Cannabis Use Disorder

TOOLKIT

MICHIGAN OPIOID COLLABORATIVE

Background

Cannabis is the third most commonly used substance, following alcohol and tobacco, in the United States. A report released by the University of Michigan Injury Prevention Center found that one in nine Michigan residents (11.6%) report past-month cannabis use during 2016-2017, a percentage that has increased over 60% during the previous 14 years. The prevalence of cannabis use disorder has been shown to range from 9.3% - 22% of individuals who use cannabis.

Screening

The CUDIT-R can be used to screen for cannabis use disorder (CUD). Other brief screening tools that can be used to screen for substance use include the NIDA quick screen and CAGE-AID. If a patient has a positive response to a brief screen, it can be followed up with ASSIST V3.0, or DAST-10.

Diagnosis: What is Cannabis Use Disorder?

Not everyone who uses cannabis has an addiction to cannabis or has a cannabis use disorder, the formal term used now as described in the DSM-5, the diagnostic manual for mental and behavioral disorders. DSM-5 uses the term ***substance use disorder*** *(which has replaced the terms 'abuse' or 'dependence')* as one diagnostic category ranging from mild (2-3 criteria), moderate (4-5 criteria), to severe (6 or more criteria). An individual must meet at least 2 of the following 11 DSM-V criteria in the last 12 months to be diagnosed with CUD.

1. Use in larger amounts or over a longer period than intended
2. A persistent desire or unsuccessful efforts to cut down or control use
3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects
4. Craving, or strong desire to use
5. Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home
6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis
7. Important social, occupational, or recreational activities are given up or reduced because of use
8. Recurrent use in situations in which it is physically hazardous
9. Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis
10. Tolerance
11. Withdrawal

Withdrawal Management

In a recent meta-analysis involving 23,518 participants with regular or dependent use of cannabis, the prevalence of withdrawal syndrome was 47%. **Withdrawal symptoms may include irritability, anger, aggression, nervousness, anxiety, sleep difficulty, decreased appetite or weight loss, restlessness, depressed mood, and at least one of the following physical symptoms: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.** A 2018 review details several medications that are being studied to treat cannabis withdrawal symptoms, but there are no FDA-approved therapies.

Evidence-Based Treatment Options

Evidence-based psychosocial interventions

- Contingency management, cognitive-behavioral therapy, and motivational enhancement therapy are evidence-based treatment for CUD.
- Motivational interviewing (MI) can be used during brief encounters by a wide variety of practitioners.

Evidence-based medication treatment

There are currently no FDA approved medications to treat CUD. Current medications that are being studied include N-acetylcysteine and FAAH inhibitors.

Additional Resources

- The Health Effects of Cannabis and Cannabinoids
- Yale Medicine Fact Sheet Cannabis/Marijuana Use Disorder
- NIDA Marijuana
- Motivational Interviewing resources
- MOC webinar on motivational interviewing

Hyperlink Destinations

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