



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

**DIAGNOSING CANNABIS USE
DISORDERS &
*BEYOND***

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GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

OBJECTIVES

1. Acknowledge that cannabis can be addictive
2. Describe risks of cannabis use
3. Review current treatment options
4. Review current implications of cannabis and psychiatric disorders (this is the *Beyond* part)

WHAT LEADS YOU TO ASK A PATIENT ABOUT THEIR CANNABIS USE?

PROBLEMS ASSOCIATED WITH CANNABIS (THAT SHOULD PROMPT SCREENING)

- Depression and anxiety
- Psychosis
- Respiratory tract infections
- Chronic cough
- Sleep disturbances
- Poor school or work performance
- Relationship difficulties
- Nausea and vomiting

HOW DO YOU SCREEN FOR CANNABIS USE?

SCREENING

- “In the past year, how often have you used cannabis?”
 - Cutoff-2 → Sens: 0.96; Spec: 0.86 for CUD
 - <21 yo in the ED
- Drug Testing
 - More sensitive (near 100%) especially in groups with negative consequences
 - Identifies only recent use

How much do
you use?

How often do
you use
cannabis?



HOW MUCH IS TOO MUCH?

HOW MUCH IS TOO MUCH?

• Daily or near daily use

- Daily use leads to:
 - Increase risk of other illicit drug use, RR > 50%
 - More likely to drive and be involved in MVAs
 - Increase risk of developing a cannabis use disorder
 - Daily: 75% had a CUD
 - 2/wk or less: 13% had a CUD
 - Increase in cognitive problems
 - Increase in mental and physical health problems

SCREENING FOR A CANNABIS USE DISORDER

- CUDIT-R: Cannabis Use Disorder Identification Test-Revised
 - Use over past 6 months
 - 8 items
 - Stratiefies: low risk → high risk → use disorder
 - PPV for CUD: 0.960
 - Sens: 0.913
 - Spec: 0.900
 - Free to use, works with DSM5
 - Not widely validated

The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use *over the past six months*

1.	How often do you use cannabis?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2.	How many hours were you "stoned" on a typical day when you had been using cannabis?	Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3.	How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4.	How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5.	How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6.	How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7.	How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8.	Have you ever thought about cutting down, or stopping, your use of cannabis?	Never 0	Yes, but not in the past 6 months 2		Yes, during the past 6 months 4	

Scores

- 8+: hazardous use
- 12+: CUD?

- <http://improvinghealthcolorado.org/wp-content/uploads/2016/03/CUDIT-R-revised-with-scoring.pdf>

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**:

1. Cannabis is often taken in **larger amounts** or over a **longer period** than was intended.
2. There is a **persistent** desire or unsuccessful efforts to **cut down or control** use.
3. A great deal of **time** spent obtaining cannabis, use cannabis, or recover from it.
4. **Craving**, or a strong desire or urge to use cannabis.
5. Recurrent cannabis with a **failure** to **fulfill major role** obligations at work, school, or home.
6. **Continued use** despite having persistent or recurrent social or interpersonal **problems**
7. Important social, occupational, or recreational activities are **given up or reduced**
8. Recurrent cannabis use in situations in which it is **physically hazardous**.
9. 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.
10. 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.
11. Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for cannabis link
 - b. Cannabis (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

TREATMENT OPTIONS

- Typically outpatient
- Psychosocial interventions first line
 - CBT
 - MI
 - Contingency management
 - Mutual help groups
 - Family therapy

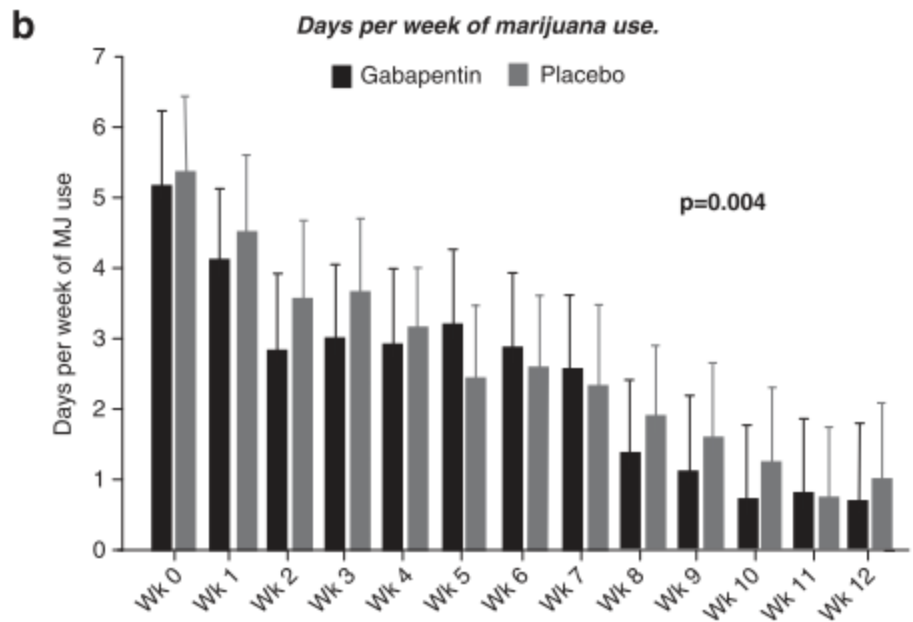
TREATMENT OPTIONS

- Pharmacotherapy (evidence is underwhelming)
 - Acetylcysteine (OTC)
 - 1 trial in 15-21yo, N=116
 - 1200mg BID vs placebo BID + contingency management + Brief (<10min) weekly cessation counseling x 8 weeks
 - Acetylcysteine 41% neg urine tests vs Placebo 27%

PHARMACOTHERAPY (EVIDENCE IS UNDERWHELMING)

– Gabapentin

- 1 trial in 18-65yo, N=50 otpts
- 1200mg/day vs Placebo + weekly manualized, abstinence-oriented individual counseling
- Decreased withdrawal and more neg urine test



CANNABINOID AGONISTS

- To help with reducing withdrawal
 - Evidence-case reports, small pilots
- Currently being studied

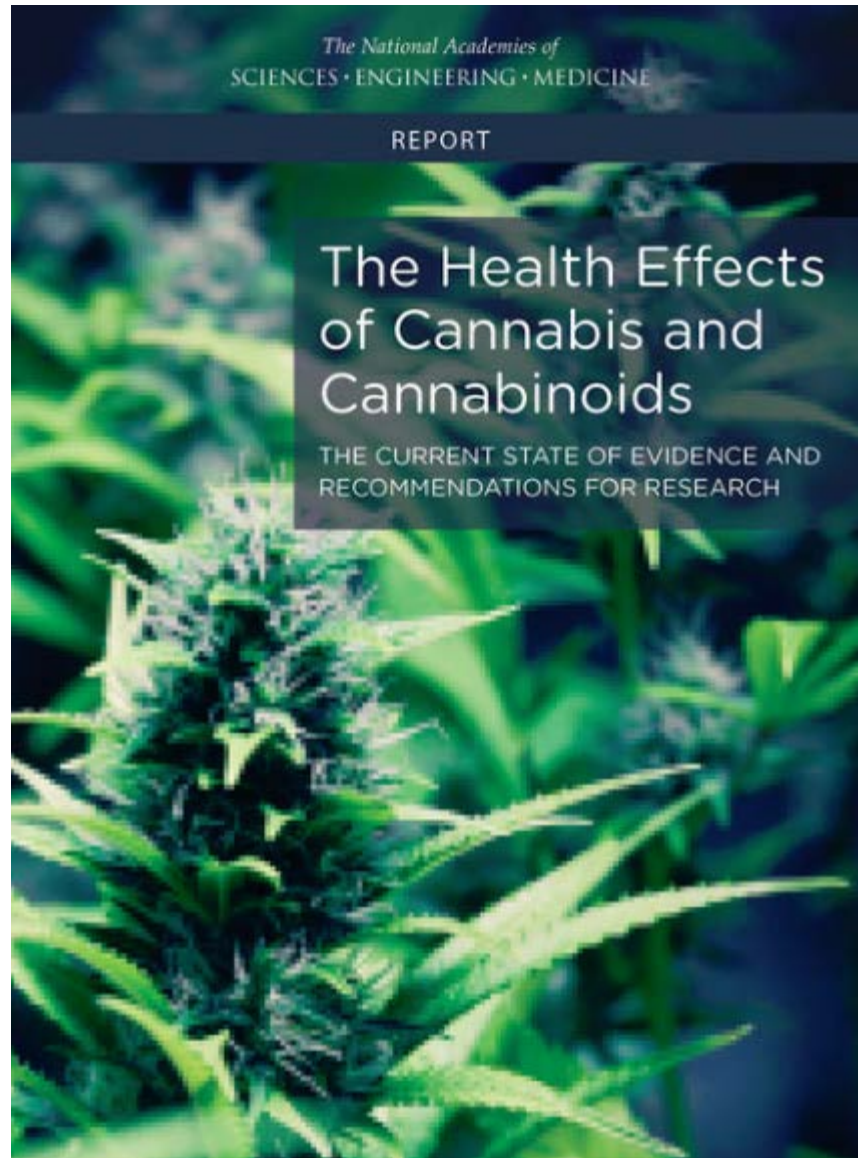
“CANNABIS IS NOT A PROBLEM FOR ME”

Dr. Duncan: Good, lets try to keep it that way

Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana.

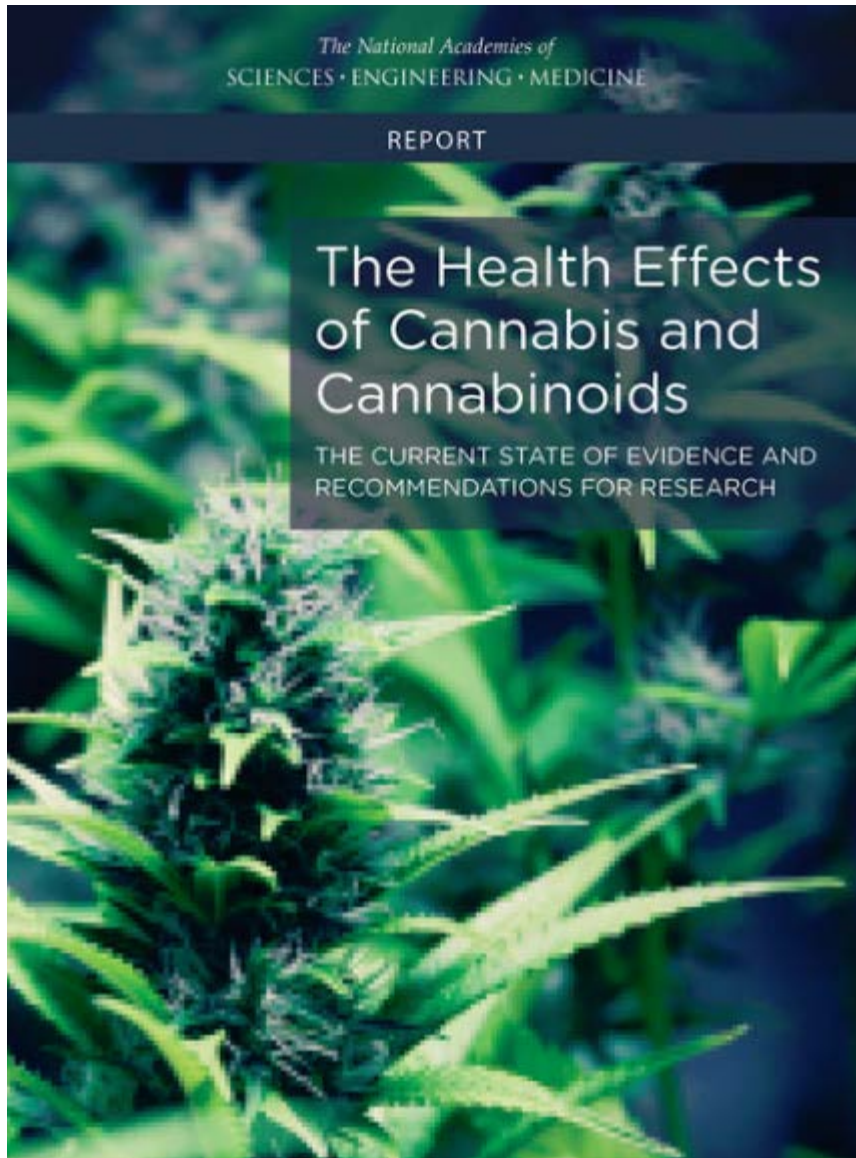
- Effects of short-term use
 - **Impaired short-term memory**, making it difficult to retain information
 - Impaired motor coordination, interfering with driving skills and increasing the risk of injuries
 - Altered judgement, increasing the risk of sexual behaviors that facilitate the transmission of STDs
 - In high doses, paranoia, psychosis

- Effects of long-term or heavy use
 - **Addiction**
 - Altered brain development (esp in adolescents)
 - Poor educational outcome, with increased likelihood of dropping out of school
 - Cognitive impairment, with lower IQ among those who were frequent users during adolescence
 - Diminished life satisfaction and achievement
 - Symptoms of chronic bronchitis
 - Increased risk of psychotic disorders in persons with a predisposition to such disorders



Free
download!!!

<http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>



Conclusions on

- Therapeutic effects
- Cancer
- Cardiometabolic risks
- Respiratory disease
- Immunity
- Injury and death
- Prenatal, neonatal exposure
- Psychosocial
- Mental Health
- Problem Use

<http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>

TRUE OR FALSE?

PSYCHOSIS AND CANNABIS

- There is **SUBSTANTIAL** evidence of a statistical association between cannabis and the development of schizophrenia or other psychoses.



True



False

TRUE OR FALSE?

PSYCHOSIS AND CANNABIS

- There is **SUBSTANTIAL** evidence of a statistical association between cannabis and the development of schizophrenia or other psychoses.



True



False

TRUE OR FALSE?

DEPRESSION AND CANNABIS

- There is NO evidence of a statistical association between cannabis and a small increased risk for development of depressive disorders.



True



False

TRUE OR FALSE?

DEPRESSION AND CANNABIS

- There is NO evidence of a statistical association between cannabis and a small increased risk for development of depressive disorders.



True



False

TRUE OR FALSE?

BIPOLAR AND CANNABIS

- There is MODERATE evidence of a statistical association between regular cannabis use and increased symptoms of mania and hypomania in bipolar disorder.



True



False

TRUE OR FALSE?

BIPOLAR AND CANNABIS

- There is MODERATE evidence of a statistical association between regular cannabis use and increased symptoms of mania and hypomania in bipolar disorder.



True



False

TRUE OR FALSE?

ANXIETY AND CANNABIS

- There is MODERATE evidence of a statistical association between regular cannabis use and improved symptoms of anxiety.



True



False

TRUE OR FALSE?

ANXIETY AND CANNABIS

- There is MODERATE evidence of a statistical association between regular cannabis use and improved symptoms of anxiety.



True



False

TRUE OR FALSE?

PTSD AND CANNABIS

- There is LIMITED evidence of a statistical association between cannabis use and increased severity of PTSD symptoms.



True



False

TRUE OR FALSE?

PTSD AND CANNABIS

- There is LIMITED evidence of a statistical association between cannabis use and increased severity of PTSD symptoms.



True



False

TRUE OR FALSE?

ADHD AND CANNABIS

- There is SIGNIFICANT evidence of a statistical association between cannabis use and improved ADHD symptoms.



True



False

TRUE OR FALSE?

ADHD AND CANNABIS

- There is **SIGNIFICANT** evidence of a statistical association between cannabis use and improved ADHD symptoms.



True



False

TRUE OR FALSE?

CANNABIS AS SUBSTITUTION TREATMENT

- There is MODERATE evidence to support the use of cannabinoids for achieving abstinence in other substances



True



False

TRUE OR FALSE?

CANNABIS AS SUBSTITUTION TREATMENT

- There is MODERATE evidence to support the use of cannabinoids for achieving abstinence in other substances



True



False

GO EASY ON YOUR LUNGS

It only takes a few seconds for your lungs to absorb cannabis. Deep inhalation and breath-holding may lead to pain and breathing troubles. It also increases the amount of toxic by-products brought into the lungs without significantly increasing the desired effect. If smoking, take shallow inhaleds and exhale right away. Vaporizing causes less lung irritation than smoking.

ACKNOWLEDGE YOUR AGE

Young brains are still developing during adolescence and early adulthood. Regular and heavy use of cannabis at an early age may affect brain development with lasting consequences. Carefully weigh the potential benefits of using cannabis with the potential harm to the developing brain. If you are thinking about using cannabis, consider delaying use until late adolescence or early adulthood.

STAY SAFE IF IMPAIRED

Cannabis may impair coordination, reaction time and other cognitive abilities. This may be pronounced in occasional and novice users or those using higher dosages or stronger strains. If impaired by cannabis, avoid driving or engaging in other potentially dangerous activities as it may increase the risk of injury or death. To be safe, wait at least 3 hours after inhaling or 6 hours after ingesting.



USE SMALL AMOUNTS

It's ideal to use as little cannabis as is necessary to reach the desired effect. Many people find a small amount to be enough. Instead of smoking a whole joint or taking puffs each time a joint comes around, take one or two small puffs and wait to see how you react. If eating cannabis, start with a small bite and wait to feel the effects.

WAIT TO FEEL FULL EFFECTS

Dosage can make a big difference between getting the desired effects and feeling uncomfortable or anxious. Wait at least 10 minutes to feel the full effects of inhaled cannabis and at least an hour to feel the full effects of eaten cannabis. Consider the effects and then decide whether you want to use more.

NOTE EFFECT OF STRAIN

Different strains of cannabis have different effects on the body and the mind – some are more stimulating and some are more relaxing. If using an unfamiliar strain, sample a small amount to see how you react in order to avoid undesired effects.

AVOID TOXIC EFFECTS

Eating too much cannabis, using strong extracts, or mixing it with alcohol can cause extreme anxiety, nausea, vomiting and fainting. It's easier to control your dose when you inhale, rather than eat cannabis. Avoid consuming cannabis with alcohol. Using cannabis on a full stomach can help moderate the intensity of negative effects. If you feel too high, don't panic, stay hydrated, eat something, and find a safe place where you feel comfortable. The effects will wear off within 2 to 8 hours.

MIND YOUR MENTAL HEALTH

Cannabis may relieve some symptoms caused by depression and anxiety or it may make them worse, possibly leading to temporary psychosis including paranoia and hallucinations. It may also trigger the onset of schizophrenia in those already vulnerable. Such effects may be related to strain, dosage, or individual biochemistry. Cannabis is not a good fit for everyone. If you have a mental health condition, or a personal or family history of schizophrenia, it is extremely important to consider the potential risks of using cannabis.

CARE ABOUT QUALITY

Because cannabis is illegal, it is unlikely that the products you get will be tested for biological or chemical contaminants. Some contaminants, like mold and mildew, may be visible to the eye. Try to find organically grown cannabis and carefully assess the quality of what you consume.

SHARE CAREFULLY

Contact of shared joints or other implements with the lips increases the risk of spreading saliva-borne infections such as meningitis, the flu and other germs. If sharing, hold joints or implements in a way that you can inhale the smoke or vapour without touching them to your lips.



People all over the world have used cannabis for thousands of years for social, medical and spiritual reasons. People use cannabis to enhance their quality of life when they feel its effects are beneficial.

Whether eating, vaporizing, smoking, using a tincture or a topical preparation, cannabis affects everyone differently. This information outlines potential risks and gives suggestions for how to take care of yourself if you choose to use cannabis.



to learn more, please visit

www.carbc.ca
www.vch.ca



 University of Victoria | Centre for Addictions Research of BC

 Vancouver Coastal Health
Promoting wellness. Ensuring care.



<http://www.vch.ca/media/TakeCarewithCannabis.pdf>

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THE END