

Psychological and psychosocial interventions for cannabis cessation in adults: a systematic review short report

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Disclaimer: this report contains language that may offend some readers.

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Plain English summary

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Regular users of cannabis risk become dependent on the drug. Treatments aiming to reduce cannabis use in regular users have focused on psychosocial and psychological interventions such as cognitive-behavioural therapy (CBT), which aims to manage cannabis use by managing negative behaviours through changing the way the participant thinks or behaves; motivational interviewing (MI), which helps people change behaviour by resolving ambivalence and improving motivation; and contingency management, voucher incentives for reductions in cannabis use. This systematic review assesses which treatment (or combination of treatments) is most effective at reducing cannabis use. Studies were of low quality and differed in the treatments they tested and the participants they recruited. We divided studies into those assessing 'general' cannabis users and those assessing cannabis users who also had a psychiatric condition. In the 'general' studies, CBT was more effective than no treatment in six studies, but this effect was assessed long term in only one study. Results were mixed when CBT was compared with brief MI and when brief MI was compared with no treatment. CBT with contingency management was more effective than CBT alone in the long term. In studies in people with psychiatric conditions, CBT showed limited benefit when compared with usual treatment; however, results were difficult to interpret owing to study design. Future research should focus on the number of treatment sessions required, effect of participant recruitment method on results (i.e. whether or not participants volunteered), selection of appropriate measures to assess changes in cannabis use, use of no-treatment control groups and long-term follow-up.

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