SUMMARY

Title	National public interventions in the field of substance abuse and addiction: An international review[1].
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Abstract	The Swiss Federal Office of Public Health (FOPH) has been examining the development of a national health programme focused on issues related to substance abuse and addiction. (ProMeDep). The aim of the study presented here was to enhance the debate by introducing an international dimension to the process. It is based on an analysis of the drugs and/or addiction measures plans in nineteen countries and in the EU. It shows that policies and programmes share a number of common characteristics (detailed planning, global approach, priority to prevention, the importance of research, etc.), including the will to further link together, or to integrate the different elements (programmes, policies on illegal drugs, alcohol, tobacco, etc.) of public interventions in the field of addiction. On this last point the models of policy reform vary greatly - from expanding the field of prevention to the launching of a more general, inclusive strategy for addiction per se. As for the measures planned for addiction in this wider sense, they are particularly concerned with prevention and are more often related to illegal drugs and alcohol. To conclude, it would appear that the FOPH's current reflections are compatible with the planning in hand in other nations, the modalities of which, however, do not lend themselves to providing a model that could be adopted 'as is' in Switzerland. On the other hand, it would appear that the development of a general conceptual and strategic framework should be the first stage towards improving public interventions in the field of substance abuse and addiction.
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1 Introduction

1.1 Mandate

The aim of this work was to conduct a review of national policies regarding drug addiction. Its objective was to inform the development of a national addiction programme in Switzerland by providing updated information about current thinking in the international context and existing models that could be of use. More precisely, this meant taking stock of whether different countries had made the choice between parallel policies on a per substance basis, or whether they had opted for a more integrated policy for substances as a whole, whether there were differences within these two categories and whether models or innovative processes existed that could be adopted in Switzerland.

1.2 The problem

National public interventions related to addiction are generally developed in the form of different policies for different substances (alcohol, tobacco, illegal drugs), and coordination between them is relatively weak. This arrangement however, is of some interest as it favours adaptation to the specific context of each substance and its respective consumers. Nevertheless, it has been the object of some criticism lately due to its lack of relevance to the more transversal nature of the context (multi-consumption amongst youth and multiple addictions in diverse populations), and to problems with coherence, effectiveness, efficiency, etc.

These observations raise two inter-related questions that are central to the problem of policy reform regarding contemporary public interventions in the drug abuse and addiction fields.

- **How can their coherence, context sensitivity, efficiency and effectiveness be improved without jeopardising what has been gained to date (specificity, trialling).**
- **How can such change best be implemented (reform of conceptual and strategic framework, operational aspects, or both in tandem)?**

This research focuses on how such questions have been addressed at an international level in order to inform the current debate in Switzerland.

2 Method

Nineteen countries were selected for this review. These include the first fifteen member states of the European Union, (Austria, Belgium, Denmark, Finland, France, Germany, Greece, Holland, Italy, Ireland, Luxembourg, Portugal, Spain, Sweden and the United Kingdom), as well as Norway, Australia, Canada and the United States. These countries were selected because some of their characteristics are similar to those of Switzerland (economic development, social and health infrastructure, general trends regarding the consumption of psychoactive substances). Finally, the European Union itself was selected as a twentieth entity since its strategic choices affect the whole geopolitical region of which Switzerland is a part.

For each of these twenty, a documentary search was performed in order to identify and obtain **the principal national planning document** (policy, programme, strategy, action plan) concerning 'drug' and/or 'addiction'. Another review concerning the existence of policies/programmes specific to alcohol and tobacco was also conducted. This was to determine whether the countries with an

integrated addiction policy/programme had actually included the individual programmes related to the different substances/practices. The data collection took place between June and October 2003.

The analysis took place in two stages. Firstly, a descriptive file on each of the various countries was created. These **individual files**, (annexed to the report), helped establish the object that was targeted (what substances and/or practices). It was then a question of focusing on the concrete planning resulting from this choice. For this, the four pillars of the Swiss Federal Drug Policy (prevention, treatment, harm reduction, law enforcement) were used as the analytical framework for identifying the different measures planned in each country and examining the degree of harmony between planning strategy (substances and/or targeted practices) and planning tactics (concrete measures under consideration). These files were used to answer this study's main questions.

Following this, a **cross sectional analysis** was made based on the following questions:

- What were the general (common) characteristics of national drug and/or addiction policies/programmes/strategies/action plans?
- What proportion of countries has adopted an approach focused on addiction and what proportion has maintained an approach centred on individual substances?
- Which arguments have been put forward to defend one or the other?
- What are the differences in the planning approaches of these two country groups (links between programmes and specific measures)?
- What are the differences in the tactical plans of these two country groups (measures or planned projects)?
- Which cross sectional measures are planned, e.g. those that concern different substances and/or practices?

3 Results

3.1 General results

This study brought to light several commonalities regarding national drug and/or addiction policies:

- relatively detailed and frequent planning;
- defined national coordination authorities to fight the problems related to illegal drugs;
- models of addiction-related public interventions that were essentially the sum of different policies and programmes targeting different substances and practices (illegal drugs, tobacco, alcohol, medication, pathological gambling, etc.);
- the will to apply a comprehensive approach that linked measures and strategies concerned with reducing demand together with those concerned with reducing supply;
- systematic priority given to prevention and interventions for children and young adults;
- the will to develop knowledge and evidence within these policy settings.

3.2 Policy changes in the field of addiction

The analysis of different drug and/or addiction programmes and policies highlighted the following elements concerning the types of public intervention in use in this field:

- **The plans of all countries reviewed in this research showed a willingness to link together or integrate to a higher degree, certain measures concerned with fighting problems related to substance abuse and addiction.**
- However, no instance of complete integration (conceptual, strategic and operational), that is to say the development of a conceptual basis, a strategy and a programme and thus an exclusive addiction policy, could be identified.
- Different models of 'links' and progressive integration were nevertheless noted;
  - a broadening, in operational terms, of illegal drugs prevention programmes to include measures developed to deal with problems related to alcohol, tobacco and other substances/practices as well,
  - a transformation of illegal drugs programmes/policies into substance abuse and addiction programmes/policies. However, this did not include, at least in the first stages, an integration of the different programmes/policies aimed at alcohol and tobacco or any other substances/practices that led to addiction. Rather, it is a development taking place in parallel with the wider focus of illegal drugs programmes or of drug policy,
  - An integration of strategies, concepts and occasionally programmes, aimed at illegal drugs and alcohol, as well as other substances and practices that lead to addiction. Tobacco is clearly kept separate, with its own specially developed strategy and programme. At a conceptual and organisational level, this model is the first concrete attempt towards integrating the different elements of addiction policies,
  - The development of a common conceptual framework and a single strategy pertaining to all the elements included in public intervention on addiction. This model spells out a group of approaches, objectives and methods to which the different elements (programmes by substance/practices) should be linked.
- Lastly, it must be noted that there was no evidence of a clear conceptual approach with respect to linking together the different elements of public interventions on addiction, or to their integration. Thus, in each of the countries reviewed, the concepts, objectives, means and measures are specific, and no unified approach exists, such as a common definition of problems, populations or connections between substances/practices to steer the various strategies and programmes targeted at addiction. As a result, we can hypothesise that further reflection is much needed at this particular level, so that what still now most often appears to be a simple will, for making the connections or integration, based on epidemiological observation, should become a reality in the form of a clear and coherent approach.

3.3 Changes in the measures relating to addiction

An inventory of the measures relating to drug and/or addiction that were identified in the national planning documents showed the following:

- It was clearly in the prevention/health promotion area that the integration of, or connections between measures aimed at substance abuse and addiction was the most frequent.
- In the other areas examined (treatments, harm reduction, law enforcement) this dynamic is much rarer and only appears in countries that have developed a programme focused on other substances/practices that could lead to addiction, rather than illegal drugs only.
- As for substances, the integration of measures aimed at illegal drugs and alcohol as well as the links between them are the most common. No doubt this is related to the fact that the content of the measures used in the programmes for both, is similar.
- As for the actual measures, the majority of interventions and prevention strategies take into account the different substances/practices that can lead to addiction.
- For treatment and harm reduction, a convergence or an integration of the services available to those addicted to alcohol, illegal drugs or medication seems to be the primary measure planed.
- Finally, as far as law enforcement is concerned, a few measures aimed at the legal and illegal drug markets, as well as driving a vehicle in an inebriated state, are mentioned by those countries that have adopted an addiction targeted plan.

4 Discussions and conclusions

The aim of this study was to provide an update of the international situation on developments in addiction-related public interventions. This update should help the Swiss Federal Office of Public Health (FOPH) better understand the context in which its own approach is being developed and gain some inspiration from the progress being made on an international level.

4.1 Does the will to connect, or integrate the different elements of addiction-related public interventions correspond to any change on an international level?

There is no doubt that the FOPH's will to integrate different components of its addiction interventions is equally present in the international arena. Hence, all the countries analysed mentioned the need to push forward with the linkage, or even integration of their efforts in the fight against the consumption of illegal drugs, alcohol, tobacco and other substances, as well as against the problems that arise from certain practices (gambling, doping etc.).

4.2 How do other countries motivate this change?

The growth in the level of consumption amongst children and youth constitutes the primary motivation to link or integrate different programmes/policies in drug addiction. Other arguments are

also sometimes put forward: management of people who are dependent on several substances, general coherence between the different programmes that already exist, efficiency etc.

4.3 Is there an obvious model that the FOPH could use?

Unfortunately the answer to this question is negative. This international review revealed a multiplicity of change models that could be adopted, **but unfortunately not one of them constitutes a comprehensive model of integration (policy and single programme for substance abuse and addiction)**. In addition, it should be noted that there seems to be no unified strategy or conceptual development that could support the implementation of an integrated policy.

4.4 What changes were observed?

The will to further integrate or link up the different components of public interventions related to substance abuse and addiction gives rise to four different dynamics:

- **a widening of the types of addiction (alcohol, tobacco, other substances and practices) currently being addressed through the prevention measures of the programmes and policies aimed at illegal drugs;**
- **a broader integration (treatments, harm reduction) of new substances (alcohol, tobacco, other substances) and practices into the programmes aimed at illegal drugs;**
- **an integration of the different substances, except tobacco, in a general substance abuse and addiction strategy;**
- **an integration of all the issues linked to substance abuse and addiction in the form of a general strategy in this area.**

4.5 How can we try to take advantage of these changes?

The four models show a kind of *continuum* with regard to the linkages between, and integration of programmes/policies per substances/practices: this initially comes into effect through the **expansion of prevention projects** aimed at young people and that are concerned with multiple substances and practices.

The next step is concerned with the same sort of **expansion within other areas,** such as treatment or harm reduction, where the management of poly-addiction is more and more common.

The next stage is concerned with the concepts and strategies that must steer public actions in the fight against substance abuse and addiction. Such reflection should lead to the development of a **common reference framework for several programmes** particularly those aimed at illegal drugs and alcohol.

Finally, **defining concepts and integrated strategies for the entire field** represents the last stage of the *continuum*. This means spelling out the details of the comprehensive approach held by the public authorities, and therefore also public health, towards all substances and practices leading to addiction, and this, independently of their legal status or other particular characteristics. This general framework should clearly define what does or does not constitute a health and/or social problem, who is implicated and who is not, and what is the role, and which areas should be covered by public interventions in the fight against substance abuse and addiction. A unified debate and approach concerning people who are dependent as well as those who have high risk behaviour, would also be desirable, regardless of the particular substance involved.

4.6 The current situation in Switzerland (FOPH)

The first two stages of this *continuum* were undoubtedly taken up within the framework of the Federal Drug Programme (ProMeDro), and by creating a "prevention specialist unit' (*Fachstelle Prävention)* as well as other FOPH projects. On the other hand, the integration of alcohol and illegal drugs programmes and policies has not taken place and the definition of a conceptual and strategic framework in the fight against substance abuse and addiction does not yet exist.

4.7 Next steps?

The development of a conceptual and strategic framework for substance abuse and addiction appears to be the main missing element, not only in Switzerland, but also internationally.
The examples of Canada and Norway however, also highlight a topical concern: that of defining a framework that is also compatible with current national and international efforts against tobacco use. Even though ideally, it would seem that tackling this problem should be a fundamental, part of a common and coherent approach in the fight against addiction, as is the case in Australia, abandoning this objective could also be considered. In this case, a common conceptual basis for the fight against illegal drug abuse, alcohol and other substances or practices that can lead to addiction should at least be developed.

The definition of such a general framework could lead to a comprehensive policy that could be put into practice through different programmes, but equally, to a single, exclusive policy/programme. The choice between these two models not only gives rise to organisational problems, but also to the need for a differentiated communication regarding the general coherence of public interventions related to addiction on the one hand, and the specificity of its elements on the other.

4.8 Some ideas for a 'package' that is conceptually and strategically broad based

Three content related elements emerge relating to the definition of a comprehensive approach for addiction that does not challenge the ability to include the specificity of certain problems and contexts linked to substances:

- **the relationship with substances : use, abuse, addiction ;**
- **the public intervention domains or pillars: prevention, treatment, harm reduction, training, law enforcement, research, etc.;**
- **substances and practices: characteristics and specific contexts.**

The first two elements help clarify the concepts and broad-based strategies relating to substance abuse and addiction, whereas the third enables the most pertinent elements for each specific problem to be selected from within the general framework. Currently the relationship is the opposite since the approaches initially developed for policy per substance/practice are based on the specificities of the characteristics and contexts and are only later linked into a general framework relevant to public health. To reverse this phenomenon and emphasise the common dimensions of substance abuse and addiction phenomena would make the coherence and integration of measures possible, without calling into question the existence of strategies and interventions that are sometimes specific.

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