Decision matrix for clinical mental health counselors encountering medical cannabis use in mental health and substance abuse treatment settings

Client presents with medical cannabis card (uses medical THC)

Client diagnosed with a substance use disorder (SUD)?

- Yes
  - Does the client wish to stop using medical THC?
    - No
      - What is the severity of the SUD?
        - Moderate or Severe
          - Does CMHC have "leverage"?
            - Yes
              - Respectfully use "leverage" and explain rationale
            - No
              - Communicate with prescriber (with consent)
        - Mild
          - Does the client and prescriber collaborate on a non-addictive alternative?
            - Yes
              - Provide treatment "as usual"
            - No
              - Require a "second opinion" evaluation with an addiction medicine specialist**
    - Yes
      - Collaborate with prescriber and client to utilize non-addictive treatment options

- No
  - Does the client wish to stop using medical THC?
    - Yes
      - Meet the client where he/she is (harm reduction***)
    - No
      - Motivational interviewing to explore and/or resolve ambivalence about medical marijuana
        - Psycho-education (e.g., risks/benefits, effects of THC, addictive potential, synergism)
        - Ongoing monitoring for signs of problematic use (for clients not diagnosed with SUD) or remission vs. relapse (for clients diagnosed with SUD)
        - Explore "endgame****"
          - Psychosocial interventions as alternatives or supplements to medical THC
          - Collaborate with client on preventative strategy plan (e.g., avoiding driving when using medication)
          - Encourage communication with prescriber on "as needed" basis

Definitions:
* **Leverage**: Resources or outcomes pursued by a client that may be conditional to successful treatment completion (e.g., successful compliance with probation/avoidance of incarceration, reunification with children, eligibility for social programs, reinstatement of driver's license)
** **Addiction medicine specialist**: a physician or psychiatrist who is certified by the American Society of Addiction Medicine (ASAM) with expertise in prevention, screening, intervention, and treatment for substance use (asam.org)
*** **Harm reduction**: A treatment and prevention approach focused on decreasing health and socio-economic costs and consequences of addiction-related problems, whether the client is still using an addictive substance or not
**** **Endgame**: Refers to the long-term strategies and approaches the client will use for his or her presenting problem(s) vs. short-term approaches. In other words, because addictive medications, when used daily over extended periods of time, tend to produce tolerance, what will the client do when the medication stops having as much therapeutic effect in the future?