

SUBSTANCE USE PREVENTION IN SCHOOLS:

ALTERNATIVES TO PUNISHMENT

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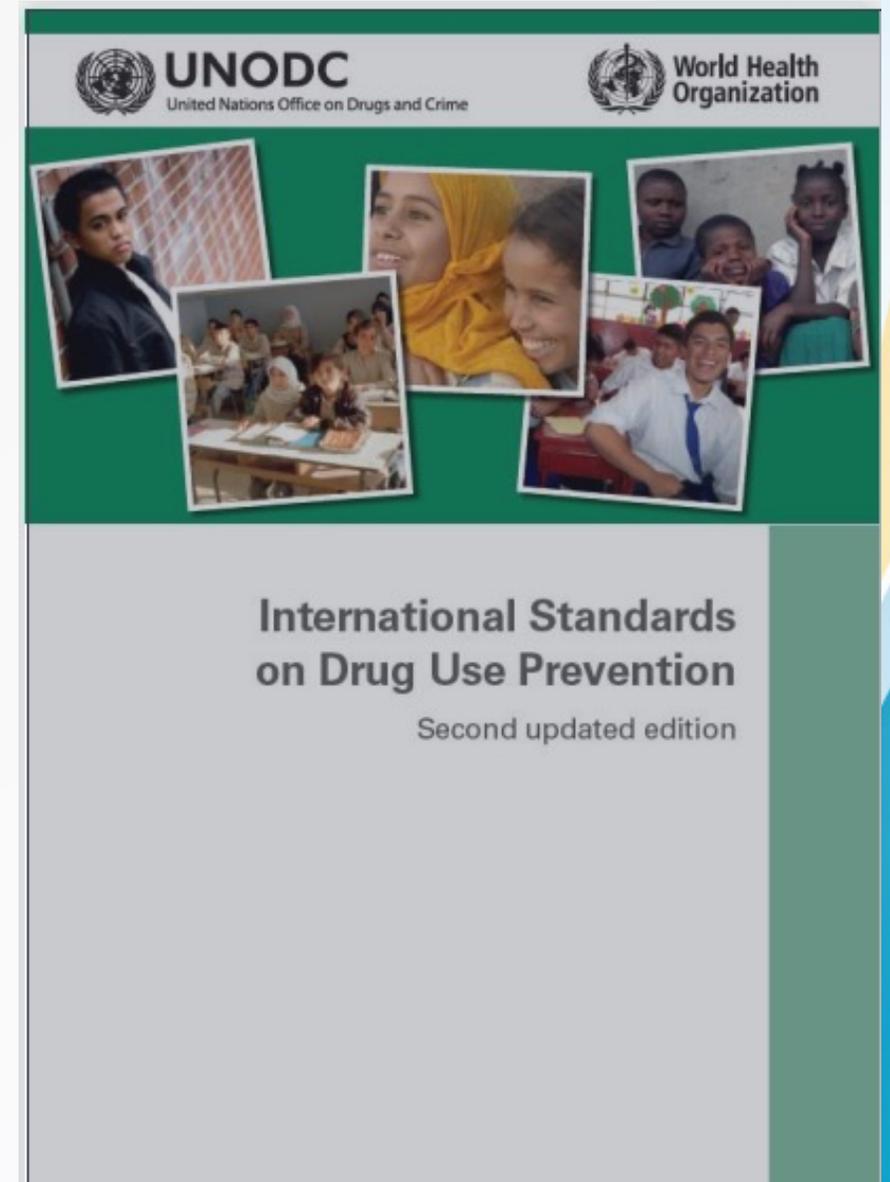
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Learning outcomes:

- To be acquainted with the components of a comprehensive a comprehensive school-based substance use prevention intervention
- To learn about the importance of substance use prevention policy
- To learn about the Implementation of prevention interventions in the school setting
- To address infractions of substance use policies with positive sanctions:
Alternatives to Punishment

The International Standards on Drug Use Prevention

- The International Standards on Drug Use Prevention, developed by the United Nations Office of Drugs and Crime, outlines those qualities of school policies that have been found to have positive outcomes.
- Summarizes the currently available scientific evidence, describing effective interventions and policies and their characteristics
- Identifies the major components and features of an effective national substance use prevention system
- Helps policy makers worldwide support programs, policies and systems that are a truly effective investment in the future of children, youth, families and communities
- Led by the UNODC Prevention, Treatment and Rehabilitation Section
- Group of experts from around the world (100+) who identified relevant research
- Categorization of Interventions and Policies (Developmental Framework, Settings and Target Populations/Risk Levels)



Risk Factors for Drug Use:

- **More than a lack of knowledge about drugs and their consequences, the evidence points to:**
 - **Personality traits** (sensation seeking, aggressive, impulsive etc.)
 - **Mental health** disorders
 - **Family neglect and abuse** (lack of involvement, abusive parenting, chaotic environment)
 - Poor attachment to **school and the community** (poor early education, negative school environment)
 - Growing up in marginalized and **deprived communities**

Risk Factors for Drug Use

**All factors outside the control
of the child**

Prevention

- The primary objective of drug prevention is to help people, particularly (but not exclusively) young people, **to avoid** or **delay the initiation** of the use of drugs, or, if they have started already, **to avoid developing disorders** (e.g. dependence)
- The general aim of drug prevention is broader than this: it is the healthy and safe development of children and youth to realize their talents and potential to become contributing members of their community and society

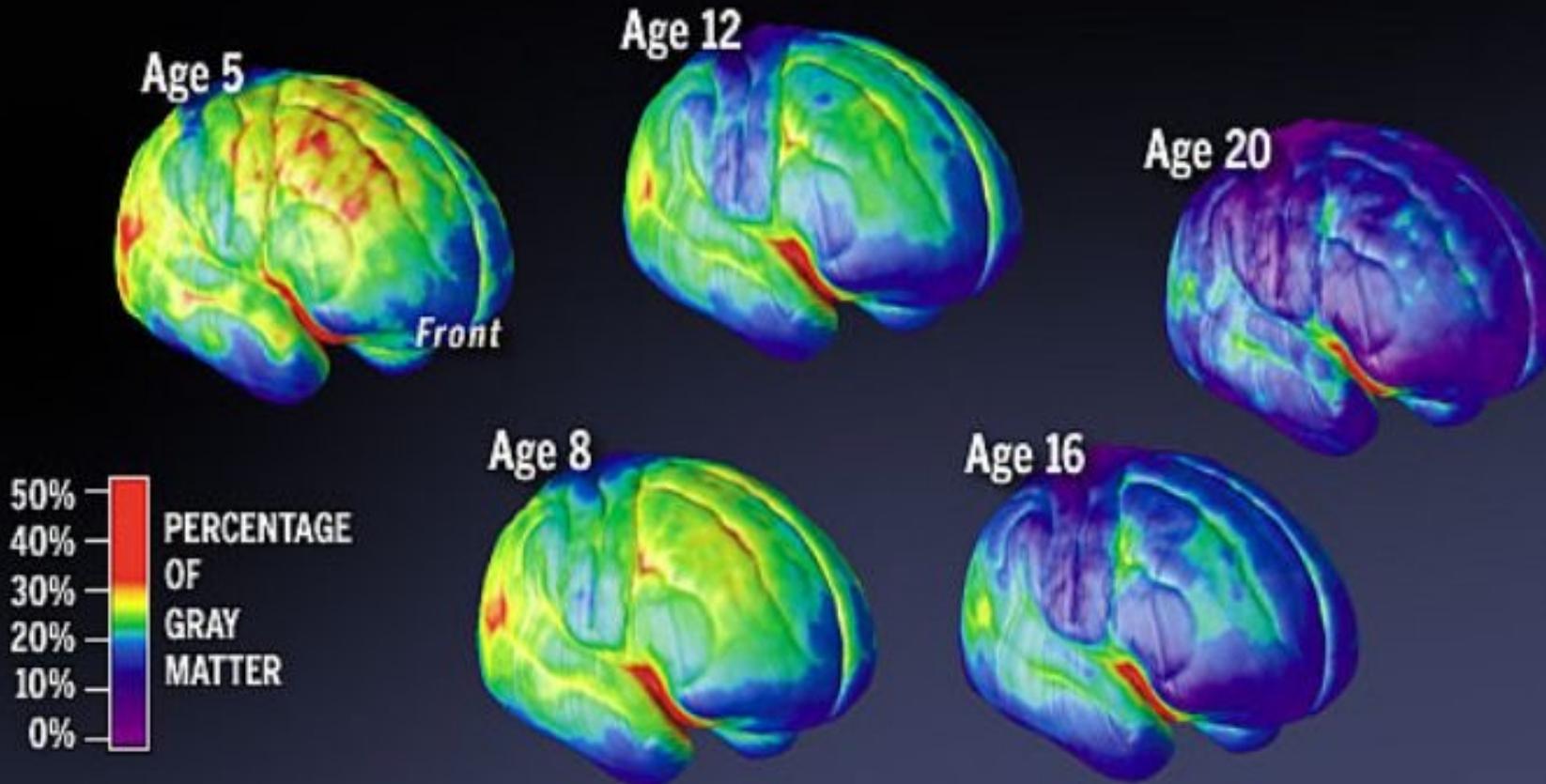
Prevention

Therefore evidence-based prevention programmes go beyond just the provision of information but address risk factors that contribute to drug use

Adolescents' Brain: A work in Progress

Time-Lapse Brain

- Gray matter wanes as the brain matures. Here 15 years of brain development are compressed into five images, showing a shift from red (least mature) to blue.



The International Standards on Drug Use Prevention

Developmental framework

- Infancy and early childhood (0-5 years)
- Middle childhood (6-10 years)
- Early adolescence (11-15 years)
- Adolescence (15-18) and adulthood (19years - Adulthood)

Target Population

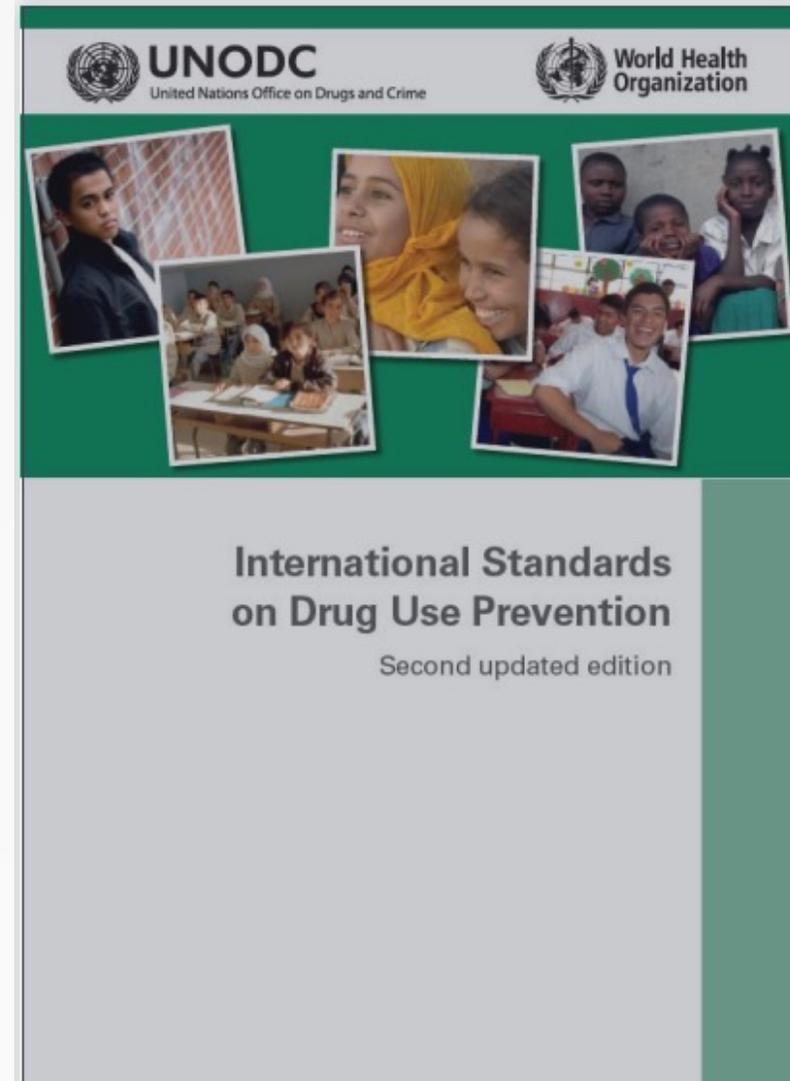
- Universal
- Selective
- Indicated

Setting

- Family
- School
- Workplace
- Community

Evidence-based Interventions and Policies

Evidence Based Practice (EBP) is the use of systematic decision-making processes or provision of services which have been shown, through available scientific evidence, to consistently improve measurable client outcomes. Instead of tradition, gut reaction or single observations as the basis of decision-making, EBP relies on data collected through experimental research and accounts for individual client characteristics and clinician expertise.”



Summary Including an Indication of Efficacy

	Prenatal & infancy	Early childhood	Middle childhood	Early adolescence	Adolescence	Adulthood
Family	Prenatal infancy & visitation ★★		Parenting skills ★★★★			
	Interventions for pregnant women with substance abuse disorders ★					
School		Early childhood education ★★★★	Personal & social skills ★★★	Personal & social skills & social influences education ★★★		
			Classroom management ★★★		Addressing individual vulnerabilities ★★	
			Policies to keep children in school ★★	School policies & culture ★★		
				Alcohol & tobacco policies ★★★★★		
Community	Community-based multi-component initiatives ★★★					
				Media campaigns ★		
				Mentoring ★		
				Entertainment venues ★★		
Workplace				Workplace prevention ★★★		
Health sector				Brief intervention ★★★★		

School Interventions and Policies for Drug Use Prevention

	Prenatal and Infancy 0-2 yrs	Early childhood 3-5 yrs	Middle Childhood 6-10yrs	Early adolescence 11-15yrs	Adolescence 15-18yrs	Adulthood 19 & Above
School		Selective Early childhood education ★★★★				
			Universal Personal and social skills ★★★			
			Universal Classroom management ★★★			
			Selective Policies to keep children in school ★★			
			*Addressing Mental Health Disorders (Emotional disorders (e.g. anxiety, depression) and behavioural disorders (e.g. ADHD, conduct disorder)	Universal and selective Prevention education based on personal and social skills and social influences ★★★		
				Universal School policies and culture ★★		
			Indicated Addressing individual vulnerabilities ★★			

Efficacy:
 ★ limited/
 ★★ adequate/
 ★★★ good/
 ★★★★ very good/
 ★★★★★ excellent).

Universal = population
at large;

Selective = groups particularly at
risk;

Indicated = individuals
particularly at risk

Source: UNODC 2015

Components of a Comprehensive School-based Substance Use Prevention Intervention

- **School Policy:** A general statement about expected behavior in school in regard to substance use. Provides guidance for consistency of response to substance use incidents. Provides a framework for action. Communicates values and mission of the school to all stakeholders
- **School Climate:** Quality and character of the school which enables students to feel protected, connected, and supported; achieve academically, socially and be less likely to engage in substance use and other risky behaviors
- **Prevention Curriculum:** Personal and social skills, skills to understand and resist pro-drug influences, intent not to use substances, refusal skills, Self-control, Emotional awareness, Communication, Problem-solving, Decision-making. Egs; Unplugged, Botvin Lifeskills, etc

Traditional Approaches to Substance Use Infractions

When there are infractions of there are normally different approaches to handling the situation:

- Mandated substance use testing
 - Shaming
 - Arrest
 - Beating
 - Handcuffing
 - Punishment (Suspension Expulsion)
 - Zero Tolerance
 - Random Drug Testing
 - Use of Law Enforcement
- *When responses to infractions of these policies are negative perhaps through suspensions or expulsions, substance rates either remained unchanged or increased.*
 - *There is absolutely no evidence that drug testing deters substance users*

Discipline Vs Punishment

Discipline

- About the behavior, teaching to be well behaved, how to make a better choice next time
- Teaches new skills, i.e how to manage their behaviour, solve problems, and deal with uncomfortable situation
- Teaches them socially appropriate ways to deal with emotions, teaches self-control
- Discipline provides opportunity for active learning from mistakes or errors

Punishment

- Focuses on making a child **suffer** or “**pay**” for his mistakes or for breaking the rules
- It is about controlling the child rather than teaching the child how to control himself
- Punishment focuses on past misbehaviour and offers little or nothing to help a child behave better in future

Successful strategies should reduce offending behaviors and include a balance of consequences and incentives within a supportive school climate.

Substance Use Prevention in Schools

ALTERNATIVES

TO

PUNISHMENT

Why EB School Policies are Important

- First step in a comprehensive prevention approach for schools
- Policies based in evidence reduce/eliminate availability of and access to tobacco, alcohol, or other drugs
- Ensure consistency in response to behavior
- Evidence of effectiveness in reducing amount of behavior in the school setting
- Create room for participation of all stakeholders
- Support other evidence-based prevention interventions with policy implementation

Policies must be enforced to have an impact

School Policies and Culture

Early Adolescence (Age 11-15 years) & Adolescence (15-19 years)

Universal & Selective ★★

	Linked to Positive Outcomes	Linked to No or Negative Outcomes
Content	<ul style="list-style-type: none">• Policies clearly specific what substances are target and what locations and/or occasions they apply• Reducing or eliminating availability of and access to tobacco, alcohol, or other drugs• Address infractions of policies with positive sanctions by providing or referring to counselling, treatment and other health care and psycho-social services rather than punishing• Apply to all in the school (student, teachers, staff, visitors, etc.) and to all psychoactive substances (tobacco, alcohol, drugs)• Enforce consistently and promptly, including positive reinforcement for policy compliance• Support normal school functioning NOT disruption• Support positive school ethos and commitment to school and student participation	<ul style="list-style-type: none">• Punish infractions of substance use policies (e.g., suspension, expulsion)• Random drug testing
Structure	Participation of all stakeholders (students, parents, and school staff) in the development of substance use-related policies	Information not available
Delivery	Implemented with other prevention interventions such as skills-based education or parenting skills	Information not available

Addressing Mental Health Disorders

Early Adolescence (Age 11-15 years)

- Addressing Mental Health Disorders (Emotional disorders (e.g. anxiety, depression) and behavioural disorders (e.g. Attention-deficit hyperactivity disorder (ADHD), conduct disorder)
- In both childhood and adolescence, supporting children, adolescents and parents to address emotional and behavioural disorders as early as possible is an important prevention strategy
- WHO recommends behavioural interventions for children and adolescents for the treatment of behavioural disorders.
- Psychological interventions, such as cognitive behavioural therapy (CBT), interpersonal psychotherapy (IPT) for children and adolescents with emotional disorders, and caregiver skills training focused on their caregivers.
- Initiating parent education/training before starting medication for a child who has been diagnosed as suffering from attention-deficit hyperactivity disorder (ADHD), with initial interventions including cognitive-behavioural therapy and social skills training if feasible.
- Offering pharmacological interventions only in specialised settings.

Addressing Individual Psychological Vulnerabilities

Early Adolescence (Age 11-15 years) & Adolescence (15-19 years)

Universal & Selective ★★★

Content	<ul style="list-style-type: none">• Provide skills on how to positively cope with emotions
Structure	<p>Sessions tend to be short, between 2 and 5 in number</p> <ul style="list-style-type: none">• Addressing personality traits such as sensation-seeking, impulsivity, anxiety sensitivity or hopelessness, which are associated with increased risk of substance use• Helps in dealing constructively with emotions arising from their personalities, instead of using negative coping strategies including hazardous and harmful alcohol use• Programmes are organised in such a way as to avoid any possible stigmatization
Delivery	<ul style="list-style-type: none">• Screening done using validated instruments• Trained professionals

Brief Interventions

Late Adolescence (15-19 years)

Indicated ★★★★★

Content	<ul style="list-style-type: none">• Screening• Brief intervention or referral to treatment• Addressing the relationship of substance use and goals of the individual
Structure	<ul style="list-style-type: none">• One-to-one counselling• The sessions are structured, and last typically from 5 to 15 minutes.• Structured sessions: The sessions first identify whether there is a substance use problem and provide immediate appropriate basic counselling and/or referral for additional treatment.• Brief intervention sessions typically employ motivational interviewing techniques, which is a psycho-social intervention where the substance use of a person is discussed and the patient is supported in making decisions and setting goals about his/her substance use.• In this case, brief intervention is normally delivered over the course of up to 4 sessions that can be up to 1 hour long, but usually the sessions have shorter duration.• Brief intervention is typically delivered in the primary health care system or in emergency rooms but it also has been found to be effective when delivered as part of school-based and workplace programs, and when delivered online or via computers.
Delivery	<ul style="list-style-type: none">• Trained health and social service workers• School counsellors can implement brief interventions

Addressing Infractions of Substance Use Policies with Positive Sanctions:

Substance use infractions can be addressed through positive sanctions:

- Problem/solving contract
- Restitution
- Mini-courses or skill modules
- Brainstorming with parent
- Counselling
- Support groups
- Community service
- Mediation programs
- Chill out/time out location
- Other Restorative practices

Addressing Infractions of Substance Use Policies with Positive Sanctions:

- **Problem/solving contract:** Assist students in identifying alternative behavior choices. Develop a contract. Delay suspension if the student fulfills contract. Suspension will begin if student breaks contract.
- **Restitution:** In-kind restitution permits student to help restore or improve the school environment by directly addressing the problem caused by the behavior (e.g. vandalism) or by having the student improve the environment (e.g., picking up trash or washing windows)
- **Mini-courses or skill modules:** This will teach social skills related to the behavioral error
- **Brainstorming with parent:** About appropriate consequences. This links home and school.
- **Counselling:** To deal with personal issues that may underlie behavioral problems
- **Support groups:** A group of people with common experiences or concerns who provide each other with encouragement, comfort and advice

These approaches were found to have a positive impact on substance use among all students as well as school staff.

Addressing Infractions of Substance Use Policies with Positive Sanctions:

- **Community service:** Student completes required hours at a community agency. Delay suspension if the student fulfills service obligations. Suspension will begin if student does not complete service obligations
- **Mediation programs:** That teach about non-violent conflict resolution, such as peer mediation. These are structured so that students can practice these skills at school.
- **Chill out/time out location:** Area that allows students to calm down and discuss the violation with a school staff member
- **Restorative practices:** Offer the opportunity for the offender to be accountable to those they have harmed through building relationships and increasing the social skills of the offender. The key to restorative practices is building and maintaining relationships.

These approaches were found to have a positive impact on substance use among all students as well as school staff.

Implementing or Enforcing Prevention Policies

Enforcement means:

“The act of compelling observance of or compliance with a law, rule, or obligation.”

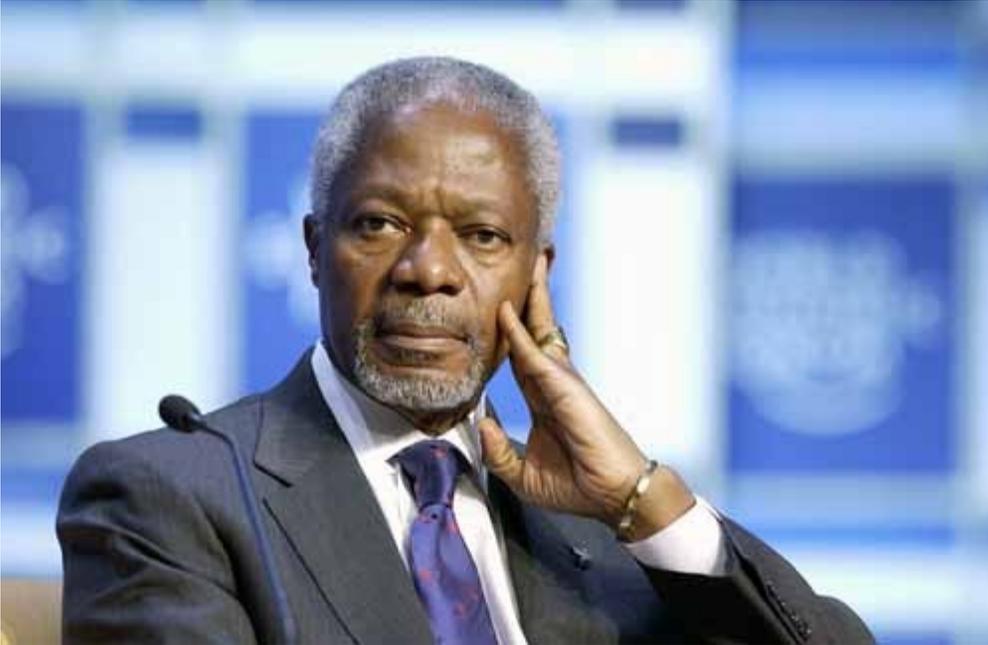
Effective policies need to: “Address infractions of substance use policies with positive sanctions, providing referral to counseling or other support services NOT punishment.”

- **Special sessions to educate and train those who will be enforcing the policy.**
- **Description of new policy and reasons for the change.**
- **Emphasis on benefits of new policy**
- **Emphasis on need for consistent, firm enforcement**
- **Provide opportunities for changes and improvements**

Other Evidence-Based Strategies for Drug Prevention

- Positive school climate
- Positive teacher-student relationships
- Clear procedures coupled with teacher enforcement of school procedures.
- Coherent school educational mission
- Respected, strong principal with good relationships with teachers
- Social Emotional Learning
- Restorative practices

QUOTES:



KOFI ANAN

“I believe drugs have destroyed many people, but wrong government policies have destroyed many more”

(Former Secretary-General of the United Nations from 1997 – 2006.

Former Commissioner with the West Africa Commission on Drugs (WACD) and Member of Global Commission on Drug Policy)



BAN KI-MOON

“We must consider **alternatives to criminalization and incarceration of people who use drugs”**

(Former Secretary-General of the United Nations from 2007 to 2016)

References

- Colombo Plan Drug Advisory Programme Training Series: Universal Prevention Curriculum for Substance Use Prevention (UPC) Practitioners Series (2020)
- Sensitization on Drugs, Drug Prevention, Treatment and Care (2019)
- The International Standards on Drug Use Prevention, UNODC (2013)
- The International Standards on Drug Use Prevention, UNODC (2018)

