Marijuana Adult Users and Helplines: A Secret Shopper Study in Washington, Colorado, Oregon and Alaska.

Bia Carlini, PhD, MPH
Sharon Garrett, MPH, MA

UNIVERSITY *of* WASHINGTON

ADAI | ALCOHOL & DRUG ABUSE INSTITUTE

Why Helplines

- First contact, first impression
- Bridge: community and treatment agencies

Crisis model (suicide)
- Anonymous, 24/7
- Peer model
- Substance Abuse:
    - Volunteers in recovery
- Do not collect systematic information

Research questions:

Evidence-Based information

➢ Do helplines have staff/volunteers able to provide marijuana related information?

Harm reduction approach

➢ Are helplines willing/able to meet callers "where they are"?

- Alaska Intervention Helpline
- Colorado Crisis Services
- Oregon Lines for Life Substance Abuse Helpline
- Washington Recovery Help Line

Methods

Secret or Mystery Shopper

- Quality assurance tool
- Academic research:
  - 1986- 2016: 36 articles PubMed
  - Simulated patient study

Procedures

- Two secret shoppers (male/female)
- Total of 11 calls
- Institutional Review Board (IRB) in March 2016- exempt
- April and May 2016
- Qualitative pilot study
  - two independent note takers and analysis
  - Themes: most common responses, discrepancies
  - Compare analysis, reach consensus

The secret caller

Wants to talk things over on the phone.
Goal: cut down
No interest in drug addiction treatment

Findings: good and not so good

Disclaimer: the cookies pictured do not contain marijuana

The good: meeting callers where they are

Moderation goal was not challenged(10/11)

"I am here to support and help you get to where you want to be"

"To be honest, I'm in recovery myself, and for me 12-step was what worked. [Cutting back] is always an option for you, to explore your use"

Moderation goal was considered in referrals

Harm Reduction agency: *This is an option for you, the rest [of the agencies] are designed for people to stop and that is not where you are right now"*

Marijuana Anonymous: "*You don't have to say anything [about moderation]; these meetings can be comforting, they are suppose to be welcoming*"

Counseling: "*You don't want to go to drug treatment, they are abstinence only*"

The good: empathy and no judgement

- *"Sounds like you want to seek some help. It is good that you called… you can always call back if these suggestions don't work for you"*

- *After referral: "Does that seem like something that might help?"*

- *"Sounds like you understand that what you did was dangerous" (driving under the influence)*

Knowledge: the not so good

Limited knowledge (*11/11*):

"I don't know enough about MJ to help with that… I don't know anyone in our service that knows enough to help you with that"

Ask a store (6/11)

"MJ stores are very knowledgeable – I am a little less familiar"

Inaccurate knowledge (*2/11*):

"Vaporizer is stronger than the flower. Do you know what hash oil is?"

"I have heard that edibles give you a different kind of high and it's possible to measure how much you're taking, so you know how much makes you feel a certain way and can taper yourself down"

Conclusion

Helplines in states where marijuana is legal:

- Can offer non-judgmental support

- Do not exclusively embrace a traditional recovery model

- Are lacking marijuana-specific knowledge

- Referrals are only as good as the services available

Disclaimer: Pilot, preliminary study
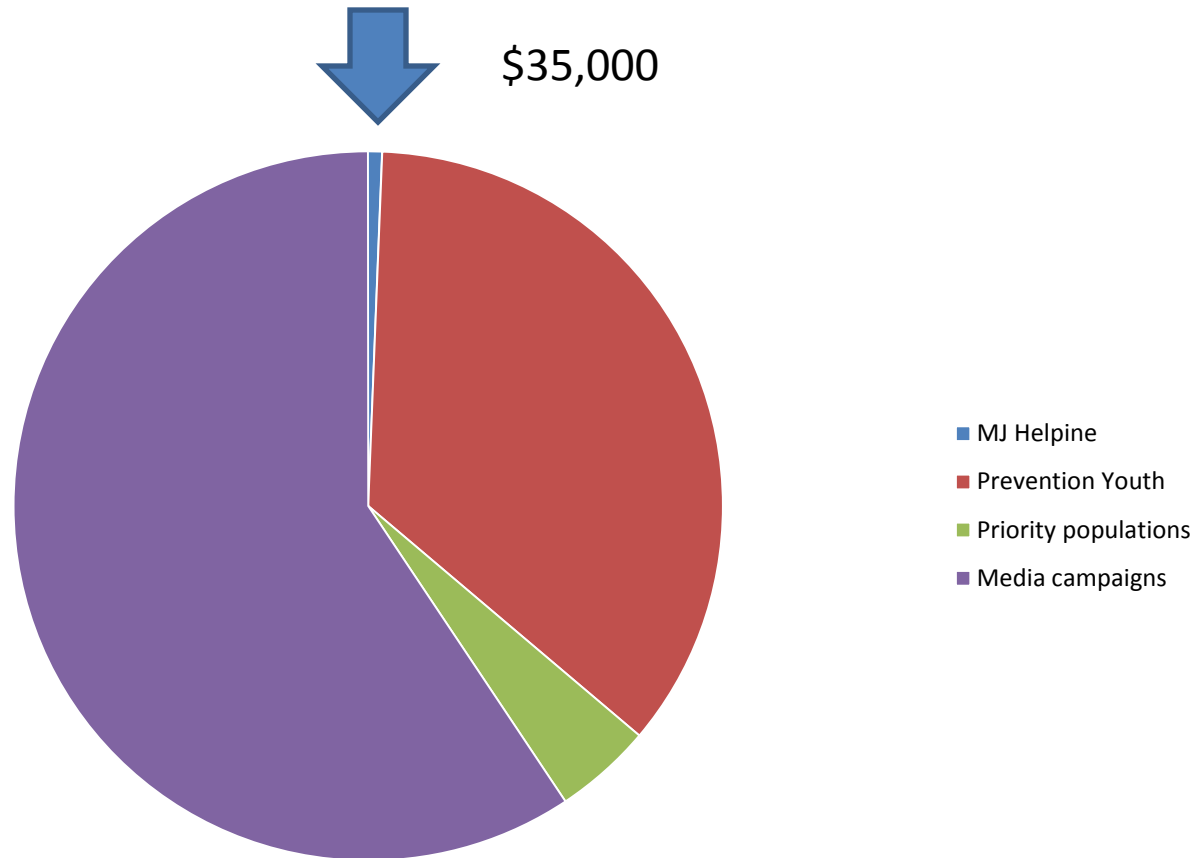
Meanwhile, in WA State...

WA MJ Public Health Hotline

I-502:

– Funded with MJ taxes

Calls for:

– Referral to treatment

– Evidence-based approaches to minimize the harm associated with MJ use (NOT solely abstinence-only)

Financial support to the existing Washington Recovery Help Line, for marijuana-related services

$35,000

Legend:
- MJ Helpine
- Prevention Youth
- Priority populations
- Media campaigns

WA State Department of Health, Draft Plan for Distribution of Marijuana and Tobacco Funds
http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MarijuanaPrevention Access May 18th, 2016

What do we know

- Helplines play an important role in linking people to services
- Helplines have empathic, supportive staff
- Helplines service model is a barrier to data collection that can inform policy/public health
- At this point in time, Helplines are not prepared to deliver evidence/research based information to minimize harms associated with MJ use among adults

What do we need to know

Can traditional helplines be leveraged to:

- Provide evidence-based services to adult MJ users?

- Collect data to inform public health trends on marijuana use and associated problems?

Are legal adult marijuana users willing to call recovery drug helplines?

UNIVERSITY *of* WASHINGTON

ADAI | ALCOHOL & DRUG ABUSE INSTITUTE

Thanks!
Bia@uw.edu