

The **LADIS** bulletin

Young people and community-based addiction care in the Netherlands (2004-2008)

In short

- About 7 000 of the 2.5 million people under the age of 25 sought professional help for drug addiction in 2008**
 - This means that 27 / 10.000 in this age group seek help
 - People under the age of 25 form 10% of the whole population in drug addiction care
 - Demand for help with cannabis is the most common problem (43%) and rose considerably from 2004 (+42%).
 - Alcohol underlies 22% of all requests for help and this is also rising (+23%).
 - Opiates (mostly heroin) account for 2% and this has halved with respect to 2004.
 - Cocaine problems make up a sixth (16%) and is also declining rapidly (-29%).
 - Amphetamine problems account for 8% and are rising (+29%).
 - A growing number of young people have had psychiatric treatment
 - The same is true for the number of young people who have been in trouble with the law

- Clear differences between the group up to 18 years and the 19-24 year group**
 - Demand for help related to population:
 - 10 / 10.000 in age group up to 18 years
 - 49 / 10.000 in age group between 19 and 24 years
 - Growth in number of young people needing help 2004-2008
 - Group up to 18 years +35%
 - Group 19-24 years +5%
 - Percentage of demand due to cannabis problems
 - Group up to 18 years 64%
 - Group 19-24 years 39%
 - Percentage of demand due to alcohol problems
 - Group up to 18 years 15%
 - Group 19-24 years 24%
 - Percentage of young people with multi-drug use
 - 42% of those up to 18 years
 - 53% in the 19-24 year group

Introduction

The subject of young people and drug addiction is something that greatly worries many people. In recent years, young people have regularly been shown in the news in stories involving drugs and excessive alcohol consumption. Concepts like “coma drinking”, “binge drinking” and *zuipketens* (drinking dens) have entered the vocabulary. Recently, the results were published of an investigation ordered by parliament into alcohol intoxication among young people in the Netherlands.¹

The young form a small group compared to the whole population who come to addiction care services. When viewed in the context of the very common use of drugs and alcohol amongst the young, the group is limited in number. Nevertheless, it has become a large group in absolute terms and that makes people rightly concerned for the future.

In this bulletin we will try to build a picture of this problem amongst young people, based on the most up-to-date figures on demand for help and those requesting it. Most of these young people call on the addiction care services concerning excessive use of alcohol or drugs. In many cases, however, it also involved young people who have a problem with excessive gambling.² Seeing that young people up to the age of 18 form a relatively small proportion of the people in addiction care (2%), the figures for the 19-24 year group are also presented. These two groups differ clearly in both size and characteristics.

Care demand from young people (< 25 years).

In the period 2004-2008, the number of people seeking help from the addiction care services rose by 9% to about 70 000. The number of young people (<25 years) in addiction care has in recent years remained relatively stable at about 10% of the population. This brings the number of young people involved up to 7000 in 2008.

In the Netherlands, there are about 2.5 million people in the 12 to 24 year age group. That means that 27 / 10 000 of this age group seek professional help from the addiction care services.

Representing 43% of requests for help, cannabis provides easily the most common addiction problem amongst young people.

Alcohol lies behind 22% of all requests for help (see Figure 1).

There is evidence of a strong rise in cannabis and alcohol problems. For the whole group up to 24 years, cannabis problems rose by 42% in the last five years and alcohol problems by 23%. The number of young people up to 24 years having problems with hard drugs has also increased over the last five years.

While there were still about 19 000 young people with opiate or cocaine problems in 2004, this number had fallen to about 13 000 by 2008 – a fall of 32%. The contribution of amphetamines is 8% and has risen by almost 30% (see Table 1).

¹ Dalen, W. van, et al. *Alcoholintoxicaties bij jongeren in Nederland, Een onderzoek bij kinderafdelingen in Nederlandse ziekenhuizen*. (Alcohol intoxications among young people in the Netherlands – A study of paediatric departments in Dutch hospitals.) Figures for 2007, 2008 and 2009 (up to June). December 2009.

² In the figures, the requests for help related to GHB, gaming and internet addiction are not shown separately. This subdivision is included in the national figures starting in 2009.

Figure 1
Division of primary addiction problems for young people, 2008 (n=7056)

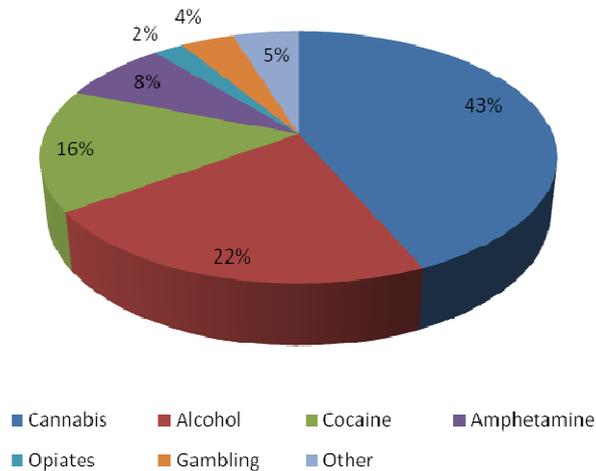


Table 1

Extent of addiction problems amongst young people, 2004-2008

	2004	2008	Difference
Cannabis	2 161	3 060	+42%
Alcohol	1 253	1 540	+23%
Cocaine	1 552	1 109	-29%
Amphetamine	434	558	+29%
Opiates	318	160	-50%
Gambling	447	282	-37%
Other	285	347	+22%
Total	6 450	7 056	+9%

Half of these young people also use a secondary substance alongside their main one. The prevalence of the secondary drug problem can be seen in Figure 5.

The number of these young people who had earlier been treated for psychiatric problems rose from 11% in 2004 to 26% in 2008. The group that had been in trouble with the law at some time also rose from 39% to 45% over the same period. These percentages can be seen for each age group in Table 4.

Differences between the two age groups

The number of young people aged up to 18 years is about 13 000. The group from 19 to 24 is about four times as large (5700). After correcting for the age distribution in the populations, this is, in fact, five times as large.

Furthermore, Table 2 shows that the number of young people aged up to 18 has grown by 35% in the last five years. For the 19 – 24 year group, this increase (+5%) was smaller (see Table 2) .

Table 2 **Extent of addiction problems amongst young people, 2004-2008.**

	Addiction care			Population				
	<=18	19-24	Total	Share <=18	Share 19-24	Share 12-18 yr/10 000 in age group	Share 19-24 yr/10 000 in age group	Total number per 10.000 inhabitants
2004	1000	5450	64522	1.6	8.4	7.1	47.4	45.3
2005	1007	5197	67095	1.5	7.7	7.2	44.7	46.9
2006	1022	5076	65473	1.6	7.8	7.3	43.7	45.6
2007	1411	5793	71126	2.0	8.1	10.0	49.8	49.4
2008	1351	5705	70018	1.9	8.1	9.6	48.6	48.5
Increase	+35%	+5%	+9%					

The addiction problems amongst young people are greater for the older group than for the younger group. For the younger group, the problems are still overwhelmingly posed by cannabis (64%) and alcohol (15%).

For the older group, however, the alcohol problem increases considerably to almost a quarter (24%) of the help requests, while the contribution from cannabis falls to 39%. Cannabis does, however, remain the most common problem.

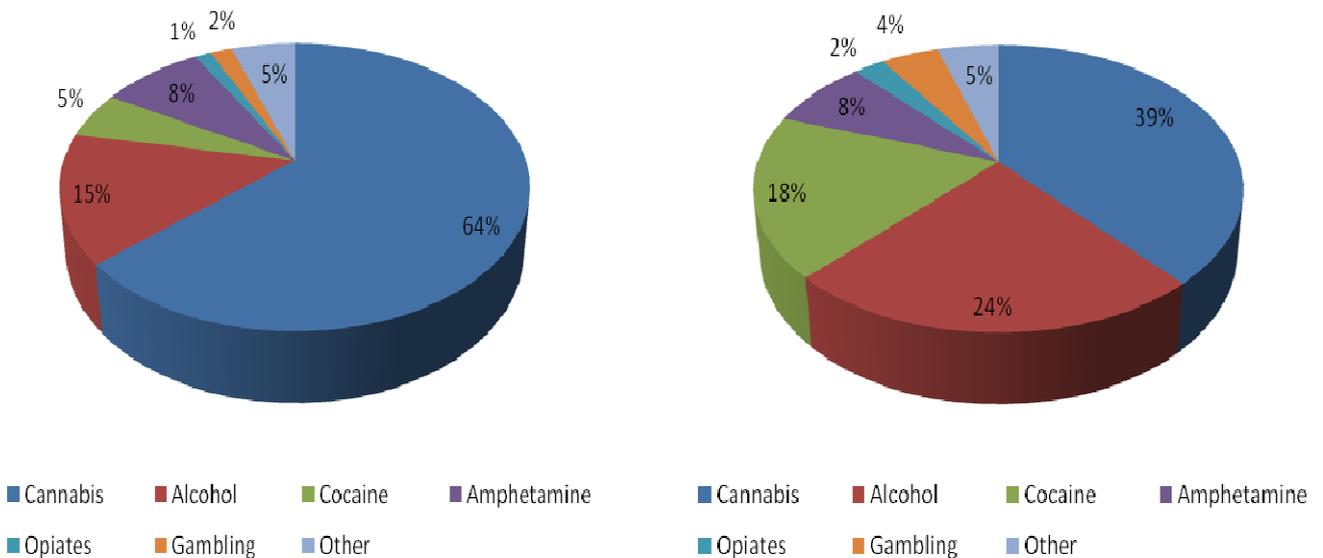
Figures from the Peilstation study show that within the population, alcohol use is far more common than cannabis use. Some 51% of the young people between 12 and 18 have recently used alcohol. For cannabis, this percentage is 8%³. Seeing these percentages, it is remarkable that the cannabis group is much larger for those in addiction care. The cocaine problem is much larger in the 19-24 age group than in the younger group. In the older group, 18% have sought help with cocaine problems but only 5% from the younger group.

The problem gambling group contributes 2% to the younger group and 4% to the 19-24 year group (see Figure 2).

Figure 2 Primary addiction problems for two age groups of young people, 2008.

Up to 18 years (n=1351)

Between 19 and 24 years (n= 5705)



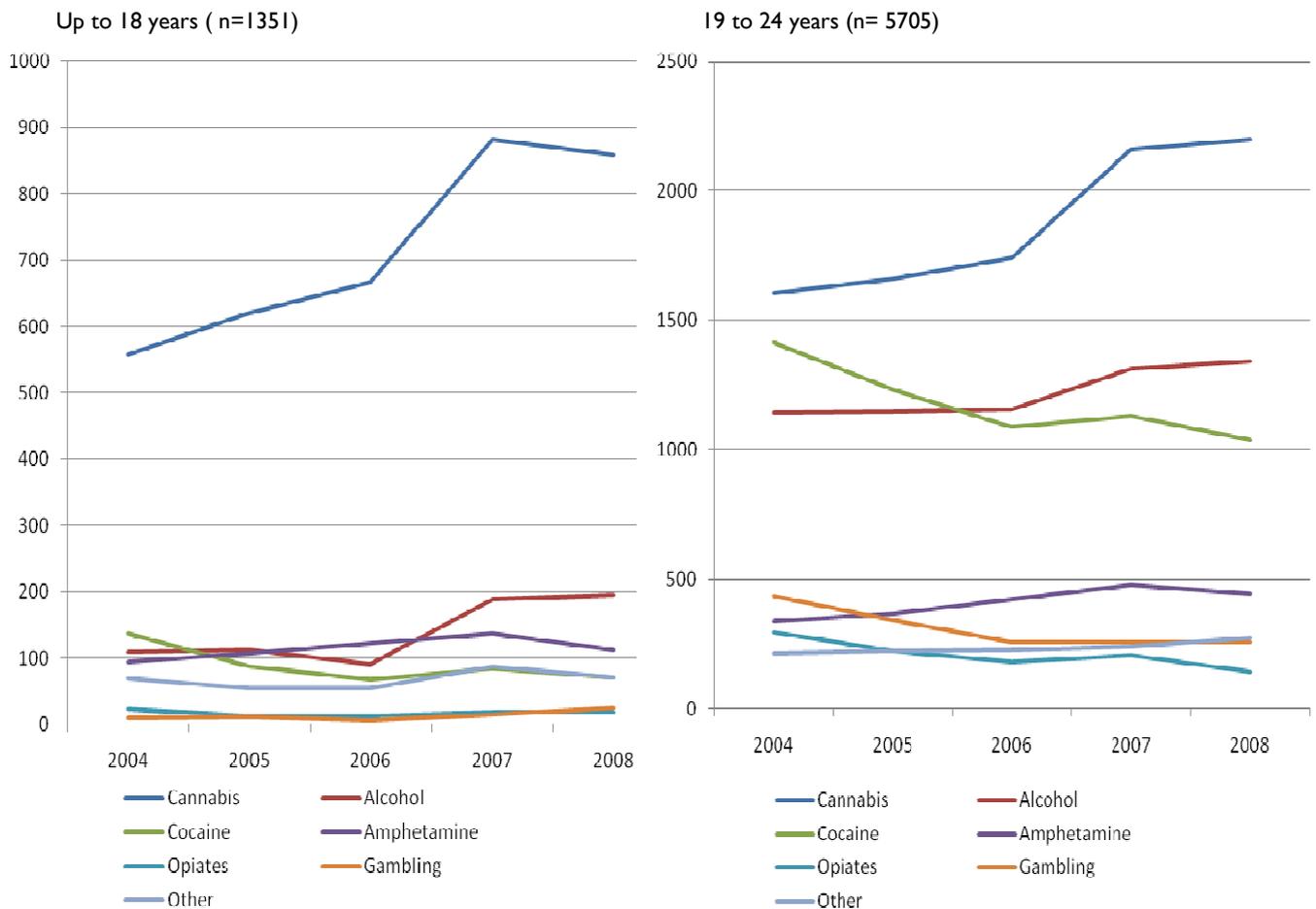
Looking at the trends, the 2004-2008 period shows mainly a rise in the cannabis group. It is mainly in the younger group that recent years have seen a large increase in requests for help with alcohol problems (see Table 3). In the group aged up to 18 years, there is a visible change in the increase in cannabis in 2008. The same change is visible for the increase in amphetamines. In both the younger and older groups, alcohol has taken over second place from cocaine (see Figure 3).

³ Monshouwer, K., Verdurmen, J., Van Dorsselaer, S., Smit, E., Gorter, A., Vollebergh, W. (2008). *Jeugd en riskant gedrag 2007: kerngegevens uit het Peilstationsonderzoek scholieren: roken, drinken, drugsgebruik en gokken onder scholieren vanaf tien jaar*. Utrecht: Trimbos-instituut.

Table 3 Extent of problems for two age groups of young people, 2004-2008.

	Up to 18 years			19 to 24 years		
	2004	2008	Difference	2004	2008	Difference
Cannabis	557	859	+54%	1 604	2 201	+27%
Alcohol	109	195	+79%	1 144	1 345	+15%
Cocaine	137	71	-48%	1 415	1 038	-36%
Amphetamine	94	113	+20%	340	445	+31%
Opiates	23	18	ns	295	142	-108%
Gambling	10	24	ns	437	258	-69%
Other	70	71	ns	215	276	+22%
Total	1000	1 351	+35%	5 450	5 705	+5%

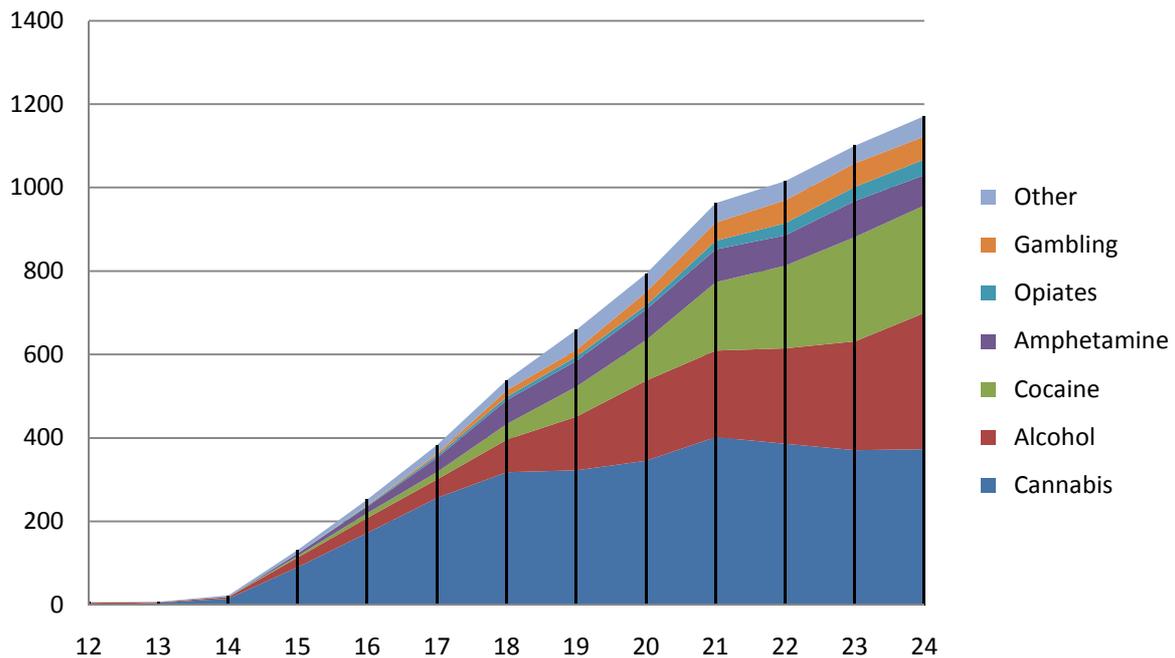
Figure 3 Trends in primary addiction problems among young people, 2004-2008.



The fact that relatively few young people in the group up to 18 years old call on the addiction care services does not mean that there is hardly any problem. It seems to take some time before an addiction problem manifests itself and is recognised for what it is. That is one of the reasons why the numbers in the 19-24 year group increase strongly.

In Figure 4, a large increase in the number of people in addiction care with increasing age stands out. This includes all young people in the 2008 registration year. It can be seen that it is primarily the contribution from alcohol and cocaine that has grown strongly in the group older than 18 years.

Figure 4 Number of young people by age and primary addiction problem, 2008 (n=7051)

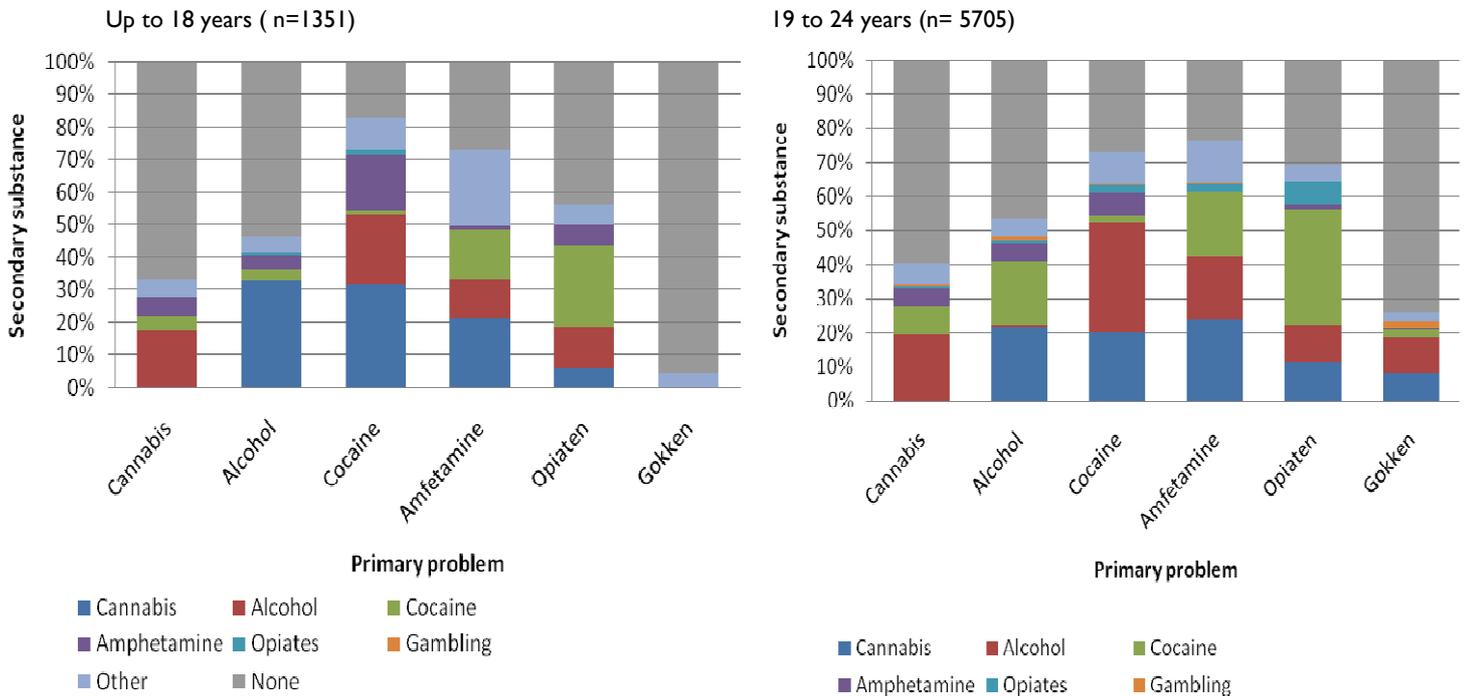


Age	12	13	14	15	16	17	18	19	20	21	22	23	24
Number	7	8	23	132	253	384	539	659	794	963	1016	1101	1172

Many young people who call on the addiction care services do not come with a simple problem. There is often evidence of problems with more than one drug. This increases the complexity of the treatment – a complexity that only seems to increase with age. For the group up to 18 years, 42% use one or more secondary substances. In the 19-24 year group, this rises to 53%.

Figure 5 shows the most important secondary substances for each age group, according to the primary form of addiction. Secondary addiction is more common for cocaine and amphetamine users. Secondary substance abuse is less common amongst those with a cannabis problem. It is noticeable that in the younger age group the use of secondary substances is still rare, in contrast to the older group.

Figure 5 Secondary substance abuse for reach primary problem 2008



It is not unusual for addiction clients to have a background of other problems. Addiction care organisations ask their clients to what extent they have already had psychiatric treatment or have been in trouble with the law.

For both the younger and older groups a strong rise can be seen in those requesting help that had already had psychiatric treatment. This increase is greatest in the younger group. In addition, the number of young people who have been in trouble with the law at some time has risen in both groups (see Table 4).

Table 4 Problem history – Young people

	Up to 18 years			19-24 years	
	2004	2008		2004	2008
Previous psychiatric treatment	12%	29%		11%	25%
Previous trouble with the law	30%	42%		40%	46%

Conclusions

Young people up to the age of 25 still form a relatively small group within the addiction care system. Although many young people use alcohol and cannabis, only a small number of these turn up in addiction care at a young age. Where addiction is concerned, it is known that it often takes a long time before (problematic) use leads people to seek professional help. Nevertheless, some 7 000 young people have such serious problems that they have gone to the addiction care system. Next to the now almost normal cannabis problems, they also get into difficulties with other substances. Alcohol in particular is quickly finding a place in this.

The increase in the group of up to 18 years of age (+35%) who have already called on professional help is a signal by itself.

The group of young people above the age of 18 is four times as large. In this group, alcohol and cocaine are forming an increasingly large part of total substance abuse, although cannabis remains the most important problem.

The problem seems to get more complex with age. The older the clients, the more common multi-drug use becomes. For both the young and the old groups, the number of young people that have already had psychiatric treatment or who had been in trouble with the law has increased in recent years.

There are clear differences in the problems experienced between the group up to 18 years of age and the older 19-24 year group. An age-related approach will certainly be necessary.

The image of young people and the use of alcohol, drugs and excessive gambling given by the media is supported by the figures in this bulletin. The numbers remain for now relatively low and it concerns only a small percentage of the total group of young people. It is nevertheless wise to pay attention to developments in this age group. Relatively new addiction problems that arise mainly among young people, such as GHB, gaming and internet addiction will in the coming years become more visible in the addiction care system. The IVZ will report further about this as soon as the figures for 2009 become available.

COLOPHON

Informatievoorziening Zorg (IVZ) is a government-appointed institute that manages, edits and reports for the Landelijk Alcohol en Drugs Informatie Systeem (National Alcohol and Drugs Information System, LADIS). LADIS has existed since 1986 and is able to track unique clients through the years anonymously. This makes it possible to build a picture of treatment histories.

The LADIS system takes in data with national coverage for those requesting help from community-based addiction services. Every year trends are mapped out by publishing the “Key Figures”.

In addition, the database is used for research, policy evaluation and benchmarks.

The LADIS bulletin offers an overview of particular aspects of demand on the addiction care services. The bulletin gives periodic attention to trends, themes and clients with the help of data from the LADIS system.

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