

From Click to Clinic: How recruitment pathways shape demographic composition in a phase III multisite randomised controlled trial: The CBD for CUD study.

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Introduction:

Recruitment is a challenge in clinical trials, with increasing use of social media to improve recruitment efficiency. We compared recruitment rates and participant characteristics from social media and traditional referral pathways in the cannabidiol (CBD) for Cannabis Use Disorder (CUD) study.

Methods:

Data was derived from the NHMRC funded CBD-CUD study. Recruitment rates from telephone screening to enrolment were compared. Categorical and continuous variables were examined using chi-squared/Fisher's exact tests and linear regression analyses. Variables significant in unadjusted analyses were used as predictor variables in a logistic multiple regression model.

Results:

1514 expressions of interest were received, with 1253 from social media. Of 771 participants contacted for telephone screening, 510 (66.1%) were recruited through social media and 261 (33.9%) through traditional pathways. Overall enrolment rates were 30.6% for social media and 37.2% for traditional pathways, with no statistical significance ($\chi^2 (1) = 3.10$, $p = .079$).

In bivariate chi-square analyses participants recruited through social media pathways were more likely to be born outside Australia (25% vs 12%; $\chi^2 (1) = 5.73$, $p = .017$) and employed (86% vs 60%; $\chi^2 (1) = 21.89$, $p < .001$). In bivariate linear regression analyses, participants recruited through traditional referral pathways had, on average, 0.65 more DSM-5 CUD criteria than social media participants ($\beta = 0.65$, $p = .009$).

People born outside Australia were more likely to be engaged through the social media pathway (OR = 2.41, $p = .021$), while unemployment and supported accommodation was associated with reduced odds of recruitment through social media (OR = 0.26 $p < .001$).

Discussion and Conclusions:

Social media generated greater recruitment volume and broader reach, whereas traditional pathways engaged participants that were less socioeconomically established. These findings suggest that recruitment modality may influence the demographic composition of addiction clinical trial samples.

Implications for Practice or Policy:

Reliance on a single recruitment modality may bias participant representation in clinical trials. Combining different recruitment strategies may improve recruitment reach, participant diversity, and representativeness.

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