

## **ROLE PLAY (At risk THC user)**

Background: Patient is a 20-year-old male with no chronic health issues. The patient presents today for burning and pain with urination. He is single and a college student. He reports both tobacco and alcohol use. He also reports occasional marijuana use (2-3x monthly). The patient is otherwise healthy with no further complaints.

The patient smokes ½ pack a day when he can afford it. The patient's alcohol use usually occurs when partying with friends and amounts to 3-4 beers on Friday/Saturday nights. He denies exceeding NIAAA daily or weekly limits within the past year and denies negative consequences as a result of his alcohol consumption.

The patient's marijuana use also occurs occasionally when with friends. At the end of last semester he used marijuana while celebrating with friends one night after a particularly difficult exam and slept through an early morning exam the next morning. He received an incomplete for that course and is having to make up that final soon. He also recently used marijuana and this resulted in an unprotected sexual encounter. He has some concerns that this might have resulted in an STD which is the reason for his visit today.

## **ROLE PLAY (High risk THC user)**

Background: Patient is 63 years old and has a history of eating disorders which includes anorexia. She has also made several trips to the ER with intractable vomiting. She is very thin and has a difficult time maintaining a healthy weight. The patient presents to her appointment today for an ER followup.

The patient reports smoking 1 ppd. She denies alcohol use.

The patient grew up smoking marijuana and using other illicit drugs as a young adult. She has quit using all other substances except for the marijuana which she uses daily. She claims this helps her maintain her weight and eases some of her stress.

The patient has extensive stressors including family issues, finances, and lack of social support. She reports depression and anxiety for which she also states she “self-medicates” with the marijuana. The patient lives alone and does not participate in any regular social activities other than the occasional family gathering which she finds more stressful than enjoyable. Upon reflection she has noticed that her ER visits for the vomiting usually occur in conjunction with upcoming family gatherings or shortly thereafter.