



United Nations Office on Drugs and Crime
Prevention that WORKS!
 Healthy and safe development of children and youth



UNODC/ WHO International Standards on Drug Use Prevention



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Thanks for having me and above all CONGRATULATIONS!

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Why and how?

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International Standards on Drug Use Prevention

UNODC/WHO Second Updated Edition

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International Standards on Drug Use Prevention

International Standards on Drug Use Prevention
Second updated edition

International Standards on Drug Use Prevention

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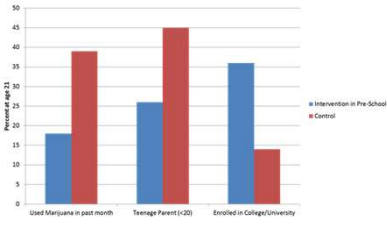
UNODC, WHO and 100+ experts from 47 countries

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Example of study Campbell et al., 2002



Category	Intervention in Pre-School (%)	Control (%)
Used Marijuana in past month	~18	~38
Teenage Parent (<20)	~25	~45
Enrolled in College/University	~35	~15

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What did we find out?

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We need to change our perspective on prevention

People do not know that drugs are dangerous

People start to use

Prevention = information

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Perception of risk important, but not the only factor

Past Year Marijuana Use and Perceived Risk of Harm of Occasional Marijuana Use Among 12th Graders, 1975-2017

Source: Monitoring the Future

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Parents matters

Likelihood of Inhalant Use by Parental Monitoring and Knowledge (Low, Moderate, High)

Ramirez et al. 2004; see also Lac & Crano, 2009

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Being in school or not matters: past-month use among youth in school and out (12th grade age)

Substance	Dropouts (%)	Students (%)
Cigarettes	55.9*	20.2
Alcohol	41.1*	33.7
Any Hard Drug	31.8*	22.1
Marijuana	31.4*	18.1
Number of use of prescription-type drugs	27.5*	15.6
Number of use of prescription-type drugs (continued)	9.5*	4.6

Difference between 12th grade aged students and 12th grade aged dropouts is statistically significant at the 0.05 level - SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2002 to 2005, 2006 to 2010 (revised March 2012), and 2011 to 2014.

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Adverse childhood experiences and inequality

Bellis et al.

Adverse child experiences associated to substance abuse

Higher income individuals with 4 or more ACEs: 4%

Lower income individuals with 4 or more ACEs: 12%

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The first part of the arrow is MUCH more complex!

People do not know that drugs are dangerous

People start to use

Prevention = information

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Science-based understanding of vulnerabilities, UNODC 2014

MACRO-LEVEL INFLUENCES

- Income and Resources**
 - Poverty
 - Homeless, refugee status
 - Child labor
 - Lack of access to healthcare
- Social Environment**
 - Antisocial norms, poor informal social controls
 - Lack of social cohesion, disconnectedness, lack of social capital
 - Conflict/War
 - Social exclusion, inequality, discrimination
- Physical Environment**
 - Decay, abandoned buildings, substandard housing
 - Neighbourhood disorder
 - Access to alcohol, tobacco, other drugs, firearms
 - Lack of access to nutritious foods
 - Noise exposures
 - Media

MICRO-LEVEL INFLUENCES

- Family Influences**
 - Lack of involvement & monitoring
 - Harsh, abusive or neglectful parenting
 - Negative role modeling
 - Neglect for physical condition
 - Stressful chaotic environment
 - Parental substance use
- School Influences**
 - Poor quality early education
 - Negative school climate
 - Poor school attendance
 - Lack of health education & prevention programs
 - Lack of after-school activities
- Peer Influences**
 - Antisocial peers, role models
 - Exposure to alcohol, tobacco, other drug use, violence, crime
 - Lack of parental monitoring of peer relationships
 - Social networking technology

PERSONAL CHARACTERISTICS

- Genetic Susceptibilities**
- Mental Health & Personality Traits**
 - Sensation-seeking
 - Aggressive
 - Impulsive
 - Mental health problems
- Neurological Development**
 - Language delays
 - Cognitive deficits
 - Poor decision making and problem solving
- Stress Reactivity**
 - Deficits in emotion regulation and perception
 - Dysregulated physiological responses
 - Poor coping

PRIMARY OUTCOMES

- Substance abuse and related problems:**
 - Academic failure
 - Poor social competency skills
 - Poor self regulation
 - Mental health problems
 - Poor physical health

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Science-based understanding of vulnerabilities, World Drug Report 2020

Protective factors and risk factors for substance use

Protective factors

- Safe neighbourhoods
- Physical safety and social inclusion
- Quality school environment
- Access to health care
- Caregiver involvement and monitoring
- Health and neurological skills
- coping skills
- emotional regulation

Risk factors

- Poverty
- Conflict/war
- Homeless, refugee status
- Social exclusion and inequality
- Neighbourhood disorders
- Peer substance use and drug availability
- Mental health problems
- Trauma and childhood adversity

Positive physical, social and mental health

Substance use initiation

Harmful use of substances

Substance use disorders

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Vulnerabilities at personal AND environmental levels

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Vulnerabilities that are common to many risky behaviours – Individual

	Substance Abuse	Peer Involvement	School Dropout	Depression & Anxiety	Violence
Risk Factors					
Individual/Peer					
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓
Alienation and Rebelliousness	✓	✓	✓	✓	✓
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓	✓
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓
Constitutional Factors	✓	✓	✓	✓	✓

Hawkins & Catalano, 1992

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Vulnerabilities that are common to many risky behaviours – School and family

	Substance Abuse	Peer Involvement	School Dropout	Depression & Anxiety	Violence
Risk Factors					
School					
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓
Family					
Family History of the Problem Behavior	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓	✓	✓	✓

Hawkins & Catalano, 1992

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Vulnerabilities that are common to many risky behaviours - Community

	Substance Abuse	Peer Involvement	School Dropout	Depression & Anxiety	Violence
Risk Factors					
Community					
Availability of Drugs	✓	✓	✓	✓	✓
Availability of Firearms	✓	✓	✓	✓	✓
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓	✓	✓	✓
Media Portrayals of Violence	✓	✓	✓	✓	✓
Transitions and Mobility	✓	✓	✓	✓	✓
Low Neighborhood Attachment and Community Disorganization	✓	✓	✓	✓	✓
Extreme Economic Deprivation	✓	✓	✓	✓	✓

Hawkins & Catalano, 1992

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Vulnerabilities are at the basis of many risky behaviours
(adapted from Hawkins and Catalano, 1992)

Non-medical use of drugs and other psychoactive substances

Delinquency

Teen-pregnancy

School-drop out

Violence

Depression & anxiety

Personal, family, school, community vulnerabilities

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Therefore, also the last part of the arrow is much more complex!

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	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal & infancy visitation Interventions for pregnant women		Parenting skills			
School		Early childhood education	Personal & social skills education Classroom management Policies to keep children in school	Prevention education based on social competence and influence	Addressing individual vulnerabilities	
Community				School-wide programmes to enhance school attachment School policies on substance use	Alcohol & tobacco policies	
				Community-based multi-component initiatives	Media campaigns Mentoring	
Workplace					Prevention programmes in entertainment venues Workplace prevention programmes	
Health sector	Interventions for pregnant women		Addressing mental health disorders			Brief intervention

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Prevention of many risky behaviours

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Support the healthy and safe development of children & the wellbeing of youth and adults



The illustration shows two scenes. On the left, a group of diverse children and youth are sitting at small tables, engaged in an activity. On the right, a group of diverse youth are sitting on a bench, talking and interacting with each other.

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Evidence-based prevention is cost-effective

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\$1 → \$10

Spoth et al., 2008

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SO, how does evidence-based prevention look like?

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The earlier, the better

Focus on development, not information

It is never too late

Use evidence-based programmes

Many vulnerabilities, many settings

A few messages

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The earlier, the better

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PREGNANCY AND INFANCY

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Prenatal and infancy visits



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Prenatal and infancy visits

Description

A trained nurse/social worker visits mothers-to-be and new mothers to provide parenting skills and address a range of issues (health, housing, employment, legal, etc.)

Specific focus on women in particularly difficult circumstances



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Prenatal and infancy visits

Evidence

No new reviews, 1 RCT (USA) from 1st edition

Can prevent substance use later in life

For children: less internalizing disorders, better school scores

For mothers: less substance use impairment

Cost-effective: prevent health and social welfare costs

WHO: recommended to prevent child maltreatment

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Interventions for pregnant women



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Interventions for pregnant women

Description

An opportune time for intervention for mothers and future children

All pregnant women:

- Advice on the potential risks of substance use during pregnancy to themselves and babies

Pregnant women with substance use disorders:

- Services to manage substance use and treat substance use disorders as a matter of priority and based on rigorous clinical guidelines based on scientific evidence

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Interventions for pregnant women

Evidence – All pregnant women

WHO recommends to ask pregnant women about their substance use as early as possible and at every ante-natal visit and, if necessary, offer (or refer) women to appropriate services

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Interventions for pregnant women

Evidence – Pregnant women with substance use disorders

Treatment for pregnant women with substance use disorders


- No new reviews, 2 reviews from 1st edition
- For children: better development, particularly emotional and behavioural functioning
- For mothers: better parenting skills

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Resources



Guidelines for the identification and management of substance use and substance use disorders in pregnancy

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Early childhood education



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Early childhood education

Description

Early education supports social and cognitive development of pre-school children (2-5 year-olds) from deprived communities.

A selective intervention.



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Early childhood education

Evidence

No new reviews, 2 reviews from 1st edition

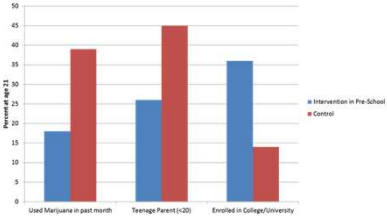
- Less marijuana use at age 18
- Less smoking and use of other drugs
- Less risky behaviours
- More mental health, social inclusion and academic success

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Example of results of an early childhood education programme (Campbell et al. 2002)



Outcome	Intervention in Pre-School (%)	Control (%)
Used Marijuana in past month	~18	~38
Teenage Parent (<20)	~25	~45
Enrolled in College/University	~35	~15

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Classroom environment improvement programmes



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Classroom environment improvement programmes - Description

Strengthen the abilities of teachers to manage their class, reducing early aggressive and disruptive behaviours of children

Games delivered during normal class support children to socialize in their role as students

Facilitate both academic and socio-emotional learning

Universal

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Classroom environment improvement programmes - Description

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Example from an evidence-based programme: Good Behaviour Game

[picture from the Good Behaviour Game]



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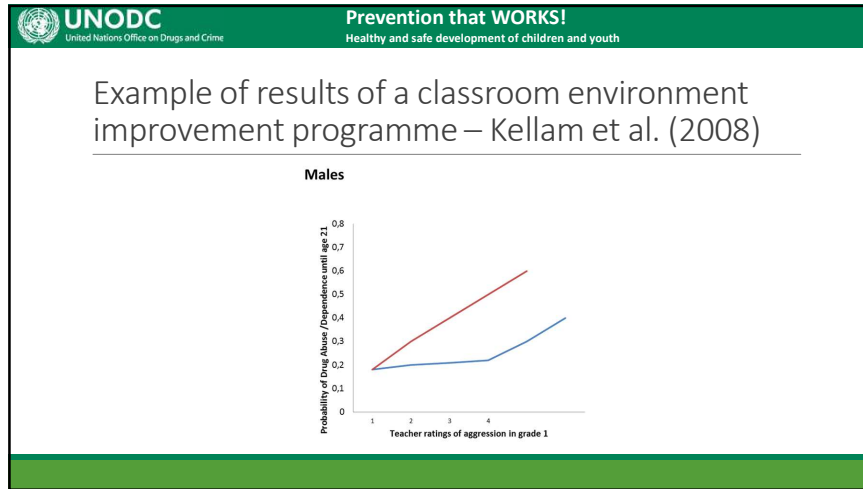
Classroom environment improvement Evidence

No new reviews, one review from 1st edition

All reported evidence from USA and Europe

- Decrease problem behaviour in classroom, including disruptive/aggressive behaviour
- Strengthen pro-social behaviour
- Improve academic performance

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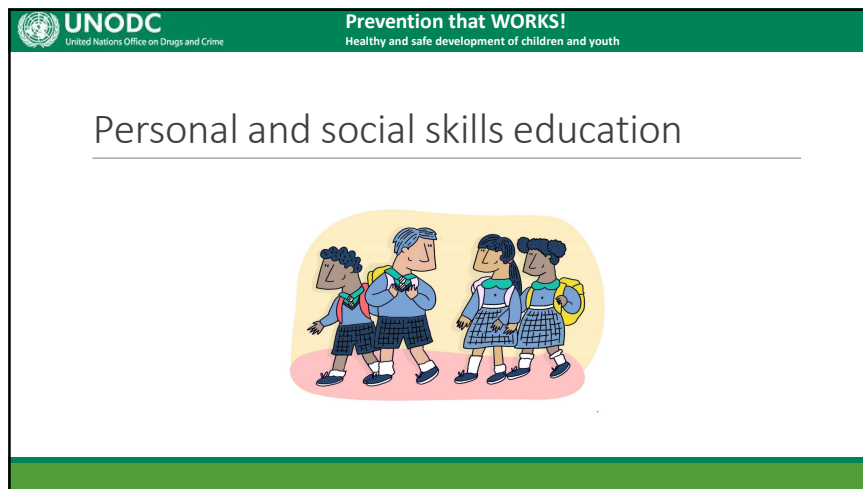
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Child development, more than information

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Personal and social skills education

Description

Trained teachers engage children in interactive activities during structured sessions to:

- Learn how to cope with difficult situations in a safe and healthy way
- Support development of general social competencies and mental/ emotional wellbeing

Delivered to all children

Normally, no content on specific substances

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Example from an evidence-based programme: The Incredible Years

[picture from The Incredible Years]

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Example from an evidence-based programme: The Incredible Years

1. Recognize anger
3. Think 'stop'
4. Take a deep breath
5. Go into your shell and tell yourself 'I can calm down'
6. Try again

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Personal and social skills education Evidence

Seven reviews, with 4 from the new overview.

Can prevent substance use, including drug use, in the medium term.
Effectiveness of strategies focusing on resilience limited to drug use.

Evidence from North America, Europe and Australia; some studies from Asia and Africa.

WHO recommends these programmes to promote mental health in children and adolescents

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Parenting skills programmes



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Parenting skills programmes

Description

Help parents to be better parents, in very simple ways (no lectures, no jargon!)

Develop a warm child-rearing style and strengthen parents-children bonding

Relevant also for parents of young adolescents

Delivery at universal and selective levels

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Parenting skills programmes

Programmes should increase:

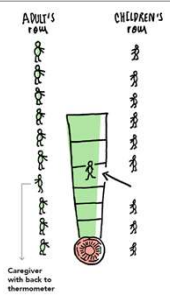
- Family bonding, i.e. the attachment between parents and children
- Monitoring and involvement in the lives of their children (e.g. being involved in their activities, friendships, learning and education)
- Positive, developmentally appropriate and effective discipline

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Example from Strong Families



Learn how to recognise and deal with your own stress

Learn how to recognise whether your child (or your parent, the exercise is also for the children) is stressed and respond lovingly.

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Parenting skills programmes

Evidence

Five reviews, with four from the new overview

Can prevent substance use, including drug use, in young people, persisting in the medium term

Intense delivery by a trained facilitator more consistently effective than single-session or computer-based delivery

Gender-specific interventions for mothers and daughters effective

Evidence from all regions

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Parenting skills programmes Evidence

WHO recommends these programmes to:

- Prevent child maltreatment
- Promote development of children, including of poorly nourished, frequently ill or otherwise at-risk children and of children of mothers affected by mental health conditions
- Manage behavioural disorders of children and adolescents
- Prevent youth violence

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Family skills training effectiveness in violent communities: SFP 10-14 Honduras

SFP 10-14 improvement on Pre-Post aggregate indicators per youth and parent assessment by pilot site

Adapted from: Maalouf W., Campello G. The Influence of Family Skills Programmes on Violence Indicators: Experience from a Multi-site Project of the UNODC in Low and Middle Income Countries. *Aggression and Violent Behavior*, Dec 2014; 616-624

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Family skills training effectiveness in poor communities: FAST in Iran for kindergarten

F.A.S.T. Pre-post changes on family indicators per pilot site

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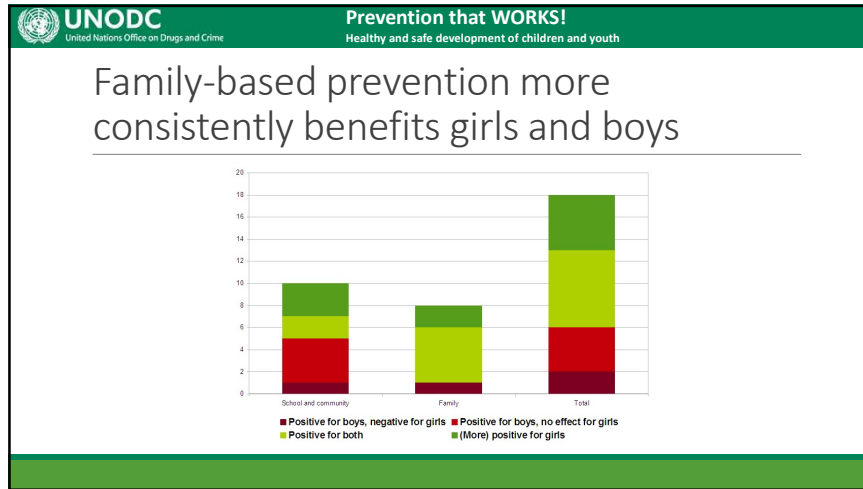
Family skills training effectiveness amongst displaced populations – UNODC Strong Families

SDO SCORES

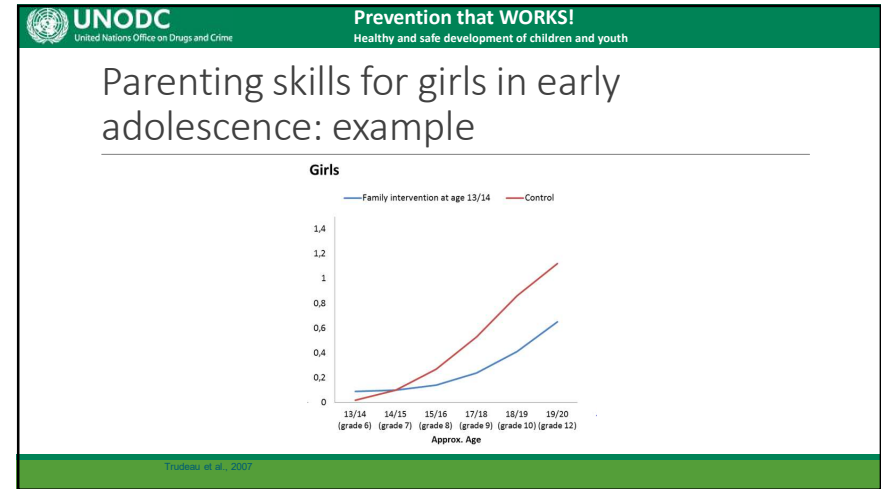
- VERY HIGH 20-40pts
- HIGH 17-19pts
- SLIGHTLY RAISED 14-16pts
- CLOSE TO AVG. 0-13pts

Change in total Strengths and Difficulties scores for all children in Afghanistan (n=72, purple) and in refugee reception centers in Serbia (n=25, light blue) in 2018

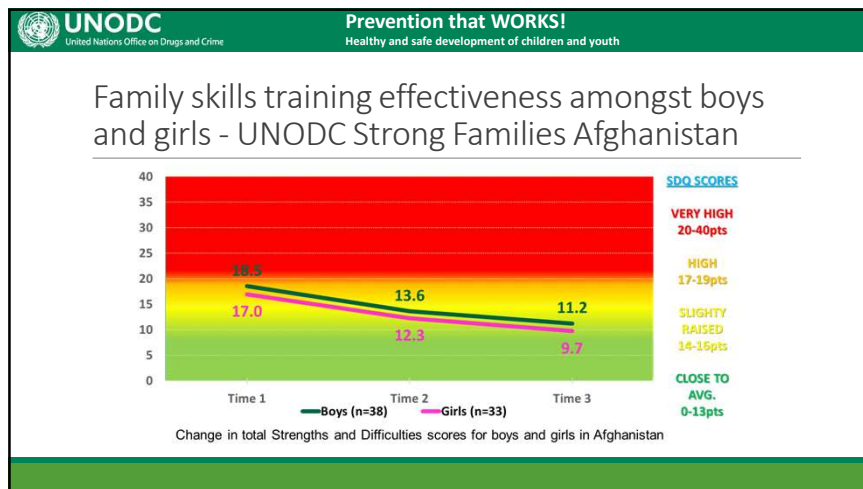
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Family-based prevention is also effective in preventing violence, particularly youth violence and child maltreatment

violence prevention the evidence

INSPIRE
 Seven Strategies for Ending Violence Against Children

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UNODC family-based prevention programmes in the public domain – Soon in Lebanon too!

FOR LOW RESOURCE SETTINGS FOR ALL FAMILIES

The Strong Families Program

FAMILY UNITED
Universal Family Skills Programme
for Prevention of Negative Social Outcomes
in Low and Middle Income Countries

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Parenting during COVID-19 and other difficult circumstances

معلومات لرعاية الأطفال خلال فترة جائحة كورونا (COVID-19)

تعدون التفكير من الحالات التي جميع أنحاء العالم تتكيف مع التغييرات التي تسببت نتيجة تفشي مرض كورونا (COVID-19). ستواجه العديد من أولياء الأمور صعوبة في تخطي الأزمات من خلال الأطفال والأطفال في الأوقات الصعبة. هذا التقييم من المعلومات أثناء الجائحة العالمية هو في حد ذاته أداة يمكن استخدامها لتقييم الوضع الراهن والتفكير في الحلول. سترجع العديد من الناس إلى لغة مألوفة وتربيتهم كأداة للأصالة في أوقات صعبة. إن إشراك المساهم هذه أدوات أساسية وتؤدي الكثير من طرقها لتعليم وتغيير المفاهيم.

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معلومات للوالدين أو غيرهم من مقدمي الرعاية في المجتمعات المزدحمة أو مخيمات اللاجئين خلال جائحة كوفيد-19

قد يكون التكيف مع معلومات الجائحة على أمان أسرناكم وصحةنا أثناء انتشار فيروس كوفيد-19 صعبًا، إنكم وبغض النواحي لمساعدتكم، ما الذي قد ترونه؟

التصوير: الأهل
أو الاتصال أو الفني

محادثة مستديرة للتصوير
على معلومات جديدة لتفكير جميع
عروض كوفيد-19.

التصوير: ريمها تكريرا
من الأشخاص الذين يتصورون بما يتغيرون في اليوم ويواجهون الجائحة على صعيد

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It is never too late!


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Brief interventions

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Brief interventions

Description


Brief interventions: for people who use substances, but may not need or seek treatment

Consist of one or a few one-to-one counselling and follow-up sessions

First identify whether there is a substance abuse problem, then either provide immediate basic counselling and/or referral for more treatment

Delivered by trained health/ social workers

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Brief interventions

Evidence


Forty-eight reviews, with 38 from the new overview

Evidence of effect on different substances (tobacco, alcohol and drugs) and different age groups (adolescents and adults)

Effect sizes small and not persistent

Harmful consumption of alcohol reduced among youth out of college and in college. Also among people with psychotic disorders.

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Brief interventions


Evidence

Inconclusive evidence with some effectiveness in school settings, particularly for drugs

Some effectiveness for interventions delivered by computer, internet or telephone. More with regard to alcohol and less than face-to-face.

Indications of effectiveness, in spite of poor quality of evidence, for interventions in emergency settings, particularly for women and patients qualifying for treatment.

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Brief interventions

Evidence

WHO recommends screening and brief intervention for harmful alcohol use (except in areas of low prevalence), as well as for cannabis and psychosocial stimulants use

ASSIST screening package

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Workplace prevention



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Healthy and safe development of children and youth

Why workplace prevention?

Most substance use occurs among working adults
Young adults are at high risk
Job strain increases risk of developing drug use disorders among young adults using drugs

Employees with substance use problems have:

- Higher absenteeism rate
- Lower productivity
- More likelihood to cause accidents
- Higher health care costs and turnover rates

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Workplace prevention Description

Prevention programmes in workplace are multi-component, including prevention elements and policies, as well as counselling and referral to treatment



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Workplace prevention Evidence

Four reviews, with 2 from new overview
Prevent substance use, particularly with regard to alcohol and possibly stronger for women
Most evidence from North America, with some from Australia and Asia
May have positive effects on physical fitness

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Evidence-based programme (or at least evidence-based characteristics)

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Prevention education



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Prevention education

Description

Teachers/students interactive activities to learn and practice a range of personal and social skills

- Refusal abilities to allow young people to counter social pressures to use substances
- Personal and social skills to cope with challenging life situations in a healthy way

Discuss social norms, attitudes and expectations associated with substance use and its consequences

Discuss normative nature of substance use


Also relevant for older adolescents

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Example from an evidence-based programme: UNPLUGGED: www.eudap.net




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Example from an evidence-based programme:
 UNPLUGGED: www.eudap.net



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Prevention education
 Evidence

Twenty-two (22) reviews, with 19 from the new overview

Certain programmes prevent substance use: small, but consistent effects also in the medium term

For prevention of smoking among girls: no effect, but some promise for gender specific programmes combined with media campaigns

The effectiveness of programmes focusing on resilience is limited to drug use

Information only programmes and DARE are not effective

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Prevention education
 Evidence

Delivering programmes through peers is effective (care necessary with high-risk groups)

Computer-based programmes are effective with small effect sizes

Early adolescence might be the best age

Normally universal level, but some indication of effectiveness for high risk groups

Most evidence from USA, Europe and Australia, some studies from Asia and Africa

WHO recommends programmes including focus on social/ emotional learning to prevent youth violence

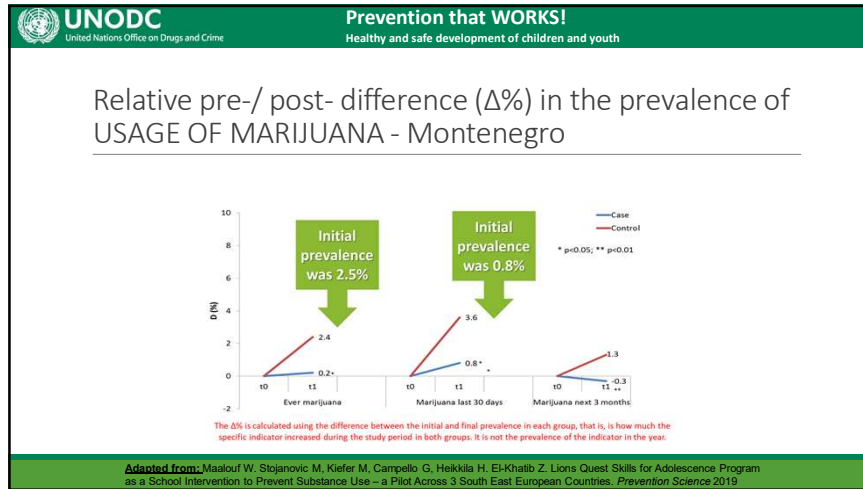
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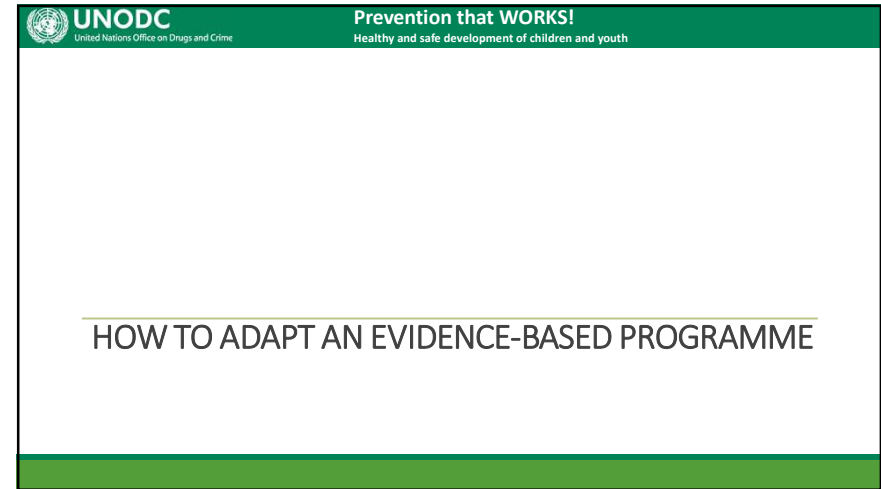
Use a programme that has been evaluated already!!!



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The easiest is still to adapt an evidence-based programme

The programme has been evaluated to be effective in preventing drug use

Registries

- Blueprint
- X-Change – European Registry

Get in contact with us, we can help you navigate the registries!

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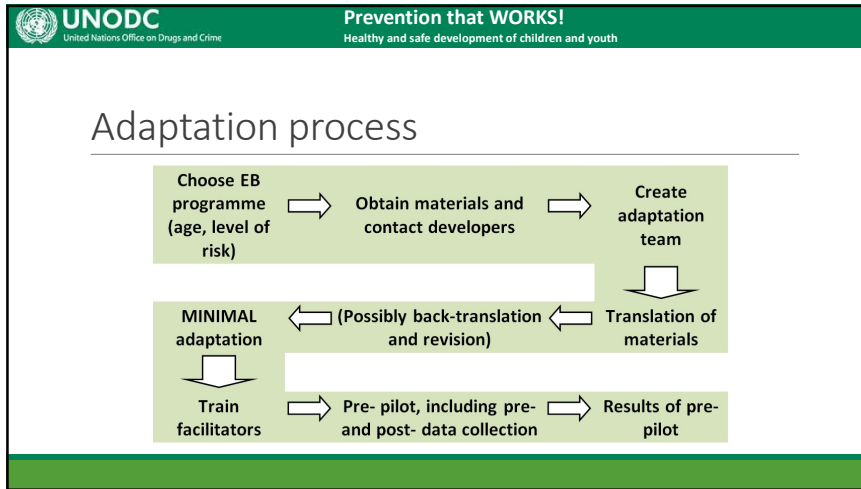
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Chapter 4. How to adapt an evidence-based family skills training programme

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Guide to implementing family skills training programmes for drug abuse prevention

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Try the dress first, before making changes

[picture of a man trying a suit]

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42 countries
adapting and
piloting evidence-
based family skills
programmes with
UNODC

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16 countries piloting life skills in schools globally with UNODC

- El Salvador
- Guatemala
- Brazil
- Bosnia and Herzegovina
- North Macedonia
- Montenegro
- Serbia
- Croatia
- Nigeria
- Cote d'Ivoire
- Senegal
- Iran
- Pakistan
- Afghanistan
- Lebanon
- State of Palestine

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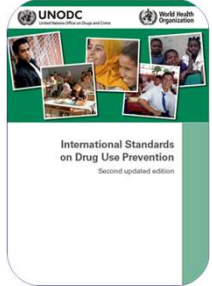
What if you cannot
access an evidence-
based programme?

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Look in the Standards to see what works
and what does not work



**International Standards
on Drug Use Prevention**
Second updated edition

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What works in preventive education (1)

Learn and **PRACTICE** personal and social skills

- Coping with stress and negative emotions, decision making, resistance skills

Change perceptions of risks associated with substance use – Dispel misconceptions about expectations

- Emphasize immediate and appropriate consequences

Dispel misconceptions about the normative nature of substance abuse

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What works in preventive education (2)

INTERACTIVE methods

A **SERIES** of structured weekly sessions (10-15)

Boosters sessions over several years

Delivery by trained facilitators/ peers/ teachers/ (police officers)

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What does NOT work in preventive education

- Utilise non-interactive methods (such as lecturing) as the primary delivery strategy
- Information-giving alone, particularly fear arousal
- Single or unstructured sessions
- Focus only on the building of self-esteem
- Address only ethical/moral decision making or values
- Use people in recovery as testimonials

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Compare with your existing programme(s).

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Try and move a 'green' situation

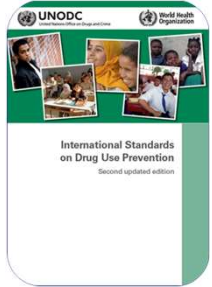
Evidence based	Evidence informed	Evidence informed	Non-evidence based
Rigorous adaptation of E-B programme	Strategy according to the Standards	Strategy in the Standard, but not all 'positive' characteristics	Strategy not in the Standards Strategy in the Standards, but 'negative' characteristics
Rigorous development & evaluation process			

←————→

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You can use the Standards to do this with ANY strategy



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Many settings!

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Example of family- plus school-based prevention - Crowley et al., 2014

PREVALENCE OF NON-MEDICAL USE OF PRESCRIPTION OPIOIDS
6 YEARS AFTER PROGRAMME DELIVERY IN 6TH GRADE

Grade	Control	School Programs Only	Parenting Plus School Programs
6th	~1	~1	~1
7th	~3	~2	~2
8th	~6	~4	~4
9th	~10	~6	~6
10th	~15	~10	~10
11th	~20	~14	~14
12th	~25	~18	~16

Legend: CONTROL (grey), SCHOOL PROGRAMS ONLY IN 6TH GRADE (yellow), PARENTING PLUS SCHOOL PROGRAMS IN 6TH GRADE (blue)

Adapted from: Crowley, D. M., Jones, B. E., Coffman, D. L., and Greenberg, M. T. (2014). Can we build an efficient response to the prescription drug abuse epidemic? Assessing the cost effectiveness of universal prevention in the PROSPER trial. *Painkiller epidemic*, 62, 71-77.

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Many settings

Family	School	Health sector
Community, incl. policies & media	Workplace	Entertainment venues

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	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal & infancy visitation Interventions for pregnant women		Parenting skills			
School		Early childhood education	Personal & social skills education Classroom management Policies to keep children in school	Prevention education based on social competence and influence	Addressing individual vulnerabilities	
Community				School-wide programmes to enhance school attachment School policies on substance use	Alcohol & tobacco policies	
Workplace				Community-based multi-component initiatives	Media campaigns Mentoring	Prevention programmes in entertainment venues Workplace prevention programmes
Health sector	Interventions for pregnant women		Addressing mental health disorders			Brief intervention

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Ultimately ...



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Thank you!

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