Cannabis Screen in Student Health ADHD Visits
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Goal

Implement and evaluate the addition of the cannabis-specific ASSIST into primary care ADHD visits at a University SHC to standardize the assessment of cannabis use risk and improve patient quality of care.

Background & Key Findings

- Rise of recreational cannabis use
- Ages 18-25 have the highest rates of use
  - Negative medical and psychiatric associations
- College students with ADHD are a high-risk population for substance impairment

Review of Literature

- Screening and brief intervention are feasible for the college population and student health setting
- The WHO ASSIST screen is valid and reliable. Clinician-administered or alternative methods are efficacious

Intervention

Cannabis-Specific ASSIST

The following questions ask about your experience using cannabis across your lifetime and in the past three months. For this self-report, do *not* include cannabis if it is prescribed by a clinician (unless it has been used for reasons *other* than prescription, or taken more frequently or at higher doses than prescribed). Your prescriber will review this with you if you would like to know the score and significance. This information is confidential.

QUESTION 1: In your life, have you *ever used* the following substance (non-medical use only)

Cannabis (marijuana, pot, grass, hash, etc)	YES	NO

Question 2: In the *past three months*, how often have you used cannabis?

Never	Once or twice	Monthly	Weekly	Daily or almost daily
0	2	3	4	6

Question 3: During the *past three months*, how often have you had a strong desire or urge to use cannabis?

Never	Once or twice	Monthly	Weekly	Daily or almost daily
0	3	4	5	6

Question 4: During the *past three months*, how often has your use of cannabis led to health, social, legal, or financial problems?

Never	Once or twice	Monthly	Weekly	Daily or almost daily
0	4	5	6	7

Question 5: During the *past three months*, how often have you failed to do what was normally expected of you because of your use of cannabis?

Never	Once or twice	Monthly	Weekly	Daily or almost daily
0	5	6	7	8

Question 6: Has a friend or relative or anyone else *ever* expressed concern about your use of cannabis?

No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
0	6	3

Question 7: Have you *ever* tried to cut down on using cannabis but failed?

No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
0	6	3

This is an adaptation of an original work: Humeniuk RE, Henry-Edwards S, Ali RL, Poznyak V and Monteiro M (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): manual for use in primary care. Geneva, World Health Organization. This adaptation was not created by WHO. WHO is not responsible for the content or accuracy of this adaptation. The original edition shall be the binding and authentic edition

7 questions to determine level of risk of cannabis use and treatment recommendation

Scores

0-3: LOW

4-26: MODERATE

27+ HIGH

NIDA, 2020

Change Process

Plan, Do, Study, Act

Instructions

Plan: Plan the test, including a plan for collecting data.
- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect.

Do: Run the test on a small scale.
- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyze the data.

Study: Analyze the results and compare them to your predictions.
- Complete, as a team, if possible, your analysis of the data.
- Compare the data to your prediction.
- Summarize and reflect on what you learned.

Act: Based on what you learned from the test, make a plan for your next step.
- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA.

Evaluation with Cost Considerations

59% of eligible visits were screened

LOW RISK = 65%
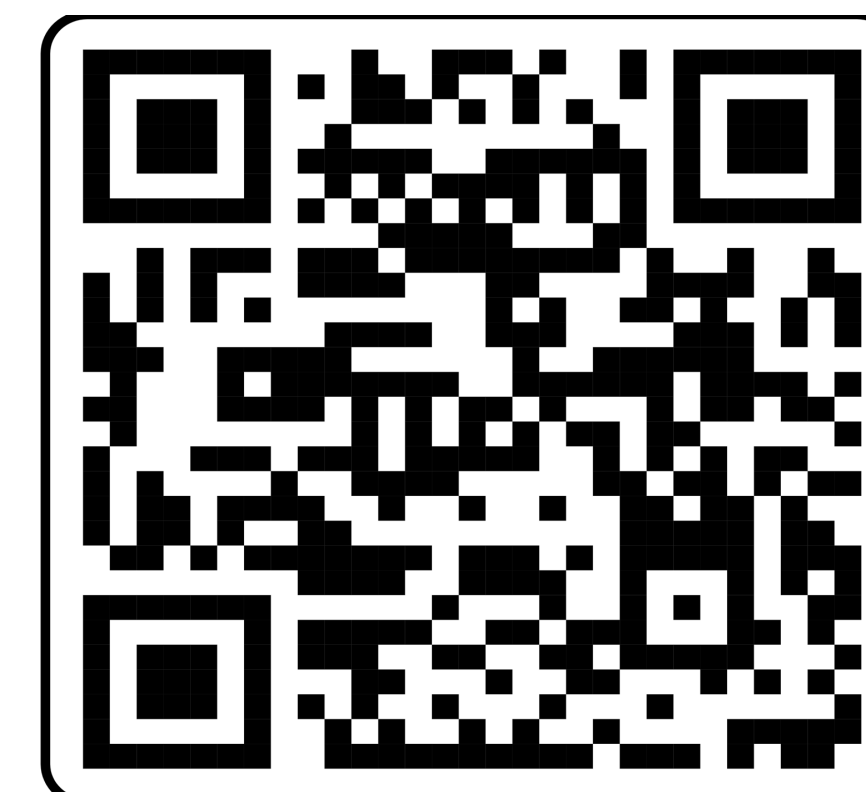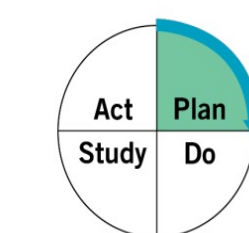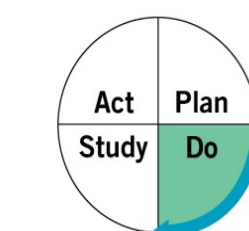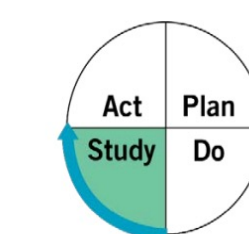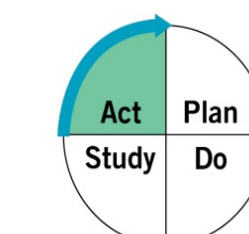**MODERATE RISK = 33%**
HIGH RISK = 1.2%

Statistically significant (2021 vs 2022)
Collected info about frequency of use
(8.8% vs 68.3%)
Collected info about consequences of use
(0% vs 60.6%)

NO ADDED COST TO SCREEN

References