FeDerSerD

FEDERAZIONE ITALIANA DEGLI OPERATORI DEI DIPARTIMENTI E DEI SERVIZI DELLE DIPENDENZE

promuove

live WEBINAR ECM

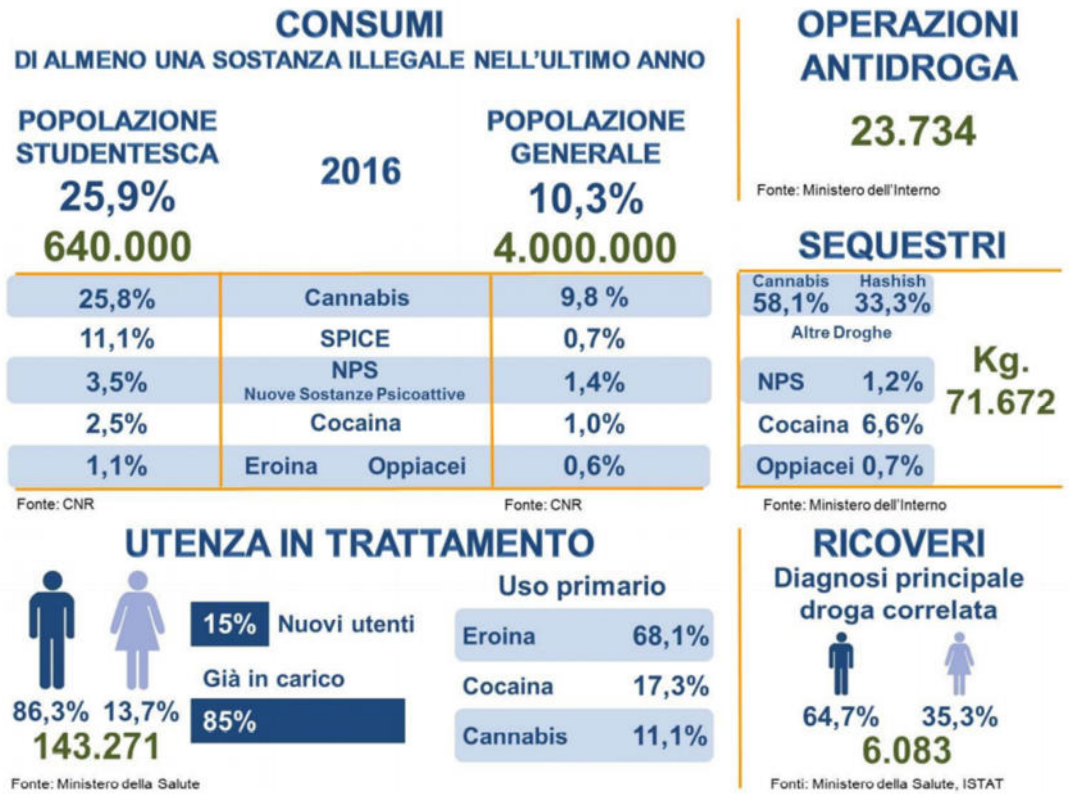
COSTRUIRE RETI TERRITORIALI DI DIAGNOSI E CURA PRECOCI PER LA COMORBILITÀ DIPENDENZE-PSICHIATRIA

WEBINAR ECM con partecipazione on line in diretta (FAD SINCRONA)

GIOVANI

Simona Barbera
DSMD ASST Niguarda- Milano

GIOVANI



RELAZIONE ANNUALE AL PARLAMENTO 2017 SULLO STATO DELLE TOSSICODIPENDENZE IN ITALIA
Presidenza del Consiglio dei Ministri - Dipartimento Politiche Antidroga

La Relazione è stata curata dal Dipartimento Politiche Antidroga che si è avvalso del supporto tecnico dell'Istituto di Fisiologia clinica del CNR

33% (65000) studenti italiani ha provato una sostanza illegale

Cannabis
90.000 studenti uso quotidiano
150.000 problematico

Spice e NSP

Incremento sesso F FUS e PDS

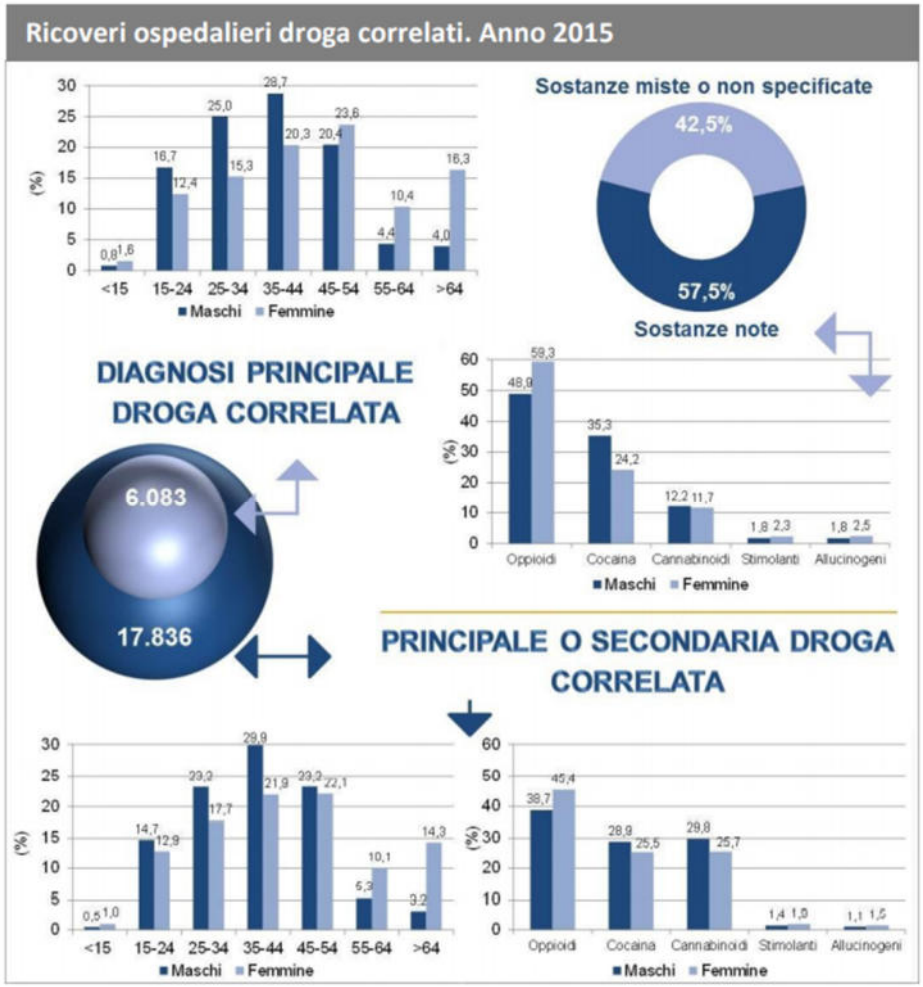
Prevenzione

Ritardo di diversi anni tra l'esordio e il trattamento 6 aa (21 aa – 27 aa)

Utenza in carico ai serd dai 32 ai 54 aa età media 39 aa

Utenza sta invecchiando

GIOVANI



Fonte: Ministero della Salute, ISTAT

Fascia 15-24
Il 35% ricoveri diagnosi principale
Il 28% ricoveri diagnosi secondaria

In costante aumento

FeDerSerD promuove live WEBINAR ECM

Federazione Italiana degli Operatori dei Dipartimenti e dei Servizi delle Dipendenze

COSTRUIRE RETI TERRITORIALI DI DIAGNOSI E CURA PRECOCI PER LA COMORBILITÀ DIPENDENZE-PSICHIATRIA

WEBINAR ECM con partecipazione on line in diretta (FAD SINCRONA)

GIOVANI

ESPAD® Italia

European School Survey Project on Alcohol and other Drugs - Italy

ESPAD® Italia è una ricerca sui comportamenti d'uso di alcol, tabacco e sostanze psicotrope legali e non, da parte degli studenti e delle studentesse di età compresa fra i 15 e i 19 anni frequentanti le scuole medie superiori italiane.

Descrizione

ESPAD® Italia è una ricerca sui comportamenti d'uso di alcol, tabacco e sostanze psicotrope legali e non, da parte degli studenti e delle studentesse di età compresa fra i 15 e i 19 anni frequentanti le scuole medie superiori italiane.

ESPAD®Italia, inserito nell'omonimo progetto europeo, consente di rispondere, mediante rapporti pubblicati con cadenza annuale, alle richieste dell'Osservatorio Europeo delle Droghe e delle Tossicodipendenze (EMCDDA).

Il questionario ESPAD

- Si apre con una serie di quesiti volti a inquadrare la condizione socio-culturale degli intervistati e in seguito indaga sui consumi di sostanze legali quali tabacco, alcol, psicofarmaci, doping e altre sostanze psicotrope illecite. Nello specifico si distingue tra le esperienze d'uso delle sostanze nella vita, negli ultimi 12 mesi e negli ultimi 30 giorni.

- Segue l'analisi sul quadro degli atteggiamenti di approvazione o disapprovazione rispetto all'uso delle varie sostanze e la percezione dei rischi a queste correlati.

- Negli anni il questionario ESPAD®Italia é stato aggiornato e arricchito di alcune sezioni. Ad oggi infatti esso indaga anche le abitudini legate al gioco d'azzardo e contiene inoltre una scala standardizzata per la rilevazione di eventuali disturbi dell'alimentazione.

- ESPAD®Italia riveste un importante ruolo nell'individuazione d' interventi adeguati alle problematiche giovanili: i dati sulle opinioni e gli atteggiamenti in rapporto alle varie sostanze e sull'esperienza del consumo delle stesse rivestono, infatti, fondamentale importanza nell'ottica della valutazione e programmazione degli interventi di prevenzione.

- Inoltre, ogni quattro anni sono pubblicati report sul monitoraggio del fenomeno del consumo di tabacco, alcol e sostanze stupefacenti tra gli studenti europei di età compresa tra 15-16 anni. Sono 35 i paesi in Europa che hanno partecipato all'ultima rilevazione. (www.espad.org).

- Infine, i dati degli studi costituiscono una preziosa fonte d'informazione per la rilevazione degli effetti a breve termine delle campagne di prevenzione universale.

GIOVANI

ESPAD average

Perceived availability of substances (%) [a]

reset order ×	Average	Min.	Max.
Cigarettes	61	22	80
Alcohol	78	52	96
Cannabis	30	5	50
Ecstasy	12	2	24
Amphetamine	9	2	23
Methamphetamine	7	1	17
Cocaine	11	2	19
Crack	8	1	14

[a] Percentage of students rating a substance as either 'fairly easy' or 'very easy' to obtain.

GIOVANI

ESPAD average

Early onset of substance use (%) [a]

reset order ×	Average	Min.	Max.
Cigarettes	23	9	46
Daily smoking	4	1	8
Alcohol	47	14	72
Intoxication	8	2	22
Cannabis	3	1	8
Ecstasy	1	0	2
Amphetamine / methamphetamine	1	0	3
Cocaine / crack	1	0	2

[a] Percentage of students using a substance at the age of 13 or younger

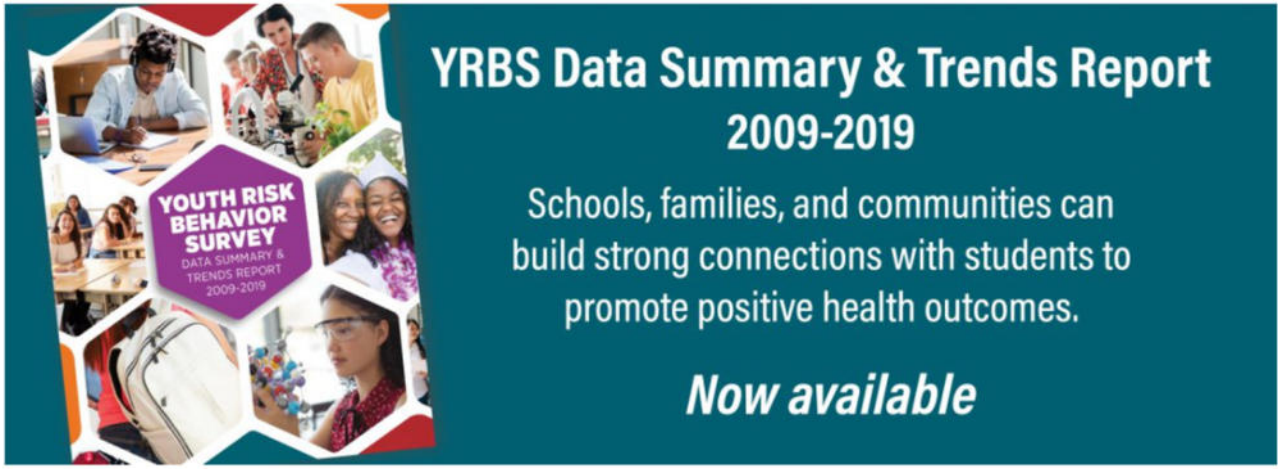
New ESPAD results: teenage drinking and smoking down, but concerns posed by new drugs and new addictive behaviours

20.09.2016

Decline in teenage drinking and smoking, but heavy episodic drinking still a concern

Positive developments are seen with regard to teenage smoking across the board (lifetime use, last-30-day use and daily use), against a backdrop of tobacco policy measures introduced over the last two decades [4]. In the 2015 survey, over half of the respondents (54% — range: 34% to 84%) reported that they had never smoked, while less than a quarter (21% — range: 6% to 37%) reported they were 'current smokers' (last 30 days). The proportion of students who started daily smoking at an early age (before 13) decreased over the 20 years: from 10% to 4%. Daily smoking, including early onset of this practice, continues to be more prevalent among boys, but the gender gap has narrowed over the 20 years as it has for smoking overall. Despite strict regulations on tobacco in most countries, over 60% of adolescents still reported relatively easy access to it.

L'ITALIA è il Paese europeo dove più adolescenti fumano. Emerge da una ricerca condotta nelle scuole di 35 Paesi, tra studenti di 15-16 anni nel 2015, (di questi 24 Stati Ue). Se meno di un quarto della media del campione generale (21%) può essere considerato fumatore - si legge - "l'Italia spicca per la percentuale di fumatori (37%)". L'indagine riguarda il consumo di sigarette, alcol, droghe, e altro, ed è stata diffusa dal *Centro europeo per il monitoraggio della dipendenza dalle droghe* (*Espad*).



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Page last reviewed: October 22, 2020

Content source: Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Risk Factors for High-Risk Substance Use

Risk factors for youth high-risk substance use can include:

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Poor parental monitoring
- Parental substance use
- Family rejection of sexual orientation or gender identity
- Association with delinquent or substance using peers
- Lack of school connectedness
- Low academic achievement
- Childhood sexual abuse
- Mental health issues

High-Risk Substance Use Prevention

Research has improved our understanding of factors that help buffer youth from a variety of risky behaviors, including substance use. These are known as protective factors. Some protective factors for high risk substance use include:

- Parent or family engagement
- Family support
- Parental disapproval of substance use
- Parental monitoring
- School Connectedness

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

GIOVANI

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

- Gli adulti che usano sostanze per la maggior parte hanno iniziato in adolescenza o in età giovane adulta
- I giovani che usano sostanze hanno sviluppano maggiormente disturbi psichici e fisici, presentano un più basso livello di salute generale e di benessere e sono soggetti a una potenziale progressione della dipendenza
- Il 15% degli studenti della high school ha dichiarato di aver usato droghe iniettabili o sostanze illecite (cocaina, inalanti, eroina, MDMA, allucinogeni, ecstasy)
- Il 14% ha riferito abuso di prescrizioni di oppiacei
- L'uso di droghe iniettabili aumenta il rischio di HIV e l'uso di droghe li espone in linea generale al rischio di overdose
- I soggetti che riferivano uso di farmaci senza prescrizione medica erano più facilmente vittime di violenza fisica e sessuale negli incontri su appuntamento
- L'uso di oppiacei è direttamente correlato a comportamenti sessuali a rischio
- L'uso di droghe è direttamente correlato a comportamenti sessuali a rischio, esperienze di violenza, rischio suicidario e patologie psichiatriche

GIOVANI

Rates and Predictors of Conversion to Schizophrenia or Bipolar Disorder Following Substance-Induced Psychosis

Marie Stefanie Kejser Starzer, M.D., Merete Nordentoft, Dr.Med.Sc., Carsten Hjorthøj, Ph.D., M.Sc.

Published Online: 28 Nov 2017 | https://doi.org/10.1176/appi.ajp.2017.17020223

- 6800 pz con diagnosi di Disturbo Psicotico Esotossico1994-2014
- Non precedenti terapie per Schizofrenia o Disturbo Bipolare

FIGURE 1. Rates of Conversion to Schizophrenia and Bipolar Disorder Following Incident Substance-Induced Psychosis in a Registry Study (N=6,788)

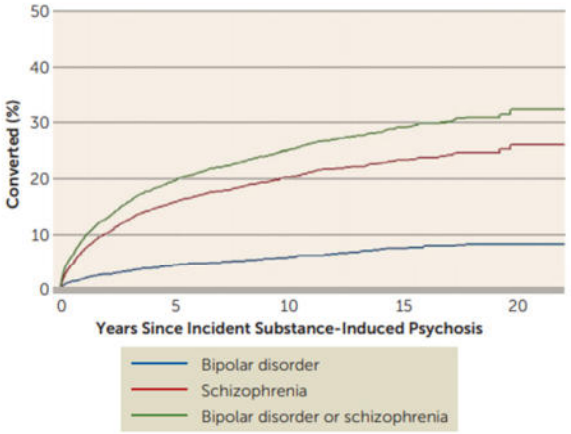
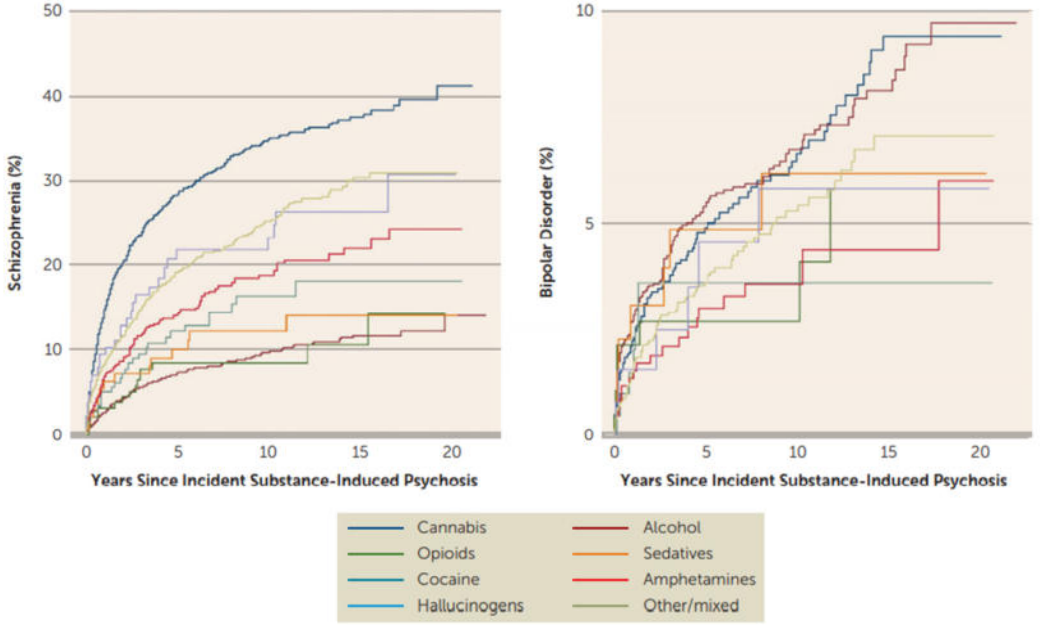


FIGURE 2. Rates of Conversion to Schizophrenia and Bipolar Disorder Following Incident Substance-Induced Psychosis, by Substance, in a Registry Study (N=6,788)



FeDerSerD promuove live WEBINAR ECM

Federazione Italiana degli Operatori dei Dipartimenti e dei Servizi delle Dipendenze

COSTRUIRE RETI TERRITORIALI DI DIAGNOSI E CURA PRECOCI PER LA COMORBILITÀ DIPENDENZE-PSICHIATRIA

WEBINAR ECM con partecipazione on line in diretta (FAD SINCRONA)

GIOVANI

Fattori di rischio che influenzano la probabilità di utilizzo

- Disponibilità delle sostanze
- Risk «markers» come sesso maschile; genitori fratelli e genetica che aumenta il rischio di uso in adolescenza
- Tratti di personalità quali «sensation seeking», disturbo oppositivo proocatorio e della condotta nell'infanzia
- Contesto sociofamiliare come scarso scolarizzazione, stile parentale e relazioni intrafamiliari qualitativamente poveri

Gli autori individuano come indipendente da questi fattori di rischio la frequentazione di pari con condotte antisociali e utilizzatori di sostanze il più forte predittore di uso in adolescenza

Substance use in young people (aged 10–24 years) might disrupt key periods of transition that occur as the adolescent brain undergoes cognitive and emotional development, and key psychosocial transitions are made. Adolescence is the peak time for initiation of substance use, with tobacco and alcohol usually preceding the use of illicit drugs.Substantial variation is noted between countries in the levels, types, and sequences of substance use in young people, indicating that a young person's use of substances depends on their social context, drug availability, and their personal characteristics. The Global Burden of Disease (GBD) 2013 study suggests that the burden attributable to substance use increases substantially in adolescence and young adulthood. In young men aged 20–24 years, alcohol and illicit substance use are responsible for 14% of total health burden. Alcohol causes most health burden in eastern Europe, and illicit drug burden is higher in the USA, Canada, Australia, New Zealand, and western Europe. Large gaps exist in epidemiological data about the extent of drug use worldwide and much of what we know about the natural history of substance use comes from cohort studies in high-income countries undertaken decades ago, which hinders effective global policy responses. In view of the global epidemiological transitions from diseases of poverty to non-communicable diseases, the burden of disease and health risks among adolescents and young adults is likely to change substantially, in ways that will no doubt see substance use playing an increasingly large part.

TITOLO RELAZIONE

Tobacco Use and United States Students

What is the problem?

The 2013 national Youth Risk Behavior Survey indicates that among U.S. high school students:

Cigarette Use
- 41% ever tried cigarette smoking. (1)
- 16% smoked cigarettes on at least 1 day during the 30 days before the survey.
- 6% smoked cigarettes on 20 or more days during the 30 days before the survey.
- 4% smoked cigarettes on school property during the 30 days before the survey.
- 9% ever smoked at least one cigarette every day for 30 days.
- 48% of current cigarette smokers tried to quit smoking cigarettes during the 12 months before the survey.

Other Tobacco Use
- 9% used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on at least 1 day during the 30 days before the survey.
- 13% smoked cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey.

Any Tobacco Use
- 22% used cigarettes, smokeless tobacco, or cigars on at least 1 day during the 30 days before the survey.

What are the solutions?

Better health education • More family and community involvement
Healthier school environments • More comprehensive health services

What is the status?

The School Health Policies and Practices Study 2014 indicates that among U.S. high schools:

Health Education
- 85% required students to receive instruction on tobacco-use prevention.
- 61% provided students with the opportunity to practice communication, decision-making, goal-setting, or refusal skills related to tobacco use prevention in a required health education course.

Family and Community Involvement
- 27% had a school health council that addressed tobacco-use prevention.
- 14% involved students' families and 23% involved community members in the development, communication, and implementation of policies or activities related to tobacco-use prevention.
- 25% had or participated in a youth empowerment or advocacy program related to tobacco-use prevention.

School Environment
- 74% prohibited all tobacco use in all locations. (2)
- 90% prohibited all tobacco advertising. (3)
- 72% posted signs marking a tobacco-free school zone.

Health Services
- 44% provided tobacco-use prevention services at school in one-on-one or small-group sessions.
- 31% provided tobacco-use prevention services to students through arrangements with providers not located on school property.
- 39% provided tobacco-use cessation services at school.
- 22% provided tobacco-use cessation services to students through arrangements with providers not located on school property.

1. Even one or two puffs.
2. Prohibited all tobacco use by students, faculty, and school staff, and visitors: in school buildings, outside on school grounds (including parking lots and playing fields), on school buses or other vehicles used to transport students, and at off-campus, school-sponsored events.
3. Prohibited tobacco advertising in school buildings, on school grounds, on school buses or other vehicles, at off-campus, school-sponsored events, and through sponsorship of school events, and prohibited students from wearing tobacco brand name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters.

Where can I get more information? Visit www.cdc.gov/healthyyouth/data/ or call 800-CDC-INFO (800-232-4636).

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

CDC

SHPPS 2012
SCHOOL HEALTH POLICIES AND PRACTICES STUDY

Tobacco Prevention and Control

About SHPPS: *SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels. SHPPS was conducted in 1994, 2000, and 2006. The 2012 study collected data at the state and district levels only. School- and classroom-level data collection will take place in 2014.*

Health Education

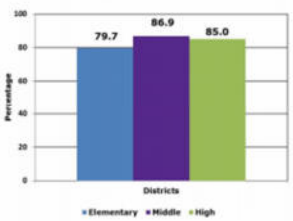
- 64.0% of states and 62.0% of districts provided funding for professional development or offered professional development to those who teach health education on tobacco-use prevention during the 2 years before the study.

Percentage of States Providing Assistance to Districts or Schools on Tobacco-Use Prevention Education

Type of Assistance	States
Developed, revised, or assisted in developing model policies, policy guidance, or other materials*	56.9
Distributed or provided model policies, policy guidance, or other materials*	68.6
Provided technical assistance†	74.5

* During the 2 years before the study.
† During the 12 months before the study.

Percentage of Districts That Required Teaching About Tobacco-Use Prevention at Each School Level



Mental Health and Social Services

- 26.1% of districts had arrangements with any organizations or mental health or social services professionals to provide tobacco-use cessation services at other sites not on school property.
- During the 2 years before the study, 59.2% of states provided funding for professional development or offered professional development to mental health or social services staff on tobacco-use cessation.
- Between 2000 and 2012, the percentage of districts that provided funding for professional development or offered professional development to mental health or social services staff on tobacco-use cessation decreased from 51.8% to 36.7%.[1]

Faculty and Staff Health Promotion

- 45.7% of states and 71.2% of districts offered health insurance to faculty and staff that included coverage for tobacco cessation services.
- During the 12 months before the study, 16.6% of districts provided funding for or offered tobacco-use cessation services for faculty and staff, regardless of what is covered through their health insurance.

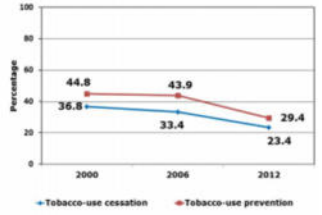
[1] Regression analyses were performed that took all available years of data into account. To account for multiple comparisons, selected changes are included only if the p-value from the trend analysis was less than .01, and either the difference between the two endpoints (2000 and 2012) was greater than 10 percentage points or the 2012 estimate increased by at least a factor of two or decreased by at least half as compared to the 2000 estimate.

SHPPS 2012
SCHOOL HEALTH POLICIES AND PRACTICES STUDY

Health Services

- 54.4% of districts had adopted a policy stating that schools will provide tobacco-use prevention in one-on-one or small-group sessions.
- Between 2000 and 2012, the percentage of districts that had adopted a policy stating that schools will provide tobacco-use cessation services decreased from 42.1% to 26.9%.
- 9.1% of districts had arrangements with any organizations or healthcare professionals to provide tobacco-use prevention at other sites not on school property.
- During the 2 years before the study, the percentage of states that provided funding for professional development or offered professional development to school nurses was 51.0% for tobacco-use cessation and 72.0% for tobacco-use prevention.

Percentage of Districts That Provided Funding for Professional Development or Offered Professional Development to School Nurses on Tobacco-Related Topics–2000, 2006, and 2012



Safe and Healthy School Environment

- 98.9% of districts had adopted a policy prohibiting cigarette smoking among students, 94.2% had adopted a policy prohibiting smokeless tobacco use among students, and 94.8% had adopted a policy prohibiting cigar or pipe smoking among students.
- Most districts also had adopted a policy prohibiting cigarette smoking (95.1%), smokeless tobacco use (89.9%), and cigar or pipe smoking (92.8%) among faculty and staff and most had adopted a policy prohibiting cigarette smoking (96.2%), smokeless tobacco use (90.3%), and cigar or pipe smoking (93.4%) among visitors.

Percentage of Districts Prohibiting Tobacco Advertising, 2000, 2006, and 2012

Prohibited tobacco advertisements	2000	2006	2012
In school buildings	71.9	84.2	88.4
In school publications	70.8	82.1	87.3
On school buses or other vehicles used to transport students	71.2	81.9	88.2
Outside on school grounds	71.0	83.3	88.0
Through sponsorship of school events	64.2	79.8	84.9

- During the 2 years before the study, 85.7% of states and 58.8% of districts provided funding for professional development or offered professional development on how to implement school-wide policies and programs on tobacco-use prevention.

Where can I get more information? Visit www.cdc.gov/shpps or call 800-CDC-INFO (800-232-4636).

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

CDC

GIOVANI

NICE National Institute for Health and Care Excellence

1 Guidance

Obiettivi:
- prevenzione
- mappatura
- intervento precoce

Strategie
- Assessment (anche fumo di tabacco, GAP e alcool)
- Familiari e care giver (raccolta anamnestica e sostegno-psicoeducazione)
- Brevi interventi di counseling
- Interventi multiprofessionali integrati
- Rete di servizi
- Coalizione comunitaria

GIOVANI

Necessità di servizi «transizionali»: ripensare le politiche sanitarie passando dall'organizzazione basata sui modelli a organizzazioni basate sui percorsi.

S. De Giorgi, 2020

PREVENZIONE E INTERVENTO PRECOCE

- Centri attrattivi per i giovani
- Rete tra i servizi sul territorio
- Operatori formati con brevi training per valutazioni a tappeto su alcol, fumo di tabacco e cannabis
- Integrazione fra UONPIA e CSM
- Integrazione fra DSMD e Servizi per Dipendenze

GIOVANI


Terzo settore
Coalizione Comunitaria
MMG
CAG
Centri Sportivi
Scuole
Equipe Giovani DSMD
accesso diretto
equipe multidisciplinare
assessment
intervento tempestivo mirato efficace veloce
UONPIA/CONSULTORI
SerD - SMI

Coalizione comunitaria

La coalizione comunitaria è un modello di coinvolgimento dei cittadini di un territorio in temi di salute pubblica.
Salute come «bene comune» e in relazione ai valori dell'inclusione sociale e della partecipazione.
La coalizione di comunità coinvolge il pubblico dei non esperti, è luogo di progettazione creativa e partecipata di azioni e soluzioni a problemi complessi.
È un esperimento di

- condivisione del sapere
- attribuzione di responsabilità

(B. D'Avanzo, 2019)

Un progetto di natura utilitaristica o di giustizia sociale?

- Utilitaristico: valorizza il ruolo di potenziamento dell'attività delle agenzie formali di cura e dell'efficacia degli interventi da esse offerti.
- Di giustizia sociale: promuove un cambiamento sociale sostenendo la partecipazione, la negoziazione e il controllo delle persone sulle stesse agenzie deputate a fornire gli interventi loro necessari.

(B. D'Avanzo, 2019)

GIOVANI

CHI FA COSA?

EQUIPE/SERVIZIO GIOVANI DSMD

- Collabora in rete con le UONPIA
- Mappa fumo di tabacco, alcol e cannabis
- Breve intervento di counseling
- Assessment sostanze (questionario ESPAD, SURPS) pazienti + familiari
- Monitora il quadro clinico
- Prevede incontri di monitoraggio/psicoeducazione con i familiari
- Invia ai SerD-SMI in caso di dipendenza da sostanze

GIOVANI

CHI FA COSA?

COALIZIONE COMUNITARIA

- Costruisce una rete sul territorio coinvolgendo le agenzie e i cittadini in contatto con i giovani
- Promuove la conoscenza dei servizi
- Promuove stili di vita sani
- Promuove azioni di prevenzione/informazione nelle scuole
- Formazione al counseling breve su fumo di tabacco, alcol e cann[illegible]

TITOLO RELAZIONE

CHI FA COSA?

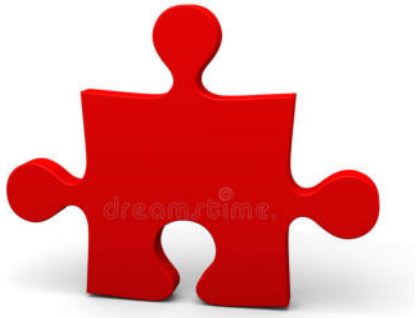
UONPIA/CONSULTORI

- Costruiscono con l'Equipe/Servizio Giovani del DSMD una collaborazione su invii, percorsi condivisi e
- monitoraggio di aree problematiche
- Inviano ai servizi per le dipendenze
- Mappano l'uso di sostanze (questionario ESPAD, SURPS)

TERZO SETTORE

- Collabora con i servizi nell'attuazione di percorsi terapeutico-riabilitativi
- Invia ai servizi per le dipendenze/équipe giovani
- Collabora con i servizi nella promozione nelle scuole

CHI FA COSA?



SerD-SMI

- Assessment della dipendenza
- Presa in carico multiprofessionale
- Trattamento multicomponenziale (psicoterapia c/c, psicoeducazione, farmacoterapi . . familiari)
- Invio in Strutture Residenziali Doppia Diagnosi

GIOVANI

Grazie per l'attenzione

simona.barbera@ospedaleniguarda.it