

Crack,
é possível
vencer

NATIONAL COORDINATION OF MENTAL HEALTH – MINISTRY OF HEALTH – BRAZIL

VALIDATING SCHOOL AND COMMUNITY-BASED PROGRAMS FOR PREVENTION OF ABUSIVE USE OF ALCOHOL, TOBACCO, CRACK (AND OTHER DRUGS)



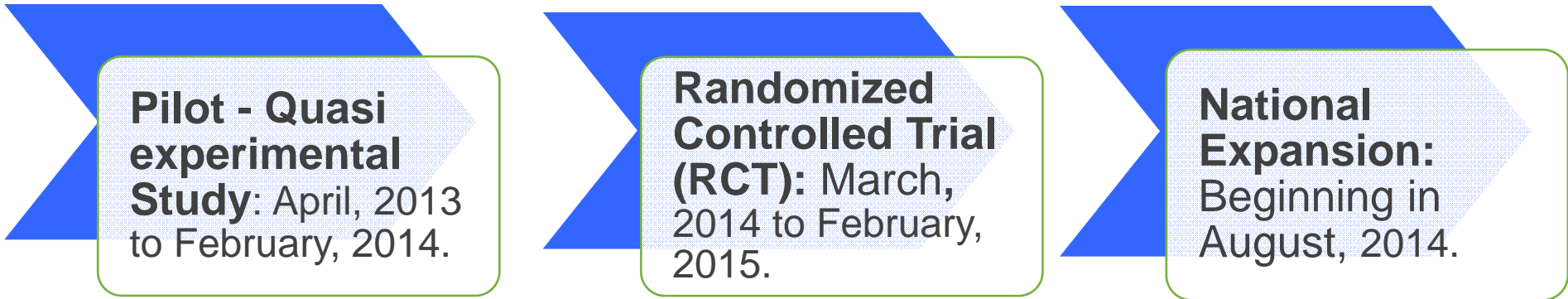
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OVERALL GOAL:

Implement and evaluate preventive programs of alcohol, tobacco, crack (and other drugs) consumption among children and teenagers (6 to 14 years old) in Brazilian schools and communities.

STEPS – IMPLEMENTATION AND EVALUATION



Pilot - Quasi experimental Study: April, 2013 to February, 2014.

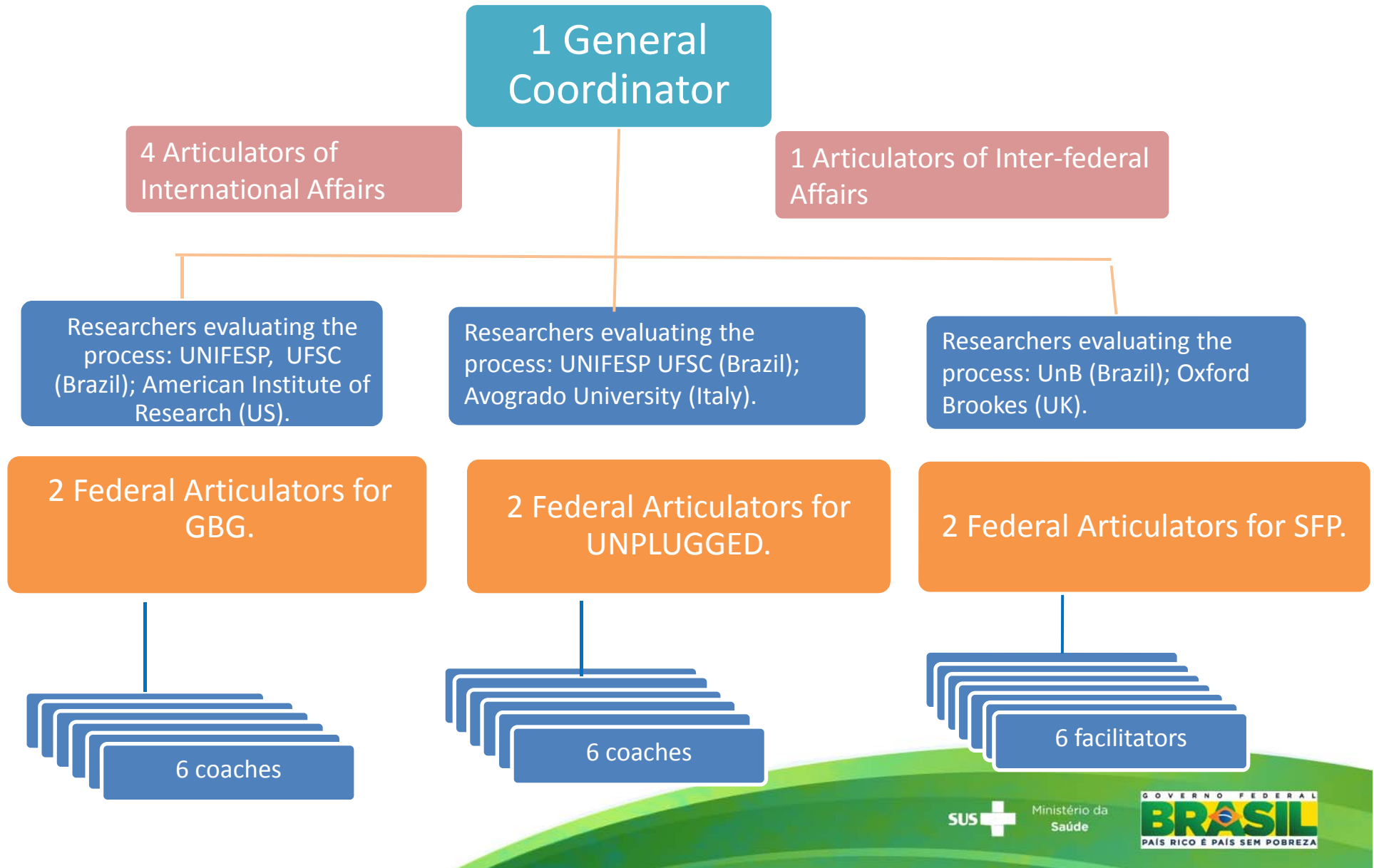
Randomized Controlled Trial (RCT): March, 2014 to February, 2015.

National Expansion: Beginning in August, 2014.

PARTICIPANTS - AGE AND CONTEXT

		Age	
Context	School-based interventions	6 – 10 years old	10 – 14 years old
	Community-based interventions	Interactive games: (Good Behavior Games)	Social Skills: UNPLUGGED Strengthening Families Program: (SFP)

Project Management



FEDERAL ARTICULATORS OF THE THREE
PROGRAMS

INTERNATIONAL ARTICULATORS OF THE
THREE PROGRAMS

NATIONAL TRAINNERS

NATIONAL
RESEARCHERS

LOCAL TRAINNERS

INTERNATIONAL
RESEARCHERS

PREMANENT TRAINNING
QUALITY
FIDELITY
RELIABILITY

HEALTH/EDUCATION/SOCIAL WELFARE
PROFESSIONALS

PILOTS – QUASI-EXPERIMENTAL STUDIES OF PREVENTION PROGRAMS

OVERALL GOAL:

Cross-culturally adapt to the Brazilian reality three evidence-based community and school-based programs for prevention of abusive use of alcohol, tobacco, crack (and other drugs) by implementing quasi-experimental studies.

EVALUATION AND TRANSCULTURAL ADAPTATION

Federal,
Regional and
Local
Agreements

Linguistic
translation
and first
cultural
adaptations

Hiring and
training
future
trainers of
the programs

Hiring and
training
professionals
to implement
the programs

Beginning of
preventive
activities in
schools and
communities

**1st semester
of 2013.**

**January to
September,
2013.**

**June to
September,
2013.**

**June to
September,
2013.**

**August to
December,
2013.**

Evaluation
synthesis and
final format of
the adapted
prevention
programs

**December, 2013 to
February, 2014.**

DATA FROM THE QUASI-EXPERIMENTAL STUDIES OF THE PREVENTION PROGRAMS

GOOD BEHAVIOR GAMES (GBG):

TOTAL GBG					
STATES	CITIES	SCHOOLS	STUDENTS	TEACHERS	CLASSROOMS
Santa Catarina, São Paulo	São Bernardo do Campo (SP), São Paulo (SP), Florianópolis (SC), Tubarão (SC)	6	1176	40	46

DATA FROM THE QUASI-EXPERIMENTAL STUDIES OF THE PREVENTION PROGRAMS

UNPLUGGED

TOTAL UNPLUGGED						
STATES	CITIES	EXPERIMENTAL SCHOOLS	EXPERIMENTAL STUDENTS	CONTROL SCHOOLS	CONTROL STUDENTS	TEACHERS
Santa Catarina	Florian ópolis	4	831	4	946	28
São Paulo	São P. São B. Campo	4	1450	4	1674	20

DATA FROM THE QUASI-EXPERIMENTAL STUDIES OF THE PREVENTING PROGRAMS

Strengthening Families Program (SFP)

TOTAL SFP			
STATE	CITIES	EXECUTIVE INSTITUTION	NUMBER OF FAMILIES
FEDERAL DISTRICT	BRASÍLIA AND SUBURBS	CENTERS FOR SOCIAL AND EDUCATIONAL ORIENTATION (COSE)*	100

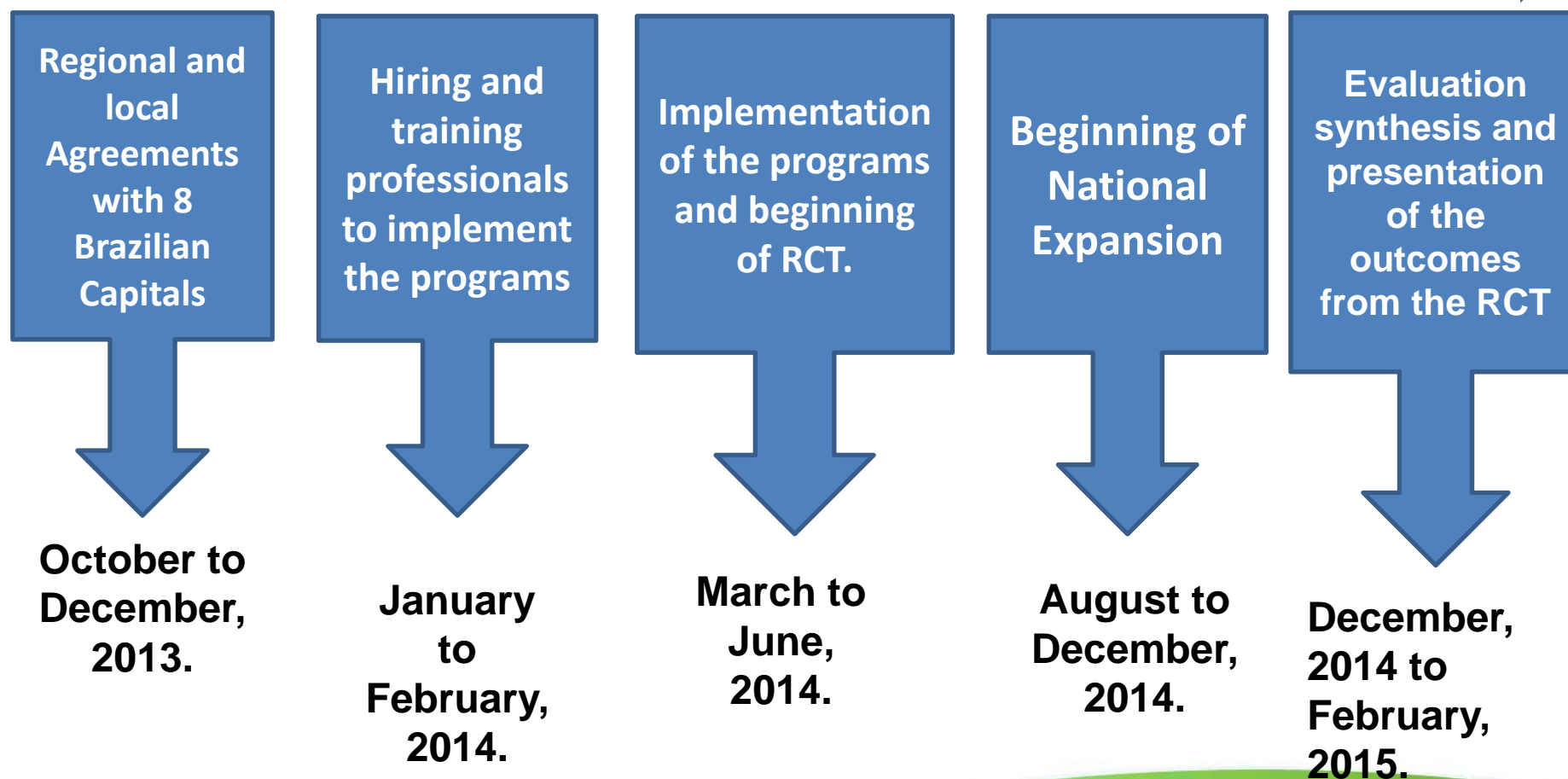
* Each COSE has group sessions in which 10 families participate. Each group is conducted by 3 facilitators.

RANDOMIZED CONTROLLED TRIAL (RCT) OF THE PREVENTION PROGRAMS

OVERALL GOAL:

Evaluate - through randomized controlled trial - the effectiveness of the three culturally adapted evidence-based, community and school-based programs for prevention of abusive use of alcohol, tobacco, crack (and other drugs).

EVALUATION AND TRANSCULTURAL ADAPTATION



SPECIFIC GOALS 2014 - 2015:

- 8 States and 10 cities from the Brazilian National Program Crack, É possível vencer participating in the RCT phase;
- 125,000 students of Brazilian elementary public schools engaged in activities focused in prevention of abusive use of alcohol, tobacco, crack (and other drugs);
- Expected number of participants in the RCT phase for each prevention program (both control and experimental schools):
UNPLUGGED = 12,000 students; GBG = 2,000 students; SFP = 1,600 families.

OUTCOMES 2014 - 2015:

- Cross-culturally adapt three evidence-based school and community-based programs for prevention of abusive use of alcohol, tobacco, crack (and other drugs);
- Promote juvenile protagonism and strengthen community bonds;
- Qualify Social Welfare, Education and Health professionals' skills;
- Empower and affirm the social relevance of workers in Social Welfare, Education and Health fields;
- Expand healthcare factors and social protection;
- Promote interpersonal, collaborative and inclusive relationships in school environment;
- Decrease school dropout and increase learning efficiency.

**NATIONAL COORDINATION OF MENTAL HEALTH
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