PSYCHOSOCIAL INTERVENTIONS FOR CANNABIS USE DISORDER

<u>P Gates</u>¹, P Sabioni², J Copeland¹, B Le Foll³, L Gowing⁴

 ¹National Cannabis Prevention and Information Centre, University of NSW, Sydney, NSW
²Department of Psychiatry, University of Toronto, Toronto, Canada
³Translational Addiction Research Laboratory, Centre for Addiction and Mental Health; University of Toronto, Toronto, Canada
⁴Discipline of Pharmacology, University of Adelaide, Adelaide, Australia

Introduction and Aims: Cannabis use disorder is the most common illegal substance use disorder in the general population and demand for assistance from a health professional is increasing internationally. Despite that, only a minority of those with the disorder will seek professional assistance. Trials of treatment have been published, however; there is a need for a systematic review of cannabis-specific treatments for adults.

Design and Methods: This paper evaluates the efficacy of psychosocial interventions for adult cannabis use disorder (compared to inactive control and/or alternative treatment) that are deliverable in an outpatient or community setting. We completed a systematic literature review of five databases limited to publication prior to July 2014. All randomised controlled studies examining a psychosocial intervention for cannabis dependence or abuse in comparison with a delayed-treatment control group or alternative combinations of psychosocial interventions were included.

Key Findings: Evidence from 23 randomised controlled trials involving 4406 participants were pooled in meta-analysis. These included studies suggested that counselling approaches have beneficial effects for the treatment of cannabis use disorder and, to a lesser extent, related problems. The most consistent evidence supports the use of cognitive behavioral therapy (CBT), motivational enhancement therapy (MET) and particularly their combination in the short term. In addition, six studies suggested that adding voucher-based incentives for cannabis negative urines may enhance treatment when used in combination with these psychosicial interventions.

Discussions and Conclusions: The included studies were heterogenous and important questions regarding the most effective duration, intensity and type of intervention are raised and not resolved. The generalizability of findings is also unclear most notably due to the limited number of localities and fairly homogenous samples of treatment seekers.

Disclosure of Interest Statement: Dr Peter Gates and Professor Jan Copeland have received funding from the Australian Government Department of Health. Dr Bernard Le Foll and Prof Jan Copeland have received donations of nabiximols and Sativex from GW Pharma.