Instructor's Guide

Outline
Title Page + Graphic(TBD)

What is Cannabis Use Disorder (CUD)?
The continued use of cannabis despite significant negative impact on one's life and health.
Increased prevalence of CUD, especially in states with medical and/or recreational cannabis laws

1. **Identifying risk factors for developing CUD**
   a. Cannabis use at a young age
   b. Childhood anxiety and depression
   c. Male and smoking cigarettes (association, not causation)
   d. Comorbid major depressive disorder
   e. Increased cannabis use frequency
   f. Polysubstance abuse/dependence
   g. Association with substance-using peers
   h. Parental history of illicit use

(National Academies of Sciences, Engineering and Medicine 2017.)

2. **Identifying consumers who have CUD**
   a. <u>Outline the DSM-5 TR criteria for cannabis use disorder</u>
      i. 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:
      ii. Cannabis is often taken in larger amounts or over a longer period than was intended.
      iii. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
      iv. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
      v. Craving, or a strong desire or urge to use cannabis.
      vi. Recurrent cannabis use results in failure to fulfill role obligations at work, school, or home.
      vii. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
      viii. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
      ix. Recurrent cannabis use in situations in which it is physically hazardous.

x. Cannabis use continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
xi. Tolerance, as defined by either: (1) a need for markedly increased cannabis to achieve intoxication or desired effect or (2) a markedly diminished effect with continued use of the same amount of the substance.
xii. Withdrawal, as manifested by either (1) the characteristic withdrawal syndrome for cannabis or (2) cannabis is taken to relieve or avoid withdrawal symptoms.

It has the following specifiers:

In early remission - After full criteria for cannabis use disorder were previously met, none of the criteria for cannabis use disorder has been met for at least three months but less than 12 months (with an exception provided for craving).

In sustained remission - After full criteria for cannabis use disorder were previously met, none of the criteria for cannabis use disorder has been met at any time during 12 months or longer (with an exception provided for craving).

Severity is graded as either Mild, Moderate, or Severe, pending if 2 or 3, 4 or 5, or 6+ of the above criteria are present.

(National Library of Medicine)

b. <u>Screening Tool: Cannabis Use Disorder Identification Test - Revised (CUDIT-R)</u>
   i. Can be used by the clinician or as a self assessment by the consumer

Cannabis

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 of 8 or more indicate hazardous cannabis use.
Scores of 12 or more indicate a possible cannabis use disorder, for which further intervention may be required.

For further interpretation see:
Adamson S, Kay-Lambkin F, Baker A, et al. An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug Alcohol Depend 2010: (In Press).

      c. <u>Screening Tool: CAGE Questionnaire</u>
          i. Can be used by the clinician or as a self assessment by the consumer

TABLE

CAGE Questionnaire for Detection of Substance Abuse

Have you ever
1. Felt the need to **cut down** on your drinking or drug use?
2. Had people **annoy** you by criticizing your drinking or drug use?
3. Felt bad or **guilty** about your drinking or drug use?
4. Had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**eye-opener**)?

Source: O'Brien. *JAMA*. 2008.[27]

      d. <u>What Does Healthy Cannabis Use Look Like?</u>
          i. Non-harmful cannabis use
              1. No dose escalation except if being used to manage disease progression
              2. Not associated with diversion - the selling or sharing cannabis for profit
              3. Benefit associated with use - improved psychosocial function

3. **Available Treatment Options for Cannabis Use Disorder**
Treatment is generally outpatient. Consumers can be referred to inpatient treatment if they have co occurring substance use disorders, co occurring psychiatric symptoms and/or are unable to remain abstinent.
    a. Nonpharmacologic treatment
        i. Motivational Enhancement Therapy (motivational interviewing)
           ● designed to enhance consumer motivation for behavioral change
           ● provides personalized assessment, feedback, and change plans

- monitored by healthcare professional
  - ii. Cognitive Behavioral Therapy
    - assists the consumer in recognizing and working to rewire the patterns between their triggers and substance use behaviors
    - teaches coping and problem-solving skills to replace substance abuse related behaviors with healthy alternatives
    - monitored by a healthcare professional
  - iii. Peer Based Recovery Support
    - Marijuana Anonymous
    - faith based
    - led by other persons in recovery

There is currently no pharmacotherapy to manage withdrawal symptoms or prevent relapse.