TREATMENT OF CANNABIS-RELATED DISORDERS IN EUROPE

EMCDDA underlines growing importance of effective treatment for cannabis use

(21.4.2015, LISBON) Providing effective treatment for those with cannabis use disorders is likely to become a matter of growing importance in European drug policy. This is according to the EU drugs agency (EMCDDA) today as it launches a new in-depth study: Treatment of cannabis-related disorders in Europe (1).

Cannabis is the most widely used illicit drug in Europe, with an estimated 18.1 million adults (15–64 years) reporting to have used it in the last year. Of these, 14.6 million are young adults (15–34), while some 3 million adults are daily or almost daily users (2). This is reflected in the numbers entering specialised drug treatment, with the largest group of first-time treatment entrants citing cannabis as their main problem drug.

Opening with an overview of cannabis use and its health effects, the report proceeds to: present the latest evidence underpinning interventions; map out the availability and provision of cannabis treatment in 30 countries (with examples of cannabis-specific programmes); and compare treatment needs with provision.

‘Treatment for cannabis-related problems’, states the report, ‘relies primarily on psychosocial approaches combining elements of classical psychotherapy with social support and care’. To highlight the interventions most likely to succeed, the study weighs up the published evidence on a range of treatment programmes. It differentiates between those targeting adults or adolescents and between cannabis-specific and general substance-use programmes. Telephone and online approaches are among those examined.

Drawing on data from the EU Member States, Turkey and Norway, the report finds that many countries have implemented, expanded or modified national treatment programmes to better serve this population of drug users. It describes how most European countries now offer treatment programmes for cannabis use disorders (mostly via outpatient services). The study reveals that 15 countries declared providing at least one cannabis-specific treatment programme, while 14 other countries reported treating individuals with cannabis problems via general substance-use interventions.

No evidence was found for the superiority of specific over general treatment, as ‘both approaches can work’. Comparing indicators of treatment needs with treatment provision, the report concludes that, despite exceptions, ‘the overall situation in Europe looks positive’.

EMCDDA Director Wolfgang Götz says: ‘In recent years, we have seen seismic shifts in the cannabis market, evolving patterns of use and a growing debate on cannabis controls, with the drug now high on the political agenda in many parts of the world. It is both timely and appropriate then that we address the treatment of cannabis use disorders today. With large numbers entering cannabis programmes every year in Europe, largely paid for by public funds, treatment effectiveness is a key consideration for policy. With this report we hope to offer experts and policymakers a firm basis for their decision-making.’