

Assessing and Addressing Cannabis Misuse in Medical Practice

Cannabis is the most frequently used, federally illegal drug in the US. The lessening of legal restrictions in many states and changes in cultural norms are increasing its use (CDC.gov).

Primary care providers often face questions about cannabis use, including legal status and patient safety. Many health conditions can result from or be impacted by cannabis use. The following material offers guidance on assessment and care for individuals with cannabis use disorders.

The 2020 ASAM public policy statement on cannabis recommends that healthcare professionals should be trained to identify misuse of cannabis, including cannabis use disorder (CUD), raise awareness in patients to motivate change, and refer for treatment when CUD is identified.



Statistics and Key Facts :

- The cannabis plant contains more than 100 compounds (or cannabinoids). These compounds include tetrahydrocannabinol (THC), which is mind-altering, as well as other active compounds, such as cannabidiol (CBD), which is not impairing (does not cause a “high”)
- An estimated 48.2 million people used cannabis in 2019, including pregnant and breastfeeding mothers
- Approximately 3 in 10 people who use cannabis have CUD (Hasin, et al., 2015)
- Individuals diagnosed with CUD may have a higher risk of negative consequences including deficits in attention, memory, and learning
- Cannabis use can be linked to increased medical and behavioral concerns such as stroke, heart disease, other vascular diseases, bipolar disorder, and psychosis (Starzer, et al., 2018). Drug to drug interactions are currently unknown

(CDC.gov; WDGpublichealth, 2019).

Screening for Cannabis Use Disorder

Assess & address if your patient is using cannabis for:

- Insomnia/sleep issues or nausea in pregnancy
- Pain management/ chronic pain
- Depression
- Anxiety

Patients who are using cannabis to self-medicate may develop worse outcomes.

[Cannabis Use Disorder Identification Test – Revised \(CUDIT-R\)](#) - An 8-item scale used to assess consumption, cannabis problems (abuse), dependence, and psychological features of cannabis use disorder

**Delivery Method: Ask about smoking,
vaping, edibles or patches.**

Cannabis Use Disorder is characterized by a problematic pattern of cannabis use leading to clinically significant impairment or distress.

The following are signs of cannabis use disorder, according to the DSM-5/ICD-10 (APA, 2013):

- Using more cannabis than intended
- Trying but failing to quit using cannabis
- Spending a lot of time using cannabis
- Craving cannabis
- Using cannabis even though it causes problems at home, school, or work
- Continuing to use cannabis despite social or relationship problems
- Giving up important activities with friends and family in favor of using cannabis
- Using cannabis in high-risk situations, such as while driving a car
- Continuing to use cannabis despite physical or psychological problems
- Needing to use more cannabis to get the same high
- Experiencing withdrawal symptoms when stopping cannabis use

Referral to Treatment: Your referral options vary based on the results of your assessment.

Mild Use

DSM 5 Cannabis Use Disorder Mild
2-3 symptoms present

- ✓ Screen patient for continued or increased use within **14 days**

Moderate Use

DSM 5 Cannabis Use Disorder Moderate
4-5 symptoms present

- ✓ Ensure the patient has a follow-up appointment within **14 days** with you or a substance use provider to address use

Severe Use

DSM 5 Cannabis Use Disorder Severe
6 or more symptoms present

- ✓ Refer patient to be seen within **14 days** for treatment with a substance use provider
- ✓ Patients discharging from an ED or higher levels of care for a cannabis use disorder need to be seen within **7 days**

Consider virtual visits for follow-up appointments

For assistance finding a substance use provider: [Find your plan | Find Care \(werally.com\)](#)

Treatment Modalities

The recommended treatment modalities for Cannabis Use Disorder are Cognitive Behavioral Therapy and Motivational Enhancement Therapy (NIDA, 2021).

- **Cognitive-behavioral therapy:** A form of psychotherapy that teaches strategies to identify and correct problematic behaviors, enhance self-control, stop drug use, and address other co-occurring problems
- **Motivational enhancement therapy:** A therapeutic intervention, using motivational interviewing, designed to motivate patients by activating their internal desire for change and engagement in treatment
- Design a treatment plan that is based on patient's strengths to promote engagement and recovery
- Research is growing on the use of off label medications and nutraceuticals in the treatment of CUD (NIDA, 2021)

Additional Resources-Providers

- [Live and Work Well](#) – Provider search and treatment/recovery resources
- [Cannabis Facts](#)
- [Colorado Dept. of Public Health "Marijuana: Health care provider resources"](#)
- [Cannabis Laws by State](#)

Resources to share with parents

- [Facts Parents Need to Know: Starting the Conversation](#)
- [Tips for Teens](#) – Suggestions for addressing common assumptions about Cannabis
- [Cannabis Prevention](#) – Preventing cannabis use among youth and young adults
- [Marijuana and Teens](#) – AACAP information on cannabis use for parents and teens

Special Populations

Adolescents/Young Adults

- For individuals who are predisposed to schizophrenia, cannabis use, especially during puberty, is linked with accelerating onset. (Fields, 2017)
 - “The higher the **frequency** of use, the data indicated, the earlier the age of schizophrenia onset. (Fields, 2017, para 2)
 - The higher the **potency** of the cannabis used, the greater the associated risk. (Starzer, et al., 2018)
- Use by adolescents/young adults is associated with higher risk of developing CUD. (AMA, 2020)
- Use by adolescents/young adults impacts brain development including reductions in thinking, memory and learning functions. (NIDA, 2019)
- Some adolescents/young adults may use to self medicate for psychological, physical or social problems; however, “there is no current scientific evidence that cannabis is in any way beneficial for treatment of any psychiatric disorder” .(ASAM, 2020)

Pregnancy and Prenatal Development

Persons who are pregnant or breastfeeding are encouraged to avoid using cannabis

- Chemicals from cannabis can be passed to a baby during pregnancy or through breast milk. (CDC.gov)
- Prenatal exposure is associated with long-term motor, mental health, and neurobehavioral problems including problems with learning and attention. (Baranger, et al., 2022)
- Physical effects include breathing problems, increased heart rate, and problems with child development during and after pregnancy. (NIDA, 2021)
- Some associations have been found between cannabis use during pregnancy and future developmental and hyperactivity disorders in children. (Paul, et al., 2021)
- Research has shown that pregnant women who use cannabis have a 2.3 times greater risk of stillbirth. (NIDA, 2022)
- Some women report using cannabis to treat severe nausea associated with their pregnancy; however, there is no research confirming that this is a safe practice, and it is generally not recommended. (NIDA, 2021)

Assess and address the reason for use

- For those using cannabis to self medicate, encourage alternative treatment options for:
 - Insomnia/sleep issues, nausea in pregnancy
 - Pain management/ chronic pain/ nausea
 - Depression
 - Anxiety

Key Take Aways

- ✓ The American Academy of Pediatrics recommends that no one under age 21 use cannabis (AAP, 2023)
- ✓ Encourage parents, caregivers and relatives to set a good example by avoiding use in children's presence and keeping cannabis products locked out of children's reach (AAP, 2023)
- ✓ Encourage pre- and post-natal visits
- ✓ Screen for postpartum depression

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