

Municipalities in the lead: an approach to tackle GHB-related problems in the Netherlands.

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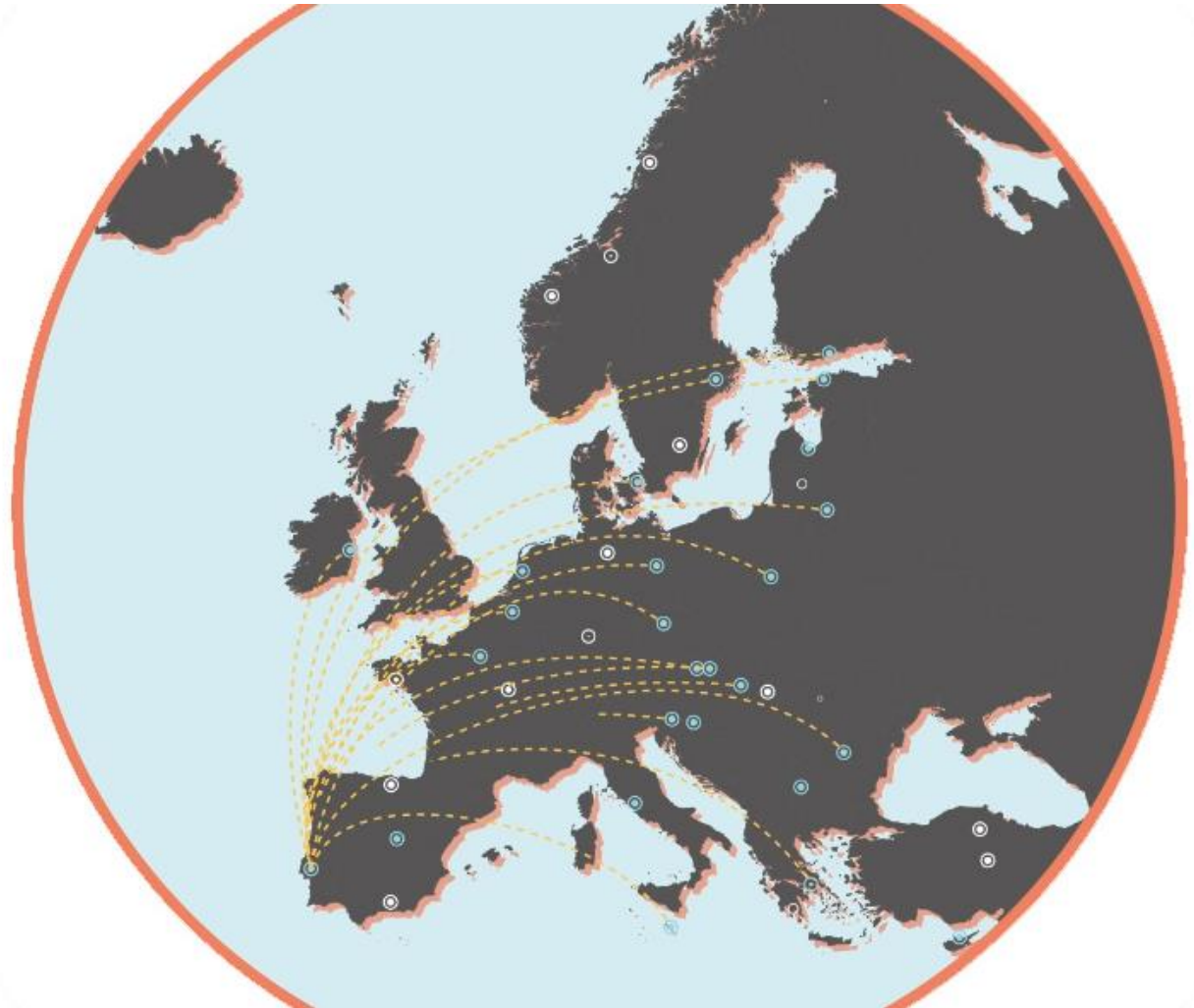
Netherlands Institute of
Mental Health and Addiction



REITOX member

**The Trimbos Institute is
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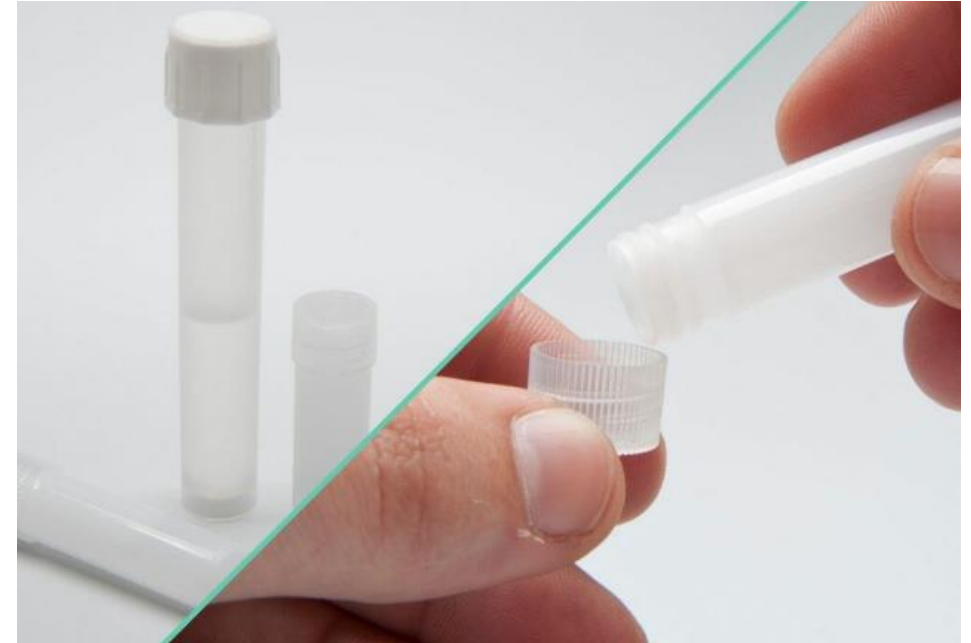
The Trimbos Institute is a
member of the European
Information Network on
Drugs and Drug Addiction
(REITOX)



”I had to change only one thing
to overcome my GHB addiction.
Everything”.

GHB (G, salt, Gina, liquid E, liquid X, scoop)

- Gamma hydroxybutyric acid
- Used as an anaesthetic (downer)
- Popularity increased early '90
- 2002 list 2 opium act, 2012 list 1
- Effects similar to alcohol
- Effects depends on amount used
- High risk of passing out



GHB users Netherlands

| GHB use 2021 General population (18-65 years) | % | Absolute numbers (rounded to 10.000) | XTC | Cocaine |
|--|------|---|-----------|---------|
| Life time | 1,9% | 260.000 | 9,8% | 6,5% |
| | | | 1,350,000 | 900,000 |
| Last year | 0,4% | 60.000 | 3,1% | 2,0% |
| | | | 430,000 | 280,000 |
| Last month | 0,2% | 30.000 | 1,0% | 0,8% |
| | | | 130,000 | 110,000 |

Diverse subgroups of frequent GHB users: outgoing adolescents and young adults, home users, marginalized groups, swingers and chem sex scene.

Small numbers, so why a GHB approach?

- Much use takes place 'behind the front door'
- Users are not seen until problems have become (very) serious
- Problems occur in all life areas
- Life with GHB is problematic, but so is life without
- GHB addiction results in a disproportionate amount of deployment of municipalities, police and the health care system
- Recovery is difficult, relapse up to 50%
- Withdrawal can be dangerous
- GHB addiction is characterized by a high rate of relapse, medical emergencies and nuisance.

Existing (municipal) care and consultation structures are not adequate

GHB accounts for 27% of critical-care


(1).
% of

Manual GHB approach



Ministerie van Volksgezondheid,
Welzijn en Sport

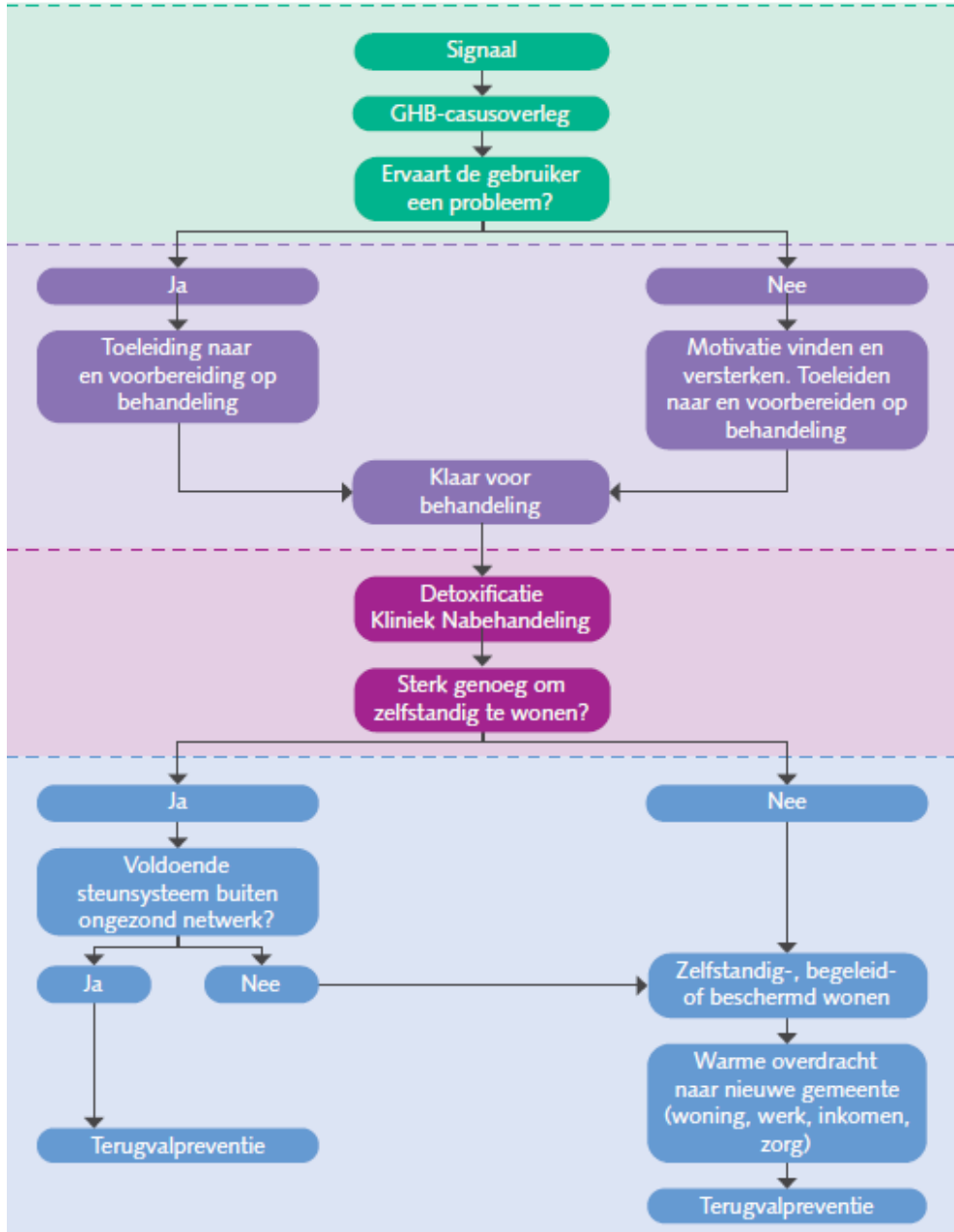
Why municipalities in the lead?

- Addiction care is the main partner, but municipalities are in better position to take the lead in this person-centered prevention approach
- Much going on: problems with housing, debts, police, social relations, employment....
- Integrative care from several domains is needed (health & safety)
- At times procedures must be adapted or bypassed in order to act quickly
- This needs a municipal project manager with the possibilities and means to follow through  mandate!

Stap 1 Agendasetting en mobilisering

Stap 2 Mensen en middelen vrijspelen voor het casuoverleg

Stap 3 Inrichten en opstarten van het casuoverleg



Stap 4
Signaleren

Stap 5
Motiveren

Stap 6
Behandeling

Stap 7
Zaken op orde brengen: voor, tijdens en na het traject

Focus on preparation, support and facilitation

Start and setting up case consult

Case finding > case consult > assessment

Working on motivation, internal or external

Treatment, case consult still at work (housing, work, compliance and practise with new skills during leave aftercare



Aftercare and monitoring of the client

Organizing a solid basis for recovery and relapse prevention

Working together on: building healthy social network, finance and debt, housing, daily activities

GHB-approach: case consult



The client is at the centre

- Inspiration and motivation
- Accessibility
- Intensive cooperation
- Flexibility
- Courage
- Customised
- Mandate

Implementation

- At present: 7 municipalities working with the approach
- Core element: mandate!
- Challenges:
 - Cooperation of clients – easily discouraged, hard to convince things can change
 - Long term commitment needed - finance
- Additional benefits: better relations with collaborative partners
- First municipalities have `ran out of ` problematic GHB users
- 2023: research project looking into effects on clients and proces

Thank you for your attention!

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