# Local communities and drugs: health and social responses

## Introduction

This miniguide is one of a larger set, which together comprise *Health and social responses to drug problems: a European guide*. It provides an overview of what to consider when planning or delivering health and social responses to drug-related problems in local communities, and reviews the available interventions and their effectiveness. It also considers implications for policy and practice.

Last update: *March 2022*.

Contents:

# Overview

## Key issues

Local communities are important for drug responses in providing a way of promoting bottom-up civic engagement and action. In Europe, cities, municipalities and local governments are often the main drivers of

strategy development and delivery. Here, the term community is used to mean a group of individuals sharing a common geographical and administrative setting or the location in which they live. Communities may be involved in drug responses in different ways:

- as a population or a setting experiencing certain drug-related challenges such as open drug scenes or drug-related crime;
- as a population or a location in which interventions to address specific problems and harms are implemented;
- as a group engaged in the assessment and planning of local responses to drug problems (community involvement).

## Responses

The way in which community responses are defined varies between European countries; however, they may include:

- community- or city-level drug plans to coordinate activities according to local needs;
- community engagement approaches, such as local coalitions where community members actively take part in the diagnosis of and response to drug-related problems;
- local environmental prevention strategies, providing safer and healthier environments, particularly for young people;
- community-based outreach services for individuals and groups who are not easily reached by fixed-site services or traditional health-promotion channels;
- diversionary activities for young people in the community which seek to enhance protective factors and provide alternatives to drug use for vulnerable young people;
- programmes to address drug-related harms experienced by the community, for example clean-up schemes for picking up needles and the provision of drug consumption facilities.

## European picture

Systematic mapping of drug-related community interventions in Europe is limited. The variety of different types of interventions, their implementation at a local level, and the fact that they often overlap with broader public health and crime prevention activities make it difficult to monitor such interventions.

Prevention approaches that target high-risk neighbourhoods have been implemented in some countries, utilising new methods, including the redesigning of urban spaces. Provision for these types of interventions is reported to be highest in the north and west of Europe.

The Communities That Care approach is being used in a number of countries, as is Planet Youth (often known as the Icelandic model), although this latter programme is yet to be evaluated in the European Union.

## Action framework for developing health and social responses to drug problems

*The three broad stages of developing responses to*

***drug problems***



Health and social responses to drug problems are any actions or interventions that are undertaken to address the negative health and social consequences of illicit drug use, such as deaths, infectious diseases, dependency, mental health problems and social exclusion. Developing and implementing such responses, whether at EU, national, local or individual level, involves three basic steps:

- identifying the nature of the drug problems to be addressed;
- selecting potentially effective interventions to tackle these problems; and
- implementing, monitoring and evaluating the impact of these interventions.

The action framework details the most important factors that need to be considered at each stage.

# Key issues related to drug use and communities

The understanding of 'community' and related interventions varies between European countries. In some cases, communities may be defined by geographical boundaries, either informally, as in the case of neighbourhoods, or more formally, by municipal or local government boundaries. In other cases, they might be defined by ethnic, linguistic or cultural commonalities.

However defined, communities experience a range of harms associated with drug use, for example problems associated with local open drug scenes. Communities can also be important in addressing drug problems by promoting bottom-up civic engagement and action. Importantly, municipalities and local governments are often the main drivers of and stakeholders in strategy development and the delivery of interventions.

The term community is defined here as a group of individuals sharing a common geographical and administrative setting or the location in which they live. Interventions within a community do not necessarily address all members of the community concerned, but may involve several key actors (for example, family groups or associations, health services, schools and sport facilities).

Community involvement in drug responses can manifest itself in different ways:

- as a population or a setting experiencing specific drug-related challenges such as open drug scenes or drug-related crime;
- as a population or a location in which interventions to address specific problems and harms may be implemented;
- as a population engaged in the assessment and planning of local responses to drug problems (community involvement) — these will typically address community-level harms.

# Evidence and responses to drug-related issues and communities

Community drug plans are an important mechanism for translating national policies and strategies into appropriate responses to meet local needs. The level at which these plans are developed will vary between countries, depending on their administrative structures and responsibilities. Involving people who use drugs and local communities in the consultation process ensures that plans are better informed by the local situation. It can also help to reduce stigma towards people who use drugs and promote understanding between different community members.

## Communities as a setting for interventions

Communities are important settings for local multicomponent and environmental prevention strategies, which provide safer and healthier environments, particularly for young people. Environmental interventions are specifically designed to change the context in which people make decisions and support healthier choices. These interventions may act on the physical environment, for instance by limiting the availability of and access to alcohol, tobacco products and other substances; and on the social environment, by reinforcing non-use norms and attitudes.

Some community development interventions or diversionary activities for young people in the community focus on building life skills and self-esteem through the provision of a range of activities (in areas such as sport, music or creative projects and volunteering). They aim to enhance protective factors and reduce risk factors, as well as offering alternatives to substance use, crime and gang involvement for vulnerable young people.

Community-based outreach services can be an important component in local drug prevention and harm reduction strategies for vulnerable groups. In general, the goal here is to establish contact with individuals and groups who are hard to reach through fixed-site services or traditional health education channels. Outreach workers' general aim is to make contact and establish rapport with target populations and to gain acceptance as trusted and knowledgeable sources of information and advice. These services vary greatly and may be led by social workers or trained peers. The target groups can range from young people in street or party settings, to high-risk drug users and sex workers. Peer-driven interventions need to be particularly well-supported by good management practices. Issues of confidentiality, defining and respecting boundaries, and protecting the health and safety of staff members are important considerations for services operating in this area. Such priorities are supported by establishing clear guidelines covering objectives, services offered, responsibilities, and the need to recognise and respect personal, professional and legal boundaries.

## Responses to harms experienced by communities

Initiatives to address community harms, nuisance and safety concerns include the establishment of telephone lines, backed by associated media campaigns, to allow the anonymous reporting of drug dealing in neighbourhoods, as well as proactive programmes, such as organising action days to clean up parks or areas where drug litter is posing a problem. The Drug Related Intimidation Reporting Programme in Ireland is an example of an initiative that supports people in the community suffering intimidation due to drug debts.

More generally, harm reduction services can provide direct benefits to communities in addition to their primary goals. For example, needle and syringe programmes may reduce drug litter, while drug consumption rooms, by

providing safer spaces where people can use drugs, may potentially reduce the harms to communities associated with public drug injecting (see also Spotlight on… drug consumption rooms). However, there may be local resistance to the establishment of some of these services, so community engagement is important if they are to be successful.

## Community engagement

Community coalitions may be set up to coordinate a range of activities and resources intended to prevent substance use and related harms among young people, often utilising a bottom-up approach. Such groupings can bring together diverse community stakeholders to address a common goal and mobilise communities to participate in prevention and health-promotion initiatives.

The Rapid Assessment and Response initiative in Norway engages local communities to work together to find their own solutions to local challenges associated with drug use problems and harms. The Communities That Care approach is based on the premise that the prevalence of adolescent health and behaviour problems in a community can be reduced by identifying strong risk factors and weak protective factors among young people within that community. This then allows the selection of tested and effective prevention and early intervention programmes to address these specific risk and protective factors.

Although studies on the effectiveness of the Communities That Care model approach have been conducted mainly in the United States, experiences of implementation in Europe are now emerging and there is a need for further evaluation research that takes into consideration the adaptation process and programme fidelity. The impact of different implementation contexts needs to be assessed systematically across multiple sites and countries in order to improve the quality of future implementations (see the EMCDDA implementation resources page).

Planet Youth, also known as the Icelandic model, applies a similar local-level diagnosis of risk and protective factors while fostering a bottom-up engagement of community actors, but it does not offer a prescribed set of interventions. At present the only evaluations of this approach in Europe have taken place in Iceland.

# European picture: the availability of community interventions

Prevention approaches that target high-risk neighbourhoods have been implemented in some countries, utilising new methods, including the redesigning of urban spaces. Provision for these types of interventions is reported to be highest in the north and west of Europe (see Figures). Approaches that have good evidence of effectiveness are reported as having been implemented in a third of European countries, half of which report both environmental restructuring (interventions that seek to facilitate desired behaviour by changing physical and social contexts) and programmes that feature normative pressure and restriction (setting norms and rules, and limiting opportunities).

Communities That Care is a neighbourhood-focused prevention approach implemented in Croatia, Germany and the Netherlands. In addition, Belgium is conducting a study on the use of this approach for crime prevention. A similar programme, first used in Iceland as part of its strategy to reduce substance use among young people, Planet Youth (also known as the Icelandic model), has been implemented in many European countries.

Nevertheless, the systematic collection of information on community interventions remains limited. The variety of different types of interventions described above and the fact that they are, by their nature, often driven and implemented at a local level makes them difficult to monitor. In addition, many of the community activities may take place within or overlap with broader public health and crime prevention activities. The sharing of best practice may occur through networks, which may have a broader focus, or be specific to a type of intervention or cover different geographical areas. Some examples are Communities That Care EU, the International Network of Drug Consumption Rooms, the Nightlife Empowerment & Well-being Network (NewNet) and Club Health. Mapping these networks and obtaining a clearer understanding of the different approaches taken in Europe to various types of intervention within communities can be a useful starting point in improving the sharing of best practice and the monitoring of provision.

Several European countries have national registries of evidence-based prevention programmes. At the European level, the Xchange online registry of evidence-based prevention programmes has a central role. It showcases interventions that European evaluation studies demonstrate as having promising outcomes relating to substance use. In addition to providing information on the effectiveness of programmes, the registry also offers insights into the experiences of professionals who have implemented these programmes in individual European countries. This enables decision-makers to assess the ease with which programmes can be implemented in different social, cultural and organisational contexts. It also helps prevention professionals to expand their knowledge base while interacting with each other about their experiences of these programmes.

# Implications for policy and practice

## Basics

Drug interventions in the community include:

- The development of drug policies and interventions addressing nuisance and harms experienced by communities.
- Community engagement in service provision, such as multicomponent drug prevention programmes.
- Environmental prevention activities and outreach for people who are not engaged with services.

## Opportunities

- Community engagement can ensure services are relevant to local needs as well as supported by the local population.
- In some areas the provision of drug consumption rooms, needle and syringe programmes or other harm reduction measures might be considered in order to reduce nuisance from open drug scenes.

## Gaps

- Information on the extent and nature of services to tackle the harms experienced by communities and their impact is limited.
- There is very little evidence for the effectiveness of community interventions, and further research in this area will be important.

# Data and graphics

This infographic, developed to accompany the miniguide Local communities and drugs: health and social responses presents statistics on interventions in high-risk neighbourhoods.

**Infographic: Interventions in high-risk neighbourhoods: provision in European countries, 2019**



Ratings based on expert opinion collected through an EMCDDA structured survey. No provision: doesn't exist. Rare provision: exists in just a few relevant locations. Limited provision: exists in more than a few relevant locations (but not in a majority of them). Extensive provision: exists in a majority of relevant locations (but not in nearly all of them). Full provision: exists in nearly all relevant locations.

**Infographic: Main behavioural techniques used in prevention interventions in high-risk neighbourhoods: evidence of effectiveness, 2019**



Ratings based on expert opinion collected through an EMCDDA structured survey. Information(learning by reading and listening); Education (learning by observing, experience, and interaction); Training (imparting skills and competences, learning by doing); Norm setting (settings norms and rules, limiting opportunities); Environmental restructuring ("choice architecture" that facilitates desired behaviour by changing physical and social contexts); Provision of incentives (providing incentive for desired behaviour).

# Further resources

## EMCDDA

- Drug consumption facilities.

- [Best practice portal – evidence database.](#)
- [Xchange prevention registry.](#)
- [Drug prevention: exploring a systems perspective](#), Technical report, 2019.
- [Communities That Care (CTC): a comprehensive prevention approach for communities](#), 2017.
- [Drug consumption rooms: an overview of provision and evidence](#), 2018.

# About this miniguide

This miniguide provides an overview of what to consider when planning or delivering health and social responses to stimulant drug-related problems in local communities, and reviews the available interventions and their effectiveness. It also considers implications for policy and practice. This miniguide is one of a larger set, which together comprise *Health and Social Responses to Drug Problems: A European guide*.