



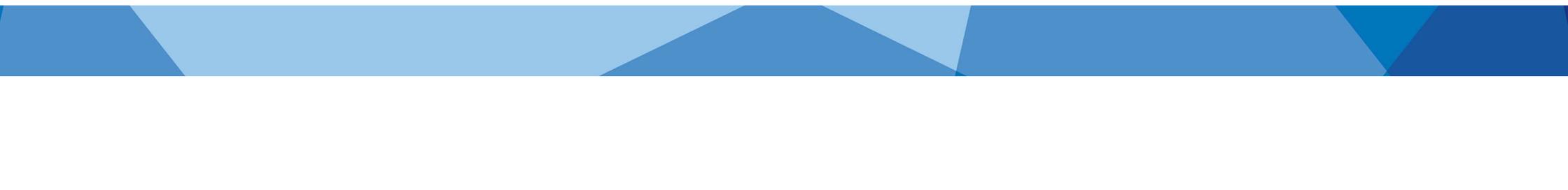
Alcohol and other drugs at the primary care interface - Tasmanian Project ECHO

Monday 16 February 1pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.



Alcohol and other drugs at the primary care interface – Tasmanian ECHO

To strengthen primary care responses to alcohol and other drug use across Tasmania by connecting providers with specialist knowledge, fostering collaborative learning, and supporting integrated, evidence-informed treatment approaches.



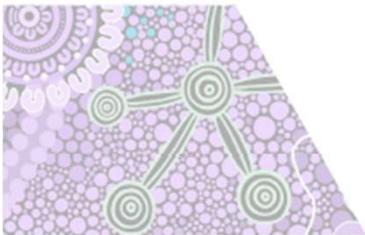
Working together agreement

Be curious, and remain present together in this shared space



Listen, ask, suggest and support

Value differences in thinking



Session Agenda

Introductions

Name, profession, where do you work?

Presentation

Cannabis dependence and withdrawal - non prescribed and medicinal in primary care with Dr Josh Perrett

Discussion

Case study scenario discussion

Now let's hear from our panel members

- **Dr Catherine Horan**, GP, Alcohol and Drug Service, Tasmanian Health Service
- **Monika Petschar**, Social Worker, Allied health Workforce Development Consultant, Alcohol and Drug Service, Tasmanian Department of Health
- **Dr Diane Hopper**, GP and Medical Director, Aboriginal Health Service Tasmania

Today's presenter:

- **Dr Josh Perrett, GP**, Alcohol and Drug Service, Tasmanian Department of Health

Cannabis dependence – non prescribed and medicinal. Supporting withdrawal in primary care

Dr Joshua Perrett

GP, Addiction Medicine AT

Alcohol and Drug Service, Northwest

Why This Matters

- Most used illicit drug in Australia
- ~1 in 3 users develop **Cannabis Use Disorder (CUD)**
- Higher THC → greater dependence and withdrawal
- ~50% of regular users experience withdrawal
- Medicinal cannabis ≠ no risk



Cannabis Dependence – Key Concepts

- = Loss of control, tolerance, withdrawal
- Occurs with illicit and prescribed use
- Risk ↑ with daily use, high-THC products, other substance use

Recognising Cannabis Use Disorder (DSM-5 Snapshot)

Clues

- Using more or longer than intended
- Unsuccessful attempts to cut down
- Craving
- Continued use despite harm
- Tolerance & withdrawal



Cannabis Withdrawal: What to Expect

- Onset: 24–72 hrs
- Peak: days 2–6
- Duration: 1–2 weeks (sometimes longer)

Table 6.1: Common signs and symptoms of cannabis withdrawal

Psychological	Physical
Sleep disturbances	Decreased appetite
Anxiety	Nausea
Low mood	Stomach pain
Irritability and agitation	Headache
Restlessness	Sweating

Assessment in Primary Care

- Withdrawal symptoms
- Consumption history (last use, dose, frequency, **time to first use, daily use**)
- Previous withdrawal, quit attempts, seizures
- Medical and mental health history
- Brief examination



Management Principles

- Education & expectation setting
- Gradual reduction preferred
- Coexisting conditions
- Avoid new dependence
- Treat symptoms

Practical Support

Non-drug:

- Sleep hygiene
- Exercise
- Reduce caffeine
- Structured routine
- “This will pass”

Short-term meds (off-label):

- Promethazine
- PRN anti-emetic or analgesia
- Caution: short term low dose diazepam, olanzapine

Nicotine Pathway and adequate nicotine replacement therapy will reduce symptoms and severity of withdrawal.
 There are no current recommended pharmacotherapies that have proven utility in managing cannabis withdrawal or achieving abstinence.

Symptoms	Supportive Pharmacotherapies	Psychosocial Interventions
Sleep Problems	Promethazine Diazepam (low dose e.g. 5mg twice daily reducing over 3-7 days)	<ul style="list-style-type: none"> • Progressive muscle relaxation • Relaxation (app or CD) • Sensory approaches • Challenging irrational beliefs • Physical activity/exercise • Relaxation, breathing and meditation strategies
Restlessness; anxiety; irritability		
Hallucinations Mood disturbances	Olanzapine (low dose e.g. 2.5mg while symptoms persist titrated against symptoms)	<ul style="list-style-type: none"> • CBT, ACT and mindfulness approaches • Stress management • Mood management • Anger management • Sleep hygiene • Motivational Interviewing techniques • Psychoeducation • Activity scheduling • Timetabling pleasant activities • Goal-setting • Nutrition and hydration
Stomach pains Physical pain Nausea	Hyoscine butylbromide Paracetamol, NSAIDS Metoclopramide, promethazine	

Medicinal Cannabis Considerations

- Withdrawal still occurs
- Often under-recognised
- Consider taper
- Liaise with prescriber

When to Refer

- Severe co-morbidity
- Polysubstance use
- Repeated relapse
- Patient preference
- Diagnostic uncertainty



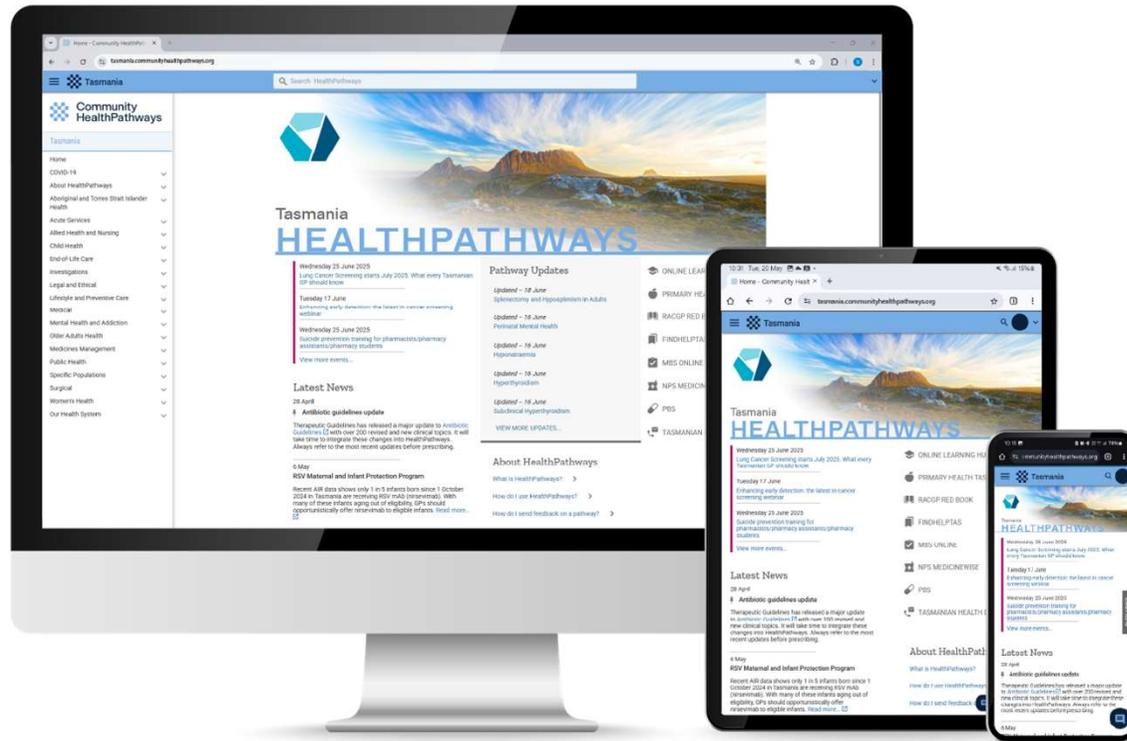
Guidelines/references

- QLD Withdrawal Management Quick Reference Guide - Cannabis. [Insight - Resources - Withdrawal Management Quick Reference Guide – Cannabis](#)
- NSW Management of Withdrawal from Alcohol and Other Drugs: [Management of Withdrawal from Alcohol and Other Drugs - Clinical Guidance](#)



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Tasmanian HealthPathways

is a web-based information portal developed by Primary Health Tasmania. It is designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.

tasmania.communityhealthpathways.org

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