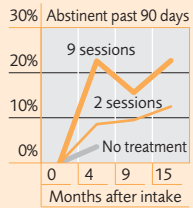


13.3 Brief interventions short-change some heavily dependent cannabis users

Findings A large US study showed that dependent cannabis users can benefit from individualised therapy which extends beyond the brief approaches previously found to produce equivalent outcomes. The study recruited 450 cannabis-dependent adults at three services in different US regions. Most had responded to adverts. Typically they were single, employed, white men in their thirties. On average they used cannabis three or four times a day and were intoxicated for at least six hours. Over 9 in 10 saw themselves as dependent. Most had been using heavily all their adult lives. After research assessments they were randomly allocated to a four-month delay before treatment or to one of two therapies. Both married a manual-guided programme with flexibility to tailor this to the individual (including abstinence versus moderation objectives), and specific therapeutic techniques with building relationships and communicating optimism. The briefer treatment consisted of two motivational enhancement sessions a month apart. The first two sessions of the longer treatment were similar but a further seven individual sessions focused on cognitive-behavioural anti-relapse skills whilst also addressing issues such as housing, transport and childcare which might impede progress. Throughout therapists adopted a motivational interviewing style.

Over the first four months those waiting for treatment changed little. In contrast, groups offered therapy moderated their cannabis use to a significantly greater degree and experienced fewer cannabis-related problems. Improvements from intake to the last three months of the follow-up were greatest in those offered the fuller therapy, but this could have been because around half and perhaps more had spent most of this time in treatment. The nine-month follow-up reflected a time when both groups were out of treatment, yet the advantages of the longer therapy were still apparent. The brief therapy group was using on average about six days in every ten, those offered longer therapy just four, and they had experienced greater reductions in symptoms of dependence and abuse. Though attenuated, the advantages of the longer therapy persisted to the 15-month follow-up. At each follow-up many more of the longer therapy group had sustained abstinence over the past three months [▶ chart](#).



In context Until the featured study, none had consistently found significant advantages for longer versus briefer therapies for cannabis dependence, except when the longer therapy had been supplemented by material rewards for abstinence. However, previous studies each had features which could have obscured any extra benefits such as small samples, less experienced therapists for the longer therapies, conducting these in groups, research requirements which could have filtered out all but the most promising clients, and inflexible regimes exclusively focused on abstinence. The featured study avoided these features and for the first time found a clear advantage for a longer therapy. The difference between the therapies is the obvious explanation, but it is also conceivable that clients and therapists (all had been trained in the longer therapy) saw the two-session option as an incomplete response, diminishing confidence and affecting outcomes. The study also confirmed that even brief therapies lead to improvements and that moderation rather than abstinence is the usual outcome. Outcomes were similar at all three sites, raising the chances of similar results at other clinics and with other clients. **LINKS** Nugget 5.11

Practice implications Studies such as this reveal a substantial potential caseload of very heavy cannabis users who feel a need for help in curtailing their use. Despite a focus on heroin and cocaine, in Britain cannabis is the second most common primary problem drug among new addiction treatment clients, accounting for around 1 in 10. Many more might be attracted by cannabis-specific publicity. Given these new findings, it seems appropriate to offer such patients a course of cognitive-behavioural therapy and motivational counselling, for which moderation should be considered an acceptable objective and outcome. This could begin with one or two sessions combining motivational interviewing with an introduction to techniques for moderating use, which could act as a standalone therapy for those who do not need more or do not return. The manual from the study should make a good starting point [▶ Additional reading](#).

Featured study The Marijuana Treatment Project Research Group. "Brief treatments for cannabis dependence: findings from a randomized multisite trial." *Journal of Consulting and Clinical Psychology*; 2004, 72(3), p. 455–466 **DS**

Additional reading Steinberg K.L. et al. *Brief marijuana dependence counseling. A manual for treating adults*. US Department of Health and Human Services [etc], in press. Copies will be available through www.health.org.

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