

Motivational Interviewing

Review 8

Hjorthøj, C., Fohlmann, A., & Nordentoft, M. (2009). Treatment of cannabis use disorders in people with schizophrenia spectrum disorders: A systematic review. *Addictive Behaviors, 34*(6–7), 520–525. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/19268481>.

Objectives	Review treatments for cannabis use in schizophrenia spectrum disorder patients.
Studies Included	Forty-one U.S. and international studies published from 1993 to 2008
Participants in the Studies	Dual-diagnosis patients with schizophrenia spectrum disorders and cannabis use
Settings	Community residences, therapeutic communities, assertive community treatment, hospitals, mental health centers
Outcomes	Cannabis use, substance use/dependence
Limitations of the Studies	The authors report that most of the included studies were not randomized controlled trials, and many had design flaws. Results appeared to differ based on whether substance use outcomes were grouped or examined separately, thus potentially missing differential effects of the studies that did look at cannabis use separately.

Results

This review compared three different intervention types: interventions using contingency management, pharmacological interventions, and psychosocial interventions (MI, CBT, 12-step approaches). Two nonrandomized contingency management studies that implemented monetary rewards for negative urine samples were only effective while the intervention was active, and negative urine samples were not sustained when the contingency management was removed.

Studies evaluating pharmacological interventions for cannabis use disorders employed nonrandomized trials, and only two of the studies included in this review delineated cannabis use as a separate outcome. Most of the interventions were psychosocial in nature, and many included combinations of MI, CBT, and case management.

In studies treating cannabis use as a separate outcome, interventions were found to be generally ineffective. Studies that included cannabis use in grouped outcomes found positive effects for MI, case management, and CBT when compared to treatment as usual or without a control condition. Study results of 12-step approaches were mixed and did not test cannabis use as a separate outcome.