Primary Prevention (substance misuse) in DLR

A briefing paper and feasibility study outline[1] on the prospects of a primary prevention initiative in DLR (Dun Laoghaire Rathdown), within the context of an increased media and public interest in Planet Youth[2], otherwise known as the Icelandic Model[3].

Background

The DLR – Drug and Alcohol Task Force (DLR-DATF)[4] has responsibility to coordinate the local implementation of actions in the *National Drug Strategy, 2017-25, Reducing Harm, Supporting Recovery (RHSR[5],* in which task forces (24 in all in Ireland) have a specified role. RHSR has five Strategic Goals, and three of these, Goals 1 (prevention), 2 (treatment) and 4 (community participation) specify a role for Task Forces. In addition, task forces also have capacity-building roles including a role in ensuring that the localised response to drug and alcohol problems is evidence-based.

In its current *Strategic Plan (2020-21)*[6] the DLR-DATF has fifteen separate actions, each of which is consistent with RHSR. Two of these, Actions 10 and 11, are concerned specifically with *RHSR Strategic Goal 1, substance misuse prevention.*

Action 10 is concerned with developing a primary prevention approach to substance misuse in DLR, while Action 11 is concerned with developing targeted actions for preventing substance misuse among young people who are considered most at-risk[7].

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[1] Compiled and circulated by DLR-DATF coordinator, Dr. Barry Cullen, coordinator@dlrdatf.ie
[2] https://www.irishtimes.com/life-and-style/health-family/parenting/game-changer-could-a-300-voucher-transform-irish-children-s-lives-1.4417838
[3] www.planetyouth.org
[4] www.dlrdatf.ie
[5] https://www.gov.ie/en/publication/4e5630-reducing-harm-supporting-recovery-2017-2025/
[6] https://dlrdatf.ie/site/assets/files/1002/strategic_plan_2020-21_draft3.pdf
[7] European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) summarises forms of prevention as per the following:
Drug prevention approaches are very varied ranging from those that target society as a whole (environmental prevention) to interventions focusing on at-risk individuals (indicated prevention). The main challenges are in matching these different strategies to target groups and contexts and ensuring that they are evidence-based and have sufficient population coverage. Most prevention strategies focus on substance use in general, some also consider associated problems, such as violence and sexual risk behaviour; a limited number focus on specific substances e.g. alcohol, tobacco or cannabis.
Environmental prevention strategies aim to change the cultural, social, physical and economic environments in which people make choices about drug use. They include measures such as alcohol pricing and bans on tobacco advertising and smoking, for which there is good evidence of effectiveness. Other strategies aim to provide protective school environments e.g. by promoting a positive and supportive learning climate and teaching citizenship norms and values (France).
Universal prevention addresses entire populations, usually in school and community settings, with the aim of giving young people the social competences to avoid or delay initiation of substance use.
Selective prevention intervenes with specific groups, families or communities who are more likely to develop drug use or dependence because they have fewer social ties and resources.
Early intervention approaches may have different goals, but generally aim to delay or prevent the onset of problems (including substance use), rather than respond when problems appear.
Indicated prevention identifies individuals with behavioural or psychological problems that predict a higher risk of substance use problems later in life and intervenes with these individuals. In most European countries, indicated prevention continues to primarily involve counselling young substance users.

Currently, the DLR-DATF supports a number of specific projects for targeting young people at-risk (Action 11). However, we have not recently focused on primary prevention, and we are currently assessing our prospective engagement with Action 10, within the context also of drafting a new *Strategic Plan, 2022-25*. Thus, any decision we make now in relation to Action 10 is likely to form a key part of our work, from now until 2025.

Primary prevention

Primary prevention includes those measures that are aimed at preventing substance misuse in a general population prior to its incidence and occurrence. It is a non-targeted measure, so that in a school it is concerned with the full student population, or the full membership of a particular cohort, for example 6th class (primary) or 1st year (second level). More widely, it might be concerned with the total population of a geographic area, or every person of a particular age within a population, for example young people aged 13-14 years.

Once a prevention programme becomes selective, it stops being a primary preventive programme. Thus, if it targets members of a group or cohort, in accordance with specific socio-demographic, or health- or housing-related variables, then it is not primary, but targeted prevention.

In general, primary prevention programmes focus on the individuals within a population, in the same way, for instance, a vaccination for a particular disease is focused on individuals. However, primary prevention programmes, will often also focus on environmental factors. For example, chlorine is in public water supplies in order to prevent tooth decay; the control and licensing of alcohol outlets in consistent with efforts to reduce alcohol intake. Over the last year, there have been several examples of environmental measures to stop the spread of Coronavirus, such as closure of museums and non-essential retailers, reduced numbers in public transport, and reduced opportunities for congregation at sporting and other events, and in home and family environments. While individuals are required to change behaviours in relation to these settings, it is important to understand that the environments or settings are adjusted in order to impact on prevention.

Substance misuse/primary prevention/individuals

Primary prevention programmes in substance misuse have tended, with mixed success to focus on individuals, usually school-going children, who are targeted for participation in these programmes as an integrated component of school curricula. Some early programmes were focused on changing young people's future potential choices around drugs by warning them of the dangers of doing so, sometimes by exposing them to former drug users as speakers. Basically, these programmes are premised on the individuals as rational choice actors, who when given the relevant information, make self-evident choices not to use drugs. These programmes are generally poorly rated from an evidence perspective, and some have been criticised for stimulating young people's prospective interest in drug-taking.

As an alternative, social learning programmes have been developed and these are moderately rated from an evidence perspective and regularly used in school settings as an integrated component of social and personal development, utilising group talks, interactive learning in order to improve young people's ability to make positive, self-development choices, and in drug refusing.

Substance misuse/primary prevention/families

A somewhat more intense approach is to involve parents and families in school-based programmes, for example strengthening families, whereby both the participating children and parents and family members participate in social learning, to improve choice-making and drug-refusing, reinforced through improved parental/familial relationships. Some programmes are moderately rated from an evidence perspective by the EMCDDA. At times such programmes, strengthening families for example, have been provided in a targeted manner with particular families with children considered to be at greater risk.

Substance misuse/primary prevention/environment

An extended environmental approach is designed to have impact on other dimensions of children's environment to improve and reinforce choice-making and drug-refusing. In this instance, it is considered that young people's pro-social choice-making needs to be reinforced through making available more pro-social alternative activities, such as sports, recreation, arts etc.

Planet Youth – the Icelandic Model.

Planet Youth is a primary alcohol prevention programme focused on children aged 13-14 within the Icelandic public-school system. It has application as a substance misuse prevention programme. Unlike the mixed provider, primary + junior cycle system in Ireland, schools in Iceland are mainly public in a continuous compulsory 6-16yrs learning cycle. In addition, there is also public provision of a voluntary pre-school learning cycle. In effect the Icelandic school system provides a continuous protective preventive system until age 16 years.

The Planet Youth programme is evidence-based, although its adaptation to other countries has raised the need for a balanced critique. The EMCDDA has included a report of the Icelandic Model on its website and rates the model, in evidence terms, as requiring additional studies[8]. This rating is usually assigned to interventions where there are no harmful effects and where the effects are in the intended direction, but also where there is insufficient research and evaluation to justify replication, unless accompanied by robust evaluation studies, in order to add to the body of evaluation literature available.

The European Society for Prevention Research (ESPR) identifies legal, social, demographic and political challenges in replicating the Icelandic Model in other jurisdictions, particularly bearing in mind that Iceland is a small, low-population and low population-density society with high levels of cohesion, social capital and social networking capacities. Taking these factors into account, the ESPR comments that:

> *....one cannot simply adopt the Icelandic model in other contexts, as risk and protective factors, such as parental influence, neighbourhood attachment and overall community organisation differ across national contexts. Knowledge about the mechanisms contributing to the reductions in alcohol use is imperative to understand how the intervention has achieved its (additional) effects*[9].

ESPR has also argued that the observed decline in alcohol misuse by Icelandic youth is mirrored in similar declines elsewhere in Europe, across the same twenty-year timeline, although acknowledging it is more observable in Iceland. Bearing this point in mind it is important to highlight that levels of cannabis use in Iceland have been consistently low by European

[8] https://www.emcdda.europa.eu/best-practice/xchange/planet-youth-icelandic-model-application-environmental-prevention-principles-based-systematic-local-assessment-risk-and-protective-factors_en
[9] https://euspr.org/wp-content/uploads/2020/02/EUSPR_Position-paper-Icelandic-model_long-version_EN.pdf

comparisons, and that other European countries, Ireland for example, have achieved more significant decreases in cannabis use over the period than Iceland, although the level overall remains higher.

The Icelandic Centre for Social Research and Analysis at Reykjavik University (ICSRA) which functions as an administrative base for Planet Youth has responded to ESPR's criticisms, concurring with some of the observations about adaptation, but arguing that the criticism is more with elements of the intervention than with the overall model[10]. It also highlights that the decline in youth alcohol use in Iceland is steeper than elsewhere. They also make the very valid point that, given the extent and level of variables involved, environmental approaches to primary prevention do not lend easily to rigorous evaluation.

Key elements of Planet Youth (Icelandic Model)

The key elements of Planet Youth may be summarised as follows:

- Research local risk and protection factors in one cohort of children aged 15-17 in order to
    - Diagnose needs and identify supports and gaps for younger cohort 13-14, and
    - Assess progress over time with multiple cohorts
- Redirect / divert the desire among children 13-14 for drug/alcohol experiences towards other experiences and activities (sports, arts, leisure) to boost wellbeing, self-worth, and relationships
- Invest in alternative after-school and other, sport, recreational activities by the state and local government bodies (including use of leisure vouchers)
- Engage with parents (including, potentially a parental pledge) around improving parent-child relationships, parent-child events (such as dinners/meals) parent groups, monitoring activities and behaviours, avoiding unsupervised parties and gatherings, and implementing curfews where appropriate.
- Changes in the law to reduce accessibility, advertising and availability and discontinuing the use of scare and warning campaigns.

The Icelandic Model is premised on bringing together within a suitable catchment area all the key stakeholders, who can then give leadership and direction to the programme's implementation. Potentially, this involves building a partnership between schools, youth services, health, sports and recreational providers, and also political, civic and administrative leaders, and together this partnership makes a commitment towards an area-wide intervention to halt initiation into substance misuse and redirect young teenagers towards alternative activities and experiences. In the case of Iceland, the area was Iceland, but in other jurisdictions, it could alternatively be regional, county or other sub-national areas.

Planet youth (Ireland)

The Western Regional Drug and Alcohol task Force has commenced the process of implementing Planet Youth in accordance with the Icelandic model. Structures have been established on a county basis (Galway, Mayo and Roscommon) and a substantial first-stage data gathering exercise has commenced, with preliminary results now available. It's a huge commitment for the Task Force and all the stakeholders who are involved, and its progress is detailed on its website [11]. Likewise, the North Dublin Regional Drug and Alcohol Task Force[12] has initiated a Planet Youth initiative and will be collecting first phase data in early 2021.

[10] https://euspr.org/wp-content/uploads/2020/02/Reaction-Planet-Youth-feb-2020-euspr-icelandic-model.pdf
[11] www.planetyouth.ie
[12] http://www.ndublinrdtf.ie

Prospects in DLR

The DLR-Drug and Alcohol Task Force has made a decision to explore the prospects of a Planet Youth type of initiative in this area. The initiative has been discussed at a task force level and it has also hosted an initial conversation among frontline service personnel and local managers in order to ascertain the possibilities of moving ahead in seeking an adaptation with this model in DLR. As of yet, we have not made a formal approach to Planet Youth, as we wish to have as much preliminary discussion as possible, locally, bearing in mind that any prospective involvement with an initiative such as this requires extensive commitment, across a wide range of stakeholders, over a considerable period.

In our first, preliminary conversation on this topic, there was considerable enthusiasm about the idea and a strong sense that something meaningful and comprehensive needs to be put into place in tackling youth substance misuse. Some significant challenges were identified, however.

Challenges in adaptation

Some of the challenges and questions that have been identified from our preliminary discussions, include:

- Replication. Given the differences in education and other systems, can this model be adapted to a DLR context? One suggestion is that by honing-in on the transition phase from primary to second level, provides an across the board, universal mechanism to engage parents and schools, irrespective of school types (public, private, etc) and irrespective also of social class types. Another suggestion is that the initial focus could be on a small number of schools (primary and second level) within a single geographic domain in which most children attend those schools. The issue of adaptation raises whether replication itself is needed, and would it be more preferable to move ahead with a local model of primary prevention, using all the key elements as in Planet Youth, but not the brand?
- Data collection. While the value of data gathering is self-evident, the need to gather across the board data in relation to risk and protection raises some questions, given the level and extent of academic research that has already been conducted in this area, and the level of awareness of the factors that protect young people from substance misuse. A lot of this evidence has already been collated under the *National Drug Strategy, 2017-25*. However, it is also highlighted that a significant benefit of the data collection is that (1) provides a contextualised needs analysis, (2) it generates separate school reports, which schools find to be very beneficial, and (3) it helps locate the programmes within a wider, comparative context.
- Sport, leisure and arts. Is there an adequate supply of alternative facilities for young people and how can these be streamlined and made more widely available, within the context of a public supply system?
- Alcohol control. How do we address the cultural and legal issues in relation to the implementation and monitoring of alcohol controls, and the perception that there is, at times, a lack of enforcement?
- Primary prevention. To what extent can a primary prevention initiative build on existing work in this field, bearing in mind that currently most preventive work is targeted, and the general societal view on prevention subscribes to the idea of either (1) selective prevention or (2) use of warning materials, speakers, etc? Does the population and society understand the meaning of primary prevention, and is there some preliminary work that needs to be undertaken in this regard, and to what extent would parents subscribe to a preventive model that involves increased levels of teenage and alcohol monitoring?
- Collaborations. What are the prospects of building yet another cross-community partnership of stakeholders, given the demands on existing agencies in participating in other collaboration initiatives such as the DATF, DLR PPN, Sports Partnership, Southside Partnership and CYPSC?

Feasibility study outline

Taking the potential benefits into account, and also that youth substance misuse is an important issue, although this is not always accepted by relevant agencies, schools and other bodies, it has been indicated that there is a case for pursuing the adaptation of Planet Youth into DLR. By way of commencing, the DLR-DATF is commissioning a study to examine the operational feasibility of putting this initiative into place. This study will consist a consultation exercise primarily with key health, education, youth and social service leaders, and will also conduct a preliminary school principals survey. The following questions will be addressed through this study:

- Does youth substance misuse constitute a significant issue of concern within DLR, and in particular does it arise as a concern within the operation of schools, training, family, youth and other programmes?
- Is the level of concern in relation to youth substance misuse such that an area-wider, inter-agency initiative, such as Planet Youth should be established with a preliminary implementation commencing at some stage during 2021?
- Is there an adequate interest among school principals in particular, and youth, family and training leaders also, to engage in this programme and to facilitate the access that would be required to collect the relevant data?
- Is the interest such that a substantial coverage within DLR can be achieved through this programme?
- Do schools/training and youth service providers have internal capacity to facilitate the collection of data, particularly if using tablet devices?
- Do schools/training and youth service providers have in place health and wellbeing structures to facilitate feedback and interpretation of data, and to facilitate school-and project-based implementation?
- What are the prospects of forming a high-level oversight group, involving key leaders across health, education youth, sport, recreation, arts and social services?
- What are the financial and organisational resource implications in developing this initiative?
- What, if any, are the contractual and other arrangements that would need to be developed at an inter-agency basis, to support this initiative and to sustain it in the long term?
- What are the arrangements that would need to be in place with other bodies, such as Icelandic Centre for Social Research and Analysis at Reykjavik University (ICSRA), a suitable academic lead, ethical approvals, and also prospective funding bodies?
- What timetable would be required for moving forward.
- What arrangements for a robust independent evaluation would need to be in place, from the outset?

Ends/.....