

Addiction Prevention part of Mental Health

There is doubt, confusion and multiple perceptions within Rotary about the place of addiction prevention with regard to the Mental Health theme put forward by Rotary International.

To be clear: Prevention and addiction in its entirety falls under Mental Health Disease Prevention, which in turn falls entirely under the RI Disease and Disease Prevention Focus Area, but is also broader, given the focus on promoting Mental Wellbeing. That is also why people could call for a widening of the 6th focus area towards "Health and Mental Health promotion, disease treatment and prevention".

There is a global leading diagnostic tool called DSM 5, defined as "The Diagnostic and Statistical Manual of Mental Disorders" (DSM), which is the official reference manual used to accurately diagnose mental health condition. There is no discussion about this worldwide.

The DSM 5 says the following about addiction:

A substance use disorder is determined using DSM-5 criteria. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a classification system in which international agreements have been made about which criteria apply to a particular mental disorder based on (new) scientific insights.

The 11 criteria of the DSM-5 are:

1. Taking the substance in larger amounts or for longer than you're meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home, or school because of substance use
6. Continuing to use, even when it causes problems in relationships

7. Giving up important social, occupational, or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

The 11 criteria are not only applied to substance addiction such as drugs, alcohol, or tobacco, but also applied to Internet, gambling, gaming, screen, TV, sex and food addictions. In other words, all forms of addiction are diagnosed using the Statistical Manual for Mental Disorders and thus fall under Mental Health.

WHO's position is also clear:

<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Determinants of mental health: 4th paragraph:

Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. For example, harsh parenting and physical punishment is known to undermine child health and bullying is a leading risk factor for mental health conditions.

SHAMSA, the US government organization for Substance Abuse and Mental Health, already makes the connection clear by its name and states the following about prevention of addiction:

SAMHSA's Center for Mental Health Services (CMHS) leads federal efforts to promote the prevention and treatment of mental disorders. SAMHSA's Center for Substance Abuse Prevention (CSAP) aims to develop comprehensive systems through providing national leadership in the development of policies, programs, and services to prevent the onset of substance misuse.

There is also an Institute for Mental Health and Addiction in the Netherlands where the following is stated in the first sentence of the introduction:

Prevention of mental disorders and addiction has been part of Mental Health Care (MHC) in the Netherlands since 1980.

In Flanders, the VAD also states: Since 2015, the Center for Mental Healthcare-Alcohol & Addiction prevention work has been recognized as an organization with field activities.

The MHC for alcohol and drug prevention work is responsible for the regional implementation of Flemish prevention methods and informs, forms and coaches intermediaries and organizations from various social sectors (education, health, welfare, leisure and culture, work, local authorities,...). The general population and all age target groups are reached via intermediaries. The starting point is a policy approach (see below 4.2) with the aim of structurally anchoring prevention within the organization. They work from a health perspective and are supported by the categorical or non-categorical activities of the Center for Mental Health.

In short, prevention of addiction in all its forms is part of the work area of Mental Health Care worldwide. Between the Rotary Action Groups, Mental Health Initiative and Addiction Prevention, we also came to the conclusion that everything that RAG Addiction Prevention does is also in the field of the RAG Mental Health Initiative. Therefore, RAG AP becomes a chapter of RAG MHI and manages the Addiction Treatment and Prevention forum there. For its part, RAG AP will link all its actions to RAG MHI so that the broader framework of Addiction Prevention and Mental Health will always be put in the spotlight.

Hopefully, this text will contribute to a better insight and understanding of the relationship between Mental Health Care and addiction prevention. It is a clear and/or story and not one or the other.

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