

# THE USE OF SCHOOL SURVEYS IN POLICY AND PREVENTION PLANNING AND EVALUATION

Results of the 2022 ESPAD - MedSPAD bridge project

Elisa Benedetti  
Rodolfo Cotichini  
Sabrina Molinaro





# ESPAD - MedSPAD bridge project

## Contents

### Authors

Elisa Benedetti, Rodolfo Cotichini, Sabrina Molinaro, Corrado Fizzarotti, Eleonora Colozza, Giada Anastasi, Lorenzo Nelli (**Institute of Clinical Physiology of the Italian National Research Council - CNR**)

### Acknowledgements

The Pompidou Group of the Council of Europe, and in particular its Mediterranean Cooperation Network on drugs and Addiction (MedNET) and the Italian National Research Council would like to thank the EMCDDA for the support provided to the project and the following contributors:

#### ▪ Experts participating in the focus groups:

Danilo Ballotta (EMCDDA); Anne Line Bretteville-Jensen (Norwegian Institute of Public Health); Jasmina Burdzovic Andreas (Norwegian Institute of Public Health); Gregor Burkhart (EMCDDA); Pavla Chomynová (Office of the Government of the Czech Republic); Luke Clancy (Tobacco Free Research Institute Ireland); Rachele Donini (ASL Savona, Local Health Agency n. 2 Savonese, Italy); Mariangels Duch (European Institute of Studies on Prevention, Spain); Fatima El Omari (University Mohammed V of Rabat, Morocco); Zsuzsanna Elekes (Corvinus University of Budapest, Hungary); Katalyn Felvinczi (Eötvös Loránd University, Hungary); Marica Ferri (EMCDDA); Emmanuelle Godeau (French School of Public Health); João Goulão (SICAD, Portugal); Hanna Heikkilä (Finnish Institute for Health and Welfare); Denis Huber (Pompidou Group of the Council of Europe); Alena Kopanyiova (Research Institute for Child Psychology and Pathopsychology, Slovakia); Wadih Maalouf (UNODC); João Matias (EMCDDA); Richard Allen Miech (University of Michigan); Dana Muravska (Ministry of Health, Latvia); Alojz Nociar (St Elizabeth College of Health and Social Work, Slovakia); Franz Pietsch (Federal Ministry of Labour, Social Affairs, Health and Consumer protection); Noha Sabry (Cairo University, Egypt); Haj Amor Rym (National Office of Family and Population, Tunisia); Nermin Shaker (General Secretariat of Mental Health and Addiction Treatment - GSMHAT, Egypt); Tatyana Sleiman (Skoun Lebanese Addictions Center); Julian Strizek (Gesundheit Österreich GmbH, Austria); Lela Sturua (National Center for Disease Control and Public Health, Georgia); Peer Van Der Kreeft (University College Ghent, Belgium); Maximilian Von Heiden (MIND Foundation, Germany); Ioanna Yiasemi (National Addictions Authority of Cyprus); Andrea Zapparoli (Antidrug Department of the Presidency of the Council of Ministers, Italy).

- All the **ESPAD Principal Investigators** and the **MedSPAD Committee Member**
- Felice dell'Orletta and Chiara Alzetta, **Institute of Computational Linguistics - CNR**
- Paolo Martinez, Certified Professional Facilitator, **FUTOUR**

Preface 8

**1 Introduction 11**

Objectives of the project 12

Description of the project 13

*Identification of priority topics and stakeholders* 13

*Experts' recruitment and focus groups* 14

*Online survey and results* 15

**2 Results of the online ESPAD-MedSPAD Survey 17**

Highlights 18

2.1. Characteristics of the study sample 22

2.2. The use of school survey data for evidence-based policy-making 25

Monitoring drug use in the population 25

Results used for monitoring drug use in the population 27

Topics used to set priorities for evidence-based policies 27

Indicators used for policy-making 28

Results used for policy evaluation 29

Results used for monitoring and evaluating policies 30

Topics, challenges and possible solutions for a better use of school survey data for policy-making 30

Challenges of school surveys for policy purposes 33

Actions and strategies to overcome challenges faced for policy purposes 37

Challenges, actions and strategies for policy purposes 40

<b>2.3. The use of school survey data for prevention strategies and programmes</b>	<b>42</b>
Importance of school surveys for prevention strategies/programmes	42
Use of school surveys results for prevention strategies/programmes	43
Topics used for prevention strategies/programmes	43
<i>Alcohol</i>	43
<i>Tobacco</i>	44
<i>Cannabis</i>	45
<i>New psychoactive substances (NPS)</i>	46
<i>Pharmaceuticals used for non-medical purposes</i>	46
<i>Other illicit drugs</i>	47
<i>Gaming, social media use and gambling</i>	48
Indicators used for prevention programmes	49
Results used for prevention planning	50
Focus on prevention and harm reduction experts' views	50
Topics, challenges and possible solutions for a better use of school survey data for prevention	52
Challenges of school surveys for prevention purposes	54
Actions and strategies to overcome challenges faced for prevention purposes	58
Challenges, actions and strategies for prevention purposes	62
<b>2.4. The use of school survey data for capacity building and training for decision makers</b>	<b>65</b>
Use of school survey results for training programmes	65
Topics used for capacity building and training programmes	66
Indicators used for training programmes	67
Training on how to analyse data and interpret results	68
Topics, challenges and possible solutions for a better use of school survey data for capacity building and training	68
Challenges of school surveys for capacity building and training purposes	70
Actions and strategies to overcome challenges faced for capacity building and training purposes	73
Challenges, actions and strategies for capacity building and training purposes	75
<b>2.5. The use of school survey data to inform public debate and discussion</b>	<b>77</b>
Media and public opinion provide an appropriate coverage of issues related to adolescent substance use and behavioural addictions	77

Topics concerning adolescent risk behaviours that are of main interest for media and public opinion	78
School survey results used for informing public debate and discussion	80
Improvement of the dissemination of school survey results by media	81
Successful and effective dissemination of school survey results by media	83
Missing or not investigated topics in school surveys useful for informing public debate and discussion	85
Challenges of school surveys for informing public debate and discussion	87
Actions and strategies for informing public debate and discussion	89
Challenges, actions and strategies for informing public debate and discussion	91
<b>3 Methodology of the study</b>	<b>95</b>
Identification of priority topics and stakeholders	96
<i>Policy-makers and experts</i>	96
<i>Experts in prevention and harm reduction</i>	96
<i>Scientists conducting or using school surveys</i>	97
Experts' recruitment and focus groups	97
ESPAD-MedSPAD Questionnaire Design	99
<i>Policy</i>	99
<i>Prevention</i>	100
<i>Training</i>	100
<i>Public opinion and media</i>	100
Data analysis	101
<b>4 Abbreviations, glossary &amp; references</b>	<b>103</b>
4.1. Abbreviations	104
4.2. Glossary of terms	105
4.3. References	112
<b>5 Annex</b>	<b>115</b>
5.1 Online survey questionnaire	116



# PREFACE

As a witness to the birth of ESPAD at the Pompidou Group researchers' meeting, held in 1993 at the Council of Europe in Strasbourg, and to the launch of MedSPAD in Rabat in 2003, I am delighted to introduce the ESPAD–MedSPAD bridge project, which is the result of synergy among research projects, the co-operation of stakeholders and the willingness of international organisations. The combination of all these ingredients led to the creation of a valuable instrument to assess the use of school surveys to better support drug policy making and prevention planning and evaluation.

This project represented a major challenge for many of those involved. If the initial idea was simply to update a 2012 pilot study aimed at exploring the use of the ESPAD report among researchers, the great interest demonstrated by different stakeholders in the use of school surveys forced the project to expand to encompass the broader scope of developing a model of participatory research. This model made it possible to share knowledge and experience among the main stakeholders in the field, going beyond research to embrace policy and practice.

This report presents the results of one such assessment that, although primarily focused on ESPAD and MedSPAD, extends to the use of school surveys on youth substance use and risk behaviours as monitoring and research tools.

Assessment studies do, in fact, contribute substantially to evidence-informed public health interventions, public opinion and community engagement, and they facilitate relevant timely population intervention research.

The ESPAD–MedSPAD bridge project was designed using a participatory research approach to enable those designing and conducting school surveys and those in the drug field at large to provide first-hand information and express their views.

To do so, an online survey was developed in collaboration with a group of experts representing the main stakeholder groups, who identified the most relevant areas and issues to be assessed. Two of the most important aspects of this project were the content of the questionnaire and the underlying participatory process, which can be used to collect information and stakeholders' opinions in any area.

The survey gathered more than 250 responses from stakeholders in 47 countries across Europe, western Asia and North Africa. Additional contributions came from the United States and international governmental organisations.

Through a mixed-method research approach, drug policy makers and experts at different government levels, experts in prevention and harm reduction and scientists conducting or using school surveys provided their views. The analysis of the quantitative and qualitative information collected offers a broad understanding and analysis of the use of school survey data for evidence-based policy making, prevention strategies and programmes, capacity building and training for decision makers, in addition to public debate and discussion.

This research methodology enables not only a cross-comparison of stakeholders' views on the importance of school surveys and their actual use, but it also presents all the main domain-specific challenges perceived by actors in the field, together with possible solutions to overcome them.

In addressing the recurrent issue of linking research, policy and practice, the ESPAD–MedSPAD bridge project provides a unique contribution to the reduction of the “know-do gap”, an issue of particular concern in the prevention of harms related to substance use and risk behaviours.

The findings suggest that school surveys are frequently used not only for monitoring and research, but also for informing health decision making and public opinion. Concerning the future, there is a strong demand for more, and more frequent, data, as well as for increased investment in these studies, suggesting that school surveys represent an added value in all of these domains and yield benefits to the community.

The ESPAD–MedSPAD bridge project can be considered as an encouraging success, and it is largely the result of extensive and positive collaboration.

Such collaborative research and assessment work, initiated and encouraged by all stakeholders, should continue in order to make even better use of school surveys such as ESPAD and MedSPAD, the value and impact of which have been demonstrated. Increased co-operation would work toward the better design and assessment of policy and prevention interventions and help to enhance the dialogue between research, policy and prevention, with the final objective of protecting and improving the health and well-being of adolescents.

## **Florence Mabileau**

Deputy to the Executive Secretary  
Pompidou Group of the Council of Europe

1

## Introduction

## Objectives of the project

The ESPAD-MedSPAD bridge project is an initiative aimed at assessing the use of school surveys in policy and prevention planning and evaluation across more than 40 countries in the European and Mediterranean regions.

The project has been funded by the Council of Europe - Pompidou Group (PG-CoE) under the 2022 work programme of the Mediterranean Cooperation Network on drugs and addictions (MedNET), supported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and carried out under the scientific lead of the Italian National Research Council (CNR) with the collaboration of the EMCDDA.

ESPAD is an independent research project supported by EMCDDA and conducted by research teams in more than 40 European countries with the overall aim to collect comparable data on substance use and other risk behaviours among 15- to 16-year-old students.

MedSPAD is a project set up, designed and funded by the Pompidou Group of the Council of Europe. This project, which is an adaptation of ESPAD, is aimed at building capacity and developing effective tools for monitoring youth substance use and risk behaviours in countries of the Southern Mediterranean region.

The current initiative aims to exploit the synergy between the two projects to provide an improved understanding of how school surveys are being used in policy and prevention planning and evaluation, with a special focus on the ESPAD and MedSPAD surveys.

Its specific objectives are:

- To gather information on the main and emerging patterns of drug use and risk behaviours and trends in order to set priorities for policy and prevention actions targeting young people;
- To gather information on needs and priorities to assist with the selection of targeted evidence-based policies;
- To collect data to help monitor whether existing prevention strategies and programmes are obtaining the intended outcomes or, if challenges still exist, to gather inputs about possible modifications that may be needed;
- To inform the need for and content of capacity building and training for decision makers in charge of developing strategies;
- To develop prevention actions/strategies within schools;
- To inform public debate and discussion about substance use and risk behaviours, in particular through media interest.

More than 250 experts gave their contribution to assess the current challenges in the use of school survey results and to identify the possible strategies and actions to tackle them.

The purpose of the current report is to provide an overview and summary of the main findings. Therefore, all contents reflect the situation based on the information and opinions provided by policy-makers, policy experts, experts in prevention and harm-reduction and scientists conducting or using school surveys.

The results will contribute to enhancement of evidence-based decision-making in drug policies, prevention strategies, training and public debate.

## Description of the project

The project was organised in three work-packages (Figure 1.1.).

Figure 1.1. Work-packages of the project



Note: Infographic designed by BiZkettE1 / Freepik

### Identification of priority topics and stakeholders

The first step was to identify a set of priority areas to be investigated in order to comprehensively assess the use of school surveys in policy and prevention planning and evaluation.

The priority areas identified by CNR in consultation with PG-CoE and EMCDDA are those of policy, prevention, training and public opinion and media.

In order to gather the views of field experts, some priority stakeholder groups were identified: policy-makers and policy experts, prevention and harm reduction experts, scientists who conduct student population surveys or who make use of school survey data. A detailed description of each stakeholder profile is provided in the section dedicated to the methodology of the project.

An experts' database was developed based on the lists of collaborating partners provided by PG-CoE, EMCDDA, and CNR meeting the priority stakeholders' profiles. Furthermore, through the consultation of the MedSPAD and ESPAD principal investigators in all participating countries, the database was optimised and integrated with suggested national experts for each stakeholder profile.

## Experts' recruitment and focus groups

The second phase involved the collaborative development of the survey questionnaire through a participatory process. To this purpose, a pool of experts was selected starting from the database developed.

Three balanced sets of experts were achieved taking into consideration their stakeholder profile, sub-region and country of origin and replacing those unable to participate with experts sharing the same characteristics.

A dedicated focus group was organised for each set of experts, so that three meetings were held in total: policy-makers and experts; experts in prevention and harm-reduction; scientists conducting or using school surveys.

The focus group meetings were held on 23-24 February 2022 and saw the participation of 34 experts distributed as shown in Table 1.1.

Table 1.1. Composition of the focus groups by expertise, geographical subregion and country

UN Sub-region	Policy-makers and experts N. - Country	Experts in prevention and harm reduction N. - Country	Scientist conducting or using school surveys N. - Country
World	--- ---	1 UN	1 United States
European institutions	2 CoE; EMCDDA	2 EMCDDA	1 EMCDDA
Europe North	1 Latvia	2 Finland; Norway	2 Ireland; Norway
Europe East	1 Slovakia	1 Hungary	4 Czechia; Georgia; Hungary; Slovakia
Europe West	1 Austria	2 Belgium; Germany	2 Austria; France;
Europe South	2 Italy; Portugal	2 Italy; Spain	2 Cyprus; Italy
Asia West / Africa North	1 Egypt	2 Lebanon; Tunisia	2 Egypt; Morocco
<b>Total</b>	<b>8</b>	<b>12</b>	<b>14</b>

The online meetings were moderated by a certified facilitator who, under the scientific lead of the Italian National Research Council, conducted the work using a set of participatory processes and tools to reach consensus.

Ahead of the meetings, invited experts were provided with a draft of the questionnaire and specific instructions regarding the working method.

During the meeting, each questionnaire's section was discussed, and experts' views were gathered to reach consensus. Both the fundamental issues to be investigated and the questions to be included in the online survey were assessed on the basis of their relevance and feasibility. Based on experts' inputs, the draft questionnaire was revised to achieve and validate the final version. More details are provided in the Methodology section.

## Online survey and results

The third phase of the project concerned the administration of the online survey (see attachment for the full version of the questionnaire). The online survey was launched in May 2022 and run until September 2022.

The questionnaire was organised into four sections aimed at collecting information on the use of school survey data in four different domains: policy, prevention, training and public opinion and media.

The survey was sent to the experts included in the stakeholders' database and disseminated through the ESPAD and MedSPAD networks, as well as CoE-PG, EMCDDA and CNR collaboration networks to achieve a snowball effect.

The results illustrated in this report are based on the analysis of the data provided by 260 respondents coming from 47 countries. Results are divided into sections corresponding to the four priority areas. Each of them presents first the data collected through quantitative questions and then the information and opinions provided by respondents through qualitative questions.



# 2

## Results of the online ESPAD-MedSPAD Survey

# HIGHLIGHTS

This synthesis is intended to provide an overview of the main project results. In so doing, it attempts to address the critical issue of linking research, policy and practice by providing a cross-sectoral reading of the most important themes emerged.



## ASSESSMENT OF CURRENT USE OF SCHOOL SURVEY

All experts participating in the study acknowledge that school surveys are important in producing data that can support evidence-based practices and interventions.

In particular, the majority of them believes that school surveys are a very important instrument for monitoring drug use in the population and that this importance has increased in recent years.

They also report that school survey data are widely used for setting priorities, monitoring and evaluating the outcomes of prevention strategies and programmes, as well as in training programmes directed to practitioners, prevention/harm reduction operators, and national and local decision makers.

The topics for which school survey results are most frequently used in the different areas are tobacco and nicotine consumption in general, alcohol, cannabis and other illicit substance use. Although the majority of experts report that also school survey data on pharmaceuticals used for non-medical purposes, social media use, gaming and gambling, are used, their employment in the domains of policy, prevention, training and public debate is less frequent. This could be due to the fact that the emergence of these risk behaviours, and therefore of related initiatives, is relatively recent compared to the others.

The most frequently used indicator, particularly in the development and assessment of drug policies, is the prevalence of use, although other indicators such as the frequency of use and the age of initiation are also widely employed.

In general, greater use of data is reported at the national level rather than at the local one. However, the majority of experts in the prevention field reports that prevention programmes developed as a follow-up to school survey results are more frequently implemented at the local level.

The majority of respondents considers that adolescent substance use and risk behaviours are not given the appropriate importance by public opinion, and that school survey results on these topics are inadequately covered by media.



## AREAS FOR FURTHER INVESTIGATION

Experts also indicated the possible topics to be further investigated by school surveys that could be useful to increase the use of their results.

Interestingly, despite their variety, the suggested topics can be reconducted to some domains that are transversal to all investigated areas.

The first is a thorough investigation of risk and protective factors, such as family-related environment, parental use of different substances, relationships with friends and peers, personal values and attitudes and vulnerability factors.

Experts also suggest to broaden the investigation of new consumption behaviours, a more in-depth study of reasons for consumption, risk perception and social norms regarding substance use, as well as access to both legal and illegal substances. Furthermore, collecting and providing information on non-users is deemed important, particularly for prevention policies and interventions.

Along with substances, experts deem important to expand the investigation of risk behaviours and behavioural addictions. These are particularly related to two main, often connected, fields: use of technology and violence. In this view, the main risk behaviours cited are bullying and cyberbullying, body shaming and eating disorders, peer violence, violent behaviours at school and within families.

Mental health and well-being also stand out as an important domain where more information is needed. Among others, more evidence on this would allow a deeper investigation of the possible connections with addictive behaviours. This includes not only the well-being of surveyed students, but also family members' mental health.

The evaluation of prevention within and outside the school context appears to be a cross-cutting issue of utmost importance. Based on experts' advice, specific modules about prevention should be added in school surveys to collect information related to students' participation in prevention programmes, the kind of initiatives they participated in, both inside and outside school, as well as their feedback on the different types of prevention initiatives.

Finally, a strong support emerged for including questions regarding both sex and gender. This would allow to better analyse gender differences in adolescent substance use and risk behaviours, providing meaningful indications for better tailoring prevention efforts.



## CRITICAL ISSUES AND CHALLENGES

Across the four different areas investigated in this report, some main common challenges related to the use of school survey data emerge clearly, no matter stakeholders' profile.

Above all, experts identify in the lack of dialogue and cooperation between research, policy and prevention the main challenge for increasing the use of school survey data as evidence-base for interventions. This touches upon several issues. The lack of political priority and public interest regarding substance use in general, and among adolescents specifically, implies a low awareness of the problem and the consequent scarce support to its monitoring through ad-hoc studies. Evidence-based decision-making may sometimes be viewed with suspicion, and experts highlight that professionals in the different fields are often

wary of them. This constitutes a relevant cultural challenge to the use of data for planning monitoring and evaluating interventions, be them in policy-making, prevention practice and workforce training. Furthermore, experts pointed out a scarce collaboration with the education system, with schools and teachers increasingly reluctant to participate in research and prevention activities. This is due to the overburden of curricular and extra-curricular activities, to a lack of training of school personnel in prevention, and to a scarce awareness of the usefulness of these activities. These factors add up to the obstacles implied by the current data protection regulations, which put a relevant burden on school surveys' organisers in terms of both schools' and students recruitment for their studies.

Several challenges also concern school surveys as such. As repeatedly highlighted by participating experts, these studies are highly needed and having updated data is among the first incentives to increase their use. In this light, the infrequency of data collections as well as the delay existing between these and the publication of results constitute relevant challenges. This is considered a problem not only for the development of effective policy and prevention interventions up-to-date with changes occurring in society and adolescent habits, but also for their monitoring and evaluation. To increase students' willingness to participate, school surveys should also be able to balance the ability to rapidly adapt to emerging consumption patterns and risk behaviours with the need to keep the questionnaires easy to compile. A wider dissemination of school survey results and increased access to the data produced would also be needed.

A cross-cutting theme highlighted by respondents in all areas investigated by the project is the relationship between national and regional or local levels. Evidence-based decision making also means that decision-, opinion- and policy-makers at all levels should be able to tailor interventions to the needs of their target population. In this light, the difficulty in obtaining epidemiological data and translating national school survey results at sub-national level constitute a challenge for the necessary empirical assessment of substance use and adolescents' needs in specific geographical areas.

The above challenges are exacerbated by the lack of resources. This is perceived as a cross-cutting obstacle both among different groups of stakeholders and across countries.

The scarcity of human and financial means hampers the implementation of more evidence-based prevention programmes, the professional update of professionals involved in prevention, and their training in using data for monitoring and evaluating the interventions carried out.

At the same time, the lack or discontinuity of funding strongly affects the implementation and sustainability of school surveys over time, the increase of their frequency and the dissemination of results.



## STRATEGIES AND SOLUTIONS IDENTIFIED

Consulted experts also provided clear and actual suggestions to increase the use of school survey results and bridge the gap between all the disciplines involved in the prevention of harms from substance use and risk behaviours.

The enhancement of the dissemination of school survey results is perceived as a cornerstone for increasing their use and promoting a correct interpretation. This strategy would address a wide range of challenges, from the low awareness and social stigma surrounding substance use, to the insufficient coverage and incorrect interpretation of school survey results by media and public opinion.

Widening the target audience of dissemination efforts, better planning and targeting communication strategies, knowledge brokering and expanding the range of dissemination outputs produced are the main actions suggested by experts. Tools such as the ESPAD platform for open data consultation, videos and social media campaigns are among the most frequently cited good practice examples.

An enhanced dissemination of school survey results would contribute to making connections between researchers and decision-makers to facilitate the latter's use of evidence in adolescent health promotion and the provision of appropriate services.

A stronger commitment and support to prevention and to scientific studies offering an evidence-base is called for by the majority of experts. This would address the low awareness of the priority of prevention strategies and of the role and importance of school surveys on risk behaviours. Among the main actions proposed are structured approaches to prevention and a greater commitment to the training of prevention workforce and of education professionals tasked with prevention activities. In this framework, specific learning activities for collecting, using and interpreting data should also be included.

Moreover, high-level strategies are often suggested, indicating the importance of long-term programming, awareness of the specificities of each context and, above all, the need for constant collaboration and communication between stakeholders. A theme, the latter, which is raised in all areas, from policy to communication.

The theme of tailoring also emerges transversally: many of the reported interventions, be they in the field of communication, training or prevention are described as necessarily tailored to their target group in order to maximise their effectiveness.

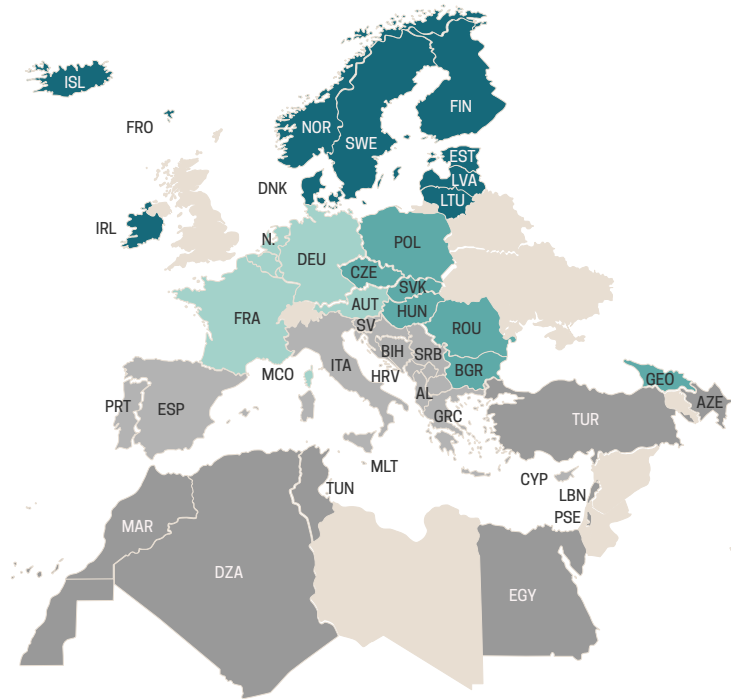
Against the background of these complex and multifaceted interventions, the provision of appropriate economic support and qualified human resources, coupled with the development of sound strategies to efficiently employ them, stand as pivotal factors.

## 2.1. Characteristics of the study sample

A total sample of **260 stakeholders from 47 countries** participated in the online survey. In particular, as shown in Figure 2.1.1, the sample was composed by respondents from the following sub-

regions: 10 countries from North Europe, 7 countries from Eastern and Western Europe respectively, 14 countries from Southern Europe, 8 countries from West Asia and North Africa, and the United States.

Figure 2.1.1. Geographical coverage of the project by sub-region based on the United National classification



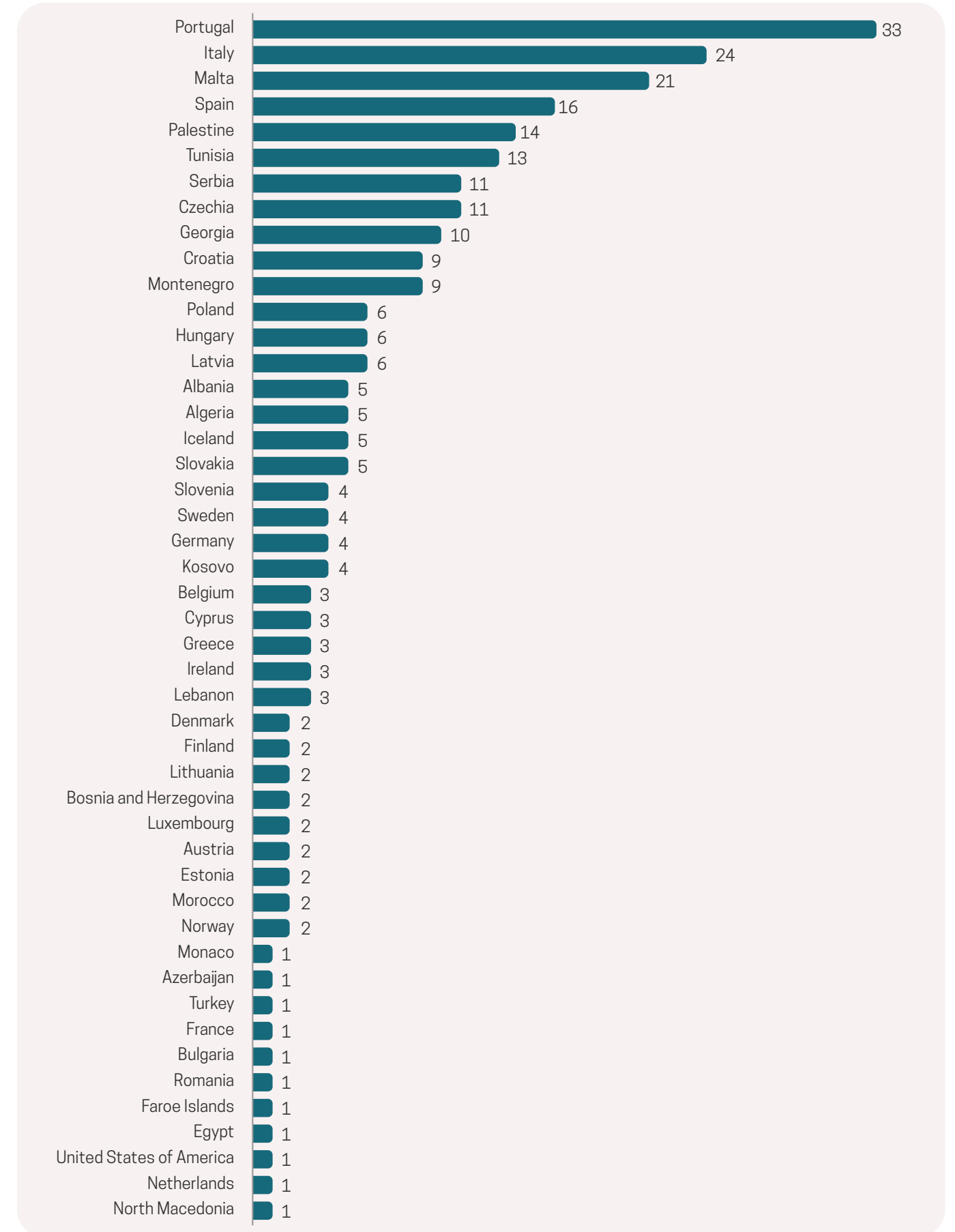
IC	PC	Sub-Regions
10	10	[2.1] Europe North
8	7	[2.2] Europe East
5	7	[2.3] Europe West
12	14	[2.4] Europe South
5	8	[3.4] Asia West/Africa North
1	1	North America*
<b>41</b>	<b>47</b>	<b>Total Countries</b>

Country	Country code	UN Subregion	Country	Country code	UN Subregion
Algeria	DZA	Asia West/Africa North	Cyprus	CYP	Europe South
Egypt	EGY	Asia West/Africa North	Albania	AL	Europe South
Morocco	MAR	Asia West/Africa North	Bosnia and Herzegovina	BIH	Europe South
Tunisia	TUN	Asia West/Africa North	Croatia	HRV	Europe South
Azerbaijan	AZE	Asia West/Africa North	Greece	GRC	Europe South
Lebanon	LBN	Asia West/Africa North	Italy	ITA	Europe South
Palestine	PS	Asia West/Africa North	Kosovo	XK	Europe South
Turkey	TUR	Asia West/Africa North	North Macedonia	MK	Europe South
Georgia	GEO	Europe East	Malta	MLT	Europe South
Bulgaria	BGR	Europe East	Montenegro	MNE	Europe South
Czechia	CZE	Europe East	Portugal	PRT	Europe South
Hungary	HUN	Europe East	Serbia	SRB	Europe South
Poland	POL	Europe East	Slovenia	SVN	Europe South
Romania	ROU	Europe East	Spain	ESP	Europe South
Slovakia	SVK	Europe East			
Denmark	DNK	Europe North	Austria	AUT	Europe West
Estonia	EST	Europe North	Belgium	BE	Europe West
Faroe Islands	FRO	Europe North	France	FRA	Europe West
Finland	FIN	Europe North	Germany	DEU	Europe West
Iceland	ISL	Europe North	Luxembourg	LUX	Europe West
Ireland	IRL	Europe North	Monaco	MCO	Europe West
Latvia	LVA	Europe North	Netherlands	NLD	Europe West
Lithuania	LTU	Europe North			
Norway	NOR	Europe North			
Sweden	SWE	Europe North	United States of America	USA	World

Notes: IC: Invited country; PC: Participating country; North America not shown in the map.

Figure 2.1.2 shows the distribution of the sample of 260 respondents by country.

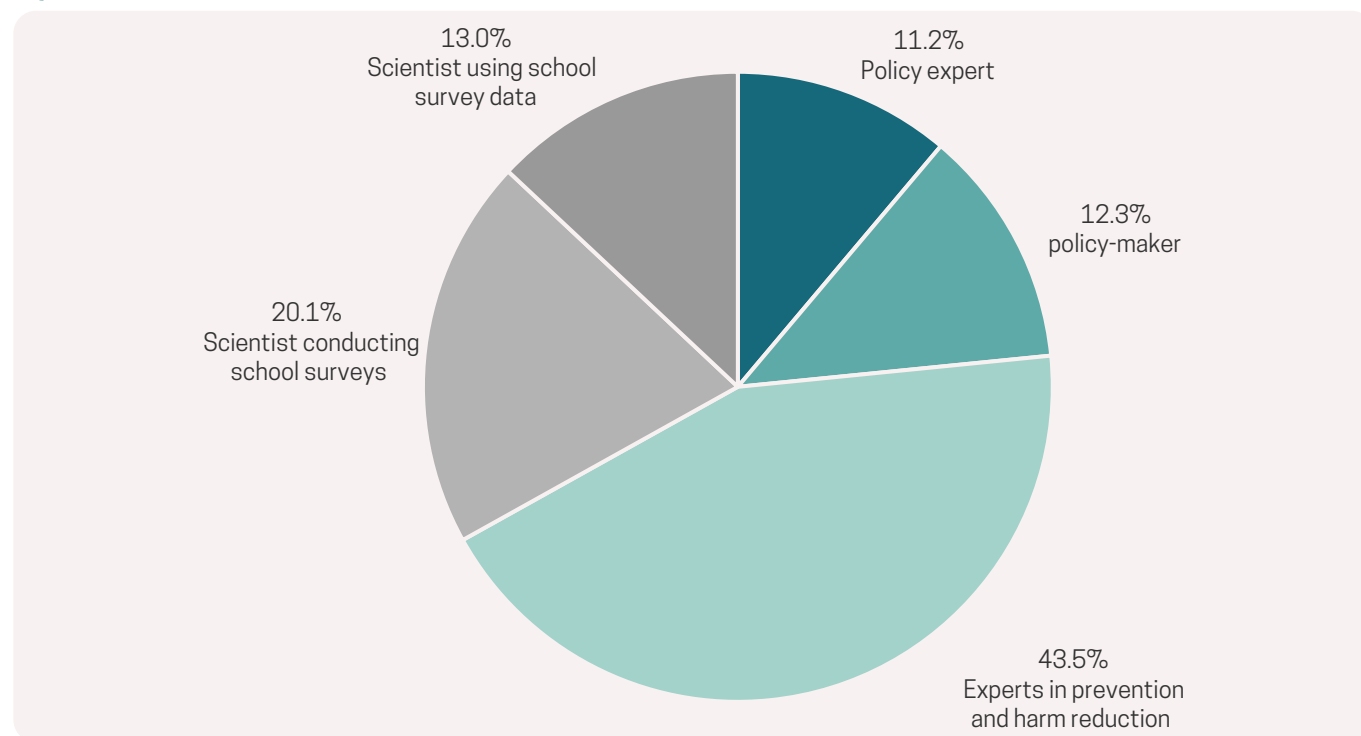
Figure 2.1.2. Number of participating experts by country (percentage)



Concerning the professional profile of participating stakeholders, Figure 2.1.3 shows that the majority of them (43,5 %) are experts in the field of prevention and harm reduction, followed by scientists specialised in monitoring drug use and risk behaviours in the student population (33.1% of

respondents: 20.1% scientists conducting student population surveys and 13.0% scientists making use of school survey data in their research activity), and by stakeholders in the policy area (23.5% of respondents: 12.3% policy-makers and 11.2% of policy experts).

Figure 2.1.3. Distribution of the sample by stakeholder category (percentage)



For ease of reference, in the following result tables respondents are grouped in three categories: **policy** (including policy-makers and policy experts), **prevention** (including experts in prevention and harm reduction) and **scientists** (including scientists conducting or using school surveys).

## 2.2. The use of school survey data for evidence-based policy-making

The development and implementation of policies in the field of addictions cannot derogate from a solid scientific basis to support them. Evidence-based policy-making is strongly sustained both at international and European level. As highlighted by EMCDDA in its mission, sound information is a prerequisite for effective policy-making that results in providing evidence able to support the production of science-based policies within countries. In this light, the strengthening of research and the

collection of sound data seem essential to improve the basis for the design of effective policies.

The following section aims at providing a detailed picture of stakeholders' views on the use of school surveys for supporting policy-making. This is done by exploring the importance that respondents recognise to the results produced by these studies for the development of evidence-based policies, as well as the level of their actual use in this domain.

### Monitoring drug use in the population

The majority of respondents (89.1%) report that school surveys are a very important instrument for monitoring drug use in the population, whilst only

10.4% report a moderate importance, highlighting a high awareness of the relevance of these studies.

Table 2.2.1. "How important do you consider school surveys for monitoring drug use in the population?". Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Very Important	86.7%	84.9%	95.9%	89.1%
Moderately Important	13.3%	14.0%	4.1%	10.4%
Not Important	0.0%	1.1%	0.0%	0.5%

The importance of school surveys is recognised by three groups of respondents, but statistically significant differences can be observed between the answers provided by scientists and those in the other two groups.

aware of the employment of these data for monitoring drug use. In fact, the relevance of school surveys is reported by 95.9% of respondents belonging to this group. It is also relevant to note that among policy-makers and policy experts no one said that school surveys are not important, probably for similar reasons as the scientists.

Since scientists in the sample are directly involved in the conduction or in the use of school survey data, it is reasonable to hypothesise that they are the most

Table 2.2.2. "How important do you consider school surveys for monitoring drug use in the population?". Percentage distribution of responses to the question by geographical sub-region

	Asia West/ Africa North	Europe East	Europe North	Europe South	Europe West	Total
Very Important	89.7%	93.3%	96.2%	86.1%	90.0%	89.0%
Moderately Important	6.9%	6.7%	3.8%	13.9%	10.0%	10.5%
Not Important	3.4%	0.0%	0.0%	0.0%	0.0%	0.5%



Focusing on the territorial distribution of stakeholders, although the majority of respondents considers school surveys as “very important” in all sub-regions, the highest percentage of support can be found among those from North Europe (96.2%), while the lowest (86.1%) among respondents in Southern Europe.

With the advent of new instruments for monitoring drug consumption in the population, the debate around the importance of school surveys has gained attention over the past years. For this reason, respondents were asked if in their opinion the relevance of these indicators has changed over the past years.

**Table 2.2.3.** "In your opinion, over the years has the importance of this indicator for monitoring drug use in the population changed?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Increased	59.1%	57.0%	48.6%	54.5%
Unchanged	27.3%	23.7%	45.8%	32.1%
Diminished	4.5%	10.8%	4.2%	7.2%
Don't know	9.1%	8.6%	1.4%	6.2%

Considering all the respondents, more than half of them (54.5%) believes that the importance of this indicator has increased in recent years, while 32.1% consider that the importance is unchanged. Percentages of participants who affirm that importance is diminished or that they do not know are lower (7.2% and 6.2% of respondents respectively).

Comparing the responses provided by the three stakeholder groups, scientists differ from the others, with 48.6% of them reporting that the importance of school surveys has increased, while 45.8% considering that this has remained unchanged.

**Table 2.2.4.** "In your opinion, over the years has the importance of this indicator for monitoring drug use in the population changed?" Percentage distribution of responses to the question by geographical sub-region

	Asia West/ Africa North	Europe East	Europe North	Europe South	Europe West	Total
Increased	62.1%	56.7%	34.6%	57.5%	50.0%	54.8%
Unchanged	31.0%	26.7%	65.4%	24.8%	40.0%	31.7%
Diminished	0.0%	13.3%	0.0%	8.8%	10.0%	7.2%
Don't know	6.9%	3.3%	0.0%	8.8%	0.0%	6.3%

Taking into consideration the sub-region of origin, in almost all of them the majority of respondents considers that the importance of school survey data has increased over the years. The only exception is represented by Northern Europe, where 65.4% of respondents report that the importance remained unchanged.

school surveys like ESPAD were developed following the input of countries in this area.

This result might be associated with the fact that this region shows the highest percentage of respondents who believe that school surveys are very important for monitoring drug use in the population (see Table 2.2.2). This could be due to the fact that in Northern Europe the importance of these indicators was already highly recognised. In fact,

### Results used for monitoring drug use in the population

It is also useful to compare the perceived importance of school surveys results to their actual use. 88.9% of respondents report that school survey results are used for producing national and local reports on the drug situation. Furthermore, 78.6% of them reports that these results are used to respond to media queries, 75.5% for developing national drug strategies, and about 70% states that these are among the indicators used in national drug monitoring systems, for the implementation of

other strategies or planning documents, and in policy statements. The use in public hearings (64.7%) and for funding proposals (59.0%) are the two less reported types of application.

The highest percentages are found in the group of policy experts and policy-makers and this could be due to their higher awareness about the use of data for monitoring drugs consumption and implementing policies.

**Table 2.2.5.** "In your country, are the results of school surveys used for monitoring drug use in the population ...?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
in national drug strategy	81.4%	67.4%	82.2%	75.5%
in national drug monitoring system	72.1%	66.3%	75.3%	70.7%
in other strategy / planning documents	81.4%	70.0%	69.4%	72.2%
in public hearings	67.4%	62.6%	65.8%	64.7%
in policy statements	76.7%	62.6%	71.2%	68.6%
in funding proposals	66.7%	56.7%	57.5%	59.0%
in national / local reports on the drug situation	93.0%	85.7%	90.4%	88.9%
in responding to media queries	81.4%	72.2%	84.9%	78.6%

### Topics used to set priorities for evidence-based policies

An interesting point of view is offered by the information provided by stakeholders regarding the

use of school survey results to set evidence-based policies on different topics.

**Table 2.2.6.** "In your country, are the results of school surveys on the following topics used to set priorities for evidence-based policy?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Alcohol	67.4%	71.7%	81.7%	74.3%
Tobacco/nicotine (cigarettes, e-cigarettes)	76.7%	79.3%	86.1%	81.2%
Cannabis	79.1%	66.3%	77.8%	72.9%
Other illicit substances (cocaine, heroin, etc.)	62.8%	64.1%	62.5%	63.3%
New Psychoactive Substances (NPS)	58.1%	56.5%	43.1%	52.2%
Pharmaceuticals used for non-medical purposes	46.5%	48.9%	43.1%	46.4%
Gambling	41.9%	54.9%	50.0%	50.5%
Gaming	39.5%	45.1%	40.3%	42.2%
Social media use	51.2%	51.1%	45.8%	49.3%

Based on respondents' indications, tobacco and nicotine in general (including both cigarettes and e-cigarettes) is the topic for which school survey results are most frequently used (81.2%), followed by alcohol (74.3%) and cannabis (72.9%).

The lowest percentages of use are reported for school survey data on gaming (42.2%), one of the newest topics investigated by school surveys such as ESPAD and MedSPAD, pharmaceuticals used for non-medical purposes, social media and gambling (46.4%, 49.3% and 42.2% respectively). This

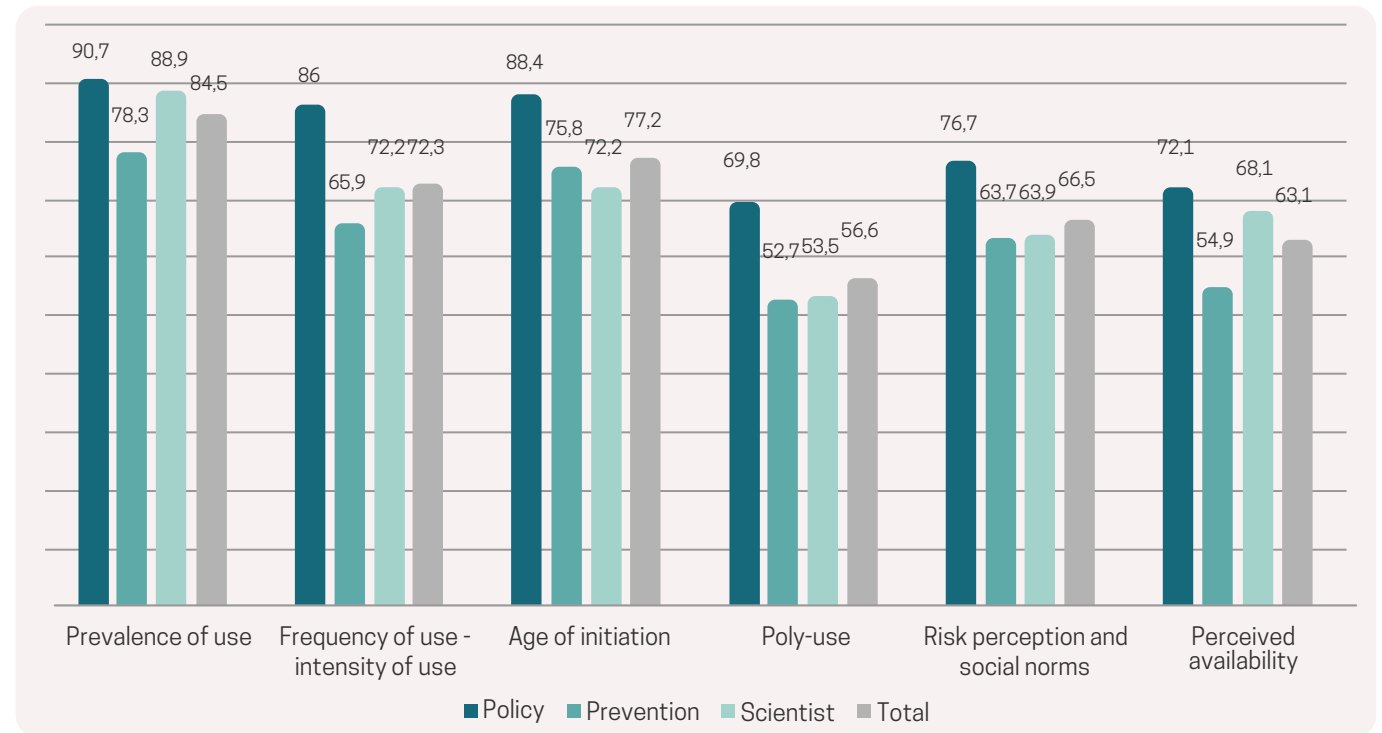
could be due to the fact that the emergence of these risk behaviours, and therefore of related policy initiatives, is relatively recent compared to the others.

Concerning differences among stakeholders, policy-makers and experts report that cannabis results are the most frequently used, while prevention and harm reduction experts and scientists agree on the widest use of tobacco and nicotine results.

### Indicators used for policy-making

Respondents were also asked to identify which, in their opinion, are the indicators used to support policy-making.

Figure 2.2.1. "In your country, are the following indicators provided by school surveys used for policy-making?" Percentage distribution of responses to the question by stakeholder category



Prevalence of use is the indicator reported as most frequently used (84.5% of respondents), in particular by policy-makers and policy experts (90.7%) and scientists (88.9%). Moreover, 77.2% of participants consider the age of initiation as a key indicator for policy-making, followed by the

frequency of use (reported by 72.3% of respondents). On the contrary, indicators concerning poly-use are the less reported as being used to support policy-making (56.6%).

Comparing different categories of stakeholders, the group of policy-makers and policy experts reports the highest percentages for all the indicators, showing a greater awareness of the use

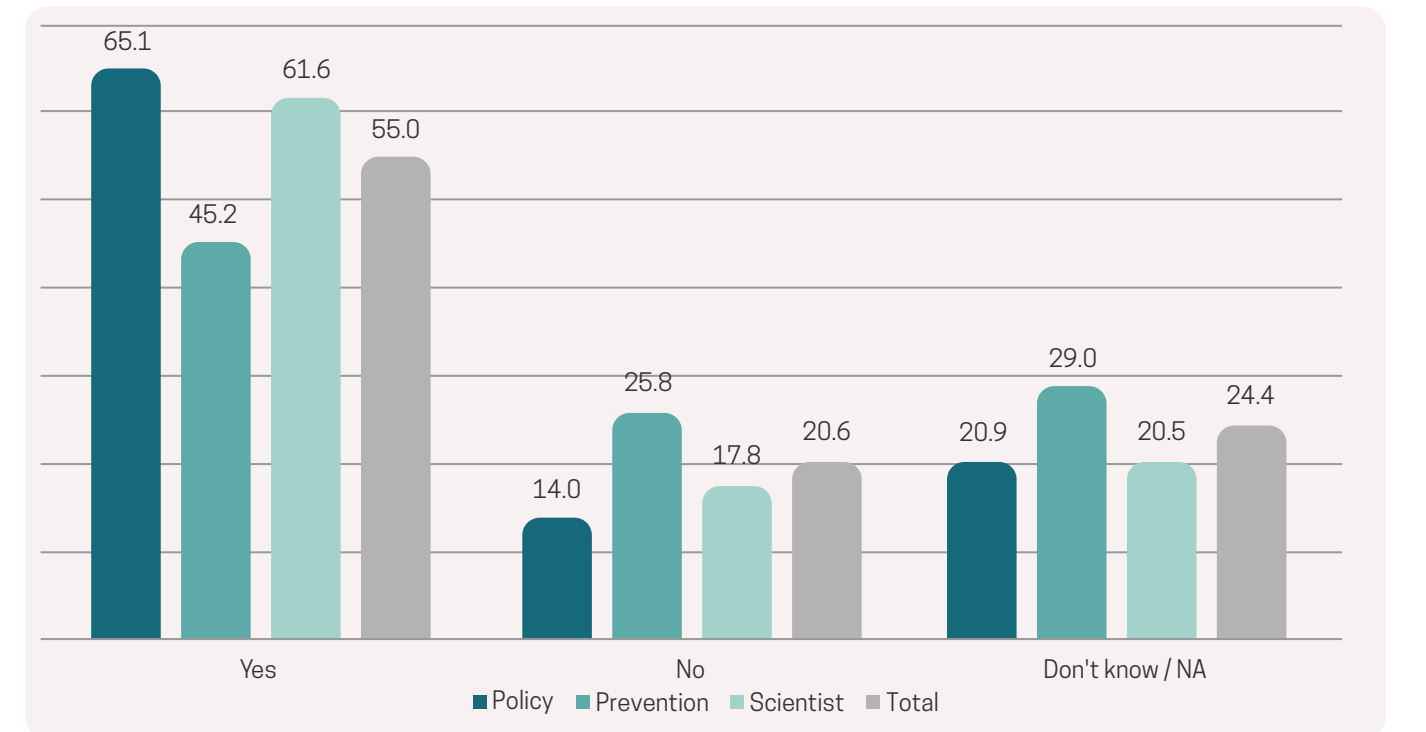
of these indicators in the development of policies, which may not be perceived by the other two groups in the same way.

### Results used for policy evaluation

The use of school survey data is relevant not only for the development of new policies but also for the assessment of those already implemented. For

this reason respondents were asked if, in their opinion, results from school surveys are used for policy evaluation.

Figure 2.2.2. "In your country, are school survey data used for policy evaluation?" Percentage distribution of responses to the question by stakeholder category



More than a half of them states that school survey data are used as evidence for assessing policies (55%), while 24.4% does not have an opinion and 20.6% reports they are not used for this purpose.

The highest percentage is found among policy-makers (65.1%), followed by scientists (61.6%), while only less than half (45.2%) of prevention and harm reduction experts shares this opinion. It is interesting to note that, as in other cases, policy-makers and experts and scientists show similar percentages. This might be due to the fact that with respect to experts in prevention and harm reduction they are more involved in policy-related issues.





topic of particular interest to respondents, which is further detailed in Section 2.5. Poly-substance use was also indicated as a very important phenomenon to provide information about. From a policy perspective, participants suggested the interest of investigating students' attitudes toward the legal framework regulating cannabis and other substances. Lastly, collecting and providing information on non-users, in terms of estimates and reasons for not using drugs, would be particularly helpful for prevention policies.

Regarding substances, participants suggest investigating deeper new consumption behaviours. In this context, new nicotine-based products (e.g. e-cigarettes, heated tobacco products, nicotine pouches) is the most recurring topic. Of particular interest are aspects such as smoking/vaping cessation and the content of nicotine delivery systems (e.g. liquids containing Tetrahydrocannabinol (THC), home-made liquids). Other substances include energy drinks, laughing gas and Cannabidiol (CBD) products.

Over the past few years, **risk behaviours and behavioural addictions** gained importance and for this reason respondents report that it would be highly required to further investigate them. In fact, it is asked to focus on excessive internet and technology use (social media, smartphones, screen addiction), on gaming and gambling, to obtain information that can be useful to develop evidence-based policies. The topic of pandemic emerges as an emergency period that may have introduced relevant changes in digital behaviours and therefore as an issue to be further investigated. Another important aspect, which is less explored in surveys but that is strongly needed, concerns the use of violence: participants propose the introduction of questions on peer violence, violent behaviours at school and within families. Moreover, respondents suggest the collection of information on risk behaviours such as bullying, cyberbullying, eating disorders and self-harming, which in recent years became relevant public health issues. Other risk behaviours mentioned are at-risk sexual practices, use of pornography and shopping.

Participants also highlighted the importance of a specific focus on **mental well-being**: the collection of data on this topic would allow to investigate the possible connections with addictive behaviours. The proposal is to collect information on the mental health of surveyed students, comprising well-being at school, on childhood trauma and family members' mental health.

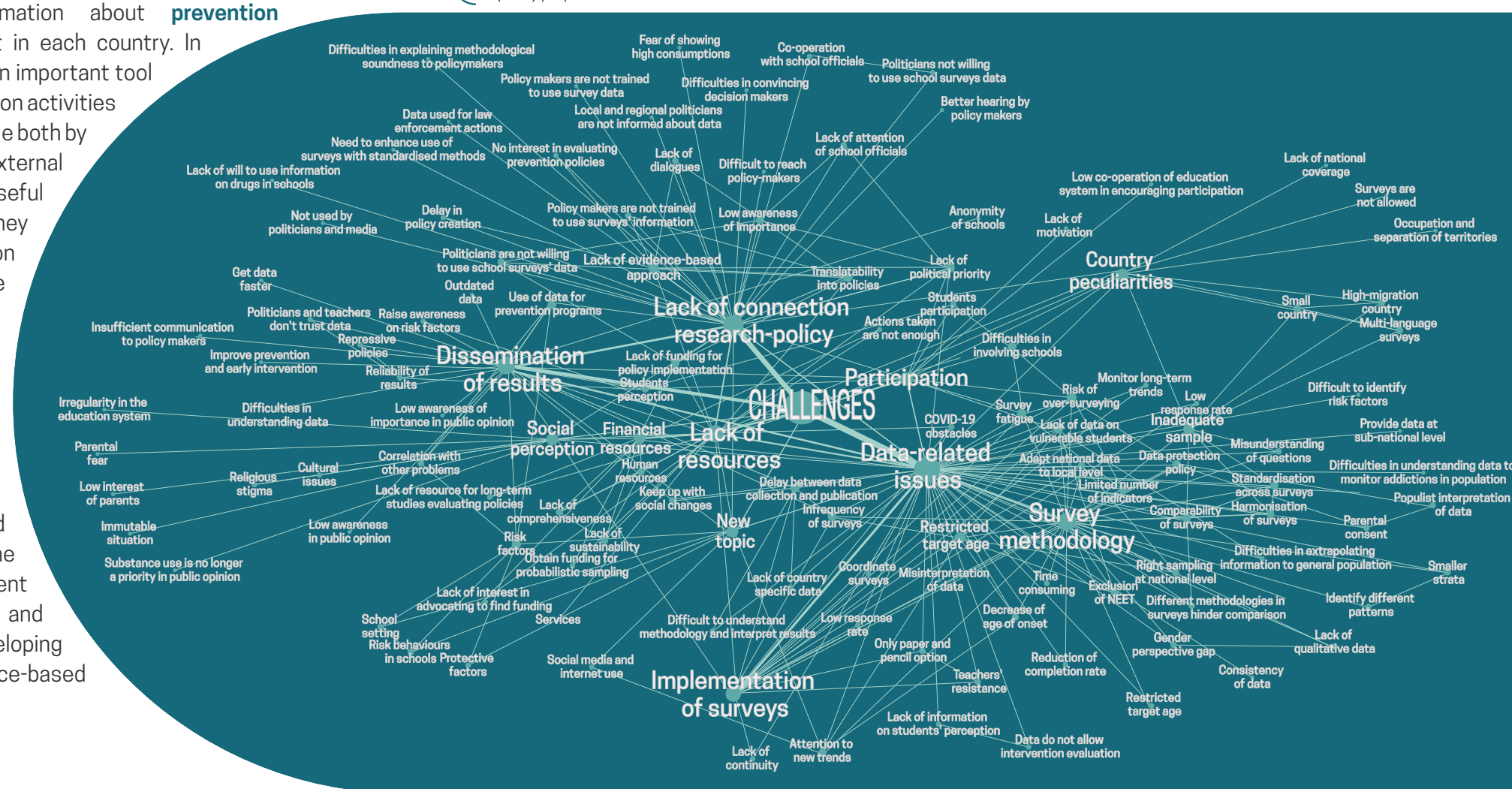
Another recurring proposal by stakeholders is the collection of information about **prevention activities** carried out in each country. In fact, surveys can be an important tool for assessing prevention activities offered to young people both by schools and in external settings. It may be useful to ask students if they took part in prevention initiatives, how these were structured, their main components and how they found them. The data collected from this set of questions before and after interventions could provide a basis for the evaluation of current prevention strategies and consequently for developing new effective evidence-based prevention policies.

### Challenges of school surveys for policy purposes

This section provides an overview of the main challenges identified by stakeholders participating in the survey related to the use of school survey data for policy purposes. Figure 2.2.5. shows the main

concepts emerged, their relative frequency through the node dimension and the strength of the relationship linking them.

Figure 2.2.5. Graph referring to the semantics found in the answers to the question: "What are the challenges faced in the use of school survey data for policy purposes?"



The majority of respondents (43.0%) refer about challenges regarding the **methodology and implementation** of school surveys.

Many of them highlight that too many competing surveys are carried out in their countries. This generates two sets of problems related to funding: on one side difficulties for decision makers in charge for attributing funding within the framework of available resources, on the other it puts a burden on the researchers who struggle to obtain sufficient

resources for the adequate (e.g. in terms of time and training of personnel) implementation of the studies and for ensuring their continuity. This hinders the monitoring of long-term trends in substance use.

The existence of several competing surveys also implies the risk of over-surveying: some participants report that this, along with other factors, can lead to survey fatigue that has an incidence on schools' participation.

School surveys are not only referred to be rather expensive, but also of complex organisation and coordination. This is often exacerbated by a low level of cooperation with teachers and schools' officials.

Moreover, some challenges are related to the fact that school surveys are frequently conducted with different methodologies (e.g. year of data collection and target-age), include different topics and use different formulation of questions and screening scales, which hinders the comparability of collected results. This makes policy-makers, which need clear answers, confused on what is the situation and generates a loss of interest.

Another reported challenge concerns the delay existing between data collection and publication of results, which is more perceived by policy-makers and policy experts (15%). The use of outdated data is considered a problem for the development of policy intervention effective and up-to-date with changes occurring in society and adolescent habits.

The infrequency of surveys poses a challenge also for their use in the evaluation of prevention interventions. Furthermore, the use of school survey data for this purpose is very difficult because prevention and treatment policies are rarely so powerful (in terms of coverage and sustainability) to actually generate changes on the national scale.

Regarding the methodology of school surveys, some respondents identify the exclusion of vulnerable students (for example those not attending or dropped out of school) as a challenge generating a lack of information about most at-risk sub-populations.

Several respondents also identify as a challenge the restricted target age of school surveys, which limits the development of age-specific measures.

Scientists conducting school surveys also refer increasing difficulties in obtaining a sample representative of the target population.

The recent legal changes at international and national level, implying new stricter data protection standards and mandatory parental consent in some countries, pose a further important challenge in this respect.

Furthermore, another relevant challenge concerns the difficulties in obtaining data at sub-national level and, when not possible, in correctly translating national results for formulating policies in the local context, especially for those substances with low prevalence of use. This is a recurring topic, which is strongly highlighted by respondents in all the areas investigated by the present project.

Moreover, several respondents reported that the advent of the COVID-19 pandemic hampered the data collection, particularly in those countries where only the paper-and-pencil mode is available for survey administration.

With respect to the questionnaires used by existing school surveys, several stakeholders observe that often the long time required to respond constitutes a source of survey fatigue impacting on participants' attention and on the reliability of their answers. This is relevant also considering that in certain cases the questions themselves are deemed difficult to be correctly understood by students.

To be able to support policy-making, surveys should balance the need to keep the questionnaires easy to compile and the ability to rapidly adapt to emerging consumption patterns and behaviours by adding new questions.

For the formulation of policy initiatives in the field of prevention, school surveys should also be able to provide an in-depth analysis of vulnerabilities. In fact, some respondents observed this would help in raising the awareness of decision makers on the fact that evidence-based prevention is largely not specific to the single substance and that prevention measures should be oriented not so much to consumption but to common risk factors. In this light, qualitative questions and questions about students' gender could help in better identifying these factors.

Some respondents report difficulties both in interpreting the data in order to provide an accurate picture of adolescent risk behaviours, and in understanding of the methodology used to collect them. This is deemed to favour their misinterpretation or instrumental use of results and constitutes a recurring theme, with several possible mitigating actions proposed in particular in Sections 2.4 and 2.5.

Problems related to school surveys' implementation are strongly connected with challenges linked to the **insufficient connection between research and policy**, which is the second most reported source of obstacles (36.8% of respondents), particularly among prevention and harm reduction experts (52.0%).

This area comprises four recurring problems: lack of political priority and public interest regarding substance use in general, and among adolescents specifically; a low awareness of the problem and a general difficulty in reaching policy-makers and to let them know about school survey results; insufficient use of an evidence-based approach to policy-making; a lack of dialogue among different stakeholders.

As described in detail in the section dedicated to media (2.5), respondents report that in some countries substance use is no longer a priority in public opinion and that therefore in **public budget** it is not given the same importance as before.

The reported lack of understanding of school survey data by policy-makers also leads to obstacles both in using them as **criteria to prioritise actions** and in translating them into appropriate **policy inputs**.

Although school survey results can be used for **evaluating current policies**, some respondents notice a lack of interest by policy-makers. This leads to the fact that in some countries data are frequently used only to respond to relevant queries by media and international organisations or to support decision already taken. Some other stakeholders report that even if in their country policy-makers and media make use school survey results, this could be done more frequently. Furthermore, in some cases policies based on school survey results are not always used to drive positive legislation in favour of prevention.

Finally, one of the greatest challenges reported at policy level is that although only data from surveys conducted with **standardised methods** should be used, often they are commissioned to **private companies** that have commercial interests or to professionals without real competencies in the field. This leads to the production of distorted information that may push policy-makers towards inappropriate choices.

Challenges related to the **dissemination of results** are often reported by respondents along with those related to the lack of connection between research and policy. Difficulties in this area are referred by 24.6% of respondents.

Dissemination of results is considered complex because adolescent substance use and risk behaviours are not perceived as a **priority** in public opinion and the **level of interest** shown is not high.

Furthermore, some respondents reported a **lack of willingness** to make school survey results visible because of the fear of showing that drug consumption is high or increasing.

Finally, one of the main challenges related to dissemination is to show the **linkage between scientific evidence and actions** that might be taken based on the results, hindering the formulation of spot-on actions.

The absence of an adequate connection between research and policy is deeply linked to the **lack of resources**, reported by 14.9% of respondents.

The lack of adequate financial support is perceived as a cross-cutting obstacle both among different groups of stakeholders and across countries, particularly in Middle-East and Southern Europe. It concerns the absence of funding not only to carry out surveys themselves but also to ensure their long-term sustainability.

Moreover, stakeholders report that in some countries financial difficulties are exacerbated by the lack of qualified human resources and services, which are both essential for the implementation of surveys.

The **participation of schools and students** is the fourth most important source of challenges (reported by 11.4% of respondents) and frequently linked with problems related to the implementation of surveys, particularly among scientists.

Challenges in this area refer to a widespread increasing difficulty in involving schools in the data collection. This is due to several factors, among which the large number of requests coming from different surveys and the general lack of cooperation with the education system.





Creating a comparable set of questions would also allow to obtain a common set of indicators which cover different years, countries and geographical levels. In fact, this could be a way to make it possible to obtain data in smaller strata such as provinces or urban and rural areas to better identify possible differential patterns in substance use.

To tackle the decreasing school participation observed in some countries over recent years, some respondents propose to make school surveys mandatory or strongly recommended by the competent authorities at national level (e.g. Ministries of education).

In order to value methodologically sound school surveys recognised by the scientific community and make it easier to know them, stakeholders propose the definition of minimum quality standards and the establishment of national registers of certified studies for these purposes.

This action would also facilitate the realisation of another proposed action aimed at supporting policy-making: making school survey indicators part of the evaluation indicators of the different policy strategies.

In addition, to simplify the data collection process and increase participation, several respondents suggested to switch to methodologies such as the online administration.

Respondents also propose the validation of new screening instruments specific for adolescents to investigate relatively new addictive behaviours, such as gaming and gambling, and adding questions on prevention activities and initiatives that can help to understand their actual implementation. Involving specific expertise (psychiatrists, educators etc.) for developing new survey modules was also advised.

Lastly, it is proposed to go beyond a dichotomic definition of sex (female/male) and include other gender options in the questionnaires, or better to include questions on both sex and gender, to obtain relevant information concerning the prevalence of substance use according to these variables.

The second most frequent set of actions and strategies (36.4% of respondents) concern the

**dissemination of results**, proposed by a relevant share of respondents in all three stakeholder groups.

The dissemination actions proposed are linked to a general need to share school survey results with students, parents, educational staff, health professionals and policy-makers. This set of actions related to dissemination can be considered a transversal element within this stakeholder survey. Indeed, the importance of sharing effectively the results of school surveys also emerges in the sections dealing with prevention, training and (understandably) communication. In the specific case of policy-making, it is suggested that holding regular meetings to discuss survey results and offer appropriate training initiatives could lead to strengthen the relationship and dialogue between scientists and policy-makers, thereby encouraging both the use and the correct interpretation of data.

For improving the dissemination of results, participants propose actions related both to the means and contents of communication strategies.

The use of an effective communication and the development of information campaigns involving media and other stakeholders, particularly the non-governmental organisations (NGOs), is one of the main means suggested.

To increase the awareness of the usefulness of school surveys, it was also advised that more efforts should be made to return survey results to schools, so that they can understand the value of their participation and their role in policy development.

Following the good practice example of some countries that already did it, implementing an online app for disseminating results collected over the years could be a possible effective action.

The creation of catchy advertising campaigns, highlighting the contribution of students, was suggested as a mean to motivate and engage them.

A possible action would be to associate survey administration with scientific dissemination events. This is deemed effective in highlighting in advance the contribution that students will be able to provide, thereby encouraging their participation.

Finally, to overcome the lack of confidence in surveys, respondents suggest the creation of short promotional videos showing how data are collected, the internal validity and reliability of the questionnaire.

Regarding the contents of dissemination actions, several respondents point out the importance of choosing a clear and easy-to-understand language together with short messages that are helpful to go beyond the scientific community and reach public opinion. Making use of scientific and grey literature in dissemination campaigns, as well as involving international experts when presenting survey results at national level, are also indicated as possible effective actions.

Finally, making efforts for having a quicker reporting of results is one of the actions indicated at the same time as most effective and difficult to perform.

Another set of strategies often proposed (12.5% of respondents) concerns the **enhancement of prevention** activities, suggested in particular by experts in prevention and harm reduction.

Results of surveys conducted in schools are deemed useful both for evaluating prevention policies enforced and for developing new ones. For example, they are particularly useful in identifying at-risk sub-populations to design adequate interventions.

Stakeholders participating in the survey suggested the use of participatory methods such as focus groups to actively involve students and, for example, collecting information on reasons for not using substances or engaging in other risky behaviours. Moreover, respondents highlight the importance of integrating results from school surveys with data from other sources in order to have a complete overview of substance use for better structuring and evaluating prevention policies.

Using school survey data for implementing national strategies for universal prevention, developing environmental and social actions to promote the mental and social well-being and academic success of youth, as well as creating communities for universal prevention in schools (combining children, parents and teachers) are also suggested.

Actions and strategies related to the dissemination of results are linked with the demand of undertaking actions aimed at **enhancing the awareness** around school surveys (raised by 11.4% of respondents), particularly highlighted by policy-makers and policy experts.

In particular, respondents express the need of actions to raise awareness on the topic of addiction, targeting both policy-makers and public opinion. Furthermore, increasing the perception of the importance of school surveys is suggested as a strategy particularly helpful in increasing the number of participating schools and students as well as the number of people aware of the results produced. Improving the coordination among relevant stakeholders is deemed essential to this purpose.

Furthermore, the importance of emphasising the key contribution that students give to policy-making through their participation in surveys, as well as of returning school survey results to participating school is stressed. As mentioned, this is suggested to be done through the creation of tailored dissemination campaigns.

All the actions and strategies proposed are strongly linked with the request of **increasing resources**, identified by 11.4% of respondents as an actual and urgent need. This is a cross-cutting solution proposed for many of the challenges identified and it includes the increase of both human and financial resources. Concerning the latter, the creation of structured funding agreements would be helpful to guarantee the continuity of surveys over time.

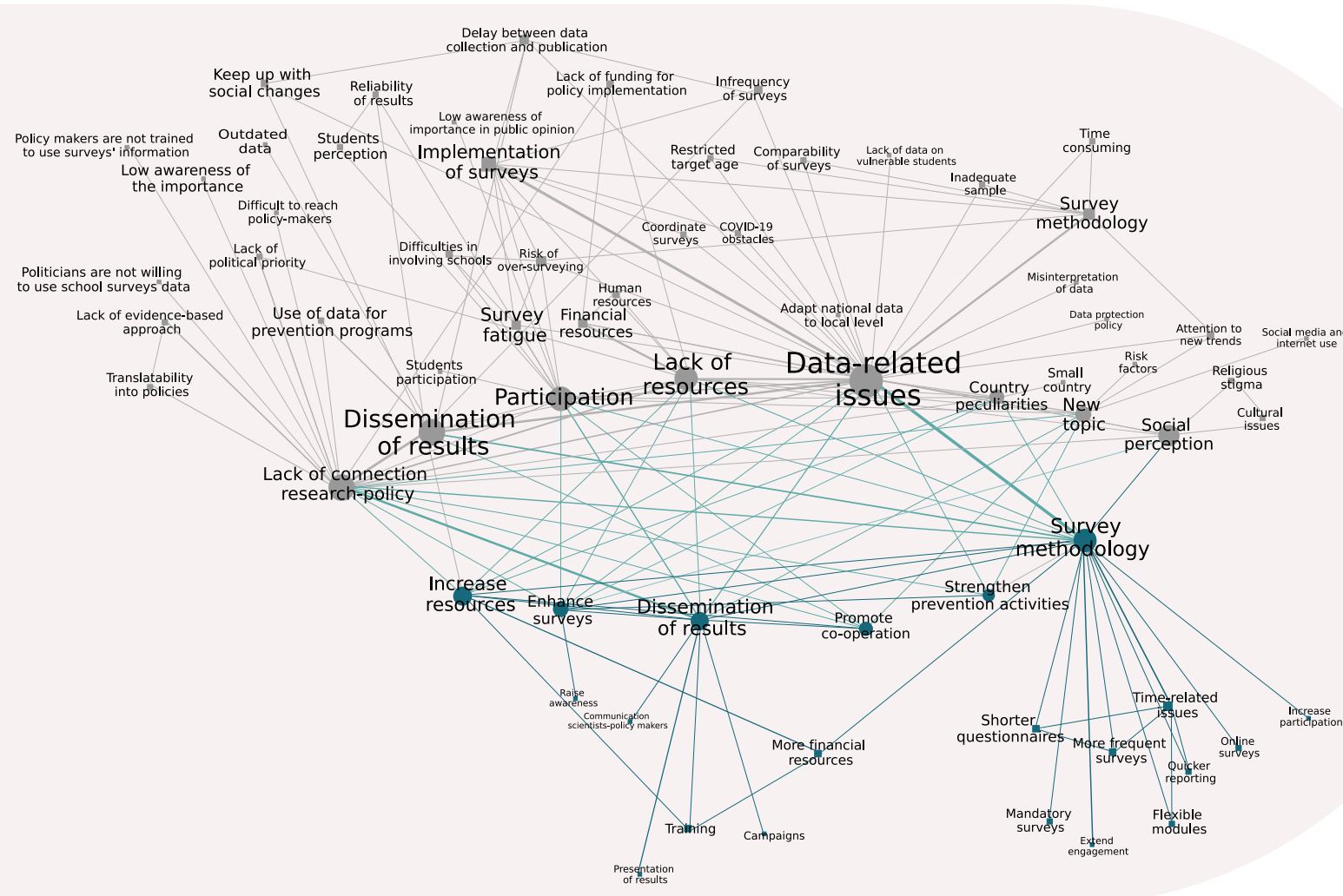
Finally, proposals calling for the promotion of **cooperation between stakeholders** relevant in the field are identified by 9.1% of respondents. This refers in particular to strengthening the partnership and collaboration with Ministries of education, school administrators and teachers to enhance surveys, as well as between researchers and policy-makers to improve the use of data produced.



## Challenges, actions and strategies for policy purposes

This section aims at providing an overview of the relationships between the main challenges described and the possible solutions identified by stakeholders to overcome them.

**Figure 2.2.7.** Graph referring to the relationships between the concepts extracted from the answers to the questions "What are the challenges faced in the use of school survey data for policy purposes?" and "What actions/strategies concerning the school surveys might be helpful in overcoming the identified challenges?"



Notes: challenges are shown in grey colour and solutions in teal. Round nodes identify first-level concepts and square nodes the related sub-concepts. Relationships between challenges are in grey, relationships between solutions are in teal, and relationships between challenges and solutions are in light green.

Figure 2.2.7 highlights the interconnections between the main challenges and possible solutions as described in the previous sections, their relative frequency and the strength of the relationship linking them.

The first thing to note is that all challenges are connected with actions and strategies concerning their same area: for example, challenges that stakeholders identify as arising from the lack of

resources are strongly connected with actions proposed to increase financial and human resources; obstacles found in the dissemination of results present solutions referring to the spreading of data.

However, to better understand respondents' opinion, it is interesting to focus on the connections existing between different groups of challenges and solutions.

The actions proposed concerning the **methodology and implementation** of school surveys are highly suggested not only to tackle or mitigate obstacles in this area, but also to respond to challenges identified in all other areas.

Strategies referring to the improvement of processes are associated with several challenges and, above all, presented as a solution helping to address the delay between data collection and publication of results.

To tackle the increasing difficulty of recruiting participating schools observed in some countries, respondents strongly recommend that school surveys of interest (such as ESPAD or HBSC) are made mandatory by the competent public authorities. To overcome the issues stemming from the proliferation of school surveys without a recognised scientific value, stakeholders propose the definition of minimum quality standards and the establishment of national registers of certified studies. A methodological solution responding to several challenges, from the difficulty in recruiting participating schools and students to the scarcity of financial and human resources, is the transition to the online data collection mode. To meet the increasing need of evidence-based prevention policies, the main solution proposed is to add to school surveys dedicated modules to investigate if, how and from whom students received prevention interventions.

Together with actions related to the methodology and implementation of school surveys, also the **dissemination of results** represents an important area of possible mitigating actions and strategies referred to different groups of challenges. In particular, actions related to the dissemination of results are strongly recommended to overcome challenges related to the lack of connection between research and policy. Tailored dissemination strategies would address the low awareness and the general difficulty in reaching policy-makers, helping them to recognise that school surveys deserve to be supported with adequate funding, which is an area particularly felt as problematic.

Moreover, the **strengthening of prevention policies** is another recurring set of proposals considered useful for problems connected to social and individual perceptions. For example, national strategies for universal prevention are deemed useful for raising awareness and overcoming social stigma on drug issues and boosting participation in school surveys.

It is interesting to note that the request of **increasing resources** is proposed as a solution to all the groups of challenges, with the only exception of those related to the monitoring of new trends in risk behaviours. Therefore, an increase of funding and human resources is considered as an essential requirement for all the actions that can increase the effective use of school survey data in support of policy-making.

Proposals linked to the **enhancement of school surveys** though actions aimed at increasing the awareness of the importance of these studies are also strongly sustained, in particular as a solution to the decreasing level of participation and to problems concerning the lack of connection research-policy. It is interesting to note how increased awareness is proposed as a top-down solution for issues ranging from policy-makers' reception to prevention and school/student participation. For example, strategies aimed at emphasising the key contribution that students give to policy-making through the information they provide can increase their motivation and participation in school surveys.

Proposals aimed at **strengthening the cooperation** with relevant stakeholders, in particular those belonging to the education sector as well as policy-makers, prevention operators and researchers, are deemed useful to overcome challenges related to the decreasing participation of schools.

Finally, from the point of view of the challenges, those related to lack of connection research-policy are the ones with the higher number of actions and strategies proposed in different groups of solutions.

## 2.3. The use of school survey data for prevention strategies and programmes

As proposed by EMCDDA (2019), looking at the big picture rather than the individual elements only is a promising approach to the prevention of risky behaviours. In particular, a system view has been identified as the best to successfully implement substance use prevention programmes and policies, given the differences between stakeholders involved in the prevention chain. Researchers, policy-makers and prevention experts consider prevention from different perspectives and have different priorities. Experts in prevention focus on having meaningful interactions with their target populations whereas researchers concentrate on creating and implementing effective interventions. Policy-makers instead, work to create laws that address public concerns and maintain coordination among stakeholder groups. The efficient use of evidence depends also on the interactions between these different areas and the implementation of effective prevention programmes can be hampered by sets of divergent viewpoints on what is important for prevention.

In this picture, the investigation of adolescents' substance use and risk behaviours and their drivers

acquire central importance in order to design effective preventive interventions (Helmer, S.M et al., 2021). Local or regional estimates of substance use and other problematic behaviours, as well as data on risk and protective factors, such as those affecting academic performance, positive youth development, school dropout and violence, are therefore relevant for planning and decision-making on appropriate prevention responses.

In these terms, one of the main purposes of the ESPAD-MedSPAD bridge project is to understand through the collection of opinions of policy-makers, experts in prevention and harm reduction and scientists involved in school surveys, whether and how the results of school surveys are used for the implementation of preventive strategies or programmes and what are the main challenges faced in the use of these results, together with the possible strategies or activities to face them. This analysis can provide insights useful to support both the implementation of preventive programmes and strategies as well as to fill the gap between stakeholders' perceptions.

### Importance of school surveys for prevention strategies/programmes

When asked about the importance of school survey data for evidence-based prevention, the majority of respondents (87.6%) - regardless of their professional profile - state that school surveys are

very important to set priorities, monitor and evaluate the outcomes of evidence-based prevention strategies and programmes.

Table 2.3.1. "How important do you consider school survey data for setting priorities, monitoring and evaluating the outcomes of evidence-based prevention strategies/programmes?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Very Important	85.0%	88.2%	88.7%	87.6%
Moderately Important	12.5%	10.5%	11.3%	11.2%
Not Important	2.5%	1.3%	0.0%	1.1%

### Use of school surveys results for prevention strategies/programmes

Regarding the actual use of school survey results in support of prevention strategies and programmes, the first thing to note is that respondents report that these are used in all the project phases, i.e. development, monitoring and evaluation. According to stakeholders' answers, in their home country school survey results are primarily used to set priorities for the development of strategies and programmes (reported by 82.5%). More than half of respondents refer that the results of school surveys are also used for monitoring their progress (57.6%)

and evaluating the outcomes (56.3%) of prevention strategies and programmes.

Since the different stakeholders hold different expertise and consider prevention from different perspectives, it is also interesting to note that the share of policy-makers and experts referring the application of school survey results for both monitoring and evaluating prevention strategies/programmes is significantly higher compared to the two other groups.

Table 2.3.2. "In your country, are the results of school surveys used to...?" Percentage distribution of responses to the question by stakeholder category

Use of results	Policy	Prevention	Scientist	Total
set priorities for the development of evidence-based prevention strategies/programmes?	89.7%	78.9%	82.3%	82.5%
monitor the progress of evidence-based prevention strategies/programmes?	64.1%	55.3%	56.5%	57.6%
evaluate the outcomes of evidence-based prevention strategies/programmes?	65.8%	51.3%	56.5%	56.3%

### Topics used for prevention strategies/programmes

Respondents were also asked how frequently the results of school surveys concerning specific topics are used to develop, monitor and evaluate prevention strategies and programmes. Furthermore, they were also asked to indicate the relative level of territorial implementation. The

investigated topics are alcohol, tobacco and nicotine, cannabis, New Psychoactive Substances (NPS), other illicit drugs, pharmaceuticals used for non-medical purposes, gaming, social media use and gambling.

#### Alcohol

With reference to the opinions regarding the frequency of use of data related to alcohol consumption, 65.8% of respondents point out that these are used, either often or sometimes, with no statistically significant differences among stakeholder profile.

**Table 2.3.3.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on alcohol? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: Alcohol</b>				
Often	36.8%	24.7%	40.3%	32.9%
Sometimes	23.7%	39.7%	30.6%	32.9%
Rarely	15.8%	19.2%	14.5%	16.8%
Never	0.0%	5.5%	3.2%	3.5%
Don't know / NA	23.7%	11.0%	11.3%	13.9%
<b>Implementation level</b>				
Supranational	8.7%	10.6%	9.1%	9.6%
National	82.6%	55.3%	81.8%	71.1%
Local	43.5%	70.2%	50.0%	57.0%

When questioned about the territorial implementation of prevention programmes exploiting school survey results on alcohol use, 71.1% of respondents reports that these are used for programmes or strategies implemented at the national level, while 57.0% at local level and only 9.6% at supranational one.

It is interesting to note that the opinions of prevention experts differ from those of other stakeholders: whilst the percentage of those reporting the use of these data for the implementation of programmes at the national level is lower than in the other two groups (55.3% vs 82.6% and 81.8%). The share of those reporting the application of school survey data also at local level is

higher (70.2% vs 43.5% and 50.0%). Policy experts and scientists reported instead much more similar perceptions. Specifically, they believe that these strategies are much more implemented at the national level (82.6% and 81.8% respectively), and only to a lesser extent at the local level (43.5% and 50.0% respectively). This might be due to the different contexts in which stakeholder perform their activities. Following this line, stakeholders in the policy and research field might have a better knowledge of programmes and strategies implemented at the national level, while experts in prevention and harm reduction might be more informed about the different initiatives going on at local level.

## Tobacco

67.2% of respondents state that school survey data on tobacco and nicotine are used either often or sometimes. This result is quite similar to the one regarding alcohol. However, in this case statistically significant differences are observed among stakeholder profile. While nearly half of respondents in the policy and research areas state that results concerning this topic are often considered for developing, monitoring and evaluating prevention programmes, only 26.0% of experts in prevention is of the same opinion while the majority believes that this happens only sometimes. Interestingly, only about 10% of respondents in this group report to have no sufficient information to answer, compared

to 23% of policy experts and 16% of scientists, which might indicate a higher awareness of experts in prevention concerning initiatives targeting tobacco and nicotine use.

**Table 2.3.4.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on tobacco/nicotine (cigarettes, e-cigarettes)? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: Tobacco/Nicotine (Cigarettes, E-Cigarettes)</b>				
Often	48.7%	26.0%	46.8%	38.5%
Sometimes	15.4%	41.1%	22.6%	28.7%
Rarely	12.8%	19.2%	11.3%	14.9%
Never	0.0%	4.1%	3.2%	2.9%
Don't know / NA	23.1%	9.6%	16.1%	14.9%
<b>Implementation level</b>				
Supranational	15.4%	15.6%	11.6%	14.0%
National	80.8%	64.6%	84.4%	75.6%
Local	37.0%	62.5%	43.5%	49.6%

As for alcohol, a significantly greater proportion of experts in prevention (62.5%) compared to the other two stakeholder groups states that school

survey data are used also at local level, while only 37.0% of policy experts and 43.5% of scientists share the same opinion.

## Cannabis

With regard to data on cannabis use-related behaviours, 66.9% of respondents point out that these are used, either often or sometimes in support

of prevention programmes, with no statistically significant differences among stakeholder profile.

**Table 2.3.5.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on cannabis? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: Cannabis</b>				
Often	48.6%	24.7%	30.6%	32.0%
Sometimes	21.6%	39.7%	37.1%	34.9%
Rarely	16.2%	16.4%	12.9%	15.1%
Never	0.0%	6.8%	1.6%	3.5%
Don't know / NA	13.5%	12.3%	17.7%	14.5%
<b>Implementation level</b>				
Supranational	11.5%	10.6%	11.9%	11.3%
National	92.3%	61.7%	83.3%	76.5%
Local	30.8%	61.7%	52.4%	51.3%

From the point of view of the territorial implementation of these programmes, there is a statistically significant difference in the information provided regarding preventive strategies or programmes implementation at the national level. In particular, the proportion (61.7%) of prevention experts who believe that cannabis related school survey data are used for developing initiatives at

national level is significantly lower than those of policy experts (92.3%) and scientists (83.3%). While only one out of three (30.8%) of the policy experts believes that these data are used also at the local level, the proportion of those sharing this opinion is higher among prevention experts (61.7%) and scientists (52.4%).



## New psychoactive substances (NPS)

Regarding school survey data on NPS, only 40.3% of respondents reports that these are used, either often or sometimes in prevention programmes implementation. In this case, probably due to the relative novelty of this phenomenon compared to "traditional" substances and the difficulty in

addressing it through prevention programmes, the share of respondents highlighting that NPS results are rarely or never use (35.6%) is higher. Also the percentage of respondents who do not have sufficient information to answers this question is higher (24.1%).

**Table 2.3.6.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on new psychoactive substances (NPS)? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: New Psychoactive Substances (NPS)</b>				
Often	23.1%	16.4%	19.4%	19.0%
Sometimes	20.5%	24.7%	17.7%	21.3%
Rarely	12.8%	30.1%	21.0%	23.0%
Never	12.8%	8.2%	17.7%	12.6%
Don't know / NA	30.8%	20.5%	24.2%	24.1%
<b>Implementation level</b>				
Supranational	5.9%	10.0%	26.1%	14.3%
National	100.0%	67.7%	95.7%	84.3%
Local	23.5%	53.3%	43.5%	42.9%

When asked about the territorial implementation of prevention programmes making use of data on NPS coming from school surveys, 84.3% of stakeholders affirm that this information is used in prevention

programmes implemented at the national level, with a significantly lower percentage in the prevention and harm reduction expert group (67.7%).

## Pharmaceuticals used for non-medical purposes

Overall, as in the case of NPS, pharmaceuticals used for non-medical purposes appear as a topic rarely or never included into prevention programmes implementation, an information reported by 42.6% of respondents. Also in this case, the percentage of respondents who do not have sufficient information to answer this question is high (24.1%).

**Table 2.3.7.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on pharmaceuticals used for non-medical purposes? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: Pharmaceuticals used for non-medical purposes</b>				
Often	20.5%	10.8%	13.1%	13.8%
Sometimes	15.4%	24.3%	16.4%	19.5%
Rarely	17.9%	29.7%	32.8%	28.2%
Never	12.8%	12.2%	18.0%	14.4%
Don't know / NA	33.3%	23.0%	19.7%	24.1%
<b>Implementation level</b>				
Supranational	7.1%	7.7%	22.2%	12.1%
National	92.9%	65.4%	83.3%	77.6%
Local	14.3%	50.0%	61.1%	44.8%

While 77.6% of stakeholders reports that data on pharmaceuticals out of medical prescription are used for implementing prevention programmes at the national level, almost half of the stakeholders (44.8%) affirm that preventive programmes using

data on this topic are implemented also at the local level. In the latter case, the share of respondents in the policy area (14.3%) is significantly lower than in the other two groups (50.0% for prevention experts and 61.1% for scientists).

## Other illicit drugs

The topics on which stakeholders' opinions are more similar are cocaine, heroin and other illicit drugs. In these cases, almost half of respondents (51.1%)

report that school survey data are often or sometimes used for prevention programmes.

**Table 2.3.8.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on other illicit substances (cocaine, heroin, etc.)? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: Other illicit substances (cocaine, heroin, etc.)</b>				
Often	38.5%	23.3%	17.7%	24.7%
Sometimes	17.9%	28.8%	29.0%	26.4%
Rarely	10.3%	24.7%	22.6%	20.7%
Never	10.3%	5.5%	9.7%	8.0%
Don't know / NA	23.1%	17.8%	21.0%	20.1%
<b>Implementation level</b>				
Supranational	4.5%	7.9%	17.2%	10.1%
National	100.0%	65.8%	82.8%	79.8%
Local	31.8%	55.3%	51.7%	48.3%

From the point of view of territorial implementation, all respondents in the policy area affirm that school survey data on these topics are used in programmes with national target addressing illicit substance use. Half of respondents in both the prevention and research area report the use of school survey data for prevention initiatives developed at the local level.

## Gaming, social media use and gambling

Regarding the opinions related to the inclusion of data on gaming, social media use and gambling in the development of prevention programmes, about 40% of respondents believe that this happens often or sometimes. Instead the share of those who report

that this rarely or never happens is about 30%. Furthermore, despite the importance of these emerging risk behaviours, about one in three experts affirms that she/he does not have enough information to answer.

**Table 2.3.9.** "In your country, how frequently are the results of school surveys used to develop, monitor and evaluate prevention programmes focusing on gaming, social media use and gambling? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Prevention topic: Gaming</b>				
Often	10.3%	15.1%	19.7%	15.6%
Sometimes	15.4%	27.4%	16.4%	20.8%
Rarely	25.6%	20.5%	14.8%	19.7%
Never	5.1%	12.3%	23.0%	14.5%
Don't know / NA	43.6%	24.7%	26.2%	29.5%
<b>Implementation level</b>				
Supranational	20.0%	9.7%	22.7%	15.9%
National	90.0%	58.1%	81.8%	71.4%
Local	30.0%	64.5%	50.0%	54.0%
<b>Prevention topic: Social media use</b>				
Often	20.5%	17.6%	21.3%	19.5%
Sometimes	23.1%	24.3%	18.0%	21.8%
Rarely	10.3%	25.7%	18.0%	19.5%
Never	2.6%	12.2%	16.4%	11.5%
Don't know / NA	43.6%	20.3%	26.2%	27.6%
<b>Implementation level</b>				
Supranational	11.8%	16.1%	16.7%	15.3%
National	82.4%	58.1%	83.3%	72.2%
Local	29.4%	58.1%	45.8%	47.2%
<b>Prevention topic: Gambling</b>				
Often	23.7%	19.2%	26.2%	22.7%
Sometimes	13.2%	31.5%	16.4%	22.1%
Rarely	23.7%	16.4%	9.8%	15.7%
Never	5.3%	9.6%	21.3%	12.8%
Don't know / NA	34.2%	23.3%	26.2%	26.7%
<b>Implementation level</b>				
Supranational	7.1%	10.8%	19.2%	13.0%
National	85.7%	67.6%	84.6%	76.6%
Local	42.9%	51.4%	50.0%	49.4%

Regarding the territorial implementation of prevention strategies concerning social media, gaming and gambling as in the case of other topics, the perception of prevention experts is significantly different from that of policy-makers and scientists. While overall about 70% of stakeholders state that

school survey data on these topics are used to develop prevention strategies at the national level, only about 60% of prevention experts shares this opinion, which is instead supported by over 80% of policy experts and scientists.

In summary, one of the main aspects emerging from the illustrated results is the asymmetry in respondents' perceptions regarding the level of territorial implementation of prevention programmes using school survey results as evidence base. In fact, the share of prevention experts stating that these data are used for prevention programmes conducted at the local level is almost always higher than in the other two stakeholder groups. At the

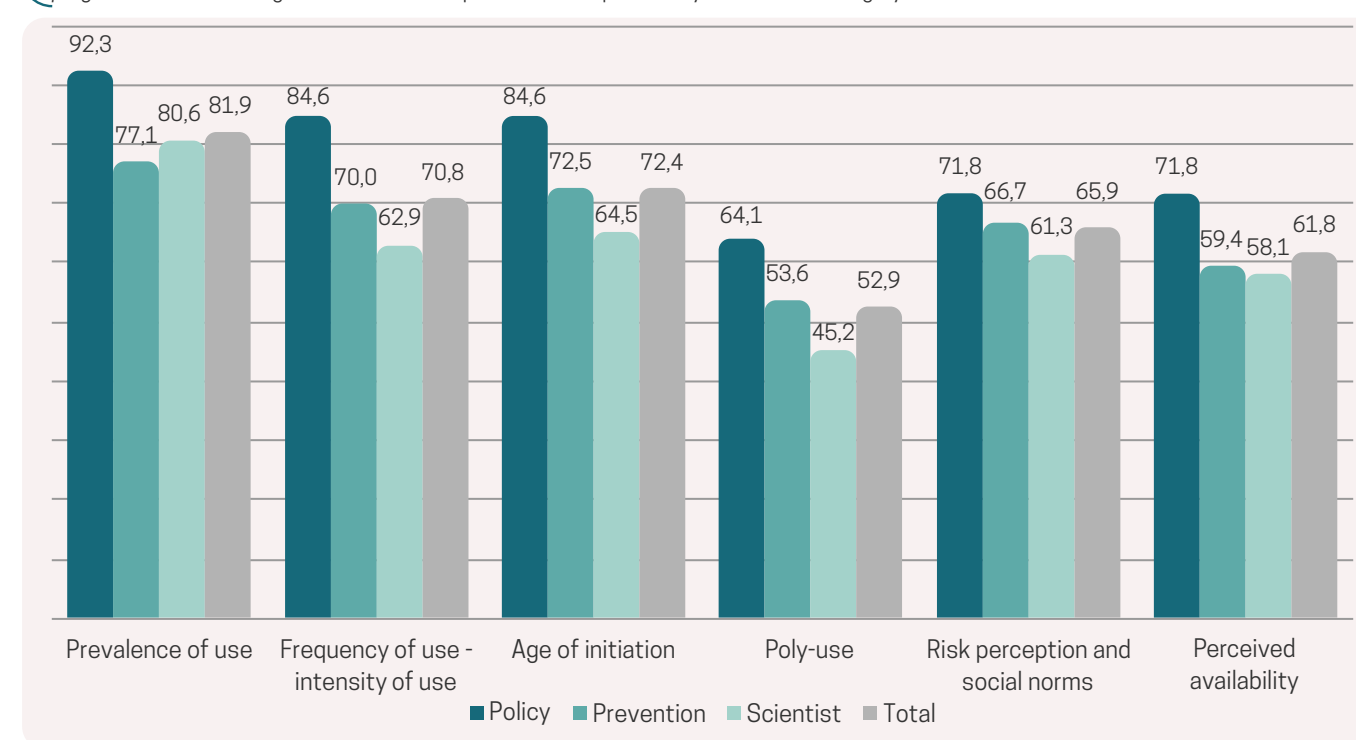
same time, the share of prevention experts referring about programmes with a national scope is almost always lower than that of scientists and policy-makers. This is interesting as it presumably reflects the diverse expertise and, with it, the diverse knowledge of what is going on at the different levels of territorial implementation, highlighting the importance of stakeholders' cross-sectoral cooperation and dialogue.

## Indicators used for prevention programmes

As in the case of policy-making, respondents were also asked to identify which, in their opinion, are the

indicators used to develop, monitor and evaluate prevention programmes.

**Figure 2.3.1.** "In your country, are the following indicators provided by school surveys used to develop, monitor and evaluate prevention programmes?" Percentage distribution of responses to the question by stakeholder category



Prevalence of use is the indicator most reported by respondents (81.9%), in particular among policy-makers and experts (92.3%). Frequency of use and age of initiation were reported by about 70% of respondents. Risk perception and social norms as well as perceived availability were instead reported by about 60% of experts. Poly-use is the indicator that emerges as the least used for preventive purposes, indicated by just about half of respondents (52.9%).

## Results used for prevention planning

As in the case of policy-making, it is useful to compare the perceived importance of school survey results to their actual use. 79.2% of respondents report that school survey results are used for developing national prevention programmes/strategies. Although high in general, a

significantly lower support to this opinion is provided by prevention experts (66.2%). Furthermore, 64.5% of respondents reports that these results are used to plan interventions at local level and 59.8% for developing for prevention actions/policies within schools.

Table 2.3.10. "In your country, are the results used...?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
for national prevention programmes/strategies	97.4%	66.2%	82.0%	79.2%
to plan interventions at local level	61.5%	69.1%	61.3%	64.5%
for prevention actions/policies within schools	71.8%	60.3%	51.6%	59.8%

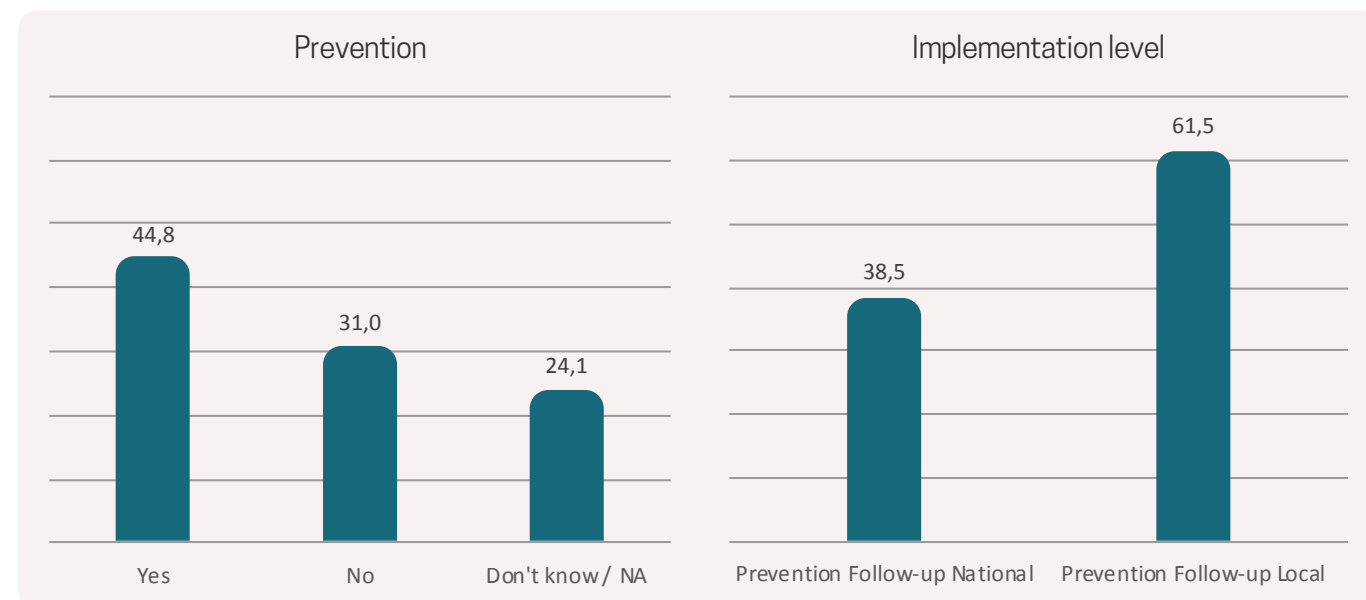
## Focus on prevention and harm reduction experts' views

Finally, to gather further insights into the use of school survey data for different prevention activities, a specific subset of questions was asked only to experts in the field.

Almost half of respondents in the prevention field (44.8%) reports that prevention programmes have been implemented as a follow-up to the results of school surveys produced in their country. However,

the share of those who are not able to provide information or who report that no preventive programmes have been implemented as a follow-up (55.1%) is also high. Among prevention experts reporting that such programmes have been implemented, 61.5% affirm that these have a local implementation and 38.5% a national scale.

Figure 2.3.2. "Have prevention measures been introduced in schools as a follow-up of the school surveys in your country? Please, specify the implementation level(s) you refer to" Percentage distribution of responses to the question given by prevention and harm reduction experts



Regarding the inclusion of students in the discussion regarding school survey results, more than half (53.3%) of the experts in prevention believe that this is not done in their country. This seems to be the prevailing opinion, since only 11.7% responded positively and 35.0% state that they do not have enough information to properly answer.

surveys, experts' opinions are very similar to those regarding students' involvement. In fact, 55.9% of respondents state that in their home countries this is not done. On the contrary, only 13.6% of respondents answered positively. Even in this case the share of those who state that they do not have enough information to properly answer is high (30.5%).

As for the involvement of schools and parents in the discussion of the information provided by school

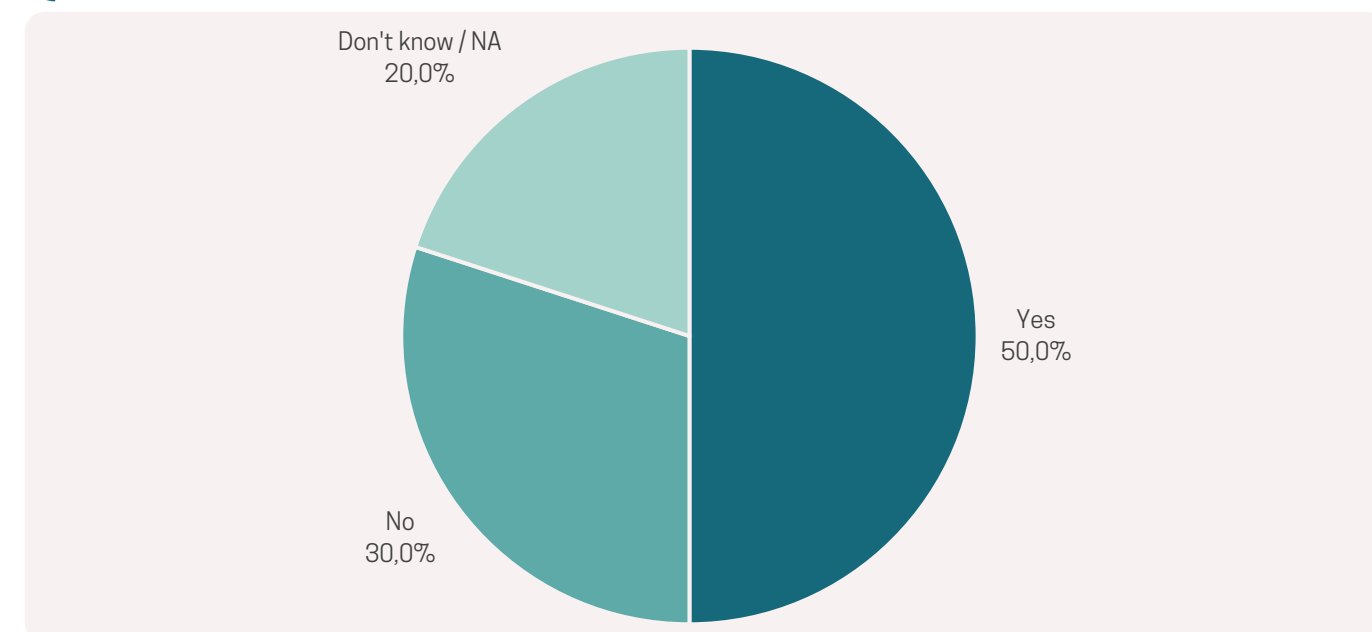
Table 2.3.11. "In your country, have students, schools and parents been involved in the discussion of the results of the school surveys?" Percentage distribution of responses to the question given by prevention and harm reduction experts

	Students	School/Parents
Yes	11.7%	13.6%
No	53.3%	55.9%
Don't know / NA	35.0%	30.5%

With reference to the introduction of life/skill programmes within school curricula, half of

respondents (50.0%) reports that this has been done in their home countries.

Figure 2.3.3. "In your country, have life/skill programmes been introduced within the school curriculum?" Percentage distribution of responses to the question given by prevention and harm reduction experts











In part, this is identified as a consequence of delegating a large part of preventive actions to teachers, who usually do not have specific competences in prevention. In fact, although they can take up the implementation of certain components of the programmes, others are far from their knowledge and this does not ensure the efficacy of preventive actions. Sometimes for this reason, prevention is delegated to external actors which make use of volunteers or students on training without supervision.

Prevention interventions act through the development of social and individual skills and the modification of perceptions, attitudes and beliefs, but can also produce undesired effects. In this light, respondents underline that in order to be adopted and implemented, interventions should be effective, sustainable and transferable. However, many countries still do not have in place a system of assurance of the quality of interventions implemented in the different settings, comprising their evidence base.

From the above arguments the challenge related to the professionalisation of prevention arises. This issue is often reported along with the one related to the insufficient funding for prevention professional training.

From the point of view of the evaluation of prevention programmes, respondents report that this is most often lacking. Even where there are several ongoing prevention programmes in schools, they are usually not evaluated with regard to the outcomes, and the results are not shared with other stakeholders. Lastly, other respondents report that although school survey data can offer relevant information, they cannot fully meet the needs related to programme evaluation. In fact, to properly evaluate programmes a control group of students not receiving the intervention should be set up, but this is hindered by the fact that all students should have equal access to opportunities.

Another important aspect raised by respondents, is about the balance between selective and universal prevention strategies. Some respondents report that in their country too many prevention programmes targeting only the at-risk youth

population are implemented. In fact, they observe that over the past few years no universal prevention programmes have been activated in their country, as priority has been given to vulnerable groups only, rather than to the entire population. On the contrary, in some other countries respondents highlight that the scarce public resources allocated to prevention are mainly invested in information campaigns identified as universal prevention, while little attention is given to selective and indicated prevention.

Finally, due to privacy restrictions consequent to the General Data Protection Regulation (GDPR) implemented in Europe, respondents argue about the increasing difficulties of researchers in accessing schools to carry out scientific studies useful for prevention purposes, comprising school surveys.

The third most frequently reported challenge (15.7%) is the **need for resources**. The scarcity of human and financial means hampers the implementation of more evidence-based prevention programmes, the professional update for those involved in prevention, and their training in using data for monitoring and evaluating the interventions carried out. The lack or discontinuity of funding challenges also the sustainability of prevention programmes.

Challenges related to the **lack of cooperation** were reported by 14.3% of respondents. This theme refers to the necessity of a greater connection between relevant stakeholders.

Firstly, a better networking of the different stakeholders involved in school surveys and prevention is a challenging issue. The availability of data alone does not ensure that evidence-based prevention policies and interventions are being developed, implemented and evaluated. In order to optimise the communication of school survey results, stakeholders report the necessity of a greater connection between researchers, media, politicians and civil servants.

According to respondents' answers, in some countries prevention services find difficulties in

accessing schools. Among the issues raised, a recurring one is related to schools' curricular activities that over-burden school offices and make communication with prevention services very difficult. Furthermore, the fact that prevention interventions are often developed within schools and carried out by school personnel implies some duplication of work with external prevention services. In other cases, respondents report a lack of understanding by schools of the importance of prevention, even in the presence of data. To this end, the scarce connection between prevention services and schools and a weak collaboration between institutions that should work together on these programmes (e.g. national institutions in the fields of education and health) emerge as challenging issues.

Finally, some respondents report both political and social obstacles to the communication of school survey results to the population. The conflicting political interests frequently surrounding the topic of addictions is an obstacle both for spreading of school survey results in terms of framing of observed phenomena and for supporting prevention.

The fifth set of challenges is related to the **policy** dimension (reported by 10.0% of respondents). The main issue reported in this domain, is a decreasing interest in addictions and risk behaviours at policy-making level. This lack of political interest is reflected also in the scarce attention to the importance of comprehensive drug policies and the consequent weakness of prevention and treatment policies, which would prevent the implementation of effective preventive strategies reported in different countries. Differently, some respondents from low-income countries report the total absence of a national policy or strategy to prevent substance abuse and the consequent absence of a prevention system.

Some other stakeholders report on the missing involvement of young people in the formulation and implementation of prevention action plans, which would weaken their effectiveness.

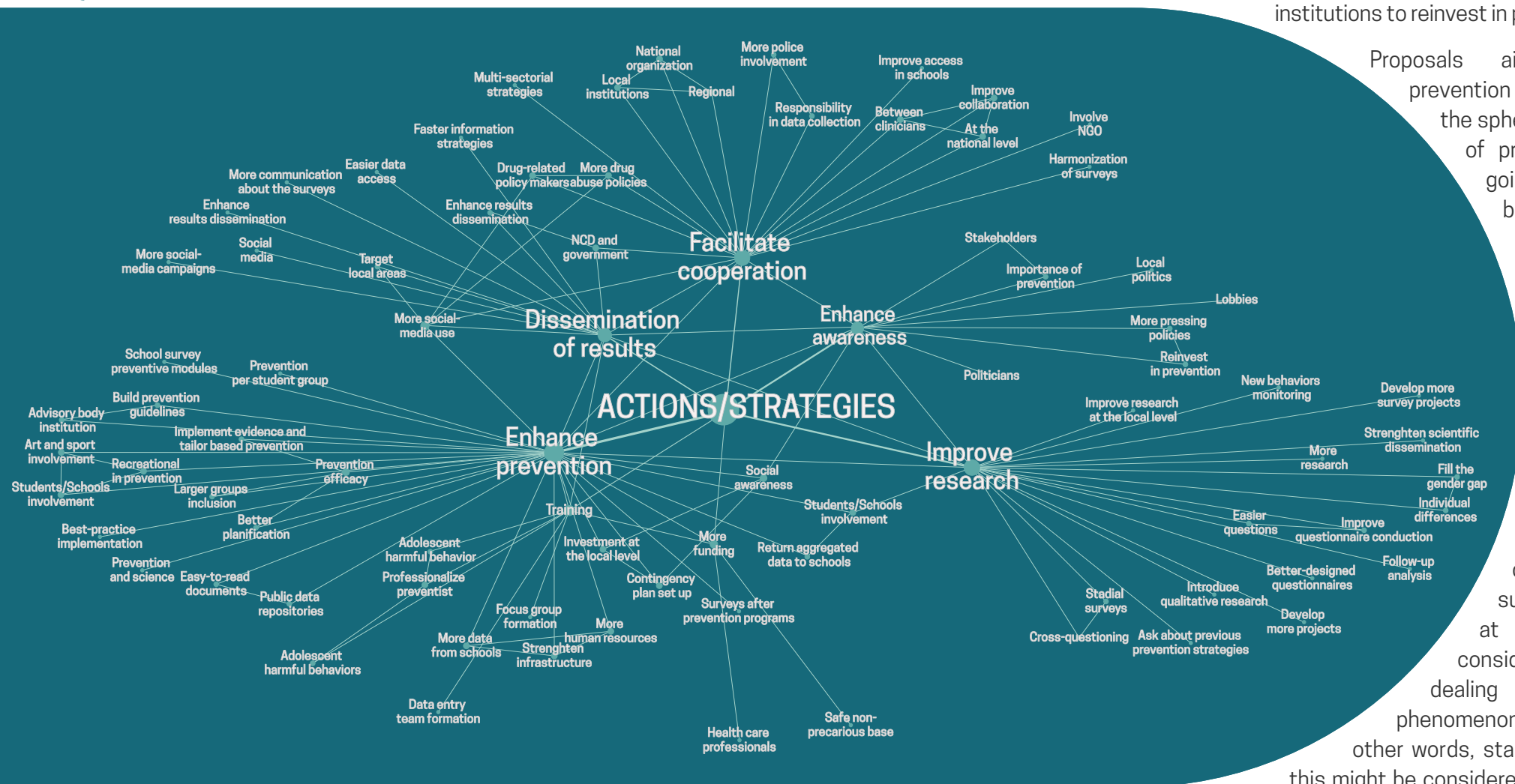
Finally, the last set of challenges (reported by 8.6% of respondents) concerns the **low awareness** of the

priority of prevention strategies in general and of the role and importance of school surveys on risk behaviours. Besides the policy level, the lack of awareness concerns also the other actors relevant for prevention. In fact, some respondents report that even in the presence of data and results, decision makers in the education field and schools lack an understanding of the importance of prevention or do not fully trust the evidence provided by school surveys. In some cases, there is even an opposition versus the topic of addictions. This implies adversity towards this type of studies, due to the fear that it would raise students' interest, triggering them to experiment with substances. Lastly, the lack of an effective communication with adolescents is proposed by respondents as a further challenge in this area.

## Actions and strategies to overcome challenges faced for prevention purposes

This section provides an overview of the actions and strategies concerning school surveys proposed by participants to overcome challenges faced in the use of data for prevention purposes.

Figure 2.3.6. Graph referring to the semantics found in the answers to the question: "What actions/strategies concerning school surveys might be helpful in overcoming the identified challenges?"



The actions and strategies most frequently proposed (33.9% of respondents) are aimed at **supporting prevention** and the use of school survey data for this purpose. Proposals related to this area are very heterogeneous, referring to different aspects through which preventive efforts can be supported.

Among the main strategies, respondents highlight the importance of developing a sound preventive infrastructure and increasing the human resources devoted to prevention. Based on respondents' inputs, the provision of specific resources dedicated to the development and implementation of prevention

programmes should be systematic and linked to actions coordinated at national and regional level, not only based on short-term projects. Among the actions proposed, providing more funding to ensure a stable and non-precarious workforce for prevention programmes is one the most frequently reported.

Other actions include developing structured guidelines and requirements for prevention providers, including accredited professionals and programmes, as well as identifying advisory boards entrusted with the coordination and evaluation of preventive actions. To avoid undesired effects, prevention interventions

should be assessed to verify their efficacy, sustainability and transferability. For this reason, they should be manualised, foresee a specific training, be based on scientific evidence and contain elements that can be transferred to other contexts.

These actions require political commitment that respondents propose could be triggered by the political input of European international governmental institutions to reinvest in prevention.

Proposals aimed at improving prevention also suggest to broaden the sphere of the usual planning of prevention interventions, going beyond the boundaries of the specific settings already known (school context, nightlife and entertainment settings). This means building networks for the promotion of health and well-being, that would have an impact at cultural level as part of a wider literacy. The support of communities at local level is in fact considered essential for dealing with a complex phenomenon such as addictions. In other words, stakeholders highlight that this might be considered as a super-setting for the design and implementation of prevention interventions. In this view, local coalitions and models like Communities That Care - CTC (EMCDDA, 2017) should be enhanced and supported, also promoting the sharing of good practice and the continuous collection of information. CTCs are a methodological-operational model based on the mobilisation of local coalitions (comprising young people themselves) in analysing epidemiological and other data on risk and protective factors, in choosing policies, evidence-based prevention practices and programmes, and implementing progressive strategies.

CTCs have been shown to make a difference in reducing the impact of specific risks and strengthening protective factors in many contexts and would deserve a wider implementation.

Strengthening the role of schools in prevention would be one of the other possible strategies to enhance national preventive infrastructures.

As for the actions proposed to improve the usefulness of school surveys for prevention purposes, the first set of actions refers directly to the school's environment. Respondents propose that adding to school surveys specific questions about **students' participation in preventive programmes** could facilitate the use of school survey data in support of evidence-based prevention. This could be done through the rotation of specific prevention modules in school surveys in order to obtain regular information on the presence and characteristics of prevention efforts within schools, as well as students' feedback.

In order to facilitate the **access to data and their interpretation** for experts in prevention and harm reduction, respondents propose the development of public data repositories, like the open-access data platform recently developed by ESPAD (<https://data.espad.org>), as well as the production of brief and easy-to-read documents to communicate the main results (e.g. factsheets, infographics). Respondents also refer that a transfer of the reading of school survey data to applicable aspects might be facilitated through the collaboration between researchers and prevention experts. This might concern components that might be incorporated into prevention programmes, or comprehensive actions that incorporate environmental prevention measures.

Finally, to support the implementation of prevention practices in school and community settings for which there is evidence of effectiveness, reference texts for evidence-based planning and training produced by international institutions should be better promoted at national level to make prevention stakeholders aware of what works in the preventive field. These include the UNODC International Standards on Drug Use Prevention (UNODC, 2018), the EMCDDA European Drug Prevention Quality Standards and Prevention Curriculum (EMCDDA, 2019; 2011) and



the Drug Prevention Professionals Curriculum developed by the ASAP project (Donini et al., 2020).

Actions and strategies aimed at **enhancing awareness** were proposed by 25.4% of respondents, with higher percentages among respondents in the policy and prevention areas.

Enhancing-awareness actions proposed by stakeholders have different targets and purposes. Among the most frequently proposed strategies is the enhancement of the political awareness about the importance of prevention strategies and the usefulness of school surveys as a mean to better target them. This would help in filling the lack of political interest in prevention often reported in some countries and constitute a strong incentive to invest in prevention plans at the national and local level. According to respondents, allocating funds for both the financing of preventive programmes and the recruitment of qualified personnel requires political action.

Moving from the political level, respondents propose enhancing-awareness actions aiming at informing youth directed to society and students. The implementation of targeted social media campaigns or informative plans, are proposed as enhancing-awareness actions aimed at inform youth about new consumption habits and the associated risks.

The objective is to act on knowledge, i.e. make people (especially young people) aware of the risks associated with substance use and contribute to the development of individual and social skills which allow the individual to better manage her/himself, the relationships with others and the ability to make decisions. Enhancing-awareness actions would also act on perception: very often use is linked to the perception of normality of the use of substances. Instead, the objective would be to use school survey results to show to young people that this is actually a wrong perception. Therefore the goal is to use school survey results to reduce the probability of initiation and to increase people's control skills, so that initiation does not determine the progression towards addiction.

For the above actions to be effective, a faster analysis of data would allow for up-to-date communications based on recent results.

Actions and strategies referred to the **improvement of research** were suggested by 23.7% of respondents.

The main strategy suggested refers to a greater consideration of the importance of the local level. Particularly, stakeholders suggest to strengthen the implementation of research in schools.

Actions suggested to improve research refers also to the administration of school surveys at different stages and cross-questioning. This would help in filling the gap between data collection waves and allowing to have regular information useful for prevention.

Other actions refer also to streamline and simplify surveys' questionnaires, in order to make them easier to understand and faster to compile. Besides quantitative measures, respondents propose also to add qualitative questions in school surveys. That would allow a better monitoring of the emergence of new consumption habits and related motivations, as well as the impact of gender. Open-ended questions would also be useful for further investigating values, behaviours and attitudes.

Along with actions and strategies to support prevention, respondents also propose a strictly inherent set of possible strategies aimed at **facilitating cooperation between relevant stakeholders**. The actions were suggested by 16.9% of respondents and relate to the need of a greater connection between the actors involved in prevention at different levels.

Ensuring inter-institutional and technical-scientific coordination is deemed as a fundamental prerequisite for the development and implementation of all the activities in the area of prevention. This would reduce the fragmentation of programming and interventions through the acknowledgment of specific skills, stimulating a greater connection between the national, regional and local levels of governance, as well the identification of a body entrusted with the fundamental function of collecting and disseminating existing good practice examples and guidelines. In this light, the role of school survey research and epidemiological evidence is reported to

be fundamental as it would support prevention programming, offering a contextualised understanding of the phenomena which actions are directed at. In addition to proposing greater coordination between national and local institutions and different experts, respondents propose a greater dialogue and exchange of information between relevant policy-making bodies (e.g. Anti-narcotics departments, Ministries of Health, Culture, Art and Sports) for the development of multi-sectorial strategies.

Strategies aimed at enhancing awareness among youth, stakeholders and society in general require appropriate and up-to-date dissemination strategies. The suggestions (proposed by 16.9% of respondents) aimed at a more effective **dissemination of results** refer to different possible strategies: improving the communication between stakeholders, targeting and increasing the dissemination of school survey results among youth and fastening the information strategies directed at the general public.

With regard to the promotion of communication campaigns on addictions, respondents report that these should be adequate in terms of targets, objectives and messages, avoiding stigmatising language: the suggestion is to involve multi-professional teams which include communication professionals, such as social media manager. In this perspective, the need also emerges to choose and define the targets appropriately and, subsequently, to identify suitable contents, languages and tools for awareness campaigns.

As to the tools, the most frequent proposals refer to increasing the use of social media in prevention interventions as well as in communication campaigns, particularly those targeting the young population. The use of a fast and accessible tool for the disseminations of information about at-risk behaviours, their drivers and related factors, would expand the coverage of reachable young people and increase the effectiveness of messages to convey. In these terms, stakeholders propose also to strengthen scientific dissemination and implement faster communication campaigns to keep up with emerging consumption patterns, new risk

behaviours and, more in general, with the fast-changing social phenomena, such as those related to the media environment.

In order to raise the awareness about new substances, emerging patterns of use and problem behaviours, respondents propose to enhance the communication between scientists conducting surveys and government officials. As mentioned among the strategies to mitigate challenges in the policy-making area, that would support decision makers in implementing policy strategies based on scientific evidence.

Another set of actions refer to **training** personnel involved in prevention to different extents and were reported by 11.9% of respondents, particularly experts in prevention and harm reduction. The set of possible strategies and actions refer to two main issues: advancing the professionalism of the drug prevention workforce and providing appropriate competence for professionals not working in the prevention field who are entrusted with the implementation of prevention interventions as part of their duties.

Regarding the professionalism of the drug prevention workforce, respondents would deem it useful to set up accreditation processes, like it has been already done in some countries, for those who plan and implement preventive interventions. In this way, professionals in the prevention sector would be required to have targeted and specific skills and this would benefit the quality of the interventions. In this light, actions aimed at providing a wider offer of courses provided by accredited trainers to train professionals who are involved in shaping prevention decisions, opinions and policies in the science-based prevention of substance use (such as those of the European Prevention Curriculum (EUPC)) would be supported. Operators in the sector should be encouraged to follow mandatory professional update and development courses, possibly facilitating their participation with costs borne by the institutions to which they belong.

In line with the challenge previously reported regarding prevention actions within schools, the need emerges to work with teachers. On the one hand the actions suggested relate to increasing information

and awareness on substances, addictions, risks, effects and legislation. On the other hand, it is suggested to train teachers on strategies, in educational terms, to be able to intercept early signs of discomfort and to help pupils grow up independently (active listening, resilience, parental engagement, etc.). For both actions, the need of data that can be provided by school surveys emerges.

However, the role of teachers in the field of prevention raises some critical points. First of all, the risk of overload in relation to the supplementary activities

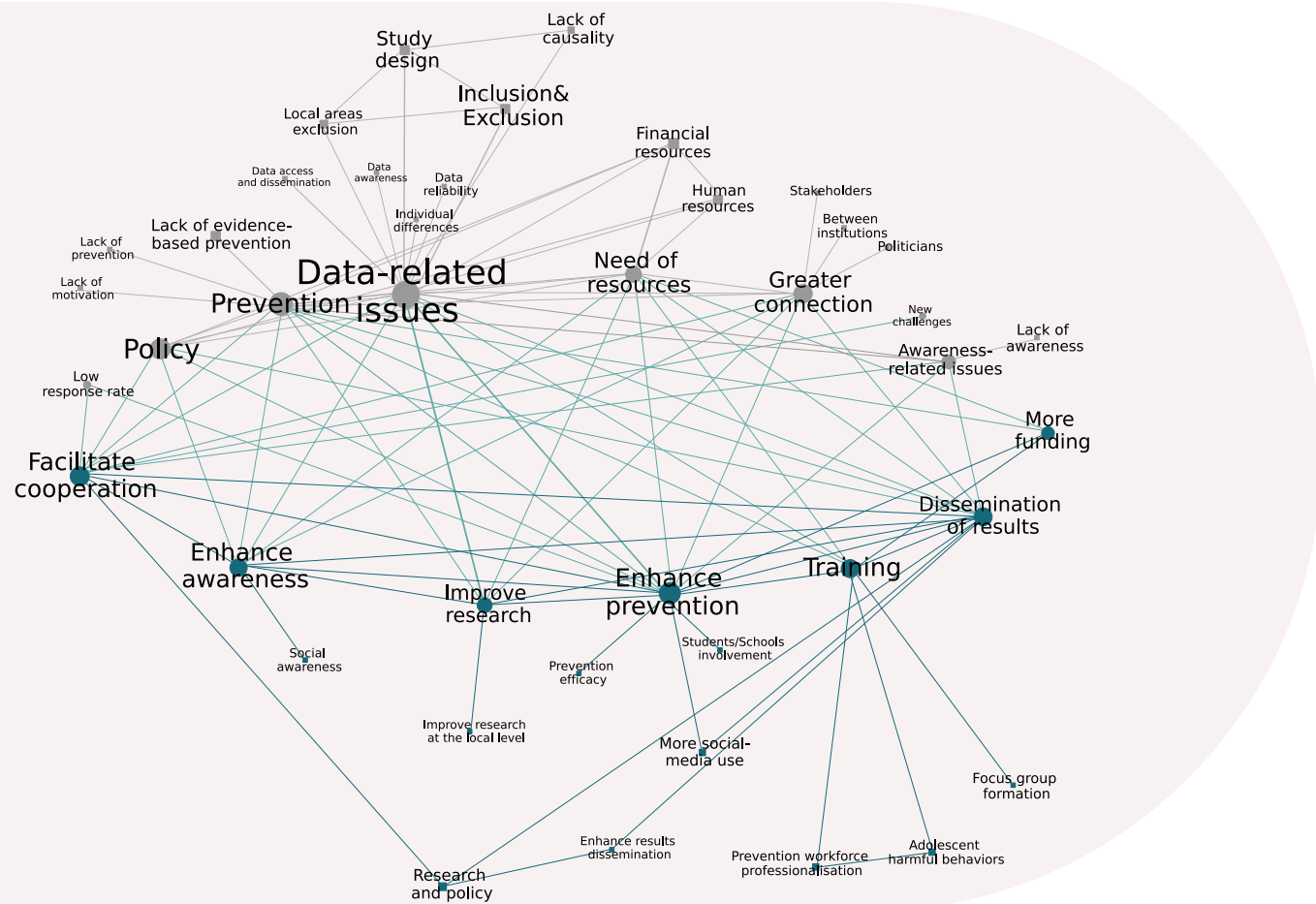
required. Secondly, the need to identify specific figures for supervision and support, able to manage group dynamics. Respondents also propose that training opportunities should be provided to healthcare professionals.

For all the above strategies and actions **more funding and human resources** are highly needed, as highlighted by 10% of respondents: this is an internode that connects all proposals in the prevention area.

### Challenges, actions and strategies for prevention purposes

This section aims at providing an overview of the relationships between the main challenges described and the possible solutions identified by stakeholders to overcome them.

**Figure 2.3.7.** Graph referring to the relationships between the concepts extracted from the answers to the questions "What are the challenges faced in the use of school survey data for prevention purposes?" and "What actions/strategies concerning the school surveys might be helpful in overcoming the identified challenges?"



Notes: challenges are shown in grey colour and solutions in teal. Round nodes identify first-level concepts and square nodes the related sub-concepts. Relationships between challenges are in grey, relationships between solutions are in teal, and relationships between challenges and solutions are in light green.

Figure 2.3.7 highlights the interconnections between the main challenges and possible solutions as described in the previous sections, their relative frequency and the strength of the relationship linking them.

Actions and strategies aimed at **supporting prevention and the use of school survey data for this purpose** are highly suggested not only to tackle or mitigate obstacles in this area, but also to respond to challenges identified in particular concerning school survey data.

The development of public data repositories and the production of brief and easy-to-read documents to communicate the main results of school surveys are proposed as a solution helping to mitigate challenges related to difficulties in accessing school survey data and correctly interpreting them. More concise and clearer communication strategies regarding school survey results would increase the usefulness of school survey results for prevention operators.

Suggestions proposing to add to school surveys specific questionnaire modules investigating students' participation in preventive programmes could facilitate the use of school survey data in support of evidence-based and more tailored prevention initiatives.

Actions aimed at increasing the frequency of school surveys are proposed to promote their use for monitoring and evaluating prevention interventions, which are two necessary components of sustainable and transferable prevention interventions.

Proposals linked to the **enhancement of awareness** about school surveys and their usefulness for prevention purposes are among the most proposed strategies for coping with all the sets of challenges presented. Proposals range from increasing awareness among students and parents about the importance of prevention and participation in school surveys, to the enhancement of awareness about the importance of investments for preventive purposes among policy-makers. Actions should be aimed at enhancing the awareness not only on the importance of school surveys as a monitoring tool

but also their different possible applications in the various domains relevant for prevention purposes. For example, a specific focus on the prevalence and characteristics of non-substance users would be of great support to prevention interventions aimed at modifying wrong perceptions regarding the normality of substance use.

Awareness actions should also be tailored on their target stakeholders. Therefore, targeted social media campaigns would be particularly effective in communicating with youth and informing them about new consumption habits and the associated risks.

Action and strategies aimed at **improving research** are proposed in particular as a solution to the data and prevention-related challenges.

The main strategy suggested refers to a greater consideration of the importance of the local level, by strengthening the implementation of research in schools. This strategy would mitigate the challenge related to the difficulties in translating and adapting prevalence results produced by national-level school surveys to local realities, thereby facilitating the implementation of tailor-based prevention programmes.

Actions proposing the use of qualitative questions in school surveys would help in better monitoring the emergence of new consumption habits and related motivations, as well as the impact of gender issues. Open-ended questions would also be useful for further investigating values, behaviours and attitudes, about which prevention efforts might be targeted.

**Facilitating the cooperation** among stakeholders is another recurring set of proposals considered useful for challenges concerning prevention. Ensuring inter-institutional and technical-scientific coordination is deemed as a fundamental prerequisite for the development and implementation of all the activities in the area of prevention.



**Dissemination** actions aimed at improving the communication between stakeholders, targeting and increasing the dissemination of school survey results among youth, as well as fastening the information strategies directed at the general public are proposed as the main solution to challenges related to awareness, data and prevention. These are cross-cutting proposals that concern a wide range of subjects, from policy-makers to students. Dissemination actions should be tailored on them, adapting objectives and messages to the desired audience in order to make them more effective. As for the timing, school survey results should be made public sooner after the data collection, in order to disseminate information more up-to-date and closer to the realities of which they should provide a detailed picture.

Enhancing communication between experts and institutions and among experts from different specialties has been recommended to overcome also data-related issues and challenges related to prevention.

Proposals aimed at **improving** training for prevention workforce and all personnel involved in prevention to different extents are suggested in particular to address the challenges related to the lack of prevention and to the need for human resources. In particular, advancing the professionalism of the drug prevention workforce and providing appropriate competence for professionals who are entrusted with the implementation of prevention interventions, such as teachers, is a necessary condition to develop and implement, evidence-based, comprehensive and sustainable prevention interventions. Workforce training on what works in terms of prevention would also contribute to spread the implementation of quality interventions, reducing the reliance on initiatives that do not have the necessary evidence base proving their effectiveness.

Finally, the **increase of resources** is proposed as a solution to challenges related to prevention, lack of funding and of cooperation. In particular, the funding system for prevention should be structural and linked to actions coordinated at national and regional level.

Human resources allocated to prevention programmes and projects should be trained, stable and properly remunerated. Altogether, these actions would allow to develop more sound preventive infrastructures and increase their effectiveness.

## 2.4. The use of school survey data for capacity building and training for decision makers

The use of reliable information for the design of effective responses is one of the key points that are emphasised by most of the good practice examples identified regarding these topics by several international bodies, like the Council of Europe (Uhl & Ives, 2010), EMCDDA (2019) and UNODC (2018).

Although recent decades have seen much progress in developing science-based prevention interventions, in many countries prevention practices, for which there is little or no evidence of effectiveness, are still being implemented in both school and community settings (EMCDDA, 2019).

This is why the support to high-quality education and training of those entrusted with choosing and funding appropriate interventions is deemed fundamental to ensure the health and well-being of our young people and communities.

Training and capacity building are central elements contained in international guidelines for science-based prevention efforts. These indicate experts training in needs assessments, which involve collecting and/or analysing existing data to describe the substance use problem, as fundamental. Needs assessments to describe student substance use include epidemiological data provided by school surveys like ESPAD and MedSPAD. These help those

tasked with choosing and funding appropriate interventions to understand fundamental information about the target population of prevention efforts, such as the types and modes of administration of substances being used, the frequency of use and the characteristics of those using substances. This applies to prevention settings (Roe & Becker, 2005) as well as to professionals in the field (Orte et al., 2020) and to decision-making (Crowley et al., 2018).

The results of the present study regarding all fields, from policy to communication, indicate how relevant and cross-cutting training and capacity building issues are for all the stakeholder groups involved in addiction-related policies and prevention efforts.

With this in mind, the following section aims at providing a detailed picture of stakeholders' views on the use of school surveys for the development of training and capacity building programmes. This is done by exploring the importance that respondents recognise to the results produced by these studies for the development of evidence-based policies, as well as the level of their actual use in this domain, possible critical issues and suggested mitigating strategies.

### *Use of school survey results for training programmes*

More than half of the consulted experts refers that in their country data produced by school surveys are used in training programmes for practitioners and prevention/harm reduction operators (58.5% and 57.9% of respondents respectively), as well as for national and local decision, opinion and policy-makers (53.8%) and teachers (50.3%). Only about one third of respondents (31.0%) reports about the use of survey results in training programmes for law enforcement officials.



**Table 2.4.1.** "In your country, are school survey results used in the training programmes for...?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
national/ local decision, opinion and policy-makers	67.6%	54.1%	45.0%	53.8%
law enforcement / police officers	51.4%	32.8%	16.7%	31.0%
teachers	56.8%	53.2%	43.3%	50.3%
practitioners	70.3%	59.7%	50.0%	58.5%
prevention/harm reduction operators	70.3%	61.3%	46.7%	57.9%

### Topics used for capacity building and training programmes

An interesting insight is offered by the information provided by stakeholders regarding the use of school survey results on different topics for capacity building and training purposes.

**Table 2.4.2.** "In your country, are the results of school surveys on the following topics used for capacity building and training?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Alcohol	62.2%	55.9%	48.3%	54.5%
Tobacco/nicotine (cigarettes, e-cigarettes)	62.2%	62.1%	48.3%	56.8%
Cannabis	73.0%	61.0%	50.0%	59.6%
Illicit substances (cocaine, heroin, etc.)	56.8%	54.2%	43.3%	50.6%
New Psychoactive Substances (NPS)	54.1%	44.1%	36.7%	43.6%
Pharmaceuticals used for non-medical purposes	43.2%	32.2%	28.3%	33.3%
Gambling	45.9%	47.5%	30.0%	40.4%
Gaming	40.5%	45.8%	30.0%	38.5%
Social media use	43.2%	52.5%	30.0%	41.7%

The majority of respondents (59.6%) report cannabis as a topic for which data from school surveys are most frequently used, followed by tobacco and nicotine-based products (56.8%), alcohol (54.5%) and other illicit substances (50.6%). Frequently reported, although to a less extent (about 40% of respondents), are also New Psychoactive Substances (NPS), social media use, gambling and gaming. Pharmaceuticals used for non-medical purposes are instead the topic less reported to be included in training programmes (33.3%). This might be due to the fact that this emerging phenomenon is relatively new compared to the others.

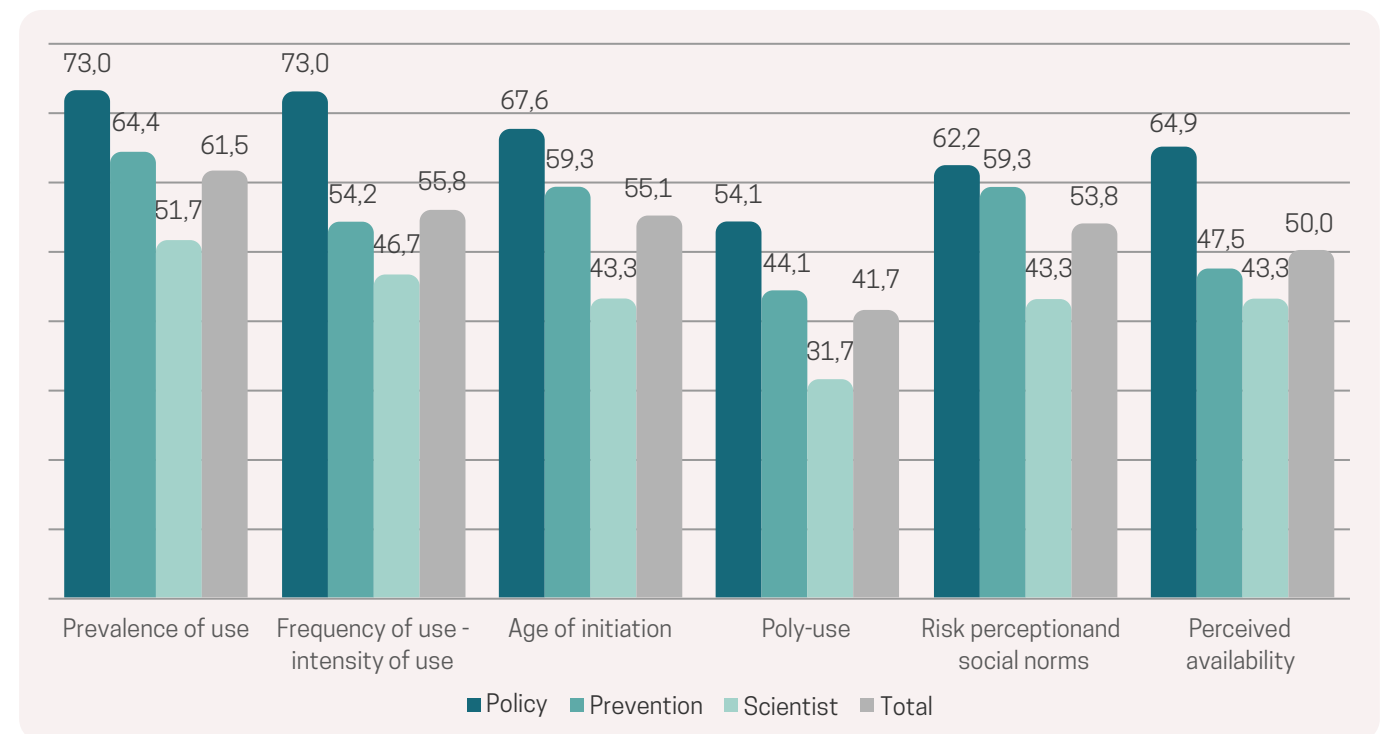
Concerning differences among stakeholders, scientists always report the lowest percentage compared to policy-makers and experts and stakeholders in the prevention and harm reduction fields. This might be due to the fact that the former

two categories of stakeholders are usually those receiving training and therefore might have more precise first-hand information.

### Indicators used for training programmes

Respondents were also asked to identify whether and which indicators provided by school surveys are, in their opinion, used for training purposes.

**Figure 2.4.1.** "In your country, are the following indicators provided by school surveys used in training programmes?" Percentage distribution of responses to the question by stakeholder category



Prevalence of use is the indicator reported as most frequently used (61.5%), in particular by policy-makers and policy experts (73.0%) and stakeholders in the prevention and harm reduction fields (64.4%).

Differently from what indicated about the second most frequently used indicator in policy-making and prevention (age of initiation - reported by 77.5% and 72.4% of respondents respectively), the second key indicator relevant for training initiatives is the frequency of use (indicated by 55.8% of respondents). On the contrary, indicators concerning poly-use are reported to be the least used for training programmes (41.7%), a result found also concerning their application to the policy-making and prevention fields of action.

Overall, policy experts and policy-makers and stakeholders in the prevention and harm reduction fields report the highest percentages for all the

indicators, which might indicate a greater awareness given by the fact that these two stakeholder categories are among the target groups of training initiatives.





## Challenges of school surveys for capacity building and training purposes

This section provides an overview of the main challenges identified by stakeholders participating in the survey regarding the use of school survey data for capacity building and training purposes. Figure

2.4.3. shows the main concepts emerged, their relative frequency and the strength of the relationship linking them.

Figure 2.4.3. Graph referring to the semantics found in the answers to the question: "What are the challenges faced in the use of school survey data for capacity building and training purposes?"



The majority of respondents (31.8%) refer about challenges directly related to the **training of prevention workforce**.

In this regard, many respondents point out the insufficiency of the training offer directed to professionals tasked with prevention activities. This refers to several interdependent aspects.

The first is the structural lack of training highlighted in many countries. Even in countries where training

initiatives are implemented, they are not frequent enough and there is no continuity in the follow-up which would be useful to measure their efficacy and to make adaptations as necessary.

Regarding training providers, there is both a scarcity of qualified trainers in terms of personnel and of formal training providers.

In some other cases, respondents highlighted that there is a lack of structured training programmes

targeted at the different professional profiles involved in prevention (from prevention operators to teachers).

In particular, some respondents reported that even when school survey data are used for capacity building during training, for example on the European Prevention Curriculum, school personnel which is often entrusted with the conduction of prevention initiatives within schools, are still not included in those trainings.

In other countries, respondents draw the attention on a certain lack of commitment of prevention personnel to training and professional update.

Regarding what is taught, different challenges point at the fact that training programmes make limited use of school surveys and are based primarily on research reports. The correct interpretation of results as well as the teaching of how to collect information and perform analyses to monitor and evaluate prevention projects are instead missing.

The structural **insufficiency of resources** dedicated to training is the second source of challenges reported by respondents (25.0%). This often results from the lack of political priority given to addictions and addictive behaviours, and to the related scarce attention to the training of professionals working in prevention. As already described, all stakeholder groups mention both financial resources and human capital.

Another set of challenges, reported by 22.7% of respondents, concerns the information provided by school surveys through their **data** and how these

can be broadened to meet the needs of professional training. In fact, these data can be particularly helpful in providing skills to be applied by prevention professionals in order to assess the nature and extent of substance use in their area, including data collection and analysis, and identify the populations most at risk and provide an appropriate needs assessment. They can also help in persuading stakeholders of the value of evidence-based programmes and policies, and the collaboration with school survey research teams can support the implementation and monitoring of evidence-based efforts and evaluate the outcomes.

With this objective, respondents highlight two main challenges regarding the information provided by school survey data: to deepen the investigation of certain topics as well as to start collecting information on the provision of prevention interventions in the school setting.

Regarding the topics, respondents highlight that surveys should have the capacity of constantly be able to adapt, facing the emerging social aspects and phenomena. In this light, a deeper investigation of the role of gender and of personal and environmental factors, would be highly needed both for targeting interventions and for tailoring messages. These are very important characteristics that may play a role in a person being 'at risk' and may be important for the setting in which the intervention takes place. Furthermore, respondents highlight that professional training should be able to also treat the possible links between what is observed through data and the underlying causes.

Finally, as highlighted in all other areas, collecting information about the who, what, when, where and how of prevention interventions which students participated in would be fundamental to strengthen policies and support interventions, particularly those school-based.

The fourth most frequent thematic area is prevention (reported by 18.2% of respondents). The main challenge refers to the fact that school survey results are not widely used because **prevention** is not widespread.



In particular, many respondents complain about the scarcity of initiatives aimed at promoting positive climate at school and school-based prevention programmes. For school-based prevention, the use of student data when working on an intervention is strongly emphasised at international level (EMCDDA, 2011). Particularly in this setting, training and technical assistance has to be of high quality since they need to guide also school personnel in implementing prevention programmes successfully. If school surveys would provide a scientific base regarding prevention efficacy and students' preferences, this would improve the quality of tailored training.

Another group of challenges concern the **dissemination of results** (reported by 15.9% of respondents).

Regarding the target of dissemination efforts, some respondents report insufficient attention in communicating school survey results to professionals working in close contact with adolescents (e.g. teachers, education departments, families). Health professionals, such as paediatricians and general practitioners, should also be targeted.

Regarding the means, respondents highlight the need to make school survey data publicly available and more accessible. Some of them highlight that it is difficult to use school survey results because they only dispose of non-interactive dissemination tools. In fact, research reports are often the only mean through which data are disseminated and these do not allow trainers to extract information and make the elaborations needed to develop training manuals.

The last area of challenges regarding training (reported by 13.6% of respondents) is about the **cooperation between stakeholders** involved in prevention.

Some respondents highlight that though good cooperation exists among stakeholders, this could be further enhanced through a better sharing of resources. Others underline that besides the fact that school-based prevention lacks investments

and programmes, there is often a lack of available teachers for their implementation. Finally, as highlighted in previous sections, a low cooperation of the central and local levels of government, different missions and objectives, and a lack of political commitment to prevention are reported as a source of obstacles for developing a good training system.

### Actions and strategies to overcome challenges faced for capacity building and training purposes

This section provides an overview of the actions and strategies concerning school surveys and training purposes. faced in the use of data for capacity building and training purposes.

Figure 2.4.4. Graph referring to the semantics found in the answers to the question: "What actions/strategies might be helpful in overcoming them?"



The most frequently proposed actions and strategies (39.8% of respondents) are directly referred to **training** in terms of supply and organisation. Overall, all respondents agree that the supply of training for prevention workforce and professionals tasked with prevention activities should be increased. This should be done by providing the necessary infrastructures and personnel. Respondents highlight that training should be organised in structured programmes for different groups based on their expertise and

prevention tasks. Training initiatives should be regularly assessed to identify the modifications that may be needed to make them effective. In order to overcome the reluctance observed in some countries, some respondents propose that training should be made mandatory for all professionals tasked with prevention activities. Regarding the contents, training initiatives should only be based on evidence-based prevention interventions and policies.

Respondents highlight that it would be important to use the guidelines and materials published by several national and international groups to describe what skills are needed to deliver quality prevention interventions. The importance of including specific expertise on how to train students on life skills in training initiatives targeted at school-based interventions was also remarked.

For the production of specific materials, multidisciplinary teams may be set up or the advice of experts from different disciplines may be collected through consultation. This would give other providers the opportunity to replicate the intervention.

Regarding epidemiological data, some others report a lack of specificity in translating data insights into prevention programmes' objectives and training materials. Specific training initiatives on school survey results should also be organised by the institutions performing the study in order to teach how to correctly interpret and analyse data. Respondents also propose that school survey results should be used in the framework of aetiology models including the micro- and macro-level environments that interact with the personal characteristics influencing youth behaviours. Finally, as already highlighted, there is a widespread consensus on the necessity to involve education staff and health workforce in training programmes.

The second most frequent set of actions and strategies (22.7% of respondents) concern the **dissemination of results**, proposed by a relevant share of respondents in the three stakeholder groups. Increasing dissemination of school survey results could benefit these studies in many ways, for example by gaining support from relevant stakeholders for their continuation and by improving their use through feedback.

Suggestions are made to improve data communication and dissemination to those who work close to adolescents, such as teachers, and especially towards those schools that were involved in the data collection.

These include improvement of data accessibility, as making data easier to read and access would facilitate a wider use in prevention workforce training. Practical actions would be the development of open data repositories, the publication of easy-to-read documents, and additional thematic analyses. These would not only benefit training but would also trigger public debate and discussion about substance use and risk behaviours.

A more effective communication aimed at showing the value of school surveys is also suggested, as respondents claim that in some countries these are not given the deserved attention.

Together with actions aimed at improving dissemination, many proposals (22.7%) concern the **enhancement of prevention**.

Prevention mainstreaming and support to the science of prevention are the main strategies proposed. This is to be done by increasing the application of international evidence and standards for prevention. In particular, in countries with a centralised system, top-down prevention networks should be organised, whilst in countries with a culture of decentralisation and local community involvement, preventive programmes tailored to specific needs should be supported.

The expansion of evidence-based prevention programmes is in fact deemed priority, in particular through the increase of school-based prevention interventions and early detection. To this end, some suggest to start with pilot projects for students' consultation about prevention interventions delivered in the schools and to follow up with a staged approach. This way, students' feedback would serve for improving the quality and effectiveness of training.

As highlighted in the other sections, **invest or re-invest in prevention** is among the main strategies suggested (18.2% of respondents). This concern the provision of adequate financial resources, organisational structures and facilities and human capital needed to implement evidence-based prevention interventions and policies.

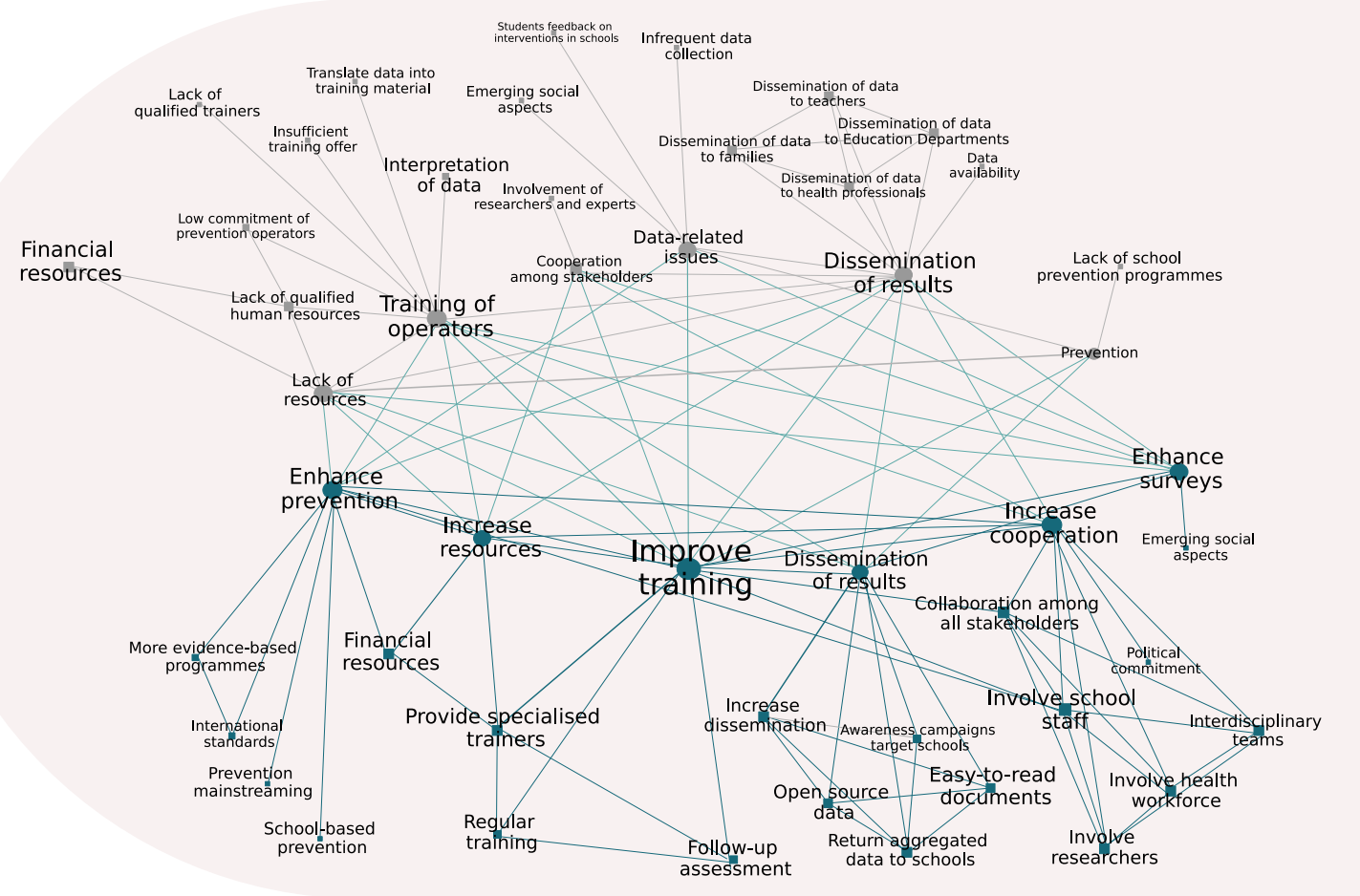
Increasing the **collaboration among all stakeholders** in the youth care system was suggested by 15.9% of respondents. This touches upon several aspects: the involvement of teachers and health workforce in prevention, a better coordination of health and education departments at national, regional and local levels, the collaborative work of prevention scientists and prevention practitioners in planning prevention strategies and policies, and a stronger political commitment to prevention. More cooperation on all levels of decision making would promote a structural approach to high-quality workforce training and an increase in the resources allocated for this purpose.

Finally, in order to promote the use of school survey results in training, 13.6% of respondents suggest actions aimed at **improving these studies**. Proposals concern four main aspects: the expansion of the topics to be investigated (gender and adolescent substance use, emerging social aspects), the transition to online and brief questionnaires; the promotion and funding of national level surveys in countries that still do not have them, as well as the increase of the frequency of data collections where school surveys already exist.

### Challenges, actions and strategies for capacity building and training purposes

This section aims at providing an overview of the relationships between the main challenges described and the possible solutions identified by stakeholders to overcome them.

Figure 2.4.5. Graph referring to the relationships between the concepts extracted from the answers to the questions "What are the challenges faced in the use of school survey data for capacity building and training purposes?" and "What actions/strategies concerning the school surveys might be helpful in overcoming the identified challenges?"



Notes: challenges are shown in grey colour and solutions in teal. Round nodes identify first-level concepts and square nodes the related sub-concepts. Relationships between challenges are in grey, relationships between solutions are in teal, and relationships between challenges and solutions are in light green.



Figure 2.4.5 highlights the interconnections between the main challenges and possible solutions as described in the previous sections, their relative frequency and the strength of the relationship linking them.

Many actions or strategies are proposed to address challenges in the same area. For example: challenges identified by stakeholders as arising from a lack of resources are strongly linked to actions proposed to increase financial and human resources; obstacles to access to school survey data are presented with solutions referring to data dissemination. However, to better understand respondents' opinions, it is useful to focus on the connections that exist between different groups of challenges and solutions.

The actions proposed to **improve training** are highly suggested not only to tackle or mitigate challenges in this area, but also to respond to problems identified in all other areas. In particular, a strong relationship links these actions to challenges related to the dissemination of school survey results.

Respondents highlight that the involvement of school staff in prevention training would be needed to convey messages efficiently to those near adolescents. Using international evidence and standards for prevention would be helpful in contrasting the misuse of information aimed at reinforcing social stigma on substance use. To increase the use of school survey results as evidence base for interventions, respondents underline the importance of making school survey data more available through public repositories and thematic publications. This would allow to make the necessary elaborations for producing training materials.

A better **dissemination of results** represents an important area of possible actions and strategies to tackle different groups of challenges, and in particular those concerning prevention. As already extensively discussed there is a widespread need for more evidence-based prevention. Better conveying messages and facilitating access to

information provided by school surveys would certainly serve for the purpose.

One of the noteworthy relationships emerging from the graph is the link between strategies and actions aimed at **enhancing prevention** and challenges related to the scarce cooperation among relevant stakeholders. Among others, a better collaboration between education departments at different levels, educational staff and prevention experts would facilitate the implementation of more school-based prevention programmes and interventions, which have been suggested to be highly needed.

The request of **increasing resources** is a recurrent solution for all the groups of identified challenges. In fact, an increase of funding, infrastructures and human resources is considered as an essential requirement for all the actions that can increase the effective use of school survey data in support of prevention and training programmes.

As the request for increasing funding, also the **enhancement of the cooperation** among relevant stakeholders and across levels of government is suggested to mitigate challenges in all the critical areas identified. On example among others is the request of involving researchers and experts in planning strategies for professional update and defining contents of training programmes in prevention.

Finally, the enhancement of school surveys is identified as the main solution for better supporting prevention efforts, in particular by providing more information about risk and protective factors as well as students' feedback on the prevention initiatives they participated in.

## 2.5. The use of school survey data to inform public debate and discussion

This last part of the report directly addresses a specific dimension that emerged transversally across the previous sections: the relationship between the world of communication and the dissemination of school survey results.

The public perception of a complex phenomenon such as addictions is indicated by many authors as central to both prevention practices and policy implementation (Crano et al., 2001). Communication dynamics are linked both to the correct use of data and to the engagement of experts and the general population. For this reason, the effective dissemination and communication of school survey

results, as well as the correct reporting and understanding of evidence provided, are highlighted in many official and policy documents (Council of Europe, 2014; EMCDDA, 2019).

This section deals specifically with this issue, highlighting media coverage, suggested communication strategies and perceptions of the experts consulted on this topic. To this end, they were asked to describe the use of school survey data to inform public debate and discussion about substance use and risk behaviours in their country, in particular through media interest and uptake.

### Media and public opinion provide an appropriate coverage of issues related to adolescent substance use and behavioural addictions

The first issue addressed is the general perception of media coverage in relation to issues such as substance use and behavioural addictions among adolescents.

With regard to the former, the majority of respondents (52.7%) considers media coverage of adolescent substance use to be inappropriate: in most cases (46.1%) media coverage is considered as too little and only in 6.6% of cases it is deemed excessive. On the contrary, only 43.4% of respondents considers media coverage to be appropriate. Significantly, among scientists this gap is reversed: only 36.2% of them

considers media coverage of adolescents substance use to be inappropriate by defect, whilst 56.9% deems it appropriate.

Similar results are found with regard to the perception about media coverage of behavioural addictions. In this case, 58.3% of consulted experts considers this topic to be not appropriately covered by media (52.3% because insufficient and 6.0% because excessive). Only 35.1% of respondents considers the coverage to be appropriate. Differently from substance use, stakeholders' opinions are not significantly different.

**Table 2.5.1.** "In your opinion, do media and public opinion of your country provide an appropriate coverage of...?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
<b>Adolescent substance use</b>				
Not appropriate, this topic has too little coverage	50.0%	53.4%	36.2%	46.1%
Not appropriate, this topic has too much coverage	2.8%	13.8%	1.7%	6.6%
Appropriate	44.4%	29.3%	56.9%	43.4%
Don't know / NA	2.8%	3.4%	5.2%	3.9%
<b>Adolescent behavioural addictions</b>				
Not appropriate, this topic has too little coverage	58.3%	54.4%	46.6%	52.3%
Not appropriate, this topic has too much coverage	2.8%	12.3%	1.7%	6.0%
Appropriate	36.1%	29.8%	39.7%	35.1%
Don't know / NA	2.8%	3.5%	12.1%	6.6%



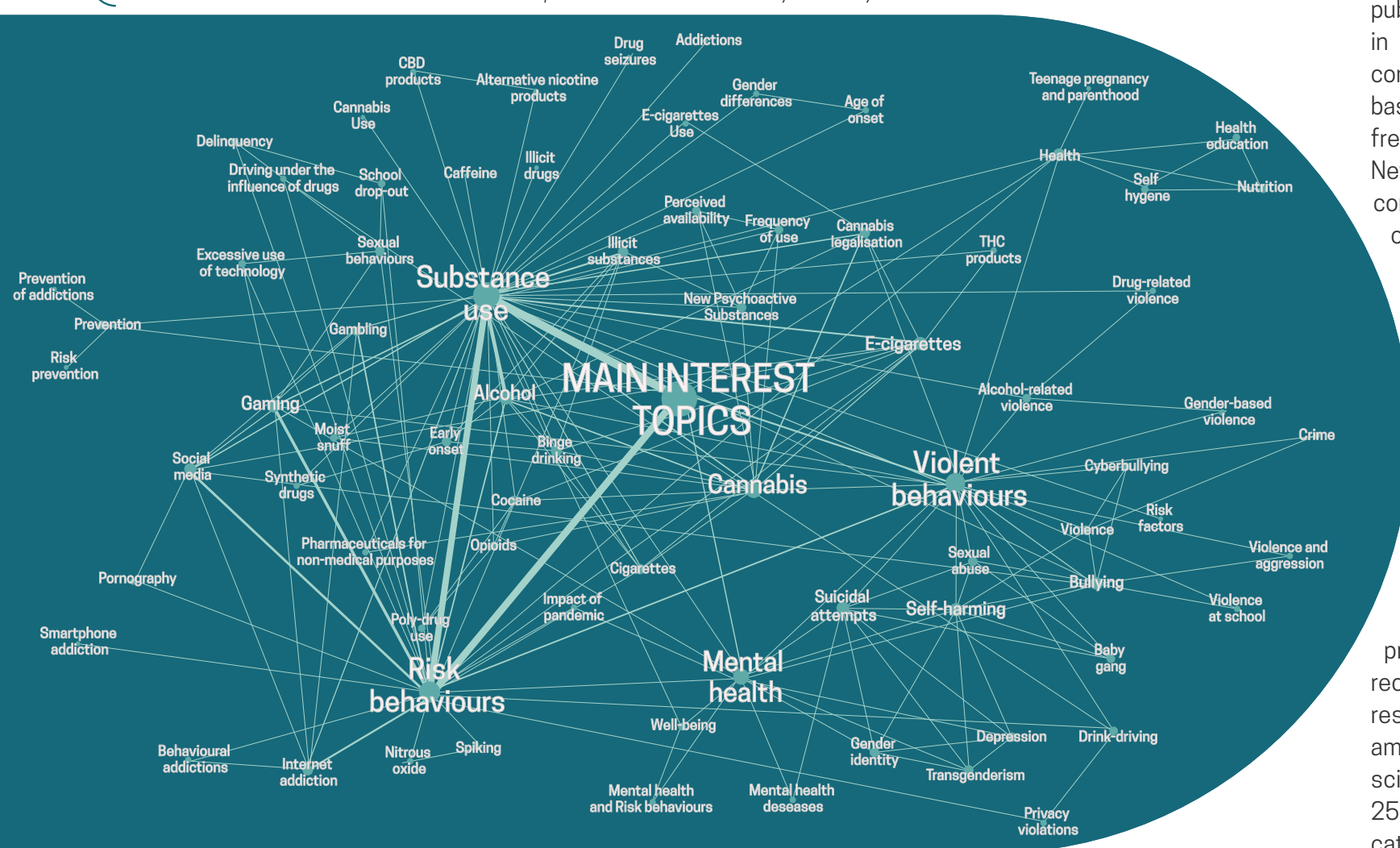
Topics concerning adolescent risk behaviours that are of main interest for media and public opinion

An interesting insight is offered by the information provided by stakeholders regarding the particular aspects of adolescent risk behaviours that are of interest to the public, and consequently to the world of communication. To this end, respondents were asked through open-ended questions to indicate the specific topics that are of main interest at the

moment in the public debate of their country.

On the basis of the overview of the inputs collected from respondents (Figure 2.5.1), the indicated topics can be reconducted to some broad thematic areas. The result is the following figure, which provides an overview of the main themes.

Figure 2.5.1. Graph referring to the semantics found in the answers to the question: "What are the specific topics concerning adolescent risk behaviours that are of main interest at this moment in the public debate and discussion of your country?"



The majority of respondents (70.6%) highlighted matters relating to the general category of **psychoactive substance use**, with a significantly higher percentage (89.3%) in the group of policy-makers and experts.

Among the mentioned illicit substances, cannabis is the one most frequently indicated as being at the centre of the public debate in the respondents' countries. The two main aspects related to cannabis refer to its use in association with other

substances and to its legal status and the possible impact on its availability and use by adolescents. The latter issue emerges in particular in those countries that are debating about cannabis policy changes or that have recently implemented reforms concerning its legal status.

The most frequently mentioned legal substance is alcohol, in particular for what concerns its use and abuse in young ages, its concomitant use with other psychoactive substances, and some high-risk patterns of use such as binge drinking.

Respondents also frequently report that nicotine, and in particular the use of electronic nicotine delivery systems, play a rather central role in the public debate concerning adolescent risk behaviours in their countries. Specifically, the main aspects concern its early onset of use and the use of CBD-based liquids in e-cigarettes. The last most frequently mentioned category of substances are New Psychoactive Substances (NPS), which continue to hold a relevant place in the public debate of several countries. Some respondents also reported cocaine, other illicit substances, opioids and synthetic drugs.

Regarding the indicators, the main interest is on the early onset, prevalence and intensity of use, perceived availability, beliefs and attitudes toward use, as well as poly-use profiles and the association with other risk behaviours.

**Risk Behaviours** represent the second area to which the topics mentioned as the most prominent in the public debate can be reconducted. These are reported by 43.7% of respondents, with significantly higher percentages among prevention and harm reduction experts and scientists (42.9% and 55.1% respectively versus 25.0% among policy-makers and experts). This category is considerably broad as it includes both mentions of behavioural addictions and behaviours such as problematic use of electronic devices or drink-driving. Issues such as excessive use of social media, internet addiction and problematic gaming frequently emerge in the same responses. These risk behaviours are, however, often reported as topics of interest and public discussion in

combination with the use of legal and illegal substances, especially alcohol and cannabis, which are, as previously reported, one of the main topics of discussion in the countries of the experts consulted.

**Violent behaviours** are the third most reported topic (11.1%) among those discussed in national public debates. Bullying, both at school and cyberbullying, is the topic most frequently cited. Many experts relate violence and aggressions perpetrated to mental well-being and traumatic experiences such as domestic violence. Generally, those who highlight the theme of violent behaviours tend to associate it with others that may indicate some expression of distress, such as self-harming and suicide attempts.

**Health** is the fourth set of issues highlighted as being discussed by the public, both in terms of physical health (2.4%) and of mental well-being and lifestyle-related aspects (7.1%). The latter includes issues such as sexual behaviours, teenage pregnancy and parenthood and self-hygiene. Concerning mental well-being, the most important topics relate to social withdrawal and school drop-out, adolescent needs as well as the impact of pandemic and related isolation. The answers indicating these topics frequently put them in relation to the most commonly mentioned risk behaviour and substance use, indicating a particular perspective on a given problem rather than an independent issue.

The last topic reported is **prevention**. This is mentioned by only 1.6% of respondents, possibly indicating a gap between the importance perceived by stakeholders and the coverage and visibility given by media to this topic.

These data highlight how national public debates on addictions and risk behaviours are actually difficult to summarise in a single urgent topic and how seemingly distant issues are currently perceived as contiguous by experts in the field, which suggests their interdependence.

School survey results used for informing public debate and discussion

Interesting results, which integrates what described so far, concern respondents' opinions on the specific topics for which school survey data are actually used to feed national public debates on adolescent substance use and risk behaviours.

Table 2.5.2. "Are the results of school surveys on the following topics used for informing public debate and discussion?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Alcohol	68.6%	50.0%	79.3%	65.8%
Tobacco/nicotine (cigarettes, e-cigarettes)	74.3%	55.4%	81.0%	69.8%
Cannabis	71.4%	55.4%	72.4%	65.8%
Illicit substances (cocaine, heroin, etc.)	48.6%	39.3%	46.6%	44.3%
New Psychoactive Substances (NPS)	42.9%	33.9%	34.5%	36.2%
Pharmaceuticals used for non-medical purposes	34.3%	26.8%	31.6%	30.4%
Gambling	48.6%	37.5%	48.3%	44.3%
Gaming	48.6%	39.3%	39.7%	41.6%
Social media use	48.6%	48.2%	51.7%	49.7%

Based on respondents' indications, tobacco and nicotine in general (including both cigarettes, e-cigarettes and electronic nicotine delivery systems) is the topic for which school survey results are most frequently used (69.8%), followed by alcohol and cannabis (65.8% each). Significantly, the percentage of prevention experts who indicate the use of data on tobacco and alcohol is lower compared to that of policy-makers and experts and scientists. These topics correspond to those referred to be of main interest for public opinion, which suggests that school

surveys are actually playing a relevant role in feeding national public debates.

Based on respondents' opinion, data on risk behaviours (social media use: 49.7%; gambling: 44.3%; gaming: 41.6%) and other illicit substances (44.3%) are less popular. School survey results concerning New Psychoactive Substances (36.2%) and pharmaceuticals used for non-medical purposes (30.4%) are instead the less frequently used for informing public debate and discussion.

Table 2.5.3. "In your opinion, the media and public opinion of your country provide an appropriate coverage of school survey results?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Not appropriate, this topic has too little coverage	47.2%	64.9%	43.1%	52.3%
Not appropriate, this topic has too much coverage	0.0%	3.5%	5.2%	3.3%
Appropriate	38.9%	15.8%	48.3%	33.8%
Don't know / NA	13.9%	15.8%	3.4%	10.6%

These differences are more pronounced within the group of prevention and harm reduction experts, where 64.9% consider the media coverage of school survey results is insufficient and only 15.8%

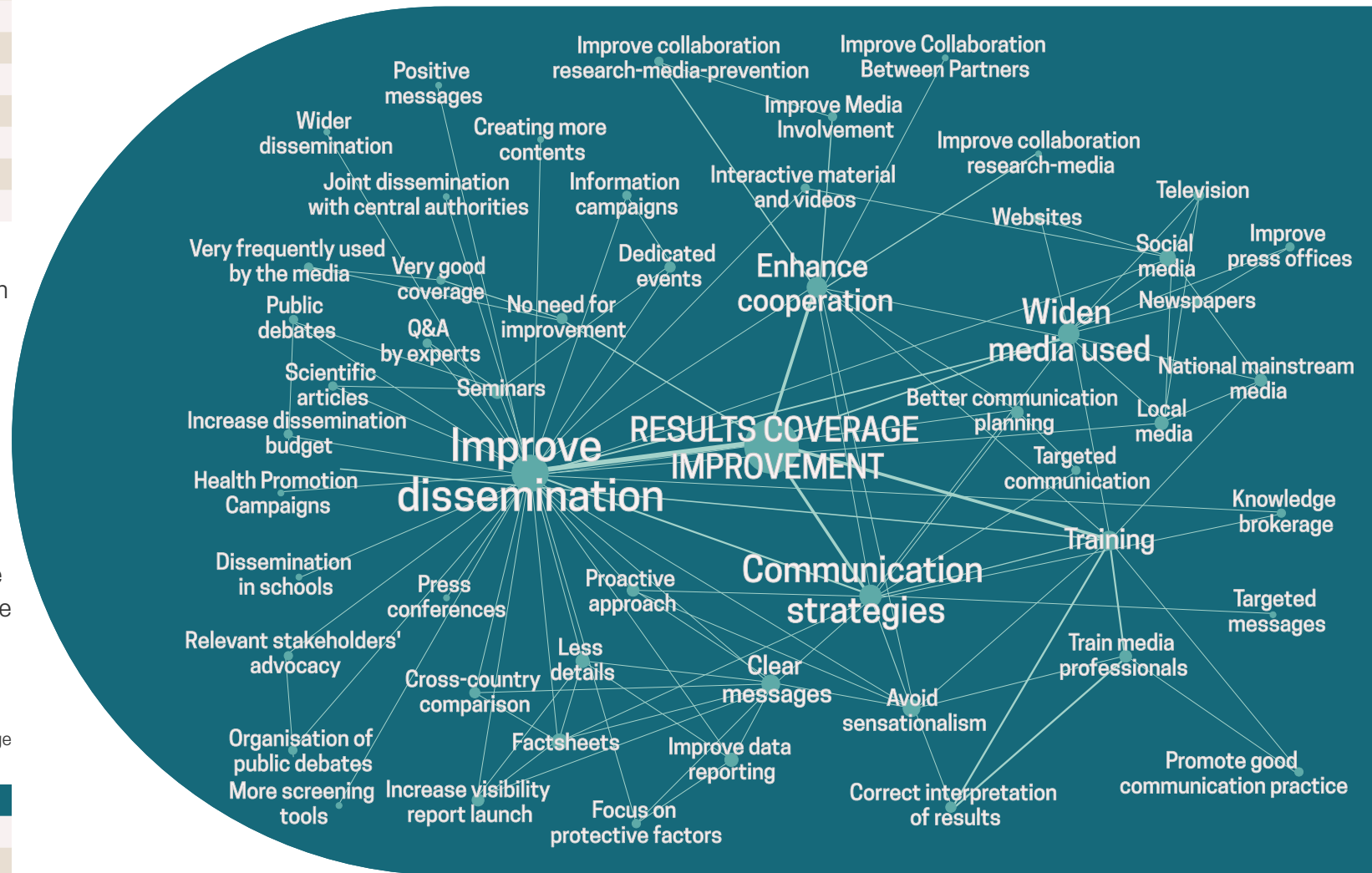
consider it to be appropriate (against 48.3% of scientists and 38.9% of policy-makers and experts).

Improvement of the dissemination of school survey results by media

After having been asked about the most discussed topics in the public debate of their country and having expressed their opinion about the current media coverage in relation to the results of school surveys, respondents were asked to provide suggestions on how media coverage could be

improved. The question thus formulated made it possible to collect inputs both of a general nature and concerning specific technical issues. Figure 2.5.2 shows the main suggested actions, their relative frequency and the strength of the relationship between them.

Figure 2.5.2. Graph referring to the semantics found in the answers to the question: "How might the uptake of school survey results by media be improved?"



Among the proposed strategies, those involving actions aimed at improving the dissemination of school survey results are the most frequent ones (37.0% of respondents).

The **improvement of dissemination** can be pursued through different ways. Many respondents advise to widen the target audience of school surveys' dissemination strategies and focus efforts on

knowledge brokering. This is a knowledge translation approach that includes making connections between researchers and decision-makers to facilitate the latter's use of evidence in adolescent health promotion and the provision of appropriate services.



To this end, respondents often propose that data should be provided in a captivating layout and results explained through clear and simple messages. Therefore, besides scientific projects' reports, useful dissemination material would include infographics and factsheets to present a selection of the most important results. The advice of creating more contents would also include the production of comprehensive and synthetic thematic publications that provide a transversal reading of school survey results on specific topics. At national level, to increase the audience it would be extremely helpful if the dissemination material produced in English would be translated into local languages.

Content-wise, respondents advise not to focus only on increases in risk behaviours but also to highlight positive trends and promote the dissemination of positive messages.

As to the means, the main proposal is to focus efforts on the organisation of seminars, workshops and public debates, where school survey data are discussed with experts from other disciplines.

Since the proposed actions are time-consuming and require the collaboration with communication specialists, many respondents call for an increase in the budget dedicated to dissemination activities.

The transversal character of the answers provided by respondents is evident not only from their composition but also from the reference to other areas such as training and the use of specific communication strategies. These, in the opinion of the respondents, would serve the general purpose of improving the dissemination and uptake of school survey results by the public.

Independently or, as pointed out, in association with other topics, actions aimed at **enhancing the cooperation between relevant stakeholders** is also highlighted (24.0% of respondents). Favouring the dialogue between researchers, media specialists, policy-makers and public institutions with decision-making powers, as well as prevention and harm reduction specialists is deemed as a precondition or leverage for making school surveys' dissemination strategies more effective.

Establishing a sound dissemination strategy with a real participatory approach to facilitate an adequate involvement of stakeholders would increase the impact of school surveys' dissemination material. School survey documents would in fact be more used by the relevant actors in the field for their activities and, at the same time, they would be shared and promoted towards other stakeholders. An increased engagement by researchers in effectively communicating the results of their studies would foster the synergy between research and media since the latter often have an interest in covering the topics, but this opportunity is seldom used.

Together with the cross-sectoral cooperation, the **training of communication professionals** is the second most recurring area of suggestions (24.0% of responses).

Those who refer to training in this field do so with a view to foster a correct interpretation of survey results by those in charge of communication, which should prevent an instrumental use of the data and help to avoid easy sensationalism in a complex field such as addiction. Good practice examples in the communication of school survey results might be promoted with this objective.

With the objective of improving the involvement of the world of communication, several respondents (22.0%) explicitly mention specific **communication strategies** as techniques to take charge of data dissemination and, consequently, control at least part of the public narrative. The creation of communication and advocacy plans to control the messages and guide the public discussion is considered as a first step for reaching an impact. Particular attention should be devoted to targeting the communication to the specific audience of interest.

In this light, 13.0% of the answers refer specifically to the **types of media** to be used. This should allow to develop targeted messages for the specific audience using a given platform, a factor specifically mentioned by some respondents. This implies that communication channels, language and contents

should be selected only after having identified the target of interest. Interestingly, the most frequently mentioned are mainstream media such as television, newspapers and radio. Social media are instead mentioned when referring to adolescents as target audience, with the advice of creating contents that "speak their same language". Lastly, several respondents advise to increase the visibility of

school survey results on local media to reach a more diffused dissemination.

Finally, 10.0% of the consulted stakeholders say that **no improvements are necessary** because in their opinion media coverage of school survey results is very good.

### Successful and effective dissemination of school survey results by media

In order to draw on respondents' experience for identifying possible strategies for improving general public and media coverage, respondents were asked

whether they are aware of any examples of effective dissemination of school survey results.

Table 2.5.4. "Do you have examples of successful/effective dissemination of school surveys results to the general public and media?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Yes	33.3%	8.9%	35.1%	24.8%
No	30.6%	53.6%	38.6%	42.3%
Don't know / NA	36.1%	37.5%	26.3%	32.9%

About one fourth (24.8%) of the consulted experts answered positively to this question, with significantly higher shares in the groups of policy-makers and experts and scientists.

Those who answered in the affirmative were also asked to offer concrete examples. The results can be summarised in the following graph.

On the basis of the analysis of the natural language used in the answers, the proposed topics can be reconducted to some broad thematic areas (Figure 2.5.3).



Figure 2.5.3. Graph referring to the semantics found in the answers to the question: "What are the examples of successful/effective dissemination of school surveys results to the general public / media?"



On third of respondents (30.3%) refer specifically to the production of good quality **dissemination material** to be developed as part of the research output.

In the case of cross-national surveys, one of the most effective dissemination actions is the publication of the international report in national language as well as the production of a shorter report focusing on national results. Press releases and specific summary reports for the media are also cited among the good practice.

Besides projects' reports, essential elements that should form part of school surveys' dissemination toolkits are easy-to-read documents such as infographics and factsheets, as well as power point presentations containing a selection of results that stakeholders can use in their daily activities.

The most frequently cited **communication channels** used in good practice examples are traditional media such as press (33.3%), radio (21.2%) and television (27.3%), often cited together and with reference to specific tools such as interviews, articles and outreach programmes.

In particular, three common elements link good practice examples able to draw considerable media attention. The first are media conferences to present new results, which allow for a later use in interviews with policy-makers and professionals as well as articles on specific topics. The second is the clear identification of specific professional figures, such as communication managers fully or partially dedicated to taking care of communication with media in order to respond exhaustively and fast to their queries. The third important element is the appearance in media debates where school survey

results are discussed in the wider framework of the national context and where practical information are provided concerning where and how adolescents can get help and support.

The **cross-sectoral collaboration** between actors in the field of addictions and with the world of communication are mentioned as essential elements of some virtuous examples reported.

These include the publication of targeted school survey reports on national public institutions' websites (e.g. Universities, Ministries of Health and Education), which increases dissemination thanks to their institutional backup. The collaboration with prevention experts through dedicated seminars is deemed very useful, particularly for explaining and contextualising the results for teachers and operators who work directly with students. Teachers can then use this information to prepare lessons to students on areas of concern. The organisation of thematic workshops with the actors in the addiction field is also cited as a new and promising initiative. Finally, the example of a public institution that contacted journalists in

advance to exchange with them and correct the reporting of contents, was particularly effective in producing articles and news containing realistic data and descriptions.

**Public events** such as conferences, webinars and seminars are mentioned as part of good practice examples in 24.2% of the answers, while **social media campaigns** through posts and video represent a good practice in 3.0% of cases, all targeted at adolescents' involvement. The use of **local media** is included in virtuous examples by 9.1% of respondents. Among those, the collaboration with local prevention workers, who often have a close contact with local media, is considered particularly effective to present local results from school surveys.

A separate category is constituted by examples concerning the involvement of school surveys in information campaigns related to the prevention of risk behaviours and the promotion of healthy lifestyles, which is reported as an effective mean by 9.1% of respondents.

### Missing or not investigated topics in school surveys useful for informing public debate and discussion

After having explored the main topics discussed by public opinion and media, it is interesting to look at the areas that respondents deem useful to be further investigated by school surveys in order to increase their capacity to inform public debate and discussion.

To this end stakeholders were asked through open-ended questions to suggest key topics that would be

useful to be further investigated, to describe challenges faced in the use of school survey data for informing public debate and to propose strategies and actions to overcome them.

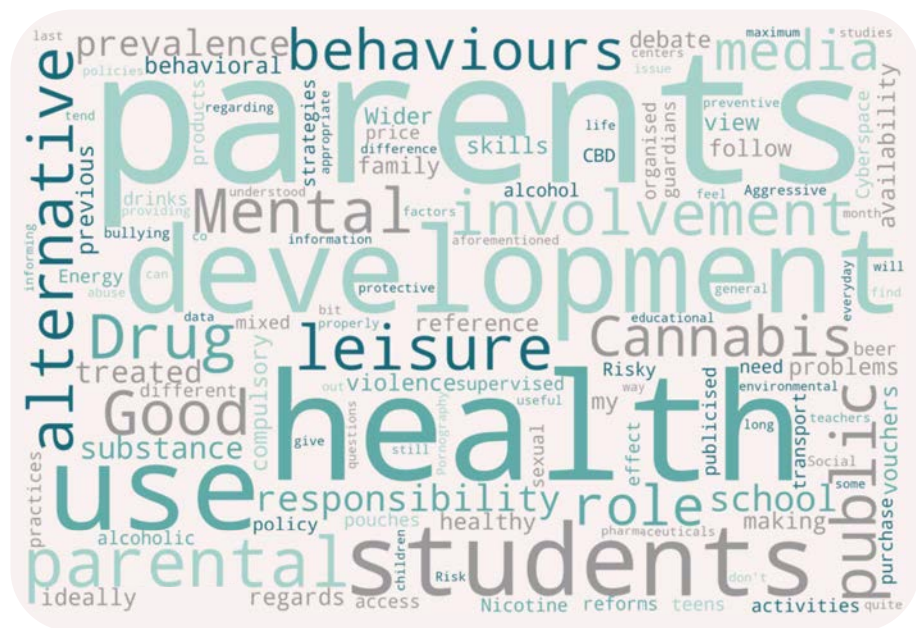
Considering all survey respondents who answered this question, only 13.2% of them indicate that there are some topics which would deserve further attention in school surveys.

Table 2.5.5. "Are some topics of interest missing or not investigated by school surveys that would be useful for informing public debate and discussion?" Percentage distribution of responses to the question by stakeholder category

	Policy	Prevention	Scientist	Total
Yes	9.1%	12.7%	16.1%	13.2%
No	39.4%	18.2%	39.3%	31.3%
Don't know / NA	51.5%	69.1%	44.6%	55.6%

On the basis of the overview of the inputs collected from respondents (Figure 2.5.4), the proposed topics can be reconducted to some broad thematic areas.

Figure 2.5.4 "Are some topics of interest missing or not investigated by school surveys that would be useful for informing public debate and discussion?" Word cloud of suggested topics



The topics most frequently reported by respondents pertain to the area of **substance use**. As already mentioned, the impact of drug policy reforms is frequently mentioned in countries that are currently facing a lively national debate or that have just implemented legislation reforms. The main topic is cannabis use, and the aspects to be investigated would concern the actual knowledge of legislation, the opinions on reforms and the perception of changes in the availability and price of substances. Other issues suggested relate to the perceived availability and price of different legal substances: non-alcoholic beer, nicotine pouches and CBD-based products. Finally, respondents suggest to focus more on risk and protective factors as well as on the description of the difference between patterns of use. In fact, in public discussion these are often confused either because of the inability to correctly interpret school survey results and due to an instrumental use of the evidence provided.

Other frequently reported topics concern the investigation of **mental health issues**. These concern in particular mental well-being, behavioural health problems and how adolescents perceive to be emotionally supported and understood in their proximal environment, particularly within family and at school.

This is because the role and involvement of parents and school in adolescents' lives and their effects on the engagement in risk behaviours is a quite relevant topic in some national debates.

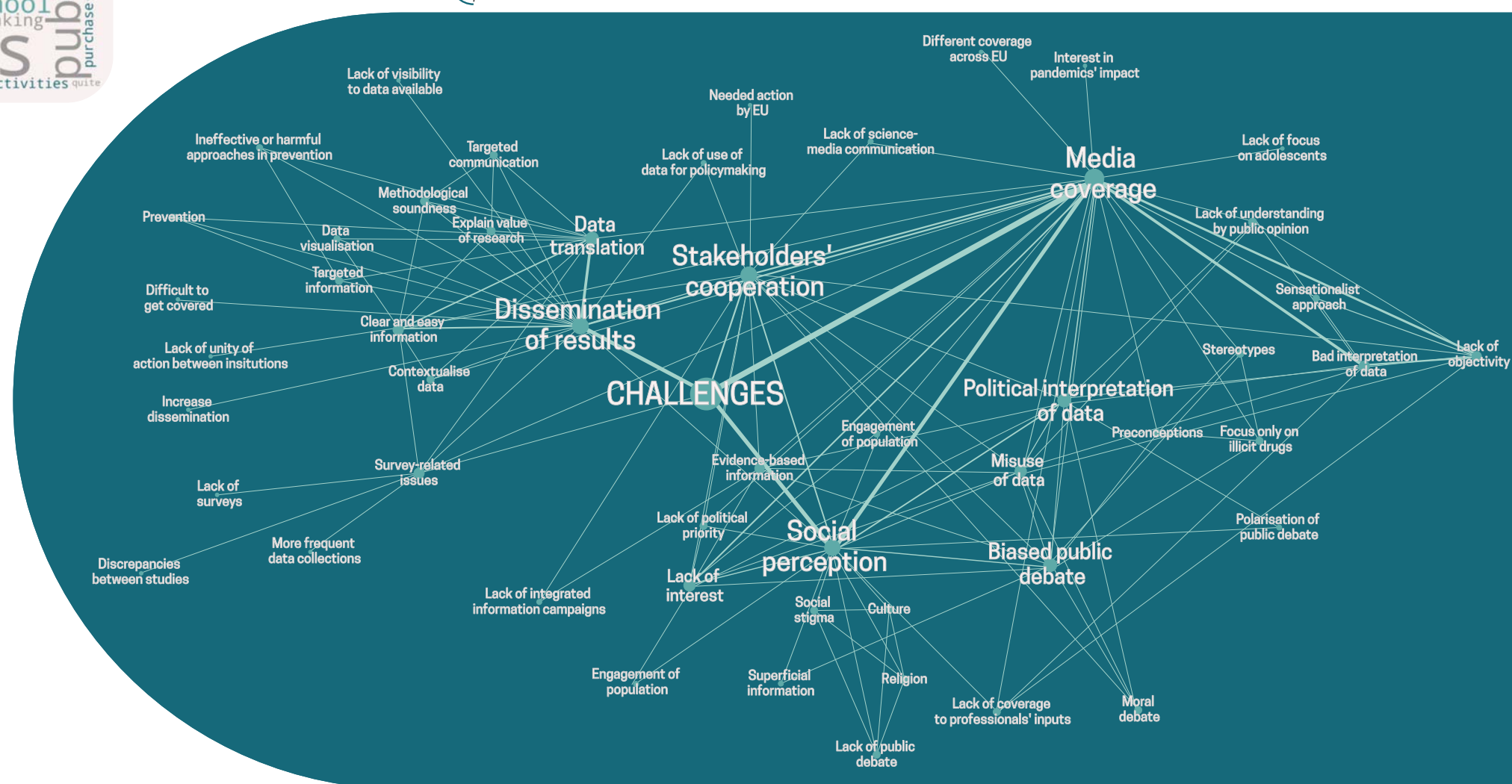
Finally, respondents suggest a further investigation of specific **risk behaviours** such as risky sexual practices, pornography use and digital behaviours.

### Challenges of school surveys for informing public debate and discussion

After describing the status of media reception of school survey results and detailing the state of public debate on these topics, the stakeholders consulted were asked to identify the main challenges in using data to inform public debate and

discussion on these issues. Figure 2.5.5. shows the main concepts emerged, their relative frequency and the strength of the relationship linking them in order to provide an indication of the complexity of the topics covered.

Figure 2.5.5. Graph referring to the semantics found in the answers to the question: "What are the challenges faced in the use of data for informing public debate and discussion?"



Almost half of respondents (49.5%) mention problems related to **media coverage**. These can be broken down into two main factors: the scarce interest of mainstream media towards less popular issues, such

as substance use, and their frequent misinterpretation of data. The latter is due to both a lack of training in data reporting among communication specialists and a lack of objectivity in the way messages are communicated.







Regarding how communication is done, school surveys' organisers should increase the production of simple documents (e.g. factsheets and infographics) and the visibility of new results. These should be communicated with a proactive approach, aimed at "selling in" scientific findings to public opinion and media. Often, the topic of knowledge brokerage is presented as a tool for translating scientific findings into a common language and to promote the correct use of data, responding to the problems connected with the social perception of certain topics.

Regarding where dissemination is done, the focus is on promoting debates with experts that allow the public understand how data can inform prevention strategies.

Effective strategies should also point on **engaging the same experts who work with school survey data in their dissemination**, exploiting their networks to amplify the impact.

Proposals in this area (issued by 25.0% of respondents) reflect in the development of multimedia campaigns involving all stakeholders, including policy-makers, economic operators, prevention service providers, educational staff and students.

As part of this strategy, the publication of new school survey results could include the contribution of relevant stakeholders (e.g. policy and prevention experts, teachers and students) providing their discussion of the evidence provided.

Furthermore, school surveys should promote a greater engagement of policy-makers in promoting researches and sponsoring appropriate dissemination events.

Further actions (suggested by 23.9% of respondents) improving the **production of dissemination material**.

In particular, citing the example of ESPAD (<https://data.espad.org>), school surveys' organisers are advised to develop open online platforms for analysing and visualising data. This would allow everyone interested to make own elaborations and

visualisation of data without relying on "static" tools such as results' reports.

To increase the impact of dissemination, respondents recommend to provide reports in national languages free of costs and to take in due consideration the regional level, with targeted publications providing sub-national level estimates of selected results.

Multidisciplinary action would also be useful for publishing guidelines on how to interpret and report survey data for communication purposes. Guidelines might also be produced on how to translate evidence in recommendations to improve prevention and treatment efforts. To increase their impact, these might be publicised through cross-national networks and promoted by international organisations.

Finally, many respondents focus on the importance of involving the school world not only as passive target but as an active actor of dissemination.

Semantically close (and often reported within the same answers) is the theme of **training** (recurring in 20.5% of responses), which is seen by experts as the most effective mean to promote the correct interpretation of data by media operators and journalists and, consequently, to increase public involvement and the effectiveness of dissemination.

Specific proposals concern the selection of the **communication channels** to be used (8.0% of responses).

Whilst public debates and workshops are indicated as one of the priorities to involve the general public, social networks are suggested as the main media to reach adolescents. However, since dissemination campaigns can be very expensive, the general advice is to first assess the impact and the possible spill-over effects in order to understand how to best invest both human and financial resources.

A smaller set of proposals (6.8%) refers to a general call for ethics in data reporting and distance from instrumental, political and economic interpretations.

While the use of survey data in **policy** is highly advised to develop informed decision-making processes, the instrumental use of data to justify policy decisions is referred as one of the main risks in school surveys' dissemination.

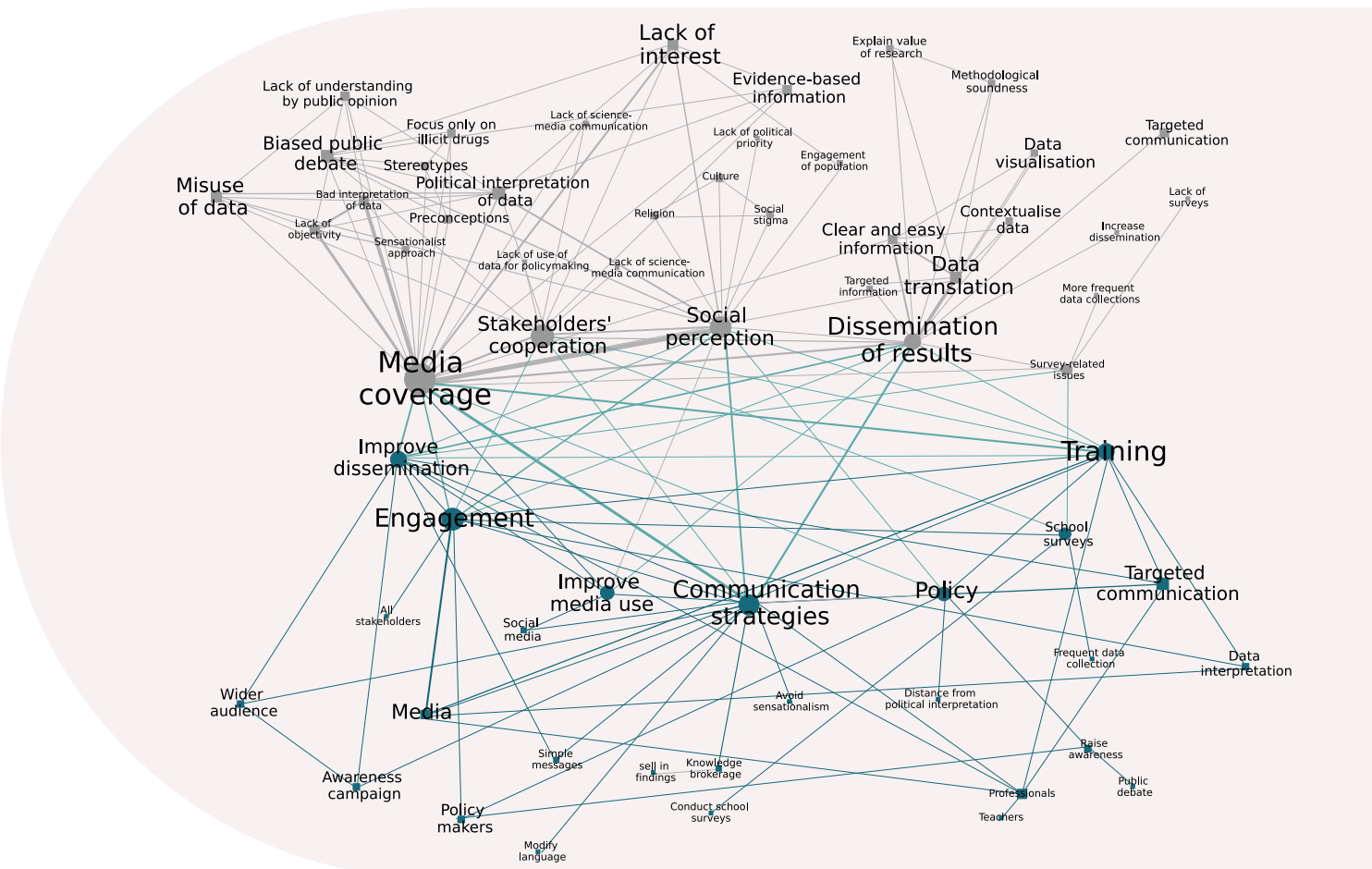
The last set of strategies concern **school surveys** (6.8% of responses). In countries with experience in this field, the advice is to increase the frequency of data collection to be able to provide updated information on the effects of social events of great

mediatic impact on adolescents' behaviours (e.g. pandemics, war). In countries with limited or no experience, the advice is to focus communication on the importance of these studies for protecting adolescents' health and spread positive messages. The focus on the public health dimension of drugs and addictions can help to avoid religious discussion and stigma that endanger the implementation of school surveys in these countries.

### Challenges, actions and strategies for informing public debate and discussion

As in the previous sections, it is useful to analyse the relationships between the main challenges proposed and the possible solutions suggested by the experts consulted.

Figure 2.5.7. Graph referring to the relationships between the concepts extracted from the answers to the questions "What are the challenges faced in the use of school survey data for informing public debate and discussion?" and "What actions/strategies concerning school surveys might be helpful in overcoming them?"



Notes: challenges are shown in grey colour and solutions in teal. Round nodes identify first-level concepts and square nodes the related sub-concepts. Relationships between challenges are in grey, relationships between solutions are in teal, and relationships between challenges and solutions are in light green.

Figure 2.5.7 highlights the interconnections between the main challenges and possible solutions as described in the previous sections, their relative frequency and the strength of the relationship linking them.

The actions proposed concerning **communication strategies** are frequently indicated as solutions to tackle or mitigate obstacles related to the dissemination of results, media coverage, and social perception and to a lesser extent to respond to problems related to the collaboration among stakeholders. This intersection may be due to the fact that targeted communication strategies can address a wide range of problems, promoting both a correct interpretation of data and its dissemination to different stakeholder groups.

For this reason, strategies such as knowledge brokering are strongly linked to problems pertaining to data interpretation and correct reporting by media. Workshops and public events presenting and discussing school survey results are suggested to be helpful in spreading information among the population with caution and stress the right aspects. Targeted multi-media campaigns would help in involving relevant stakeholders, from policy-makers to adolescent students, thereby increasing the visibility of school surveys and promoting the participation in the data collection.

Strategies aimed at promoting school survey data for developing campaigns that promote awareness and support adolescents' health can help in overcoming social stigma and advocate for the conduction of this type of studies in countries where these are not implemented yet.

The solutions proposing to **engage relevant stakeholders** from different fields in the dissemination of school survey results also connect to the majority of groups of challenges. The strongest relationship of this cluster of solutions is with problems related to a scarce cooperation between stakeholders and to the social perception of addictions. Generally, those who report a low involvement of a specific group indicate targeted solutions to increase it. For example, the insufficient collaboration of the education system in school surveys reported by many stakeholders can be

addressed, among others, through a better communication. The creation of a dissemination toolkit, comprising presentations and teaching material, together with targeted workshops for educational staff can increase and amplify teachers' involvement through a snowball effect.

Remarkably, solutions proposing concrete ways to **improve dissemination** are the only ones that link to all the groups of challenges identified. This is because, when understood in a broad sense, dissemination is at the heart of the issue of media reception of school survey results. In particular, the strongest relationships are with challenges concerning explicitly the very same area of dissemination, as well as those related to media coverage and social perception. Strategies linked to it can influence both the quality of public debate and improve the coverage of certain issues at national and regional level.

Transversal, as already noted, is also the reference to **training** as a solution proposed for all the groups of challenges, except those directly related to the methodology and administration of the surveys. In particular, the proposal of developing training initiatives directed to media professionals on how to interpret and correctly report data is the most recurring solution identified to overcome incorrect or distorted reporting of school survey results on media. Indirectly, this would also help in decreasing the sensationalism and manipulation of evidence often reported by respondents.

The mention of **specific media** in the solutions is mainly connected to issues related to dissemination, with extensive references to enhancing the use of online tools and social media. Initiatives such as the ESPAD online platform of open data consultation are indicated as example of successful actions to promote the use of school survey data towards a wide range for stakeholders. In this good practice example, the different forms of data consultation offered (from simple graphics to more complex analyses) allow to meet the needs and different abilities to deal with data of various stakeholder groups.

Increasing dissemination efforts and communication initiatives directed to policy-makers would mainly serve the purpose of addressing the fact that adolescent substance use and risk behaviours, and more generally drugs and addictions, are not perceived as a public health priority, causing a low support to school surveys. To address the need to have a more objective and less politically influenced media coverage, some respondents propose that school survey organisers advocate in their communication campaigns more distance from political and economic influences in data interpretation and increased efforts towards evidence-based policy-making.

The solutions concerning **survey design and data collection** are almost exclusively connected to answers highlighting problems in this area. In this light, to tackle the inability to provide new evidence of the impact of important social events, respondents propose to increase the frequency of data collection. To the lack of reliable information concerning the characteristics of the phenomenon of adolescent substance use which is of great concern in some countries, respondents strongly highlight the need for decision makers to support the implementation of a national school survey.

3

Methodology of the  
study



## Identification of priority topics and stakeholders

Following the decision by PG-Council of Europe within MedNET to undertake the project, a consultation phase with the PG-CoE and EMCDDA was carried out by CNR, acting as provider for the PG. Three priority stakeholder groups were then identified by CNR on the basis of the agreed priorities of investigation, in order to collect useful information to comprehensively assess the use of school surveys in policy and prevention planning and evaluation.

A brief overview of the groups and the criteria for inclusion follows.

### Policy-makers and experts

All the professionals responsible for formulating or amending drug strategies and policies.

Policy-makers are individuals at some level of government or decision-making institution, including but not limited to international organizations, governments or parliaments, bureaucracies, non-governmental agencies or professional associations, who have responsibility for developing policies or making recommendations to others in the field of drugs and addictions. Policy experts can be analysts at some level of government or decision-making institution, responsible for analysing data and informing decisions and recommendations, or civil servants and professionals with management or supervisory mandates, including implementers and public health officials. Policy-makers and experts can be located at country, region or community level.

### Experts in prevention and harm reduction

Professionals with expertise in the prevention of drug use and drug-related problems, as well as harm-reduction and treatment, particularly among young people. They are experts from international and national organisations, comprising prevention coordinators, prevention specialists and decision-makers with both general and specialist roles that include responsibility for prevention and harm reduction programmes. In some countries, this group may also include senior practitioners who are influential in decision-making and professional development. They can be located at community, region or country level. They may be heads of non-governmental organisations engaged in delivering prevention and harm reduction, prevention or harm reduction coordinators in a regional administration, civil servants who develop strategies and commission interventions in a municipality, stakeholders or part of community coalitions.

## Scientists conducting or using school surveys

Researchers and professionals responsible for planning and implementing cross-national school surveys on substance use and risk behaviours in their respective countries, or scientists using these data for the production of scientific evidence to inform policy and practice. They collect or use survey data to help answer important questions that available data cannot address. They also respond to queries from policy-makers, managers or prevention and harm reduction experts through rapid evidence produced using surveys as a data collection tool, in order to obtain relevant information from a large sample of the school population.

### Experts' recruitment and focus groups

The main task of the focus groups was to select the relevant issues to be investigated through the online survey in order to assess the current strengths, challenges and needs for improvement of the use of school survey data (like ESPAD and MedSPAD) in monitoring, policy formulation and evaluation in the field of drug and behavioural addictions.

Key experts were selected from the stakeholders' dataset developed in the project framework and invited to take part in the focus groups, by taking into account their professional profile and keeping a balance in the geographical coverage. Within each stakeholder group, two experts per each sub-region and two experts representing a global perspective were invited.

The three focus groups included the following stakeholders:

- Policy-makers and policy experts (date: 23/2/2022, morning session)
- Experts in prevention and harm reduction (date: 24/2/2022, morning session)
- Scientists conducting or using school surveys (date: 24/2/2022, afternoon session)

The focus groups were organised as facilitated interactive online workshops combining the use of a set of participatory tools and processes to validate the questions included in the draft survey using consensus methods.

The main activities of the workshops were structured into four rounds. After the institutional greetings by Pompidou Group of CoE and EMCDDA, the introduction to the project's aims and a rapid self-presentation of participating experts, the questions and answer options included in the four sections of the draft questionnaire were discussed.

As shown in Figure 3.1, the work of the focus group was conducted using GroupMap, an online brainstorming and group decision-making tool (<https://www.groupmap.com>), to discuss and revise each section of the questionnaire.

Figure 3.1. Focus groups' working method

<b>POLICY: Gathering information on the main patterns of drug use and risk behaviour to set priorities for evidence based policies</b>	<b>PREVENTION: Collecting data to help monitor whether existing prevention strategies are obtaining the intended outcomes</b>	<b>TRAINING: Informing the need for and content of capacity building and training for decision makers</b>	<b>PUBLIC OPINION AND MEDIA: Informing public debate about substance use and risk behaviours through media interest and uptake</b>
A.3 –Are the RESULTS of school surveys used...	B4 –Are the results USED...	C.3 –Are the results of school surveys on the following TOPICS used for capacity building and training?	D.6 –Are the results of school surveys on the following TOPICS used for informing public debate and discussion?
A.5 –Are the following INDICATORS provided by school surveys used?	B.1 –Are the RESULTS of school survey used to...	C.4 –Are the following INDICATORS provided by school surveys used?	D.1 –What is the level of INTEREST of media and public opinion for...
A.1 –How important do you consider school surveys as a demand reduction indicator for monitoring drug use in the population? [Very Important] / [Moderately Important] / [Not Important] / [Don't know]	B.2 –Are the results of school surveys on the following TOPICS used to develop, monitor and evaluate prevention programmes focusing on:	C.2 –Do training programmes include teaching how to analyse and interpret data? [Yes] / [No] / [Don't know] / [NA]	D.4 –How might the uptake of school survey results by media be improved? [Insert Text]
A.4 –Are the results of school surveys on the following TOPICS used to set priorities for evidence-based policy?	B.3 –Are the following INDICATORS provided by school surveys used?	C.1 –Are school survey RESULTS used in the training programmes for...	D.2 –What is the level of interest for school survey results from the media and the public opinion? [High] / [Moderate] / [Low] / [Don't know]
A.6 –Are school survey data used for monitoring the effectiveness of policy interventions in your country? [Yes] / [No] / [Don't know] / [NA]	B.1.a –RESULTS...develop prevention strategies/programmes? [Yes] / [No] / [Don't know] / [NA]	C.1.a –RESULTS...national/local decision, opinion and policy makers? [Yes] / [No] / [Don't know] / [NA]	D5 –Do you have examples of successful/effective dissemination of school surveys results to the general public/media? [Insert Text]
A.7 –Are the results of school surveys USED BY ...	B.1.b –RESULTS...monitor the progress and to evaluate the outcomes of prevention strategies/programmes? [Yes] / [No] / [Don't know] / [NA]	C.1.b –RESULTS...law enforcement/police officers? [Yes] / [No] / [Don't know] / [NA]	D.3 –What are the specific topics concerning adolescent risk behaviours that are of main interest in this moment in the public debate and discussion of your country? Cannabis
A.2 –Over the year has the importance of this demand reduction indicator changed? [Diminished] / [Unchanged] / [Increased] / [Don't know]	B.2.a –TOPICS...Alcohol [Yes] / [No] / [Don't know] / [NA] -If Yes...implementation level(s) -[Supranational] / [National] / [Local]	C.1.c –RESULTS...teachers? [Yes] / [No] / [Don't know] / [NA]	
	B.2.b –TOPICS...Tobacco (cigarettes, e-cigarettes)	C.1.d –RESULTS...practitioners? [Yes] / [No] / [Don't know] / [NA]	
		C.3.a –TOPICS...Alcohol	

Following the first discussion round, experts were asked to evaluate the questionnaire by rating each question. The rating to evaluate the appropriateness of the questions was made on the basis of two scales:

- Feasibility: does asking this question to your specific stakeholder group make sense? Would the stakeholder category you belong to be able to answer this question?
- Relevance: would the answers to this question provide useful information for the study objectives?

The results of the evaluation were shown to participants and the scores were ranked to facilitate the discussion and sharing of opinions.

A second discussion round was held through a brainstorming activity on the voting results, by asking experts about any missing topics or questions and answer options to be modified or eliminated.

The last round foresaw a final discussion, conducted after the experts had acquired the whole overview of the questionnaire and had given their opinions on it. The aim was to assess if some essential aspects were

overlooked or missing, and therefore how to implement the questionnaire. All the inputs received were reviewed and the draft questionnaire revised to produce the final version to be administered through the online survey.

### ESPAD-MedSPAD Questionnaire Design

The ESPAD-MedSPAD survey aims at addressing the six general objectives of the project reported in the Introduction section. For each general objective the related sub-topics were developed as questions for the survey.

The questionnaire was developed using a mixed method approach combining and integrating qualitative and quantitative questions.

The aim was to make the most of the strengths of each data type (quantitative and qualitative) while neutralising their weaknesses in order to enable an in-depth exploration of the stakeholders' perceptions about the specific domains investigated.

The questionnaire is divided into four different sections related to the main domains of interest for investigating the use of school survey data: policy, prevention, training and public opinion and media. Each section contains both multiple choice and open-ended questions.

The multiple-choice questions are structured to collect domain-specific information. Answers were allowed on a 4-point or 6-point Likert scales or binary mode with the option of selecting a third response option (don't know/not applicable).

The open-ended questions are instead repeated at the end of each section in order to gather respondents' inputs on: possible missing or under-investigated topics by school surveys that are potentially useful for each domain area; main challenges faced in using school survey results for domain-specific purposes; possible actions/strategies useful to tackle the reported challenges.

The questionnaire opens with the collection of background information about respondents' country of origin, profession, and the main school surveys implemented in their respective country of origin. Four other sections follow, each referred to the domains of policy, prevention, training and public opinion and media. In the following a brief description of the questionnaire sections is provided, with an overview of their purpose, structure and objectives. The full version of the questionnaire is provided as annex to this report.

### Policy

This section is aimed at gathering information on the use of school survey data for collecting information on the main and emerging patterns of drug use, risk behaviours and trends, in order to set priorities for evidence-based policy targeting young people. The questions in this section are mainly aimed at collecting respondents' views regarding the importance given to school surveys for monitoring drug use within the population and the inherent changes in the importance attributed over the years. The level of application of survey results for monitoring drug use in the population is then explored. Respondents are later asked to provide information about the use of school surveys' findings pertaining to specific issues, such as alcohol and social media, to set priorities for evidence-based policy. The main indicators provided by school surveys for policy-making and their use for policy evaluation are then explored in detail.



## Prevention

This section is aimed at gathering information on the use of school survey results as a tool to assess whether prevention strategies and programmes are obtaining the intended outcomes or, if challenges exist, indications on the modifications that may be needed. As in the previous section, questions are designed to assess stakeholders' views about the importance of using school survey results for the implementation of preventive strategies and programmes. Next, the main purposes in using these results for setting priorities, monitoring the progress and evaluating the outcomes of prevention programmes and strategies are explored. The following questions investigate the frequency of use of specific topics investigated by school surveys for the implementation of preventive strategies and programmes and the territorial level of implementation. As for the Policy section, information were collected regarding the main indicators used for prevention purposes as well as about their final aim. Finally, a specific set of questions was reserved only to prevention experts in order to gather their perspective on the prevention measures introduced in schools as a follow-up of the school surveys, on the involvement of students and parents in the discussion of results and on the introduction of life/skill programmes within the school curriculum.

On the use of school survey data to help monitor whether existing prevention strategies and programmes are obtaining the intended outcomes or, if challenges still exist, indication that modifications in the strategies and programmes may be needed.

## Training

This section is aimed at gathering information on the use of school survey data to inform the need for and content of capacity building and training for decision makers responsible for developing strategies and actions in the field. The views of stakeholders were collected about questions related to the use of school survey results in training programmes for different purposes. The questions' structure is the same as in the previous sections, except for a more domain-specific question related to the presence of training opportunities providing skills to analyse school survey data.

## Public opinion and media

This section is aimed at gathering information on the use of school survey data to inform public debate and discussion about substance use and risk behaviours, in particular through media interest and coverage. Stakeholders were asked to provide their views related to the appropriateness of the coverage that media and public opinion in their respective countries give to adolescent substance use and risk behaviours. Respondents were also asked about the specific topics that are triggering public debate in their respective countries. Finally, views were gathered regarding how media could improve communication related to school survey results, including asking for examples of successful and effective dissemination campaigns.

## Data analysis

In this report, respondents' answers to the multiple-choice questions foreseen in the questionnaire are described and for each of them the frequency distributions is reported by stakeholder category (policy-makers and experts; experts in prevention and harm reduction; scientists conducting or using school surveys). Furthermore, the frequency distribution of each stakeholder category is compared with the remaining two in order to highlight statistically significant differences between the answers given.

Qualitative information collected through the open-ended questions referred to the domains of policy, prevention, training, media and public opinion were analysed through social network analysis. Special support tools were used to make the analyses faster while still being rigorous, and the results were analysed and supplemented by expert manual intervention.

Social network analysis (Serrat, 2017) builds on the principles of graph theory to study the relations between actors. The networks that are studied are composed of nodes, representing the actors in the scenario, and links or edges, which represent their relationships. Depending on the scenario, the actors may be persons or, as in this case, subject areas.

The first step consisted in the analysis of all collected answers in order to verify their consistency, excluding from the dataset empty and double answers.

After data cleaning procedures, the answers to each question were analysed separately through T2K (TextToKnowledge v2), a suite of tools developed for extracting domain-specific knowledge from a collection of texts. T2K2 is based on a set of Natural Language Processing (NLP), statistical text analysis, and machine learning tools that are dynamically combined to provide an accurate and incremental representation of the content of massive repositories of unstructured documents (Dell'Orletta et al., 2014). In the analysis of the qualitative information collected, T2K was used to clusterise the different semantic areas across responses to the same question through knowledge graphs. Using the support of both graphs and domain-specific expertise, the knowledge extracted from respondents' answers was given a structured organisation and indexed with respect to the automatically acquired information, by labelling expressed concepts and associating them with a semantic area. Following the footsteps of the knowledge graphs, a two-level structure was chosen. A macro-domain label was inserted on the first level, linking each answer to the relevant concepts it relates to. In the second level, more specific labels were inserted in order to extract the full content of the answers provided by respondents. Finally, social network analysis was performed using Python and knowledge graphs were created with a node for each first- and second-level label.

In the graphs presented in this report, font size and node dimension are determined by the frequency of the topic recurring in all answers. When two topics are mentioned together in at least one comment, a relationship is formed between them. The width of the link is proportional to the number of times the two topics are cited together.



# 4

## Abbreviations, glossary & references

## 4.1. Abbreviations

**ASAP:** European training project in prevention science co-funded by the European Commission

**CBD:** Cannabidiol

**CNR:** Italian National Research Council

**CoE:** Council of Europe

**CTC:** Communities That Care

**EMCDDA:** European Monitoring Centre for Drugs and Drug Addiction

**ESPAD:** European school Survey Project on Alcohol and other Drugs

**EUPC:** European Prevention Curriculum

**HBSC:** Health Behaviour in School-aged Children

**MedNET:** Pompidou Group's Mediterranean network for co-operation on drugs and addictions

**MedSPAD:** Mediterranean school Survey Project on Alcohol and other Drugs

**NGOs:** Non-Governmental Organisations

**NLP:** Natural Language Processing

**NPS:** New Psychoactive Substances

**PG-CoE:** Pompidou Group of the Council of Europe

**SNA:** Social Network Analysis

**THC:** Tetrahydrocannabinol

**UN:** United Nations

**UNODC:** United Nations Office on Drugs and Crime

**WHO:** World Health Organization

## 4.2. Glossary of terms

**Advocacy** - Speaking or acting on behalf of an individual or group to uphold their rights or explain their point of view.

**Accreditation** - A process that establishes and recognises the professionalism and competence of individuals, organisations, or programmes in a particular field or industry. In the context of drug prevention, accreditation is a formal process of evaluating and recognising the competency and adherence to standards of drug prevention professionals and programs.

**Aetiology models** - Theoretical frameworks that seek to explain the origins or causes of a particular health condition or behaviour. In the context of addiction prevention, aetiology models are used to identify risk and protective factors that contribute to the development of substance use and related problems.

**ASAP** - ASAP is a training project co-funded by the European Commission that aims to identify the strengths and shortcomings of the various prevention systems in the EU nations, as well as to implement training interventions to promote the European Drug Prevention Quality Standards.

**Behavioural addiction** - A form of addiction that involves a compulsion to engage in a rewarding non-substance-related behaviour despite any negative consequences to the person's physical, mental, social or financial well-being.

**Binge drinking** - A pattern of alcohol consumption where a person drinks a large amount of alcohol in a short period of time, typically with the intention of becoming intoxicated.

**Body-shaming** - Body shaming is a form of bullying or discrimination that involves making negative comments, criticism, or judgments about a person's body shape, size, weight, or appearance.

**Cannabidiol (CBD)** - One of several cannabinoids in Cannabis sativa that behaves as an antagonist to THC

**Capacity building** - Capacity building refers to the process of developing and strengthening the skills, knowledge, resources, and systems that individuals, organisations, and communities need to effectively address challenges and achieve their goals. Capacity building can include a range of activities, such as training, technical assistance, mentoring, networking, resource mobilisation, and institutional strengthening.

**Communication plan** - A detailed strategy outlining an organisation's objectives, target audience, key messages, and communication channels to effectively convey information to stakeholders. It typically includes a timeline for implementing specific tactics and measurable objectives to evaluate the success of the plan.

**Communication strategies** - Methods and techniques used to convey a message to a specific audience or target group. Communication strategies may involve a range of methods, including mass media campaigns, social media, public events, community outreach, and interpersonal communication.

**Consumption habits** - Refer to patterns of behaviour related to the use of addictive substances or engagement in addictive behaviours. These habits can include frequency of use, dosage, route of administration, and the social and environmental contexts in which substance use or addictive behaviours occur.

**Cyberbullying** - Any behaviour performed by individuals or groups through electronic or digital media that repeatedly communicates hostile or aggressive messages intended to cause harm or discomfort to others

**Data translation** - In communication settings, it refers to the process of transforming complex data or information into a form that is easily understood by the target audience. This involves converting technical, scientific or specialised information into more accessible language or visual formats, such as infographics or charts, that can be easily comprehended by individuals who may not have the same level of expertise as the original authors.

**Dissemination** - Set of techniques and practices aimed at bringing the results of research to an audience of stakeholders or ordinary citizens

**E-cigarettes** - A device that has the shape of a cigarette, cigar, or pen and does not contain tobacco. It uses a battery and contains a solution of nicotine, flavourings, and other chemicals.

**Early onset** - The age at which a particular behaviour or condition first appears. In the context of addiction, early onset typically refers to the age at which an individual starts using psychoactive substances.

**European Monitoring Centre for Drugs and Drug Addiction** - EMCDDA is a Lisbon-based European agency that provides independent scientific evidence and analysis on all aspects of illicit substance use. Its work contributes to EU and national policies on this topic.

**Environmental prevention** - Environmental prevention is a set of measures, strategies, and interventions aimed at modifying the physical, social, and cultural environment to prevent or reduce the occurrence of a specific health or social problem. This approach focuses on altering the environment to create conditions that support healthy behaviours and discourage risky or harmful behaviours. Environmental prevention often involves policy and system changes at the community, organisational, or societal level, and it may target a range of environmental factors, including the built environment, social norms, economic incentives, and regulatory frameworks.

**European School Survey Project on Alcohol and other Drugs** - ESPAD is a transnational project studying the use of legal and non-legal psychotropic substances by secondary school students and is repeated every four years in 35 European countries.

**Evidence-based** - In making decisions, use of the best evidence available at the time.

**Factsheets** - Concise documents that provide information on a particular topic in a clear and easily understandable manner. They are often used to communicate important information to a wider audience, including policy-makers and practitioners.

**Focus groups** - A small group of people who share common interests in specific issues or events and are asked to participate in an interactive discussion. A focus group is a qualitative research method that involves a small, diverse group of people who are brought together to discuss a specific topic or issue in-depth.

**Frequency of use** - Frequency of use is a metric that describes the number of times a particular product, service, or behaviour is used or engaged in over a specified period of time. In research and evaluation contexts, frequency of use is often measured to assess patterns of behaviour, track changes over time, or evaluate the effectiveness of interventions or programmes.

**General Data Protection Regulation** - The General Data Protection Regulation (GDPR) is a comprehensive set of data privacy and protection regulations that govern the collection, processing, storage, and sharing of personal data for individuals located in the European Union (EU).

**Grey literature** - Technical literature produced outside traditional indexing and publication channels. It includes documents such as scientific reports, datasets, dissertations and conference proceedings.

**Harm-reduction** - Harm reduction interventions, programmes, and policies aim to reduce the health, social, and economic harms caused by drug use in individuals, communities, and societies. The development of pragmatic responses to dealing with drug use through a hierarchy of intervention goals that places primary emphasis on reducing the health-related harms of continued drug use is a core principle of harm reduction.

**Health promotion campaigns** - Organised efforts aimed at improving the health and well-being of individuals and communities by increasing awareness and knowledge about health issues and encouraging behaviour change.

**Heated tobacco products** - A tobacco product that is heated to produce an emission containing nicotine and other chemicals, which is then inhaled by users

**Inter-institutional coordination** - The collaboration and communication between different organisations, agencies, and stakeholders involved in preventing and addressing substance use issues.

**Knowledge brokerage** - Knowledge brokerage refers to the process of bridging the gap between research knowledge and its practical application in policy, practice, and decision-making contexts. Knowledge brokers serve as intermediaries who facilitate the transfer and translation of research findings and expertise to a wide range of stakeholders, including policy-makers, practitioners, and the public.

**Life skills** - A set of abilities and competencies that enable individuals to navigate the challenges and opportunities of everyday life. These skills include cognitive, social, and emotional skills that are necessary for personal and interpersonal success.

**Likert scale** - A psychometric rating scale used to assess people's attitudes, and beliefs about a certain topic or situation. It is made up of a series of statements or questions with response options designed to rate how much the respondents agree or disagree with each item on the scale, providing a quantifiable assessment of their views or opinions.

**Media** - Any form of mass communication. This can involve television, radio, magazines, websites, newspapers, social media and so on.

**MedNET** - The Pompidou Group's network for drug and addiction cooperation in the Mediterranean region. Its goal is to promote cooperation, exchanges, and mutual knowledge transfer between countries on both sides of the Mediterranean. Based on evidence gathered by national observatories, it supports the development of drug policies that respect health and human rights while also addressing gender equality issues.



**Mediterranean School Survey Project on Alcohol and Other Drugs** - This study, which is a modified version of ESPAD in Europe, gives an overview of drug use and attitudes toward drugs among young people in schools in the Mediterranean region. The Pompidou Group of the Council of Europe created and supported the MedSPAD initiative.

**National drug strategy** - Set of rules and regulations defining a nation's drug policy in all aspects of the phenomenon

**National Research Council** - CNR is the largest public research institution in Italy. The CNR operates under the supervision of the Ministry of Education, Universities and Research, and its mission is to carry out and promote scientific research and technological innovation in a wide range of fields.

**Natural Language Processing** - NLP involves the development of algorithms and techniques for processing and analyzing natural language data, including written text, spoken language, and other forms of communication. Some of the tasks that can be performed using NLP include text classification, sentiment analysis, language translation, speech recognition, and text generation.

**New Psychoactive Substances** - A new psychoactive substance (NPS) is defined as 'a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions'.

**Non-Governmental Organisations** - Non-Governmental Organisations are private, non-profit organisations that operate independently from governments and are typically formed to pursue social, environmental, or humanitarian objectives. NGOs can be involved in a wide range of activities, including advocacy, education, service provision, and community development.

**Nicotine pouches** - Any tobacco-free product for oral use that is entirely or partially made up of synthetic or natural nicotine in the form of powder, particles, or paste, or any combination of these forms.

**Over-surveying** - Also known as survey fatigue, is a phenomenon that occurs when individuals are asked to participate in too many surveys or are asked to complete surveys too frequently. This can lead to a decrease in response rates, lower quality data, and respondent disengagement or burnout.

**Overuse of social media** - Overuse of social media refers to excessive or compulsive use of social networking sites, beyond what is considered normal or healthy.

**Paper-and-pencil mode** - Paper and pencil mode is a traditional method of data collection that involves using printed questionnaires or surveys that participants complete by hand with a pen or pencil. This method is commonly used in research and evaluation contexts and may be administered in-person or through mail or other means of distribution.

**Policy statements** - A policy statement is a formal declaration or communication issued by an organisation or government entity that outlines its position, objectives, or intentions regarding a particular issue or topic.

**Political interpretation of data** - The practice of using data to support political agendas or goals. It involves selectively presenting or manipulating data in a way that supports a particular political perspective, rather than presenting the data objectively and allowing individuals to draw their own conclusions.

**Pompidou Group** - The Pompidou Group (Council of Europe International Cooperation Group on Drugs and Addictions) is the Council of Europe's drug policy co-operation platform. It provides a multidisciplinary forum at the European level for policy-makers, professionals, and researchers to share their experiences and information on drug use and trafficking.

**Prevalence of use** - The proportion of people who use a substance at or during a specific time period. In most EU Member States, it is assessed through surveys based on self-reports of participants in representative probabilistic samples of the entire population.

**Prevention intervention** - Any activity aimed at preventing or reducing drug use and/or its negative consequences in the general population or subpopulations, including preventing or delaying drug use initiation, promoting cessation of use, reducing frequency and/or quantity of use, preventing the progression to hazardous or harmful use patterns, and/or preventing or reducing negative consequences of use. Prevention activities can be carried out with various target populations, in various settings, with various methods and contents, and can range from one-time to long-term activities. Some activities directly address drugs, while others promote health in general and encourage people to make healthy choices, thereby indirectly preventing or reducing drug use.

**Prevention programmes** - Prevention programmes refer to a series of structured activities that aim to prevent or reduce the likelihood of substance abuse or addiction problems from occurring. These programmes can be implemented at different levels, including schools, communities, and workplaces, and can involve multiple stakeholders, including parents, educators, and health professionals.

**Prevention strategies** - Prevention strategies in the area of addictions are a set of interventions and actions that aim to reduce the likelihood of substance abuse or addiction problems from occurring.

**Protective factor** - A factor that lowers the likelihood of first-time drug use or progression to more harmful forms of use. Individual, family, peers/community and contextual factors are all protective factors (e.g. high socio-economic status). The goal of drug prevention work is to strengthen protective factors.

**Public agenda** - The set of issues, concerns, and policies that are currently considered important and relevant by the general public or a specific community.

**Public hearings** - A public meeting between government officials and citizens aimed at gathering non-binding opinions on a political issue, before making decisions or taking action

**Qualitative questions** - Open-ended questions, designed to elicit detailed and descriptive responses from participants. The person responding to it is free to answer in any manner he or she chooses.

**Risk behaviours** - Risky behaviour or risk-taking behaviour is defined as any consciously, or non-consciously controlled behaviour with a perceived uncertainty about its outcome. They refer to actions or behaviours that increase an individual's likelihood of experiencing negative consequences, such as injury, illness, or harm to oneself or others. These behaviours may include engaging in risky sexual behaviour, substance abuse, or other activities that may lead to harm.

**Risk factor** - Risk factors are characteristics, attributes, or exposures that increase an individual's susceptibility to developing a particular problem or disorder, such as a disease or health condition. In this context, is a factor that increases the likelihood of first-time drug use or progression to more harmful forms of use. The goal of drug prevention work is to reduce risk factors.

**Sample** - A population's subset. Participants represent a subset of the target population. The participant sample should be representative of the target population (i.e., its characteristics should be mirrored), so that findings can be generalised to the larger target population.

**School-based prevention** - The implementation of substance use prevention interventions in educational settings, such as schools, colleges, and universities.

**Scientific evidence** - Information that provides a level of proof based on established and accepted scientific methods

**Screen addiction** - Screen addiction refers to a behavioural addiction characterised by excessive or compulsive use of electronic devices with screens, such as smartphones, computers, and tablets. Individuals with screen addiction may experience symptoms similar to other behavioural addictions, such as a loss of control over their use, withdrawal symptoms when not using screens, and negative consequences on their physical, mental, and social well-being. Screen addiction is a relatively new phenomenon, and research is ongoing to better understand its causes and effective treatment options.

**Sensationalism** - A type of journalism or media presentation that uses exaggeration, distortion, or sensational elements to attract and retain audience attention. It often focuses on the emotional aspects of a story rather than its objective facts, and may prioritise dramatic or shocking content over accuracy and completeness.

**Social Network Analysis** - A quantitative and qualitative research methodology that investigates the relationships between individuals or groups, as well as the structure and dynamics of social networks. SNA provides tools and techniques for analyzing and visualizing social networks, such as nodes (individuals or groups) and edges (relationships or connections between them). Social network analysis can provide important insights into the spread of ideas or information within a network.

**Social stigma** - Social stigma in the field of addiction refers to the negative attitudes, beliefs, and stereotypes held by society towards individuals who struggle with substance use disorder (SUD) or addiction.

**Spiking** - Term used to describe the act of adding a substance, usually a drug or alcohol, to someone else's drink without their knowledge or consent.

**Standardised methods** - A set of uniform procedures and protocols for conducting surveys on substance use and related behaviours among school-aged children and adolescents. Standardised methods are designed to ensure that data is collected consistently and systematically, allowing for reliable and valid comparisons across different settings, time periods, and populations.

**Statistically significant** - A determination made by an analyst that the data's results cannot be explained solely by chance. The analyst reaches this judgment using statistical hypothesis testing.

**Statistical significance** - A term used in statistical hypothesis testing to indicate whether an observed effect or difference between groups is likely to be real or simply due to chance. A result is considered statistically significant if it is unlikely to have occurred by chance at a predetermined level of probability, typically 5% or less.

**Sub-population** - A sub-population refers to a subset of a larger population that shares one or more distinguishing characteristics or attributes.

**Survey fatigue** - Survey fatigue is a phenomenon that occurs when individuals become disengaged or unwilling to participate in surveys due to the cumulative burden of frequent or repetitive survey requests. This can result in declining response rates, lower data quality, and bias in the results of surveys.

**Survey methodology** - The scientific process of designing, conducting, analysing, and reporting on surveys. Survey methodology encompasses a range of techniques and methods for selecting the sample, designing the survey instrument, collecting data, and analysing and reporting on the results.

**Tailor-based prevention** - Tailor-based prevention is a type of prevention approach that involves customising interventions to the specific needs, preferences, and characteristics of individuals or groups. This approach recognises that people have unique risk and protective factors that can influence their likelihood of engaging in a particular behaviour or experiencing a particular health outcome.

**Tailored training** - Training programmes that are specifically designed to meet the unique needs and challenges of a particular organisation, community, or population in the field of addictions and prevention.

**Tetrahydrocannabinol** - THC is the major psychoactive component and one of the 113 cannabinoids recognised in cannabis.

**Training programme** - A structured set of activities designed to improve the knowledge, skills, and competencies of individuals or groups in a particular area. In the context of addiction prevention, a training program may be developed to provide education and skill-building opportunities for prevention professionals, community leaders, parents, and other stakeholders.

**Universal prevention** - Addresses the entire population, regardless of vulnerabilities, primarily at the school and community levels. It seeks to prevent substance-related risk behaviour by giving young people with the required skills to avoid or delay initiation into substance use. In universal prevention, it is assumed that all members of the population face the same overall risk of substance misuse, even when the risk varies greatly between individuals.

**Webinar** - A type of live, web-based seminar or presentation that allows participants to communicate and interact with the presenter in real-time.

## 4.3. References

- American Psychiatric Association (2013), Diagnostic and statistical manual of mental disorders (5th ed.), ISBN 13: 9780890425558
- Benedetti, E., Cotichini, R., Molinaro, S., & MedSPAD Group (2022), Fourth MedSPAD regional report - Adolescent Substance Use and Risk Behaviours in the Mediterranean Region, Council of Europe, Strasbourg, ISBN: 978-92-871-9251-6
- Crano, W.D., Burgoon, M., & Oskamp, S. (Eds.) (2001). Mass media and drug prevention: Classic and contemporary theories and research. Psychology Press, ISBN-13: 9780805834772.
- Crowley, M., Scott, J.T.B., & Fishbein, D. (2018). Translating prevention research for evidence-based policy-making: Results from the research-to-policy collaboration pilot. *Prevention Science*, 19, 260-270. <https://doi.org/10.1007/s11121-017-0833-x>
- Dell'Orletta, F., Venturi, G., Cimino, A., & Montemagni, S. (2014). T2k<sup>2</sup>: a system for automatically extracting and organizing knowledge from texts. In *Proceedings of the Ninth International Conference on Language Resources and Evaluation (LREC'14)* (pp. 2062-2070).
- Donini, R., Zunino, A., Piana, M., Alvino, S., Mazzarino, B. and ASAP-Training Partnership (2020), Drug Prevention Professionals Curriculum. JUST-2017-AG-DRUG Project Deliverable.
- ESPAD Group (2020), ESPAD Report 2019: Results from the European School Survey Project on Alcohol and Other Drugs, EMCDDA Joint Publications, Publications Office of the European Union, Luxembourg, ISBN: 978-92-9497-546-1
- European Commission (1999), Evaluating socio-economic programmes: glossary of 300 concepts and technical terms, Office for Official Publications of the European Communities, Luxembourg, ISBN: 92-828-6626-2
- European Monitoring Centre for Drugs and Drug Addiction (2011), European drug prevention quality standards - A manual for prevention professionals, Publications Office of the European Union, Luxembourg, ISBN: 978-92-9168-487-8
- European Monitoring Centre for Drugs and Drug Addiction (2019), Drug prevention: exploring a systems perspective, Technical report, Publications Office of the European Union, Luxembourg, ISBN: 978-92-9497-372-6
- European Monitoring Centre for Drugs and Drug Addiction (2019), European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use, Publications Office of the European Union, Luxembourg, ISBN: 978-92-9497-417-4
- European Monitoring Centre for Drugs and Drug Addiction (2022), European Drug Report 2022: Trends and Developments, Publications Office of the European Union, Luxembourg, ISSN: 2314-9086
- Evans-Brown, M. (2020), Terminology and definitions - EMCDDA operating guidelines for the European Union Early Warning System on new psychoactive substances, Document ID: EU-EWS-OG-GN-1

- Helmer, S. M., Burkhart, G., Matias, J., Buck, C., Engling Cardoso, F., & Vicente, J. (2021). "Tell me how much your friends consume"—Personal, behavioral, social, and attitudinal factors associated with alcohol and cannabis use among European school students. *International journal of environmental research and public health*, 18(4), 1684. <https://doi.org/10.3390/ijerph18041684>
- Kellam, S.G., & Langevin, D.J. (2003). A Framework for Understanding "Evidence" in Prevention Research and Programs. *Prevention Science*, 4, 137-153. <https://doi.org/10.1023/A:1024693321963>
- Muscat, R., Stamm, R., & Uchtenhagen, A. (2014). Education and training on substance use disorders: Recommendations for future national Drug Policies, Council of Europe, Strasbourg.
- National Institute for Drug Abuse (2023), Glossary. Retrieved from: <https://archives.nida.nih.gov/publications/media-guide/glossary> on 2023, February 23
- Orte, C., Coone, A., Amer, J., Gomila, M. A., & Pascual, B. (2020). Evidence-based practice and training needs in drug prevention: The interest and viability of the European prevention curriculum in prevention training in Spain. *Adiktologie*, 20(1-2), 37-46. doi: 10.35198/01-2020-001-0003
- Pompidou Group (2022), Evaluation Report of the Impact of 15 years of MedNET, P-PG/Med (2021) 36
- Roe, S., & Becker, J. (2005). Drug prevention with vulnerable young people: A review. *Drugs: education, prevention and policy*, 12(2), 85-99. <https://doi.org/10.1080/0968763042000322639>
- Schöpfel, J., Farace, D.J. (2010), "Grey Literature". In Bates, M.J.; Maack, M.N. *Encyclopedia of Library and Information Sciences* (3rd ed.). CRC Press. ISBN: 9781315116143
- Serrat, O. (2017). Social network analysis. *Knowledge solutions: Tools, methods, and approaches to drive organizational performance* (p. 39-43). Springer Nature.
- Tokunaga, R.S. (2010). Following you home from school: A critical review and synthesis of research on cyberbullying victimization. *Computers in human behavior*, 26(3), 277-287. <https://doi.org/10.1016/j.chb.2009.11.014>
- Tricco, A. C., Langlois E.V., Straus S.E. (Eds.) (2017). *Rapid reviews to strengthen health policy and systems: a practical guide*. Geneva: World Health Organization, ISBN: 978-92-4-151276-3
- Uhl A., Ives R., Members of the Pompidou Group Prevention Platform (eds.) (2010) *Evaluation of Drug Prevention Activities: Theory and Practice*, Council of Europe, Strasbourg.
- United Nations Office on Drugs and Crime and the World Health Organization (2018), *International Standards on Drug Use Prevention* (2nd updated edition), Vienna, ISBN: 978-92-4-151448-4
- VandenBos, G.R. (Ed.). (2015), *APA Dictionary of Psychology*® (2nd ed.). American Psychological Association, ISBN: 1433819449



5

Annex



ONLINE SURVEY QUESTIONNAIRE

ESPAD - MedSPAD bridge project  
on the use of school surveys in policy and prevention planning and evaluation

You are a policy-maker, prevention and harm reduction expert, or researcher who conducts or uses school surveys? If yes, your experience and knowledge can protect young people from the dangers of drug dependence. Please help us improve drug prevention for young people by filling in this questionnaire. It is anonymous and takes only 15 min of your time.

This survey is being conducted across Europe, Northern Africa, West Asia and the United States. The aim is to assess for the first time the current and potential use of school survey data in policy and prevention. With this information, we hope to paint a more detailed picture of the use of school survey results. The results of the survey will help policy-makers to use school survey data for better planning and designing of drug policies and prevention strategies for young people.

The survey is part of the ESPAD-MedSPAD Bridge Project which is funded by the Council of Europe - Pompidou Group, supported by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and carried out under the scientific direction of the Italian National Research Council.

We suggest to use Google Chrome to reduce potential technical bugs.

<b>W</b>	<b>Background information</b>	
<b>W.1a</b>	Country:	[Country List]
<b>W.1b</b>	Name of your organisation/institution	[Insert Text]
<b>W.2</b>	Stakeholder category:	[policy-maker] [Policy expert] [Experts in prevention and harm reduction] [Scientist conducting school surveys] [Scientist using school surveys] [Other, specify]
<b>W.3</b>	What are the school surveys on youth/adolescent substance use and risk behaviours implemented in your country?	[ESPAD] [MedSPAD] [HBSC] [National school survey, specify] [Other, specify] [Don't know]

<b>A</b>	<b>POLICY</b> This section is aimed at gathering information on the use of school survey data for collecting information on the main and emerging patterns of drug use, risk behaviours and trends, in order to set priorities for evidence-based policy targeting young people	
<b>A.1</b>	How important do you consider school surveys for monitoring drug use in the population?	
<b>A.2</b>	In your opinion, over the years has the importance of this indicator for monitoring drug use in the population changed?	[Diminished] / [Unchanged] / [Increased] / [Don't know]
<b>A.3</b>	In your country, are the results of school surveys used for monitoring drug use in the population ...	
<b>A.3.a</b>	in your national drug strategy?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.b</b>	in your national drug monitoring system?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.c</b>	in other strategy / planning documents?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.d</b>	in public hearings?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.e</b>	in policy statements?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.f</b>	in funding proposals?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.g</b>	in national / local reports on the drug situation?	[Yes] / [No] / [Don't know] / [NA]
<b>A.3.h</b>	in responding to media queries?	[Yes] / [No] / [Don't know] / [NA]
<b>A.4</b>	In your country, are the results of school surveys on the following TOPICS used to set priorities for evidence-based policy?	
<b>A.4.a</b>	Alcohol	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.b</b>	Tobacco (cigarettes, e-cigarettes)	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.c</b>	Cannabis	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.d</b>	Other illicit substances (cocaine, heroin, etc.)	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.e</b>	New Psychoactive Substances (NPS)	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.f</b>	Pharmaceuticals used for non-medical purposes	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.g</b>	Gambling	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.h</b>	Gaming	[Yes] / [No] / [Don't know] / [NA]
<b>A.4.i</b>	Social media use	[Yes] / [No] / [Don't know] / [NA]
<b>A.5</b>	In your country, are the following indicators provided by school surveys used for policy-making?	
<b>A.5.a</b>	Prevalence of use	[Yes] / [No] / [Don't know] / [NA]
<b>A.5.b</b>	Frequency of use - intensity of use	[Yes] / [No] / [Don't know] / [NA]
<b>A.5.c</b>	Age of initiation	[Yes] / [No] / [Don't know] / [NA]
<b>A.5.d</b>	Poly-use	[Yes] / [No] / [Don't know] / [NA]
<b>A.5.e</b>	Risk perception and social norms	[Yes] / [No] / [Don't know] / [NA]
<b>A.5.f</b>	Perceived availability	[Yes] / [No] / [Don't know] / [NA]
<b>A.6</b>	In your country, are school survey data used for policy evaluation?	[Yes] / [No] / [Don't know] / [NA]
<b>A.7</b>	In your country, are the results of school surveys used for monitoring and evaluating policies by ...	
<b>A.7.a</b>	Central government officials?	[Yes] / [No] / [Don't know] / [NA]
<b>A.7.b</b>	Regional/local administrators?	[Yes] / [No] / [Don't know] / [NA]
<b>A.8</b>	Are some topics of interest missing/not investigated by school surveys that would be useful for policy purposes?	[Yes] / [No] / [Don't know] / [NA]

**Council of Europe International Cooperation  
Group on Drugs and Addiction**



<b>A.8.a</b>	If Yes, please specify:	[Insert Text]
<b>A.9</b>	What are the challenges faced in the use of school survey data for policy purposes?	[Insert Text]
<b>A.10</b>	What actions/strategies concerning the school surveys might be helpful in overcoming them?	[Insert Text]

<b>B</b>	<b>PREVENTION</b> This section is aimed at gathering information on the use of school survey data for collecting data to help monitor whether existing prevention strategies and programmes are obtaining the intended outcomes or, if challenges still exist, indication that modifications in the strategies and programmes may be needed	
<b>B.1</b>	How important do you consider school survey data for setting priorities, monitoring and evaluating the outcomes of evidence-based prevention strategies/programmes?	[Very Important] / [Moderately Important] / [Not Important] / [Don't know]
<b>B.2</b>	In your country, are the results of school survey used to...	
<b>B.2.a</b>	set priorities for the development of evidence-based prevention strategies/programmes?	[Yes] / [No] / [Don't know] / [NA]
<b>B.2.b</b>	monitor the progress of evidence-based prevention strategies/programmes?	[Yes] / [No] / [Don't know] / [NA]
<b>B.2.c</b>	evaluate the outcomes of evidence-based prevention strategies/programmes?	[Yes] / [No] / [Don't know] / [NA]
<b>B.3</b>	In your country, how frequently are the results of school surveys on the following topics used to develop, monitor and evaluate prevention programmes focusing on:	
<b>B.3.a</b>	Alcohol Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.b</b>	Tobacco (cigarettes, e-cigarettes) Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.c</b>	Cannabis Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.d</b>	Illicit substances (cocaine, heroin, etc.) Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.e</b>	New Psychoactive Substances (NPS) Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.f</b>	Pharmaceuticals used for non-medical purposes	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA]

**Council of Europe International Cooperation  
Group on Drugs and Addiction**



	Please, specify the implementation level(s) you refer to	[Supranational] / [National] / [Local]
<b>B.3.g</b>	Gambling Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.h</b>	Gaming Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.3.i</b>	Social media use Please, specify the implementation level(s) you refer to	[Often] / [Sometimes] / [Rarely] / [Never] / [Don't know] / [NA] [Supranational] / [National] / [Local]
<b>B.4</b>	In your country, are the following indicators provided by school surveys used to develop, monitor and evaluate prevention programmes?	
<b>B.4.a</b>	Prevalence of use?	[Yes] / [No] / [Don't know] / [NA]
<b>B.4.b</b>	Frequency of use - intensity of use?	[Yes] / [No] / [Don't know] / [NA]
<b>B.4.c</b>	Age of initiation?	[Yes] / [No] / [Don't know] / [NA]
<b>B.4.d</b>	Poly-use?	[Yes] / [No] / [Don't know] / [NA]
<b>B.4.e</b>	Risk perception and social norms?	[Yes] / [No] / [Don't know] / [NA]
<b>B.4.f</b>	Perceived availability?	[Yes] / [No] / [Don't know] / [NA]
<b>B5</b>	In your country, are the results used...	
<b>B.5.a</b>	for national prevention programmes/strategies	[Yes] / [No] / [Don't know] / [NA]
<b>B.5.b</b>	to plan interventions at local level	[Yes] / [No] / [Don't know] / [NA]
<b>B.5.c</b>	for prevention actions/policies within schools	[Yes] / [No] / [Don't know] / [NA]
<b>B.6</b>	Are some topics of interest missing/not investigated by the school surveys that would be useful for prevention purposes?	[Yes] / [No] / [Don't know] / [NA]
<b>B.6.a</b>	If Yes, please specify:	[Insert Text]
<b>B.7</b>	What are the challenges faced in the use of data for prevention purposes?	[Insert Text]
<b>B.8</b>	What actions/strategies might be helpful in overcoming them?	[Insert Text]





**NOTE: the following questions will only be asked to Prevention Experts**

<b>B.9</b>	Have prevention measures been introduced in schools as a follow-up of the school surveys in your country?	[Yes] / [No] / [Don't know] / [NA]
B.9.a	If Yes, choose one or more level you refer to	[National] / [Local]
<b>B.10</b>	In your country, have the students been involved in the discussion of the results of the school surveys?	[Yes] / [No] / [Don't know] / [NA]
B.10.at	If Yes, please describe:	[Insert Text]
<b>B.11</b>	In your country, have life/skill programmes been introduced within the school curriculum?	[Yes] / [No] / [Don't know] / [NA]
B.11.a	If Yes, please describe:	[Insert Text]
<b>B.12</b>	In your country, have the schools and parents been involved in the discussion of the results of the school surveys?	[Yes] / [No] / [Don't know] / [NA]
B.12.a	If Yes, please describe:	[Insert Text]
<b>B.13</b>	Do you have examples of successful/effective prevention programs based on school surveys results?	[Yes] / [No] / [Don't know] / [NA]
B.13.a	If Yes, please describe:	[Insert Text]

<b>C.4.b</b>	Frequency of use - intensity of use?	[Yes] / [No] / [Don't know] / [NA]
<b>C.4.c</b>	Age of initiation?	[Yes] / [No] / [Don't know] / [NA]
<b>C.4.d</b>	Poly-use?	[Yes] / [No] / [Don't know] / [NA]
<b>C.4.e</b>	Risk perception and social norms?	[Yes] / [No] / [Don't know] / [NA]
<b>C.4.f</b>	Perceived availability?	[Yes] / [No] / [Don't know] / [NA]
<b>C.5</b>	Are some topics of interest missing/not investigated by the school surveys that would be useful for capacity building and training purposes?	[Yes] / [No] / [Don't know] / [NA]
C.5.a	If Yes, please specify:	[Insert Text]
<b>C.6</b>	What are the challenges faced in the use of data for capacity building and training purposes?	[Insert Text]
<b>C.7</b>	What actions/strategies might be helpful in overcoming them?	[Insert Text]

**C TRAINING**  
This section is aimed at gathering information on the use of school survey data to inform the need for and content of capacity building and training for decision makers in charge of developing strategies and actions on the field

<b>C.1</b>	In your country, are school survey results used in the training programmes for...	
C.1.a	national/ local decision, opinion and policy-makers?	[Yes] / [No] / [Don't know] / [NA]
C.1.b	law enforcement / police officers?	[Yes] / [No] / [Don't know] / [NA]
C.1.c	teachers?	[Yes] / [No] / [Don't know] / [NA]
C.1.d	practitioners?	[Yes] / [No] / [Don't know] / [NA]
C.1.e	prevention/harm reduction operators?	[Yes] / [No] / [Don't know] / [NA]
<b>C.2</b>	In your country, do training programmes for prevention/harm reduction operators include teaching on how to analyse and interpret school survey data?	[Yes] / [No] / [Don't know] / [NA]
<b>C.3</b>	Are the results of school surveys on the following topics used for capacity building and training?	
C.3.a	Alcohol	[Yes] / [No] / [Don't know] / [NA]
C.3.b	Tobacco (cigarettes, e-cigarettes)	[Yes] / [No] / [Don't know] / [NA]
C.3.c	Cannabis	[Yes] / [No] / [Don't know] / [NA]
C.3.d	Illicit substances (cocaine, heroin, etc.)	[Yes] / [No] / [Don't know] / [NA]
C.3.e	New Psychoactive Substances (NPS)	[Yes] / [No] / [Don't know] / [NA]
C.3.f	Pharmaceuticals used for non-medical purposes	[Yes] / [No] / [Don't know] / [NA]
C.3.g	Gambling	[Yes] / [No] / [Don't know] / [NA]
C.3.h	Gaming	[Yes] / [No] / [Don't know] / [NA]
C.3.i	Social media use	[Yes] / [No] / [Don't know] / [NA]
<b>C.4</b>	Are the following indicators provided by school surveys used?	
C.4.a	Prevalence of use?	[Yes] / [No] / [Don't know] / [NA]

**D PUBLIC OPINION AND MEDIA**  
This section is aimed at gathering information on the use of school survey data to inform public debate and discussion about substance use and risk behaviours, in particular through media interest and uptake

<b>D.1</b>	In your opinion, the media and public opinion of your country provide an appropriate coverage of...	
D.1.a	adolescent substance use?	[Not appropriate, this topic has too little coverage] / [Not appropriate, this topic has too much coverage] / [Appropriate] / [Don't know] / [NA]
D.1.b	adolescent behavioural addictions?	[Not appropriate, this topic has too little coverage] / [Not appropriate, this topic has too much coverage] / [Appropriate] / [Don't know] / [NA]
<b>D.2</b>	In your opinion, the media and public opinion of your country provide an appropriate coverage of school survey results?	[Not appropriate, this topic has too little coverage] / [Not appropriate, this topic has too much coverage] / [Appropriate] / [Don't know] / [NA]
<b>D.3</b>	What are the specific topics concerning adolescent risk behaviours that are of main interest in this moment in the public debate and discussion of your country?	[Insert Text]
<b>D.4</b>	How might the uptake of school survey results by media be improved?	[Insert Text]
<b>D5</b>	Do you have examples of successful/effective dissemination of school surveys results to the general public / media?	[Yes] / [No] / [Don't know] / [NA]
D.5.a	If Yes, please describe:	[Insert Text]

**Council of Europe International Cooperation  
Group on Drugs and Addiction**



<b>D.6</b>	Are the results of school surveys on the following topics used for informing public debate and discussion?	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.a</b>	Alcohol	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.b</b>	Tobacco (cigarettes, e-cigarettes)	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.c</b>	Cannabis	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.d</b>	Illicit substances (cocaine, heroin, etc.)	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.e</b>	New Psychoactive Substances (NPS)	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.f</b>	Pharmaceuticals used for non-medical purposes	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.g</b>	Gambling	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.h</b>	Gaming	[Yes] / [No] / [Don't know] / [NA]
<b>D.6.i</b>	Social media use	[Yes] / [No] / [Don't know] / [NA]
<b>D.7</b>	Are some topics of interest missing/not investigated by the school surveys that would be useful for informing public debate and discussion?	[Yes] / [No] / [Don't know] / [NA]
<b>D.7.a</b>	If Yes, please describe:	[Insert Text]
<b>D.8</b>	What are the challenges faced in the use of data for informing public debate and discussion?	[Insert Text]
<b>D.9</b>	What actions/strategies might be helpful in overcoming them?	[Insert Text]

<b>E</b>	<b>OPINION ON THIS SURVEY</b>	
<b>E.1</b>	How useful do you think this survey can be for improving knowledge about the current and potential use of school survey data in policy and prevention?	[Very useful] [Useful] [Not useful] [Not at all useful] [Don't know]
<b>E.2</b>	How did you find this survey?	[Simple to complete] [Difficult to complete] [Don't know]

**Council of Europe International Cooperation  
Group on Drugs and Addiction**



**Glossary**

<b>ESAPD</b>	European School Survey Project on Alcohol and other Drugs
<b>MedSPAD</b>	The Mediterranean School Survey Project on Alcohol and Other Drugs
<b>HBSC</b>	Health Behaviour in School-aged Children
<b>Experts in prevention and treatment</b>	Experts in the prevention of drug use and drug-related problems, as well as harm-reduction and treatment, particularly among young people. They are experts from international and national organisations active in supporting the national governments and stakeholders at all levels in improving their drug prevention, harm reduction and treatment responses. They can deal with monitoring, planning, or implementing drug prevention, harm-reduction and treatment strategies and interventions.
<b>Gambling</b>	The activity of risking money on the result of something, such as a game or horse race, hoping to make money
<b>Gaming</b>	The activity of playing games on computers and other electronic devices
<b>Media</b>	Any form of mass communication. This can involve television, radio, magazines, websites, newspapers, posters, billboards, social media including Facebook, Twitter and YouTube, and so on
<b>Outcome evaluation</b>	A process to characterise the extent to which the knowledge, attitudes, behaviours and practices have changed for those individuals or entities who received the intervention or who were targeted by the policy compared with non-recipients (often thought of as short- and intermediate-term outcomes). Long-term outcomes relate to the desired end product of the intervention, which, in our case, is reduced or elimination of substance use. Often, evaluations end with the long-term outcomes
<b>Policy experts</b>	Experts from international organisations active in drug policy. These organisations are engaged in identifying drug-related threats, monitoring international and national drug policies, helping to ensure that the decisions of international bodies and national policy-makers, professionals and practitioners are based on objective and verified facts.
<b>policy-makers</b>	Those responsible for the formulation of strategies and decision-making in drug policy. They can be Government or Parliament members of officers in drug policy units located in health social police etc. bureaucracies, they can be at state and federal/regional levels of Government in the different jurisdictions.
<b>Psychoactive substances</b>	Substances that, when taken in or administered into one's system, act on the CNS to affect mental processes, e.g. cognition or affect. This term and its equivalent, 'psychotropic drug', are the most neutral and descriptive terms for the whole class of substances, licit and illicit, of interest to drug policy. 'Psychoactive' does not necessarily imply dependence-producing and, in common parlance, the term is often left unstated, as in 'drug use' or 'substance use' (WHO, n.d.).
<b>Scientist conducting or using school surveys</b>	They can be either scientists responsible for planning and implementing cross-national school surveys on substance use and risk behaviors in their respective countries, or scientists using these data for the production of scientific evidence to inform policy and practice. They can belong to different scientific fields (epidemiology, public health, public policy, sociology, psychology, clinical medicine, human biology, paediatrics, pedagogy, etc.). They are experts in monitoring young people's substance use and other risk behaviours through school survey data, to understand their social determinants and support the adoption of effective improvement interventions.

# ESPAD - MedSPAD bridge project

The ESPAD-MedSPAD bridge project is the result of synergy among research projects, the co-operation of stakeholders and the willingness of international organisations.

The combination of all these ingredients led to the creation of a valuable instrument to assess the use of school surveys to better support drug policy making and prevention planning and evaluation.

The great interest demonstrated by different stakeholders in the use of school surveys forced the project to expand to encompass the broader scope of developing a model of participatory research. This model made it possible to share knowledge and experience among the main stakeholders in the field, going beyond research to embrace policy and practice.

This report presents the results of one such assessment that, although primarily focused on ESPAD and MedSPAD, extends to the use of school surveys on youth substance use and risk behaviours as monitoring and research tools.

The survey gathered more than 250 responses from stakeholders in 47 countries across Europe, western Asia and North Africa. Additional contributions came from the United States and international governmental organisations.

The findings suggest that school surveys are frequently used not only for monitoring and research, but also for informing health decision making and public opinion. Concerning the future, there is a strong demand for more, and more frequent, data, as well as for increased investment in these studies, suggesting that school surveys represent an added value in all of these domains and yield benefits to the community.

ISBN 978-88-7958-064-9 (electronic edition)