

# COUNSELLING ADOLESCENTS & PARENTS ABOUT CANNABIS

## A primer for health professionals


Both parents and adolescents want to know about the effects and potential harms of cannabis and other psychoactive substances. Many adolescents consider health professionals reliable sources of information on psychoactive substances and expect them to talk about use or risk during health care visits. As facilitators and knowledge brokers, health care providers can effectively engage with youth and families.

This tool is a companion to a Canadian Paediatric Society guidance document. It will help you provide sound and evidence-based advice about non-medical (recreational) cannabis to adolescents and their parents in your everyday practice.

**One of every 6 youth who starts using cannabis will develop problematic use.**

### The 8 As for addressing cannabis use with adolescents

- 1** Assure patient privacy and confidentiality
- 2** Ask about cannabis use, after obtaining permission to do so
- 3** Answer all patient questions, and support healthy choices
- 4** Assess the impacts of cannabis use, by applying a screening tool
- 5** Appraise patient willingness to change or reduce cannabis use
- 6** Assist with specific goal-setting and a realistic time frame
- 7** Arrange for a follow up within weeks, and regularly thereafter
- 8** Acknowledge parental needs and concerns, when these arise



# Assessing non-medical cannabis use

To have a complete picture of a patient's cannabis use, you need information about:

## Type of cannabis product

- Marijuana (pot, weed, grass, bud, dope)
- Hashish (hash, kief)
- Extracts and concentrates (oils, BHO, shatter, wax)

## Mode of use

- Inhalation: Smoking/Combustion (joint, spliff, pipe, bong, hookah)
- Inhalation: Vaping/Vaporization (e-cigarette, vaporizer, dab rig or pen)
- Ingestion (food, beverages, capsules)

## Frequency of use

## Intensity of use

- How much do they use?
- How much money do they spend on it?

## History of onset

## Context of use

- Do they use alone? With friends/relatives?
- Is use related to other risks (drug-impaired driving, sports)?

## Motives for use

- Experimentation
- Enhancement, pleasure
- Social cohesion, peer-pressure
- Coping, self-medicating

# Starting the conversation

## During a routine visit:

*"To get a sense of your overall health, I will be asking questions about different areas of your life, including school, friends, and substance use. Is that ok with you?"*

## When the patient presents with specific symptoms, such as low mood or fatigue:

*"Before asking more questions about your [insert symptom], I may also need to ask about substance use. Is that ok with you?"*

## For the patient who has not used cannabis:


*"I know you haven't tried cannabis yet. This is a wise decision because cannabis affects how the brain develops, and we know that your brain will continue developing until you are about 25 years old."*

## Depending on past medical history, you may want to add:

*"I also know that you've struggled with depression/anxiety in the past. Using cannabis can actually make it more likely that you'll become depressed/anxious again. We know this from studies."*

## When the patient reports cannabis use:

*"Can I ask you some questions about the possible impact that cannabis use may have on you and your family?"*



## Key messages about cannabis use adolescents

- The best way to prevent negative impacts that cannabis can have on health is to avoid use.
- Some individuals should avoid cannabis use completely, including those who are very young; have a medical condition (specifically heart, lung, and mental health conditions and treatments); have a family or past history of psychosis and depression; or are pregnant).
- The negative impacts of cannabis use reported most frequently by adolescents include relationship and family difficulties, respiratory symptoms, and academic challenges.
- One in six adolescents who experiments with cannabis will develop problems related to their use, especially if they use frequently.
- Different modes of consumption present different risks. Because the effects of ingesting cannabis take longer to peak, inexperienced edible users may end up in the emergency department because of overdose. Vaping, once considered a safe alternative to smoking, is not without risks.
- Safety comes first: *Never consume cannabis and drive.*

## Appraise patient's willingness to change

When an adolescent is experiencing negative impacts from cannabis use, or when screening reveals an at-risk profile, appraise willingness to change. Consider opening the discussion with:

*"Some adolescents I meet have thought about cutting down on their cannabis use, because while they like the feeling they get from it, they don't like [...]. Have you ever felt that way? Have you ever thought you might like to cut back?"*

If patient shows willingness to change, provide information about local treatment and recovery services. Visit DrugFreeKidsCanada for a list in each province/territory: [www.drugfreekidscanada.org/treatment-recovery/get-help-in-your-region/](http://www.drugfreekidscanada.org/treatment-recovery/get-help-in-your-region/).

## Acknowledge parent/caregiver concerns

*"What have you observed that makes you think your child is using cannabis? And, if you think they are using, how does this affect their behaviour at home, at school, or with friends?"*

Before talking to parents about their concerns, you should explicitly seek (and obtain) your patient's consent: *"Your parents are concerned that you may be using cannabis. Do you mind if we talk about this?"*

# The CRAFFT+N Interview

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.  # of days
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Say "0" if none.  # of days
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.  # of days
4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.  # of days

Did the patient answer "0" for all questions in Part A?  Yes  No

Yes  ↓ No  ↓

Ask CAR question only, then stop Ask all six CRAFFT+ questions below

## Part B

- |  | Yes                      | No                       | Yes                      |
|--|--------------------------|--------------------------|--------------------------|
| <b>C</b> Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>R</b> Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>A</b> Do you ever use alcohol or drugs while you are by yourself, or ALONE?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> Do you ever FORGET things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>F</b> Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>T</b> Have you ever gotten into TROUBLE while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →

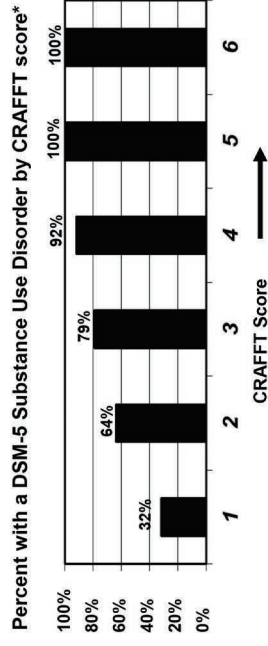
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Our thanks to the College of Family Physicians of Canada and the Canadian Academy of Child and Adolescent Psychiatry for their involvement in this project.

Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

## 1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 378-80.

## 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 drug 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 parents/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."

## 3. Give patient Contract for Life. Available at www.crafft.org/contract

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