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10/28/2015

Is Cannabis Addictive?

Is Cannabis Really a Gateway Drug?

Treatment Strategies?

Marijuana Normalization/Addressing the Perception of Low Risk

Substance-Related Deaths in the US

Tobacco = 480,000

Alcohol = 88,000

Cannabis = 4*

(CDC)

The most used illicit substance in the US

Definition: a drug (as alcohol or marijuana) whose use is thought to lead to the use of and dependence on a harder drug (as cocaine or heroin)

Merriam-Webster

Cannabis

Alcohol

Tobacco

Predisposing factors:

Environmental factors leading to initial substance use?

Availability of substances possibly a larger factor than the type of drug used?

Marijuana Addiction

NIDA: “Yes, marijuana can be addictive.”

DSM-V Cannabis Use Disorder

Criteria:

Impaired Control

Social Impairment

Risky Use

Pharmacological Criteria

DSM-V Cannabis Use Disorder

Impaired Control

1. Substance taken in larger amounts over longer period than intended;
2. Persistent desire to cut down or control use;
3. Great deal of time obtaining, using, or recovering from effects of use;
4. Craving

DSM V Cannabis Use Disorder

Social Impairment

5. Failure to fulfill role obligations at school, work, home;

6. Continued use despite social or interpersonal problems caused or exacerbated by use;

7. Social, occupational or recreational activities given up or reduced because of substance use.

DSM-V Cannabis Use Disorder

Risky Use of Substance

8. Recurrent use in situations that are physically hazardous
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem caused or exacerbated by the substance

DSM-V Cannabis Use Disorder

Pharmacological Criteria

10. Tolerance
11. Withdrawal

Treatment

Addresses the DSM-V Criteria

A <u>Bio</u>logical-<u>Psycho</u>logical-<u>Social</u> approach

Treatment

Evaluation

“Prescription without diagnosis is malpractice.”

Treatment

Traditional (Abstinence) Approach

Treatment-Centered

Goals: Ongoing Abstinence,

Relapse Prevention

12-Step Involvement

Treatment

Recent (Evidence-Based) Approaches

More Person-Centered

Harm Reduction Model

Motivational Enhancement

CBT (Cognitive Behavioral Therapy)

Goals: Improved quality of life

Levels of Treatment

Detox

Outpatient

Non-Intensive

Intensive Outpatient Services

Day Treatment

Inpatient

Residential

Basic Strategies of Motivational Enhancement

Open-Ended Questions

- Help clinicians understand their clients' points of view
- Elicit client's feelings
- Facilitate dialog
- Solicit information in a neutral way
- Encourage the client to do most of the talking
- Help avoid prejudgments
- Keep communication moving forward

Affirming

- Supports and promotes the client's sense of self-efficacy
- Acknowledges the client's difficulties
- Validates the client's experiences and feelings
- Increases the client's confidence to take action and change behavior

Reflective Listening Requires

- Continuous tracking of the client's verbal and nonverbal responses and their possible meanings
- Understanding the communication style of the client's culture
- Formulation of the reflections at the appropriate level of complexity
- Ongoing adjustment of hypotheses

Summaries

- Reinforce what clients said
- Demonstrate that the clinician has been listening carefully
- Help clients consider their responses and experiences
- Prepare clients to move forward

Elicit and Reinforce Self-Motivational Statements

- Reflect the statement
- Nod or make approving facial expressions
- Make affirming statements
- Ask for an elaboration, explicit examples, or more details about remaining concerns

Module 5

Motivational Interviewing as a Counseling Style

Assumptions of Motivational Interviewing

- Ambivalence is normal and an obstacle
- Ambivalence can be resolved
- Collaborative partnership qr each has expertise
- An empathic, supportive, yet directive counseling style facilitates change
- Direct argument/aggressive confrontation may increase defensiveness, reduce the likelihood of change

Express Empathy

- The key component of expressing empathy is reflective listening
- Imposing direction and judgment rather than listening reflectively creates barriers that impair the therapeutic relationship

Develop Discrepancy

- Clinicians help clients recognize discrepancies by using carefully chosen, strategic reflecting
- Client's' cultural background affects their perceptions of discrepancy
- Clinicians must have a good understanding of the client's' cultural values

Avoid Argument

- Power struggles between clinician and client do not enhance motivation for change
- When it is the client, not the clinician, who voices arguments for change, progress can be made

Support Self-Efficacy

- Communicate belief in the client's capacity
- Talk about how others in similar situations have changed
- Provide opportunities for other clients to act as role models
- Provide credible, understandable, accurate information

Support Self-Efficacy

- Break the change process down into achievable small steps
- Provide information about tools for recovery in a way that instills hope in the client

Roll With Resistance

- Resistance is a signal that the clinician needs to change direction with or listen more carefully to the client.

Outpatient Treatment Statistics

Primary Substance

Alcohol 54.2%

Cannabis 18.5%

Heroin 13.1%

Other Opiate 8.4%

Outpatient Treatment Statistics

Secondary Substance

None 34.2%

Cannabis 28.4%

Alcohol 15.2%

Other Opiate 4.8%

Outpatient Treatment Statistics

Tertiary Substance

None 64.1%

Cannabis 10.1%

Cocaine 7.2%

Treatment Outcome

Percent Discontinued Use

Challenging Perceptions

Cannabis as a Safe Substance

Preferable to using "hard" drugs

Not addicting?