



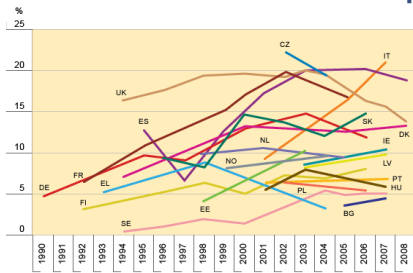
European Monitoring Centre
for Drugs and Drug Addiction

Best Practice Portal

Croatia, May, 2011

Gregor Burkhart, EMCDDA

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EMCDDA > Responses to drug use > Best practice portal

Best practice portal

Evidence of efficacy

Tools for evaluating practices

Standards and guidelines


Examples of evaluated practices: EDDRA

Best practice glossary


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 on different interventions in terms of efficacy and effectiveness. It contains tools to improve interventions, while highlighting real-life examples of evaluated practices, which are implemented within EU Member States. Its development comes in 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.

Related links

Responses to drug use in the EU

Glossary of best practice terms

Other web sites

Cochrane Collaboration

Campbell Collaboration

European Network for Health Technology Assessment (EU-net-HTA)

Drugs and Alcohol Findings

Evidence-based Electronic Library for Drugs and Addiction (EELDA)

Health-EU Portal

Will be discontinued

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EMCDDA > Responses to drug use > Best practice portal

Responses to drug use

Best practice portal

Prevention

- Universal prevention
- Selective prevention

Treatment

- Amphetamines users
- Cannabis users
- Cocaine users
- Opiate users

Tools

Standards and guidelines

Examples: EDDRA

Evaluation instruments bank (EIB)

Responses areas

Prevention

Treatment

Harm reduction

Prevention of drug-related crime

Drug supply reduction

Data collection tools

Best practice portal

The EMCDDA's Best practice portal is 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. [More information >>](#)

Available modules

The content in the portal is structured by thematic modules. Each module below provides the current scientific evidence base for the corresponding type of intervention.

Prevention: [universal prevention](#) | [selective prevention](#)

Treatment: [amphetamines users](#) | [cannabis users](#) | [cocaine users](#) | [opiate users](#)


Harm reduction (online September 2010)

Best practice resources

EDDRA

The Exchange on Drug Demand Reduction Action (EDDRA) provides real-life examples of evaluated practices in the European Union. [Access EDDRA >>](#)

EIB >>

EIB is an online archive of freely available instruments for evaluating interventions. 

OTHER RESOURCES

- [Tools for evaluating practices](#)
- [Standards and guidelines](#)

Related links

Prevention and Evaluation Resource Kit: PERK

References

EMCDDA publications

Guidelines for the evaluation of treatment in the field of problem drug use

Guidelines for the evaluation of outreach work: a manual for practitioner

Evaluation: a key tool for improving drug prevention

Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators

News and recent updates

- 01.06.2010: Best practice treatment module published >>
- 04.05.2010: National drug treatment guidelines in Europe by country now online >>

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EMCDDA | Best practice portal: Evidence of efficacy of universal prevention interventions - introduction - Mozilla Firefox

http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention

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Responses to drug use

Best practice portal

Evidence of efficacy

- Universal prevention
- Selective prevention
- Pharmacological treatment
- Psychological treatment
- References

Tools for evaluation

Standards and guidelines

Examples: EDDRA

Responses areas

- Prevention
- Treatment
- Harm reduction
- Prevention of drug-related crime
- Drug supply reduction
- Data collection tools
- Evaluation instruments bank (EIB)

Evidence of efficacy: universal prevention

Introduction School Community Family Mass media campaigns Methodology

What evidence on the efficacy of universal prevention is presented here?

The evidence summarised here is based on the following four reviews of reviews published from 2000 onwards, as well as two systematic reviews of the Cochrane Collaboration:

- Buehler, A. & Kroeger C. (2006), 'Report on the prevention of substance abuse', Federal Centre for Health Education **BZgA**.
- McGrath, Y. et al. (2006), 'Drug use prevention among young people: a review of reviews', National Institute for Health and Clinical Excellence.
- Canning, U. et al. (2004), 'Drug use prevention among young people: a review of reviews', Health Development Agency.
- Hawks, D. et al. (2002), 'A selected review of what works in the area of prevention', World Health Organisation.
- Faggiano, F. et al. (2005), 'School based prevention for illicit drugs (review)', The Cochrane Collaboration.
- Gates, S. et al. (2006), 'Interventions for prevention of drug use among young people delivered in non-school settings', Cochrane Collaboration.

The summary of findings are presented according to different types of settings:

- School
- Community
- Family
- Media

To ensure transparency, we have kept references made in the reviews to originally included reviews/studies that formed part of the evidence base. In addition, a methodological overview is presented for each review.

For more detailed information about the summary of findings across the reviews on school-, family- and community-based prevention, please refer to the detailed overviews available in pdf format in each respective section. These also include full references to all papers included in each of the reviews. Original reports of each review of reviews can also be accessed on the methodology page. The original reports of the systematic reviews by Faggiano, F. et al. (2005) and Gates et al. (2006) are published by the Cochrane Collaboration.

Putting evidence on efficacy into context

This overview only aims to present the evidence of efficacy of universal prevention programmes.

Related links

- References
- Prevention responses in the EU

How to implement prevention programmes?

- Prevention Evaluation Resource Kit (PERK)
- Examples of evaluated practices (EDDRA)

EMCDDA | Best practice portal: Evidence of efficacy of selective prevention interventions - introduction - Mozilla Firefox

http://www.emcdda.europa.eu/themes/best-practice/evidence/selective-prevention/summary

EMCDDA > Responses to drug use > Best practice portal > Evidence of efficacy > Selective prevention > Summary of findings

Responses to drug use

Best practice portal

Evidence of efficacy

- Universal prevention
- Selective prevention
- Pharmacological treatment
- Psychological treatment
- References

Tools for evaluation

Standards and guidelines

Examples: EDDRA

Responses areas

- Prevention
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Evidence of efficacy: selective prevention

Introduction Summary of findings Methodology

Selective prevention – summary of findings

The following summary of findings is based on four reviews of reviews published in 2000 or later: Buehler and Kroeger (2006), McGrath et al. (2006), Canning et al. (2004) and NICE (2007). Due to the scarcity of information on the efficacy of selective prevention, secondary level and some primary level research published since 2003 not included in the above were also taken into consideration.

What works in selective prevention?

- There is some evidence to suggest that school prevention programmes targeting at-risk students are more effective than those that target general student populations. *Gottfredson and Wilson (2003) in McGrath et al. (2006)*
- Selective addiction-prevention measures have preventive effects on consumption behaviour if they are implemented as school-based social skills programmes, mentoring programmes or life skills programmes. *Gottfredson and Wilson (2003), Wicki and Stubi (2001), Catalano et al. (1998), Mowbray and Cyseman (2003) in Buehler and Kroeger (2006), Roe and Becker (2005)*
- Cognitive behaviour programmes seem to offer the greater chance of success. *Gottfredson and Wilson (2003) in McGrath et al. (2006)*
- Programmes that emphasise team-building, interpersonal delivery methods and introspective learning approaches focusing on self-reflection. *Springer and Sale (2004)*
- Programmes that take into account individual needs. *Windle and Windle (1999) in Canning et al. (2004)*
- Identification and recruitment of young people in a sensitive manner which avoids 'labelling' that can lead to stigmatisation. *Sussman et al. (2004)*
- Interventions are effective when they address motivation, skills, and decision-making as well as erroneous normative beliefs. *Sussman et al. (2004)*
- From small well-controlled trials, there is evidence of efficacy that family home visitation is a feasible strategy to implement with disadvantaged families and can reduce risk factors for early developmental deficits and thereby improve childhood development outcomes. *Toumbourou et al. (2007)*
- Some of the strongest evidence for efficacy in reducing developmental pathways to drug-related harm comes from interventions delivered through the early school years to improve educational environments and reduce social exclusion. *Toumbourou et al. (2007)*
- For vulnerable and disadvantaged children and for young people aged 11–16 years and assessed to be at high risk of substance misuse: offer a family-based programme of structured support over two or more years, drawn up with the parents or carers of the child or young person and led by staff competent in this

Related links

- References
- Prevention responses in the EU

How to implement prevention programmes?

- Prevention Evaluation Resource Kit (PERK)
- Examples of evaluated practices (EDDRA)

Evidence from real life studies:

STAY (St. Augustus Stay-In-School Youth Project) (Rebun) Offers an integrated community response for children at risk of early school-leaving between the ages of 10 and 14, who reside in the parish, which will enable them to involve themselves consciously and actively in their own development and in the development of society.

Way out: early intervention for young drug-using first offenders (Austria) The project Way out offers counselling and care facilities for young people - individuals and groups. Structured support is offered over a period of approximately 6 months with the aim of encouraging abstinent behaviour concerning illegal drugs, controlled behaviour concerning legal substances and avoidance of drug-related problems.

Streetwork Mobile Youth Work "Rumetreib" Wiener Neustadt (Austria) Rumetreib is an outreach project that aims to prevent the development of problematic

The screenshot shows the EDDRA website interface. The main heading is 'Examples of evaluated practices: EDDRA'. Below this, there is a 'Find projects by characteristics' section with sub-sections: 'By type of intervention' (Prevention, Treatment, Social reintegration, Harm reduction, Interventions in the criminal justice system), 'Other criteria' (By target group, By type of approaches, By type of evaluation), and 'Substance-specific interventions'. To the right, there is a 'Find projects by country' section with a list of countries including Belgium, Bulgaria, Czech Republic, Denmark, Germany, Estonia, Greece, Spain, France, Ireland, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Malta, Netherlands, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Sweden, United Kingdom, Norway, and Turkey.

Entries

260 – 91 – 57 – 32	Total	Level I	Level II	Level III
Universal prevention	171	161	4	6 (3,5%)
Selective prevention	53	42	8	3 (6%)
Indicated prevention	13	6	2	5 (38%)
Environmental p.	9	8	1	-
Drug free treatment	72	62	8	2
Pharm. assist.	43	33	9	1
Prevention infect dis	48	43	5	-
Drug consump rooms	4	3	1	-
Overdose prevention	10	8	2	-
Criminal justice	32	31	1	-



Best Practice: a provisional definition

<http://www.businessdictionary.com/definition/best-practice.html>

Best Practices: Methods and techniques that have consistently shown results superior than those achieved with other means, and which are used as benchmarks to strive for.

There is, however, no practice that is best for everyone or in every situation, and no best practice remains best for very long as people keep on finding better ways of doing things.



Structure of information

- Simplicity is the result of complexity
- Persons are the starting point and the ultimate destination of the process
- Treatments are not “effective” per se’:
 - they are effective in affecting some outcomes
 - in some patients/clients
 - under certain circumstances



1) “Information“



“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



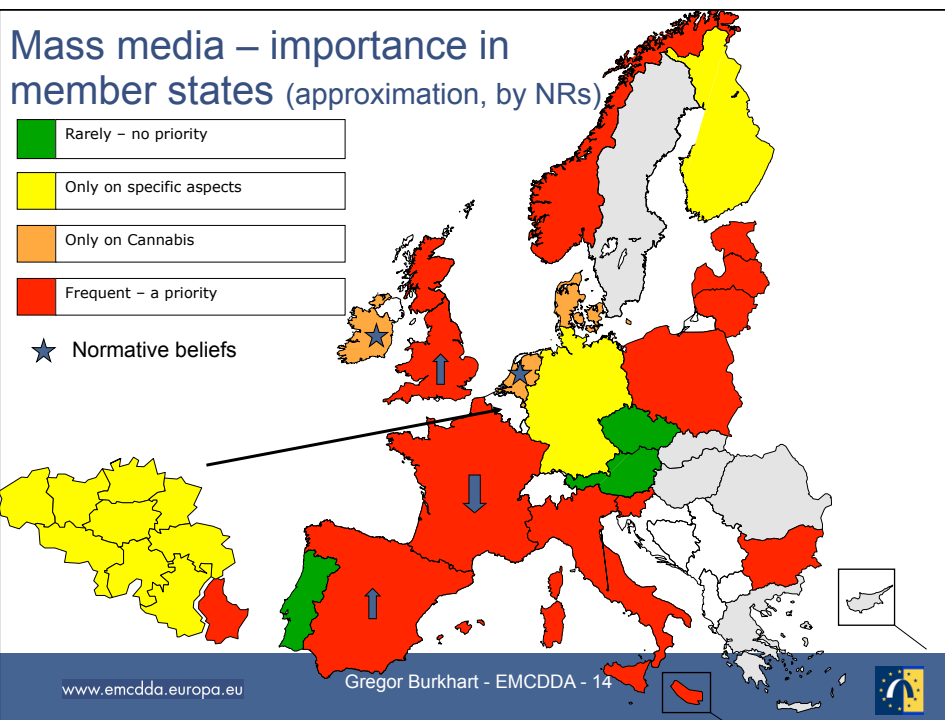
Mass media campaigns: they can increase descriptive norm perception (bad)

- 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**



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 also:
- ...negative effects on descriptive norm perception (“all do it“, “the avant-garde does it“)
- “Being informed” has little effect on behaviour



Campaign on Cannabis (outcome evaluation)

- Only one Dutch campaign was targeting *normative beliefs*
- „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
 - Iatrogenic (harmful) effects on norms and intentions were avoided



Prevention as myth correction

- It is totally normal not to do drugs: most young people do not use any illicit drug
- $\frac{3}{4}$ 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



Information
on drugs:
focus on
social
aspects:
look,
behaviour



... and less on long-term health risks



Behaviour control, social skills

prefrontal cortex

septum

hypothalamus

sensory inputs

Conformity to peer norms and habits

Impulse, drive, motivation

nucleus accumbens

amygdala

Fear

www.em

Environmental prevention

- change the
 - physical
 - economic
 - social
 - virtual
- ... environments, in which people take their decisions about substance use

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Elements of environmental strategies

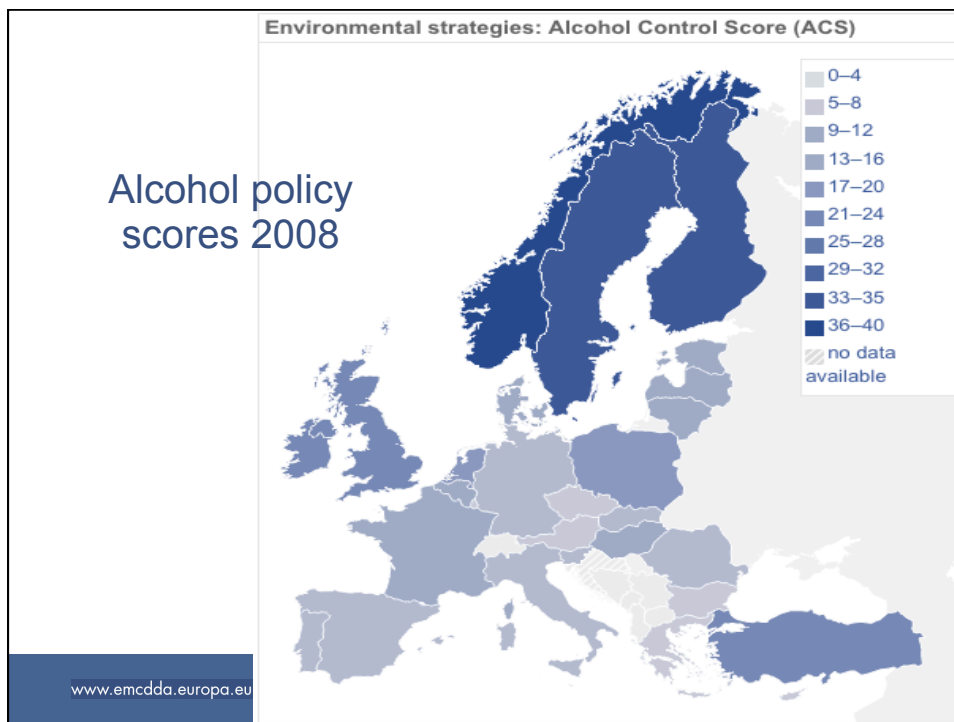
- Regulating physical availability of licit drugs (Macro)
- Taxation and pricing (Macro)
- Altering the drinking environment (Micro)
- Smoking bans (Macro)
- Drinking/Cannabis-driving countermeasures (Micro)
- Regulating promotion/advertising (Macro)
- Regulating recreational settings



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 are 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)





Rationales of Environmental Strategies

- Correct social perception of normality and acceptance of any substance use
- Influence social norms and values
- Limit freedom ... of leisure, alcohol and tobacco-industries
- Protect the most vulnerable (young people) from industrial epidemics (D'Intignano)
- More effective - for licit drugs - than universal prevention measures



Universal prevention

Risk is
(assumed)
the same for
everyone



Extracts from BPP on Universal Prevention

- “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.”

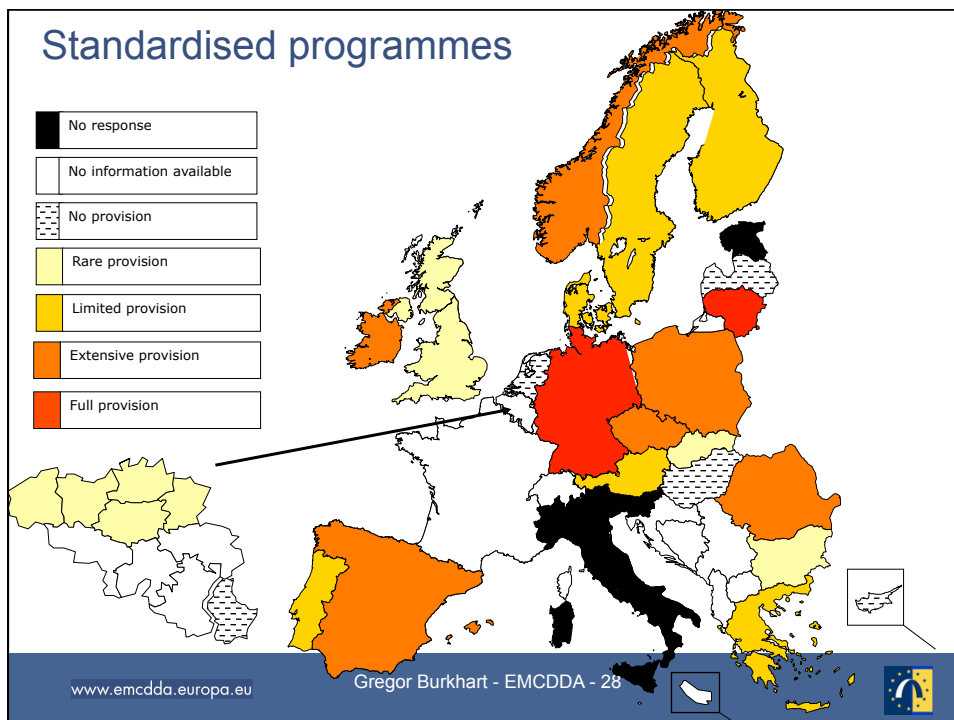


How to deliver school-based prevention?

- 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.

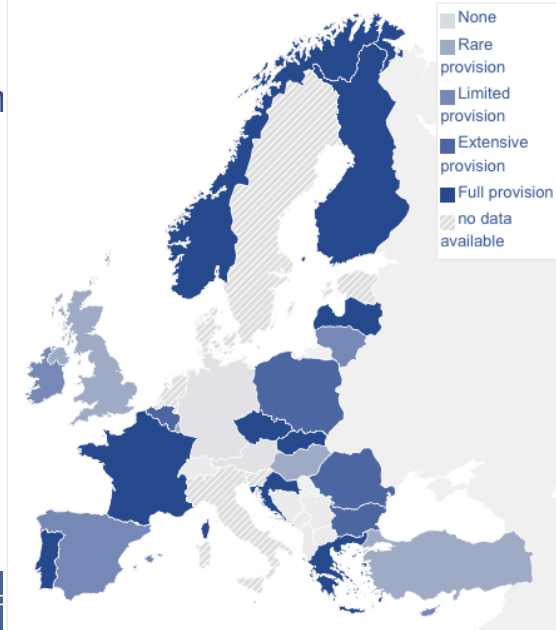


Standardised programmes



Only **information** on drugs 2010 (no social skills, etc)

Universal prevention: Only information on drugs (no social skills etc.)

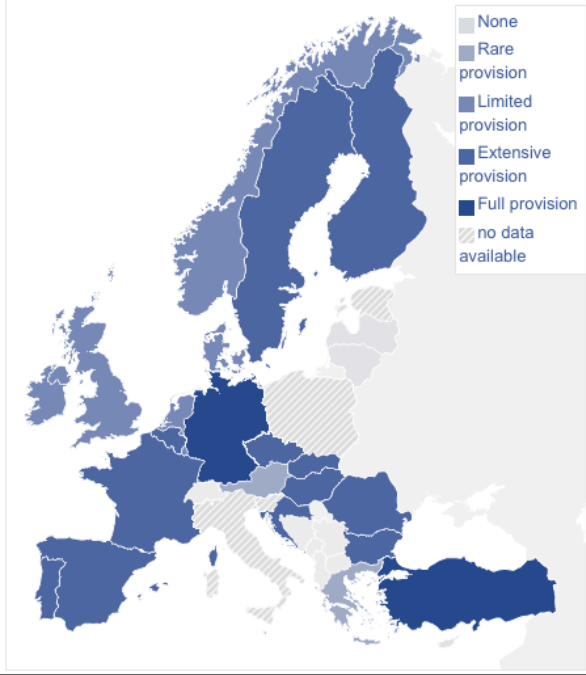


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Information days:
one-day informative events about drugs in schools

Universal prevention: Information days about drugs



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Information is not Prevention

- 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
- Perception of what is “normal” (what others do) might be more important than perception of danger



Vulnerability - social

Drug use – a marker for other problems



Focus, don't dramatise

- Not all drug-using youth develop problem use or dependency later on
- Drug problems are not due to drug consumption **alone**
- “Vulnerability” is increasingly used in prevention (= “what other problems are there, apart from drug use?”)
- Vulnerability can be reduced through RESILIENCE building



Commonalities

- Adolescent Problem Behaviour
- Crime involvement
- Problem Drug Use

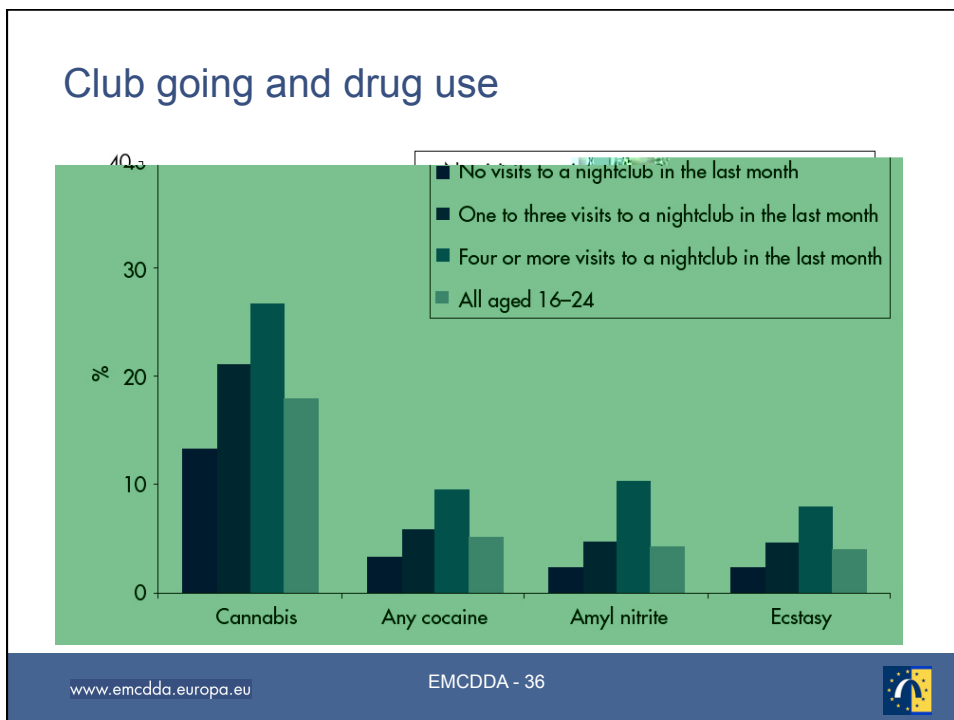
share common origins in
childhood development
or
social conditions

Effective prevention tackles them altogether



Risk Factors	Adolescent Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Family					
Family history of the problem behavior	●	●	●	●	●
Family management problems	●	●	●	●	●
Family conflict	●	●	●	●	●
Favorable parental attitudes and involvement in the problem behavior	●	●			●
School					
Academic failure beginning in late elementary school	●	●	●	●	●
Lack of commitment to school	●	●	●	●	●
Peer and Individual					
Early and persistent antisocial behavior	●	●	●	●	●
Rebelliousness	●	●		●	●
Friends who engage in the problem behavior	●	●	●	●	●
Gang involvement	●	●			●
Favorable attitudes toward the problem behavior	●	●	●	●	

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The prevention “filters”: intervention criteria

Universal prevention
no filter
Youth at large

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

Truancy
Academic underachievement
Offending
Low bonding
Parenting styles
Family conditions

vulnerable groups

Selective prevention

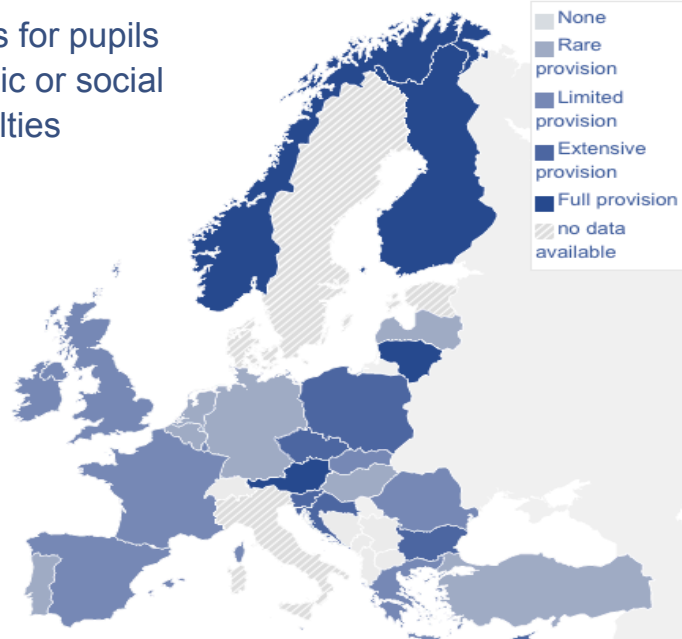
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Interventions for pupils with academic or social difficulties

Selective prevention: Pupils with social, academic problems



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4 – access through criminal justice



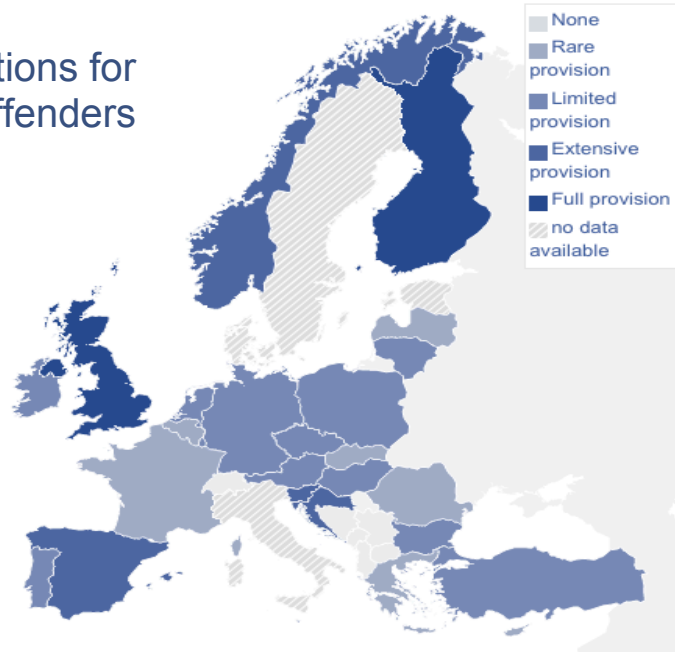
Young offenders

- 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

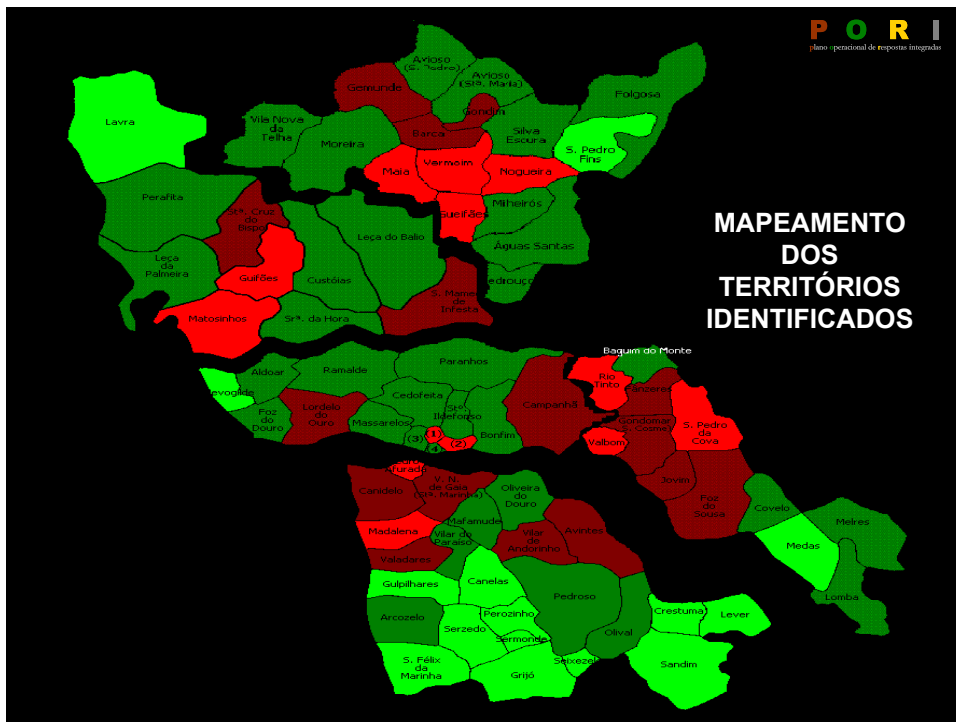


Interventions for young offenders

Selective prevention: Young offenders



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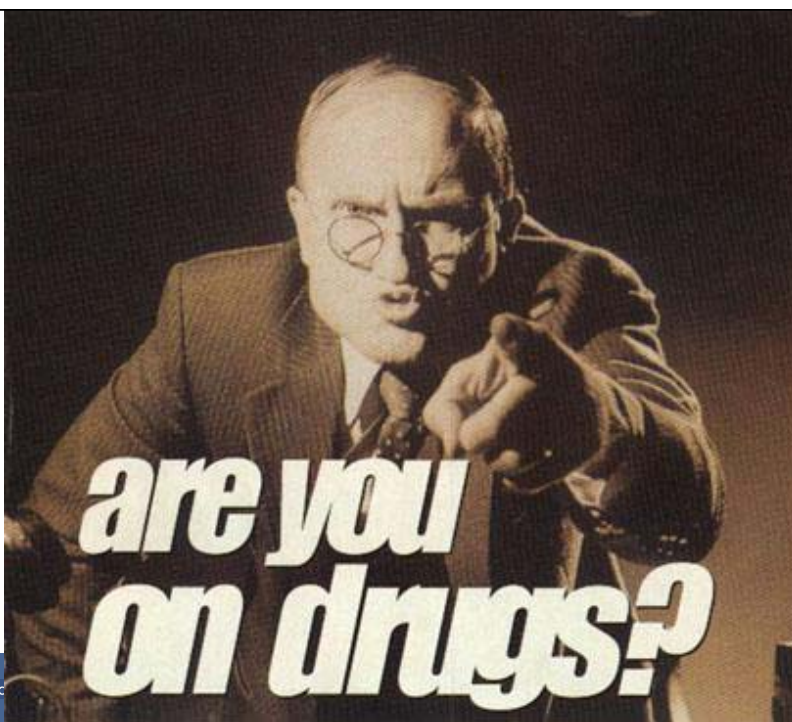


How to tackle vulnerability

- Effective interventions tackle *vulnerability factors* for drug problems, rather than addressing drug use itself (Steiker 2008)
- They help to boost academic performance
- ... bonding to school
- ... effective parenting
- ... coping mechanisms (deal with hardship)



What works with vulnerable youth?



Evidence-based contents

- Normative restructuring:
 - most peers and females disapprove of use
 - Pluralistic Ignorance (Abilene Paradox)
- Challenge norms of proximal peers
- Assertiveness training
- Motivation and goal-setting
- Improve academic achievements
- Improve parenting styles



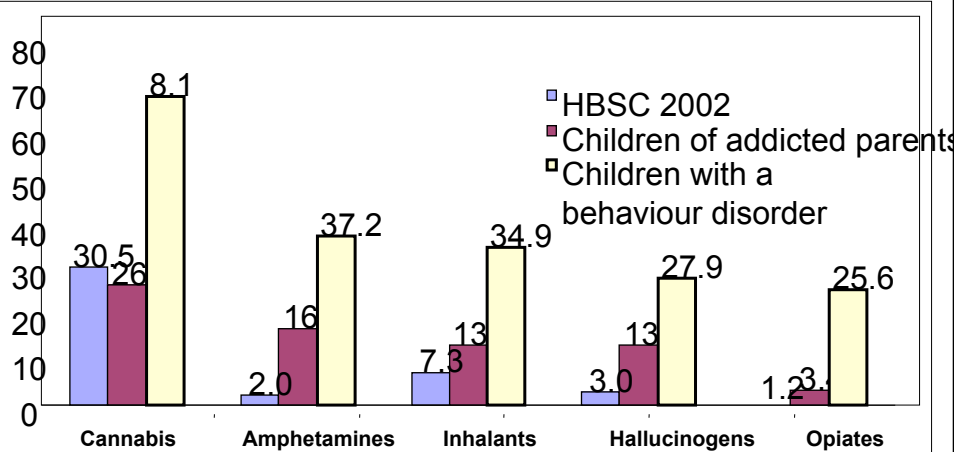
Vulnerability – of individuals

- Male
- Early aggressiveness
- Lack of impulse control
- Sensation seeking
- ADHD, Conduct disorders



Risk factors at individual level

Lifetime prevalence of illicit drug use among children of addicted parents and children placed in a health or educational facility as a result of behavioural disorders in comparison with the results of HBSC study 2002 in % in the Czech Republic. Czech National Report 2007, Csémy et al. 2003

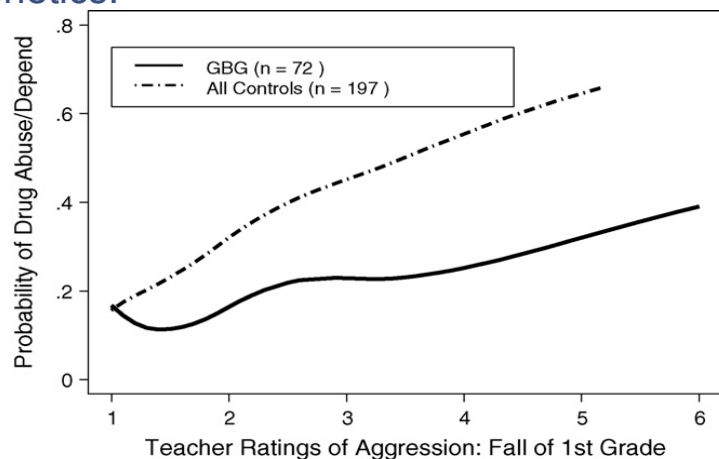


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Good news – interventions are stronger than genetics.



But prevention programmes can override this genetic vulnerability

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Programmes in Europe

Coping power (Zonneville-Bender)

- Children 8-13 years with disruptive behaviour disorder
- 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

Prevention (Sully & Conrod)



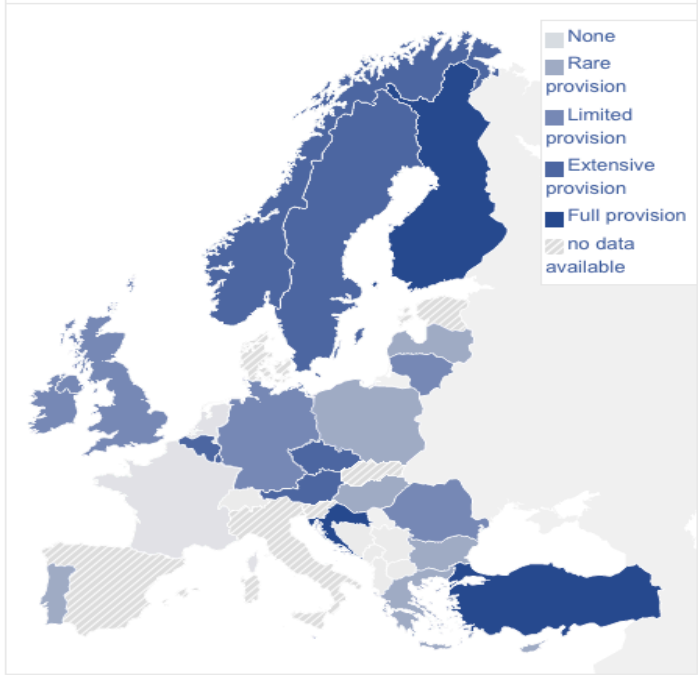
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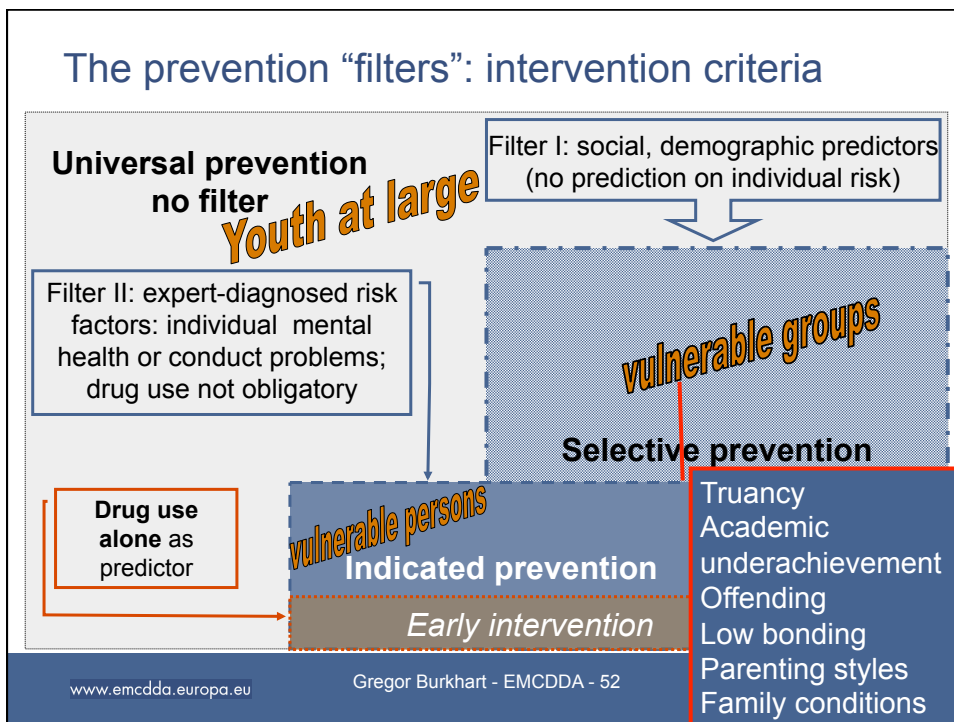
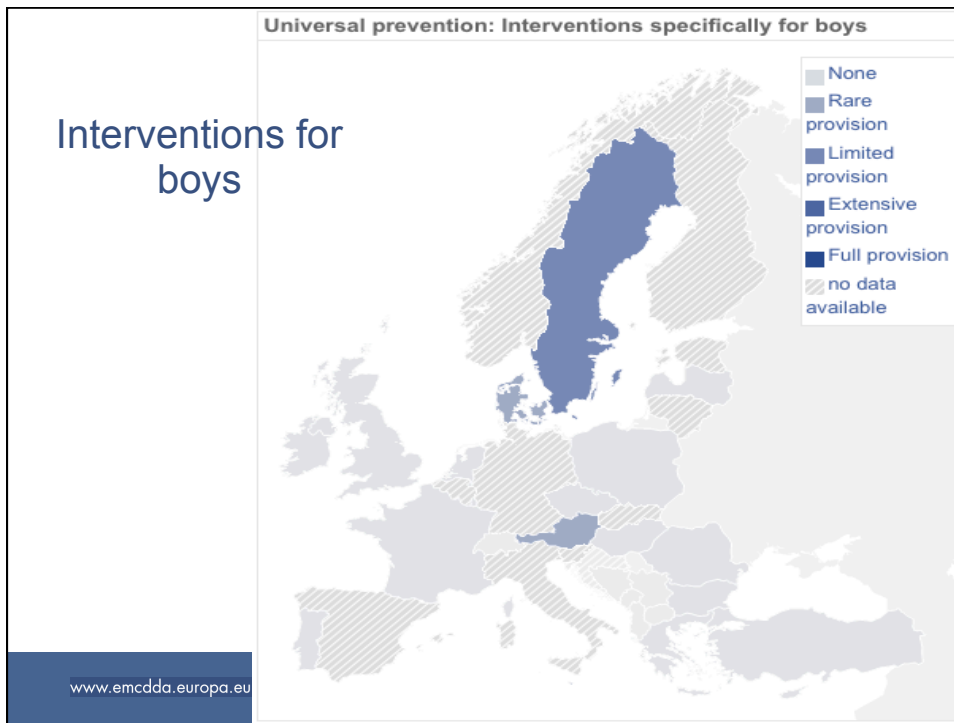


Early identification of pupils at risk in schools

Indicated prevention: Early detection mechanisms in school



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Internet-based drug treatment intervention in EU member states: Four programmes focusing cannabis users

KNOW CANNABIS



Jellinek Live Onlinebehandeling Cannabis

Cannabis
ONDER CONTROLE

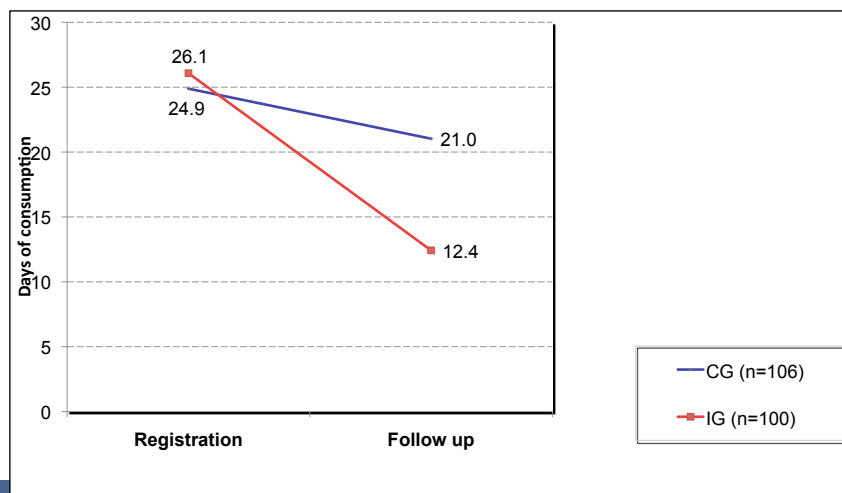


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Results: Days of consumption within the past 30 days

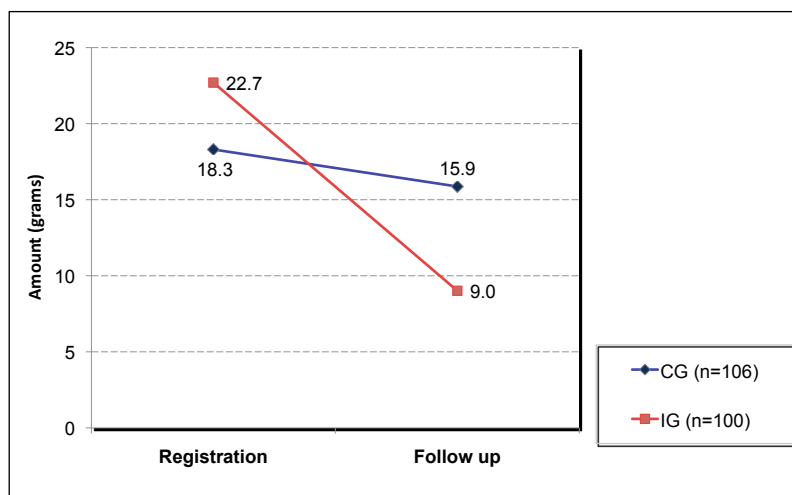


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Results: Consumed amount (grams) within the past 30 days



T(166.959) = 5.174; $p < .001$; $d = 0.4$
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Several possible forms of Good Practice

- Prove that your intervention is in line with existing evidence
- ➔ Process evaluation
- Sound intervention design and
- proper implementation

PROCESS:
“...well done?”

- Establish evidence directly from your intervention
- ➔ outcome evaluation
- sound evaluation design and indicators
- Effect size measures

OUTCOME:
“... effective?”

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Rethinking would be good

- 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
- Perception of what is “normal” (what others do) might be more important than perception of danger
- Many do the easy things, not those that work



High-tech

versus

Low-tech

Theory-led, tested, evaluated, manualised

- Social influence programmes
- Normative education
- Parenting programmes
- Parenting Kernels
- Contingency training (indicated prevention)

Effects: good - high

Easy production and dissemination

- Seminars, conferences
- Leaflets, flyers
- Parents' evenings
- Information days
- Expert visits
- Mass media campaigns

Effects: zero - neg.



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EMCCDA > Responses to drug use > Best practice portal

Best practice portal

Welcome to the EMCCDA'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, 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 EMCCDA 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.

Related links

- Responses to drug use in the EU
- Glossary of best practice terms

Other web sites

- Cochrane Collaboration
- Campbell Collaboration
- European Network for Health Technology Assessment (EUnetHTA)
- Drugs and Alcohol Findings
- Evidence-based Electronic Library for Drugs and Addiction (EELDA)
- Health-EU Portal

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

