

A randomised controlled effectiveness study and the manner of use of an internet based cannabis programme for young people on the basis of the Transtheoretical Model

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Introduction

Feelok is an internet based multidimensional prevention programme for young people, which contains in addition to the topics "Smoking", "Self-Confidence", "Stress" and "Sexuality" a new section on cannabis consumption (www.feelok.ch/cannabis.htm). The cannabis section consists of a general part and a stage specific part: the general part gives information which is geared at all people irrespective of their own cannabis consumption (e.g. facts, effects, legal aspects). The stage specific part offers a tailored with 6 stages of change. The stages target the following 6 groups: Non-smokers of cannabis (1), the curious (2), occasional smokers (3), regular smokers without (4) and with an intention to change behaviour (5), and previous smokers of cannabis (6). Feelok is used at schools in conjunction with specific worksheets. User data show, however, that a lot of young people also consult feelok during out of school hours. Programme users are predominantly from Switzerland (75%), some are from Germany (15%) and few from Austria (5%).

Methods

Eight hundred and thirty one students from 5 occupational schools (mean age: 18 years; Gender: 72% male) were randomised into an intervention (I) and a control group (C). Intervention students used the cannabis programme for 3 hours. A questionnaire on cannabis consumption and constructs of the Transtheoretical Model was administered at baseline and 2-3 weeks after the intervention. Furthermore, data to analyse user behaviour were collected between September 2003 and April 2004 by means of a programme designed specifically for this purpose.

Results

At baseline of the randomised study, 44% of all subjects were in stage 1, 4% in stage 2, 14% in stage 3, 10% in stage 4, 14% in stage 5 as well as in stage 6. Perception of the benefits for consumption (which corresponds to cons in terms of healthy behaviour) increased between stages 1 and 2 as well as stage 3 and 4 and then decreased between stage 5 and 6. Perception of the disadvantages for consumption (which corresponds to pros in terms of healthy behaviour) decreased between stages 1 and 4. It increased from stage 4 to 6. Self-efficacy decreased between stage 1 and 2 as well as stages 3 and 4. It increased from stage 5 to 6. Students in the intervention group of the randomised study had a more positive attitude towards cannabis at baseline than control students. Furthermore, 79% of cannabis users in the intervention group actually worked with the internet programme, while 29% of consumers in the control group also looked at feelok. Nevertheless, the trial showed better stage improvements for intervention students in stages 2, 3, and 6 (16.8%) than for respective control students (7.8%, $p=0.05$). A positive trend was also seen for people in stages 4 and 5 (I = 36%; C = 32%), yet differences were not statistically significant. Analysis of the user data reveals that the cannabis programme was visited 758 times per month on average for a duration of 25 minutes (the analysis of the data included only visitors who used the programme for at least 3 minutes and not more than 4 hours). Sixty one percent of users stayed with the cannabis programme for more than 3 minutes. Sixty three per cent of these visitors worked with the general part only, 23% with the stage specific part only and 14% with both parts of the cannabis programme. Among users of the stage specific part, 28% logged in to stage 4 (which corresponds to the precontemplator in terms of healthy behaviour), 21% to stage 1 and 19% to stage 2. Sections for stages 3 and stage 5 are consulted by 12% each and a further 8% of visitors refer to stage 6.

Conclusion

This study examined for the first time the relationship between Stages of Change and Decisional Balance as well as Self-efficacy in relation to cannabis consumption. It also provides data on the efficacy of the intervention programme. Constructs of the Transtheoretical Model showed mostly expected differences between the stages of change. This indicates that the model could be suitable for use in prevention of cannabis consumption. While significant differences were seen for subjects in stages 2, 3, and 6, and a positive trend for subjects in stages 4 and 5, it is difficult to quantify the benefits of the programme due to methodological limitations. User data show that the cannabis programme is frequently used in Switzerland. Users prove their interest in the programme by staying with it for an average of 25 minutes. Furthermore, over 60% of the visitors stay for more than 3 minutes. Experiences gained and results gathered through the randomised controlled study and the user analysis provide invaluable information for the development of further modules (alcohol prevention and promotion of physical activity) to be added to the feelok programme. The aim is to develop these modules in a way that will reflect the young people's needs and attitudes even more adequately. A report of the effectiveness study and the user data will be available on the feelok website (www.feelok.ch) in German by the beginning of 2005.