



CANNABIS USE DISORDER TREATMENT PREFERENCES: A PILOT SURVEY IN CURRENT USERS OF CANNABIS

Psychiatry

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ABSTRACT

Although cannabis use is becoming more commonplace worldwide, treatment participation among people with Cannabis Use Disorder (CUD) is still below ideal levels. Designing successful treatments requires an understanding of the therapy modalities that users prefer. The purpose of this pilot project is to determine the factors influencing current cannabis users' interest in treatment modalities and to investigate their treatment preferences.

KEYWORDS

Illegal Psychoactive Narcotic, Stigma, Motivation Interviewing, Contingency Management.

1. Overview

Globally, cannabis is the most commonly used illegal psychoactive narcotic. According to recent surveys, there are an estimated 30 million cannabis users in India, and an increasing number of them fit the diagnostic criteria for Cannabis Use Disorder (CUD). However, stigma, denial, ignorance, and a lack of alignment between current services and user expectations continue to limit the number of people seeking treatment for CUD.

Although evidence-based interventions, such as motivational interviewing (MI), contingency management (CM), and cognitive-behavioral therapy (CBT), are recommended, there is limited understanding of how current users evaluate or support these interventions. Knowing treatment preferences can greatly influence service design as patient-centric care becomes more popular in addiction psychiatry.

Through a pilot survey, this study intends to investigate the treatment preferences of present cannabis users in India, with an emphasis on preferred modality, motivation for quitting, and willingness to interact with pharmaceutical or digital choices.

2. Resources and Procedures

2.1 Participants and Study Design

This three-month (April–June 2025) cross-sectional descriptive pilot study was carried out. Participants were gathered from community gatherings in Indian cities, online forums, social media, and outpatient psychiatry clinics.

Criteria For Inclusion:

- Self-reported cannabis use within the last 30 days;
- Willing to give informed permission;
- Aged 18 to 45.

Criteria For Exclusion:

- Identifying a serious mental disease (such as bipolar I disorder or schizophrenia)
- Notably impaired cognitive function

2.2 Survey Tool

Ten users participated in a pilot study to validate a questionnaire created by subject matter experts. It contained:

- Sociodemographic information.
- Patterns of cannabis use, including age of onset, frequency, amount, and techniques
- Encouragement to stop (based on the SOCRATES scale)
- Suggested methods of treatment:
 - o Pharmacotherapy o Digital tools (telehealth, mobile apps), Psychotherapy (CBT, MI)
 - o No treatment o Group therapy

2.3 Analysis of Statistics

SPSS version 26.0 was used to analyze the data. The data was summarized using descriptive statistics. Chi-square tests looked at relationships between treatment preference and factors such as

sociocultural sex, age, frequency of usage, and previous attempts to stop using a drug. A significant p-value was defined as less than 0.05.

3. Findings

3.1 Use Patterns and Demographics

- Total N = 100
- 27.4 years old on average (SD = 4.6)
- Gender: 78% male, 22% female
- Employment: 36% employed, 10% unemployed, 54% students
- 17.2 years old was the mean age at first cannabis use.

3.2 Motivation and Cannabis Use

- 48% of users are daily users.
- 36% of users are weekly.
- Infrequent users: 16%
- Previous attempts to quit: 32%
- 58% of respondents said they wanted to stop.
- 46% have a high level of motivation (SOCRATES score > 18).

3.3 Preferences for Treatment

- CBT: 42 percent
- Apps and telehealth digital interventions: 30%
 - Interviewing for Motivation: 22%
 - 15% goes to pharmacotherapy.
- 10% for group therapy
- 35% have no interest in any Philanthropic treatment.

3.4 Elements That Affect Preferences

Variable Treatment Interest (%) p-value

81% of daily use 0.02 Prior attempts to quit 88% 0.01 74% of SOCRATES are highly motivated 0.03

4.1 Restrictions

- The convenience sample might not be pertinent to groups that are treatment-resistant or live in remote areas.
- Self-report data is prone to social desirability bias and recollection errors.
- Causal inference is not possible due to the cross-sectional character.

5. In inference in this pilot study, cannabis users showed receptivity to treatment, especially digital platforms and psychotherapy. Future intervention designs may benefit from taking these preferences into account in order to increase patient engagement, retention, and results. To validate and build upon these findings, more studies using bigger, more varied sample sizes are necessary.

Recognitions

We appreciate the participants' candor and time. We are grateful to Dr. [Name] and the research assistants who helped with data entry and recruitment.

Finances - This study did not receive any outside funding.

DISCUSSION

This pilot study highlights low treatment engagement among Indian cannabis users despite the growing burden of Cannabis Use Disorder (CUD). It reveals a strong preference for non-pharmacological approaches, particularly Cognitive Behavioral Therapy (CBT) and digital interventions like apps and telehealth. Users with daily use, past quit attempts, and high motivation scores were more open to treatment, aligning with the Transtheoretical Model of Change.

4. CONCLUSION

This study shows that cannabis users choose non-pharmacological therapies, especially digital technologies and cognitive behavioral therapy. These inclinations could potentially result from less stigma, flexibility, and perceived efficacy. The Transtheoretical Model of Change was supported by a correlation between increased openness to therapy and higher consumption frequency, as well as previous attempts to quit.

Remarkably, a sizable percentage (35%) said they had no interest in receiving treatment. This emphasizes the necessity of early engagement interventions and motivational enhancement techniques.

Younger users and students preferred digital tools, which were consistent with worldwide telepsychiatry trends. Despite being supported by data, pharmacotherapy was the least popular treatment for cannabis dependence, perhaps as a result of people's ignorance of or mistrust of pharmaceuticals.

Conflict of Interest -None

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