



**UNODC**

United Nations Office on Drugs and Crime

Treatnet



**UNODC TRAINING MATERIALS**  
on elements of family therapy for  
the treatment of adolescents with drug and  
other substance use disorders

including adolescents in contact with or  
at risk of contact with the criminal justice system

## Introduction

Adolescence represents a time in the lives of young people when they navigate the transition from childhood to adulthood while undergoing many physical and emotional changes. Adolescence is also a time of increased vulnerability to different influences and often the onset of risk behaviours, which may include substance use and delinquency. Vulnerability to initiating and developing substance use and substance use disorders and problem behaviours such as delinquency is associated with a number of biopsychosocial risk and protective factors at various levels. Risk and protective factors can be divided into three primary categories: familial, social (e.g., deviant peer relationships, peer pressure, bullying and gang affiliation), and individual (e.g., attention deficit hyperactivity disorder, depression and posttraumatic stress disorder).

Table 1. Risk and protective factors for substance use disorders

RISK FACTORS	PROTECTIVE FACTORS
Trauma and childhood adversity — Child abuse and neglect	Caregiver involvement and monitoring
Mental health problems	Health and neurological development: — Coping skills — Emotional regulation
Poverty	Physical safety and social inclusion
Peer substance use and drug availability	Safe neighbourhoods
Negative school climate	Quality school environment
Broken/dysfunctional families	High resilience
Family history of drug use or mental illness	Living with parent(s) who are able to meet affective needs of children
Personality factors (e.g., sensation seeking)	School adherence
Adverse childhood experience	Strong social network
Dropping out of school	Personality factors (e.g., harm avoidance)
	Peer group with low tolerance for drug use

However, the most consistent ones are related to familial factors such as family structure, negative family process (e.g., low parental warmth, family conflicts, parental

hostility), childhood maltreatment, parental substance use and inadequate parental supervision (Essau, 2002, 2008).

Table 2. Familial factors that contribute to vulnerabilities in adolescents

	Substance use	Delinquency	Pregnancy	School dropout	Violence	Depression and anxiety
<b>FAMILY</b>						
Family history of problem behaviour	✓	✓	✓	✓	✓	✓
Family management problems	✓	✓	✓	✓	✓	
Family conflict	✓	✓	✓	✓	✓	✓
Favourable parental attitudes and involvement in the problem behaviour	✓	✓			✓	

Adapted from Hawkins D., Catalano R., Arthur M., 2002.

With the exception of tobacco and alcohol, cannabis is considered the most commonly used drug among adolescents. Drug and other substance use disorders are often associated with co-morbid health disorders such as anxiety, depression and disruptive behaviour disorders (Essau et al., 1998; Fergusson et al., 1993; Lewinsohn et al., 1993; Rohde et al., 1996). In low- and middle-income countries, adolescents with drug and other substance use disorders and their families do not have or have very limited access to effective treatment for drug use disorders (Medina-Mora et al., 2013).

Adolescents using drugs and other substances are also at increased risk of contact with the criminal justice system. For example, in 2015, 70,000 children worldwide were arrested for drug possession and over 17,000 arrested for serious drug offences (UNODC, *World Drug Report*, 2018). Exploitation of children by organized crime groups in the drug trade, drug-related violence, recruitment into street gangs and violent extremist groups are of additional concern in many parts of the world. While the recruitment of adolescents by armed groups has a long history, the recruitment of

adolescents by terrorists and violent extremist groups is a more recent phenomenon. Potential risk factors for violent extremism include stressors such as family crisis, experience of trauma or abuse or having a family member in a violent extremist network (RTI International, 2018).

Several policy documents, including the Commission on Narcotic Drugs resolution 58/2 “Supporting treatment and care for children and young people with substance use disorders” have called on the United Nations Office on Drugs and Crime (UNODC) to encourage Member States to “consider implementing scientific evidence-based treatment and sustained recovery programmes, such as psychosocial care, for children

and young people that may involve the inclusion of family”. Further policy documents such as the Convention on the Rights of the Child (1990) and the United Nations Guidelines for the Prevention of Juvenile Delinquency (1990) have given key consideration to the role of the family.

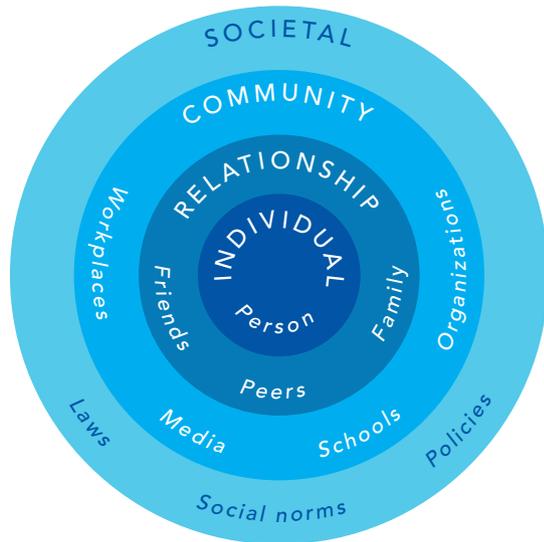
In response, UNODC, in close collaboration with the World Health Organization (WHO), developed *Treatnet Family* – UNODC training materials on elements of family therapy for the treatment of adolescents with substance use disorders, including those in contact with the criminal justice system, as a scalable and skills-based intervention.

## Creating societies resilient to drugs and crime

Families are important for the functioning of society and are the basic unit of communities around the world. Family therapy supports families and adolescents affected by a range of challenges including adolescent substance use or delinquency through the improvement of family functioning and family communication. Family therapy helps families identify and eventually change current communication and behaviour patterns. An important aspect in family therapy is the ability to appreciate multiple perspectives and talk about them in such a way that different family members are able to grasp what other family members are experiencing and consider what steps they themselves can take to work

towards a solution. A therapeutic process with the family, and potentially the systems the family is involved with, can bring about positive change, including reduction in adolescent substance use or delinquency. In a systemic approach, problems are looked at from an integrated and holistic perspective, involving all relevant members of a social system, such as a family. In systems thinking, a positive change on one level of a system (e.g., individual, family and community; thinking, feeling and behaving), can trigger positive changes at other levels, too. Relatedly, as the family begins to function better generally, issues related to drug use and problematic behaviour will often improve as a result.

Figure 1. Bronfenbrenner's theory of social ecology

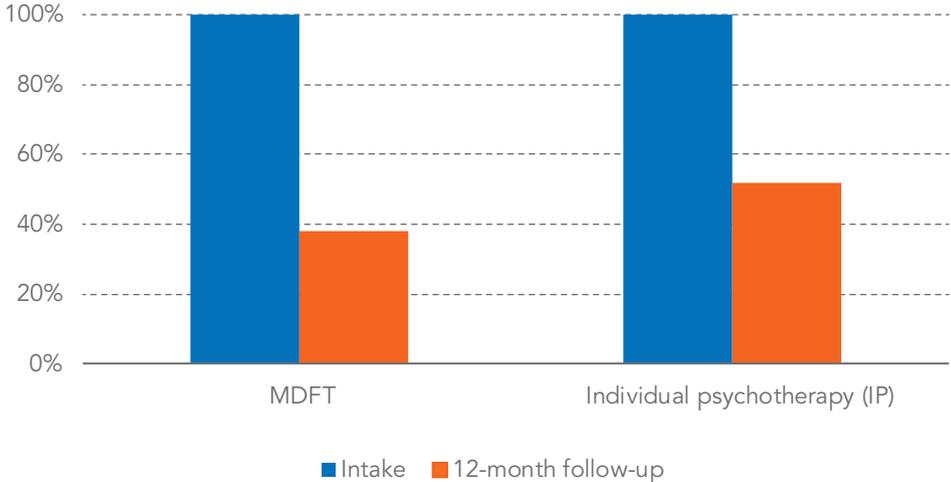


In Bronfenbrenner's theory of social ecology (1979), individuals are viewed as being nested within a complex of interconnected systems that encompass individual, family and extrafamilial (peer, school, neighbourhood) factors. Behaviour is seen as the product of the reciprocal interplay between the individual and these systems and of the relations of the systems with each other.

Family-based family therapies, such as Adolescent Community Reinforcement Approach (A-CRA), Brief Strategic Family Therapy (BSFT), Functional Family Therapy (FFT), Multidimensional Family Therapy (MDFT), and Multi-Systemic Therapy (MST), often make reference to theories of ecological systems and have empirically demonstrated significant effects in the reduction of adolescent drug use and delinquency (Rigter et al., 2013), reduction in recidivism and substance use among high-risk youths in gangs (Thornberry

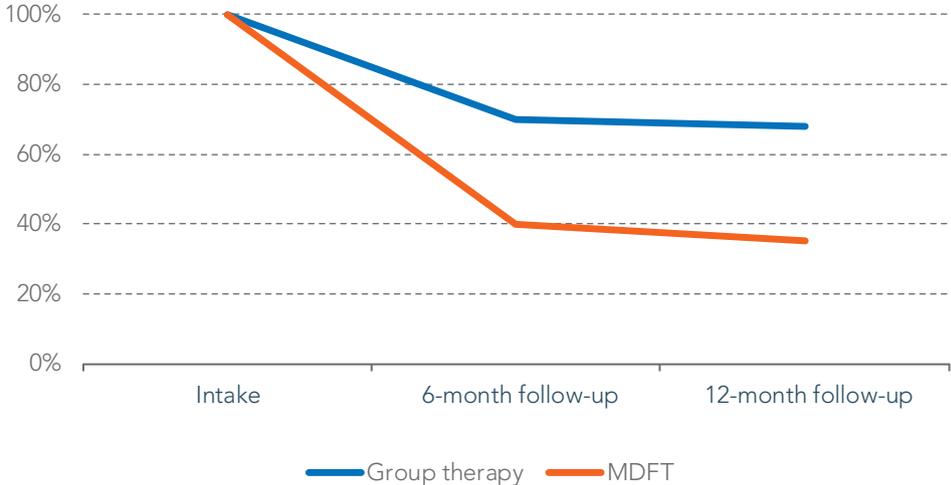
et al., 2018), reduction in emotional and behavioural problems, and in psychiatric comorbidity (see Essau, 2002). Family therapy has also shown advantages when engaging and retaining difficult youth and family members. WHO (2015) identified family therapy as an effective treatment, especially for cannabis and stimulant use disorders. Furthermore, family therapy has been recommended in the UNODC-WHO International Standards for the Treatment of Drug Use Disorders.

Figure 2. Drug use reduction



MDFT for drug use reduction in randomized clinical trials (Rigter et al, 2013)

Figure 3. Delinquency reduction



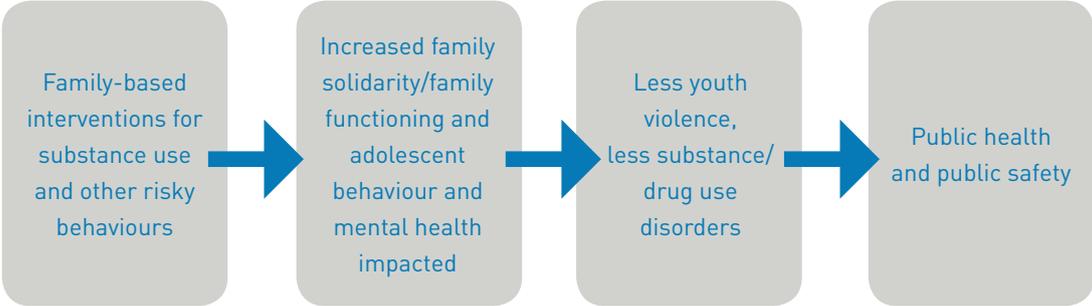
MDFT for delinquency reduction in randomized clinical trials (Rigter et al, 2013)

## Treatnet Family

Currently there is little evidence available on effective strategies for the treatment of adolescent substance use disorders in low- and middle-income countries. *Treatnet Family* – UNODC Training materials on elements of family therapy for the treatment of adolescents with drug and other substance use disorders including adolescents in contact or at risk of contact with the criminal justice system – is intended to support practitioners in the health, social and criminal justice sectors who work with youths and their families, including those in contact with the criminal justice system. *Treatnet Family* intends to further explore potential effectiveness in preventing the recruitment of young people into violent extremist groups. Interventions can be successful if they strengthen protective factors while decreasing risk and vulnerability factors, thereby contributing to the overall positive development of young people and their positive engagement in their families and communities.

*Treatnet Family* has been developed around identified core elements of evidence-based family therapy approaches (Hogue et al, 2009) and integrates therapeutic interventions including positive reframing behaviours, intentions and interaction; relational thinking, reframing and intervention; perspective-taking; involvement of multiple systems; reduction of resistance and negativity; identifying and employing family strengths; generating hope; strengthening parental teamwork and support; and employing present-focused systemic assessments and interventions. These elements were originally developed in high-income countries and the intention of *Treatnet Family* is to make them available in low- and middle-income countries for the treatment of teens with alcohol and drug use disorders and their families. *Treatnet Family* integrates selected evidence-based elements of family therapy intended to address both adolescent substance use and criminal behaviour.

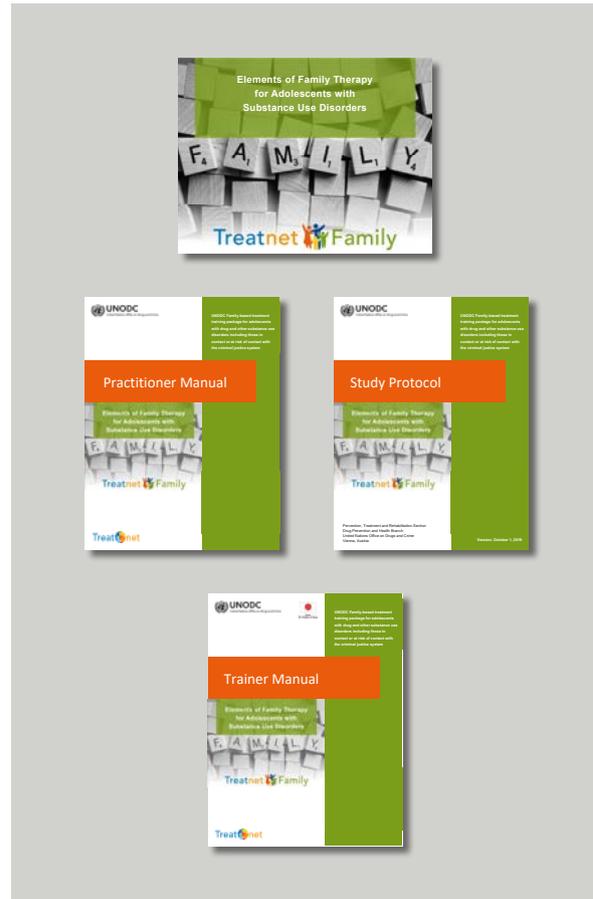
Figure 4. Treatnet Family theory of change



## Treatnet Family training package

The *Treatnet Family* training package was developed as part of the UNODC Treatnet training strategy to support Member States in their efforts to provide evidence-based drug use disorder treatment and care. *Treatnet Family* contributes especially to the part of the UNODC Treatnet training package that covers elements of psychosocial treatment, designed as a training-of-trainers package to provide quality psychosocial support and services to patients/clients suffering from drug use disorders. *Treatnet Family* was piloted as a training of trainers and subsequent training of practitioners in the year 2018/2019 and will be further tailored to meet the needs and cultural contexts of the countries implementing it.

The *Treatnet Family* training package includes PowerPoint slides with extensive trainer instructions, lectures, discussions, videos, roleplay demonstrations, case examples, skill practice and other participatory learning activities.



*Treatnet Family* materials for trainers and practitioners

## Conclusion

The UNODC-WHO International Standards for the Treatment of Drug Use Disorders (2020) recommend evidence-based, comprehensive, multisectorial and multidisciplinary drug treatment approaches tailored to the specific needs of a variety of populations. The Standards highlight the need for specialized services for adolescents and recommends family therapy as an evidence-based intervention. *Treatnet Family* provides additional skills for health, social and criminal justice workers in contact with adolescents and their families. *Treatnet Family* skills can be used in a variety of settings around the world as part of a continuum of care.

*Treatnet Family* skills can be adapted to and integrated in daily practice in both high and low resource settings and should be accompanied by monitoring and evaluation. *Treatnet Family* aims to demonstrate its effectiveness in the treatment of adolescent substance use disorders and beyond, including as a strategy to prevent and reduce delinquency.

*Treatnet Family* is suggested as a multifactorial tool that contributes to the achievement of the following Sustainable Development Goals:



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Experts, and UNODC and WHO staff attended the expert group meeting on Elements of family-based treatment for adolescents with drug use disorders including in contact with the criminal justice system: Creating societies resilient to drugs and crime, held on 4–7 June 2018.

Experts included: Azizbek Boltaev, Phillippe Cunningham, Karen Duke, Gizem Erdem, Cecilia Essau, Gabriele Fischer, Le Minh Giang, Maria Regina Hechanova, Howard Liddle, Laurie Lopez Charles, Manjushree Palit, Fred Piercy, Henk Rigter, Adam Sello, Thomas Sexton, Katrin Skala, Natasha Slesnick, Monique Staats, Jose Szapocznik, Jonathan Van Durmen, and Maria Zarza.

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## Treatnet Family

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the People of Japan

*Special thanks to the People of Japan  
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