



European Monitoring Centre  
for Drugs and Drug Addiction

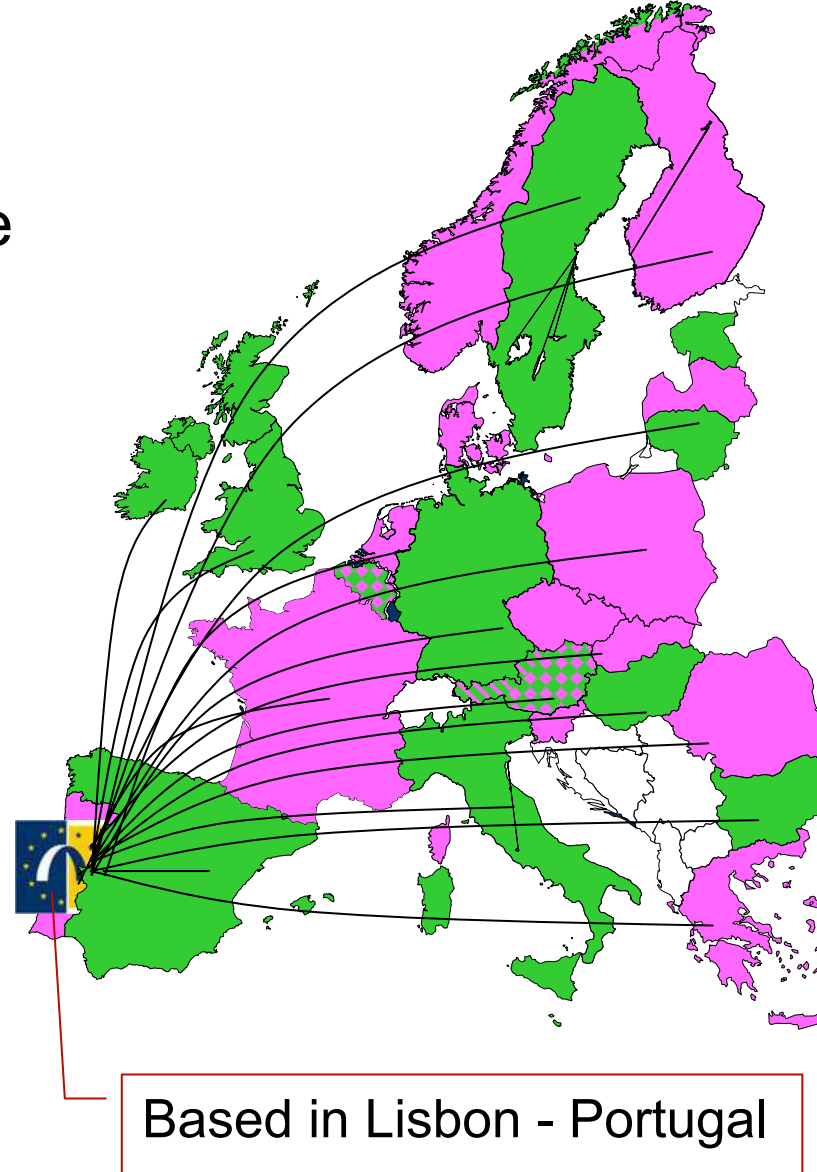
# Overview on school-based drug prevention of in Europe

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Gregor Burkhardt, **Stockholm**, ICAA conference, June 2007

# The EMCDDA

- EU information collection centre on drugs and related problems
- Collection, analysis and distribution of ...
- ...“objective, reliable and comparable” information
- **Annual Report** on the state of the drugs problem in the European Union, Turkey and Norway (in 25 languages)
- Specific reports on specific aspects



# Overview

- Universal prevention in schools
  - Delivered as standardised protocol: Programme-based
  - Delivered in non-structured ways: ad hoc, “integrated“, health promotion, “drugs education”
  - The European Drug abuse prevention trial
- Selective prevention in schools
- Indicated prevention in schools
- Absence of evidence or evidence of absence?
- Environmental strategies

# The prevention “filters”: intervention criteria

**Universal prevention  
no filter**

Filter I: social, demographic predictors  
(no prediction on individual risk)

Filter II: expert-diagnosed risk  
factors: individual mental  
health or conduct problems;  
drug use not obligatory

“Filter”: **drug  
use alone**  
as predictor

**Selective prevention**

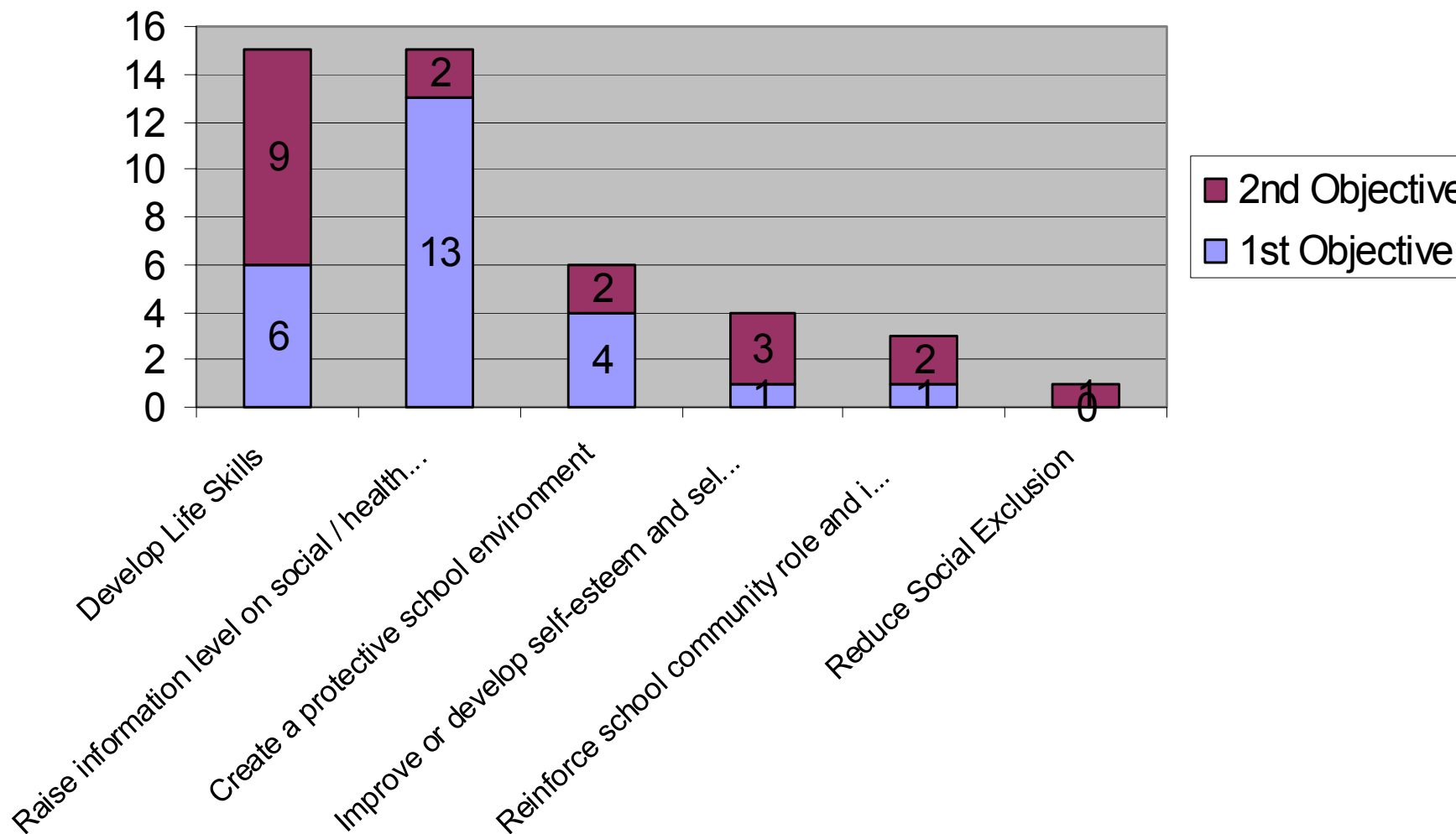
**Indicated prevention**

*Early intervention*

# EU Action Plan, Objective 8

- Improve access to and effectiveness of school-based prevention programmes, in accordance with national legislation
- Ensure that comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as poly-drug use, are included in school curricula or are implemented as widely as possible.
- Indicator: Number of MS having implemented comprehensive effective programmes on prevention of psychoactive substances in schools; percentage of pupils reached.

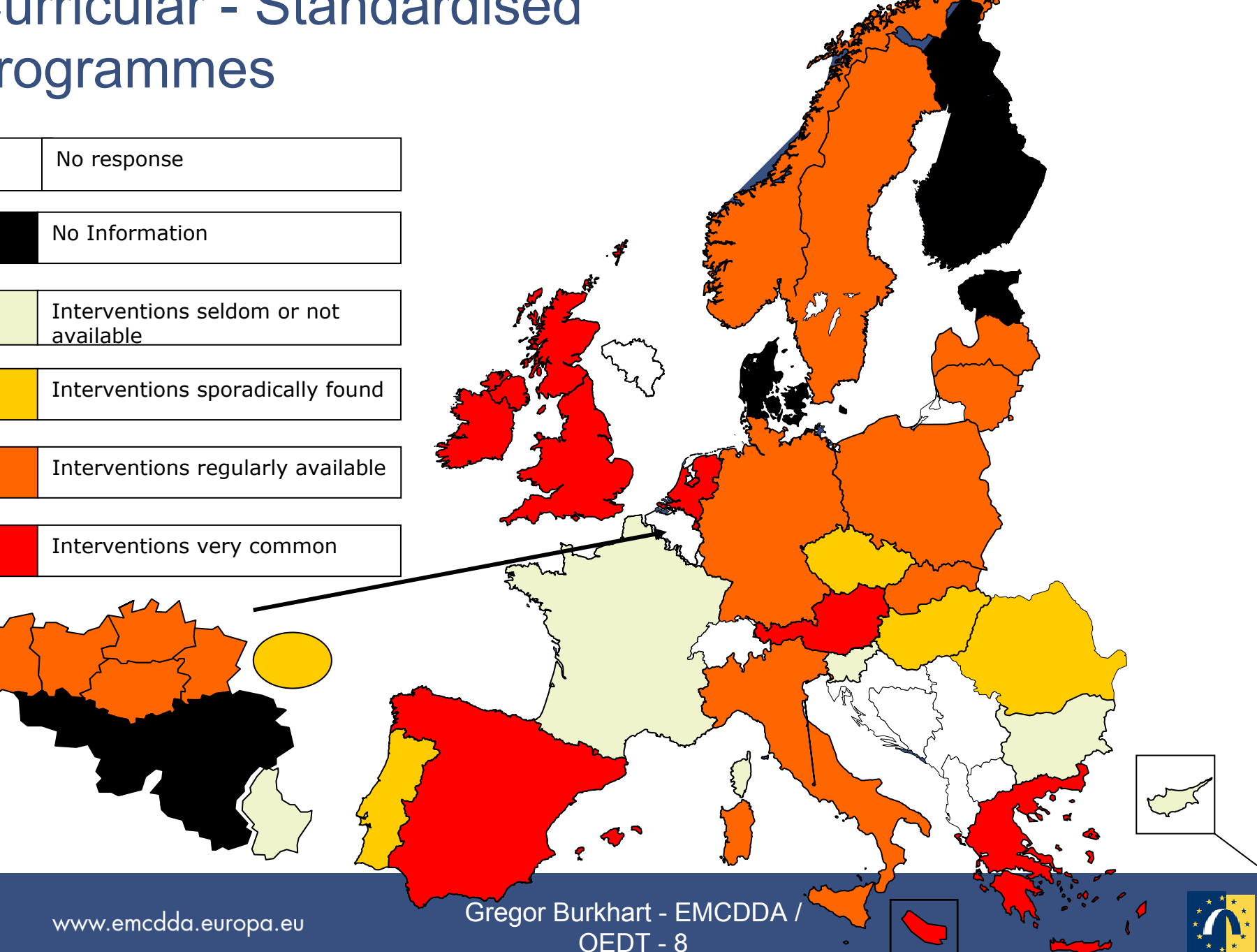
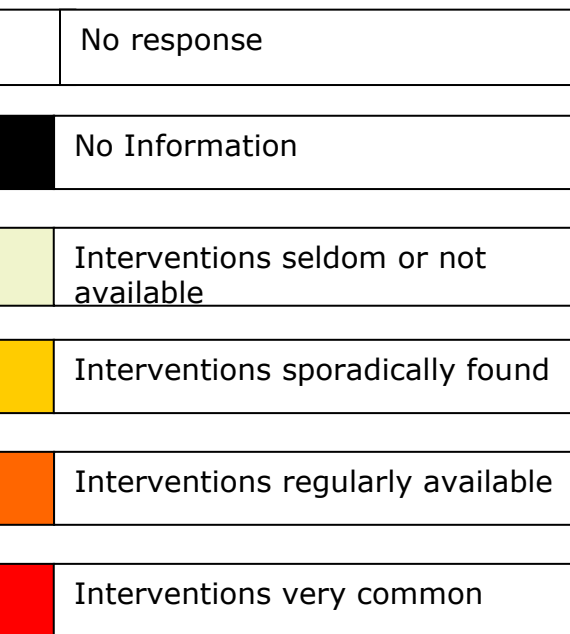
## Policy objective in numbers



# One by one

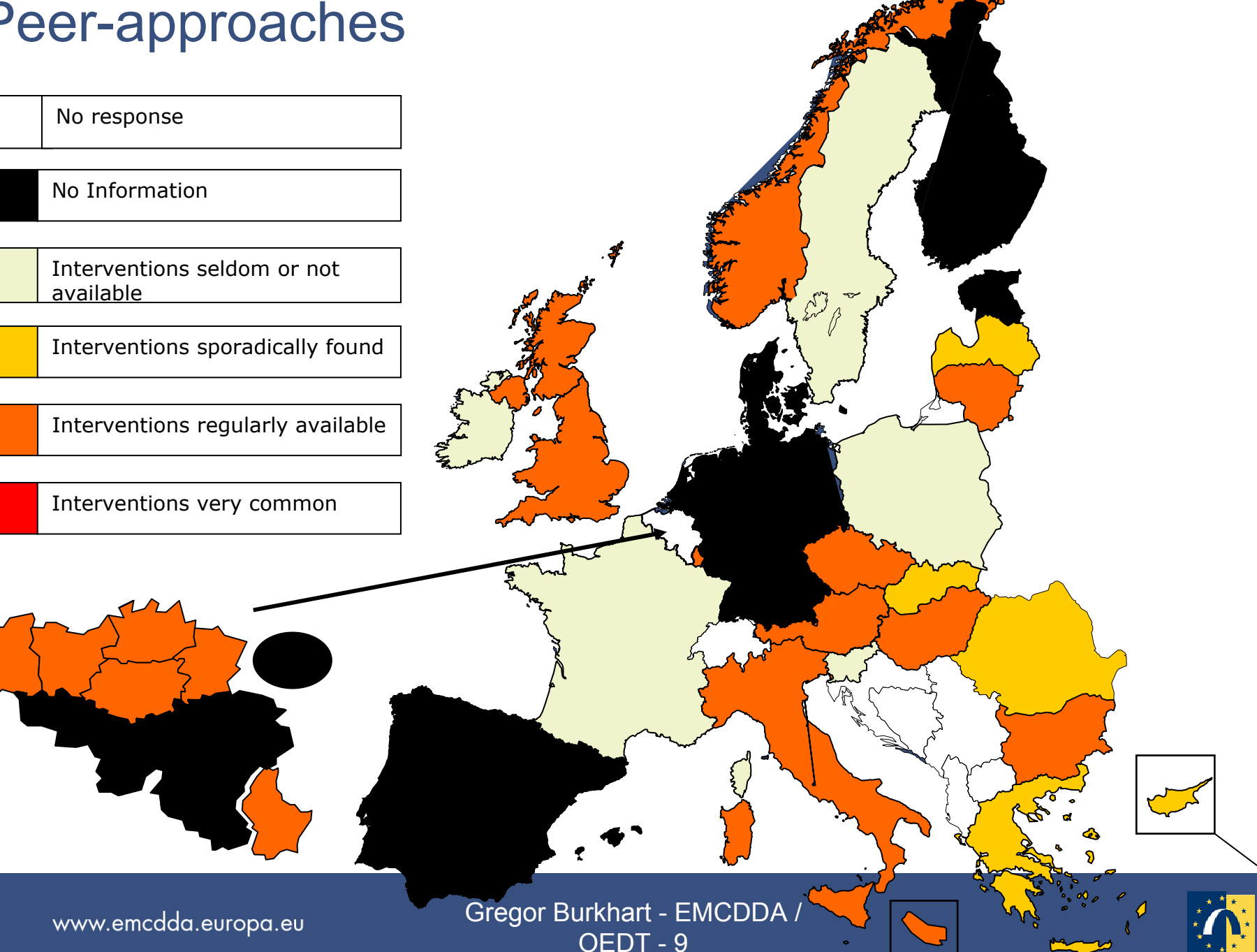
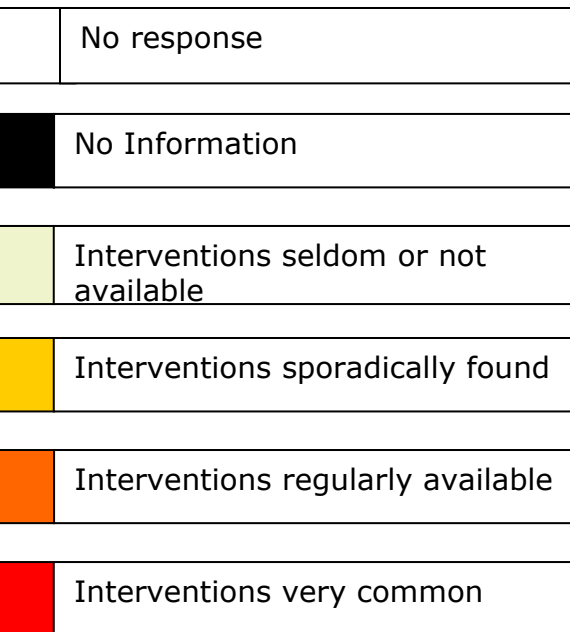
“Number of MS having implemented  
comprehensive effective programmes”

# Curricular - Standardised programmes

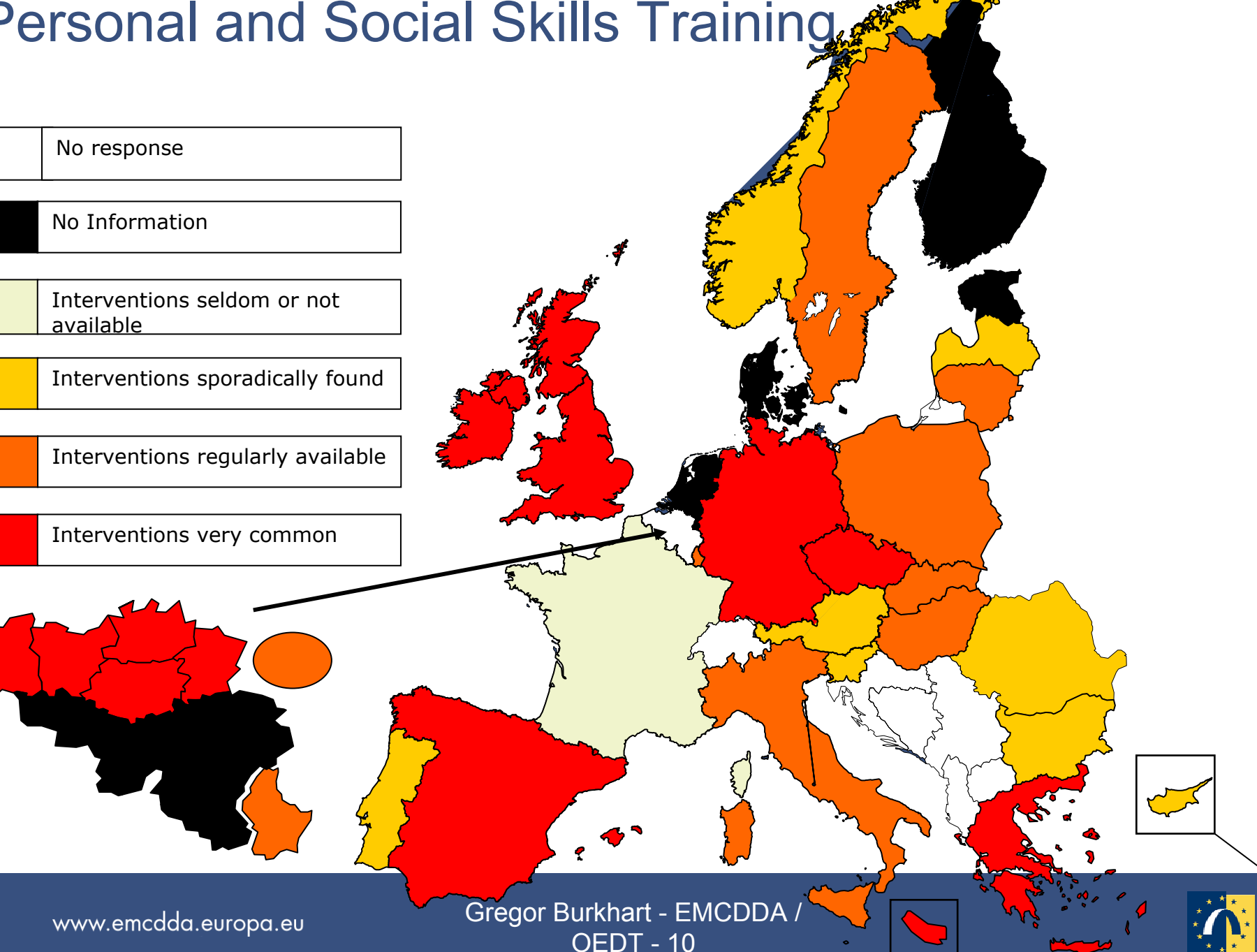
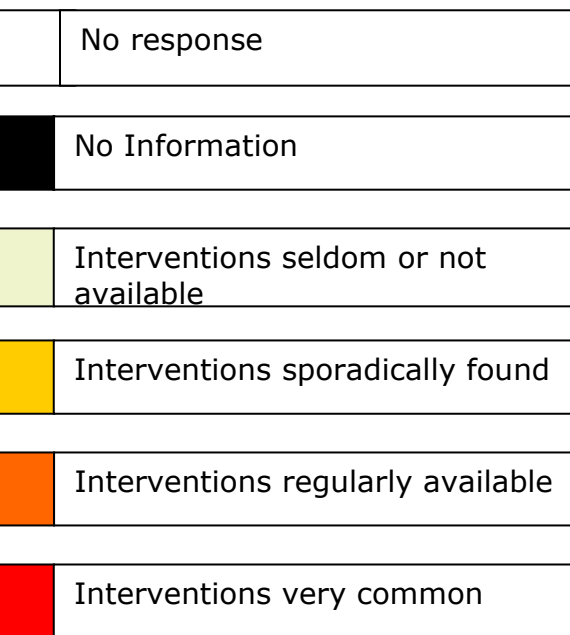




# Peer-approaches



# Personal and Social Skills Training



# How to deliver school-based prevention?

- Protocol-delivered prevention (i.e. through a standardised program)
  - quality control of the delivery, contents and intensity
  - Provide an exact and predictable delivery syllabus, the related training and ready-made contents
  - facilitate prevention work for teachers
  - few motivated teachers need to be trained
- Delivering prevention ad hoc
  - expert lessons
  - generic teacher training
  - health promotion promotion alone
  - uncoordinated sessions
  - unplannedly delivered ad libitum by teachers.

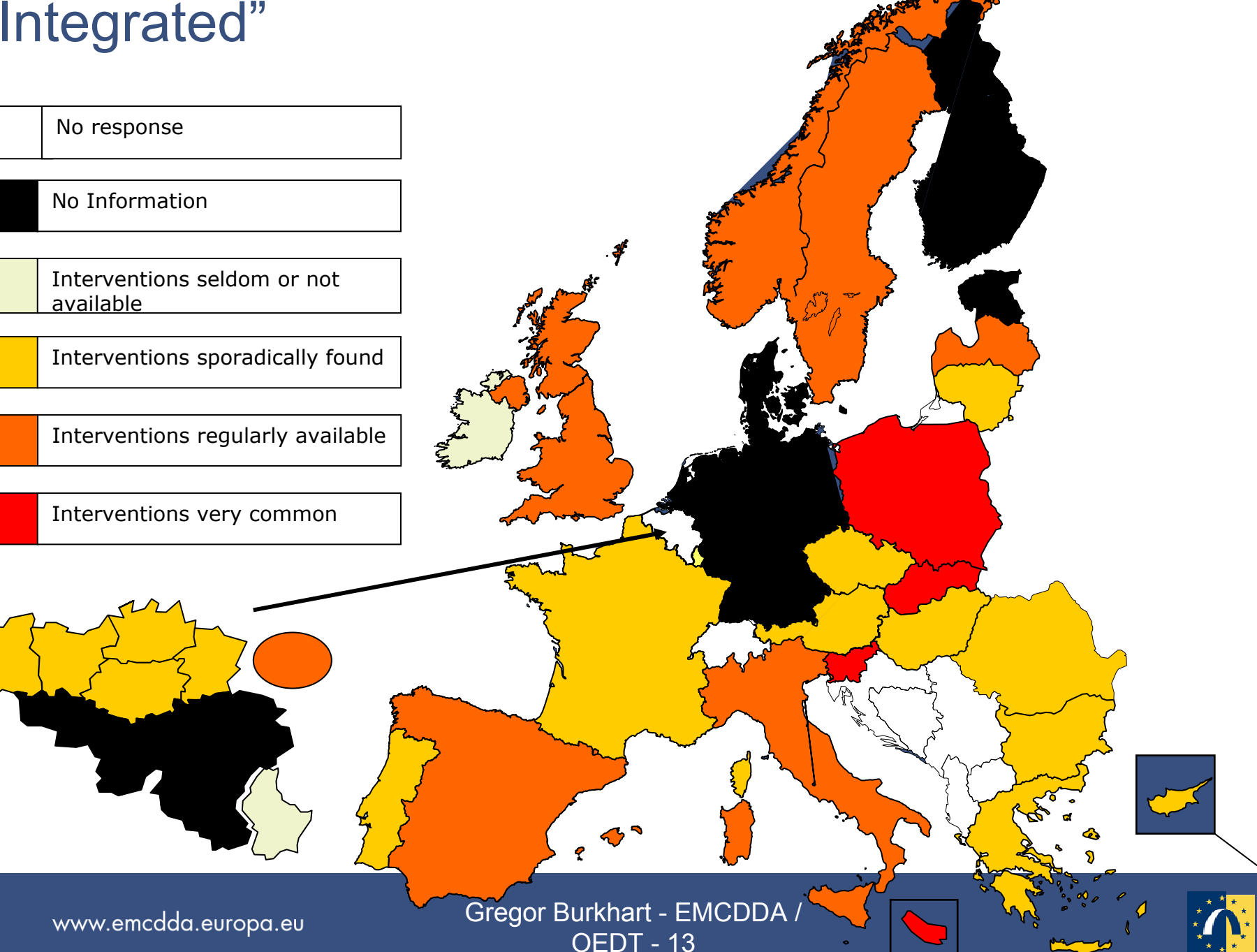
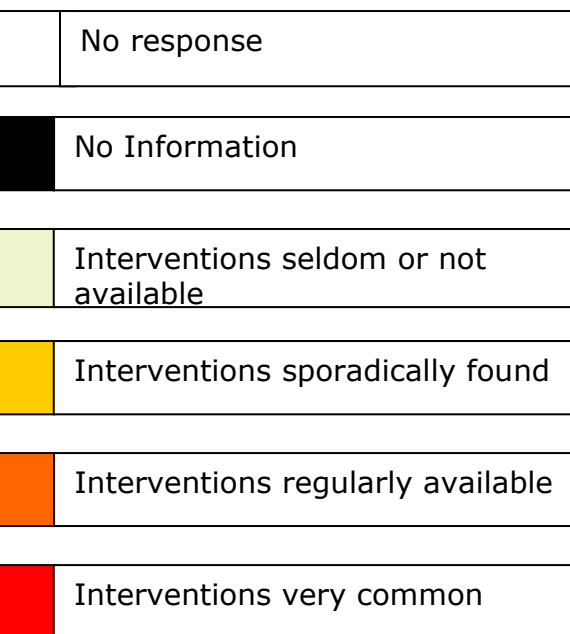
## “comprehensive effective programmes”

- There is sufficient evidence base on school-based prevention:
- “carry out interactive programs based on the model of social influence or life-skill competence at schools,
- but not to carry out isolated measures at schools (only communication of information, only affective education, other non-interactive measures)”

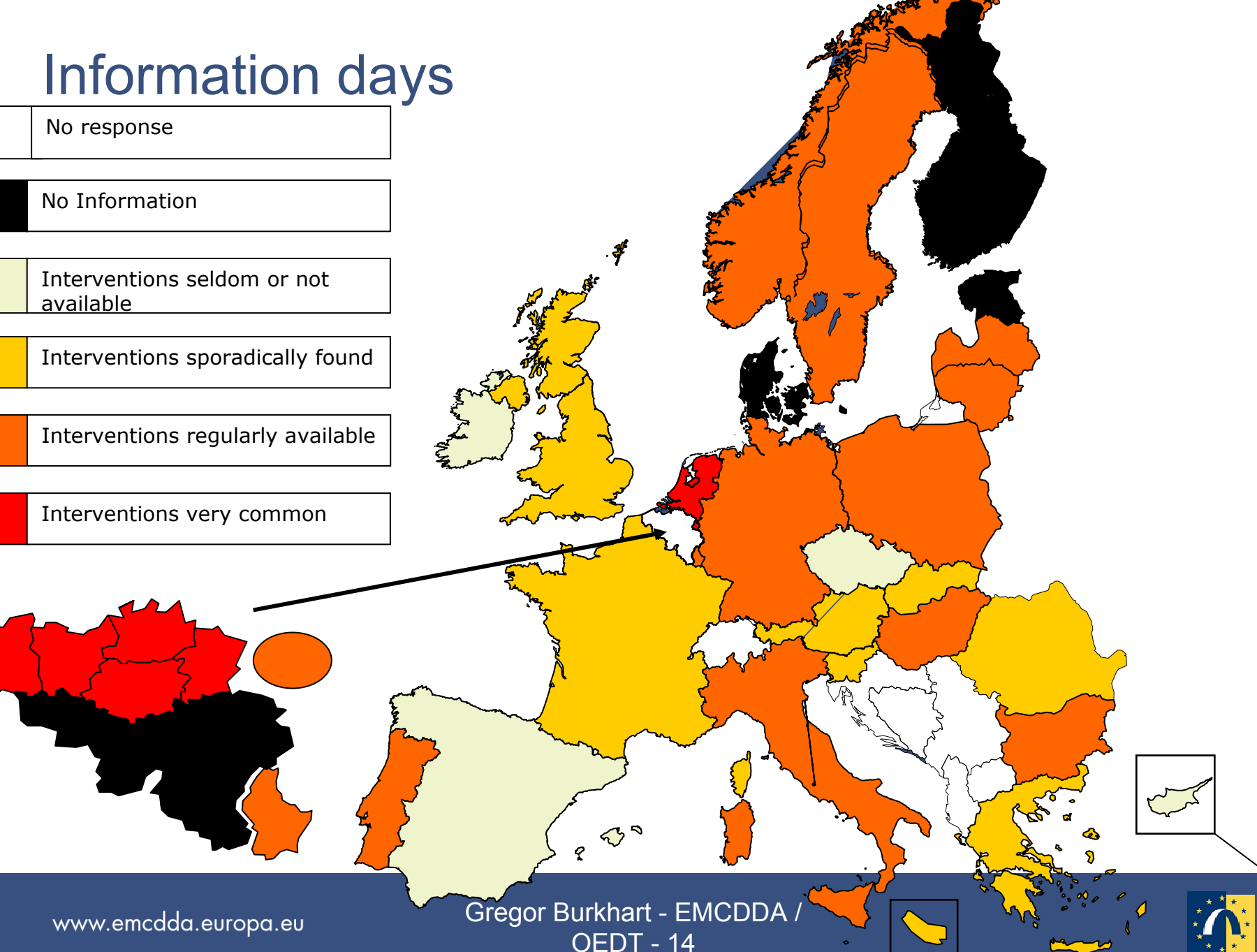
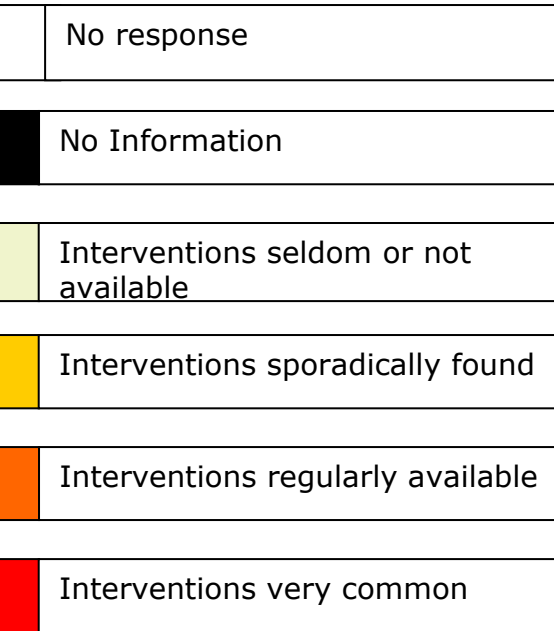
(Bühler and Kröger, 2005: review of reviews)

➔ Protocols (“programmes”) seem to be superior to ad-hoc, non-coherent single interventions

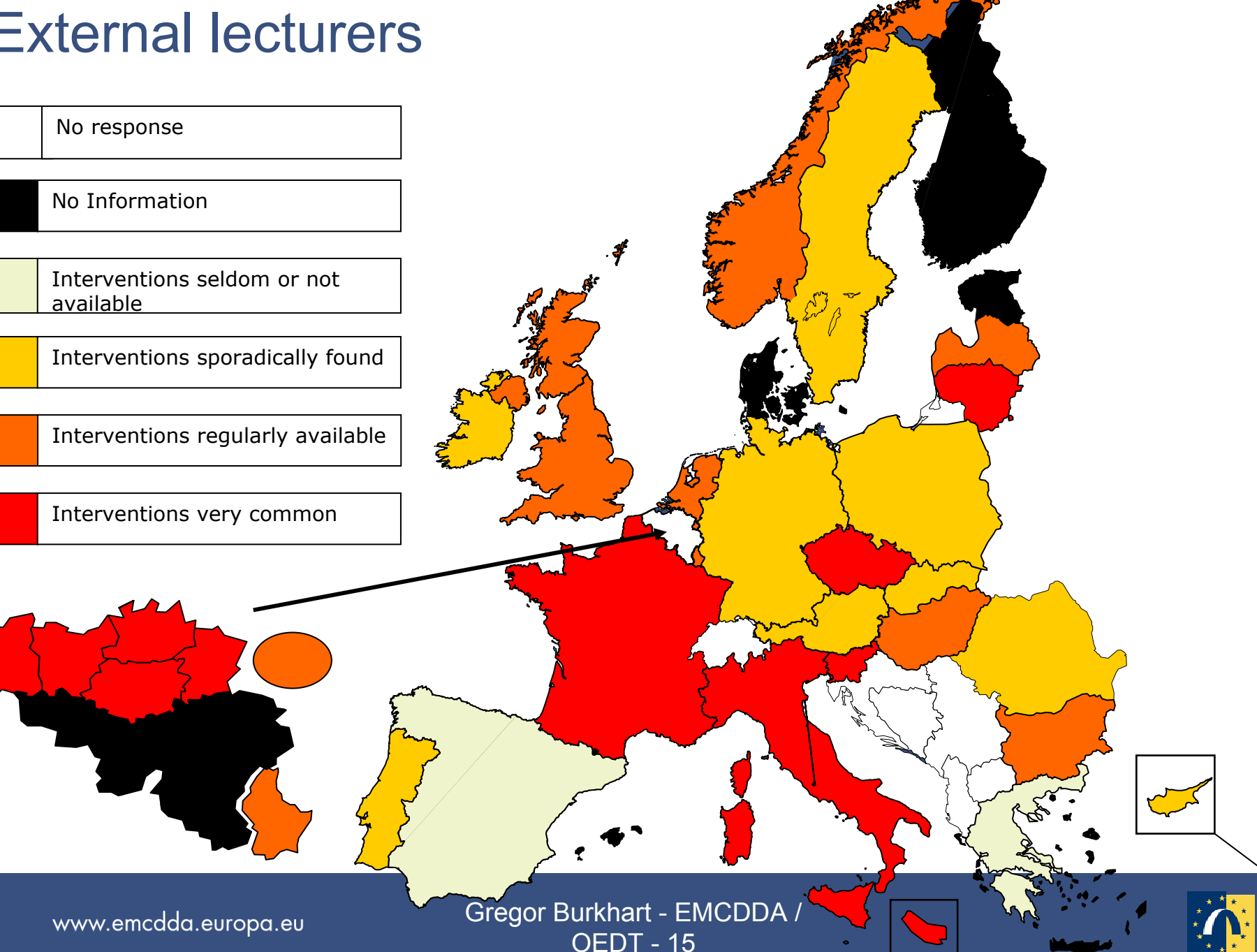
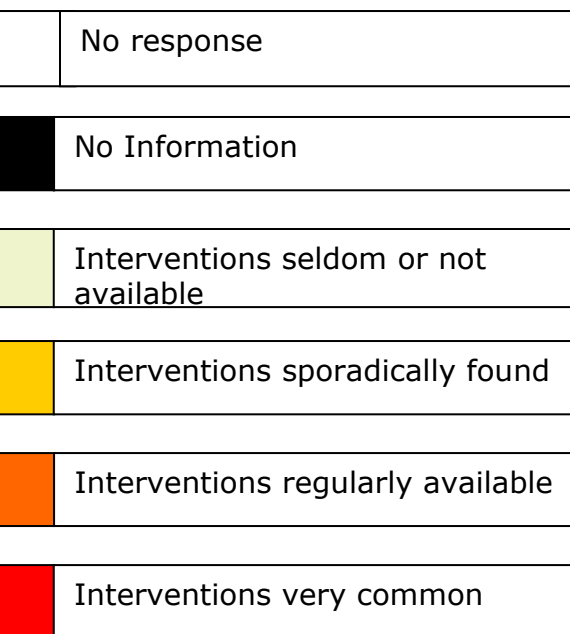
# Integrated"



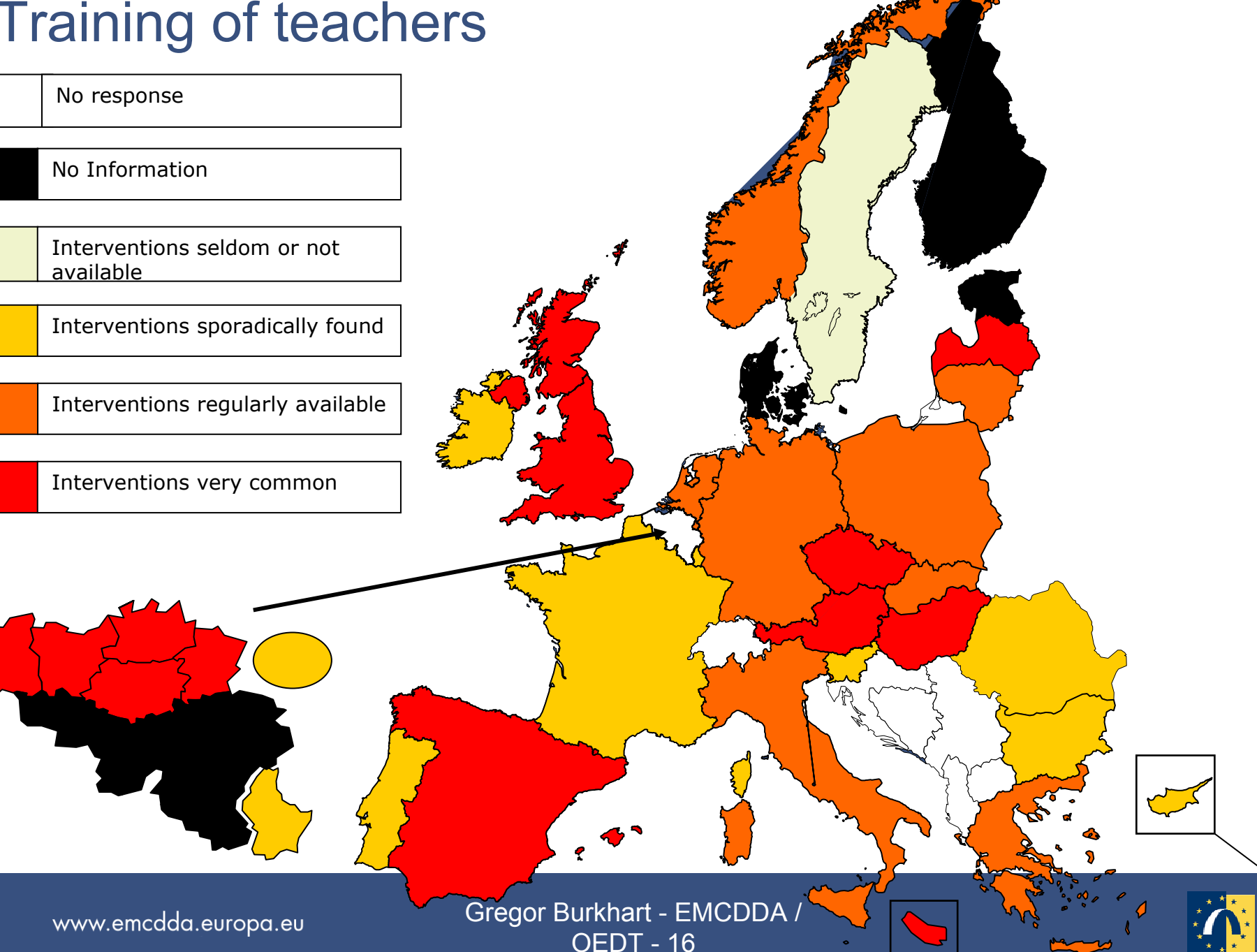
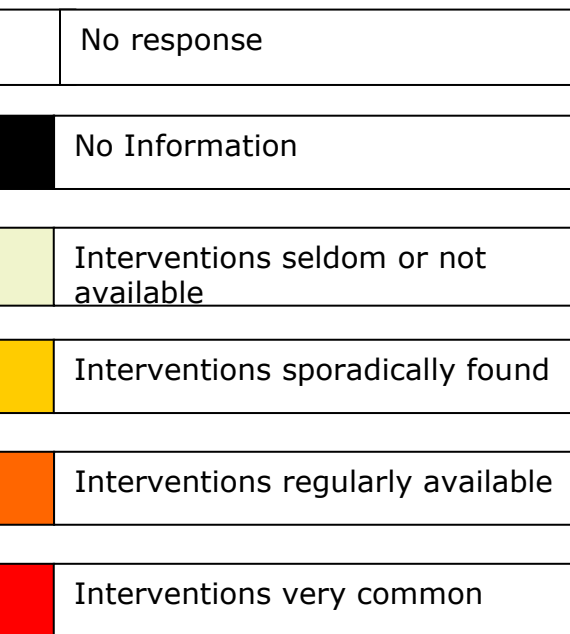
# Information days



# External lecturers

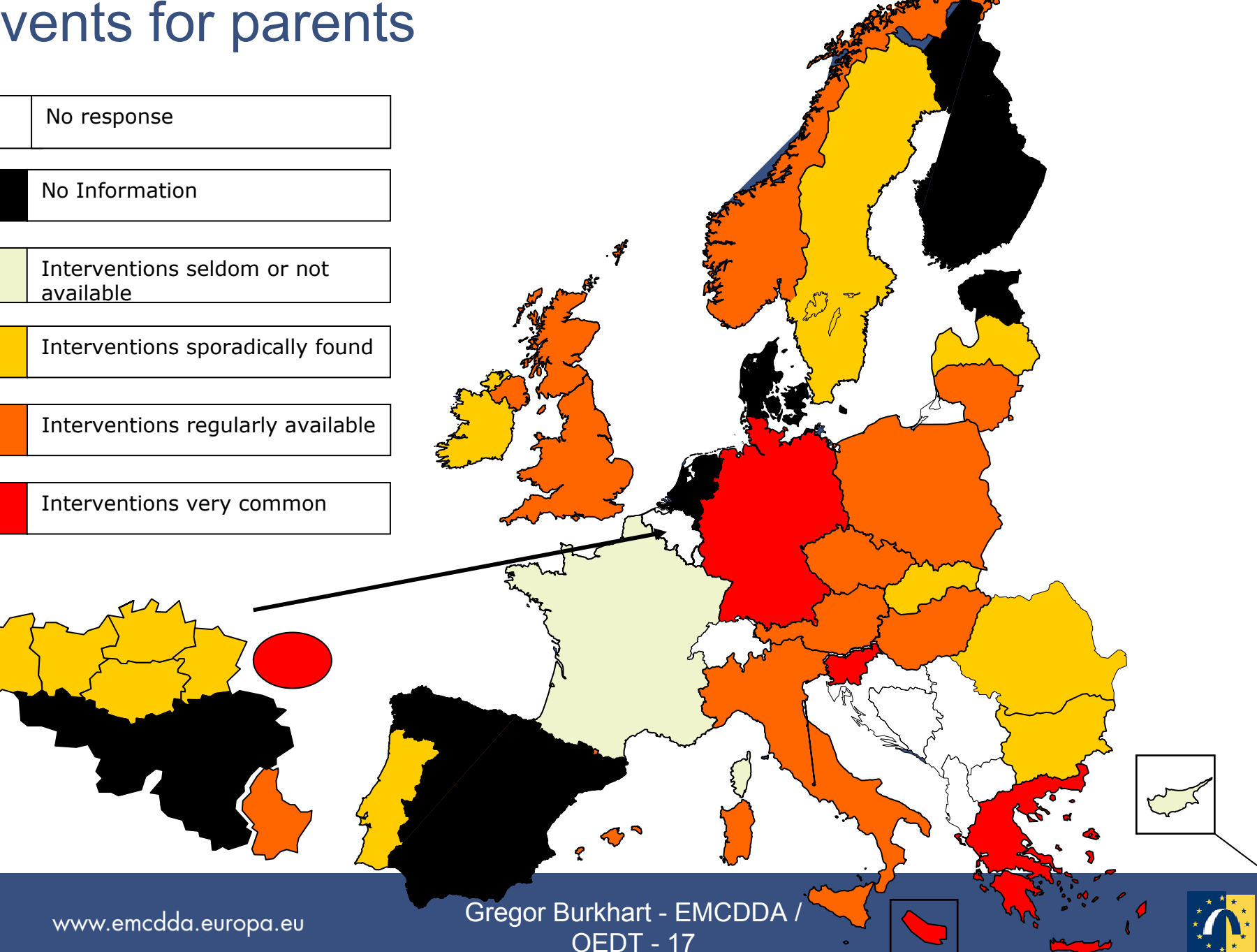
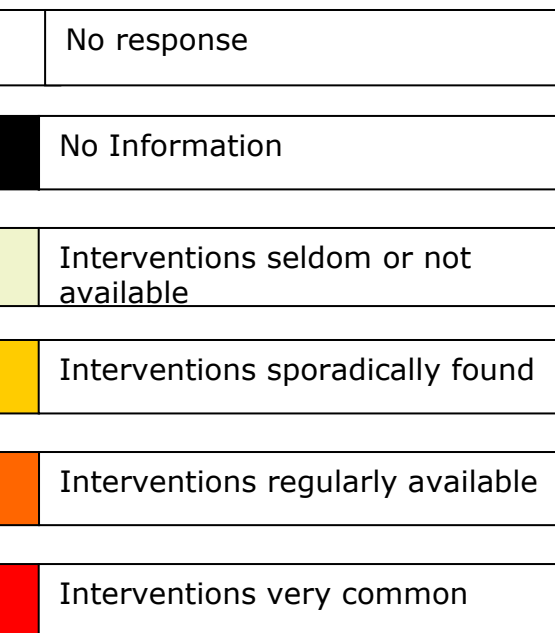


# Training of teachers





# Interventions for parents



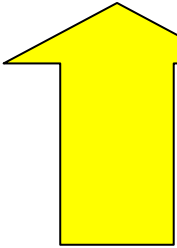
# The Canon

- **Social skills** (assertiveness, communication, peer-pressure resistance), personal skills (decision making, coping, goal setting), **Attitudes** (especially normative beliefs) and **Information** (on drugs and consequences of use).
- Interactive delivery (peer group vs. frontal teaching) focussing on social skills
- Intensive (10 sessions, small groups)
- Implemented by specialised and motivated teachers, coached by prevention professionals
- Involve Family (and community)
- Supported by local and school norms on legal drugs

# The two key components

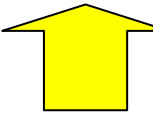
## Interpersonal (social) skills

- Assertiveness, conflict solving,
- Resistance to peer pressure
- Social (and emotional) skills: empathy, understanding, listening
- Communication skills (flirting, making compliments)



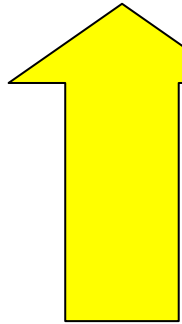
## Personal skills

- Decision making (rationally and strategically)
- Goal setting
- Coping strategies to overcome difficult situations



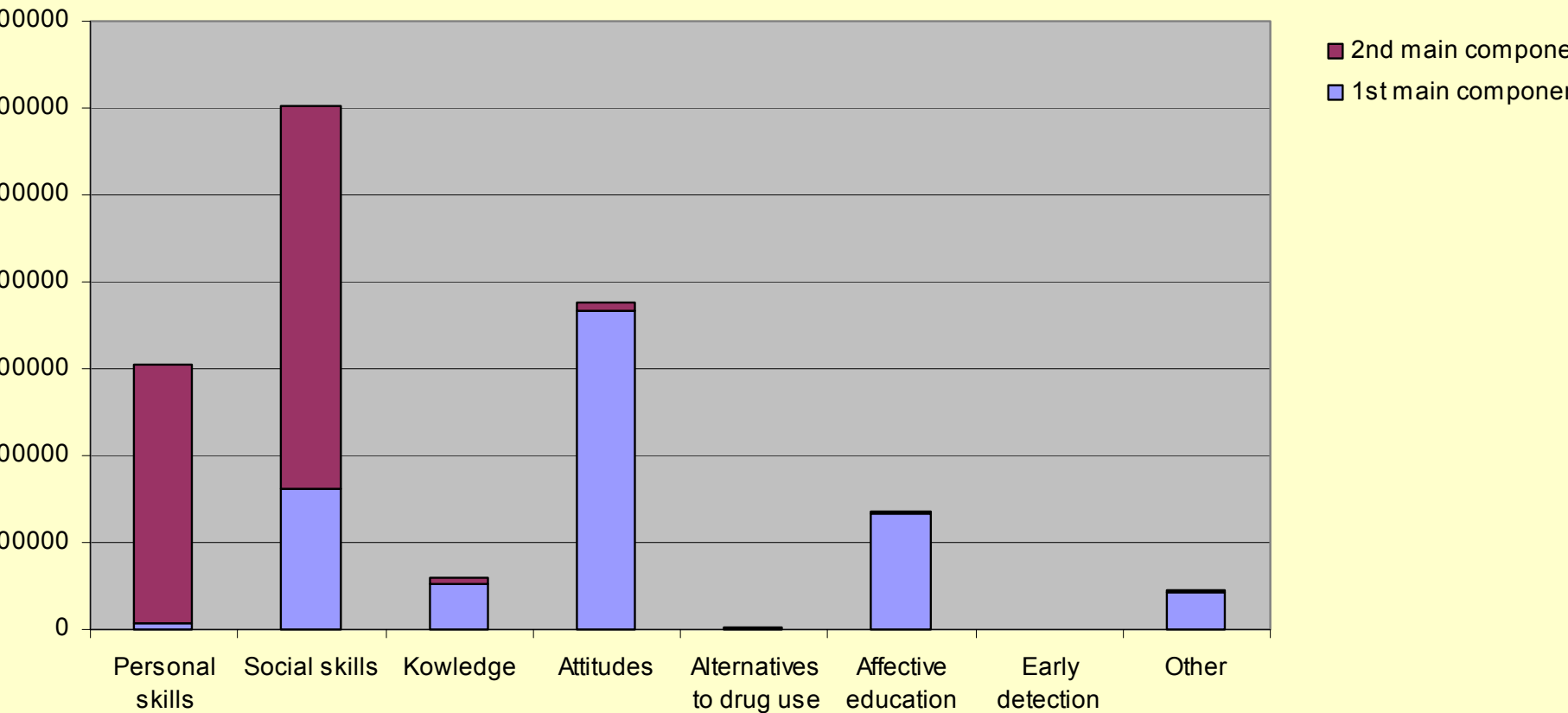
# Additional components

- Normative beliefs
  - *Correct erroneous perception about the social acceptance of drug use*
  - *... and about level of peer drug use*
  - *Provide argumentation resources for non-use*
- Alternatives to drug use
  - (Creative, sportive) activities considered to be incompatible with drug use
  - Reduce exposure to risk situations
  - Provide pleasure and reward through substance-free situations



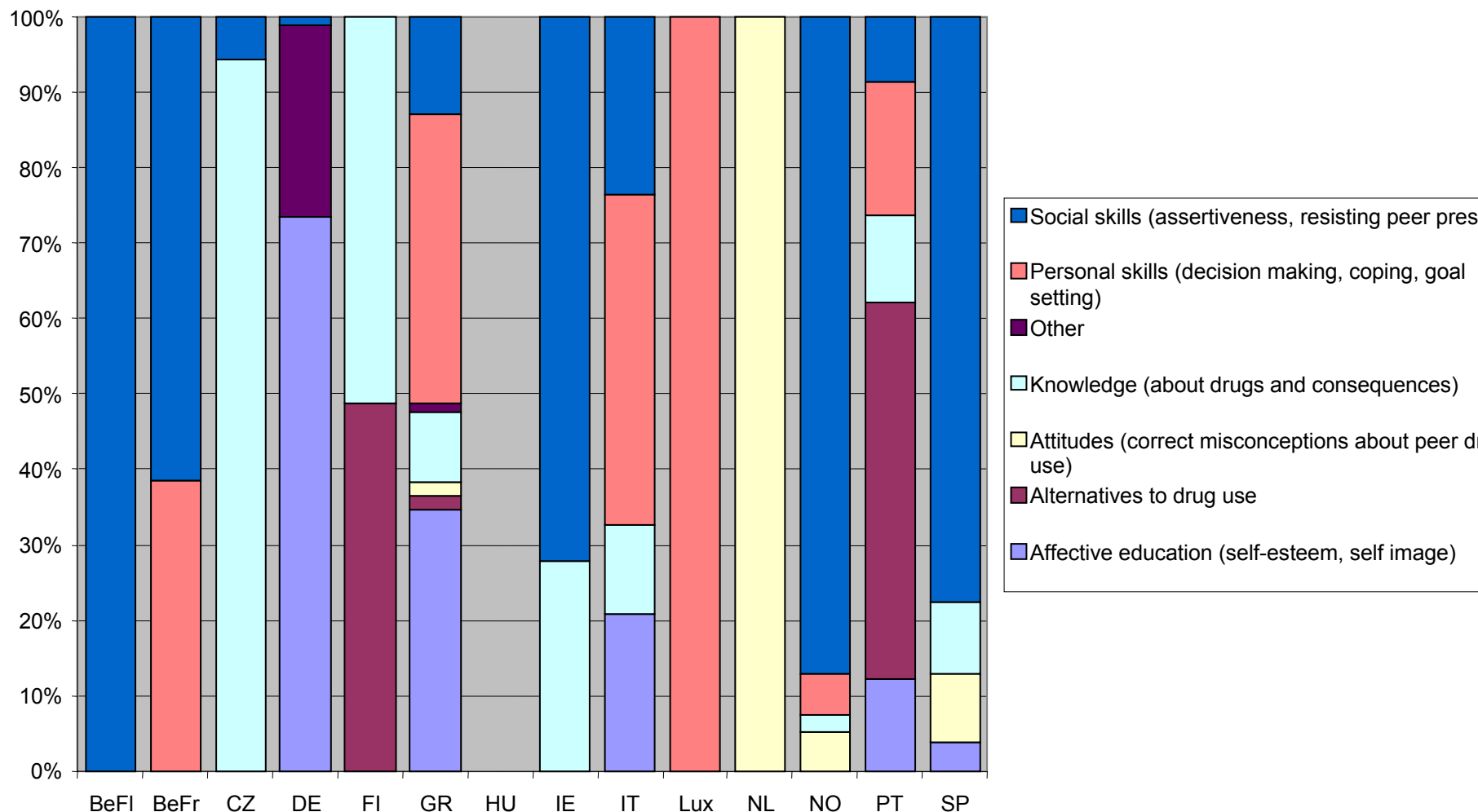
# Coverage of pupils with components

**Pupils covered by programmes' 1st and 2nd components**



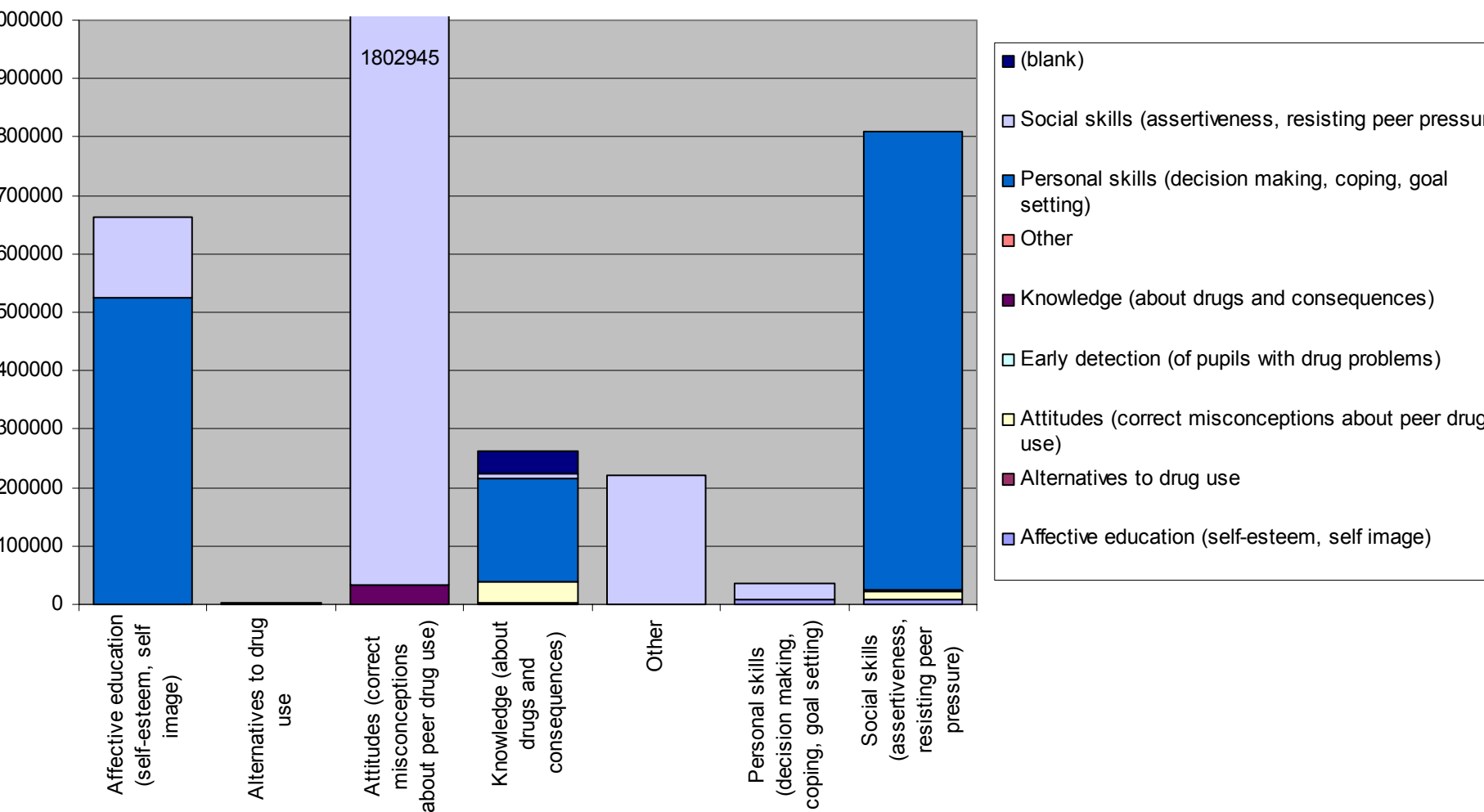
# Components as Percentages

Percentage of pupils receiving 1st prevention component by country



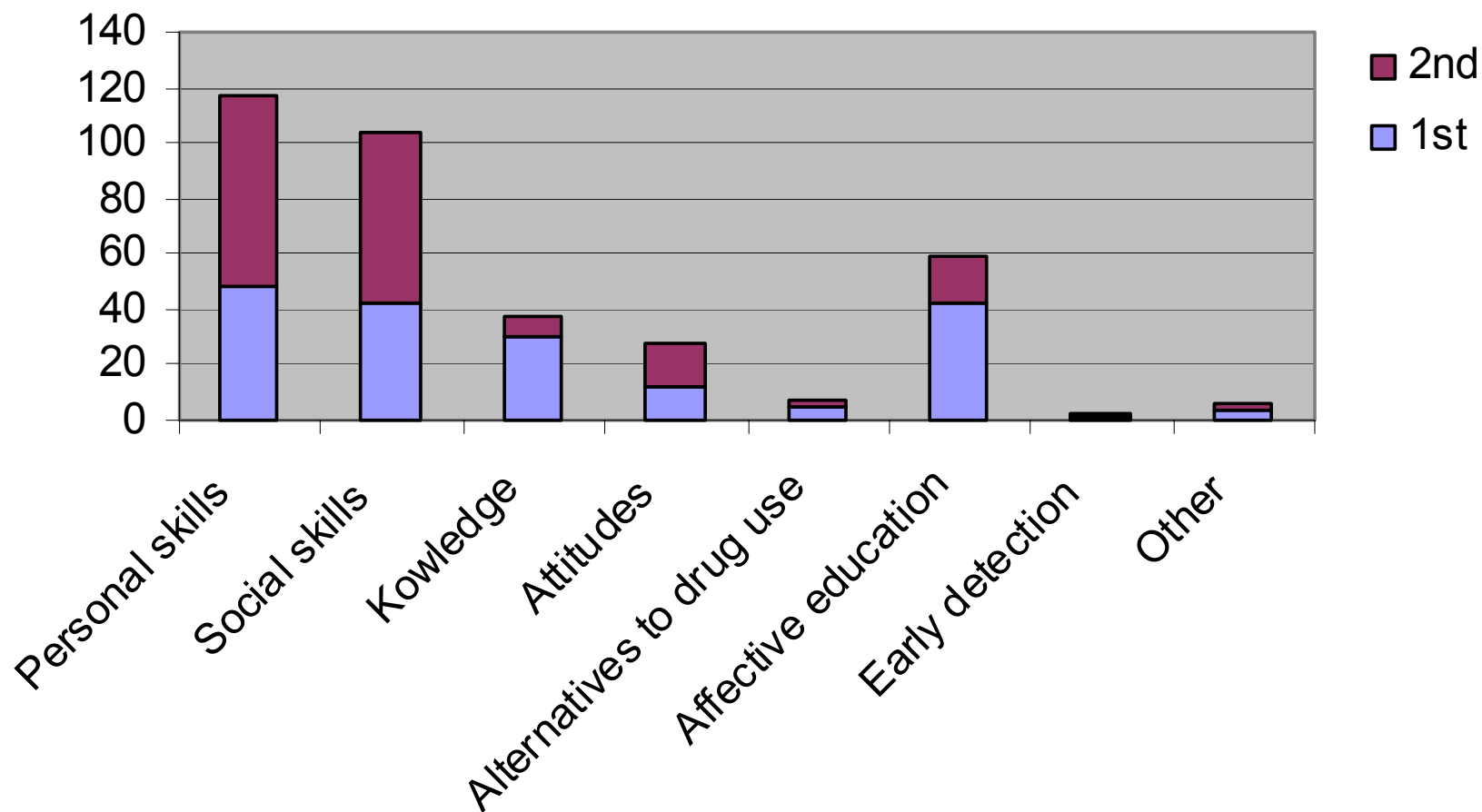
# Pupils receiving 1<sup>st</sup> component and then ...

N° of pupils receiving different prevention components



# First two components together

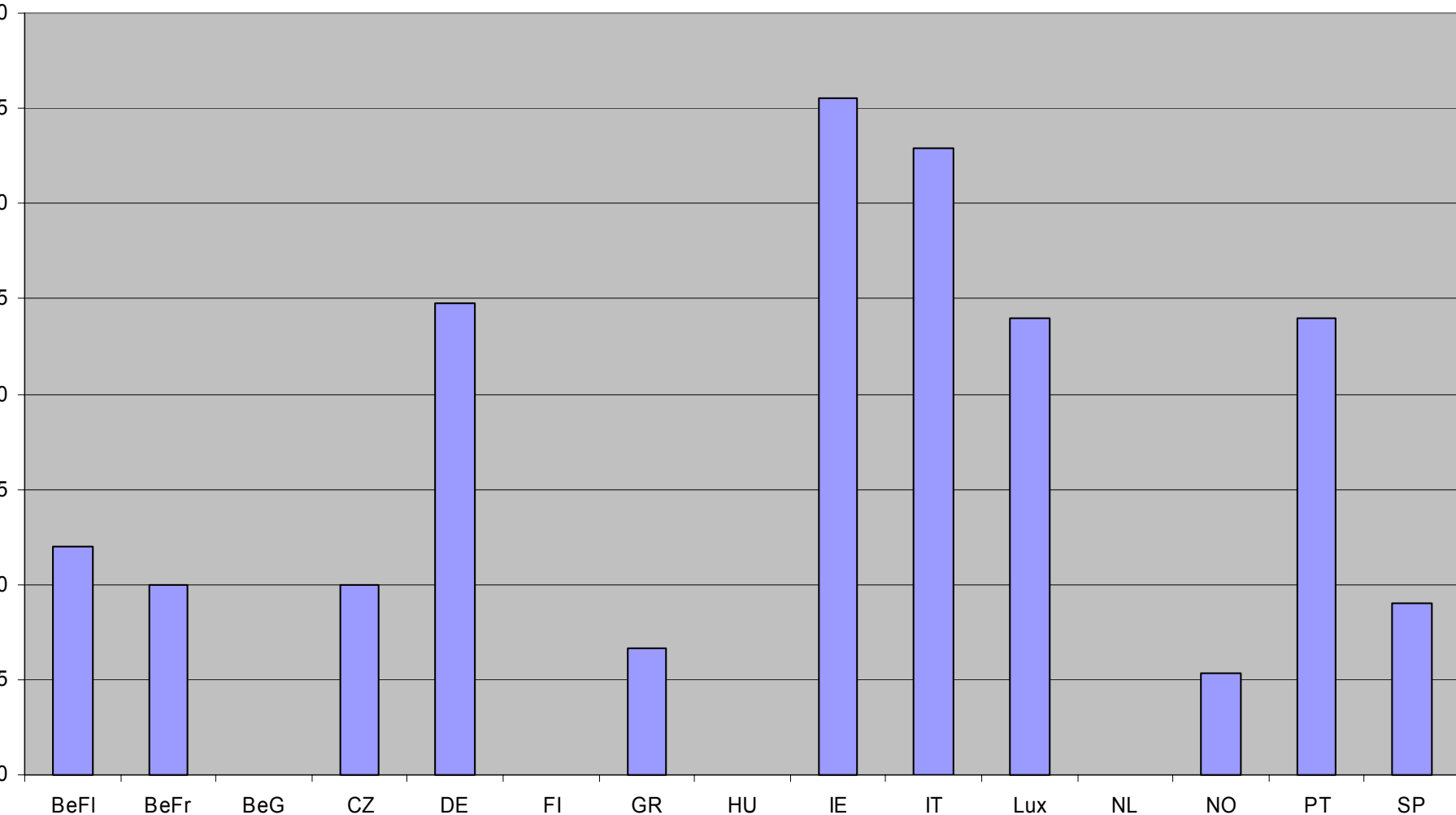
## 1st and 2nd components





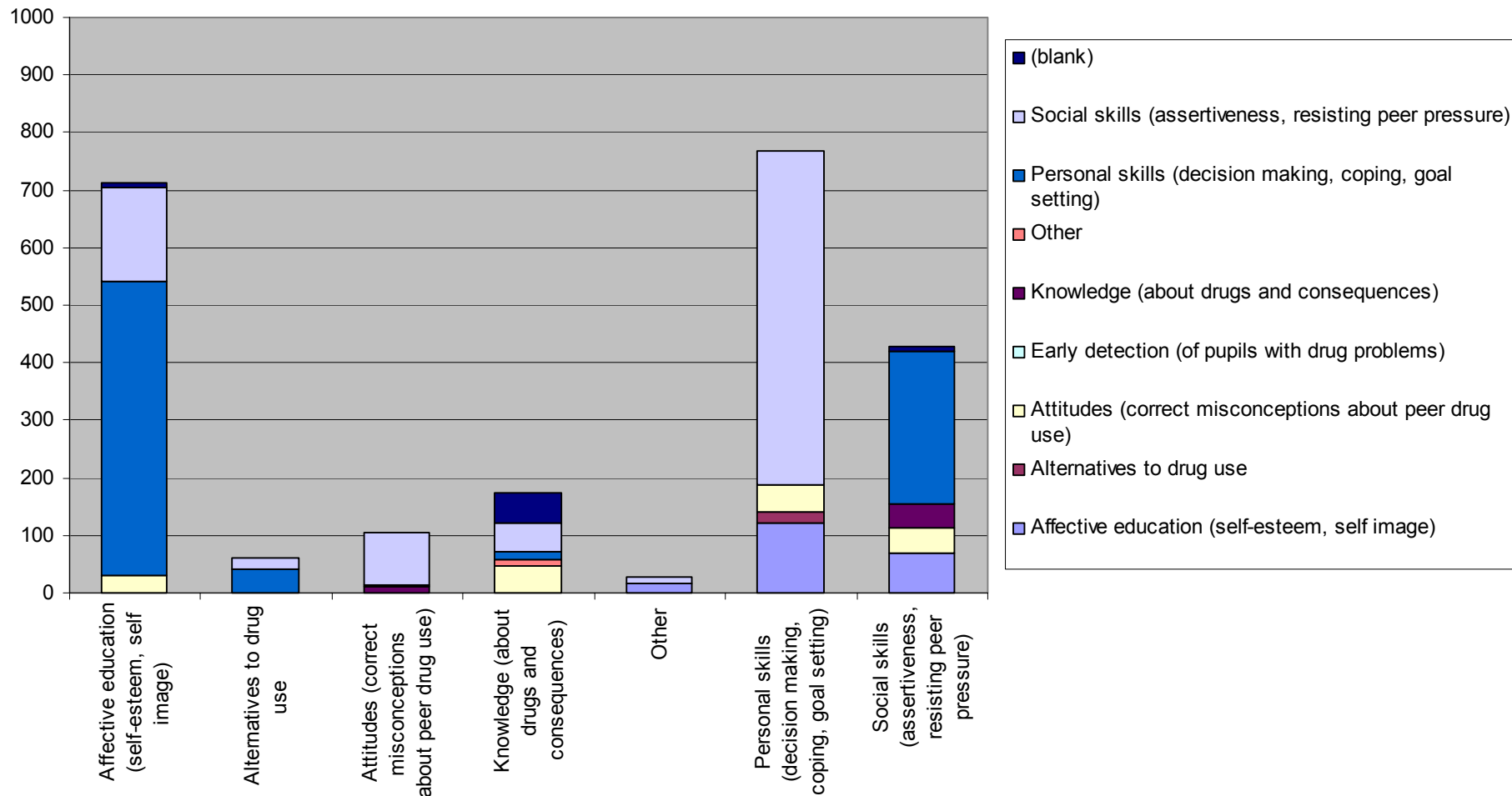
# Average programme duration per country

Total



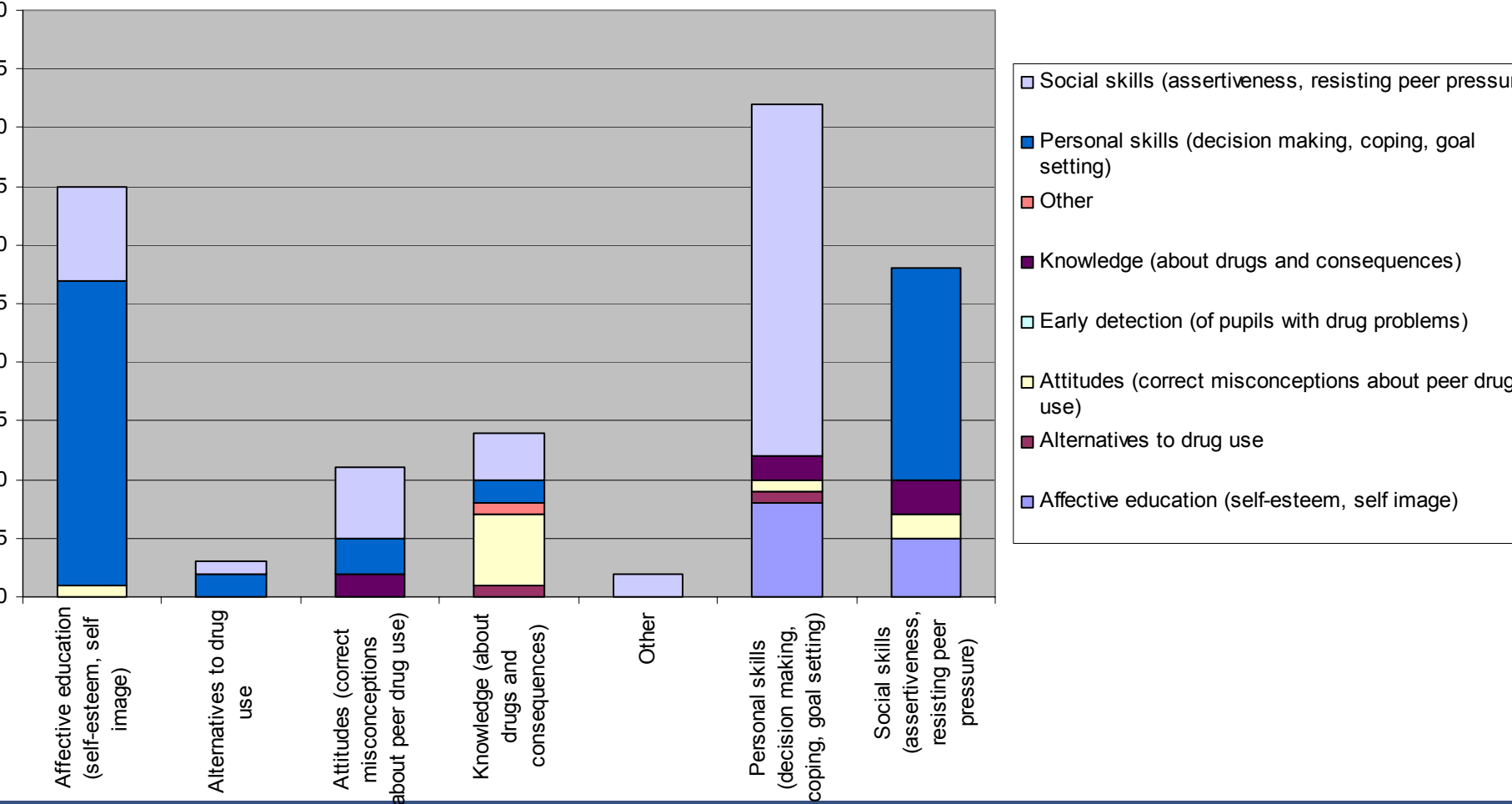
# Intensity by main components

Intensity: N° of sessions delivered by first two components



# Training of Teachers

Training: N° of teacher training hours by first two components



# DAP- background

**In European countries virtually all schools carry out interventions to prevent the onset of substance use**

- many are theory-based
- some evaluated the effect only on intermediate variables (knowledge, intentions...)
- the evaluation of effectiveness in reducing **drug use** is very rare

**Moreover,**

- ❖ the relationship between intermediate variables and drugs use is unclear
- ❖ there is a solid suspicion that some programmes **are harmful** (Dukes 1997; Hawthorne 1996)

# Characteristics

- ✿ **Experimental study:**
  - Cluster randomized controlled trial
- ✿ **Funded by the European Community**
  - Public Health Program
- ✿ **Involving 9 centers in 7 European Countries**
- ✿ **Conceived by an international expert group**

## **Main aims:**

- to build a School-based European Prevention Program (“*Unplugged*”)
- to evaluate the efficacy of the program

# “Unplugged”

- the program is based on a ***comprehensive social influence approach***
- It includes the following components
  - Social skills
  - Personal skills
  - Knowledge
  - Normative education
  - (No resistance education)
- It is administered by teachers trained in a 3-days course
- It is made by 12 units, 1 hour each

# Results of the model: post-test

**All interventions vs control group (usual curriculum)**

	<b>% reduction</b>	<b>CI 95%</b>
<b>ALO smoking</b>	-12%	-29%;+8%
<b>Regular smoking</b>	-14%	-33%;+10%
<b>Daily smoking</b>	<b>-30%</b>	<b>-48%;-6%</b>
<b>ALO drunkenness</b>	<b>-28%</b>	<b>-42%;-10%</b>
<b>Regular drunkenness</b>	<b>-31%</b>	<b>-52%;-1%</b>
<b>ALO cannabis</b>	<b>-23%</b>	<b>-40%;0%</b>
<b>Regular cannabis</b>	-24%	-47%;+9%
<b>ALO drugs</b>	-11%	-31%;+15%

**adjustment for centre prevalence of daily smoking and baseline status of the outcome**

# Results of the model: 1 year follow-up

All interventions vs control group (usual curriculum)

	% reduction	CI 95%
<b>ALO smoking</b>	-6%	-20%;+11%
<b>Regular smoking</b>	-11%	-28%;+9%
<b>Daily smoking</b>	-8%	-27%;+16%
<b>ALO drunkenness</b>	<b>-20%</b>	<b>-33%;-3%</b>
<b>Regular drunkenness</b>	<b>-38%</b>	<b>-53%;-19%</b>
<b>ALO cannabis</b>	-17%	-35%;+5%
<b>Regular cannabis</b>	-26%	-47%;+1%
<b>ALO drugs</b>	-15%	-31%;+5%

adjustment for centre prevalence of daily smoking and baseline status of the outcome



# Universal prevention

- Evidence-based only for few approaches, which could be implemented with high coverage though (social skills, normative beliefs, interactive delivery) ⇔ this happens in only few countries
- Instead: much information provision, focus on self-esteem, personal skills, campaigns, expert talks and information days in school → resource drainage and potentials for harm in universal prevention.

# The new wave

## Advisory Council for the Misuse of Drugs – Pathways to prevention:

- “Most schools in the UK provide drug prevention programmes. Research indicates that these probably have little impact on future drug use. There should be a careful reassessment of the role of schools in drug misuse prevention”
- “The emphasis should be on providing all pupils with accurate, credible and consistent information about the hazards of tobacco, alcohol and other drugs, including volatile substances”

## Evidence base ...

- carry out interactive programs based on the model of social influence or life-skill competence at schools,
- but not to carry out isolated measures at schools (only communication of information, only affective education, other non-interactive measures)

(Bühler and Kröger, 2005)

- Information provision has known iatrogenic effects (especially in mass media) and is ineffective

# The prevention “filters”: intervention criteria

**Universal prevention**  
**no filter**

*Youth at large*

Filter I: social, demographic predictors  
(no prediction on individual risk)



Filter II: expert-diagnosed risk  
factors: individual mental  
health or conduct problems;  
drug use not obligatory



*vulnerable groups*

**Selective prevention**

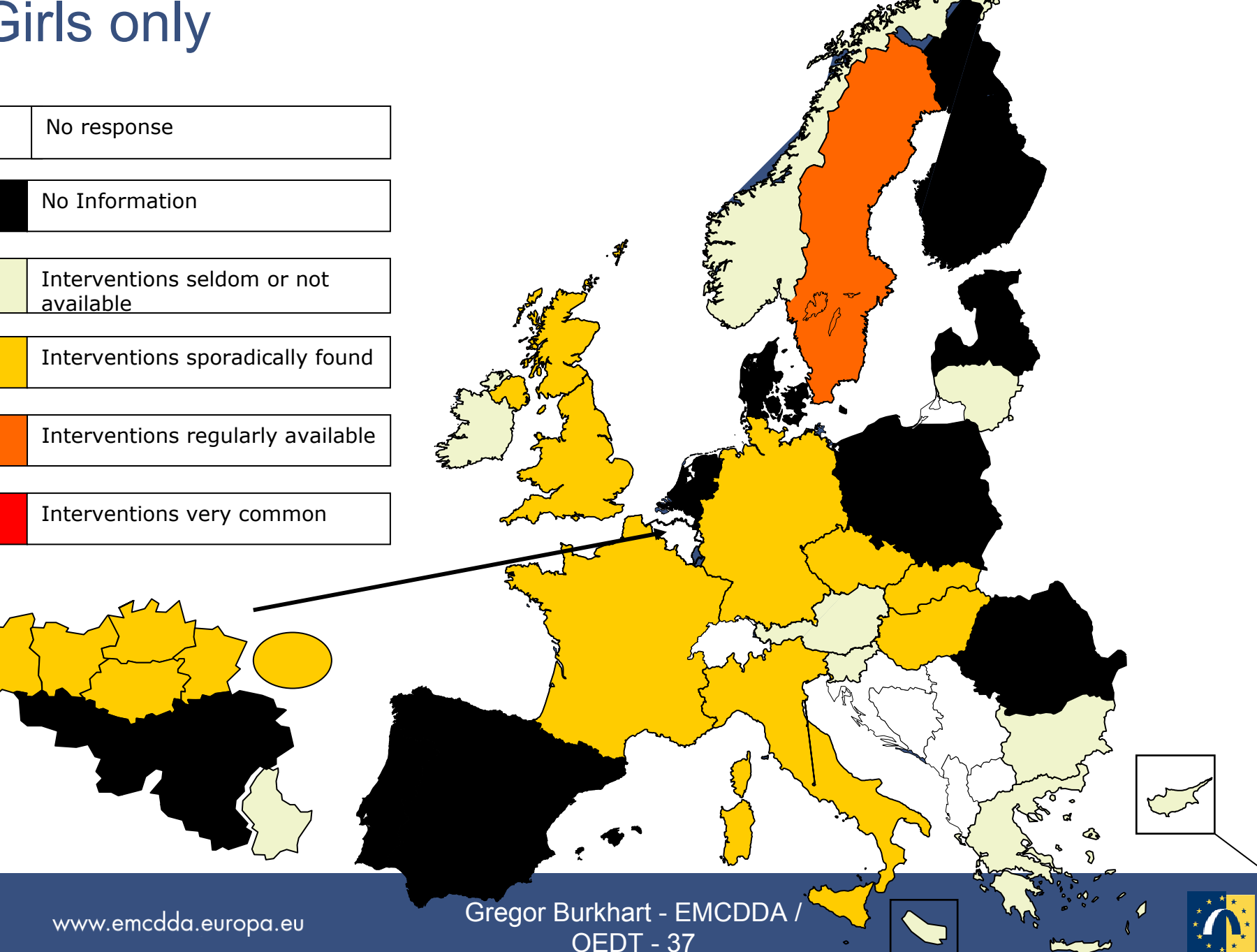
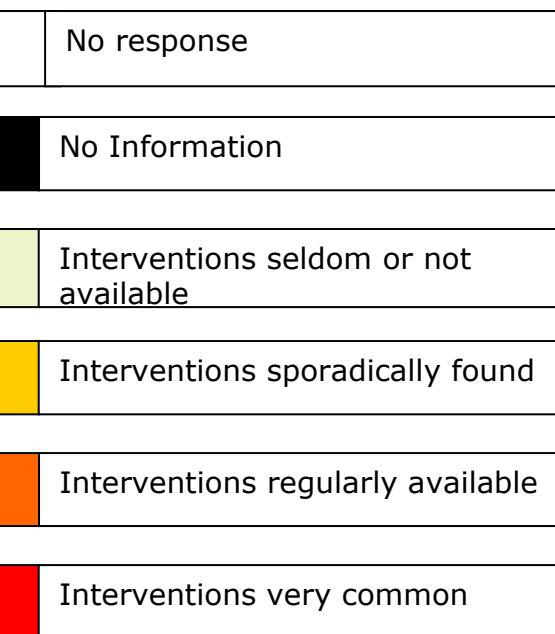
“Filter”: **drug  
use alone**  
as predictor

*vulnerable persons*

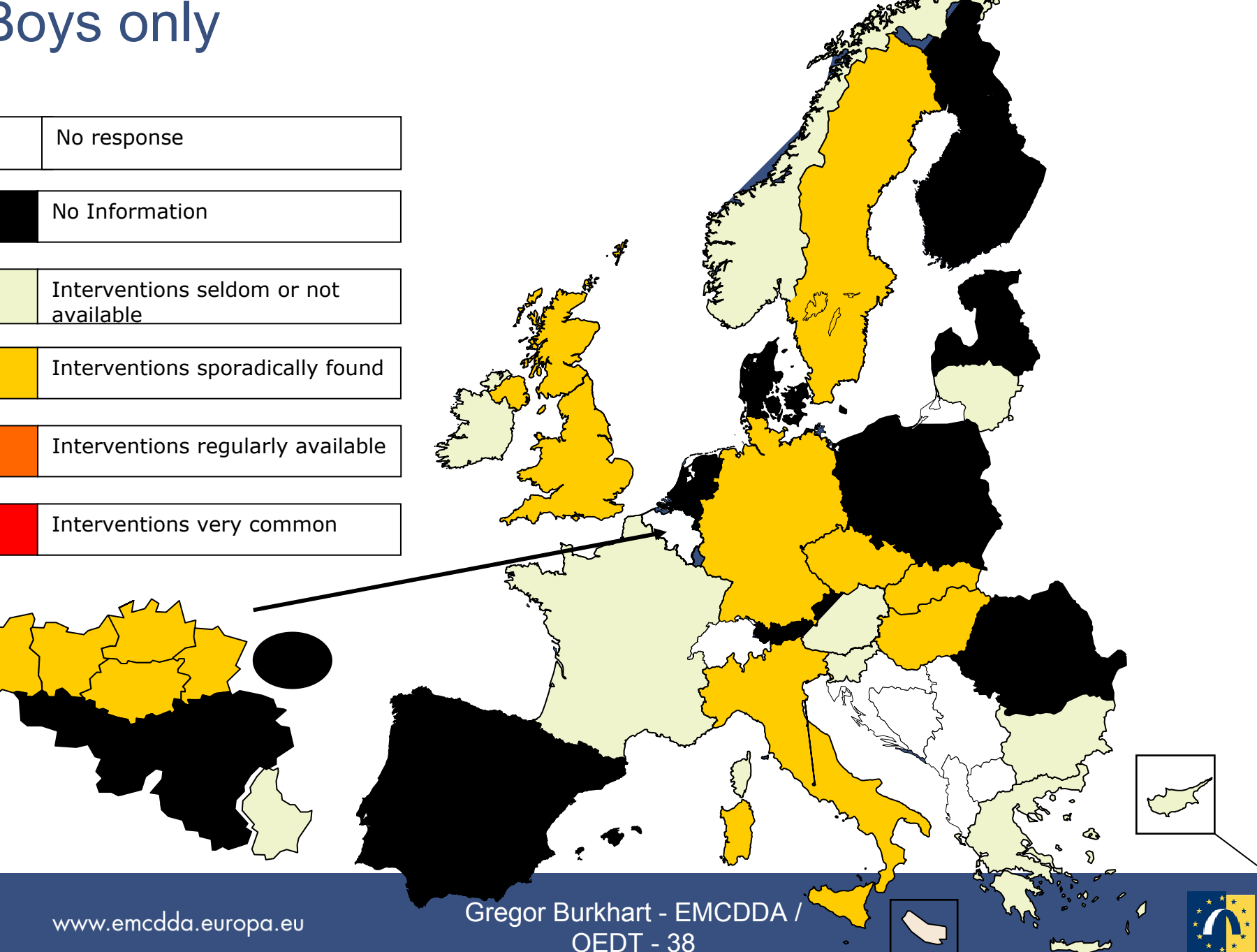
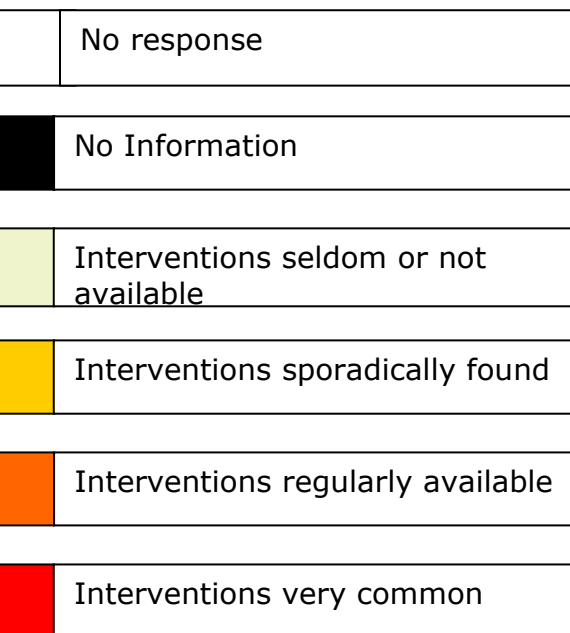
**Indicated prevention**

*Early intervention*

# Girls only

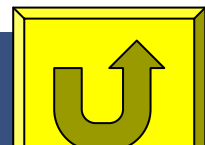


# Boys only



# School failure: example truancy risk - EDDRA

- STAY (St. Aengus Stay-In-School Youth Project) – IRL, age : 10-14
- The area has school drop-out rates of 60%, 15% of total treatment demand of IRL
- Intervention: to develop personal and social skills: homework support club, computer classes, art, cooking, first aid, drug awareness and a range of outdoor pursuits
- Participants in the project over previous two years were still in mainstream education. Activities provided were well received (attendance rates of over 90%)
- ➔ social inclusion and resilience; no direct drug-use outcomes



# Pupils with social academic problems

No response

Not known

Seldom or not available

Sporadically found

Regularly available

Very common

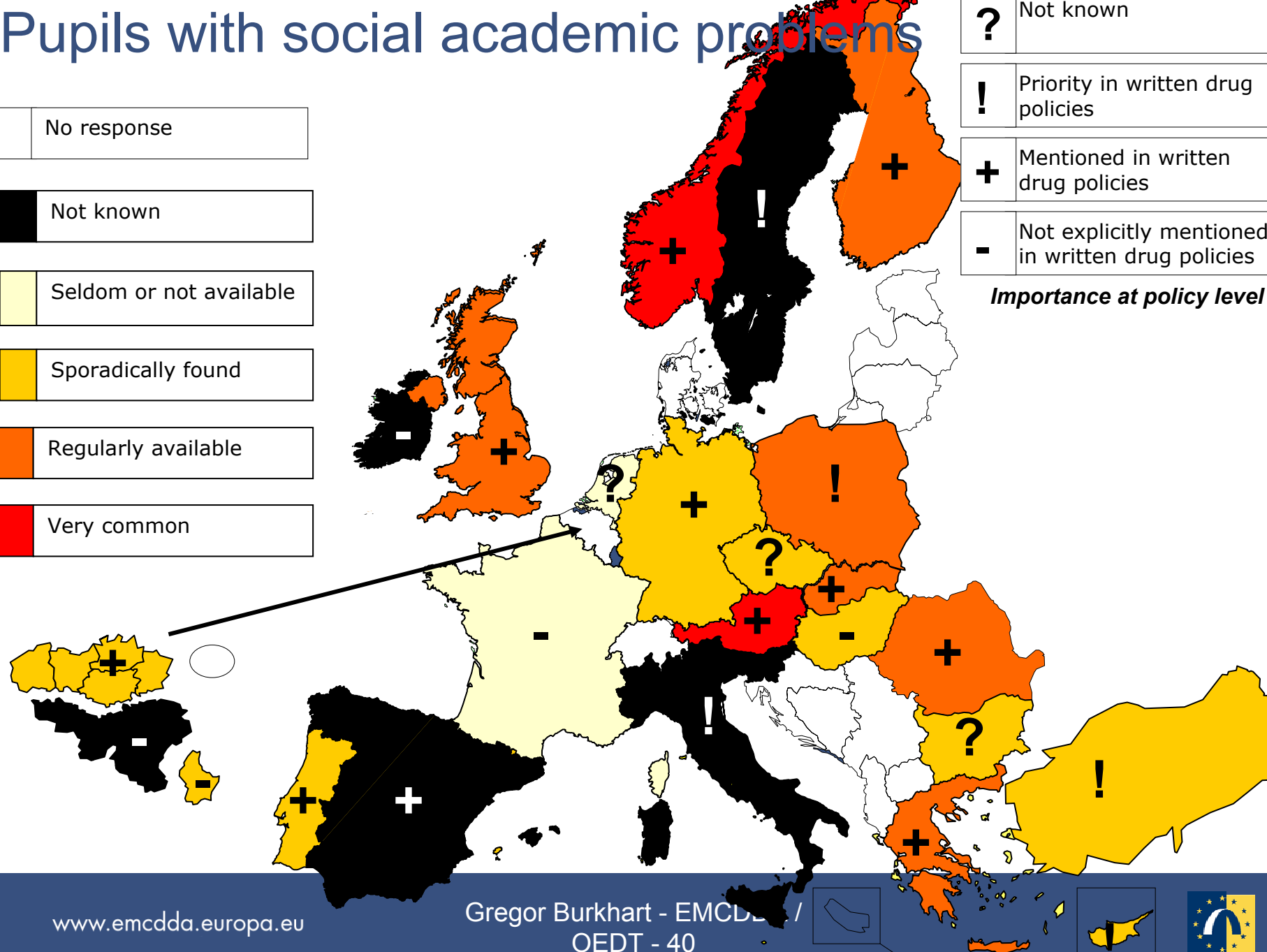
? Not known

! Priority in written drug policies

+ Mentioned in written drug policies

- Not explicitly mentioned in written drug policies

**Importance at policy level**





# Early school leavers

No response

Not known

Seldom or not available

Sporadically found

Regularly available

Very common

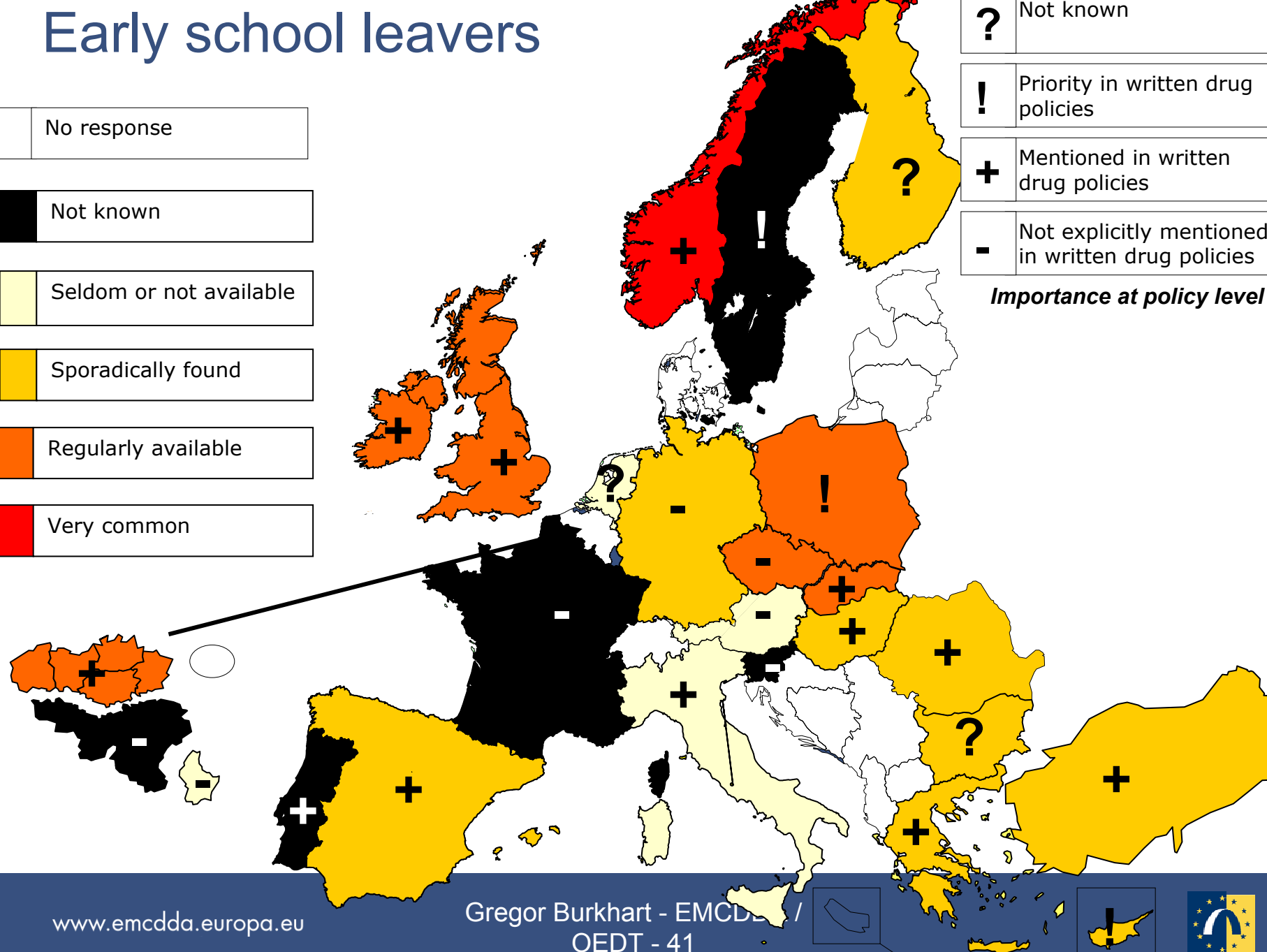
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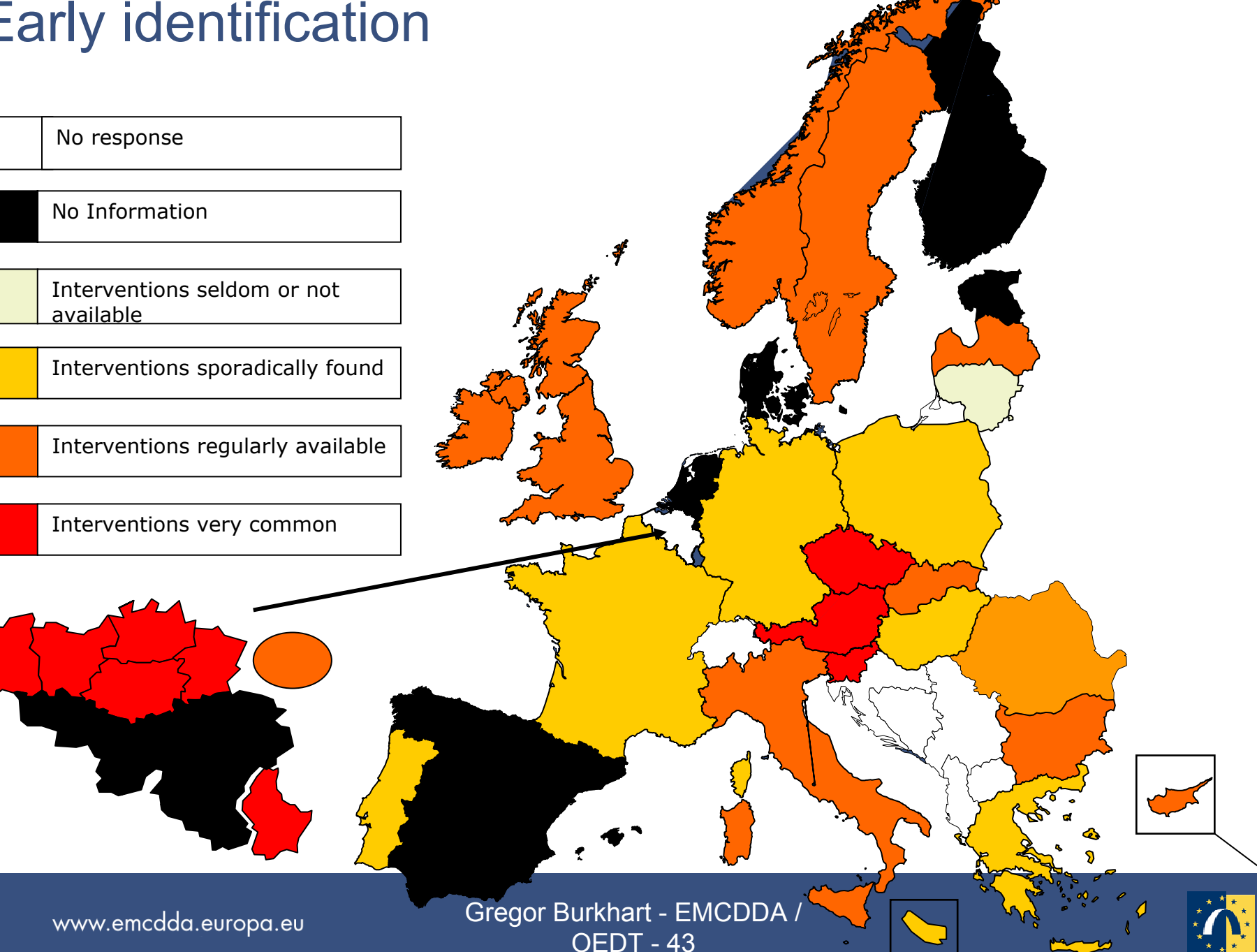
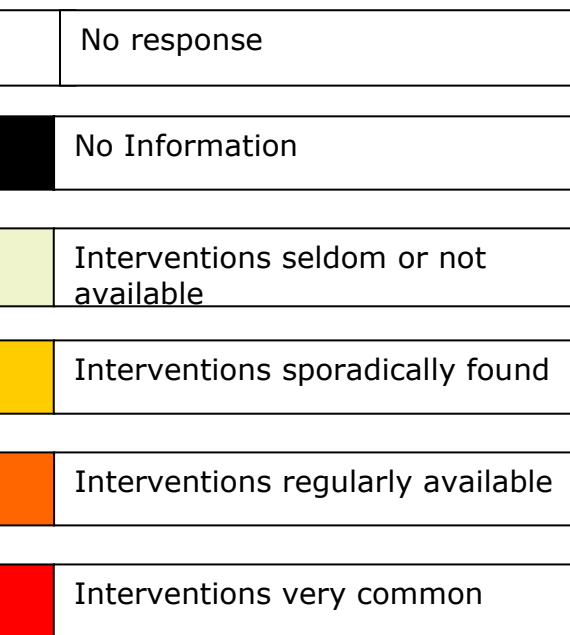
*Importance at policy level*



# Indicated prevention in schools

- **Galicia:**
  - programme for children 8 - 10
  - disruptive behavioural problems in the classroom (impulsiveness, aggressiveness, attention problems, hyperactivity) **and their teachers and parents**
- **"Match" (NL)**
  - children 4 - 14
  - risk factors: early and persistent antisocial behaviour, alienation, and rebelliousness
  - matches a child at risk to a trained volunteer adult to support the child during leisure activities within a relationship based on mutual trust.
  - To participate in "Match" it is required that the child at risk is not yet involved in an environment of heavy drug use.

# Early identification



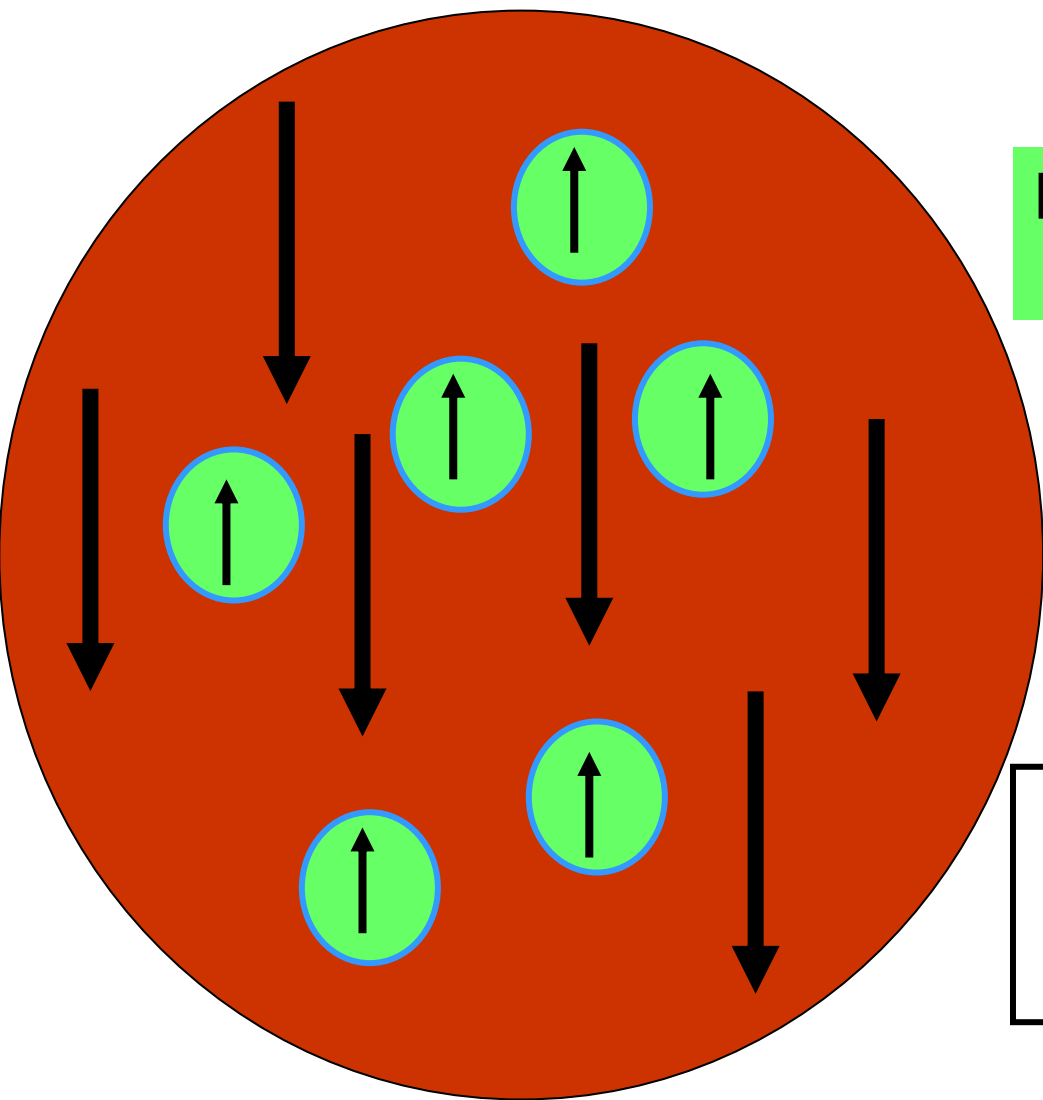
# Ethics

- "beware to do no harm"
- Iatrogenic effect of information only
- Iatrogenic potentials of selective prevention
  - Contagion effects
  - Positive reinforcement of deviant behaviour
- Universal approaches do have good or better effects in high-risk populations

## Evidence base II

- Complementary general health/life skills programmes produce greater change than skill-based education programmes alone,
- Interventions are best integrated within a well-founded health curriculum.

Hawks et al. 2002



Prevention  
efforts

x

Level of  
implementation

Social pro-drug-use  
norms or permissiveness

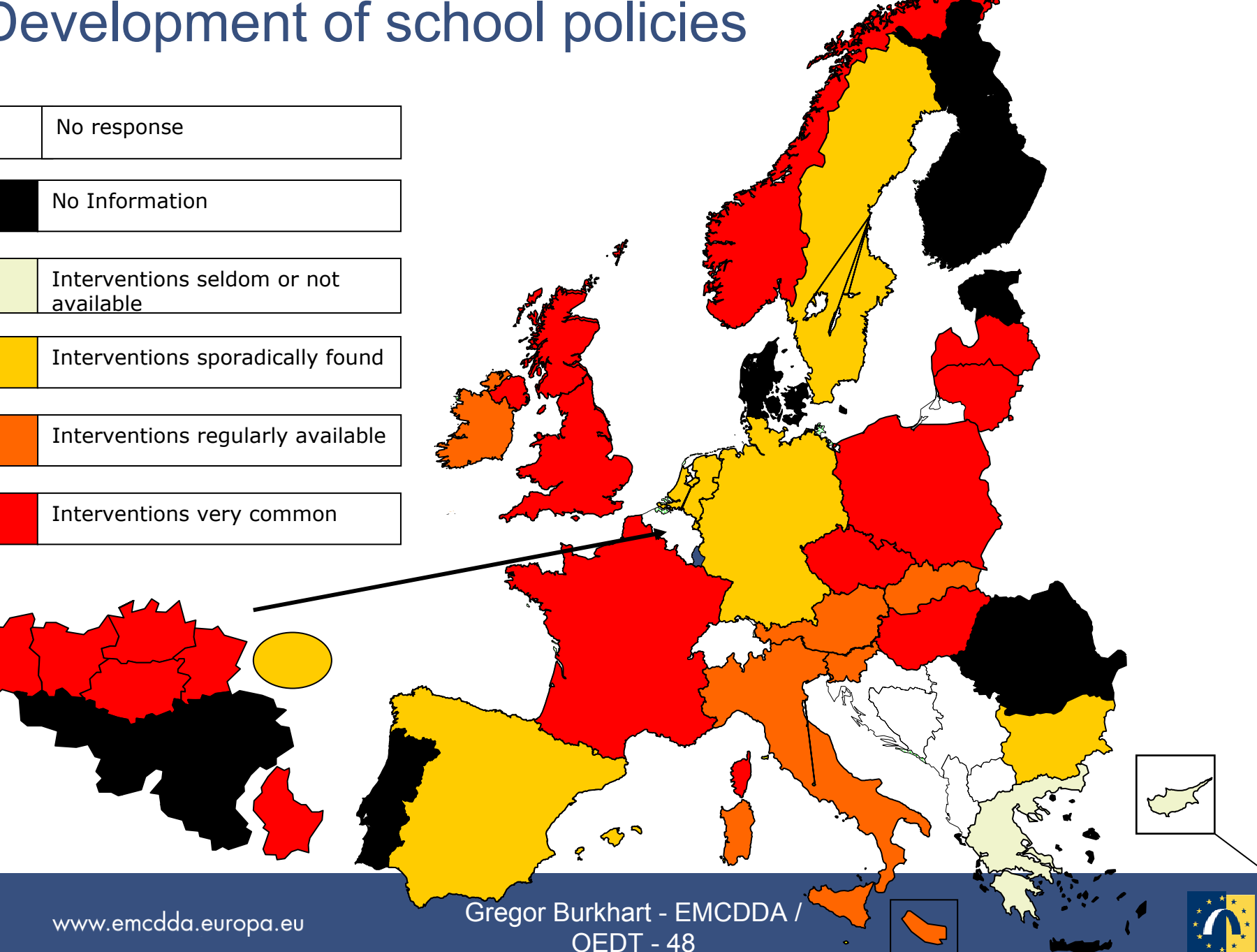
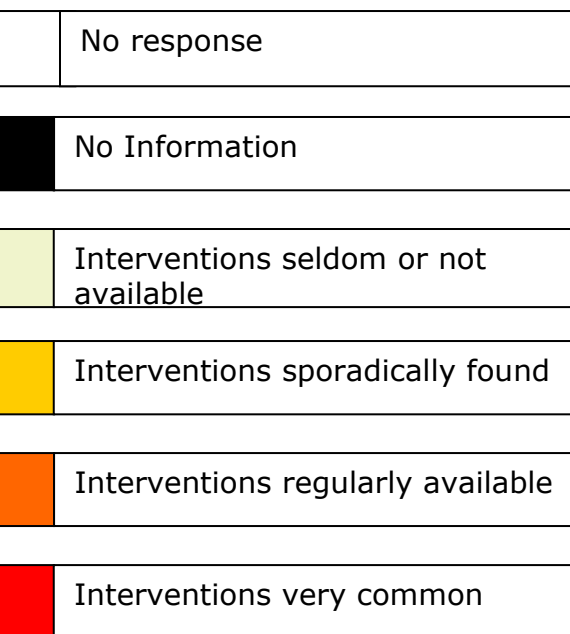
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Fair assessment of  
prevention strategies in  
policy evaluations

# Legal drugs and norm perception

- Legal Drugs are main predictors for problem drug use
  - Early Smoking and drinking → more (illicit) problem drug use later on (*Paddock 2005, Andres 2004, Pedersen 2001, Von Sydow 2002, Wetzels 2003, Vega & Gil 2005, Orlando 2005*)
  - Tobacco und Alcohol use associated with Cannabis use (*Denmark NR 2005,*)
- Perception of norms and normality is crucial for adolescent choices on substance use
  - Social acceptance, use und normality of legal drugs and cannabis influence substance use (*Hansen 1992, Cuijpers 2002, Paglia & Room 1999, Butters 2005*) “countercultural” norms
  - Other norms influence substance use : early dating (*Fidler 2006*), late going out (*Calafat 2003*), deviant behaviour, parental control: “behavioural clusters”
- Society’s credibility and consistency in the eyes of youth
  - What is the health risk difference between Alcohol and Cannabis?
  - Consequent focus of prevention on risk behaviour and health protection, not on legal issues

# Development of school policies





# Elements of environmental strategies

- Regulating physical availability of licit drugs (including age limits)
- Taxation and pricing
- Altering the drinking environment
- Smoking bans
- Drinking-driving countermeasures
- Treatment and early intervention
- Regulating promotion/advertising

# Rationales of Environmental Strategies

- To correct consistently the perception of normality and acceptance of any substance use without limiting it to legal aspects (Alcohol ⇔ Cannabis).
- To influence social norms regarding licit drugs
- To foster a Public Health culture that supports prevention efforts while regulating the leisure, advertisement and alcohol/tobacco-industries
- Young people are especially vulnerable to their strategies
- For licit drugs, environmental strategies are more effective than universal prevention measures

# Two different perspectives

## 1. Environmental strategies on legal drugs to give spin-off effects on illicit drug use

- Less initiation
  - Later initiation
- 
- Trajectories of early smoking  
→ illicit drugs (problems)

## 2. Environmental strategies on legal drugs to provide synergic climate for individual prevention strategies to be successful

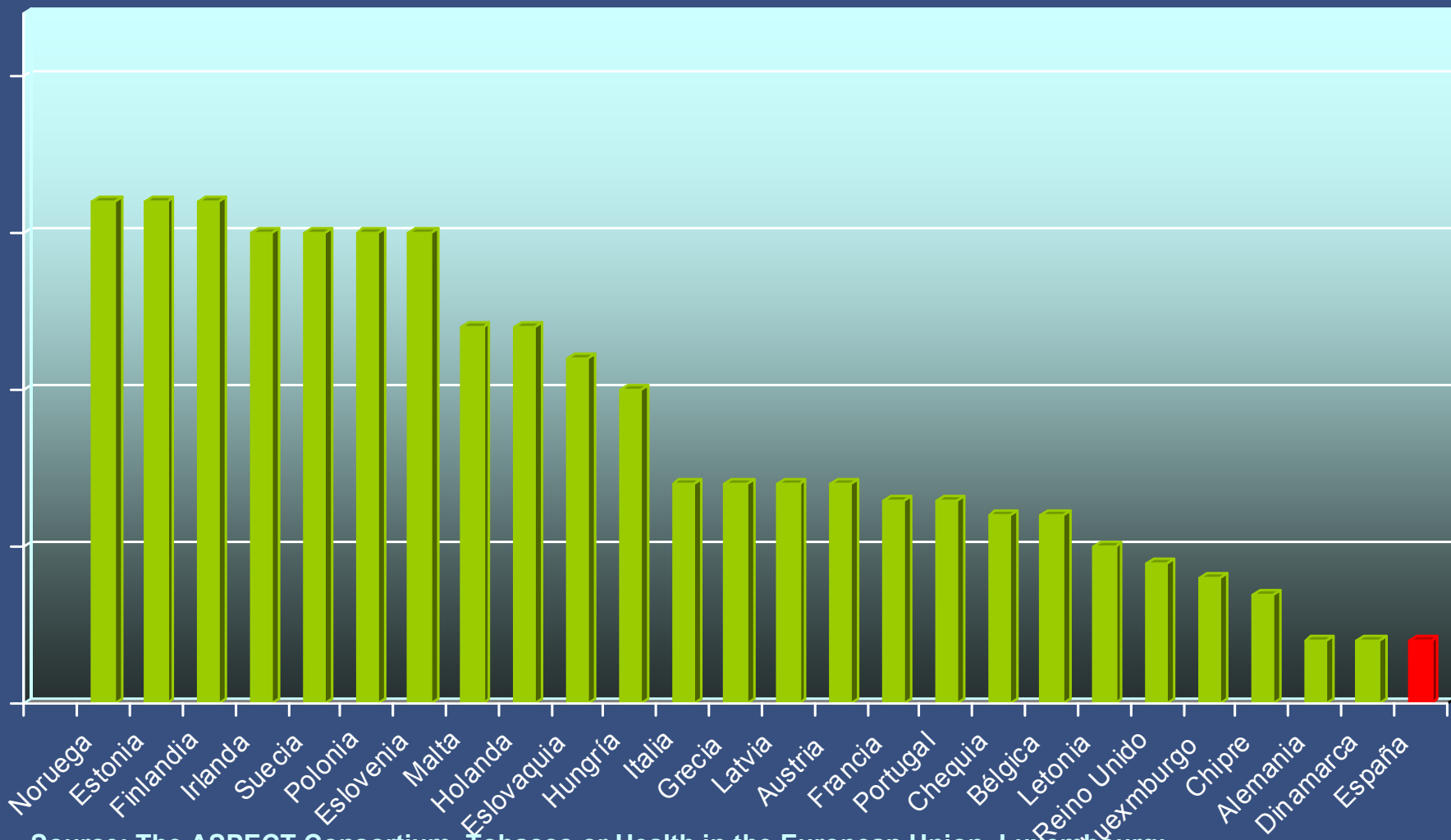
- No contradiction from social norms and values
- No counteracting from Publicity, Marketing and Media
- Effects on adolescents' perception of normality and acceptance of substance use

### 2.3.2 Smokers, by age and sex, 1999

(%)

Do you smoke?	EU-15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK
<b>TOTAL</b>																
Males	40	47	32	41	58	47	43	38	35	39	37	47	44	40	19	37
Females	28	28	44	27	32	28	34	27	20	29	27	30	14	22	25	33
All	34	37	38	34	45	37	38	32	27	34	31	38	28	30	22	35
<b>15-24</b>																
Males	43	53	21	45	47	46	53	32	34	50	34	45	33	34	16	45
Females	40	38	49	45	43	45	53	27	23	39	29	39	16	29	26	41
All	41	46	35	45	45	46	53	30	29	45	32	42	25	31	21	43
<b>25-34</b>																
Males	46	55	33	49	64	49	56	34	38	43	39	50	66	49	20	35
Females	38	40	38	37	53	50	46	37	22	33	26	43	27	30	33	43
All	42	48	35	43	59	49	51	35	30	38	33	47	46	39	26	39
<b>35-44</b>																
Males	45	49	32	41	74	54	52	55	34	42	45	63	55	41	21	46
Females	38	40	55	34	42	38	49	41	33	25	34	50	24	28	34	37
All	41	44	43	37	58	46	50	48	33	34	39	57	39	34	27	41
<b>45-54</b>																
Males	46	48	40	45	83	65	41	38	45	36	36	51	55	62	23	34
Females	28	27	48	34	36	21	31	23	20	30	37	21	6	20	33	32
All	37	38	44	40	60	43	36	31	32	33	36	36	30	41	28	33

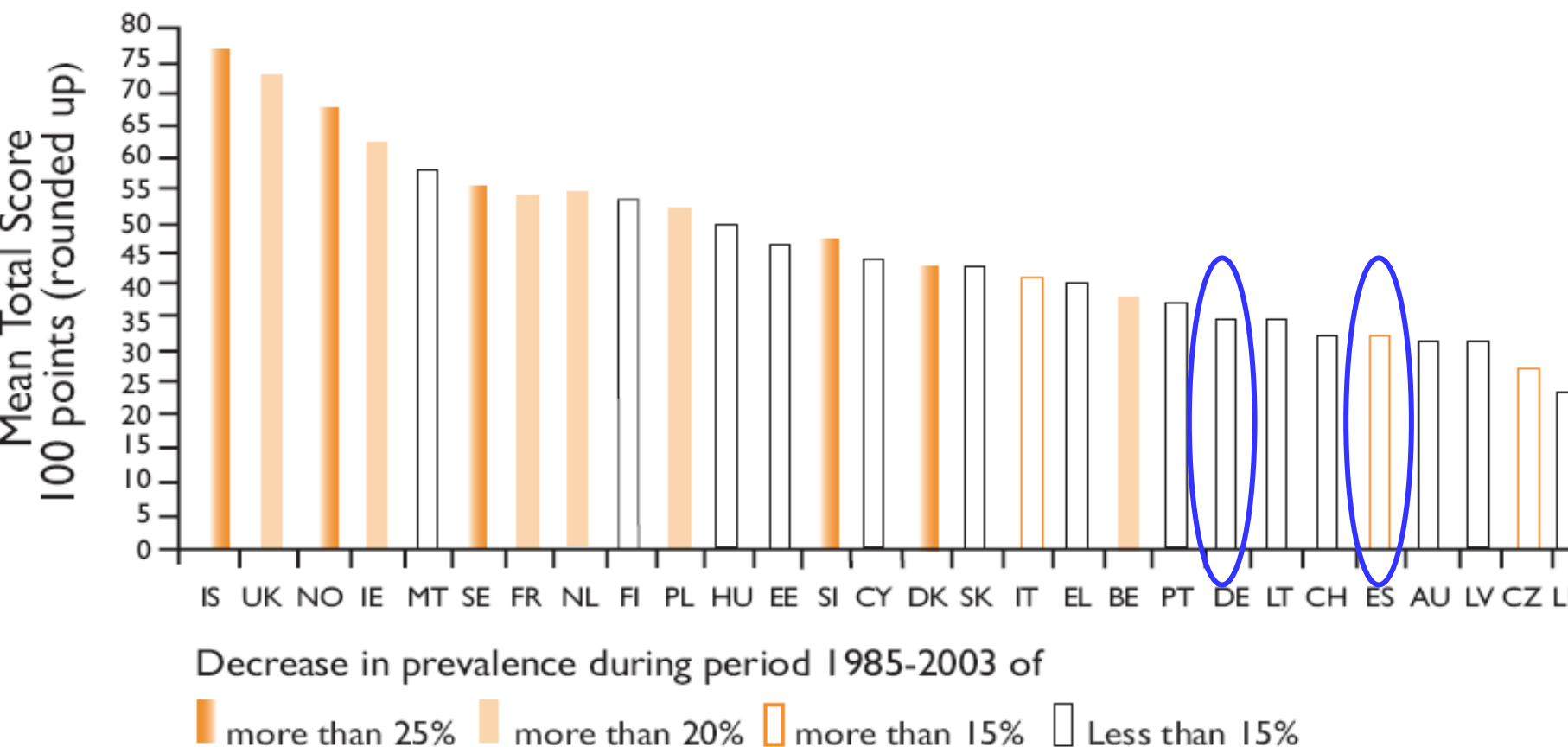
# Strength of legislations on smoking in public and workplaces in the EU, 2004



Source: The ASPECT Consortium. Tobacco or Health in the European Union. Luxembourg: Directorate-General for Health and Consumer Protection. European Commission, 2004.

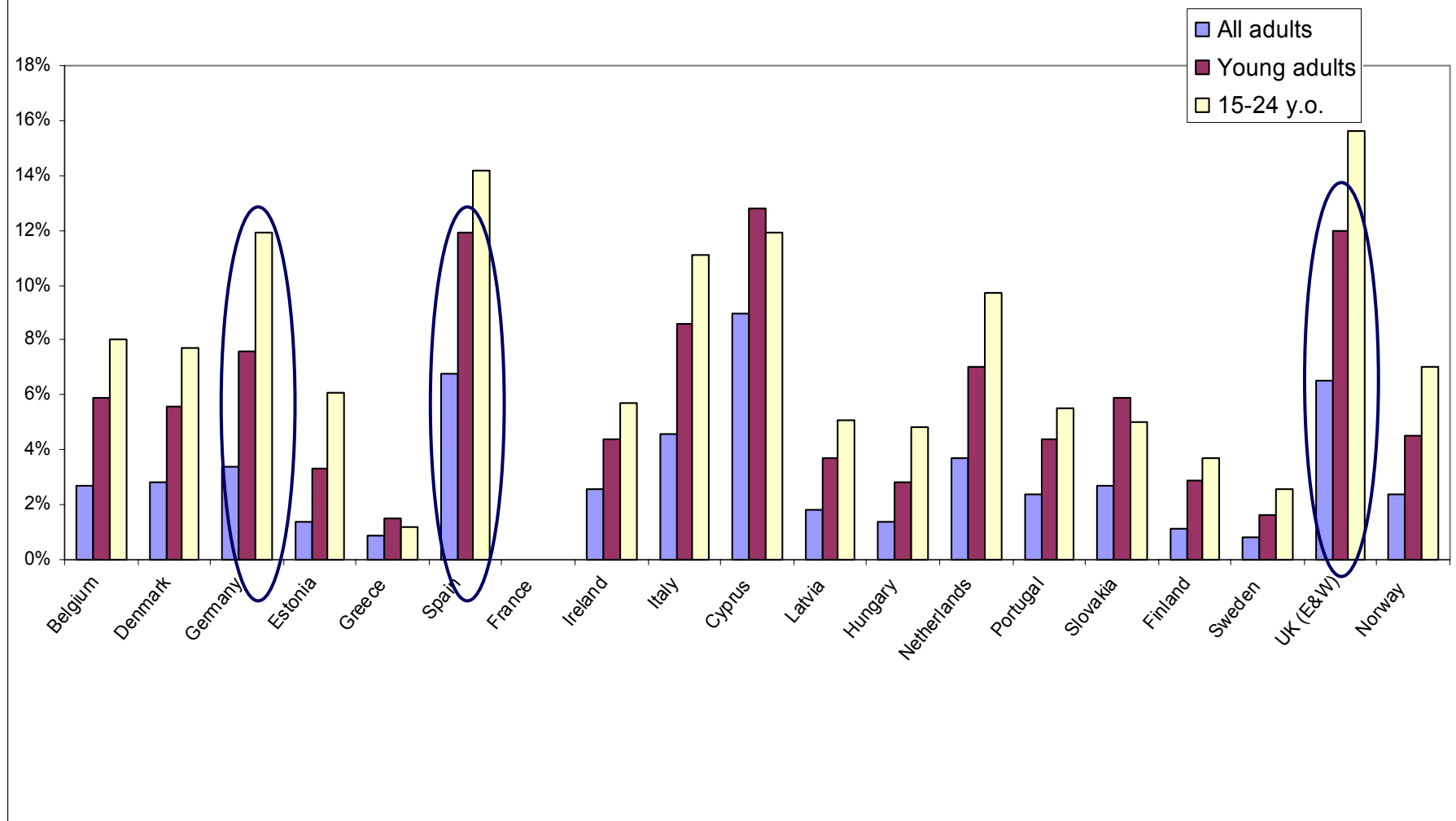
# Policy effects

Fig. 4. - Countries ranked by “effective tobacco-control policy” scores (out of 100)



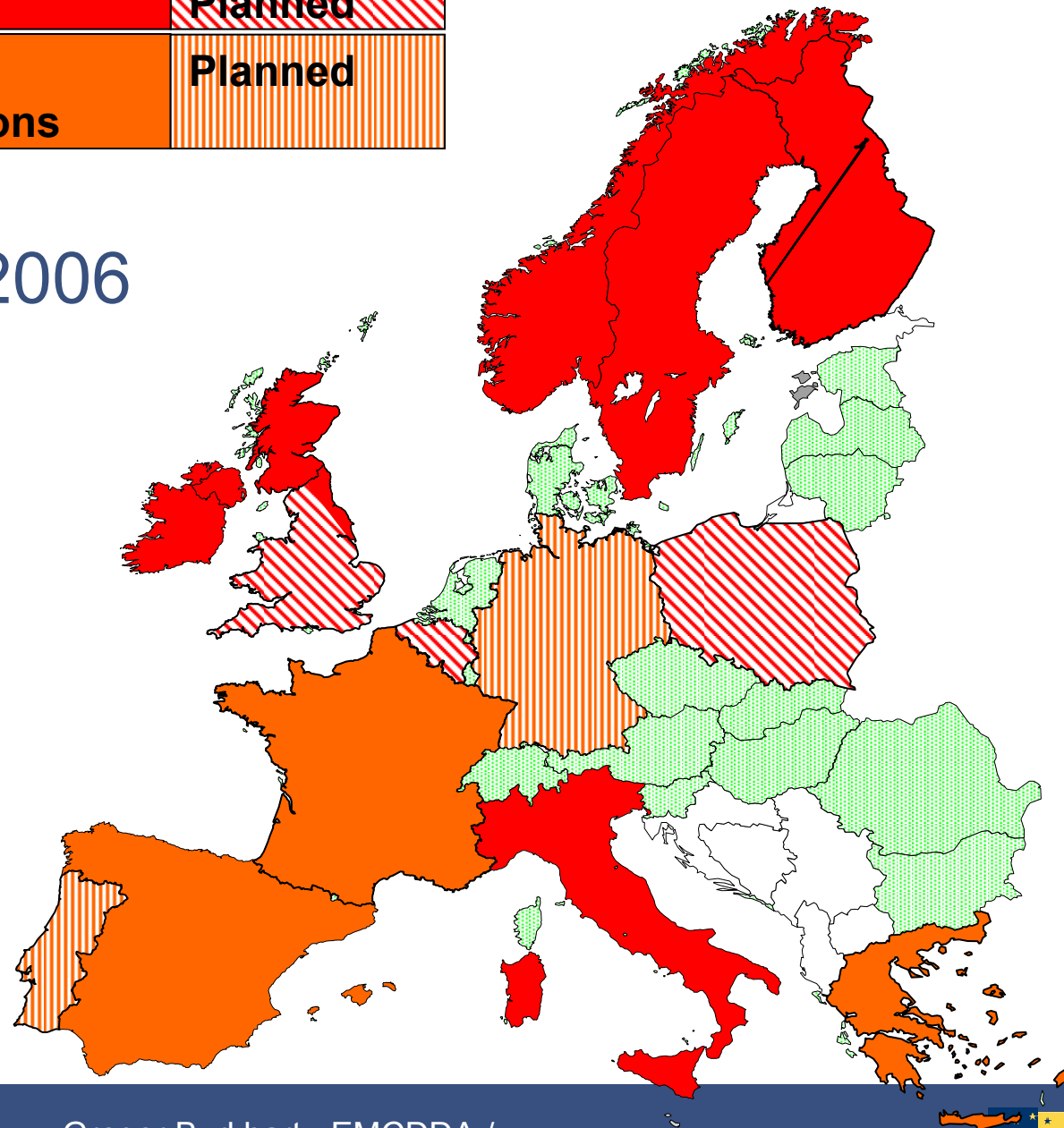
Source: Joossens<sup>15</sup>.

**Current use (last 30 days) prevalence of cannabis among all adults (15-64 y.), young adults (15-34 y.) and for the age group "15-24 years old" in some EU countries, measured by national population surveys**



<b>Total</b>	<b>Planned</b>
<b>With exceptions</b>	<b>Planned</b>

# Smoking bans, 2006





# Alcohol policies in Europe

- Source: Anderson & Baumberg, 2006
- High score: comprehensive policy



# “The End of Tolerance“?

- Would we consider for instance inner-city speed limits as ***prohibitionist*** or as limiting personal freedom?
- Are dress-codes, eating manners or toilet taboos expressions of intolerance/repression or achievements of the civilisation process (Elias)?
- Do we still spit on the floor of Buses and Tram-wagons?

- Cultural-historical resistances
  - Nazi hostility to smoking
  - Fascism in Spain/Portugal
  - Environmental strategies as **Protestant** value
- Conceptual similarity of prohibitionism and environmental strategies