

Cannabis use patterns and lower risk consumption:

*Results from the U of A campus
experiences with cannabis survey*

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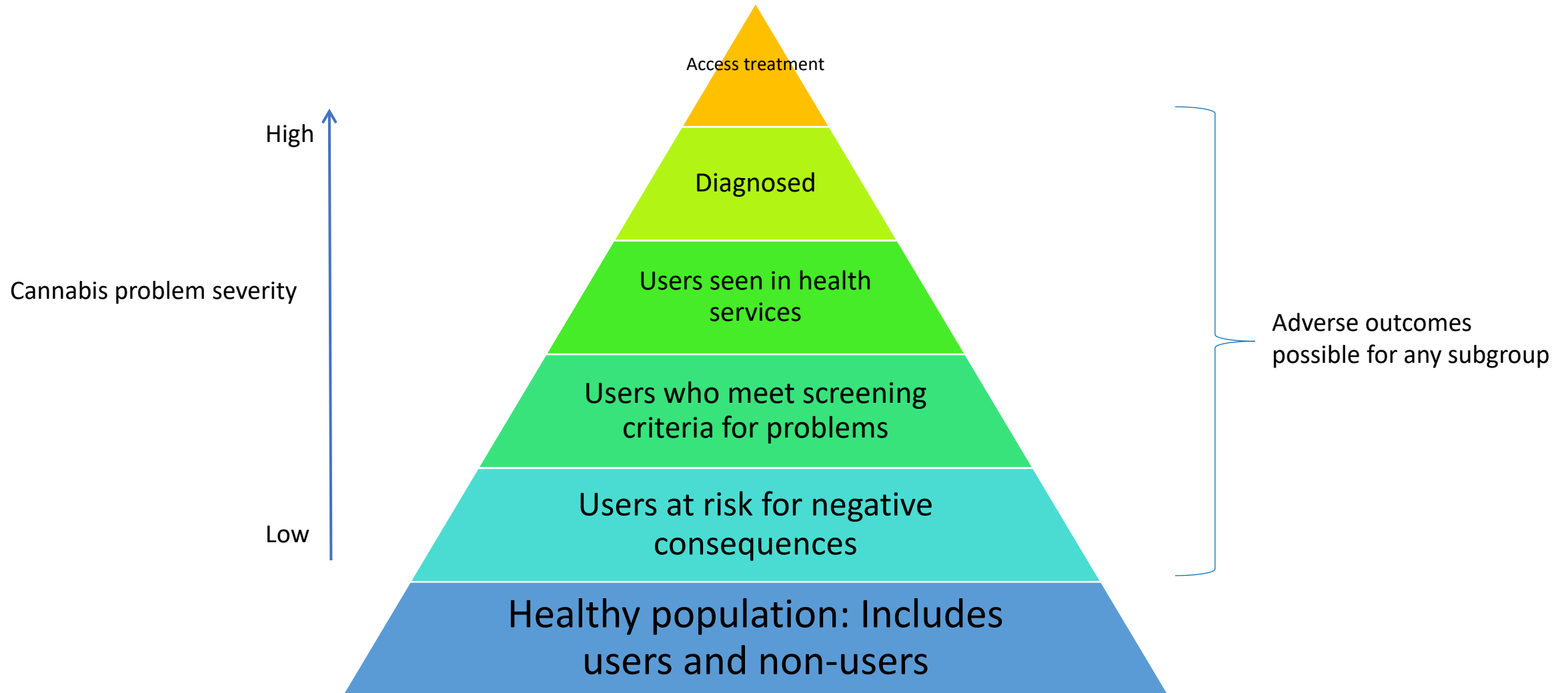
Overview

1. *U of A Campus Experiences With Cannabis Survey*
 - a. *Methods*
 - b. *Cannabis use and lower risk consumption practices*
2. *Toward effective secondary prevention*
 - a. *Are students who use cannabis interested in web-based supports?*
 - b. *Screening, Self-Management, and Referral to Treatment (SSMRT)*



**ANY
QUESTIONS?**

A population perspective on cannabis use





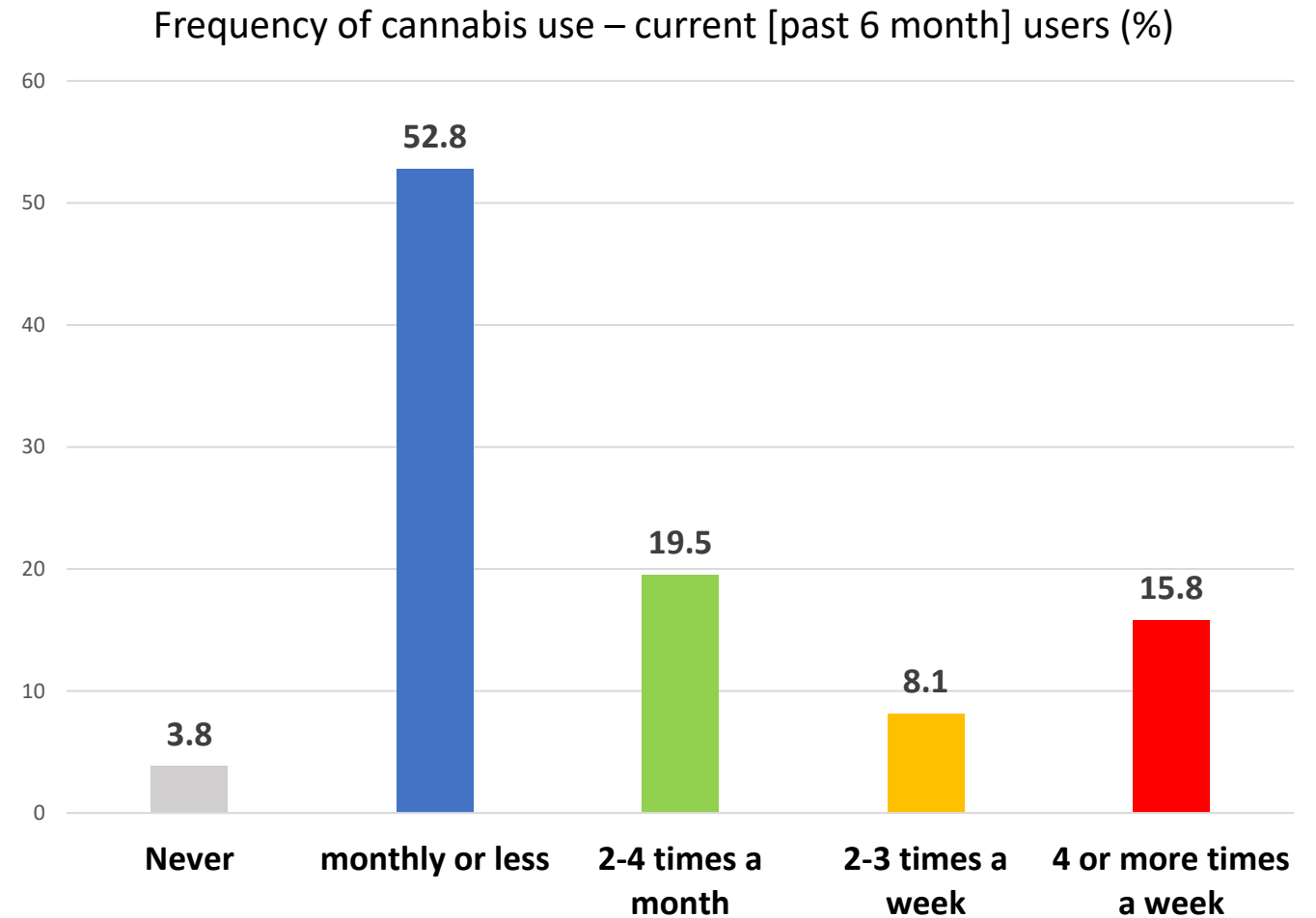
U of A Campus Experiences With Cannabis Survey

Methods

- An engaged scholarship project and partnership with the U of A Dean of Students office
 - Beyond research data, the survey was designed to provide support for enhancing campus services and supports, to provide baseline cannabis use data, pre-legalization, and to assist in intervention development
- Online survey of 3,600 students, conducted in Spring, 2018
 - Participants compensated with \$5 credit on their One Card
- Measures included a comprehensive cannabis battery: prevalence, cannabis problems, risk behaviours, protective behavioural strategies, motives for use, sociocultural cannabis norms, support for campus cannabis policies, interest in web-based supports
 - Other measures: demographics, other substance use (WHO ASSIST), psychological distress, problem gambling, internet addiction test, personal well being

Prevalence of cannabis use (previous 6 months)

- Overall U of A estimate: 30.3%

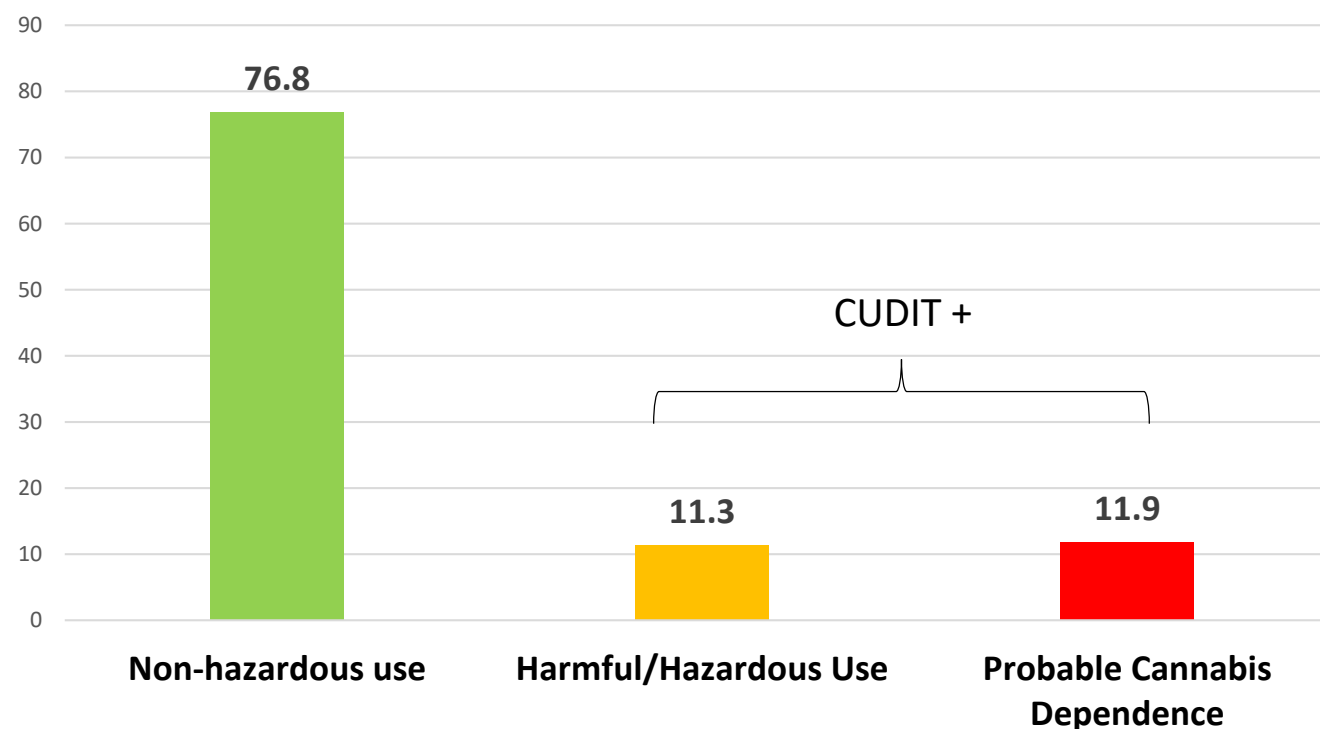


Prevalence of cannabis problems

Respondents reporting cannabis use in the previous 6 months were administered the Cannabis Use Disorder Identification Test – Revised (CUDIT-R)

- 8 items assessing patterns of use, dependence symptoms, problems
- Score range: 0 – 32
 - Non-hazardous use: 0 to 8
 - Harmful/hazardous use: 9 to 12
 - Probable cannabis dependence: 13+
- Overall estimate of problematic use *among current cannabis users* = 23.2%
- Overall U of A estimate of cannabis problems (*includes non-users and current cannabis users*) = 7.7%

Cannabis problems among current [past 6 month] users (%)



Canada's Lower-Risk Cannabis Use Guidelines (LRCUG)



Recommendations

- Cannabis use has health risks best avoided by abstaining
- Delay taking up cannabis use until later in life
- Identify and choose lower-risk cannabis products
- Don't use synthetic cannabinoids
- Avoid smoking burnt cannabis—choose safer ways of using
- If you smoke cannabis, avoid harmful smoking practices
- Limit and reduce how often you use cannabis
- Don't use and drive, or operate other machinery
- Avoid cannabis use altogether if you are at risk for mental health problems or are pregnant
- Avoid combining these risks

The LRCUG are an evidence-based intervention project by the Canadian Research Initiative in Substance Misuse (CRISM).



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DE RECHERCHE
EN ABUS DE SUBSTANCE

Reference: *American Journal of Public Health*, 2017

The LRCUG have been endorsed by the following organizations:

ASSOCIATION
MÉDICALE
CANADIENNE



CANADIAN
MEDICAL
ASSOCIATION



COSAM SMC+A
Canadian Society of Addiction Medicine
La Société Médicale Canadienne sur l'Addiction

camh
Centre for Addiction and Mental Health
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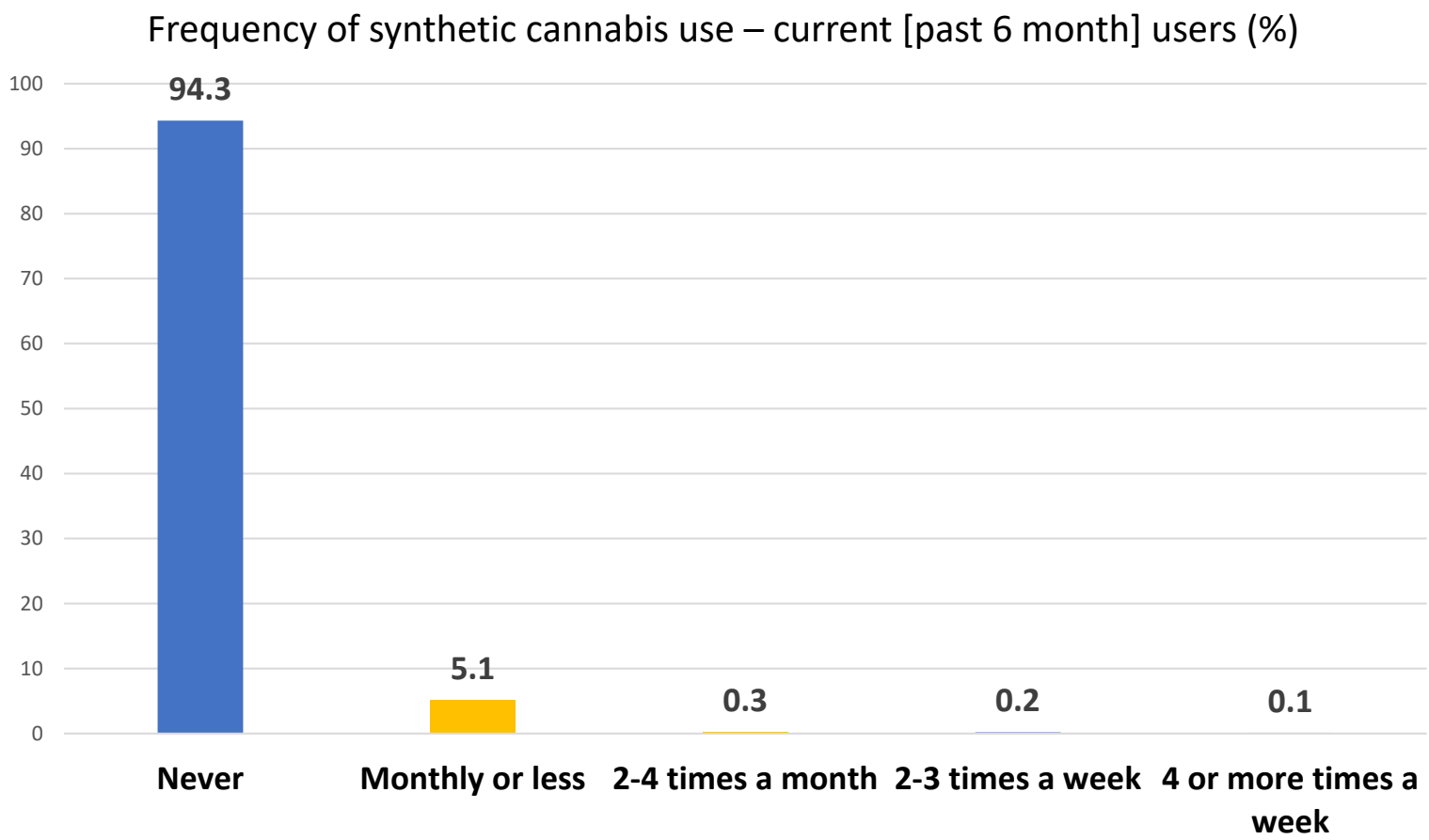
Evidence. Engagement. Impact. Données. Engagement. Résultats.

Council of Chief Medical Officers of Health (in principle)



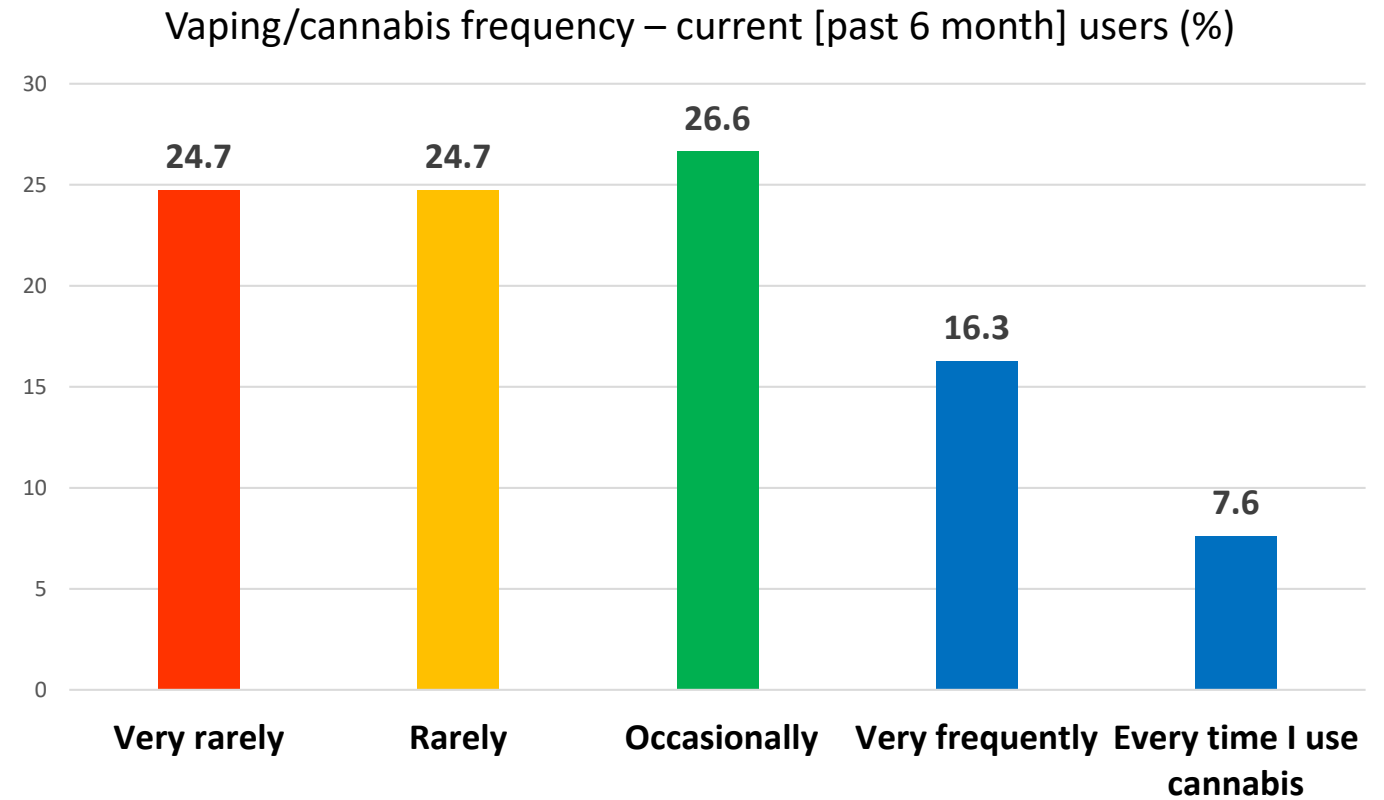
Synthetic cannabis use

- Overall U of A estimate among current users: 5.7%



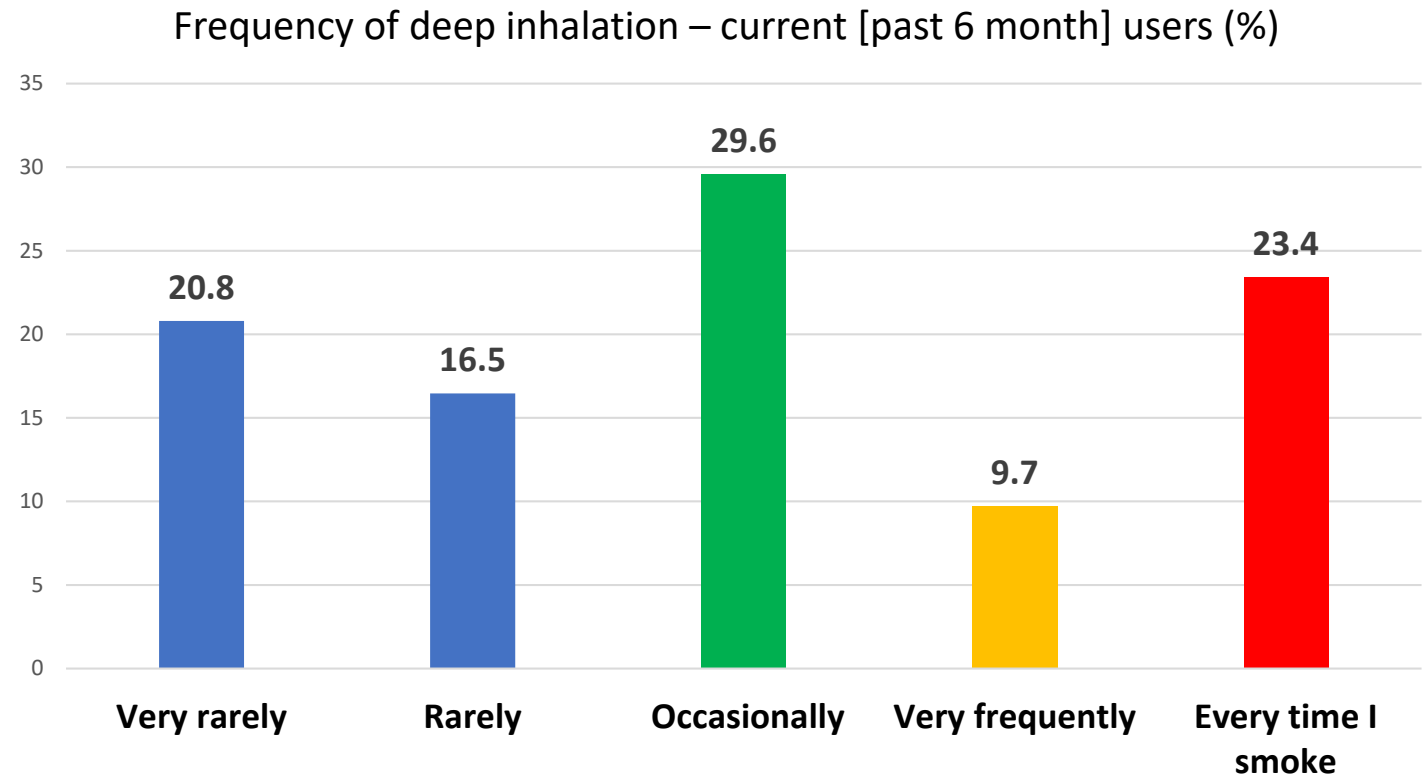
Vaping when using cannabis

- Overall U of A estimate among current users: 27.8%



Harmful smoking practices: Deep inhalation

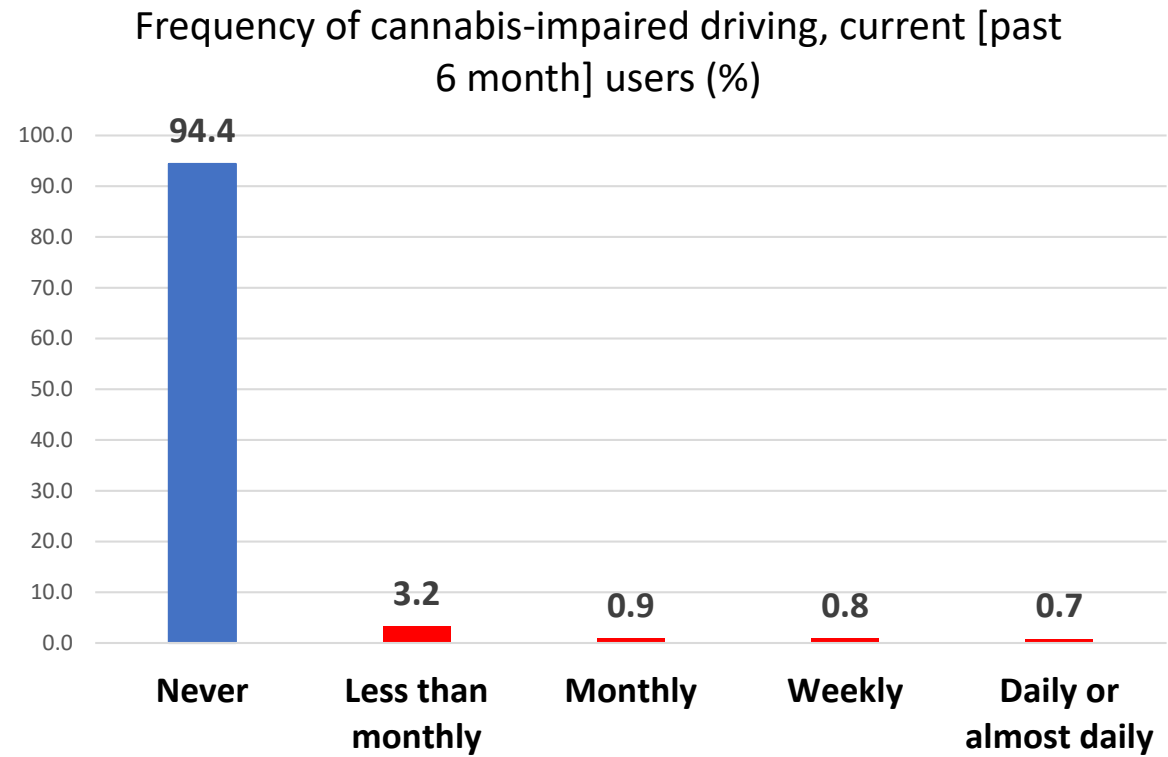
- Overall U of A estimate among current users: 25.3%





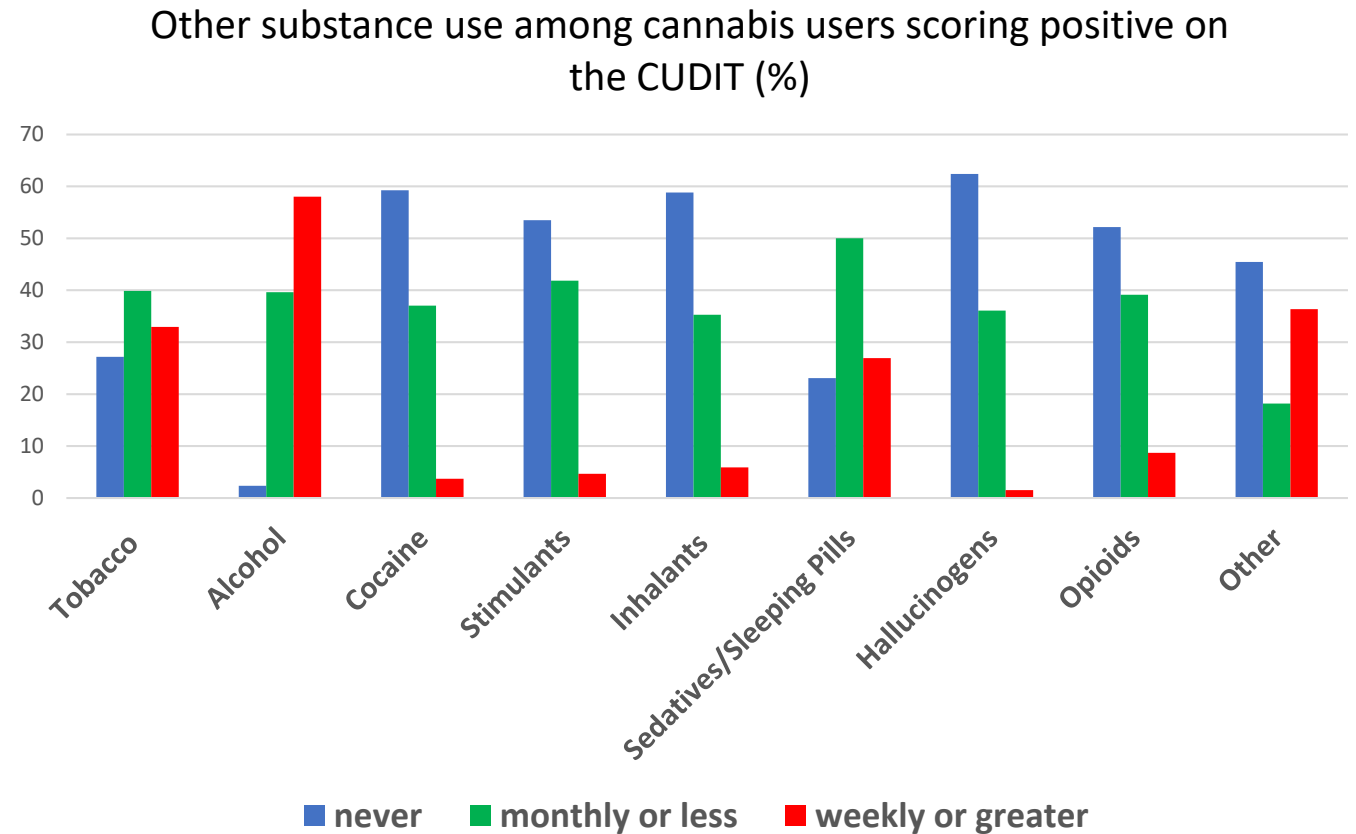
Driving under the influence of cannabis

- Overall U of A estimate among current users: 5.6%



Co-occurring substance use among students with cannabis problems (CUDIT+)

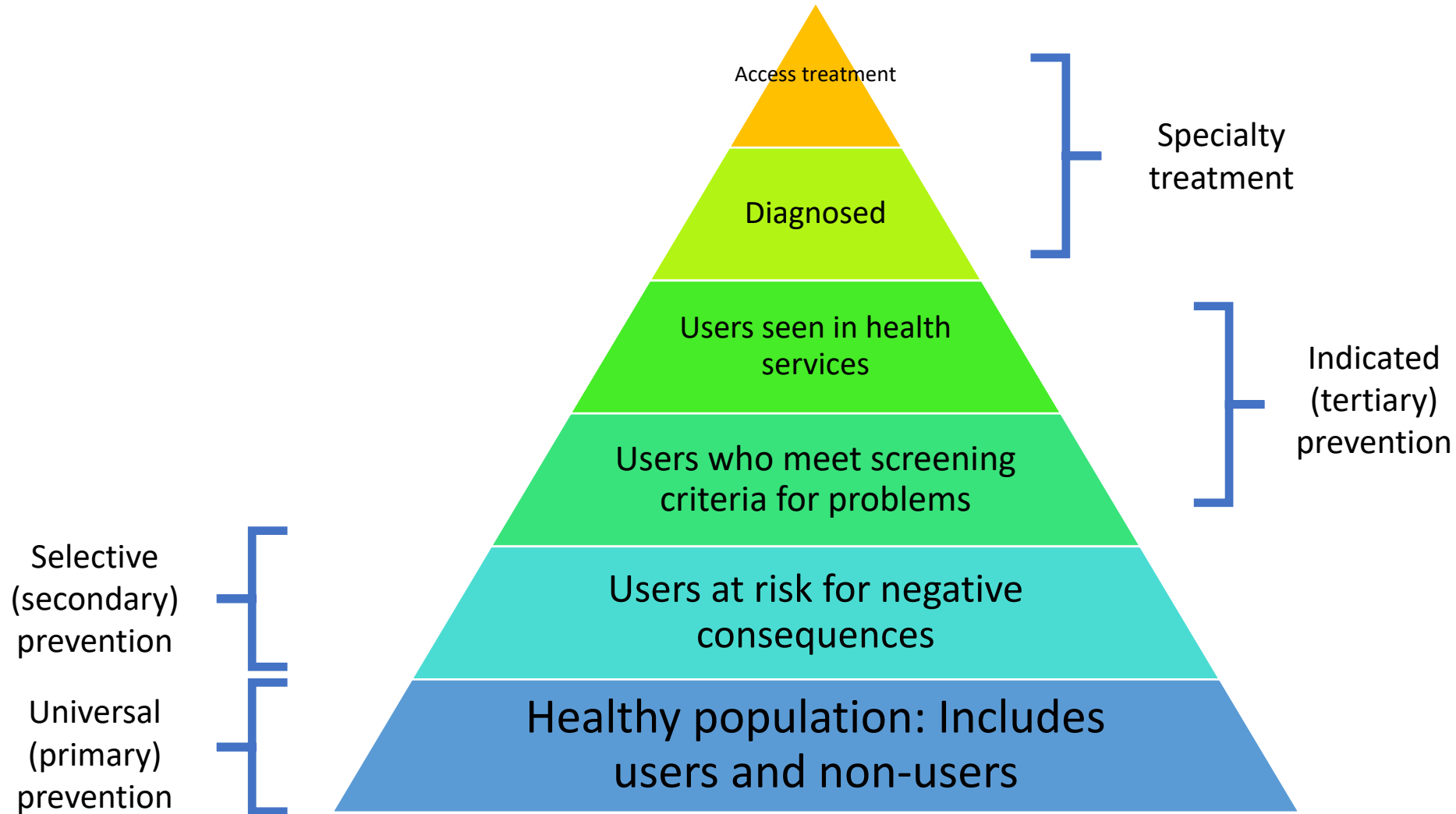
- Recall: CUDIT+ = Harmful/hazardous users and those with probable cannabis dependence
- Graph presents ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) scores for this sub-group





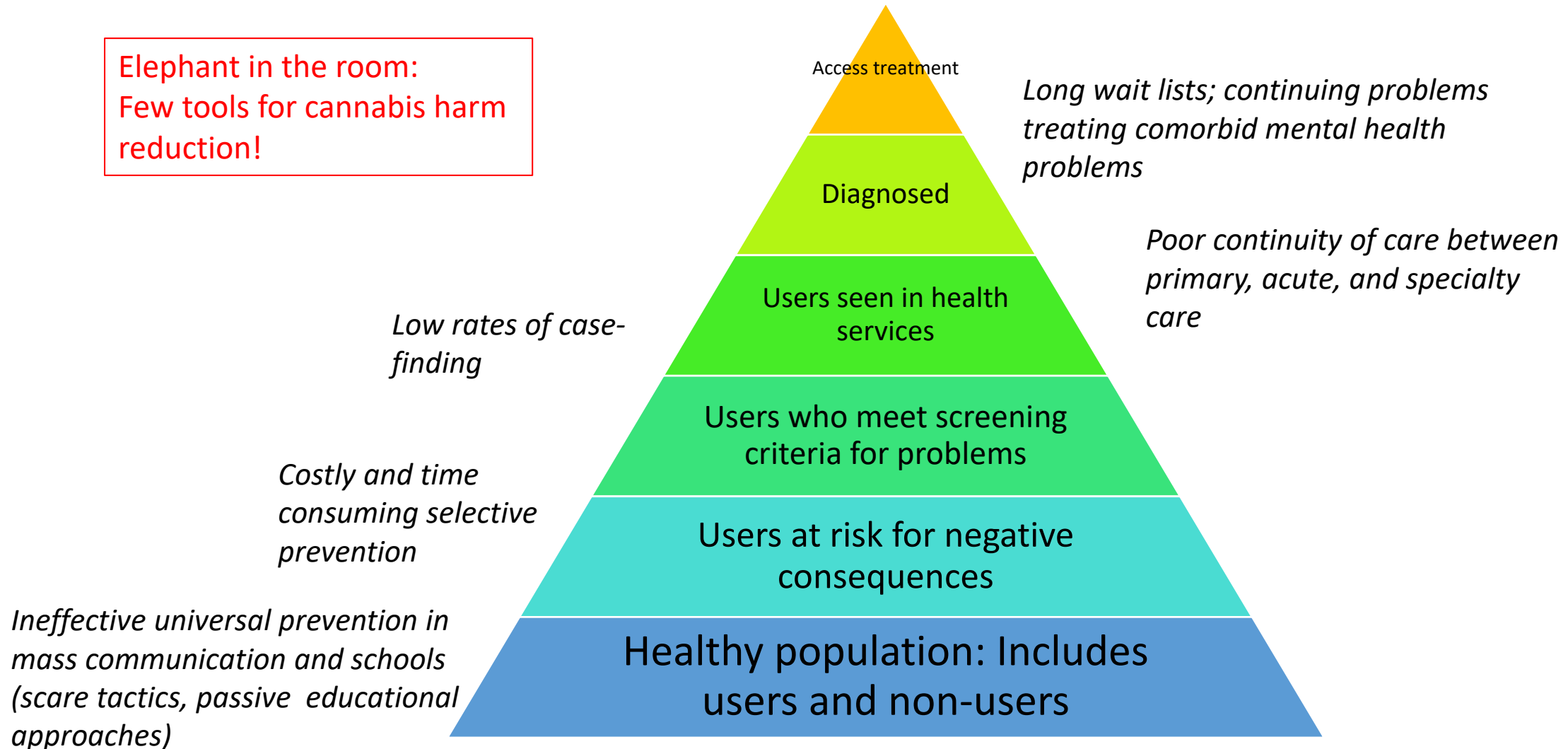
Toward effective secondary
prevention

What interventions are offered for cannabis?



Prevention and treatment: Current state

**Elephant in the room:
Few tools for cannabis harm
reduction!**



Intervention strategies slow to embrace harm reduction

Interventions implicitly assume that *abstinence* is the primary outcome of interest

- For those seeking treatment, vast majority of programs adopt this goal
- Prevention programs emphasize abstinence altogether, or delayed onset (temporary abstinence)

But...

- Many cannabis users – inside and outside of treatment – may not want to discontinue use altogether
- Recent Canadian qualitative research with youth who have already started to use substances indicates that they are skeptical of abstinence-oriented primary prevention (e.g., public service announcements), but would value accessing *trustworthy facts* (rather than scare tactics) about drugs, as well as help in understanding *warning signs for problematic use* and behaviour change options, including *self-care* and *how to access* more structured interventions and treatment

Source: Ti L, Fast D, Small W, Kerr T. Perceptions of a drug prevention public service announcement campaign among street-involved youth in Vancouver, Canada: A qualitative study. *Harm Reduction Journal*: 2017; 14:3 : DOI 10.1186/s12954-017-0132-7

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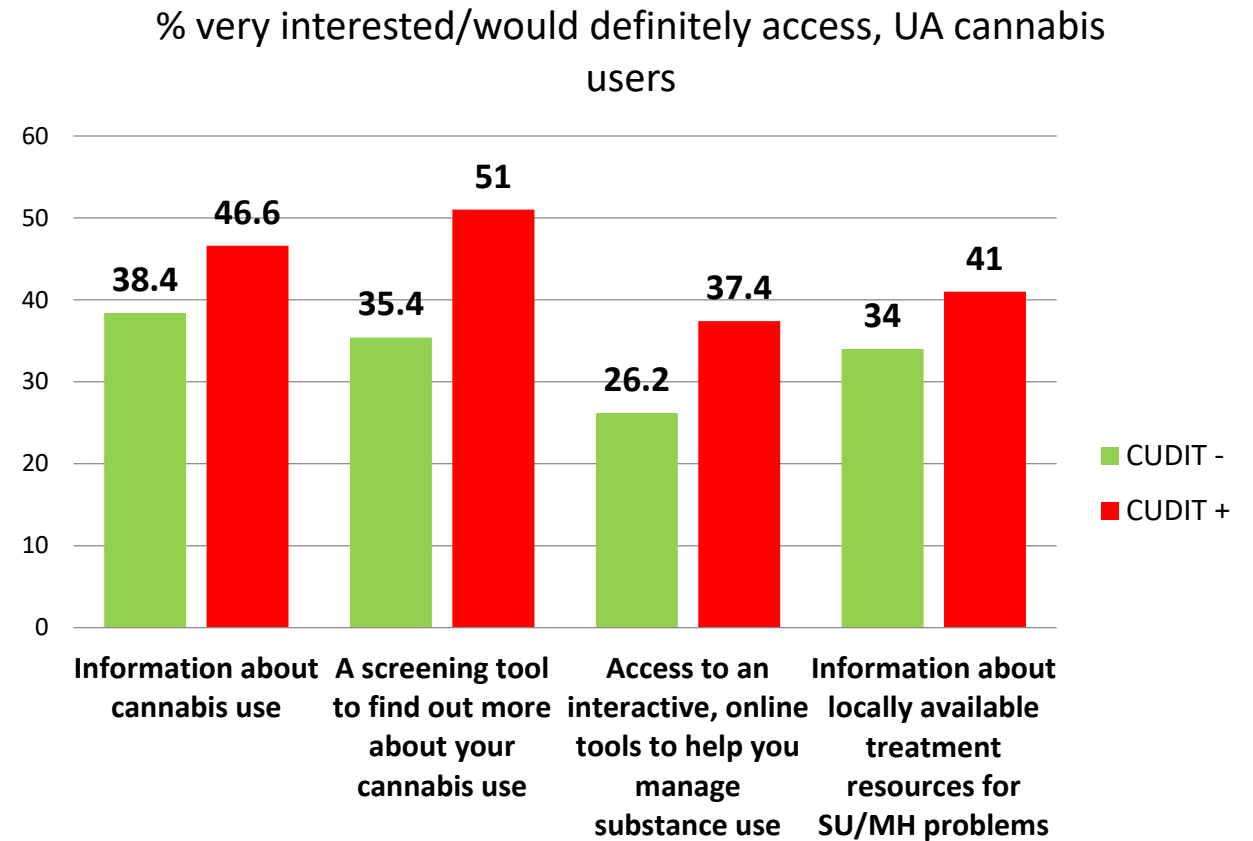
Toward effective secondary prevention

Concept

- Develop and test a secondary prevention approach, focusing on current users of cannabis
- Builds on work in the alcohol area on effectiveness of **screening and brief intervention** (SBI)
- Is **online**. Avoids uptake and scale-up problems associated with more intensive, face-to-face intervention approaches
- Adopts a **harm reduction** approach that doesn't presume abstinence as the only valued outcome. Provide cannabis users with *non-judgmental facts and choices* about online resources they want to use, as well as options about these can be used to support behaviour change if they choose this
- Incorporates **personalized assessment-feedback**, designed to correct *misperceived social norms* for cannabis use, e.g., mistaken beliefs that heavy cannabis use is more common in social reference groups than it actually is.

Are students who use cannabis interested in web-based supports?

If a website were available to you for free to provide the following information, how interested would you be in...

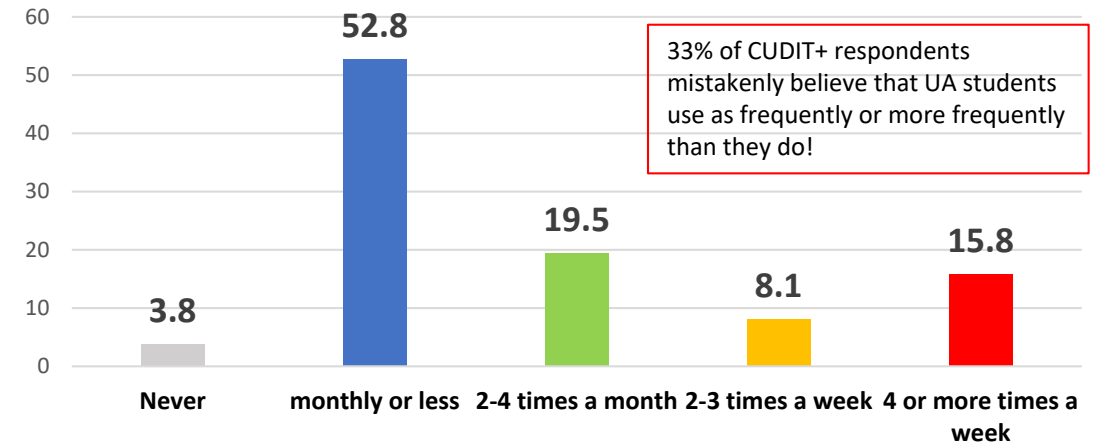


Why use personalized assessment-feedback?

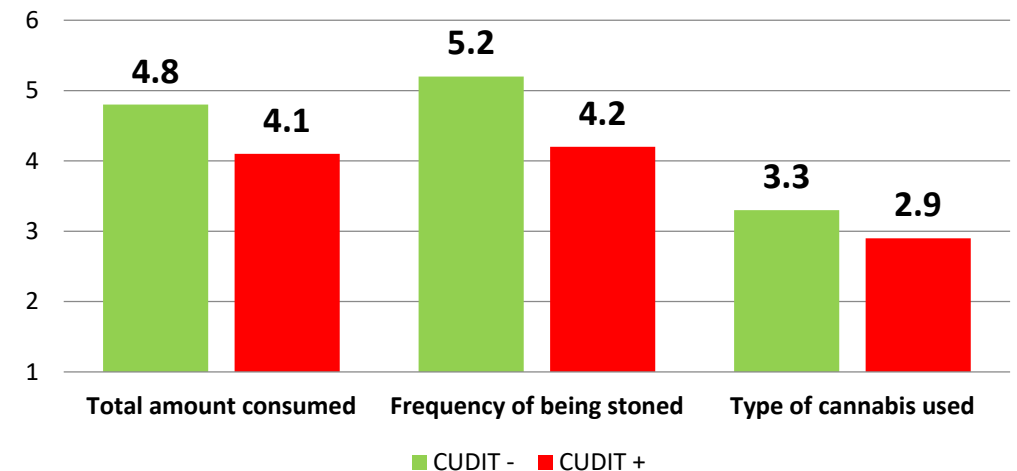
A large international literature demonstrates that frequent, heavy substance users hold mistaken beliefs about how common substance use is in social reference groups

True among U of A cannabis users?

Frequency of cannabis use – current [past 6 mo.] users (%)



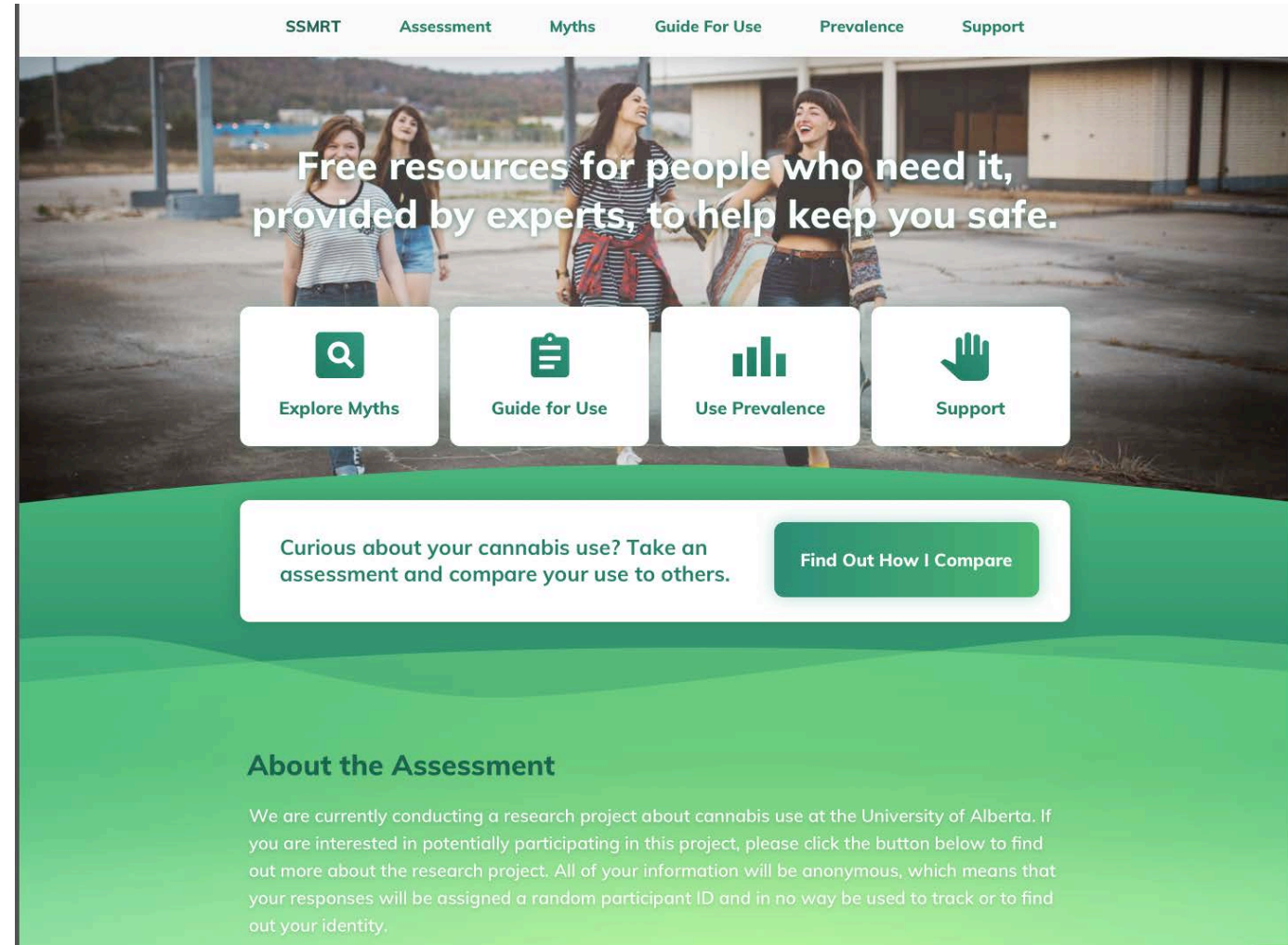
Perceived importance of different criteria in defining cannabis use problems – current UA users



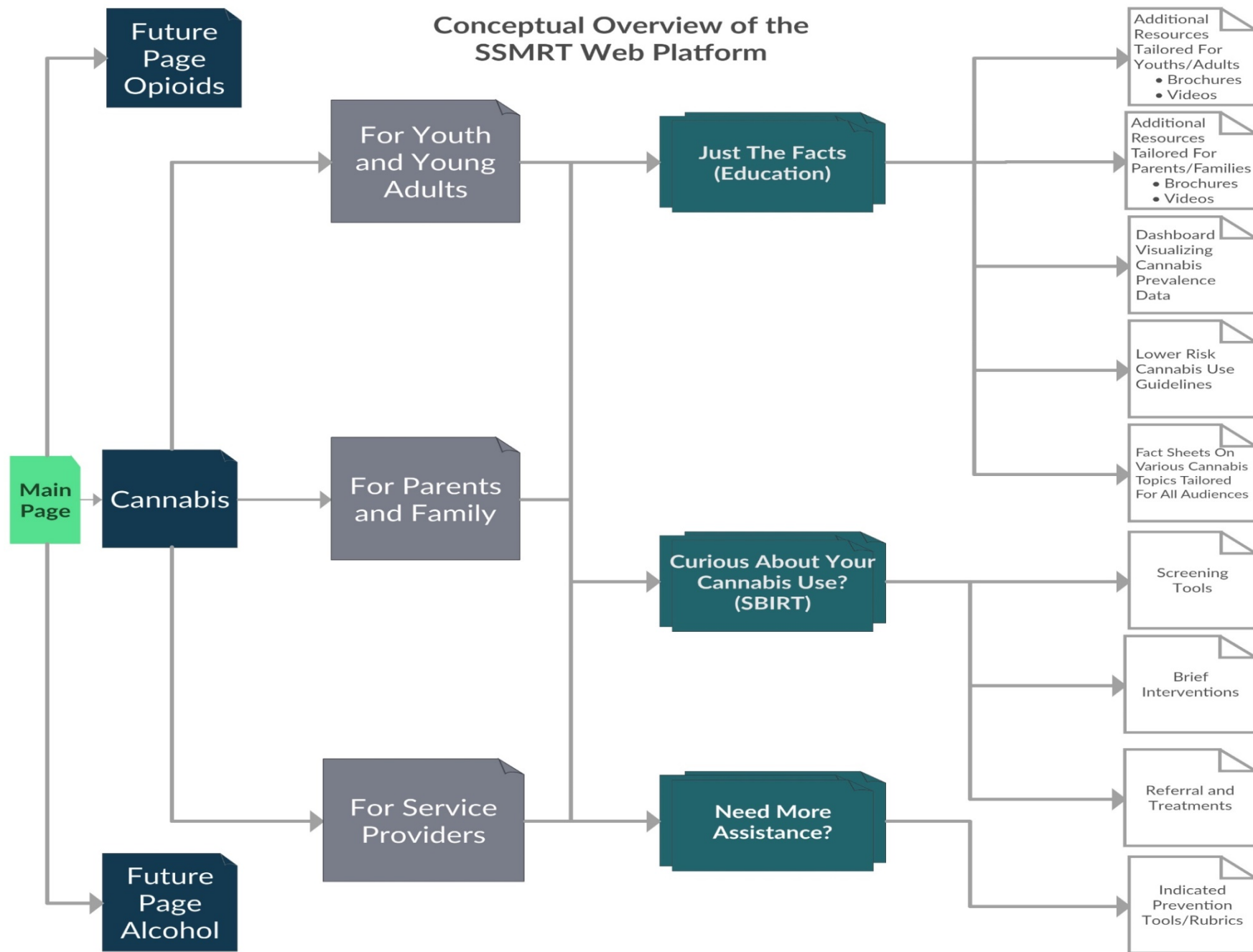
Screening, self-management, and referral to treatment (SSMRT)

A demonstration project under development by the Prairie Node of the Canadian Research Initiative in Substance Misuse (CRISM). Provides online access by computer or mobile phone to a suite of secondary prevention resources for cannabis users, including:

1. A curated repository of *current evidence* on cannabis, its health effects, and federal/provincial regulations regarding its use,
2. Access to CRISM's National *Lower Risk Cannabis Use Guidelines*
3. Access to the *Cannabis Use Disorders Identification Test* (CUDIT)
4. *Personalized assessment-feedback*: Users who complete the CUDIT are provided with customized feedback about how the frequency of their cannabis use and their CUDIT scores compare to same-sex reference populations, and
5. Listings of *local treatment programs* and supports for cannabis-related problems.



Conceptual Overview of the SSMRT Web Platform



Thank you for your attention!

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Canada

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CRISM-ICRAS

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