



FACT SHEET from the EU drugs agency in Lisbon

PREVENTING THE DEVELOPMENT OF DEPENDENCE

New EMCDDA thematic paper on indicated prevention

(20.2.2009, LISBON) The EMCDDA releases today its latest online thematic paper entitled: *Preventing later substance use disorders in at-risk children and adolescents: a review of the theory and evidence base of indicated prevention*. The review adds to the current knowledge and understanding of risk factors in the development of later drug problems and dependence, focusing on the mental health and behavioural problems that develop during childhood.

Indicated prevention is a relatively new branch of drug prevention and can be seen as the third part of the 'prevention chain', after universal and selective prevention. Its aim is not necessarily to prevent drug use or initiation to it, but rather to prevent the development of dependence, diminish frequency of use and avert 'dangerous' patterns of substance use (e.g. moderate instead of binge-drinking).

Indicated prevention is thus applied when individuals are already showing 'signs or symptoms' of problem substance use ⁽¹⁾ or are displaying behaviours that may predict its rapid development later in life (e.g. psychiatric disorders, falling school grades, anti-social behaviour). Focusing on personal vulnerability factors, it differs from universal prevention (which targets whole populations) and selective prevention (which targets vulnerable groups considered 'at risk' of developing drug problems due to social reasons). The target of indicated prevention is the individual identified by screening procedures (e.g. professional evaluation; referral by parents, teachers, social workers, paediatricians) or who turns up voluntarily for assistance (self-referral).

The review identifies models of best practice for prevention activities targeting vulnerable children (e.g. primary school age) and adolescents in European countries. Drawing on the current scientific literature, it describes the results of research into psychosocial and individual risk and protective factors. The neurobiology of drug use and how childhood psychiatric or behavioural disorders can predispose to problem drug and alcohol use are also described in detail, as are ethical issues raised by indicated prevention.

Finally the report offers a wealth of practical information. This includes guidelines for the assessment and treatment of specific psychiatric risk conditions for adolescent substance use, and detailed information on the indicated prevention programmes that have been identified in the study. Conclusions, recommendations and summaries complete the picture, making this a user-friendly resource.

One important message of the report is that more networking is necessary to detect and support high-risk individuals. A key aim of the publication is to help establish the common understanding that is required to enable this level of networking among those involved in the care of vulnerable young people.

Notes:

Downloadable in English from <http://www.emcdda.europa.eu/publications/thematic-papers>

⁽¹⁾ The individual might exhibit substance use, but does not fulfil criteria for dependence (according to the Diagnostic and Statistical Manual of Mental Disorders/DSM-IV or the International Classification of Diseases and Related Health Problems/ICD-10).