

# Marijuana: Why You Should Care

## Cannabis Addiction and Treatment

*As addictive as alcohol; as hard to treat as nicotine*

About 1 out of every 11 people (9%) who try marijuana or some other form of cannabis (extracts, edibles, etc.) will become addicted to it at some point in their lives<sup>1</sup>. This “conditional dependence rate” varies depending on the age of first use: 1 in 6 adolescents who try marijuana (17%) will become addicted to it. The risk is higher for those who become regular users, while heavy users (daily or near daily use) have a dependence rate of at least 1 in 4, a full 25%.

Addiction, by definition, is psychological: *“Addiction (or psychological dependence, as some people refer to it) is the repetitive, compulsive use of a substance by a person despite negative consequences to his life and/or health<sup>2</sup>.”*

The hallmark cravings of addiction are so strong that addicts will knowingly sacrifice their jobs, friendships, marriages, and other aspects of their lives in order to keep using the addicting substance – including marijuana<sup>3</sup>.

In some users, marijuana causes symptoms associated with *tolerance* (the need to use larger amounts and/or more frequently to achieve the same high) and *withdrawal*, or physical dependence (negative physical, emotional, and behavioral symptoms that occur shortly after the user stops using)<sup>3</sup>.

There are seven symptoms of withdrawal from marijuana<sup>3</sup>: anger, anxiety, sleep difficulties, loss of appetite, restlessness, depression, and physical symptoms that cause significant discomfort, including stomach pains, tremors, sweats, chills, fever, and headaches. One study found that 40% of dependent adolescent users suffered from withdrawal<sup>5</sup>.

In addition to tolerance and withdrawal, there are nine other criteria for Cannabis Use Disorder (CUD)<sup>3</sup>. These include using more or for longer periods than intended; persistent desire or unsuccessful efforts to quit; spending considerable time and effort to obtain, use, or recover from effects; cravings; failing to fulfill major obligations at work, school, or home; continued use despite persistent social or interpersonal problems caused or exacerbated by use; giving up important life activities in order to use cannabis; recurrent use in situations where it is physically dangerous; and continuing to use despite knowing of adverse physical or psychological problems caused or exacerbated by using marijuana.

- In 2012, 18.9 million people in the U.S. used marijuana. This is 7.3% of the total U.S. population<sup>4</sup>.
- Of these 18.9 million users, 4.3 million were either dependent on or abusing marijuana<sup>4</sup>.
- Applying the 9% addiction rate to 18.9 million users yields 1.7 million people in the U.S. who will be addicted to marijuana at some time in their lives.
- 80% of the marijuana consumed in the U.S. is used by only 20% of the users, those who use on 21 or more days each month. Daily users consume a full 50% of the total<sup>8</sup>.
- Vermont has the one of the highest prevalences of past-30-day marijuana use in the country<sup>4</sup>.
- In fiscal 2013, 66% of Vermont adolescents (12-17 year olds) in substance abuse treatment were there for a marijuana disorder<sup>9</sup>.

*In 2012, 4.3 million people in the U.S. were either dependent on or abusing marijuana. Vermont has one of the highest prevalences of past-30-day marijuana use in the country.*

## Breaking Cannabis Addiction Is Not Easy

A major 2007 review of research on treatment success<sup>6</sup> stated that “Sufficient evidence has accumulated to conclude that behaviorally based interventions can help many of those who seek treatment for marijuana use disorders.” However, the same review also reported these discouraging findings:

- Adults seeking treatment for marijuana abuse or dependence average more than 10 years of near-daily use and more than six serious attempts at quitting. Most perceive themselves as unable to stop, and most experience a withdrawal syndrome.
- ...the rates of “success” are modest. Even with . . . the most highly efficacious treatment for adults, only about one-half of those who enroll in treatment achieve an initial 2-week period of abstinence, and among those who do, approximately one-half resume use within a year.
- Across studies, 1-year abstinence rates have ranged between 19 and 29 percent for MET-CBT [motivational enhancement therapy combined with cognitive-behavioral therapy], and between 9 and 28 percent for MET. An additional percentage of adults report a reduction in use and in problems associated with use; however, many adults show no evidence of progress.
- The treatment outcome data for adolescents paint a similar picture: abstinence rates at the end of treatment were only 11 to 15 percent, and rates at 12 months post-treatment were 17 to 34 percent across the five treatments.
- The marijuana withdrawal syndrome resembles those associated with other drugs, particularly tobacco. Many [patients] indicate that these symptoms adversely impact their attempts to quit and motivate use of marijuana or other drugs for relief.
- Although determining the relative difficulty of quitting various substances of abuse is complex, the treatment literature reviewed here suggests that the experience of marijuana abusers rivals that of those addicted to other substances.

A more recent study on treatment of adolescents coping with addiction<sup>5</sup> reported, “The presence or absence of withdrawal did not appear to change long-term treatment outcomes (measured at 12 months after start of treatment). The factor that did appear to make a difference was whether or not an individual recognized having a problem with substance use upon entering the study.”

*I think that's part of what's been portrayed with marijuana, that it's a harmless substance, so it's often a challenge to get students, or people later in life for that matter, to understand that they're wrestling with an addiction<sup>7</sup>.*

*–Dr. Jon Porter, Director  
Center for Health & Wellbeing  
University of Vermont*

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4. The National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMSHA), 2012, 2010.

5. The Prevalence of Cannabis Withdrawal and Its Influence on Adolescents' Treatment Response and Outcomes: A 12-Month Prospective Investigation, Greene, M. Claire & Kelly, John F., *Journal of Addiction Medicine*, 8(5):359-367, September/October 2014.

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7. Interview with Dr. Jon Porter on the Judge Ben show, Nov 17, 2014, CCTV Channel 17/Town Meeting TV (<https://www.youtube.com/watch?v=1j98TdD7aWU>)

8. Caulkins, J.P., The Real Dangers of Marijuana; National Affairs, Winter 2016 21-34. <http://www.nationalaffairs.com/publications/detail/the-real-dangers-of-marijuana>

9. Vermont Health Department Data Brief on Marijuana. [http://healthvermont.gov/adap/drugs/documents/marijuana\\_data\\_brief.pdf](http://healthvermont.gov/adap/drugs/documents/marijuana_data_brief.pdf)