



Short communication

Facilitators and barriers in treatment seeking for cannabis dependence

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ABSTRACT

Background: Relatively few cannabis dependent people seek treatment and little is known about determinants of treatment seeking.**Methods:** Treatment determinants were compared among 70 DSM-IV cannabis dependent patients and 241 non-treatment seeking DSM-IV cannabis dependent community subjects. In addition, perceived facilitators for treatment seeking were assessed in patients, whereas perceived barriers were assessed in 160/241 cannabis dependent community subjects not prepared to seek treatment (precluders), of whom 63/160 showed an objective treatment need, and 30/241 showed a subjective treatment need.**Results:** Compared to non-treatment seekers, patients reported more cannabis use (176.9 versus 82.8 joints monthly), more symptoms of dependence (5.6 versus 4.5), higher perceived lack of social support (70.0% versus 41.1%), more pressure to seek treatment (58.6% versus 21.6%), a more positive attitude to treatment, and more previous treatments. In addition, patients reported more mental health problems (internalising disorders 57.1% versus 24.5%; externalising disorders 52.9% versus 35.3%) and more functional impairments (8.4 versus 4.8 monthly days out of role). Cannabis dependent 'precluders' reported desire for self-reliance (50.0%), preference for informal help (22.5%), and absent treatment need (16.9%) as their main reasons not to seek treatment, whereas cannabis dependent community subjects with a subjective treatment need mainly expressed desire for self-reliance (36.7%), treatment ineffectiveness (16.7%), and avoiding stigma (13.3%).**Conclusions:** Functional impairment, mental health problems and social pressure are important reasons to seek treatment in people with cannabis dependence. Treatment participation might improve if desire for self-reliance and the preference for informal help are considered, and perceived ineffectiveness of treatment and stigmatisation are publicly addressed.

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1. Introduction

Roughly one in 10 lifetime cannabis users becomes dependent and is at higher risk of adverse outcomes (Agosti et al., 2002; Hall, 2006; Looby and Earleywine, 2007). However, less than a third of all cannabis dependent people seek professional treatment (Agosti and Levin, 2004; Cunningham, 2000; Stinson et al., 2006). This suggests that many in need of treatment fail to get professional care, while timely treatment may reduce the burden of dependence (Danovitch and Gorelick, 2012; Hendriks et al., 2011; McRae et al., 2003). Investigation of the perceived barriers to treatment may help understand why only some seek treatment and many others do not.

Although very little is known about treatment seeking in people with cannabis dependence, available studies suggest that

treatment seeking facilitators include: early onset of cannabis use, previous treatment, comorbid mental disorders and other substance use (Agosti and Levin, 2004; Arendt and Munk-Jorgensen, 2004; Copeland et al., 2001; Gates et al., 2012). Only two studies describe reasons for *not* seeking treatment reported by cannabis users themselves. In the first study, among 25 daily cannabis users who quitted without treatment, the most frequently reported barriers were: cannabis use was not enough of a problem (80%), treatment was not needed to quit (76%) and no treatment seeking to avoid stigma (48%; Ellingstad et al., 2006). However, as they successfully quit, their need for treatment was indeed questionable. The other study among frequent cannabis users identified similar barriers, but at lower rates: thinking treatment is unnecessary (53%), not wanting to quit (23%), unawareness of treatment options (14%) and avoiding stigma (12%; Gates et al., 2012). Again, treatment need can be questioned in this study because frequent users may not have cannabis related problems and most daily users quit or cut down their cannabis use without treatment (Swift

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et al., 2000). Shifting the focus to dependent cannabis users is therefore desirable as they, by definition, experience substantial impairment (Budney and Moore, 2002; Looby and Earleywine, 2007) and thus may report different barriers to treatment. Moreover, comorbidity is an important treatment facilitator and the risk of comorbid disorders is substantially lower among non-dependent compared to dependent cannabis users (van der Pol et al., 2013).

In the present study, we investigate treatment seeking determinants by comparing cannabis dependent patients currently in treatment with non-treatment seeking cannabis dependent users in the community on the following characteristics: cannabis use variables, comorbid disorders, functional impairments and resources. We also explored patients' reasons to seek treatment (facilitators). Similarly, non-treatment seeking subjects were questioned about their reasons not to seek treatment (barriers) with special attention to (a) those who said they would not seek treatment even in the case of cannabis problems (*treatment precluders*), (b) treatment precluders with severe cannabis dependence (>5 cannabis dependence symptoms) and thus having an *objective treatment need*, and (c) cannabis dependent users who thought they needed treatment, but did not seek treatment i.e. with a *subjective treatment need*.

2. Methods

2.1. Samples

Data on non-treatment seeking dependent cannabis users were taken from the baseline assessment of a cohort study on frequent cannabis use (van der Pol et al., 2011). In brief, 600 frequent cannabis users (using ≥ 3 days per week for the past year; aged 18–30 years) were recruited from 'coffee shops' (officially tolerated shops where most Dutch cannabis users buy cannabis; Monshouwer et al., 2011) and through chain referral. From these, we selected subjects fulfilling criteria for 12-month DSM-IV cannabis dependence without addiction treatment in the past year ($n=241$). Based on two questions posed to all subjects, three (partly overlapping) subpopulations were distinguished. The first question was 'would you seek treatment at specialised addiction treatment services if you had a cannabis problem?'. Those who answered '(probably) not' were labelled '*dependent treatment precluder*' ($n=160$). A subsample of those with ≥ 5 lifetime dependence symptoms were regarded to have serious cannabis problems and thus as having an '*objective treatment need*' ($n=63$). Endorsement of the second question whether 'in the past year they had felt the need for professional help with their cannabis problems without seeking treatment?' indicated the presence of a '*subjective treatment need*' ($n=30$).

Facilitators of treatment seeking were investigated in an additional *patient* sample with the same age range, using similar methods. Seventy cannabis users who voluntarily sought treatment with cannabis as the primary substance were recruited from five specialised addiction treatment facilities through referral by care givers and through posters and flyers in the treatment facilities. Average time in treatment was 17.2 weeks (standard deviation (sd) = 28.8) and all except two were outpatients.

2.2. Assessments

2.2.1. Treatment determinants. Severity of cannabis dependence: number of DSM-IV lifetime cannabis dependence symptoms, assessed with the Composite International Diagnostic Interview CIDI 3.0 (Haro et al., 2006). **Cannabis use:** age of first cannabis use and number of joints used in the past four weeks. **Psychiatric comorbidity:** any 12-month DSM-IV mood, anxiety or externalising disorders (ADHD, antisocial personality) assessed with the CIDI. In addition, the 12-month Alcohol Use Disorders Identification Test (AUDIT; Bohn et al., 1995) and any 12-month use of either ecstasy, cocaine, or amphetamines were assessed. **Impairment:** number of days lost from work or other activities in the past four weeks measured with two questions from the WHO Disability Assessment Schedule; 'days out of role' (Von et al., 2008). Mean 12-month cannabis specific impairment in four areas of life (home responsibilities, work/school, friendships, social life) were assessed on scales 0–10 with the Sheehan Disability Scale (SDS; Sheehan, 1983). **Social environment:** (i) perceived lack of social support defined as only moderately or not being able to rely on social network for emotional or practical help; (ii) past year support from friends/family for cannabis related problems (yes; no); (iii) social pressure to seek treatment (yes; no). **Treatment attitude:** participants' estimation of the proportion of people resolving cannabis problems without professional addiction treatment, divided by the proportion that would succeed with treatment (log-transformed). **Treatment history:** lifetime, but not past-year professional mental or substance use treatment.

2.2.2. Perceived treatment facilitators. Patients' primary reasons to seek treatment were assessed with an open ended question. Answers were coded by two researchers into a maximum of three facilitator categories. In addition, a pre-formulated list of 10 reasons to seek treatment was prompted.

2.2.3. Perceived treatment barriers. Dependent treatment precluders were asked an open ended question why they would (probably) not seek treatment. Answers were categorised. In addition, the group with a subjective treatment need was given a pre-formulated list of 11 potential reasons for not seeking treatment.

2.3. Statistical analysis

Non-treatment seeking cannabis dependent users and patients are compared on treatment facilitators using logistic regression. Analyses were adjusted for age and gender because non-treatment seekers were younger and more often male than our patient sample (22.1 versus 25.1 year; 78.8% versus 61.4% male, respectively) and because Dutch cannabis dependent patients in the same age range are on average younger (23.6 years) and more often male (78.4%) than our patient sample (personal communication with an employee from the Dutch national register of addiction treatment). Patients' treatment facilitators and barriers for dependent non-treatment seekers are reported as percentages.

3. Results

3.1. Objective treatment determinants

Compared to dependent non-treatment seekers, patients reported more lifetime cannabis dependence symptoms (5.6 versus 4.5, OR = 1.78, 95% confidence interval [1.39–2.28]), more cannabis use (176.9 versus 82.8 joints per month, OR = 1.01 [1.01–1.02]), more often had internalising disorders (57.1% versus 24.5%, OR = 3.11 [1.69–5.75]) and externalising disorders (52.9% versus 35.3%, OR = 3.19 [1.70–6.02]), had more 'days out of role' (8.4 versus 4.8 days last month, OR = 1.06 [1.02–1.09]); more cannabis specific impairments (mean SDS score: 4.8 versus 2.6, OR = 1.56 [1.37–1.86]) and more often perceived lack of social support (70.0% versus 41.1%, OR = 3.47 [1.83–6.58]).

Unexpectedly, patients did not differ from non-treatment seeking cannabis dependent users on cannabis use age of onset (14.1 versus 14.0 years OR = 0.91 [0.80–1.04]); alcohol problems (40.0% versus 53.1% AUDIT score ≥ 8 OR = 0.71 [0.39–1.29]); and other substance use (42.9% versus 40.3%, OR = 1.06 [0.58–1.95]). Furthermore, patients received more support for their cannabis problems from friends/family (65.7% versus 27.8%, OR = 4.42 [2.36–8.25]), more often perceived social pressure to seek professional treatment (58.6% versus 21.6%, OR = 4.66 [2.48–8.75]), had a more positive attitude towards treatment (45.6 versus 69.6 remission rate without/with treatment, OR = 0.66 [0.48–0.91]) and more previous treatments (61.4% versus 30.7%, OR = 2.33 [1.27–4.28]) than non-treatment seeking cannabis dependent users.

3.2. Perceived treatment facilitators among patients

Impaired mental or physical health was the most frequent spontaneously mentioned reason to seek treatment and this was confirmed by the answers to the pre-formulated list (Table 1). However, there were also some striking differences between both methods to identify treatment facilitators. Dissatisfaction with life and financial considerations were rarely mentioned spontaneously (both 4.3%), while on the pre-formulated list these were frequently reported (84.3% and 60.0%, respectively).

3.3. Perceived treatment barriers among non-treatment seeking cannabis dependent users

The majority of non-treatment seeking dependent users were 'precluders' ($n=160$, 66.4%), who would probably ($n=85$, 35.3%) or definitely ($n=75$, 31.1%) not seek treatment in the case of cannabis related problems. Spontaneously reported barriers for treatment

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