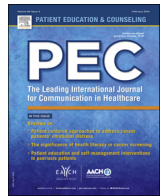




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Communication Study

Online self-help forums on cannabis: A content assessment

Christian Greiner^{a,b,*}, Anne Chatton^b, Yasser Khazaal^{a,b,c}

^a Geneva University Hospitals, Gabriel-Perret-Gentil 4, 1205 Geneva, Switzerland

^b Geneva University, Général-Dufour 24, 1211 Geneva, Switzerland

^c Research Centre, University Institute of Mental Health at Montreal, Canada

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ABSTRACT

Objective: To investigate online self-help forums related to cannabis users who were searching for help on the Internet.

Methods: We analyzed the content of 717 postings by 328 users in three online forums in terms of fields of interest and self-help mechanisms. Only English-language forums that were free of charge and without registration were investigated.

Results: The main self-help mechanisms were disclosure and symptoms, with relatively few posts concerning legal issues and social perceptions. The forums differed significantly in all fields of interest and self-help mechanisms except for social network and financial and vocational issues. Highly involved users more commonly posted on topics related to diagnosis, etiology/research, and provision of information and less commonly on those related to gratitude. Correlation analysis showed a moderate negative correlation between emotional support and illness-related aspects and between emotional support and exchange of information.

Conclusions: Cannabis forums share similarities with other mental health forums. Posts differ according to user involvement and the specific orientation of the forum.

Practice implications: The Internet offers a viable source of self-help and social support for cannabis users, which has potential clinical implications in terms of referring clients to specific forums.

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1. Introduction

Cannabis is the most widely used addictive substance worldwide after tobacco and alcohol [1,2]. Its use is associated with addiction, harms, and possible psychiatric disorders in some users, including young adults and adolescents [3–6,7,8]. In the context of security issues and public health perspectives related to cannabis use, and the expanded use of medical marijuana, renewed discussions are being held in the United States, in some European countries (e.g. Switzerland), and in UN assemblies regarding early implementation of regulation policies, rather than criminalization [9,10].

The number of users who seek help for cannabis addiction remains low [11], possibly because of perceived stigma and limited access to treatment [12–14], or to expectations that care will be ineffective [15]. At the same time, the Internet is becoming an important vector of health-related information and support for

people with addiction and mental disorders [16–19]. Almost two of every three Internet users have already looked for online health information, making the Internet one of the main sources of such information [20]. A number of studies have assessed structured Internet-based interventions adapted from psychotherapeutic treatments [21–23].

In parallel, web-based self-help forums are being developed for a wide range of psychiatric and somatic illnesses. Characteristics of these groups include an online environment, shared goals, media richness, access to a support network, and possible worldwide support independent of geographic location [24]. They also share core features of the recovery model, e.g. empowerment, peer support, and experiential knowledge [25,26]. The theoretical and practical advantages of online self-help groups have been examined [27]. Possible benefits of these groups include positive changes in symptoms, enhanced recovery and adaptive responses to the diagnosis, improved quality of life, improved decision making [28], overcoming alienation and isolation, reduced stress levels, development of social networks [29], and increased self-determination [30]. A potential negative effect of online resources such as forums and blogs is that the quality of information for laypersons on health, mental health, and addiction websites is mostly poor [31]. Furthermore, information can be uncontrolled

* Corresponding author at: Geneva University Hospitals, Gabriel-Perret-Gentil 4, 1205, Geneva, Switzerland.

E-mail addresses: christian.greiner@hcuge.ch (C. Greiner), anne.chatton@hcuge.ch (A. Chatton), yasser.khazaal@hcuge.ch (Y. Khazaal).

and sometimes poorly moderated, leading to the risk of spreading potentially harmful and stressful information that has a low level of reliability [32].

Although the number of online forums for patients with psychiatric illnesses continues to increase, few studies have evaluated the type of help offered, its possible effect on users, or the content of information shared among users [33]. Several studies were, however, conducted on online support for schizophrenia [34,35], bipolar disorder [33], depression [36,37], suicidality [38], eating disorders [29], and obsessive-compulsive disorder [39]. In his seminal paper, Finn paved the way for the current nomenclature, which was used in later studies with the same focus, by examining a single online disability group during a three-month period. The main finding was that the group was more than a forum for exchange of technical information, as about half of the messages fell into emotional categories.

Perron [40] specifically examined a mental health-related online forum, performing extensive discourse/content analysis during an 18-month period. The main result was that the online group participants appeared to write in order to achieve a sense of catharsis, as they were able to immediately share experiences following a difficult event. Haker et al. [35] investigated 11 online forums for people with schizophrenia. Their central finding, in contrast to that of previous studies, was that exchange of information was the main interest for those participating in the forums. Bauer et al. [33] examined two German-speaking online forums related to bipolar disorder by using the same assessment method as Haker et al. [35]. The main finding was related to the important level of sharing of emotional content and finding emotional support, with particular emphasis on social network issues.

These first studies did not describe posts according to user characteristics. They furthermore did not assess possible links between the different characteristics of the posts (e.g. between emotional support and exchange of information). In addition, studies that examined more than one forum did not consider differences between the assessed forums.

To our knowledge, only one study has examined online support in the area of substance use disorder, namely for alcohol use

disorder [41]. The study assessed a web-based intervention that included access to a moderated peer-to-peer discussion forum. The focus of the study was, however, not related to the content of the forum. To date, and to the best of our knowledge, no study has considered cannabis and online self-help. The aim of the present study was therefore to target and investigate self-help online forums related to cannabis users who are searching for help on the Internet. The study furthermore aimed to assess differences between forums, possible links between user characteristics and posts, and associations between different kinds of posts.

2. Methods

The study adopted a “user journey” perspective in that we tried in our inclusion criteria to replicate the journey of a cannabis user who is seeking help on the web, i.e. a layperson cannabis user’s help-seeking web search. This search usually includes typing keywords into a general search engine such as the most popular one, Google [42], and then promptly checking the top-listed links, as people rarely search beyond the first 20 retrieved links [43].

2.1. Sample

We searched the keywords “cannabis” and “forum” and “help” on the search engine www.google.com/ncr in March 2015. These three terms seemed to be the lay keywords with a particularly wide span and high frequency of use. The previous literature also reported the use of three keywords: the diagnostic/common term “bipolar” or “schizophrenia” associated with “forum” and “self-help” [33,35]. A search conducted with a different keyword (“support group” instead of “help”) resulted in no change in the results.

The inclusion criteria were as follows: English-speaking online forums centered on cannabis use, addiction, and withdrawal issues; free-of-charge access; and access without registration beyond an anonymous username and password for posting purposes (e.g. not requiring input of personal information such as name, address, and email. As most people rarely search beyond the first 20 retrieved links [43], we examined only the first 20

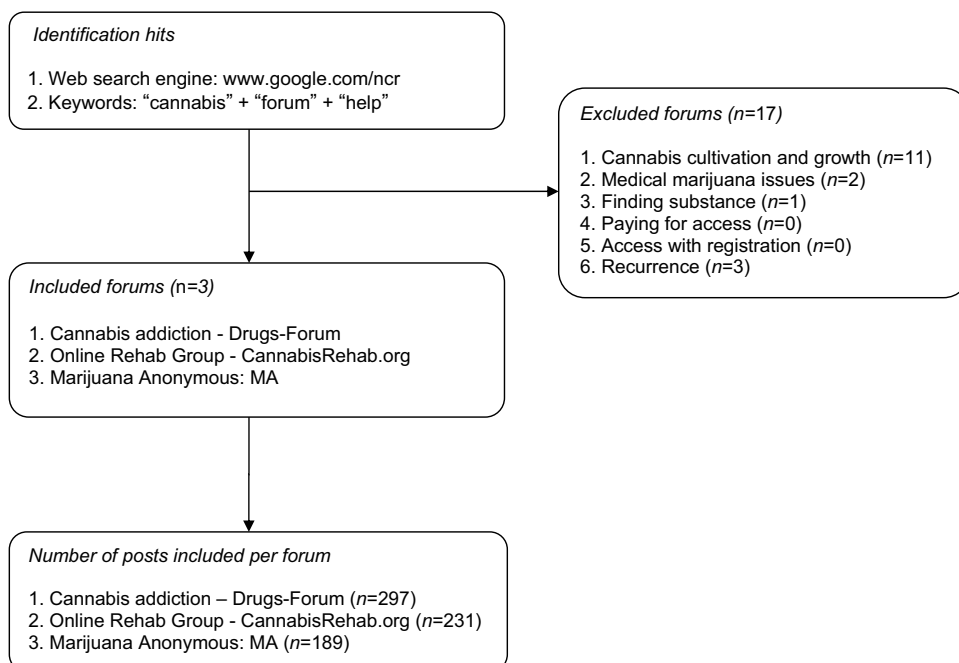


Fig. 1. Flow Diagram.

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