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Psychiatry and Addictions Case Conference
UW Medicine | Psychiatry and Behavioral Sciences

MY BUPRENORPHINE PATIENT REGULARLY USES CANNABIS, HOW CONCERNED SHOULD I BE?

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest-none

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OBJECTIVES

1. To improve your knowledge around the evidence base for the impact Cannabis has on OUD Medication Treatment
2. Be able to assess for concerning cannabis use.
3. Better weigh the risks and benefits of treating people with Cannabis use and OUD.

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CASE

22yo M with OUD-severe using Oxycodone-started when he was 17yo with Percocet. Finds dealing with opioid withdrawal very hard which also triggers his anxiety.

Daily cannabis use. Smokes about 7gm/week. Has used since 12yo. Longest time off cannabis was 8 months for probation. Uses to increase his appetite, but he does not know why his appetite needs to be increased. Also feels it helps with his anxiety. When he doesn't use it, his anxiety increases.

Anxious about school, family, his drug use. + h/o Panic attacks.

Past Treatment: court ordered x 3 months for negligent driving-did not find it helpful. Group treatment at various times. NA-did feel it was a good fit for him. Addiction oriented CBT with psychologist x 6 months but didn't find it helpful.

Living at home with parents, working on psychology degree in college (GPA 3.6), and working 20hr a week at a after school program for kids.

GAD7: 14
PHQ9: 12

Diagnosed with ADHD and Adderall
Taking Xanax from friends

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QUESTION

What concerns do you have?

a) Failed treatment multiple times already
b) Untreated anxiety
c) Regular low cannabis use
d) Regular heavy cannabis use
e) Other

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QUESTION

What would you do next?

a) Wait until he is off of Cannabis before starting Buprenorphine-Naloxone
b) Start home induction of Buprenorphine-Naloxone for OUD
c) Start home induction of Buprenorphine-Naloxone for OUD and Mirtazapine
d) Start Buprenorphine-Naloxone provisionally and give him 1 month to stop using Cannabis
e) Other

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

1998 Wasserman et al, Drug Alcohol Dependence

- 4 Methadone Maintenance Programs, looking for predictors of relapse
- N: 74 (stopped using heroin x 3 weeks)

Results

- Cannabis use was one of 2 variables to predict relapse to heroin, estimated RR 2.6

IMPACT

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

2017 Zielinski et al, Biol Sex Diff

- 16 Addiction Tx Centers in Canada
- N: 455 men and 396 women

Results

- Cannabis use increase risk of illicit opioid use in women (OR 1.82, p=0.007)

IMPACT

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

2011 Roux et al, Harm Reduction

- HIV Centers in France-both Bup and Methadone
- N: 235 HIV infected & opioid dep (72 Women)

Results

- Daily Cannabis use associated with non-medical use of opioids

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

2017 Franklin et al, PLOS One

– Retrospective chart review of 58 Addiction Treatment Centers in Ontario, Canada
– N: 644 (260 Women)

Results

- Baseline Cannabis use of women were 76% more likely to drop out vs non-users.
- Heavier Cannabis use in men were 45% more likely to drop out vs non-heavy users.

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

2018 Bagra I. et al, Addiction Med, India

- N: 100 randomly selected >18yo, Males
- Community drug treatment center
- Cross-sectional

Results

- Everyone used Cannabis, 42.9% used Cannabis weekly, 17.1% used daily
- Lower Mean daily Bup dose: 7.9mg in users, 8.9mg in non-users
  - Non-significant increases in cravings (16.9 vs 22.9), w/d (13.8 vs 22.9), and protracted w/d (27.7 vs 28.6)
- Cannabis users had higher rates of alcohol use (57% vs 24.6%)
- 1/3 of Cannabis users showed signs of Cannabis Use Disorder
- No difference in Bup adherence, employed days, earnings, QOL measures

NO IMPACT

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

2013 Hill K.P. et al, Drug Alc Dep

- N: 152 randomly assigned 15-21yo, 73% Male
- Secondary Analysis
  - 12 wk Bup and taper vs 2 wk taper. Everyone rec'd psychosocial support

Results

- Mean 3/30 days Cannabis use, 16.6% used daily
- Non-significant increase in drop-out rates in Cannabis users
  - 48% vs 61% (occasional) vs 56% (daily)
- No impact on opioid use

NO IMPACT

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

2003 Epstein D.H. et al, Addiction

- Retrospective analysis of 3 clinical trials around beh intervention for cocaine and heroin in a *methadone* clinic
- N: 408

Results

- Cannabis use is NOT associated with retention, use of cocaine or heroin, or any other outcome
- *Cannabis use disorder associated with more jail time and family conflict, but not working, illegal activity, non-family conflict, days on methadone

NO IMPACT*

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LITERATURE REVIEW OF CANNABIS' IMPACT ON OUD MAT

1993 Saxon et al: N=98, Methadone clinic. No impact on retention, functional level, or drug use

1996 Nirenberg et al: N=70, Methadone clinic. No impact on other drug use.

1998 Budney et al: N=107, Buprenrophine clinic. No correlation with drug use or retention.

2001 Church et al: N=47, Methadone and Naltrexone. No correlation with drug use or retention.

NO IMPACT

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SCORECARD

IMPACT	NO IMPACT
4 Studies N=1804	7 Studies N=982
Women -more significant at baseline? Men -more significant if heavy user?	Studies have not looked at sex differences and have been mostly men. And Cannabis Use Disorder by itself is problematic
Inconsistent Findings • Differing definitions of cannabis use • Differing sensitivities of urine drug screen analysis • Demographics • Confounding issues→mental health	

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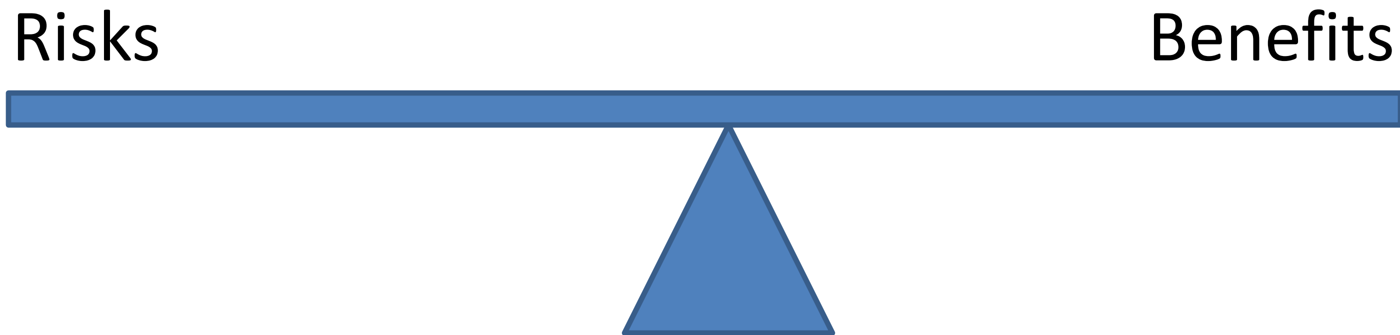
SHOULD I START TREATMENT FOR AN OPIOID USE DISORDER IF THE PATIENT IS STILL USING CANNABIS?



YES!

- The risks of an untreated opioid use disorder outweigh the risks of a possibly unstable Buprenorphine patient.

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BOTTOMLINE

- Cannabis may have an impact, but to what extent it is not clear
- Cannabis use disorder should be screened for in heavy users

- Cannabis use should not exclude people from being treated with Buprenorphine

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QUESTION

What is Heavy Cannabis Use?

a) 1 gm 3 days a week (0.10oz/week)
b) 1gm daily (0.25oz/wk)
c) 4gm a day (1oz/wk)
d) 8gm a day (2oz/wk)

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HOW MUCH IS TOO MUCH?

- Chronic Pain Dosing Context
  - Ancedotal (per Greg Carter MD)
  - 1-4 grams/day with vaping
  - Oral ingestion amounts are typically higher

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HOW MUCH IS TOO MUCH?
-FOR SCREENING PURPOSES

- **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: up to 75% had a CUD !
    - 2/wk or less: 13% had a CUD
  - Increase in cognitive problems
  - Increase in mental and physical health problems

Fischer B, et al 2011

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SCREENING FOR A CANNABIS USE DISORDER

- CUDIT-R: Cannabis Use Disorder Identification Test-Revised
  - Use over past 6 months
  - 8 items
  - Stratifies: 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

Fischer B, et al 2011; Bruno R, et al 2013

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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	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
0	1	2	3	4

2. How many hours were you "stoned" on a typical day when you had been using cannabis?

Less than 1	1 or 2	3 or 4	5 or 6	7 or more
0	1	2	3	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	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	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	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	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	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	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	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

8. Have you ever thought about cutting down, or stopping, your use of cannabis?

Never	Yes, but not in the past 6 months	Yes, during the past 6 months
0	2	4

Scores

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

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

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CASE: FOLLOW-UP

22yo M with OUD-severe using Finds dealing with opioid withdrawal very hard which also triggers his anxiety.

- Started Buprenorphine and titrated to 8mg qday

Daily cannabis use. Smokes about 1gm/day.

- Cannabis use disorder ruled out
- Stopped am use and used only after night

Anxious about school, family, his drug use. + h/o Panic attacks.

- Started Mirtazapine
- Provided a 10 day taper off Xanax via Clonazepam

ADHD

- Continued Adderall

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CASE: FOLLOW-UP
VOTE ON COURSE OF ILLNESS

a) Stayed off benzodiazepines and stopped his Adderall. Stayed on Buprenorphine, but he did not want to go past 8mg. Sporadic illicit opioid use. Cannabis use stayed consistent. Graduated from college.

b) Stopped the Mirtazapine, and returned to benzo use. Cannabis use continued and he eventually dropped out of treatment. Did not graduate.

c) Transitioned to Vivitrol due to ongoing illicit opioid use and his desire to be off "all" opioids. Benzo use stopped, but cannabis continued. Still going to school.

d) Still on buprenorphine and has stopped using opioids. Benzo use is sporadic and he continues to use cannabis daily. He is now managing an apartment complex with his newly sober wife.

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