

Pharmacological treatment of cannabis use disorders

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Faculty Disclosure

<input checked="" type="checkbox"/>	No, nothing to disclose
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Inhoud

1. Introduction
2. When do we start treatment?
3. Pharmacological options
4. Conclusion



Dit is je kans!

Zorgprogramma Middelengebruik & Psychiatrie

Meld je nu aan voor ons dagprogramma, elke donderdag,
gedurende 8 weken, van 11 tot 14 uur



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Meer weten?
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Introduction

Epidemiology

GLOBAL NUMBER OF USERS 2019



200 million

PERCEPTION AMONG ADOLESCENTS

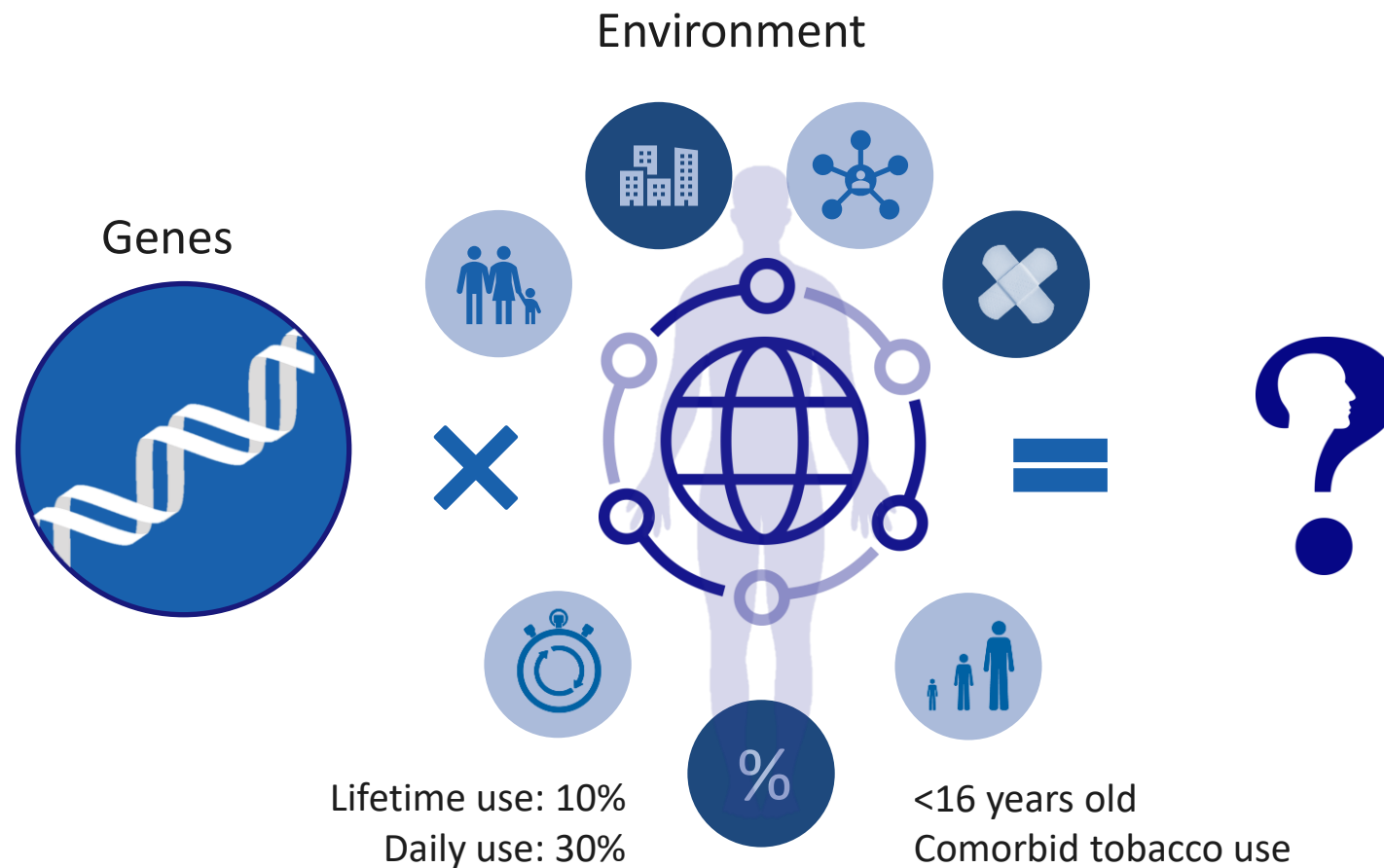


1995 >>>>>> 2019



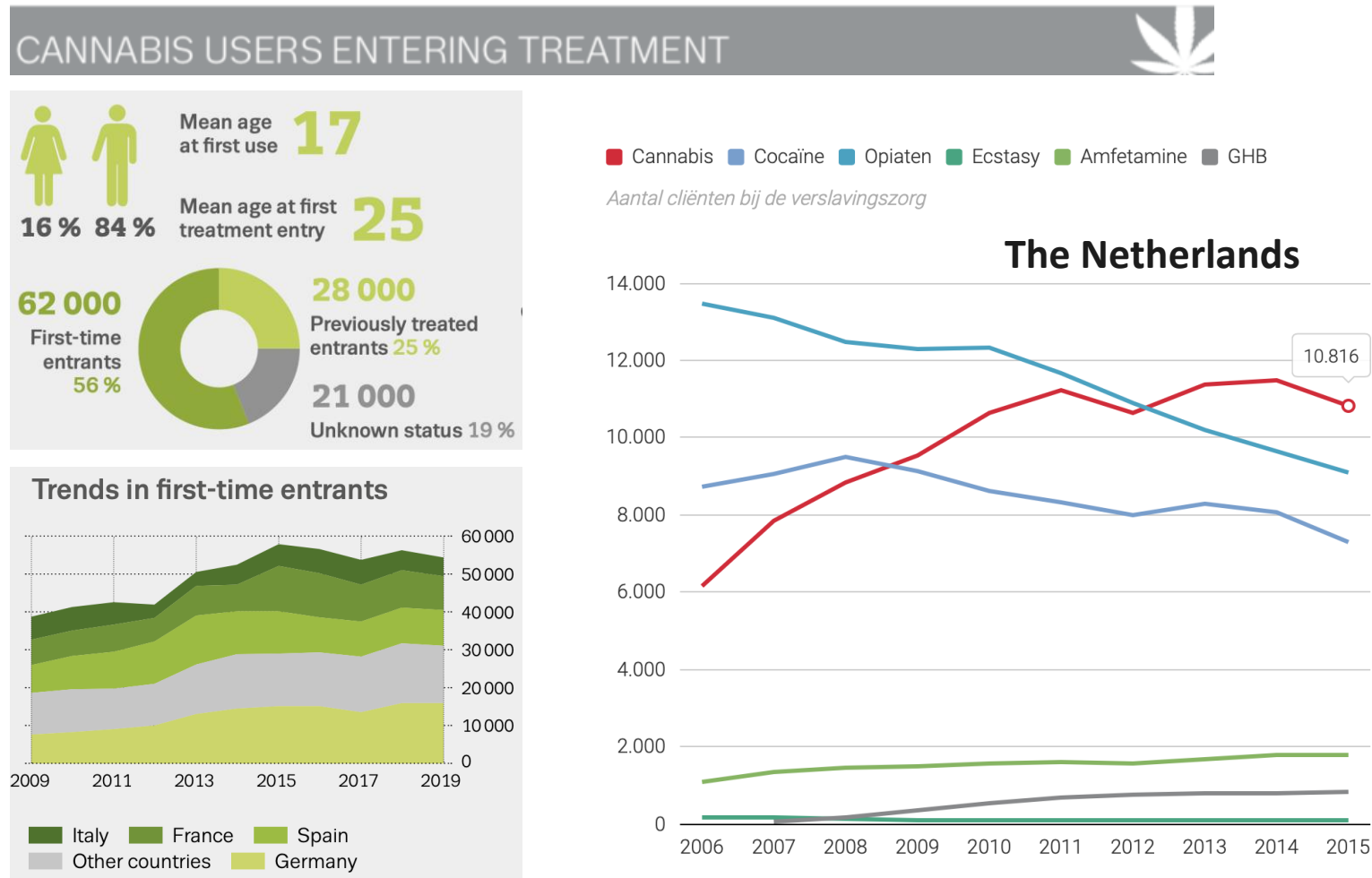
Introduction

Risk and protective factors



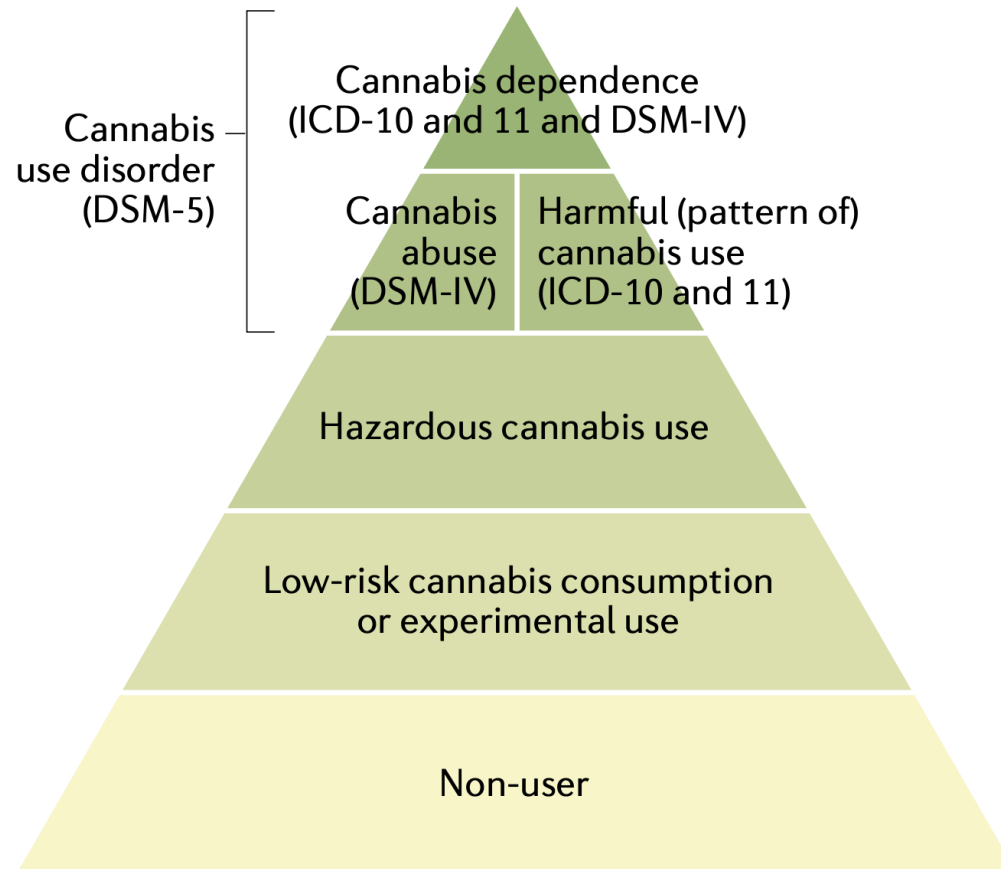
Introduction

Trends in addiction treatment (EU and NL)



When do we start treatment?

Good clinical practices



Good clinical practices

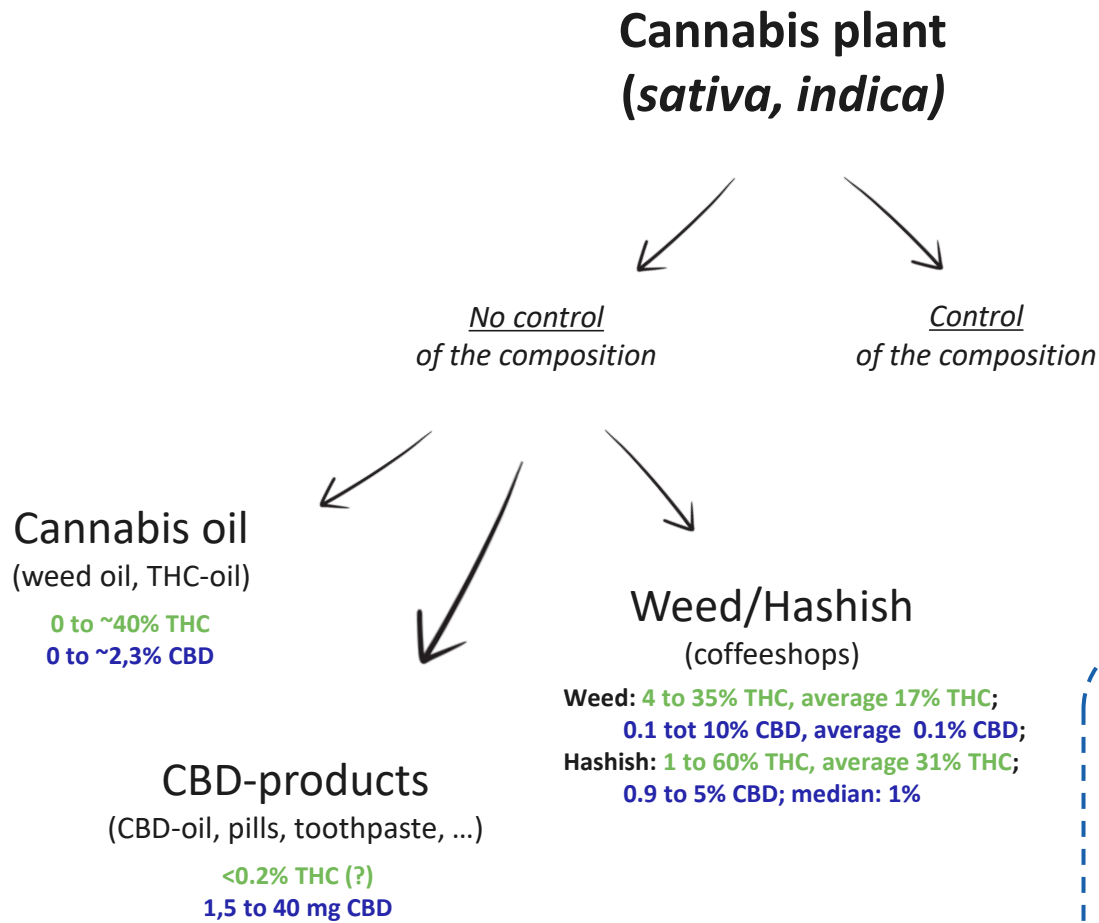
(Minimum) assessment

- Product/mode of administration
- Quantity
- Frequency



When do we start treatment?

Cannabis products



Medical cannabis (NL) (with medical prescription)

Bedrocan:® 22% THC; <1% CBD
 Bedica:® 14% THC; <1% CBD
 Bedrobinol:® 13,5% THC; <1% CBD
 Bediol:® 6,3% THC; 8% CBD
 Bedrolite:® <1% THC; 9% CBD



Cannabidiol (CBD) and THC/CBD extracts

CBD Capsules (research)
 Oral solution (Epidiolex®)
 300-1000 mg CBD

Nabiximols (Sativex®)
 2.7 mg THC : 2.5 mg CBD

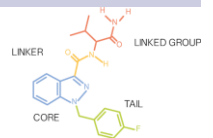
Synthetic cannabinoids (lab)

Medical products

Dronabinol (Marinol®)	THC	Rimonabant (Acomplia®)	CB1 ag. (banned)
Nabilone (Cesamet®)	THC		

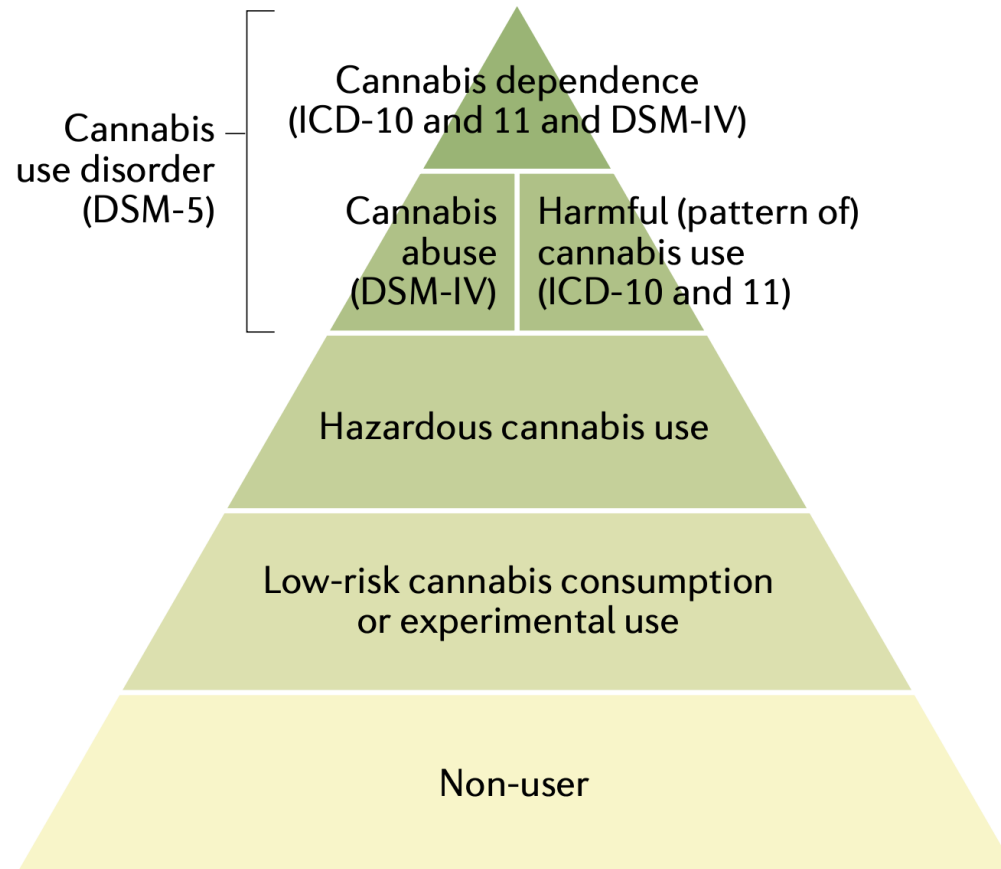
Recreational products

Cannabinoid receptor agonists:
 Spice, K2, Mamba, ...



When do we start treatment?

Cannabis toolkit



Good clinical practices

(Minimum) assessment

- Product/mode of administration
- Quantity
- Frequency

-BONUS

*THC/CBD estimation:

iCannToolkit → Standard THC unit (STU) = 5mg THC

*Screening substance use in those with psychiatric disorders: **ASSIST**



When do we start treatment?

Screening: ASSIST

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT'S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

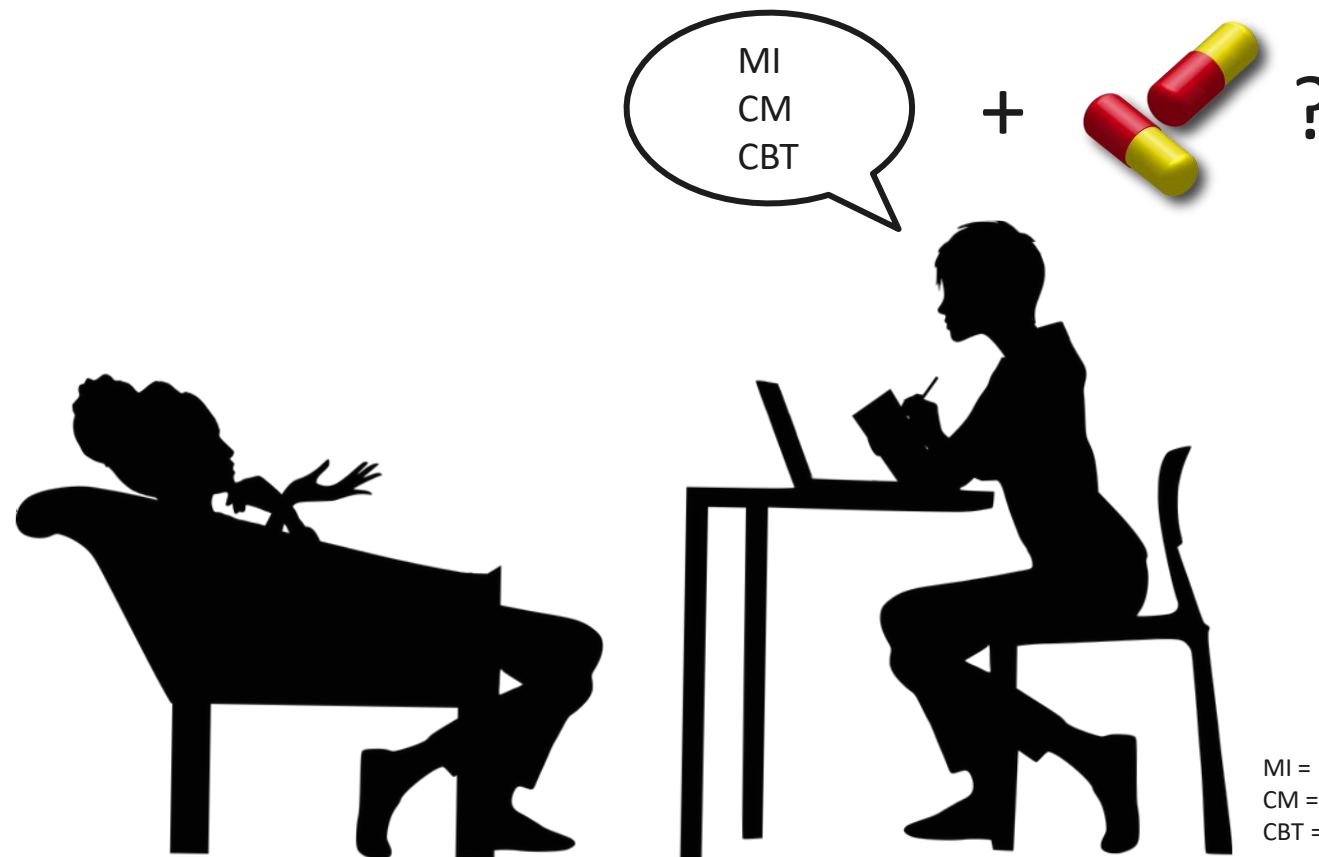
	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco		0 - 3	4 - 26	27+
b. alcohol		0 - 10	11 - 26	27+
c. cannabis		0 - 3	4 - 26	27+
d. cocaine		0 - 3	4 - 26	27+
e. amphetamine		0 - 3	4 - 26	27+
f. inhalants		0 - 3	4 - 26	27+
g. sedatives		0 - 3	4 - 26	27+
h. hallucinogens		0 - 3	4 - 26	27+
i. opioids		0 - 3	4 - 26	27+
j. other drugs		0 - 3	4 - 26	27+

NOTE: *FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.



Treatment scenarios

- Intoxication
- Detoxification
- Relapse prevention**



MI = Motivational interviewing
CM = Contingency management
CBT = Cognitive behavioral therapy



Pharmacological treatment

Intoxication & detoxification

Intoxication

- No antidote (symptom reduction)
- In case of severe restlessness/agitation/psychosis: low dose benzodiazepines (e.g. 10-40 mg diazepam)

Detoxification

- Start: 1-2 days, up to 20 days
- Insomnia, irritability, headache, sadness, restlessness, anxiety, decreased appetite, agitation, craving, ...
- Benzodiazepines, *synthetic cannabinoids* (*dronabinol*, *nabilone*, *nabiximols*) in certain cases; no evidence/need for generalized use



Pharmacological treatment

Relapse prevention

Cannabis agonists	Trials	Main findings	Needs
Nabilone, dronabinol, nabiximols	4	Reduction in cannabis withdrawal; not abstinence	Replication/large-scale studies required
Fatty acid amide hydrolase (FAAH) inhibitor	1	Reduction in cannabis withdrawal	Replication/large-scale studies required

Cannabinoids	Trials	Main findings	Needs
Cannabidiol (CBD)	1	Increased abstinence, on average, 0.5 days per week	Replication/large-scale studies required



Pharmacological treatment

Relapse prevention

Anticonvulsants	Trials	Main findings	Needs
Topiramate	1	Decreased use, not abstinence	Replication required
Gabapentin	1	Reduction on cannabis use and withdrawal	Validation trial required (low retention rates)

Mucolytics	Trials	Main findings	Needs
N-acetylcysteine	2	Abstinence, not replicated in larger trial	Replication required



Pharmacological treatment

Relapse prevention

Neuropeptides	Trials	Main findings	Needs
Oxytocin	1	No reduction on craving	Validation trial required (n=8)

Nicotinic partial agonists	Trials	Main findings	Needs
Varenicline	1	Reduction on cannabis use and craving	Validation trial required (n=7)

Other (less support/negative trials)

Selective serotonin reuptake inhibitors (SSRI), bupropion, buspirone, atomoxetine



Pharmacological treatment

Background participants

Study characteristics	
Total number	12
Publication date	>2012
Location	85% US
Duration	1d-12weeks
Psychotherapy	85%

Participants	
Total participants	1040 (n=7-302)
Male	50-100%; 75%
Caucasian	50-75%
Age	15-50; mostly adults



Overall conclusion

- ✓ Growing demand for treatment of cannabis use disorders
- ✓ Cannabis use assessment: Cannabis toolkit (**STU = 5mg THC**)
- ✓ There are **no pharmacological treatments** approved
- ✓ Cannabinoids (e.g. CBD, FAAH inhibitors) are promising compounds
- ✓ Trials are short and involve mainly adult Caucasian males from the US
- ✓ Replication and large trials are needed
- ✓ Psychotherapy is **effective** and still the only treatment option available

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