Understanding Treatment Needs and Research Priorities for Cannabis Use Disorder

Project Summary

October 2025

This activity is one part of a multi-part Foundation project related to substance use disorder. The multi-part project is supported by the Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS) as part of an overall award of $2,470,442 of federal funds (100% of the project). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by FDA, HHS, or the U.S. Government.

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Project Overview

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Goal: To better understand current research on and clinical practices for cannabis use disorder (CUD) treatment.

The Foundation conducted the following activities:

- Literature and landscape analysis
- Expert discussions with clinicians and researchers (2)
- Listening sessions with consumers (3)
- Listening sessions with health professionals (2)

Defining "Cannabis" in Cannabis Use

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Product	Definition	Uses/Effects	Legal Status	Other Notes
Cannabis	Refers to the plant Cannabis sativa (a genus of flowering plants)	Can be used for various purposes, including the production of fibers (hemp), oils, and recreational or medicinal products		Cannabis contains numerous chemical compounds
Marijuana	Cannabis products with high concentrations of THC	Primarily used for recreational and medicinal purposes	• In the US, marijuana is defined as cannabis with more than 0.3% THC • Contains both THC and CBD • Federally: Schedule I	
Tetrahydrocannabinol (THC)	The psychoactive compound that causes the "high" associated with cannabis use	THC can alter perception, mood, and cognitive function.	Concentrations defined by each state for medical & recreational use	THC is present in varying amounts in different cannabis strains, Ex: Δ-9 THC, Δ-8 THC
Hemp	Cannabis plants that contain 0.3% or less of THC, making them legally distinct from marijuana	Hemp is used for industrial purposes, such as producing fibers for textiles, paper, and other products, as well as for food and oil production	Hemp is federally legal in the US, as defined by the 2018 Farm Bill	
Cannabidiol (CBD) and Cannabinoids	A non-psychoactive compound found in cannabis	CBD is being studied for its potential therapeutic effects, such as reducing pain, anxiety, and inflammation	Defined by each state	CBD can be found in both hemp and cannabis plants, with hemp typically having higher levels than marijuana

Landscape of Cannabis Use Disorder

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- Annually in the US, averages of 23.1% of adults (ages 18+) and 11.0% of adolescents (ages 12-17) used cannabis in the past year[1]
- In 2024, 7.1% of people older than age12 (20.6 million people) had cannabis use disorder in the past year. Rates of CUD among specific populations in the US include: [1]
  - 4.7% of adolescents (1.2 million people)
  - 15.8% of young adults (5.5 million people)
  - 6.1% of adults ages 26+ (13.8 million people)
- 10-30% of people that use cannabis are likely to develop symptoms consistent with CUD. Initiation of cannabis before age 18 is linked to nearly a two-fold increased risk of developing CUD [2]
  - Risk Factors for CUD: Frequency of use, amount used, age of first use
  - Individuals with DSM-5 CUD use cannabis frequently (on average, 4 or more days a week), and some individuals may use cannabis throughout the day over a period of months or years

[1]Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases

[2]Bosley HG, Peña JM, Penn AD, et. al. A Pragmatic, Person-Centered View of Cannabis in the United States: Pursuing Care That Transcends Beliefs. Subst Abus. 2023;44(4):337-347. doi: 10.1177/08897077231202836.

Topics for Exploration

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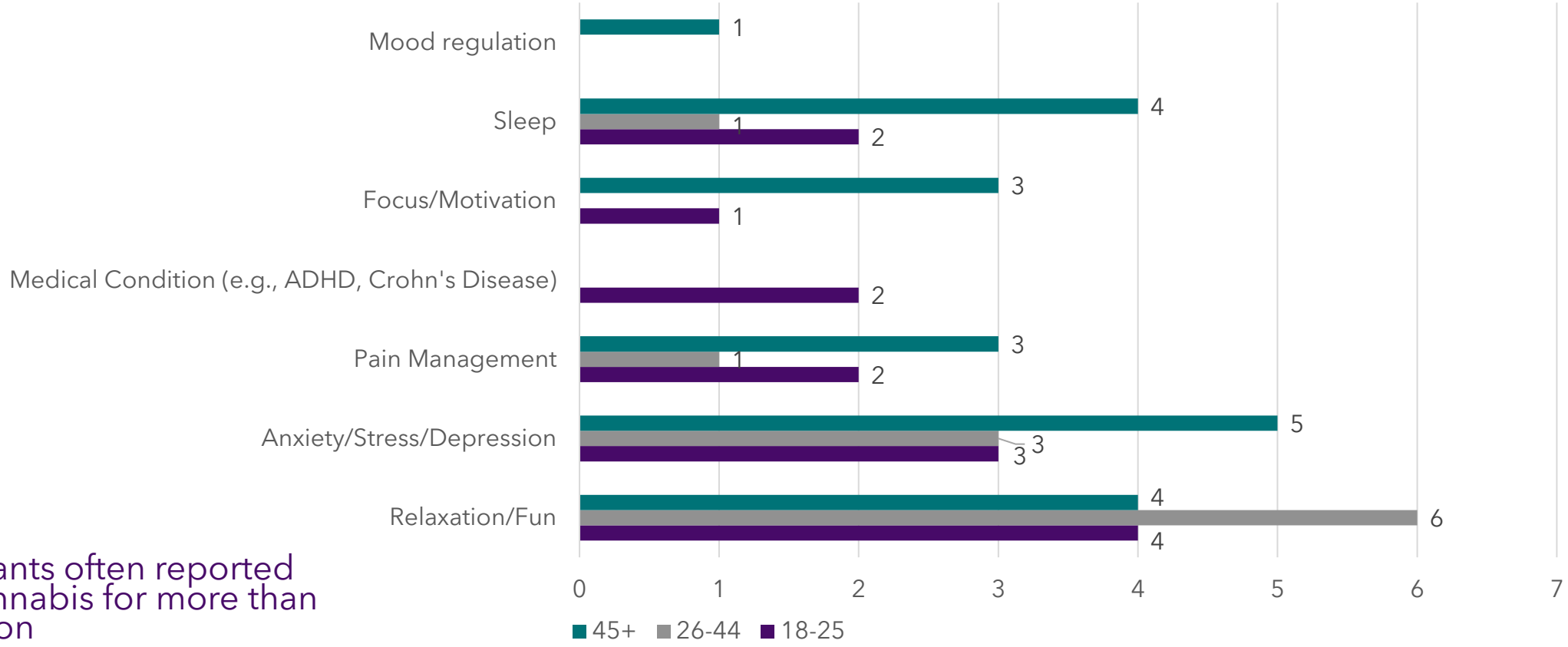
- How cannabis use impacts patients' lives
- What things can motivate reduction of use
- What type of support/treatment patients need to reduce cannabis use
- What type of support/treatment providers need to treat patients with CUD

Reasons for Use

Consistent with providers, consumers across all age groups use cannabis for various reasons, including medical conditions, stress/anxiety, and pain management.



*Participants often reported using cannabis for more than one reason

Perceptions of Addictive Qualities

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While nearly 70% of consumers across all age groups reported they are not addicted, consumers across all age groups provided details that highlighted the important role of cannabis use on their daily lives, such as:

- Scheduling/planning cannabis use around time of day (18-25 and 26-44)
- Looking forward to using, including after a stressful day or event (26-44 and 45+)
- Experiencing sleepiness or grogginess, including the inability to fall asleep, when they don't use (18-25, 26-44, and 45+)
- Feeling agitated, short-tempered, or moody when they have taken breaks in the past (26-44 and 45+)
- Experiencing nausea when they don't use (26-44)
- One participant began using cannabis towards the end of the session (45+)

Perceptions of Addictive Qualities

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Consumers also offered reasons that they were not addicted, often providing extreme examples or comparing cannabis to other substances that they find more addicting.

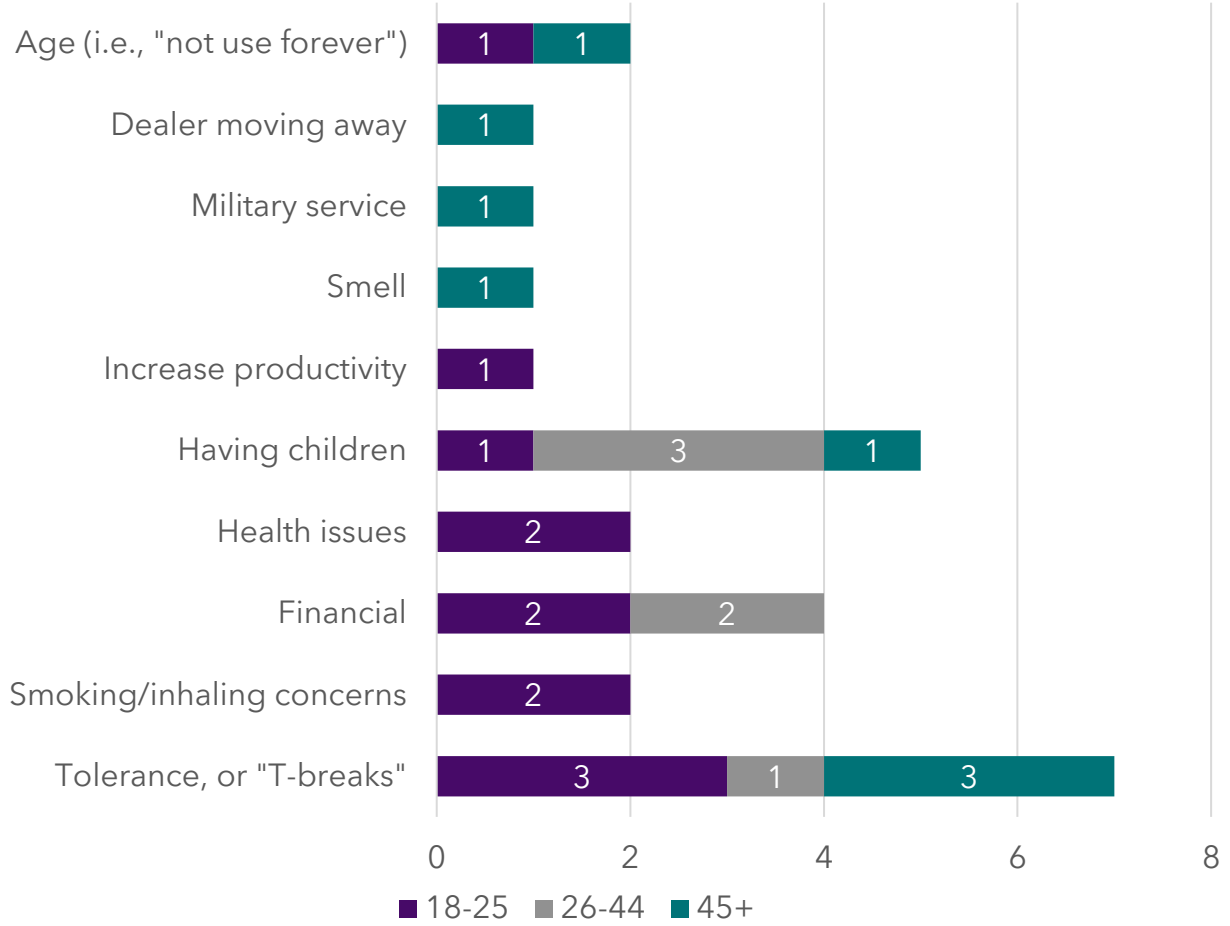
- Several consumers across the different sessions stated that other substances are more addictive or offered extreme examples when describing addiction or addictive behaviors
- Some consumers mentioned that comparatively, cigarettes are harder to quit than cannabis
- However, several consumers across the different groups did acknowledge that they are addicted to the effects (e.g., reducing or removing anxiety, feeling more relaxed and calmer)

"The feeling you get when you smoke, it can be addictive. The need to smoke after having a stressful day [or] when anything bad happens, I find myself craving it." (Female, 26-44)

"I don't think that cannabis in itself is addictive. There is a lot of research on that, too. It's more of, you get addicted to the way that it feels versus [on it's] own.. It's more of, like a habit... then an addiction" (Female, 18-25)

Reasons to Quit

Consumers in each of the listening sessions mentioned a few reasons for quitting, whether it be temporarily or permanently.



Providers shared some of the motivations for quitting or reducing that they hear from patients:

- Providers reported that consumers may quit due to financial reasons. However, they may choose to return to cannabis use after quitting because cannabis is considered more affordable/accessible than a therapy session or other treatment options provided by health professionals.
- Additionally, financial constraints could be a barrier for accessing or completing care.
- Providers emphasized that regardless of the treatment approach implemented, success hinges on the individual's interest and commitment to quitting.

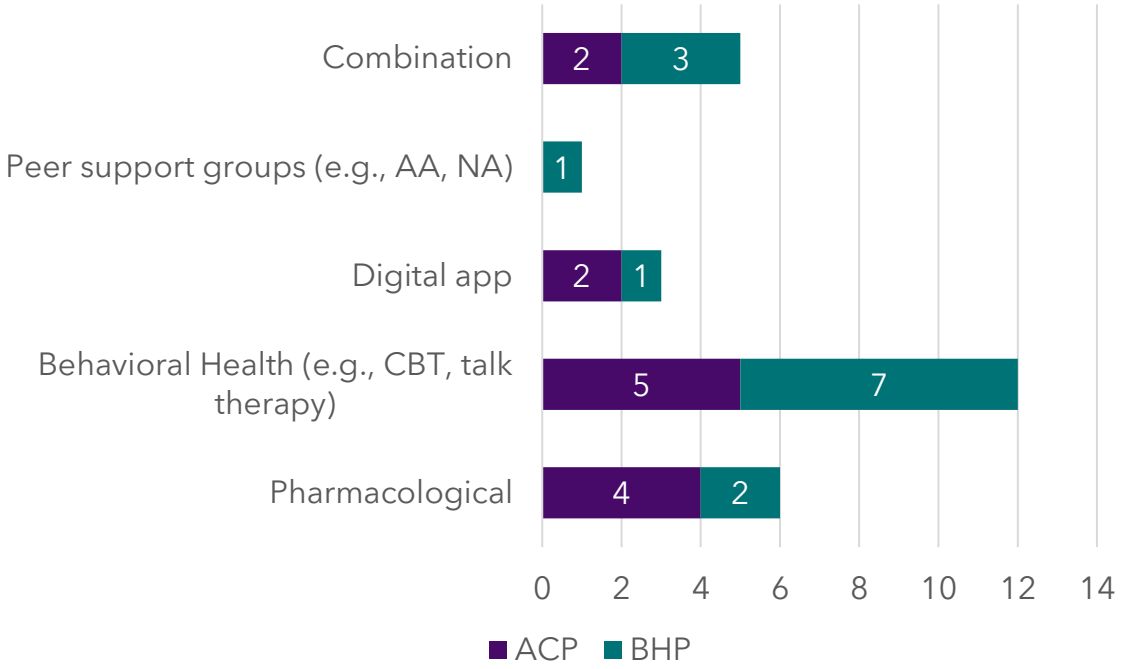
Treatment Approaches

Currently, there are no FDA-approved pharmacological treatments for CUD. Providers share some of the non-pharmacological and off-label pharmacological treatment options they use in their practices.

Advanced Care Practitioners	Behavioral Health Providers
Treating symptoms such as nausea, anxiety, and cravings (e.g., anti-nausea medications, Chantix)	Underlying issues (CBT, mood journals, motivational interviewing, addressing ambivalence)
Resources and general education about CUD and possible next steps (e.g., pamphlets, referrals)	Tailored therapeutic process that may include psychoeducation, medication management, and/or coping techniques
Referrals to receive care elsewhere, including in-patient facilities	In-patient or out-patient long-term treatment (voluntary and involuntary)

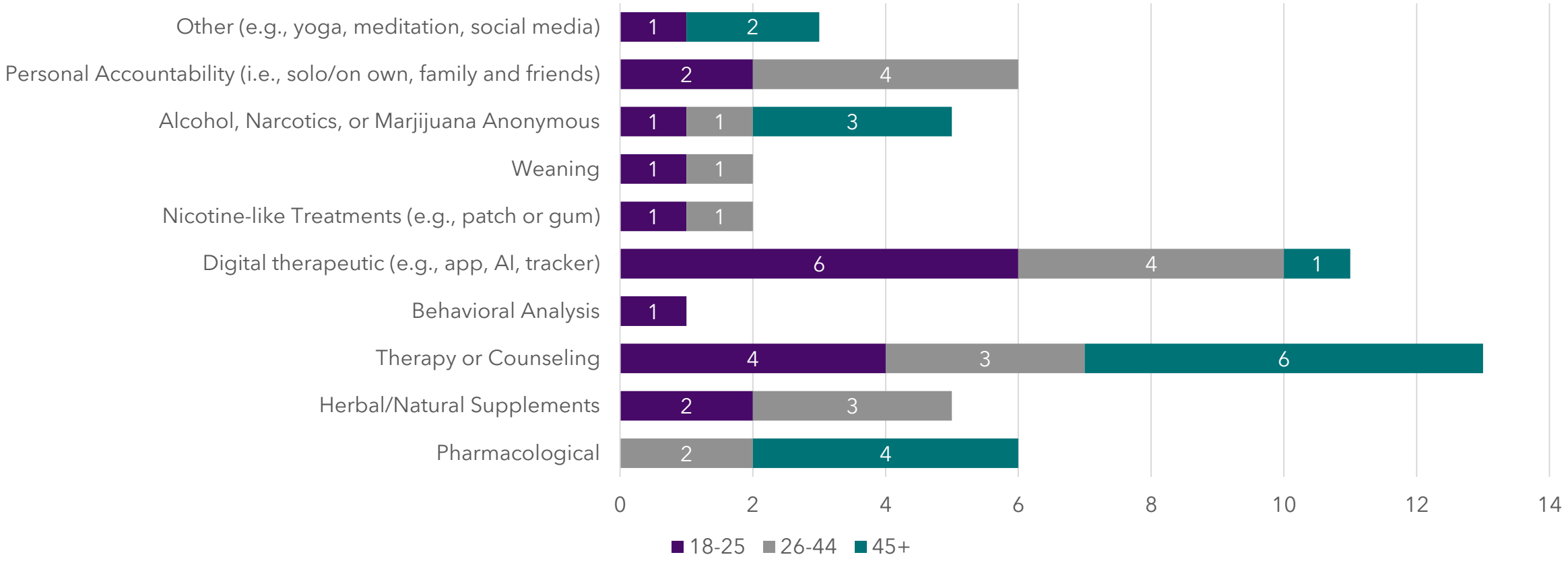
When asked to identify characteristics of an ideal treatment, providers in the expert discussions indicated a preference for non-addictive pharmacological treatment.

Among providers in the listening sessions, ideal treatments included a behavioral health element, and a few also mentioned a pharmacological option.



Treatment Approaches

Among consumers, most appeared supportive of behavioral health approaches or digital apps, but personal accountability was very important to the 18-25 and 26-44 age groups.



CUD Treatment Approaches

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While most of the 18–25-year-olds were not open to a pharmacological option, some were supportive of an herbal or natural option. This was also the case for several of the other consumer groups.

- However, five consumers (two in the 18- to 25-year-olds group and three in the 26- to 44- year-olds group) would be open to an herbal or natural medication option, such as melatonin, ashwagandha, or magnesium
- Consumers also justified a "natural" option as some find cannabis as a natural alternative to a pharmacological option already
- Consumers appear to come to this conclusion for a few reasons: Finding their doctors push medication, realizing they are unclear on the research, thinking that pills/medication would be more addictive, and/or having negative experiences with other medications that made them feel worse or emotionless

"I think that each one of those, treatment options, there's somebody out there that each one would more than likely work for, you know what I mean? Just for me personally, I think that if I needed it, I think the talk therapy would be the one that I would choose, personally, to pursue [and] it really depends on if the person really wants to quit, if it will be effective" (Male Consumer, 45+)

"Trying to fix an addiction with, like, another addiction doesn't help. Like, especially when it comes to, like, medicine. A lot of the times, doctors do love to just throw medication at you, but, like, it's not actually helpful, especially when you're trying to quit, you know, another addiction." (Female Consumer, 18-25)

CUD Treatment Approaches

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Across all sessions, approximately 1/3 of all participants were supportive of a pharmacological approach to treat CUD.

Group	Perception of Pharmacologic Treatment Options
Advanced Health Care Practitioners	Over half the participants (4/7) were supportive of a pharmacological treatment noting that further research is needed to make it a low cost and easy-to-use option.
Behavioral Health Providers	Fewer behavioral health providers indicated that a pharmacological approach would be appropriate (2/8). One psychiatrist shared that medication to treat withdrawal would be beneficial.
45+ Consumers	This consumer group had the highest support of a pharmacological treatment with almost half indicating their support (4/9). Participants expressed it would not be their first line of treatment, or they envisioned using it in addition to another treatment.
26–44-Year-Old Consumers	A quarter of the participants (2/8) expressed they would be open to a pharmacological option, one specifically interested in a treatment for withdrawal symptoms. Others shared that while they don't think it would be effective for them, it could be helpful for others.
18–25-Year-Old Consumers	None of the nine participants in this group was open to trying a pharmacological option. This stemmed from seeing prescription pills as addictive, and a desire for only homeopathic or naturopathic supplements.

Overall Takeaways

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- Consumers may use multiple substances in addition to cannabis, with alcohol and tobacco the most frequently reported.
- Consumers across all age groups described using cannabis to self-medicate to treat mental health concerns (anxiety, depression, stress), as well as pain management and sleep. All consumers reported that they experience benefits such as feeling good, calm, and relaxed when using cannabis.
- Consumers described experiencing difficulties when abstaining from use and certain negative experiences associated with use, but did not view their behaviors as addictive, necessarily.
- Interest in and reasons for quitting varied by group: 18-25-year-olds and 45+ year olds were generally less interested in quitting or reducing than those ages 26-44. Cost was the main reason reported as the reason why they would consider quitting or reducing.
- Providers were more open to exploring a pharmacological approach to treating CUD when compared to consumers, who generally preferred a more natural or herbal option.
- Providers and consumers indicated that a non-addictive pharmacological treatment would be most appealing (in addition to behavioral treatments).