

Introduction and Background to the ACCU Intervention

Melissa Norberg: Clinical Services and Evaluation



outline

- Information about the Adolescent Cannabis Check-Up
 - Feasibility Study & Randomised Controlled Trial
- Information on how GPs can help reduce cannabis use



what do we know?

- Cannabis is second only to heroin in terms of healthy years of life lost in Australia
- 1 in 5 teens have used cannabis in the last year
- Cannabis use is associated with significant harms
- Around 300,000 Australians meet criteria for a cannabis use disorder
- Marked increase in cannabis presentations to AOD services over the past decade
- Approximately 50-90% of individuals who seek treatment report withdrawal symptoms

*Given that cannabis use is associated with
significant harms
and
that young people are more likely to use cannabis,
a specific cannabis use intervention was needed*



ACCU - feasibility study

Objectives:

- To assess the feasibility of using concerned others to refer cannabis users to treatment
- To assess the feasibility of a **two session** intervention to reduce cannabis use in relatively **unmotivated** young cannabis users or '**non treatment seekers**'



ACCU – treatment package

- **Concerned Others Session:** Concerned others were presented with information regarding cannabis and taught how to communicate their concerns to their friends/family members who use cannabis
- **Session 1:** Assessment of cannabis use and related issues
- **Session 2:** Structured feedback regarding the assessment
- **Optional Session 3:** Skills training



ACCU – eligibility criteria

- Aged 14-19 years
- Used cannabis in the last 30 days
- No more than twice weekly illicit drug
- No more than 8 SDU per average drinking episode
- No substance use treatment in the past 90 days
- No significant psychiatric or cognitive impairment
- Fluency in English



ACCU recruitment - pilot

Recruitment for pilot from 4/2001 to 9/2003

Media advertising most common source of recruitment:

- 300 individuals made contact,
- 178 completed screening and
- 135 were eligible to participate
- N = 109 family groups,
 - **73 young people,**
 - 62 concerned others



Demographics (*n* = 73)

Age

M (Range) 16.4 y/o (14-19 y/o)

Gender

Male	77%
Female	33%

Education/Employment Status

Attending school/trade course	55%
Studying elsewhere	8%
Employed	58%
Unemployed	8%

Living situation

Parents/Relatives	89%
Partner	3%
Other	6%

Pre-Treatment Cannabis Use

Age of 1st cannabis use

mean (range) 13 y/o (9-17 y/o)

Age of 1st daily cannabis use

mean (range) 15 y/o (12-18 y/o)

Average Smoking Days/90 days

mean (range) 57 (2-90)

Average Cones/week

mean (range) 37 (1-167)

Hours Stoned/day

mean (range) 4 (.5 – 10)

\$AU/ week

mean (range) \$51 (\$0-\$175)

Pre- to Post-Treatment Differences 3-Month Follow-up (n=54)

Use days in past 90 days	-14 days
Number of cones per week	-12 cones
Number of endorsed <i>DSM-IV</i> criteria	-2 criteria
Percentage of dependent individuals	-31%



These reductions could have
been due merely to the passage
of time



RCT of ACCU: aim

- Assess the feasibility of directly recruiting cannabis users
- To assess the efficacy of the ACCU compared to delayed treatment

RCT of ACCU: design

Screened for eligibility – then randomised into

- DTC or ACCU :
- ACCU Treatment package:
 - **Session 1:** Assessment of cannabis use, dependence severity, and motivation for change
 - **Session 2:** Structured feedback regarding the assessment



Cannabis Use & Problems (n =40)		BASELINE		90-DAY FU
		Mean	Mean	
Days of cannabis use in past 90 days	ACCU	74.15		54.3*
	DTC	55.4		54.5
Mean number of cones per week	ACCU	104.1		75.1*
	DTC	73.4		59.4
Mean number of DSM IV cannabis dependence symptoms	ACCU	5.8		3.8*
	DTC	4.8		4.2
Percentage of dependent individuals	ACCU	100		65*
	DTC	85		80

conclusion

- Some cannabis users will seek treatment without being coerced
- Two 60 minute *motivational enhancement therapy* sessions entailing assessment and feedback can effectively reduce cannabis use



but hold on. . .

- Although 9-15% of users become dependent upon cannabis,
 - only 10% of dependent users seek treatment
- A recent survey of 498 cannabis users found that
 - 64% did not feel their use was problematic but if they were to have a problem....
they would be slightly **more likely to seek their GP** for help than a counselor

Motivation

- Motivation to change is often fleeting
- Immediately addressing concerns can help increase motivation to change
- When individuals are unaware of the negative consequences of their behaviour or feel that the benefits of staying the same outweigh the benefits of changing,
 - providing education can help tip the balance of motivation in favour of change



GPs can help by....

- Routinely assessing their patients for cannabis use
 - Quick and easy assessment: Severity of Dependence Scale (SDS)
- Letting patients know what their SDS score means
 - Scores of 3 and higher indicate dependence
 - Explaining what dependence means
 - Using open-ended questions to facilitate discussion
- Letting patients know that a brief, nonconfrontational treatment exists
 - Referring out for this treatment or doing it yourself

www.ncpic.org.au

ncpic
national cannabis
prevention and
information centre

The screenshot shows a Mozilla Firefox browser window displaying the NCPIC website. The address bar shows the URL <http://stage.doubleloop.com.au/ncpic/>. The website header features the NCPIC logo and a navigation menu with categories: WORKFORCE, CANNABIS USERS, FAMILY & FRIENDS OF USERS, YOUNG PEOPLE, INDIGENOUS COMMUNITIES, and GENERAL COMMUNITY. The main content area includes a large image of cannabis leaves with the text "Cannabis Information" and "Evidence-based information on cannabis and related harms". Below this is a section for "News articles & publications from NCPIC" featuring images of a "short film competition" poster and a "poster competition" poster. On the right side, there is a sidebar with a menu (About Us, Media, News, Links, Partners), a search box with the text "Looking for something?", and a "Member Log-in" section with fields for Username and Password.



ACCU baseline assessment



Name:	Date:
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[Section 1 on Personal Feedback Form]

presenting concerns

What is your main reason for coming back today?

Main reason [Paraphrase]

Are there any other reasons for wanting to participate in the check-up?

Additional reasons

a.

b.

Read this list of statements and tick which one best represents how you feel right now about your cannabis use.

- I'm basically satisfied with my use of cannabis and do not plan to change it
- I'm thinking about stopping or reducing my use of cannabis, but I don't think I'll begin doing that in the next 30 days
- I think I will stop or reduce my use of cannabis sometime in the next 30 days
- Sometime within the past 6 months I stopped or reduced my level of cannabis use and I've not returned to my previous level of use
- More than 6 months ago, I stopped or reduced my level of cannabis use and I've not returned to my previous level of use



GP guidelines for the assessment and management of cannabis use disorder

identifying cannabis users

While cannabis is the most commonly used illicit drug, few patients will present directly requesting assistance in managing their cannabis use or related conditions. Research has shown that cannabis users recognize and support the role of GPs in the active, opportunistic assessment and management of their cannabis use.

For this reason, it is important to identify high-risk groups for brief assessment and advice.

the groups at higher risk of having cannabis use disorder include:

- those aged under 40 years
- males
- tobacco smokers
- patients with mental health conditions
- patients presenting with chronic respiratory tract symptoms/infections not otherwise explained including chest pain

The flow chart on page 2 sets out the steps in the assessment and brief management of cannabis-related problems. The Severity of Dependence Scale (SDS) follows it, along with scoring and suggested feedback.

As few patients come to the surgery thinking about changing their cannabis use, they may require some time to take in the information and make a commitment to change. Be supportive of this process and encourage them to return when they are ready to explore with you making changes in their cannabis use. They may only be ready to cut down at first but any change is positive and supports further reduction.

Where you suspect cannabis use may be indicated:

- ask the patient about the frequency of their cannabis use
- if they are less than 18 years they are at elevated risk of poorer educational and mental health outcomes at even low levels of use, so provide them with the Adolescent Risks Factsheet, advise them to quit and refer to the Cannabis Information and Helpline 1800 30 40 50, or if they ask for specialist care, to ADIS if you aren't aware of appropriate local services. Arrange a follow-up appointment to re-assess
- if your patient is using cannabis more than weekly and is willing to answer further questions, proceed to the 5 item SDS. Feedback the score and advise them that a score of 3 or more indicates they are dependent on cannabis. Words are suggested for eliciting their feelings about this information
- assess their willingness to explore making changes in their cannabis use
- follow flow chart's suggested advice, relevant factsheets, 1800 30 40 50 and other referrals and follow-up

other free resources



npcpic
national cannabis prevention and information centre

management of cannabis use disorder and related issues
a clinician's guide

Jan Copeland, Arnie Freweri, & Kathryn Elkins

npcpic
national cannabis prevention and information centre

helpline: 1800 30 40 50
web site: www.npcpic.org.au

npcpic
national cannabis prevention and information centre

Indigenous music competition

The National Cannabis Prevention and Information Centre (NPCPIC) Indigenous Music Competition gives Indigenous people the opportunity to showcase their creative talent and express their ideas about cannabis and its harmful impacts on their communities.

brief
The Indigenous Music Competition entries must be in the form of a song. This song should be in any genre or style, but must creatively explore the harmful impacts of cannabis on Indigenous communities, issues that could be explored include: low cannabis usage, education, culture, the health care system, and Indigenous Australians only.

prize money
There will be an award of \$2,000 for the winner and \$1,000 for the runner-up.

conditions of entry
- All entries must be received by 31 October 2019.
- All entries must be accompanied by an entry form.
- The winner will be selected by a panel of judges.
- The winner will be notified by email and phone.
- The winner will be invited to perform at a national event.
- The winner will receive a certificate of achievement.

npcpic
national cannabis prevention and information centre

short film competition

The National Cannabis Prevention and Information Centre (NPCPIC) Short Film Competition gives young people between the age of 12 and 18 years the opportunity to showcase their creative talent and express their thoughts and ideas about cannabis and its impact upon young people and their educational achievements.

prize money
There will be an award of \$2,000 for the winner and \$1,000 for the runner-up.

brief
The film can be in any style or genre (i.e. drama, comedy, documentary, science-fiction, etc.), but must creatively explore the issues associated with the use of cannabis and its impact upon educational achievement. Research shows that young people's cannabis use may lead to an increased risk of problems such as dropping out of school or university, low exam results, etc.

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NCPIC Bulletins & E-Zines



bulletin series 1 – January 2008

bulletin

Clinical profiles of cannabis-dependent adolescents in residential substance use treatment

Anthony Arcuri, Jan Copeland and John Howard

Key points

- Young people are most likely to present to residential substance use treatment in Australia with cannabis as their principal drug of concern
- Those who present with cannabis use problems are younger and more likely to be male
- They are also more likely to seek treatment in rural settings than are their primarily psychostimulant or opioid-using peers
- The mental health of young people presenting with cannabis problems is as poor as that of primary psychostimulant users, and poorer than that of primary alcohol or opioid users
- Cannabis-using young people presenting to residential treatment are less criminally involved
- Young people with cannabis as a principal drug of concern were retained longer than other groups

Background

Cannabis is the most common drug for which young people present to specialist drug and alcohol treatment in Australia. In 2005-06, 50.1% of Australian substance use treatment episodes among young people aged 10 to 19 years involved cannabis as the principal drug of concern, followed by alcohol (23.4%), psychostimulants (i.e., methylamphetamines, ecstasy and cocaine; 10.5%) and opioids (5.9%).¹

Cannabis use among young people has been associated with impairments in a number of areas of functioning, including mental health (most notably psychosis, but also depression and anxiety), physical health, vocational and educational engagement, social and family functioning, and delinquent and criminal behaviour.²⁻³ It is unclear, however, whether these impairments among young cannabis users are more or less pronounced than they are among young people who primarily use alcohol, psychostimulants or opioids in similarly problematic ways, and how existing psychopathology or other vulnerability may be exacerbated by cannabis use.

Gaining such an understanding may assist substance use treatment program developers, managers and clinicians to meet the specific needs of young cannabis users presenting to treatment. This knowledge may be particularly useful within residential treatment settings where some needs of cannabis users may be overlooked when attention is focussed on the management of more visible and immediate symptoms and behaviours associated with substances other than cannabis (such as the aggressive behaviours purportedly associated with psychostimulant and alcohol presentations).⁴ More in-depth knowledge of the clinical profile

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We thank TMF, a NCPIC consortium partner, for generously sharing their client data.

n cpic e-zine

national cannabis prevention and information centre

december 2007/january 2008

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 - – varieties of cannabis p5

what's new in cannabis?

Cannabis use stabilizing in Europe

Nearly a quarter of all adults in the EU (around 70 million) have tried cannabis at some time in their lives, and around 7% (23 million) have used it in the last year. But while cannabis remains Europe's most commonly used illicit drug, the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA's) 2007 Annual Report says that new data are a cause for 'cautious optimism'.

Following escalating cannabis use through the 1990s, and more modest rises after 2000, latest data suggests that cannabis use is now stabilizing or falling. There are also signs that among younger age groups the drug's popularity may be waning.

According to the report, on average 13% of young Europeans (15-34 years) have used cannabis in the past year.

continued on page 2

director's report

Jan Copeland
(Professor/Director, NCPIC)

National Cannabis Information and Helpline – 1800 30 40 50

do you need information on cannabis?

do you know someone concerned about their own cannabis use, or that of a friend or family member?

does a client need support and advice around their cannabis use?

does someone you know want to stop using cannabis and needs help to do so?

This month has seen NCPIC's free National Cannabis Information and Helpline (CIH) become available to the community. This is the first major project of the Centre to come to fruition and has demonstrated how well we can work together within our consortium to achieve outcomes. The CIH will be officially launched later in the year.

The Cannabis Information and Helpline provides a nationally available free call service for people using cannabis themselves or those concerned about the cannabis use of a friend or family member. Callers will receive reliable evidence-based information and support and targeted advice on communication and intervention engagement strategies for users.

The CIH is run by our consortium partner *Lifeline Australia* has been operating a national 24 hour counselling service for more than 40 years. Every year almost 450,000 calls are taken by the line, which is staffed by 3,500 trained volunteers in over 60 sites

around Australia. In addition to the well known *Lifeline* service, they operate a number of other specialist telephone information and counselling services nationally. For these services, including the CIH, *Lifeline* utilises the services of paid, trained and experienced staff with a minimum qualification of a Certificate IV in Telephone Counselling. Many of the staff recruited for the CIH have tertiary qualifications and considerable previous experience in the alcohol and other drug sector. Our Community and Clinical Training Managers (Annie Bleeker and Ety Matalon) delivered training sessions to the CIH staff. These training sessions were evaluated in terms of the understanding and retention of information among the participants and their views of the trainers and content with very pleasing results. High quality support and supervision is integral to the *Lifeline Australia* practice model and NCPIC will provide ongoing training to the telephone counsellors.

The Cannabis Information and Helpline will operate 2-11pm Sunday to Friday (including public holidays). After hours all calls will be directed to a message service as well as to Lifeline 13 11 14 as an alternative contact. Callers will be advised that the call may be monitored but the number will not appear on most major Telco bills. In addition, call tracing will be available from the technology platform where there is a serious suicide risk.

Lifeline can accommodate people with disabilities, Indigenous peoples and people with culturally and linguistically diverse backgrounds. Provision for the National Relay Service (for people who are deaf or who have a hearing or speech impairment) will be provided on the service as well as the ability to engage interpreters.

continued on page 2

journal articles

- Martin, G., Copeland, J., & Swift, W. (2005). The Adolescent Cannabis Check-up: Feasibility of a brief intervention for young cannabis users. *Journal of Substance Abuse Treatment*, 29, 207-213
- Martin, G., & Copeland, J. (2008). The Adolescent cabbabis check-up: Randomized trial of a brief intervention for young cannabis users. *Journal of Substance Abuse Treatment*, 34, 407-414

Want to learn how to do the ACCU?

- Contact the training team at:
- training@ncpic.org.au
- (02) 9385 0262
- Or contact the training manager:
Etty Matalon
- 04111 94568 etty@unsw.edu.au



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