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



**Evidence-based drug prevention  
= Effective practices supporting  
children and youth develop  
healthy and safe in spite of  
vulnerabilities**

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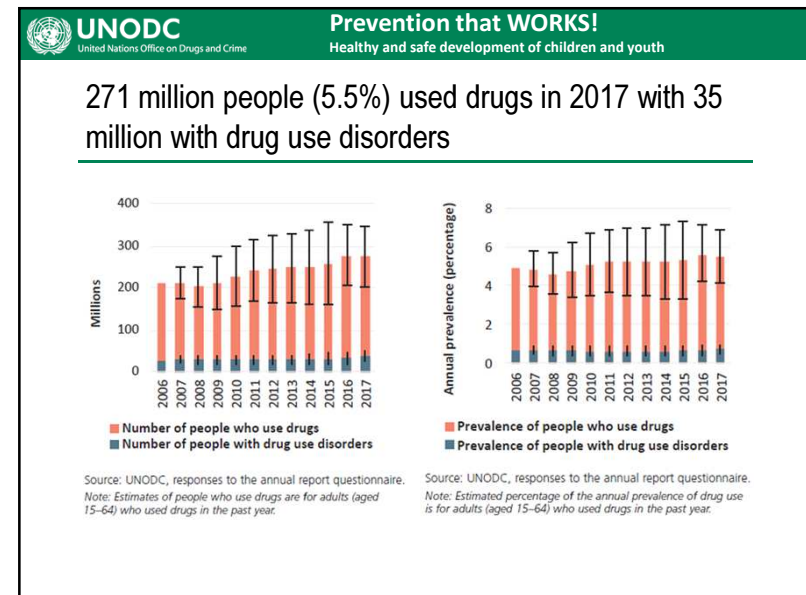
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**Best wishes and warmest  
regards from Mr. Y. Fedotov,  
UNODC Executive Director and  
Dr. Gilberto Gerra, Chief of the  
UNODC Drug Prevention and  
Health Branch**

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**WHY IS THIS SEMINAR IMPORTANT?**



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# We need prevention that WORKS!

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## EVIDENCE-BASED PREVENTION

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**Evidence-based prevention**

**=**

**Strategies the effectiveness of which has been demonstrated by scientific studies (not intuition, common sense, gut feeling, tradition, happiness, etc.)**

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### International Standards on Drug Use Prevention UNODC/WHO Second Updated Edition



**International Standards on Drug Use Prevention**  
Second updated edition

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## International Standards on Drug Use Prevention



International Standards on Drug Use Prevention

International Standards on Drug Use Prevention  
Second updated edition

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## UNODC, WHO and 100+ experts from 47 countries

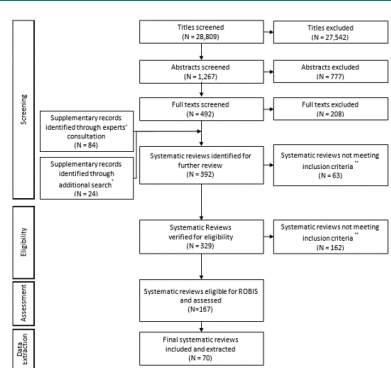
- Valentina Baltag
- Faten Ben Abdel Aziz
- Giovanna Campello
- Asma Fakhri
- Gilberto Gerra
- Elena Gomes de Matos
- Hanna Heikkila
- Ludwig Kraus
- Dzmitry Krupchanka
- Susan Norris
- Heeyoung Park
- Shima Shakory-Bakhtiar
- Nandi Siegfried
- Vladimir Poznyak



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## Flow diagram



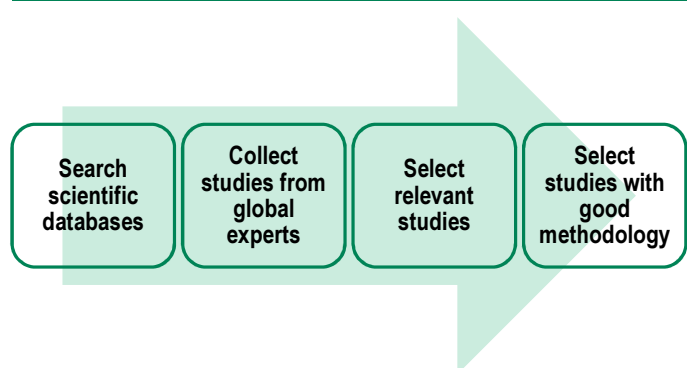
Flow diagram illustrating the systematic review process:

- Titles screened (N = 38,809) → Titles excluded (N = 27,542)
- Abstracts screened (N = 1,267) → Abstracts excluded (N = 777)
- Full texts screened (N = 492) → Full texts excluded (N = 208)
- Supplementary records identified through experts' consultation (N = 84)
- Systematic reviews identified for further review (N = 592) → Systematic reviews not meeting inclusion criteria (N = 63)
- Systematic Reviews verified for eligibility (N = 329) → Systematic reviews not meeting inclusion criteria (N = 362)
- Systematic reviews eligible for ROBIS and assessed (N = 187)
- Final systematic reviews included and extracted (N = 70)

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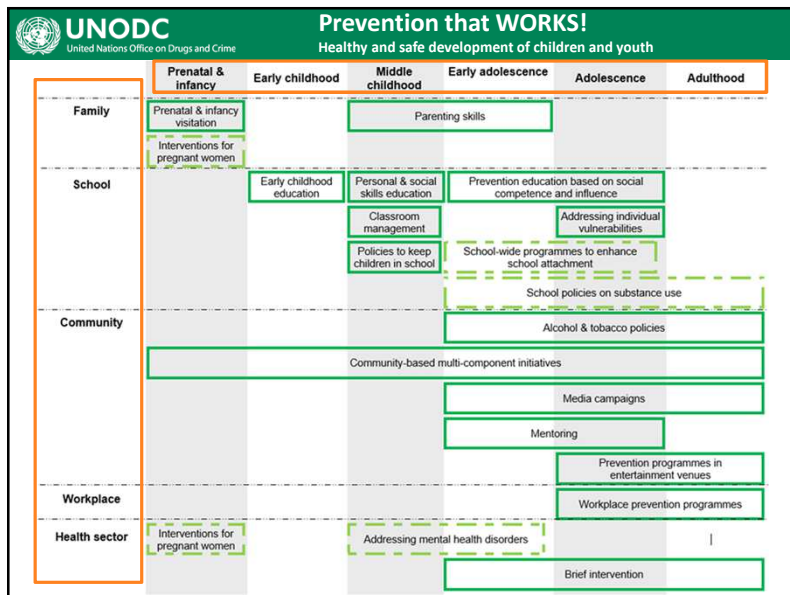
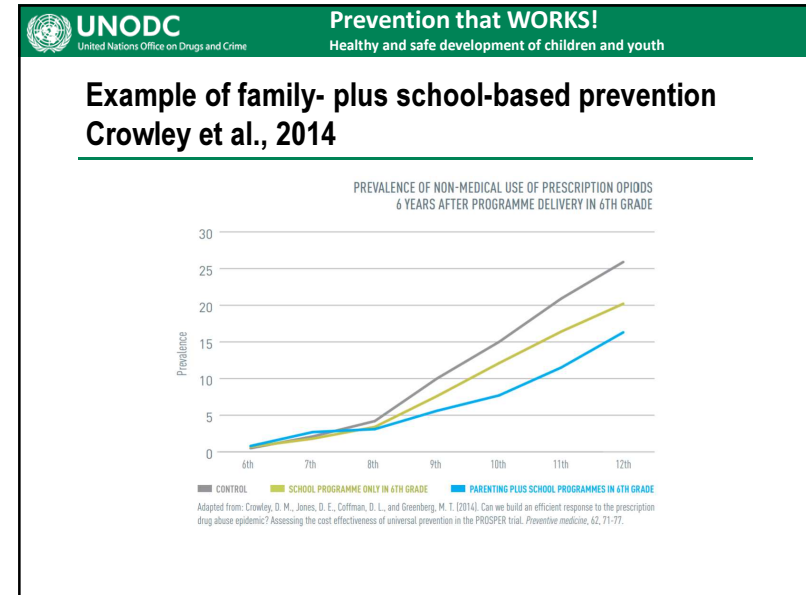
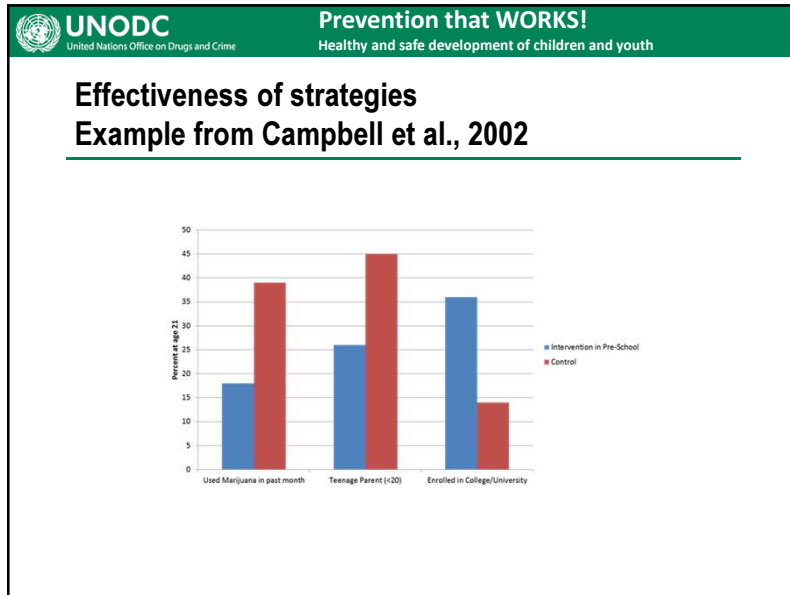
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## Flow diagram



Flow diagram illustrating the systematic review process:

- Search scientific databases
- Collect studies from global experts
- Select relevant studies
- Select studies with good methodology



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# Evidence-based prevention also prevents other risky behaviours and promotes development

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### Common-sense understanding of etiology

People do not know the danger of drugs

➔

They start to use drugs

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### Perception of risk important, but not the only factor

Past Year Marijuana Use and Perceived Risk of Harm of Occasional Marijuana Use Among 12th Graders, 1975-2017

Source: Monitoring the Future

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### Parents matters

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

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

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### Being in school or not matters

Past-month use among youth in school and out (12<sup>th</sup> grade age)

Substance	Dropouts (%)	Students (%)
Cigarettes	55.9*	20.2
Alcohol	41.1*	33.7
Binge alcohol	31.8*	22.1
Any 8th drug	31.4*	18.1
Marijuana	27.5*	15.6
Nonmedical use of prescription-type drugs	9.5*	4.6

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.

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## 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%

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## Science-based understanding of vulnerabilities

**MACRO-LEVEL INFLUENCES**

- Income and Resources**
  - Poverty
  - Homeless, refugee status
  - Child labor
  - Lack of access to healthcare
- Social Environment**
  - Antisocial norms, poor informal social controls
  - Lack of social cohesion, Disconnectedness, lack of social capital
  - Conflict/War
  - Social exclusion, inequality, discrimination
- Physical Environment**
  - Decay: abandoned buildings, substandard housing
  - Neighborhood disorder
  - Access to alcohol, tobacco, other drugs, firearms
  - Lack of access to nutritious foods
  - Toxic exposures
  - Media

**MICRO-LEVEL INFLUENCES**

- Family Influences**
  - Lack of involvement & monitoring
  - Harsh, abusive or neglectful parenting
  - Negative role modeling
  - Neglect for physical condition
  - Stressful, chaotic environment
  - Parental substance use
- School Influences**
  - Poor quality early education
  - Negative school climate
  - Poor school attendance
  - Lack of health education & prevention programs
  - Lack of afterschool activities
- Peer Influences**
  - Antisocial peers, role models
  - Exposure to alcohol, tobacco, other drug use, violence, crime
  - Lack of parental monitoring of peer relationships
  - Social networking technology

**PERSONAL CHARACTERISTICS**

- Genetic Susceptibilities**
- Mental Health & Personality Traits**
  - Sensation-Seeking
  - Aggressive
  - Inattentive
  - Impulsive
  - Mental health problems
- Neurological Development**
  - Language delays
  - Cognitive deficits
  - Poor Decision making and problem Solving
- Stress Reactivity**
  - Deficits in emotion regulation and perception
  - Dysregulated physiological responses
  - Poor coping

**PRIMARY OUTCOMES**

- Substance abuse and related problems:**
  - Academic failure
  - Poor social competency Skills
  - Poor self regulation
  - Mental health problems
  - Poor physical health

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## Vulnerabilities that are common to many risky behaviours – Individual

Risk Factors	Substance Abuse	Teen Pregnancy	School Drop-Out	Delinquency	Overweight & Obesity	Violence
<b>Individual/Peer</b>						
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	✓	✓				✓

*Hawkins & Catalano, 1992*

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## Vulnerabilities that are common to many risky behaviours – School and family

Risk Factors	Substance Abuse	Teen Pregnancy	School Drop-Out	Delinquency	Overweight & Obesity	Violence
<b>School</b>						
Academic Failure Beginning in Late Elementary	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	✓
<b>Family</b>						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓				✓

*Hawkins & Catalano, 1992*

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## Vulnerabilities that are common to many risky behaviours - Community

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

*Hawkins & Catalano, 1992*

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## Prevention of many risky behaviours

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## This includes preventing violence (youth violence and child maltreatment)

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## Family skills training and life skills education prevent violence, youth violence, crime and child maltreatment



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# Evidence-based prevention is cost-effective

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# \$1 : \$10

*Spath et al., 2008*

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# Evidence-based prevention is based on studies from all over the world

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**29 countries currently piloting family skills globally with UNODC**

**Latin America:** Panama, Nicaragua, Honduras, Costa Rica, El Salvador, Guatemala, Dominican Republic, Mexico

**Eastern Europe:** Bosnia and Herzegovina, Albania, North Macedonia, Montenegro, Serbia

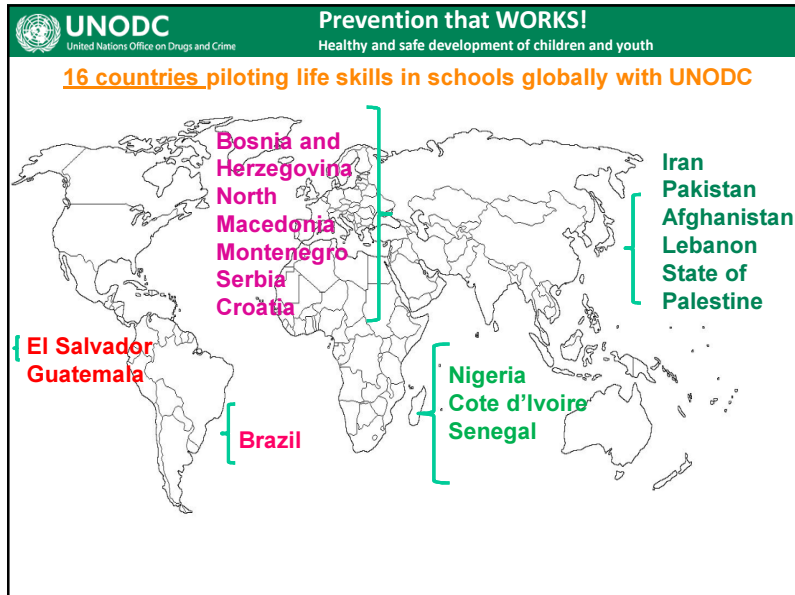
**Central Asia:** Kazakhstan, Uzbekistan, Tajikistan, Kyrgyzstan, Turkmenistan

**Iran, Pakistan, Afghanistan, Lebanon, State of Palestine**

**Kenya, Ethiopia, Ivory Coast, Senegal, Tanzania**

**Brazil**





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**2030 agenda**

**3.5 Strengthen prevention & treatment**

**3 GOOD HEALTH AND WELL-BEING**

**16 PEACE, JUSTICE AND STRONG INSTITUTIONS**

**16.1 Reduce violence & 16.2 Eliminate violence to children**

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**2030 agenda**

**1 NO POVERTY**

**5 GENDER EQUALITY**

**10 REDUCED INEQUALITIES**

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## UNGASS 2016 Outcome Document

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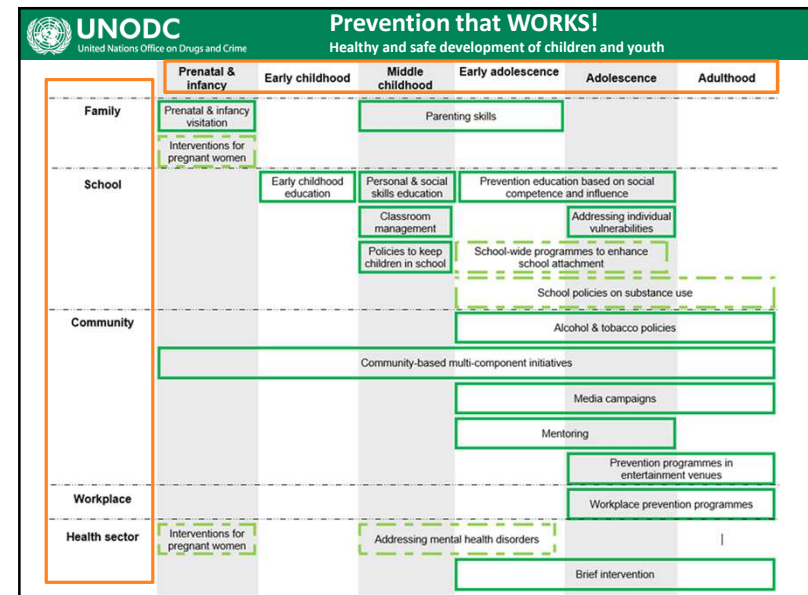
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## EVIDENCE-BASED PREVENTION STRATEGIES

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## International Standards on Drug Use Prevention UNODC/WHO Second Updated Edition



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## PREGNANCY AND INFANCY

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### Prenatal and infancy visits

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### Prenatal and infancy visits

#### Description

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- A trained nurse/social worker visits mothers-to-be and new mothers to provide parenting skills and address a range of issues (health, housing, employment, legal, etc.)
- Specific focus on women in particularly difficult circumstances



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### Prenatal and infancy visits

#### Evidence


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- No new reviews, 1 RCT (USA) from 1st edition
- Can prevent substance use later in life
- For children: less internalizing disorders, better school scores
- For mothers: less substance use impairment
- Cost-effective: prevent health and social welfare costs
- WHO: recommended to prevent child maltreatment

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## Interventions for pregnant women



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## Interventions for pregnant women

### Description

- An opportune time for intervention for mothers and future children
- All pregnant women:
  - Advice on the potential risks of substance use during pregnancy to themselves and babies
- Pregnant women with substance use disorders:
  - Services to manage substance use and treat substance use disorders as a matter of priority and based on rigorous clinical guidelines based on scientific evidence

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## Interventions for pregnant women

### Evidence – All pregnant women

- WHO recommends to ask pregnant women about their substance use as early as possible and at every ante-natal visit and, if necessary, offer (or refer) women to appropriate services

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## Interventions for pregnant women

### Evidence – Pregnant women with substance use disorders


- Treatment for pregnant women with substance use disorders
  - No new reviews, 2 reviews from 1st edition
  - For children: better development, particularly emotional and behavioural functioning
  - For mothers: better parenting skills

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## Resources

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substance use

Guidelines for the identification and management of substance use and substance use disorders in pregnancy


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## Early childhood education

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## Early childhood education

### Description

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- Early education supports social and cognitive development of pre-school children (2-5 year-olds) from deprived communities
- A selective intervention



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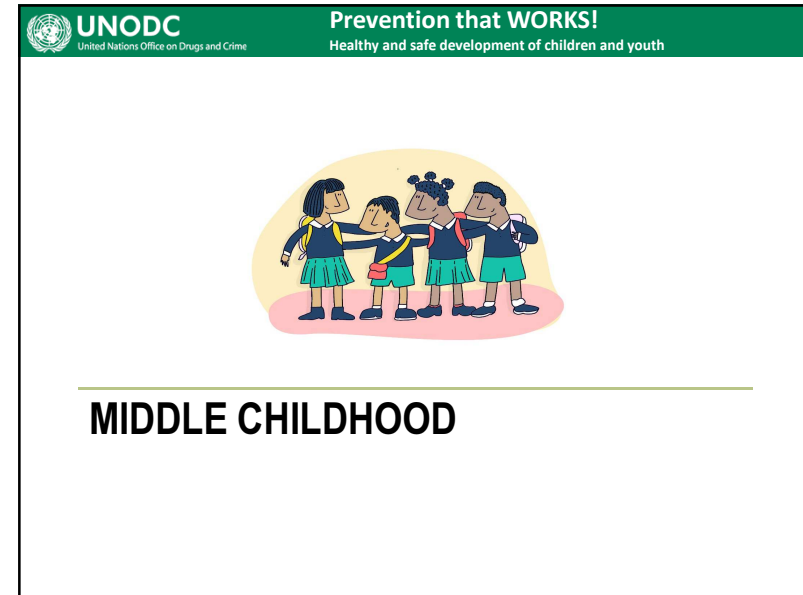
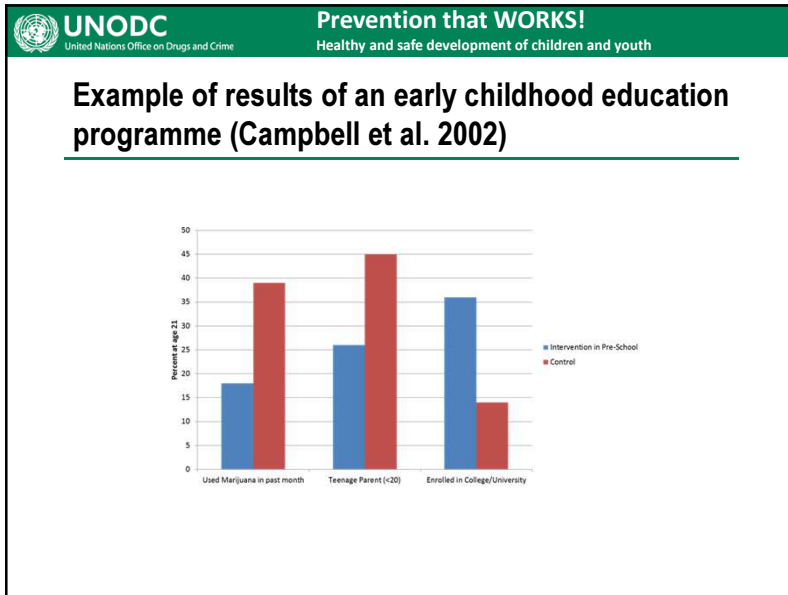
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## Early childhood education

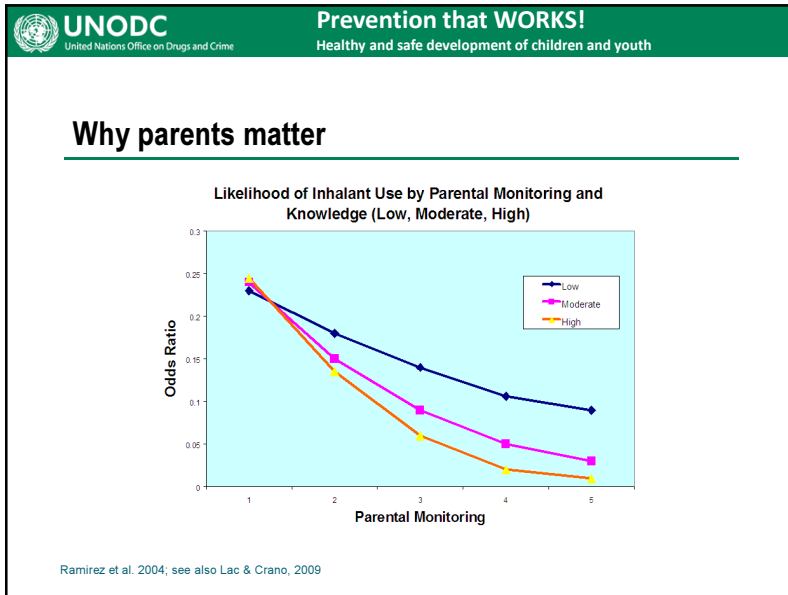
### Evidence

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- No new reviews, 2 reviews from 1st edition
- Less marijuana use at age 18
- Less smoking and use of other drugs
- **Less risky behaviours**
- **More mental health, social inclusion and academic success**



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- Parenting skills programmes**
- Description**
- Help parents to be better parents, in very simple ways (no lectures, no jargon!)
  - Develop a warm child-rearing style and strengthen parents-children bonding
  - Relevant also for parents of young adolescents
  - Delivery at universal and selective levels



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### Parenting skills programmes Evidence

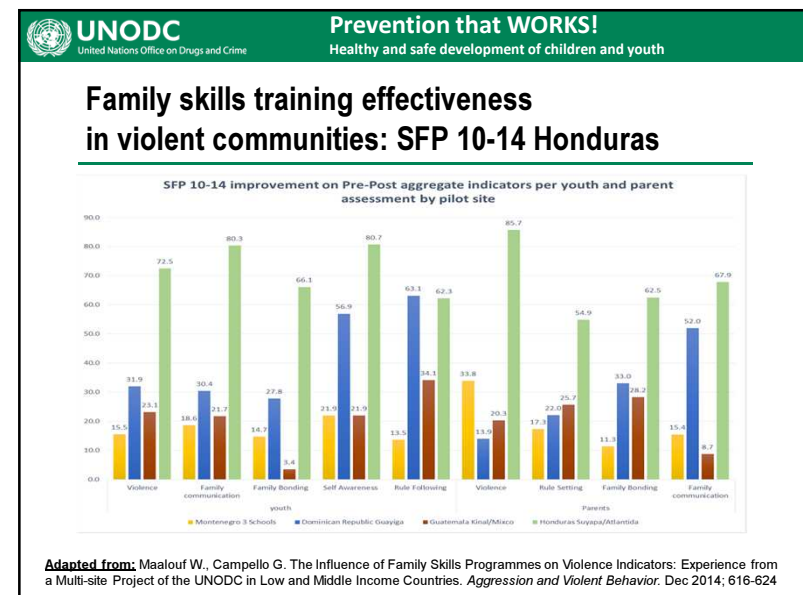
- Five reviews, with four from the new overview
- Can prevent substance use, including drug use, in young people, persisting in the medium term
- Intense delivery by a trained facilitator more consistently effective than single-session or computer-based delivery
- Gender-specific interventions for mothers and daughters effective
- Evidence from all regions

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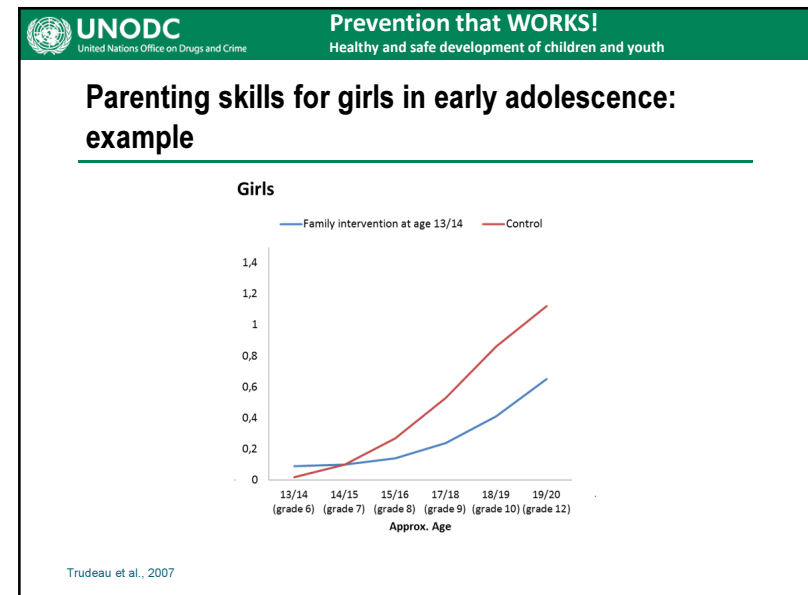
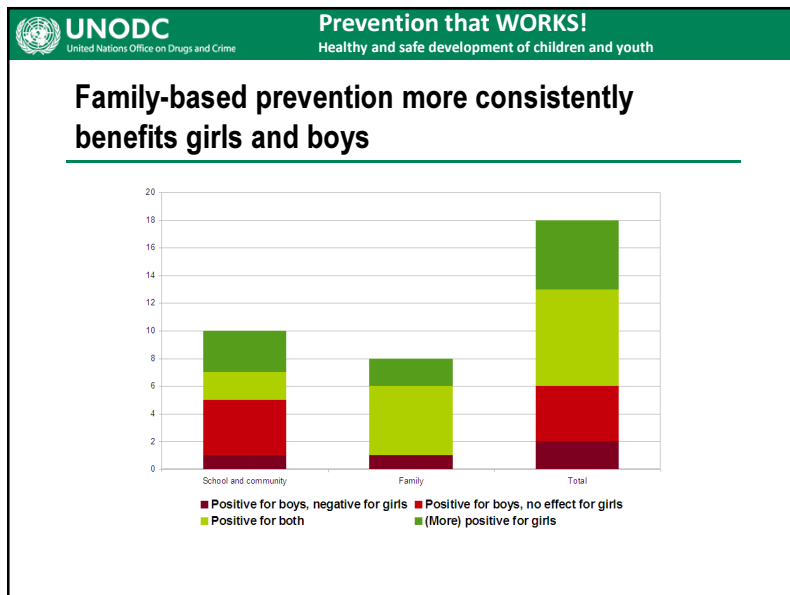
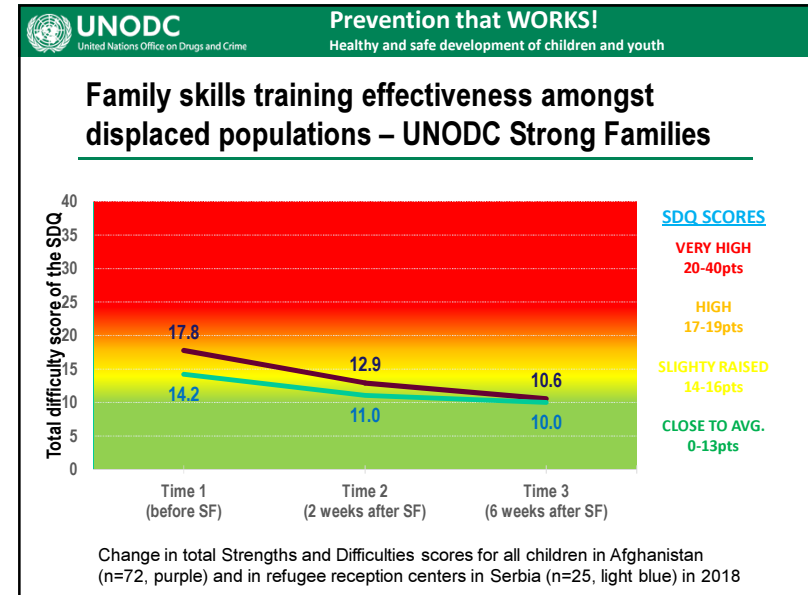
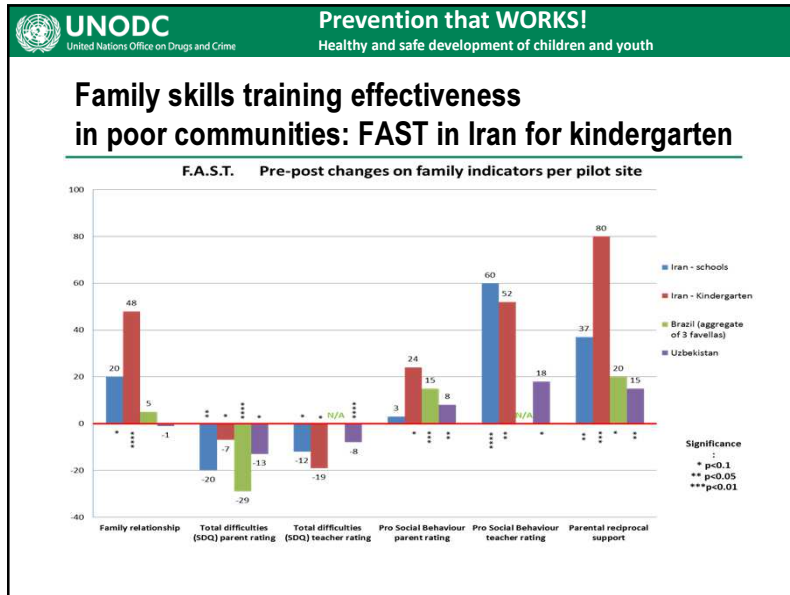
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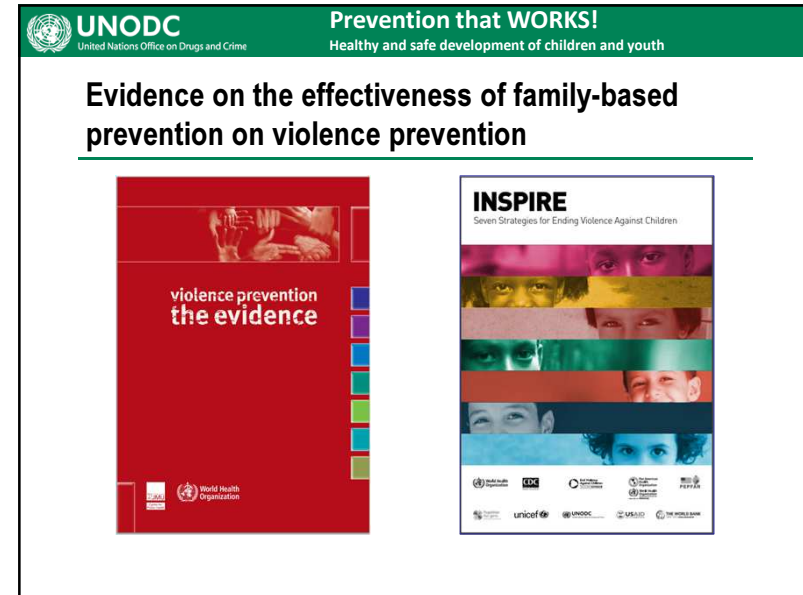
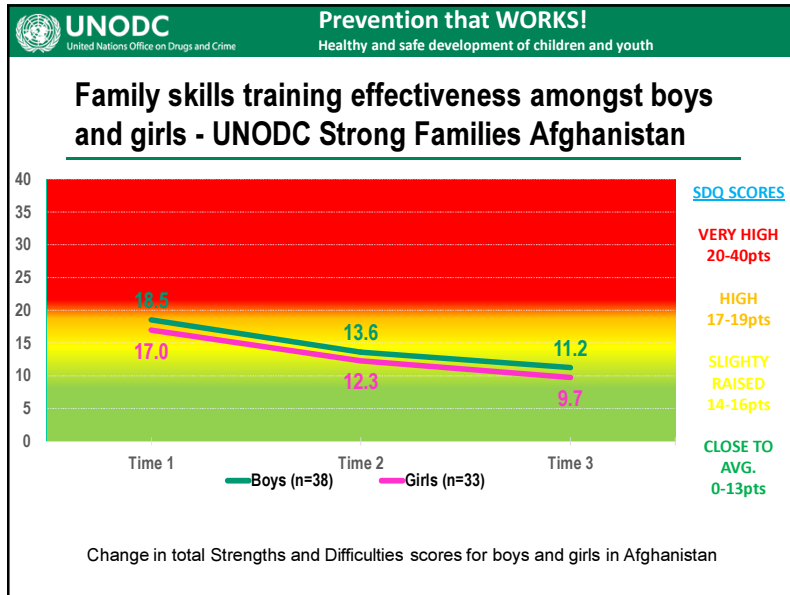
### Parenting skills programmes Evidence

- WHO recommends these programmes to:
  - Prevent child maltreatment
  - Promote development of children, including of poorly nourished, frequently ill or otherwise at-risk children and of children of mothers affected by mental health conditions
  - Manage behavioural disorders of children and adolescents
  - Prevent youth violence









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**Go to [menti.com](https://www.menti.com) and enter code \*\*\***  
**OR scan QR Code**

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- ### You will find the following question, reply on your phone
- If you were to do drug prevention with children that are 6-8 years of age in school, what TOPICS would you include?
    - Dangers of drugs
    - How to take care of your health
    - How to cope with stressful situations
    - How to be kind to my friends

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## Personal and social skills education



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## Personal and social skills education


### Description

- Trained teachers engage children in interactive activities during structured sessions to:
  - Learn how to cope with difficult situations in a safe and healthy way
  - Support development of general social competencies and mental/ emotional wellbeing
- Delivered to all children
- Normally, no content on specific substances

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## Example from an evidence-based programme: The Incredible Years



**INCREDIBLE YEARS CHILD DINOSAUR TRAINING PROGRAM CONTENT**


- Making New Friends and Learning School Rules (Apatosaurus Unit)
- How to Do Your Best in School (Giganotosaurus Unit) Learning how to put up a quiet hand, handle other children who poke, learning how to stop, think and check; practicing cooperation skills.
- Detecting and Understanding Feelings (Triceratops Unit)
- Wally Teachers Problem-Solving Steps (Stegosaurus Unit) Learning to identify a problem; thinking of solutions to hypothetical problems; learning ways to handle common problem situations such as being teased, left out, hit, thinking of consequences and evaluating solutions.
- Tiny Tattle Teachers Anger Management (Tyrannosaurus Rex Unit) Recognizing anger; using self-talk, visualization and relaxation methods to control anger; practicing alternative responses to anger producing situations.
- Molly Maesters Teaches How to be Friendly (Allosaurus Unit) Learning the concept of sharing, helping, and teamwork.
- Communication Skills (Brachiosaurus Unit) Learning how to listen, speak up, give compliments, apologies and suggestions, and enter into groups of children already playing.

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## Example from an evidence-based programme: The Incredible Years

- Recognize anger
- Think 'stop'
- Take a deep breath
- Go into your shell and tell yourself 'I can c
- Try again



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### Personal and social skills education Evidence

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- Seven reviews, with 4 from the new overview.
- Can prevent substance use, including drug use, in the medium term. Effectiveness of strategies focusing on resilience limited to drug use.
- Evidence from North America, Europe and Australia; some studies from Asia and Africa.
- **WHO recommends these programmes to promote mental health in children and adolescents**

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### Classroom environment improvement programmes

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### Classroom environment improvement programmes - Description

---

- Strengthen the abilities of teachers to manage their class, reducing early aggressive and disruptive behaviours of children
- Games delivered during normal class support children to socialize in their role as students
- Facilitate both academic and socio-emotional learning
- Universal

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### Classroom environment improvement programmes - Description

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### Example from an evidence-based programme: Good Behaviour Game

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The illustration shows a classroom environment. On the left, a poster titled 'Our Class Rules' lists four rules: 1. We will work quietly. 2. We will be polite to others. 3. We will get out of our seats with permission. 4. We will follow directions. To the right of the poster, a group of diverse children are sitting at small tables, engaged in an activity. The background is decorated with colorful posters and drawings.

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### Classroom environment improvement Evidence

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- No new reviews, one review from 1st edition
- All reported evidence from USA and Europe
- Decrease problem behaviour in classroom, including disruptive/aggressive behaviour
- Strengthen pro-social behaviour
- Improve academic performance

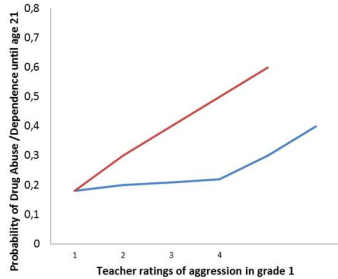
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### Example of results of a classroom environment improvement programme – Kellam et al. (2008)

---

**Males**



The graph shows the relationship between teacher ratings of aggression in grade 1 and the probability of drug abuse/dependence until age 21 for males. The x-axis represents 'Teacher ratings of aggression in grade 1' with values 1, 2, 3, and 4. The y-axis represents 'Probability of Drug Abuse / Dependence until age 21' with values from 0 to 0.8. Two lines are plotted: a red line and a blue line. Both lines show an upward trend, with the red line having a steeper slope.


Teacher ratings of aggression in grade 1	Red Line (Probability)	Blue Line (Probability)
1	0.18	0.18
2	0.30	0.19
3	0.42	0.20
4	0.54	0.21

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### Policies to keep children in schools

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The illustration shows a group of diverse children sitting around a table, engaged in a meal or snack. They are talking and interacting with each other. The table is set with plates, cups, and food. The background is a simple, clean design.

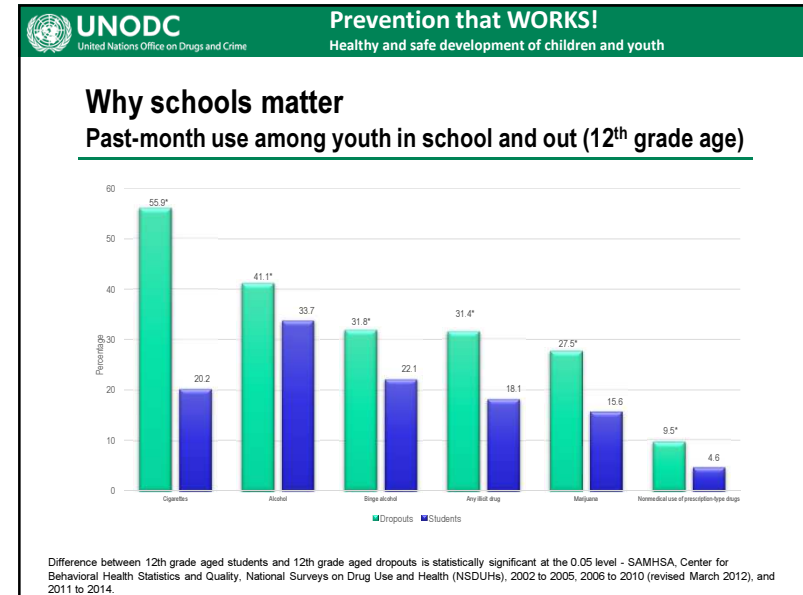
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## Policies to keep children in schools

### 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



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## Policies to keep children in schools

### Evidence


- No new reviews, 2 reviews from 1st edition
- All evidence is from low- and middle-income countries
- The following policies increased school attendance and improved language and numeracy skills:
  - Building new schools
  - Providing school meals
  - Providing conditional financial incentives to families: cash to families does not yield significant outcomes; conditional transfers do
- WHO recommends conditional financial incentives to keep children in schools to prevent youth violence

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## Addressing mental health disorders

### Description


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### Addressing mental health disorders

#### Description

- Emotional disorders (e.g. anxiety, depression) and behavioural disorders (e.g. ADHD, conduct disorder) are associated with higher risk of substance use later in adolescence and life
- It is possible, and a very important prevention strategy, to support children, adolescents and their parents in addressing such disorders as early as possible

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### Addressing mental health disorders

#### Evidence


WHO recommends the following:

- For behavioural disorders: behavioural interventions
- For emotional disorders: psychological interventions (e.g. CBT or interpersonal psychotherapy) for the children/ adolescents and parenting skills for the parents
- For ADHD: CBT or social skills training as initial interventions; if medication is necessary, it should be preceded by parent education and training
- Pharmacological interventions only in specialised settings

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## Plenary check: how much do you remember from what I just presented? ;-)

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**You will find the following question,  
reply on your phone**

---


- What are family skills programmes effective in?  
CHOOSE 3
  - Preventing drug use
  - Preventing teenage pregnancies
  - Preventing youth violence
  - Preventing crime
  - Preventing child maltreatment
  - Promoting mental health
  - Supporting development of children at risk

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**Early adolescence**

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**Middle childhood strategies  
that are still relevant and effective**

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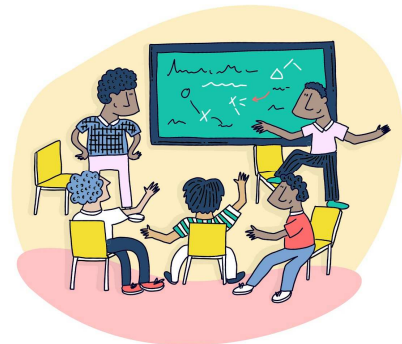
- Family skills training
- Keep children in schools
- Addressing mental health disorders

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**Prevention education**

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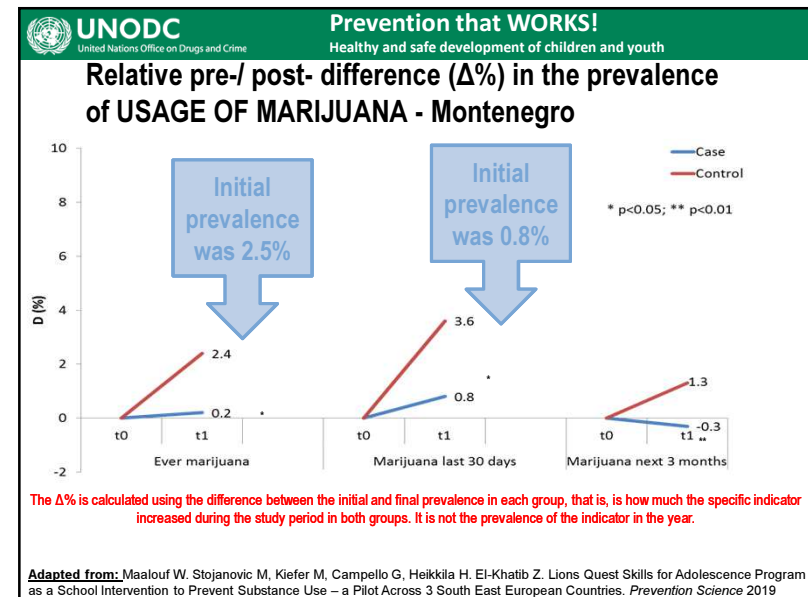
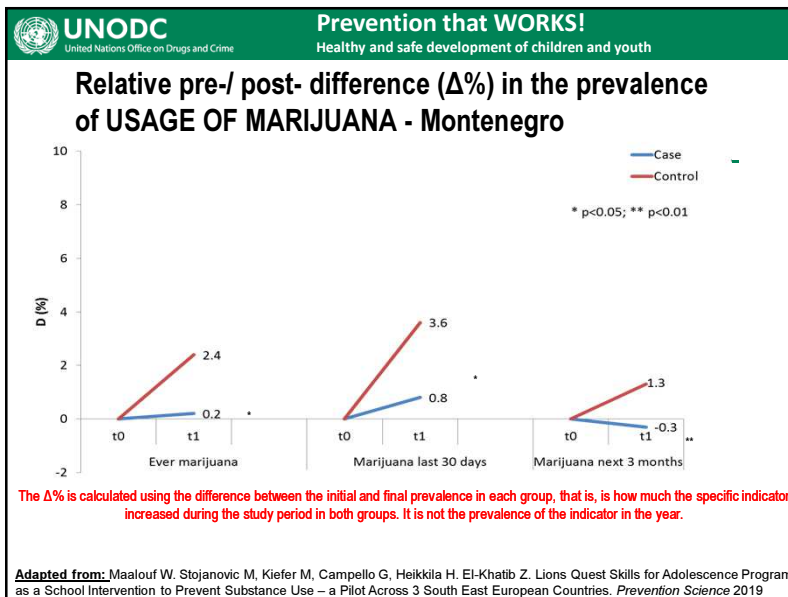
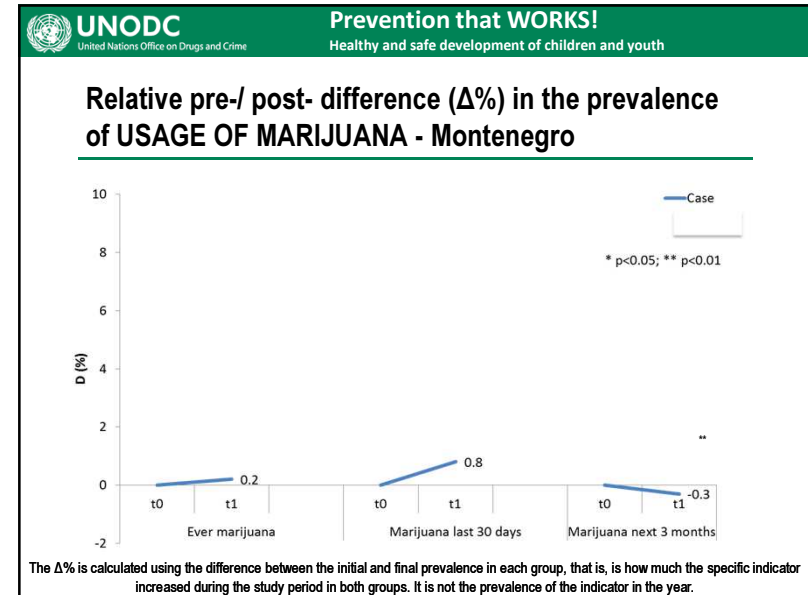


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### Prevention education Evidence

- Delivering programmes through peers is effective (care necessary with high-risk groups)
- Computer-based programmes are effective with small effect sizes
- Early adolescence might be the best age
- Normally universal level, but some indication of effectiveness for high risk groups
- Most evidence from USA, Europe and Australia, some studies from Asia and Africa
- WHO recommends programmes including focus on social/emotional learning to prevent youth violence



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## School policies on substance use

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## School policies on substance use

### Description

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- 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)

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## School policies on substance use

### Evidence

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- Five reviews, with 3 from the new overview
- Three reviews focusing on tobacco policies reported some promising, but inconsistent results
- One review focusing on colleges and university reported some benefits against harmful use of alcohol for: social norms marketing campaigns, cognitive-behavioural interventions and especially brief motivational/ normative interventions (face-to-face or on computer)
- Most evidence from North America, Europe, Australia & New Zealand, with some from Asia

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## School-wide programmes to enhance school attachment – Description

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### School-wide programmes to enhance school attachment – Description

- Support student participation, positive bonding and commitment to school
- Often together with other prevention interventions, such as skills-based education, school policies on substance use and/or supporting parenting skills
- Universal

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### School-wide programmes to enhance school attachment – Evidence

- Two reviews, with 1 from the new overview
- Some inconsistency in the results with one study reporting positive results in preventing use of all substances, and another study reported results only for drug use
- Most evidence from North America, Europe and Australia/ New Zealand with some from Asia

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### Addressing individual psychological vulnerabilities - Description



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### 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

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### Addressing individual psychological vulnerabilities - Evidence

---


- No new reviews, 4 RCTs from 1st edition
- 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
- All evidence from North America and Europe

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### Mentoring

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### Mentoring – Description

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- “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

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### Mentoring – Evidence

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- No new reviews, 3 reviews from 1st edition
- Mentoring may prevent alcohol and drug use among high risk youth with results sustained one year after intervention
- All evidence: USA

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**Which of these evidence-based strategies already exist in your country (for children that are 10-14 years old)?**

Family skills training	Keeping children in school	Addressing mental health disorders	Mentoring
Preventive education	School policies on substance use	Programmes on school attachment	Addressing psychological vulnerabilities

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**Adolescence and adulthood**



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**Early adolescence strategies that are also relevant in adolescence**

 Prevention education	 School substance use policies	 Programmes for school attachment
 Mentoring	 Addressing psychological vulnerabilities	




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## Brief interventions

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## 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

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## Brief interventions

### Evidence

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- Forty-eight reviews, with 38 from the new overview
- Evidence of effect on different substances (tobacco, alcohol and drugs) and different age groups (adolescents and adults)
- Effect sizes small and not persistent
- Harmful consumption of alcohol reduced among youth out of college and in college. Also among people with psychotic disorders.

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## Brief interventions

### Evidence

---

- Inconclusive evidence with some effectiveness in school settings, particularly for drugs
- Some effectiveness for interventions delivered by computer, internet or telephone. More with regard to alcohol and less than face-to-face.
- Indications of effectiveness, in spite of poor quality of evidence, for interventions in emergency settings, particularly for women and patients qualifying for treatment.

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## Brief interventions Evidence

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- WHO recommends screening and brief intervention for harmful alcohol use (except in areas of low prevalence), as well as for cannabis and psychosocial stimulants use
- ASSIST screening package

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## Workplace prevention

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## Why workplace prevention?

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- 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


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## Workplace prevention Description

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



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### Workplace prevention Evidence

---

- Four reviews, with 2 from new overview
- Prevent substance use, particularly with regard to alcohol and possibly stronger for women
- Most evidence from North America, with some from Australia and Asia
- May have positive effects on physical fitness


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### Tobacco policies Description

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- A series of policies to be delivered to the general population in order to reduce the availability and accessibility of tobacco and tobacco smoking



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### Tobacco policies Evidence (1/2)

---

- Four reviews, with 1 from the new overview.
- Regulations recommended by the WHO Framework Convention on Tobacco Control:
  - Price and tax measures, particularly thinking about the young;
  - Measures for the protection from exposure to tobacco smoke are also detailed
  - Content of tobacco products
  - Packaging and labelling of tobacco products

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### Tobacco policies Evidence (2/2)

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- Education, communication training and public awareness
- Tobacco advertising, promotion and sponsorship, with a note that a ban would reduce consumption

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## Alcohol policies

- A series of policies to reduce the harmful use of alcohol (drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large).



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## Alcohol and tobacco policies

### Evidence (1/3)

- No new reviews.
- Policies recommended by the WHO Global Strategy to Reduce the Harmful Use of Alcohol
  - Increasing the price of alcoholic beverages through an effective and efficient system for taxation matched by adequate tax collection and enforcement is one of the most effective interventions.
  - Drink-driving policies and countermeasures, complemented by public awareness and information campaigns.

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## Alcohol and tobacco policies

### Evidence (2/3)

- Regulate the availability of alcohol through:
  - Licensing system on retail sales, or public health oriented government monopolies
  - Regulating the number and location of on-premise and off-premise alcohol outlets
  - Regulating days and hours of retail sales,
  - Regulating modes of retail sales of alcohol
  - Regulating retail sales in certain places or during special events,
  - Establishing an appropriate minimum age for purchase or consumption of alcoholic beverages, and,
- Adopting policies to reduce the impact of marketing, particularly amongst the young in low- and middle-income countries (new markets)

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## Alcohol and tobacco policies

### Evidence (3/3)

- Interventions recommended by the WHO Global Strategy to Reduce the Harmful Use of Alcohol and covered elsewhere in the training:
  - Screening and brief intervention at primary health care and other settings, including for pregnant women and women of child bearing age.
  - Mobilisation and empowering of communities in preventing the selling of alcohol to under-age drinkers and other at-risk groups and in developing alcohol-free environments and events.
  - Enacting management policies relating to responsible serving of beverage on premises and training staff in relevant sectors in how better to prevent, identify and manage intoxicated and aggressive drinkers (complementary)

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## Community-based multi-component initiatives



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## Community-based multi-component initiatives

### Description

- 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

- No new reviews, 13 reviews from 1st edition
- Community-based multi-component initiatives prevent use of drugs, alcohol and tobacco.
- Origin of evidence: most studies from USA, Canada, Europe, Australia; a few studies on community-based multi-component initiatives in Asia (tobacco)
- Mobilisation and empowering of communities in preventing the selling of alcohol to under-age drinkers and other at-risk groups and in developing alcohol-free environments and events is recommended by the WHO Global Strategy to Reduce the Harmful Use of Alcohol.

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## Media campaigns



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## Media campaigns Evidence

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- Six reviews, with 5 from new overview
- Contradictory findings on preventing tobacco, alcohol and drug use, with the exception of campaigns on tobacco in combination with other prevention components.
- Origin of evidence: North America, Australia/ New Zealand and Europe.

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## Prevention in entertainment venues

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## Prevention in entertainment venues Description

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- 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

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## Prevention in entertainment venues Evidence

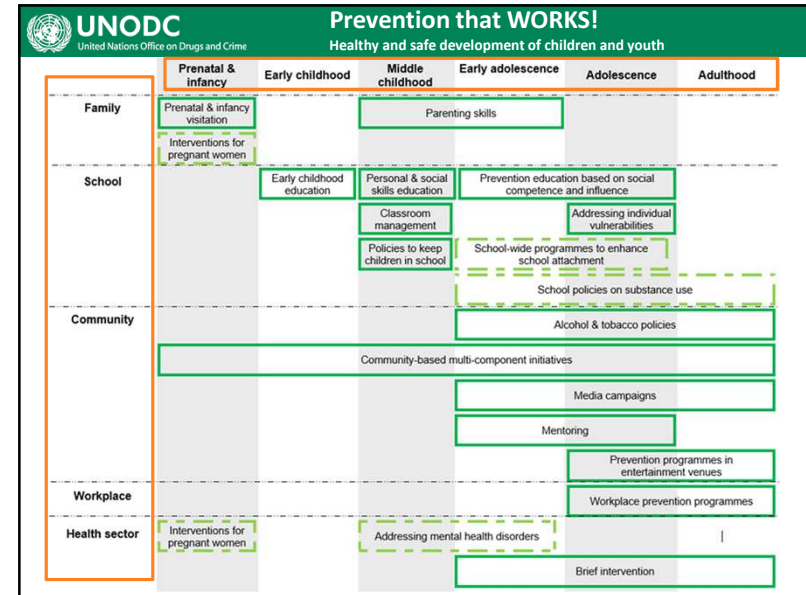
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- Three reviews, with 1 from new overview
- Training of staff, policy interventions and enforcement reported some indication of effects on intoxication, risky alcohol consumption and alcohol-related harm, including in the context of sport events.
- Origin of evidence: USA, Canada, Europe and Australia

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# So many possibilities!!!



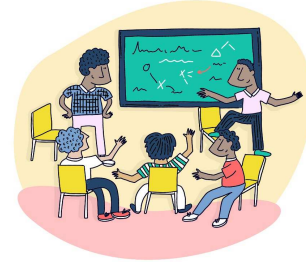
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## USING THE STANDARDS TO IMPROVE PREVENTION

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## LET'S TAKE AN IN-DEPTH LOOK TO PREVENTION EDUCATION



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### Prevention education

	SOME is VERY effective
	A LOT does NOT work AT ALL

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### How evidence-based are these prevention activities for 10-14-year-old students?

1	2	3
A lecture for the students by the chief of the local treatment centre to tell the students about the danger of drugs.	The local adaptation of an evidence-based programme from the USA called 'Life Skills Training'.	The school counsellor has developed 2 interactive sessions to teach children how to cope with stress in healthy ways and how to take better decisions.

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### What works

- 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

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### Information on drugs?

---

```

graph LR
    A[Information on substances] --> B[Age in which youth start experimenting]
    B --> C[Typically early adolescence (11-14)]
  
```

The flowchart consists of three rounded rectangular boxes connected by right-pointing arrows. The first box contains the text 'Information on substances'. The second box contains 'Age in which youth start experimenting'. The third box contains 'Typically early adolescence (11-14)'.

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### OR prevention of drug use?

---

```

graph LR
    A[Intervention that prevents drug use by strengthening protection and weakening vulnerability] --> B[Perception about harm of substances only one of many individual and environmental vulnerabilities]
    B --> C[Information is not enough]
  
```

The flowchart consists of three rounded rectangular boxes connected by right-pointing arrows. The first box contains the text 'Intervention that prevents drug use by strengthening protection and weakening vulnerability'. The second box contains 'Perception about harm of substances only one of many individual and environmental vulnerabilities'. The third box contains 'Information is not enough'.

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### What works

---

- INTERACTIVE methods
- A SERIES of structured weekly sessions (10-15)
- Boosters sessions over several years
- Delivery by trained facilitators/ peers/ teachers/ (police officers)

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### What does NOT work

---

- 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

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**How does this compare with your assessment of the existing programmes?**

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**Remember the continuum from evidence-based to non-evidence based**

Evidence based	Evidence informed	Evidence informed	Non-evidence based
Rigorous adaptation of E-B programme	Strategy according to the Standards	Strategy in the Standard, but not all 'positive' characteristics	Strategy not in the Standards
Rigorous development & evaluation process			Strategy in the Standards, but 'negative' characteristics

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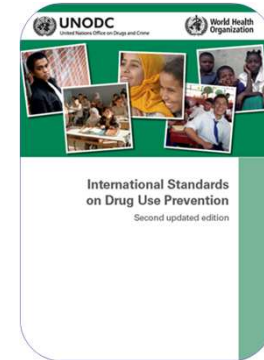
**How does this apply to our review?**

<b>Evidence-based</b> (rigorous adaptation or evaluation)
<b>Strongly evidence-informed</b> (5 diamonds or more, no bells)
<b>Weakly evidence-informed</b> (4 diamonds or less, no bells)
<b>Not evidence based</b> (Not in the Standards, 1 or more bells)

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**You can use the Standards to do this with ANY strategy**



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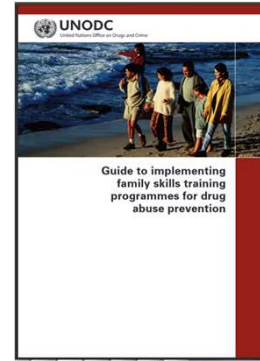
## ADAPTING EVIDENCE-BASED PROGRAMMES

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### Chapter 4. How to adapt an evidence-based family skills training programme

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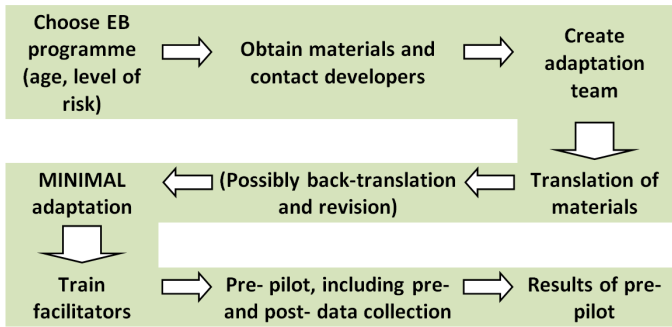
Guide to implementing family skills training programmes for drug abuse prevention

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### Adaptation process

---



```

graph TD
    A[Choose EB programme  
(age, level of risk)] --> B[Obtain materials and  
contact developers]
    B --> C[Create adaptation team]
    C --> D[Translation of materials]
    D -- "(Possibly back-translation  
and revision)" --> E[MINIMAL adaptation]
    E --> F[Train facilitators]
    F --> G[Pre- pilot, including pre-  
and post- data collection]
    G --> H[Results of pre-pilot]
    H --> C
  
```

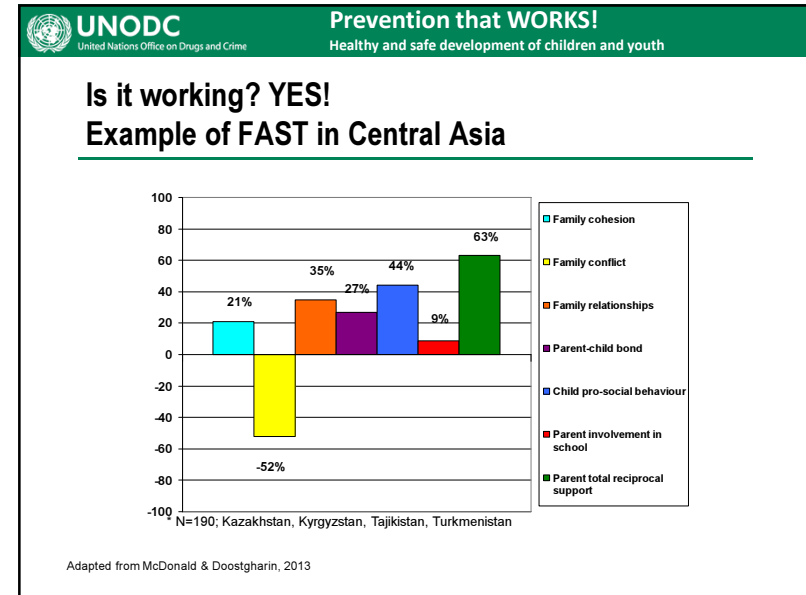
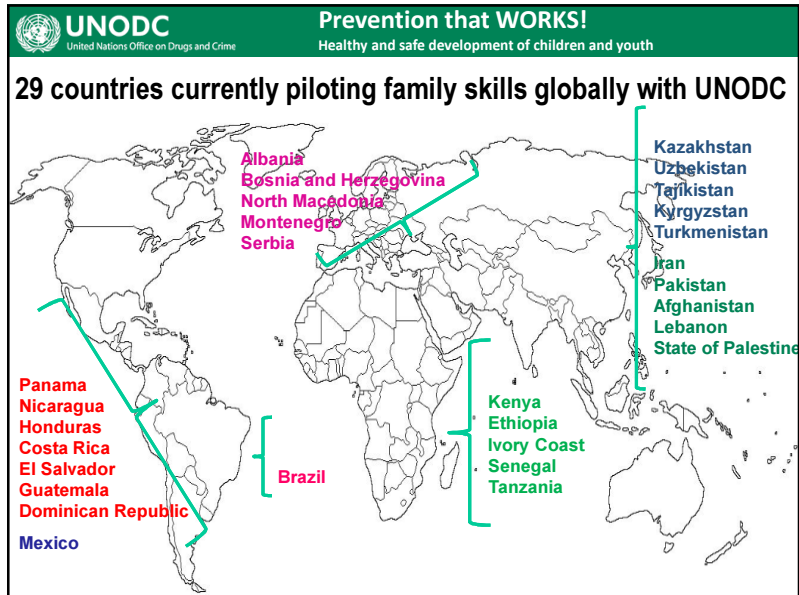
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### Try the dress first, before making changes

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- [Photo of somebody trying clothes in a shop]



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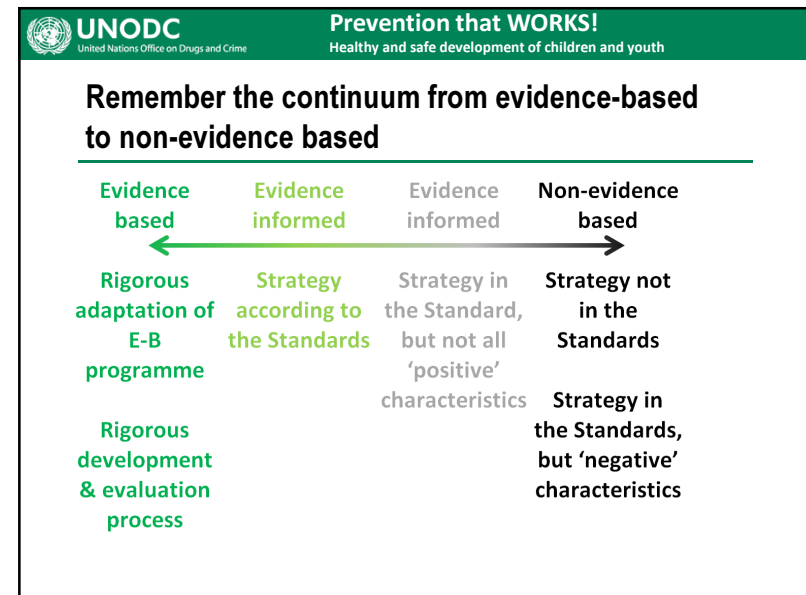
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**Strong Families Program**

- New programme in the public domain for low resource settings and displaced populations

*The Strong Families Program*

[https://www.unodc.org/documents/drug-prevention-and-treatment/Strong\\_families\\_Brochure.pdf](https://www.unodc.org/documents/drug-prevention-and-treatment/Strong_families_Brochure.pdf)



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### The easiest is still to adapt an evidence-based programme

- The programme has been evaluated to be effective in preventing drug use
- Registries
  - Blueprint
  - X-Change – European Registry
- Get in contact with us, we can help you navigate the registries!

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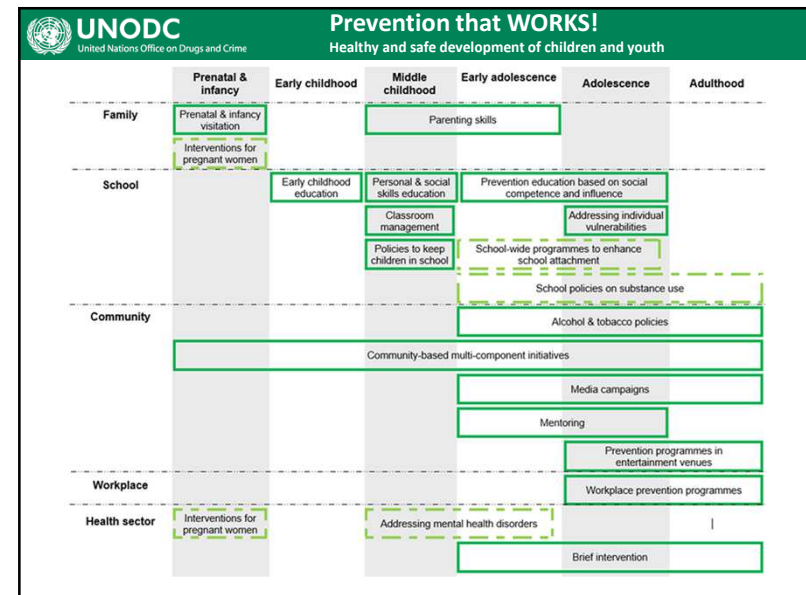
### A FEW MESSAGES OF SUMMARY


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### Message #1

# Many strategies have been shown to be effective in preventing drug use




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**Message #2**

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**The earlier, the better**


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**Message #3**

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**It is never too late ;-)**


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**Message #4**

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**Effective in  
preventing many  
other risky  
behaviours**

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**Message #5**


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**Let us use our  
resources better!**

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**Ultimately ...**



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Ms. Giovanna Campello  
Prevention, Treatment and Rehabilitation Section  
Email: [giovanna.campello@un.org](mailto:giovanna.campello@un.org)  
Twitter: @unodc\_ptr  
All publications available at:  
<https://www.unodc.org/unodc/en/drug-prevention-and-treatment/publications.html>

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**THANK YOU!**  
**THANK YOU! THANK YOU!**