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Title: Ease up on the pot: Cannabis users' moderation experiences

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Introduction:

Cannabis is the most widely used illicit drug in New Zealand. A significant number of cannabis users experience problems related to their use, yet they remain difficult to recruit into treatment. One reason for this may be that many users do not wish to stop using, and would rather moderate their use. Users who reduce their use are likely to experience a reduction in cannabis related harms. Moderation is not widely explored in the area of cannabis abuse treatment, and very few studies explore the effect that moderation goals have on treatment engagement or outcome.

Aims:

This study aims to explore the viability of moderation as a supported treatment outcome by examining existing literature and exploring the moderation experiences of current cannabis users.

Methods:

A brief literature review examined cannabis treatment trials, user surveys, user cohorts and qualitative analysis of cannabis users' experiences with regards to moderate use or treatment barriers. Advertisements targeting 'current cannabis users aged 18+ who had ever attempted to reduce their cannabis use' were dispersed at tertiary institutes through Christchurch, 298 Youth Health Centre, and Cosmic Corner shops. Due to recruitment difficulties, advertising was extended to local members of NORML and online forum TRIPME. Participants were given information (verbal and written) outlining the key details of the study. Confidentiality and storage of information and recordings were outlined. Verbal consent was gained prior to each interview. Semi-structured interviews were recorded, transcribed, coded and analyzed for themes. Participants had the chance to review and comment on transcripts. Immediate interim analysis of interviews enabled unexpected concepts to be identified and explored in subsequent interviews. Recruitment is ongoing, current sample size is nine. Four participants were male, six were under 25 years of age (range 19 to 54 years), and five were students.

Results:

Literature: Search results confirmed that moderation is poorly explored in regards to cannabis. While non-abstinence outcomes are often presented, the change goals of cannabis users are rarely recorded, so the prevalence of moderation goals was difficult to estimate. Two studies that recorded goals in a non-treatment seeking population, suggest moderation goals are at least as common as quit goals. But, generalizability is questionable as one study recruited from a pediatric emergency ward and the other required subjects to meet DSM-IV cannabis dependence criteria and sample sizes were small. 'Not ready to stop using' was identified as a treatment barrier in one of two qualitative studies exploring barriers. Definitions of moderation were inconsistent. Definitions included 'less than 3 times a week', and 'more than a 50% reduction in use'.

Interviews: Below are the common threads relating to the key study questions that have emerged so far.

Thoughts on abstinence or moderation of use as options for change

Moderating was commonly thought to be easier than quitting. Three participants partially attributed this to a lower requirement for change in social circumstances. Some recognised that moderation would not work for everyone, and in these cases the inability to control use was seen as an inherent 'personality factor', or a sign of addiction. In line with this idea, some viewed moderation as a demonstration of control over substance use. As the perceived harms of moderate use (self defined) were low, moderation was a viable long-term goal for the majority of participants. Three participants mentioned that they viewed quitting as unnecessary (in their situation). Two participants saw moderation as a possible step towards abstinence.

Perceptions of treatment: treatment seeking behaviors and barriers

None of the nine participants actively sought assistance from health services about their cannabis use. Most commonly this was because of a lack of perceived need for treatment. Lack of treatment seeking also aligned with the participants' view that cannabis is a comparatively low risk drug and not addictive. More often, participants referred to their use as a habit rather than an addiction. Other common reasons for not seeking treatment stemmed from a lack of faith in the ability of services to be helpful. Reasons commonly mentioned for this were a perceived inability of health professionals to relate to the users' perspective on their cannabis use, biased information that focuses too heavily on the physical health effects and lacks consideration of benefits, inconsistency within the health services or a belief that changing your use must be self driven. These views tended to be expressed regardless of perceived need for treatment. Three participants said they expected health professionals would want them to quit; others felt that expectations about changing behavior would vary.

The moderation experiences of cannabis users: Strategies and rules used, and challenges faced

Participants all used multiple strategies to achieve moderation. Common strategies included: distraction by 'keeping busy' (mentioned by 9); substitution (i.e. replacing cannabis use with an alternative that achieves the same purpose (mentioned by 5)); forgiving lapses and allowing exceptions (mentioned by 5); reflecting on motivations to quit (mentioned by 5); and to a lesser extent avoidance (avoiding purchasing and social exposures to use). In regards to substitution, both healthy forms (e.g. meditation) and unhealthy forms (e.g. increased cigarette smoking) were utilized. Most participants set 'rules' around use when moderating. These were either context specific (e.g. 'special events like a concert'), quantity specific (eg. '\$50 bag a week', '2-3 joints a week'), time specific (e.g. 'after 6pm') or conditional (e.g. 'only if I've done exercise that day'). Common challenges included influence or pressure from others to use and 'breaking the habit'. These were on occasions handled by 'avoidance' and 'keeping busy' respectively. Two participants mentioned support assisted their moderation efforts, while three participants mentioned a lack of support as one of the factors that made the process more challenging. Those who did discuss use of support all suggested talking to others while still at the contemplation stage of change. Four participants indicated they found moderation easy. Two participants, who stated it was very challenging, also reported a perceived lack of support.

What level of cannabis use would users regard as being low risk?

All participants recognised that defining 'low risk' was subject to individual variation. On the whole, qualitative rather than quantitative indicators were discussed, however it was not possible to gain a clear consensus on what these multiple factors were. Only four indicated that they were not happy with their current level of use (three wanted to cut back further, one wanted to use more) yet the range of current use patterns ranged from daily to once a week. One man quantified his ideal use as morning and night, while another said her ideal use was once a fortnight. Cost was a limiting factor for four participants.

Conclusion:

Moderation is viewed as a preferable method of addressing cannabis related concerns by a number of users. However, within the wider population, the frequency of moderation goals is unable to be determined due to lack of data (measures of participant goals are scarce), although a few studies suggest moderation is as common as abstinence. In the current sample, difficulty achieving moderation and perceived formal treatment need was low, although users highlighted the value of support and accurate information. It was also perceived that health services would be unreliable in their ability to meet needs, regardless of the individuals' own perceived level of need, and would have an expectation of abstinence rather than moderation. Commonly employed strategies to assist moderation involved 'keeping busy', 'substitution' 'avoidance' 'reflection on motives' and 'forgiving lapses and allowing exceptions'. In each case, multiple strategies were used. The influence of others and the habitual nature of use were seen to hinder efforts, while support was seen to aid efforts. 'Low risk' use is difficult to determine and depends on individual factors, which is reflected in the scarcity and inconsistency of existing definitions of moderation.