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Schools 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 at school, and reviews the available interventions and their effectiveness. It also considers implications for policy and practice.



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Overview

Key issues

Adolescence and young adulthood are life stages often associated with risk-taking and experimentation, which may include substance use. Schools and colleges are important settings in which to reach young people, although some vulnerable groups may not be well-represented within them.

In schools the focus of drug-related interventions is mainly on preventing or delaying the initiation of substance use as well as developing skills to support healthy decision-making and socialisation.

Schools may also provide an important setting for the early identification of at-risk individuals, including young people with vulnerable personality traits and non-attenders, who may benefit from targeted interventions that reduce the likelihood of escalation into substance use disorders. For older pupils and college students, controlled use and the de-escalation of consumption are the key targets for interventions.

Evidence and responses

Drug use among school populations is generally low and may be part of a wider pattern of behavioural problems and risk-taking. Interventions therefore need to address the wider determinants of risky and impulsive behaviour rather than substance use in isolation.

Most prevention interventions in schools aim at having an impact on the whole student population and staff. Those that are supported by current evidence include:

- universal prevention programmes that focus on developing social competences, refusal skills and healthy decision-making abilities;
- school policies around substance use;
- interventions aimed at developing a protective and nurturing educational environment that is conducive to learning and establishes clear rules about substance use.

Other approaches that may be beneficial include events or interventions involving parents and the use of peer-to-peer approaches.

European picture

The range of school-based interventions to prevent substance use that are implemented in European countries varies both in terms of the supporting evidence and the level of provision. Among the interventions with evidence of effectiveness, smoking bans and school policies around substance use are implemented in a majority of countries. However, the provision of information-only interventions, which have not been found to be effective in reducing drug use, is also widely reported.

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 schools

Adolescence and young adulthood are periods in life often associated with risk-taking and experimentation, including substance use. In this context, schools and colleges are important settings for reaching the general population of young people. They may also provide opportunities for identifying and engaging with at-risk individuals, such as young people with vulnerable personality traits (such as poor impulse control), and school non-attenders, who are at increased risk of developing problematic forms of substance use.

In schools the main focus will be on preventing or delaying the initiation of substance use as well as developing young people's personal and social skills to support healthy socialisation and decision-making more generally. For older pupils and college students, controlled use and the de-escalation of consumption are important targets for interventions at a time when young people are gaining greater independence, are likely to be attending more parties and may perceive increased alcohol use to be the norm.

Evidence and responses to drug-related issues and schools

Drug use in school populations is generally low and can be part of a wider pattern of behavioural problems and risk-taking. Any actions taken therefore need to address the determinants of these general behaviours rather than the drug use in isolation. Similarly, education systems are more likely to support prevention programmes, policies and interventions if, in addition to reducing substance use, they lower levels of violence and bullying, raise learning and academic achievement, and create a better school climate.

Substance use prevention is often carried out in schools because schools provide unique access to young people during a critical development phase. Prevention interventions typically aim to have an impact on the whole student body and staff. Such initiatives may include evidence-based universal prevention programmes that focus on developing social competences and refusal skills, as well as healthy decision-making abilities, and correcting normative misperceptions about drug use. One example in this area is [Unplugged](#), a programme that has been positively evaluated in several European countries and which focuses on the development of life skills and the correction of normative beliefs.

Ensuring school policies are in place to support substance use programmes is important. Evidence-based programmes are available that do not explicitly address substance use but instead focus on social competence

and behavioural development, and these have been shown to have positive effects on impulse control as well as the learning and classroom climate within schools, with potential longer-term impacts on substance use and mental health. Such initiatives may be particularly appropriate in primary schools. An example of this type of programme is the [Good Behaviour Game](#).

There is some evidence that integrated academic and health education interventions, aimed at developing a positive school climate that is conducive to learning and establishing clear rules about substance use, can have a positive impact. Similarly, family-based and multicomponent interventions, which combine activities to develop parenting strategies with health education and behavioural development, may also reduce substance use among young people.

Other approaches, for which the evidence is less conclusive, include providing creative extracurricular activities for pupils. While there is some evidence to suggest that brief interventions delivered in schools may have a small but positive impact in reducing alcohol consumption, it remains unclear whether they have a significant effect on cannabis use. There is also insufficient evidence to assess whether peer-led interventions can reduce cannabis use among young people.

In colleges, where heavy alcohol consumption and drug use may be viewed as normal or an important part of the student experience, the prevention focus tends to be on challenging these assumptions. Such approaches are used quite extensively in the United States, and have been shown to have some impact on harmful drinking behaviours, although the effects tend to be small. Social norms interventions are based on the premise that people's incorrect perceptions of high rates of substance use among their peers are linked to increased personal use.

In some jurisdictions drug testing may be practised in schools. The assumption here is that drug testing acts as a deterrent to substance use. However, there is no evidence to support this claim and the practice remains controversial and uncommon in Europe. Critics point out that drug testing in schools is an invasion of students' privacy, communicates a lack of trust on the part of the school and may lead to increased risks associated with substance use. There is also no established best practice to indicate which procedures are most effective in following up and supporting students who test positive. Hence it is not an intervention that is currently recommended.

Overview of the evidence on ... interventions in schools

Statement	Evidence	
	Effect	Quality
School programmes based on social competence or a combination of social competence and social influencing approaches have a small protective effect in preventing substance use.	Beneficial	Moderate
Integrated academic and health education interventions may produce very small reductions in substance use.	Beneficial	Low
Family-based and multicomponent interventions may reduce drug use in young people.	Beneficial	Low

Statement	Evidence	
	Effect	Quality
Brief interventions delivered in schools may have a very small benefit in reducing alcohol use.	Beneficial	Low
There is insufficient evidence to confirm that peer-led interventions may reduce cannabis use among young people.	Unclear	Very low
Brief interventions delivered in schools do not have a significant effect on cannabis use.	Unclear	Moderate

Evidence effect key:

Beneficial: Evidence of benefit in the intended direction. **Unclear:** It is not clear whether the intervention produces the intended benefit. **Potential harm:** Evidence of potential harm, or evidence that the intervention has the opposite effect to that intended (e.g. increasing rather than decreasing drug use).

Evidence quality key:

High: We can have a high level of confidence in the evidence available. **Moderate:** We have reasonable confidence in the evidence available. **Low:** We have limited confidence in the evidence available. **Very low:** The evidence available is currently insufficient and therefore considerable uncertainty exists as to whether the intervention will produce the intended outcome.

European picture: availability of interventions responding to drug-related issues and schools

The range of school-based interventions to prevent substance use that are implemented in European countries varies both in terms of supporting evidence and in level of provision. Of the measures with good evidence of effectiveness, expert assessment of the levels of provision reported for the different types of intervention in each country indicate that smoking bans in schools are fully implemented in most countries. School policies around substance use are established at full or extensive level in a majority of countries in Europe, while interventions aimed at developing personal and social skills are less widely available.

A considerable number of countries report full or extensive provision of interventions for which the evidence is unclear. Around two-thirds report this level of provision for information-only programmes and a third report it for visits of law enforcement officers. It should be noted that the exact nature of what is provided within each category of intervention can vary widely between countries. Although rare, drug testing in schools is practised in some European countries.

With respect to other types of programmes for which there is some evidence, peer-to-peer programmes generally seem to be uncommon. Creative extracurricular activities and events for parents are more often found, with most countries reporting some level of provision.

Early-detection interventions are used in some schools, often based on the provision of counselling to young people who are using substances or are considered to be at high risk of doing so. One example is the Canadian programme [Prevention](#), which has been positively evaluated and adapted for use in Czechia and the

Netherlands.

Social norms interventions are based on the premise that incorrect perceptions of high rates of substance use among one's peers are linked to increased personal use. A cross-national research project (SNIPE, Social norms intervention for the prevention of polydrug use) investigated if this was the case in seven European countries. The study found that such misperceptions in terms of use existed with respect to the consumption of a range of drugs (cannabis, cocaine, ecstasy, amphetamines, hallucinogens, synthetic cannabinoids and inhalants) as well as nonmedical prescription stimulants (i.e. Ritalin is used because it is believed to enhance academic performance). Norms-based programmes are now being developed and trialled in Europe, including a web-based intervention (INSIST) that, following a successful trial, is now starting to be rolled out in Germany. However, currently there is no information on the extent of the provision of drug-related interventions in colleges.

Xchange prevention registry

[Xchange](#) is an online registry of evidence-based prevention programmes. It showcases interventions that European evaluation studies have demonstrated as having promising outcomes relating to substance use. In addition to providing data on the effectiveness of programmes, the registry – available on the EMCDDA [Best practice portal](#) – also offers information on 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 learn from and interact with each other with regard to their experiences of these programmes.

Examples of effective school-based interventions for the prevention of substance use include [Unplugged](#) and the [Sobre Canyes i Petes](#) programme. Unplugged has been found to offer benefits in preventing the use of alcohol, tobacco and illicit drugs among adolescents. It is a school-based programme that incorporates components focusing on critical thinking, decision-making, problem-solving, creative thinking, effective communication, interpersonal relationship skills, self-awareness, empathy, coping with emotions and stress, normative beliefs, and knowledge about the harmful health effects of drugs.

The [Sobre Canyes i Petes](#) programme is a universal, school-based intervention that has been assessed as potentially beneficial in preventing adolescents progressing from non-use or sporadic-use of cannabis to regular cannabis use. Activities include the provision of information about cannabis use, discussion of the risks and consequences of cannabis use, and skills training on how to refuse offers of cannabis. There is also a family component, through which parents receive guidance on how to discuss the topic of cannabis with their children.

Implications for policy and practice

Basics

- Adolescence and young adulthood are life stages associated with risk-taking and experimentation that may include substance use. Schools and colleges have a key role in identifying at-risk individuals for targeted interventions.
- Education systems should ensure that schools and colleges provide evidence-based prevention programmes and have appropriate policies in place to address substance use. These should aim not only at reducing substance use, but also at decreasing incidences of violence and bullying, improving learning, promoting higher academic achievement and creating a better school climate — outcomes that are of intrinsic interest to the education sector.
- Prevention approaches for which there is no evidence of benefit are often popular among policy makers, school administrations and parents, but a growing number of interventions have been shown to work and these should be prioritised.

Opportunities

- Schools are important access points to the adolescent population and their parents.
- Establishing systems that encourage or require schools and colleges to deliver interventions supported by evidence rather than using ineffective approaches, and providing the necessary support for these services, would be a more efficient use of resources.

Gaps

- The evidence for effective programmes in colleges is very limited, but this is a stage in young peoples' lives that is associated with a high risk of drug use and thus appropriate programmes are needed for this setting.

Further resources

EMCDDA

- [Best practice portal](#).
- [Xchange prevention registry](#).
- [Prevention topics page](#).
- [ESPAD Report 2019 - Results from the European School Survey Project on Alcohol and Other Drugs](#).
- [European Prevention Curriculum \(EUPC\): a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use](#), 2019.
- [Drug prevention: exploring a systems perspective](#), 2019.
- [Environmental substance use prevention interventions in Europe](#), 2018.
- [Drug testing in schools](#), 2017.
- [Prevention of addictive behaviours](#), 2015.

Other sources

- UNESCO, UNODC and WHO, [Education sector responses to the use of alcohol, tobacco and drugs](#), Paris:

United Nations Educational, Scientific and Cultural Organization, (2017).

- UNODC, [UNODC/ WHO International Standards on Drug Use Prevention. Second updated edition](#). United Nations Office on Drugs and Crime, 2020.

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