

# framework

## Developing a Framework for Preventing Drug Problems

An Issues Paper

Drug Policy  
Expert  
Committee







The Government's drug policy, **Drugs - A New Approach** has four key areas of activity:

- Preventing drug abuse.
- Saving lives.
- Getting lives back on track: treatment and rehabilitation.
- Effectively policing the drug trade.

In recent months, most public debate has centred on policing, harm-reduction and aspects of treatment. In the long run, however, we have to reduce overall drug use in our community if we are to halt its effects: the rising death toll, family distress and crime.

Prevention is of fundamental importance, but many need practical support and more information to see a way ahead. Years of experience in many countries with the '*just say no*' approach has shown it is inadequate as a broad community strategy. We need to get better understanding in every section of the community, including every school and every family, about the issues to be tackled.

## Why do people get involved in drug use?

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### Developing a Framework for Preventing Drug Problems

An Issues Paper

There is, unfortunately, no simple answer as to why people get involved in the use of drugs; the reasons are many and varied. Many young people continue to use tobacco products even though they know such use is dangerous. Alcohol use, and even abuse, is accepted in many social settings.

Many young people experiment with illicit drugs, mainly cannabis, through mid- and late adolescence despite the legal sanctions. Experimentation with other drugs is increasing (including hallucinogens, amphetamines, ecstasy as well as heroin). The stage between schooling and possible employment is a critical period when use often begins or increases. Poly-drug use (using more than one substance) is also widespread. The Drug Policy Expert Committee's (the Committee's) Stage 1 report *Drugs - Responding to the Issues* indicated the trend in Victoria for young people to use illicit drugs at progressively earlier ages. We also know that binge drinking by young people is on the rise. Increasingly, drug use is becoming part of different youth subcultures.

There appear to be three main types of young people who use drugs:

- *Experimenters.* Many adolescents inevitably seek out drugs that can affect mood and behaviour; some like to flirt with danger and believe they will not become addicted. Although some outgrow this behaviour, others, sadly, do not.

- *Socially disconnected.* These young people are uneasy in their relationships at school, in their local community and in their families. They seek comfort and a sense of security through drug use, and support from other drug users who readily accept them.
- *Self-medicators.* These young people suffer mental illness, including depression, and use substances in an attempt to relieve the symptoms of their illness and unhappiness.

In addition to these groups, we now know:

- There are certain critical stages of life when there is particular risk of initiation to drug use.
- There are environmental risk factors that contribute to young people's substance use.
- Some personality traits, and even genetic factors, can carry additional risk.

None of these factors inevitably lead to drug use; however, many of them increase the risk of involvement in other forms of anti-social behaviour including juvenile crime, violence, early dropout from school, teenage pregnancy and suicide. Early recognition of the signals of higher risk can lead to corrective action that can make a real difference.

## Prevention: What do we mean?

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A key focus of our efforts should rightly be on preventing use of illicit substances. We should also seek to prevent harm among those who have started using these drugs. However, we know that the major causes of death and drug-related harm are licit substances such as tobacco and alcohol. Prevention needs to tackle them all, as many who abuse licit substances go on to use illicit ones.

*Primary prevention* (preventing non-users from taking up drug use) has an important role to play. Avoiding any licit or illicit substances that alter the mind is an appropriate goal for everyone, young and old. However, we know the reality is that many will experiment with drug use, and so any prevention framework must also include strategies for *secondary prevention* (reducing problems among early users, including preventing use progressing to dependency). *Tertiary prevention* refers to strategies aimed at reducing harm (including death) among problem users, and helping those who use to stop, and also needs to be incorporated into a framework.

Prevention involves tackling those factors that add to the risk of drug use, and enhancing those that provide protection. There is no simple answer that works for all.

An important theme is that of *connectedness* - having a sense of belonging and of our place in the world, and strong and meaningful connections to family, school, peers and the community. Connectedness is very important for wellbeing. Parental support and assistance in dealing with problems as they arise is crucial. Unfortunately, however, some people will use drugs despite having strong and meaningful relationships with parents.

Another focus is *resilience* - or what makes a young person able to respond in an appropriate way in different social settings, and to a range of life events. Being resilient better enables a young person to weather life's challenges. Parental support and reassurance can be critical in its development.

Parental standards and behaviour with licit or illicit drugs, and attitudes to drug use, are significant factors in the development of drug abuse. Willingness to discuss the issues is also of great importance in many situations.

Just as there are risk factors for individuals, there are also factors that highlight problems at a community-wide level. Strategies to combat *social exclusion* by intervening in processes that lead to marginalisation (particularly from education or the labour market, from family and informal networks) are also vital.

Evidence about *psychological and particular behavioral determinants* of increased risk of drug use has also mounted over the past decade.

An example of a risk and protective framework is set out in Table 1 to give an indication of some of the elements that prevention programs may aim to tackle (risk factors) or to enhance (protective factors). This list has been distilled from a review of the available literature.

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**Table 1: Risk and protective factors for young people**

Levels	Risk Factors	Protective Factors
<b>Community</b> ❖❖❖		
	Availability of drugs	Cultures of cooperation
	Poverty	Stability and connectedness
	Transitions in schooling and into the community	Good relationship with an adult outside the family
	Low neighbourhood attachment and community disorganisation	Opportunities for meaningful contribution
<b>School</b> ❖❖❖		
	Poor relationships in school	A sense of belonging and fitting in
	Academic failure, especially in middle years	Positive achievements and evaluations at school
	Early and persistent antisocial behaviour and bullying	Having someone outside your family who believes in you
	Low parental interest in children	Attendance at pre-school
<b>Family</b> ❖❖❖		
	History of problematic alcohol and drug use	A sense of connectedness to family
	Inappropriate family management	Feeling loved and respected
	Family conflict	Proactive problem solving and minimal conflict during infancy
	Alcohol/drugs interfering with family rituals	Maintenance of family rituals
	Harsh/coercive or inconsistent parenting	Warm relationship with at least one parent
	Marital instability or conflict	Absence of divorce during adolescence
	Favourable parental attitudes towards risk taking behaviour	A 'good fit' between parents and child
<b>Individual/Peer</b> ❖❖❖		
	Constitutional factors, alienation, rebelliousness, hyperactivity, aggression, novelty seeking	Temperament/activity level, social responsivity, autonomy
	Seeing peers taking drugs	Development of special talents/hobbies and zest for life
	Friends engaging in problem behaviour	Work success during adolescence
	Favourable attitude toward problem behaviour	High intelligence (not paired with sensitive temperament)
	Early initiation of the problem behaviour	

*Based on an unpublished paper prepared for the Drug Policy Expert Committee by Andrew Fuller, (2000), Promoting Resilience and Preventing Substance Abuse as Well as Violence and Suicide*

## Supporting Evidence

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Currently, the Committee is receiving advice and reviewing a broad range of research that will inform the development of a prevention framework. We now know a lot about what works well in preventing drug use in some settings. The positions and ideas outlined above are supported by substantial research.

Some of the key areas being considered are:

- Risk and protective factors.
- Social exclusion.
- Temperament and behavioural studies.
- Genetic factors.

### **Risk and protective factors**

Factors that appear to protect against the uptake of substance use may also be effective against other problems. For instance, the recent National Anti-Crime Strategy report *Pathways to Prevention* provided a set of risk and protective factors in relation to crime prevention. Many of these factors are common to those set out in Table 1.

In its report, *Improving the Lives of Young Victorians in Our Community*, the Centre for Adolescent Health (CAH) sets out the results of a survey of 9000 young Victorians attending government, Catholic and independent schools. The survey maps responses in every local government area against certain risk and protective factors. This report provides a risk profile and a protective profile, broken down into geographic areas.

The Committee is of the view that risk and protective factor research is promising in informing a prevention framework and guiding prevention program development. More work on developing a local approach is a priority.

### **Social exclusion**

There is considerable research on the factors that may increase the risk of individuals abusing substances as well as developing other problem behaviour.

There are also systemic factors that should be considered.

Social exclusion arises when sections of a community are unable to access basic life opportunities that should be available to all members of society.

Poverty and unemployment increase the risk of becoming socially excluded. As discussed above, social exclusion occurs when people become disconnected from the organisations, communities and structures that make up society. It can also occur when people become disconnected from their family and friends, who provide an important social support network.

Strategies to combat social exclusion identify ways to stop people becoming disconnected from the labour market, family and informal networks.

Key points for intervention are at the transition periods in a person's life when they are at greatest risk of 'falling through the cracks'. Some of these key transition points are:

- Entry to school.
- Transition from primary to secondary school.
- Moving from compulsory to post-compulsory education.
- Commencing work and independent adult living.

### **Behaviour**

A number of studies have described behavioural or temperament characteristics that may influence future behaviour.

One of these, the Australian Temperament Project, is being conducted by the Australian Institute of Family Studies. In 1983, over 2000 infants were recruited to participate in this study.

The study aims to assess the effect of childhood temperament on the development of problem behaviour. At first, parents and maternal and child health nurses completed questionnaires assessing the child's development. As the children grew, these questionnaires were also completed by teachers and, in later years, by the children themselves. The young people involved in this study are now reaching 17-18 years of age.





Among the 15-16 year olds involved in the study, substance use is common. Among those young people who use substances, it appears there may be higher rates of the following:

- Having parents who smoke and drink.
- Showing delinquent or aggressive behaviour, particularly among girls.
- Having less self-control.
- Being less shy - more outgoing.
- Having poorer quality friendships.
- Having less attachment to family.

However, none of these characteristics should be looked at in isolation.

#### **Genetic factors**

It appears that there is a genetic fingerprint that may indicate a higher probability of developing certain conditions, including substance abuse.

Recent studies have suggested that a range of addictive, compulsive and impulsive disorders (including tobacco, alcohol and other substance abuse) may have a common genetic basis.

However, Dr David Hay, one of Australia's foremost genetic researchers, has stated that genetic factors should be considered as one among many factors including environment, socioeconomic status and temperament.

While work in this area may be promising, further research would be required to determine how these findings may assist with program development.

## **How can we build on work already done?**

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In recent years, significant efforts have been put into the area of school-based drug education programs. A range of other programs has been designed to support the school environment and inform students and parents about drug issues. During this time, various media strategies and peer education programs have also been delivered.

#### **Families and parents**

Research tells us that being connected to supportive environments is a protective factor. Programs that support parents are clearly important.

In the past, strategies have focused on providing information to parents so they can raise the issue and discuss drug use with their children. These have included programs for parents of primary and secondary school students.

One major program currently being developed in Victoria, with Commonwealth funds, targets parents of year 7 and 8 children and focuses on the critical transition from primary to secondary school. The program is known as *ABCD - About Better Communication about Drugs for parents of early adolescents*. While being made widely available, it will be particularly targeted to socially disadvantaged, Koori and culturally and linguistically diverse parents. It will offer parents of early adolescents a general parenting program that focuses on drugs and alcohol. It aims to equip parents with the communication skills, parenting style/s, information and strategies that will help them cope with adolescent drug use. Programs of this kind are potentially of great use.

# “additional programs are needed to assist parents”

Additional programs are needed to assist parents in supporting their children throughout infancy, early childhood and later into adolescence.

## **Schools**

Schools are well positioned to develop a culture that promotes belonging and fosters a belief in the possibility of personal success.

Since the Premier’s Drug Advisory Council report in 1996, schools have been developing individual school drug education strategies. Through these strategies, schools have tried to build a learning environment that brings together school policy, curriculum, student welfare and links to the community.

Substance use prevention programs have traditionally been equated with drug education in schools. Although integral to students acquiring factual information about drugs, these programs cannot, on their own, change behaviour. As drug education provides information and stimulates debate, it is an important component of prevention, but it should be combined with other prevention strategies to achieve results. In schools, these other strategies include developing students’ self-esteem and social skills, and providing confidential help with problems.

A focus on the school environment and school connectedness is a consistent theme in the research and literature. The Department of Education, Employment and Training has recognised the need for drug education and programs to be set within the context of the broader student welfare framework.

Increasingly, programs in schools emphasise student welfare and the broader school community, as well as providing accurate information about drugs.

## **Local communities**

There are many things local communities can do in the area of prevention.

Currently, many local governments are planning or implementing strategies to provide people with places where they feel comfortable. For young people, it may be a place to hang out where they feel accepted; for older residents, it may be a place where they feel welcomed and safe.

The Committee’s Stage 1 report highlighted a range of elements that local communities can put in place as part of their own local drug strategy; these include public space management strategies and programs to enhance civic pride and increase participation in community events.

People of all ages need opportunities to contribute to their local communities. These include participating in sporting, cultural and creative activities. We need to work out what different people’s interests are and provide a diverse range of opportunities in response.

## **Drug information**

Governments have used social marketing techniques since the 1970s to influence the population on issues such as energy conservation, HIV/AIDS prevention, reducing the road toll, good nutrition, and preventing drug and alcohol misuse

Mass media campaigns can be important tools in providing information to a wide audience and creating a climate for change. The Transport Accident Commission (TAC) advertisements are often suggested as a model for substance use advertisements. However, research has suggested that mass media campaigns are less effective in reducing people’s substance use. Furthermore, as TAC style advertisements focus on a broad and mainstream audience, they are unlikely to encourage current users to change their behaviour. Unless carefully structured and targeted, such campaigns can run the risk of young people increasing their experimentation in response to advertisements.

The TAC advertisements are also successful because they are a part of a comprehensive strategy that includes policing and improving roads. Research indicates that any mass media campaign concerning drugs should be supported by a range of other prevention strategies. This mirrors the situation in schools where drug education alone has been found to have limited impact.

## What should we focus on in the future?

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We already have some directions about when (in the life cycle), where (the environment) and for whom (targeted versus universal) programs should be delivered.

People are exposed to a range of environments in the passage from infancy, through childhood and adolescence and on to adulthood. These environments have the potential to influence the individual. No single environment, be it the school, home or the community, can be the exclusive focus of all prevention efforts. For example, messages delivered in the school need to be reinforced at home and by the broader community standards about use of alcohol and other drugs.

Many countries are concerned about the effect of substance use on their communities, particularly on their young people. There are a number of prevention programs from overseas that show promise. We are in a position to select the best elements of these while avoiding other countries' mistakes.

There are also many programs already in place in Victoria, but they are often isolated from other prevention efforts or not connected to other strategies such as treatment and policing programs.

Past program experience together with research from Australia and overseas, provide clear pointers to some of the key transitions and points of stress through infancy, early childhood, adolescence and adulthood.

The following table shows how, in a coordinated prevention framework, programs may be included at various life stages. Many of these programs already exist. For such a framework to work, programs need to complement and reinforce each other. The programs included in this table are designed to provide examples only and should not be seen as a complete or definitive list.

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**Table 2: Strategies and intervention points**

	When	Involving	Example Program / Initiative
❖❖❖	Antenatal	Parents, hospital, maternal and child health nurses  Maternal and Child Health Nurses	Clear information about impacts of parental smoking, drinking and other substance use on the newborn and child
			Preparation for parenting
			Structured additional support for those mothers with particular needs (substance use or mental health problems)
❖❖❖	Postnatal	Parents, maternal and child health nurses	Access to advice on parenting
			Family strengthening programs
❖❖❖	0 - 5	Parents, child care, pre-school	Programs aimed at improved learning and emotional development in those particularly at risk
			Information for parents about modelling moderate substance use (for example, alcohol)
			Programs to intergrate isolated mothers into parent networks
❖❖❖	5 - 11	Teachers, student welfare officers, parents	Early years of schooling: transition programs to support emotional growth and social skills development
			Mechanisms for teachers to access advice and mobilise additional support for children displaying aggressive and poor socialisation skills (including bullying programs)
			Programs to prepare children for the transition from primary to secondary school
			Programs to link with community groups, sport and activities
			Mechanisms to support parents
❖❖❖	11-18	Secondary school, other pathways to employment, media	Programs to support children in the transition from primary to secondary school
			A focus on emotional and personal development
			Development of mechanisms to involve and support parents
			Clear information about drug use in our community
			Development of a capacity to monitor truancy and school leaving
❖❖❖	14 - 21	Workplace, universities, TAFE institutions	Programs for reintegration into a learning environment for those who have 'dropped out'
			Development of targeted information about substance use for those entering the workforce, undertaking further study
			A program of support to assist young people in the transition from school to work, particularly those who leave school early
			Recreation and public space projects
❖❖❖	21 +	Professionals such as GPs, peers, workplace	Early detection of psychosis and mental illness
			Clear information about safe levels of drug use
			Support for GPs to provide advice about safe consumption levels (for example, alcohol)
			Information about drugs at work, including appropriate alcohol consumption at social functions (for employers and workplaces)



A strategically designed drug information program that is sustained, directed and linked to other elements of the prevention strategy is required. The Committee believes that such a program's first priority should be to provide accurate information about cannabis use, because use of this drug is very widespread and there is a perception that it carries no risk. However, some people use cannabis excessively so it has a serious negative affect on their lives and has a profound impact on their mental health. It is important that clear and appropriate information is provided.

Preliminary recommendations have already been put to Government about the need for a program of this kind. VicHealth (the Victorian Health Promotion Foundation) has started work on designing such a program.

Other additional projects could include strategies to reduce inhalant use; programs for current injecting drug users (to steer them toward safer using practices as well as overdose prevention strategies); strategies for homeless people and help for current drug users who also have a mental illness. Specific strategies could include programs that focus on influencing attitudes and behaviour of young people who use drugs, and providing highly targeted information.

There is a real need for additional programs targeted at those currently using substances habitually or at harmful levels. We know that intervening early can reduce people's drug use. Treatment is important in preventing further harm for individuals and those around them. For the children of drug users, it can be a significant step in decreasing the risk of these children becoming the next generation of problem drug users.

#### **Programs need to be tailored**

In a multicultural community like Victoria, diverse patterns of risk and protection may apply in different cultural groups, especially for the newly arrived.

Recent Victorian research suggests that factors such as traumatic refugee experiences and inadequate settlement support may increase problems, such as drug use, in some communities.

There are specific pressures that are faced by Koori people that must be considered when developing prevention strategies. We know that Koori people are over-represented in correctional settings. There are also specific substance use issues facing Koori communities. Culturally sensitive programs should be a priority with Koori people involved in all stages of program development.

It is also clear that gender differences manifest themselves in terms of distinct forms of problem behaviour, and combinations of risk and protective factors. New programs should take these differences into account.

## Structures needed to make it work

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The Committee believes there are a number of structures and processes that must be put in place to support the delivery and development of prevention strategies.

### Measuring our success

In general, Australian programs have not been well evaluated. Those that have been evaluated tend to focus on process (Was implementation carried out well?) rather than outcomes (Did it make the difference we wanted?). We know from international research that there are some approaches that are more effective in creating real change than others.

Evaluating outcomes is vital if we are to learn from our mistakes and successes, and will assist in future program development. It will also help in improving local knowledge about what works and what is less effective.

### Skills development

While schools, families and the community are all important, a prevention framework must also consider the role of general practitioners, school nurses, student welfare coordinators, social workers and others.

A significant number of people who come into contact with those affected by alcohol and other drugs (or at risk of abusing drugs) have the capacity to positively influence and model appropriate behaviour.

In recent years, a wide range of work forces have made some notable investments in developing skills related to handling problems from alcohol and drugs.

The Committee is considering ways to increase the skills of people working in these areas and how to better support them.

“communities need to be adequately supported to respond to their local drug issues”

### Engaging the community

A consistent theme is that communities need to be adequately supported to respond to their local drug issues.

Recognising that there are some things that only those at community level can do, the Committee has recommended that the Government embark on a program of community engagement. This will provide communities with resources and support to develop local responses to the drug problem. These should ideally include prevention activities generated at the local level, as well as responses to more advanced drug use.

### Coordination and links with other prevention strategies

Many levels of government are engaged in various prevention strategies including crime and suicide as well as drug and alcohol prevention. There is a need to coordinate these efforts at all levels of government to ensure they reinforce and complement each other.

Substance use prevention programs should not be isolated from other prevention efforts. We know it is difficult to isolate the risk or protective factors for a particular behaviour. However, it appears that certain protective factors (for example, close links to peers, family and school) are commonly associated with decreased substance abuse, suicide, depression and other problems.

It is important that prevention efforts are well coordinated to:

- Minimise duplication.
- Ensure programs complement each other.
- Maximise effects.

This will also assist with the further development of local research and expertise in the prevention area.



## Some directions and key issues

The Committee believes that:

- Greater priority (in terms of policy development, time, money and people) must be placed on prevention, in all forms. Government should invest in this area with greater confidence given the knowledge that is now available.
- We now have the opportunity to act in a planned way that includes multiple strategies (universal and highly targeted) that reinforce each other.
- The prevention framework Victoria puts in place should include:
  - A focus on healthy environments as well as healthy individuals.
  - Prevention of use, experimentation and harm from misuse.
  - Attention to both licit and illicit drugs.
  - Different strategies at various stages of the life cycle.
  - A focus on cultural differences.
- Cross-sectoral and cross-government coordination is important given the diverse range of programs that will contribute to reducing drug use and harm.
- Investments in preventing use and harm from use will also arrest other problems, especially for young people.
- The drug prevention budget should:
  - Provide expert advice and support to those who will manage or deliver prevention programs.
  - Emphasise secondary prevention strategies that reduce the likelihood of young people's experimental use becoming dependent use.
  - Ensure there is timely, accurate and sustained drug information provided to the community.
- There should be a commitment to evaluation and skills development.

## Work of the Drug Policy Expert Committee

A highlight of the Committee's work to date in this area has been a prevention workshop held on 26 and 27 July 2000, supported by the R. E. Ross Trust. The workshop brought together leading local and international experts to discuss approaches to prevention and the latest research developments. The special guest of the workshop was Dr Robin Room, an internationally recognised sociologist with extensive experience in the USA, Canada, Norway and Sweden. Dr Room has published widely on evaluating drug and alcohol prevention programs.

The Committee also held workshops with key stakeholders in schools and representatives from culturally and linguistically diverse communities. A series of youth round tables is also being run in partnership with the Office for Youth in the Department of Education, Employment and Training.

The Committee will continue to meet with key stakeholders in the coming months and will carry on with its program of regional visits and consultations throughout August.

The Committee called for submissions addressing any or all of its terms of reference by 17 December 1999, and it has received numerous comments and suggestions throughout the course of its work to date. The Committee welcomes comments in relation to this paper by 22 September 2000.

Comments should be addressed to:  
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## Further reading

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