

# Local drug prevention strategies through the eyes of policy makers and outreach social workers in Norway

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## Abstract

More than half of the municipalities in Norway report drug misuse as the most important public health challenge. Following a whole-of-government tradition, the ambition is to achieve horizontal and vertical coordination between different policy areas to address complex problems, such as youth drug use, and avoid fragmented services. This study aims to offer new perspectives on how governmental structures shape local drug prevention. By including the perspective of both local policy makers and outreach social workers, we can come closer to understanding how local drug prevention transforms policy into practice. The study will thus explore how policy makers and outreach social workers describe the local drug prevention strategy and how the outreach social workers implement it in practice. An instrumental case study of one Norwegian municipality was used to investigate the structures for drug prevention in detail. Data were gathered through 14 interviews with public officials from the relevant policy areas and outreach social workers from a drug prevention outreach service. The data were analysed using a thematic framework analysis. This study demonstrated that the policy makers' and outreach social workers' descriptions of drug prevention highlighted the creation of good living conditions and promotion of protective factors surrounding at-risk youths. This perspective may offer a broader approach to drug policy, which includes many policy areas. While collaboration was regarded as paramount, the policy makers described a "siloed" organisation that made it difficult to collaborate. The outreach social workers, however, indicated that they were able to navigate the "siloed" structures. We discuss the structural conditions surrounding outreach social workers that shape the implementation of policies, such as the resource perspective. The discussion shows that outreach social workers may act as a safety net for a potentially fragmented municipal structure for drug prevention.

## KEYWORDS

Public Health, Social Work, Public Health Policy, Qualitative Research, Health Promotion, Integrated Services

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## 1 | INTRODUCTION

Preventing drug misuse among youths is a major concern in Europe today. In Norway, 57% of municipalities report that drug misuse is the most important public health challenge (Helgesen et al., 2014). There are different prevention strategies that address drug problems. Gordon (1983) developed a prevention classification typology that is widely adopted within the prevention field (Foxcroft, 2014). According to Gordon (1983), there are three classes of preventive measures. The first class is composed of universal measures, which are measures targeted at a general population. The second strategy is selective measures; these are aimed at members of a subgroup in which the risks are higher. The third preventive strategy is indicated measures, which are targeted towards individuals who are found to manifest a risk factor (Gordon, 1983). Municipalities will typically have services and interventions that target all of these groups, since the municipalities are responsible for many of the services on which children and youth rely in their daily lives. For example, services such as kindergarten, healthcare, school, school nurses, child welfare, sports and cultural activities are arenas that can target all youths, but they can also present themselves as a place of opportunities to provide targeted measures towards selective and indicated groups. In addition, the broad spectrum of services that the municipality organises also provide the opportunity to devise policies that move upstream towards the root causes of the problem, in this case drug use among youths.

In the last decade, the Norwegian national government adopted public health policies that include health promoting strategies, such as the Public Health Act of 2012. The policies address the broader determinants of health and include a resource perspective on health. The focus is therefore not only on preventing illness but also on promoting well-being (Public Health Act of 2012). The Public Health Act emphasises the municipalities' role and especially highlights the need for intersectoral collaboration to achieve the equal distribution of the positive factors that influence health (Fosse, 2011; Fosse & Helgesen, 2017; Hagen, Helgesen, Torp, & Fosse, 2015). National-level drug prevention policies have received more attention than local-level policies, although local governments play a significant role in developing policies suited for local needs (MacGregor, Singleton, & Trautmann, 2014; Mota & Ronzani, 2016; Tieberghien, 2016). The local governmental level also plays a significant role as public health is a municipal responsibility in many countries. Therefore, there is a need to understand drug prevention policies in local government, and how these policies are implemented in a municipal organisation (EMCDDA, 2019; Fosse & Helgesen, 2019; Sellers & Lidstrøm, 2004).

Implementation of governance research includes explicit attention to the layered characteristic of the political administrative system. Instead of focusing on a classical top/bottom dichotomy, varieties of institutional relations are addressed. These include both attention to the vertical line of governance (from policy makers to practitioners), as well as the horizontal line (the collaboration between the different policy areas) (Hill & Hupe, 2014). Thus, following this governance tradition, the structures for local drug prevention

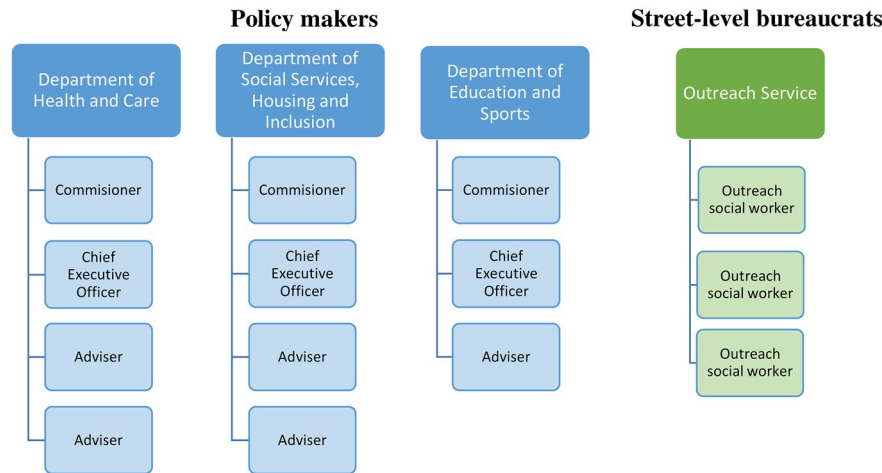
### What is known about this topic:

- Addressing illicit drug use among youths requires an integrated system of services with action at multiple levels of government.
- National-level drug prevention policies have received more attention than local-level policies.
- Including the perceptions of service providers can aid in understanding how policies are implemented in practice.

### What this paper adds:

- Policy makers' and outreach social workers' descriptions of drug prevention policies include redirecting attention to the broader determinants of health.
- The drug prevention strategy requires a strong degree of collaboration which the policy makers struggle to sustain due to the siloed organisational structure.
- The outreach social workers are able to navigate the structural silospotentially due to a resource perspective and a flexible role within the municipality.

in a municipality can be described as consisting of both horizontal and vertical structures within government. The horizontal structure consists of policy makers across different policy areas who draft policy plans and documents outlining the municipality's strategies. The vertical structure consists of service providers such as teachers, police officers and social workers who follow the overall strategies proposed by the policy makers. A precursor of the governance perspective was the contribution by Lipsky (1980). Lipsky (1980) described the importance of the service providers, which he called street-level bureaucrats, as the front line staff in policy delivery. Lipsky (1980) argued that it is the street-level bureaucrats' translation of public policies that the target group receives and perceives as public policy. The street-level bureaucrats' perception of policies is therefore essential to understanding how policies are implemented. Previous studies have highlighted the need for more research on both the structural conditions and the individual conditions shaping street-level bureaucrat behaviour (Baviskar & Winter, 2017). Within the governance perspective, the whole-of-government concept plays an overlapping role (Røiseland & Vabo, 2012). The ambition of the whole-of-government approach is to achieve horizontal and vertical coordination and to avoid situations in which the different policy areas undermine each other. The goal is to create synergies and bridge different interests to offer citizens seamless, rather than fragmented services (Christensen & Lægred, 2007; Pollitt, 2003; Røiseland & Vabo, 2012). Recent research suggests that there is a need for awareness concerning those factors that influence cross-sectoral collaboration in prevention (Willis, Corrigan, Stockton, Greene, & Riley, 2017).



**FIGURE 1** Overview of the participants divided by departments and roles

The present study aims to provide insight into both the horizontal and vertical structures for drug prevention by including the perspectives of policy makers and street-level bureaucrats, as well as an account of how the street-level bureaucrats describe the implementation. By including both perspectives, we can come closer to understanding how public organisations collaborate about complex social problems, such as drug prevention, and bring attention to the role of service providers as policy implementers. In order to demonstrate the perspectives of the policy implementation within a municipality, we developed a case study. The case studied is a Norwegian municipality that includes two units of analysis: (a) Policy makers across different policy areas representing the horizontal structure and (b) outreach social workers from an outreach service directed at drug prevention for at-risk youths representing the street-level bureaucrats in the vertical structure. The present study was developed based on a larger research project investigating drug prevention policies and initiatives at the local level in Norway. While the case concerns a Norwegian municipality, the goal is to highlight through the case study the broader theme of drug prevention policy implementation from the perspective of policy makers and outreach social workers. The present study will answer the following research questions: How do policy makers and outreach social workers describe drug prevention strategies? How are outreach social workers able to turn policies into action?

## 2 | METHODS

Case studies have previously demonstrated their value as an approach to examining policy processes (Lancaster & Ritter, 2014). An instrumental case study can be used to understand a phenomenon the case represents. Rather than focussing on the methods of enquiry, the focus is on seeking out the multiple perspectives of those involved in the case (Stake, 1995). Inspired by Stake (1995), an instrumental case study design was used in the present study to investigate the accounts of political and administrative leadership and street-level bureaucrats in local government. The data consisted

of interviews with policy makers and outreach social workers. A contact person within the organisation assisted in recruitment and placed the first author in direct contact with the participants. The selection of the participants for the study was made in collaboration with the research team (authors) and the contact person in line with a purposeful sampling strategy (Patton, 1990). In line with Patton (1990) all the participants were selected for their ability to provide information-rich data about the drug prevention aimed at youths in a municipal organisation. The main inclusion criterion was that the participants had a position within the municipal organisation with responsibility relevant for the topic. In policy making the role of the political leader, the administrative leader and the advisors play a key role when developing and implementing policy. We therefore included participants in these three different roles:

- Commissioner: Political leader of a department
- Director General: Administrative leader of a department.
- Advisers: Executive officers who develop policy documents.

The policy makers were recruited from three main departments of the municipal organisation which are the most relevant to drug prevention, as described by the contact person within the municipality and the participants. This was the Department of Education, the Department of Social Services, Housing and Inclusion and the Department of Health and Care. All the participants had been employed in their position for years and had experience with the topic, except for one policy maker who was new in his job. In total, the first author carried out 14 interviews with 11 policy makers and 3 outreach social workers. To understand the role of the outreach service as policy implementers, we included participants which were all senior social workers with considerable experience in outreach services. The aim of the outreach service office is to prevent maladjustment in at-risk youths through various measures, such as employment training courses and traditional outreach work in urban areas and schools. In addition, we asked the participants to suggest potential other participants, in line with a snowball recruitment strategy, but the suggested participants were already included in the

study. In Figure 1, we present an overview of the different participants by department and role:

All 14 invited individuals participated in face-to-face, semi-structured interviews in the spring and autumn of 2017. The participants signed informed consent forms prior to the interviews stating that they were willing to have the interview audio recorded and that they understood that every attempt would be made to preserve confidentiality. The first author and research assistants transcribed the interviews verbatim, and the research team read the transcripts. The length of the interviews varied from 45 to 120 min. The participants answered questions such as: How are you involved in drug prevention work? Which departments are important for drug prevention work? Ethical approval for the study was given by the Norwegian Centre for Research Data.

## 2.1 | Data analysis

Data from the interviews were analysed following a thematic framework analysis (Ritchie & Lewis, 2003). The framework analysis follows these steps: becoming familiar with the data, identifying the thematic framework, indexing, charting, mapping and interpreting. In addition, the framework underwent continuous revisions throughout the analysis to reflect the emerging themes. For example: The prevention strategies of universal, selective and indicated measures include themes developed from the original framework, but the theme of health promotion perspective in prevention was developed in the analysis. Each participant was marked with key attributes, such as their position and departmental connection. The transcripts were entered into the software program QSR International NVivo 11 for organisation and analysis (QSR International Pty Ltd, 2016). This approach enabled the research team to compare the codes with the roles of policy makers and outreach social workers for an additional level of analysis (Bazeley, 2009). To preserve the confidentiality of the participants, the roles of the different participants are connected to quotes but not which departments the participants were affiliated with. The following are detailed quotes from the participants that enable the reader to make decisions about the applicability of the findings (Creswell & Miller, 2000).

## 3 | FINDINGS

The findings are organised into two main themes. The first theme concerns how the participants describe the drug prevention strategies. The analysis follows the traditional prevention framework of universal, selective and indicated measures. In addition, we identify the health promoting perspective as an emerging theme with both policy makers and outreach social workers. The second theme is about how these strategies are implemented into action, revealing a disparity between the description given by the policy makers and outreach social workers.

### 3.1 | Describing drug prevention strategies

To understand the structures for drug prevention within the local government, we need to investigate how drug prevention is understood by both the policy makers and outreach social workers. The policy makers across different municipal departments emphasised universal prevention by stressing the importance of improving living conditions for all through policy action across different municipal departments:

It is not merely drug prevention but also health promotion in the prevention plans. A good childhood lasts for a lifetime. Safe kindergartens will foster good development. A good school with good teachers, social relations, social inclusion and participation in school (...) again prevents not only drug use but all kinds of misery. (Adviser)

We need a common understanding that a lot of this [drug prevention] is about creating good living conditions, and then, we are talking about prevention from a health promoting perspective, which has to do with a lot more than drugs, and we need to not get overshadowed by the efforts directly connected to drug problems. (Director General)

The outreach social workers describe themselves as targeting mostly at-risk youths; therefore, their measures are mainly aimed at a selective group of youths. Although targeting at-risk youths, the outreach social workers, similar to the policy makers, describe a focus on a positive dimension of prevention. The positive dimension includes a focus on the protective factors surrounding the youths, which we label a resource perspective:

School health nurses are important, but not everyone is lining up to see these nurses. Many fall outside and for different reasons don't want to wait in line (...). These are the ones we meet (...) our task is to work with those who have an increased chance of developing problems. (Outreach social worker)

Youths have risk factors and protective factors, and we need to protect before we know if it is drugs we are preventing, or something else, such as mental illness or loneliness. (Outreach social worker)

The outreach social workers emphasise providing youths with resources, such as employment training courses, and recreational activities, such as going to the cinema, bowling or eating at restaurants. In addition, the outreach service is mindful that the youths are often met with a problem focus, and therefore they focus on the resources the youths have within them:

Sometimes, it is necessary to focus on the challenges. It can be serious mental health problems, but it may be more effective to look at their resources. To help and aid youths in becoming aware of their strengths so that they can utilise their potential. (Outreach social worker)

There is a strong problem-focus on youths today; all you see is the bad, and no one sees what the youths actually can do. (...) So what we have been trying now is to have a positive entry point. (...) So, the resource perspective is really important. (Outreach social worker)

When describing the drug prevention strategies, both the policy makers and outreach social workers describe a positive dimension of prevention, which we identify as an emerging theme of a health promoting perspective. The health promoting perspective is visible in the policy maker's description of creating good living conditions on a universal level and the resource perspective the outreach social workers describe when interacting with selective groups of youths.

### 3.2 | Implementing drug prevention policies

The policy makers express that the goal of creating good living conditions was a central aspect of the universal prevention strategy. The participants mention, among others, schools, parks, healthcare, sports and the municipality's outreach programme as important structures for creating good living conditions. Collaboration between these departments is described as paramount for the creation of good living conditions and, subsequently, preventing drug use. One participant describes the need for collaboration through a metaphor in which people using drugs are described as sick trees:

A forest botanist comes across a corner of a forest that is covered by sick trees. The forest botanist would not start to fix one tree at a time. He would think, "What is wrong with this corner of the forest" and put into place a strategy, but in the health sector, we tend to see one tree at a time. So, there is too little focus on universal health promotion. We need all arenas and to make sure that the knowledge flows and the activity is targeted towards the forest and not just a single tree. (Adviser)

All of the participants express that collaboration across the relevant policy sectors was needed with regard to drug prevention:

We need to be able to do our core tasks, and in addition, we need to recognise that I can't do this alone. I need to collaborate (...) with the Department of Education or someone to achieve the overarching goals. (...) these are important prerequisites for drug prevention. (Adviser)

Nevertheless, the policy makers describe difficulties in the collaborations between the different policy sectors at the top level of the municipality:

We are quick to think in silos, where everyone is pre-occupied with their own issues. (Adviser)

I think it is about getting a collaboration across these silos because there are many departments who work within their field. (...) there is no direct line to the department next to us or to the floor below. You are kind of just in your profession. So there probably are some barriers in the system. - Commissioner

The outreach social workers describe the relationship with the policy makers as challenging with regard to implementing drug prevention policy:

Sometimes it can be challenging when we have to follow the municipal system and the organisational lines. We hear about plans that are sent from the departments to the service providers, but we lose track of it. (Outreach social worker)

The drug policy plan is going through the system for a hearing (...) and when it comes down to our service area, what you can change is limited (Outreach social worker)

The description of the top level of the municipality as a bureaucratic and siloed structure was in contrast with the outreach social workers' description of their service as a more flexible part of the municipal organisation:

We are a youth prevention service, so our mandate is prevention and to do outreach work, and then, many other projects pop up along the way (laughter). We have an opportunity to develop and start new projects and initiatives. (Outreach social worker)

Our mandate is broad, and that is how we want it to be because it gives us more room. We are the eyes and ears of the municipality on the streets. And sometimes, we can extend our mandate to youths in schools too. We should be there for the youths who fall between the cracks. (Outreach social worker)

In the process of implementing prevention policies aimed at the protective factors surrounding youths, the outreach social workers indicate that they require close collaboration with other services. For example, the outreach social workers feel that the at-risk youths had difficulties accessing healthcare services. Therefore, the outreach social workers organise a youth healthcare centre in their offices twice a year to provide youths with direct access to health services. Another

example is the close collaboration the outreach service initiated with schools to support the youths. The outreach social workers point to the outreach methodology and their closeness with the youths; they experience the broad needs the youths have up close, a possible explanation for their ability to create collaborations with other services:

Because of the outreach method, we turn into an organisation that says yes maybe more than we should. Since we see the needs and think, someone should do something. We are a service that primarily works with establishing contact and building alliances for the services that are a part of the treatment chain. We are not just coordinating with others who do the job; many facilitate and coordinate, and maybe, there is a lack of those who work closely with the actual clients. (Outreach social worker)

## 4 | DISCUSSION

To understand the underlying principles of local drug prevention and how they are translated and implemented in practice, we gathered data from both policy makers, who represent the horizontal structure, and outreach social workers, who represent the vertical structure in a municipality. The policy makers describe universal measures in which the goal is to create good living conditions for all citizens. The outreach social workers describe selective measures with a similar resource perspective focussing on supporting protective factors surrounding youths. Both these descriptions follow an emerging health promoting theme that describes a positive dimension of prevention. Because of this expressed policy, both the policy makers and outreach social workers describe a heavy reliance on collaboration across different policy sectors to be able to have a successful drug prevention strategy. However, the policy makers describe the departments at the top level of the municipality as siloed, finding it difficult to collaborate for universal prevention. The outreach social workers, however, describe an ability to navigate the silos and collaborate with other services on selective measures to provide needed services to at-risk youths. These findings can serve to highlight the important role of the street-level bureaucrats and the role of collaboration in public service organisations. In the following section, we will discuss the similarities between the drug prevention strategies and the differences in the participants' ability to turn the policies into action, with a particular focus on the outreach social workers.

### 4.1 | Health promoting dimension of drug prevention policies

The policy makers' and the outreach social workers' descriptions of the goal of creating good living conditions and promoting protective factors can be understood as being in juxtaposition to traditional

prevention concepts with a narrow focus on risk factors. Biglan promotes the idea that *"rather than focusing on features of interventions, it may be more useful to focus on the functional features of environments that affect well-being"* (Biglan, 2014, p. 2). Creating good living conditions seems to correspond with a shift in public policy from disease and risk prevention towards a focus on the determinants of health and the social factors surrounding individuals (Carey, Crammond, & Keast, 2014; Marmot, 2005). This shift in public policies has also been demonstrated as occurring in local governments. In a review, Weiss, Lillefjell, and Magnus (2016) identified a total of 53 studies of health promoting policies and interventions on a local governmental level. Within the field of drug policy, there is limited research on how drug prevention policies are described, but some research describes a comprehensive approach to prevention that bears similarities to the perspectives we have identified in the present study (Ferri, Ballotta, Carra, & Dias, 2015). This finding suggests that drug prevention strategies at the municipal level include a health promoting dimension. This health promotion dimension reflects an approach to local drug prevention policies, which may serve as a useful contribution to the ongoing debate on the public health approach in international drug policy. Authors such as Rogeberg (2015) have criticised the dominant public health perspective for having a narrow focus on approaches that judge drug policies exclusively based on their effects on population health and longevity, stating that other concerns and outcomes should affect policy design. A health promoting dimension may, in this regard, offer a broader approach to drug policy. By not only focussing on health as a means to ensure longevity but also understanding health as a broader concept, which encompasses the social determinants of health, it can aid in redirecting attention towards positive factors that can improve living conditions.

### 4.2 | Need for collaboration in drug prevention

To effectively address the broader determinants of health within the field of drug prevention, many of the municipality's policy areas, for instance, education, healthcare and social services, must be included. These policy areas are organised within different municipal departments. The participants thus expressed a need for collaboration between the departments with regard to drug prevention. In the review from Weiss et al. (2016) about the implementation of health promoting policies on a local level, collaboration was highlighted as the most common factor necessary to achieve goals across different settings. The study made clear that collaboration should be both vertically and horizontally integrated into all stages of the planning, implementation and evaluation of health promoting policies on a local level (Weiss et al., 2016). The need to seek collaboration has increased as a response that addresses the complexities of today's society and counters the silo approaches to public services, which can result in fragmented services (Christensen & Lægveid, 2011; Eriksson, 2019). There is a need for an awareness of the factors that influence cross-sectoral collaboration (Willis et al., 2017). While the findings from the

present study show that collaboration is described as necessary in local drug prevention work, the policy makers and the outreach social workers give diverging accounts as to their ability to collaborate with other stakeholders. The policy makers describe collaboration with other municipal departments in the municipality as siloed and fragmented, making it difficult to coordinate and thereby achieve universal prevention. The outreach social workers, however, describe an ability to navigate these silos and coordinate with other services on selective measures in order to provide the needed services to at-risk youths. The perceived lack of collaboration concerning drug prevention as conveyed by the policy makers is itself in contrast to the expressed goal to collaborate across policy areas to create good living conditions. This perceived lack of collaboration may potentially lead to fragmented services as a result of an unclear mandate for collaboration throughout the municipal organisation. Previous research has highlighted the importance of advisers receiving a clear mandate to collaborate in order to effectively address drug prevention in a siloed governmental structure (Oldeide, Fosse, & Holsen, 2019).

### 4.3 | Outreach social workers' ability to collaborate in a siloed organisation

Outreach social workers often work with youths who have complex needs and may rely on many different services within the welfare state, such as child welfare services, social services and healthcare (Almqvist & Lassanantti, 2018a). These youths are consequently particularly vulnerable to fragmented services, and therefore the need to seek collaboration is especially important. Although the policy makers describe difficulties in collaboration, the outreach social workers whose task is to implement drug prevention policies give a diverging account. The findings from this study demonstrate that the outreach social workers describe an ability to manage the siloes and create collaborations with relevant stakeholders for at-risk youth. The outreach social workers' perceived ability to seek collaboration in a siloed organisation suggests an idiosyncrasy that highlights the role of bottom-up processes in a governance perspective. In line with this perspective, we find that although both policy makers and outreach social workers operate in a governmental organisation characterised by silos, the outreach service seems also able to foster collaboration with relevant services.

Previous studies have researched factors that stimulate interdisciplinary collaboration among youth social workers (Buljac-Samardzic, Van Wijngaarden, Van Wijk, & Van Exel, 2011; Rumping, Boendermaker, & De Ruyter, 2019). In the present study, we aim to contribute to this knowledge base with a focus on the unique role that outreach social workers have as policy implementers. The present study demonstrates that in addition to the resource perspective, which motivates outreach social workers to collaborate with other stakeholders, the outreach social workers' ability to collaborate may lie in the role they play as implementers of policy. When Lipsky (1980)

first introduced the important role of the street-level bureaucrats and the discretion they use when implementing policies, the focus was not on individual agency but rather on the structural determinants surrounding the street-level bureaucrats. We argue that the characteristics within the outreach service itself act as an important structural factor for outreach social workers and may reinforce the flexible role that outreach social workers play as implementers of policy. For example, in a study by Kloppenburg and Hendriks (2013) comparing outreach services in different countries, all workers expressed that outreach social work was not well defined and that "*Outreach approaches seem to demand a kind of unconventional maybe even rebellious attitude of the worker, a willingness to step outside the paved paths*" (Kloppenborg & Hendriks, 2013, p. 617). Similarly, the present study's findings indicate that the outreach service has taken on a flexible role when navigating the siloed structures within the municipality and is described as having a wide mandate to do so. For example, the outreach social workers describe an ability to act on the needs of the youths and innovate new projects crossing organisational silos. The flexible role the outreach service has developed is also highlighted by Szeintuch (2015) as an important strategy for services aimed at addressing people with complex problems. While flexibility in collaborative networks is described as the main success factor to solve complex problems, this flexibility is under constant pressure from bureaucratic structures (Willem & Lucidarme, 2014). This flexible role may also come with a cost. While other municipal services are strongly regulated by law, outreach services are not mandated, and the municipality can discontinue the service. The outreach service has therefore a vulnerable role, thus it is important to be aware of the unique role the outreach service plays in the municipality. An outreach social worker in the present study describes that he or she works with youths who have fallen through the cracks of the system. The outreach service may be characterised as a safety net for a potentially fragmented system of drug prevention and thus as having a compensating role within the municipality. The present study has provided some insight into the unique role that outreach social workers have as policy implementers, but more research is needed to understand how these policies are received by youths themselves.

### 4.4 | Limitations

While the interviews show how the policy makers and outreach social workers describe the local drug prevention system, it is not empirical evidence of what they in fact do. However, the study provides valuable insight into the priorities and viewpoints that guide the policy process and practical drug prevention work.

## 5 | CONCLUSION

By exploring the descriptions given by local policy makers and outreach social workers, this study demonstrates that the participants'

descriptions of drug prevention policies focuses on creating good living conditions when addressing universal measures and promoting protective factors surrounding vulnerable youths. This health promotion dimension of drug prevention may offer a broader approach to drug policy, changing the focus from health as a means to ensure longevity to understanding health by directing attention to the social determinants of health, which include different policy areas. In line with this perspective, the findings suggest that drug prevention requires collaboration across the relevant policy sectors to promote health and prevent drug use. The policy makers describe municipal organisation as siloed, making it difficult to collaborate on drug prevention. However, outreach social workers indicate that they are able to navigate the siloed structural landscape and collaborate with stakeholders to support at-risk youths. We discuss possible explanations for the role assumed by the outreach service in order to ensure integrated services for at-risk youths. Following the rationale proposed by Lipsky (1980), we highlight the structural conditions surrounding the outreach social workers, such as having a broad mandate and resource perspective, which creates a flexible role in the municipality. The discussion highlights the unique role the outreach service plays in the municipality, acting as a safety net for a potentially fragmented municipal structure for drug prevention.

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#### CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.

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