

Who Seeks Treatment for Cannabis-related Problems?

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ABSTRACT

Purpose: To examine the types of presenting problems and symptoms among individuals seeking treatment for cannabis-related problems in a large treatment centre in Ontario.

Methods: Data from assessment interviews conducted with clients who identified cannabis as their primary drug problem (n=426) were analyzed using descriptive statistics.

Results: The majority of people seeking treatments were male (80%) and single (77%). Cannabis treatment seekers varied in their socio-demographic characteristics, drug consumption, pressure to seek treatment, and adverse consequences of cannabis use. They experienced a broad range of substance-related problems, however, the majority were classified as below the action stage in terms of readiness to change their drug consumption. Daily users were older, more likely to be employed, to be cannabis dependent, to suffer from an anxiety disorder, and to use multiple substances.

Discussion: Cannabis treatment seekers are a heterogeneous group. A better understanding of the relationship between client characteristics and different interventions may improve outcomes.

La traduction du résumé se trouve à la fin de l'article.

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Research suggests that the number of people coming forward for cannabis-related drug treatment is increasing in Australia and the United States.¹ In Canada, cannabis use is common, with just under 30% of the general population reporting any lifetime consumption.² In a recent survey of students in Ontario, 28% of respondents in grades 7, 9, 11 and 13 reported using cannabis in the past 12 months.³ As well, 30% of people coming forward for drug treatment in Ontario report cannabis-related problems.⁴

The majority of cannabis users, irrespective of age of initiation, remain light users.⁵ However, some individuals progress to heavy use and dependence. Compared with other licit and illicit drugs, the proportion of cannabis users who develop dependence is low. Specifically, 1 in 10 people who have ever used cannabis become dependent compared with 1 in 3 for tobacco, 1 in 4 for heroin, 1 in 5 for cocaine and 1 in 7 for alcohol.⁶ Although the risk of developing dependence is small in comparison with other illicit substances, more people are exposed to cannabis, so that the lifetime prevalence of cannabis dependence is greater than for all other illicit drugs.⁶

Cannabis dependence is characterized by long periods of frequent and stable use that typically do not cause major life disruptions. As a result, chronic use can be maintained for long periods before the need for treatment may arise.⁷ Chronic use is often accompanied by the development of low energy, flat affect and depression.⁸ Other correlates include paranoia, acute anxiety and panic attacks.⁸ Dependence can lead to physical health problems, memory loss, inappropriate use (e.g., while driving or at work), interpersonal problems, loss of interest in activities and financial problems.^{1,9} A recent study showed that participants in a cannabis treatment program spent almost a quarter of their income on cannabis.⁹

Individuals with cannabis-related problems are often overlooked in studies of the addiction treatment-seeking population. To better understand their treatment needs, the purpose of this study was to examine the types of presenting problems and symptoms among individuals seeking treatment for cannabis-related problems in a large treatment centre in Ontario.

METHODS

The sample included all clients ($n=4895$) assessed at the former Addiction Research Foundation in Toronto between December 1, 1996 and March 31, 1999, who reported cannabis as their primary substance use problem ($n=426$). Cannabis consumption and socio-demographic information were collected during an assessment interview (part face-to-face and part self-administered). Substance-use information was collected using the Drug History Questionnaire;¹⁰ psychiatric symptomatology was examined with a self-administered psychiatric screener;¹¹ and readiness to change behaviour was assessed by five questions adapted from the SOCRATES instrument.¹²

Descriptive statistics were used to characterize the overall population. Clients were categorized according to their frequency of cannabis use in the 90 days prior to assessment. Daily users were defined as those who used cannabis on 80 or more out of the past 90 days ($n=189$, 44%), while non-daily users were those who used on fewer than 80 of the past 90 days ($n=237$, 56%). These two groups were compared using chi-square tests ($\alpha=0.05$). Fisher's exact tests (two-sided) were used to determine statistical significance on two-by-two tables; standard two-sided Pearson chi-square tests were used to determine statistical significance on tables with more than four cells.

RESULTS

Sample characteristics

The majority of those seeking treatment were under age 30 (61%), male (80%), and single (77%). Only 42% were employed full-time or part-time at treatment intake. The volume and frequency of cannabis consumed varied among those seeking treatment. Prior to assessment, 50% had used cannabis at least 75 days out of 90 (range: 1-90). Most (73%) used in the week prior to assessment and 43% used on the day prior to assessment. The typical number of joints smoked per occasion ranged from 1 to 56 (median = 3). In the 90 days prior to assessment, 79% had consumed alcohol, 18% had used hallucinogens and cocaine, 17% had used opiates (i.e., heroin, over-the-counter or pre-

TABLE 1

Selected Assessment Characteristics by Frequency of Cannabis Use

Characteristic	Non-daily Users % (n=237)	Daily Users % (n=189)	Total % (n=426)	p
Time since last use				
Less than 24 hours	16.9 (40)	76.7 (145)	43.5 (185)	
1 to 3 days	14.8 (35)	10.1 (19)	12.7 (54)	
4 to 7 days	23.7 (56)	8.5 (16)	16.9 (72)	
8 to 30 days	31.8 (75)	4.8 (9)	19.8 (84)	
More than 30 days	12.7 (30)	–	7.1 (30)	<0.001
Current cannabis dependence	50.6 (89)	83.1 (118)	65.1 (207)	<0.001
Used alcohol, past 90 days	73.4 (174)	85.7 (162)	78.9 (336)	0.002
Used cocaine, past 90 days	13.5 (32)	23.8 (45)	18.1 (77)	0.008
Used hallucinogens, past 90 days	13.1 (31)	23.8 (45)	17.8 (76)	0.005
Used opiates, past 90 days	13.5 (32)	21.2 (40)	16.9 (72)	0.038
Readiness to change				
Below action stage	46.8 (108)	46.2 (85)	46.5 (193)	
Action stage	37.2 (86)	47.3 (87)	41.7 (173)	
Maintenance stage	16.0 (37)	6.5 (12)	11.8 (49)	0.006
Pressure to enter treatment	28.1 (66)	12.3 (12.3)	21.1 (89)	<0.001
Charged with breaking the law				
> 90 days prior to treatment	29.5 (38)	17.4 (21)	23.6 (59)	0.026
90 days prior to treatment	17.1 (22)	14.0 (17)	15.6 (39)	0.602
Anxiety disorder, lifetime	8.5 (15)	18.8 (27)	13.1 (42)	0.008
Depressive disorder, lifetime	32.8 (58)	38.9 (56)	35.5 (114)	0.292

scription opiates), and 14% had used benzodiazepines. Ten percent reported a history of non-medical drug injection.

The majority of those seeking treatment (65%) screened positive for current cannabis dependence based on DSM-IV criteria. Another 6% screened positive for current cannabis abuse and 19% screened positive for past cannabis dependence. Many clients (27%) had received treatment for a drug or alcohol-related problem in the past. Almost all (90%) reported that some, most or all of their friends were current drug users. Although they were seeking treatment for problems related to their use of cannabis, 47% were rated as below the action stage in terms of readiness to change their drug consumption. This compares to 42% who were considered to be at the action stage. Twenty-one percent reported external pressure (i.e., legal, family or employment) to seek drug treatment.

Large proportions reported lifetime cannabis-related cognitive impairment (58%; i.e., memory problems, blackouts or confusion) and psychological problems (72%; i.e., mood and personality changes). For the 90-day period immediately prior to assessment, 50% reported experiencing cannabis-related cognitive impairments and 68% reported psychological problems. Not surprisingly, 58% reported a past treatment episode for a psychological problem, and 35% had sought help in the past 90 days. A total of 36% screened positive for lifetime depression, 39% reported suicidal ideation, and 13% screened positive for a lifetime anxiety disorder. Many

clients reported histories of sexual or physical abuse (24% and 33%, respectively).

Many of these clients reported adverse consequences related to their use of cannabis. Specifically, in the 90 days prior to assessment, 53% of clients reported experiencing problems at work or school as a result of cannabis use, 62% reported problems with personal relationships, 60% reported financial problems, 40% reported health problems, and 18% reported legal problems. In addition, 27% reported having been verbally or physically abusive while using, and 16% had been charged with a criminal offence in the 90 days prior to assessment. Many reported also having experienced these problems at an earlier date. Specifically, 74% reported ever experiencing substance-related interpersonal problems, 67% reported vocational problems, 66% reported financial problems, 47% reported health problems, and 34% reported legal problems. Finally, 37% reported a history of being verbally or physically abusive after using cannabis.

Daily versus non-daily cannabis users

Compared with non-daily cannabis users, daily users tended to be older (45% were 30 or older compared with 36% of non-daily users; $p=0.001$) and were more likely to be female (27% vs. 15%; $p=0.005$) and employed (51% vs. 34%; $p=0.001$). The groups did not differ on marital status, the majority of both being single (73% vs. 80%; $p=0.066$).

Daily users (median=4) reported a greater median typical amount of cannabis used per

TABLE II
Cannabis-related Problems in the Past 90 Days by Frequency of Cannabis Use

Characteristic	Non-daily Users % (n=237)	Daily Users % (n=189)	Total % (n=426)	p
Cognitive impairment	42.0 (97)	59.7 (111)	49.9 (208)	<0.001
Psychological problems	60.2 (139)	76.8 (142)	67.5 (281)	<0.001
Vocational problems	48.0 (98)	59.5 (97)	53.1 (195)	0.035
Interpersonal problems	58.0 (134)	65.9 (122)	61.5 (256)	0.105
Financial problems	53.2 (123)	69.2 (128)	60.3 (251)	0.001
Health problems	33.5 (77)	48.4 (90)	40.1 (167)	0.003
Legal problems	19.5 (45)	16.7 (31)	18.2 (76)	0.524
Abusive behaviour	24.3 (56)	30.1 (55)	26.9 (111)	0.219

occasion than did non-daily users (median=2; $\chi^2=22.64$, $p<0.001$). Daily users were also more likely to report cannabis use within 24 hours of the assessment interview (76.7% vs. 16.9%; $p<0.001$; Table I) and to screen positive for current cannabis dependence (85% vs. 51%; $p<0.001$). In the past 90 days, daily users were more likely to have consumed alcohol (86% vs. 73%; $p=0.002$), cocaine (24% vs. 14%; $p=0.008$), hallucinogens (24% vs. 13%; $p=0.005$) and opiates (21% vs. 14%; $p=0.038$). Daily users were more likely to be classified as being in the action stage of readiness to change than were the non-daily users (47% vs. 37%; $p=0.006$). Interestingly, daily users were less likely to have experienced external pressure to seek treatment than were non-daily users (12% vs. 28%; $p<0.001$). As well, daily users were less likely to have been charged with breaking the law prior to the 3-month period leading up to treatment (17% vs. 30%; $p=0.026$), although the proportion of clients charged with a crime in the 90 days immediately preceding treatment did not differ between these groups (14% vs. 17%; $p=0.602$). Finally, daily users were more likely to screen positive for a lifetime anxiety disorder (19% vs. 9%; $p=0.008$); however, the rates of lifetime depression were similar (39% vs. 33%; $p=0.292$).

Table II summarizes the differences between daily and non-daily cannabis users in terms of the cannabis-related harm experienced in the 90 days prior to assessment. Daily users were more likely to report cannabis-related cognitive problems (60% vs. 42%; $p<0.001$), psychological problems (77% vs. 60%; $p<0.001$), health problems (48% vs. 34%; $p=0.003$), financial problems (69% vs. 53%; $p=0.001$), and vocational problems (60% vs. 48%; $p=0.035$). There were no differences between the groups in the prevalence of cannabis-related legal problems (17% vs. 20%; $p=0.524$) or relationship problems (66% vs. 58%; $p=0.105$).

DISCUSSION

Cannabis-treatment seekers are a heterogeneous group, with considerable variation in patterns of consumption, socio-demographic characteristics and types of adverse consequences of cannabis use. Daily cannabis users tended to be older, employed, and were more likely to be cannabis dependent, to suffer from an anxiety disorder, and to use multiple substances. In contrast, non-daily cannabis users tended to be young, were more often subject to external pressures to seek treatment, and were more likely to have been charged with breaking the law in the past. As well, treatment seekers differ in terms of dependence, poly-drug use, preparedness to change behaviour, and co-morbid physical and mental health problems.

Despite the high prevalence of poly-substance use in this sample of cannabis treatment seekers, it should be noted that the majority were not experiencing significant problems associated with their use of other drugs. Specifically, the most commonly reported secondary problem substance was alcohol at 22%; however, almost two thirds of the sample (64%) reported no other significant drug or alcohol problem at assessment. To further characterize the drinking behaviour of this sample, 50% reported drinking on five or fewer days out of the past 90 prior to assessment, and only 10% reported drinking on more than 45 days out of the past 90. As such, it is unlikely that the cannabis treatment seekers in this study were attributing problems related to alcohol and other drug use to their use of cannabis.

Anecdotal reports in Canada and the United States¹³ suggest that treatment providers often disregard cannabis use, particularly among poly-drug users. Using a harm reduction framework, as opposed to an abstinence approach, it might be argued that the problems associated with alcohol,

cocaine and opiates are more pressing and that cannabis use may be disregarded until these other issues are resolved. Recent studies concur with this point of view and suggest that continued cannabis use does not interfere with treatment for other substances, including cocaine and opiates.^{14,15}

This study identified a heterogeneous group of treatment seekers who were concerned primarily with their cannabis use. Current evidence suggests that cannabis-related drug problems need to be seriously considered by treatment providers and researchers. Like other drug dependencies, cannabis dependence is not easily treated.^{13,16} Treatment programs for cannabis dependence have shown similar rates of abstinence and relapse as do programs for other drug dependencies.¹⁶ As well, studies in outpatient settings have demonstrated more modest treatment effects for cannabis users than other clients.¹³ Several studies have shown that individuals who are dependent on cannabis are less confident in their ability to abstain than are individuals with other drug dependencies.⁷ It has been noted that treatment agencies are often ill-prepared to provide appropriate treatment for cannabis dependence.¹³ Finally, results from our study show that while individuals may present for treatment, their preparedness to change behaviour is low. This suggests that treatment providers and researchers need to better understand the relationships between help-seeking, motivation to change and potential treatment outcomes.

Recent work, particularly in the United States, is targeted towards developing appropriate treatment programs for individuals with cannabis-related drug problems.¹⁷ To improve outcomes for clients, researchers and treatment providers need to examine the potential relationship between the heterogeneity of cannabis treatment seekers (e.g., frequency of cannabis consumption prior to entering treatment) and the effectiveness of different types and combinations of treatment interventions.

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RÉSUMÉ

Objectif : Examiner les types de problèmes et de symptômes présentés par les personnes voulant se faire soigner pour des problèmes liés au cannabis dans un grand centre de désintoxication de l'Ontario.

Méthode : Au moyen de statistiques descriptives, nous avons analysé les données d'entretiens d'évaluation menés avec des clients ayant déclaré que leur principal problème de drogue était le cannabis (n=426).

Résultats : Les personnes voulant se faire soigner étaient en majorité des hommes (80 %) et étaient célibataires (77 %). Le profil socio-démographique, la consommation de drogues, la pression à se faire soigner et les conséquences négatives de la consommation de cannabis variaient selon la personne voulant se faire soigner pour un problème de cannabis. Ces personnes éprouvaient un vaste éventail de problèmes d'abus de substances psychoactives, mais n'étaient pas encore prêtes, en majorité, à passer à l'action et à modifier leur consommation de drogues. Les utilisateurs quotidiens étaient plus âgés et plus susceptibles d'occuper un emploi, d'être dépendants du cannabis, de souffrir de troubles anxieux et de consommer plusieurs substances psychoactives.

Discussion : Les personnes voulant se faire soigner pour un problème de cannabis forment un groupe hétérogène. Une meilleure compréhension de la relation entre le profil des clients et les diverses interventions possibles pourrait améliorer les résultats du traitement.