



UNODC

United Nations Office on Drugs and Crime



The Role of Families in Effective Drug Prevention, Treatment and Care

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PTRS
PREVENTION TREATMENT
REHABILITATION SECTION

Prevention & treatment of SUD on development agenda (SDGs post 2015)



3 GOOD HEALTH AND WELL-BEING

Ensure healthy lives and promote well-being for all at all ages



3.5. Strengthen the prevention and treatment of substance abuse including narcotic drug abuse and the harmful use of alcohol

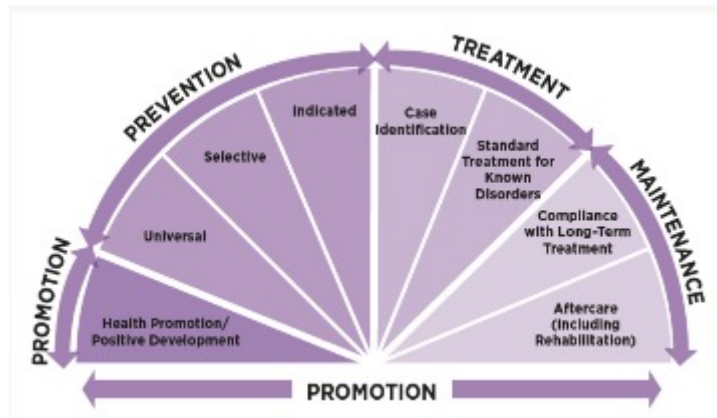
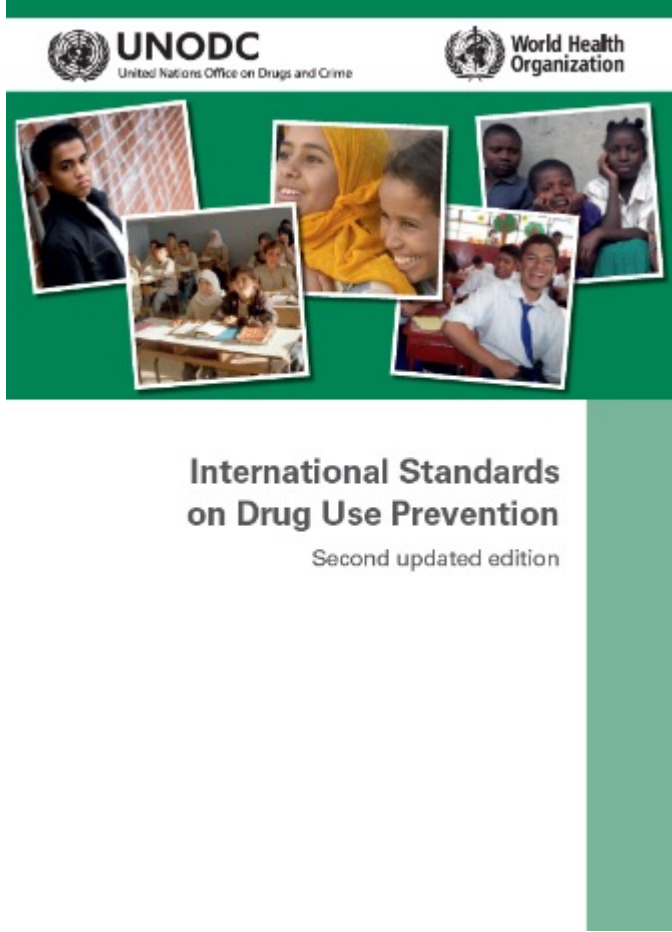
TARGET 3-5

PREVENT AND TREAT SUBSTANCE ABUSE

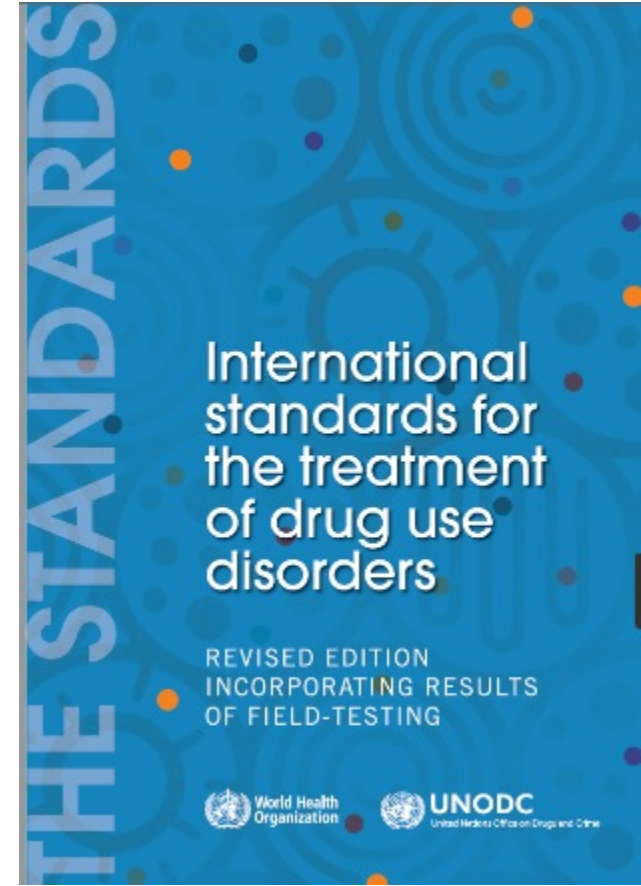
The Sustainable Development Goals



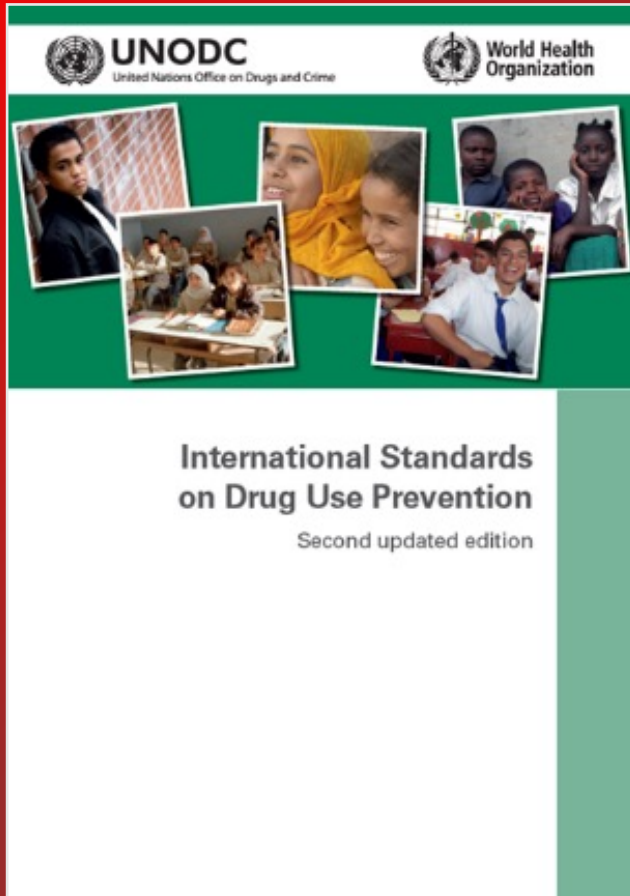
International Standards for Drug Use Prevention and Treatment of Drug Use Disorders (UNODC/WHO)



Adapted from [Institute of Medicine \(1994, Fig. 2.1, p. 23\)](#)



Culture of prevention – main messages



1. Not investing in prevention, comes at a cost
2. Prevention is a science- No need to improvise
3. Prevention is BEYOND Awareness raising / fear arousal
4. Early initiation NOT the result of A FREE CHOICE. "JUST SAY NO" NOT ENOUGH
5. Point of focus of EB Prevention is developing individual NOT the drug
6. Prevention helps personal growth: intellectual, language, cognitive, emotional and social competency skills AT EACH DEVELOPMENTAL AGE
7. Worse outcome of non-science-based prevention is not only ineffectiveness but iatrogenic effect.

Summary of EB prevention responses per the UNODC WHO Int. Standards

	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		
				School policies on substance use		
				Alcohol & tobacco policies		
Community	Community-based multi-component initiatives					
				Media campaigns		
				Mentoring		
					Prevention programmes in entertainment venues	
Workplace				Workplace prevention programmes		
Health sector	Interventions for pregnant women		Addressing mental health disorders			
				Brief intervention		

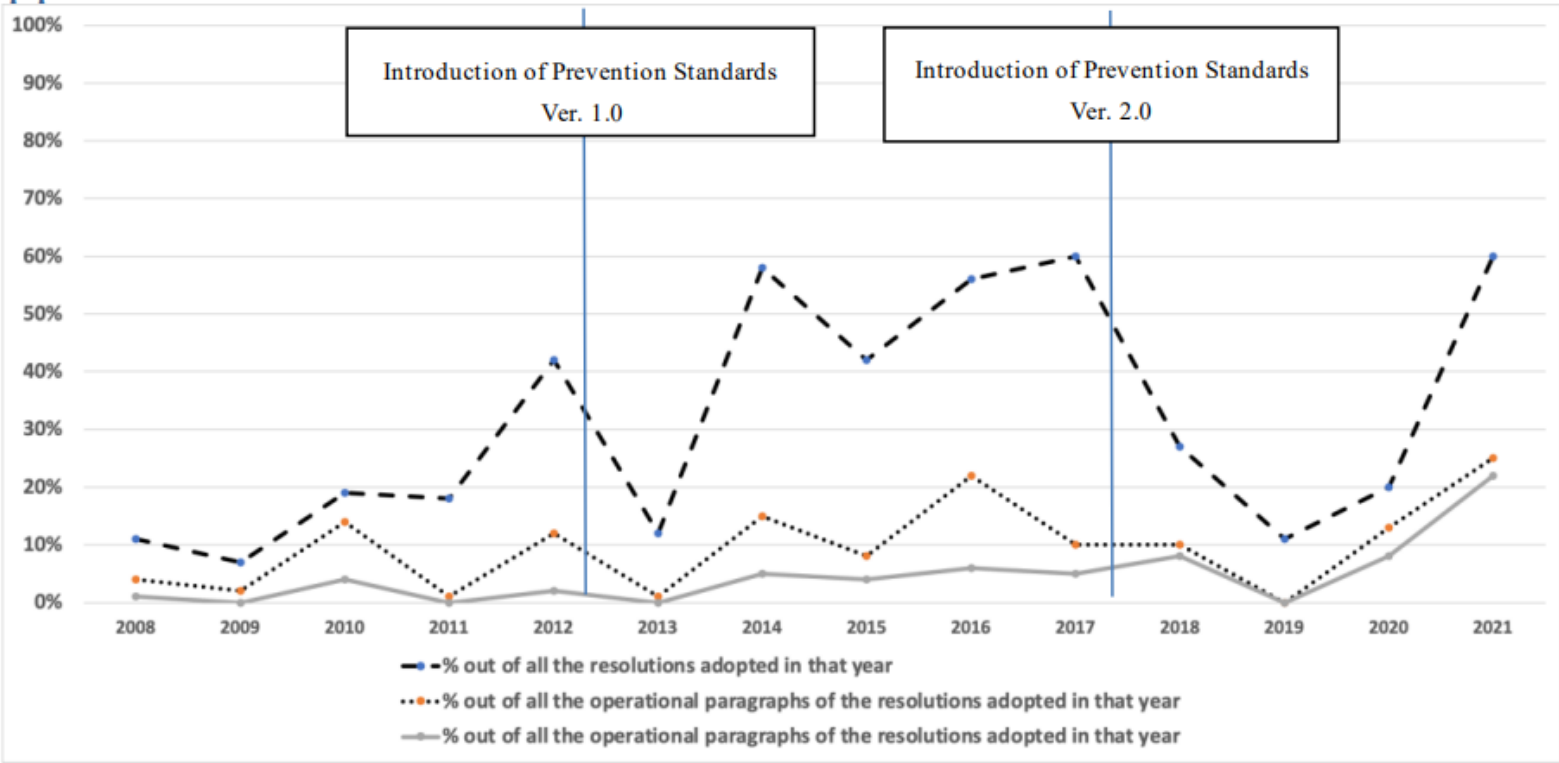


Supporting families for SUD prevention and treatment is in line with international policy framework

- Sustainable Development Goals (SDGs)
- International drug Control Conventions (1961, 1971, 1988)
- UNGASS on World Drug Problem (2016)
- CND Ministerial Declaration (2019)
- Convention on the Rights of the Child (1990)
- CND Resolution 58/2: Supporting the availability, accessibility and diversity of scientific evidence-based treatment and care for children and young people with substance use disorders (2015)
- United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines) (1990)
- CCPCJ resolution 28/1 “Strengthening the engagement of all members of society in crime 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

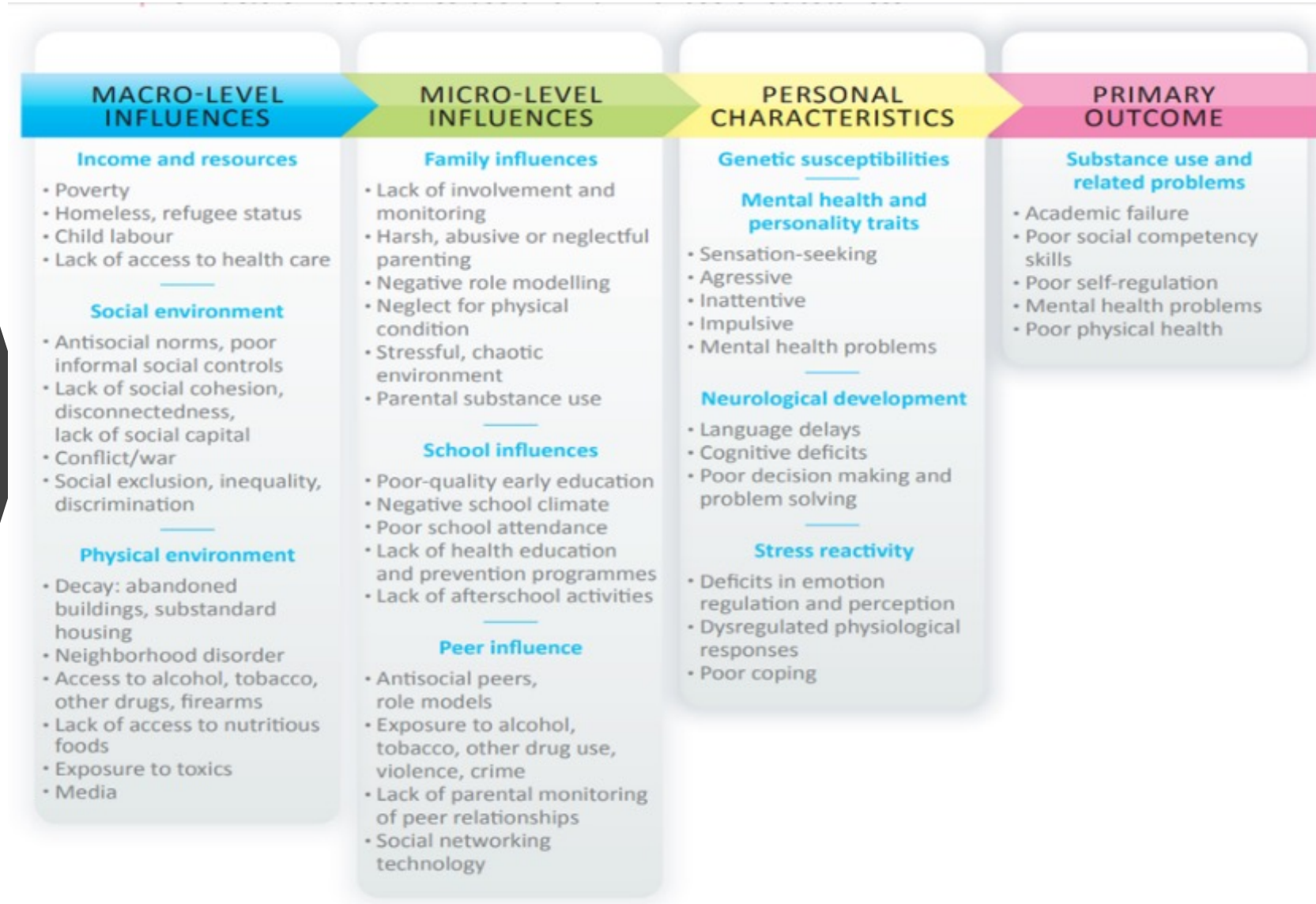




Resolution 65/4

Promoting comprehensive and scientific evidence-based early prevention

Vulnerability factors





Parenting and family skills: opportunities for public health approaches

- Some of the strongest evidence we have for promoting positive trajectories and outcomes for children and young people
- Prevention of conduct problems, mental health difficulties, substance misuse, crime
- Global significance

Common elements

- Warmth and effective praise
- Listening
- Assertive discipline
- Helping parents look after themselves





Parents and family

5.1

The home environment is the single most profound influence on every aspect of child development.

- Effects of poor parenting are longstanding
- Parents need to instill social and emotional regulatory skills early in life to resist substance use
- Parenting and family continue to be important through adolescence when youth have more autonomy and opportunities for risky behaviors



Parenting styles that interfere with healthy child development

Severely negative influences

- Harsh
- Restrictive
- Domestic violence
- Abuse & neglect
- Hostile
- High in conflict
- Emotionally triggered
- Caregivers who are not responsive

Negative influences

- Insecure attachment
- Lack of warmth & affection
- Lack of supervision & monitoring
- Poor disciplinary tactics
- Inconsistent
- Reinforcements for negative behaviors



Stress and conflict in the home

2

Children exposed to stress and conflict in the home are more likely to:

- Become more behaviorally and emotionally maladjusted
- Have high levels of mental and physical health issues
- Manifest high levels of aggressive behavior, the strongest predictor of later drug use and other risk behaviors
- Characteristics of the family (e.g., cohesion, supportive, communicative) influence the ability to develop resiliency skills

Family can be a risk/protective factor for adolescent substance use and other problem behaviours

Vulnerabilities are not unique to substance use initiation

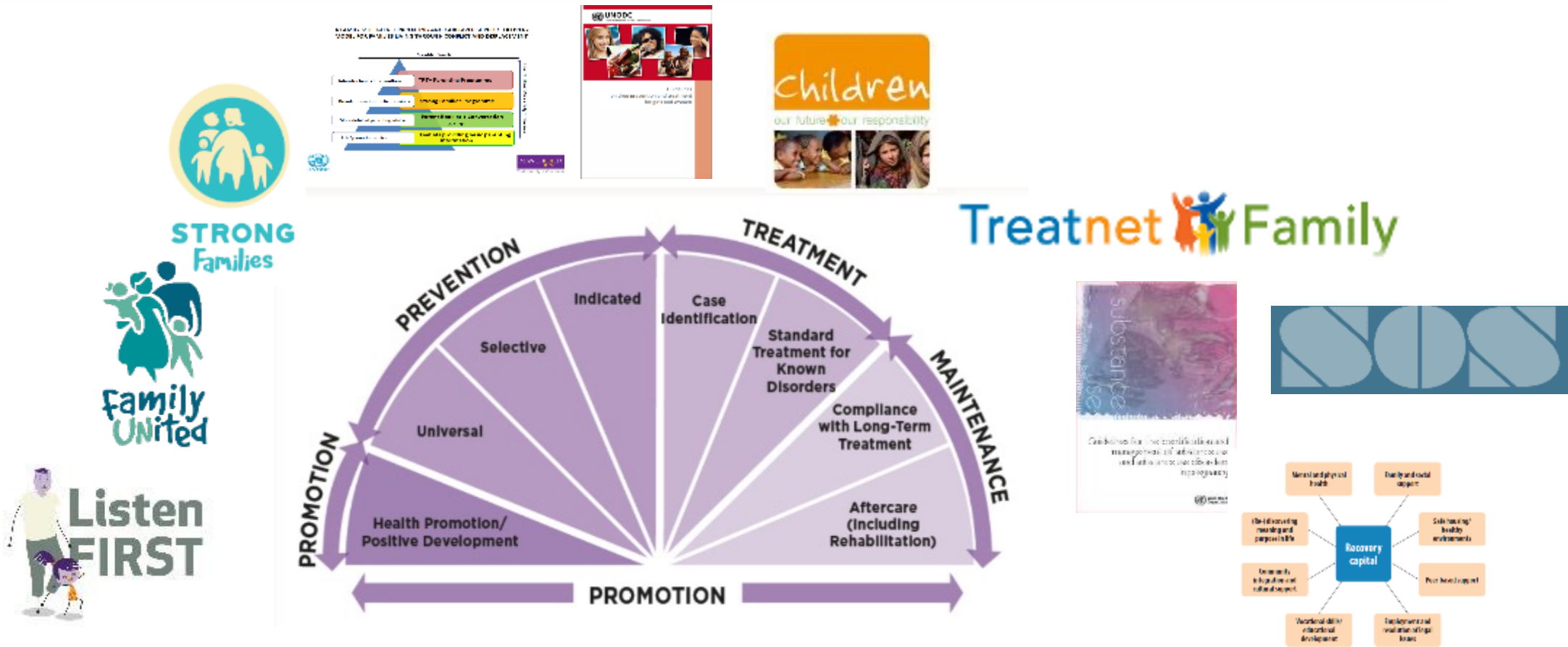
Table 2. Familial factors that contribute to vulnerabilities in adolescents

	Substance use	Delinquency	Pregnancy	School dropout	Violence	Depression and anxiety
FAMILY						
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.



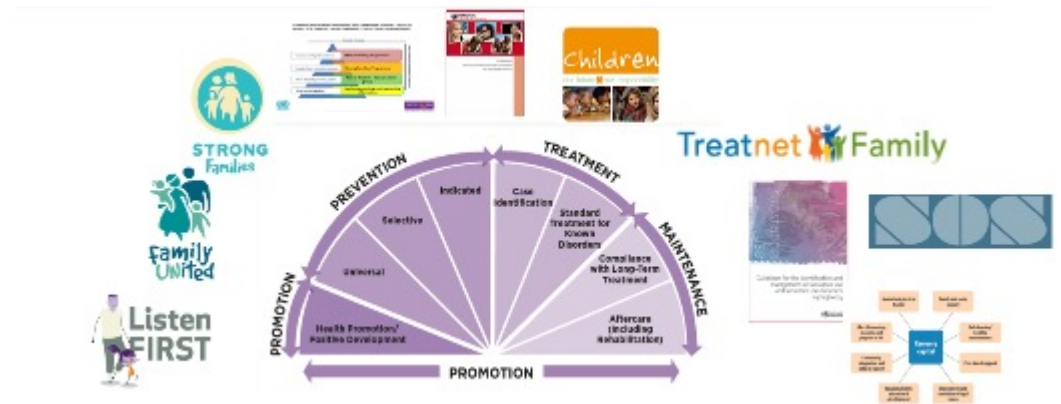
UNODC's work on prevention, treatment and care with families and caretakers



Adapted from [Institute of Medicine \(1994, Fig. 2.1, p. 23\)](#)

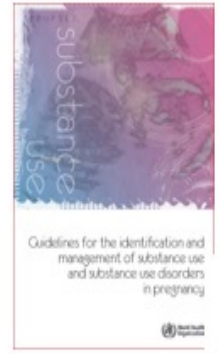
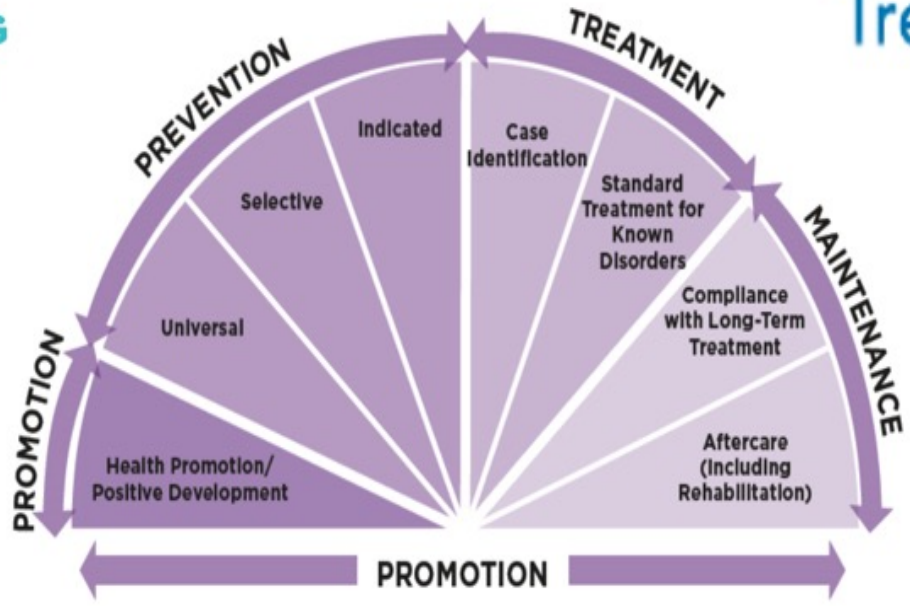
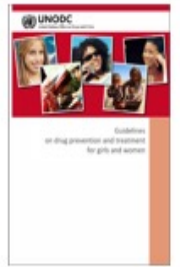
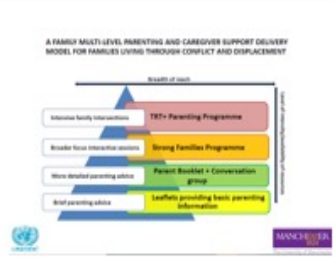
Definition of family – UNODC projects

For UNODC programmes family is flexibly defined as **those that are meaningfully bonded**, whether or not they have a legal or genetic bond. This could include biological siblings, parents, or grandparents, aunts, cousins. It also could include close family friends, stepparents, common-law relatives, and caretakers.





STRONG Families



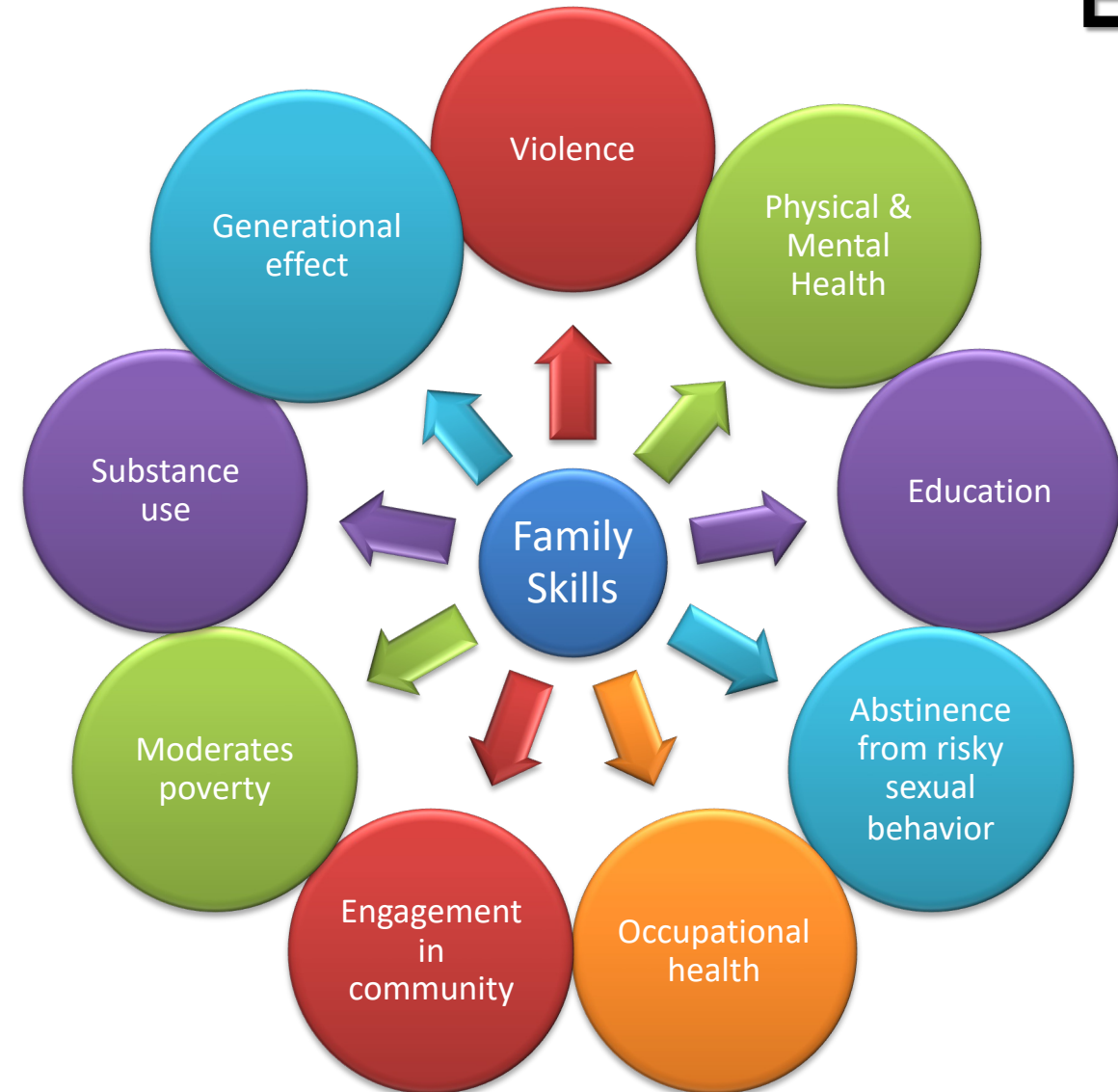
Summary of EB prevention responses per the UNODC WHO Int. Standards

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			Community-based multi-component initiatives			
				Media campaigns		
				Mentoring		
Workplace					Prevention programmes in entertainment venues	
					Workplace prevention programmes	
Health sector	Interventions for pregnant women		Addressing mental health disorders			
				Brief intervention		



International Standards on Drug Use Prevention
Second update of 2010

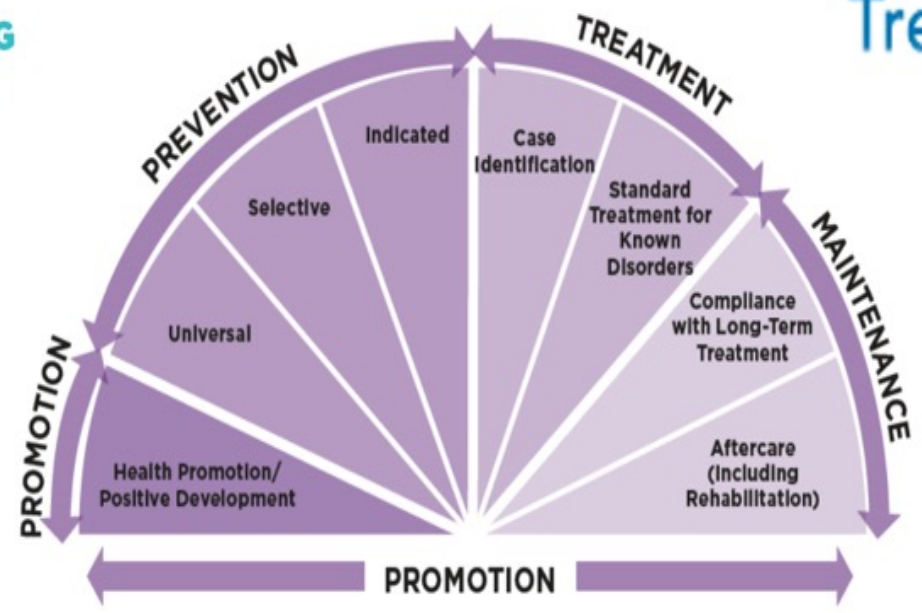
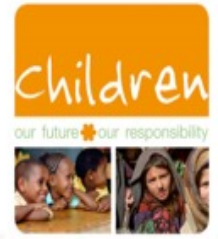
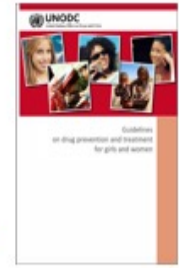
Effective Family Skills Programmes



- Programmes that aim to strengthen family protective factors such as **communication, trust, problem-solving skills** and **conflict resolution** that are relevant to their culture
- Often include opportunities for parents and children to **spend positive time together**, as ways to strengthen the **bonding** and **attachment** between the two
- Focus on relationships and behaviour change and **PRACTICE**
- Positive outcomes across several areas, e.g. substance use, violence, school attendance, teenage pregnancy, HIV
- Work equally well for boys and girls



STRONG Families





[www.unodc.org/LISTENFIRST](http://www.unodc.org/listenfirst)

- **For Everyone interested in helping children to grow happy and healthy.**

Key Stakeholders:

- Parents
- Educators
- Policy Makers
- Healthcare workers
- Workers in the substance use field

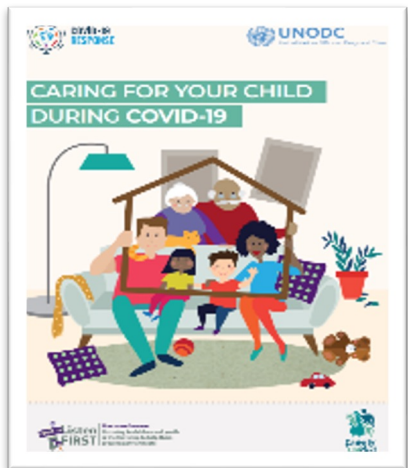




- [The Happiness of Care, a Compilation](#)
- [The Science of Affection](#)
- [The Science of Family Activities](#)
- [The Science of Active Listening](#)
- [The Science of Play](#)
- [The Science of Patience](#)
- [The Science of Physical Activity](#)
- [The Science of Praise](#)
- [The Science of Information](#)
- [The Science of Routine](#)
- [The Science of Keeping Busy](#)



- Schools
- Community Centers
- Faith-based events
- Parenting classes
- Health Centers
- Recreation Centers
- Employer's newsletter/break room

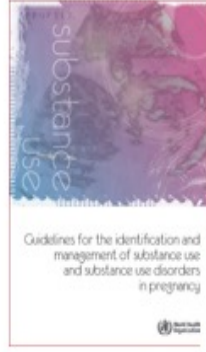
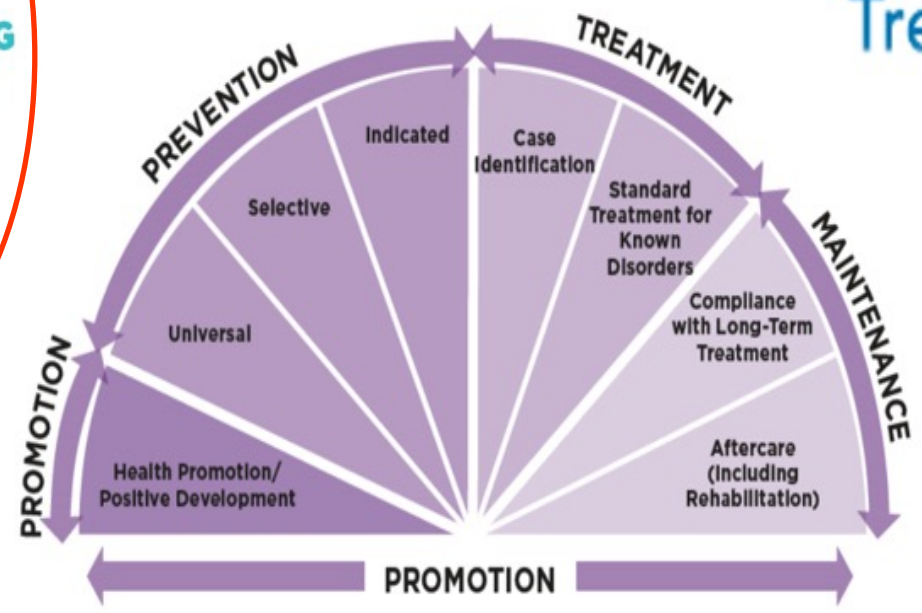
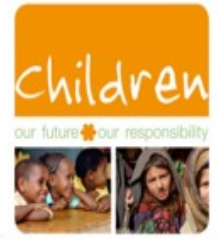
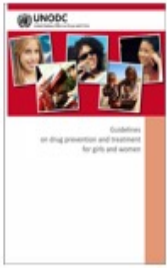


- ✓ Unlimited ways
- ✓ Utilize video and science sheets together
- ✓ No cost
- ✓ Template for language translation
- ✓ Integrate into existing prevention system
- ✓ Evaluation

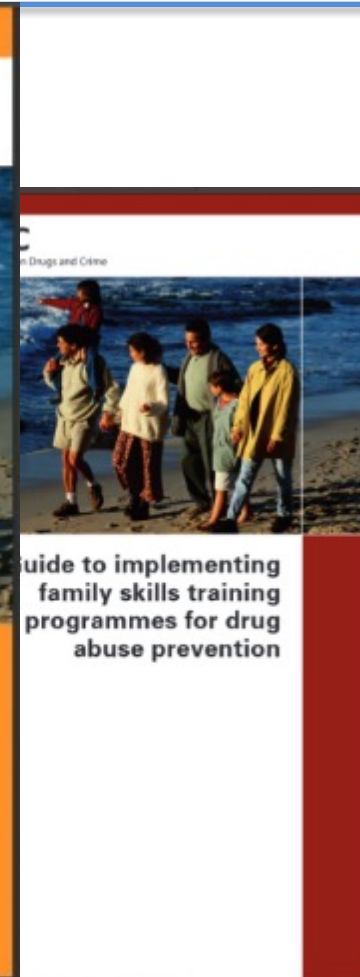
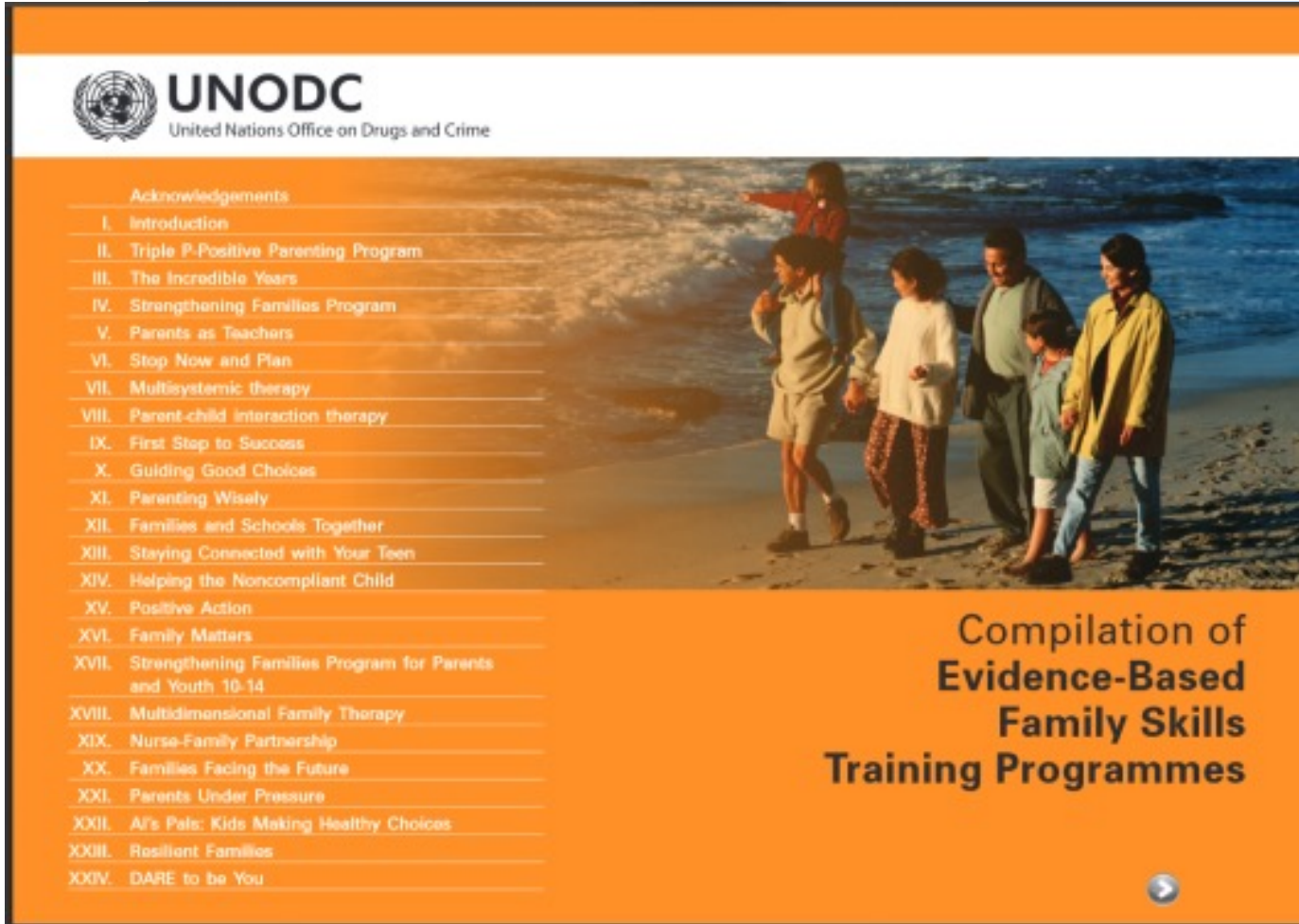


- Weeks/Days/Months
- Start of the School Year
- Beginning of a Parenting Class
- Next issue of the newsletter
- Podcast/Radio Show





Many family skills/parenting programmes are available – few implemented in LMIC



- Obstacles during implementation in LMIC
- Infrastructure
 - Cost of material (production, etc...)
 - Royalty / Copyrights
 - Lack of cultural adaptation/languages
- & more*

Support generation of evidence from the recipient countries

Aggression and Violent Behavior 19 (2014) 616–624



Contents lists available at ScienceDirect

Aggression and Violent Behavior



The influence of family skills programmes on violence indicators:
Experience from a multi-site project of the United Nations Office on
Drugs and Crime in low and middle income countries[☆]



Wadih Maalouf^{*}, Giovanna Campello

United Nations Office on Drugs and Crime (UNODC), Drug Prevention and Health Branch, Prevention Treatment and Rehabilitation Section, Vienna, Austria

Social Work & Social Sciences Review 16(2) pp.51-75. DOI: 10.1921/3103160207

UNODC Global Family Skills Initiative:
Outcome evaluation in Central Asia of Families
and Schools Together (FAST) multi-family groups

Lynn McDonald¹ and Taghi Doostgharin²



Changing the culture of prevention

Prevention Science

<https://doi.org/10.1007/s11121-018-0935-0>



Strengthening a Culture of Prevention in Low- and Middle-Income Countries: Balancing Scientific Expectations and Contextual Realities

Rubén Parra-Cardona¹ • Patty Leijten² • Jamie M. Lachman^{3,4} • Anilena Mejía⁵ • Ana A. Baumann⁶ • Nancy G. Amador Buenabad⁷ • Lucie Cluver^{3,8} • Jenny Doubt³ • Frances Gardner³ • Judy Hutchings⁹ • Catherine L. Ward¹⁰ • Inge M. Wessels¹⁰ • Rachel Calam¹¹ • Victoria Chavira¹² • Melanie M. Domenech Rodríguez¹³

Initiative 3: Reducing Violence in Panamá by Strengthening Family Systems and Promoting the Implementation of an Evidence-Based Program

Steps Towards Developing a Culture of Prevention In 2009, UNODC launched a project advocating for the adoption of a family skills training program across Panamá—The Strengthening Families Program 10-14 (SFP 10-14). UNODC required the leadership of local policymakers to design a plan for promoting evidence-based interventions, including active participation of local researchers and practitioners to culturally adapt and pilot test SFP 10-14.

FAMILY UNITED

Universal Family Skills Programme
for Prevention of Negative Social Outcomes
in Low- and Middle-Income Countries



- Universal family skills programme (for any family)
- Brief
- Evidence-informed
- Suitable for low resource settings
- Open source (available to countries without need to pay royalty or copyright fees)
- Cost Effective
- (Developed since 2019)





Feasibility & assessment of potential effectiveness of Family Unite in improving family skills outcomes and family mental health

- Objectives:
 - Assess level of effect for participating caregivers and children
 - Assess parents parenting skills, parental confidence and mental health outcomes
 - Assess children’s behavioral and mental health outcomes
 - Assess the social-ecological resilience in children
- Method:
 - Family United training programme:
 - 4 parent sessions, 4 child and 4 family sessions over 4 weeks
 - Caregivers completed a battery of questionnaires
 - N = 29 caregivers and 29 children in Bangladesh
 - 100% follow-up rate at 6 weeks follow up

	First hour	First hour	Second hour
Week 1	Room 1 Caregiver session 1 Understanding, Planning, and Encouraging Childcare	Room 2 Child session 1 Building Positive Qualities	Room 2 Family session 1 Our Family's Positive Qualities
Week 2	Room 1 Caregiver session 2 Managing Challenging Behaviors	Room 2 Child session 2 Handling Stress	Room 2 Family session 2 Learning About Each Other
Week 3	Room 1 Caregiver session 3 Darkening Unthinkable Behavior	Room 2 Child session 3 Dear Diaries	Room 2 Family session 3 Thinking About Family Values and Communication
Week 4	Room 1 Caregiver session 4 Reducing Aggression, Resolving and Taking Control Yourself	Room 2 Child session 4 New Friends and Friends	Room 2 Family session 4 Understanding Your Feelings and Family Connections



Indonesia, Bangladesh, Uzbekistan

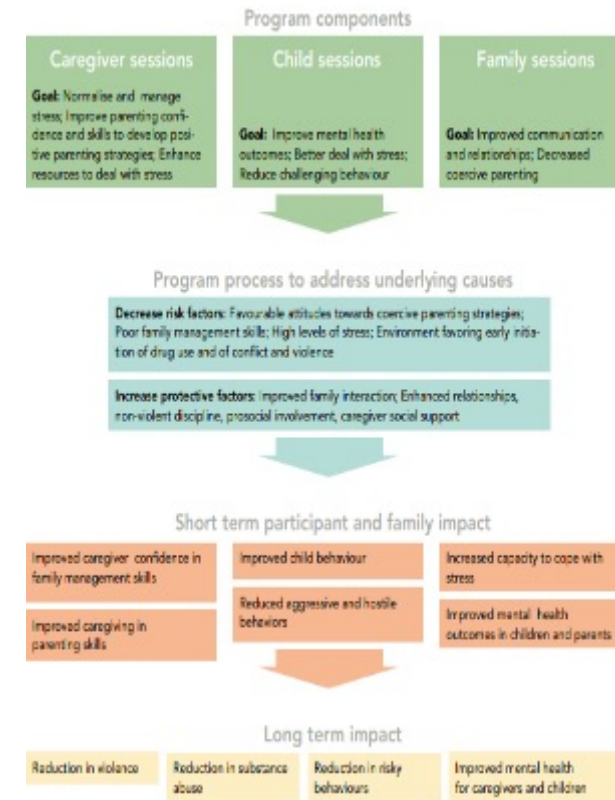
Current piloting in Mauritius and clinical trial in Italy.

- FDQ: Family Demographics Questionnaire
- SDQ: Strengths and Difficulties Questionnaire
- PAFAS: Parent and Family Adjustment Scale
- CYRM-R: Child and Youth Resilience Measure

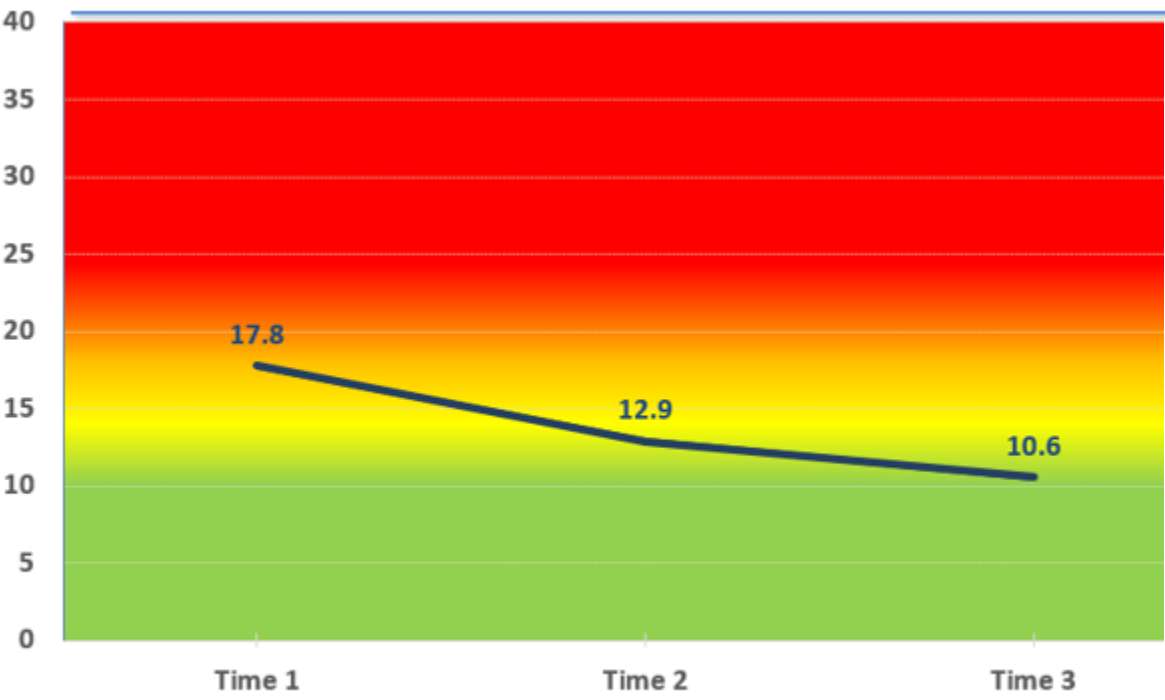
The Strong Families Programme

Week 1	Room 1 Pre-Caregiver Session		
Week 2	Room 1 Caregiver Session 1	Room 2 Child Session 1	Room 1 or 2 Family Session 1
Week 3	Room 1 Caregiver Session 2	Room 2 Child Session 2	Room 1 or 2 Family Session 2

- Family Skills programme for families parenting under stress
- Aims to improve parenting skills, child well-being and family mental health
- For caregivers with children aged 8-15
- Light touch-only 3 sessions (5 h contact over 3 weeks)
- Evidence-informed
- Suitable for low resource settings
- Open source (available to everyone without need to pay royalty or copyright fees)
- Cost Effective (training, materials, human resources)
- Support primary caregiver to be “protective shield” in stressful situations

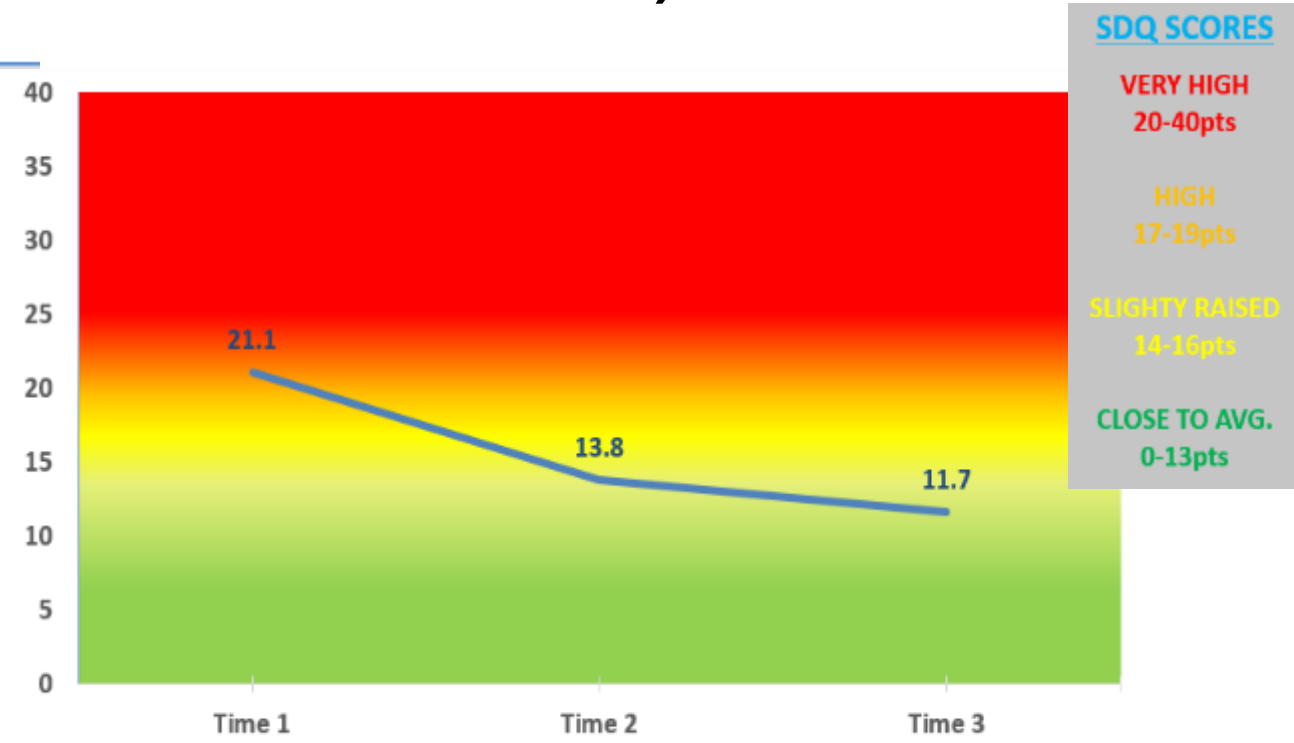


Afghanistan change in Total Strengths and Difficulties scores for **all children** (n=72 families)



Significant differences: $p_{t1-t2} < 0.001$; $p_{t2-t3} = 0.002$; $p_{t1-t3} < 0.001$

Change in Total Strengths and Difficulties scores for **Children in High or Very High Category** (n= 41 (23 boys, 18 girls) / 72 families)



Significant differences: $p_{t1-t2} < 0.001$; $p_{t1-t3} < 0.001$

RESEARCH ARTICLE

Open Access

Strong families: a new family skills training programme for challenged and humanitarian settings: a single-arm intervention tested in Afghanistan



Karin Haar¹, Aala El-Khani¹, Virginia Molgaard², Wadih Maalouf^{1*} and the Afghanistan field implementation team



STRONG
Families



International Journal of
*Environmental Research
and Public Health*



Article

Assessing the Feasibility of Providing a Family Skills Intervention, “Strong Families”, for Refugee Families Residing in Reception Centers in Serbia †

Aala El-Khani¹, Karin Haar¹ , Milos Stojanovic² and Wadih Maalouf^{1,*}




International Journal of
*Environmental Research
and Public Health*



Article

Impact of a Brief Family Skills Training Programme (“Strong Families”) on Parenting Skills, Child Psychosocial Functioning, and Resilience in Iran: A Multisite Controlled Trial

Karin Haar^{1,*} , Aala El-Khani¹, Gelareh Mostashari², Mahdokht Hafezi², Atoosa Malek² and Wadih Maalouf^{1,*}

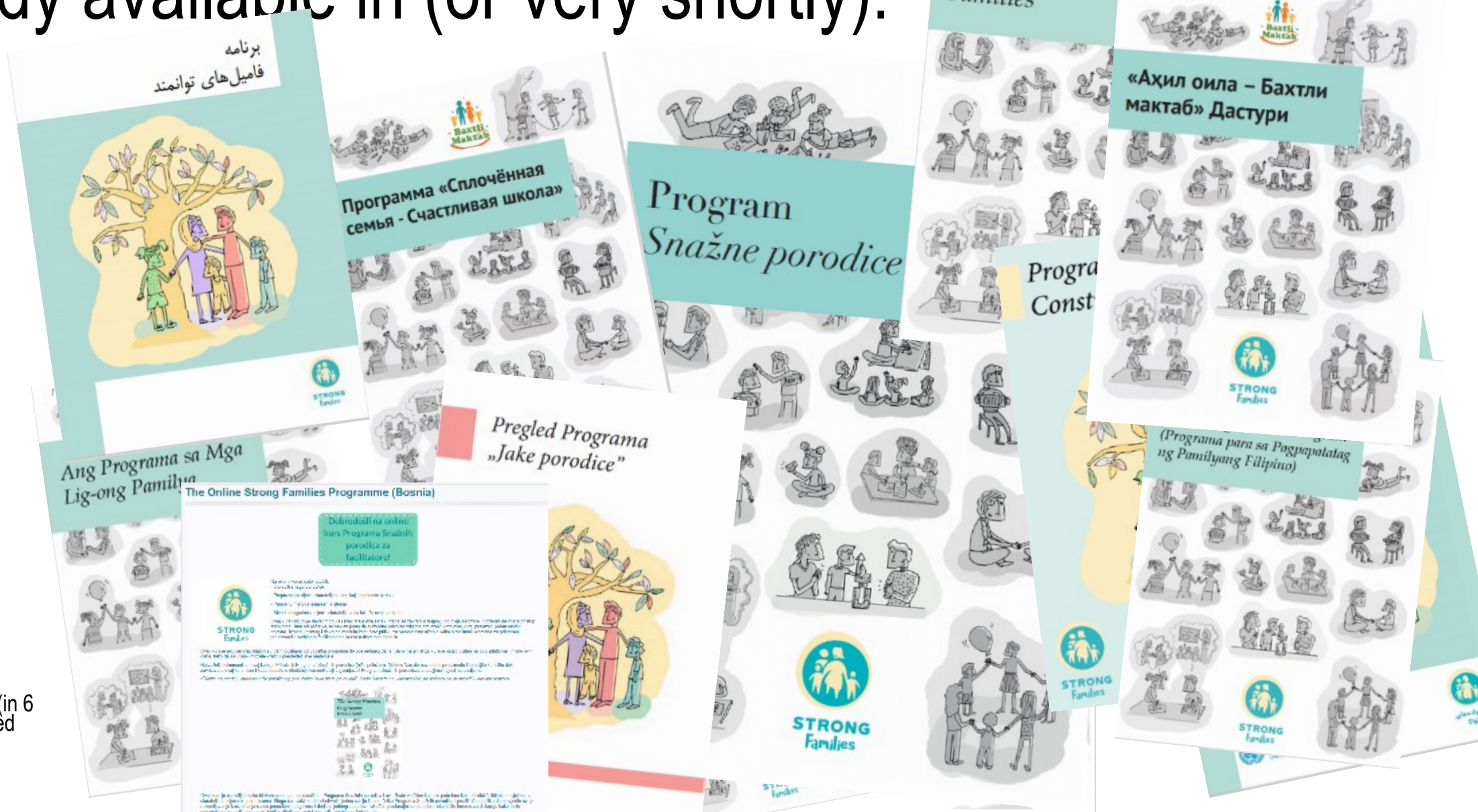


Ongoing: STRONG FAMILIIES e.g. in Cox's Bazar /Bangladesh, Zanzibar, Philippines, Iran, Uzbekistan,...



Already available in (or very shortly):

- English
- Swahili
- Dari
- Farsi
- Arabic
- French
- Serbian
- Bosnian
- Spanish
- Uzbek
- Russian
- Visaya
- Tagalog
- Bosnian
- Bengali
- Tamil
- Sinhala
- ONLINE platform (in 6 languages & trained facilitators from 9 countries)



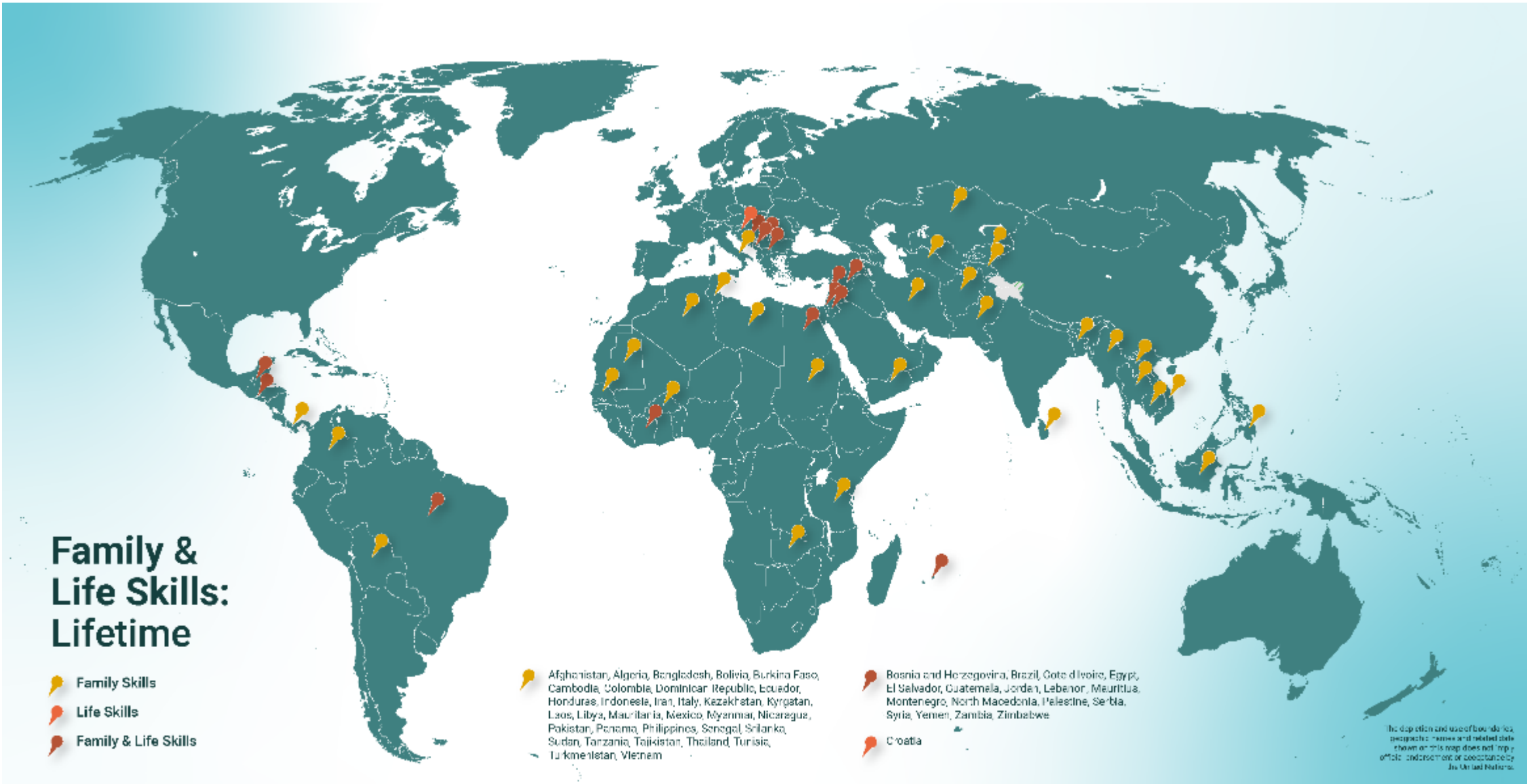


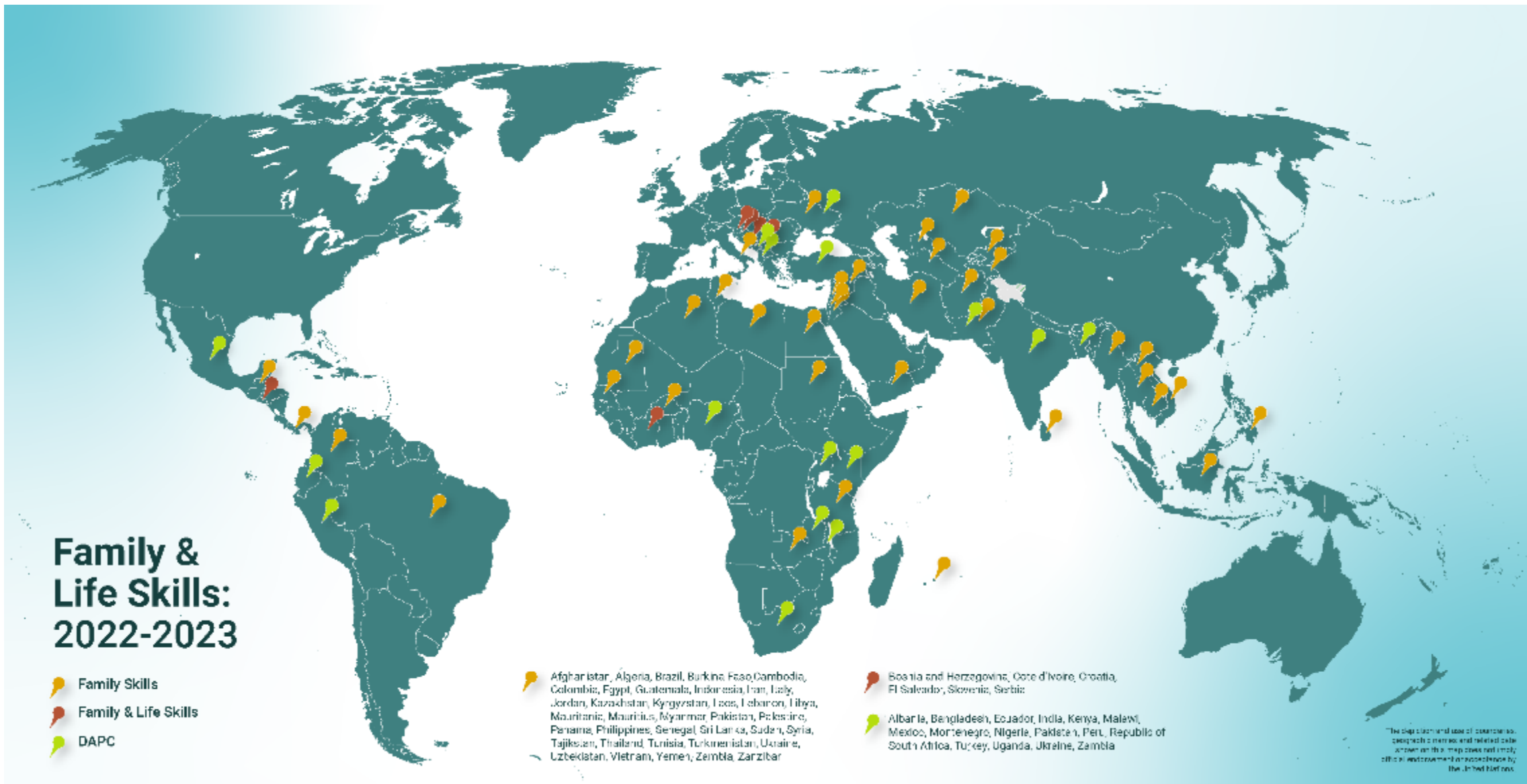
CCPCJ resolution 28/1 (2019)

“Strengthening the engagement of all members of society in crime prevention”

Welcoming the work of the United Nations Office on Drugs and Crime, within its mandate, in the area of crime prevention, including the development of technical tools and the provision of technical assistance to requesting Member States, as well as its continued work aimed at enhancing effective crime prevention strategies, policies and programmes, including in collaboration with relevant United Nations entities,

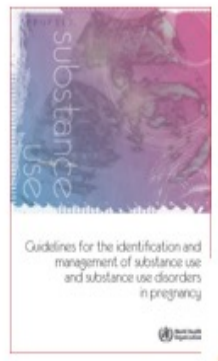
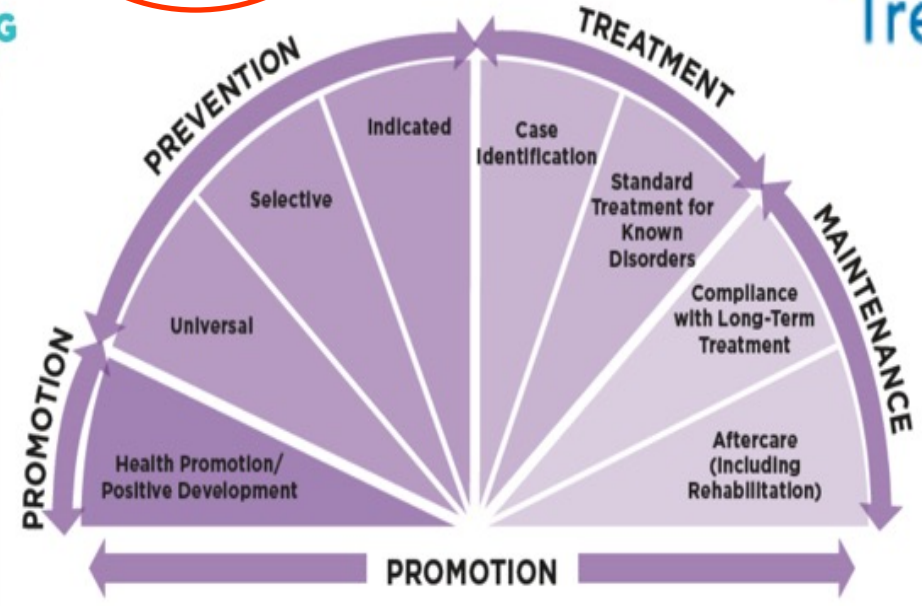
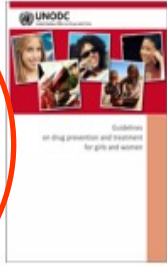
Welcoming also the efforts of the United Nations Office on Drugs and Crime to develop and facilitate the implementation of its life-skills training programme for sports settings, called “Line Up, Live Up”, which is aimed at preventing crime, violence and drug abuse, as well as its “Strong families” programme,







STRONG Families





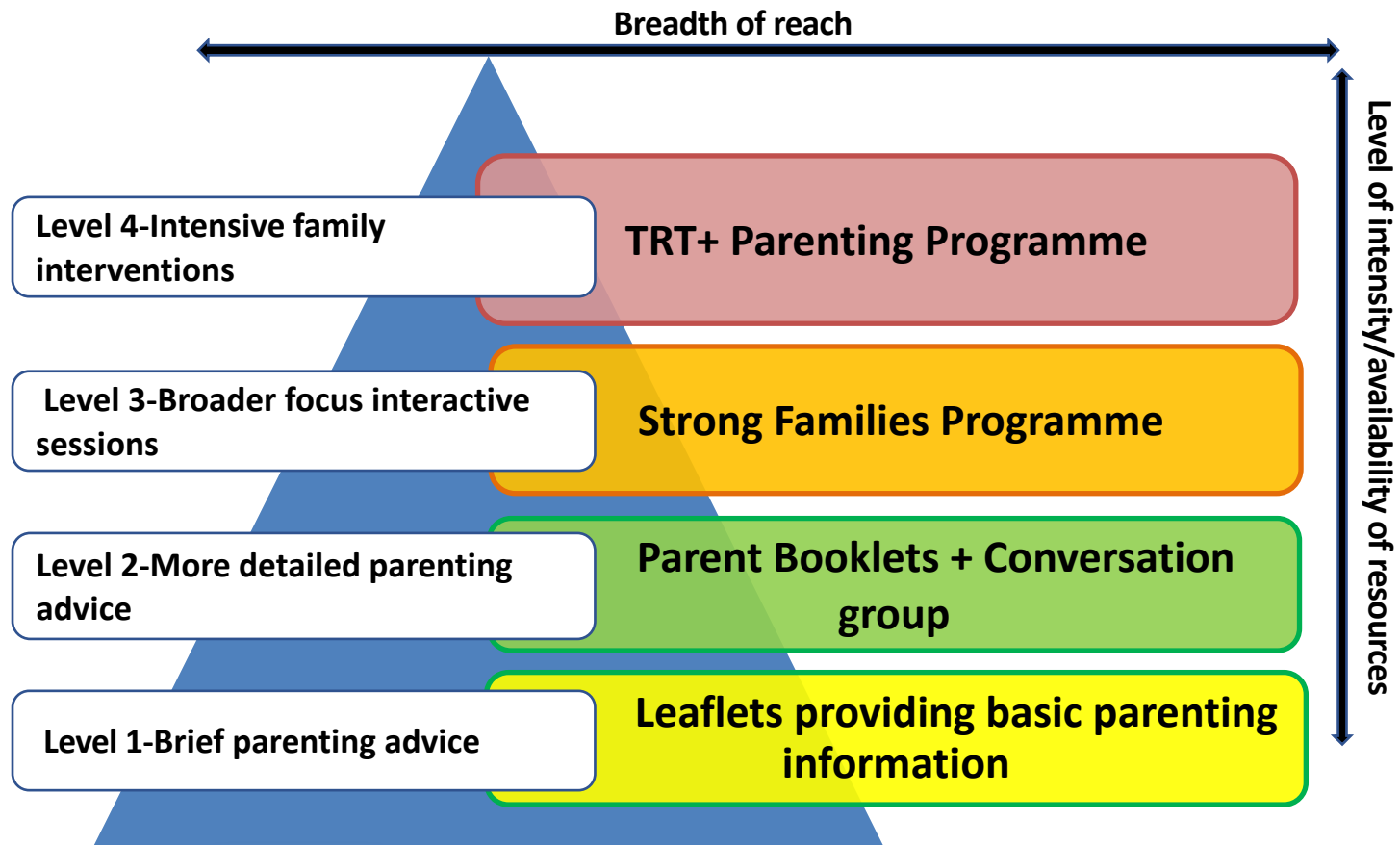




Families are the
frontline of
defence

- Primary caregiver-
'protective shield' or
can further
complicate war
stress
- Family interaction
predictive of
children's
adjustment in
conflict settings
- Significant lack of
Family Skills
programmes in such
contexts

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





3000 leaflets distributed in 2 days

59.5% return rate on questionnaires

78.5% rated leaflet usefulness as “quite a lot” or “a great deal”

INTERVENTIONS

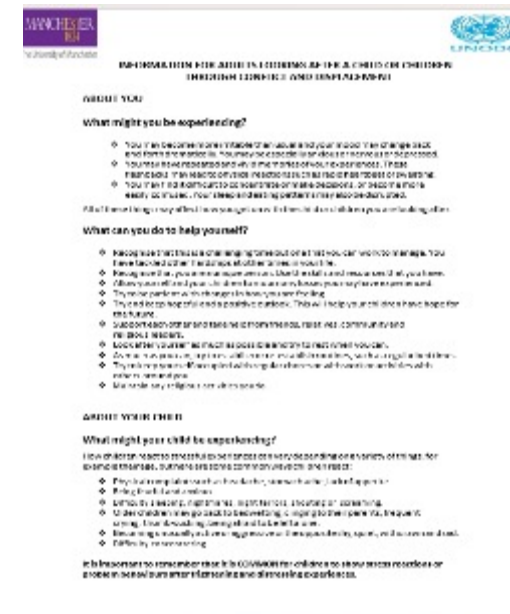
ORIGINAL RESEARCH PAPER

Daily bread: a novel vehicle for dissemination and evaluation of psychological first aid for families exposed to armed conflict in Syria

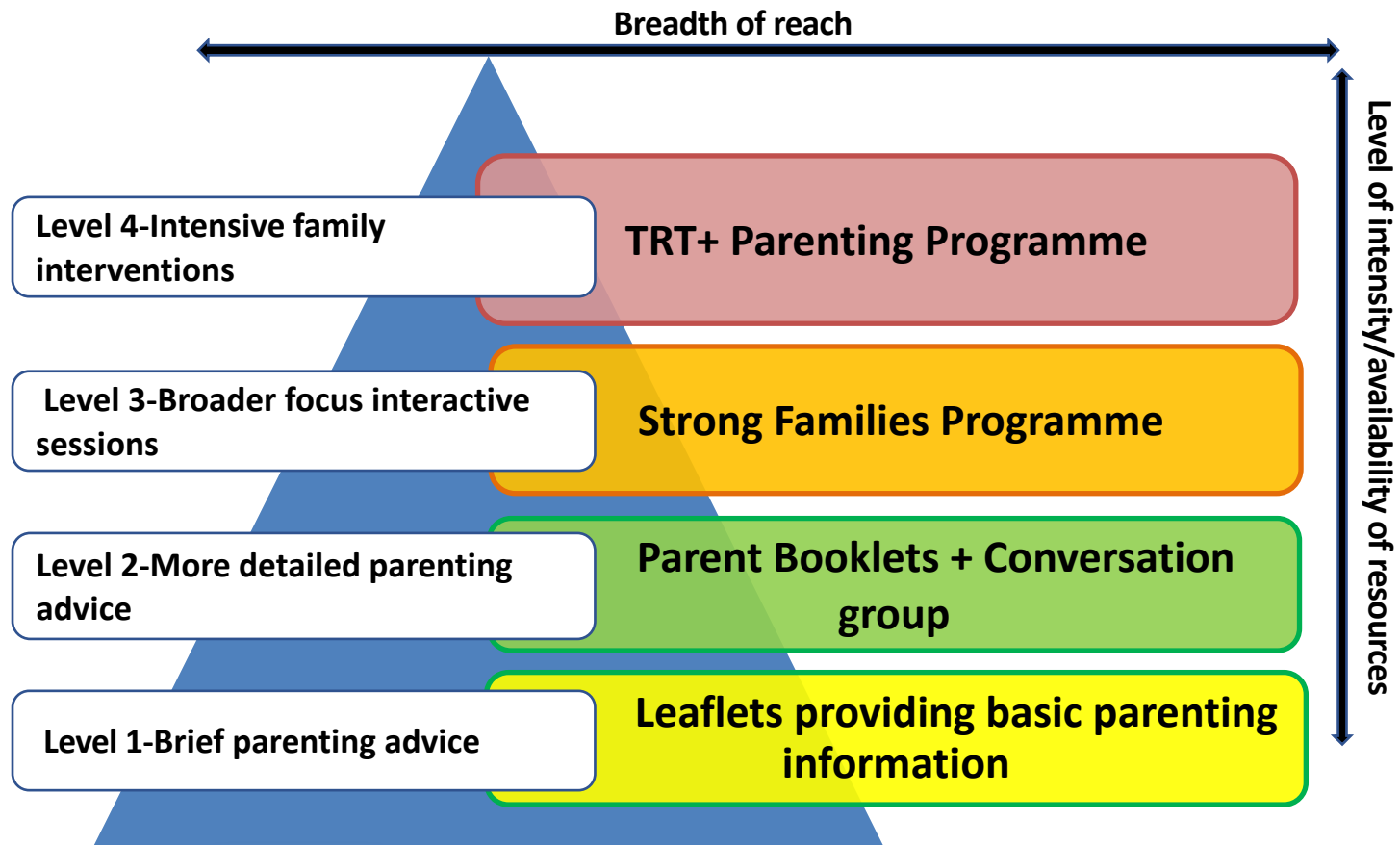
A. Ekhtani*, K. Cartwright, A. Redmond and R. Calam

The University of Manchester, Manchester, UK

Global Mental Health (2014), 3, e15, page 1 of 7. doi:10.1017/gmh.2014.0



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



Caring for Children through Conflict and Displacement



Professor Rachel Calam
Dr Aala El-Khani
Dr Kim Cartwright



International Journal of Psychology

doi:10.1002/ijop.12591
DOI: 10.1002/ijop.12591

Caregiving for children through conflict and displacement: a pilot study testing the feasibility of delivering and evaluating a light touch parenting intervention for caregivers in the West Bank

Aala El-Khani¹, Wadih Maalouf¹, Dania Abu Baker², Nosheen Zahra², Ali Noubani³, and Kim Cartwright⁴

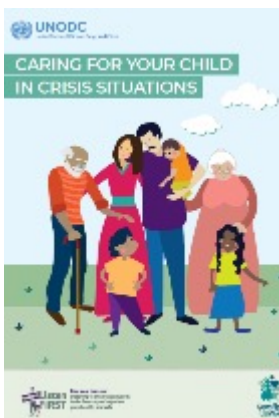


Now more than ever
Listening to children and youth
is the first step to help them
grow healthy and safe



Now more than ever
Listening to children and youth
is the first step to help them
grow healthy and safe





What can you do to help your child?

Many parents around the world will be excited to embrace this time with their children, spend quality family time with them, and build happy memories for the future. For others, this lockdown will be very challenging, and the difficulty of caring for their children while holding down other roles may be stressful.

The information below provides helpful tips and strategies for all families on how to get through this period. This information is suitable for children of all ages and you will know best how to adapt it to the age of your own child. In addition, there is a separate section, below that deals primarily with caring for teenage children.



ABOUT YOUR CHILD

What might your child be experiencing?

How your children react to changes can vary depending on a variety of things, including their ages. Here are some common ways children react when they are stressed.

- Some children may be very happy to be home, spending time with their parents, or may feel relieved to be free from the pressure of attending school. Others may struggle from the outset with the disruption to their routine, isolation from friends, and worry about the future.
- Some children may become fearful, overwhelmed and anxious. This can cause sleep difficulties. Some children become clingy to their parents and frequently cry.
- Even children who are initially very excited to be home may at some point in the coming weeks go through phases of misbehaving more than usual and displaying some signs of stress.
- Some children may be unwilling to participate in tasks such as chores or academic work. Remember that it is understandable for your child to show stress reactions or problem behaviours when they are overwhelmed, or their normal routines are disrupted.
- Some children may become unusually active or aggressive, or they may be shy, quiet, withdrawn and sad.



CARING FOR TEENAGERS

All the tips in this booklet are applicable to caring for teenage children too. At the same time, it is important to recognise and accept that the teenage years often bring various emotional and physical challenges for children that should be accommodated and sensitively dealt with. This helps to make caring for teenagers easier and healthier for both of you.

- It is normal and healthy for older children or teenagers to want some time away from you. This desire can make this time especially hard for them and for you. If it is safe and allowed for them to go for a short daily walk alone, then encourage this. Otherwise talk to your children about how they can have some time away from family activities and tasks. Try to reach an agreement that they are happy with.
- Be understanding that they likely have a lot of access to news about the current COVID-19 situation through phones and social media.

SAFETY

Strive to follow guidelines from your local government on how to stay safe and help manage the spread of COVID-19. This will mean different things for families in different locations across the world. For some this may mean not leaving your home except for picking up supplies for your family, for essential work, to care for vulnerable people, or for daily exercise. For others with no fixed home, you will need to try to keep your family in one location when possible, minimising their contact with new people to whatever extent is possible for you.

PROVIDING WARMTH AND SUPPORT

- Promise your children that you will do everything you can to care for and protect them. Tell them that they are your top priority.
- Be affectionate with your child by giving them hugs or holding their hand. Tell them that you love them. This will help to reassure and comfort them and will help to maintain a positive relationship.
- Tell them often that you care about them. Being caring and telling your child that you love them will reassure them and help to make them feel more confident.



FEARS, ANXIETIES, AND NIGHT DISTURBANCES

Fears, anxieties, and night disturbances are very common reactions for children who are experiencing something as extreme as the COVID-19 crisis. Many children will be experiencing fears and anxieties. Some children may initially seem very well, but as the weeks progress, they may later become distressed. This is understandable, particularly because many children will have access to information on the spread of COVID-19 and the death rate in their countries. Using the positive approaches that we have described can help to make your children feel more confident and reduce their fears.

Warmth, praise, and providing as much safety and predictability as possible are very helpful for them. Fears and anxieties may lead to sleep difficulties such as nightmares and wetting their beds. Remember that it is not possible for your child to control these things, so it is important to take a gentle approach and not make your child more anxious by showing that you find these night disturbances troublesome.

If they are wetting their bed, check for any obvious changes that you can make. For example, are they afraid to get up in the night if they need to urinate? Think through the evening and nighttime routines for changes which could help. Make sure that they have enough to drink during the day, as this can affect the bladder. Res day may actually make the bed, keeping a check your child for these things.

Because of the current able to make promises assure your children if possible care of them I will do everything you I have serious concerns, from a doctor or speak

SPENDING TIME TOGETHER AND TALKING

- Spending just a few minutes paying attention to your child whenever you can will help them to feel more confident and less anxious.
- You may be very busy with trying to ensure your family have the supplies they need, but perhaps you can spend some time playing together or having a chat. This will make a difference in how both you and your child feel. If you possibly can, make a little quality time for each child in your care.
- Sometimes, when no one seems to be listening to a child, they may carry on trying harder and harder to get attention until someone will listen. For example, this may mean that they speak more loudly and perhaps shout for their parent's attention. The child learns that by making more and more noise, they eventually get the attention they want. By paying attention to what your child wants to show or tell you as soon as you can, you will help them to feel confident and to know that you want to listen to them as soon as you can.
- If your child wants your attention but you can't give it right away, make sure that they know that you will listen to them as soon as possible. This will help them to be able to wait a little while for your attention. If you can, explain that you can't listen just now, and tell them when you will be able to give them your attention. This will make it more likely that they will talk to you when they need to, and will be able to wait until you can listen.

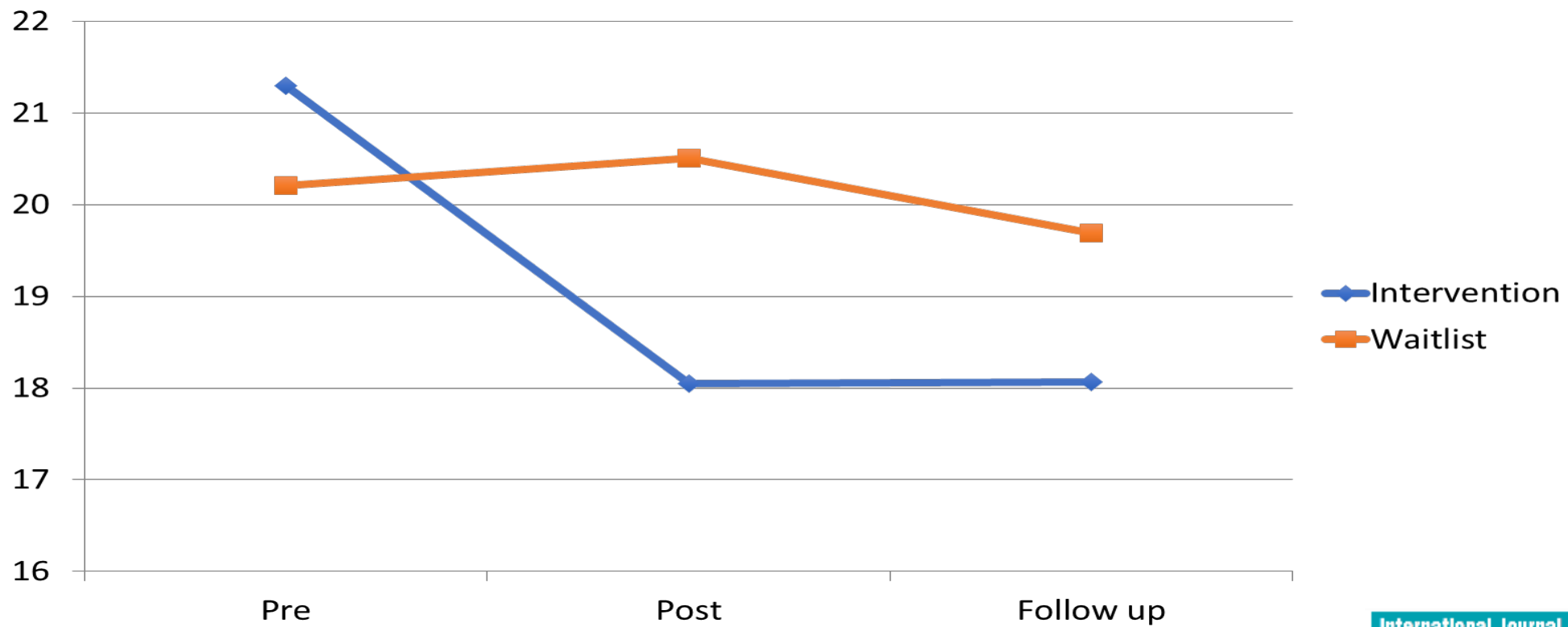
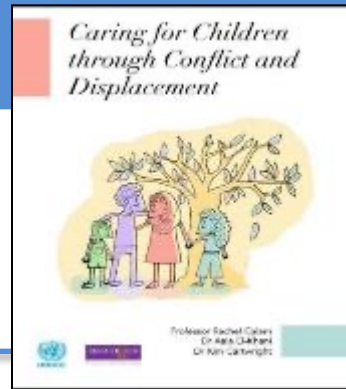
FIGHTING AND AGGRESSION

One of the common changes that parents notice in their children during times of crisis and change can be an increase in fighting and aggression. The place that you are living, and experiences that the child has had, can affect the way that they behave. Experiencing or seeing violence may make children more likely to show these sorts of behaviours themselves. Sometimes something may remind them of something that has upset them, and this may cause them to show aggressive behaviour. They may be playing aggression that they have seen.

This is a normal reaction to the changes that your children are going through, and the anxiety they may feel, but it can be upsetting and worrying for parents. The daily activities of your child and the way that parents communicate with them can affect the way that they behave.



Strengths and Difficulties Questionnaire (SDQ) Parent reported Child Total Difficulties - Nablus



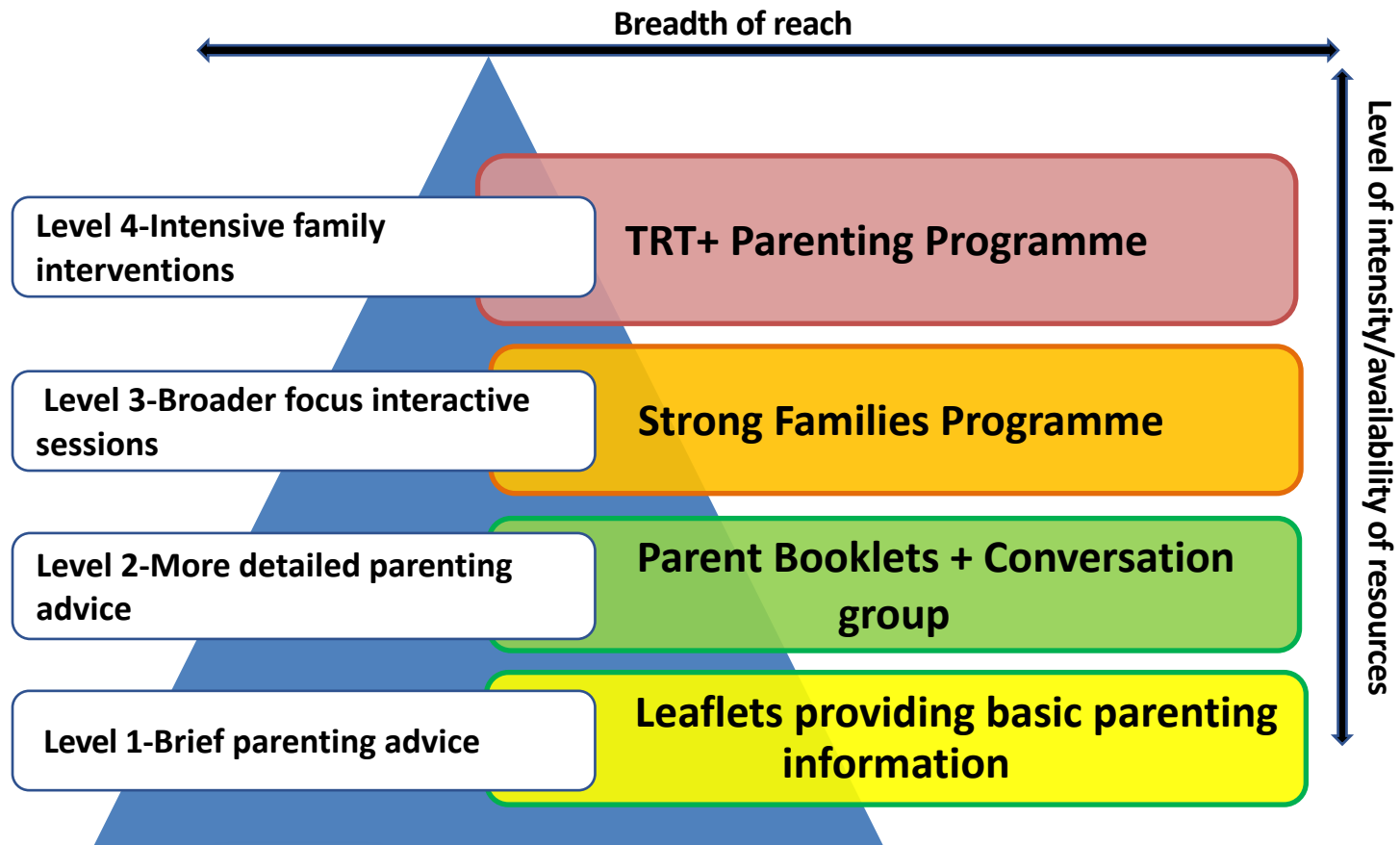
N=120 in intervention
N=70 on waitinglist
All in initial information session

International Journal of Psychology
Volume 47, Number 1, February 2012
DOI: 10.1080/00220267.2012.658111

Caring for children through conflict and displacement: a pilot study testing the feasibility of delivering and evaluating a light touch parenting intervention for caregivers in the West Bank

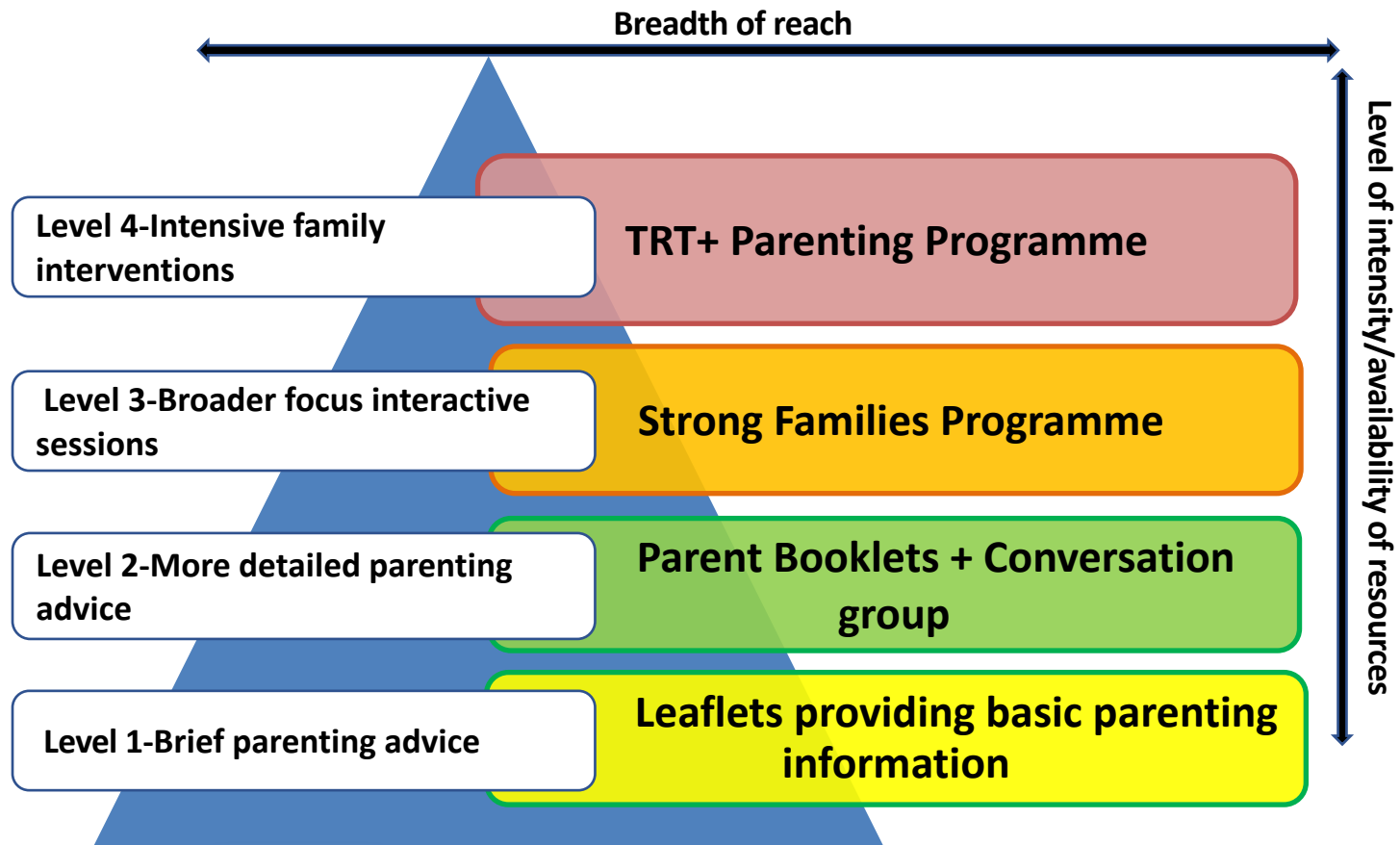
Abla El-Khani¹, Wafiq Mawqaf¹, Dima Abu Baker², Noor Zehra¹, Ali Koubani³, and Kim Cartwright⁴

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





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



Teaching Recovery Techniques plus Parenting (TRT+)



A child trauma recovery programme enhanced with caregiver sessions for children experiencing post-traumatic stress



Peace and Conflict: Journal of Peace Psychology
2018, Vol. 24, No. 2, 188–200

© 2018 American Psychological Association
1078-1919/18/\$12.00 <http://dx.doi.org/10.1037/psa0000287>

Testing the Feasibility of Delivering and Evaluating a Child Mental Health Recovery Program Enhanced With Additional Parenting Sessions for Families Displaced by the Syrian Conflict: A Pilot Study

Aala El-Khani and Kim Cartwright
University of Manchester

Cheryl Ang
University of Bath

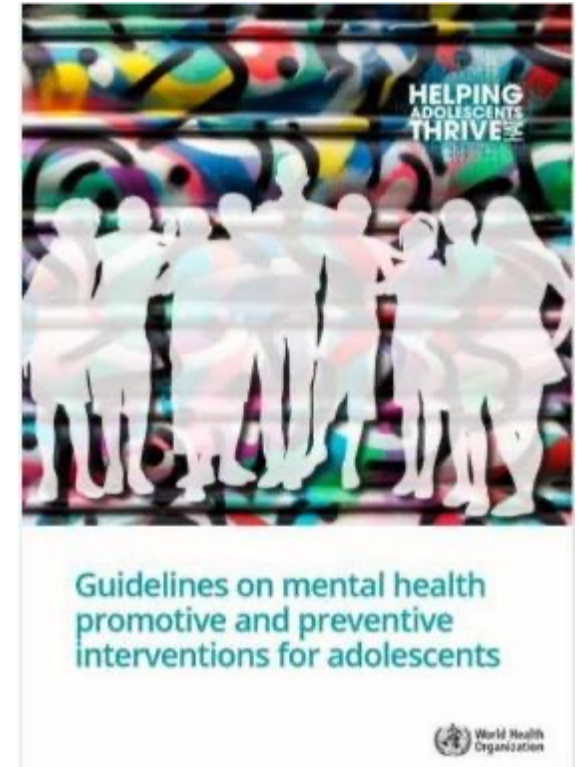
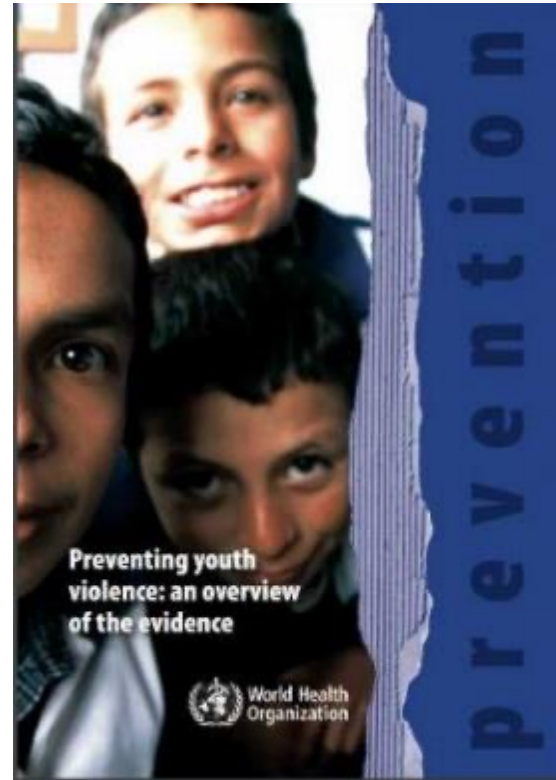
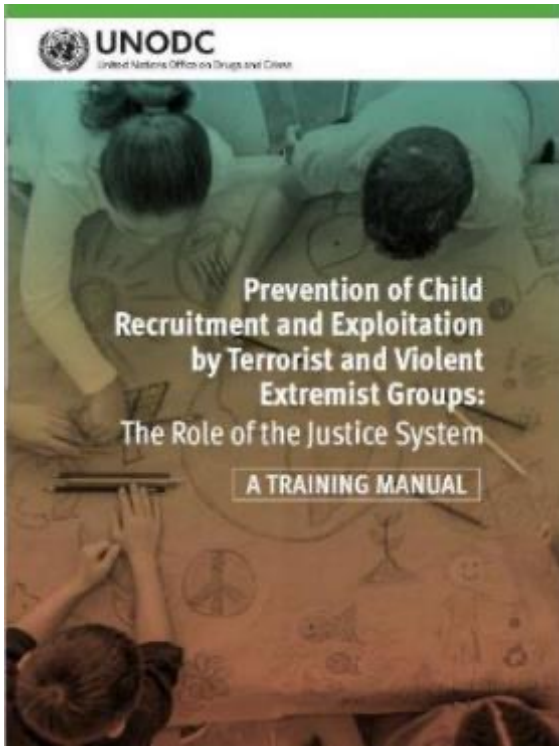
Elizabeth Henshaw, Mishaal Tanveer, and Rachel Calam
University of Manchester

International Journal of
Environmental Research
and Public Health

Article

Enhancing Teaching Recovery Techniques (TRT) with Parenting Skills: RCT of TRT + Parenting with Trauma-Affected Syrian Refugees in Lebanon Utilising Remote Training with Implications for Insecure Contexts and COVID-19 +

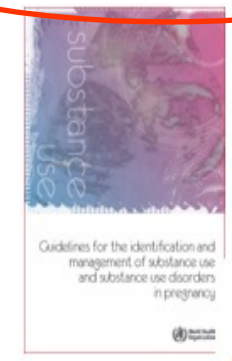
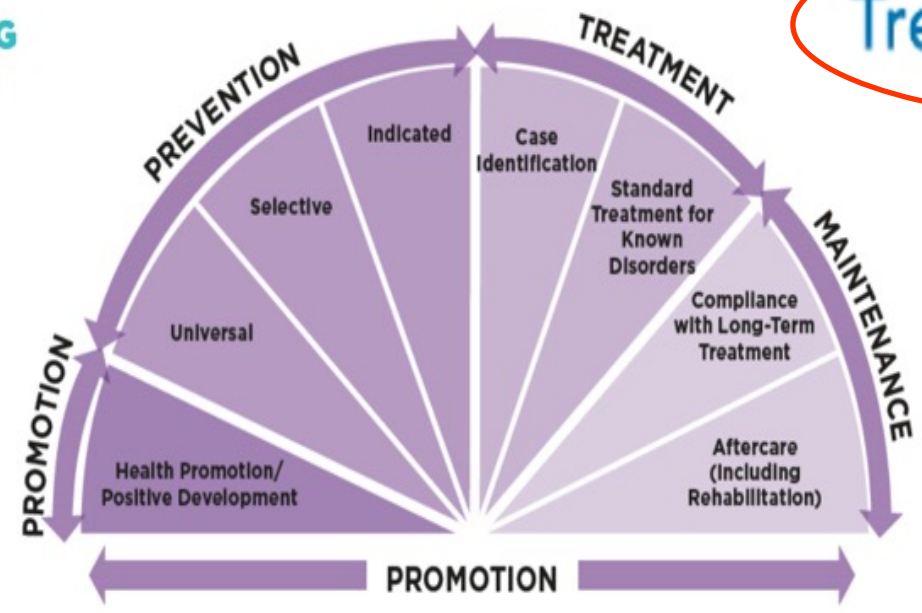
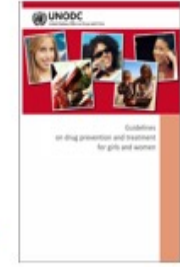
Aala El-Khani ^{1,2,*}, Kim Cartwright ³, Wadih Maalouf ¹, Karin Haar ¹, Nosheen Zehra ¹, Gökçe Çökamay-Yılmaz ⁴ and Rachel Calam ²



Common denominator for many strategies



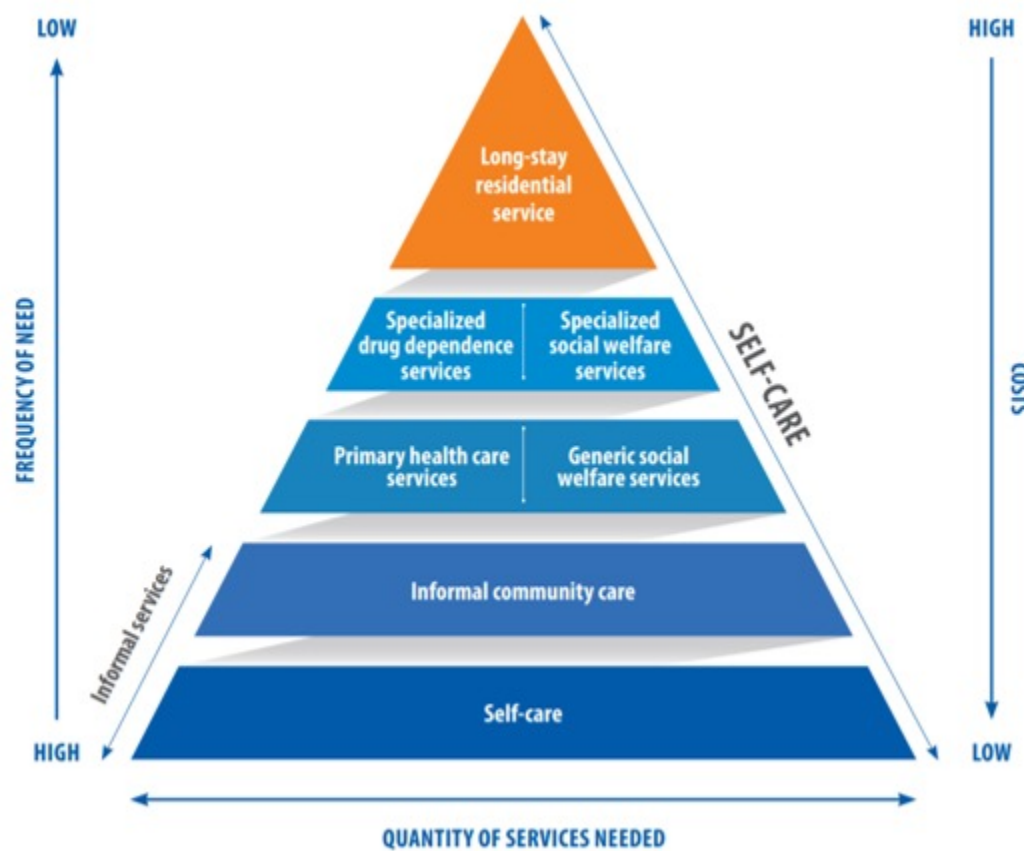
STRONG Families





International Standards for the Treatment of Drug Use Disorders: Evidence-based interventions on a continuum of care

Community-based outreach	Screening, brief interventions and referral to treatment
Non-specialized settings	Evidence-based psychosocial interventions
Specialized outpatient treatment	Evidence-based pharmacological interventions AND Overdose identification and management
Specialized short-term inpatient treatment	Treatment of co-occurring psychiatric and physical health conditions
Specialized long-term inpatient/residential treatment	Recovery management



Family Therapy is WHO recommended treatment for cannabis/stimulant use disorders



WHO Recommendations:

Psychosocial interventions including contingency management, and cognitive behavioural therapy (CBT) and family therapy can be offered for the treatment of psychostimulant dependence. Although many of the research trials use monetary reinforcement, use of contingency management should be adapted to the culture and population with input from patients.

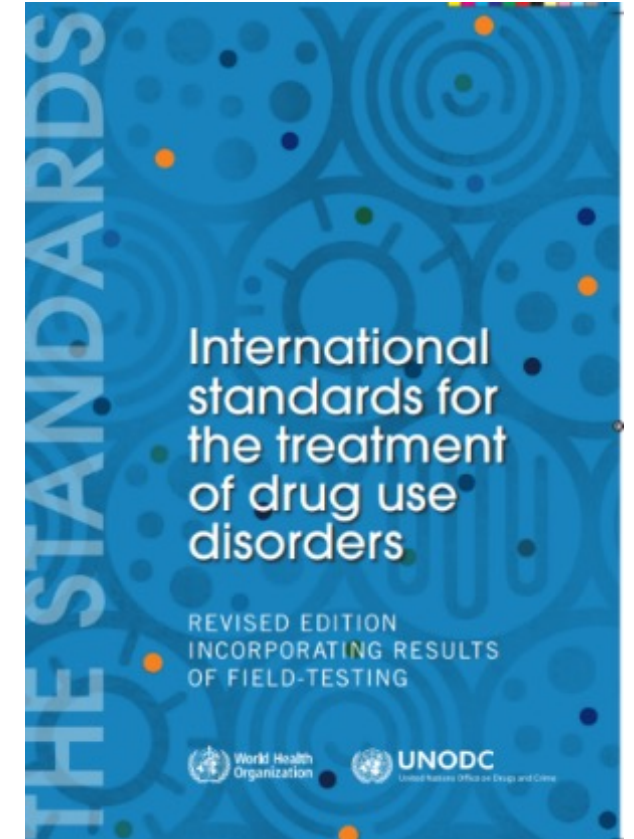
Psychosocial interventions based on cognitive behavioural therapy or motivational enhancement therapy (MET) or family therapy can be offered for the management of cannabis dependence.

Behavioural interventions for children and adolescents, and caregiver skills training, may be offered for the treatment of behavioural disorders.

Psychosocial interventions including cognitive behavioural therapy (CBT), couples therapy, psychodynamic therapy, behavioural therapies, social network therapy, contingency management and motivational interventions, and twelve-step facilitation can be offered for the treatment of alcohol dependence.

(mhGAP, 2015)

WHO, MhGap evidence centre (cannabis, stimulants), 2015



Outcomes from Randomized Clinical Trials on family-based treatment for adolescent substance use

In the teen:

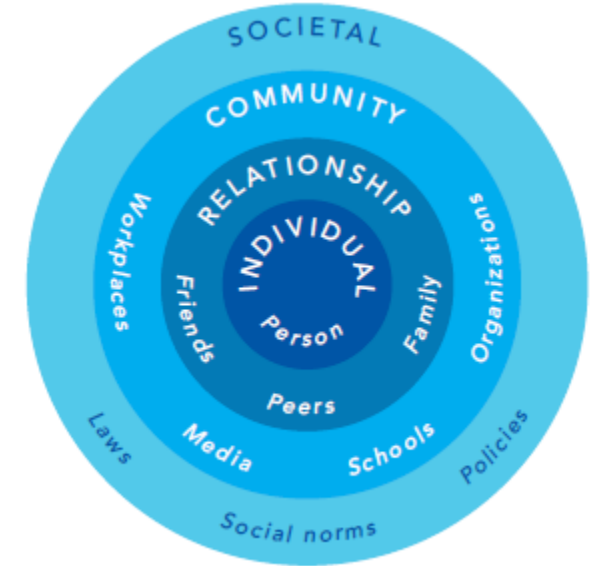
- Reductions in drug use
- Reductions in delinquent behaviors
- Reduction and prevention of criminal behaviors
- Improvements in mental health functioning
- Prevention of out of home placements

In the family

- Improved family communication, competence, functioning
- Improve engagement and retention of adolescents and their families

In schools and with peers:

- School attendance and school grades
- Reductions in sibling drug use
- Reductions in peer problems



Horigian, Anderson & Szapocznik. (2016). Family-based treatment for adolescent substance abuse. *Child Adolesc Psychiatric Clin N Am*, 25, 603-628.

BUT: Evidence-based FT programmes require substantive resources and usually not in the public domain, studies mainly conducted in high-resource countries

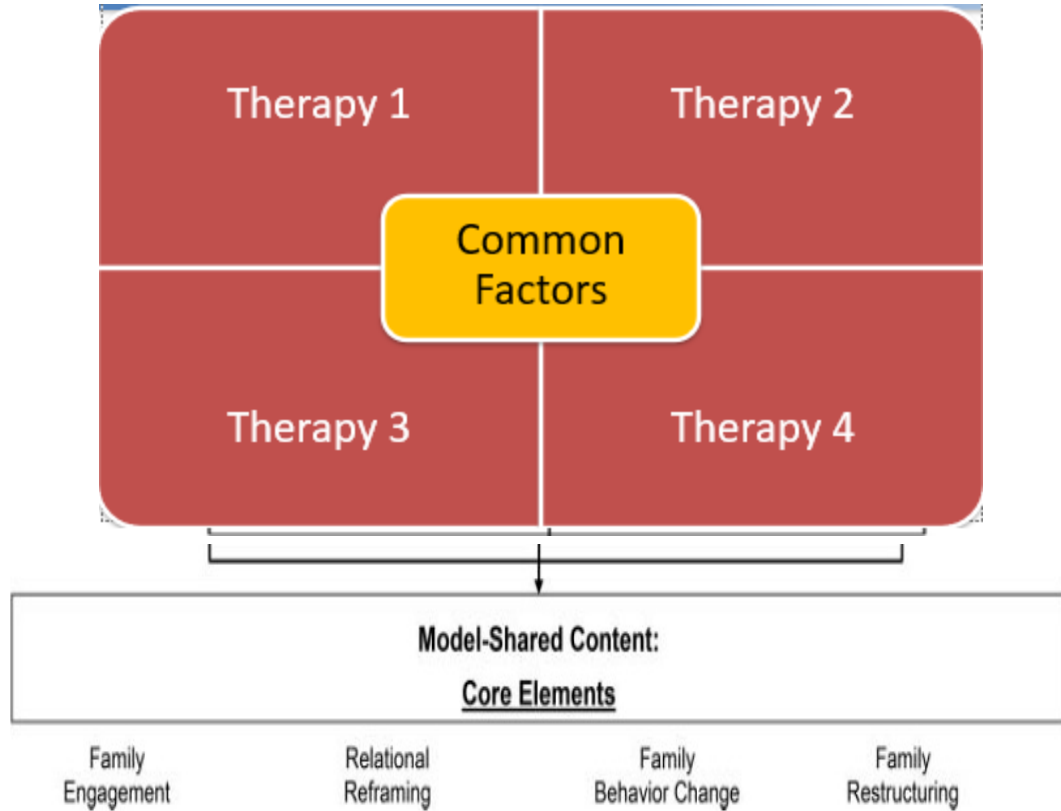
- In LMICs, adolescents with DUDs and their families are facing grave challenges often without access to effective treatment and rehabilitation services.
- Family Therapy (FT) has strong evidence for treating adolescent S/DUDs and conduct problems, however, there remain barriers to its scale-up in community under the public domain. That is why we developed

Treatnet Family

- Elements of family therapy for adolescents with substance use disorders including those in contact/risk of contact with the criminal justice systems



Development of **Treatnet** **Family** training materials (2018/2019) & piloting in 3 regions in Asia (2019)



- Trainer and practitioner manual
- Pre/post tests
- Training satisfaction assessment
- Case presentations
- Role plays
- Skills practice
- discussion
- Lecture
- Videos



82 experts from 16 countries trained & provided feedback

Aaron Hogue et al (2017) Distilling the Core Elements of Family Therapy for Adolescent Substance Use: Conceptual and Empirical Solutions

Outline of Family Training materials

- ✓ Theoretical foundations
- ✓ Core assumptions
- ✓ Cultural issues
- ✓ Treatment phases, interventions and assessment methods
e.g. positive reframing, relational reframing, perspective taking, relational questions, going with resistance
- ✓ Additional issues
- ✓ Problem solving
- ✓ Micro-teaching practice (for TOT)
- **5 day training onsite (NEW ONLINE VERSION)**

Elements of family therapy for adolescent substance use disorders



1
Introduction to family therapy and Treatnet Family



2
Family therapy core strategies



3
Family therapy phases and interventions



4
Possible issues and themes



5
Micro teaching and evaluation

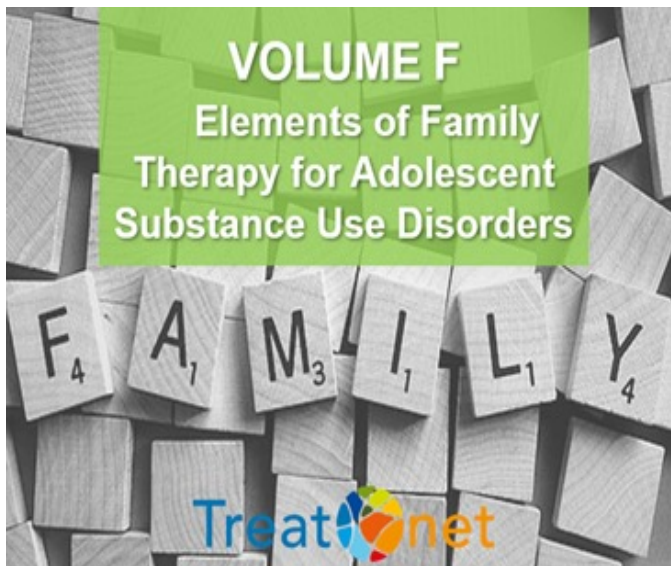
- Trainer manual
- Practitioner manual

Treatnet Family

Integrated with UNODC Treatnet training materials

- <http://www.unodc.org/unodc/en/treatment-and-care/treatnet-training-package.html>

Treatnet Family



Basic Volume



Elements of Drug Dependence Treatment

For participants

For trainers

Volume A



Basics of Addiction, Screening, Assessment, Treatment Planning and Care Coordination

For participants

For trainers

Volume B



Elements of Psychological Treatment

For participants

For trainers

Volume C



Pharmacological Treatment for Drug Use Disorders

Drug Treatment for Special Populations

For participants

For trainers

Volume D



Management of Drug Dependence Treatment Services

For participants

For trainers

Volume E



Therapeutic Community: An approach to drug treatment

For participants

For trainers



Treatnet  Family



Feasibility Study in Indonesia 2019 – 2020 – Articles and report available

Addictive Behaviors Reports 14 (2021) 100358



An open trial investigation of Treatnet Family among adolescents with substance use problems

Anja Busse^a, Wataru Kashino^a, Sanita Suhartono^a, Narendra Narotama^b, Dicky Pelupessy^c, Irwanto^d, Cecilia A. Essau^{e,*}

^a Prevention, Treatment and Rehabilitation Section, Drug Prevention and Health Branch, United Nations Office on Drugs and Crime, Vienna, Austria

^b United Nations Office on Drugs and Crime, Country Office Indonesia, Indonesia

^c Faculty of Psychology, Universitas Indonesia, Jakarta, Indonesia

^d

Addictive Behaviors Reports 14 (2021) 100363



Fidelity Assessment of the Treatnet family (TF): A family-based intervention for adolescents with substance use disorders and their families

Anja Busse^a, Wataru Kashino^a, Sanita Suhartono^a, Narendra Narotama^b, Giovanna Campello^a, Irwanto^b, Dicky Pelupessy^c, Fred P. Piercy^d, Cecilia A. Essau^{e,*}

^a Prevention, Treatment and Rehabilitation Section, Drug Prevention and Health Branch, United Nations Office on Drugs and Crime, Vienna, Austria

^b Atma Jaya Indonesian Catholic University, Jakarta, Indonesia

^c Faculty of Psychology, Universitas Indonesia, Jakarta, Indonesia

^d Virginia Polytechnic Institute and State University, USA

^e Department of Psychology, Keele University, Keele, UK

^f United Nations Office on Drugs and Crime, Programme Office Indonesia, Jakarta, Indonesia



FINAL REPORT

Treatnet Family: A Feasibility Study on Training on Elements of Family Therapy for Adolescents with Substance Use Disorders including those in Contact with the Criminal Justice System in Jakarta, Indonesia



© Nick Davidge for UNODC (2020)

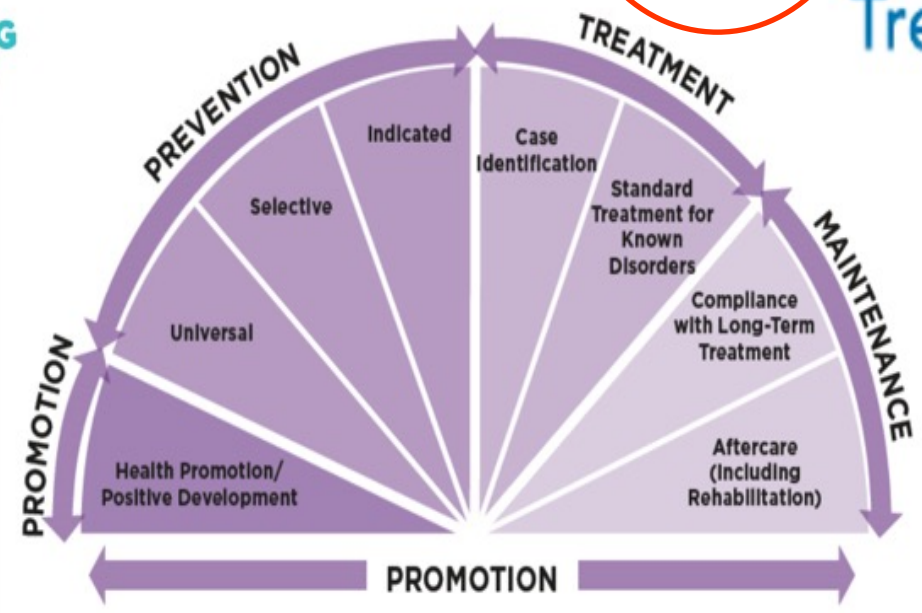
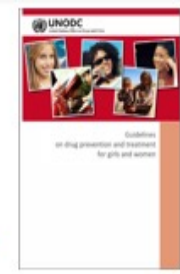
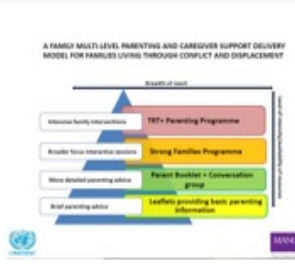
Prevention, Treatment and Rehabilitation Section
Drug Prevention and Health Branch
United Nations Office on Drugs and Crime
Vienna, Austria

United Nations Office on Drugs and Crime, 2020.

This report has not been formally edited.



STRONG Families

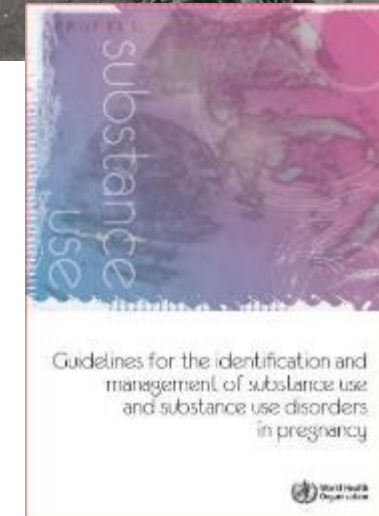
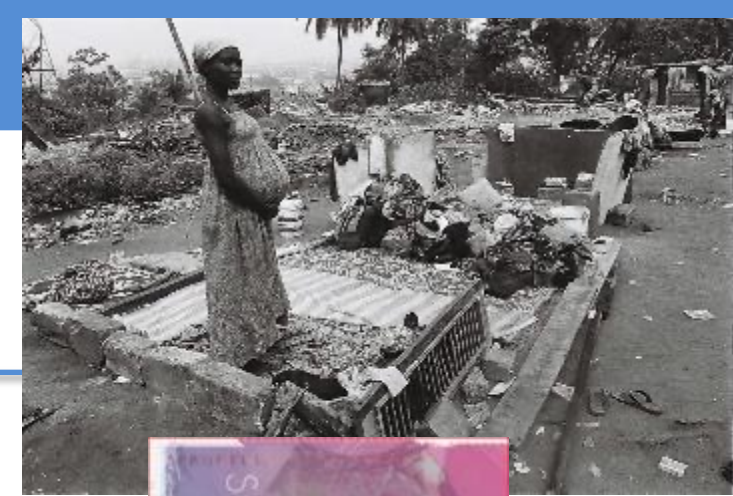
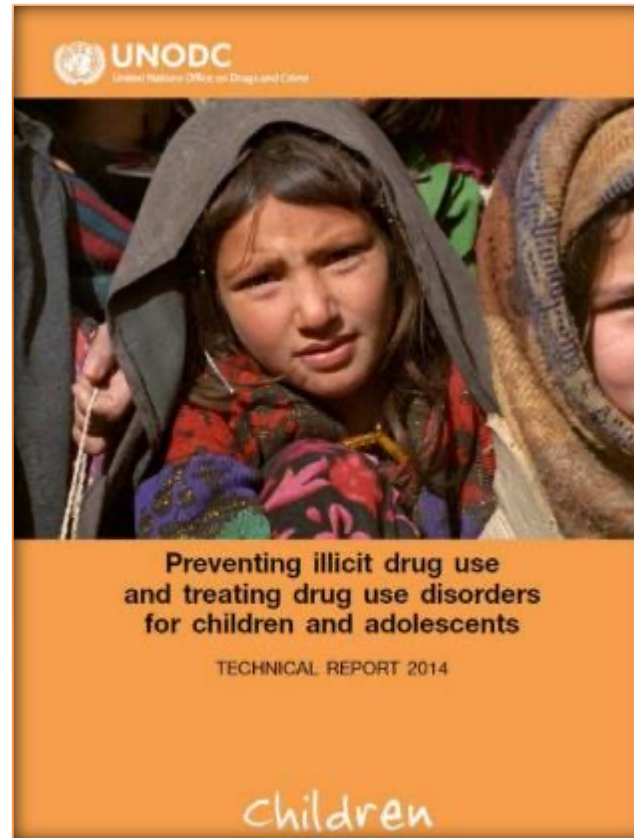


UNODC Preventing drug use and treating drug use disorders for children and adolescents & SUD management during pregnancy

- Work was initiated in 2012 in Afghanistan
- Psychosocial and Pharmacological protocols for children, adolescents and their families were developed with IRB approval – Psychosocial piloted
- Training expanded to Pakistan, India and Bangladesh as well as regional meetings in Central Asia and Latin America
- Focus on children (4-18) at risk or currently using drugs and in marginalization – different modules and caretakers
- Linked with development of WHO guidelines on SUD management during pregnancy

• <https://www.hindawi.com/journals/ijpedi/2017/2382951/>

<https://www.unodc.org/unodc/en/drug-prevention-and-treatment/children/index.html>



Review
International Journal of Pediatrics
Volume 2017, Issue 10, 2382951, 10 pages
<https://doi.org/10.1155/2017/2382951>



Research Article

Implementation and Evaluation of an Intervention for Children in Afghanistan at Risk for Substance Use or Actively Using Psychoactive Substances

Abdul Subor Momand,¹ Elizabeth Mattfield,² Brian Morales,² Manzoor Ul Haq,³ Thom Browne,⁴ Kevla L. O'Grady,⁵ and Hendree L. Jones^{6*}

Management of SUD during pregnancy

Tool for health workers engaged in perinatal care on identification and management of substance use and substance use disorders in pregnancy under development with WHO

- **Pocket guide**
- **Reference book**
- **Training materials**



Children protocol

Children - Our Future, Our Responsibility

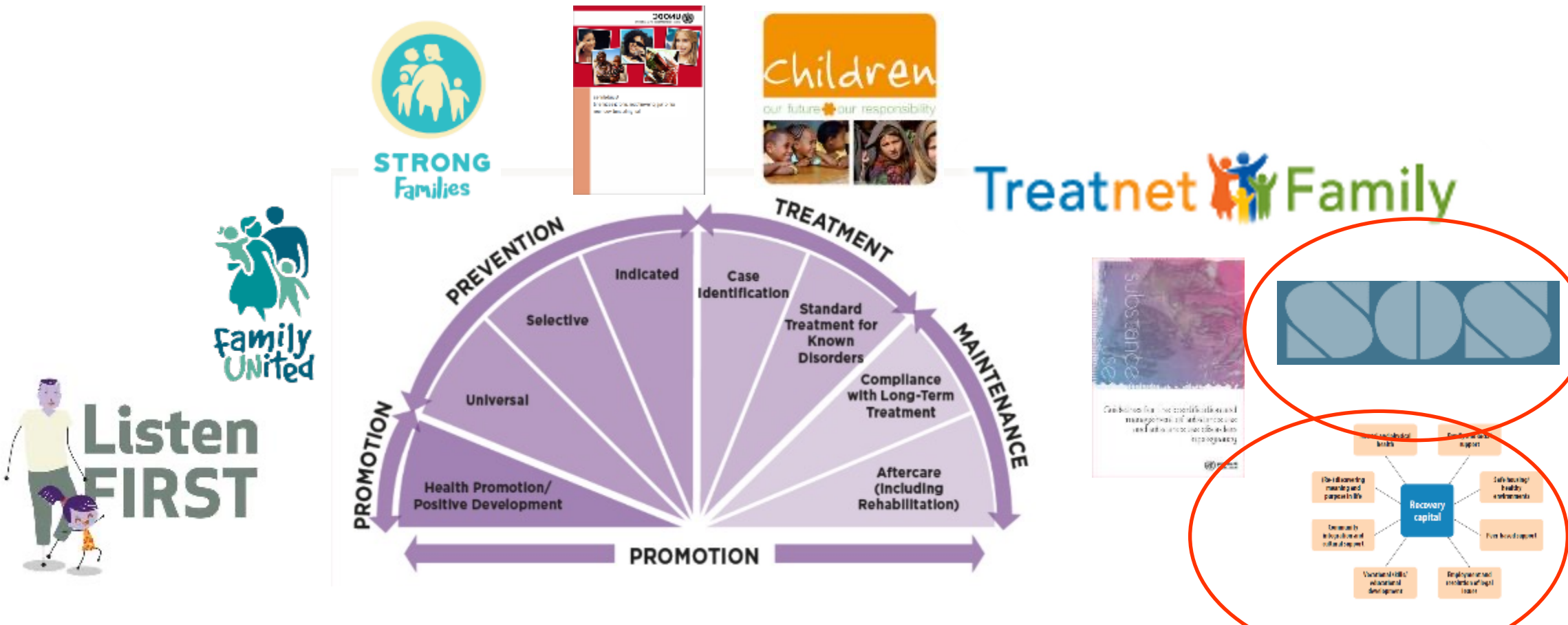
Below is a general service systems model of the implementation of the Children's Project:

Outreach	Outpatient	Residential	Follow Up
Activities: <ul style="list-style-type: none"> • Drop-in Centers (this should come under outpatient services) • Community-based • First Line Social Assistance • Screening • Awareness building – modules • Counseling, Brief Motivational Interviewing • Referrals • Follow up and aftercare services • Facilitate self help support groups 	Activities: <ul style="list-style-type: none"> • Outpatient centers • Screening & Assessment • Registration of clients using drugs • Counseling, Brief Motivational Skill development – modules • Referrals • First Line medical and Social Assistance • Child module education 	Activities: <ul style="list-style-type: none"> • Screening & Assessment • Treatment Plan • Psychosocial Protocols • Pharmacological Protocols • Counseling, Brief Motivational • Vocational training • Medical follow up • Referrals for follow-up & aftercare 	Activities: <ul style="list-style-type: none"> • Weekly contact • Group Counseling • Vocational and education placement • Volunteer opportunities • Halfway house model • 12 Step model
Data: <ul style="list-style-type: none"> • Initial intake data • Initial screening • Community connections • Geographic Mapping of "hot spots" 	Data: <ul style="list-style-type: none"> • Confirm intake data • Screening & Assessment tools • Client registration • Client referrals 	Data: <ul style="list-style-type: none"> • Reconfirm intake data • Screening & Assessment tools 	Data: <ul style="list-style-type: none"> • Changes to contact data • Screening & Assessment tools • Follow-up & Aftercare • Income generation
Professional Development: <ul style="list-style-type: none"> • Psychosocial protocols – 8 modules and 11 modules • Counseling skills • Conflict management • Communication 	Professional Development: <ul style="list-style-type: none"> • Psychosocial protocols – 8 modules and 11 modules • Counseling skills • Conflict management • Communication 	Professional Development: <ul style="list-style-type: none"> • Psychosocial protocols – 8 modules and 11 modules • Counseling skills • Conflict management • Communication 	Professional Development: <ul style="list-style-type: none"> • Psychosocial protocols – 8 modules and 11 modules • Counseling skills • Conflict management • Communication
Integration Component: <ul style="list-style-type: none"> • Participate in monthly Integration Meetings • Network with key partners in the community • Inform treatment plan upon referral to outpatient 	Integration Component: <ul style="list-style-type: none"> • Participate in monthly Integration Meetings • Inform treatment plan upon referral • Participate on public health committees 	Integration Component: <ul style="list-style-type: none"> • Participate in monthly Integration Meetings • Inform treatment plan • Integrate family into treatment • Inform referral to outreach 	Integration Component: <ul style="list-style-type: none"> • Participate in monthly Integration Meetings • Inform recovery plan

RECOVERY



UNODC's work on prevention, treatment and care with families and caretakers



Adapted from [Institute of Medicine \(1994, Fig. 2.1, p. 23\)](#)

Family involvement in reduction of negative health and social consequences of drug use

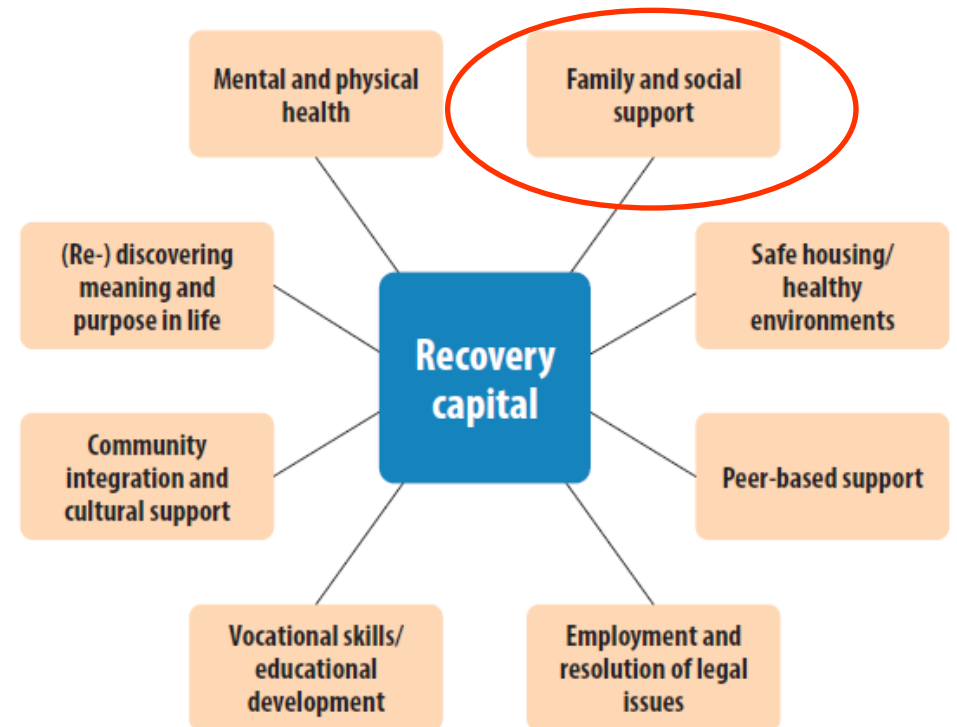
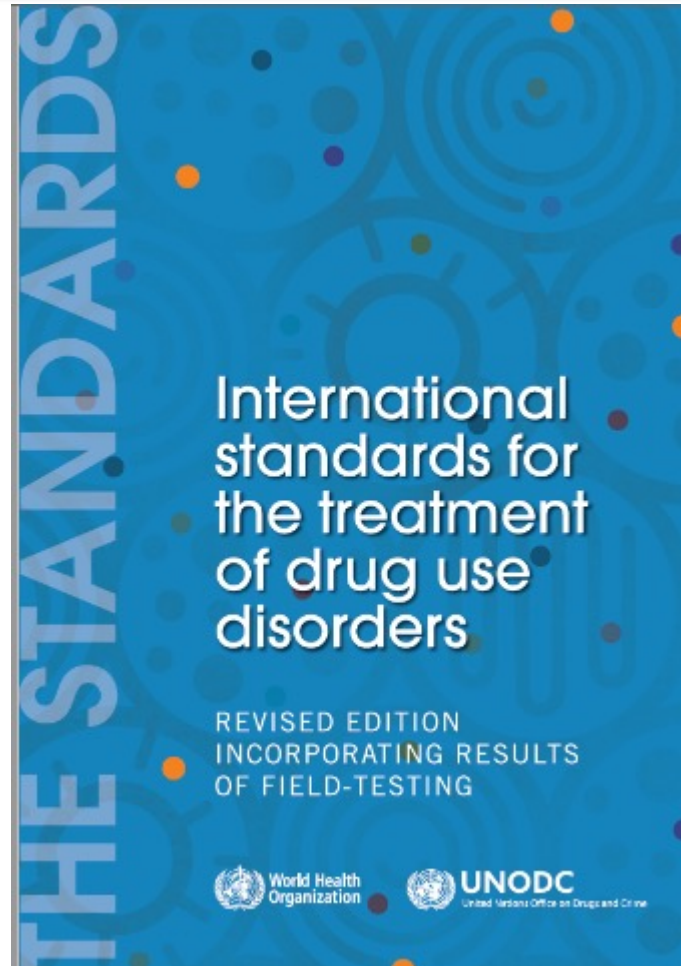
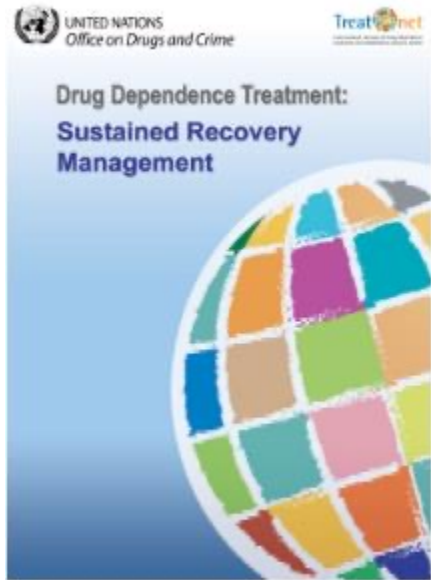
- Families comforted that someone now cares about their child, spouse, family member
- Families have greater understanding of issues faced by family member who uses drugs

Table 1: Program implementation measures for the S-O-S project across project countries

Program dimensions	Overall	Kazakhstan	Kyrgyzstan	Tajikistan	Ukraine
N Level III Trainers trained	224	110	54	20	40
N Witnesses trained	14,263	3,055	4,578	4,000	2,630
% female witnesses	24.9	20	27.5	23	33.3
% opioid consumers	70.2	79	89	73	86
% peers/family members	14.8	12	9	17	12
% health workers	9.8	9	2	10	2
N kits distributed	16,278	3,700	4,578	4,000	4,000
N Refill kits requested	1,328	776	422	537	115



Recovery support & families





Since 2010, over 85 countries worked on treatment and care including 20 Treatnet Family countries



Latin America & the Caribbean
 Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay

Africa
 Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Comoros, Cote d' Ivoire, DRC, Egypt, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bassau, Kenya, Liberia, Lesotho, Malawi, Mauritania, Mozambique, Namibia, Nigeria, Sierra Leone, Senegal, South Africa, Tanzania, Togo, Uganda, Zambia

South-East & East Europe
 Albania, Bosnia & Herzegovina, North Macedonia, Moldova, Montenegro, Russia, Serbia, Ukraine

Central & South-East Asia
 Afghanistan, Bhutan, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Lao PDR, Myanmar, Nepal, Pakistan, Philippines, South Korea, Sri Lanka, Tajikistan, Thailand, Turkmenistan, Uzbekistan, and Viet Nam

North America
 USA

Europe
 Austria, Finland, Italy, United Kingdom

Middle East
 Iran, Iraq, Saudi Arabia, United Arab Emirates



UNODC

United Nations Office on Drugs and Crime

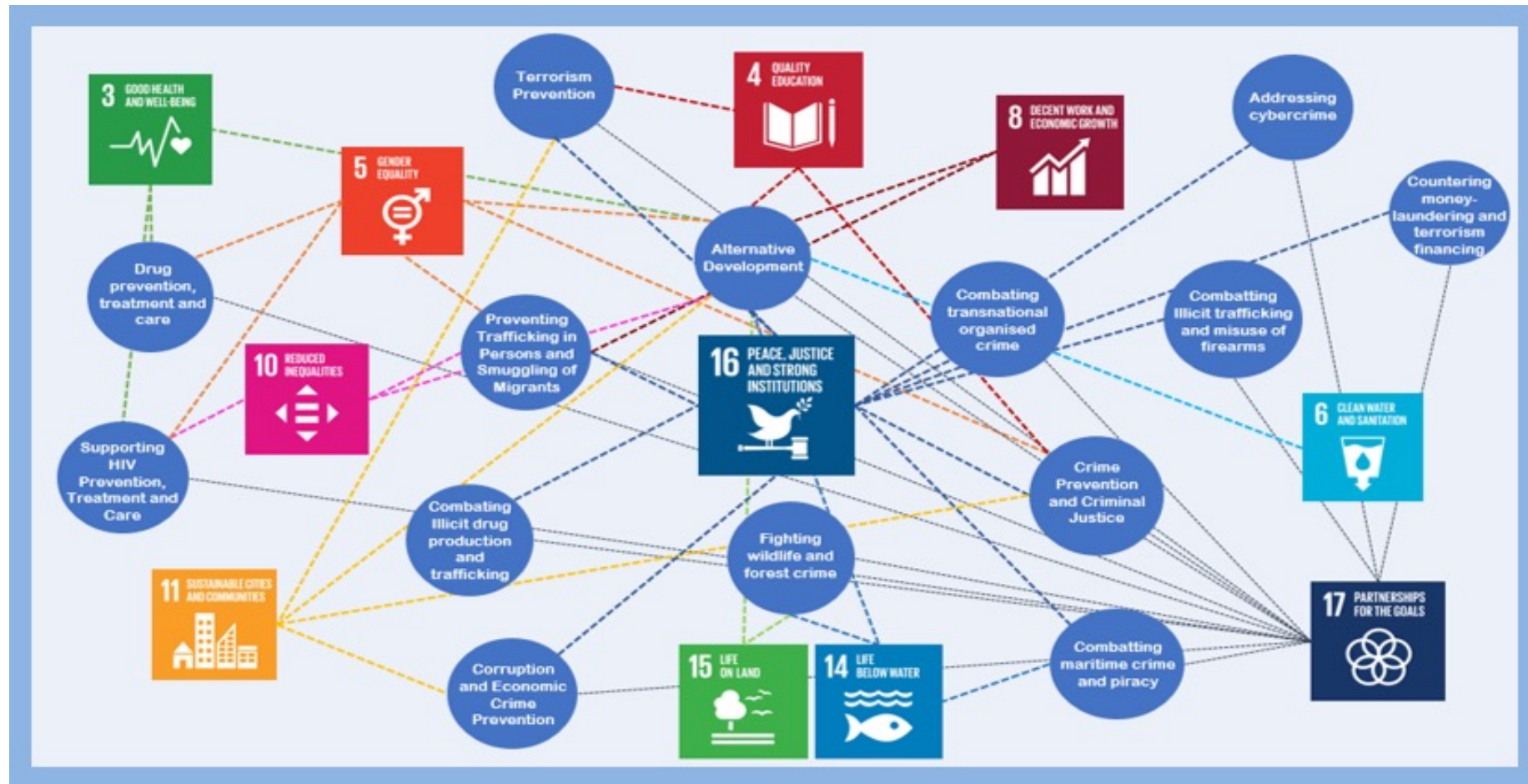


Viet Nam, © Nick Danziger

In science, policy and practice:

Family is key!

Family: Associated with many interlinked SDGs





Acknowledgment

- UNODC PTRS and field office colleagues
- Experts and consultants supporting the processes
- Interagency collaborations
- Donors & recipient countries

For more info :

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Website: www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html