

**Improvement in cognitive and social competence in adolescent chronic cannabis users.
- Results from a manual based treatment programme at Maria Youth Centre,
Stockholm, Sweden.**

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At Maria Youth Centre in Stockholm, a system-theoretical approach involving family treatment has been used since the late 1980s to help adolescent drug addicts. This treatment approach did not help young chronic cannabis users. Therefore, the treatment method for adult chronic cannabis users (Lundqvist, T and Ericsson, D 1988) was transformed into a manual based 18 sessions programme. It is a structured six-week treatment programme including sessions three times a week. The main focus is on helping the cannabis users (17-20 year) to redirect cognitive patterns and to regain intellectual control. After completion of the six-week programme, the patients are advised to take part in supportive sessions once a week for six weeks. The programme is now a regular programme at the centre.

Fifty adolescents (75 admissions), with at least six months daily use, completed the programme between year 2000 and 2004. Average age at first cannabis use was 14.2 years. At follow-up after one year, two-thirds were cannabis free; 35 per cent had had no relapses and 33 per cent had had one brief relapse, 57 per cent were free from all problematic use, including alcohol. Patients with initial problematic alcohol use were less successful. Remaining symptoms of anxiety and depression were signs that indicate that extended support are needed. Finally, improvements could be seen in their overall life situation.

The clients were assessed at admission, after six weeks and after one year as a follow-up with a battery of questionnaires consisting of Sense of coherence (SOC), Symptomchecklist-90 (SCL-90), Beck's Depression Inventory (BDI) and scales focusing on qualitative improvements in life.

After six weeks of treatment the average SOC score increased from 118 points to 138 points (normal range for a Swedish sample is 142 – 152). At follow-up the average score was 145. These changes are statistically significant. Moreover, the average score on each of the component scales (comprehensibility, manageability and meaningfulness) also increased significantly during the programme period. After one year, a further improvement can be observed, although it is not statistically significant. The overall scores on SCL-90 (50 is normal with a range of 40 – 60), improved as follows: Global severity index (GSI) – from 68 to 54.1 to 51; Positive symptom depth index (PSDI) – from 61.2 to 50.6 to 51.9; Positive symptom total (PST) – from 65.5 to 56.4 to 51.7. Improvements were statistically significant. Clients with a GSI score below 50 increased from 8 to 29 per cent. Clients showing a PSDI score below 50 increased from 18 to 54 per cent and with a PST score below 50 increased from 10 to 30 per cent). The BDI overall score and the scores on the various component scales all improved significantly during the programme (the proportion of clients with no symptoms of depression increased from 58 to 94 per cent). At follow-up after one year, a further marginal improvement could be seen.

The data and the details of the treatment programme will be discussed in comparison to other cannabis treatment programs.