



Digital interventions for problematic drug use in Sweden A public health and clinical perspective

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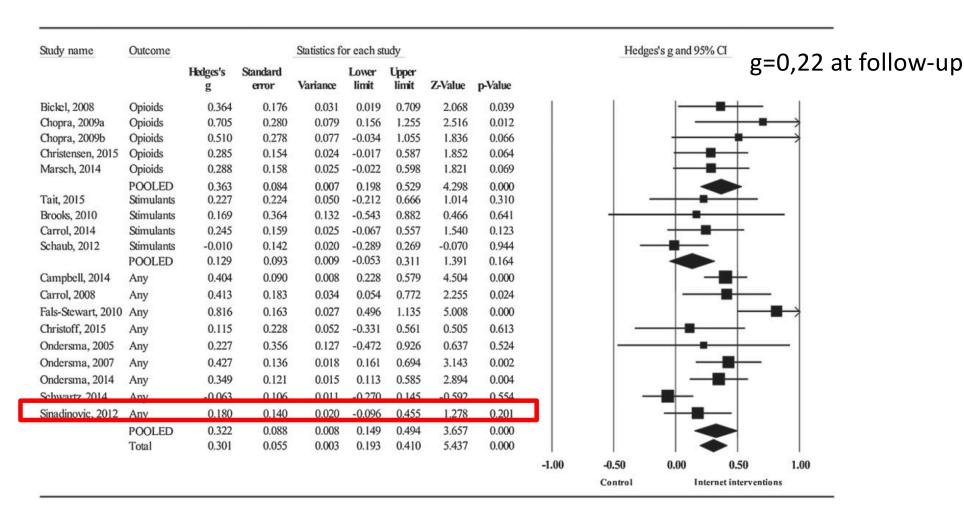


Figure 2 Forest plot of intervention effects at post-treatment assessments

Boumparis, N., Karyotaki, E., Schaub Michael, P., Cuijpers, P., & Riper, H. (2017). Internet interventions for adult illicit substance users: a meta-analysis. Addiction, 112(9), 1521-1532. doi:10.1111/add.13819

Digital interventions for illicit drug users

Internet-Based Screening and Brief Intervention for Illicit Drug Users: A Randomized Controlled Trial With 12-Month Follow-Up

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Psychology of Addictive Behaviors

Changes in Mental and Physical Well-Being Among Problematic Alcohol and Drug Users in 12-Month Internet-Based Intervention Trials

Anne H. Berman, Peter Wennberg, and Kristina Sinadinovic
Online First Publication, February 9, 2015. http://dx.doi.org/10.1037/a0038420

- 2-arm RCT, n=202
- eScreen.se vs assessment only
- eScreen users reduced alcohol use more than controls
- Majority of participants reduced their drug use
- CoE picked up eScreen
- 2015 Participants in eScreen trials for alcohol and drugs
 - Increased well-being
 - after 1 year for alcohol
 - Positive trends for drugs

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Addiction Science & Clinical Practice



RESEARCH Open Access

Guided web-based treatment program for reducing cannabis use: a randomized controlled trial





Background: The aim of this study was to investigate the effects of a web-based treatment program with therapist guidance for adults and adolescents with regular cannabis use from the general population.

Methods: A double blinded randomized controlled trial with a parallel group design was conducted (intervention group n = 151, wait-list control group n = 152). Follow-up 12 weeks from treatment commencement of a 13-module intervention. The primary outcome was frequency of cannabis use. Time by group interaction effects were modeled using generalized estimated equations and the instrumental variable approach was used to estimate the effect of intervention adherence.

Results: At follow-up, the intention to treat (ITT) analyses did not show any significant time by group effects. A significant association between intervention adherence and scores on the cannabis abuse screening test (CAST) was found. Secondary analysis excluding participants who had received other professional help revealed time by group effects for secondary outcomes gram cannabis consumed past week, number of dependency criteria and CAST score. Due to methodological limitations, these latter results should be interpreted with caution.

Conclusions: In this study we did not find a web-based treatment program with therapist guidance to be more effective than a waiting-list in reducing frequency of cannabis use.

Trial registration The trial was pre-registered at ClinicalTrials.gov (NCT02408640) April 3, 2015

Keywords: Cannabis, Web-based treatment with therapist guidance, Cognitive behavioral treatment, eHealth, Randomized controlled trial

Public health program

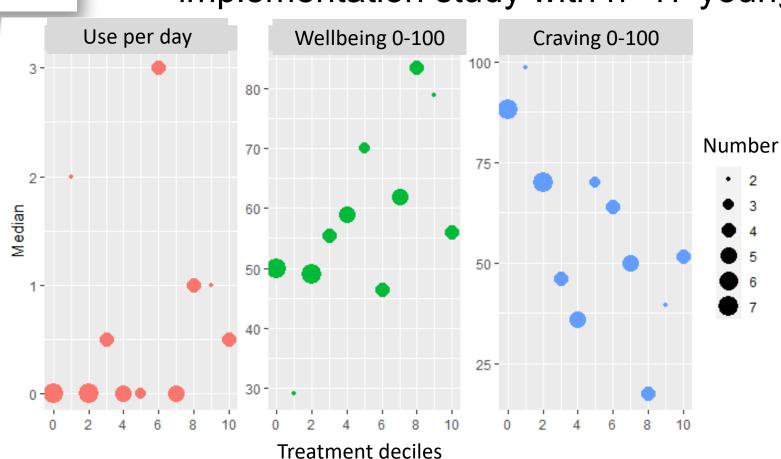
- Guided
- 2-arm RCT with waitlist control
- 13-week program
- 12-week follow-up
- Outcome: frequency of cannabis use
- Better Tx adherence, better outcome on Cannabis Abuse Screening Test (CAST)
- Possible effect for grams consumed past week, # dep criteria, CAST when those who received other professional help were excluded

No overall difference in RCT. More research needed





Internet treatment for cannabis use at e-clinic: implementation study with n=17 young adults



Jakobson, M, ... & Lindner, P (in prep). High-intensity online cognitive behavior therapy within routine addiction care for cannabis use: A cohort feasibility study





The eSupport unit at Stockholm Center for Dependence Disorders Beroendecentrum Stockholm STOCKHOLMS LÄNS LANDSTING



Established as a permanent unit January 1, 2017 Patient responsibilities since January 1, 2018

- Public health: Anonymous telephony and internet intervention services for alcohol, drugs, gambling
- Clinic: Internet-based treatment within regular addiction care (patient services)
- Fully research-integrated

Staff:

- Head of unit: Kerstin Annerborn
- 3 psychologists, 1 social worker and 1 health pedagog working with patient services
 - Of which 3 have PhDs and three are PhD students
- 4 social workers working with public health services
- A part-time medical doctor
- Others involved on project basis

Organization



Infrastructure

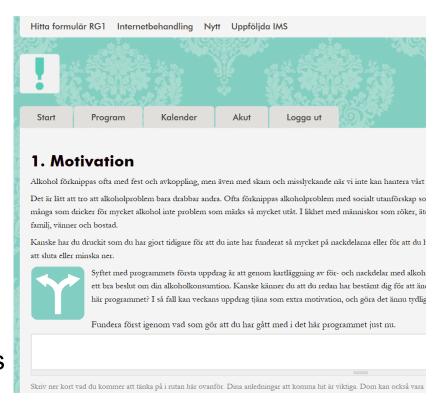
- Services require special infrastructure
 - Digital infrastructure: intervention platforms
 - Special clinical procedures for integration into regular care
 - Special competence in development and implementation of treatment content
 - Internet therapist competence
- The eSupport unit has all this infrastructure in place and is fully operational, which makes it unique in Sweden and perhaps the world





- Has been used for both public and patient services
- Accounts are usernames linked to email addresses ("anonymous")
- Generic content and communication platform adapted for our purposes
- Open source (free!)
- Used by both patients and guides
- Content and functionality can be tailored rather easily
 - Integrates text, images and tasks
 - Consumption diary

Platform: Drupal

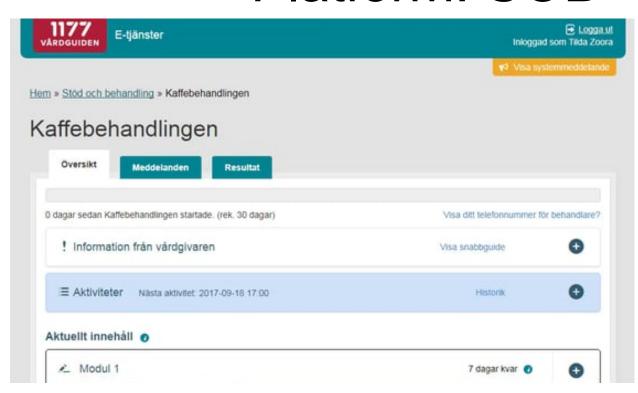




National platform for online support and treatment

- Designed to be used by all types of eHealth units all over Sweden
- Accounts tied to national personal identification numbers, require secure login
- Integrated with the national online health care platform 1177.se
- Similar functionality to Drupal, but less adaptable
- Patients can apply directly to treatment at 1177.se, where information is available

Platform: SOB





Summary

- Research suggests small but consistent positive effects for internet interventions for problematic drug use
- Wellbeing following intervention improves slowly over time
- Public health, anonymous interventions needed, with...
- Clinical interventions delivered by the health-care system
- Offering digital interventions nationally is possible
- Patience, perseverance and enthusiasm are required