

European Monitoring Centre for Drugs and Drug Addiction

Trends in Prevention

Zagreb, 10 December, 2009

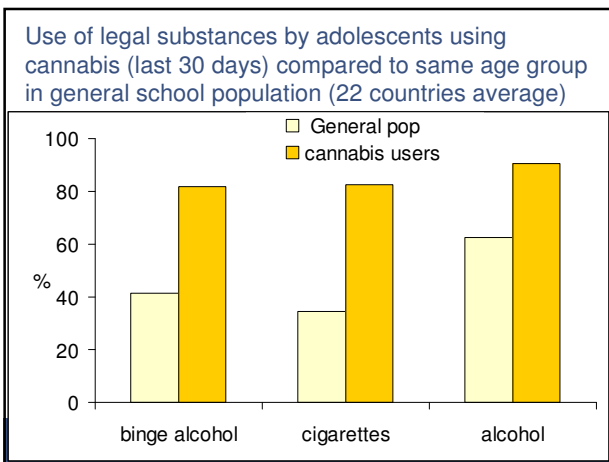
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ANNUAL REPORT 2009

Lisbon

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Use of substances in last 30 days among >76,000 adolescents, by country group

Substance	Prevalence full range %	Low prev.	Medium prev.	High prev.
Alcohol	20 - 81	50.8	65.3	73.1
Binge alc.	15 - 60	34.6	38.4	51.8
Cigarettes	18 - 46	26.7	40.5	36.3
Cannabis	0 - 20	2.2	7.6	15.0
Ecstasy	0 - 3	0.5	0.8	1.3
Hallucinogenic mushrooms	0 - 2	0.3	0.3	0.8
LSD or other hallucinogens	0 - 1	0.3	0.3	0.6
Amphetamine	0 - 1	0.4	0.8	0.9
Cocaine	0 - 1	0.4	0.3	0.6
Heroin	0 - 1	0.3	0.2	0.3



Key challenges arising

- The differing role of descriptive norms (what is considered “normal” and acceptable)
 - → the differing state of development of environmental strategies in member states
- The importance of universal prevention
- The need to complementarily tackle the vulnerable, but
 - Who are they?
 - How to reach them?
 - How to address their vulnerability?

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How the media report



“10 million people have smoked cannabis”

Some 13 million European adults (15–64 years) have tried cocaine in their lifetime; some 4 million adults have used it in the last year

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Prevention as myth correction

- It is totally normal not to do drugs: most young people do not use any illicit drug
- ¾ never even tried Cannabis, 93% haven't smoked it in the last year.
- Of those who tried (1/4), most (72%) don't go on (didn't they like it?)
- Most young people (especially females) disapprove of use and cannabis seems to loose popularity among youth

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First option: Mass media campaigns: they can increase descriptive norm perception (bad)

- US government Cannabis campaign: well studied and implemented messages
- No effects overall, boomerang effects in certain subgroups (GAO 2006): exposure predicted intention to use
- **These subgroups were those that had no thoughts nor conversations about Cannabis before (Jabobsohn 2006)**
- 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**

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Critical aspects of warning/information campaigns

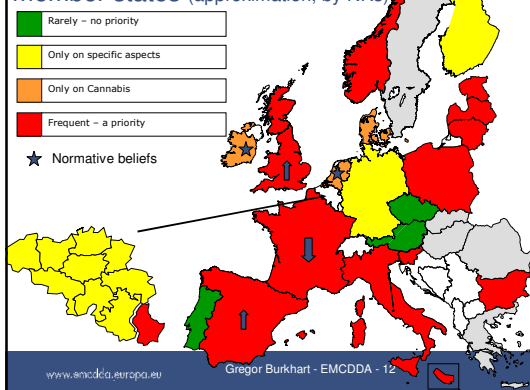
- Very few effects on behaviour
- The behavioural goal (substance use) is not simple (to buy L'Oreal instead of Nivea is simple)
- Effects on level of information and awareness
- but alongside:
 - ...negative effects on descriptive norm perception (“all do it”, “the avant-garde does it”)
 - “Being informed” has little effect on behaviour

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Mass media – importance in member states (approximation, by NRs)



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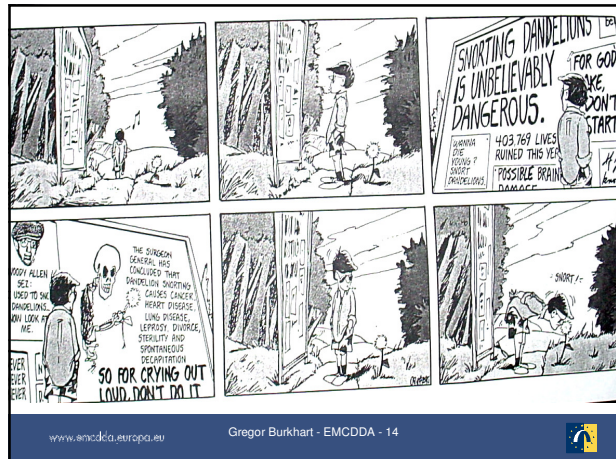


Campaign on Cannabis (outcome evaluation)

- Only the Dutch campaign was targeting *normative beliefs* with real life stories of young people (positive role models)
 - „You are not made if you don't smoke (Cannabis) because 80% don't either“
 - No warnings, no depiction of use.
 - Evaluation (Wammes et al. 2007) showed:
 - negative social norms against Cannabis smoking were reinforced
 - but no effects on intention to use were detected
 - latrogenic (harmful) effects on norms and intentions were avoided

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Why mass media info campaigns so often increase use: Perceived Descriptive Norms

- **US government Cannabis campaign: no effects overall, boomerang effects in certain subgroups.**
- **The Hypothesized Mediator**
 - Perceptions of Prevalence of Peer Marijuana Use
- **Argument**
 - Meta-message of aggregate effect of ads = “everyone is doing it”
- **Relevant theory**
 - Social Norms Theory (Perkins & Berkowitz, 1986)
- **Relationship established by past research**
 - As beliefs about prevalence of a behavior strengthen, the greater the likelihood of engagement in the behavior
 - Especially for a problem behavior, especially among adolescents

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Lela Jacobsohn – Penn University



Legal drugs and norm perception

- Legal Drugs are 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, Wetzel's 2003, Vega & Gil 2005, Orlando 2005)
 - Tobacco and 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 and 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 difference of health risks between Alcohol and Cannabis?

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Environmental risk factors

- Cannabis presence in schools (Kuntsche et al. 2006)
- Pocket money (Bellis and Hughes 2007)
- Normative fallacy (Cunningham & Selby 2007)
- Normative misperceptions predict drinking frequency (Neighbors et al. 2006)
- Normative beliefs were stronger predictors of intention status than socio-demographic variables.
- Higher levels of perceived acceptability and perceived prevalence were associated with holding high-risk intentions (Olds et al. 2005)

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Rationales of Environmental Strategies

- Correct social perception of normality and acceptance of any substance use without limiting it to legal aspects (Alcohol ↔ Cannabis).
- Influence social norms and values regarding licit drug use behaviour
- Limit freedom ... of leisure, alcohol and tobacco-industries
- Protect the most vulnerable (young people) from industrial epidemics (D'Intignano)
- Environmental strategies are for licit drugs more effective than universal prevention measures
- Do the vulnerable have “informed choices“?

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Elements of environmental strategies

- Regulating physical availability of licit drugs (Macro)
- Taxation and pricing (Macro)
- Altering the drinking environment (Micro)
- Smoking bans (Macro)
- Drinking/Cannabis-driving countermeasures (Micro)
- Regulating promotion/advertising (Macro)

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Review of reviews (Bühler & Kröger 2006)

- Raising the minimum legal age for alcohol consumption has preventive effects on alcohol consumption. B
- Higher 'total' alcohol prices reduce consumption by both moderate and heavy drinkers. D
- Raising the minimum legal drinking age reduces the negative consequences of alcohol consumption (alcohol-related accidents B, C; other health and social problems B).
- Higher 'total alcohol prices' (inclusive of indirect costs) have effects on alcohol consumption and alcohol-induced deviance. D
- Decriminalising cannabis does not increase its consumption and produces a reduction in social costs. C

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Bühler & Kröger 2

- Higher tobacco prices reduce the prevalence and quantity of tobacco consumption. C
- Isolated measures to prevent the sale of tobacco to young people under the legal age do not reduce consumption. C
- A comprehensive long-term ban on the advertising of tobacco products has preventive effects on consumption behaviour. E
- Programmatic legislative provisions at community level have an indirect long-term effect on consumption (of tobacco and alcohol). D
- Regulatory provisions at community level (in relation to rates of duty and to compliance monitoring) have a direct, short-term effect on consumption (tobacco and alcohol). E

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Tobacco control scale

- Prices : 30 points
- Smoking restrictions/bans: 22 points
- Tobacco control funding : 15 points
- Advertising ban: 13 points
- Smoking cessation : 10 points
- Labelling: 10 points

Source: ENSP 2004

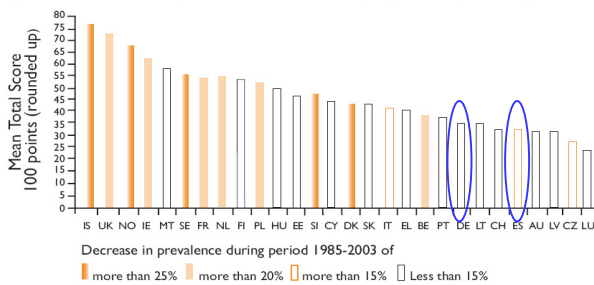
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Luc Joossens - ASPECT



Policy effects

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



Source: Joossens¹⁵.

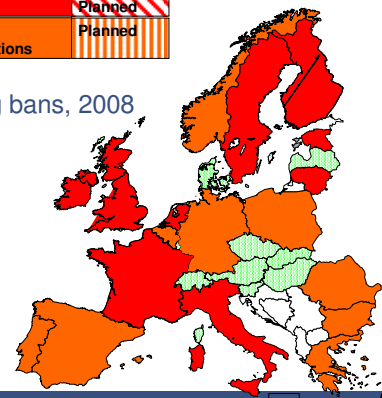
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Smoking bans, 2008

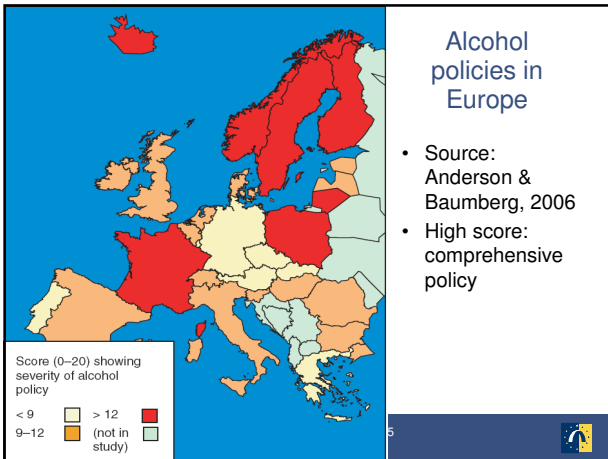
Total	Planned
With exceptions	Planned



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New state fascism? The End of Tolerance?

- Conceptual similarity of environmental strategies with prohibitionism at a first glance
- Cultural-historical resistances
 - Nazi hostility to smoking
 - Fascism in Spain/Portugal/Greece
 - Soviet's tough alcohol policies in new member states
 - Environmental strategies as **puritan protestant** values
 - Post-1968 Beatnik values against institutionalised power (Foucault), against "massification", against restraining the Self (Deleuze & Guattari): substance use as rebellious (or democratic) action. → hijacked by Industries

But: would we consider for instance inner-city speed limits as **prohibitionist** or as limiting personal freedom?

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Best practice portal

Welcome to the EMCDDA's Best practice portal, a resource for professionals, policymakers and researchers in the areas of drug-related prevention, treatment, harm reduction and social reintegration. The portal concentrates on illicit drugs and polydrug use and has a clear European focus. Its main aim is to provide tools and standards to improve the quality of interventions and highlight examples of best practice across Europe.

The portal presents an overview of the latest evidence of different interventions, in terms of efficacy and effectiveness. It contains tools to improve interventions, whilst highlighting real-life examples of evaluated practices, which are implemented within EU Member States. Its development comes as a response to the EU drugs action plan (2005-08) which calls for the effective dissemination of evaluated best practices. [More information >>](#)

- Evidence of efficacy**: This section contains reviews on the efficacy of different types of intervention.
- Tools for evaluation**: This area contains EMCDDA information on how to evaluate demand reduction activities.
- Standards and guidelines**: This section contains standards and guidelines for the implementation of practices.
- Examples: EDDRA**: The Exchange on Drug Demand Reduction Action (EDDRA) provides real-life examples of evaluated practices in the European Union.

Some extracts

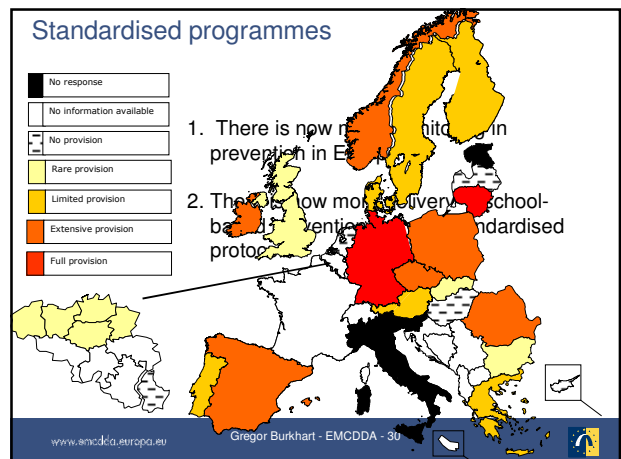
- "School-based **interactive** programmes that build on social-influence or life-skills models are recommended."
- "**One-off information sessions, isolated emotional-education initiatives and other non-interactive measures are to be avoided.**"
- "Programmes which develop **individual social skills are the most effective** form of school-level intervention for the prevention of early drug use."

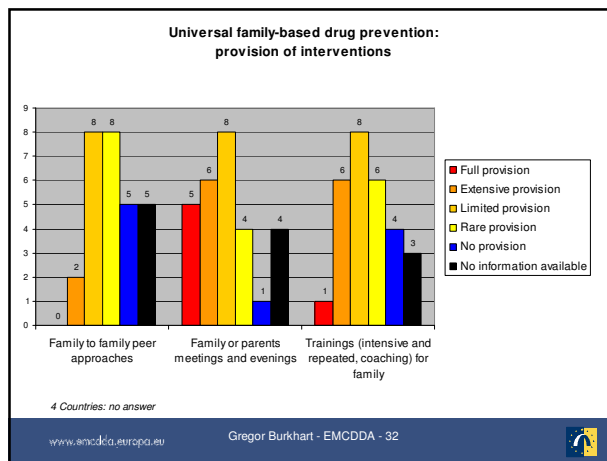
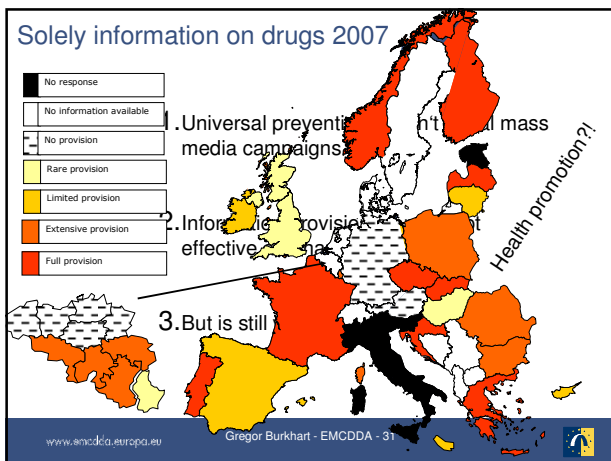
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How to deliver school-based prevention?

- 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.

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- ### Good news
- Prevention does work, it is only insufficiently carried out (EMCDDA, Stead 2009)
 - In schools: wrong contents?
 - For families: wrong focus?
 - → quality standards are needed
 - → better research on programmes is needed
 - A European Society of prevention research?
 - Modern methods show surprising effects
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Vulnerability - social

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Focus, don't dramatise

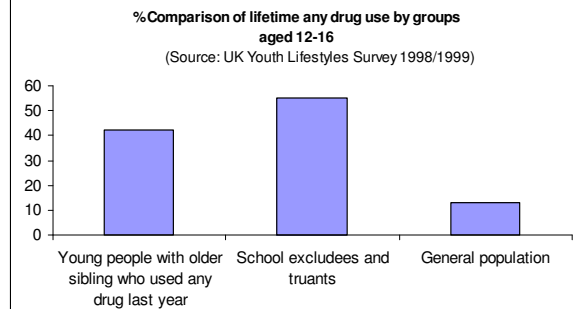
- The big numbers of moderate users make the biggest share of Public Health problems
- But not all drug-using youth develop problem use or dependency later on
- Drug problems are not due to drug consumption **alone**
- Consider drug use an indication of additional problems
- "Vulnerability" is increasingly used for prevention ("what other problems are there?")
- Vulnerability can be reduced through **RESILIENCE** building

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Quali fattori di rischio?



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The prevention "filters": intervention criteria

Universal prevention
no filter

Youth at large

Filter 1: social, demographic predictors
(no prediction on individual risk)

Truancy
Academic underachievement
Offending
Low bonding
Parenting styles
Family conditions

vulnerable groups

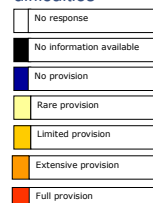
Selective prevention

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Pupils with academic or social difficulties

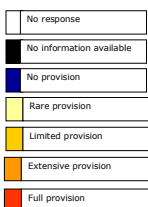


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Youth in government care



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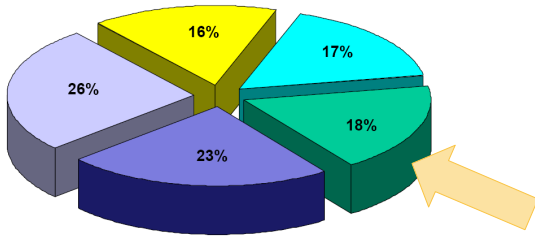


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Breitenerhebung: Zugangswege (N = 159)



- Selbstmelder
- Eltern/Angehörige
- Justiz, Polizei, JGH
- Schule, Jugendhilfe
- Sonstiges (u.a. Betriebe, KH, niedergel. ÄrztInnen)

FOGS

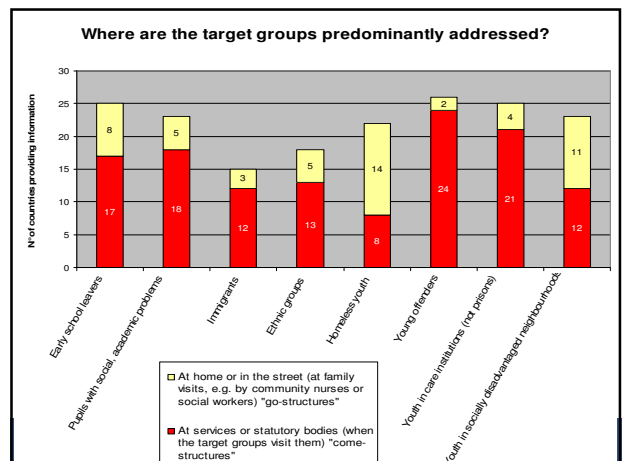
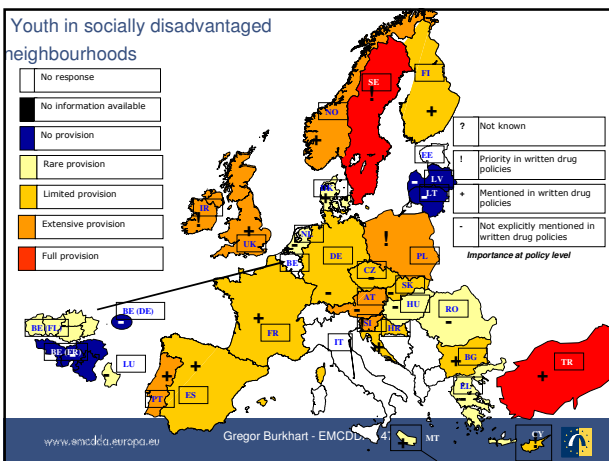
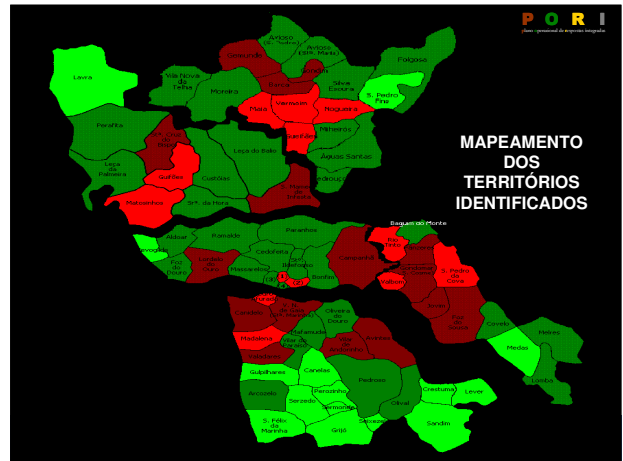
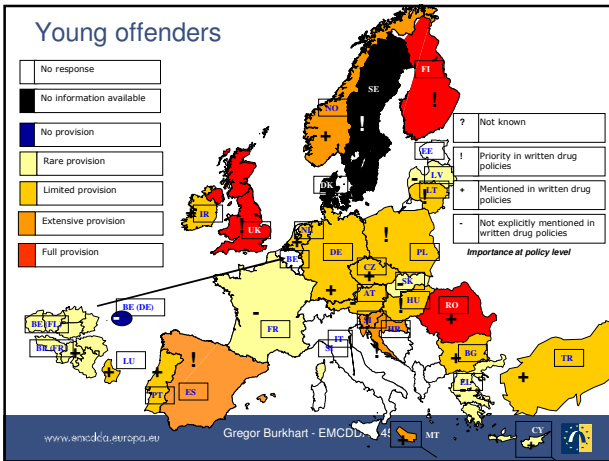
LWL
Für die Menschen
Für Westfalen-Lippe.

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
- Greece, Portugal, Spain: prevention or “dissuasion councils” at courts without protocol-like interventions

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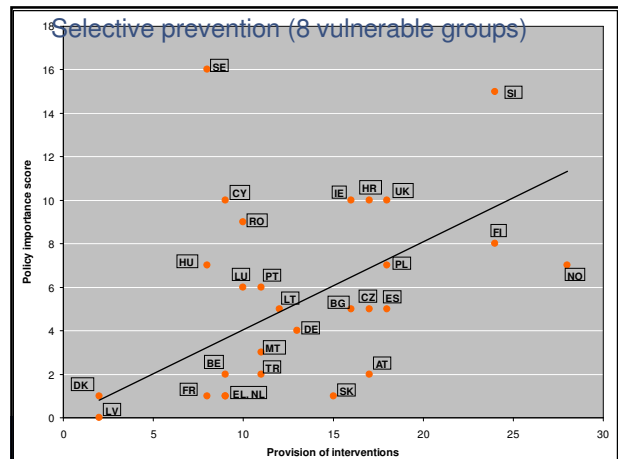


Evidence-based contents for universal and selective programmes

- Normative restructuring (e.g. learning that most peers and the opposite sex disapprove of use)
- Challenge norms of proximal peers
- Myth correction
- Assertiveness training
- Motivation and goal-setting
- Applied in intervention protocols for young offenders (DE, AT, LU), truants,

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State of selective prevention

- Attention to vulnerable groups at policy level has increased
- But the actual level of interventions has not
- Mostly office-based services ("come structures") rather than proactively looking for vulnerable young people on the street or at their homes
- Effective interventions tackle the vulnerability factors for drug problems, rather than addressing drug use itself
- E.g.: boosting academic performance, bonding to school, effective parenting and coping mechanisms (resilience)

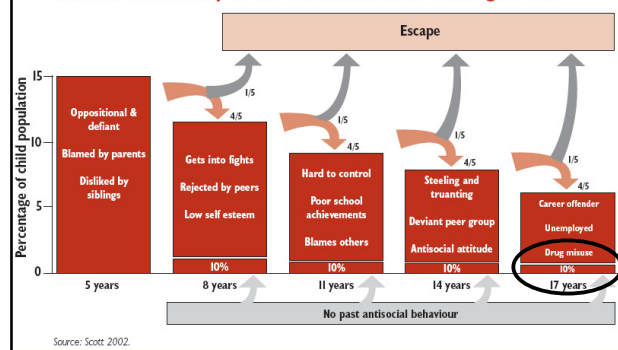
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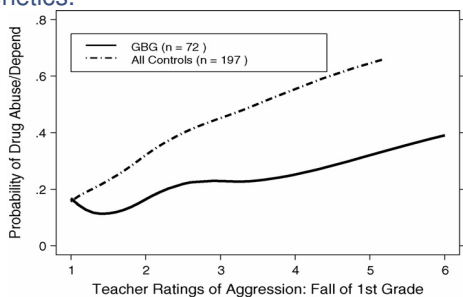
6 – Identify early trajectories into problem use

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



Source: Scott 2002.

Good news – interventions are stronger than genetics.



But prevention programmes can override this genetic vulnerability

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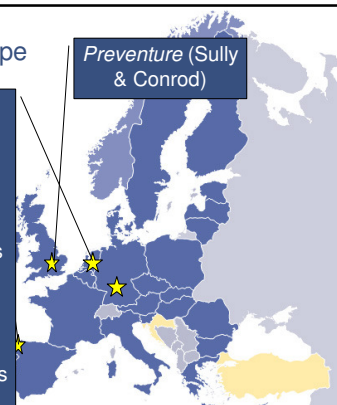
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Programmes in Europe

Coping power (Zonneville-Bender)
 - Children 8-13 years with disruptive behaviour disorder
 - Manualised cognitive therapy; 23 weekly sessions 1 ½ h for children and parents
 - 5 year follow up: reduction of smoking, reduction of cannabis use, no differences in delinquent behaviour

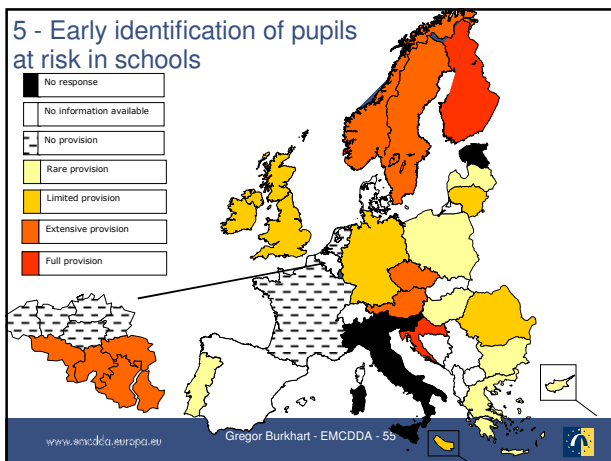
Preventure (Sully & Conrod)



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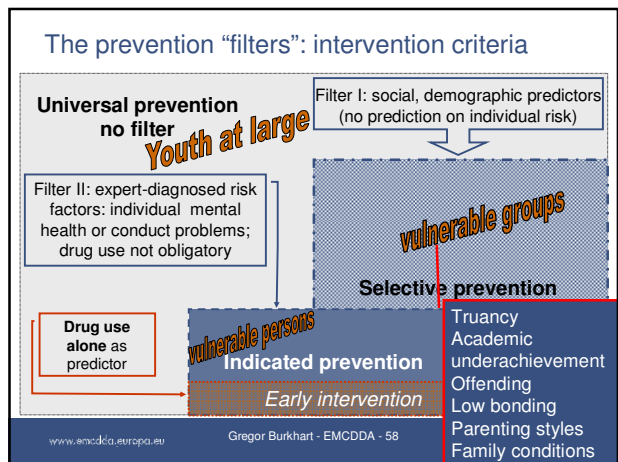
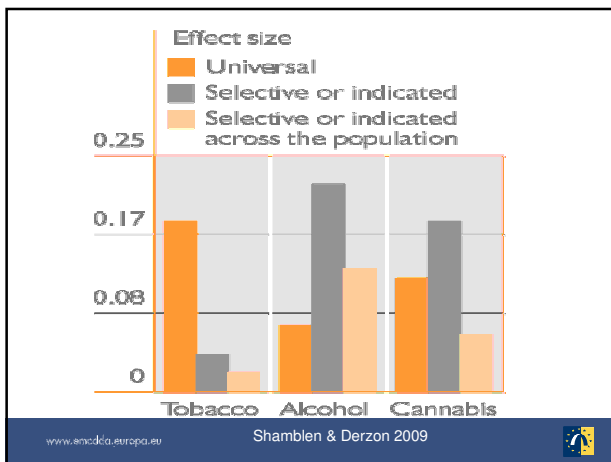




Rethinking in prevention hasn't happened

- Only to inform and to warn about drugs is not effective and can be harmful
- Still this is the most frequent "prevention" type in the EU
- (Promising) Indicated Prevention has low profile and coverage
- Selective prevention has implementation gaps
- Perception of what is "normal" (what others do) might be more important than perception of danger

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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 Programmes
- Selective prevention – for risk groups
 - Clubbers, Truants, School Drop Outs, Dysfunctional Families, Deprived Communities, Ethnicity
 - **Objective:** Reach out for them, address risk factors and strengthen resiliency
 - → Flexible Interventions or Culturally Adapted Programmes
- Indicated prevention – for individuals at risk
 - Sensation Seeking, Early Delinquency, Conduct Disorders, ADHD, Early Substance Use,
 - → Early tracking and intervening with vulnerable children by medical (pediatrics) and social services

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