

The role and potential of police work in drug prevention

Rik Prenen - Belgium – www.decontent.be

Introductory speech at the third meeting on the role of police in drug prevention

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Rik hield een lezing op vraag van de Pompidou-Group in Brussel.

Dat is een internationale werkgroep in de schoot van de Europese Commissie die zich toelegt op de preventie van risicogedrag en druggebruik bij jongeren. Hij verzorgde na de lezing ook een workshop over het perspectiefgericht werken met jongeren in een politionele setting, gebaseerd op de cirkel van hoop.

Deze lezing en workshop krijgen zeker nog een staartje want Rik is uitgenodigd op het jaarlijkse congres vande Canadese politiediensten van Britisch Columbia. Hij gaat er zich mee buigen over de samenwerking tussen politie en hulpverlening vanuit het perspectiefgericht gedachtegoed.

Rik Prenen zijn tekst hierover vind je hier.

In recent decades the prevention of drug abuse and at-risk behavior in general, not only shifted from a predominantly law enforcement approach where repressive instruments such as investigation and prosecution were called into place, to a more public health-oriented approach.

But also, in recent public health approaches there is a significant shift going on. We moved from exclusively describing and anticipating to problems - to an approach marked by identifying and describing positive perspectives/outcome, identifying resources, and encouraging 'healthy choices' in early childhood and adolescence.

So, there is a lot going on how prevention should be organized.

A multi-dimensional view on prevention

The first dimension refers to the moment of intervention during the process of problem development and the consequences for a targeted intervention.

Taking risks is very common in childhood and adolescence. In fact, taking risks is necessary to move forward. There is nothing wrong with that. Lying by the quay is for a vessel by far the safest position to be. Unfortunately, it will never discover the seven seas. Yet, risky behaviors can be associated with serious, long-term, and -in some cases- life threatening consequences. This is especially the case when adolescents engage in harmful or at-risk behavior. But as we all know, even these severe problems don't emerge from thin air, they develop over time.

The most common terminology used in the field of public health and preventive mental health was described by Caplan, back in 1964. He included the terms primary, secondary, and tertiary prevention, based on the behavioral or health status of the group targeted for intervention. Primary prevention included actions to decrease the number of new cases, or the incidence of a very specific problem. Secondary prevention involved early identification and efficient treatment, to lower the prevalence of established cases. Tertiary prevention emphasized rehabilitation to reduce the severity of disability associated with an existing problem.

Thirty years later a different theoretical framework was contained in several reports.

Mrazek & Haggerty, 1994 explained prevention as part of an intervention spectrum that also include a general policy. Even though there is no specific problem to tackle. In this view, the term prevention was reserved for programming that occurs before the onset of a specific (major) problem.

The authors divided preventive interventions into three subcategories:

Universal preventive interventions that target a whole population group which has not been identified yet. Selective preventive interventions that focus on individuals or population subgroups who have biological, psychological, social or behavior risk factors, placing them at higher-than-average likelihood of developing a major problem. Indicated preventive interventions that target high-risk individuals with specific detectable symptoms.

Half of all lifetime cases of mental, emotional and behavior disorders start by age 14. An age where boundaries are explored, and limits are exceeded as a part of growing up. So, the window of opportunity for prevention is situated in early childhood. Universal prevention must focus on young people, a broad target group that is not associated with or identified having a problem. However, traditionally, prevention efforts in an early stadium aim at a very specific and targeted outcome. They are designed to improve specific outcomes in one specific area. For example, a program may target prevention of bullying at school, smoking, the use of alcohol, illegal drug abuse, absenteeism, or school-avoiding behavior.

A lot of traditional programs that aim at a specific problem that 'might' occur during childhood or adolescence start by : Identifying the problem, identifying the reasons why and describing strategies to tackle or avoid a problem that isn't yet present at the time, but might or might not occur in the future.

This approach has been characterized primarily by problem talk. Problem talk is – as the name implies – talk about problems: The conversation puts the focus on the problem and is mostly about imperfections and failure. In fact, problem talk has had such a history of success, especially in analysis-driven professions, such as medicine, engineering and all their derivatives, that it has become, for most people, an automatic way of talking and thinking about topics whenever something is not as satisfactory as it might be. This mechanical view of the world has served us so well for the past two hundred years. The paradigm that leads to this kind of interventions is a problem-focused prevention paradigm. It refers to the ancient quote of Aristoteles "Bona diagnosis, bona curation".

The famous Einstein once said: "We cannot solve our problems with the same kind of thinking we used when we created them." In the context of prevention and education this is a very relevant quote.

What is our primarily intention when we work with kids and youngsters? Do we primarily teach them to be aware of problems and how keep away from them? Do we really belief that when the problem is gone, the solution comes automatically?

In recent decades multiple, more effective strategies have been found to increase a safe and healthy environment. Solution focused education programs for instance, promote positive and self-owned outcomes and values. Prevention efforts for young people are most beneficial when they are coordinated with explicit attempts to enhance their competences, their connections to others and a meaningful preferred future, and their contributions to their community.

These programs also seek to foster caring and supportive interpersonal relationships, a positive sense of self-esteem, well-being, and the competence to deal with diversity ... Findings from evaluations of school-based, social-emotional and solution focused education programs in primary

schools or early secondary schools, indicate that this intervention reduces school misconduct, truancy, bullying, early sexual activity, and substance use.

Furthermore, the solution focused prevention initiatives don't relate, in a direct way, to specific problems and problem analyses. Instead, they encourage a wide range of life skills and resources that help to find self-owned, sensible, and healthy answers to everyday challenges, starting from the competencies that are already there. If it isn't broke, don't fix it!. So, the moment of intervention not only has important consequences in identifying the size of the intended target group, but is also crucial in identifying an appropriate approach.

Second Dimension represents the focus of intervention

Do we focus on the individual or do we encourage communities to make them supportive for children and youngsters?

As already mentioned, children and youngsters that can describe a meaningful preferred future and can identify their social competences, are less likely to be rejected, excluded, or bullied by peers, and are less engaged in antisocial, aggressive behavior. Kids who report that they have positive relationships with caring adults and professionals and those who receive mentoring in the context of a long-term supportive relationship, are more likely to succeed on multiple fronts.

There is a very interesting old African saying: "It takes a village to raise a child". It's a matter of joint responsibility and transparency that allows kids to identify the significant others in their lives. The evidence indicates that young people who develop strong and engaging connections with significant others, also expand their capacity to relate well to others. Studies have revealed that connectedness to trustful adults in their social network, can be powerful tools to protect young people from negative behaviors and help them develop good social skills and a more positive identity. There is strong empirical evidence that kids who have easy access to, and have trust in public services such as caring teachers, police, youth and healthcare, are less likely to use drugs, exhibit aggressive behavior, commit crimes, and drop out of school.

During the long period of working together with Police, prosecutors, youth and healthcare, schools, prevention specialists, local authorities, in community-organized prevention projects, we could identify several core conditions for an efficient community-level cooperation:

- Get online with one another on a regular basis, to create and maintain close working relationships.
- Promote transparency and appreciation in each approach, based on mutual respect.
- Take the best you already have, and bring it together, share competences and resources
- Promote an interdisciplinary approach on an individual case-to-case basis.
- Keep an overall view on the initiatives and approaches
- Provide mutual support and cooperation among the participants.
- Provide comprehensive training and share expertise
- Create and organize a platform for conversation, consultation and exchange of ideas and good practices

Police intervention originally was a very isolated discipline. It took place in the aftermath of conflict. The last decades it is increasingly part of a broader prevention strategy. Going beyond a narrow focus on crime, the philosophy proposes police and youth and health care to work together in partnership to address mutual concerns.

At the heart of community-based prevention is the recognition that the police officers are much more than crime fighters. Working together does not mean denying your identity. This is relevant to all participants, police, and youth- and healthcare workers.

The end goal in a community-based prevention program is establishing a professional, representative, responsive, transparent, and accountable network that works in partnership for the benefit of all kids.

The third dimension refers to the kind of prevention strategy that is implemented.

Strategies can vary from defensive strategy to offensive strategies

A *defensive risk strategy* is mostly about risk resiliency, enabling to prevent bad things from happening. A defensive strategy reduces the individual's behavioral tolerance and options, to respond to threats and risky situations. A defensive approach is mostly characterized by clarifying rules, describing behavior codes, standards, values, and objectives **and** by external control. It goes without saying that setting the rules without control is of no use. In a defensive approach you must control whether individuals comply with the laws and regulations or not. It is often imposing effective sanctions in case of infringements of laws and regulations. So, if I may put it in an unsophisticated and too simplistic way, I would say that a defensive strategy aims to fit the individual into his environment, explaining the 'why' and the 'how'. By plan and control. As a result, we taught kids to tackle problems by:

- Describing potential problems and the negative consequences and major adverse impact on their lives.
- Analyzing and identifying failure, highlighting risk factors.
- Presenting top-down behavior alternatives.
- Training skills and encouraging competences that tackle potential problems.
- Stop inadequate behavior.

Just knowing a lot of facts doesn't mean that one is smart. Even kids who do manage to remember some of the facts that they were taught, are not necessarily able to make sense of those bits of knowledge. Nor is it evident that they are ready to apply that knowledge in real-live settings.

Offensive strategies, on the other hand, encourage the individual to broaden and enhance their repertoire of behavior. Not to move *away* from something but to start a process of moving *towards* a meaningful and safe perspective. An offensive strategy moves from 'problem-talk' to 'solution talk'. Solution talk can be defined as talk that involves a focus on the individual's goals, his resources and what the individual is already doing that is working. Rather than invest energy in trying to understand problems, a solution focused approach explores in detail how a safe and healthy future looks like, describes the instances when problems were already tackled and identifies whatever it is that the individual is already doing that fits with the attaining of that future.

The core characteristics of an offensive, solution focused approach are therefore;

- Encouraging kids to explore and describe a healthy, meaningful preferred future in terms of day-to-day practice
- Explore what is already contributing to those futures and what they might already be doing, or have done in the past, that could, in some way, help bring that safe and healthy future to life

- Identify and strengthen these resources, encourage competences and self-owned healthy choices.
- Treat individuals as the experts in all aspects of their lives (To be honest, to me, educated as a traditional therapist, this was a difficult one. We were the smart guys, you know.)
- Promote self-determination

So, the offensive approach has hitched itself to a quite different wagon. To ideas of increased performance. To safe and healthy futures. To an essentially optimistic world view that believes that all of us can perform better, and that all of us have potential that is worth to be discovered and opened. These assumptions really pose a serious challenge to many current prevention practices.

In psychology, self-determination is an important concept that refers to each person's ability to make choices and manage their own life. This ability plays a significant role in psychological health and well-being. Self-determination allows people to feel that they have control over their choices and lives. It also has a positive effect on motivation—people feel more motivated to act when they feel that what they do, will influence the outcome the hope for.

According to self-determination theory (Deci & Ryan), people need to experience the following to achieve psychological growth:

- **Autonomy:** Kids need to feel in control of their own behaviors and goals. A sense of being able to take direct action that will result in real change, plays a major part in helping people feel self-determined.
- **Competence:** Kids need to gain grip of tasks and learn different skills. When people feel that they have the skills needed for success, they are more likely to take actions that will help them achieve their goals.
- **Connection or relatedness:** Kids need to experience a sense of belonging and attachment to other people and to a meaningful future.

In a nutshell... prevention programs that do matter are mostly build on three essential pillars: Perspective – Possibilism – Progression, and a community-based approach based on mutual respect, transparency and cooperation.

So the question, as I may say it, is not about “whether or not” police can be involved in a comprehensive prevention program because there is no “yes or no”... no “do or don’t”, neither “black or white”, indeed... there are fifty shades of grey. So, it’s up to police to define where they can plug in.