Assessment and Referral Resources for Cannabis Use Disorder

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Objectives

- Understand the prevalence of Cannabis Use Disorder (CUD) after legislative legalization and decriminalization of cannabis
- Describe screening tools and diagnostic criteria for CUD
- Role of SBIRT for at risk Cannabis Use
- Describe barriers to referral for individuals struggling with CUD

Prevalence of Cannabis Use Disorder

Self-Reported Cannabis Use Before and After Legalization

Table 2. Past-Month Marijuana Use, Frequent Marijuana Use, and CUD in the Past 12 Months Among 495 796 Respondents Before vs After RML Enactment From 2008 to 2016[a]

Age Group, y	Marijuana Use						CUD in the Past 12 mo		
	Past Month			Frequent					
	% Who Reported Use			% Who Reported Frequent Use			% Who Met Criteria for CUD		
	Before RML[b]	After RML[c]	AOR (95% CI)[d]	Before RML[b]	After RML[c]	AOR (95% CI)[d]	Before RML[b]	After RML[c]	AOR (95% CI)[d]
12-17	4.76	5.28	1.12 (0.97-1.28)	1.07	1.19	1.12 (0.87-1.4)	2.18	2.72	1.25 (1.01-1.55)
18-25	13.06	14.03	1.09 (0.99-1.20)	4.64	5.08	1.10 (0.97-1.25)	3.62	3.48	0.96 (0.80-1.14)
≥26	5.65	7.10	1.28 (1.16-1.40)	2.13	2.62	1.24 (1.08-1.41)	0.90	1.23	1.36 (1.08-1.71)

Abbreviations: AOR, adjusted odds ratio; CUD, cannabis use disorder; RML, recreational marijuana law.

[a] All models were adjusted for respondent age, sex, race/ethnicity, nativity, urbanicity, and total family income; overall contemporaneous trend across all US states; state percentage male; percentage white; percentage aged 10 to 24 years; and percentage older than 25 years without a high school education. Frequent use is defined as 20 days or more of use in the past month.

[b] Estimated adjusted prevalence from model, RML states before the enactment of RML.

[c] Estimated adjusted prevalence from model, RML states after the enactment of RML.

[d] Adjusted odds ratio, comparing after vs before.

JAMA Psychiatry. 2020;77(2):165-171. doi:10.1001/jamapsychiatry.2019.3254

6.8%

Marijuana Use Disorder in Past Year: Among People Aged 12 or Older (2023)

SAMHSA2023 National Survey on Drug Use and Health (NSDUH) Accesses October 14, 2024. 2023 National Survey on Drug Use and Health (NSDUH). https://www.samhsa.gov/data/release/2023-national-survey-drug-use-and-health-nsduh-releases

Screening Tool and Diagnostic Criteria: Cannabis Use Disorder

Cannabis Use Disorder: DSM Criteria

- Cannabis is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control cannabis use
- A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects
- Craving, or a strong desire or urge to use cannabis
- Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home
- Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis
- Important social, occupational, or recreational activities are given up or reduced because of cannabis use
- Recurrent cannabis use in situations in which it is physically hazardous
- Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis
- **Tolerance**, as defined by either of the following:
    - **A**. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
    - **B**. Markedly diminished effect with continued use of the same amount of cannabis.
- **Withdrawal**, as manifested by either of the following:
    - **A**. The characteristic withdrawal syndrome for cannabis (refer to **Criteria A and B** of the criteria set for cannabis withdrawal).
    - **B**. Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

https://www.psychdb.com/addictions/cannabis/1-use-disorder

Cannabis Use Disorder: DSM (Continued)

Severity is assessed by number of criteria met.

- **Mild**: Presence of **2** to **3** symptoms
- **Moderate**: Presence of **4** to **5** symptoms
- **Severe**: Presence of **6**+ symptoms

https://www.psychdb.com/addictions/cannabis/1-use-disorder

Youth and Adolescents: CRAFFT Screening

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say “0” if none.
2. **Use any marijuana (weed, oil, or hash, by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”) or “vaping” THC oil? Put “0” if none.**
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say “0” if none.

Accessed October 14, 2024.
https://njaap.org/wp-content/uploads/2018/03/COMBINED-CRAFFT-2.1-Self-Admin_Clinician-Interview_Risk-Assess-Guide.pdf

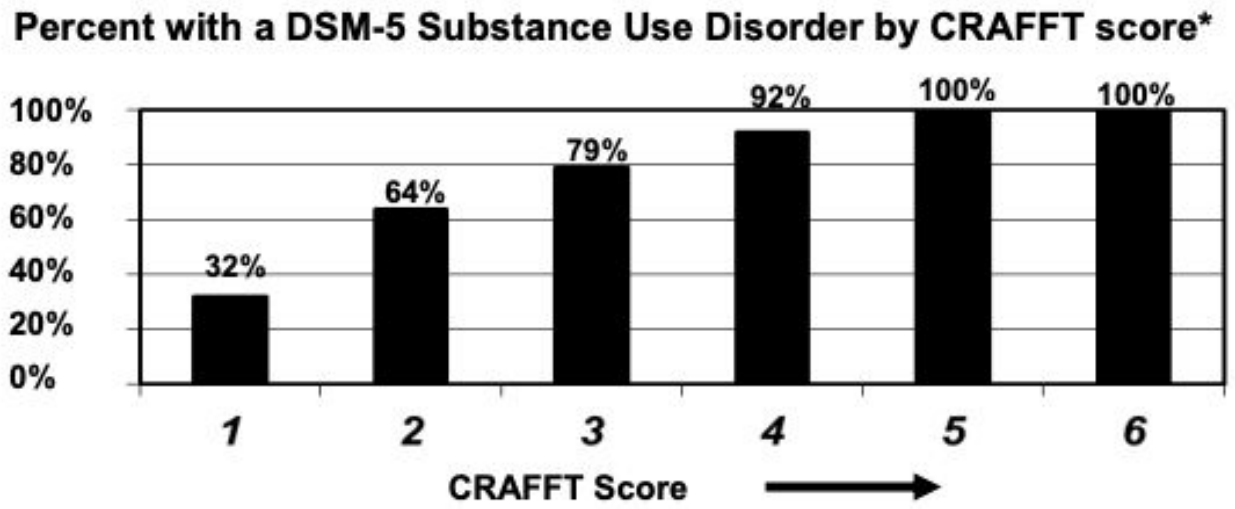
CRAFFT Screening - Risk Factors for SUD

- **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, or **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** while you were using alcohol or

Accessed October 14, 2024.
https://njaap.org/wp-content/uploads/2018/03/COMBINED-CRAFFT-2.1-Self-Admin_Clinician-Interview_Risk-Assess-Guide.pdf

Risk of SUD based on CRAFFT Score

1. **Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.**



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

Accessed October 14, 2024.
https://njaap.org/wp-content/uploads/2018/03/COMBINED-CRAFFT-2.1-Self-Admin_Clinician-Interview_Risk-Assess-Guide.pdf

SBIRT

Screening Brief Intervention and Referral to Treatment is an evidence based

- approach to systematic screening
- motivational interviewing and brief counseling based on reported at risk use
- referral for High-Risk and SUD.

Referral to Treatment

Patients identified as at high-risk for use and diagnosed with CUD should be referred for treatment.

In Maryland, Referral to Treatment may include:

1) Self identification and outreach via 988
2) 12 step and group based referral resources
3) Primary care referral to local SUD and BH programs
4) Telehealth based programs for CUD

988 and 12 step programs

988

- Crisis Line Services
- Single access point for Crisis Behavioral Health needs
- 24/7 availability
- Referral to local resources

12 Step programs

- Marijuana Anonymous (Online)

Marijuana Anonymous

Primary Care Referral to Local SUD/BH Services

- Individual Counseling
- Group Based Counseling
- Integrated BH services
- Population Specific Resources: Adolescent Services

Convenience Sample: Posting of email to MD-DCSAM members about treatment for Cannabis Use Disorder

- Sheppard Pratt Addiction Services (Prioritizes Co-Occurring MH and CUD)
- Springs Health (Hybrid In-Person/Telehealth Services)

Maryland Addiction Consultation Service

How to request a consultation

Call 1-855-337-MACS

Access the warmline
Monday – Friday, 9 am – 5 pm

Submit a request

Through our secure survey system, REDCap

Email

MACS@som.umaryland.edu

Telehealth provision of SUD care

- Traditional Telehealth servies by brick and mortar providers in Maryland
- Exclusive Telehealth providers that work in Maryland and in other jurisdictions around the country
- Counseling only programs that provider telehealth based counseling
- Apps are new to the addiction medicine field. They use of apps are currently in the pilot phase and apps are FDA approved apps to specifically treat cannabis use disorder

Summary

- Integrating assessment tools into multiple settings is an important part of identifying the need for Cannabis Use Disorder Treatment
- Targeting interventions at high-risk youth and adults may lead to early identification prior to the diagnosis of Cannabis Use Disorder
- Treatment of Cannabis Use Disorder is primarily integrated into current Behavioral Health and Substance Use Systems