



5.1

# UNODC/WHO International Standards on Drug Use Prevention

# Recent mandates

5.1

- Sustainable Development Goals, December 2015
  - Goal 3 “Health for all”, target 3.5: “Strengthening prevention and treatment of substance use disorders”
  - By 2030
- UNGASS 2016 Outcome Document
  - “Increase the availability, coverage and quality of scientific evidence-based prevention measures and tools that target relevant age and risk groups in multiple settings” (Paragraph 1)

# Recent mandates

5.1

## Sustainable Development Goals, December 2015



**3.4** By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.



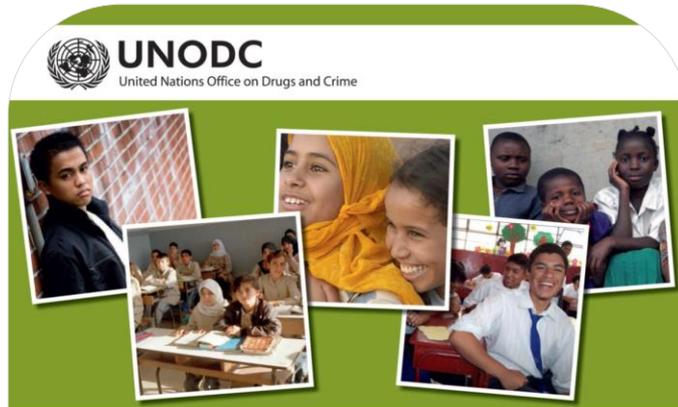
Providing women and girls with equal access to education, health care, decent work, and representation in political and economic decision-making processes



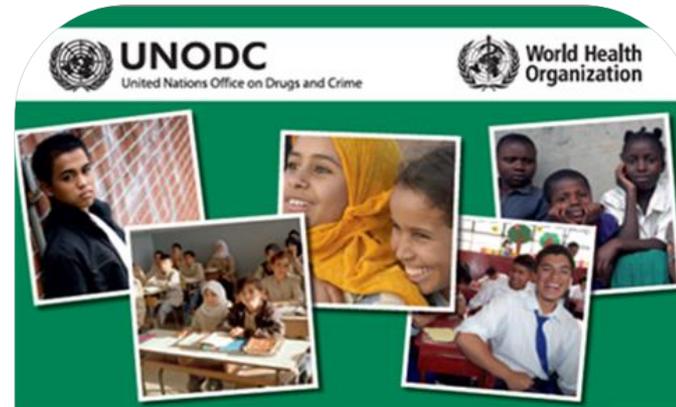
**16.1** Significantly reduce all forms of violence and related death rates everywhere  
**16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children

# International Standards on Drug Use Prevention

5.1



International Standards  
on Drug Use Prevention



International Standards  
on Drug Use Prevention

Second updated edition



# Building on existing resources

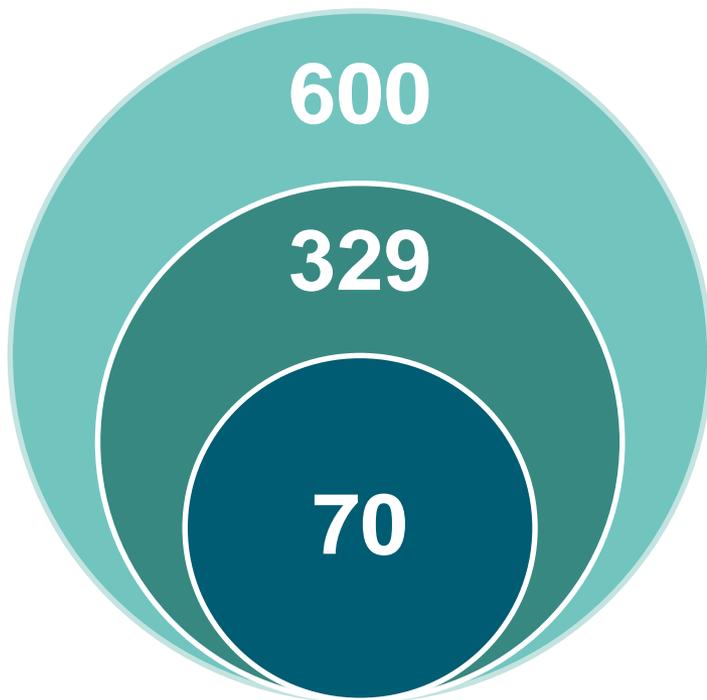
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Secretariat for Multidimensional Security  
Inter-American Drug Abuse Control Commission



Partnership. Knowledge. Change.





- Collect systematic reviews from **experts** and from the **scientific literature**
- Select systematic reviews evaluating the **effectiveness** of strategies:
  - ~~How many youth participated?~~
  - ~~How happy were the youth to participate in the programme?~~
  - Did the strategy result in less people starting to use substances?
- Select the systematic reviews with a **good** methodology - ROBIS

# A solid base of scientific evidence?

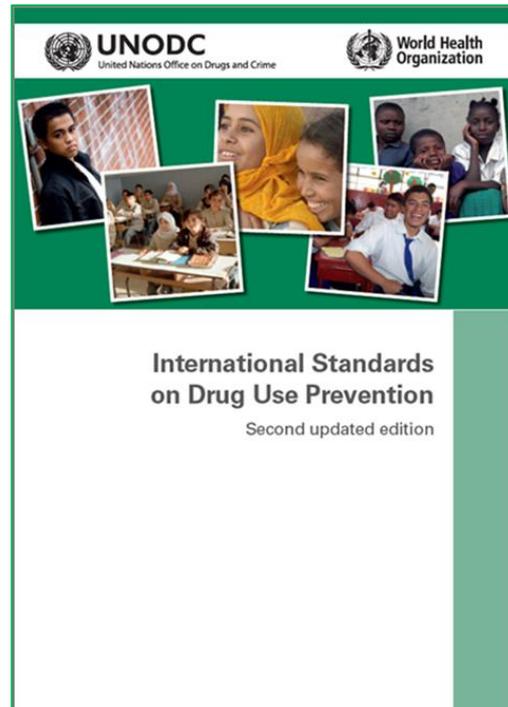
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# A solid base of scientific evidence!

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**> 1,900**

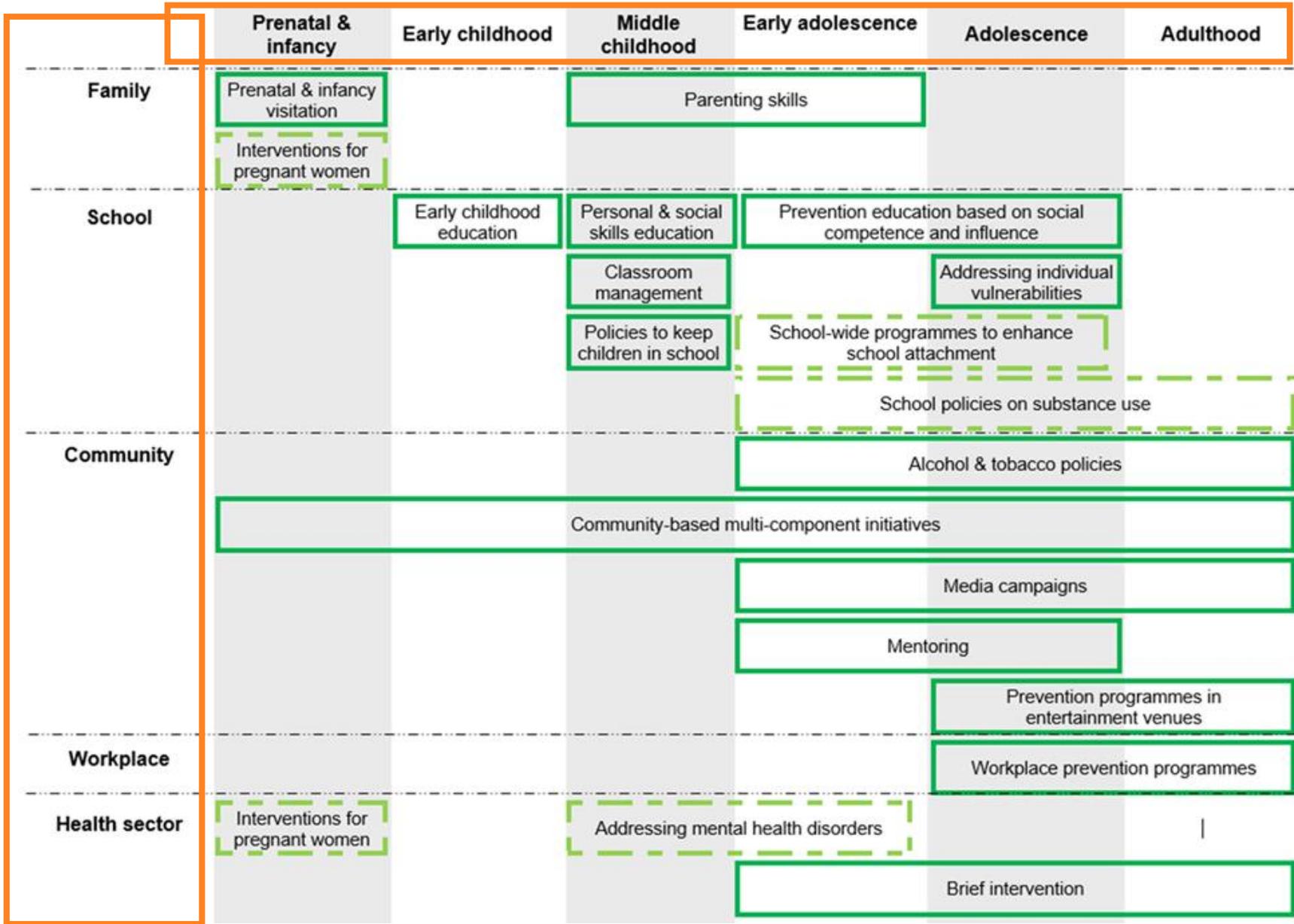
# What did we find?

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## The good news:

- There are many interventions and policies that are effective and cost-effective in preventing substance use, including drug use and other risky behaviours





# Evidence-based drug prevention is cost effective

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**1 > 10**

# What did we find?

5.1

The not-so-good news...

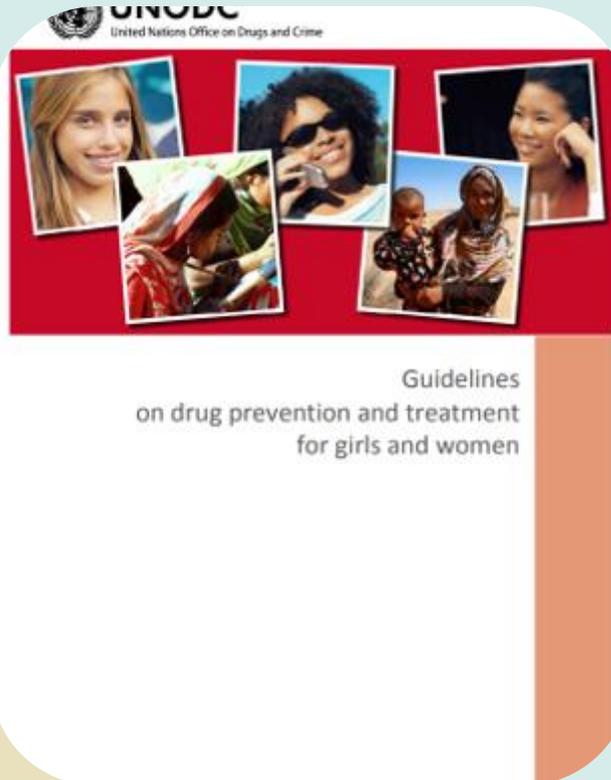
There are **many** limits to the available evidence:

- Girls and women
- Low- and middle-income countries
- Mostly efficacy, little effectiveness
- Publication bias



# Prevention for girls and women

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- Only 5% of evidence-based programmes have collected results disaggregated by sex
- Benefit for girls and boys are **not necessarily** the same
- Parenting skills programmes benefit girls at least as well as boys most (consistent with the etiology)
- UNODC guidelines

# No evidence (yet?!)

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- Prevention of non-medical use of prescription drugs
- Prevention of use of new psychoactive substances not controlled under the Conventions

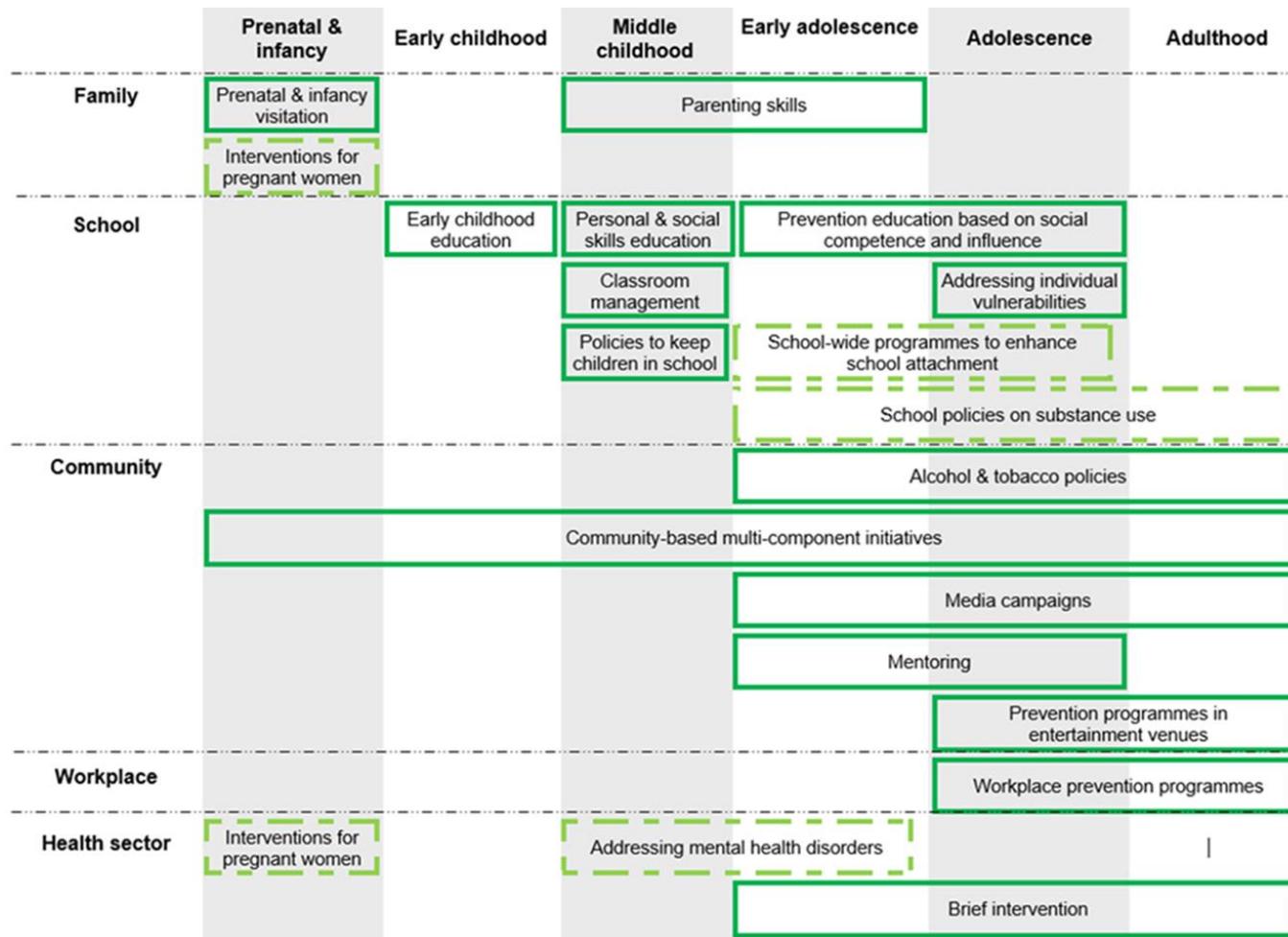
# No evidence (yet?!)

5.1

- Sports and other leisure time activities
  - Some promising evidence on using sports as a setting (e.g., the coach provides life skills sessions during the sports training)
- Strategies targeting children and youth particularly at risk:
  - Out-of-school children and youth
  - Street children
  - Current and ex-child soldiers
  - Displaced or post-conflict populations
  - Children and youth in foster care
  - In orphanages
  - In the juvenile justice system

# Let's build on the positive!

5.1





5.1

# Infancy and early childhood

# Prenatal and infancy visits

## Description

5.1

- A trained nurse/social worker visits mothers-to-be and new mothers to provide parenting skills and address a range of issues (health, housing, employment, legal, etc.)
- Specific focus on women in particularly difficult circumstances

# Interventions for pregnant women

## Description

5.1

- An opportune time for intervention for mothers and future children
- All pregnant women:
  - Advice on the potential risks of substance use during pregnancy to themselves and babies
- Pregnant women with substance use disorders:
  - Services to manage substance use and treat substance use disorders as a matter of priority and based on rigorous clinical guidelines based on scientific evidence

# Treatment for pregnant with SUD Evidence

5.1

## Treatment for pregnant women with substance use disorders:

- No new reviews, 2 reviews from 1st edition
- For children: better development, particularly emotional and behavioural functioning
- For mothers: better parenting skills
- WHO recommends to ask pregnant women about their substance use as early as possible and at every antenatal visit and, if necessary, offer (or refer) women to appropriate services

# Early childhood education

## Description

5.1

- Early education supports social and cognitive development of pre-school children (2-5 year-olds) from deprived communities
- A selective intervention

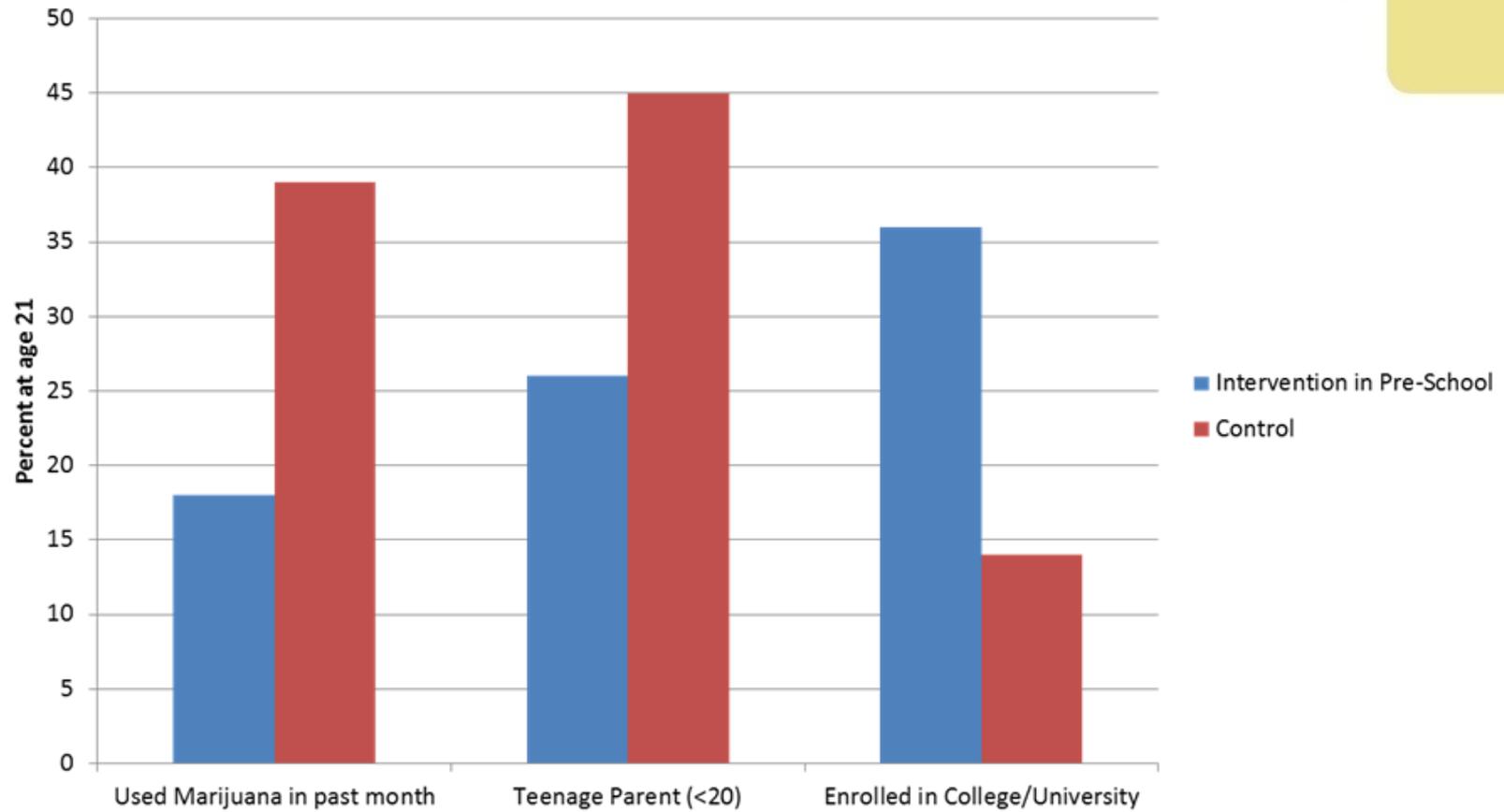
# Early childhood education Evidence

5.1

- No new reviews, 2 reviews from 1st edition
- Less marijuana use at age 18
- Less smoking and use of other drugs
- Less risky behaviours
- More mental health, social inclusion and academic success

# Results of early childhood education Example

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# Middle childhood



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# Parenting skills programmes

## Description

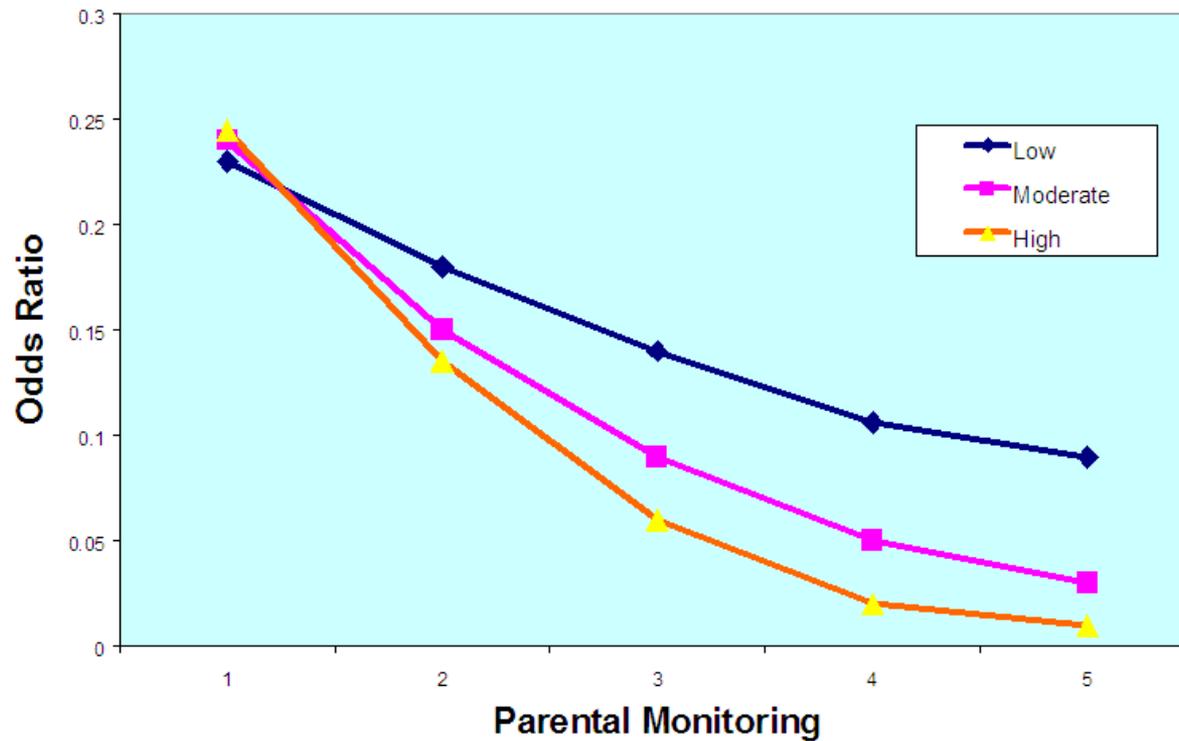
5.1

- Help parents to be better parents, in very simple ways (no lectures, no jargon!)
- Develop a warm child-rearing style and strengthen parents-children bonding
- Relevant also for parents of young adolescents
- Delivery at universal and selective levels

# Why parents matter

5.1

Likelihood of Inhalant Use by Parental Monitoring and Knowledge (Low, Moderate, High)



# Parenting skills programmes

## Evidence

5.1

- Five reviews, with four from the new overview
- Can prevent substance use, including drug use, in young people, persisting in the medium term
- Intense delivery by a trained facilitator more consistently effective than single-session or computer-based delivery
- Gender-specific interventions for mothers and daughters effective
- Evidence from all regions

# Parenting skills programmes

## Evidence

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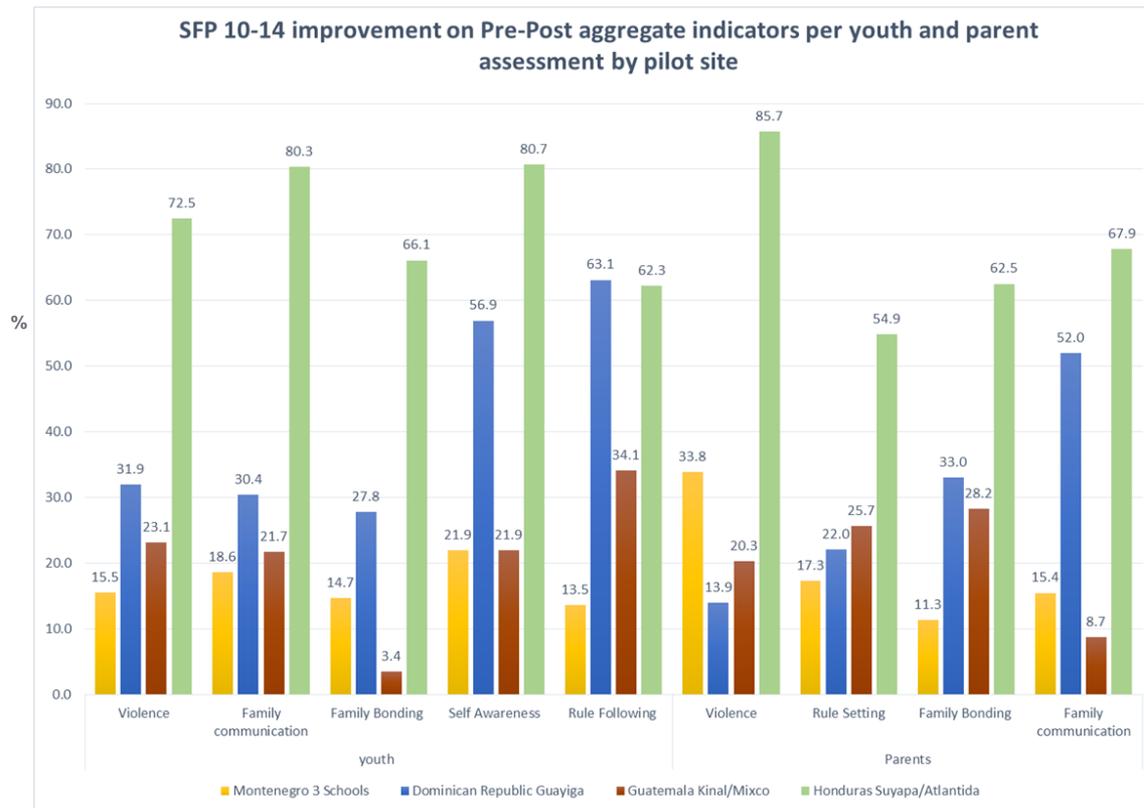
WHO recommends these programmes to:

- Prevent child maltreatment
- Promote development of children, including of poorly nourished, frequently ill or otherwise at-risk children and of children of mothers affected by mental health conditions
- Manage behavioural disorders of children and adolescents
- Prevent youth violence

# Family skills training effectiveness in violent communities

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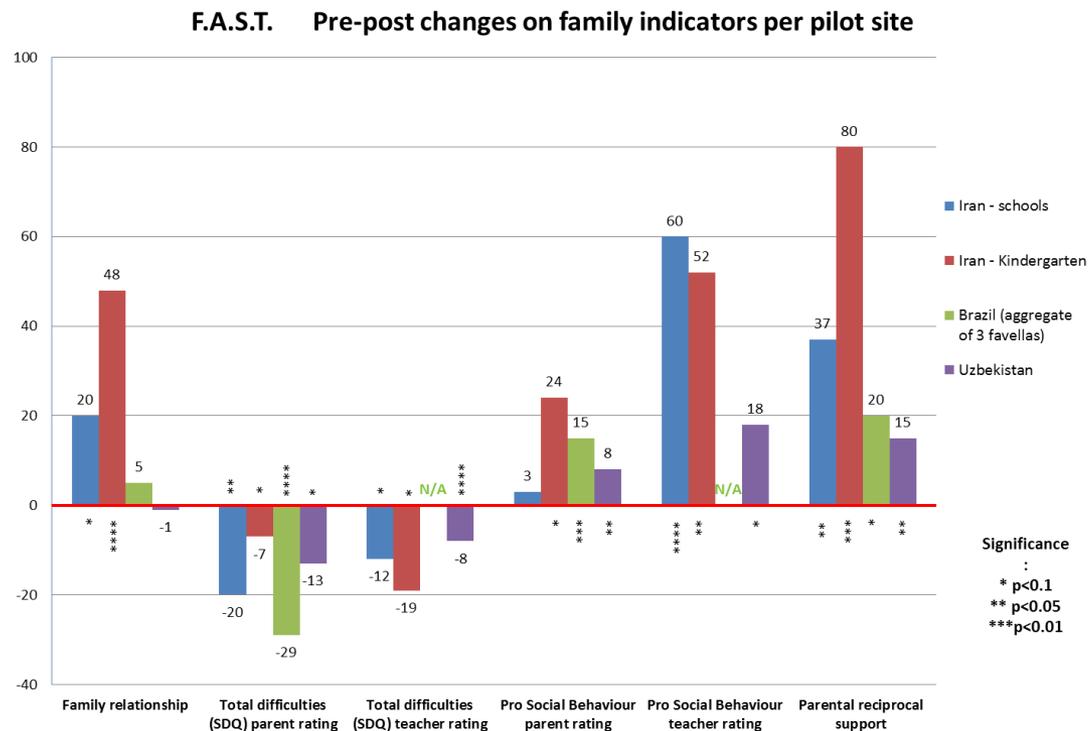
Example of family skills training effectiveness in violent communities: SFP 10-14 in Honduras



# Family skills training effectiveness in poor communities

## 5.1

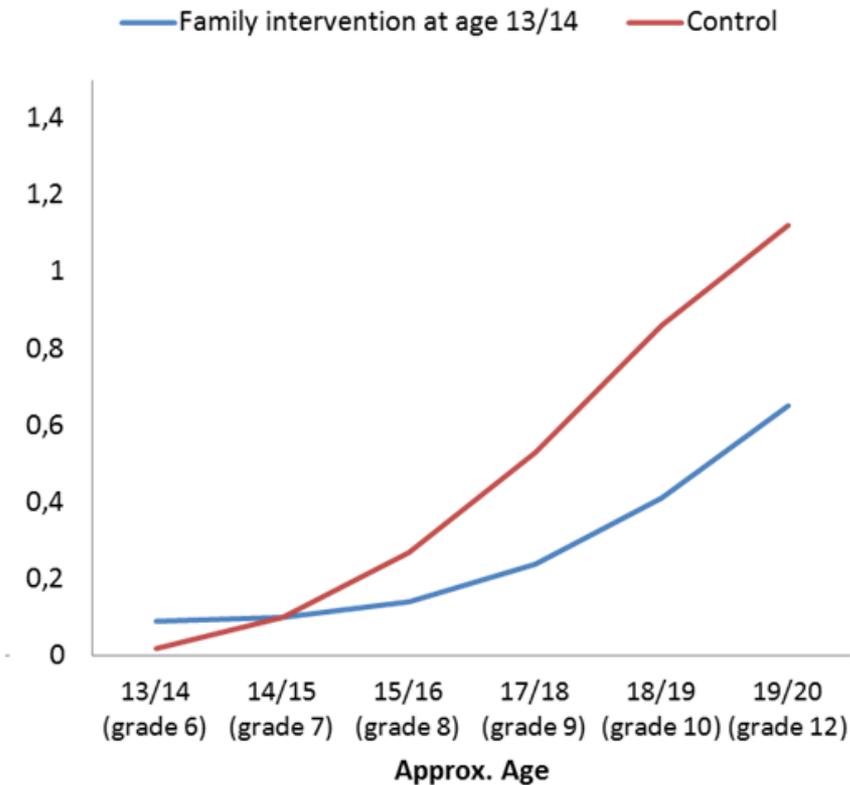
Example of family skills training effectiveness in poor communities: FAST for families with children in kindergarten in Iran



# Parenting skills for girls in early adolescence: example

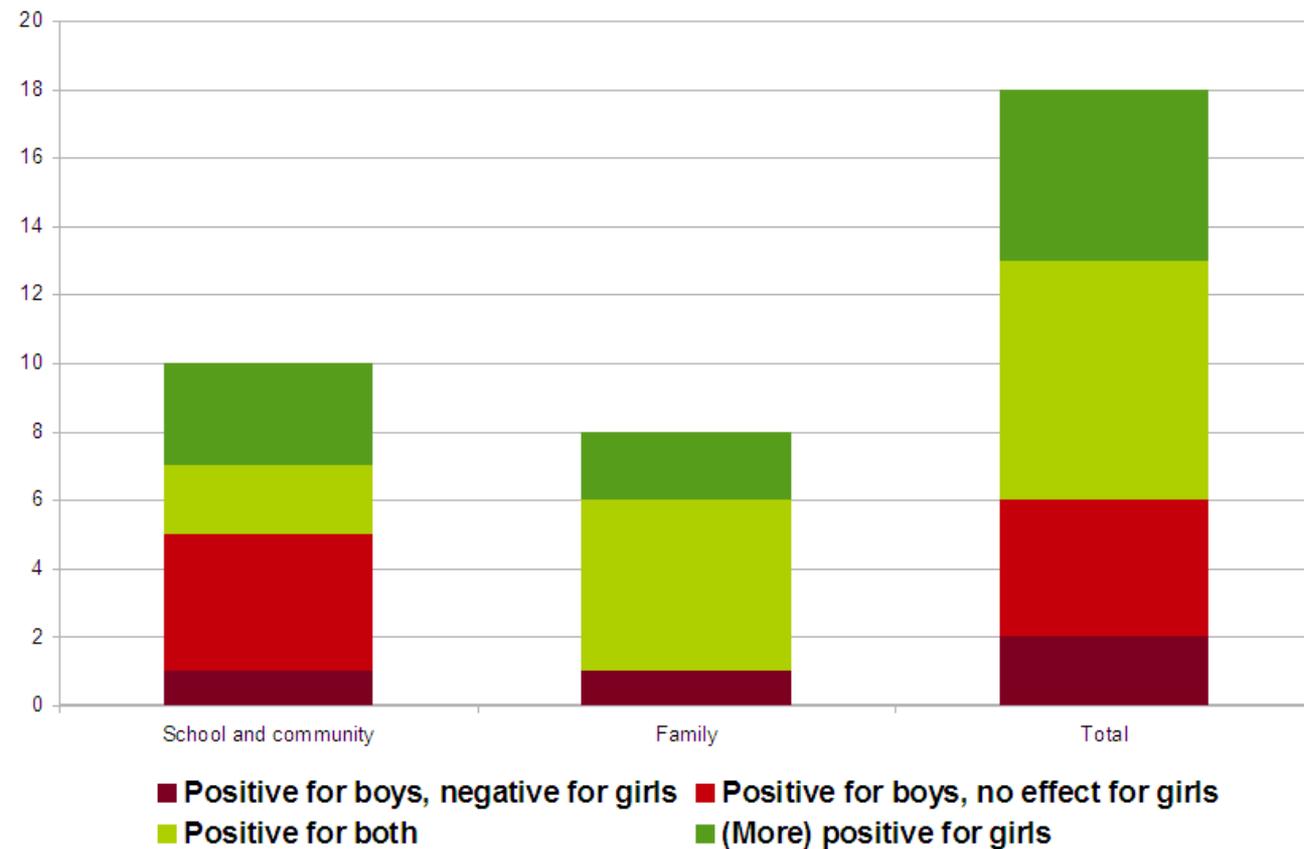
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## Girls



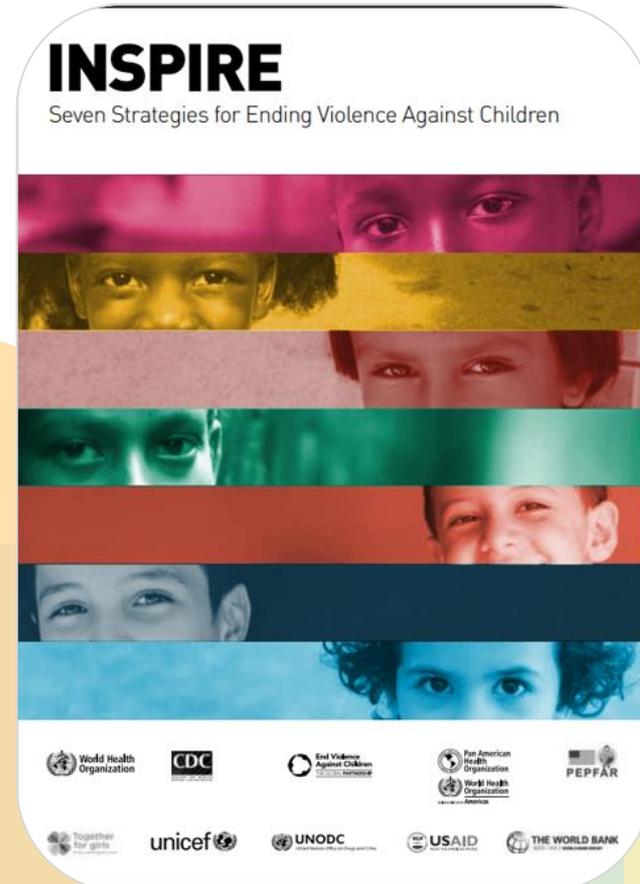
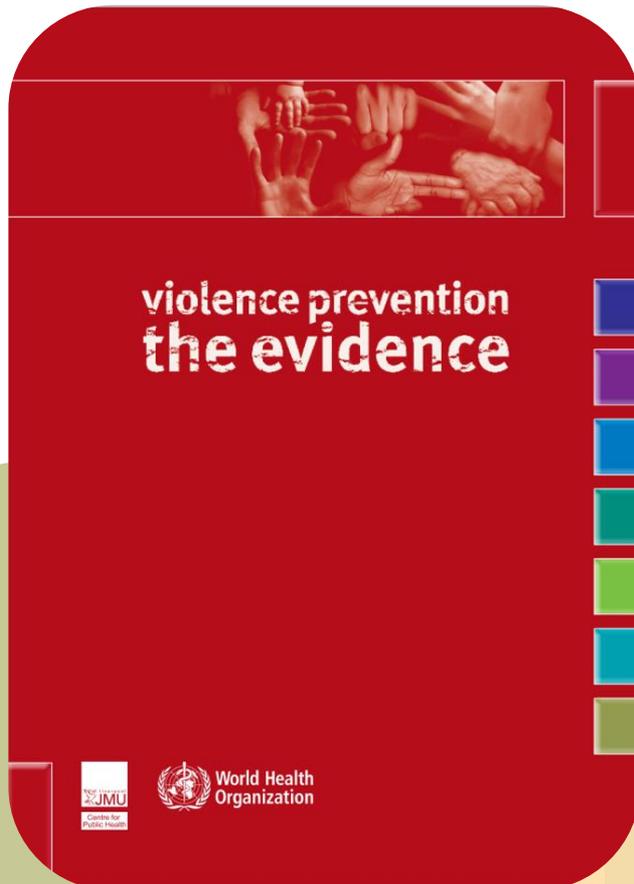
# Family-based prevention more consistently benefits girls and boys

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# Families and violence prevention

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# Personal and social skills education

## Description

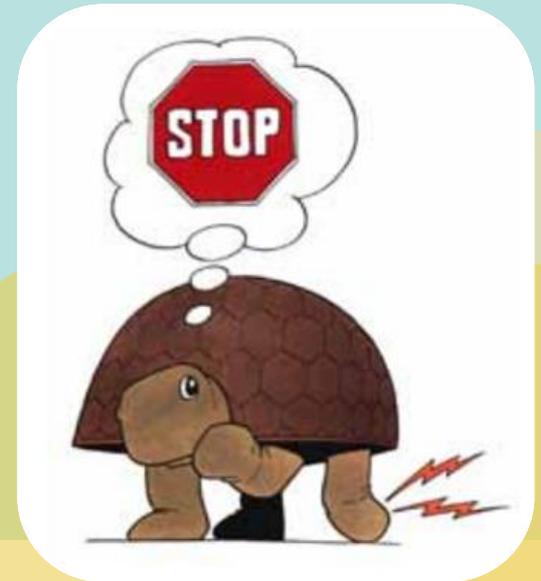
5.1

- Trained teachers engage children in interactive activities during structured sessions to:
  - Learn how to cope with difficult situations in a safe and healthy way
  - Support development of general social competencies and mental/ emotional wellbeing
- Delivered to all children
- Normally, no content on specific substances
- Promote mental health on children and adolescent

# Example from an evidence-based programme: The Incredible Years

5.1

- Recognize anger
- Think 'stop'
- Take a deep breath
- Go into your shell and tell yourself 'I can calm down'
- Try again



# Classroom environment improvement programmes - Description

5.1

- Strengthen the abilities of teachers to manage their class, reducing early aggressive and disruptive behaviours of children
- Games delivered during normal class support children to socialize in their role as students
- Facilitate both academic and socio-emotional learning
- Universal

# Example from an evidence-based programme: Good Behaviour Game

5.1

**Our Class Rules**

1. We will work quietly. 
2. We will be polite to others. 
3. We will get out of our seats with permission. 
4. We will follow directions. 

**Good Behavior Game Team Assignment Chart**

Team	Members	Points
Team 1	Jan Joan Rabbi Mason	
Team 2	Ellen Molly Alysa Julie	
Team 3	Neil Stephan Brandon Katie	
Team 4	Trish Kayla Natalie Matthew	
Team 5	Tony Liam Ethan	

**Word Wall**

91 92 93 94 95 96

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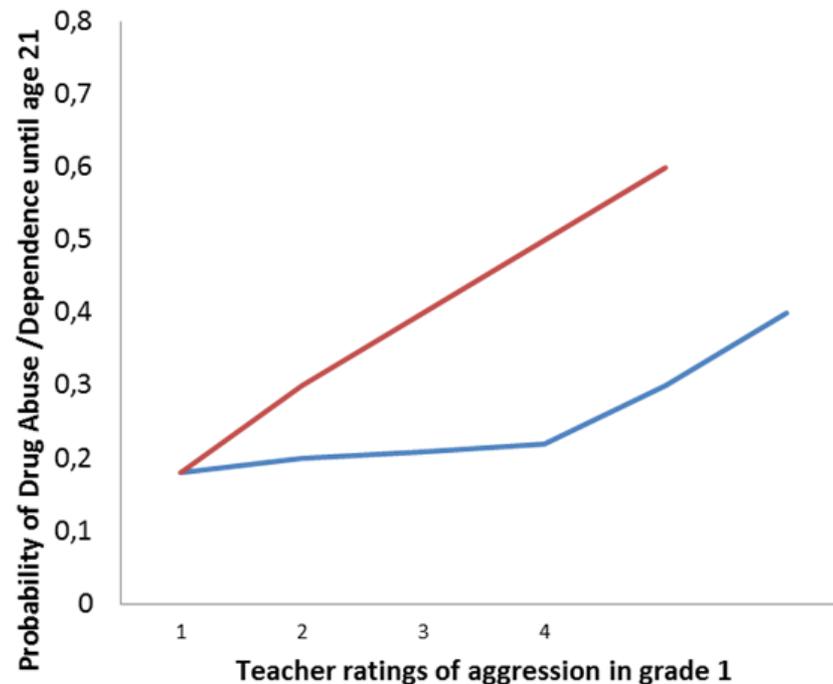
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# Results of a classroom environment improvement programme: example

5.1

## Males



# Policies to keep children in schools

## Description

5.1

- Important protective factors for children:
  - School attendance
  - Attachment to school
  - Achievement of language and numeracy skills for the specific age-group(s)
- Many policies tried in low- and middle income countries to enhance school attendance and improve educational outcomes

# Addressing mental health disorders

## Description

5.1

- Emotional disorders (e.g. anxiety, depression) and behavioural disorders (e.g. ADHD, conduct disorder) are associated with higher risk of substance use later in adolescence and life
- It is possible, and a very important prevention strategy, to support children, adolescents and their parents in addressing such disorders as early as possible

# Addressing mental health disorders

## Evidence

5.1

WHO recommends the following:

- For behavioural disorders: behavioural interventions
- For emotional disorders: psychological interventions (e.g. CBT or interpersonal psychotherapy) for the children/ adolescents and parenting skills for the parents
- For ADHD: CBT or social skills training as initial interventions; if medication is necessary, it should be preceded by parent education and training
- Pharmacological interventions only in specialised settings

# Early adolescence



5.1

*Family skills  
programmes are  
still relevant and  
effective!*

# Prevention education

## Description

5.1

- Teachers/students interactive activities to learn and practice a range of personal and social skills
  - Refusal abilities to allow young people to counter social pressures to use substances
  - Personal and social skills to cope with challenging life situations in a healthy way
- Discuss social norms, attitudes and expectations associated with substance use and its consequences
- Discuss normative nature of substance use
- Also relevant for older adolescents

# Example from an evidence-based programme: UNPLUGGED

5.1

## summary

<b>Lesson 1</b>	Opening Unplugged .....	6
<b>Lesson 2</b>	To be or not to be in a group .....	7
<b>Lesson 3</b>	Choices - alcohol, risk and protection .....	9
<b>Lesson 4</b>	What you believe, is that based on real facts? .....	10
<b>Lesson 5</b>	Smoking the cigarette drug - Get informed .....	12
<b>Lesson 6</b>	Express yourself .....	15
<b>Lesson 7</b>	Get up, stand up .....	16
<b>Lesson 8</b>	Party tiger .....	18
<b>Lesson 9</b>	Drugs – Get informed .....	19
<b>Lesson 10</b>	Coping competences .....	20
<b>Lesson 11</b>	Problem solving and decision making .....	22
<b>Lesson 12</b>	Goal setting .....	24
	A page for you .....	25

# Example from an evidence-based programme: UNPLUGGED

5.1

## Lesson 11

### Problem solving and decision making

A problem can stand before you like a block of concrete, impossible to move. It may paralyze you and keep you from thinking, working or going on in any way. The five step model you will learn about in this lesson is a strategy to prevent such frozen situations.

**CHOOSE ONE OF THESE PROBLEM SITUATIONS OR CREATE ONE YOURSELF**

Rachel is always late for school because she sleeps in past her alarm time. *How can she overcome this problem to be on time for school?*

David failed his last math test and needs to pass the next one in order to maintain his school average. He has set a goal that he would like to work in some math-related field and therefore places great importance on passing every test. *What should he do?*

Nicole lives in a home where her parents smoke all of the time. She knows that second-hand smoke is bad for you and does not want to continue breathing it. *What can she do?*

Daniel gets a hold of a package of cigarettes. He is very curious about trying them but wants others to try with him. He asks Michael among others in the class. *Michael has decided he does not want to try, what does he do?*

Amanda has decided that she does not want to drink. Amanda is invited to a party and she knows that people will be serving alcohol mixed with juice and soda. *What does she do?*

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## Lesson 11

John's little brother is on the internet all of the time. John argues with his younger brother because he needs to use the family computer to do homework. *How does John solve this problem?*

Our own situation:

### THE FIVE-STEP-PLAN TO PROBLEM SOLVING

**Step 1: Identify a problem**  
What is my problem? What is happening? What am I feeling? Try to find the causes for the problem.

**Step 2: Think and talk about solutions**  
Generate many different solutions (creative thinking) including talking to someone you trust. Try to describe as best as possible how you feel.

**Step 3: Evaluate the solutions**  
Evaluate the solutions by comparing advantages and disadvantages and considering short-term and long-term consequences. Eliminate less workable solutions based on this evaluation.

**Step 4: Decide on one solution**  
Decide upon one solution and act on it.

**Step 5: Learn from the choice**  
Reflect on the results of the solution you chose. What did you learn? What did you change? Are you feeling better?

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# Prevention education Evidence

## 5.1

- Twenty-two (22) reviews, with 19 from the new overview
- Certain programmes prevent substance use: small, but consistent effects also in the medium term
- For prevention of smoking among girls: no effect, but some promise for gender specific programmes combined with media campaigns
- The effectiveness of programmes focusing on resilience is limited to drug use
- Information only programmes and DARE are not effective

# Prevention education Evidence

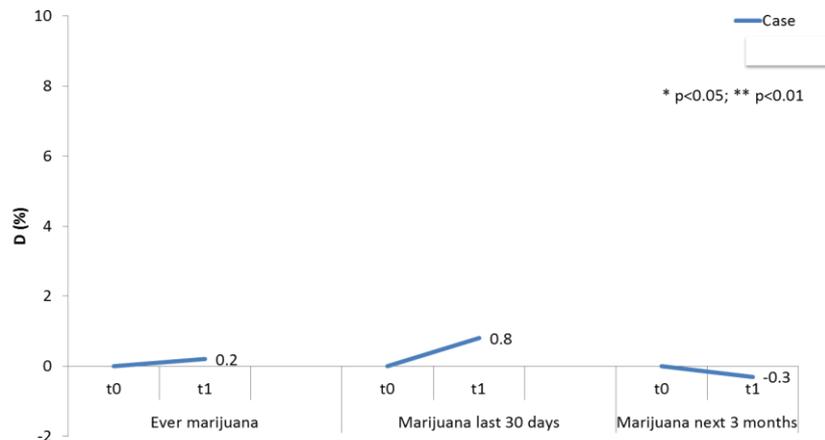
## 5.1

- Delivering programmes through peers is effective (care necessary with high-risk groups)
- Computer-based programmes are effective with small effect sizes
- Early adolescence might be the best age
- Normally universal level, but some indication of effectiveness for high risk groups
- Most evidence from USA, Europe and Australia, some studies from Asia and Africa
- **WHO: programme including focus on social/ emotional learning recommended to prevent youth violence**

# Prevalence of marijuana use: Montenegro

5.1

Relative pre-/ post- difference ( $\Delta\%$ ) in the prevalence of usage of marijuana - Montenegro

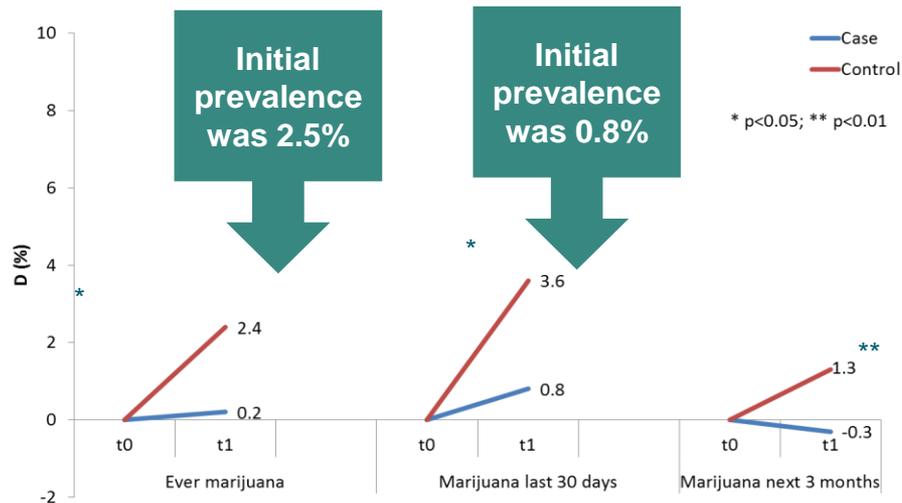


The  $\Delta\%$  is calculated using the difference between the initial and final prevalence in each group, that is, is how much the specific indicator increased during the study period in both groups. It is not the prevalence of the indicator in the year.

# Prevalence of marijuana use: Montenegro

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# School policies on substance use

## Description

5.1

- No substance use on school premises by students and staff
- Policies are transparent and non-punitive
- Interventions and policies are universal, but may include selective components (cessation support and referral)
- Implemented jointly with other prevention intervention (skills based education, supporting parenting skills and parental involvement)

# School policies on substance use Evidence

## 5.1

- Five reviews, with 3 from the new overview
- Three reviews focusing on tobacco policies reported some promising, but inconsistent results
- One review focusing on colleges and university reported some benefits against harmful use of alcohol for: social norms marketing campaigns, cognitive-behavioural interventions and especially brief motivational/normative interventions (face-to-face or on computer)
- Most evidence from North America, Europe, Australia & New Zealand, with some from Asia

# School-wide programmes to enhance school attachment – Description

5.1

- Support student participation, positive bonding and commitment to school
- Often together with other prevention interventions, such as skills-based education, school policies on substance use and/or supporting parenting skills
- Universal



# School-wide programmes to enhance school attachment – Evidence

## 5.1

- Two reviews, with 1 from the new overview
- Some inconsistency in the results with one study reporting positive results in preventing use of all substances, and another study reported results only for drug use
- Most evidence from North America, Europe and Australia/ New Zealand with some from Asia

# Addressing individual psychological vulnerabilities - Description

5.1

- Personality traits like sensation-seeking, impulsivity, anxiety are associated with increased risk of substance abuse
- Indicated programmes help those at-risk to deal with emotions, instead of using negative coping strategies such as harmful alcohol use

# Addressing individual psychological vulnerabilities - Evidence

5.1

- No new reviews, 4 RCTs from 1st edition
- Lower rates of drinking (odds reduced by 29% compared to high risk students in control schools) and binge-drinking (odds reduced by 43%) at two-year follow-up
- All evidence from North America and Europe

# Mentoring – Description

5.1

- “Natural” mentoring in the relationships between children/adolescents and non-related pro-social adults (teachers, coaches and community leaders)
- Programmes match youth, esp. from marginalised circumstances (selective prevention), with adults who commit to spend some time/activities with the youth regularly

# Mentoring – Evidence

5.1



**MENTORING**

- No new reviews, 3 reviews from 1st edition
- Mentoring may prevent alcohol and drug use among high risk youth with results sustained one year after intervention
- All evidence: USA



5.1

# Adolescence and adulthood

# Brief interventions



# Brief interventions

## Description

5.1

- Brief interventions: for people who use substances, but may not need or seek treatment
- Consist of one or a few one-to-one counselling and follow-up sessions
- First identify whether there is a substance abuse problem, then either provide immediate basic counselling and/or referral for more treatment
- Delivered by trained health/ social workers

# Brief interventions

## Evidence

5.1

- Forty-eight reviews, with 38 from the new overview
- Evidence of effect on different substances (tobacco, alcohol and drugs) and different age groups (adolescents and adults)
- Effect sizes small and not persistent
- Harmful consumption of alcohol reduced among youth out of college and in college. Also among people with psychotic disorders.

# Brief interventions

## Evidence

5.1

- Inconclusive evidence with some effectiveness in school settings, particularly for drugs
- Some effectiveness for interventions delivered by computer, internet or telephone. More with regard to alcohol and less than face-to-face.
- Indications of effectiveness, in spite of poor quality of evidence, for interventions in emergency settings, particularly for women and patients qualifying for treatment.

# Brief interventions

## Evidence

5.1

- WHO recommends screening and brief intervention for harmful alcohol use (except in areas of low prevalence), as well as for cannabis and psychosocial stimulants use
- ASSIST screening package

# Workplace prevention



# Why workplace prevention?

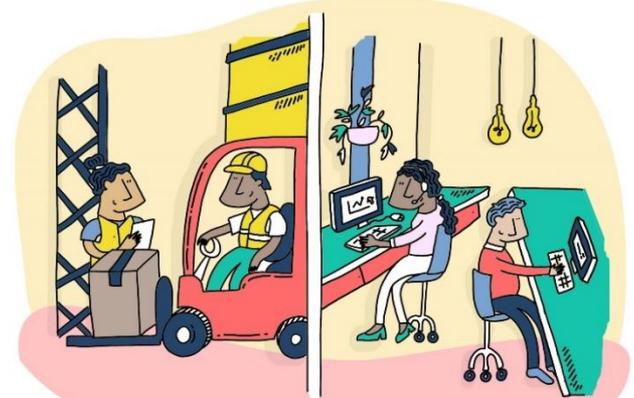
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- Most substance use occurs among working adults
- Young adults are at high risk
- Job strain increases risk of developing drug use disorders among young adults using drugs
- Employees with substance use problems have:
  - Higher absenteeism rate
  - Lower productivity
  - More likelihood to cause accidents
  - Higher health care costs and turnover rates

# Workplace prevention Description

5.1

Prevention programmes in workplace are multi-component, including prevention elements and policies, as well as counselling and referral to treatment



# Workplace prevention Evidence

5.1

- Four reviews, with 2 from new overview
- Prevent substance use, particularly with regard to alcohol and possibly stronger for women
- Most evidence from North America, with some from Australia and Asia
- May have positive effects on physical fitness

# Tobacco policies

## Description

5.1

A series of policies to be delivered to the general population in order to reduce the availability and accessibility of tobacco and tobacco smoking



# Tobacco policies Evidence (1/2)

5.1

- Four reviews, with 1 from the new overview.
- Regulations recommended by the WHO Framework Convention on Tobacco Control:
  - Price and tax measures, particularly thinking about the young;
  - Measures for the protection from exposure to tobacco smoke are also detailed
  - Content of tobacco products
  - Packaging and labelling of tobacco products

# Tobacco policies

## Evidence (2/2)

5.1

- Education, communication training and public awareness
- Tobacco advertising, promotion and sponsorship, with a note that a ban would reduce consumption

# Alcohol policies

5.1



A series of policies to reduce the harmful use of alcohol (drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large).

# Alcohol and tobacco policies Evidence (1/3)

5.1

- No new reviews.
- Policies recommended by the WHO Global Strategy to Reduce the Harmful Use of Alcohol
  - Increasing the price of alcoholic beverages through an effective and efficient system for taxation matched by adequate tax collection and enforcement is one of the most effective interventions.
  - Drink-driving policies and countermeasures, complemented by public awareness and information campaigns.

# Alcohol and tobacco policies Evidence (2/3)

5.1

- Regulate the availability of alcohol through:
  - Licensing system on retail sales, or public health oriented government monopolies
  - Regulating the number and location of on-premise and off-premise alcohol outlets
  - Regulating days and hours of retail sales,
  - Regulating modes of retail sales of alcohol
  - Regulating retail sales in certain places or during special events,
  - Establishing an appropriate minimum age for purchase or consumption of alcoholic beverages, and,
- Adopting policies to reduce the impact of marketing, particularly amongst the young in low- and middle-income countries (new markets)

# Alcohol and tobacco policies Evidence (3/3)

5.1

- Interventions recommended by the WHO Global Strategy to Reduce the Harmful Use of Alcohol and covered elsewhere in the training:
  - Screening and brief intervention at primary health care and other settings, including for pregnant women and women of child bearing age.
  - Mobilisation and empowering of communities in preventing the selling of alcohol to under-age drinkers and other at-risk groups and in developing alcohol-free environments and events.
  - Enacting management policies relating to responsible serving of beverage on premises and training staff in relevant sectors in how better to prevent, identify and manage intoxicated and aggressive drinkers (complementary)

# Community-based multi- component initiatives



# Community-based multi-component initiatives Description

5.1

- Mobilization efforts to create community partnerships/ task forces/ coalitions/ action groups to address substance abuse.
- Special programmes providing financial and technical support to communities to deliver and sustain evidence-based prevention interventions and policies over time.
- In general, multi-component and multi-setting

# Community-based multi-component initiatives Evidence

5.1

- No new reviews, 13 reviews from 1st edition
- Community-based multi-component initiatives prevent use of drugs, alcohol and tobacco.
- Origin of evidence: most studies from USA, Canada, Europe, Australia; a few studies on community-based multi-component initiatives in Asia (tobacco)
- Mobilisation and empowering of communities in preventing the selling of alcohol to under-age drinkers and other at-risk groups and in developing alcohol-free environments and events is recommended by the WHO Global Strategy to Reduce the Harmful Use of Alcohol.

# Media campaigns



# Media campaigns

## Evidence

5.1

- Six reviews, with 5 from new overview
- Contradictory findings on preventing tobacco, alcohol and drug use, with the exception of campaigns on tobacco in combination with other prevention components.
- Origin of evidence: North America, Australia/ New Zealand and Europe.

# Prevention in entertainment venues



# Prevention in entertainment venues

## Description

5.1

- Training of staff and managers on responsible beverage service and management of intoxicated patrons
- Legislation and policies on serving alcohol to minors or to intoxicated persons and/or on driving under the influence
- High visibility enforcement of existing laws and policies
- Communication to raise awareness and acceptance of the programme and to change attitudes and norms
- Treatment for staff and managers

# Prevention in entertainment venues

## Evidence

5.1

- Three reviews, with 1 from new overview
- Training of staff, policy interventions and enforcement reported some indication of effects on intoxication, risky alcohol consumption and alcohol-related harm, including in the context of sport events.
- Origin of evidence: USA, Canada, Europe and Australia

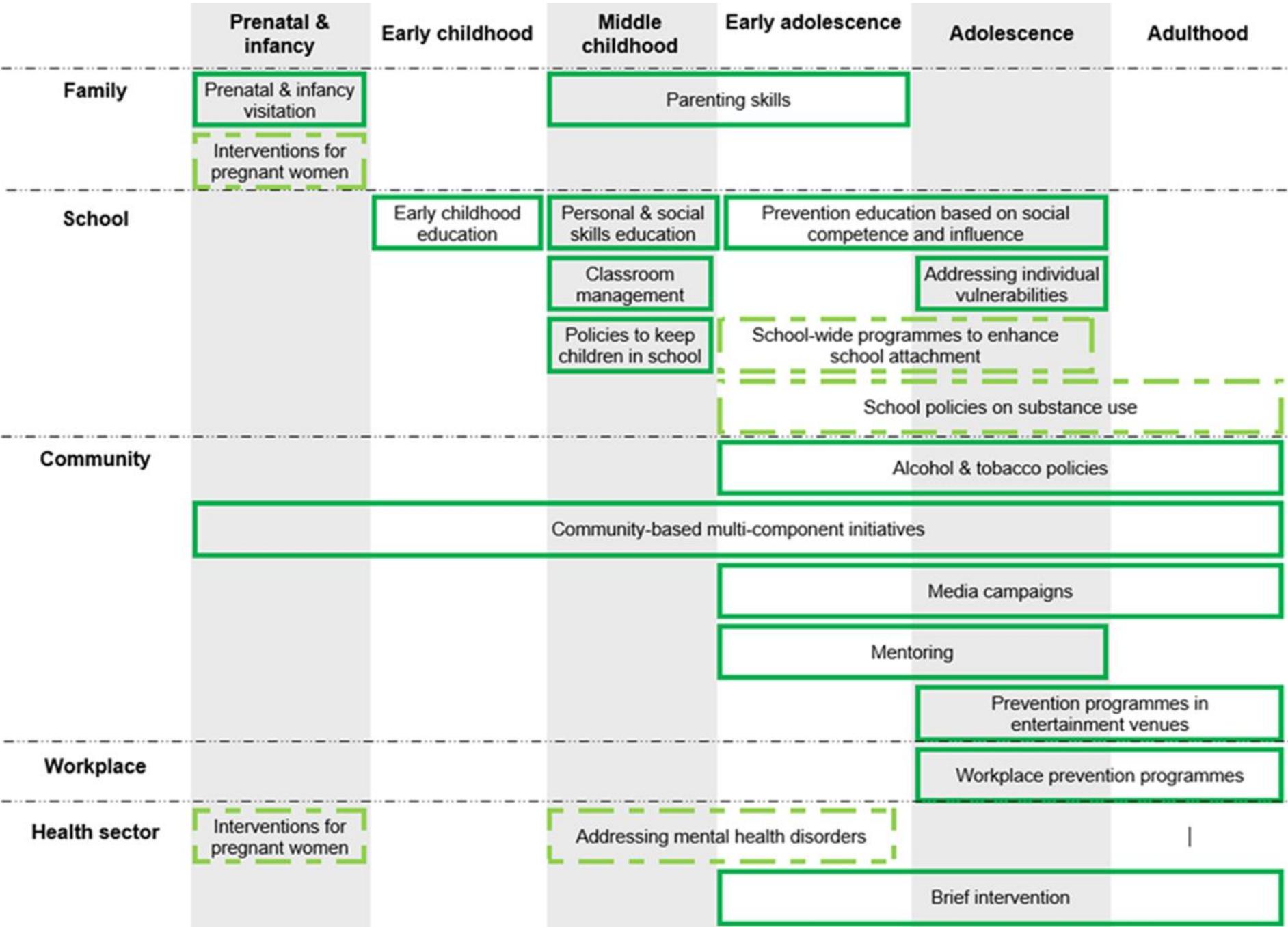
# Summary



5.1

**#1**

*Many strategies  
have been shown to  
be effective in  
preventing drug use*



#2

*The earlier, the  
better*

#3

*It is never too late ;-)*

**#4**

*Effective in  
preventing many  
other risky  
behaviours*

**#5**

***Strong mandates***

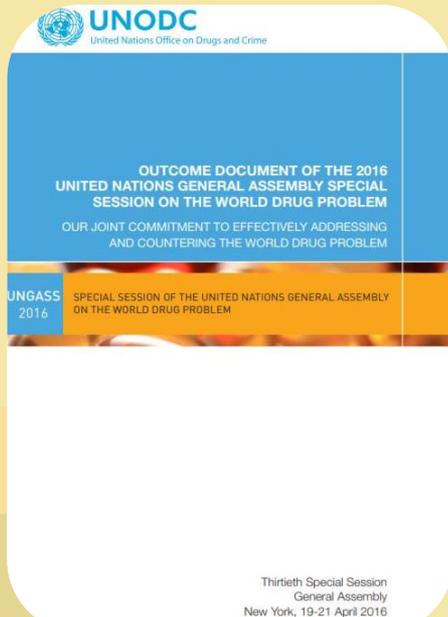
# Endorsement by Member States

## 5.1

- The Joint Ministerial Statement on the mid-term review of the implementation by Member States of the Political Declaration and Plan of Action
- 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
- 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
- Resolution 58/7: Strengthening cooperation with the scientific community, including academia, and promoting scientific research in drug demand and supply reduction policies in order to find effective solutions to various aspects of the world drug problem (operative paragraph 2)

# Endorsement by Member States

5.1



- Resolution 59/6: Promoting prevention strategies and policies
- **Outcome Document of UNGASS 2016 on the World Drug Problem (paragraph 1.(h))**
- Resolution 60/7: Promoting scientific evidence-based community, family and school programmes and strategies for the purpose of preventing drug use among children and adolescents
- Resolution 61/2: Strengthening efforts to prevent drug abuse in educational settings
- Resolution 61/9: Protecting children from the illicit drug challenge

# UNODC prevention efforts in the Philippines

5.1



**STRONG**  
Families

## Effective Family Skills Prevention Programme

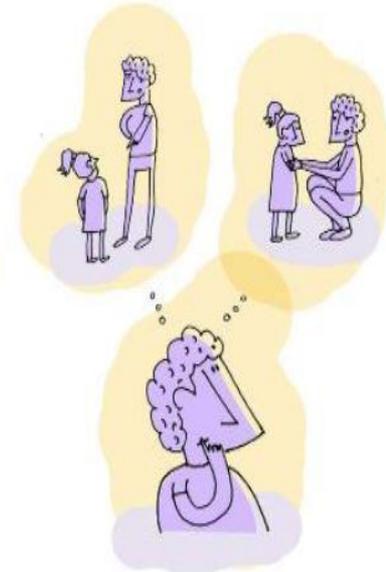


# Effective Family Skills Programmes: what are they?

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



# Session with the parents

5.1



# Session with the Children

5.1



# Family Session

5.1



# First group of families completed the program

5.1





**UNODC**

United Nations Office on Drugs and Crime

**Prevention that WORKS!**

Healthy and safe development of children and youth

# Extending Reach, Expanding Access....

## Families **UN**ited

### A new Universal Family Skills programme for LMIC



### Family UNited

*Universal Family Skills Programme for  
Prevention of Negative Social Outcomes*



From  
the People of Japan

## Parenting sessions

Understanding, praising and encouraging children

Giving clear instructions

Responding to undesirable behaviour

Communicating and taking care of yourself

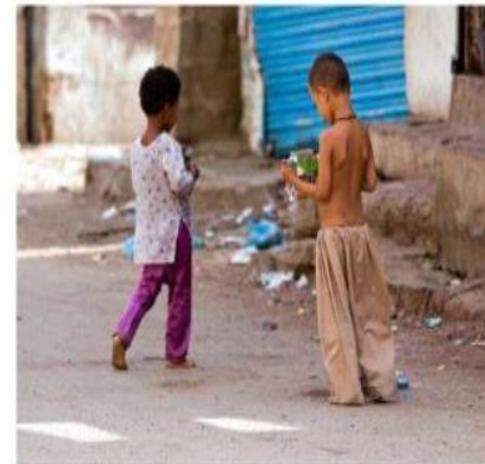
## Child sessions

Building positive qualities

Handling stress

Dealing with peer pressure

Friendship



## Family sessions

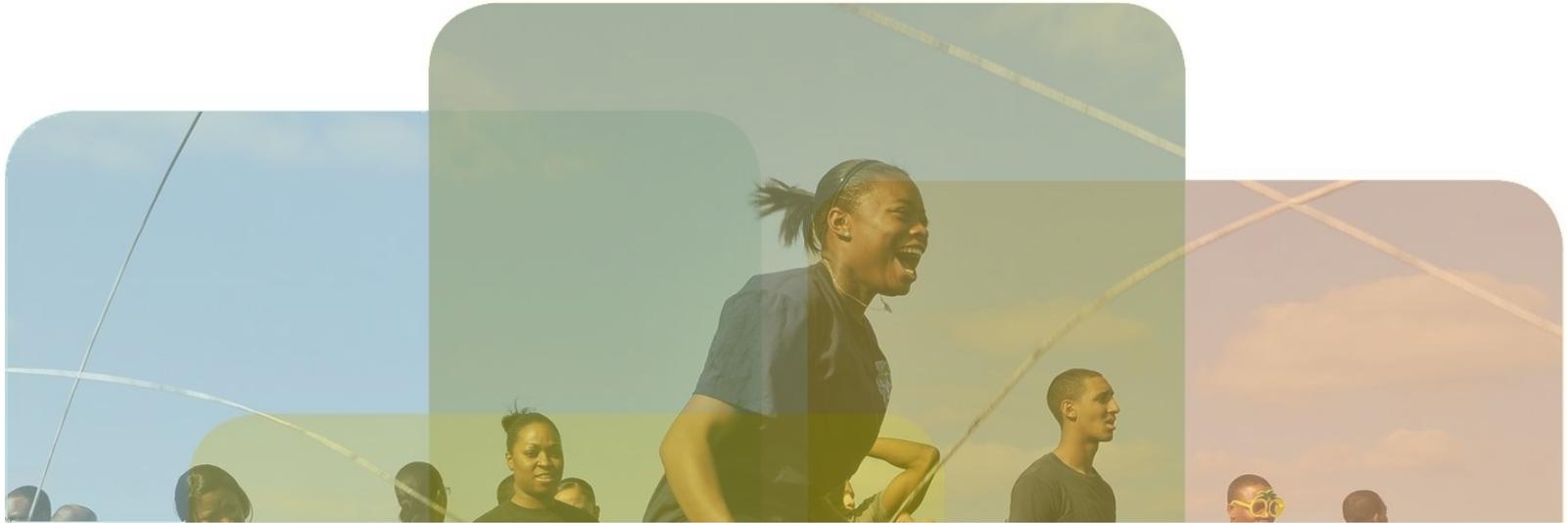
Our family's positive qualities

Understanding each other's stress

Helping families enjoy each other

Understanding friendship

# **Family-based Treatment Training Package for adolescents with drug and other substance use disorders including those in contact or at risk of contact with the criminal justice system**



**Thank you for your attention!**





# Questions

