# Reframing addictions in contemporary Europe



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ALICE RAP is a €10 million project co-financed by the social sciences and humanities bureau of the European Commission's FP7 research programme.

It involves well over 100 hundred European and global scientists and runs for five years, May 2011 to April 2016.



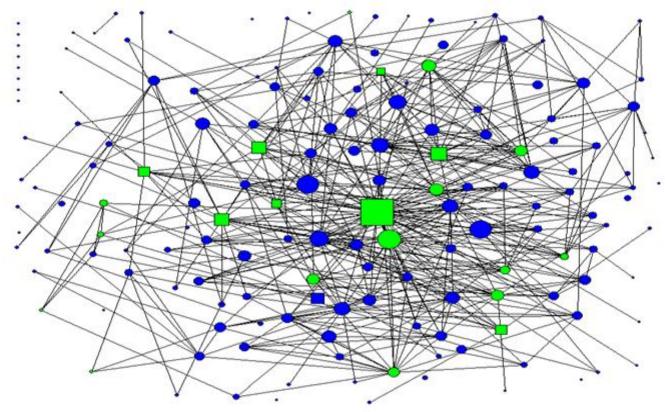


ALICE RAP is a multidisciplinary project, with a wide range of disciplines, stretching from anthropology to toxicology.

It is also a transdisciplinary project involving stakeholders, primarily policy advisers, in its conception, execution and dissemination.







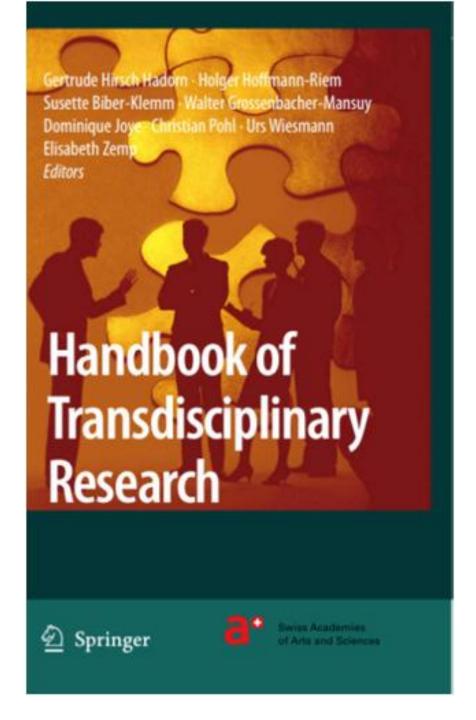
8		Area Leader
	0	Participant

Nodes			Network Density			
	Alice Rap Participants	Relation	2.1%	Relation (I go to this person)	5.5%	
	WP Leaders	Relation Communication	0.6%	Relation (This person comes to me)	5.0%	
Response Rate	65%	Relation Coordination	0.6%	Isolated Participants	4.2%	
500	Š.	Relation Collaboration	0.9%	· · · · · · · · · · · · · · · · · · ·	V.	

















The first of six main areas of ALICE RAP is to document how societies' and professional views of addictions change over place and time. We are undertaking historical analyses, studying stakeholder views, and reviewing media portrayal and public understanding of what is meant by addictions.





What we are finding is that there are a multitude of concepts of what addiction is that change over place and time and that are dependent on who you ask. Clearly, there is a need for re-framing and some common understanding.





The second main area of ALICE RAP is to count and cost addiction. We are collecting data from all European countries on the prevalence of what is understood as dependence on alcohol, tobacco, illicit drugs and gambling. It is proving extraordinarily difficult. And that is a finding in itself.





In Catalonia, Poland and Portugal, we are estimating the social costs from the three groups of substances and gambling, including estimates of the social costs of harms to others, and then modelling avoidable costs through policy implementation.





The third main area of ALICE RAP is to study determinants of risky use, problematic use and in and out of dependence from a wide range of individual and societal factors, estimating transitional probabilities between use and risky use and between risky use and problematic use.





This is no easy task either, considering all the potential determinants acting at many different levels. It is also no easy task, given that a neurobiologist and a sociologist mean very different things when they talk about addiction or a determinant. We do have many different disciplines around the same table, but we have not yet cracked bridging the different scientific languages different disciplines use.





The fourth main area is to understand the profit motive that drives addictions. We are estimating the size of the business markets; interviewing drug dealers in prison; trying to get a better understanding of corporate social responsibility programmes; assessing the impact of marketing, also in heavy and exusers; and, studying webs of influence - how does business influence policy.





An interesting finding is that it is quite difficult to interview the business leaders in this area there is no one to interview in tobacco, and alcohol is vary wary of being interviewed. This is, perhaps, not a good thing - unless you accept and recognize conflict, there is nothing that you can do about it. And, you cannot recognize or accept conflict if you cannot talk about it.



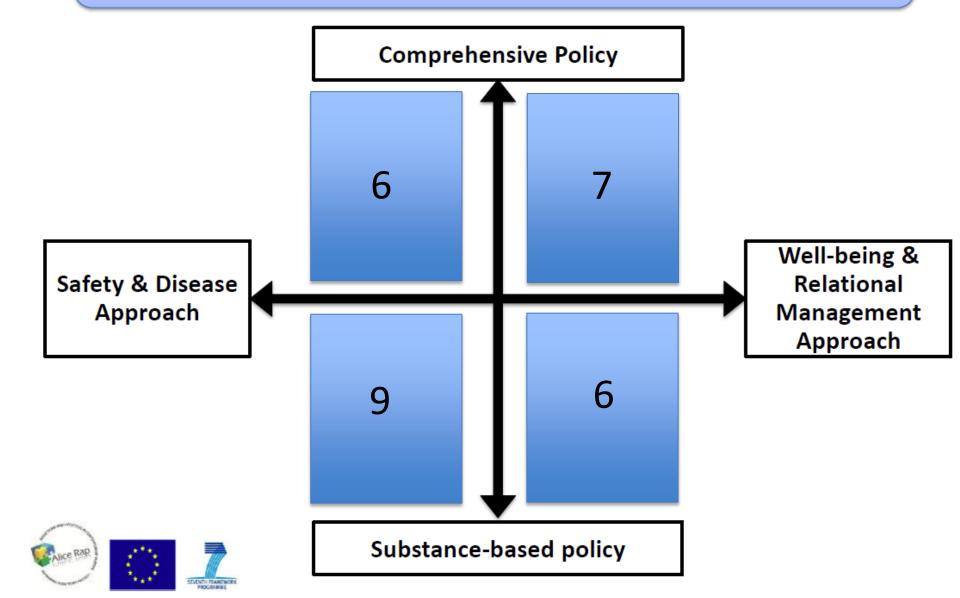


The fifth main area is the study of governance. Governance means the way societies manage things – and, it is not just about governments. We are studying the ways European countries currently manage addictions and considering how science can inform better future governance.





# European approaches to governing addictive substances



The sixth and final area is studying young people - the target customers of business. We study the extent to which existing policies are young people friendly; how young people negotiate the balance between emotion and cognition when it comes to addictive substances; and, how you can better study resilience building amongst young people.





In general, we seem to be finding that existing policies and practices are not particularly youth friendly.







This whole process is a complex machine to manage and run, and we put a lot of investment in network building and crossing boundaries of fields of study and boundaries of disciplines.

We also place a lot of investment in communication, using our project website to the full and using social media to stimulate debate and discussion and to promote our findings.





The first of three reframes we have come up with so far is to do away with the term dependence, and, instead, talk about heavy use over time, which leads to:

- > The brain consequences of dependence
- > The phenomena used to define dependence
- > The social consequences of dependence
- The health outcomes attributable to dependence.







Heavy use over time is much easier to operationalize and define, and probably much easier to understand than dependence.

It also gets out of the dichotomous trap of considering someone to be either dependent or not dependent.





The second reframe is to place our understanding of addictive substances and behaviours within a societal well-being structure.







# HUMAN WELL-BEING [Population averages and differences across groups]

Quality of Life

Material Living Conditions

Health status
Work and life balance
Education and skills
Social connections
Civic Engagement and Governance
Environmental Quality
Personal Security
Subjective well-being

Income and wealth Jobs and earnings Housing

**GDP** 

Regrettables

### SUSTAINABILITY OF WELL-BEING OVER TIME

Requires preserving different types of capital:



Natural capital
Economic capital
Human capital
Social capital

The third reframe is to promote accountability. Modelled on the carbon footprint, we propose an addictions footprint that measures the addictive substance related disability adjusted life years (DALYs) produced by the actions of an entity or organization; the footprint is a management tool to help reduce the harm done by addictions through enabling implementation of cost-effective policies and programmes.





## Starting with alcohol as an example, we aim to assess alcohol-caused DALY footprints of:

- Nations, regions and cities
- Sectors and organizations
- Products and services
- Personal footprints



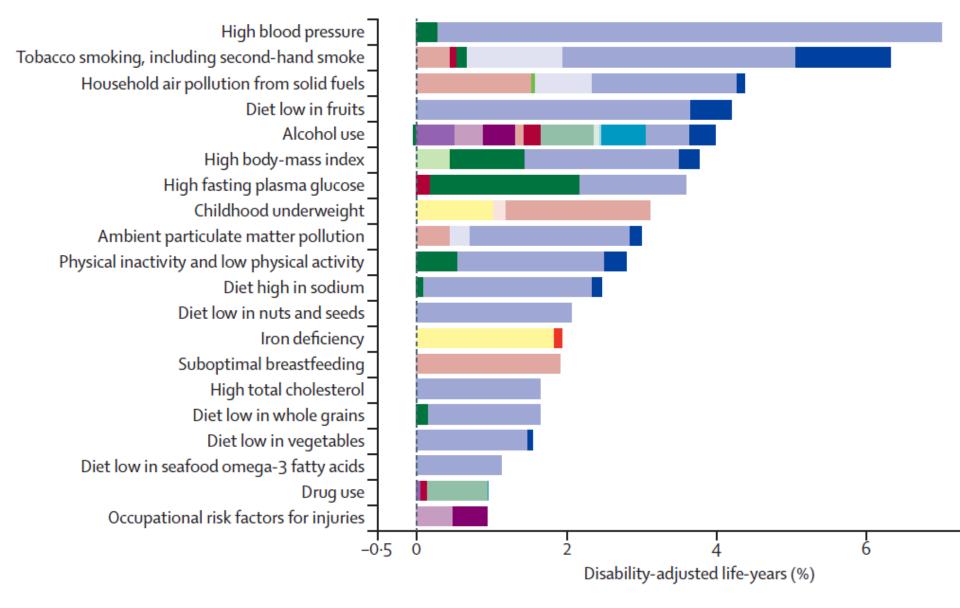


Finally, our first of three take home message is that we tend to underestimate the size of the problem.















Our second take home message is that the level of harm is driven by profit.







The brain reacts to many drugs, including alcohol, by fooling us to thinking that the rewards we get from using them far outweigh the harm that they cause.

Many companies make a great living out of this.

There is scope for strengthening the regulatory environment in which such companies operate.





Our third and final take home message is that changing the social and physical environment is far more effective in making healthy solutions the default social option than changing individual behaviour alone.



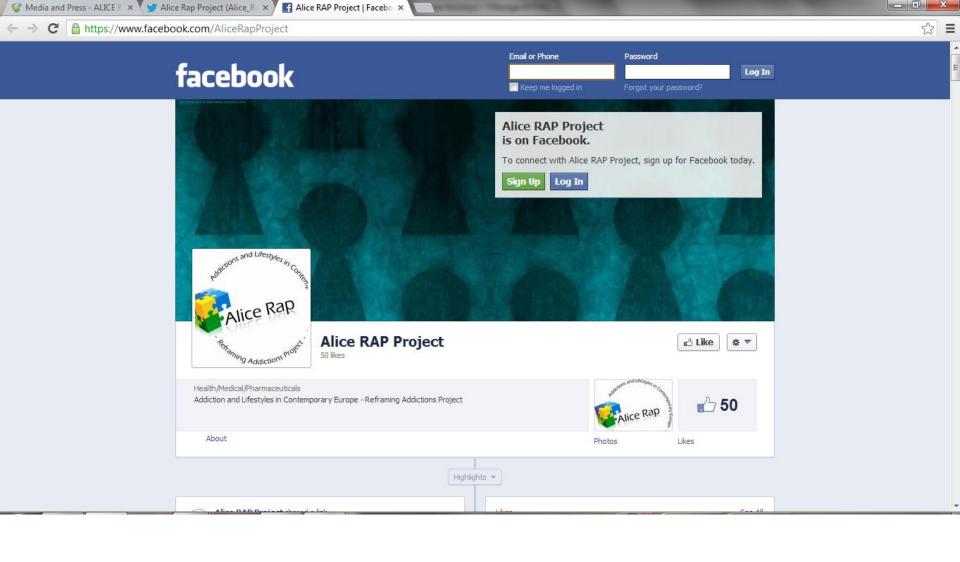


As America's President Roosevelt once said: 'The state's paramount concern should be the health of its people.'

We hope that the science generated by ALICE RAP will inform, so that governance of addictive substances and behaviours can be better redesigned to improve the health and well-being of Europe's people.







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