# Addressing Cannabis Use Among Youth

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#### Brief background on Grayken and upcoming initiatives



@GraykenBMC

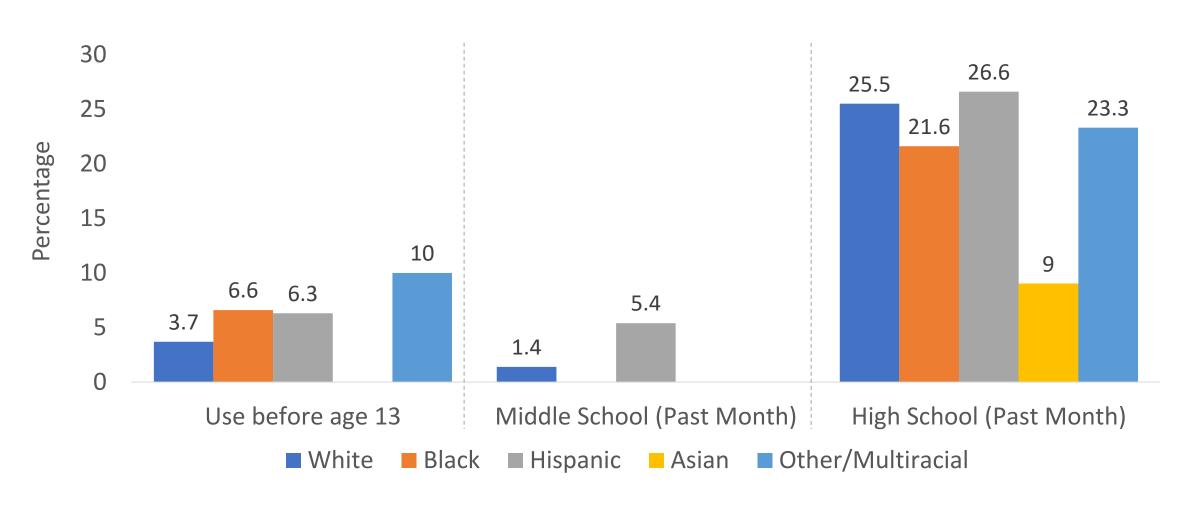
#### **Contact information**

- BMC Clinical services:
  - Catalyst program for youth with SUD ≤26 years of age: 617-414-6655
  - Rapid Access—Coming soon!, contact: Sandra Honter Williams,
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- Amy Yule, <u>amy.yule@bmc.org</u>, @yule\_am
- Turn It Around, Instagram/twitter: @turnitaroundctn
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- Mswati Hanks, <a href="mailto:mhanks1@mgh.Harvard.edu">mhanks1@mgh.Harvard.edu</a>

#### **Outline**

- Review cannabis use patterns among youth
- Review cannabis products and complications related to heavy cannabis use
- Discuss treatment approaches for cannabis use disorders
- Discuss the health alternatives group to learn successful strategies to help youth with heavy cannabis use consider changing their use patterns

#### Marijuana use among Massachusetts students



#### Cannabis—a complicated plant

- Messages about cannabis have been very polarized
- The cannabis plant contains many different compounds including tetrahydrocannabinol (THC) and cannabidiol (CBD)
- Very limited literature on the use of cannabis to treat medical conditions in children and adolescents (Wong 2017)
  - Possible role for CBD to treat treatment refractory seizures in youth
- Concerns about exposure in young people:
  - Developing brain
  - Higher rates of cannabis use disorders when adolescents use cannabis when compared to adults
  - Adverse effects on cognition, emotion, development

#### **Cannabis products**

 Cannabis products have different levels of THC content (potency). The risk of adverse effects from cannabis use increases with increased levels of THC.<sup>1</sup>



1980's: *3% THC* 2014: *12% THC*<sup>2</sup>



**Edibles** 



Dabs—Wax and Shatter



Hash oil

Variable: *25% to 75% THC*<sup>3</sup>

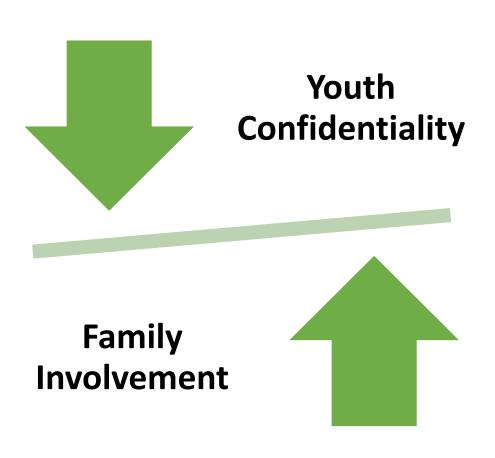
#### **Cannabis Complications**

- Cannabis use disorder
- Cannabis withdrawal syndrome
  - 3 or more symptoms that develop within one week of stopping heavy cannabis use
    - Irritability, anger, or aggression
    - Nervousness or anxiety
    - Sleep difficulty (insomnia, disturbing dreams)
    - Decreased appetite or weight loss
    - Restlessness
    - Depressed mood
    - One or more physical symptoms causing significant discomfort: abdominal pain, shakiness/tremor, sweating, fever, chills, or headaches
- Cannabis hyperemesis syndrome
  - Severe nausea and vomiting
  - Acute symptoms relieved by hot showers
  - Only treatment—abstinence

#### Assess for other substance use & risky behaviors

- Overdose
  - Opioids—4,094 opioid related OD deaths in 2017 (Age 15 to 24 years)
    - High rates of cocaine contamination with fentanyl
  - Heavy binge drinking → Alcohol "poisoning" 50,000 hospitalizations in 2014 (Age 18 to 24 years)
- Intravenous drug use and infectious diseases
  - 400% increase in annual incidence rate of acute hepatitis C infection between 2004 and 2014 (Age 19 to 29 years)
- No use of contraception
  - Unplanned pregnancy
  - Sexually transmitted diseases
- Illegal activity

#### General Considerations in Treatment: Confidentiality when working with youth



- Youth need a confidential and safe space to engage in care AND family needs to be involved.
- Working with youth with SUD often requires a multidisciplinary team.
  - Medication management
  - Therapist
  - Caregiver
  - Community supports—school staff, probation

### **General Considerations in Treatment: Stay Patient Centered**



- The overall goal is to get the patient to come back!
- Stay patient centered and engage them around their concerns
  - People come to treatment when they are having problems—what problem brought them to treatment?

#### Standard of care for cannabis use disorders—Behavioral Therapy

Motivation **Enhancement Therapy** Adolescent Patient does not Community identify cannabis as a Reinforcement problem Approach Match the intervention Cannabis use is a Contingency with the Pt's motivation Management coping strategy to change Patient identifies Cognitive Behavioral cannabis as a problem Therapy

#### **Adolescent Community Reinforcement Approach**



**Goal of therapy:** Replace influences that reinforced substance use with positive influences (people and activities) that reinforce abstinence

Core Procedures	Skills Training
Happiness scale	Identify Fun Sober Activities
Functional Analysis of Substance Use	Problem Solving
Functional Analysis of Prosocial Activities	Communication Skills
	Relapse Prevention

#### Accessing ACRA in the community

You can search the BSAS helpline website for ACRA sites

https://mahelplineonline.custhelp.com/app/account/opa\_result/incide nt\_id/MjY5Mjc1/description

## How do you engage youth in treatment for an issue that...

- "Is not a big deal"
- "Its legal"
- "My whole family smokes"
- "Its just a plant"
- "Its natural"
- "Its not addictive"

- "Everyone smokes"
- "It helps me concentrate"
- "I like it"
- "I don't want to stop"
- "It helps me sleep"

#### Sample of a school-based treatment group

#### **Daily Check In**

Purpose of check in – help students gain insight, recognize the connection between emotion and behavior, enhance group cohesiveness

- Green Zone Happy, Focused, Calm, Smiley, Energetic
- Blue Zone Sad, Tired, Bored, Nervous, Not Feeling it,
- Purple Zone Chill, Even Tempered, Relaxed,
- Orange Zone Frustrated, "meh", keep to myself
- Red Zone Angry, Upset, Not in the Mood, I need some space today

### SAMPLE OF A SCHOOL-BASED TREATMENT GROUP PHASE 1 – ACKNOWLEDGE AND UNDERSTAND BENEFITS

- Why are they using?
- What are they gaining?
- How to they feel when high?
- What is different about relationships? (school, home, community when smoking vs not)
- How much are they using and when?
- What time of day are the using the most?
- What movies to the love watching when high?
- What music to they like listening to?
- HOMEWORK:
   Notice when smoking, what's going on for them before/during/after, report back
- \*NO CHANGE IN USE BEING ASKED AT THIS TIME

## SAMPLE OF A SCHOOL-BASED TREATMENT GROUP PHASE 2 – TUNING INTO STRENGTHS, SKILLS, RESILIENCE THEY ALREADY USE

#### \*These should be directly connected to the benefits they identified in first phase

- What else helps sleep?
- What else makes them feel happy?
- When else have they laughed uncontrollably?
- What else calms them down?
- What else helps manage stress?
- What else helps distracts them from stressful situations?
- When do they feel the most at peace?
- HOMEWORK: Notice skills they already have add more to their life
- STILL NO CHANGE TO USE BEING ASKED

## Sample of a school-based treatment group Phase 3 – Education

\*NOT FOCUSED ON THE HARMFUL EFFECTS OF MARIJUANA OR SCARE TACTICS

Instead we're teaching:

- Why it feels good to be high?
- Why are they irritable when not using?
- Why do they get hungry after smoking?
- How does nutrition affect mood?
- Why are senses elevated when high?

- Why does music sound better when high?
- What is science of addiction on brain?
- What is science of exercise on brain?
- What does tolerance mean?
- Why do I feel calmer when I smoke?
- What is THC what is CBD?
- How is body affected differently with varying meads of use? (edibles, vape, inhaling)

Homework – Testing out what is being taught – notice how they feel when choosing an activity that releases dopamine

Example: Pick a song that evokes strong emotion

STILL NO CHANGE TO USE IS BEING ASKED AT THIS TIME

## Sample of a school-based treatment group Phase 4 – Introducing new coping skills/healthy alternatives to use

\*Make sure to connect the skills to the reasons THEY identified that they smoke

- Deep Breathing (inhaling blunts exercise)
- Mediation (provide apps)
- Mindfulness (candles, mindful eating, mindful showers, mindful walking)
- Play lists for songs that evoke varying emotions
- Emotion Regulation Skills

HOMEWORK: Practice, Practice, Practice

Still not asking them to change use (starts to anyway!)

#### Sample of a school-based treatment group Phase 5 – Explore any negative effects of use

- Only focus on negatives they identify (using MI techniques to illicit changes)
- NOT ABOUT TRYING TO CONVINCE TEENS THAT SOMETHING IS BAD FOR THEM THAT THEY BELIEVE IS HELPING
- (So you are saying that marijuana helps you focus in school. You are smoking every day before school and failing 4 classes... help me understand this)
- Money Cost Explore tolerance Breaks

HOMEWORK – FINALLY asking them to decrease or alter use

#### Rebuild The Brain's Broken Dopamine System

- Positive relationships (e.g., restoring relationships, falling in love, or having a pet)
- Exercise or physical movement
- Mental health treatment
- Medications
- Constructive activities (e.g. working or going to school)
- Sense of purpose and investment in a community
- Accountability and Respect for one's self; and
- Growing into an adult brain

#### Conclusion

- There are structured evidence based behavioral therapies to treat cannabis use disorders in youth
- With support youth with heavy cannabis use do change their use patterns!

#### **Questions?**

#### Additional resources

- Education targeted to teens: <a href="https://teens.drugabuse.gov/">https://teens.drugabuse.gov/</a>
- Examples/ideas of engaging youth in positive activities in the community:
   Turn It Around Instagram!
- Additional education about care for youth with SUD:

#### PEDIATRICS

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Principles of Care for Young Adults With Substance Use Disorders

#### HEALTHCITY

POPULATION HEALT

Establishing Principles of Care for Young Adults with Substance Use Disorders

https://www.bmc.org/healthcity/po pulation-health/establishingprinciples-care-young-adults-sud