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Prevention works!

Healthy and safe development
of children and youth



International Standards on Prevention, Family Skills Programming

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Prevention Treatment and Rehabilitation Section

Division of Operation

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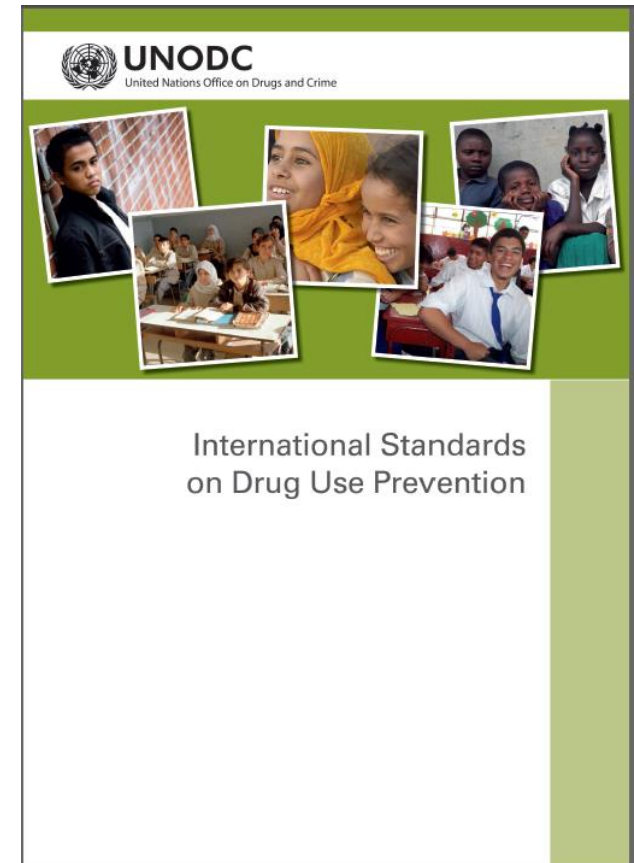
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International Standards

- Leading step in putting forth the Standards
- Tool to influence policy makers:
 - What is prevention?
 - what interventions and policies are effective?
 - in what setting? for what age groups? and with which characteristics?
 - What makes a system work?
- Target: decision/ policy makers (&more)





Drug Use Prevention

- Primary objective: help people (particularly-not exclusively-young people) avoid or delay initiation of use, or, if they started already, to avoid to develop disorders (e.g. dependence).
- General aim: much broader, it is the healthy and safe development of children and youth to realize their talents and potential becoming contributing members of their community and society.



What is drug prevention?

Awareness raising on dangers?

Moral/ethical values promotion and strengthening ?



What substances?



One time event? Few hours? Frequent intervals message?

Adolescents/ young adults only?



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???





Shifting the paradigm...

- Prevention as science/ science guiding practice
- Initiation to substance use is not the result of a free choice but an interplay of internal and external risk and protective factor.
- To prevent a problem before it happens, the factors that predict the problem must be changed.



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Shifting paradigm: PREVENTION BASED ON ETIOLOGY



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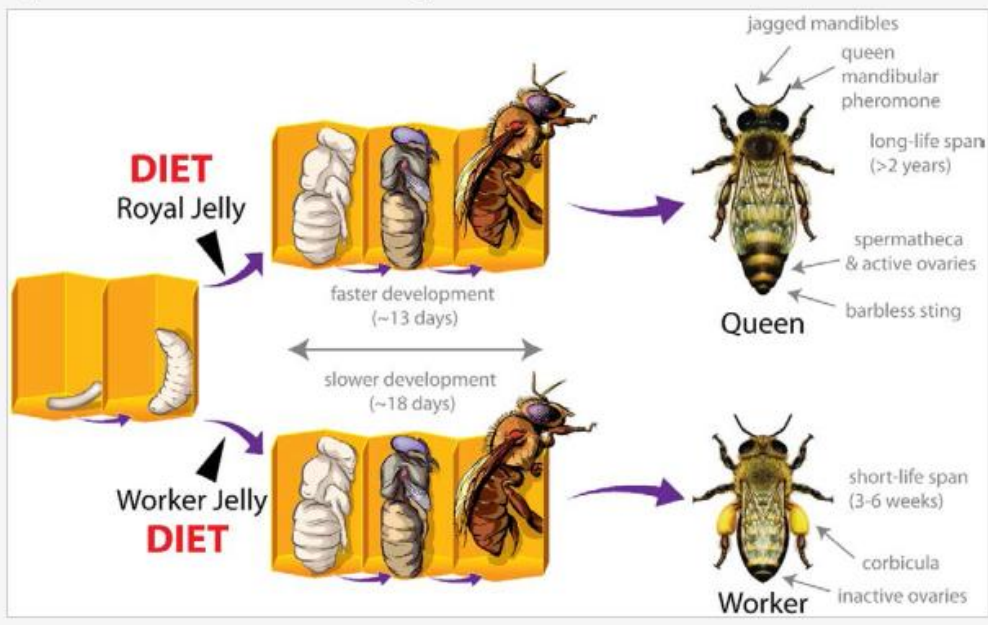
Forming the evidence base for prevention

Brain function in a social context



Epigenetics

Figure 1. Honeybee biology depends on a polyphenism that produces different female castes. During larval development, female larvae fed royal jelly (top) develop faster and pupate earlier; producing queen bees. Female larvae fed worker jelly have slower development and produce worker bees. This diet-induced change in phenotype is robust and predictable and provides an opportunity to explore how diet affects the genome, and how this leads to changes in form.





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ELSEVIER

Contents lists available at ScienceDirect

Neuroscience and Biobehavioral Reviews

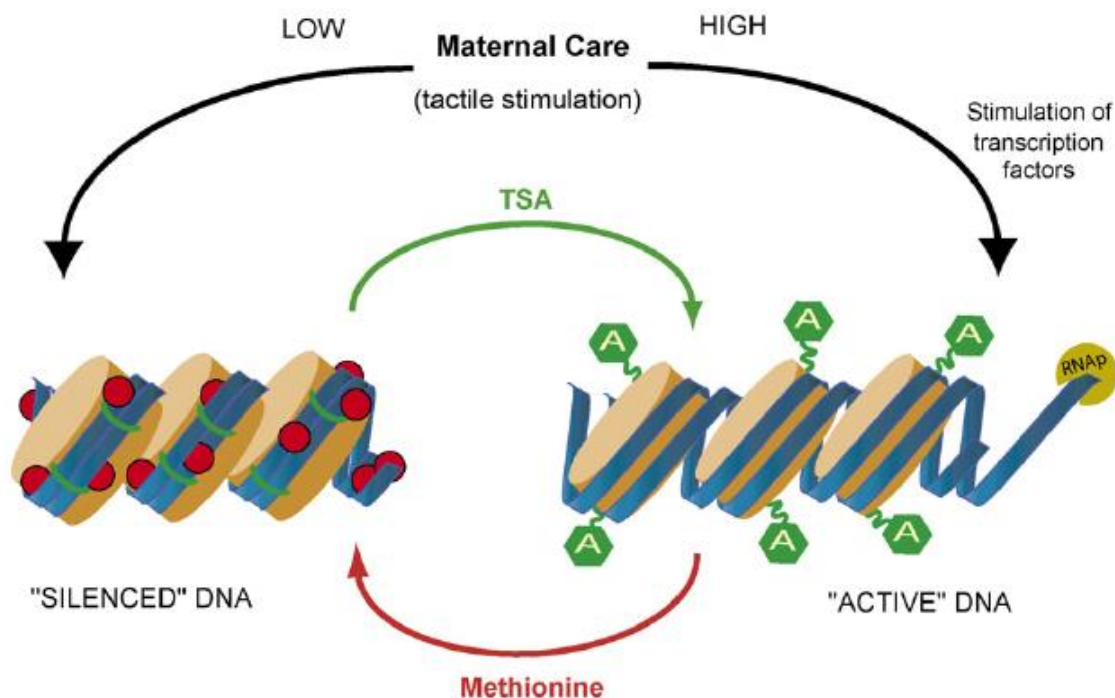
journal homepage: www.elsevier.com/locate/neubiorev



Review

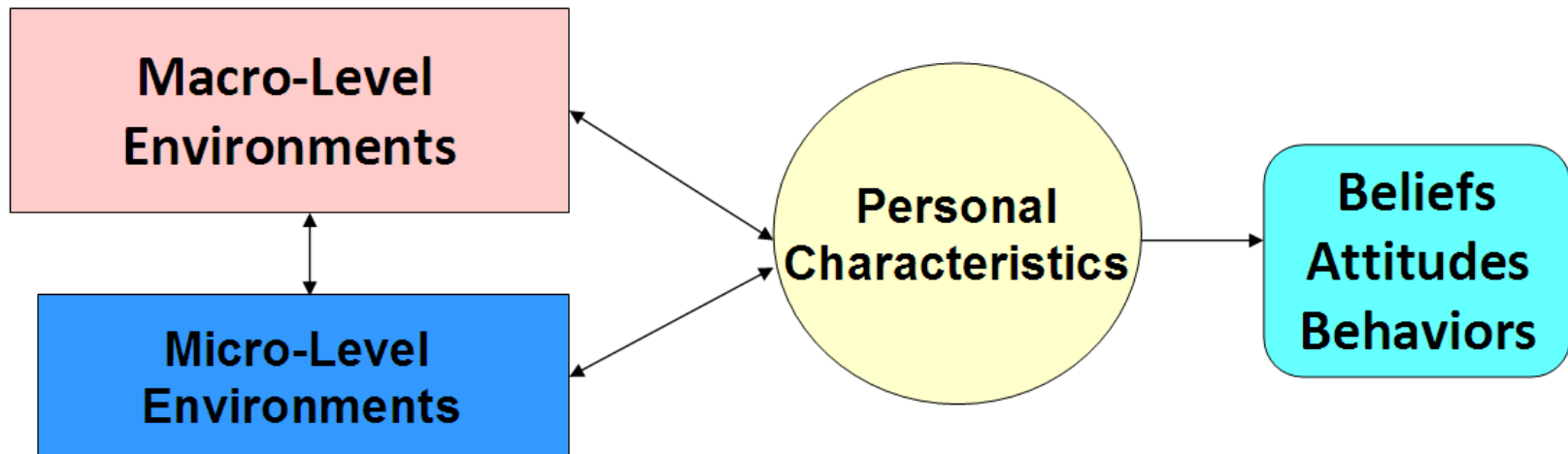
Epigenetic mechanisms mediating the long-term effects of maternal care on development

Frances A. Champagne^{a,*}, James P. Curley^b



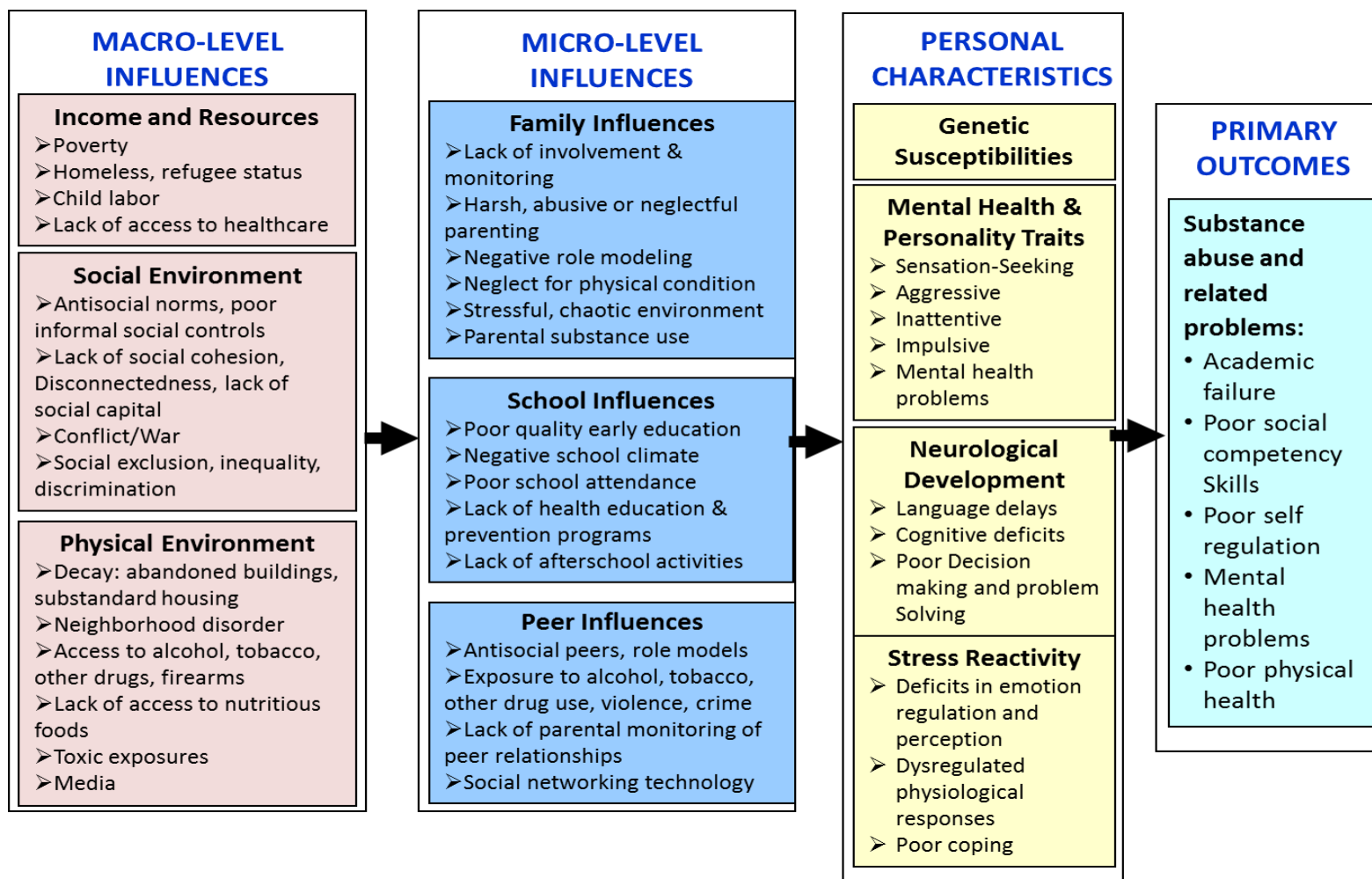


Interaction of Personal Characteristics and the Micro- and Macro-Level Environments



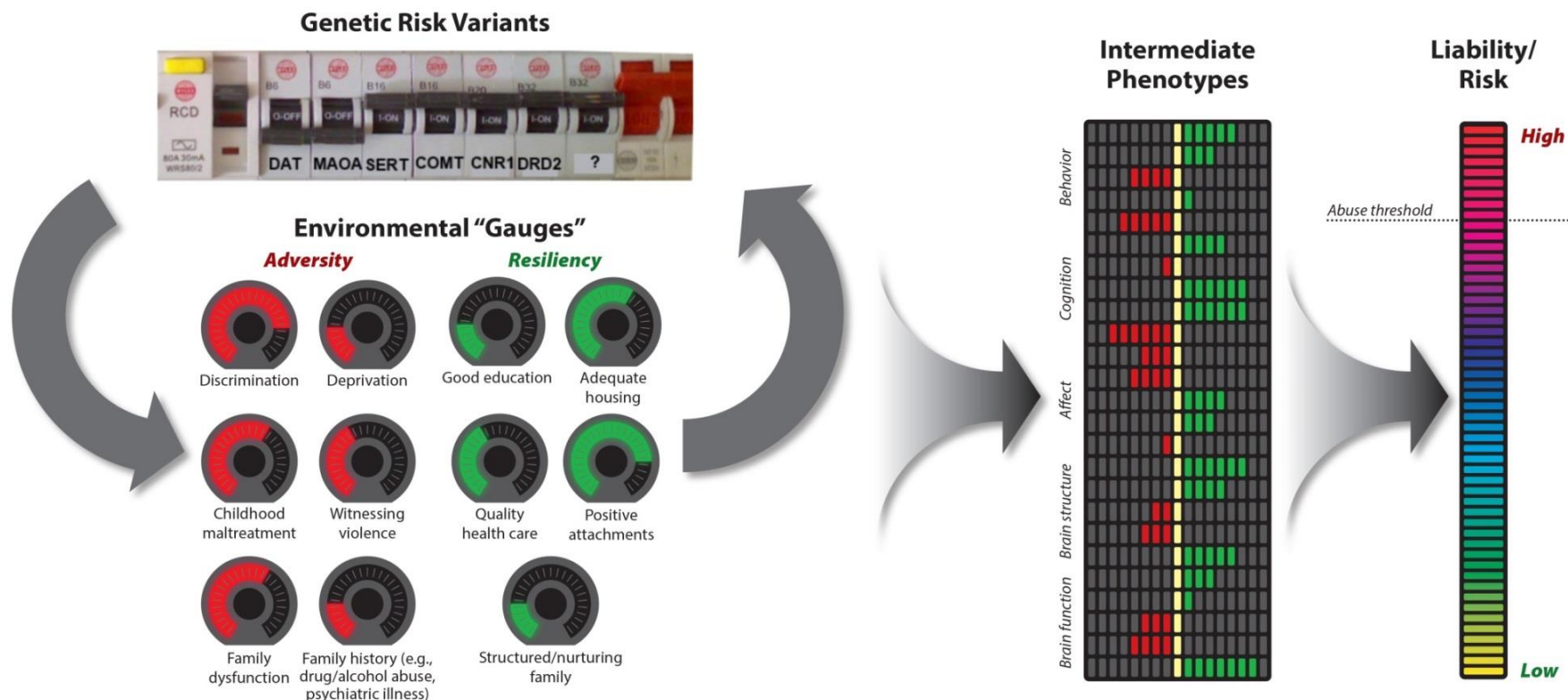


Primary Developmental Outcomes and their Environmental and Personal Influences





Accumulative Model of Risk for Substance Abuse





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Shifting paradigm: PREVENTION and DEVELOPMENTAL
PHASES



Developmental phases



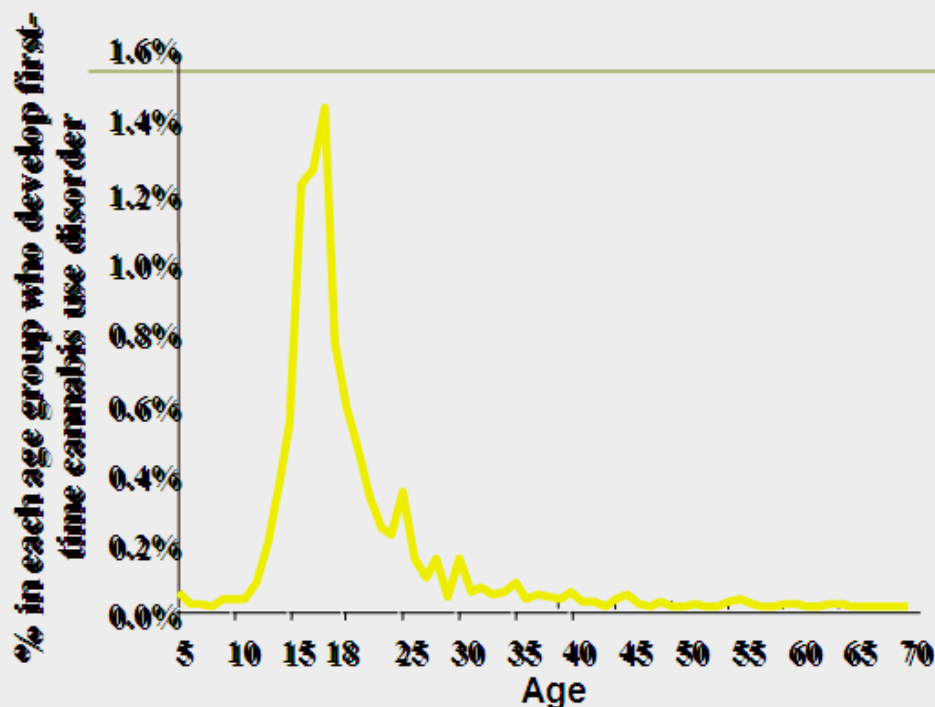


Developmental Phases

- Each stage of development, from infancy to early adulthood, is associated with a certain expected range of:
 - intellectual ability
 - language development
 - cognitive, emotional and psychological functioning
 - social competency skills
- Each needs attention to prevent the onset of drug use and dependence!!!



Drug use is a developmental problem

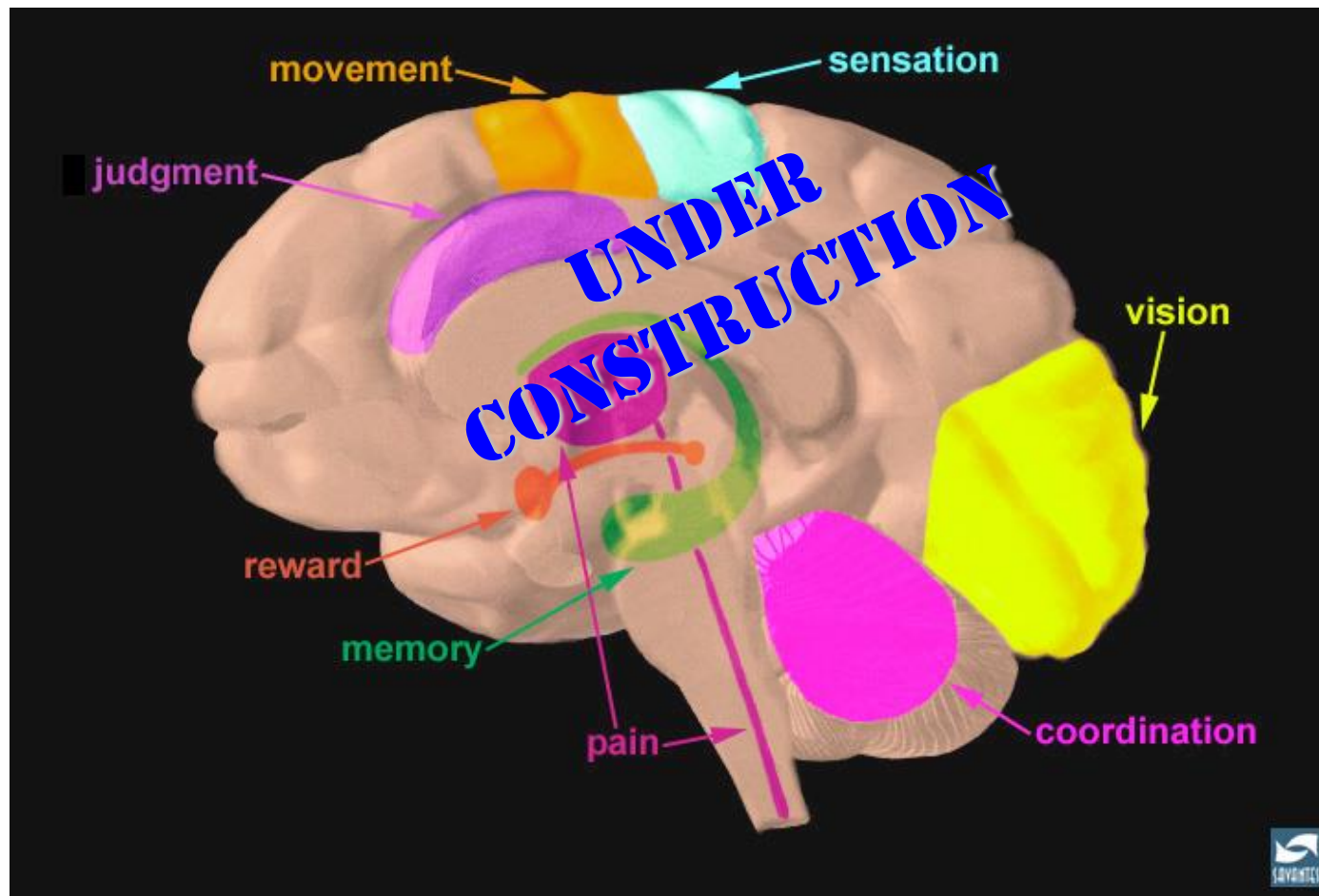


Age at cannabis use disorder as per DSM IV

NIAAA National Epidemiological Survey on Alcohol & Related Conditions, 2003



Even under normal conditions, the adolescent prefrontal cortex is not completely connected!



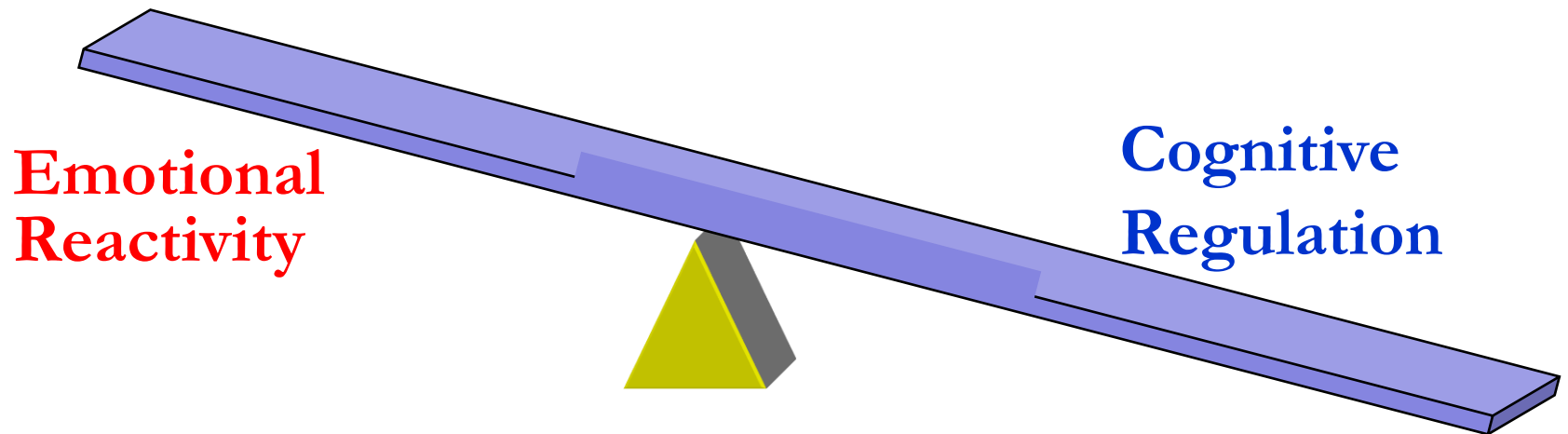


The “Imbalanced” Adolescent Brain

➤ Emotional responses are heightened

➤ Cognitive controls are immature

Double Jeopardy!





- Same with all other age groups



© Dan Cullinan / Barcroft Media





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Shifting paradigm: PREVENTION RESPONSE BASED ON
EVIDENCE



LOGICAL FRAMEWORK

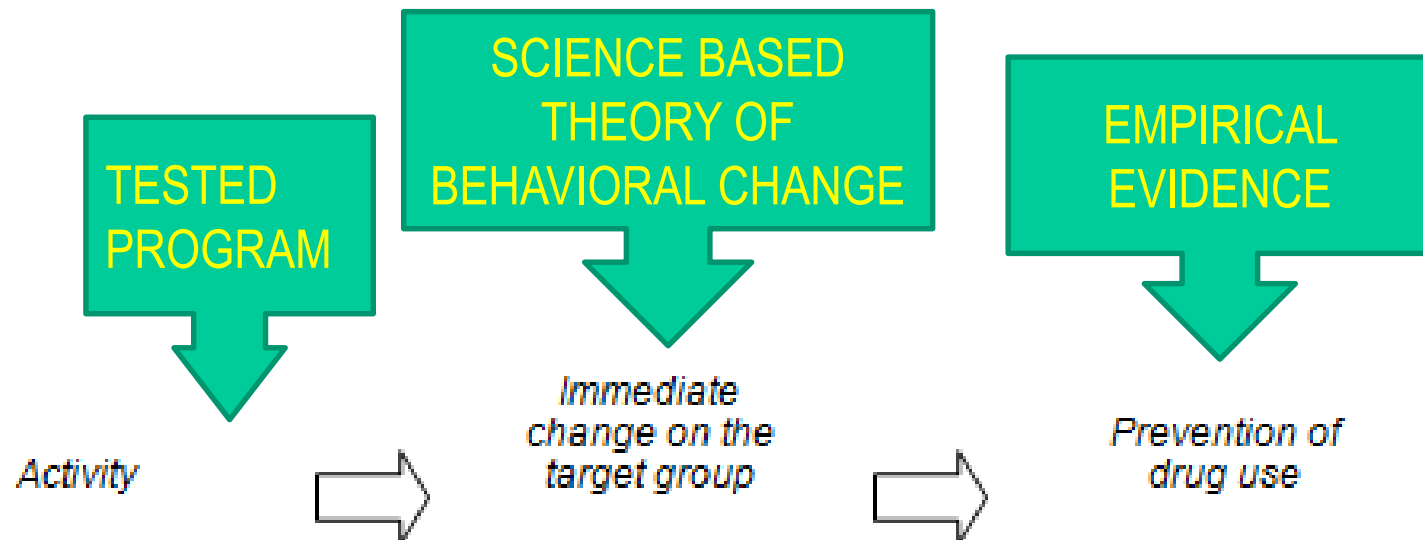
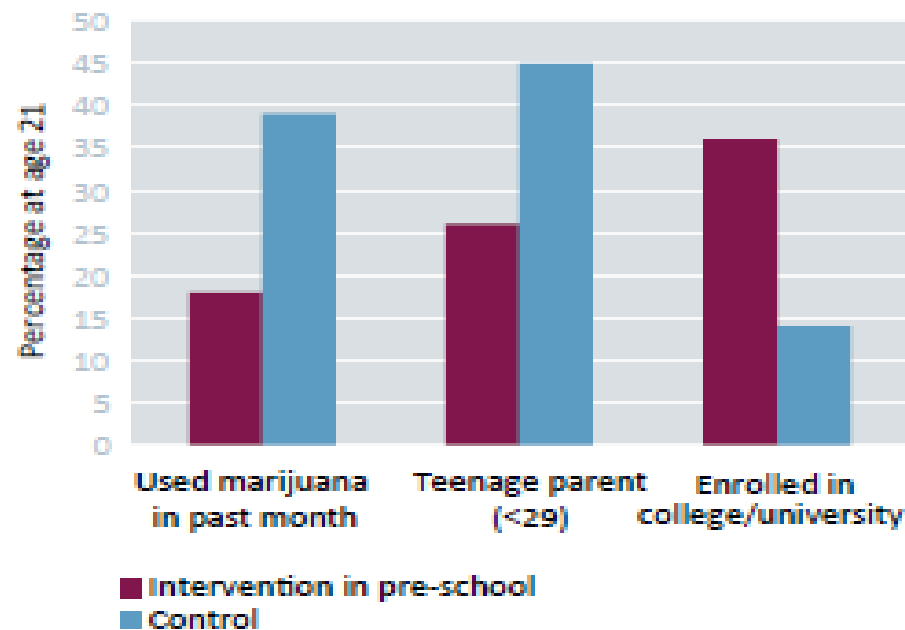




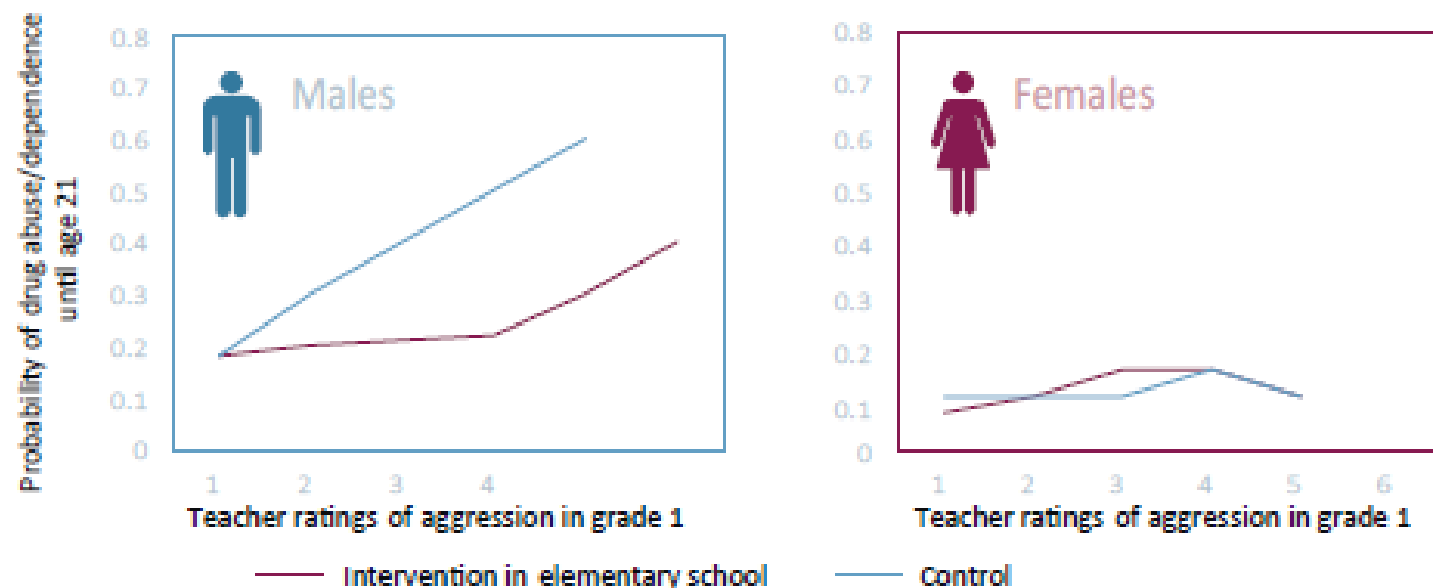
FIG. 19. Cannabis use, teenage pregnancy and tertiary education among young adults who participated in a pre-school intervention



Source: Campbell and others, "Early childhood education" (2002).



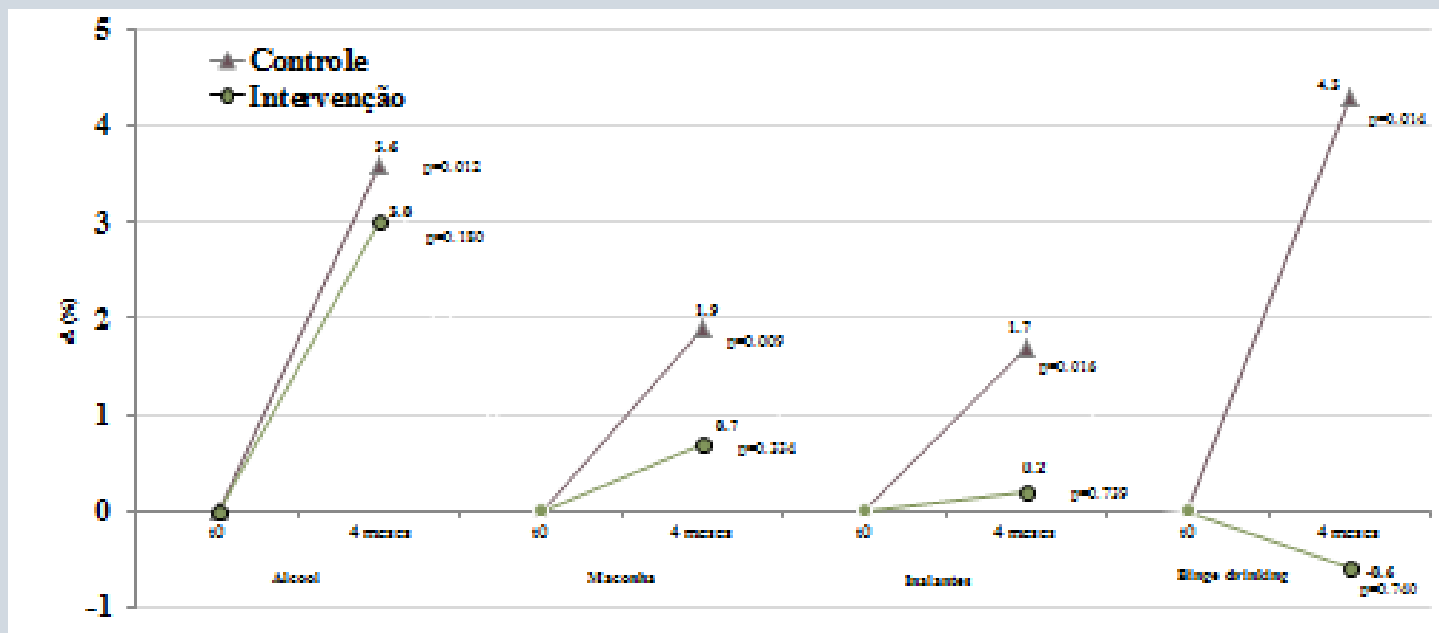
FIG. 21. Probability of subsequent development of a drug-related disorder depending on participation in a classroom behaviour management programme in first grade



Source: Kellam and others, "Effects of a universal classroom behavior management program" (2008).



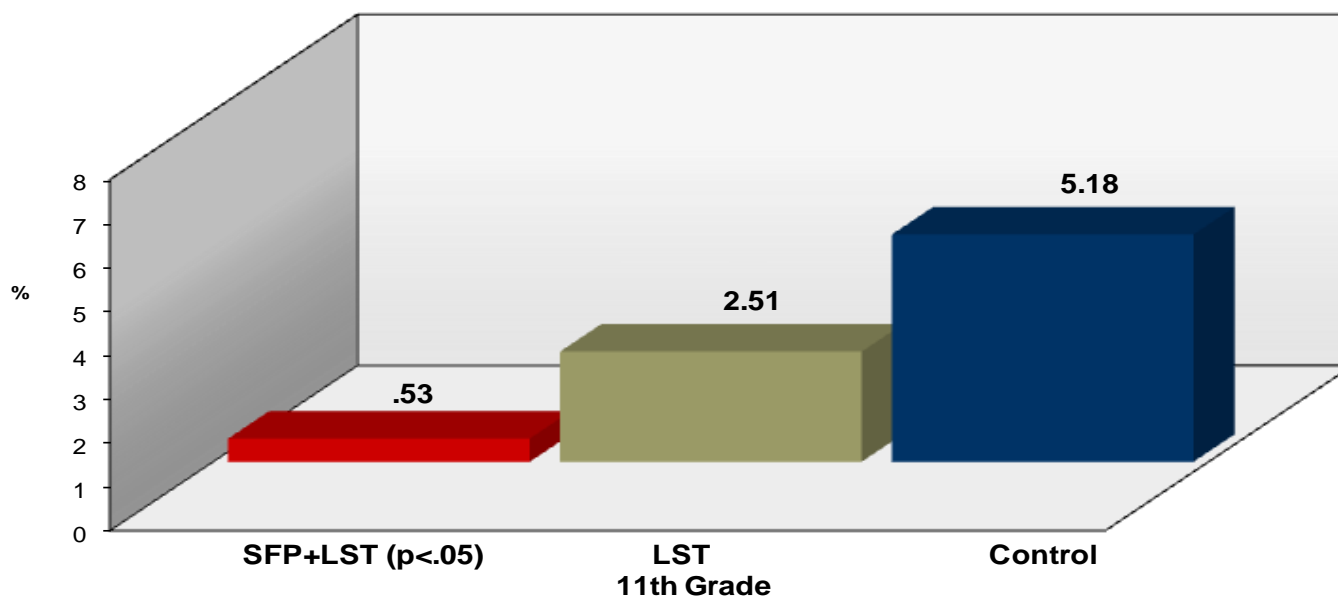
Relative difference ($\Delta\%$) in the prevalence of drug use in the year (comparing the start and end time) by teenagers 13-15 years old (WITHIN THE GROUP)



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



Example: Meth Initiation Results at 4½ Years Past Baseline (when life skills based prevention (LST) only, and when in combination with parenting skills (SFP))



Source: Spoth, R., Clair, S., Shin, C., & Redmond, C. (2006). Long-term effects of universal preventive interventions on methamphetamine use among adolescents. *Archives of Pediatrics and Adolescent Medicine*, 160, 876-882.



Common vulnerabilities (1/3)

| Risk Factors | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence | Depression & Anxiety |
|---|-----------------|-------------|----------------|-----------------|----------|----------------------|
| | | | | | | |
| 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 | ✓ | ✓ | | | ✓ | ✓ |



Common vulnerabilities (2/3)

| Risk Factors | | | | | | | |
|--|-----------------|-------------|----------------|-----------------|----------|----------------------|---|
| | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence | Depression & Anxiety | |
| 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 | ✓ | ✓ | | | | ✓ | |



Common vulnerabilities (3/3)

| Risk Factors | | | | | | |
|---|-----------------|-------------|----------------|-----------------|----------|----------------------|
| | Substance Abuse | Delinquency | Teen Pregnancy | School Drop-Out | Violence | Depression & Anxiety |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | |

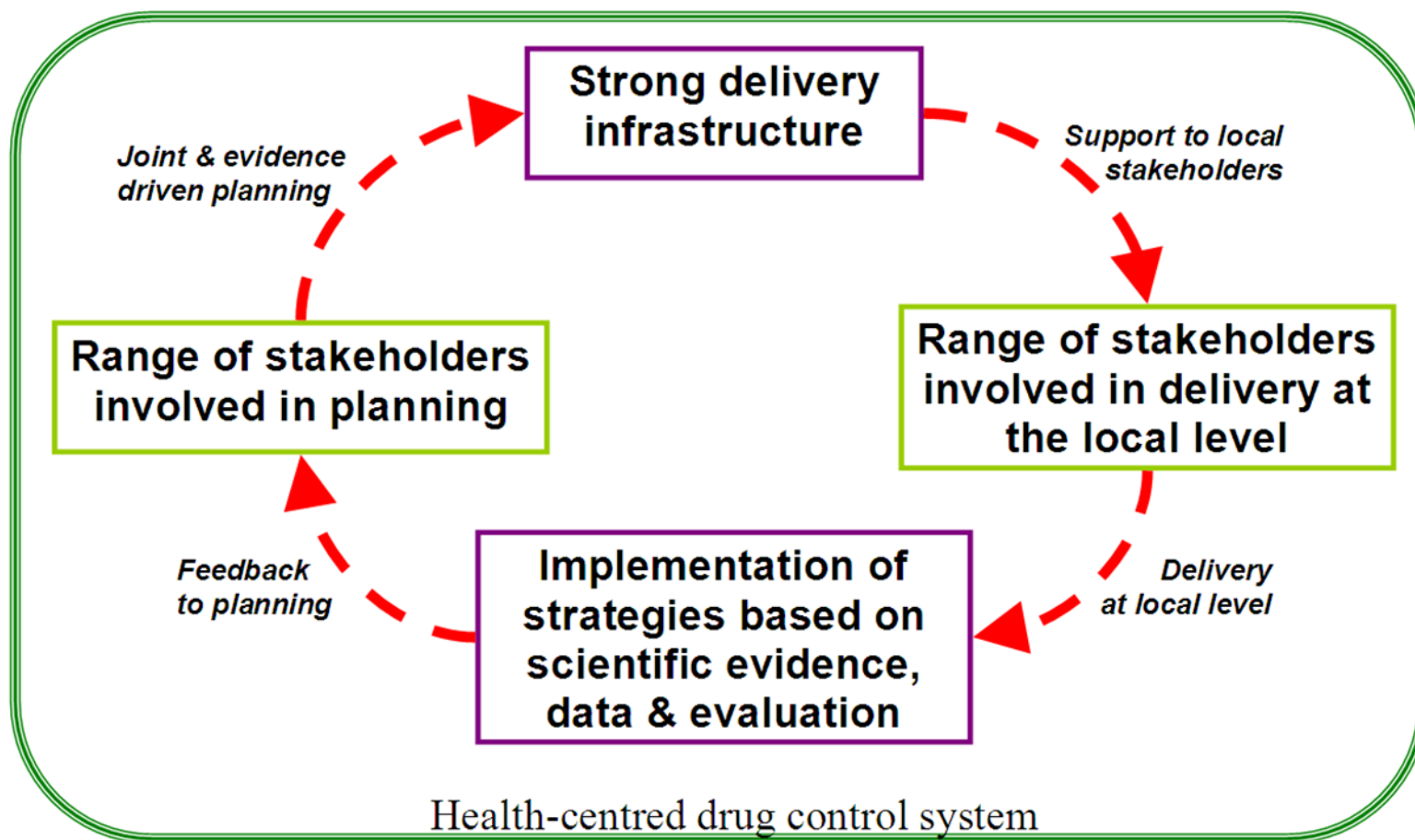


Guidance on the types of evidence based approaches and their characteristics

| | Prenatal & infancy | Early childhood | Middle childhood | Early adolescence | Adolescence | Adulthood |
|---------------|--|--|---|---|---|-----------|
| Family | Prenatal infancy & visitation ★★ | | Parenting skills ★★★★ | | | |
| | Interventions for pregnant women with substance abuse disorders ★ | | | | | |
| School | | Early childhood education ★★★★ | Personal & social skills ★★★ | Personal & social skills & social influences education ★★★ | | |
| | | | Classroom management ★★★ | | Addressing individual vulnerabilities ★★ | |
| | | | Policies to keep children in school ★★ | School policies & culture ★★ | | |
| | | | | Alcohol & tobacco policies ★★★★★ | | |
| Community | | Community-based multi-component initiatives ★★★ | | | | |
| | | | | Media campaigns ★ | | |
| | | | | Mentoring ★ | | |
| | | | | Entertainment venues ★★ | | |
| Workplace | | | | | Workplace prevention ★★★ | |
| Health sector | | | | Brief intervention ★★★★ | | |



.. and on components and features of an effective national drug prevention system





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Healthy and safe development of children and youth

Therefore, drug prevention is effective in preventing many risky behaviours



Healthy & safe development of children & youth!



Revised vision

Prevention:

- Is broader than just awareness
- Based on science
- Effective (exist and you can supplement)
- No need to improvise
- Cost effective
- Is an investment in development
- Start from birth (or before) / never too late to start
- Is not substance specific

- It Works and you can make a difference!



SDG Declaration

1. We, the Heads of States and Governments...
2. On behalf of the people we serve, we have adopted a historic decision on a comprehensive, far-reaching and people-centred set of universal and transformative Goals and targets.
3. ... We resolve also to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, taking into account different levels of national development and capacities.
4. As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society.
5. ... These are universal goals and targets which involve the entire world, developed and developing countries alike. They are integrated and indivisible and balance the three dimensions of sustainable development.



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SUSTAINABLE DEVELOPMENT GOALS





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3 GOOD HEALTH AND WELL-BEING



3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol



A truly global reach

- **SEMINARS**

- 58 countries
- Central America, West and Central Asia, Eastern Africa, East Asia, North Africa and the Middle East, South Eastern Europe, Nigeria
- **250 policy makers**

- **BRIEFINGS**

- 41 countries (African Union, India, Brazil, Israel, Iran, Russian Federation, Ukraine)
- 1,000 policy makers





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Standards, and the value of evidence based prevention, recognised at the highest political level



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JOINT MINISTERIAL STATEMENT

2014 HIGH-LEVEL REVIEW BY THE COMMISSION
ON NARCOTIC DRUGS OF THE IMPLEMENTATION
BY MEMBER STATES OF THE POLITICAL DECLARATION
AND PLAN OF ACTION ON INTERNATIONAL COOPERATION
TOWARDS AN INTEGRATED AND BALANCED STRATEGY
TO COUNTER THE WORLD DRUG PROBLEM



**As well as
Resolution 57/3
and 58/3 and 58/7**

Commission on Narcotic Drugs
Fifty-seventh Session
Vienna, 13-21 March 2014



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WORLD
DRUG
REPORT
2014



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World
Drug
Report

2015





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Healthy and safe development of children and youth

Listen FIRST



**Listening to children
and youth is the first
step to help them
grow healthy and safe**

An initiative on drug prevention for UNGASS 2016



Government Offices of Sweden
Ministry of Health and Social Affairs



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World Health
Organization



Listen FIRST

is an initiative to increase support for prevention of drug use that is based on science and is thus an effective investment in the wellbeing of children and youth, their families and their communities.

A Special Event at UNGASS 2016

Join us on 19 April 2016 from 13:30 to 14:30!

A campaign on social media from April to September 2016

Video • Posts • Fact sheets • Website

"Listen FIRST"

is open to all interested Member States, civil society, academic and international organizations.

ALREADY INVOLVED

Algeria, Angola, Antigua and Barbuda, Armenia, Azerbaijan, Bolivia, China, CICAD, Colombia, Costa Rica, Dominican Republic, Ecuador, Egypt, EMCDDA, Estonia, France, Georgia, Germany, Greece, Iran, Italy, Lebanon, Mentor International, Mexico, Myanmar, New Zealand, Norway, Oman, Peru, Philippines, Pompidou Group, Portugal, Qatar, Russian Federation, Saudi Arabia, Senegal, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Trinidad and Tobago, Turkey, UNODC, Uzbekistan, WHO.

Take part!

listenFIRST@unodc.org



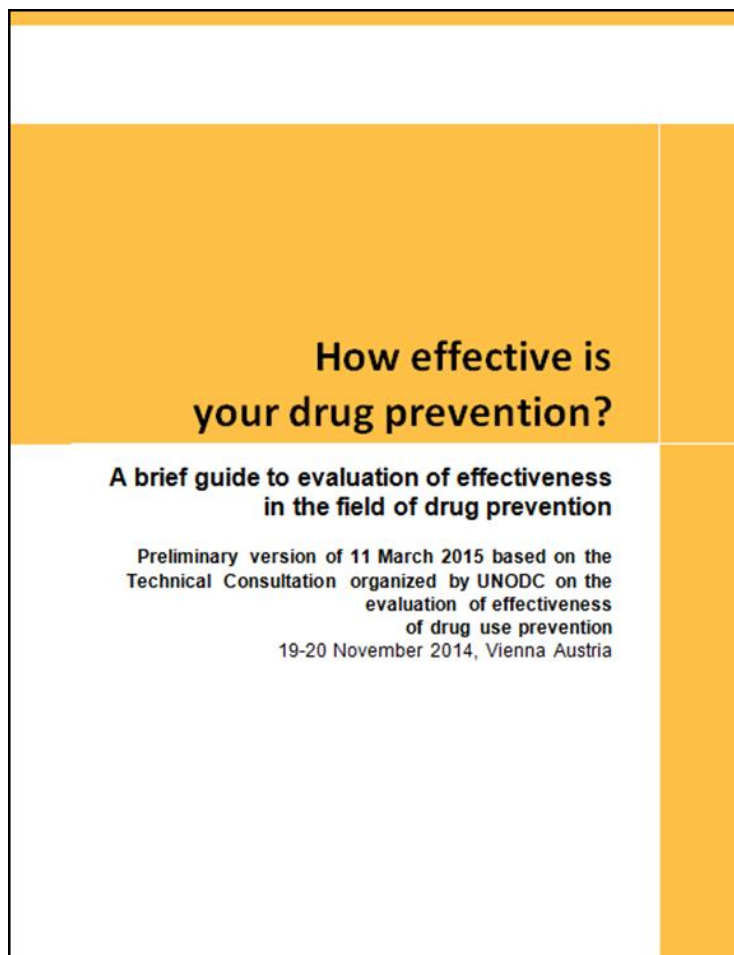
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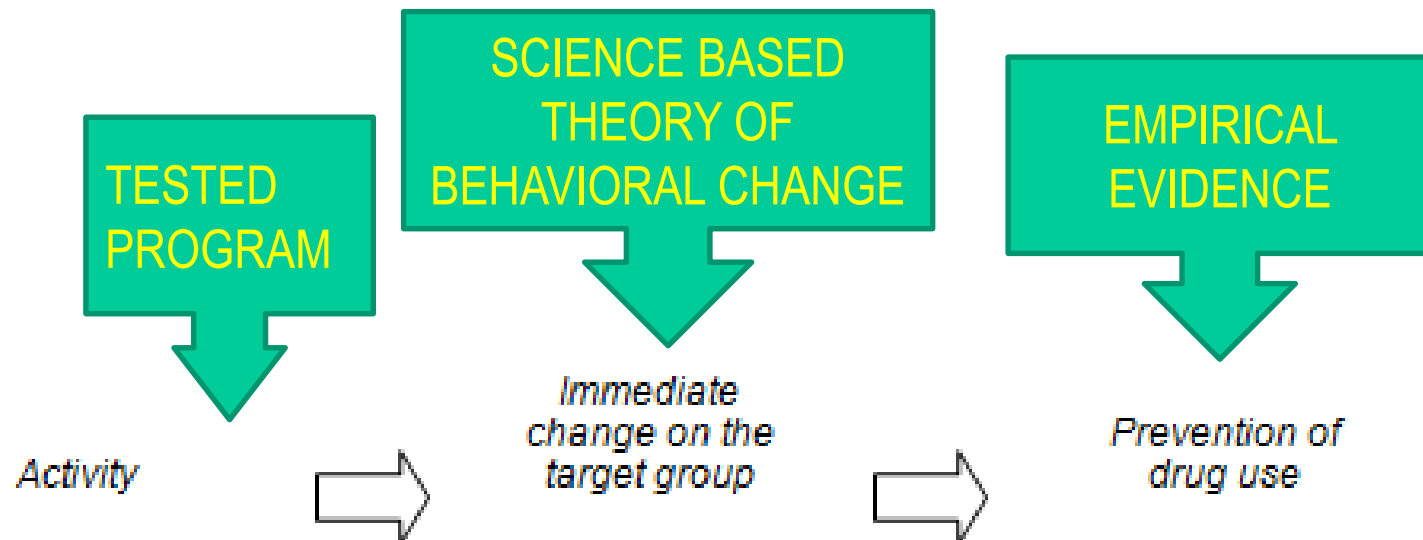
Healthy and safe development of children and youth

Draft guide





LOGICAL FRAMEWORK



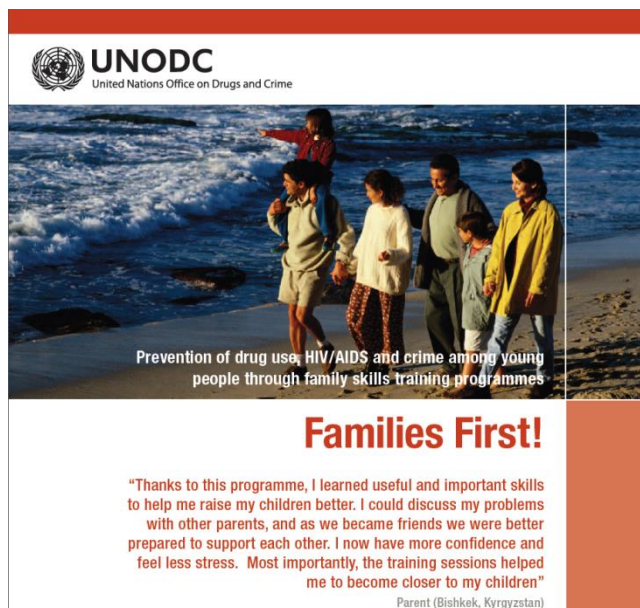
Prevention works!

In Schools • in Families • in Workplaces

Healthy and safe children • Healthy and safe communities



5 years of implementation of family skills pilots 2010-2015



GLOK01 global programme segments

**in coordination with different
country/regional programmes**





Guidance on the types of evidence based approaches and their characteristics

| | Prenatal & infancy | Early childhood | Middle childhood | Early adolescence | Adolescence | Adulthood |
|----------------------|--|---|---|---|---|-----------|
| Family | <div>Prenatal infancy & visitation ★★</div> <div>Interventions for pregnant women with substance abuse disorders ★</div> | | <div>Parenting skills ★★★★</div> | | | |
| School | | <div>Early childhood education ★★★★</div> | <div>Personal & social skills ★★★</div> <div>Classroom management ★★★</div> <div>Policies to keep children in school ★★</div> | <div>Personal & social skills & social influences education ★★★</div> | <div>Addressing individual vulnerabilities ★★</div> | |
| Community | | | | | <div>School policies & culture ★★</div> <div>Alcohol & tobacco policies ★★★★★</div> | |
| | | | <div>Community-based multi-component initiatives ★★★</div> | | | |
| | | | | | <div>Media campaigns ★</div> | |
| | | | | <div>Mentoring ★</div> | | |
| | | | | <div>Entertainment venues ★★</div> | | |
| Workplace | | | | | <div>Workplace prevention ★★★</div> | |
| Health sector | | | | | <div>Brief intervention ★★★★</div> | |



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WHY FAMILIES?

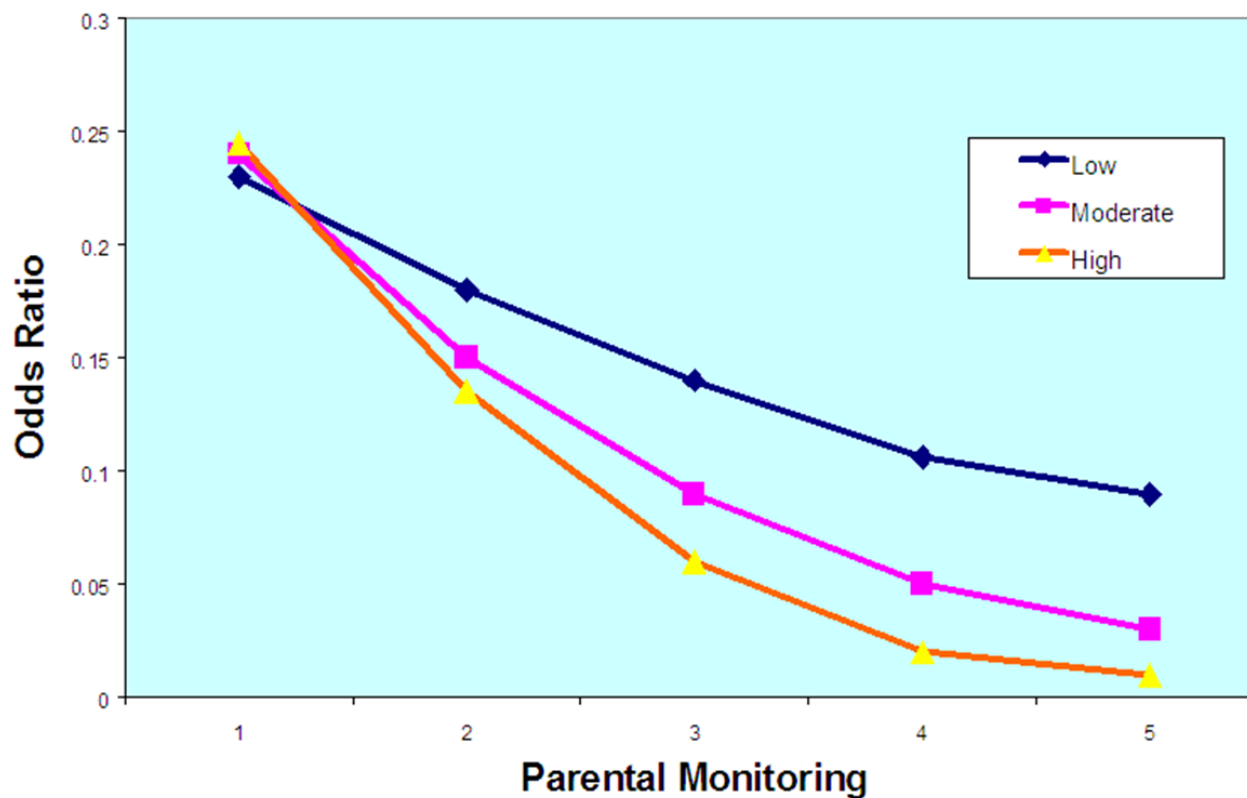
WHAT MAKES IT A SKILL?





Remember the importance of monitoring and parental warmth?

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

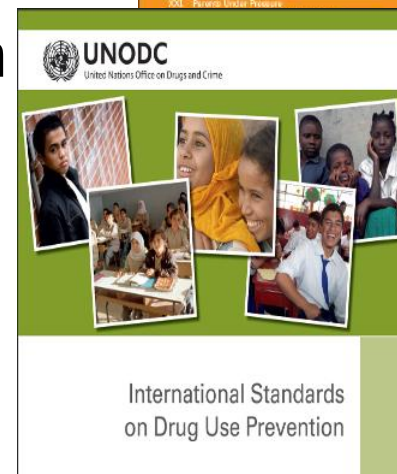
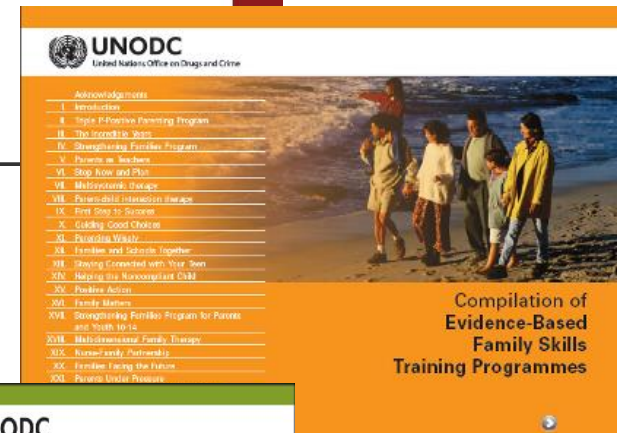
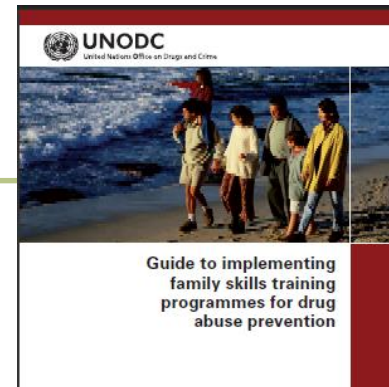




What are we doing & how?

Process Internationally

- Guide to implementing family skills training programmes for drug abuse prevention
- Compilation of Evidence-Based Family Skills Training Programmes
- International Standards on Drug Prevention





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Infancy and early childhood





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Prenatal and infancy visitation

★ ★ - Adequate indication of efficacy





Prenatal and infancy visitation

- Characteristics associated with POSITIVE outcomes
 - Delivered by trained (health) workers
 - Regular visits up to two years of age of the baby, at first every two weeks, then every month
 - Provide basic parenting skills (physical, but also emotional and stimulation, e.g. read to your baby)
 - Support mothers to address a range of socio-economic issues (health, housing, employment, legal, etc.)



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Interventions targeting pregnant women with substance abuse disorders - ★ - Limited indication of efficacy





Interventions targeting pregnant women with substance use disorders

- Characteristics associated with POSITIVE outcomes
 - Provide integrated, evidence-based treatment services to pregnant women who suffer from substance use disorders
 - Include treatment of concurrent mental health disorders
 - Include attachment-based parenting interventions



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From middle childhood to early adolescence





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Parenting skills

★ ★ ★ ★ - Very good indication of efficacy





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



Example from an evidence-based programme: Strengthening Families Program - ATTACHMENT

- Fun things we like to do as a family
 - Things that are free
 - Things that cost money
 - Things we do outside
 - Things we do inside
- One thing we will do together for fun in the next week is
- One thing we will do together for fun in the next month is



Example from an evidence-based programme: Strengthening Families Program - DISCIPLINE

- Small problem, small chore
 - E.g. homework or house chores are not being done
 - If the child refuses, take a privilege away
 - Practice explaining the rule in advance
 - Practice staying calm
 - Think NOW about the small chores and the small privileges
- Big penalties for big problems
 - E.g. coming home late



Example from an evidence-based programme: Strengthening Families Program - MONITORING

- Discuss the importance of monitoring and the role of peers as risk factors
- Practice asking the 'WHO, WHAT, WHERE, WHEN' questions
 - WHO will you be with?
 - WHAT will you be doing?
 - WHERE will you be?
 - WHEN will you be back?



Other recommendations

- Organised in a way to make it easy and appealing for parents to participate (e.g. out-of-office hours, meals, child care, transportation, small prize for completing the sessions, etc.)
- Delivered by trained individuals, in many cases without any other formal qualification
- Typically include a series of sessions
- Typically include activities for the parents, the children and the whole family



What does NOT work

- Undermine parents' authority
- Use only lecturing as a means of delivery
- Only provide information to parents about drugs so that they can talk about it with their children
- Focus exclusively on the child
- Delivered by poorly trained staff



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ADAPT AN EVIDENCE-BASED PROGRAMME



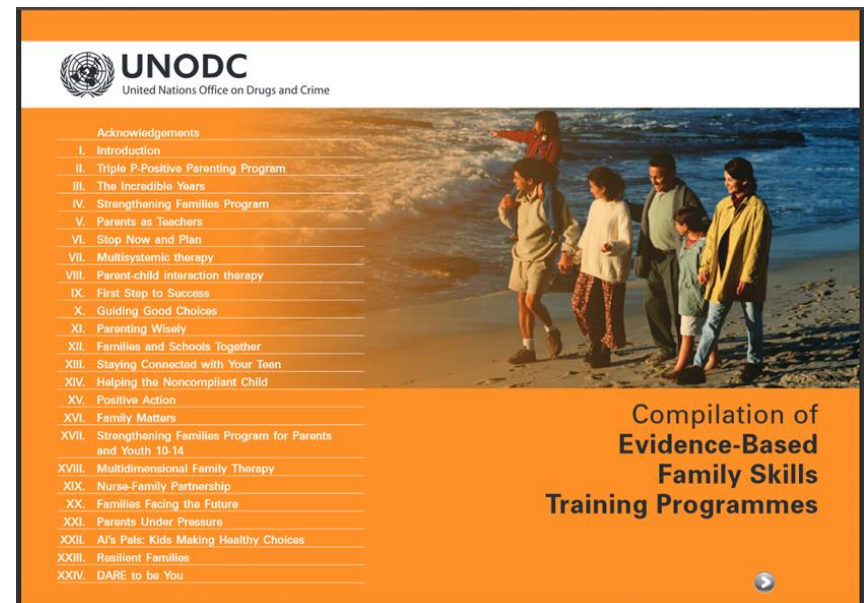
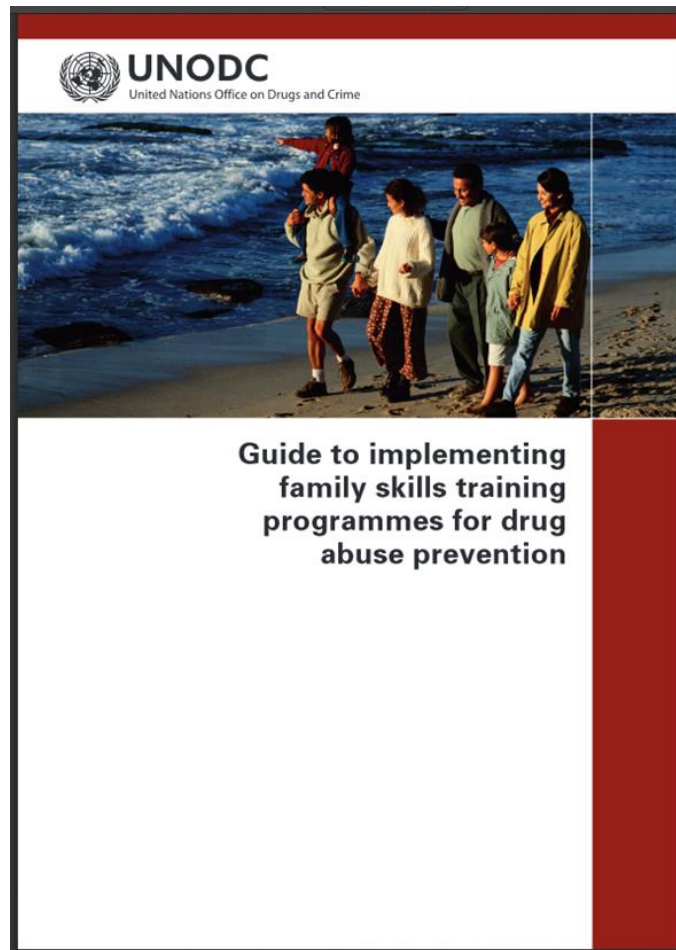
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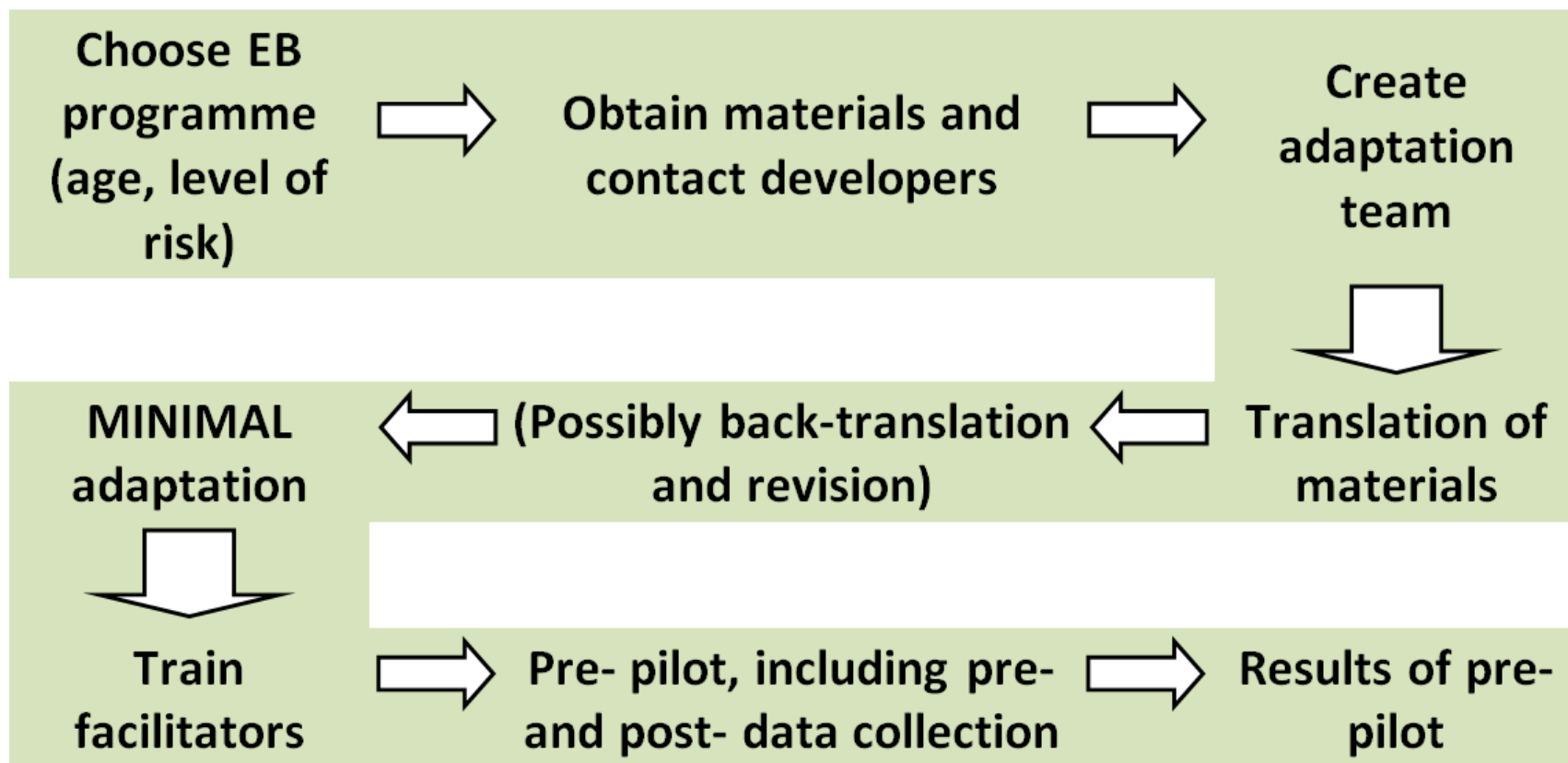
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UNODC guides to the process

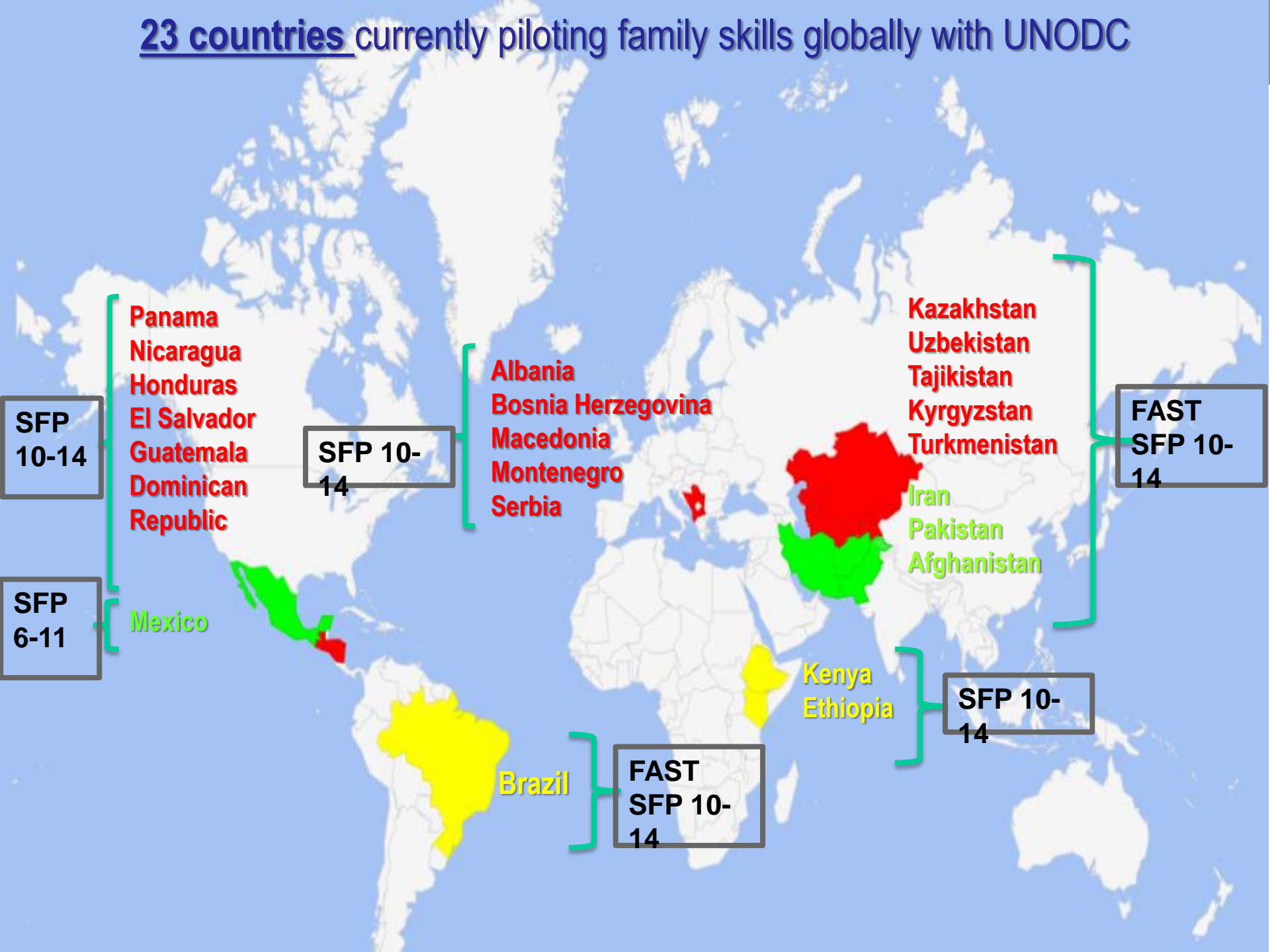




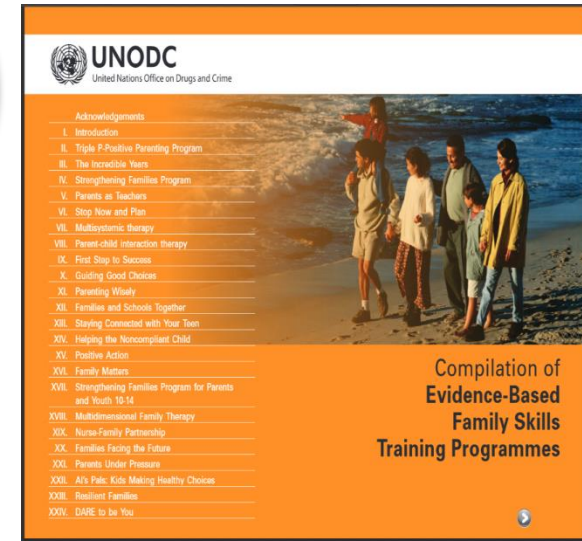
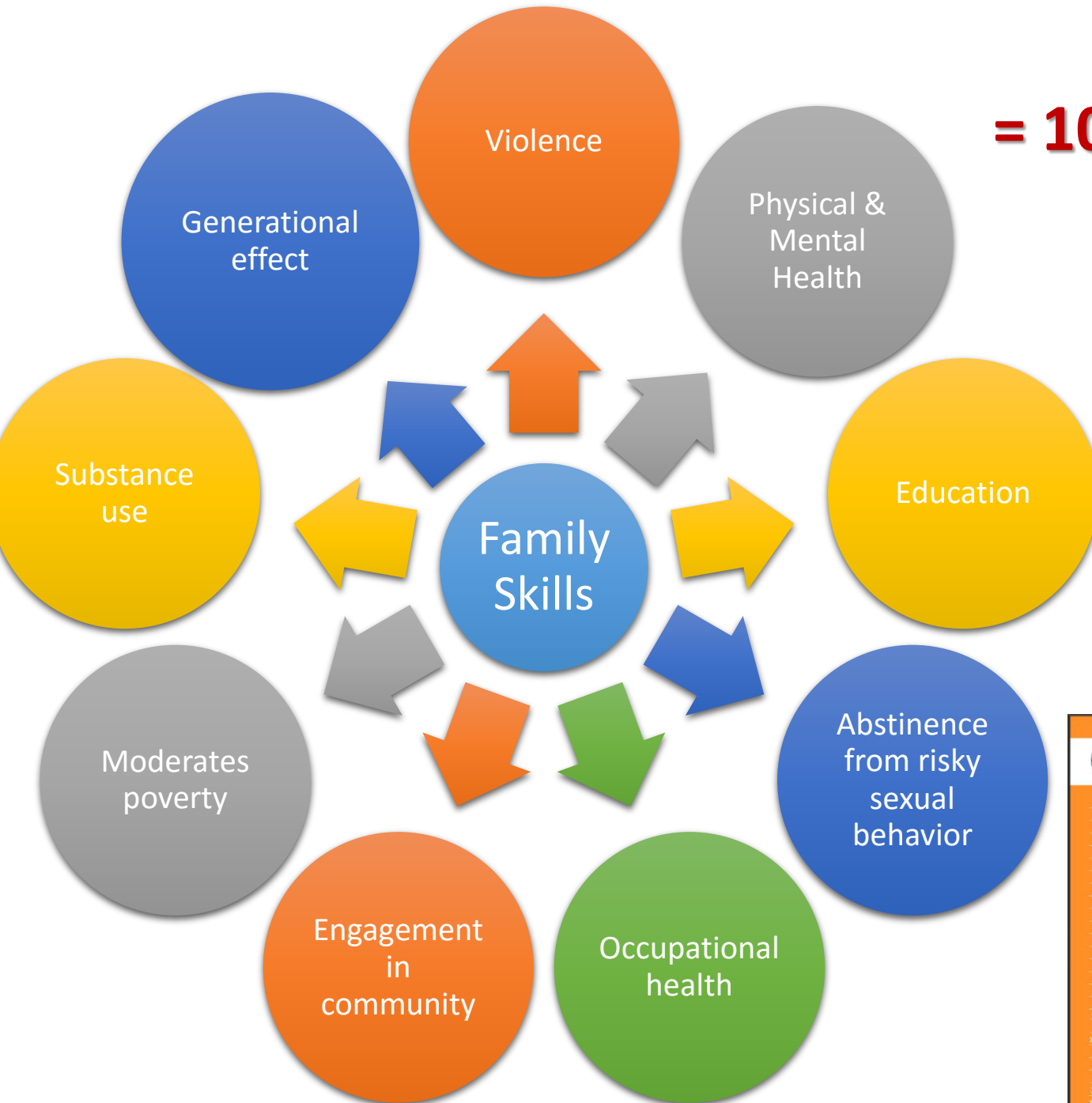
Adaptation process



23 countries currently piloting family skills globally with UNODC

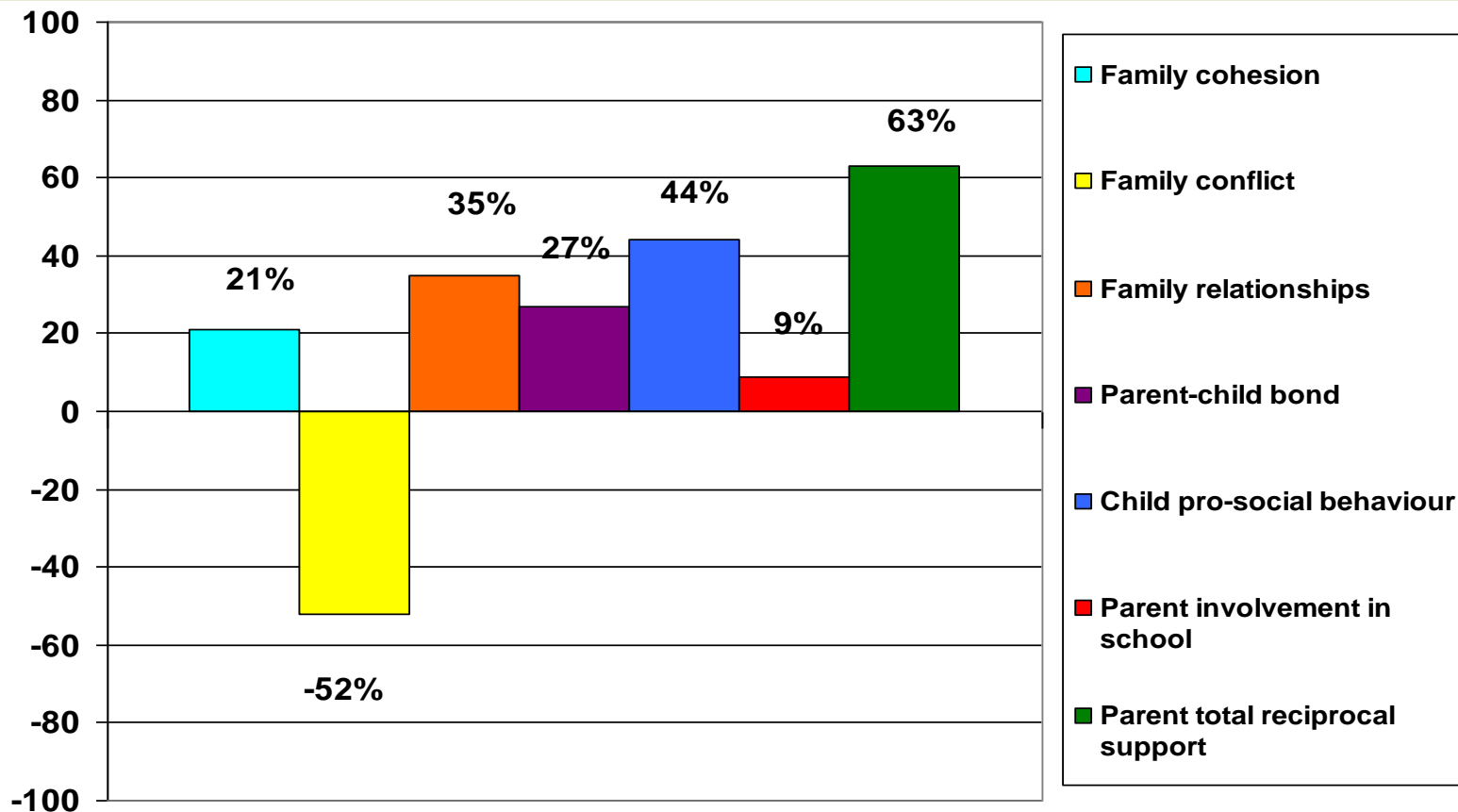


= 10\$ for every 1\$





Example of results of pilots – FAST*

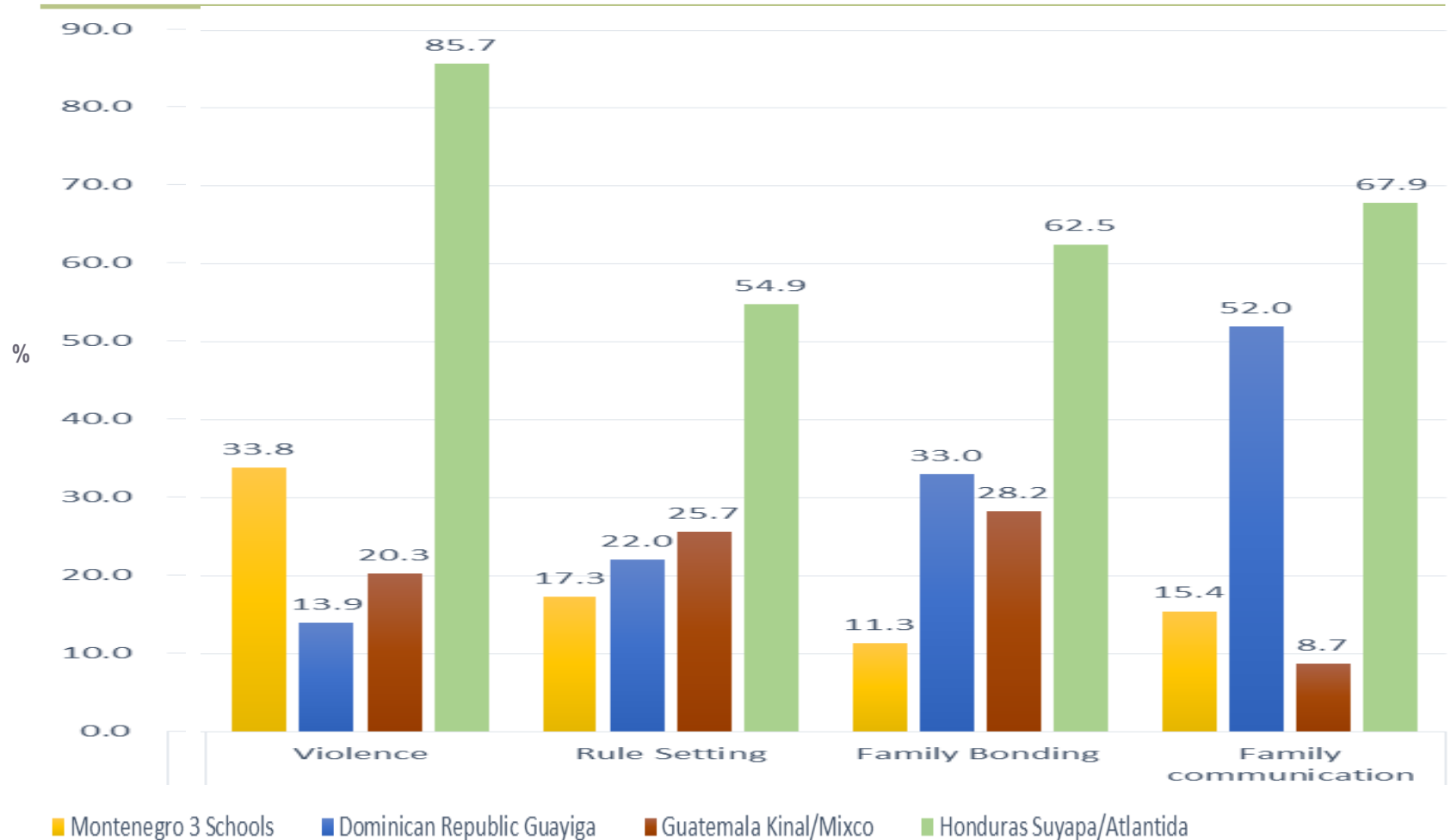


* Kazakhstan/ Kyrgyzstan/ Tajikistan/ Turkmenistan

McDonald et al. *Social Work & Social Sciences Review*; 2013, 16(2): 51-75

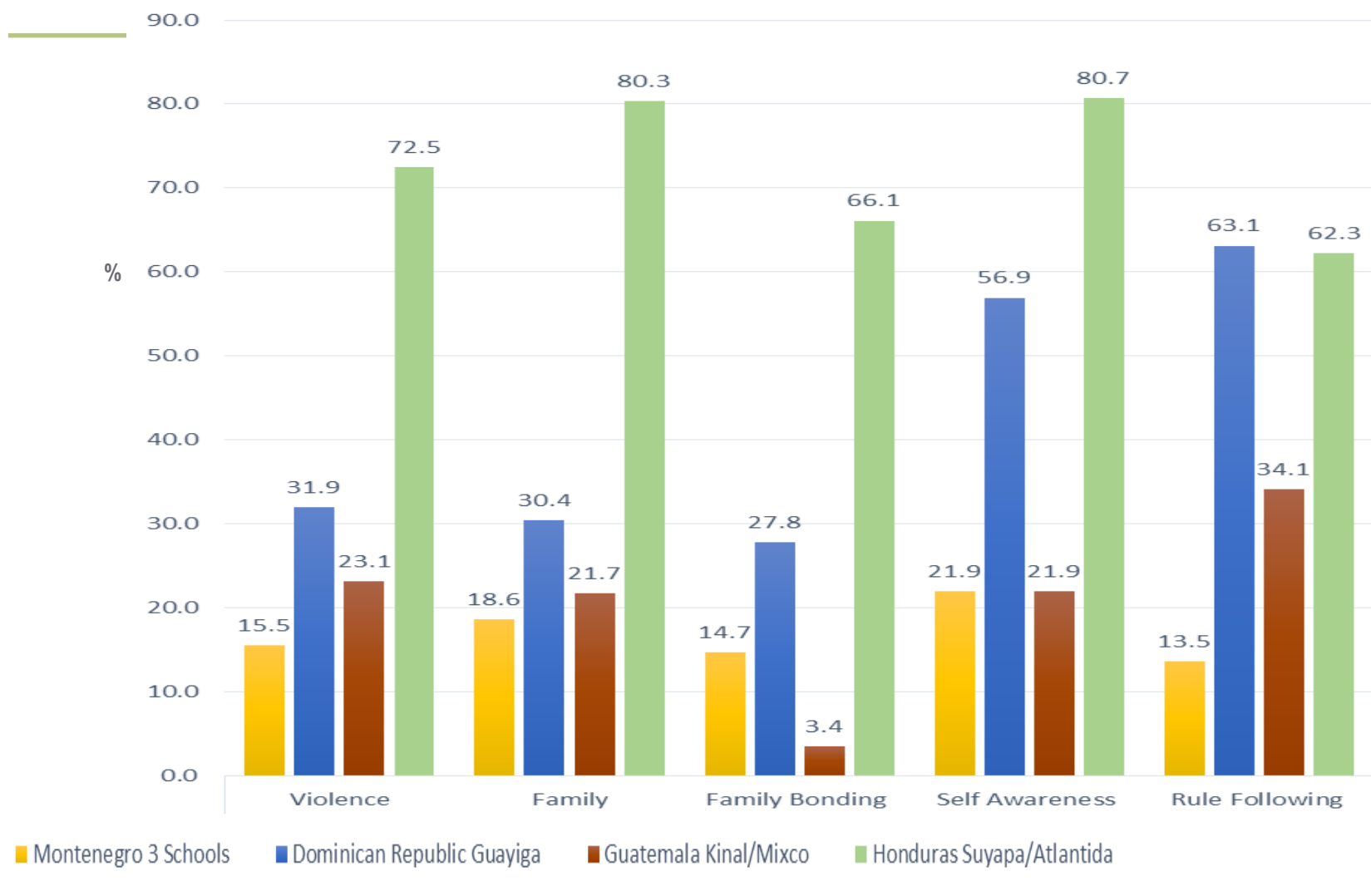


SFP 10-14 adaptations- Parents



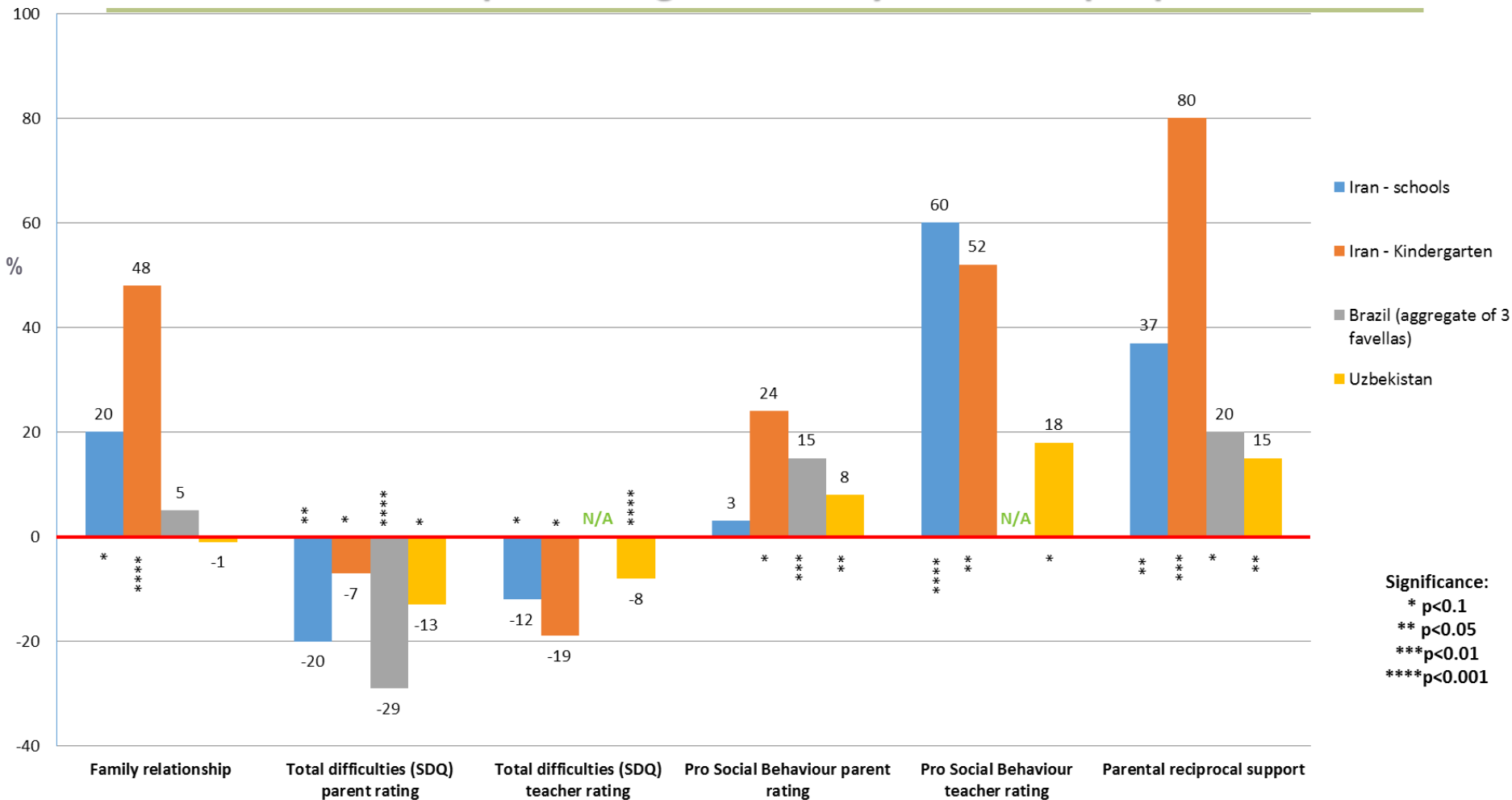


SFP 10-14 adaptations- Youth





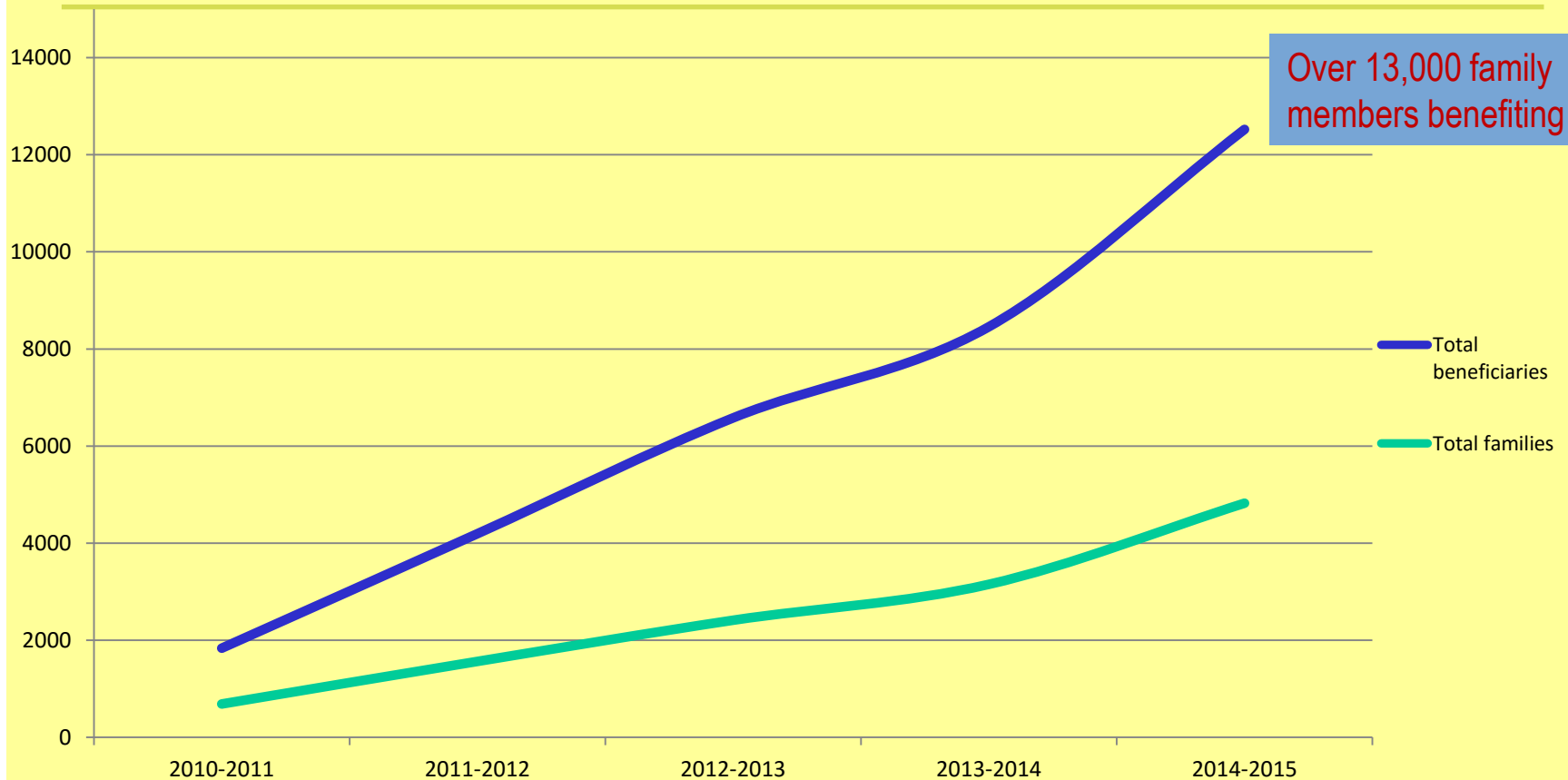
F.A.S.T. Pre-post changes on family indicators per pilot site





Globally across segments (1)

Monitoring Progress of Project over time



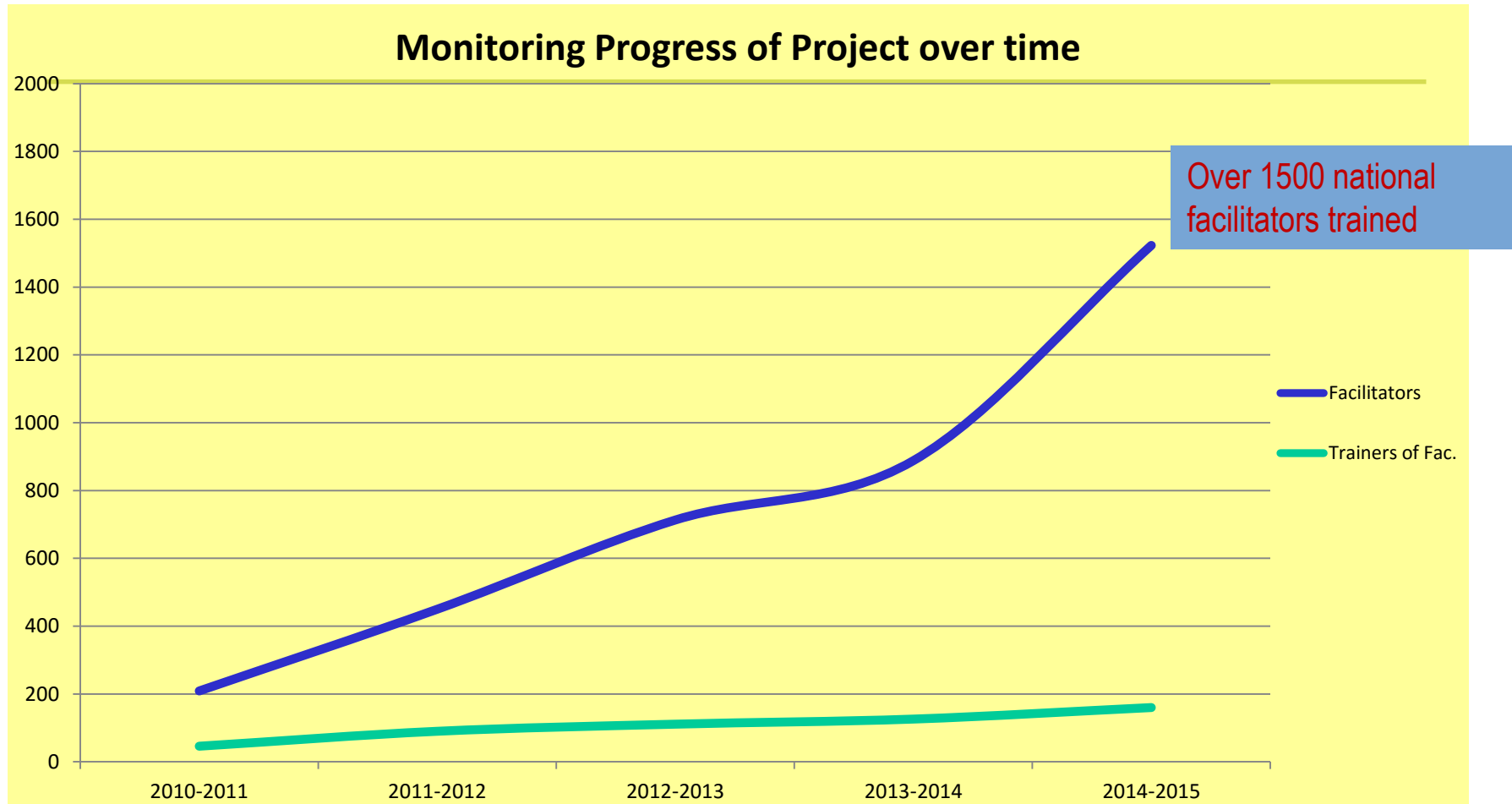
On average

2500 new family member benefiting from family skills training/year

1000 new family benefiting from family skills training/year



Globally- across segments (2)



On average

300 new facilitators trained/year

30 new national trainer of facilitator trained/year



A diversity of families served

- Families at universal level of risk (everyday families)
- Families living in selective settings, example:
 - Favelas in Brazil and Panama
 - Violent communities in Honduras
 - Low socio-economic status families
- Families with specific circumstances, example:
 - Caregivers of orphans in Dominican Republic
 - Parents in Social Rehabilitation care for substance use in Guatemala
 - Parents released from prisons in Dominican Republic



Positive impact and experience published in scientific journals (1)

1

Social Work & Social Sciences Review 16(2) pp.51-75. DOI: 10.1921/3103160207

UNODC Global Family Skills Initiative:
Outcome evaluation in Central Asia of Families
and Schools Together (FAST) multi-family groups

Lynn McDonald¹ and Taghi Doostgharin²

2

Prev Sci
DOI 10.1007/s11121-014-0530-y

**An Exploration of Parents' Perceptions and Beliefs
About Changes Following Participation in a Family Skill
Training Program: a Qualitative Study in a Developing Country**

Anilena Mejia • Fiona Ulph • Rachel Calam



Positive impact and experience published in scientific journals (2)

3



ELSEVIER

Contents lists available at [ScienceDirect](#)

Aggression and Violent Behavior



The influence of family skills programmes on violence indicators:
Experience from a multi-site project of the United Nations Office on
Drugs and Crime in low and middle income countries ☆



Wadih Maalouf*, Giovanna Campello

United Nations Office on Drugs and Crime (UNODC), Drug Prevention and Health Branch, Prevention Treatment and Rehabilitation Section, Vienna, Austria

4

1

Campello G., Heikkila H., Maalouf W. Chapter 7: *International Standards on Drug Use Prevention: Tools to Support Policy Makers Globally to Implement an Evidence-based Prevention Response*. In: Moshe Israelashvil & John L. Romano (Editors). *Cambridge Handbook of International Prevention Science* (2016 in press). Cambridge University Press

International Standards on Drug Use Prevention: Tools to Support Policy Makers Globally to
Implement an Evidence-based Prevention Response



Positive impact and experience presented in scientific and political podium

Society for Prevention Research SPR – Washington DC, San Francisco 2013/2015



Head Office: 100, Upper Esplanade, Singapore. Contact: +65 6336 2000. Fax: +65 6336 2001. Email: info@unodc.org. Web: www.unodc.org. Regional Offices: Bangkok, Beijing, Bonn, Brasilia, Bujumbura, Cairo, Copenhagen, Geneva, Harare, Hanoi, Hong Kong, Istanbul, Lima, London, Lusaka, Manila, Mexico City, Moscow, New Delhi, New York, Ottawa, Paris, Pretoria, Rome, Santiago, Sao Paulo, Seoul, Singapore, Stockholm, Taipei, Tbilisi, Tegay, Tokyo, Tunis, Vienna, Vientiane, Warsaw, Yaounde, Zanzibar.

WHAT ARE WE DOING AND HOW?

Process

- Nationally**
 - Established national steering committees with representatives from government, academia, civil society, and the private sector.
 - Established a large network of national steering committees.
 - Established a national steering committee in each country to oversee the implementation of the programme.
 - Established a national steering committee in each country to oversee the implementation of the programme.
- Sub-national**
 - Established a steering committee in each province to oversee the implementation of the programme.
 - Established a steering committee in each province to oversee the implementation of the programme.
- Community**
 - Established a steering committee in each community to oversee the implementation of the programme.
 - Established a steering committee in each community to oversee the implementation of the programme.

Implementation Data

| Programme phase | Start date | End date | Duration | Number of countries | Number of communities | Number of households | Number of individuals |
|------------------------------------|------------|------------|----------|---------------------|-----------------------|----------------------|-----------------------|
| Programme phase 1: Baseline survey | 15/10/2010 | 15/10/2010 | 1 day | 10 | 100 | 1000 | 10000 |
| Programme phase 2: Training | 15/10/2010 | 15/10/2010 | 1 day | 10 | 100 | 1000 | 10000 |
| Programme phase 3: Follow-up | 15/10/2010 | 15/10/2010 | 1 day | 10 | 100 | 1000 | 10000 |

WHERE DO WE STAND ON IMPLEMENTATION?

UNODC Global Project on Family Skills Training Programmes in Low and Middle Income Countries – project GLOE2



Quantitative Assessment of Parents Attending Focus Group Discussion for SPF 10-14 (Serbia) – No. 50

Key Indicator of Affinity to Family Skills Programmes

Albania (PAST)

Turkmenistan (PAST)

Paraguay (PAST)

Serbia (PAST)

Turkey (PAST)

Ukraine (PAST)

Yemen (PAST)

Zimbabwe (PAST)

Albania (PAST)

Bosnia and Herzegovina (PAST)

Bulgaria (PAST)

Croatia (PAST)

Kosovo (PAST)

Macedonia (PAST)

Montenegro (PAST)

Romania (PAST)

Serbia (PAST)

Turkey (PAST)

Ukraine (PAST)

Yemen (PAST)

Zimbabwe (PAST)

Albania (PAST)

Bosnia and Herzegovina (PAST)

Bulgaria (PAST)

Croatia (PAST)

Kosovo (PAST)

Macedonia (PAST)

Montenegro (PAST)

Romania (PAST)

Serbia (PAST)

Turkey (PAST)

Ukraine (PAST)

Yemen (PAST)

Zimbabwe (PAST)

ARE THE PROGRAMMES WORKING?

Pre-post Aggregate Evaluation Results of Implementation of Families and Schools Together (FAST) in Central Asia (N = 180 families)



ARE THE PROGRAMMES WORKING AS GOOD?

UNODC Central Asia Aggregate pre-post test Means compared to the US FAST National Average on main indicators (adapted from Mr. Donald at 2013, submitted)

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WHAT FEEDBACK ARE WE GETTING?

Teacher Satisfaction Rating on FAST aggregated for Central Asian pilot countries and compared to the US FAST National Average

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CONCLUSIONS/LESSONS LEARNED/ FUTURE DIRECTIONS?

Low/Middle Income countries have been able to adapt the programme to their own context and needs.

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European Union Society for Prevention Research (EU SPR) – Spain 2014

Wadhwa Maalouf, Giovanna Campello, Hanna Heikila
"Implementing family skills pilots in South East Europe: Infrastructures needed, cost implications, value added and lesson learned"

While the evidence on the effectiveness of family skills programme in preventing risky behaviours in children and adolescents is growing, a significant gap remains in the areas of adaptability and practicality of implementing such initiatives in low and middle countries.

UNODC as part of its global initiative to advocate for evidence based prevention programming, as per the International Standards on Drug Use Prevention, has been implementing a global project piloting family skills programmes in at least 18 countries in 5 different



Positive impact and experience presented in scientific and political podium

Commission on Narcotic Drugs
Side events 2013-2014-2015

Scientific consultation in
preparation of UNGASS
Vienna December 2015

Prevention that WORKS!



Children, Parents, Families and Prevention

A celebration of past and future efforts to promote
prevention of drug use that WORKS (Cont'd)!

THURSDAY, 2-3pm, M3

With the sponsorship and support of:



&

Permanent Mission of Guatemala to
the United Nations





Example of Positive impact and experience receiving recognition



President of Honduras and First Lady of Honduras attending the graduation of families finishing SFP 10-14 (labelled Familias Fuertes in Latin America)

Kazakhstan (FAST)

The Kazakh version FAST is now included in the national Intersectoral Program against drug abuse and drug trafficking for 2012-2016.

Plans for national scale up have been presented to UNODC

Tajikistan (FAST)

The Tajik version of the FAST programme has been approved by the Ministry of Education.

Plans for national scale up have been presented to UNODC

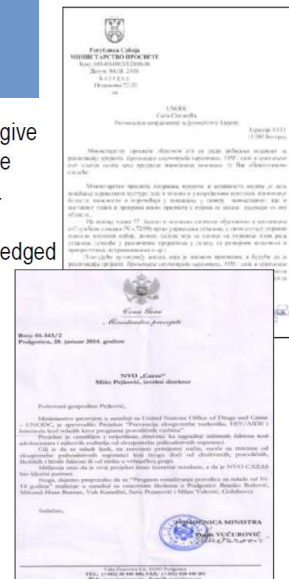
Turkmenistan (FAST)

The Turkmen version of the FAST programme has been approved by the Ministry of Education

Plans for national scale up have been presented to UNODC



- The Municipal Council of the city of Shkodra proposed to give **"The Honor of Shkodra"** for UNODC in recognition for the importance of the family skills programming in prevention.
- The Ministry of Education of Serbia also formally acknowledged the value of the UNODC programme decided to award 20 points of the cumulative 100 points of continuous training certification cycles to any teacher providing the UNODC family skills programme as an incentive to scale up.
- Macedonia also formally acknowledged the value of the UNODC prevention family skills piloting.



Ministry of Health- Mental Health Dept.
Brazil

Dissemination think-tank of Family Skills programmes as part of evidence based programme change across Brazil



Advocacy videos production and dissemination

- Central Asia (FAST):

https://www.youtube.com/watch?v=Ym-Bhq_jlVs

- South East Europe (SFP 10-14):

<https://www.youtube.com/watch?v=g9XAvQEoK5M>

- Central America and the Caribbean (SFP 10-14 *Familias Fuertes*):

<https://www.youtube.com/watch?v=5QkLpdSvrk8>



Regional Celebrations



Afghanistan & Neighboring
Countries Meeting 2015



Group photo at the end of the meeting

Central Asian countries Regional
Meeting 2012

Regional meeting – South East Europe Family Skills
(October 2, 2014)



Central American and the
Caribbean countries Regional
Meeting - 2014



Upcoming plans

- Develop a light family skills programme for families living in low resource settings (including refugees families).
- First preparatory meeting April 14-15, 2016



UNODC

United Nations Office on Drugs and Crime

Prevention works!

Healthy and safe development
of children and youth



International Standards on Prevention, Family Skills Programming

Wadih Maalouf

Programme Officer

Drug Prevention and Health Branch

Prevention Treatment and Rehabilitation Section

Division of Operation

UNODC

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