

A brief Intervention for cannabis use

nctic
national cannabis
prevention and
information centre



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Overview

- What we know about what works and does not work with young people who use drugs
- Engagement
- Motivational enhancement
- Brief interventions
- Example of a very brief intervention for young people using cannabis

Introductory assumptions

- Young people are diverse
- Adolescence is a time of experimentation, exploration, identity search and risk taking
- Substance use is not mindless – it meets needs
- Consequences and harms of substance use shaped by cultural, legal, social and economic contexts
- Substance use of young people associated with many risks and risk behaviours
- Earlier initiation, usually greater the risks and negative outcomes, especially for MARA and MARYP
- But, young people often absent from data and their specific developmental needs are rarely met



Why do young people take drugs?



Why do young people take drugs?

- pleasure
- relief from pain
- excitement
- courage
- enhance sexual activity
- reduce hunger
- assist in forgetting problems and getting to sleep or keeping awake
- to belong
- to celebrate
-

What we know does NOT work well, or at all, for young people who use drugs?

- Medical approaches - alone
- Psychotherapeutic approaches - alone
- Punishment
- Imprisonment
- Boot camps
- Just say 'no' campaigns - alone
- Scare campaigns
- Urine testing - alone
- Many mass media approaches – 'recall' high, but behaviour change?
- NA/AA - alone
 - The '*alone*' part is important

Why don't they work?

- Ignore '*why*' young people use
- Assume that reasons for use of any drug are the same
- Ignore 'loss and grief' issues in cessation of drug use
- Target too broad or too narrow
- Are delivered by inappropriate people
- Use inappropriate language/style/media
- Do not involve target young people
- Are only abstinence based
- Ignore that '*we*' help create the mess, and '*we*' not only '*they*' need to be part of the solution

What seems to work better?

- Interventions based on best available evidence
- Interventions targeting both risk + protective factors
- Early life-stage interventions
- Multi-modal interventions that involve the young person, family, school, peers and community
- Mutli-system family approaches +
- Cognitive behavioural approaches +
- Brief Interventions
- Skills development, especially life skills
- Attention to social determinants
- Changing 'cultures' – eg around drinking (eg sport)

Some examples...

- Pre-natal:
 - Preventing and delaying pregnancy in young and vulnerable mothers
 - Family home visiting
 - Child health services
- 0-11:
 - Family home visiting
 - Child health services
 - Parent education
 - School preparation programs
 - School organisation and behaviour management
 - School- based drug education
 - Family interventions

Some examples cont.

- 12+:
 - Parent education
 - Some Family interventions
 - Some school-based drug education
 - Law, regulation and policing
 - Pricing/taxes (eg alcohol and tobacco)
 - Responsible serving practices
 - Mentoring
 - Community approaches
 - Social marketing (for tobacco)
 - Some mass media (especially, use of 'characters'/'situations' in popular soaps)
 - Treatment



Importance of Engagement and Enhancing Motivation



Engagement

- Clinician characteristics mediate effectiveness
- Retention relies on engagement
- Longer retention predicts positive treatment outcomes
- Removal of practical barriers is important
- Systematic follow-up is important



Motivational Enhancement (Interviewing)

- Open-ended questions
- Reflective listening
- Affirmation of the participant
- Periodic summaries
- Eliciting self-motivational statements
- Recognising and dealing with resistance
- Recognising readiness for change



General Motivational Approaches

- Give **A**dvice
- Remove **B**arriers
- Provide **C**hoices
- **D**ecrease **D**esirability
- Display **E**mpathy
- Provide **F**eedback
- Clarify **G**oals
- **H**elp Actively



Brief interventions

What is a brief intervention?

A structured clinical interview which can range from minutes to hours and ranging from 1 session to 6 sessions

The procedure is a combination of motivational interviewing and counselling



Why use Brief Interventions?

- Time constraints
- Adolescent attention span
- Standardised – no organising required
- Validated through research
- Material is readily available
- Increases chances of effecting change



Brief Intervention -the basics


- Feedback of assessment +
- Education related to dependence +
- Identifying problem areas +
- Plan strategies for change +
- Discuss coping with cravings +
and withdrawal +
- Goal setting e.g. review in x weeks or
months or cut down, come back for
counselling



Brief Intervention

A more comprehensive style would cover

- Challenging positive expectancies
- Coping skills training
 - relationship issues, health issues
 - stress management, mood management
- Rationalisations
- Lifestyle modification
- Grief and loss
- Behavioural self-management
- Relapse prevention



An example of a brief, brief
intervention - 10 minutes+

Motivational enhancement with young cannabis users: “5 Key Questions”

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Rationale:

- Studies indicate that many workers feel ill-prepared to engage in meaningful conversations with young people accessing their services with regard to reduction or cessation of cannabis use.
- A motivational enhancement approach can assist in opportunistic interactions with in- or out of home/school (young people with multiple and complex needs) aged 14 to 24 who might be considering quitting or reducing their cannabis use.



The Approach:

- In general conversation, cannabis use may arise and indicate some possible difficulties associated with its use.
- At that stage, a worker may choose to move to a more ‘motivational enhancement’ approach.
- This, in the main, involves consideration of five key questions within as normal a conversational flow as possible.
- The key questions are:

4/5 Questions

- 1. *So, what do you like/enjoy about your use of cannabis?* [exhaust reasons]**
- 2. *Ok, and what do you like less about your use of cannabis?* [attempt to discount some, and give appropriate information as necessary]**
- 3. *So you say you like, but are less happy about....have you thought about what could be good about making a change in your use of cannabis?***
- 4. *OK, but what might be some less good things about making a change in your use of cannabis?***



Not ready to commit - question 5.1

If young person is not interested in change at this stage:
‘So, you don’t seem too keen on making a change in your use of cannabis at this stage. Also I am wondering what might lead you to re-think this decision at some stage?’

Add: ***Before we finish, I would like to give you some info that you might find helpful and some contacts where you might get some help if you re-consider your decision, and remember I am happy to talk with you again about this if you want.***

Ready question 5.2

If young person is interested in change:

‘So we talked a lot about what you like and don’t like so much about your use of cannabis, and what you might gain and lose from changing your use. Before we finish, I would like to give you some info that your might find helpful and some contacts where you might get some help in making the changes you are thinking about’.



Next steps


- If it is part of the worker's role to provide brief interventions for young people wishing to address their cannabis use-related issues, the worker could then continue the conversation as follows:

‘We did not actually talk about how much cannabis you actually use so, can you tell me how many days a week you use..... ‘



‘style’

- The actual wording of the questions will be determined by the real world ‘style’ of the worker, and take into account the setting and the situation of the young person.
- Ensure respect and empathy and indicate that their use of cannabis is not mindless and that they recognise the benefits and ‘less good’ aspects of its use.
- The approach also indicates the worker understands that change is difficult, and while possibly bringing benefits (never guaranteed) there are ‘costs’ associated with the change process.



When viewing the video, it could be helpful to consider:

- Why words like ‘bad’ or ‘negative’ not used by the worker?
- What is the worker attempting to do each time he summaries the conversation so far?
- How does the worker present the predicament to the young person (ie how does he present the dilemma re ‘good and less good’ things about cannabis use, and the potentially ‘good and less good’ things about change?
- Why does the worker NOT really explore the many issues raised by the young person?
- How would you adapt this approach to your own ‘*style*’ of relating to young people, and your *work setting* and *role*?



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