Evidence-based drug prevention strategies
International Standards

• Leading step in putting forth the Standards
• Tool to influence policy makers:
  – what interventions and policies are effective?
  – in what setting? for what age groups? and with which characteristics?
  – What makes a system work?
• Target: decision/ policy makers (&more)
• Most official languages and some additional ones (need to work on making them available)
The Premise of Prevention Science

• To prevent a problem before it happens, the factors that predict the problem must be changed.
.. drug use is not caused by lack of information – but what would be better factors explaining and predicting drug use?

- Academic performance?
- Self-esteem?
- Satisfaction with the prevention program?
- Awareness of risks?
- Having many best friends?
- Warm and close communication with parents?
- Exposure to drugs and drug use?
- Pro-social attitudes?
- Conflicts?
- Ability to control emotions?
- Academic performance?
Interaction of Personal Characteristics and the Micro- and Macro-Level Environments
Forming the evidence base for prevention

Brain function in a social context
More than 80 experts from more than 30 countries
Building on existing resources
Summary of the process

Studies received from Group of Experts 584

- Epidemiological studies or studies exploring other important issues w.r.t. prevention of substance abuse 208
- Studies reporting impact of dependence treatment or prevention of health/social consequences of substance abuse 60
- Studies reporting impact on substance abuse outcome (226) or on mediating variables targeting middle childhood & younger (31)

- Systematic reviews 137
  - Systematic reviews & meta-analysis of ‘acceptable’ or ‘good’ quality 70

- Randomised controlled trials (RCTs) 60
  - RCTs included to supplement the systematic reviews and meta-analysis 18

- Other primary studies 60
  - Other primary studies included to supplement the systematic reviews and meta-analysis 8

- Randomised controlled trials (RCTs) of ‘acceptable’ or ‘good’ quality 10
  - Other primary studies of ‘acceptable’ or ‘good’ quality 1
Guidance on the types of evidence based approaches and their characteristics

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Prevention works!
Healthy and safe development of children and youth

Source: National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, USA

Graph showing the decrease in alcohol-related fatalities and the increase in non-alcohol-related fatalities from 1982 to 2006.
Increase in Tobacco Tax Reduced Smoking in Turkey

- Forty-two percent increase in cigarette cost via taxes in 2010 lead to a 15% reduction in overall smoking prevalence.

- The largest reduction in smoking prevalence (30% change from 2008-2012) was observed in people who have the lowest socioeconomic status.

- Reducing smoking in disadvantaged populations can help reduce health disparities.

Relationship between cigarette consumption and excise tax rate in South Africa.
FIGURE 1—Monthly rates of homicides per 1000 residents before and after new bar closing-time regulations: Diadema, Brazil, January 1995–July 2005.


Note. Homicide rate for July 2005 is on the basis of a half-month of data.
**FIGURE 2**—Monthly rates of assaults against women per 1000 residents before and after new bar closing-time regulations: Diadema, Brazil, July 2000–July 2005.

*Note.* Assault rates for July 2000 and July 2005 are on the basis of half-months of data.

Effects of 2007-08 Smoking Ban In France on Smoking Prevalence

Forming the evidence base for prevention
Brain function in a social context
Environmental policies in the context of a comprehensive EB prevention system

• They are effective but:
  – Changes in legislations is not easy (cost and time)
  – It is not unidirectional
  – To be effective need engagement at the community level in its different social structures.
  – This engagement can be done through a process of activating all elements discussed in the standards
  – The sum of these elements make these environmental policies more feasible and effective
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Dissemination of the Standards (SEMINARS)

- Uncovering content to policy makers and guide them to think critically about what is going on in prevention in the country and plan improvements
- Regional and national seminars in 60 countries (200 policy makers)
- Materials available in Arabic, English, (Chinese), French, Russian, Spanish
- Pre-/post-questionnaire, plus follow up to monitor
A truly global reach
A truly global reach

- **SEMINARS**
  - 58 countries
  - Central America, West and Central Asia, Eastern Africa, East Asia, North Africa and the Middle East, South Eastern Europe, Nigeria
  - 250 policy makers

- **BRIEFINGS**
  - 41 countries
  - African Union, India, Israel, Iran, Russian Federation, Ukraine
  - 1,000 policy makers
Changes in knowledge (1)

Mean value of effectiveness given by participants to various interventions in early adolescence before and after the seminar

- Policies to keep children in school
- Lectures by ex-addicts
- Affective education
- Raising awareness
- Information in schools
- Brief intervention
- Media campaigns
- Family based programs
- Personal and social skills in schools

Mean (0-3)

Legend:
- Before
- After
Mean value of effectiveness given by participants to various interventions in early adolescence before and after the seminar

- policies to keep children in school
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- affective education
- raising awareness
- information in schools
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Mean (0-3)

before  after
Changes in knowledge (3)
Pre-post change in perceived effectiveness* of prevention strategies across ages, by level of scientific evidence (* % of maximum total score)
Standards, and the value of evidence based prevention, recognised at the highest political level

As well as Resolution 57/3 and 58/6
An extensive evidence-based menu!

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An extensive menu!

Will you join us?
THANK YOU!!!