil 666, wearing only black, self-harming and the use of demonic imagery in artistic expression*(Estroff: 2005:231)* . Many young Australians have not grown up in an environment that supports a compassionate, evolving and/or individualistic concept of spirituality. This behaviour of reaching out to peer and culturally approved iconic shadow-states is perhaps an attempt to create a connection to spirituality where separateness and fear may dominate. It has been observed that recovering individuals who have experienced a spiritual awakening or connection to a spiritual state appear to have a sense of calm, peace and positive serenity.

For a recovering adolescent this can encourage and support behaviours required for healing from addiction *(Estroff: 2005:231).*

The psychological element to this model is based on clinical psychology. Central to its principles are psychological assessment and psychotherapy. The field is dominated by four main perspectives;

1. Psychodynamics developed -by Sigmund Freud.
2. Humanistic Psychology- influenced by the Existential Movement.
3. Cognitive Behavioural Therapy – which is based on the theory that how we think and how we act and feel are all related and interact in complex ways.
4. Systems or Family Therapy- which emphasises that integration and awareness of family relationship's are an integral factor in psychological health *(http://en.wikipedia.org/wiki/Clinical_psychology#Four_main_perspectivescited 29/5/09).*

Mindfulness Techniques are commonly implemented within modern Transpersonal Psychology. Borrowed from Buddhist meditation practices and philosophy, mindfulness combines the essence of connecting with spirit and the cognitive development of neural pathways often damaged through substance abuse. It has been found to be particularly successful with relapse prevention treatment *(Bein, Bein: 2002:8).*
Buddhist mindfulness practices incorporated into a Transpersonal Psychology session may include, daily meditation practice, breathing techniques, grounding techniques and the principles of the Buddhist's Four Noble Truths *(Bein,Bein: 2002:30).*

Another spiritual approach to the Transpersonal Psychology movement can be observed by spiritual psychologist Dr Lee Jamplolsky. Dr Jamplolsky suggests that addictive personality types have a deeper thirst for meaning and purpose in their lives and it is this element of the spiritual quest that compliments his work within the addictions field. Jamplolsky's connection to spirit combines his training with psychology and The Course of Miracles; a Christian based approach to spirituality that also incorporates aspects of Mysticism, Eastern religions, Platonism and psychology.
Dr Jamplolsky identifies;

"The addictive personality is created when we believe that looking out side of ourselves for happiness will bring us what we want and need" *(Jamplolsky: 2008:4).*

His is a similar philosophy to the mindfulness practice discussed earlier that identifies that within us, we hold the inner resources to heal. Through connection with spirit and our highest selves we cradle the possibility to be free from suffering and addiction.
Both Jamplolsky and Mindfulness practices offer step-by-step processes for the client to adhere to and follow as a conduit for change.

Limitations of Transpersonal Psychology include:

- Although this is a readily available treatment option for many adolescents who have medium dependency symptoms, the statistics of adolescents actually accessing this treatment model for the purpose of this paper where inconclusive.
  From personal experience working with adolescents in this field I have found that although there is awareness about this option of treatment, due to the level of self-

advocacy required on behalf of the adolescent, I suspect the use of it by this demographic to be low.

Marijuana Anonymous

An excerpt from a Marijuana Anonymous meeting:

"Who is a marijuana addict? We who are marijuana addicts know the answer to this question. Marijuana controls our lives! We lose interest in all else; our dreams go up in smoke. Ours is a progressive illness often leading us to addictions to other drugs, including alcohol. Our lives, our thinking, and our desires centre around marijuana—scoring it, dealing it, and finding ways to stay high" (*http://www.marijuana-anonymous.orcited26/5/09).*

Twelve Step programs such as AA (Alcoholics Anonymous) NA (Narcotics Anonymous) emerged from the philosophy of an American Evangelical movement called the Oxford Group that began in the 1920' and 30's. Although the basic ideas and some of the philosophy stemmed from this, the frame work, construction, principles and conception are a joint manifestation of Bill Wilson and Dr Bob Smith
(http://serenityfound.org/history/where_12_steps.html).

Marijuana Anonymous (MA) was founded in 1989, as awareness began to rise that it was a drug that people were becoming increasingly dependant upon *(Lester, Grinspoon, James, Bakalar& Russo: 2005:263).*
MA provides the adolescent client with a unique mixture of qualities that are unavailable through one-to-one therapy. Potentially, adolescent Australians with a cannabis addiction may benefit from the following characteristics;
a) Sharing feelings with those who experience the same challenges and suffering creates a mutually empathetic environment;
b) The group can become a peer group from where positive role modelling, acceptance and support can be found;
c) Realistic feedback and constructive criticism offers members the opportunity for a fresh perspective *(Lester, Grinspoon, James, Bakalar& Russo: 2005:263).*
d) Group therapy may generate feelings of optimism and hope which is a vital resource for eliciting change and supporting the process of healing;
e) Bonds are formed, friendships develop, as feelings of belonging support the healing journey.

The spiritual element of MA is a defining feature of the model. The most frequently asked question on the Marijuana Anonymous website is; "Do you have to believe in god?"
(http://www.marijuana-anonymous.orgcited 26/5/09).
The response identifies that it is not necessary to believe in a god consciousness to cease using marijuana. MA recognises that many people have differing definitions of God. Although the word "God" is used throughout the MA dialogue, particularly within the Twelve Step Program, spirituality is replaced as a generic understanding of God that encompasses all backgrounds and belief systems. The term "higher power" is also present for those that have no connection to spirituality and is translated as;
"A Higher Power may be the strength gained from being a part of, and caring for, a community of others. There is room in MA for all beliefs. We do not proselytize any

particular view or religion. In MA each of us discovers a spirit of humility and tolerance, and each of us finds a Higher Power that works for us" (*http://www.marijuana-anonymous.orgcited 26/5/09).*

The twelve step aspect of the program is a set of guiding principles that out-line a course of action and support.

The Twelve Steps of Marijuana Anonymous

1. We admitted that we were powerless over marijuana and that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God as we understood God.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove these defects of character.

7. Humbly asked God to remove our shortcomings.

8. Made a list of all persons we had harmed, and become willing to make amends to them all.

9. Made direct amends wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, as we understood, God, praying only for knowledge of Gods will for us and the power to carry that out.

12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to marijuana addicts and to practice these principles in all our affairs (*http://marijuana-anonymous.com/the_twelve_steps.html.cited 26/9/09).*

Limitations of Marijuana Anonymous include:

- There are only eight meeting locations Australia wide. The Australian Institute of Health and Welfare identified that from 2001 to 2002, Australia saw a doubling in the rates of marijuana treatment-seeking from 21% overall and 45.5% aged less than 20 years (*http://www.aihw.gov.aucited26/5/09).* This implies a very large gap in program availability verses client needs.

- Compared to 12 Step in-treatment programs, MA is not facilitated by a health care professional therefore the program is limited to the experience of those who are running the group at the time. For the adolescent population this also raises concerns about the safety of a minor due to the often vulnerable state of young people seeking addiction treatment.

- Although MA is the only substance specific treatment program available on the North Coast of NSW, the Byron Bay MA meetings held in the Emergency Department of the local hospital are attended by adults. The youngest members are approximately 20-25yrs of age. The average member is middle-aged. Adolescents are often reluctant to share experiences and express emotions with adults who represent the majority in group situations.

- Clients begin to see the addiction as an identity. The program opens with each member stating that they are a marijuana addict and that they have come to the realisation they are powerless over their addiction. This paradigm may also hold the client in a victim mentality that lacks self empowerment and self actualisation.

The Sophia Holistic Counselling Model

Developed by Dr Patricia Sherwood this client-centred, holistic counselling model aims to understand and support the client at the deepest levels of human experience *(Sherwood: 2007:9).*

The anthroposophical four-fold model of the human being is used as a diagnostic tool and guide for the Sophia Holistic Counsellor. The physical body, the etheric body or chi force, the astral body and the spirit are all addressed when attempting to support and facilitate the needs of the client.

Addiction is seen as a symptomatic response to disharmony present within each of the anthroposophical levels of humanistic experience. From an anthroposophical perspective, when a person becomes intoxicated from cannabis a partial separation of the astral body, from the ethereal and physical occurs. Initially, this process results in symptoms such as spontaneous laughter and feeling "high" which is the euphoric feeling experienced from the person energetically raising themselves up above their immediate environment *(Dunselman: 2006:99).* This is known in the Sophia model as "excarnating". Over time and with long term use, the tendency for the astral body to float up and away from the physical and ethereal, can lead to the person feeling increased levels of apathy and introspection. Furthermore, in chronic use this ongoing separation of the energetic sheathes may cause the opposite feelings to the "high", these being increased levels of fear, anxiety and restlessness *(Dunselman: 2006:99).* This level of chronic excarnation caused by ongoing cannabis use may lead to cannabis psychosis *(Dunselman: 2006:99).*

The Sophia model outlines the treatment plan for adolescent cannabis addiction as follows:

1. Accessing the client's intention- The client is guided to explore some of the causal issues underlying their cannabis addiction. Costs and benefits of the addiction are exposed and discussed. The client is encouraged in their own time and individual way to integrate

their "will" or intention towards committing to the healing process of recovery *(Sherwood: 2007:265).*

2. Strengthening the client's resources –Strengthening the client's "I am" or spirit is fundamental to the counselling process. The developmental phase of healthy adolescence is intended to be a process of strengthening one's capacity to manifest the physical, emotional and spiritual destiny required for adulthood. This process is dissolved by chronic cannabis use (*Dunselman: 2006:114)*. Therefore, connecting the client to her highest potential and creating the foundations of inner and outer resources is of great importance *(Sherwood: 2007:265).* The Sophia model has a number of creative and client centred techniques for strengthening the clients "I am".

3. Creating the hand of safety- This is a network of supportive persons such as friends, family, teachers, mentors and/or a group therapy model that will link the client with people who support their intention to heal *(Sherwood: 2007:265).*

4. Identifying the craving: attachments and implants- The craving for cannabis is isolated as a feeling and behaviour. The Sophia counsellor will use body based counselling techniques and art therapy to guide the client to "step in" to the site where the craving has been triggered in the body. The client will often describe and draw the feeling as a complex system of connecting core emotional traumas, known in the Sophia vernacular as an "Implant". The underlying traumas will need to be healed, usually requiring a session each. Once all the traumas are cleared the implant can be carefully removed and "attachments" severed (*Sherwood: 2007:266).*

5. Remaining incarnated: In order for a client to heal from addiction the "I am" must be present .For adolescence who have a cannabis addiction this is particularly important. The very nature of the drug is its "excarnating" quality. This combined with the developmental cycle of adolescence makes this stage of the Sophia process particularly important. The Sophia Model technique known as the "incarnating sequence" teaches the client to recognise the symptoms of "excarnating" during moments of craving and becomes aware of the importance of staying present in the body.

6. Healing the imprints: The client heals the underlying astral wounds and toxic invasions creating the implant. Guilt, shame, disempowerment, fear, anxiety, grief, boundary, grounding work and self parenting are perhaps just some of the potential issues that will be required to be healed and transformed. The Sophia model has a diverse range of techniques to facilitate this process.

7. Removing the attachment to the essence of the addiction- Clients with cannabis addiction have described the "essence" of cannabis as wilful, frenetic, highly agitated and active *(Sherwood: 2007: 267).* The essence is experienced as removing these unwanted feelings from the client and replacing them with feeling both calm and relaxed *(Sherwood: 2007: 267).* This contract runs the life of the addicted person who is self-medicating as a response to the underlying traumas causing the addiction in the first place. Once the client is ready and the implant has been removed, severing the attachment to the essence results in the client being able to resist craving the substance *(Sherwood: 2007:267).*

This journey facilitates the "I am" to return to the body, for the physical, astral and etheric forces to re-balance so the client can become whole once more. For the adolescent this means they are capable of manifesting the deepest aspects of their destiny.

Ideally the Sophia model would be complimented by Family Systems Therapy and the Anthroposophical Arta Community Model *(Sherwood: 2007:267).* As in-treatment programs have a high rate of success amongst the adolescent age group the Arta Model would be highly beneficial to The North Coast of NSW.

The Sophia Model currently offers free, weekly one-to-one counselling for adolescents with a cannabis addiction at the Mullumbimby and Byron Bay Youth Activities Centre. Group therapy is also available with a Sophia Holistic Counsellor at Byron Bay High School.

Limitations of Sophia Holistic Counselling include:

- The process of recovery is lengthy and requires a high level of commitment on behalf of the client. Adolescents are notoriously a difficult age bracket to engage for long term treatment *(Estroff: 2005:231)*..
- The underlying philosophy and many of the techniques are based in spirituality and esoteric in nature. Some adolescents from the North Coast can be cynical or rebellious when involved in a process that requires connection to heart space and spirit. Many of the adolescents in the area are more conservative than their parents and resistant to therapy that has a "new age" style.

A case study implementing the Sophia Model of Holistic Counselling

Background information

Alexandra is sixteen years of age. She has a fair-skinned complexion, is thin in physique and considered beautiful, gentle and intelligent by her peers. She attends a state high school, is academic, artistic and lives with her parents. She has been dependant on cannabis for 2 and half years. She has experienced an increase of anxiety, insomnia and intrusive thoughts in the last 6 months. She does not eat regularly and has an irregular menstrual cycle.

Alexandra's father is emotionally controlling, abusive, paranoid and a dominating force in her home. Her father is addicted to gambling and periodically spends all the weekly family income on poker machines and horse racing. Alexandra's father also grows a large hydroponic cannabis crop outside her bedroom window which she is required as house hold chore to water, tend and 'tip' the plants of their potent new growth ready for sale and consumption. Alexandra's parents deal and smoke the cannabis they grow, Alexandra describes them as 'big time' dealers in the area. Alexandra's mother has a co-dependant relationship with her husband and role-models submissive behaviour as appropriate behaviour to her daughter.

Alexandra's grandfather died 2 years ago. She feels he was the only stable adult in her life and is aware she has not resolved her grief over his death.

I first met Alexandra when she voluntarily joined the Chrysalis girls support group 18 months ago. Chrysalis is a group therapy program I facilitate on a weekly basis from Byron Bay High School. Chrysalis aims to empower and educate young women predominately in areas of sexual assault/sexuality, healthy relationships and substance abuse. My first significant interaction with Alexandra was when she bravely volunteered to write and read aloud a personal account of her experience of sexual assault to an audience of 100 other young women at a conference. (See appendix 1. for this monologue.) She described the experience of the conference as incredibly empowering. Alexandra continued to attend the weekly support group over the next year and was considered one of the most dedicated members.

Six moths ago I noticed a decline in her attendance and was told by other group members that she was spending a lot of time with her new boyfriend. On an occasion when she did return to a group meeting she disclosed a personal account of being locked in a room by her boyfriend and pushed around. Alexandra described her boyfriend as controlling but was highly defensive of other group members expressing concern or judgment. I ran co-dependence and domestic violence themed workshops in response to Alexandra's situation.

Alexandra approached me 2 months ago and asked if I could help her with her cannabis addiction. She expressed that her anxiety levels were increasing every day and that she'd begun to experience chronic anxiety, intrusive thoughts and insomnia. She told me she had attempted suicide a month prior by swallowing a large dose of antibiotics which had left her unconscious for 2 days. Her cannabis intake is often over 20 "cones" a day and she regularly vomits or passes out at the end of each night.

The most recent and frightening experience she said she has had involved her 'pulling about 20 cones in a row' and blacking out of consciousness. When she regained consciousness she remembers running across her lawn into her garden shed where she repeatedly screamed and threw her body into the sides of the shed wall hysterically. Her father ran to her and put his arms around her until she stopped screaming. When she woke the next day she apologized to him but soon after he left the house and she wasn't sure when he would be back. Alexandra blames her out of control behaviour and chronic cannabis use as the reason for her father leaving the house. Her father also has a history of leaving the family for weeks at a time in situations of stress and blaming her or her mother as the causal reason.

Alexandra has told me she can not discuss with her parents the obvious fact her parents grow the substance that is symptomatically responsible for her dysfunctional and concerning behaviour. Currently her bong has been confiscated by her parents as a disciplinary measure.

Session 1

Presenting issues

Client wish: "To explore my addiction with cannabis."

I work from the local youth activities centre with Alexandra and was unable to get into a room for our first session so we sat in the sunlight on the grass. I began with simple stretching and breathing exercises but was conscious that she wanted to talk, so we did.

Alexandra told her current story with intensity and was noticeably anxious and excarnated. She spoke of her cannabis use as being out of control and of concern to herself and family. She expressed how she feels a victim in many areas of her life and described a lifelong recurring pattern of being taken advantage of by her friends. Using Eagan communication strategies of clarification and respectful open listening I established that this was an issue where she felt hopeless and encouraged Alexandra to explore why this happens. Alexandra explained it was her way of being polite which she is aware she has learnt from her mother. I sensitively challenged Alexandra to address how she systematically sets herself up in situations where she is overly generous with her friends and then finds fault in them for taking advantage of her. Alexandra was open to this perspective and identified she has been doing it for years. She added this emotional imprint to her list of possible issues she may like to work on in future sessions.

She discussed her cannabis use and explored possibilities for supporting her journey towards recovery. Alexandra expressed that she would really like to stop smoking one day but has very little self confidence in her ability to stop smoking. She told me that her mother wants her to take anti-anxiety medication and that she is comfortable with this, in fact she is hoping that prescription medication will alleviate symptoms of anxiety, insomnia and intrusive thoughts. She has no intention of reducing her intake of cannabis while on this medication. I gently presented Alexandra with alternatives that would not only help her symptoms but also support her goal to recover from cannabis addiction. I also put forward that she has many options for treatment and while she may choose to take the anti-anxiety drugs (highly addictive benzodiazepines) I could help her to explore some other options if she would like to try them. I shared the idea that she has not tried any measures to stop smoking as yet; therefore she is in a positive and hopeful position as there are many avenues to potentially explore.

I had prepared handouts for Alexandra to take home with her that covered etheric and physical strengthening exercises such as yoga, meditation, insomnia techniques, dietary advice and anxiety reducing breathing techniques (see appendix 2).
We set up a journal in which she is able to write poetry and express herself artistically about her journey with cannabis addiction. Within the journal were also specific journal tasks for mapping her use and identifying triggers. I explored a few short term goals which Alexandra was committed to. She expressed she wanted some activities for when she feels idle or cannot sleep.

Intentions for week 1

1. Do the breathing exercise when she notices her breath has become high and rapid in her body and she is feeling anxious.

2. She attempts to do one Salute to the Sun yoga technique every day.

3. To try the meditation technique once.

The other resources such as the dietary advice and the insomnia technique she was very happy about and felt she'd have no problem implementing where possible. I was mindful to avoid creating a situation where she may set up her expectations and not fulfil her

commitments thereby feeling guilt or shame. The emphasis was on creating resources she can implement if needed and to focus on nurturing feelings of self acceptance. As we were out in the sun we got up and went through the Salute to the Sun yoga sequence together to end the session.

Group therapy 1

Alexandra came to group very anxious and noticeably physically and emotionally uncomfortable. Our group topic addressed the issues raised in the media recently concerning the Four Corners expose on the Australian football culture of group sex, assault and consent. Alexandra became intensely angry at one point with the other members asking her to gently "chill out Ash," I validated her anger by simply observing that she was angry and encouraged her to talk about that. She spoke of wanting revenge on people who do violent horrible acts that had and "eye for an eye" philosophy. Alexandra left the session restless and anxious.

Group therapy 2

In response to the anger present in the previous week's group it was decided by myself and the group members that an anger workshop would be helpful. We planned a trip to the ocean where we could have space and privacy to release some energy. Alexandra and the group were happy and relaxed to be walking in the bush on the way and chatting. On the sand we practiced a martial arts technique called "Fire One" that raises heart energy, brings in the "I am" and moves blocked energy. All the members spoke of feeling centred, calm and energised after this exercise. We then sat in a circle on the sand and discussed how anger affects our lives. I provided some tools for coping in situations where explosive anger is inappropriate which included breathing exercises and using "I feel…." statements. We then walked down to the edge of the ocean as I instructed the group to think back to the last time they felt explosive anger and place their hands where they could feel the energy, breath and tension locked in their bodies. They then pulled it up and exploded it out with a loud "Ghhh" across the waves. This was repeated until everyone felt released. We finished the session by making sand sculptures of qualities that restored inner calm and peace. Alexandra spoke of the experience with joy and excitement and was noticeably happy and calm.

Session 2

I set up and was prepared, Alexandra called me in tears. She spoke of her boyfriend needing her and could not come. Alexandra repeatedly expressed guilt over not calling me sooner to cancel. I was warm and empathetic and allayed her fears that she was not "in trouble". I suggested she take some time to herself when she gets a moment and do some yoga or meditation. She was happy with the suggestion.

Recommendations for follow up sessions:

The following is a suggestion for further treatment. It will be of the utmost importance to be sensitive to where Alexandra is on the day and in the moment. The sessions I predict will be gentle and slow with a lot of attention placed towards resourcing, bringing in her "I am" and strengthening her etheric and physical rhythms. It is with these qualities in place that the following treatment plan would occur.

- Strengthening of Alexandra's "I", connecting her will towards the intention to heal from addiction. Boundary and grounding techniques may be implemented at this point.

- Resourcing. I have collected a number of symbolic images with Alexandra's nature and potential missing qualities in mind. Sand play and water colour may also be used.

- Heal the yin wounds from any unmet needs which may include: parental issues, her relationship with her friends, boyfriend, and unresolved grief from her grandfather's death. Also; Self- Parenting techniques will be implemented such as the mother/father archetypes in clay.

- Clear the yang wounds. These I suspect will be connected with her father, friends, her sexual assault and many other possible sources. Alexandra speaks often of her feelings of disempowerment in many aspects of her life. Empowerment work will be imperative to Alexandra's journey.

- Create a network of support that may include friends and mentors. The Buttery Rehabilitation Centre has an out reach worker in the process of creating an adolescent substance support group in the area which would support this stage.

- Incarnation work will require teaching Alexandra to recognise the feelings of being present and grounded. Alexandra will begin to raise her awareness of excarnating at different times in her routine and the effects of excarnating from cannabis use will also be explored and noted in Alexandra's journal work. I suspect this stage of the process to take some time.

- This would be followed with the Sophia Addictions Treatment Plan as out lined on page 10.

Summery

The history and current culture of cannabis use on the North Coast of NSW is clearly, an influential factor contributing to regular cannabis use by the adolescent population. It is saddening that in an area where creativity and individuality is encouraged; cannabis addiction is undermining the ability for many of its young people to manifest their full potential. Further education and awareness to the dangers of adolescent cannabis use is required and should be supported by adequate Government funded treatment programs. It is also clear, that the perceived low health risk status associated with the drug, is not consistent with the current statistical data (see appendix 3) relating to mental health issues and adolescent use*(http://www.mhca.org.au/documents/MHCACannabisfinalLR.pdfcited 26/05/09*. Both in-treatment and outreach programs incorporating cannabis specific therapies are needed. Ideally, a multidimensional approach integrating, Holistic Counselling, Family Systems Therapy, Mindfulness Techniques, and Adolescent Group Therapy would be of benefit to the community as a whole. If a holistic and multidimensional approach was implemented on the North Coast of NSW the community may be better able to support their adolescent population towards long-term recovery from cannabis addiction.

(Appendix 1 – An experience of sexual assault written by Alexandra at 14 years)

"FOUR MONTHS BEFOREHAND"

"Its okay", he told me.

"Are you ready?" he whispered.

Four months beforehand I couldn't have pictured myself in this situation. I wouldn't have ever imagined it. Four months beforehand I didn't know feelings such as mistrust, lost love, pain, deep and searing pain, gullible and naïve could even exist in a 14 year olds mind frame. Four months ago I wouldn't have believed – I wouldn't have ever guessed – I could feel as disconnected as I did.

Four months beforehand I guess I was naïve.

I was walking towards the canteen. Little did I know this walk would change my perspective of life as I knew it.

He bumped into me, more like a brush, actually. I stopped to mumble a quick apology. He did the same. Looking into each other's eyes, he smiled and said "Your eyes are intoxicating". Now it seems corny, but in that moment I thought It was sweet. From that point on we were constantly smiling and waving and chatting, until it grew more into phone conversations, computer, messaging and talking. It didn't matter what form of communication it was, it was always there. Everyday. Eventually I would start visiting his house on weekends, sometimes even after or during school. He really had me going. Once he stood in the rain waiting for me to hop off the bus to visit him at his home until his mum told me to leave, usually around 12 or 1.

It was fine by us. Usually we would be seeing each other the next day anyway. He never did try any funny business with me as he never knew my beliefs. I wanted to be in a serious relationship. I wanted to be in love.

About three months into whatever was going on, we were getting pretty heated while watching a movie, when he slid his hands down my undies. Immediately I pushed this boy off me. I wanted to know what the hell he was thinking! He knew I didn't do any of those sorts of things. He said "sorry", but seemed annoyed but so was i.

I wasn't even his girlfriend yet. By the time I returned home I had been sent a My Space message saying he was sorry, but didn't want what was going on anymore. I was devastated, all wrong. He waited for the big bang that never came, so he gave up. Sex never dame and neither did my idea of a serious relationship.

Friday morning came and left and my alcohol arrived. I think I ended up drinking six UDLs, some goonsack, vodka, and even a little red wine. I was so drunk and intense, my friend told me not to bother coming back to her house.

I made my way into town and we instantly spotted each other. He said the crappest apology I still have heard to this day. It was shit and I was desperate. Upon hearing of my "no place to stay" that night, he kindly offered his house like the gentleman he was. So he "knew I was safe". I again accepted, he helped me walk back to his place, to his room and to his bed. I began freaking out about his mum, but he assured me she was away. I remembered needing to vomit.

He undressed me. I wasn't used to his being so rushed in doing so. Usually he was tender. This time he knew what he wanted. He took off my undies. I was so embarrassed and uncomfortable; I told him repeatedly that this was a bad idea. He proceeded to get naked in front of me. I remember cringing at the sight of his penis. He clambered up on top of me and I said "No". He hushed me with a kiss. "Its okay", he told me. "Are you ready?"

I couldn't breathe, I couldn't move. I didn't want to be there. I hated him. He then proceeded to take my virginity. He took it from me; he stole my magic moment in life that is meant to be shared with someone special. Only once do you experience it, and I have to shut mine out of my mind. I began to drift in and out of awareness. Sensing this, he made me get on top so I couldn't zone out. I couldn't escape. I don't know if it was more physically or emotionally painful.

I woke up the next day to him shaking me and saying can I leave, before his mum woke up. It was 7.30 am. I was so upset, I knew she wasn't there. Walking to my friend's house forty minutes away, I wondered if he had ever liked me. Or would he ever talk to me again. He didn't.

Four months afterward I didn't care. I didn't care about much. In one way I'm a little thankful. He taught me that even someone you pretty much love can lie to you and change your thoughts forever. Four months before though, I cared – I cared a lot.

(Alexandra 14yrs)

(Appendix 2 – Written techniques and support for Alexandra given at session: 1)

Quick breath technique

When you feel nervous, anxious, or catch yourself breathing high in the chest, you can follow this simple 4 step technique.

1. Exhale completely, blow out every single bit of air from your lungs as best you can.

2. Bend over. I like to fold my arms in front of my stomach when I bend to get that extra little bit of air out. Bending over expels the last bits of air from your lungs. When you're totally out of air make sure you hold your breath, so you don't accidentally let any air in.

3. Stand up while holding your breath. This increases lung volume, so air will *want* to flow into your lungs, but don't breathe. Wait about 10 seconds until your body really needs a breath.

4. Then, when you can't take much more, breathe! You should feel your breathing has switched to deeper and more rhythmic breathing.

5. Breathe deeply for 2 mins. Once you let your body take that unregulated breath in step 4, your nervous system reboots your lungs, and your previous tense and anxious breath can be replaced with deeper slower breath.

6. Relax and connect with your surroundings.

Insomnia technique

Instructions:

- Get comfortable.
- Take a moment to relax, breathing in and out in slow, deep breaths.

- Once relaxed, shift your attention to your right foot. Feel your awareness in your foot then slowly tense the muscles. Squeeze as tightly as you can while counting to 10.
- Relax your right foot. Feel the tension flowing away from your foot as it becomes limp, loose and relaxed.
- Take a deep breath and continue to relax your foot.
- Follow the same sequence for your left foot.

Starting from the feet, move slowly up each muscle group in your body. Here is an example pattern:

- Right / Left Foot
- Right calf / Left calf
- Right thigh /Left thigh
- Hips and buttocks
- Stomach / Abdominals
- Lower Back
- Chest
- Upper Back and Trapezoids
- Right / Left Arm and Hand
- Neck and shoulders
- Face

Remember when you are unable to sleep, get up after 20-30 mins, read or write your thoughts down in your journal and practice breathing technique or meditation technique. Wait until you are feeling tired until lying down again.

Salute To The Sun – Yoga

1. Mountain  Begin by standing in Mountain pose, feet about hip width apart, hands either by your sides or in prayer position. Take several deep breaths.	**2. Hands up**  On your next inhale, in one sweeping movement, raise your arms up overhead and gently arch back as far as feels comfortable and safe.	**3. Head to knees**  As you exhale, bend forward, bending the knees if necessary, and bring your hands to rest beside your feet.
4. Lunge  Inhale and step the right leg back	**5. Plank**  Exhale and step the left leg back into plank position. Hold the position and inhale.	**6. Stick**  Exhale and lower yourself as if coming down from a pushup. Only your hands and feet should touch the floor.
7. Upward Dog  Inhale and stretch forward and up, bending at the waist. Use your arms to lift your torso, but only bend back as far as feels comfortable and safe. Lift your legs up so that only the tops of your feet and your ahnds touch the floor. It's okay to keep your arms bent at the elbow.	**8. Downward dog**  Exhale, lift from the hips and push back and up.	**9. Lunge**  Inhale and step the right foot forward.

10. Head to knees	11. Hands up	12. Mountain
 Exhale, bring the left foot forward and step into head-to-knee position.	 Inhale and rise slowly while keeping arms extended .	 Exhale, and in a slow, sweeping motion, lower your arms to the sides. End by bringing your hands up into prayer position. Repeat the sequence, stepping with the left leg.

Yoga

Surya Namaskar, the Sun Salutation is a series of 12 postures performed in a single, graceful flow. Each movement is coordinated with the breath. Inhale as you extend or stretch, and exhale as you fold or contract. The Sun Salutation builds strength and increases flexibility. Different styles of yoga perform the Sun Salutation with their own variations. However, the flow presented covers core steps used in most styles.

A single round consists of two complete sequences: one for the right side of the body and the other for the left. On days when you think you have no time for yoga, try and do at least one or two rounds of the Sun Salutation. First thing in the morning is particularly lovely and this is a lovely technique whenever you're feeling stress, cravings, anxiety etc.

Lennox yoga lounge offers $10 classes- contact Liz on 0422274646

lennox yoga lounge

@ fitness matters

Mon	11 - 1pm	Yoga	Liz	General
Tue	6 - 8 PM	Yoga	Liz	Level 2
Wed				
Thur	6 - 8 PM	Yoga	Karena	Level 1
Fri				
Sat	4.30 - 6.00 pm	Yoga	Liz	Foundations
Sun	10-11.30 AM		Karena	Restorative with guided meditation.

Meditation practise

 1. Set up a meditation space/alter - light a candle, find a picture that connects you with feelings of calmness and sit in front of it. Collect flowers and small objects that are special to you and place them on your meditation space/alter.

2. Get comfortable - sit cross legged or kneeling, wear something comfortable, make sure to be warm or cool enough.

3. Place your hands on your thighs and close your eyes.

4. Breath in slowly and deeply in through your nose and out your mouth. Gently scan your body and notice areas of tension within your body. Breathe deeply for 5 slow breaths.

6. Focus your thoughts on an image that comes to your mind from nature, a mountain, beautiful old tree, the ocean, an animal, an image that brings calm and openness into your heart. Find an image that supports you in this moment.

7. Imagine the image is in front of you and focus your thoughts energy and breath towards it. Breathe it in, feel it connecting to you and filling up your body with each slow breath.

8. Breathe in this feeling for 20 more breaths, allow thoughts that might distract you to come and go, remember they are only thoughts and it's ok to be distracted. Return you focus to your image and continue to breathe.

9. Relax slowly open your eyes and notice any changes in your body and feelings.

10. Look around the room and find something white. Allow your eyes to slowly find something soft.

11. Take 2 long slow breaths and have a large glass of water.

Nourishing your Body

Eat : Fresh vegetables, pumpkin, potatoes, baby spinach, rocket, avocados, lemons, limes, cucumbers, celery and sprouts, onions, garlic.

Fruits like pawpaw, apples, bananas.

Nuts- almonds, pecans etc. (good for snacks)

Fish (not deep fried, pan fried is ok), tofu, lean meat, rice.

Avoid: Some specific foods/drinks to avoid are alcohol, coffee, soft drinks, lollies, cookies, commercial baked goods, white flour pasta's, deep fried foods, animal fats, lots of cheese, milk or ice cream.

Drink: Lots of water. Have a bottle with you throughout the day. Warm water with lemon when you wake up can help your system to detox for the day.

Herbal teas such as dandelion tea, peppermint and specific detox teas are great and available from a health food store.

Eat three meals a day plus small snacks like nuts and fruit in between to keep your energy up, this will help with cravings.

Remember if you're hungry you will want to smoke more.

Take vitamin C and B group vitamins this will help with the detox process and also help with your anxiety levels.

Exercise

Sweating causes your body to release the THC from your system.

Getting your heart rate up and sweating every day will also help you sleep and lower your anxiety levels.

Mix walking, running on the beach and yoga into your routine.

Swimming and walking/running being by the ocean will give you good energy and also lower anxiety levels.

(Appendix 3)

Australian adolescent Cannabis use – an overview of relevant statistics:

The Australian Institute of health and Welfare identifies the following statistics relevant to adolescent marijuana use, treatment and addiction;

 Marijuana is the most widely used illicit substance in communities around the world, particularly among young adults.

 Marijuana is the most widely used illicit drug in Australia, with 37% of males and 29% of females reporting having used it at some time.

 Adolescents aged 14-19 as more likely to be current users of marijuana than tobacco.

 Marijuana is also the most common illicit drug reported in Australian hospital emergency room admissions, treatment admissions and autopsies. From 2001 to 2002, Australia saw a doubling in the rates of marijuana treatment-seeking from a rate of 21% overall and 45.5% aged less than 20 years *(http://www.aihw.gov.aucited26/5/09)*..

In 2006 the Mental Health Counsel of Australia identified the following statistics in 2006;

 The average age for first use of cannabis for 12-19 year olds is now at 14.9 years. This is of particular concern because it occurs at a time of physiological changes in the brain *(http://www.mhca.org.au/documents/MHCACannabiscited26/5/09).*

 A cross-sectional study found that use of cannabis weekly or more often among 14-15 year olds was associated with a 13 times greater risk of reporting a suicide attempt in the same year compared with non-users, after adjusting for confounding factors.

 A survey of 2066 Victorian secondary school students who used cannabis weekly found a fivefold increase in incidents of self harm (*http://www.mhca.org.au/documents/MHCACannabiscited 26/5/09).*

National Drug Strategy Household Survey indicates that;

 Young people in the 14-19 year age group have a much higher use of bongs (water pipes), a form of smoking that enables maximum THC absorption. These data could mean that young cannabis users are exposed to greater levels of THC than older users.

 Early involvement with cannabis increases the risks of becoming cannabis dependent and experiencing the adverse health effects as a consequence *(www.mhca.org.au/documents/MHCACannabisfinalcited26/5/09)*..

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