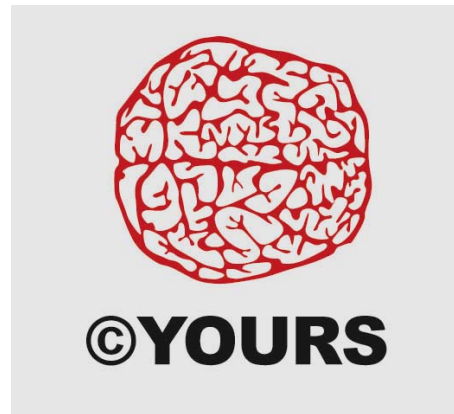


# Best practice prevention based on evidence



Peer van der Kreeft  
Head of prevention, De Sleutel  
Lecturer drug issues and prevention, Faculty of Social  
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Ghent.

Prague, Monday 26 november 2006

# Prevention is an expertise

- Preventive thinking
- Drug prevention in comprehensive models
- Prevention can be
  - Opinion based
  - Theory based
  - Evidence based

Action research: practitioners work together with researchers



# What works?

- RCT Randomized Controlled Trial
- components from *meta-analyses*
- ... from *systematic reviews*
- other research
- good practice (American Psychologists Association)



# Problems with evidence

- The evidence base is highly diversified and specialised
- The evidence base is always „work in progress“
  - Continuous need for identifying unsatisfactory practice and for new evidence
- Most evidence comes from developed countries
  - Not necessarily applicable in other countries/cultures

Uchtenhagen, ICAA Edinburgh 2006



ILLUSION

# Classification

## **Primary prevention**

target group has not used drugs

## **Secondary prevention**

target group has used drugs but no manifest problem

## **Tertiary prevention**

reduction harmful consequences of manifest problem and relapse prevention

# Within primary prevention:

- **Universal programmes** - for the whole population.
- **Selective programmes** - for *at risk* subgroups. E.g. children of alcoholic parents, lack of education skills, violent environment
- **Indicated programmes** - for people not addicted but with indications of danger.

# Drug strategy in any area

- **Supply reduction**
- **Demand reduction**
- **Harm reduction**



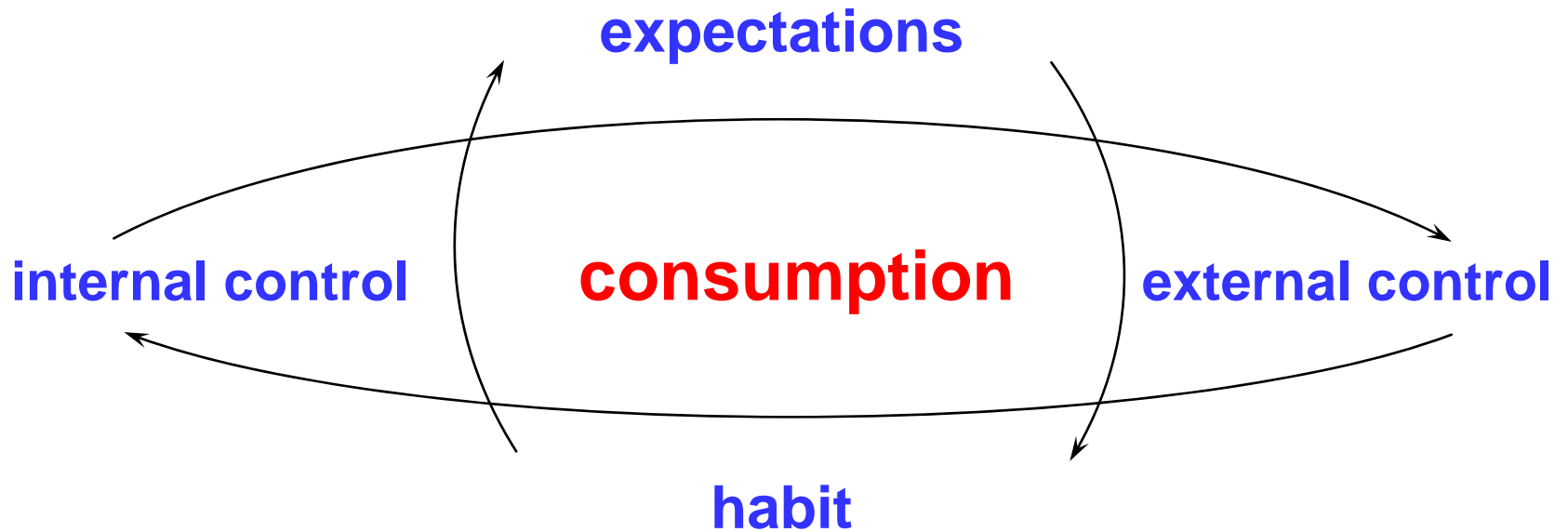
POWDER



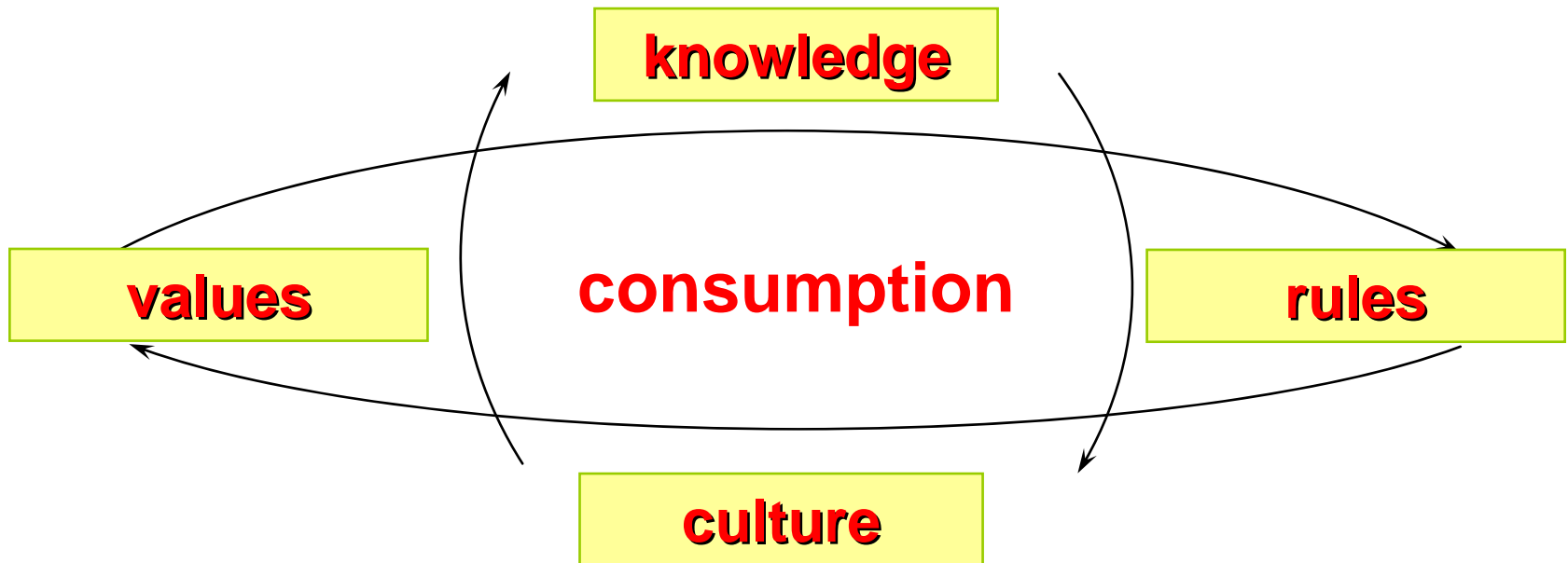
# Risk- and protective factors



# Influence on consumption ...



... determines working areas for prevention



(Pompidougroupp: European Handbook Prevention, 1998)

# Lifeskills - a solid base WHO 1993, Botvin 1981

0/1

Decisionmaking & problemsolving



Critical thinking & creative thinking



Positive selfesteem & empathy



Communication & relation skills



Dealing with emotions & coping strategies



learning by mistake

accepting and giving help

thinking about values

# Lifeskills - curriculum integrated (3-18yr)



Decisionmaking & problemsolving



Critical thinking & creative thinking



Positive selfesteem & empathy



Communication & relation skills



Dealing with emotions & coping strategies



learning by mistake

accepting and giving help

thinking about values

# An example: the EU-Dap trial



# The EU-Dap trial - Evidence based

RCT in 7 countries (.it .de .se .au .es .gr .be),  
143 school, 345 class, >7.000 pupil  
12-14 yr

EU-Dap II: also .cz

“Unplugged” intervention, was designed:

- a complex intervention
- to decrease drug initiation
- and/or to delay the transition from experimental to addictive behaviour
- of tobacco, alcohol, cannabis and other drugs.



# EU-Dap study per country

- ..... 15 schools control group (no intervention)
- ..... 9 schools basic lessons alone
- ... 3 schools basic lessons & parent meetings
- ... 3 schools basic lessons & peer sessions

Questionnaire pre intervention, 3 mth post and 12 mth post





# EU-Dap intervention 'Unplugged'

- Based on social influence model
  - Elements from lifeskills (Botvin)
  - Normative beliefs
- Limited in time
  - *Programme adherence*
  - Implementation facility (in one semester)
- Effective components from meta-analyses



# Effectivity components

according to meta-analysis

- Teacher training
- Information about drugs
- Include normative beliefs
- Focus on specific influence based skills
- Interactive broad-based skills training
- Involve family and community
- Cultural sensitivity



**UNPLUGGED**

# 12 lessons

- Basis = 10 lessons, plus intro and closure
- Information and attitude
- Interpersonal skills
- Intrapersonal skills



**UNPLUGGED**

# Twelve Unplugged lessons

N°	TITLE
1	Opening UNPLUGGED
2	Choices – risk and perception
3	Drugs – get informed
4	Smoking the cigarette drug – get informed
5	Your beliefs, norms and information: are they correct?
6	To be or not to be in a group
7	Express yourself
8	Party tiger
9	Get up, stand up
10	Coping competences
11	Problem solving and decision making
12	Goal setting and closure



# Three parent meetings

Information on drugs and on development of teenager

Relations inside family change during adolescence

Rules and norms, *authoritative* parenting

Velleman 2000 identifies three skills that may help parents prevent drug use and drug problems: a) drugrelated, b) educational, c) selfconfidence as parents



# Seven peer meetings

N°	After lesson about...	Examples of trigger-questions
1	Alcohol	<i>Are there any questions left? Do girls and boys drink differently?</i>
2	Normative belief	<i>Is there also a difference between assumptions and reality about drugs within the teachers opinions?</i>
3	Peer pressure	<i>Do boys react differently on peer pressure than girls?</i>
4	Friendship & relations	<i>What's the relation of being shy with tobacco, alcohol or other drug use?</i>
5	Refusal skills	<i>Which refusal skills work, which don't?</i>
6	Individual qualities and talking about problems	<i>What kind of difficulties are impossible to talk about at school?</i>
7	Evaluation	<i>Evaluation questions</i>

# Implementing peers & parents

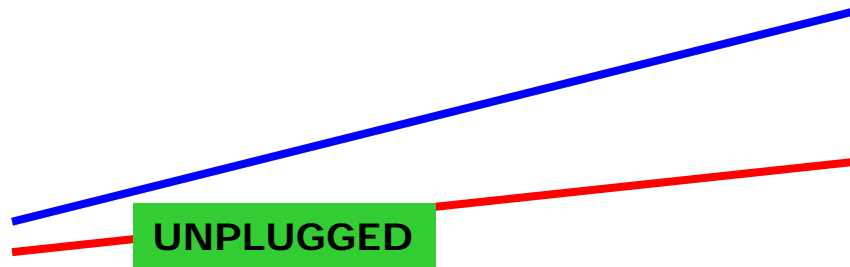
Peer arm was very little implemented

Parent arm was implemented with few participants

Peer and Parent arm had no specific positive nor negative influence on effectivity.

Remain important components of literature.

## Effectivity of Unplugged intervention after 3<sup>rd</sup> questionnaire (1 jr post interv)



**Daily smoking 30% less chance**

**Drunkenness 27% less chance**

**Cannabis 23% less chance**

**The EU-Dap class programme has a preventive effect on early onset of drug use and on the transition of experimental to frequent use. The effect is bigger for boys than for girls.**

*Preliminary results!*



# **Basing your prevention on risk and protective factors**

Self report schoolsurvey with 3.294  
students 14-18 yr in Belgium and the  
Netherlands

Research: Geert Lombaert

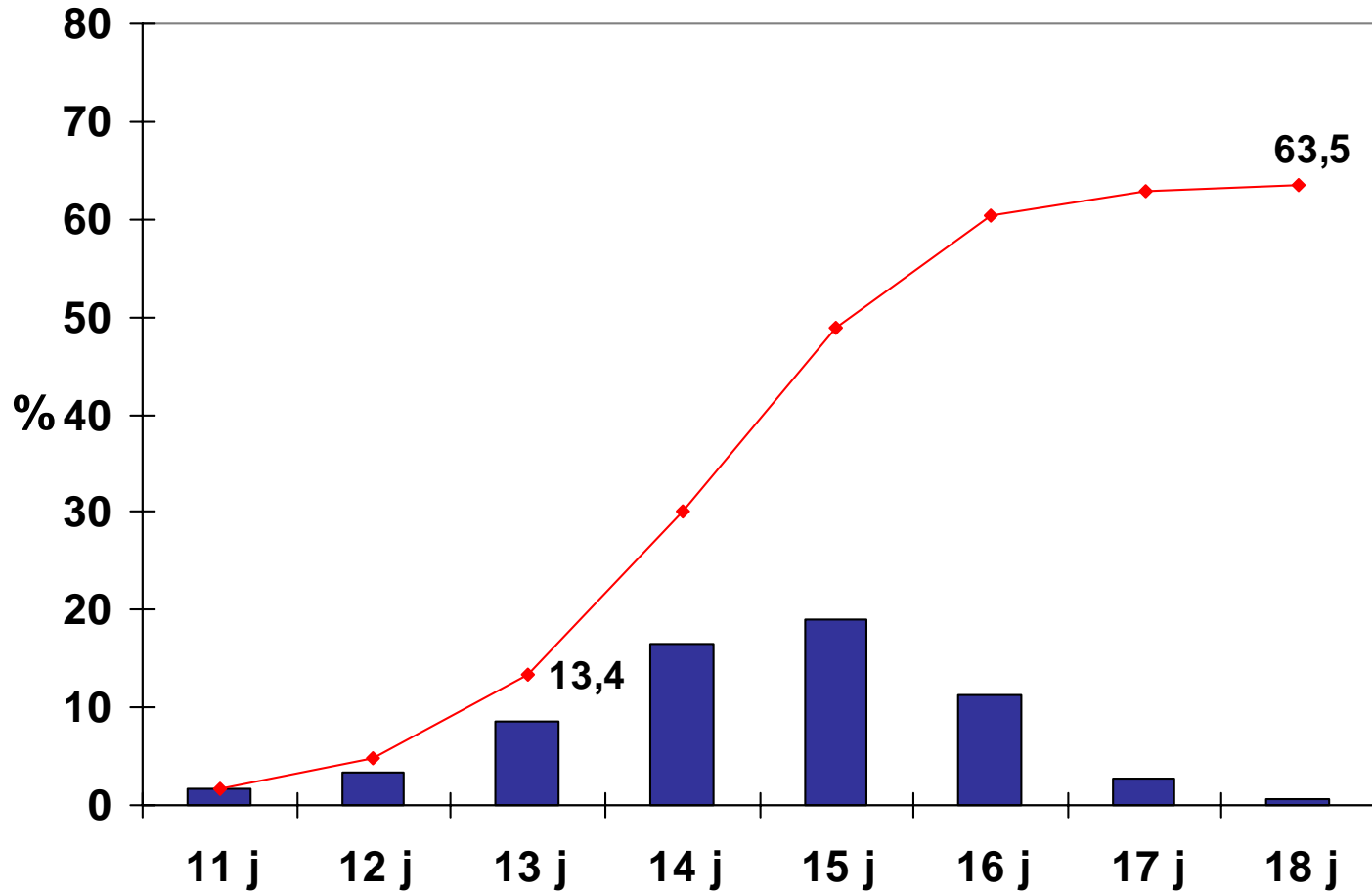
Prevention: Peer van der Kreeft

# Objectives of the schools survey

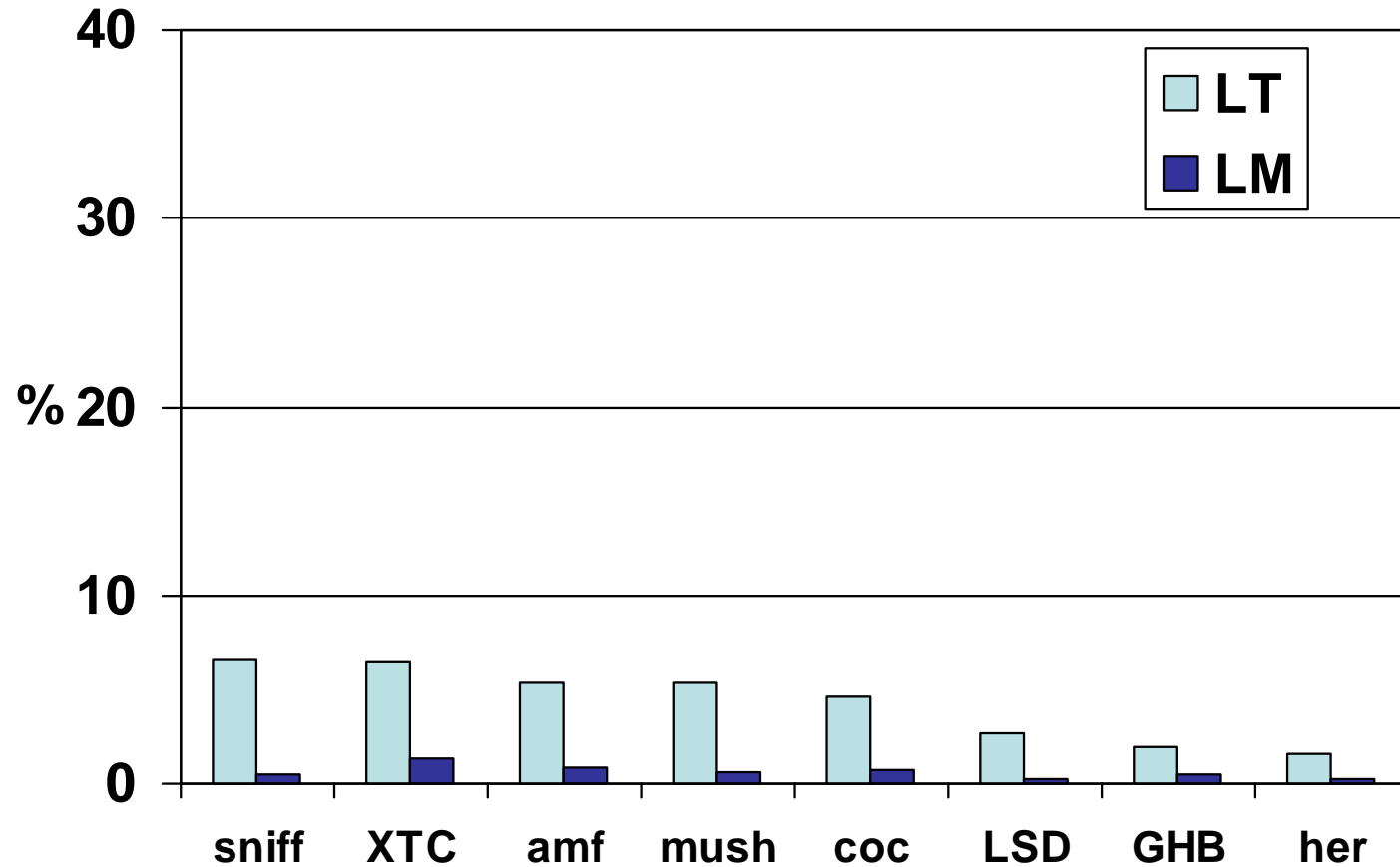
Assemble representative and comparable data about use of substances by students from the age of 14 until 18 in West-Vlaanderen, Oost-Vlaanderen and Zeeland

Delivering starting points for prevention by analysis of the parameters and factors that correlate with use

# Onset drunkenness



# Use of illicit drugs



# Descriptive analysis

Parents think how they will react  
when confronted with drug use

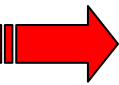


# Age of onset

Tobacco and alcohol: 13 yr or younger, 10% already smoked at 11.

Correlation of use of one product and others (for tob, alc, med, can).

**Objective: postpone the onset age**

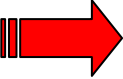


**explain the gateway function**

**Prevention intervention in primary school, congruent with those in secondary school.**

# Premix drinks

Alcopops like breezers en premix drinks are drunk by 14-16 just as much as by 17-18

 **Inform about composition and alcohol % in breezers for youngsters in age 14-16 and their parents. Sugar has a dependent making function in combination with alcohol ("wine isn't nice, but sweet breezers are fine")**

**Combination with stronger control of accessibility**

# Explanatory analysis



Researcher takes certain factor in and out the analysis to check if it is of influence: is it a risk or a protective factor?



## Disapproval by friends (LY)

Other illegal drugs

Sleep- or  
tranquillizers

Drunk

Alcohol

Cannabis

Tobacco

-50

-40

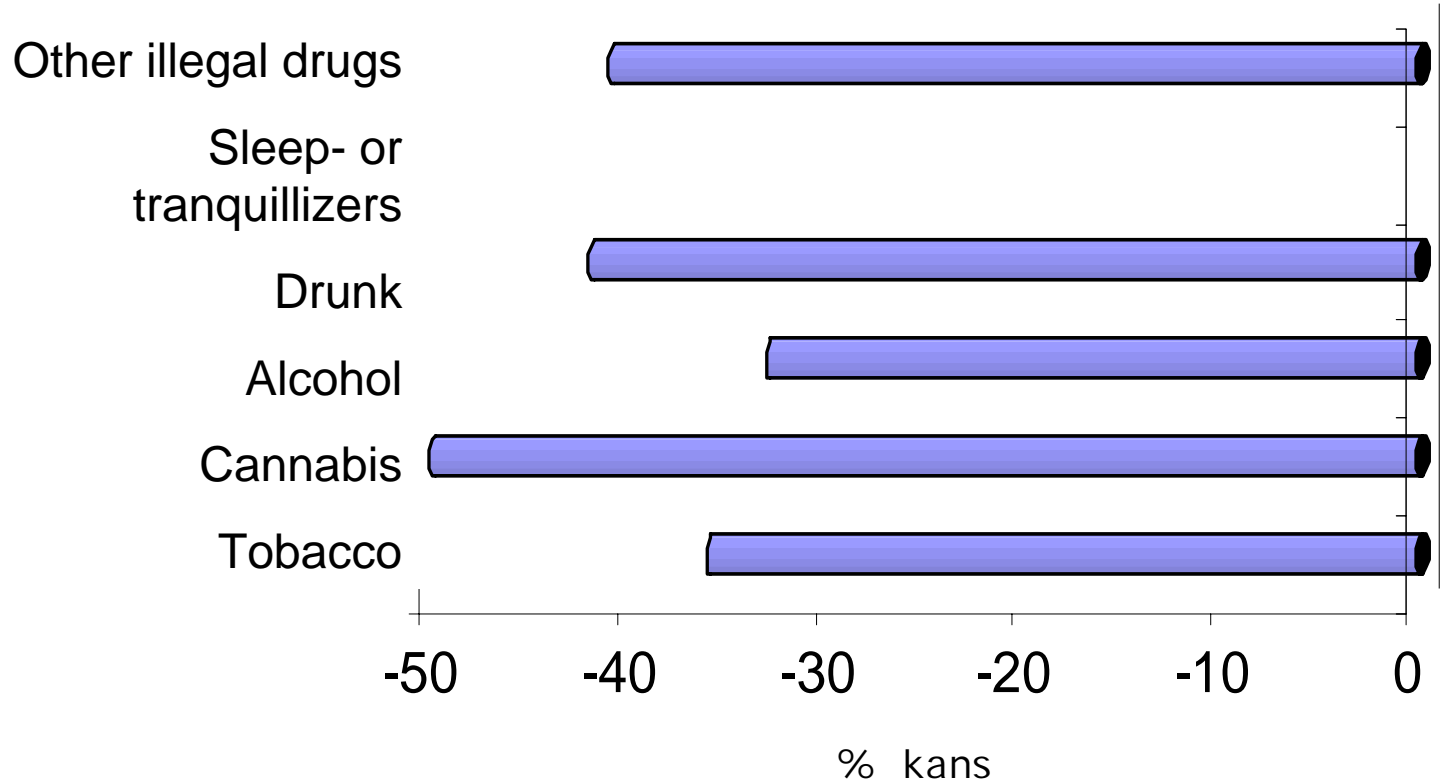
-30

-20

-10

0

% kans



# Disapproval by friends

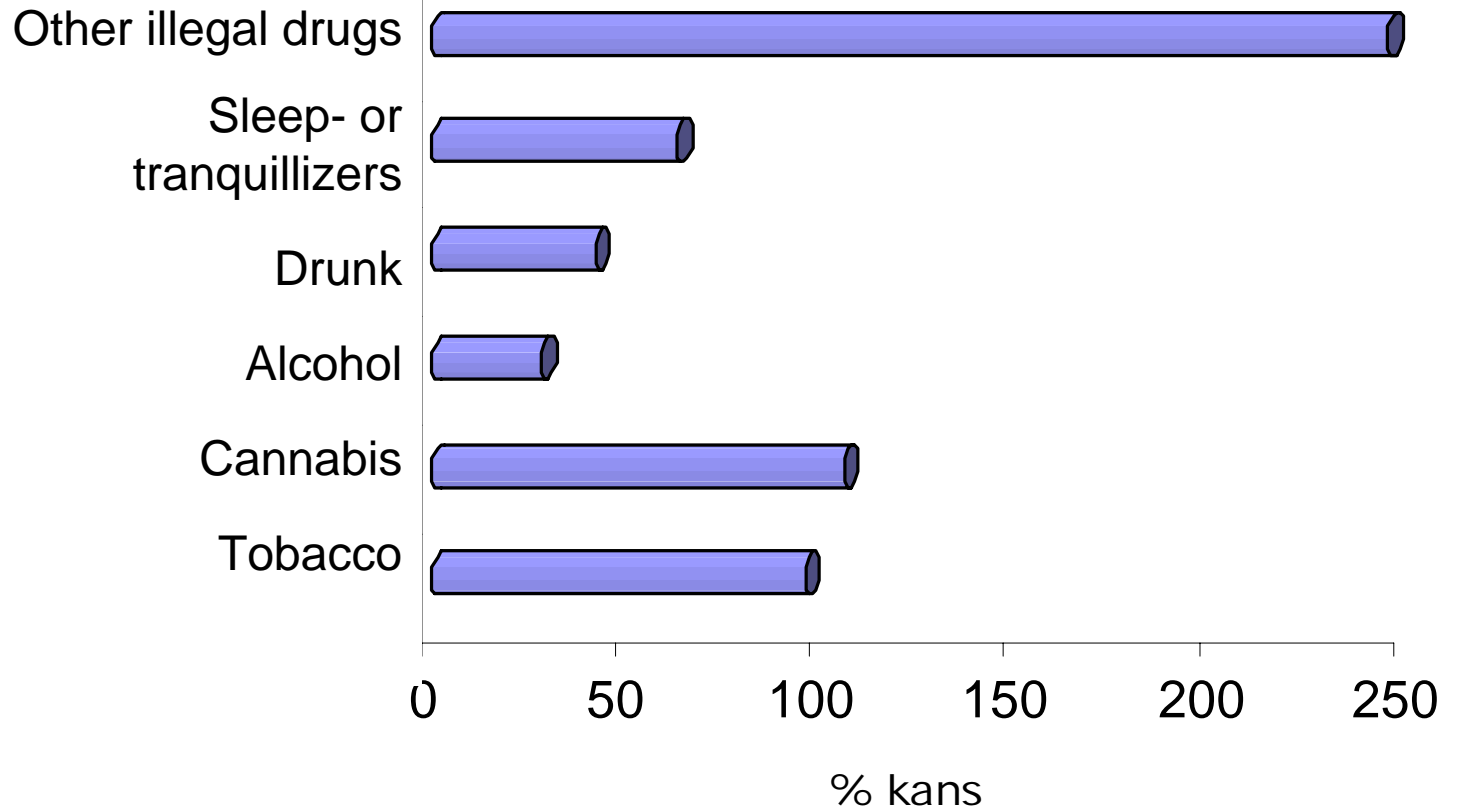
Protective factor for all products, except medication

 Taking a standpoint about legal and illegal drugs can indeed contribute to decrease drug use.

Don't think too easily that *talking about drugs doesn't influence anything at all.*

*Perception of disapproval*

## Use by friends (LY)



# Use by friends

Risk factor for all products

 Make distinction between *correlation* and *causal relation*

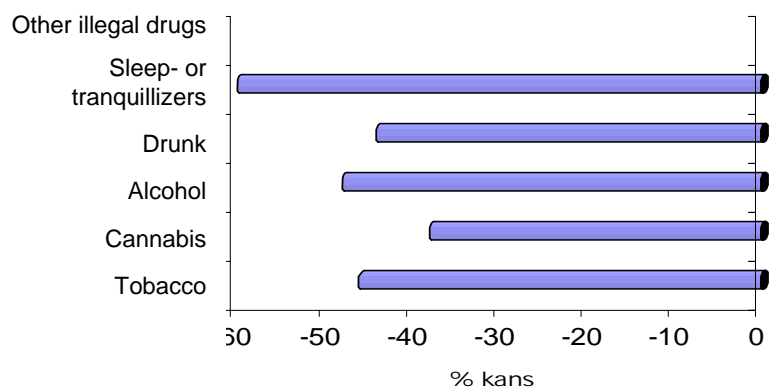
Not *bad friends* are pushing the youngster to drugs, but *normative belief*

Lifeskills lessons about:

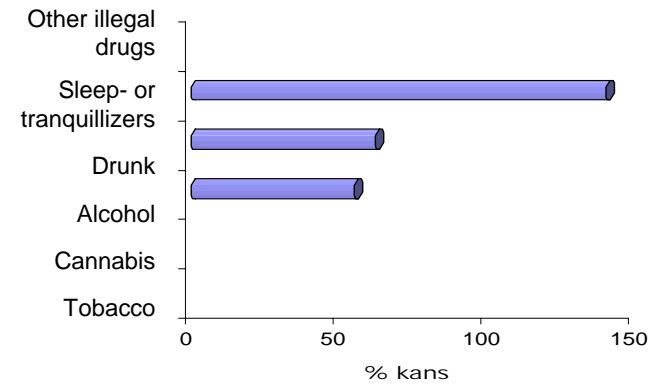
group dynamics

*critical thinking*, overestimated prevalence numbers

## Disapproval by parents(LY)




## Use by parents (LY)



# Disapproval and use by parents

Protective factor: disapproval. Risk factor: use. Especially legal drugs. Less for cannabis, not for illegal drugs.

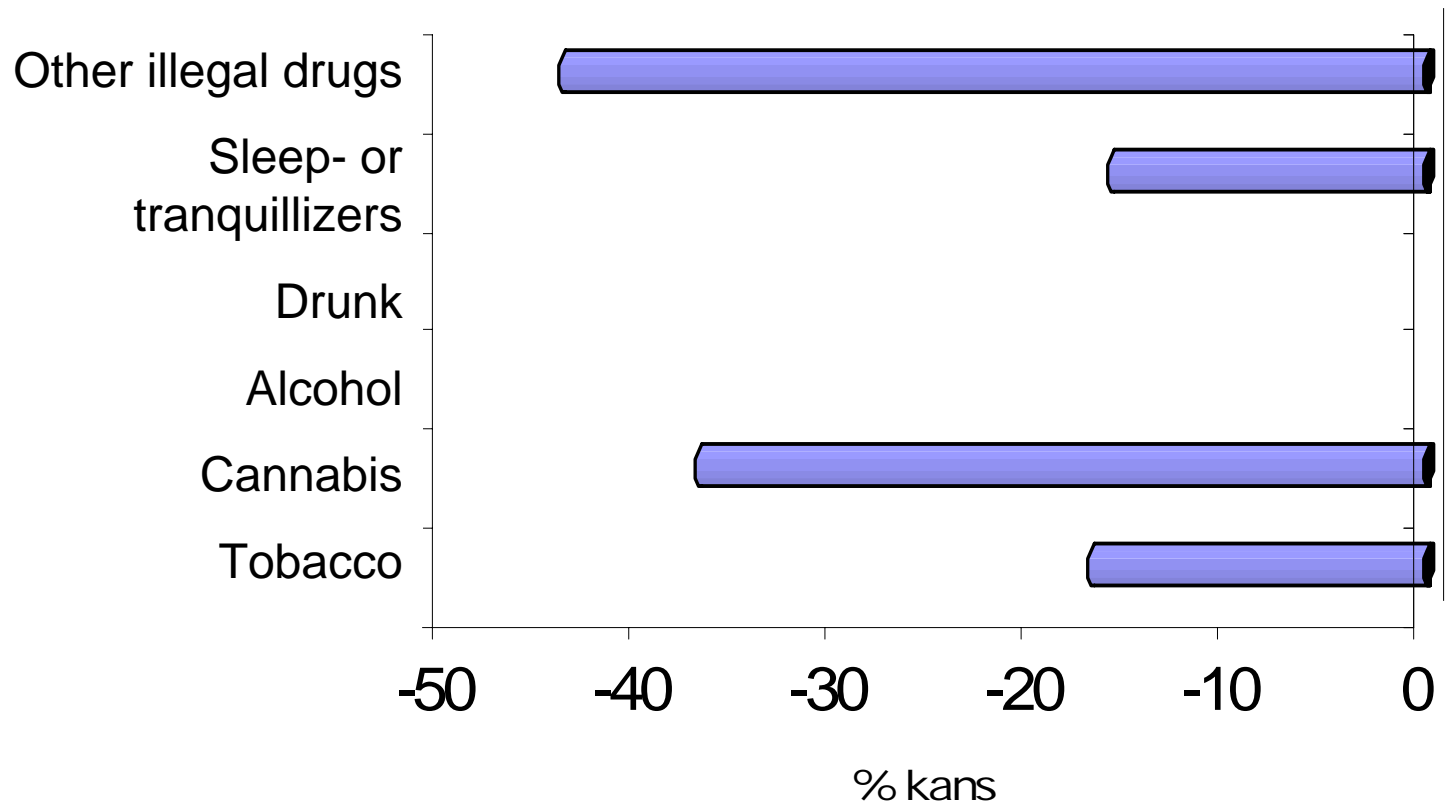
**Upgrade the disapproval by parents.**

 **Role for socio-cultural sector, welfare, companies.**  
**Distinction between *perception* of disapproval and *constant warning***

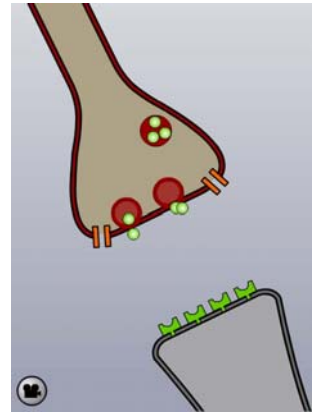
**Example function.**

**alcohol and medication: a pattern that has become very casual**

# Estimation of risk of product (LT)



# Estimation of risk



Protective factor: less legal drugs, less cannabis and much less other illegal drugs.

**Information on effects and risks**

 **not automatically by class teacher or  
lifeskills teacher**

**but integrated in biology, hygiene**

**Local or regional government:  
information through the .net**



Normative influence

Substance factors

Selfesteem

Going out

Problem behaviour

Assertivity in class

Gender

Home situation

Schoolresults

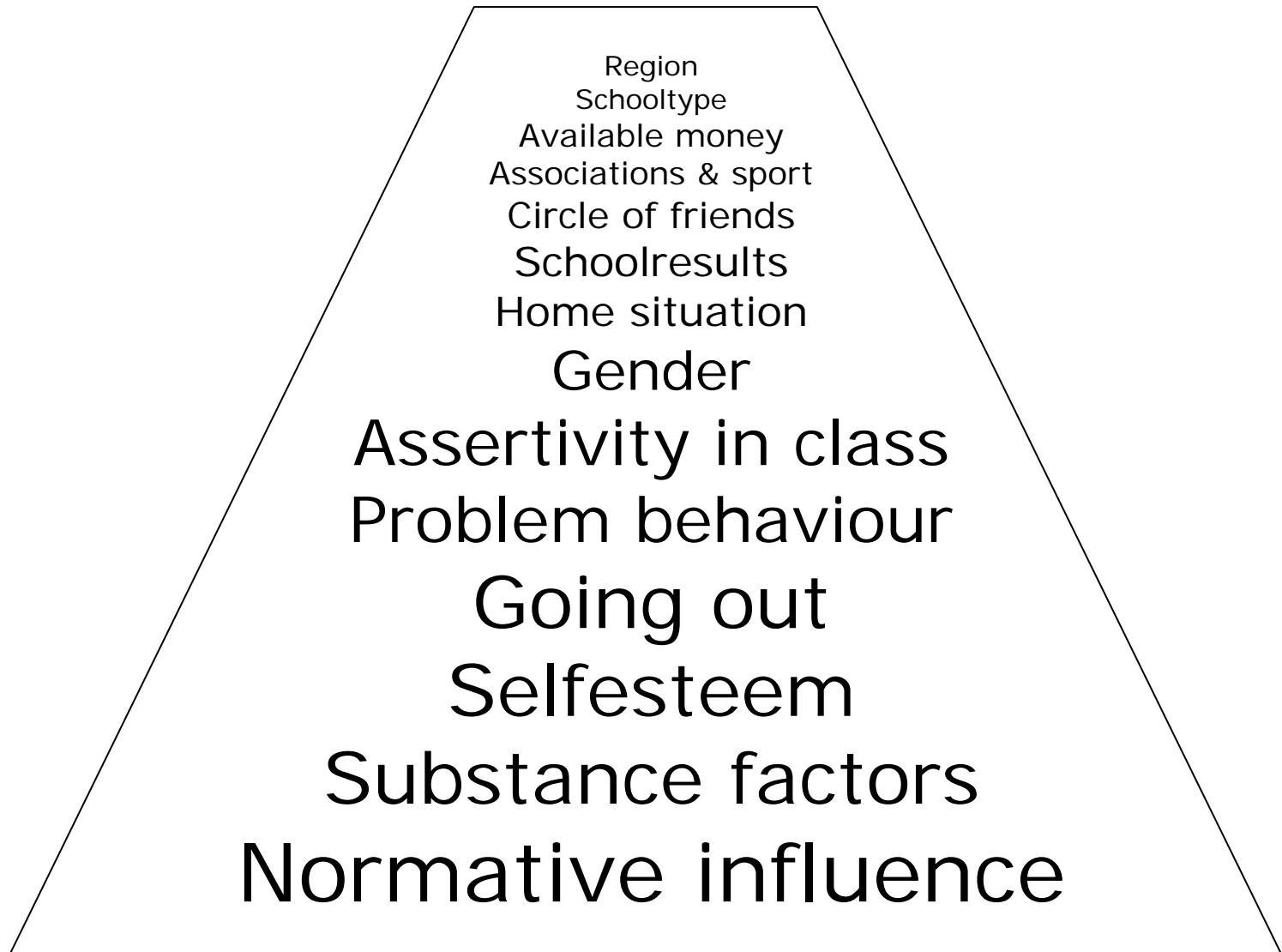
Circle of friends

Associations & sport

Available money

Schooltype

Region



# Community based issues

- Parents: interactive, *homeparty*
- Peer to peer summer campaign
- Screening, selfhelp & info via .net
- Alcohol- and drug policy in workplace
- Club scene: differentiate primary - secondary
- Risk groups: adhd hyperactive, addicted parents, ...

*Addicted parents: sometimes children educate their parents instead of the other way around*



# Overview

1. Evidence based prevention
2. Basic concepts and definitions
3. EU-Dap as an example of evid base
4. Translating risk and protective factors in recommendations for prevention

Thank you,



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