The Impact of Cannabis Legalization on Counselors

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About Me…

- **Dr. LaShauna M. Dean** holds a Ph.D. in Counselor Education and Supervision, M.A. in Counseling, and B.A. in Psychology. Additionally, Dr. Dean is a Licensed Professional Counselor in New Jersey, Nationally Certified Counselor, Approved Clinical Supervisor, and Master Addiction Counselor.

Dr. Dean currently serves as an Associate Professor and Co-Director of the Professional Counseling program at William Paterson University, over the Clinical Mental Health graduate track. Dr. Dean has worked in the field of mental health counseling for over eight years in a variety of roles including specializing in substance abuse and trauma. She has worked with clients diagnosed with various disorders as a counselor, substance abuse clinician, crisis intervention counselor, and intake/assessment clinician.

- **CERTIFICATION/LICENSURE**
  - Licensed Professional Counselor, New Jersey (37PC00477000)
  - National Certified Counselor (NCC# 246484)
  - Certified Substance Abuse Counselor (VA# 0710102199)
  - Approved Clinical Supervisor (ACS01696)
  - Master Addiction Counselor (508820)
Learning Objectives

1. Discuss the implications of marijuana legalization on how counselors work in addictions.

2. Gain information on how to discuss marijuana legalization in terms of benefits and harms. Participants will explore the social justice implications of decriminalization.

3. Discuss how to address the changing drug climate with future counselors.
Impact of Legalization on Attitude Towards Drug Use
How to address marijuana use with clients

According to the PEW Research Institute (2018), 62% of Americans are in favor of legalizing marijuana.

How do we now talk to our students & clients about marijuana use? Is it still an illicit substance?

Does this change the way we discuss values? What about our biases?
To Legalize or Not: That is the Question…

<table>
<thead>
<tr>
<th>Arguments for Legalization</th>
<th>Arguments against Legalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical uses: Nausea for Cancer patients (Marinol); muscle relaxation for Multiple Sclerosis; Glaucoma • Alcohol, Nicotine, and other highly addictive drugs are legal; • Small amounts of Marijuana are harmless;</td>
<td>• May increase crime and addiction rates; • Loss of credibility for the authorities who present marijuana as dangerous; • Legalization has been tried before—and failed miserably. Alaska’s experiment with Legalization in the 1970s led to the state’s teens using marijuana at more than twice the rate of other youths nationally. This led Alaska’s residents to vote to re-criminalize marijuana in 1990. • Why make the situation worse- we already have alcohol and don’t need to add onto the drug problem</td>
</tr>
</tbody>
</table>
Where does decriminalization come into play?

Definitions

Legalization vs. Decriminalization

Legalization: the product would be sold legally and taxed in a well-regulated market (like buying alcohol at the liquor store which is controlled by the state).

Decriminalization: it would no longer be considered a punishable crime to possess, but sale would still be a punishable offense.
There is a need to deepen our coverage of marijuana

To include:
Exploring the Marijuana Plant Itself
# Strains to consider for certain conditions

<table>
<thead>
<tr>
<th>Strain</th>
<th>Category</th>
<th>CBD</th>
<th>THC</th>
<th>Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acapulco Gold</td>
<td>Sativa</td>
<td>0.1%</td>
<td>15-23%</td>
<td>Fatigue, stress, nausea, pain</td>
</tr>
<tr>
<td>Blue Dream</td>
<td>Hybrid</td>
<td>&lt;1%</td>
<td>30%</td>
<td>Pain, cramps, inflammation, insomnia, mental fog, PTSD</td>
</tr>
<tr>
<td>Purple Kush</td>
<td>Indica</td>
<td>&lt;1%</td>
<td>17-22%</td>
<td>Chronic pain, muscle spasms, insomnia</td>
</tr>
<tr>
<td>Sour Diesel</td>
<td>Sativa</td>
<td>&lt;1%</td>
<td>20-22%</td>
<td>Fatigue, stress, acute pain, mental fog, anxiety, PTSD</td>
</tr>
<tr>
<td>Bubble Kush</td>
<td>Indica</td>
<td>&lt;1%</td>
<td>14-25%</td>
<td>Insomnia, acute pain, nausea, low appetite, PTSD</td>
</tr>
<tr>
<td>Granddaddy Purple</td>
<td>Indica</td>
<td>&lt;0.1%</td>
<td>17-23%</td>
<td>Low appetite, restless leg syndrome, insomnia</td>
</tr>
<tr>
<td>Afghan Kush</td>
<td>Indica</td>
<td>6%</td>
<td>16-21%</td>
<td>Acute pain, insomnia, low appetite</td>
</tr>
<tr>
<td>LA Confidential</td>
<td>Indica</td>
<td>0.3%</td>
<td>16-20%</td>
<td>Inflammation, pain, stress</td>
</tr>
<tr>
<td>Maui Waii</td>
<td>Sativa</td>
<td>0.55%</td>
<td>13-19%</td>
<td>Fatigue, depression</td>
</tr>
<tr>
<td>Golden Goat</td>
<td>Hybrid</td>
<td>1%</td>
<td>23%</td>
<td>Depression, anxiety, mental fog, low energy</td>
</tr>
<tr>
<td>Northern Lights</td>
<td>Indica</td>
<td>0.1%</td>
<td>16%</td>
<td>Pain, mood disorders, insomnia, low appetite</td>
</tr>
<tr>
<td>White Widow</td>
<td>Hybrid</td>
<td>&lt;1%</td>
<td>12-20%</td>
<td>Low mood, mental fog, social anxiety</td>
</tr>
<tr>
<td>Super Silver Haze</td>
<td>Sativa</td>
<td>&lt;0.1%</td>
<td>16%</td>
<td>Stress, anxiety, mental fog, low energy</td>
</tr>
<tr>
<td>Pineapple Express</td>
<td>Hybrid</td>
<td>&lt;0.1%</td>
<td>23%</td>
<td>Mental fog, acute pain, social anxiety</td>
</tr>
<tr>
<td>Supernatural</td>
<td>Sativa</td>
<td>&lt;1%</td>
<td>22%</td>
<td>Migraine, glaucoma, headaches, low moods</td>
</tr>
</tbody>
</table>
Increasing Concentrations of THC

- Cannabis is low on toxicity but higher in terms of morbidity (Copeland & Pokorski, 2016; Stuyt, 2018)
  - Cannabis is now being bred to intensify the potency (the “high”) and the psychotropic effects.
- Old classifications of marijuana are not holding with current strands (Stuyt, 2018).
- Changes the addiction potential (Stuyt, 2018).

Dabs consist of extraordinarily powerful concentrates and come in several different forms:

- **Shatter**: A semi-transparent thin sheet of concentrate that looks like amber glass. It is easy to break below room temperature, so be wary.
- **Butter**: Looks a lot like peanut butter and is malleable because of its doughy consistency.
- **Oil**: Also known as 710 or honey oil, this dab type is a thick liquid with an amber or dark gold color. Most oils are vaporized or smoked, but it is possible to eat some varieties.
- **Live Resin**: This typically comes in oil form and is made from fresh plants that did not go through the normal drying process. While some users claim this is the ultimate dab, it is hard to find.
- **Wax**: This crumbly, coarse substance often looks like brown sugar and sometimes resembles caramel in color and consistency.
Mostly Commonly Prescribed Medical Marijuana & Uses

<table>
<thead>
<tr>
<th></th>
<th>Dronabinol (Marinol)</th>
<th>Nabiximol (Sativex)</th>
<th>Nabilone (Cesamet)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>weight gain (cancer &amp; HIV/AIDS), chemotherapy-induced nausea &amp; vomiting, and neuropathic pain</td>
<td>Use: Spasticity in Multiple Sclerosis &amp; neuropathic pain</td>
<td>Use: neuropathic pain</td>
</tr>
<tr>
<td>*Approved in the US by FDA</td>
<td>*Approved in the United Kingdom + other European countries</td>
<td>*Approved in the US by FDA</td>
<td></td>
</tr>
<tr>
<td>Oral, capsules or solution</td>
<td>Mucus Spray derived from natural abstracts</td>
<td>Oral, capsule</td>
<td></td>
</tr>
<tr>
<td>Synthetic THC</td>
<td>Contains THC and CBD</td>
<td>Synthetic cannabinoid similar to THC</td>
<td></td>
</tr>
</tbody>
</table>

*There is still a need to discuss adverse effects of use. (Parmar, Forrest, & Freeman, 2016; Zanni, 2013)
Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana

**Effects of short-term use**
- Impaired short-term memory, making it difficult to learn and to retain information
- Impaired motor coordination, interfering with driving skills and increasing the risk of injuries
- Altered judgment, increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases
- In high doses, paranoia and psychosis

**Effects of long-term or heavy use**
- Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)*
- Altered brain development*
- Poor educational outcome, with increased likelihood of dropping out of school*
- Cognitive impairment, with lower IQ among those who were frequent users during adolescence*
- Diminished life satisfaction and achievement (determined on the basis of subjective and objective measures as compared with such ratings in the general population)*
- Symptoms of chronic bronchitis
- Increased risk of chronic psychosis disorders (including schizophrenia) in persons with a predisposition to such disorders

*The effect is strongly associated with initial marijuana use early in adolescence.
### Table: DSM 5 criteria for cannabis use disorder severity

- Used for longer periods in larger amounts
- Unable to cut down use
- Excessive time spent acquiring, using and recovering from cannabis use
- Strong urge to use cannabis
- Problems fulfilling work, school, and family obligations due to cannabis use
- Continued use despite persistent interpersonal problems caused by cannabis use
- Decrease in important social and recreational activities because of cannabis use
- Repeated use in physically dangerous situations
- Ongoing use despite worsening physical and psychological problems that are likely to have been caused by cannabis
- Have to use increased amount for the same desired effect
- Withdrawal reaction upon cessation

**Note:** 2-3 symptoms: moderate; 4-5 symptoms: severe; ≥6 symptoms.

### Common Symptoms of Cannabis Withdrawal

- Depression
- Anxiety
- Irritability
- Insomnia
- Flu-like symptoms
- Weight changes

*Withdrawal symptoms typically last for 1 to 2 weeks.*
How Counselors Should Discuss Marijuana with Parents & Teens
Step 1: Screening

- A brief Screening is recommended such as SBIRT (Screening, Brief Intervention and Referral to Treatment) such as the:
  - CRAFFT
  - Screening to Brief Intervention Tool
The CRAFFT Interview (version 2.0)

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

During the past 12 months, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say “0” if none.
2. Use any marijuana (pot, weed, hash, or in foods) or “synthetic marijuana” (like “K2” or “Spice?”) Say “0” if none.
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or “huff”)? Say “0” if none.

**Did the patient answer “0” for all questions above?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Ask CAR question only if answer to 3. is “Yes” or “No”:

**CRAFFT Screen (below)**

C: Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R: Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A: Do you ever use alcohol or drugs while you are by yourself, ALONE?

F: Do you ever FORGET things you did while using alcohol or drugs?

F: Do you or your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T: Have you ever gotten into TROUBLE while you were using alcohol or drugs?

**Two or more YES answers on the CRAFFT suggest a serious problem and a need for further assessment. See back for further instructions.**

**SAMHSA's Toll-Free Referral Helpline:** 1-800-662-4357

## 2. Use these talking points for brief counseling.

1. **REVIEW** screening results
   - For each “yes” response: “Can you tell me more about that?”

2. **RECOMMEND** not to use
   - “As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drugs because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”

3. **RIDING/DRIVING** risk counseling
   - “Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parent/guardians to create a plan for safe rides home.”

4. **RESPONSE** elicit self-motivational statements
   - Non-users: “If someone asked you why you don’t drink or use drugs, what would you say?” Users: “What would be some of the benefits of not using?”

5. **REINFORCE** self-efficacy
   - “I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”

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**The Center for Adolescent Substance Abuse Research (CeASAR) at Boston Children's Hospital**

617-355-5433  [www.ceasar.org](http://www.ceasar.org)

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The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.”

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Say “0” if none.

2. Use any marijuana (weed, oil, or hash, by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”) or “vaping” THC oil? Put “0” if none.

3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say “0” if none.
Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

**Tobacco?**
- Never
- Once or twice
- Monthly
- Weekly or more

**Marijuana?**
- Never
- Once or twice
- Monthly
- Weekly or more

**Alcohol?**
- Never
- Once or twice
- Monthly
- Weekly or more

*STOP* if answers to all previous questions are “never.” Otherwise, continue with questions on the back.

S2BI Tool developed at Boston Children’s Hospital with support from the National Institute on Drug Abuse.

It is best used in conjunction with “The Adolescent SBIRT Toolkit for Providers” www.mass.gov/maclearinghouse (no charge).

OVER
<table>
<thead>
<tr>
<th>Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
</tr>
<tr>
<td>○ Once or twice</td>
</tr>
<tr>
<td>○ Monthly</td>
</tr>
<tr>
<td>○ Weekly or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inhalants (such as nitrous oxide)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
</tr>
<tr>
<td>○ Once or twice</td>
</tr>
<tr>
<td>○ Monthly</td>
</tr>
<tr>
<td>○ Weekly or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Illegal drugs (such as cocaine or Ecstasy)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
</tr>
<tr>
<td>○ Once or twice</td>
</tr>
<tr>
<td>○ Monthly</td>
</tr>
<tr>
<td>○ Weekly or more</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Never</td>
</tr>
<tr>
<td>○ Once or twice</td>
</tr>
<tr>
<td>○ Monthly</td>
</tr>
<tr>
<td>○ Weekly or more</td>
</tr>
</tbody>
</table>
The table shows how the S2BI is scored, risk level, and recommended actions to take.

- **Never**
  - No Substance Use
  - Positive Reinforcement

- **Once or Twice**
  - No SUD Risk
  - Brief Advice

- **Monthly Use**
  - Mild/Moderate SUD Risk
  - Brief Intervention/Motivational Intervention: reduce use & risky behavior

- **Weekly Use**
  - Severe SUD Risk
  - Refer to Treatment

Click here for more information on the S2BI.
If teen uses marijuana regularly or heavily...

**Defining Substance Use Disorder**

<table>
<thead>
<tr>
<th>NUMBER OF SYMPTOMS</th>
<th>MILD</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

1. Using more or using the substance longer than intended.
2. Persistent desire for it or unsuccessful effort to cut back.
3. Spending a lot of time to obtain the substance, use it or recover from it.
4. Craving or desiring it strongly.
5. Recurring use causes failure to fulfill major obligations at work, school or home.
6. Use continues despite persistent or recurring social or interpersonal problems.
7. Giving up social, occupational or recreational activities due to use.
8. Recurring use in situations in which it's physically hazardous.
9. Use continues despite knowing it causes physical or psychological problems.
10. Developing tolerance (diminished effect or needing more)
11. Experiencing withdrawal symptoms or using the substance to avoid them.

SOURCE: DSM-5 via the National Institute on Drug Abuse

GRAPHIC BY ROBERT ROY BRITT
Implement a Brief Intervention that includes...

Using a motivational interviewing approach...

1) Exploring the relationship between marijuana and other substance use;

2) Exploring other stressors;

3) Reasons to change marijuana use such as cost, affects of relationships, etc.

Video from SRIBT on how to implement a Brief Intervention for Marijuana Use: https://youtu.be/IZxC-CS1Kxc
How have you changed the way you discuss marijuana with your clients/parents?
References


