

Cannabis Use Disorder: CUD

Patrick Foley

Agenda

CUD

What is CUD

How do we treat CUD

Mental Health component of CUD

Life after CUD

Goals, Dreams, and aspirations

Closing remarks and audience participation

Patrick Foley

Patrick Foley 20 years in the SUD treatment field. Mr. Foley is a frequent speaker and subject matter expert regarding substance use/dependency, promoting solution-based goals that navigate people through the recovery process.

Treatment experience

My path to recovery started 1999

Professional career in treatment 2003

Treatment director for over 10 years working primary with CUD dependent youth

Life coaching primary transitional adults 19-35

CUD

Cannabis refers to the dried flowers, leaves and stems of the cannabis plant.

Most cannabis user's smoke

3 in 10 people who use cannabis have CUD they are unable to stop using cannabis even though it is causing problems.

CUD

Cannabis use disorder (CUD) is classified in the Disorders–Fifth Edition (DSM-5) using a series of criteria that determine a user’s patterns of behavior.

potency increases leads to dependance

THC is the
psychoactive
chemical in
marijuana.

Leafy green 22-33%
THC

Oils 60-90% THC

Rise of Cannabis Use

Cannabis is illegal at the federal level, even though California has legalized it.

Although legal for adults, still illegal (and harmful) for youth.

Cannabis? Why?

People use cannabis for a simple reason they like the effects

Substances including cannabis become so dangerous, the struggle to find a way out becomes enemy number one

Tolerance breaks, withdrawal management, and geographic moves. Escape tactics that cannabis dependance users experience.

Teens/TAY 12-35

Cannabis has been the primary substance of choice since 2005

What can we do to prevent them from long term use?

Why can they not stop using?

Giant Risk Factors

High risk groups:

Adolescents

12-25 the brain is still developing

Exposure to a substance at a young age
can lead to prolonged dependency

Change

Cannabis Use Disorder:
Assessment
Diagnosis
Proper Placement

Assessment

What is a SUD counselor?

Counselors who treat people with substance use disorders (SUDs) have diverse training experiences and skill levels. They include both credentialed counselors and peer support workers with lived experience.

Assessments: 2-part process

1. Screening is the first evaluation to determine if CUD exists
2. Assessment is the second part. This assessment is a comprehensive evaluation that looks for history of CUD problem.

Signs and Symptoms

Lack of motivation

Increased appetite

Nervous and paranoid

Slower reaction time

Short term memory impairment

Anxiety

Daily use

Increased use

Change in friends

Cannabis Withdrawal

Irritability, anger or aggression

Nervousness or anxiety

Sleep difficulty

Decreased appetite or weight loss

Restlessness

Depressed mood

Psychosis

Diagnosis

In order to appropriately diagnosis a patient most utilize 2 assessments:

1. Biopsychosocial Assessment: The assessment may include the patient's medical history, including physical history, substance use history, and mental health and treatment history.
2. The ASAM Criteria is a comprehensive set of guidelines for placement., continued stay, or discharge of patients with dependance or co-occurring conditions.

Dependance CUD

Users with CUD may need to use more and more cannabis or greater concentrations of marijuana over time to experience a “high.”

The greater the amount of (THC) the stronger the effects the cannabis may have on the brain.^{5,6}

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:



DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal



DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical health needs



DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's mental health history and current cognitive and mental health needs



DIMENSION 4

Readiness to Change

Exploring an individual's readiness for and interest in changing



DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique needs that influence their risk for relapse or continued use



DIMENSION 6

Recovering/Living Environment

Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

ASAM CONTINUUM OF CARE

▶ ADULT



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services
- 3.1 Clinically Managed Low-Intensity Residential Services

- 3.3 Clinically Managed Population-Specific High-Intensity Residential Services
- 3.5 Clinically Managed High-Intensity Residential Services
- 3.7 Medically Monitored Intensive Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

▶ ADOLESCENT



- .5 Early Intervention
- 1 Outpatient Services
- 2.1 Intensive Outpatient Services
- 2.5 Partial Hospitalization Services

- 3.1 Clinically Managed Low-Intensity Residential Services
- 3.5 Clinically Managed Medium-Intensity Residential Services
- 3.7 Medically Monitored High-Intensity Inpatient Services
- 4 Medically Managed Intensive Inpatient Services

Diagnosis and Placement

Outpatient

- Treatment groups 1-3 times a week

Intensive Outpatient/

- Education/Treatment groups 3-6 times a week

Detox

- Inpatient 5-14 days

Residential

- 90 days-6 months
- Intensive inpatient 1-2 years

Detox for CUD

Detox is typically 10-14 days stay.

Detox is a setting that assist the client with a start in the recovery process.

Some cannot or will not stay abstinence with out the aid of an inpatient component.

Detox assist with this in helping the user relax, rest, and reflect.

The goal is to assist the client with an outlet so they can transfer to an outpatient setting.

Residential for CUD

Residential program vary for CUD 30-90 days

Residential covers all aspects of the treatment spectrum: health, wellbeing, exercise, relax, observations, groups, therapy, and psychiatry.

The goal is to help the client become grounded and make the best plan for change.

Outpatient CUD

Groups typically are 1-3 times a week. This less intense option helps the client focus on themselves where they're at the stage of use and where they want to be.

Although outpatient is less intense the client will have many positive options for treatment goals.

Services Provided

Treatment groups

Individual counseling and planning; family counseling

Educational workshops

Assessments

Social activities

Parent support groups

Aftercare

Outreach

IOS for CUD

Groups typically are 4-7 times a week. This is a very intense program that has all aspects of the treatment grid.

IOS outpatient is designed to focus on the need of the client. The need deals with a person who typically smokes cannabis daily 5-10 times a day.

Daily dependence often leads to co-occurring disorders.

Client Engagement

- Find a safe and positive environment
- Include parents or guardians in treatment goals
- Start the trust-building process
- Help clients reach goals

Urine Testing

Matrix:

Urine testing is the most widely used drug-testing method and is suitable for multiple testing goals

Detection Window:

Up to 6 days

Length of Detection for Drugs (Urine)

Amphetamines	48 hours
Benzodiazepines <ul style="list-style-type: none">● Short acting▶ Long acting	<ul style="list-style-type: none">● 3 days▶ 30 days
Cocaine	2-4 days
Marijuana <ul style="list-style-type: none">● Moderate use (4x/week)▶ Chronic use (daily)	<ul style="list-style-type: none">● 5-7 days▶ 10-30 days or greater
Opiates/Opioids <ul style="list-style-type: none">● Codeine▶ Heroin (morphine)	<ul style="list-style-type: none">● 48 hours● 48 hours
Phencyclidine	8 days

A woman with curly hair is shown in profile, resting her head on her hand. The image is split into two vertical panels: the left panel has a light purple and green gradient, and the right panel has a dark blue gradient. The woman's expression is contemplative.

Parent support

Family therapy

Case management

Current trends

Mental Health and CUD

Mental Health Disorders

Depression

Social Anxiety

Thoughts of suicide

Suicide attempts

Suicide

Psychosis

Paranoia

Schizophrenia

Common **WARNING SIGNS** of Mental Illness

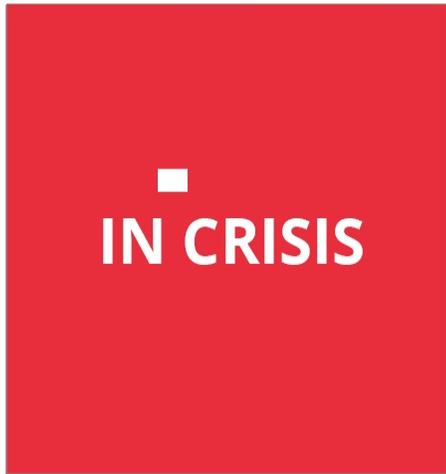
Diagnosing mental illness isn't a straightforward science. We can't test for it the same way we can test blood sugar levels for diabetes. Each condition has its own set of unique symptoms, though symptoms often overlap. Common signs and/or symptoms can include:

- ! **Feeling very sad or withdrawn for more than two weeks**
- ! **Trying to harm or end one's life or making plans to do so**
- ! **Severe, out-of-control, risk-taking behavior that causes harm to self or others**
- ! **Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing**
- ! **Significant weight loss or gain**



- ! **Seeing, hearing or believing things that aren't real***
- ! **Excessive use of alcohol or drugs**
- ! **Drastic changes in mood, behavior, personality or sleeping habits**
- ! **Extreme difficulty concentrating or staying still**
- ! **Intense worries or fears that get in the way of daily activities**

*Various communities and backgrounds might view this sign differently based on their beliefs and experiences. Some people within these communities and cultures may not interpret hearing voices as unusual.



IN CRISIS



STRUGGLING



SURVIVING



THRIVING



EXCELLING

Very anxious
Very low mood
Absenteeism
Exhausted
Very poor sleep
Weight loss

Anxious
Depressed
Tired
Poor performance
Poor sleep
Poor appetite

Worried
Nervous
Irritable
Sad
Trouble sleeping
Distracted
Withdrawn

Positive
Calm
Performing
Sleeping well
Eating normally
Normal social activity

Cheerful
Joyful
Energetic
High performance
Flow
Fully realising potential

Mental Health Disorders

Cannabis use, daily or near daily and use in high doses, can cause thoughts or feelings of anxiety and paranoia.

Cannabis users are significantly more likely than nonusers to develop temporary psychosis, and long-lasting mental disorders, including schizophrenia.

Cannabis use has also been linked to depression and anxiety

Life after CUD

Personal Development

Skills for success in life!

Goals, Visions, and Dreams

Personal Development

Three parts of personal development

1. Spiritual
2. Physical
3. Mental

Steps to success for CUD

1. Good ideas
2. Good plans
3. The passing of time/structure
4. Solving problems

Staying abstinent

- By stopping your alcohol or drug use, you flush the chemicals from your system and allow your brain and body to begin healing
- You begin to rejuvenate your body by eating well and exercising
- Your brain and body begin to recalibrate so things like sleep begin to stabilize
- Your mental and emotional health starts to stabilize so that spiritual healing can begin

Growing Stronger

- You learn what's involved and what it takes to not use alcohol or other drugs
- You acquire and adopt healthy new skills to address problems
- You learn how to deal with feelings
- You make sober friends
- You understand the importance of seeking professional help when needed

Thriving

- You enjoy life without using drugs
- You practice and adopt healthy new behaviors
- You manage your disease with the help and support of a sober community
- You participate in a Twelve Step or another mutual-help group
- You reach out and are of service to others

Thank you

Patrick Foley
foleylakers@gmail.com