

Lisa Webb¹, Nicole Clement¹, Ety Matalon¹, Michael Golding², Jerome Tan³, & Jan Copeland¹

1 National Cannabis Prevention and Information Centre, UNSW Australia, 2 The Prince of Wales Hospital, Sydney Australia, 3 Faculty of Medicine, UNSW Australia

Introduction

Cannabis is the most commonly used illicit drug, and the harms associated with its regular and heavy use contribute considerably to disease and disability.

To reduce the occurrence of such problems, novel and timely interventions are necessary.

Brief interventions (BIs) are *time limited, patient-centred approaches* that have evolved as a public health approach to reduce a range of health-limiting behaviours, including substance use.

Despite brief interventions of just 5-10 minutes showing a range of benefits for alcohol, such as:

- ✓ increased motivation to address problematic use
- ✓ reduced rates of use; and
- ✓ harm reduction

very little research has been conducted on the efficacy of BIs for cannabis use.

Emergency departments (EDs) are increasingly treating a variety of cannabis-related harms, which makes them a potentially ideal setting for the delivery of a cannabis BI.

In such an environment, a very brief intervention (VBI) (5-10 minutes) for cannabis use is more sustainable.

We developed a VBI which consists of three components and follows the principles of Motivational Interviewing, whereby participants are encouraged to assess and address their ambivalence for change.



Aim

To develop and assess the feasibility, acceptability, and likely efficacy of a VBI for cannabis users in an ED setting.

Method

Design: A single-group repeated measures design.

Setting: The ED of Prince of Wales Hospital, Sydney.

Participants: Patients aged 18 years+ who screened positive for cannabis use during the 3 months prior to their ED visit. Further inclusion criteria insured participants:

- were fluent in English
- did not have an urgent or critical presentation (rated as 1 or 2 by ED staff)
- did not have an intellectual disability or other impairment that would prevent them from understanding the study's requirements and providing informed consent.

Outcome measures: It was expected that participants would show an increase in:

- Motivation to quit or reduce cannabis use

And reductions in:

- cannabis use (frequency and quantity)
- dependence (Severity of Dependence Scale)
- cannabis-related problems

Screening

- Patients were approached and screened for general drug and alcohol use. Those who reported cannabis use in the past 3 months had the study explained to them and were invited to participate.

Assessment

- Participants were asked a brief (5 minutes) series of questions about their: use of cannabis, problems experienced as a result of their cannabis use, symptoms of dependence, and motivation to quit or reduce their use.

Feedback

- One week following their visit to the ED, participants were sent a brief Personalised Feedback Report via email, which included information regarding their: frequency of use (time spent high vs. not), where their cannabis use fits with others their age, an estimation of the amount of money spent on cannabis, an explanation of their SDS score, and reiteration of their reported cannabis-related problems.

Follow-up

- Follow-up occurred approximately one month following participants' visit to the ED and was conducted via telephone. Participants were asked a subset of the assessment questions, including levels of cannabis use since their visit to the ED, symptoms of dependence, cannabis-related problems, and motivation to quit.

Results

The data described here is for the recruitment period April to June 2014. Data collection is ongoing until October 2014.

Of the 586 patients screened, 297 (50.7%) reported ever trying cannabis, and 16% of these patients reported they had used cannabis in the past 3 months.

Four out of 5 patients who screened eligible agreed to participate in the study.

Baseline Characteristics:

Table 1 details the baseline characteristics of participants. There was no significant difference between participants and those who were eligible but declined to participate in regards to age*.

Table 1: Baseline characteristics of participants (n = 38).

Age (in years), mean (SD)	35.6 (13.0)
Gender, n (%)	
- Male	23 (60.5)
- Female	15 (39.5)
Other substance use (past 3 months), n (%)	
- Alcohol	36 (94.7)
- Tobacco	35 (92.1)
- Other	13 (34.2)
Age of first cannabis use, mean (SD)	17.7 (5.7)
Cannabis use (past 30 days), mean (SD)	
- Frequency (number of days)	11.5 (10.9)
- Quantity (number of standard units per session)	2.3 (2.4)
Severity of Dependence Scale score, mean (SD)	2.7 (3.7)
Meets SDS criteria for dependence, n (%)	14 (36.8)
Cannabis Related Problems score, mean (SD)	15 (11.4)

A high proportion of participants (44.7%) at baseline had low or no motivation to quit or change their cannabis use habits.

Preliminary Analyses:

Two-thirds (n = 24) of all participants eligible for follow-up completed the follow-up questionnaire. There were no significant differences between those followed-up and those not in regards to gender, age, age of first cannabis use, or baseline cannabis use, dependence, or cannabis-related problems*.

*The small sample size prevented the analysis of some characteristics (e.g. gender, other substance use, motivation) between groups.

There was a **significant reduction in frequency of cannabis use**. Participants reported using cannabis on significantly fewer days during the past month at follow-up (Mdn = 3.0) than at baseline (Mdn = 6.5), $T = 28$, $p = .02$, $r = -.33$.

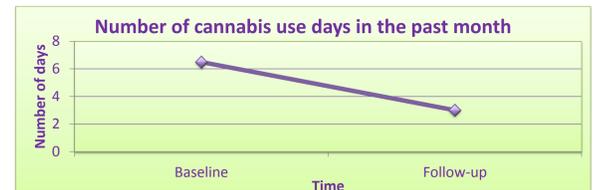


Figure 1: Median number of participant reported cannabis use days in the past month from baseline to follow-up.

A **significant reduction in Severity of Dependence** scores was also found from baseline ($M = 2.42$, $SE = .70$) to follow-up ($M = 1.25$, $SE = .40$), $T = 14$, $p = .02$, $r = -.32$.

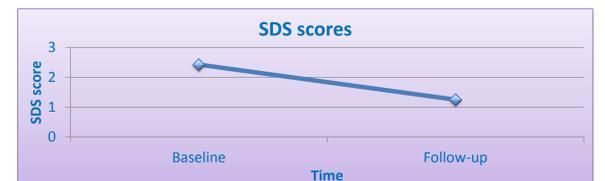


Figure 2: Average participant SDS scores from baseline to follow-up.

Trends towards less cannabis-related problems and increased motivation to change cannabis use habits were also noted, however these results did not reach the .05 level of significance.

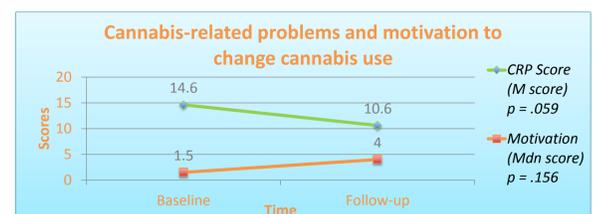


Figure 3: Participant scores for cannabis-related problems and motivation to change cannabis use habits at baseline and follow-up.

No significant change in the quantity of cannabis used (number of standard units) per session was observed from baseline ($M = 2.2$, $SE = .38$) to follow-up ($M = 1.7$, $SE = .43$), $T = 50$, $p > .05$.

Conclusion

- These preliminary results provide early support for the feasibility, acceptability, and possible efficacy of a VBI for cannabis users delivered in the ED setting.
- Considering the small sample size, we were able to find significant effects on participants frequency of cannabis use and severity of dependence.
- As recruitment continues, we expect the sample size to at least double. A full analysis of the final sample is needed to confirm and expand upon these results.
- Establishing the efficacy of a VBI for cannabis users is an important step in maximising early intervention efforts to reduce the occurrence and burden of cannabis dependence, as well as the harms associated with the regular use of cannabis.

Acknowledgements and contacts

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For more information, please contact: n.clement@unsw.edu.au or lisa.webb@unsw.edu.au