



UNODC

United Nations Office on Drugs and Crime



International Standards on Drug Use Prevention

Report of the
First Technical Consultation
23-25 January 2012
Vienna, Austria

Technical Consultation 'International Standards on Drug Use Prevention'

23-25 January 2012

Report

This is the report of the first technical consultation convened by UNODC in the context of the process of developing International Standards on Drug Use Prevention. The consultation took place on 23-25 January 2012, in Vienna, Austria. The agenda of the consultation is attached as Annex I and the list of participants as Annex II.

Background

In early 2011, the Canadian Centre of Substance Abuse (CCSA) initiated a process to develop "International Standards on Drug Use Prevention". The International Standards Working Group, including leading drug prevention organisations (CCSA, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Inter-American Drug Abuse Control Commission (CICAD), Liverpool John Moores University (LJMU), National Institute on Drug Abuse (NIDA), UNODC, World Health Organization (WHO)) was consequently formed and met in May 2011 at the CICAD Headquarters in Washington DC, USA and again in December 2011 at the EMCDDA Headquarters in Lisbon, Portugal to plan a process leading to the development of these Standards. The discussion highlighted two possible strands of work: i) standards for policy makers on the development of prevention systems; ii) standards for the training of practitioners.

In this context, UNODC took the leadership concerning the policy maker strand and in late 2011, initiated a process to develop "International Standards on Drug Use Prevention". The objective of the process is for UNODC to be able to best advise Member States on how to develop a comprehensive and effective drug prevention system¹, including guidance on which kinds of interventions² and policies³ to choose to effectively prevent drug use and promote healthy and safe lifestyles, particularly among youth. The ultimate goal is to develop a common, agreed basis for prevention work worldwide by defining the policies, interventions and objectives that are based on scientific evidence.

The scope of the work encompasses all interventions and policies aiming at delaying or avoiding the onset of substance use or preventing the transition from substance use to disorders. To keep the process simple and focused, the work does not encompass intervention and policies to prevent the health and social consequences

¹ For a working definition of 'prevention system', please see Annex III.

² For a working definition of 'intervention' (and the related definition of 'programme'), please see Annex III.

³ For a working definition of 'policy', please see Annex III.

of drug use and dependence. Prevention of use and disorders of both legal and illegal substances is included, given the interconnected nature of the strategies, particularly among children and youth. Finally, the work highlights the positive effect of substance use prevention on the healthy and safe development of youth, promoting an overall healthy and safe lifestyle and preventing many risky behaviours (including aggressiveness, violence and crime, risky sexual behaviours, drop-out from school, etc.).

The target group of the standards are the policy makers at the national level that are responsible for developing the prevention system of a country. Therefore, the work will build on, but not duplicate, existing guidelines and standards. For example, 2011 saw the publication of two important standards documents at the level of interventions, namely the Portfolio of Canadian Standards for Youth Substance Abuse Prevention, published by CCSA and the European Drug Prevention Quality Standards - A manual for prevention professionals, published by the EMCDDA. Other international organisations such as CICAD, NIDA and UNODC itself have published guidelines for policy makers who want to develop specific prevention interventions and/or professionals who want to improve their prevention practice. These new international standards aim at targeting a group (policy makers) and a level (the development of a national integrated prevention system) that have not been addressed so far.

In recent years, the UNODC and its Member States has have been repeatedly called to developing develop standards in the field of drug use prevention. This process responds to the following these mandates, in particular:

- The Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the high-level segment in 2009, called Member States to: "Support the development and adoption of appropriate health-care standards, as well as ongoing training on drug demand reduction measures".
- The International Narcotic Control Board, in the thematic chapter of its 2009 annual report recommended that: "The United Nations Office on Drugs and Crime (UNODC) should collaborate with others to develop standards against which Governments may measure their efforts in primary prevention. Collaboratively prepared standards can be used as a benchmark for parties intent on continuously improving their primary prevention efforts".
- Finally, Resolution 53/2 "Preventing the use of illicit drugs within Member States and strengthening international cooperation on policies of drug abuse prevention", adopted by the Commission on Narcotic Drugs (CND) in 2010 called "the United Nations Office on Drugs and Crime to gather national and international experiences and the best available information on evidence-based prevention activities and instruments for the early identification of young people vulnerable to the use of illicit drugs" (paragraph 12), as well as urging "the United Nations Office on Drugs and Crime to facilitate the sharing, among Member States, of best practices in the area of drug abuse prevention and provide expert advice to Member States in this area, upon request" (paragraph 13).

The process (currently funded from the Governments of Finland, Norway and Sweden) foresees the creation of a group of experts to meet at a first technical consultation in early 2012 to define the scope of the work. This is the report of said consultation that took place in January 2012. The main bulk of the work of development of the standards is to be carried out electronically by the experts in the months between the first consultation and a second consultation, with the second consultation to take place in May/ June 2012. It is foreseen that the second technical consultation will review of the draft produced, with a view to finalizing it shortly later

and publishing the standards in September/ October 2012. Moreover, the process is to be presented to the Commission on Narcotic Drugs 2012 through a Conference Room Paper and a side event.

Proceedings

Day 1 - Session 1 - Welcoming remarks and opening of the consultation

Ms. Giovanna Campello, UNODC Prevention, Treatment and Rehabilitation welcomed the participants on behalf of Mr. Gilberto Gerra, UNODC Drug Prevention and Health Branch who sent his regrets due to sick leave. Her presentation introduced the overall scope and purpose of the Consultation. The objective of the prevention standards is to be able to better advise the Member States of United Nations Office on Drug and Crime (UNODC) on how to prevent drug use. Ms. Campello highlighted the fact that, although we already have a wide body of evidence on the effectiveness and cost-effectiveness of prevention, the major part of prevention implemented globally still does not reflect this evidence base. Therefore, it would be of the uttermost importance to utilize this evidence base, integrating it to comprehensive standards, to provide guidance to member states on how to build up national prevention systems that work. Ms. Campello also noted that it should be recognized that by preventing substance use, a wide range of other risky behaviours are prevented as well. This concept should be highlighted in the international standards, even if the work should concentrate primarily on interventions and policies aiming at delaying or avoiding the onset of drug use and at preventing the transition from use to disorders. The scope of the work would cover also the prevention of alcohol and tobacco, which is crucial especially among youth.

Ms. Hanna Heikkila, UNODC Prevention, Treatment and Rehabilitation, described the envisaged process for developing the international standards for prevention, and the agenda of the consultation. The current consultation would set the stage and decide on the programme of work to develop the standards. The work would in turn take place electronically in the coming months, for a good draft to be presented at a second consultation to take place in May/ June 2012. Finalisation of the standards is foreseen by September 2012. As also mentioned by Ms. Campello in her presentation, Ms Heikkila underlined how the focus of the exercise should be at the policy and systemic level, as standards at the level of interventions already exist, including the recently published European and Canadian standards.

The consultation was officially opened by the Executive Director of UNODC, Mr. Yuri Fedotov. In his opening speech, he welcomed all participants, noting the ambitious goal of the process, as prevention science is still young and as prevention structures vary so greatly world wide. However, he also stressed its urgency, highlighting how the ultimate goal of integrated prevention systems based on scientific evidence is to help people realize their full potential of a healthy and safe life. Mr. Fedotov also expressed his intention of briefing the upcoming Commission on Narcotic Drugs of this process.

The opening session was closed by Ms. Zili Sloboda, UNODC consultant, who presented an overview of the evidence that would serve as a foundation of the entire process. The content of her presentation was more extensively included in the background document that was before the participants. She defined prevention as a socialization process, that takes shape in response to specific cues –attitudes, norms and beliefs and that determines who we are and how we behave in the society. In this view, prevention is a process of targeting different vulnerabilities and supporting successful socialization, noting that we are all vulnerable in different ways at different

stages of our lives. Ms. Sloboda presented interventions and policies found effective in different settings, namely in family, school, community and workplace. She also emphasized the importance of fidelity of implementation in order to effectively translate the evidence applicable to practice in various different settings and circumstances around the globe.

The discussion raised the issue of the role of social media and global entertainment industry in the socialization process, on which there is not much research available, although it is often problematic. Moreover, it was pointed out that in many fast evolving communities, socialization agents and social structures might be non-existent, and in such circumstances media has an even stronger role. Furthermore, the ethical aspects of prevention were discussed, i.e. in relation to including a discussion on the use of money from tobacco or alcohol industry to finance prevention activities and policies. Finally, the issue of drug testing as a screening tool for indicated approaches in schools was discussed, noting that the only two control studies available showed that it is not an effective approach. The importance for the standards to state also what does not work or should not be done was underlined.

Session 2 - Existing standards and guidelines: What is already available and what is the gap that this process would like to fill?

Ms. Angelina Brotherhood, from the Liverpool John Moores University, UK, introduced the European Drug Prevention Quality Standards published in the end of 2011 by EMCDDA. The European quality standards aim to encourage and support self-reflection when planning, implementing, and evaluating drug prevention interventions, as well as the development and harmonization of quality standards at national, regional and local levels. These standards were developed via a process of reviewing and merging existing prevention standards and via consultation of over 400 prevention professionals in EU. Ms. Brotherhood presented an overview of the components of the European Standards, which are organized according to the project cycle, including also four cross cutting themes. She also noted the importance of taking into account that 'evidence' has a different meaning for policy makers compared to scientists, practitioners or end users.

Ms. Heather Clark, from Canadian Centre on Substance Abuse, presented the Canadian Standards, which are in fact a portfolio, including standards for prevention in schools, in the community, and with families. They are standards of excellence, accompanied by self reflection tools assisting users to identify where they are and how could they further develop the quality of their prevention work. Ms. Clark described how these standards emanate from a social ecological framework and how they aim both to set standards and to provide tools for institutions and practitioners to improve their work.

The discussion addressed various points, including the fact that advice on and requirements for evaluation should be part of the international standards, but it is essential to acknowledge that resources are often scarce, and the costs of scientifically sound outcome evaluation may often exceed the costs of intervention. It was mentioned that the new standards should identify theories that can be used to guide the design of policies and interventions, but they should also include what we know about the dangers of getting iatrogenic results on prevention programmes. The need to professionalise the work on prevention was strongly emphasised. While a prevention science exists, prevention practice is still too often allowed to be in the hands of well intentioned, strongly motivated individuals that do not know which are the interventions and policies that are based on scientific evidence. As a result, a lot

of resources are wasted in non-effective efforts or, worse, in efforts that have negative effects, thus further complicating the work of science-based interventions more difficult.

Ms. Maria Paula Luna from the Inter-American Drug Abuse Control Commission (CICAD), which is a joint organization of 34 member states, outlined the content of their Hemispheric Guidelines and tools, which include publications for schools, workplace prevention, youth prevention, and for treatment and care. These offer both a political and theoretical framework, prevention principles for various target groups and guidelines on good practices.

Session 3 - Interventions and policies with families

In the last session of the day, interventions and policies focusing on families were presented and discussed. Mr. Mark Eddy from the Oregon Social Learning Centre, USA, opened the session providing an overview of the matter. He presented a list of key responsibilities for a parent, all based on the capacity to show love. In addition, he raised the question of the cultural transferability of these basic elements. Mr. Eddy addressed the lack of good quality studies related to the cost-effectiveness of parenting programmes, and also noted that until recently the research has not taken in to account the family cultures, which vary greatly globally.

An active discussion followed his presentation, during which the problems of reaching to parents and getting them involved was addressed. It was noted that we should articulate in our standards that all families benefit from the endorsement of child monitoring skills, and thus family based prevention should be used also as an universal approach. Furthermore the question on what kind of infrastructure is needed, in order to provide this support to all families in need, was raised.

Ms. Methinin Pinyuchon, from Thaksin University, Thailand, shared her experience from adapting an evidence-based programme on families originating in North America to the needs in Thailand, and focused on the importance of ensuring the fidelity. Challenges to good implementation were found, in particular the fear of stigmatization, the difficulties of engaging and persuading the fathers to participate in family programmes in Thailand, and the unstable financial resources in prevention efforts deriving from policy makers. The instability of financial resources from policy makers led to a lack of continuity and support in implementing the evidence-based prevention programmes.

Mr. Maalouf from UNODC ended the session with his presentation on the lessons learned from disseminating the evidence-based family programmes globally. He noted that among policymakers the problem lies in the difficulty of convincing policymakers of the urgency to use evidence based methods, rather than in policymakers' lack of enthusiasm for prevention. Furthermore Mr. Maalouf elaborated on how it is often easier to channel family programmes through schools, due to the fact that when there are no prevention structures in place, educational ministries are an easy entry point. However, this strategy also has limitations (e.g. with regard to overload of the educational system and/or to reaching out-of-school children). The discussion highlighted the key role of solid evidence in the advocacy for engaging governments, as well addressing the issues related to using copy-righted programmes.

Day 2 - Session 4 - Interventions and policies in the school settings

The second day was opened by the presentation of Mr. Johan Jongbloet, University College Ghent, Belgium on what is the state of evidence in interventions and policies in the school settings, where he reflected on the experiences from disseminating of UNPLUGGED in Europe and beyond. Mr. Jongbloet also shared a review of evidence (Peters 2011) identifying the following five common key elements in all successful evidence based programmes for life skills education: taking social influences in to account, addressing social normative beliefs, supporting social and cognitive skills, basing the programme on theory, and emphasizing the training of facilitators. He reflected on the need to balance the amount of refusal skills carefully;, on the importance of motivating teachers and practitioners to undergo sufficient amount of often time consuming trainings; and on the different aspects of implementation and adaptation of programmes to various contexts. Motivation can fostered at different levels: training, school (support and feedback between developers and teachers) and nation-wide (certification and accreditation).

In the discussion following Mr. Jongbloet's presentation, it was stated that adaptation of and training for evidence based prevention programmes are long term investments, to be acknowledged in the standards. It was also noted that particular programmes are not the only recommended approach depending on the type of the society. For example, in Finland, health and prevention issues are addressed across all policies so that the skills based approach is embodied in all standard school curricula. Health education is mandatory for all schools along with wide variety of health and social services that all schools are required to provide, and hence the added value of particular prevention programmes is often relatively small. On the other hand, it was noted that in order to reach the youth and children at risk, indicated prevention is needed besides comprehensive policies. It was mentioned that we should emphasize the crucial role of social inclusion for all prevention as a integral to the international standards, as this would be very useful message for policy makers. Finally, it was clarified that, although it might be desirable to include aspects of the standards with a focus on the prevention of health and social consequences (approaches that sometimes are grouped under the term 'harm reduction), the scope of the process is already complex enough to warrant a focus on interventions and policies to avoid or delay the onset of use and the transition to disorders.

Session 5 - Interventions and policies in the workplace and in the health system

Ms. Rebekah Hersch from the ISA Group, USA, explored prevention interventions and policies that are effective in the workplace. A large pool of current substance users are within the working age groups and are in fact working. The most significant problems experienced by employers due to substance use were presented (absenteeism, reduced productivity, missed deadlines, etc.) noting their variable nature. She divided the approaches into three categories; universal prevention strategies such as policy, general health promotion such as stress management, peer and social support, peer referral, environmental alterations; selective prevention strategies such as screening, Employment Assistance Programmes (EAPs), and brief intervention; and indicated prevention strategies, highlighting the cost benefit of each 1\$ saving at least 5\$ in treatment cost with the importance to employers. Data on success and return on investment is a key element to advocate prevention implementation with employers. Ms. Hersch also mentioned web based approaches

as a good and less costly option, especially when targeting young adults. Finally, she emphasized the key role of national policies in supporting workplace prevention.

In the following discussion, the issue of the vast workforce outside the formal employment system was raised, along with the other challenges related to the structure of the workforce, such as the increase number of consultants that do not have the same benefits as staff, the changing corporate cultures, increasing mobility, family-based companies, outsourcing. The discussion also included strategies for how policy makers could support the health of these 'unofficial', 'non-formal' or 'non-traditional' workers with prevention interventions targeted to them. Both ILO's guidelines and manuals and CICAD's hemispheric guidelines were mentioned as good existing tools, among many other available models. Lastly, the potential of embedding parenting programmes in the workplace was addressed.

Ms. Lucia Fabricio, from Social Service of the Industry (SESI) in Brazil, continued on the theme explaining the structure of development, implementation and evaluation that is used in SESI, involving around 500 companies in its programmes during the past 25 years. She highlighted the importance of local ownership and a proactive model involving both employees and managers from all management levels, with a comprehensive approach to promoting health and wellbeing. Furthermore, SESI's model integrates evaluation of all prevention activities, so that the observed results can be echoed back to the company, contributing to sustainability of activities. In the summary of her presentation, she identified ways in which governments can support work place based prevention, namely offering written policies, coordinating efforts of different organizations and employers, offering networks of support and offering resources.

In the following discussion, good examples from Latin America were shared. In Mexico in 2008, a national consulting commission developing national policies for occupational health and safety was created based on the CICAD's Hemispheric Guidelines through a co-operation between the Ministry of Health, the Ministry of Labour, staff unions, employees managers, and, company owners. Panama has also undergone similar efforts, and their representative noted that problems in stabilizing the resources and in involving the private sector are challenges to their work.

Ms. Nadine Harker from the Medical Research Centre of South Africa shared her experiences from workplace prevention interventions and policies in South Africa. Most workplaces address substance abuse through information distribution drives or through drug testing. Awareness programmes are often not interactive, and offer no follow-ups or other elements supporting the sustainability of these interventions. Although there exists legislations promoting the equitable treatment of employees (contained in the constitution of the country, the labour relations acts, the prevention, treatment, and rehabilitation of substance abuse act, and occupational health and safety acts), there is no legislation or policy that speaks directly to the role of the corporate sector or advocates for the implementation of evidence-based policies and substance abuse interventions for workplace. Ms Harker shared the challenges encountered during the implementation of an evidence-based workplace programme in South Africa and the methods used to overcome these challenges. Following Ms. Harker's presentation, it was discussed how important it would be to try to identify common elements of successful programmes and policies instead of recommending specific programmes.

Mr. Nicholas Clark from WHO pointed out in his presentation on the interventions and policies in the health system how vast the potential of health care systems is in reaching the communities. He presented tables offering an overview of different

policies and interventions that can be implemented in the health care system in order to prevent substance misuse. WHO already has guidelines on brief intervention that is supported by significant evidence and can be implemented across a variety of settings, by a variety of professionals with some training. Mr. Clark emphasised that the message we should convey to decision makers is that prevention should not be only education-focused or be focused on regulation and law enforcement. Instead, the challenge would be to offer guidance on how to support socialization and inclusion across different settings as a key component of prevention. Following the presentation, the discussion centred on the danger of stigmatization of beneficiaries of prevention interventions, particularly indicated prevention.

Session 6 - Interventions and policies in the communities

Mr. Richard Catalano (Communities That Care, USA) gave a presentation on the ways to support the mobilization of communities for drug prevention at the national level. He presented comprehensive tables on the risk factors that lead to a variety of risky behaviours, identifying 4 common elements of effective programmes, to include evaluation quality, impact, intervention specificity and implementation tools. He presented a list of 12 effective programme types. Mr. Catalano shared the process of work utilized by the Communities That Care model, noting that risk and protective factors vary by community and the selection of factors to target should be made locally. To support the community mobilisation at the national level, he recommended the creation of a database of evidence-based prevention interventions and policies, and the lobbying of decision makers to spend 2-5% of all the funds spent on children dedicated to prevention. In the discussion, it was pointed out that all approaches do not work in all communities, and therefore local ownership, clear goals and thorough needs assessments are central to successful interventions and policies.

Ms. Brenda Miller, from Prevention Research Centre, USA, described environmental strategies for prevention. She underlined the importance of working system-wide, in order to avoid shifting problems to other arenas, which includes taking into account several complex and interrelated elements. She classified five different community based strategies including reducing access/ availability, controlling use and behaviours i.e. with minimum purchase age, installing responsible establishment practices and i.e. safe driving practices, controlling drug & alcohol related problems, and changing community values and concerns. In addition, she noted that research related to clubbing demonstrates an emerging issue in prevention internationally; research indicates that a substantial number of clubbers have used drugs before arriving at the venue, thus requiring an important shift from strategies that traditionally presumed that use was primarily happening at the venue. Results from environmental, community based approaches are encouraging.

The discussion highlighted how community mobilization and education campaigns are most efficient when the focus is to support the implementation of existing laws and policies, especially when it comes to tobacco and alcohol. During the discussion, Ms. Brotherhood mentioned the website of the Healthy Nightlife Toolbox, developed by a group of European researchers and service providers which includes guidelines for prevention in club settings (<http://www.hnt-info.eu/>).

Mr Jeff Lee of Mentor International in the United Kingdom gave a presentation on how to support the action of non-governmental organizations for drug prevention. Mr. Lee introduced the process of how Mentor works to comprehensively support NGOs in capacity building, implementing and advocating for policy change for prevention, through needs assessments, trainings, meetings and network building. Mr. Lee highlighted the role of NGOs in the implementation and the advocacy of quality

standards. The discussion emphasized the need to have NGOs and governments working together. In particular, governments can support the sustainability of the work of NGOs by building their expertise whilst NGOs can also be a major force in supporting and encouraging governments to invest in and support prevention.

Mr William Crano from Claremont Graduate University, USA, gave a presentation on how to involve media usefully and effectively. A lot of funds are wasted on media campaigns that are not effective. Successful media campaigns are based on established theories of persuasive messaging, use subtle appeals (instead of extreme threats and extreme language) and often target parents, focusing on the importance of parental monitoring. This is because parents are receptive (easy to persuade) to information regarding parental monitoring, which is protective in itself. Moreover, according to the theory of persuasive messaging, children and youth are receptive to messages targeted to their parents as they do not feel 'attacked' by these messages, and thus do not feel the need to counterargue. After the presentation the fragmented nature of the current field of media was discussed, noting how this is both a challenge and, on the other hand an opportunity for more precise targeting and low-cost expansion of the mass media's reach. The issue of the cost-effectiveness of media campaigns was also raised. Successful campaigns can reach more people, more efficiently, than almost any other method; however, the campaign must follow strict guidelines for persuasive messaging if it is to succeed.

Day 3 - Session 7 - Assessment, Monitoring and Evaluation

Ms. Sloboda opened the session with her presentation on the best indicators to base prevention programming on. She placed prevention to the context of epidemiology, and noted that whether the process is top-down where community agency/ policy makers take the lead, or bottom - up where community residents such as parents take the lead, the representation of all stake-holders and hence different types of data sources is a key element that needs to be taken into account. This is also true for needs assessments as well. Regarding needs assessment for prevention, Ms. Sloboda identified the following central elements: prevalence, incidence (trying to cover also vulnerable groups), needs and wishes for prevention intervention, availability of existing services, and the quality, reach and sustainability of services delivered.

During the discussion, emphasis was placed on the importance of using these assessment and M&E exercises as opportunities to *mobilize communities' (at all level) commitments* around the responses at the phase of initiation and *sustain and scale up activities* during dissemination of the M&E results. These assessment should reflect a national participatory approach between the different stakeholders covering the intended data collection exercise and beyond to additionally cover national recommendations for actions to that could enhance commitment to the response.

Mr. Ken Douglas of the Western Regional Health Authority in Jamaica reflected in his presentation what indicators and methods are necessary to monitor and evaluate prevention at the national level. Evaluations are necessary not only to assess their effectiveness, but also to bring policy makers to understand the benefits of interventions for sustainability and funding purposes. He proposed the use of the logic model approach in evaluations, with a focus on taking evaluation into account early when initially planning the interventions and making sure the selected indicators are realistic. The kind of evaluation needed may vary greatly according to the needs of the intervention or policy (for e.g. accountability, new programme development,

dissemination, etc.) and might include process, outcome and impact evaluation. In any case, it would be important to use multiple data sources. Regardless of the kind of evaluation, all evaluations use data collected in a systematic manner (the INDICATORS). What is critically important in the long run is for interventions to establish that implementation took place, to ensure that evaluations yield valid and reliable findings, and to interpret and report evaluation findings.

With regards to evaluation use, one example can be highlighted—the Programme of Advancement through Health and Education (PATH) in Jamaica, supports children of poor families to attend and stay in school and access health care. This programme has been evaluated including a control group and has been found to be effective both with regard to risk/ protective factors (e.g. increased attendance and attachment to school) and with regard to drug use outcomes.

During the discussion the question on evaluating long term effects, that are often central for prevention activities, was raised. However, it was also noted that the evaluation of immediate outcomes and process can provide very useful indications.

Session 8 - Planning the process of Developing International Standards for Prevention

Mr. Gregor Burkhart (EMCDDA) shared in his presentation the experiences from Europe in adopting prevention standards. Prevention standards are reinforced only in a few EU member states. However the recently launched European standards hope to contribute to a systems for programme certification and accreditation or better training of professionals, but they do not provide guidelines on what contents or strategies in prevention should be implemented and adopted nationally . A big part of the evidence base – on universal and selective prevention – has already been compiled in the ‘Best Practice Portal’ and is available online at the EMCDDA website (www.emcdda.europa.eu). He urged the group to think how we could make policy makers to listen our recommendations and to use the evidence available, in a situation where almost all family and school based prevention reported by member states is informing parents or students. He stated that taking the environmental conditions (i.e. having adequate education, social, alcohol and tobacco policies in place) in focus would be important for the new standards.

Mr. Burkhart concluded by suggesting 3 paths of progress for creating the international standards: focus on standards for professionals, focus on standards for policy makers (what to do and what not to do) and focus on environmental factors (what is good public policy on which prevention strategies can effectively build upon). He also mentioned that the EMCDDA and COPOLAD have started working on guidance for environmental policies.

The discussion highlighted that standards for professionals were already available (from the EU) and that the international standards under discussion would usefully identify both interventions and policies that are effective in preventing drug use (thus combining the second and the third proposed focus).

Ms Campello introduced the tasks to be undertaken by the working groups. To set the background to the task, she summarised the scope of the overall process as pertaining to prevention aiming at delaying or avoiding the onset of use and the transition to disorders, and targeting policy makers with advice on what should an effective prevention system look like, including: a menu of intervention and policies, an indication of ‘priority’ intervention and policies (minimum package) and how the

intervention and policies should integrate. Given this context, working groups were asked to identify the following:

- Criteria for inclusion, i.e. which criteria should be used to determine whether an intervention or policy becomes part of the standards?
- Criteria for priority, i.e. which criteria should be used to determine whether an intervention or policy is a priority intervention and policy?
- The structure of the standards;
- The format of the standards;
- Process of development, i.e. how should the work be organised from here to the second consultation? and,
- Process of dissemination, i.e. how to ensure that the standards are actually used by our target group (policy makers world wide).

The three groups broke to work until lunch time and presented the result of their work back in plenary in turn. This was followed by a short discussion and the overall result is summarised below by task.

Criteria for inclusion

All groups agreed that inclusion of interventions and policies should be based on scientific evidence of effectiveness and that there should be the possibility to include intervention and policies with an indication of different strength of evidence (e.g. very strong, good evidence, promising indications). Two groups mentioned the necessity to indicate clearly when interventions and policies are NOT supported by evidence, or when there is evidence that interventions and policies are NOT effective. The possibility of colour coding by strength of evidence (green, yellow, red) was mentioned. The standards should include interventions and policies from all continents, covering all age groups and risk levels. Adaptability, low cost and/or feasibility were also important considerations.

Criteria for priority

All groups mentioned the fact that the choice to give priority to certain interventions or policy would need to be based on the local situation. Therefore, transferability and adaptability of interventions and policies were strongly emphasized. Similarly, feasibility in the context of limited resources and low costs was a strong consideration, and the necessary infrastructure would also be addressed. Ethical aspects were mentioned. It would be useful if the standards included a separate chapter on how a holistic system, involving different sectors should look. The international standards should provide examples and guidance on how to select the best interventions and policies for the specific situation in a country. Finally, the standards should move as much as possible from including the description of individual copy-righted programmes or models to including the description of effective interventions and policies, specifically addressing types of interventions rather than programmes.

Structure of the standards

The groups indicated that the standards should generally be structured according to the age of the target group, as this might advocate for and provide an opportunity for cross agency collaboration and integrated implementation of activities across sectors. Further, they should include tables categorizing interventions and policies by setting and age, similar to the presentation of Mr. Nicholas Clark from WHO. In addition, they should address risk factors and risky behaviours. Moreover, the standards should include information on:

- Costs of implementation, including time required;
- Adaptability;

- Infrastructure needed to both implement and sustain the interventions and policies included in the standards;
- Cost effectiveness/ return of investment of the interventions and policies included in the standards;
- What does not work, as well as on the potential counter-effects of implementation of specific interventions/ policies.

The standards will include an introduction describing the scope and purpose of the standards, as well as the criteria utilised for the selection and the categorisation (age, setting, level of risk, risky behaviour etc.) of the interventions and policies included. The introduction should also include general guidance on how to structure national prevention systems and national prevention strategies, guiding towards multidimensional systems with multiple components.

Format

The standards should try to avoid being another review of reviews and balance the necessity of providing all essential information with the necessity of remaining short and compact.

A group also presented the opportunities provided by internet that makes it possible to present the standards in multiple layers, with holistic overview and the possibility for the reader to explore to greater amount of detail when needed. Moreover, it would be possible to create a tool that can be updated continuously, as well as to receive feedback. Companies with the capacity of creating e-platforms might volunteer free service provision if approached. Ultimately, a process and an authoritative body could be created for regularly updating the standards.

Process of development

For the process to create these standards an internet platform should be utilized, so that the work will be easier to divide among the large working group. The larger working group should be allowed to work electronically in sub-groups they feel comfortable with, and these working groups should be moderated. The working groups could be divided by age, with ethics, assessment, monitoring and evaluation being cross cutting issues.

Process of dissemination

It was noted that, as not all groups had managed to discuss the process of dissemination in depth, this might be more usefully discussed at the second thematic consultation in May/ June. The following initial suggestions were made. The standards should be disseminated during the training of policy makers that UNODC will be developing and delivering during 2012. Various local and regional expert groups, such as professional associations, could be approached to endorse the standards to also promote greater acceptance at a later stage. The advantages of internet in monitoring the use of the standards were mentioned, as well as the need to serve less developed countries where good internet connections are not necessary available. Furthermore, it was suggested that policy makers be approached to explore what would be effective ways to promote the adoption of standards in the field of prevention.

Session 9 – Closing of the consultation

Ms. Campello thanked all participants, speakers and staff on behalf of UNODC and officially closed the consultation.

Technical Consultation 'International Standards on Drug Use Prevention'

23-25 January 2012
Conference Room M-3
Vienna International Centre
Vienna, Austria

Agenda

Monday, 23 January 2012

- 8:30 Registration of participants
- 9:00 Welcome and opening remarks
Ms. Giovanna Campello, Prevention, Treatment and Rehabilitation Section
- 10:00 Developing International Prevention Standards – The work ahead
Ms. Hanna Heikkila, Prevention Treatment and Rehabilitation Section
Discussion
- 11:00 Official Opening
Mr. Yury Fedotov, Executive Director introduced by Mr. Gilberto Gerra, Drug Prevention and Health Branch
- 11:30 What is already available? What can we build on? Overview of the evidence
Ms. Zili Sloboda, UNODC Consultant
Discussion
- 12:30 Lunch
Participants whose travel costs are covered by UNODC will be assisted in the redeeming of their Daily Subsistence Allowance
- 14:00 What is already available? What is the gap that this process would like to fill? Existing standards and guidelines
- European drug prevention quality standards, Ms. Angelina Brotherhood, Liverpool John Moores University, UK
 - The Canadian Standards, Ms. Heather Clark, Canadian Centre on Substance Abuse, Canada
 - CICAD Hemispheric Guidelines, Ms. Maria Paula Luna, CICAD
 - UNODC Guidelines, Ms. Hanna Heikkila, Prevention Treatment and Rehabilitation Section, UNODC
- Discussion
- 15:30 Break
- 16:30 Interventions and policies with families
- Overview of effective interventions and policies with families, Mr J. Mark

Eddy, Oregon Social Learning Centre, USA

- Adapting an evidence-based programme on families from North America in Thailand – Realities from the field, Ms. Methinin Pinyuchon, Thaskin University, THAILAND
- Disseminating evidence-based programmes on families worldwide – Lessons learned – Mr Wadih Maalouf, Prevention, Treatment and Rehabilitation Section, UNODC

Discussion

17:30 End of the day

Tuesday, 24 January 2012

09:00 Interventions and policies in the school settings

- Drug education in schools, Mr. Johan Jongbloet, University College Ghent, BELGIUM

Discussion

10:00 Interventions and policies in the workplace

- Ms. Rebekah Hersch, The ISA Group, USA

10:30 Break

11:00 Interventions and policies in the workplace (continued)

- Ms. Lucia Fabricio, SESI, BRAZIL
- Ms. Nadine Harker, MRC, SOUTH AFRICA

Discussion

12:00 Interventions and policies in the health system

- Mr Nicholas Clark, WHO

12:30 Lunch

13:30 Interventions and policies in the communities (includes a 30 minutes break)

- Supporting the mobilization of communities for drug prevention at the national level, , Mr. Richard Catalano, Communities That Care, USA
- Addressing socio-economic risk factors, Ms Brenda Miller, Prevention Research Centre, USA
- Supporting the action of non-governmental organizations for drug prevention, Mr Jeff Lee, Mentor International, United Kingdom
- Involving media usefully and effectively, Mr William Crano, Claremont Graduate University, USA

Discussion

16:30 Assessment, monitoring & evaluation

- Which indicators to base prevention programming? Presentation, Ms Zili Sloboda, USA
- Which indicators and methods to monitor and evaluate at the national level? Mr Ken Douglas, Trinidad and Tobago

Discussion

17:30 End of the day

20:00 Social event

Wednesday, 25 January 2012

09:00 Planning the process of developing International Prevention Standards

- The experience of Europe in adopting prevention standards, Mr Gregor Burkhart, EMCDDA
- Introductory remarks to the work to be done in groups, Ms Giovanna Campello, Prevention, Treatment and Rehabilitation Section, UNODC
- Working groups to develop proposals for: a. the structure and format of the Standards (how should the material be organized and presented); b. the process for the development of the Standards; c. the process of dissemination of the Standards (how to make sure that the Standards are actually used).

10:30 Break

11:00 Planning the process of developing International Prevention Standards (continued)

- Report to plenary of the working groups and discussion

12:30 Lunch

13:30 Planning the process of developing International Prevention Standards (continued)

- Report to plenary of the working groups and discussion (continued)

15:00 Closing of the consultation

Mr Gilberto Gerra, Drug Prevention and Health Branch, UNODC

The work starts now, see you in May/ June! This is not a goodbye!

Technical Consultation 'International Standards on Drug Use Prevention'

23-25 January 2012
Conference Room M-3
Vienna International Centre
Vienna, Austria

List of participants

Mr. Masoud AlBeloushi
Abu Dhababi Police
THE UNITED ARAB EMIRATES
Email: mam45111@hotmail.com

Mr. Omar Khalfan Ali
Ministry of Interior
THE UNITED ARAB EMIRATES
Email: omar.7474@hotmail.com

Mr. Jumaa Sultan AlShamsi
Dubai Police
THE UNITED ARAB EMIRATES
Email: dr_alshamsi@msn.com

Mr. Abdulelah Mohamed Al-Shareef
Assistant General Director of Narcotics
Control
Ministry of Interior
KINGDOM OF SAUDI ARABIA
Email: fasal22@hotmail.com

Mr. Feras Alzu'bi
Liet. Colonel
Anti Narcotics Department
JORDAN
Email: feraz.alzubi@yahoo.com

Mr. Salim Baddoura
1st secretary
Permanent Mission of Lebanon in
Vienna
LEBANON
Email: s_baddoura@yahoo.com

Ms. Jazmín Bósquez
Psicologa
CONAPRED/ Ministerio Publico
PANAMA
Email:
jazmin.bozquez@procuraduria.gob.pa

Ms. Angelina Brotherhood
Public Health Researcher
Liverpool John Moores University
UK
Email: a.brotherhood@ljam.ac.uk

Mr. Gregor Burkhart
European Monitoring Centre for drugs
and Drug Addiction (EMCDDA)
PORTUGAL
Email:
gregor.burkhart@emcdda.europa.eu

Mr. Richard F. Catalano
Bartley Dobb Professor for the Study
and Prevention of Violence
Director
Social Development Research Group
School of Social Work
University of Washington
USA
Email: catalano@uw.edu

Ms. Heather Clark
Research and policy analyst
Canadian Centre on substance Abuse
(CCSA)
CANADA
Email: hclark@ccsa.ca

Mr. Nicholas Clark
WHO
Email: clarkn@who.int

Mr. William Crano
Professor
School of Behavioral and
Organizational Sciences
Claremont Graduate University
USA
Email: william.crano@cgu.edu

Mr. Ken Douglas
Regional Director
Western Regional Health Authority,
CARICOM Technical Advisory Body
on Drug Demand Reduction
TRINIDAD AND TOBAGO
Email: kgdouglas@yahoo.com

Mr. Mark Eddy
Director of research
School of Social Work, University of
Washington
USA
Email: jmarke@uw.edu

Ms. Lucia Fabricio
Sociologist
Gerência Técnica
SESI
BRAZIL
Email: lucia.fabricio@sesirs.org.br

Ms. Sara Fanfarillo
Consultant
Department for Antidrug Policies
ITALY
Email: s.fanfarillo@governo.it

Ms. Angela Finck
Social worker
Gerência Técnica
SESI
BRAZIL
Email: angela.finck@sesirs.org.br

Ms. Silvia Guadarrana
Asistente
CENADIC
MEXICO

Ms. Diana Hammes
Diplom-sozialwissenschaftlerin
Federal Centre for Health Education
GERMANY
Email: diana.hammes@bzga.de

Ms. Nadine Harker
Senior Scientist
Alcohol & Drug Abuse Research Unit,
Medical Research Council
SOUTH AFRICA
Email:
nadine.harker.burnhams@mrc.ac.za

Ms. Rebekah Hersch
Senior Research Scientist
The ISA Group
USA
Email: rhersch@isagroup.com

Ms. Jadranka Ivandić Zimić
Senior adviser
Office for Combating Drugs of the
Government
REPUBLIC OF CROATIA
Email:
jadranka.ivandic@uredzadroge.hr

Mr. Johan Jongbloet
Researcher
EU-Dap Faculty, University College
Ghent
BELGIUM
Email: johan.jongbloet@hogent.be

Mr. Jeff Lee
Executive director
Mentor Foundation
UK
Email: jeff@mentorfoundation.org

Ms. Maria Paula Luna
Demand Reduction Programme
Officer
Inter-American Drug Abuse Control
Commission (CICAD)
USA
Email: mluna@oas.org

Mr. Artur Malczewski
Head of Reitox Focal Point
National Bureau for Drug Prevention
POLAND
Email: artur.malczewski@kbpn.gov.pl

Mr. Ali Al Marzooqi
Head of Policy and Surveillance
National Rehabilitation Centre
THE UNITED ARAB EMIRATES
Email: ali.almazooqi@nrc.ae

Ms. Brenda Miller
Senior scientist
Prevention Research Center (PIRE)
USA
Email: bmiller@prev.org

Mr. Ahmed Omar
Head of control and Technical
assistance Department
ARAB REPUBLIC OF EGYPT

Mr. Akwasi Owusu Osei
Ghana Health Service, Accra
Psychiatric Hospital
GHANA
Email: akwasiose@yahoo.com

Ms. Methinin Pinyuchon
Associate Professor
Thaskin University, Songkla
THAILAND
Email: pmethinin@hotmail.com

Mr. Radu Pop
Project Manager
Agentia Nationala Antidrog
ROMANIA
Email: radu.pop@ana.gov.ro

Ms. Ingeborg Margrete Rossow
Research Professor
University of Oslo/
Norwegian Institute for Alcohol and
Drug Research
NORWAY
Email: ir@sirus.no

Ms. Teresa Salvador
Director of the executive and
coordination body
Cooperation programme between
Latin America and the European Union
on anti-drugs policies (COPOLAD)
EU
Email: tsl@copolad.eu

Dr. Ohene Sammy Kwane
University of Ghana Medical School
GHANA
Email: sam_ohene@yahoo.com

Mr. Alejandro Sanchez Guerrero
Director General
Centro Nacional para la Prevención y
Control de las Adicciones (CENADIC)
MEXICO
Email: alejandro.sanchez@salud.gob.mx

Ms. Elisabetta Simeoni
Director, Italian National Department
Department for Antidrug Policies
ITALY
Email: e.simeoni@governo.it

Mr. Markku Soikkeli
Senior Planning Officer
The National Institute for Health and
Welfare
Finland
Email: markku.soikkeli@thl.fi

Ms. Vladimir Stempluk
Director, International Affairs
National Secretariat of Policies on
Drugs of the Ministry of Justice
(SENAD)
BRAZIL
Email: vladimir.andrade@mj.gov.br

Mr. Bian How Tay
Director
Colombo Plan
SRI LANKA
Email: bhtay23@yahoo.com

Mr Bart Uitterhaegen
Project Manager, International affairs
Trimbos Institute, National Expertise
Centre on Mental Health and Addiction
THE NETHERLANDS
Email: buitterhaegen@yahoo.co.uk

Mr. Shamil Wanigaratne
National Rehabilitation Centre
THE UNITED ARAB EMIRATES

Secretariat

Ms. Giovanna Campello
Programme Management Officer
Prevention, Treatment and
Rehabilitation Section
UNODC
Email: giovanna.campello@unodc.org

Ms. Hanna Heikkila
Associate Expert
Prevention, Treatment and
Rehabilitation Section
UNODC
Email: hanna.heikkila@unodc.org

Mr. Wadih Maalouf
Expert
Prevention, Treatment and
Rehabilitation Section
UNODC
Email: wadih.maalouf@unodc.org

Ms. Elizabeth Mattfeld
Expert
Prevention, Treatment and
Rehabilitation Section
UNODC
Email: elizabeth.mattfeld@unodc.org

Annex III

Background definitions

In the context of this report, the terms 'prevention systems', 'interventions', 'policies' and 'programmes' are utilized as follows.

A **prevention system** refers to a series of interconnected interventions and policies in different settings (family, schools, workplace, community, etc.) covering a country or a state of a federal country.

Intervention refers to a kind of prevention activity, for example 'family skills training'. Sometimes interventions are tied to one specific setting (e.g. family skills training is an intervention pertaining the family setting), but this is not necessarily so. For example, 'screening and brief intervention' is mostly offered through the health system, but it can be offered effectively also through schools and the workplace.

Most interventions that are based on scientific evidence can be implemented through specific **programmes** that have been developed (mostly by Universities) and rigorously evaluated. There is often more than one programme that can be used to implement a certain intervention. For example, 'family skills training' can be implemented through 'Strengthening Families Programme', 'Triple P', 'Incredible Years', etc. to name but a few of the many existing programmes that are based on scientific evidence.

Policy refers to a regulation adopted and implemented by a national government throughout a setting or a country. An example of a prevention policy that can be adopted and implemented by national governments include the requirement for all schools to develop and implement a policy of non-use of substances by staff and students (including guidelines on how to do so).