

# Cannabis and Opioid Use Disorder Assessment

Jennifer Harrison, PhD, LMSW, CAADC

Western Michigan University School of Social Work

[Jennifer.harrison@wmich.edu](mailto:Jennifer.harrison@wmich.edu)



**WESTERN MICHIGAN UNIVERSITY**

College of Health  
and Human Services



# Co-occurring disorders

Risk of also having a substance use disorder<sup>4</sup>

- schizophrenia or bi-polar > 50%
- general population 16%

Outcomes for CODs are worse in<sup>5, 6</sup>

- |                   |              |
|-------------------|--------------|
| • Incarceration   | Unemployment |
| • Hospitalization | Homelessness |
| • Health          |              |

< treatment engagement

# Primary Drugs Of Abuse

## CLASS

## EXAMPLES

DEPRESSANTS

ETHANOL, BARBITURATES,  
BENZODIAZEPINES, SOLVENTS

STIMULANTS

COCAINE, AMPHETAMINES,  
METHYLPHENIDATE

OPIOIDS

HEROIN, CODEINE, OXYCODONE,  
HYDROMORPHONE, METHADONE

HALLUCINOGENS

LSD, Mescaline, Psilocybin

OTHERS

CANNABIS, PHENCYCLIDINE, STEROIDS,  
NICOTINE, CAFFEINE

# Schedule Of Controlled Drugs

<b>I</b>	<b>Highest potential for abuse/dependence no current medical indication</b>	<b>heroin, LSD marijuana</b>
<b>II</b>	<b>Next highest potential for abuse/depend with accepted medical use</b>	<b>morphine, cocaine, amphetamine</b>
<b>III</b>	<b>Potential for abuse/depend less than II with accepted medical use</b>	<b>codeine, Doriden®</b>
<b>IV</b>	<b>Potential for abuse/depend less than III with accepted medical use</b>	<b>Darvon® Valium® Xanax®</b>
<b>V</b>	<b>Potential for abuse/depend less than IV with accepted medical use</b>	<b>Lomotil®</b>

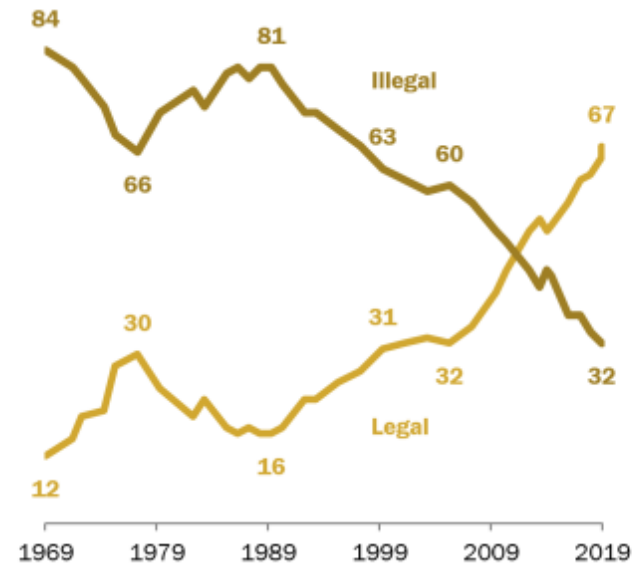
# Cannabis as a legal substance is here to stay

Majority of Americans favoring legal marijuana use

Majority of states voting to legalize cannabis for medical or recreational use,

## U.S. public opinion on legalizing marijuana, 1969-2019

Do you think the use of marijuana should be made legal, or not? (%)



Note: No answer responses not shown. 2019 data from Pew Research Center's online American Trends Panel; prior data from telephone surveys. Data from 1969-1972 from Gallup; data from 1973-2008 from General Social Surveys.

Source: Survey of U.S. adults conducted Sept. 3-15, 2019.

PEW RESEARCH CENTER

# 2 substances in marijuana

## CBD (cannabidiol)

- Hemp has a lot of CBD
- CBD doesn't cause that high – but is linked to feelings of well-being in the body.
- People take CBD products to help with everything from arthritis and Crohn's disease to diabetes and multiple sclerosis. More than 160 trials involving CBD are either active or recruiting.

## THC (tetrahydrocannabinol)

- Marijuana contains much more THC than hemp
- THC is the main psychoactive compound in marijuana. It's what makes people feel "high."
- THC binds with receptors -- mostly in the brain -- that control pain, mood, and other feelings. That's why THC can make you feel euphoric.

# Some evidence THC helps

Researchers are studying whether medical marijuana can help treat a number of conditions including:

- Appetite loss
- Epilepsy
- Glaucoma
- Multiple sclerosis
- Muscle spasms
- Nausea
- Seizures
- Wasting syndrome (cachexia)

# CDC facts about marijuana

- Marijuana is the most commonly used federally illegal drug in the United States; 48.2 million people, or about 18% of Americans, used it at least once in 2019.
- Recent research estimated that approximately 3 in 10 people who use marijuana have marijuana use disorder. For people who begin using marijuana before age 18, the risk of developing marijuana use disorder is even greater.
- Marijuana use directly affects the brain, specifically the parts of the brain responsible for memory, learning, attention, decision-making, coordination, emotion, and reaction time. Infants, children, and teens (who still have developing brains) are especially susceptible to the adverse effects of marijuana.
- Long-term or frequent marijuana use has been linked to increased risk of psychosis or schizophrenia in some users.
- Using marijuana during pregnancy may increase the person's risk for pregnancy complications. Pregnant and breastfeeding persons should avoid marijuana.
  - (Retrieved from <https://www.cdc.gov/marijuana/data-statistics.htm>)



# Two Types of Assessment

- Contextual Assess
- “A Day in the Life”
- And then what...
- Determine doses, triggers, responses
- ...connecting the dots for a day
- Longitudinal Assess
- “Your life in a timeline”
- When was the first time?
- Do you think that was related to what came later?
- How did those trends go together?
- ...connecting the dots for your life



# Persuading the other

- 1. Lack of exercise
- 2. Maintaining a better diet
- 3. Stop smoking
- 4. Stay in closer contact with family or friend
- 5. Trying to be more forgiving of someone who's hurt or angered us.
- 6. Problems with pets
- 7. Career issues – Job issues
- 8. Moving residences
- 9. Money issues or a difficult purchase coming

# Pop Quiz

- 1. Do you ALWAYS use your seatbelt? (Even when seated in the back seat.)
- 2. Do you ALWAYS wear sunscreen of at least spf 30 every day you are outside (even on cloudy days)?
- 3. Do you eat at least 3 servings of vegetables daily?
- 4. Do you floss every day?
- 5. Do you ALWAYS abstain from using your cell phone while driving: no texting, phone calls, or entering GPS information?

Now, give yourself 1 point for every “Yes” answer.

(Idea from Baker, E., & Galanter, R., 2013)

Motivational Interviewing recognizes ambivalence as being completely normal. It is easy to become stuck in ambivalence.

POLL FOR SCORES

Coming alongside to recognize  
both sides



IN 2012, HEALTH CARE PROVIDERS WROTE 259  
MILLION PRESCRIPTIONS FOR OPIOID PAIN  
MEDICATION, ENOUGH FOR EVERY ADULT IN THE  
UNITED STATES TO HAVE A BOTTLE OF PILLS

Since 1999, sales of prescription opioids in the U.S. have **quadrupled**.

4x

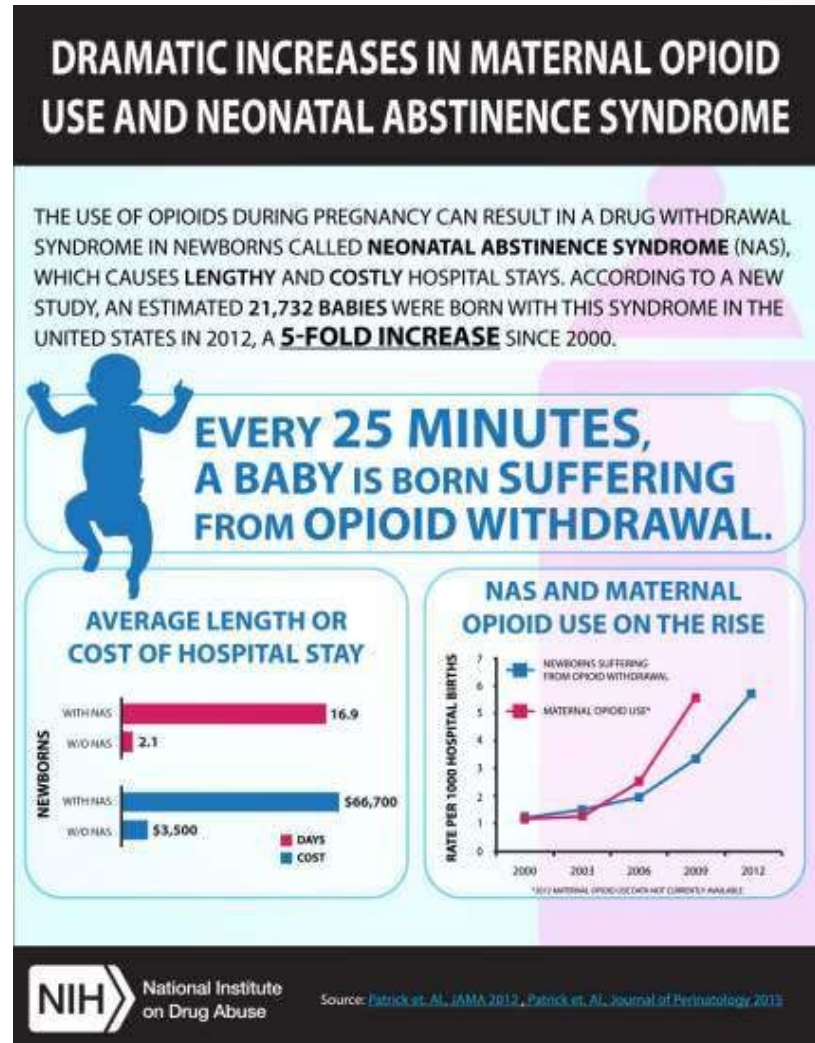


# Michigan specific

- 11 Million Rx. For opioids (9 million residents)
- 1600 opioid OD deaths in 2017
  - Increase of 57% from 2016
  - #1 cause of accidental death for people under 50
- Since 2016, 283 uses of Narcan kits
  - 19 fatalities

# Concern for Women

- Women more likely to:
  - Present with chronic pain
  - Be prescribed pain Rx., in higher doses, and use longer





# Concern for teens

- 2015 Oxycontin approved for use in 11-15 year olds
- 2015 19% increase in OD deaths for 15-19 year olds related to opiates nationwide



# Names for opiates

- Codeine (only available in generic form)
- Fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)
- Hydrocodone (Hysingla, Zohydro ER)
- Hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Kadian, MS Contin, Morphabond)
- Oxycodone (OxyContin, Oxaydo)
- Oxycodone and acetaminophen (Percocet, Roxicet)
- Oxycodone and naloxone

# Heroin

- Past misuse of prescription opiates is the highest risk factor for heroin use
- 1 of every 250 people reported using heroin in last year
- 3 of 4 people who use heroin report misusing a prescribed opiate in the last year

# As heroin increases, so do deaths by overdose

- During 2016, almost 15,500 people died from drug overdoses involving heroin in the United States, a rate of almost 5 deaths for every 100,000 Americans.<sup>5</sup>
- Heroin-related overdose deaths increased five-fold from 2010 to 2016.<sup>4</sup>
- From 2015 to 2016, heroin overdose death rates increased by almost 20 percent<sup>6</sup>
- In 2016, males aged 25-44 had the highest heroin death rate at 15.5 per 100,000, which was an increase of 17.4% from 2015.

# Education for people about pain

- Understanding the medications that are to “opiates” and labeling them correctly
- Discuss responsible use of medications
- Describe difference between acute and chronic pain treatment
- Teach about relationship between pain and  
Introduce non-Rx. Treatments (CBT, mindfulness, and relaxation)
- Clients as partners in their own health care

# What can I do...what if someone is ODing

- Why do people die....because they stop breathing
- How to prevent...
  - Mixing (opiates with uppers or downers)
  - Low tolerance
  - Quality
  - Using alone

Recognize an OD....not being responsive (blue tinge, slow, shallow, irregular breathing)



# SCARE ME

- Stimulation (shake, sternal rub)
  - Call 911
  - Airway
  - Rescue breathing
  - Evaluate
- 
- Muscular or Musocal narcane dose
  - Evaluate

# Partnering with prescribers

- Communication, communication, communication
- Half-page of questions
- Offering alternatives
- Don't leave them hanging



# Partnering with medication assisted therapy providers

- Communication, communication, communication
- Harm reduction
- When to titrate
- Importance of non-medication therapy

# Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
<b>Personal history of substance abuse</b>		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
<b>Age between 16—45 years</b>	1	1
<b>History of preadolescent sexual abuse</b>	3	0
<b>Psychological disease</b>		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
<b>Scoring totals</b>		

# Decision Balance

	NOT CHANGING	CHANGING
Good things “Pros”		
Not-so- good things “Cons”		

# Strategies during assessment:

- Ask about the good things, then the not so good things
- Protect the negative
- Listen for importance, confidence, readiness
- Think staging

# Elicit – Provide - Elicit

- Elicit
  - Ask permission
  - Clarify information needs and gaps
- Provide
  - Prioritize
  - Be clear
  - Support autonomy
  - Don't prescribe the client's response
- Elicit
  - Ask for the client's interpretation, understanding, or responses



**Thank you for your time and attention!!**

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