School-based prevention of drug, tobacco and alcohol use in Europe

Gregor Burkhart, Lisbon, REITOX Academy December 2005
Develop Life Skills
Raise information level on social / health...
Create a protective school environment
Improve or develop self-esteem and sel...
Reinforce school community role and i...
Reduce Social Exclusion

Policy objective in numbers

<table>
<thead>
<tr>
<th>Objective</th>
<th>1st Objective</th>
<th>2nd Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop Life Skills</td>
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<td>Raise information level on social / health</td>
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<td>Create a protective school environment</td>
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<td>Improve or develop self-esteem and sel</td>
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<tr>
<td>Reinforce school community role and i</td>
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<tr>
<td>Reduce Social Exclusion</td>
<td>2</td>
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</tr>
</tbody>
</table>

No Information

Protective school environment

No Information

Others (health promotion HP, selfesteem SE, educational relationship ER, Social inclusion SI)
EU Action Plan, Objective 8

• Improve access to and effectiveness of school-based prevention programmes, in accordance with national legislation

• Ensure that comprehensive effective and evaluated prevention programmes on both licit and illicit psychoactive substances, as well as poly-drug use, are included in school curricula or are implemented as widely as possible.

• Indicator: Number of MS having implemented comprehensive effective programmes on prevention of psychoactive substances in schools; percentage of pupils reached.
One by one

Number of MS having implemented comprehensive effective programmes
1 – interventions seldom or not available
2 – interventions sporadically found
3 – interventions regularly available
4 – interventions very common
No Information
Main component delivered to pupils

N° of pupils receiving 1st prevention component by country

- Social skills (assertiveness, resisting peer pressure)
- Personal skills (decision making, coping, goal setting)
- Other
- Knowledge (about drugs and consequences)
- Attitudes (correct misconceptions about peer drug use)
- Alternatives to drug use
- Affective education (self-esteem, self image)

BeFl BeFr CZ DE FI GR HU IE IT Lux NL NO PT SP

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“comprehensive effective programmes”

- There is sufficient evidence base on school-based prevention
What works ... The Canon

- **Social skills** (assertiveness, communication, peer-pressure resistance), **personal skills** (decision making, coping, goal setting), **normative beliefs** and some **Information** (on drugs and consequences of use).
- Interactive delivery (peer group vs. frontal teaching) focussing on social skills
- Intensive (10 sessions, small groups)
- Implemented by specialised and motivated teachers, coached by prevention professionals
- Involve Family (and community)
- Supported by local and school norms on legal drugs
First two components together

1st and 2nd components

- Personal skills
- Social skills
- Knowledge
- Attitudes
- Alternatives to drug use
- Affective education
- Early detection
- Other

- 2nd
- 1st
N° programmes by first component

1st component

- Personal skills
- Social skills
- Knowledge
- Attitudes
- Alternatives to drug use
- Affective education
- Early detection
- Other

Countries:
- SP
- PT
- NO
- NL
- LU
- IT
- IE
- HU
- GR
- FI
- DE
- CZ
- BE

Source: www.emcdda.eu.int
Coverage of pupils with components

Pupils covered by programmes' 1st and 2nd components

- Personal skills
- Social skills
- Knowledge
- Attitudes
- Alternatives to drug use
- Affective education
- Early detection
- Other

2nd main component
1st main component
Components as Percentages

Percentage of pupils receiving 1st prevention component by country

- Social skills (assertiveness, resisting peer pressure)
- Personal skills (decision making, coping, goal setting)
- Other
- Knowledge (about drugs and consequences)
- Attitudes (correct misconceptions about peer drug use)
- Alternatives to drug use
- Affective education (self-esteem, self image)
And by second component

N° of pupils receiving 2nd prevention component by country

- Social skills (assertiveness, resisting peer pressure)
- Personal skills (decision making, coping, goal setting)
- Other
- Knowledge (about drugs and consequences)
- Early detection (of pupils with drug problems)
- Attitudes (correct misconceptions about peer drug use)
- Alternatives to drug use
- Affective education (self-esteem, self image)

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Peer-approaches

1 – interventions seldom or not available
2 – interventions sporadically found
3 – interventions regularly available
4 – interventions very common

No Information
Creative activities

- No Information
- 1 – interventions seldom or not available
- 2 – interventions sporadically found
- 3 – interventions regularly available
- 4 – interventions very common

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“Comprehensive”

- Teacher/pupil relation; Teacher/pupil relation per country, Teacher/pupil relation per component
- Average duration of programme; average duration/country
Average programme duration per country

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
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<tr>
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<tr>
<td>SP</td>
<td>30</td>
</tr>
</tbody>
</table>
Intensity by main components

Intensity: No. of sessions delivered by first two components

- Affective education (self-esteem, self image)
- Alternatives to drug use
- Attitudes (correct misconceptions about peer drug use)
- Knowledge (about drugs and consequences)
- Other
- Personal skills (decision making, coping, goal setting)
- Social skills (assertiveness, resisting peer pressure)
- Social skills (assertiveness, resisting peer pressure)
- Early detection (of pupils with drug problems)
- Attitudes (correct misconceptions about peer drug use)
- Alternatives to drug use
- Affective education (self-esteem, self image)
Training of teachers

1 – interventions seldom or not available
2 – interventions sporadically found
3 – interventions regularly available
4 – interventions very common

No Information
Training of Teachers

Training: N° of teacher training hours by first two components

- Affective education (self-esteem, self image)
- Alternatives to drug use
- Attitudes (correct misconceptions about peer drug use)
- Knowledge (about drugs and consequences)
- Other
- Personal skills (decision making, coping, goal setting)
- Social skills (assertiveness, resisting peer pressure)
- Early detection (of pupils with drug problems)
- Attitudes (correct misconceptions about peer drug use)
- Alternatives to drug use
- Social skills (assertiveness, resisting peer pressure)

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Events for parents

1 – interventions seldom or not available
2 – interventions sporadically found
3 – interventions regularly available
4 – interventions very common

No Information

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Early identification

1 – interventions seldom or not available
2 – interventions sporadically found
3 – interventions regularly available
4 – interventions very common

No Information

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1 – interventions seldom or not available
2 – interventions sporadically found
3 – interventions regularly available
4 – interventions very common

No Information
Other strategy?

- Competitions: Be smart - don't start (15,000 classes with roughly 370,000 pupils took part in 2000/2001; 4,354 came from Germany)
- Smoking cessation programmes
- Structural measures: Healthy School, OPUS (Open Participation Network and School Health), Smoke-Free School

1 - interventions seldom or not available
2 - interventions sporadically found
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Multiplier technique, peer-groups, information and sensitisation campaigns, adventure pedagogy

Consider the whole scope of school-based prevention without going into detail about these areas. Indications of interventions in special schools suggest the availability of information on selective and indicated prevention. Special schools in some member states gather children with learning, emotional, etc. difficulties

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But also

• Doubtful practices
Information days

No Information

1 – interventions seldom or not available

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External lecturers

- No Information
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- 3 – interventions regularly available
- 4 – interventions very common

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Evaluation and Quality Control

- Indicators defined (yes/no)

Environmental strategies

- School policies
Quality standards or guidelines for the implementation of school-based prevention activities

In some Comunidades Autónomas.

Guidelines are mandatory (§) and prerequisite for funding (€)
Simple considerations

- All interventions cannot be evaluated
- Only programme-based interventions can be assessed
- Only programme-based interventions can be sufficiently standardised and reach high coverage
- They should be based on proven components
- Clear and positive principles to be presented to practitioners
- Model programmes are necessary for universal prevention, but less for selective prevention
- Many programmes work across cultures. "Culture does not equal country"