European Monitoring Centre for Drugs and Drug Addiction

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2004 ANNUAL REPORT: 'SELECTED ISSUES'

EMCDDA looks behind rising numbers of young people in cannabis treatment

(25.11.2004 LISBON **EMBARGO 10H00 CET/Brussels time**) Specialised drug treatment centres in many **EU** countries report increasing contact with cannabis users. Overall, after heroin, cannabis has become the next most frequently recorded primary drug for which users are seeking help.

This trend is revealed in the ***2004 Annual report on the state of the drugs problem in the European Union and Norway***, released today in **Brussels** by the Lisbon-based **EU drugs agency,** the **EMCDDA**. In a special focus on 'cannabis problems in context', the report examines the issues behind this rising demand for treatment for the world's most commonly produced, trafficked and consumed illicit drug.

'Understanding why more cannabis users are turning up in drug treatment centres in many European countries is a critically important question for public-health policy' says **EMCDDA Chairman Marcel Reimen**. 'Is it simply due to rises in cannabis use in virtually all EU countries? Or do other factors come into play, such as changing patterns of use, greater potency, better data reporting or the move by some countries to divert cannabis users from the criminal justice system towards treatment and social services? Understanding these issues is of critical importance to developing appropriate responses to cannabis use'.

Changing patterns of use: Regular and intensive cannabis use on the rise

The majority of those using cannabis do so only occasionally or for limited periods of time. But there is concern that a small but significant group, of predominantly young men, are now using the drug more intensively and that numbers of those doing so may be growing. The **EMCDDA** offers a 'crude estimate' that there may be up to 3 million daily cannabis users across the **EU**.

Today's report shows that, in most countries, estimates of current cannabis use (last 30 days) range from 3–12% of young adults (15–34) and 1–7% of all adults (15–64), the higher estimates reported in the **Czech Republic, Spain, France, Ireland** and the **UK.** Between 0.9%–3.7% of young adults are reported by surveys to be using the drug intensively (daily or almost daily). Rates of daily use among young males can be higher: an annual survey of 17–19 year-olds in **France** reported daily use by 9.2% of boys and 3.3% of girls.

The **EMCDDA** has found no clear evidence of a direct link between the rise in regular and intensive use of cannabis and increasing demand for drug treatment. However, data in this area are weak and an association cannot be ruled out. Further research is urgently needed on the extent to which such cannabis users develop the type of health or social problems that would lead them to seek help.

Cannabis potency: Is the drug getting stronger?

There has been some speculation that the rising number of people seeking treatment for cannabis problems is partly linked to the increase in the drug's potency. Some reports even claim that cannabis available today is up to 10 times stronger than in the past. Today's report clarifies the issue on the basis of recent scientific findings based on available data ([1]). (The potency of cannabis is defined as the amount of the primary active ingredient Δ^9-tetrahydrocannabinol (THC) present in the drug).

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The **EMCDDA** says that, when the overall potency of cannabis products available on the European market is calculated, there is little evidence of a significant increase in potency. This seems to be because, in most **EU** countries, imported cannabis (herbal and resin) has dominated the market and its effective potency has remained relatively stable over many years (around 6–8%). **The Netherlands** is the only country showing a significant increase in effective potency (estimated 16%), which can almost entirely be put down to increased relative consumption of home-produced herbal cannabis, cultivated using intensive hydroponic techniques.

Indoor cultivation of herbal cannabis now occurs in most, if not all, European countries and is overall consistently of high potency, often two or three times greater than herbal cannabis imported from countries of **North Africa,** the **Caribbean,** and the **Far East**. However, the market share of home-produced/high-potency cannabis in the **EU** is thought to be small, but may be growing in some countries. In the **Netherlands** it is estimated that over half of the domestic cannabis market consists of locally-grown products.

It is unclear to what extent consuming high-potency cannabis results in greater health risks, but a negative impact cannot be excluded, says the **EMCDDA**. Acute health problems – such as panic attacks and minor psychological problems – might become more common than at present among users of high-potency cannabis and this could have repercussions on treatment demand. This makes sustained monitoring of potency, markets and health problems a priority in the coming years.

'We should neither be over-alarmist nor too complacent about the potency of cannabis available today' says **EMCDDA Director Georges Estievenart.** 'The market share of high-potency cannabis remains relatively small, but this could be changing, raising real concerns about a negative impact on public health'.

Treatment figures rising – but marked differences between countries

New figures collected from outpatient drug treatment centres in the **EU**, show that around 12% of all treatment clients and 30% of new clients are now recorded as using cannabis as their main problem drug. The number of cannabis users recorded in the treatment system has risen steadily since the mid-1990s, when only 9% of new treatment demands were recorded as being cannabis related (1996 data).

All countries reporting, except for **Greece** and the **UK**, note some increase in cannabis clients as a proportion of all new clients to treatment, but the picture is far from even. This is not only due to differences in the number of those seeking help but could also relate to differences in service provision and referral or reporting practices.

The percentage of new clients seeking treatment for cannabis use is highest in **Germany** (48%) and lowest in **Lithuania** (almost zero). In **Denmark, France, Finland** and **Sweden** the figure is at least a third, and in the **Czech Republic, the Netherlands**, **Spain** and **Slovenia** more than 20%. Overall, increases in demand for cannabis treatment is less evident in the **new EU Member States**, although rises have been noted in some countries. Increases in treatment demands have also been reported in the **United States** where admissions for marijuana increased from around 20 000 in 1992 to 90 000 in 2000.

Profile of cannabis users in treatment – young, more socially integrated and generally male

Compared to those being treated for other drug problems, new cannabis clients tend to be younger (on average 22–23 years old) and predominantly male (83%). Only a relatively small number of very young people enter specialised drug treatment centres but, of those who do, cannabis is often reported as the primary problem drug. It is responsible for nearly all (80%) of treatment demands made by those aged under 15 and 40% of those made by clients aged between 15 and 19.

The report shows that 45% of cannabis treatment clients are still in education, compared with a typical 8% of those treated for other drug problems, while 24% are in employment in stark contrast to heroin clients who are largely unemployed. Cannabis clients are also more likely to report living in stable accommodation, probably as many still live with their parents. Most cannabis users are referred to treatment by their family or friends, social services or criminal justice agencies and are less likely to be self-referrals.

When heroin users are admitted to drug treatment in Europe, the majority (84%) are using the drug on a daily basis. In the case of cannabis, around half use the drug regularly (36% daily and 17% 2–6 times per week). The other half report more sporadic patterns of use: 15% reported less than weekly use and 28% had not used the drug in the month before entering treatment. The highest proportions of daily cannabis users among those in treatment are reported in the **Netherlands** (80%) while the highest proportion of occasional users is reported in **Germany** (41%) – the country with also the highest proportion of new cannabis clients.

Responding to the needs of cannabis users in treatment

'Understanding the needs of those seeking help for cannabis problems is the key to developing effective responses' says the report. Cannabis clients have different patterns of use than those consuming other drugs but there are also key differences between cannabis users themselves. At least two groups emerge.

The first is a younger group commonly referred by family or school, who consume cannabis on its own or possibly with alcohol or stimulants. The second is a slightly older group, more commonly referred by criminal justice or health services, with more experience of other illicit drugs and overlapping with the chronic drug using population. The treatment needs of cannabis users are therefore very diverse.

Treatment centres in some countries – **Denmark, Germany, Greece, France,** the **Netherlands, Austria, Sweden** and **Norway** – offer some services tailored to cannabis users. But on the whole, specialist treatment options and models of care for cannabis clients are undeveloped across Europe.

A major issue raised in today's report is the 'appropriateness' of referring occasional cannabis users to specialised drug centres where they may come in contact with chronic heroin addicts or polydrug users. It says: 'many specialised treatment centres are configured to meet the needs of an often chaotic and marginalised population, their suitability for those with less acute needs, such as cannabis users is debatable'. Identifying appropriate referral routes and responses is key to successfully treating those with cannabis use problems.

Missing piece in the puzzle

The report says that those being treated for cannabis problems in specialist facilities represent a 'non-trivial proportion' of new treatment demands and form a distinct sub-group of the treatment population – this cannot be ignored. It also shows that although intensive cannabis use is relatively rare, the widespread use of the drug means that considerable numbers of young people may be affected. Potentially, in public-health terms, the impact could be considerable. Still 'many important questions… remain unanswered' and it should be noted that not all countries have data that allow the current situation to be accurately assessed.

Georges Estievenart says: 'We have established that regular cannabis use is rising and we have thrown light on fears around cannabis potency. We also know from clinical studies that cannabis users can experience acute and chronic health problems, while others experimenting with the drug do not appear to experience any long-term harm. But we are still missing a crucial piece in the puzzle that would allow us to understand the impact of changing patterns of cannabis use in the EU, particularly on treatment services. What we lack are the data enabling us to gauge to what extent regular users experience problems. It is this information that is critical to developing, targeting and implementing effective public-health responses to the use of Europe's most popular drug'.

CO-MORBIDITY

Most drug users in treatment suffer from psychiatric health problems

Drug use often occurs with a wide range of other complaints such as infectious diseases (HIV, HCV) and social problems. But far less recognised are the mental-health problems related to addiction, which can complicate treatment delivery.

According to today's report 'a large and probably growing number' of drug users in treatment today are affected by psychiatric 'co-morbidity' – the combination of substance abuse and psychiatric problems. Between 50% and 90% of these users are reported to suffer from personality disorders and around one-fifth from more serious psychiatric complaints.

But both drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity. This is because the condition is notoriously difficult to diagnose. Drug addiction and disruptive behaviour often mask genuine personality disorders and psychiatric syndromes are often mistaken for substance-induced states. Lack of training is also an obstacle – psychiatric and drug treatment professionals are often untrained in the other's field and thus ill-equipped to cope with co-morbidity and the totality of clients' problems. As a result, clients are often shuttled between services ('revolving door' syndrome), which can disrupt treatment and lead to high drop-out rates and frustration for both client and carer.

The report highlights the need for a highly structured, integrated and case-management approach, which is tailored to the individual and sustained. But it says: 'In most countries there are only a few specialised integrated programmes or units for co-morbidity patients and the availability is far from meeting demand'. Some advances in training are recorded in **Italy** and the **Netherlands** where joint courses on co-morbidity are run for mental health and drug treatment staff. Other countries report in-service training but implementation is 'random and patchy'.

'Cooperation and coordination between services at all points in the treatment chain is essential for the successful treatment of co-morbidity and for ensuring a continuum of care and aftercare' says **Georges Estievenart**. 'This is both time-consuming and demanding on human and organisational resources but in the end is cost-effective'. A European Commission study covering services for co-morbidity clients in seven European psychiatric settings is currently underway. Results are expected in 2005.

EVALUATION OF NATIONAL DRUG STRATEGIES

Drug policies more accountable than ever before

National drug policies in the EU are now 'more accountable than ever before' says the today's report. Twenty-two countries (including Norway) have adopted national drug strategies and many have made evaluation a priority in measuring performance and financial management.

In a special chapter on the evaluation of national drug strategies, the report states that the majority of countries now evaluate how they implement actions, while some – **Spain, France, Ireland** and **Portugal** – go a step further by trying to assess the effectiveness of their policy on the drug problem itself (impact assessment). Such political will for more evidence-based policy is in itself an important achievement. But, in practice, says the report, there are no reported signs of countries fully assessing the impact of their efforts on the drug phenomenon. Causal links between a policy and the drug situation are difficult to draw, the picture often confounded by socio-economic and broader societal factors.

Experts and professionals agree that in order to evaluate a strategy scientifically, objectives must be spelled out in a clear, unambiguous and measurable way and accompanied by performance indicators to measure achievements. As yet only a few countries – e.g. **Spain** and **Ireland** – rely on such indicators.

Despite gaps in knowledge, the report affirms: 'The spread of a culture of monitoring and assessment has added to the knowledge of the drugs problem in the EU and the scene is set for more informed decisions…Many projects and specific interventions in the field of drugs already contain an element of evaluation and, if extended to all major drug policy interventions, this will gradually contribute to the measurement of the effectiveness of European national drug strategies'.

Notes:

For news releases in 20 languages as well as the ***Annual report***, ***Statistical bulletin***, ***Country situation summaries*** and ***Reitox national reports*** see http://annualreport.emcdda.eu.int

EMCDDA news releases can also be found at: http://www.emcdda.eu.int/?nnodeid=875

To ease traffic on the main website, the **EMCDDA** will also be offering an alternative website at http://emcdda.kpnqwest.pt allowing access to the report and news releases.

([1]) *An overview of cannabis potency in Europe*, EMCDDA Insights No 6, 2004. Prepared by Dr Leslie A. King under the direction of Paul Griffiths and Chloé Carpentier of the EMCDDA. (Downloadable from: http://www.emcdda.eu.int). Information on the potency of cannabis products in European countries was obtained from: a review of the scientific and technical literature on this subject; reports from EU Member States (Standard Table 14 submissions as part of their participation in the EMCDDA–Reitox European monitoring system on drugs); and information obtained from a specially designed questionnaire sent to nominated experts in forensic science, toxicology and drug testing. Experts from 13 EU countries assisted with the study.