Cannabis Use Disorder Treatment: Engaging the Client and Clinical Strategies

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Learning Objectives:

- Upon completion, participants will be able to demonstrate understanding of cannabis products and how use could impact abstinence based treatment.
- Upon completion, participants will be able to increase their level of comfort in addressing cannabis use concerns with even the most reluctant clients while incorporating harm reduction techniques.
- Upon completion, participants will be able to utilize clinical strategies to engage the client and their desire to use cannabis and how it also relates to other addictive disorders.

American Society of Addiction Medicine

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

DIMENSION 1

Acute Intoxication and/or Withdrawal Potential
Exploring an individual's past and current experiences of substance use and withdrawal

DIMENSION 2

Biomedical Conditions and Complications
Exploring an individual's health history and current physical health needs

DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications
Exploring an individual's mental health history and current cognitive and mental health needs

DIMENSION 4

Readiness to Change
Exploring an individual's readiness for and interest in changing

DIMENSION 5

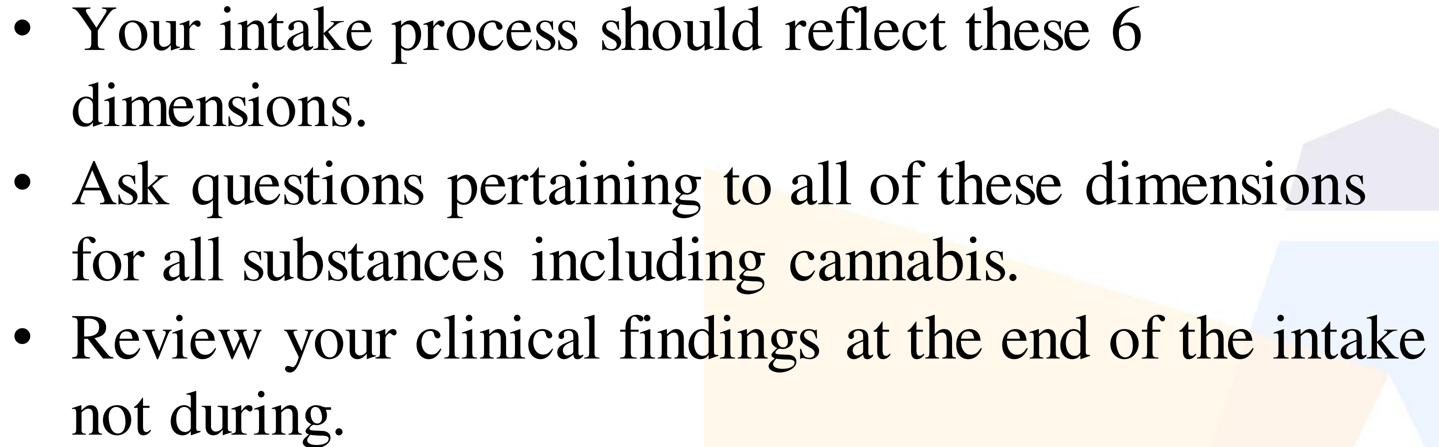
Relapse, Continued Use or Continued Problem Potential
Exploring an individual's unique needs that influence their risk for relapse or continued use

DIMENSION 6

Recovering/Living Environment
Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

https://www.asam.org/asam-criteria/about-the-asam-criteria

How Can This Be Used in Practice



- Your intake process should reflect these 6 dimensions.
- Ask questions pertaining to all of these dimensions for all substances including cannabis.
- Review your clinical findings at the end of the intake not during.

Cannabis Use Disorder Criteria

1. A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
2. Cannabis is often taken in larger amounts or over a longer period than was intended.
3. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
4. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
5. Craving, or a strong desire or urge to use cannabis.
6. Recurrent cannabis use results in failure to fulfill role obligations at work, school, or home.

Patel J, Marwaha R. Cannabis Use Disorder. [Updated 2022 Jul 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK538131/

Cannabis Use Disorder Criteria Con't

7. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
8. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
9. Recurrent cannabis use in situations in which it is physically hazardous.
10. Cannabis use continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
11. Tolerance, as defined by either: (1) a need for markedly increased cannabis to achieve intoxication or desired effect or (2) a markedly diminished effect with continued use of the same amount of the substance.
12. Withdrawal, as manifested by either (1) the characteristic withdrawal syndrome for cannabis or (2) cannabis is taken to relieve or avoid withdrawal symptoms.

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It has the following specifiers:

Severity is graded as either **Mild, Moderate, or Severe**, pending if 2 or 3, 4 or 5, or 6+ of the above criteria are present.

In early remission - After full criteria for cannabis use disorder were previously met, none of the criteria for cannabis use disorder has been met for at least three months but less than 12 months (with an exception provided for craving).

In sustained remission - After full criteria for cannabis use disorder were previously met, none of the criteria for cannabis use disorder has been met at any time during 12 months or longer (with an exception provided for craving).

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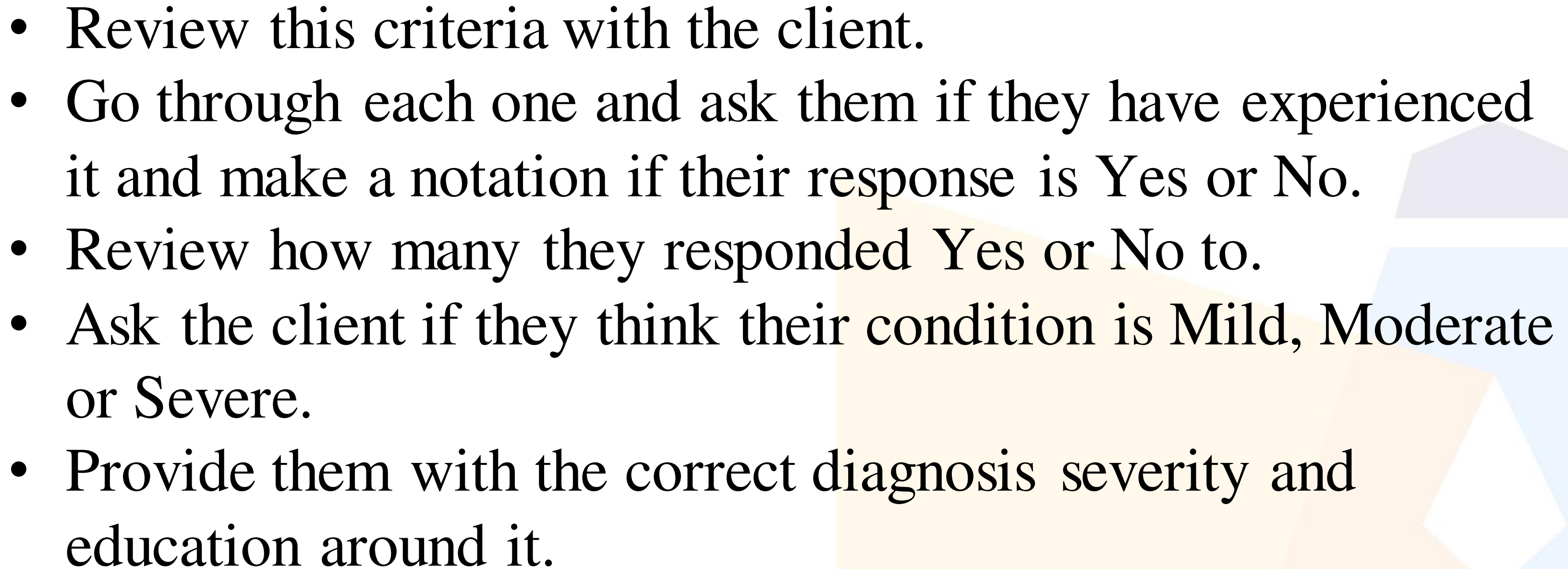
How Can This Be Used in Practice



- Review this criteria with the client.
- Go through each one and ask them if they have experienced it and make a notation if their response is Yes or No.
- Review how many they responded Yes or No to.
- Ask the client if they think their condition is Mild, Moderate or Severe.
- Provide them with the correct diagnosis severity and education around it.

Cannabis Withdrawal

This accompanies cessation of cannabis use that has been heavy and prolonged (i.e., usually daily or almost daily use over a period of at least a few months). Three or more of the following signs and symptoms develop within approximately 1 week after cessation of heavy, prolonged use:

1. Irritability, anger, or aggression
2. Nervousness or anxiety
3. Sleep difficulty (i.e., insomnia, disturbing dreams)
4. Decreased appetite or weight loss
5. Restlessness
6. Depressed mood

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Cannabis Withdrawal Con't

7. At least one of the following physical symptoms causing significant discomfort: **abdominal pain, shakiness/tremors, sweating, fever, chills, or a headache.**
8. The signs or symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
9. The signs or symptoms are not attributable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.
10. *It should be noted that evidence suggests that withdrawal only occurs in a subset of patients. Symptoms usually begin within the first 24 hours, peak by day 3, and can last for up to 2 weeks. Increased use and more recent use can predict the severity of withdrawal.*

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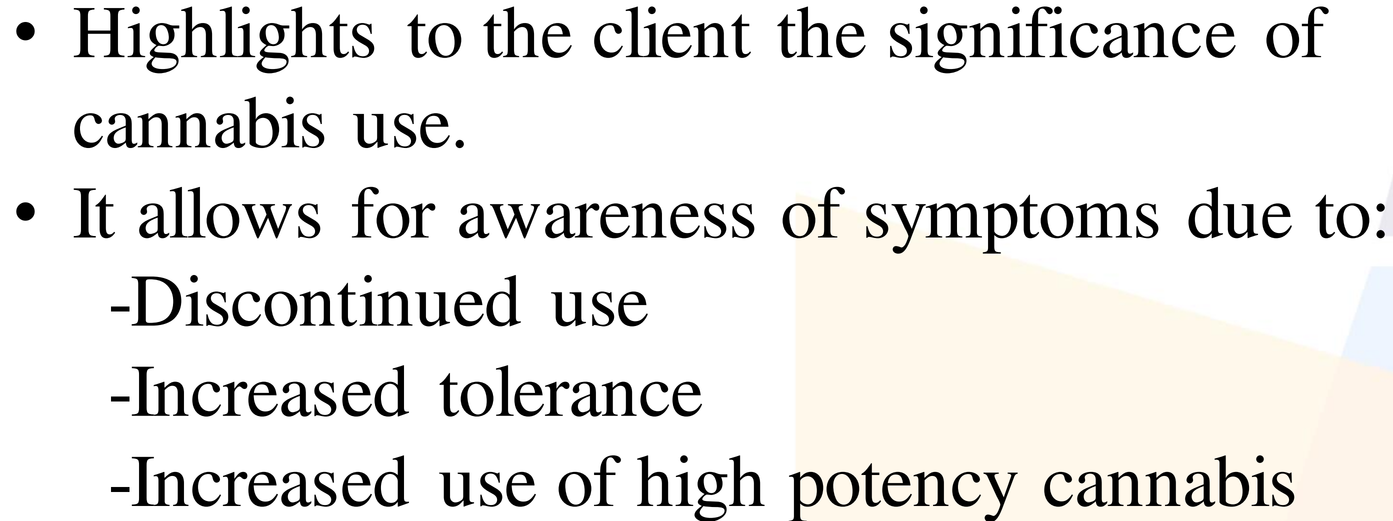
How Can This Be Used in Practice



- Highlights to the client the significance of cannabis use.
- It allows for awareness of symptoms due to:
  - -Discontinued use
  - -Increased tolerance
  - -Increased use of high potency cannabis

Levels of THC in Products

In states where recreational and medical use of cannabis is legal, potency tends to be much higher, ranging from ~16% THC (for cannabis flower) to 95% THC (for concentrated cannabis products).

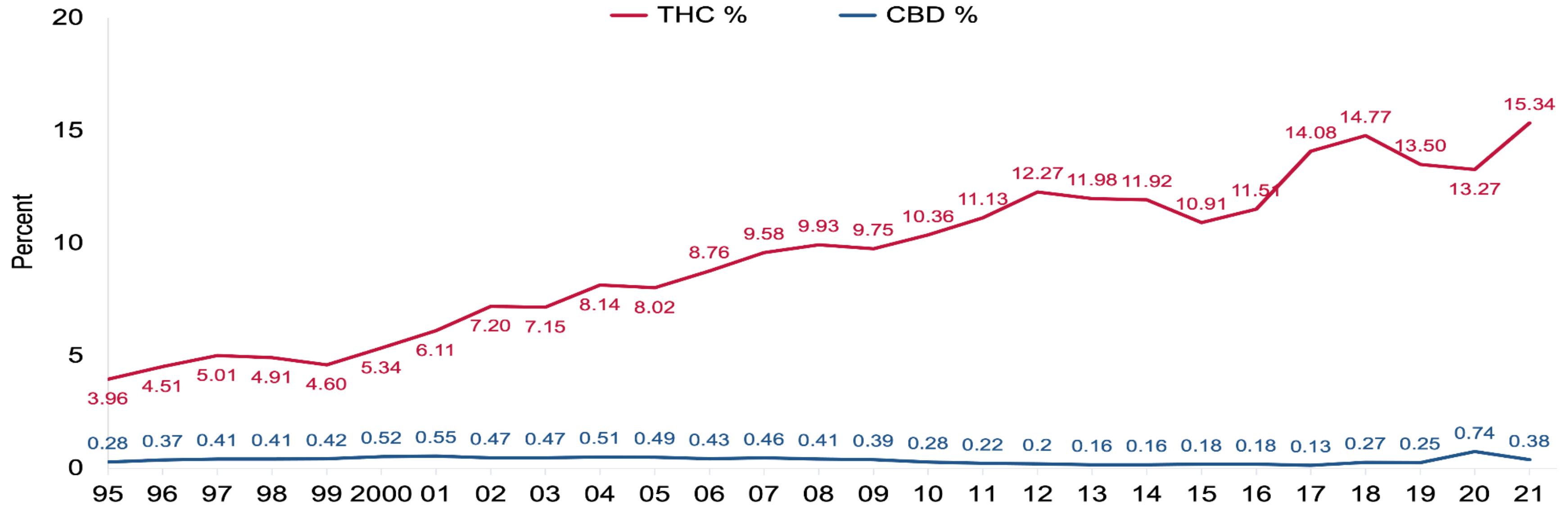
The 5mg dosage is not the same as THC potency.

ElSohly, M et. Al; "*Changes in Cannabis Potency over the last To Decades 1995-2014- analysis of current data in the United States." Biol Psychiatry April 2016*

"It is important to mention that literature is rich with many studies showing efficacy and biological activity of therapeutic potential using much lower potency cannabis ranging from ***1.5-4% THC"***

- In this study 38,681 cannabis samples were analyzed.
- These samples were illicit cannabis products seized by the DEA over the last two decades
- The trend they discovered was an increase in THC potency from 4% in 1995 to 12% in 2014.
- The THC:CBD ratio went from 15 to 80 over the study period demonstrating that the CBD concentration is DECREASING while the THC concentration is INCREASING.
- This indicates that the drug using community and the cannabis producers are breeding plants for the purpose of creating a product with higher THC content.

Delta-9-tetrahydrocannabinol (THC) and Cannabidiol (CBD) Potency of Cannabis Samples Seized by the Drug Enforcement Administration (DEA), Percent Averages from 1995-2021



SOURCE: U Miss, Potency Monitoring Project

How Can This Be Used in Practice

- Ask similar questions to client about cannabis that you would for other substance.
- Ask the amount of THC in the product. If they don’t know, ask them to find out and report back.
- Open up the opportunity to educate the client about what they are using and the levels of THC in the products and use the data that was just provided.
- Educate them on the potential symptoms they could experience with long term, high potency cannabis use.

How Can This Be Used in Practice Con’t

- ***Ask similar questions to client about cannabis that you would for other substance:***

1. What type of cannabis do you use? Smoke, vape, dab, edible?
2. When was the last time you used?
3. How much do you use currently? (quantify the amount however they can- gram, joint, bowl, hit etc.)
4. How often do you use? (daily, every other, monthly?)
5. How long have you been using this amount as often as you have? (ex: how long have you been smoking 4 blunts daily for?)
6. How long had daily use been going on for? (you want to establish a timeline of how the use escalated and if it links up with onset of other symptoms or significant events).
7. Approximately when was it when you first start using regularly? (establish a timeframe for when it started- this will help you connect it with other events in their life)
8. When you use, is it done exclusively or do you use it with other substances like alcohol, pills, Rx, etc?
9. Do you use the cannabis is place of any other substances like alcohol, cocaine etc?
10. Is this something you consider to be problematic or safe and would like to con’t with current use?

Cannabis Induced Conditions

Cannabis Intoxication Delirium

This diagnosis relies on the definition of delirium and is appropriate when the following two symptoms predominate in someone who has taken cannabis:

1. Disturbance in attention (i.e., reduced ability to direct focus, sustain, and shift attention) and awareness (reduced orientation to the environment)

2. An additional disturbance in cognition (i.e., memory deficit, disorientation, language, visuospatial ability, or perception).

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Cannabis-Induced Anxiety Disorder

- Panic attacks or anxiety predominate in the clinical picture.
- The symptoms developed during or soon after substance intoxication or withdrawal.
- The symptoms precede the onset of substance use.
- The symptoms persist for a substantial period (e.g., about a month) after cessation of acute withdrawal or severe intoxication or are substantially more than expected given the type or amount of the substance used or the duration of use.
- Other evidence suggests the existence of an independent non–substance-induced anxiety disorder (e.g., a history of recurrent non–substance-related episodes).
- The disturbance does not occur exclusively during delirium.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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Cannabis-Induced Depersonalization-Derealization Disorder

1. is characterized by persistent or recurring episodes of depersonalization or derealization.
2. is distinguished from psychotic disorders by the presence of intact reality testing; patients with cannabis-induced depersonalization-derealization disorder do not appear to be at risk for developing psychotic disorders.
3. Symptoms are typically time-locked to the period of intoxication, although marked anxiety regarding dissociation may contribute to the symptomatic presentation of the disorder.
4. Active treatment should incorporate treatment of patients' anxiety regarding dissociation symptoms.

Sean P. Madden, M.S., Patrick M. Einhorn, M.S American Journal of Psychiatry Residents' Journal Volume 13, Issue 2 February 01, 2018 Pages 2-14

Cannabis-Induced Sleep Disorder

1. A prominent and severe disturbance in sleep.
2. The symptoms developed during or soon after cannabis intoxication or after withdrawal from or exposure to it.
3. The disturbance is not better explained by a sleep disorder that is not substance/medication-induced. The symptoms precede the onset of cannabis use.
4. The symptoms persist for a substantial period (i.e., about a month) after the cessation of acute withdrawal or severe intoxication.
5. There is other evidence suggesting the existence of an independent non-substance/medication-induced sleep disorder (i.e., a history of recurrent non-substance/medication-related episodes).
6. The disturbance does not occur exclusively during delirium.
7. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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Cannabis-Induced Psychotic Disorder

1. Presence of delusions or hallucinations.
2. The symptoms developed during or soon after cannabis intoxication or withdrawal.
3. The disturbance is not accounted for by a psychotic disorder that is not substance-induced.
4. Evidence that the symptoms are accounted for by a psychotic disorder that is not substance induced might include the following:
5. The symptoms precede the onset of substance use (or medication use).
6. The symptoms persist for a substantial period (e.g., about a month) after the cessation of acute withdrawal or severe intoxication or are substantially more than what would be expected, given the type or amount of the substance used or the duration of use.
7. Other evidence suggests the existence of an independent non–substance-induced psychotic disorder (e.g., a history of recurrent non–substance-related episodes).
8. The disturbance does not occur exclusively during delirium.
9. The disturbance causes clinically significant distress or impairment in social, occupational, or other areas of functioning.

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Study based out of Europe
Findings Between May 1, 2010 and April 1, 2015

- Patients between the ages of 18-64 yo presented to psychiatric services in 11 sites across Europe and Brazil-
- Findings Between May 1, 2010 and April 1, 2015
- 901 patients with first episode psychosis
- Daily cannabis use was associated with increased odds of psychotic disorders compared with those who never used.
- Odds of someone having a psychotic episode increased nearly five times for daily users who were using high potency cannabis products.

DeForti et al. "The contribution of cannabis use to variation in the incidence of psychotic disorder across Europe (EU-GEI): a multicentre case-control study. The Lance Psychiatry, May 2019

Research Out of Denmark

July 2021

In this Danish nationwide, register-based cohort study, the population-attributable risk fraction for cannabis use disorder in schizophrenia increased from approximately 2% in the period to 1995 to approximately 6% to 8% since 2010.

"The results from these longitudinal analyses show the proportion of cases of schizophrenia associated with cannabis use disorder has increased 3- to 4-fold during the past 2 decades, which is expected given previously described increases in the use and potency of cannabis. This finding has important ramifications regarding legalization and control of use of cannabis."
(Hjorthøj C, Posselt CM, Nordentoft M. Development Over Time of the Population-Attributable Risk Fraction for Cannabis Use Disorder in Schizophrenia in Denmark. JAMA Psychiatry. 2021;78(9):1013–1019. doi:10.1001/jamapsychiatry.2021.1471)

May 2023

Young males might be particularly susceptible to the effects of cannabis on schizophrenia. At a population level, assuming causality, one-fifth of cases of schizophrenia among young males might be prevented by averting CUD. Results highlight the importance of early detection and treatment of CUD and policy decisions regarding cannabis use and access, particularly for 16–25-year-olds.
Hjorthøj, C., Compton, W., Starzer, M., Nordholm, D., Einstein, E., Erlangsen, A., . . . Han, B. (2023). Association between cannabis use disorder and schizophrenia stronger in young males than in females. Psychological Medicine, 1-7. doi:10.1017/S0033291723000880

Cannabinoid Hyperemesis Syndrome (CHS)

- Cannabis hyperemesis syndrome (CHS) is a condition caused by long-term cannabis (marijuana) use. People who have CHS experience reoccurring episodes of nausea, vomiting, dehydration and abdominal pain, with frequent visits to the emergency department.
- People with CHS suffer from repeated bouts of vomiting. In between these episodes are times without any symptoms. Healthcare providers often divide these symptoms into 3 stages: the prodromal phase, the hyperemetic phase, and the recovery phase.

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What is the onset and recovery for CHS?

There are three phases of cannabinoid hyperemesis syndrome. Slightly different symptoms occur in each stage:

- **Prodromal phase:** This phase is most common in adults who have used cannabis since they were teenagers. You may have abdominal pain or morning nausea. You may also fear throwing up but never actually vomit.
- **Hyperemetic phase:** Usually lasting 24 to 48 hours, people in this phase have overwhelming, recurrent vomiting and nausea. You may start compulsively bathing, and avoid certain foods or purposefully restrict your food intake.
- **Recovery phase:** During recovery, people stop using cannabis (even in small amounts). When you are in the recovery phase, symptoms lessen over a few days or months. Eventually, they completely disappear.

How Can This Be Used in Practice

- Know the symptoms and criteria of all of these conditions.
- Program yourself and create intake questions that prompts you to ask about these symptoms without having to ask directly.
- If you can identify symptoms in the client that they did not experience before the onset of cannabis use, make note and share with the client of the potential for the development of more significant conditions.
- For more significant clients, do regularly mental status assessments

Short and Long Term Effects of Cannabis Use

Common Short-Term Adverse Effects

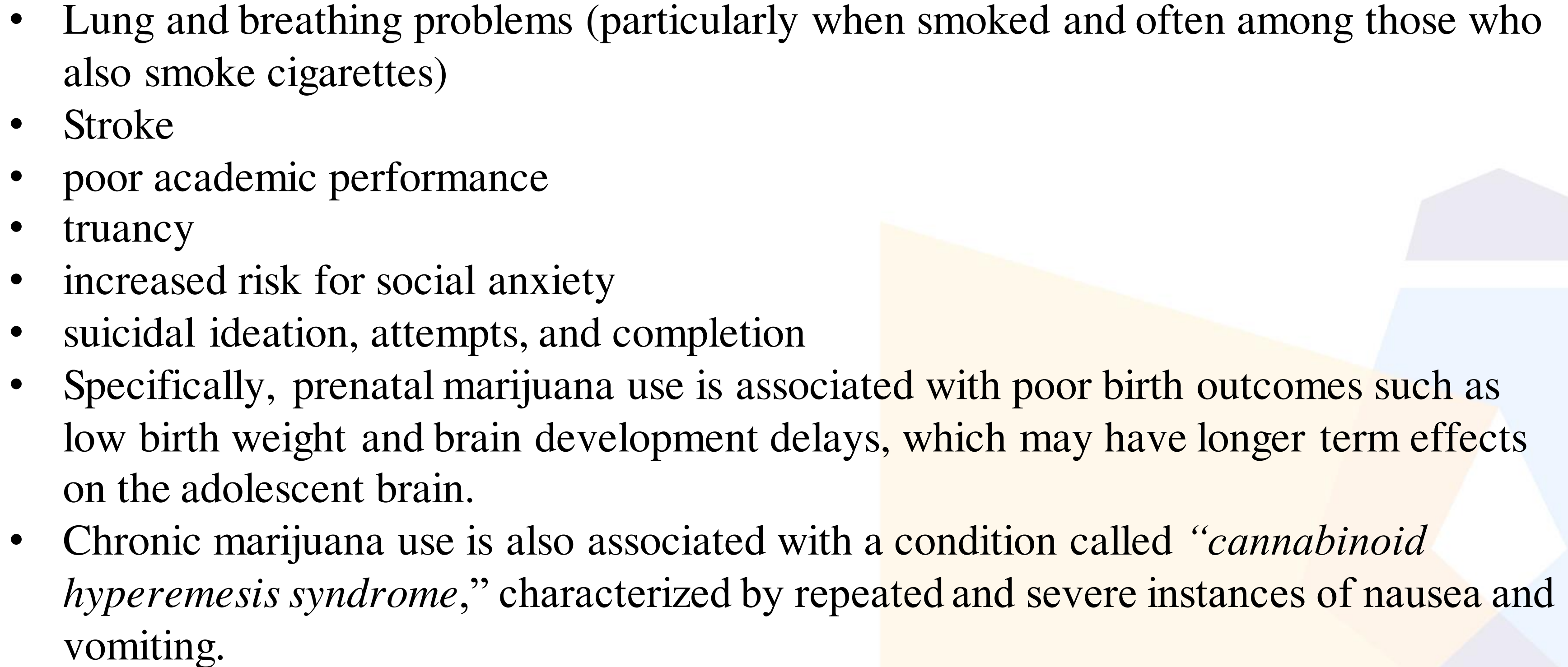
Brief periods of:

- increased heart rate
- altered sense of time
- increased anxiety/paranoia
- slow reaction time
- problems with balance and coordination
- impaired driving
- increased appetite
- difficulty with thinking and problem solving
- memory impairment

(The likelihood of adverse effects increases with increasing doses of marijuana.)

Freeman, T., & Winstock, A. (2015). Examining the profile of high-potency cannabis and its association with severity of cannabis dependence. Psychological medicine, 45(15), 3181-3189. https://doi.org/10.1017/s0033291715001178

Long-Term Effects



- Lung and breathing problems (particularly when smoked and often among those who also smoke cigarettes)
- Stroke
- poor academic performance
- truancy
- increased risk for social anxiety
- suicidal ideation, attempts, and completion
- Specifically, prenatal marijuana use is associated with poor birth outcomes such as low birth weight and brain development delays, which may have longer term effects on the adolescent brain.
- Chronic marijuana use is also associated with a condition called *"cannabinoid hyperemesis syndrome*," characterized by repeated and severe instances of nausea and vomiting.

Treatment Strategies

Definition of Recovery

SAMHSA has developed a working definition and set of principles for recovery.

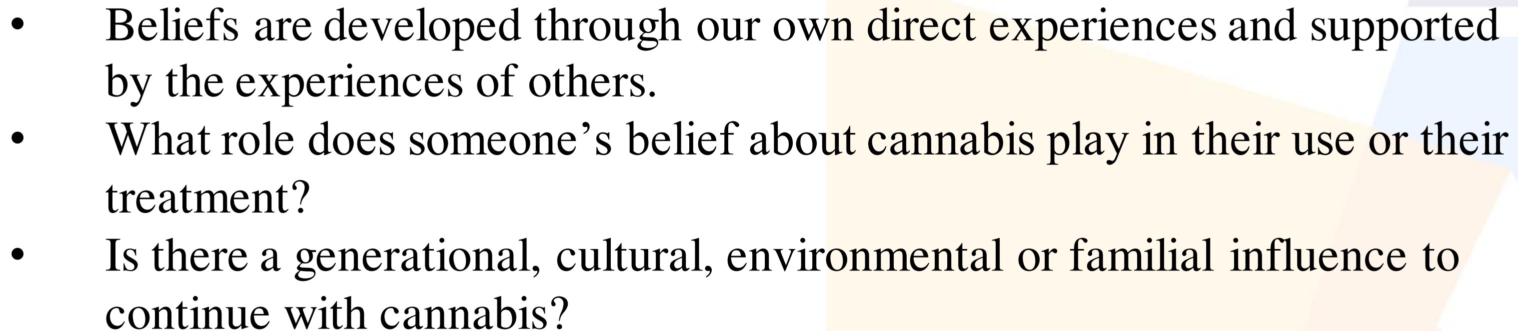
Recovery is defined as:

“A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf

Addressing Belief Systems

Beliefs are a things we believe to be true that dictate the way we live.



- Beliefs are developed through our own direct experiences and supported by the experiences of others.
- What role does someone's belief about cannabis play in their use or their treatment?
- Is there a generational, cultural, environmental or familial influence to continue with cannabis?

Motivational Interviewing Skills

Motivational Interviewing

Fundamental Principles: DARES

- Develop Discrepancy
- Avoid Argumentation
- Roll with Resistance
- Express Empathy
- Support Self-efficacy

OARS for Communication

- Open-ended ?s
- Affirmations
- Reflections
- Summaries

Other Tools

- Decisional balance grids
- Readiness rulers
- Ask about extremes
- Explore past successes

mentalhealthathome.org

https://mentalhealthathome.org/2019/01/25/what-is-motivational-interviewing/

Decisional Balance Grid

Adopting a new behaviour

Pros	Cons

Staying the same

Pros	Cons

Group and Individual Activity

Benefits of using cannabis:	**Consequences of using cannabis:**
Benefits of NOT using cannabis:	**Consequences of NOT using cannabis:** (is it really a consequence?)

Group Exercise

Create two boxes and ask the group their honest answers as to why they currently use or would consider using cannabis. Give them permission to be as transparent and honest as possible. In the second box, focus on the reasons why they started using harder substances with an emphasis on the earlier stages.

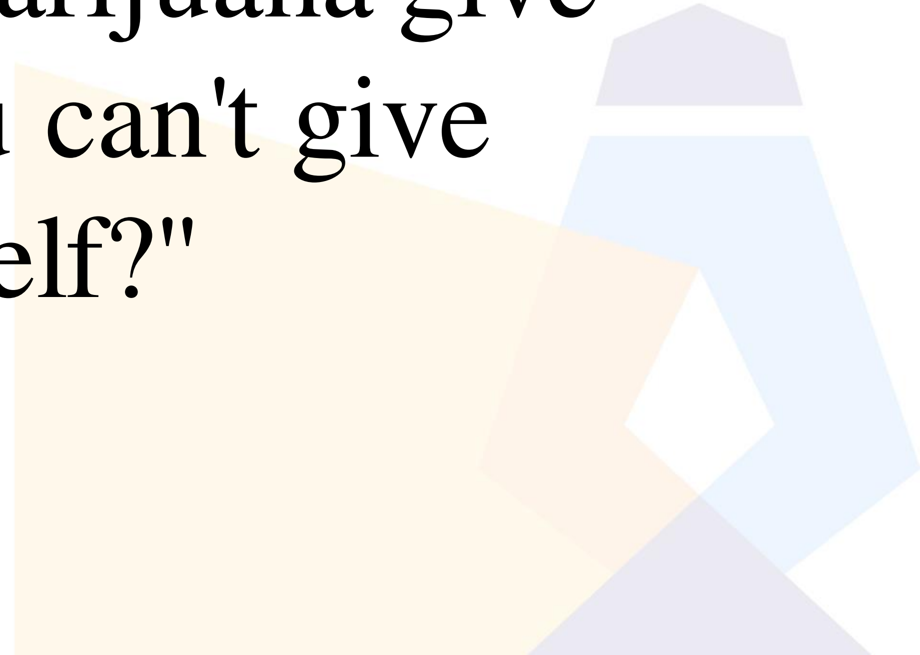
Reasons to Use Cannabis (soft drugs)	*Reasons to Use other substances (hard drugs)* (focus on the early stages of their addiction)
• Relaxing • To sleep • Stop racing thoughts • Socialize • Be less anxious • Motivation • Pain relief • Deal with PTSD symptoms • Have fun • Not deal with life • To not use other stuff • Everyone does it • Can't get addicted	• Unwind • Not get sick • Numb the pain • Cope with life • Friends were doing it • Pain • Emotional pain • Family/S.O. was doing it • Didn't think it would lead to addiction

Group Exercise: Debate

- Poll the group: Who thinks cannabis use does not compromise recovery? Who thinks it does?
- Take the group that thinks IT DOES compromise recovery and have them make the argument that cannabis is <u>safe</u> and <u>healthy</u> and does not effect recovery.
- Take the group that thinks IT DOES NOT compromise recovery and have them make the argument that cannabis <u>unsafe</u> and <u>unhealthy</u> and does not effect recovery.

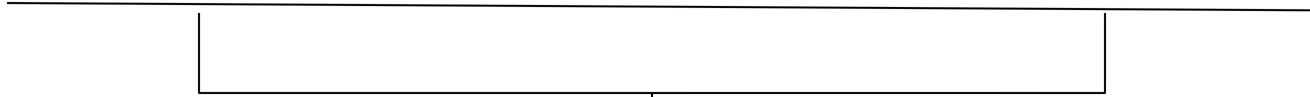
(To encourage meaningful participation you can offer the winning group to leave 5 minutes early.)

"What does marijuana give you that you can't give yourself?"



Get to the origins of use.
Do any of those issues still exist today?

Initial Use Present Day



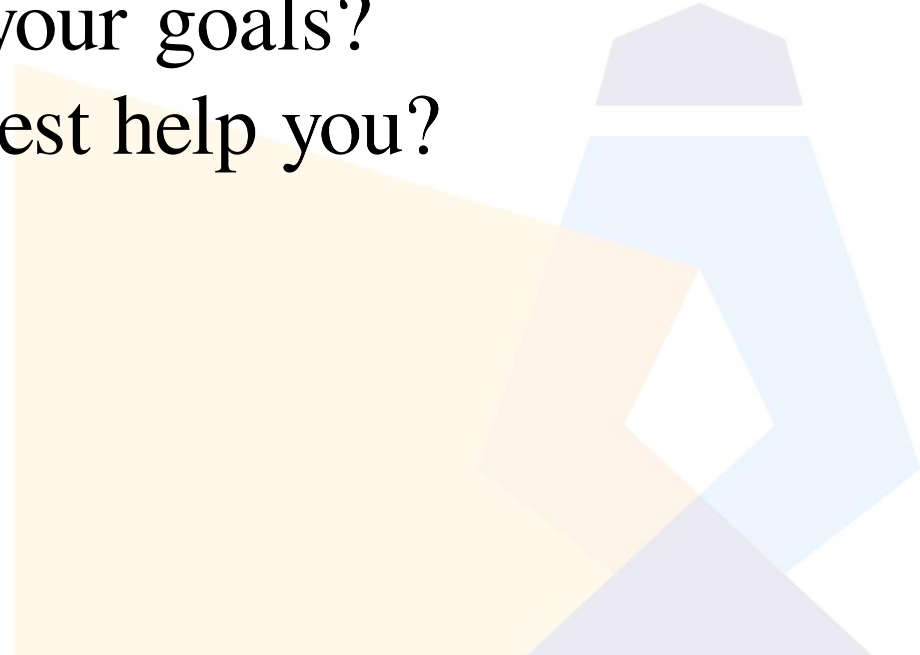
What happened here?

Use the timeline to establish and understanding of how the use escalated, when it happened and significant events during that time period.

You can also use this strategy to determine how long someone has been sober in a relationship.

Ask the client:

What do you need?
What are your goals?
How can I best help you?



Thank you for being here.
Thank you for having me.

Please feel free to complete this survey for NMI.