TWIST Training With Stakeholders
Applying EU Addiction Research

PREVENTING HARMS AND PROBLEMS FROM SUBSTANCE USE

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UPO UNIVERSITÀ DEL PIEMONTE ORIENTALE

PHI | Public Health Institute

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SOME QUESTIONS FOR *YOU*

- How is prevention defined and operationalised in the Conference programme?
- Do you think it has lived up to its potential? Is it effective? What does 'effective' look like in the real world?
- How do you think prevention is viewed compared to treatment by professionals (including scientists) and the public?
- What are some of the current 'big questions' in prevention?
- Is prevention adaptable to changing drug policy?

WHAT IS PREVENTION – CLASSIC DEFINITION

- Prevention can be defined broadly as policies, programmes and practices designed to reduce the incidence and prevalence of drug use (including alcohol, tobacco, illicit drugs) and consequent health, behavioural and social problems.

WHAT IS PREVENTION – EXPANDED DEFINITION

- Drug prevention is an activity with the potential for preventing, delaying or reducing drug use, and/or its negative consequences. Drug prevention activities can target whole populations, subpopulations, or individuals.
- Drug prevention activities can target legal drugs (e.g. alcohol, tobacco), illicit drugs, pharmaceutical products, and other substances such as image and performance enhancing drugs (IPED).
- Drug prevention activities work to reduce risk and build protective factors known to influence drug use. They may target common factors that affect or reduce vulnerability for drug use and drug use problems or promote healthy development and resilience in general.
- Drug prevention takes places across multiple levels of society, including at individual and interpersonal levels; in family and social groups, organisations, and institutions; in communities; and at a public policy level.

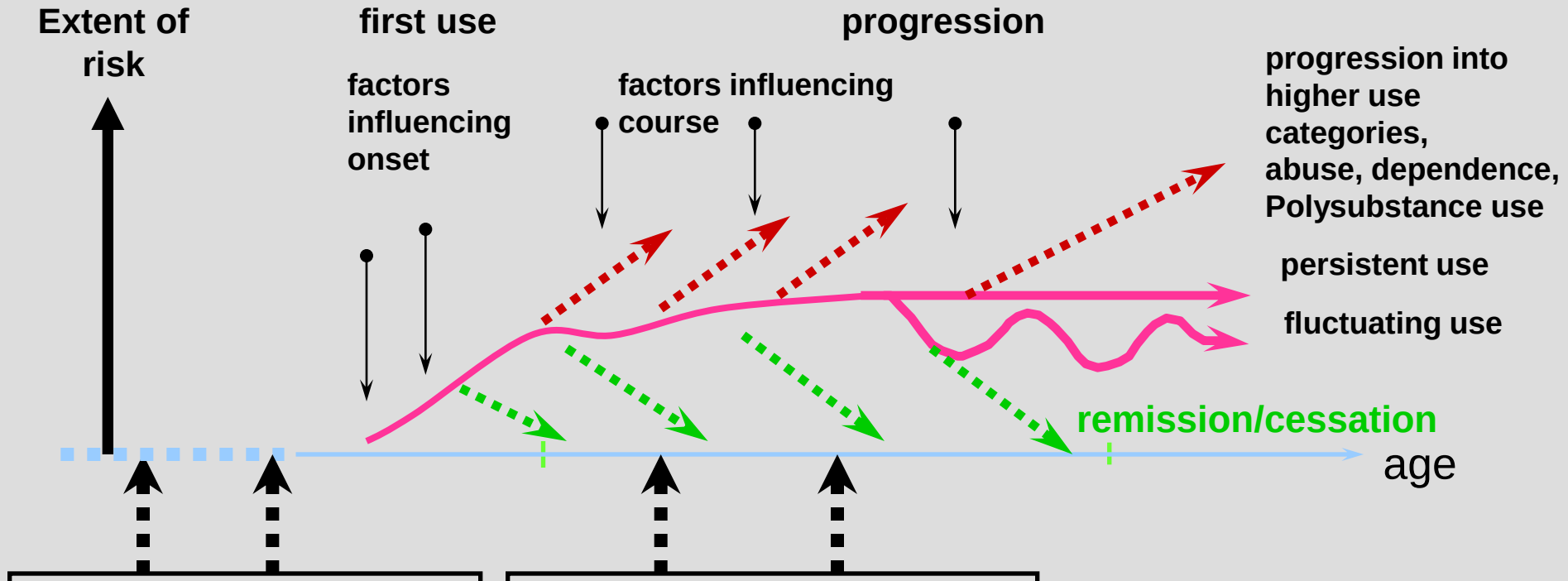
WHY DO WE WANT TO PREVENT THE ONSET OF DRUG USE?

- Drug use or specific patterns of drug use should be prevented not because drugs (possession) are illegal, but because we want to reduce the probability of adverse health and social outcomes directly or indirectly associated with use.
- E.g. Early onset of regular cannabis use associated with:
  - Greater likelihood of dependence and other use disorders
  - Increase in general risk propensity (common liability model)
  - Poorer educational outcomes → reduced economic performance
  - Impaired cognitive functioning
  - Psychopathology...?
  - Greater years of ill health
  - Tobacco use
  - Multiple vulnerabilities

WHAT ARE RELEVANT OUTCOMES IN PREVENTION?

- Useful outcomes are those that have strong predictability (Fernandez-Hermida et al., 2013)
  - i.e. meaningful health or social outcomes; for example, injury, morbidity, mortality, quality of life, educational and economic achievements.
- Prevention is usually judged a success based upon 'Surrogate end points', but in reality few hold good predictive value for health and social outcomes
- E.g. age of first drug use, and use in the previous month may be important for policy, but weak relationship with meaningful outcomes

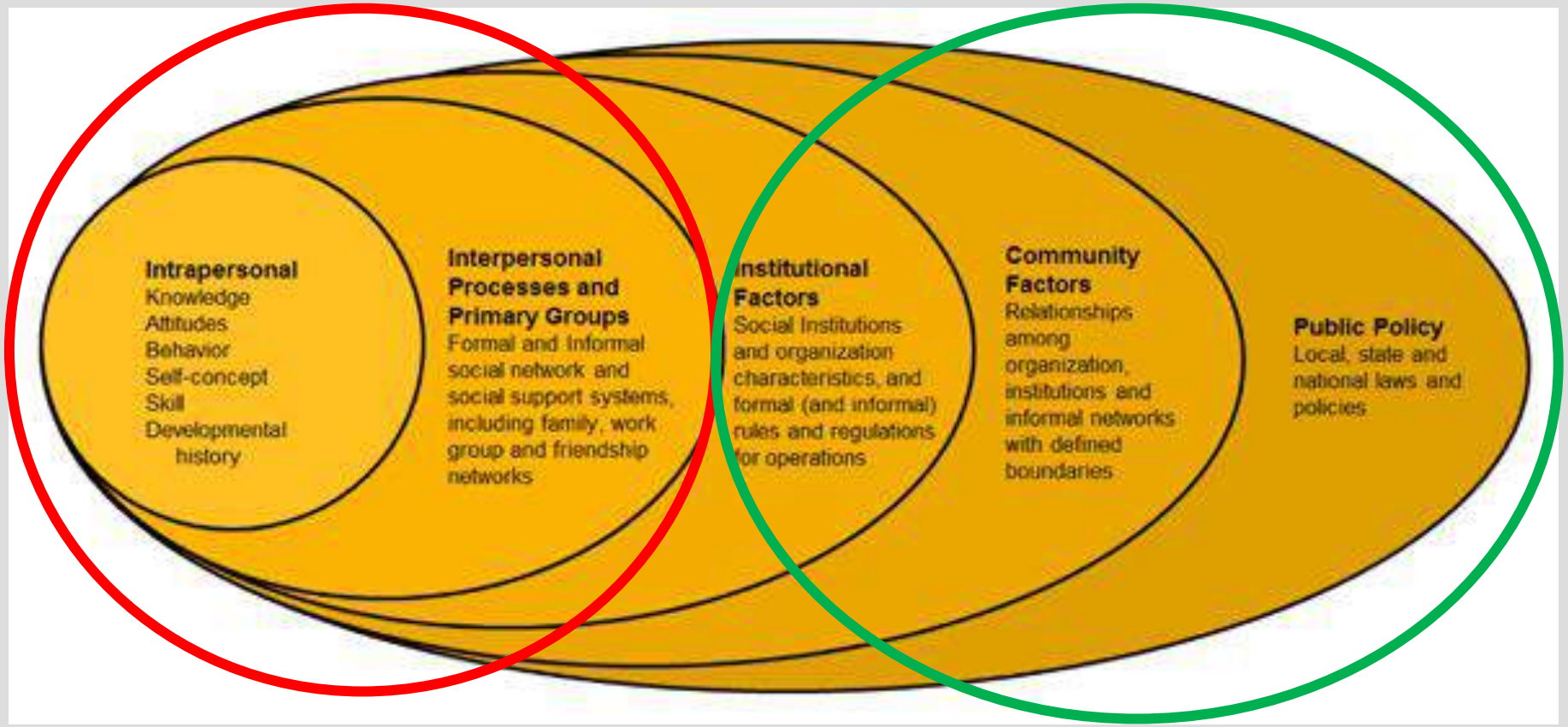
DRUG-RELATED DISORDERS: DEVELOPMENTAL COURSE AND INFLUENCING FACTORS



WHAT IS PREVENTION? - FURTHER CONSIDERATIONS

- Prevention aims to reduce risk factors, to support health/social skills development, and to promote the influence of resilience factors on behaviour. **Links with health promotion, assets based responses, and environmental change.**
- Good prevention works across multiple sectors
- Good preventative responses take place in 'complex systems' and outcomes are a result of cumulative action – action in one area affects utility of another

SOCIOECOLOGICAL MODEL OF HEALTH



Institute of Medicine, 2003

ECONOMIC RECESSION

- Income effects; Economic stress; Substitution effects
- Since 2008, in the EU, an increase of 1% in regional unemployment rate →

  ⇧ 0.7 percentage point increase in lifetime reports of youth (15-24) cannabis

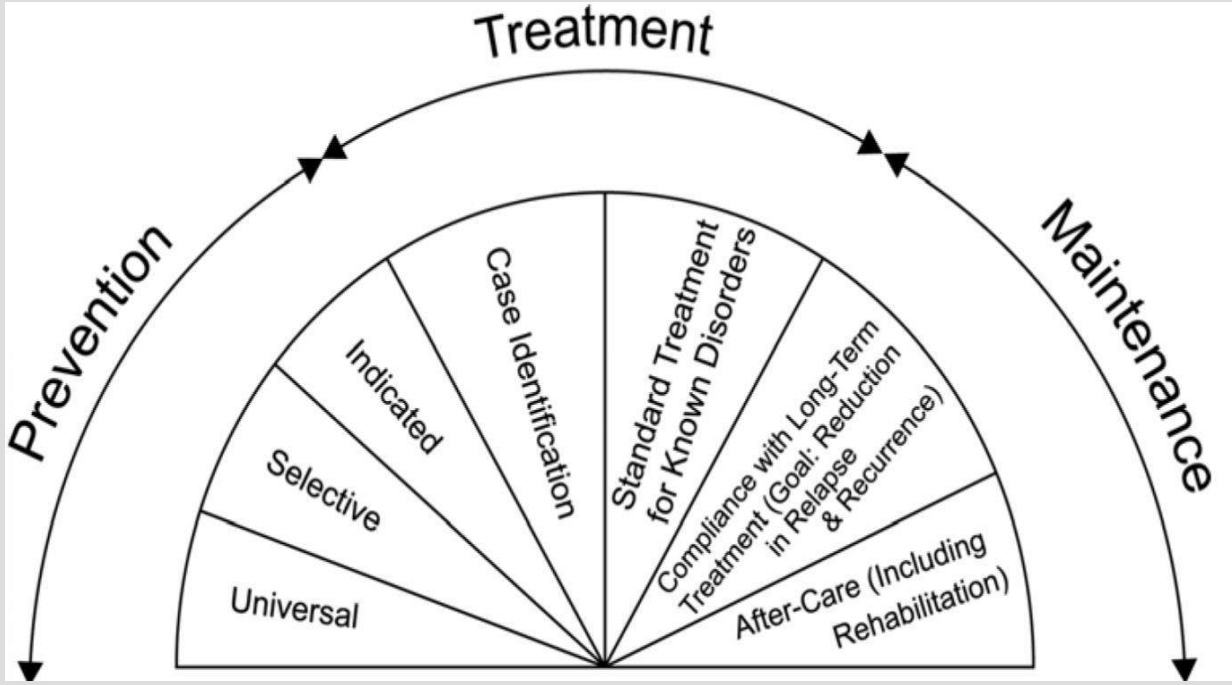
  ⇧ 0.5 percentage point increase in lifetime reports of youth NPS

  - Change in perceived accessibility of some drugs (e.g. ecstasy, cocaine, heroin)
- Austerity & preventative impact of policies supporting economic and workforce development

Ayllón & Ferreira-Batista, 2017

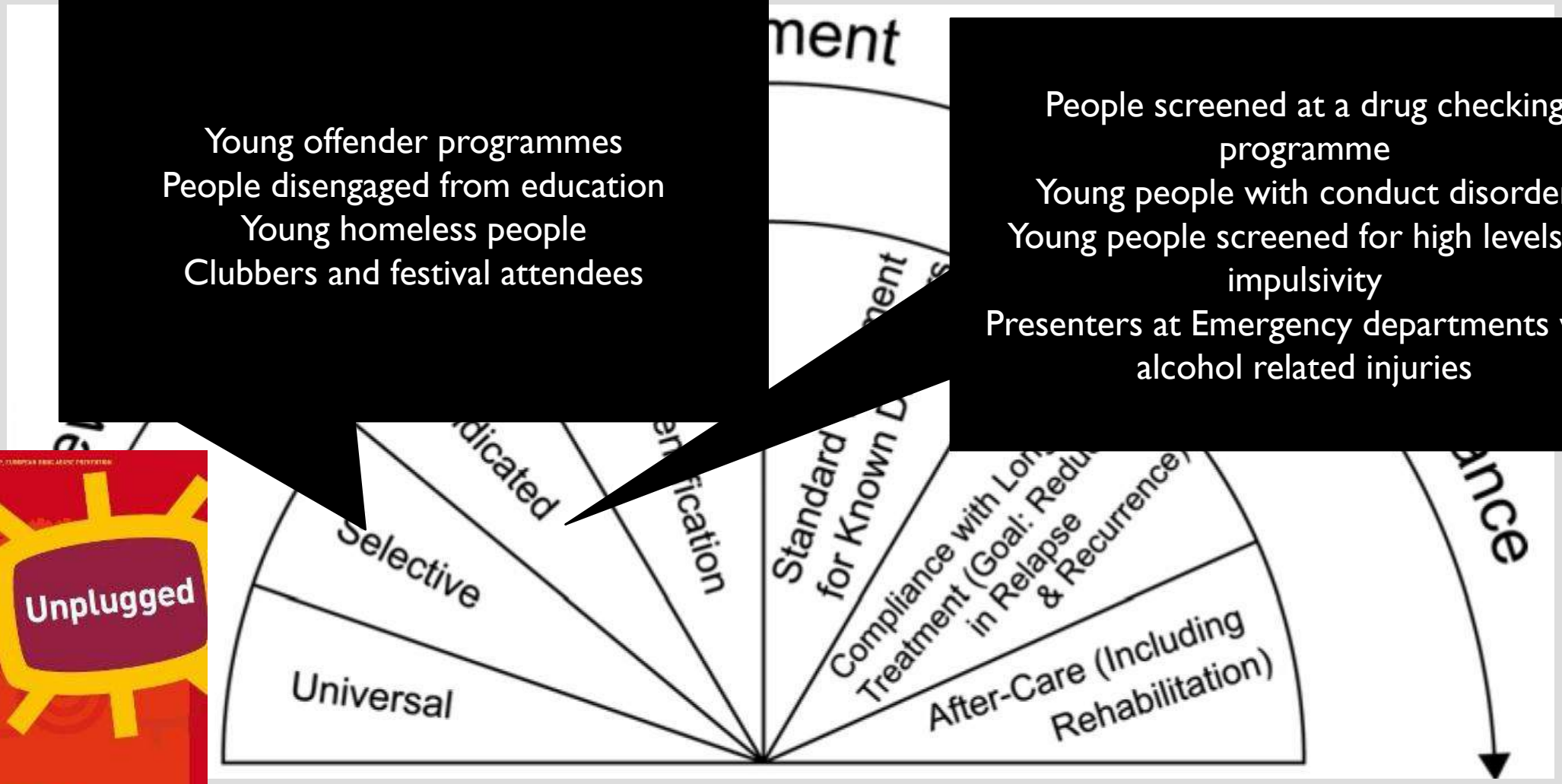
INSTITUTE OF MEDICINE MODEL OF PREVENTION (1994; 2009)

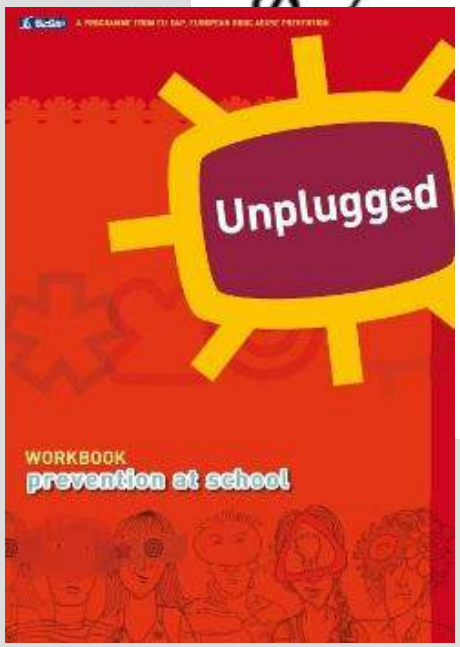
- Illustrates the continuum of services/interventions between prevention, treatment, recovery and harm reduction.
- Creates a conceptually unified and evidence-based continuum of prevention services.
- Classification by population provides clarity to differing objectives of various interventions and matches the objectives to the needs of the target population.
- **Understanding of target group, and appropriate responses key**



Young offender programmes
People disengaged from education
Young homeless people
Clubbers and festival attendees

People screened at a drug checking programme
Young people with conduct disorder
Young people screened for high levels of impulsivity
Presenters at Emergency departments with alcohol related injuries



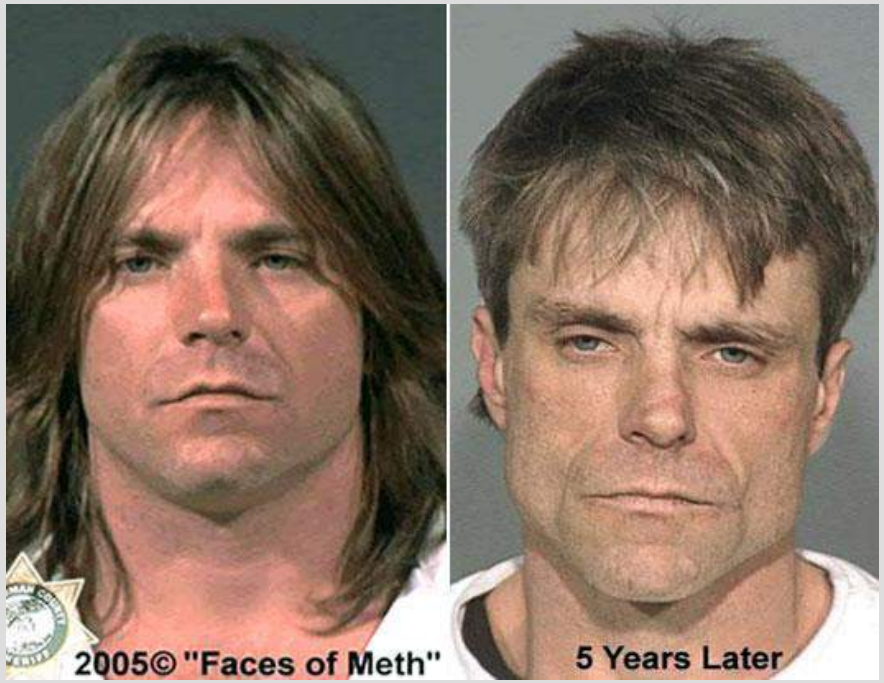


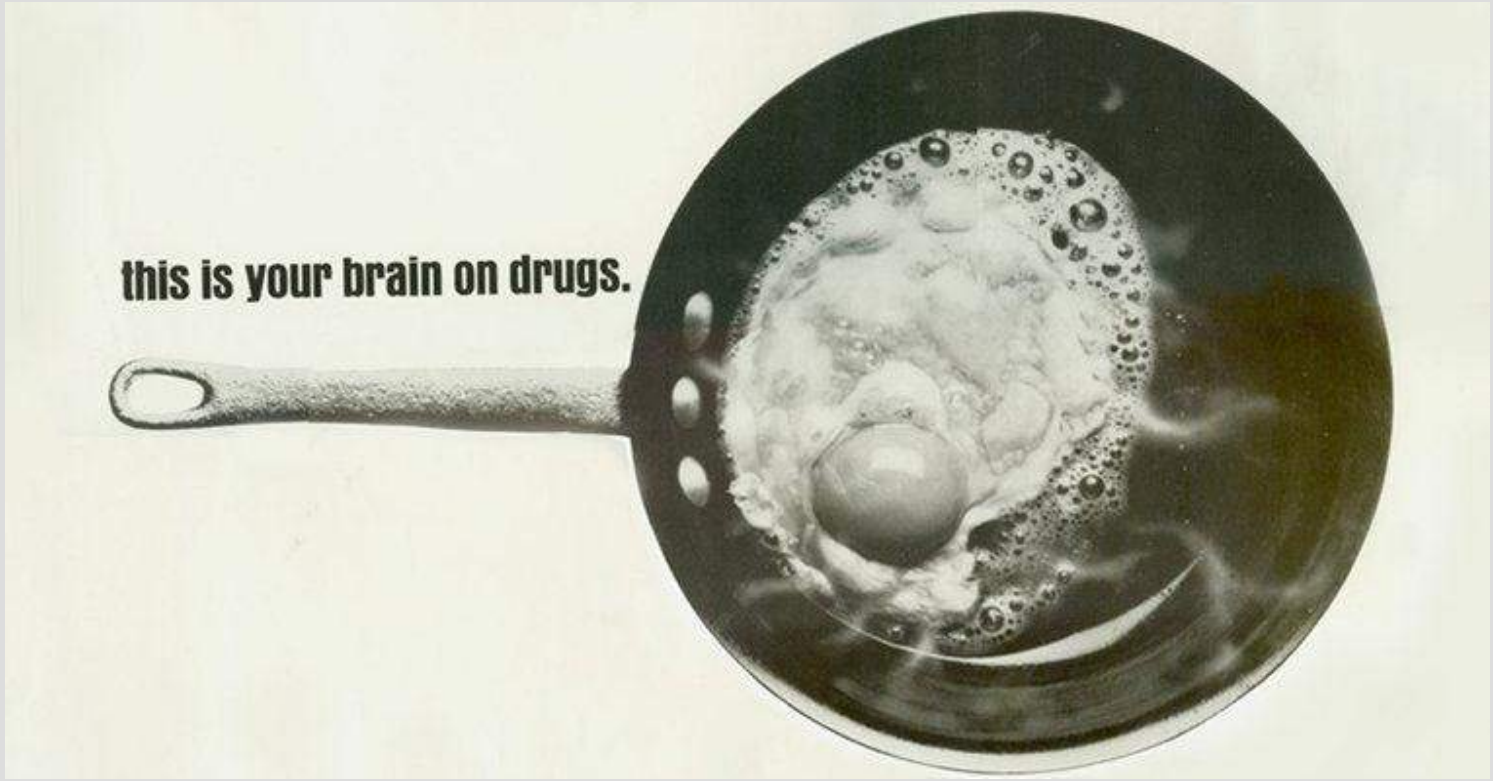
EFFECTIVE INTERVENTIONS

PERSPECTIVES ON PREVENTION

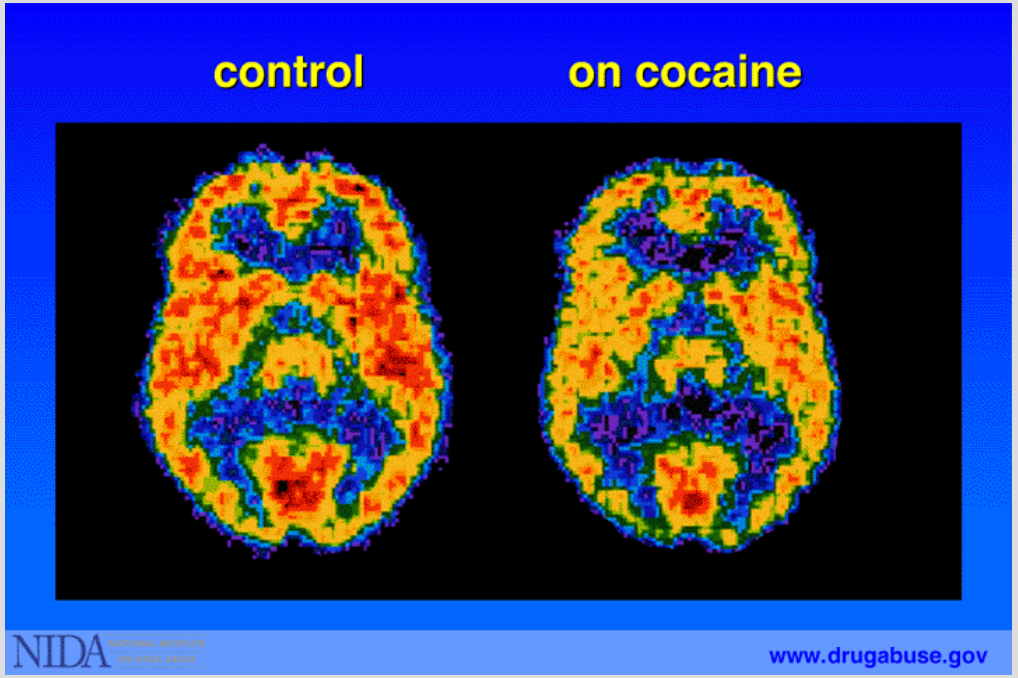
HOW HAS OUR CURRENT UNDERSTANDING OF PREVENTION BEEN 'CONSTRUCTED'?

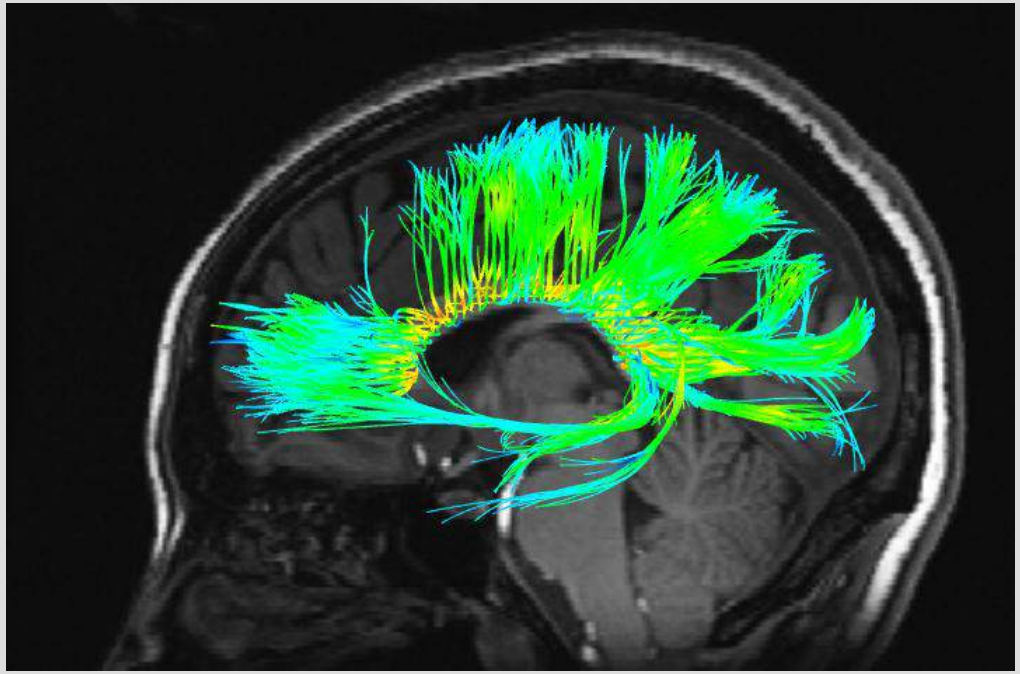
- Prevention as an ideological 'litmus test' (Edman, 2012)
- Drug use as a problem to be handled by 'experts' and intervention, rather than political action (Roumeliotis, 2013)
- Structural forces vs individual responsibility in decision making
- Assumption: that the increased uptake of 'evidence' within decision-making processes will improve outcomes and increase the legitimacy of policy decisions made
- Prevention is a way of governing society, defining problems (and 'problem people'), and reinforcing ways of acting (gendered and classed) (Farrugia, 2016)


2005© "Faces of Meth"
5 Years Later


this is your brain on drugs.


MONTANA METH PROJECT
SCABS, HALLUCINATIONS, AND BODY SORES.
THEN THINGS REALLY GO DOWNHILL.
METH
NOT EVEN ONCE.


control
on cocaine
NIDA
www.drugabuse.gov



What a Scientist Suggests You Tell Your Kids About Legal Marijuana

Drugslab

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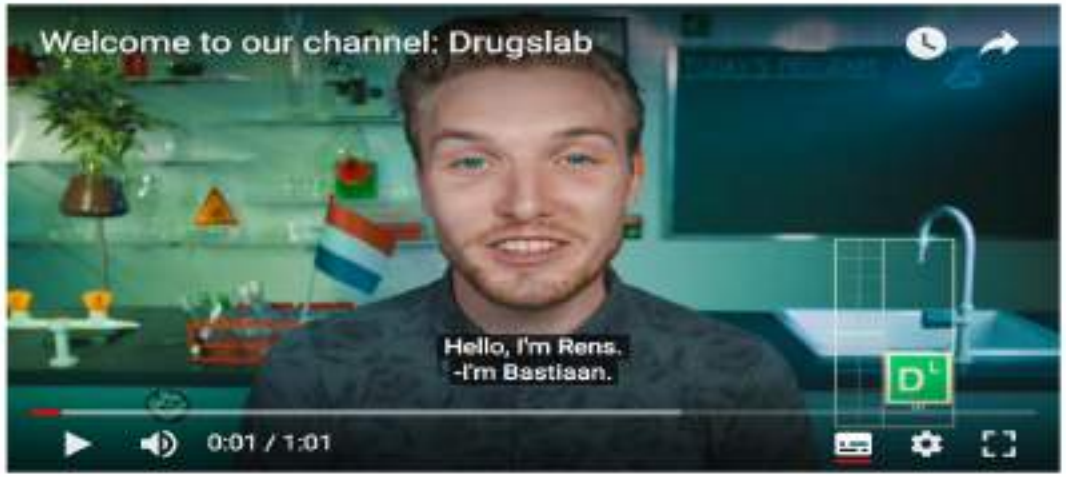

Welcome to our channel: Drugslab
579,388 views 11 months ago

Drugslab is an educational YouTube channel about drugs. On this YouTube channel we will take in the drugs you want us to try. We do this in the name of science so we can show you what the effects of drugs are on the human body. You can suggest any type of drug by commenting in the comment section below our videos or by using the hashtag #drugslab. Besides our weekly experiment, we provide you of safe methods of use, safe doses, the effects, the risks and very useful do's and don'ts when high on drugs. Given by experienced epicureans. Light it up people, in the name of science! Peace.

WARNING:
Read more ...

Uploads

Bastiaan is feeling flat after taking Methylphenidate (Ritalin) ...
56,914 views • 4 days ago
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Rens has no emotions after he took Xanax | Drugslab
97,685 views • 1 week ago
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Xanax - Do's and don'ts | Drugslab
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Your Mate Tom Subscribe

The Drug Classroom Subscribe

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ON
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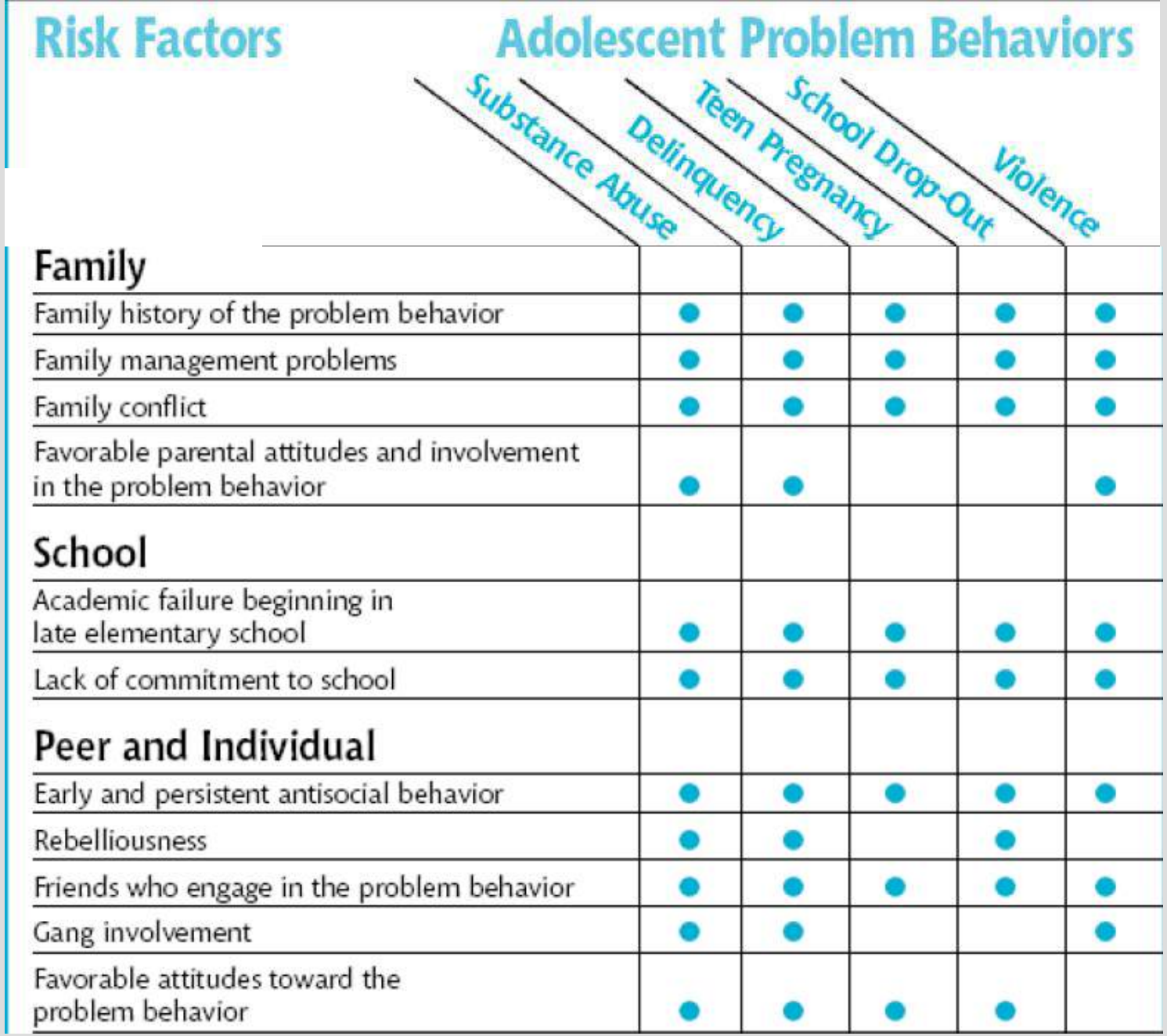
mm/inch


CHILL

MULTIPLE RISK BEHAVIOURS

- In accordance with common liability model, there is a clustering of risk behaviours in YP
- Multiple risk behaviours are associated with effects beyond the cumulative effects of individual health risk behaviour, including poorer emotional wellbeing, psychological distress, and injury
- Associated with inequalities
- There is early evidence for the cost-effectiveness of interventions for multiple risk behaviours suggesting that they constitute a more cost-efficient means of preventing risk behaviours in adolescence
- However, targeting smoking in context of multiple risk produces negative outcomes

Hale and Viner, 2012; Meader et al., 2017

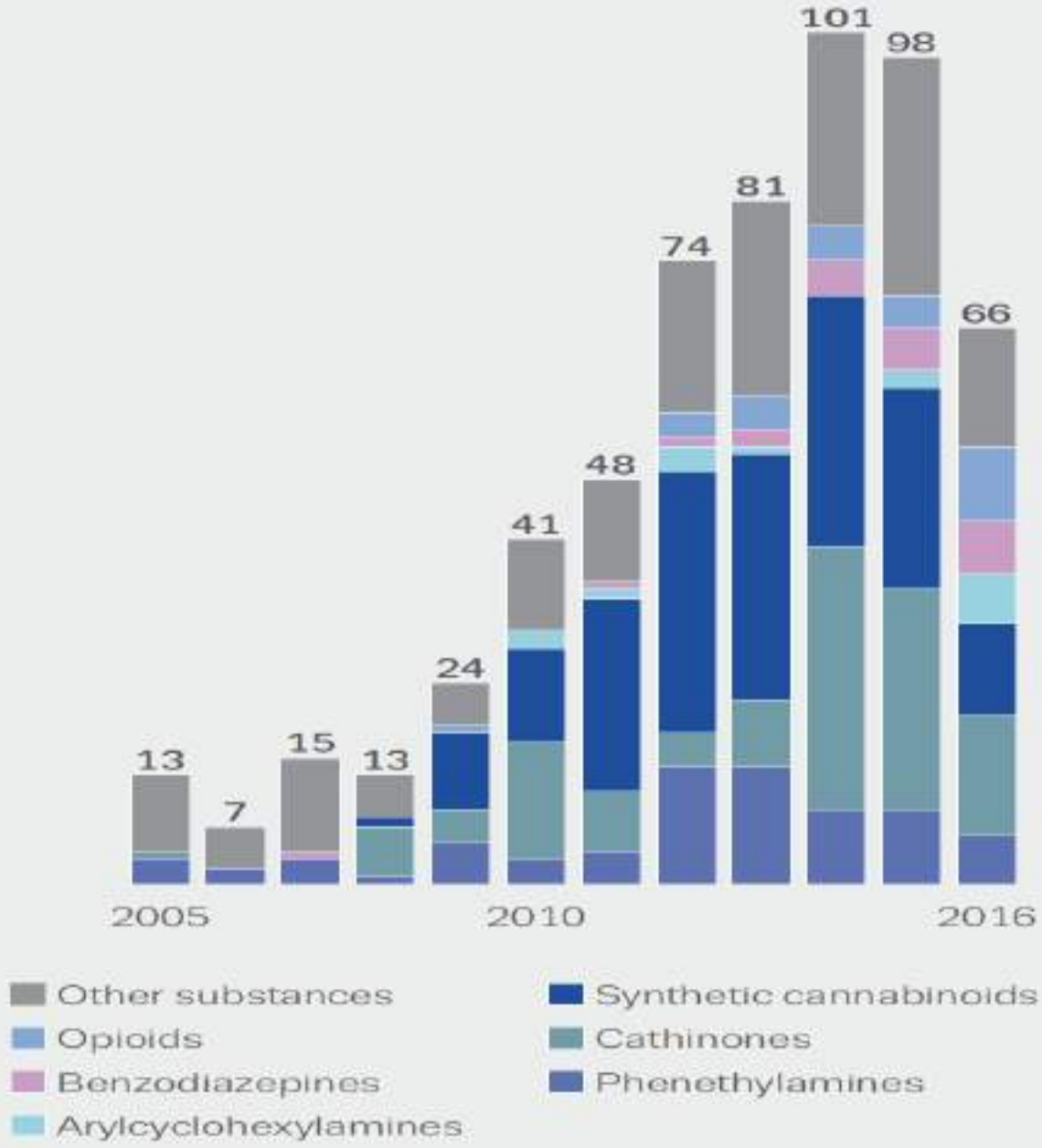

Risk Factors
Adolescent Problem Behaviors
Substance Abuse
Delinquency
Teen Pregnancy
School Drop-Out
Violence
Family
Family history of the problem behavior
Family management problems
Family conflict
Favorable parental attitudes and involvement in the problem behavior
School
Academic failure beginning in late elementary school
Lack of commitment to school
Peer and Individual
Early and persistent antisocial behavior
Rebelliousness
Friends who engage in the problem behavior
Gang involvement
Favorable attitudes toward the problem behavior

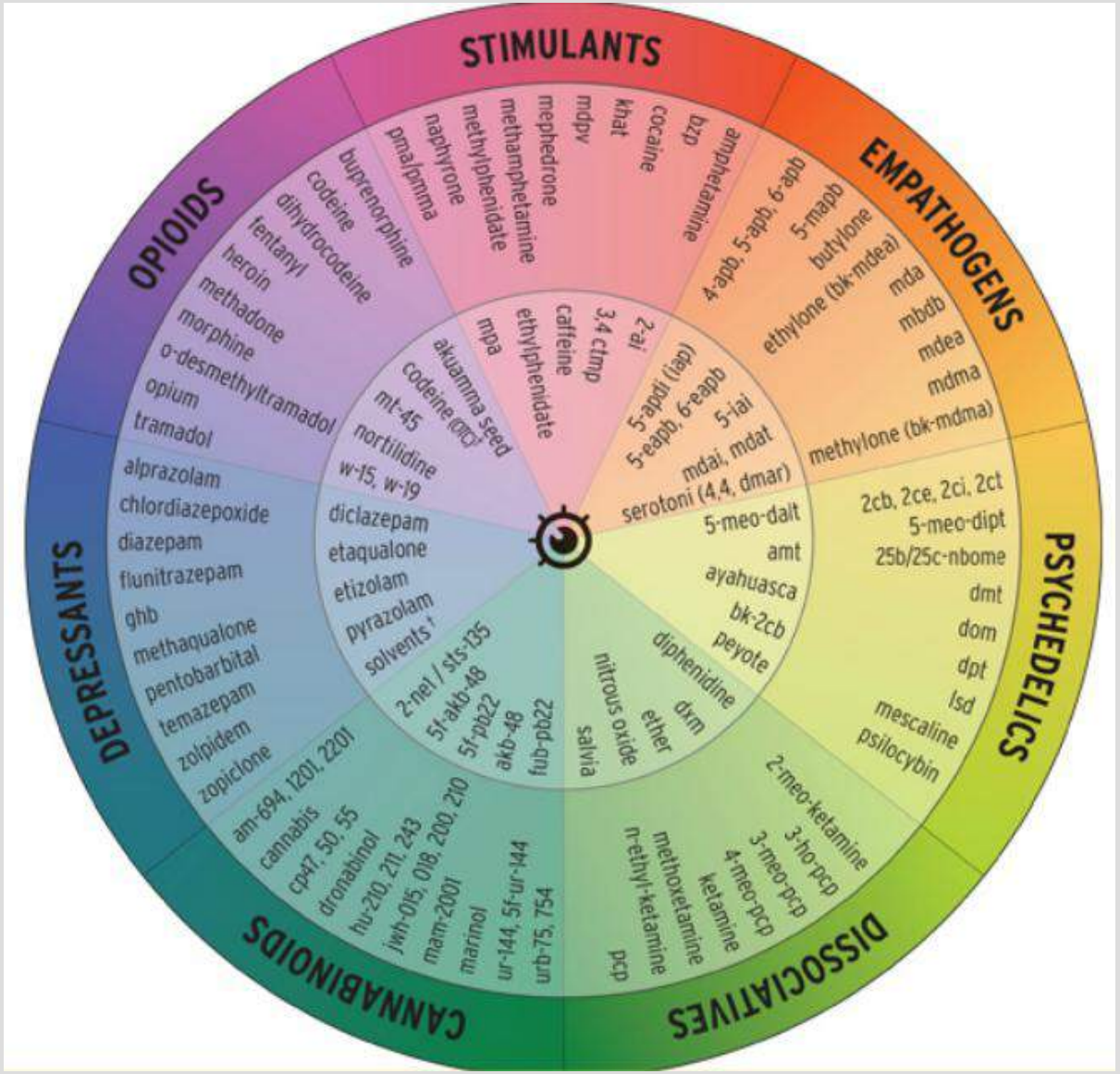
Functions	Definition	Examples
Interventions		
Education	Seeking to provide or increase knowledge	Educational material provided through lectures, online, or written materials
Persuasion	Seeking to induce positive or negative feelings that impacts on behavior	Using motivational interviewing to change behavior
Incentivization	Providing positive reinforcement to change behavior	Providing vouchers contingent on engaging in a particular healthy behavior
Coercion	Providing negative reinforcement or punishment to change behavior	Having to pay a fine for engaging in a risk behavior
Training	Training participants to develop skills that help them to engage in healthy behavior	Teaching cooking skills to people who have an unhealthy diet
Restriction	Using rules to reduce or increase a particular behavior	Prohibiting the use of novel psychoactive substances
Environmental restructuring	Intervening in the social or physical context to promote or reduce particular behaviors	Integrating a health promotion program within the regular social activities of an African American church to encourage behavior change in their members
Modeling	Providing an example of someone engaging in a behavior or changing their behavior	Recruiting people who inject drugs and train them to promote use of clean needles within their social networks
Enablement	Reducing barriers and providing support to help behavior change	Providing pedometers to help participants monitor their activity levels
Policies		
Communication/ marketing	Using media (e.g., newspapers, social media, TV) to promote healthy behavior	Conducting mass media campaigns
Guidelines	Developing guidance recommending engaging or not engaging in particular behaviors	National guideline programs such as the National Institute for Health and Care Excellence
Fiscal	Taxing unhealthy behaviors or offering subsidies to promote healthy behavior	Increase taxes on tobacco, high sugar foods
Regulation	Rules or principles that encourage healthy behavior	Voluntary agreements on advertising of unhealthy foods or drinks
Legislation	Legislating against unhealthy behavior	Prohibiting the sale of tobacco to certain age groups
Environmental/ social planning	Policies related to the physical or social environment	Town planning to make cycling safer and more accessible to citizens
Service provision	Providing a service that promotes healthy behavior	Local authorities providing affordable and accessible gyms

Adapted from Meader et al., 2017

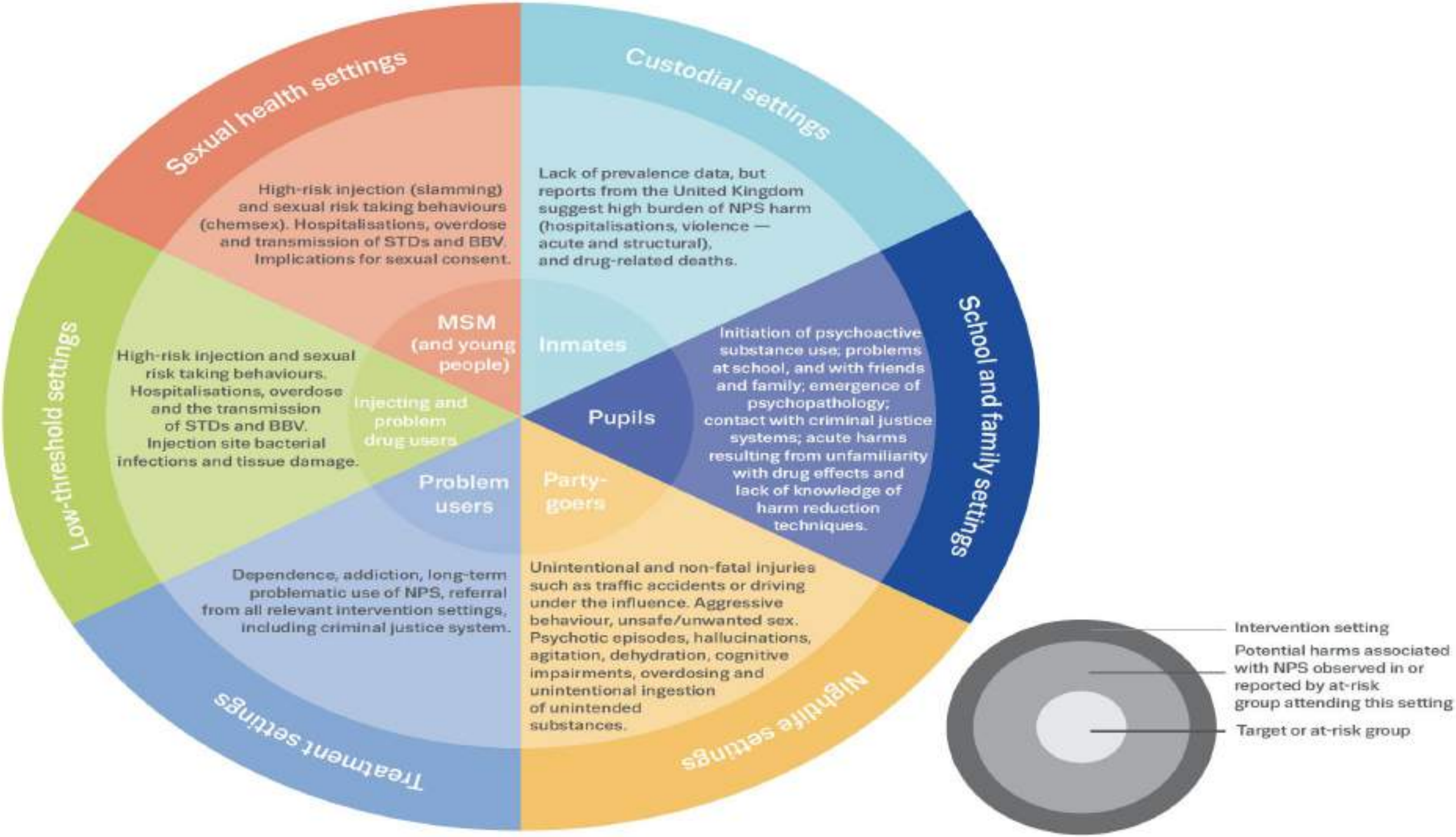
NEW DIRECTIONS

Number and categories of new psychoactive substances notified to the EU Early Warning System for the first time, 2005–16

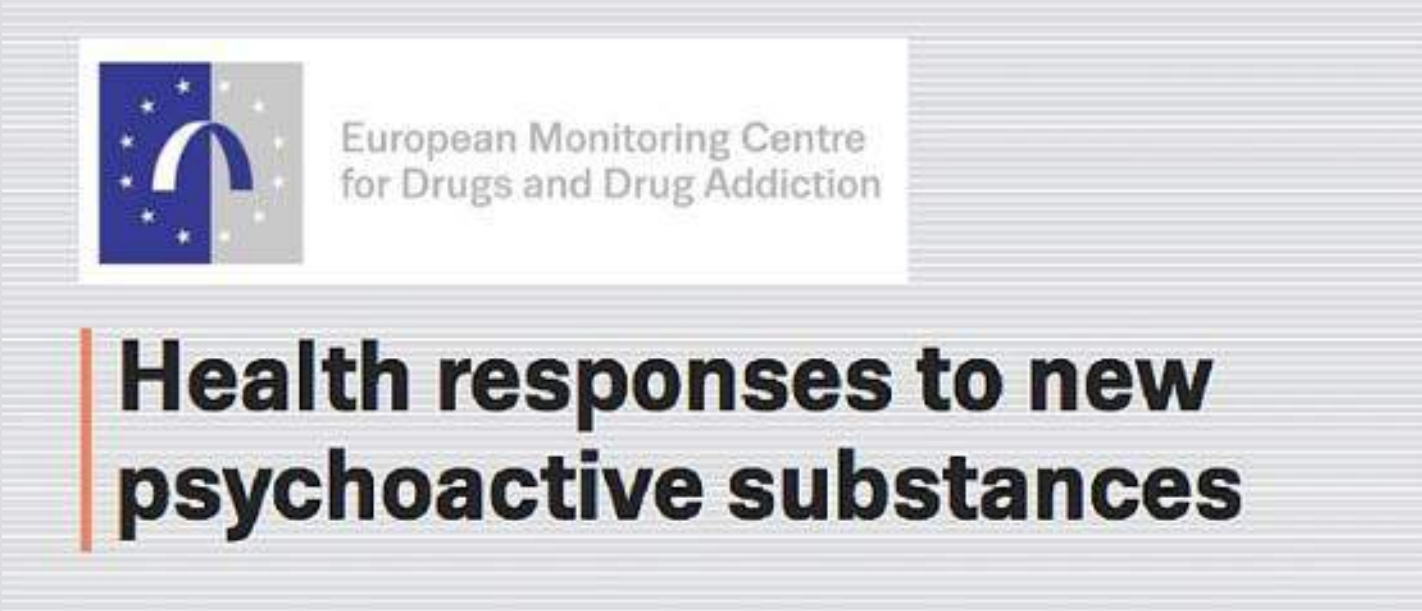




www.thedrugswheel.com


Sexual health settings
High-risk injection (slamming) and sexual risk taking behaviours (chemsex). Hospitalisations, overdose and transmission of STDs and BBV. Implications for sexual consent.
Custodial settings
Lack of prevalence data, but reports from the United Kingdom suggest high burden of NPS harm (hospitalisations, violence — acute and structural), and drug-related deaths.
School and family settings
Initiation of psychoactive substance use; problems at school, and with friends and family; emergence of psychopathology; contact with criminal justice systems; acute harms resulting from unfamiliarity with drug effects and lack of knowledge of harm reduction techniques.
Nightlife settings
Unintentional and non-fatal injuries such as traffic accidents or driving under the influence. Aggressive behaviour, unsafe/unwanted sex. Psychotic episodes, hallucinations, agitation, dehydration, cognitive impairments, overdosing and unintentional ingestion of unintended substances.
Treatment settings
Dependence, addiction, long-term problematic use of NPS, referral from all relevant intervention settings, including criminal justice system.
Low-threshold settings
High-risk injection and sexual risk taking behaviours. Hospitalisations, overdose and the transmission of STDs and BBV. Injection site bacterial infections and tissue damage.
MSM (and young people)
Inmates
Pupils
Injecting and problem drug users
Problem users
Party-goers
Intervention setting
Potential harms associated with NPS observed in or reported by at-risk group attending this setting
Target or at-risk group

PREVENTION & INTERVENTION RESPONSES



http://www.emcdda.europa.eu/publications/ad-hoc/nps-responses

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Thank you!

TWIST **Training With Stakeholders**
Applying EU Addiction Research

www.twist-train.eu

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TWIST Training With Stakeholders
Applying EU Addiction Research

Prevention:
from theory to practice

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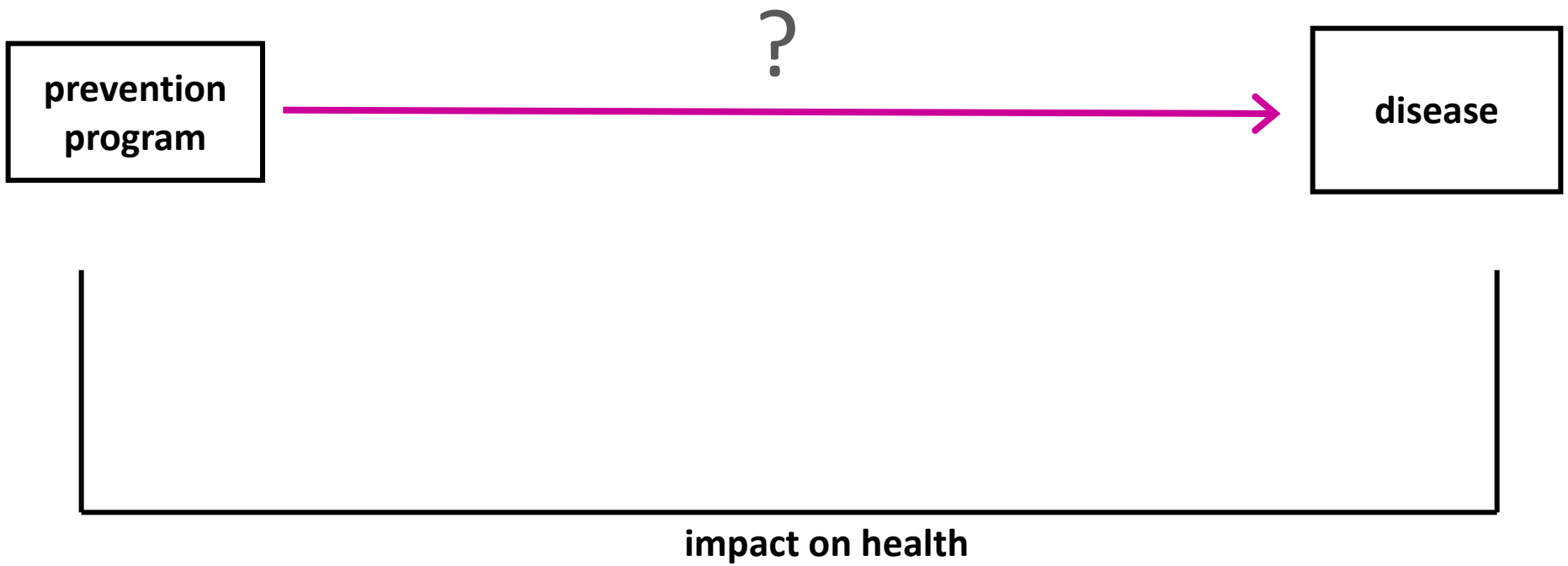
Tuesday 24th & Wed 25th October 2017

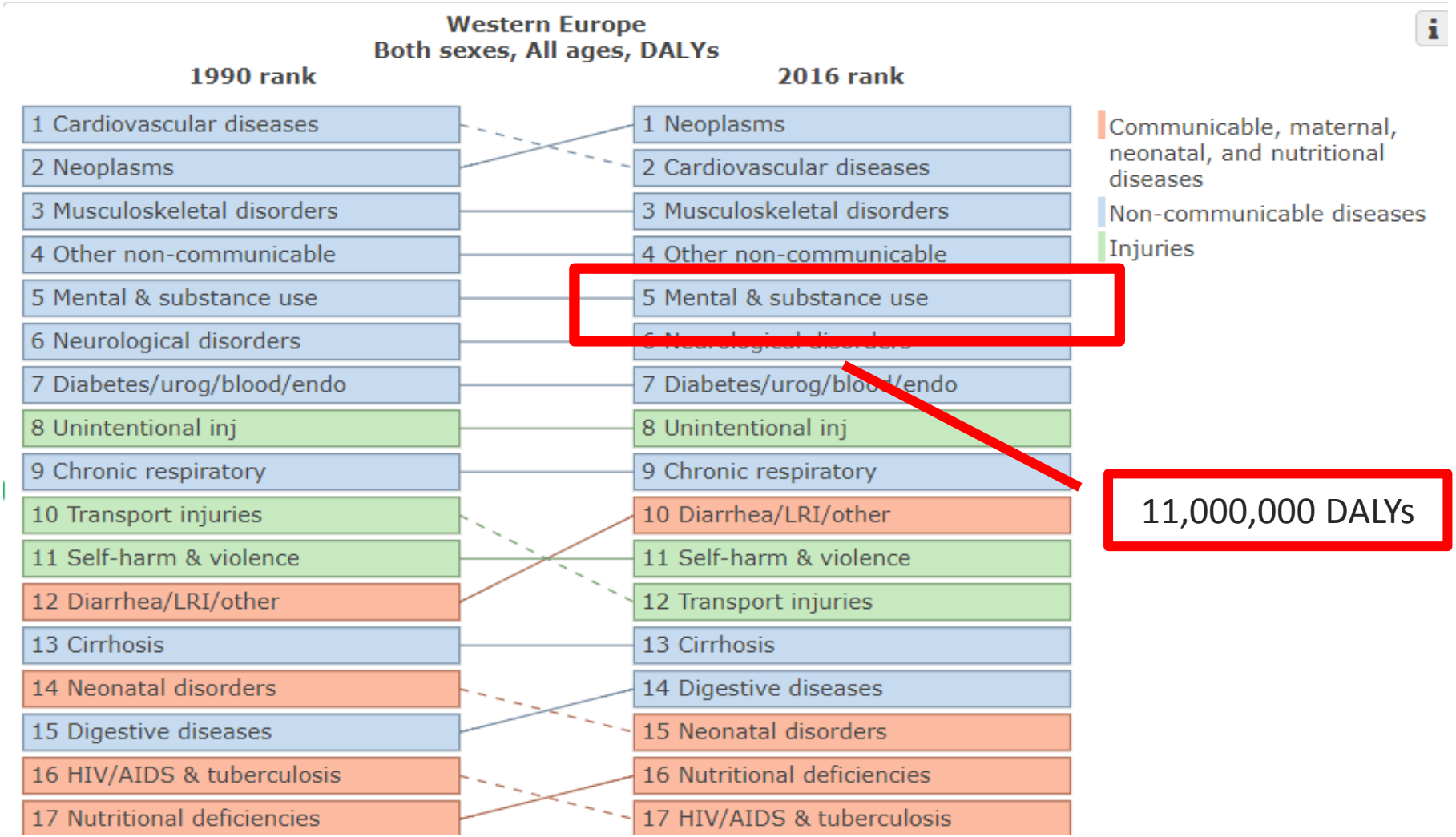
Outline

1. The role of theories in prevention
2. The complex relationship between theories and evidence
3. Available evidence
4. Dissemination and the need for coverage
5. Impact assessment

The paradigm of substance use prevention

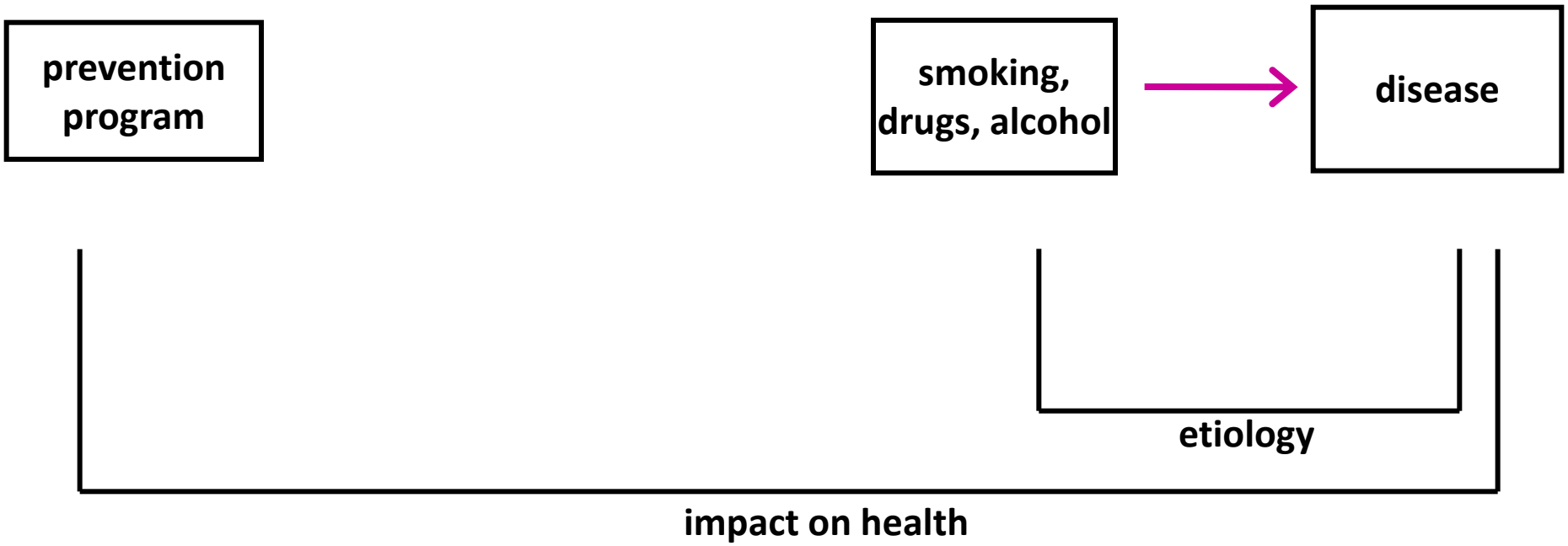


The Burden of disease

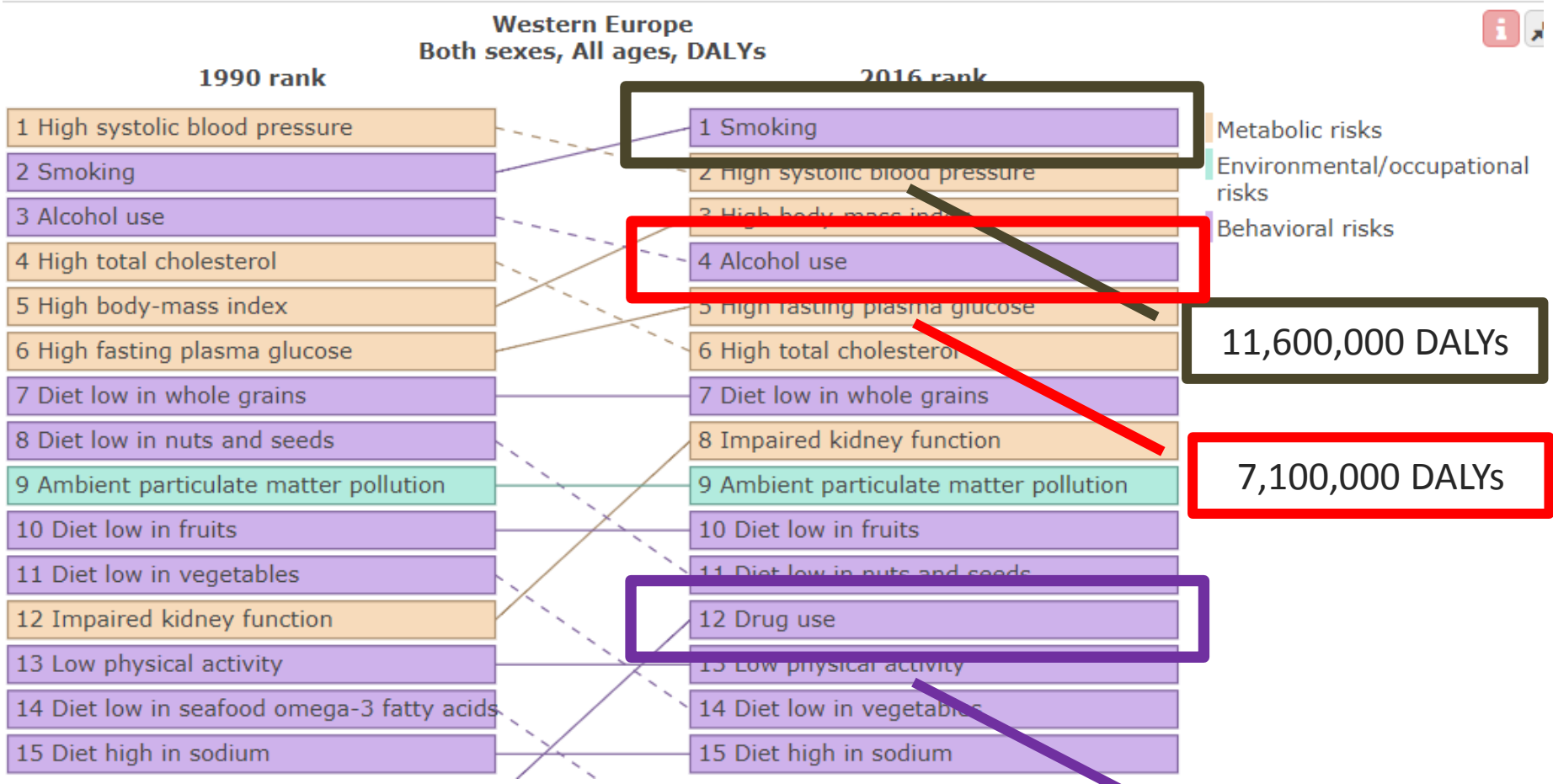


https://vizhub.healthdata.org/gbd-compare/

The paradigm of substance use prevention



Risk factors



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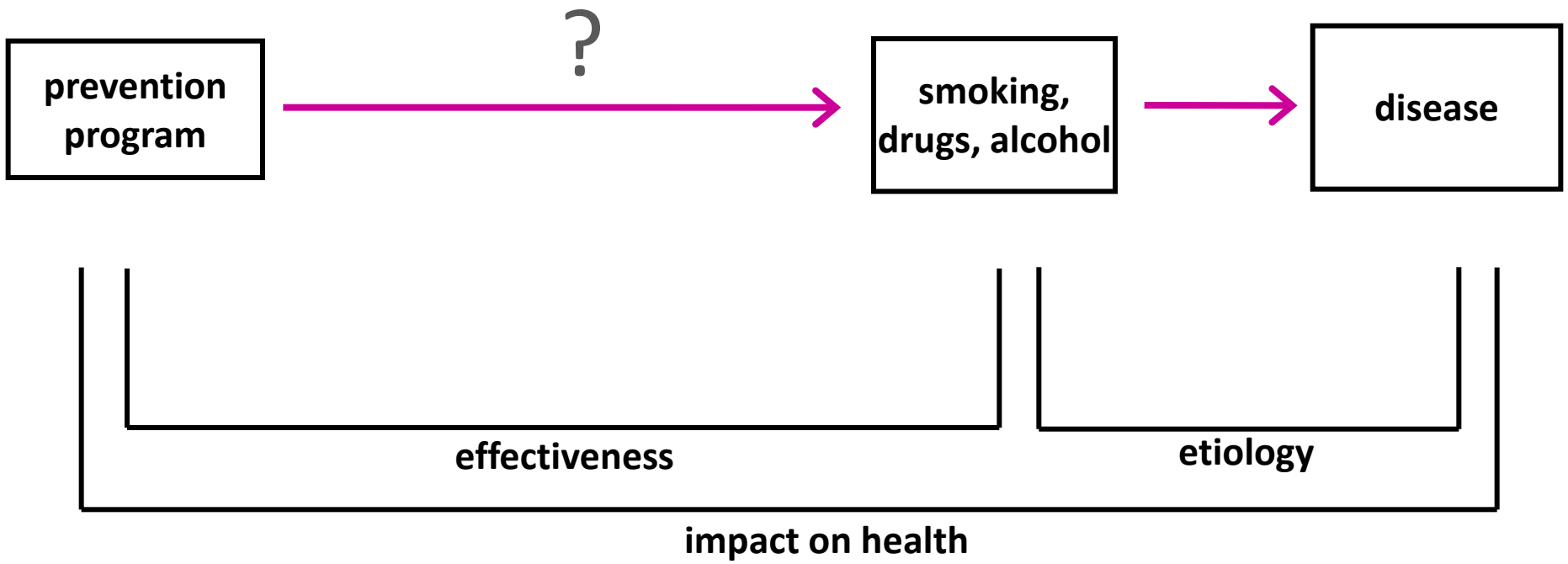
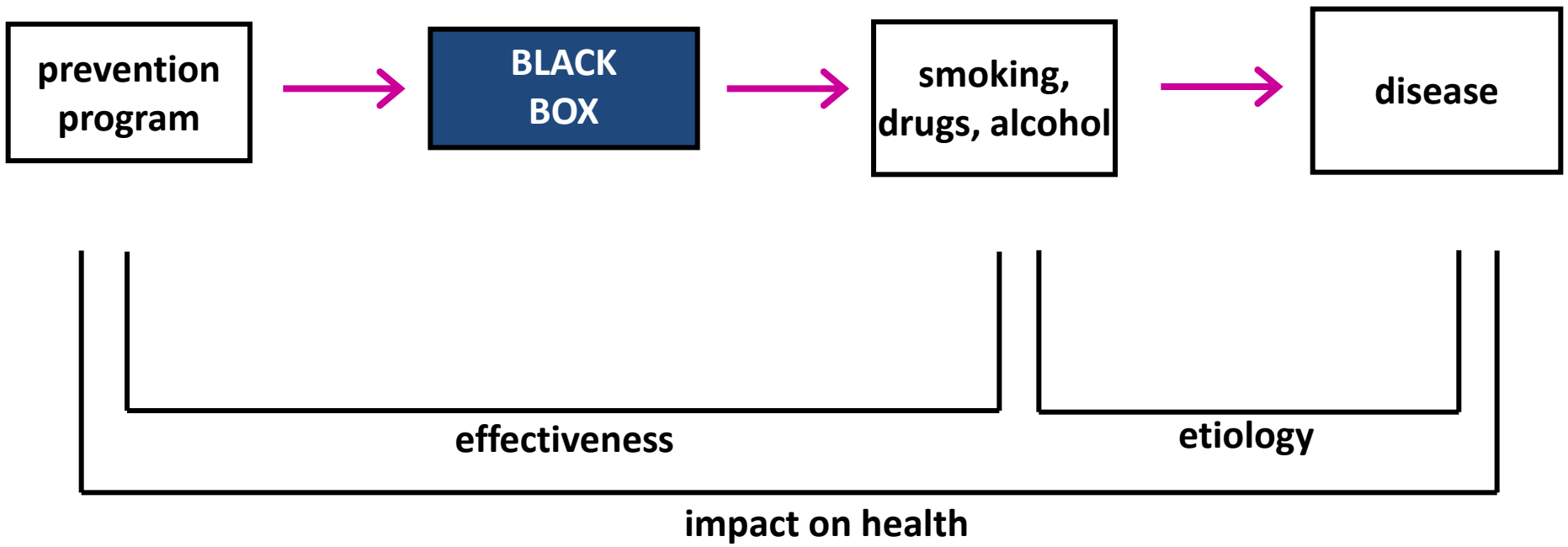
The paradigm of substance use prevention



The paradigm of substance use prevention



What is inside the black box?

A constellation of ***factors that can determinate risky behaviours*** (targets of many prevention programs -> mediators)

1. *Individual factors*

- Character traits
  - impulsivity, sensation seeking, hopelessness, anxiety sensitivity
- Knowledge about risks
- ….

2. *Environmental factors*

- Mass media (advertisements, films, TV)
- Peer and family influence
- Other models (teachers, health professionals, politicians)
- Availability and accessibility
- ….

Theoretical approaches

- ***Reasoned action attitude*** (Fishbein and Ajzen in 1980) / ***Health belief model*** (Rosenstock 1950) – *Human behaviour is rational.* ***Perceived risks and benefits for health are the key factors in motivating the action***

- ***Social learning theory*** (Bandura 1977) / ***Social norms theory*** (Campbell, 1964; Durkheim, 1951, Perkins 1986) – ***People tend to adopt the attitudes of the group*** *and act in accordance with group expectations.*

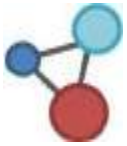
  - ***Drug culture*** (Holm, 2016) – Cannabis is following a cultural pathway of normalization, neutralization and, at the end, glorification. ***Related to social norm theory***

Theoretical approaches

- ***Psychological vulnerability*** (Sher, 2000) - *Personality factors (hopelessness, anxiety sensitivity, **impulsivity, and sensation seeking) are predictive risk factors for substance misuse*** in adolescence

- ***Gateway Drugs Hypothesis*** (Kandel, Science, 1975) - *It assumes a **causal chain** sequence in which (a) tobacco is used prior to the onset of (b) cannabis and the use of cannabis increases the likelihood of using (c) other illicit drugs*

- *Novel approaches (**social control theory**?). Good Behaviour Game (Kellam 2008)*



… do you think that these THEORIES ALONE can be sufficient base to elaborate and disseminate prevention interventions?

The theory-evidence relationship

… THEORIES ALONE cannot predict the success of prevention programs, because several ***complex, sensitive systems*** are involved (*psychological, and social systems*).

As for medicines, active prevention components can act in the expected direction (***doing good***), but also in an unexpected one (***doing harm***)

The Adolescent Substance Abuse Prevention Study (ASAPS)

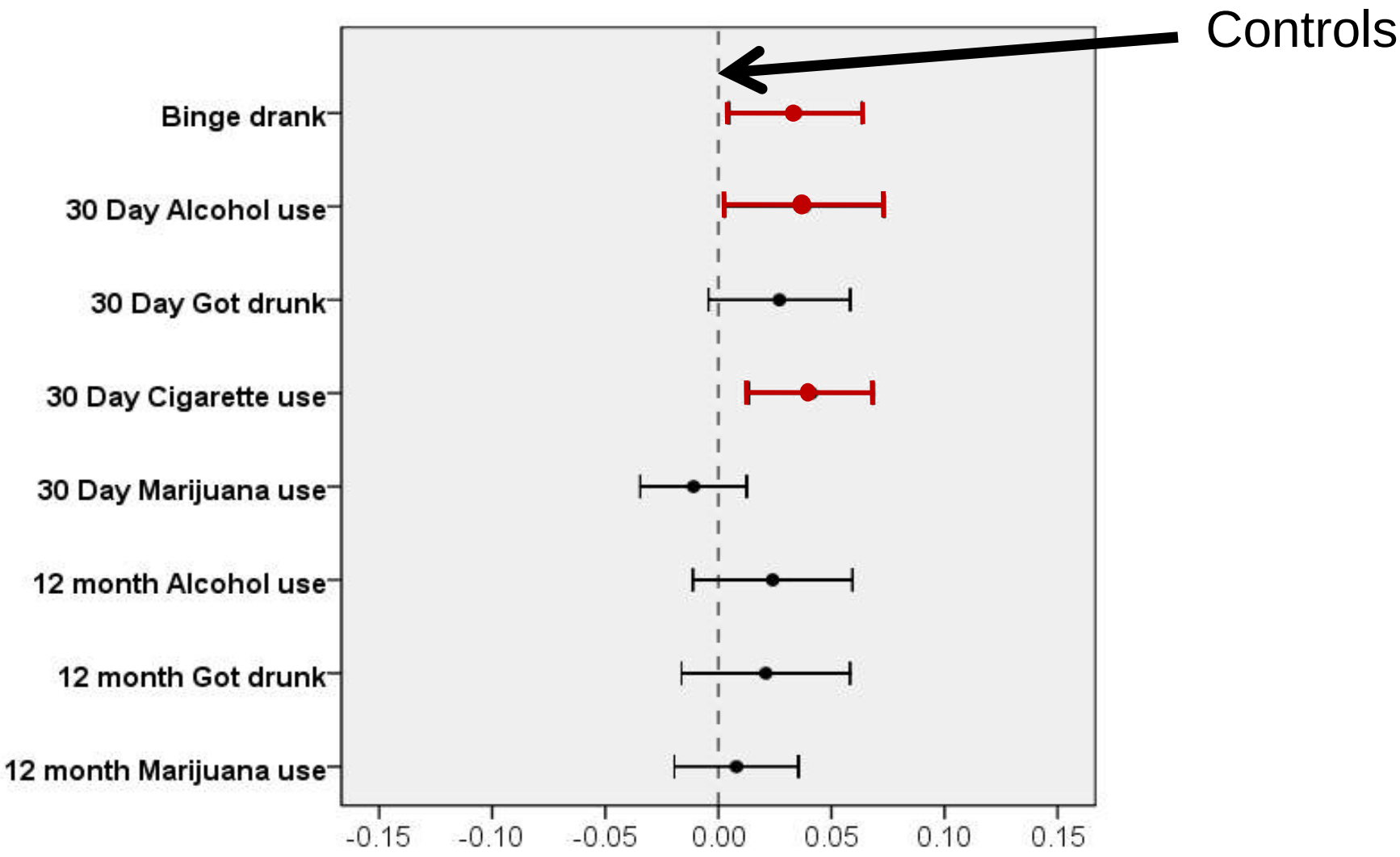
NIDA (US) developed an evidence-based substance abuse prevention program with curricula for the 7th and 9th grades, delivered by DARE officers

Take Care of Your Life (TCYL) present all the characteristics of a Best Practice

- based on a Comprehensive Social Influence approach
- 10 lessons + a booster session

The program has been evaluated by a large CRCT study (***20000 students involved !***) , following a cohort of students from the 7th through the 11th grades

ASAPS Main Effects



Sloboda, DAD, 2009

St-Louis du Parc Heart Health Project - Montreal

- St-Louis du Parc Heart Health Project was a five year ***heart health promotion programme*** targeting children elementary schools aged 9–12 years in disadvantaged multiethnic neighbourhoods in Montreal.

Tobacco Control, Renaud, 2003

Results

Table 1 Comparison of outcomes by treatment in the condition in the longitudinal cohort sample surveys : Montreal, Quebec, 1994–97

Outcome*	Intervention		Comparison¶		Intervention relative to comparison condition	
	Number	%	Number	%	OR (95% CI)†	p Value
One year follow up						
Most intense intervention						
Initiated smoking‡	79/339	23.3	172/1233	13.9	1.87 (1.34 to 2.61)	0.0002
Continued smoking§	71/148	48.0	81/273	29.7	2.72 (1.71 to 4.33)	0.0001
Least intense intervention						
Initiated smoking‡	25/196	12.8	172/1233	13.9	0.73 (0.44 to 1.25)	0.2577
Continued smoking§	24/51	47.1	81/273	29.7	2.25 (1.18 to 4.30)	0.0135
Total						
Initiated smoking‡	104/535	19.4	172/1233	13.9	1.44 (1.06 to 1.95)	0.0188
Continued smoking§	95/199	47.7	81/273	29.7	2.59 (1.69 to 3.97)	0.0001
Two year follow up						
Most intense						
Initiated smoking‡	39/97	40.2	60/328	18.3	2.88 (1.65 to 5.01)	0.0002
Continued smoking§	26/45	57.8	17/57	29.8	3.19 (1.28 to 7.98)	0.0129
Least intense						
Initiated smoking‡	9/61	14.8	60/328	18.3	0.58 (0.25 to 1.35)	0.2050
Continued smoking§	5/13	38.5	17/57	29.8	3.14 (0.65 to 15.14)	0.1541
Total						
Initiated smoking‡	48/158	30.4	60/328	18.3	1.95 (1.17 to 3.23)	0.0100
Continued smoking§	31/58	53.4	17/57	29.8	3.03 (1.26 to 7.27)	0.0130

St-Louis du Parc Heart Health Project - Montreal

Explanations

- heightened sensitivity to smoking;
- defence mechanisms stimulated by cognitive dissonance or anxiety;
- content inappropriately targeted.

American National Youth Anti-drug Media Campaign

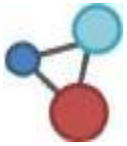
- planned by the National Drug Control Policy (ONDCP)
- funded in 1997 by the United States Congress with **$1.5 billion dollars**
- main objective: “to educate and enable America’s youth to reject illegal drugs as well as alcohol and tobacco”
- televised antidrug public service announcements (PSAs) broadcasted 1998-2004

American National Youth Anti-drug Media Campaign

- Evaluation provides ***no evidence of positive effect in relation to teen drug use***, and shows some indications of a negative impact.
- the ***past month use of marijuana appeared significantly increased by 2.5% among 14-18 years*** (Orwin, GAO, 2006).

- RR of marijuana use in past year: ***1.21 (1.19-1.65)***
- Antimarijuana Social Norms Scale: ***-6.3 (-10.4,-2.2)***

Hornik, AAAPSS, 2009



Comments?

High quality scientific evidence is needed

The adoption of a prevention program implies an heavy scientific and ethic responsibility

"High quality scientific evidence is needed when professionals intervene in the lives of other people" (Ian Chalmers)

What is high quality evidence for a prevention program?

- ***A high quality evaluation process involving***
  - ***Randomized Controlled Trials (RCTs)***
    - Program allocated ***by chance*** to intervention or control group
    - Blinded outcomes
    - Control classes interested by "usual curricula"
    - ***Implementation fidelity*** measured
  - Replications in different contexts
  - Systematic reviews
  - Evaluate of ***effectiveness and safety***

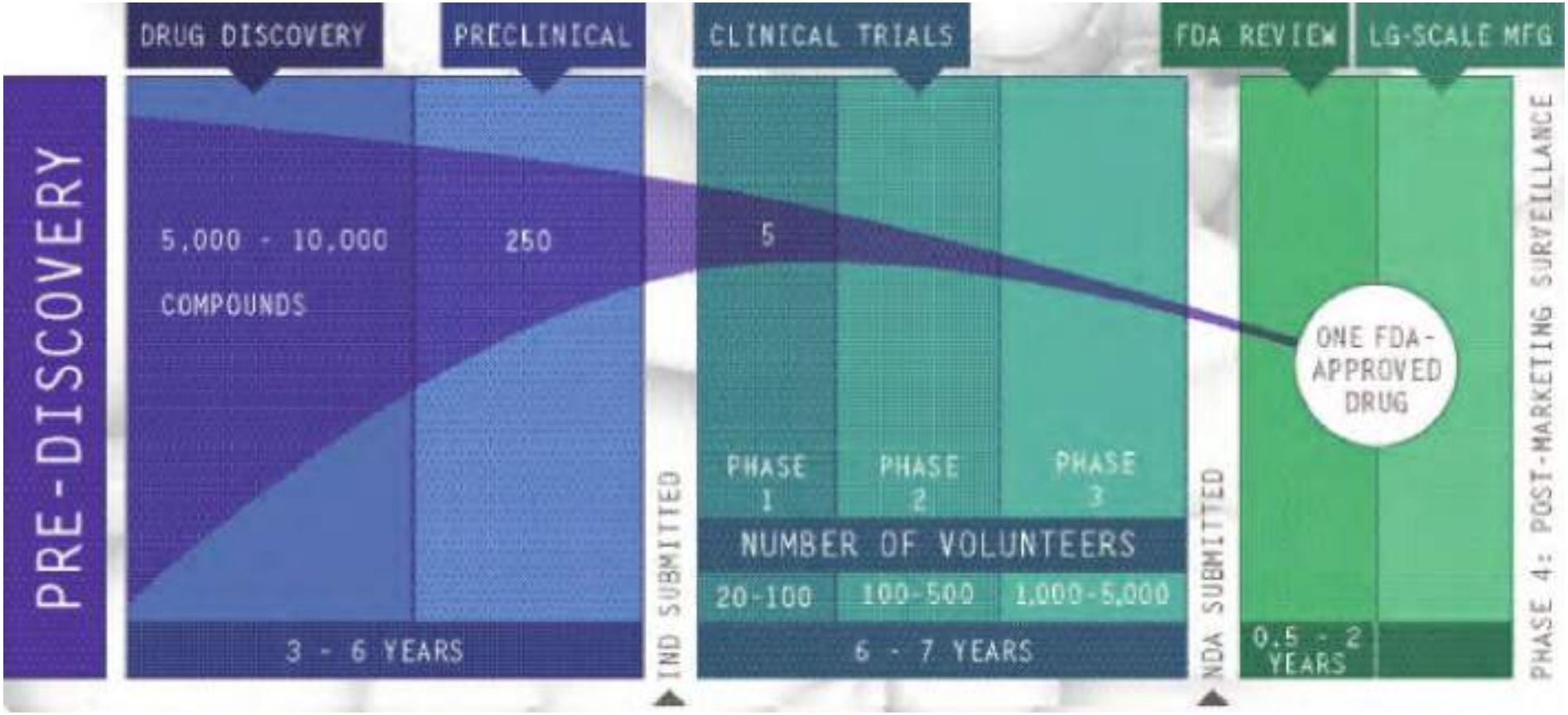
General findings

- Results from an extended overview of all Cochrance reviews on primary prevention
  - Alcohol problems (ALC)
  - Illicit drug use (IDU)
  - Tobacco use (TOB)

	Int. Arms		Fav. Int.		Fav. Ctrl		NS Int.	
Issue	**N.°**	**(%) col**	**N.°**	**(%) row**	**N.°**	**(%) row**	**N.°**	**(%) row**
ALC	124	24,65	48	38,71	4	3,23	72	58,06
IDU	90	17,89	32	35,56	5	5,56	53	58,89
TOB	155	30,82	57	36,77	7	4,52	91	58,71
Tot	**503**	**100,00**	**171**	**34,00**	**16**	**3,18**	**316**	**62,82**

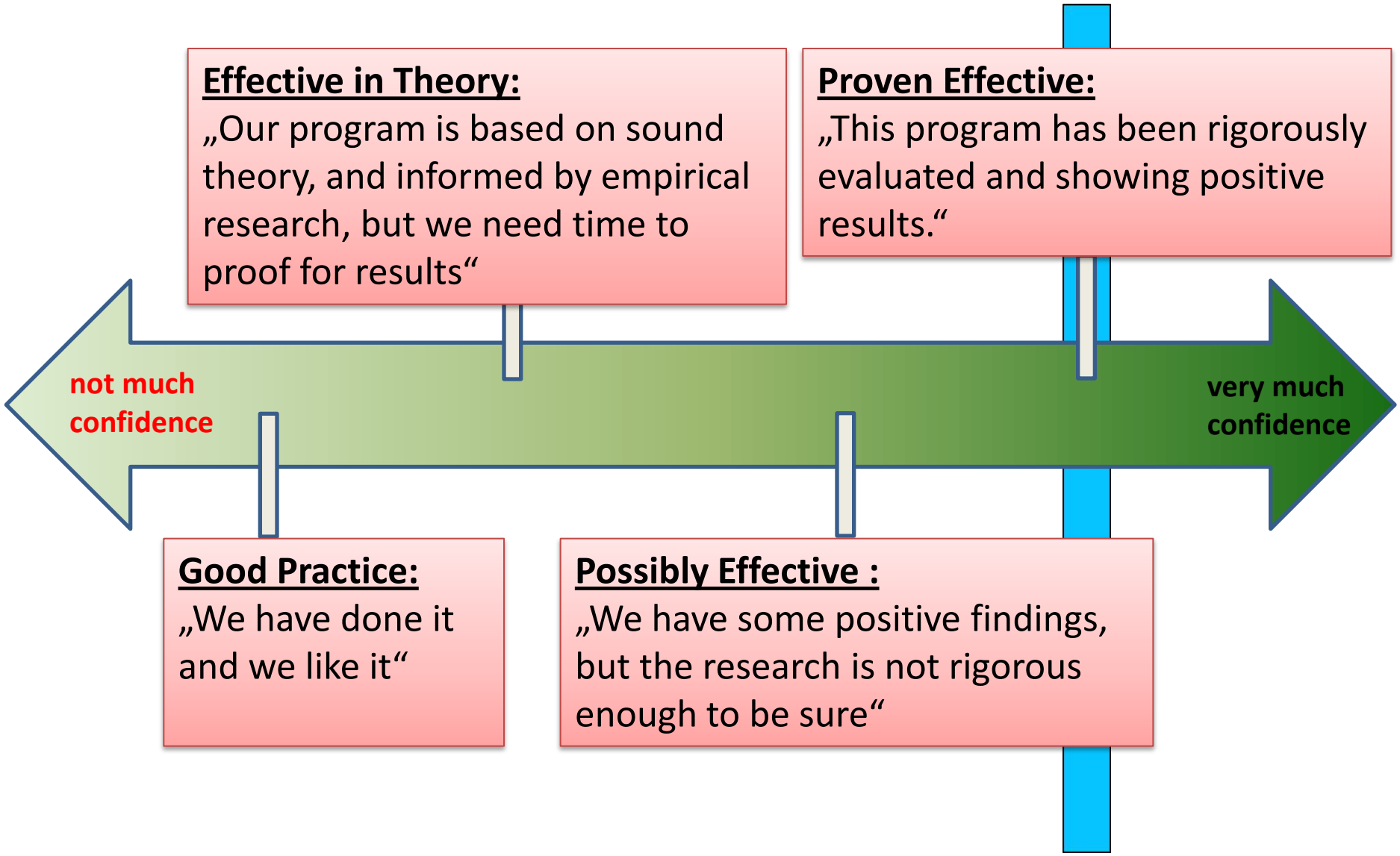
Int.: Intervention; **Fav.:** Favouring; **Ctrl:** Control; **NS:** Not significant; **TOB**: Tobac

FDA/EMA Registration process



Pharmaceutical Research and Manufacturers of America. Drug Discovery and Development: understanding the R&D process [Internet]. 2007 [cited 2011 Jul 21]. Available from: http://www.phrma.org/sites/default/files/159/rd_brochure_022307.pdf

The confidence about program effects



adapted from Perkins 2010 by **Frederick Groeger-Roth**

Where can we find Evidence-based intervention?

1. EMCDDA Best Practice Portal www.emcdda.europa.eu/best-practice_en
2. EMCDDA Xchange registry www.emcdda.europa.eu/best-practice_en
3. US National Registry of Evidence-based Programs and Practices (NREPP), http://nrepp.samhsa.gov/.
4. Dutch Recognition System www.nji.nl
5. Cochrane library www.cochrane.org

Performing a literature scanning (based on Cochrane Library) it is possible to suggest the most ***appropriate interventions*** based on theories and on evaluations.

OPEN ACCESS Freely available online

PLOS | MEDICINE

Guidelines and Guidance

Intervention Synthesis: A Missing Link between a Systematic Review and Practical Treatment(s)

Paul P. Glasziou[1]*, Iain Chalmers[2], Sally Green[3], Susan Michie[4]

1 Centre for Research in Evidence-Based Practice, Faculty of Health Sciences and Medicine, Bond University, Gold Coast, Queensland, Australia, 2 James Lind Initiative, Oxford, United Kingdom, 3 Australasian Cochrane Centre, Monash University, Melbourne, Victoria, Australia, 4 Centre for Outcomes Research and Effectiveness, Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom

Galsziou, PLOS Medicine, 11(8), 2014

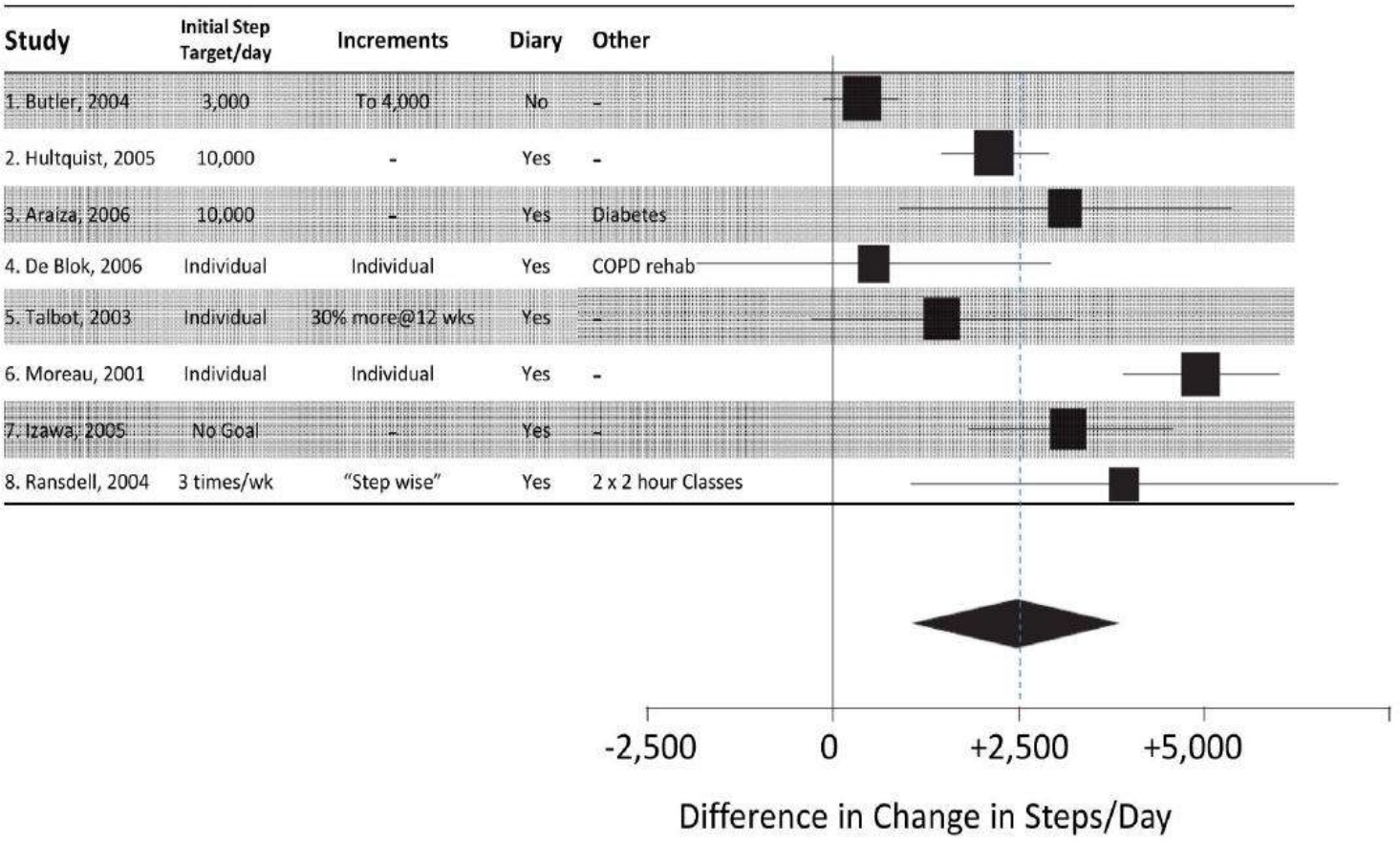


Figure 1. Trials of pedometer interventions to increase physical activity [18]: table of intervention elements of studies with forest plot of effect.

Galsziou, PLOS Medicine, 11(8), 2014

Effective prevention programs

Intervention	Context	Setting	Cat.	Target	comp
All Stars	US	school, family	U	11-14	23
Community That Care (CTC)	US	community	U	-	-
Good Behavior Game (GBG)	US	school	U	6-12	1
Keepin'it REAL (KIR)	US	school	U	12-14	11
Life Skills Training (LST)	US	school	U	11-14	30
Prev. alcohol use in adolescence (PAS)	NL	school, family	U	12-14	6
PreVenture	Canada	school	S	13-17	3
Project Northland	US	school, family, community	U	11-17	35
School-based alcohol education intervention	Germany	school, family	U	12-15	6
Skills for Adolescence (SFA)	US	school	U	10-14	40
Strengthening Family Program (SFP) 10-14	US	Family, school	U	10-14	7
Towards No Drug Abuse (TND)	US	school	U,S,I	14-19	12
Unplugged	Europe	school	U	12-14	12

Focusing on impact

Impact at the level of population depends on

- ***Efficacy*** of the intervention
- ***Program Coverage*** of the target population
- Adherence of standard of practice

IMPACT=EFF*IMPLE

The case of the healthy diet promotion in Italy

	PROGRAMMI*		
	2013-14 (n. 23)	2013-14+ (n. 48)	TUTTI (n. 87)
Tutte le regioni			
Programmi che hanno fornito dati	21	23	44
n. partecipanti	5.796	13.841	22.873
Media partecipanti	276	602	520
Piemonte			
Programmi che hanno fornito dati	18	20	39
n. partecipanti	4.945	12.990	21.304
Media partecipanti	275	650	546

* **2013-14:** programmi certamente condotti nel biennio 2013-14; **2013-14+:** programmi con una data di inizio precedente al 2015, ma condata di termine *missing*; **Tutti:** tutti i programmi selezionati nella base dati

Tabella 7. Numero di partecipanti dichiarati dai programmi.
Table 7. Number of participants to the programmes under study.

Faggiano et al, E&P, 2015

The case of the healthy diet promotion in Italy

- In Piedmont region in 2013-14, the amount of population exposed to an intervention for the healthy diet promotion is:
  - ***il 4,0% of the school population***
  - ***lo 0,03% of the total population***

disappointing, isn't it??

Faggiano et al, E&P, in press

More realistic way of thinking: Impact of prevention

It LARGELY depends on COVERAGE. For example:

- Tobacco smoking at 16 ys (Prevalence=30%)
- RRR of programme ***X***=-30%
- Program implementation=100%

IMPACT=0.30*0.30=***-9.0%***

- Program implementation=10%

IMPACT=0.30*0.30*0.10=***-0.9%***

The case of tobacco cessation in Italy

Parametro	Valore	Fonte
Efficacy	82%	Stead 2012
Provider compliance	100%	Optimistic assumption!
Target compliance	100%	Optimistic assumption!
Coverage	<1%	PASSI 2015
Community effectiveness	?	

Assuming a prevalence of tobacco use of 27% and a spontaneous annual cessation rate of 8%

The case of tobacco cessation in Italy

Parametro	Valore	Fonte
Efficacy	82%	Stead 2012
Provider compliance	100%	Optimistic assumption!
Target compliance	100%	Optimistic assumption!
Coverage	<1%	PASSI 2015
Community effectiveness	**0.7%**	

Assuming a prevalence of tobacco use of 27% and a spontaneous annual cessation rate of 8%

Increasing cessations of 0.06% (n=9200 new cessations over 10.6 ML smokers)

Prevention practice today

The main problem of the prevention practice today is the ***low implementation*** of programs ***with no evidence of effectiveness***

low EFF* low IMPLE = low² IMPACT

Someone still believe in prevention?

Hoffman, BMJ, 2013

Final remark

- Impact of prevention requires EFFICACY of interventions and COVERAGE
- The efficacy can be ensured by using Evidence-based programs

The role of prevention practitioners is the selection of best programs and their dissemination to the whole target population

TWIST Training With Stakeholders
Applying EU Addiction Research

Prevention: the environmental perspective

Fabrizio Faggiano

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Tuesday 24th & Wed 25th October 2017

Environmental prevention

Environmental strategies are aimed to change the conditions within a community, including physical, social, or cultural factors that may lead to substance use.

Examples:

- tobacco/alcohol taxation
- smoking bans
- pictorial warning on tobacco products
- marketing restriction
- mass media campaigns

Environmental prevention

Environmental strategies have an intrinsic effect, but have a strong impact especially ***because of coverage and costs***

Virtually the whole population can be reached at a relatively low cost

The tobacco example

- Tobacco is an example of the power of environmental prevention
- The prevalence of tobacco users is function of intensity of environmental prevention

A trigger for discussion

- ***Illegal substances*** cannot benefit of the most part of the environmental strategies

- Do you think that depenalisation/legalisation policies could be an ***opportunity for the prevention of cannabis use***?

Thank you!

TWIST **Training With Stakeholders**
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