



Group Therapy for Cannabis Use Disorders

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Conflict of Interest Disclosure:

I have no potential conflict of interest to report related to the present presentation

Background

- Cannabis is globally the third most consumed drug after alcohol and tobacco.
- 15.8 million of young adults consume cannabis last year in EU

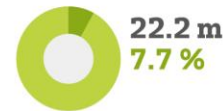
AT A GLANCE – ESTIMATES OF DRUG USE IN THE EUROPEAN UNION

Cannabis



Adults (15-64)

Last year use

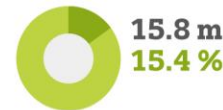


Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year

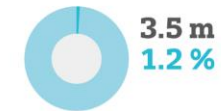


Cocaine

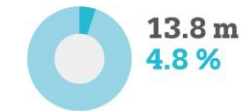


Adults (15-64)

Last year use

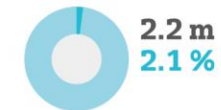


Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year

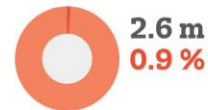


MDMA



Adults (15-64)

Last year use



Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



Amphetamines

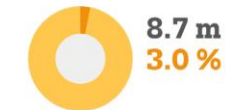


Adults (15-64)

Last year use



Lifetime use



Young adults (15-34)

Last year use



National estimates of use in last year



Heroin and other opioids



High-risk opioid users

1.0 million

510 000

opioid users received substitution treatment in 2019

Drug treatment requests

Principal drug in about 26 % of all drug treatment requests in the European Union



Fatal overdoses

Opioids were found in 76 % of fatal overdoses



From Cannabis Use → to Cannabis Use Disorder



11%

OF CANNABIS USERS
WILL DEVELOP
AN ADDICTION

THE RISK
RISES TO

16%

IF YOU START USING
CANNABIS IN YOUR
TEENS

From Cannabis Use Disorder



To cannabis Treatment



CANNABIS IS RESPONSIBLE FOR

30%

OF ALL ADMISSIONS INTO ADDICTION TREATMENT IN THE EU



Sources:

https://www.unodc.org/documents/drug-prevention-and-treatment/cannabis_review.pdf

<http://www.theguardian.com/society/2014/oct/05/-sp-drug-use-is-rising-in-the-uk-but-were-not-addicted>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797098/>

CANNABIS USERS HAVE, ON AVERAGE,

10 YEARS

OF MARIJUANA ABUSE



6 ATTEMPTS

TO QUIT BEHIND THEM BEFORE ENROLLING IN TREATMENT



Grup de Recerca en Addiccions Clínic per al estudi del cànnabis

Hospital Clínic i Universitari de Barcelona. IDIBAPS

Cannagroup cannabis addiction working group

- Spanish Network (Cannared) (PND-2018)
- EuropeanNetwork Cannabis Public Health Research Network - CannaNet (COST)

clinical and epidemiological research:

- SHC** (Cannabinoid hyperemesis syndrome)
- La **UPE** (projecte finançat per PND **2014**)
- Consumo de riesgo** (PND **2018**)
- "Implementing a quantitative measure of cannabis use to assess its impact on psychiatric inpatient symptom severity"

Outpatients Clinic:

- 2 programs:
 - Young Adults
 - Dual diagnosis
- Treatment Protocols (**CANDIS**)
- Clinical guides

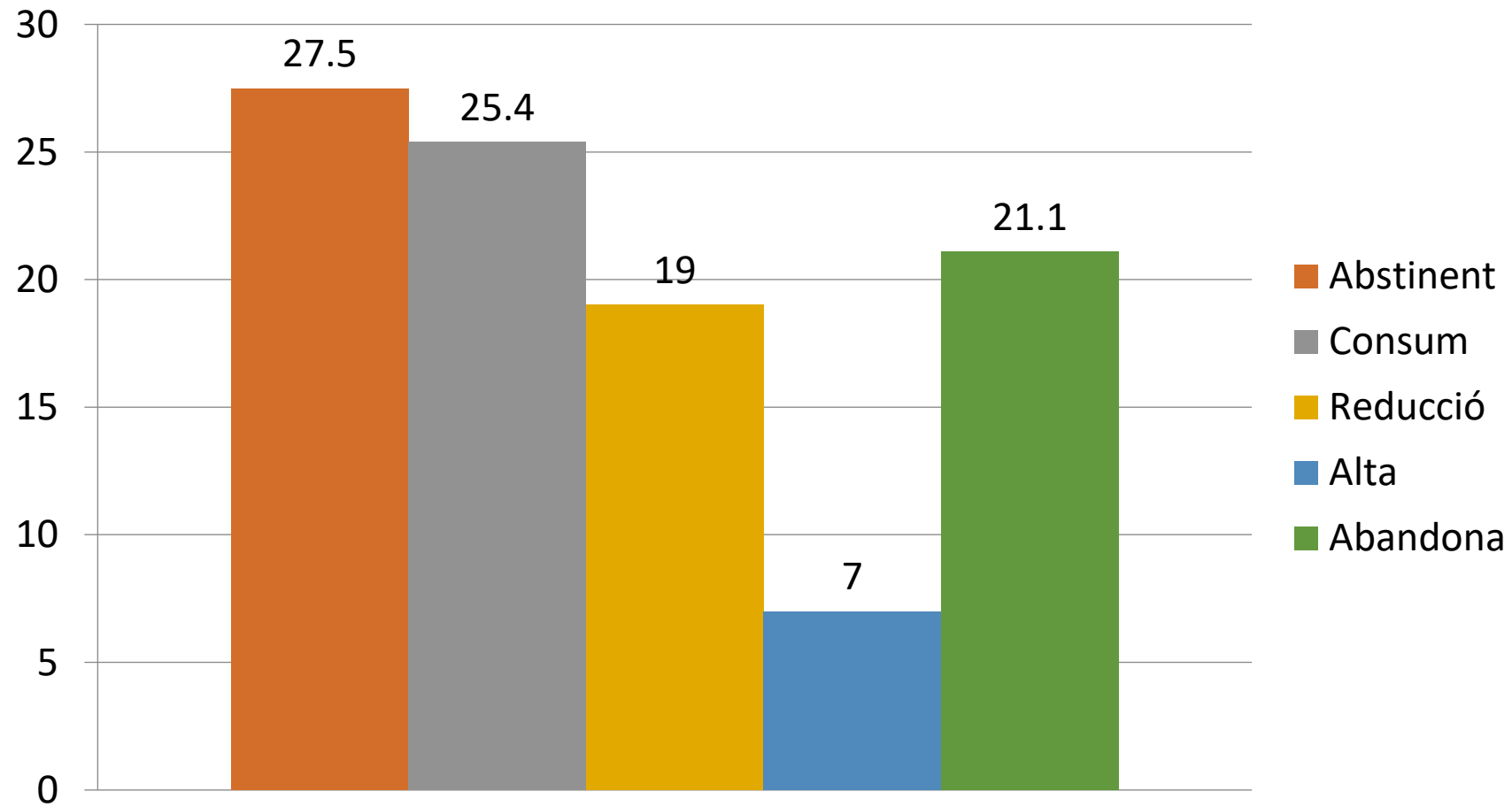
Basic Research:

- El TRV** como marcador de disfunción cerebelar en el consumo crónico de cannabis: estudio piloto en colaboración Con facultad de neurobiología UPC (SPECS)
- Proyecto financiado (FIS **2017**)

Outpatient Cannabis Clinic

- The outpatient clinic started in 2011 in the Addiction Unit from Hospital Clinic of Barcelona
- **Young Adults with CUD** that want to reduce or withdraw cannabis use **(25%)**
- **Dual Diagnosis Patients** (CUD plus other psychiatry disorder) that need/want to reduce or withdraw cannabis use **(75%)**
 - **Psychotic disorder 43%**
 - **Bipolar disorder 32%**
 - **Anxiety disorder 18%**
 - **Depressive disorder 16%**
 - **Others 28%**

Results (2011-2016)



Need to know more... Need to do better...

**Need to
Know more**

**Need to do
better**



Need to know more: systematically applying systematic reviews

- **“Assessment of cannabis use disorders: a systematic review of screening and diagnostic instruments”** H López-Pelayo, A Batalla, M M Balcells , J Colom and A Gual Psychological Medicine **(2015)**, 45, 1121–1133.
- **“Definitions of Risky and Problematic Cannabis Use: A Systematic Review”** C Casajuana, H López-Pelayo, M M Balcells , L Miquel, J Colom , and A Gual SUBSTANCE USE & MISUSE **(2016)** vol. 51,
- **“Psychoactive constituents of cannabis and their clinical implications: a systematic review “** C. Casajuana Kögel, H. López-Pelayo, M. M. Balcells-Olivero, J. Colom, A. Gual adicciones **(2018)** vol.30, nº2 .
- **“Cerebellar alterations in cannabis users: A systematic review”** C Blithikioti, L Miquel, A Batalla, B Rubio, G Maffei, I Herreros, A Gual, P Verschure, MM Balcells-Oliveró. Addiction Biology **(2019)**
- **“Motivational Interviewing for Cannabis Use Disorders: A Systematic Review and Meta-Analysis”**. Calomarde-Gómez C, Jiménez-Fernández B, Balcells-Oliveró M, Gual A, López-Pelayo H. Eur Addict Res. **(2021)**

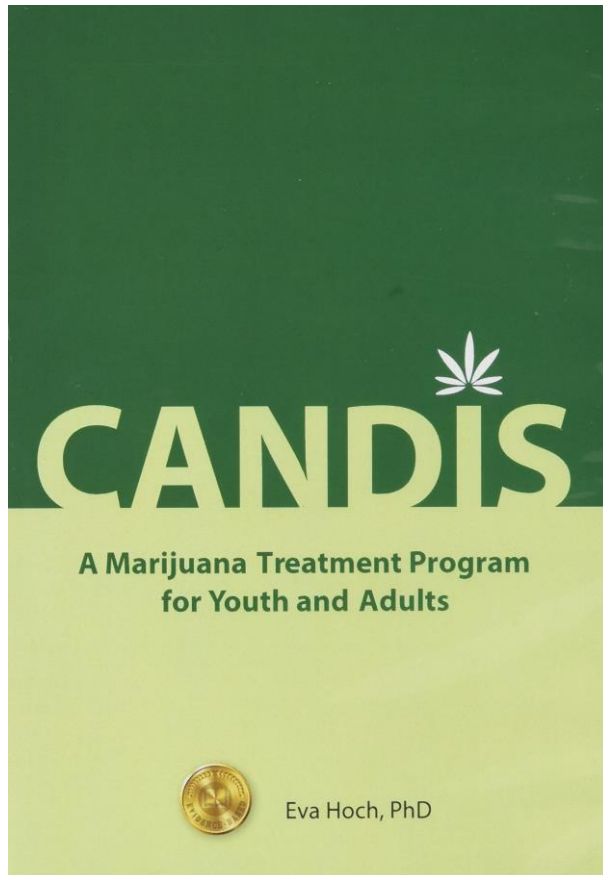
Motivational interviewing for Cannabis Use Disorders

Calomarde-Gómez C, Jiménez-Fernández B, Balcells-Oliveró M, Gual A, López-Pelayo H:
Motivational Interviewing for Cannabis Use Disorders: A Systematic Review and Meta-Analysis.
Eur Addict Res 2021;27:413-427

- **MI** is effective in **reduction of cannabis use** in adults.
- **MI** is effective in **abstinence of cannabis** use in both adults and adolescents.
- **MI** might be more effective in patients **with no prior psychiatric** history.
- **MI** delivered in a **structured program** seems to be a useful format in order to reduce CU.

CANDIS Program

Cannabis-specific in-person individual treatment program for adolescents and **adults**



- **CANDIS** is effective in achieving **abstinence**
- **CANDIS** is effective in reducing **cannabis use**
- **CANDIS** is effective in reducing **addiction severity**
- **CANDIS** is effective in reducing **disability days**
- **CANDIS** is effective in reducing the overall level of **psychopathology**

Hoch, E., Noack, R., Henker, J., Pixa, A., Höfler, M., Behrendt, S., Bühringer, G. and Wittchen, H. U. (2012), 'Efficacy of a targeted cognitive-behavioral treatment program for cannabis use disorders (CANDIS)', *European Neuropsychopharmacology* 22(4), pp. 267–280.



Next step... Need to reach far more users

Peer relationships are relevant
mediators of cannabis abuse
in individuals with CUD

Peer relationships: study
predictors of use

Group therapy: important
therapeutic target



What do we know about Group Therapy for CUD?

- ❖ Are group therapy interventions effective in cannabis use disorder?
- ❖ Review in progress :The databases : Pubmed, Cochrane, PsycINFO, Scopus and Embase.

Review in progress: Group Therapy and CUD

- **22** Articles that could be include (Search criteria: group treatment/psychotherapy and cannabis abstinence or reduction as an outcome)
 - **Only 2** articles were specific for group treatment for **CUD**
 - Intervention type
 - **13** the group intervention was included as part of a treatment program
 - **9** were only group interventions
 - Articles per country (IP)
 - **USA 15**
 - Australia 2
 - **Europe 3**
 - UK 2
 - Spain 1
 - Nigeria 1
 - Israel 1
 - Treatment groups
 - **Adults without psychiatric comorbidities: 12**
 - Dual diagnosis: 5
 - Adolescents: 5

Are group therapy interventions effective in cannabis use disorder?

- Surprisingly, when reviewing the scientific literature:
- we find few studies addressing the use of **Group Therapy** to treat **CUD**.
- Taking in consideration what we know until now about effectiveness of MI and MI structured programs like CANDIS for CUD:
- We proposed **new Group Therapy Program** using Motivational and Cognitive Behavioral Approach for CUD that can be delivered in large Group (CANDIS Grup Therapy)

CANDIS Program: Motivational and Cognitive Behavioral Approach to CUD delivered in Group

Pablo Guzman, Neus Freixa, Clara Oliveras, Mercè Balcells-Olivero

Composition of our CANDIS pilot group:

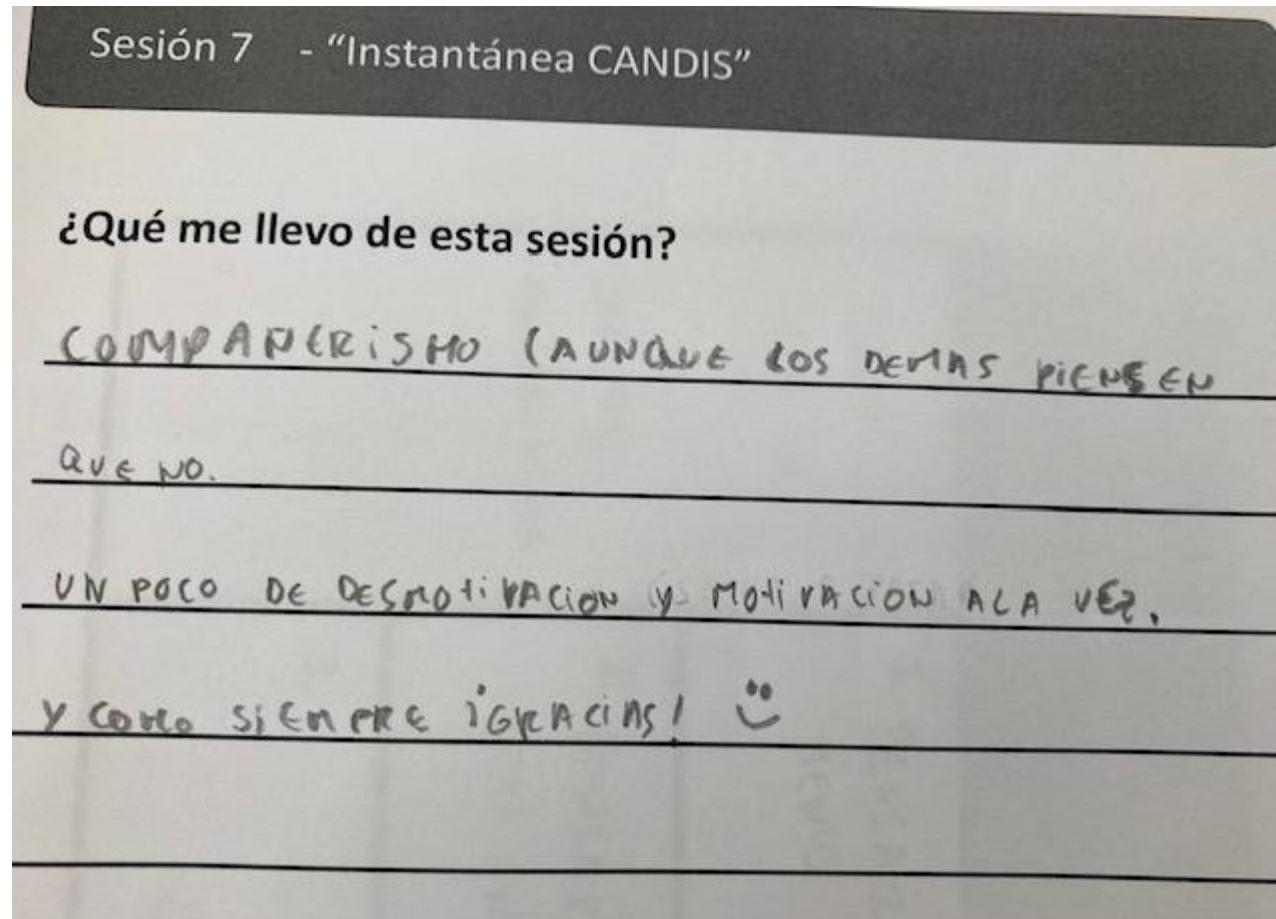
- 10 weekly sessions of 90 minutes over 3 months
- 9 patients enrolled
- **2** women and **7** men
- Age range **25-46** (median 34)
- **>50%** with psychiatric comorbidities:
 - Schizophrenia,
 - Bipolar Disorder,
 - Problem Gambling,
 - Cocaine Use Disorder plus Personality Disorder

CANDIS Therapy Group Program: Motivational and Cognitive Behavioral Approach to CUD delivered in Group

- *Started: 28 of march 2022 (Pilot group)*
- *10 sessions 1h30*
 - **2 parts:**
 - *45mn cognitive behavioral strategies in group*
 - *45 mn MI Group*
- *12 weeks*
- *7 to 9 participants per session*
- **Co-therapy:**
 - *1 psychologist*
 - *1 psychiatrist*

Some examples of take-home messages....

Patient summary post CB session



MI reframing in de 2 part of TG session:

companionship, even if
sometimes it doesn't seem so

➡ Collaboration

A bit of demotivation and
motivation at the same time

➡ Ambivalence

Some examples of take-home messages....

Patient summary post group session:

Sesión 7 - "Instantánea CANDIS"

¿Qué me llevo de esta sesión?

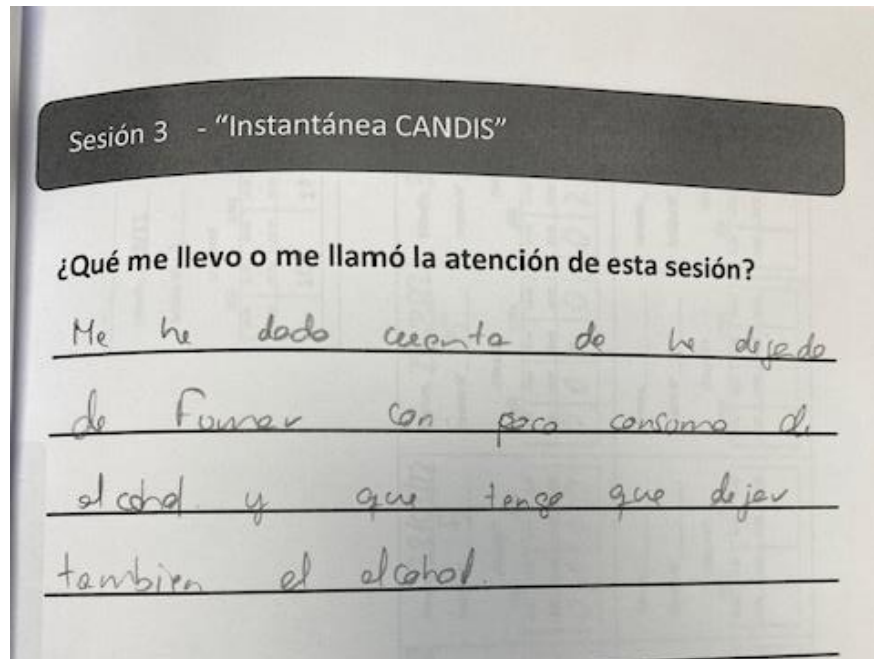
Me voy pensando que quiero dejar de fumar

MI reframing :

I leave the session thinking I want to quit smoking → **change- Talk**

Some examples of take-home messages....

Patient summary post group session:



MI reframing :

I have realized that I have been able to quit smoking while drinking less alcohol. This made me realize that I need to stop drinking if I want to stop smoking → change-Talk; Evoking inner strength for change

Initial thoughts of the pilot CANDIS group

General ideas

- The group gives emotional containment in moment of crises
- Therapeutics factors arise in group:
 - **Cohesion**
 - **Universality**
 - **altruism**
 - **Instillation of hope**
- Even though the group doesn't require complete abstinence at the beginning, participants were able to engaged in the activities proposed
- The overall impression of the therapists was: "Even though conducting the group was not always easy, it was worthwhile"

MI contribution

- **Change talk** appears in the group in a progressive way through the sessions
- **Affirmation** through therapists and peers is an important micro skill tool
- Peer **Acceptance** is important, and it is achieved through **respect** and **nonjudgement attitudes** in the group
- The **spirit of MI** is present in the group with **Collaboration** (peers) **Evoking** (inner motivation and strengths) **Acceptance** (group acceptance) and **Compassion**
- **Empathy** allows exploring the **ambivalence** inherent to every change process

Conclusions

- Cannabis Use is highly prevalent and is a risk factor for developing Cannabis Use Disorders.
- Even though there is **no gold standard treatment** for cannabis use disorder:
- Evidence suggests that **MI** is a good tool to treat CUD in both adolescents and adults.
- The Motivational and Cognitive Behavioral Approach for CUD with a structured program (**CANDIS**) seems effective in achieving abstinence and reducing CUD severity.
- More well-designed studies are needed to prove the effectiveness of Motivational-Interviewing based **Group Therapy** to treat CUD
- We propose a **new Therapy Group Program**: CANDIS- Motivational and Cognitive Behavioral Approach to CUD delivered in Group

Thank you!!!

