

Medical Treatment Options for Cannabis Use Disorder: An Updated Narrative Review

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Background:

Cannabis use disorder (CUD) is a common and growing condition in the United States and across the world. With the alteration of the legal landscape of the substance, normalization of the substance use in society, and a continual increase in frequency in recent years, more treatment options are desperately needed. CUD has been shown to be associated with various symptoms of mental illness. Most therapies to date have been psychotherapeutic in nature, involving theories such as cognitive-behavioral motivational-based methods. However, these are not always the most effective or accessible options for patients.

Methods:

Articles for this review were obtained by searching PubMed, Google Scholar, and the Cochrane Review database for key terms. All the studies included were human studies. Most of the included studies were randomized control trials (RCTs). Trials were prioritized for inclusion based on methodology, date, and outcome-based measures. Only papers after 2010 were considered for inclusion.

Results:

In recent years, many pharmacological agents have been studied, including antidepressants, mood stabilizers, GABA agents, THC-like compounds, and even some new novel agents such as N-Acetyl Cysteine (NAC), ketamine, and fatty acid amid hydrolase (FAAH) inhibitors. Of these drugs, research has found some more effective than others such as particular mood stabilizers, GABA agents, as well as THC agonists and antagonists. Newer drugs like ketamine, a FAAH inhibitor, and NAC have also been shown to be potential treatment candidates. Studies suggest other effective options may involve neuromodulation, as interventions such as transcranial magnetic stimulation (TMS) and transcranial direct-current stimulation (tDCS) have been shown to be relatively successful when targeting specific brain regions.

Conclusions:

While there is exciting research so far, much work must be done before there will be FDA-approved treatments on the market. Thus, we must work together to approach treatment in a multifactorial manner and prioritize the research of potential treatment options with more reliable and consistent evidence of safety and efficacy for CUD.