



WHERE NEXT FOR PREVENTION IN A CHANGING DRUGS WORLD?

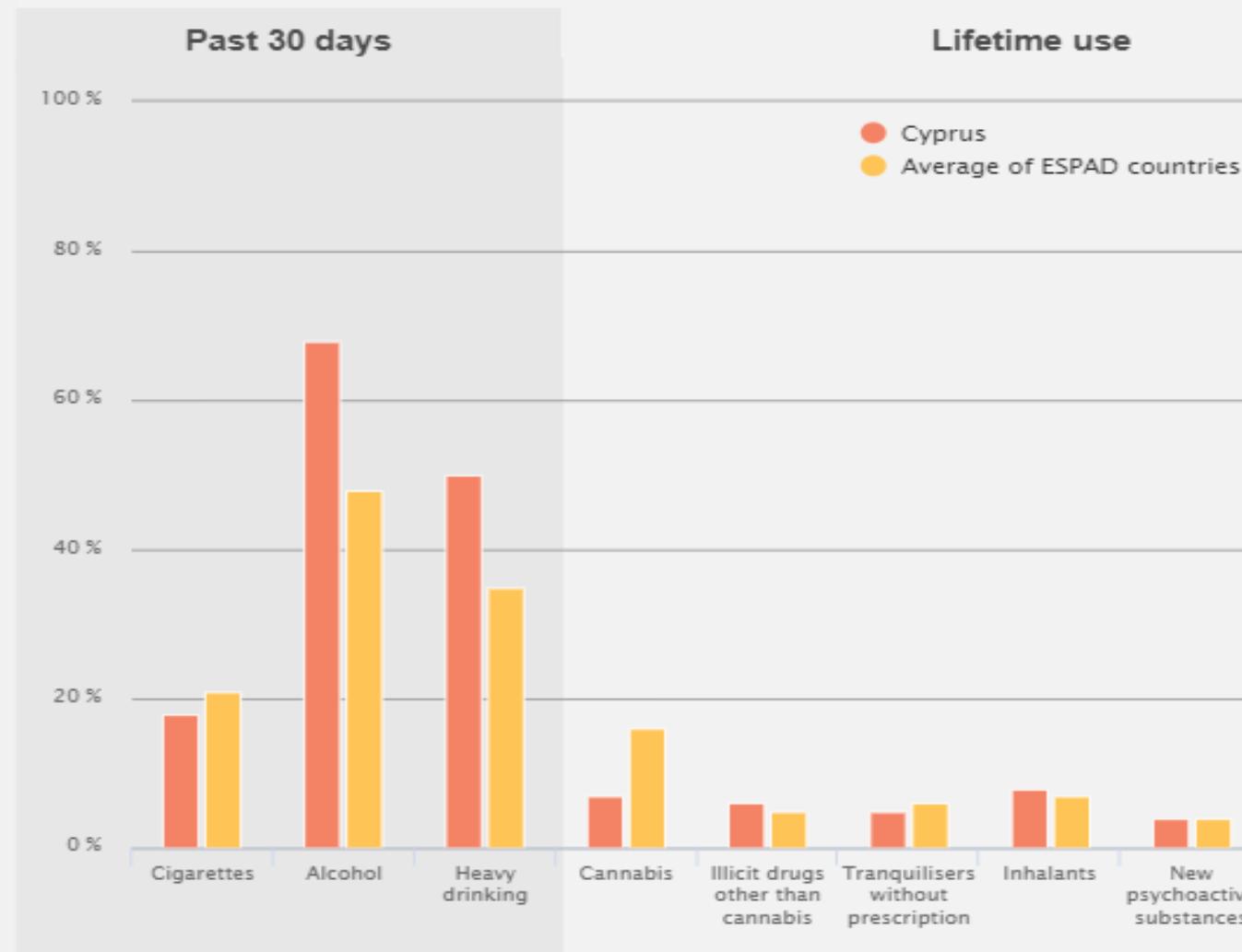
Prof Harry Sumnall

September 2019

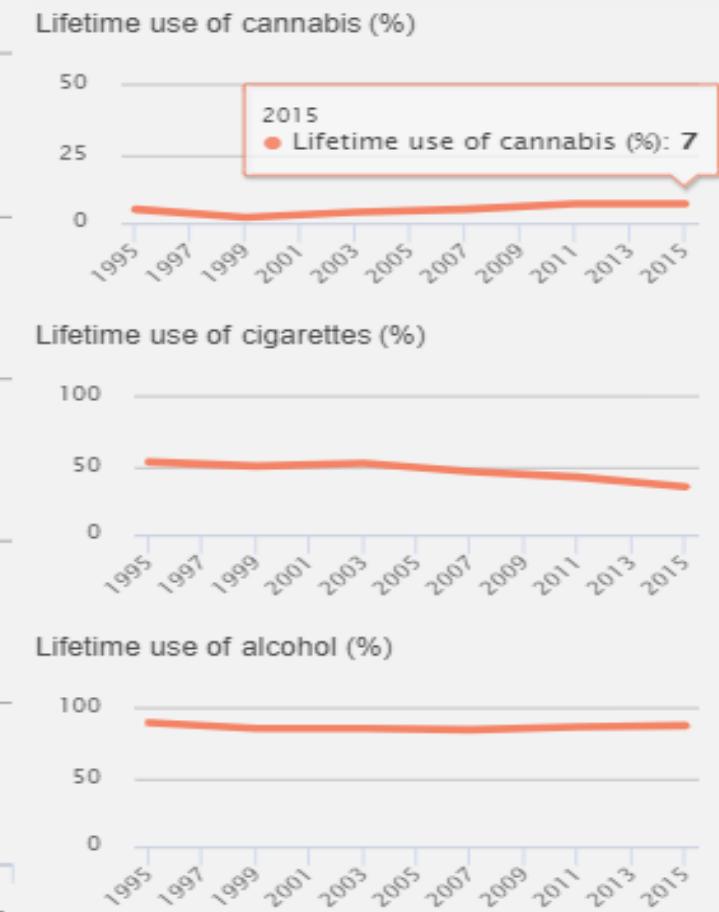
SUMMARY – WHAT IS CHANGING?

- The drugs people use, and how they use them
- Our understandings about different interacting risk factors for drug use
- Technology
- Drugs policy & policing
- ... but is prevention changing?

Substance use among 15- to 16- year-old school students in Cyprus



Source: ESPAD study 2015.



Graphic: EMCDDA

http://www.emcdda.europa.eu/countries/drug-reports/2019/cyprus/drug-use_en



CURRENT CHALLENGES FOR EU SUBSTANCE USE PREVENTION

Null effects, small effect sizes, reproducibility

Lack of evaluation and logic in most approaches

Evidence based repositories & 'Gold Standard' programmes

Diminished effects of 'big name' programmes

Scaling up and embedding in routine practice

Austerity, lack of funding & prioritisation

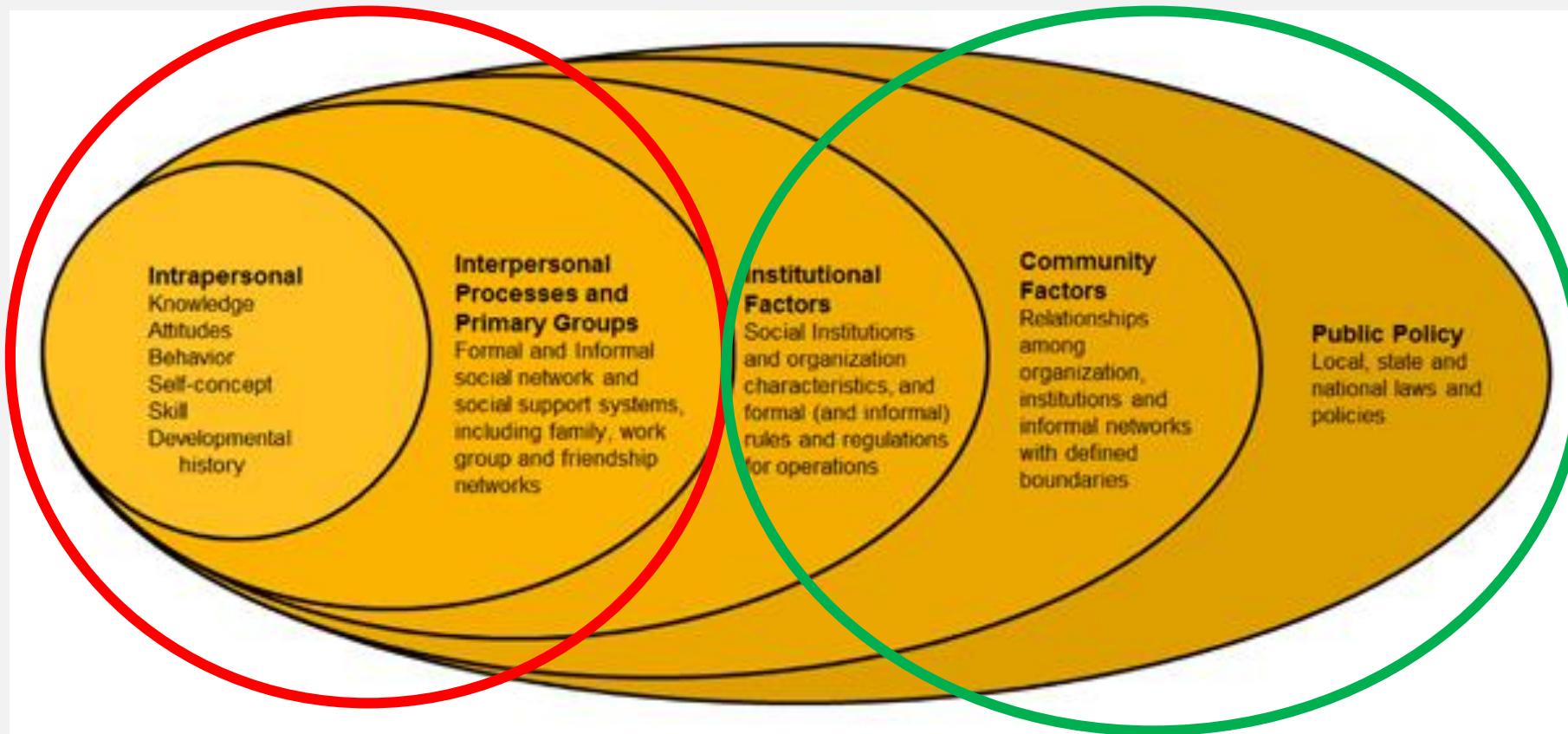
Prioritisation of outcomes

Multiple risk behaviour approaches

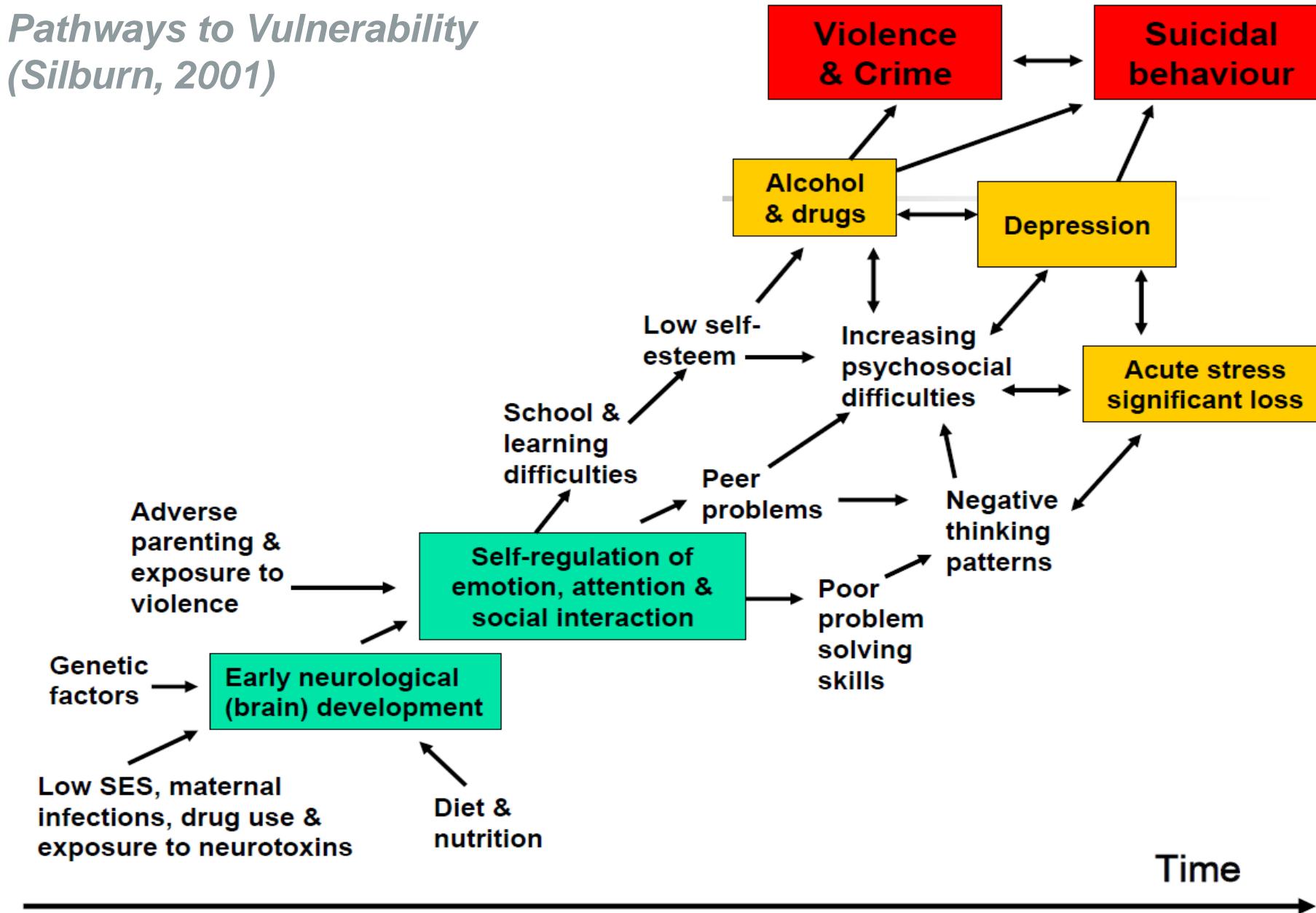
WHAT IS PREVENTION?

- Prevention aims to reduce risk factors, to support health/social skills development, and to promote the influence of resilience factors on behaviour.
- Good prevention works across multiple sectors
- Good preventative responses take place in ‘complex systems’ and outcomes are a result of cumulative action – action in one area affects utility of another

SOCIOECOLOGICAL MODEL OF HEALTH



Pathways to Vulnerability (Silburn, 2001)



ACEs increase individuals' risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

Preventing ACEs in future generations could reduce levels of:



Heroin/crack cocaine use (lifetime) by 66%



Incarceration (lifetime) by 65%



Violence perpetration (past year) by 60%



Violence victimisation (past year) by 57%



Cannabis use (lifetime) by 42%



Unintended teen pregnancy by 41%



High-risk drinking (current) by 35%



Early sex (before age 16) by 31%



Smoking tobacco or e-cigarettes (current) by 24%



Poor diet (current; <2 fruit & veg portions daily) by 16%

Adverse Childhood Experiences

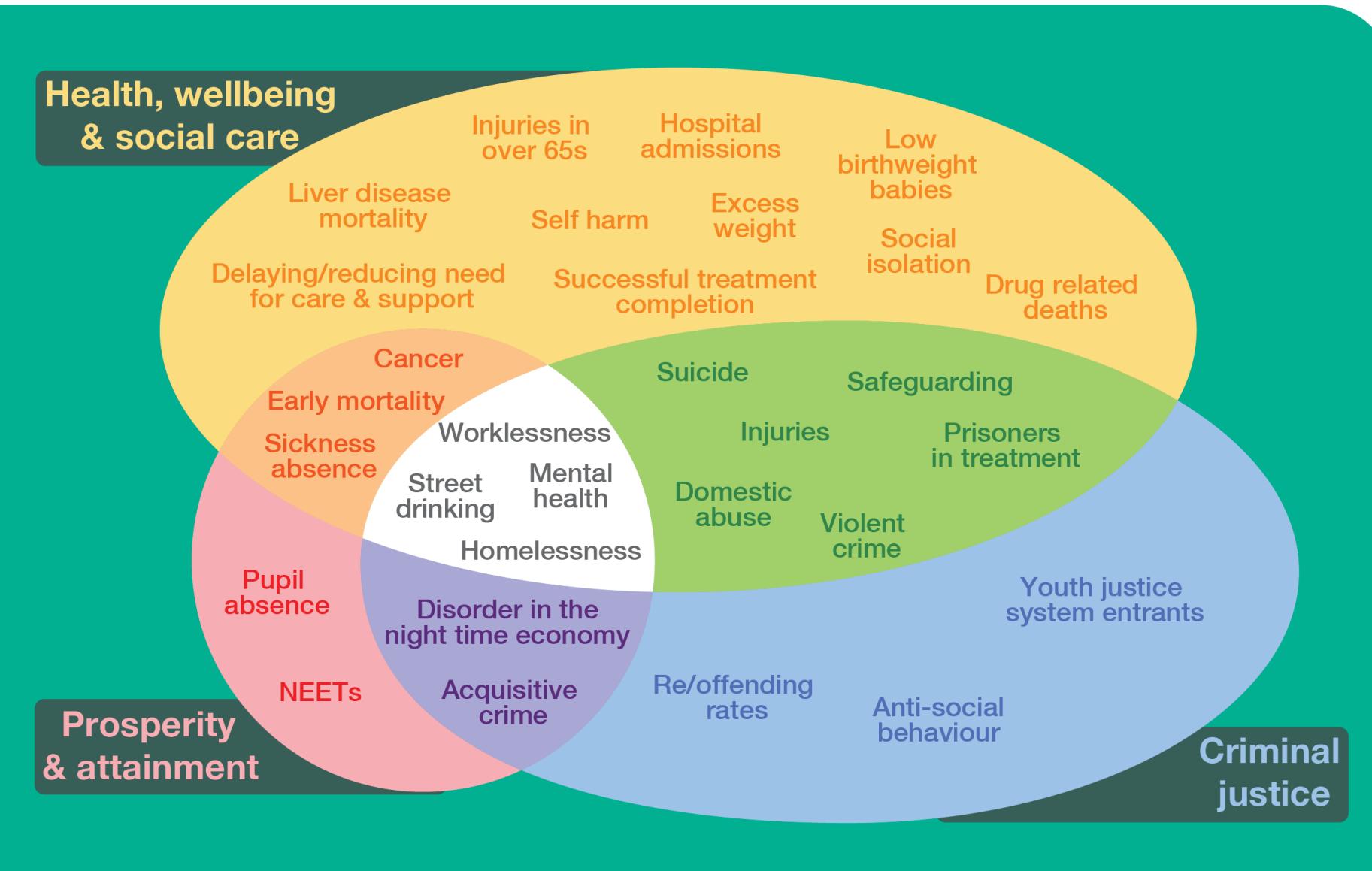
Adverse Childhood Experiences (ACEs) are co-occurring family events or conditions causing chronic stress responses in the child's immediate environment

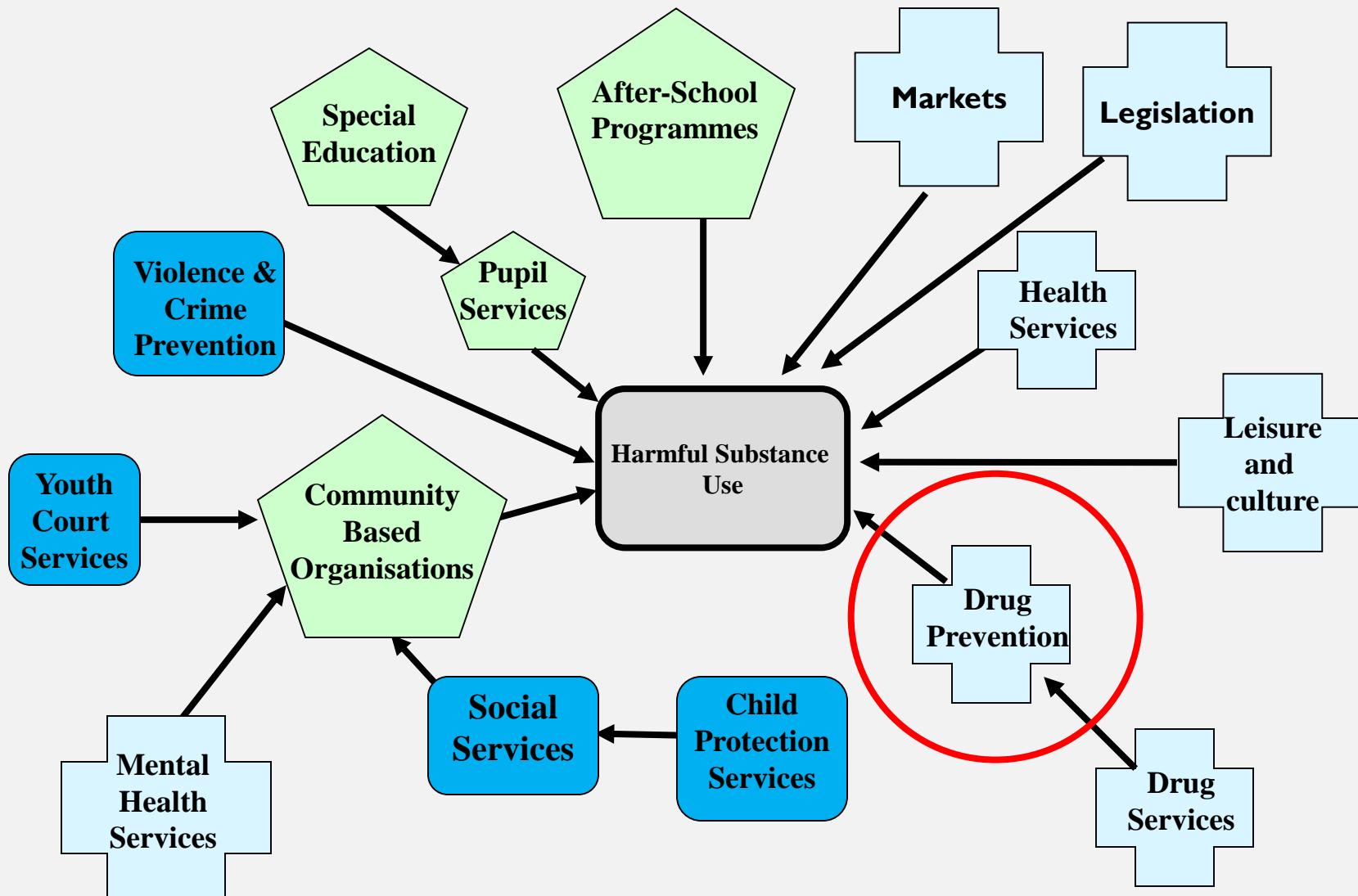
These can lead to adverse physiological and psychological response to chronic stress, adoption of harmful adult coping behaviours such as substance use, and (parents') reduced ability to access goods and services that would otherwise facilitate healthy (child) development

This can lead to a self-perpetuating inter-generational cycle of adversity

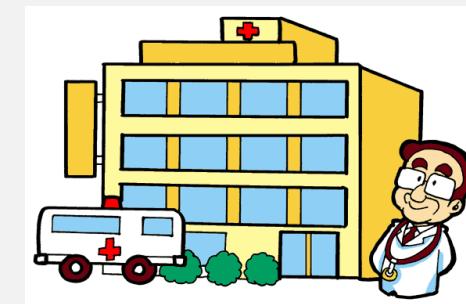
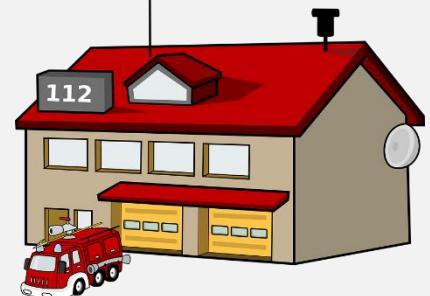


Alcohol and drug misuse impacts on a wide range of local priorities





From: *Health is Academic: A guide to Coordinated School Health Programs* (1998). Edited by E. Marx & S.F. Wooley with D. Northrop. New York: Teachers College Press.



Slide courtesy Dr Z. Sloboda



- Alcohol (and tobacco) researchers have begun to argue for better consideration of complexity in responses to use

e.g. alcohol advertising (Petticrew et al., 2017). Advertising aims to influence more than just consumption; advertising is a system-level intervention with multiple interconnecting objectives.

- Feedback loops
- Damping effects
- Social acceptability and construction of problems and benefits
- Policy maker and other actor behaviour



Best practice

Policy and practice
briefings

Implementation tools
(Xchange, HNT,
EDDRA, EIB)

Xchange prevention
registry

Evidence database

Standards and
guidelines

Health and social
responses to drug problems
A EUROPEAN GUIDE

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

Health and social
responses to drug
problems: a European
guide



Watch a short video about
the Best practice portal
(YouTube)

Xchange prevention registry

About the Xchange prevention registry

Xchange is an **online registry of evidence-based prevention programmes**. Use the options below to find prevention programmes. [Read more about Xchange here](#)

Our partners



The Xchange prevention registry is a collaborative effort between the EMCDDA and a number of partner organisations. [Learn more about our partners here.](#)

Search for programmes



by age group

Enter search terms...



All



by setting

All



by outcomes targeted

All



by risk factor

All

List of programmes

Programme title	Date added	Countries where evaluated	Xchange rating
Trampoline - a selective prevention programme to prevent substance use disorders in children from vulnerable families	15.02.2019	Germany	Additional studies recommended

DRUG PREVENTION

May be effective	Unlikely to be effective	Inconclusive/ lacking evidence
Interventions set within multiple domains with multiple components	Brief interventions in school settings	Brief/ motivational interventions in healthcare settings
Comprehensive school-based programmes (skills and social influence-based programmes)	School-based programmes focussing on increasing knowledge alone	Universal family-based interventions for drugs other than cannabis
Skills-development school based programmes	Mass-media campaigns alone (not as part of a multicomponent intervention)	Family-based interventions targeting high risk groups
Universal family interventions including parents and children for cannabis use		School-based programmes focussing on social influences alone
		Interventions for people with mental health disorders
		Mentoring interventions

CLIMATE SCHOOLS®

★ ONLINE PREVENTION ★



HEALTH AND WELLBEING COURSES
FOR SCHOOL STUDENTS

**FREE TRIAL**

To gain free access to our
Alcohol and Cannabis module

START YOUR **FREE TRIAL NOW!**

★ LOGIN

USERNAME (CASE SENSITIVE)

PASSWORD (CASE SENSITIVE)

Login

- [Forgot your password?](#)
- [Create a new account](#)

★ OTHER INFORMATION

- [TECHNICAL REQUIREMENTS](#)

★ **Psychostimulant and cannabis module preview**

A preview of the interactive **Climate Schools** Psychostimulant and cannabis module has been provided below. After each lesson, teachers can choose to deliver additional activities, which are designed to reinforce the information in the cartoons and allow interactive communication between students.

★ **Lesson 4**

- [Alcohol and cannabis lesson preview](#)
- [Alcohol lesson preview](#)





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Televizier-Ster Online video...

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Medicinal cannabis use:
Nellie visits Serge and Marian

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Subtitles



A psychosis through drugs:
Dzifa talks to Florian [...]

69K views • 1 week ago

Subtitles



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Subtitles



First aid at a festival, how
does it work? | Druglab Extra

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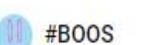
Subtitles

BNNVARA CHANNELS



Spuiten en Slikken

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101Barz

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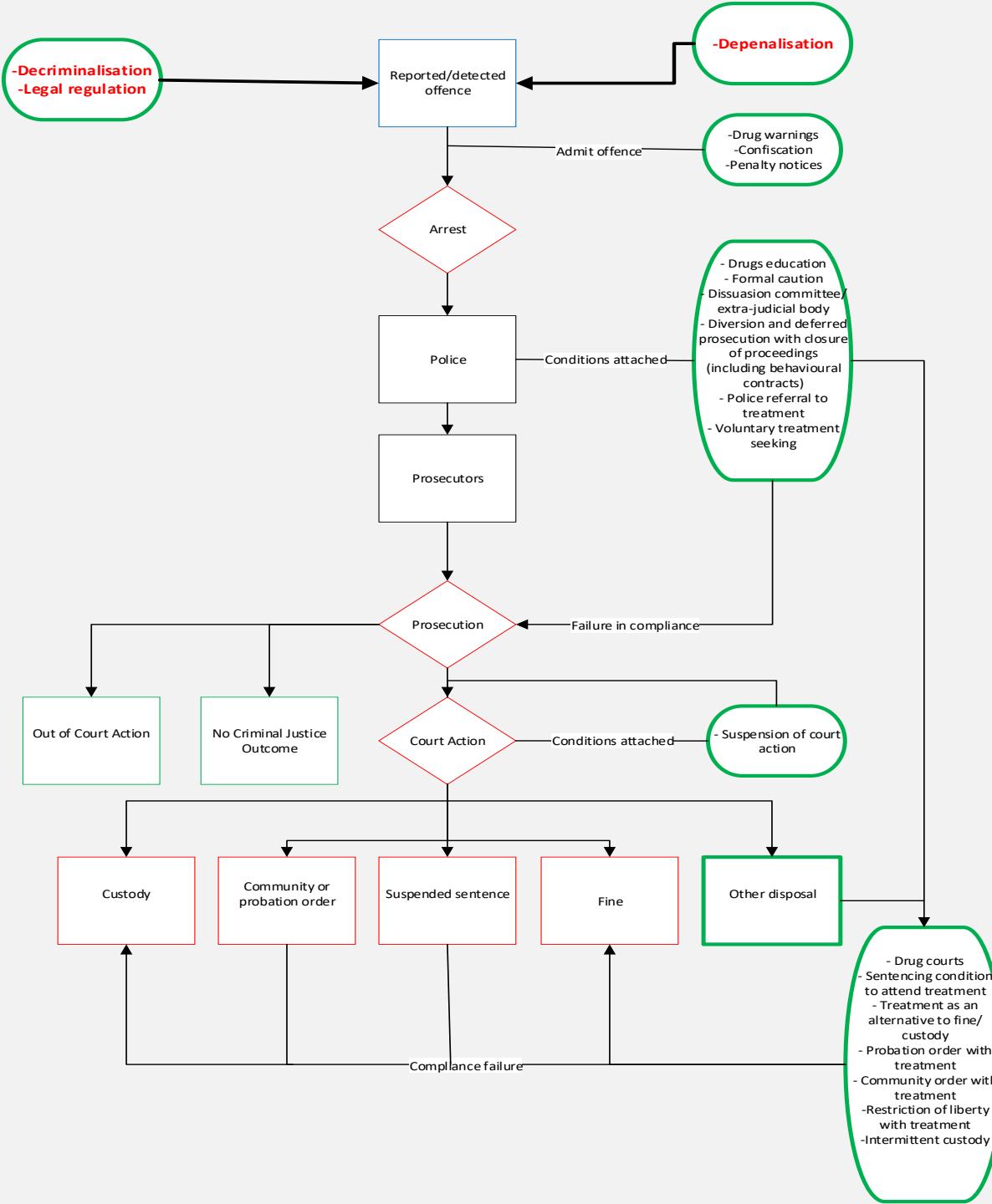
Morning After Meal

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Drug Tests ► PLAY ALL

In this playlist you can watch videos in which we, Nellie Benner, Bastiaan Rosman and Dzifa Kusenuh, try drugs that you are curious about.

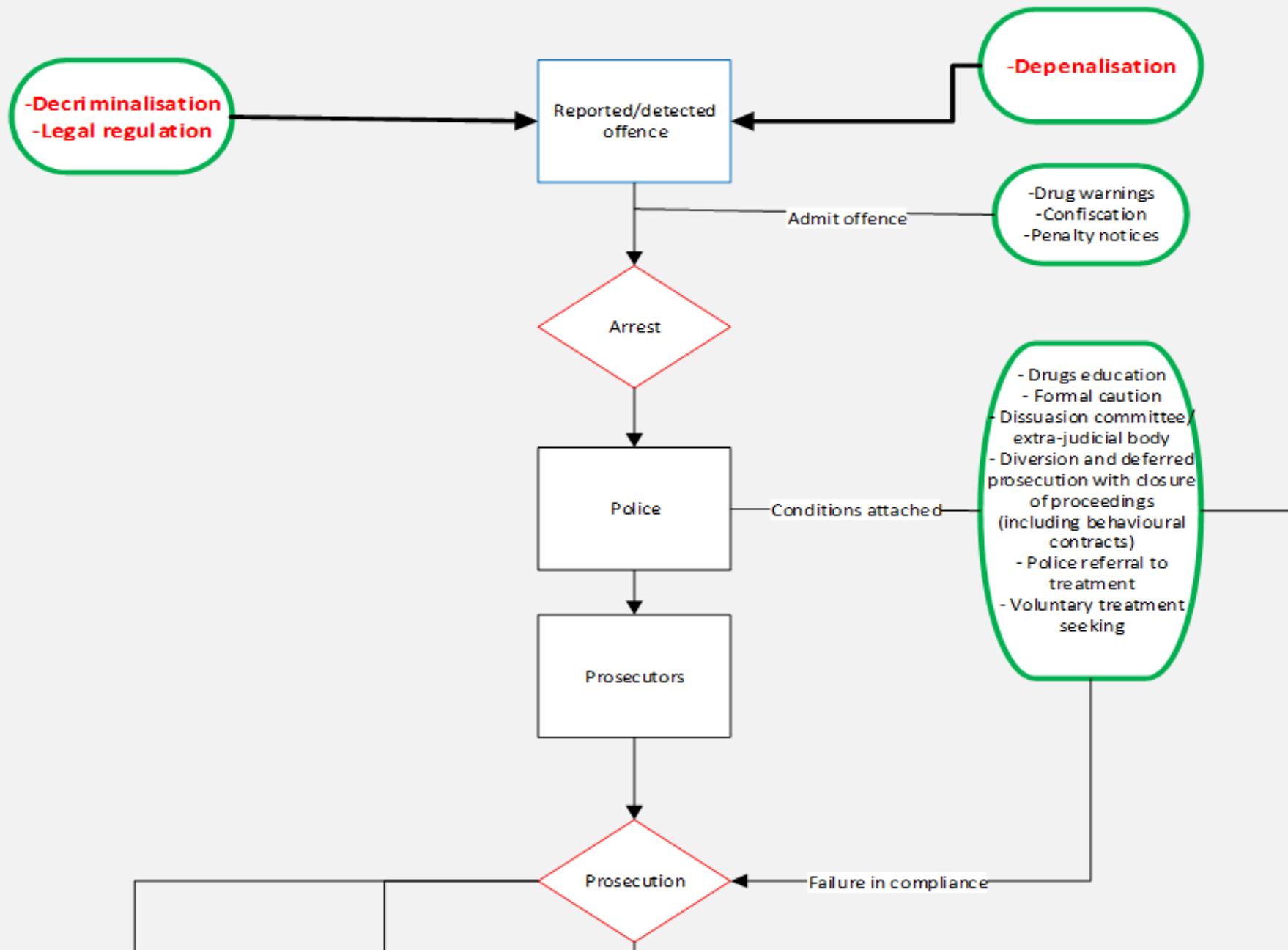




Prevention as an alternative to prosecution or punishment for simple drug offences?

The Law in Cyprus providing treatment alternatives to punishment, remains inactive.
Law 57(I)/1992

Protocol of Cooperation for the Referral of Young Offenders to Treatment Centres, established by the Cyprus Police through the Drug Law Enforcement Unit, the Sovereign Base Areas Police and the Ministry of Health.



AVON AND SOMERSET POLICE DRUG EDUCATION PROGRAMME (UK)

- Available for drug possession offences (even repeat offenders)
- 3.5 hour drug education workshop run by local drug services – one chance only
- If successfully completed, receive confirmation that police proceedings dropped
- **What is the objective of these type of courses?**
 - Time penalty for ‘students’
 - ‘Screening’ for referral
 - Reduce burden on police
 - To reduce probability of reoffending and/or prevent drug use...?
- Similar approach in France, *no impact on drug behaviour*; 20% of attendees reported they would change their behaviour *to avoid being caught again*

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