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### **Counselling adolescents and parents about cannabis: A primer for health professionals – CPS Podcast**

Developed by Dr. Jen Mooney and Dr. Christina Grant for PedsCases.com.  
November 9, 2020

#### **Introduction:**

Welcome to PedsCases! My name is Jen Mooney and I am currently a second-year pediatric resident at Memorial University in St. John's, Newfoundland. This podcast was made with the help of Dr. Christina Grant, an Associate Professor at McMaster University and an Adolescent Medicine Specialist at McMaster's Children Hospital. Dr. Grant is also a co-chair of the Canadian Pediatric Society Cannabis Project Advisory Group and a co-author, along with Dr. Richard Belanger, of the practise point 'Counselling adolescents and parents about cannabis: A primer for health professionals.' This practise point was published in June 2020 in a supplemental issue of the CPS journal, Pediatrics & Child Health. In today's podcast, we will review this practise point and how to have these conversations!

#### **The Objectives for this podcast include:**

1. To introduce the 8A's for addressing recreational cannabis use with teenagers in your office
2. To give tips for starting the conversation, while demonstrating respect for the teen and appraising the teen's willingness to change
3. To highlight the CRAFT + N Interview, a valid and reliable tool, and describe how it can be useful in identifying teens who are at significant risk for substance use disorder

In Canada, the current rate of cannabis use is high – adolescents continue to experiment with this substance, despite the known adverse effects. There are many different cannabinoid products that adolescents may try. These include marijuana, hashish or extracts, and they may be used in various forms, such as smoking, vaping or ingesting the product. This experimentation has led to both parental and adolescent concerns about the effects and harms of this substance. In 2019, a survey indicated that almost half of Canadian adolescents between the ages of 16 and 19 had used cannabis in the previous year. Unfortunately, cannabis use can be a slippery slope for youth: one in six adolescents who use cannabis go on to developed problematic consumption. In fact, cannabis use is the most common substance that youth seek substance abuse treatment for.

As health professionals, patients and parents view us as a reliable source of information and it is our responsibility to educate them about cannabis use, associated adverse effects, and available resources! Frequently used adolescent psychosocial assessment tools emphasize the importance of having these conversations, but unfortunately, they are still not happening often enough. Given the high rates of cannabis use, the potential for problematic use, and the

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physical and psychological adverse effects, it is critical that we speak to our adolescent patients about cannabis regularly!

I have Dr. Grant here with me today, and I cannot wait to receive her input on this topic. Dr. Grant, I know many healthcare professionals may approach conversations about cannabis use differently. Is there an approach you use with your adolescent population that effectively screens for problematic use and allows for early intervention?

**Dr. Grant:**

Thanks, Jen, for having me here to talk about cannabis and recreational use in adolescence. As you mentioned, it's not necessarily easy to approach recreational cannabis use with teens. That's one of the reasons why we wanted to develop an approach and adjusted the six A's for stopping smoking, for addressing cannabis use with adolescents.

The first A is starting with assuring patient and privacy around confidentiality. The second A is asking about cannabis use after getting permission to do so. We know that teenagers who feel respected, feel like their information is going to be kept confidential, and that they're not being lectured to are more likely to tell us what's going on and ask any questions that they have. Third A is to answer all the patient questions and support healthy choices. So, if you're going to talk with teenagers about recreational cannabis use, we'd recommend that you know a bit about it and know what the risks are so you can answer their questions. The fourth A is assessing the impacts of cannabis use by applying a screening tool. And the CRAFT+N tool is a user-friendly tool that allows for any healthcare practitioner to reflect back to the teenager what the likelihood is of having a substance use difficulty based on their answers to five questions. The fifth A is to appraise patient willingness to change or reduce cannabis use. You're really trying to understand whether they're concerned or not about it, and whether they want to make a change. If they're not concerned, and they don't want to make a change, it is probably not the time to have a lengthier conversation. The sixth A is assist. You must assess if they are ready to make a change, and if they do want help, then making a specific goal and a realistic timeframe. Following the assist is arranging for follow up. These are teenagers that you want to see within a few weeks to follow up on their intention to make a change, see if they have any questions, or how it is going. The last A is acknowledge; acknowledging parents needs and concerns when these arise. This isn't always easy, because the teenager is your patient and confidentiality is so important in that relationship; but, we also know that families are really important parts of adolescent's lives. We need to hear what their concerns are and see whether or not there's a way to join with the teenager to address those concerns. There you have it, the eight A's: assure, ask, answer, assess, appraise, assist, arrange and acknowledge

**Jen:**

That sounds excellent! I am a lover of acronyms, and the 8A's certainly provide an approach for addressing substance use in this population. So, like many presentations in medicine, I am sure an accurate history is very important when talking about cannabis. From my experience, it can be difficult to elicit this from an adolescent when their parents are present. How do you approach this issue and ensure privacy and confidentiality with adolescent patients?

**Dr. Grant:**

I'm glad you asked this question about how to approach the issue and ensure privacy in and confidentiality with adolescent patients. The number one way to do this is to meet with them alone. It's really important for pediatricians and family physicians to start spending time with teenagers on their own, and by the time they're 15 or 16, you're really going to be spending most of the time with the adolescent. So, you need a process to do that. Some pediatricians and primary care physicians will have sign up that says, when your child is 12, we'll start spending a little bit of time with them at the end of the appointment, and by the time they're 15 or 16, we'll be spending most of the time. When you are meeting with the adolescent, one of the first things you want to tell them is that everything we're going to talk about is confidential. That is, 'I'm not going to share anything that we talk about with anybody in your life unless you want me to,' and then remind them that there are a few exceptions. Some of this depends on your province, but certainly in Ontario, we would tell teenagers that if we're worried that they are going to harm themselves seriously in terms of suicide, or having very strong thoughts, or we're concerned that they're going to harm someone else, then those may be two situations in which we have to breach confidentiality to keep people safe, and they usually understand that. The other situation is if they're under 16 and they tell us that they've been abused, then that would be another situation in which we're required by law to let the Children's Aid Society know.

**Jen:**

Some professionals may struggle with starting this conversation in a way that feels comfortable and inviting for the patient. Do you have any recommendations for initiating a conversation about cannabis use?

**Dr. Grant:**

It's such an important question: How do you start a conversation in a way that feels comfortable and inviting for the patient. One of the recommendations that I would give is that you do want to be authentic, and you want to use words and expressions that make sense and that are true to you as an individual. As a healthcare practitioner, it's always easier to ask teenagers about cannabis and substance use by asking permission to talk about the topic: 'Do you mind if I ask you some questions about drugs and vaping?' Another way is to ask adolescence what their friends are up to. Also, it is important to get a sense of who they are as a person prior to having these conversations. The SSSHADEE acronym is a really nice acronym that's based on a resilience framework, where the s in shade stands for strengths. So, what are you good at? What do your family and friends say are special qualities? You have to really start from a place of building and then going through different areas, one of which is substances.

The other thing about talking to teens and being comfortable is not using the terms you think they use but using the terms that you feel comfortable with. I say that because often by the time I hear about a term, it's out of date, and so that can come across as not authentic. Teenagers are amazing in terms of seeing right through people trying to put on airs. So of course, it goes without saying, not being judgmental in your stance. This isn't an opportunity to lecture someone on the bad decisions they're making, but rather coming at it from a place of understanding. Lots of people use substances for all kinds of reason; many of us use caffeine, many of us drink alcohol, and remembering that there's positive aspects to all of these things. There's reasons why people use, you're wanting to be curious about it, and to give them the tools to be safe.

**Jen:**

Okay, so once the conversation has started, we need to inquire about the specifics of their cannabis use. What are the most important points to ask about and how should this information be obtained?

**Dr. Grant:**

Asking about specific aspects of cannabis is relevant, because there's certain information and certain risks that you won't know unless you understand exactly what they're using. You want to talk about kind of what type of product they're using, are they smoking? Are they using a bong? What kind of product is it? Is it cannabis, marijuana, or hash?? Or is it more a higher potency products like extracts and concentrates, which can have five times the amount of THC in them compared to the plant?

Then it's more are they inhaling: Is this through smoking, bong or combustion? Are they vaporizing with an e cigarette? Are they ingesting? Ingesting cannabis does have risks, which are different than the others and often perceived as safer because you're not smoking or inhaling it.

You need to ask how often they're using and what kind of situation? Is it when they're on their own or with their friend? This gives you clues about how dependent they are.

Then you must discuss the intensity of how much they're using: How much they use, if they can quantify for you, or get an idea of how much money that they're spending on it, or how much they're going through.

Next you want to understand a little bit about the history: When did they start? How frequent was it then where is it now? Is it more than ever or less than before? What has their trajectory has been?

Finally, motives, which is really important. Some young people are self-medicating, feeling calm, taking away pain or able to sleep using cannabis. Others enjoy it with friends and they're not interested in using it and on their own.

**Jen:**

You talked about risk-related use. What sort of situations are you referring to and how can we counsel patients on the importance of avoiding these?

**Dr. Grant:**

When we talk about risk and harm reduction, we want to think about what teens are doing and is there any information they need to be able to make different decisions or to minimize the risk. Examples of minimizing risks are to always talk about the serious danger of driving high or being in the car with a driver who has recently smoked, use drugs or alcohol. To minimize the risk, encourage them to have a designated driver, call a friend or a parent, or use an Uber taxi. This gives them a way out of a situation.

In terms of other risky behaviors, be honest with them if they say they're doing riskier things. For example, if they haven't tried edibles but are thinking about trying edibles, letting them know that there is such a thing as being edible naive. What that means is that the young person may have used cannabis before via smoking or inhaling, but has never used edibles. The first time they use them, they may expect to feel some kind of high within 10 or 15 minutes, but they don't feel anything and therefore they may then keep taking more. On average, edibles take about 45 minutes to take effect, so you want to make sure teens are educated because they can end up in emerge with an edible overdose.

Another example letting them know about safer ways to use about the use of poppers, which describes the young person using the combination of cannabis and nicotine and then inhaling it. Because of the combustion of both together, there's an enhanced rush that comes and often young people will find themselves dependent and needing to use more and more. So, you must let them know that because of the combination, that it's particularly addictive.

**Jen:**

This is all very helpful! But I just thought of something... Fortunately, not all of our patients will experiment with this substance. I think they deserve some positive reinforcement – what do you think?

**Dr. Grant:**

Absolutely, we need to offer positive reinforcement to the many youth that we talk to who have experimented and decided that they don't want to continue, people who have not yet tried, or those worried about potential risks. I think you put it very well, Jennifer, that we want to say, 'Hey, good for you, you're making some wise decisions for yourself.' You can even go one step further and say, 'I do have teens in my practice who have anxiety or depression. And we know that cannabis can elicit or cause some of those symptoms even more in patients who already have depression or anxiety. So, I think it's even extra smart of you to talk about delaying trying or not trying right now.'

**Jen:**

As we know, 1 in 6 youth who use cannabis will go on to develop problematic use. What exactly does problematic use mean?

**Dr. Grant:**

So that's right, Jen, 1 in 6 youth who use cannabis will go on to develop problematic use, and that means cannabis use disorder. This is newly in the DSM-V; what it means is that it's creating problems in their life, and that they are requiring more and more. When we think about teenagers in terms of creating problems, we think about the different categories of problems in school, problems at home, problems with relationships or other activities. I think what often people don't realize is that when we talk about cannabis use disorder, it's similar to what we would describe with someone in terms of a dependent situation similar to alcoholism, but it just happens to be the drug is cannabis in this situation.

**Jen:**

Okay, so problematic use occurs when the cannabis use brings any type of negative impact to the youth's life and essentially is cannabis use disorder. This is definitely a scenario where early intervention will be important. How should we screen for this?

**Dr. Grant:**

When you're thinking about whether or not a young person would meet criteria for cannabis use disorder, you want to think about how young they are when they started. We know being younger than age 14 and using more than once a month are associated with adverse health outcomes. You also want to look at the different aspects of their life, in terms of family, social school and work domains. The CRAFT+N tool is really helpful in this situation, because it is a screening tool that's not just for cannabis, but is helpful in the situation of cannabis, because it's actually been validated in young people below the age of 18. What I like about the tool is that it's a maximum of eight questions that the care provider asks, and based on the score, you can reflect back to the patient the likelihood that they have a substance abuse disorder or cannabis use disorder. It's really helpful and is something that every pediatrician or health care provider wants to have at their fingertips. Of course, it's not just for cannabis, but any substance.

**Jen:**

This is all excellent information, thank you for explaining how to appropriately screen for problematic cannabis use. So, if we know our patient is using cannabis, what is the best way to discuss changing this behavior?

**Dr. Grant:**

First of all, we need to ask the teenager if they want to make a change. If they don't have any concerns or worries about their cannabis use, then now is not the time to talk to them about why they should make a change. If they do want to make a change, then you need to have the resources available to help them make this change.

If they don't have any concerns, you should talk to them about their substance use, why they use, what they think about their use, what's positive about it, and what's negative about it. Usually, there's some aspect that they're not too keen about, whether it is the fact that they don't like the way they feel the next day, that they feel like they're wasting time, that they wish they could be with their friends and not use, or they're worried about the fact that they have to use to try and fall asleep. This takes time and developing a relationship with a teenager. You want to plant seeds and use a motivational interviewing approach to nudge them to the next step.

Sometimes, they may not see that there's any challenges for them right now or see any problems, but they may be able to describe a friend, who has a problem that they worry about. Then you can make the link with what's different between them and that person. Ultimately, it's about planting seeds that there might be a better way for them to do things. Be an open door so that if they do have questions or concerns, they have someone to turn to.

**Jen:**

Thank you for that insight! Let's say our patient wants to cut back their use or receive treatment for problematic use, are there certain therapies or medications that are used to treat this population?

**Dr. Grant:**

If our patient wants to cut back, you must figure out how motivated they are. Ask what it is they're worried about, what they want to do, how motivated they are to make these changes, and when would be the best time to try to make a change. That might not be a 10-minute conversation but might be a couple of appointments to figure that out. We know when it comes to cannabis right now, that there isn't a medication to assist with withdrawal symptoms, but cannabis withdrawal syndrome is very real. Unfortunately, one of the reasons it is so difficult to stop cannabis is that sleep is one of the last symptoms to actually resolve. Therefore, one of the classic signs of cannabis withdrawal symptoms is difficulty with sleep. So, one of the things I think is really important for any pediatrician or health practitioner is to familiarize yourself with what your local resources are. Find out who is seeing people for substance use, who uses a harm reduction approach, and who would be open to seeing young people.

Most assistance for youth around substance use is self-referral, which gets back to the fact that you really need to have someone who's quite motivated and will reach out to connect with the agency. One thing that I think is really important for pediatricians and health care providers across the country, is to realize that in most major centers there are adolescent medicine specialists. If this isn't something that you have a lot of experience with, or you want assistance, please reach out to your nearest adolescent medicine specialist and they would be able to point you in the right direction. One great resource is the [www.drugfreekidscanada.org](http://www.drugfreekidscanada.org), where you can actually look up your area and what's available for substance use.

**Jen:**

Excellent! It is great to have options available to help these patients. Do these also apply to people who are not interested in cutting back?

**Dr. Grant:**

A lot of these options are really only available and will only work if the young person is willing to reach out and get assistance. So, for those that aren't ready to change, it is important to book follow up with them to see if you can nudge them along. The stages of change is one thing and the other thing is that sometimes parents come asking for help. Many of the agencies that are available to help youth with substances will actually have a parallel programming for parents. Parents can reach out and get their own assistance for how to manage and they will see them even if the young person's not interested in change at this time,

**Jen:**

That is a great overview for approaching patients who are not ready to change! Before moving on, could you provide a recap of key elements to include when discussing cannabis use with adolescents?

**Dr. Grant:**

I would just want to emphasize how important a harm reduction approach and enabling motivation to change as our therapeutic cornerstones of substances treatment. I think as well, no matter what you're talking to adolescents about, you need to remember how important it is to meet with them privately, and to assure them about confidentiality

**Jen:**

Thanks! I think there is one final issue we cannot ignore: eventually the parents or caregivers are going to have some questions. How do we ensure they are also educated about cannabis use?

**Dr. Grant:**

You raise a really important questions about parents and we can't forget about them because they're very important people in the lives of the teenagers we take care of. If it's about a specific teenager that you're seeing, you can't talk about the specifics of their substance use unless they give you consent. However, you can answer any questions they have about cannabis in general. You can also point them in the direction of some really helpful resources. One that I suggest and give out in my office is Drug Free Kids Canada. You can visit their website and they have a nice handbook in both French and English that's excellent for families for understanding the risks of cannabis, how to respond, and how to have conversations with their teens.

**Jen:**

Thank you Dr. Grant. From our conversation, we have learned the importance of having these conversations regularly with adolescent patients.

**Let's summarize the key points:**

1. The 8A's are an excellent approach to addressing recreational cannabis use with adolescent patients.
2. It is crucial that you respect the teen and their confidentiality during these conversations. This will strengthen your relationship, establish trust, and support the patient in being honest and comfortable with their thoughts and questions.
3. Always appraise a teen's willingness to change
4. the CRAFT + N Interview is a valid and reliable tool and can be useful in practice to identify those teens who are at significant risk for substance use disorder

Thank you, Dr. Grant, for sharing your insights and experience with this population. I really appreciate it and it sheds light on why discussing cannabis use is an important conversation to have with all teens, whether they are actively using or not. Thank you all for listening and stay tuned for more great podcasts!