Treatment of cannabis-related problems in the Nordic countries

Nordic Welfare Centre
www.nordicwelfare.org
The Nordic Welfare Centre is an institution in the Nordic Council of Ministers' social and health sector.

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Background

Nordic comparisons of treatment of substance use problems is fruitful because our treatment and control systems are sufficiently similar, enabling us to understand each other, while different enough in terms of practical solutions, so we can learn from our neighbours. This report identifies the current situation regarding cannabis treatment and presents good practices that deserve to be spread. It aims to increase knowledge about the Nordic situation and stimulate further development of good solutions for the support, care and treatment of the Nordic cannabis problem.

Use of cannabis

(Last year use among 15/16-34 year olds, %.)

	Male	Female	Total
Denmark (DK)	20.5	11.7	15.4
Finland (FI)	17.9	9	13.5
Norway (NO)	11.5	5.7	8.6
Sweden (SE)	9	5.6	7.3

Source: EMCDDA country reports 2018.
Iceland (IS) is not a reporting country to EMCDDA.

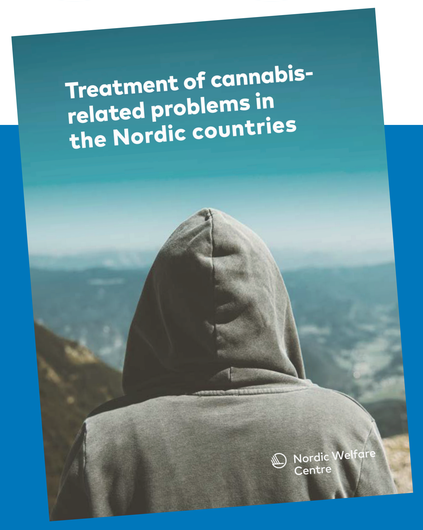
Treatment demand

Daily/almost daily use as proxy measure of risky use.

0.4 % DENMARK

0.3 % NORWAY

0.2 % FINLAND



Treatment population

The increased potency of THC due to intensive indoor growing in all the Nordic countries plays a role in increasing treatment demand.
There are two main risk groups with different paths into treatment; teenagers with psychosocial problems identified and referred by school, parents or police, and those aged 25+, who themselves acknowledge their cannabis dependence or seek help, in order to establish themselves as adults in society.

Those in cannabis treatment are predominantly male (e.g. 74% in Norway) and young, the mean age of cannabis patients varying between 20 (FI) to 26/27 (DK/NO respectively).

There is a close link between psychiatric and cannabis treatment, e.g. in DK 43% of those treated psychiatrically with a drug disorder as primary diagnosis reported cannabis as their problem drug.

Denmark **79%**
...of those first time in treatment had cannabis as primary drug (of persons aged 18-24 as many as 86% had cannabis as their primary drug).

Finland **33%**
...of those first time in treatment had cannabis as main substance.

Iceland **37%**
...among inpatients have cannabis dependence as main diagnosis.

Norway **12.5%**
...had cannabis diagnosis in both in- and outpatients in specialist care (state-owned only), 40% increase 2009-2015.

Sweden **10%**
...of all those entering drug treatment had cannabis as primary drug.
These figures are not comparable but show that cannabis identified as a primary drug problem is common in the treatment systems in all Nordic countries. It is not possible to say whether differences are due to different treatment demand, accessibility to treatment for cannabis or different diagnostic practices.

Treatment programmes and interventions for cannabis

ICELAND

Parental and family focus

For less severe cases which do not require inpatient care, an outpatient programme called Multisystemic Therapy (MST) is used, where the therapist work intensively with the family and the entire network of the child/adolescent, for a period of five months to try to change behavioural patterns and strengthen social support. One therapist treats no more than 4-5 children at a time.

SWEDEN

Hashish rehabilitation programme (called HAP)

Manual-based programme to redirect cognitive patterns and regain intellectual control and social and psychological competence through cognitive educative techniques. Includes full treatment cycle, shorter version, brief intervention for experimental users and a self-help guide. Treatment starts with a detoxification period of six to ten weeks. The programme has also been influential in both Norway and Denmark.

DENMARK

U Turn programme

The programme offers open and anonymous counselling services, both individual and in groups, social support programmes, outreach work with groups in schools and with parents. After initial 5-6 counselling sessions the need for further treatment is assessed and if needed followed by a six to eight month treatment programme for those under the age of 18 (four to six months for those over 18).

NORWAY

Local interventions and outreach projects

Local interventions started in several municipalities building partly on the Swedish HAP programme with primary methods of cognitive behavioural therapy and motivational interviewing in low threshold setting and with outreach activities (e.g. in Oslo). A smartphone application was developed for those who want to cut down or stop using cannabis, targeted towards those hesitant to seek treatment.

FINLAND

First development project for cannabis interventions

Cannabis was not until recently recognised as a matter requiring special attention in the treatment system. A three-year project started in 2018 aiming at developing both professional competence and an intervention model for cannabis users age 15-21. The project aims to train staff for light interventions and to develop self-help and mutual help instruments.

Resilience and protective factors

Exposed non-users had less often close friends and close relations to cannabis users and they had fewer signs of problem behaviours, such as truancy. Not drinking to intoxication and not smoking was protective. Non-users had close and positive relations to their parents and held negative beliefs about drug users and use. Supporting good communication within the family and increasing factual information about the risks of cannabis use could be significant features of successful preventive measures.

Conclusions

- **Prevention is crucial but difficult as problems are linked to social marginalisation and facts about risks with cannabis use are hard to present in a communicative way.**
- **Formal or informal control may be necessary to push into treatment at the same time as stigma may be an obstacle for treatment seeking.**
- **Low threshold, outreach and anonymous services are especially welcome.**
- **The Nordic social framing of drug problems is a good starting point and all Nordic countries offer high-quality clinical training.**
- **The current polarised discussion climate on cannabis makes it difficult to present facts.**
- **Local cooperation between schools, vocational training, youth work, social services, psychiatry, the police, addiction treatment and the family and close social networks is necessary.**
- **Individualised treatment goals can increase motivation.**

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