Les rencontres de
Santé Publique France

Parler avec les adolescents de leur santé

Coordination Santé publique France : Emmanuelle Le Lay (Direction de la communication et du dialogue avec la société)
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L'expérience en « Consultations jeunes consommateurs »
Jean-Pierre Couteron, CSAPA – CJC Le trait d'union, Oppelia Boulogne-Billancourt

Une épidémiologie de l'extension de l'usage

« Expliquer la hausse de l'addiction dans les sociétés modernes suppose de regarder au-delà du cerveau, l'environnement qui le forme et le modèle. (…) Le défi mondial de la hausse de l'addiction reflète la manière dont les deux derniers siècles ont poussé la technologie a produire toujours plus de substances addictives. »

POLICY FORUM

NEUROSCIENCE AND ADDICTION

Brains, environments, and policy responses to addiction

Reward and decision-making circuitry are critical

By **Keith Humphreys,[1] Robert C. Malenka,[2] Brian Knutson,[2] Robert J. MacCoun[2]**

With 1 in 8 deaths globally due to the use of tobacco, alcohol, and other drugs, the director-general of the World Health Organization (*1*) recently called for more scientifically informed public policies regarding addiction. In the United States, where an average of 91 people per day die of opioid overdose, a presidential task force is to present, on 27 June, policy recommendations to combat opioid addiction, although the House of Representatives passed an Affordable Care Act repeal bill that would withdraw health insurance from two million people with addictions. Despite these urgent challenges, research on the brain and its interactions with the environment, which can help policymakers advance more effective and humane policies than some traditional approaches to addiction, has only occasionally been applied in public policy.

Neuroscientific research validates the centuries-old hypothesis that addiction lasts beyond acute intoxication, which suggests an enduring adaptation (*2*). Repeated addictive drug use can induce long-term changes in the brain's motivational and reward circuits, as well as in the ability of the prefrontal cortex to influence circuits that guide decision-making. The widespread practice of treating addiction only with short-term medical "detoxification" to help addicted patients cope with withdrawal symptoms—a policy reinforced by U.S. health insurance providers—serves only to remove the acute effects of the addictive substance rather than treat the disorder (and may also increase risk of future overdose by inducing loss of tolerance). Treating addiction more commonly requires longer-term intervention, such as Alcoholics Anonymous, methadone-buprenorphine maintenance, "sober living" residential facilities, and extended case monitoring (*3*).

Motivational circuit alterations in addiction must be accounted for in health care–system design. Treatment programs that require people to "prove they are motivated" by abstaining for weeks or months before entry will fail most of the population, who relapse before that point. By contrast, contingency management programs that change behavior through the use of immediate, small rewards (e.g., a meal voucher for a negative urine test) have demonstrated impressive efficacy (*3*). Individuals with prefrontal cortex impairment can exert control over their substance use for short periods and for defined rewards as long as the clinical environment is properly structured.

Within the criminal justice system, the threat or experience of a long prison term does not remove addiction, but offender monitoring programs that directly and repeatedly offer modest rewards or penalties in response to cessation or continuation of substance use can be effective (*3*). A good example is South Dakota's "24/7 Sobriety" program for individuals convicted of repeated drunk driving and other alcohol-involved offenses. Rather than being imprisoned for a lengthy period as was the norm before the program's initiation, offenders are sentenced to regular monitoring of their alcohol use, with modest but certain, immediate consequences for drinking (e.g., one night in jail). The human brain is more sensitive to swift and certain environment responses to behavior than to distant and probabilistic ones, which suggests why this program has significantly reduced alcohol-related arrests and population mortality in the state while simultaneously reducing the number of individuals being sent to prison for long terms (*3*).

SHAPED BY THE ENVIRONMENT

Explaining the rise of addiction in modern societies requires looking beyond the brain to the environments that shape it (*2*). Addiction can only occur if a person engages in certain behavior (drug consumption) within certain environments (those with an available drug). The worldwide challenge of rising substance addiction (*3*) reflects how the past two centuries have ushered in technology to produce ubiquitous, addictive substances. For example, in the mid-19th century, it took a factory worker about 1 minute to roll a cigarette, and the resulting product was so harsh that few people could inhale it deeply enough to become addicted to nicotine, presuming a person even lived in a region where cigarettes were available. A modern cigarette-rolling machine (see photo) can roll 20,000 cigarettes a minute. These are expertly sweetened and blended to allow deep inhalation that promotes nicotine addiction, and they are available almost everywhere on Earth (*4*).

Exposing the human brain's reward circuitry, which evolved over tens of thousands of years, to this relatively new and variegated stew of addictive substances has produced addiction on a scale that we have never before experienced. Now that these substances are among the most widely produced and traded commodities in the global economy, there is a strong financial incentive for both illegal and legal sellers to produce and market these substances ever more effectively. In an unfettered free market, availability will increase, which translates into increased exposure and addiction. These trends may be fueled by economic development, because as humans gain resources, they commonly allocate them to

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PHOTO: SLOBODAN MILADINOVIC/AFP/GETTY IMAGES

Advances in technology, such as this cigarette-rolling machine, have helped make addictive substances ubiquitous, fueling rising addiction.

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Nécessité d'une évolution des réponses professionnelles

Spécificités du public ados usagers :

- Non demandeurs d'aide
- Ne veulent pas arrêter leur « solution-produit »
- Viennent sous-injonctions éducatives ou judiciaires

2005, création d'un réseau Consultations Jeunes Consommateurs (CJC)

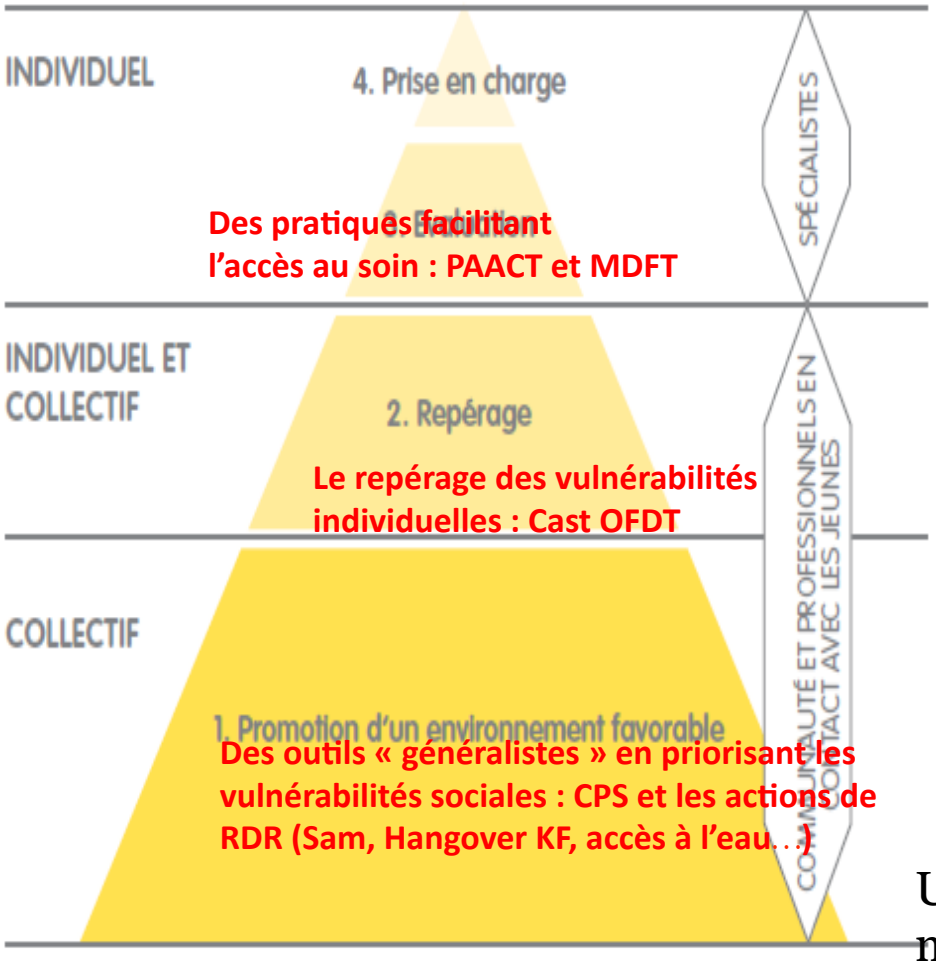
Les consultants : parents et ado, parents seuls, peu d'ados seuls

Les CJC et l'IP, une stratégie pour déployer les bonnes pratiques

- La démarche d'intervention précoce :
  - Défendre un **environnement favorable** à la santé : du cadre familial des premières fêtes aux grands rassemblements, etc, etc..
  - Renforcer **les compétences des jeunes** et de tous les membres de la communauté adulte : les CPS en contrepoids des effets de la société addictogène
  - Mieux **accompagner les jeunes et famille ayant des comportements à risque et/ou en situation de vulnérabilité :** aides à distance et IP/CJC

- Raccourcir le délai entre l'apparition des premiers signes d'un trouble de l'usage et la mise en œuvre d'un accompagnement et de soins adaptés

L'Intervention précoce, du général au spécifique



Des pratiques facilitant l'accès au soin : PAACT et MDFT

Le repérage des vulnérabilités individuelles : Cast OFDT

Des outils « généralistes » en priorisant les vulnérabilités sociales : CPS et les actions de RDR (Sam, Hangover KF, accès à l'eau…)

Un cadre de fonctionnement élaboré en commun pour offrir une réponse fiable

déployé par ARS lors de réunion régionales

Une campagne média pour faciliter son identification par familles et ados

SPF ADALIS

Quel accompagnement?

- Une recherche européenne sur l'évaluation des prises en charge des jeunes usagers de cannabis
  - Thérapie familiale des Etats (MDFT) Unis *VS* Approches européennes

- En France: Formalisation et développement de l'accompagnement proposé :
  - Le **manuel PAACT** pour les professionnels
  - **L'ouvrage grand public** de type « autosupport pour aider les parents à aider leurs ados usagers

Autosupport de la relation éducative

- Cadrer/Dialoguer: *plus facile à dire qu'à faire!*
- Processus d'aide en 3 étapes:

Engager la relation → Les clés du changement → Restez confiant, Restez vigilant

Outils pour comprendre et agir

Merci pour votre attention

www.federationaddiction.fr