

How does resolving cannabis problems differ from problems with alcohol or other drugs?

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Individuals who report having resolved a problem with cannabis use appear to have done so at younger ages than those who resolved problems with alcohol or other drugs, report investigators from the Recovery Research Institute at Massachusetts General Hospital (MGH). While study participants also were much less likely to use any formal sources of assistance or support in resolving problems with cannabis than those whose problems were with other substances, that finding was less common in those who resolved a cannabis problem more recently, which may reflect the increased availability and potency of cannabis in recent years.

"Very little has been known about recovery from [cannabis](#) use problems, and this is the first study to examine that on a national basis," says John Kelly, PhD, director of the Recovery Research Institute, who led the study published in the March issue of the *International Journal of Drug Policy*.

"Compared with [alcohol](#) and other drugs, cannabis

holds a unique place in federal and state policies - continuing to be illegal federally but with medical and recreational use legalized at the state level. Due to this increased availability and the proliferation of a for-profit cannabis industry, understanding the needs of individuals with cannabis problems will be increasingly important."

The current study analyzes data from the National Recovery Survey, conducted by Kelly's team. A nationally representative sample of nearly 40,000 U.S. adults who participate in the Knowledge Panel of the market research company GfK were asked "Did you used to have a problem with drugs or alcohol, but no longer do?" Of more than 25,000 respondents, a little over 2,000 indicated they had resolved such a problem and were sent a link to the full study survey, which asked a variety of questions such as the specific problem substances and details regarding how and when they had resolved their problem. As reported in a paper [published last year](#) in *Drug and Alcohol Dependence*, more than half of all respondents reported resolving their problem with no assistance.

The current study focused on participants who indicated having resolved a cannabis problem, who made up around 11 percent of respondents, reflecting around 2.4 million U.S. adults. Compared with those resolving problems with alcohol or other drugs, those resolving cannabis problems reported starting regular use - once a week or more - at younger ages but also resolving the problem at younger ages, an average of 29 compared with 38 for alcohol and 33 for other drugs.

Cannabis-primary respondents were even less likely to have used formal treatment or support services than were those resolving problems with illicit drugs - 18 percent versus 42 percent - but were more likely to have participated in drug courts

than those who had resolved alcohol problems - 24 percent versus 8 percent. Cannabis users also reported "addiction careers" - the years between their first use and problem resolution - that were significantly shorter than those of the alcohol group - 12 years versus 18 years, which may reflect the greater physical and mental health impairment associated with alcohol and the continuing illegality of cannabis.

"We did expect that the cannabis-primary individuals would be less likely than the illicit [drug](#) group to use formal treatment; but very little is known about the magnitude or nature of such differences," says Kelly. "That may be due to fewer physiological and other life consequences compared with the impairments caused by drugs like alcohol or opioids. For example, while there is a documented withdrawal syndrome related to [cannabis dependence](#), withdrawal from opioids or alcohol is notoriously more severe and often requires medically-managed detoxification."

Given the increased levels of THC - the psychoactive component of cannabis - in products available today, the team investigated whether the use of formal support services had changed over time. Indeed, they found that utilization of outpatient services was more common in those resolving their problems within the past 5.5 years, while use of inpatient services was actually more common in those who resolved their problem around 20 years previously.

The Spallin Associate Professor of Psychiatry in Addiction Medicine at Harvard Medical School, Kelly explains that brain changes caused by the higher THC content in marijuana today - 15 to 20 percent, versus 1 to 5 percent 10 or 20 years ago - could make it harder for individuals using this more potent cannabis to stop on their own. While inpatient treatment was considered first-line treatment for addiction two decades ago, it is much less common today, and insurance companies often require attendance at outpatient treatment first.

"In the current landscape of higher potency cannabis and the greater availability and variety of cannabis products, it is more likely that individuals

will need to seek help in resolving problems with cannabis," he says. "Now it will be important to determine whether the recovery timeline from high-potency cannabis will be different and more challenging. And since so many of the cannabis-primary group resolved their problem without either formal treatment or mutual help organizations like Marijuana Anonymous or Narcotics Anonymous, it will be critical to understand the changes in their lives that helped make recovery possible."

More information: John F. Kelly et al, Is recovery from cannabis use problems different from alcohol and other drugs? Results from a national probability-based sample of the United States adult population, *International Journal of Drug Policy* (2017). DOI: [10.1016/j.drugpo.2017.12.007](https://doi.org/10.1016/j.drugpo.2017.12.007)

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