

International Standards on Drug Use Prevention

and Early Prevention

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Prevention is a science No need to improvise

Prevention is
BEYOND
Awareness raising / fear arousal

Initiation at young age is NOT the result of A FREE & INDEPENDENT CHOICE

"JUST SAY NO" ISN'T ENOUGH

Point of focus of EB Prevention is developing individual NOT the drug

Prevention helps personal growth:
INTELLECTUAL
LANGUAGE
COGNITIVE-EMOTIONAL
AND SOCIAL COMPETENCY SKILLS

AT EACH DEVELOPMENTAL AGE

MACRO-LEVEL INFLUENCES

Income and resources

- Poverty
- · Homeless, refugee status
- · Child labour
- · Lack of access to health care

Social environment

- Antisocial norms, poor informal social controls
- Lack of social cohesion, disconnectedness, lack of social capital
- · Conflict/war
- Social exclusion, inequality, discrimination

Physical environment

- Decay: abandoned buildings, substandard housing
- Neighborhood disorder
- Access to alcohol, tobacco, other drugs, firearms
- Lack of access to nutritious foods
- Exposure to toxics
- · Media

MICRO-LEVEL INFLUENCES

Family influences

- Lack of involvement and monitoring
- Harsh, abusive or neglectful parenting
- · Negative role modelling
- Neglect for physical condition
- Stressful, chaotic environment
- · Parental substance use

School influences

- · Poor-quality early education
- · Negative school climate
- · Poor school attendance
- Lack of health education and prevention programmes
- · Lack of afterschool activities

Peer influence

- Antisocial peers, role models
- Exposure to alcohol, tobacco, other drug use, violence, crime
- Lack of parental monitoring of peer relationships
- Social networking technology

PERSONAL CHARACTERISTICS

Genetic susceptibilities

Mental health and personality traits

- · Sensation-seeking
- · Agressive
- Inattentive
- Impulsive
- · Mental health problems

Neurological development

- Language delays
- · Cognitive deficits
- Poor decision making and problem solving

Stress reactivity

- Deficits in emotion regulation and perception
- Dysregulated physiological responses
- Poor coping

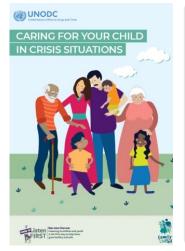
PRIMARY

Substance use and related problems

- · Academic failure
- Poor social competency skills
- · Poor self-regulation
- · Mental health problems
- · Poor physical health

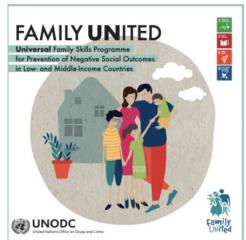
Vulnerability Matrix

	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal & infancy visitation		Parenting skills			
	Interventions for pregnant women					
School		Early childhood education	Personal & social skills education	Prevention education based on social competence and influence		
			Classroom management		Addressing individual vulnerabilities	
			Policies to keep children in school	School-wide programmes to enhance school attachment		
				Schoo	ol policies on substance (use
Community				Alcohol & tobacco policies		
			Community-based n			
					Media campaigns	
				Mentoring		
					Prevention pro entertainme	
Workplace			·_··_		Workplace prevent	ion programmes
Health sector	Interventions for pregnant women		Addressing mental health disorders			
					Brief intervention	

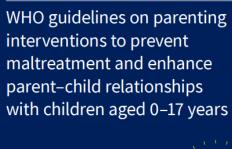


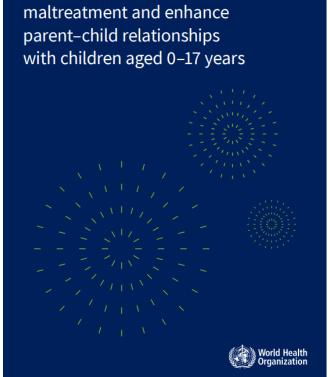












WHO guidelines on parenting interventions to prevent maltreatment and enhance parent-child relationships with children aged 0-17 years



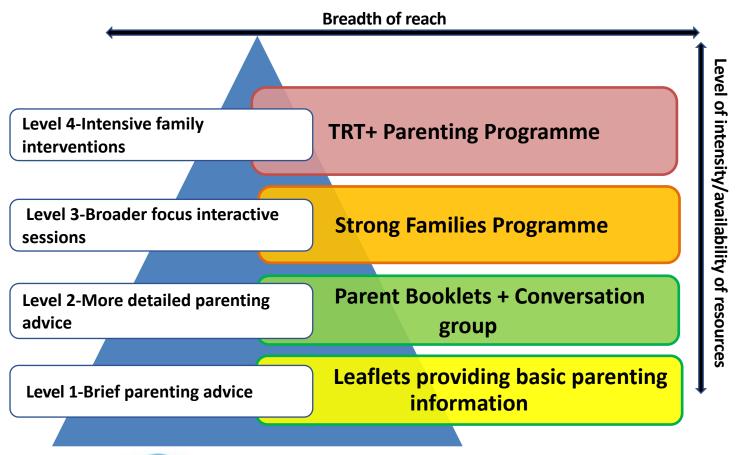








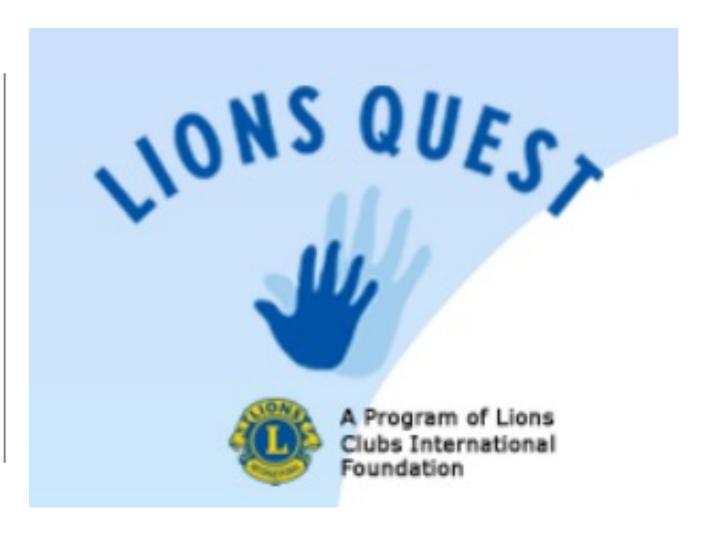
A FAMILY MULTI-LEVEL PARENTING AND CAREGIVER SUPPORT DELIVERY MODEL FOR FAMILIES LIVING THROUGH CHALLENGING CONTEXTS



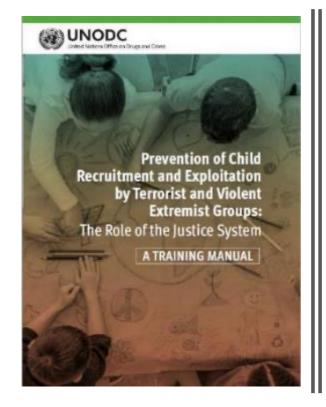




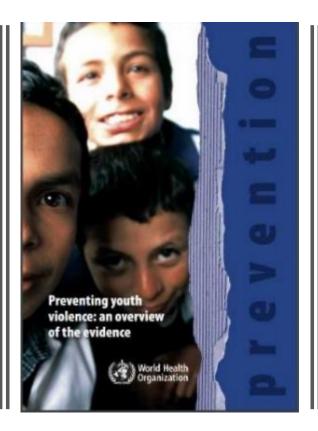














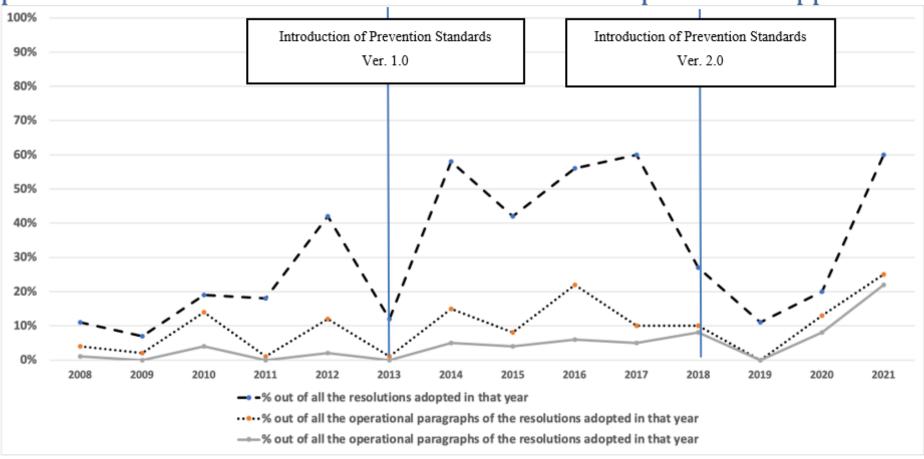
Common denominator for many strategies

Defining the Role of Law Enforcement in Substance Use Prevention within School Settings -Guiding Document

Youth engagement and support for youth based/ youth focused CSOs in prevention



Figure 3. The percentages of the resolutions, and of their operational paragraphs, adopted by the CND between 2008 and 2021, that call for prevention of substance use and for evidence-based prevention approaches



Resolution 65/4

Promoting comprehensive and scientific evidence-based early prevention

The Commission on Narcotic Drugs,

Reaffirming its commitment to achieving the goals and objectives of, and implementing the obligations arising from, the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, ³¹ the Convention on Psychotropic Substances of 1971³² and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, ³³