**Trends in Prevention**

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Use of legal substances by adolescents using cannabis (last 30 days) compared to same age group in general school population (22 countries average)

- **General pop**
- **Cannabis users**

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

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

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

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

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

- 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
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
    - Iatrogenic (harmful) effects on norms and intentions were avoided

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 & Barkowitz, 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

Legal drugs and norm perception

- Legal Drugs are predictors for problem drug use
  - 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
- Other norms influence substance use: early going out (Alcohol, Cannabis)
  - Deviant behavior, parental control: “behavioral clusters”
  - Society’s credibility and consistency in the eyes of youth
    - What is the difference of health risks between Alcohol and Cannabis?

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)

Rationales of Environmental Strategies

- Correct social perception of normality and acceptance of any substance 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”?
**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)

**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

**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

**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

**Policy effects**

**Smoking bans, 2008**

**Smoking bans, 2008**
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.

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.

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

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."
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

Vulnerability - social
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

The prevention “filters”: intervention criteria

Universal prevention
No filter
Youth at large

Selective prevention

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

Vulnerable groups

- Truancy
- Academic underachievement
- Offending
- Low bonding
- Parenting styles
- Family conditions

Pupils with academic or social difficulties

- No response
- No provision
- Limited provision
- Extensive provision
- Full provision

YOUTH IN GOVERNMENT CARE

- Full information provided
- Partial information provided
- No information provided
- No response

Focus, don’t dramatise

Quali fattori di rischio?

% Comparison of lifetime any drug use by groups aged 12-16
(Source: UK Youth Lifestyles Survey 1998/1999)

- Young people with older sibling who used any drug last year
- School excludes and truants
- General population

Youth in government care

- Full information provided
- Partial information provided
- No information provided
- No response

You have only two choices...
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

Where are the target groups predominantly addressed?

- Youth in care institutions (not prisons)
- Youth in socially disadvantaged neighbourhoods
- Immigrants
- Homeless youth
- Early school leavers
- Young offenders
- Ethnic groups

Importance at policy level

- Full provision
- Extensive provision
- Rare provision
- Limited provision
- Not explicitly mentioned in written drug policies
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,

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)

Good news – interventions are stronger than genetics.

- Chart 2.2: Continuity of anti-social behaviour from age 5 to 17
  - 85% 8 years
  - 80% 9 years
  - 69% 14 years
- Prevention programmes can override this genetic vulnerability

Programmes in Europe

- Coping power (Zonneyville-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
5 - Early identification of pupils at risk in schools

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

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

The prevention “filters”: intervention criteria

Universal prevention
- Population at large
- No filter

Selective prevention
- Targeted towards vulnerable groups

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

Filter II: expert-diagnosed risk factors: individual mental health or conduct problems; drug use not obligatory

Drug use alone as predictor

Early intervention
- Early identification of pupils

Truancy
- Academic underachievement
- Offending
- Low bonding
- Parenting styles
- Family conditions