Cannabis Use Disorder

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What is CUD?



Defining Cannabis Use Disorder

DSM-5 Diagnosis

Cannabis Use Disorder (CUD) is recognized in the DSM-5 as a condition that merges abuse and dependence. It is characterized by a problematic pattern of cannabis use that leads to clinically significant impairment or distress within a 12-month period.

Usage Patterns

This disorder is marked by the use of cannabis in larger amounts or over a longer period than intended. It also involves persistent attempts to cut down or control use, which are often unsuccessful.

Impact on Functioning

CUD significantly impacts an individual's ability to fulfill major role obligations at work, school, or home. It also leads to social and interpersonal problems that are exacerbated by cannabis use.





Global Impact Snapshot



Potency Trends

The potency of cannabis has increased significantly over the past two decades. This rise in THC concentration has contributed to higher rates of adverse effects and the development of CUD.

Prevalence

Approximately 10% of the world's 193 million cannabis users meet the criteria for CUD. The risk escalates to nearly 50% among daily chronic users, highlighting the significant impact of regular use.



Spotting Symptoms



Core Diagnostic Criteria

Usage Patterns

Using cannabis in larger amounts or over a longer period than intended is a key criterion. This reflects a loss of control over cannabis use.

Failed Attempts

Persistent desire or unsuccessful efforts to cut down or control cannabis use are common. This highlights the struggle individuals face in managing their consumption.

Time Spent

A significant amount of time is spent in activities necessary to obtain cannabis, use it, or recover from its effects. This time commitment often interferes with other aspects of life.

Craving

A strong desire or urge to use cannabis is a critical symptom. This craving can drive continued use despite negative consequences.

Intoxication & Withdrawal Signs



Intoxication

Acute intoxication from cannabis can cause euphoria, increased heart rate, red eyes, anxiety, and impaired judgment. These effects can lead to behavioral and psychological changes.

Withdrawal

Withdrawal symptoms include irritability, insomnia, depressed mood, decreased appetite, and physical discomfort. These symptoms typically peak around day 3 and can last up to 2 weeks.

Severity

The severity of withdrawal symptoms is often related to the frequency and amount of cannabis use. More frequent and heavier users tend to experience more pronounced withdrawal effects.

Root Causes



Brain Reward Pathways

THC and Dopamine

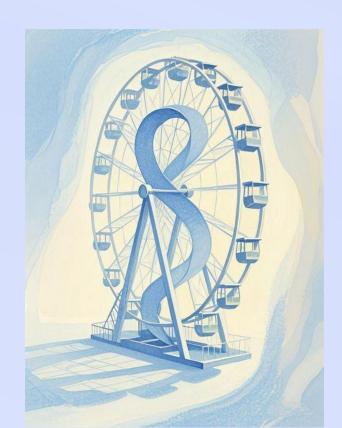
THC, the primary psychoactive component of cannabis, floods the brain's dopamine reward circuits. This leads to increased dopamine levels and a heightened sense of reward, driving continued use.

Desensitization

Repeated exposure to THC can desensitize dopamine receptors, making it harder for individuals to experience pleasure from other activities. This shifts motivation towards cannabisseeking behavior.



Genetics & Mental Health Links





Heritability

There is a significant genetic component to substance use disorders, with 40–60% heritability. Genetic factors can predispose individuals to developing CUD.

Gene Findings

Research has identified specific genes, such as CHRNA2, that are associated with an increased risk of developing cannabis use disorder.

Mental Health Comorbidity

CUD often co-occurs with other mental health disorders. About half of those with mental illness develop a substance use disorder, and vice versa, often through self-medication.

Treatment Paths





MET/CBT

Motivational Enhancement Therapy (MET) combined with Cognitive Behavioral Therapy (CBT) has been shown to be highly effective. This 9-session program helps individuals address and change their cannabis use behaviors.

Psychotherapies That Work

Contingency Management

Contingency Management uses rewards and penalties to encourage abstinence from cannabis. This approach has been effective in promoting sustained periods of abstinence.

Online Interventions

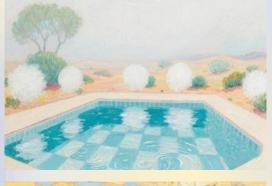
Online chat-based interventions have proven beneficial, especially for those who do not traditionally seek outpatient treatment. These accessible programs provide support and guidance.

Current Status

Currently, there are no FDA-approved medications specifically for treating cannabis use disorder. However, several agents are under investigation for potential use.

Investigational Agents

Agents such as THC analogs, gabapentin, N-acetylcysteine, and cannabidiol are being studied. Gradual tapering, rather than abrupt cessation, is recommended to ease withdrawal symptoms.





Medication Landscape



Recovery & Outlook



Setting Treatment Goals

Abstinence

For individuals with moderate to severe CUD, complete abstinence is often the recommended treatment goal. This helps in achieving long-term recovery and preventing relapse.

Dual-Diagnosis Care

Integrated care for co-occurring mental healtl disorders is crucial. Addressing both conditior simultaneously can improve outcomes and reduce the risk of relapse.



Long-Term Prognosis

Treatment Duration

Longer treatment duration is associated with better outcomes. While many individuals achieve remission, the risk of relapse remains, emphasizing the need for ongoing support.



Self-Efficacy

Developing a strong sense of self-efficacy, or the belief in one's ability to resist cannabis use, is a key predictor of sustained remission.



Continuous Monitoring

Continuous support and monitoring are essential for maintaining long-term recovery. Regular follow-ups and access to resources can help individuals stay on track.

Key Takeaways

