



MARIJUANA PUBLIC HEALTH HELPLINE:

*What We Know from Tobacco
and International Experience*

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I- 502

A portion of the excise tax revenues generated by marijuana and marijuana product sales, as well as license fees, penalties, and forfeitures derived from marijuana producers, processors, and retailers, be allocated to establish:

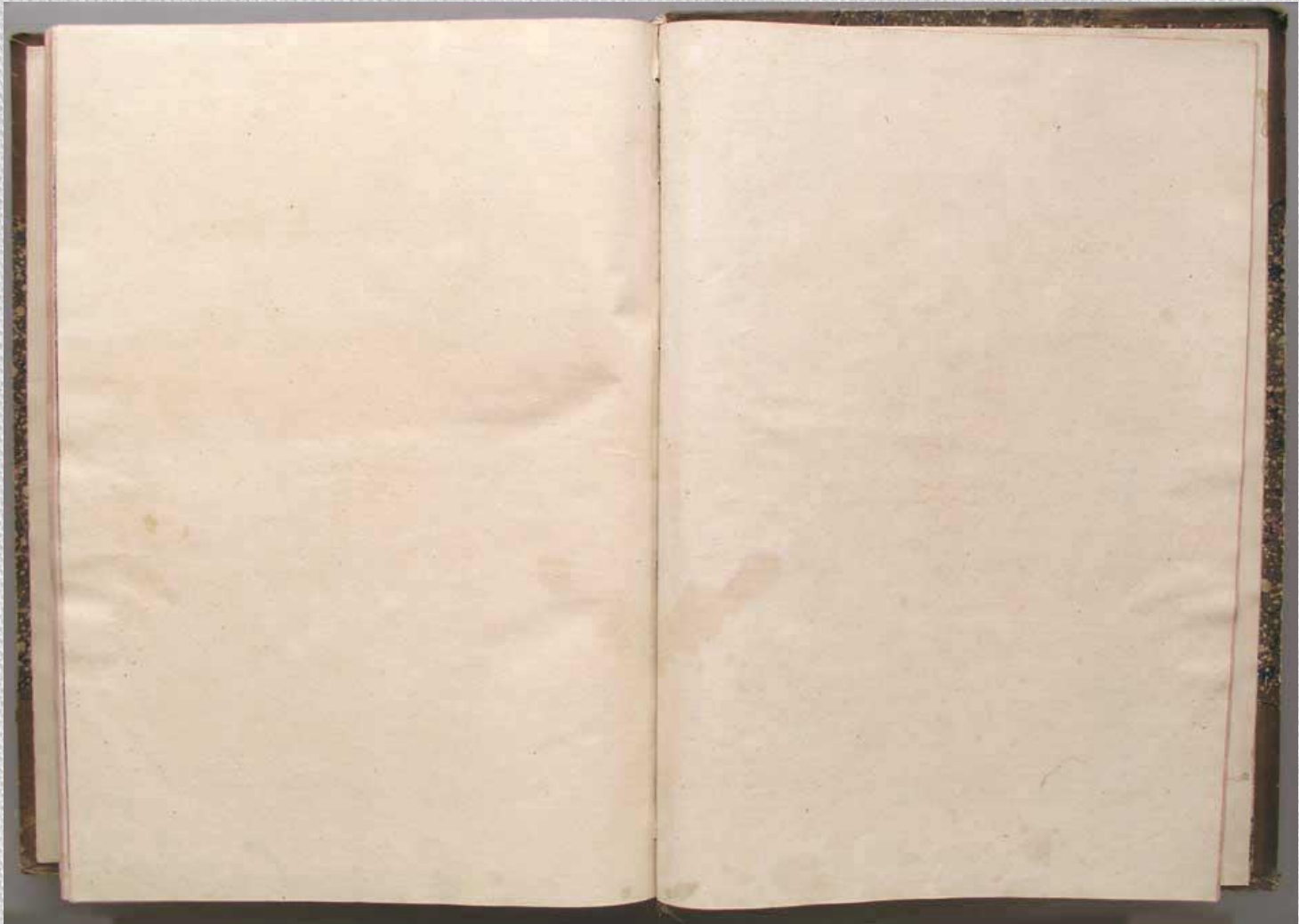
“A marijuana use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or research-based public health approaches to minimizing the harms associated with marijuana use, and does not solely advocate an abstinence-only approach.”



Research on marijuana Helplines - UW



Research on marijuana Helplines - USA



Agenda

Goal: Shape a research agenda for services that already have a earmarked revenue in our state

Present some options for the WA PH MJ HL

Topics

- **Referral Helplines**
- **Tobacco Helplines (Quitlines)**
- **Cannabis HelpLine in Australia**

- **Research agenda**

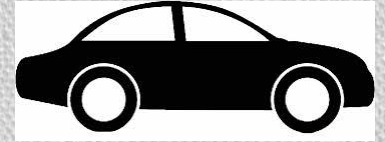
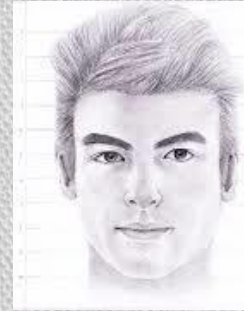
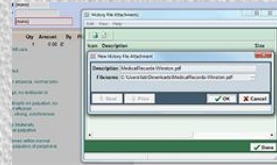
- **Policy implications**

Referral Helplines

US experience



Referral helplines



Referral Helplines

Caller remain anonymous

- There is no follow up
- Goal – handle crisis, need for information or referral
- Evaluation - volume of calls and substances

Staff

- Volunteers
- Individuals in recovery
- Training for CDP
- Quality Assurance – Supervision - listen in, no recording

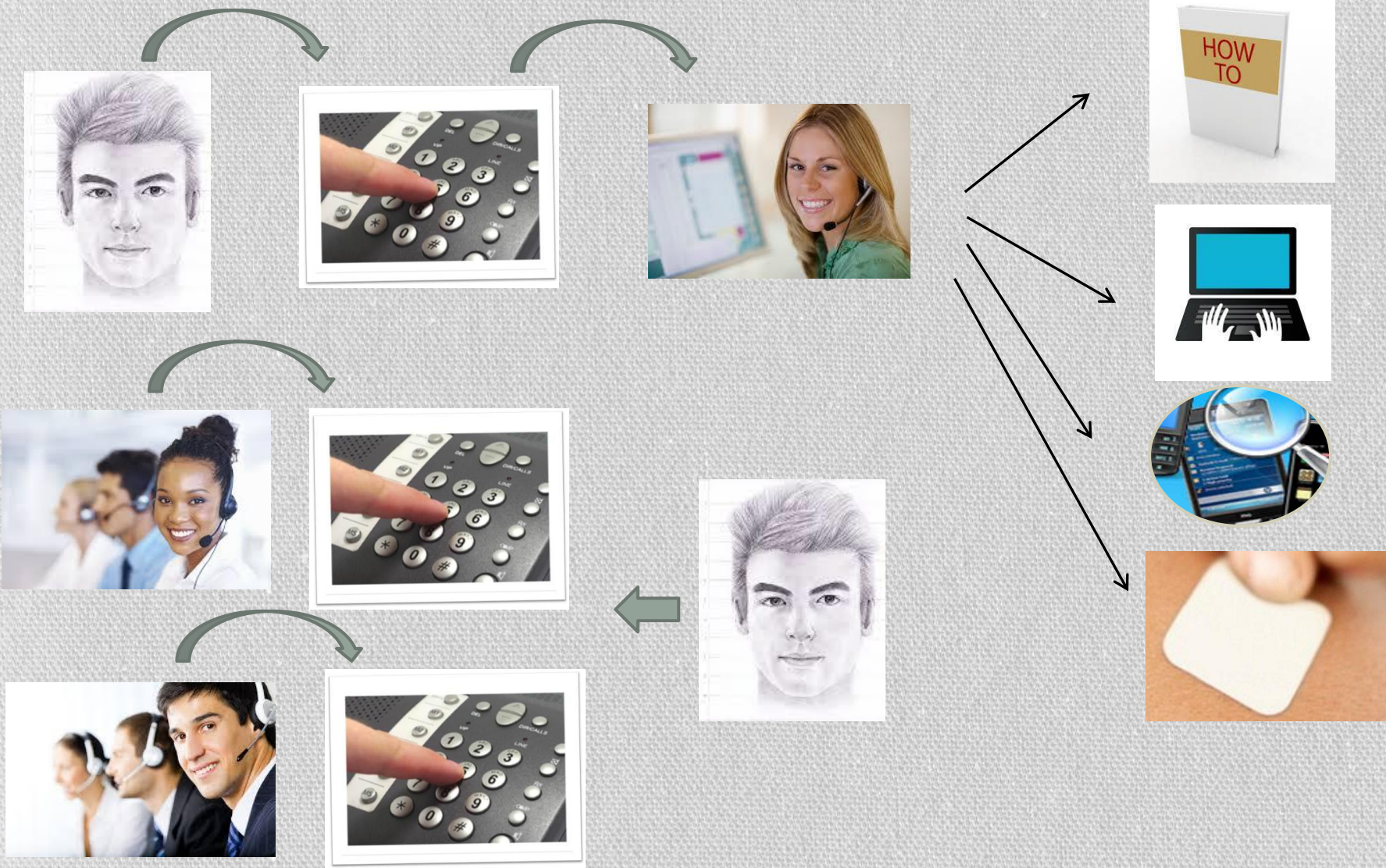
Tobacco Helplines (Quitlines)

US experience

Take Control
1-800-QUIT-NOW
Call. It's free. It works.
1-800-784-8669



Tobacco Quitlines



Quitlines

North American Quitline Consortium (NAQC)

- Standard information is collected – Minimum Data Set (MDS) questions: race, ethnicity, age, gender, tobacco use patterns
- Evaluation – 7-month follow-up since registration in services for outcomes.

Staff – trained professionals

Quality Assurance – call recording, minimum standards

Intervention – structured protocol, CBT, relapse prevention, MET, social support, medication education

Quitlines – experimentally validated protocols

- Ossip-Klein et al, 1991 - the American Lung Association.
- Orleans et al., 1991 Group Health Cooperative of Puget Sound, introduced the Free & Clear quitline service for its members
- Zhu, Stretch, et al., 1996 – California established the first publicly funded statewide quitline.

Meta-analysis

- U.S. DHHS *Clinical Practice Guideline* (Fiore et al., 2008)
OR 1.6 (95% CI [1.4, 1.8]).
- The Cochrane Library (Stead et al., 2013)
RR 1.37(N >24,000, 95% CI [1.26,1.50])

Quitlines – research platform

- Toll BA, Cummings KM, O'Malley SS, Carlin-Menter S, McKee SA, Hyland A, Wu R, Hopkins J, Celestino P. Tobacco quitlines need to assess and intervene with callers' hazardous drinking.

Alcohol Clin Exp Res. 2012 Sep;36(9):1653-8



- Vickerman KA, Carpenter KM, Altman T, Nash CM, Zbikowski SM. Use of electronic cigarettes among state tobacco cessation quitline callers. Nicotine Tob Res. 2013 Oct;15(10):1787-91.



- New protocols:
 - ACT protocol (Jonathan Bricker)
 - Mindfulness protocol (J. Brewer)

Support policy decisions

CDC Home



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Morbidity and Mortality Weekly Report (MMWR)

[MMWR](#)



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Impact of a National Tobacco Education Campaign on Weekly Numbers of Quitline Calls and Website Visitors – United States, March 4-June 23, 2013

Weekly
September 20, 2013 / 62(37);763-767

During March 4–June 23, 2013, CDC conducted its second annual national paid-media tobacco education campaign encouraging adult smokers to quit. These campaigns, called Tips from Former Smokers (Tips), feature true stories of former smokers living with serious smoking-related diseases. To assess the immediate impact of the 2013 Tips campaign, CDC analyzed the weekly numbers of calls to the national telephone quitline portal (1-800-QUIT-NOW) and the weekly numbers of unique visitors to the Tips website (<http://www.cdc.gov/tips>)* during the 16-week campaign and during the 4 weeks before and after the campaign. During the campaign, the average weekly numbers of calls and website visitors increased by 75% and almost 38-fold, respectively, compared with the 4 weeks before the campaign, and quickly decreased almost to pre-campaign levels once the campaign ended. This suggests that the campaign led to 151,536 additional quitline calls and nearly 2.8 million additional unique Tips website visitors above pre-campaign levels.

During the first 12 weeks of the campaign,[†] when the national television ads were on and off air on alternate weeks, average weekly call volume fell by 38% during the 6 weeks when the national television ads were off air compared with the 6 weeks when these ads were running. These results suggest that emotionally evocative tobacco education media campaigns featuring graphic images of the health effects of smoking can increase quitline calls and website visits and that these campaigns' effects decrease rapidly once they are discontinued.

Cannabis Information Helpline

Australia



Cannabis Information Helpline - CIH

2008 – CIH launched – referral, anonymous

2010- 2012

- ❖ Code based follow up system to track CIH callers one week after call (n=200) Important Finding - 42% were offered a referral (n=83) and 57% had NOT contacted the referral yet and most likely would not contact them later either (likelihood = 4.3 out of 10)
- ❖ Barriers to treatment utilization – treatment is not necessary, would like help specific to cannabis, want to avoid stigma associated with treatment

References

- Gates P, Copeland J, Norberg M, Digiusto E. Caller satisfaction with the Cannabis Information and Helpline. *J Telemed Telecare*. 2011;17(2):93-8.
- Gates P, Copeland J, Swift W, Martin G. Barriers and facilitators to cannabis treatment. *Drug Alcohol Rev*. 2012 May;31(3):311-9.

CIH – testing new models

- CBT/MI intervention already tested in clinical settings
- Delivered by telephone in 4 sessions tested in RCT
 - ❖ Decrease in dependence symptoms
 - ❖ Decrease in cannabis related problems
 - ❖ Higher number of abstinent days

Do you need help or advice?
Call the Cannabis Information and Helpline

1800 30 40 50*

* Free call nationally, standard call rates may apply from mobiles

What is it? What are people asking? Who are we?

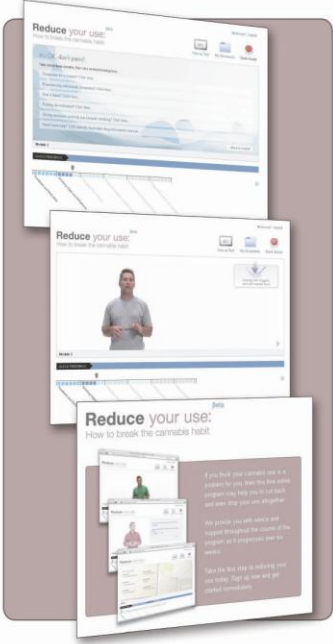
The Helpline is a confidential information and support line for cannabis users and friends and family who are concerned about cannabis use by those close to them. We provide counselling, information and referrals that will assist you in your current situation. We will link you to the most appropriate support services and resources for your situation in your area. The Helpline is available from 11 am – 7pm Monday to Friday (including public holidays).

ncpic national cannabis prevention and information centre Lifeline AUSTRALIA

- Gates PJ, Norberg MM, Copeland J, Digiusto E. Randomized controlled trial of a novel cannabis use intervention delivered by telephone. *Addiction*. 2012 Dec;107(12):2149-58.

Web-based treatment

Free-online 6-session self-guided intervention



Reduce your use:
An online program to help your clients cease or reduce their cannabis use

The National Cannabis Prevention and Information Centre (NCPIC) has recently launched a fully self-guided online cannabis treatment, *Reduce Your Use: How to Break the Cannabis Habit*. While the program is fully automated, it is also highly personalised, containing several treatment options selected by the user, and individualised documentation and feedback based on user input. The program can be used in text mode, or in video mode for users who prefer a stronger feel of human involvement.

The website contains six core modules, informed by the principles of cognitive behavioural therapy and motivational enhancement therapy. These are:

- 1) Feedback and Building Motivation;
- 2) Managing Smoking Urges and Withdrawal;
- 3) Changing Your Thinking;
- 4) Coping Strategies and Skill Enhancement;
- 5) Activities and Interpersonal Skills; and
- 6) Relapse Prevention and Lifestyle Changes.

Research findings supporting the effectiveness of *Reduce Your Use* in assisting individuals to cease or reduce their cannabis use were recently obtained in a randomised controlled trial. Additionally, participant feedback from the trial demonstrated generally high levels of satisfaction with the program.

The website is freely accessible to anyone seeking assistance with their cannabis use. Those providing treatment to individuals who are experiencing problems with cannabis use might also find it helpful to refer their clients to the online program as an adjunct to treatment. The program can be accessed at www.reduceyouruse.org.au

npcic
national cannabis prevention and information centre

www.reduceyouruse.org.au

Randomized trial

3 month follow-up

- Fewer days of cannabis use
- Lower quantity
- Fewer symptoms of abuse
- No changes in cannabis dependence symptoms (number and/or severity)

Rooke S, Copeland J, Norberg M, Hine D, McCambridge J. Effectiveness of a self-guided web-based cannabis treatment program: randomized controlled trial. *J Med Internet Res.* 2013 Feb 15;15(2):e26.

Research agenda

- Is it possible to have a confidential but NOT anonymous MJ helpline?
- What kind of information and help a dedicated MJ helpline will get in WA state?
- How can we maximize the dollar collected from MJ users to minimize problems they may encounter with MJ use?
 - Referral and intervention models
 - Utilize helpline data to inform policy decisions
 - Utilize MJ helpline as a platform for research innovation that can be translated back to services

Policy Implications

- WA State has an unique opportunity to minimize the risks associated to MJ use with a well crafted provision of the I-502 that mandates a MJ helpline.
- MJ Helpline is an unique opportunity to support behavioral change among MJ users that will not seek traditional modalities of treatment