

# The Counselor's Guide to Addressing Medical Cannabis in Treatment Settings

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# About Presenter & Disclosure



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**Dr. Aaron Norton** is a Licensed Mental Health Counselor, Licensed Marriage & Family Therapist, Certified Forensic Behavioral Analyst, Certified Forensic Mental Health Evaluator, Certified Forensic Psychometrist, and Certified Master's Level Addictions Professional. He is the Executive Director of the National Board of Forensic Evaluators, an experienced private practice clinician, a Visiting Instructor at the University of South Florida's Dept. of Mental Health Law & Policy, a Qualified Supervisor, the Chair of the Florida Mental Health Counselors Association's Government Relations Committee, and Southern Regional Director of the American Mental Health Counselors Association. He was awarded *Mental Health Counselor of the Year* by the American Mental Health Counselors Association (AMHCA), *Counselor Educator of the Year* by Florida Mental Health Counselors Association (FMHCA) in 2016, *Researcher of the Year* by FMHCA in 2019, and he was awarded AMHCA's *Public and Community Service Award* in 2021. He has been published in several academic journals and magazines in the counseling profession.

**No relevant disclosures.**

# What We'll Cover

- Summary of research findings related to medical cannabis
- Summary of positions of professional associations
- Risk factors for the development of cannabis use disorders
- Use of a decision-making matrix for medical cannabis
- Practice with case scenarios
- Questions and answers

# Healthcare Professionals Are Ambivalent

- Review of 26 studies reveals:
  - Health professionals support the use of medicinal marijuana
  - There was a unanimous lack of self-perceived knowledge surrounding all aspects of medicinal cannabis
  - Health professionals voice concern regarding direct patient harms and indirect societal harms ([Gardiner, Singleton, Sheridan, Kyle, & Nissen, 2019](#))



## Medical Students Not Trained on Medical THC

- More than half of the states in the US now allow some type of legal marijuana use, primarily medical marijuana. But, in a survey of medical residents and deans at the nation's medical schools, researchers have found that the majority of schools are not teaching their students about medical marijuana, and the majority of students don't feel prepared to discuss the subject with patients
  - ([Evanoff et al., 2017](#))

Research  
Question:  
Does Medical  
Cannabis  
Alleviate  
Adverse  
Effects of the  
Opioid  
Epidemic?



## So What's the Current Tally?

- 8 studies suggesting that medical cannabis alleviates the opioid epidemic
- 7 studies suggesting that it does not
- I consider that inconclusive



# Challenges in Cannabis Research

Regulatory hurdles

Ethics

Correlational limitations





The background of the cover is a close-up photograph of a cannabis plant, showing the green serrated leaves and the developing flower buds covered in trichomes. The lighting is soft, highlighting the texture of the plant.

*The National Academies of*  
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REPORT

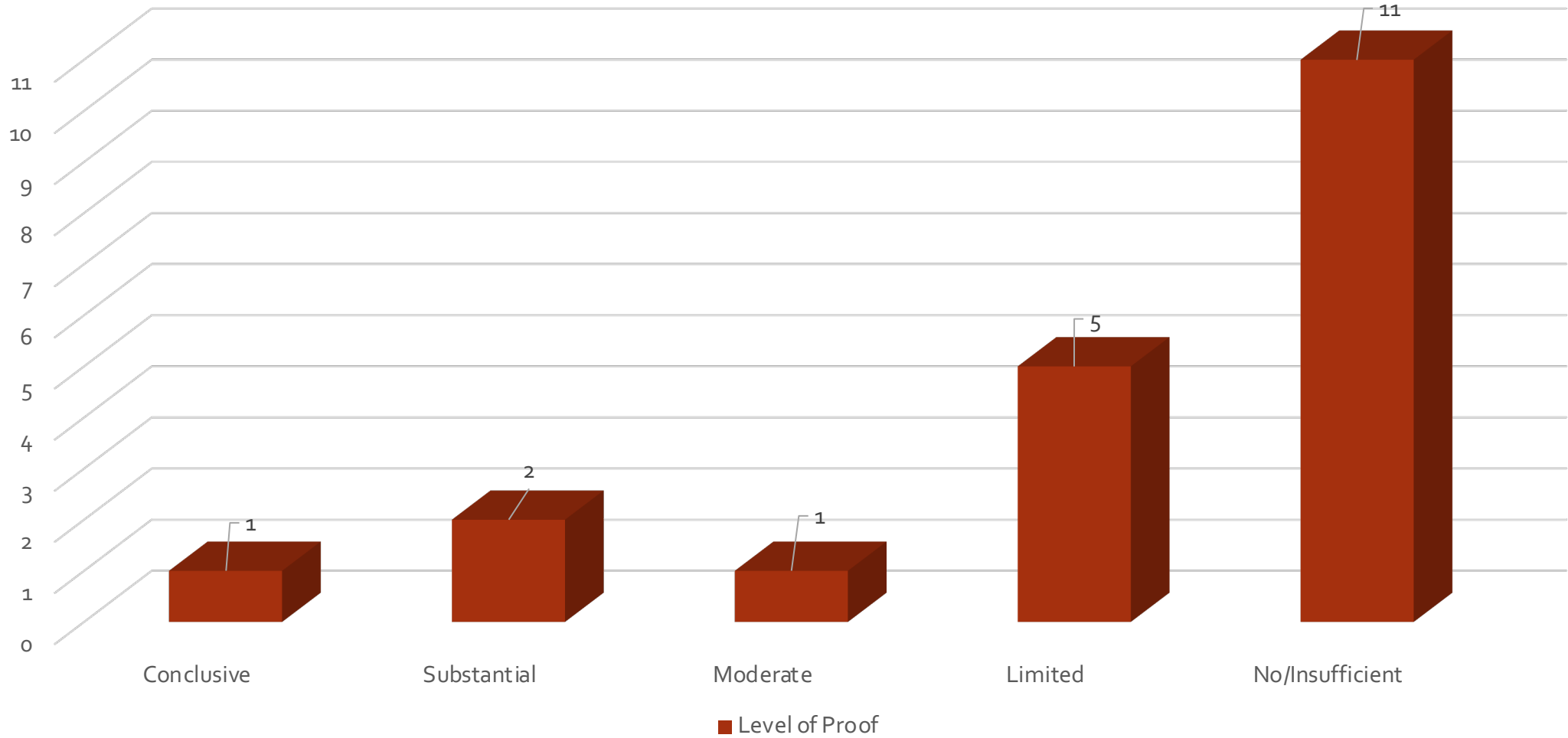
# The Health Effects of Cannabis and Cannabinoids

THE CURRENT STATE OF EVIDENCE AND  
RECOMMENDATIONS FOR RESEARCH

# Summary of Pertinent Research Findings Related to Medical Cannabis

- When examining the totality of research on medical cannabis, [NASEM \(2017\)](#) concluded that the only medical conditions for which there was at least moderate evidence of clinical efficacy included:
  - chronic pain in adults
  - reduction of chemotherapy-induced nausea and vomiting
  - reduction of patient-reported spasticity secondary to Multiple Sclerosis
  - short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis

# # of Conditions for Which Medical Marijuana is Efficacious Per Level of Evidence



# Summary of Pertinent Research Findings Related to Medical Cannabis

- [Jugl et al. \(2021\)](#) updated NASEM's work, finding strong evidence of clinical efficacy for only two conditions
  - epilepsy (3 of 4 studies)
  - chronic noncancer pain (7 of 13 studies)
- [McDonagh et al. \(2022\)](#) reviewed 18 randomized, placebo-controlled trials, finding evidence that medical cannabis was effective for short-term relief of neuropathic pain described as burning and tingling but very little overall for effective treatment of chronic pain
  - "In general, the limited amount of evidence surprised all of us" ([Oregon Health & Science University, 2022](#), para. 5)
- [Abrams \(2022\)](#) conducted a research review concluding that "Despite preclinical evidence and social media claims, the utility of cannabis, cannabinoids or cannabis-based medicines in the treatment of cancer remains to be convincingly demonstrated. With an acceptable safety profile, cannabis and its congeners may be useful in managing symptoms related to cancer or its treatment" (p. 1).

# Summary of Pertinent Research Findings Related to Medical Cannabis

- 186 adult participants with concerns related to anxiety, depression, insomnia, and chronic pain were randomly assigned to two groups-immediate medical cannabis card access vs. 12-week delayed access
- Participants with immediate access were nearly three times as likely to develop a cannabis use disorder
- Those who obtained the card immediately showed no significant improvement in anxiety, depression, and pain relief as compared to the delayed card group (but self-reported reduced insomnia)
  - [\(Gilman et al., 2022\)](#)

# Summary of Adverse Health Effects

([NASEM, 2017](#))

- Non-seminoma-type testicular germ cell tumors
- Triggering of acute myocardial infarction (i.e., heart attack)
- Ischemic stroke or subarachnoid hemorrhage
- Increased risk of prediabetes
- Worse respiratory symptoms and more frequent chronic bronchitis episodes
- Increased risk of developing chronic obstructive pulmonary disease (COPD) when controlled for tobacco use
- Increased risk of motor vehicle crashes
- Increased risk of overdose injuries, including respiratory distress, among pediatric populations
- Lower offspring birth weight and increased risk of pregnancy complications for mothers using cannabis

# Summary of Adverse Health Effects

([NASEM, 2017](#))

- Impairment in the cognitive domains of learning, memory, and attention
- Impaired academic achievement and education outcomes
- Increased rates of unemployment and/or low income
- Impaired social functioning or engagement in developmentally appropriate social roles
- The development of schizophrenia or other psychoses, with the highest risk among the most frequent users
- Increased symptoms of mania and hypomania in individuals diagnosed with bipolar disorders
- A small increased risk for the development of depressive disorders

# Summary of Adverse Health Effects

([NASEM, 2017](#))

- Increased incidence of suicidal ideation, suicide attempts, and suicide completion
- Increased risk of social anxiety disorder, bipolar disorder, anxiety disorders, anxiety symptoms
- Worsening of negative symptoms for individuals with Schizophrenia
- Increased severity of symptoms for people with PTSD



## ...But what about research from 2017 on?

- 5/10/17: Cannabis use tied to poorer school performance: When high school students started smoking marijuana regularly, they were less likely to get good grades and to want to pursue a college education (Patte et al., 2017)
- 5/10/17: Continued use of high-potency cannabis associated with increased medication nonadherence for individuals with psychotic disorders (Schoeler et al., 2017)
- 5/24/17: Recreational use of cannabis (i.e., marijuana, hashish, and hash oil) linked to increased risk of gum disease (Shariff et al., 2017)
- 6/12/17: Drivers who used alcohol, marijuana, or both were significantly more likely to be responsible for causing fatal two-vehicle crashes compared to drivers who were involved in the same crashes but used neither of the substances (Li et al., 2017)

## ...But What About Research from 2017 On?

- 8/24/17: Cannabis use was not associated with change in kidney function over time or the appearance of albumin in the urine (a sign of kidney damage) in young adults. Additional studies are needed to assess the effects of cannabis in older adults and patients with kidney disease (Ishida et al., 2017)
- 9/13/17: Cannabis use may trigger temporary paranoia and other psychosis-related effects in individuals at high risk of developing a psychotic disorder (Vadhan et al., 2017).
- 2/12/18: Schizophrenia and other psychiatric issues may be triggered by cannabis use (Peters & Chen, 2018)

## But What About Research from 2017 On?

- 3/27/18: Cannabis use was associated with an increased initiation of cigarette smoking among non-cigarette smokers, and adults who smoke cigarettes and use cannabis were less likely to quit smoking cigarettes than those who do not use cannabis. Former smokers who use cannabis were also more likely to relapse to cigarette smoking (Weinberger et al., 2018)
- 4/23/18: Prenatal cannabis use was associated with a 50 percent increased likelihood of low birth weight, setting the stage for serious future health problems including infection and time spent in neonatal intensive care units (Crume et al., 2018)
- 5/10/18: Prenatal cannabis use adversely influenced infants' weight and likelihood of behavior problems, especially when combined with tobacco use (Schuetze et al., 2018)

## ...But what about research from 2017 on?

- 7/23/18: Long-term use of either cannabis or cannabis-based drugs connected to memory impairment for both recreational users and people who use the drug to combat epilepsy, multiple sclerosis and chronic pain (Mouro et al., 2018)
- 9/24/18: When mothers used cannabis during the first 12 years of their child's life, their cannabis-using children are more likely to start at an earlier age than children of non-using mothers. First study to establish a relationship between maternal cannabis use during a child's lifetime and earlier initiation in a nationally-representative, longitudinal cohort (Sokol et al, 2018)
- 11/6/18: Adolescent cannabis use may alter how neurons function in brain areas engaged in decision-making, planning and self-control (University of Illinois at Chicago, 2018)

## ...But what about research from 2017 on?

- 12/4/18: In a small study of infrequent cannabis users, researchers have shown that, compared with smoking cannabis, vaping it increased the rate of short-term anxiety, paranoia, memory loss and distraction when doses were the same (Spindle et al., 2018)
- 12/17/18: In a study of adolescent mice, researchers uncovered a possible explanation for how cannabis may damage the brains of some human teens (Jouroukhin et al., 2018)
- 2/28/19: State recreational cannabis legalization linked with increased consumption of certain high-calorie foods (Baggio & Chong, 2019)
- 3/27/19: Pregnant women who use cannabis may slightly increase the risk their unborn child will develop psychosis later in life, suggests new research (Fine et al., 2019)

## ...But what about research from 2017 on?

- [7/17/19](#): California parents who used cannabis administered more discipline techniques (from timeouts to physical abuse) to their children on average than did non-users ([Freisthleir & Kepple, 2019](#))
- [8/13/19](#): Compared to people who only drank alcohol, those who used alcohol and cannabis simultaneously drank more heavily and more frequently and experienced more alcohol-related problems (e.g., impulsive actions they later regretted) ([Linden-Carmichael et al., 2019](#))
- [8/26/19](#): Nearly one in four Arizona teens have used a highly potent form of cannabis known as marijuana concentrate ([Meier et al., 2019](#))
- [10/28/19](#): Parental cannabis use, past or present, can influence children's' substance use and well-being ([Epstein et al., 2020](#))

## ...But what about research from 2017 on?

- [12/3/19](#): Daily cannabis use during pregnancy linked with increased risk of low birth weight, low resistance to infection, decreased oxygen levels and other negative fetal health outcomes ([Brar et al., 2021](#))
- [1/14/20](#): Recreational cannabis use affected driving ability even when users were not intoxicated. Cannabis users had more accidents, drove at higher speeds, and drove through more red lights than non-users ([McLean Hospital, 2020](#))
- [3/11/20](#): Patients who received a first prescription for medicinal cannabis for chronic pain were more likely to have new onset of arrhythmia, bradyarrhythmia, tachyarrhythmia, or a conduction disorder within 6 months ([Richards et al., 2020](#))
- [4/2/20](#): Female eggs exposed to THC had an impaired ability to produce viable embryos and were significantly less likely to result in a viable pregnancy ([Endocrine Society, 2020](#))

## ...But what about research from 2017 on?

- [7/2/20](#): As many as 7% of moms-to-be use cannabis while pregnant to quell morning sickness, and the number is rising quickly. Such use may have a lasting impact on the fetal brain, influencing children's sleep for as much as a decade ([Winiger & Hewitt, 2020](#))
- [9/3/20](#): Study comparing adolescent siblings to determine the impact of early and frequent use of marijuana on cognitive function linked moderate adolescent cannabis use to adverse cognitive effects that cannot be explained by the genetic or environmental factors (e.g., peer group influence, parental behavior, and socioeconomic status) that siblings may have in common ([Hust et al., 2020b](#))
- [1/11/21](#): New evidence of health threat from chemicals in cannabis and tobacco smoke, including acrylonitrile and acrylamide, both known to be toxic in high levels ([Dana-Farber Cancer Institute, 2021](#))



## ...But What About Research from 2017 On?

- 3/8/21: THC stayed in breast milk for six weeks (Wymore et al., 2021)
- 7/29/21: Second-hand cannabis smoke and vapor exposure associated with more frequent respiratory infections in children (e.g., the common cold) (Johnson et al., 2021)
- 8/19/21: Teens who used cannabis frequently were more likely to have children born preterm when they become parents up to 20 years later. The research repeatedly assessed 665 participants in a general population cohort on their tobacco and cannabis use between 14-29, before pregnancy (Hines et al., 2021)
- 9/17/21: 1 in 5 cases of cyclical vomiting syndrome (CVS) involve cannabis use (i.e., cannabis hyperemesis syndrome) (Siddiqui et al., 2020)

## ...But What About Research from 2017 On?

- [10/6/21](#): People with cannabis use disorders (and other substance use disorders) more likely to contract COVID-19, even though patients with CUD tended to be younger and had fewer co-occurring health conditions than those with other SUDs. Researchers suspect that adverse effects of cannabis on lung and immune may explain findings ([NIDA, 2021a](#))
- [10/8/21](#): Early preterm infants who were fed breast milk from THC-positive mothers were found to be no more likely than those who were fed breast milk from THC-negative mothers or formula to have short-term health effects including breathing difficulties, lung development, and feeding issues, but long-term effects were not researched ([AAP, 2021](#))
- [10/20/21](#): In two large national surveys, participants with cannabis use disorder had significantly higher prevalence of self-reported psychotic disorders compared with nonusers, and these associations retained their strength over time ([Livne et al., 2021](#))

## ...But What About Research from 2017 On?

- [11/9/21](#): In this cross-sectional study of 20,914,591 female individuals in 35 US states, the proportion of prenatal hospitalizations involving CUD increased substantially between 2010 and 2018. There was a higher prevalence of depression, anxiety, and nausea disorders in prenatal hospitalizations with CUD compared with those without CUD, regardless of concomitant substance use disorders ([Meinhofer et al., 2021](#))
- [11/19/21](#): Mothers' use of cannabis in pregnancy tied to anxiety and hyperactivity in offspring ([Hunter et al., 2021](#))
- [12/6/21](#): Adults who used cannabis 20 or more days during the last month were 64% more likely to sleep less than six hours a night and 76% more likely to sleep longer than nine hours a night. Moderate consumption (i.e., less than 20 days during the past month) didn't create short-term sleep problems, but moderate users were 47% more likely to oversleep (i.e., nine or more hours a night). "Repeated use can quickly demonstrate habituation and likely opposite effects: increased sleep-onset latency, decreased total sleep time, and greater sleep disruption" ([Diep et al., 2021](#))

## ...But What About Research from 2017 On?

- 12/13/21: Cannabis use for pain linked to toxic interactions with other medications ([Nasrin et al., 2021a](#); [Nasrin et al., 2021b](#))
- 12/16/21: Due to cannabis plants' inherent ability to absorb heavy metals from the soil, cannabis users are exposed to heavy metals known to be carcinogenic (e.g., lead, mercury, cadmium and chromium) ([Bengyella et al., 2021](#))
- 1/6/22: Among adults with a certain type of bleeding stroke, those who used cannabis within the last 3-30 days were more than twice as likely to develop a serious stroke complication that increases the risk of death and disability ([Catapano et al., 2022](#))

## ...But What About Research from 2017 On?

- [1/28/22](#): Review of 16 studies from 2015 through 8/16/21 (including 59,138 patients) finds risk for seven adverse neonatal outcomes was significantly increased among women who were exposed to cannabis during pregnancy ([Marchand et al., 2022](#))
- [2/3/22](#): 50-year longitudinal study of more than 1,000 individuals links chronic cannabis use to lung damage, though in a different way than tobacco smoke (i.e., over-inflated lungs, increased resistance to air flow that function as a form of emphysema) ([Hancox et al., 2022](#))
- [3/31/22](#): Babies exposed to cannabis in the womb at greater risk for obesity and high blood sugar ([Moore et al., 2022](#))
- [4/20/22](#): Cannabis poisoning among pets increasing in the U.S. and Canada ([Amissah et al., 2022](#))

# Adverse Health Effects (2017-present)

- 6/27/22: United Nations *2022 World Drug Report* concluded that there has been an “increase in the proportion of people with psychiatric disorders and suicides associated with regular cannabis use” (UNODC, 2022, p. 31).
- 6/28/22: Cannabis use in the general population associated with heightened risk of clinically serious negative outcomes leading to emergency department visits and hospitalization (Vozoris et al., 2022)
- 7/15/22: Ketene, a toxic gas, is released when cannabinoid acetates are heated under vaping conditions (Munger et al., 2022)
- 7/25/22: In a review of 20 international studies, researchers linked higher potency cannabis use (i.e., > 10 mg of THC) to greater risk of developing psychoses and cannabis use disorder when compared to lower potency (i.e., 5-10 mg of THC) (Petrilli et al., 2022)

# Impact of Legalization and Accessibility

- 6/14/17: College students attending an Oregon university are using more cannabis now that the drug is legal for recreational use, but the increase is largely among students who also report recent heavy use of alcohol (Kerr et al., 2017)
- 5/17/18: Adolescents who view more advertising for medical cannabis were more likely to use cannabis, express intentions to use the drug, and have more-positive expectations about the substance (D'Amico et al., 2018)
- 11/13/19: Problematic use of cannabis among adolescents and adults increased after legalization of recreational marijuana use (Cerdá et al., 2020)

# Impact of Legalization and Accessibility

- [1/13/20](#): Cannabis use rates higher among college students in states that have legalized recreational cannabis compared to those that have not. Both occasional and frequent use among college students has continued to rise beyond the first year of legalization, suggesting an ongoing trend rather than a brief period of experimentation ([Oregon State University, 2020](#))
- [7/20/20](#): A longitudinal study of more than 230 teens and young adults in Washington found that teens may be more likely to use cannabis following legalization - with the proliferation of stores and increasing adult use of the drug -- than they otherwise would have been ([Bailey et al., 2020](#))
- [10/8/20](#): Advertising and location of cannabis retailers influence adolescents' intentions to use marijuana, according to a new study in the *Journal of Health Communication* by Washington State University researchers ([Hust et al., 2020a](#))



# Impact of Legalization and Accessibility

- [9/27/21](#): Passage of recreational cannabis laws correlated with increased use among Hispanic people and White people (but not Black people regardless of Hispanic or non-Hispanic ethnicity or teens/young adults ages 12 through 20 ([Martins et al., 2021](#)))
- [5/26/22](#): More young people use cannabis recreationally in states that have legalized cannabis ([Gunadi et al., 2022](#))
- [7/19/22](#): Rates of cannabis use and daily cannabis use have increased across the U.S., and current cannabis use and daily use are substantially higher among individuals residing in states that have legalized recreational cannabis use ([Weinberger et al., 2022](#))
- [8/27/22](#): Residents who live in states where cannabis is legal use it 24% more than their twins who live in states where it isn't ([Zellers et al., 2022](#))

# Positions of Medical Associations

- The positions of various medical associations on medical cannabis can be summarized thusly:
  - Cannabis a public health risk, and patients (and the public) should be educated on these risks
  - There is limited evidence of efficacy of medical cannabis
  - Additional research is warranted
  - Decriminalization is supported
  - Providers should be cautious about recommending medical cannabis, safer alternatives should be utilized, and medical cannabis should generally be avoided for youth, individuals with substance use disorders, and for the treatment of mental disorders
    - ([AAP, 2015a](#); [2015b](#); [AMA, 2017](#); [APA, 2019a](#); [APA, 2019b](#); [ASAM, 2020](#); [NAADAC 2019](#); [Testai et al., 2022](#))

# Should Medical THC Be Prescribed for Clients with SUDs?

- “Whenever possible, medications with low abuse potential and relative safety in overdose should be selected for the treatment of patients with a co-occurring substance use disorder.” ([APA, 2010](#))
- “Healthcare professionals...should recommend cannabis with great caution, if at all, to those with substance use disorders or psychiatric disorders...Healthcare professionals should screen all patients for cannabis and other substance use disorders and refer to treatment as appropriate before recommending cannabis to be used for medical purposes.” ([ASAM, 2020](#))

# Should Medical THC Be Used for Mental Disorders?

- “There is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development” ([APA, 2019a](#), para. 2).
- “Because of the lack of any credible studies demonstrating clinical effectiveness, the APA cannot endorse the use of medical cannabis for the treatment of post-traumatic stress disorder (PTSD). The Council on Addiction Psychiatry, the Council on Research, and the Council on Quality Care reviewed available evidence regarding the use of cannabis in the treatment of PTSD and concluded that no published evidence of sufficient quality exists in the medical literature to support the practice. The APA does not endorse cannabis for treatment of PTSD at this time, as further study is needed” ([APA, 2019b](#), para. 2).

## How Might Medical THC Affect Psycho-Therapy?

- Being mildly sedated might help open a client up for a therapeutic experience or might reduce symptoms sufficient for the client to benefit from therapy
- Short-term memory impairment resulting from THC use may reduce efficacy
- Legal/ethical question of whether clients can lawfully consent to treatment while in an impaired state
- Might interfere with exposure-based approaches
- Might reinforce dysfunctional beliefs (e.g., I need this in order to...I can't handle life without...)



# Recovery vs. Harm Reduction

**Contrasting Approaches**

# Dosing Considerations for THC

- $\geq 10$  MG THC = overmedicated, most conditions respond to CBD/THC ratios of  $\geq 1:1$  or higher, and recreational cannabis CBD/THC ratio is  $1:\geq 15+$  (Smith, 2016)
- Researchers use 5 mg THC doses as a “standard unit” of THC (enough to produce a mild intoxication among infrequent users) ([NIDA, 2021](#))
- 5-10 mg conceptualized as “lower-potency products” and  $>10$  mg as “higher-potency” ([Petrilli et al., 2022](#))
- Yet in an online review of products sold in Florida clinics, I saw THC doses of 10 mg to 600 mg and CBD/THC ratios of 1:20 to 1:826 with most ranging between 1:20 and 1:60 ratios ([My Florida Green, n.d.](#))

## DO I QUALIFY

Take our quick and easy qualification survey to see if you are eligible for a medical marijuana card recommendation.

[Take the Survey](#)

## NO RISK GUARANTEE

If you fail to qualify, you pay NOTHING. It's that simple!

[Schedule Your Appointment](#)

## FAQS

Find the answers you're looking for on the medical marijuana card recommendation process, our services, pricing and more.

[Learn More](#)

# YOUR MEDICAL MARIJUANA CARD RECOMMENDATION. EASY AS 1 - 2 - 3

1

### 1. REGISTER & PRE-QUALIFY

Register and [take our quick qualification survey](#). You will immediately find out if your condition may qualify you to receive your Florida medical marijuana card Recommendation.

2

### 2. SCHEDULE YOUR APPOINTMENT

Contact us and one of our friendly team members will schedule the next available appointment for your exam with one of our certified physicians. A credit card is required to book your exam with the physician.

3

### 3. RECEIVE YOUR REGISTRY ID#

Once your exam is completed and you have met the Florida requirements, your ChoiceMedGroup physician will enter the order with the Florida Department of Health. You will then receive your Registry ID# and with that you can receive your medical marijuana card from the State of Florida.



## Recreational and Disordered Use Masqueraded as Medicine?

- A growing body of research suggests that most Americans who obtain medical cannabis cards are recreational users, heavy smokers, and/or individuals likely to have cannabis use disorders rather than individuals with legitimate medical need for cannabis (e.g., Caputi & Humphreys, 2018; [Cooke et al., 2018](#); [Pedersen et al., 2019](#); Roy-Byrne, 2017).

*"Medical and recreational users had many more similarities than differences, and the differences were small, suggesting that only a few 'medical users' were likely targeting medical conditions"* (Roy-Byrne, 2017, para. 3)

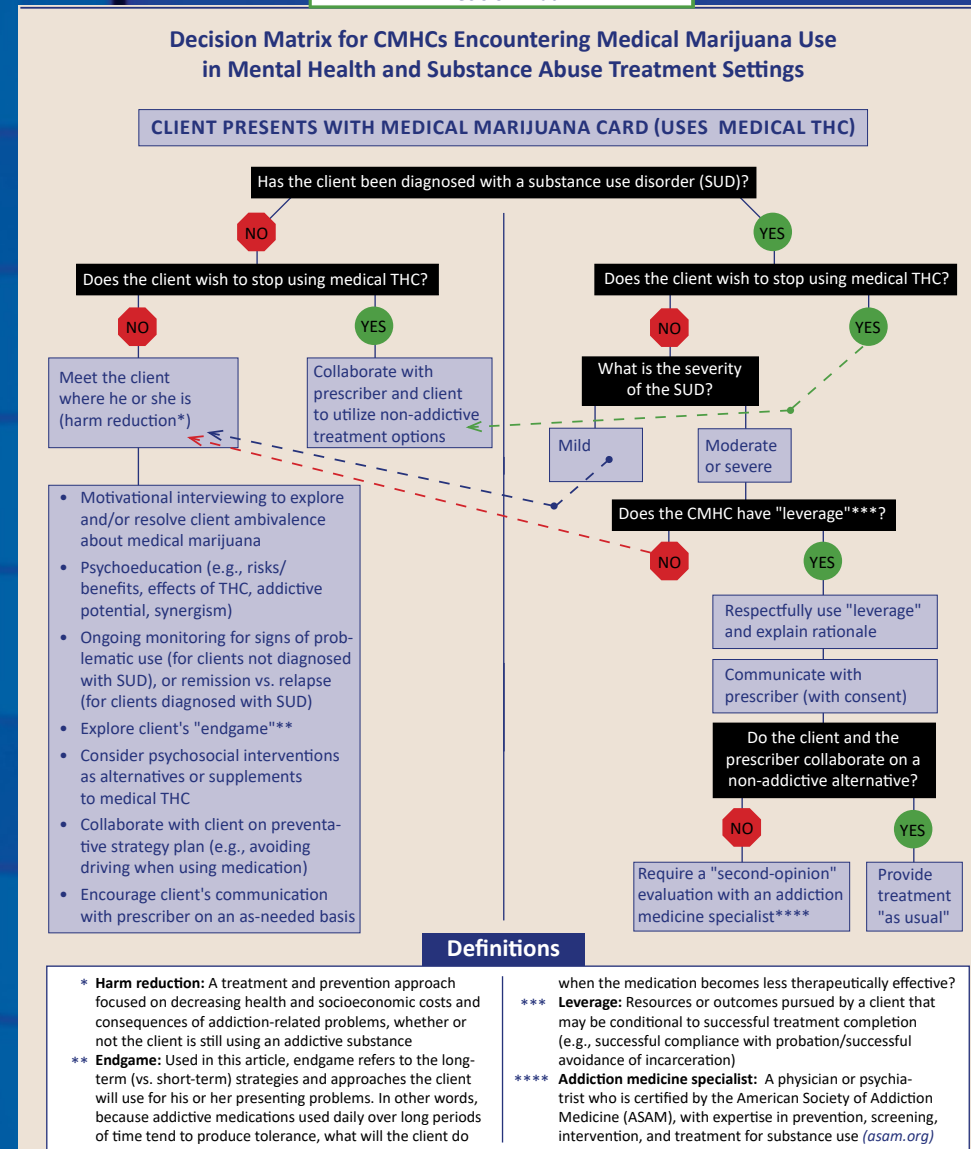
# Differentiating Between Use and Disorder



## Emerging Clinical Issues

Decision Matrix

# Decision Matrix for CMHCs Encountering Medical Marijuana Use in Mental Health and Substance Abuse Treatment Settings (Norton, 2019)



# Risk Factors for Developing THC Use D/O

- Being male
- Being male and smoking cigarettes
- Earlier age of initiation of cannabis use
- Greater frequency of cannabis use
- A diagnosis of Major Depressive Disorder
- Use of drug combinations
- Oppositional behaviors during adolescence
- Younger age of first use of alcohol
- Nicotine use during adolescence
- Substance use by parents of adolescents
- Antisocial behaviors during adolescence
- Childhood sexual abuse
- History of psychiatric treatment
- Increased severity of post-traumatic stress disorder symptoms ([NASEM, 2017](#))

# Risk Factors for Daily Cannabis Use Among Young Adults

- older age
- male sex
- higher levels of family stress and other stress
- use of alcohol, cigarettes, and other tobacco products
- parent(s), sibling(s), and friend(s) smoke cigarettes
- higher body mass index
- higher impulsivity and novelty seeking
- lower self-esteem increased the odds of daily cannabis use ([Dugas et al., 2018](#))

# Seven Risk Factors for Developing CUD

- age
- level of enjoyment from initial cigarette smoking
- total score on Impulsive Sensation-Seeking Scale questionnaire
- score on cognitive instability factor of Barratt Impulsivity Scale questionnaire
- scores on neuroticism, openness, and conscientiousness personality traits of Neuroticism, Extraversion, and Openness inventory ([Rajapaksha et al., 2022](#))

# Adolescents more vulnerable to cannabis addiction but not other mental health risks, study finds

*Date:* July 1, 2022

*Source:* University College London

*Summary:* Adolescents are over three times more vulnerable to developing a cannabis addiction than adults, but may not be at increased risk of other mental health problems related to the drug, according to a new study.

*Share:*     

[Lawn et al. \(2022\)](#)



# What to Look For

- Combining with synergistic substances or other forms of chemical self-medication
- Running out of prescription early/supplementing with illicit/recreational marijuana (i.e., using more than prescribed)
- Frequent changes in physicians
- Time of day and context in which medication is taken
- Using in situations advised against (e.g., driving)
- Seeking absence of symptoms and/or euphoria/high vs. functionality
- History of other substance abuse (e.g., recurrent substance-related arrests)
- Evidence of impairment/overmedication (e.g., impaired motor coordination, impaired judgment, sensation of slowed time)
- One or more diagnosable substance use disorders

**What if there is  
not sufficient  
evidence to  
warrant a SUD  
diagnosis?**



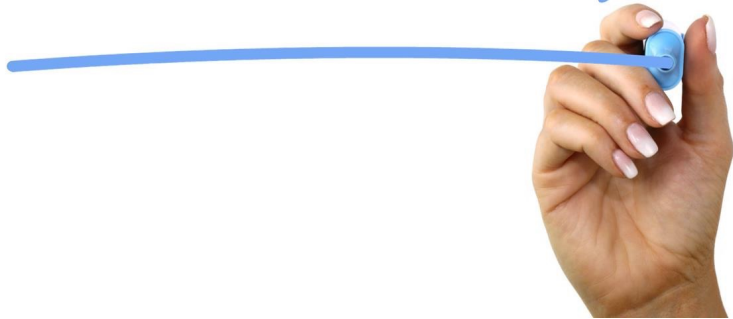
## If Use vs. Disorder...

- Consider educating, motivational interviewing (if applicable), psychosocial interventions that supplement medication, and monitoring for evidence of abuse, such as through UA testing (clinical)
- Perhaps client is willing to focus on low THC content or CBD (if appropriate)
- Evaluations: Consider incorporating above recommendations into your report if relevant to the question(s) posed by your referral source (forensic)
- **Therapy: What is the end game?**

# If You're Clear on the Client's SUD Diagnosis...



# LEVERAGE



## Rules of Thumb

If the SUD is mild, risk reduction may be a viable approach.

If the SUD is moderate to severe, an abstinence-based approach is preferable.

If you have leverage, use it.

If you don't meet the client where he or she is at (ASAM, 2013)

## If Disorder vs. Use...

Interface with prescriber(s) and caution against prescribing addictive medications for clients with SUDs

Prescriber may consider non-addictive medication alternatives, alternative administration schedules, dosage adjustments, and/or referral for a second opinion with a specialist

Consider counseling for harm reduction

Consider alternative interventions (e.g., exposure therapy, CBT for Insomnia, etc.) targeting the presenting problem(s) warranting medication

Refer to appropriate treatment/recovery groups/appropriate level of care as needed



# Example of Harm Reduction Counseling

Florida case: [F.S. 381.986](#)

# Clinician Interface with Recommending Physician

- Remember that...
  - The physician may not have the same information you have about the client.
  - Physicians are often pressed for time.
  - Physicians often do not have the expertise that you have as a mental health and/or substance abuse professional.
  - Most physicians care about their work and their patients, yet...
  - Physicians may or may not take your perspective seriously.



# Writing a Letter to Recommending Physician

- Secure appropriate consent from the client/patient.
- Notify the physician of the client's presence in treatment, reason for admission/presenting problem(s), referral source, and diagnosis(es)/symptom(s) (be specific)
- (If convinced that medical marijuana is problematic): Quote APA guidelines about avoidance of addictive medications and ASAM guidelines about avoidance of medical cannabis prescription
- Indicate that the treatment plan will include psychoeducation and psychosocial interventions alternatives
- (If applicable): Discuss urinalysis drug testing procedures
- Ask for an update prescription list.
- Extend an invitation for additional collaboration.

Consider leverage with client

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graph TD; A[Consider leverage with client] --> B[Consider referral to a trusted addiction medicine specialist for a second opinion]; B --> C[Consider requiring the client to resolve the issue to complete successfully];
```

Consider referral to a trusted addiction medicine specialist for a second opinion

Consider requiring the client to resolve the issue to complete successfully

**If the  
Physician is  
Non-  
Responsive**

# Now, Let's Examine Some Cases

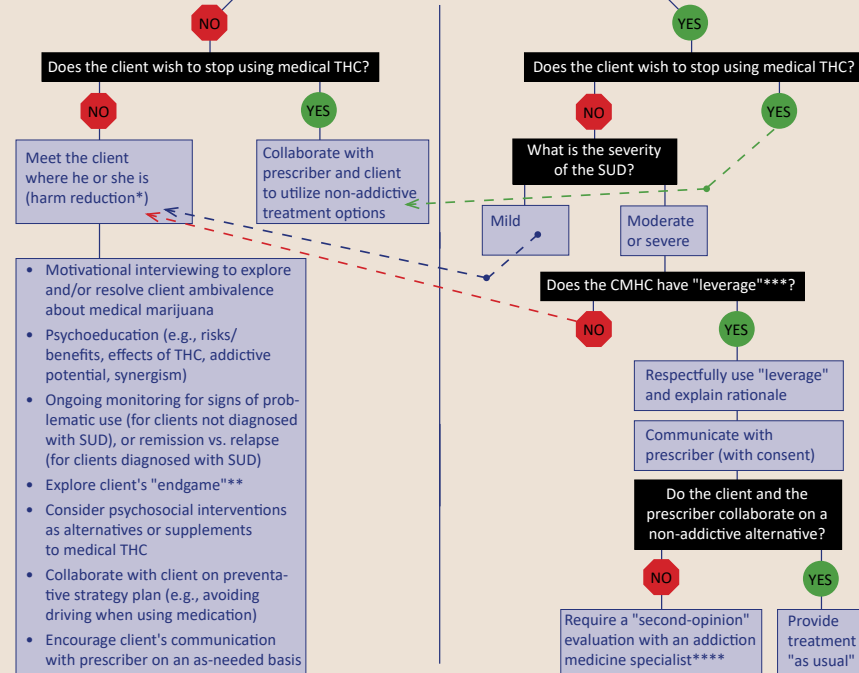
## Emerging Clinical Issues

Decision Matrix

### Decision Matrix for CMHCs Encountering Medical Marijuana Use in Mental Health and Substance Abuse Treatment Settings

CLIENT PRESENTS WITH MEDICAL MARIJUANA CARD (USES MEDICAL THC)

Has the client been diagnosed with a substance use disorder (SUD)?



- Motivational interviewing to explore and/or resolve client ambivalence about medical marijuana
- Psychoeducation (e.g., risks/benefits, effects of THC, addictive potential, synergism)
- Ongoing monitoring for signs of problematic use (for clients not diagnosed with SUD), or remission vs. relapse (for clients diagnosed with SUD)
- Explore client's "endgame"\*\*\*
- Consider psychosocial interventions as alternatives or supplements to medical THC
- Collaborate with client on preventative strategy plan (e.g., avoiding driving when using medication)
- Encourage client's communication with prescriber on an as-needed basis

#### Definitions

- \* **Harm reduction:** A treatment and prevention approach focused on decreasing health and socioeconomic costs and consequences of addiction-related problems, whether or not the client is still using an addictive substance
- \*\* **Endgame:** Used in this article, endgame refers to the long-term (vs. short-term) strategies and approaches the client will use for his or her presenting problems. In other words, because addictive medications used daily over long periods of time tend to produce tolerance, what will the client do

- when the medication becomes less therapeutically effective?
- \*\*\* **Leverage:** Resources or outcomes pursued by a client that may be conditional to successful treatment completion (e.g., successful compliance with probation/successful avoidance of incarceration)
- \*\*\*\* **Addiction medicine specialist:** A physician or psychiatrist who is certified by the American Society of Addiction Medicine (ASAM), with expertise in prevention, screening, intervention, and treatment for substance use ([asam.org](http://asam.org))

# Scenario 1

- Gabriela is 53-year-old and has a diagnosis of Multiple Sclerosis. She participated in a mental health evaluation at the recommendation of her primary care physician due to complaints of depression and was diagnosed with a major depressive disorder that was likely secondary to her MS. She was then referred to you for therapy for her depression. She mentions that her physician has prescribed her a mild dosage of medical THC to control spasticity. She denies any concerns about her cannabis use.

- Link for electronic decision matrix:

<https://www.surveymonkey.com/r/MedicalMarijuanaDecisionMatrix>

## Scenario 2

- Alejandro was referred to you because of a DUI charge involving alcohol. He has a previous DUI that was both marijuana and alcohol-related, a Disorderly Intoxication charge, and a Possession of Marijuana charge. He is court-ordered to complete outpatient substance abuse treatment successfully. He denies any concerns about his cannabis use. When he heard that he would be expected to avoid the use of illicit drugs while in treatment, he secured a medical marijuana card for ADHD.

- Link for electronic decision matrix:

<https://www.surveymonkey.com/r/MedicalMarijuanaDecisionMatrix>

# Scenario 3

- Ron was discharged against medical advice (i.e., prematurely in the opinion of the treatment team) from a residential substance abuse treatment program with diagnoses of Alcohol Use Disorder, Severe, and Cannabis Use Disorder, Severe. He sought treatment reluctantly when his wife threatened to leave with the children. He is 42-years-old and has been using addictive substances regularly since he was 14. Upon discharge, he met with a psychiatrist due to severe depression and anxiety. She pointed out that because cannabis helped him to feel happier and less depressed during his 20s, he should consider it, and she wrote him a recommendation for a medical marijuana card. He is seeing you because his wife insists that he see a therapist.
- Link for electronic decision matrix:  
<https://www.surveymonkey.com/r/MedicalMarijuanaDecisionMatrix>

## Scenario 4

- Dante is a 40-year-old male who presents for an evaluation in an effort to obtain his driver's license, which was revoked years ago in another state after his 2<sup>nd</sup> DUI charge, which also included a Possession of Marijuana charge. He reported that he completed treatment about 10 years ago related to that DUI but that the state has no evidence of that completion. He has smoked THC daily since he was a teenager. He recently obtained a medical cannabis card. He reports that he smokes about 2-3 grams of THC a day starting in the morning. When asked what he uses medical cannabis for, he reports that he has some work-related stress and sometimes has a difficult time falling asleep. He acknowledged experiencing tolerance, endorsed symptoms of Cannabis Withdrawal, acknowledged craving for THC when he goes without it for long, and admits to an extensive history of driving under the influence of THC.
- <https://www.surveymonkey.com/r/MedicalMarijuanaDecisionMatrix>

