

Data collection

The data will be collected from online questionnaires at 3 different times of the study. At inclusion (T0), at the end of the intervention (T1 = T0 + 6 weeks) and 3 months after the end of the intervention (T2 = T1 + 3 months).

All data collected are of a declarative type, no biological analysis is planned as part of the study.

The corresponding questionnaires can be consulted in the APPENDIX.

Recruitment questionnaire

Objectives: validate the eligibility of participants and verify the validity of an email address before sending the T0 questionnaire.

Inclusion criteria

- Are you over 18 years old?
- Have you used cannabis in the last 7 days?
- Do you want to reduce or stop your cannabis use in the next few days?
- Do you have a smartphone and an internet connection?
- Are you being followed by an addiction specialist or are you taking medication related to cannabis dependence?

exclusion criteria

- Are you pregnant or breastfeeding?
- Have you recently had suicidal thoughts?
- Have you recently been hospitalized for mental disorders (schizophrenia, bipolar disorder)?

Note: Respondents who answered "yes" to the previous 3 questions represent specific cases that are difficult to take into account in the analysis of the RCT. They will be offered the help of a drug information service listener in order to direct them to the most appropriate care.

- Have you ever used a digital device/support to limit or stop your cannabis use? This is to identify people who have already used the application (which cannot be named to avoid specifying this to the control group)

Contact : needed for sending the download link and notifications of completion of the questionnaires.

- Email address: for the first reminder in the event of non-completion of the questionnaires, creation of a personal identification code.

- Telephone number: for the second reminder in the event of non-completion of the questionnaires

NB: The storage methods for this data are described in chapter “data security measures”.

NB : emails sent to participants must not include the term "cannabis" in the subject line for discretion matters

Study participation agreement

Questionnaire T0

- **Sociodemographic variables:**

Age (by age group), gender, perceived financial situation, professional status, family situation, diploma. Most of these factors have demonstrated links with cannabis use.

- **Judgment criteria:**

- Number of days of consumption in the last 7 days (Time Line Follow Back)
- Number of joints smoked in the last 7 days

- **Level of cannabis dependence (ESD - Dependence Severity Scale or SDS).**

- Measures psychological dependence induced by cannabis use and compulsive use (tool initially designed for heroin, cocaine and amphetamines). ESD is a predictive factor of functional impairments after cessation of use (partly due to the severity of withdrawal symptoms), which are themselves predictive factors of relapse in cannabis use

- **Problematic cannabis use (CAST - Cannabis abuse screening test)**

Problematic cannabis use scale. Scale developed to identify problematic cannabis use. The scale makes it possible to establish a problematic use score regardless of the frequency of use.

- **Age of initiation to cannabis:**

Early age of initiation is a factor linked to problematic use and dependence. It is also a factor likely to increase the risk of relapse after cessation (Allsop 2011). Mental health: Psychiatric comorbidities appear to play a role in increasing the risk of relapse after stopping cannabis use (Cornelius JR 2008), a hypothesis also mentioned in a meta-analysis by Bahji et al 2020 (higher prevalence in the "inpatient sample" (87%) than in the general population (17%)). Depression and anxiety are symptoms often described in connection with cannabis use, without a causal link having been demonstrated.

- **Anxiety and depression:**

- PHQ-9 (depression) and GAD-7 (anxiety self-questionnaire): The PHQ-9 is recommended by the High Authority for Health as a screening tool or to help diagnose a characterized depressive episode. This scale is used in the EpiCov and EHIS surveys and is currently being tested (Health barometer 2023) for use in future health barometers. Psychological distress:
- MHI-5.

- **Other substances consumption: daily smoking, other drug user (Shaub 2015).**

According to some surveys (meta-analysis by Bahji et al 2020), high tobacco consumption and other drug consumption would be associated with withdrawal symptoms and therefore relapse.

- **Self-efficacy**

« to what extent do you feel confident in stopping or reducing your cannabis use” ? (on a scale of 1 to 10 (1 = I am sure I will not succeed – 10 I am sure I will succeed (repeat of the question asked in the STAMP ECR)

- **Motivation to quit smoking:**

“Rate, with a score from 0 to 10, your current motivation to quit smoking: 0 means: “I absolutely do not want to quit smoking” 10 means: “I am firmly decided to quit smoking” (repeat of the question from the STAMP ECR)

- **Objective defined by the participant**

reduce or stop cannabis use

- **Place of residence (Postal code)**

The urban unit calculated from the postcode will make it possible to control the proximity to a large urban area in stopping or reducing cannabis use. Indeed, the high retention rate of the Australian Reduce your use program (vs. quit the shit where the rate is very low) could be explained by the greater distance of participants from care structures (Shaub 2013).

- **Has already made attempts to stop/reduce in the past?**

If yes, with help (care professional?)

Questionnaire T1

- **Judgment criteria:**

- Number of days of cannabis use in the last 7 days
- Number of joints smoked in the last 7 days

- **DIS solicitation (Phone, forum, chat).**

This will measure activity, any link with certain profiles, outcomes (effectiveness and satisfaction).

- **Health professional assistance (general practitioner).**

This should allow the effect of external assistance on the effectiveness of the program to be controlled

- **Withdrawal syndromes:**

Withdrawal syndromes after stopping cannabis concern approximately one third of regular users who are not supported and are felt mainly during the first 15 days following abstinence. The links between high levels of incapacity in daily life linked to withdrawal symptoms and the resumption of consumption after stopping cannabis have been demonstrated.

The collection of this information aims to contextualize the outcomes and also to optimize the functionalities of the application in the phase of maintaining cessation of consumption.

The Cannabis withdrawal scale (CWS) is a questionnaire covering the most common withdrawal symptoms (19 items) and allows to measure for each symptom the intensity of the incapacity felt by the person. The CWS cannabis was proposed in 2012 as part of a continuous monitoring (last 24 hours). We propose to repeat these questions from the beginning of the program.

A "process" module is planned at T1 for the intervention group. Its objectives will be to measure the satisfaction and perceived usefulness of users for the application in relation to their declared use of the application. These are also secondary judgment criteria.

- **Downloaded and used the application? (for intervention group) or read the entire brochure**

- **Satisfaction with the application:**

extract from the CSQ-8 satisfaction scale and not the entire scale. Indeed, Rookes et al (2013) obtained very high scores (3.4 out of 4), not allowing a link to be made with the success or failure of the program. The questions make nuances calling on a certain level of literacy (between the type of help you wanted VS the service that meets your needs. Satisfaction with the help provided by the service VS the quality of the service).

The following questions were retained and adapted:

- o Did the application help you better manage stopping or reducing your cannabis use?
- o Did you receive the help you expected from this type of application?
- o If a friend needed the same type of help, would you recommend the application?
- o Overall, are you satisfied with the application?

- **Perceived usefulness.**

The effectiveness of substance reduction or cessation support programs increases with the intensity of use (Arbetella 2019).

Questionnaire T2

- **Judgment criteria:**

- Number of joints smoked in the last 7 days
- Number of days of cannabis use in the last 7 days

- **Solicitation help since the start of the program (GP/DIS Phone/chat/forum)**

- **Other substance consumption:**

Increase or decrease in tobacco/alcohol/drug(s) mentioned at T0 or consumption of other products

- **Level of use of the application:**

- Placebo group: check that the application has not been downloaded and used.

- Intervention group: was the application used after the 5 weeks of the program, and if so, what features? The objective is to improve the features useful for maintaining abstinence or a low level of consumption.