



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

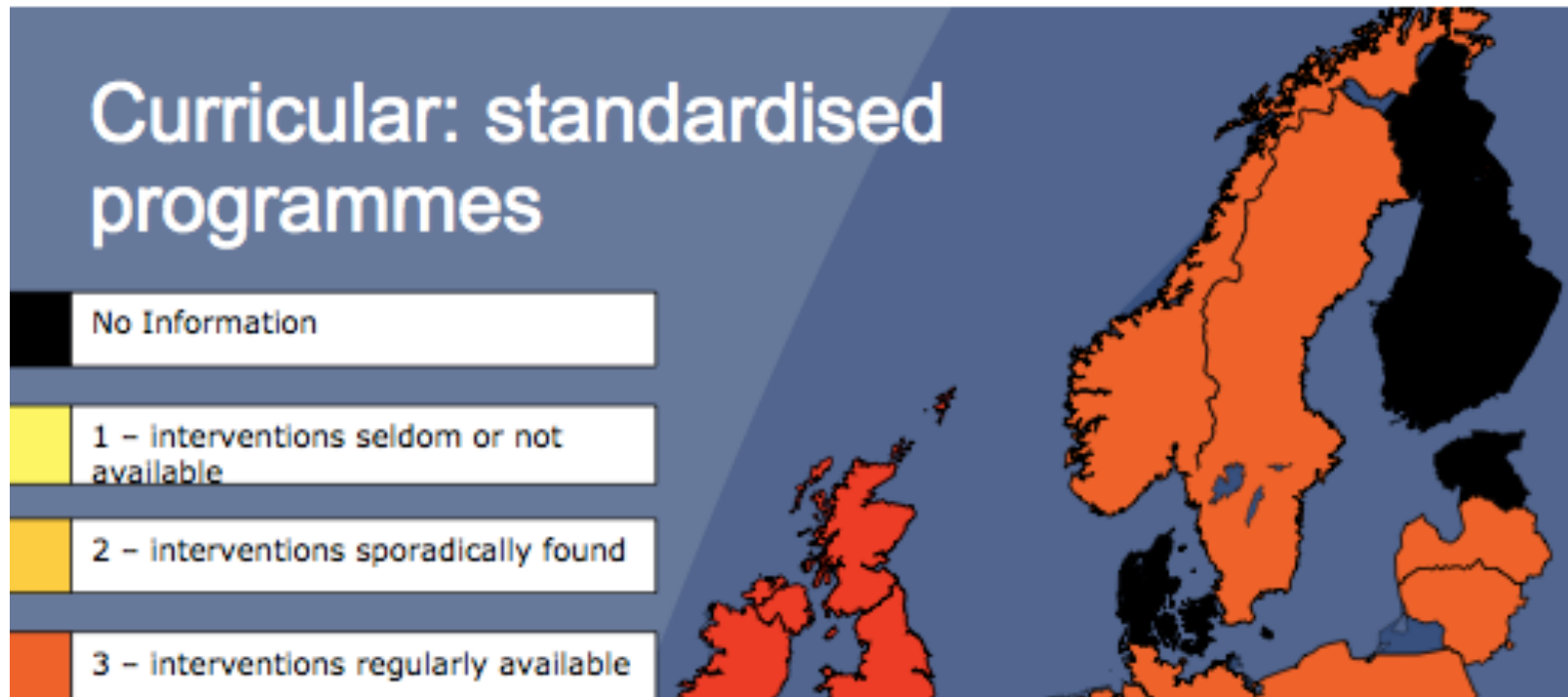
School-based prevention programs vs. a
comprehensive environmental strategy

or

EU and us: Pathfinder or follower

Nordic Alcohol and Drug Researchers' Assembly 2010, Reykjavik/ Markku Soikkeli

How our work is (not) seen by EMCDDA



Does school-based drug education * work?

**NO! (i.e. Babor & al: No Ordinary Commodity
2010)**

- Does not reduce use
- Good practices? None.

Yes (EMCDDA)

- But only by applying certain evidence-based methods or programs



What are school-based prevention programs?

PROTOCOL- DELIVERED PREVENTION

- Quality controlled, standardised,
- Theory and evidence based, evaluated
- Delivered by trained staff

VS

PREVENTION AD HOC

- On-off, uncoordinated
- expert lessons or teachers
- No explicit method or theory base
- Proven ineffective



An argument for school-based drug education's effectiveness

2. the EU-Dap Study

The EU-Dap Study

- An experimental study
- involving 9 centers in 7 European Countries
- funded by European Commission (Public Health Program)
- supported by EMCDDA
- for the evaluation of a school program (called “**Unplugged**”) to prevent tobacco, alcohol and drugs onset
- especially conceived by an internal expert group



The program “Unplugged”

- A prevention program based on a **comprehensive social influence approach**
- including the following components:
 - Social skills
 - Personal skills
 - Knowledge
 - Normative education
 - (No resistance education)
- delivered by the class teachers, trained with a 3-days training course

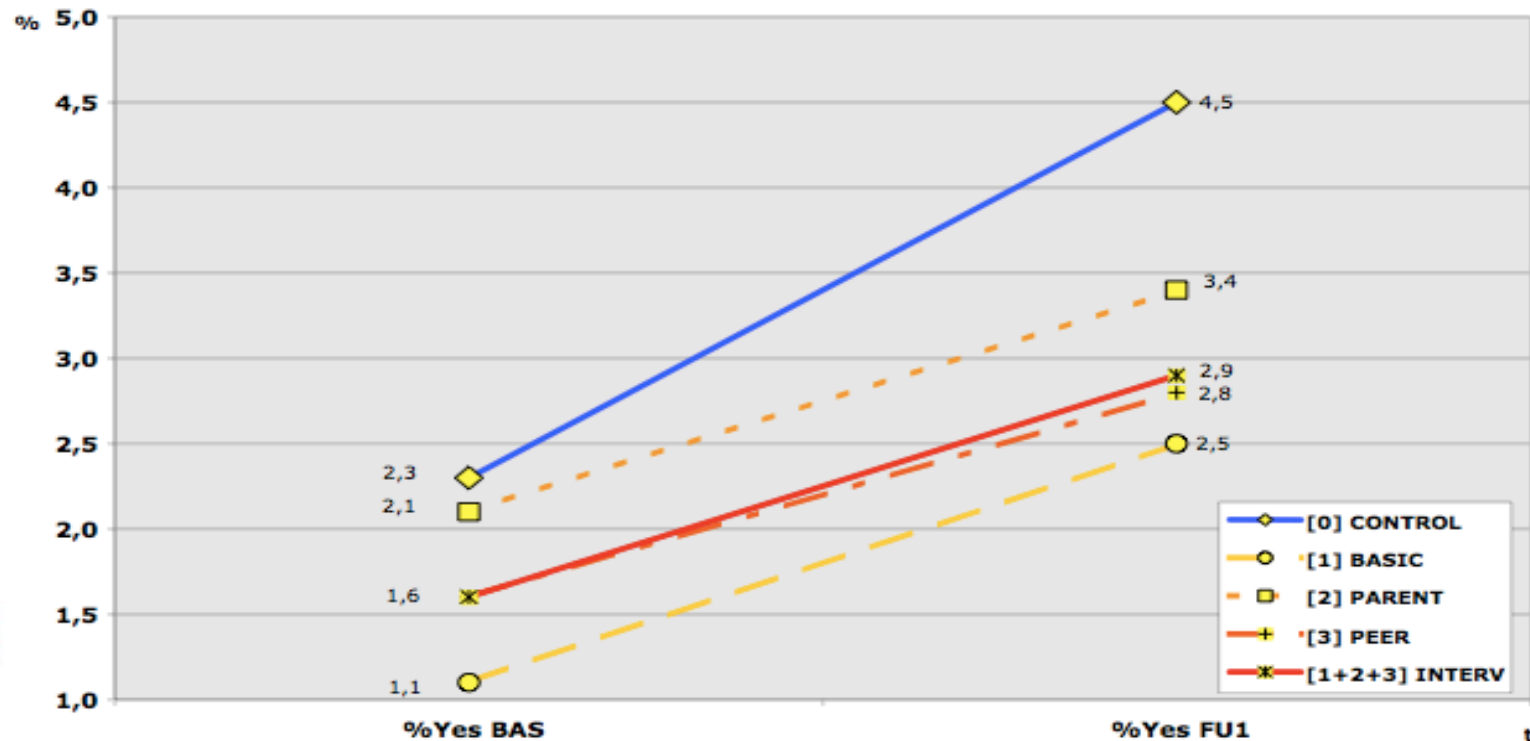


"Unplugged" works!



2. the EU-Dap Stud

Changes in prevalence of use of cannabis (regular use in last 30 days)



.... Or does it?



2. the EU-Dap Study

Critical points

- there are big *differences between centers* (a North-South gradient - data not shown) that seems to be explained by differences in the implementation of the program and by the interventions involving control schools



North – South Gradient?

- (C)lose to the null (no effect) in the North -- (Germany, Belgium, Sweden), while - - favourable effects (were found) in the South European countries (Spain, Italy, Greece) and in Austria.
- (T)he only explanation that could not be falsified was --- contamination in the control arm (e.g. underlying diffusion of interactive preventive programs, in particular based on Life Skills).

Dr. Rosalia Galanti,

PI for the Swedish Centre of the EU-DAP study



How is our approach different?

- ❑ "Public Health Approach" -> "Healthy Schools"
- ❑ Theory base: risk & protective factors
- ❑ School = a living & working environment, a partner in a local, multi-sectoral network, a multi-professional network in itself
- ❑ Health & social services, counseling, support vital
- ❑ Curriculum (i.e. Health education) sufficient for drug education, no programs necessary ("Full circle paradox")
- ❑ "Good school-keeping" sufficient for universal prevention
- ❑ School has a key role in risk prevention (in recognising the need)

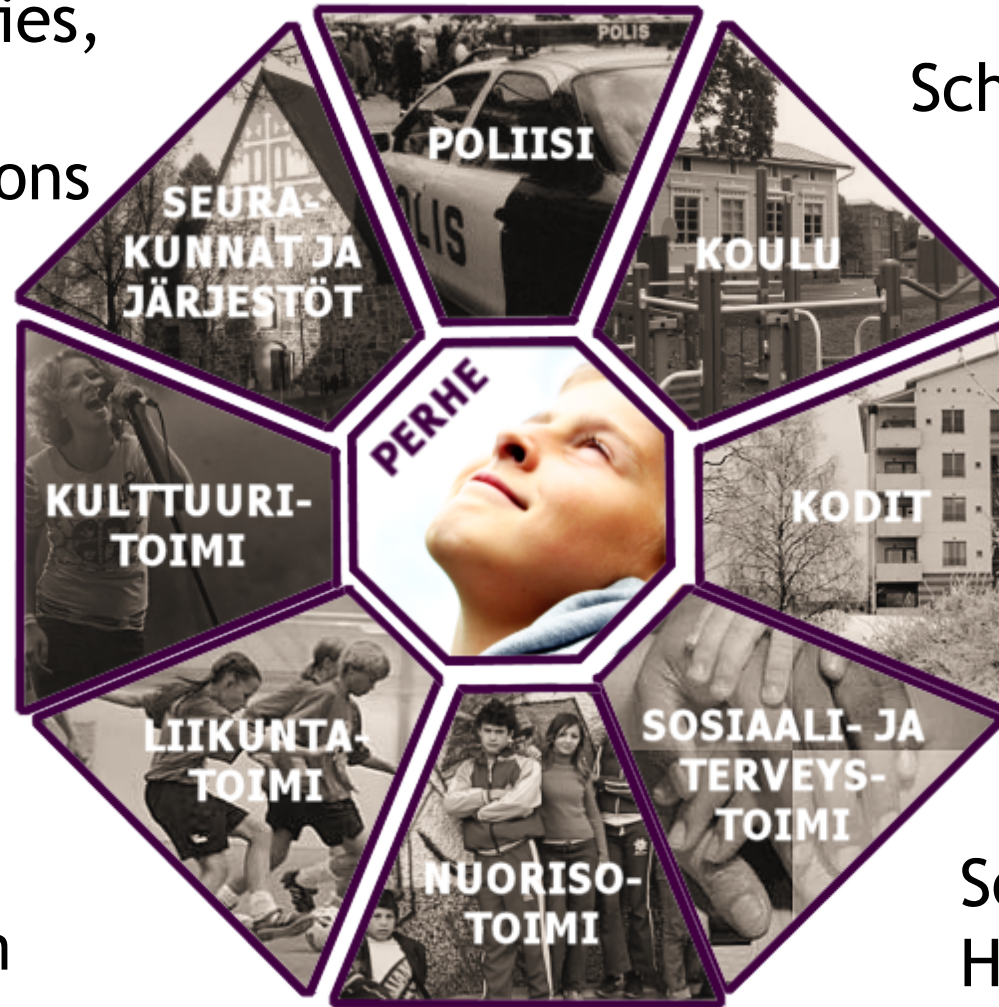


A pupil's safety net

Religious communities, voluntary organisations

Police

School



Cultural services

Home

Sports & recreation

Social & Health Services

Youth Services

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Final remarks (far from...)

- Model Student syndrome?
- Licence to differ: EU/EMCDDA may prefer to promote what is realistic to expect from most Member States
- Political dimension: Welfare model vs. market liberalism
- Evaluation of a permanent structure vs. a project
Evaluation: purpose > methods → value > evidence
- A formalized Nordic model? (not for export)
Implications for research & evaluation

