

Regular article

A brief marijuana intervention for non-treatment-seeking young adult women

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Abstract

We randomized 332 women, 18–24 years old, who were not explicitly seeking treatment for their marijuana use to either a two-session motivationally focused intervention or an assessment-only condition. Assessed by timeline follow-back methodology, participants reported using marijuana 57% of days in the 3 months prior to study entry. Intervention effects on the likelihood of marijuana use were not statistically significant at 1 month (odds ratio [OR] = 0.77, $p = .17$), significant at 3 months (OR = 0.53, $p = .01$), and no longer significant at 6 months (OR = 0.74, $p = .20$). Among the 61% of participants endorsing any desire to quit using marijuana at baseline, significant intervention effects on the likelihood of marijuana use days were observed at 1 month (OR = 0.42, $p = .03$), 3 months (OR = 0.31, $p = .02$), and 6 months (OR = 0.35, $p = .03$). A two-session brief motivational intervention reduced marijuana use among young women not seeking treatment. Women with a desire to quit showed a greater and more durable response. © 2011 Elsevier Inc. All rights reserved.

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1. Introduction

Recent estimates suggest that 16.5% of young persons between the ages of 18 and 25 years have used marijuana in the past month (Substance Abuse and Mental Health Services Administration, 2009), and more than half have used marijuana in their lifetime (Substance Abuse and Mental Health Services Administration, 2007). In this age group, men and women differ in their quantity, frequency, and symptoms of use, as well as endorsement of marijuana-related problems (Agrawal & Lynskey, 2007; Grant et al., 2006). Rates of

past-month use have generally increased in the past two decades among females, especially adolescents (Wallace et al., 2003). Women are often “early initiators” (Flory, Lynam, Milich, Leukefeld, & Clayton, 2004), beginning marijuana use earlier than men, putting them at increased risk of developing a marijuana use disorder (Substance Abuse and Mental Health Services Administration, 2008).

Marijuana use is associated with accidents and injuries (Dennis, Babor, Roebuck, & Donaldson, 2002; Hall & Babor, 2000), executive dysfunction (Lundqvist, Jonsson, & Warkentin, 2001), respiratory disease (Taylor et al., 2002), and polysubstance use (Magill, Barnett, Apodaca, Rohsenow, & Monti, 2009). Depressive disorders are more common in women with cannabis disorders than men (Harder, Morral, & Arkes, 2006). Several researchers have argued that females carry a heightened risk for the adverse physical, mental, and social consequence of substance use (Brady & Randall, 1999; Greenfield, Manwani, & Nargiso, 2003). As such, young females constitute a particularly high-risk marijuana-using group who require attention.

Trial registered at www.clinicaltrials.gov; Clinical Trial NCT00227864.

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Psychosocial interventions effective in decreasing use and promoting abstinence for marijuana-dependent adults have included cognitive-behavioral therapy and contingency management treatments (Budney, Roffman, Stephens, & Walker, 2007). A brief motivational intervention (MI), with its limited contact time, cost-effectiveness, and client-centered approach, may be particularly promising for most marijuana users who do not seek treatment but may have interest in reducing or quitting (Miller & Rollnick, 2002). Using a single session of a brief MI, one study found a significant effect on reducing marijuana use at 3 months among 16- to 20-year-olds who reported smoking marijuana at least weekly (McCambridge & Strang, 2004). In a second study, a brief “Marijuana Check-Up” MI decreased use among 97 adolescents at 3 months (Walker et al., 2006). The largest brief MI study targeting adults not seeking treatment advertised for persons interested in receiving “objective feedback about marijuana use” (Stephens, Roffman, Fearer, Williams, & Burke, 2007). The 188 participants, with a mean age of 33 years, were near-daily marijuana users, 93% of whom met criteria for marijuana abuse or dependence. Participants were also relatively homogenous: predominantly male, White, and employed. Persons assigned to a single 90-minute MI session reported fewer marijuana use days at 12 months (although not significantly different at 2 or 6 months) with an effect size of 0.45, as compared to either a delayed feedback or an educational control condition. In summary, these brief MI studies focused on non-treatment-seekers, the predominant population of marijuana users in the United States, but did not specifically target 18- to 24-year-olds, the age group with the highest prevalence; enroll persons with lower levels of use; or focus on women.

Among variables that influence treatment efficacy, willingness to alter one’s substance use behaviors seems central. In the opiate dependence treatment literature, higher levels of motivation to change are associated with reductions in drug use (Nosyk et al., 2010). In the alcohol literature however, the predictive value of readiness to change measures has been mixed. Some work has found that lower readiness to change predicts reduced intervention efficacy among young adult alcohol users (Carey, Henson, Carey, & Maisto, 2007; Fromme & Corbin, 2004). However, other studies have reported that readiness was not predictive of subsequent alcohol consumption (Bertholet, Cheng, Palfai, Samet, & Saitz, 2009; Forsberg, Ekman, Halldin, & Ronnberg, 2004; Reed et al., 2005; Williams, Horton, Samet, & Saitz, 2007). Among non-treatment-seeking marijuana users followed naturalistically, initial change goal was a poor predictor of outcome (Hughes, Peters, Callas, Budney, & Livingston, 2008). Yet among incarcerated adolescents, motivation to change predicted severity of use 3 months after release (Slavet et al., 2006), and among adolescents attending an intensive outpatient treatment program for marijuana, motivation to abstain predicted fewer days of use in the following month (King, Chung, & Maisto, 2009). Whether readiness or desire to change or abstain is a

requisite condition for marijuana use reduction during MI interventions among young adults remains unexplored.

Previous intervention studies have enrolled few women and have not targeted young adults, the age group that reports the highest marijuana use prevalence (De Dios et al., 2010). The current randomized trial addresses these unexplored groups and tests the hypothesis that among non-treatment-seeking women aged 18 to 24 years who are engaging in marijuana use, a brief motivational marijuana intervention (MI) will result in less marijuana use relative to assessment only (AO), as indexed by lower percentage of marijuana use days.

2. Methods and materials

2.1. Study design and procedure

The study sample was recruited from the community through newspaper and radio advertisements for a “research study about the health behaviors of young adult women.” Women responding to the advertisements were screened for eligibility with a brief telephone interview, and if interested were scheduled for a comprehensive assessment.

Inclusion criteria included the following: (a) smoking marijuana at least three times in the past 3 months; (b) aged 18–24 years; (c) living within 20 miles of Providence, RI, and planning to remain in the geographic area for the next 6 months; (d) speaking English; (e) not pregnant; and (f) not meeting criteria for substance dependence other than marijuana, alcohol, or nicotine within the past year. Although the consent form indicated that participants could be randomized to an intervention condition in which they would receive two sessions with a clinician to discuss their health behaviors, an explicitly stated commitment to reduce or quit marijuana use was not an enrollment criterion. The trial protocol was approved by the Institutional Review Board of Butler Hospital. In addition, a federal Certificate of Confidentiality was obtained to ensure participant privacy.

Between January 2005 and May 2009, 1,728 individuals were screened by telephone and 1,213 were excluded for not meeting eligibility criteria (see Fig. 1) for the following reasons: had not smoked marijuana in the last 3 months ($n = 958$) or marijuana use frequency was too low ($n = 60$); did not meet secondary criteria (e.g., were pregnant, did not speak English, were older than 24, lived too far from the study site or were drug dependent, $n = 140$); and did not provide enough information to determine eligibility ($n = 55$). Of the 515 eligible women, 183 refused or were unable to enroll. A total of 332 women were enrolled in the trial. Eligible persons provided informed consent and were enrolled in a randomized clinical trial to reduce marijuana use comparing a two-session motivationally focused intervention (MI) to AO. Women were compensated for all assessment visits.

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