1 Cannabis problems in context: understanding increasing in treatment demand

1.1 Demand for treatment for cannabis use

1.1.1 Proportion of clients with primary cannabis problems

Cannabis can be found as an additional drug for almost all clients of out-patient counselling centres having problems with cocaine or opiates. At this point persons for whom cannabis is the main problem are of major concern. For this analysis therefore exclusively persons were taken into consideration for whom cannabis is the primary problem. Their diagnosis is either addiction or harmful use (ICD 10) of cannabis. A multiple diagnosis was only considered if cannabis was the primary drug. Within the framework of national treatment statistics there were given details of 454 institutions concerning 95.468 persons in Germany in the year 2002. Thus 44.6% of the existing 1.017 out-patient institutions in Germany were recorded (Federal Ministry of Health and Social Security 2002).

In 2002 6.368 persons with a primary cannabis related problem have started treatment in the reporting institutions. They represent 8,6% of the total clients and are the third biggest group after alcohol (67.0%) and opiates (14.4%) in out-patient treatment. The proportion of men is with 9.5% higher than of women with 5,7%. Differences between the Federal Laender in East and West Germany can hardly be seen. The proportion has continuously increased during the last 3 years (1999: 5.1%, 2000: 6.3%, 2001: 7.1%, 2002: 8.6%). (Table 24).

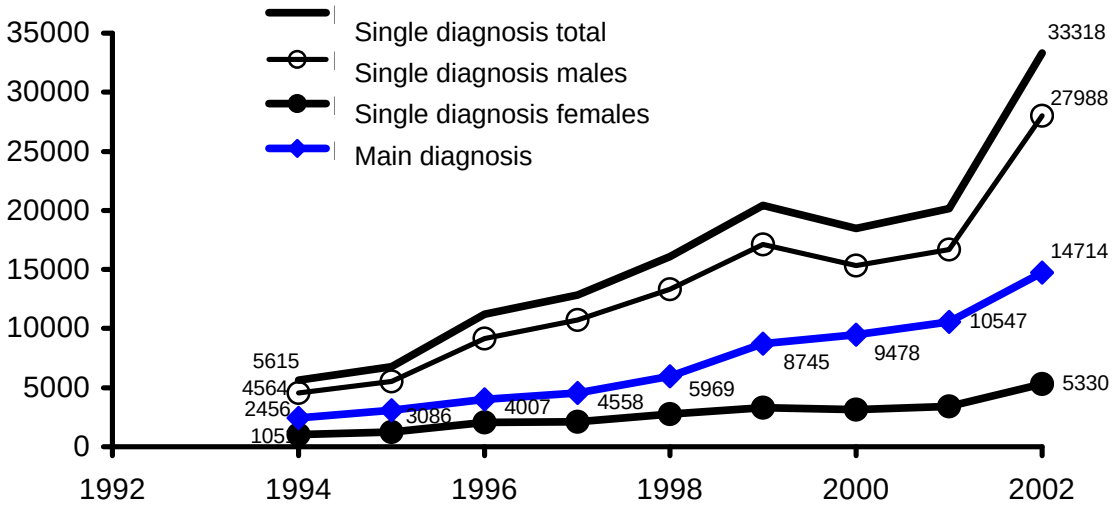
Table 1: Main diagnosis for persons with own disorder

Main diagnosis				2002		2001		2000		1999
	M	F	%	Abs	Total	Abs.	%	Abs.	%	Abs.
Alcohol	67,8%	64,2%	67,0%	49.515	69,2%	35.863	69,5%	40.054	71,5%	47.093
Opioides	14,5%	13,9%	14,4%	10.637	13,6%	7.038	14,4%	8.278	14,8%	9.742
Cannabinoides	**9,5%**	**5,7%**	**8,6%**	**6.368**	**7,1%**	**3.700**	**6,3%**	**3.632**	**5,1%**	**3.343**
Sedatives/ Hypnotics	0,5%	2,1%	0,8%	626	0,9%	462	0,9%	526	0,9%	621
Cocaine	1,9%	1,0%	1,7%	1.231	1,8%	942	1,6%	935	1,8%	1.167
Stimulants	2,0%	2,4%	2,1%	1.541	2,3%	1.185	1,8%	1.029	0,8%	530
Hallucinogens	0,1%	0,1%	0,1%	87	0,2%	114	0,2%	124	0,3%	192
Tobacco	0,4%	1,1%	0,6%	423	0,5%	257	0,4%	242	0,5%	321
Volatile solvents	0,0%	0,0%	0,0%	13	0,0%	11	0,0%	8	0,0%	12
Other psychotr. Substances	0,5%	0,5%	0,5%	386	0,3%	155	0,7%	415	0,3%	195
Total	100%	100%	100%	73.896	100%	51.840	100%	57.621	100%	65.910

Unknown: 21.571 (22,6%) of all clients; basis: EBIS: N= 95.468; source: Strobl et al. 2003

Besides the percentage of increase of primary cannabis cases also a significant increase in absolute numbers is evident. The development of main diagnoses since 1994 is shown in picture 25 – projected to the total number of institutions in 2001. The number of primary cannabis cases has increased about sixfold during the mentioned period. The same applies to the total number of all clients with a cannabis diagnosis – regardless whether this substance was the main reason for the problem or whether it was an additional use. More than 80% of all clients in the year 2002 are male. An increase of cases is more significant for men than for women (figure 25).

Figure 1: Number of admissions of out-patient clients with primary cannabis related problems



Notice: . To improve comparability the values were projected onto the total number of out-patient services in 2001

Source: EBIS reports 1994-2001 (Simon et al, Türk, Welsch); Deutsche Suchthilfestatistik (Welsch 2002); Strobl et al. (2003)

The changes in figure 25 are shown in percentage using the year 1994 as basis.

Table 2: Development of admissions for the most important main diagnosis

Trends	1994	1995	1996	1997	1998	1999	2000	2001	2002
Alcohol	100%	109%	127%	133%	140%	162%	138%	135%	151%
Opioides	100%	112%	130%	118%	137%	163%	139%	129%	158%
Cannabinoides	100%	126%	163%	186%	243%	356%	386%	429%	599%

Unknown.: 21.571 (22,6%) of all clients; basis: EBIS: N= 95.468; Source: Strobl et al. 2003

1.1.2 Demand for treatment and reasons for treatment

Every fourth woman and every fifth man contacts an out-patient institution without negotiation. However a high proportion of these clients has been motivated externally. 24% of men and 28% of women come by intervention of their family. Corresponding to the relatively young age of these clients normally the consumers' parents are involved. Also very often contacts for male clients are made by legal authorities and social administrations as road traffic authorities (Table 26).

Table 3: Mediation

Mediation by	Alcohol		Opiates		Cannabis	
	M	F	M	F	M	F
Without mediation	23,2%	26,9%	39,1%	37,9%	19,0%	23,7%
Relatives / Friends / well-known persons	12,1%	14,8%	11,7%	16,2%	24,2%	28,4%
Employee / company / school	5,2%	3,5%	1,1%	0,9%	5,6%	6,9%
Other counselling services	7,5%	8,4%	4,1%	6,4%	9,3%	12,2%
Legal authority / Social administration	15,2%	4,3%	18,7%	9,2%	30,0%	12,1%
Others	36,8%	62,1%	25,3%	29,4%	11,9%	16,7%
Total	33.215	8.780	6.648	1.753	4.368	752

Source: Strobl 2003

1.1.3 Profiles of clients

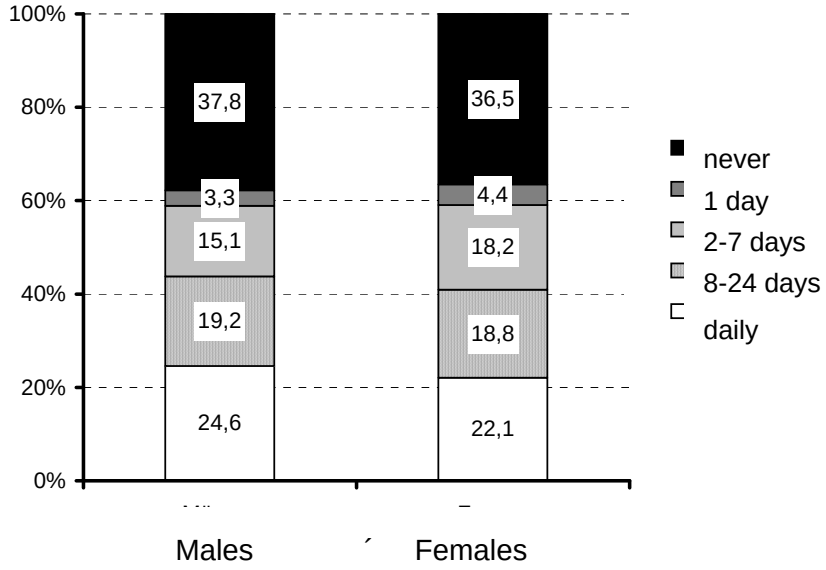
Sociodemography

The main age group of cannabis clients in out-patient treatment is between 18 and 25 – among women a little lower. Nearly all clients started with harmful consumption of this substance before the age of 20. In comparison to that the main age group of opiate addicts is between 25 and 35 when starting treatment whereas alcohol clients are still about 10 years older. Only one in five clients with a primary cannabis problem (men 77%, women 80%) had been in addiction treatment before.

Patterns of consumption

The frequency of consuming cannabis at the beginning of treatment by cannabis clients differs considerably. On one hand one third of them indicates that they have not at all consumed cannabis within the last 30 days, on the other hand about every fourth man and every fifth woman uses cannabis daily, 40°% use the substance at least several times per week. Already the frequency of consumption indicates that the majority of clients cannot be considered as non-problematic (figure 26).

Figure 2: Frequency of cannabis consumption for primary cannabis clients



Source: Strobl et al. 2003

In many cases cannabis clients are also consuming other substances. Especially amphetamines and amphetamine derivates are used to such a degree intensely by every fourth client that there was also made a diagnosis for this. The proportion of male and female cannabis clients is nearly the same. Significantly lower is the number of persons using cocaine (6.9%), crack (5.8%) or heroin (2.1%) besides cannabis (Table 27).

Table 4: Additional consumption of psychoactive substances by cannabis clients

Secondary diagnosis	Men	Women	Total
MDMA	20,0%	17,3%	19,6%
Amphetamines	14,0%	11,3%	13,6%
LSD	8,0%	5,6%	7,6%
Cocaine	11,8%	10,0%	11,6%
Heroin	5,0%	5,4%	5,0%
Alcohol	23,1%	15,8%	22,1%

Unknown.: 0 Pat. (0%) ; Basis: ; EBIS: N= 6.368 Source: Strobl et al. 2003

At present there is an ongoing study in German out-patient institutions of addiction help investigating problems and experiences of clients with a primary cannabis problem. First results are already available, the results of the complete study will be published probably beginning 2004.

Reason for admission

Nearly all female clients start out-patient addiction treatment on a voluntarily base with cannabis problems. This applies to men on in 74% of cases, in almost 19%, however, there are legal reasons. In comparison to persons with a primary alcohol problem in out-patient treatment this is a relatively high proportion. The figures for opiate addicts are similar (Table 28).

Table 5: Reasons for admission

Reason for admission	Alcohol		Opiates		Cannabis	
	M	F	M	F	M	F
Voluntary Treatment	88,3%	94,9%	78,8%	86,2%	71,9%	86,3%
§§ 35 - 38 BtmG	0,3%	0,1%	10,7%	5,8%	7,2%	2,6%
Other criminal basis	4,8%	1,0%	6,0%	3,6%	14,7%	6,5%
Civil law basis	4,5%	2,3%	1,3%	1,4%	3,4%	1,3%
Other reasons	2,1%	1,7%	3,3%	3,0%	2,9%	3,3%
Total	32.179	8.458	5.736	1.592	4.066	694

Source: Strobl 2003

About one fourth of the men and every tenth woman contacting out-patient aid institutions with a primary cannabis problem, are doing this because of a judicial decision or by order of an public authority. In many cases issuing or withdrawal of a driving licence are concerned.

1.1.4 Amendment of legal regulations

The legal situation in relation to car drivers and consumption of cannabis has changed in 2002 by judgement (BVG judgement 1 BvR 2062/96, 1BvR 2428/95). It declared that consumption of cannabis is not a sufficient reason in itself to deny a person's ability to drive a car. If, however, there is a connection between the consumption of cannabis and driving a car (for instance if cannabis is found in a car) the situation is different. It is reported by practitioners that pressure of authorities on consumers of cannabis has decreased a little after this sentence. The rest of the legal framework has remained almost the same for years. However trends indicate that on the whole intensity of prosecution has slightly decreased. Contrary to the presumed effect of these alterations in the legal situation the number of clients has increased significantly also in 2002.

1.2 Prevalence of problematic cannabis use and patterns of problems

1.2.1 Prevalence of problematic cannabis use

Comparative figures concerning consumption of cannabis in the population can be obtained from the Federal Study 2000 (Kraus & Augustin 2001) and the Drug Affinity Study by the Federal Centre for Health Education (2001) . About 10 million people – 19% of the age group between 12 and 59 years – have consumed cannabis once, about 3.4 million (6.4%) during the last 12 months. During the last year about 1.5 million persons (almost 3%) have used cannabis once ore more times according to the Federal Study which can be considered as indication of problematic use. About 0.2 million people are addicted according to DSM IV corresponding to the same study.

A regional study carried out in a relative big sample (NT3.021) with clinical instruments investigated 14-24 year old persons, it found out between 1995 and 1999 that 3.5% of the tested persons fulfilled the criteria of misuse according to DSM-VI and 0.9% criteria of addiction at some time during their life-time (Perkonigg et al 1997).

A population study however found out that consumers of cannabis compared to consumers of other drugs (e.g. hallucinogens, amphetamines) show with 20% the lowest rate of additional drug use (Perkonigg, Lieb & Wittchen 1998).

1.2.2 Car accidents under the influence of cannabis

In a „Roadside“ study investigating a representative sample of car drivers regarding different substances, cannabis could be proved at 0.57% of the tested drivers and alcohol at 5.48%. The respective figures for opiates were 0.15-0.62% (heroin, codeine). Only one out of 2.017 samples showed cannabis really in quantities (>40 ng/ml) causing an acute reduction of performance (Krüger, Schulz & Magerl 1998). The study recommends a rather careful evaluation of cannabis risks in road traffic. However the consumption of cannabis in the population has increased significantly once again after the survey.

1.2.3 Social problems related to cannabis

A number of investigations proved the connection between an intense consumption of cannabis and especially difficulties in adapting and performing. This result is mainly described in studies out of American sources. Kleiber and Kovar (1997) made a review concerning the effects of cannabis consumption. In a study investigating consumers of cannabis in non-clinical settings, Kleiber and Soellner (1998) showed a variety of patterns of consumption and on the whole very complex relations between the situation in the family of origin, social position and drug consumption among the tested persons.

1.2.4 Psychiatric problem related to cannabis

Consumption of cannabis results relatively often in acute affective disorders. Moreover, especially acute but also long-term psychotic disorders appear quite often (Caspari 1998). Particularly the question concerning relation between the consumption of cannabis and

psychiatric, especially schizophrenic disorders, is discussed. The direction of relation, causal connection or the availability of common reasons as well as the thesis that cannabis serves as self medication are examined. Negative effects of a self-medication with cannabis are described by Häfner et al. (2002).

1.2.5 Health problems related to cannabis

German as well as international studies deal with further effects on health. Latest meta analysis are for instance available from Inserm (2002) and Hall and Slowij (1998) about the entire field of negative somatic effects. Kleiber and Kovar (1997) published a summary concerning the consequences of cannabis consumption. Grant (2003) found in a meta analysis about neurocognitive effects negative influences for memory and learning which, however, decreased also significantly after prolongated abstinence.

1.3 Specific interventions for problematic cannabis use

Specific interventions for problematic cannabis use can hardly be found. With the exception of an institution in Berlin dealing with cannabis clients for many years, drug counselling centres take care of persons with primary cannabis problems. In spite of their quantity they are not specially considered as target group, however. An exception are special driving licence groups in which the clients of counselling centres are treated in common who are obliged to visit a number of sessions.