

Why Screen for Marijuana

- Marijuana is the third most commonly used substance after tobacco and alcohol in the U.S., Australia and Europe.
- Marijuana use is associated with health and mental health problems.
- Adolescents are particularly at risk for developing problems related to use.
- Marijuana users who begin during adolescence have a 1 in 6 chance of developing dependence.
- Current research does not provide safe limits of use; there is insufficient research on potential medical benefits of marijuana.

Recommendations for Screening and Brief Intervention

- Screen adults and adolescents aged 12 and older.
- Recommended screening question:
"In the past year, how many times have you used marijuana?"
Positive score = > 1 time
- Assess for possible cannabis use disorder
- Offer a personalized brief intervention for marijuana use.

In Colorado:

- 2001: medical cannabis use was permitted
- 2013: recreational cannabis (1 oz. or less) was legal to possess and consume in private residences for individuals ages 21 and older.

Per the Colorado constitution, medical marijuana may be recommended for:

- Cancer
- Glaucoma
- HIV or AIDS positive

OR ..

The patient has a chronic or debilitating disease or medical condition that produces one or more of the following and which, in the physician's professional opinion, may be alleviated by the medical use of marijuana.

- Cachexia
- Persistent muscle spasms
- Seizures
- Severe nausea
- Severe pain

Click here for updated CDPHE information or follow:
<http://www.colorado.gov/cs/Satellite?c=Page&childpagename=CDPHE-CHEIS%2FCBONLayout&cid=1251593017076&pagename=CBONWrapper>

Strains

1. Cannabis indica
 - Larger amounts of Cannabidiol
 - Known for relaxation, commonly used to relieve inflammation, and glaucoma.
2. Cannabis sativa
 - Larger amounts of Tetrahydrocannabinol (THC)
 - Known to be more energizing; can reduce headaches, pain and nausea and stimulate appetite.
 - Sativa has higher tendency to induce anxiety or paranoia
3. Cannabidiol by itself, lacks noticeable psychoactive effects

General Effects of Marijuana

- Temporarily increases heart rate and blood pressure; increases risk of cardiac arrest and stroke.
- May interact with prescription medications (especially barbiturates, CNS depressants, theophylline, warfarin and fluoxetine).
- Avoid marijuana if scheduled for surgery in the next two weeks (may cause excessive sedation when combined with perioperative medications).
- Diminished motor coordination
- Distorted perception (sights, sounds, time, touch)
- Chronic use of marijuana increases the risk of:
 - Impaired cognitive functioning, memory, and decision-making
 - Depression and anxiety
 - Weakened immune system
 - Infertility
 - Cannabinoid Hyperemesis Syndrome
- Chronic use of smoked marijuana increases the risk of:
 - Oral cancer
 - Chronic bronchitis
 - Frequent upper respiratory infections
 - Pneumonia

Adolescent Key Points

- Problems with learning and memory
- Increased risk of psychosis
- Risk of long-term neurocognitive deficits and reduced IQ

Pregnancy-Postpartum Key Points

- THC crosses the placenta and is a form of exposure.
- THC is present in breast milk and a form of exposure.
- Marijuana use may increase the risk of miscarriage.
- Prenatal exposure is associated with long-term motor, mental health and neurobehavioral problems (including problems with learning and attention).
- Prenatal or exposure while breast-feeding may cause irritability and poor sleep in the infant.

Safety Concerns

- Impaired driving. Marijuana is associated with a 2-3-fold increase in motor vehicle crashes (lower risk than alcohol).
- Second-hand smoke exposure.
- Accidental ingestion by young children and pets (edibles and smoked).

Discussion with Parents

Key factors to prevent use:

- Parental involvement and monitoring
- Engagement in school
- Healthy, strong neighborhood attachments

Important things parents need to know:

- Use of marijuana can be especially harmful to adolescents because the brain is still developing.
- Be nonjudgmental and offer opportunities for the young person to disclose use.
- Communicate a “no-use” expectation.
- Share stories of drug incidents and people in recovery.

Brief Intervention Key Points

- Raise the subject (ask permission to discuss marijuana).
- Explore underlying reasons for using marijuana (stress, anxiety, depression, physical symptoms). Explore lifestyle and other alternatives to marijuana for management of symptoms.
- Use reflective listening to try to understand a person's beliefs about marijuana and reasons for using it.
- Offer feedback (with permission) on short and long term health effects of marijuana tailored to the person's age, health and life circumstances.
- Advise to cut back, or consider abstaining - especially if experiencing negative health consequences or at higher risk such as adolescents or pregnant and breastfeeding woman.
- Negotiate and advise a plan to decrease or stop use. Focus on reducing harm to self and others.
- Offer assistance and referral if needed.
- Follow-up to monitor progress.

Suggestions For Addressing Common Myths About Marijuana

Marijuana is all natural

- *Marijuana may also contain harmful contaminants. Many natural substances are known to harm human health.*

Marijuana is not addictive

- *Marijuana can be addictive.*
- *Overall ~9% of users will become addicted; Of those who start young ~17% will become addicted; 25-50% of daily users will become addicted.*

No one has ever died from a marijuana overdose

- *In Colorado emergency room visits are increasing related to marijuana induced delirium, cyclic vomiting and overdoses. Potency has increased dramatically over the years. Edibles may especially deliver very high doses. There are no reliable controls over strength and dosing.*

It's legal. So why quit, or how could it be a problem?

- *Other legal substances such as tobacco, alcohol, and prescription narcotics cause significant harm. Marijuana is associated with serious, long-term negative health effects.*

Marijuana is safer than tobacco or alcohol

- *Similar to alcohol or tobacco, chronic use of marijuana may harm health and other areas of a person's life. Marijuana may especially be harmful in adolescents, and pregnant and breastfeeding women.*

Marijuana is an effective treatment for serious medical conditions (cancer, epilepsy, diabetes, depression, etc.)

- *Serious medical conditions should be managed by a qualified health professional. Self-treatment or augmenting conventional treatments with marijuana could cause harm.*

Marijuana is safer than smoking tobacco during pregnancy

- *Tobacco and marijuana can harm the developing fetus in different ways. The effects of marijuana on fetal development may be long-term and include problems with learning and behavior.*

Marijuana helps with stress and anxiety

- *It is important to identify underlying causes of stress and anxiety. Explore alternatives to marijuana. Heavier users of marijuana may experience improved mental clarity and motivation when they stop using.*

Cannabis Use Disorder

Indicated by a problematic pattern of marijuana use leading to clinically significant impairment or distress manifested by at least two of the criteria for a substance use disorder. For example: 1) recurrent use resulting in a failure to fulfill major role obligations at work, school, or home; 2) continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by marijuana 3) tolerance; or 4) withdrawal.

See the HealthTeamWorks SBIRT guideline webpage for information about DSM-5 diagnostic criteria for Substance Use Disorder at <http://www.healthteamworks.org/guidelines/sbirt.html>

To identify treatment and recovery support services in Colorado, please visit www.LinkingCare.org

For More Information: National Institute on Drug Abuse
– For Adults: drugabuse.gov/drugs-abuse/
– For Teens: teen.drugabuse.gov/drug-facts/marijuana

For Additional Resources, Go To:
www.healthteamworks.org/guidelines/sbirt.html