UNDERSTANDING YOUR DIAGNOSIS

Marijuana Addiction

Also called Cannabis Use Disorder

Marijuana has become harder to stop than you expected. That is a real condition, and it responds to treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 15 US adults	Teens to early 20s	Yes - therapy helps most	About 19 million in the US

What this is

- Cannabis use disorder means marijuana keeps causing problems and cutting back has been harder than you thought.
- Legal does not mean risk-free. About **1 in 10** people who use develop a problem, and more if they start as teens.
- Withdrawal from marijuana is real. Feeling irritable and sleepless when you stop is a physical sign, not weakness.
- Today's products are far stronger than they were in past decades, so the same habit now delivers a much bigger dose.

What it can look and feel like

- You use daily or nearly daily, often starting soon after waking, and the day feels off without it.
- You have tried to cut down or quit more than once, and it has not lasted as long as you wanted it to.
- When you stop, you feel irritable and anxious, cannot sleep, have vivid dreams, and lose your appetite.
- It takes more, or stronger products, to get you where you used to get with much less than that.
- Motivation, memory, and your school or work performance have slipped, and other people have noticed it.
- You use to handle anxiety, boredom, pain, or sleep, and those problems are creeping back up anyway.
- You keep using even though it costs you money, relationships, or chances that you really cared about.

What is happening in your brain and body

- **THC** attaches to CB1 receptors, docking points packed into the memory, movement, and planning parts of your brain.
- Your brain makes its own cannabis-like chemicals, and steady THC from outside turns those receptors down.
- That is why stopping feels bad at first. Most of those receptors bounce back within about **4 weeks**.
- The teen brain is still wiring itself, so heavy use then is linked to lasting attention and memory trouble.
- Heavy use of strong products raises the risk of psychosis, especially if it already runs in your family.

What can make it more likely

- Genes explain a large share of the risk, so cannabis problems often show up in more than one family member.
- Starting in the teen years raises the chance of a disorder from about 1 in 10 to roughly **1 in 6**.
- Using it to manage anxiety, sleep, or pain becomes a loop: it helps for an hour, then rebounds afterward.
- Easy access, daily availability, and friends who all use make cutting back much harder than it sounds.

What to expect

- Withdrawal starts in **1 to 3 days**, peaks during the first week, and mostly clears within 2 to 3 weeks.
- Sleep is usually the last thing to settle. Vivid dreams and light sleep normally ease by about week 3.
- Motivation and memory tend to come back over weeks to months once the daily use has stopped.
- Cutting down counts. If quitting fully is not your goal today, using less still improves how you feel.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** with **motivational counseling**, about 9 to 12 sessions, is the best-tested package.
- Adding **contingency management**, which gives small rewards for meeting goals, clearly improves the results.
- For teens, **family therapy** that brings in parents and the school beats working with the teen alone.
- Even **two sessions** of motivational counseling reduce use for many young adults who are not seeking treatment.
- Progress is often partial at first. Fewer days, smaller amounts, and better functioning all count as real wins.

Medicines

- No medicine is approved for cannabis use disorder, so talk therapy is the main treatment right now.
- **N-acetylcysteine**, a supplement, helped teens in one study but did not repeat that result in adults.
- **Gabapentin** has limited evidence and mainly eases withdrawal symptoms rather than the use itself.
- If you use it for sleep, ask for **CBT-I**, a short therapy for insomnia, instead of sleeping pills.
- Anxiety or depression should be treated on their own, often with an **SSRI** chosen with your prescriber.

Everyday things that help

- Plan hard for the first two weeks. That window, not month three, is when most people go back to using.
- Protect your sleep with a fixed wake-up time, morning light, and no screens in bed while things reset.
- Clear out products and supplies, and tell one person your plan so that you are not doing this alone.
- Do not drive for several hours after use. Your reaction time stays off longer than the high itself lasts.
- SAMHSA's free helpline, **1-800-662-4357**, can find local treatment at any hour, at no cost to you.

Get help right away if

- Cycles of vomiting that only hot showers seem to relieve need medical care, not more cannabis.
- Hearing voices, feeling watched, or losing touch with what is real means get seen right away.
- If you think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Is my goal cutting down or stopping completely, and what fits me now?*
- *What can I do about sleep in the first two weeks without pills?*
- *Could my anxiety or ADHD be driving this, and how do we treat that?*
- *How much stronger is what I use now than what I started with?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.