



# ALICE RAP DISCUSSION DOCUMENT ON WELL-BEING



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## Reframing Addictions in contemporary Europe

ALICE RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addictions Project) is the first major Europe wide study on addictions and their influence on wealth, health and stealth. The aim of this five year €10 million co-financed EU project is to stimulate a comprehensive public dialogue and debate on current and alternative approaches to addictions. [www.alicerap.eu](http://www.alicerap.eu).

The project is built on a public health principle that a dichotomous approach to addictions is not useful – the dichotomous distinction between legal and illegal drugs can hinder an open and effective discussion about better approaches; a dichotomy between non-problematic and problematic use flies in the face of evidence which shows that, by and large, harm increases with increasing use; and, a dichotomy between being not addicted and being addicted does not stand up to the biological evidence, and hinders and delays effective approaches to a whole host of problems.

The project also takes the overall state of personal and societal well-being as the reframe of our understanding for a better design of addictions governance. The state of personal and societal well-being has many dimensions, including health and mental health, education and work, personal security and social connectedness and good governance and sustainability. Addictions are affected by and affect all of these dimensions. For example, poverty, marginalization, and a social environment lacking in challenges and opportunities for engagement can lead to the use of addictive substances and behaviours. Conversely, society and job pressures toward performance may induce substance use in order to live up to social requirements and expectations. Thus, effective addictions governance can only be achieved through aligned and joined up action across many sectors and players. In this paper, we outline this rationale in a little more detail.

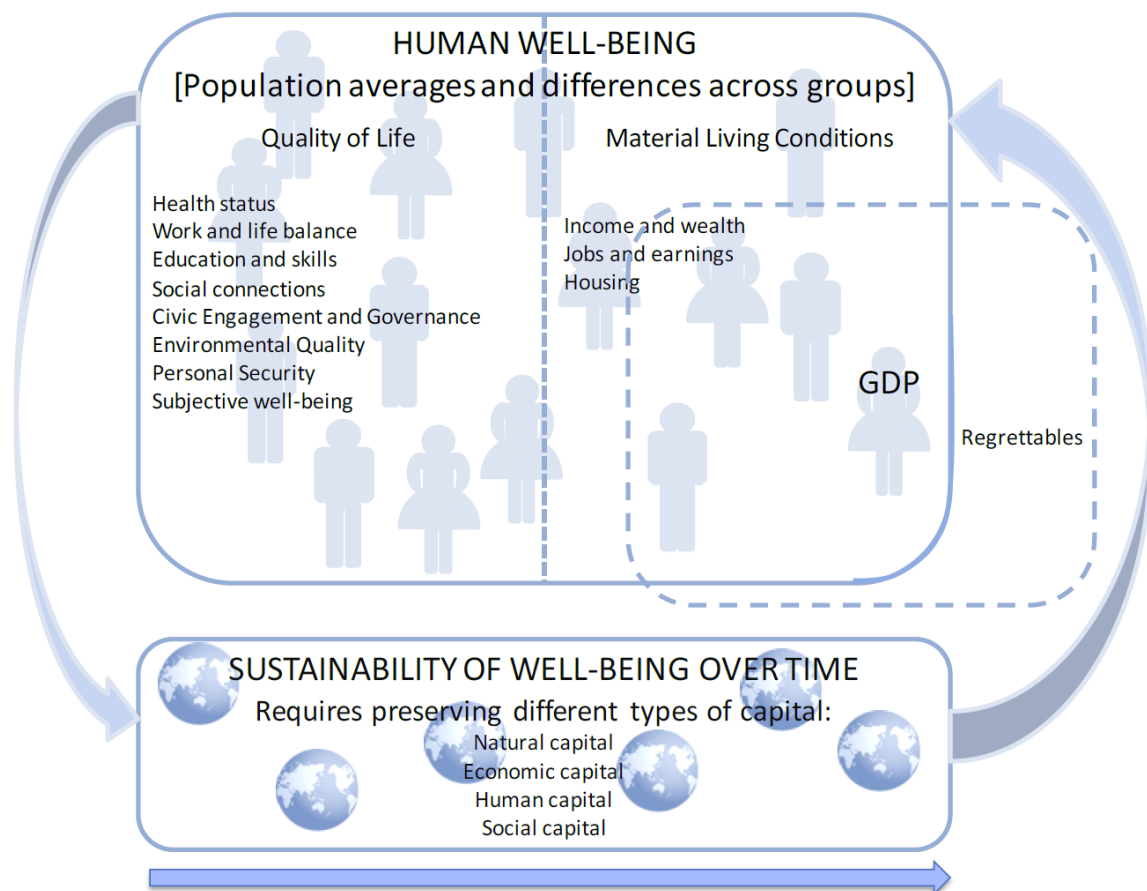
## Well-being: measuring societal progress

The idea that well-being matters is not new.<sup>i</sup> But recent trends have brought it into new prominence. For some time people in different countries have questioned whether economic growth was enough to solve many of societal problems. Moreover economic growth has now become more difficult. At the same time, the science of well-being has made enormous strides, so that we can now see much more clearly what is needed if well-being is to increase.<sup>ii</sup>

In 2004, the OECD began its programme to redefine progress.<sup>iii</sup> The European Union followed with its programme on Beyond GDP<sup>iv</sup>. In 2008, French President Sarkozy launched the work of the Stiglitz Commission<sup>v</sup> and in 2010, UK Prime Minister Cameron was the first national leader (outside Bhutan) to define well-being as his goal and to commission his statistical service to measure population well-being as a routine statistic.<sup>vi</sup>

For ALICE RAP, the OECD frame is taken as a model to re-frame our understanding of addictions in contemporary European society and as a base to re-design addictions governance for better individual and societal well-being. As illustrated in the diagram, the OECD frame considers societal well-being as a state with three different dimensions. Two of the dimensions, quality of life and material living conditions relate to human well-being, and the third dimension preserving different types of capital relates to sustainability of well-being over time. Within each dimension, there are a number of different elements. Within the dimension quality of life is the element, subjective well-being, which can be measured by a number of validated instruments. There is a tension in understanding well-being,

between those who consider that subjective well-being is what really matters, and those who consider that well-being is a state with a number of different dimensions as, for example, proposed by the OECD frame. For ALICE RAP, we are considering well-being as a state both at an individual level, but, more importantly at a societal level, where a society's overall well-being can be assessed by its performance in the different elements and dimensions. Finally, as the OECD frame illustrates, there is an overlap between material living conditions and GDP, but also an area, termed regrettables, which, whilst contributing to GDP does not enhance well-being. An oft-quoted example is car accidents, which contribute positively to GDP, but, normally not to well-being.



### Addictions and well-being

There are obvious relations between the use of substances and behaviours that can be addictive, and the elements and dimensions of well-being as described by the OECD frame. Elements and dimensions in the state of well-being frame can impact on the use of addictive substances and behaviours as well as the risk of harm from their use, and, conversely, the use of addictive substances and behaviours can impact on the dimension and elements of well-being, sometimes in a positive way, but, more often in a negative way.

To describe a few examples. Obviously, addictive substances and behaviours impact on health status, both physical and mental. This is almost all in a negative way, and largely with risk increasing in a dose response manner. The one possible exception to this is the relationship between alcohol and ischaemic heart disease and ischaemic stroke, where, whereas, on average, light to moderate drinking can be protective for ischaemic diseases, heavy drinking is not. Some of this protection is due to the fact that low to moderate alcohol is a proxy measure for overall better health and social capital, and all of it totally disappears when drinkers report at least just one heavy drinking occasion per month.

Addictive substances and behaviours can negatively impact on education and skills attainment, and thus jobs and earnings and income and wealth. Conversely, educational and income levels can impact on the use of addictive substances and behaviours and the harm that can ensue. No matter how measured, people who are more disadvantaged suffer from more harm from addictive substances and behaviours at the same level of use than people who are more advantaged.

The use of addictive substances and behaviours are highly influenced by social networks, with networks of heavier use influencing heavier use, and networks of less use influencing less use. Conversely, dependence on substances and behaviours can diminish social connections, and lead to social exclusion and stigma.

### **ALICE the well-being frame**

Much of the work of ALICE RAP can be nicely hung on the elements and dimensions of the well-being frame. Understanding the images of addictions, historically, from stakeholder perspectives and through media analyses gives a picture of the diverse ways that addictions are viewed, whether as a health issue, or one of personal security. Understanding the size and costs of addiction gives an overview of health status as well as an estimate of the size of GDP regrettables. Defining the determinants of the use of addictive substances and behaviours documents the relative importance of many of the elements and dimensions of well-being in increasing or decreasing use and behaviour and subsequent potential harm. Understanding the size, nature and business of addiction provides a better handle on the nature of civic engagement and governance and the sustainability of economic and social capital over time. Taking stock of existing governance views and practices enables a better redesign of governance that takes a more holistic view to addictions, and one that accounts for the impact of addictions on many facets of life. Considering youth resilience and the life course is important for development of education and skills, better personal security and subjective well-being, and sustainability of human capital over time.

One of the main tasks of the ALICE RAP project is to propose a reframing of our understanding of addictions that can inform better addictions governance. The project is proposing well-being as the reframing. As a starting point, ALICE RAP takes the model proposed by the OECD as the frame. This will be developed and refined as it relates to addictive substances and behaviours during the course of the project. Using this model also has some implications for reframing the work of ALICE RAP itself. It is suggested that this can be achieved in two main ways: first, as they have already been invited to do so, scientists are asked to locate the work that they are undertaking in ALICE RAP on one or more of the dimensions of the three main

elements of the OECD model; and, second, when reporting results, to map the results within one or more of the dimensions of the OECD model, and consider the implications of the results for addictions governance within the well-being frame.

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<sup>i</sup> McMahon, D. (2006). *The Pursuit of Happiness: A History from the Greeks to the present*. London: Allen Lane/Penguin.

<sup>ii</sup> Kahneman, D., Diener, E. and Schwarz, N. (eds) (1999). *Well-being: The Foundations of Hedonic Psychology*. New York: Russell Sage Foundation.

<sup>iii</sup> OECD Better Life Initiative: Measuring Well-being and Progress - [http://www.oecd.org/document/0/0,3746,en\\_2649\\_201185\\_47837376\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/0/0,3746,en_2649_201185_47837376_1_1_1_1,00.html)

<sup>iv</sup> <http://www.beyond-gdp.eu/>

<sup>v</sup> Stiglitz, J. E., Sen, A., and Fitoussi, J-P. (2009). *Report by the Commission on the Measurement of Economic Performance and Social Progress*. ([www.stiglitz-sen-fitoussi.fr](http://www.stiglitz-sen-fitoussi.fr)).

<sup>vi</sup> Prime Minister David Cameron's speech given on 25 November 2010 <http://www.number10.gov.uk/news/pm-speech-on-well-being/>