

# **Marijuana: Patient Education & Harm Reduction Counseling**

## **A TOOLKIT FOR PHYSICIANS**

### **Contents**

1. **Overview**
2. **Identifying Marijuana Use Disorder**
3. **Counseling on Marijuana Use Disorder**
4. **Marijuana's Effects**
5. **Advocacy**
6. **Sources**

# Overview

In 2019, 48.2 million Americans used marijuana, making it the most commonly used federally illegal drug in the United States. All practitioners will have patients that use marijuana whether for medicinal or recreational purposes. As with all substances, it is not the physician's role to judge the patient for their choices, but we can provide counseling so patients can make the best informed choice for themselves. Below are some talking points to discuss with patients who use marijuana. It is a practitioner's duty to counsel patients on safe and responsible use.

## Identifying Marijuana (Cannabis) Use Disorder



- Approximately 3/10 people using cannabis will develop a marijuana use disorder.<sup>1</sup>
- People who use cannabis have about a 10% chance of becoming addicted.<sup>2</sup>
- The risk of developing marijuana use disorder is greater in people who start using during youth or adolescence and who use marijuana more frequently.<sup>3</sup>
- Signs and symptoms for MUD are similar to those of other substance use disorders.
- DSM-5 signs of marijuana use disorder:<sup>4</sup>



1. Using marijuana more than intended
2. Trying but failing to quit
3. Craving marijuana
4. Spending a lot of time using marijuana



5. Using marijuana even though it causes problems at home, school, or work
6. Giving up important activities or using in high risk situations, such as while driving a car
7. Continuing to use marijuana despite physical or psychological problems
8. Needing to use more marijuana to get the same high
9. Experiencing withdrawal symptoms when stopping marijuana use

1. Hasin DS, Saha TD, Kerridge BT, et al. Prevalence of marijuana use disorders in the United States between 2001-2002 and 2012-2013. JAMA Psychiatry. 2015;72(12):1235-1242.  
2. Lopez-Quintero C, de los Cobos JP, Hasin DS, et al. Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: Results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Drug and Alcohol Dependence. 2011;115(1-2):120-130.  
3. Winters KC, Lee C-YS. Likelihood of developing an alcohol and cannabis use disorder during youth: association with recent use and age. Drug and Alcohol Dependence. 2008;92(1-3):239-247.  
4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th ed). Washington, DC; 2013.

# Counseling on Marijuana Use Disorder

- Discuss Treatment Goals
  - Does the patient feel the need to cut down on their cannabis use? Do they want to stop completely?<sup>5</sup>
- Explore comorbid psychiatric conditions
  - Studies have found that using medical and behavioral therapies to address comorbid conditions can help decrease cannabis use.
- Behavioral Treatment Options
  - Cognitive behavioral therapy
    - Provide problem solving skills and helps patients identify and correct problems in healthy ways. It can improve self control and lead to decreased drug use.
  - Motivational Enhancement Therapy
    - Attempts to inspire internal motivation for the patient in order to improve desire to make changes.
  - Contingency management
    - Monitoring of use patterns to remove positive rewards that encourage behavior.<sup>6</sup>
- Medication Treatment
  - There are no current FDA approved medications.
  - Medication can be supportive during withdrawal to help with sleep or anxiety.
  - Medications appropriate to treat co-morbid conditions can be helpful.



People with marijuana use disorder often also suffer from other psychiatric disorders, especially adolescents, so screening for comorbid psychiatric disorders is important.

It is imperative to explore if the use of marijuana is being used as a coping tool for underlying disorders.

5. Diamond G, Panichelli-Mindel SM, Shera D, Dennis M, Tims F, Ungemack J. Psychiatric Syndromes in Adolescents with Marijuana Abuse and Dependency in Outpatient Treatment. J Child Adolesc Subst Abuse. 2006;15(4):37-54. doi:10.1300/J029v15n04\_02

6. NIDA. 2021, April 13. Available Treatments for Marijuana Use Disorders. Retrieved from <http://nida.nih.gov/publications/research-reports/marijuana/available-treatments-marijuana-use-disorders> on 2023, April 19

# Counseling on Marijuana Use Disorder

**Currently, the FDA has not approved any medications for the treatment of marijuana use disorder, but research in this area is active.**



Sleep problems may be prominent in withdrawal, so some studies are examining the effectiveness of medication that aid in sleep including zolpidem, buspirone, and gabapentin.

The evidence is currently not strong enough to use routine pharmacotherapy for marijuana use disorder.<sup>7</sup>

**Bottom line:** physicians should offer all patients with problematic use medical advice and motivational counseling, focusing on the health effects of cannabis and setting a goal of abstinence or reduced use, and help provide practical strategies for success.<sup>8</sup>

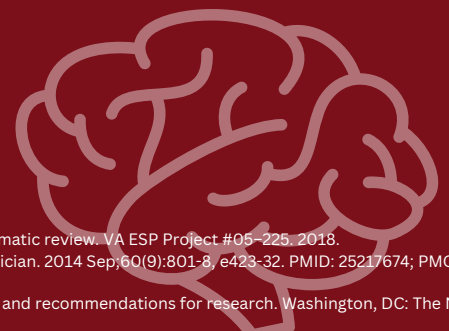
Refer patients who are unable to reduce or cease use to specialists, while ensuring they remain connected to primary care.

## Marijuana Effects

**Cannabis can affect thinking and other aspects of cognitive function.**

Short term effects include an impact on thinking, attention,<sup>9</sup> memory, coordination, movement, and time perception.

Long term effects are still being studied, but include long lasting effects on attention, memory, and learning.<sup>10</sup>



7. Kondo K, Morasco BJ, Nugent S, Ayers C, O'Neil ME, Freeman M, et al. Pharmacotherapy for the treatment of cannabis use disorder: a systematic review. VA ESP Project #05-225. 2018.

8. Turner SD, Spithoff S, Kahan M. Approach to cannabis use disorder in primary care: focus on youth and other high-risk users. Can Fam Physician. 2014 Sep;60(9):801-8. e423-32. PMID: 25217674; PMCID: PMC4162694.

9. National Academies of Sciences, Engineering, and Medicine. The health effects of cannabis and cannabinoids: the current state of evidence and recommendations for research. Washington, DC: The National Academies Press; 2017.

10. Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. Proceedings of the National Academy of Sciences. 2012;109(40):E2657-E2664.

# Marijuana Effects

## Pregnancy:

The use of marijuana during pregnancy can cause fetal growth restriction, premature birth, stillbirth and issues with brain development. Long term effects are still being studied.

## Lungs:<sup>11</sup>

- Studies are ongoing, but the literature suggests that marijuana smoking does not cause COPD, while it can cause respiratory symptoms.
- Current collective data argues against a causal link between marijuana and lung cancer.

## Side effects:<sup>12</sup>

- ☒ Headaches
- ☒ Dry mouth
- ☒ Lightheadedness and Dizziness
- ☒ Drowsiness
- ☒ Fatigue
- ☒ Disorientation
- ☒ Hallucinations
- ☒ Nausea and vomiting (Including Cannabinoid Hyperemesis Syndrome)
- ☒ Increased heart rate and appetite

## Impaired driving:

- Remind patients that driving under the influence of marijuana can lead to legal repercussions and is a safety concern for themselves and others.
- In a study aimed at replicating and updating previous meta-analyses, acute cannabis intoxication was found to be associated with a statistically significant increase in motor vehicle crash risk.<sup>13</sup>

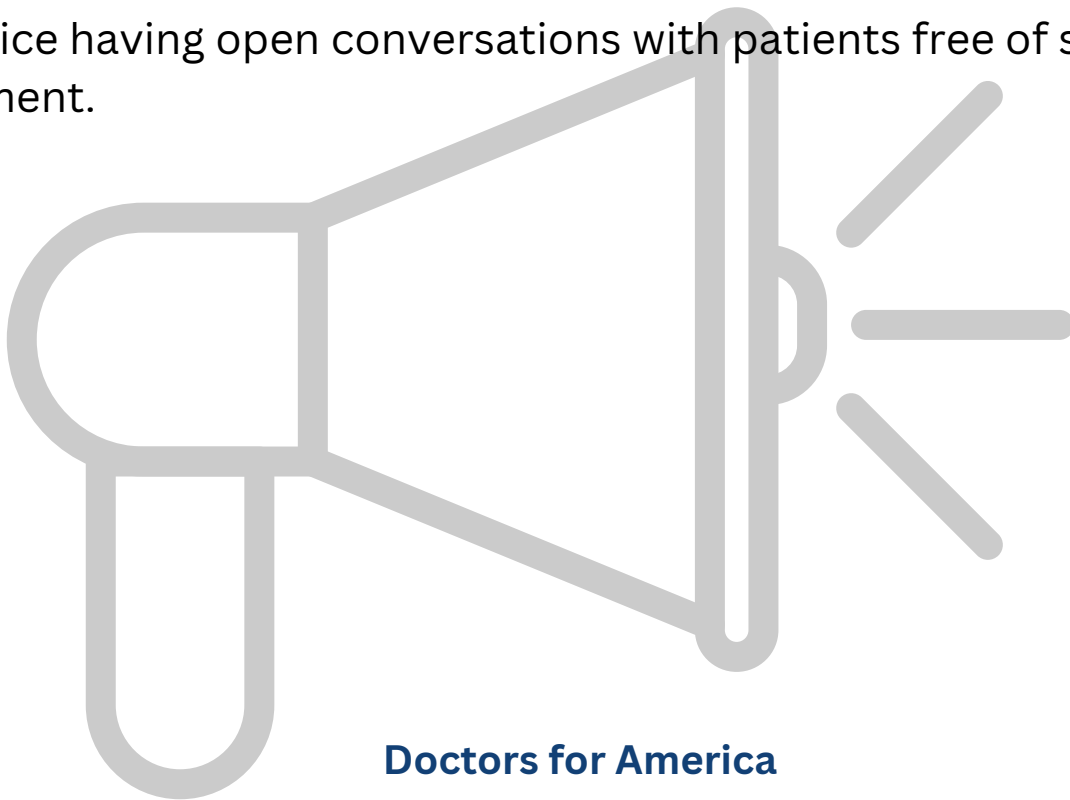
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12. Mayo Clinic Staff. (2020, Nov 18). Marijuana. [mayoclinic.org. https://www.mayoclinic.org/drugs-supplements-marijuana/art-20364974](https://www.mayoclinic.org/drugs-supplements-marijuana/art-20364974)

13. Rogeberg, O., & Elvik, R. (2016). The effects of cannabis intoxication on motor vehicle collision revisited and revised. *Addiction* (Abingdon, England), 111(8), 1348-1359. <https://doi.org/10.1111/add.13347>

# Action Opportunities

- Talk to your patients about their cannabis use and screen for a use disorder in all patients.
- Educate yourself on the benefits and risks of cannabis use.
  - Risks
    - <https://www.samhsa.gov/marijuana>
  - Benefits
    - <https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know>
- Practice having open conversations with patients free of stigma or judgment.



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\*If you are interested in joining the Substance Use Disorder Subcommittee, email [chp@drsforamerica.org](mailto:chp@drsforamerica.org)

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1. Hasin DS, Saha TD, Kerridge BT, et al. Prevalence of marijuana use disorders in the United States between 2001-2002 and 2012-2013. *JAMA Psychiatry*. 2015;72(12):1235-1242.
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13. Rogeberg, O., & Elvik, R. (2016). The effects of cannabis intoxication on motor vehicle collision revisited and revised. *Addiction* (Abingdon, England), 111(8), 1348-1359. <https://doi.org/10.1111/add.13347>

