



Addiction and Lifestyles in Contemporary Europe: Reframing Addictions Project (ALICE RAP)

Decision Makers' Dialogues

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Abstract

As part of the ALICE RAP communication and dissemination strategy, the project convened and organised a series of **Decision Makers' Dialogues**, aimed at policy makers and influencers of addiction governance for jurisdictions of different levels and sizes.

The objectives of the decision makers' dialogues were manifold:

- to reach key stakeholders in the fields of addiction science and drug policy;
- to support a better match between the needs for addiction research as perceived by decision-makers and planners on the one hand, and the research priorities set by the research community on the other;
- to ensure that the research evidence is communicated simply and given meaning by making it relevant to current issues

The project decided to target differently sized jurisdictions in order to maximise the impact of the AR research. Policy dialogues were targeted at the national and supra-national levels, with seminars being organised for single member states (UK and Latvia) in response to specific policy issues of the moment; at the European level, with a seminar for Commission actors from multiple DGs, as well as targeted meetings focusing on specific addictive products (gambling and illegal drugs) at the request of the Commission; and at the international level with an open seminar and closed meeting in the WHO, in Geneva, and an open debate of the scientific contribution to drug policy for international policy makers and other experts stakeholders (the A-Debate).

This report gives brief accounts of the 6 decision makers' dialogues held over three jurisdictional levels, and attempts made by the coordinating team to initiate still wider international dialogues linking to the UNGASS on drugs 2016. The scope and purpose, process and outcomes are described in each case, with further information available in annexes and references. In addition to these centrally organised decision makers' dialogues, which all involved more than one scientist from more than one Area of the project, several ALICE RAP scientists have provided expert consultation to policy decision makers and influencers, in the form of individual meetings or inputting material, which will be described instead in the final project report.

1. Introduction

Wicked problems

The governance of drug use and so-called ‘addictions’ can be seen as ‘wicked problems’. A wicked problem is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. Moreover, because of complex interdependencies, the effort to solve one aspect of a wicked problem may reveal or create other problems. Wicked problems are also characterised by the following: 1. The solution depends on how the problem is framed and vice versa (i.e., the problem definition depends on the solution); 2. Stakeholders have radically different world views and different frames for understanding the problem; 3. The constraints that the problem is subject to and the resources needed to solve it change over time; 4. The problem is never solved definitively.

A problem whose solution requires a great number of people to change their mindsets and behaviour is likely to be a wicked problem. Therefore, many standard examples of wicked problems come from the areas of public planning and policy.

Public policy decisions on so-called “addictive” products and services (legal addictive drugs, illegal addictive drugs, uncontrolled substances and entertainment, such as gambling) often fall into the category of “wicked” problems: the solution depends on the framing of the problem (reducing harm, reducing use, reducing trafficking), different stakeholders have radically different understandings of different ‘addictions’, constraints (drug potency, the broader political context) and resources (budgets balanced across different policy issues) are constantly changing and there is no definitive solution or stopping rule. As Mendoza and Vernis state (2008¹: 392), ‘the need to respond to ‘wicked social problems’ require public agencies to be prepared to work in partnership with other public, civil society and business organisations’.

One of the strategies identified by Roberts (2000)² to tackle wicked problems is through collaborative efforts involving multiple stakeholders sharing knowledge to suggest ways forward. Projects to address wicked problems need to be complex, multidisciplinary, visionary and flexible. One format for such a project is a wide-reaching and managed network, which Ferlie and colleagues (2013)³ suggest may be the ‘least bad’ way of “making wicked problems governable”. ALICE RAP presented an opportunity to create such a network, and to play a part in participatory governance by enhancing dialogue between academic and non-academic stakeholders in drug policy and addictions governance.

The approach of ALICE RAP

The intention to inform and contribute to the policy landscape relevant to the consumption of so-called ‘addictive’ products and governance of this wicked problem is inherent in both the *RAP* of ALICE RAP (Addiction and Lifestyles in Contemporary Europe - *Reframing Addictions Project*), and the project’s vision statement: “To promote well-being through a synthesis of knowledge to redesign European policy and practice to better address the challenges posed by substance use and addictive behaviours.”⁴ From the outset, the project has aimed to strengthen scientific evidence to inform the public and political viewpoints, and to stimulate a broad and productive debate on current and

¹ Mendoza, X., Vernis, A. (2008). ‘The changing role of governments and the emergence of the relational state’, *Corporate Governance*, 8:389–396

² Roberts, N. (2000). Wicked problems and network approaches to resolution. *International Public Management Review*, Vol 1, No 1, 2000 [<http://www.ipmr.net>]

³ Ferlie, E., Fitzgerald, L., McGivern, G., Dopson, S. & Bennett, C. (2013) ‘Making Wicked Problems Governable?: The Case of Managed Networks in Health Care.’ Oxford University Press.

⁴ <http://www.alicerap.eu/>

alternative approaches to the problems posed by the use and governance of addictive products and services. The project has created a network of scientists working together to generate knowledge and options which will be taken up in ongoing debates on how best to govern these problems, and add to the evidence-base for concrete policy decisions around addictive products and behaviours.

The communication and dissemination strategy of ALICE RAP, developed flexibly and iteratively throughout the project, included a number of different tools aimed at increasing the reach and accessibility of the scientific outcomes and research findings generated. Although more traditional 1-way dissemination tools (press releases and press conferences, policy papers, newsletters, blog articles) are valuable in increasing the potential reach and accessibility of scientific messages, they are limited in promoting uptake and use of the information presented or in shaping future communicative efforts to exploit the research findings. To significantly contribute to reframing addictions and promoting a science-based public health perspective in governance, two-way communication is required between the scientific community and other stakeholders in public policy to ensure that the science addresses the issues and questions that are really of concern in policy decision making.

Decision Makers' Dialogues

The series of Decision Makers' Dialogues was intended to bring the ALICE RAP science, or previous knowledge of the ALICE RAP network, to bear on current topical issues faced by decision makers and influencers in the fields related to drug and addiction governance, through meetings involving 2-way discourse.

The decision makers' dialogues were held with several overarching objectives, which had a bearing on the process and organisation:

Most simply, the meetings had the clear dissemination objective of reaching our target audience: key non-academic stakeholders in the fields of addiction science and drug policy. In order to maximise the impact of these efforts, the project tried to identify subject areas and jurisdictions where actors at the highest executive level could and would be motivated to participate (the decision makers), whilst still maintaining technical content.

Second, the dialogues were intended to bring the decision makers' perception of their needs from science and the research community's priorities closer together. The idea was to do this through shifts in perceptions and understandings on both sides; as a mutual learning process with the outcome of some kind of consensus on the meaning, uses and limitations of the science for policy on a given topic. This informed the preparations of the dialogues, with decision makers asked to specify areas of interest and questions to be addressed; and also shaped the agendas of the dialogue events, to tailor the researchers present to the decision makers' needs and requiring a parity in the time allocated to different viewpoints, including sessions for the decision makers to feed back and reflect on the usefulness (or not) of the science in hand, and to shape the discussions to suit their needs.

Finally, the project strove, through the decision makers' dialogues, to ensure that the research evidence generated in ALICE RAP is communicated in an accessible manner and given societal meaning by drawing out the relevance to current issues in governance. This meant that the presentations were prepared to the highest possible standard in terms of accuracy and clarity, with all being peer reviewed and revised iteratively by the coordinators and presenting scientists. Our aim was to provide a coherent narrative throughout the scientific presentation sessions, that would facilitate discussions of the issues from multiple viewpoints and across different sectors, in line with that which seems to be required for effective governance of addictive behaviours.

Three events – two meetings and a conference - were originally foreseen in the project’s description of work; but this original plan was modified and expanded to suit the demand of stakeholders in terms of topics and formats. As was planned from the start, the policy dialogues started relatively early on in the project, in the first year of ALICE RAP, presenting preliminary findings and existing knowledge, in order to fulfil their communication (2-way) objectives. Over the course of the 5 year project, 6 centrally coordinated decision makers’ dialogue events have been organised. The format of these meetings also evolved over the course of ALICE RAP, and was adapted to suit each different topic, varying in size and duration, as required; but typically involved sections presenting scientific data and findings, sections for reflection and drawing out policy implications and also sections for feedback on the priorities and interests of the decision makers, with a view to shaping future research, communication and dissemination.

Section 2, below, describes each of these events in more detail; section 3 draws out conclusions and posits some recommendations for the future; and the full documentation of the dialogues is available in the annexes.

2. The Decision Makers’ Dialogues

In order to maximise the impact and usefulness of the AR research, provide a coherent body of information, and with the aim of maintaining a dialogue with decision makers at different levels of governance structures, the project targeted differently sized jurisdictions (national, European, global).

Seminars were organised for single member states (UK and Latvia) in response to specific topical policy needs (alcohol pricing policy options and national alcohol strategies): in the UK, ALICE RAP held a seminar for different government departments on alcohol pricing policy options; and in Latvia, presented science on alcohol pricing to the Latvian parliament and provided support for the national alcohol strategy and healthcare framework.

At the European level, a seminar for Commission actors from multiple DGs was organised, with the agenda planned around pre-requested topics; a targeted meeting focusing on specific issues related to gambling policy and consumer protection was held with a multi-sectoral EC gambling policy group; and ALICE RAP work with a bearing on illegal drug policy were presented for discussion at the Horizontal Drugs Group lead by DG JUST and DG HOME, with the contents tailored to the interests of the participants.

At the international level, the project arranged a full day event at the World Health organization in Geneva, with an open lunchtime seminar on ‘Addictions, drug policy framework and public health’, followed by a closed confidential meeting with multi-sectoral WHO actors on the implications of the science presented and potential collaborations in the future.

Finally, also at the international level, ALICE RAP organised a two-day open debate, in Barcelona and online, for international policy makers and other experts stakeholders. The A-Debate fostered discussions and debate around the latest contributions from multidisciplinary science on addictions and drew out implications for public drug policy and governance.

2.1 First decision makers' dialogue: Alcohol Pricing Seminar, London, UK

Context

The first decision makers' policy dialogue was a 1-day seminar on pricing policy options for alcohol, convened in London in February 2012, with officials from a range of UK government departments and ministries. The event was timed to precede the finalization and launch of the UK Government's alcohol strategy, in the knowledge that discussion was on-going and the decision as to whether or not to include proposals for a minimum unit price of alcohol was not finalized. Because of this context, the presentations and discussions focussed primarily on the science around minimum unit pricing (MUP), although other pricing policies, such as taxation and minimum volumetric price, were also discussed.

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ALICE RAP coordinators, in collaboration with RAND Corporation, and with the support of the Behavioural Insights Team in the UK Cabinet Office, organised the invitation-only meeting of policy-makers and researchers working on alcohol pricing and related issues. The meeting aimed to address some of the specific questions policy-makers in the UK would be confronting as they considered policy options for the forthcoming strategy.

With a focus on excise taxation, minimum pricing, restrictions on promotions and discounts, and bans on below cost sales, some of the specific questions for discussion included:

- the implications of the various policy options for different segments of the population;
- the impact of different policies on fiscal revenue;
- pass-through from tax changes to consumer prices;
- the effects of pricing approaches on the use of other substances like tobacco and illicit drugs, illegal alcohol consumption, cross-border trade, etc.;
- the difference for on- and off-trade sales of different pricing policies

In addressing these questions, the meeting drew on the available evidence, including research from other countries where relevant and informative. Discussions were informed by a number of different frameworks including alcohol policy and the well-being agendas, and alcohol policy in times of economic downturns.

The format of the meeting sessions was designed to encourage active discussion between participants, with groups of short (10-15 minute) presentations of the science, followed by 40-60 minutes of discussion time (see the agenda in Annex 1). To make the day as useful and informative as possible, participants from policy institutions were encouraged to send the scientific organisers in advance specific questions or areas of enquiry around alcohol pricing policy that it would be helpful to discuss on the day. In addition, a final session was convened in which the governmental actors could comment and highlight the science that had been most useful in their work and request any further clarification or follow-up actions.

Outcomes

Thirty six people attended the dialogue seminar, with representation from the Department of Health, the Behavioural Insights Team of the Cabinet Office, the Home Office, the Treasury, Revenue and Customs, the Northern Ireland Office, and the Scottish Office. Six ALICE RAP scientists attended, as well as six non-ALICE RAP scientists, as active participants in the presentations and/or discussions. The participants are listed in Annex 2.

There was active and stimulating discussion in all of the sessions, which were outlined in the summary notes of the event⁵, which have been checked for scientific accuracy by all seminar participants. According to comments by the participants, this first ALICE RAP policy dialogue was useful in reviewing the arguments for and against different pricing policy options, and highlighting possible pitfalls as evidenced by existing policy research. The UK strategy was launched at the end of March 2012, one month after the dialogue and included the proposal to introduce a new minimum unit price, in which, for the first time, it would be illegal for shops to sell alcohol for less than this set price per unit. The indicative price was €0.06 per gram of alcohol. Unfortunately, the UK Government later took the plans for an MUP for alcohol out of the alcohol strategy before publication in July 2012, seemingly for political reasons and under pressure from industry interest groups and actors.⁶

2.2 Second decision makers' dialogue: EU Policy Seminar on Governance of Addictions, Brussels, BE

Context

In the context of growing policy interest in policy options for the governance of addictive substances and activities, a second decision makers' dialogue was held in the format of an expert workshop in Brussels in November 2013. This brought together researchers of the multiple disciplines involved in the study of addictions in the frame of ALICE RAP with EU policy decision makers, technical officers and influencers from different EC Directorates and other European organisations, working on the governance of addictions, public health, drug policy and related issues.

Proceedings

The ALICE RAP coordinating team, working with the EC Project officer at DG RTD, extended invitations to potentially interested professionals in a number of Directorate Generals (DGs): CNECT; EAC; EMPL; HOME; JUST; MARKT; RTD; SANCO; TAXUD.

The workshop presented key policy issues and preliminary findings coming out of ALICE RAP, taking a transdisciplinary approach to address research questions of relevance to policy for multiple addictive substances and behaviour – Alcohol, tobacco, illicit drugs, new psychoactive substances, gambling and online gaming. Some of the specific thematic areas for discussion included:

- Classifying and counting addictive behaviour in policy-relevant terms
- Trans-disciplinary research for cross-sectoral policy on addictions governance
- The implications of single- and multi-substance policy options for the governance of addictions
- Vision 2030 foresight study – horizon scanning and developing an 'addictions' footprint

In addressing these questions, the meeting drew on the most up-to-date available evidence, including pan-European datasets as well as research from outside Europe, where relevant and informative. Discussions were informed within the frames of: public policy for addictive substances and activities, the well-being agendas and addiction policy in times of economic downturns.

The format of the meeting was chosen to encourage active discussion between participants (see the agenda in Annex 3), with time allocated to discussions after each short presentation. To make the day as useful and informative as possible, participants from all invited DGs were encouraged to send specific questions or areas of enquiry around 'addictions' policy to the workshop organisers that it

⁵ http://www.alicerap.eu/images/Alcohol%20pricing%20and%20related%20harms%20Seminar_23-2-12_Summary%20notes.pdf

⁶ Gornall, J (2014) Under the influence: 4. Election prospects triumph over public health. British Medical Journal. <http://www.bmj.com/content/348/bmj.f7610>

would be helpful to discuss on the day, to shape the agenda and data presented. As a result, a session on alternatives to prison sentencing for drug offences, a topic not studied in depth in ALICE RAP, but with expertise in the network of scientists, was included in the programme.

As background papers to the seminar, and to encourage EU professionals to attend parts of the seminar even if they could not commit to the whole day, all participants and other interested professionals were sent short biographic accounts of the speakers and their expertise; as well as the policy papers already produced by the project on alcohol, gambling, new psychoactive substances and prescription opioids.

Outcomes

Some twenty five people attended the EU seminar (see Annex 4 for the list of participants), with 11 participating from the EC, representing DGs RTD, SANCO, JUST, Enterprise, DEVCO, and MARKT; and the associated European public bodies EESC and EMCDDA. Another six EC professionals from different DGs requested to be kept abreast of the information presented, despite being unable to make it to the seminar in person, and were subsequently sent all background documents, presentation PPTs and the notes of the seminar.

As part of the general discussion at the end of the programme, when the EU participants were invited to give feedback on the event, the topic of how to best dialogue and engage policy advisers and makers was mentioned. While the value of exchanges such as this seminar was noted, in many ways, the project was not seen as agile enough to directly address the questions which the policy officers have. This is, of course, influenced by the adherence to the project's description of work and length of the process required to make changes to this. The ALICE RAP communication system, comprising newsletters, policy briefs, blogs and the website, was posited as one way to respond to some of the questions as and when they arise. In addition, it was seen as important for the AR scientists to know what policy makers are working on and what are the main issues they grapple with are so that the project coordinators can think what within the project could fit the needs of these professionals.

The main outcome of the symposium was to initiate several channels of communication between AR and diverse DGs (in particular with DG JUST/HOME and DG MARKT) which could lead to future consultations and presentations of the project outcomes at useful moments in policy development.

2.3 Third decision makers' dialogue: WHO open Seminar "Addictions, drug policy frameworks and public health", Geneva, CH

Context

At the invitation of the WHO, and at the request of WHO staff involved in drug policy development, ALICE RAP organized the third decision makers' dialogue in Geneva, June 2015, in the format of an open lunchtime seminar accompanied by smaller closed meetings to discuss the results presented. The lunchtime seminar aimed to introduce new science on our understanding of addictions and present how new directions in policy might better reduce the harm done by drugs. The dialogue events were part of a broader movement for information on science to inform drug policy which was going on throughout the years leading up to UNGASS on drugs in 2016, and preparing for future challenges.

Proceedings

The ALICE RAP scientific leads coordinated with professionals at the WHO to develop a programme covering topics of interest and relevance to the organization's on-going work and priorities. Some of the topics for discussion suggested were:

- Reframing our conception of addictions to heavy use over time and what does this mean for research, policy and practice
- Margins of exposure analysis as a tool for assessing harm from drugs (including alcohol and nicotine) to help inform policy priorities
- Influence of business across all drugs and how this can be managed within governance approaches.
- How an evolutionary frame informs drug policy, opening up new avenues for policy and practice
- Assessing existing governance approaches across countries and what this implies for future governance structures
- Informing cannabis legalization based on what we know about addictions
- Understanding drivers of use and harm to enable informed and more targeted governance.

The main focus of the day was to advise on implications of AR findings for WHO work - programme developments and policy. Five issues of particular relevance were flagged for inclusion to be reflected in the presentations and discussions:

1. Impact of drug policies on well-being – operationalizing indicators for impact of drug policies on educational and social functioning.
2. Scope in monitoring impact of drug policies on health indicators (as is done for alcohol)
3. Implications of heavy use over time on ICD-11 development - what are the limits of the concept; what are the implications for programmatic work
4. Treatment coverage indicators
5. Implications for UNGASS, and other UN agencies on policy debates and programme issues

Through iterative e-mail dialogue prior the event, the [lunchtime seminar presentation](#)⁷ was developed around these ideas for themes of interest and issues, with the title “Addictions, Drug Policy Framework and Public Health”. Time was allocated for questions after the presentations in the open seminar; but the majority of discussion and dialogue time was planned for the smaller closed meetings with WHO officials working specifically in the areas concerned. The programme outline for the series of meetings and presentations can be seen in Annex 5.

Outcomes

Around 40 WHO staff and interns attended the lunchtime seminar, with presentations delivered by five ALICE RAP scientists (Peter Anderson, Antoni Gual, Jürgen Rehm, Dirk Lachenmeier and Lucy Gell). The same AR scientists participated in closed meetings with 12 WHO officials from the Programme on Substance Abuse, the WHO Expert Committee on Drugs and the HIV/AIDS programme.

The closed meeting discussed the findings and conclusions of the presentation and identified future activities that could support the work of WHO. These included:

- Development of concrete indicators to measure well-being outcomes related to the OECD well-being frame (for example, educational achievement) that could be used by WHO when reporting on policy impact;

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http://www.alicerap.eu/images/events/WHO_policy%20dialogue/AR%20Policy%20Dialogue_WHO_June%202015.pdf

- Better measures of policy outcomes for all substances built around the ALICE RAP four models of governance of addictions in Europe;
- How to measure the treatment gap for psychoactive substances, including measures of need and of treatment coverage;
- How to operationalize and measure whole of government and whole of society approaches to assessing policy;
- How to better develop the concept of heavy use over time, and what this means for policy, clinical practice and disorder classification systems; and
- How to use margins of exposure (MOE) analyses as measures of policy outcomes - what policies lead to what changes in exposure that lead to what changes in MOE.

The ALICE RAP scientists agreed that, through scientific publications and as part of concluding activities of the ALICE RAP project, work would be undertaken to operationalize and move towards answering the above points. Further discussions were planned with the WHO about the possibility of joint projects; and WHO were invited to the A-Debate (see 2.6 below) and the preceding ALICE RAP E-Lab activity which focussed on future research activities to extend some of the lines of research started and developed in ALICE RAP.

2.4 Fourth policy dialogue: Meeting on Alcohol Policy Options in the Latvian Parliament, Riga, LV

Context

During the Latvian EU Council Presidency from January to June 2015, the Latvian minister for health declared their intention to highlight and prioritise addictive substances and, in particular, an integrated EU alcohol strategy within health issues to be prioritised.⁸ Leading by example, in the context of the development of the Latvian National Alcohol Strategy and planning for the healthcare framework to tackle alcohol-related problems, ALICE RAP scientists were invited to present their work and implications for effective measures to tackle alcohol and addiction problems at briefing meetings for the Latvian parliament, Ministry of Health and wider governmental actors.

Proceedings

Two briefing events were requested and are included in this decision makers' dialogue.

First, two AR scientists – Jürgen Rehm, Area 2 lead, and Petra Meier, Area 3 lead – were invited in March 2015, to deliver a presentation to the Latvian Parliament on policy options impacting on the price of alcoholic beverages based on the work of ALICE RAP and their expertise in the areas of alcohol harms and determinants of use and harm (a confidential copy of the presentation, with the title “Impacting on the price of alcoholic beverages as a policy option”, can be made available on request).

Secondly, in the context of the AR WP2 sub-study on medical stakeholders, through meetings with policy actors in the Latvian Health Department, the Latvian project partner, Aleksandrs Aleksandrov, contributed to development of the healthcare framework and strategy for the period of 2014–2020 and planning for the provision of screening and interventions (SBI) for alcohol problems in Latvian primary and specialist care services.

⁸ <http://www.europarl.europa.eu/news/en/news-room/20150119IPR10104/Latvian-Presidency-priorities-discussed-by-EP-committees>

Outcomes

Both formats of decision makers' dialogue, whilst operating on different levels, were considered successful in promoting evidence-based policy and planning, building on the work of ALICE RAP, and in strengthening the alcohol policy and health system in Latvia and kindling enthusiasm for a EU-wide alcohol strategy, led by the Latvian EU presidency.

In April 2015, speaking at the informal meeting of Health Ministers and Heads of Delegation from the European Union, the Latvian Health Minister highlighted effective elements of an EU strategy to reduce alcohol-related harm, including price measures, availability and marketing restrictions.⁹

To implement the WP2 stakeholders study in Latvia, and as part of a growing movement towards evidence-based treatment and prevention of alcohol and drug use problems, the Latvian partner built cooperation with the Latvian Ministry of Health and raised awareness of the issues being examined (clinical treatment and prevention of alcohol problems). As well as a positive effect on treatment practices of those medical practitioners involved in the study, and benefits for their patients with drug and alcohol problems (mild or severe), there is a strong potential for knock on effect on other practitioners outside the study, strengthening healthcare structures and uptake of evidence-based practice, given the political impact of the study in Latvia.

2.5 Fifth policy dialogues: Topic-specific targeted meetings with the EC

Context

A fifth effort was made to convene further dialogues with relevant decision makers, especially focusing on the European level. In the context of discussing communication activities with the project officer at the Commission, ALICE RAP scientists were invited to share project results and implications with EU policy actors in the contexts of two topic-specific European Commission-led initiatives: The Expert Group on Gambling led by DG GROW; and the European Council Horizontal Drugs Group, led by DG HOME.

In 2012, as part of the AR general partner meeting in Newcastle, a sub-group of ALICE RAP scientists briefed DG GROW and DG MARKT officials on work planned in the field of gambling as an addictive product. Led by Gerhard Bühringer, with support from a group of scientists with gambling expertise in ALICE RAP, an AR policy paper on gambling with an accompanying topic-specific interim report was produced in 2013, with the aim of consolidating and making more accessible the AR research and network knowledge on gambling for policy purposes. Later on, the Expert Group on Gambling was formed in the Commission and, in 2015, at the request of policy officers in DG GROW, leading the group, ALICE RAP was invited to prepare a presentation for discussion to present findings from ALICE RAP for improving consumer protection in the field of preventing problem gambling (with a special focus on online gambling) at the expert group's 12th meeting in September 2015.

In 2014, the EC project officer presented lines of work on illegal drugs in ALICE RAP to the Horizontal Drugs Group, using a presentation prepared centrally by the project coordinators.¹⁰ In November 2015, ALICE RAP was invited by policy officers in DG HOME and RTD to present landmark research results to the Member States representatives participating in this group.

⁹ <https://eu2015.lv/news/media-releases/1353-health-ministers-in-riga-agree-on-the-need-for-common-eu-nutrition-and-alcohol-policies>

¹⁰ http://www.alicerap.eu/images/Presentations/ALICE%20RAP_Horizontal%20Drugs%20Group%20-%20Nov%202014.pdf

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At the request of the EC project officer, the central coordination and communication team of ALICE RAP arranged for ALICE RAP scientists to present relevant project outcomes on a) gambling and b) illegal drug policy to different interest groups of EU decision makers. Although the data presented was left in the hands of the expert scientist in each case, the communication team also assisted in the preparation of the presentations for these meetings, refining the focus and style of presentation in discussions with the project officer.

To prepare a comprehensive account of the findings on gambling in ALICE RAP, and ensure that no data on consumer protection that could be included in the presentation to the Expert Group on Gambling be left out, all AR scientists whose work included gambling were contacted for an update on their work and asked to send brief reports on any outcomes since 2013. According to the requirements of the Expert Group on Gambling, Gerhard Bühringer and colleagues prepared a comprehensive presentation on the findings of relevance to consumer protection measures, which was also commented and revised by other gambling experts in the project (Dike van der Mheen and Gert-Jan Meerkerk).¹¹ Time was allocated for discussion and questions on the data presented at the meeting.

In discussion with Elsa Maia of DG HOME, the scope and backgrounds of the Horizontal Drugs Group's (HDG) members were clarified and possible topics of interest to the HDG were elaborated. Recommendations for the AR presentation included:

- Sharing some of the findings of the project that address the link of research and policy decision, and can create a lively debate.
- Linking drug research to the preparations of UNGASS 2016 and the need for more evidence based policies.
- Drug demand reduction in the European Union
- New research on the classification of addictive behaviours and substances.

Given the participant profile and the time allocated, the project coordinators decided to focus on 3 research-based recommendations for police coming out of ALICE RAP:

1. **'Heavy use over time'** as the replacement descriptor for concepts and terms such as 'addiction' and 'dependence'
2. Policies driven and monitored by **margins of exposure** (MoE) analyses
3. A **well-being frame**, for smart drug policies, using whole-of-government and whole-of-society approaches

Toni Gual, co-leader of ALICE RAP, gave the presentation¹² and was available for discussion at the meeting of the HDG in November 2015.

Outcomes

Around 40 member state representatives participated in the session presenting ALICE RAP findings on consumer protection to prevent problem gambling and addiction at the expert group on gambling. The presentation was brief due to time constraints but Gerhard Bühringer (presenting) was invited to return and continue discussions at a later date, and further information was requested in March in the form of a short report on online gambling. In this sense, the policy dialogue strengthened communication between the project and EU-level decision makers and policy shapers in this area.

Around 40 member state representatives in health, justice or other fields relating to drugs attended the presentation at the HDG. Although the response to the presentation was not significant, the experience served as a basis to hone messages for policy makers further in subsequent

¹¹ http://www.alicerap.eu/images/Presentations/18_09_2015_Brussels_Consumer_Protec_New_1.pdf

¹² http://www.alicerap.eu/images/Presentations/T%20Gual_HDG_3-11-15.pdf

communication initiatives and to initiate discussions of a possible side event at the forthcoming CND meeting in March 2016.

2.6 Sixth decision makers' dialogue: The A-Debate

Context

Following on from the final project plenary meeting as part of the Lisbon addictions conference and after the development of the 12-point ALICE RAP Policy Frame¹³ and ALICE RAP Science Findings¹⁴, a final event was planned, within the remit of the project communication, dissemination and exploitation plan, with the following objectives:

- to highlight and discuss key advances in addiction science (from ALICE RAP and beyond) and discuss the implications for drug policy;
- to sustain the momentum of ALICE RAP: reflecting on priorities and planning work of future research and policy messages in this field;
- to make the final outputs of ALICE RAP more visible and relevant to current policy debates;
- to gather and consider the variety of opinions and viewpoints on the meaning of the AR science, from within the project and without;
- to shape and promote the messages from multidisciplinary addiction science for drug policy influencers and implementers

The final decision makers' dialogue event took the form of an on-site and on-line debate to present and discuss key research findings coming out of the project, their policy implications and the science with the greatest potential to contribute to smart and evidence-based global drugs policy. The wider context of the event was as part of global movement for drug policy reform in favour of public health and evidence based policy.

Proceedings

The format, approach, programme and invitations for the A-Debate were developed by the ALICE RAP project coordinating team with support and in collaboration with the project steering group, representing all Work Areas of ALICE RAP.

To maximise participation and impact on limited resources, it was decided that the event should a) be offered freely online, via web-streaming, with the opportunity to participate in discussions actively remotely through a web-based interface; b) that the programme should be designed to be as interactive as possible, with greater time allocated to discussions and debate than to presentations, and a final session dedicated to debate of the dialogue conclusions; c) that the streamed videos should be archived permanently to allow later reference to the sessions. The programme for the event is included in Annex 6. The presentations and videos of the A-Debate sessions (as well as short speakers' biographies) can all be seen on the event web page (www.alicerap.eu/about-alice-rap.html).

From October 2015 through to January 2016, targeted invitations to participate in person in the A-Debate were sent to a number of high-level addiction scientists, policy actors from national and international organisations related to drug policy and expert civil society actors in the fields of drug policy, public health and treatment. In order to raise awareness of the open online event, a flyer (see Annex 7) and promotional video were developed and disseminated through the ALICE RAP website, partner network and social media channels¹⁵. Finally, a broader list of potential online participants

¹³ http://www.alicerap.eu/resources/documents/doc_download/286-alice-rap-policy-frame.html

¹⁴ <http://www.alicerap.eu/about-alice-rap.html>

¹⁵ https://www.youtube.com/watch?v=8sAvY8N_V5I

was developed and, through this, some 700 professionals from the fields of addictions science, drug policy, public policy research and advocacy, public health, prevention and treatment or substance use were invited to participate in the online debate and to receive the science summary coming out of the event.

An evaluation survey was set up to receive feedback from the A-Debate participants on different aspects and sessions of the dialogue event.

Outcomes

As a final dialogue event, the A-Debate was successful in fostering discussion and debate amongst a variety of societal actors and decision makers (both inside and external to the AR network) on the contributions of science to drug policy. Although the further impacts of the event are still unfolding, some immediate outcomes were seen.

Sixty expert professionals participated as on-site participants in the event (47 from the AR network), and there were a further 54 on-line participants (7 from the AR network), following the event sessions wholly or partly at some point over the 2 days (see Annex 8 for the on-site and on-line participants lists). The participants were based in 25 different countries (including 5 outside Europe) and described their professional background/profile in the evaluation survey as research/academia (56%), other (usually clinical, 32%), policy makers (6%) or civil society organisation (6%):

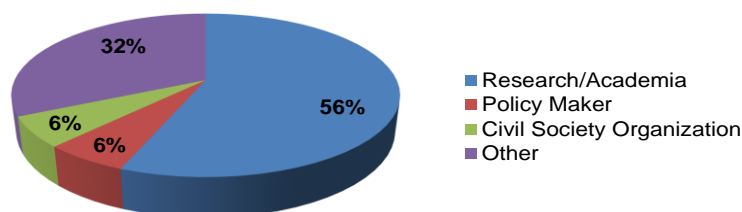


Figure 1: Professional profile (n=32)

From the evaluation survey, aspects which the participants commented on finding especially useful and beneficial were the efforts made to break down silos between disciplines and substances and to take a more holistic view of drugs policy.

Concepts that were particularly seen as valuable raised in the A-Debate were that of the health footprint as a tool to apportion responsibility (presented by Peter Anderson and the focus of a press release at the time of the event¹⁶) and that of a European Prevention Agency for Non-Communicable Diseases (EPA-NCD, presented by Fabrizio Faggiano and also mentioned in AR Deliverable D18.2 and a publication coming out of ALICE RAP Area 6¹⁷). There have been further movements in the scientific civic and policy communities with regards to both these topics:

- The Addiction Health Footprint idea was transmitted on request to interested professionals in the international development field and also taken up for discussion in the public health

¹⁶ http://www.alicerap.eu/images/Press/Press_release_ALICE_RAP_Addiction_Health_Footprint_-_A-Debate_EN.pdf

¹⁷ Faggiano F, Allara E, Giannotta F, Molinar R, Sumnall H, Wiers R, et al. (2014) Europe Needs a Central, Transparent, and Evidence-Based Approval Process for Behavioural Prevention Interventions. *PLoS Med* 11(10): e1001740. doi:10.1371/journal.pmed.1001740

agency of Catalonia.

- The EMCDDA organised a meeting in Lisbon on the 14-15 March 2016, with the aim of opening discussions around the topic of a transparent, systematic and science based agency for prevention interventions, for addiction problems and non-communicable diseases more broadly.

2.7 Further avenues explored: UNGASS 2016 preparations

In addition to the six decision makers' dialogue initiatives described above, further attempts were made to organise communication events in the frame of preparations for the 2016 UN General Assembly on Drugs (UNGASS 2016).

ALICE RAP was invited and intended to participate in a European Parliamentary event on the EU preparations for UNGASS in September 2015, which, unfortunately, due to unforeseen circumstances, the project lead was not able to attend. However, the project was able to send forward a pre-prepared hand-out document on the Margin of Exposure technique developed by the project as a risk assessment tool to drive and monitor drug policy (see Annex 9).

The project was also exploring the possibility of jointly organising or participating in a side event at the 59th CND Session held in Vienna from 14-26th March 2016. While no possibilities were raised by the project's funding DG, after preliminary discussions with key ALICE RAP partners and a policy officer from DG HOME, ALICE RAP coordinating team developed two possible ideas for side events: one based on the MOE concept and the other on well-being as a frame for drug policy, trying to draw out the relevance and operationalized tools for policy makers. Unfortunately, DG HOME was eventually not in a position to host a further side event and further attempts approaching member states to co-host a side event were not successful.

3. Conclusions and recommendations for the future

The ALICE RAP decision makers' dialogues were part of the project's communication and integration Work Package, responsible for the development and implementation of the project's on-going communication, dissemination and exploitation plan. While it is very difficult to robustly link the outcomes of any individual dialogue events mentioned here to concrete decisions or policy developments, we are convinced of their incremental influence within a wider movement towards science-based policy decisions in the drug and gambling fields.

Based on the experiences of the ALICE RAP decision makers' dialogues, several observations and recommendations can be put forward:

Dialogues as part of an integrated communication strategy

As well as serving as stand-alone tools to achieve communication and exploitation objectives of the project, the decision makers' dialogues were found to be valuable vehicles for the scientific messages of ALICE RAP in other formats, and to serve more generally as bridges between the decision makers and project materials, events and people. For example, the decision makers' dialogues were often supported by text material developed as part of the communication strategy, most notably the **AR Policy Paper series** – short summary documents with recommendations for policy, developed through an iterative consensus building procedures to try to capture the perspective of the maximum

number of ALICE RAP scientists. Six policy papers were developed during the project, for most of which we have seen increased uptake in the periods around decision makers' dialogue events:

- [Alcohol - the neglected addiction](#) (April 2012; 3,127 downloads by March 2016)
- [Gambling: two sides of the same coin](#) (July 2013; 7,090 downloads by March 2016)
- [Novel psychoactive substances](#) (Oct 2013; 3,687 downloads by March 2016)
- [Prescription opioids and Public Health](#) (Dec 2013; 5,690 downloads by March 2016)
- [Cannabis: from prohibition to regulation – when the music changes, so does the dance](#) (April 2014; 6,259 downloads by March 2016)
- [Addiction in the family](#) (Jan 2016; 127 downloads by March 2016)

The ALICE RAP OUP Series (future challenges series¹⁸), AR scientists' publications¹⁹ and ALICE RAP Science Findings²⁰ were also useful as a comprehensive set of materials to consolidate and compliment messages put forward in the decision makers' dialogues, and have been given prominence in the dialogue events appropriately.

Diversity of perspectives

Often, the most constructive and enriching parts of the decision makers' dialogues came about because of the presence of diverse viewpoints or opinions in the room, which serves to highlight the most crucial points of resistance or contention to the implications of scientific knowledge. In this way, it is important to include participants with views that diverge from or even conflict with the scientific norm, even if these may not be based on robust evidence, as this helps to hone the response of policy makers to objections that are likely to arise in the decision making process.

However, it is also important, in this case, to have complete transparency within the room – making explicit which viewpoints come from the scientific community of the project and which without, and with conflicts of interest in the policy issues made apparent, where possible.

In ALICE RAP, the most challenging professional sector to get on board in the decision makers' dialogues was that of civil society and NGOs. There was a feeling that future efforts should be put into better engaging civil society actors and learning from their priorities and particular expertise to strengthen decision makers' dialogues.

Soft and hard skill set for effective dialogue

Through the experience in ALICE RAP decision makers' dialogues, drawing on the less successful as well as more successful experiences, it has been possible to gather together specific skills and styles that can increase the effectiveness and productivity of dialogues between scientists and policy decision makers:

- Understanding verbal and non-verbal communication: attention to both non-verbal and verbal communication styles is important, from the careful selection of the words and phrases used through the development of clear and consistent imagery and to adopting a measured and clear tone of voice. Whilst the attractiveness of presentational material is important, elaborate word play and complex verbal or visual analogies can reduce effectiveness, as can over-crowded presentations.

¹⁸ http://www.alicerap.eu/resources/documents/cat_view/2-alice-rap-scientific-publications/10-editorials.html

¹⁹ http://www.alicerap.eu/resources/documents/cat_view/2-alice-rap-scientific-publications/9-journal-articles.html

²⁰ <http://www.alicerap.eu/about-alice-rap.html>

- Alignment of communication and understanding: preparatory work in finding the common motivation for dialogue can increase the impact of communication and usefulness of dialogues on both sides.
- Timing and opportune moments: Possibly the most important skill in the set is the ability to act on opportune moments and provide scientific input at the appropriate time in the decision making process. The process is a shifting playing field, however, and even perfect timing cannot ensure the uptake of evidence or knowledge in policy making.
- Adjusting to needs: scientists need to be prepared to adjust their outputs to the needs of decision makers, to maximise uptake of their findings; whilst remaining true to the data at hand and frankly acknowledging any limitations in the data or scientific knowledge with respect to a given policy question or objective.
- Using emotion: the topics of policy decisions are emotive and evidently affect real lives of citizens. Scientists need to be able to tap into this emotion (which may or may not come naturally) and to be willing to use this to give weight to the relevance of scientific knowledge to support a particular decision. Scientists with lived experience or incorporating qualitative research often have an advantage in this sense, being able to explain an issue first hand.
- Clarity in understanding and explanation of science: Of primary importance is the capacity to accurately simplify scientific concepts and transmit their understanding. Often this requires rehearsal of the explanation with non-scientists to be able to empathise with non-academic viewpoints and take account of popular understanding.
- Support decisions: effective dialogue requires a willingness *not* to stand on the fence (unless the evidence is overwhelming in favour of standing on a fence). Decision makers clearly benefit from receiving expert opinion, explicitly favouring one option over another, as well as balanced information on more than one policy option.

Annexes

Annex 1 – Agenda for the Alcohol Pricing Policy Seminar, London 21 February 2012.

AGENDA

Moderator: [Peter Anderson](#)

09:00-09:30	Registration and arrival
09:30-09:40	Welcome and purpose of meeting, Lila Rabinovich
09:40-10:00	Alcohol policy and the well-being agenda, Peter Anderson
10:00-10:45	The price of alcohol and the UK alcohol market, Tim Ambler Corporate Social Responsibility and pricing policy, Ben Baumberg
10:45-11:00	Coffee
11:00-11:30	Alcohol policy, economic downturns and inflation, David Stuckler and Priscillia Hunt
11:30-12:00	Alcohol taxation: pass-through, fiscal revenue, impact on population segments, Priscillia Hunt, Alan Brennan/John Holmes and Anne Ludbrook
12:00-12:45	Minimum pricing: impact on retailers and producers, fiscal revenue, impact on different population segments, Alan Brennan/John Holmes, Tim Stockwell, and Franco Sassi
12:45-13:15	Lunch
13:15-14:00	Potential unintended consequences of pricing policies, Rosalie Pacula, Dirk Lachenmeier, and Lila Rabinovich,
14.00-14.30	Behavioural economics and alcohol pricing policies, Liam Delaney
14.30-15.00	Open discussion and policy and research issues
15:00-15:15	Coffee
15.15-15.45	Next steps and closing remarks, David Halpern

Annex 2 – Participants in the Alcohol Pricing Policy Seminar, London February 2012.

Acton, Crispin (Programme Manager, Alcohol Misuse, Department of Health)

Algate, Felicity (Behavioral Insights Team, Cabinet Office)

Allen, Elizabeth (Drugs and Alcohol Unit, Home Office)

Ambler, Tim (Honorary Senior Research Fellow in Marketing, London Business School)

Anderson, Peter (Professor, Substance Use, Policy and Practice, Institute of Health and Society, Newcastle University, England; Professor, Alcohol and Health, Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands)

Bate, Paul (Cabinet Office)

Baumberg, Ben (Lecturer in Sociology and Social Policy, School of Social Policy, Sociology and Social Research, University of Kent)

Braddick, Fleur (Communications Officer, ALICE RAP Project, Institute of Neurosciences, University of Barcelona)

Brennan, Alan (Professor of Health Economics and Decision Modelling, SchARR, School of Health and Related Research, University of Sheffield)

Campbell, Mandie (Home Office)

Delaney, Liam (Geary Institute and Department of Economics, University College Dublin (UCD))

Dr Hoskins (interim Regional Director of Public Health, North West)

Duff, Robert (Assistant Private Secretary to the Chief Medical Officer & Deputy Office Head, Department of Health)

Gilmore, Professor Sir Ian (Liverpool University and Chair of Global Science Group, ALICE RAP Project)

Halpern, David (Director, Behaviour Insights Team, Cabinet Office)

Haynes, Laura (Head of Policy Research, Behavioural Insights Team, Cabinet Office)

Heffer, Chris (Deputy Director, Alcohol and Drugs, Department of Health)

Henderson, Gregor (Wellbeing and Public Mental Health Adviser to the Department of Health)

Holmes, John (Research Fellow, Section of Public Health, SchARR, The University of Sheffield)

Hunt, Priscillia (Senior Analyst, RAND Europe)

Jané-Llopis, Eva (Head, Chronic Diseases and Well-Being, World Economic Forum)

Kelly, Elaine (Research Economist, Health and Healthcare, Institute for Fiscal Studies)

Lachenmeier, Dirk (Chemical and Veterinary Investigation Agency Karlsruhe, Germany)

Legget, Andy (HMRC)



Ludbrook, Anne (Professor of Health Economics, Theme Leader for Health Behaviours and Inequalities, Health Economics Research Unit, University of Aberdeen)

MacAllister, Iain (Principal Research Officer, Public Health and Sports Directorate, Scotland)

Marsh, Alex (Treasury)

Marshall, Marjorie (Economic Advisor, Public Health and Sports Directorate, Scotland)

Maxwell, Gary (Department of Health, Social Services & Public Safety, Northern Ireland)

McConville, Anne (Acting Regional Director of Public Health, East of England)

Nolte, Ellen (Director, Health and Healthcare, RAND Europe)

Pacula, Rosalie (Senior Economist and Co-Director, RAND Drugs Policy Research Centre, RAND Corporation, Santa Monica, California; Faculty Research Fellow, Health Economics Program, NBER)

Phipps, Rob (Department of Health, Social Services & Public Safety, Northern Ireland)

Plant, Paul (Regional Director of Public Health, London)

Rabinovich, Lila (Associate Social Research Analyst, RAND Corporation, Washington, D.C.)

Reynolds, Jillian (Science Officer, ALICE RAP Project, Institute of Neurosciences, University of Barcelona)

Rubin, Jennifer (Director, Community, Safety and Justice, RAND Europe)

Sassi, Franco (Senior Health Economic, Health Division, OECD)

Shukla, Rashmi (Regional Director of Public Health, West Midlands)

Stockwell, Tim (Professor, Department of Psychology and Director, Centre for Addictions Research of British Columbia, University of Victoria, Canada)

Stuckler, David (Senior Lecturer, Cambridge University)

Whitfield, Rebecca (Alcohol Policy, Drugs & Alcohol Unit, Home Office)

Wood, Laura (Cabinet Office)

Annex 3 – Agenda for the EU Policy Seminar on the Governance of Addictions

Moderator: Peter Anderson

- | | |
|-------------|--------------------------------------------------------------------------------|
| 10.30-11.00 | Arrival, registration and coffee |
| 11.00-11.05 | Welcome and purpose of meeting, Antoni Gual |
| 11.05-11.20 | Addictions, lifestyles and Vision 2030 in Europe, Peter Anderson |
| 11.20-11.35 | Reframing addictions: heavy use over time, Jürgen Rehm |
| 11.35-11.50 | Social costs of addictions, Jürgen Rehm |
| 11.50-12.10 | Determinants of risky and harmful use, Lucy Gell and John Holmes |
| 12.10-12.30 | The comparative harm of different substances, Larry Phillips |
| 12.30-12.45 | Open discussion and feedback from DGs |
| 12.45-13.15 | Sandwich Lunch |
| 13.15-13.35 | A reminder of what history has to tell us, Virginia Berridge |
| 13.35-13.55 | Industrial actors in scientific, policy and public debate, David Miller |
| 13.55-14.15 | Advertising addictions, Jan Ramaekers |
| 14.15-14.35 | Framing policy approaches in Europe, Tamyko Ysa |
| 14.35-14.55 | Alternatives to criminal sanctions, Karen Duke |
| 14.55-15.15 | Open discussion and feedback from DGs |
| 15.15-15.30 | Coffee |
| 15.30-16.00 | Feedback from panel of DG representatives |
| 16.00-16.15 | Next steps and closing remarks, Cristina Marcuzzo and Antoni Gual |

Annex 4 – Participants in the EU Policy Seminar on the Governance of Addictions

11 NOVEMBER 2013

EC Participants (11-12):

DG SANCO:

- Katja BROMEN - EC DG SANCO Unit D4 (Tobacco):
- Chiara BORTOLUZZI - EC DG SANCO Unit D4 (Tobacco):

EESC:

- Valeria ATZORI – EESC (Economic and social committee) Administrator, Section for Employment, Social Affairs and Citizenship:
- David Sears - EESC member and rapporteur for the opinion SOC/497 on New psychoactive substances

DG JUST – 1-2 of the following:

- Elsa MAIA – EC DG JUST Unit B3 (drugs policy):
- Mauro GAGLIARDI – EC DG JUST Unit B3 (drugs policy):
- Justyna GLODOWSKA-WERNERT – EC DG JUST Unit B3 (drugs policy):

DG Enterprise (to be confirmed)

- Aleksandra OCZKO DOLNY - EC DG Enterprise Unit G4 (in charge of the socio-economic aspects of the security Theme of FP7):

DG DEVCO

- Gisela SPREITZHOFER – EC DG DEVCO Unit G2 Programme Manager (Drugs & Migration)

DG RTD

- Cristina MARCUZZO – EC DG RTD ALICE RAP Project Officer

DG MARKT

- Charmaine HOGAN – EC DG MARKT Unit E3- Policy Officer

EMCDDA

- Danillo BALLOTTA- EMCDDA Principal Policy Officer

DG RTD

- Eva WOELBERT – EC Joint Research Centre, Institute for Health and Consumer Protection, Task Force Public Health

ALICE RAP Participants (14):

- Antoni Gual – Project co-lead, Area 7 – Hospital Clínic de Barcelona
- Peter Anderson – Project co-lead, Area 7 – Newcastle University
- Jürgen Rehm – Area 2 lead – Technische Universität Dresden
- Lucy Gell – Area 3 – Sheffield University
- John Holmes – Area 3 – Sheffield University
- Jane McLeod – Area 3 – Sheffield University
- Virginia Berridge – WP1 lead, Area 1 – London School of Hygiene and Tropical Medicine



- David Miller – WP12 lead, Area 4 – Bath University
- Jan Ramaekers – WP11, Area 4 – Maastricht University
- Tamyko Ysa – WP13, Area 5 – ESADE Business School
- Larry Phillips – Department of Management, London School of Economics and Political Science
- Karen Duke – WP2, Area 1 – Middlesex University
- Silvia Matrai – Project coordinator
- Fleur Braddick – Science communication officer



Annex 5 – Programme for the third decision makers' dialogue event, WHO Geneva, June 2015

PROGRAMME OUTLINE:

10.50 – Meet in entrance lobby of WHO building

11.00-11.45 – Introductory session with Management of Substance Abuse Team (M-205)

11.45 – 12.20 – Sandwiches and coffee/tea (M building or the main building)

12.30 – 14.00 Lunch time seminar (M-205)

Presenters:

Prof Peter Anderson, Institute of Health and Society, Newcastle University, England

Dr Antoni Gual, Neurosciences Institute, Barcelona University, Spain

Prof Jürgen Rehm, Centre for Addiction and Mental Health, Toronto, Canada

Dr Dirk Lachenmeier, Chemisches und Veterinaruntersuchungsamt (CVUA), Karlsruhe, Germany

Dr Lucy Gell, School of Health and Related Research, Sheffield University, England

Chair:

Dr Vladimir Poznyak, Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse (MSD/MSB)

14.00 – 15.00/15.30 – in depth discussion with the relevant WHO staff (M-205). (including secretariat of expert committee on drugs, HIV, violence and injuries).

15.00-15.30 – Coffee (M building)

15.30 -16.30 – Continuation of discussion with MSB (M-205).

16.30 – 17.00 – Conclusions and next steps (Coordinator's office - 6149).

Annex 6 – Programme for the sixth dialogue: A-Debate, February 2016

The A-Debate: U-Turn on Addictions. Biological and social sciences to reframe drug policy A debate on the concept, nature, consequences, business and governance of addictive products deriving from the ALICE RAP project

CaixaForum, Barcelona

Wednesday 17 February 2016

10.30	Registration
11:00	<p>OPENING: Introduction to the A-Debate</p> <ul style="list-style-type: none"> • Peter Anderson / Toni Gual <p><i>Interactive introduction – involving a conversation between PA and TG and comment from the audience to highlight a selection of issues to be discussed during the A-Debate.</i></p>
11.30	<p>SESSION 1: Why worry about addictions?</p> <p>Chair: Cees Goos</p> <ul style="list-style-type: none"> • Jürgen Rehm – The harm from addictions • Peter Anderson – Heavy use over time • Dirk Lachenmeier – Toxicology and ranking of addictive drugs <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
13:00	Refreshments
14:00	<p>SESSION 2: Active agents in our addiction</p> <p>Chair: Peter Anderson</p> <ul style="list-style-type: none"> • Roger J. Sullivan – An ecological and evolutionary perspective of human drug use • Robert Dudley – An evolutionary approach to alcohol • Laura Schmidt – Sugar: pushing boundaries in addiction <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
15:30	Coffee break
16:00	<p>SESSION 3: Addiction – a chameleon concept</p> <p>Chair: Virginia Berridge</p> <ul style="list-style-type: none"> • Alex Mold – The history of addiction concepts in Europe and relevance of this 'long view' • Rachel Herring – Shaping stakeholders' influence – differences across Europe • Matilda Hellman – Diversity in conceptualising addiction: popular and professional narratives <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
17.30	Coffee break
18:00	<p>SESSION 4: Commercialization of addictive products</p> <p>Chair: Ian Gilmore</p> <ul style="list-style-type: none"> • Martine Stead – Marketing ploys and practices • Jan Ramaekers – Advertising cues and effects on the brain • David Miller – The potency of producers <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
19:30	Close for Dinner / Evening events

Thursday 18 February 2016

8:45	Opening
9:00	<p>SESSION 5: Heading off harm: Pathways, potency and policy</p> <p>Chair: Robert West</p> <ul style="list-style-type: none"> • John Holmes – Determinants of pathways in drug use: molecular, individual, and environmental drivers • Ann McNeill – Less potent delivery systems • Patricia Conrod – Promoting resilience in young people's lives <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
10:30	Coffee break
11:00	<p>SESSION 6: Strengthening prevention and treatment</p> <p>Chair: Toni Gual</p> <ul style="list-style-type: none"> • Robin Room – Stigma and treatment • Anne Lingford-Hughes – Dopamine and the failure of pharma treatment • Fabrizio Faggiano – Towards a European Prevention Agency <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
12:30	Refreshments
14:00	<p>SESSION 7: Using the tools of science to govern addictions</p> <p>Chair: Franz Trautmann</p> <ul style="list-style-type: none"> • Toni Gual – Addiction policy and wellbeing • Peter Anderson – A footprint to apportion responsibility • Tamyko Ysa – A new typology of governance of addictions <p><i>15 minute presentations + 10 mins of Q&A each + 15 mins general debate</i></p>
15:30	Coffee break
16:00	<p>CLOSING SESSION: Reframing addictions – Where do we go from here?</p> <p>Moderator: Franklin Apfel</p> <p><i>Interactive conversation involving all A-Debate participants; presenting the main points of discussions and highlights from the previous 2 days of the A-Debate; wrapping up, drawing out conclusions and implications; and exploring ways forward for research, cross-sectoral synergies and future policy directions.</i></p>
17:00	Close of day

The A-Debate is organized by the ALICE RAP project, co-financed by the European Commission and in collaboration with the "la Caixa" Foundation.



ALICE RAP (www.alicerap.eu) has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013), under Grant Agreement n° 266813.
The views expressed in the agenda reflect those of the individual scientists and the European Union is not liable for any use that may be made of the information contained therein.

Annex 7 – A-Debate promotional flyer

The A-Debate

ONLINE / 17-18 February 2016



WHICH **DRUGS** CAUSE THE **MOST HARM**?
...and to **WHO**?

WHAT DOES THE CONCEPT **“ADDICTION”** MEAN TO YOU..?
..and **YOU**..?

HOW TO STOP **BIG BUSINESS** FROM CAUSING **BIG PROBLEMS**?

WHAT MAKES PEOPLE MOVE **INTO AND OUT OF DRUG USE**?

IS DRUG USE A **LEGACY** OF OUR PAST?

CAN WE CLOSE THE **TREATMENT GAP**?

WHAT **NEW TOOLS** CAN GOVERNMENTS USE?

Join the debate on the science that addresses these questions...

VISIT **WWW.ALICERAP.EU** TO SEE THE AGENDA AND REGISTER TO PARTICIPATE ONLINE

OR E-MAIL: **A-DEBATE@CLINIC.UB.ES**

Annex 8 – Sixth Decision Makers’ Dialogue - A-Debate participants

On-site participants:

Family name	Name	Institution	Country
Anderson	Peter	Institute of Health and Society, Newcastle University; Faculty of Health, Medicine and Life Sciences, Maastricht University; Social and Epidemiological Research (SER) Department, Centre for Addiction and Mental Health (CAMH), Toronto	UK - Netherlands - Canada
Andréasson	Sven	Karolinska institutet, Department of Public Health Sciences, Stockholm Center for Addiction and Center for Psychiatric research	Sweden
Apfel	Franklin	World Health Communication Associates	UK
Berridge	Virginia	Centre for History in Public Health, London School of Hygiene and Tropical Medicine	UK
Bointon	David	Maastricht University	Netherlands
Braddick	Fleur	Neurosciences Institute of the Hospital Clinic	Spain
Casajuana	Cristina	Neurosciences Institute of the Hospital Clinic	Spain
Cecconi	Sabrina	World Health Communication Associates	UK
Colom	Joan	Health Department – Generalitat de Catalunya	Spain
Conrod	Patricia	Addictions Department, Institute of Psychiatry, Psychology & Neuroscience, Kings’ College London	UK
Disley	Emma	RAND Europe Cambridge Ltd.	UK
Dudley	Robert	Department of Integrative Biology, University of California, Berkeley	USA
Estrada	Maria	Health Department – Generalitat de Catalunya	Spain
Faggiano	Fabrizio	Hygiene, School of Medicine, Avogadro University of the Eastern Piedmont, Novara	Italy
Farke	Walter	Gesellschaft für angewandte Sozialforschung GEFAS	Germany
Fjaer	Svanaug	University of Stavanger	Norway
Gilmore	Ian	Royal Liverpool University Hospital; University of Liverpool	UK
Goos	Cees	Anton Proksch Institute	Austria
Griffiths	Paul	European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	Portugal
Gual	Toni	Addictions Unit, Psychiatry Department, Neurosciences Institute of the Hospital Clinic, University of Barcelona	Spain
Hellman	Matilda	Department of Social Research, Sociology, University of Helsinki	Finland
Herring	Rachel	School of Health and Education, Middlesex University	UK
Holmes	John	School of Health and Related Research, University of Sheffield	UK
Iglesias	Eulàlia	Neurosciences Institute of the Hospital Clinic	Spain
Karsen	Jan Erik	University of Stavanger	Norway
Lachenmeier	Dirk	Chemisches und Veterinäruntersuchungsamt Karlsruhe	Germany
Lingford-Hughes	Anne	Faculty of Medicine, Department of Medicine, Imperial College of London	UK
Liquori O’Neil	Alessandra	United Nations Interregional Crime and Justice Research Institute	Italy
Malca	Claudia	Neurosciences Institute of the Hospital Clinic	Spain

On-site participants cont.:

Family name	Name	Institution	Country
Malinowski	Jan	Pompidou Group - Council of Europe	France
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Annex 9 – AR Position paper prepared for the European Parliamentary event on UNGASS preparations

ALICE RAP Position Paper

Toxicology-based risk assessment should be the driver and monitor of drug policy reform

INTRODUCTION

It is increasingly recognised that illegal drug policies are in need of reform - they bring considerable collateral damage through criminalization and violence due to vying for market dominance, they impair health, result in large prison populations and weaken governance around the world.¹ UNGASS 2016 provides a unique opportunity for opening the door to policy shifts, paving the way for reform of the global drug control regime to permit responsible legal regulation, as is happening with cannabis. There is no one simple pathway for effective reform; it will require experimentation and trial and error² and will also require a standard benchmark to address health outcomes across all drugs, legal and illegal. In the field of toxicology, risk assessment for human consumption of a wide range of products is based on margins of exposure (MOE) analysis.^{3,4} We propose MOE as the standard tool to drive reform and monitor drug policy worldwide.

WHAT IS MOE?

MOE measures the ratio of a benchmark or toxic dose (commonly the lowest dose which is 95% certain to cause no more than a 10% incidence of a negative health outcome in animals or humans) to human exposure.⁴ An MOE of 1 means that the chemical is being consumed at the toxic dose, while an MOE of 100 means that the chemical is being consumed at one hundredth of the toxic dose; the higher the MOE, the lower the risk to human health. Benchmark doses can be estimated from human data such as clinical trials or epidemiological dose-response information, but such information is unavailable for most illegal drugs. For this reason, the currently available estimations rely on toxicity data from animal experiments. Exposure is commonly measured by survey data, or by population-based consumption data.

WHAT MOE Threshold?

Toxicology-based risk assessment uses different MOE thresholds as guidelines, depending on whether the benchmark dose is derived from animal or human studies.⁴ Differing MOEs are often set for differing health outcomes, and whether or not products are voluntarily consumed. An MOE for individual daily drug use of less than 1 is considered high risk, an MOE of less than 10 as risk. This does not imply that an MOE greater than 10 is safe – only that there is lower risk. All public drug policies should aim to ensure that the MOE for individual daily use does not fall below 10, and that all policies should be driven and monitored by this value.

MOE for European drug users

MOEs have been estimated for individual daily drug use by Europeans, see Figure below.⁵ The benchmark dose was obtained from animal experiments, and exposure amongst daily users from surveys. Special attention should be given for policies that manage the use of nicotine, cocaine, heroin and alcohol. The reason that alcohol is at the bottom with a MOE of 1.3 is due to the high exposure to alcohol amongst European drinkers (an average of 34 grams, over three drinks a day.

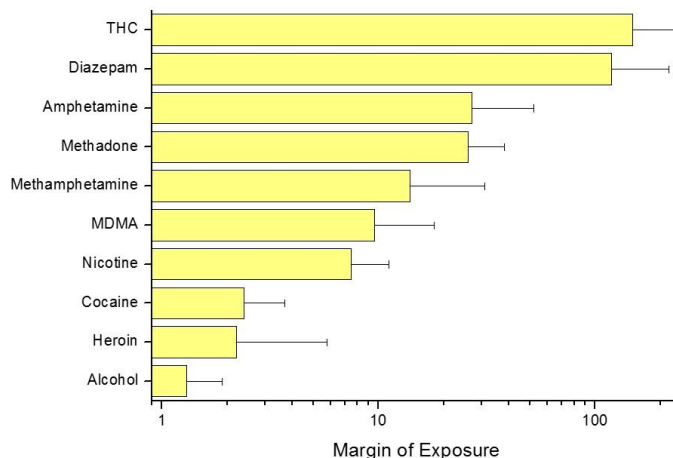


Figure | Margin of exposure for daily drug use estimated using probabilistic analysis. Source⁵

How to improve the MOE

MOE is driven by the ratio of the benchmark dose to exposure. So, MOEs can be improved by reducing the toxicity or potency of the drug, or by reducing individual exposure. Exposure can be changed by limiting economic and physical availability through setting minimum prices per mg or gram of the drug sold, increasing prices per mg or gram sold, and restricting hours or days of purchase.^{6,7} Wherever high potency drug forms are available, independent of their legality, there will always be individuals who run into problems with heavy drug use. Evidence suggests that accessible advice and treatment for heavy users can reduce exposure (see^{6,7}).

CONCLUSION

Drug-related harm goes beyond health and impacts many facets of societal well-being, as well as being driven by social attitudes and stigma. For health harms at least, a rational approach based on margins of exposure could be adopted. Acceptable levels of margin of exposure need to be determined. One option is that society acts on all drugs with a MOE of less than 100, concentrating on those drugs the lower the MOE, with policies for all drugs ensuring that the MOE for individual daily use never falls below 10.

References

1. Global Commission on Drug Policy. Taking control: pathways to drug policies that work. Without place: Global Commission on Drug Policy, 2014 (downloadable at: <http://www.globalcommissionondrugs.org/>).
2. Campbell DT. Reforms as experiments, *American Psychologist*, 1969 24, 409-429.
3. WHO IPCS. Environmental Health Criteria 239. Principles for modelling dose–response for the risk assessment of chemicals. 2009. WHO, Geneva, Switzerland. <http://www.inchem.org/documents/ehc/ehc/ehc239.pdf>
4. EFSA Opinion of the Scientific Committee on a request from EFSA related to a harmonised approach for risk assessment of substances which are both genotoxic and carcinogenic. *EFSA J.* 2005 282, 1-31.
5. Lachenmeier DW Rehm J. Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach. *Scientific Reports*, 2015 5: 8126. DOI:10.1038/srep08126
6. Babor T, Caulkins J, Edwards G et al. *Drug Policy and the Public Good*. Oxford: Oxford University Press, 2010.
7. Babor T, Caetano R, Casswell S, et al. *Alcohol: No ordinary commodity. Research and public policy*. 2nd edition., Oxford and London, Oxford University Press, 2010.

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