

# 2.3

## Drug prevention

### Key recommendations

- Drug prevention programmes should be based on available evidence of effectiveness and cost-effectiveness, and be in line with international minimum quality standards
- Drug prevention should be considered as an integral part of – and never as a substitute for – a comprehensive health-centred approach towards drug use and dependence, alongside harm reduction, drug dependence treatment, care and support
- The objectives of drug prevention should be realistic and based on an honest assessment of local realities and available resources
- Drug prevention should focus on minimising the risk factors and strengthening the protective factors in the lives of targeted individuals and/or groups
- Drug prevention must take care to avoid increasing the social stigma and marginalisation of people who use drugs
- Drug prevention programmes should be subjected to short- and long-term scientific evaluations of processes and outcomes to measure the effectiveness and impact of the interventions, and should include mechanisms to adapt the programmes to new patterns of use and realities on the ground.

### Introduction

Drug prevention can be defined as any activity, campaign, programme or policy aimed at preventing, delaying or reducing drug use and/or its negative consequences – either in the general population or within targeted sub-populations.

A myriad of interventions have so far been developed in the field of drug prevention. In many countries, such interventions have been guided by the

principle of deterrence – the belief that people will not use drugs if they are told about the negative effects of use and the harsh penalties they risk by using them. However, despite a consistent allocation of substantial government resources towards these interventions, available evidence indicates that the rates of drug use among young people remain high,<sup>58</sup> and are largely unaffected by the prevention approaches tried so far.

The failure of these interventions (often taking the form of mass media campaigns) can be explained by the fact that they do not have a resonance with young people’s lived experiences, might increase normative beliefs (i.e. that drug use is normal and widespread), and that they do not target the factors that mostly impact on people’s decisions around drug use – fashion and perception of social norms, peer pressure or peer selection, emotional well-being, social and community equality, etc.<sup>59</sup>

Investing in evidence-based drug prevention not only reduces the individual, family and community harms associated with illicit drug use, but it can also greatly reduce costs to society. A growing body of evidence over the last 20 years demonstrates that well-designed and targeted prevention efforts can lead to significant savings.<sup>60</sup>

The key challenge for policy makers is therefore to develop and implement drug prevention programmes that are based on the available evidence of effectiveness and cost-effectiveness, that respond to local needs and contexts, and that are relevant and meaningful to the population(s) being targeted.

### Legislative/policy issues involved

#### Setting realistic objectives for prevention interventions

The first challenge for policy makers is to establish clear objectives for what prevention interventions are seeking to achieve. A common misconception is that effective drug prevention need only consist of informing – generally warning – young people about the dangers associated with drug use. Prevention is

then often equated with scare tactics enshrined in mass media campaigns. However, there is currently no evidence to suggest that this approach has had an impact on drug use behaviours. On the contrary, some costly mass media programmes, in particular a well-evaluated cannabis mass media campaign in the USA, had no impact on levels of use, and was counterproductive for certain subgroups by giving the impression that cannabis use was more normal and widespread than it actually was.<sup>61</sup>

As stated above, one of the primary objectives of drug prevention is often to help people avoid or delay the initiation of drug use – or, if they have already started using drugs, to prevent their drug use from becoming problematic. However, in reality the challenge of prevention is much broader – it should aim to contribute to the positive engagement of children, young people and adults with their families, schools, workplaces and communities, and to build important life skills and capacities that will help individuals respond to multiple influences in their lives, such as social norms, interaction with peers, living conditions and their own personality traits.<sup>62</sup>

Available evidence collected over the past 20 years in the field of prevention offers a more complete understanding about:

- What makes people more vulnerable to experiencing problems with drug use – the so-called **'risk factors'**. These include personality traits, mental health problems, family neglect and abuse, poor attachment to school and the community, social norms and environments that reinforce drug use, and growing up in marginalised and deprived communities
- What makes people less vulnerable to experiencing problems with drug use – the so-called

**'protective factors'**. These can include greater psychological and emotional well-being, greater personal and social competence, a stronger attachment to caring families, accessible economic opportunities, and schools and communities that are well resourced and organised.<sup>63</sup>

Some of the factors that make people vulnerable (or, in contrast, more resistant) to initiating drug use or experiencing problematic use differ according to age – with risk and protective factors evolving through infancy, childhood and early adolescence (e.g. family ties, peer pressure, etc.). At later stages of the age continuum, schools, workplaces, entertainment venues and the media may all contribute to make individuals more or likely to use drugs and engage in risky behaviours. Most importantly, there is a dynamic interaction of vulnerability factors at the personal (biological and psychological) and environmental (family, society, school, etc.) levels.

A significant reduction in the overall level of drug use in society is unlikely to be achieved through a prevention intervention alone. However, evidence shows that some prevention interventions have achieved positive results in delaying the onset of drug use and strengthening individuals' ability to avoid drug problems.

### Choosing the right prevention method

There are four broad categories of prevention interventions,<sup>64</sup> some of which have proven more suitable than others in certain situations or for a specific group of people:



Blue, yellow and red pills, India, 2011

Credit: Private

**1. Universal prevention – i.e. intervening with populations.** This is the broadest approach to prevention, targeting the general public without any prior screening for their risk of drug use. These interventions therefore assume that all members of the population are at equal risk of initiating use. Universal prevention interventions should target skills development and interaction with peers and social life, and can be implemented in schools, communities or workplaces. Available evidence shows that mass media campaigns are costly, and have not been effective at reducing levels of use, while often accentuating the already high levels of stigma experienced by people who use drugs.<sup>64</sup> Nevertheless, some well-designed and well-funded universal prevention programmes targeting school children and using an interactive, skills-building approach have had some impact on levels of drug use (see Box 1).

**2. Selective prevention – i.e. intervening with (vulnerable) groups.** These interventions target specific sub-populations whose risk of starting using drugs or experiencing drug dependence is significantly higher than average. Often, this higher vulnerability to drug use stems from social exclusion (e.g. young offenders, school drop-outs, marginalised ethnic minorities, etc.) or from certain social contexts (youth in party settings). Selective prevention interventions therefore usually target the social risk factors (such as living conditions and social environment) that make this specific group more vulnerable to drug use. Available evidence shows that selective prevention interventions using multi-component, peer-led and interactive programmes focusing on teaching social and coping skills have showed a slight positive effect in delaying drug use initiation, as well as improving cognitive capabilities and self-worth (see Box 2).<sup>65</sup>

**3. Indicated prevention – i.e. intervening with (vulnerable) individuals.** These programmes target high-risk individuals who are identified as being at greater risk of experiencing problems with drug use. Criteria for such risks might be mental illness, social failure, antisocial behaviour, hyperactivity and impulsivity. The aim of indicated prevention is not necessarily to prevent initiation of drug use, but rather to prevent the development of dependence. In this regard, prevention interventions are most effective when they seek to address those issues other than drug use by focusing on the social context and behavioural development of the targeted individual.<sup>66</sup>

## Box 1 Universal prevention at school: The Unplugged programme

Unplugged is a school-based drug prevention programme which was developed Europe-wide and has been subject to a number of evaluations. The objective of the programme was to reduce the prevalence of use of illicit substances, alcohol and tobacco among youth, delay initiation and stop transition towards problematic use. The programme is based on a comprehensive social influence and interactive approach that includes training and the strengthening of social and coping skills. It consists of 12 one-hour long sessions delivered weekly by school teachers. The teachers were provided with a detailed handbook to guide them in the organisation of the sessions, including practical suggestions for communication, listening skills and promoting dialogue with the pupils. Teacher training was a crucial component of Unplugged to ensure a high-quality implementation of the programme.<sup>67</sup>

The programme was evaluated between 2004 and 2007 in Austria, Belgium, Germany, Greece, Italy, Spain and Sweden, involving 143 schools and 7,079 pupils. The evaluation showed that Unplugged had reduced cannabis use – an effect which was prolonged over an 18-months follow-up period. Following the evaluation, Unplugged was reviewed and a second phase of the project included a revised teacher handbook, as well as re-designed cards to be used in the interactive sessions with the pupils.<sup>68</sup>

**4. Environmental prevention – i.e. intervening with societies and systems.** These interventions and strategies are aimed at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use. This perspective takes into account the fact that individuals do not become involved with drugs solely on the basis of personal characteristics, but rather that they are also influenced by a complex set of factors in their environment, what is expected or accepted in the communities in which they live, national legal contexts and the price, quality and availabil-

## Box 2 Selective prevention programme among vulnerable families in Portugal: ‘Searching family treasure’<sup>69</sup>

Searching family treasure was launched in 2004 in Portugal to reduce the family risk factors and increase family protective factors related to illicit drug use. The programme targeted vulnerable families with children aged 6 to 12 years old, and aimed to prevent drug use, but also delinquency, violence and mental health problems. It was composed of parent sessions, child sessions and family sessions. The objectives of the programme included:

- decreasing parental use of harsh or inadequate discipline
- improving parent/child relationships with better parenting skills
- increasing parental supervision and monitoring
- increasing family communication quality, strengths and resilience
- decreasing children’s hyperactivity or inattention, emotional symptoms and peer problems
- increasing children’s social behaviour.<sup>70</sup>

The programme was organised around a family treasure hunt through which families learned and discovered their strengths and trained in parenting skills and children’s life skills – using

attractive materials and activities including skills trainings, group discussions, role-play, comic books, games, storytelling, etc.<sup>71</sup>

About 192 professionals were trained since 2004 and about 15 training programmes were implemented in Portugal, as well as one in Spain.<sup>72</sup> An evaluation of the programme by the participants themselves showed that 57% of the children benefited/benefited greatly from the programme, and most parents reported implementing the skills gained in the programme back home. The families considered that the programme had improved their relationship with their children, increased their abidance to family rules, and reduced inattention problems. All parents reported being satisfied (37.5%), or very satisfied (65.5%), with the programme. In terms of impacts on substance use, while 91% of the participants consumed alcohol four or more times a week before the programme, upon its completion 62.5% of the parents reported total abstinence, 25% used alcohol once a month and only 12.5% consumed alcohol more than twice a month. Meanwhile, the perception of risks associated with illicit drug use largely increased among the children involved in the programme, and parents reported low levels of use for all substances among their children.<sup>73</sup>

ity of drugs. Environment prevention strategies notably include taxation, advertising bans, as well as restricting availability in specific settings via retailer licencing, restricting retailers’ opening hours, etc. These have been largely applied for alcohol and tobacco – where governments have the opportunity to implement regulatory policies to effectively shape and structure the legal market. Similar policies are currently being established in regulated cannabis markets in Uruguay and some US states.<sup>74</sup>

### Enshrining prevention in broader health policies

Drug prevention is just one of the fundamental components of a health-centred drug policy, alongside harm reduction (see Chapter 2.4) and drug dependence treatment (see Chapter 2.5). In this respect, an effective drug prevention system should be:

- Embedded in – and never be a substitute for – a comprehensive and health-centred system of

drug control focused on providing treatment and care for people who use drugs, and on preventing the health and social consequences of drug use (e.g. HIV/AIDS, hepatitis C, overdoses, marginalisation, etc.)

- Based on an understanding that not all drug use is problematic
- Based on the understanding of drug dependence as a complex health condition with a mix of biological, psychological and social causes
- Based on evidence of effectiveness and cost-effectiveness
- Mandated and supported at the national level by appropriate regulations and public health strategies: including national standards, training for practitioners, and requirements for schools, workplaces and health and social agencies to implement relevant prevention interventions.

## Box 3 The European drug prevention quality standards<sup>75</sup>

The EMCDDA proposes a number of stages and components to ensure that drug prevention programmes are effective and of good quality.

These are exposed below:

### 1. Cross-cutting considerations:

- Sustainability and funding
- Communication and stakeholder involvement
- Staff development
- Ethical programme

### 2. Needs assessment:

- Knowing drug-related policy and legislation
- Assessing drug use and community needs
- Describing the need and justifying the intervention
- Understanding the target population

### 3. Resource assessment:

- Assessing the target population and community resources
- Assessing internal capacities

### 4. Programme formulation:

- Define the target population
- Use a theoretical model
- Define aims, goals and objectives
- Define the setting
- Refer to evidence of effectiveness
- Determine the timeline

### 5. Intervention design:

- Design should respond to quality and effectiveness
- Option of selecting an existing intervention
- Tailor the intervention to the target population
- Plan final evaluations

### 6. Management and mobilisation of resources:

- Plan the programme
- Plan financial requirements
- Set up the team
- Recruit and retain participants
- Prepare the programme materials
- Provide a project description

### 7. Delivery and monitoring:

- Option of conducting a pilot intervention
- Implementing the intervention
- Monitoring the implementation
- Adjusting the implementation

### 8. Final evaluations:

- Option of conducting an outcome evaluation
- Option of conducting a process evaluation

### 9. Dissemination and improvement:

- Deciding whether the programme should be sustained
- Disseminating information about the programme
- Producing a final report

## Implementation issues involved

A series of minimum quality standards have been developed in the field of drug prevention, which can be useful to consider when designing and implementing a drug prevention programme (see Box 3).<sup>76</sup>

Among these quality standards, policy makers should consider several specific issues which are exposed below.<sup>77</sup>

### Conducting a needs assessment of drug use and community needs

This is the first step to undergo for an effective prevention intervention, in order to gain a thorough understanding of the needs, local contexts and tar-

get populations or groups, and assessing how best to address them. This entails assessing drug use patterns among the general population and specific groups, using quantitative and qualitative data and studies. This data should be used to prioritise evidence-based programmes and carefully adapt prevention interventions when necessary to respond to new patterns of use and new socio-economic and cultural contexts. Risk and protective factors should be carefully studied, as well as other relevant issues, such as social marginalisation and inequalities. According to the EMCDDA, 'A good understanding of the target population and its realities is a prerequisite for effective, cost-effective and ethical drug prevention.'<sup>78</sup>



People injecting heroin in Herat, Afghanistan

Some examples of quality standards:

- The main needs of the population are described, and if possible, quantified
- The organisation is aware of existing and recent drug prevention programmes
- The programme complements other health promotion or drug prevention programmes locally, regionally, and/or nationally
- The target population's culture and perspectives on drug use are included in the needs assessment.

### Conducting a resource assessment

Depending on their design and scale, prevention programmes can be very cheap or extremely expensive. It is therefore important to conduct an assessment to gain a better understanding of what can realistically be achieved within available resources (including staff and financial resources), and what the type and scope of the programme should be. In resource-poor settings, it is important to avoid rushing into eye-catching campaigns that show immediate action, but have little short- or long-term impact (such as mass media campaigns). In addition, the success or failure of a prevention programme largely depends on whether the target group and other relevant stakeholders are willing and able to take part in, or support, the programme and its implementation.

Some examples of quality standards:

- Sources of opposition to, and support of, the programme are considered
- The ability of the target population to participate in, or support, the programme is assessed
- Internal resources and capacities (i.e. human resources, organisational, technological, financial resources) are assessed.

### Evaluating the effectiveness and cost-effectiveness of prevention interventions

Any drug prevention programme should include a scientific monitoring and outcome evaluation component to assess whether the prevention interventions being evaluated have achieved the desired outcome, and are evidence-based. In some cases, governments may choose to test the intervention first with a pilot project, which can help identify the practical issues and weaknesses of the project's implementation. Once sufficient evidence is available around the impacts of the project, it can then be implemented on a broader scale after, if necessary, having been adapted to respond to any issues arising out of the pilot phase. While being carried out, the programme should be regularly monitored to help identify any need for modification. Outcomes and results should be carefully analysed on a regular basis to ensure that the programme is of high quality. The implementation of the programme should remain flexible to ensure that it can be adjusted in

line with the findings of the monitoring process. If such modifications are made, they should be well documented and evaluated to help understand their impact on the programme.

Some examples of quality standards:

- The intervention is implemented with high quality and an orientation towards participants
- The implementation of the intervention is adequately documented and adjusted if necessary
- Outcome and process data are collected frequently and reviewed frequently and systematically
- The conclusions of the evaluation indicate if and what elements of the programme need to be modified to complete the programme successfully
- Adjustments to the programme are well-justified and reasons for adjustments are documented.

## Key resources

- European Monitoring Centre on Drugs and Drug Addiction (2011), *European drug prevention quality standards*, <http://www.emcdda.europa.eu/publications/manuals/prevention-standards>
- Hawks, D., Scott, K., & McBride, M. (2002), *Prevention of psychoactive substance use: A selected review of what works in the area of prevention* (Geneva: World Health Organisation)
- United Nations Office on Drugs and Crime (2013), *International standards on drug use prevention*, <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>
- World Health Organisation, *Prevention publications*, [http://www.who.int/substance\\_abuse/publications/prevention/en/](http://www.who.int/substance_abuse/publications/prevention/en/)