



WASHINGTON STATE UNIVERSITY
College of Nursing

Problematic Substance Use in the Context of Chronic Pain

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Disclosures

- Goalistics, LLC, Consultant for online health program development
- **Project funding:**
 - Washington State Health Care Authority (K6375)



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Objectives



1. Recognize trends in substance use among adults with chronic pain
2. Understand how to access risk assessment and harm reduction resources
3. Apply harm reduction principles for a person using cannabis for pain management

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What is “problematic use”?

- “Substance use disorder is a complex condition in which problematic patterns of substance use may interfere with a person’s life and lead to physical and/or psychological dependence and withdrawal symptoms. It is commonly known as addiction or *problematic use* of substances and can range from mild to severe.”

American Psychiatric Association, DSM-5, 2018

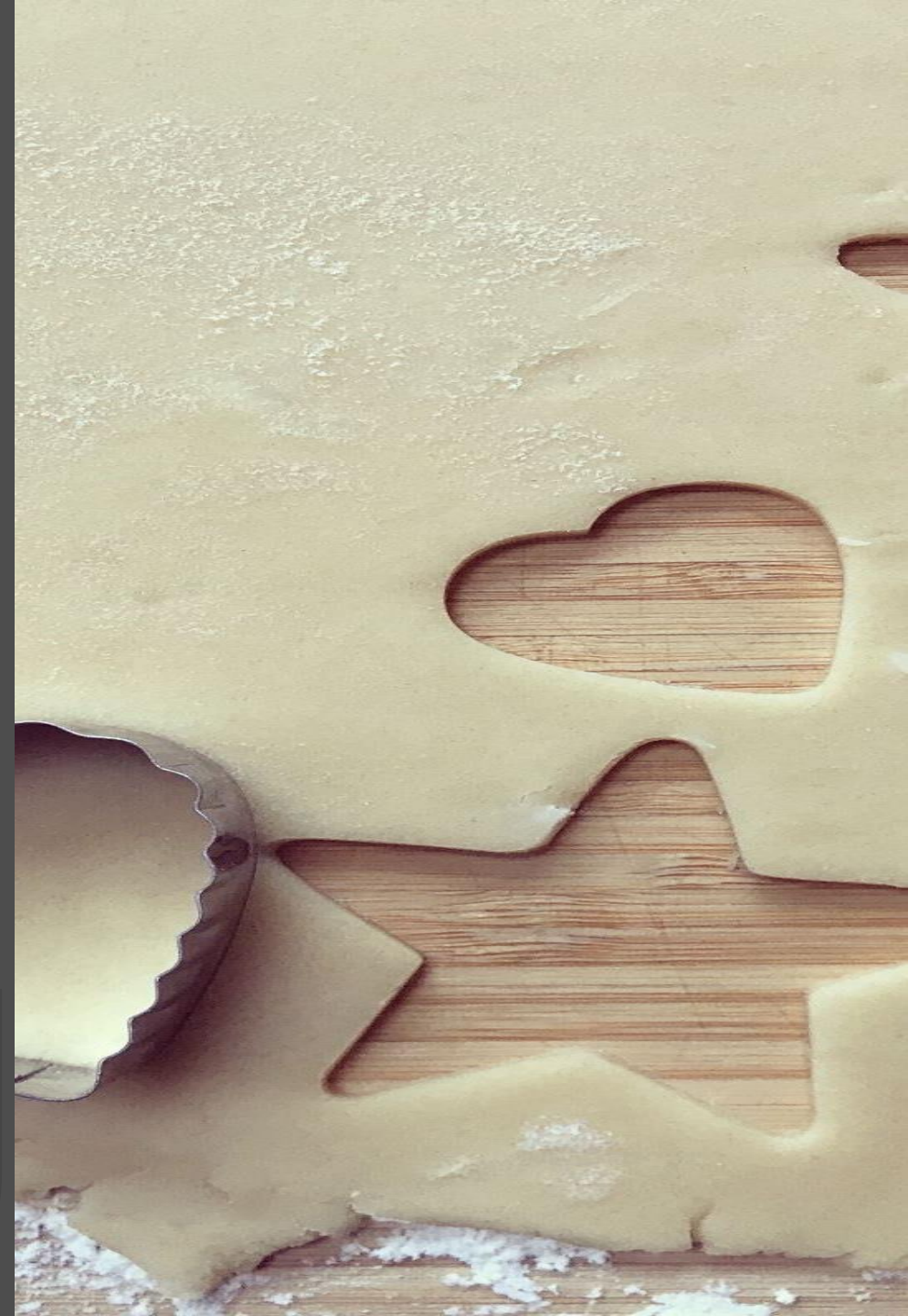


The 4Cs approach

A simple way to describe problematic substance use that may have a negative impact on a person:

- **Craving:** Strong need to use the substance.
- **Control:** Difficult controlling how much or how often the substance is used.
- **Compulsion:** Feeling urges to use the substance.
- **Consequences:** Continuing to use the substance despite negative outcomes

Centre for Addiction and Mental Health, 2025



Where do our ideas about substance use come from?



Substance use circa 1960's

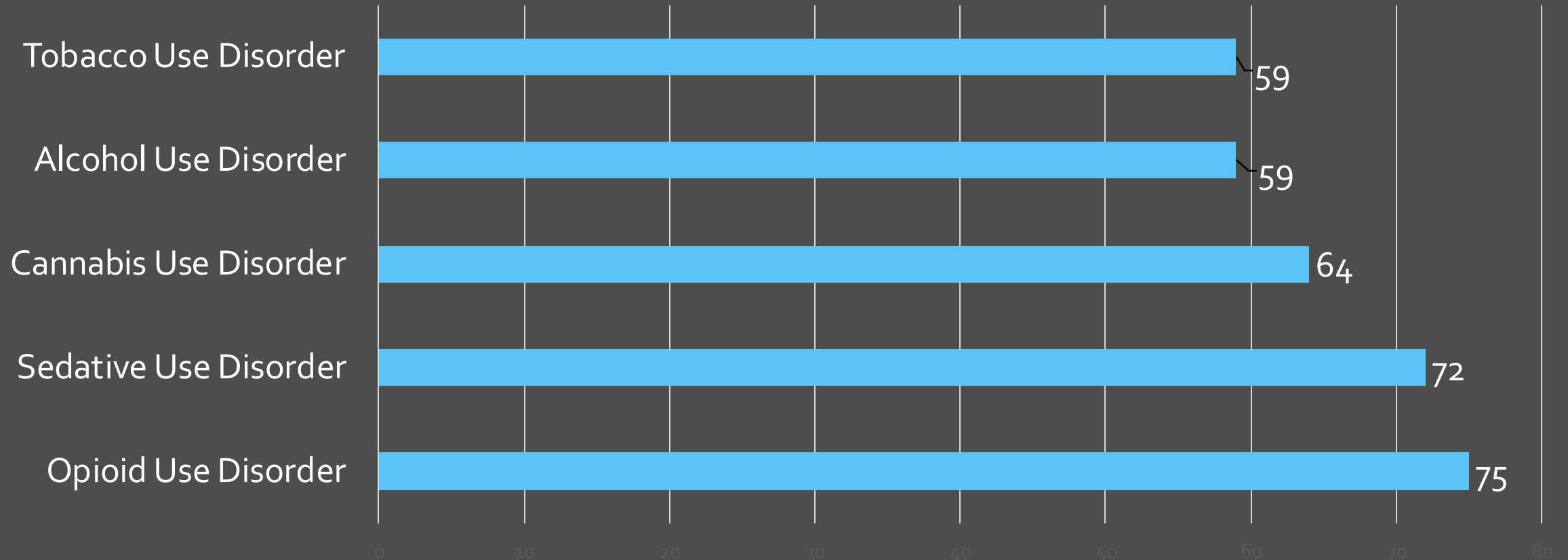


Became a nurse!



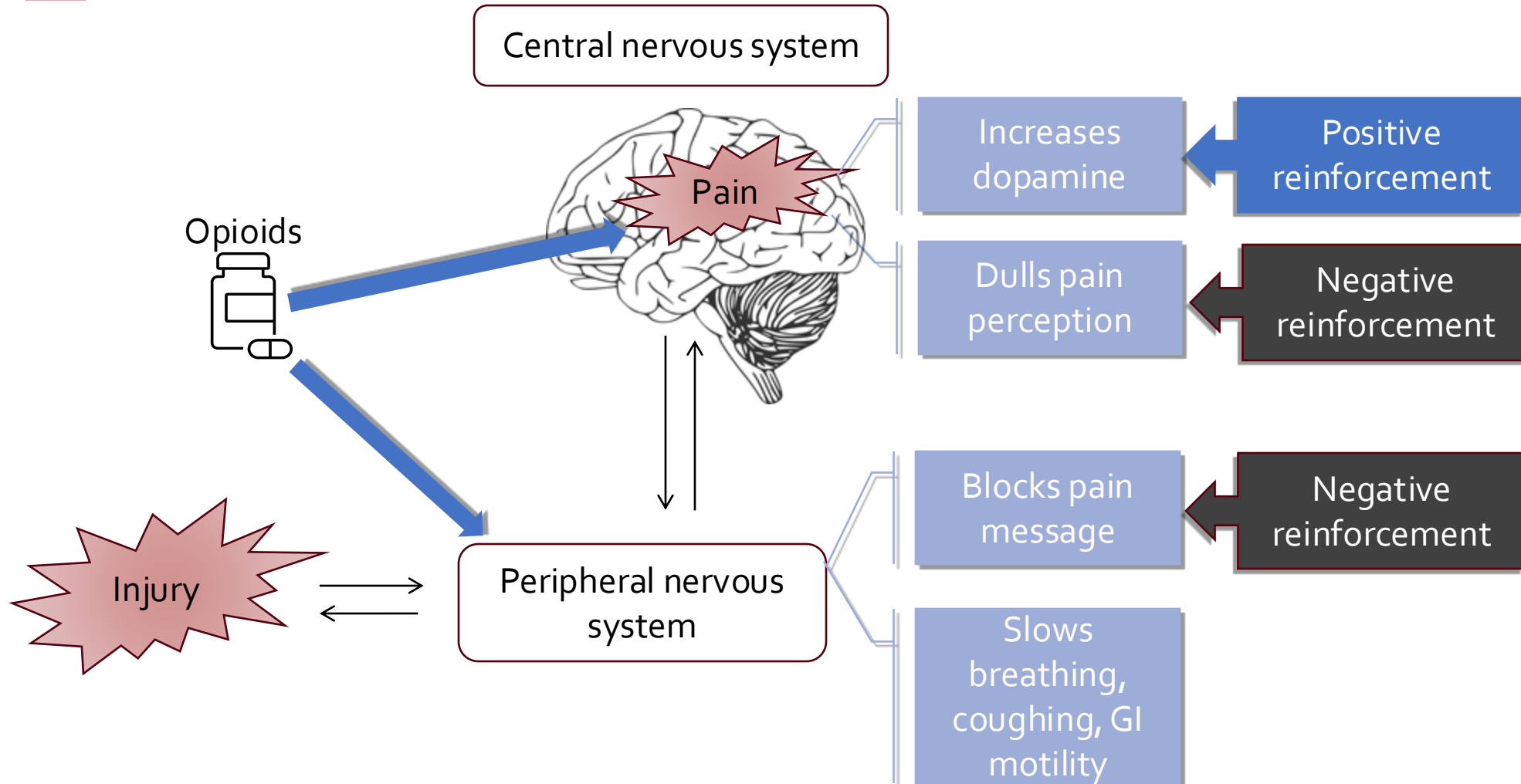
Pain Promotes and Reinforces Substance Use

Percent with Comorbid Chronic Pain



Most (>50%) U.S. adults with a Substance Use Disorder (alcohol, tobacco, cannabis, sedatives, opioids) have a comorbid chronic pain condition. (John & Wu, 2020)

Positive & Negative Reinforcement



Bidirectional relationships of substances and pain

TOBACCO: Moderate to severe pain may contribute to risk of initiating and maintaining daily smoking; smoking may contribute to risk of developing moderate or severe pain. Emotional pain possible explanation (Costa et al., 2025)

ALCOHOL: Individuals with chronic pain often consume alcohol for its short-term analgesic effects; alcohol exacerbates pain-related distress, can initiate or worsen pain, and elevates the risk of developing alcohol use disorder. Uncertainty-related anxiety provides a possible explanation (Radoman et al., 2025)

CANNABIS: Pain can drive cannabis use and co-use of cannabis and tobacco more than doubled the odds of experiencing moderate to severe pain later on; cannabis may worsen pain long term. Withdrawal one possible explanation (Rubenstein et al., 2025)



Risk summary

- Chronic use of substances may lead to the development of substance use disorders in someone with chronic pain who uses substances for pain relief or as a coping mechanism.
- Use of substances may contribute to development of **higher tolerance and dependence** to the substances used for pain relief.
- Risks are higher in those with a **history** of problematic substance use or misuse.
- Chronic pain history is a significant factor associated with increased rates of **polysubstance use**, especially in individuals with **depressive and anxiety** symptoms.

*There is **high likelihood of** undertreated problematic substance use within your populations.*

Ripon, R. K., & Maleki, N. (2025). Association between chronic pain and substance use. *Scientific reports*, 15(1), 22038. <https://doi.org/10.1038/s41598-025-04888-3>

Data used from the National Health and Nutrition Examination Study (NHANES)

Substance use can interfere with pain management treatment

- Pain is underappreciated as a trigger for substance use
- Pain treatments may be less effective in the context of substance use
- High need for non-pharmacologic options

Drug-Drug Interaction Between Orally Administered Hydrocodone-Acetaminophen and Inhalation of Cannabis Smoke: A Case Report

Hospital Pharmacy
1-8
© The Author(s) 2021
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sagepub.com/journals-permissions
DOI: 10.1177/00185787211061374
journals.sagepub.com/home/hpx
 SAGE

Lower hydrocodone plasma levels when cannabis consumed may indicate cannabis's effect on metabolism. Bindler et al., 2022

The good news...

- We have the power to make a difference each time a person tells you they have pain



What's your plan?

Deliberately plan to assess substance use in your setting

- Universal implementation of a brief screening tool for self-reported substance use is recommended
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
<https://www.samhsa.gov/substance-use/treatment/sbirt>
- Modeled here:
- <https://www.sbirtoregon.org/>



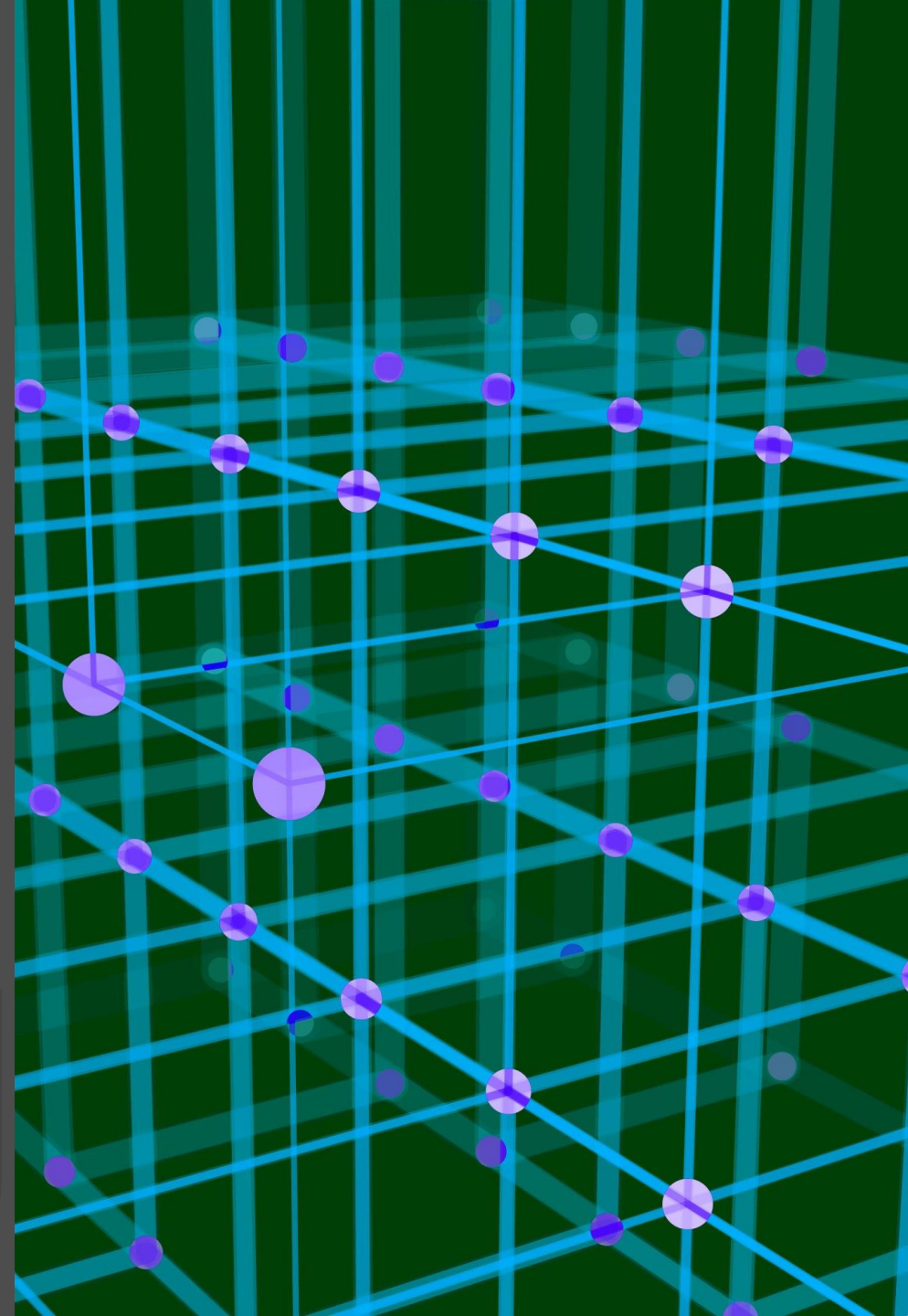
Brief screen

Make it easy on yourself

Find links:

- <https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>
- Create a process for follow up

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Screening tools

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	

Screening to Brief Intervention (S2BI)

This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.

Screening Tool Cutoffs and Scoring Thresholds:

Intended use: This screening tool is meant to be used under a medical provider’s supervision and is not intended to guide self-assessment or take the place of a healthcare provider’s clinical judgment.

This tool may be administered by either the patient or the clinician. Please indicate the mode of administration:

I AM THE PATIENT

I AM THE CLINICIAN

Tobacco Risk Level: In Early Remission, But at Risk

Implications

Since the patient reports tobacco use during the past 12 months, they may still be at risk for adverse outcomes despite no use in the past 3 months and may meet DSM-5 criteria for Tobacco Use Disorder.

Suggested Action

The suggested action for a “no recent (i.e. no past 3 months) tobacco use” result is to give positive reinforcement to maintain abstinence. Ask additional questions to determine use frequency and patterns in the previous time periods in order to better determine risk level.

- Since the patient reports tobacco use in the past 12 months, consider exploring the severity of tobacco use through a clinical interview either using questions from the Fagerstrom Test for Nicotine

Dependence or DSM-5 Tobacco Use Disorder criteria.

- Personalize the prevention message as much as possible.
 - For example: support recent abstinence, identify the impact of tobacco use on medical conditions, depression as a risk for relapse to tobacco use, etc.
- Offer a referral for counseling or a support group to maintain abstinence.

Where do our ideas come from?



How was harm reduction accessed in 1976?



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A new option: Relief Pain Hub



<https://www.painreliefwa.org/>



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Assessments & Tools ▾

Opioid Safety ▾

Community ▾

***PAIN IS A PERSONAL EXPERIENCE.
WE ARE HERE TO HELP.***

COMPLETE A SELF-ASSESSMENT

to receive personalized feedback

The RELIEF Project

Resources and Education Leading to Improved Pain Care Equity For Washingtonians

Training and education necessary to reduce inappropriate prescriptions as well as **maintaining pain care** access *safely* for people who need opioids.

1. Develop a web-based central repository of resources for pain self-management for patients, providers and community members
2. Offer evidence-based programs to help primary care providers better manage people with pain, allowing them to continue to provide care to their patients on chronic opioid therapy
3. Develop and disseminate web-based opioid and pain prevention training for all WA state health science students



*Better pain management is
harm reduction*



GET STARTED

Our platform offers self-assessment tools to help you understand your pain, progress tracking to monitor your journey, and expert-backed pain management strategies. By registering, you can earn points while accessing valuable tools to take control of your pain. Start exploring today and take the first step toward better pain management.



SELF-ASSESSMENT

We offer a range of self-assessment tools designed to help you better understand your pain. These easy-to-use tools allow you to evaluate the nature and intensity of your pain and related impacts.

[Learn More](#)



TRACK YOUR PROGRESS

By registering with Relief Pain Hub, you can earn points every time you visit, take assessments, and utilize the resources available. Start your journey towards better pain management today.

[Learn More](#)



PAIN MANAGEMENT

Relief Pain Hub is your comprehensive guide to understanding and managing both chronic and acute pain. Our goal is to provide you, with the most up-to-date, evidence-based information.

[Learn More](#)

Main Categories



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Education & Resources ▾

Acute Pain

Types of Pain

Healthy Living >

Medical Interventions >

Movement Therapies >

Pain Coping Methods >

ACTIVITY PACING



ACTIVITY PACING FOR PAIN MANAGEMENT

RESOURCES



SIX EMOTIONS THAT DRIVE
CHRONIC PAIN

US Pain Foundation



BREATHING MEDITATION (5
MINUTES) 📺

UCLA Mindfulness Center



LOVING KINDNESS MEDITATION
(11 MINUTES) 📺

UCLA Mindfulness Center



FIVE PROVEN RELAXATION
TECHNIQUES TO REDUCE
CHRONIC PAIN

Southern Pain and Neurological



GRATITUDE JOURNAL

Therapist Aid



MEDITATION TO CONTROL YOUR
EMOTIONS 📺

Declutter Your Mind

Multidimensional Pain Assessments



WELLBEING

Your wellbeing is a crucial component of your pain management plan. Feelings of stress, anxiety, and depression have been shown to make pain feel worse and increase your pain's interference with your life. Wellbeing and emotions can also reduce your ability to self-manage your pain while lowering your quality of life. Regular assessment and tracking of these emotions can help indicate your progress over time.

- ✓ **Patient Health Questionnaire 2 (PHQ-2):** A two-question assessment tool that helps evaluate depressive symptoms. The PHQ-2 is designed to be taken every two weeks (14-days).

[Complete PHQ-2 Assessment](#)

- ✓ **Generalized Anxiety Disorder 2 (GAD-2):** A two-question assessment tool that helps evaluate anxiety symptoms. The GAD-2 is designed to be taken every two weeks (14-days)

[Complete GAD-2 Assessment](#)

- ✓ **World Health Organization's Five Well-Being Index (WHO-5):** A five-question assessment tool that is used to measure your current overall wellbeing. It is designed to be completed every two weeks (14-days).

[Complete WHO-5 Assessment](#)

PAIN TYPES

Identifying the type(s) of pain impacting your day-to-day life can be an important part of creating a successful management plan. There are many different types of pain; for example, it can be described by location (where does it hurt?), duration (how long has it hurt?), and cause (why does it hurt?) among others. Many people have more than one type of pain.

- ✓ **Pain Duration:** How long have you been dealing with your pain? Identifying acute and sub-acute (short-term) pain from chronic (long-term) pain can help develop an appropriate management plan.

[Complete Duration Assessment](#)

- ✓ **Neuropathic Pain:** Does your pain include a nerve or neuropathic component? Neuropathic pain, described as pain originating from a damaged or malfunctioning nervous system (such as fibromyalgia, post-shingles pain, diabetic neuropathy, and many others) can feel different from other painful medical conditions and have specific treatments. The Neuropathic Pain Assessment (DNA) is a tool that can help indicate the presence of neuropathic pain.

[Complete Neuropathic Pain Assessment](#)

PAIN INTENSITY AND INTERFERENCE

Pain intensity is simply how much your pain hurts while pain interference is the degree that your pain impacts your ability to participate in, and complete, tasks such as activities of daily living and engaging in those that bring you joy.

- ✓ **Pain, Enjoyment of Life and General Activity (PEG) Assessment:** A brief, three-question assessment tool known as the "Pain, Enjoyment of Life, and General Activity" scale. The PEG-3 can be used to monitor your pain's intensity and interference with your life. It is designed to be taken every week (7-days). Completing it regularly can help you track any progress you are making with your pain management plan. Use this tool to help set priorities and see where to start with your pain relief plan.

[Complete PEG Assessment](#)

- ✓ **Patient-Reported Outcomes Measurement Information System (PROMIS) Pain Intensity Assessment:** We have included two assessments that can be used to evaluate your pain's intensity over the past week (7-days): 1) a single-question with a 0 to 10 scale, and 2) a three-question assessment tool.

[Complete PROMIS 3a Assessment](#)

- ✓ **PROMIS Pain Interference Assessment:** This assessment can be used to evaluate the consequences of pain on relevant aspects of one's life including the extent to which pain hinders engagement with social, cognitive, emotional, physical, and recreational activities.

[Complete PROMIS 4a Assessment](#)

HEALTHY LIVING

Your pain can impact additional areas of your life including sleep, physical function, and substance use. Similar to evaluating your wellbeing, it is important to monitor additional areas as part of your overall pain management plan.

- ✓ **PROMIS Sleep Disturbance:** A four-question assessment tool that is designed to evaluate your sleep quality. It can be taken weekly (7-days).

[Complete Sleep Disturbance Assessment](#)

- ✓ **PROMIS Physical Function:** A four-question assessment tool evaluating your ability to complete physical functions. Although there is no specific recall period, it can be completed weekly (7-days).

[Complete Physical Function Assessment](#)

- ✓ **CAGE-AID:** A four-question assessment tool that is designed to identify potential substance use problems, including alcohol and other drugs.

[Complete Substance Use Assessment](#)

- ✓ **Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)**

[Complete Substance Use Risk Assessment](#)

Pain Hub Content

- Oriented to patients, community, and professionals
- Internal and external vetted resources
- Videos in English and Spanish with downloadable transcripts that can be translated further
 - Movement therapies [Yoga, Physical therapy]
 - Psychological therapies [Cognitive Behavioral and Acceptance & Commitment Therapy]
 - Relationships [Social support, Professionals]
 - Symptom management [Sleep, Mood]
- Tracking and reporting tools to promote patient communication
- Accessible with smart phone, laptop, iPad



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Opioid-specific harm reduction resources



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The Benefits and Risks of
Opioids for Pain
Management

Opioid Overdose –
Administering Naloxone
(Narcan)

What is Opioid Use
Disorder?

Find Treatment

Educational resources



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Education >

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Research >

Professional Resources

Events / Classes

Pain Support
Organizations

Learn

For professionals

HOW TO USE THE RELIEF PAIN HUB



Introduction to the RELIEF Pain Hub - Professionals

Washington State University CON



Introduction for Health Professionals



INTRODUCTION TO THE RELIEF PAIN HUB - PROFESSIONALS

Professional Tools

Weekly Pain Record

Date – Time	Pain Type	Pain Location	Potential Cause(s)	Duration	PEG Scale Scores			Action(s)	Result(s)
					Intensity	Enjoyment	General Activity		



LEARNING & PRACTICE MODULES

GOAL:			
MODULE NAME	CLINICIAN RECOMMENDS		PATIENT RESULTS
ACUTE PAIN			
TYPES OF PAIN			
MEDICAL INTERVENTIONS			
- Medical and Physical Approaches			
- Medications			
- Supplemental Health Products			
MOVEMENT THERAPIES			
- Yoga			
- Activity Pacing			
- Exercise			
- Physical Therapy			
- Tai Chi			
PAIN COPING METHODS			
- Acceptance & Commitment Therapy			

Substance use specific assessement

SELF-ASSESSMENTS			
ASSESSMENT NAME	CLINICIAN RECOMMENDS	DATE COMPLETED	RESULT(S)
PAIN TYPE			
- Duration Assessment			
- Neuropathic Pain			
PAIN INTENSITY & INTERFERENCE			
- General Pain Assessment (PEG)			
- PROMIS Pain Intensity			
- PROMIS Pain Interference			
WELLBEING			
- Depressive Symptoms (PHQ-2)			
- Anxiety Symptoms (GAD-2)			
- General Well-being (WHO-5)			
HEALTHY LIVING			
- Sleep Disturbances			
- Physical Function			
- Substance Use (CAGE-AID)			

CAGE-AID Assessment

The CAGE Adapted to Include Drugs (CAGE-AID) Questionnaire is an adaptation of the CAGE for the purpose of conjointly screening for alcohol and drug problems. The CAGE-AIDS focuses on lifetime use. When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Have you ever felt that you ought to CUT DOWN on your drinking or drug use? (Required)

☐ Yes ☒ No

Have people ANNOYED you by criticizing your drinking or drug use? (Required)

☐ Yes ☒ No

Have you ever felt bad or GUILTY about your drinking or drug use? (Required)

☒ Yes ☐ No

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (EYE OPENER)?

(Required)

☒ Yes ☐ No

Submit

Gamification



Complete the “Pain Intensity & Interference: PROMIS 4a Assessment” Relief Points Award May 16, 2025	5 Relief Points
Complete the “Healthy Living: PROMIS Physical Function Assessment” Relief Points Award May 16, 2025	5 Relief Points
Complete the “Pain Intensity & Interference: PROMIS 3a Assessment” Relief Points Award May 16, 2025	5 Relief Points
Complete the “Pain Types: Neuropathic Pain Assessment” Relief Points Award May 16, 2025	5 Relief Points
Complete the “Pain Types: Duration Assessment” Relief Points Award May 16, 2025	5 Relief Points



KNOWLEDGE SEEKER

As a Knowledge Seeker, you are exper

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Does it work?

- 17 RCTs

Chief findings:

- eHealth and mHealth interventions had significant effects on multiple short- and intermediate-term pain outcome measures.
- Widespread, low cost availability
- Clinicians treating patients with chronic pain should consider using eHealth and mHealth interventions as part of a multidisciplinary pain treatment strategy. Moman et al., 2019

A Systematic Review and Meta-analysis of Unguided Electronic and Mobile Health Technologies for Chronic Pain—Is It Time to Start Prescribing Electronic Health Applications? [Get access >](#)

Rajat N Moman, MD, MA ✉, Jodie Dvorkin, MD, MPH, E Morgan Pollard, MD, Robalee Wanderman, MD, M Hassan Murad, MD, David O Warner, MD, W Michael Hooten, MD

Pain Medicine, Volume 20, Issue 11, November 2019, Pages 2238–2255,
<https://doi.org/10.1093/pm/pnz164>

Published: 06 August 2019

Why does it work?

Application of theory into practice



Theoretical background for pain self-management

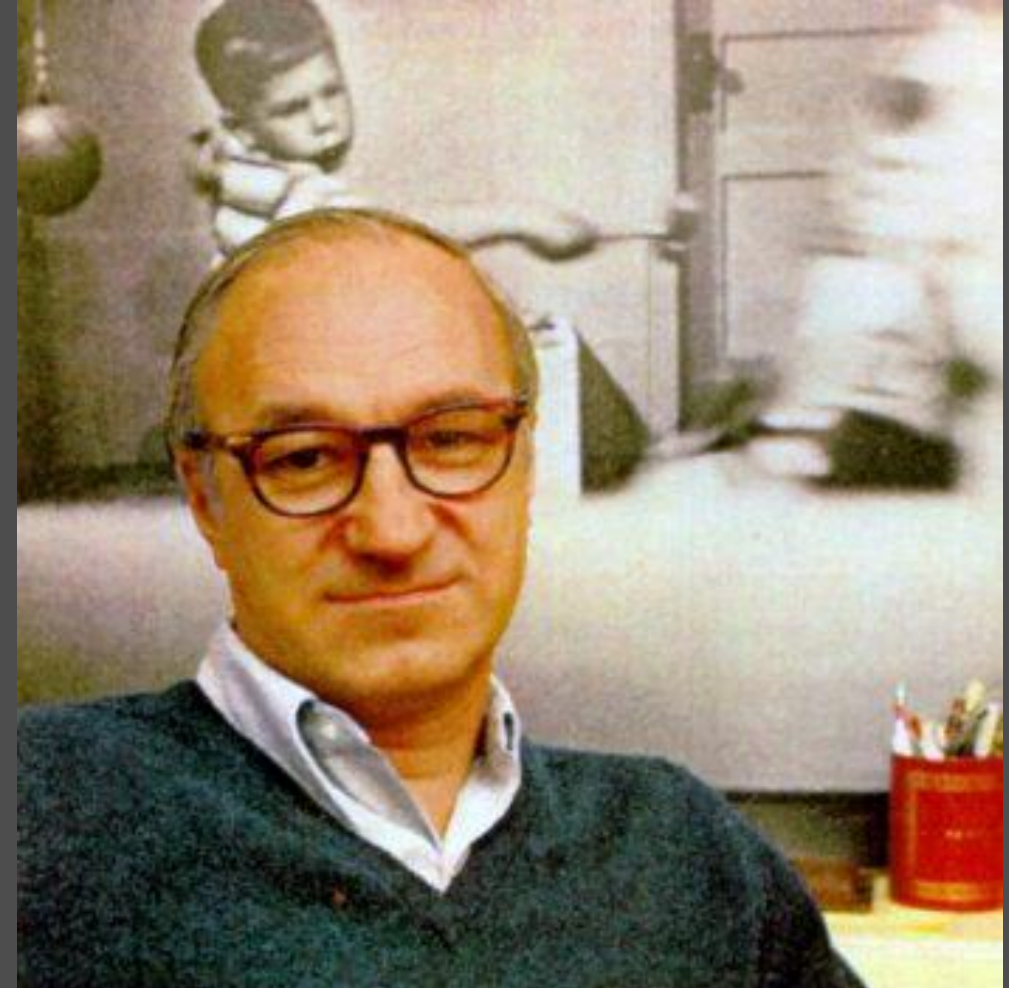
Self-efficacy =
confidence to carry out a behavior
necessary to reach a desired goal.

Confidence in controlling pain
experiences can have positive impact
on physical & psychological
functioning.

Gatchel et al., 2007

Self-efficacy plays a role in substance
use treatment success too!

Stewart et al., 2023



"May the efficacy force be with you."

Dr. Albert Bandura

Dec 04, 1925 - Jul 26, 2021

Activity Tracker Pilot

Join our study

Improving Activity in Adults with Chronic Pain: Self-Directed versus Guided Support with Online Resources



Researchers at Washington State University Spokane are seeking adults with chronic pain who are interested in increasing their activity level to participate in a research project.

All participants will be provided access to a new online pain management resource and randomized to self-directed resource use or guided support. Everyone will be asked to wear a Fitbit activity tracker and complete three surveys over the course of eight weeks.

Those eligible to participate will be:

- Adults (18+) living in the US with a history of chronic pain lasting 3+ months
- Interested in increasing their activity level
- Able to speak and read English
- Willing to provide address for shipment of a Fitbit activity tracker
- Able use the Fitbit application and wear the activity tracker for the majority of study days and nights (8 weeks)
- Free of medical or psychological conditions that prevent participation
- Free of surgical or medical procedures scheduled during the study period

All participants that complete the initial survey will receive a Fitbit to keep and earn a \$10 gift card for completing each additional survey (total \$20).

For additional information, call or email the research team at 509-324-7443 or Spokane.PainStudy@wsu.edu or scan the QR code below.

Principal Investigator Marian Wilson, PhD, MPH, RN, PMGT-BC Washington State University College of Nursing, 509-324-7443, marian.wilson@wsu.edu.

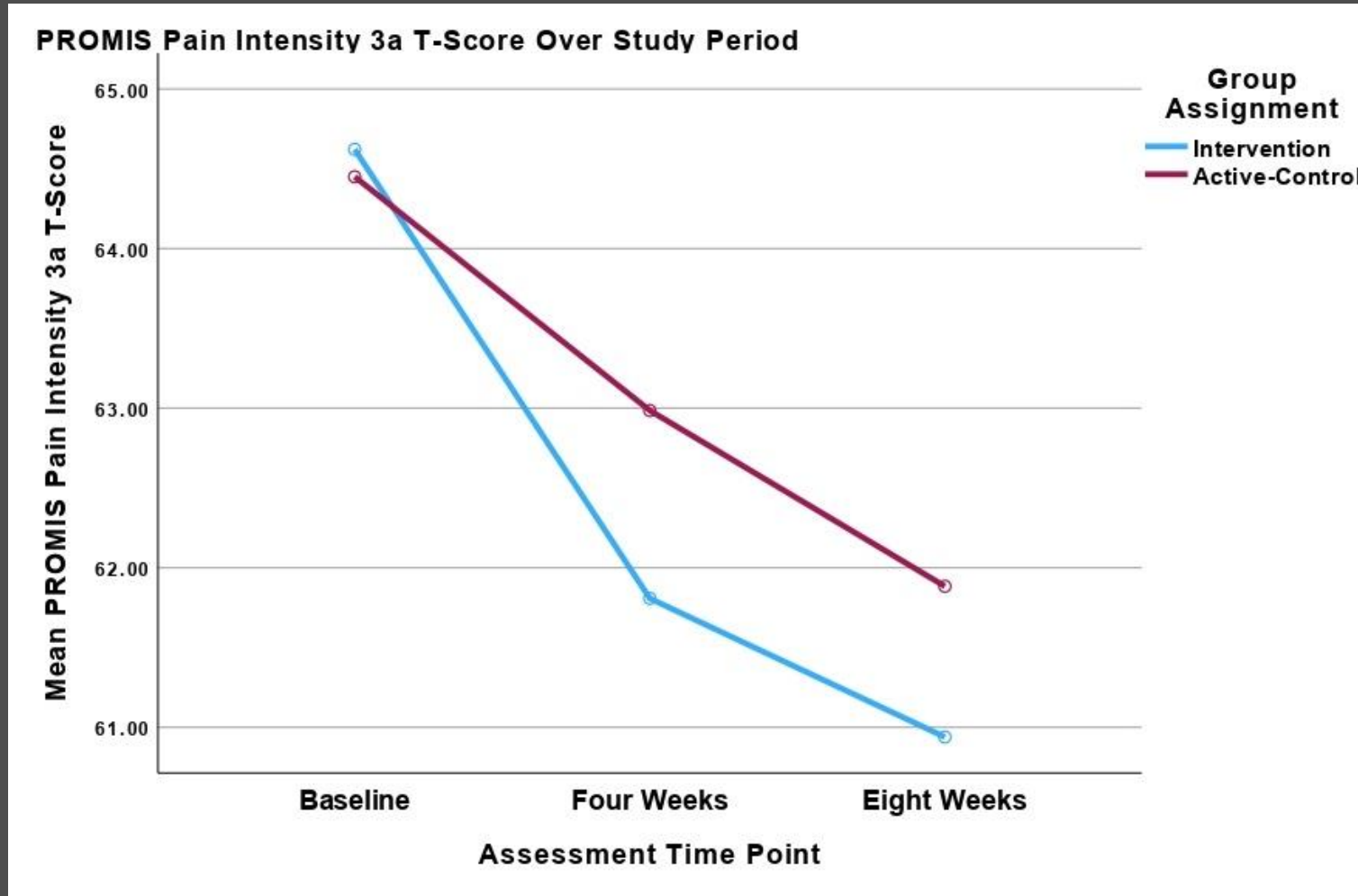
This study #20609 has been approved by the WSU Institutional Review Board (IRB). If you have questions or concerns about your rights as a research participant in this study, you may contact the WSU IRB at irb@wsu.edu.



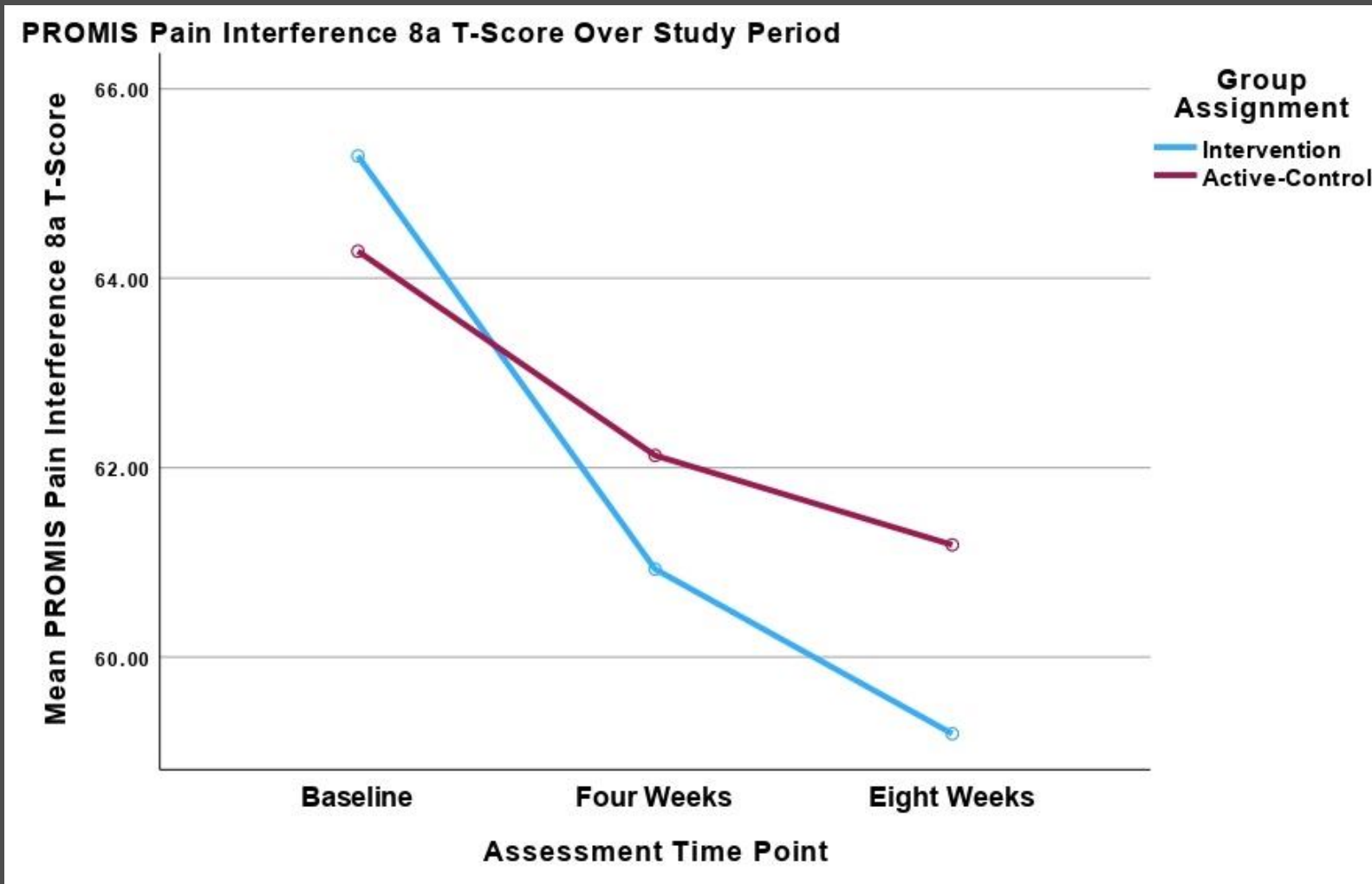
Activity Tracker Pilot

- Fitbit Inspire 3 devices were sent to participants (n=99) after completion of a Baseline Survey.
 - Beta testing provided first opportunity to test resources among individuals with pain
- One week after receipt of the Fitbit, the RELIEF Pain Hub was shared with participants:
 - Intervention (n=50): received a ***detailed guide*** about suggested use along with optional ***weekly goal setting*** surveys.
 - Active-Control (n=49): received brief information on the Pain Hub and general use instructions.
- Follow-up surveys were sent at Four and Eight Weeks

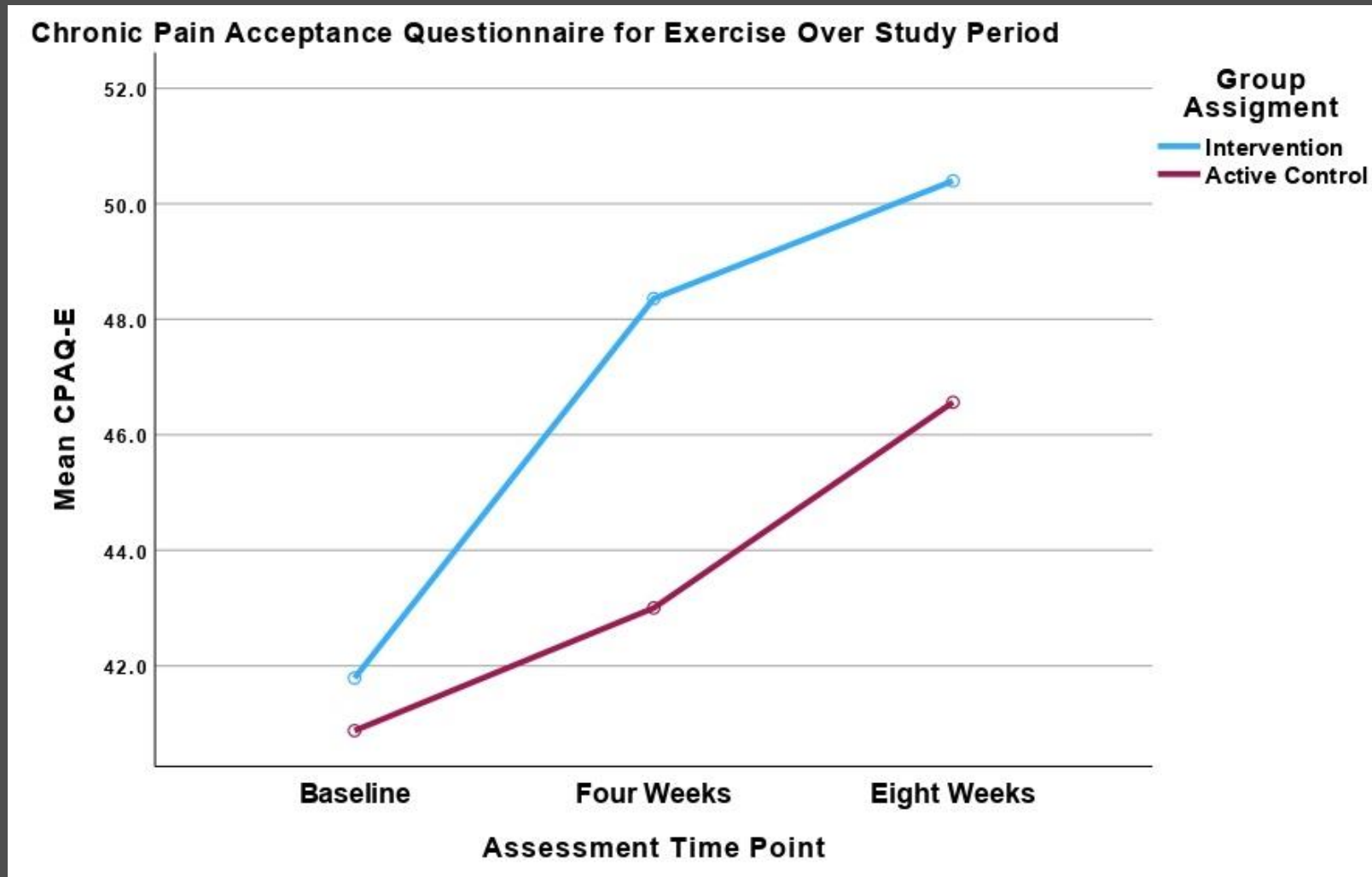
Activity Tracker Pilot: PROMIS Pain Intensity



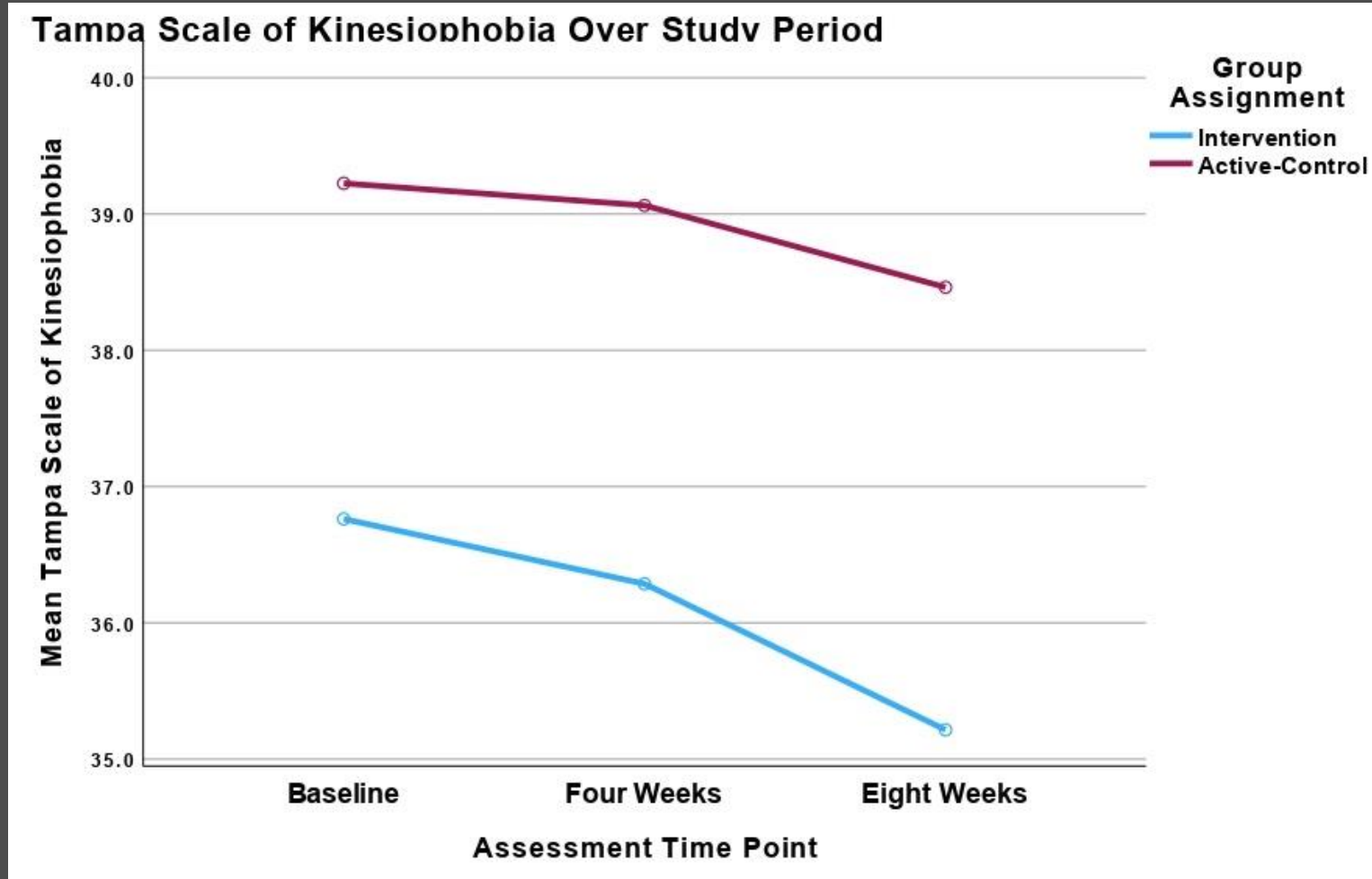
Activity Tracker Pilot: PROMIS Pain Interference



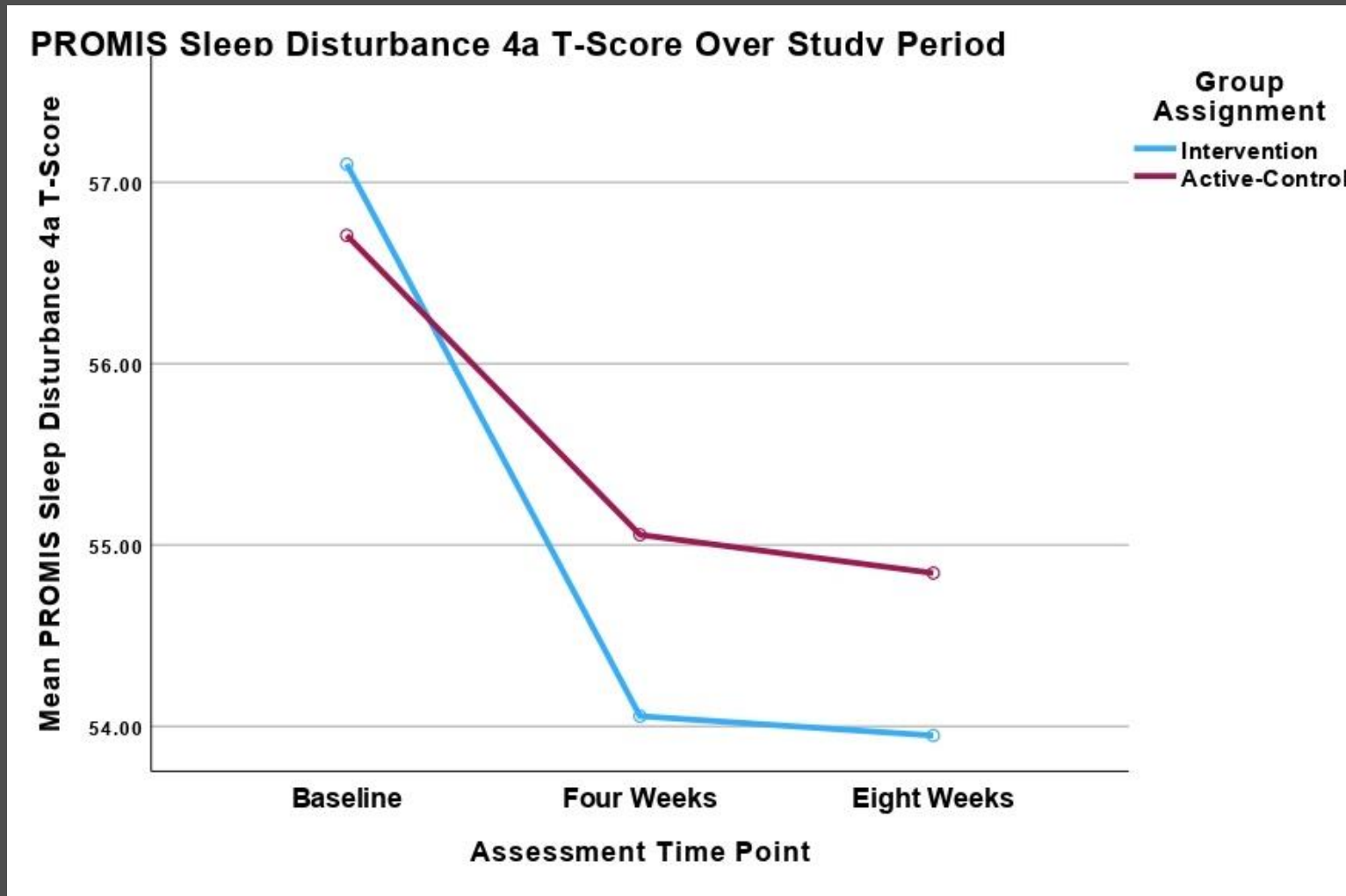
Activity Tracker Pilot: CPAQ-E Total Score



Activity Tracker Pilot: TSK-17



Activity Tracker Pilot: PROMIS Sleep Disturbance



Applying harm reduction principles

What

- A compassionate, nonjudgmental approach aimed at reducing consequences associated with drug use and other potentially unsafe behavior
- Emphasizes overdose prevention
- Recognizes substance use disorder as a disease and not a moral failing.

How

- Advocate for the well-being of individuals who use substances
- Support any positive change as defined by the individual.
- Numerous examples: syringe exchange, contraception, naloxone, peer support, take-back sites

Douglass et al., 2019

Applying harm reduction to cannabis use

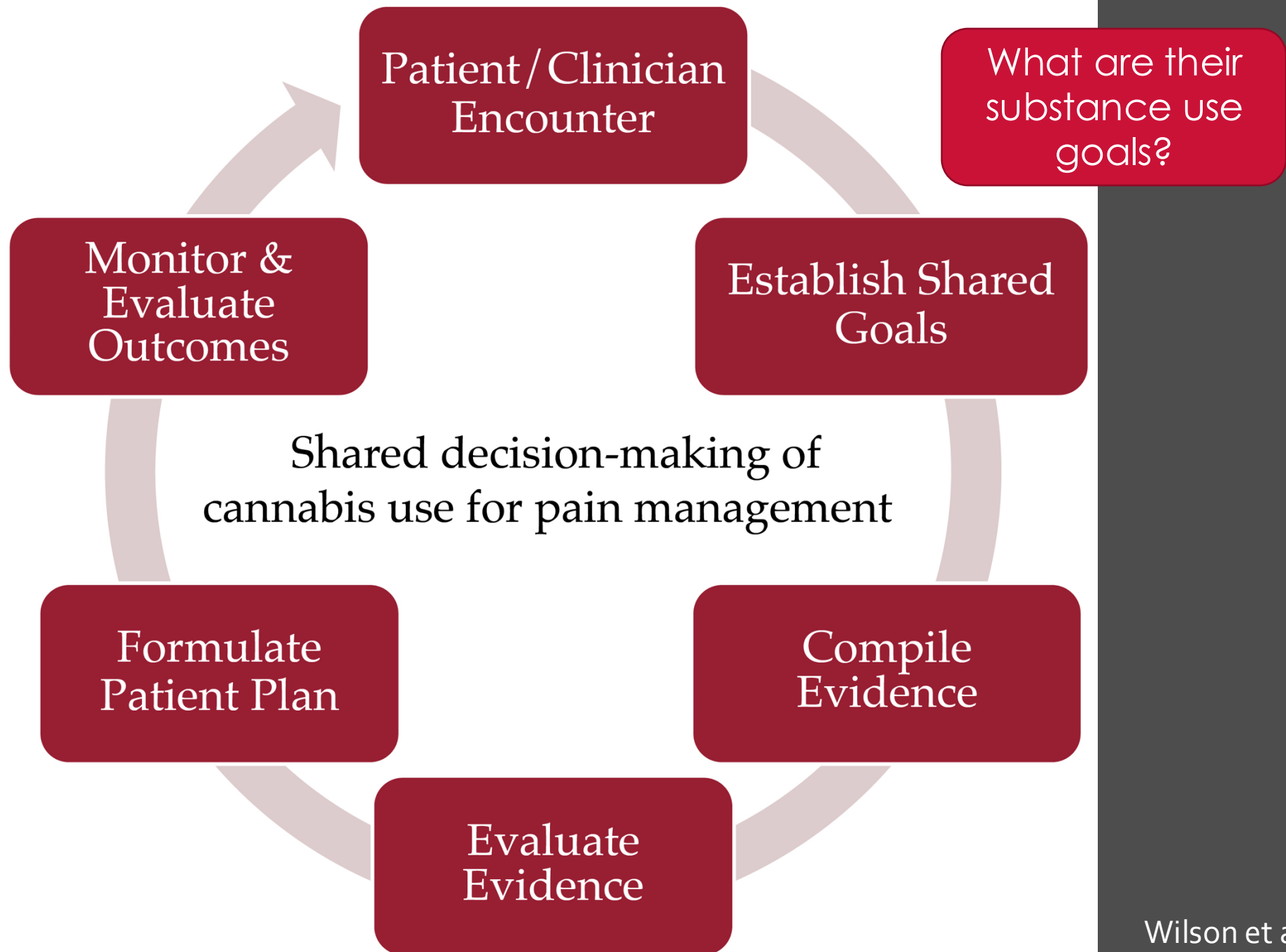
Assess

- Cannabis Use Disorder screening
 - Intervene as needed
 - Be prepared to refer if needed
- Ask about product type, source, amount, mode, dose,
- Symptoms treated and perception of effects
 - Ask why they are using cannabis
- Side effects



Substitution of prescription drugs is now the most common motive for cannabis substitution among medical cannabis use.

Reddon et al, 2023



Applying harm reduction to cannabis use

Stay informed

- See WA State resources
<https://doh.wa.gov/you-and-your-family/cannabis/medical-cannabis/healthcare-practitioners>
- Risks
- Interactions with prescribed medications
- Signs of withdrawal
- Alternatives for symptoms
 - Sleep, mood, inactivity

Medical Cannabis - Healthcare Practitioners

Before you authorize the medical use of cannabis to a patient, you must be familiar with the regulations that govern this practice. The boards and commissions that regulate healthcare practitioners (HCPs) who are allowed to authorize the medical use of cannabis developed [Medical Cannabis Authorization Practice Guidelines \(PDF\)](#) that provide guidance on laws and best practices.

Key requirements for authorizing HCPs are listed below, and you should become familiar with HCP legal requirements in [RCW 69.51A.030](#).

Overview of HCP Requirements

- **Conduct an in-person** physical exam to evaluate the patient for medical use of cannabis.
- **Document** in the patient's record:
 - That you have established a provider-patient relationship, as a principal care provider or specialist for their condition.
 - The patient's terminal or debilitating medical condition that may benefit from the use of medical cannabis.
 - That you provided the patient information about other treatment options.

Consider benefits of medical authorization

Changes for medical cannabis patients

In addition to the option to join the new medical cannabis database, the law requires:

Standard Authorization Form

All medical cannabis authorizations must be written on the Department of Health form dated June 2015 (or later). All authorizations issued on or after July 1, 2018 are required to be printed on authorization tamper-resistant paper containing the RCW 69.51A.030 logo.

Medical Cannabis Consultants

A certified medical cannabis consultant is on staff in every licensed and medically endorsed cannabis store. The consultant is not a medical provider and can only:

- Enter patient and designated provider information from the authorization form into the database and create the medical cannabis recognition card.
- Assist the patient with selecting products.
- Describe risks and benefits of methods for using products.
- Give advice on ways to properly store products and keep them safe from children and pets.
- Provide instruction on proper use of products.

Recognition Card Fee

The cardholder must pay a \$1 fee when their card is created. This fee is collected by the medically endorsed store and paid to the Department of Health.

Note: The law does not restrict retail stores from charging more than \$1. The average cost for each card may be between \$1 and \$10 (or more) depending on which store you go to.

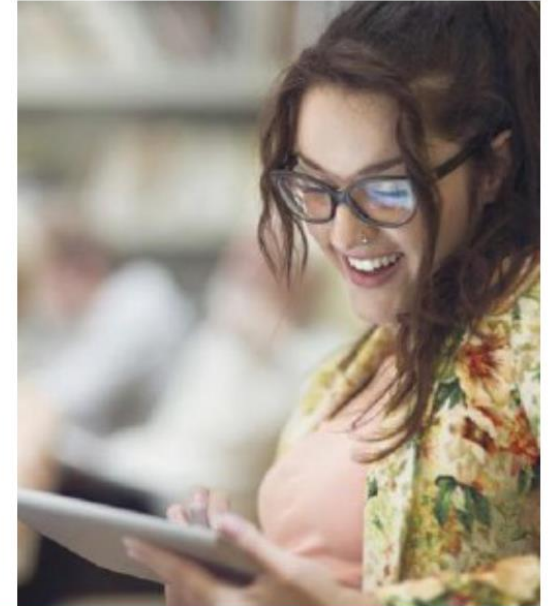
Medical cannabis laws and rules

The Cannabis Patient Protection Act (SB5052) was signed into law April 2015 and went into full effect on July 1, 2016.

This law aligns licensing and regulation of all cannabis producers, processors and stores under the oversight of the Washington State Liquor and Cannabis Board. This includes medically endorsed cannabis stores.

Read the specific laws and rules for the medical cannabis database:

- RCW 69.51A.230
- Chapter 246-71



Learn more...

Washington State Department of Health
Medical Cannabis Program

www.doh.wa.gov/medicalcannabis

360-236-4819

medicalcannabis@doh.wa.gov

A patient's guide to the ...

Medical Cannabis Database



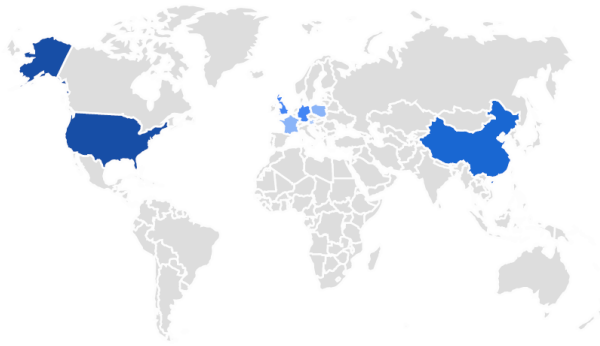
Ask about substance use

- If you don't ask, they won't tell
- Meet them where they're at
- Offer information and options
 - How will this help or not help with pain?



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Active users▼ by Country



COUNTRY	ACTIVE USERS
United States	596
China	62
Germany	5
United Kingdom	3
France	2
Poland	2
Austria	1



Next steps

- Maximize use of Relief Pain Hub resources
- Find rural and family practice pilot sites
- Additional education, updated/expanded content, incorporate feedback

Active users▼ by City



CITY	ACTIVE USERS
Seattle	83
San Jose	72
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*Your thoughts?
Your partnership?*



Thank you for attending!

Questions?

Contact:

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MEET THE TEAM

The RELIEF Project encompasses a dynamic and diverse interprofessional team.

WSU COLLEGE OF NURSING

Marian Wilson, PhD, MPH, RN, PMGT-BC: Dr. Wilson is an Associate Professor at Washington State University Spokane's College of nursing and Chair of the Department of Nursing and Systems Science. She is board certified in Pain Management Nursing from the American Nurses Credentialing Center (ANCC) & American Society for Pain Management Nursing (ASPMN). She has published research testing internet-based self-management programs to assist patients with chronic pain and is interested in how adoption of non-pharmacologic pain strategies can reduce opioid reliance. Her recent research focuses on how mood disorders, opioid misuse, and addiction can be addressed within chronic pain populations.

Fionnuala Brown, DNP: Dr. Brown is Clinical Assistant Professor at Washington State University Spokane's College of Nursing and the coordinator for the family nurse practitioner (FNP) track within the Doctor of Nursing Practice (DNP) program.

Ross J. Bindler, PharmD: Ross is a Research Investigator in the Office of Research and Scholarship at Washington State University Spokane's College of Nursing. After graduating from Washington State University's College of Pharmacy and Pharmaceutical Sciences he completed a two-year postdoctoral residency in Drug Information and Academics at Washington State University Spokane's Drug Information Center. He has been involved in health outcomes research for over ten years with research focusing on the management of chronic pain and substance use disorders as well as healthcare practitioner wellbeing.

Bradford Schwartz: Brad Schwartz (he/him/his) is a creative, business savvy technologist and educator with a broad background in visual communication design. His skill set includes website design and development, graphic design, user experience and usability testing, content management, e-commerce, social media as well as project management, sales, and marketing.

Michael Cariasco, PhD candidate: Michael is currently a PhD student at Washington State University's College of Nursing.

EWU SCHOOL OF SOCIAL WORK

Rie Kobayashi, LMSW, PhD: Dr. Kobayashi is the Program Director for Aging Studies at Eastern Washington University's School of Social Work.

GOALISTICS, LLC

Linda Ruehlman, PhD: Dr. Ruehlman is a social and health psychologist with over 35 years of experience as a research scientist. Alongside Dr. Paul Karoly, she co-founded Goalistics, LLC and developed the innovative online Chronic Pain Management Program. Over her career, she has founded and directed three research companies and served as the principal investigator on 14 federally funded grants. Dr. Ruehlman has led teams in designing and developing cutting-edge online self-management programs that address behavioral and mental health challenges.

RAYCE RUDEEN FOUNDATION

Marsha Malsam: Marsha is the Chief Executive Officer for the Rayce Rudeen Foundation.

WSU COLLEGE OF MEDICINE

Dawn DeWitt, MD, MSc, CMedEd, MACP, FRACP, FRCP-London: Dr. DeWitt is the Senior Associate Dean at Washington State University's Elson S. Floyd College of Medicine and Director of the Center for InterProfessional Health Education Research & Scholarship (CIPHERS).

Skye McKennon, PharmD, BCPS: Dr. McKennon is an Associate Professor at Washington State University's Elson S. Floyd College of Medicine.

Connie Remsburg, PharmD, PhD: Dr. Remsburg is an Associate Professor at Washington State University's Elson S. Floyd College of Medicine.

Jennifer C. Anderson: Jennifer (she/her/hers) is a proactive administrative leader with extensive project management experience. Her skill sets include grant and manuscript writing, budget preparation and fiscal oversight, meeting and event coordination, and rapport building in the spirit of collaboration.

WSU COLLEGE OF PHARMACY AND PHARMACEUTICAL SCIENCES

Jennifer Miller, PharmD: Dr. Miller is an Assistant Professor in Pharmacotherapy and Director of Co-curriculum.

CRITICAL ENCOUNTERS, PLLC

Holly Watson, PhD, ANP-BC: Dr. Watson is a nurse practitioner with a clinical background in critical care, breast oncology, and acute pain management. She has a PhD in Depth Psychology with an emphasis in Somatic Studies and her dissertation research explored the impact of embodied psychoeducation for people with chronic pain.

NORTHWEST SPINE AND PAIN MEDICINE (NWSPM)

Jamie Lewis, MD: Dr. Lewis is a board-certified physician in Physical Medicine and Rehabilitation with a subspecialty in Pain Medicine and Medical Director for both Northwest Spine and Pain Medicine and Northwest Center for Regenerative Medicine. He is a Clinical Assistant Professor in pain medicine at Washington State University's Elson S. Floyd College of Medicine and an attending physician for the Providence St. Luke's Physical Medicine and Rehabilitation Residency program.

References

- American Psychiatric Association.(2018). Diagnostic and Statistical Manual of Mental Disorders (DSM–5). <https://www.psychiatry.org/psychiatrists/practice/dsm>
- Bindler, R. J, Watson, C. J. W., Lyons, A. J., Skeiky, L., Lewis, J., McDonell, M., Lazarus, P., Wilson, M. (2022). Drug-drug interaction between orally administered hydrocodone-acetaminophen and inhalation of cannabis smoke - a case report. *Hospital Pharmacy*, 57(4); 518-525. Epub ahead of print Dec. 7, 2021. doi:10.1177/00185787211061374
- Centre for Addiction and Mental Health. (2025). Addiction. <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/addiction>
- Costa, G. P. A., Nunes, J. C., Suh, R., Sofuoglu, M., & Aquino, J. P. (2025). The bidirectional relationship between pain and tobacco use: Insights from the longitudinal Population Assessment of Tobacco and Health (PATH) study. *Drug and alcohol dependence*, 268, 112552. <https://doi.org/10.1016/j.drugalcdep.2025.112552>
- Douglass, A. R., Maister, A., Moeller, K. E., Salwan, A., Vallabh, A., Waters, K., & Payne, G. H. (2024). Exploring the harm reduction paradigm: the role of Board-Certified Psychiatric Pharmacists. *The mental health clinician*, 14(4), 253–266. <https://doi.org/10.9740/mhc.2024.08.253>
- Gatchel, R. J., Peng, Y. B., Peters, M. L., Fuchs, P. N., & Turk, D. C. (2007). The biopsychosocial approach to chronic pain: scientific advances and future directions. *Psychological bulletin*, 133(4), 581–624. <https://doi.org/10.1037/0033-2909.133.4.581>
- John, W. S., & Wu, L. T. (2020). Chronic non-cancer pain among adults with substance use disorders: Prevalence, characteristics, and association with opioid overdose and healthcare utilization. *Drug and alcohol dependence*, 209, 107902. <https://doi.org/10.1016/j.drugalcdep.2020.107902>
- Moman, R. N., Dvorkin, J., Pollard, E. M., Wanderman, R., Murad, M. H., Warner, D. O., & Hooten, W. M. (2019). A Systematic Review and Meta-analysis of Unguided Electronic and Mobile Health Technologies for Chronic Pain-Is It Time to Start Prescribing Electronic Health Applications?. *Pain medicine (Malden, Mass.)*, 20(11), 2238–2255. <https://doi.org/10.1093/pm/pnz164>
- Radoman, M., Heilner, E., McGowan, C., Neree-Thompson, B., Sakmar, E., & Sinha, R. (2025). Examining the moderating role of intolerance of uncertainty on pain tolerance and craving in patients with chronic pain and alcohol use disorder. *Alcohol (Fayetteville, N.Y.)*, 127, 55–61. <https://doi.org/10.1016/j.alcohol.2025.06.001>
- Reddon, H., Lake, S., Socias, M. E., Hayashi, K., DeBeck, K., Walsh, Z., & Milloy, M. J. (2023). Cannabis use to manage opioid cravings among people who use unregulated opioids during a drug toxicity crisis. *The International journal on drug policy*, 119, 104113. <https://doi.org/10.1016/j.drugpo.2023.104113>
- Ripon, R. K., & Maleki, N. (2025). Association between chronic pain and substance use. *Scientific reports*, 15(1), 22038. <https://doi.org/10.1038/s41598-025-04888-3>
- Rubenstein, D., Green, M. J., Sweitzer, M. M., Keefe, F. J., & McClernon, F. J. (2025). Bidirectional relationships between pain and patterns of cannabis and tobacco use in a US nationally representative sample. *Pain*, 166(3), 518–526. <https://doi.org/10.1097/j.pain.0000000000003381>
- Shah, A., Hayes, C. J., Lakkad, M., & Martin, B. C. (2019). Impact of Medical Marijuana Legalization on Opioid Use, Chronic Opioid Use, and High-risk Opioid Use. *Journal of general internal medicine*, 34(8), 1419–1426. <https://doi.org/10.1007/s11606-018-4782-2>
- Stewart, S. A., Copeland, A. L., & Cherry, K. E. (2023). Risk Factors for Substance Use across the Lifespan. *The Journal of genetic psychology*, 184(2), 145–162. <https://doi.org/10.1080/00221325.2022.2130025>
- Wilson, M., Klein, T., Bindler, R. J., & Kaplan, L. (2021). Shared Decision-Making for Patients Using Cannabis for Pain Symptom Management in the United States. *Pain management nursing : official journal of the American Society of Pain Management Nurses*, 22(1), 15–20. <https://doi.org/10.1016/j.pmn.2020.09.009>