

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 drug 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.

In addition to face-to-face psychological interventions, programs based on CBT and motivational enhancement approaches are available through the internet and telephone. These programs contain many of the same facets as face-to-face treatment and offer their own advantages and disadvantages.

NCPIC has developed two treatment programs for those unable or unwilling to attend face-to-face consultations due to issues such as geographical isolation, transport difficulties, work commitments or the stigma they may feel about attending an alcohol and other drug treatment facility. These programs are the web-based [Reduce Your Use](#) and the telephone-based treatment offered by the [Cannabis Information and Helpline](#).

[Reduce Your Use](#) is a web-based treatment program to help people cut down or quit their cannabis use.

Some of the advantages of using a web-based treatment, such as *Reduce Your Use* include:

- research indicates that online programs, including *Reduce Your Use*, can assist people who want to quit or reduce their substance use
- the treatment is highly convenient as it can be used at any location that has Internet service at the time of the user's choice
- the treatment is free
- for people who feel uncomfortable about seeking treatment, this concern is reduced because the treatment is delivered without face-to-face contact, and the user is able to be anonymous. Further, the user does not have to talk to an actual person, so can feel free and comfortable to be completely open
- while the program is automated, it is also highly interactive, with personalised feedback provided to the user. The automation offers the advantage of treatment being consistently delivered in the manner intended
- the user can go through the program as many times as he or she likes
- no doctor's referral is required to receive the treatment

The limitations of using a web-based treatment, such as *Reduce Your Use*, for cannabis use may include:

- it can be harder to maintain motivation using an online treatment program. Hence, it is much more common for people doing a program online (versus in-person) not to complete the entire program
- while the program provides the user with personalised feedback, it can never be as personally tailored as in-person or telephone-delivered treatments
- research suggests that *Reduce Your Use* and other web-based programs may not be as efficacious as in-person treatment

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- online programs provide a lower level of social support than do in-person treatments

To start using *Reduce Your Use*, click here: <https://reduceyouruse.org.au/sign-up/>

The advantages of using a telephone-based treatment, such as the *Cannabis Information and Helpline* include the following:

- research indicates that telephone-based interventions can assist individuals in reducing cannabis dependence severity and cannabis use problems to a greater extent than no treatment and to a similar extent to face-to-face interventions
- individuals using the telephone may feel their personal space is less threatened compared to the encroachments of waiting rooms and a professional's office. In addition, there is relatively less opportunity for the individual to experience stigmatisation that may be associated with illicit drug use or treatment seeking
- frequent contact with other cannabis users can decrease one's motivation to reduce their use and increase the chance of relapse in those who have quit—receiving treatment via the telephone will not increase one's access to other cannabis users
- the treatment can be delivered free at a time between 11am and 8pm on weekdays from any location that can receive a telephone signal and can be delivered to individuals in full-time employment or to those already in additional treatment programs
- the treatment is flexible to the individual's motivations to seek treatment and can operate by building motivation or, for those ready to reduce, by enhancing skills used to reduce use
- no doctor's referral is required and the individual does not need to remain in a fixed location while receiving treatment

The limitations of using a telephone-based treatment, such as the *Cannabis Information and Helpline* may include:

- the applicability of the treatment is limited to those with access to a telephone and to those who do not have any severe hearing or speech impediments
- research suggests that the telephone-based intervention is not statistically significantly more effective in assisting individuals to reduce the frequency of cannabis use or to improve levels of psychological functioning compared to no treatment in the short-term
- the long-term outcomes associated with telephone-based cannabis interventions have not yet been described

To find out more about the Cannabis Information and Helpline, click here: <http://ncpic.org.au/ncpic/helpline/>

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.

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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.