

Drug Abuse Prevention Programmes in Schools and Communities in **Brazil**

BRAZILIAN EVIDENCED-BASED

- A systematic review of Brazilian evidenced-based drug abuse prevention programmes have not found any intervention to be ready for large-scale dissemination.



Among students from 6th to 9th grade of elementary school and the 1st to 3rd year of high school in 26 capitals and the Federal District:

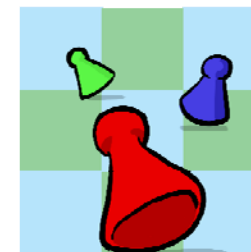
- **42.4% had used alcohol in the year.**

National School Health survey of teenagers in 9th grade Elementary School Public Schools:

- **prevalence of 71.4% for alcohol experimentation; and**
- **27.3% for regular consumption of alcohol.**

Teens who consume alcohol before 12 years of age, compared to those who do not, have a higher tendency:

- **For drinking alcohol in a binge pattern (consuming five drinks or more of alcohol for men and four or more drinks for women on a single occasion);**
- **To have heavy consumption patterns of alcohol (consumption of more than nineteen 19 days per month); and**
- **To make use of illicit drugs.**

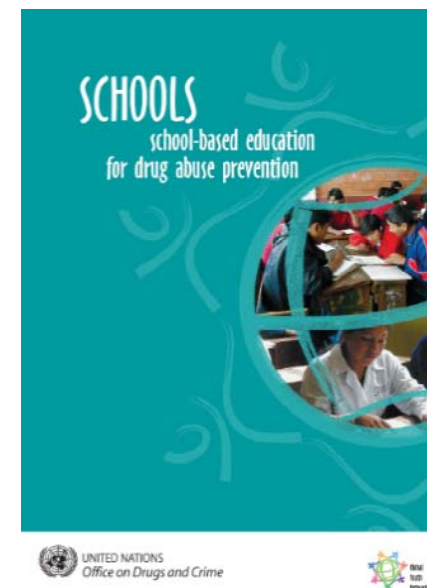
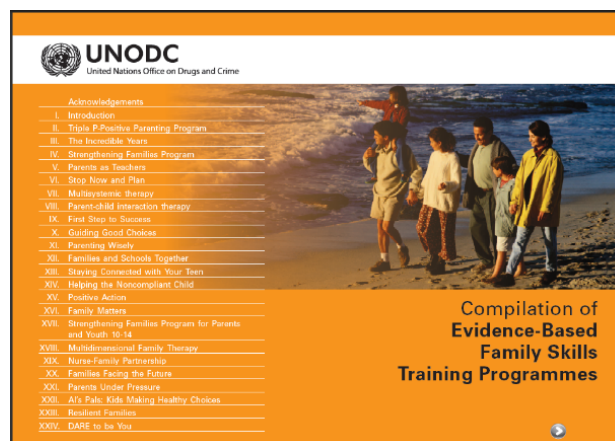
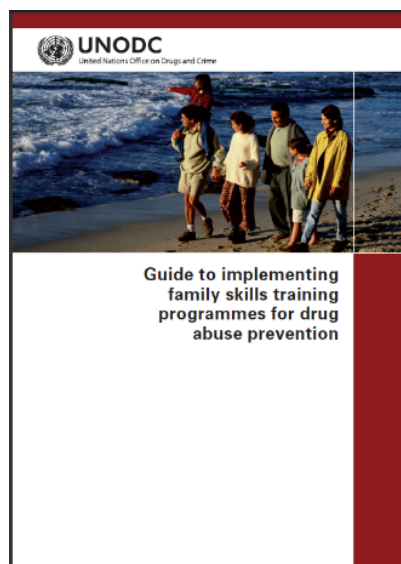


A STARTING POINT

- The National Coordination for Mental Health, Alcohol and Other Drugs (Ministry of Health) in partnership with the United Nations Office on Drugs and Crime (UNODC) sought international evidenced-based interventions.



A STARTING POINT



<http://www.unodc.org/unodc/en/prevention/prevention-standards.html>

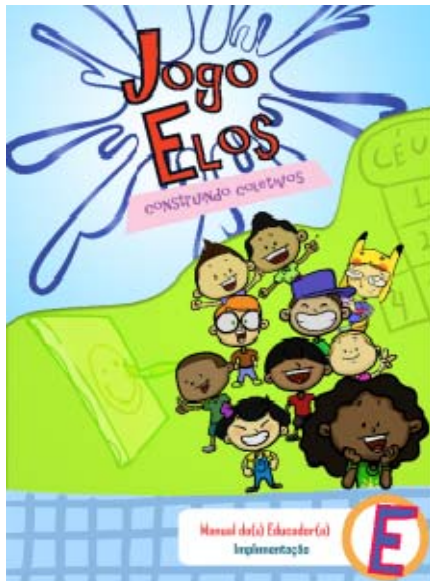
PROGRAMMES

Health

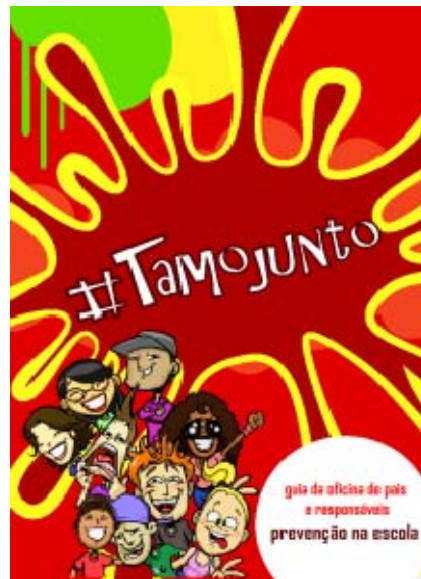
School

School

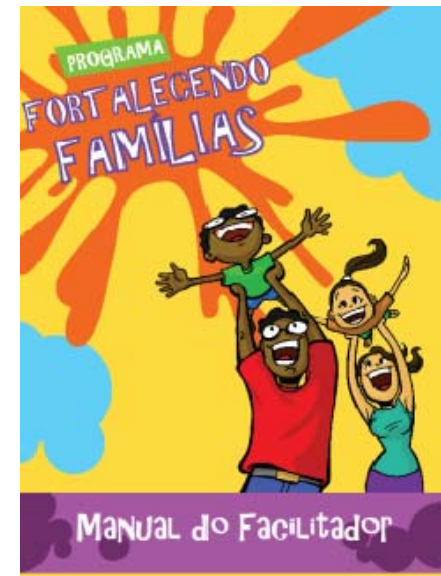
Social Services System
and Health System



Children
6-10 years old



Teenagers
13-14 years old



Families with teenagers
between 10-14 years

NATIONAL Roll-Out (2015 - 2016)

- Sustainable Implementation in 5 regions
- Development of on-line education tools
- Cultural Adaptations

PILOT (2014)

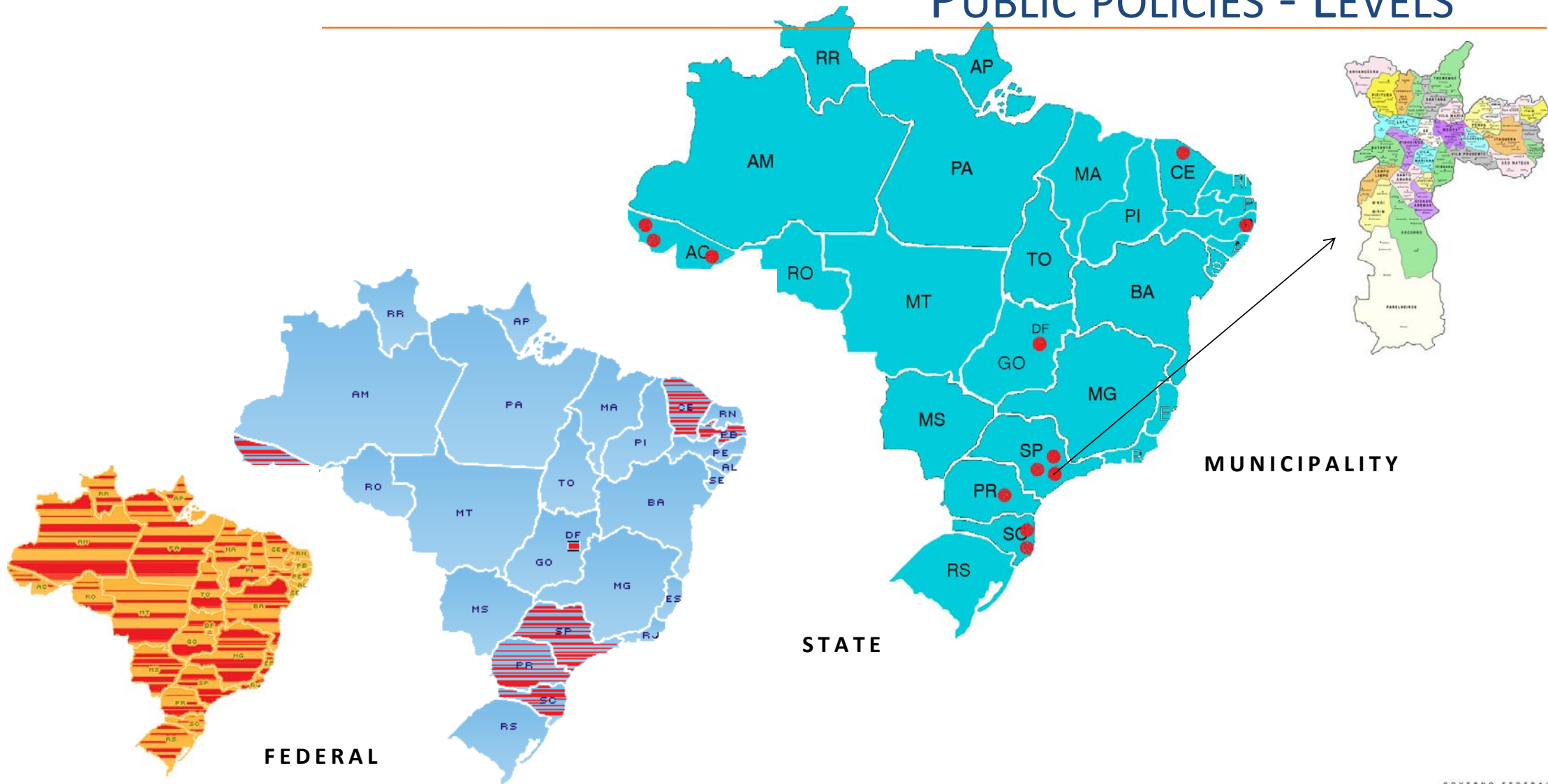
- Testing multiple models
- Monitoring and evaluation of results

PRE-PILOT (2013)

- Selection of programmes and training of the national teams
- Cultural Adaptation
- Research (partnerships with universities)



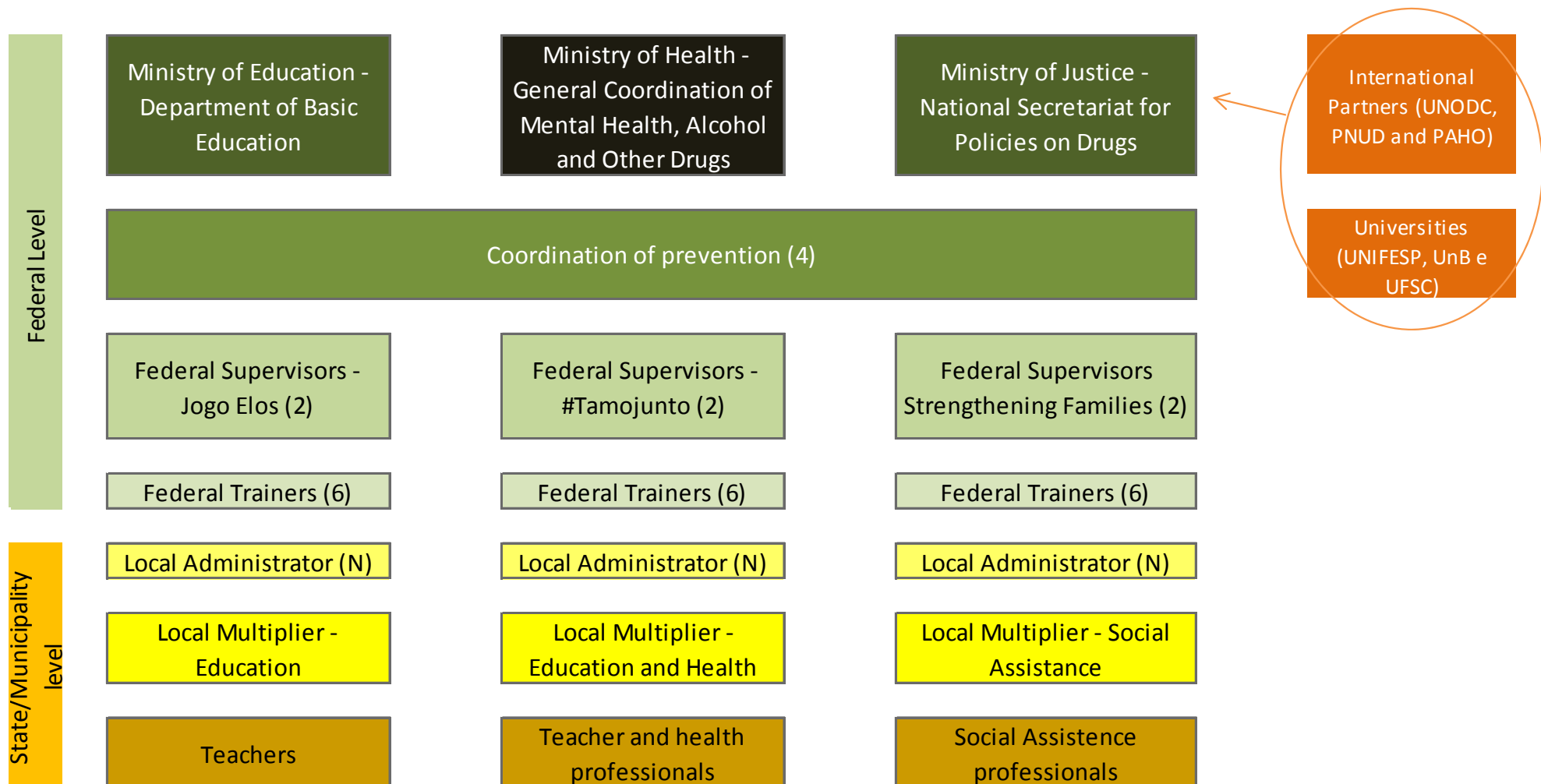
PUBLIC POLICIES - LEVELS

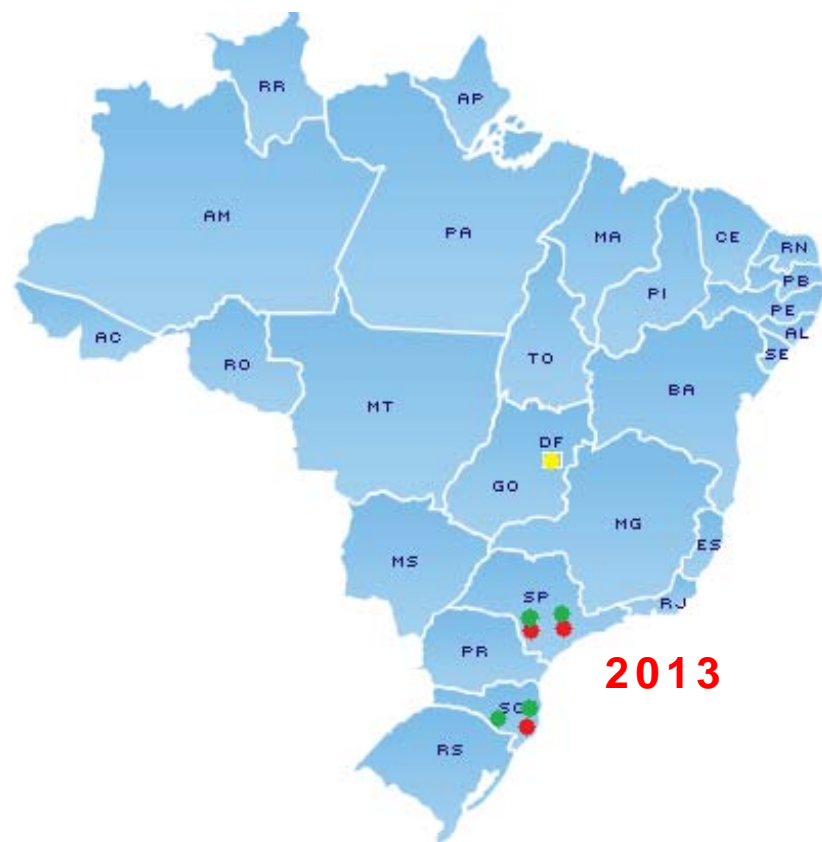


BRAZILIAN PUBLIC POLICIES

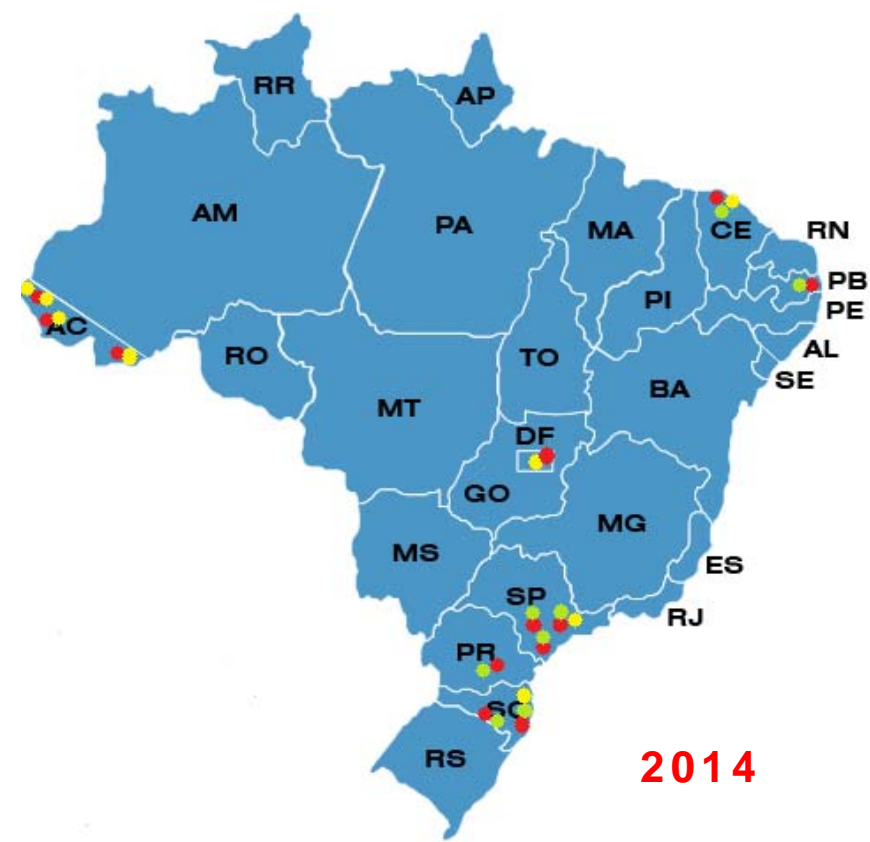


ORGANISATIONAL DIAGRAM





2013



2014

	Mun.	Jogo Elos		#Tamojunto		Strengthening Families	
		Schools	Students	Schools	Students	Social Service Dep.	Families
2013	5	6	824	8	2.161	6	64
2014	11	22	1.875	78	13.088	17	142
TOTAL	11	28	2.699	86	15.249	23	206

KEY CHALLENGES



- Expansion with quality and fidelity: after training the program tends not to be implemented as is proposed in the manual.
- Low quality educational background of some teachers.
- High turnover of professionals (teachers and multipliers).
- Virtual support tools for networking:
 - vs. low connectivity in some regions of Brasil
 - vs. overwhelmed teachers (working in 2-3 schools)
 - vs. lack of internet access at schools

How to scale-up in fast and sustainable way?

UNPLUGGED - #TAMOJUNTO



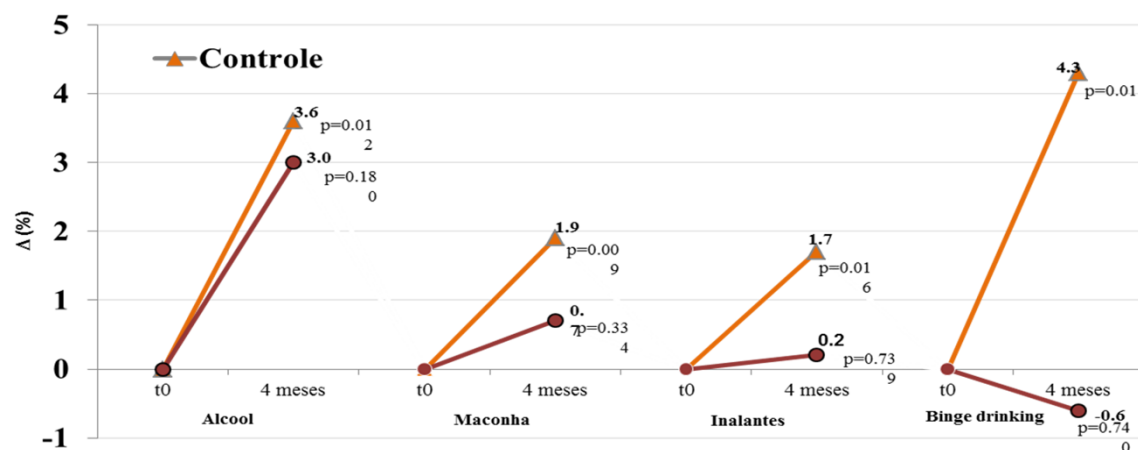
- ❑ It is aimed at students from secondary school (13 years);
- ❑ 12 classes held by the teacher and three Family Workshops held by health and education professionals;
- ❑ Program is based on three areas: development of life skills, normative beliefs and information & critical thinking; and
- ❑ It focuses on interactive delivery which stimulates a constant exchange of experiences among students through play and role activities. These integrate lifestyle choices of teenagers and their beliefs.



RESULTS 2013

UNIFESP – UFSC:

Quasi-experimental study showed that the students who did not receive the programme experienced increased drug use in comparison to those who participated in the *#Tamojunto*. Binge drinking (consuming more than 5 doses – 5 drinks - at a time) decreased among participants compared to the control group.





RESULTS 2014

Process monitoring on federal level:

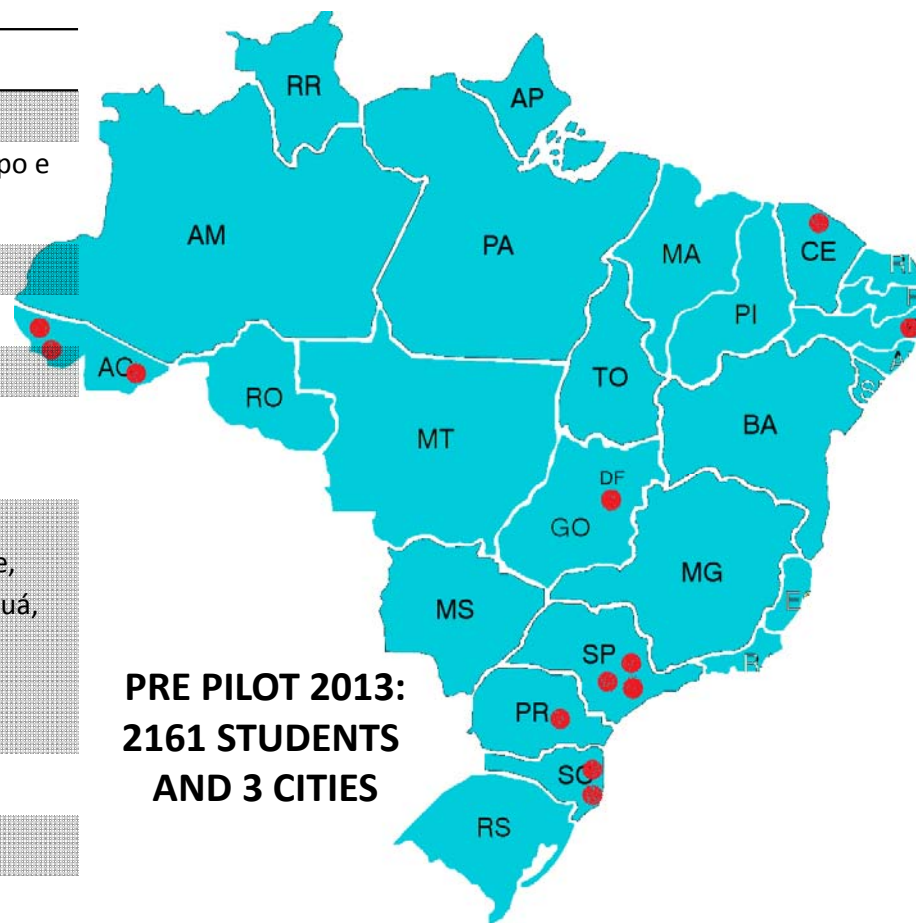
- ✓ Teachers felt 55% comfortable and 38% very comfortable in administering #Tamojunto
- ✓ 82% of teachers report that students are more receptive to open communication with them and other teachers;
- ✓ The program contributed 44% Often and 53% Always for teachers reporting higher self esteem in their professional capacity

Randomised Controlled Trial by UNIFESP and UFSC: N: 5.000 students
Results under review - forecast for February 2016.



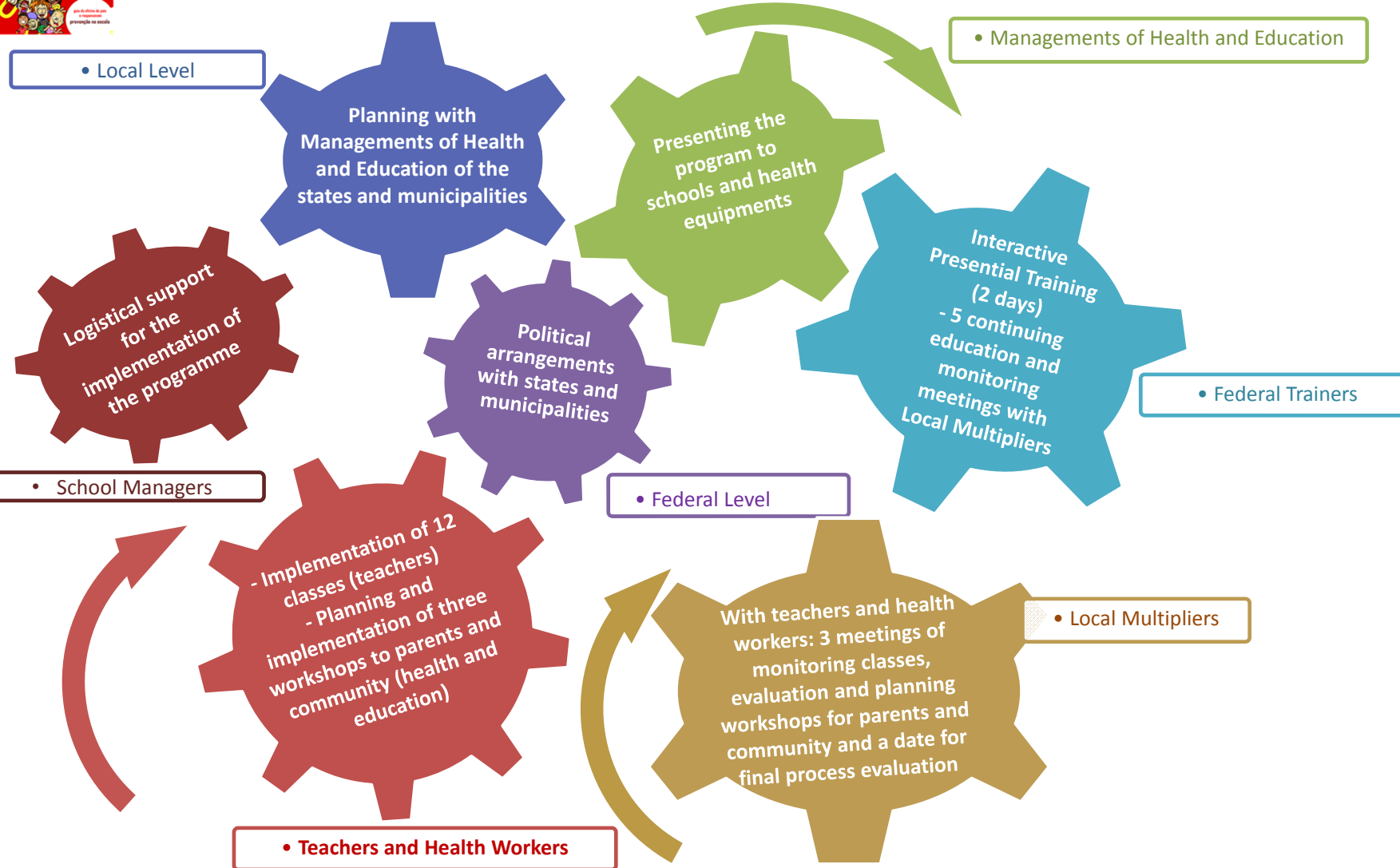
FIRST PHASE OF ROLL-OUT – 2014 AND 2015

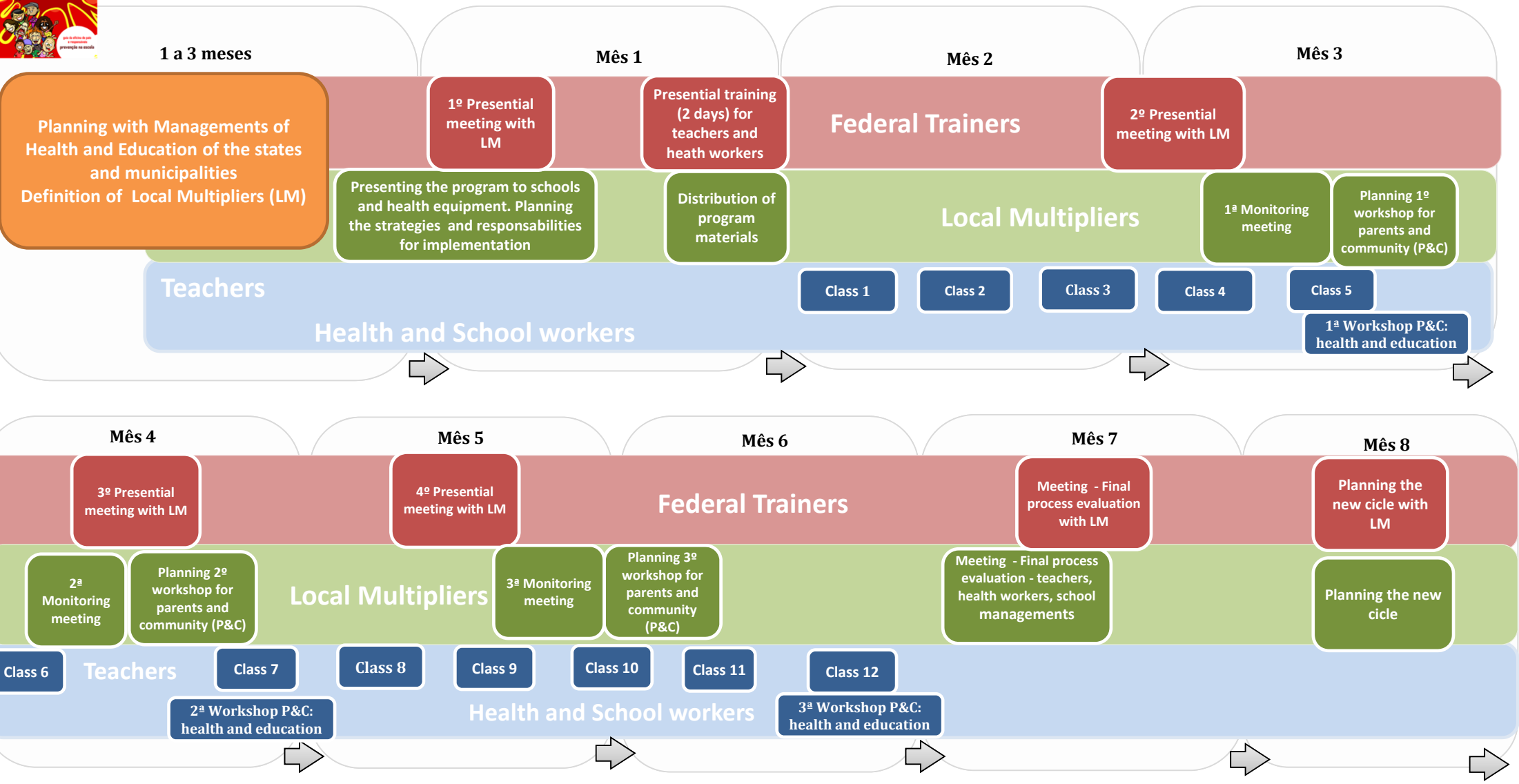
	2014	2015
Cidades	Florianópolis e Tubarão (SC)	Florianópolis e Tubarão (SC)
	São Paulo, São Bernardo do Campo e Taboão da Serra (SP)	São Paulo, São Bernardo do Campo e Taboão da Serra (SP)
	Curitiba (PR)	Curitiba (PR)
	João Pessoa (PB)	João Pessoa (PB)
	Brasília (DF)	Brasília (DF)
	Rio Branco, Cruzeiro do Sul e Rodrigues Alves (AC)	Rio Branco, Cruzeiro do Sul e Rodrigues Alves (AC)
	Fortaleza (CE)	Fortaleza, Caucaia, Aracati, Quixeramobim, Juazeiro do Norte, Crateús, Aguatú, Camocim, Tianguá, Sobral e Barbalha
Cidades	12	22
Número de turmas	319	835
Educandos participantes	12834	20348





CONDITIONS FOR SUSTAINMENT







MONITORING PROCESS

#TAMOJUNTO

Evaluation of training of teachers and health professionals - to be filled:

- By federal trainers/local multipliers who underwent training
- About the training aspects
- After each training

Monitoring teachers – to be filled:

- By each teacher
- About their experience on program implementation (in one ou more classes of students)
- On the presential monitoring visit (local multiplier enter the teacher's data in the platform)

Monitoring local multipliers – to be filled:

- By each local multipliers
- About class component implementation by teachers and about workshops P&C – of each school
- On the presential monitoring visit - with groups of teachers and health workers references of each schools

#TAMOJUNTO

Monitoring federal trainers – to be filled:

- By each federal trainer
- About the municipalities or states it is the reference trainer
- After each monitoring meeting with local multipliers (in person or at a distance)

Final evaluation – to be filled:

- By teachers and health workers
- About their experience on program implementation
- On the final presential monitoring visit (local multiplier enter the data in the platform)

Link under construction

CHALLENGES FOR LARGE SCALE: 2015-2018

Challenges



- 1. Improve the School managers support
- 2. Lesson length and conflict with the regular curriculum and
- 3. Improve the relation between health and education
- 4. Improve the commitment of Local Multipliers
- 5. Printing materials

Solution strategies



- 1. Mandatory participation of a school manager in presential training (2 days) for teachers and health workers
- 2. Implement the lessons for a year and not a half and include the programme in the school curriculum
- 3. Include both sectors in all implementation steps
- Include the availability of a Local Multiplier as mandatory on the Federal Level negotiation with Estates and Municipalities
- 5. Support of Ministry of Justice.

CHALLENGES FOR LARGE SCALE: 2015-2018

Challenges



- **1. Current model with complex explanation and demands for close monitoring**
- **2. High demand for conceptual and technical training in prevention and life skills strategies**
- **3. Monitoring system incipient**

Solution strategies



- **1.1. Development of distance education strategies**
- **2.1. Encourage the participation of teachers and health professionals in courses on the topics**
- **2.2. Inclusion of evidence based prevention in the health and education universities**
- **3. Improvement of monitoring tools and data platform**

Thanks!!!



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