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English only

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Drug Law Enforcement Agencies, Africa**Dar es Salaam, United Republic of Tanzania
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Item 5 (d) of the provisional agenda*

**Consideration of topics by working groups: Awareness-
raising on drug-related issues in educational settings****Working group on awareness-raising on drug-related issues
in educational settings****Background note by the Secretariat****I. Introduction**

The present note provides information on the objective of the working group as well as guiding questions for discussion and background information on the topic of awareness-raising on drug-related issues in educational settings. The note is developed in line with the outcome document of the thirtieth special session of the General Assembly, where Member States recommended an increase in the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness-raising campaigns, including by using the Internet, social media and other online platforms, develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services. In 2018, the Commission on Narcotic Drugs adopted resolution 61/2 entitled “Strengthening efforts to prevent drug abuse in educational settings”. During the session, it is expected that the working group will share best practices and discuss how to implement the evidence-based programmes in school settings.

II. Objective of the working group

The working group aims to highlight the importance of raising awareness on drug-related issues in educational settings, as well as the need to significantly bring to scale nationally integrated school-based prevention programmes.

The working group, through technical presentations on school-based drug use prevention programmes anchored in the international standards on drug prevention

* [UNODC/HONLAF/28/1](#).



will gain knowledge on the subject matter. Participants will be encouraged to share national experiences on school-based drug use prevention programmes, as well as gaps and challenges encountered in their design, implementation and evaluation. Participants are also encouraged to share any documented and evaluated experience and activities undertaken by law enforcement agencies and other relevant stakeholders in school settings.

Furthermore, participants, during their interventions and discussions, will be encouraged to make recommendations and draw conclusions on the continental perspective and way forward to enhance availability and access to evidence-based and cost-effective programmes in schools while addressing the range of interventions and policies required, type of actors to be involved, and the resources required to succeed.

The working group may wish to consider the following guiding questions:

- Describe sustainable evidence-base strategies and programmes that can be implemented to ensure children and youth, especially the most marginalized and poor, grow and stay healthy and safe into adulthood and old age?
- Describe existing prevention activities¹ in your country?
- How can Member States scale-up evidence-based drug use prevention programmes in school settings?

III. Implementation of the provisions of the UNGASS in the context of the 2030 sustainable development agenda

United Nations Special Session on the World Drug Problem

In 2016, at the Special Session of the General Assembly on world drug problem, the Heads of State and Government, ministers and representatives of Member States adopted an outcome document *entitled “Our joint commitment to effectively addressing and countering the world drug problem”*. In the document Member States reiterated the commitment to the goals and objectives of the three international drug control conventions, including concern about the health and welfare of humankind as well as the individual and public health -related, social and safety problems resulting from the abuse of narcotic drugs and psychotropic substances, in particular among children and young people, and drug -related crime, and it reaffirmed their determination to prevent and treat the abuse of such substances and prevent and counter their illicit cultivation, production, manufacturing and trafficking.

Specifically, they recognized that the world drug problem remained a common and shared responsibility that should be addressed in a multilateral setting through effective and increased international cooperation and that it required an integrated, multidisciplinary, mutually reinforcing, balanced, scientific evidence-based and comprehensive approach.

Delegates made operational recommendations on drug demand reduction and related measures, including prevention and treatment, as well as other health-related issues. In the context of prevention, Member States recommended:

- (a) Taking effective and practical primary prevention measures that protect people, in particular children and youth, from drug use initiation by providing them with accurate information about the risks of drug abuse, by promoting skills and opportunities to choose healthy lifestyles and develop supportive parenting and healthy social environments and by ensuring equal access to education and vocational training;

¹ https://www.unodc.org/documents/prevention/standards_180412.pdf (Page 50).

(b) Also taking effective and practical measures to prevent progression to severe drug use disorders through appropriately targeted early interventions for people at risk of such progression;

(c) Increasing the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings, reaching youth in school as well as out of school, among others, through drug abuse prevention programmes and public awareness-raising campaigns, including by using the Internet, social media and other online platforms, develop and implement prevention curricula and early intervention programmes for use in the education system at all levels, as well as in vocational training, including in the workplace, and enhance the capacity of teachers and other relevant professionals to provide or recommend counselling, prevention and care services;

(d) Promoting the well-being of society as a whole through the elaboration of effective scientific evidence-based prevention strategies centred on and tailored to the needs of individuals, families and communities as part of comprehensive and balanced national drug policies, on a non-discriminatory basis;

(e) Involving, as appropriate, policymakers, parliamentarians, educators, civil society, the scientific community, academia, target populations, individuals in recovery from substance use disorders and their peer groups, families and other co-dependent people, as well as the private sector, in the development of prevention programmes aimed at raising public awareness of the dangers and risks associated with drug abuse, and involve, inter alia, parents, care services providers, teachers, peer groups, health professionals, religious communities, community leaders, social workers, sports associations, media professionals and entertainment industries, as appropriate, in their implementation;

(f) Considering enhancing cooperation between public health, education and law enforcement authorities when developing prevention initiatives;

(g) Developing and improve recreational facilities and provide access for children and youth to regular sports and cultural activities, with a view to promoting healthy lives and lifestyles, including through the recovery and improvement of public spaces, and promote the exchange of experiences and good practices in this field to further enhance effective preventive interventions;

(h) Promoting and improve the systematic collection of information and gathering of evidence as well as the sharing, at the national and international levels, of reliable and comparable data on drug use and epidemiology, including on social, economic and other risk factors, and promote, as appropriate, through the Commission on Narcotic Drugs and the World Health Assembly, the use of internationally recognized standards, such as the International Standards on Drug Use Prevention, and the exchange of best practices, to formulate effective drug use prevention strategies and programmes in cooperation with the United Nations Office on Drugs and Crime, the World Health Organization and other relevant United Nations entities.

Sustainable Development Goals and drug use prevention

With the adoption of the 2030 Agenda for Sustainable Development, Member States have committed to a multidimensional approach to development and to work together in a spirit of common and shared responsibility - also in addressing the world drug problem. The sustainable development goals (SDGs), the universal set of goals, targets and indicators, support policy development and prioritization. Member States made a series of wide-ranging commitments, including under sustainable goal 3, namely to ensure healthy lives and promote well-being for all at all ages. The goal is accompanied by 13 targets and 28 indicators for SDG3. The targets specify the goals and the indicators provide a means to track progress and achievement. In the context of drug use prevention, target 3.5 pledges to strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol.

Information on the contribution made by the Commission on Narcotic Drugs relating to the implementation of the 2030 Agenda for Sustainable Development can be found on www.unodc.org/unodc/en/commissions/commissions-2030.html.

IV. International Standards on Drug Use Prevention: Framework and specific intervention recommended in school settings

In 2013, UNODC published the first version of the International Standards on Drug Use Prevention which summarized the available scientific evidence, describing interventions and policies that have been found to result in positive prevention outcomes and their characteristics. Concurrently, the International Standards also identified the major components and features of an effective national drug prevention system.

Building on the success of the document and interest of Member States to enhance the quality and effectiveness of drug prevention programmes and strategies for in family, schools, and community settings, UNODC in 2018 published its second updated edition of the international standards, again aiming providing the most up-to-date scientific evidence, describing interventions and policies that have been found to result in positive prevention outcomes and their characteristics. The primary objective of drug prevention is to help people, particularly but not exclusively young people, to avoid or delay initiation into the use of drugs, or, if they have started already, to avoid developing disorders (e.g. dependence). The general aim of drug prevention, however, is much broader than this: it is the healthy and safe development of children and youth to realize their talents and potential and become contributing members of their community and society. Effective drug prevention contributes significantly to the positive engagement of children, young people and adults with their families, schools, workplace and community.

Prevention science in the last 20 years has made enormous advances. As a result, practitioners in the field and policymakers have a more complete understanding about what makes individuals vulnerable to initiating the use of drugs (“risk factors”) at both the individual and environmental level. More than a lack of knowledge about drugs and their consequences, the evidence points to the following among the most powerful risk factors: biological processes, personality traits, mental health disorders, family neglect and abuse, poor attachment to school and the community, favourable social norms and conducive environments, and, growing up in marginalized and deprived communities. Conversely, psychological and emotional well-being, personal and social competence, a strong attachment to caring and effective parents and to schools and communities that are well resourced and organized are all factors that contribute to individuals being less vulnerable (protective factors, recently also referred to as assets) to drug use and other negative behaviours. It is important to emphasize that these risk factors referenced above are largely out of the control of the individual and are linked to many risky behaviours and related health disorders, such as dropping out of school, aggressiveness, delinquency, violence, risky sexual behaviour, depression and suicide. It should not, therefore, come as a surprise that prevention science demonstrates that many drug prevention interventions and policies also prevent other risky behaviours.

Research indicates that some of the factors that make people vulnerable (or, conversely, resistant) to starting to use drugs, differ according to age. Science has identified risk and protective factors during infancy, childhood and early adolescence, particularly relating to parenting and attachment to school. At later stages of the age continuum, schools, workplaces, entertainment venues and media are all settings that may contribute to making individuals more or less vulnerable to drug use and other risky behaviours. Needless to say, marginalized youth in poor communities with little or no family support and limited access to education in school, are especially at risk. So are children, individuals and communities torn by war or natural disasters. In

summary, drug prevention is an integral part of a larger effort to ensure children and young people are less vulnerable and more resilient.²

The first edition of the International Standards, was the fruit of collaboration of over eighty-five researchers, policymakers, practitioners, non-governmental and international organisations, describes the interventions and policies that have been found to result in positive prevention outcomes by the scientific evidence and therefore can serve as the foundation of an effective health-centred national drug prevention system. The second edition, one co-published with the World Health Organisation (WHO) called upon the expertise of over hundred Experts in almost fifty countries.

Both the edition of the international standards propose a summary of the interventions and policies that have been found to yield positive results in preventing substance abuse by age of the target group and setting. The below table shows intervention that are deemed effective after the 2013 review and includes other strategies that have now also been found to be effective in school settings.

The interventions proposed are presented against all developmental stages in the life of an individual, namely pregnancy, infancy and early childhood; middle childhood; early adolescence; adolescence and adulthood. In school settings we look at interventions in:

Summary of school setting interventions and policy that have been found to yield results in preventing substance abuse					
Prenatal and infancy	Early childhood	Middle Childhood	Early adolescence	adolescence	Adulthood
	Early childhood education				
		Personal and social skills	Prevention education based on personal and social skills and social influences		
		Classroom management		Addressing individual vulnerabilities	
		Policies that keep children in school	School-wide programmes to enhance school attachment		
			School policies on substance use		

² https://www.unodc.org/documents/prevention/standards_180412.pdf.