Lessons from Ten Years of Cannabis Screening and Interventions in Colorado

Melissa Richmond, PhD
OMNI Institute
Carolyn Swenson, MSPH, MSN, RN
Peer Assistance Services, Inc.
Goals

1. Describe approaches to marijuana screening over ten years of SBIRT data collection in Colorado.

2. Examine patterns of marijuana use as detected through screening in Colorado.

3. Explore approaches to providing marijuana brief interventions.
What is SBIRT?

**Screening:** Using validated questions.

**Brief Intervention:** A brief conversation to enhance motivation to change.

**Referral to Treatment:** Assessment and services for the person with a more severe alcohol or drug use problem.
SBIRT Colorado
– Setting the Stage

• Two consecutive five-year SAMHSA grants (2006 – 2016)
• Diverse health care settings
• Health educator model
• Use of tablet technology
• Changing cannabis landscape
Over 173,000 patients screened in 23 sites
Cannabis Screening – Adults 18+

Brief Screen
• 1st iteration:
  – Use of an illegal drug in past year
• 2nd iteration:
  – Do you currently have a medical marijuana card?
• 3rd iteration:
  – Any use of cannabis in the past year

Full Screen – ASSIST*
• No/low risk
  – negative screen
• Moderate or high risk
  – positive screen

1 in 10 patients in primary care screened positive for cannabis

Cannabis Screens (n=30,613)

- **Negative Screen, 90%**
- **Positive Screen, 10%**
Older patients had lower rates of positive cannabis screens than younger patients

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Positive Rate</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>15%</td>
<td>n=4971</td>
</tr>
<tr>
<td>26-39</td>
<td>11%</td>
<td>n=9152</td>
</tr>
<tr>
<td>40-49</td>
<td>10%</td>
<td>n=6536</td>
</tr>
<tr>
<td>50-64</td>
<td>9%</td>
<td>n=9621</td>
</tr>
<tr>
<td>65+</td>
<td>2%</td>
<td>n=1561</td>
</tr>
</tbody>
</table>

Primary Care
12-13% of young adult women screened positive
20-22% of young adult men screened positive

Positive Cannabis Screen
Primary Care

18 to 20 (n=1732) | Male 13%  | Female 20%
21 to 25 (n=3231) | Male 12%  | Female 22%

For more information on findings for younger adults, please visit –
http://improvinghealthcolorado.org/young-adult-screening-through-sbirt/
47-50% of young adults identified through screening were using cannabis daily*

% Using Cannabis Daily
Primary Care

18 to 20 (n=264) 47% 50%
21 to 25 (n=487) 47% 49%

Male Female

*Daily = used 25 or more days in the past 30
7-11% of older adults (50-64) screened positive
1-2% of older adults (65+) screened positive

Positive Cannabis Screen
Primary Care

50 to 64 (n=9610)
- Male: 7%
- Female: 11%

65 & older (n=4993)
- Male: 1%
- Female: 2%

For more information on findings for older adults, please visit –
http://improvinghealthcolorado.org/undetected-older-adult-substance-misuse/
45% of older adults identified through screening were using cannabis daily*
Women of Childbearing Age Study

- Subset of women screened were identified as at risk for a substance-exposed pregnancy (n=976)
  - Childbearing age (18-44)
  - Screened positive for any substance
  - Indicated sexual activity with a male
  - Able to get pregnant
  - Not using (or using unreliable form) of contraception
About half of women at-risk for a substance exposed pregnancy were using cannabis

- 57% were using alcohol
- 48% were using cannabis
- 12% were using other substances

- Of those using cannabis, they used an average of 18 days in the past 30 days

Note. Includes primary and emergency care settings
Patient Readiness/Confidence to Change Study

• Readiness and Confidence Rulers
  – How ready/confident are you to make a change? 0 (not at all) – 10 (extremely)
  – Multiple substance users asked to pick which substance to focus on
  – Data on
    • 2,126 patients who selected alcohol
    • 404 patients who selected cannabis

Patients using alcohol were more ready than confident; Patients using cannabis were more confident than ready

Note. Includes primary and emergency care settings
Age, setting, and severity of use predict of readiness and confidence to change cannabis use

- Younger patients were more ready and more confident than older patients
- Patients screened in primary care were less confident than patients screened in emergency care
- Patients with higher cannabis risk severity were more ready to change
- Sex was not associated with readiness or confidence
Connecting to Brief Interventions

• Cannabis users may be earlier in the change process – tailor interventions to meet the population and readiness
• Younger populations may be receptive to interventions
• Risk severity will likely play into readiness to change
Patients in the six-month follow-up study reduced use

- Alcohol (n=335):
  - Intake: 12.6
  - Follow-up: 5.1

- Cannabis (n=287):
  - Intake: 19.3
  - Follow-up: 10.2

*Note. Includes primary and emergency care settings*
Why talk about marijuana in health care?

- Third most commonly used substance in the U.S.
- Associated with health and mental health problems
- Current research has not identified safe limits
- May be associated with risky use of other substances
Common beliefs and (mis)perceptions

- It’s all natural (so how could it be dangerous?)
- It’s legal (so how could it be dangerous?)
- It’s not addictive
- It’s safer or better than _____
- No one has ever died from an overdose
Brief interventions for marijuana...

Tend to be challenging:

• Health professionals are not sure what to say
• Patients may have strongly-held beliefs
• There are many unanswered questions
• Motivation to change use may be low
Marijuana Clinical Guidance

Why Screen for Marijuana
Marijuana is the third most commonly used substance in the U.S. after tobacco and alcohol.
Marijuana use is associated with health and mental health problems.
Adolescents are particularly at risk for developing problems.
Marijuana users who begin using during adolescence have a 1 in 3 chance of developing dependence.
Current research does not provide safe limits of use.
In general, heavier and more frequent use increases health risks and risk of developing a severe cannabis use disorder. However, any use can result in negative consequences.
Use of cannabis is likely to increase risk for developing other substance use problems.

Recommendations for Screening and Brief Intervention
Step 1: Screen adults and adolescents aged 12 and older.
Recommended screening questions: "In the past year how many times have you used marijuana?"
Positive score = 1 or more times.
Step 2: Assess reasons for using, frequency, and quantity of use.
If concerned about problematic use or serious consequences, consider screening for cannabis use disorder. The CUDIT-R screening tool is validated in adults and adolescents.
Step 3: Provide brief intervention and consider referral to treatment.

CUDIT-R Scoring
8-11: Offer a brief intervention.
12 or more: Consider referral to treatment.

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 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 for those experiencing negative health consequences, and with population subgroups such as adolescents or pregnant or breastfeeding women.
- Recommend and advise to create a plan to decrease or stop use, or prevent potential negative consequences of use. Focus on reducing harm to self and others.
- Offer assistance and referral if needed.
- Follow-up to monitor progress.

This document is designed to assist clinicians. It is not intended to replace a clinician's judgment or establish a protocol for all patients. Funded by SAMHSA administered by Colorado Office of Behavioral Health. Managed and implemented by Peer Assistance Services, Inc.
Basics of a brief intervention

• A brief motivational conversation
• Collaborative
• Patient-centered
• Respects autonomy

Goals:
  – Explore ambivalence
  – Elicit intrinsic motivation to change
  – Make a plan
How to approach the conversation

• Acknowledge research gaps
• Acknowledge possible clinical indications
• Offer input (with permission) on risks
• Find common ground:
  – Use by adolescents, pregnant or breast-feeding women
  – Accidental exposure
  – Impaired driving
  – Monitor for signs of problematic use
Risk stratification

• Not well defined by research
• *Any* use could jeopardize employment, education, safety, trigger child protective services involvement

• More frequent use → greater risk for harmful consequences
Subpopulation considerations

- Adolescents
- Pregnant and breastfeeding women
- Older adults
- Individuals with a mental health diagnosis
Research needs

- Classification of risk levels
- Validated brief screening question(s)
- Predictors of cannabis use disorder risk
- Approaches to cutting back or quitting
- Prevention messages for different populations
Thank you!

- **SBIRT Colorado**
  - Funded by SAMHSA 2006-2016
  - Implemented & managed by Peer Assistance Services, Inc.
  - Administered by the Colorado Office of Behavioral Health

- **Contact Information**
  - MRichmond@omni.org
  - CSwenson@peerassist.org