Managing ADHD Treatment When Cannabis Use Is Suspected: Guidance for PCPs

Practical guidance for PCPs navigating stimulant prescribing and cannabis-related health risks in youth.

Case Spotlight:

A pediatrician consulted with the WI CPCP regarding a 16-year-old male being treated for ADHD with a stimulant medication. The caregiver reported that the patient had been "acting weird," taking unusually long showers, and behaving secretively. At times, the caregiver heard what sounded like retching from the bathroom. They also recently found what they believed to be cannabis in the patient's room.

Consultation Questions:

The PCP scheduled an appointment with the patient and caregiver and requested guidance on next steps, including whether stimulant treatment should continue if the patient is using cannabis or other substances.

Consultant Guidance:

Screening for Substance Use: Several validated tools and approaches can support PCPs in identifying substance use concerns in adolescents. One widely used model is **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**—a comprehensive, public-health–oriented framework for early identification and intervention.

The American Academy of Pediatrics recommends that pediatricians become familiar with adolescent SBIRT and consider incorporating it into universal screening and routine care.

SBIRT includes three core components:

1. **Screening** — Identifies risk for substance use concerns
2. **Brief Intervention (BI)** — Increases awareness of risks, enhances motivation for change, and supports goalsetting
3. **Referral to Treatment** — Connects youth at highest risk with specialized services and coordinated care

Considerations When Prescribing Stimulants in the Context of Cannabis Use:

Decisions about continuing stimulant treatment when a youth is using cannabis can be complex. Research highlights several important factors:

What the Evidence Shows

- ADHD itself is a **significant risk factor** for cannabis use and cannabis use disorder (CUD).
- Studies estimate that **approximately 25%** of individuals with ADHD may develop CUD.
- Some adolescents report using cannabis to self-manage ADHD symptoms or medication side effects.
- Treating ADHD effectively may **reduce** the risk of developing substance use disorders over time.

Potential Benefits of Continuing ADHD Treatment

- Treating ADHD remains essential, as unmanaged symptoms can increase vulnerability to substance use.
- Withholding ADHD treatment while an individual is using cannabis may make abstinence or reduction much more difficult, leaving the most vulnerable without support.
- Evidence indicates that stimulant treatment **does not increase** the risk of later substance misuse and may be protective when initiated before adolescence.

Potential Concerns

- Risk of **misuse or diversion** of stimulant medications
- Unknown interactions between cannabis and stimulant medications
- Because cannabis is also associated with executive dysfunction, including impairments of attention and working memory, it is unclear if ADHD medications will be effective if the youth is still using cannabis.

Harm Reduction Strategies for PCPs

- Preferentially use **long-acting stimulant formulations**; avoid “as needed” administration; and encourage caregiver involvement in monitoring adherence and diversion.
- For youth at higher risk of misuse, consider **nonstimulant medications** or therapy as first-line options.
- Consider urine drug screens when “red-flag” behaviors arise, such as appearing intoxicated, repeatedly reporting lost prescriptions, or frequently switching doctors.

Teaching Point: Cannabinoid Hyperemesis Syndrome (CHS)

Over the past two decades, clinicians have increasingly recognized **Cannabinoid Hyperemesis Syndrome (CHS),** a condition characterized by cycles of nausea, vomiting, and abdominal pain in individuals using cannabis regularly.

Key Features

- Persistent morning nausea
- Intense abdominal pain
- Repetitive vomiting or retching, sometimes up to five times per hour
- "Scromiting," a term describing episodes of vomiting accompanied by severe pain and screaming
- Loss of appetite and fear of vomiting

Trends and Emerging Evidence

- A nationwide analysis published in *JAMA Network* found a **more than tenfold increase** in adolescent CHS-related ER visits between 2016 and 2023.
- Another study found a sharp rise among adults ages 18–35 during the pandemic, with elevated rates persistenting since then.
- Earlier assumptions suggested CHS required 10–12 years of heavy use; however, with today's higher potency THC products, cases are now appearing after **six months or less** of heavy use.

Notable Clinical Clue

Many individuals with CHS take **compulsive hot showers or baths** for temporary relief, sometimes for hours each day.

Treatment

The only known long-term resolution is **complete cessation of cannabis use**. Symptoms often persist for several weeks after stopping, but then resolve.and

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Resources:

- Improving Adolescent Health SBIRT Change Package
- Cannabinoid Hyperemesis Syndrome in Adolescents: A Narrative Review
- The prevalence of cannabis use disorder in attention-deficit hyperactivity disorder: A clinical epidemiological meta-analysis
- CANNABIS AND ADHD: A CADDRA Policy Statement