

INNOVATIVE APPROACHES TO PREVENTION AND REDUCTION OF ILLCIT DRUG DEMAND

AN OVERVIEW OF EUROPEAN POLICIES AND PROGRAMMES



THE ORION PROJECT



An innovative e-health tool to identify high risk of experiencing a drug overdose.



ORION is co-financed by the EU's Drug Prevention and Information Programme (DPIP)

DISCLAIMER

These notes relate to the the workshop “*Innovative approaches to prevention and reduction of illicit drug demand. An overview of European policies and programmes*” that was held on November 28th, 2012 at the European Parliament in Brussels.

The workshop is part of the European funded project **ORION OVERDOSE RISK INFORMATION PROJECT**
www.orion-euproject.com

The opinions expressed in these notes are those of the participants involved in the workshop and do not reflect the views neither of any organizations represented at the workshop nor the views of the European Commission.

ORION international partnership includes the following organizations:



Business Solutions Europa



ORION

has received co-funding from the European Union, in the framework of the EU's Drug Prevention and Information Programme

PART ONE



SETTING THE SCENE

NOTES



Antigoni Papadopoulou

Member of the European Parliament

We all know that drug use is one of the major cause of health problems and mortality not only among youth but also among mature adults in Europe.

Over the last decade, Europe has experienced about one overdose death every hour. According to the annual report 2012 of the European Monitoring Centre for Drugs and Drug Addiction: *“The changing and dynamic nature of today’s drugs necessitates concerted action and increased awareness”* Europe needs more tools and projects that will help policy makers to understand how to please the event and reduce drug demand among the younger generations.

It is alarming to know that over fifty new drugs are already detected in 2012. Users are often not aware of the kind and the associated risks of the drugs they are buying.

The use of illicit drugs is a severe strength to public health, to individuals and to their families, as well as to the society as a whole.

At the present time of severe financial crisis in Europe, with unemployment and poverty figures stably rising, the social fighter of our society is at risk.

We should not underestimate but uncertainty, anxiety and despair increase psychological stain, create social problems and tendency for more drug use especially among youth and vulnerable people.

Europe must ensure that appropriate policies, tools and projects are in place, as well as available funds for investments and well targeted activities of proven effectiveness to prevent and reduce illicit drugs demand. Europe needs increased information, comparable statistics and awareness rising on the drug situation today.

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Coordinated actions and synergies, sharing of experiences and exchange of best practices among EU Member States and EU institutions, the academic world, politicians, research laboratories and other relevant stakeholders; comprehensive and balanced national drug strategy, as well as a Pan-European strategy to tackle the problem.

Special emphasis should be given in engaging practically with those more at risk, since it is proven that many intervention, particularly in settings where drug users are in contact with treatment or emergency services may reduce overdose. In view of formulation and adoption of a new Drug Strategy at European level in 2012, and I know this is almost finished, but the Cyprus's Presidency.

European Union must devote more resources to drug-related research projects, any for the reduction of demand for illegal drugs and to use its public health applications to encourage more explicitly the inclusion of harm reduction measures in the national policies of the Member States; to recognize that health policy is as important as law enforcement policy in this field and that education also has a significant role to play. Finally, there is a need for a frank debate in this area, in an attempt to narrow the gap between theory and practice, to achieve a better consensus about the best way to proceeding.

Consultants, researchers and coordinators of relevant EU-funded projects keep us and excellent opportunity to have an intense analysis of European policies and programs for prevention of illicit drug demand. Moreover it enables us to network with people of various backgrounds so as to exploit and multiply possible synergies on the impact of awareness in action on this crucial issue.

I believe that today's debate offers a welcome opportunity to become familiar with EU funded projects like ORION and its effective innovative approach to prevent and reduce drug demand; to find out how this project can provides a useful e-health tool, able to identify and support patients vulnerable to drugs overdose.

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Paola Tardioli Schiavo

*Deputy head of anti-drugs Policy Unit
DG Justice - European Commission*

Drug is a very difficult dossier.

As European Union, we have always, treated the dossier with an equilibrated and balanced approach, taking into consideration both demand and supply reduction, as equal important elements of a global strategy.

This approach was the one which was on the basis of the old strategy, which is expiring at the end of this year, and also remaining at the basis of the new strategy, which will be endorsed by the European Council under the Cypriot Presidency.

What we are experiencing now, which is one of the things that appear clearly in the MCDDA Report is that of course we can not say that the old traditional drugs are not used anymore, which is not true, but nevertheless on top of that, we have another history, which is the run and the appearance of new substances, legal, illegal, synthetic, natural on the market, which is on the rise and we have to cope with that. So we welcome also projects in this field.

We have founded more than 200 projects in almost 20 years in the field of drugs and we can have also other important support for the next period.

We are facing a shortage in the money and I am happy to be in this context with honorable Members of the Parliaments to stress the importance that the drugs is addressed in all the Programs that we have, including the Justice one.

*“The EMCDDA shares the vision of EU-funded project **ORION** which is putting the patient at the center of intervention and enables informed choices”*

Wolfgang Götz
Director of the EMCDDA

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Dionysis Dionysiou

First Secretary

Permanent Representation of Cyprus

On behalf of the Chair of the Horizontal Working Party on Drugs (HDG), I would like to thank you the invitation in today's roundtable on innovative approaches to drug demand reduction. This is a great opportunity for bringing together policy makers and experts in order to share information and practices as well as to reflect on achievements and discuss the challenges ahead.

As you all might know, the Cyprus Presidency's main goal in the field of drugs was the adoption of the new EU Drugs Strategy for 2013-2020. In fact, at the HDG meeting last week the draft new Strategy was endorsed by all Member States.

In the field of drug demand reduction, the objective of the EU Drugs Strategy 2013-2020 is to contribute to the measurable reduction of the use of illicit drugs, to delay the age of onset, to prevent and reduce problem drug use, drug dependence and drug-related health and social risks and harms through an integrated, multidisciplinary and evidence-based approach, and by promoting and safeguarding coherence between health, social and justice policies.

In order to develop and further improve existing innovative approaches and reduce drug demand, all interested parties should firstly investigate the existing gaps to identify and review new areas that could be promoted, as well as identify the available evidence-based innovative approaches that are currently applied for the delivery of treatment and prevention. Expert groups could be formulated to explore and discuss the effectiveness of existing projects and possible promotion and application of these approaches and disseminate this information in different platforms and forums. Furthermore, different partnerships could develop new projects based on the relevant literature and research findings through EU funding programmes.

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In an attempt to translate innovative approaches into practice and bridge the gap between research and policy, it should be stressed that research should be a source of information in the decision-making process, in all Member States. Indeed, evidence-based policy requires research, which requires funding. The financial and economic crisis that the EU is facing has made the attempt of bridging the gap between research and policy an even harder task.

Under these difficult circumstances, it is therefore essential to develop or support existing mechanisms that put together the relevant stakeholders (policy-makers, researchers, research funding organizations, institutions) representatives from international organizations, and EU in the sense of a vital multi-level attempt that allows both top down and bottom up approaches in order to bridge the gap between drug research and drug-related policy, and manage effectively the available resources.

Such a mechanism, would give an opportunity to researchers to work with policy makers to turn research findings into tangible policy actions and vice versa, to translate the political wishes into scientific questions.

The EU role in the process of bridging the gap could be as follow:

- The EU must recognize the different approaches in drug policies and practice and prioritize future research topics that are mutually needed, in order to move towards the establishment of common research agenda.
- Also, there is an unbalanced distribution of research activities between Member States (MS) and unbalanced use of EU funding programs by MS (especially the new MS). The EU should support further funding for research in those countries where research is still a complex challenge.
- Progress has been made on the treatment of heroin dependence but it is important to find out what works for dependence to other drugs, such as synthetic drugs, which appear to be on the rise.
- Dissemination of research findings should be further developed to reach all the interest parts including the audience of policy makers.
- The EU could appoint a group of experts including all relevant stakeholders (research, policy, practice) to ensure communication between all the actors.

Having all the above in mind, refining and developing research evidence and drug policy models, under a resource-constrained environment, is a challenging task for EU, but important, in order to bridge the gap between drug-related research and policy.

NOTES



Karl Mann

President of the European Federation Addiction Societies (EUFAS)

The purpose of the EUFAS is to promote education and the attainment of the highest level of knowledge and understanding in the field of addiction in all European countries, included mental disorders related to the use of psychoactive substances and non-substance-related disorders related manifestations (such as gambling).

Specifically EUFAS intends to:

1. Improve addiction care in European countries;
2. Improve prevention measures both on a national as well as a European level;
3. Support those European countries whose prevention and treatment systems may be less developed;
4. Influence the allocation of financial resources for addiction research on a national as well as a European level.

“We were keen to develop a new tool to detect and raise awareness of the risks of drug overdose. The findings from our tests have shown that 45% of patients would consider changing their drug taking behaviour as a result of using the software”

Prof. Gerry Humphris

ORION PROJECT

PART TWO



INNOVATIVE PROJECTS

NOTES



Alex Baldacchino - **ORION PROJECT**

He is a clinical senior lecturer in Addiction Psychiatry with the University of Dundee and Consultant Psychiatrists with NHS Fife

The **ORION PROJECT** is an innovative e-health risk assessment tool which can be used in a variety of clinical settings to identify individuals who are at a high risk of experiencing a drug overdose. The tool is proposed in a easy-to-use, computerized and interactive format for clinicians and patients to use together. The aim of the ORION tool is to assess overdose risk and to educate the substance mis-users about the impact which their behaviour has on their personal overdose risk.



Overdose Risk Information Project (ORION):

Implications for prevention policies in Europe

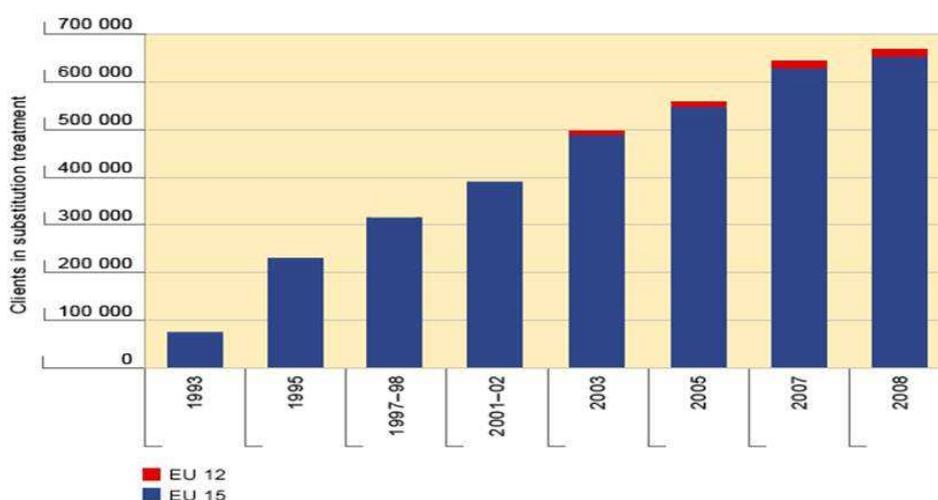


Collaborators: Alex Baldacchino, Gerry Humphris, Jo Cecil, Martin Frisher, Ilana Crome, Norbert Scherbaum, Kerstin Moeller, Giuseppe Carra, Giovanni Vigano, Luigi Petito, Giuseppe Petito



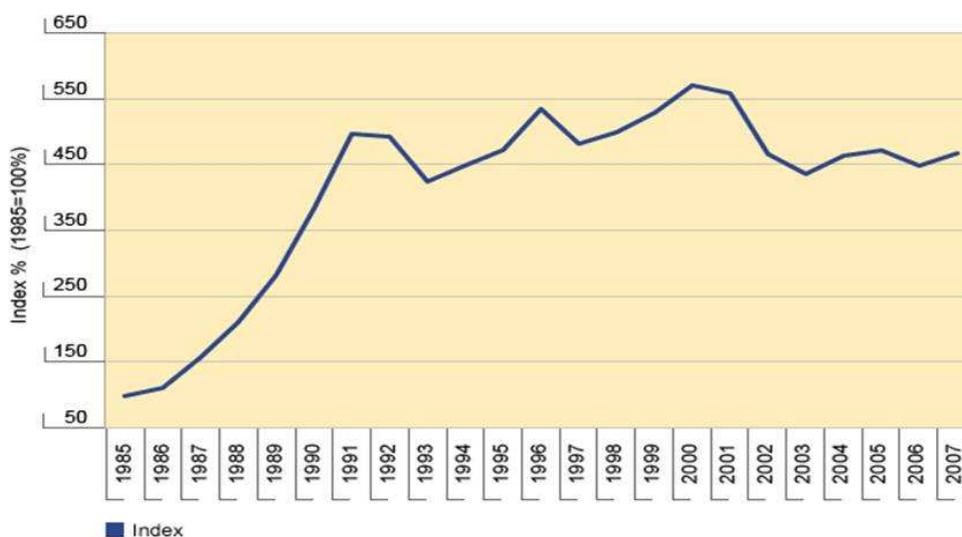
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Estimated number of clients in opioid substitution treatment in EU-15-12



2

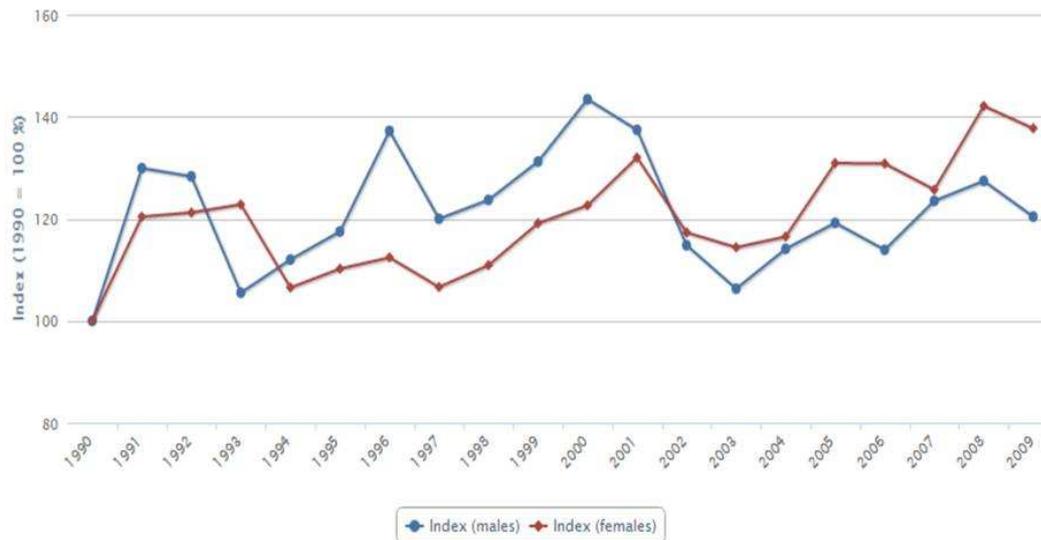
Trend in drug induced deaths, EU 15



3

NOTES

Figure DRD-6. Indexed overall trends for males and females in drug-induced deaths in the EU-15 Member States and Norway, 1990 to 2009



Heroin problem



Stable, but not diminishing ...against a background of decreasing injecting drug use and increasing number of heroin users in treatment

Concerns about:

- possible diffusion into vulnerable populations
- aging population
- increasing number of drug deaths
- increasing number of non fatal overdoses
- increasingly complex behaviours and patterns of polydrug use including alcohol
- increasing co-morbidity

NOTES



Preventative measures for reducing opioid fatal overdoses in Europe.

- No tests for clinical based interventions
- No tests use of new technology
- No developed model of intervention

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Aims of ORION:

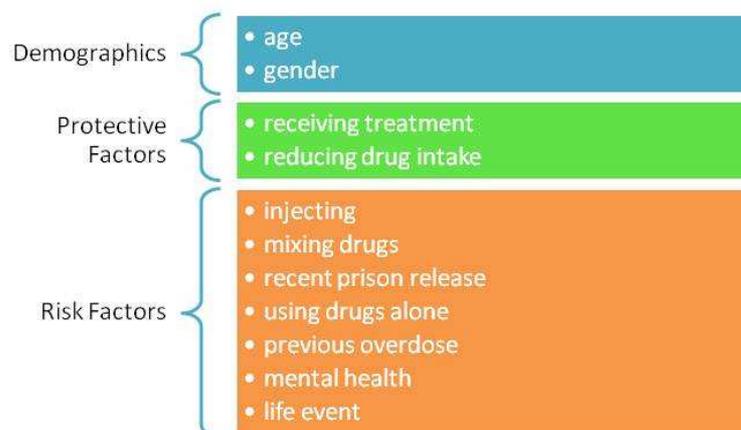


- 1. Develop** an e-health overdose risk assessment tool
 - Estimate overdose risk
 - Inform healthcare professionals of patient's sense of risk
 - Raise awareness and understanding in patients
- 2. Pilot implementation** of this e-health tool in different clinical settings
 - Can it be used in different clinical settings?
 - Do the patients benefit?



Phase 1: Risk Factors

- Literature search for the included risk factors, identifying odds ratios for overdose deaths



NOTES



Phase 1: Software

- Expert consultation to decide exact wording for the software:
- Pilot revealed no apparent problems
 - 8-10 substance misusers per country
- Development of the software (tender) 
 - Statistical modelling and software programming


[Logout](#)


Welcome

Welcome to the Overdose Risk Information Project (ORION).

This program is about your risk of experiencing a drug overdose.

Please complete this program with your healthcare provider.

The program will ask you several questions about your drug taking and life circumstances. You can discuss these topics with your healthcare provider as you complete the program together. There are nine questions in total.

Based on your answers, the program will then give you an estimate of your personal risk for experiencing a drug overdose. **It is important to remember that this is only an estimate and no one can guarantee that you will or will not experience a drug overdose.**

You will be given the opportunity to revisit the questions and change your answers. This may help you understand how changes in your behaviour might influence your drug overdose risk.

If you wish, we can give you a printout with information about your drug overdose risk.

[Participant Information >](#)

NOTES

ORION
Overdose Risk Information

Logout 

Welcome Participant Information Risk Assessment Questions Risk Feedback Modify Your Risk Evaluation Questions Thank You

Participant Information

For the healthcare provider - please enter the following information into the fields provided:

Participant Study ID:

Site:

Initials of the Health Care Provider/Researcher:

Participant Age: years old

Participant Gender:

[Begin Questions >](#)

ORION
Overdose Risk Information

Logout 

Welcome Participant Information Risk Assessment Questions Risk Feedback Modify Your Risk Evaluation Questions Thank You

Risk Assessment Questions

For the patient and the healthcare provider.

The following questions are about your drug taking behaviours, like events and circumstances **over the past 30 days**.

Did you inject drugs?

Were there any days when you have taken more than one drug (including alcohol)?

Have you recently been released from prison or residential rehab?

Are you receiving some form of treatment for taking drugs (including alcohol)?

Have you used drugs (including alcohol) when you were alone?

Have you tried to reduce your use of drugs (including alcohol)?

Have you had a stressful life event (e.g. bereavement, relationship breakup, health problem)?

Are you suffering from a psychological condition (e.g. depression or anxiety)?

Have you ever been so intoxicated that you were scared of dying?

[Display Risk >](#)

NOTES



Phase 2: Implementation

- Aim: to use **ORION** software with 40 cases per country
 - Age 18-55
 - Not psychotic or severely learning disabled

- Aim to use the **ORION** software in at least four different settings:
 - Outpatient / maintenance patients
 - Inpatient
 - Safe Injecting Rooms (Germany)
 - Mobile Unit (Italy)



• Actual Data Collected:

Country	Number	Setting
UK	39	- Outpatient Forensic (39) (Maintenance)
Germany	99	- Outpatient Maintenance (60) - Inpatient (39)
Italy	40	- Outpatient Maintenance (40)
Denmark	16	- Outpatient Maintenance (16)
Total	194	

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ORION
Overdose Risk Information

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Welcome Participant Information Risk Assessment Questions Risk Feedback Modify Your Risk Evaluation Questions Thank You

Risk Feedback

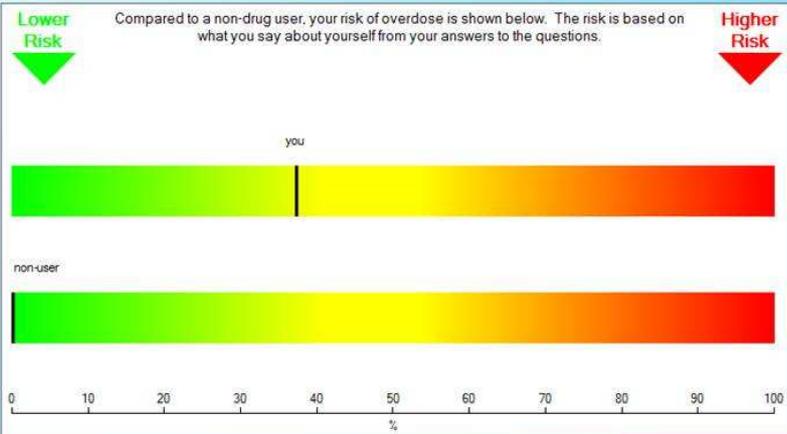
Switch View:

- Risk Graph
- Risk Explanation

Lower Risk Higher Risk

Compared to a non-drug user, your risk of overdose is shown below. The risk is based on what you say about yourself from your answers to the questions.

you



non-user

0 10 20 30 40 50 60 70 80 90 100 %

Next >

ORION
Overdose Risk Information

Logout 

Welcome Participant Information Risk Assessment Questions Risk Feedback Modify Your Risk Evaluation Questions Thank You

Risk Feedback

Switch View:

- Risk Graph
- Risk Explanation

Did you inject drugs? YES
Please be aware that individuals who inject drugs are often at higher risk of suffering a drug overdose than those who do not inject.
In order to reduce your risk of suffering an overdose you should reduce or stop injecting drugs.

Were there days when you have taken more than one drug (including alcohol)? YES
Please be aware that individuals who take more than one drug in a day are often at higher risk of suffering a drug overdose than those who take a single drug.
This is because certain drugs combine to affect your body. In order to reduce your risk of experiencing a drug overdose you should reduce the number of drugs you take in any given day.

Have you recently been released from prison or residential rehab? NO
Individuals who are not in prison are often at lower risk of experiencing a drug overdose than those who have recently been released from prison.

Are you receiving some form of treatment for taking drugs (including alcohol)? YES
Individuals who are receiving treatment for their drug and alcohol problems are often at lower risk of experiencing a drug overdose than those who are not in treatment.

Have you used drugs (including alcohol) when you were alone? YES
Please be aware that individuals who take drugs when they are alone are often at higher risk of experiencing a drug overdose than those who take drugs in the company of others.

Next >

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NOTES

ORION
Overdose Risk Information

Logout 

Welcome Participant Information Risk Assessment Questions Risk Feedback Modify Your Risk Evaluation Questions Thank You

Evaluation

Please answer the following three questions about your experience of using this Overdose Risk Assessment Program:

Did you learn anything about drug overdose risk from this program?

I learned nothing I learned a little I learned a lot

Is your drug and/or alcohol taking behaviour likely to change as a result of this information?

Not at all Perhaps a little Yes, it will change a lot

Did you find the program useful?

Not at all useful Somewhat useful Very useful

Finish >

ORION
Overdose Risk Information

Logout 

Welcome Participant Information Risk Assessment Questions Risk Feedback Modify Your Risk Evaluation Questions Thank You

Thank You

Thank you for your time and for completing the ORION program. If you have any questions, you can talk to your healthcare provider or a researcher about them.

A copy of your risk estimate will be kept in your file for you to revisit at a later appointment if you wish.

Print

Keele University
Developed by Keele University

Start Again

NOTES



Phase 3: Evaluation

- Pre-post software use Questionnaires:
 - General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995)
 - Overdose Risk Awareness Questionnaire
- Post software evaluation questions (Edwards et al., 1999):
 - *Cognitive Outcomes* (learned something?)
 - *Behavioural Outcomes* (intend to change behaviour?)
 - *Affective Outcomes* (Useful? Like to use?)



Cognition

52% learnt something about drug overdose;

Behaviour

48% will consider changing drug use;

Evaluation overall

83% thought it was fairly or very useful

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ORION2.....

- (1) Modelling re sustaining behaviour change
 - Follow-up contact
 - RCT design
- (2) Clinician training package
- (3) Apps and other platforms

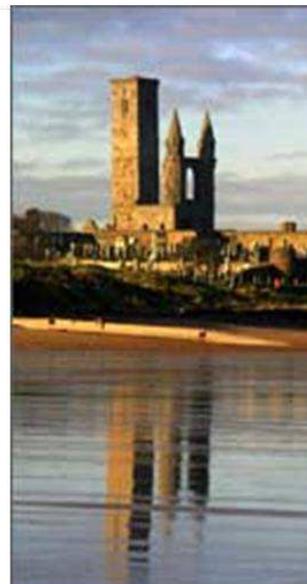


Thank you!

Last but not least acknowledgement to staff and service users.

a.baldacchino@dundee.ac.uk and
gmh4@st-and.ac.uk

On behalf of the ORION team



NOTES



Morag MacDonald

Prof. MacDonald is Director of the Centre for Research into Quality in Birmingham City University and she is currently managing the EU Throughcare project.

“Throughcare for prisoners with problematic drug use” is a research project funded by the Directorate General Justice, Freedom and Security of the European Commission. The project aligns with the aim of the EU’s Drugs Strategy and Action Plan ‘to significantly reduce the social harm and health damage caused by the use of, and trade in, illicit drugs’.

Professor Morag MacDonald Throughcare in Prison Settings



Innovative approaches to prevention and reduction of drug demand: an overview on European policies and programmes

European Parliament, Brussels

November 28, 2012

NOTES

Throughcare Services for Prisoners with Problematic Drug Use

Funded by:

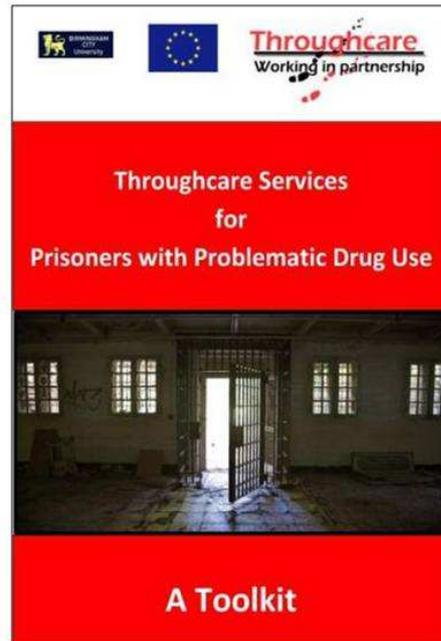
Directorate General Justice of the European Commission

Duration:

December 2008 – December 2011

Key Aim:

Undertake research to examine existing approaches to throughcare services for people with problematic drug use; to explore prisoners' needs and produce a toolkit .



Defining Throughcare

'Throughcare' is:

- managing the continuity of care which begins at an offender's first point of contact with the criminal justice system through custody, court, sentence, and beyond into resettlement
- a holistic, collaborative, participatory and a seamless transition
- a managed process, aiming at desistance of offending and leading to successful re-integration

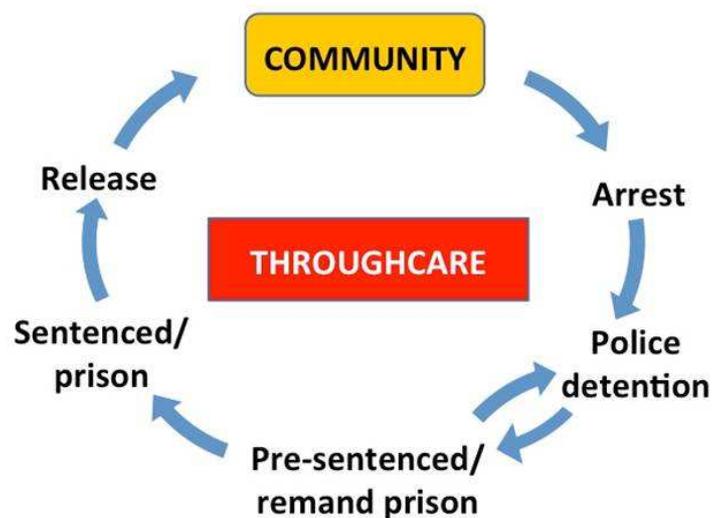
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Places of Detention

There are many places where people can be detained:

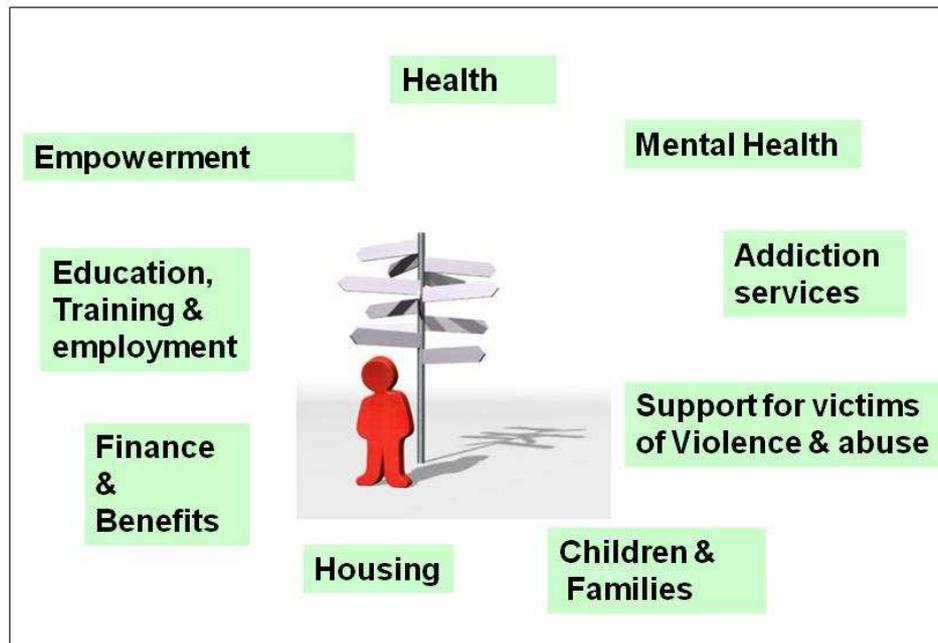
- **Police cells**
- **Police arrest Houses**
- **Prisons**
- Young offender institutions
- Immigration Centres
- Other

Prisoner Journey Through CJS



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Prisoners' Throughcare Needs



Key findings from the Throughcare project: 1

- There is increasing recognition of a need for effective 'throughcare' for successful re-integration
- Throughcare helps prevention and reduction of drug demand
- In much of Europe, throughcare is not implemented effectively
- Range of barriers to implementation
- Structural factors impact on the provision of throughcare
- Lack of effective monitoring and evaluation

NOTES

Key findings from the Throughcare project: 2

- Throughcare lacking for those on remand or short sentences
- Not tailored to the needs of diff groups of prisoners
- Lack of referral from the CJS for those with mental health or addiction problems
- Lack of consistent harm reduction in the prisoner journey through the CJS
- Lack of provision of health care and drug services particularly in police & arrest houses.
- Inconsistent/non-availability of throughcare in police detention, and pre-trial prison

Key findings from the Throughcare project: 3

- Imprisonment can have unintended negative consequences for offenders:
 - discrimination and stigma.
 - counter-productive effects of some policies.
 - disruption of treatment
 - impact on families
 - very high risk of drug-induced deaths ('overdoses') in the weeks after release from prison
- Good practice

NOTES

Example of a joined up approach to meeting Women offenders' Throughcare needs

Anawim a one stop women's centre

- Prison in-reach
- Provide input for prison courses – sex workers in custody
- DV course for prisoners
- Provide support after release – debt, mental health, drugs/alcohol, housing, benefits, health, mentoring, family support

Midland Heart Housing assoc. in partnership with Anawim:

- Provide accommodation options & help women to rebuild their lives
- Recognise women as adults & support them to make their own decisions rather than "taking over" their lives
- Recognise the specific needs and sensitivities of women

The partnership between Midland Heart and Anawim provides an holistic, women-centred and integrated service which is distinct and radically different

Ensuring effective throughcare

- An individualised approach that tailors provision to the needs of individual prisoners
- Throughcare needs and treatment and care programmes assessment
- Inter-agency cooperation to facilitate a joined-up approach
- Offenders seen holistically as people with a range of problems
- Collaborative partnerships and co-operation between criminal justice and community-based agencies

NOTES

Finally....

Closing the gap between prison and community: equivalence of care

“A strong argument exists that any successful approach to improving prison health in the future must recognise the importance of including harm reduction and drug treatment services alongside, and integrated with, generic somatic and mental healthcare responses, a functioning throughcare mechanism in the community and substantial efforts to improve the reintegration of former prisoners.” [EMCDDA, 2012, *Prisons and Drugs in Europe: The Problem and Responses*, Luxembourg: Publications Office of the European Union]

Questions!



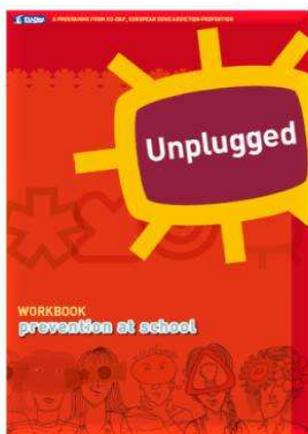
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Peer van der Kreeft - EU DAP Project

He was Head of prevention at De Sleutel and he is lecturer in prevention and drug-related issues at University College of Ghent.

The European Drug Addiction Prevention Trial (EU DAP) is a project aimed at contributing to the evidence concerning the effectiveness of drug prevention programs in Europe.



HoGent 1
EDUCATION
HEALTH
SOCIAL WORK

Round table *Innovative approaches to prevention and reduction of illicit drug demand*
28 november 2012
European Parliament, Brussels

ORION
Overdose Risk Information

Peer van der Kreeft

Leading the EU-Dap Faculty project at University College Ghent, Belgium

NOTES

2

Action research



3

Researchers meet practitioners

Experimental study:

Cluster Randomized
Controlled trial, funded by
the European Commission,
involving **9 centers in 7
European Countries**

Main aims:

Build a school-based
European prevention
programme to evaluate
its efficacy



Prevention workers:

Designed a 12 lesson
intervention within a **CSI
Comprehensive Social
Influence** approach

Innovative features:

Include normative belief
Balance of information,
personal skills, social
skills
Interactive delivery
Teacher training



NOTES



European Monitoring Centre
for Drugs and Drug Addiction



4

“RCT universal schoolbased prevention”

... The first ever European Drug Abuse Prevention Trial EU-Dap has shown promising results. Funded by the European Commission, the project was implemented and cross-evaluated in seven countries, nine regional centres and 170 schools and involved 7 079 students (in a trial group and in a control group)....”



European Monitoring Centre
for Drugs and Drug Addiction

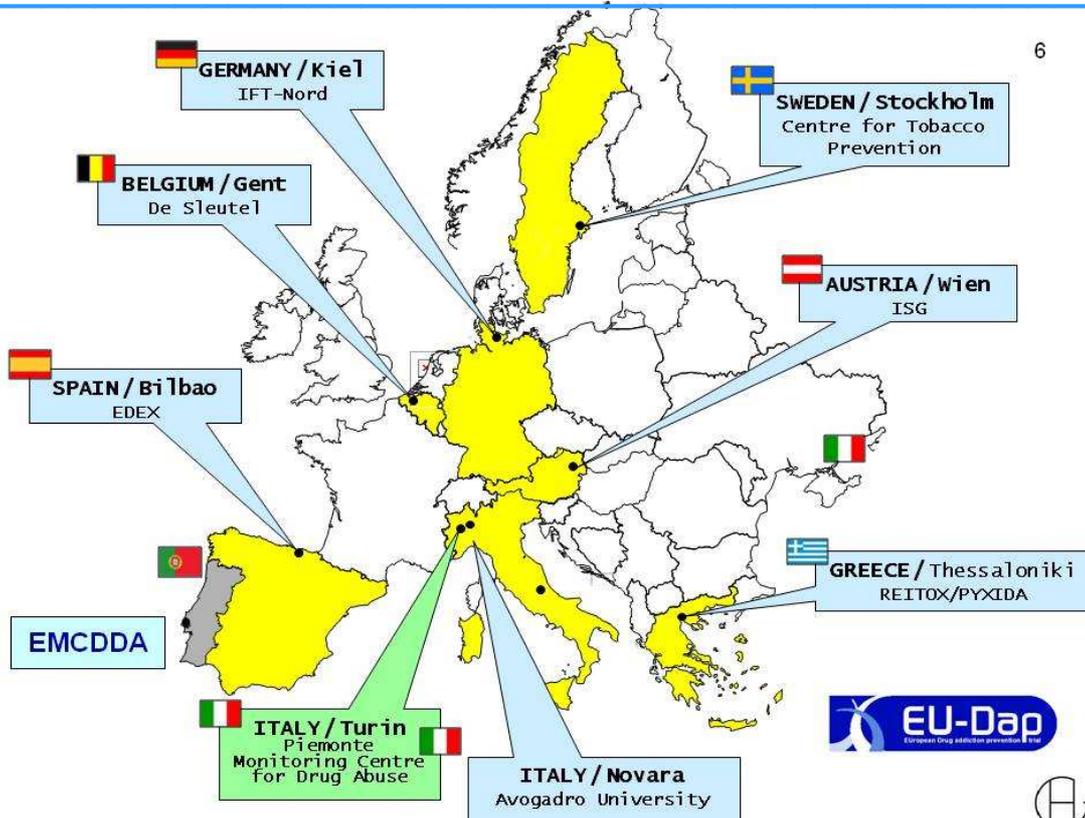


5

Not only effective but also safe:
have lowest *iatrogenic* effects.

Iatrogenic effects: e.g. inadequate information, wrong target group,
In the EU-DAP no iatrogenic effects were detected.

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The study sample at baseline (n=7079) °2004

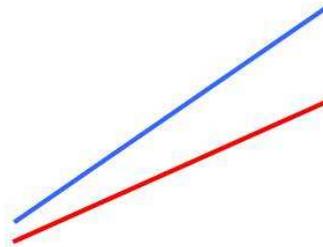


7

CENTRE	# STUDENTS	MEDIAN AGE
Italy Turin	1.660	14
Spain Bilbao	429	14
Italy Novara	592	14
Germany Kiel	709	13
Sweden Stockholm	1.033	13
Italy L'Aquila	732	13
Belgium Gent	858	12
Greece Thessaloniki	516	12
Austria Vienna	550	12



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The EU-Dap Cluster Randomised Controlled Trial

Effectivity of Unplugged intervention after 2nd questionnaire (3 mths post interv)

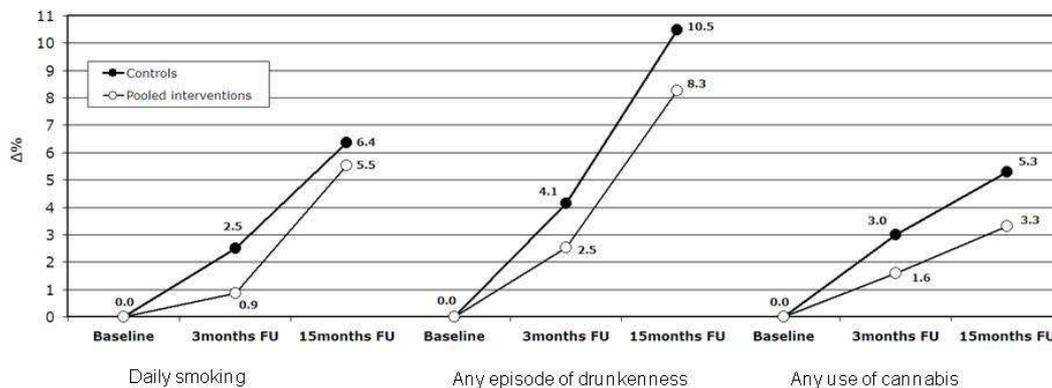
Daily smoking 30% reduction*
Recent drunkenness 28% reduction
Experimenting cannabis 23% reduction

The EU-Dap class programme has a preventive effect on early onset of drug use and on the transition of experimental to frequent use. The effect is bigger for boys than for girls.

*Daily smoking, recent drunkenness, any cannabis at this age are stronger predictors



Changes in prevalence of past 30 days substance use between EU-Dap participants at baseline (n=7079), at the 3 months (n=6370) and at the 15 months follow-up (n=5541)



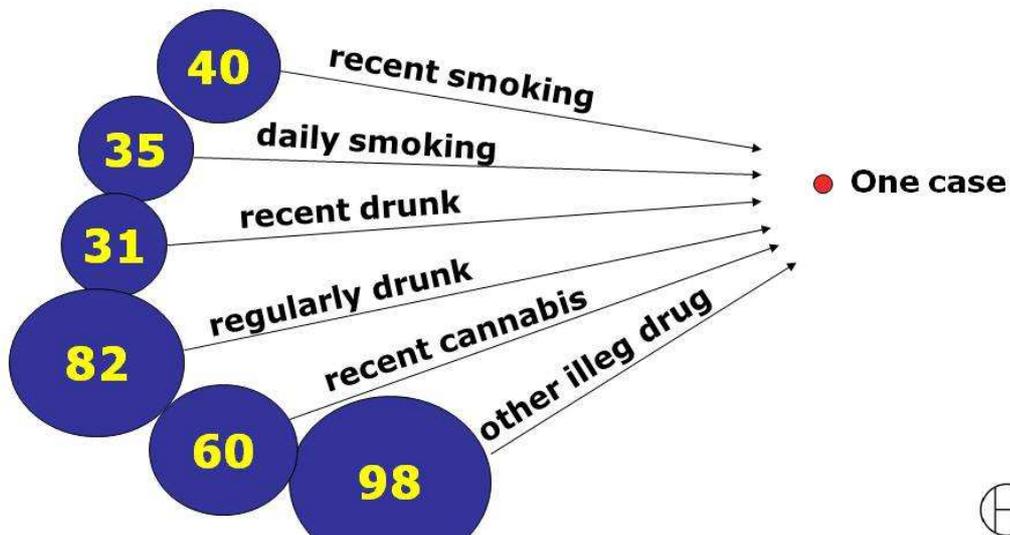
NOTES



another way to look at the results¹⁰

You deliver Unplugged to...

To avoid...



11



Small comparison

You deliver special medication to...

To avoid...



NOTES

12



Small comparison

You deliver mammographic screening for 10 years to...

2000 breast cancer fatality

To avoid...

● One case

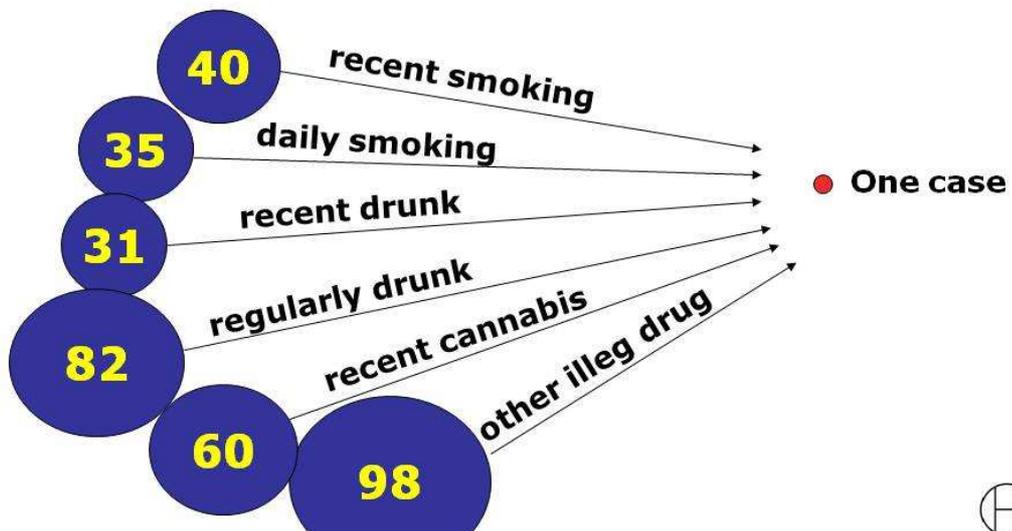
Sackett DL, Haynes RB: Summarizing the effects of therapy: A new table and some more terms. *Evidence-Based Medicine* 1997;2:103-104
Götzsche PC, Nielsen M. Screening for breast cancer with mammography. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. ID: CD001877. DOI: 10.1002/14651858.cd001877.pub2

13



You deliver Unplugged to...

To avoid...



NOTES



14

Programme components

- Implementation guide
- Workbook for the pupil
- Cards for class
- Handbook 12 lessons for the teacher
- Teacher training
- Three parent meetings



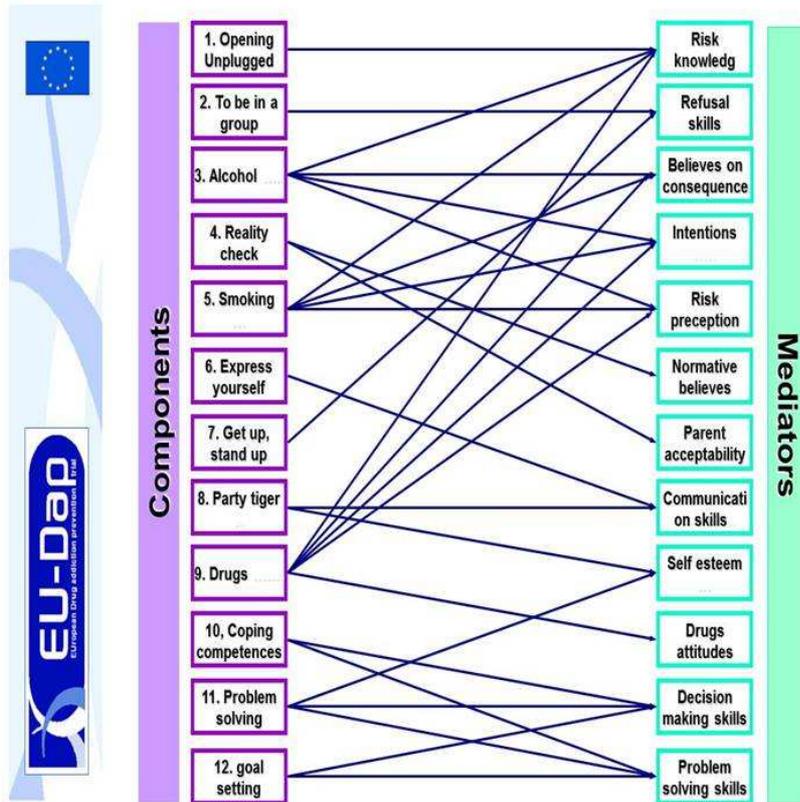
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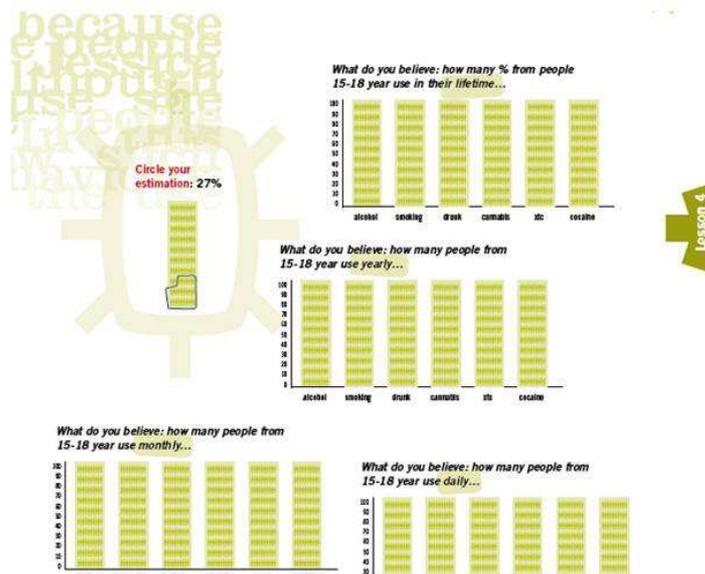


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(A)

17

Normative belief



(A)

NOTES

18

Normative belief

[workbook manual cards](#)

Lesson 2

To be or not to be in a group

Young people like you want to be together. What would you do to become part of a new group? What would the group expect from you as a newcomer? How would the group react to what you do or say? These questions form the subject of this lesson.

A GROUP IS JOINED TOGETHER BY:

- Characteristics**
male or female, clothing style, ...
- Skills**
sports talents, musical instrument skills, bicycle acrobatic techniques, ...
- Behaviours**
way of dancing, smoking, non-smoking...
- Language**
local dialect, SMS, certain code words...

After the situation plays, gather with your group and answer three of these questions.



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Three parent meetings

Content of the parents workshops

N°	TITLE	LECTURE	GROUP WORK	ROLE-PLAY
1	Better understanding of your teenagers	Development during early adolescence	Frequency of drug use in adolescence, risk factors for drug use	Anxiety of parents letting their teenagers go out to parties
2	Parenting a teenager means growing up together	Changes in families with adolescent children	Ways to cope with changes in the family roles	Autonomy inside and outside the family
3	A good relationship with my child also means setting up rules and limits	Parenting styles	Conflict situations and guidelines for negotiation of rules	Dealing with conflicts



NOTES

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Teacher training



Objectives of the 2,5 day training:

- 1. Information transfer**
- 2. Social learning**
- 3. Experimental learning**
- 4. Learning to work on a positive and safe class climate**



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Assets of Unplugged

- Feasibility of implementation: 12 lessons, in one semester
- Balance of (1) intrapersonal, (2) interpersonal, (3) knowledge and attitude lessons
- Correction of normative beliefs
- Include non-health arguments, such as esthetical, financial, social risk, information on cannabis marketing strategy
- Multi-cultural origin inside EU
- Proven effectiveness



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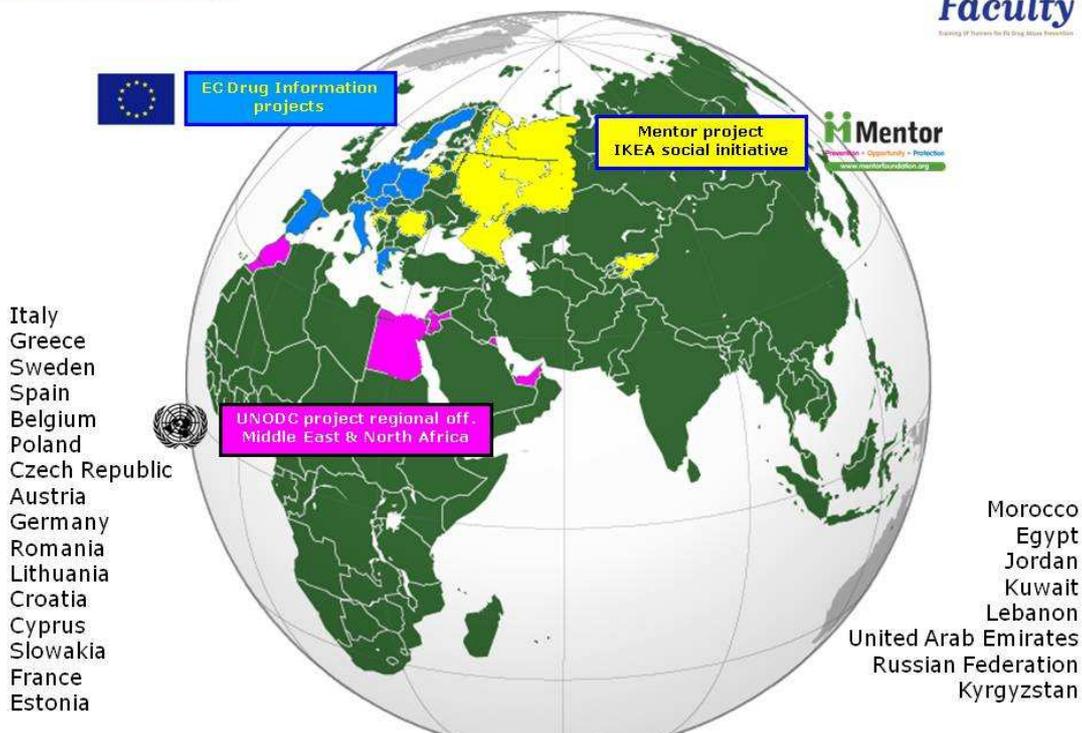
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Risks and challenges

- Less effective on girls – at that age
- Training takes time and infrastructure
- Follow up limited to 15 mths
- Fading effect on smoking: booster intervention



DISSEMINATION



NOTES

Adaptation: fidelity/fit



Surface Structure:

- Language and idioms
- Places
- Product brands
- Food
- Music

...

Deep Structure:

- Risk/ protective factors
- Gender roles
- Family and community life
- Legal system
- Norms and values

...

Mentor adaptation issues

©2010

- Deep structure changes
 - regarding drugs
 - regarding gender
 - regarding family
- Core Unplugged issues
 - social influence and interactive delivery
 - normative belief related to peer pressure and media influence
 - drug related information in quiz cards
 - include other than health risks
 - no emphasis on death and legal consequences
 - include perceived desired effects without promoting them



NOTES

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Russia, Kyrgyzstan and Romania: same book with adapted texts



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Adaptation in Arab region

- Process of bringing people together is source for programme.
- Tricks to go around boy-girl mixing at parties, by saying 'someone'. But Arabic language has verbs also being feminine or masculine.
- Unplugged is an explosive text. It reflects social transformation and encompasses highly political terms and concepts (identity, self esteem) under the drug prevention banner.

NOTES

School level adaptation



- Chain of actions from program design to pupil
- Last parts of the chain requires expertise from non-DDR related disciplines (e.g. education, pedagogy, didactical)
- Documented instructions for the last parts of the chain are often missing or vague
- These last steps are captured by 'training',

Ⓐ

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NOTES



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Ms van den Bergh is Technical Officer HIV/AIDS, STIs and Viral Hepatitis Programme - WHO Europe Regional Office

European Commission and World Health Organization project "Harm reduction" aims to scale up access to high-quality harm reduction, treatment and care for injecting drug users in the WHO European Region.

'Scaling-up access to high-quality harm reduction, treatment and care for injecting drug users in the European region'



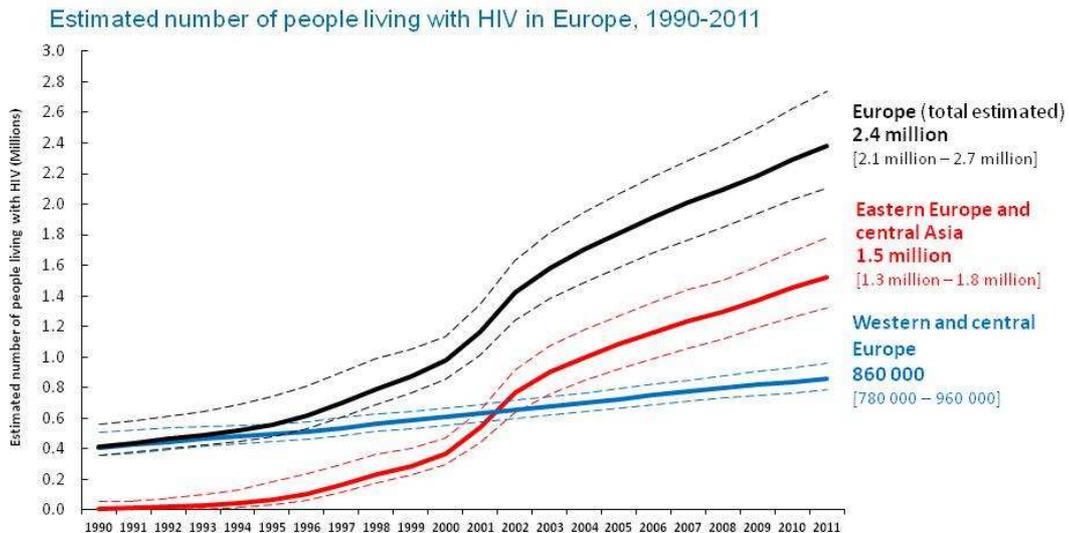
Roundtable European Parliament

28 November 2012

Brussels

NOTES

People living with HIV: WHO European Region



HIV transmission among injecting drug users in Europe

- Injecting drug use as a route of transmission continues to be highly significant in the East while declining in the West and Centre
- Injecting drug use remains an important route of transmission in a number of EU countries, e.g. Estonia, Latvia, Lithuania, Poland and Portugal
- Recent evidence suggests new emerging epidemics in Greece and Romania (outbreaks 2011)

NOTES

Background to the Project

- Accessibility and quality of harm reduction services for injecting drug users remain variable throughout Europe.
- Weak evidence available on social and structural factors
- EU Drugs Strategy 2005-2012 → explicit need for the “measurable reduction” of drug-related health and social risk through a package of harm reduction interventions and to enhance both the “quality” and “effectiveness” of services



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HIV/AIDS, STIs & Viral Hepatitis Programme
WHO Regional Office for Europe

Outline Project

- Project period: 18 December 2009 – 17 June 2012 (24 months + 6 months extension)
- Aim: to undertake qualitative research and other related activities to improve the accessibility and quality of harm reduction services for IDUs, especially HIV treatment, integrated HIV-TB services, hepatitis C treatment and opioid substitution therapy
- Co-funded by European Agency for Health and Consumers / WHO Regional Office for Europe
- Main partners in implementation:
 - *London School for Hygiene and Tropical Medicine (LSHTM)*
 - *Eurasian Harm Reduction Network (EHRN)*



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7 Work Packages

1. Strategy for improving accessibility and quality of harm reduction services
2. Accessibility and quality of HIV treatment services
3. Integration of TB and HIV treatment services
4. Accessibility and quality of HCV treatment services
5. Promoting accessible and quality opioid substitution treatment
6. Developing and enhancing harm reduction training
7. Promoting accessible and high quality harm reduction services, and overall coordination and implementation of WP 1-6

Overview main deliverables (1)

- Written endorsed strategy document: European Action Plan for HIV-AIDS 2012-2015 **(WP1)**
- Harm reduction coverage estimates for MS WHO European Region (*source: WHO Health Sector Response reporting 2011*) **(WP1)**
- Report 'Findings and recommendations from three linked studies investigating the social contexts of access to treatment and care for HIV, hepatitis C and tuberculosis among people who inject drugs in European cities' **(WP2,3,4)**
- Report 'A rapid assessment of the accessibility and integration of HIV, TB and harm reduction services for people who inject drugs in Portugal' **(WP3)**
- Report 'Barriers and facilitators to hepatitis C treatment for people who inject drugs: a qualitative study' **(WP4)**

NOTES

Overview main deliverables (2)

- Workshop on how to scale-up and implement opioid substitution therapy (involving 8 EU countries). Vilnius, Lithuania, 22-23 May 2012 **(WP5)**
- Guidance document on how to scale-up and implement opioid substitution therapy, based on the experience of selected European countries **(WP5)**
- Training module 'Developing tuberculosis treatment services for people who inject drugs' **(WP6)**
- Several peer-reviewed papers and presentations at (inter)national meetings and events **(WP1-5)**



Work Package 1

Strategy

NOTES

European Action Plan Priority 1.2: HIV transmission through injecting drug use

Objective:

- To prevent new infections among people who inject drugs, by implementing a comprehensive harm reduction package of interventions for drug users

Target for the WHO European Region by 2015:

- To reduce the number of new infections acquired through injecting drugs by 50%



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European Action Plan: priority actions

- 1.2.1 - Implement needle and syringe programmes in all settings where people inject drugs, including prisons and pre-trial detention centres
- 1.2.2 - Provide opioid substitution therapy and other drug-dependence treatment for people who inject opioid-based drugs, including prisoners.
- 1.2.4 - Ensure that HIV-positive people who inject drugs have access to ART



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European Action Plan: injecting drug users coverage targets

- More than **60%** of people who inject drugs are regularly reached by **needle and syringe programmes** (200 syringes per IDU)
- More than **40%** of opioid-dependent people are **receiving OST**
- More than **75%** of HIV-positive injecting drug users for whom **ART** is indicated are receiving it



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WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva, World Health Organization, 2009 (http://www.who.int/hiv/pub/idu/du_target_setting_guide.pdf, accessed on 9 June 2011).

Work Package 1

Harm reduction coverage estimates

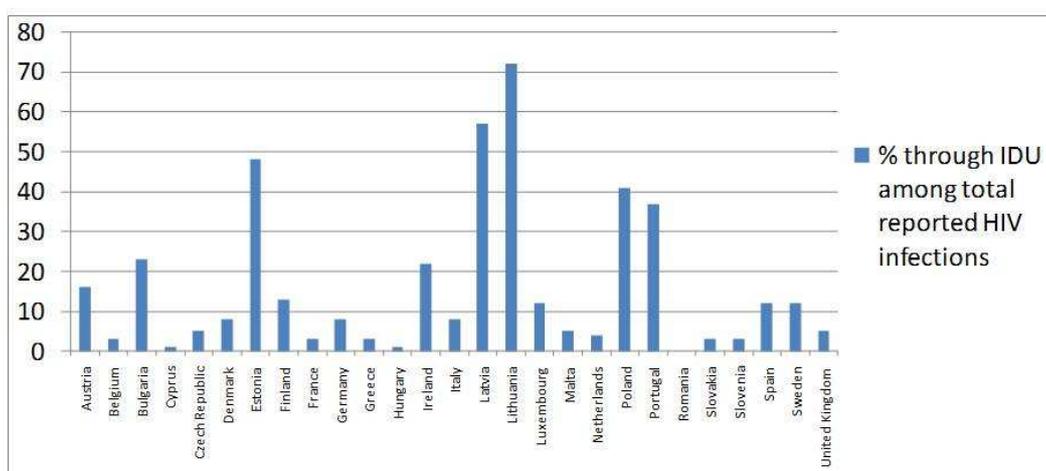


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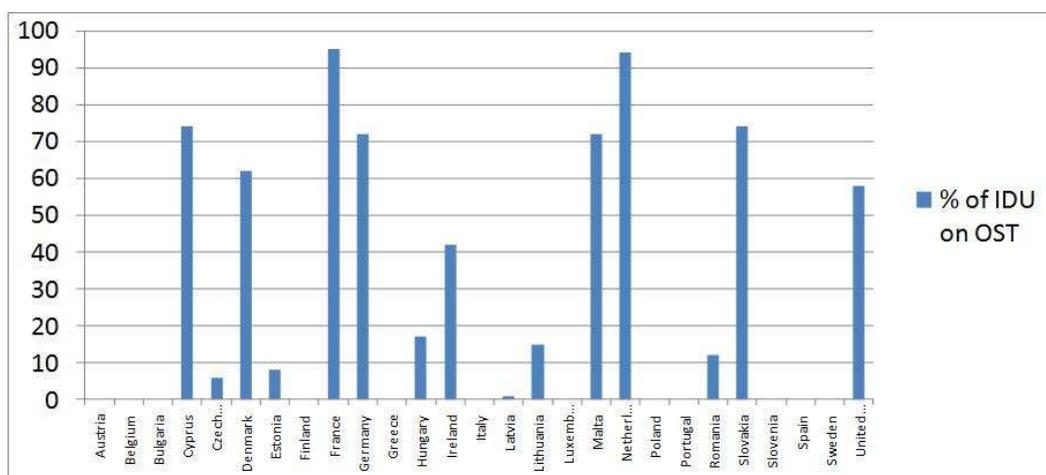
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HIV infections reported acquired through IDU: EU countries

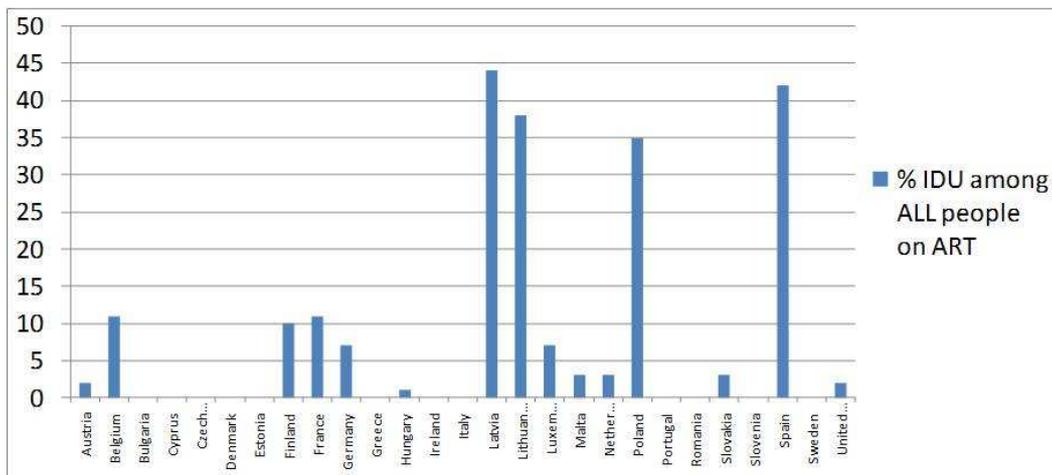


Percentage of IDUs receiving OST: EU countries

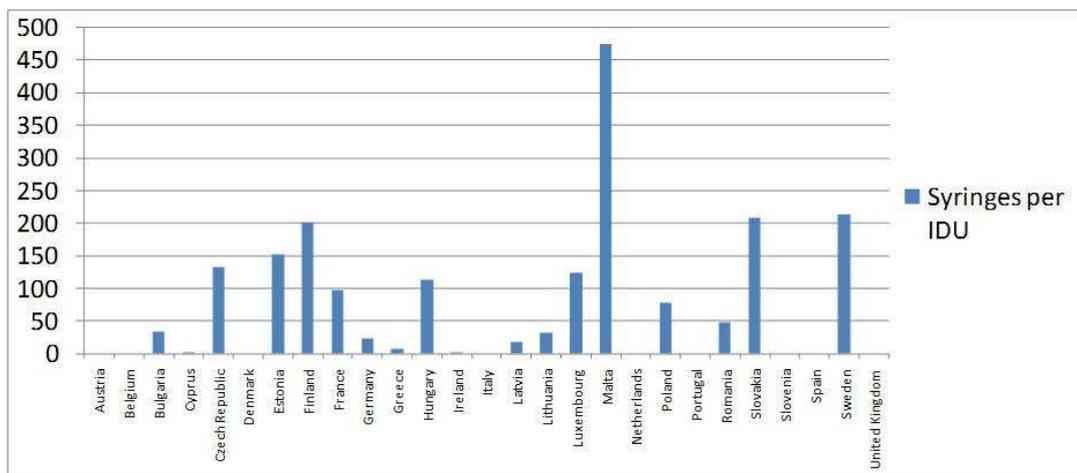


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Percentage IDU among people receiving ART: EU countries



Number of syringes distributed per IDU: EU countries



NOTES

Work Packages 2,3 and 4

Literature reviews and qualitative studies



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Studies Work Packages 2,3,4

WP 2: HIV treatment access – Estonia

- *A qualitative study to explore the experiences of PWID in 2 cities in Estonia regarding their experiences with, or failure to engage with, ART and/or OST*

WP 3: TB-HIV treatment integration – Porto, Portugal

- *A literature review on TB epidemiology and care among PWID*
- *A rapid assessment to describe the accessibility and integration of HIV and TB services and delivery systems for PWID in Porto, Portugal*

WP 4: Hepatitis C treatment access – London, UK

- *A literature review of evidence regarding barriers to HCV treatment access, uptake and completion among PWID*
- *A qualitative case study exploring the barriers and facilitators to HCV treatment access for PWID*



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NOTES

Key recommendations WP 2,3,4

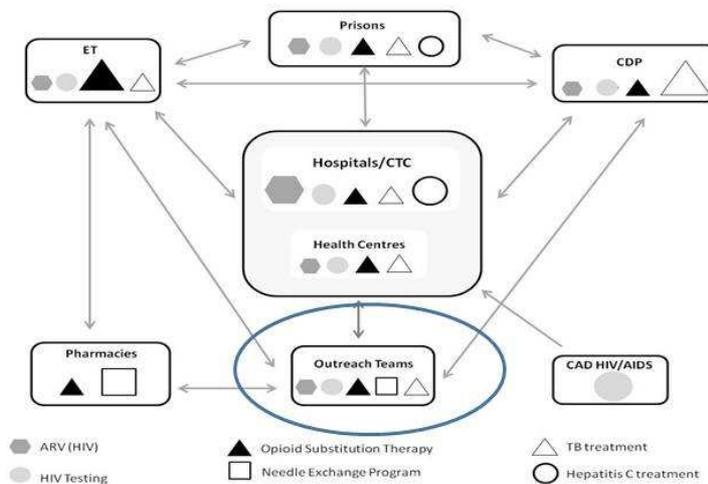
1. Maximizing treatment literacy
2. Social and psychological support interventions
3. Systemic interventions
4. Service integration and collaboration
5. Ensuring access to opioid substitution treatment
6. Client centred care and user involvement
7. Addressing wider social and welfare needs



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Porto – example of integration of services





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Impact Project

- Increased knowledge of social and structural factors shaping the accessibility and quality of HIV, HCV and TB treatment for people who inject drugs, by
 - conducted qualitative research
 - shared experiences
 - documentation of practices
- Input for evidence-based policy
 - at national and regional level

Dissemination - Project Website

All final deliverables are available at the Project website:

<http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/hivaids/activities/ec-who-project-scaling-up-access-to-high-quality-harm-reduction>

NOTES

Acknowledgements

WHO/Europe is grateful to the members of the Project Advisory Group:

- European Commission Executive Agency for Health and Consumers
- European Monitoring Centre for Drugs and Drug Addiction
- European Centre for Disease Prevention and Control
- London School of Hygiene and Tropical Medicine
- Eurasian Harm Reduction Network
- Correlation Network

The production of this presentation was carried out as part of a joint action with the EAHC entitled Scaling up access to high quality harm reduction treatment and care for injecting drug users in the European region (Harm Reduction) under Grant Agreement 2008 52 02.

This presentation has been produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

NOTES



Cristina Marcuzzo

Ms Marcuzzo is member of the European Commission - Directorate General for Research and Innovation.

ALICE RAP (Addiction and Lifestyles in Contemporary Europe - Reframing Addictions Project) is a five year European research project, co-financed by the European Commission that brings together over 100 scientists from more than 25 countries and 29 different disciplines. It aims to strengthen scientific evidence to inform the public and political dialogue and to stimulate a broad and productive debate on current and alternative approaches to addictions.



ALICE RAP

Addictions and Lifestyles in Contemporary Europe: Reframing Addictions Project

*Cristina Marcuzzo, EC DG Research & Innovation
Social Sciences and Humanities*

NOTES



ALICE RAP Overview



Call SSH.2010.3.2-1: Addictions and lifestyles in contemporary European societies (Activity 8.3: Major trends in society and their implications)

43 participating institutions

27 European countries

107 researchers

Coordinator: Fundació Clínic per a la Recerca Biomèdica (ES)

7 Work areas, 21 work packages

Start: 1/4/2011
5 years (2011-2016)

Budget: 10 M EUR



NOTES



ALICE RAP – coordinating team



Peter Anderson
(Project leader)



Toni Gual
(Project leader)



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(Evaluation)

Fleur Braddick
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Silvia Matrai
(Project Manager)



Goretta Brunet
(Communication)

Jillian Reynolds
(Scientific Officer)



Núria Charles-Harris
(Administrative Officer)



Rationale

- One comprehensive approach to addictions + Interdisciplinary approach, tackling the issue from different angles (i.e. sociology, economics, psychology, criminology, cognitive sciences, etc)

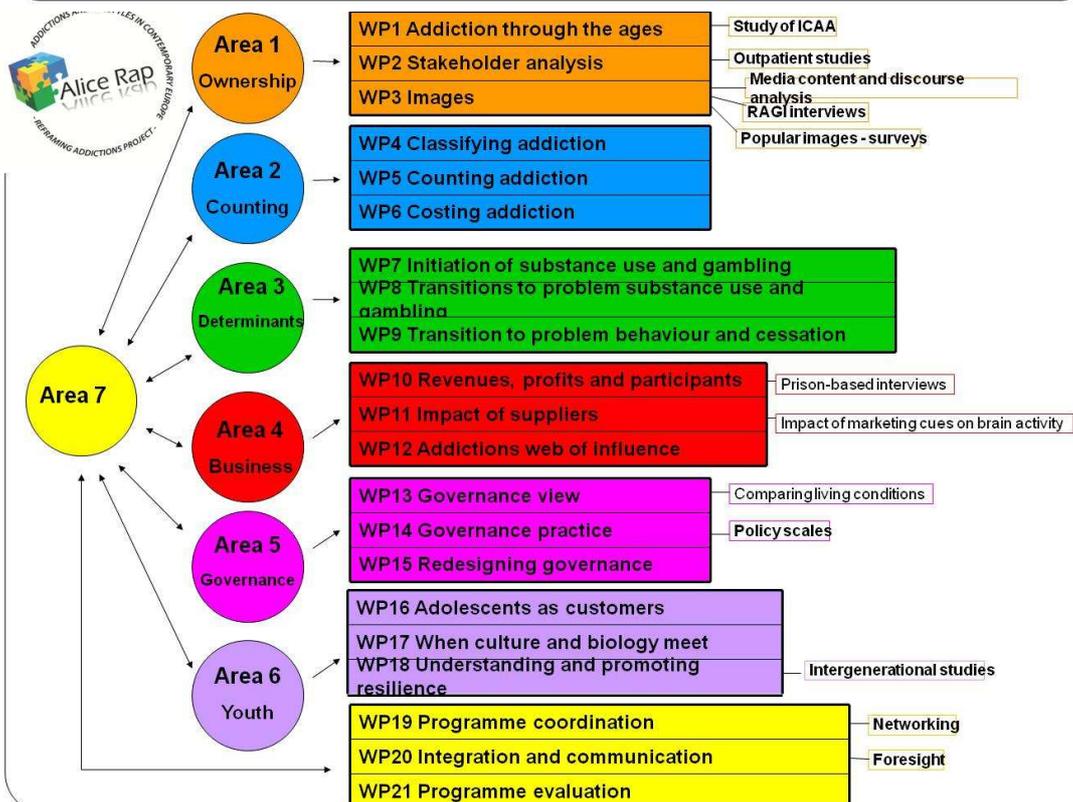


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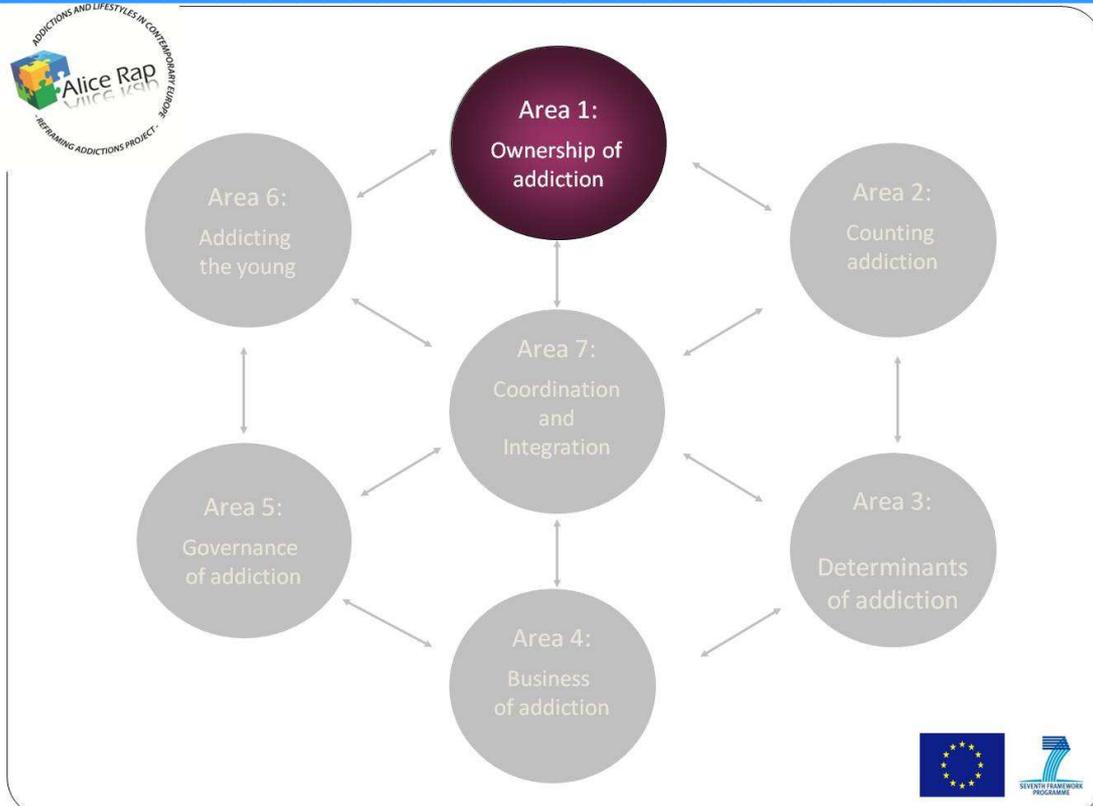


Overall Aim

- To provide scientific evidence to promote public dialogue and stimulate debate around current issues and alternative options in relation to drug and addiction policy, from a multidisciplinary perspective.



NOTES



Area 1 – Ownership of ‘addiction’

WP1: Addiction through the ages
Historical analysis of different conceptual definitions of addiction
 - Virginia Berridge, London School of Higiene and Tropical Medicine, UK



WP2: Stakeholder analyses
analysis of public and private stakeholder views and consensus in policy arenas
 - Betsy Thom, Middlesex University , UK

WP3: Images of addiction
how society perceives, defines, understands and categorises addictions
 - Matilda Hellman, University of Helsinki, Finland



NOTES



Area 2 – Counting addictions

WP4: Classification of addictions

DSM-V and ICD-11

- Jürgen Rehm, Technische Universität Dresden, DE



WP5: Counting addictions

Epidemiology of drug and gambling addictions

- Gerhard Gmel, Addiction Switzerland



WP6: The costs of addictions

Analysis of social costs of

Alcohol, tobacco, illicit drugs and Gambling

- Krzysztof Brzozka, PARPA, Poland



Area 2 – Counting addictions

Area 2 “Counting addictions” studies definitions of addictions, including addictions to illicit drugs, and estimates the prevalence of addiction to illicit drugs in all 27 EU countries;

it is also estimating the cost of illicit drugs to society in three countries (ES, PT, PL)



- ✓ A report examining the various classifications of addictions and extracting common elements of classifications is due shortly



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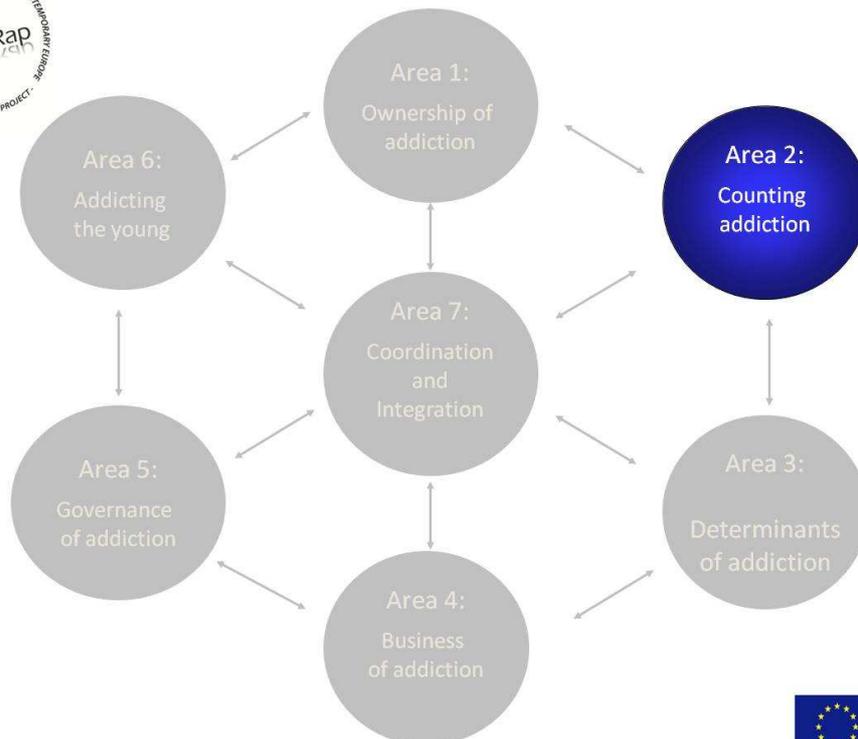


Area 1 – Ownership of ‘addiction’

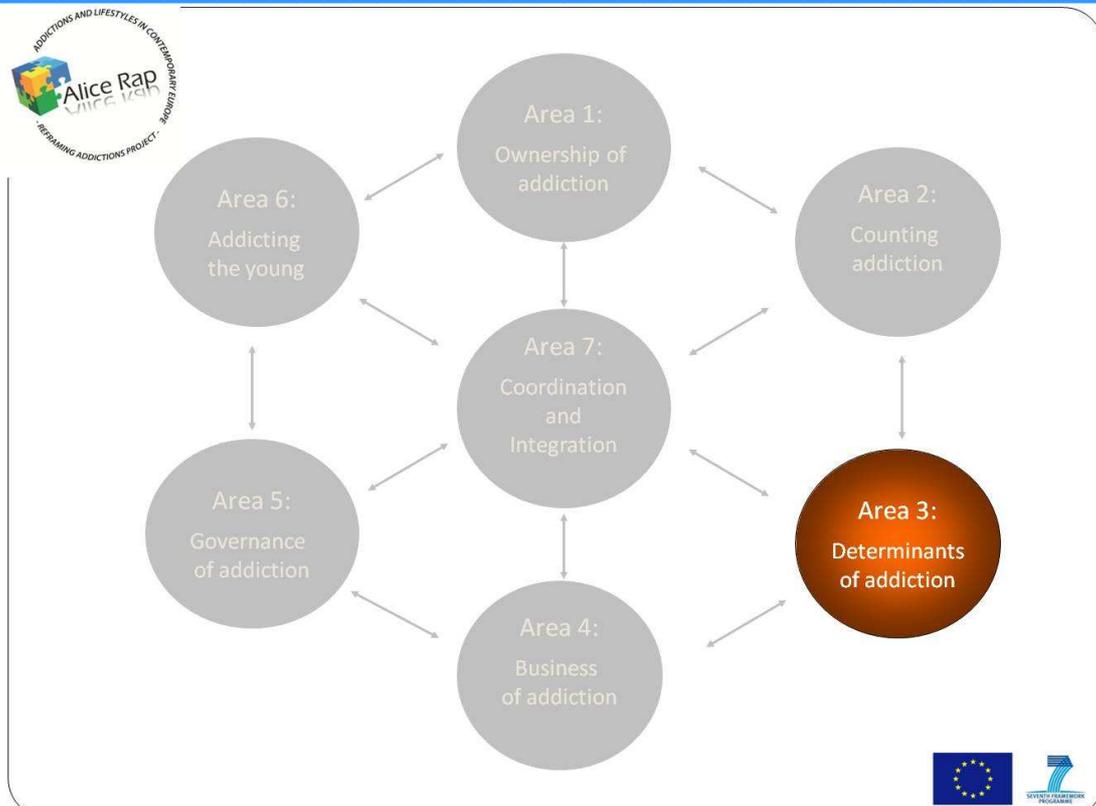
Area 1 “Ownership of addictions” studies illicit drugs from an historical perspective (policy approaches to drugs over the last 200 years) - *historiographical review*; analysis of stakeholder involvement in substance/ problem use and addiction – *case studies on understanding of addiction-related harm by health professional in FI and LV*; how the media and the public portray and view illicit drugs – *data collection stage*.



- ✓ A study of perceptions of addiction in society through public discourse in Hungary, Italy, Finland, Netherlands, Poland and UK will be delivered in April 2013



NOTES



Area 3 – Determinants of addiction



Social, economic and biological analysis to better understand transitions into and out of drug use: the initiation (WP7), transition into problem use (WP8) then dependence and/or cessation (WP9) – the 3 WPs will run consecutively. *Ongoing agreement on common methods and WP7.*

- Dr. Petra Meier. University of Sheffield.
- Dr. Gerhard Buehringer. Technische Universität Dresden.
- Prof. David Nutt. Imperial College, London.

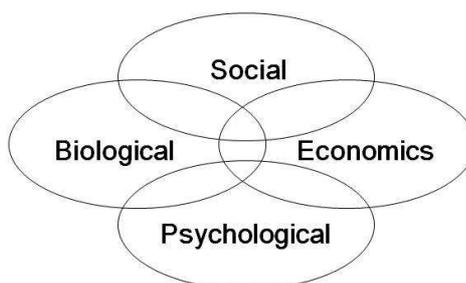


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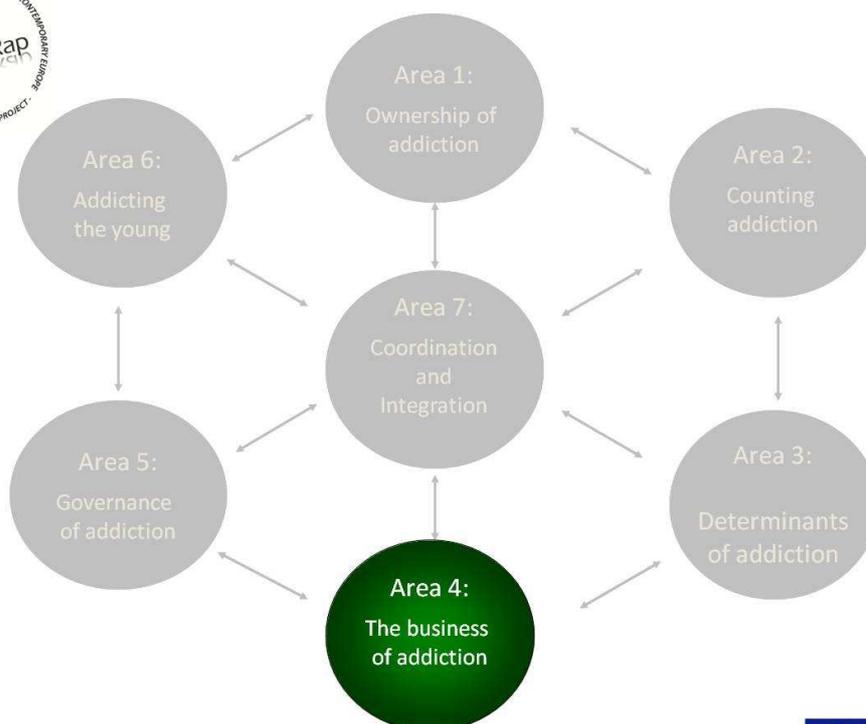


Area 3 – Determinants of addiction

Scope:
disciplines



✓ Report on interdisciplinary integrated evidence review on the determinants of the onset of substance use/gambling, and Report on best estimates for the transition probabilities from non-use to use (June 2012) (followed in Jan 2013 by a report on the determinants of the onset of problem substance use/gambling and report on best estimates for the transition probabilities from use to problem use (Jan 2013) - further transition to dependent behaviour later



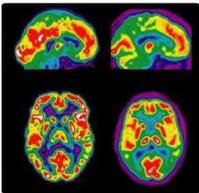
NOTES



Area 4 – The business of addiction

WP10: Revenues, profits and participants estimates the size of the market of addictive goods through the knowledge of how much revenue is generated, using interviews with drug dealers and other methods.

- Emma Disley, RAND Europe.



WP11: The impact of suppliers a theoretical framework laying out the motivations to increase or reduce addiction among the different industries producing or selling addictive substances and services

- Ben Baumberg, University of Kent, UK

WP12: Addictions' web of influence

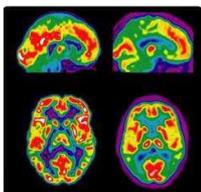
interplay between stakeholders across a number of addictions

- David Miller, Bath University, UK



Area 4 – The business of addiction

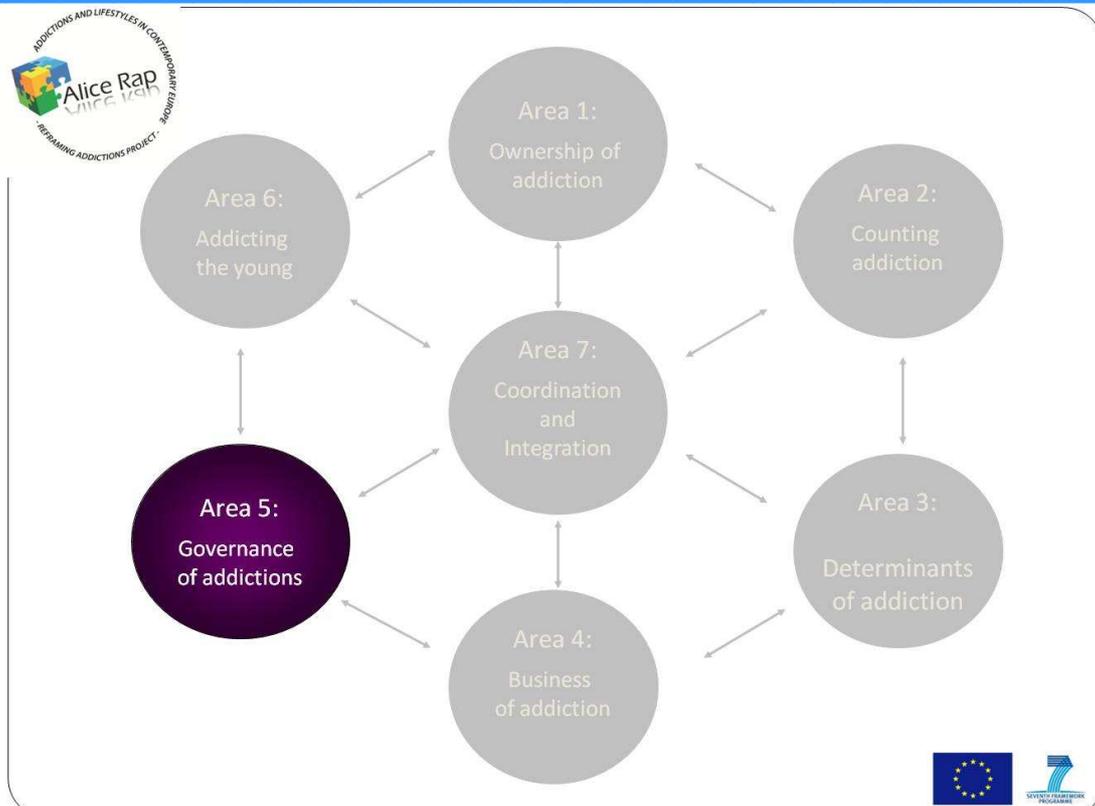
Area 4 “Business of addiction” estimates the size of the business of illicit cocaine and opioids and studies the potential impact of suppliers of illicit drugs on drug policy - *estimate of profits ongoing, pilot interviews with convicted drug traffickers completed.*



A neurobiological sub-study will examine the impact of marketing cues on brain activity and relapse by determining whether alcohol and cannabis marketing triggers similar neural reward pathways as the drugs themselves.



NOTES



ADDITIONS AND LIFESTYLES IN CONTEMPORARY EUROPE
Alice Rap
ALICERAP
REFRAMING ADDICTIONS PROJECT

Area 5 – Governance of addictions



WP13: Governance view
Documents the typology of different views of the governance of addictions
- Joan Colom, Public Health Agency of Catalonia, Spain



WP15: Redesigning governance a vision for the future governance of addiction and lifestyles, based on knowledge and evidence generated.
- Svanaug Fjaer, University of Stavanger, Norway

WP14: Governance practice
analysis of current practices and trends in addiction governance and mechanisms which impact on implementation
- Franz Trautmann, Trimbos Institute, The Netherlands

NOTES



Area 5 – Governance of addictions

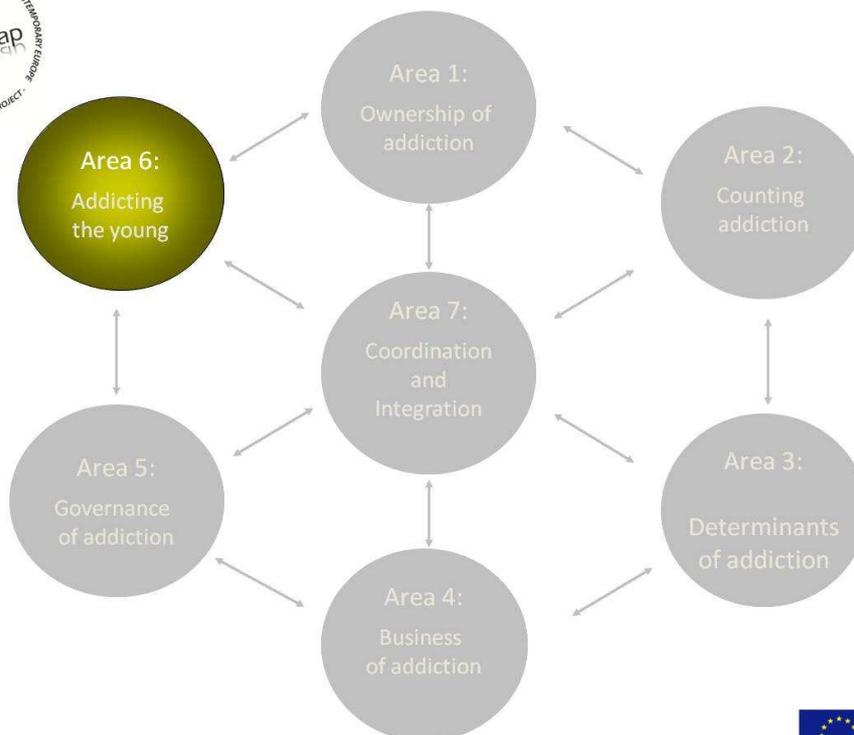


Area 5 “Governance of addictions”

documents and scales the effectiveness of illicit drug policies and practices across all EU countries, and will consider future policies towards the end of the project. New element for research in this Area: impact of the economic crisis on addiction governance.



- ✓ Governance view: A report documenting the typology of different views of governance of addictions in all European Member States and Norway (April 2013)
- ✓ Living conditions: A report comparing the living conditions among clients in drug substitution programmes in four European countries (NL, PL, ES, SE) (April 2013)



NOTES



Area 6 – Addicting the young

WP16: Adolescents as consumers

Review of effectiveness of policies on addictions, directed at young people in Member States and the European Commission + a framework to identify the impact of different policies.

- Harry Sumnall, John Moores University, Liverpool, UK

WP17: Where culture and biology meet

online tests to investigate young people's cognitive and motivational processes related with alcohol and other drugs in different European cultures

- Reinout Wiers, University of Amsterdam



Understanding and promoting resilience

Designing new research on active ingredients in prevention programmes and assessing the impact of parents' addictions

- Fabrizio Faggiano, Avogadro University, Italy



Area 6 – Addicting the young

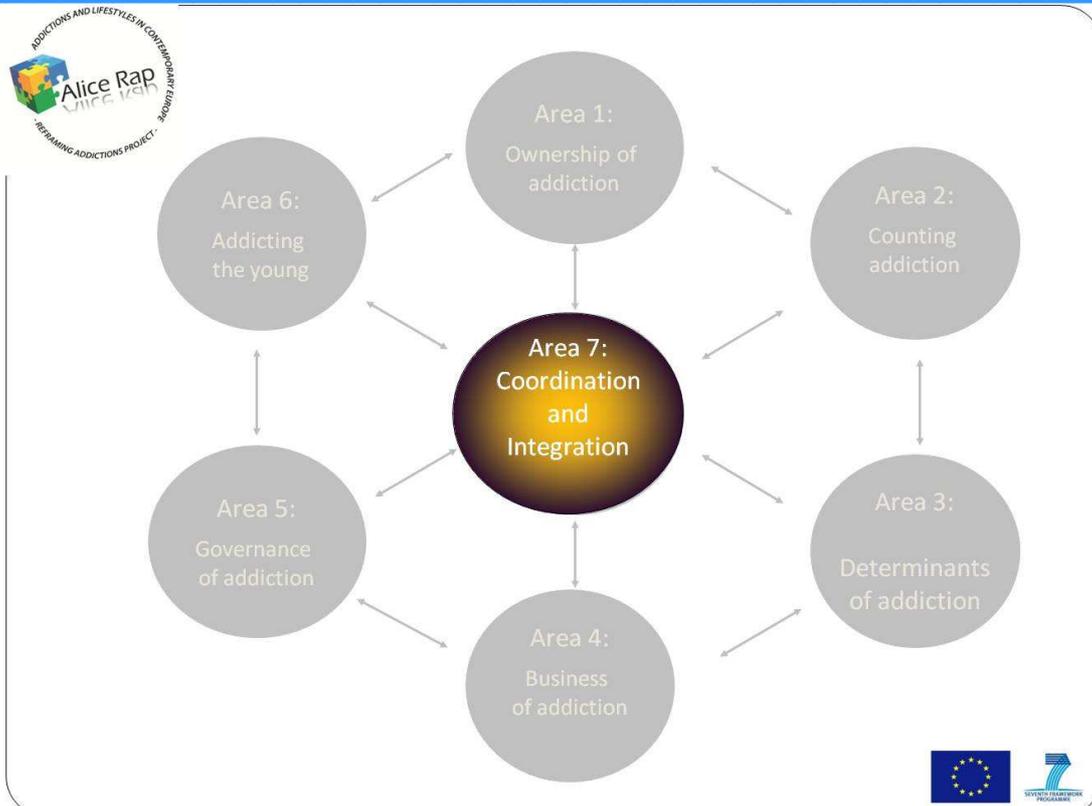
Area 6 “Addicting the Youth” documents policies and programmes for illicit drugs targeted at youth; studies cognitions and motivations of young people using illicit drugs, and considers and reviews potential resilience factors for youth use of illicit drugs.



✓ Adolescents as customers: An integrative overview of the likely effectiveness of young people targeted environmental and cultural components of national policies on addictive behaviours and a framework for identifying policy impact (April 2013)



NOTES



Area 7 – Coordination and integration

WP19: Coordination and project management

Encourage synergy and smooth working

- Toni Gual, Hospital Clínic (FCRB), Barcelona

WP20: Integration and communication

E-lab, future challenges series and policy support

- Peter Anderson, University Newcastle, UK

WP21: Evaluation

Monitor management and development of the project

- Maurice Mittelmarm, University of Bergen, Norway



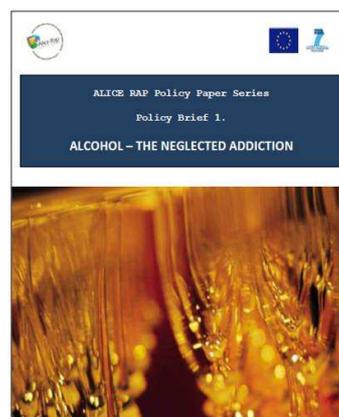
NOTES



Area 7 – Coordination and integration

Policy paper series

Policy dialogue London, 23-2-2012



Thank you for your attention

ALICE RAP website:

www.alicerap.net



NOTES



Antigoni Papadopoulou MEP and the **ORION PROJECT** team

“In my view, this is a high-level group. I congratulate everybody because each project was presented in a very scientific manner. We need to exchange good practices and increase awareness about these projects, especially to the policy makers. We need understand the projects’ outcome and use them for policy making for benefit of the citizens across Europe”

Antigoni Papadopoulou
Member of the European Parliament

PARTNERS & CONTACTS



University of
St Andrews

The University of St. Andrews (UK) comprises 16 academic schools, including the Medical School, which was reformed in October 2002 and includes 60 academic staff, research fellows, and research assistants and a large group of honorary clinical academic staff, who contribute to teaching.



LVR-Klinikverbund

Institute of the University of Duisburg-Essen (DE) includes the Department of Addictive Behaviour and Addiction Medicine, LVR-Hospital Essen (formerly The Rhine State Hospital Essen), which was founded in 1974 and is a hospital of the University Duisburg-Essen providing psychiatric inpatient and outpatient care. The University Hospital Essen consists of several departments focusing on basic (theoretical) and practical medicine.



SYNERGIA

Synergia (IT) is an Italian social research, training, and consulting firm that has operated since 1989 in the field of social and health policy. Synergia has developed hundreds of research projects for the public sector, private companies, and third sector on local, national, and European levels - deploying solid scientific expertise with a strong commitment to operating efficacy and timely delivery.



University of Milano Bicocca (IT) is a young, dynamic and multidisciplinary university, which has created an extensive network including many world-famous universities, research centres, and top corporations. It's Department of Neurosciences and Biomedical Technologies is a partner in the **ORION** project.



Aarhus University Hospital (DK) consists of four university teaching hospitals, including the Psychiatric Hospital. The hospital includes a 24-hour emergency unit, two psychiatric units, a geronto-psychiatric unit, and a forensic unit, as well as six community psychiatric centres and six units for specialised psychiatry. The Psychiatric Services assume responsibility for graduate and undergraduate medical training and include a research centre (WHO Collaborating Centre) and a staff education and training department.

Business Solutions Europa

Business Solutions Europa (UK) is a dynamic European affairs consultancy with offices in UK and Brussels. Its goals are to "bring Europe closer to the needs of Europeans" by facilitating dialogue and the exchange of information with key institutions and actors and helping to develop ideas and European projects. Business Solutions Europa is involved in a number of European public health communication projects and advised on these matters public and private organizations across Europe.

www.orion-euproject.eu

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