



Welcome to Behavioral Health Technical Assistance (BH TA) Virtual Brown Bag TA Sessions

Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)

Vision: Healthy Communities, Healthy People





Integrated Care for Patients Who Consume Cannabis

Win Turner, PhD – Presenter 1

Joe Hyde, MA, LMHD, CAS – Presenter 2

Amber Murray, BSN, MA – Virtual Brown Bag TA Task Lead & Facilitator

Tuesday, December 13, 2022

11:00 am – 12:00 pm ET

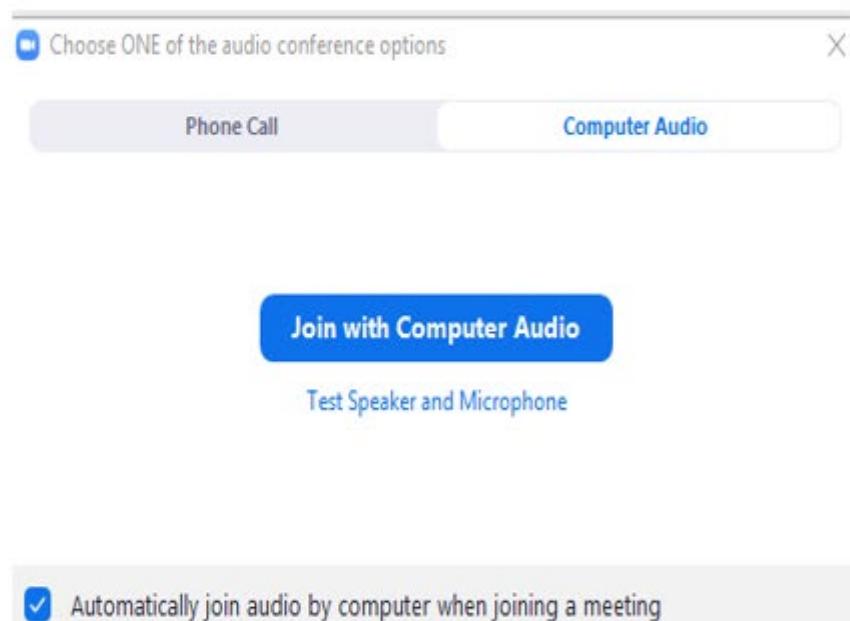
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Housekeeping – Connecting to Audio

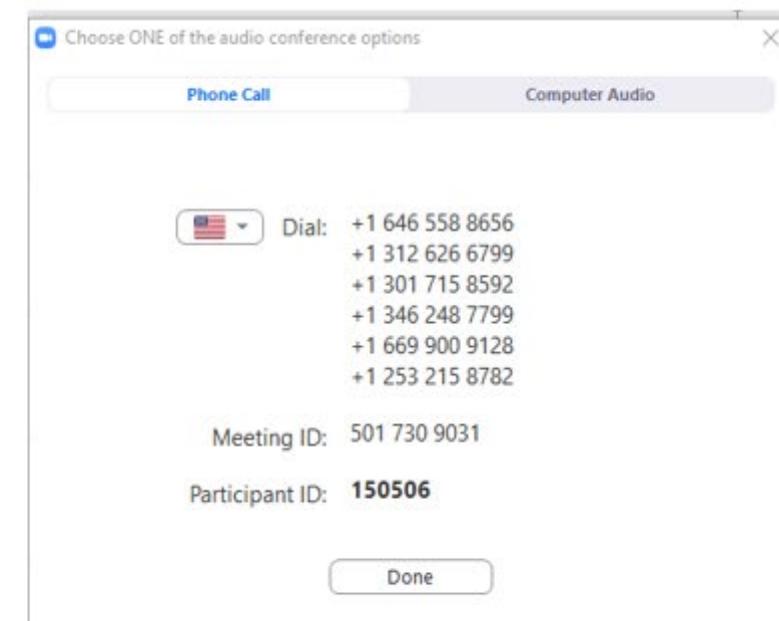
By computer:

- Click **Join with Computer Audio**.



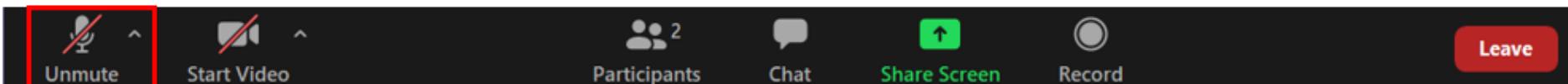
By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.

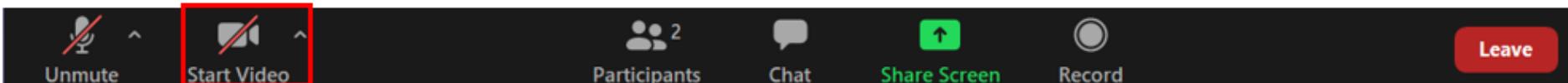


Housekeeping – Zoom Participation

- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Continuing Education (CE)

- We will be offering **1 CE credit** for your attendance at today's session.
- You **must** complete the Health Center Satisfaction Assessment to be eligible for CEs.
- **CE credits will be distributed within 3 weeks of the event.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS International, Inc. is responsible for all aspects of their programming.



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Virtual TA: Presenters & Facilitators



Presenter:
Win Turner, Ph.D.
Founder and CEO
Center for Behavioral Health
Integration



Presenter:
Joe Hyde, M.A., LMHC, CAS
Project Director
JBS International, Inc.



Facilitator:
Amber Murray, BSN, MA
Deputy Project Director
Technical Expert & Task Lead
JBS International, Inc.



Today's Agenda

- Welcome & Introductions
- Presentation: **Integrated Care for Patients Who Consume Cannabis**
- Announcements
 - Office hours for this event
 - Future TA events
 - Satisfaction assessment link for CE's



Source: iStock





Integrated Care for Patients Who Consume Cannabis

Vision: Healthy Communities, Healthy People



Presentation Objectives

- ✓ Understand "new" cannabis science, THC vs. CBD ratios, methods & impacts of use
- ✓ Understand the current cultural landscape of cannabis use in the US
- ✓ Become familiar with why there is conflicting, inconsistent research and evidence about cannabis
- ✓ Learn about a specific cannabis screening, the Cannabis Integration Screener (CIS) as part of the SBIRT process
- ✓ Learn about motivational intervention strategies to engage patients to consider the impacts of use



Acknowledgements

- Youth, Young Adults & Adults Involved in YSBIRT
- SAMHSA Center for Substance Abuse Treatment Grant(s) #**TI081150**

Collaborating Partners

- Alan Budney, PhD., Richard Single PhD., Gregory Hancock, PhD.
- YSBIRT collaborating agencies & colleges
- Friends Research Institute
- Keren Kinner (C4BHI)
- JBS International, Joe Hyde MS, CASAC



What is Cannabis and How has it Changed?



What is in Cannabis?

- **Tetrahydrocannabinol (THC):** associated with psychoactive, intoxicating effect and pain relief
- **Cannabidiol (CBD):** associated with anti-inflammatory, neuroprotective, and possible anti-carcinogenic factors; it mediates the effects of THC
- **Terpenes:** possess preventive effects, antimicrobial, antifungal, antiviral, anti-hyperglycemic, anti-inflammatory, and antiparasitic activities
- There are at least 91 cannabis strains with different expressions of THC, CBD, terpenes and other cannabinoids

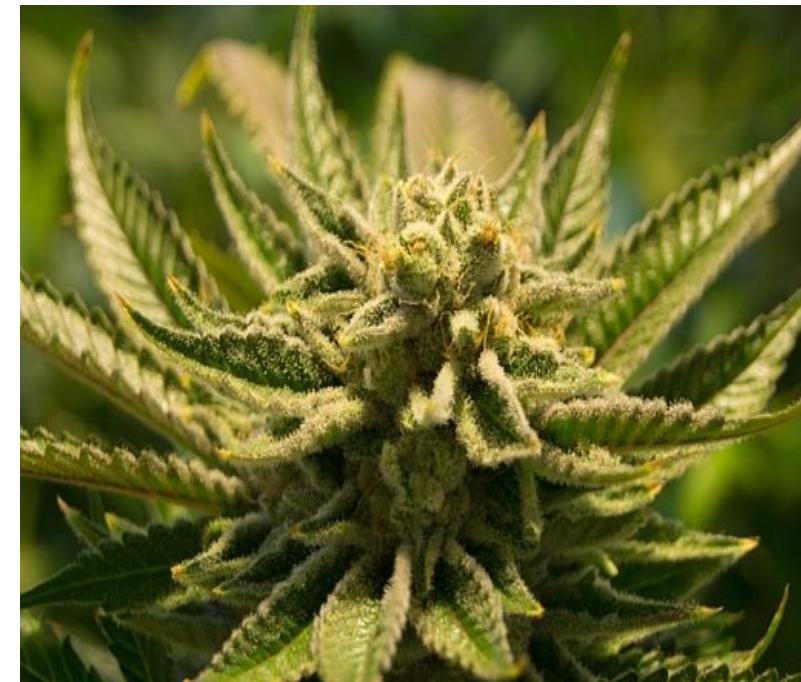


Image courtesy of pixabay.com





What is in Cannabis?

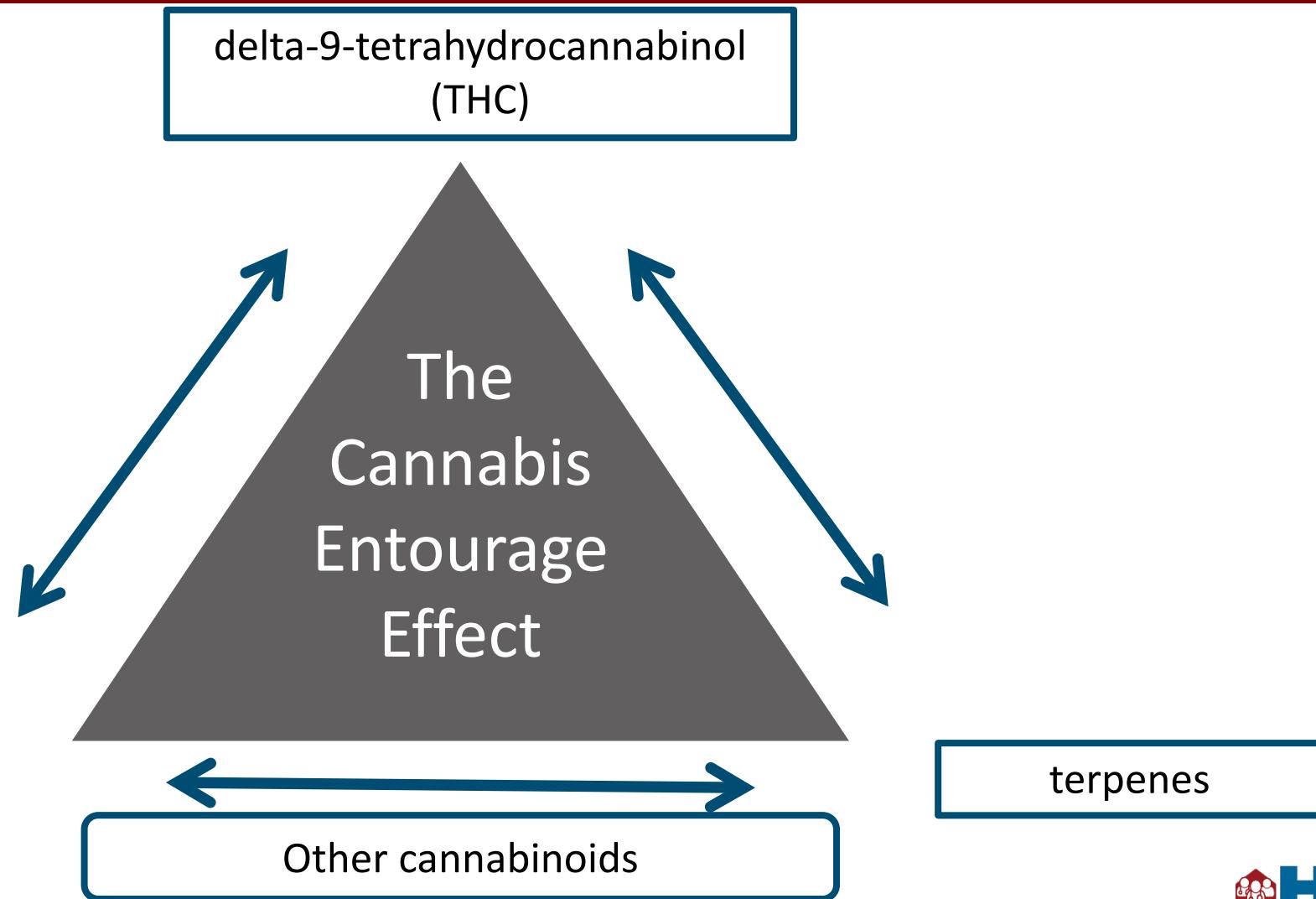
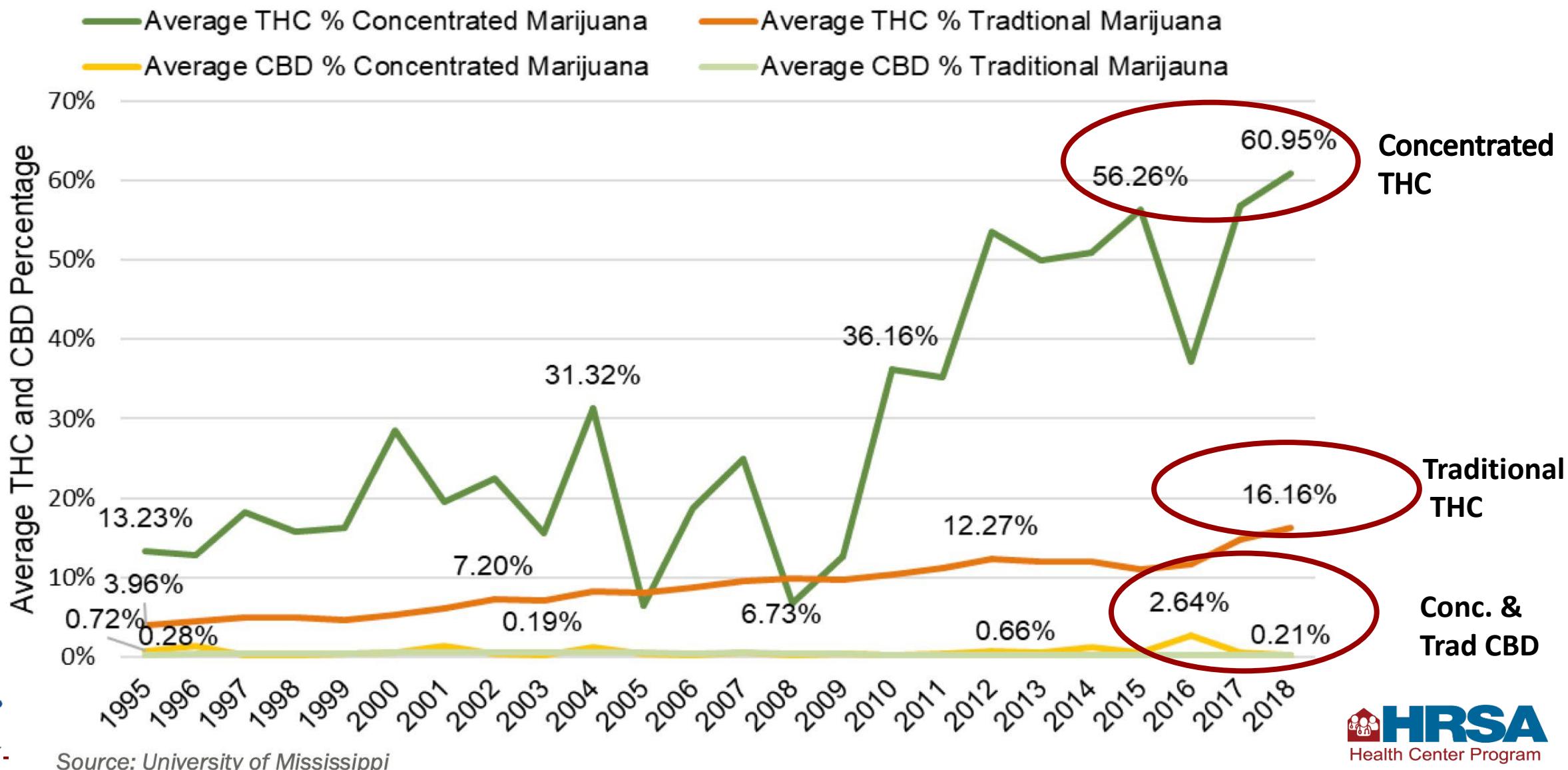




Figure 71. Average THC and Cannabidiol Potency of Traditional and Concentrated Marijuana, 1995 – 2018





How Do People Use Cannabis & Why Does that Matter?



Images courtesy of pixabay.com

Methods of Use/Routes of Administration

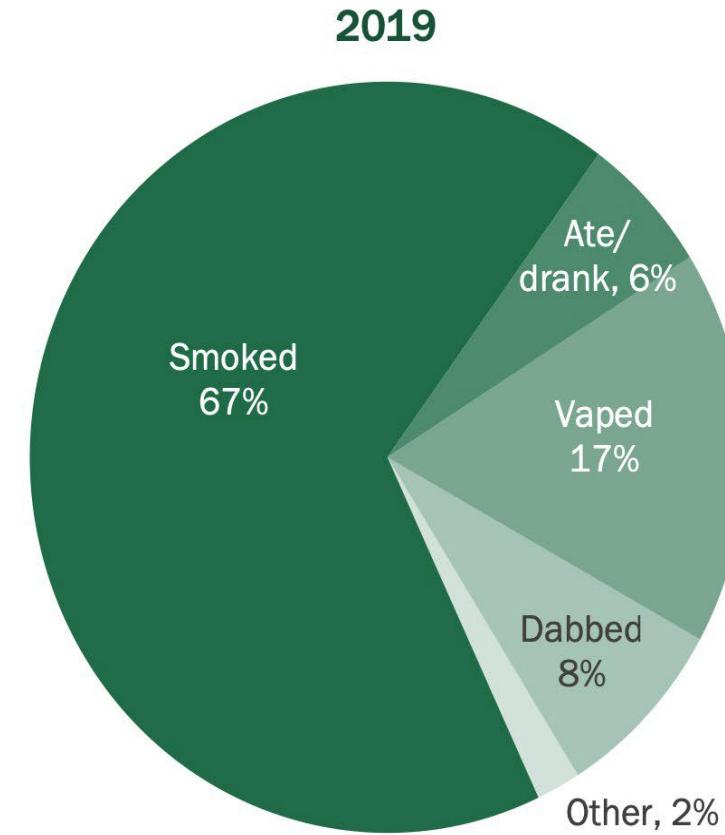
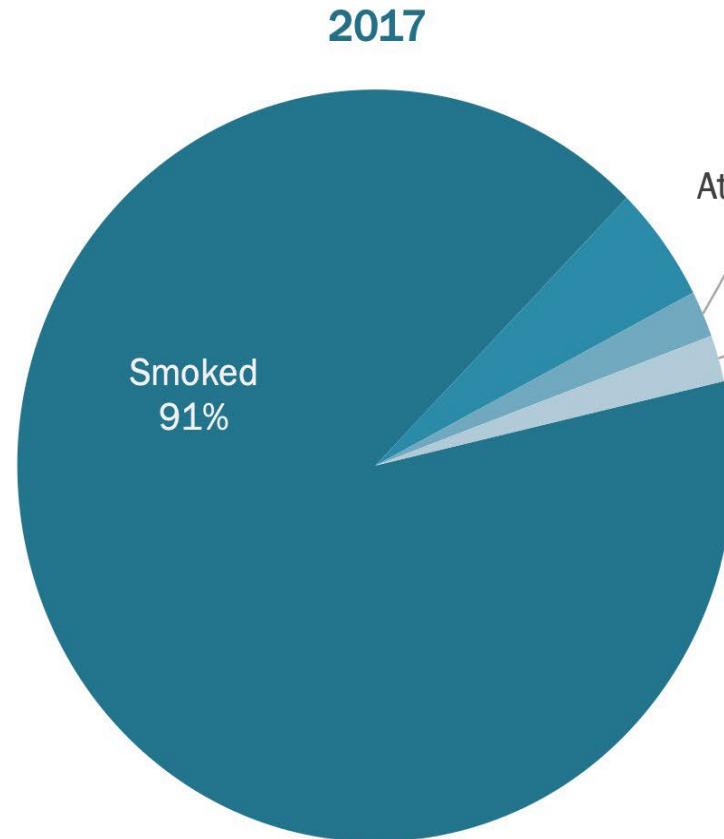
- **Smoking** (joints more efficient than bowls at combustion) 50% THC
- **Edibles** (food infused with cannabis) Dosing hard to predict – look at the label (dose = 10mg of THC)
- **Vaporizers** (flower and extract) more than joints 70% THC dependent on device
- **Dabbing** (extract, up to 40-60% THC) losses due to burn method





How People Consume Cannabis is Changing

Primary Methods Used to Consume Marijuana
(Among Current Users)



NOTE: In 2019 dabbing was added as a response option.





What's a Dose of THC & How Does it Affect Diagnosis?

- Hard to measure a dose
- Variations in potency impact variations in dose
- There is no consensus on terms associated with types of cannabis use
 - chronic vs. regular vs. casual vs. heavy use meaning varies across studies
- Evolving use patterns of high potency concentrates & resins
- Increase symptoms of Cannabis Use Disorder (CUD) & rates of CUD as well as psychosis

Source: Volkow, N. D., & Weiss, S. R. B. (2020). Importance of a standard unit dose for cannabis research. *Addiction (Abingdon, England)*, 115(7), 1219–1221. <https://doi.org/10.1111/add.14984>





Psychopharmacology Impact

Bi-phasic effect of cannabis: **DOSE MATTERS!**

- Pain - low dose reduces pain
- Anxiety - high doses can induce anxiety
- Sleep - low dose encourages sleepiness (more later...)

This is a significant challenge to medical model of use (dose-effect)

Martin-Santos, R., Crippa, J. A., Batalla, A., Bhattacharyya, S., Atakan, Z., Borgwardt, S., ... McGuire, P. K. (2012). Acute effects of a single, oral dose of d9-tetrahydrocannabinol (THC) and cannabidiol (CBD) administration in healthy volunteers. *Current Pharmaceutical Design*, 18(32), 4966–4979.

Pertwee, R. G. (2008). The diverse CB1 and CB2 receptor pharmacology of three plant cannabinoids: Δ9-tetrahydrocannabinol, cannabidiol and Δ9-tetrahydrocannabivarin. *British Journal of Pharmacology*, 153(2), 199–215. <http://doi.org/10.1038/sj.bjp.0707442>

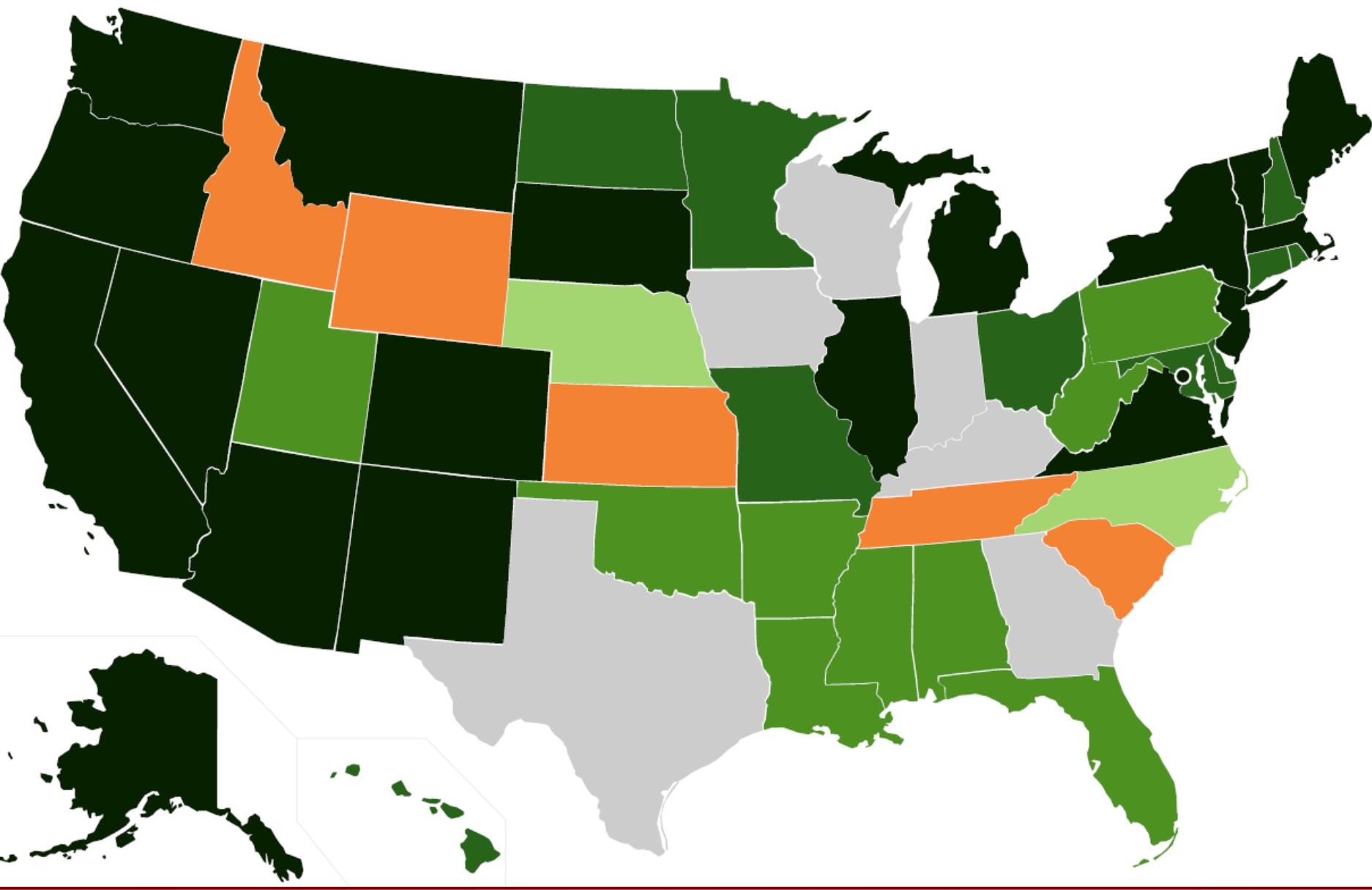


Cannabis Culture & Science





Recreational Medical and Decriminalized Medical Decriminalized CBD Only Fully Illegal



State Policies Permitting Cannabis Use in US: 2021





Humans & Cannabis Culture

There is something inherently human about changing consciousness

Social narratives and ideas scaffold and interpret the drug experience

2019 Worldwide Incidence and Prevalence = 200.4 million people
worldwide approximately **4.0 percent**



Why Do People Use Cannabis?

- People report using cannabis because it is:
 - Interesting
 - Pleasurable
 - It is effective in **relieving some feeling** (i.e., pain or anxiety)
- **Many factors contribute to effect:**
 - Specific strains of cannabis or cannabis products
 - Methods of consumption
 - Setting
 - Individual differences (both biological and psychological)
 - Cultural learning



Marijuana & Cannabis Research & News = Be Aware...

- A lot of information on cannabis, including scientific studies, is contradictory; a conclusion made with certainty in one study is often proven wrong in another.
- **Critical thinking is strongly encouraged.**

Opioids and Pot: Inside the Fight for Real Research

ASU research uncovers surprising data on teenage pot use

Cannabinoids for treatment of chronic non-cancer pain; a systematic review of randomized trials.

Pot During Pregnancy? Not A Lot Is Known, But New CU Research Suggests A Risk



Marijuana Affects Cognitive Function... but Only for 72 Hours
Researchers find that just one puff of cannabis can treat depression



Evidence of Medical Benefits of Cannabis

Effect	THC	CBD
Anti-emetic	✓	
Appetite Stimulant	✓	
Analgesic (Pain)	✓	✓
Anti-inflammatory		✓
Anti-seizure		✓
Anti-spasmodic		✓
Neuroprotective		✓

- According to the National Academies of Science, in 2017 there have been 140 randomized control trials studying the medicinal use of cannabis completed or are in process.
- Research indicates some medical benefits of cannabis.





Evidence of Therapeutic Effects of CBD

Conclusive or Substantial Evidence that Cannabis is Effective for:

- Treating chronic pain in adults
- Preventing vomiting during chemotherapy
- Improving patient-reported MS spasticity symptoms

Moderate Evidence that Cannabis is Effective for:

- Improving short-term sleep outcomes in individuals with sleep disturbance associated with obstructive sleep apnea syndrome, fibromyalgia, chronic pain, and multiple sclerosis





Risks of Cannabis Use

According to CDC:

- Approximately 3 in 10 people who use marijuana may have a use disorder.
- Marijuana use directly affects the brain, specifically the parts of the brain responsible for memory, learning, attention, decision-making, coordination, emotion, and reaction time.⁴
- Long-term or frequent marijuana use has been linked to increased risk of mental health challenges in some users.^{6,7}

Note: CDC uses the term “marijuana” while many other places use “cannabis”.

<https://www.cdc.gov/marijuana/health-effects/addiction.html>

Filbey et al., “Long-term effects of marijuana use on the brain,” <https://www.pnas.org/doi/10.1073/pnas.1415297111>

Di Forti et al., “Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study,”

<https://doi.org/10.1192/bjp.bp.109.064220>

Di Forti et al., “Daily use, especially of high-potency cannabis, drives the earlier onset of psychosis in cannabis users,” <https://doi.org/10.1093/schbul/sbt181>



Why Can Cannabis Use Be a Problem?

- Misuse of cannabis can have substantial physical and social consequences.
 - Cannabis with a lot of THC is addictive in every accepted scientific and clinical meaning of that concept.
 - Scientific/clinical evidence is strong and unambiguous.
-
- See health summaries documents
 - World Health Organization (2016)
 - National Science Foundation (2017)
 - Vermont Department of Health (2017)



The Addictive Potential of Cannabis

- Our body's naturally have cannabinoids; Endogenous cannabinoid system in the CNS
- Effects of THC-heavy cannabis on the reward centers of the brain is like other drugs with addictive potential
- Functions as a reinforcer
- People meet use disorder (risk) criteria
- Evidence for a withdrawal syndrome
- People seek help for CUD
- Difficult to quit & high rates of relapse





What Impacts the Magnitude of Research Findings?

- Age of onset, frequency of use, and THC dose per use (vs. CBD dose per use)
= poorer executive functions.
- Likely increased cannabis use impacts synaptic pruning during adolescence
- Hard to measure dose and no exact consensus on what terms like Chronic vs. Regular vs. Casual vs. Heavy Use mean across studies
- Evolving use patterns of high potency concentrates and resins increase symptoms and rates of CUD as well as psychosis
- Studies demonstrate that CBD may help offset some of the negative effects, but new strains increase THC but decrease CBD





Cannabis & Motivation To Change

Many people who use cannabis are not motivated to change their use, even though they are aware of its impact.

As one daily user states:

"I'm not sure if this is a symptom of withdrawal exactly, but the biggest changes for me are things like focus, motivation, and discipline. When I'm smoking heavily, I'm more or less content just existing. I don't push myself to achieve any goals in life and I'm not open to new experience."

- u/DarthCorleone on Reddit



If your patient believes that cannabis is good for:

pain, stomach problems, sleep, depression, brain diseases, brain trauma, PTSD and other mood disorders/anxiety

AND

If your patients believes that cannabis is:

not addictive / low risk, much safer than alcohol, vaping or edible use is safe (no smoking)

AND

Your patient is not aware of:

the difference between THC and CBD, or the importance of dose and route of administration

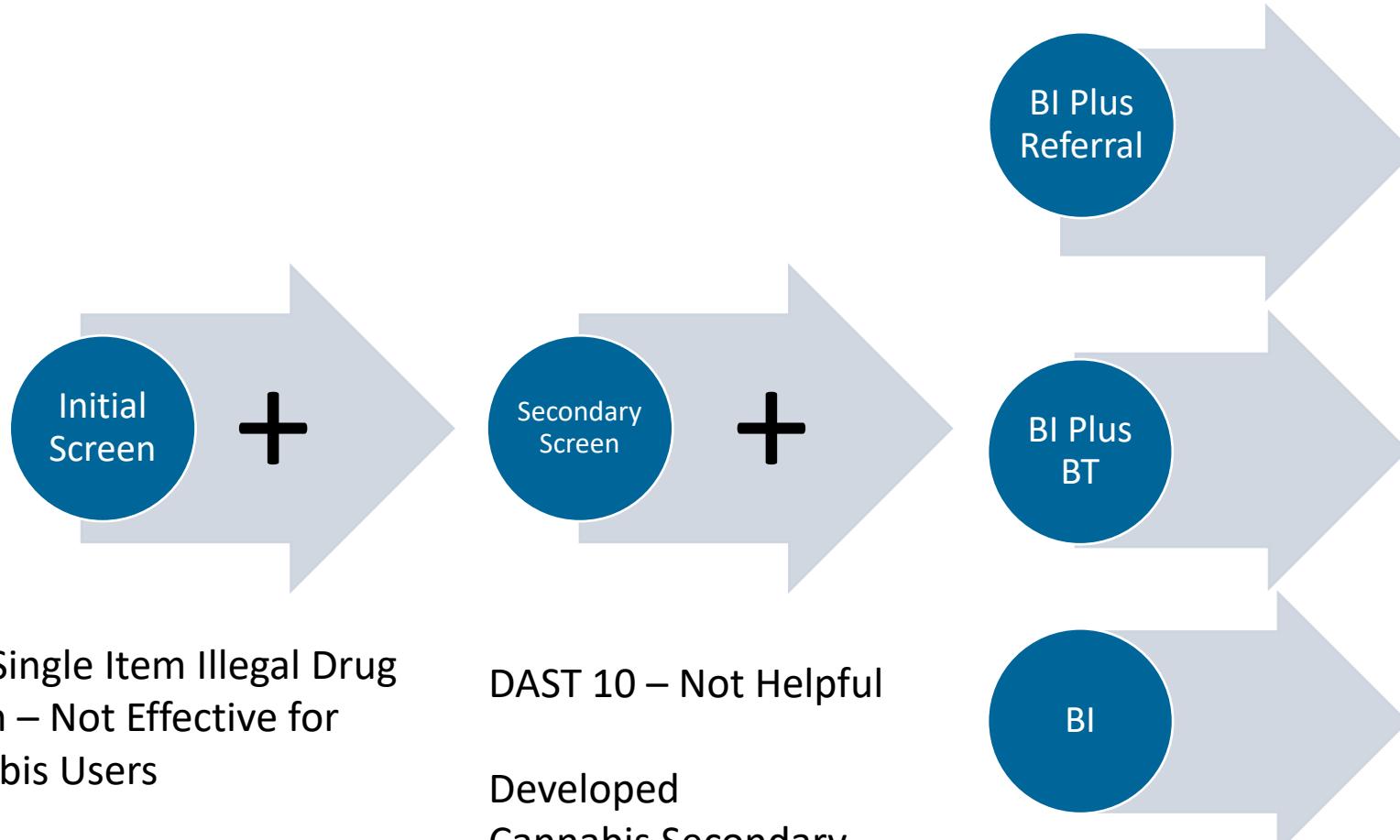
Your patient is vulnerable to more frequent use, inadvertent consequences of use, and development of CUD



Screening and Interventions to Address Cannabis Use



Traditional Screening/Intervention Models DO NOT Effectively Stratify Risk of Cannabis Use





The Cannabis Intervention Screener (CIS)

- Universal Triage Screening
- Secondary Risk Stratification Screening
- Brief Motivational Interventions Matched to Risk
- Embedded Behavioral Health Staff to Deliver Longer Interventions
- System of Care to Accept Referrals
- 19,000 + patients aged 12 years up screened over 8 years in 20 + medical and community settings





CIS Triage & Secondary Screening Questions:

Triage Questions

	Never	Monthly or Less	Several Days per Month	Weekly	Several Days per Week	Daily
1. How often have you used marijuana <u>in the past year</u> ? (including smoking, vaping, dabbing, or edibles)	<input type="checkbox"/>					

If you chose "Never" please [STOP HERE](#). Otherwise, go to the next question.

	One	Two	Three	Four or More
2. When you use marijuana, how many <i>times per day</i> do you typically use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Smoke (joints, bong, pipe)	Vape	Dab	Edibles
3. How do you use marijuana? (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Screening Questions

Part 1	Yes	No
A. Have you used marijuana for personal enjoyment and/or recreational reasons?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you used marijuana for medical or physical health reasons such as pain, cancer, or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you used marijuana for mental health reasons such as trouble focusing, worries or anxiety, stress, negative or sad emotions?	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you have a medical marijuana card? - If yes, what is the main reason for the card?	<input type="checkbox"/>	



CIS Cannabis Use Impact Items



Part 2

Different things happen to people when they are using marijuana, or as a result of their marijuana use. Read each statement below carefully and check 'Yes' if it happened to you in the last year, even if it was only once. Check 'No' if it never happened to you in the last year.

In relation to your marijuana use <u>in the past year</u> ...	Yes	No
1. Have you tried to control your marijuana use by smoking only at certain times of the day or certain places?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you worried about the amount of money you've been spending on marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you gone to work or school high or stoned?	<input type="checkbox"/>	<input type="checkbox"/>
Part 2 Continued		
4. Has your family, friends, or a health provider expressed concern about your marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you, on more than several occasions, driven a car or other vehicle, including a bicycle, after using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you noticed that your memory is not as good as it used to be?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you continued to smoke marijuana when you promised yourself you would not?	<input type="checkbox"/>	<input type="checkbox"/>
8. When you have stopped using marijuana for a period of time (even several days), have you experienced any of the following: irritability, restlessness, anxiety, depression, loss of appetite, sleep problems, pain, shivering, sweating or elevated body temperature?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you used larger amounts of marijuana over time, or used marijuana more frequently over time?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever seen a counselor or other professional as a result of your own concerns, or concerns that someone else had, about your marijuana use?	<input type="checkbox"/>	<input type="checkbox"/>

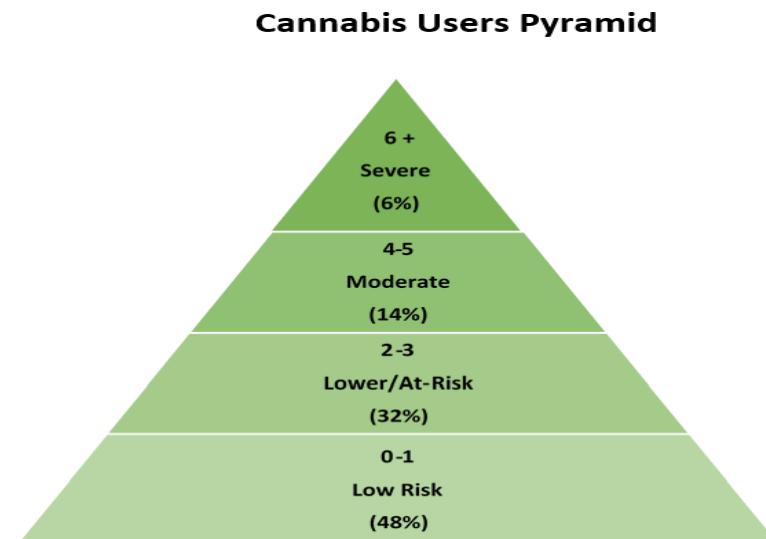
CIS Scoring

Scoring Guide: Lower (at-risk) (2-3) – Brief Intervention Moderate Risk (4-5) – Brief Intervention and Brief Treatment Severe Risk (6+) – Brief Intervention and Treatment Referral	Total:
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CIS Parts 1 and 2 Scoring Instructions:

1. CIS Part 1 provides useful information for brief intervention discussions and is not scored.
2. CIS Part 2 is scored based on affirmative responses to negative impacts of cannabis use. Each affirmative response is counted as a 1.
3. Severity of risk is based on number of affirmative responses in CIS Part 2 and generally corresponds to DSM 5 Cannabis Use Disorder levels of severity (mild, moderate and severe) but not all DSM 5 criteria.

For youth - remember any use is an important early intervention opportunity!



Summary of CIS Study Findings

- Initial, triage screen for frequency of use is successful at screening out those with no to low impact.
- Weekly Use as a frequency cut point is a good predictor for number of impacts endorsed as a threshold for challenges with cannabis use.
- Using multiple times daily = highest cannabis use impacts
- Use for mental or physical health reasons is equally associated with impacts endorsed.
- Impacts of trying to control use, driving, memory loss, and use during school/work is a significant indicator of “Frequent Use” and a good place start a therapeutic discussion.





Motivational Interventions to Address Cannabis Use with Patients

Motivational Interviewing (MI), Screening Brief Intervention and Referral to Treatment (SBIRT), and the Brief Negotiated Interview (BNI)



D'Onofrio G, Pantalon MV, Degutis LC, Fiellin DA, Busch SH, Chawarski MC, Owens PH, O'Connor PG. Brief intervention for hazardous and harmful drinkers in the emergency department. Ann Emerg Med. 2008 Jun;51(6):742-750.e2. doi: 10.1016/j.annemergmed.2007.11.028. Epub 2008 Apr 23. PMID: 18436340; PMCID: PMC2819119.





Overview of MI

“MI is a **collaborative, goal-oriented style of communication** with particular attention to the language of change. It is designed to **strengthen personal motivation** for and commitment to a specific goal by eliciting and **exploring the person’s own reasons for change** within an atmosphere of acceptance and compassion.”

(Miller & Rollnick, 2013, p. 29)

- MI is an evidence-based practice with demonstrated efficacy in helping patients change health behaviors.
- MI is foundationally about active, non-judgmental listening and strategically uncovering patient values that can increase a patient’s motivation to change a poor health behavior.
- There are four Core Skills of MI: open-ended questions, affirmations, reflections, and summaries
- There is a four-step process of MI: engage, focus, evoke, plan





The Brief Negotiated Interview (BNI)

- The BNI is a semi-structured interview process based on MI that is a proven evidence-based practice and can be completed in 5–15 minutes.
- The BNI is a formalized way of having a conversation based on the tools of MI.
- A BNI can take between 5 and 25 minutes.

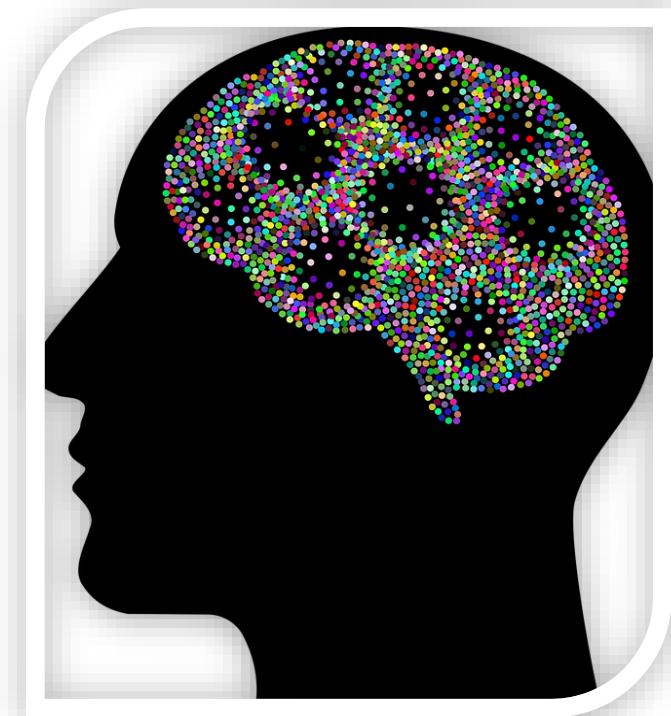


Image courtesy of pixabay.com



Steps of the BNI

1. Raise the subject (of the behavior)
2. Explore pros and cons
 - Build motivation through reflection
 - Summarize the client's ideas
3. Provide information
4. Conduct a readiness ruler
5. Negotiate a plan
 - Identify strengths and supports
 - Be specific and achievable

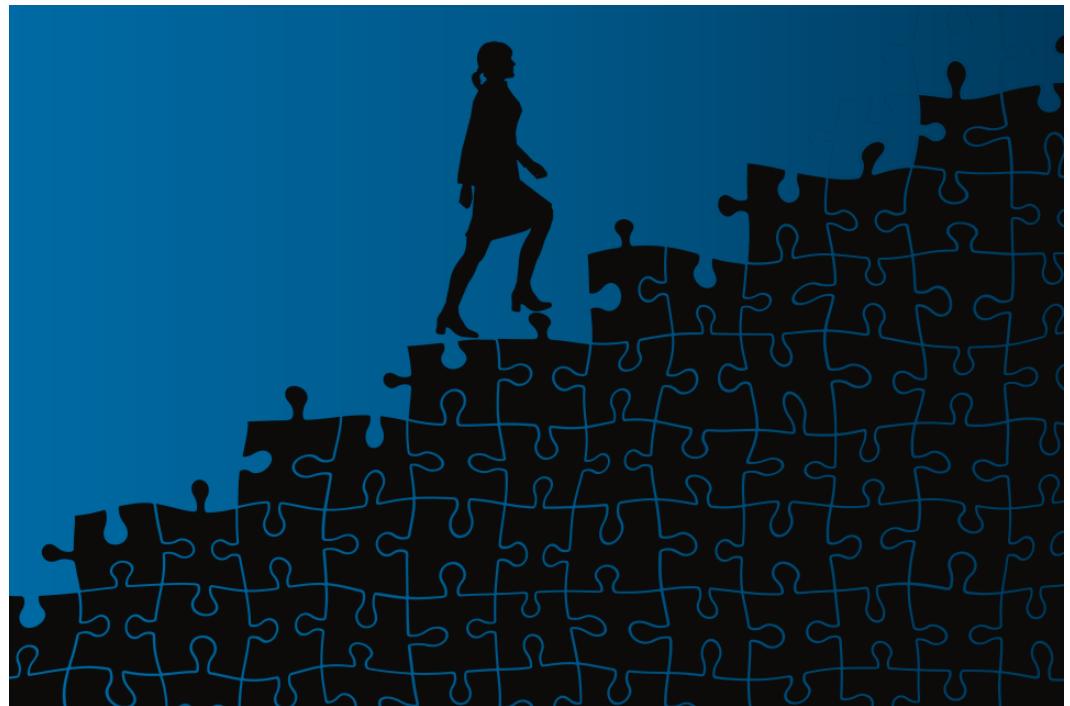


Image courtesy of pixabay.com



Example of a CIS-Informed Cannabis MI-BNI Intervention

- ✓ **Engage:** build rapport using MI skills (i.e., OARS)
- ✓ **Focus/Raise the subject:** Focus on Cannabis use/CIS results
- ✓ **Elicit ideas:** use MI skills to uncover the client's own reasons for change and build motivation using additional MI strategies
- ✓ **Plan:** co-create an achievable, realistic plan that utilizes support



Recommendations for Addressing Cannabis Use

Apply

Apply the SBIRT framework to cannabis use.

- Screen for cannabis use
- Provide MI-based Brief Interventions (e.g. BNI) to support women in reducing or stopping cannabis use

Educate

Get trained on screening, MI, and Brief Interventions.

Acknowledge

Acknowledge that research on the effects of cannabis are mixed; in the absence of conclusive evidence, assume cannabis use is risky.

Informed

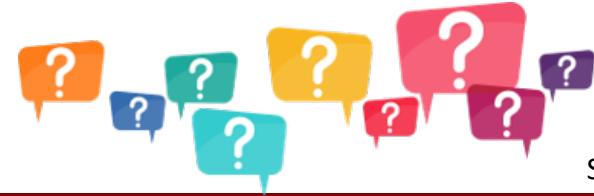
Stay current on cannabis research;

Develop

Develop relationships and collaborations across health care providers, public health departments, and other entities to ensure messaging around cannabis use is consistent.



Wrap-Up Questions



Source: iStock

Polling Question: What were the main reasons for your participation in today's event? Select all that apply.

1. To learn more about the topic from the presenter
2. To engage with other health centers
3. To raise questions about this topic as it relates to my health center
4. To learn about the experiences other health centers have related to this topic

Chat Question 1: What was the most important information in today's presentation for you?

Chat Question 2: What next steps would you like to take based on today's presentation?



BPHC-BH TA Portal

<https://bphc-ta.jbsinternational.com/>

- Access Past BH TA Resources
- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options

The screenshot shows the homepage of the BPHC-BH TA Resource Portal. At the top, there is a navigation bar with links for "Event Calendar", "About Us", and "Contact Us". Below the navigation bar, there is a secondary navigation bar with links for "Home", "Technical Assistance Resources", "Request Technical Assistance", and "Learning Management System". The main content area features a large red header "Welcome to the BPHC-BH TA Resource Portal!". Below the header, there is a button labeled "View" and other buttons for "Edit", "Delete", and "Revisions". A paragraph of text explains the purpose of the portal. To the right, there is a sidebar titled "Learn About BH TA Options" which lists several service options. At the bottom, there is a section titled "Upcoming Events" with a note indicating "There are no upcoming events".

BPHC-BH TA
Bureau of Primary Health Care Behavioral Health Technical Assistance

Event Calendar | About Us | Contact Us

Home | Technical Assistance Resources | Request Technical Assistance | Learning Management System

Welcome to the BPHC-BH TA Resource Portal!

View Edit Delete Revisions

The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as “behavioral health”), with an emphasis on the opioid epidemic.

This portal allows HRSA–funded health centers to

Learn About BH TA Options

- One-on-One Coaching
- E-learning Webinars
- Intensive TA for Practice Change
- Join a Community of Practice (CoP)
- SDoH Group Virtual TA Roundtable
- Virtual Office Hours

Upcoming Events

There are no upcoming events



Follow-Up Office Hours for Today's Brown Bag Session

- More questions? Join us for follow-up office hours later this week!
- **Integrated Care for Patients Who Consume Cannabis**
- Date: Thursday, December 15th, 2022
 - Time: 1:00 – 3:00pm ET
 - <https://us06web.zoom.us/meeting/register/tZwkdO2pqTgrHdA4wRZmN4Pmz4F9LaFNM6KO>



Polling Question 2

I plan to register and attend the Follow-Up Office Hours Session for Today's Brown Bag Session on

Thursday, December 15, 2022

1:00 – 3:00 PM

1. Yes
2. No
3. Not Sure



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Additional HRSA-Funded TA Opportunities

- Webinars
- Communities of Practice
- Virtual Brown Bag TA Sessions
- **Oral Health-Behavioral Health Learning Community**
 - Information on the Portal: <https://bphc-ta.jbsinternational.com/oral-and-behavioral-health-integration-learning-collaborative>
 - Registration Link: Coming Soon!
- 1:1 Coaching
- Intensive TA



Upcoming T/TA Opportunities

Webinars

Cherokee Health Integrating Primary Care and Behavioral Health Academy

Wednesday, December 14, 2022, 10:00 AM – 4:00 PM ET

Thursday, December 15, 2022, 10:00 AM – 4:00 PM ET

https://us06web.zoom.us/webinar/register/WN_7u2aSUYIQ-qaonf0yxqAjw

Addressing Anxiety and Depression in Primary Care

Wednesday, December 21, 2022, 1:00 – 1:30 PM ET

https://us06web.zoom.us/webinar/register/WN_gKsaAFWDQaOS4nzdanQ8vg



Upcoming T/TA Opportunities

Virtual Brown Bag TA Sessions

Integrated Care for Patients Who Consume Cannabis Office Hours

Thursday, December 15, 2022, 1:00 PM – 3:00 PM

<https://us06web.zoom.us/meeting/register/tZwkdO2pqTgrHdA4wRZmN4Pmz4F9LaFNM6KO>

*Further discussion from the **Integrated Care for Patients Who Consume Cannabis** Brown Bag Session. Registration priority is given those who have attended the Brown Bag Session.*



Upcoming T/TA Opportunities

Integration of Oral Health and Behavioral Health Virtual Learning Collaborative

Kickoff

Wednesday January 4, 2023, 1:00 PM ET

- <https://us06web.zoom.us/meeting/register/tZllduyuqjzpE9HZNv62YI0kocoSSKftkRTy>

Session 1

Didactic Session: Overview of Mental Health and Oral Behavioral Health

Wednesday, January 11, 2023, 1:00 PM ET

- <https://us06web.zoom.us/meeting/register/tZ0kc-mtpz4jE9OM26pWOjh7YyeHlilGLWo>

Facilitated Discussion: Mental Health and Oral Behavioral Health Overview Wednesday, January 18, 2023, 1:00 PM ET

- <https://us06web.zoom.us/meeting/register/tZcsfu2hrzojGtJnb--CPgTXIVnPz0taxMAg>



Upcoming T/TA Opportunities

Communities of Practice (CoP)

Workforce Resiliency and Retention

Session 1: Tuesday, January 10, 2023

- <https://us06web.zoom.us/meeting/register/tZ0sf-6vqDloG92ZKusBsBqX9Or4xXYvgjoV>

Treatment of Anxiety and Depression in A Community Health Center

Session 1: Tuesday, January 17, 2023

- <https://us06web.zoom.us/meeting/register/tZYpf-uhqjlpEtFmsmLZIC0IVk5ckh3kdydR>

Transition Aged Youth – Addressing Behavioral Health Needs

Session 1: Thursday, January 19, 2023

- <https://us06web.zoom.us/meeting/register/tZcsf-mgqzwiGtGylhFuxs56zZUikoDhhcYd>





BHTA Satisfaction Assessment



- We'd love your feedback – please complete a satisfaction assessment.
 - <https://survey.alchemer.com/s3/7114807/Health-Center-TA-Satisfaction-Assessment-Brown-Bag-Session-2-Integrated-Care-for-Patients-who-Consume-Cannabis>
- Remember! – if you want to obtain CEs for your time today, you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.



CE Revisited

- We will be offering **1 CE credit** for attending today's session.
- You **MUST complete the Health Center Satisfaction Assessment after each session for which you plan on receiving CEs. There are 3 ways to access the assessment:**
 1. Use the link available to you in the chat feature
 2. The assessment will pop-up in a separate browser at the conclusion of this event
 3. The assessment link will be emailed to you in a follow-up email from the session
- CE credits will be distributed to training participants who complete the Satisfaction Assessment within 3 weeks of training.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits.
NAADAC Provider #86832, JBS International, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.



Health Center Workforce Well-being Survey

- Look for an email from:
HRSA Workforce Team
hrsa_workforce_wellbeing@surveys.jsi.com
- Visit our website for answers:
bphc.hrsa.gov/wwb
- Questions? Use the [BPHC Contact Form](#)





Thank You!

Please submit questions to
Amber Murray: amurray@jbsinternational.com

Vision: Healthy Communities, Healthy People



Recommendations for Further Reading...

- Marijuana: the unbiased truth about the worlds most popular weed – Kevin Hill, 2015
- Turner, Hyde, Kamon, Hancock, *Cannabis Clinical Competencies in a Changing Landscape: SBIRT Guide for Practitioners* (American Psychological Association, revisions accepted for publishing June 2020). Washington D.C.: American Psychological Association, 2020 Edited by Dolores Cimini & Jessica Martin 2020.
- Turner, Kamon, Seelig, Hyde, *Practitioners Guide to Cannabis Screening & Interventions* (2018 in publication JBS International).
- University of Washington: Addictions, Drug & Alcohol Institute:
<https://www.learnaboutcannabiswa.org/>



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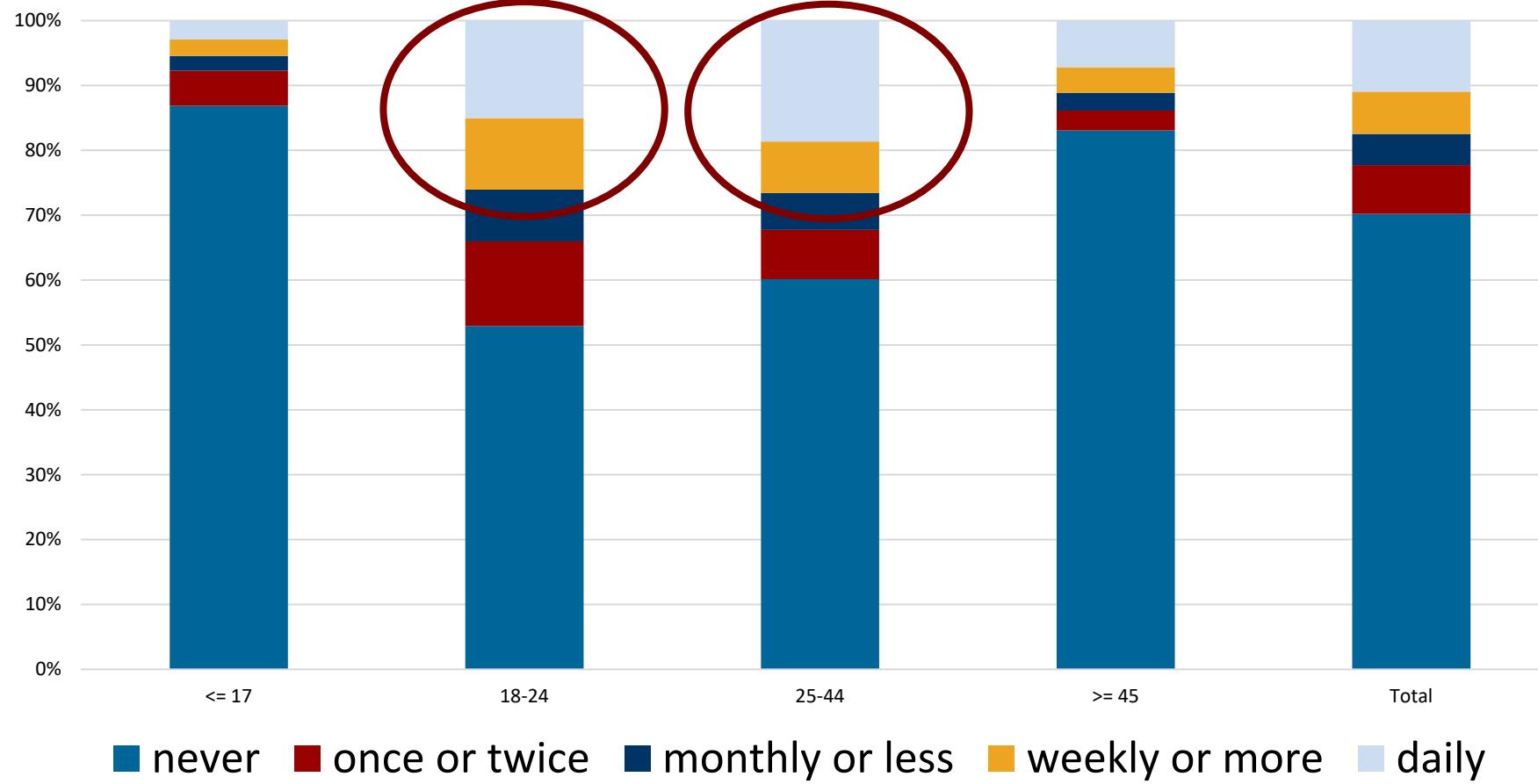
Slides to Reference if Time Allows





CIS Results: Use by Age

Frequency of Use by Age (n=13,619)



CIS Results: Reasons for Cannabis Use

Reason	Age Range	n	%
Physical Health	<= 17	146	25.3%
	18-24	1085	43.7%
	25-44	910	54.2%
	>= 45	367	65.4%
Mental Health	<= 17	145	60.69
	18-24	1088	74.82
	25-44	895	62.68
	>= 45	341	38.12
Pleasure	<= 17	144	79.86
	18-24	1087	86.2
	25-44	895	71.4
	>= 45	340	54.41

Significantly

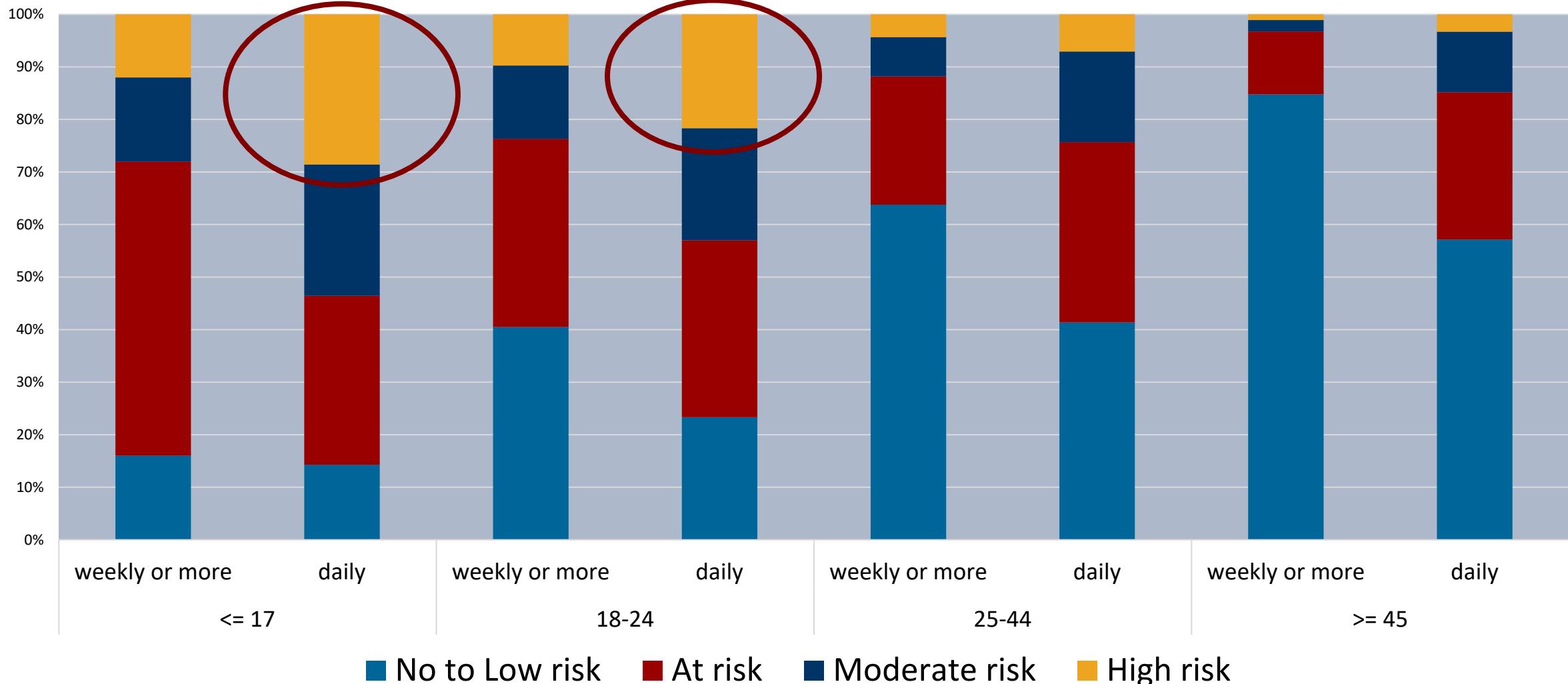
- More older adults use for physical health reasons compared to younger ones
- Younger and middle-aged adults use for mental health reasons
- More youth, younger and middle-aged adults use for pleasure compared to older adults

CUD Risk and Number of Methods of Use

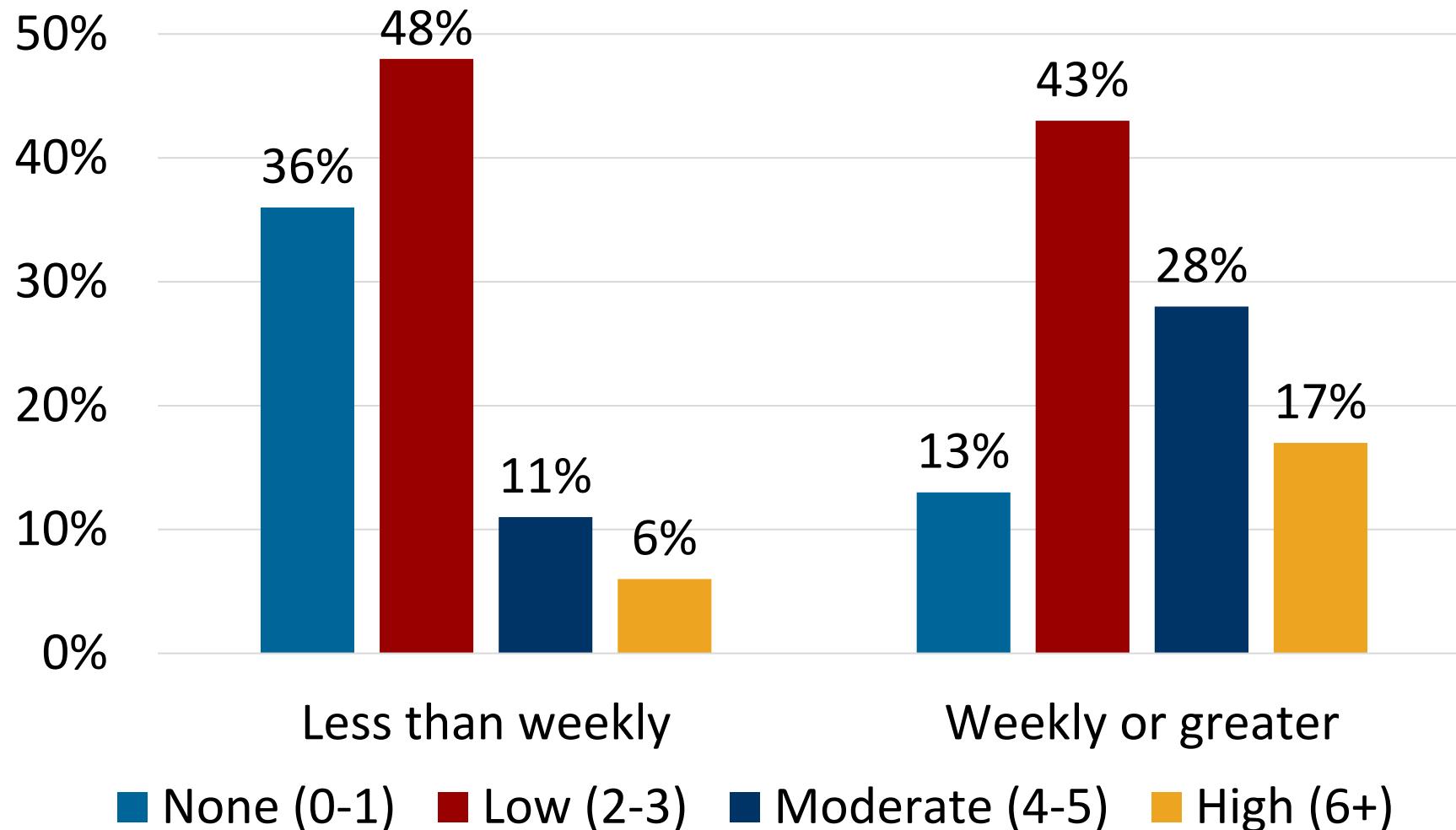
- Risk for CUD increases with the number of methods a person uses

<u># of Methods</u>	CIS Risk Level			
	No to Low risk	At risk	Moderate risk	High risk
0	0%	0%	0%	0%
1	50%	29%	13%	8%
2	32%	34%	18%	15%
3	19%	44%	16%	21%
4	12%	34%	30%	25%

CIS Risk by Frequency of Use



CIS Risk by Frequency of Use



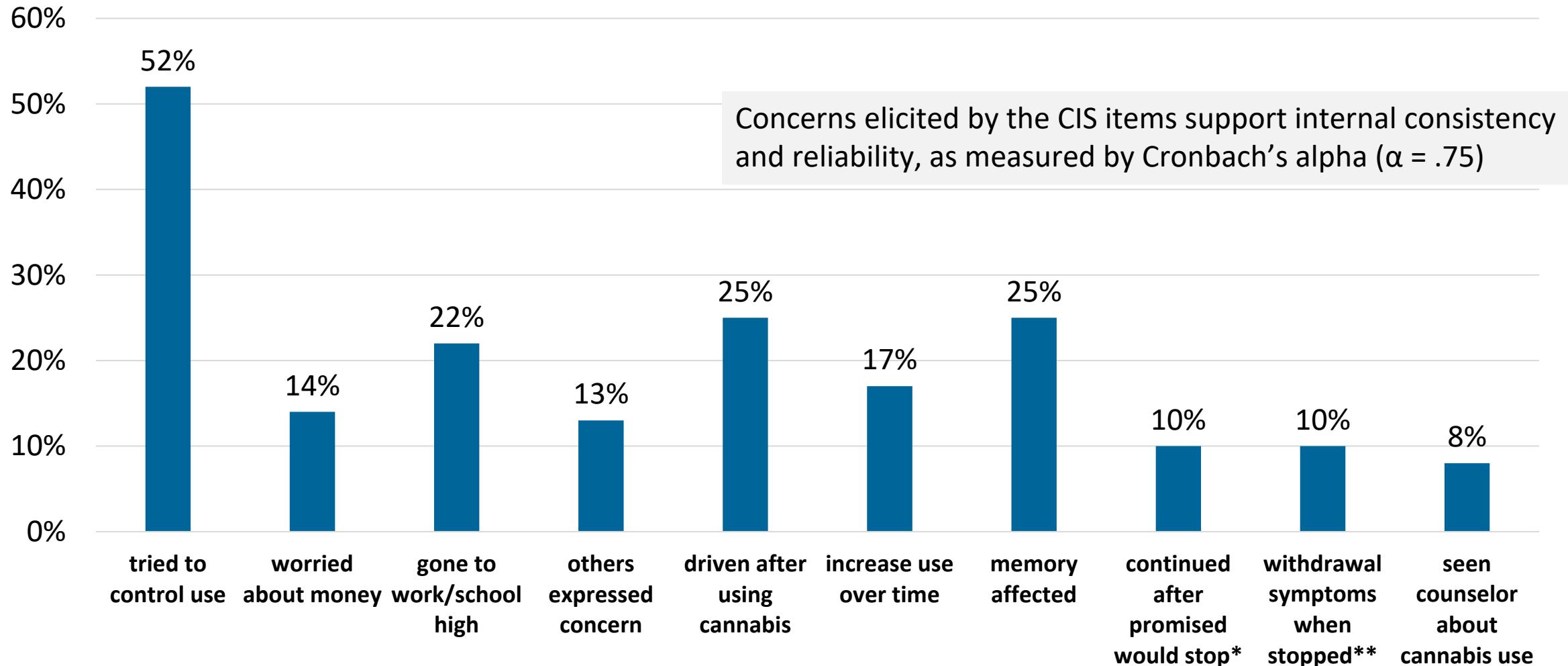


Increased Cannabis Use is Linked to Increased Mental Health Risks

Age Group	Cannabis Use	Anxiety and/or Depression			
		Neither	Anxiety	Depression	Anx+Dep
<= 17	Never	85%	5%	4%	6%
	<= monthly	60%	8%	14%	17%
	weekly-daily	55%	8%	14%	23%
18-24	Never	79%	9%	5%	7%
	<= monthly	69%	11%	8%	12%
	weekly-daily	59%	15%	8%	18%
25-44	Never	89%	7%	2%	3%
	<= monthly	78%	10%	6%	6%
	weekly-daily	72%	17%	5%	6%
>= 45	Never	93%	6%	1%	0%
	<= monthly	84%	11%	3%	3%
	weekly-daily	84%	12%	2%	2%



Endorsement Frequency of CIS Impact Items



Note: Two items had substantial amounts of missing data as respondents could indicate if they felt the item was not applicable to them (*38% missing data; **17% missing data).

