

Verona, 30/05/2007

Learn the Signs. Act Early.

“LIABILITY”

TO BEHAVIORAL ADDICTION

THE CHALLENGE

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Sacred Love Versus Profane Love
(1602-1603).

Oil on canvas, 179 x 118 cm.

Staatliche Museen, Berlin.



Michelangelo Merisi da Caravaggio
Amor Vincit Omnia. 1602 - 1603. Oil on
canvas. 156 x 113 cm.
Gemäldegalerie, Berlin.



Baglione



Caravaggio



WHY PREVENT

**Why try to prevent these disabling disorders?
SAMHA, 2002**

SAMHSA, 2002

In 2002, an estimated **22 million** Americans aged 12 or older were classified with substance dependence or abuse (**9.4% of the total population**).

Of these, **3.2 million** were classified with dependence on or abuse of both alcohol and illicit drugs; **3.9 million** were dependent on or abused illicit drugs, but not alcohol; and **14.9 million** were dependent on or abuse alcohol, but not illicit drugs.

SAMHSA, 2002

An estimated **3.5 million** people aged 12 or older (**1.5% of the total population**) received some kind of treatment for a problem related to the use of the alcohol or illicit drugs in the 12 months prior to being interviewed.

SAMHSA, 2002

- + computer & software
than
mental health & substance abuse**
- + mental health & substance abuse
Than
cancer, injuries, respiratory disease**

SAMHSA, 2002

The connection between the health of the mind and the body is generally accepted, with a plethora of literature documenting that individuals with conditions such as cancer, heart disease, and hip fracture improve and survive longer when mental disorders such as depression are prevented or treated successfully.

MODELS

THE PUBLIC HEALTH MODEL

Primary, secondary, tertiary

SEPARATE AND DISTINCT

THE CONTINUUM OF HEALTH CARE MODEL

Universal, Selective, Indicated

IOM, 1994

UNIVERSAL: general population

SELECTIVE: member of a subgroup with average risk

INDICATED: risk factor that puts them at high risk

The efficacy and cost-efficiency of preventive services depend on the entire **ARRAY of universal, selective and indicated services components.**

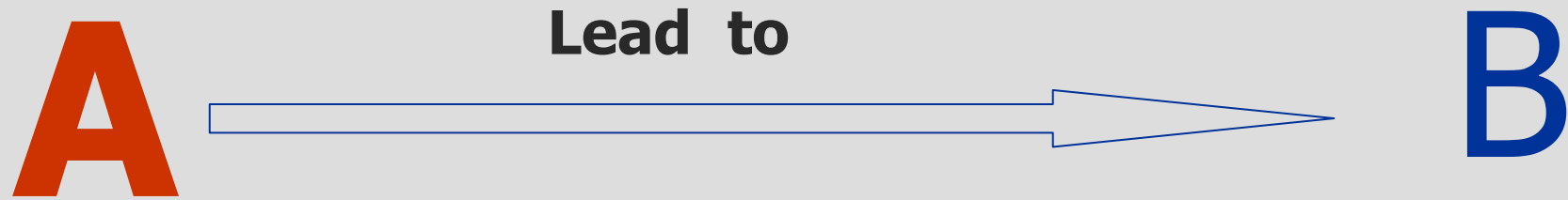
IOM, 1994
“array”

versus

TRADITIONAL
“separate and distinct”

EVIDENCES

EVIDENCES



Examples



EVIDENCES



EVIDENCES

Microsoft Excel - Library.xls								
Digitare una domanda:								
Tahoma 8 G C S								
E617								
	A	B	C	D	E	F	G	
1	FOLDER	NUMBER	GOT	AUTHORS	TITLE	JOURNAL	YEAR	
609	XIII°	P-0000607	P+F	Button TM, Thapar A, McGuffin P.	Relationship between antisocial behaviour, attention-deficit hyperactivity disorder and maternal prenatal smoking.	Br J Psychiatry. 2005 Aug;187:155-60	2005	BACKGROUND: smoking during behaviour and disorder (ADHC
610	XIII°	P-0000608	P+F	Calhoun F, Attilia ML, Spagnolo PA, Rotondo C, Mancinelli R, Ceccanti M.	National Institute on Alcohol Abuse and Alcoholism and the study of fetal alcohol spectrum disorders. The International Consortium.	Ann Ist Super Sanita. 2006;42(1):4-7. Review.	2006	Fetal alcohol sy increasing publ blown FAS, mu continuum of e
611	XIII°	P-0000609	P+F	Fiorentino D, Coriale G, Spagnolo PA, Prastaro A, Attilia ML, Mancinelli R, Ceccanti M.	Fetal alcohol syndrome disorders: experience on the field. The Lazio study preliminary report.	Ann Ist Super Sanita. 2006;42(1):53-7. Review.	2006	In Italy, little is drinking during literature about Italian experier
612	XIII°	P-0000610	Abstract	Kodituwakku P, Coriale G, Fiorentino D, Aragon AS, Kalberg WO, Buckley D, Gossage JP, Ceccanti M, May PA.	Neurobehavioral characteristics of children with fetal alcohol spectrum disorders in communities from Italy: Preliminary results.	Alcohol Clin Exp Res. 2006 Sep;30(9):1551-61.	2006	BACKGROUND: expended on d children with fe Children with F
613	XIII°	P-0000611	Abstract	May PA, Fiorentino D, Phillip Gossage J, Kalberg WO, Eugene Hoyme H, Robinson LK, Coriale G, Jones KL, del Campo M, Tarani L, Romeo M.	Epidemiology of FASD in a province in Italy: Prevalence and characteristics of children in a random sample of schools.	Alcohol Clin Exp Res. 2006 Sep;30(9):1562-75.	2006	BACKGROUND: characteristics alcohol spectru population are
614	XIII°	P-0000612	Abstract	Ripabelli G, Cimmino L, Grasso GM.	Alcohol consumption, pregnancy and fetal alcohol syndrome: implications in public health and preventive strategies.	Ann Ig. 2006 Sep-Oct;18(5):391-406. Review. Italian	2006	Alcohol consum health problem defects and de fetal alcohol sy
615	XIII°	P-0000613	Abstract	Ceccanti M, Alessandra Spagnolo P, Tarani L, Luisa Attilia M, Chessa L, Mancinelli R, Stegagno M, Francesco Sasso G, Romeo M, Jones KL, Robinson	Clinical delineation of fetal alcohol spectrum disorders (FASD) in Italian children: comparison and contrast with other racial/ethnic groups and implications for diagnosis and prevention.	Neurosci Biobehav Rev. 2007;31(2):270-7.	2007	In Italy, little is effects related this paper, we with fetal alcoh
616	XIII°	P-0000614	Abstract	O'Malley KD, Nanson J.	Clinical implications of a link between fetal alcohol spectrum disorder and attention-deficit hyperactivity disorder.	Can J Psychiatry. 2002 May;47(4):349-54	2002	OBJECTIVE: Tc human researc spectrum disor disorder (ADHC
617								
618								

Pronto

MA NUM

TO AVOID

1. THE FIRST SUBSTANCES USE

**2. THE TRANSITION FROM USE TO
DEPENDENCE**

→ BEFORE ←

AGE 12 - 14

**PRE
ADOLESCENCE**



ARE YOU READY?

PRENATAL

ADULTS



CHILDREN

IF THERE IS:

THERE WILL BE:

Mother alcohol story

Adolescent Substance Use

Environmental

Adolescent Substance Use

Mother “adverse event”

- Disorganized attachment**
- PTSD**

PREGNANCY

38 +/- 2 WEEKS

ADULTS



CHILDREN

IF THERE IS:

THERE WILL BE:

Mother tobacco, cocaine use

+ ADHD

Mother “adverse event”

Disorganized attachment,
PTSD

12 MONTHS

FIRST YEAR OF LIFE

ADULTS



CHILDREN

IF THERE IS:

Mother “adverse event”

THERE WILL BE:

- Disorganized attachment
- PTSD

INFANCY

2 – 11 YEARS OLD

CHILDREN

CHILDREN

IF THERE IS:

THERE WILL BE:

“adverse event”

- PTSD

ADHD

Substance Related Disorders

CD

Substance Related Disorders

OUTCOME

OUTCOME

- 1. There are not risk factors**
- 2. There are risk factors**
- 3. There are risk factors & comorbidity**

NOT RISK FACTORS

OUTCOME

1. There are not risk factors

At the moment of the check there are not risk factors
There are risk factors and protective factors

OUTCOME

2. There are risk factors

- **Of the caregivers**
- **Of the child**
- **Of the enviornmental**
- **Present at the moment**
- **Present in the past**

RISK FACTORS

OUTCOME

3. There are risk factors and comorbidity

Present at the moment

Present in the past

PROFILE

WHEN CAREGIVERS ASK A DRUG TEST

The liability approach lead to

14 years old female (VP)

ADULTS

CHILD

CAREGIVERS

HEALTH

CURRICULA

EXTRACURRICULA

Parents alive without story of addiction or mental illness

Difficults to make protective choice

Gineco Infection

Use of THC and cocaine

Need to have collaboration with developmental age specialist

Scholl troubles

?



T1

T2

Tn

WHEN CAREGIVERS ASK A DRUG TEST

The liability approach lead to

17 years old female (CZ)

ADULTS

CHILD

CAREGIVERS

HEALTH

CURRICULA

EXTRACURRICULA

Parents alive witho story of addiction and jail

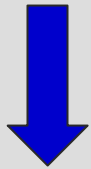
Substance dependence story

Stop high scholl

?

Underage risk of pregnancy

Need to have condition to assess ADHD



T1

T2

Tn

WHAT WE ARE DOING

HIGH-RISK PREGNANT WOMEN AND CHILDREN TO AGE 5

Preventive services during pregnancy, infancy and early childhood can reduce the prevalence and severity of future medical, behavioral and social problems.

Risk is highest in low-income and socially disadvantaged family unit.

SCREENING CHILDREN AND ADOLESCENT 5-18 YEARS

Screening for child and adolescent behavioral disorders using the Pediatric Symptom Checklist (PSC) is widely used in many medical practices and medical programs. The current literature documents the ability of this brief, one-page instrument to identify children in need of further behavioral evaluation. Unfortunately, there are no randomized controlled studies that document outcome on screened individuals or groups, compared with population not screened.

ADOLESCENT 12-18 YEARS

There is substantial body of behavioral literature dealing with adolescents. Most commonly, adolescence is considered to begin with the puberty and continue through 18 or 19 years of age. Individual differences in the onset of puberty and full achievement of the sexual maturity create a situation in which biological adolescence for some individuals begins as early as 6 years of age and extends into the early 20s. For program planning and evaluation, adolescence can be defined as extending from the 11th or 12th birthday to the 19th birthday.

Research supports screening interviews for tobacco, alcohol and illicit drug use for all adolescents aged 12-18 years and suggests screening for depression as a targeted service.

San Gerolamo - 1608

Olio su tela (cm 117x157)

La Valletta, Museo della Co-Cattedrale di San Giovanni, oratorio

