Cannabis use and the GP: brief motivational intervention increases clinical enquiry by GPs in a pilot study

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SUMMARY
This preliminary test of a brief intervention designed to stimulate GP incorporation of cannabis enquiry was followed up after 2–3 months. Intervention comprised face-to-face discussion based on principles of motivational interviewing, with informational adjunct. Substantially more positive attitudes and greater clinical activity were observed following receipt of intervention.

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Introduction

CANNABIS is the most prevalent illegal drug used in Britain, and has long held this position.[1,2] International epidemiological studies reveal significant levels of dependence, co-morbidity and associated problems among cannabis users in the community, but enquiry about cannabis use by generalists remains rare.[3]

A series of general practitioner (GP) training events were delivered across London to foster greater GP involvement in the management of drug misusers. GPs who neither provided care to drug misusers, nor attended training events, were targeted for a novel intervention, in which attention was specifically drawn to the issue of cannabis use among their patients.

Methods

The target population was all GPs in a single inner-London borough who were believed not to be involved in methadone prescribing and had not attended the organised training events. Thirty-eight GPs met these criteria, out of a total of approximately 120, and were sent a letter inviting their participation. One week later telephone contacts sought to arrange a time for interview.

The discussion component of the intervention (Figure 1) was based on the principles of motivational interviewing, an approach which specifically addresses ambivalence about change.[4] Additionally, an information pack was provided addressing general drug misuse management issues with material specifically on cannabis.

During the brief (15–20 minutes) discussion, reflective listening statements[4] supplemented questions about this area of work. These questions elicited views on liberalisation of cannabis policing, cannabis use as a public health issue and the role of the GP, practice similarities with alcohol and cigarette smoking, current practice, possible changes to existing practice and developmental needs. All interventions were delivered by a single practitioner (JM), and were audio-recorded. Interventions were delivered to 20 (53%) of those targeted in the practitioner's own surgeries. No differences were detected between participants and non-participants. Participants were paid £40 for study involvement.

Follow-up interviews were conducted by telephone by the third author (SP), after 2–3 months. Decision rules were set *a priori* for the ascertainment of change among individual practitioners, categorical change (Table 1), or change of one standard deviation or more in attitudes — change score of four on a ten-item measure of overall therapeutic commitment or three on a five-item measure of motivation.[5,6] Where change was detected, practitioners' views on whether this

HOW THIS FITS IN

What do we know?

Cannabis use is widespread and increasingly recognised as associated with dependence, co-morbidity and problems in the community. Enquiry about cannabis use by GPs is rare.

What does this paper add?

A brief intervention based on the principles of motivational interviewing was targeted at a population of GPs not active in the treatment of drug dependence. This was well received, resulting in more positive attitudes, enhanced detection of problem cannabis use, and increased activity with cannabis users, two to three months later.

was attributable to intervention were sought. Follow-up interviews were successfully achieved with 19 (95%).

Results

Practitioners were aged 33–65 years (mean = 45) and most (n = 11) had worked in general practice between 10 and 20 years. One third (n = 7) were women and one quarter (n = 5) Asian or black. Two were single-handed practitioners and four worked for five or fewer sessions per week in general practice (mean = 7). Five practitioners had seen a patient in the previous four weeks for problems associated with cannabis. Baseline activity and willingness to consider selected aspects of cannabis-related care are presented in Table 1.

The mean interval to follow-up was 79 days (range 62–93). The number of practitioners identifying any patients with problems associated with cannabis within the previous four weeks increased from five to ten. There was a significant increase in the overall number of patients identified with problems associated with the use of cannabis (baseline mean 0.63, follow-up mean 2.08; $t = 2.32$; $p = 0.03$). Overall therapeutic commitment improved over time, with the mean score reducing from 37.0 to 34.8 ($t = 2.85$, $p = 0.01$). Improvement on the motivational measure (reduction in mean score from 18.5 to 17.5) was not statistically significant. The most consistent evidence of practitioner behavioural change was with respect to interventions with dependent users (Table 1).

No practitioner had become less inclined or active — any movement away from willingness or activity on one variable was matched by movement in the other direction on another. Thirteen practitioners were categorised as being more willing or active according to the *a priori* decision rules — 68% of all those who received intervention. From an intention-to-treat perspective this comprises 34% of the 38 originally targeted. Seven practitioners unambiguously attributed this change solely to the receipt of intervention.

Discussion

The discussion of the pro-active cannabis enquiry was generally well received by this sample, deliberately chosen to include those who were unenthusiastic about work with drug misusers. The extent of change is very encouraging, particularly among those presumed least likely to be receptive, and involving actual behavioural change in addition to attitudinal change.

The limitations of this study need to be recognised.

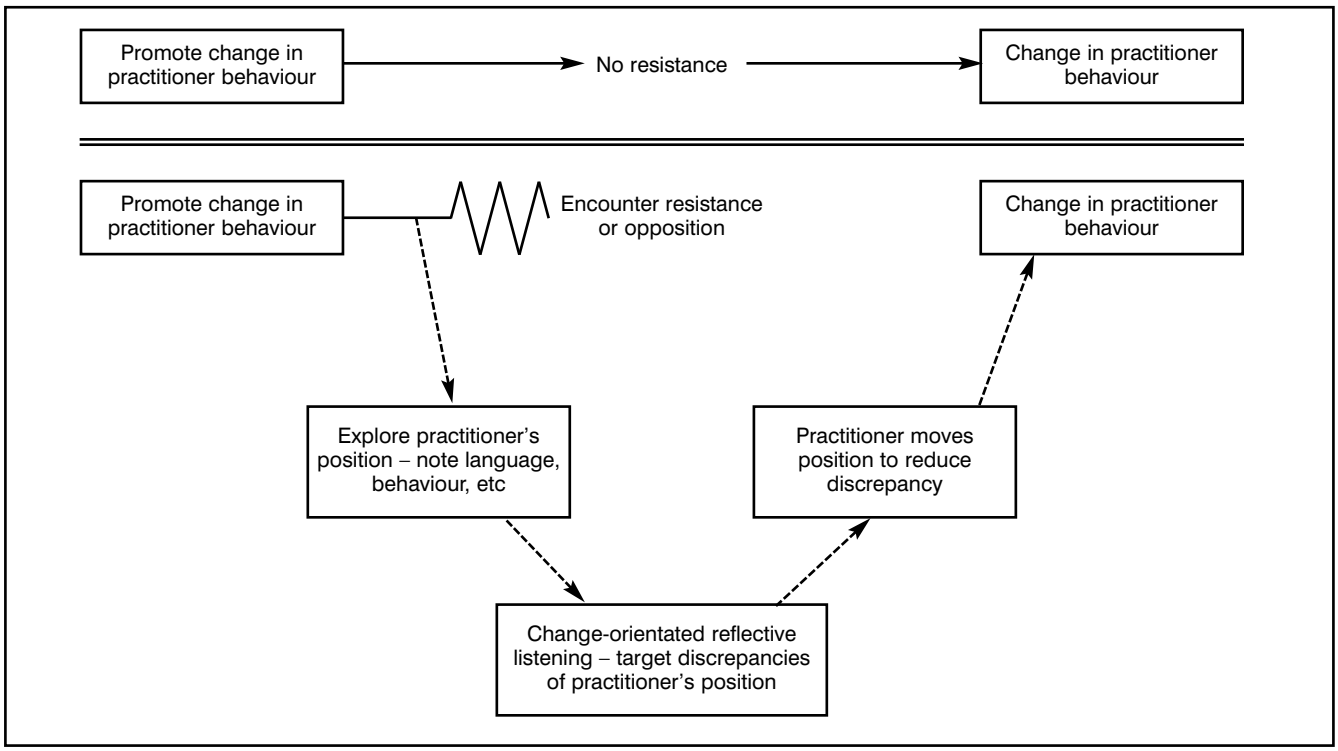

Figure 1. Motivational interviewing and practitioner behaviour change.

Table 1. General practitioner management of cannabis misuse.

Study Entry	Yes, I currently do (%)	I am willing to consider doing (%)	No, I would not be willing to do (%)
Screen new patients for cannabis use[a]	27.8	55.6	16.7
Ask questions about cannabis use where indicated	89.5	10.5	0.0
Discuss risks relating to cannabis use opportunistically[a]	72.2	27.8	0.0
Discuss methods of changing cannabis use with dependent users[b]	5.9	64.7	29.4
Refer problem cannabis users to local specialist drug services	57.9	42.1	0.0
Provide care for problem cannabis users in formal arrangement with the Shared Care Team	15.8	52.6	31.6

n = 19; [a] n = 18; [b] n = 17

Follow-up			
Screen new patients for cannabis use	42.1	21.1	36.8
Ask questions about cannabis use where indicated	94.7	5.3	0.0
Discuss risks relating to cannabis use opportunistically	63.2	15.8	21.1
Discuss methods of changing cannabis use with dependent users	52.6	26.3	21.1
Refer problem cannabis users to local specialist drug services	78.9	21.1	0.0
Provide care for problem cannabis users in formal arrangement with the Shared Care Team	26.3	47.4	26.3

n = 19

'Before' and 'after' measures were collected by different methods (self-completion and telephone-administered interview). There was, therefore, a potential measurement bias. Also, we have not attempted to corroborate self-reported data. Finally, the observational study design permits only tentative inferences about intervention effect.

Nevertheless, the intervention is brief with inherent potential for widespread dissemination. Mindful of competing pressures within existing capacity, it would clearly be counter-productive just to foist a new burden on an unwilling profession. A study of the cost-effectiveness is also required.

The observed benefit probably derives from some combination of attention effect (simply having the issue raised), motivational enhancement, improved role legitimacy and information provision. It is intriguing that clinical interventions, such as motivational interviewing, may also facilitate behavioural change among practitioners.

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