

Margriet van Laar
Victor Everhardt

 Trimbos
instituut

Netherlands Institute of Mental Health and Addiction

Snapshot of cannabis and other drug-related projects

by the Netherlands Institute of Mental Health and
Addiction (Trimbos Institute)



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Margriet van Laar
Victor Everhardt

September 2009

Trimbos Institute
Da Costakade 45
PO box 725, 3500 AS Utrecht
The Netherlands
Phone + 31 30 297 11 00 (general)
Fax + 31 30 297 11 11 (general)



Netherlands Institute of
Mental Health and Addiction

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Foreword

This document gives a brief description of a selection of projects on cannabis - specifically or in a broader context of drug use - carried out by the Trimbos Institute.

As such this overview is not comprehensive. Not addressed are, for example, research and monitoring activities, intervention development and implementation projects in the field of harm reduction and infectious diseases, alcohol use or other (recreational) drug use, co-morbidity and e-mental health. A broader listing of the more than 50 projects in the domain of substance use carried out by the institute is available on request.

About the Trimbos Institute

Mission

The Trimbos Institute seeks to enhance quality of life by engaging in the development and application of knowledge about mental health, addiction and associated physical illnesses.

The activities of the Institute are intended to contribute to and facilitate changes in mental health and addiction care in order to elicit individual health gains within the Dutch population, promote more effective treatment methods and provide models for more efficient care.

With a focus on knowledge sharing, the Trimbos Institute aims to undertake evidence-based activities which are both innovative and implementable within professional settings.

Output

Each of the 11 programmes runs several projects a year. The output typically includes research reports, articles in peer-reviewed journals, new interventions and implementation strategies, policy evaluations and recommendations, monitoring reports, seminars, conferences and training programmes.

Core Tasks

The Trimbos Institute is the main intermediary between policy, practice, research and the general public for mental health and addiction problems.

The core activities of the Institute include:

- monitoring and detection of psychological and addiction problems
- informing professionals, politicians and policy-makers about the mental health of the Dutch population
- conducting research on the organization, accessibility, quality and effectiveness of prevention, treatment and care
- development and evaluation of new methods, protocols, guidelines and programmes for prevention, treatment and organization of care
- public relations and information with regard to psychological problems, alcohol and drugs
- developing and conducting courses and training programmes within the domains of mental health care and addiction care to help care providers improve the quality of their work
- international networking and collaboration

Organization

The Trimbos Institute is located in the centre of the Netherlands in the city of Utrecht. The organization has a multidisciplinary staff of about 250 which includes researchers, intervention developers, epidemiologists, information specialists and other professionals from the fields of mental health and addiction.

The Trimbos Institute operates between 250 and 300 projects a year, which can vary from short-term studies to long-term implementation programmes.

About Dutch drug policy

Objectives

- Dutch drug policies are aimed at preventing the use of drugs and limiting the associated risks – to users themselves, to their immediate environment and to society. Three objectives play a central part:
- Demand for drugs is discouraged through taking good prevention measures, by providing help and ensuring harm reduction.
- Fighting drug-related crime is aimed at drug production and the drug trade.
- Where drug use leads to a disturbance of public order or causes any other kind of inconvenience to the public, steps are taken to deal with this.

Law

Since 1976 the Dutch Opium Act differentiates between possession and trade/production:

- The possession of drugs for the purpose of dealing is more severely penalized than possession for one's own personal use. Use itself is no criminal offence.
- The police and the judiciary give priority to tackling the large-scale drug trade and the production of drugs, which means that small-scale dealers and users are not systematically pursued (principle of expediency).

The Dutch Opium Act also differentiates between 'hard' and 'soft' drugs:

- Offences are punished more severely if hard drugs (drugs with unacceptable risks, e.g.) are a factor.
- Possession of cannabis for personal use is misdemeanor, no criminal offence
- Sale of small quantities is 'tolerated' in coffee shops under strict conditions (no advertising, no sale of hard drugs, not selling to minors <18 yrs, not causing public nuisance and not selling more than 5 grams per transaction).
- The aim of allowing controlled sales outlets for cannabis is to separate the markets so that cannabis users do not come into contact with hard drugs and a criminal subculture when making their purchase.

Recent developments

- Intensification of law enforcement on large-scale cannabis cultivation (as of 2004), continuation of fight against synthetic drugs production
- Hallucinogenic mushrooms are placed on schedule II of Opium Act (1 December 2008)
- New drug policy paper expected in 2010
 - Drug risk ranking study of 19 substances in 2009
 - Evaluation of Dutch drug policy (1972-2008)
 - Risk assessment of cannabis (2008/2009)
 - Report of the Advisory Committee on Drugs Policy (July, 2009)

About cannabis use in the Netherlands

- In the general population of 15 to 64 years, the percentage of last month cannabis users remained stable between 2001 and 2005. In 2005, 3.3% of the population were last month users, the equivalent of 363,000 users in absolute terms.
- By European standards, Dutch adults score slightly below average for recent and current cannabis use.
- Among secondary school pupils, the prevalence of last month cannabis use gradually decreased from 11% in 1996 to 8% in 2007. This decrease was only significant for boys (14% in 1996, 10% in 2007; girls: 8% in 1996 against 6% in 2007).
- Nonetheless, in 2007 cannabis use among pupils of 15 and 16 years old scored well above the European average (ESPAD). This is true both for the percentage of current users and the more frequent users of cannabis. In addition, risk perception was low and cannabis availability increased between 2003-2007, but it is not known whether these factors are related to cannabis use levels.
- As against the stable/decreasing trends for use, there has been a steady increase in the number of clients with a cannabis problem seeking help from outpatient addiction care. Between 1994 and 2007 the number of primary cannabis clients rose from 1,951 to 8,017 (+23% from 2006-2007). Almost two thirds of cannabis clients are aged 25 or older.
- In 2008 the number of registered admissions to general hospitals with cannabis problems as the primary diagnosis was 54. The number of admissions citing cannabis misuse and dependence as a secondary diagnosis is higher, and rose from 299 in 2005 to 476 in 2008 (+19% from 2007-2008).
- These trends in treatment demand may be indicative of a rise in the number of problem cannabis users; however, other explanatory factors may be an improvement in treatment supply for cannabis problems, or growing awareness of the addictive properties of cannabis, leading users to seek help earlier.
- The average THC content (the main active ingredient in cannabis) of Dutch-grown (most popular) weed bought in coffee shops more than doubled from 9% in 2000 to 20% in 2004, then declined to 16% in 2007 and 2008.
- The average price per gram of Dutch-grown weed rose from €6.20 in 2006 to €7.60 in 2008. This trend might be related to increased efforts of police and justice to combat large-scale cannabis cultivation, but other factors are also possible.
- There are no indications that cannabis mixed with lead beads or glass particles is reaching the market via the coffee shops. Recent data on other potential adulterants (e.g. pesticides, liquids) are not available.

Source: National Drug Monitor, Trimbos institute

Selection of projects in the field of cannabis and other drug use

1. Monitoring and epidemiology

1.1 Cannabis dependence: predictors, course and treatment seeking (CANDEP)

Status

Date commenced March 1st 2008, expected date of completion March 1st 2013.

First data collection wave (involving interviews among over 600 regular/dependent cannabis users) has been completed.

Staff Trimbos institute

Margriet van Laar (PhD, project leader), Ron de Graaf (PhD, project Nemesis II), Peggy van der Pol (MSc, PhD student)

Other participants/collaborators

Bonger Institute: prof. dr. Dirk Korf (project leader), Nienke Liebrechts (PhD student)

The Amsterdam Institute for Addiction Research and the department of Psychiatry of the Academic Medical Centre: prof. dr. Wim van den Brink

Background

In the Netherlands, it is estimated that approximately 80,000 individuals may be considered as “high risk” cannabis users. Treatment demand for cannabis problems has strongly increased in the past decade. In the public debate, cannabis related problems have been linked with increases in the concentration of tetrahydrocannabinol (THC) in Dutch domestic grown marijuana. Previous studies have shown that variables involved in initiation of cannabis use differ from those involved in the development of cannabis dependence among users. Although factors involved in initiation of use have been extensively studied, risk factors involved in the transition from risky non-dependent use to cannabis dependence and the course of dependence, including factors related to treatment demand, are largely unknown.

Aims

The primary objectives of the present study are:

1. To study factors involved in the transition from risky non-dependent cannabis use to cannabis dependence
2. To study the three-year natural course of cannabis dependence, including factors predicting stability and recovery from cannabis dependence
3. To study factors related to treatment seeking in regular and dependent cannabis users.

Secondary objectives are:

4. To compare characteristics of risky and dependent cannabis users with control subjects from the general population
5. To validate self-reported measures of cannabis exposure

Method

The objectives are addressed with a combination of prospective and cross-sectional research strategies and with both quantitative and qualitative methods. With targeted sampling techniques, cohorts of 330 high risk non-dependent cannabis users and 250 cannabis dependent subjects were enrolled in a three years prospective follow-up study (objective 1 & 2). Risky use is defined as cannabis use on 12 or more days per month in the past 12 months, without fulfilling a 12-month diagnosis of DSM IV cannabis dependence. Cannabis dependence is a 12-months diagnosis of DSM-IV cannabis dependence. All subjects were between 18 and 30 years at baseline. Structured face-to-face interviews were conducted at baseline (To), first follow up will be after 18 months (T1) and second follow up after 36 months (T2). Forty cannabis users from the cohort studies will be selected on the basis of transitions in cannabis dependence to be interviewed in-depth twice (shortly after T1 and T2) on the dynamics underlying changes in cannabis dependence status. To better understand reasons for treatment seeking, a sample of 100 cannabis users (18-30 years) applying for treatment at addiction care centres will also be interviewed in a cross-sectional assessment. Reasons for not seeking treatment and ‘unmet need’ are also investigated among non-treatment seekers from the cohort of cannabis dependents users (objective 3). For descriptive analyses, subjects from both cohorts will be compared at baseline with an age and sex matched control group from a representative general population study, NEMESIS 2 (objective 4). Finally, measures of self-reported cannabis consumption are validated by additional toxicological data (cannabinoids in hair and in cannabis samples) and by measuring smoking behaviour in vivo (objective 5). This will be done at T1 among a sub-sample of 100 cannabis users from the two prospective cohorts.

Progress/results

To date baseline interviews are completed, recruitment of treatment seeking cannabis users will be commenced shortly.

At baseline, 252 (42%) cannabis users fulfilled the cannabis dependence diagnosis in the past year. Lifetime prevalence was 55%. Mean age of cannabis dependence onset was 17.9 years.

Publications

None yet. Ten publications are planned, two PhD theses.

Funding

Grant from the Netherlands organisation for health research and development (ZonMw)

Contact details

Margriet van Laar, Head Drug Monitoring department, mlaar@trimbos.nl

1.2 THC-concentrations in cannabis sold in Dutch coffee shops

Status:

Ongoing monitoring project since 1999.

Staff Trimbos institute

Raymond Niesink (PhD, project leader) and Sander Rigter (research assistant)

Other participants/collaborators

Deltalab

Background

The policy on cannabis use in the Netherlands is based on the idea that separating the markets for hard drugs and soft drugs prevents soft drug users to resort to hard drug use. Over the years so-called coffee shops emerged. Coffee shops are alcohol free establishments where the selling and using of soft drugs is not prosecuted, provided certain conditions are met. Many of the cannabis products sold in these coffee shops originate from Dutch-grown grass called 'nederwiet'. By the end of the nineties, there were indications that the THC-content of nederwiet had increased drastically but objective trend data was lacking. Therefore, since 1999 the potency of cannabis products as sold in coffee shops is systematically tested.

Aims

Monitoring the content (THC, CBD and CBN) and price of cannabis products sold in coffee shops.

Method

Each year 50 (out of \approx 700) coffee shops are randomly selected. Samples of the most popular variety and samples of the most potent (as indicated by the coffee shop personnel) nederwiet are bought anonymously. Furthermore sample of imported marijuana and of hash are bought. All samples are analysed by an independent laboratory, the Deltalab.

Progress/results

The average THC-content for nederwiet increased from 1999 till 2003 (from 8,7% to 20,4%) and stabilized between 16 and 17% in the years after. There was no difference in potency between the most popular and the supposedly strongest nederwiet. The potency of imported hash was comparable to Dutch marijuana. The potency of imported marijuana remained stable over the years. Where in the first years of this investigation prices for nederwiet were stable (between 6 and 7 euro for one gram), there was a 30-50% increase in price since 2007.

Publications

Annual reports.

Pijlman et al., (2005). Strong increase in total delta-THC in cannabis preparations sold in Dutch coffee shops, *Addiction Biology* (June 2005) 10, 171-180.

Funding

The Dutch Ministry of Health, Welfare and Sport.

Contact

Sander Rigter, research assistant: srigter@trimbos.nl

Raymond Niesink, senior scientific researcher: rniesink@trimbos.nl

1.3 Substance use among young people in the nightlife scene

Status

Current. Date commenced: March 2008; expected date of completion December 2009 (first data round)

Staff Trimbos institute

Margriet van Laar, PhD; Jacqueline Verdurmen PhD; Annemarie Huiberts, PhD

Other participants/collaborators

Prof. dr. D.J. Korf, Bongor Institute for Criminology, University of Amsterdam

Background

Substance use is strongly associated with nightlife. Potentially risky substance use patterns such as frequent use and polydrug use occur relatively often during nightlife. The nightlife scene is, therefore, an important scene to monitor developments in the (risky) use of substances and to identify new trends. Existing monitoring systems in the Netherlands do not provide a coherent and representative picture of the prevalence and trends in the (risky) use of alcohol, cannabis and other drugs.

Aims

To create a national system to monitor substance use among youngsters who visit commercial places of entertainment in the Netherlands. The study addresses two settings: 1. clubs; 2. large parties and festivals.

Method

According to power calculations, the required sample size in clubs is 2300 and the required sample size at parties/festivals is 1000. Youngsters (aged between 15 and 35 years) who go out at night are recruited on the spot in clubs and at festivals. They receive a questionnaire to fill in the next day at home, either in writing or through the Internet. At the nightlife scene itself respondents are asked to answer a few questions about the use of four primary substances including cannabis. That way, minimal core data are obtained to gain insight into the degree of selective response. Themes: prevalence of substance use, combined substance use, problem drug use (DSM IV criteria), health emergencies.

Progress/results

Data collection (first round) is now finished. Data analysis starts in September 2009.

Publications

None

Funding

Ministry of Health, Welfare and Sport

Contact details

Margriet van Laar, Head of the Drug Monitoring department, mlaar@trimbos.nl

1.4 Monitoring drug-related health incidents

Status

Pilot phase: January-June 2009

Implemented since July 2009, first period of financing: July-December 2009

Planning: status of structural monitoring

Staff Trimbos institute

Esther Croes (MD, PhD) projectleader; Neeltje Vogels (PhD); Tibor Brunt (MSc); Raymond Niesink (PhD), Margriet van Laar (PhD)

Other participants/collaborators

Emergency departments, ambulances, forensic doctors, prevention departments of addiction treatment centers

Background

Drug use, including cannabis use, may lead to health endangering incidents. These include direct toxic effects of the substance(s) used as well as traumatic accidents, on the road, at home, in personal conflicts etc. Although in several Dutch registrations information is collected on drug related incidents, the information is either incomplete, not distinguishing between specific drugs, only local or providing information with a long time delay. A continuous, representative data collection system is useful to give a reliable overview on (trends in) drug-related health incidents. It would enable interventions in case of health risks, directly through prevention messages or a red alert or indirectly through policymaking. Data collected through this monitor will complement the toxicological information on the drugs market which is collected through the Drug Information and Monitoring System (DIMS) since 15 years.

Aims

- To collect representative information on acute (severe) drug-related health incidents on a continuous basis to take action if needed (information supply, red alert or policy)
- To create a network of relevant medical services to exchange up-to-date information.

Method

Throughout the country, 8-10 sentinel regions will be approached which are representative for the whole country with regard to drug use. In these regions relevant medical services (i.e., the emergency department of the central-city hospital, the ambulance service and in some regions the forensic doctors) will systematically provide information on every patient searching for help for an acute health problem related to drug use, either through a secured website or through a paper form. The information will be based on self-reports and include demographic data, type of drug(s), either or not in combination with alcohol, the degree of intoxication (mild, moderate or severe), the type of incident (intoxication or trauma) and the course (home, hospitalization or dead). In the coordination centre at the Trimbos institute the collected information will be checked for alarming cases (followed by action) and trends are assessed and reported.

The website (www.drugsincidenten.nl) serves as a central communication tool. The main part of the website is secured and only accessible for participants. It contains web-based forms to enter patient information, for the participants it has the direct option to create an overview on drug-related problems encountered on their regional level, and it provides toxicological and medical information on relevant drugs, and on recent trends in drug use and related health problems.

Progress/results

A pilot phase has been performed in five regions, focusing on three issues: the organizational feasibility, the quality of collected data and the functionality of the network. With regard to the first question it was concluded that the project is a relevant and feasible addition to the existing sources of information of drug-related incidents, that general practitioners are not able to contribute sufficiently to the data collection and that the preferred way of information supply (electronically or on paper) depends on local factors. Concerning the other two questions the results indicated that the validity of the information collected was acceptable, taken into account that it is based on self-reports and that underreporting will be considerable due to the design, especially regarding the traumatic accidents. However, this is expected not to influence the trends. The network function of the project was highly appreciated by the participants.

In the next 1½ years expansion to a total of 8-10 participating regions is planned. It is the intention to develop the project into a structural monitor.

Publications

Planned: yearly reports

Funding

Ministry of Health, Welfare and Sport

Contact details

Esther Croes, MD PhD, ecroes@trimbos.nl

1.5 EXPLORE, a longitudinal study on substance use among students in Special Education and Residential Youth Care

Staff Trimbos institute

Karin Monshouwer, PhD

Other participants/collaborators

Utrecht University, Prof. Dr. W. Vollebergh and A. Kepper (MSc, PhD student)

Aims

To study substance use in a high risk population, and to identify risk- and protective factors regarding the transition from experimental to problematic use.

Method

The study consists of a cross-sectional part, conducted in October/November 2008, including a total of 2611 students in Special Education and 673 in Residential Youth Care. A selection of participants of the cross-sectional study (N=1000) is asked to enroll in the longitudinal part of the study (three yearly follow-up measurements).

Sampling procedure Special Education: a two stage random sampling is used. First, schools were stratified according to level of urbanization and drawn proportionally to their number in the corresponding urbanization level. Second, within each school, in each of the four grades, one class was selected randomly from a list of all classes provided by each participating school. Within classes all students were drawn as a single cluster (response: 87%). *Residential Youth Care:* all 48 institutions in the Netherlands were asked to participate in the study. Of these, 26 agreed to cooperate. In each institution, all adolescents in the age-group 12-18 years were invited to participate in the study. Approximately 86% of the eligible adolescents agreed to cooperate.

Data collection schools: by written questionnaire, distributed in classes and administered by research assistants during a regular lesson (usually 50 minutes). *Data collection youth care institutions:* by written questionnaire, distributed in the community home (on average 8 adolescents) and administered by research assistants.

The questionnaire included questions on substance use (alcohol, tobacco, cannabis, ecstasy, cocaine, heroin, magic mushrooms), socio-demographics (e.g. age, ethnicity), family (e.g. family structure, parental substance use), peers (perceived substance use among peers), behavioral variables (e.g. delinquency, school performance) and personality factors (e.g. impulsivity, sensation seeking). A large part of the questions in EXPLORE is similar to the Dutch National School Survey, thus comparison with the population of students attending regular education is possible.

Progress/results

The 2008 data are currently analyzed and are planned to be published in an international journal. Three follow up measurements are planned. All participating students who were in the first grade in the 2008 survey (~500), will be asked to fill out a questionnaire again in 2009, 2010 and 2011 (procedure is similar to 2008). All adolescents in Youth Care who agreed to participate in the follow up study (~500) will be asked to fill out a questionnaire on the internet.

Funding

ZonMw, the Netherlands organization for health research and development.

Contact details

Karin Monshouwer, scientific researcher, kmonshouwer@trimbos.nl

1.6 The Dutch National School Survey on Substance Use

Status:

Repeated cross-sectional study on substance use among primary and secondary school students (regular education, age-range: 10-18 years). Every four years since 1988, last study in 2007, next study planned in 2011. The 2007 study also included a questionnaire for the parents.

Staff Trimbos institute

Karin Monshouwer, PhD; Saskia van Dorsselaer, MSc; Jacqueline Verdurmen, PhD; Evelien Smit, MSc

Other participants/collaborators

Utrecht University, Prof. Dr. W. Vollebergh

Aims

To monitor trends in substance use among Dutch adolescents and to identify risk groups.

Method

Sampling procedure secondary education: a two stage random sampling is used. First, schools are stratified according to level of urbanization and drawn proportionally to their number in the corresponding urbanization level. Second, within each school, a maximum of 5 classes (depending on school size) are selected randomly from a list of all classes provided by each participating school. Within classes all students are drawn as a single cluster. The participation rates within classes are generally high, with an average of 95%. In primary education, the same procedure is used to sample the schools. In each participating schools all groups (usually one per year) in the 7th and 8th year are selected. Sample sizes in 2007: 7550 students in secondary education; 2310 in primary education. All analyses are design-based, i.e. taking into account the clustering within the dataset and the weighting of the sample.

Data collection: All data were collected by questionnaire, distributed in classes and administered by staff of the Regional Health Services or research assistants during a regular lesson (usually 50 minutes). The administrators stressed the anonymity of the respondents when presenting the questionnaire and teachers were asked to leave, or take a place at the back of the classroom. The questionnaire included questions on substance use (alcohol, tobacco, cannabis, ecstasy, cocaine, heroin, magic mushrooms), socio-demographics (e.g. age, ethnicity), family (e.g. family structure, parental substance use), peers (perceived substance use among peers) and behavioral variables (e.g. delinquency, school performance).

Parental module: in 2007 all students of secondary education (7550) received a sealed envelope with a questionnaire for their parents. A total of 4119 questionnaires were returned to the Trimbos Institute (response: 55%). The main topics of the questionnaire: substance use of their child, attitudes towards substance use by adolescents/own child, alcohol and cannabis specific parenting practices, parental substance use. The questionnaires of students and parents were coded enabling the linking of the parent and the child data.

Progress/results

The results of the 2007 survey were published in 2008 (in Dutch). The results are mainly used for policy making, in particular by the Dutch Ministry of Health, Welfare and Sport.

Funding

The Dutch Ministry of Health, Welfare and Sport

Contact details

Karin Monshouwer, scientific researcher, kmonshouwer@trimbos.nl

Publications (selection)

Mulder, J, Ter Bogt, TFM, Raaijmakers, QAW., Gabhainn, SN, Monshouwer, K, Vollebergh, WAM (2009) The soundtrack of substance use: music preference and adolescent smoking and drinking. *Substance Use & Misuse*, 44 (4), 514-31

Monshouwer, K., Verdurmen, J., van Dorsselaer S., Smit, E., Gorter, A., Vollebergh, W. (2008) Jeugd en riskant gedrag 2007. *Kerngegevens uit het peilstationsonderzoek scholieren*. 2003 [Adolescents and risk-taking behaviour 2007] Utrecht, Trimbos Institute.

Verdurmen, Verdurmen, J., Smit, E., Dorsselaer, S. van, Monshouwer, K. & Schulten I. (2008). *Ouders over alcohol-, roken- en drugspecifieke opvoeding 2007*. Kerngegevens uit het Peilstationsonderzoek Ouders [Parents on alcohol, smoking and drug specific parenting] Utrecht: Trimbos-instituut.

Monshouwer K. (2008) ' Welcome to the house of fun. Epidemiological findings on alcohol and cannabis use among Dutch adolescents'. *Dissertation*, Faculty of Social Sciences, Utrecht University, Utrecht.

Monshouwer, K., Smit, F., Verdurmen, J. (2008) Cannabis in the context of polydrug use: results from the Dutch National School Survey, Monographs series 8, Volume 1, European Monitoring Centre for Drugs and Drug Addiction, Lisbon. available at internet: <http://www.emcdda.europa.eu/publications/monographs/cannabis>

Monshouwer, K., Van Dorsselaer, S., Van Os, J., Drukker, M., De Graaf, R., Ter Bogt, T., Verdurmen, J, Vollebergh, W. (2007) Ethnic composition of schools affects episodic heavy drinking only in ethnic-minority students, *Addiction*, 102, 722-729.

Monshouwer, K., Smit, F., De Graaf, R., Van Os, J. & Vollebergh, W. (2005) First cannabis use: does onset shift to younger ages? Findings from 1988 to 2003 from the Dutch National School Survey on Substance Use, *Addiction*, 100, 963-970.

Monshouwer, K., Smit, F., De Zwart, W.M., Spruit, I. & Van Ameijden, E.J.C.(2003) Progress from a first drink to first intoxication: age of onset, time-windows and risk factors in a Dutch national sample of secondary school students. *Journal of Substance Use*, 8 (3)155-163.

Monshouwer, K. en Smit F (2002) Alcohol,- tabak- en cannabisgebruik bij scholieren naar etnische achtergrond [Alcohol, tobacco and cannabis use among school students of different ethnic origin] *TSG*, 3, 172-177

Smit F, Monshouwer K, Verdurmen J. (2002) Polydrug use among secondary school students: combinations, prevalences and risk-profiles. *Drugs: education, prevention and policy*, 9 (4): 355-365

1.7 Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS 2)

Status:

2007-2015

Staff Trimbos institute

Ron de Graaf, PhD; Margreet ten Have, PhD

Other participants/collaborators

ZONMw, universities

Background and aims

The psychiatric epidemiological population study NEMESIS-2 (Netherlands Mental Health Survey and Incidence Study-2) replicated and expanded the first study (NEMESIS-1) conducted from 1996-1999. Main objectives of the new study are to provide up-to-date figures on prevalence, incidence, course and consequences of mental disorders, and to study trends in mental disorders and service use. Extensions were made to topics not included in NEMESIS-1, e.g. impulse-control disorders, and genetic correlates of mental disorders by means of gathering DNA from saliva samples.

Methods

NEMESIS-2 is a prospective study with three waves among 6644 Dutch-speaking subjects aged 18 to 65 years from the general Dutch population, with three year-intervals between the waves. A multistage, stratified random sampling procedure was applied. The baseline wave was performed between November 2007 and July 2009. Face-to-face interviews were administered with the Composite International Diagnostic Interview 3.0. The response rate was 64.0%, and 76.6% of respondents was willing to donate saliva. The sample was nationally representative, but younger subjects were somewhat underrepresented. In conclusion, we were able to build a comprehensive dataset of good quality by which several topics can be studied in the future.

Progress/results

None yet. Fieldwork is finished in July 2009

Funding

Ministry of Health, Welfare and Sport

Contact details

Ron de Graaf, head of the Epidemiology department, rgraaf@trimbos.nl; Margreet ten Have, senior scientific researcher, mhavel@trimbos.nl.

Publications

None yet.

For NEMESIS-1 we refer to the following papers on alcohol and drug disorders:

Bijl R.V, Zessen G van, Ravelli A. Prevalence of psychiatric disorder in the general population: results of the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Social Psychiatry and Psychiatric Epidemiology* 1998; 33: 587-595.

Os J van, Bak M, Hanssen M, Bijl RV, Graaf R de, Verdoux H. Cannabis use and psychosis: a longitudinal population-based study. *American Journal of Epidemiology* 2002; 156: 319-327.

Graaf R de, Bijl RV, Spijker J, Beekman ATF, Vollebergh WAM. Temporal sequencing of lifetime mood disorders in relation to comorbid anxiety and substance use disorders: findings from the Netherlands Mental Health Survey and Incidence Study. *Social Psychiatry and Psychiatric Epidemiology* 2003; 38: 1-11.

Graaf R de, Bijl RV, Have M ten, Beekman ATF, Vollebergh, WAM. Pathways to comorbidity: the transition of pure mood, anxiety and substance use disorders into comorbid conditions in a longitudinal population-based study. *Journal of Affective Disorders* 2004; 82: 461-467.

Bruijn C de, Brink W van den, Graaf R de, Vollebergh WAM. The craving withdrawal model for alcoholism; towards the DSM-V. Improving the discriminant validity of alcohol use disorder diagnosis. *Alcohol and Alcoholism* 2005; 40: 314-322.

Bruijn C de, Brink W van den, Graaf R de, Vollebergh WAM. Alcohol abuse and dependence criteria as predictors of a chronic course of alcohol use disorders in the general population. *Alcohol & Alcoholism* 2005; 40: 441-446.

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Henquet C, Krabbendam L, Graaf R de, Have M ten, Os J van. Cannabis use and expression of mania in the general population. *Journal of Affective Disorders* 2006; 95: 103-110.

Laar M van, Dorsselaer S, Monshouwer K, Graaf R de. Does cannabis use predict the first incidence of mood and anxiety disorders in the adult population? *Addiction* 2007; 102: 1251-1260.

1.8 International Collaboration on ADHD and Substance Abuse (ICASA)

Status

Ongoing

Staff Trimbos institute

Geurt van de Glind (MSc, project leader), Anneke van Wamel, MSc

Other participants/collaborators

Over 40 researchers and professionals from over 20 institutes (among these the New York Columbia University, the Karolinska institute, the University of Amsterdam, University Vall d'Hebron, Spain), representing 13 countries; 11 from Europe, Australia and the USA.

Participants include world leading experts on ADHD and Substance Abuse.

Note: Three Australian institutes are involved: NDARC (dr. Sharlene Kaye and prof. Louisa Degenhardt), NDRI and the Perth University of Technics.

Background

The huge prevalence rates in these comorbid disorders. Adult ADHD patients in treatment have a prevalence rate of approximately 33% for lifetime substance abuse. Treatment seeking Substance Use Disorder (SUD) patients have prevalence rates of approximately 20% for ADHD. In the general population in SUD patients there is a prevalence rate of 10.8%. Cannabis abuse and dependence is one of the research topics.

Aims

- Sound prevalence rates for Europe and other countries. Previous research is mainly from the USA.
- Identifying risk- and protective factors for development of SUD in ADHD children, adolescents and adults;
- Development, testing and implementation of methods for prevention based on these methods;
- Enhancement of diagnoses and treatment of ADHD and SUD as comorbid disorders in adolescence and adulthood. Both in mental health practice and in addiction treatment centers

Method

ICASA is a collaborative international research organization. Via collaboration access is gained to several patient groups for research. By using the same instruments in several research projects and by building up an extensive database, it is intended to accelerate the research and knowledge on this topic. The first international project started in spring 2009: the European ADHD in Substance use disorders Prevalence (EASP) study. In this study 6,000 treatment seeking SUD patients for ADHD and other disruptive disorders will be recruited. Based on the EASP data, a project proposal, the International Study of the Genetics of ADHD and Drug Dependence, is currently developed, which will be submitted for an NIH/NIDA grant. Principal Investigator of this study is prof. Steve Faraone of the USA.

Publications

For the EASP: to be expected in 2011/2012

Funding

EASP: all of the participating countries have funding for their own part. The central organization is funded via educational grants of pharmaceutical companies, and via financial support of participating institutes. In 2009 for the first time also private funding organizations supported ICASA.

Contact details

Geurt van de Glind, scientific researcher, gglind@trimbos.nl

1.9 Cannabis dependence: Genetic factors and gene by environment interaction (CANGEN)

Status

DNA collection ongoing as part of CANDEP study

Study protocol has been written, financing for genetic analyses not yet obtained

Staff Trimbos institute

Esther Croes (MD, PhD, projectleader); Margriet van Laar (PhD, projectleader CANDEP); Ron de Graaf (PhD, projectleader Nemesis II)

Other participants/collaborators

Prof Ben Oostra (PhD, dept of clinical genetics ErasmusMC Rotterdam); prof Wim van den Brink (MD, PhD, Academic Medical Centre Amsterdam); prof Dirk Korf (PhD, University of Amsterdam)

Background

There is substantial evidence for a dominant role of genetic factors in the development of cannabis dependence, as well as for gene by environment interactions. Previous studies, using a candidate gene or linkage approach, found many genes, specifically related to cannabis sensitivity, early reactions to cannabis, as well as the vulnerability to drug dependence in general. However, most findings were not replicated by others. Other genetic approaches may be more successful.

GWAS is currently considered the design of choice for identifying genes responsible for substance use disorders. The advantages include the power, which is considerably higher than in linkage studies and the smaller chromosomal regions identified compared to linkage-based approaches. Further, GWAS does not require family participation, which is always problematic in research on substance use problems and finally, a GWAS is an exploratory, hypothesis-generating study, which does not need an a priori hypothesis of the underlying pathology.

The proposed study aims to disentangle the role of genetic factors and gene by environment interactions in high-risk cannabis use and cannabis dependence by using a GWAS approach. To our knowledge, this will be the first GWAS to unravel the genetics of cannabis dependence.

Aims

- To identify genetic factors involved in high-risk cannabis use and cannabis dependence.
- To study the role of gene-gene and gene by environment interactions in high-risk cannabis use and cannabis dependence.

Method

The study is part of the prospective cohort study "Cannabis dependence: predictors, course and treatment seeking" (CANDEP). Data collection on cases (at risk cannabis users, individuals fulfilling a DSM-IV diagnosis of cannabis dependence, and a treatment seeking sample of cannabis dependent individuals), aged 18 - 30 years, is ongoing, using structured face-to-face interviews. The core of the instruments is internationally accepted and validated. The control group will be drawn from a representative general population study, the second Netherlands Mental health Survey and Incidence Study (NEMESIS 2), and matched 1 to 1 to the cases. Assessments in NEMESIS 2 and CANDEP converge to a large extent, enabling comparisons between groups. It is expected that 650 cases and 650 controls will be available for CANGEN. DNA is collected from saliva.

For the GWAS, we will use a platform for high-throughput DNA-array genotyping (IlluminaHap 370K BeadArray system), which will give information on more than 300,000 SNPs for association analysis and over 50,000 SNPs that can be used specifically for Copy Number Variations (CNV), the most prevalent type of structural variation in the human genome, which contribute significantly to genetic heterogeneity.

The first step in the GWAS will be a screening stage, in which the first set of cases and controls will be genotyped. The most significantly findings will be tested in an independent cohort in the replication phase. In case of positive results, functional studies will be done in the follow-up phase. The data analysis starts with quality control measures and is followed by association analyses. Finally, several step-wise likelihood models will be fitted to test for the predictive model of a combination of genetic factors, independent environmental factors and the interaction terms.

Progress/results

Around 70% of the DNA has been collected. Financing for the GWAS has not yet been obtained.

In order to increase numbers, we are very interested in collaboration with groups that have collected a sample of phenotypically well defined patients with cannabis dependence, with the possibility to collect (or availability of) DNA.

Publications

None

Funding

None (yet)

Contact details

Esther Croes, MD PhD, ecroes@trimbos.nl

2. Prevention and early interventions

2.1 Prevention in the coffee shop

Status

Training for staff and brochures have been developed and piloted by Trimbos Institute. They are currently implemented throughout the Netherlands by addiction care agencies.

Staff Trimbos institute

Ninette van Hasselt, project manager, MSc; Truus Vullings organizes train-the-trainers

Other participants/collaborators

Local councils for addiction care.

Coffee shop Union.

Background

In the Netherlands cannabis products are semi-legally sold via coffee shops. Coffee shops are tolerated as long as they abide by strict rules: advertising is forbidden, selling hard drugs is forbidden (also meaning that no one on the premises should possess hard drugs), shops should not cause public nuisance, purchase is forbidden to minors and shops can't have more than 500 gram available and sell more than 5 gram per customer.

Most cannabis users (18+) purchase their cannabis from coffee shops. As those users who use very frequently are also frequent visitors, staff can play a role in signaling problematic use. Staff also has an important role in informing customers on (the risks of) cannabis products, especially as new users and tourists are concerned. Especially among new users cannabis use can incidentally cause health incidents, such as paranoia and sickness. Staff can play an important role in managing these incidents.

Aims

- To stimulate staff to inform customers on cannabis products and the possible risks of use.
- To enable staff to deal with health incidents caused by cannabis use.
- To enable staff to signal problematic use and stimulate customers to seek help at an addiction care agency.
- To enable staff in coffee shops to maintain the law.
- To inform visitors of coffee shops on the risks of cannabis use

Method

Train-the-trainer and training

Brochures

Progress/results

Pilot study: course was highly appreciated by staff. No effect-study yet.

Publications

In Dutch only: manuals and brochure.

Funding

Training was developed with funding from the Dutch Ministry of Health, Welfare and Sport.

Contact details

Ninette van Hasselt, head department Youth in Recreational Settings, nhasselt@trimbos.nl

2.2 E-learning website for parents to develop effective skills to support their adolescent children in a healthy lifestyle, especially concerning the issue of substance use

Status

Project is planned in 2010

Staff Trimbos institute

Henrike van Diest, MSc; Ingrid Schulten, MSc; Hettie Rensink MSc; Nathalie Dekker, MSc

Other participants/collaborators

Alcohol and Drugs Information Line (Trimbos institute)

Background

In 2006 new insights on the influence parents have on the onset of drinking and the severity of alcohol use of their own children– specifically house rules concerning alcohol use and parental support – lead to the development of a free access e-learning module for parents on this subject. The main aim of this module was for parents to develop effective parenting skills to postpone the age at which their children were drinking (at least until 16 years) and to enhance moderate drinking behavior on older adolescents. In 2009 another e-learning module on tobacco smoking was developed using the same method. Following a study on effective parental skills in preventing or postponing drug use among adolescents, we will start the development of an e-learning module on this theme in 2010. All three websites will play an important role in the nationwide campaign on parental advice on preventing substance use of adolescents.

Aims

The main goal of this website will be to help parents (and professional educators) to develop effective skills to support their adolescent children in a healthy lifestyle, especially in the area of substance use. An important sub goal is to help parents develop a realistic view on substances themselves and the use of it (i.e. numbers, onset, hazards etc.).

Method

E-learning creates a learning environment where parents can practice and sharpen their parental skills by using animated real-life situations. Throughout the site visitors will be encouraged to learn in an active way. Therefore, theoretical background will be presented in films, animations and tests, followed by questions about opinions, experiences and ideas of the visitor.

Progress/results

This website will be one of three e-learning sites on substance use: alcohol, smoking and illegal substances. The sites will be implemented via regional (youth) health and addiction organizations, at parent information evenings at schools and community centers. Parents always have free access to the websites.

Funding

ZonMw

Contact details

Henrike van Diest, hdiest@trimbos.nl

2.3 Development and feasibility of a program for alcohol and drugs prevention/early intervention for young adults with mild intellectual disabilities

Status

Current: start 01-05-2008. Expected date of completion 01-05-2010

Staff Trimbos institute

Els Bransen (project leader, MSc), I. Hilderink, MSc

Other participants/collaborators

Addiction care services (Brijder Verslavingszorg, Centrum Maliebaan, Iriszorg, Jellinek, Mondriaan, Novadic-Kentron, Tactus verslavingszorg, Verslavingszorg Noord Nederland)

Care for people with ID (William Schrikkergroep, De Koraal Groep, Lijn 5 OPL, Kwadrant, Amarant, Ipse De Bruggen, Trajectum (Hoeve Boschoord en Hanzeborg), Kenniscentrum LVG

Background

A pilot study was done into the use of substances among young people (12-25 years old) with mild intellectual disabilities (MID). Online net questionnaires were administered to young people in contact with secondary special education, juvenile justice facilities, ambulant support for people with ID, specialised youth treatment centers and guardianship. Moreover, in-depth interviews were held. A total of 1,076 questionnaires were distributed, 760 questionnaires were returned (71%). The mean age of the respondents was 16 years, 63% was male and 41% of migrant origin.

It was found that 76% of the youngsters had ever used alcohol, 33% had ever used cannabis, 7.5% had ever used cocaine, 5.9% ecstasy, 4.1% hallucinogenic mushrooms, 3.5% amphetamine, and 1.4% had ever used heroin. Lifetime prevalence rates and ages of onset were similar to those found among 16-year old young persons in the general population. Among the young people with intellectual disabilities the group of heavy drug users is at least as large as among their peer group in the general population. These findings are nonetheless alarming as substance use has more negative consequences for this group, such as a greater risk of addiction, of victimization and of social problems because of aggressive behavior. Moreover, due to the use of medicines, also the restricted use of drugs may have severe consequences in this group. Because of this the development of a special prevention program is recommended to target this vulnerable group of young people with mild intellectual disabilities.

Aims

1. Development of an intervention program
 - Adjustment of educational materials about alcohol, cannabis and stimulating drugs (cocaine, 'speed' and XTC)
 - Protocol for an education session about alcohol and drugs for parents and concerned others
 - Protocol for an education session about alcohol and drugs for young adults with MID themselves
 - Training for the workforce in ID-care
 - Motivational interviewing for young adults with MID
2. Evaluation of the intervention program in 4 pilot regions

Method

Literature search, Consensus meetings, Observations, Interviews

Progress/results

Intervention program is finished and pilot study has started.

Publications

In Dutch. September the 4th a paper will be presented at the 7th European Congress of Mental Health in Intellectual Disability in Amsterdam (3/4/5/ September 2009)

Funding

Dutch Ministry of Health, Welfare and Sport

Contact details

Els Bransen, ebransen@trimbos.nl

2.4 The Healthy School and Drugs

Status

The healthy school and drugs was developed in the early 1990s on the initiative of the Ministry of Health, Welfare and Sports (VWS). In the meanwhile it has become one of the most successful prevention programs in secondary education. It is implemented in more than 60% of the secondary schools and 30% of the primary schools in The Netherlands.

Staff Trimbos institute

Jeroen Lammers, projectmanager, MSc

Other participants/collaborators

Local health Authorities: GGD/IVZ; Participating Schools; STIVORO, The Dutch centre of expertise for tobacco prevention; University of Utrecht & Radboud University of Nijmegen for the RCT research

Background

The healthy school and drugs is an integral program. Lessons play an important role, but it also focuses on parent activities, drawing up rules for stimulants and monitoring and counseling pupils who have problems using stimulants. The healthy school and drugs consists of 4 components: teaching, parent participation, rules and dealing, and monitoring and counseling

Aims

Primary education: Preventing pupils from group 7 and 8 using tobacco and drugs and postponing the moment they will use alcohol for the first time.

Secondary education: Pupils are willing and able to judge the risks of stimulants and behave responsibly with regard to their own health and the health of others.

Methods

E-learning modules: As from November 2007 The healthy school and drugs includes digital teaching modules under the name of www.rokendrinkendrugs.nl. The teaching modules deal with alcohol, smoking and drugs and consist, for example, of films, brief texts, animations and 'drag and drop' assignments. In the part of 'Discuz', pupils exchange opinions with each other, like on a real forum.

Parent participation: When a school teaches The healthy school and drugs, one of the activities is involving parents. This is because parents have much influence on their children, much more than they often think themselves. For example, the attitude of parents about alcohol greatly influences the drinking behavior of young people.

Rules & Dealing: School rules concerning the use of drugs are in the interest of everybody. It provides clarity and contributes to a clear living and learning climate. Rules may be drawn up with regard to the smoking policy, serving alcohol at school parties or dealing drugs.

Monitoring & Counseling: It is important to carefully deal with signals and offer good counseling to pupils who have problems with stimulants. This is why the training monitoring & counseling has been developed as part of The healthy school and drugs. Teachers, pupil councilors and members of the care team receive this training from the Municipal Medical and Health Service (GGD) or the Institute for Addiction Care (IVZ).

Publications

Cuijpers, P., Jongers, R., Weerd, de I., Jongh, de A.: The effect of drug abuse prevention at school: the 'Healthy School and Drugs' project. *Addiction*, 97, p. 67-73.

More information in Dutch available on the website www.dgsg.nl

Funding

Ministry of Health, Welfare and Sports, The Netherlands

Contact details

Jeroen Lammers, jlammers@trimbos.nl

3. Treatment

3.1 CANDEP: factors related to treatment seeking in regular and dependent cannabis users

Status

Project is part of the CANDEP study (2008-2013), see project 1.1. Recruitment of patients has just started en will be finished mid 2010.

Staff Trimbos institute

Margriet van Laar (PhD, project leader), Ron de Graaf (PhD, project Nemesis II), Peggy van der Pol (MSc, PhD student)

Other participants/collaborators

Bonger Institute: prof. dr. Dirk Korf (project leader), Nienke Liebrechts (PhD student)

The Amsterdam Institute for Addiction Research and the department of Psychiatry of the Academic Medical Centre: prof. dr. Wim van den Brink

Addiction care services.

Background

There is a remarkable gap between the number of cannabis users fulfilling a diagnosis of dependence (objective treatment need) and the number of cannabis users in treatment at addiction care centres. Better knowledge of (the reasons for) this gap will have important implications for prevention and treatment strategies. Moreover, it is unclear whether cannabis dependence is just a theoretical diagnosis, or a phenomenon with practical consequences (e.g. on daily functioning), in need of treatment.

Aims

To investigate the factors and reasons associated with treatment demand and 'unmet need'.

Method

A sample of 100 cannabis users in treatment for cannabis-related problems will be recruited in four addiction treatment services in the Netherlands. Inclusion criteria for the treatment sample are: age 18-30 years and seeking treatment at addiction care for problem cannabis use. The treatment seeking sample will be compared with non-treatment seeking cannabis users from the cohort on personal characteristics and putative determinants of treatment seeking by using the same instruments used at baseline for the cohort study. In addition, questions will be asked on reasons for seeking treatment at addiction treatment centers (patient sample) and on not seeking treatment and unmet need (cohort). Questions on the (prior) use of other services (e.g. primary or mental health care) will be included as well. There will be no follow-up of the patient group.

Progress/results

To date baseline interviews are completed, recruitment of treatment sample has just started.

Publications

None yet.

Funding

Grant from the Netherlands organisation for health research and development (ZonMw)

Contact details

Margriet van Laar, Head Drug Monitoring department, mlaar@trimbos.nl

3.2 Feasibility of the Adolescent Cannabis Check-Up (ACCU) in the Netherlands

Status:

Proposal for RCT was rejected because of lack of data concerning feasibility of the intervention in the Dutch context
New proposal into the feasibility of ACCU was submitted to Foundation NutsOhra; decision in October 2009

Staff Trimbos institute

Els Bransen , MSc (project leader), Karin Monshouwer, PhD

Other participants/collaborators

Verslavingszorg Noord Nederland, Centrum Maliebaan, Mondriaan, Tactus verslavingszorg, GGD Amsterdam

Background

Indicated preventive interventions are rare in the Netherlands and their effectiveness has not been examined. More indicated preventive interventions as part of the stepped care for young people with problematic drug use is needed (Cuijpers et al., 2006). The Adolescent Cannabis Check-Up (ACCU) is an intervention that has been found feasible and effective in reducing cannabis use in non-treatment seeking Australian adolescents.

Aims

Translation of the Adolescent Cannabis Check-Up (ACCU) and study into the feasibility of this intervention in the Dutch context. Research questions:

Recruitment: what are the results of recruitment through respectively teachers, youth social workers, professionals of youth-care and counselors of the Drugsinfolijn?

What are characteristics of the young people reached by the intervention (age, gender, ethnicity, level of education, problems)?

How do participants rate the ACCU (after the first motivational session)? In addition, dropout rates will be used as an indicator of the feasibility of the ACCU.

How does the executive staff rate the quality and feasibility of the ACCU? How do they perform: intervention integrity and therapist competence?

Do participants change in their use of cannabis and psycho-social functioning after completion of the intervention? Which subgroup of participants gained most/least from the intervention?

Method

Translation of ACCU-manual and questionnaires.

Recruitment of prevention departments of facilities for addiction care that offer open consultation in schools for (specialized) secondary education, youth care and street corner work.

Training of professionals from these prevention departments.

Data collection by way of questionnaires and observation. Outcomes of participants will be measured using Time Line Follow-Back method - to assess cannabis use (frequency, mean number of joints) - and Severity of Dependence Scale (SDS) - to assess dependence symptoms and cannabis dependence.

Contact details

Els Bransen, scientific researcher, ebransen@trimbos.nl

3.3 National Multidisciplinary Practice guideline for problematic drug use

Status

In development. To be finished at the end of 2010

Staff Trimbos institute

Geurt van de Glind, MSc (project leader); Andre van Gageldonk, PhD

Other participants/collaborators

Associations of professionals in the Netherlands (psychiatrists, psychologists, general practitioners, nurses etc.)

Background

Differences in diagnoses and treatment of problematic drug use in our country.

Aims

Development of guidelines for professionals, targeted at issues of major concern in this topic, including cannabis abuse and dependence.

Method

According to the international standards for development of Evidence Based Practice Guidelines.

Publications

To be expected at the end of 2010: Publication of the Practice Guideline (both on paper and digital).

Funding

Association of Medical Specialists. National Association of Psychiatrists.

Contact details

Geurt van de Glind, senior scientific researcher, gglind@trimbos.nl

4. Risks & harms

4.1 Risk assessment cannabis

Status

Completed (2008)

Staff Trimbos institute

Margriet van Laar, PhD (chair risk assessment committee), Raymond Niesink, PhD. Both are authors (together with RIVM staff) of the information report and member of the risk assessment committee. Project co-ordination and secretariat lies with the RIVM

Other participants/collaborators

National Institute of Public Health and the Environment Leon (RIVM): Leon van Aerts (secretary risk assessment and co-author), PhD

Background

In preparation of the new Drugs Policy Paper (to be published in 2010), the Minister of Health, Welfare and Sport requested the Coordination Centre for the Assessment and Monitoring of new drugs (CAM) to perform a risk assessment on cannabis use in the Netherlands. Special attention had to be paid to the risks of cannabis with a high THC concentration, the role of cannabis in the development of psychiatric disorders and the observed increase in addiction care demand related to cannabis use disorders.

Aims

To carry out a risk assessment on cannabis, involving individual and public health risks as well as risks to society (public order, involvement in crime), and to advise the minister on the basis of the assessment.

Method

The risks were evaluated by an expert panel via the open Delphi approach, where the written score was discussed on 16 items, covering medical, health, legal, and criminal issues. After this face-to-face discussion, the risks were scored again.

Progress/results

According to the CAM, more preventive interventions as well as education on the health risks associated with cannabis use are needed. These steps should help to increase awareness in young people on the potential dangers of cannabis, especially regarding the increased risks for psychoses and psychotic disorders in vulnerable persons. Other aspects that should be highlighted are the harmful effects of substances in cannabis smoke and the safety risks involving traffic when under the influence of cannabis - especially when combined with alcohol. Sweeping reforms of current policy measures are undesirable, in particular those aimed at the closure of Dutch coffee shops, renowned for selling cannabis. It is feared that such policy would be harmful to public health as a whole. Combating organised crime and reducing public nuisance related to the production and trade of cannabis are best served by regulating the supply of cannabis for private use.

Publications

Report in Dutch, with English summary

Funding

Ministry of Health, Welfare and Sport

Contact details

Margriet van Laar, head Drug Monitoring department, mlaar@trimbos.nl

4.2 Disability weights for the addictions

Status

Ended (2008); second part (calculation of DALYs) - is planned in 2010

Staff Trimbos institute

Filip Smit (professor, PhD), Esther Croes (MD PhD), Margriet van Laar (PhD)

Other participants/collaborators

Prof dr. Jan Busschbach, Dept. of Medical Psychology and Psychotherapy, Erasmus Medical Centre, Rotterdam

Background

In spite of a firm tradition in Burden of Disease studies no previous study paid close attention to the disability weights (DWs) of substance use related health states. This hampers the formal estimation of the disease burden due to the addictions.

Aims

To estimate the DWs of ICD-10 and DSM-IV-TR alcohol, cannabis, heroin and cocaine abuse, harmful use and dependence, poly drug use, and of some of their co-morbidities with mental disorders and infectious diseases.

Methods

DW estimates were generated by a panel of twelve medical generalists in the Netherlands. The study protocol was aligned with those of the Global Burden of Disease study, the Dutch and Australian DW studies. The elicitation of health state valuations took place in the course of a day in several training, estimation and feedback cycles. As in previous studies, weights for the health states could vary between 0.00 for worst possible health states till 1.00 for best possible health states.

Progress/results

Disability weights have been determined. Cannabis dependence appeared to be the least severe condition (DW=0.82), followed by alcohol dependence (0.68), cocaine dependence (0.67) and heroine dependence (0.57). The dependencies are associated with a greater loss in quality of life than harmful use, while quality of life is least affected by abuse. DWs are increased somewhat in combined use and in a multiplicative way in co-morbid conditions. Next phase (planned in 2010) involves calculations of DALY's using data from NEMESIS and other studies.

Publications

Report in Dutch (Smit, F., M. van Laar, E. Croes & J. Busschbach (2008). Ziekteelastgewichten voor misbruik, schadelijk gebruik en afhankelijkheid van drugs. Utrecht: Trimbos-instituut). International publication is in preparation.

Contact details

Filip Smit, fsmit@trimbos.nl; Margriet van Laar, mlaar@trimbos.nl

5. Policy

5.1 Evaluation of Dutch drug policy

Status

Completed (June 2009)

Staff Trimbos institute

Margriet van Laar (project leader), PhD; Esther Croes, MD PhD; Victor Everhardt, MSc; André van Gageldonk, PhD; Bob Keizer, LL.M.; Toine Ketelaars, MSc; Karin Monshouwer, PhD; Franz Trautmann, MSc

Other participants/collaborators

Marianne van Ooyen-Houben (project leader WODC), PhD; Ronald Meijer, PhD; Wytse van der Wagen; Moira Galloway, MSc; Hendrien Kaal, PhD; other external contractors (e.g. Bureau Intraval)

Background

On 6 March 2008, drug policy in the Netherlands was debated in the Dutch Parliament. During this debate the Ministers for Justice, Health, and the Interior pledged to draft a new drug policy paper. In preparation for this policy paper, the Ministries of Health and Justice have requested the Trimbos Institute and the Scientific Research and Documentation Centre (WODC) to conduct an evaluative study and to provide a joint, integrated report on its findings.

Aims

The primary aim of the study is to establish the extent to which the main objective of Dutch national drug policy has been achieved. This objective, as formulated in the 1995 Drugs Policy Paper prioritises the protection of public health: prevention and management of the threats to individuals and society that ensue from drug use. In addition, the study will examine the relevant secondary objectives of Dutch drug policy regarding the following areas:

- Market separation and the policy on coffee shops (Chapter 6)
- Prevention and harm reduction (Chapter 7)
- Health care and treatment (Chapter 8)
- Drug crime (Chapter 9)
- Offences committed by drug users (Chapter 10)
- Drug-related public nuisance (Chapter 11)
- International collaboration (Chapter 12)
- Research and monitoring (Chapter 13)

Method

This evaluative study starts by analysing the reasoning behind the policy. For each of the above policy areas, a description is provided of the underlying principles, the proposed approach and the envisaged outcomes of policy. Furthermore, the study examines whether the proposed approach was realised in practice and whether the outcomes are in line with expectations. Only to a limited extent can pronouncements be made about the 'effects' of policy, and then only with regard to some aspects of policy areas. The main starting point for the evaluation is the 1995 Drugs Policy Paper, with the situation in recent years forming the benchmark for outcomes. Documents analysed included policy documents, scientific publications, doctoral theses, research reports; data

from existing registrations were examined as were secondary analyses of research data, as well as information obtained from experts in sounding board meetings.

Progress/results

It is concluded that the approach proposed in Dutch drug policy, i.e. a combination of measures targeting a reduction of demand, harm and supply, has broadly been adopted in practice. Nonetheless, this evaluative study has identified a number of problems related to implementation and capacity as well as gaps and loopholes. It may also be concluded that policy has not prevented an increase in drug use between the late 1980s and the mid-1990s, particularly among minors. Nonetheless, compared to other European countries and the US, drug consumption in the Netherlands in the general population is average

or low, with the exception of ecstasy, and the situation is stabilising. With regard to managing individual (health) risks, policy appears to have been fairly successful. At the same time, it must be acknowledged that high-risk drug use is more common among vulnerable groups of youngsters. There has also been a rise in the demand for treatment for cannabis problems from addiction care services; however it is unclear whether this indicates an increase in problem use. Where crime among long-term problem hard drug users is concerned, there is a perceptible decline in property crime, which can (partly) be attributed to a decline in criminality among opiate addicts. However, there are signs of a rise in violent crimes committed by drug users. In the recent period criminality associated with drug production and trafficking as well as drug-related public nuisance received greater attention than might have been expected on the basis of the 1995 Drugs Policy Paper. There has been some success with intensified policing of cocaine, ecstasy and cannabis. Although recent data indicate that these developments are going in the right direction, certain shifts in drug production and supply have been noted, and the involvement of organized criminal consortiums operating both on the domestic market, but especially internationally, continues unabated. In some border communities, coffee shop tourists cause serious public nuisance. It may be asserted that Dutch drug policy has been reasonably successful, even by today's standards, in achieving the goals set out, although certain problems continually require renewed attention.

The report was part of the documents underlying the Note of the Advisory Committee on Drugs Policy, which published its advice on July 2, 2009 to the Minister of Health, Welfare and Sport, the Minister of Justice and the Minister of the Interior and Kingdom Relations.

Publications

Report (395 pages) with English summary.

Parts of the report will be adapted for international publication.

Funding

Ministry of health, Welfare and Sport and Ministry of Justice

Contact details

Margriet van Laar, mlaar@trimbos.nl

5.2 Tobacco-free coffee shops

Status:

Completed, but under embargo

Start 1 January 2009, results end of September 2009

Staff Trimbos institute

Neeltje Vogels, PhD; Sander Rigter, Peter van Dijk, Raymond Niesink, PhD

Other participants/collaborators

Ministry of Health, Welfare and Sport

Background

A Tobacco Law has been effective in The Netherlands since 1990, since that time smoking is not allowed in public places. From the 1st of July 2008 all bars, restaurants and coffee shops have to be tobacco-free as well. Coffee shops are alcohol free establishments where the selling and using of soft drugs is not prosecuted, provided certain conditions are met.

Aims

The aim of this project is to investigate the measures coffee shops have taken to make their establishment tobacco-free. And also to make an inventory of the consequences of these measures.

Method

All 703 coffee shops received a survey (for quantitative data). Furthermore 50 coffee shops were visited for observations and an interview and 22 local government officials were interviewed (for qualitative data).

Progress/results

70% of the coffee shops have undertaken measures to make their establishment tobacco-free. 50% has created a so called "smoking area" (secluded from the rest of the establishment). Most important result was that less people smoke their cannabis in the coffee shop and more people only come to buy cannabis and smoke it elsewhere. Also according to half of the coffee shop-owners public nuisance has increased because of clients hang about and smoke in front of their establishment.

Publications

Results will be public end of September 2009.

Funding

Dutch Ministry of Health

Contact details

Sander Rigter, srigter@trimbos.nl

