Treatment of cannabis-related problems in the Nordic countries

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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

<table>
<thead>
<tr>
<th>Country</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denmark</td>
<td>20.5</td>
<td>11.7</td>
<td>15.4</td>
</tr>
<tr>
<td>Finland</td>
<td>17.9</td>
<td>9</td>
<td>13.5</td>
</tr>
<tr>
<td>Norway</td>
<td>11.5</td>
<td>5.7</td>
<td>8.6</td>
</tr>
<tr>
<td>Sweden</td>
<td>9</td>
<td>5.6</td>
<td>7.3</td>
</tr>
</tbody>
</table>

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.

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.

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 works 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
High-dose 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).

FINLAND
Local interventions and outreach projects
Local interventions started in several municipalities building 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.

Cannabis policy and legislation in the Nordic countries
A report on the control of cannabis use and possession in the Nordic legal systems
Authors: Susanne Egnell, Emma Villman, Yaira Obstbaum

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 model of how to deal with cannabis.
- 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.
- 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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REPORTS ON ALCOHOL AND TOBACCO

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