This is the very first Newsletter on INCANT, with many more to follow.

**INCANT** stands for **IN**ternational **C**Annabis Need of **T**reatment study.

The study - a randomized controlled trial - was initiated by five Western-European countries deciding to work together in providing an evidence base for cannabis. There is an open invitation for other countries to join.

Key question in INCANT is if **MDFT**, Multidimensional Therapy - a treatment developed in the USA, is also effective in reducing cannabis dependence and abuse and other problems in Western-European adolescents. INCANT stresses cannabis, while not neglecting other issues, such as heavy drinking, mental or conduct disorder, and psychosocial trouble.

The INCANT 'community' is quite large by now. This series of Newsletters serves to inform all collaborators and interested parties on major developments. Comments, corrections, suggestions and contributions are most welcome.

**A bit of history and a bit of background**

**INCANT** sprang from the so-called Five-Countries Action Plan for Cannabis Research (APCR).

The APCR dates back to 2003 and was meant to add facts to international drug policy discussions. It was adopted by representatives of, or on behalf, of the Ministries of Health of Belgium, France, Germany, the Netherlands and Switzerland, i.e., by the Steering Committee.

The APCR called for a treatment trial focusing on adolescents. Based on thorough literature reviews, MDFT was selected. The trial was named INCANT.

**MDFT** is a family based, developmentally oriented treatment offering a set of interventions for adolescent substance use disorders and other problems.

It has been found beneficial in different doses, in youth of varying ethnic background, and in various treatment delivery settings (outpatient, inpatient, juvenile court ordered).

MDFT was superior to other treatments in 5 U.S. trials in reducing substance use, mental disorder symptoms, truancy and delinquency, and in improving family functioning and adherence to therapy.
**INCANT MAIN Study on its way**

MDFT therapists work in supervised teams of 3 to 5 colleagues, with each therapist having a case-load of 5 - 7 adolescents/families at any given time. The treatment usually lasts 4 to (in more severe cases) 6 months.

The Governments of Belgium, France, Germany, the Netherlands, and Switzerland selected MDFT as the therapy of choice for a pilot study to assess the feasibility of an adolescent treatment trial in Western Europe. Because of the generally positive results of the pilot study, the five Governments decided to have a protocol prepared for the INCANT Main Study.

This resulted in a joint, trans-national randomized controlled trial, with at least 480 families. The INCANT Main Study took off in 2006 and will end in 2010. Core funding has been granted by the Ministries of Health of the five countries.

In the study, MDFT is compared to 'Treatment As Usual' (TAU). In all five countries, permission from an Ethical Board has been obtained.

Enrolment of families started in the Dutch site (The Hague, 2 sub-sites) in July 2006, in the German and French sites (France: 3 sub-sites) in October 2006, with Belgium and Switzerland to follow soon, picking up on preparatory work already done.

At the end of February 2007, 14 cases had been included in the Netherlands, 23 in France, and 23 in Germany.

*The Netherlands will add another sub-site to boost enrolment*

**The Steering Committee: Policy makers, present and future**

The policy and funding perspective of INCANT is watched over by the Steering Committee:

- **France Lert**, France, Chair. INSERM/MILDT. MILDT = Mission Interministerielle de Lutte contre le Drogue et la Toximanie
  From respective Ministries of Health:
  - **Pol Gerits**, Belgium
  - **Gaby Kirschbaum**, Germany
  - **Wil de Zwart**, the Netherlands
  - **Martin Büechi**, Switzerland

One of the major achievements of the Steering Committee has been the establishment of the Action Plan for Cannabis Research (APCR).

The APCR involves more than a treatment effectiveness trial, so more than INCANT.

Epidemiological issues were considered, such as the prevalence of (problematic) cannabis use amongst youth, in conjunction with co-morbidity.

Of prominence, too, was the possible physiological or mental harm caused by cannabis. Another important issue was the (comparative) effectiveness of cannabis control policies in Western-European countries.

Research on these issues has taken place in the past few years, in part with subsidy arranged by the Steering Committee, in substantial part though other routes.

The experiences gained in the past four years will be turned into a set of recommendations, for the Steering Committee to consider.

The Steering Committee is interested in furthering a broad joint substance use research agenda, not just focusing on cannabis. Collaboration with other countries is welcomed.

Whatever the outcome of this self-reflection, the Steering Committee will continue to serve as a sounding board for INCANT.

*Steering Committee preparing for new role*
The scientific perspective: the INCANT Study Team (IST)

On 26 January 2007, the Steering Committee formally installed the IST, the strictly independent INCANT Study Team. This was done to ensure a proper, high-quality execution of the INCANT Main Study.

The main tasks of the IST are:

**Management & Accountability.** This includes
- Deciding whether local protocols fit the INCANT Main Study protocol
- Carrying out the overall management of the INCANT Main Study
- Reporting to the Steering Committee
- Settling disputes between INCANT Main Study parties
- Developing INCANT Main Study policies
- Advising the Steering Committee about desired changes in the INCANT Main Study, or about barring INCANT partners in case of a contract breach.
- Acquiring further funds

**Monitoring and auditing.** This includes evaluating:
- Adherence of local protocols and procedures to the joint INCANT Main Study protocol
- Recruitment rates at study sites
- Planning of assessments
- Data input
- Therapists’ adherence to and competence in MDFT.

The IST may visit INCANT partners to gain understanding of progress and impediments. If an INCANT partner is found wanting in meeting its obligations, the IST can bar the data collected by that agency from joint analyses.

Overseeing and guiding statistical analyses
Publications and other dissemination of data. The IST has established a Publication & Dissemination Policy. This Policy will feature in the next issue of this Newsletter.

Assessing plans or protocols for new studies proposing to use INCANT data. An INCANT contributor wishing to carry out an additional study using INCANT data must submit a proposal to the IST. Only the IST can attach the label 'INCANT' to any new or additional study.

**Composition of the IST**

- Henk Rigter, Chair. Professor, Department of Public Health, Erasmus MC, Rotterdam, the Netherlands
- Vincent Hendriks. Head of PARC, The Hague, the Netherlands
- Isidore Pelc. Professor, Department of Psychiatry, Brugmann Hospital, Brussels, Belgium
- Olivier Phan. Head of Centre Emergence, Paris, France
- Jürgen Rehm. Professor. ISGF research institute, Zurich, Switzerland, and University of Toronto, Canada
- Cindy Rowe. Assistant Professor. CTRADA, University of Miami, USA
- Peter Tossmann. Head of Delphi Gesellschaft, Berlin, Germany

IST will meet again in June 2007

Who is Who continued: CTRADA, University of Miami

INCANT would not exist without MDFT. MDFT would not be there without its developers, who are now at the University of Miami Miller School of Medicine. More specifically, at CTRADA - the Center for Treatment Research on Adolescent Drug Abuse. [www.miami.edu/ctrada](http://www.miami.edu/ctrada)

- First to mention is Howard Liddle. Professor, head of CTRADA
- Other CTRADA key staff are Gayle Dakoff and Cindy Rowe, Assistant Professors.

These three experts and other CTRADA personnel have trained the European MDFT supervisors and therapists, and are guiding them in their INCANT work.

CTRADA has helped to design the research part of INCANT.

CTRADA’s crucial role in INCANT will be highlighted in the next Newsletter.
INCANT in Germany: research and therapy

There are many other actors in INCANT.

In this issue, we make the acquaintance of our collaborators in Germany. Overall project leader in this country is Andreas Gantner.

The research part is carried out by Delphi Gesellschaft, a Berlin based agency for research and development under directorship of Peter Tossmann. Psychologists Patricia Weil and Reglinde Schöbl recruit families into INCANT, administer the questionnaires and interviews, and enter the data into the central database in Rotterdam.

All experimental and control INCANT therapy is delivered in or from Therapieladen, a non-profit institute for the prevention and treatment of substance abuse (mainly cannabis abuse) in adults and adolescents.

Therapieladen focuses on the city of Berlin and the surrounding area. Its services are being contracted by the Health Department of the Senate of Berlin and health and youth services.

Andreas Gantner has graduated – in CTRADA training programmes – as MDFT therapist first and then as MDFT supervisor. He leads a team of four MDFT therapists (see column at the right), who also successfully completed all pertinent training.

Treatment As Usual (TAU) at the German INCANT site takes somewhat longer (8 - 9 months) than MDFT (4 - 6 months), and is delivered by equally competent and experienced therapists. Nevertheless, we expect MDFT to do better.

The German site has its own website, www.incant.de. Very artistic. So are the flyers for adolescents and parents issued by Delphi and Therapieladen. See also www.delphi-gesellschaft.de and www.therapieladen.de. Informative indeed.

First German INCANT publication


For an English abstract, see PsychINFO Database 2007
Speaking about Germany

Each six months, the EU member states take turns in executing the Presidency of the European Union.

Right now, Germany is in charge. On the German agenda is organizing a meeting called Prevention and therapy of cannabis disturbances in Europe: status, projects, need for development.

The event will be held in Berlin on 29 and 30 March 2007. It is co-organized with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) - a EU institute. The attendants will include Member State experts contributing to the work of the EMCDDA.

However, there is room for other perspectives as well.

Of note

INCANT website

The INCANT database website - www.incant.eu - has a closed section for investigators only, and a public entry called General Information.

Hopefully, not only the researchers will frequent the General Information section, but also therapists, managers, policy makers and other interested parties and persons.

Have a look!

Read or flip through the INCANT Main Study protocol and through the Instruction Manuals for each of the measurement rounds in INCANT. The full set of surveys is on display.

This is just the beginning of a rich set of information on sites, events, publications, analyses, an developments, all to be presented on this website.

Evidence-Practice award

On 27 April 2007, Howard Liddle will receive The Joint Meeting on Adolescent Treatment Effectiveness (JMATE) Research to Evidence-Based Practice 2007 Award.

This well-deserved distinction is "in recognition of (his) consistent commitment to bridging the gap between research and evidence-based practice in adolescent substance use treatment".

See the CTRADA website for more praise given and awards granted to MDFT and its developers.

Publications

Publications will be a standard feature of this Newsletter. Here, just two mentions:
