



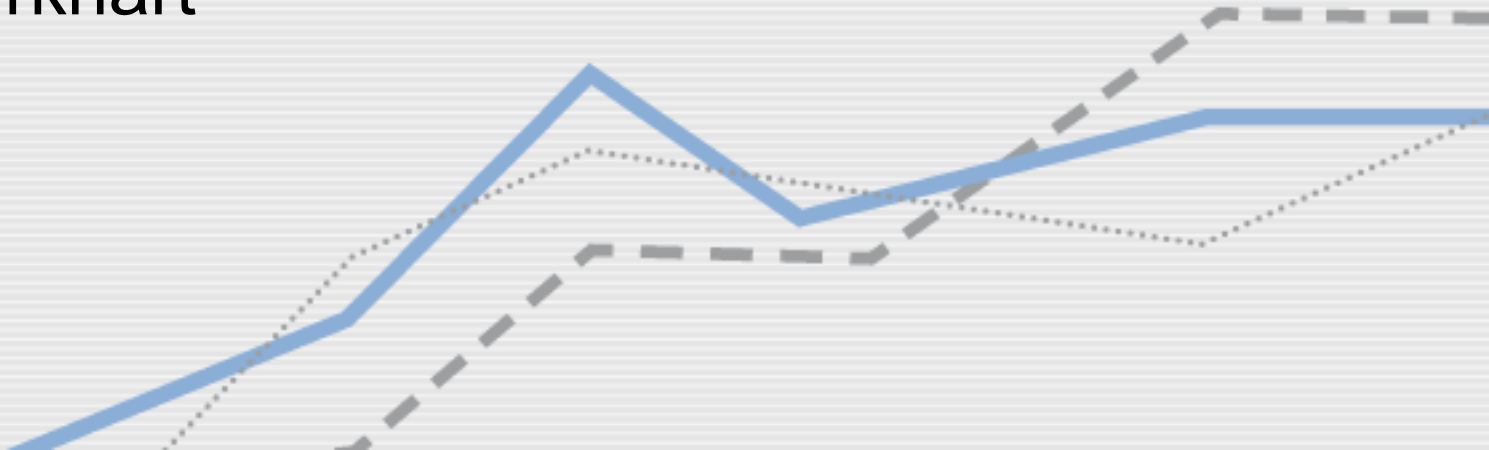
European Monitoring Centre  
for Drugs and Drug Addiction

# Programmes, policies, decision making and pseudo-prevention

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October 2023

Recorded



The two first prevention fallacies in one sentence

”Prevention is: giving  
to **13 year olds**  
**accurate information**  
about risk behaviour”



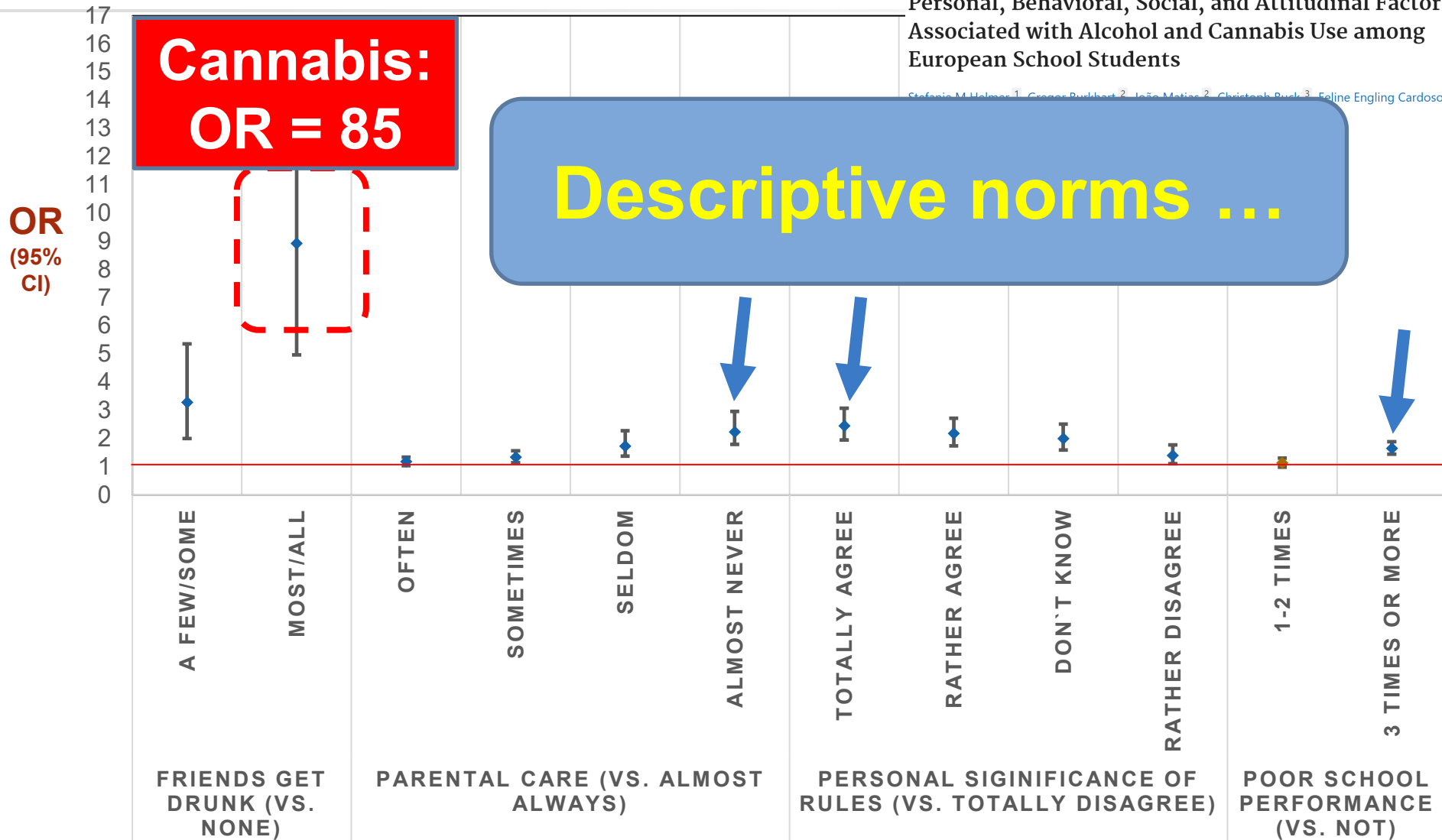
# What makes young people drink to drunkenness? <sup>9</sup>

> Int J Environ Res Public Health. 2021 Feb 10;18(4):1684. doi: 10.3390/ijerph18041684.

IN THE LAST 30 DAYS, adjusted for sex and country

"Tell Me How Much Your Friends Consume"-  
Personal, Behavioral, Social, and Attitudinal Factors  
Associated with Alcohol and Cannabis Use among  
European School Students

Stefanie M Helmer <sup>1</sup>, Gregor Burkhardt <sup>2</sup>, João Matias <sup>2</sup>, Christoph Burk <sup>3</sup>, Feline Engling Cardoso <sup>2</sup>,



It's all about individual responsibility, right?



... or about education ...

**Figure 1: How Food Marketing Influences Overeating**







# Don't focus on individual decision-making alone

## This drives behaviour:

- visibility,
- perception of normality & acceptance,
- Ease of access

## But traditional prevention relies on:

deliberate cognition,  
motivation and impulse  
control ('agency')



We missed out:



# Environmental prevention



The unloved child



# A new model of environmental prevention

## **Environmental Prevention**

Environmental Regulatory Measures  
Environmental Economic Measures  
Environmental Physical Measures



## **Risk Behaviours and Wellbeing**

Alcohol, Tobacco, other Drugs  
Poor Diet  
Low Physical Activity  
Violence / Crime  
Mental Health



# What we've been doing for 25 years:



## Better interventions



Mostly manualised programmes

# Xchange

## List of programmes

Programme title <input type="checkbox"/>	Date added	Countries where evaluated	Xchange rating
Coping Power/Utrecht Coping Power - an indicated programme for children with disruptive behaviour	18.10.2017	Italy, Netherlands, USA	<b>Beneficial</b>
EFFEKT/Örebro/PAS - To increase parents' attitudes, norm-setting and monitoring about alcohol	17.10.2017	Netherlands, Sweden	<b>Beneficial</b>
Unplugged - a Comprehensive Social Influence programme for schools: life skills training with correction of normative beliefs	18.10.2017	Austria, Belgium, Czech Republic, Germany, Greece, Italy, Spain, Sweden	<b>Beneficial</b>
School Health and Alcohol Harm Reduction Project (SHAHRP) - life skills training to reduce alcohol use and harms	18.10.2017	United Kingdom	<b>Beneficial</b>
<b>Good Behaviour Game - group-contingent positive reinforcement of children's prosocial behaviour</b>	18.10.2017	Belgium, Netherlands, USA	<b>Beneficial</b>
Sobre Canyes i Petes - skills training for preventing regular cannabis use, with a family component	18.10.2017	Spain	<b>Likely to be beneficial</b>
Be Smart — Don't Start - a competition of school classes to remain smoke free for six months	18.10.2017	Finland, Germany, Netherlands, Switzerland	<b>Likely to be partially beneficial</b>
Multisystemic Therapy (MST) - intensive family- and community-based intervention for antisocial behaviour in juvenile offenders	18.10.2017	Canada, Netherlands, Norway, Sweden, United Kingdom, USA	<b>Likely to be partially beneficial</b>
European Smoking Prevention Framework Approach (ESFA / PASE.bcn) - addressing young people, parents, school environment and out-of-school situations	18.10.2017	Denmark, Finland, Netherlands, Portugal, Spain, United Kingdom	<b>Likely to be partially beneficial</b>
<b>Strengthening Families 10-14 - family protection and resilience-building processes for adolescents and their parents</b>	18.10.2017	Germany, Poland, Sweden, United Kingdom, USA	<b>Evidence of ineffectiveness</b>

**Best practice**  
Policy and practice briefings

**Implementation tools**  
(Xchange, HNT, EDDRA, EIB)

Xchange prevention registry

Evidence database

Standards and guidelines

Xch

About  
Xchan  
progr  
option  
Xchan

Search

Enter se  
Reset se

Health and social responses to drug problems  
A EUROPEAN GUIDE

Types or patterns of substance use  
Needs of particular groups  
Responding in particular settings

Health and social responses to drug problems: a European





We haven't considered much:



# Local policies

Create nurturing and protective environments



# The Icelandic Model: what is special there?

## Facilitators/Moderators (not part of the model):

- Youth curfew hours
- Committed national alcohol policy
- Committed education and youth policy
- No awareness campaigns, no warning, etc.

## Potentially effective Behavioural Change elements:

- Supervised free time: leisure vouchers
- Family dinners
- Parental monitoring







Beneficial:

Likely to be beneficial:

Possibly beneficial:

Additional studies recommended

Icelandic

## Community-Based Prevention of Substance Use in Adolescents: Outcomes Before and During the COVID-19 Pandemic in Santiago, Chile

Nicolás Libuy<sup>1,2,4</sup> · Carlos Ibáñez<sup>1,5</sup> · Ana María Araneda<sup>1</sup> · Paula Donoso<sup>1</sup> · Lorena Contreras<sup>1</sup> · Viviana Guajardo<sup>1</sup> · Adrian P. Mundt<sup>1,3</sup>

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### Abstract

A primary community prevention approach in Iceland was associated with strong reductions of substance use in adolescents. Two years into the implementation of this prevention model in Chile, the aim of this study was to assess changes in the prevalence of adolescent alcohol and cannabis use and to discuss the impact of the COVID-19 pandemic on the substance use outcomes. In 2018, six municipalities in Greater Santiago, Chile, implemented the Icelandic prevention model, including structured assessments of prevalence and risk factors of substance use in tenth grade high school students every 2 years. The survey allows municipalities and schools to work on prevention with prevalence data from their own community. The survey was modified from an on-site paper format in 2018 to an on-line digital format in a shortened version in 2020. Comparisons between the cross-sectional surveys in the years 2018 and 2020 were performed with multilevel logistic regressions. Totally, 7538 participants were surveyed in 2018 and 5528 in 2020, nested in 125 schools from the six municipalities. Lifetime alcohol use decreased from 79.8% in 2018 to 70.0% in 2020 ( $X^2 = 139.3, p < 0.01$ ), past-month alcohol use decreased from 45.5 to 33.4% ( $X^2 = 171.2, p < 0.01$ ), and lifetime cannabis use decrease from 27.9 to 18.8% ( $X^2 = 127.4, p < 0.01$ ). Several risk factors improved between 2018 and 2020: staying out of home after 10 p.m. ( $X^2 = 105.6, p < 0.01$ ), alcohol use in friends ( $X^2 = 31.8, p < 0.01$ ), drunkenness in friends ( $X^2 = 251.4, p < 0.01$ ), and cannabis use in friends ( $X^2 = 217.7, p < 0.01$ ). However, other factors deteriorated in 2020: perceived parenting ( $X^2 = 63.8, p < 0.01$ ), depression and anxiety symptoms ( $X^2 = 23.5, p < 0.01$ ), and low parental rejection of alcohol use ( $X^2 = 24.9, p < 0.01$ ). The interaction between alcohol use in friends and year was significant for lifetime alcohol use ( $\beta = 0.29, p < 0.01$ ) and past-month alcohol use ( $\beta = 0.24, p < 0.01$ ), and the interaction between depression and anxiety symptoms and year was significant for lifetime alcohol use ( $\beta = 0.34, p < 0.01$ ), past-month alcohol use ( $\beta = 0.33, p < 0.01$ ), and lifetime cannabis use ( $\beta = 0.26, p = 0.016$ ). The decrease of substance use prevalence in adolescents was attributable at least in part to a reduction of alcohol use in friends. This could be related to social distancing policies, curfews, and homeschooling during the pandemic in Chile that implied less physical interactions between adolescents. The increase of depression and anxiety symptoms may also be related to the COVID-19 pandemic. The factors rather attributable to the prevention intervention did not show substantial changes (i.e., sports activities, parenting, and extracurricular activities).

# CTC – Communities That Care

1. **community readiness assessment;**
2. **engage key stakeholders and forming a coalition**
3. **develop a community profile using epidemiological data to identify risk and protective factors;**
4. **review evidence-based interventions designed to reduce the community's identified risk factors, bolster protective factors → select from a menu of effective interventions;**
5. **implement interventions with high fidelity and regularly evaluating implementation**



# Local alcohol regulations England and NL



Large effects:  
decline in violent  
**crimes**, sexual  
**crimes**, public  
order **offences**,  
hospital  
admissions



Burton et al 2017  
de Goeij et al 2017  
de Vocht et al 2015  
**de Vocht et al 2016**  
de Vocht et al 2017

**Replicable**  
**Transferable results**  
**There is no developer**  
**involved**  
**No one promotes it, but as**  
**an intervention it can be**  
**deployed in different ways**

# What else have we been missing?

# It's about decision making...



# Who would really benefit from prevention science?

In Europe: strategic decisions might be at national level

DOPs =  
Decision-  
Opinion- and  
Policy-  
makers

.. but money and  
implementation is at  
**local/regional** level

... or at NGOs

***Sloboda-Doctrine***: don't  
train frontline staff if  
their bosses haven't  
been trained!







# European Prevention Curriculum

A handbook for decision-makers, opinion-makers  
and policy-makers in science-based prevention  
of substance use

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# EUPC Model of change: shake belief foundations

- Advocate for the discontinuation of ineffective approaches
- Give impulses for innovation
- Curiosity for evidence-based prevention
- Space/funds for new strategies
- “Disturb” prevention systems
- Empower important actors (law enforcement!): many haven’t realised their role in prevention



# Cornerstone: Xchange



**Principle: caution and care**

**Don't promote**

- **(costly) interventions with lack of evidence for cultural transferability (Planet Youth)**
- **that are not beneficial in our context (Strengthening Families Program)**
- **That have not been evaluated in our context (Lions Quest)**

**For your money and your kids: choose strategies proven to be safe and effective**



# So what?



Cautious and  
savvy  
spending

1. Perception of others' behaviour drives our own
2. Env. prevention works against “normalisation” without criminalising
3. Good *regulation* is *prevention*, *information* is mostly not.
4. Programmes are effective but require infrastructure: they are only half of the pie
5. Local environmental prevention policies are effective too, yet use already existing resources
6. Remember the silent majority
7. Careful with what they sell you

# Risk Factors

Hawkins &  
Catalano:  
*Communities  
that Care*

Substance Abuse

## Family

Family history of  
Family management  
Family conflict  
Favorable parent  
in the problem b

## School

Academic failure  
late elementary  
Lack of commitn

## Peer and In

Early and persist

Rebelliousness

Friends who engage in the problem behavior

Gang involvement

Favorable attitudes toward the  
problem behavior

Prevention is primarily  
working upstream  
... where it can make a  
difference for a lot of  
people.





European Monitoring Centre  
for Drugs and Drug Addiction

**Make** things happen ... instead of: **let**  
**them** happen

Questions or expressions of anger?

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