International Standards of Drug Use Prevention

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POLITICAL DECLARATION AND PLAN OF ACTION ON INTERNATIONAL COOPERATION TOWARDS AN INTEGRATED AND BALANCED STRATEGY TO COUNTER THE WORLD DRUG PROBLEM
Prevention works!
Healthy and safe development of children and youth
Sustainable Development Goals

3 GOOD HEALTH AND WELL-BEING

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
SDG Declaration

1. We, the Heads of States and Governments…

2. On behalf of the people we serve, we have adopted a historic decision on a comprehensive, far-reaching and people-centred set of universal and transformative Goals and targets.

3. … We resolve also to create conditions for sustainable, inclusive and sustained economic growth, shared prosperity and decent work for all, taking into account different levels of national development and capacities.

4. As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society.

5. … These are universal goals and targets which involve the entire world, developed and developing countries alike. They are integrated and indivisible and balance the three dimensions of sustainable development.
International Standards

• Leading step in putting forth the Standards
• Tool to influence policy makers:
  – What is prevention?
  – 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)
Drug Use Prevention

- **Primary objective:** help people (particularly—not exclusively—young people) avoid or delay initiation of use, or, if they started already, to avoid to develop disorders (e.g. dependence).

- **General aim:** much broader, it is the healthy and safe development of children and youth to realize their talents and potential becoming contributing members of their community and society.
What is drug prevention?

- Awareness raising on dangers?
- Moral/ethical values promotion and strengthening?
- What substances?
- One time event? Few hours? Frequent intervals message?
- Adolescents/ young adults only?
Prevention works!
Healthy and safe development of children and youth
Shifting the paradigm...

- Prevention as science/science guiding practice

- Initiation to substance use is not the result of a free choice but an interplay of internal and external risk and protective factor.

- To prevent a problem before it happens, the factors that predict the problem must be changed.
Basic epi research

Drawing distinct etiology

Driving the design of a programme

Programme based on theory of change

A theory of change put to practice at diff levels

Practice that is evaluated at different levels

Practice that is brought together as a system
Forming the evidence base for prevention
Brain function in a social context
Developmental phases
Developmental Phases

• Each stage of development, from infancy to early adulthood, is associated with a certain expected range of:
  – intellectual ability
  – language development
  – cognitive, emotional and psychological functioning
  – social competency skills

• Each needs attention to prevent the onset of drug use and dependence!!!
Drug use is a developmental problem

Even under normal conditions, the adolescent prefrontal cortex is not completely connected!
The “Imbalanced” Adolescent Brain

- Emotional responses are heightened
- Cognitive controls are immature

**Double Jeopardy!**

Emotional Reactivity

Cognitive Regulation
Infancy

Protective Traits, Skill Sets & Experiences:

• Responsiveness to the environment and caregivers’ interactions
• Caregivers who are responsive
• Surroundings that provide stimulation
• Learning how to be effective in having needs met
• Easy to soothe
• Not temperamental
Early Childhood

Factors Predictive of Later Social Competence:

- Language
- Cooperation
- Control of emotions
- Collective conscience
- Social and emotional skills (including perception of others’ emotions)
- Problem solving
Middle Childhood

Emergent Executive Cognitive and Emotional Regulatory Functions:

- Maintaining attention
- Controlling emotions
- Social inclusivity
- Effective communication
- Receptivity to others
- Accurate perception of emotion
Adolescence

Integral to self-regulation of emotion and behavior:

✓ Social and emotional skills to establish stable relationships
✓ Sensitivity to feelings & needs of others
✓ Conflict resolution
✓ Prosocial skills
✓ Impulse control
Accumulative Model of Risk for Substance Abuse

Genetic Risk Variants

Environmental “Gauges”
- Adversity
  - Discrimination
  - Deprivation
  - Childhood maltreatment
  - Witnessing violence
  - Family dysfunction
  - Family history (e.g., drug/alcohol abuse, psychiatric illness)
- Resiliency
  - Good education
  - Adequate housing
  - Quality health care
  - Positive attachments
  - Structured/nurturing family

Intermediate Phenotypes

Liability/Risk

Abuse threshold
Epigenetics

Figure 1. Honeybee biology depends on a polyphenism that produces different female castes. During larval development, female larvae fed royal jelly (top) develop faster and pupate earlier; producing queen bees. Female larvae fed worker jelly have slower development and produce worker bees. This diet-induced change in phenotype is robust and predictable and provides an opportunity to explore how diet affects the genome, and how this leads to changes in form.

Review

Epigenetic mechanisms mediating the long-term effects of maternal care on development

Frances A. Champagne\textsuperscript{a,\*}, James P. Curley\textsuperscript{b}
Interaction of Personal Characteristics and the Micro- and Macro-Level Environments
Primary Developmental Outcomes and their Environmental and Personal Influences

MACRO-LEVEL INFLUENCES

- Income and Resources
  - Poverty
  - Homeless, refugee status
  - Child labor
  - Lack of access to healthcare

- 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
  - Toxic exposures
  - Media

MICRO-LEVEL INFLUENCES

- Family Influences
  - Lack of involvement & monitoring
  - Harsh, abusive or neglectful parenting
  - Negative role modeling
  - 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 & prevention programs
  - Lack of afterschool activities

- Peer Influences
  - 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 & Personality Traits
  - Sensation-Seeking
  - Aggressive
  - 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 OUTCOMES

- Substance abuse and related problems:
  - Academic failure
  - Poor social competency Skills
  - Poor self regulation
  - Mental health problems
  - Poor physical health
# Common vulnerabilities (1/3)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<tr>
<td>Individual/Peer</td>
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<td>Early and Persistent Antisocial Behavior</td>
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Common vulnerabilities (2/3)

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<th>Substance Abuse</th>
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<td>Academic Failure Beginning in Late Elementary School</td>
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Common vulnerabilities (3/3)

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<th>Teen Pregnancy</th>
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<td>Availability of Drugs</td>
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<td>Availability of Firearms</td>
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<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<td>Media Portrayals of Violence</td>
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<td>Transitions and Mobility</td>
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<td>Low Neighborhood Attachment and Community Disorganization</td>
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<td>Extreme Economic Deprivation</td>
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Interventions Based on Scientific Evidence

Designed to prevent initiation and escalation of drug use and related problems among children who are exposed to risk conditions and experiences and who have personal characteristics that heighten risk:

- To overcome adversity
- Increase resiliency skills
- Reduce the level of exposure to deleterious factors

Believed to exert effects through improvements in:

- Underlying brain and cognitive functions
- Corresponding skill sets
- Underlying mental health, emotional and behavioral problems
Prevention works!
Healthy and safe development of children and youth

Drug use

- Poor opportunities for education
- Easy access to substances
- Difficult temperament or mental health disorders
- Poverty
- Violent environment
- Poor parenting
## Guidance on the types of evidence based approaches and their characteristics

<table>
<thead>
<tr>
<th></th>
<th>Prenatal &amp; infancy</th>
<th>Early childhood</th>
<th>Middle childhood</th>
<th>Early adolescence</th>
<th>Adolescence</th>
<th>Adulthood</th>
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<td>Prenatal infancy &amp; visitation</td>
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<td>Interventions for pregnant women with substance abuse disorders</td>
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<td>Early childhood education</td>
<td>Personal &amp; social skills</td>
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<td>Policies to keep children in school</td>
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<td><strong>Community</strong></td>
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<td>Community-based multi-component initiatives</td>
<td>School policies &amp; culture</td>
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<td><strong>Workplace</strong></td>
<td>Workplace prevention</td>
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<td><strong>Health sector</strong></td>
<td>Brief Intervention</td>
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Health, safety and well-being are related to national economic growth

- Health raises income levels.
- The low cost of some health interventions have large-scale effects on population health, as well as on productivity.
- Studies suggest there may be a large effect of health and nutrition in utero, and in the first few years of life, on physical and cognitive development and economic success as an adult.
- World Bank (2008), Population Health and Economic Growth
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, Brazil, 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
Changes in knowledge (2)

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)

- before
- after
Draft guide

How effective is your drug prevention?

A brief guide to evaluation of effectiveness in the field of drug prevention

Preliminary version of 11 March 2015 based on the Technical Consultation organized by UNODC on the evaluation of effectiveness of drug use prevention

19-20 November 2014, Vienna Austria
LOGICAL FRAMEWORK

TESTED PROGRAM

SCIENCE BASED THEORY OF BEHAVIORAL CHANGE

EMPIRICAL EVIDENCE

Activity

Immediate change on the target group

Prevention of drug use
**FIG. 19.** Cannabis use, teenage pregnancy and tertiary education among young adults who participated in a pre-school intervention

- Used marijuana in past month
- Teenage parent (<29)
- Enrolled in college/university

- **Intervention in pre-school**
- **Control**

FIG. 21. Probability of subsequent development of a drug-related disorder depending on participation in a classroom behaviour management programme in first grade

Relative difference ($\Delta\%$) in the prevalence of drug use in the year (comparing the start and end time) by teenagers 13-15 years old (within the group).

The $\Delta\%$ is calculated using the difference between the initial and final prevalence in each group for each drug, that is, is how much drug use increased during the study period in both groups. It is not the prevalence of consumption in the year.
Example: Meth Initiation Results at 4½ Years Past Baseline (when life skills based prevention (LST) only, and when in combination with parenting skills (SFP))

Standards, and the value of evidence based prevention, recognised at the highest political level

As well as Resolution 57/3 and 58/3, 58/7 and 59/6
Joint Ministerial Statement of the 2014 high-level review by the Commission on Narcotic Drugs of the implementation by Member States of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem

A. Demand reduction and related measures

“4. Take note of the International Standards on Drug Use Prevention prepared by the United Nations Office on Drugs and Crime, in close cooperation with Member States, and encourage the further development of the International Standards on the basis of scientific evidence, as well as their effective implementation;”

“7. Highlight the need for Member States to formulate and implement, where appropriate, a broad system of primary prevention and early intervention based on scientific evidence, such as the International Standards on Drug Use Prevention and other measures, including educational activities and interactive campaigns;”
Resolution 57/3
Promoting prevention of drug abuse based on scientific evidence as an investment in the well-being of children, adolescents, youth, families and communities

“Noting with appreciation the development of the International Standards on Drug Use Prevention by the United Nations Office on Drugs and Crime as a crucial summary of the scientific literature available worldwide and a guiding tool, and noting also the initial process of dissemination of the Standards through seminars for policymakers,”

1. “Invites Member States to consider expanding the coverage and quality of drug abuse prevention systems, interventions and policies based on scientific evidence, as described in the International Standards on Drug Use Prevention, paying particular attention to both individuals and groups at risk, as well as to the need for a scientific evidence-based monitoring and evaluation component;”

6. “Requests the United Nations Office on Drugs and Crime to continue to disseminate scientific evidence on drug abuse prevention, including the International Standards on Drug Use Prevention, with particular emphasis on the evaluation of the effectiveness of drug abuse prevention;”

7. “Invites Member States, through bilateral, regional and international cooperation, where appropriate, to collaborate in the implementation of the International Standards on Drug Use Prevention, through the exchange of information and the provision of assistance, including technical assistance, upon request, with a view to enhancing their ability to implement those Standards;”
Resolution 58/3
Promoting the protection of children and young people, with particular reference to the illicit sale and purchase of internationally or nationally controlled substances and of new psychoactive substances via the Internet

“Noting with appreciation the publication, in 2013, of the International Standards on Drug Use Prevention by the United Nations Office on Drugs and Crime,”

6. “Encourages Member States to promote the development of scientific evidence-based interventions and policies to prevent and counter the illicit sale and purchase of internationally or nationally controlled substances and of new psychoactive substances via the Internet, paying specific attention to the protection of children and young people and taking into account the International Standards on Drug Use Prevention;”
2. “Takes note of the International Standards on Drug Use Prevention, prepared by the United Nations Office on Drugs and Crime, which constitute an important tool summarizing the scientific literature currently available and serving as a practical guide for policymakers worldwide, and invites the United Nations Office on Drugs and Crime to consider the further development of practical scientific evidence-based guidelines, for example on treatment, that may include appropriate measures to reduce significantly the misuse of internationally controlled drugs and psychotropic substances, while promoting their adequate availability for medical, scientific and industrial purposes;”
Resolution 59/6
Promoting prevention strategies and policies

“Emphasizing the importance of implementing the International Standards on Drug Use Prevention, which constitute a relevant tool by summarizing the currently available scientific evidence and describing interventions and policies and their characteristics that have been found to result in positive prevention outcomes,”

5. “Invites Member States to promote the collection of data on drug use and epidemiology and to promote the use of international standards, such as the International Standards on Drug Use Prevention, to formulate effective prevention strategies and programmes;”

14. “Further encourages Member States to promote the development of scientific evidence-based interventions and policies to prevent and counter the illicit sale and purchase of internationally or nationally controlled substances and new psychoactive substances over the Internet, paying specific attention to the protection of specific groups, such as youth and indigenous peoples, and taking into account the International Standards on Drug Use Prevention,”
#ListenFirst an initiative to increase support for prevention of drug use based on science and is thus an effective investment in the well-being of children and youth, families and communities.
**Prevention works!**
Healthy and safe development of children and youth

**FACTS FOR POLICY MAKERS**

**Childhood** is a period of significant development and great opportunity.

As children advance through adolescence, they grow, explore, and have the chance to realize their individual unique potential.

This also makes them vulnerable to unhealthy behaviours, including using drugs, alcohol and tobacco.

Most children and adolescents will never use drugs, and those who do are often affected by vulnerabilities beyond their control.

- Poverty and exposure to violence.
- Not benefiting from warm and supporting parenting.
- Engaging with peers themselves at risk.

Of these, at least **1 out of 10** will suffer immediate or long term consequences to their physical or mental health.

The earlier children start to experiment with drugs, the more likely they are to develop drug dependence later in life.

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http://www.unodc.org/listenfirst/

#ListenFirst
Prevention works!
Healthy and safe development of children and youth

1. Person sees the video
   - Clicks on link
     - Person sees post/factsheet
     - Shares
     - Policy maker sees video or other material
       - Clicks on link
9. Policy maker attends special event
8. Policy maker sees website
7. Supports EB programmes
6. Requests EB programmes
5. Interest for EB is created online
4. Policy maker notices interest for EB program
3. Youth is protected
2. Youth is protected
UNODC PSA can be viewed on

https://www.youtube.com/watch?v=o259gvnAYxk
Take away message 1
The earlier, the better

• The earlier the intervention, the more effectively we can…
  – Redirect behavioral pathways
  – Increase resiliency
  – Reduce exposure to the potentially long-term adverse effects of the above etiological conditions, including the early use of drugs itself.
Take away message 2
Prevention is timeless

• Even very young children can manifest early signs of future mental, emotional, and behavioral disorders that increase risk for later drug use.

• A great deal is known about how to prevent, monitor, and treat these problems to ensure children reach their highest potential.

• In all cases and ages, an enriched environment, external supports, and high quality education is essential.
Take away message 3
It’s never too late!

- Many mental health, emotional, and behavioral problems stem from impulsive, sensation-seeking activities in adolescence.
- Problems important to monitor and prevent include:
  - Early alcohol, tobacco, and other drug use
  - Violent and delinquent behaviors
  - Depression and suicide
  - Risky sexual behaviors
- In adulthood, influences persist and require address to prevent further escalation of use, addiction and relapse.
- Fortunately, there is tremendous brain plasticity and maturation of functions through adolescence and early adulthood.
  - Provides a solid window of opportunity to improve outcomes.
Take away message 4

Do NOT improvise
OK, I will try again

- There is a science behind drug prevention
- What sounds intuitively good very often has been shown NOT TO WORK, or, worse, TO HAVE BEEN COUNTERPRODUCTIVE
- Use an evidence-based programme
  - See the Standards and the registries
- If not, RIGOROUSLY evaluate the EFFECTIVENESS of your programme
Message 5
Let us use our resources better!
Break the negative cycle!

Few resources → Prevention that is not based-on evidence → No results

Perception that ‘prevention does not work’
Start a new positive cycle!

Prevention that is based on evidence

More resources

Raise profile of drug prevention

Demonstrate cost-effectiveness and broader benefits

Demonstrate actual prevention of drug use
Shifting the paradigm...

• Prevention as science/ science guiding practice

• Initiation to substance use is not the result of a free choice but an interplay of internal and external risk and protective factor.

• To prevent a problem before it happens, the factors that predict the problem must be changed.
International Standards on Drug Use Prevention

Drug use and substance abuse prevention that is based on scientific evidence is an effective and cost-effective investment in the wellbeing of children, youth and people.
International Standards of Drug Use Prevention

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