

# treatment for cannabis use problems

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Despite the recent decreasing rates of cannabis use in many countries, for those who do use cannabis, particularly those who start young and use the drug heavily, treatment is often necessary to address problems associated with their use. Problems which may encourage people to seek treatment for cannabis use can include a range of physical and psychological problems, as well as dependence. Dependence means people keep using cannabis despite it creating problems for them. Withdrawal symptoms are also typically present when dependent users cease using the drug. These may include increased irritability, anxiety and depression, and sleep disturbance.

It has been estimated that one out of every ten people who have used cannabis in their lifetime will become dependent on it. Although the number of people seeking treatment for cannabis use problems is increasing, most dependent users will not seek help for their problems with cannabis. For those who do receive treatment, the main challenge is maintaining the positive changes achieved once they cease treatment.

## psychological interventions

Research on psychological interventions for cannabis use has included a range of counselling approaches, particularly those based on [cognitive behavioural therapy \(CBT\)](#) and [motivational enhancement approaches](#). CBT includes the teaching and practice of [behavioural and cognitive skills](#) to deal with triggers that can lead to a return to use (e.g. drug refusal, coping with craving, managing mood, avoiding 'high risk for use' environments, managing relationships and finding alternative activities). It essentially focuses on better understanding how triggers, thoughts and behaviours are linked and then developing skills to avoid the triggers and/or develop better means of minimising their impact. Motivational enhancement approaches have been incorporated into treatments for cannabis problems. Motivational enhancement does not confront individuals about the need to change, but works to encourage and build motivation to change. Many young people have managed to significantly reduce cannabis use and related problems via this approach. Among young people with complex [psycho-social](#) and substance use-related problems, [intensive family therapy-based interventions](#) show particular promise, especially if they also attend to broader issues such as peer and community influences (e.g. [multidimensional family therapy](#)). In addition to these forms of psychological intervention, combining [contingency management \(CM\)](#) which provides money or other incentives for attending appointments or drug negative urinalysis, with MET/CBT, seems to improve abstinence outcomes during and after treatment. However it is unknown whether advantages of combined CM with MET/CBT outweigh the extra costs associated with contingency management.

Two vulnerable groups requiring carefully tailored treatment are adolescents and those with co-occurring mental health disorders. Adolescents have appeared to respond well to treatments which combine structured, family-based therapies, motivational enhancement, cognitive behavioural therapy, and according to recent studies, contingency management. Those individuals who have both cannabis dependence and mental health issues (such as anxiety, depression, or a psychosis, such as schizophrenia) are particularly in need of integrated treatment options which combine psychological interventions and shared care with mental health and substance

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use disorder treatment services. Not all counsellors or therapists have expertise in providing integrated treatments. Therefore, adolescents and individuals with co-occurring problems may need support and advice to find someone who suits their particular needs and/or may need to consider seeking the help of more than one mental health specialist, such as a clinical psychologist and a psychiatrist. A GP or counsellor can help develop a mental health care plan to coordinate treatment. Rebates for services provided by health professionals such as nurses, GPs, psychologists, psychiatrists, social workers and occupational therapists may be available through Medicare and private health insurers.

### pharmacological interventions

There are several drugs currently under investigation that may either ease the symptoms of cannabis withdrawal or block the effects of cannabis. These are still in an experimental stage of development. A pharmacological intervention which is showing promise is oral THC, an agonist medication, which reduces cannabis withdrawal symptoms, as methadone does for opioid dependence. An antagonist medication has also been developed but recently taken off the market due to safety concerns in its treatment for depression. A range of other medications are under early stage investigation.

### peer support

Whilst there is little known about the success of peer support programs for cannabis users specifically, there are Narcotics Anonymous (NA) meetings available that provide support for anyone who wishes to stop using drugs. Marijuana Anonymous (MA) groups have been formed along similar lines, specifically to help people with cannabis-related problems. There are few of these meetings available in Australia, outside of metropolitan areas.

For more information please see the factsheets '[cannabis and mental health](#)' and '[psychological interventions terminology](#)'. Also see our '[Treatment](#)' page.