European Monitoring Centre for Drugs and Drug Addiction

EMCDDA best practice portal

Evidence based information on universal prevention in non-school setting–an overview

Content

1. Evidence based information on universal prevention in non-school setting– an overview

What is evidence of the efficacy of interventions?

Evidence-based information on the effectiveness of interventions attempts to integrate available individual expertise (i.e. expert opinions) with the best available external evidence from systematic research. Systematic research in this context aims to establish the efficacy of an intervention. Efficacy is a measure of how well an intervention works under ideal research conditions. Efficacy is ideally determined by carrying out controlled trials or randomised controlled trials (primary level research).

In recent years, researchers have started to analyse these trials in systematic reviews or meta-analyses (secondary level research), due to the increasing number of controlled and randomised controlled trials being published. Systematic reviews explicit methods to identify, select and critically appraise the aforementioned trials, and to collect and analyse the resulting data. The results are then included in the review. Statistical methods (meta-analyses) may or may not be used to analyse and summarise the results of the studies under consideration.

In order to synthesise the available evidence further, researchers critically appraise relevant available systematic reviews and meta-analyses. These constitute tertiary level research (review of reviews), and also apply a systematic and explicit method to identify available systematic reviews and/or meta-analyses.

Limitations

The EMCDDA acknowledges that reviews on the efficacy of interventions pose problems. For example, they may not have taken into account all relevant published or unpublished systematic and/or unsystematic reviews, meta-analyses or individual studies. In addition, they are subject to reviewer bias. This bias includes: a preference for English language publications, limiting the evidence provided to what works under controlled research conditions rather than in real-life conditions, as well as the random allocation of participants to either an intervention or a control group, to ensure well-controlled research conditions. However, the latter may not always be feasible due to e.g. ethical considerations.

We should also point out that reviews of reviews are frequently not peer-reviewed. Other important sources that provide useful information on the effectiveness of interventions are a description of current practices (e.g. which could be collected via qualitative research) as well as expert opinions. (For further reading: Rehm, J. (1999), 'Review papers in substance abuse research', Addiction 94, 2, pp.173-176.)

What evidence on the efficacy of universal prevention is presented here?

The evidence summarised here is based on the following four reviews of reviews published from 2000 onwards, as well as two systematic reviews of the Cochrane Collaboration:

- Buehler, A. & Kroeger C. (2006), 'Report on the prevention of substance abuse', Federal Centre for Health Education BZgA.
- McGrath,Y. et al. (2006), 'Drug use prevention among young people: a review of reviews', National Institute for Health and Clinical Excellence.
- Hawks, D. et al. (2002) , 'A selected review of what works in the area of prevention', World Health Organisation.
- Gates, S. et al. (2006), 'Interventions for prevention of drug use among young people delivered in non-school settings', Cochrane Collaboration.

To ensure transparency, we have kept references made in the reviews to originally included reviews/studies that formed part of the evidence base. In addition, a methodological overview is presented for each review.

Putting evidence on efficacy into context

This overview only aims to present the evidence of efficacy of universal prevention programmes.

It is not intended to prioritise universal prevention over other types of prevention interventions nor make comparisons with other type of prevention interventions. The limited information available on effect sizes means that we cannot draw conclusions on the differences between effects compared to other interventions, nor compare universal prevention to other policy choices or strategies, such as environmental strategies or selective prevention. Furthermore, the choice on different types of prevention must be placed in the context of public health aims, population size. Therefore, different prevention strategies are complementary to each other, and not in competition. Evidence on the efficacy of other prevention types will be added in the future.

2.Methodological overview

	Buehler, A. & Kroeger C. (2006)	McGrath, Y et al. (2006)	Hawks, D. et al. (2002)	Gates S. et al. (2006)
Final number and types of research included	5 (systematic) reviews, meta-analyses included in the evidence base on family -based prevention. 7 (systematic) reviews, meta-analyses included in the evidence base on community -based prevention.	7 systematic reviews, meta-analyses and narrative literature reviews.	In total: 9 high quality reviews (3 international reviews, 2 from North America, 2 from Australia, 1 from Finland, 1 from the UK) , 16 primary studies (7 from North America, 3 Europe, 1 from South Africa, 1 from Israel, 1 from China, 1 from Thailand, 1 from India)	17 Randomised controlled trials which evaluated four types of interventions: Education and skill training, family interventions, brief intervention or motivational interviewing and multi-component community interventions
Date of publication	1993 onwards	2001- 2004	1985 or later	1966-2004
Inclusion criteria	**Types of studies:** High-quality systematic reviews and meta-analyses. Unsystematic reviews and individual studies were included where no high-quality review article was found on a particular area of content. **Measures**: the studies present findings on the effectiveness of addiction-prevention measures. **Target behaviour** The selected studies reported results on preventing initial consumption, on reducing consumption and on preventing the development of dependency. **Substances** Included were studies reporting the effects of preventive efforts on the consumption of psychoactive substances such as tobacco, alcohol and cannabis, as well as ecstasy and other illegal drugs. (p. 41-42 in the English version of the review, published by the EMCDDA)	Is the paper relevant to the evidence base on the prevention and/or reduction of illicit drugs use? Does the paper discuss and evaluate more than one intervention study designed to prevent and/or reduce drug use? Is the paper a review or meta-analysis of illicit drug use/misuse prevention research? (p. 5 in the original report)	The community-based intervention was the primary mechanism for reducing substance use-related harm. The review article or study considered the importance of capacity and/or capacity building, contextual issues (such as an assessment of the needs of the community), and the maintenance/institutionalization of the programme over time. The review article or study was accessible within the three months allocated to identifying and sourcing material. The date of publication was 1985 or later. (p.29 in the original report)	Randomised trials that evaluated an intervention targeting drug use by young people under 25 years of age, delivered in a non-school setting, compared with no intervention or another intervention, that reported outcomes relevant to the review. (pp.2-3 in the original report)

	Buehler, A & Kroeger C. (2006)	McGrath et al. (2006)	Hawks, D. et al. (2002)	Gates et al. (2006)
Number of search engines /sources used for identification of reviews/studies	7 + 1 for grey literature + publications lists of relevant international and national institutions (pp. 43-44 in the English version of the review, published by the EMCDDA)	9 (p. 5 in the original report)	18 (original report p. 34)	7 (p.3 in the original report)
Summary of review procedure	Initial selection was done by junior researcher. Second selection was done by a senior researcher and final classification according to content and method by two senior researchers. (pp. 44-45 in the English version of the review, published by the EMCDDA)	First screening and evaluation by two reviewers. Two reviewers selected papers for inclusion using the Critical Appraisal Tool (CAT). (pp. 6-7 in the original report)	Studies from industrialised countries were selected based on quality as per the Cochrane Guidelines. Material from developing countries was included regardless of quality although rigorously evaluated. (p.7 in the original report)	Screening of titles by one author. Two authors checked remaining abstract of articles for eligibility. Two authors independently evaluated remaining studies. (p.5 in the original report)
Rating systems applied to categorise the strength of evidence	The conclusions made were rated from A to F, according to the strength of evidence they are based on: A: Meta-analysis involving high-quality individual studies (RCTs, CTs and ITSs). B: Systematic review involving high-quality studies (RCTs, CTs and ITSs). C: Meta-analysis or systematic review covering all relevant studies. D: An unsystematic review, expert survey or best-practice survey. E: Discussion of an individual study or results on the basis of empirical evidence that does not provide direct information on the results or test them. F: Contradictory body of evidence from reviews in categories A to C, with a conclusion tending towards the most persuasive review. (pp. 47-48 in the English version of the review, published by the EMCDDA)	Based on key information extracted and critically appraised, each paper was classified into five categories, defined as follows. 1 The whole of the review was judged to be of high quality (that is, it would form part of the core material on which evidence-based statements are made in this briefing update). 2 Only part of the review was judged to be of high quality. 3 The review provided background or contextual material. 4 The review was relevant but not useful for the purpose of this update. 5 The review was not relevant and discarded. (p.6- in the original report)	Based on the Cochrane Guidelines high quality reviews were identified.	All studies were randomised controlled trials, which were assessed according to their methodological quality. This included the following aspects: randomisation and allocation concealment, blinding, completeness of follow-up and analysis of randomised group (p.5 in the original report).

	Buehler, A & Kroeger C. (2006)	McGrath et al. (2006)	Hawks, D. et al. (2002)	Gates et al. (2006)
Major limitations of included studies/reviews and drug prevention research	• Absence of reviews on effectiveness of addiction prevention measures in Europe • Most of the individual studies have been done in the USA and thus the general applicability of the conclusions is debatable • Concern about *substance consumption* as the only outcome variable and lack of measurement of change in risk factors and protection factors as outcome variables. • Number of individual studies covered by the reviews varied enormously • Approximately one third of the publications chose to include only high quality studies • Methodological quality varies considerably (pp. 115-117 in the English version of the review, published by the EMCDDA)	• Ambiguity over the meaning of effectiveness in some of the papers reviewed. • Many drug prevention programme evaluations do not include a process evaluation to examine whether programmes are delivered correctly.(fidelity of implementation) • Lack of methodologically sound studies. • Many studies reviewed by papers included in this briefing used self-report measurement of drug use. • Many studies reviewed by papers in this briefing were multi-component programmes and had more than one of intervention modality. However, the majority of these studies did not have a research element to examine the relative effectiveness of each component. • Lack of evidence of effective drug prevention among young people after the age of 18. (pp. 21-22 in the original report)	• Most published studies of school substance use education evaluation are based on the North American experience with their associated philosophies and cultural context • Programmes are generally targeted at white middle class populations and do little to increase knowledge about programmes for other population groups • Published programmes also tend to be largely from research organizations however, there is also a enormous amount of substance use education activity that is occurring every day that has not received any formal evaluation to assess its impact on behaviour. (p. 56 in the original report)	• Many of the RCTs in this review were affected by methodological problems. • None of the included studies included an economic evaluation or any cost outcomes. (pp.9-10 in the original report)

3. Summary of findings

3.1 Summary by author

	Buehler & Kroeger (2006)	McGrath et al. (2006)	Hawks et al. (2002)	Gates S. et al. (2006)
Community based prevention	From a theoretical perspective the most convincing approach is that of community-based, cross-system prevention[1] but, to date, too few relevant studies have been carried out to produce any evidence-based assessment of effectiveness for this type of intervention. Results from the few large-scale, high-quality studies that have been conducted are inconsistent. Drawing on two sets of findings in evaluative literature concerned with other fields of intervention, we can speculate about reasons for the inconsistency. On the one hand, comprehensive approaches (using, for example, both the school and family contexts) and approaches involving additional components seem to have demonstrated their worth, suggesting that community projects should be effective. On the other hand, in the school context, the size of projects has emerged as a critical factor for their success (reflecting not only problems of implementation but also a lack of orientation to the needs of specific class groups), and this is clearly not desirable with a standardised procedure (Tobler et al. 2000). Considered together, these two sets of findings may indicate that although the principle of a cross-system approach is useful, each 'community' must proceed on the basis of addressing its specific needs in order to bring into play the necessary factors that make community-based addiction prevention successful. (p.124 in the English version of the review, published by the EMCDDA)	-	The complexity of evaluating the many initiatives which make up any community based intervention has meant that very few such interventions have been rigorously evaluated. Those that have been tend to focus on a small number of discrete outcome variables such as drink driving convictions and to have employed matched communities or time series analysis. Changes have been more often observed in such areas as acceptance of health orientated policies and increased knowledge. For such changes to be sustained requires that they be institutionalized which itself provides that the initiatives be supported by the relevant community agencies. (p. x in the original report)	The studies of multi-component community interventions did not find any strong effects on drug use outcomes. (p. 1 in the original report)
Family based prevention	In a family context, it is recommended to offer comprehensive measures that combine training for parents, children and family units (chiefly relevant to alcohol). (p.124 in the English version of the review, published by the EMCDDA)	The possible effectiveness of family involvement in prevention programmes was highlighted (Kumpfer and Alvarado 2003; Shepard and Carlson 2003). Behavioural parent training, family-skills training and family therapy were found to be the most effective family-strengthening interventions according to the evidence (Kumpfer and Alvarado 2003). However, more research is needed to determine whether they are significantly more effective than other types of approaches and which types of family interventions are most effective. (p.19 in the original report)	-	Three family interventions (Focus on Families, Iowa Strengthening Families Program and Preparing for the Drug-Free Years), each evaluated in only one study, suggested that they may be beneficial in preventing cannabis use. (p. 1 in the original report)

[1] Cross-system project include numerous components (involving school, family, media etc.), Buehler & Kroeger, 2006

3.2 Summary by different aspects of community- and family-based prevention

Community-based prevention	Buehler & Kroeger (2006) [2]	McGrath et al. (2006)	Hawks et al. (2002)	Gates S. et al. (2006)
Multi-component /cross-system approaches[3]	Cross-system projects have preventive effects on consumption behaviour. (pro: Tobler et al. (1997), conclusiveness rating: A; inconclusive: Swoden et al. (2004), conclusiveness rating: B; Foxcroft et al. (2003) , conclusiveness rating: C; Loveland-Cherry (2000), conclusiveness rating: C; Wandersmann & Florin (2003), conclusiveness rating: D) (p.86 in the English version of the review, published by the EMCDDA)			
Collaborative approaches[4]	Collaborative initiatives aimed at getting laws or regulations introduced are effective when the laws and regulations work. Stevenson & Mitchell (2003), Pentz (2000) - conclusiveness rating: D There are a number of principles for constructing a collaborative initiative in a potentially effective way. Stevenson & Mitchell (2003)- conclusiveness rating: D (p.86 in the English version of the review, published by the EMCDDA)		A second ingredient in successful community approaches is a determination to build capacity while making use of the existing networks and existing links between community organizations, both governmental and non governmental. Of particular importance is the need to ensure the sustainability of the initiative through the institutionalization of the approaches taken.[5] (p. 31 in the original report)	--
Outcomes	-	Community empowerment is one of the approaches, comprising various strategies (e.g. curriculum-based skills training, training for teachers, health education for community members, school-wide environment changes and coordinated care for users) that can take place in several settings (school, community and youth services). There is some evidence to suggest that community approaches have a positive impact on young people's alcohol and cannabis use. However, the poor methodology of evaluation studies, including a lack of control groups, makes judgements of effectiveness inconclusive. (Hawkins et al. 2004) (p. 16 in the original report)	Generally speaking community initiatives have been more successful in influencing the public perception of problems, their knowledge base and acceptance of policy alternatives than effecting change in individual consumption levels, suggesting the need for both impact and outcome measures.[6] (p. 32 in the original report)	Two studies that evaluated addition of a community component to a school-based programme (Perry 2003; Flay 2004) published results for boys and girls separately. No differences in substance use were identified. However, the calculated result from Flay 2004, combining data for boys and girls, suggested that the school plus community intervention may possibly reduce self-reported substance use. This result was marginally statistically significant when analysed without adjustment for clustering, but not so when adjusted using a value of the ICC of 0.02 (RR 0.89, 95% CI 0.75 to 1.05). This adjustment may be conservative. The third similar study, Biglan 2000, found a marginally statistically significant reduction in self-reported cannabis use in the group randomised to the community programme in addition to the school-based programme (p=0.043), but the difference in the number of users at four years was small (6.7% versus 8.5%). (p.9 in the original report)

[2] The conclusions made were rated from A to F, according to the strength of evidence they are based on. For more details see page 5.
[3] Cross-system project include numerous components (involving school, family, media etc.), Buehler & Kroeger, 2006.
[4] Collaborative approaches involve networks of organisations and individuals in a community, who consider themselves committed to pursuing a specific aim (Buehler & Kroeger, 2006).

Community-based prevention	Buehler & Kroeger (2006)	McGrath et al. (2006)	Hawks et al. (2002)	Gates et al. (2006)
Different types of communities	--	--	The choice of the community itself is an important ingredient of success, with some communities characterized by low attachment, disorganization, high degrees of transition and low capacity presenting particularly difficult targets for change (Graham & Chandler-Coutts, 2000; Giesbrecht & Rankin, 2000). (p. 31 in the original report)	The community study of native American youth, Schinke 2000, found no clear effects of the community intervention on self-reported cannabis use. (p. 9 in the original report)
Other factors contributing to the effectiveness of community-based prevention	--	--	**Flexibility:** The need to be flexible in both goal setting and the methods used, a willingness to be opportunistic, allowing sufficient time for community consultation and negotiation, and a mechanism for dealing with conflict and tension are important.[7]The literature suggests it is not unusual for researchers and community stakeholders to have different perceptions of what works (supply reduction policies rarely being popular with communities), suggesting the need to establish a shared vision of the projects goals and outcome measures.[8] **Ownership:** Ownership of the initiative by the target community would appear to be the single most important ingredient of success. Such ownership will include the involvement of key stakeholders, an acknowledgement of locally derived priorities, respect, and local participation in the delivery of the programme. Rather than favour either top down or bottom up approaches the literature suggests that the best approach is often a combination of such approaches adapted to local circumstances (Hanson, Larsson, & Rastam, 2000; Smith, 2000; Giesbrecht & Rankin, 2000). (p. 31-32 in the original report)	--

[5] Graham & Chandler-Coutts,2000; Holder & Moore, 2000; Treno & Holder, 2001
[6] Holder & Moore, 2000; Boots & Cutmore, 1994; Rindskopf & Beridge, 1997;Midford & Boots, 1999; Hanson, Larsson, & Rastam, 2000; Holder et al., 2000
[7] Smith, 2000; Midford, Laughlin, Boots, & Cutmore, 1994; Saxena et al., 1997; Midford & Boots, 1999
[8] Graham & Chandlers-Coutts, 2001; Midford, Laughlin, Boots, & Cutmore, 1994; Smith, 2000

Family-based prevention	Buehler & Kroeger (2006) [9]	McGrath et al. (2006)	Hawks et al. (2002)	Gates et al. (2006)
Characteristics of successful family based prevention activities	Characteristics of effective measures are: • Focus on the promotion of positive parent-child interaction, training in the social-reinforcement approach and constructive discipline, Lochman & van den Steenhoven (2002) - conclusiveness rating: C • Interactive training methods, Lochman & van den Steenhoven (2002) -C , Dusenbury (2000) - conclusiveness rating: D • An empirically confirmed theoretical basis Dusenbury (2000) -D • Mediator training, Dusenbury (2000) - conclusiveness rating: D • Evaluation, Dusenbury (2000) – conclusiveness rating: D • Comprehensive intervention that starts at an early age, continues throughout life, addresses numerous risk factors and protection factors and embraces several settings, Dusenbury (2000) - conclusiveness rating: D • Material tailored to different stages of development; attention to cultural and community context and sufficient treatment and follow-up, Dusenbury (2000) - conclusiveness rating: D (p.59 in the English version of the review, published by the EMCDDA)		-	-
Outcomes	Comprehensive family-orientated approaches (training for parents, children and whole families) have preventive effects on consumption behaviour (in relation to alcohol). Lochman & van den Steenhoven (2002), Loveland-Cherry (2000) - conclusiveness rating: C Parental training alone influences risk factors but not consumption, Lochman & Steenhoven (2002)- conclusiveness rating: C Impact on consumption behaviour and on risk factors is delayed (so-called sleeper effects), Bry et al. (1998) - conclusiveness rating: D Negative effects on risk factors cannot be ruled out, Bry et al. (1998) - conclusiveness rating: D (p.59 in the English version of the review, published by the EMCDDA)	-	-	The published results generally showed no clear differences between the groups . Three interventions (evaluated in two RCTs) appeared to be superior to no intervention in preventing self-reported cannabis use; Focus on Families (Catalano 1997), Iowa Strengthening Families Program (ISFP) and Preparing for the Drug-Free Years (PDFY) (Spoth 1999). Calculated results for this study, using the numbers of drug users at follow-up, showed an advantageous effect of the Iowa Strengthening Families Program (ISFP) on self-reported lifetime cannabis use at 6 year follow-up and self-reported cannabis use in the past year at six year follow-up, but no clear effect of Preparing for the Drug-Free Years (PDFY) on any of the outcomes and any follow-up period. However, less than 70% of the participants were followed up at 4 and 6 years, so there may be a possibility of bias in these results. (p. 9 in the original report)
Special populations	Measures to involve hard-to-reach families are successful, Bry et al. (1998) - conclusiveness rating: D Preventive measures for pre-school children (aged 3-5 years) should be family orientated. Hall & Zigler (1997), conclusiveness rating: E Family-orientated measures are particularly effective with non-consumers (of alcohol). Lochman & van den Steenhoven (2002) - conclusiveness rating: C (p.59 in the English version of the review, published by the EMCDDA)	-	-	-

[9] The conclusions were rated by the authors from A to F, according to the strength of evidence they are based on. For more details see page 5 of this document

4. List of references to all studies included in review of reviews –family/community-based prevention

Hawks, D. et al. (2002) A selected review of what works in the area of prevention. World Health Organisation

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Arthur, M.W., & Blitz, C. (2000), 'Bridging the gap between science and practice in drug abuse prevention through needs assessment and strategic community planning', *Journal of Community Psychology,* 28 (3), pp. 241-255. North America. Type of article: Review.

Barrett, M. E., de Palo, M. (1999), 'Community-based intervention to reduce demand for drugs in Northern Thai tribal villages', *Substance Use and Misuse* 34 (13), pp. 1837-1879. Country: Thailand. Primary study.

Cheadle, A., Pearson, D., Wagner, E., Psaty, B. M., Diehr, P., & Koepsell, T. (1995), 'A community-based approach to preventing alcohol use among adolescents on an American Indian reservation', *Public Health Reports* 110 (4), pp. 439-447. Country: United States of America (Native American community).Primary study.

Fawcett, S. B., Lewis, R.K., Paine-Andrews, A., Francisco, V. T., Richter, K. P., Williams, E. L., & Copple, B. (1997), 'Evaluating community coalitions for prevention of substance abuse: The case of Project Freedom', *Health Education and Behavior,* 24 (6), pp. 812-828. Primary study.

Giesbrecht, N., & Rankin, J. (2000), 'Reducing alcohol problems through community action research projects: context, strategies, implications, and challenges', *Substance Use and Misuse* 35 (1&2), pp. 31-53. North America. Type of article: Review.

Goldstein, R. B., & Buka, S. L. (1997), 'Perceived effectiveness of community-based measures against alcohol misuse among "problem" and "nonproblem" drinkers', *Substance Use and Misuse 32* (5), pp. 507-554. Country: United States of America**.** Primary study.

Graham, K., & Chandler-Coutts, M. (2000), 'Community Action Research: Who does what to whom and why? Lessons learned from local prevention efforts (international experiences) ',*Substance Use and Misuse* 35 (1&2), pp. 87-110. Type of article: Review.

Gray, D., Saggers, S., Sputore, B., Bourbon, D. (2000), 'What works? A review Australia of evaluated alcohol misuse interventions among Aboriginal Australians' *Addiction* 85 (1), pp. 11-22. Type of article: Review.

Hanson, B. S., Larsson, S., Rastam, L. (2000), 'Time trends in alcohol habits. Results from the Kirseberg Project in Malmo, Sweden. *Substance Use and Misuse* 35 (1&2), pp. 171-187. Country: Sweden. Primary study.

Holder, H., Gruenewald, P. J., Ponicki, W. R., Treno, A. J., Grube, J. W., Saltz, R. F., Voas, R. B., Reynolds, R., Davis, J., Sanchez, L., Gaumont, G., & Roeper, P. (2000), 'Effect of community-based interventions on high-risk drinking and alcohol-related injuries', *Journal of the American Medical Association 284* (18), pp. 2341-2347. Country: United States of America. Primary study.

Holder, H.D., & Moore, R. S. (2000), 'Institutionalization of community action projects to reduce alcohol-use related problems: systematic facilitators', *Substance Use and Misuse* 35 (1&2), pp. 75-86. Type of article: Review.

Holmila, M. (1995), 'Community action on alcohol: Experiences of the Lahti Project in Finland', *Health Promotion International* 10 (4), pp. 283-291. Country: Finland. Primary study.

Holmila, M. (2000), 'The Finnish Case: Community prevention in a time of rapid change in national and international trade', *Substance Use and Misuse* 35 (1&2), pp. 111-123. Country: Finland. Type of article: Review.

Itzhaky, H., & Gropper, M. (1997), 'An exploratory profile of the anti-drug authority coordinator in Israel', *Social Work in Health Care* 25 (4), pp. 37-53. Country: Israel. Primary study.

Midford, R., Laughlin, D., Boots, K., & Cutmore, T. (1994), 'Top down or bottom up: Is one approach better for developing a community response to alcohol harm? ', *Paper from APSAD National Conference on*

Alcohol, Drugs and the Family. Melbourne: Conference Proceedings. Country: Australia. Type of article: Review.

Midford, R., & Boots, K. (1999), 'COMPARI: Insights from a three year community based alcohol harm reduction project', *Australian Journal o Primary Health-Interchange* 5 (4),pp. 46-58. Country: Australia. Primary study.

Mohan, D., & Sharma, H. K. (1987), 'Health education intervention programme on non-medical use of drugs in the community – an Indian experience', *Health Education Research 2* (4), pp. 337-345. Country: India. Primary study.

Moskalewicz, J., & Swiatkiewicz, G. (2000), 'Malczyce, Poland: A multifaceted community action project in Eastern Europe in a time of rapid economic change', *Substance Use and Misuse,* 35 (1&2), pp. 189-202. Country: Poland. Type of article: Primary study.

Rocha Silva, L. (2000), 'An Evaluation of the project "Prevention of Substance Abuse among Young People in South Africa" ', *Pretoria: CADRE* Country: South Africa. Primary study.

Saxe, L., Reber, E., Hallfors, D., Kadushin, C., Jones, D., Rindskopf, D., & Beveridge, A. (1997),. 'Think globally, act locally: Assessing the impact of community-based substance abuse prevention', *Evaluation and Programme Planning* 20 (3), pp. 357-366. Country: United States of America. Primary study.

Smith, L. (2000), '*Take Your Partners! Stimulating Drugs Prevention in Local Communities*', Middlesex: Social Policy Research Centre. Country: United Kingdom. Type of article: Review.

Stivers, C. (1994), 'Drug prevention in Zuni, New Mexico: Creation of a teen center as an alternative to alcohol and drug use',*Journal of Community Health* 19 (5), pp. 343-359. Country: United States of America (Native American community).Primary study.

Treno, A.J., & Holder, H.D. (2001), 'Prevention at the local level', in N.Heather, T.J. Peters and T. Stockwell (editors), *International Handbook of Alcohol Dependence and Problems*. (pp. 771-783). Chichester: John Wiley and Sons. International. Type of article: Review.

Wagennaar, A. C., Murray, D. M., Wolfson, M., Forster, J. L., & Finnegan, J. R. (1994), 'Communities mobilizing for change on alcohol: Design of a randomized community tria', *Journal of Community Psychology* (Special Issue), pp. 79-101. Country: United States of America. Primary study.

Wang, W. (1999), 'Illegal drug abuse and the community camp strategy in China', *Journal of Drug Education,* 29 (2), pp. 97-114.

Buehler, A. & Kroeger C. (2006) Report on the prevention of substance abuse. Federal Centre for Health Education BZgA

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Bry, B. H., Catalano, R. F., Kumpfer, K. L., Lochman, J. E., Szapocznik, J. (1998), 'Scientific results from family prevention intervention research' in Ashery, R. S., Robertson, E. B., Kumpfer, K. L. (editors), *Drug abuse prevention through family intervention,* NIDA Research Monograph No 177, National Institute on Drug Abuse, Rockville, 103-129 Link: http://www.nida.nih.gov/pdf/monographs/monograph177/103-29_Bry.pdf Type of article: Best-practice survey (BP).

Dusenbury, L. (2000), 'Family-based drug abuse prevention programs: a review', *Journal of primary prevention* 20 (4), pp. 337-352. Type of article: Unsystematic review.

Hall, N. W., Zigler, E. (1997), 'Drug-abuse prevention efforts for young children: a review and critique of existing programs', *The American journal of orthopsychiatry* 67 (1), pp. 134-143. Type of article: Systematic review.

Lochman, J. E., van den Steenhoven, A. (2002), 'Family-based approaches to substance abuse prevention', *Journal of primary prevention 23* (1), pp. 114-149. Type of article: Systematic review.

Loveland-Cherry, C. J. (2000), 'Family interventions to prevent substance abuse: children and adolescents', *Annual Review of Nursing Research* 18, pp. 195–218. Type of article: Systematic review.

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Foxcroft, D. R., Ireland, D., Lister-Sharp, D. J., Lowe, G., Breen, R. (2003), 'Primary prevention for alcohol misuse in young people', in: The *Cochrane Library, Issue 4.* John Wiley and Sons, Ltd., Chichester, UK. Type of article: Systematic review.

Loveland-Cherry, C. J. (2000), 'Family interventions to prevent substance abuse: children and adolescents', *Annual Review of Nursing Research* 18, pp. 195–218. Type of article: Systematic review.

Pentz, M. A. (2000), 'Institutionalizing community-based prevention through policy change', *Journal of Community Psychology* 28 (3), pp. 257–270. Type of article: Unsystematic review.

Sowden, A., Arblaster, L., Stead, L. (2004), 'Community interventions for preventing smoking in young people', in: *The Cochrane Library, Issue 3.* John Wiley and Sons, Ltd., Chichester, UK. Type of article: Systematic review.

Stevenson, J. F., Mitchell, R. E. (2003), 'Community-level collaboration for substance abuse prevention', *Journal of Primary Prevention* 23 (3), pp. 371–404. Type of article: Unsystematic review.

Tobler, N. S., Roona, M. R., Ochshorn, P., Marshall, D. G., Streke, A. V., Stackpole, K. M. (2000), 'School-based adolescent drug prevention programs: 1998 meta-analysis', *Journal of Primary Prevention* 20 (4), pp. 275–336. Type of article: Meta-analysis.

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