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Drugs in focus

Drug prevention in EU schools

Information and reporting systems are crucial

E.M.C.D.D.A.
European Monitoring Centre for Drugs and Drug Addiction

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The Council of the European Union invites Member States (5099/1/02 Cordrogue 4 Rev. 1) 'to incorporate health promotion/drug-prevention programmes at all schools (…)' and 'to promote the development of such programmes and, if necessary, adapt the government resources and organisational structures involved, in order to fully meet the previous objective'.

The first step for a rational drug-prevention policy is to formulate an official drug strategy with specific objectives, which includes prevention in schools. The next steps are to define (preferably quantifiable) goals for a prevention policy and channel earmarked prevention funds through closely coordinated responsible institutions. Only a few Member States have these mechanisms fully in place. The organisation of prevention delivery is an indicator of the role of the State in the monitoring, quality control and evaluation of prevention programmes in schools, but this is very heterogeneous across the EU.

In return, information and reporting systems are crucial for ensuring feedback at policy level on the quality of the implementation of prevention policies in the field (i.e. their content and coverage).

However, only a few countries have monitoring systems in place that make available quantitative and content-related information on school prevention policies to policy-makers. The EMCDDA has therefore developed a common protocol with Member States to better monitor prevention activities. Information on direct expenditure on prevention is only available from some of the countries (see the EMCDDA annual report online tables) [1].

Few Member States can guarantee that their prevention measures are selected, implemented and quality-controlled thoroughly and extensively.

Most school prevention programmes in Member States are not evaluated. This makes it difficult to access information from a sufficiently large number of European experiences. The EMCDDA has published a scientific monograph and guidelines on the evaluation of drug prevention [2] in order to support the prevention field.

This policy briefing focuses on prevention in schools, but comprehensive drug prevention cannot rely solely on such primary prevention. The large numbers of truants and drop-outs, together with the consequences of social exclusion, limit the overall effect of intervention on educational institutions.

So a key policy aim is to actually keep young people *in* school — combined with specific interventions and outreach work among high-risk groups.

'National school drug-prevention programmes are essential, and must concentrate on developing personal and social skills to handle conflict and peer pressure, and on fostering critical attitudes. Educating young people and their parents about the nature and danger of drug abuse is important in supporting this strategy.'

MIKE TRACE, CHAIRMAN,
EMCDDA MANAGEMENT BOARD

Definition: Most primary drug prevention aims at avoiding or postponing the consumption of drugs or addiction, with school the traditional setting. A distinction should be made between formal classroom programmes and the integration of more general prevention activities into daily school life. Prevention in schools should not focus on drugs alone but should also include personal and social skills, often with family involvement.

Key policy issues at a glance

1. **Not all Member States explicitly mention school prevention programmes in their national strategy papers or action plans.**
2. **Success factors include interactive teaching, discussion among peer groups, acquiring social skills, etc., and not didactic teaching alone.**
3. **Inadequate approaches can aggravate the situation.**
4. **The quality of the content of drug-prevention programmes in EU schools can now be assessed more efficiently.**
5. **Many Member States have no quantitative information on the coverage of the measures outlined in their national strategies.**
6. **Policy-makers can use favourable public opinion to improve the quality of preventive measures and their evaluation by insisting on standards, quality criteria and evaluation requirements, as is the norm for other social interventions.**

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Drug prevention in schools — overview

1. The way from strategy to reality

Eight EU Member States (Belgium, Spain, France, Ireland, Portugal, Finland, Sweden and the UK) have already published official drug strategy documents that explicitly address prevention in schools, while in Germany and Greece such documents are at an advanced stage in their development. Some of them break down the strategy into specific actions, and concrete targets have been quantified in order to assess these actions (Spain, Ireland and the UK).

However, where prevention is concerned, the logistics of putting drug strategies into practice vary considerably between countries. Most Member States have an unstructured method of prevention delivery, usually through local or regional institutions which can act quite independently (see map on prevention delivery).

Nevertheless, the implementation of prevention strategies from policy level into practice is not related to the organisational structures (e.g. a decentralised country like Spain has a coordinated and controlled delivery system through several national school programmes). In most of the remaining countries, there is no equivalent role of the State in the quality control, monitoring and delivery of school prevention programmes.

'Wide experience of drug prevention clearly indicates that classroom prevention programmes are effective in reducing or delaying drug use initiation [3]*. But success depends very much on the measures chosen, and whether they have a clear purpose and are sufficiently structured, evidence-based and evaluated.'*

GEORGES ESTIEVENART,
EMCDDA EXECUTIVE DIRECTOR

2. Key to success

Evidence-based elements of successful school drug-prevention programmes are:

- personal skills — decision-making, coping, goal-setting;
- social skills — assertiveness, resisting peer pressure;
- knowledge — about drugs and the consequences of taking them; and
- attitudes — especially correcting misconceptions about peer group drug use.

Research has pinpointed additional key features for effective delivery of prevention programmes [4]: interactive teaching such as peer group discussion, rather than didactic teaching alone; and social competency and drug-resistance skills, together with intensive family involvement to extend discussion into the home. Intensive programmes which operate in small groups give better results. All successful programmes deal with legal as well as illegal substances [6].

A few EU countries have already established training programmes for prevention professionals, and professional profiles for prevention work (see the EMCDDA annual report online tables) [1]. It is generally agreed that prevention work should not to be undertaken by those involved in drug treatment.

3. Easy to get it wrong

Prevention activities can be counterproductive if done badly [7]. Short-term or intermittent measures — such as one-off lectures by specialists or the police or 'Say no to drugs' days — have proved to be ineffective and could even stimulate young people's interest in drugs.

Unbalanced information — for example, exaggerating the risks and relative dangers of illegal drugs — does not work either. When young people, through their own experience or contacts, sense that they have been misled, they will subsequently reject any information on drugs from 'official' channels.

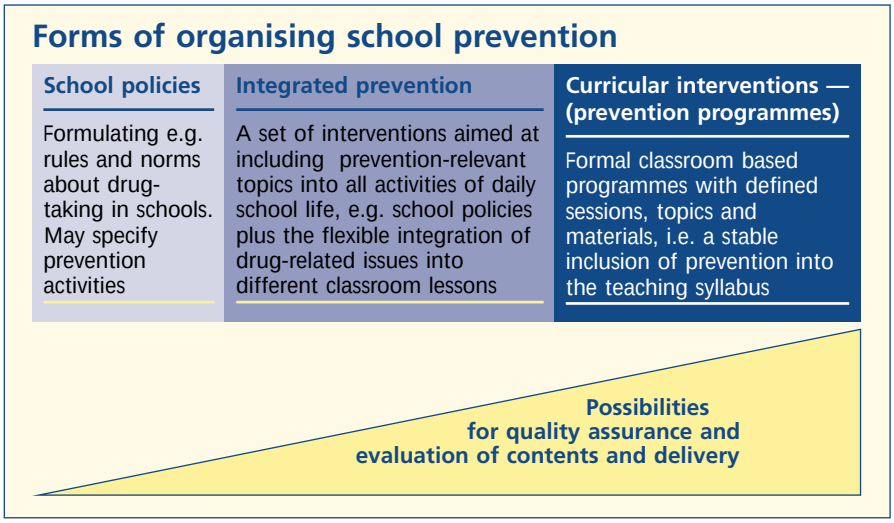
There is a broad consensus among experts that 'threatening' messages are helpful only in very specific situations. Any prevention action that does not take account of social and peer group influences, lacks interaction or structure and relies heavily on judgmental assertions about drugs is likely to fail [3].

4. No common EU approach to content

There are many instances where some of the inadequate strategies mentioned above are still in use, often without the input of experts. Through the 'Exchange on drug demand reduction action' (EDDRA) database ([1]), the EMCDDA is able to review drug prevention in schools at content level. Recent analysis shows that life skills and peer-based approaches, which nowadays are considered to be the most effective, are the most often applied models among these programmes. However, they are concentrated in only half of the EU Member States.

Knowledge of prevention theory and basic practice differs very much between countries, despite its global accessibility [5]. In countries where major efforts have been made to train professionals in prevention and evaluation theory and to

Forms of organising school prevention

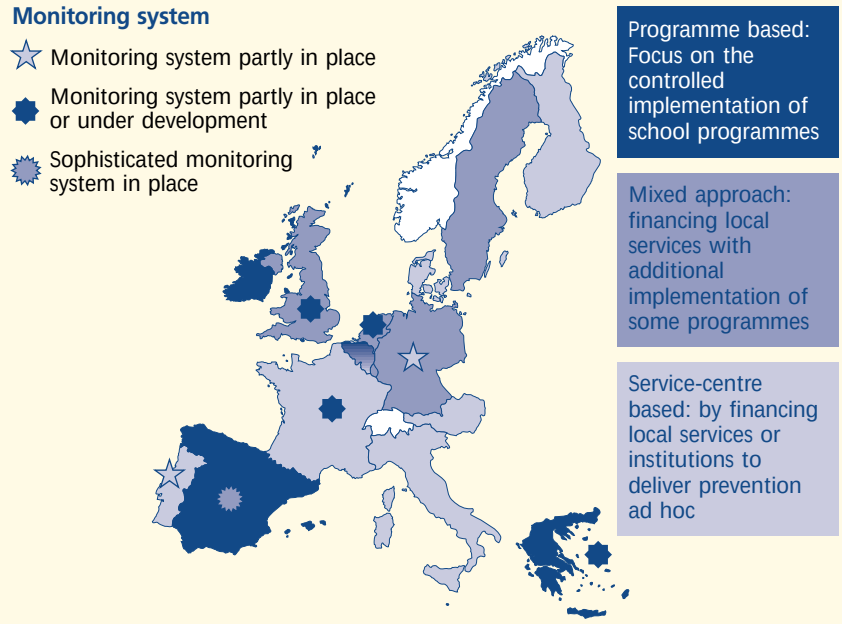


([1]) This database contains detailed and standardised information on demand reduction programmes from the EU Member States and is available via the Internet (http://www.reitox.emcdda.org:8008/eddra).

provide them with relevant materials, the evidence base and design of the intervention tends to be higher, according to EMCDDA data. Evidence of success can be proved only by regular and systematic evaluation, which is not the rule in the EU at present. However, as results have been shown to be transferable across national and cultural boundaries, international research can be used to guide programme development. Clearly, there is an urgent need for EU-level research in this area.

Most Member States focus on secondary schools, where drug initiation usually occurs. Their approaches contain drug-specific elements, although they are not drug-specific overall. Primary prevention that is not specifically related to drugs needs to begin much earlier.
In Europe, there are already some programmes running in primary schools or kindergartens aimed at influencing the sort of behaviour that often leads to drug problems — for example, in Germany, Spain and Austria.

Organisation of prevention delivery at national level/monitoring systems on prevention activities



5. Lack of information and monitoring systems on school drug prevention in most Member States

In practice, all countries except Greece, Spain and Ireland have no information available on the coverage of structured, programme-based prevention policies. However, Greece, Spain and Ireland implement structured and evaluated programmes on a large scale, which at least ensures adequate programme delivery, quality and evaluation.

They also systematically gather information on the extent and content of prevention programmes. Spain has a long-established, sophisticated, country-wide system for collecting information on prevention interventions and regularly gathers information on key variables, such as the number of teachers trained, the number of schools running prevention programmes and the number of pupils reached by school programmes. France and the UK maintain databases, but these do not cover prevention projects.
Also, monitoring systems are independent of the political organisation of the country (federal versus central).

So, for many countries in the EU, we must assume that structured school prevention programmes are far less common than the national strategies would lead us to believe.

The EMCDDA is harmonising a set of common key parameters that will support Member States in setting up information systems and allow them to get a reliable picture of the extent and intensity of school programmes.

6. Policy-makers could make real progress

Although drug prevention, unlike other drug topics, has a relatively positive public profile, it attracts less political commitment to good practice than more controversial drug issues. Prevention quality can be improved by creating standards for programmes, professionals and services and by tight coordination and control, as with any other intervention that concerns human health.

If prevention programmes are carried out by well-trained and qualified professionals, there will be fewer problems with reporting data to information systems and conducting evaluations, as has been shown by experiences in Greece, Spain and Ireland. In most of the remaining countries, local prevention centres, municipalities and even treatment centres are independently conducting prevention work in schools, often with little coordination and inadequate standards.

The organisation of the delivery of prevention programmes (see map) is vitally important: regular and continuous programmes with large coverage of the schools of a country can be better evaluated and more effectively controlled for quality than sporadic and ad hoc activities by prevention services.

Unstructured prevention delivery combined with a lack of coordination frequently has an adverse effect on standards. However, Austria is a good example of how policies without large, supervised prevention programmes can still be very well coordinated and controlled for quality through regular meetings within a close interinstitutional network.

'Lifetime experience [of cannabis] among 15 to 16-year-old students [in the EU] ranges from 8 % in Sweden and Portugal to 35 % in France and the United Kingdom [compared with 41 % in the United States] … Disapproval of illegal drug use is consistently high among boys and girls in all the EU Member States at around 80 %, excluding disapproval of cannabis, which is lower at 70 % on average.'

EMCDDA 2001 ANNUAL REPORT

Drug prevention in schools — policy considerations

This policy briefing summarises the state of drug prevention in EU schools and indicates further sources for those who wish to know more. It is suggested that the following considerations might form the basis of future policy considerations.

1. **The most promising outcomes in terms of intensity, structure and quality of school prevention actually carried out can be found in countries whose national strategies have explicitly addressed school prevention with specific targets and where there is a tight logistical organisation of prevention delivery and financing.**
2. **Evidence shows that successful programmes focus on strengthening young people's interpersonal skills and their critical ability to make informed and reasoned choices about drugs. Interactive teaching has been shown to be very effective.**
3. **Short-term, isolated and 'moralising' interventions are counterproductive.**
4. **The greatest potential for improvement in the content of EU school drug-prevention strategies lies in intensive training of professionals and teachers in prevention skills, in line with the well-chronicled successes in some EU countries, where a strong focus on training professionals in prevention models and methodology strengthens the evidence base of many projects.**
5. **Member States with information systems that record the extent of drug prevention in their schools have the opportunity to use such data to guide and improve prevention policy.**
6. **Comparison of European experiences shows that priority areas for prevention policy are the close coordination of institutions and the establishment of accreditation systems for prevention projects which are clearly evidence-based and which require minimal evaluation and reporting.**

Key sources

[1] European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2000 and 2001), *Annual report on the state of the drugs problem in the European Union,* Office for Official Publications of the European Communities, Luxembourg.

[2] European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2000), *Evaluation: a key tool for improving drug prevention*, EMCDDA Scientific Monograph Series No 5, Office for Official Publications of the European Communities, Luxembourg.

[3] European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (1998), *Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators*, Office for Official Publications of the European Communities, Luxembourg.

[4] Hansen, W. B. (1992), 'School-based substance abuse prevention: a review of the state of the art in the curriculum, 1980–90', *Health Education Research*, 7(3), pp. 403–430.

[5] Becoña Iglesias, E. (1999*), Bases Teóricas que sustentan los programas de prevención de drogas*, Delegación del Gobierno para el Plan Nacional sobre Drogas, Ministerio del Interior, Madrid (in Spanish).

[6] NIDA (1997)**,** *Preventing drug use among children and adolescents: a research-based guide*, National Institute on Drug Abuse, Bethesda, MD (http://165.112.78.61/DrugPages/Prevention.html).

[7] Morgan, M. (2001), *Drug use prevention: an overview of research*, Stationery Office, Dublin.

Web information

1. EMCDDA on drug prevention in schools **http://www.emcdda.org/responses/themes/prevention_schools_communities.shtml and EDDRA at http://www.reitox.emcdda.org:8008/eddra/**
2. Drug-prevention information: **http://www.school-and-drugs.org/**
3. Evaluating effectiveness: **http://www.homeoffice.gov.uk/dpas/ cdpur20.pdf**
4. International registry of preventive trials: **http://www.biostat.coph.usf.edu/research/ psmg/lrpt/**
5. IDEA-Prevención: **http://www.idea-prevencion.com/**

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