



Cultural and language adaptation to Spanish of CANnabis DISorder Program (CANDIS)



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Disclosure of interests

- Not conflict of interest in relation to this presentation and topic
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Availability of cannabis-specific treatment (CST) in European countries

Country	CST available	CST coverage ⁽¹⁾	Implementation of CST planned ⁽²⁾	Type of treatment offered
Belgium	Yes	Full	n.a.	CBT, MDFT, MI
Bulgaria ⁽³⁾	No	n.a.	Yes	n.a.
Czech Republic ⁽³⁾	Yes	Rare	n.a.	–
Denmark	Yes	Full	n.a.	CBT
Germany	Yes	Extensive	n.a.	CANDIS, CAN Stop, Quit the Shit, Realize It!, MDFT
Estonia	No	n.a.	Yes	n.a.
Ireland ⁽³⁾	No	n.a.	No	n.a.
Greece	Yes	Full	n.a.	–
Spain	No	n.a.	–	n.a.
France	No	n.a.	No	n.a.
Croatia ⁽³⁾	Yes	Full	n.a.	–
Italy ⁽³⁾	Yes	Extensive	n.a.	–
Cyprus	No	n.a.	Yes	n.a.
Latvia	No	n.a.	No	n.a.
Lithuania ⁽³⁾	Yes	Extensive	n.a.	–
Luxembourg ⁽³⁾	Yes	Extensive	n.a.	CANDIS
Hungary	No	n.a.	Yes	n.a.
Malta	No	n.a.	–	n.a.
Netherlands	Yes	Extensive	n.a.	MDFT, CBT
Austria ⁽⁴⁾	Yes	–	n.a.	CANDIS
Poland	Yes	Rare	n.a.	CANDIS ⁽⁵⁾
Portugal	Yes	Limited	n.a.	–
Romania ⁽³⁾	Yes	Limited	n.a.	–
Slovenia	No	n.a.	–	n.a.
Slovakia	Yes	Full	n.a.	CBT, MI
Finland	No	n.a.	–	n.a.
Sweden ⁽⁴⁾	Yes	Extensive	n.a.	
United Kingdom	No	n.a.	–	n.a.
Turkey ⁽³⁾	No	n.a.	–	n.a.
Norway ⁽³⁾	Yes	Limited	n.a.	Out of the Fog

Treatment of cannabis-related disorders in Europe

17

CST in europe
Yes=17
No= 13

Treatment of cannabis-related disorders in Europe, EMCDDA 2015

CANDIS

A Marijuana Treatment Program
for Youth and Adults



Eva Hoch, PhD

CANDIS

A Marijuana Treatment Program
for Youth and Adults

CANDIS

DVD

Eva Hoch, PhD

A Marijuana Treatment
Program for Youth and Adults

A Marijuana Treatment Program
for Youth and Adults



What is CANDIS? (CANnabis DISorder)

- Modular treatment program for problematic cannabis use
- For patients 16 years and older
- Based on 3 good practices:
 - Motivational Interviewing (MI)
 - Cognitive behavioral therapy (CBT)
 - Problem Solving Therapy (PRT)
- Developed in Germany, translated to english, polish, french (in progress)
- 10 individual sessions of 60-90 minutes
- Uses as guided script and printed materials
- Efficacia shown by a multicenter randomized study (Hoch et al, 2013).
- Trials excluded patients with psychotic disorder.
- Primary goal is abstinence.

CANDIS treatment program for cannabis use disorders: Findings from a randomized multi-site translational trial

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Translation – Adaptation process

- 2 month stay in Munich, Germany working with the research group leader (Dr. Eva Hoch)
- Translation from the english version into spanish
- Trainer of Motivational Interviewing (MINT, Motivational Interviewing Network of Trainers)
- Change of certain phrasings and conventions, while keeping MI spirit and techniques

Cultural characteristics of Barcelona



Cannabis clubs in Barcelona
Circulo Barcelona



El Capitan | Smoking Accessories
Los 4 Mejores Clubes Sociales de Cannabis en B...



cannabisbcn.com
Cannabis clubs in Barcelona - Find a s...



Cannabis Barcelona
La Mesa Cannabis Club | Review by Cannabi...



ASOCIACIÓN CANNÁBICA. FUMADORE...
ASOCIACIÓN CANNÁBICA GREEN PLANE...



ASOCIACIÓN CANNÁBICA. FUMADOR...
CLUB SOCIAL de FUMADORES de Canna...





Clinical characteristics

- High rate of dual diagnosis
 - Young Adults with CUD that want to reduce cannabis use (25%)
 - Dual Diagnosis Patients (CUD + other psychiatric diagnosis 75%)
- Academic, work, family, relationship issues
- High ambivalence
- Low self-efficacy
- High self-criticizing
- Cognitive difficulties



Preliminary study data





- Recruited: 34 patients in the control arm and 30 patients in the experimental arm (n=64).
- Of the total sample, 16 are women (20%).
- Average age is 29 years.
- Most are single (92%).
- 74% have higher education (Higher or university degree).
- 60% work or study.

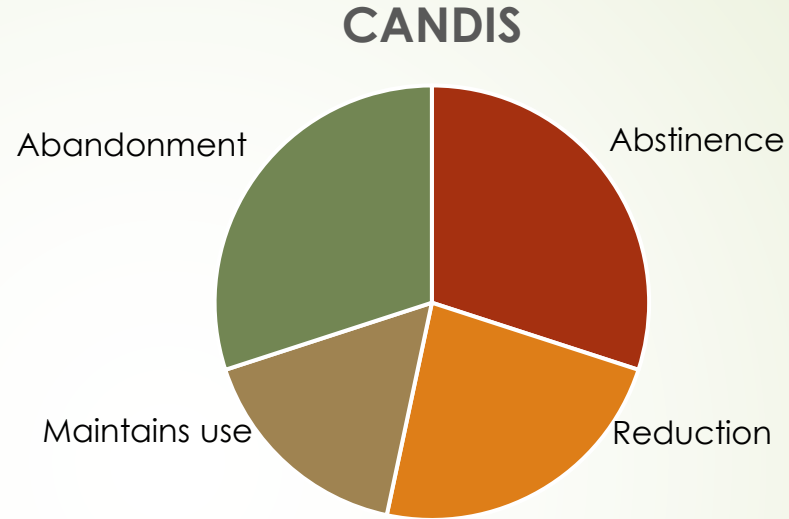






Preliminary study results

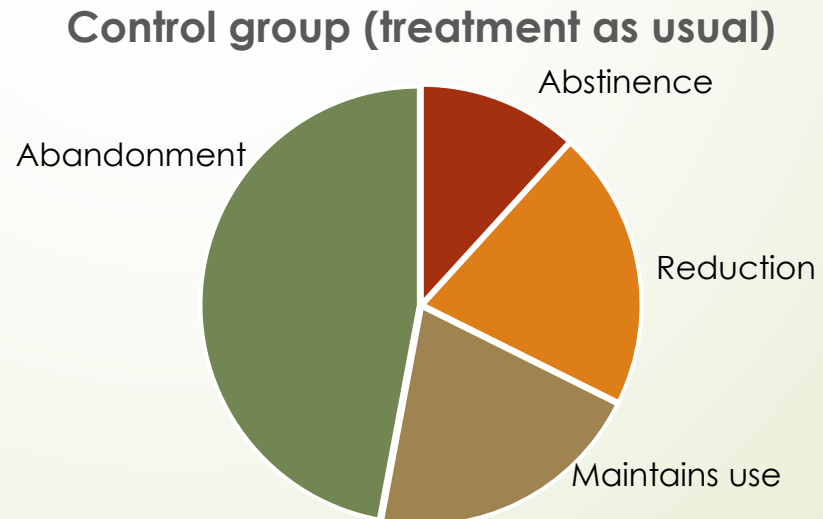
- 60% have a previous psychiatric history.
- Mean age of first use was 15 years
- Mean age of problematic use start was 17 years
- The average time of continuous use of cannabis is 7 years
- 75% have a comorbid nicotine use disorder.
- Average number of days of cannabis use in the last month is 23 days.
- Average consumption is 7 standard joint units per day
(1 SJU = 7mg THC = 1 joint = 1 euro).

Preliminary results of the program (6 months follow up)

Abstinence		30%	9	} 53%
Usage reduction		23%	7	
Maintains usage		17%	5	
Treatment abandon		30%	9	
total			30	



Abstinence		12%	4	} 32.5%
Usage reduction		20.5%	7	
Maintains usage		20.5%	7	
Treatment abandon		48%	16	
total			34	





Comments on the experience

- Profile of users is older, more pathologic, cognitive difficulties collide with the CBT instruments
- Some of the material is perceived as more engaging than others, some of it can be too demanding
- Structured program provides a guide for both the patient and the therapists
- Importance of MI training to provide better care than just “applying the script”
- Ambivalence and low self efficacy are almost always present
- Family and Friends support is a recurring theme but it is not given enough importance in the manual.



Conclusions

- There is no evidence to date of effective pharmacological treatments for CUD.
- MI is the fundamental element of the psychosocial treatment of CUD
- The structure of the program follows the structure of the four processes of MI (Engage, Focus, Evoke, Planificate)
- The program has provided the team with a common tool which has been helpful in a collaborative way. Any professional with training in MI can apply it
- Group therapy is showing promise as a next step.