

Primary Care Challenges and Approaches in the Assessment and Treatment of Cannabis Use Disorders in Adolescents

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Disclosures

- None.

Objectives

- Understand common challenges faced by pediatricians in assessing and treating cannabis use disorders (CUD) in adolescents
- Identify commonly used screening tools
- Describe brief interventions used for adolescents with problem cannabis use

Case 1

“Miriam,” 17 yo female, comes in for complaints of continuing pain after an accident 3 months ago

- When she saw an orthopedist after the accident, he prescribed Vicodin, but it is not working well and has significant side effects
- Miriam has smoked marijuana recreationally and it helped with her pain
- Otherwise no acute or chronic health problems

She would like you to recommend her medical marijuana; her mom is fine with this.

Case 2

“Jack”, 16 yo male, is in clinic for a required sports physical for football. He is generally medically healthy. He gets good grades in school. Positives on HEADSS screening include:

- He smokes marijuana on weekends, and occasionally after games during the week, with his teammates. He denies ever driving under the influence.
- He is sexually active and usually uses condoms.
- His mood is up and down but usually 5/10.

Case 3

“Sarah”, 18 yo female, has been homeless for 6 months and is currently living in a squat. She suffers from anxiety and depression. She used to be on paroxetine which helped her symptoms, but hasn't had it since she became homeless.

- She is sexually active and came to the clinic for birth control and STD testing.
- The HEADSS reveals that she currently uses multiple drugs on a regular basis, mainly tobacco, alcohol, and marijuana.

Case 4

"Katie", 17 year old female, comes in for an annual school physical.

You discuss limits of confidentiality up-front.

- Her history is generally negative, however:
 - She is sexually active
 - On SBIRT screening she says she drinks alcohol on weekends and smokes marijuana every other day, but has never used other drugs.
 - She answered "Yes" to Relax, Family and Trouble questions on the CRAFFT

When To Screen

- Annual visits for preventive services
- Any youth undergoing mental health treatment
- Youth demonstrating behavioral changes/Risky behaviors
- School problems – grades dropping, absences, etc.
- School drop outs
- Acute medical problems (GI disturbances, trauma)

Common Challenges in Assessing and Treating Adolescents for CUD

- Adolescents usually come in to care sporadically
- Time pressures
- Confidentiality laws
- Importance of peers and “normalization” of cannabis use
- Legal Medical and Recreational Marijuana issues

Common Challenges in Assessing and Treating Adolescents for CUD, cont.

- Social Determinants of Health: adolescents less able than adults to influence societal forces and systems
- Brain Development: lack of control of Pre-Frontal Cortex executive functions over more primitive brain areas
 - Brain development continues into the mid-20s
 - Often not having experienced serious risks or consequences associated with use
 - Lack of insight into potential longer-term consequences of use

Common Screening Tools Used in Primary Care Settings

- HEADSSSSS
- SBIRT
- CRAFFT
- S2BI

HEADSSSSS Assessment

- Psycho-social assessment of adolescent well-being and health
- Confidential aspects of the HEADSSSSS assessment is discussed alone with the adolescent. Confidentiality does not guarantee honest answers, but most adolescents are surprisingly open, especially if they have a good relationship with their PCP
- Leading causes of adolescent death:
 - 1. Accidents (unintentional injuries): substance use often a factor
 - 2. Homicide
 - 3. Suicide

HEADSSSSS: Components

- Home
- Education/work
- Activities: physical, community/volunteer, play, nutrition
- Drugs, alcohol, tobacco
- Sexuality
- Suicide/depression/sadness
- Safety
- Spirituality
- Strengths

SBIRT

- Screening, Brief Intervention, and Referral to Treatment
- Use of the CRAFFT if positive screen
- Brief Intervention
- Referral to Treatment

SBIRT: Quick and Easy Office Screening Method

3-part opening screening question:

- In the past 12 months have you
 - 1. Drunk any alcohol (more than a few sips)?
 - 2. Smoked any marijuana?
 - 3. Used any other drugs to get high (including illegal drugs, non-prescription drugs, prescription drugs, or things you sniff or "huff")?

If "No" to Opening Screening Questions

No need to perform the CRAFFT

- Praise patient for making smart choices: "You have made some very good decisions in your choice not to use drugs and alcohol. I hope you keep it up."

If "Yes" to any of the Opening Screening Questions

Perform the CRAFFT (next slide)

Give Car Advice:

- Never drive under the influence of any alcohol or drugs
- Never drive as a passenger with anyone under the influence of alcohol or drugs

Why Car Advice? MVAs in USA:

- In 2009, almost 11,000 deaths due to alcohol impairment (~1/3 of all MVA deaths)
- 35% of drivers involved in fatal crashes were 21-24 years old, 32% were 25-24 years old, and 26% were 35-44 years old
- 14% of child deaths ages 0-14 were due to alcohol-impaired driver
- 1.4 million arrests each year for DUI (147 million self-reported episodes)

www.cdc.gov/MotorVehicleSafety/Impaired_Driving/impaired-driv_factsheet.html

CRAFFT Components

- **C:** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- **R:** Do you ever use alcohol or drugs to **RELAX**, Feel better about yourself, or fit in?
- **A:** Do you ever use alcohol or drugs while you are by yourself, **ALONE?**
- **F:** Do you ever **FORGET** things you did while using alcohol or drugs?
- **F:** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- **T:** Have you ever gotten into **TROUBLE** (at home, at school, with the police, or otherwise) while you were using alcohol or drugs?

Score 1 point for each "Yes" answer.

Two or more "Yes" answers suggest a serious problem and a need for further assessment.

S2BI Screen

- “Screening To Brief Intervention”
- Asks one frequency question on tobacco/ alcohol/OD use: how frequently in the past year did you use a particular substance?
 - frequency of drug use accurately triaged adolescents into “risk categories”.

S2BI Screen, cont.

- Teens who reported using alcohol or marijuana “once or twice” last year were unlikely to have a substance use disorder
- Those who reported “monthly” use were very likely to meet diagnostic criteria for a “mild” or “moderate” substance use disorder
- Those who reported use weekly or more were very likely to meet diagnostic criteria for a “severe” substance use disorder.

Brief Interventions Used for Adolescents

General Approach:

- We praise non-use: short affirming statements
- For those using marijuana sporadically, we urge to quit
- For those using marijuana regularly or heavily, we urge to cut down or quit

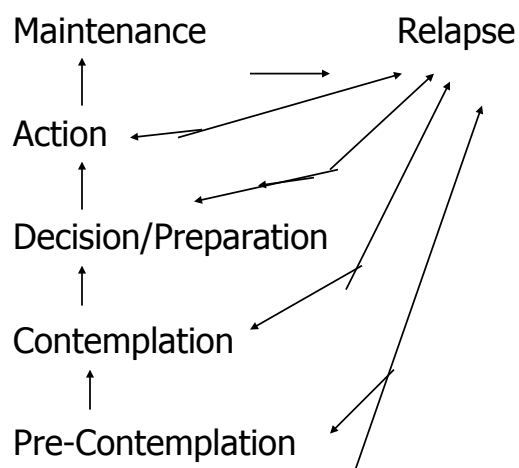
Helpful Brief Intervention Discussion Points

- Potential short-term health consequences
- Insidious process of developing addiction
- Normalization of non-use
- Brain development
- Do you control marijuana, or does marijuana control you?
 - Cutting down/quitting “test” to see who or what is in control

Motivational Interviewing: commonly used treatment tool

- Counseling method to help patients successfully change behavior
- Patient-driven rather than physician driven
- Uses "Might" vs. "Should," i.e., "You might want to consider trying X" vs. "You should do X."
- Baby steps are encouraged
 - Small changes can lead to big changes
 - Success breeds success

Trans-theoretical Model of Change



Four Principles of Motivational Interviewing: *REDS*

- **Roll with Resistance**
- **Express Empathy**
- **Develop Discrepancy**
- **Support Self-efficacy**
 - **Adolescents may not be able to think of healthy alternatives to substance use,** in which case they need to be suggested

Benefits and Costs of Change

Status Quo Change

Benefits	Benefits
Costs	Costs

Costs and Benefits of *Continuing* Marijuana use

Benefits

- **Helps me relax**
- **Enjoy using with friends**
- **Eases boredom**

Costs

- **Spending too much \$**
- **Don't remember a lot when under the influence**
- **Maybe do something stupid**

Costs and Benefits of *Changing* Behavior

Benefits

- **Remember better**
- **Have more \$**
- **Don't do stupid stuff**

Costs

- **I'd miss getting high**
- **What to do about friends**
- **How to deal with stress and boredom**

2 Key Questions for Patients

- **Importance** of change
- **Confidence** in ability to make change
- When the adolescent makes a decision to cut back (reduce harm) or quit, set a deadline: **Quit Date**

Exploring Importance

- **Assess: On a scale of 1-10, how important is it now for you to cut back/stop using?**
- **Explore:**
 - “Why did you give it a ___ and not a ___?”
 - “What would have to happen to raise that score from a ___ to a ___?”
 - “How can I help you with that?”

Exploring Confidence

- Assess: “On a scale of 1-10, how confident are you now that you could make that change, if you decided to make it?”
- Explore: “Why did you give it a ___ and not a ___?” “What would have to happen to raise your confidence?” “How can I help you with that?”

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Summary

- PCPs usually screen and perform brief interventions as needed for substance use issues
- HEADSSSSS, SBIRT & CRAFFT, and S2BI, are all useful screening tools
- Brief interventions, including Motivational Interviewing, are useful to use with adolescents

References

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