

# R05: Prevention of Drug Use

## Purpose of collecting these data:

This module aims at providing information on the prevention of substance abuse (SDG goal 3.5.1 “Strengthen the prevention and treatment of substance abuse, including narcotic drugs abuse and harmful use of alcohol”) and protection of people, in particular children and youth, from drug use initiation.

The module covers the extent and trends of prevention services and strategies used in each country considering groups of the population which might be more susceptible to the initiation of drug use. Finally, it aims at providing information for assessing the typology of prevention interventions in each country.

Items	Level	Description	Response options	Instructions/Definitions	Disaggregation	Metadata	Justification
Ranking and trends in the provision of services for the prevention of drug use	1	List and ranking of services by coverage	1,2,3,...	<i>Universal prevention activities:</i> target population at large <i>Selective prevention-</i> targeting certain groups of the population (e.g. marginalized groups, groups in marginalized neighbourhoods, etc.) <i>Indicated prevention-</i> for specific groups of individuals (e.g. people in prisons). <i>Prevention policies, programmes, and interventions:</i> Defined as specified in the <i>International Standards on Drug Use Prevention 2nd updated edition</i>	Type of service: • Universal prevention • Selective and indicated (to be specified)	Information on the procedure used for the qualitative assessment: specify number of experts, affiliation, method (e.g. Delphi).  Primary sources used for the qualitative assessment: • national data (specify collection method) • periodic government report (link) • specific study (link) • expert assessment • other (specify)  Geographical coverage: national / sub-national, specify	<b>UNGASS:</b> 1a. primary prevention measures that protect people, in particular children and youth, from drug use initiation  - 5t. Use of the Internet for prevention, counselling aimed at protecting children and youth 1c. develop and implement prevention curricula and early intervention programmes for use in the education system at all levels Paragraph on prevention: access, scientific evidence, awareness raising campaigns, involvements of all members of society, cooperation between
		Trends in the provision of prevention services	Large increase, Some increase, Stable, Some decrease, Large decrease, Unknown				
		List and ranking of specific groups of the population targeted with specific prevention programmes	1,2,3,...		Specific groups: • persons with disabilities • people living in rural areas • indigenous people • migrants/internally displaced persons • homeless people • sex workers • others (specify)		
New developments in the prevention of drug use	1	Specification of changes that might have occurred during the reporting period in terms of drug prevention policies and interventions. These may include:	Free text		Type of service: • Universal prevention • Selective and indicated (to be specified)		

		<ul style="list-style-type: none"> <li>• mayor increase or decrease in the number of prevention campaigns</li> <li>• new scientific evidence affecting national prevention strategies</li> <li>• new strategies on targeting sub-populations (incl. homeless, youth, women)</li> <li>• structural shocks that have resulted in significant changes affecting prevention of drug use</li> <li>• new methods for evaluation of the impact of prevention interventions,</li> <li>• any other new developments</li> </ul>					<p>public health, education and law enforcement authorities when developing initiatives; improve data collection and recording of information; 1m prevention of opioid overdose, use of naloxone; 4b youth, children, women, vulnerable members of society</p> <p><b>PoA:</b> 1a-e; 6a-c, 4c (prevention programmes based on scientific evidence); 12c involvement of communication media; 14b youth and children 1h</p> <p><i>Sub-population groups</i> PofA 14a Ensure that a broad range of drug demand reduction services, including those in the areas of prevention, treatment, rehabilitation and related support services, provide approaches that serve the needs of vulnerable groups and are differentiated on the basis of scientific evidence so that they respond best to the</p>
<b>New prevention services</b>	I	Existence of new prevention services in the reporting period	Yes, no, unknown Free text	<i>Manualized services</i> -structured and pre-determined interventions which are long-term (e.g. a manualized school program) <i>Needs-led services</i> -short-term interventions which may include outreach work, drop-in centres and similar brief interventions	Type of service provision: <ul style="list-style-type: none"> <li>• Manualized services</li> <li>• Needs-led services</li> </ul>		
<b>Prevention of non-medical use of prescription drugs</b>	I	Existing strategies for addressing the non-medical use of pharmaceuticals	Yes, no, unknown Free text	Glossary	Type of service: <ul style="list-style-type: none"> <li>• Awareness raising campaigns (to be specified if yes)</li> <li>• Regulations for General Practitioners and medical staff (to be specified if yes)</li> <li>• Other (please specify)</li> </ul>		

<b>Monitoring and evaluation of prevention services</b>	I	Existence of a monitoring and evaluation system following interventions for the prevention of drug use, specify if unique identifier codes are used.	Yes, no, unknown	Glossary	Type of service: • Universal prevention • Selective and indicated (specify)	<i>Not applicable</i>	needs of those groups, taking into account gender considerations and cultural background....ensure that prevention programmes target and involve youth and children with a view to increasing their reach and effectiveness; 14b, 18c,20,21 (on the need to promote prevention); 6a- prevention with social reintegration 1e Involve, as appropriate, policymakers, parliamentarians, educators, civil society, the scientific community, academia, target populations, individuals in recovery from substance use disorders and their peer groups, families POfA:6 a Provision of data to enhance the commitment to respect, protect and promote human rights, fundamental freedoms and inherent dignity of all individuals and the rule of law in the development and implementation of drug policies also
	II	Description of the typical process used to evaluate implemented interventions (existing standards) and the focus of the M&E by type of intervention. Preferably also specific to each intervention that it applies. Comment on the typical frequency / periodicity of M&E.	Free text	Glossary	<i>Not applicable</i>	<i>Not applicable</i>	
<b>Coordination of prevention services</b>	I	Existence of a coordinating body in charge of coordination among all agencies involved in drug prevention from local to national level in order to centralize the data on prevention services at national level	Yes, no, unknown	<i>Coordinating body</i> -an institution responsible for prevention programmes in the country and for centralizing information on prevention programmes at national, sub-national and community levels.	<i>Not applicable</i>	<i>Not applicable</i>	
	III	Description of the modus operandi and developments in coordination.	Free text		<i>Not applicable</i>	<i>Not applicable</i>	

		New developments aimed at increasing coordination and cooperation at the national, sub-national and community levels - e.g. decentralization of services and/or quality assurance mechanisms, development of information systems to share information, etc.	Free text				targeted at vulnerable groups.  <b>EWG:</b> - list of drug use prevention services in the ARQ, as well as the age groups and the risk levels, - to be expanded or modified as necessary to reflect the UNODC international standards for drug use prevention and allow for monitoring the SDG objective of strengthening the country-level drug prevention policies. - the importance of reporting on the quality of drug use prevention interventions in the ARQ, possibly drawing from the experience of regional organizations such as the EMCDDA. -the general issue of coordination among various national and sub-national entities was identified as particularly relevant to indicators on prevention - the necessity to improve the coordination among all agencies involved in drug prevention from local to national level in order to centralize the
<b>Availability and of information on prevention services</b>	I	Existence of information / data on prevention programmes / interventions in the country	Yes, no, unknown	If the answer to the question is NO, the respondent skips the next part			
<b>Coverage of prevention intervention</b>	II	Extent of coverage of prevention services, by service settings and gender of recipients targeted	Statistical data or provision level: <ul style="list-style-type: none"> <li>• Full</li> <li>• Extensive</li> <li>• Limited</li> <li>• Rare</li> <li>• No provision</li> <li>• Not known</li> </ul>	If numbers of people receiving interventions are available, report these, otherwise provision as defined in the response options  Provision level: <i>Full</i> -existent in nearly all relevant locations <i>Extensive</i> -exists in a majority of relevant locations (but not in nearly all of them) <i>Limited</i> -exists in more than a few relevant locations (but not in the majority of them) <i>Rare</i> -exists in just a few locations <i>No provision</i> : does not exist <i>Not known</i> <i>Source: EMCDDA</i>	Setting <ul style="list-style-type: none"> <li>• Family</li> </ul> a.) Family and parenting skills training (identify the target group on the basis of the age of the children whose parents are trained) <ul style="list-style-type: none"> <li>• Schools</li> </ul> a.) Personal and social skills education b.) Early identification programmes c.) School policies and provision of information on substance use d.) School-wide programmes to enhance school attachment e.) After-school programmes f.) Environment restructuring (“Choice architecture” that facilitates desired behaviour by changing	Reporting year Geographical Coverage: 1. National (federal) 2. Sub-national (state/regional/district) 3. Municipal (local) 2 and 3 to be specified Sources of data data from registries (to be specified), studies (link), surveys (specified), other	

					<p>physical and social contexts)</p> <ul style="list-style-type: none"> <li>• Workplace <ul style="list-style-type: none"> <li>a.) Workplace prevention programmes</li> <li>b.) Stress-management programmes</li> <li>c.) Environment restructuring</li> </ul> </li> <li>• Overarching community interventions (overarching all the above) <ul style="list-style-type: none"> <li>a.) Media campaigns</li> <li>b.) Cultural, sport and leisure activities and infrastructure</li> <li>c.) Other multi-component activities</li> <li>e.) Vocational training and income generation support</li> </ul> </li> </ul> <p>Sex</p>		<p>data on prevention services at national level.</p> <p>- need for the development of an information system that can measure the impact rather than only the processes, and an increased granularity of the information sources that allows for the analysis of gender disparity</p>
<b>Availability of studies / research / surveys</b>	III	Link to any studies, reports, surveys or other research in the general and/or within specific groups of people in vulnerable situations in your country in the last 5 years	Provide link		<i>Not applicable</i>	<i>Not applicable</i>	