

# Future challenges for addiction research

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## In which world shall we live ?

### What does it mean for addiction research?

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## The challenges

Demographics:  
10-12 Billion by  
2050

- Mass migration
- Stratification
- Impact on addictive behaviors

- Global deficits
- Low priority

# Mass migration

- **Unequal population growth**
- **From south to north, from east to west**
- **From low-income to affluent countries**
- **From local/regional conflict areas to stable countries**

# Stratification problems

- **Socio-cultural „we“ and „they“**
- **Legal inequalities (asylum seekers, ‚sans-papiers‘)**
- **Unequal perspectives for a satisfactory life**

# Impact on addictive behaviors

- **Increasing drug use in developing countries esp. in Asia and Africa (World Drug Reports 2012, 2013)**
- **Urbanisation and migration rates, socio-economic inequalities increase drug use (World Health Report 2001-)**
- **Stress as a main risk factor for developing substance dependence (Volkow et al 2004)**

*Bruce K. Alexander: The Globalisation of Addiction. A study in poverty of the spirit. (Oxford University Press 2008)*

„This book shows that the social circumstances that spread addiction in a conquered tribe or a falling civilisation are also built into today's globalizing free-market society. A free-market society is magnificently productive, but it subjects people to irresistible pressures towards individualism and competition, tearing rich and poor alike from the close social and spiritual ties that normally constitute human life.

People adapt to their dislocation by finding the best substitutes for a sustaining social and spiritual life that they can, and addiction serves this function all too well.“

# The challenges

**Demographics:  
10-12 Billion by  
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- Mass migration
- Stratification
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**Care of addicts**

- Global deficits
- Low priority

## Global deficits in care

(WHO Atlas Report 2011)

**Basis: 147 countries, 88% of world population**

**Main findings:**

- **51% of countries have specialised treatment for drug use, 34% for alcohol use disorders**
- **Main treatment modality is residential detoxification (median length of stay 10-14 days)**
- **<50% have brief interventions in primary health care**

# **Low coverage**

**(SAMHSA 2012 national survey on drug use and health)**

- **2.5 Mio people (10.8% of those in need of treatment) received treatment in a specialised facility**
- **20.6 Mio people in need of treatment did not receive it (most of these did not seek treatment)**

# **Low priority**

**(WHO Atlas Report 2011)**

- **<50% of countries have a budget and standards for the care of substance use disorders**
- **Low coverage of community-based and workplace prevention programmes**
- **Low coverage of providing treatment and rehabilitation to prison inmates with substance use disorders**



**What can research do ?  
Shed light !  
Are we ready ?**

## **Rates of spontaneous remission in alcohol dependence**

- USA 72.4% of persons with full remission have not been in any formal treatment (NESARC data, Dawson et al 2005)
- Germany 66.3% with will full remission had not been in treatment (TACOS data, Rumpf et al 2000, Rumpf et al 2009)

# The course of heroin use

(Kaya et al 2004)

- >60% of users terminate their use within 1 year
- Only 25% continue their use for more than 3 years

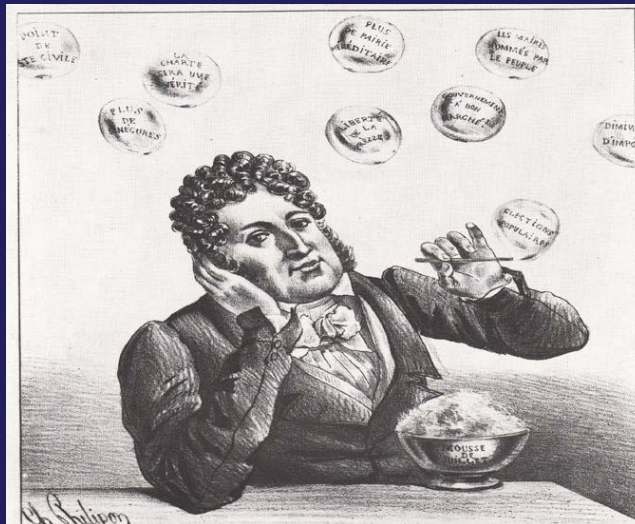
*(Results of the National Drug Strategy Household Survey 1998 in Australia, Drug Alcohol Review 2004:107-116)*

## Remission rates in treated addicts vs. population samples

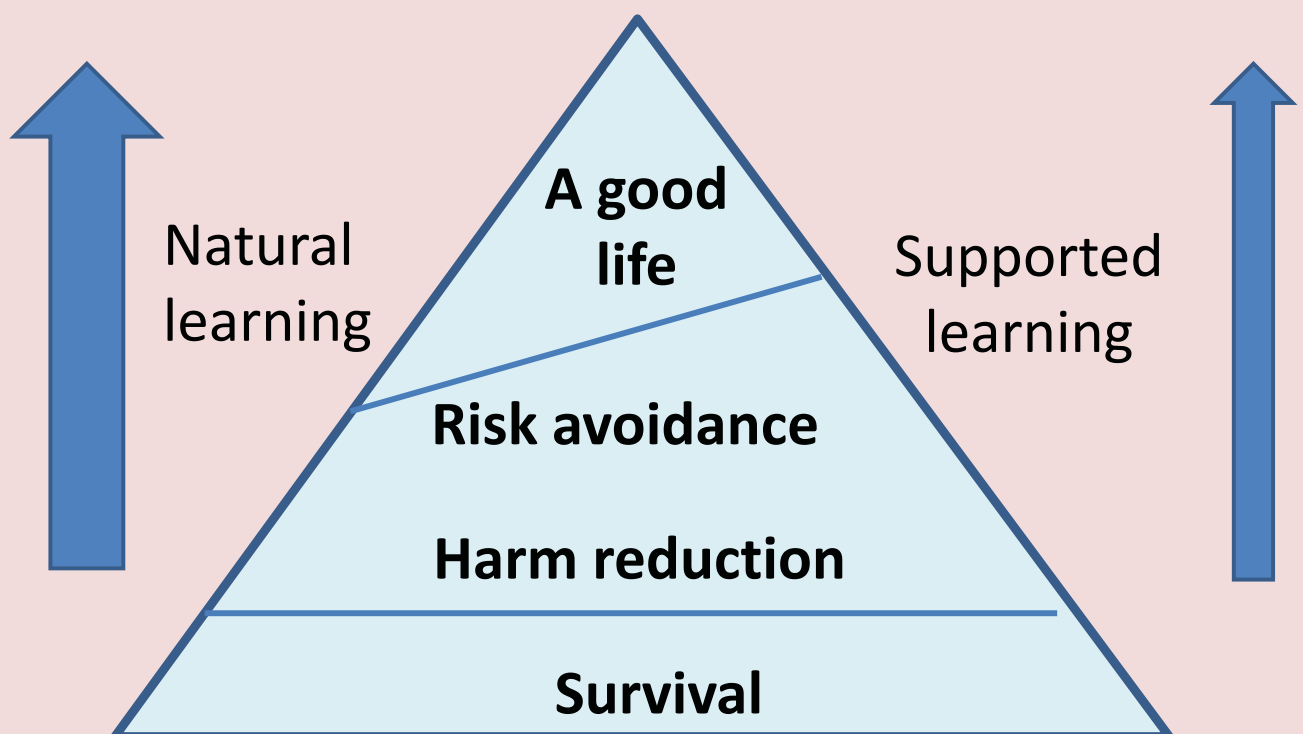
(Calabria, Degenhardt, Briegleb et al 2010)

- Treatment samples
  - Cocaine: annual remission rates 3-13%
  - Heroin: annual remission rates 0.5-18%
- Population samples
  - All substances: annual remission rates 8-13%

# Is there a need for an adapted conceptual framework?



From survival to a balanced „pursuit of happiness“  
A pyramid of goals





# A policy of consumer protection

- The goal of harm reduction
  - To minimise negative consequences of use
- The goal of risk avoidance
  - To learn (from users) how to be a responsible user and avoid undue risks
- The goal of treatment
  - To learn (from spontaneous remission) how to regain the lost control over using behaviour
- The goal of law enforcement
  - To protect users from undue risks

## Re-shaping of risk research

- Expand from risk ranking of substances to risks of use patterns, roads of administration, legal status of substances etc
- Expand from risk of substance use /abuse to risk of interventions , non-interventions, policy
- Risk research as an integral part of technology assessment
- Integrating risk research as a topic into drug research agendas (e.g. EU research agenda, European Science Open Forum ESOF etc)

# Using social networks

- **On-line approach**

Using social networks for analysing attitudes and behavior, and for designing messages how to protect oneself

*Stoddard et al (2012). Permissive norms and young adult's alcohol and marijuana use: the role of on-line communities. J Studies Alcohol Drugs 73:968-975*

# Migration studies

Research efforts that combine populations from sending and receiving countries are needed.

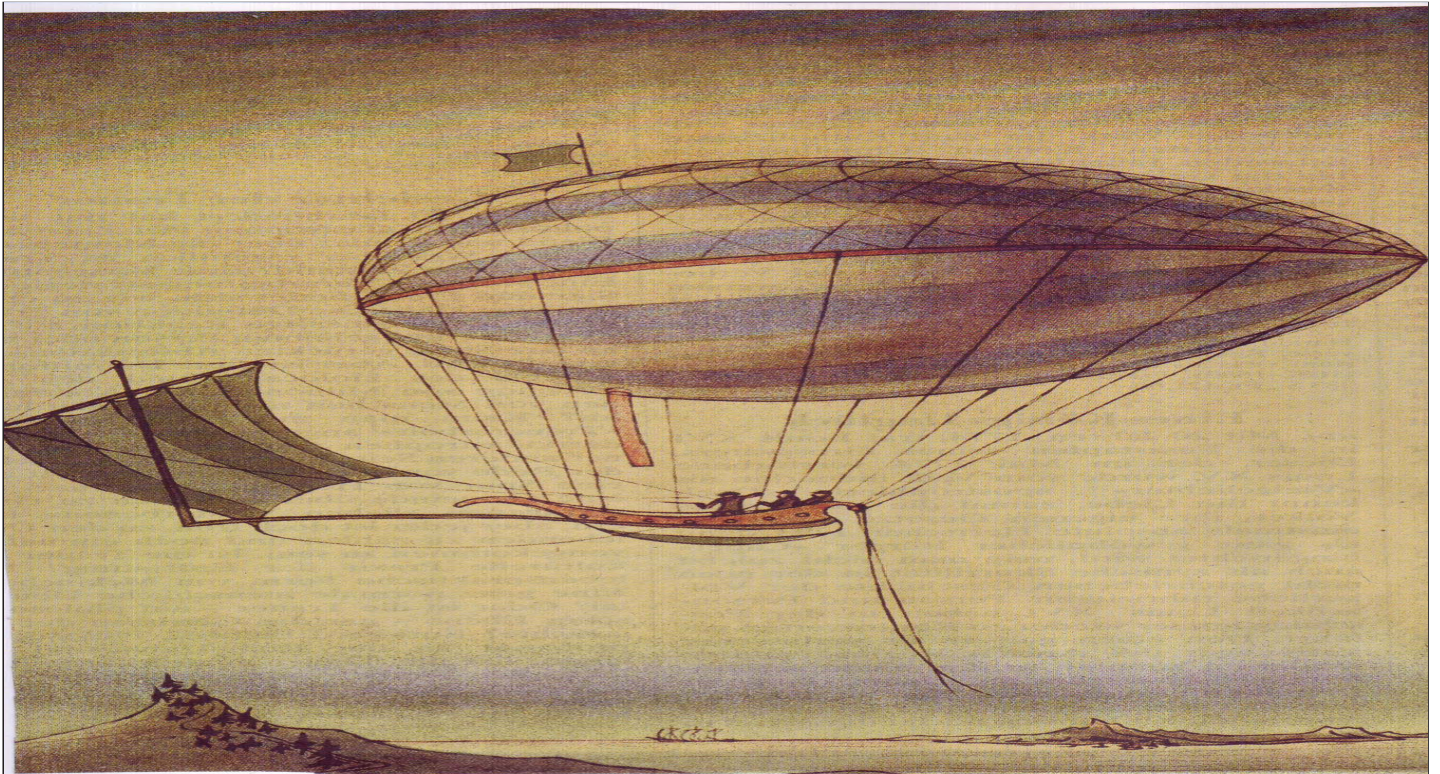
This effort will require much more complex research designs that will call for true international collaboration.

*Borges et al (2011). A cross-national study on Mexico-US migration, substance use and substance use disorders. Alcohol Drug Dependence 117:16-23*

# Priorities?

**We are used to respect the grading of evidence**

**Why not think about a complementary  
relevance of findings: for which goals? and for  
whom?**



**Bon Voyage !**