Marijuana: Patient Education & Harm Reduction Counseling

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

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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?
- 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 help 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.
- 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.
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.7

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.

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, memory, coordination, movement, and time perception.

Long term effects are still being studied, but include long lasting effects on attention, memory, and learning.

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:
- 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.

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.

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

- 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*


