

Summary on the Science of Prevention – *Capacity Strengthening Training Seminar #1*

Part of the project: Acting Through Art, offering alternatives for youth

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The [International Standards on Drug Prevention](#) is a summary of evidence-based prevention. Evidence-based prevention evaluation studies are based on science and strong methodologies, not on 'happiness studies' where participants have found it interesting and were happy to participate but have not shown results whether less drugs was used by children.

Messages for drug prevention:

- The earlier the better
Many things can be done through services when children are very small which are effective later.
- Focus on development and not only information
A US study showed that when the perception of risk is going down, the use of drugs went up. Therefore, a correct perception of drugs given to children is important. The role of parents is also extremely important and therefore parenting skills programmes useful.
- It is never too late
There is a lot you can do for adolescents as well as adults to prevent [further] use of drugs.
- Use evidence-based programmes
To create a strategy of which the effectiveness is demonstrated through scientific research, rather than personal opinions, traditions, or happiness, it will take time. Therefore, you can use already established evidence-based programmes and adapt it minimally to your setting and eventually compare your results to the original study to develop further adaptations. The international standards showcase what works and what doesn't and can be used with your programmes. Overall, there are certain characteristics that are common to all programmes and work.
- Many vulnerabilities
It is important to work together on the same population in different ways and trying to create a prevention system together.

Treatnet Family programme – Treatment programmes

There is a similar document for treatment standards. These [WHO recommendations](#) provide evidence and showcase that family-based treatment for adolescents is effective in improving their mental health, reducing drug use, and reduce and prevent criminal behaviour. These recommendations are based on commonalities from different kind of evidence-based family therapy programmes.

The UNODC is currently evaluating their own work regarding the Treatnet Family Programme. Whether further research is needed, results are heading into the right direction.

Questions and Answers

How long does it take to showcase that the money in prevention is effective?

Prevention is a long-term aim. In the first two years, not much change will be visible. After 5- or 6-years change can be seen. However, you can show policy makers intermediate results. You will not be able to showcase the amount of budget saved in health issues in two years, however, you will be able to show that there are less dropouts in schools, better results in schools, and stronger families, for

example. Additionally, media campaigns are important. Even though the effectiveness of media campaigns is usually low, they allow visibility. This is important for the policy maker to be able to showcase that they are doing something good and improving children's lives.

How can resilient teachers and parents be motivated to take part in the programmes?

To effectively work with teachers, they need to be involved respectfully and be treated as the experts they are. You can show the results by doing certain programmes and present benefits for the teachers, such as better behaviour and results in class. We need to find the champion teacher to work together with to showcase that it works and convinces the other teachers to jump on board.

Regarding working with the parents, there are certain guidelines. You don't have to talk about drugs but rather focus on the [mental] health and safe development of children. It needs to be easy for the parent to participate and some incentives for completion of the course can be provided. To get the first group join will be most difficult, after that the word will spread. There are always three groups of people, those very motivated, those who are not involved, and those who are against it. Focus on the middle group and get them on board through incentives and positive change.

How come that the role model in recovery does not work for prevention as it is often perceived as a positive experience?

There is no logic on why the role model in recovery, sharing their experiences and challenges to children, does not work. Whereas, usually, the children are impressed and the person speaking is feeling gratified (the happy experience), studies have shown that using this kind of intervention led to no result and no reduction in use. To create behavioural change, information is not enough. exaggerating the message will have an adverse effect as children often look at it and think they are better than that. An example of a programme is unplugged, which is a European evidence-based programme. Here there is a miniscule session on information and the rest is based on discussions.

Is the voice of people in recovery helpful when working with drug policy or treatment?

Using testimonials are important to make recovery visible. The testimonials are only not effective in prevention. If those in recovery train themselves in prevention, they can work in there. The voice of recovery and of those in treatment is key in the development of good treatment services, drug policies, and for those who have not entered treatment yet. Only through the dialogue with people in recovery and treatment, services can be better organised and improved.