

5.11 Brief interventions help cannabis users cut down

- **Findings** Dependent cannabis users can be attracted into brief interventions which reduce use and improve quality of life and health prospects. In the featured studies they tended to be young adult men in employment who had used cannabis several times a day for many years. Media ads were the main recruitment strategy.
- In **study 1** in Australia, 61 were recruited into the intervention; 33 were treated in time to enter the study and 30 did so. They were mailed a cannabis use diary, later used as the basis for a two and a half hour face-to-face intervention. This encouraged personal goal setting including harm reduction and controlled use and explored ways to prevent relapse. A month later just over 40% of clients were using more or less daily compared to nearly three-quarters before the intervention. Cuts in use persisted to at least three months as did improvements in health symptoms and quality of life.
- **Study 2** in the USA randomly assigned 291 cannabis users seeking treatment to individual therapy over two sessions a month apart, or to a 14-session relapse prevention group. Both aimed for abstinence. A control group was placed on a waiting list. At the four-month follow-up, cannabis use, dependence, and adverse consequences had reduced significantly more in the treatment groups. For example, they had cut the number of days on which they used cannabis by 40% more. Gains persisted to the 16-month follow-up. The longer intervention did not further improve outcomes, even (with one minor exception) among those who completed the sessions.
- **In context** Though relatively socially integrated, treatment-seeking cannabis users often suffer significant distress, spend a large fraction of their income on cannabis, and experience diminished social, work and leisure lives. Of the interventions tested to date, any is better than none but each is as good as the other, even when the comparison is between extended therapies and brief interventions. Such interventions have sometimes been followed by what seem compensatory increases in tobacco smoking, raising a question over their contribution to preventing smoking-related diseases.
- Controlled use and harm reduction are acceptable and feasible goals. Treatment-seekers typically feel they derive benefits from cannabis which they are unwilling totally to forgo. Even when abstinence is the treatment aim, it is a minority outcome. Many clients in a similar Australian project changed their goal from abstinence to what they felt was the more achievable goal of controlled use.
- As suggested by **study 2**, the desire for ongoing support may not be met by longer initial treatment. After the single session in Australia half the clients felt they needed further support but so did half those treated at the same centre in four sessions spread over four weeks.
- **Practice implications** People finding difficulty in curtailing heavy cannabis use can be recruited into interventions through advertisements probably best aimed at adults in their mid-twenties to mid-thirties, many of whom will be in employment. Intervention is justified by diminished quality of life and by health problems; affecting the most serious of these will require a focus on smoking as such, including tobacco. However, drug services are unlikely to see cannabis users as a priority and cannabis users may not identify with services aimed at heroin and cocaine addicts. Interventions are more likely to be located in generic services or to be offered on a fee-paying basis. Most people respond well to a one or two session intervention based on motivational interviewing and/or cognitive-behavioural principles. Goals should include controlled use as well as abstinence. Developing alternative routes to the benefits clients still feel they get from cannabis will be an important therapeutic task.
- **Featured studies** ① Lang E., et al. "Report of an integrated brief intervention with self-defined problem cannabis users." *Journal of Substance Abuse Treatment*: 2000, 19, p. 111–116 ② Stephens R.S., et al. "Comparison of extended versus brief treatments for marijuana use." *Journal of Consulting and Clinical Psychology*: 2000, 68(5), p. 898–908. Copies: for both apply DrugScope.
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