

Compass Opioid Stewardship in Practice

Microlearning Series



Sustainable Healthcare Transformation

Module 20: Addressing Cannabis and Chronic Pain Patients

Welcome to Compass Opioid Stewardship in Practice. Each week, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, this session is built for busy clinicians like you.

This week's session is brought to you by Dr. Josh Blum, MD, FACP, FASAM; Clinical Coach in the Compass Opioid Stewardship Program.

Case Presentation

This week's case is about a patient, Rick, a 36-year-old male with chronic back and neck pain. He works as a computer programmer, logging long hours in his office chair, which doubles as his gaming chair. He says that if he twists his neck or back the wrong direction, he experiences severe pains across his entire low back and up into his neck. He manages his pain with hydrocodone/apap, 4 tablets a day, along with daily cannabis use, which he says is helpful for pain, anxiety, and sleep. Lately his pain has been worse and he's increased his dose to 6 tablets/day, so has now run out early and is requesting a refill.

Goal

Our clinical goal is to review how cannabis use impacts pain and opioid use, the common side effects and withdrawal syndrome associated with cannabis use, and how to screen for and diagnose cannabis use disorder.

Achieving our Goal

Cannabis Use in Clinical Practice

- Medical cannabis is legal in most U.S. states, and regular cannabis use is common among primary care patients.
- Providers vary in their approach when patients use both cannabis and opioids.
- Early claims that cannabis might reduce opioid prescribing have not been supported by more recent data.
- Legal cannabis use has not led to greater reductions in opioid prescriptions and may be associated with increased risk of non-medical opioid use and other substance use disorders in younger adults.

Cannabis and Pain

- Cannabis and cannabis-derived products show modest benefit for neuropathic pain, but evidence is limited for other common pain conditions such as non-radicular back pain.
- Regular cannabis use may contribute to greater pain sensitization, and some studies show higher postoperative pain scores and increased opioid use among regular cannabis users.

Common Side Effects and Health Risks

- Acute effects include intoxication, impaired short-term memory, increased appetite, and reduced psychomotor coordination.
- High doses may cause paranoia, delirium, or psychotic symptoms and can precipitate earlier onset of psychotic disorders in susceptible individuals.
- Chronic use may worsen anxiety, disrupt sleep, and contribute to cardiac and pulmonary effects.
- Cannabis also impairs driving and is associated with a moderate increase in motor vehicle accidents.

THC Potency and Forms of Use

- THC is the primary psychoactive component of cannabis.
- Modern cannabis products often contain much higher THC concentrations than in previous decades.
- Products may include high-potency flower, concentrates, vape cartridges, or edible products.

Cannabis Withdrawal

- Withdrawal is common in individuals who use cannabis daily or near daily.
- Symptoms may include anxiety, irritability, depressed mood, decreased appetite, sleep disturbance, and restlessness.
- These symptoms are often mistaken by patients as the underlying reason they need to continue using cannabis.

Screening and Identifying Cannabis Use Disorder

- Clinicians can start by asking about frequency of use and product type, using the term cannabis or THC products rather than slang, like marijuana or pot.
- Asking about the longest time a patient has gone without using can help identify withdrawal symptoms.
- Tolerance and withdrawal are 2 of the 11 DSM-5 criteria for cannabis use disorder.
- Additional impacts, such as financial strain, work disruption, or relationship issues, may indicate moderate or severe use disorder.

Brief Intervention and Ongoing Conversation

- Identifying tolerance, withdrawal, and functional impacts can help patients recognize problematic use.
- Brief interventions may include education about risks, exploring readiness to change, and discussing treatment options.
- Addressing contributing factors such as pain, anxiety, or inactivity through strategies like physical therapy, movement breaks, or behavioral supports can support reduction in cannabis use.

Clinical Pearls

- Both legal and illegal cannabis use is highly prevalent. In states where it's legal, don't only ask about smoking pot or marijuana, as a lot of individuals may use vape products, concentrates, edibles, and even topical tinctures.
- While pharmaceutical preparations and smoked cannabis have demonstrated moderate efficacy for neuropathic pain in moderate quality studies, cannabis is not effective for other pain syndromes and isn't beneficial for psychiatric conditions like anxiety.
- Cannabis use disorder is present in about 1/3 of regular users; be sure to screen frequent cannabis users using a tool like the Cannabis Use Disorders Identification Test or ask about tolerance, withdrawal symptoms, and other impacts. Following up using the Screening, Brief Intervention, and Referral to Treatment (or SBIRT) model can be a helpful technique.
- Regular cannabis use is also associated with opioid misuse and other substance use; screen patients using both opioids and cannabis more frequently for other substance use
- Finally, regular cannabis use may predispose individuals to opioid misuse and may worsen post-operative pain control; identify and counsel cannabis-using patients prior to surgical interventions.

Thank You

This education has been brought to you through the generous support of the Centers of Medicare and Medicaid Services. Thanks for reading this week's Compass Opioid Stewardship in Practice Microlearning Series. Thank you for being part of the Compass Opioid Stewardship Program. And thank you for all you do caring for your patients.

Resources

- [Understanding Cannabis](#)