## Helping Kids Quit THC/Cannabis Products

### Take a history
- What do you get out of using cannabis?
- What types of cannabis products do you use? (e.g. Vaping devices or “carts”, “flower”, joints, blunts, bong, edibles)
- Have you had problems with police or in school?
- Have your grades dropped?
- What do your parents say about cannabis?
- Have you ever tried to quit? Why?
- Have you had withdrawal symptoms or cravings?
- Have you ever experienced hallucinations or paranoia while using cannabis?
- When is the last time you used cannabis?

### Provide accurate medical information
- Teens who use cannabis are more likely to have mental health disorders, including anxiety, depression, suicidal thoughts, and psychotic disorders
- THC interferes with brain development and has been associated with decreasing IQ with increasing use
- Teens who use cannabis are more likely to have school problems and not do as well with their education or career

### Advise NOT USING is best and suggest a quit trial
- Suggest an abstinence trial; discuss the appropriate length with the teen
- If unwilling to quit, suggest reducing use (using less often, only on weekends, using less total per week, etc.)
- Consider drug testing to follow THC levels as an objective measure of progress

### Consider N-acetyl cysteine (NAC)*
- NAC is not FDA approved, but it is available over the counter (or by prescription)
- Recommended dose is 1200 mg bid. Start with 600 mg and taper up.
  - **Day 1:** 600mg (1 tablet) with breakfast
  - **Day 2:** 600mg with breakfast and 600mg with dinner
  - **Day 3:** 1,200mg with breakfast and 600 mg with dinner
  - **Day 4:** 1,200mg BID
- Continue at full dose for 8 weeks or as clinically indicated
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| Consider treating withdrawal symptomatically as indicated | Withdrawal symptoms typically start within a week of cessation and can last for several weeks.  
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                                                          | o **Anorexia**: cyproheptadine, megesterol acetate  
|                                                          | o **Nausea**: ondansetron, metoclopramide  
|                                                          | o **Insomnia**: melatonin, hydroxyzine  
|                                                          | o **Headaches**: acetaminophen, ibuprofen  
|                                                          | o **Anxiety**: hydroxyzine, buspirone, propranolol, clonidine. **AVOID** benzodiazepines and gabapentin due to high addiction potential. |

| Offer Drug testing | See separate Drug Testing guidance sheet |

| Offer supportive counseling | Teens attempting behavior change can benefit from supportive counseling.  
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<td>Many teens who use cannabis have co-occurring mood and/or anxiety disorders and may be interested in a referral for help with these issues even if they are not interested in changing their cannabis use.</td>
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*N-acetyl cysteine (NAC) has been shown to reduce cravings in two trials with adolescent participants.*