



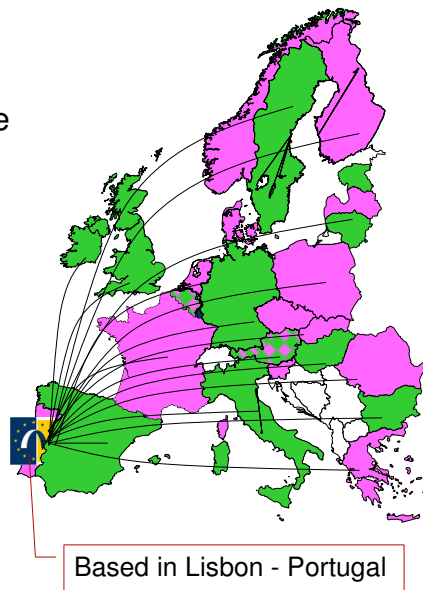
European Monitoring Centre  
for Drugs and Drug Addiction

## Selective prevention in the European Union

Gregor Burkhardt - Prague – November 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



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## Clichés

- Prevention is ineffective
- Prevention is merely abstinence oriented
- Comprehensive social influence models (e.g. life skills) are paternalist and manipulating
- For those already consuming, only harm reduction or early interventions (treatment) are indicated
- Prevention therefore should just consist in providing impartial and realistic information on drugs or counselling



## Overview

- Universal prevention in schools
  - Delivered as standardised protocol: Programme-based
  - Delivered in non-structured ways: ad hoc, “integrated“, health promotion, “drugs education”
- Selective prevention
- Indicated prevention
- Mass media campaigns
- Environmental strategies

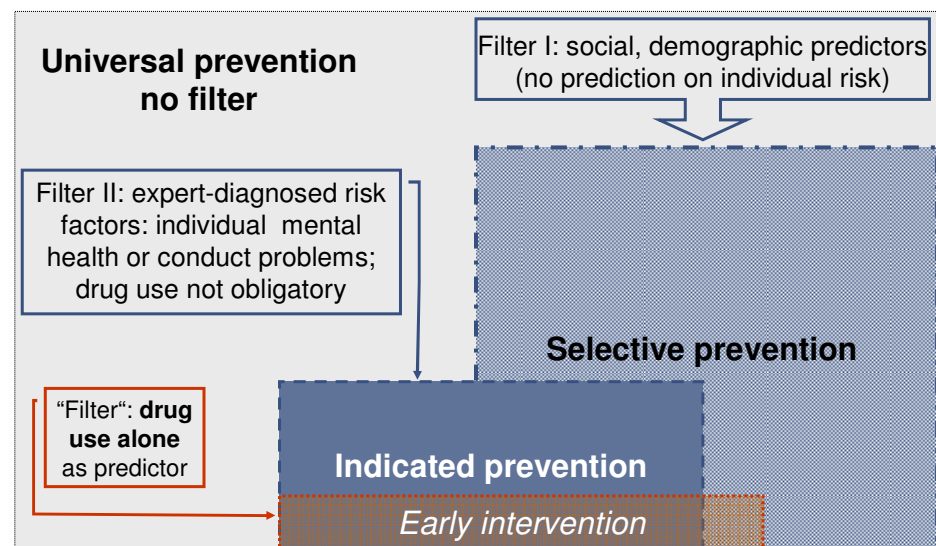


## Some ethical prevention principles

- Noli nocere – Do not harm
- Belmont report “those in need of extensive protection” (i.e. children) should be excluded “from activities which may harm them.”
- Obesity: foreseen prohibition of (food) publicity targeting youth or kids (Commission proposal)
- Autonomy – free decision to participate
- Justice – access and benefit for all (also the vulnerable)



## The prevention “filters”: intervention criteria



## EU Action Plan, Objective 8

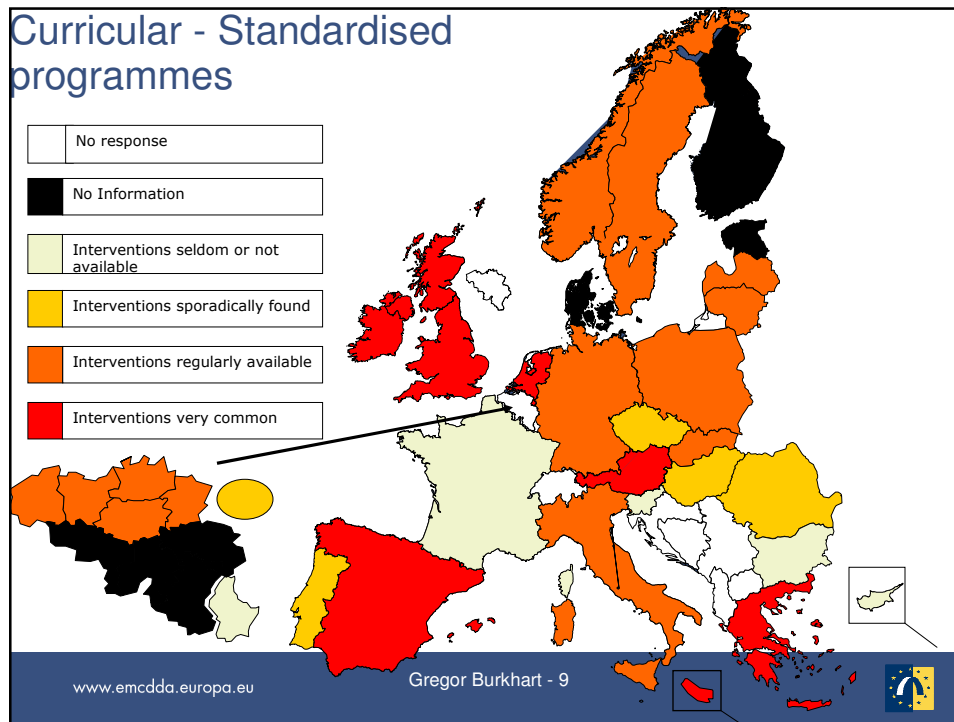
- Improve access to and effectiveness of school-based prevention programmes, in accordance with national legislation
- Ensure that comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as poly-drug use, are included in school curricula 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.



## 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 alone
  - uncoordinated sessions
  - unplanned delivered ad libitum by teachers.



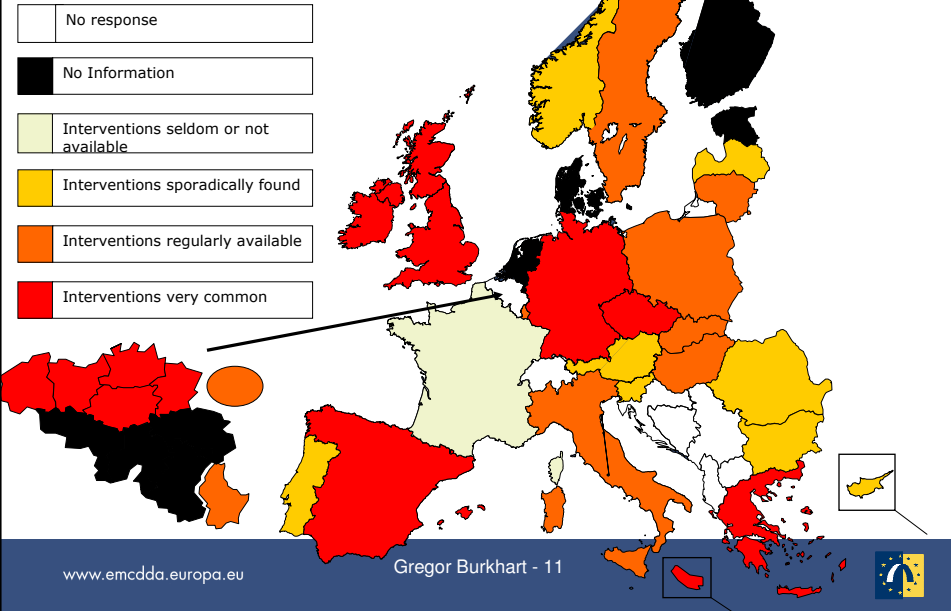


### “Comprehensive effective programmes”: The Canon

- **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



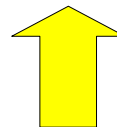
## Personal and Social Skills Training



## 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

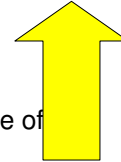
- Decision making (rationally and strategically)
- Goal setting
- Coping strategies to overcome difficult situations



## Important components - 2

- **Normative beliefs**

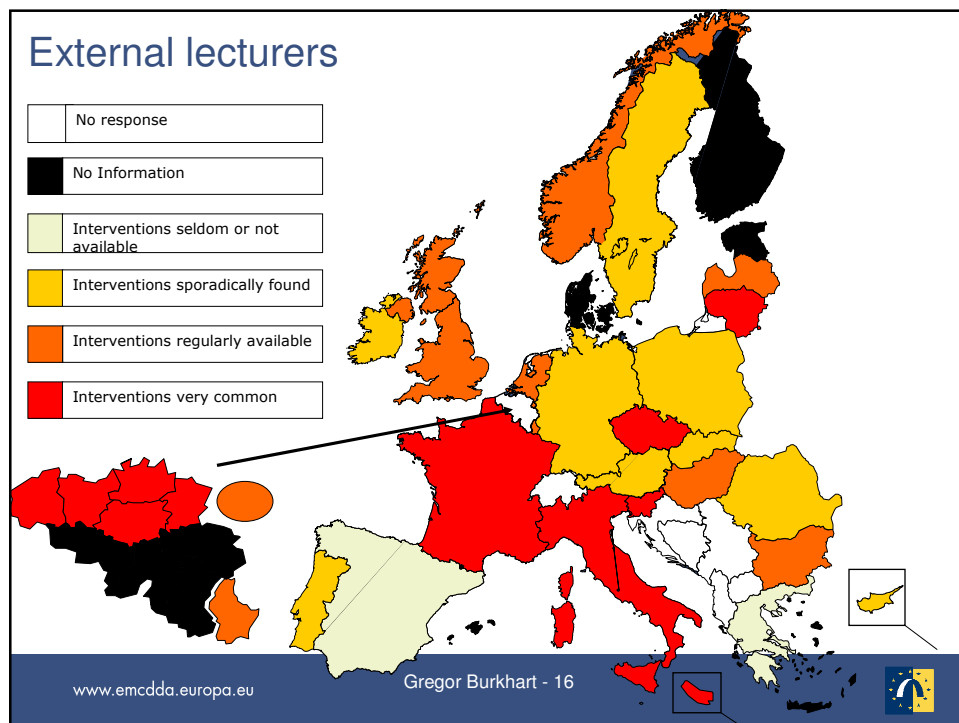
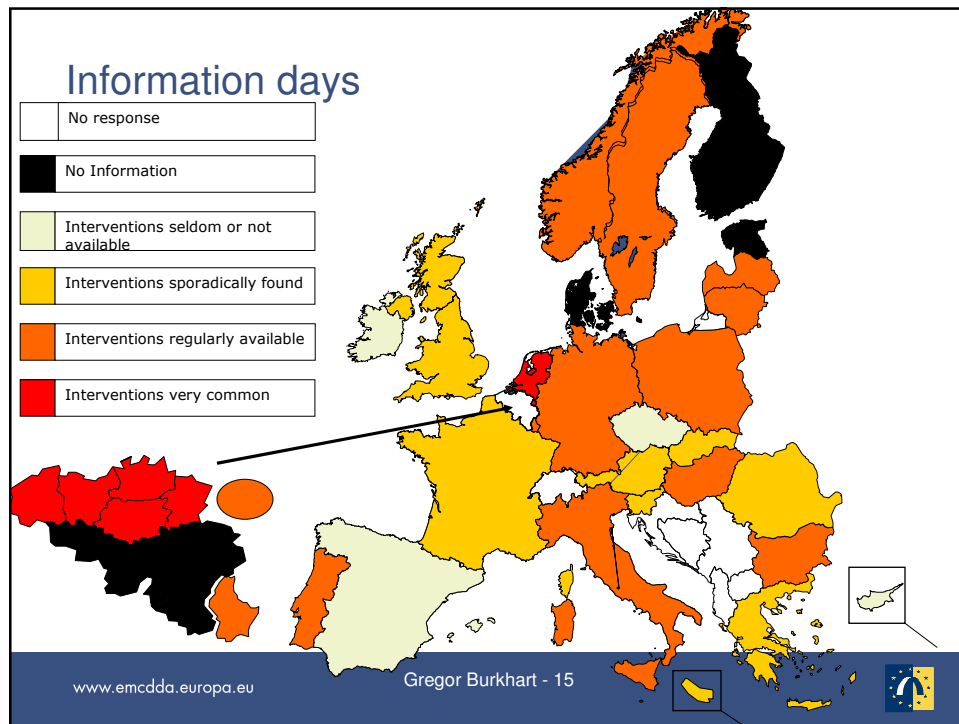
- Correct misperception about acceptance and prevalence of drug use in reference populations
- Unravel cognitive and value discrepancies (smoking ⇔ no-global)
- Correct selective perceptions about peer populations
- Argumentative reinforcement of negative attitudes to drug use
- Reveal influences of industries, also the “alternative” ones: Rebellion sells well, or: no drug use is rebellion nor alternative



## What shouldn't be allowed – the “index”

- Short-term or isolated interventions
- Information days or talks, by policemen, experts or ex-addicts
- Teachers not following manuals (failed delivery)
- Unstructured, diffuse and uncoordinated actions – “nerves” the target group and burns out teachers
- Information-only, personal skills-only, affective education-only, omitting social influences and norms.
- Frontal teaching







## Some aspects of information provision

***Information provision is only a secondary component in prevention, to be used with maximum caution***

- a) *Specific for each substance*
- b) *Focus on immediate and observable consequences rather than on long-term and statistical ones*
- c) *Focus on social consequences than on health-related harms*
- d) *Provide information only by level of risk and experience*
- e) *If not: high iatrogenic risks (harms caused by intervention)*
- f) *Risks: increase beliefs about normality (drug use is widespread) or other desirable aspects: rebellious, distinguishing, only health-risks, etc.).*



## 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



## Selective prevention

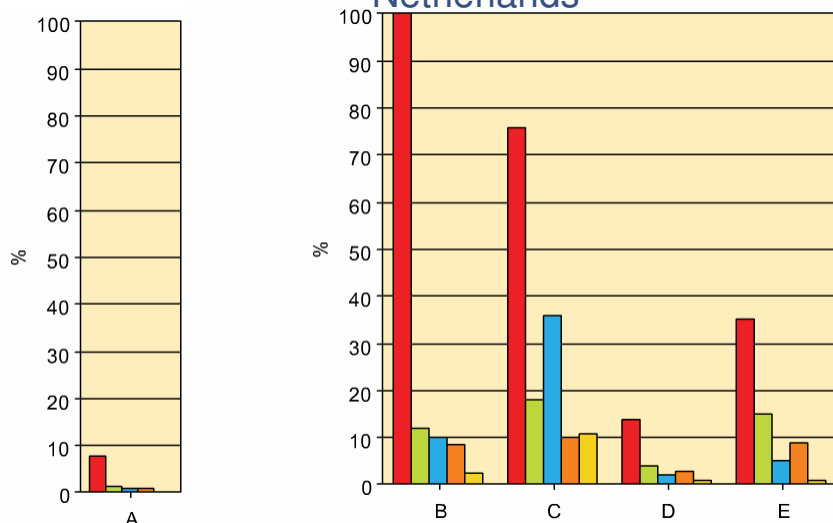


### New EU Action Plan on Drugs, Objective 9

- Develop and improve prevention programmes for selected target groups (e.g. street operators, socially disadvantaged groups, socially excluded children and families at risk, young people in the out of school sector) and specific settings taking into account gender differences
- ➔ recent political priority



## Last month prevalence in different populations in Netherlands



**A. School population 12-16 years (ESPAD)**

**B. Regular Cannabis users.** Source: Trimbos-instituut

**C. Homeless youth**

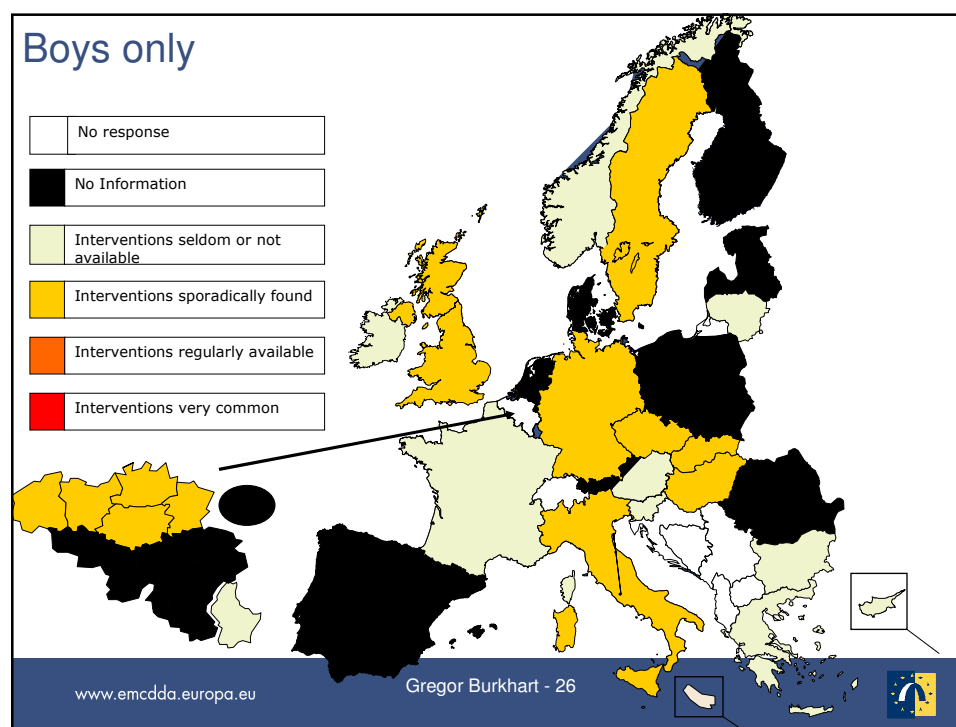
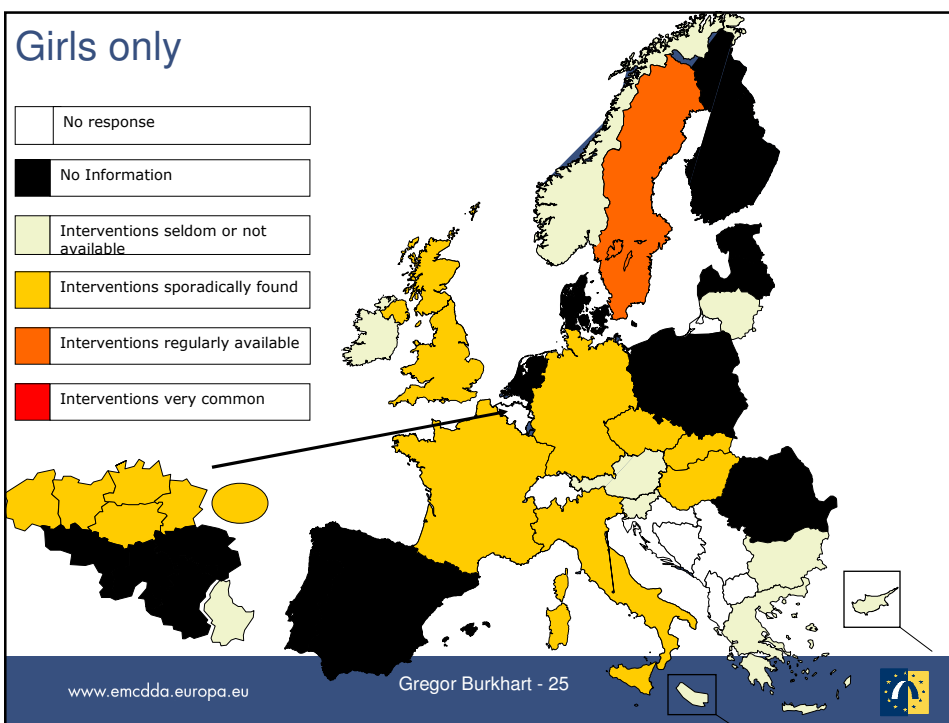
**D. Pupils, 12-18 years, in special schools** 1997 data. Source: Stam e a., 1998.

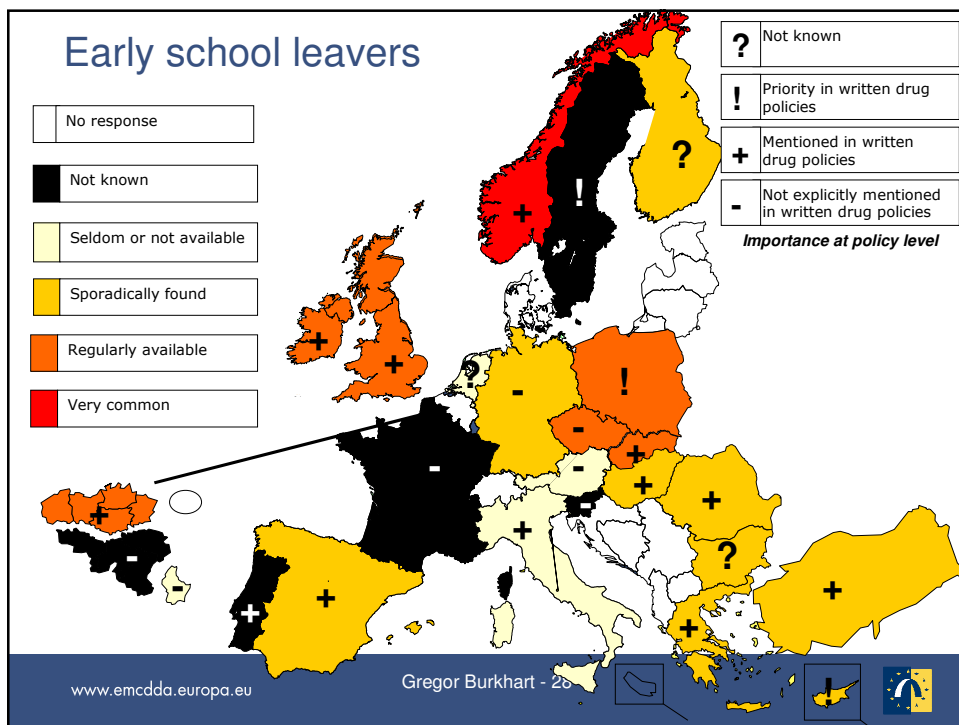
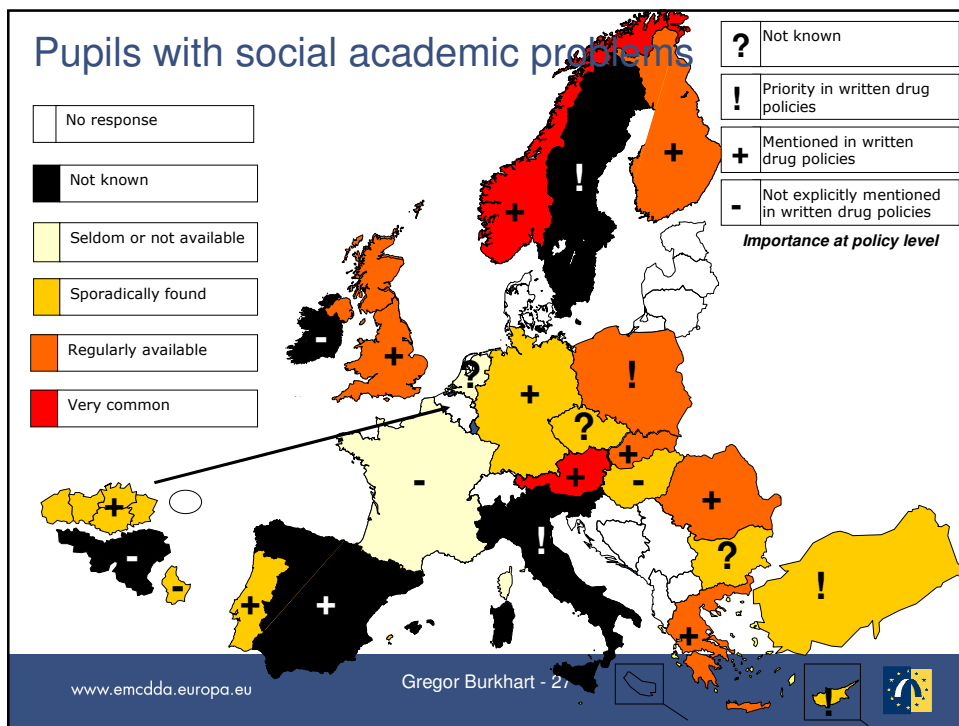
**E. Pupils in truancy projects** 1997 data. Source: Stam e a., 1998

## Selective prevention – main targets in Europe

- Truancy, academic failure and early school leaving
- Young drug law offenders
- Deprived neighbourhoods or areas
- Recreational setting (Clubs, Raves)







## School failure: example truancy risk - EDDRA

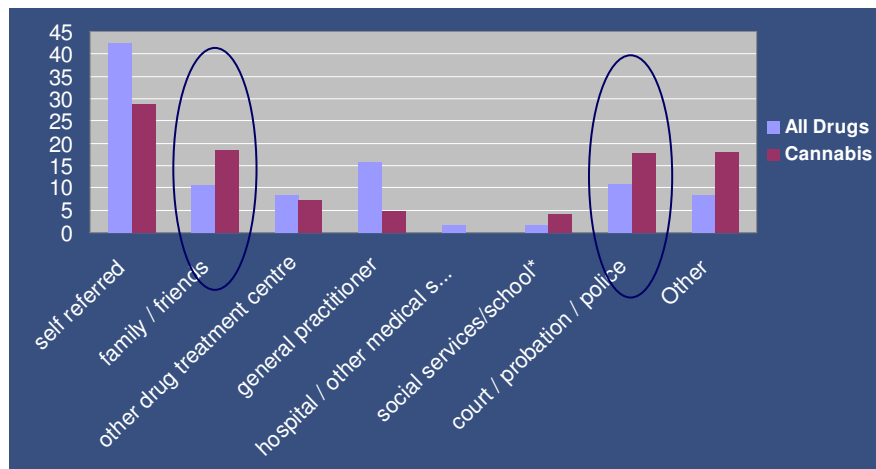
- STAY (St. Aengus Stay-In-School Youth Project) – IRL, age : 10-14
- The area has school drop-out rates of 60%, 15% of total treatment demand of IRL
- Intervention: to develop personal and social skills: homework support club, computer classes, art, cooking, first aid, drug awareness and a range of 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

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## Source of referrals in 2002: all drugs clients and cannabis clients

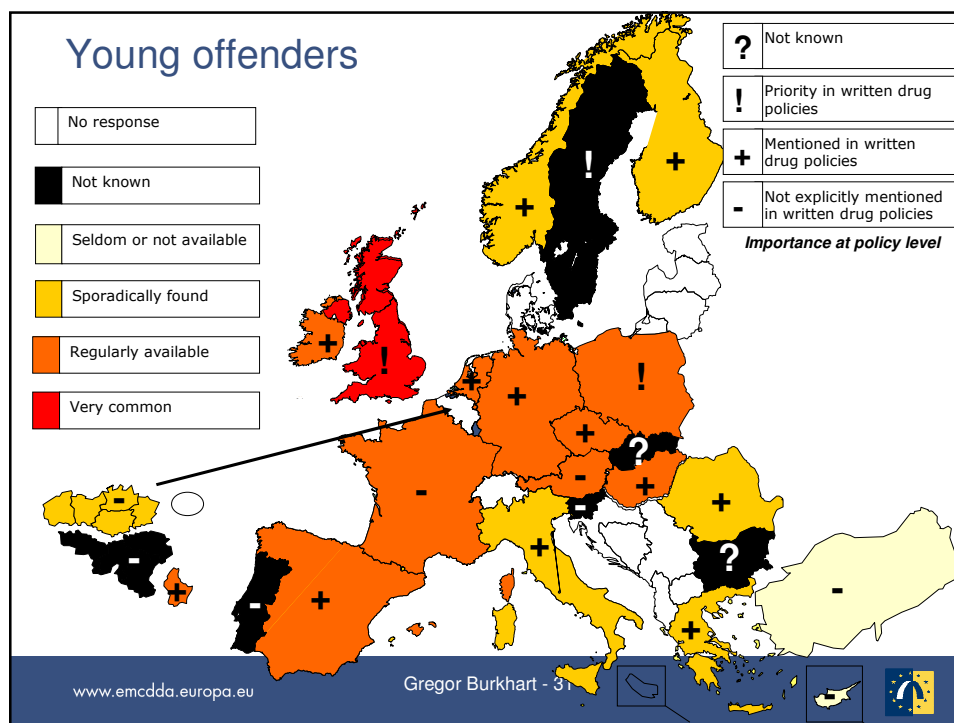


Data sources: 2003 RETOX National Reports - TDI Outpatient Treatment Centres  
2003 RETOX National Reports only for cannabis clients by source of referral  
Countries included: Cz, Fi, Ge, Gr, Ir, Ni, Uk – N. clients: 132 152 (all drugs) - 12 039 (cannabis)

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### Young offenders

- Mostly Cannabis-related.
- Germany FRED – structured 6-week programme for early intervention for 1st time offenders. Similar projects in Austria and Luxembourg. Evaluation: less re-offending, regaining personal life projects
- UK Young Offenders: Youth Offending Teams (YOTs) – work to prevent re-offending, beyond drug-related crimes.
- Greece, Portugal, Spain: prevention or “dissuasion councils” at courts without protocol-like interventions



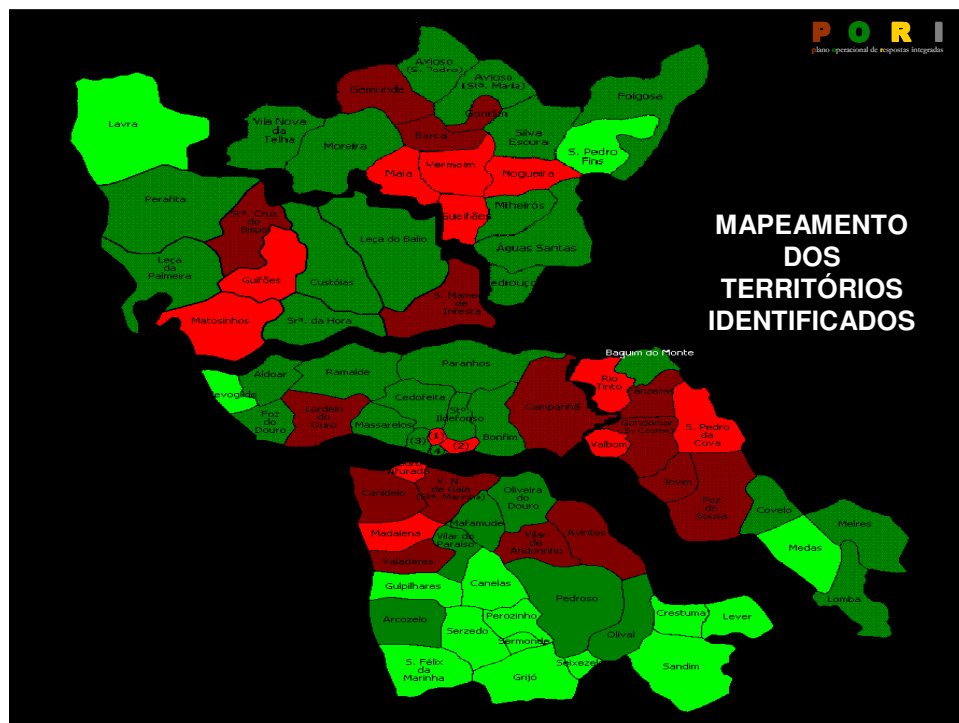


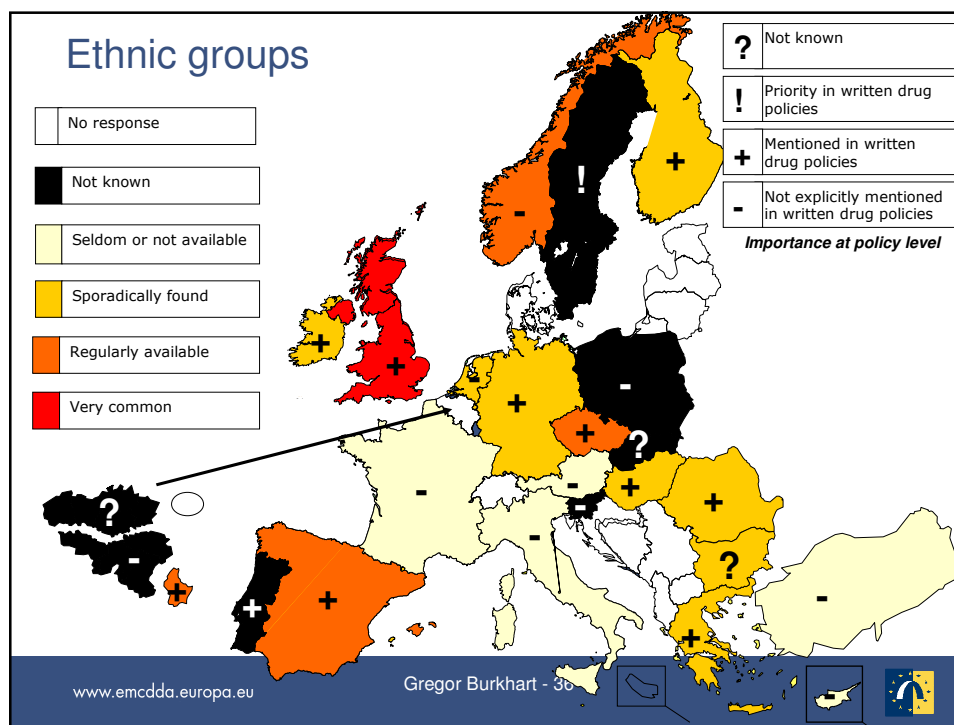
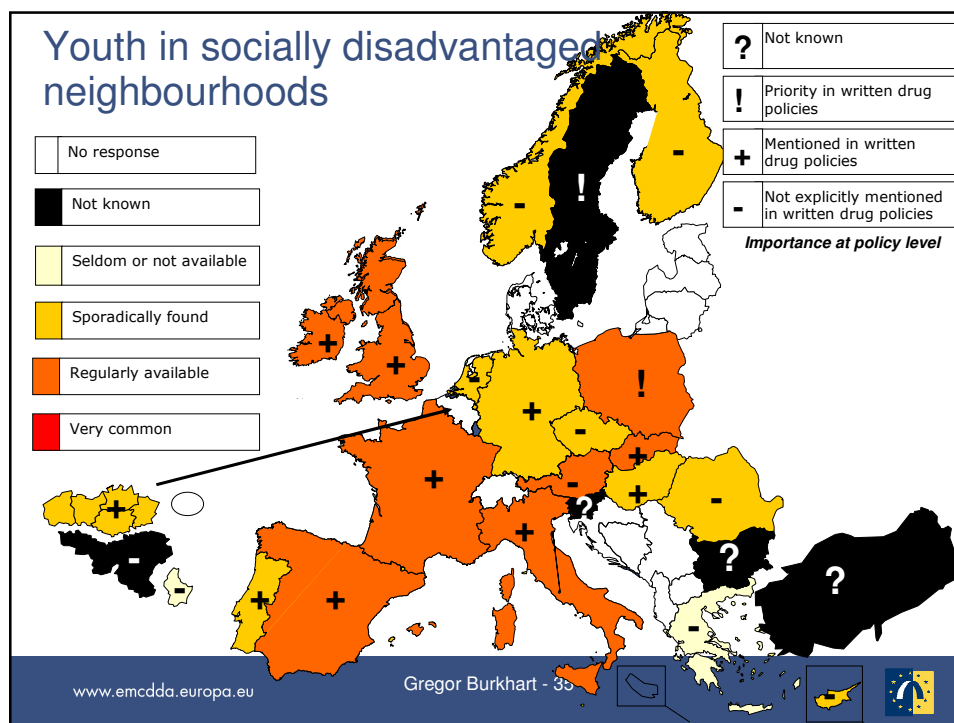
## Reponses targeted at geographical areas or neighbourhoods at risk

- Mapping of problem zones in UK, France and Portugal by socio-economic indicators (accommodation - education (number of pupils behind in their schooling; number of subsidised pupils).
- Supplementary funds can be directed towards underprivileged areas.
- Ireland - Development of recreational and sports facilities in disadvantaged areas
- UK - Positive Futures: the development of recreational and sports facilities in 57 deprived areas. Showed reduction in criminal activities and truancy + improved community awareness.
- Provision modes: from counselling services (ET, FR, SK) to outreach work projects (LX, EL, AT).

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## EDDRA – Ethnicity – Spain

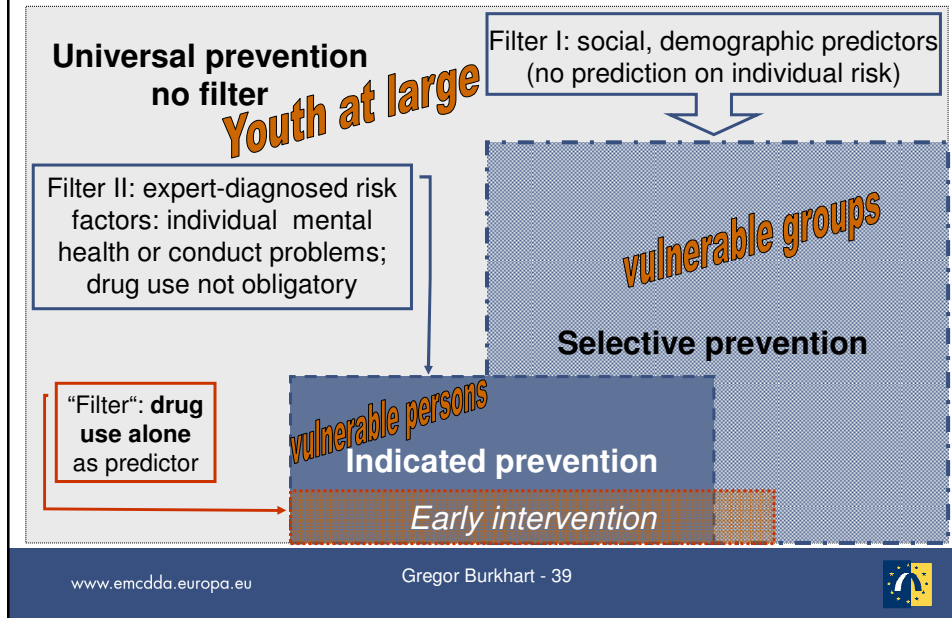
- Enlarge the circle of interpersonal relationships of immigrant children and youths, by practicing sports at a gym outside their usual environment.
- Integration, life style change and acceptance of rules
- After programme, 100% of the participating teenagers are integrated into the standard group of youths and initiate contacts with other teenagers of a different environment than theirs.
- Before initiating the sport activity of the program, 60% of the teenagers smoked tobacco and 20% hashish. Once they begin to practice physical exercise in a regular way, this consumption is reduced in all cases. They don't stop smoking, but 40% of the participants reduced by half tobacco consumption.



## Indicated prevention



## The prevention “filters”: intervention criteria



## Individual-based Risk Factors

- Early onset of substance misuse
- Petty crime
- Aggressive Behaviour (in early childhood)
- Other behavioural disorders (ADHD, ODD, CD)
- Impulsivity
- Cognitive difficulties
- Social fears



Gerra 2003; Wills et al., 1996-2001; Moffit, 1993; Poikolainen, 2002



## Prediction?

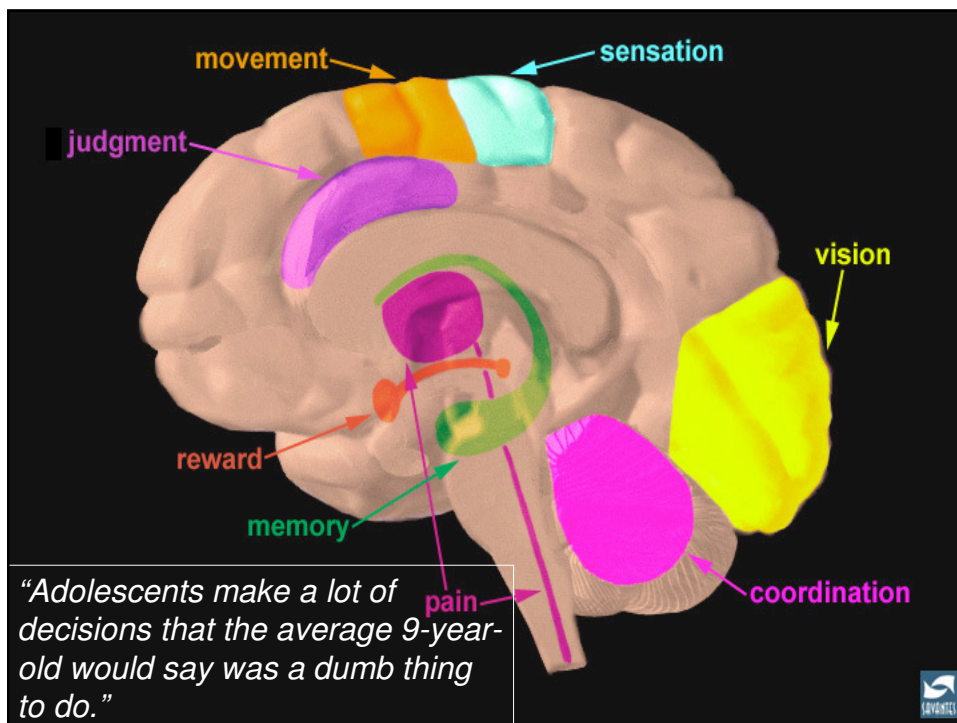
Table 12.3.2 Correlation between age of starting drinking alcohol (drunk for the first time) and use of illicit drugs in 15/-16-year-olds. Percentage.

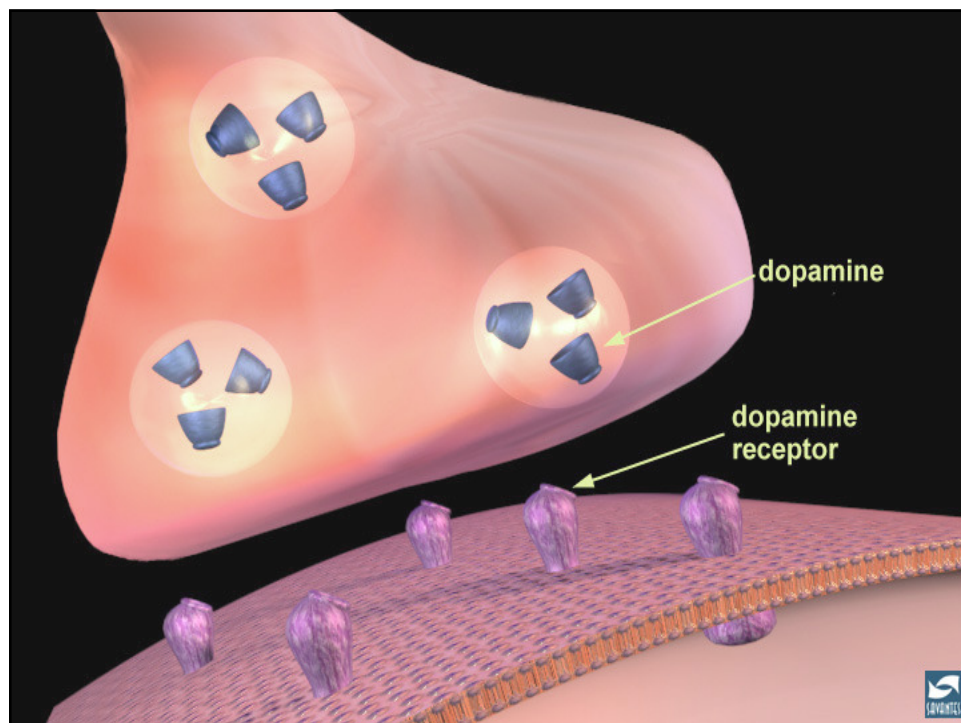
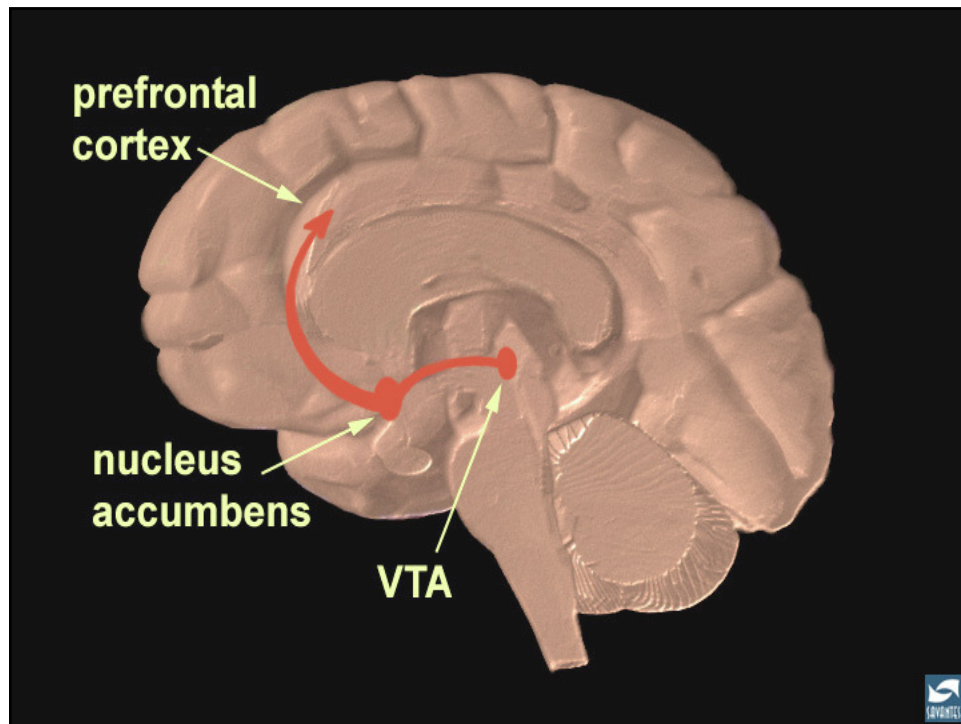
		Drunk for the first time		
		≤ 12 yrs	13 yrs	14+ yrs
Smoked cannabis ≥ 6 times	Boys	36	21	7
	Girls	36	7	2
Taken amphetamine ≥ once	Boys	18	8	2
	Girls	13	5	2
Taken ecstasy ≥ once	Boys	12	6	1
	Girls	8	2	1

Source: Danish ESPAD, Sabroe S, Fonager K, 2003.

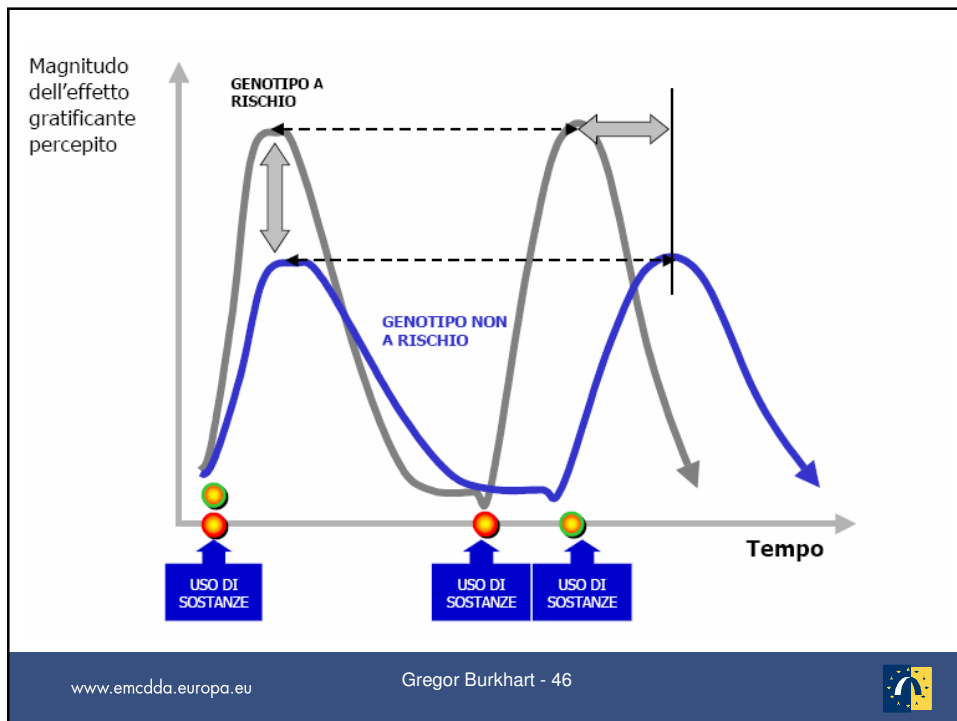
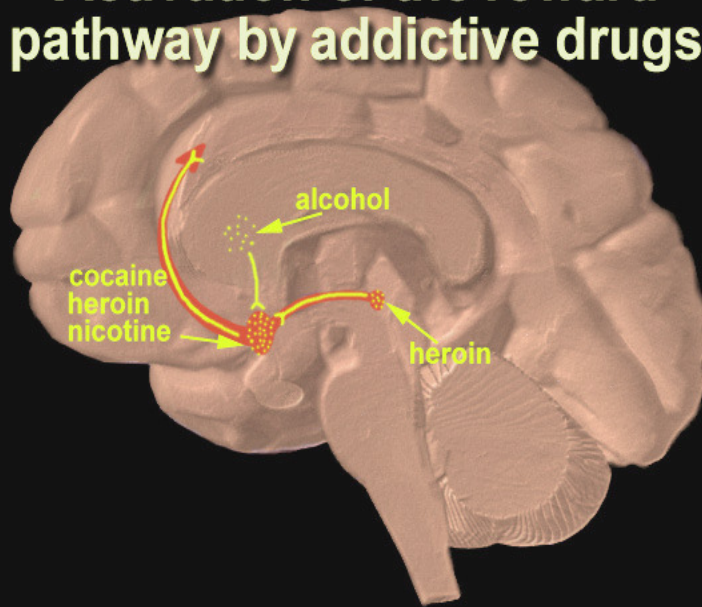
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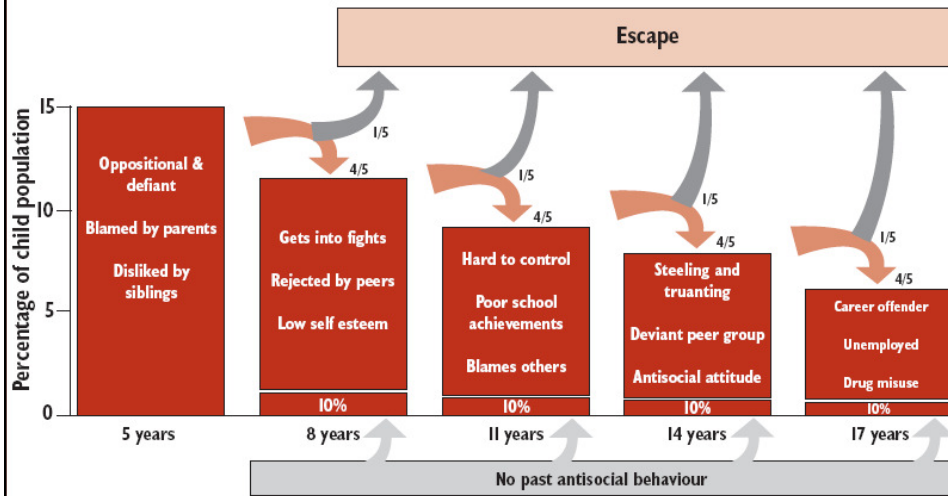


## Activation of the reward pathway by addictive drugs



## Trajectories to guide Public Health prevention

**Chart 2.2: Continuity of anti-social behaviour from age 5 to 17**

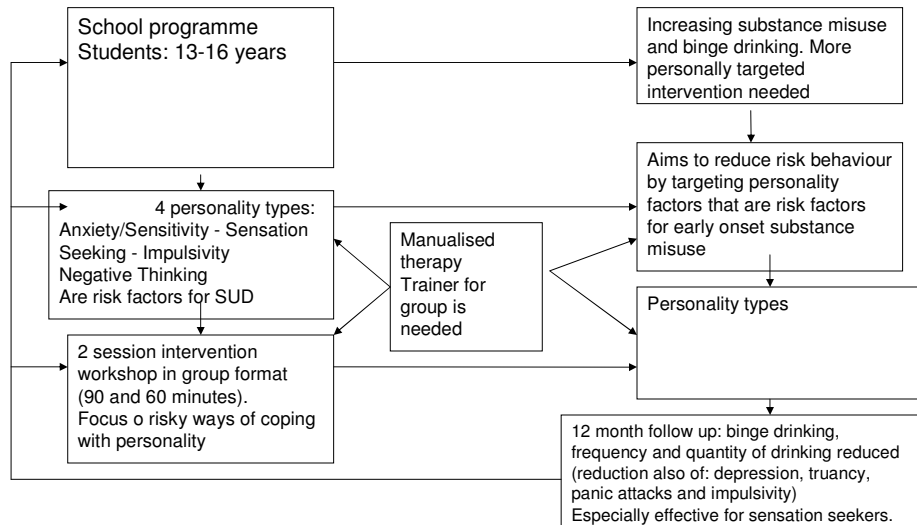


## Indicated prevention

- Early interventions, e.g. Comissão de Dissuasão, FreD
- Life-skills training
- Psychiatric diagnosis, treatment, follow-up,
- Contingency training
- Cognitive-behaviouristic interventions
- Medication



## Preventure: Sully & Conrod (2006)

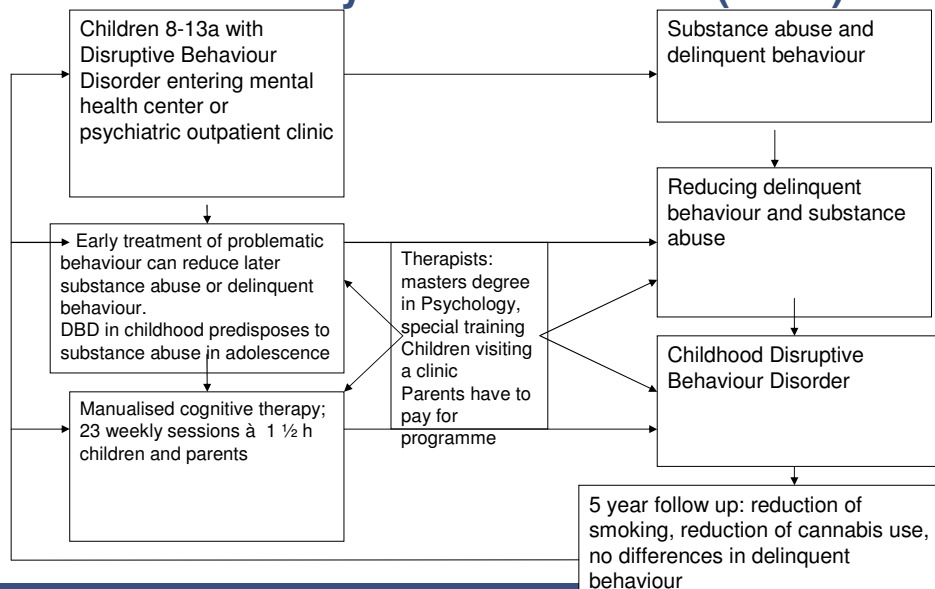


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## UCPP: Zonneville-Bender et al. (2007)



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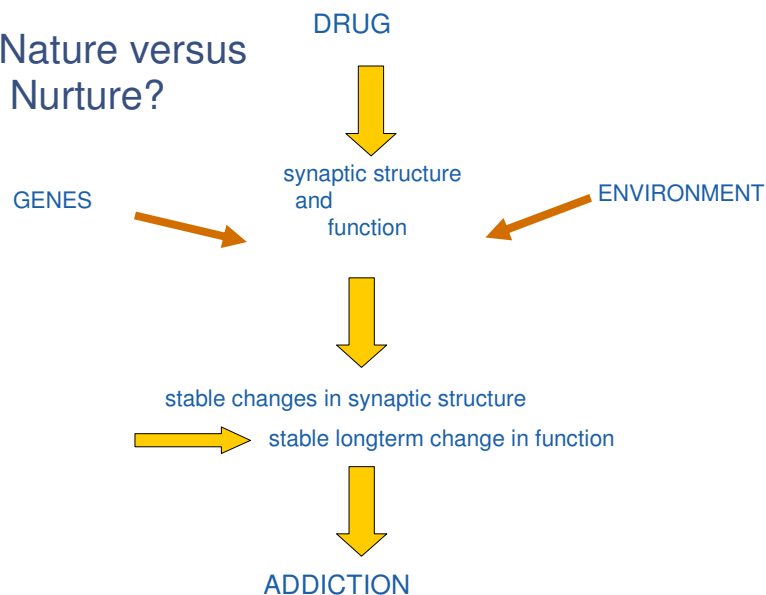


## Indicated prevention in schools

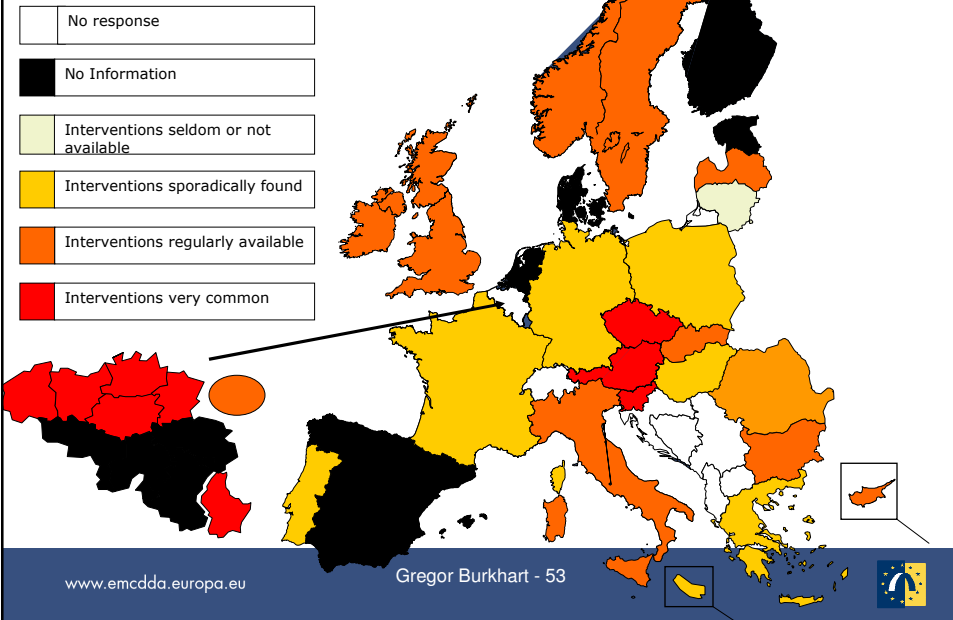
- Galicia:
  - programme for children 8 - 10
  - disruptive behavioural problems in the classroom (impulsiveness, aggressiveness, attention problems, hyperactivity) **and their teachers and parents**
- "Match" (NL)
  - children 4 - 14
  - risk factors: early and persistent antisocial behaviour, alienation, 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.



## Nature versus Nurture?

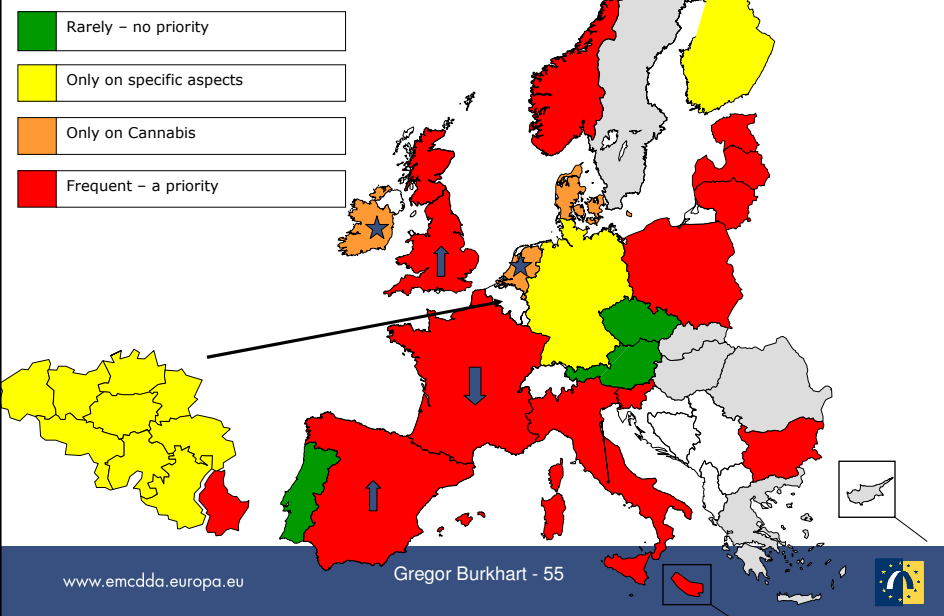


## Early identification



## Mass Media

## Mass media – importance in member states



## Mass Media campaigns

- No autonomy (no request from the target group)
- Justice: low – most harm among the most “innocent” – (GOA 2006)
- High risk of harmfulness – iatrogenity
- Low risk of stigma
- Low (or no?) effectiveness on behaviour
- Older German campaigns: no depiction of drugs, only parents as target
- Few campaigns target normative beliefs (NL: “you’re not mad if you don’t smoke Cannabis because 80% don’t either”)





Kann ein Spiegelei  
vor Sucht und Drogen  
schützen?

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Und dieser Fisch  
schützt vor Sucht  
und Drogen?

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## Outcomes and evidence

- Cochrane: 6 out of 63 studies
- All RCT's
- 2 studies conclude that campaigns were effective in influencing smoking behaviour
- Those two had a solid theory base with formative evaluation and high exposure Sowden and Arblaster 2007
- Scottish Cocaine Campaign (*know the score*)
- 30 % of users wanted to reduce
- 56 % did not change intentions
- **In 11 % the campaign increased the intention of use**



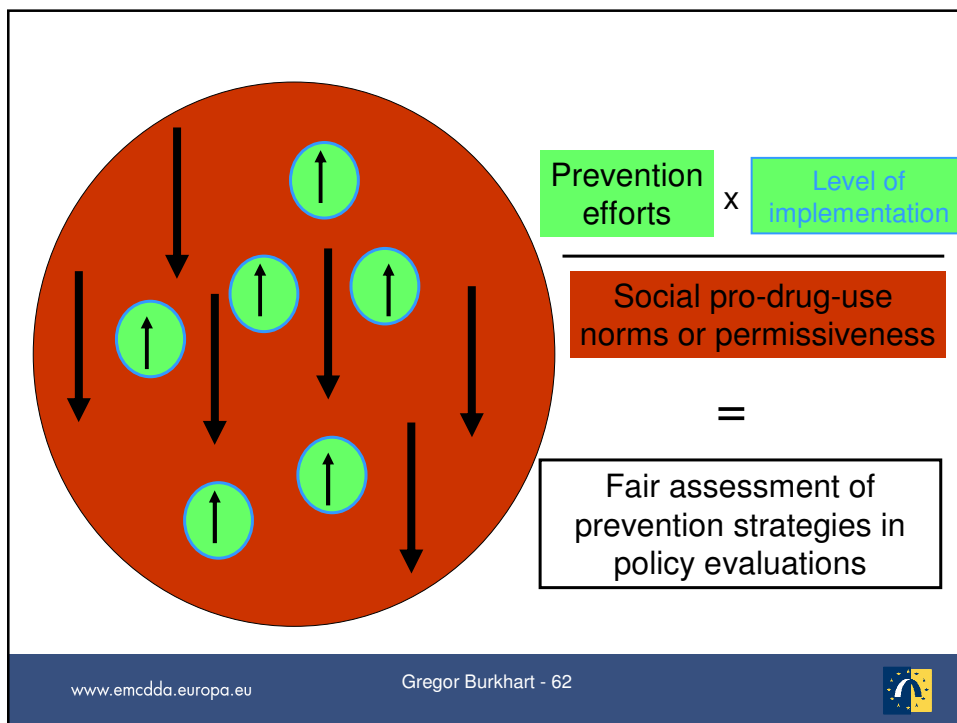
## Environmental strategies



## 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

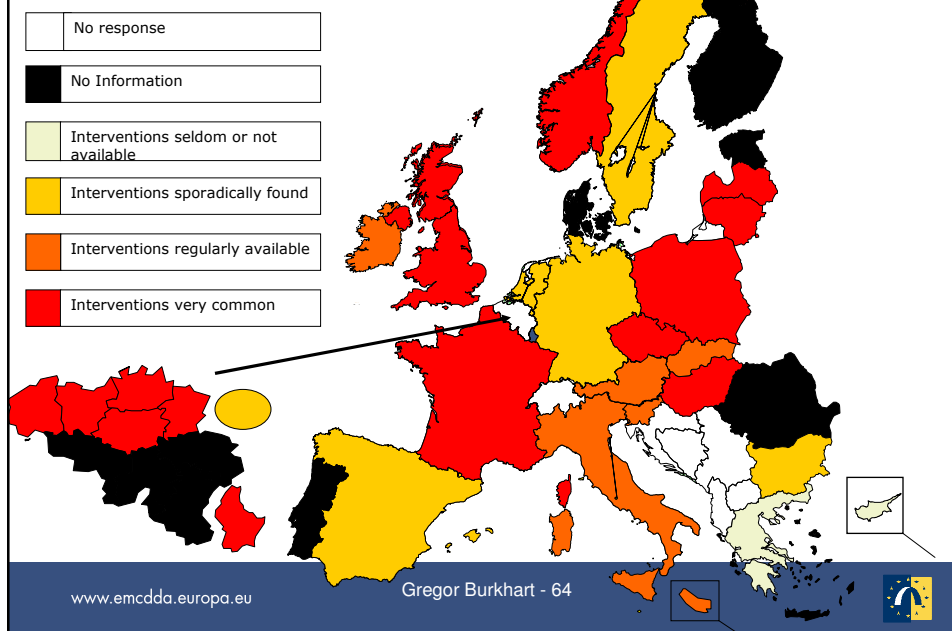


## Legal drugs and norm perception

- 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



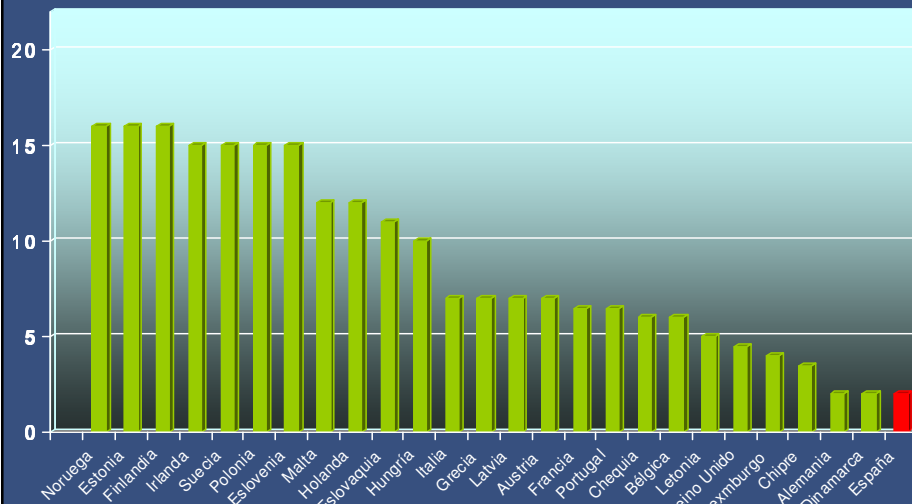
2.3.2 Smokers, by age and sex, 1999

(%)

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	50	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



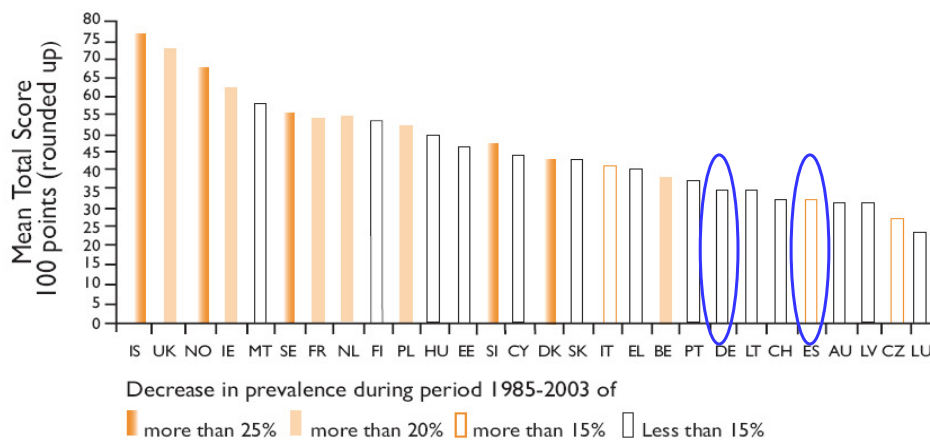
## Strength of legislations on smoking in public and workplaces in the EU, 2004



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

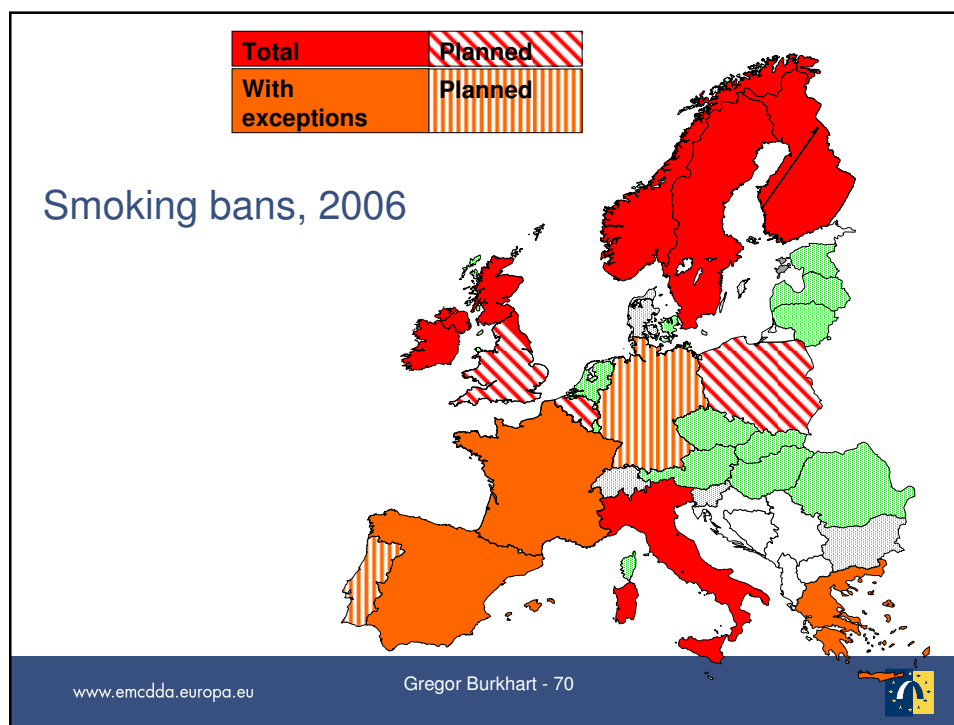
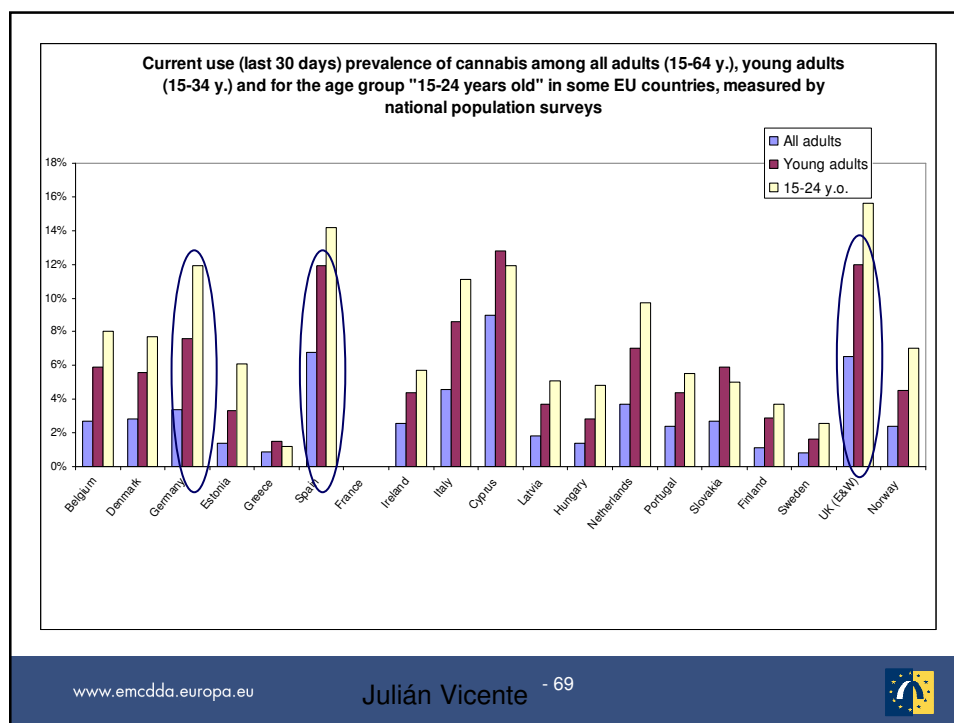
## Policy effects

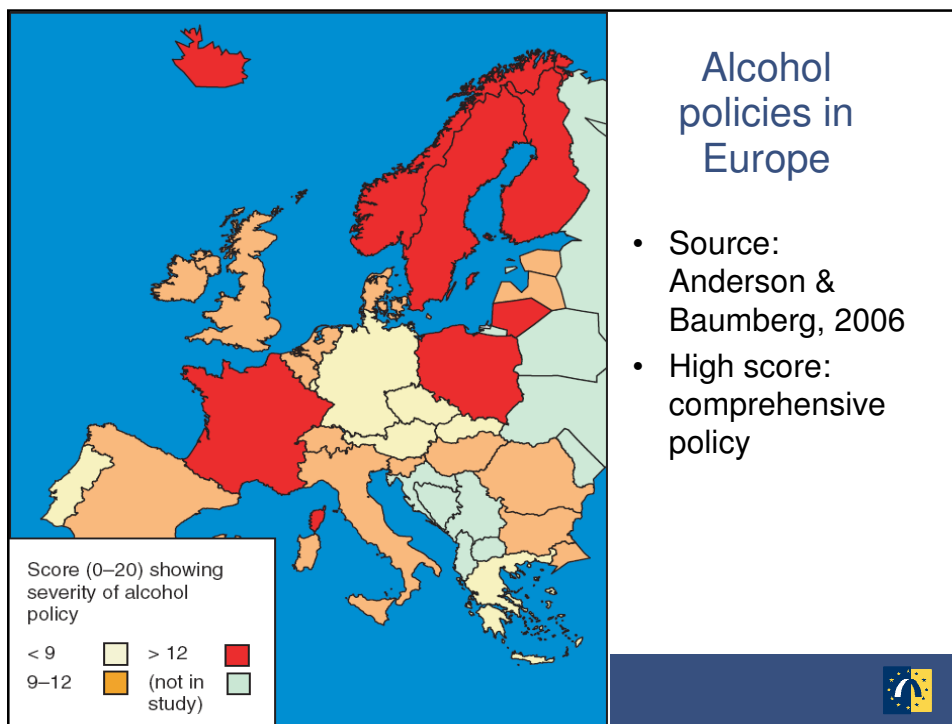
Fig. 4. - Countries ranked by “effective tobacco-control policy” scores (out of 100)



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







### “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



## Wrap – up



## A common pattern?

- Within Europe, less restrictive drug policies allow for more selective prevention, for focussing on early intervention.
- Theories are less explicit, less elaborated
- Even – in some areas – an intentional abandon of theories in favour of pragmatic ad-hoc approaches
- Focus rather on social than on individual-psychological explanations of drug phenomena
- ... and respective tackling of drug problems (e.g. by social integration, “Public Health Prevention”)



## Résumé

- Selective prevention is recent political priority and interest at EU-level and in most member states
- Drug use itself is not a good predictor for drug related problems: focus is rather on social vulnerability factors
- Interventions mostly guided by indicators of social exclusion, delinquency, relationships, academic performance
- Drug use outcomes are seldom measured
- Political correctness is sometimes an obstacle, especially concerning ethnicity and vulnerable neighbourhoods: “labelling”
- “*Vulnerability*” doesn’t equal “*to be in need for drug treatment*”
- Static or receptive approaches are less approached by the vulnerable
- Prevention in recreational settings is still strongly based on information-provision: does rarely contest the underlying countercultural beliefs and assumption.



## Mind ethic aspects!!

- Noli nocere! “beware to do no harm”
- Not only effectiveness (NNT) but also NNH (numbers needed to harm)
- High iatrogenic effects of information provision alone
- Iatrogenic potentials in selective and indicated prevention
  - Wrong assessment and choice of target population
  - Contagion effects
  - Reinforcement of problem behaviour (deviancy modelling, norm narrowing)
- Universal approaches have a good (sometimes better) effect on risk populations



## Synopsis on harm and benefits

<i>Strategy</i>	<i>Iatrogenic Risks</i>	<i>Efficacy</i>	<i>Availability</i>
Environmental strategies	+ (?)	+++	+
Universal prevention	+	+	+++
Selective prevention	++	++ (?)	++
Indicated prevention	+++	+++	+
Mass Media	++++	0	++++

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## Priorities and effective strategies

- Environmental prevention strategies
  - Influence the perception of normality of substance use
  - → Regulations on Tobacco, Alcohol availability and use
- Universal prevention – population at large
  - **Objective:** high coverage with evidence based contents
  - → Standardised Interactive Social Influence Programme
- Selective prevention – for risk **groups**
  - Clubbers, Truants, School Drop Outs, Dysfunctional Families, Deprived Communities, Ethnicity **GB2**
  - **Objective:** Reach out for them, address risk factors and strengthen resiliency
  - → Flexible Interventions or Culturally Adapted Programmes
- Indicated prevention – for **individuals** at risk
  - Early Substance Use, Sensation Seeking, Early Delinquency, Conduct Disorder, ADHD **GB1**
  - → Early tracking of at-risk children by medical and follow-up by social services

### Useless or dangerous:

- Most Mass Media Campaigns
- Single events and expert lectures
- Solely information on drugs
- Exaggeration of drug effects and drug problems

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## Slide 78

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**GB1**      Attention deficit (and hyperactivity) disorder  
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**GB2**      being white! or Russian in Germany, Morroccan in Spain, Roma in Hungary.  
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