UNODC, OUR DRUG AND HEALTH MANDATE

EPI INFO!

https://data.unodc.org/#state:0

- **One Quarter of a billion people between the ages of 15 and 64 years used an illicit drug in 2014**
- **29 million of them suffer from problem drug use**
- **12 Million INJECT drugs –** 1.7 Million are living with HIV
- **207.400 drug-related deaths per year**

Global trends in the estimated prevalence of drug use, 2006-2014

4.9% 4.9% 4.6% 4.8% 5.0% 5.2% 5.2% 5.2% 5.2%

0.6%

Prevalence of people who use drugs (percentage)
Prevalence of people with drug use problems (percentage)
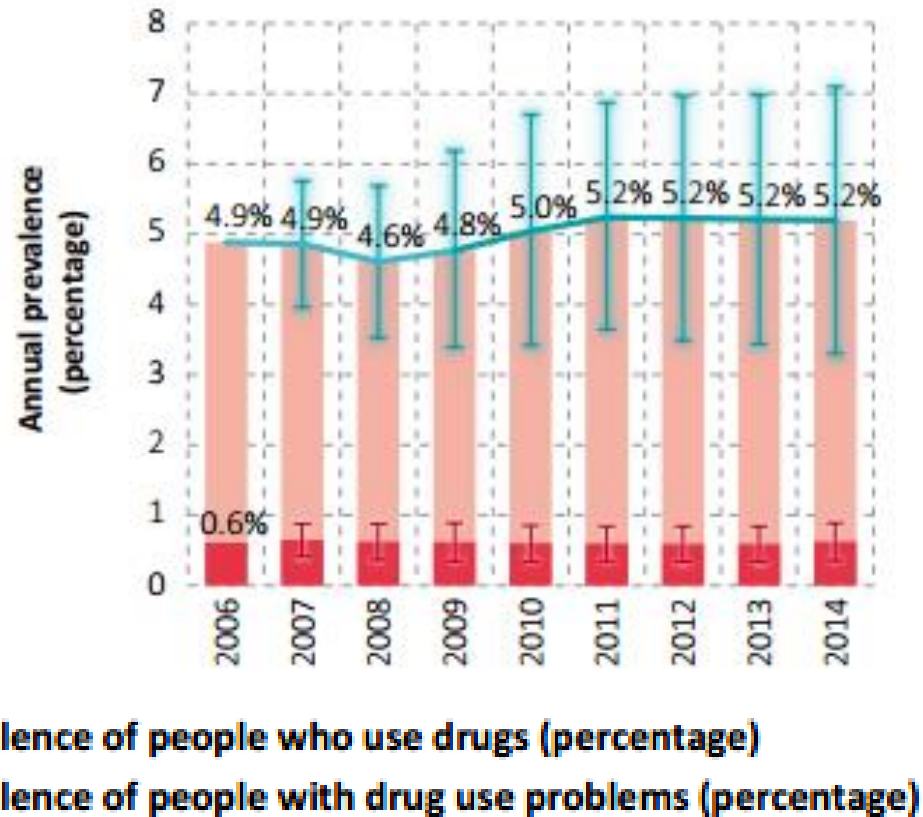
FIGURES
The scale of the problem

12 million people inject drugs
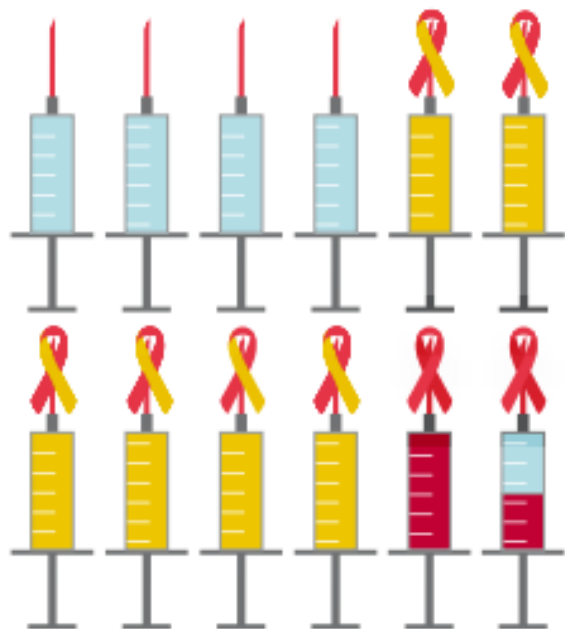
1.6 million people who inject drugs are living with HIV

6 million are living with hepatitis C

247 million people used drugs in the past year

29 million suffer from drug use disorders
but only 1 in 6 people with drug use disorders is in treatment

FIG. 10 Primary drug used among people in drug treatment, by region, 2003, 2009 and 2014

Proportion of people in drug treatment (percentage)

Regions: Africa, North America, Latin America and the Caribbean, Asia, Eastern and South-Eastern Europe, Western and Central Europe, Oceania

Legend: Cannabis, Opioids, Cocaine, Amphetamine-type stimulants, Other drugs
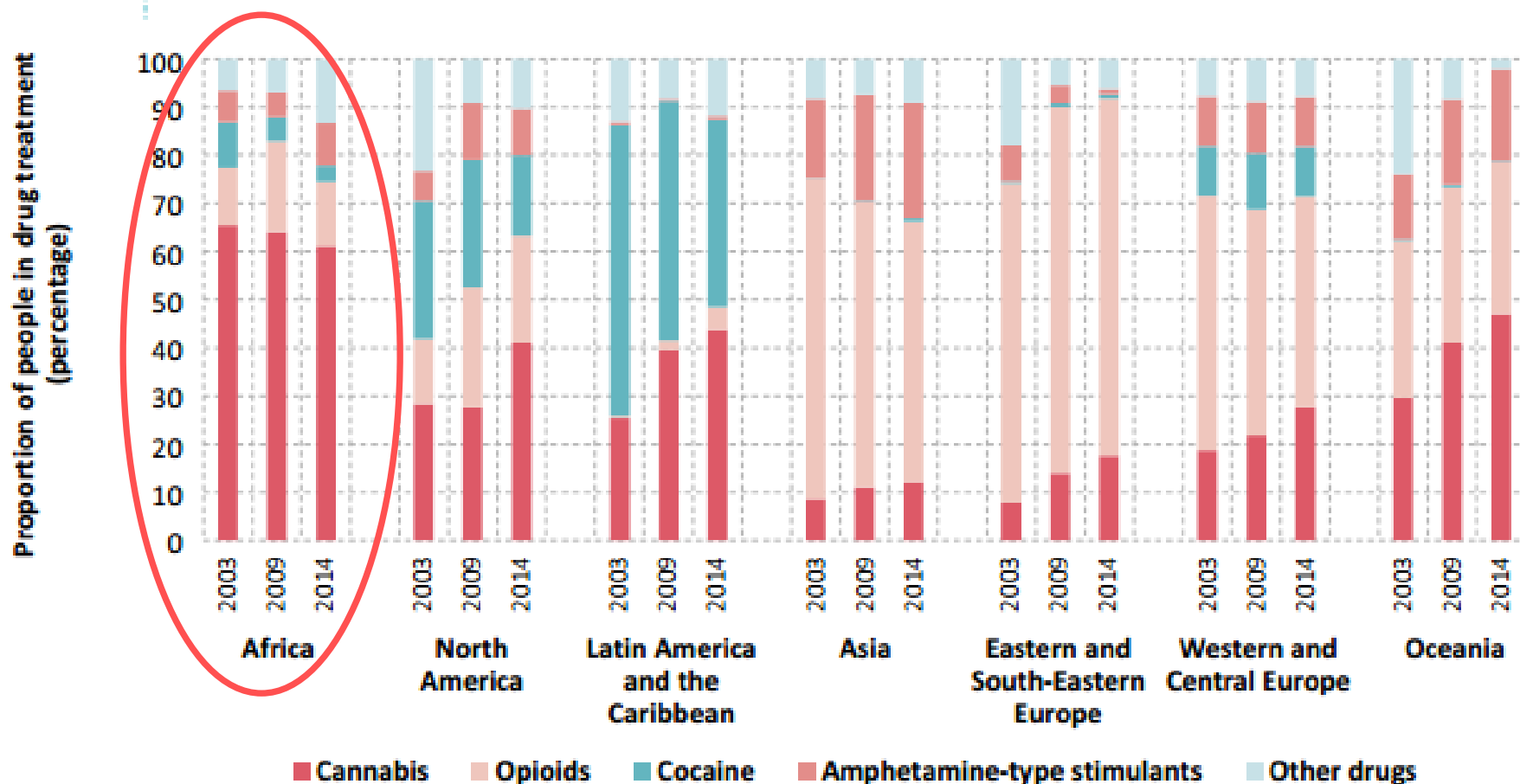
Drug use – where & What?

International Framework for Drug Control

- **Single Convention on Narcotic Drugs, 1961,** amended by the 1972 Protocol (1961 Convention);

- **Convention on Psychotropic Substances, 1971**, added psychotropic substances to the list of drugs limited to medical and scientific purposes (1971 Convention) ; and

- United Nations **Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988**, established a more detailed system of control against the trafficking of illicit drugs (1988 Convention).

DRUG POLICY

Drug Prevention

Drug dependence treatment, care and rehabilitation

Supply reduction

Health-Centred & Balance drug control system

Ensuring access to controlled drugs for medical purposes

Prevention of Health and Social consequences
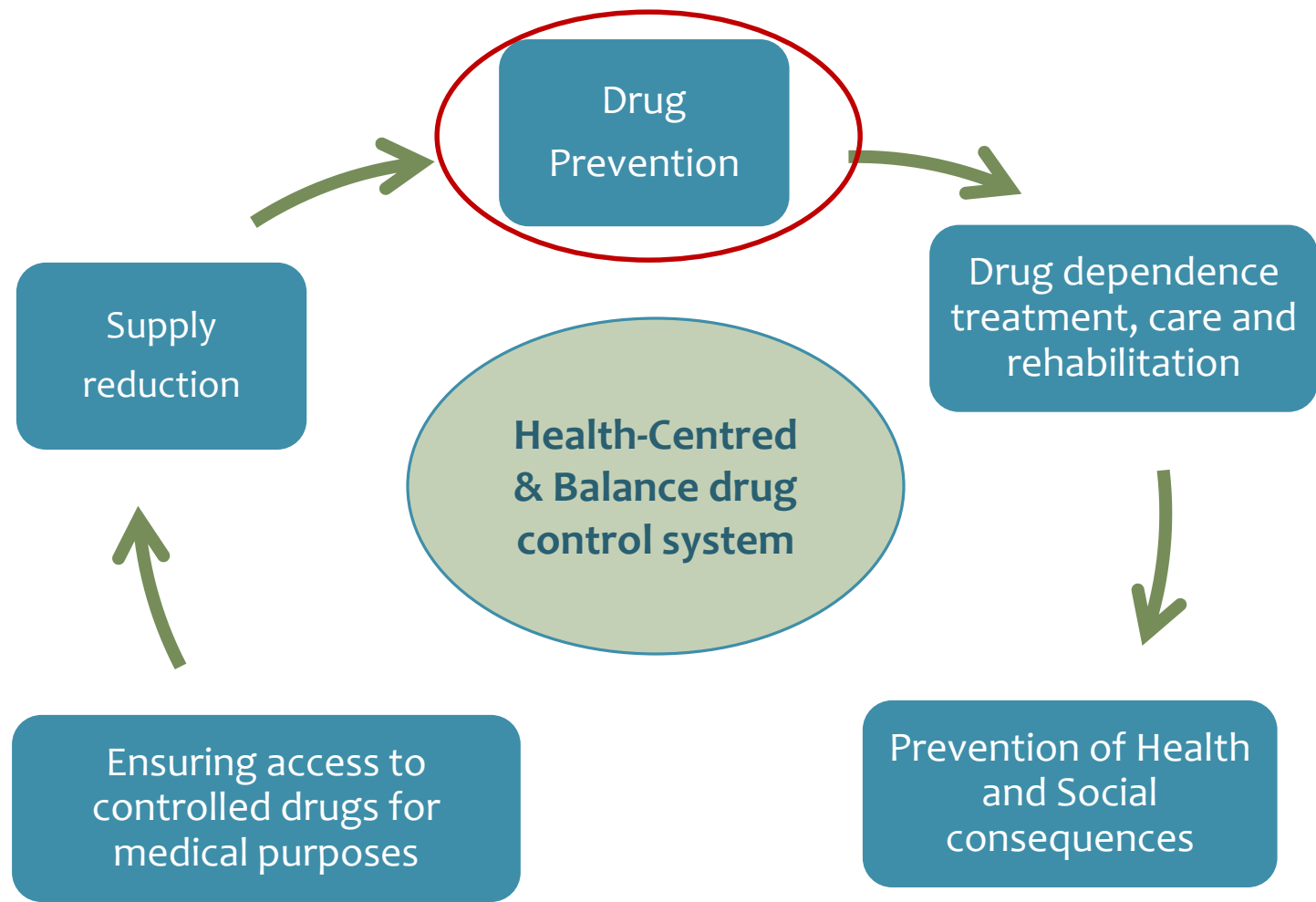
Drug control
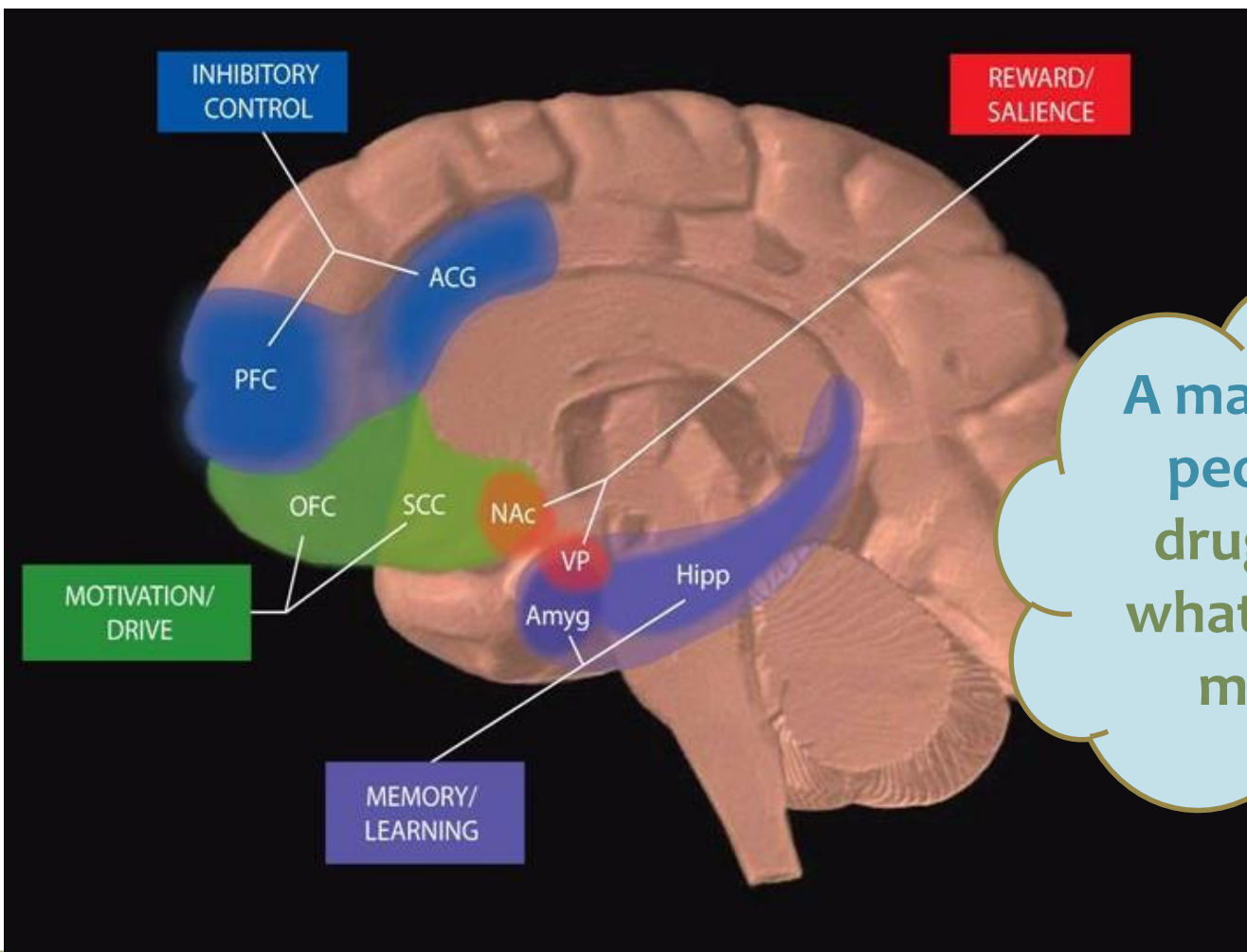
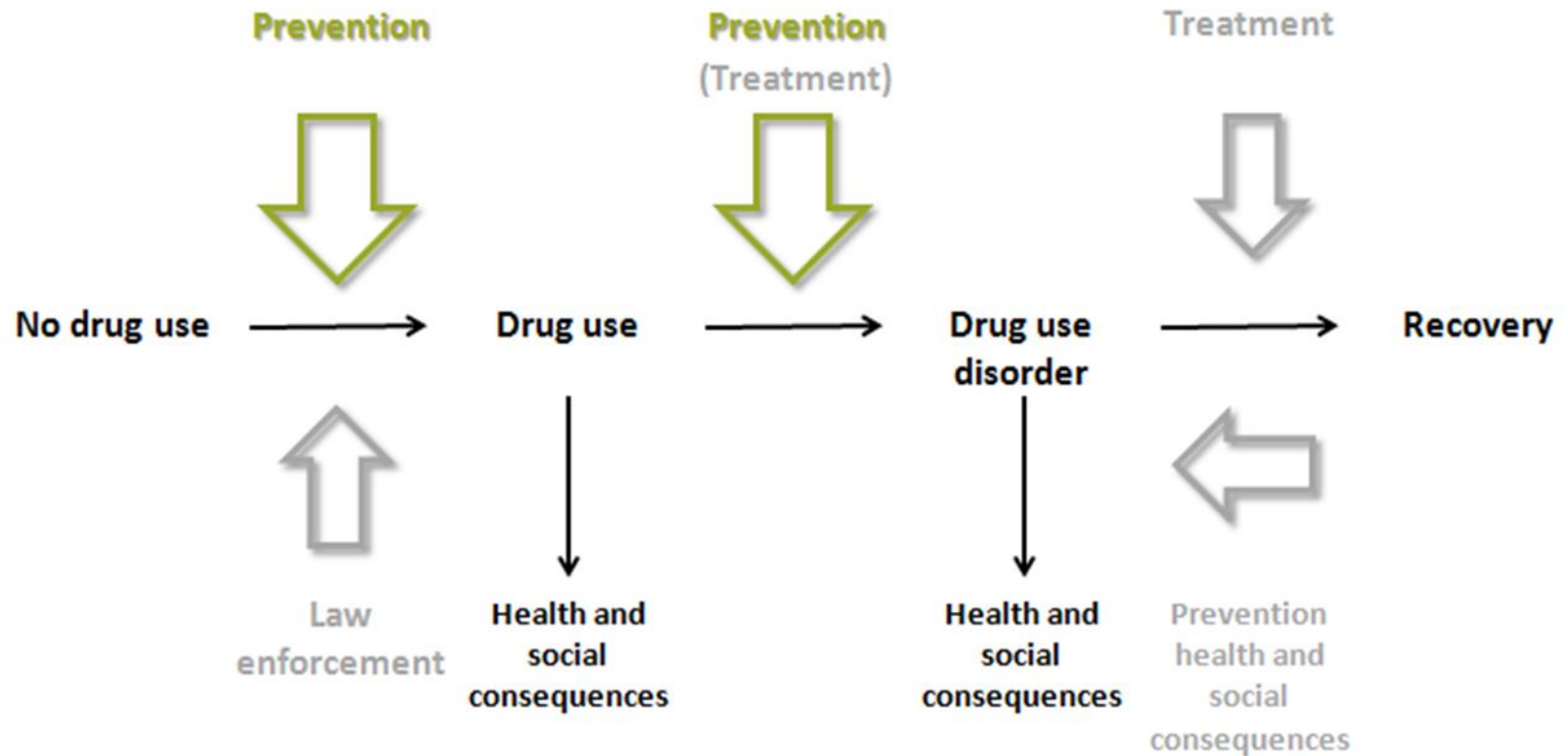A major reason people take drugs… I like what it does to my brain!

Addiction = Brain Disease
It is is chronic and relapsing in nature

FOCUS
Recognizing people who use drugs as **PERSONS**

A health and social issue
Not a moral or criminal one

PREVENTION
- ❑ Preventing initiation
- ❑ Prevention the transition to DU disorder

Prevent...

INITIATION

Of Drug use

TRANSITION

To Drug Use Disorders
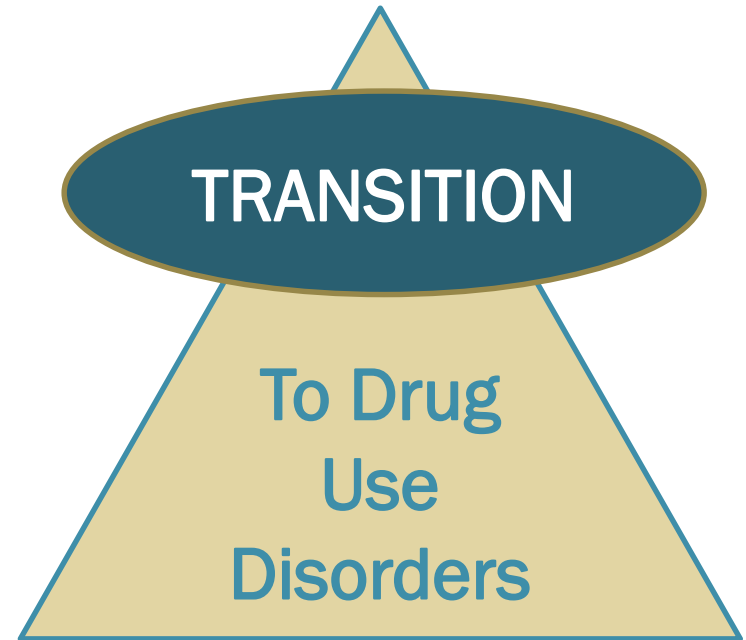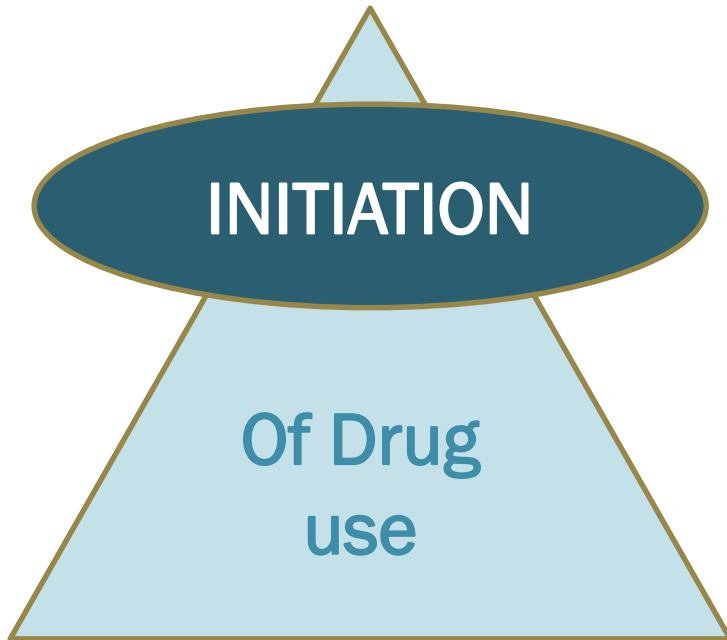
Drug use and developmental perspective – Drug use is a developmental problem

% in each age group who develop first-time cannabis use disorder
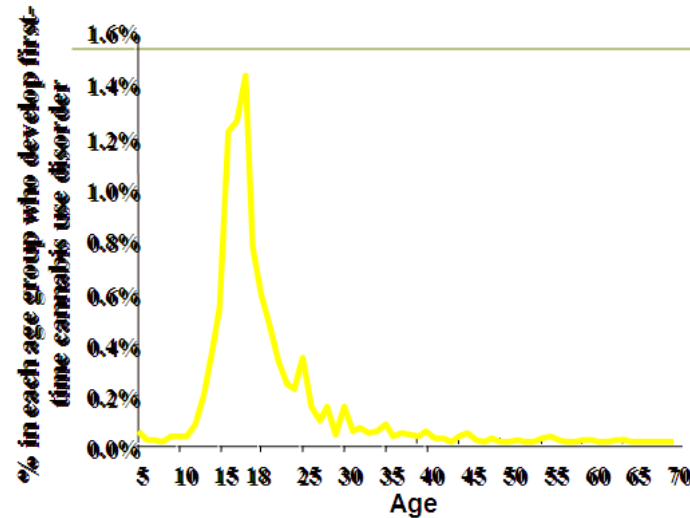
Age at cannabis use disorder as per DSM IV

NIAAA National Epidemiological Survey on Alcohol & Related Conditions, 2003

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!!!

Interaction of the environment and the individual

Environment at macro level
Income and resources, social environment, physical environment

Environment at micro level
Family, school, peers.

Personal characteristic
Genetic, vulnerabilities, mental health, temperamental vulnerabilities, neurological development, stress

Beliefs, attitudes and behaviours
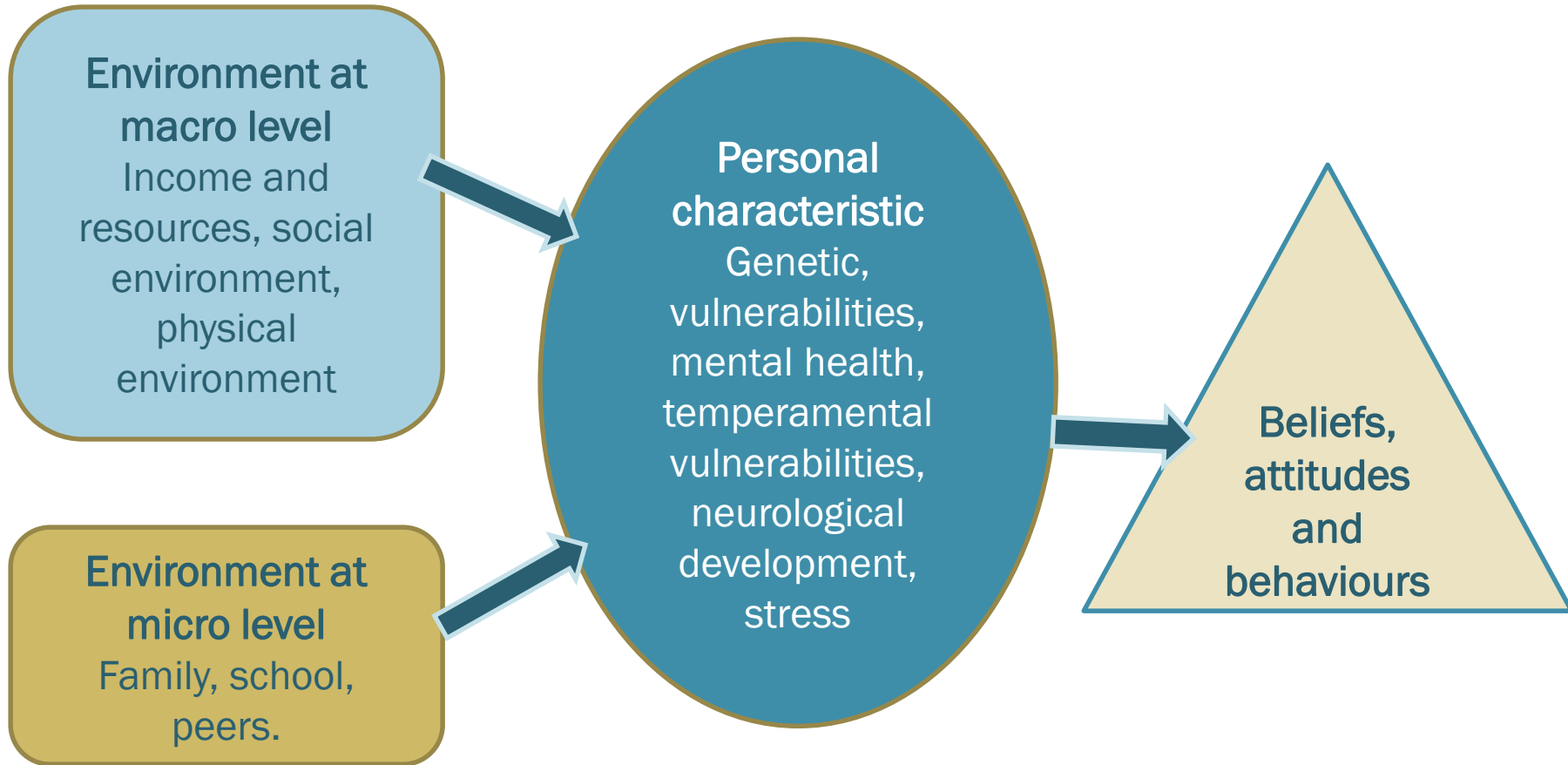
Macro Level Influences

Income and resources
- Poverty
- Homelessness, refugee
- Child labor
- Lack of acc. to health care

Social Environment
- Antisocial norms, poor informal social controls
- Lack of social cohesion, disconnectedness, ;lack of social capital
- Conflict, War
- Social exclusion, inequality and discriminations

Physical Environment
- Decay, abandon building, substandard housing
- Neighborhood disorders
- Access to alcohol, tobacco, drugs, firearms
- Lack of access to nutritious food
- Toxic exposures
- media

Micro Level Influences

Family influences
- Lack of involvement and monitoring
- Harsh, abusive or neglect
- Negative role models
- Neglect for physical condition
- Stressful, chaotic env.
- Parental substance use

School influences
- Poor quality education
- Negative school climate
- Poor school attendance
- Lack of health education and prevention programme
- Lack of after school activity

Peer influences
- Antisocial peers, role models
- Exposure to substances, violence, crime
- Lack of parental monitoring of peer relationship
- Social networking (IT)

Micro Level Influences

Genetic susceptibility

Mental health & personality traits
- Sensation-seeking
- Aggressive
- Inattentive
- Impulsive
- Mental health problems

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- Sensation-seeking
- Aggressive
- Inattentive
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- Mental health problems

Stress reactivity
- Deficit in emotion regulation and perception
- Dysregulated psychological response
- Poor coping

Primary outcomes

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

INTERACTION OF THE ENVIRONMENT AND THE INDIVIDUAL

THEREFORE

Multiple settings!
Multiple ages!

FACT!

PREVENTION WORKS!

International Standards on Drug Use prevention

DEVELOPING HEALTHY AND SAFE COMMUNITIES

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	✓	✓			✓	✓

Vulnerabilities are common to many risk behaviours

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	✓	✓			✓	

| 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	✓	✓	✓	✓	✓	

THEREFORE, DRUG PREVENTION IS EFFECTIVE IN PREVENTING MANY RISKY BEHAVIOURS
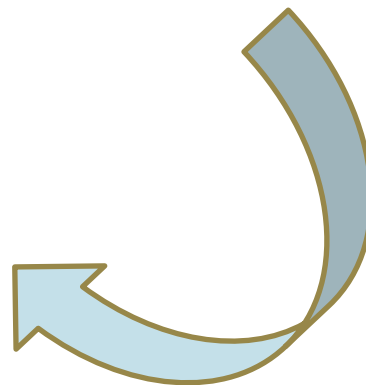
Healthy & safe
development
of children & youth!

Can prevention of drug use be effective?
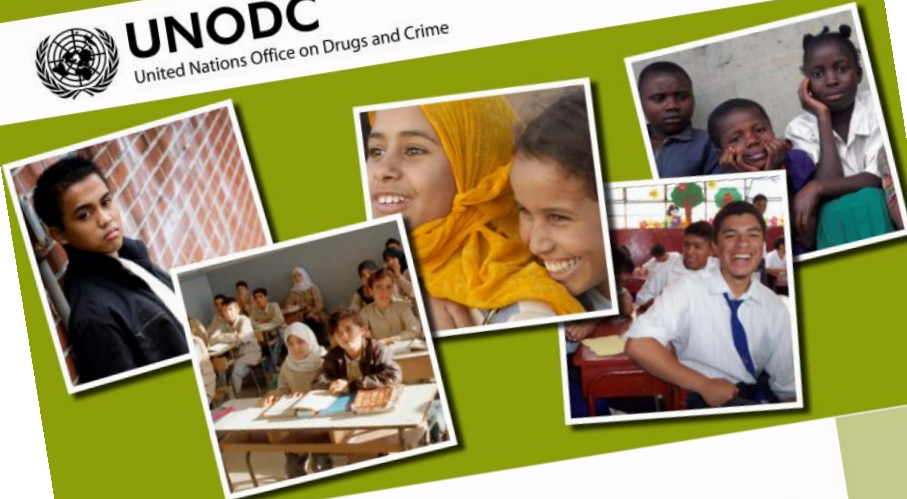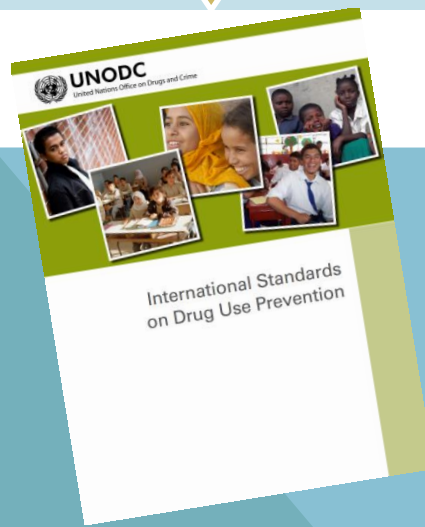
MORE THAN 80 EXPERTS FROM MORE THAN 30 COUNTRIES

> 600

Collect studies from experts & from the scientific literature

>250

Select studies evaluating the EFFECTIVENESS of interventions and policies

80

Select the studies with a GOOD methodology

UNODC
United Nations Office on Drugs and Crime

International Standards
on Drug Use Prevention

2217

What did we find?

	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 ★★		
Community				Alcohol & tobacco policies ★★★★★		
	Community-based multi-component initiatives ★★★					
				Media campaigns ★		
				Mentoring ★		
				Entertainment venues ★★		
Workplace					Workplace prevention ★★★	
Health sector				Brief intervention ★★★★		

1$ >10$

$

Evidence-based drug prevention is cost effective

LIMITED EVIDENCE

Low- and middle-income countries

Prevention for girls and women

- Only 5% of evidence-based programmes have collected results disaggregated by sex.
- Benefit for girls and boys NOT NECESSARILY the same.
- Parenting skills programmes benefit girls at least as well as boys most (consistent with the etiology)
- UNODC guidelines

Prevention of non-medical use of prescription drugs

Prevention of use of new psychoactive substances not controlled under the Conventions

Sports and other leisure time activities

- Some promising evidence on using sports as a setting (e.g. the coach provides lifeskills sessions during the sports training)

Strategies targeting children and youth particularly at risk

- Out-of-school children and youth, street children, current and ex-child soldiers, displaced or post-conflict populations, children and youth in foster care, in orphanages, (in the juvenile justice system).

NO EVIDENCE (YET!)

LET'S US BUILD ON THE POSITIVE (NOT FORGETTING THE LIMITATIONS AND HOW WE CAN IMPROVE)!

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Community				Alcohol & tobacco policies ★★★★★		
	Community-based multi-component initiatives ★★★					
				Media campaigns ★		
				Mentoring ★		
				Entertainment venues ★★		
Workplace					Workplace prevention ★★★	
Health sector				Brief intervention ★★★★		

INFANCY AND EARLY CHILDHOOD

PRENATAL AND INFANCY VISITATION DESCRIPTION

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

Specific focus on women considered at high risk

PRENATAL AND INFANCY VISITATION EVIDENCE

- One RCT (USA)

- Programmes can prevent substance abuse later in life

- Cost-effective: prevent high social welfare and medical costs later

★★ - Indication of adequate efficacy

TREATMENT FOR PREGNANT WOMEN WITH SUBSTANCE ABUSE DISORDERS

- An opportune time for intervention for mothers and future children

- Evidence-based and voluntary treatment and care services

- Address socio-economic issues (shelter, safety, education, employment).

- Provide basic parenting skills (how to take care of baby/ small child)

TREATMENT FOR PREGNANT WOMEN WITH SUBSTANCE ABUSE DISORDERS - EVIDENCE

- Two systematic reviews of evidence
- Providing evidence-based treatment to pregnant women has a positive impact on parenting skills and on the development of the child, particularly emotional and behavioral
★ Indication of limited efficacy

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

EARLY CHILDHOOD EDUCATION EVIDENCE

Two systematic reviews of evidence (USA)

Early education to children growing in disadvantaged communities:

- Reduces marijuana use at age 18
- Decreases smoking and use of other illicit drugs
- Prevents other risky behaviours
- Supports sound mental health development
- Promotes social inclusion and academic success

★ ★ ★ - Good indication of efficacy
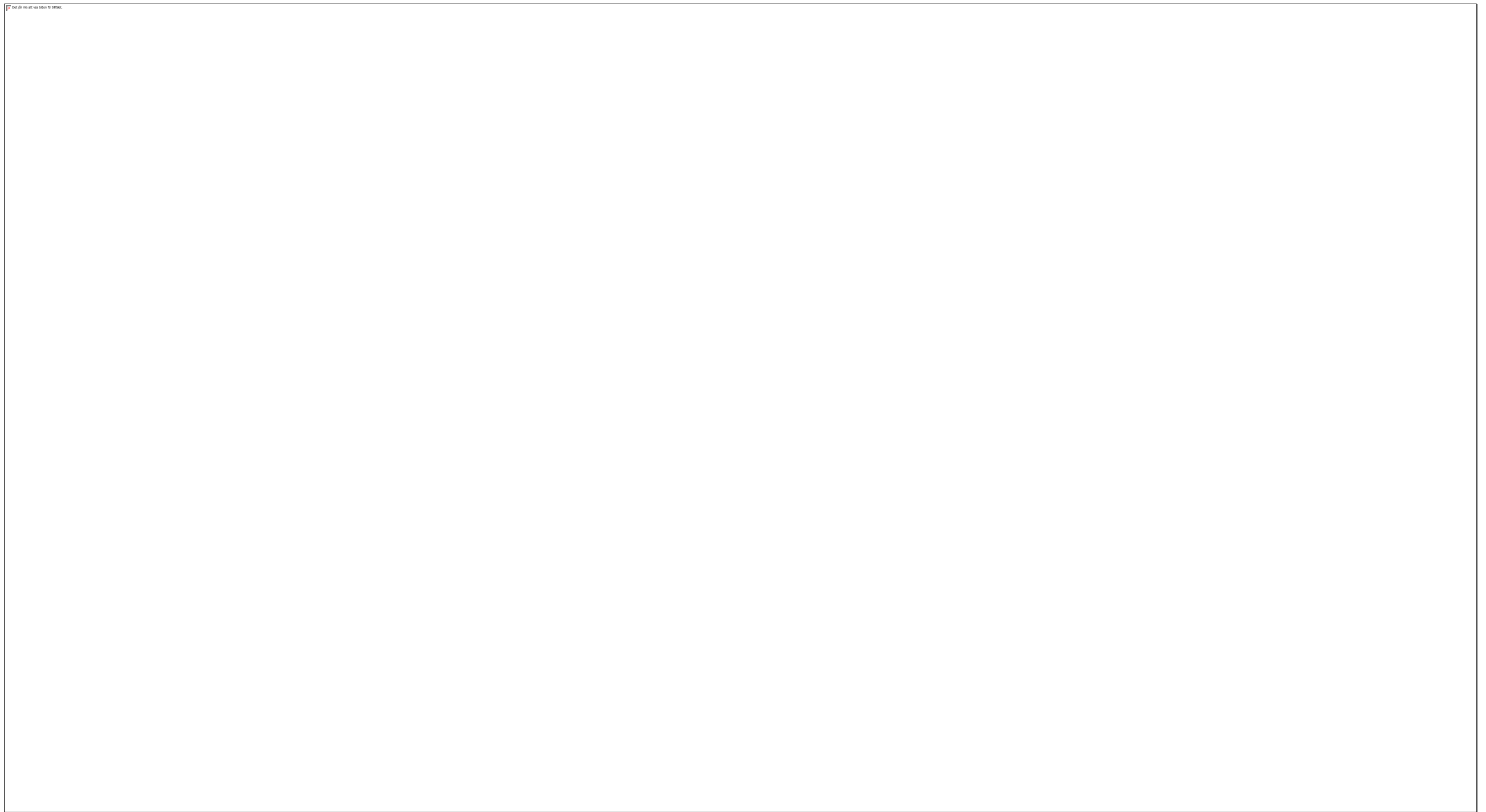
EXAMPLE OF RESULTS OF EARLY CHILDHOOD EDUCATION
(CAMPBELL ET AL 2002)

COMMUNITY-BASED MULTI-COMPONENT INITIATIVES - DESCRIPTION

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- Mobilization efforts to create community partnerships/ task forces/ coalitions/ action groups to address substance abuse.

- Special programmes providing financial and technical support to communities to deliver and sustain evidence-based prevention interventions and policies over time.

- In general, multi-component and multi-setting

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COMMUNITY-BASED MULTI-COMPONENT INITIATIVES - EVIDENCE

- 13 systematic reviews of evidence
- Community-based multi-component initiatives prevent use of drugs, alcohol and tobacco
- Most evidence: USA, Canada, Europe, Australia; a few studies on community-based multi-component initiatives in Asia (tobacco)

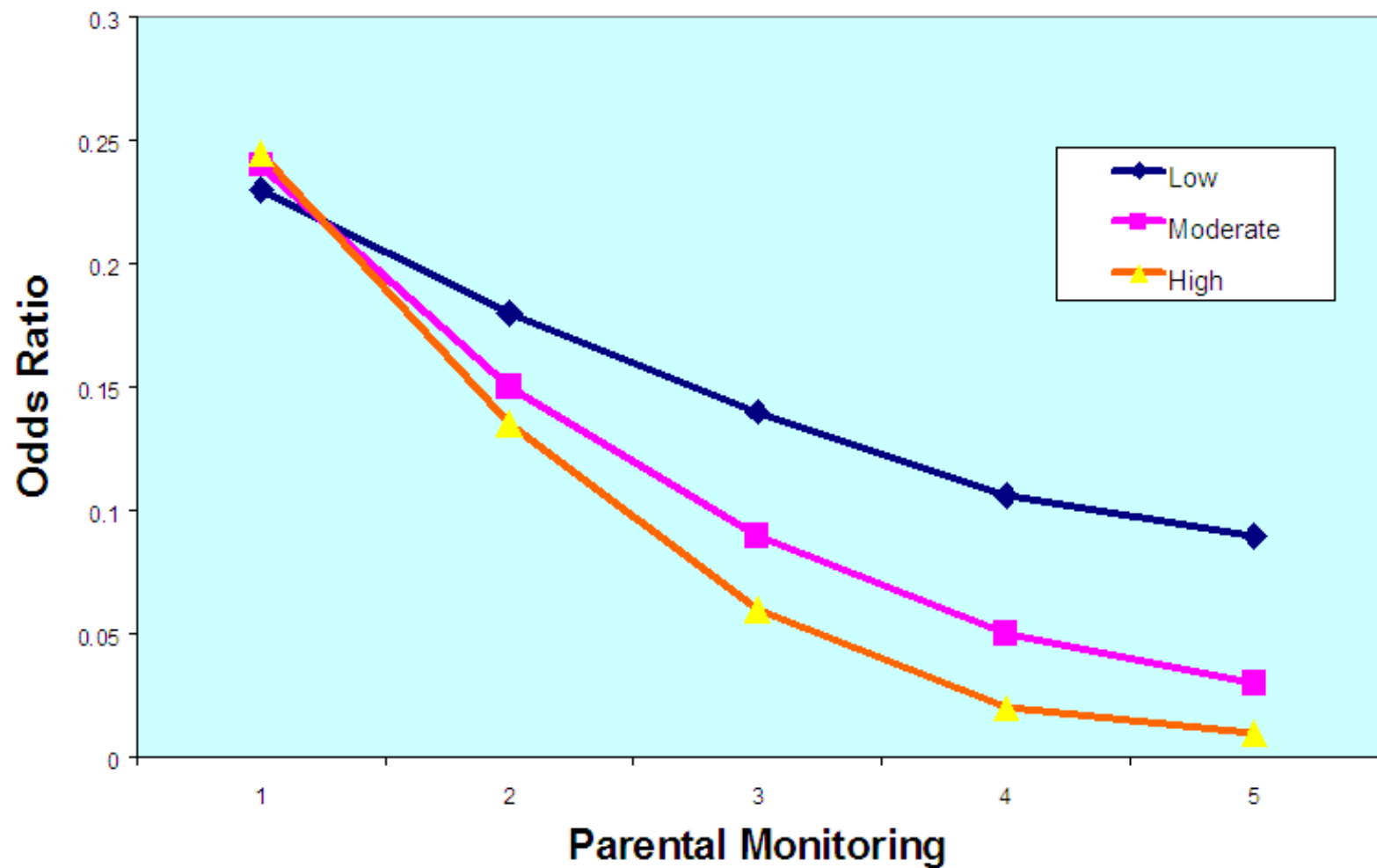★ ★ ★ - Good indication of efficacy

MIDDLE CHILDHOOD

PARENTING SKILLS DESCRIPTION

- Help parents to be better parents in simple ways

- Strengthen parents-children bonding

- Relevant for parents of young adolescents

- Delivery at universal and selective levels

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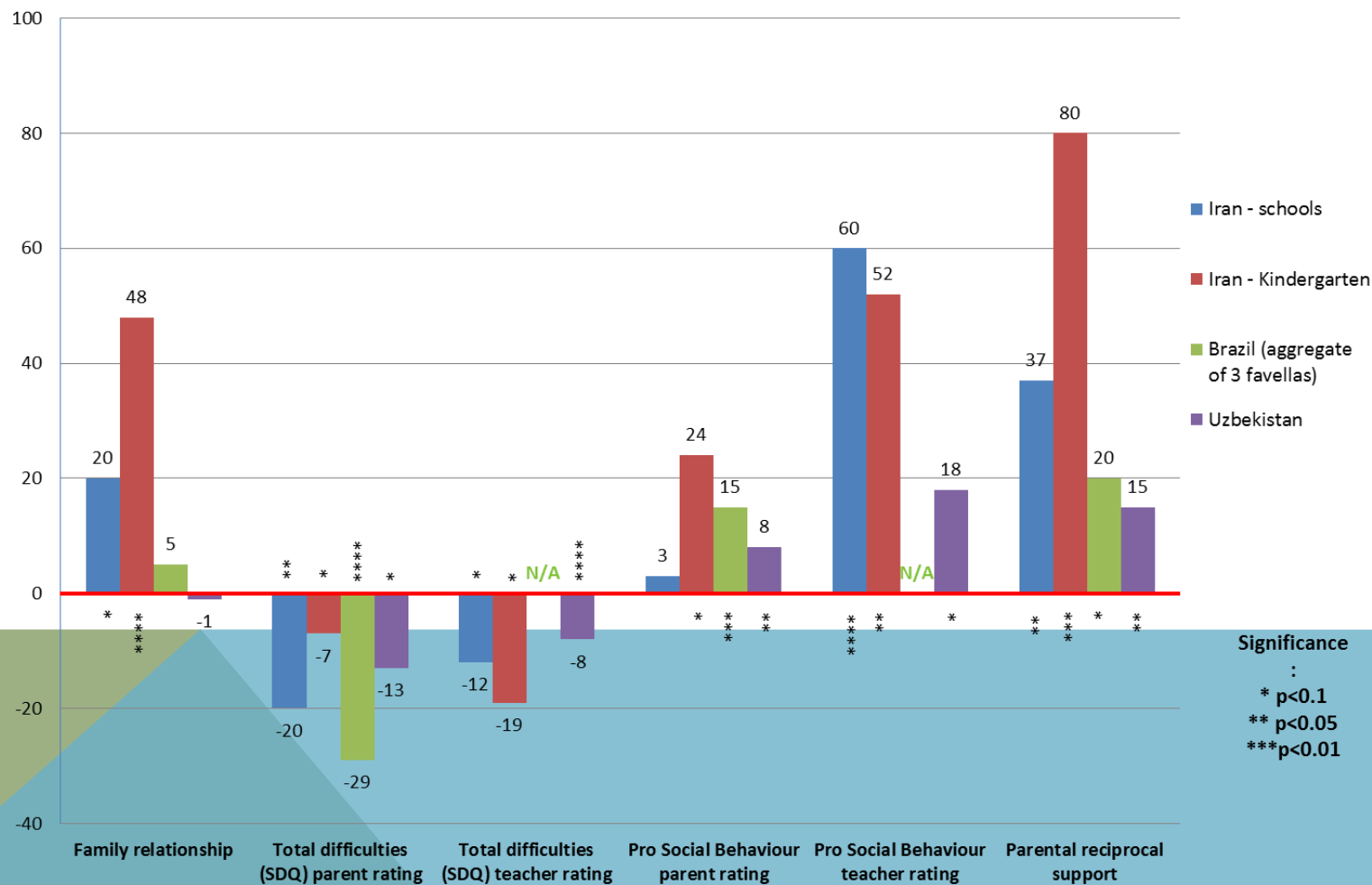
PARENTING SKILLS EVIDENCE

- 13 systematic reviews of evidence

- Family-based universal programmes prevent alcohol use and drug use in young people

- Small, but persistent effect size.

- Most effective in producing long term reductions in substance abuse for vulnerable young people with multiple risk factors

- Significant and long term improvements to family functioning (both parenting skills and child behaviour)

- Evidence of cost-effectiveness

- Implemented in Africa, Asia, Middle East and Latin America, although the quality of evaluation in these countries is not strong.

- ★ ★ ★ ★ - Indication of very good efficacy

EXAMPLE OF FAMILY SKILLS TRAINING EFFECTIVENESS IN VIOLENT COMMUNITIES: SFP 10-14 IN HONDURAS
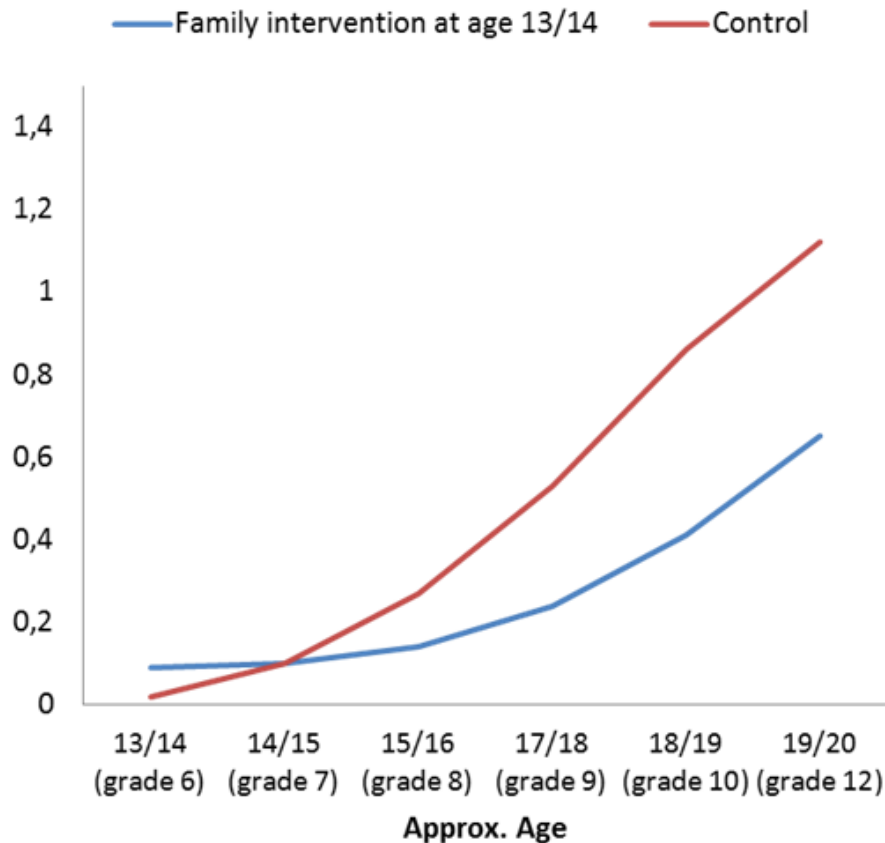

SFP 10-14 improvement on Pre-Post aggregate indicators per youth and parent assessment by pilot site
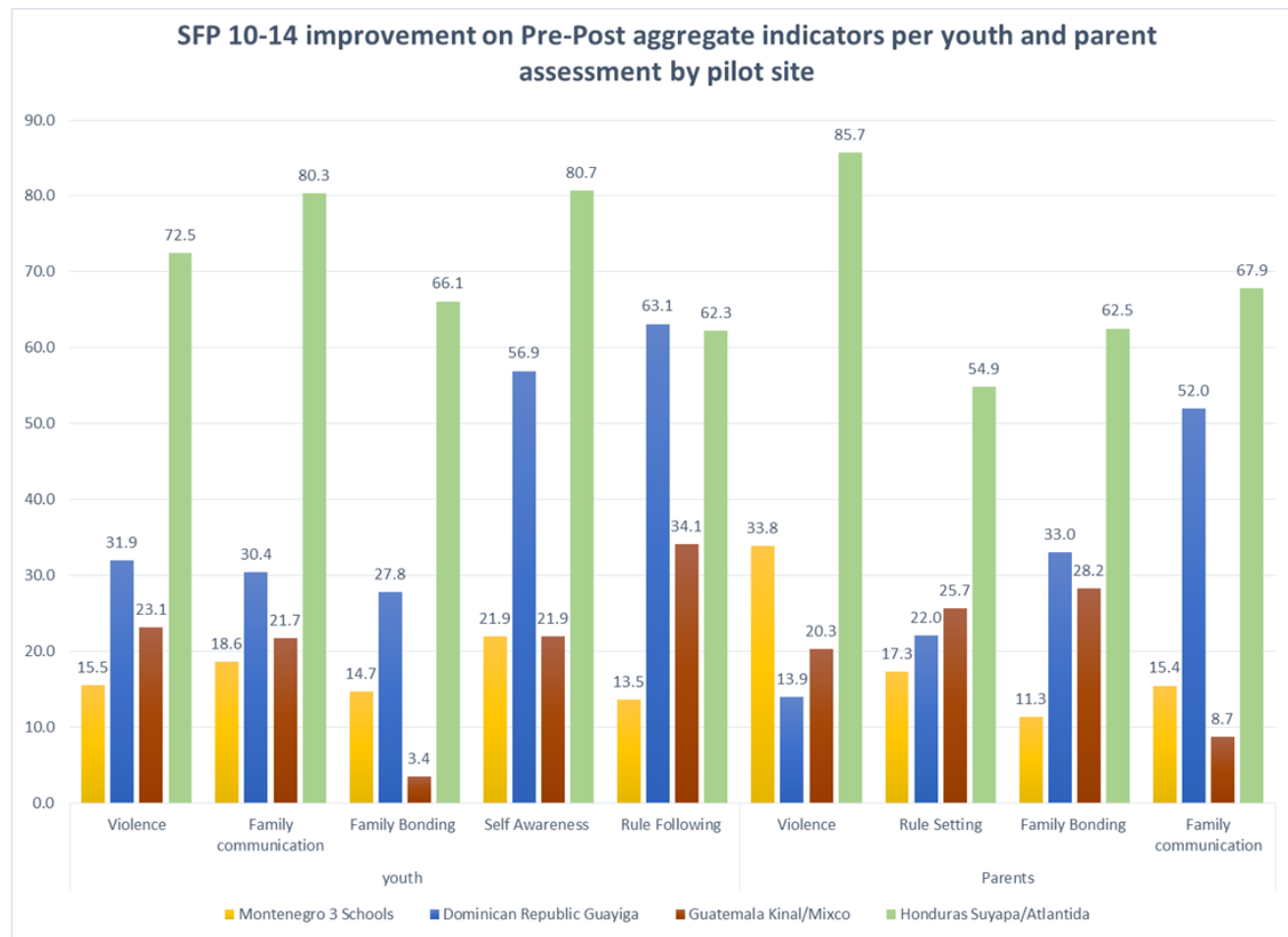
EXAMPLE OF FAMILY SKILLS TRAINING EFFECTIVENESS IN POOR COMMUNITIES: FAST FOR FAMILIES WITH CHILDREN IN KINDERGARTEN IN IRAN

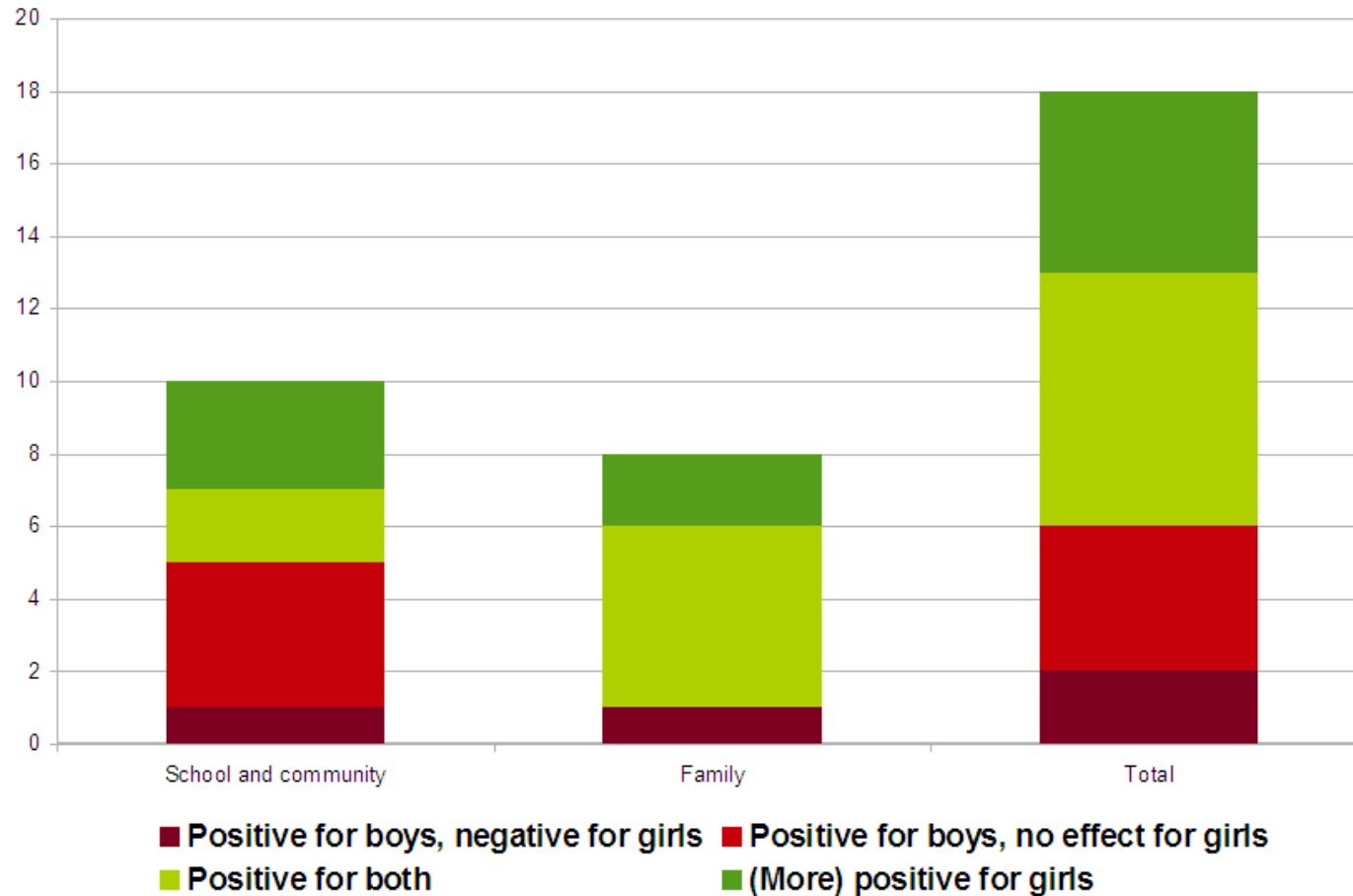F.A.S.T.   Pre-post changes on family indicators per pilot site

Girls

Family intervention at age 13/14 — Control

EXAMPLE OF RESULTS FOR GIRLS OF A PARENTING SKILLS PROGRAMME IN EARLY ADOLESCENCE
(TRUDEAU ET AL 2007)

FAMILY BASED PREVENTION MORE CONSISTENTLY BENEFITS GIRLS AS WELL AS BOYS

PERSONAL AND SOCIAL SKILLS EDUCATION DESCRIPTION

PERSONAL AND SOCIAL SKILLS EDUCATION DESCRIPTION

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

- Support development of general social competencies and mental/ emotional wellbeing
- Address social norms and attitudes

Delivered to all children

No content on specific substances (unless there is evidence of use in the community)

PERSONAL AND SOCIAL SKILLS EDUCATION EVIDENCE

13 systematic reviews of evidence

Supporting development of personal and social skills in classrooms prevents later drug use/alcohol abuse

- Programmes focusing on improving self-control delivered to children <10 years reduce problem behaviours

Plus it strengthens protective factors e.g. commitment to school, academic performance, self-esteem and mental well-being, resistance-skills, and other social skills

Evidence from: Australia, Canada, Europe, USA, also from Africa, Latin-America and India

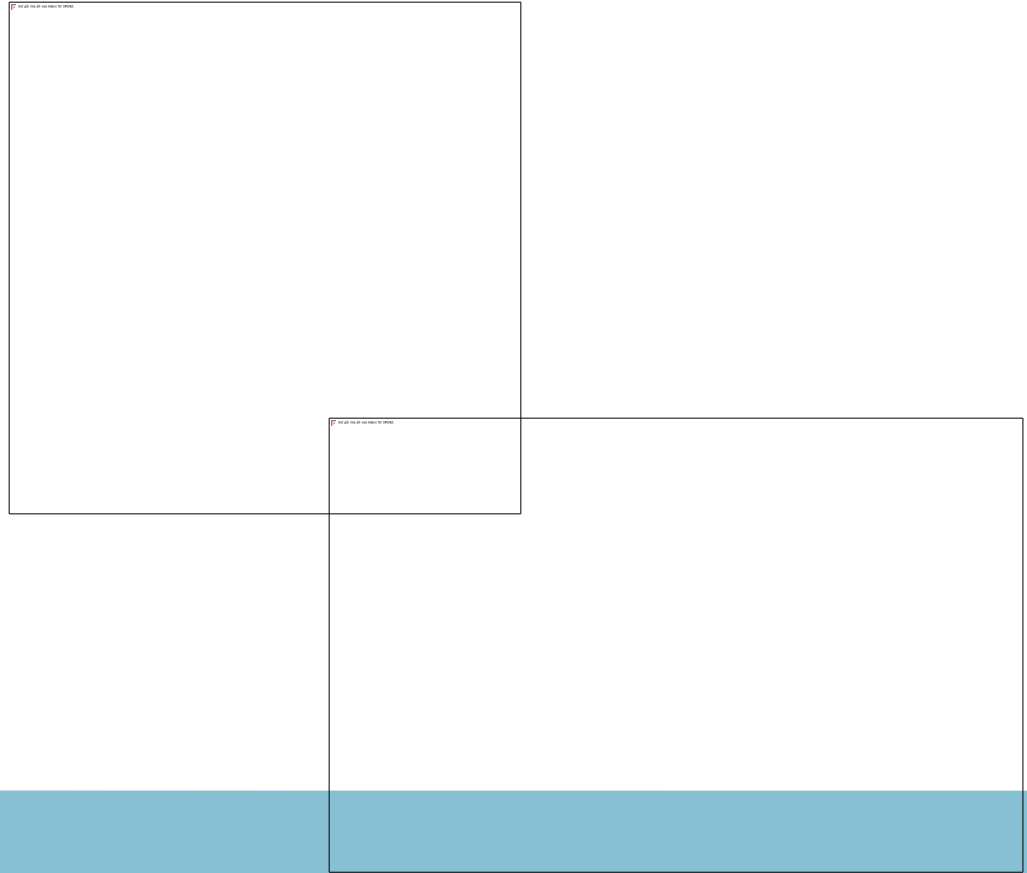★ ★ ★ - Indication of good efficacy

CLASSROOM ENV. IMPROVEMENT - DESCRIPTION

These programmes strengthen teachers' classroom management abilities

Support children to socialize in their role as students

Facilitate both academic and socio-emotional learning

Universal

CLASSROOM ENV. IMPROVEMENT EVIDENCE

One systematic review of evidence

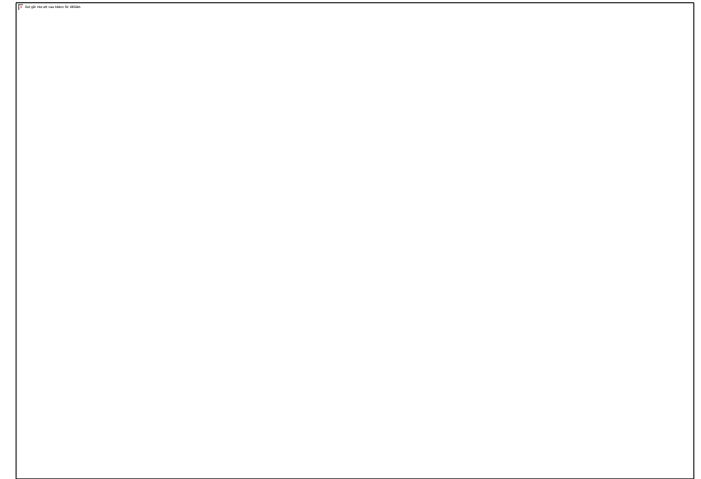Teachers' classroom management practices:

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

All reported evidence: USA and Europe

★ ★ ★ - Good indication of efficacy

EXAMPLE OF RESULTS OF A CLASSROOM ENVIRONMENT IMPROVEMENT PROGRAMME
(KELLAM ET AL 2008)

POLICIES TO KEEP CHILDREN IN SCHOOLS DESCRIPTION

Important protective factors for children:

- School attendance
- Attachment to school
- Achievement of language and numeracy skills for the specific age-group(s)

Many policies tried in low- and middle income countries to enhance school attendance and improve educational outcomes

POLICIES TO KEEP CHILDREN IN SCHOOLS EVIDENCE

2 systematic reviews of evidence reviewed the following policies:

- Building new schools
- Providing school meals
- Providing (conditional) economic incentives to families

These policies increased school attendance and improved language and numeracy skills

Cash to families does not yield significant outcomes; conditional transfers do.

All evidence is from low- and middle-income countries

★ ★ - Adequate indication of efficacy

EARLY ADOLESCENCE

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

PREVENTION EDUCATION EVIDENCE

26 systematic reviews of evidence PLUS 1 RCT

SOME school interactive programmes prevent substance use, also in the long term (strong effect size (RR .82) for cannabis use)

Positive results for all substances and for problem behaviours (school drop-out of school, truancy)

Early adolescence best age

Most evidence on universal programmes, but can be preventive also among high risk groups
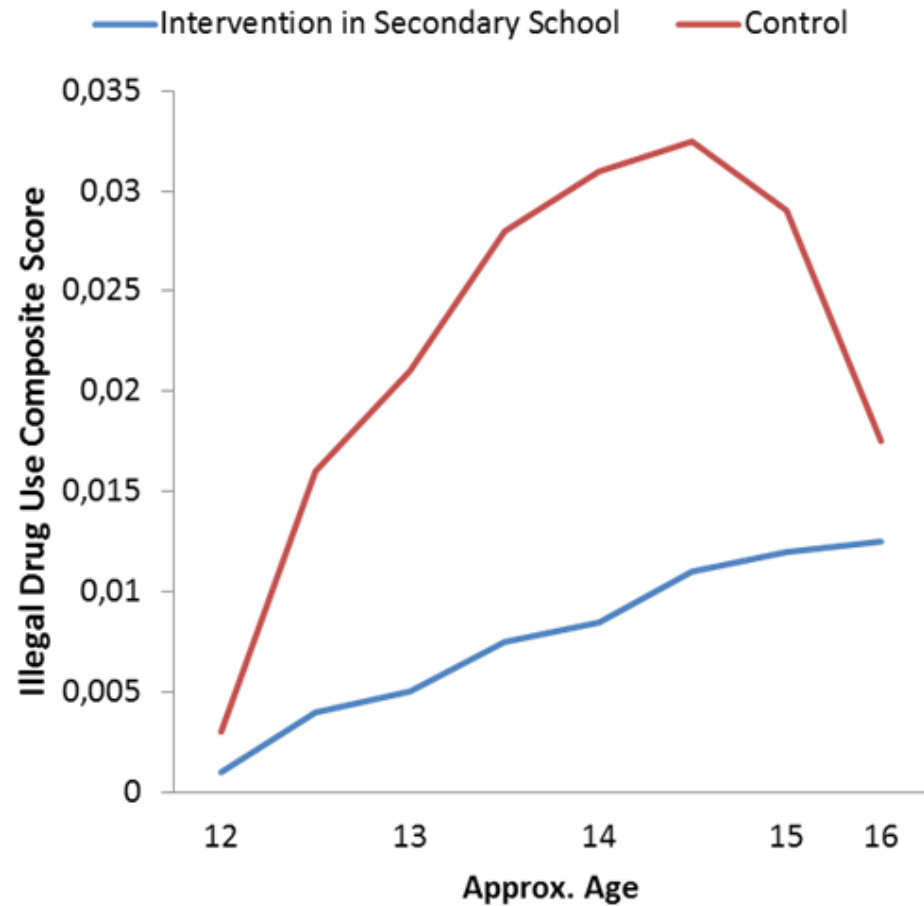
Delivered by trained facilitators (e.g. teachers), computers or internet.

Most evidence: USA, Europe and Australia. Mixed evidence from Africa, Asia and Latin America.

★ ★ ★ - Good evidence of efficacy

EXAMPLE OF RESULTS OF A PREVENTION EDUCATION PROGRAMME

POLICIES ON SUBSTANCE ABUSE IN SCHOOLS

POLICIES ON SUBSTANCE ABUSE IN SCHOOLS DESCRIPTION

- No substance use on school premises by students and staff

- Policies are transparent and non-punitive

- Interventions and policies are universal, but may include selective components (cessation support and referral)

- Implemented jointly with other prevention intervention (skills based education, supporting parenting skills and parental involvement)

POLICIES ON SUBSTANCE ABUSE IN SCHOOLS EVIDENCE

- 4 systematic review of evidence

- Substance abuse policies in schools may prevent smoking

- Altering school environment to increase commitment to school, student participation, positive social relationships and to discourage negative behaviours may reduce drug use and other risky behaviours

- In colleges/universities, addressing school policies and culture among older students during adolescence/adulthood can reduce alcohol abuse, esp. when brief interventions are included (moderate effect size (SMD .38) in reducing drinking quantities)

- Most evidence: USA, Europe and Australia, some evidence from Latin America, Africa and Asia.

★ ★ - Indication of adequate efficacy

ADDRESSING INDIVIDUAL PSYCHOLOGICAL VULNERABILITIES

ADDRESSING INDIVIDUAL PSYCHOLOGICAL VULNERABILITIES - DESCRIPTION

Personality traits like sensation-seeking, impulsivity, anxiety are associated with increased risk of substance abuse

Indicated programmes help those at-risk to deal with emotions, instead of using negative coping strategies such as harmful alcohol use

ADDRESSING INDIVIDUAL PSYCHOLOGICAL VULNERABILITIES - EVIDENCE

4 RCTs in early adolescence and adolescence

Programme addressing individual psychological vulnerabilities lower rates of drinking (odds reduced by 29% compared to high risk students in control schools) and binge-drinking (odds reduced by 43%) at two-year follow-up.

★ ★ - Indication of adequate efficacy

MENTORING

MENTORING DESCRIPTION

"Natural" mentoring in the relationships between children/adolescents and non-related pro-social adults (teachers, coaches and community leaders)

Programmes match youth, esp. from marginalised circumstances (selective prevention), with adults who commit to spend some time/activities with the youth regularly

MENTORING EVIDENCE

3 systematic reviews of evidence

Mentoring may prevent alcohol and drug use among high risk youth with results sustained one year after intervention

All evidence: USA

★ - Indication of limited efficacy

ADOLESCENCE AND ADULTHOOD

EARLY ADOLESCENCE STRATEGIES THAT ARE ALSO RELEVANT IN ADOLESCENCE

- Prevention education in school
- School policies on substance abuse
- Addressing individual psychological vulnerabilities
- Mentoring
- Community-based multi-component initiatives

ALCOHOL AND TOBACCO POLICIES DESCRIPTION

Policies to restrict access to tobacco and alcohol, particularly by youth

ALCOHOL AND TOBACCO POLICIES EVIDENCE (1/3)

Alcohol policies: 12 systematic reviews of evidence, tobacco policies: 9 systematic reviews of evidence

Price rise for alcohol and tobacco reduces consumption in the general population

- Raising prices reduces heavy drinking among college youth and tobacco consumption among adolescents and college students

- Higher tobacco prices are effective among lower-income populations

- Higher alcohol prices are associated with decreased violence

Raising minimum legal drinking age reduces alcohol consumption, but evidence is more mixed regarding tobacco

- Interventions achieving high compliance by vendors might impact tobacco use by youth

ALCOHOL AND TOBACCO POLICIES EVIDENCE (3/3)

Increased exposure to advertising:

- Increases probability of starting to drink among adolescents.
- Can increase consumption among existing drinkers.
- Linked to increased initiation of tobacco

A long-term ban on the advertising of tobacco products prevents consumption

★ ★ ★ ★ ★ - Indication of excellent efficacy

MEDIA CAMPAIGNS DESCRIPTION

beauty of the **DRUGS**
choose not to use
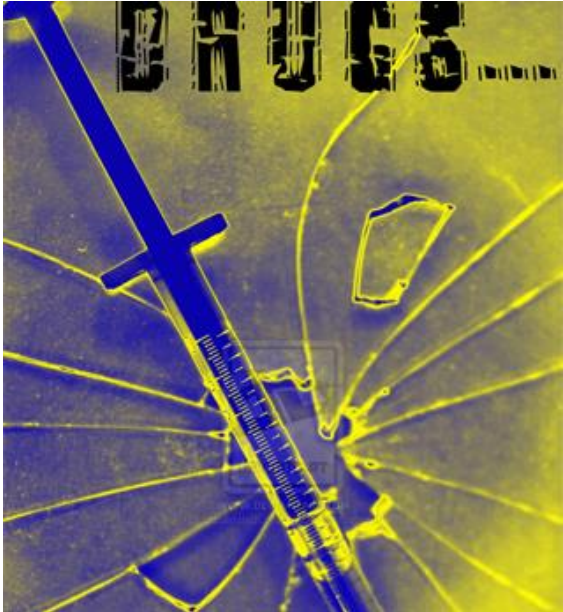
MEDIA CAMPAIGNS EVIDENCE

6 systematic reviews of evidence

Media campaigns, combined with other prevention components, can prevent tobacco use (reporting median reduction of 2.4%).

No significant findings reported for alcohol abuse

Weak findings for drug use

★ - Indication of limited efficacy

WORKPLACE PREVENTION DESCRIPTION

WORKPLACE PREVENTION DESCRIPTION

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

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

WORKPLACE PREVENTION EVIDENCE

2 systematic reviews of evidence

Workplace prevention programmes prevent tobacco and alcohol use

Evidence: USA, Australia and Europe, UNODC experiences in Brazil and India

★ ★ ★ - Indication of good efficacy

PREVENTION IN ENTERTAINMENT VENUES DESCRIPTION

PREVENTION IN ENTERTAINMENT VENUES DESCRIPTION

- Training of staff and managers on responsible beverage service and management of intoxicated patrons

- Legislation and policies on serving alcohol to minors or to intoxicated persons and/or on driving under the influence

- High visibility enforcement of existing laws and policies

- Communication to raise awareness and acceptance of the programme and to change attitudes and norms

- Treatment for staff and managers

PREVENTION IN ENTERTAINMENT VENUES EVIDENCE

2 systematic reviews of evidence

Training of staff, policy interventions and enforcement may reduce intoxication.

Evidence on impact of these interventions on health/ social consequences (e.g. car accidents or violence) is clear, but was not included

Evidence: USA, Canada, Europe and Australia

★   - Indication of limited efficacy

BRIEF INTERVENTIONS DESCRIPTION

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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

BRIEF INTERVENTIONS EVIDENCE

23 systematic reviews of evidence, PLUS 1 RCT

BI and motivational interviewing (MI) reduce substance use

Effect sizes for alcohol/drugs are strong immediately after intervention (std. mean difference = 0.79) sustaining for up to one year (std. mean difference = 0.15)

Benefit both adolescents and adults, possibly men more

Cost-effective

Evidence: USA, Europe, Australia, New Zealand; trials in Africa; ASSIST by WHO tested in Latin America and Asia

★ ★ ★ ★ - Indication of very good efficacy

THANK YOU

International Standards
on Drug Use Prevention

UNODC
United Nations Office on Drugs and Crime