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Introduction

In recent years telephone helplines have expanded to provide easily accessed assistance for individuals otherwise underserved. Research supporting the effectiveness of telephone counselling is limited. Historically the weight of literature pertains to the utility of helplines in providing tobacco cessation treatment with comparably less focus on depression and diet and fitness concerns. The effectiveness of telephone counselling for illicit substance use cessation has not been investigated

Providing information about treatment options is particularly important for cannabis users and their families. In response to a recognised dearth of specialist national drug and alcohol helplines, the 2006 – 2009 National Cannabis Strategy recommended that a helpline specific to cannabis-related concerns should be provided. In January 2008, NCPIC established Australia's first free national Cannabis Information and Helpline (CIH). The CIH provides an opportune platform to evaluate the effectiveness of a telephone based intervention to assist with cannabis use cessation

Aim

To develop and evaluate a brief telephone based cannabis intervention delivered by the CIH via randomised controlled trial

The Telephone Counsellors

All CIH staff are required to have a minimum of one year telephone counselling experience, tertiary qualification in face-to-face counselling, and the TAFE Certificate IV for telephone counselling

14 CIH counsellors were trained on the intervention protocol in a full day workshop. Four counsellors were selected as study clinicians following peer reviewed clinical fidelity audits and received two additional full day training workshops. A treatment manual was supplied and regular treatment adherence checks were made throughout the study

The Participants (n=160)

The majority were male (62%) with a mean age of 36 years (SD=10). Approx. half had a tertiary education (51%), were employed (51%), and had an annual income over \$34000 (42%)

Participants were randomised into two groups – the intervention group (n=79) and a wait-list control group (n=81). Both groups completed a baseline interview (prior to randomisation) and follow up interview at 1 and 3 months

In total 110 participants completed both follow up sessions resulting in a 31% loss to follow up

The Intervention

The intervention consisted of four proactive telephone counselling sessions with a duration of approximately one hour, delivered once a week for four consecutive weeks

The sessions consisted of strategies for reducing cannabis use that were grounded by motivational interviewing and CBT with a focus on building self-efficacy

Each session was designed to be flexible depending on the participant's success with their reduction attempts and a self-help workbook was utilised between sessions

Most completed all four intervention sessions (57%). A small group (14%) could not be contacted at the time of the first session and were removed from the study

Measures & Analysis

-Time Line Follow Back (TLFB) method for cannabis use in the past 28 days; *Severity of Dependence Scale (SDS)*; Cannabis Problems Questionnaire (CPQ); EQ-5D; Kessler-10 (K-10); and *Stage of Change scale*

-A variety of questions regarding demographics, social support, therapeutic alliance and history of cannabis use and treatment are described elsewhere

Each of the measures above were entered into a Generalised Estimation Equation regression model to investigate difference between groups in trajectories from baseline to follow up controlling for motivation to change and external treatment or medication use. T-tests determined there was no significant difference between groups at baseline on any measure

Results

No significant difference was observed *between* groups for use frequency (TLFB) or psychological distress (K-10) over time although greater motivation at baseline did predict greater reductions

The intervention group showed a significantly steeper trajectory compared to control in reductions on the problems caused by cannabis (CPQ) and the severity of cannabis dependence (SDS), and increases on overall quality of life (EQ-5D). These results are shown in the graphs below

Discussion

This study marks the first investigation regarding the effectiveness of telephone counselling in reducing illicit drug use

The intervention showed significant gains over control for measures regarding the impact of cannabis use on an individual's functioning. Participants may have learnt to use cannabis more safely or enact positive behaviours to counteract the impact of smoking

Notably, all participants had exposure to the helpline prior to the trial which may have impacted on the control group

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