A very brief intervention for cannabis users in an emergency department setting

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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

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 = 297)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mean (SD)</th>
<th>Median</th>
<th>Range</th>
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<tbody>
<tr>
<td>Age (in years)</td>
<td>35.6 (13.0)</td>
<td>33</td>
<td>70</td>
</tr>
<tr>
<td>Gender, n (%)</td>
<td>Male: 213 (60.5)</td>
<td>Female: 120 (34.2)</td>
<td></td>
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<tr>
<td>Other substance use (past 3 months), n (%)</td>
<td>Alcohol: 195 (62.7)</td>
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<td>Age of first cannabis use, mean (SD)</td>
<td>17.7 (8.7)</td>
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<tr>
<td>Cannabis use (past 30 days), mean (SD)</td>
<td>Frequency (number of days): 11.5 (10.9)</td>
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<td>Severity of Dependence Scale score, mean (SD): 2.7 (1.7)</td>
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<tr>
<td>Meets SDS criteria for dependence, n (%)</td>
<td>14 (36.8)</td>
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<td></td>
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<td>Cannabis Related Problems score, mean (SD): 15 (11.4)</td>
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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 = 241) of all participants eligible for follow-up completed the follow-up questionnaire. There were no significant differences between those follow-uped and those not in regards to gender, age, age of first cannabis use, or baseline cannabis use, dependence, or cannabis-related problems*.

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.

Acknowledgements and contacts
NCPI is supported by the Australian Government Department of Health. Many thanks to PoWH and the participants.

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

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.

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.

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.

No significant change in the quantity of cannabis used for a follow-up of at least 2 months was observed from baseline (M = 2.2, SE = .38) to follow-up (M = 1.7, SE = .39), T = 50, p > .05.

**The small sample size prevented the analysis of some characteristics in a proper multi-variance analysis.

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

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

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

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