
 **UNODC**
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

MS. GIOVANNA CAMPELLO
PREVENTION, TREATMENT AND REHABILITATION SECTION
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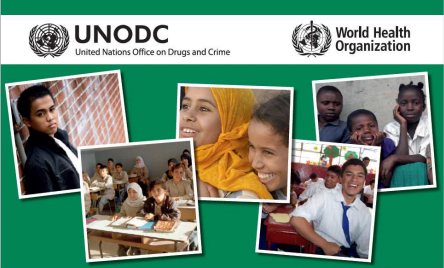
What is your level of engagement with the Standards so far?

Start presenting to display the poll results on this slide.

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Why and how?

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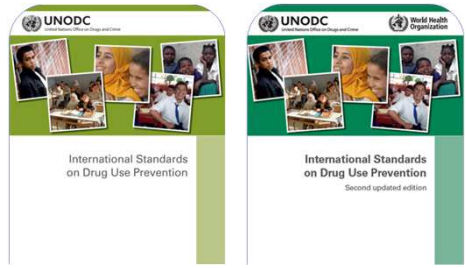


International Standards on Drug Use Prevention
Second updated edition

International Standards on Drug Use Prevention

UNODC/WHO Second Updated Edition

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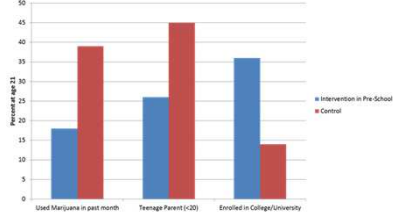


UNODC, WHO and 100+ experts from 47 countries

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Example of study
Campbell et al., 2002

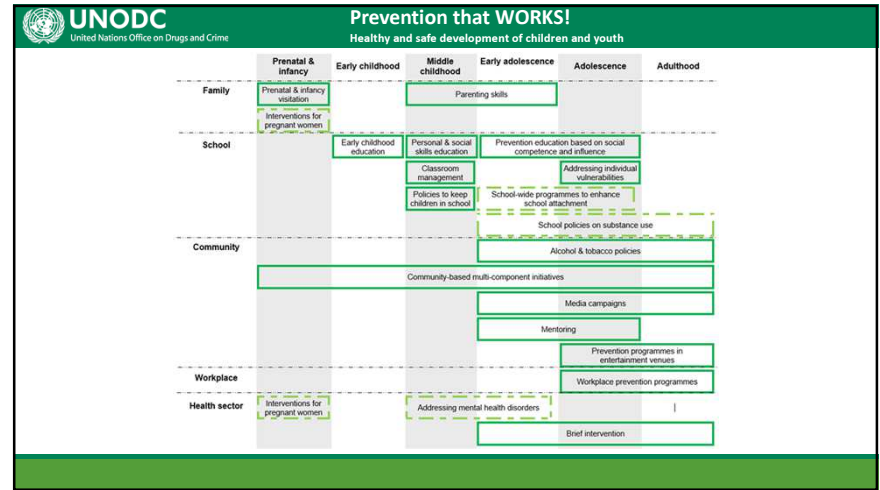


Outcome	Intervention in Pre-School (%)	Control (%)
Used Marijuana in past month	~18	~38
Teenage Parent (1-20)	~25	~45
Enrolled in College/University	~35	~15

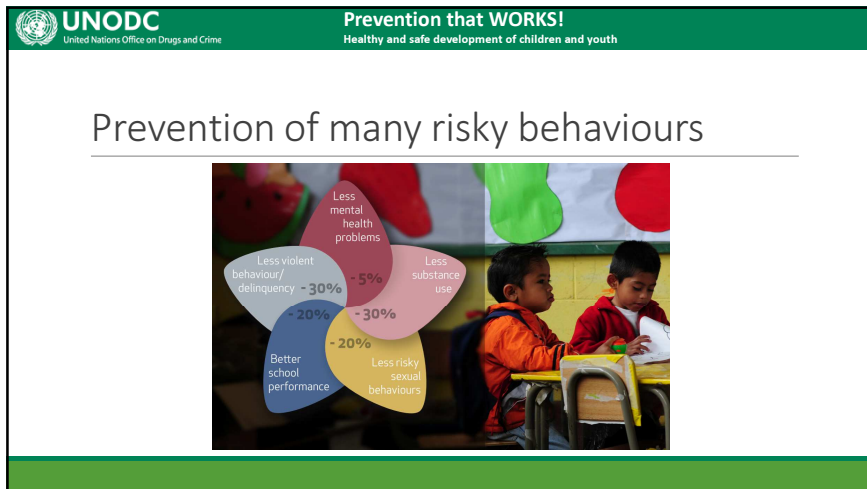
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What did we find out?

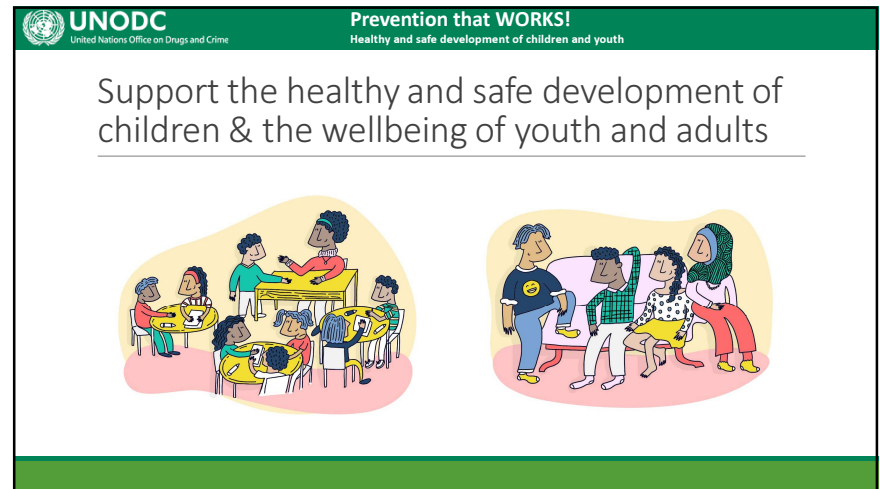
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**Evidence-based prevention is
cost-effective**

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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 only information

It is never too late

Use evidence-based programmes

Many vulnerabilities, many settings

A few messages

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At what age can prevention of drug use and other risky behaviours start?

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Prenatal visits




Pregnant women




Early childhood education



Classroom environment



Personal and social skills



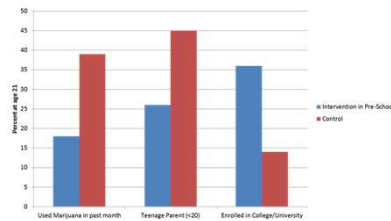
Mental health services

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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	~40
Teenage Parent (<20)	~25	~45
Enrolled in College/University	~38	~15

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When you think about the **CONTENT** of prevention strategies, what's the most important that comes to your mind?

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Perception of risk important, but not the only factor

Source: Monitoring the Future

Protective Factors

- Safe neighborhoods
- Physical safety and social cohesion
- Quality school environment
- Access to health care
- Caregiver involvement and monitoring
- Health and neurological skills
- Family structure
- Emotional regulation

Risk Factors

- Poverty
- Conflict
- Economic and/or social status
- Social exclusion and marginalization
- Neighborhood disrepair
- Peer rejection and drug availability
- Mental health problems
- Trauma and childhood adversity

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Parenting skills programmes

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

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

ADULT'S RBM

Caregiver with back to thermometer

CHILDREN'S RBM

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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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

Significance: * p<0.1, ** p<0.05, *** p<0.001

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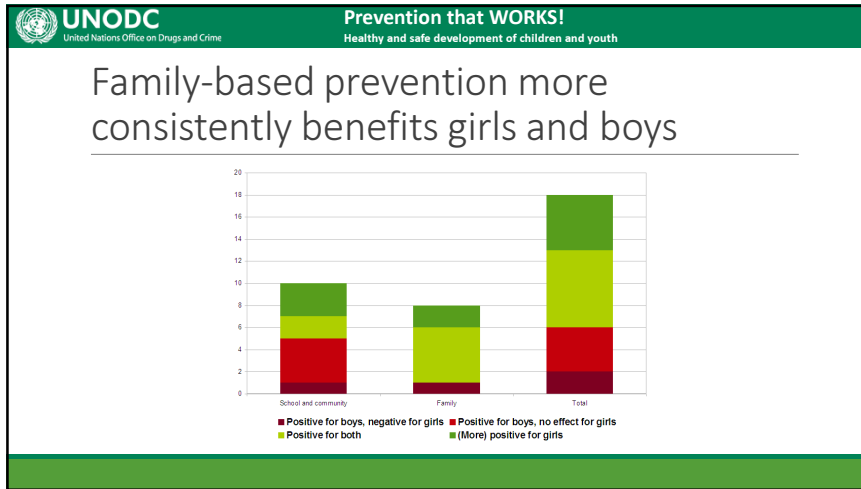
Family skills training effectiveness amongst displaced populations – UNODC Strong Families

SDO SCORES

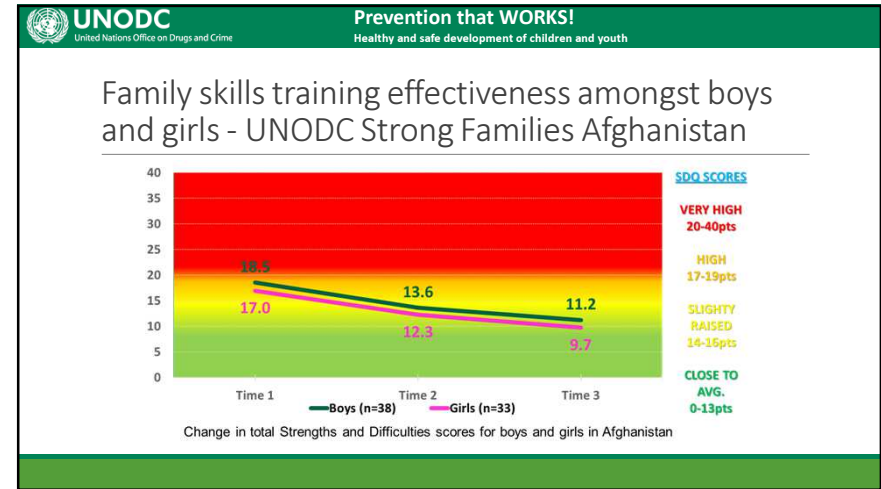
- VERY HIGH: 20-40pts
- HIGH: 17-19pts
- SLIGHTLY RAISED: 14-16pts
- CLOSE TO AVG.: 0-13pts

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

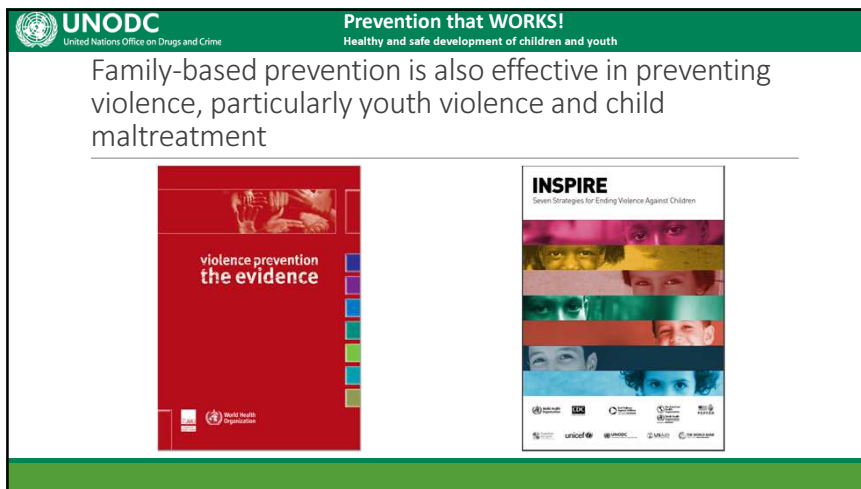
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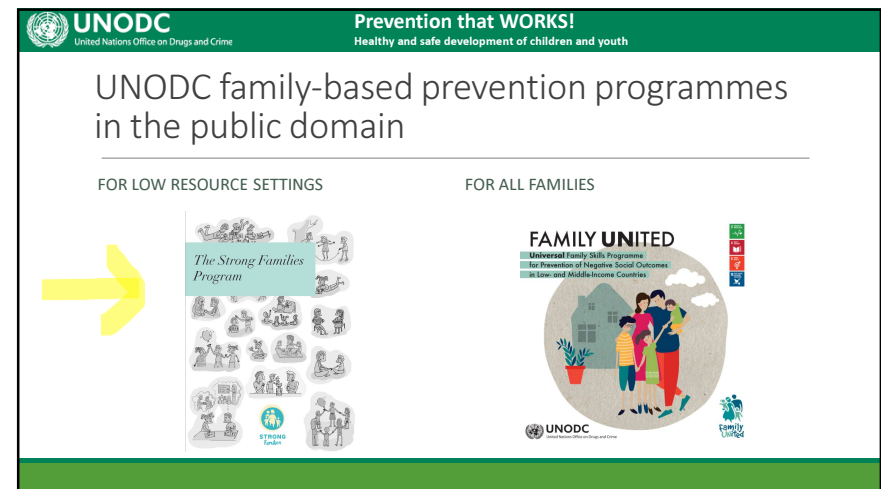
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معلومات للوالدين أو غيرهم من مقدمي الرعاية في المجتمع العزلة أو مخيمات اللاجئين - جائحة كوفيد-19

قد يكون التكيف مع صعوبات الحفاظ على أمن انتشار فيروس كوفيد-19 شاقاً، إليكم بعض النصائح التي قد تفيدها؟

ما الذي قد تواجدها؟

الحاجة المستمرة للحصول على معلومات جديدة لتفهم الوضع وتغيره باستمرار.

INFORMAÇÃO PARA PAIS E MÃES DURANTE O COVID-19

CARING FOR YOUR CHILD DURING COVID-19

Parenting during COVID-19 and other difficult circumstances

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A few messages

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- Preventive education
- School policies & attachment
- Alcohol and tobacco policies
- Screening and brief intervention
- Workplace prevention
- Entertainment venues

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What does evidence-based means for you?

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A strategy the effectiveness of which has been demonstrated through scientific research


NOT personal opinion, participants feeling interested or happy, tradition, moral value, visibility, etc.

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Make a suit or buy a ready-made suit? You can always try the dress first and then make changes (if necessary).



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Prevention education



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LIONS QUEST
Pre-K-12 Social and Emotional Learning Program

SEL: THE MISSING PIECE

LOOKS ONLY

Evidence Based
Easy to Implement
Culturally and Professionally Responsive

Use a programme that has been evaluated already through a systematic process of local adaptation - UNODC in 8 countries globally

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Relative pre-/ post- difference ($\Delta\%$) in the prevalence of USAGE OF MARIJUANA - Montenegro

Time Point	Case ($\Delta\%$)	Control ($\Delta\%$)
Ever marijuana	0.2*	2.4
Marijuana last 30 days	0.8**	3.6
Marijuana next 3 months	-0.3	1.3

Initial prevalence was 2.5%
Initial prevalence was 0.8%

* p<0.05, ** p<0.01

The $\Delta\%$ is calculated using the difference between the initial and final prevalence in each group, that is, is how much the specific indicator increased during the study period in both groups. It is not the prevalence of the indicator in the year.

Adapted from: Maalouf W, Stojanovic M, Kiefer M, Campello G, Heikkila H, El-Khatib Z. Lions Quest Skills for Adolescence Program as a School Intervention to Prevent Substance Use – a Pilot Across 3 South East European Countries. *Prevention Science* 2019

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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

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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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You can use the Standards to do this with ANY strategy

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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 programme only in 4th grade	Parenting plus school programmes in 4th grade	Parenting plus school programmes in 6th grade
6th	~1	~1	~1	~1
7th	~2	~2	~2	~2
8th	~4	~4	~4	~4
9th	~8	~7	~6	~5
10th	~12	~10	~8	~6
11th	~18	~15	~12	~9
12th	~25	~20	~15	~12

Adapted from: Crowley, D. M., Jones, D. 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. *Preventive medicine*, 62, 71-77.

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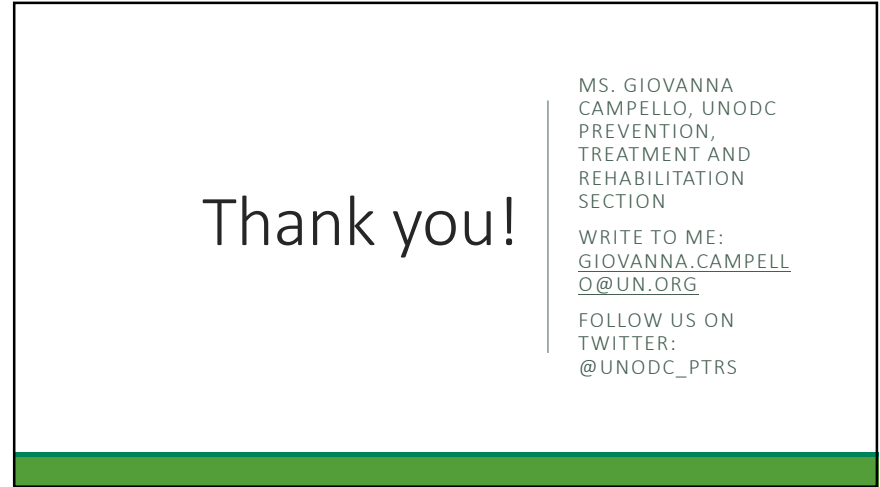
	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal & infancy visitation Interventions for pregnant women		Parenting skills			
School		Early childhood education	Personal & social skills education Classroom management Policies to keep children in 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!

MS. GIOVANNA
CAMPELLO, UNODC
PREVENTION,
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