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What Works in Drug Prevention?

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NCF
Nationellt centrum för främjande
av god hälsa hos barn och ungdom

Swedish National Centre for
child health promotion




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This presentation

- Key Concepts:
 - Drug
 - Prevention
 - Knowledge
- Principles for Prevention



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Key Concept: Drug



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Drug prevention, control, treatment

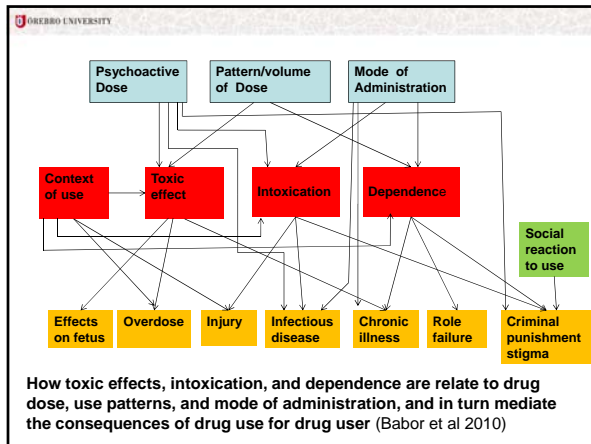


Addiction
Addiction

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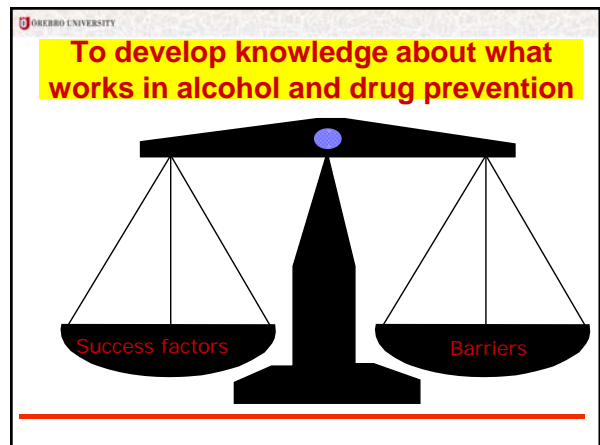
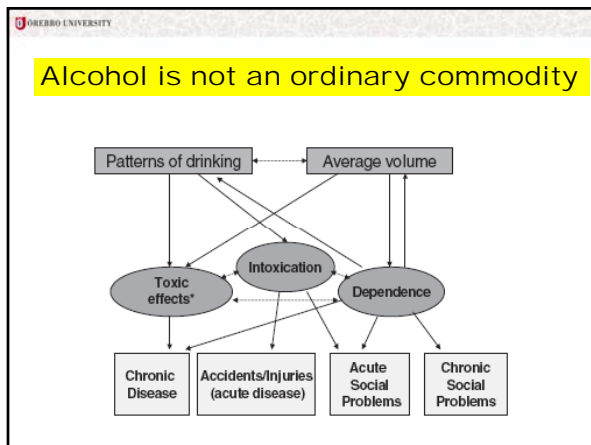
Mechanisms of harm

- Toxic and other biochemical effects of drugs
- Psychoactive actions resulting in intoxication
- Dependence



What makes the psychoactive substances so symbolically powerful?

- Valued physical goods
- A social behavior with strong symbolic value
- Power to change behavior, mood, motor coordination, and judgment
- Potentially causing addiction, dependence



Key Concept: Prevention

The River – a human being has fallen into the river

- Rescue Medical Care
- Construct a Bridge Prevention
- Learn how to swim Health Promotion
- Change the river Community Work, Legislation,

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Ambition

- From belief
-
-

to knowing

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Knowledge for prevention



Good intentions is not enough

- Evidence-based interventions is needed
- Knowledge from controlled trials under optimal conditions
- Knowledge is possible from different kinds of practice-based evaluations
- Reflection over practical experiences

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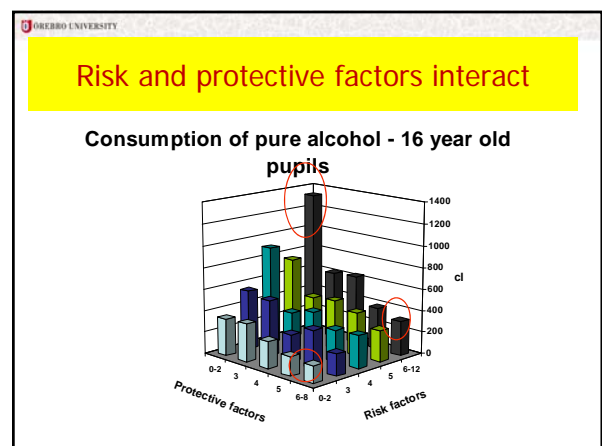
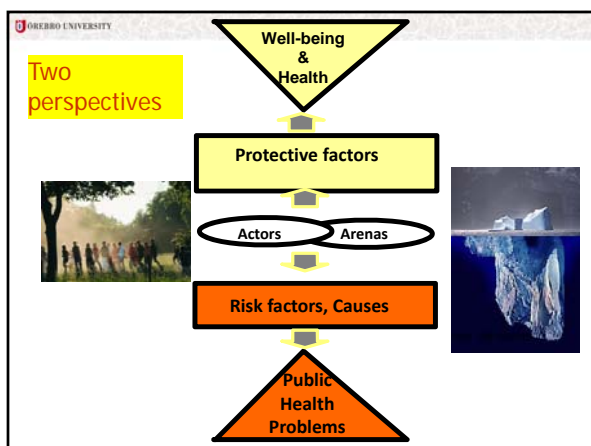
UN Convention of the Rights of the Child (CRC)

- According to one of the key articles in the CRC :
- “Children have the right to express their views in matters that affect them and that these views should be given due weight” (United Nations, 1989, article 12).
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Bridging the Research-Practice-Policy Gaps

- We need:
- Knowledge about effective methods and tools
- Time and skilled personnel
- Leadership and administrative support
- Shared language concerning concepts and tools



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Risk and Protective Factors


Risk Factors	Domain	Protective Factors
Early Aggressive behavior	Individual	Impulse Control
Lack of Parental Supervision	Family	Parental Monitoring
Substance Abuse	Peer	Academic Competence
Drug Availability	School	Antidrug Use Policies
Poverty	Community	Strong Neighborhood Attachment

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Relations between parental attitude, alcohol serving in the home, and alcohol drinking among teenagers

	Allowed to drink alcohol by the parents	Unsure if they are allowed to drink alcohol	Forbidden to drink alcohol by the parents	Total
Not been offered alcohol in the home	53 % (19)	27 % (22)	8 % (393)	8 % (434)
Have tasted	48 % (25)	49 % (14)	23 % (43)	34 % (82)
Served in own place	85 % (34)	44 % (18)	24 % (21)	58 % (73)
Total	65 % (78)	37 % (54)	8 % (457)	18 % (589)

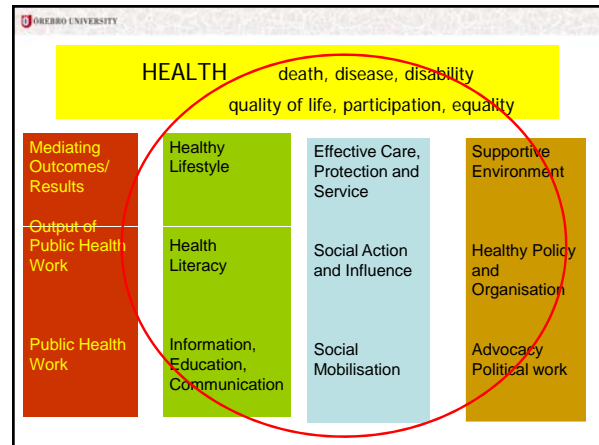
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Public Health at the Crossroads
Achievements and progress
Robert Baughnstein
Katharina




Challenged by the complexity of our dynamic reality



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- ### Actions to reduce drug-related harm
- Infrastructures, services
 - Developing services
 - Legal system, administration, organizations, networks
 - Advocacy, Networking Organizing
 - Groups, communities, population
 - Social mobilization
 - Individuals
 - Development of individual skills

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Key Concept: Knowledge



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Knowledge Needs

- Distribution in the Population
- Causal web - Determinants and Mechanisms
- Consequences for individual and society
- Interventions - methods for change
- Policy and Implementation

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Challenges

- To do right things
= **Making priorities**
- To do things right
= **Having competence**



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Key Principles

- What helps?
- What hurts?
- Based on what evidence?

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The Evidence Concept

- It the amount of evidence enough for drawing conclusions in either direction?
- The roles for evidence, which are used in science, are systematic collection of data in an attempt to reduce bias that is inherent in more anecdotic evidence

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Systematic Reviews

- Babor T et al. (2010) Alcohol. No Ordinary Commodity, Research and public policy. Second edition. Oxford: Oxford University Press
- Babor T et al (2010) Drug Policy and the Public Good. Oxford: Oxford University Press
- Cochrane Collaboration Center
- Campbell Collaboration Center

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WHO Commission on Social Determinants of Health



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Policy Objective A
Give every child the best start in life




Policy Objective B
Enable all children, young people and adults to maximise their capabilities and have control over their lives



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Policy Objective E
Create and develop healthy and sustainable places and communities



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Civil society is of importance for public health

- **Voice:** advocacy and political work
- **Social capital:** May develop joint activities and meeting places
- **Human capital:** May contribute to knowledge and strengthen the involvement of its members
- **Developmental asset:** May contribute to positive development of health and quality of life

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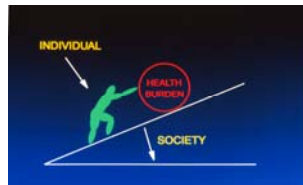
Key Concept: Prevention Principles

Preventive activities function in certain settings for specific target groups

Prevention Principle 1

Prevention programs should **enhance protective factors** and reverse or **reduce risk factors**



Prevention Principle 3

Prevention programs should address the type of drug abuse problem in the **local community**, target modifiable risk factors and strengthen identified protective factors

Prevention Principle 4

Prevention programs should be to address risk factors **specific to population or audience characteristics**, such as age, gender, or ethnicity, to improve program effectiveness

Prevention Principle 5

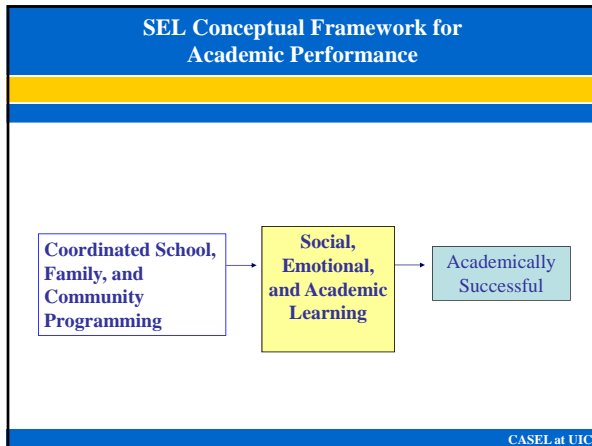
Family-based prevention programs should enhance **family bonding** and **relationships** including parenting skills; practices in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information.

Prevention Principle 6

Prevention programs can be designed to intervene as early as **preschool** to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties

Prevention Principle 7

Prevention programs for **elementary school** children should target improving academic and social learning to address risk factors for drug abuse, such as aggression, academic failure, and school dropout.



Prevention Principle 8

Prevention programs for **high school students** should increase academic competence and social competence with following skills

- Study habits and academic support; communication, peer relationships, self-efficacy and assertiveness; drug resistance skills, reinforcement of antidrug attitudes; strengthening of personal commitment against drug abuse

- The most important thing at school is that you feel that you are welcome, that you have friends and that you are respected as you are.

Prevention Principle 11

Community prevention programs in **multiple settings**

– for example, schools, clubs, faith-based organizations and media – are most effective when they present **consistent, community-wide messages** in each setting.

Prevention Principle 15

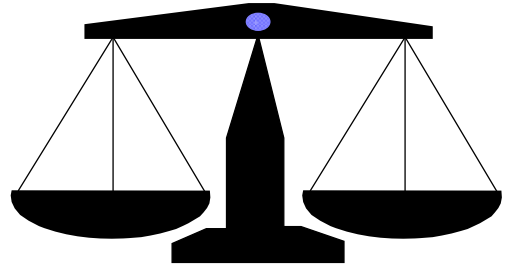
Prevention programs are most effective when they employ **interactive techniques**, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

CHOICE	Awareness Information Positive attitude Personal motivation
↻	
CHANGE	Skills training Action Adoption Sustainability
↻	
MASTERY	Peer influence Participation Partnership Ownership

Prevention Principle 16

- Research-based prevention programs can be **cost-effective**.
- Savings ten times the investment cost

Evaluation



Successful prevention needs

- Interaction between theory and praxis
- Theoretical models as planning tools
- Practitioners with implementation skills
- Learning lessons for further development
- "A respectful partnership" (Holder)

In summary -key to success

- Enhance protective factors and reduce risk factors
- All form of drugs
- Local communities, specific to target groups
- Family, preschool, school, teacher, key transitions
- Combine, multiple settings with community-wide messages, long-term, interactive techniques
- Cost-effective investment for health

Long-term drug prevention and control is possible

Thank you for your attention
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