

Basing your prevention on risk and protective factors

2005 Self report schoolsurvey with 3.294 students 14-18 yr in Belgium and the Netherlands

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Objectives of applied research

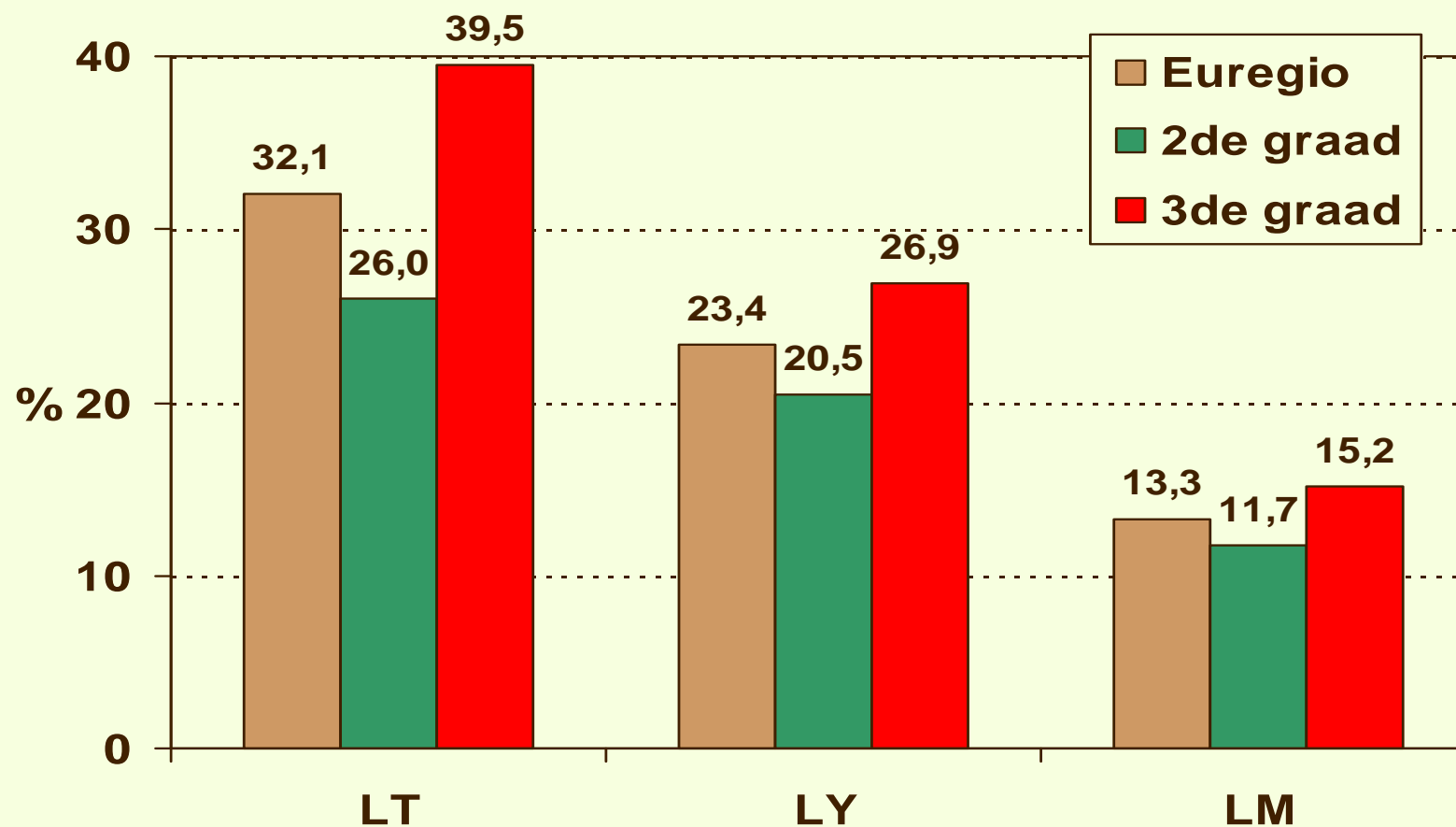
Assemble representative and comparable data about use of substances by students from the age of 14 until 18 in West-Vlaanderen, Oost-Vlaanderen and Zeeland

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



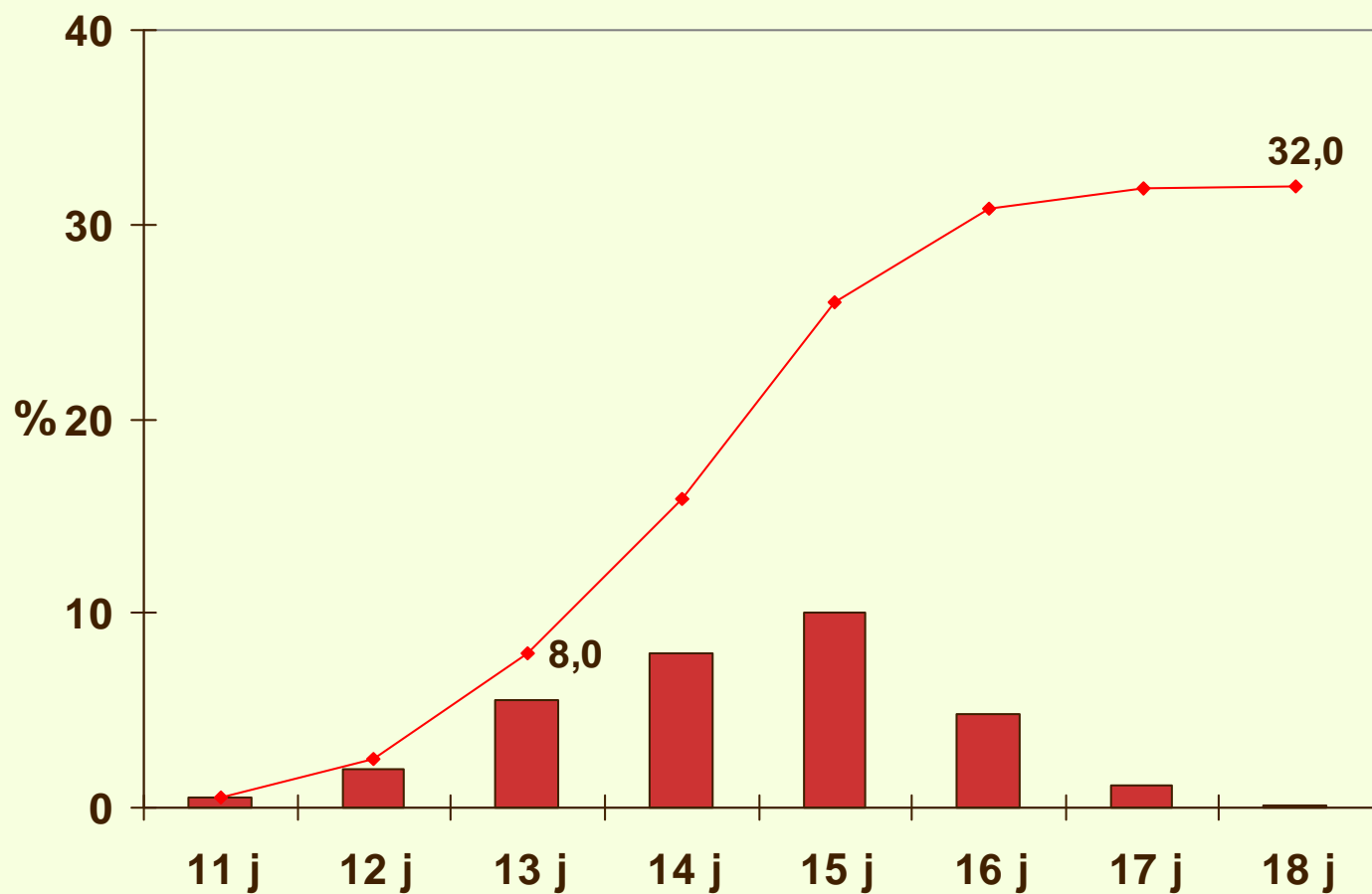
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Use of cannabis



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Onset cannabis



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Descriptive analysis

Parents think how they will react when confronted with drug use



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Age of onset

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

Correlation of use of one product and others.



**Objective: postpone the onset age
explain the gateway function**

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



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Premix drinks

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



Give Information about composition and alcohol degree for youngsters from the age of 14 until 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



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Drug use and lifestyle

Motives: *because I like it - curiosity- it belongs to going out- boredom- to prevent problems)*



Use of drugs has become part of a *lifestyle*

Departure point for dialogues about drugs.

It's not marginal behaviour (cannabis, smoking, drinking, getting drunk)

Pattern of drug use can change through changing lifestyle.



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Explaining analysis

Risk factors

Protective factor

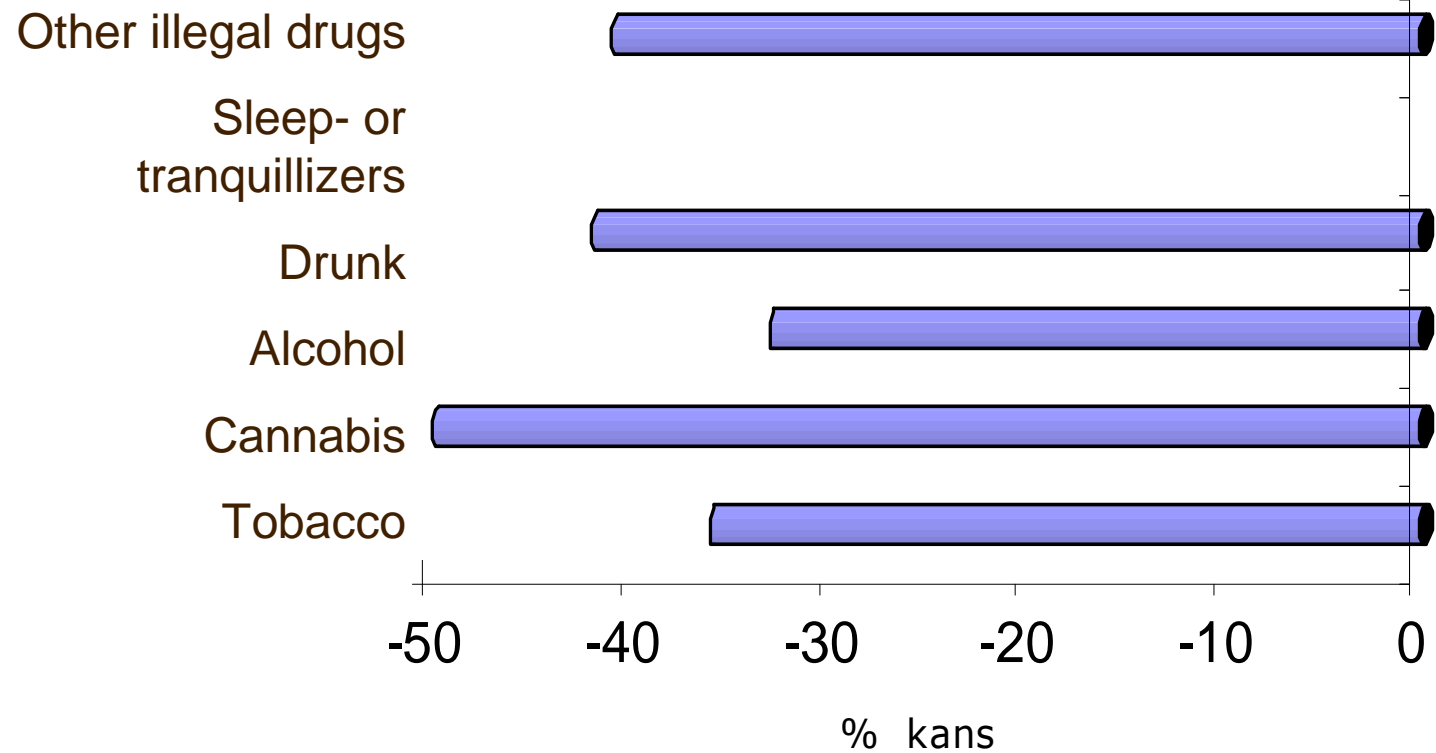


In een theaterworkshop laten
leerlingen soms verrassende
kanten van zichzelf zien.



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Disapproval by friends (LY)



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Disapproval by friends

Protective factor for all products, except medication



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

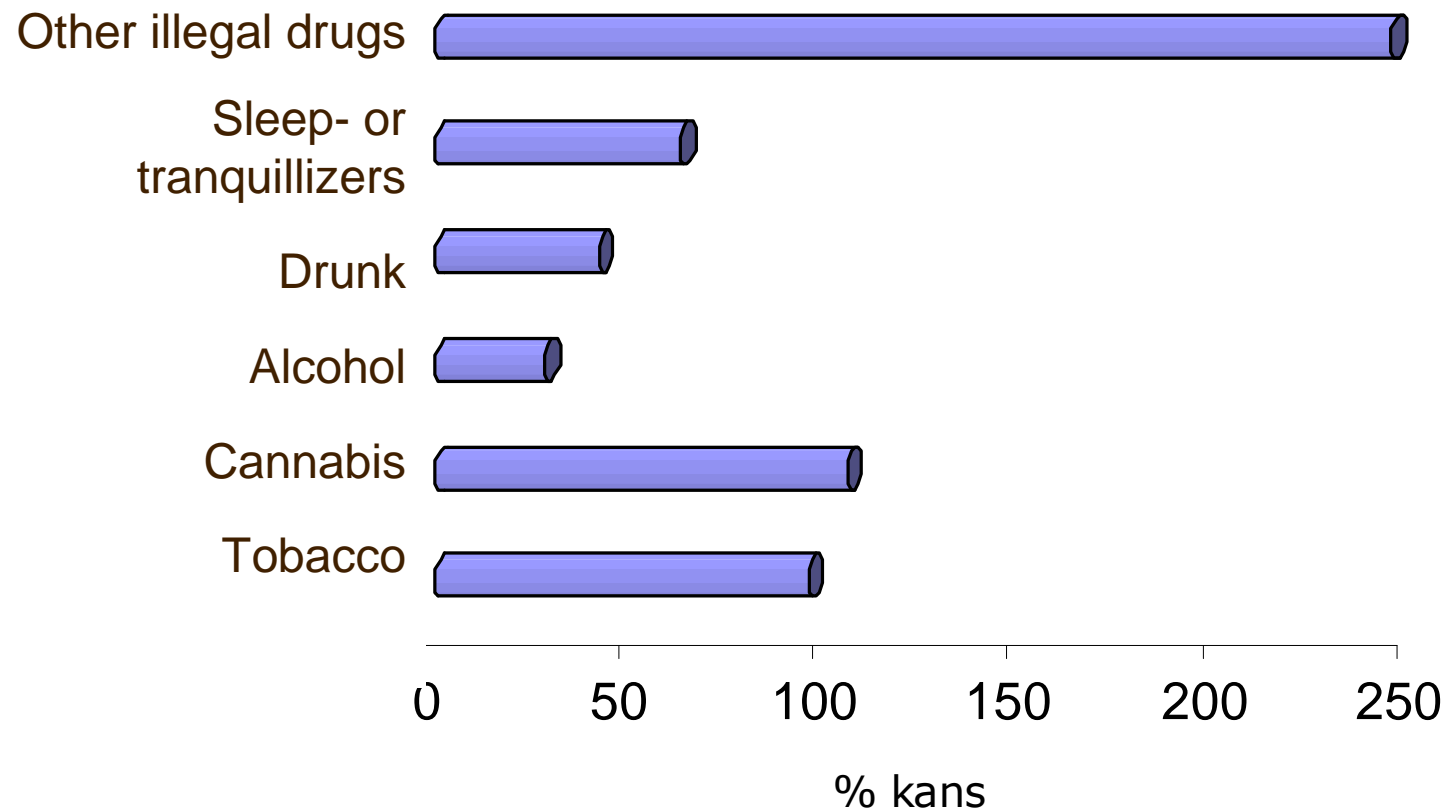
Don't think too easily that *talking about drugs doesn't influence anything at all.*

Perception of disapproval



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Use by friends (LY)



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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:

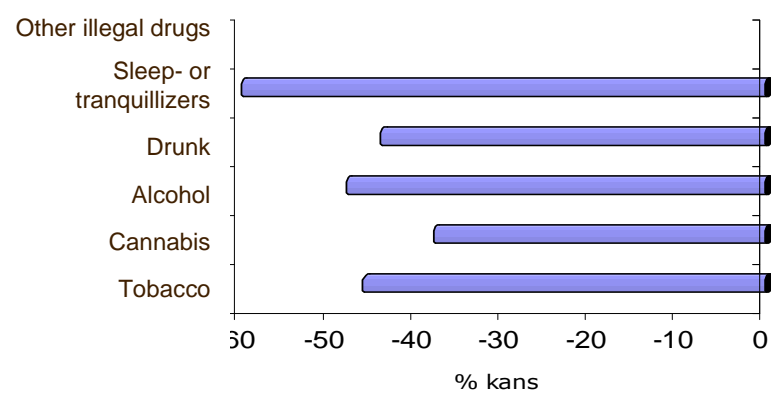
group dynamics

***critical thinking*, overestimated prevalence numbers**

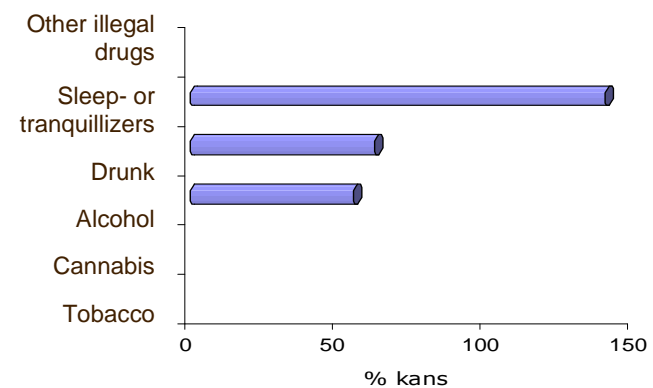


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Disapproval by parents(LY)



Use by parents (LY)



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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*

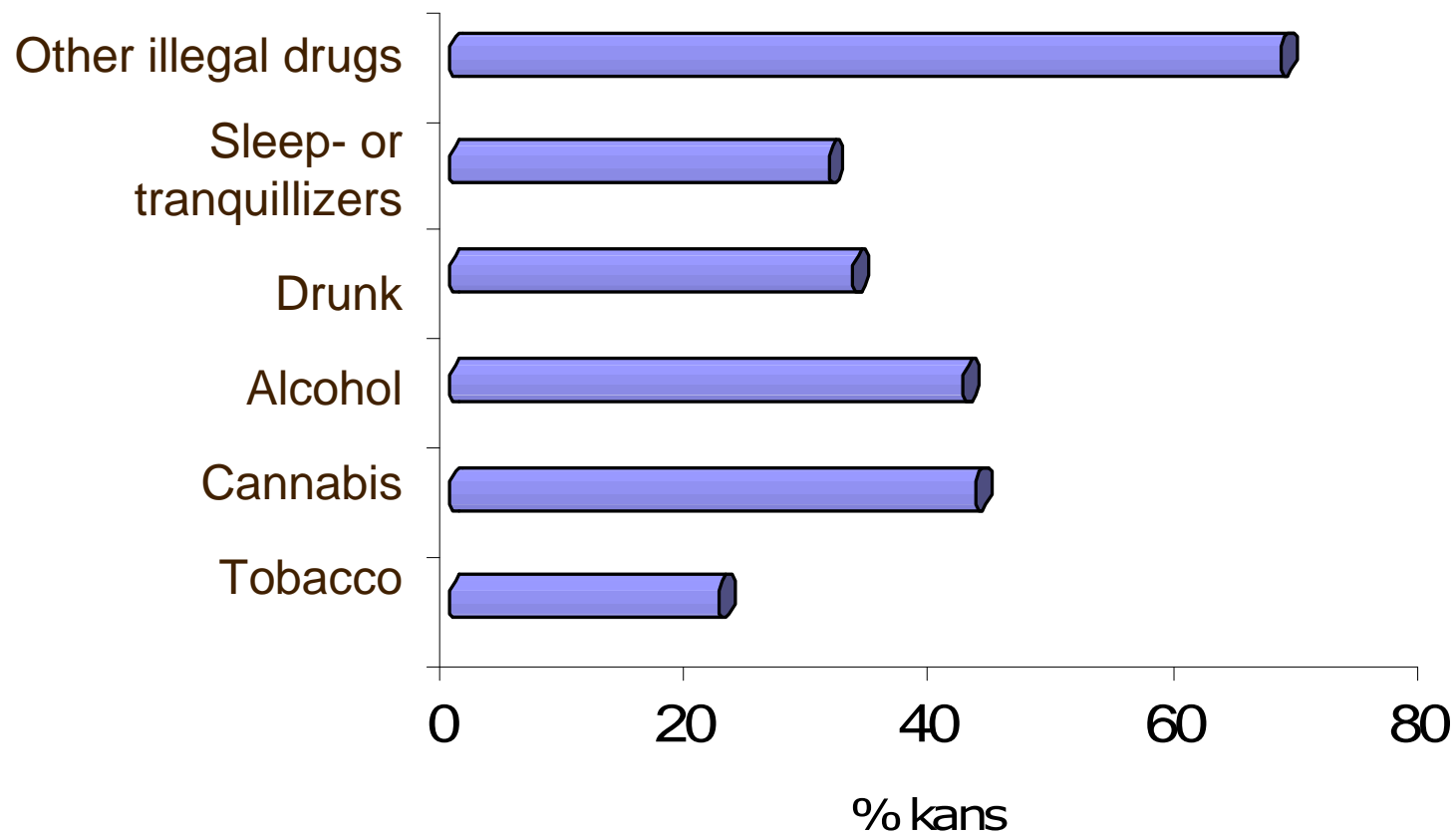
Example function.

alcohol and medication: a pattern that has become very casual



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Access to drugs (LM)



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Access to product

Risk factor for all products, also other than cannabis.

 **School must include protocols on possession and distribution**

polarisation of prevention and repression

also strict controls on school or schooltrip

**Police and prevention service dialogue with
organisers or youth parties**

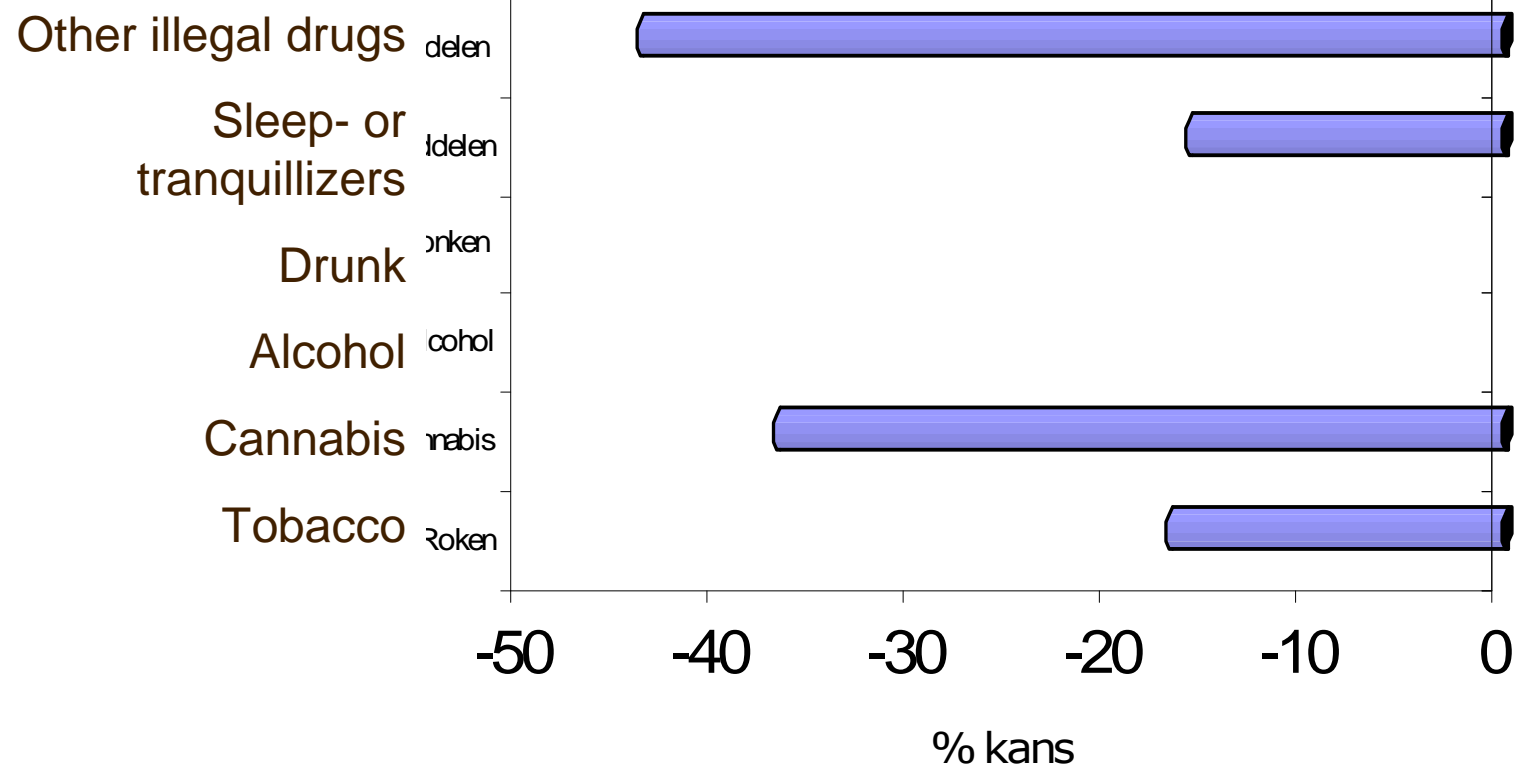
agecontrol for liquor, beer and wine

security companies



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Estimation of risk of product (LT)



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Estimation of risk

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



Information : effects en risks
not automatic by class teacher or lifeskills teacher

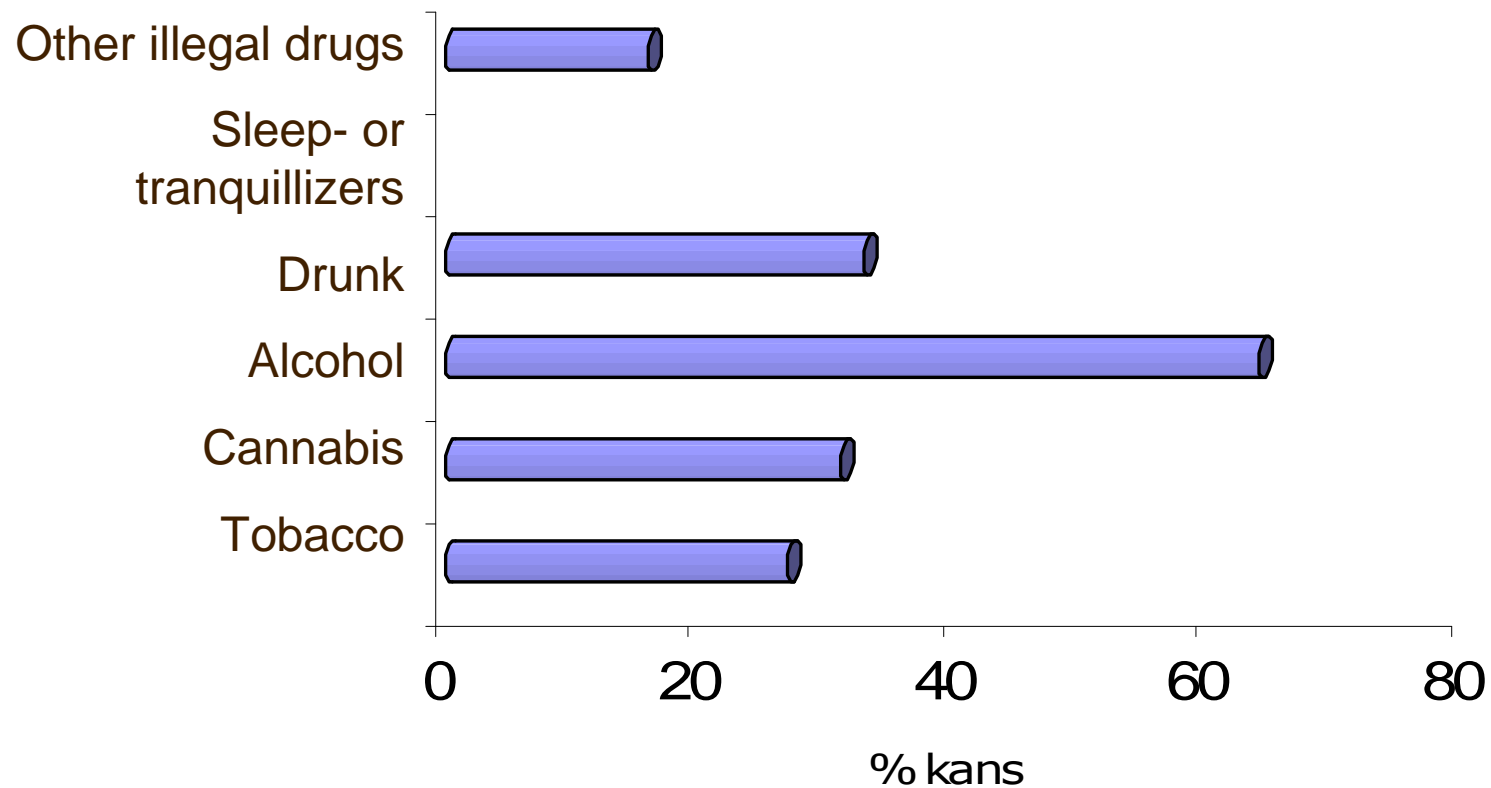
chemistry of biology, hygiene

Local or regional government: information through the .net



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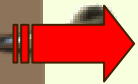
Degree of participation in going out (LT)



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Going out

Relation of going out (*party, café, dancing, youth club, concert*) and drug use excl medication



Partywise.be

selection prevention

harm reduction messages

be careful with general audience

Peer-to-peer workers on outgoing places

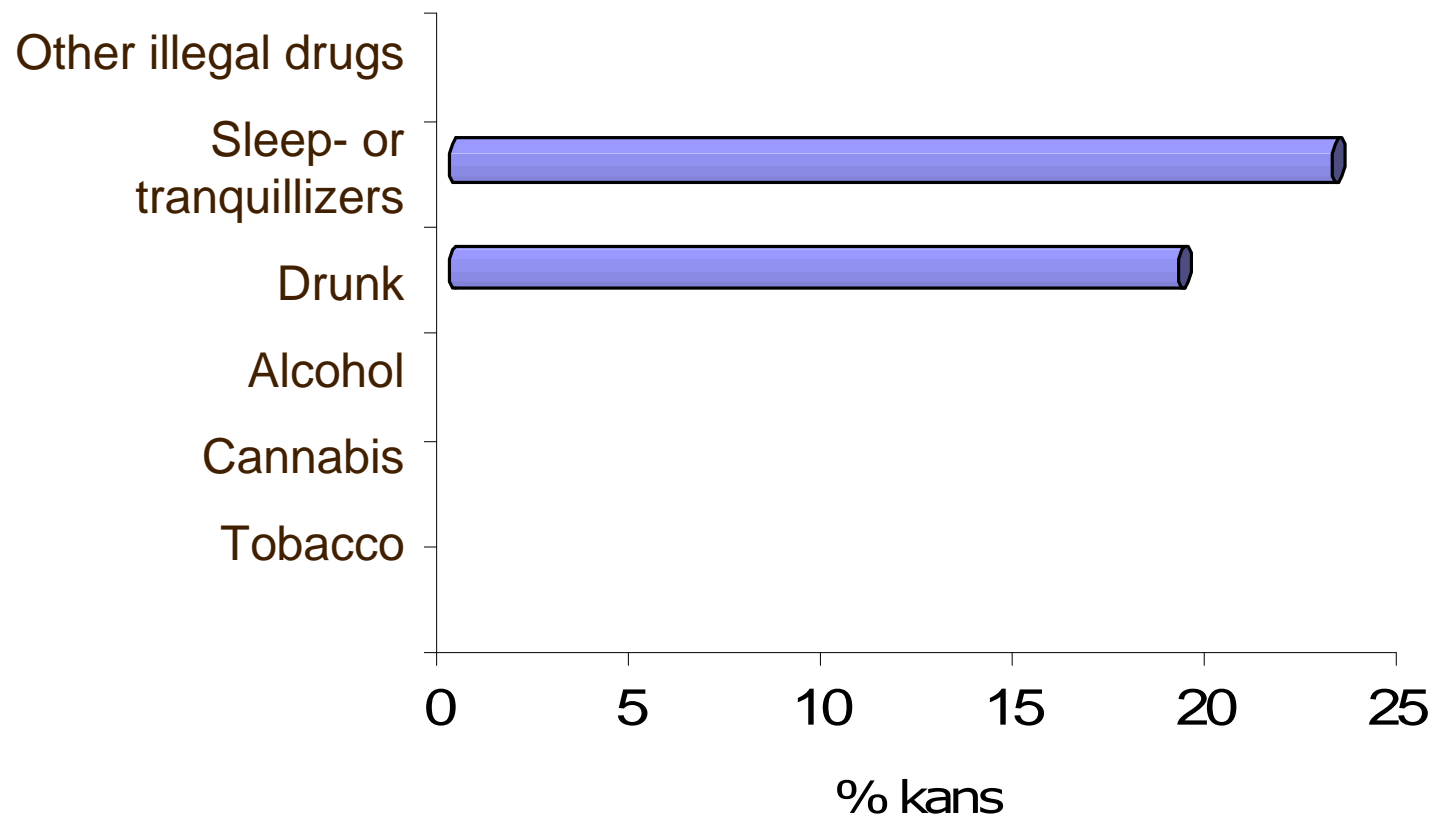
summer campaigns

talking about going out informally



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Less serious problem behaviour (LT)



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Problem behaviour

Risk factor for smoking, drunkenness and illegal drugs (except cannabis)



In some cases possibility to select groups
harm reduction strategies
specific information
approach residential youth care
balance between *niostigmation* and *take responsibility*
Parents: *Tupperware* project for secondary prevention



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Positive selfesteem (LM)

Other illegal drugs

Sleep- or
tranquillizers

Drunk

Alcohol

Cannabis

Tobacco



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Positive self esteem

Protective factor. Smoking, medication, alcohol and cannabis, but not with other illegal drugs.



Education and youth sector: *feel good* campaigns

It's good that you are here

General prevention, fundament for more specific drugprogrammes or projects

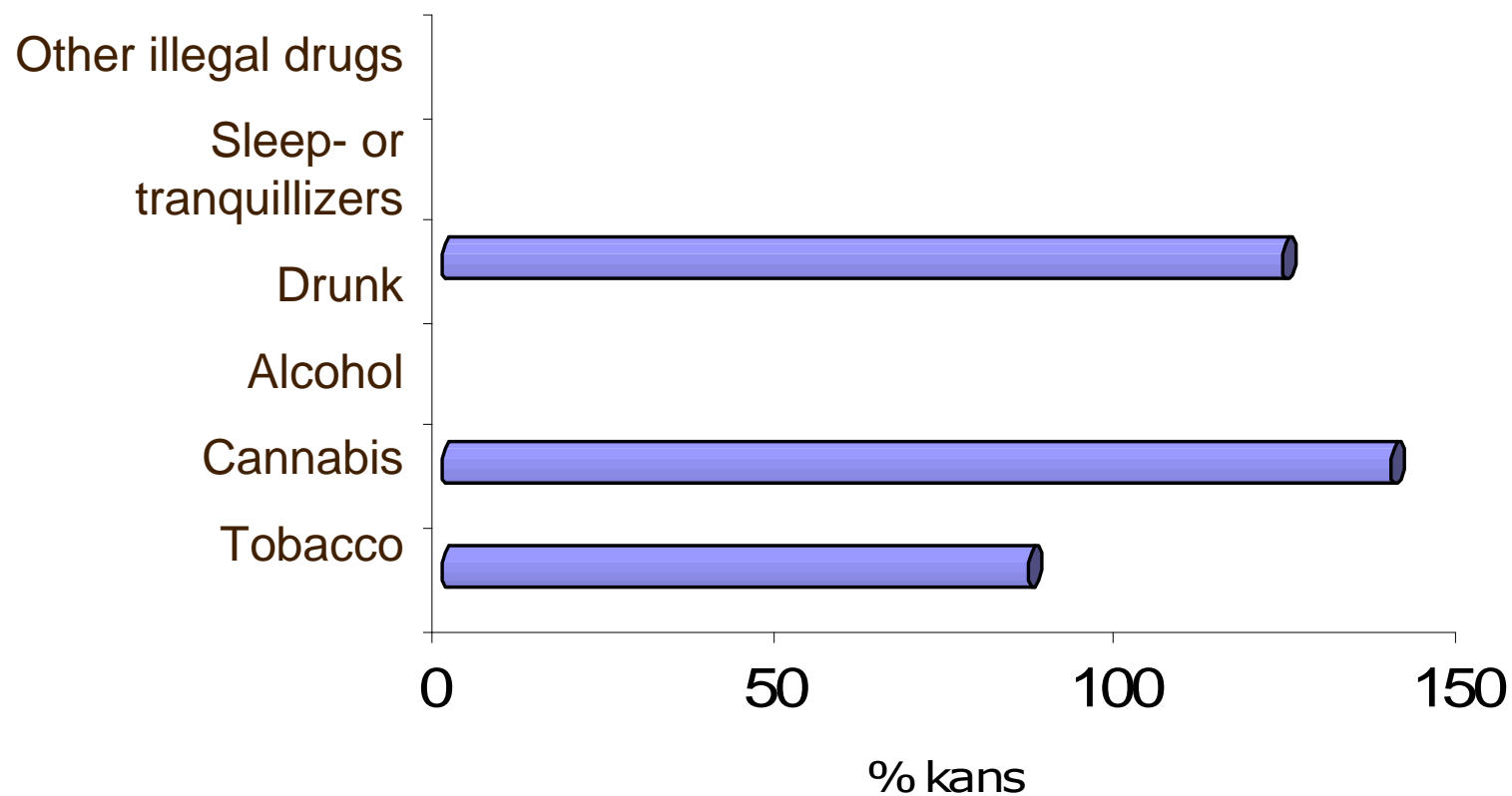
Strong relation with non-prescribed medication
selfmedication

theme *how can you change something inside yourself?*
(with pharmacies, local health services and prevention instances)



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School, assertivity in class (LT)



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Assertivity in class

Risk factor for use of drugs, incl cannabis. No correlation for other illegal drugs. Assertivity:

I don't like to come in front of the class

If the teacher is angry with me for something I didn't do, I don't mind to tell that

If the teacher asks me something in class, I feel shy

If I have to say something to the teacher in name of the class, I dare to do so.



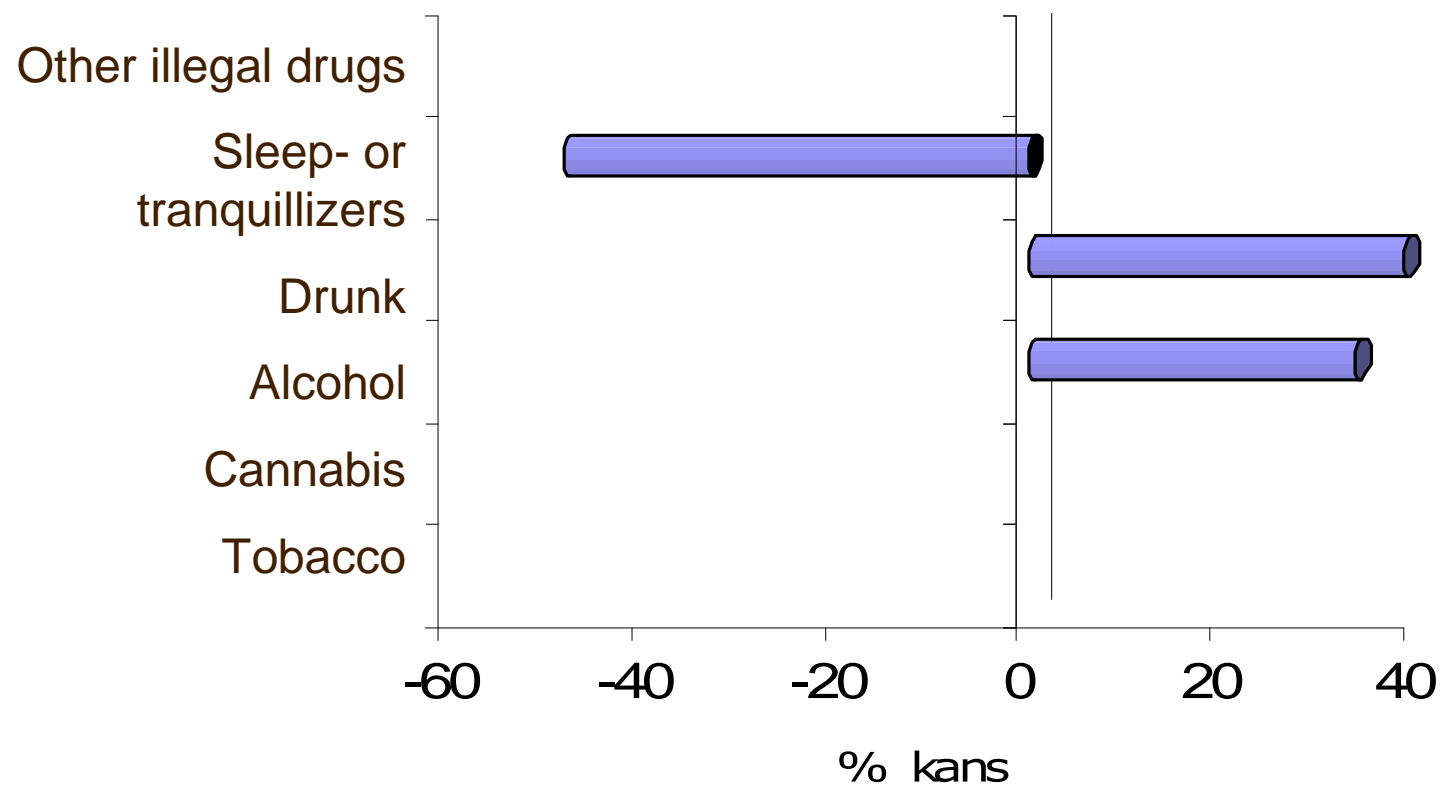
**Also for this group youngsters selective prevention
drugspecific information
harm reduction**

**Outside school sensibilisation druguse with teenagers
cannabis use is not the same as problematic situation
it's not correlated to *weak profile*.**



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Gender: boy (LM)



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Gender

Boys have more risk to drunkenness or frequent cannabis use, girls to use medication

 **Pattern of use is different and can change or move between 14-18 year**

Also prevention strategies have to differentiate *gender* aspect needs closer investigation for lessons in drugprevention split up the class from time to time in boys- and girls group.



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