



Prevention that WORKS!
Healthy and safe development of
children and youth



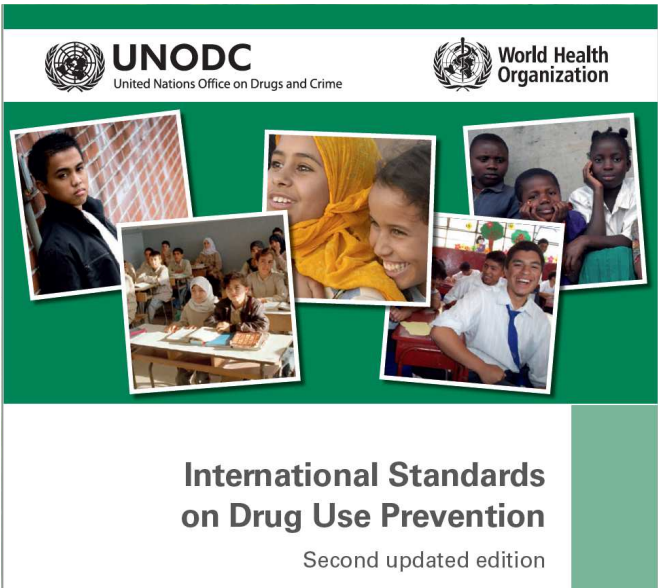
Evidence-based prevention: prevention that WORKS!

MS. GIOVANNA CAMPELLO
PREVENTION, TREATMENT AND REHABILITATION SECTION
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1

Why and how?

2



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World Health Organization

International Standards on Drug Use Prevention
Second updated edition

International Standards on Drug Use Prevention

UNODC/WHO Second Updated Edition

3



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World Health Organization

International Standards on Drug Use Prevention

International Standards on Drug Use Prevention
Second updated edition

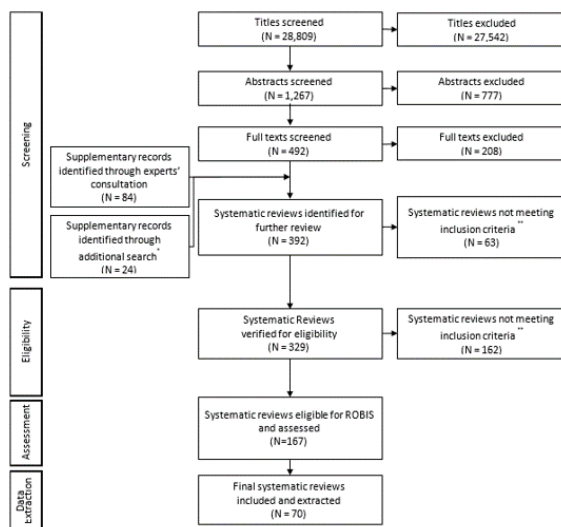
International Standards on Drug Use Prevention

4



UNODC,
WHO and
100+ experts
from 47
countries

5

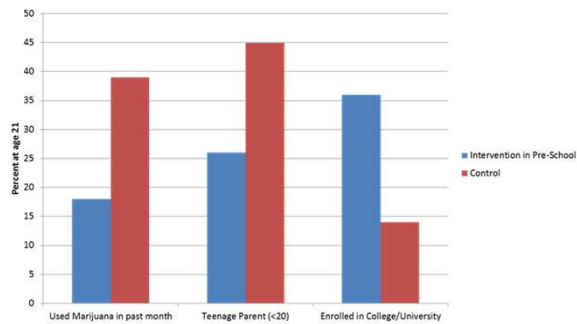


Flow
diagram of
the
scientific
process

6



Example of study Campbell et al., 2002



8

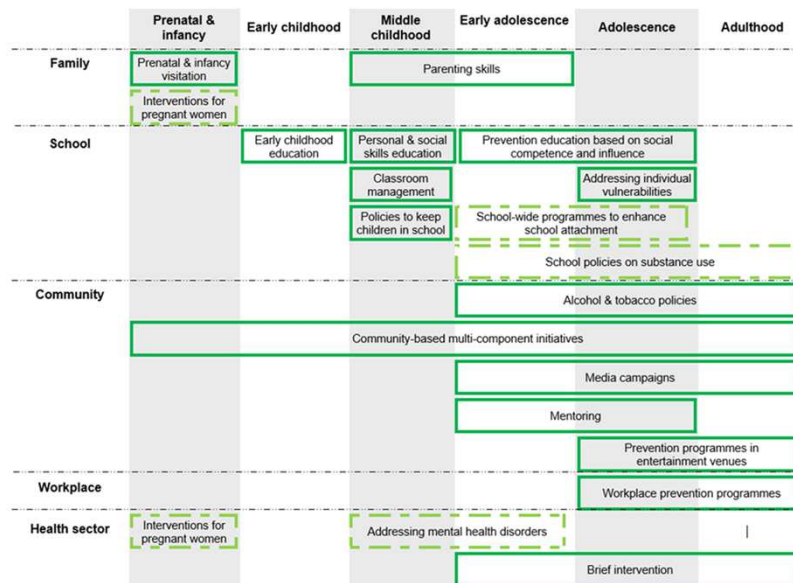
What did we find out?

9



There are **MANY** strategies that have been found to be effective in preventing drug use (and other risky behaviours!!!)

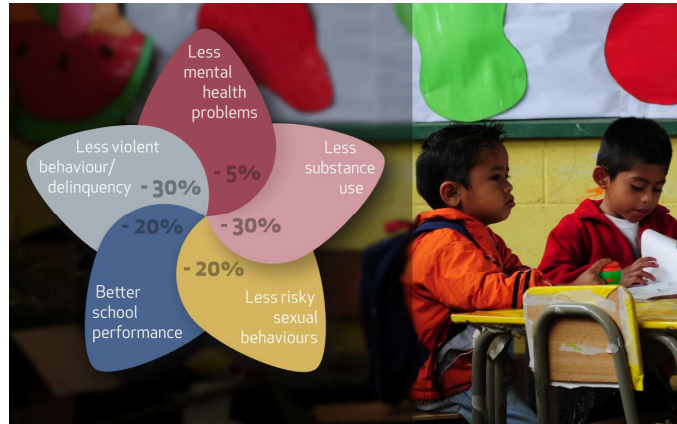
10



11



Prevention of many risky behaviours



12



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



13



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Evidence-based prevention is cost-effective

14



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\$1 → \$10

Spoth et al., 2008

15

SO, how does evidence-based prevention look like?

16

- 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

17

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18

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Prenatal visits




Pregnant women




Early childhood education



Classroom environment



Personal and social skills

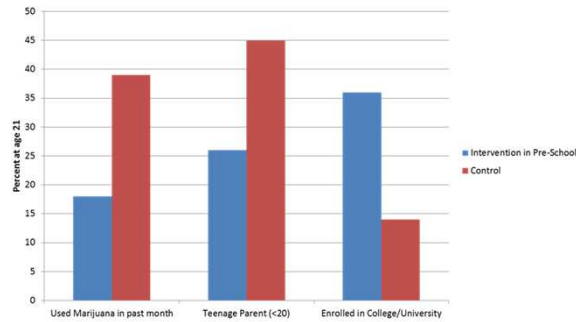


Mental health services

19



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



20



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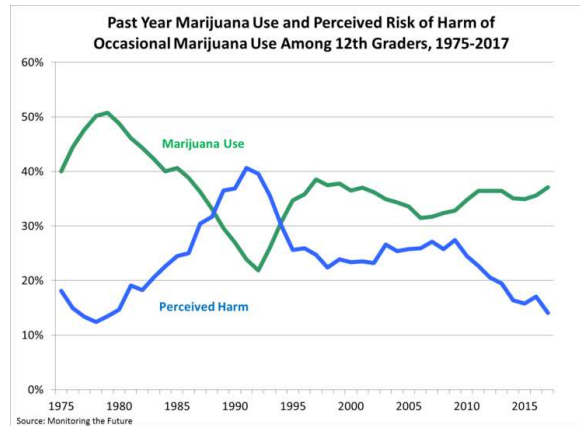
Many vulnerabilities, many settings

A few
messages

21



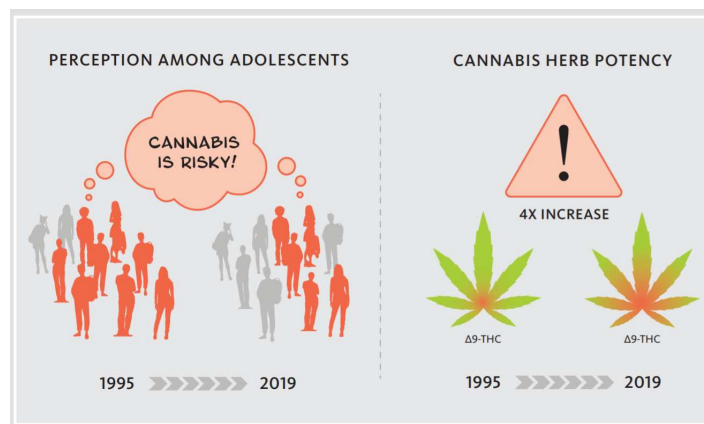
Perception of risk is very important



22



Cannabis is more potent but fewer young people see it as harmful (WDR, 2021)



23

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

However, it is not the only factor

24

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Parents matters

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

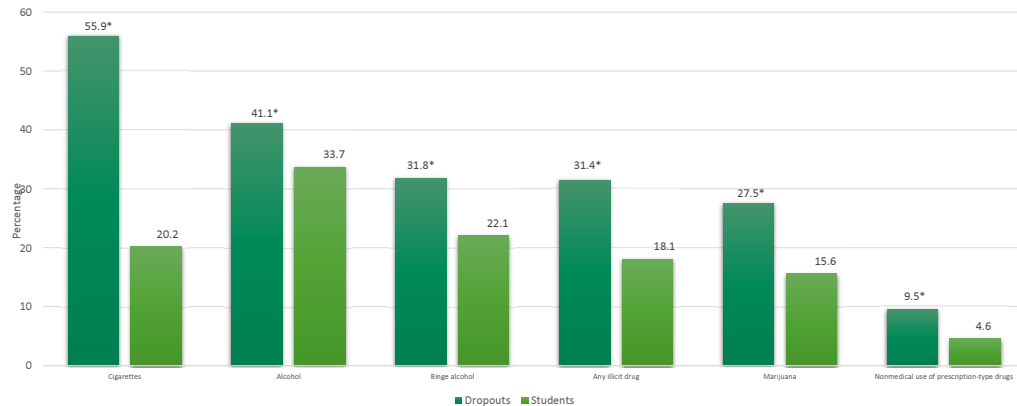
Parental Monitoring	Low Knowledge	Moderate Knowledge	High Knowledge
1	0.24	0.24	0.24
2	0.18	0.15	0.13
3	0.14	0.09	0.06
4	0.11	0.05	0.02
5	0.09	0.03	0.01

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

25



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



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.

26



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%

27

Parenting skills programmes



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

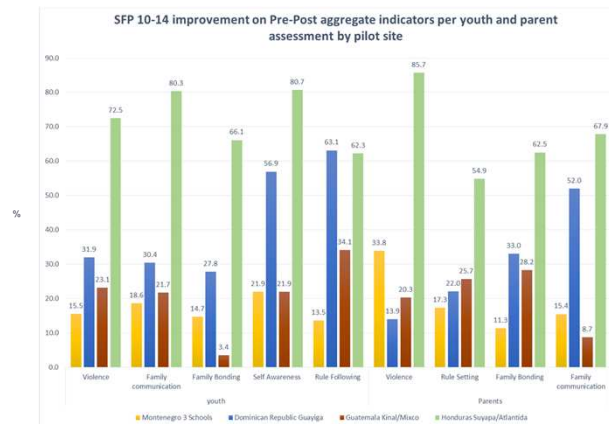
Family bonding, i.e. the attachment between parents and children

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

28

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



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

30

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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

Indicator	Iran - schools	Iran - Kindergarten	Brazil (aggregate of 3 favelas)	Uzbekistan
Family relationship	20	48	5	-1
Total difficulties (SDQ) parent rating	-7	-13	-20	-29
Total difficulties (SDQ) teacher rating	-12	-19	N/A	-8
Pro Social Behaviour parent rating	3	24	15	8
Pro Social Behaviour teacher rating	60	52	N/A	18
Parental reciprocal support	37	80	20	15

Significance
 * p<0.1
 ** p<0.05
 *** p<0.01

31

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Family skills training effectiveness amongst displaced populations – UNODC Strong Families

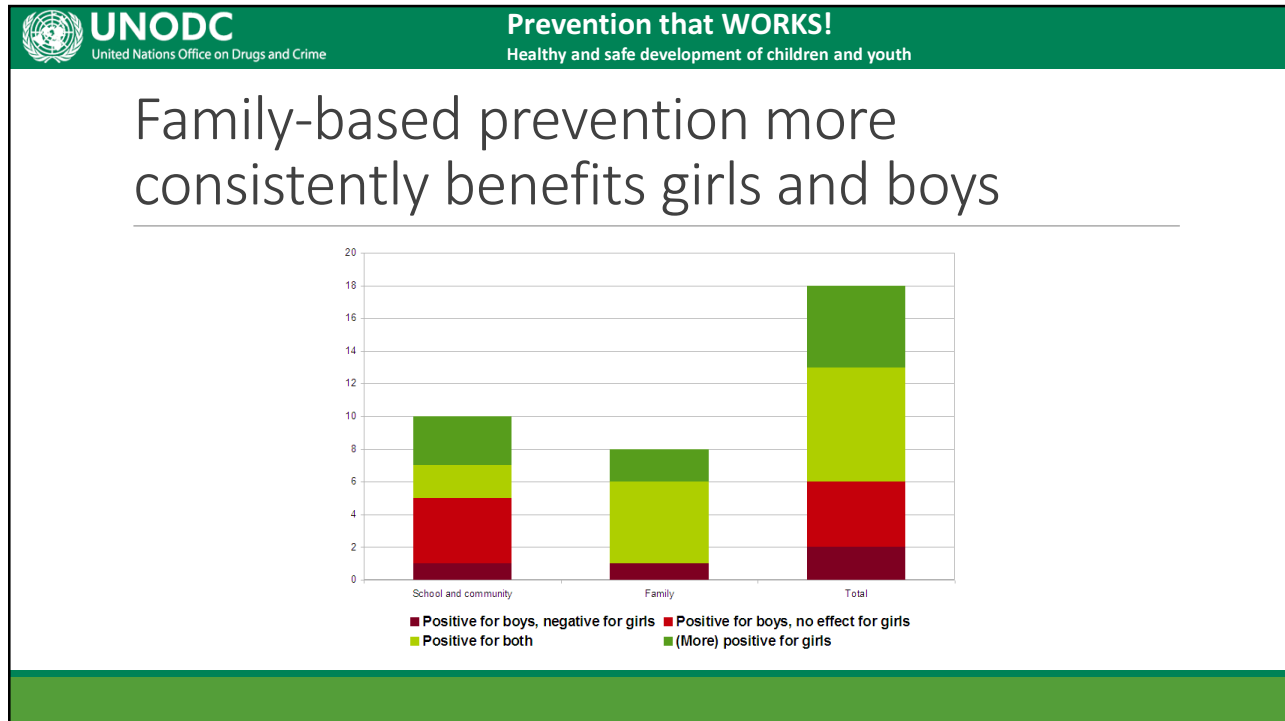
SDQ SCORES

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

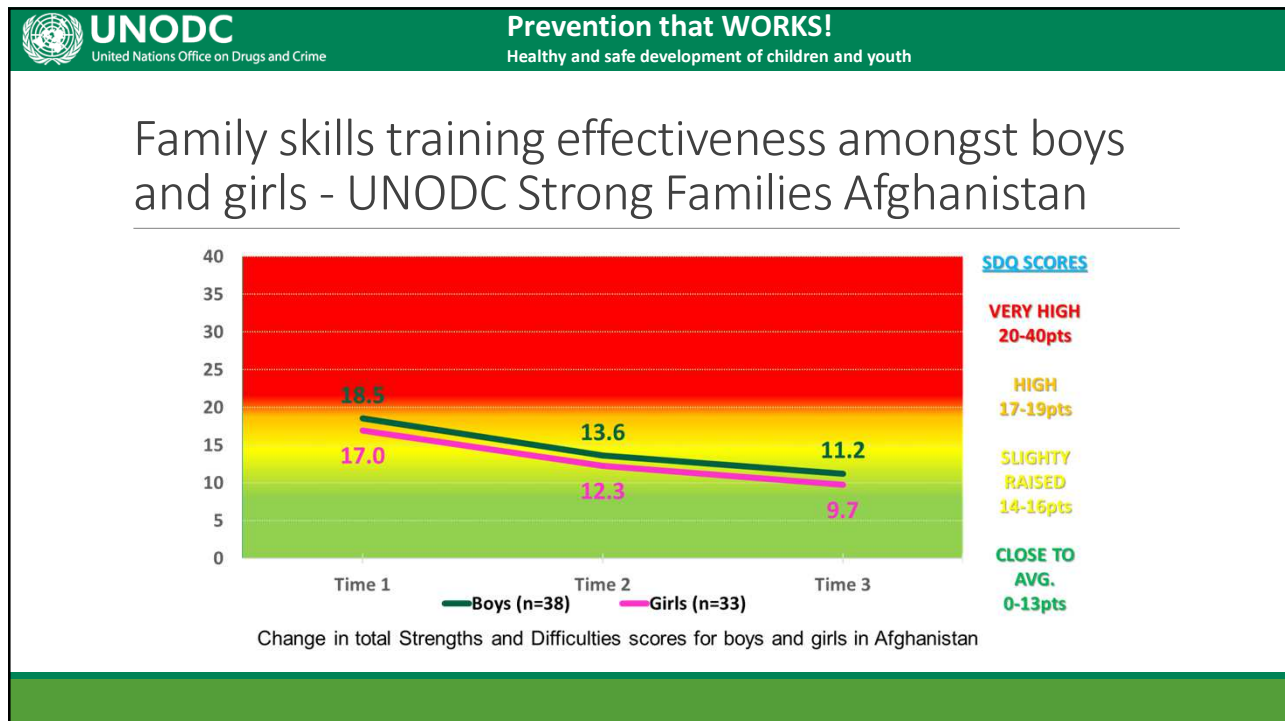
Time	Children in Afghanistan (n=72, purple)	Refugee reception centers in Serbia (n=25, light blue)
Time 1...	17.8	14.2
Time 2...	12.9	11.0
Time 3...	10.6	10.0

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

32



33



34

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

35

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UNODC family-based prevention programmes in the public domain

FOR LOW RESOURCE SETTINGS

FOR ALL FAMILIES

36

Parenting during COVID-19 and other difficult circumstances – LISTEN FIRST!!!



SCAN ME

37

The Science of Play
 Play helps children work through stress and worries. Play benefits physical and mental health, and it helps maintain some normality in difficult times.
 Read More...

Listen First!

38

NEW MATERIALS!!!

www.unodc.org/listenfirst

The Science of Skills

Super Skills promotes social and emotional learning as a foundation for science-based substance use prevention in early adolescents. Filmed in Skilltown 3D – the magical place where anything can happen and every young person can learn what really matters!



Super Skills

- Science of Compassion
- Science of Confidence
- Science of Curiosity
- Science of Empathy
- Science of Gratitude
- Science of Honesty
- Science of Hope
- Science of Integrity
- Science of Motivation
- Science of Respect

39

The earlier, the better

Focus on development, not only information

It is never too late

Use evidence-based programmes

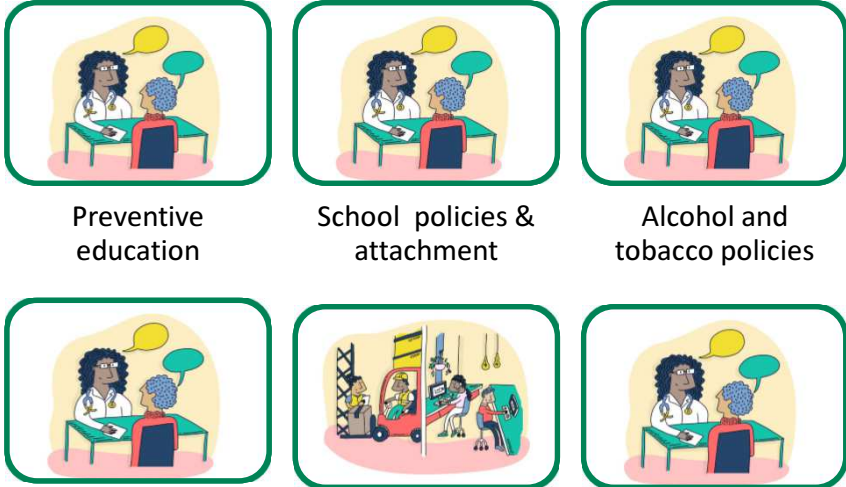
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40

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Preventive education

School policies & attachment

Alcohol and tobacco policies

Screening and brief intervention

Workplace prevention

Entertainment venues

41

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42



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

Not personal opinion, happiness, feel good factor, tradition, moral value, visibility value, etc.

43



Buying a ready-made suit is easier than making a suit.

Look for a programme that has already been evaluated to be effective (an evidence-based programme)

EMCDDA X-change!!!

We can help

44



Better try
the suit
as it is
first.

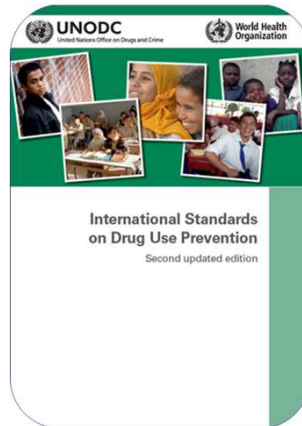
45

What if you cannot
access an evidence-
based programme?

49



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



50



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

51



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)

52



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

53



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**Compare with your existing
programme(s).**

54

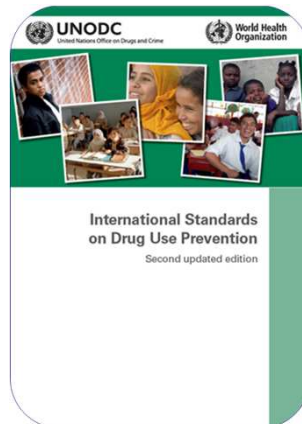


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You can use the Standards
to do this with ANY strategy



55

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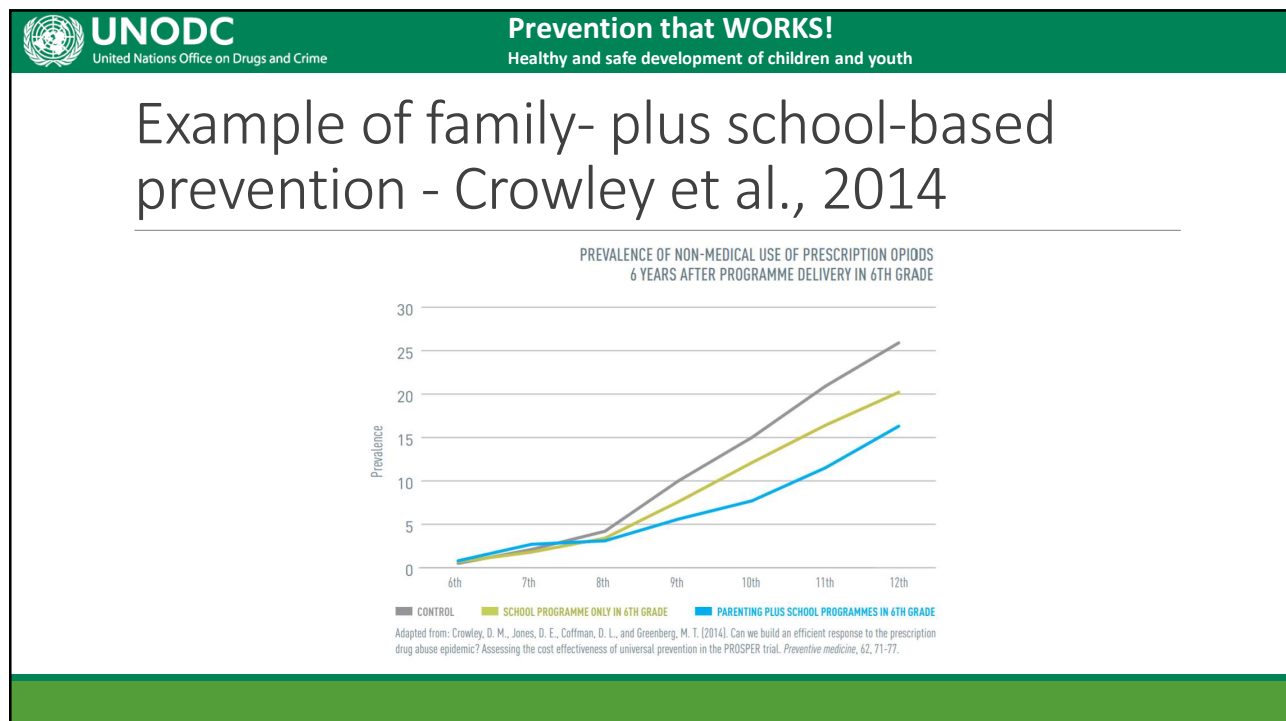
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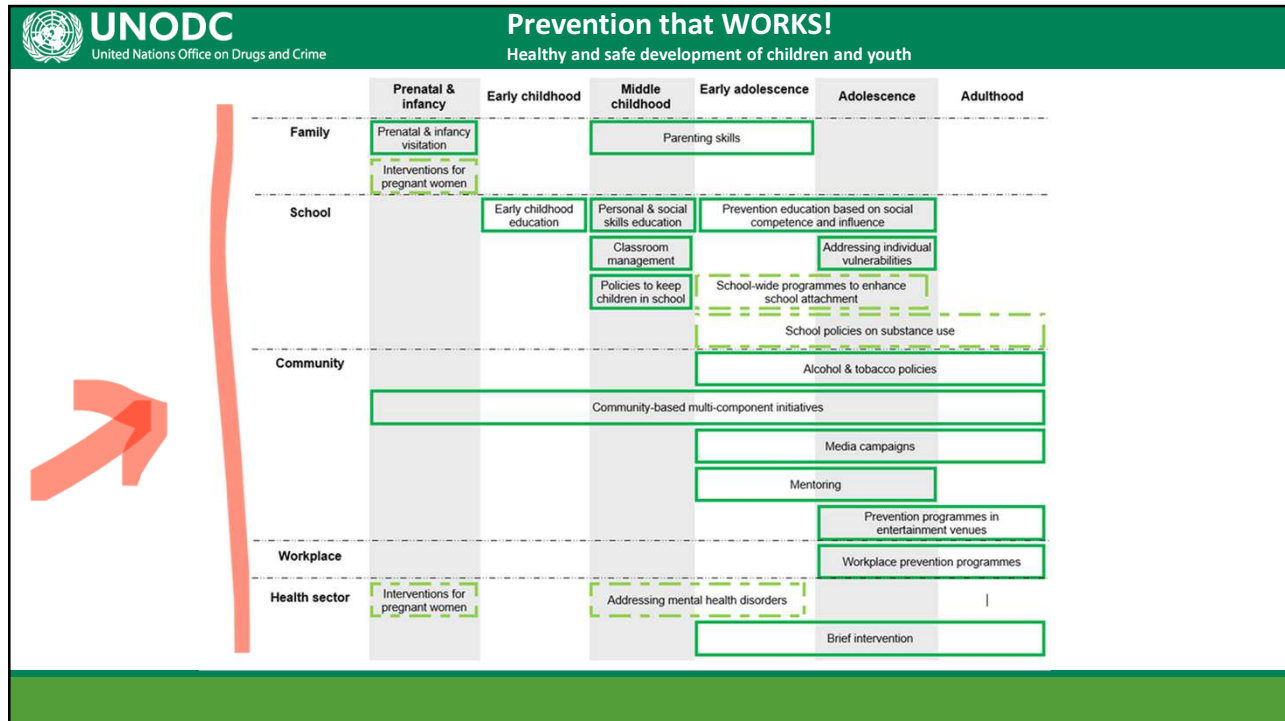
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56



57



58



59



The health and safe development of children and youth, as well as the health and well being of all

60

Thank you!

MS. GIOVANNA
CAMPELLO, UNODC
PREVENTION,
TREATMENT AND
REHABILITATION
SECTION

WRITE TO ME:
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UN.ORG](mailto:GIOVANNA.CAMPELLO@UN.ORG)

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61