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Barriers and facilitators to cannabis treatment

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Key points

- **Despite the low levels of treatment seeking among people with cannabis dependence, we know little about the barriers to and facilitators of cannabis treatment entry**
- **This bulletin reports on interviews with 200 participants about their opinions on cannabis use and treatment. The sample consisted of 100 participants in-treatment and 100 participants not in-treatment who were using cannabis at least weekly**
- **The participants believed a typical cannabis user would:**
  - **believe that treatment for cannabis use is unnecessary**
  - **not be ready to stop using**
  - **feel stigmatized if they accessed treatment**
- **Only one quarter (26.5%) of the total sample was aware of the availability of specific cannabis treatments, although the majority (88.4%) believed that such treatment is important**
- **In-treatment participants were most commonly very confident (53.5%) of achieving abstinence by completing treatment and were 'very satisfied' (61%) with their current drug treatment**
- **Participants reported that if better information and education on treatment options were available, and specialist treatment programs were offered, entry into cannabis treatment could be facilitated**

Background

Cannabis is the least disapproved of, easiest to obtain and most widely used illicit drug in Australia[1]. However, as demonstrated in recent research, few people with cannabis dependence enter specialist treatment[2,3]. Studies exploring the characteristics of individuals seeking and attending treatment; treatment effectiveness; attitudes toward treatment; and the barriers to and facilitators of alcohol and other drug treatment have been reported recently. Literature specific to the barriers to and facilitators of cannabis treatment entry, however, remains limited[3].

The present bulletin aims to investigate the barriers and facilitators specific to cannabis treatment by comparing the perceptions held by frequent cannabis users in the community, with those held by cannabis users in treatment.

Method

Semi-structured interviews were conducted with a sample of 200 at least weekly cannabis users. The total sample comprised two groups: 100 individuals in-treatment (IT) and 100 individuals not in-treatment (NIT). Both groups were questioned about their demographic characteristics, drug using patterns, and opinions of and experiences with cannabis use and treatment.

Participant characteristics

As shown in Table 1, the participants were most commonly: Australian males (70.5%), living with others (71%), on a temporary benefit (50%), and living in a rented residence (59.5%). The median age of the IT group was 27 years (range = 16–48 years), which was significantly younger than that of the NIT group (35 years; range = 16–75 years).

Table 1

Participant demographics

	In-treatment participants (IT) % (n = 100)	Not in-treatment participants (NIT) % (n = 100)	Total sample % (n = 200)
Males	68	73	70.5
Born in Australia	91	68	79.5
Living with others	74	68	71
Renting	59	60	59.5
Temporary benefit	57	43	50

IT participants most commonly reported being of fair health (33%) and the majority (61%) reported recent respiratory problems. NIT participants most commonly reported being of good health (40%), with only a minority (43%) reporting recent respiratory problems. Although IT participants showed poorer physical health and greater psychological distress than did the NIT group, both were at a 'medium risk' of anxiety or depressive disorder. The majority of participants (approximately 81%) met criteria for cannabis dependence at the time of interview.

IT participants first used cannabis at a median age of 14 years (range = 8–20 years), approximately one year younger than NIT participants, who first used at a median age of 15 years (range = 8–37 years). NIT participants were eligible for interview if they were using cannabis at least weekly at the time of interview. Other recent drug use included meth/amphetamine (41%), ecstasy (39%) and pharmaceutical medications used outside of prescription (32%).

Approximately three-quarters (77%) of IT and two-thirds (65%) of NIT participants had attempted to reduce their cannabis use without professional help, a median of 3 (range = 0–500) times in the twelve months prior to interview.

Cannabis treatment

Approximately one-third (35%) of participants had at some time consulted with general practitioners (GPs) regarding their cannabis use. The participants most commonly described their last consultation as being of 'no help' (34.3%) or 'some help' (34.3%).

IT participants were most commonly 'very confident' (53.5%) of achieving abstinence by completing treatment and were 'very satisfied' (61%) with their current drug treatment.

NIT participants who had previously received drug or alcohol treatment most commonly attended counselling (41.2%).

Among all participants who reported being unable to access help, counselling was most commonly reported as the mode of treatment being sought (30.3%). Overall, participants most commonly described individual counselling as an ideal form of treatment for cannabis problems (26.2%).

Only one quarter (26.5%) of the total sample was aware of the availability of specific cannabis treatments, although the majority (88.4%) believed that such treatment is important.

Although the total sample viewed cannabis treatment positively, those who had experienced treatment held more positive views.

Barriers

As shown in Table 2, the four most frequently reported barriers to cannabis treatment were:

- the feeling that treatment is not necessary to reduce cannabis use (39.8%)
- the opinion that cannabis users are not likely to be considering stopping their use (24%)
- a lack of awareness of treatment options (19.9%)
- the stigma associated with being labelled a drug user (17.9%)

Table 2

Barriers to cannabis treatment

	IT group % (n = 98)	NIT group % (n = 98)	Total sample % (n = 196)
Treatment is not necessary to reduce cannabis use	35.7	43.9	39.8
Not ready to stop use	33.7	14.3	24
Unaware of treatments	17.3	22.4	19.9
Treatment stigma	13.3	22.4	17.9

IT participants were more likely than NIT participants to believe that a typical cannabis user would not be ready to stop using the drug. In addition, NIT participants were more likely than IT participants to believe that a typical cannabis user does not think treatment is necessary to reduce cannabis use.

Facilitators

As shown in Table 3 the total sample of participants reported facilitators of cannabis treatment in the following order:

- improving the amount of information available on cannabis treatment (38.5%)
- improving education regarding cannabis harms and treatment (20.1%)
- marketing this information and education to target at-risk groups such as adolescents (9.5%)

Table 3

Facilitators of cannabis treatment

	IT group % (n = 87)	NIT group % (n = 92)	Total sample % (n = 179)
Improve available information	32.2	44.6	38.5
Improve education	20.7	19.6	20.1
Market promotions to adolescents	17.2	2.2	9.5

No significant differences were found between participant groups regarding the facilitators.

Conclusion

The findings of this study showed that participants who were in treatment viewed treatment more positively than those not in-treatment. In particular, IT participants were more likely to believe that treatment is necessary and available, although most cannabis users would not be ready to stop using. Overall, few participants were aware of different treatment options and the majority reported that they would feel stigmatized if they entered treatment. The cannabis users participating in the study believed that, by improving the availability of information and education regarding cannabis use and treatment, these barriers to treatment could be counteracted.

Limitations

While all attempts were made to recruit participants from a variety of backgrounds, the following limitations should be noted.

Firstly, NIT participants were recruited mainly from inner-city locations. As such, the results should not be interpreted to represent rural residents, whose requirements need further study.

Secondly, the majority of IT participants were recruited from inpatient residential facilities. According to data from the Australian National Minimum Data Set, outpatient counselling treatments were the most commonly utilised form of treatment for cannabis use problems in 2006[4]. Thus, outpatient treatments were underrepresented in the present report which may have created bias regarding the participants' responses to questions on ideal treatments and attitudes toward treatment. Despite this over sampling of residential treatment clients, the total sample of participants most commonly had previously sought or received help from outpatient counselling and believed this form of treatment to be ideal.

References

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