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SUMMARY REPORT
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Plenary Sessions:

A Century of Societal Responses to Alcohol, Tobacco and Drugs (Robin Room, Australia)

A century ago, alcohol was at least as big a problem in Europe as it is today, the great epidemic of cigarette smoking was not yet under way, and recreational use of drugs in youth cultures was far lower. Temperance movements had grown as a societal response to alcohol problems, and the 1907 Congress at which ICAA was founded was part of a series expressing the movement's internationalism. There was already an international agreement on alcohol, but not yet any international agreement on opium. In 1907, alcohol, tobacco and drugs were thought of in a common frame.

But conceptions of and responses to them split apart in the ensuing 60 years, with tobacco analyzed, alcohol first prohibited or restricted and then considerably decontrolled, and opiates and other drugs internationally prohibited. Although alcohol, tobacco and drugs have been being reintegrated conceptually since 1970, they are in very different statuses internationally, and this is reflected in the different spirit of international conferences and networks in the three fields.

Alcohol Policy in a Global Perspective (Gabriel Romanus, Sweden)

Alcohol is one of leading factors behind ill health and social problems in the world. The WHO study "Global Burden of Disease" illustrates this, as well as the study "Alcohol in Europe", which recently was published by the European Commission. Therefore both the WHO and the European Union have alcohol policy on their agenda.

The speech gave an overview of the recent history of alcohol policy in the WHO, both on the global and on the European level, and the issue of alcohol policy in European economic integration and other trade agreements. It outlined the role of the commercial alcohol industry in the process of developing alcohol policy, nationally and internationally.

A Global Perspective on Drug Policy (Antonio Maria Costa, UNODC, Austria)

The Director of the U.N. Drug Control program stated that a century of international drug control is showing results. For almost every kind of illicit drug – cocaine, heroin, cannabis, and synthetic drugs – there are signs of stability in terms of cultivation, production and consumption.

This does not mean that the drug problem has been solved or that we can become complacent. Nor is the good news universal. Progress made in one part of the world is often offset by

negative trends elsewhere. But overall, we seem to have reached a point where the world drug situation has stabilized.

The speech, addressed the issues of containment, how further progress can be achieved and what parallels and lessons can be drawn from comparing drug control to greater regulation of alcohol and smoking.

What Works in Alcohol Prevention Field (Sally Casswell, New Zealand)

A major change in terms of alcohol production and distribution has been the development of more extensive and sophisticated marketing of brands, taking advantage of the availability of new technologies. This has been responded to by research assessing marketing's impact and more recently looking for appropriate policy responses.

There is now a considerable base and a reasonable consensus on effective strategies to reduce alcohol related harm and these have been concisely summarized by Babor et al, among others as: policies which reduce availability, change the drinking context, increase price, affect drinking and driving, and provide brief interventions for identified individuals. Further work has emphasized the importance of alcohol marketing, particularly for younger people, and research has also found that society's well-intentioned attempts to move towards moderate use by educational means have not made major inroads.

Lessons from Outside the West (Diyanath Samarasinghe, Sri Lanka)

In the search for promising interventions, experiences from poorer countries are a good source. We should, in selecting among them, give precedence to activities that take our understanding forward to less 'culture-bound' strategies. The examples that emerge on the basis of this criterion relate mostly to what 'communities' can do, especially through the following approaches:

- Reducing the attractiveness of the image of substance use.
- Recognizing and countering the forces that promote use, and heavier use.
- Reducing unfair privileges allowed for use
- Engaging the illicit trade, in order to reduce availability
- Laying bare the influence of substance use on poverty and development

State Monopolies in the Addiction Fields (Harold Holder, USA)

State monopolies of potentially addictive and abusive products and services such as alcohol and gambling are a means to reduce public health harm. Alcohol monopolies exist, for example, in Sweden, Canada, Finland, Iceland, Norway, and the United States. The goal of monopolies for alcohol has been to reduce drinking especially heavy and addictive consumption, reduce drinking by the young, and protect the family and community.

Over the past 150 years, considerable scientific evidence about the effectiveness of alcohol monopolies has been accumulated. Research has shown that state monopolies contribute to lower total alcohol consumption especially youth drinking, and fewer alcohol-involved harm including drinking and driving as well as violence. Economic pressures have increased in recent years to

eliminate alcohol monopolies across the world under international trade agreements and domestic policies. When alcohol retail monopolies are eliminated the overall evidence demonstrates that the number of alcohol outlets increase dramatically, competition and promotion increase, alcohol retail prices decrease, alcohol consumption increases, and alcohol – related problems rise in number and frequency.

Preventing Alcohol and Drug Problems among High Risk Youth (Patricia Conrod, United Kingdom)

Personality factors are implicated in the vulnerability to adolescent – onset alcohol misuse. Three studies were presented examining whether providing personality – targeted interventions in early adolescence can delay drinking and binge drinking in high-risk youth.

All three studies demonstrate robust effects on drinking and binge drinking, and one study showed effects on mental health symptoms. In one study, multi-group analysis of a latent growth curve model showed a group difference in the growth of alcohol use between baseline and 6 months follow up, with the control group showing a greater increase in drinking than the intervention group for this period. Interventions were particularly effective in preventing the onset of binge drinking in those students who were already drinking alcohol at baseline.

What Works in Alcohol and Drug Treatment (Thomas Babor, USA)

The presentation reviewed recent advances in treatment and secondary prevention research on alcohol and drug problems. Conceptually, treatment research continues to focus on the interface between the patient and the service provider, with increasing emphasis on interventions using different theory – related pharmacotherapies and psychotherapies. Recent studies of naltrexone and acamprosate in the treatment of alcohol dependence provide only modest support for differential effectiveness of pharmacotherapy, but these interventions may increase the acceptability of alternative delivery of alcohol dependence treatment in general medical settings.

Research on mediators and moderators of psychotherapy effectiveness indicate that specialized interventions like cognitive-behavior therapy and motivational enhancement are effective for reasons unrelated to the assumed mechanisms of action. These examples suggest the need for a reformulation of how treatment affects recovery. Early intervention research continues to explore the potential of minimal interventions to alter the drinking and drug use behavior for substance users who are not severely dependent. Implementation research has identified barriers to dissemination and gaps in knowledge regarding how to address multiple risk factors and cluster in the same individuals.

Challenges for Treatment Systems (Ambros Uchtenhagen, Switzerland)

Efforts to improve treatment effectiveness are focusing primarily on “what works”: on evaluation, reviews, best practice guidelines, consensus conferences, etc to identify evidence-based treatment methods and approaches. Next important steps are improving the efficacy of services, and knowledge transfer, shaping practice in accordance with the research findings.

At the same time, it has become quite clear that good specialist services are not sufficient, and also not needed to take care of all persons with substance abuse problems. The majority of those persons are seen by non-specialist professionals (mainly in health and social care), and an important part overcome their problems even without any professional intervention.

This situation calls for a new focus on how all players in the substance abuse field can optimize their work, by sensible forms of co-operation, in the interest of providing best support for all in need, and to make best use of the available resources. The focus is the treatment system: a network of all services confronted with substance abuse problems in a given region. Also, this focus calls for a clearly defined responsibility for a functional system.

Work Shops:

Gambling Among Adolescents (Anders Tengstrom, Sweden)

Gambling among adolescents has for a long time been a hidden problem in the Swedish society. The population based prevalence study conducted ten years ago indicated that 5% of the 15-17 years old had a gambling problem. The figure is in line with most international studies in the area. In the past decade a revolution in gambling has occurred by the introduction of online gambling, which has changed a lot of the “old truths” about gambling. Despite the high prevalence of adolescent gambling, few initiatives have been taken to offer treatment or counselling to this group. The paper reported on an ongoing project, which is the first in Sweden to develop “state of the art” treatment for adolescents with a gambling addiction.

Internet-Based Self-Help for Pathological Gambling (Per Carlbring, Sweden)

Pathological gambling is a growing public health problem. Two percent of the Swedish general population has an ongoing potential gambling problem. Although pathological gambling is associated with depression, anxiety and low quality of life, only about 10% of suffers seek treatment. Barriers to accessing expert assistance include shortage of skilled therapists, long waiting lists, costs, and maybe most importantly, shame. A major challenge therefore, is to increase the accessibility and affordability of evidence-based psychological treatments. Printed self-help manuals have been developed to assist people with mental health problems who are unwilling or unable to access professional assistance, although there has been little evaluation of their efficacy. A modern alternative to printed self-help manuals is computers. In an attempt to provide a cost-effective treatment for problem and pathological gambling, a randomized controlled trail was conducted.

The Art of Prevention: School Based Prevention (Bengt Sundbaum, Sweden)

The Swedish National Institute of Public Health has presented a strategy to strengthen preventive work against alcohol and drug abuse in schools. The multi-component strategy, based on recent international prevention research, analyses the question of the preventive potential of school programs using the model of risk and protective factors. On the basis of international research in the prevention area, the following components could be distinguished as of vital significance:

- To establish a close co-operation and dialogue between the school and the parents.
- To introduce educational tools to improve teachers classroom management skills and to establish a dialogue-based education on alcohol and drugs as part of the wider concept social and emotional learning.
- To establish a close co-operation between the school's health service and its educational staff.
- To establish substantial and well-structured leisure activities with the schools functioning as a basis for these activities and to counteract the segregation in leisure time activities.

Other essential elements in a comprehensive school prevention program are well-planned early interventions against truancy and bullying as well as a local alcohol and drug prevention policy in each school, adopted after discussions involving teachers, pupils and parents.

Swedish Guidelines for Treatment of Alcohol and Drug Abuse and Dependence (Ulf Malmstrom, Sweden)

The following areas were reviewed:

- Discovery and preventive service, which deals with methods for discovering alcohol- and drug problems and means to prevent dangerous costumes to develop to damages.
- Assessment instruments and documentation, which is discussing biological markers and various behaviour questionnaires.
- Psychological treatment and medication for drug abuse. Different types of drugs were discussed as cannabis, hallucinogens, central stimulants and opiates.
- Psychological treatment and medication for alcohol problems, discussing treatment of withdrawal problems followed with description of different methods for continuing treatment including both medical and psychosocial treatments as well as combinations.
- Pregnancy and abuse. In this concept abuse has a different meaning than ordinary use, and consumption, with respect to its consequences for the embryo.
- Abuse with simultaneous occurrence of mental or physical illness. The focus was put on identification and assessment. It is important that both the abuse problems and the mental illness are treated at the same time.

University Student Binge Drinking and Prevention Models (Kent Johnsson, Sweden)

According to US studies, university students are more likely to have higher prevalence rates of alcohol use and higher rates of heavy use than their non-student peers and approximately 30% in the 21-25 age group are engaged in binge drinking. In similar studies in Sweden, using the AUDIT questionnaire, 77% of the population exceeded the NIAAA recommended cut off points for non-risky alcohol consumption.

In an ongoing study, containing 8 different Swedish universities, data was collected via an Internet based questionnaire. Questions were asked about alcohol consumption, norms, heredity, negative alcohol consequences, estimated blood alcohol level, and alcohol expectancies. 2500

subjects answered. Binge drinking data in correlation to other items above, and evidence based methods for secondary prevention programmes for harmful alcohol drinking were presented.

How to Integrate new Technologies into Treatment of Addiction (Filip Smit, Netherlands)

Problem drinking is highly prevalent in the Netherlands. It is estimated to be 10.3% of the population of 16 years and older. Problem drinking entails a formidable disease burden and substantial economic costs to society. Although problem drinking has many adverse consequences, problem drinker rarely present themselves at specialised health services. In the Netherlands health service uptake is limited to only 5% of the population of problem drinkers. Against this background it is imperative to provide easy-to-access low-cost, acceptable and effective interventions for problem drinkers and their offspring. Web-based interventions and the use of new technologies may fulfil the current gap in services on offer. The role new technologies can play in the treatment of addiction was discussed by presenting an online stepped care model for addiction and the results of a randomised trial on a web based intervention for problem drinking: Drinking less (DL).

Co-morbidity: Results of an Integrative Treatment Approach for Dual Diagnosis Patients. (Thomas Legl, Austria)

Residential addiction treatment faces an ongoing increase in co morbidity, especially in dual diagnosis and patients with multiple psychogenic disorders. In general psychiatric hospitals as well as addiction treatment centers do not offer appropriate service for this clientele, there is a "come-go-come" effect. Integrative approaches with special support for the dual diagnosis group show positive outcomes in treatment. This was outlined through an extensive review of a site-based program in Austria.

Changing Attitudes: Treatment vs. Incarceration (Frank Kozlek, USA)

Randomly selected American citizens were polled by means of a questionnaire, and one-on-one interviews. The purpose of the poll was to explore and discover if the attitudes are moving away from the criminal approach of handling alcohol/drug misuse. If so, are they moving towards a more formal treatment approach? The research revealed the run-away cost of executing the "War on Drugs", the infeasibility of locking up all alcohol and drug offenders, especially the non-violent 1st and 2nd time offenders. Also revealed was a clear preference of the public's desire to institute formal addiction education and treatment for alcohol and drug misuse. All persons polled acknowledged a serious to very serious drug and alcohol problem. Additionally all felt that treatment was successful.

Methamphetamine and the Workplace (Cherlyne Majors, USA)

Historically, treatment for methamphetamine dependence has proven to be extremely problematic. There has been no approved pharmacotherapy for methamphetamine dependence, and medications used to date have also generally failed to reduce the severe craving observed in individuals withdrawn from this drug. Recent advances in integrated therapy were discussed. As methamphetamine use increases and spreads globally, the need for integrated, effective treatment

is paramount in order to protect the heart and soul of the family, the workplace and the social fabric of society.

The French Outpatient Cannabis Misuse Clinics Programme: Between Prevention and Treatment (Ivana Obradovic, France)

A core objective of the current national French Drug Strategy (2004-2008) is to reduce cannabis use among young people. Since 2005, the Government has set up a cannabis-specific preventive and therapeutic programme targeting youths, based upon a broad media campaign and an outpatient clinic setting to be implemented in every sub-regional area. These cannabis clinics provide information, counselling and risk assessment of personal cannabis use but also facilitate access to treatment if necessary. Throughout the first year of implementation, 15,200 users and some 12,400 family attendants were admitted in 266 clinics. The clients reporting personal cannabis use are generally aged 14 to 25 (90%), with a majority of male clients (80%). Nearly half of the clients report daily cannabis use and one third has been diagnosed cannabis-dependent.