Cannabis treatment in the Netherlands

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This presentation

- Statistics
- Role of media
- Policies
- Types of cannabis treatments and research
- Quality
Prevalence

Population 15-64 years
Last year prevalence remained stable in 1997-2005
- Last year prevalence 5.4%
- EU average 6.8% (weighted)
(EMCDDA, NPO)

Pupils 15-16 years
- Last month prevalence 15%
- European average 7% (unweighted)
(ESPAD)
Clients in Dutch addiction care

All clients by primary problem
(N=72,000)

- Alcohol (48%)
- Drugs (47%)
- Other (5%)

Drugs specified

- Opiates (36%)
- Cocaine (29%)
- Cannabis (26%)
- Amphet. (4%)
- Medicines (2%)
- Nicotine (1%)
- Ecstasy (1%)
- GHB (<1%)

Source: LADIS 2009, IVZ
Trend in cannabis treatment demand

Source: LADIS 2009, IVZ
Primary cannabis clients by age group

Primary clients in 2009:
- 81% is male
- average age: 30 yrs
- 65% is ≥ 25 years
- 50% has secondary substance problem
- 33% in 2009 is new (first treatment)

Source: LADIS 2009, IVZ
Potency of cannabis

Percentage THC

- Nederwiet
- Imported weed
- Imported hashish
THC and cannabidiol (CBD)
'One weed addict in every school class'
VK, 09-04-2010

Cannabis very harmful also at low use levels
Elsevier 11-11-2009

Smoking cannabis at young age causes depression
EO, 2 augustus 2010

'More psychiatric problems among cannabis users'
ANP – 04/10/10

'Damaged brains by heavy smoking pot'
NRC, 3 juni 2008

'Increase in cannabis addiction among youth'
NRC, 21 september 2009

Young tobacco smokers start smoking cannabis earlier
RNW 4 januari 2010
Meer blowende jongeren opgenomen

Toegereikt: maandag 21 sep 2009, 17.32

Steedms meer jongeren raken door het blowen aan lagervel. Het afgelopen jaar zijn 370 jongeren met een cannabisverslaving opgenomen in een jeugdclinc. Dat blijkt uit een rondgang van de NOS langs de jeugdklinieken.

Het aantal jongeren dat in de problemen komt door het blowen is zo groot dat er op dit moment in het hele land klinieken worden bijgebouwd. Op dit moment zijn er in Nederland drie klinieken waar de jongeren kunnen worden behandeld. De komende tijd komen er nog drie bij.

Door de drugs krijgen de jongeren vaak problemen thuis. Ze gaan niet meer naar school en zijn in veel gevallen al meerdere keren in aanraking gekomen met politie en justitie.

Bauhaus

Een van die klinieken is het Bauhaus in Groningen, onderdeel van Verlatingsszorg Naxos Nederland. Jongeren tussen de 13 tot 18 jaar uit heel Nederland krijgen daar een behandeling van zes tot negen maanden. Ook worden ze geholpen met het afkicken.

In de kliniek leren ze hoe ze in leefgroepen voor zichzelf kunnen opkomen en hoe ze voorkomen dat ze huldevallen in hun verslaving. Verder krijgen ze gezinstherapie met hun ouders, broers en zusjes. Ze gaan ze sporten en krijgen onderwijs.

Regels

In de kliniek is 24-uurs begeleiding aanwezig. Niet alleen voor hulp, maar ook om te controleren of de kinderen zich wel aan de regels houden. Ze mogen geen drugs gebruiken, geen seksuele relaties hebben en geen geweld gebruiken.

Worden de regels overtreden dan moeten ze meteen de kliniek verlaten. De jongeren mogen alleen terugkeren als ze een aantal opdrachten hebben volbracht.

De behandeling is pas geslaagd als zowel de verslaving als de onderliggende problemen zijn aangepakt, zoals het hebben van drugsverslauwe vrienden, of problemen thuis.

De jongeren mogen pas weer naar huis als ze normaal verder kunnen met hun dagelijkse leven. Daarna is er nog een lang nazi'rafgelacht.

Lisa is één van de jongeren die afkicken in de kliniek.
Marijuana Addiction among Dutch Teenagers

An increasing number of Dutch teenagers are becoming addicted to marijuana. Many of them begin smoking pot regularly around age 13, and the habit develops into dependency and results in being admitted to a rehab clinic.

Rob Kervel of Radio Netherlands reports that young smokers are getting into conflicts with their parents, dropping out of school, and getting into trouble with the law as they often steal to finance their habit.

A survey by NOS public TV found that in the past year, 370 teenagers diagnosed with a cannabis addiction were staying in three specialized rehab clinics. Three more treatment centers are being built to cope with the rising number of young addicts. Since 2002 the number has increased fourfold.

One of the reasons behind this change is the THC content of the drug, which keeps increasing as cultivators crossbreed powerful variants of the plant. THC is the active ingredient of cannabis. Figures from Jellinek Clinic show that "motherweed" contained 8.6 percent of THC in 2000, having almost doubled to 15.2 percent in 2002, making the drug much stronger.

Marijuana use is widespread in the Netherlands. Statistics Netherlands, the government statistics office, found in August 2009 that half of all adult men between 20 and 25 had smoked at least one joint; one-third of women of the same age had also smoked at least once. One in ten of the women and twice as many men were still smoking regularly, the statistics show.

"Some of the problem cases smoked their first joint at age nine, in the school playground," youth worker Eric de Vos told NOS. "The majority of cannabis users are taking the drug for a reason, as a sort of self-medication to fall asleep easily, to forget misery or quarrels in the family, or problems at school. It's no longer innocent. When those kids are received into the clinic, they are often suffering from psycho-social problems."

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### Trends

- **1976**
  - Increasing drug use

- **1995**
  - ↑ Cannabis use (esp. young people)
  - ↑ Treatment demand
  - ↑ THC concentration
  - ↑ Psychiatric morbidity

- **2004**
  - Use
  - ↑ Treatment demand
  - ↑ Awareness of (dependence) risks

- **2010**
  - ↑ Use
  - ↑ Treatment demand
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### Policy responses

- **1995**
  - Legal distinction between cannabis and more harmful drugs
  - Drug policy paper 1995
    - Emphasis on prevention & monitoring

- **2004**
  - Cannabis policy paper 2004
    - ↑ Attention for evidence-based cannabis-specific treatment

- **2010**
  - Headlines drug policy 2010
    - ↑ Attention for vulnerable young people; early identification; youth clinics
Cannabis interventions/treatments

- 'Wiet wijs', Cannabis Intelligence Amsterdam (CIA), Utrecht Coping Power Programme
- Weed Check (Adolescent Cannabis Check Up)
- Family Motivational Intervention (FMI)
- E-interventions
  - 'Lifestyle training' (CBT/MI)
- Multi Dimensional Family Therapy (MDFT)
- Youth addiction clinics
Selective/indicated prevention

• Utrecht Coping Power Program
  – Objective: to prevent substance use (problems) and delinquent behaviour in adolescence
  – Target group: children with disruptive behaviour disorder (8-13 years)
  – RCT: 5 years after treatment, LTP cannabis use was 13% for UCCP versus 35% for CAU (Zonnevylle-Bender et al., 2007)

• 'Wiet wijs' (wise with weed)
  – Objective: to reduce cannabis use (max. 5 sessions, by youth care worker)
  – Target group: school drop-outs and youth in youth care (Amsterdam)
  – Not yet evaluated

• Cannabis Intelligence Amsterdam (CIA)
  – Allochtonous youth (12-23 years) who are 'risky' cannabis smokers
  – Peer prevention project (education, Cannabis show)
  – Short-term positive effects (use, attitude, knowledge)
  – Information: www.jellinek.nl, and www.cia-info.nl
'Weed check' – Dutch ACCU (2011-2013)

- RCT to investigate effectiveness of Australian ACCU in 1) reducing cannabis use (disorders) & 2) improving psychosocial functioning among Dutch youth

- Target group: youth aged 14-21 yrs; ≥ weekly use; no treatment demand

- Collaboration with addiction treatment centres; training by NDARC professionals

- Parallel group design (N=68 per group):
  - **Intervention group**: 2 motivational interviews (assessment and personalised feedback) by trained professionals of addiction care
  - **Control group**: 1 session (health education)

- Recruitment through prevention units of addiction care centres, schools, Drug Information Line, peer projects, web sites
Family Motivational Intervention

- Intervention for parents of children (16-40 yrs) with schizophrenia, who use cannabis ≥ 2 days/week
- Site: Amsterdam Medical Center
- RCT:
  - Parents (n=100), children (n=50)
  - FMI: communication training/motivational interviewing (12 sessions)
  - Control condition: psycho-education (PE, 2 sessions)
- Results (after 3 months):
  - Reduction cannabis use (e.g. 59% of children of FMI parents stopped versus 25% of control group); also reduction in grams smoked
  - Reduction in craving (FMI; not in PE group)
  - No differences FMI/PE in medication compliance, quality of life of patients
  - Improvements in both conditions for stress and wellbeing of parents

E-interventions

- 34 websites related to (also) drugs
- Ranging from health education to self-help and therapist guided CBT
- Specific for cannabis:
  - cannabisdebaas.nl
  - cannabisenik.nl
  - cannabisondercontrole.nl
  - watwiljijmetwiet.nl
  - jellinek.nl (../online cannabis treatment)
  - webzorg.nl (../cannabis module)
- Limited effect studies for cannabis with control groups (only pre-post design)
Example 'Cannabis under control'

- Pilot Jan 2008-Sept 2008: 280 people actually started treatment, 49% dropped out
- Population reached - compared to CAU: more women, more young, higher educated and employed people
- Site content: information on cannabis, a self-test, a free online e-consult and therapist guided treatment ('online coach') for 12-14 weeks
- Completers use less cannabis, and have less mental health and social problems (pre-post)

(Dijkstra, 2009; Brijder Verslavingszorg)
Multi Dimensional Family Therapy

- Intensive family therapy for young people 12-18 years with cannabis use disorders and other substance use and behavioral problems (e.g. Liddle et al., 2004, 2009)
- Sites: national, 22 teams: 9 in addiction care, 3 in youth judicial care, remainder in (residential) youth care
- RCT: part of the European INCANT project (INternational CAnnabis Need for Treatment); two Dutch sites participate
  - Parallel group design: MDFT compared to Treatment-as-usual
  - Target of 480 adolescents (25% from NL)
  - Outcomes: cannabis use, symptoms of CUD, other substance use, internalising and externalising mental disorder (symptoms), family dysfunctioning, school problems, delinquency
- Information: www.mdft.nl; Rigter et al., 2010 (BMC Psychiatry)
Youth addiction clinics

- Until 2007: two youth addiction clinics
- In 2006: Minister of Health announced increase in number of beds (300 on 12 locations) for young drug addicts
- In 2009: Rising figures on treatment demand due to 'cannabis addiction' among young people → questions by Members of Parliament
- Nowadays nine youth clinics (∼12-23 years)
  - 4 have also a special detox for youth; 2 are specialised in dual diagnosis problems
  - One closed clinic in development for triple problem youth (addiction, intellectual disability, judicial problems)
- Main problems are cannabis and alcohol; treatments are not 'specific' for cannabis
Quality (1)

- Guideline/protocol "Treatment of cannabis problems in youth and young adults (2008)" of the Scoring Results programme
  - Module for outpatient treatment
  - Target group: youth and young adolescents (12-23 years) with cannabis use disorder
  - Treatment target: controlled use or abstinence, & relapse prevention
  - Max. 21 (individual) sessions over 6 'stages of change' (plus aftercare)
  - Incorporates elements of 'Lifestyle training (CBT)' & 'Cannabis use treatment series' (Webb 2002)
Quality (2)

• Intervention development and evaluation research:
  – Directly supported by MoH (e.g. MDFT; review of effective cannabis treatments)
  – Promoted by Dutch Health Research and Development Council (ZonMw)
  – Cannabis (and cocaine) were priorities in 2nd research programme (2006-2013)

• General (not cannabis specific): Routine outcome monitoring (ROM); performance indicators

• Development of "youth addiction care monitor" (clinical results; quality of life; client satisfaction; costs; by NISPA/IVO)
Summary

- Increasing cannabis use, link with psychiatric problems, THC levels, treatment demand, and (perception of) 'young risk population'

- → triggered policy response (research effectiveness, development & implementation of cannabis treatments)

- Both top down (ministry of Health) and bottom up (by addiction care centres)

- Cannabis problems commonly associated with other (substance use, psychosocial) problems; hence both specific and 'integrated' treatments