

Dmochowska Joanna, Mikos Eryk, Kanon Karol, Moqbil Sara, Wasyluk Martyna. The Current State of Treatment for Cannabis Use Disorder. Journal of Education, Health and Sport. 2022;12(8):265-269. eISSN 2391-8306. DOI <http://dx.doi.org/10.12775/JEHS.2022.12.08.026> <https://apcz.umk.pl/JEHS/article/view/JEHS.2022.12.08.026> <https://zenodo.org/record/6954800>

The journal has had 40 points in Ministry of Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of December 21, 2021. No. The journal has had 40 points in Ministry of Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of December 21, 2021. No. 32343. Has a Journal's Unique Identifier: 201159. Scientific disciplines assigned: Physical Culture Sciences (Field of Medical sciences and health sciences); Health Sciences (Field of Medical Sciences and Health Sciences).

Punkty Ministerialne z 2019 - aktualny rok 40 punktów. Załącznik do komunikatu Ministra Edukacji i Nauki z dnia 21 grudnia 2021 r. L.p. 32343. Posiada Unikatowy Identyfikator Czasopisma: 201159. Przypisane dyscypliny naukowe: Nauki o kulturze fizycznej (Dziedzina nauk medycznych i nauk o zdrowiu); Nauki o zdrowiu (Dziedzina nauk medycznych i nauk o zdrowiu).

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The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 17.07.2022. Revised: 27.07.2022. Accepted: 02.08.2022.

The Current State of Treatment for Cannabis Use Disorder

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Abstract

Cannabis remains the most commonly used illicit psychoactive drug and contains substances that affect the brain and body. A range of acute and chronic health problems associated with cannabis use has been identified.

Cannabis use disorder is defined as the continued use of cannabis despite clinically significant impairment. It is estimated that 1 in 10 people who use marijuana will become addicted. CUD is a problematic pattern of cannabis use that causes clinically significant impairment. There is not an available medication to successfully treat CUD, but psychotherapeutic models hold promise. Cognitive behavioural therapy, motivational enhancement therapy and contingency management can substantially reduce cannabis use and cannabis-related problems.

The legalization of non-medical cannabis use in some high-income countries may increase the prevalence of CUD. Since this approach has not yet been validated for CUD, the improvement of psychosocial treatments with pharmacological therapies should be further explored in future clinical research.

Keywords: cannabis; use disorder; treatment; psychotherapy; pharmacotherapies;

INTRODUCTION

Cannabis is the most widely used illicit drug in Europe and globally. Regulatory responses are also becoming more variable and complicated, as several countries permit cannabis products to be available under certain circumstances for therapeutic purposes, and some are proposing the tolerance of some forms of recreational consumption[1].

Today, marijuana use is on the rise among all adult age groups, both sexes, and pregnant women. People ages 18-25 have the highest rate of use. Cannabis may have harmful long- and short-term effects, such as depression, anxiety, suicide planning, psychotic episodes, amotivational syndrome and relationship problems [2].

CURRENT STATE OF KNOWLEDGE

Cannabis use disorder (CUD), also known as cannabis addiction or marijuana addiction, is defined in the International Classification of Diseases ICD-10 as the continued use of cannabis despite clinically significant impairment [3]. It is also recognized in the eleventh revision of the International Classification of Diseases (ICD-11), adding more subdivisions including time intervals of pattern of use (episodic, continuous, or unspecified) and dependence (current, early full remission, sustained partial remission, sustained full remission, or unspecified) compared to the 10th revision [4].

Just because the name has changed and the term "cannabis use" has replaced "cannabis abuse" or "cannabis dependence" doesn't mean that cannabis is not addictive. In fact, research shows conclusively that cannabis is addictive [5]. It is estimated that 1 in 10 people who use marijuana will become addicted. When they start before age 18, the rate of addiction rises to 1 in 6 [2]. The risk of progression from cannabis use to CUD increases with frequency of use. In the USA, adults with CUD, on average, use cannabis 6.2 out of 10 days over a year [6]. Approximately 17.0% of weekly and 19.0% of daily cannabis smokers met the criteria for cannabis use disorder [7].

CUD is prevalent, associated with comorbidity and disability, and largely untreated. Findings suggest the need to improve prevention and educate the public, professionals, and policy makers about possible harms associated with cannabis use disorders and available interventions [6].

Treatment

Psychological intervention Treatment options for cannabis use disorder are limited; however, the use of psychotherapeutic approaches has been carefully evaluated and has all shown promising results [8].

Behavioral health treatments include:

Motivational enhancement therapy (MET): a short-term therapy designed to help motivate the person to change harmful behaviors [9].

Cognitive Behavioral Therapy: a form of psychotherapy that helps people identify destructive thought patterns, then change those patterns to positively influence their behaviors [9].

Contingency Management: a behavioral therapy technique that utilizes a formal contract between the therapist and client to help the client change behavior through establishing goals while also setting rewards and penalties [9].

Pharmacotherapies

No pharmacotherapies have been approved for cannabis use or CUD, although a number of drug classes (such as cannabinoid agonists) have shown promise and require more rigorous evaluation. Treatment of cannabis use and CUD is often complicated by comorbid mental health and other substance use disorders [8].

Findings indicate that SSRI antidepressants, mixed action antidepressants, bupropion, buspirone and atomoxetine are probably of little value in the treatment of cannabis dependence, but the evidence is weak and further research is required [10].

Other possibilities Certain lifestyle changes may help reduce or stop marijuana use. One study found that people who recovered from cannabis use disorder found it helpful to socialize with people who did not use cannabis as part of their recovery [11].

Similar research involving 308 subjects also found that online interventions that include chat counseling can also be helpful for people with cannabis use disorder, especially when used by those who don't traditionally utilize outpatient treatment options [12].

Another study shows that participation in a supervised 2-week aerobic exercise program can reduce cannabis use in non-treatment seeking adults who meet criteria for cannabis use disorder. The results also show that after exercise program completion, cannabis use significantly increased towards pre-treatment levels [13].

SUMMARY

The low rates of treatment seeking, retention and continuous abstinence (which is still the primary treatment goal) associated with cannabis treatment may suggest that there is considerable room for improvement in the interventions. Because of increasing access and use of cannabis in the general population, along with a high prevalence of CUD among current cannabis users, an urgent need exists for more research to identify effective pharmacologic treatments.

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