

International Standards on Drug Use Prevention

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Mental, emotional and behavioural disorders among youth

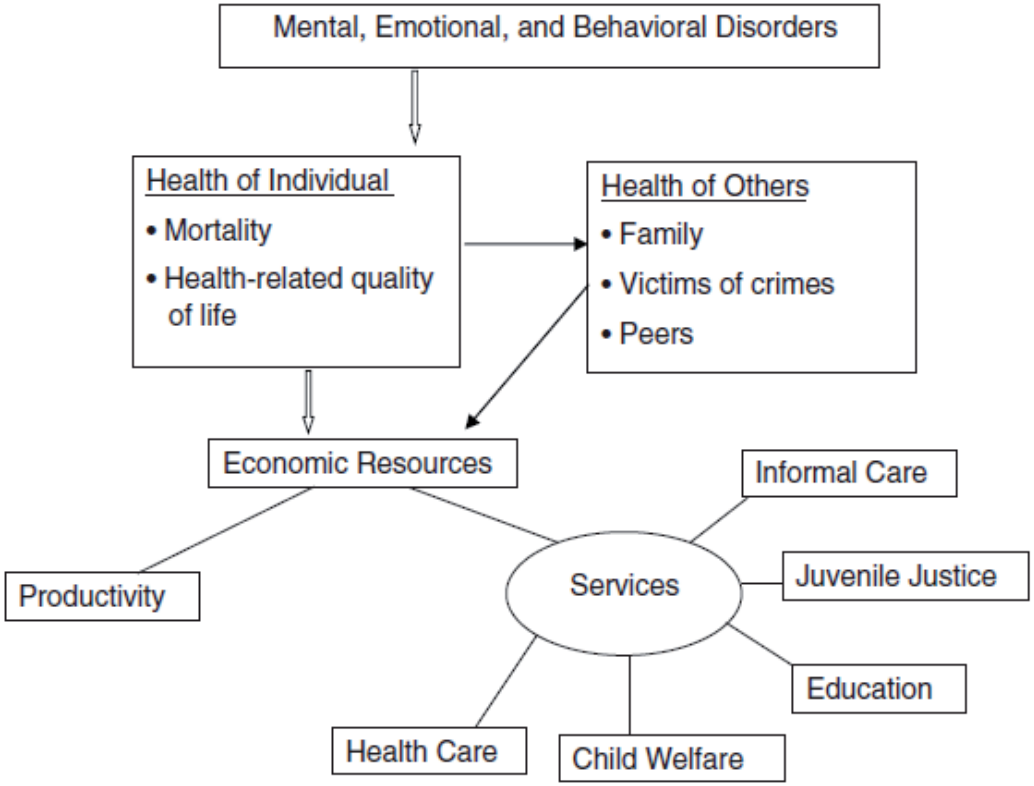


FIGURE 9-1 Costs of mental, emotional, and behavioral disorders among young people.
SOURCE: Adapted from Eisenberg and Neighbors (2007).

Developmental challenges that increase vulnerabilities

Developmental Period	Context: Individual	Context: Family	Context: School	Context: Neighborhood/ Community
Prenatal/Early Childhood	•Exposure to alcohol •Difficult temperament	•Unresponsive mothering •Modeling parental •Substance use		
Middle Childhood	•Lack of behavioral self-control regulation •Aggression •Sensation seeking	•Permissive parenting • Low parental warmth •Harsh discipline •Tolerant of substance •Inadequate monitoring	•School failure •Peer rejection •Low school commitment •Deviant peer group •Peer substance use	•Tolerance of substance use •Accessibility/Avail-ability
Adolescence	•Conduct disorder •Early substance use •Rebelliousness •Low college aspirations •See above	•See all above	•See all above	•See above
Late Adolescence/ Early Adulthood	•Lack of commitment to conventional adult roles •Anti-social attitudes/ behavior	•Leaving home	•Association with deviant peers	•See above
Adulthood	•Prior substance use •Difficult transitions	•Detached from family	•See above	•See above

Interventions by developmental phase

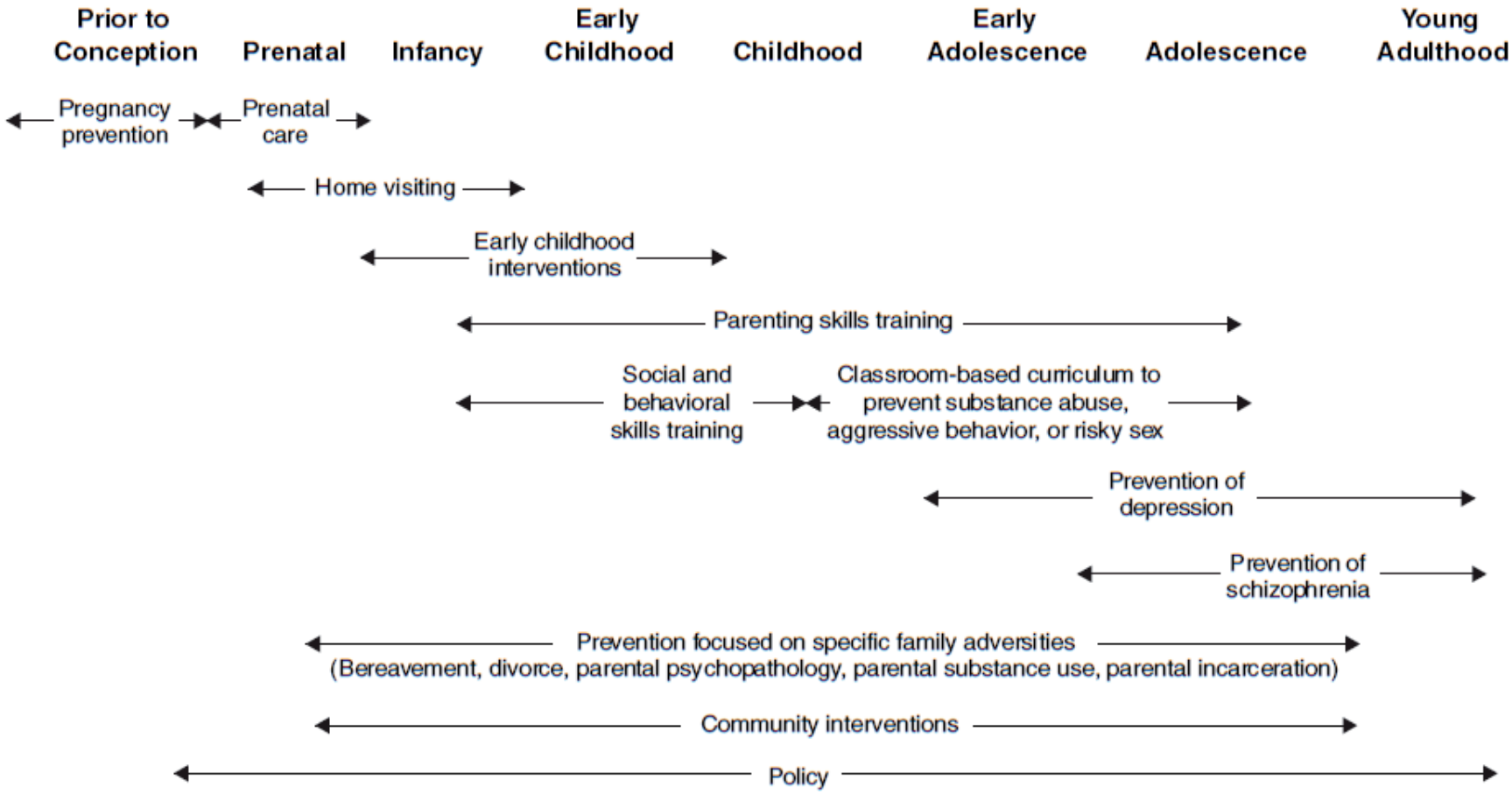
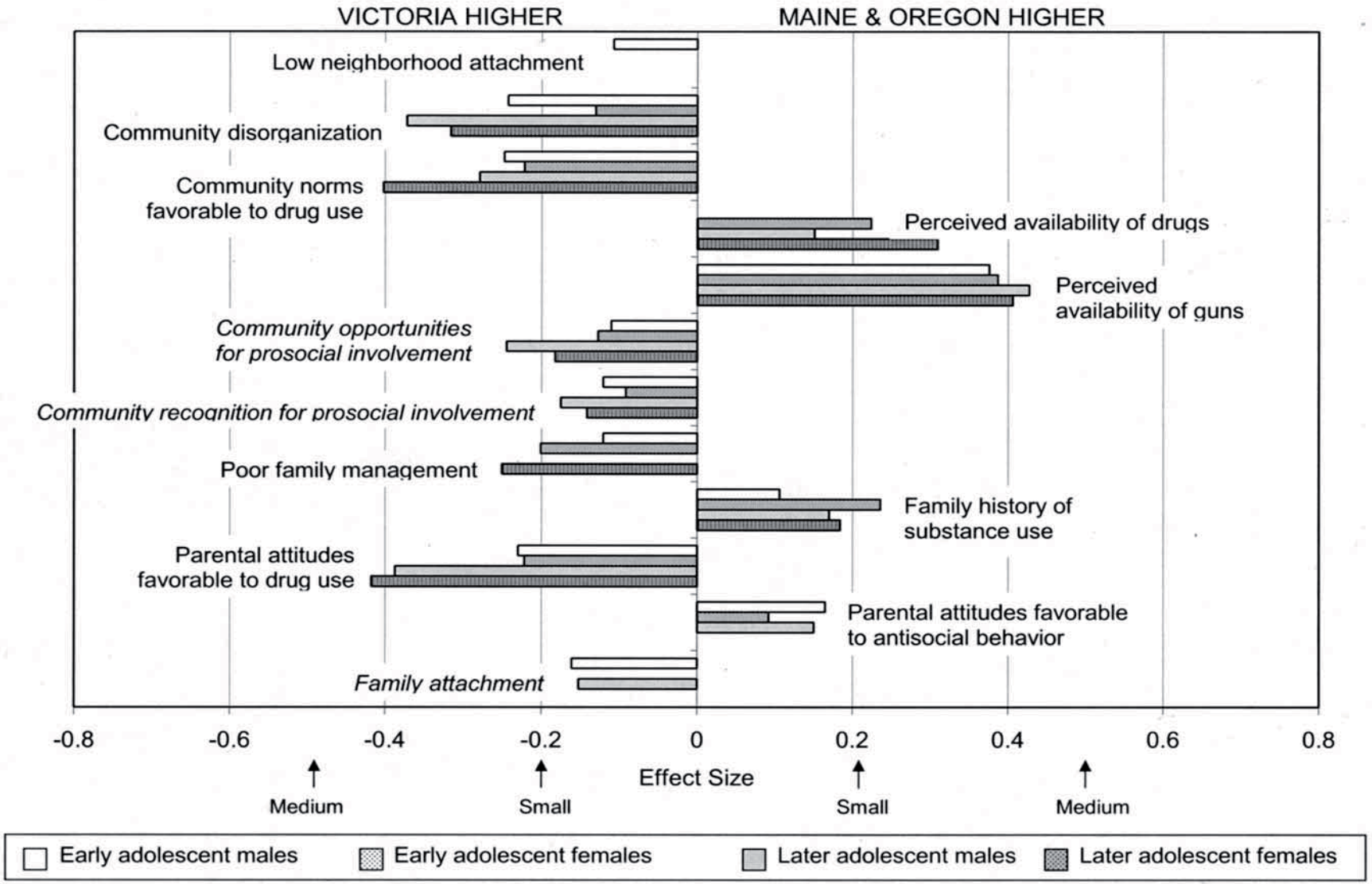


Table 2: Estimates of number of children with one or both parents with alcohol/drugs related problems in the population aged under 20 years Denmark, Finland, Germany and Poland

	Denmark	Finland	Germany	Poland
Population under 20 (as of 1st January 2007)	1 336 974	1 226 528	16 203 730	8 810 480
Children with one or both parents abusing alcohol	140 000	70 000 (3)	5 000 000– 6 000 000	1 500 000– 2 000 000
Children with one or both parents using drugs	3 000 (2)	NA	30 000- 40 000-	NA

EMCDDA 2008 selected issue — Drugs and vulnerable groups of young people
Luxembourg: Office for Official Publications of the European Communities



Beyers et al., (2004). A cross-national comparison of risk and protective factors for adolescent substance use: The United States and Australia. Journal of Adolescent Health, 35, 3-16.

Synergism

- Great advances in prevention science over the past 25 years.
- New materials available to support drug use prevention from a number of organizations in several countries:
  - European Monitoring Centre on Drugs and Drug Addiction,
  - Canadian Centre on Substance Abuse,
  - CICAD of the Organization of American States, and
  - NIDA and SAMHSA from the United States.
- These products recognize the advancements in our understanding about what drug use prevention is and how effective prevention services can be delivered.

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Prevention works!
in Schools • in Families • in Workplaces

International Standards on Drug Use Prevention

To assist countries assess and improve their national prevention systems by identifying evidence-based interventions and policies and their elements/ components.

Scope of the work

- Delay or avoid the onset of use
- Prevent transition to disorders
  - (No prevention of consequences)
- Substance abuse
  - Including tobacco, alcohol, prescription drugs, inhalants
- Risky behaviours
  - Based on an understanding that substance abuse prevention means promoting the healthy and safe development of children, youth and adults
  - Addressing life skills to make the right decisions about the use of these substances
- Science- and theory-based

What do we mean by "Evidence-Based"?

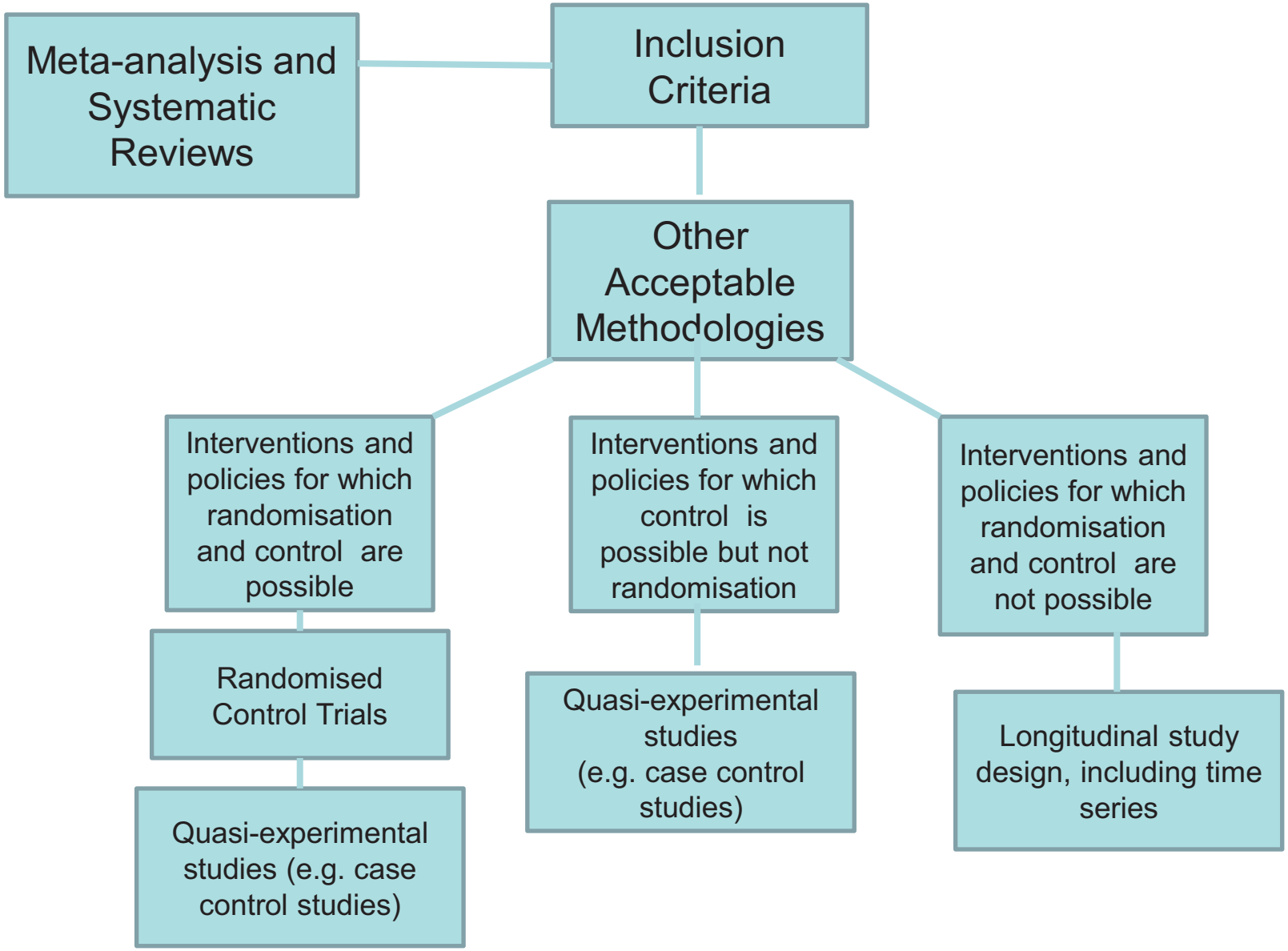
"Evidence Based Practice (EBP) is the use of systematic decision-making processes or provision of services which have been shown, through available scientific evidence, to consistently improve measurable client outcomes. Instead of tradition, gut reaction or single observations as the basis of decision making, EBP relies on data collected through experimental research and accounts for individual client characteristics and clinician expertise."

(Evidence Based Practice Institute, 2012; http://depts.washington.edu/ebpi/)

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Flow Chart 1

Hierarchy of inclusion of study designs on the evidence base for the inclusion of intervention and policy types in the Standards



How is the evidence collected?

- Group of experts identified relevant references for us. Important to note, experts were:
  - Nominated by UNODC and Member States
  - Researchers, practitioners, policy makers
  - Geographically representative

Assessment of evidence

Study design	Quality of study	Source of study	Assessment of the evidence
Meta-analysis and systematic reviews	Good quality	Peer-reviewed scientific publication ('journal')	Excellent
		Official report ('report')	Good
	Acceptable quality	Journal	Good
		Report	Promising
	Not acceptable	Journal/ report	Not included
RCTs/ case-control studies/ time series analysis	Good quality	Journal	Good
		Report	Promising
	Acceptable quality	Journal	Promising
		Report	Promising
	Not acceptable	Journal/ report	Not included
Other research designs	Good quality	Journal	Promising
		Report	Not included
	Acceptable quality	Journal	Not included
		Report	Not included
	Not acceptable	Journal/ report	Not included

Assessment of transferability - 1

Study design	Quality of study	Source of study	Number of regions covered	Assessment of the transferability
Meta-analysis and systematic reviews	Good	Journal	Western Region (W.R.) plus two	Excellent
			WR plus one	Good
			WR only	No evidence of transferability
		Report	Western Region (W.R.) plus two	Good
			WR plus one	Good
			WR only	No evidence of transferability
	Acceptable	Journal	WR plus two	Good
			WR plus one	Promising
			WR only	No evidence of transferability
		Report	WR plus two	Promising
			WR plus one	Promising
			WR only	No evidence of transferability

Assessment of transferability - 2

Study design	Quality of study	Source of study	Number of regions covered	Assessment of the transferability
RCTs/ case-control studies/ time series analysis	Good	Journal	WR plus two	Good
			WR plus one	Promising
			WR only	No evidence of transferability
		Report		Promising
				Promising
				No evidence of transferability
	Acceptable	Journal	WR plus two	Promising
			WR plus one	Promising
			WR only	No evidence of transferability
		Report		Promising
				Promising
				No evidence of transferability

Assessment of transferability - 3

Study design	Quality of study	Source of study	Number of regions covered	Assessment of the transferability
Other research designs	Good	Journal	WR plus two	Promising
			WR plus one	Promising
			WR only	No evidence of transferability

Proposed format – Main document

- Short document for policy makers, no jargon, including:
  - Introduction:
    Prevention is about healthy and safe development and draws on the findings from neurobiology and social sciences.
  - Evidence-based interventions and policies.
  - Principles for an effective national prevention system.

Proposed format – Supporting documentation

- Annexes for national prevention experts (the advisors to the policy makers) to allow them to assess our process and conclusions, e.g. including:
  - Description of the methodology.
  - Tables summarising for each reference the assessment of the quality and the main content.

Overview of the content – Prenatal and early infancy

- Maternal care
  - E.g. Nurse Visitation Programme
  - Setting: family - Level of risk: selective
- Parenting skills
  - Setting: family - Level of risk: selective
- Early childhood education
  - Setting: school - Level of risk: selective

Middle childhood

- Parenting skills
  - Setting: family - Level of risk: universal & selective
- Classroom curriculum
  - Setting: school - Level of risk: universal
- School culture and school bonding
  - Setting: school - Level of risk: universal

Early adolescence

- Parenting skills
  - Setting: family - Level of risk: universal & selective
- Classroom curriculum
  - Setting: school - Level of risk: universal
- School policies about substance abuse
  - Setting: school - Level of risk: universal
- Addressing temperamental vulnerabilities
  - Setting: school, community – Level of risk: selective
- Mentoring
  - Setting: school, community – Level of risk: selective
- Sports and other leisure activities
  - Setting: school, community – Level of risk: universal, selective

Adolescence & adulthood

- Brief intervention
  - Setting: school, workplace, health sector – Level of risk: indicated
- Workplace prevention programmes
  - Setting: workplace – Level of risk: universal, selective, indicated
- Alcohol policies
  - Setting: community – Level of risk: universal, selective
- Community partnerships
  - Setting: community – Implementation methodology
- Entertainment venues programmes
  - Setting: community – Level of risk: selective, indicated
- Media campaigns
  - Setting: community – Level of risk: universal, (selective)
- Addressing the non-medical use of prescription drugs
  - Setting: community – Level of risk: universal, selective

As an Example - The Family

- Key socialization agent for individuals becoming a part of the society into which they are born.
- There are several dimensions or domains of the parent/ caregiver-child that make the socialization process successful.
- Among these are the following:
  - Forming an attachment to the caregiver and, thus, the family;
  - Engaging in sharing or reciprocity relationships;
  - Acquiring behavioral self-control; and
  - Learning and internalizing accepted norms, values and age- and gender-specific behaviors of the community/society.

Family Prevention Approach

- Research on good family parenting, dynamics and functioning informs prevention development.
- Prevention programs are designed to help parents enhance parenting skills.
- Early parent interventions address family dynamics and functioning as well as parenting skills.

Evidence on family programmes

- Vellman, R.D., Templeton - L., & Capello, A. (2005). The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. Drug and Alcohol Review, 24, 93-109.
  - Reviews of available randomized trials
  - Individual trials

Common Elements of Parenting Programs

- Focus is on the family and should include parents and children.
- Better family communication skills, developmentally appropriate discipline styles, firm and consistent rule enforcement, and other family management skills.
- More emotional, social, cognitive, and material support for their child, which can include help with homework, meeting their children's financial needs.
- Benefits of taking a more active role in their children's lives, e.g., monitoring their activities, providing consistent rules and discipline, and being involved in their learning and education.

Specific to Substance Use

- Information and education for parents on drugs and their effects.
- Skills for developing, discussing, and enforcing family policies on substance abuse.
- Emphasis on parental monitoring and supervision and include skills, such as, rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.

What Doesn't Work in Family-Based Prevention

- Undermining parents' authority.
- Lecturing or using other primarily didactic strategies.
- Focusing exclusively on the child.
- Using poorly trained staff.

Dimensions of a prevention system

- Multiple interventions and policies addressing vulnerabilities across:
  - Developmental stages: early childhood, middle childhood, early adolescence, etc.
  - Settings: family, school, workplace, community, health sector, media, etc.
  - Levels of risk: universal, selective, indicated.

Delivery system

- Lead can be taken at different level:
  - Policy makers at national level;
  - Policy makers and/or agencies at the local level;
  - Residents and community leaders.
- Ideally, all levels should be involved for effectiveness and sustainability.
  - Policy makers at national level: set the standards and support the infrastructure for implementation.
  - Policy makers and/or agencies at the local level: implement policies and programmes.
  - Residents and community leaders: mobilize changes in policies, influence community norms, (implement programmes).

Assessment of Prevention Needs

- Prevalence: What is the problem?
- Incidence: Who is most vulnerable to substance use and at risk?
- Vulnerabilities: What makes people vulnerable and at risk?
- Prevention intervention needed: What types of prevention policies and interventions are needed?
- Availability of services: Are these policies and interventions available?
- Coverage of services: Do the policies and interventions reach all those who need them?
- Quality of policies and intervention: Are ongoing policies and interventions based on scientific evidence?

Infrastructure to support prevention interventions and policies

- Well trained policy makers, national prevention experts and practitioners.
- Adoption and enforcement of national standards promoting practice based on scientific evidence.
- Strong linkages to research institutions to support systematic monitoring and evaluation of ongoing interventions and programmes.

Basic understanding

- Drug use and substance abuse are health problems that deserve a public health response based on scientific evidences as any other health disorder.
- Prevention can be effective and cost effective and is an investment in the immediate and future health and wellbeing of children, youth, families and communities.

Thank you!