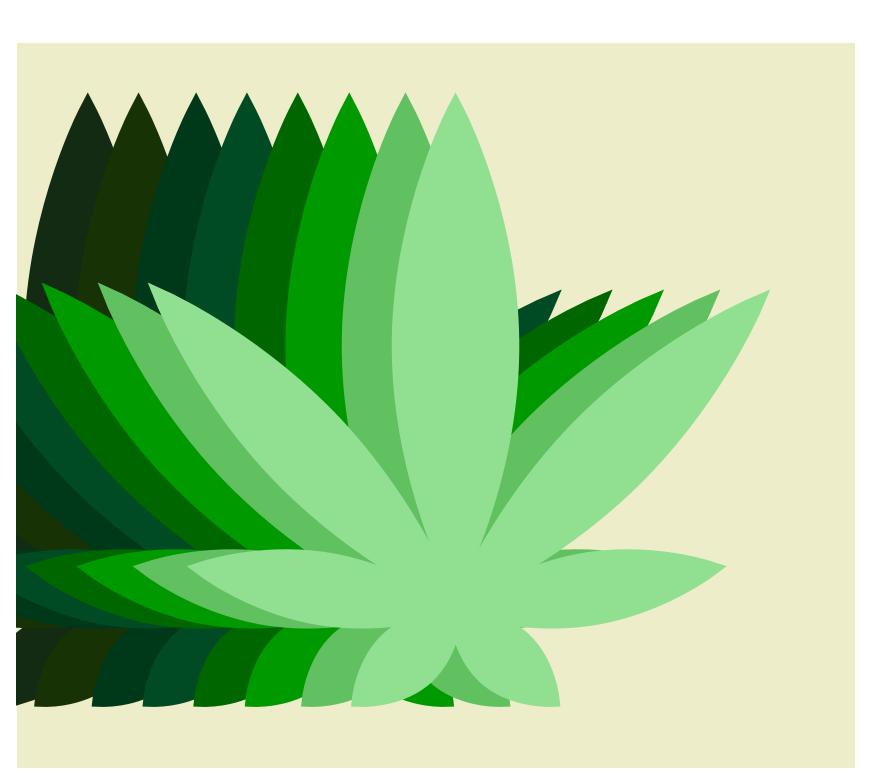
Cannabis Use Disorder

TOOLKIT



MICHIGAN OPIOID COLLABORATIVE

Background

Cannabis is the third most commonly used substance, following alcohol and tobacco, in the United States. A <u>report</u> 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 <u>CUDIT-R</u> 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 <u>NIDA quick screen</u>. 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 <u>meta-analysis</u> 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 <u>review</u> 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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