

N-Acetylcysteine in Treatment of Substance Use Disorders

To the Editor:

Spencer *et al.* (1) present an innovative and comprehensive rodent model of cannabinoid self-administration that increases our understanding of the neurobiology of cannabis use disorder and promises new leads for its treatment. One major finding was the prevention of cue-induced reinstatement of self-administration by pretreatment with N-acetylcysteine (NAC). The authors relate this finding to a similar effect of NAC in inhibiting “cue-induced reinstatement to many addictive drugs.” They then imply a clinical extrapolation by mentioning “a clinical trial found that NAC reduced adolescent cannabis use” (2). However, they do not mention that a later clinical trial using similar NAC doses and study design found no significant effect of NAC in reducing adult cannabis use (3). More convincing supportive evidence for the authors’ suggestion of a broad effect of NAC comes from a recent systematic review and meta-analysis that found a significant effect of NAC in reducing human craving for cocaine, methamphetamine, cannabis, and tobacco (4). In any case, I believe that caution is warranted when extrapolating from rodent behavioral findings to the clinical treatment setting.

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Article Information

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