

PANAPTIC

COMPREHENSIVE MARIJUANA PREVENTION

Offered in partnership with LA Best Babies Network

Cannabis Use & Perinatal Health: Short Conversations That Can Make A Big Difference

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Our Mission

Panaptic is dedicated to serving as the national leader in marijuana prevention for young people. We are committed to protecting the youth of America from the potentially harmful effects of marijuana use.

As educators and addiction specialists, we see the use of marijuana becoming the norm. We want to prevent the long-term damage this could cause an entire future generation and protect the well being of young people. PANAPTIC

COMPREHENSIVE MARIJUANA PREVENTION

Our Clients High Schools Colleges and Universities Healthcare Organizations State Health Organizations We Help Young people Parents and Families Educators and Educational Leaders Physicians, Therapists, Nurses Mental Health Clinicians Our Services Targeted Digital Courses Live Trainings Group Consultations

Session Objectives

<u>Objective 1</u>

Describe changes in current trends related to attitudes & beliefs surrounding cannabis use, changes in THC potency, and methods of use.

Objective 2

Provide examples of how maternal and prenatal cannabis use can impact mental health and life outcomes for offspring.

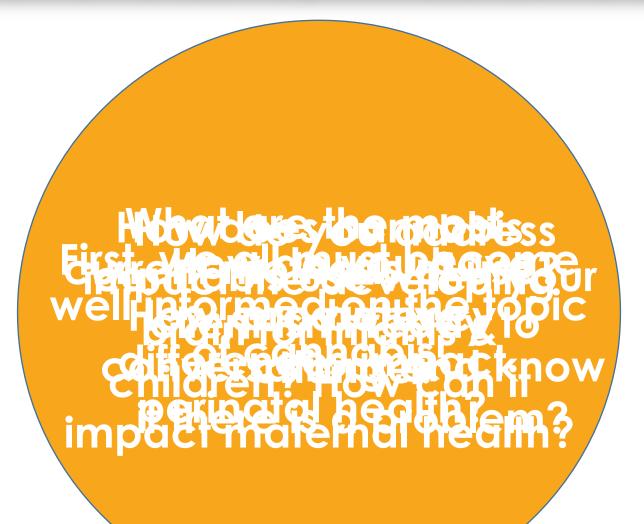
Objective 3

Identify resources for continued learning for both practitioners and expecting/new mothers.



Share clinical strategies for addressing cannabis use with expectant mothers utilizing the motivational interviewing approach.

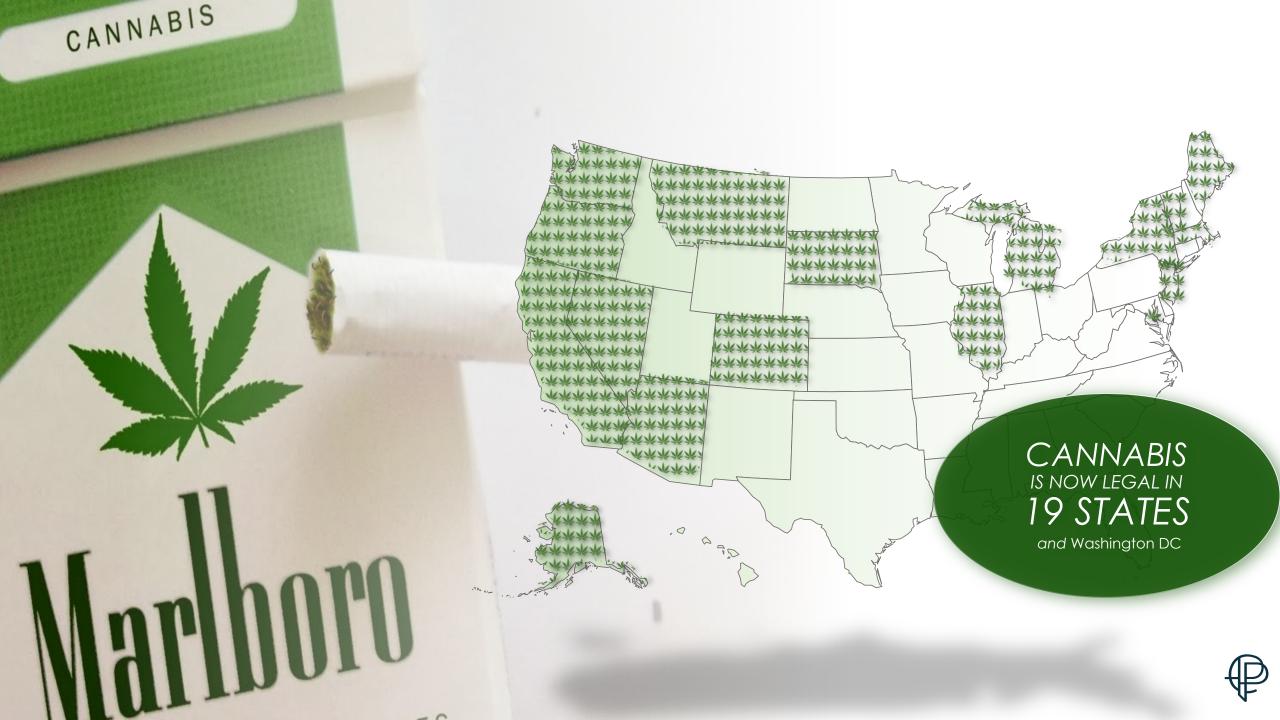
How can we work effectively with clients who use cannabis?





Changes in Perceptions & Patterns of Use





- Rates of use in early pregnancy INCREASED by 25% (6.75%-8.14%) between 2019 and 2021.
- Women are more likely to use cannabis if they are depressed, anxious, or have experienced trauma.
- 48% to 60% of cannabis users continue their use during pregnancy.
- Pregnant women use cannabis more than any other illicit drug.

How often do expecting mothers use cannabis?



Why are pregnant women & mothers using cannabis?

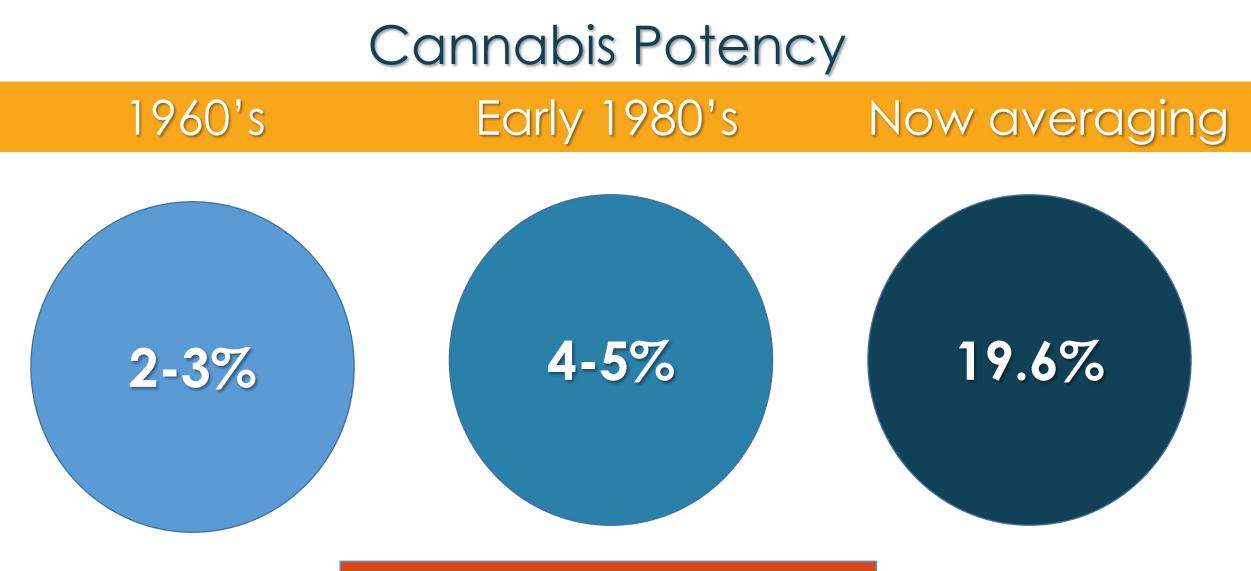
Challenges associated with cannabis & perinatal health research

- Scarce information
- Conflicting studies
- Variations in the forms of cannabis
- Lack of reliable methods to quantify the amount of cannabis



THC Potency & Methods of Use





MANY STRAINS 23-33%



Potency in Various Forms



THC levels up to 99%.

WHY MORE PEOPLE ARE VAPING?



"CDC and FDA recommends that expecting mothers abstain from using e-cigarette or vaping products, particularly those containing THC."



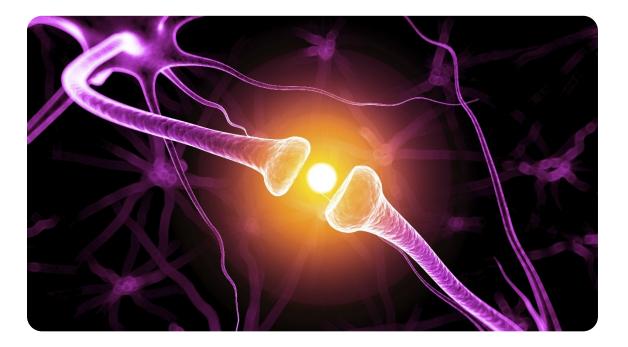


How does Cannabis Impact the Brain?

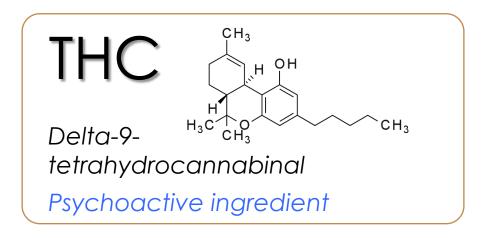


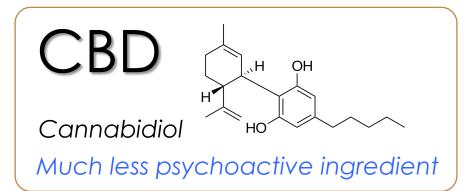
How does Cannabis Affect the Brain?

Mechanisms of Action



In 1988 Discovered Both interact with Cannabinoid Brain Receptors







Brain Cells and Neurons 101!

account



Endocannabinoid System

Regulates activity of most neurotransmitters.



What is the impact of cannabis use on fertility?



Impact on Female Fertility

 Cannabis users are more likely to experience menstrual cycle disruption

 Deregulation of the pituitary and ovarian hormone levels

 May be a determining factor for female infertility or early pregnancy failure

 Can disrupt ovulation, tubal transportation and embryo implantation

What is the impact of gestational cannabis use?



Gestational Cannabis Use and The Placenta

Gestational Cannabis Use is Associated with:

- Altered placenta weight: disproportionately larger
- Impaired placental blood flow and increased placental vascular resistance



Impact from Gestational Cannabis Use



- Lower birth weight
- Lower brain to body weight parameters
- May decrease availability of glucose
- Higher risk of spontaneous pre-term birth
- More frequent neonatal intensive care

Cannabis Exposure During Gestation & Nursing

- As lipidic molecules, THC is transferred to mother's milk
- 2.5% of Maternal THC is transferred to the infant
- THC can remain in the body for up to 30+ days prolonging fetal exposure
- Smoking produces 5x carbon monoxide than cigarettes



What are the potential long-term neurobehavioral effects of gestational cannabis use?



Increased risk of autism spectrum disorder

 Higher incidence of intellectual disability and learning disorders

Risk of developing a sleep disorder



When mothers use cannabis during pregnancy and nursing, their offspring experience:

- Increased rates of depression and ADHD
- Increased risk of autism spectrum disorder
- Academic deficits like gaps in problem solving skills and memory
- Increased rates of substance misuse in adolescence

Cannabis use can be linked to depression, schizophrenia, OCD, and substance use disorders in offspring

How can we practice effective screening methods for cannabis use?



Opportunities to Counter Negative Consequences through Screening

Screening



- Can involve standardized measures or conversations
- Women were about twice as likely to screen positive for marijuana use via a drug test than via selfreported measures

HELPFUL SCREENING QUESTIONS

- How often do you use cannabis?
- How many times a day do you use?
- What method(s) do you use?
- What's the THC level of the cannabis you use?
- Have you ever tried to stop? If so, why?
- What's the longest period of time you've gone without using cannabis? What was that like for you?







What if my client doesn't see their cannabis use as a concern?



A Key To Effective Intervention: Motivational Interviewing

- Motivational Interviewing is particularly effective because:
- It is non-confrontational
- It promotes insight, selfunderstanding and selfefficacy
- It helps empower the client to own their decisions and the impact of their choices

Latest Findings

Research indicates that even single-session interventions using Motivational Interviewing have resulted in significant declines in cannabis use for both adults and adolescents

McCambridge and Strang, 2004.



Principles of motivational interviewing







Express empathy, building a strong rapport and refraining from advice-giving or "convincing" of the right way. Develop a discrepancy between client's values/goals and their current substance use behavior.

"Roll with Resistance", refraining from becoming confrontational or argumentative.



Support self-efficacy by helping clients believe that they can change (but not cheerleading).



Key Motivational Interviewing Skills



Ask open-ended questions

Affirm client's statements, showing that you understand, even if you disagree

Reflective listening

Summarization

Elicit "change talk" to increase motivation Intention to change Problem recognition

• Concern

• Optimism

Respond in a way that strengthens commitment to change and enhances confidence



Asking permission

Communicates respect for our clients. Also, clients are more likely to discuss changing when asked.

> "I ask all clients that I work with about substance use. Can we talk a bit about your current cannabis use?"



Open-ended questions to assess motivation

- How does cannabis use fit into your life as a mother/mother-tobe?
- What do you appreciate most about using cannabis?
- What do you dislike most about using cannabis?
- What signs would suggest to you that you would want to reevaluate your use?

Reflective Listening

- Shows interest
- Improves perception and accuracy (allow yourself to be corrected)
- Allows clients to hear themselves in a new way
- Feedback from clients lets you know how accurately you are understanding what they are sharing



Types of Reflection



Repeating Simply repeats an element

> **Rephrasing** Substitutes synonyms

> > Paraphrase Infers meaning

Reflect affect Emphasizes emotional dimension

> **Reflect values** Highlights importance

Reflect ambivalence States both sides

Overshoot Overstates an issue

Understates an issue



Devil's Advocate Approach to Reflective Listening

Side with the client's arguments against change, to elicit change talk, overstating the case slightly.

- Examples:
 - "Cannabis provides something so important in life it would be impossible to imagine giving it up, even if it had the potential to impact your baby's health."
 - "It sounds like it would take way more than worsening symptoms of anxiety to make you want to stop using."

Readiness To Change

- Assessing readiness to change is a critical aspect of MI.
- A Readiness Ruler allows clinicians to immediately know the client's level of motivation for change.
- The Readiness to Change Ruler can also be used to have clients give voice to how they changed, what they need to do to change further, and how they feel about changing.



Using the Readiness Ruler

"On the following scale from 1 to 10, where 1 is definitely not ready to change and 10 is definitely ready to change, what number best reflects how ready you are right now to change your cannabis use?"



Providing Information

- Ask what the client knows about the topic
- Ask permission to share what you know
- Provide the information (the 30 second version)
- Ask client what they think about the information you gave them

Enhancing Confidence

Motivational Interviewing reminds us that:

 People cannot change until they WANT to change (importance) and they BELIEVE that they will be able to (confidence)





Enhancing Confidence

- Reviewing past successes using similar skills
- Reframing past failures as "tries" that are preludes to success
- Exploring resources within and outside of the client's network

What if it isn't that easy? Navigating Common Roadblocks in Therapy



You've got this!



Conversations with an expectant or new mother can make all the difference in their lives, AND in the lives of their children/family members for generations to come!!!

Thank you for taking time to learn more about how to support your clients.

What questions do you have for us?



Thank you for joining us!

