United Nations
Interregional Crime and Justice
Research Institute

THE NEEDS OF FAMILIES IN THE PREVENTION OF DRUG USE AMONG YOUNG PEOPLE

A PILOT STUDY

Report on Italy, Lebanon and Tunisia

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PREFACE

The present report describes the results of a pilot project on the needs of families in the prevention of drug use among young people, conducted by UNICRI from January 2019 to August 2020.

As part of this initiative, entitled “What are the needs of families in the prevention of drug use among children and adolescents?”, UNICRI carried out research activities in Italy, Lebanon and Tunisia, with the aim of identifying and exploring the priority aspects to support and consolidate the protective role of the family in the prevention of drug use among young people.

Scientific evidence has indeed demonstrated the potential role of the family not only in facilitating the onset of problems related to drug use, but also in the prevention and rehabilitation process. However, due to the continuing evolution of consumption patterns, as well as the rapid changes that characterize modern society and the world of young people, families do not always have the adequate tools to recognize or deal with behaviours considered at risk, including substance use.

In relation to the protective role that the family can play, the need to offer them more specific and tailored support becomes critical.

In addition, extraordinary circumstances such as those experienced in many countries during the COVID-19 pandemic, have further highlighted how the vulnerabilities of families can rapidly change, stressing the importance of enhancing their role in protecting and supporting young people.

The importance of this aspect cannot be underestimated, considering that drug addiction represents a serious social and public health problem in many countries, with different degrees of complexity due to specific factors, ranging from economic and social insecurity to the scarce availability of services. In addition, the presence of structural or social barriers, as well as the lack of information on the services available, can also represent a deterrent for families to seek help. This may exacerbate their isolation and marginalization, which in many cases is a trigger.

In light of the above, the project arises from the assumption that a more up-to-date and in-depth knowledge of the needs of families in this area, which also takes into consideration their socio-cultural context, is fundamental to consolidating and strengthening their protective role and, at the same time, to improving the offer of prevention and treatment services to actively engage families.

The topics of this research fall within the priorities of the UNICRI Strategic Programme Framework 2019-22, specifically dedicated to the empowerment of vulnerable populations, including young people. It also aims to constitute an effective contribution to the 2030 Agenda for Sustainable Development, fostering the implementation of legislative reforms and policies aiming at re-evaluating the role of the family in the prevention and treatment of addictions and, in general, in building resilience in young people.

The project "What are the needs of families in the prevention of drug use among children and adolescents?" builds upon the expertise of UNICRI in the field of drug prevention and control as part of a wider area of work which links crime prevention objectives with the empowerment of vulnerable groups and the promotion of social justice and human rights. The activities in this area have ranged from running drug documentation centres, to conducting gender studies and capacity building initiatives for professionals and government officials. In this regard, UNICRI has developed a consolidated experience in supporting governments in identifying critical issues, developing good practices and improving capacities of key actors to prevent conditions that may lead to any form of violence, involving, in particular, vulnerable populations such as minors, women and people from marginalized communities, especially in developing, conflict and post-conflict areas.

In all the programmes focused on these issues, UNICRI has stressed the need to support families in building resilience in young people but has also supported the establishment of a well-functioning network of services and interventions which involve families, and which is able to respond, as effectively as possible, to their specific needs.

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INTRODUCTION

The promotion of the health and psycho-social well-being of children and adolescents is one of the main targets in the national policies of many governments, as well as a priority recognized by the international community within the context of a global project of sustainable development. This priority is in fact included in the United Nations Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development, in particular in Objective 3, focused, precisely, on the importance of "ensuring health and well-being for all and for all ages".

The need to invest in the health of children and young people, reducing inequalities and promoting the recognition and protection of their rights, implies the development and promotion, through a global strategy, of coordinated actions and specific address lines. In this regard, specific instruments have been developed and made available to the international community on the subject, including the World Health Organization (WHO) Global Strategy for the Health of Women, Children and Adolescents 2016-2020 and the Implementation Guide to Accelerated Action for Adolescent Health (AA-HA!), an initiative launched by the WHO and other United Nations agencies including UNICEF, UNAIDS and UNFPA. These instruments recognize and promote, within a global strategic development plan, the central role of intersectoral actions, upheld by governments, to create the conditions to protect and promote the mental health of young people, strengthening their resilience and reducing their exposure to risk factors. The aim of these instruments is therefore to support countries in raising awareness of the importance of addressing these issues by providing appropriate responses, based on scientific evidence and good practice coming from research, offering young people, their families and the community at large, the necessary tools to maximize their health and wellbeing.

Project activities and outputs

UNICRI has contributed to this area of work through the design and implementation of a pilot study within the framework of the project: "*What are the needs of families in preventing drug use among children and adolescents*?", which was carried out with the support of the Department of Antidrug Policies of the Italian Government and in collaboration with the Secretariat of the MedNET (Mediterranean Network for Co-operation on Drugs and Addictions) of the Pompidou Group (Council of Europe). The initiative aims to identify and deepen the priority aspects for the development of action lines to support and consolidate the protective role of the family in the prevention of drug use among young people.

The pilot project has included research activities in three countries (Italy, Lebanon and Tunisia) involving families, government institutions, civil society organizations, national experts and other key stakeholders currently working in the field of prevention and treatment.

Questionnaires were developed and adapted to collect relevant information, which were further discussed during the Focus Groups held in the three selected countries. Such activities led to the identification of the different needs and the specific priorities in the three countries, as well as commonalities in relation to the research question.

Based on information collected through the questionnaires and the Focus Groups, concrete actions were proposed for each country in relation to the current system of services and institutions actively working in this field, to respond more precisely and effectively to the specific needs of families. Such operational indications, besides reflecting the structural diversity that characterizes the socio-health system, the strategic-legislative framework related to drug issues and the socio-political contexts of Italy, Lebanon and Tunisia, take the following aspects into consideration: i) expectations and difficulties of families and other key stakeholders with respect to young people and drug prevention fields ii) gaps, needs and priorities regarding the provision of prevention and treatment services, with a specific focus on young people and families; iii) barriers preventing families from accessing health and social services dedicated to the prevention and treatment of drug use in the three countries.

The description of the activities implemented, as well as their findings, are included in the report developed for each country involved in the project; each report also includes an introductory part with a description of the local context.

The project was brought to the attention of the international community in a high-level debate that took place during the 63rd session of the United Nations Commission on Narcotics. The debate was promoted by UNICRI in collaboration with the United Nations Office on Drugs and Crime (UNODC), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the Pompidou Group of the Council of Europe. The meeting was an important platform for discussion on the policies and good practices that can have a positive impact on the prevention of drug use within the family context.

Conceptual Framework

Although the evidence that preventing behaviours with potential negative effects on the health of children and adolescents is more effective than intervening when such behaviours have been observed or are already consolidated, prevention remains a much-debated topic. The aims, the mode, the results and the effectiveness of the prevention are subject to the influence of certain socio-cultural characteristics that are present in the context within which the prevention is implemented, especially when related to drug use. In this specific area, prevention shall include any activity aimed at preventing or reducing the use of drugs and the related consequences in generic populations (primary

prevention) or specific sub-populations (secondary prevention)[1]. A further classification includes three categories of prevention: universal, selective and indicated[2].

Within this framework, risk and protection factors are the conceptual and empirical foundations on which prevention and health promotion interventions addressed to young people are built. Such interventions are more effective when they take into consideration, at the same time, the relationship between risk and protective factors, the biological, social and psychological aspects that determine them, and the different contexts within which such interventions are proposed.

With particular regard to the trajectories of drug use and dependence, the research has attempted to determine what are the factors associated with the onset of drug use and how it can evolve. Risk factors are therefore those factors that may increase the chance that a person will start using/abusing drugs, while protective factors are those that contribute to reducing the likelihood of the involvement in situations of potential danger, as well as the impact of behaviours considered at risk. Risk factors are subjective and may have a different influence depending on the stage of development of the person; at each stage, the potential risks can be prevented and/or mitigated through specific preventive interventions.

Studies suggest, for example, the importance of taking preventive actions and interventions as early as pregnancy, in the so-called prenatal period. The reduction of maternal consumption of tobacco, alcohol and drugs during the gestation period would effectively prevent childhood

1 "Primary prevention" is defined as the prevention activity aimed primarily at people who have never used drugs or psychoactive substances, while the activities of "secondary prevention" are primarily aimed at reducing dependency and adverse social or pathological consequences. (NIDA, 2003; DPA, 2009).

2 Universal prevention programmes are targeted at an entire population or group, without any distinction in terms of vulnerability or risk behaviour of the target group, do not require specialised staff and are usually promoted by institutions in order to promote the social development of participants (e.g. students at school). Selective prevention programmes are targeted at specific groups of individuals considered to be more exposed to risk situations than the average population. The selective programmes usually bring greater benefits but also greater risks, since they involve particularly vulnerable individuals or people with problematic experiences. Indicated prevention programmes are most often associated with the concept of secondary prevention, as they are intended for individuals who already show signs or early symptoms of addiction or drug use but have not yet developed a complete disorder or pathology; they are more specific and intensive programmes, the main objective of which is to prevent the onset of symptoms or disability of greater severity.

neurodevelopmental disorders, predictors of behavioural disorders and possible future use of substances by the child[3].

With regard to the different prevention models, the most common ones take into consideration the complexity of biological and environmental variables, not only focusing on risk prevention, but also enhancing and supporting the importance of health promotion as a protective factor.

In this regard, a number of scientific studies have highlighted the importance of the role played by the family context in relation to the development process of children and adolescents and in preventing deviant behaviours, including drug use. The family represents, in fact, the first educational nucleus of the child, the "environmental factor" that, in combination with the external social environment, guides, directs and influences the attitudes and actions of individuals. The family context, consisting of parents, siblings, grandparents and all the closest relatives with whom the child comes into contact from his or her first moments of life, is the environment in which the child is educated about social adjustment, learning moral values and social conventions through defined processes of socialization, which contribute to his or her emotional, psychological and social development. These processes, in which the family, in particular the parents or the caregivers, is very much involved, become the main predictors of the child's future behaviours, in which the interaction between evolutionary predispositions and genetic and socio-cultural factors also play an important role.

According to social learning theories[4] and systemic family approaches, each family member's behaviour in fact reciprocally affects the others. The modalities learned within the family context are then replicated in different contexts and in future interactions with other people.

The child, in the interaction with an adult with whom he or she shares a so-called "vertical" relationship[5] should be able to develop specific skills, including, for example, relating to authority and adapting to social norms and rules, that, once internalised, could contribute to the formation of his or her social identity. Through relationships with siblings, however, the child is confronted with a different type of relationship, called "horizontal" for its more equal and symmetrical nature, in which there is more space for comparison, sharing, cooperation and competition.

- 3 Kumpfer, Alexander, Mcdonald's, Olds, 1998.
- 4 Bandura, 1997.
- 5 Vertical relationships are characterized by an asymmetry position, (in the relationship with the parent or the caregiver the child is in a position of "inferiority" due to his/her dependence towards those who take care of him/her).

In the phase of second childhood and adolescence, through out-of-family experiences, the child's social network will be expanding, initiating a process of secondary socialization, conventionally marked by the entry into preschool. At this stage, in addition to the family, the main agents of socialization are teachers, peers and the media. Through school, the child is able to deal with other types of authority figures, such as teachers, to learn the values of the society they belong to and fit into a peer group that allows him or her to create new types of horizontal relationships.

It is no coincidence that, especially in adolescence and pre-adolescence, many preventive interventions are based mainly on "peer education" approaches[6], in which educators do not place themselves in a position of authority towards the target group but, on the contrary, they share certain characteristics such as age and/or social traits such as gender identity, social class, a certain type of personal and/or family background or membership in a given subculture. These are considered to be among the most effective educational approaches, especially in health promotion and drug prevention fields, as the psychological predisposition to listen to others is considerably higher when they are perceived as more similar and when they share mutual experiences.[7]

Effective preventive interventions, however, cannot be limited to the influence of peer groups, but must be the result of the important synergy between all social actors who come into contact with the young individual: the peers (e.g. friends, schoolmates), professional educators (e.g. teachers, sports instructors) and, above all, the family. The family, in fact, is considered a potential risk factor and a protective factor during the entire life cycle, but especially during the developmental age. This includes childhood, pre-adolescence and adolescence, a crucial period

- 6 An example of a "peer to peer" approach is the project "T.O.P. – Tutor for Guidance and Prevention", carried out by the San Patrignano Community for the 2019/2020 school year. This project, aimed at secondary schools of second grade and valid for the Paths for Transversal Skills and for Guidance (former school-work alternation), involves students in a path of prevention and promotion of healthy lifestyles through educational activities carried out under the supervision of tutors and Community children. After the formative period, which takes place both in schools and in the structures of the Community, the students are in charge of sharing their educational experience by organising and holding a prevention meeting for students in other classes within their own institution.
- 7 UNODC, 2003.A similar approach is used by the US non-governmental organization Community Anti-drug Coalitions of America (CADCA), which educates and trains young people in the CADCA Youth Leadership Team in the field of prevention and, more precisely, "peer advocacy" prevention, meaning "peer support". Through the various channels of the local community (schools, associations, youth centres), the young "Youth Trainers" are dedicated to raising awareness among peers on the risks of drug use, directing them towards healthy life choices.

as it foresees extremely delicate transition periods, in which they are particularly vulnerable, and during which it is important to maintain a stable balance between the "risk" and "protective" factors.

International literature and prevention models have highlighted the existence of family characteristic factors that can confer preventive skills in relation to the possible development of pathological addictions in children.

In relation to the family environment, the following are considered as risk factors for the consumption of substances:

RISK FACTORS

- Parental refusal
- Excessive parent-child attachment
- Lack of discipline and clear rules at home
- Lack of parental control and supervision
- Low expectations towards children
- Conflictual relations or divorce between parents
- Unemployment of one or both parents
- The tendency or predisposition of parents to the use of drugs or to criminal activities.

The risk factors are contrasted with protective factors, which include:

PROTECTIVE FACTORS

- Parent-child attachment
- Positive attachment to adults with pro-social values
- Adequate supervision of children's activities
- Supportive communication between family members
- Level of discipline appropriate to the age of the children
- Family integrity and cohesion
- Family problem-solving skills
- Adequate education for positive values.[8]

Family skills, however, are not innate and, where necessary, parents should be trained by professional and specialised figures.

Several prevention interventions can be part of more complex "prevention programmes" based on empirically verified theoretical models whose effectiveness has been proved through rigorous evaluation processes. A reference review including the "family skills training" programmes was carried out by the United Nations Office on Drugs and Crime.[9] These programmes for the acquisition of family skills involve not only parents and children, but also anyone who is part

8 EMCDDA, 2009; EMCDDA, 2010)

9 UNODC, 2009.

of the family (siblings, grandparents, aunts and uncles, babysitters).[10] It is proven that interventions that aim to strengthen both parenting skills and the resilience of children, from as soon as early childhood, can produce very positive and tangible long-term effects. Primary prevention interventions can encourage people to follow more conscious and healthy lifestyles, or to strengthen their skills and abilities.[11] In this regard, programmes focused on the development of Life Skills,[12] for the prevention of substance use in schools and for the promotion of health and well-being in children and adolescents, are concrete examples of this, as are so-called "parenting skills trainings", as well as information meetings with experts about substances and their effects.

In light of the aforementioned considerations, the attention of stakeholders, including policy makers, researchers, prevention professionals and civil society, is increasingly focused on supporting family-strengthening interventions. Studies aimed at investigating the effectiveness of prevention efforts with young people facing drug problems suggest that the most effective form of prevention consists of engaging with the whole family system. In fact, interventions addressed only to young people can often produce fewer lasting effects than family-centred preventive interventions.

- 10 According to UNODC, such programmes would be three times more effective than programmes for the development of so-called "Life Skills", which only involve young people and children. Guide to Implementing Family Skills training programmes for drug abuse prevention, UNODC, 2009.
- 11 EMCDDA, 2011.
- 12 "Life Skills", defined by WHO: "skills that lead to positive and adaptive behaviors that make the individual capable of effectively coping with the demands and challenges of everyday life". In particular, the core consists of 10 skills: problem solving, critical thinking, effective communication, decision making, creative thinking, effective interpersonal relationships, self-awareness, empathy and stress and emotion management.

01

Italy

Report

SECTION 1
The Italian context

1.1 Data on drug use among the general population and young people

The consumption of illegal substances and the lifestyle connected to it represent a social and public health problem, both concerning the physical well-being of users and of local communities.

According to the European Drug Report 2019, published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Italy is among the European countries in which the greatest consumption of cannabis, cocaine and opiates is observed. In particular, it is estimated that high-risk cocaine users are 0.69% of the adult population, while high-risk opioid users – i.e. morphine and heroin – are 0.6% of the population; such figures have increased significantly since 2015[13].

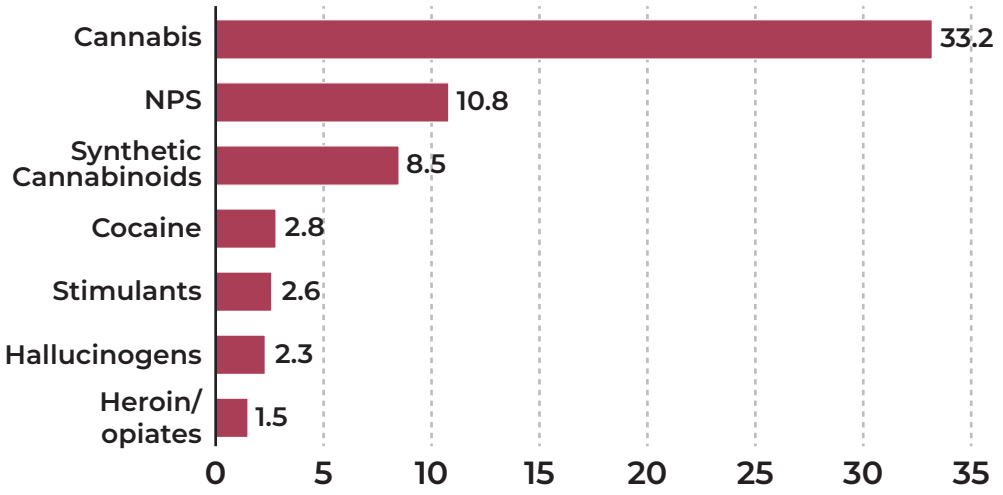
In Italy drug use is widespread, even among the young population. According to the latest school survey carried out by ESPAD Italia[14] (European School Project on Alcohol and other Drugs), i.e. in 2018, 33.6% of Italian students declared having

- 13 European Drug Report, EMCDDA, 2019, pp. 49, 89.
- 14 The ESPAD® Italia study is part of the European School Survey Project on Alcohol and Other Drugs (ESPAD) study, carried out simultaneously in more than 35 European countries in order to monitor the use of alcohol, nicotine and psychoactive substances – both "traditional" and so-called "new drugs" – among 16-year-old students at a European level. Annual Report to the Parliament, Italian Department for Anti-Drug Policies (DPA), 2019, p. 84.

used at least one illegal psychoactive drug in their lifetime; the large part of them, i.e. 89.4%, had used just one illegal substance, while the remaining 10.6% can be defined as "multi-users", having used at least two or three kinds of drugs[15].

The most popular illegal drug is cannabis[16], followed by new psychoactive substances (NPS), which in some years came second in popularity[17]; among these, the most common pertain to the synthetic cannabinoids class (so-called *spice*). Their use is prevalent among male students and in particular between 15- and 18-year-olds.

Figure 1 Use of psychoactive substances among students



Source: IFC-CNR, 2018

In Italy, production, trade and illicit possession of narcotic and psychotropic substances are considered crimes, as provided for by article 73 of Presidential Decree 309/1990; however, minors under the age of 14 are not subject to it. Conspiracy aimed at illicit trade of narcotic or psychotropic substances refers to article 74 of the aforementioned Presidential Decree; minors between 14 and 18 years old are held

15 *Ibidem.*

16 33.2% of students (15- to 19-year-olds) stated having used cannabis at least once in their lifetime. Annual Report to the Parliament, Italian Department for Anti-Drug Policies (DPA), 2019, p. 86.

17 *ivi*, p. 85, 90 and 91.

criminally liable in case of drug dealing, but they are subject to preferential treatment concerning sentence and arrest.

Regarding this, the data contained in the Annual Report to the Parliament 2019 showed a significant increase in the number of individuals charged by the Office of Social Services for Minors-Juvenile Justice for crimes related to violations of Presidential Decree 309/1990: 4,178 young people were involved in 2018 – compared to 4,055 in the previous year – 1,363 of which were charged for the first time[18]. In the same year, charges concerned mainly male individuals (92.6%) of Italian nationality (60.2%), while 3.6% of the charges concerned minors, and 38.12% people between 20 and 29 years old[19]. On the contrary, with reference to article 75, paragraph 1 of Presidential Decree 309/1990, which punishes the possession of narcotic substances through administrative sanctions in those cases which are not provided for by article 73, paragraph 1 bis, and, therefore, for personal use, the data released by the Department for Anti-Drug Policies in 2019 concerning reported minors was stationary (4,437 in 2018, 90 less than 2017[20] surveys). Moreover, in the aforementioned year, 71% of people reported to Prefectures-Territorial Government Offices for possession of narcotic or psychotropic substances for personal use pursuant to article 75 of Presidential Decree 309/1990 were under 30 years old, and people aged between 18 and 20 years old were by far the most numerous (21% of all reported persons)[21].

1.2 The illicit drug market in Italy

The Annual Report by the Central Management for Anti-Drug Services (DCSA) 2020 highlights that drug trade is increasingly becoming a transnational crime. This is mainly due to the efficiency of technological tools, which facilitate speed and anonymity of communications, cancel geographical distances and make it easier to create international partnerships among criminal organizations.

As a matter of fact, Italian criminal organizations have traced profitable trade routes with those countries that are drug production, transit and storage areas.

18 *ivi*, p.70.
19 *ivi*, p.49.
20 *ivi*, p.74.
21 *ivi*, p.76.

The trade of marijuana – the drug which is most consumed by Italians – is very active as Italy is a transit crossroad and a producer of the aforementioned substance; in 2019, there was a slight decline in hashish trade, which comes almost exclusively from Morocco.

Cocaine and heroin are also included among the most consumed substances in Italy. The first travels along naval routes from South and Central America to Italian coasts or other ports, while the second comes mainly from opium crops in Afghanistan and travels along the so-called "Balkan route", which includes Iran, Turkey and the Balkan countries.

The growing demand from the youth for synthetic drugs and New Psychoactive Substances (NPS), such as fentanyl, is a growing concern. The latter are mainly produced in Belgium, Holland, Czech Republic and Poland and are easily available in "black markets", i.e. virtual shops which sell illegal goods in the "deep web".

In recent years, the DCSA has registered a significant increase in drug trade on the web – a relatively recent phenomenon – with continuously growing business volumes, especially among the youth. The substances, purchased by means of cryptocurrencies in websites that are not accessible via conventional search engines, are sent directly to the consumers' houses through traditional postal services, usually hidden inside vacuum-sealed silver packages[22].

1.3 General overview of current programmes to support families in preventing drug use among young people

In Italy, the 2010-2013 National Action Plan (PAN) on Drugs, published by the Department for Anti-Drug Policies of the Italian Presidency of the Council of Ministers, represents the general policy document to which individual regional action plans and programmes should refer. The Plan is divided into five areas of intervention: prevention (universal, selective, educational, early detection); diagnosis and treatment of drug addictions (early contact, early reception, prevention of related pathologies); rehabilitation and social/work reintegration; monitoring

22 Annual Report by the Central Management for Anti-Drug Services 2020, DCSA, 2020, pp. 17-23, 31-33

and assessment; legislation, counter-actions and juvenile justice. The aforementioned areas are grouped into two macro-objectives: drug demand reduction (prevention, diagnosis and treatment, rehabilitation and reintegration) and drug supply reduction (monitoring and assessment, legislation, counter-actions and juvenile justice).

A specific tool concerning prevention is the 2014-2018 National Prevention Plan (PNP) by the Ministry of Health. The Plan refers to the 2012-2016 Europe Action Plan by the World Health Organization (WHO) as it shares its objectives and implementation strategies; therefore, it presents a set of health promotion and prevention actions. In particular, ten macro-objectives of strategic importance can be identified:

1. Reduce preventable and avoidable morbidity, mortality and disability of non-communicable diseases
2. Prevent the consequences of neurosensory disorders
3. Promote the mental well-being of children, adolescents and young people
4. Prevent drug addictions and related behaviours
5. Prevent road accidents and reduce the seriousness of their consequences
6. Prevent domestic accidents and their consequences
7. Prevent occupational accidents and diseases
8. Reduce environmental exposures that are potentially harmful to health
9. Reduce the frequency of priority infections/infectious diseases
10. Implement the National Integrated Control Plan for Prevention concerning Food Safety and Veterinary Public Health.

Specifically, macro-objectives No. 3 and No. 4 are closely linked to each other: within a health promotion and prevention approach, it is essential to structure integrated cross-sector strategies that combine universal interventions and selective interventions aimed at specific population groups such as children, adolescents and young people. Furthermore, considering the wide range of factors that influence children's mental well-being, collaboration between the health system and the social and school systems is of vital importance. In particular, the indications provided in order to promote prevention and well-being among the

youth refer almost exclusively to the school context. Although the fundamental role of the family is recognized both to promote children and adolescents' mental well-being and to prevent drug use, currently, strategies and interventions with the aforementioned objectives are mainly addressed to children/young people and teachers. In fact, there is limited reference to the protective role potentially played by families, which must be considered as a context to be strengthened rather than as a factor that can negatively influence children.

In addition to drug use prevention, the aforementioned Plan closely examines other highly strategic macro-objectives such as the so-called "sine substantia" addictions (e.g. gambling, internet, compulsive shopping).

The National Prevention Plan macro-objectives are included in the supervision of the assessment indicators – agreed preliminarily between the State and the Regions – which must measure the impact of the Plan concerning processes and consequences on health and compliance of Essential Assistance Levels (LEA). The purpose of these indicators is to verify the Regions' annual adherence to the objectives, the project's progress, as well as the actual progress of preventive actions for the benefit of the citizens living in the Regions.

On the basis of these general provisions, and as provided for by the State-Regions Conference Agreement of 13 November 2014, the development of Regional Prevention Plans (PRP) pertains to the regions; the aforementioned Plans must clearly set out concrete implementation strategies and individual activities, or individual prevention programmes, which will be adopted at a local level by the bodies in charge (e.g. schools, social and health services) over five years. In this regard, please note that the reform of Title V of the Constitution (with Constitutional Law No. 3 in 2001), by attributing health protection to the concurrent authority of the State, de facto confers implementation, organization, planning and regulation of services and individual activities to the Regions (article 117, paragraph 3 of the Constitution), while the determination of fundamental principles has to be performed by the State.

The State-Regions Agreement of 21 December 2017, in addition to extending the National Plan until 2019, also engaged the Ministry of Health and the Regions in the development of the new National Prevention Plan 2020-2025.

The national programme "Guadagnare Salute", which includes numerous prevention interventions at a regional level, actually recalls the European strategic plan "Gaining Health", promoted in 2006 by

the WHO. The latter primarily aims at preventing and controlling non-communicable diseases, although it is proven that the strengthening of given protective factors is also beneficial to prevent and reduce drug consumption. The programme lays the groundwork for a general increase in quality of life and for the efficiency of social and health services in the Member States in Europe. Therefore, it is a broad prevention system based on general principles, such as:

- Universal and cross-disciplinary promotion of healthy lifestyles;
- Equal and equitable access to performances and services;
- Development of stimulating environmental contexts, favourable to prevention.

In the same way, the programme "Guadagnare Salute – Rendere facili le scelte salutari" pursues these macro-objectives through a "multi-component" intervention, i.e. by means of training, communication and awareness-raising activities regarding the various factors that influence individual and community well-being: nutrition, physical activity, the fight against tobacco and alcohol abuse. Furthermore, the programme "Guadagnare Salute" also pursues the importance of the interdisciplinary nature of the interventions; as a matter of fact, the latter are carried out thanks to the communication and cooperation of Government, Ministries, producers and public services managers, Regions, ASL (i.e. the Local Health Authority), local authorities and private and public sector personnel managers.

For many years now, the Italian Ministry of Education, University and Research (MIUR) has launched many addiction prevention actions in schools, as this is a favourable context to implement effective interventions in order to promote healthy lifestyles and prevent addiction. Thanks to the Memorandum of Understanding agreed between the MIUR and the Department for Anti-Drug Policies – and subsequent collaboration agreements – the aforementioned Department has made financial resources available for the joint implementation of initiatives concerning drug and alcohol use prevention in school age youths[23]. The Memorandum represents the common commitment of the aforementioned government bodies to implement information, awareness-raising and prevention activities and initiatives directed at students, teachers and parents. In 2019, on the basis of this

23 Within their partnership, in 2018 the Department for Anti-Drug Policies and the MIUR agreed the project "Cuora il futuro", supported by the aforementioned Department, to promote the implementation of an activities programme throughout the national territory in order to hinder the spreading of drugs and alcohol among school-age youth.

political-administrative policy document, a preventive action plan was launched, including a training and information course targeting about 6,000 teachers and carried out with the scientific support of the Higher Institute of Health (ISS) and developed by the Central Management for Anti-Drug Services of the Ministry of Domestic Affairs, together with the Traffic Police and the National Council of the Association of Psychologists.

Moreover, in previous years, projects had been carried out in secondary schools that promoted information campaigns intended to prevent road accidents related to alcohol and drug use, for instance the programme "Prevenzione del consumo dannoso di alcolici nel contesto del divertimento e Promozione della guida responsabile" (i.e. Prevention of harmful consumption of alcohol in the entertainment context and promotion of responsible driving"), active in Piedmont since 2014; it provides training and awareness-raising activities directed at managers who work in the night-entertainment sector targeting the youth, as well as individual counselling carried out by mobile station operators by means of breathalysers, driving simulators and impairment goggles. At the educational level, it is indeed very important to create a network including family, school and local services, weaving relationships, educational responsibility and shared experiences. With reference to the above, Table 1 highlights how, although there is a high number of universal and environmental prevention projects, their regional coverage is not complete or extensive[24].


Photo by Sven Brandsma on Unsplash

24 Annual Report to the Parliament, DPA, 2019, p. 231.

Table 1 Number of universal and environmental prevention projects according to the regions

N. Progetti Previsione			
Regione/PA	Ambientale	Universale	Ambientale/ universale
Abruzzo	1	3	-
Basilicata	1	1	-
Calabria	1	2	1
Campania	2	9	-
Emilia Romagna	-	-	-
Friuli Venezia Giulia	-	1	-
Lazio	-	-	-
Liguria	-	12	-
Marche	-	-	43
Piemonte	-	-	-
Puglia	1	16	7
Sardegna	3	6	-
Toscana	-	-	-
PA Bolzano	1	5	-
PA Trento	6	2	-
Umbria	-	4	-
Valle d'Aosta	-	3	-
Veneto	-	-	-

Source: Regioni e Province Autonome, 2018

Regarding interventions in the school environment, the most part take place in high schools, and teachers are often involved. Specifically, the most widespread standardized programmes in Italy are the two following: "Unplugged", implemented in five regions, and "Peer Education", which is mentioned in the Regional Prevention Plans of Calabria, Trent, Friuli-Venezia Giulia, Lombardy, Marche and Piedmont.

The "Unplugged" programme aims at raising students' awareness concerning the risks connected to tobacco, alcohol and drug use; moreover, it promotes the dissemination of the regulations governing the abuse of the aforementioned substances. The initiative has been developed and assessed within a European multicentre study, which empirically demonstrated the effectiveness of "Unplugged" in preventing tobacco and cannabis use, as well as drunkenness in 12- to 14-year-olds.

Therefore, it is an addiction prevention and health promotion programme based on the social influence model, structured on scientific evidence by a group of European researchers and assessed within the EU-DAP (i.e. European Drug Addiction Prevention trial),

which was attended by nine European countries, 143 schools and more than 7,000 children aged between 12 and 14. “Unplugged” is the first European programme with proven effectiveness. On the other hand, the objective of the programme “Peer Education” is to provide students with the appropriate tools and skills in order to create a school space intended for free discussion and reflection regarding the phenomenon of drug use and the risks associated with it.

Moreover, in eight Regions, networking strategies and interventions have been developed at a community level; they offer extracurricular activities that represent an alternative to drug use, for instance workshops, sports activities, photography and theatre courses; they are widespread in Liguria while their presence is variable in the other regions. The project “Progetto Adolescenza” for example – launched by Emilia-Romagna in 2013 – underlines the importance of enhancing schools as an educational prevention factor and, at the same time, it gives particular emphasis to the importance of creating meeting spaces and socializing places that are safe and freely usable by adolescents.

However, despite the considerable number of projects and the almost total involvement of regions, the latest study by ESPAD Italia shows that, in 2018, just over half (56%) of school heads reported the existence of a regional/provincial/local plan concerning psychoactive substance use prevention. The knowledge of a specific plan at a local level is reported by 15.7% of the sample, at a provincial level by 13.4% and at a regional level by 26.9%. The institutions that carry out prevention activities in schools are mainly ASLs (basic services), Addiction Services and Departments (76.1%), police (69.4%) and associations (50%). According to the data, in 2018, about 80% of high schools reported having carried out at least one prevention project; however, in 37.1% of cases, prevention activities and projects have been carried out thanks to schools’ funds as opposed to specific funds. The majority of the projects addressed issues such as personal well-being (61.4%) and psychoactive substances consumption, both legal and illegal (54.4%).[25]

Although schools represent a fundamental context in which young people spend the large part of their time, as already specified, it is evident that the overall lack of family involvement in prevention activities actually plays a fundamental role.

25 *ivi*, p.225.

Prevention activities involving children through a "*peer to peer*" approach have been initiated in 10 out of 18 regions, i.e. those that responded to regional questionnaires; however, territorial coverage is limited, with the exception of Liguria and the Autonomous Province of Bolzano. Moreover, 10 regions offer specific training days and meetings focused on drug-related risks, with variable territorial coverage. Ten regions also organise evenings and seminars for families and/or parents, with extensive coverage in Basilicata and Liguria, and complete coverage in the Autonomous Province of Bolzano[26].

In order to monitor the trend of regional projects, a specific tool, called "Pro.Sa.", is used to collect, analyse and disseminate projects, interventions, policies and good practices. It is the national online database of prevention and health promotion projects, interventions and policies, which aims at providing documents, as well as sharing and uploading the projects and their outcomes in order to support the activities carried out by operators, decision makers and stakeholders in the field of prevention and health promotion.

Within "Pro.Sa", the National Centre for Disease Prevention and Control (CCM) promoted a project intended to "systematise the Pro.Sa database in order to promote health with particular reference to interventions in schools"; indeed, schools are a privileged and ideal environment for the successful implementation of policies aimed at promoting and maintaining the community well-being.

This online system is an excellent documentation tool; however, it has not yet been correctly updated with the most recent regional projects. One of the objectives of the last initiative mentioned is actually aimed at promoting greater use of the platform by the Regions.

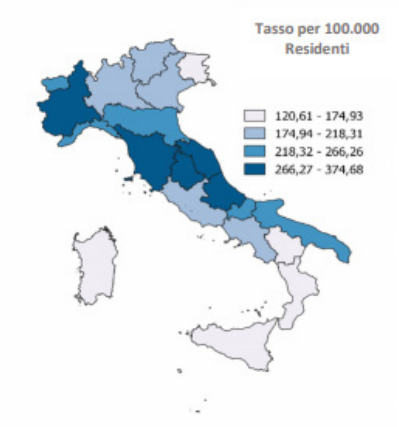
Regarding structures which are specialised in promotion and prevention, in 2018, the National Information System for Addictions (SIND) detected the presence of 568 services dedicated to addictions (called "Ser.D") in the national territory, located in 628 outpatient offices (93.8% of existing offices), created in order to make services more accessible[27].

26 *ivi*, pp.231-232.

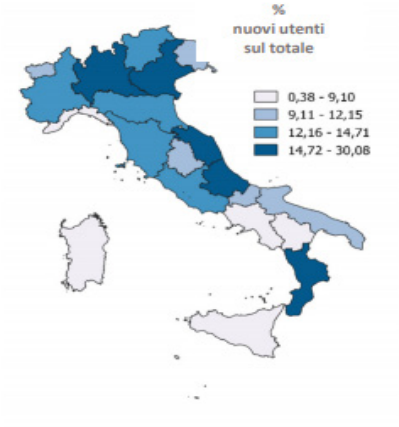
27 *ivi*, pp.128.

The following figures[28] show the distribution of users who benefit from outpatient services:

Figure 2 Regional distribution of Ser.D users



Source: SIND, 2018



Source: SIND, 2018

This element is fundamental for dealing with addiction treatment, which is characterized by extreme complexity and changeability.

According to the data by SIND referring to 2018, there are 6,496 operators who dedicate themselves to the treatment of addictions related to illegal substances, i.e. 10.8 operators per every 100,000 residents, with a wide inter-regional variability. The distribution of local, public and private outpatient services is widespread throughout the national territory, albeit with some regional differences.

28 *ivi*, pp.151-152.

SECTION 2
The pilot survey

2.1 Introduction

The focus on the vulnerability, the needs and the makings of families in preventing drug use by the youth required the creation of an experimental design which aimed at collecting quantitative and qualitative information, useful for understanding how families can be better supported in order to strengthen their potential protective role; this was possible thanks to the development of tools which are easily applicable and adjustable to different social and territorial contexts.

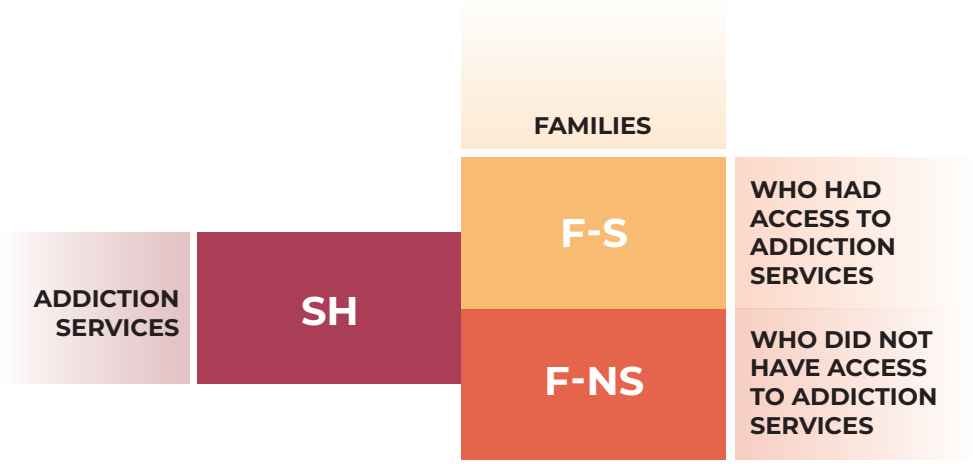
Taking into account the main question of the study, a dedicated methodology was developed; the latter involved not only the families, but also the main stakeholders who played a role – not necessarily well defined – in guiding and supporting families in drug use prevention and addictions treatment.

The aim of the study carried out in Italy was to test a research methodology which could be potentially applied to a survey at a national level, involving a representative sample of the population.

2.2 Sampling

Given the "pilot" nature of the study carried out in Italy, a parameter for a stratified random recruitment of subjects was not applied. The statistical sample is represented by service providers (S) and families (F). Please note that category (S) included specific addiction services (Ser.D., therapeutic communities), while category (F) included specific families (F-S), i.e. who had access to addiction services, and non-specific families (F-NS), i.e. who did not have access to addiction services, or taken from the general population, as shown in Table No. 2.

Table 2 **Statistical sample considered in the pilot study in Italy**



Since it was not necessary to obtain a representative sample, after selecting 13 regions among northern, central and southern Italy, about four services in each Region were identified and subsequently contacted thanks to the list of services made available by the Department for Anti-Drug Policies on its official website. Concerning families, specific families (F-S) were directly involved by the services that agreed to participate in the pilot study; on the other hand, the sample composed of non-specific families (F-NS) was indirectly involved by means of social media.

2.3 Methodology and applicative approach

The tool used to carry out the pilot study in Italy was created with the aim of exploring the respondents' perceptions (S and F) concerning some factors affecting families and the type of support they would need in order to reinforce their protective role regarding drug use by the youth and the possible development of addictions. Specifically, by consulting the literature on the subject, four macro-categories of factors were identified: i) vulnerability, ii) skills, iii) tools, iv) needs; on the basis of the latter, a questionnaire with schedule structure consisting of 10 questions was developed.

For each macro-category of factors, a series of sub-factors were investigated by means of closed-ended questions. With reference to the aforementioned four macro-categories, the structure of the questions allowed every aspect to be properly represented and investigated; moreover, every aspect maintained its own autonomy among the information requested.

Below, Table 3 shows the partition of the questions according to the four macro-categories of factors.

Table 3

CATEGORIES	QUESTIONS
VULNERABILITY OF FAMILIES	*What is your level of knowledge regarding the following topics?*
VULNERABILITY OF FAMILIES	*In your opinion, should parents monitor the following online activities of their children in order to prevent drug use?*
PARENTING SKILLS	*In your opinion, can the following figures/services help the family in preventing drug use among the youth?*
PARENTING SKILLS	*In your opinion, can the following actions carried out by the family prevent drug use by their children?*
PARENTING SKILLS	*Please specify your degree of agreement/disagreement with respect to the following statements: "If I were sure that my child had problems related to drug use..."*

CATEGORIES	QUESTIONS
AVAILABLE TOOLS	*In your opinion, how important are the following characteristics that addiction prevention and treatment programmes should have?*
AVAILABLE TOOLS	*In your opinion, can the following interventions help the family to prevent drug use among the youth and possible addictions?*
NEEDS OF FAMILIES	*How much do you expect addiction treatment services to be able to provide the following services to the family?*
NEEDS OF FAMILIES	*In your opinion, how important are the following services for a family with children who have problems related to drug use?*
NEEDS OF FAMILIES	*Choose the four most important aspects that your family would like to be guaranteed by a prevention and treatment programme dedicated to problems related to drug use.*

The responses were assessed according to the aforementioned categories and are based on Likert rating scales; the latter attribute ascending semantic values from left to right, as in example No. 1.

▸ EXAMPLE 1

3. How much do you think families should monitor the following online activities of their children?	Never	Occasionally	To a considerable degree	Almost always
Access to sites considered “dangerous”				

The decision to set a four-level assessment was taken in order to allow the responses to “converge” towards a positive or a negative gradient. Among the questions, counter-convergence statements (positive and negative) were included in order to ensure the reliability of the responses, to observe the consistency of the latter and to avoid random filling in or social-desirability bias. The scores are analysed as a statistical report and are measured in categories.

The succession of responses was structured in a fixed non-randomized way in order to respect the succession of the sentence constructs.

In order to understand to what extent, the perceptions of service providers and families are – or are not – "consistent with each other", two twin questionnaires were created, i.e. one directed at service providers and one at families (both specific and non-specific). The questionnaires – with identical contents – were created by adjusting the semantics of the question, as in example No. 2.

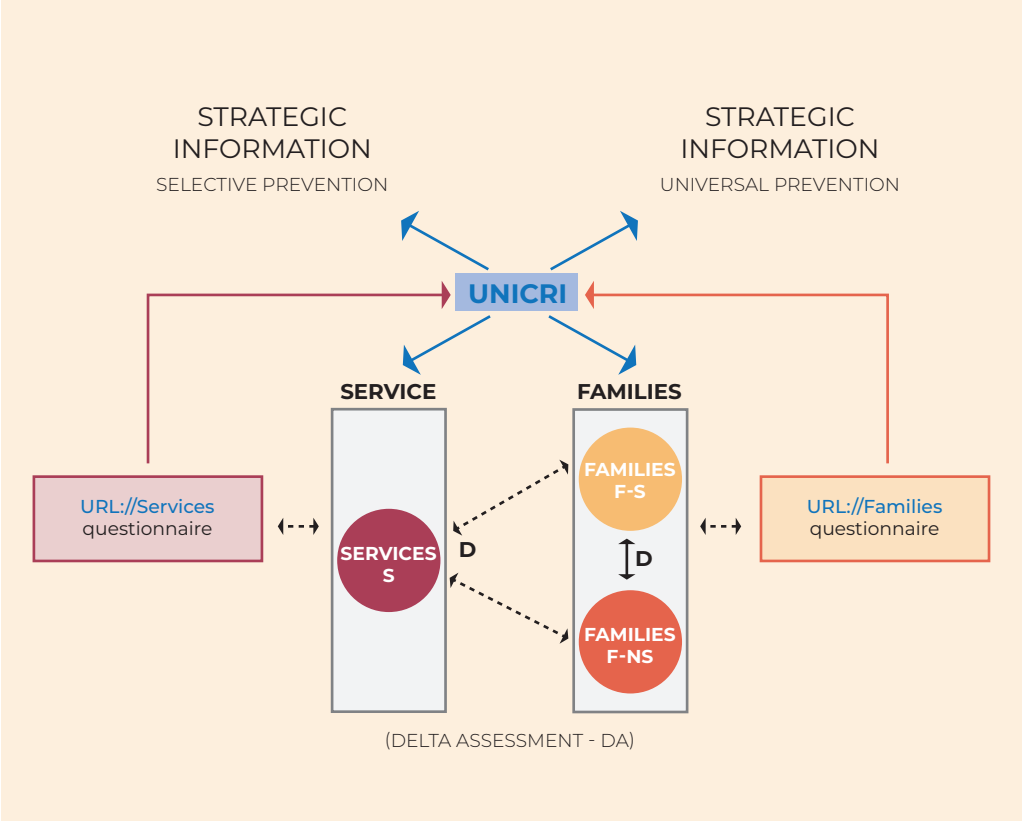
▸ EXAMPLE 2

QS	*What level of knowledge do you think the families who are referred to your service/organization have on the following topics?*
QF	*What is your level of knowledge regarding the following topics?*

The aforementioned procedure made it possible to explore the degree of consistency – or inconsistency – of the responses provided by service providers and families, by means of DELTA Analysis (hereinafter referred to as DA) comparison. This allowed for the verification of whether there was a statistical difference among the responses provided by the groups of specific subjects (i.e. model No. 1); moreover, it allowed for the observation of the consistency of the responses by S and F and within specific and non-specific F groups.

Namely, the analysis system makes it possible to compare the responses provided by each group of subjects in order to assess whether the data is in agreement or in disagreement with the nature and function of the subjects surveyed. Therefore, the aforementioned methodological framework has schedule characteristics, i.e. each cluster of subjects can be analysed individually, together with the other clusters, or compared with single clusters; this procedure allows the methodology to be applied in different socio-geographical contexts without losing its structural validity. The possibility to compare the results of the entire sample or of the different clusters will allow for universal and selective prevention information.

Fig. 3



In each questionnaire, a descriptive survey of the subject was included – in compliance with current regulations on privacy and anonymity – in order to collect information concerning some characteristics of the respondent (i.e. independent variables); S subjects were asked information such as gender, age, education, years in business at the service, total years in business, direct or indirect contact with families, specific or unspecific addiction service.

On the other hand, subjects F were asked about gender, age, education, occupation, number of children, age of children, and whether they have ever used an addiction service.

2.4 Implementation

The pilot survey was carried out through an open source application that allows for the creation and management of online surveys with advanced functions to import and export text and data to different formats (e.g. Excel, SPSS); moreover, it permits statistical analysis and basic process diagrams.

This ensured easy access and a greater spread throughout the territory (as it was not a paper survey); moreover, it allowed real-time recording of subjects' descriptive variables, analysis of response times to the different items and exclusion of incomplete surveys (if the number of not given responses exceeded 15%, the report was considered invalid, and therefore not analysable).

Special links were created in order to allow online access to participants. Namely, three links were created, intended for the three categories of subjects that made up the sample (S, FS, FNS), thus allowing decoded and clustered data collection. Furthermore, the links included a specific prefix for each region involved. Please note that given the "pilot" nature of the study – and therefore the limited size of the sample – a territorial analysis was not carried out. The pilot survey ran for about 90 days.

In order to verify the perceived ease of access to the system, its clear understanding and execution, as well as its functionality, a beta test was performed on subjects who were not included in the sample.

With regard to service providers, UNICRI formally invited the managers of the identified services to take part in the initiative; it provided them with a detailed description of the nature and the purpose of the survey; furthermore, it requested that both service operators and families who made use of the service (F-S) filled in the questionnaire. Therefore, two different links were provided: one link to access the questionnaire addressed to S, and one link to access the questionnaire addressed to F-S. Moreover, in order to include participating subjects who did not have digital access to the online platform, the questionnaire addressed to F-S was also provided in paper form. The paper questionnaires were then manually entered into the online platform by the UNICRI working group in order to have fully digitised data, exportable to Excel or SPSS, according to the analysis performed.

Regarding non-specific families, UNICRI promoted the initiative through social media, in particular Facebook. Through the Institute's Facebook page, thanks to the link with the prefix dedicated to category F-NS, it was possible to access the questionnaire. In order to increase

visibility and reach a larger number of respondents, the Facebook "Boost Post" function was activated; this function makes it possible to choose and set specific criteria to better identify and reach the target audience, so that the initiative has greater visualisation.

2.5 Data analysis and statistical models

Given the nature of the collected data, non-parametric analysis procedures were used both among and within the subjects (Mann-Whitney U test, Wilcoxon test); these procedures made it possible to verify whether there were differences between the assessments by S and F (both specific and non-specific). Covariations were performed concerning the independent variables collected in the descriptions of the single samples.

The analysis investigated both qualitative differences (aggregation of percentages according to investigated factors) and quantitative differences (important statistical differences, i.e. $p<0.05$); the scores were then described by percentage value, considering the two groups according to their number. Namely, in order to obtain comparable percentages, the responses provided by the SH sample were assessed out of 149 (number of complete questionnaires), while concerning F subjects out of 359.

Both the descriptive and the statistical assessments for each category (Q) and the subcomponents (SQ) are investigated below.

2.6 Limitations of the study

- Non-representative sample, given the "pilot" nature of the study;
- Accessing the questionnaire via the online platform may have resulted in the exclusion of more disadvantaged families who did not have available digital devices with internet access;
- Since the questionnaire had to be filled in independently, possible semantic misunderstanding could have occurred and affected the responses provided;
- Given the considerable extent of the experimental sample of the pilot study, the independent variables that could be analysed were reduced;

- The questionnaire did not include open-ended questions in which the respondents had the possibility to give feedback or other information to integrate their responses;
- A test-retest semantic analysis was not carried out in order to assess the correct understanding of the questions.

2.7 Possible application of the methodology

The methodology of the pilot study conducted in Italy is part of a broader methodological framework, developed by UNICRI, which allows the study to be extended to a representative sample at national and international level. Namely, the schedule structure would make it possible to also include in the sample subjects providing non-specific services for addictions (S-NS) which are involved in prevention activities, aimed not only at the youth but also at their families (e.g. schools, parents' associations, cultural/sports/religious associations, etc.). In this way, the statistical sample would be represented by service providers (S) and families (F), but it would be split into specific subjects (S) – i.e. recruited within the addiction treatment system (whether service providers or families) – and non-specific subjects (NS) – i.e. who did not have access to addiction services, or taken from the general population.

The experimental design would therefore become 2X2, and the sample (service providers S and families F) would be divided into 2 statistical units (specific S and non-specific NS), as shown in Table No. 4.

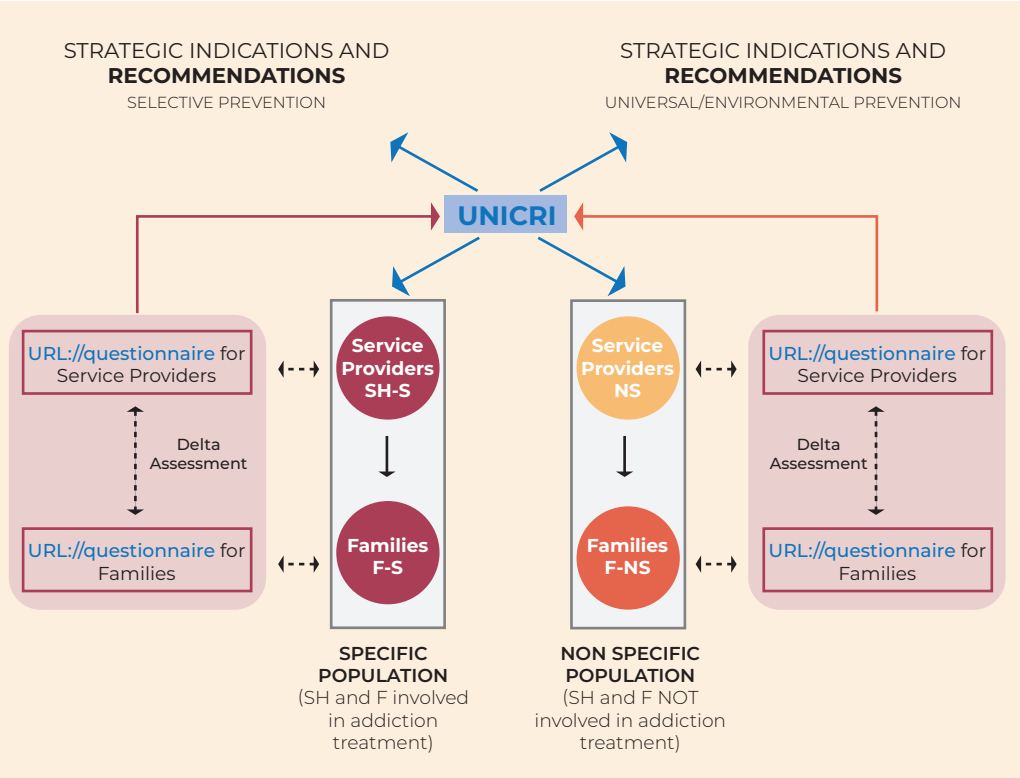
Table 4 **Statistical Sample**

	Specific Population (SH and F involved in drug addiction prevention & treatment)	**Non-specific Population** (SH and F NOT involved in drug addiction prevention & treatment)
Service providers	SH-S	SH-NS
Families	F-S	F-NS

This would allow for a more complete level of analysis, further deepened through the analysis of independent variables (i.e. gender, age, education, number of children, etc.), which would permit a more in-depth post-recruitment sample stratification. Furthermore, involving a representative sample and using links with a specific extension according to the region would allow for territorial analysis and comparisons among categories; moreover, it would also allow for the verification of whether the information in the questionnaires differs according to territories or whether it is nationally consistent.

On the one hand, the aforementioned analysis could reveal factors and information through categories, thus allowing universal prevention information; on the other hand, it could reveal groups of factors which are specific for groups of subjects, thus allowing selective prevention criteria.

Figure 4



The model above has the following features:

- Schedule structure and adaptability of the survey tool
- Possibility of analysing territorial differences

- Analysis of the results in relation to the group subjects belong to and to their descriptive characteristics (age, schooling, previous experiences at addiction services, etc.)
- Ease of access and automation of data collection and reporting
- Reduction of man-hours to administer the survey
- Automatic clustering of accesses
- Longitudinal monitoring of the experimental sample
- Automated randomization of survey items, as a control tool
- A statistical analysis that could reveal all possible connections among the investigated factors, in order to determine both general and specific information
- Easy-to-use application tool that can analyse different factors without implicating order and sequence effects.

2.8 Comparative analysis of aggregate data

In total, 757 questionnaires were collected, of which n. 151 produced by service providers (S) and n. 606 from families (F). Only the complete questionnaires were considered valid and therefore included in the statistical analysis protocol; for service providers, data to be analysed were 149/151 (i.e. 98.67%); the sample is 63% women and 37% men, with an average age range of 36 to 55 years (64%), with a percentage of 57% undergraduate and postgraduate schooling, with work experience in that service over 15 years (50%), and with relevant work experience over 15 years (54%). 70% declare that they have direct contact with families and that there is a specialization related to addiction issues in 63% of cases.

With regard to the families interviewed, a total of 359/606 questionnaires (60%) were considered to be analysed. Of these, 72% women and 28% men, with an average age of 46-55 years, with high school education in 37%, and university degree in 22% of cases, with one or two children (67%) with an average age range of 12-20 (75%). 76% declare that they have never used a drug addiction treatment service.

Below are the descriptive and statistical evaluations for each category (Q) and its sub-components (SQ) investigated.

QS: *Question Service providers*

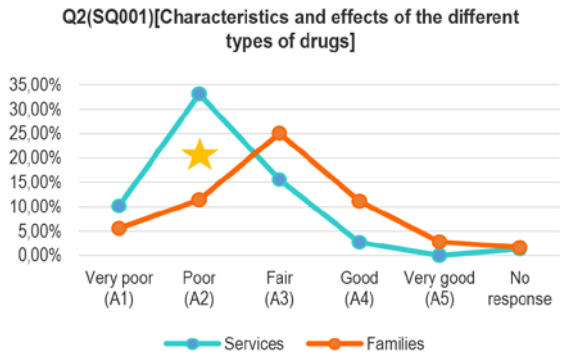
QF: *Question Families*

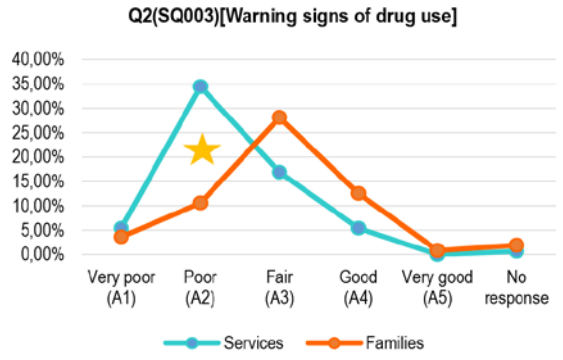
Categories considered	VULNERABILITY	SKILLS	INSTRUMENTS	NEEDS

QUESTION Q2 - Category considered: Vulnerability

QS - *What level of knowledge do you think the families involved in your service/institution have on the following issues?*

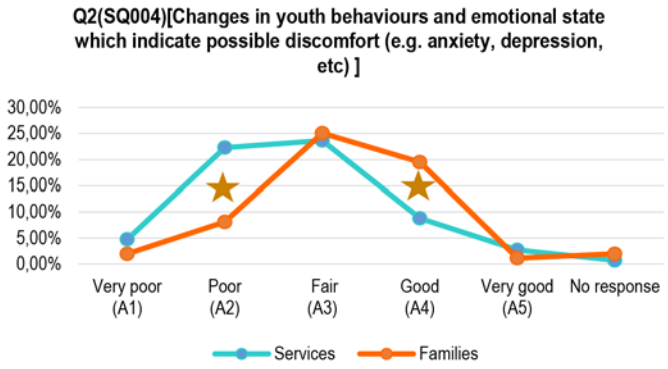
QF -*What do you think your level of knowledge is in relation to the following issues?*





Comparing the response frequency in percentage terms to the sub-components, the responses reveal a statistically significant difference (★p<0.05) between perceptions of services operating in the prevention of substance use and/or in addiction treatment and families, with particular reference to the "characteristics and effects of the different types of drugs" and "warning signs of drug use".

Also significant is the perception of the level of knowledge of families on "changes in the behaviour of young people" as a possible sign of discomfort, and therefore of vulnerability, with a high percentage of "High" responses from families. The assessment could also reflect the perception of an implicit feature of the parental role.

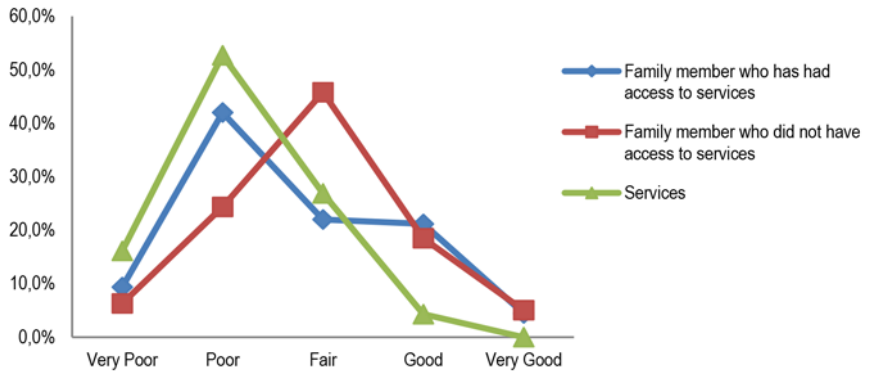


In this diagram, the double significance highlights the different perception between operators and families on the behavioural changes of young people even more. For operators, the family is poorly inclined to observe such changes, while for family members, the perception is diametrically opposite.

The evaluation expressed by the service providers in these three questions (Q2 SQ001, Q2 SQ003, Q2 SQ004) could be explained by the characteristics of the families who turn to the services to which they belong, or users with a manifest pathological picture. The perception of service providers, therefore, could be "conditioned" by daily clinical practice, which intersects with a reality characterized by families with poor skills and/or knowledge in relation to addiction, and with a lack of early recognition of the phenomenon.

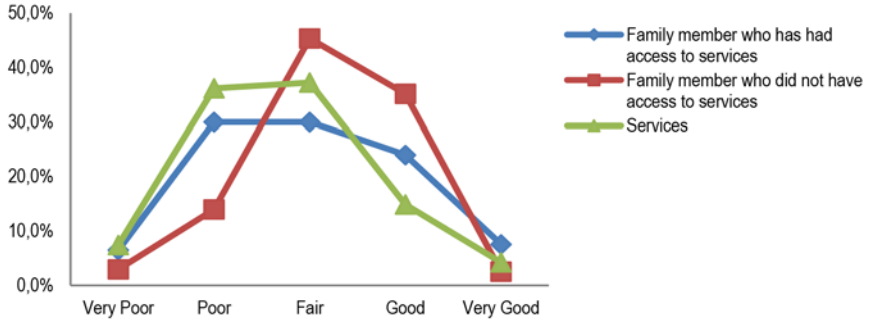
To verify the reliability of this observation, an in-depth analysis was carried out by inserting, as an independent variable for families, the previous experience of access to addiction services, or lack of experience in such services.

Knowledge Characteristics and effects of different types of drugs - (Q2 Sub 1)

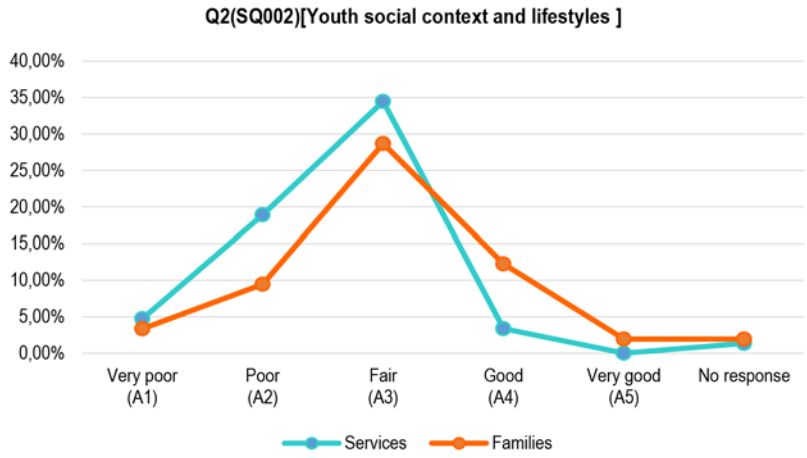


Knowledge Warning signs of drugs use - (Q2 Sub 1)

Knowledge Changes in youth behaviours and emotional state which indicate possible discomfort - (Q2 Sub 1)



Comparing the three diagrams (Q2 Sub 1) there is a clear convergence between the answers given by the operators and families with a previous contact, with the answers given by the addiction services; this reinforces the idea that, in the population that has had direct experience with the disease, a perception of the family as a more fragile system with generally inferior knowledge is frequent. This assessment differs considerably from that expressed by the general population without previous direct experience in the field of addictions.

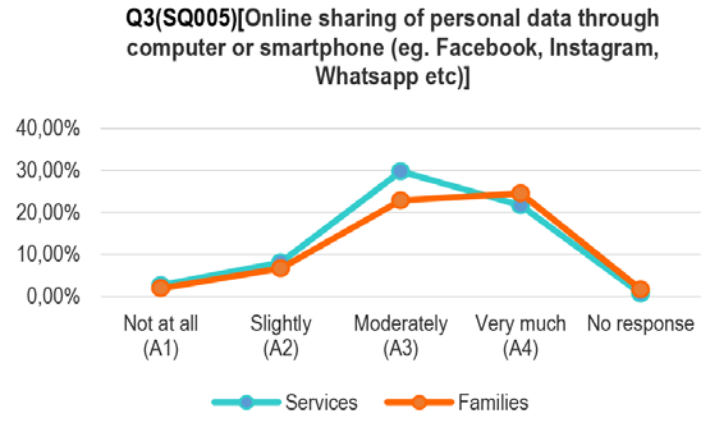


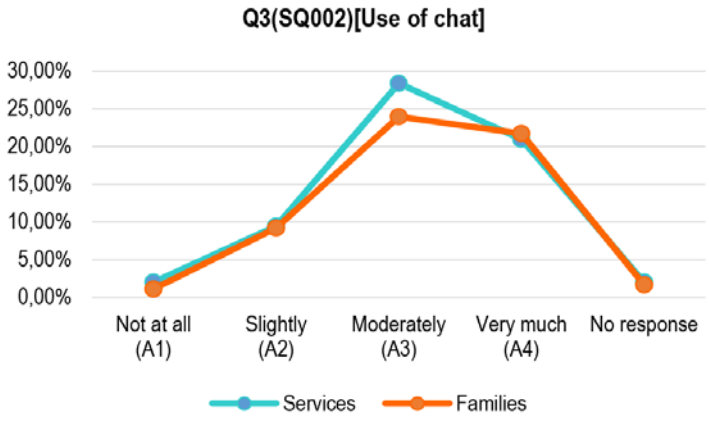
Both groups express a “Fair” evaluation on the knowledge of the social context and lifestyle of young people.

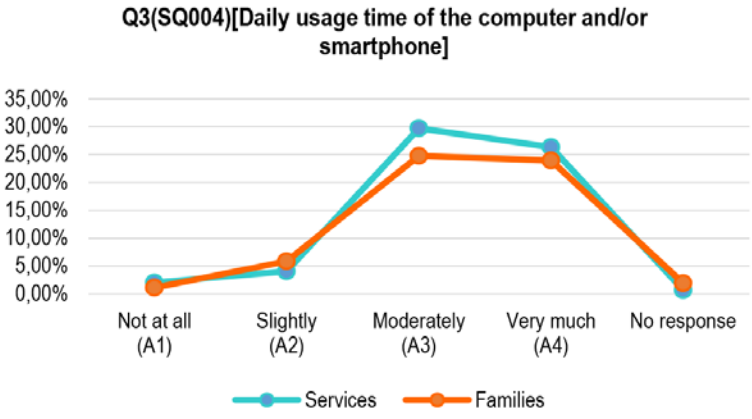
QUESTION Q3 - Category considered: Vulnerability

QS - *To what extent do you think that families should monitor the following youth online activities to prevent drug use?*

QF - *To what extent do you think that families should monitor the following youth online activities?*

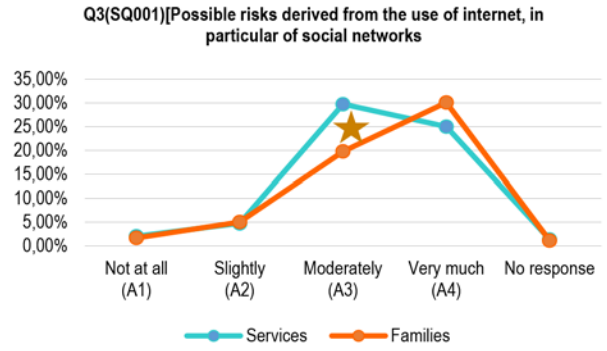


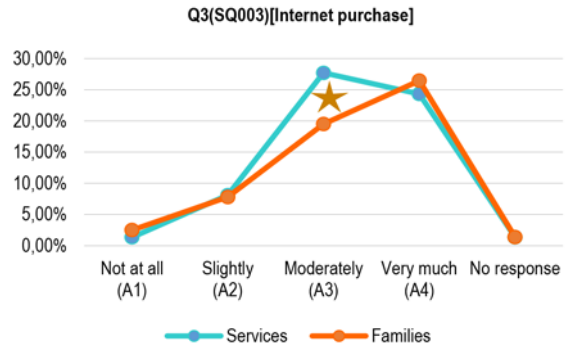




The analysis of the factors relating to access and use of the internet, or in general to socialization and relationships through digital platforms, highlighted a tendential overlap in the response rates between family members and operators who considered it to be “Moderately” or “Very much” important to monitor the “sharing of information online”, the “chats”, and the “daily use of the computer / mobile phone”.

This reflects the perception, shared between family members and operators, of a potential vulnerability condition as a consequence of the exchange of information through systems that could not guarantee the necessary privacy protections or the mismanagement of private and/or sensitive information.



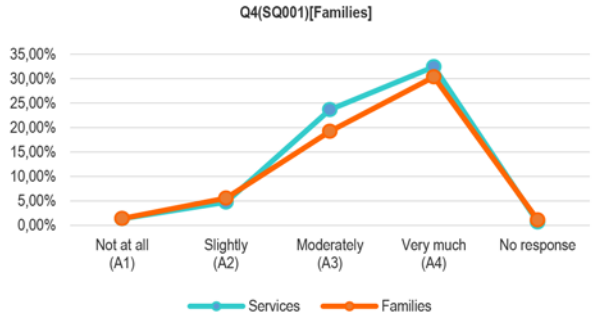


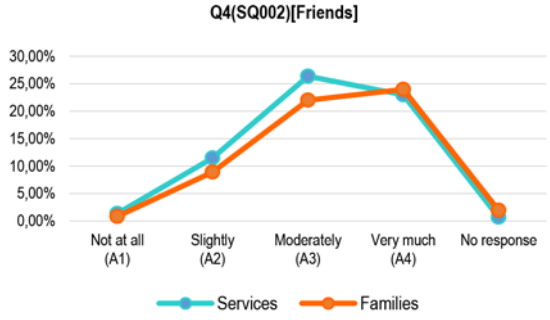
There is also a significant difference in the response rates regarding the importance of monitoring access to “potentially risky sites” (Q3 SQ001) and “purchases via internet” (Q3 SQ003).

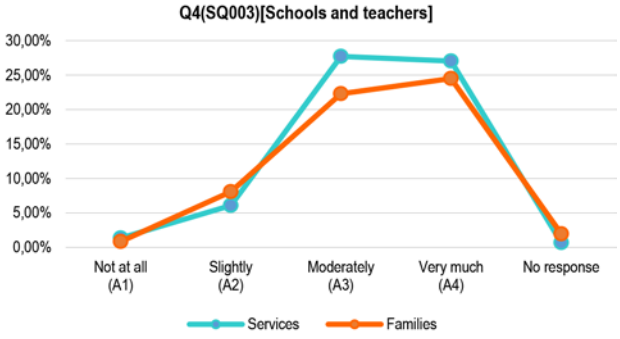
It is evident, in fact, that service providers attribute less importance to such behavioural actions than families. This difference can be attributed to the "parental control attitude" typically expressed by the “families”, regardless of the problems related to addictions.

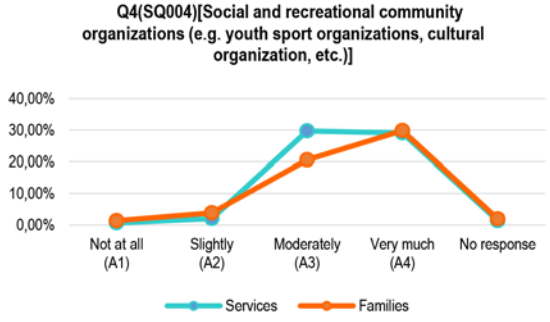
QUESTION **Q4** – Category considered: Skills

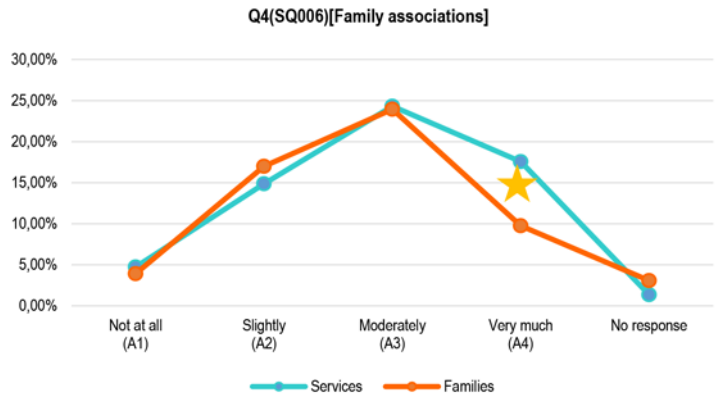
QS - QF - *To what extent can the following support families in preventing drug use among youth?*





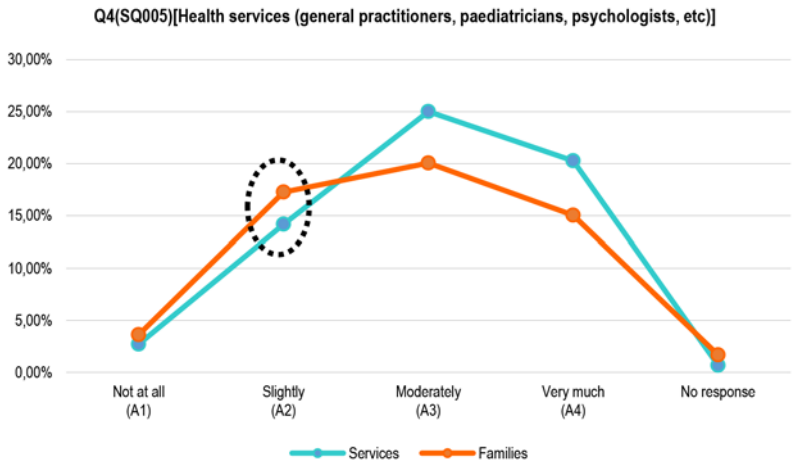




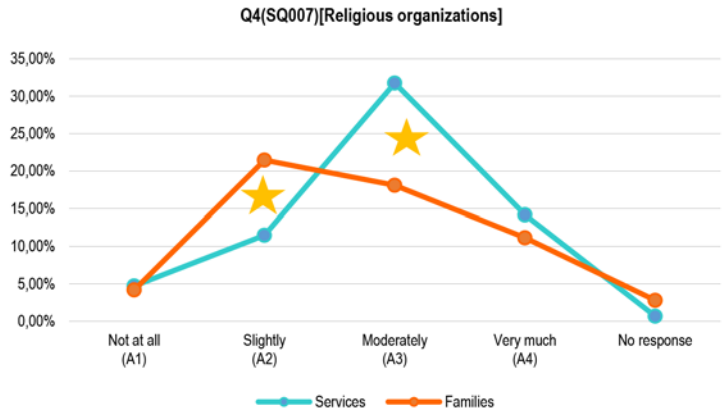


The response rates show an absolute convergence between families and service providers in identifying as "Very" important "family members", "friends", "school and teachers" and "reference figures in the associations" in supporting families in the prevention of substance use. This data reinforces the idea that an organized and functional territorial network can represent the element, recognized by the sample, potentially capable of intervening and amplifying an early prevention and social support function.

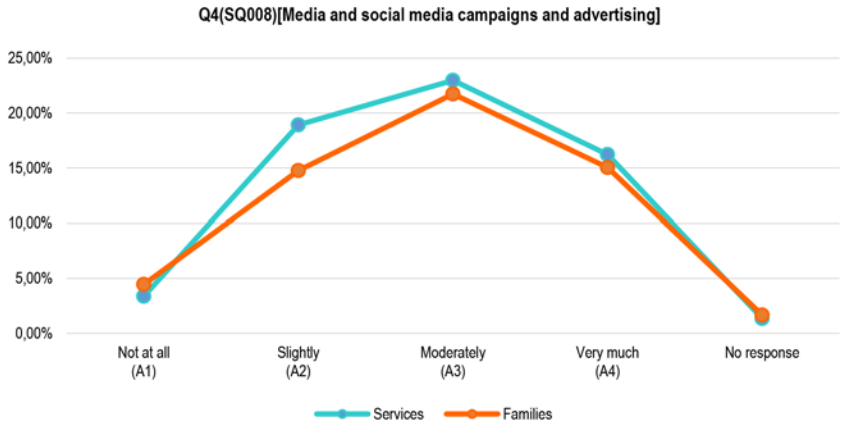
On the other hand, it is interesting to observe how the scarce utility of the action of the "social and health services", represented for example by general practitioners and paediatricians, is underlined.



This observation would require further investigation to understand whether the data also describes a disconnection between the local health services and families or an assessment of the lack of specificity of these services in relation to addictions in itself.



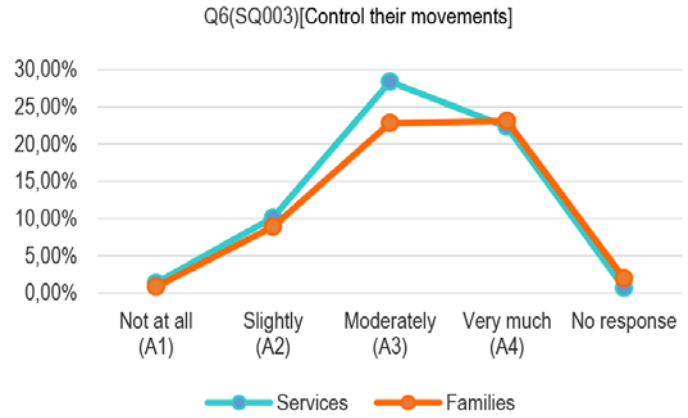
There is a statistical difference concerning the usefulness of "family associations" (Q4 SQ006) perceived by families and service providers. In fact, the latter consider these associations to be more useful than those considered by families, probably because they recognize the importance of caregiving in relation to the care process and the usefulness of supportive and integrative intervention in *peer to peer* processes. Similarly, although the diagrams show that, in general, "religious organizations" (Q4 SQ007) are perceived as unable to support families in preventing drug use among young people, service providers provide a more relevant evaluation. This data could be explained by the fact that, in some cases, the person providing the services appears to be a religious officer.

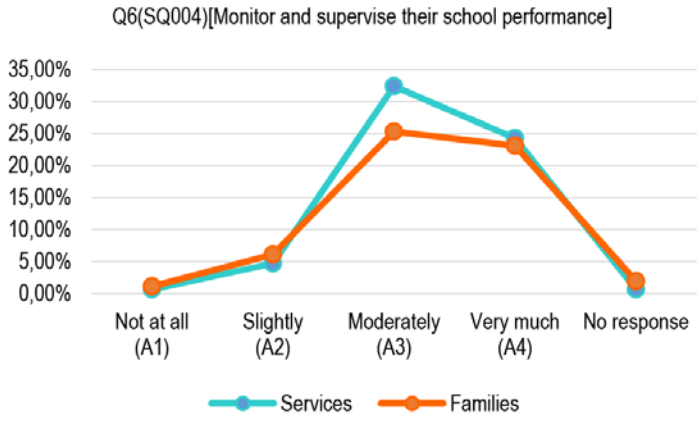


From a qualitative point of view, it is also interesting to note the concordance between service providers and family members with respect to the scarce usefulness of advertising and media campaigns.

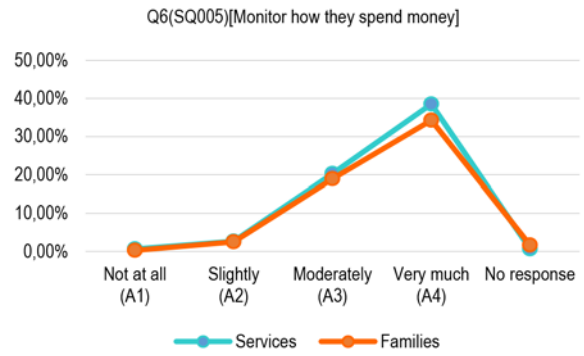
QUESTION **Q6** - Category considered: Skills

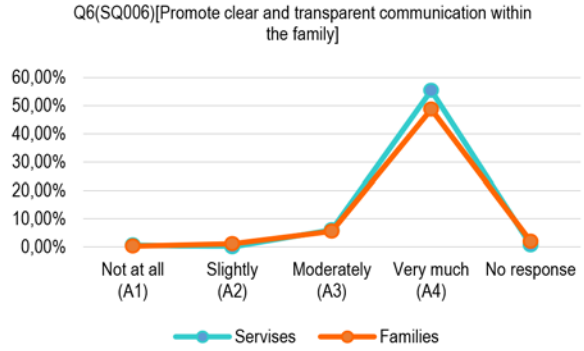
QS - QF ***- To what extent do you think that the following measures adopted by the families can prevent drug use among youth?***



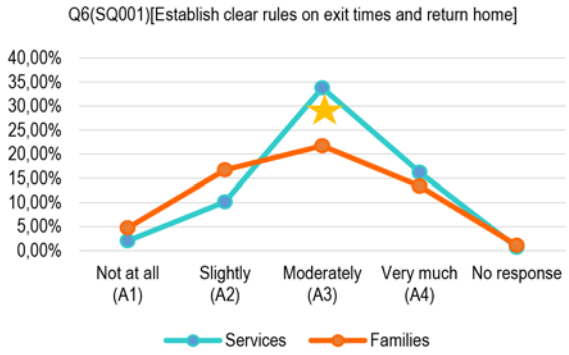


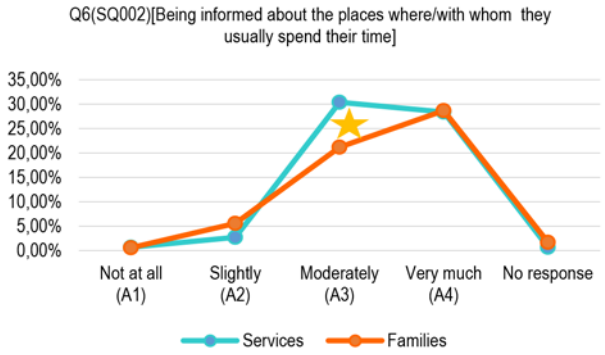
Subjects commonly express the idea that it is essential to create “a welcoming atmosphere and open communication” in the family context. Furthermore, there is agreement on the importance of carrying out, within this context, a careful control function in relation to “the use of money”, “monitoring of movements and habits” and in also evaluating as an indirect index the “school performance”.





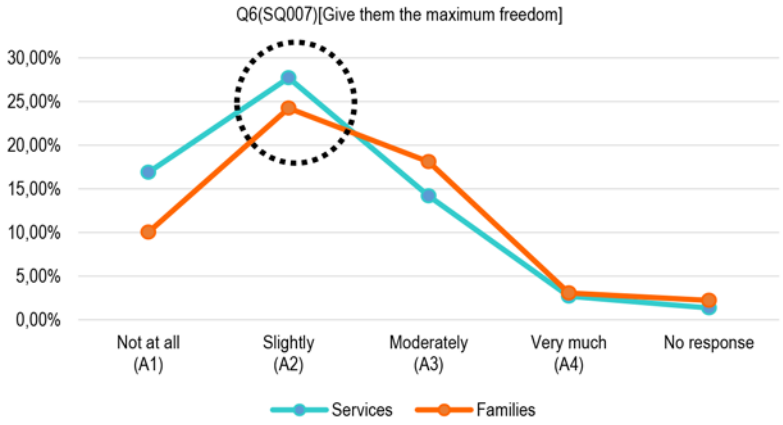
The curves show an interesting trend that highlights how the use of money and the family atmosphere are perceived by both operators and family members as very important factors for the prevention of drug use.





Compared to families, service providers consider "establishing precise rules on exit time and return home " (Q6 SQ001) particularly functional to the prevention of drug use among young people, also underlining the importance of the environmental context in which young people could be engaged in potentially dangerous behaviours in relation to the use of substances.

On the contrary, families consider more functional "being informed about where/with whom offspring usually spend their time, friendships and places of frequentation" (Q6 SQ002).

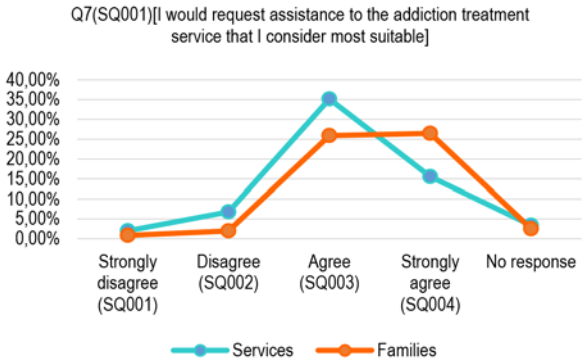


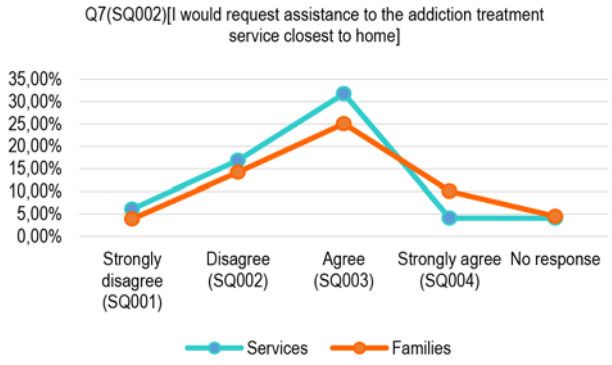
The answers given to this "testing question" witness the correct attention of both groups in answering the questions of the questionnaire.

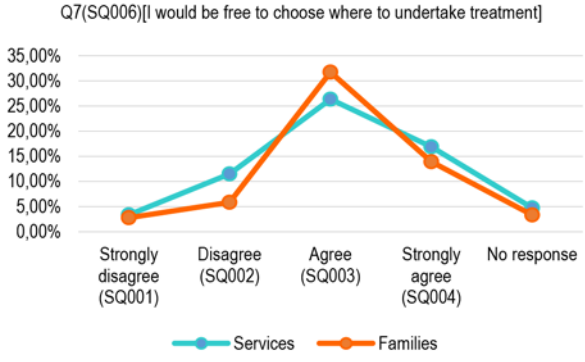
QUESTION **Q7** - Category considered: Skills

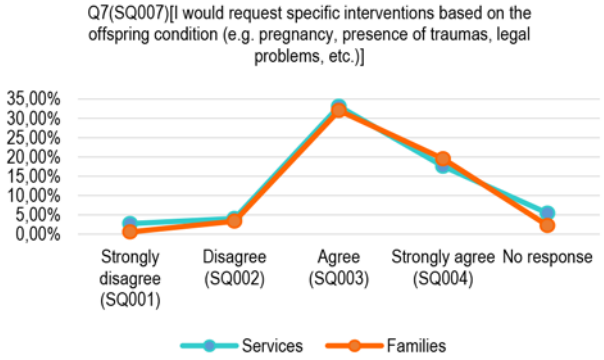
***QS** - In your opinion, what degree of agreement/disagreement could families belonging to your service/institution express relating to the following statement: "If I were certain that my son/ daughter had issues related to drug use ..."*

***QF** - Please indicate your degree of agreement/disagreement with the following statements: "If I were certain that my child had issues related to drug use..."*

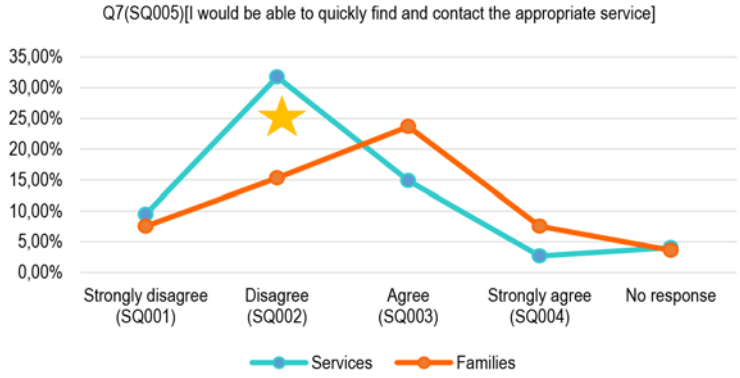




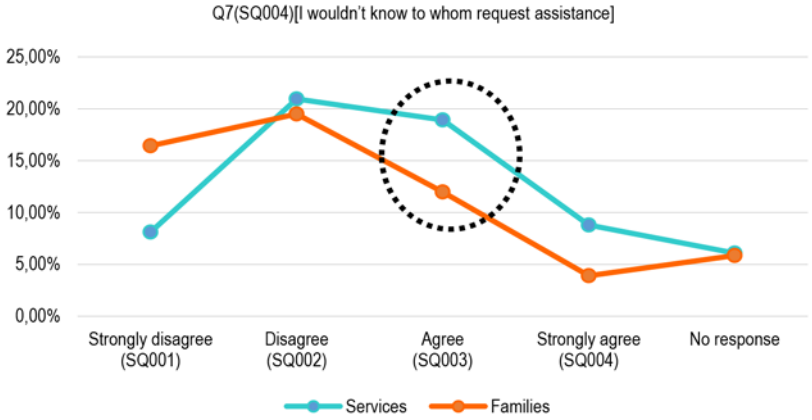




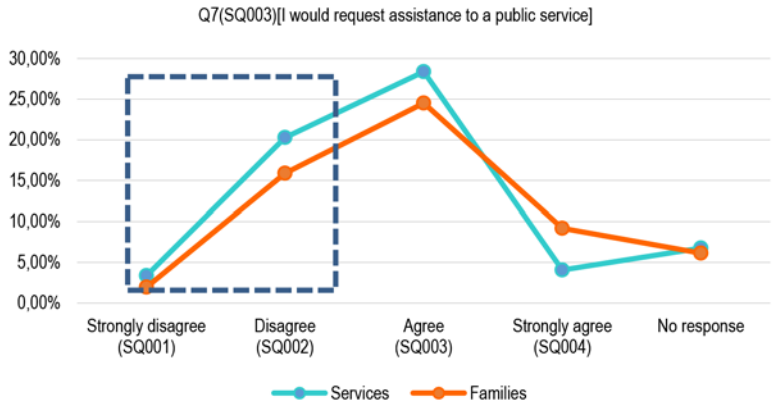
The diagram shows a coherence between the two groups in emphasising the importance of identifying the service able to provide a specific intervention "as best suited" to the final user, as well as "close to home" and also considering the "freedom of choice" regarding the place of treatment service.



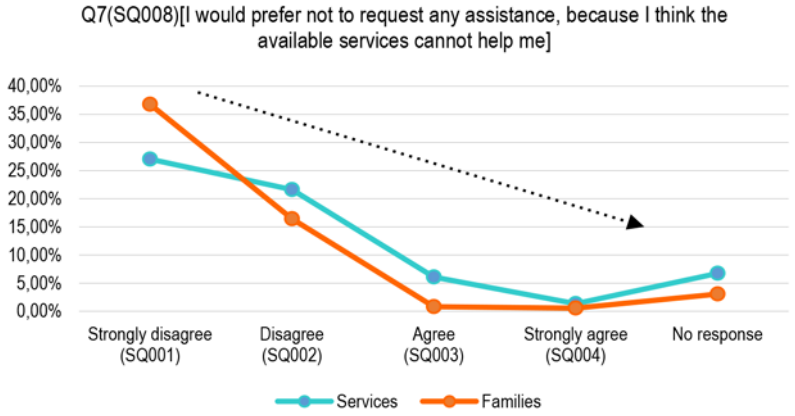
The diagram confirms operators' perception of the families' poor ability to quickly identify and contact the right service.



Qualitatively it is interesting how the operators indicate an inability of the families to identify who to turn to, in case of need.



More than one third of the sample involved in the pilot survey did not express a preference criterion between public and private services.

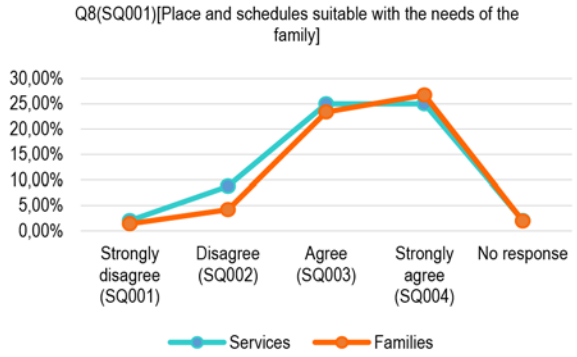


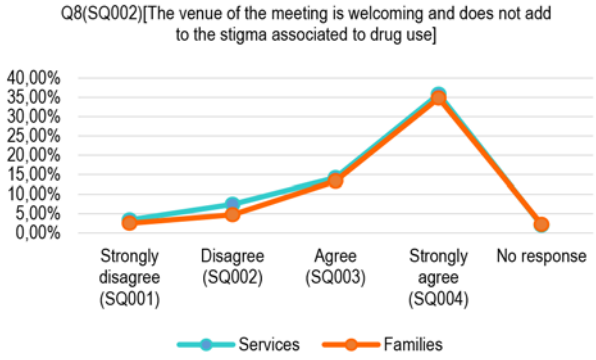
Also, the answers given to this “testing question” demonstrate the correct attention of both groups in answering the questions of the questionnaire.

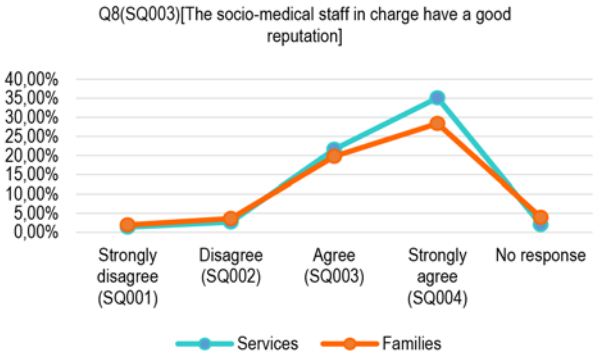
QUESTION **Q8** - Category considered: Instruments

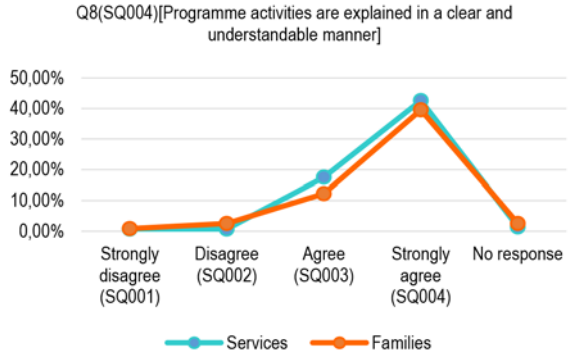
QS - In your opinion, how important are, for families, the following characteristics that prevention and care programmes should have?

QF - In your opinion, how important are the following features that prevention and treatment programmes should have?

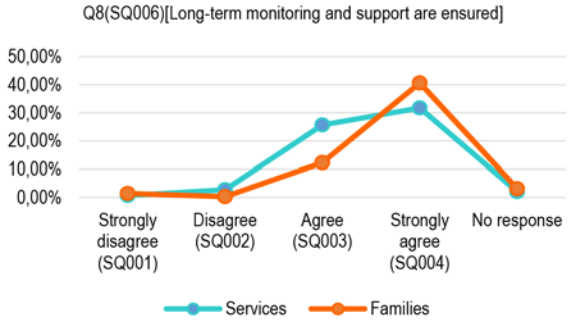


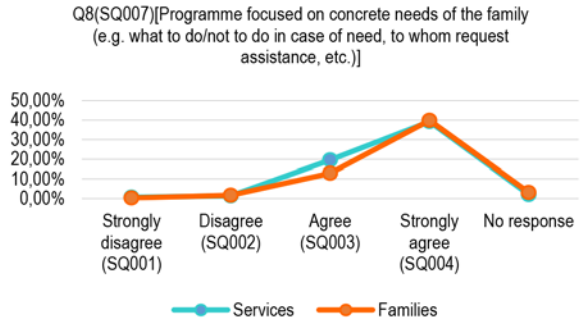




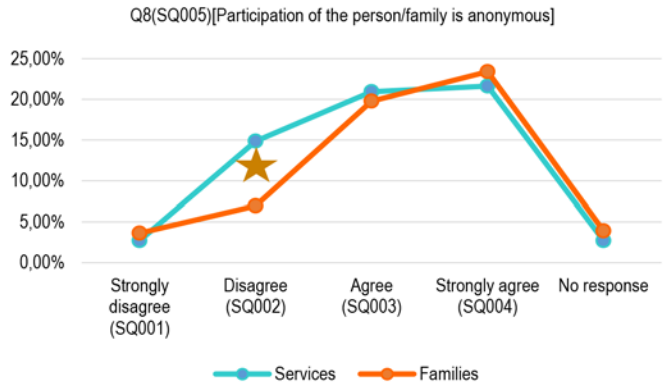


In the category explored, subjects describe as relevant, with overlapping percentages of answers, "place and hours of service compatible with the needs" of the applicant, together with a "non-labelling" of the user as a drug addict, in the presence of "socio-sanitary personnel with good reputation "and in the presence of a clear and exhaustive explanation of the therapeutic programmes".





From a qualitative point of view, it is interesting to note a cohesion of the subjects in the request for "long-term monitoring and support" of the therapeutic path and for "programmes focused on concrete needs of families".



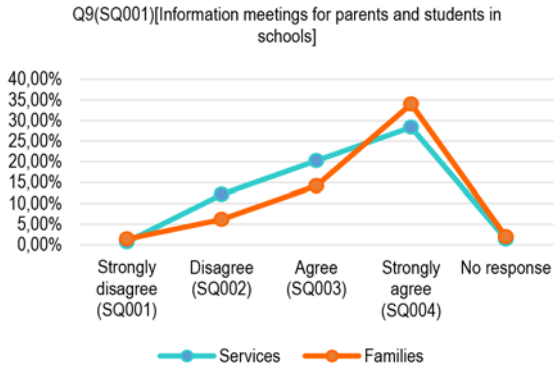
Anonymous participation seems to be a greater expectation for the service providers than a real concern of the families.

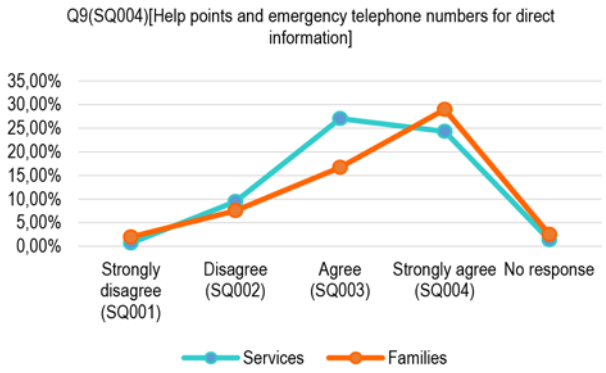
The overall assessment of the areas indicated shows an interesting coherence between families, potential users of a service, and operators, in relation to the characteristics of the service itself.

QUESTION **Q9** - Category considered: Instruments

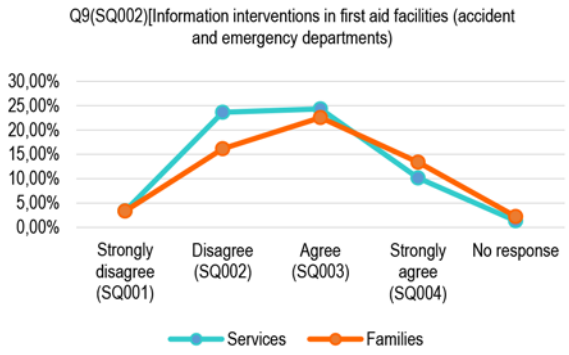
QS - ***In your opinion, how useful does the family consider the following interventions to prevent the use of drugs among young people and the possible onset of an addiction?***

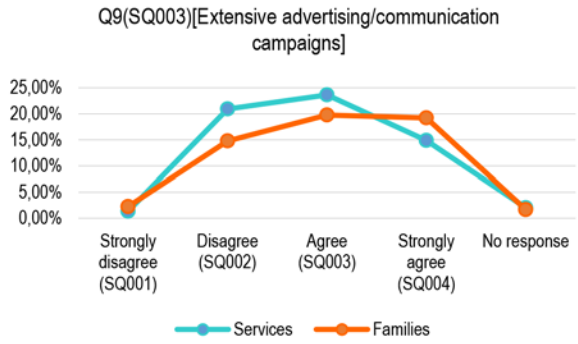
QF - ***In your opinion, can the following interventions help the family to prevent drug use among young people and the possible onset of an addiction?***



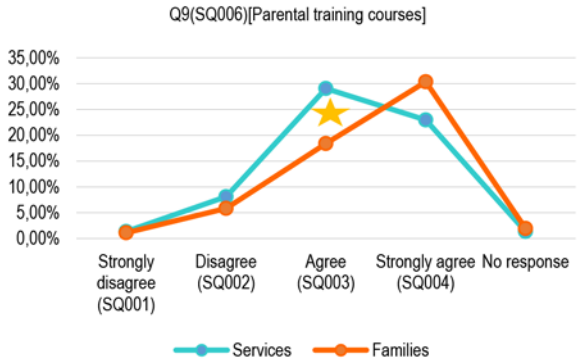


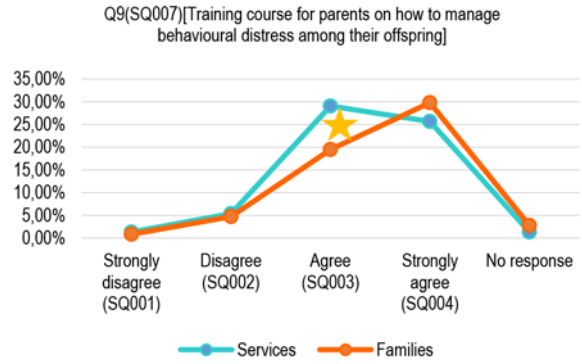
The diagrams show equal interest for both groups, in relation to information meetings and direct contacts through special numbers.



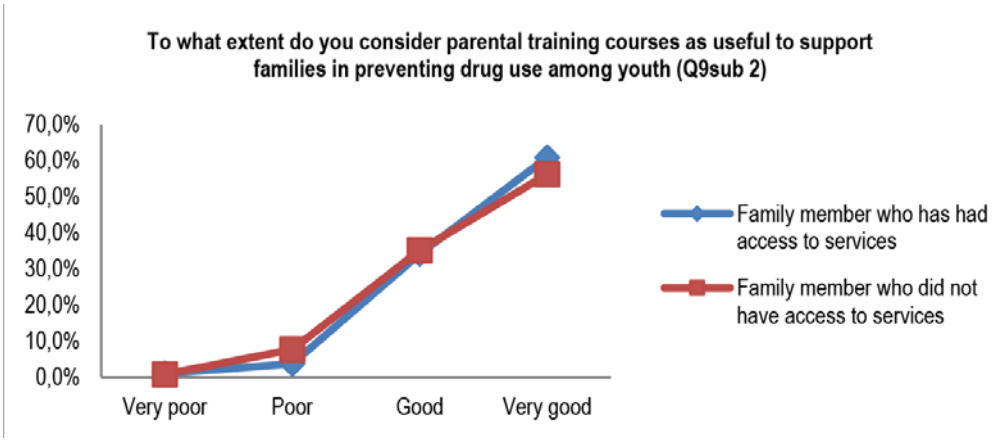


On the contrary, for the two groups of subjects, “training in first aid facilities” and “advertising and/or awareness campaigns” do not seem to be so relevant (this data is consistent with the parameter that repeatedly emerged on the advertising campaigns explored in Q4 SQ008).

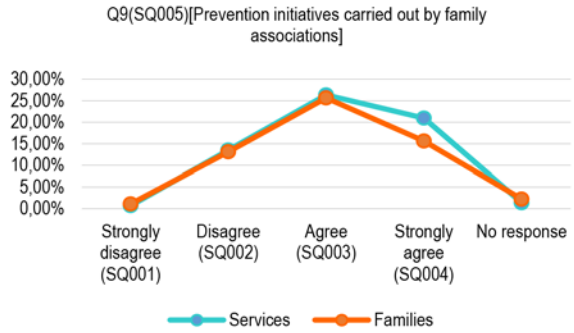


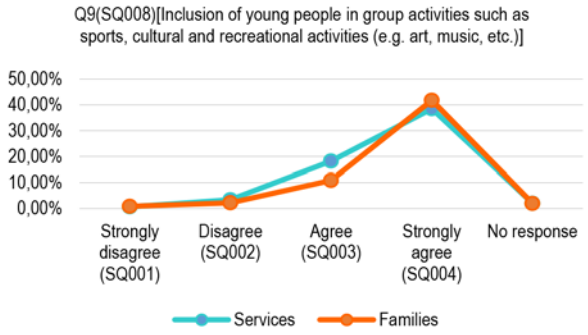


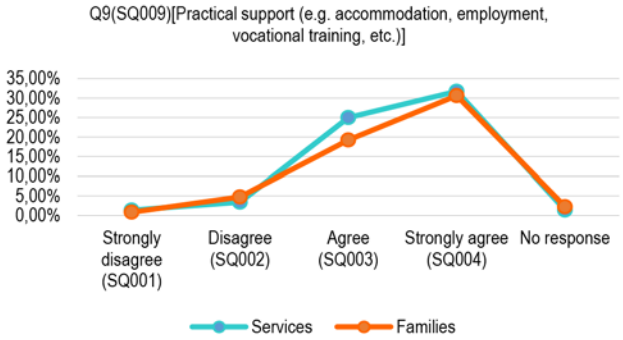
The significant differences show a different perception of the opportunity for specific training, which is valued more by families than by operators, despite the fact that both consider it an important factor.



A sub analysis was carried out (Q9 sub 2) comparing the percentages of responses between families with and without experience in services for drug addiction. The overlapping of the response percentages offered by the diagrams clearly indicates how the indications expressed refer to needs of a generic family type.





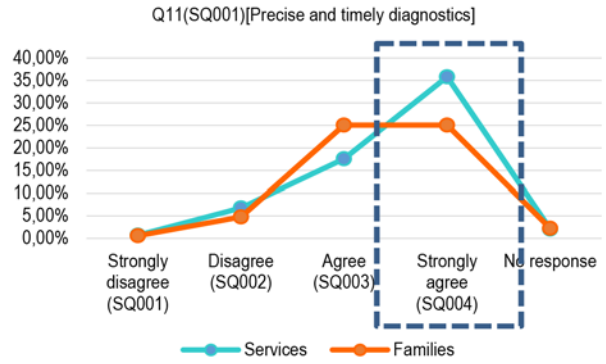


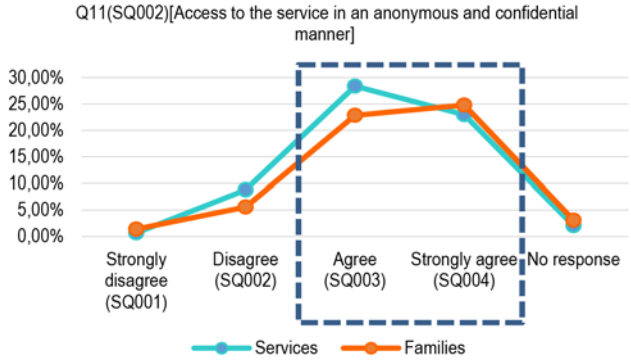
Both groups underline the importance of "involving children in sports", in implementing "practical support activities" and in stimulating or encouraging the actions of "family associations", even if the latter appears to be the least relevant.

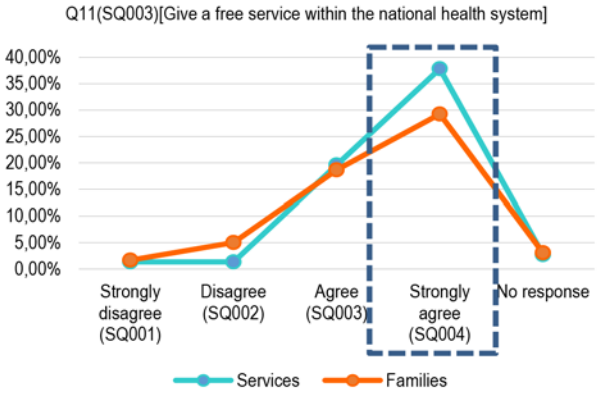
QUESTION Q11 - Category considered: Needs

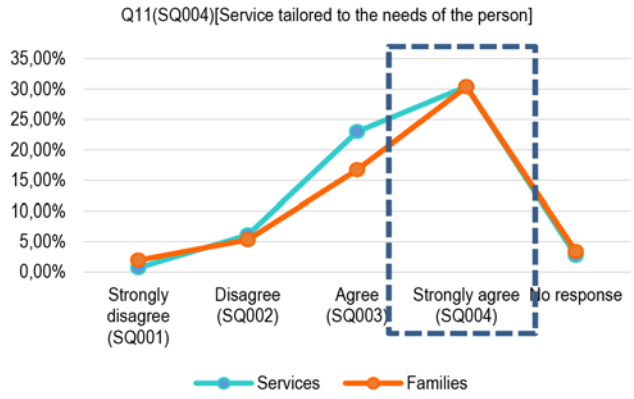
QS - In your opinion, how much does the family expect addiction care services to be able to offer the following services?

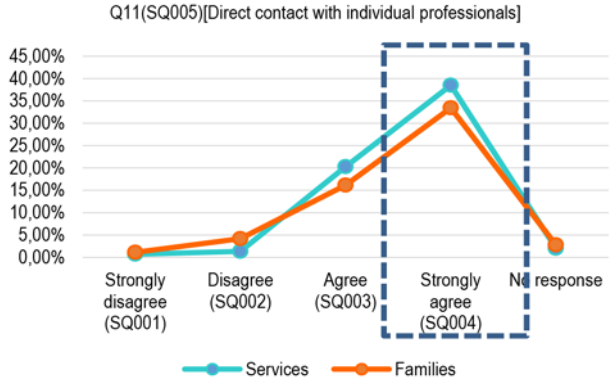
QF - How much do you expect addiction care services to be able to offer families the following benefits?

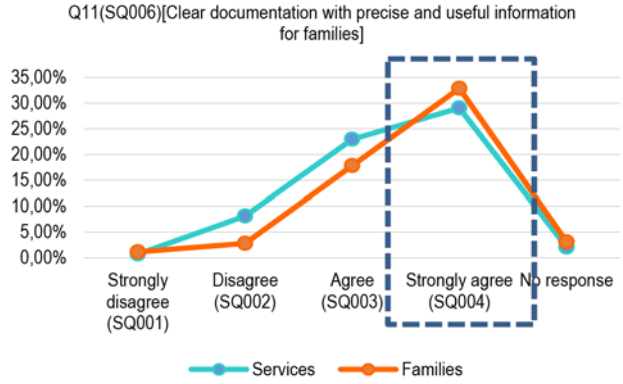


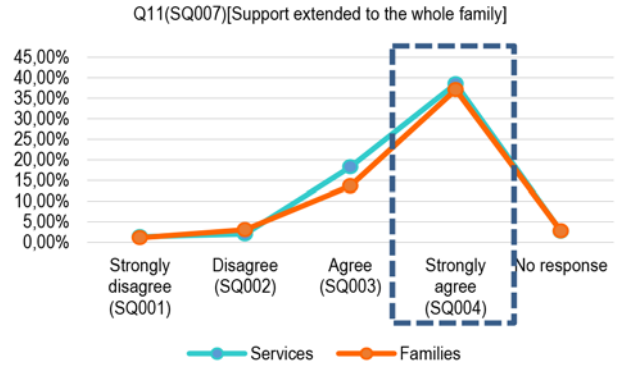


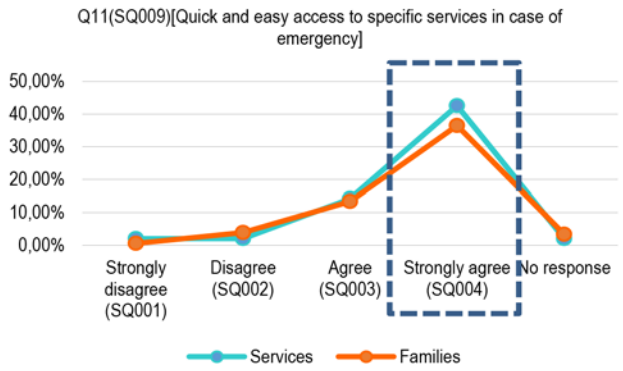



Q11(SQ004)[Service tailored to the needs of the person]
35,00%
30,00%
25,00%
20,00%
15,00%
10,00%
5,00%
0,00%
Strongly disagree (SQ001)
Disagree (SQ002)
Agree (SQ003)
Strongly agree (SQ004)
No response
Services
Families

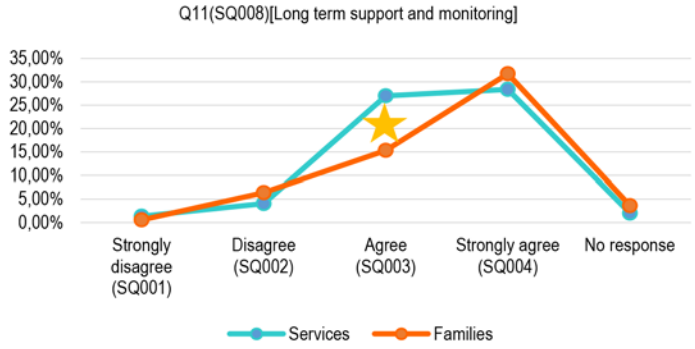

Q11(SQ005)[Direct contact with individual professionals]
45,00%
40,00%
35,00%
30,00%
25,00%
20,00%
15,00%
10,00%
5,00%
0,00%
Strongly disagree (SQ001)
Disagree (SQ002)
Agree (SQ003)
Strongly agree (SQ004)
No response
Services
Families


Q11(SQ006)[Clear documentation with precise and useful information for families]
35,00%
30,00%
25,00%
20,00%
15,00%
10,00%
5,00%
0,00%
Strongly disagree (SQ001)
Disagree (SQ002)
Agree (SQ003)
Strongly agree (SQ004)
No response
Services
Families


Q11(SQ007)[Support extended to the whole family]
45,00%
40,00%
35,00%
30,00%
25,00%
20,00%
15,00%
10,00%
5,00%
0,00%
Strongly disagree (SQ001)
Disagree (SQ002)
Agree (SQ003)
Strongly agree (SQ004)
No response
Services
Families



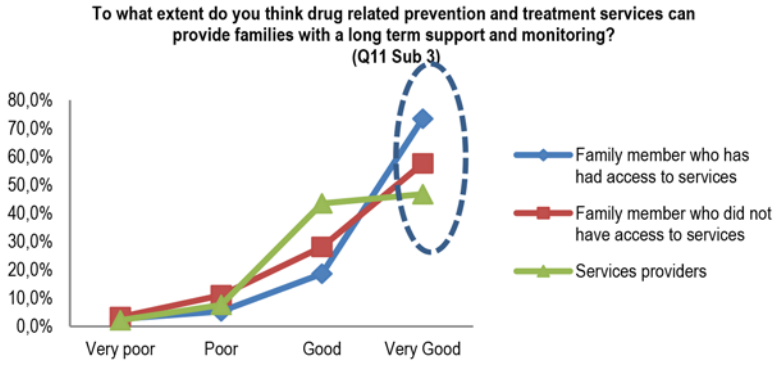
Both groups offer the same aggregations in percentages, also analysed through independent variables such as age for families and years of seniority for operators, in relation to the expected services.



Important for both groups are “precise and timely diagnostics”, a “free service through the national health system”, a “service tailored to the needs of the person”, “direct contact with the operators”, “clear documentation with precise indications”, “support that also extends to the users’ families” and “easy and quick access in case of emergency”.

Less important, for both groups, appears to be “access to the service in an anonymous and confidential form”.

The analysis shows a significant difference in the response rates of the two groups in the component “providing a service for a long time” (Q11 SQ008) with a greater relevance for families compared to operators.

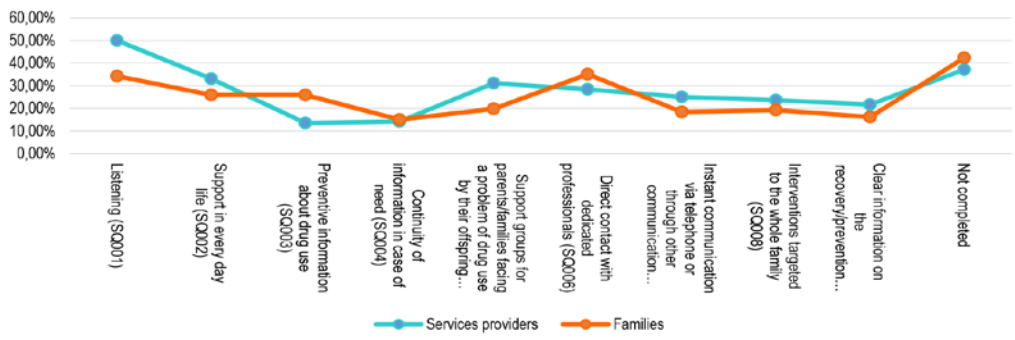


With regard to long-term care, the in-depth analysis (Q11 sub 3) compared the response rates between operators, families who have had contact with services and families who have not had contact with services. The diagram shows how the largest percentage refers to families who have had contact with the services, underlining the need for a prospective key worker who can manage the entire rehabilitation process.

QUESTION **Q12** - Category considered: Needs

QS - Please, choose the four most important aspects that, in your opinion, the family would like to have guaranteed by a prevention and treatment programme for problems related to drug use.

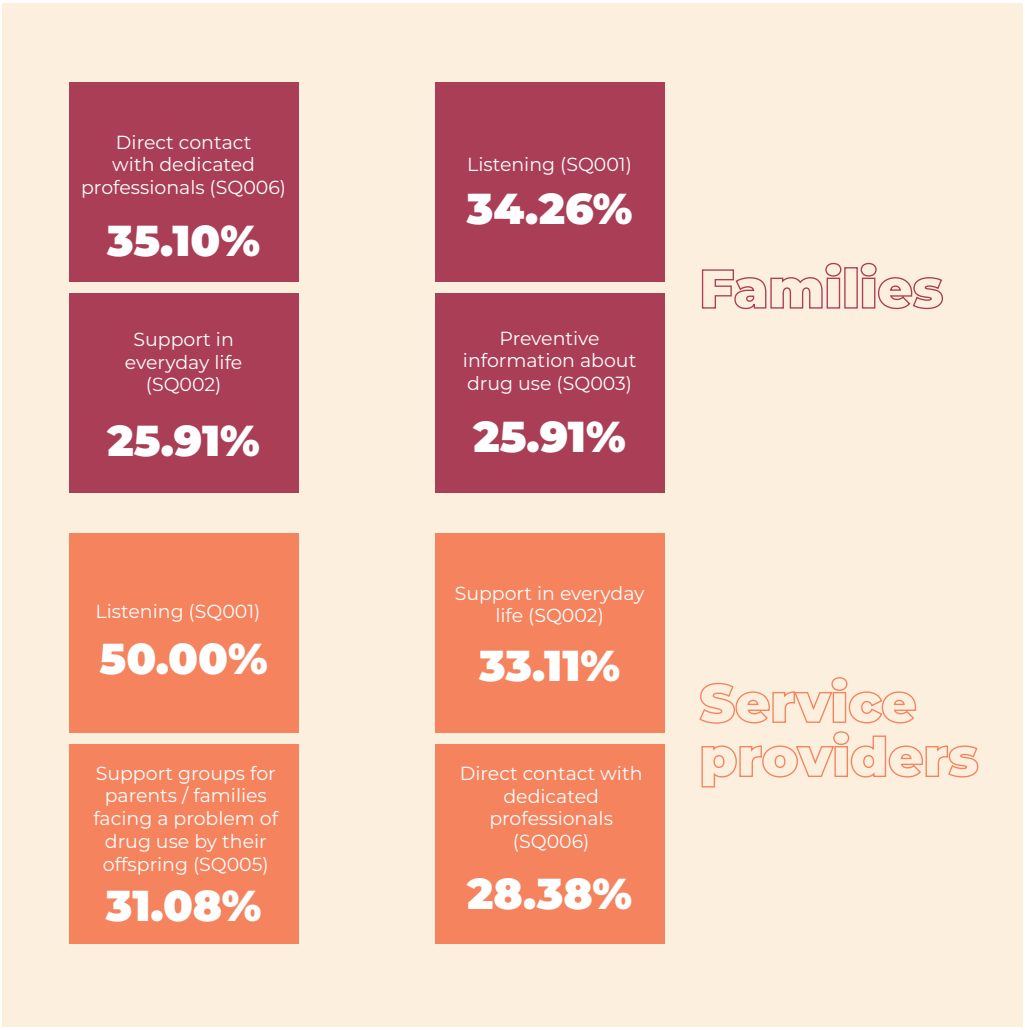
QF - Please, choose the four most important aspects that your family would like to have guaranteed by a prevention and treatment programme for problems related to drug use.



In this question, both groups had to identify four out of nine items as most relevant. The data shows the percentage of choice made by the two groups. It is interesting to note that there is a statistically significant difference in the aggregation of choice on the "listening" factor (Q13 SQ001), most identified by the operators, while the "referent/tutor" category is the first choice of families.

It is also interesting that both groups have chosen three out of four common factors and that the only difference is the choice for families of "preventive information on drug use", while for the operators the need for "comparison for families". This figure indicates a strong concordance rate.

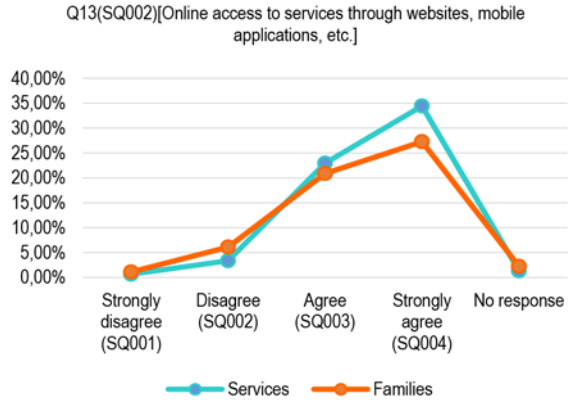
Figure 5

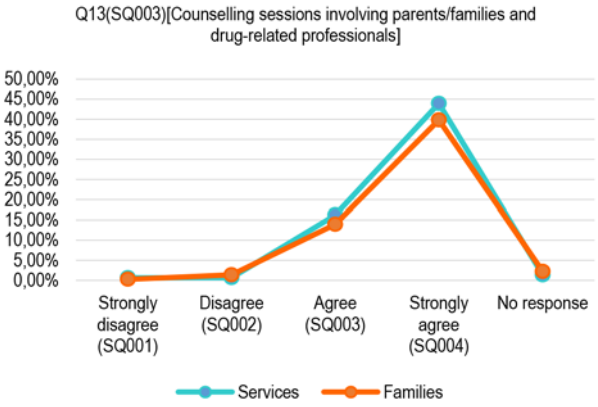


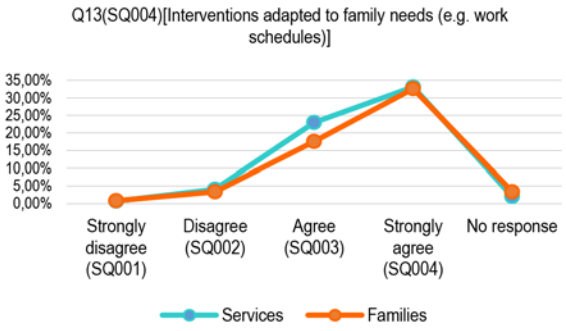
QUESTION Q13 - Category considered: Needs

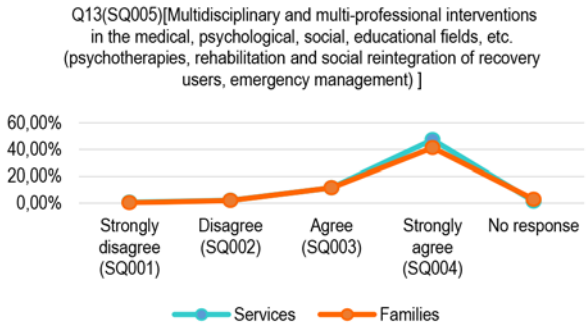
QS - In your opinion, for a family where children have problems related to drug use, how important are the following services?

QF - In your opinion, for a family where children have problems related to drug use, how important are the following services?

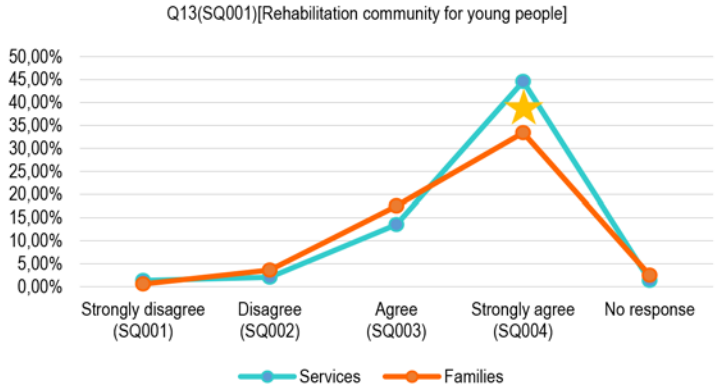








The response percentages expressed by the two groups offer an overlapping of responses, recognizing as particularly important "access to information on services available also in digital form", as well as the presence of "specialist interviews with parents and families", the possibility that the interventions can be "adapted to the family and work needs of users", the presence of "specific interventions", the presence of a "network of services that collaborate across the territory" and the availability of "legal assistance services".



It seems there is a significant difference between the groups, with a greater relevance for the operators, regarding the functionality of the therapeutic communities.

Although both groups recognize its relevance, practitioners statistically differ from families in assessing "therapeutic communities for young people" (Q13 SQ001) as very important. This data can be explained by evaluating the specificity of the relationship between service providers and rehabilitation communities, which represent the territorial interface of reference as residential rehabilitation services.

SECTION 3
The Focus Group

3.1 Description of the initiative and summary of the discussion

The Focus Group was held over two working days; it involved institutions, representatives (Ministry of Health, Ministry of Education, University and Research, Department for Anti-Drug Policies, Central Directorate for Drug Services, National Anti-Mafia and Anti-Terrorism Directorate), civil society (professional associations and parent associations), the Academia and the public and private health sector (Ser.Ds and communities); they discussed the protective role of the family, the specific needs of the latter and how the dedicated services can respond more precisely and effectively to the identified needs.

A summary of the results of the pilot survey, which was the basis for discussion and debate during the first working day of the Focus Group, had been sent to the participants in advance. During the second day of work, the discussion instead focused on intervention proposals and policy lines shared by the participants on the basis of the different areas of intervention identified during the previous day.

The information gathered during the Focus Group and the indications provided by the participants highlighted the urgent and inevitable need to identify the family as a primary interlocutor for any type of preventive action concerning problems related to drug use by the young. In this regard, it emerged that the family has been little examined as a subject and instrument of preventive action and that, at present, at a national level there are no strategic interdisciplinary projects that consider its central role.

It also became apparent that the need to consider an articulated scenario in which the family – if interconnected with a defined, structured, trained, and informed territorial network – may become the most effective prevention tool. Thus, the activities carried out by and for schools, social and health services (public and private affiliated with

the National Health Service) and professional associations (family and parent associations, etc.) are fundamental.

Although the school does not want to be the natural and functional substitute of the family, it represents the educational and training environment par excellence, as well as a place of reception and action which is symmetric to the family; thus, still maintaining their respective roles, they constitute a functional dyad in which children obtain continuous and structured information and articulated and shared opportunities for discussion and support. As a result, this revealed the need for structured and forward-looking actions in favour of schools, and the identification of the different types of guidance (school heads, teachers, and staff) and of specific professional figures who could support and integrate them, such as the school psychologist. Therefore, schools become the ideal context for conducting monitoring, intervention and assessment of preventive actions, including *peer to peer*.

In the territories, in addition to the family-school dyad, people working in social and health services – both specific (services for addiction) and non-specific (general practitioners and paediatricians) – assume special interest regarding prevention integration, support and management. In this regard, the need emerged to create a functional interface network that assumes procedural and training initiatives suitable for the creation of interventions that allow for innovation of the type of services and the enhancement of territorial penetration and communication with the various stakeholders, as well as the maintenance of a more specific and specialized intervention.

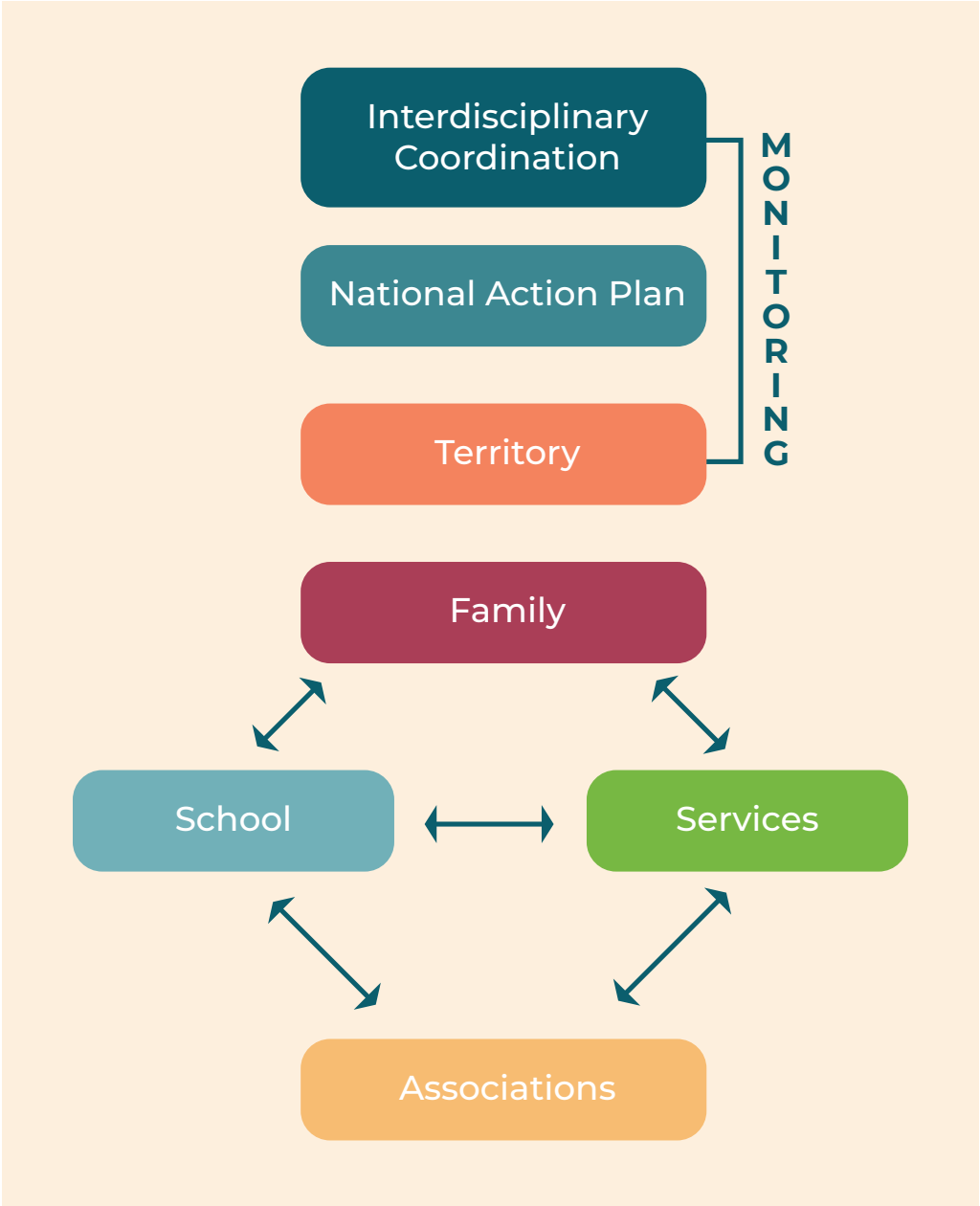
Greater synergy and networking among addiction treatment services, general practitioners and paediatricians could also improve the right of freedom to choose a treatment even in case of addictions, so that those people who decide to be treated in another region could do it without losing the fiduciary relationship with their current service providers, which could continue to follow the patient and intervene at a later stage upon return to the community of origin. This would also lead to a greater circulation of good practices among the services and to the sharing of positive experiences, also with regard to treatments.

However, the aforementioned organization cannot leave aside – both methodologically and pragmatically – interdisciplinary coordination and a national action plan, both usefull for coordinating the activities and specifically articulating the latter according to the subject involved (schools vs services vs the youth); a further element that cannot be left aside are verification tools, both regarding the activities actually provided (*output measure)* and their effectiveness *(outcome measure).*

In this regard, it is essential to use tools that, while taking into account sociological and geographical differences of the territory and respecting an aggregate assessment, could lead to unique verification measures to be shared at a national level. Thus, during the Focus Group, the reorganization and diversification of the pilot survey was also proposed in order to obtain a measuring tool that takes into account the variables described above.

Below is a summary of the identified process.

Figure 6 - Prevention plan at a national level



3.2 Areas of discussion

3.2.1 Territoriality of services/interventions

The results of the questionnaire show that the ease of access to services as close as possible to home is no longer a priority for families. Therefore, it would be important to overcome old practices and the constraint of the territory concerning services dedicated to the treatment of drug-related problems. The right of citizens to freely choose the treatment place/service should be promoted. Nevertheless, it is important to maintain connections with the territory of origin, especially to facilitate families and social reintegration.

3.2.2 Role of the school

The questionnaire showed very high expectations towards schools, as observers and privileged actors; moreover, they are often the only element of contact with families and they have a fundamental role in the education of children/young people. This role cannot be entrusted with practitioners or paediatricians, but a co-responsibility between school and family is needed. Given the educational nature of the large part of protection factors regarding drug use, prevention interventions should start at a very early age.

Within the school, a systemic action involving interventions that vary according to age but follow a common line is needed. When dealing with drug use prevention in schools, teachers and students are frequently discussed, without assigning the right role to school heads; indeed, the latter have an important coordinating role to play. Please note that parents, when children have problems, address the school even before the paediatrician. Therefore, it would be essential for schools to have the correct and necessary information, and a unique protocol to follow in order to properly direct the families towards more specific paths/services.

The training of school heads and teachers should have standards and criteria similar to those of healthcare professionals. Although the school cannot and must not play a role in “treatment”, it would be necessary to ensure adequate training and information to school staff in order to fully confer to the school the role of primary prevention, according to its competence. In this regard, the training of teachers should be aimed at developing and strengthening resilience and assertiveness, as well as at identifying the possible weakness of children/young people, especially the most vulnerable due to family or social circumstances, including drop-out phenomenon.

The Focus Group not only stressed the need of sporadic interventions (e.g. information meetings on drugs for teachers and/or parents), but also continuous interventions (e.g. persons specifically trained to be included in the school's staff, such as the creation of permanent medical/psychological units for school heads, teachers, children and families, so that an integrated action is ensured and performed as early as possible). The aforementioned units should include a school psychologist and a doctor, who should deal with prevention and promotion of correct lifestyles. Moreover, the school psychologist should follow a specific training and then perform a specific role in order to become a point of reference and act in several ways: i) offer broad-spectrum support by helping teachers, students and families to build relationships and create relationships of trust; ii) support school heads and teachers (e.g. to form classes) to understand the needs of pupils and families and to develop teaching methods that could take into account the aforementioned needs, being at the same time useful for achieving educational objectives.

3.2.3 Role of the family

The discussion showed the importance of involving the family in prevention programmes/interventions; however, at present, it is not usually included in the programmes/interventions proposed at a national level by services and institutions. As a matter of fact, the set of specific interventions in which the family is involved is more limited than that in which children and/or school staff are involved. This gap highlights the need to broaden the range of such interventions as well as to reshape those already existent in order to take into greater account the central role of the family and strengthening its protective function as much as possible. In this regard, the importance of setting up a network to support families is highlighted, as they are too often left alone when facing problems related to drug use by their children. First of all, such a network must be able to provide clear and precise information for certain and immediate territorial references.

In addition, the Focus Group highlighted the need – both by services/institutions and the community of parents who benefit from the latter – to support parents more, so that they are better prepared, not only in terms of proper training/information on drugs and addictions, but above all on parental skills in its broadest sense (e.g. educational styles and skills concerning emotional management); please note that those interventions are effective not only in preventing drug use among the youth, but also concerning other psychological and behavioural issues.

Furthermore, it is essential that the family – and especially parents – is supported in order to understand the importance of its role, and that the co-responsibility of the educational role of school and family is recognized, thus promoting the importance of establishing mutual trust.

3.2.4 Promotion of *peer to peer* interventions

Associations of young people who had problems related to drug use or associations of families who went through such experiences can greatly support other families. In this context, an important role is given to the associations of families that, by promoting the sharing of important life experiences, could increase knowledge and, as a consequence, the likelihood of earlier detection of signs and symptoms of drug intake by the youth.

3.2.5 Role of general practitioners and paediatricians

The discussion focused on the role and function of these figures, which are defined as "distant" and not very much included in the network of services involved in drug use prevention. While recognising the objective difficulty of general practitioners and paediatricians to immediately identify any signs of drug use due to irregular contact with the patient, the importance of further involving these professionals in specific addiction training initiatives was stressed. This would be useful to consolidate and better define their role in the early detection process of any signs of drug use within the network of addiction services, however without overlapping in governance.

Moreover, the Focus Group detected a low level of training/information of doctors and paediatricians on specific territorial services for families.

3.2.6 Projects and services dedicated to adolescents

The Focus Group underlined the importance of setting intervention protocols dedicated to adolescents to be adopted by all services, which should take into account that adolescence is a path, and it is essential to intervene in the right way depending on the stage of development. Therefore, all services should be able to take charge of young people with targeted interventions. There is a strong need to establish services dedicated to adolescents, which should be different from those provided to adults, both concerning dynamics and contents.

3.2.7 Need to modernise tools and services

The Focus Group underlined the necessity to create a reliable database which includes precise information on the services present in the national territory (e.g. addiction departments/services, therapeutic communities, counselling centres, social services, etc.) with up-to-date contact numbers, e-mail addresses and staff information, in order to make it easier for users (families, general practitioners and paediatricians) to find and contact them and, consequently, act promptly.

It also stressed the need to use the current tools through which modern society interacts, which are recognized and accepted by the youth as closer to their way of communicating. Moreover, services must be equipped with computerised systems in order to modernise communication resources. Finally, the Focus Group underlined the importance of promoting the development of applications both in prevention and early intervention (e.g. an application to geo-localise help requests and contact specific operators according to the requests).

3.2.8 Need for specific actions depending on prevention level

It is not possible to generalise, as every intervention falls under a certain level of prevention (usually referred to as primary, secondary, and tertiary prevention) and must have specific objectives. With regard to the drug use, priority should be given to primary prevention interventions, starting in pre-adolescence. The Focus Group underlined the importance of communicating with the youth with a type of communication based on knowledge and methodologies, for example through their involvement in “experiments”.

The services have difficulties with families due to a disconnection among services/families/schools. It is therefore necessary to:

- understand and take into account both the expectations of the subjects (users) concerning specific interventions in a given field (prevention and/or treatment), and those of the players to be involved, in order to develop targeted paths and act more effectively.
- develop a common training course on prevention that takes into account multiple factors (such as the targets, who should be trained, what are the methods of implementation of the training and which are the methodologies to be developed).

3.2.9 Strengthening of the national network of services and development of operational protocols

The Focus Group stressed the importance of cross-disciplinary centralised coordination in order to implement a national strategy that could provide uniform guidance and develop common ways of intervention (protocols/guidelines), which integrate and promote networking among the services already present in the territory. This strategy should include priority areas and actions, both in terms of prevention and treatment, implemented by the network of multidisciplinary territorial services already present, through shared operational protocols at a national level, which are able to connect experts, schools, families and territory, also ensuring treatment continuity. For example, as a priority action in the field of primary prevention, scientific training of teachers, students and families is identified through a structured system/path. The training of teachers and families is also a fundamental element for early detection, which also requires coordinated action.

The national strategy should also provide for the creation of longitudinal data collection systems in order to verify the effectiveness of such interventions in terms of outputs and outcomes, providing direct feedback to territories, i.e. the direct interlocutors which can adapt the services provided according to geographical and social realities.

3.2.10 Promoting greater involvement of specific stakeholders

Concerning prevention, it is considered important to further promote the involvement of useful allies, including private social services and the world of work in order to provide the youth with broad skills, not only theoretical, but also concrete experiences that can enhance diversity, develop their sense of responsibility and make them feel more of an integral part of the social context in which they live.

3.3 Strategic indications

Territoriality of services/interventions

- Promotion of training and information activities in order to expand the offer of services which must be as specific as possible.
- Development of an effective system of communication between services and families, through an easily identifiable and reachable welfare network.
- Strengthening of health and welfare figures in the territory through the implementation of information and training actions, with particular regard to the process of early detection and early prevention (e.g. direct involvement of general practitioners and paediatricians to facilitate contact with families, and more immediate and effective activation of the network of services);
- Mapping of the activities present in order to extend and better interrelate the network of services.

Role of schools

- Training and information actions for both school heads and teachers (e.g. training on the ability to identify elements that may indicate issues related to drug use and/or addictions among students, and/or other discomfort symptoms related to drug use, including early actions to be taken, the most effective communication methods and the activation of the most appropriate territorial support network; offer “testimonies” of people who experienced the problem to students and parents; propose questionnaires on the subject to students, teachers and parents).
- Establishment of a specific health professional figure within the school, with particular reference to the school psychologist, characterised by cross-sectoral knowledge.
- Implementation of training projects for pupils through multi-year programmeming integrated into the Three-year Plan of the Educational Offer (PTOF), also extended to family and teaching staff.
- Definition of specific protocols dedicated to warnings and actions, coordinated with the different treatment references.
- Building of networks within schools, together with the other figures related to students with Special Educational Needs.

Role of families

- Promotion of group activities in associations – both parents and caregivers associations – to create structured interlocutors able to generalize the educational contents through a *peer-to-peer* process (dissemination process).
- Implementation of information and training actions concerning parenthood, with particular attention to the stages of prevention and support in case of evident criticality.
- Provision of support to families in order to assist them when approaching services (e.g. tutors).

Role of general practitioners and paediatricians

- Increasing of training/information of general practitioners and paediatricians concerning specific territorial services for families.

Projects and services dedicated to the adolescent population

- Implementation of information and training activities intended for adolescents through different types of interventions (e.g. *peer-to-peer*), with the aim of achieving a process of learning and educational co-orientation, not strictly linked to the problem of addiction, to strengthen prevention actions.
- Implementation of innovative tools (Apps) in order to identify areas of non-direct observation of the phenomenon of potential distress and vulnerability. Creation of smartphone applications through which information may be provided and requests collected, even anonymously, in order to involve the part of population that does not activate territorial services.
- Implementation of a specific territorial analysis further promoting dialogue among the existing stakeholders (associations, families, schools, public or private territorial services, research centres) in order to obtain an overview of the needs (i.e. needs assessment) and make the passage of information immediate.

Need to modernise tools and services

- Organization of a database intended for the identification of the services present in the territory, which can give users direct

and usable information in compliance with anonymity and the freedom to choose the treatment.

- Implementation of innovative communication processes and methodologies tailored to the social and relational characteristics of the target population: create information channels on YouTube, create Instagram pages to stimulate contacts or information actions, also taking into account the need for social distancing.
- Fostering of integration and interaction of the territorial network initiatives.

Need for specific actions depending on prevention levels

- Promotion and strengthening of primary prevention interventions, which start in pre-adolescence.
- Implementation of an information survey on prevention interventions/services currently active in the areas that involve families, in order to highlight results and sustainability.
- Deepening of some specific elements such as the age of children, the parental figure, etc., also through survey tools, in order to have a more accurate overview of the situation in which intervening and the most effective actions to take.

Strengthening of the national network of services and development of operational protocols

- National strategy including priority intervention actions, both in terms of prevention and treatment, implemented by the network of services already present in the territory, wich are able to connect experts, schools and families and ensure treatment continuity.
- Cross-sectoral centralised coordination to develop and implement national actions providing for a methodology, intended for longitudinal assessment of effectiveness levels.
- Implementation of common operational protocols and guidelines.
- Structuring of a stratified national survey system in the field of “families and addiction prevention” with repeated measures.
- Interdisciplinary organization to integrate existing programmes and new preventive intervention systems.

CATEGORIES	STRATEGIC INDICATIONS
TERRITORIALITY OF SERVICES/ INTERVENTIONS	▸ Promotion of training and information activities. ▸ Development of an effective system of communication between services and families, through an easily identifiable welfare network. ▸ Strengthening of health and welfare figures in the territory with particular regard to the process of early detection and early prevention. ▸ Mapping of the existing activities.
ROLE OF SCHOOLS	▸ Training and information actions involving both school heads and teachers. ▸ Establishment of a specific health professional figure within the school (i.e. school psychologist). ▸ Implementation of training projects for pupils, families and teachers, through multi-year programmeming. ▸ Definition of specific protocols dedicated to warnings and actions coordinated with the different treatment references. ▸ Building of networks within schools involving other figures related to students with Special Educational Needs.
ROLE OF FAMILIES	▸ Promotion of dissemination activities involving parents and caregivers' associations through a peer-to-peer process. ▸ Implementation of information and training actions concerning parenthood (prevention and support in case of evident criticality). ▸ Provision of support to families in order to assist them when approaching services (i.e., tutors).

CATEGORIES	STRATEGIC INDICATIONS
ROLE OF GENERAL PRACTITIONERS AND PAEDIATRICIANS	▸ Increasing of specialised training/information of general practitioners and paediatricians concerning specific territorial services for families.
PROJECTS AND SERVICES DEDICATED TO THE ADOLESCENT POPULATION	▸ Implementation of information and training activities intended for adolescents through different types of interventions (i.e., *peer-to-peer*). ▸ Implementation of innovative tools (Apps) in order to identify areas of non-direct observation of the phenomenon of potential distress and vulnerability. ▸ Implementation of a specific territorial analysis further promoting the dialogue among the existing stakeholders (associations, families, schools, public or private territorial services, research centres).
NEED TO MODERNISE TOOLS AND SERVICES	▸ Organization of a database intended for the identification of the services present in the territory. ▸ Implementation of innovative communication processes and methodologies tailored to the social and relational characteristics of the target population (e.g., YouTube, Instagram). ▸ Fostering of integration and interaction of the territorial network initiatives.
NEED FOR SPECIFIC ACTIONS DEPENDING ON PREVENTION LEVELS	▸ Promotion and strengthening of primary prevention interventions, which start in pre-adolescence. ▸ Implementation of an information survey on prevention interventions/services currently active in the areas that involve families. ▸ Deepening of some specific elements (e.g. age of children, the parental figure) to have a more accurate overview of the situation in which intervening and the most effective actions to take.

CATEGORIES	STRATEGIC INDICATIONS
STRENGTHENING OF THE NATIONAL NETWORK OF SERVICES AND DEVELOPMENT OF OPERATIONAL PROTOCOLS	▸ National strategy including priority intervention actions (prevention and treatment), implemented by the network of services already present in the territory, able to connect experts, schools and families and ensure treatment continuity. ▸ Cross-sectoral centralised coordination to develop and implement national actions providing for a methodology, intended for longitudinal assessment of effectiveness levels. ▸ Implementation of common operational protocols and guidelines. ▸ Structuring of a stratified national survey system in the field of "families and addiction prevention" with repeated measures. ▸ Interdisciplinary organization to integrate existing programmes and new preventive intervention systems.

Annexes
Italy

ANNEX I

Questionnaires used for the pilot study in Italy

Questionnaire for families

Gentilissima/o,

l'Istituto Interregionale delle Nazioni Unite per la Ricerca sul Crimine e la Giustizia (UNICRI) sta conducendo un sondaggio pilota per meglio comprendere quali sono i bisogni delle famiglie per la prevenzione dell'uso di droghe tra i giovani e per l trattamento delle dipendenze.

L'importanza del ruolo della famiglia in questo ambito è stata infatti ampiamente dimostrata dalla ricerca scientifica che, tuttavia, ha messo in evidenza come la famiglia non sempre disponga di conoscenze e strumenti necessari per svolgere il suo ruolo protettivo in maniera efficace.

Attraverso questo sondaggio, l'UNICRI desidera dar voce alle famiglie, con l'obiettivo finale di raccogliere informazioni utili a potenziare il loro ruolo nel prevenire e contrastare l'uso di droghe. I dati raccolti, inoltre, potranno aiutare i servizi specifici a migliorare l'offerta ad esse rivolta, rispondendo in modo più adeguato ed efficace ai loro bisogni.

Per raggiungere questo obiettivo, la sua collaborazione risulta fondamentale.

Le chiediamo, pertanto, la sua disponibilità a compilare il questionario, esprimendo la sua opinione personale rispetto alle tematiche considerate, basata sulla sua esperienza familiare o sulla percezione della sua famiglia.

I dati raccolti saranno trattati in forma aggregata e del tutto anonima e utilizzati nel progetto "Quali sono i bisogni delle famiglie per la prevenzione dell'uso di droghe tra i giovani?", condotto dall'UNICRI e promosso dal Dipartimento per le Politiche Antidroghe della Presidenza del Consiglio dei Ministri del Governo Italiano.

Si ringrazia per la cortese e preziosa collaborazione.

Informazioni sul rispondente

Genere ☐ M ☐ F

Età ☐ 18-25 anni ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ oltre 66

Titolo di studio

☐ Elementare ☐ Licenza media ☐ Diploma ☐ Laurea ☐ Post-Laurea

Condizione lavorativa

☐ Impiegato/a ☐ Libero professionista ☐ Non impiegato/a ☐ Casalingo/a

Numero di figli

Maschi	0	1	2	3	4	più di 4
Femmine	0	1	2	3	4	più di 4

Età dei figli

	0-6 anni	7-11	12-16	16-20	21-25	26-30	oltre 30
Primo figlio	☐	☐	☐	☐	☐	☐	☐
Secondo figlio	☐	☐	☐	☐	☐	☐	☐
Terzo figlio	☐	☐	☐	☐	☐	☐	☐
Quarto figlio	☐	☐	☐	☐	☐	☐	☐
Quinto figlio	☐	☐	☐	☐	☐	☐	☐

Ha mai usufruito di un servizio per le tossico dipendenze per problematiche legate all'uso di droghe dei suoi figli ?

☐ si ☐ no

QUESTIONARIO

NON ESISTONO RISPOSTE GIUSTE O SBAGLIATE
A NOI INTERESSANO SOLO LE SUE OPINIONI

1. Quale ritiene sia il suo livello di conoscenza rispetto ai seguenti temi?	**Molto basso**	**Basso**	**Medio**	**Alto**	**Molto alto**
Caratteristiche ed effetti dei vari tipi di droghe					
Contesto sociale, abitudini e stili di vita dei giovani					
Segnali che possono indicare l'uso di droghe					
Cambiamenti nel comportamento e nello stato emotivo dei giovani, segni di possibile disagio (ansia, depressione, ecc.)					
Offerta dei servizi/programmi territoriali per la prevenzione dell'uso di droghe tra i giovani e il trattamento delle dipendenze					

2. Secondo lei, la famiglia dovrebbe monitorare le seguenti attività online dei giovani per prevenire l'uso di droghe?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Accesso a determinati siti considerati "rischiosi"				
Utilizzo di chat				
Acquisti via internet				
Tempo di utilizzo giornaliero del computer e/o del cellulare				
Condivisione di informazioni personali on-line tramite computer e/o cellulare (es. Facebook, Instagram, Whatsapp ecc)				

3. Secondo lei, le seguenti figure/servizi possono aiutare la famiglia a prevenire l'uso di droghe tra i giovani?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Familiari				
Amici				
Scuole e insegnanti				
Figure di riferimento in ambito associazionistico (istruttori sportivi, Scout, ACR, ArciRagazzi)				
Servizi socio-sanitari (medico di base, pediatra, ecc.)				
Associazioni di famiglie				
Parrocchie o altre realtà religiose				
Campagne mediatiche di comunicazione e/o pubblicità				

4. Secondo lei, le seguenti azioni svolte dalla famiglia possono prevenire l'uso di droghe tra i giovani?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Stabilire regole precise sugli orari di uscita e rientro a casa				
Informarsi sulle amicizie e sui luoghi da loro maggiormente frequentati				
Monitorare i loro spostamenti e le loro abitudini				
Monitorare e supervisionare il loro rendimento scolastico				
Controllare in che modo spendono i propri soldi				
Creare in famiglia un clima accogliente e di comunicazione aperta				
Concedere ai figli la massima libertà				

5. Indichi il suo grado di accordo/disaccordo rispetto alle seguenti affermazioni: *"Se fossi certo che mio/a figlio/a avesse problematiche legate all'uso di droghe ..."*	**Molto in disaccordo**	**In disaccordo**	**In accordo**	**Assolutamente in accordo**
Mi rivolgerei al servizio di cura delle dipendenze che ritengo più adatto per mio figlio/a				
Mi rivolgerei al servizio di cura delle dipendenze più vicino a casa				
Preferirei rivolgermi ad un servizio pubblico piuttosto che privato				
Non saprei a chi rivolgermi				
Sarei in grado di dentificare e contattare velocemente il servizio giusto				
Riterrei indispensabile avere la possibilità di scegliere liberamente il luogo di cura e/o gli operatori curanti				
Richiederei interventi specifici in base alla condizione di mio figlio/a (es. gravidanza, presenza di traumi, problemi legali, etc.).				
Non mi rivolgerei a nessun servizio perché ritengo che non siano in grado di aiutarmi				

6. Secondo lei, quanto sono importanti le seguenti caratteristiche che i programmi di prevenzione e cura delle dipendenze dovrebbero avere?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Luogo ed orari compatibili con le necessità di genitori e figli				
Il luogo degli incontri non deve porre la persona/famiglia in cattiva luce, etichettandola come tossicodipendente				
Il personale socio-sanitario incaricato gode di buona reputazione				
Le attività del programma sono spiegate in maniera chiara e comprensibile				
Partecipazione anonima della persona/famiglia				
Monitoraggio e supporto a lungo termine				
Programma focalizzato sui bisogni concreti della famiglia (a chi rivolgersi in caso di bisogno, le modalità per richiedere assistenza, cosa fare o non fare nell'immediato)				

7. Secondo lei, i seguenti interventi possono aiutare la famiglia a prevenire l'uso di droghe tra i giovani e la possibile insorgenza di una dipendenza?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Incontri informativi nelle scuole per genitori e studenti				
Interventi informativi nelle strutture di pronto soccorso				
Campagne pubblicitarie/di sensibilizzazione				
Numeri di telefono di assistenza per ricevere informazioni dirette e per la gestione dei momenti di crisi				
Attività svolte dalle associazioni delle famiglie				
Corsi di formazione sulla genitorialità (come comportarsi con i figli)				
Corsi di formazione sulla gestione delle problematiche dei giovani				
Coinvolgimento dei ragazzi in attività sportive e/o ricreative (es. arte, musica, ecc.)				
Supporto pratico (es. supporto nel trovare lavoro, alloggio, ecc.)				

8. Quanto si aspetta che i servizi per la cura delle dipendenze siano in grado di offrire alla famiglia le seguenti prestazioni?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Una diagnosi precisa e puntuale				
Accesso al servizio in anonimato e in modo riservato				
Servizio gratuito tramite il sistema sanitario nazionale				
Servizio personalizzato in base alle caratteristiche dell'utente				
Possibilità di avere contatti con gli operatori che si occupano della cura				
Produrre documentazioni chiare con indicazioni precise e utili per la famiglia				
Fornire supporto non solo agli utenti ma anche alle loro famiglie				
Garantire un servizio a lungo termine				
Accesso rapido e facilitato al servizio in caso di emergenza				

9. Secondo lei, per una famiglia con figli con problematiche legate all'uso di droghe, quanto sono importanti i seguenti servizi?	Per niente	Poco	Abbastanza	Molto
Comunità terapeutiche per giovani				
Accesso al servizio con sistemi digitali al servizio (sito internet, applicazioni per cellulare, sistemi di chat o social network)				
Colloqui specialistici con i genitori/famiglie				
Interventi che si adattano ad orari ed esigenze familiari e lavorative				
Interventi specifici nel campo medico, psicologico, sociale, educativo (es. gestione delle emergenze, psicoterapia, riabilitazione e reinserimento sociale dei pazienti, ecc.)				
Rete di servizi che collaborano sul territorio (scuole, servizi socio-sanitari, associazioni per giovani e famiglie, ecc.)				
Assistenza legale in caso di bisogno				

10. Scelga i 4 aspetti più importanti che la sua famiglia vorrebbe garantiti da un programma di prevenzione e cura delle problematiche legate all'uso di droghe

Ascolto	
Supporto nella gestione degli aspetti concreti della quotidianità della vita familiare (gestione del denaro, relazioni, tempistiche)	
Informazioni preventive sull'uso di droghe	
Gruppo di confronto per famiglie con figli che fanno uso di droghe	
Un referente/tutor con un contatto diretto	
Accesso immediato al servizio tramite telefono o altri canali di comunicazione	
Offerta di interventi per tutta la famiglia	
Previsioni chiare sui tempi e le modalità del percorso di cura	

La ringraziamo per il tempo dedicato alla compilazione del questionario!

Siamo estremamente grati per la sua cortese disponibilità e per le informazioni fornite che riteniamo essere un valore aggiunto alla nostra analisi.

Questionnaire for Service providers

Gentilissima/o,

l'Istituto Inrerregionale delle Nazioni Unite per la Ricerca sul Crimine e la Giustizia (UNICRI) sta conducendo un sondaggio pilota per meglio comprendere quali sono i bisogni delle famiglie per la prevenzione dell'uso di droghe tra i giovani e per il trattamento delle dipendenze.

L'importanza del ruolo della famiglia in questo ambito è stata infatti ampiamente dimostrata dalla ricerca scientifica che, tuttavia, ha messo in evidenza come la famiglia non sempre disponga di conoscenze e strumenti necessari per svolgere il suo ruolo protettivo in maniera efficace.

Attraverso questo sondaggio, l'UNICRI desidera dar voce agli erogatori di servizi e alle famiglie, con l'obiettivo finale di raccogliere informazioni utili a potenziare il ruolo delle stesse nel prevenire e contrastare l'uso di droghe. La raccolta di tali informazioni ha, inoltre, la finalità di sostenere i servizi specifici al fine di migliorare l'offerta dedicata alle famiglie, rispondendo in modo più adeguato ed efficace ai loro bisogni.

Per raggiungere questi obiettivi, la sua collaborazione risulta fondamentale.

A tal riguardo, **le chiediamo la disponibilità a compilare il seguente questionario, esprimendo la sua opinione in base alla sua esperienza con le famiglie, con un focus specifico sulle richieste e i bisogni che maggiormente manifestano.**

I dati raccolti saranno trattati in forma aggregata e del tutto anonima e utilizzati nel progetto "Quali sono i bisogni delle famiglie per la prevenzione dell'uso di droghe tra i giovani?", condotto dall'UNICRI e promosso dal Dipartimento per le Politiche Antidroga della Presidenza del Consiglio dei Ministri del Governo Italiano.

Si ringrazia per la cortese e preziosa collaborazione.

Informazioni sul rispondente

Genere ☐ M ☐ F

Età ☐ 18-25 anni ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ oltre 66

Titolo di studio

☐ Licenza media ☐ Diploma ☐ Laurea ☐ Post-Laurea

Da quanti anni lavora presso il servizio/istituzione?

☐ 0-5 anni ☐ 5-10 anni ☐ 10-15 anni ☐ più di 15 anni

Da quanti anni svolge la sua professione?

☐ 0-5 anni ☐ 5-10 anni ☐ 10-15 anni ☐ più di 15 anni

Nella sua attività ha contatto diretto con le famiglie?

☐ si ☐ no

La sua attività si svolge in un servizio pubblico o privato che si occupa specificatamente di dipendenze?

☐ si ☐ no

QUESTIONARIO

NON ESISTONO RISPOSTE GIUSTE O SBAGLIATE
A NOI INTERESSANO SOLO LE SUE OPINIONI

1. Quale livello di conoscenza ritiene che le famiglie afferenti al suo servizio/istituzione abbiano sui seguenti temi?	**Molto basso**	**Basso**	**Medio**	**Alto**	**Molto alto**
Caratteristiche ed effetti dei vari tipi di droghe					
Contesto sociale, abitudini e stili di vita dei giovani					
Segnali che possono indicare l'uso di droghe					
Cambiamenti nel comportamento e nello stato emotivo dei giovani, segni di possibile disagio (ansia, depressione, ecc.)					
Offerta dei servizi/programmi territoriali per la prevenzione dell'uso di droghe tra i giovani e il trattamento delle dipendenze					

2. Secondo lei, la famiglia dovrebbe monitorare le seguenti attività online dei giovani per prevenire l'uso di droghe?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Accesso a determinati siti considerati "rischiosi"				
Utilizzo di chat				
Acquisti via internet				
Tempo di utilizzo giornaliero del computer e/o del cellulare				
Condivisione di informazioni personali on-line tramite computer e/o cellulare (es. Facebook, Instagram, Whatsapp ecc)				

3. Secondo lei, le seguenti figure/servizi possono aiutare la famiglia a prevenire l'uso di droghe tra i giovani?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Familiari				
Amici				
Scuole e insegnanti				
Figure di riferimento in ambito associazionistico (istruttori sportivi, Scout, ACR, ArciRagazzi)				
Servizi socio-sanitari (medico di base, pediatra, ecc.)				
Associazioni di famiglie				
Parrocchie o altre realtà religiose				
Campagne mediatiche di comunicazione e/o pubblicità				

4. Secondo lei, le seguenti azioni svolte dalla famiglia possono prevenire l'uso di droghe tra i giovani?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Stabilire regole precise sugli orari di uscita e rientro a casa				
Informarsi sulle amicizie e sui luoghi da loro maggiormente frequentati				
Monitorare i loro spostamenti e le loro abitudini				
Monitorare e supervisionare il loro rendimento scolastico				
Controllare in che modo spendono i propri soldi				
Creare in famiglia un clima accogliente e di comunicazione aperta				
Concedere ai figli la massima libertà				

5. Secondo Lei, le famiglie afferenti al suo servizio/ istituzione, quale grado di accordo/disaccordo potrebbero esprimere rispetto alla seguente affermazione: *"Se fossi certo che mio/a figlio/a avesse problematiche legate all'uso di droghe ..."*	**Molto in disaccordo**	**In disaccordo**	**In accordo**	**Assolutamente in accordo**
Mi rivolgerei al servizio di cura delle dipendenze che ritengo più adatto per mio figlio/a				
Mi rivolgerei al servizio di cura delle dipendenze più vicino a casa				
Preferirei rivolgermi ad un servizio pubblico piuttosto che privato				
Non saprei a chi rivolgermi				
Sarei in grado di identificare e contattare velocemente il servizio giusto				
Riterrei indispensabile avere la possibilità di scegliere liberamente il luogo di cura e/o gli operatori curanti				
Richiederei interventi specifici in base alla condizione di mio figlio/a (es. gravidanza, presenza di traumi, problemi legali, etc.).				
Non mi rivolgerei a nessun servizio perché ritengo che non siano in grado di aiutarmi				

6. Secondo lei, per le famiglie quanto sono importanti le seguenti caratteristiche che i programmi di prevenzione e cura per le dipendenze dovrebbero avere?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Luogo ed orari compatibili con le necessità di genitori e figli				
Il luogo degli incontri non deve porre la persona/famiglia in cattiva luce, etichettandola come tossicodipendente				
Il personale socio-sanitario incaricato gode di buona reputazione				
Le attività del programma sono spiegate in maniera chiara e comprensibile				
Partecipazione anonima della persona/famiglia				
Monitoraggio e supporto a lungo termine				
Programma focalizzato sui bisogni concreti della famiglia (a chi rivolgersi in caso di bisogno, le modalità per richiedere assistenza, cosa fare o non fare nell'immediato)				

7. Secondo lei, la famiglia quanto ritiene utile i seguenti interventi per prevenire l'uso di droghe tra i giovani e la possibile insorgenza di una dipendenza?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Incontri informativi nelle scuole per genitori e studenti				
Interventi informativi nelle strutture di pronto soccorso				
Campagne pubblicitarie/di sensibilizzazione				
Numeri di telefono di assistenza per ricevere informazioni dirette e per la gestione dei momenti di crisi				
Attività svolte dalle associazioni delle famiglie				
Corsi di formazione sulla genitorialità (come comportarsi con i figli)				
Corsi di formazione sulla gestione delle problematiche dei giovani				
Coinvolgimento dei ragazzi in attività sportive e/o ricreative (es. arte, musica, ecc.)				
Supporto pratico (es. supporto nel trovare lavoro, alloggio, ecc.)				

8. Secondo lei, la famiglia quanto si aspetta che i servizi per la cura delle dipendenze siano in grado di offrire le seguenti prestazioni?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Una diagnosi precisa e puntuale				
Accesso al servizio in anonimato e in modo riservato				
Servizio gratuito tramite il sistema sanitario nazionale				
Servizio personalizzato in base alle caratteristiche dell'utente				
Possibilità di avere contatti con gli operatori che si occupano della cura				
Produrre documentazioni chiare con indicazioni precise e utili per la famiglia				
Fornire supporto non solo agli utenti ma anche alle loro famiglie				
Garantire un servizio a lungo termine				
Accesso rapido e facilitato al servizio in caso di emergenza				

9. Secondo lei, per una famiglia con figli con problematiche legate all'uso di droghe, quanto sono importanti i seguenti servizi?	**Per niente**	**Poco**	**Abbastanza**	**Molto**
Comunità terapeutiche per giovani				
Accesso al servizio con sistemi digitali al servizio (sito internet, applicazioni per cellulare, sistemi di chat o social network)				
Colloqui specialistici con i genitori/famiglie				
Interventi che si adattano ad orari ed esigenze familiari e lavorative				
Interventi specifici nel campo medico, psicologico, sociale, educativo (es. gestione delle emergenze, psicoterapia, riabilitazione e reinserimento sociale dei pazienti, ecc.)				
Rete di servizi che collaborano sul territorio (scuole, servizi socio-sanitari, associazioni per giovani e famiglie, ecc.)				
Assistenza legale in caso di bisogno				

10. Scelga i 4 aspetti più importanti che, secondo lei, la famiglia vorrebbe garantiti da un programma di prevenzione e cura delle problematiche legate all'uso di droghe.

Ascolto	
Supporto nella gestione degli aspetti concreti della quotidianità della vita familiare (gestione del denaro, relazioni, tempistiche)	
Informazioni preventive sull'uso di droghe	
Gruppo di confronto per famiglie con figli che fanno uso di droghe	
Un referente/tutor con un contatto diretto	
Accesso immediato al servizio tramite telefono o altri canali di comunicazione	
Offerta di interventi per tutta la famiglia	
Previsioni chiare sui tempi e le modalità del percorso di cura	

La ringraziamo per il tempo dedicato alla compilazione del questionario!

Siamo estremamente grati per la sua cortese disponibilità e per le informazioni fornite che riteniamo essere un valore aggiunto alla nostra analisi.

ANNEX II

List of entities participating in the research activities

Institutions

- National Anti-mafia and Counter-Terrorism Directorate
- Department for Anti-Drug Policies, Government of Italy
- Ministry of the Interior, Central Directorate for Drug Services
- Ministry of Education, University and Research, Department for the Education and Training System - Directorate-General for Student, Integration and Participation
- Ministry of Health, Directorate-General for Health Prevention , Office 6 – Prevention of addiction, doping and mental health

Services for Addictions and Therapeutic Communities

- Local Health Unit (ASL) of Taranto - Apulia
- Local Health Unit (ASL) of Rome C - Lazio
- Therapeutic Community San Patrignano
- Therapeutic Community Villa Maraini
- Department for Addictions of Reggio Calabria, Calabria
- Service for drug addiction (Ser.T) 01 Novi Ligure - Piedmont
- ULSS 2 Marca Trevigiana Pieve di Soligo District, Veneto

Nonprofit Organizations and associations

- National Principals Association (ANP)
- Italian Parents Movement (MOIGE)
- The Italian Society for Drug Addiction (SITD)

Universities

- University of Verona
- University of Camerino
- University of Pavia

02

Lebanon

Report

SECTION 1
The Lebanese context

1.1 General population statistics

The Republic of Lebanon is a parliamentary democracy, located in the Middle East region, known for its religious and ethnic diversity. Since its independence in 1943, Lebanon has witnessed many periods of political turmoil. The Civil War that started in 1975 lasted for 15 years and was followed by a period of political and economic challenges culminating, since October 2019, in an unprecedented economic crisis and social unrest, which resulted in a massive rise in poverty and unemployment.

The population of Lebanon is estimated to be close to 4.5 million, to which it is necessary to add the population of refugees. Lebanon hosts the largest number of refugees per capita. There are approximately 475,000 Palestinian refugees in Lebanon according to the United Nations Relief and Works Agency (UNRWA). Amongst this population, more than half are unemployed and live-in refugee camps. Palestinians in Lebanon do not enjoy several important rights. Because they are not formally citizens of another state, Palestine refugees are unable to claim the same rights as other foreigners living and working in Lebanon. There is no data on the prevalence of drug use amongst this population, but according to expert opinion, drug-trafficking inside the camps is widespread and drug abuse is very frequent. Furthermore, Lebanon has experienced a massive influx of Syrian refugees

since the conflict in Syria began in 2011. The current number of Syrian refugees in Lebanon is estimated at 940,000, according to the United Nations High Commissioner for Refugees (UNHCR). Their situation is very uncertain and further complicated by mediocre sanitary and housing conditions. The national health system in Lebanon is clearly saturated, even with the assistance of international aid, which seems insufficient. Drug dependence amongst Syrian refugees has not yet been studied but they represent an at-risk population, due to their adverse socio-economic situation and the psychological trauma of war.

1.2 Prevalence of substance use: focus on young people

Limited data is available on drug prevalence among the general population. The estimated lifetime prevalence of substance use disorders is 2.2%. The World Health Organization (WHO) Assessment Instrument for Mental Health Systems (WHO-AIMS) report published in 2015 showed that one of the primary diagnostic categories of admissions to mental hospitals in 2014 were mental and behavioural disorders related to substance use (24% of admissions). In 2010, the number of persons suffering from drug addiction was estimated at 10,000 to 15,000 with, for more than half of them, an age of onset ranging between 14 and 19. A national study conducted in 2010 explored drug and alcohol abuse amongst various population samples. Cannabis was found to be the illegal drug most frequently taken by students in secondary and higher education, and tranquilizers the non-illegal drug most frequently abused. Amongst the clinical sample of patients seeking treatment for addiction, heroin accounted for 50% of the patients, followed by cocaine (20%) and alcohol (20%). A national school survey conducted in 2009 amongst adolescents in Grade 9 indicated that 85% of them had never heard about cannabis, 80% about cocaine and 64% about heroin. Furthermore, 20% of them knew someone who uses cannabis, 11% of them knew someone who uses cocaine and 7% of them knew someone who uses heroin.

In 2017, the Lebanon Global School Health Survey (GSHS), a school-based survey of students in grades 7-12 which are typically attended by students aged 13-17, showed that 18.9% of students currently drink alcohol and among the students who had ever consumed an alcoholic drink, 71.4% had drank alcohol before age 14 for the first time. Furthermore, among students who had ever used drugs, 76.7% used drugs before age 14 for the first time.

Between 2011 and 2016, there was a 233% reported increase in the number of persons who were less than 18 years old arrested for issues related to drug use. And between 2014 and 2016, there was a 71% increase in juveniles imprisoned for drug use and a 64% increase in juveniles imprisoned for drug-related crimes.

1.3 National substance use strategy

After the establishment of the National Mental Health Programme at the Ministry of Public Health (MOPH), the first national strategy for mental health and substance use was developed and launched in 2015. One of the strategic objectives of the strategy was to develop a plan focused on substance use. In line with this objective, an "Inter-ministerial Substance Use Response Strategy for Lebanon" was developed covering the period of 2016-2021 and launched jointly by the MOPH, the Ministry of Social Affairs (MOSA), the Ministry of Education and Higher Education (MEHE), the Ministry of Interior and Municipalities and the Ministry of Justice, as a response to substance use including alcohol, drugs and tobacco use. The strategy was the result of a participatory process involving all stakeholders in the substance use response and was designed to ensure consensus among all actors on a common vision for substance use response and on strategic goals and objectives that are responsive to the identified needs.

Six domains of action were identified in the strategy:

1. Leadership and governance
2. Health and social welfare sector response
3. Supply reduction
4. Monitoring and surveillance
5. International cooperation and
6. Vulnerable groups.

1.4 Financing

Substance use treatment and prevention funds are mainly covered by MOPH, MOSA and local NGOs. The majority of detoxifications in public or private hospitals are covered by MOPH. Many NGOs benefit from contracts with MOSA which helps partially cover the assessment, treatment and rehabilitation process of patients with substance use disorder (SUD). However, private insurance polices do not cover any substance use condition, and funds allocated by MOPH and MOSA remain insufficient to cover the overall expenses of substance use treatment and prevention in Lebanon. For example, opiate agonist treatment (OAT) with buprenorphine, available in Lebanon since 2012, is not covered by any third party and remains completely paid for by the patient themselves or his/her family, with an approximate cost of 200 US Dollars per month, that represents a massive burden for many patients. According to the SILA survey, limited financial resources reported by civil society organizations (CSOs) were found to be the main obstacle impeding the delivery of preventive and drug-related services across different regions in Lebanon. The quality and sustainability of interventions and programmes are therefore negatively impacted by limited funds.

1.5 Substance use prevention in Lebanon

There is a broad spectrum of substance use services in Lebanon comprising prevention, primary care, community work, treatment, rehabilitation and drug policies reform. These services are delivered by different stakeholders including governmental agencies, civil society organizations and international partners.

Particularly, NGOs have been active since the 1990s in delivering substance use services. They vary between therapeutic communities and outpatient centres offering a wide range of treatment services: psychotherapy, counselling, opiate agonist treatment, psychiatric treatment and treatment in prisons. Furthermore, many NGOs are actively involved in the prevention of substance use disorders, mainly through school-based programmes, family and parenting skills training, vocational training and income-generating support.

1.6 Prevention services

In 2010, the National Programme for the Prevention of Addiction was established at the Ministry of Social Affairs (MOSA) aiming to develop a national plan to strengthen awareness and prevention of harmful substance use through building networks and cooperation with all stakeholders and coordinating the preventive activities conducted by NGOs.

Since its establishment the programme has been conducting capacity-building activities for staff in the social development centres (SDCs) affiliated to MOSA and collaborating with NGOs in organizing preventive activities. At the request of a number of schools, social institutions, parishes and scouting movements, the following programmes were implemented in 2019: life skills development programme, parents' awareness and skills programmes, and youth awareness workshops.[12]

The Ministry of Education and Higher Education works in cooperation with relevant organizations and academic institutions to implement preventive activities in schools.

Prevention interventions as part of the "Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021" focus on ensuring the identification, contextualization and implementation of evidence-based

strategies and interventions for the prevention of harmful substance use. Evidence-based prevention programmes are tailored to the Lebanese context and are being piloted in order to scale-up services. Some of the following prevention strategic objectives are currently implemented with the collaboration of NGOs and international partners:

1. Regularly disseminate an up-to-date list of evidence-based, community-based prevention interventions to all relevant actors

2. Develop and disseminate quality standards to ensure the sustainable effectiveness of prevention programmes

3. Disseminate guidelines regarding reporting and portrayal of alcohol, tobacco and other substance use in the media and audio-visual products

4. Conduct implementation and outcome evaluation research to study the effectiveness of life-skills education programmes in schools and in psycho-social support programmes

5. Pilot the effectiveness of peer-to-peer education programmes in schools, and

6. Facilitate the establishment of community-based prevention networks to implement evidence-based prevention interventions tailored to the needs of the respective local communities.[10]

Different NGOs carry out numerous prevention activities and provide counselling services to drug users and their families. Through these interventions, they aim to increase awareness about substance use by disseminating appropriate and accurate information and encouraging the involvement and participation of members of the community in the prevention efforts. The target audience in terms of prevention are those in school, in university, the various communities, and the wider public through mass media. The “Drug Awareness Programme” organizes interactive workshops, discussion groups, and provides reading material on drugs to educate young people. The “Mobile Education Unit” aims to provide key information on drugs and facilitates open discussion with members of the prevention team. The mobility of this programme allows for interventions in a variety of locations, including at different social events and school forums.

Knowing that knowledge-based programmes are not always the most effective ones in term of prevention, NGOs’ efforts focus instead on

implementing school-based programmes designed to reinforce key competences for children's development: reinforcing personal social skills (communication, resisting peer pressure, etc.); changing normative beliefs; and strengthening personal competences (self-confidence, critical thinking, etc.). Different life skills programmes are implemented by NGOs and are incorporated into the school curriculum, thus enabling schools to implement drug prevention strategies, including training for teachers and other school staff. The Unplugged programme is an example of the life skills programmes implemented in Lebanon.

Despite all these initiatives, the delivery of prevention activities still faces many challenges. Evidence-based prevention services are mainly available in Beirut and in some other regions in Lebanon; limited services are found in South Lebanon, and very few direct services are available in North Lebanon. Primary prevention programmes, when located in the South and North, are mainly focused on drug awareness and rarely target the youth and college students (Skoun & SIDC, 2017). Also, as mentioned before, financial resources allocated to the prevention of drug use are not sufficient to reach the largest population, to diversify approaches and to expand programmes on a national level.

1.7 Prevention services for families

Prevention activities dedicated specifically to families are available but still limited. Many of the abovementioned activity programmes include families as part of the target population. In the context of drug education and raising awareness, MOSA and NGOs work closely with families from the community, including the families of people with substance use disorders. MOSA also organizes, in different regions of the country, events such as lunches or dinners, gathering families from the community, where drug use awareness messages are delivered. It is done that way to increase families' participation due to the fact that, if the event is initially labelled as a drug prevention event, many families would be reluctant or ashamed to attend.

Life skills programmes targeting children and youth include a parental awareness component and are being implemented in some areas in Lebanon.

Some NGOs target parents through their parents' skills programme aiming at educating caregivers about substance use and enhancing their skills in addressing substance use issues in their family.

Some treatment centres offer family sessions for family members of substance users and patients in treatment, where family members can exchange experiences and opinions with the supervision of a professional expert.

In summary, prevention activities dedicated to families are often the result of specific initiatives and not part of a national plan, thus it remains insufficient to cover the whole needs of families.

SECTION 2
The research in Lebanon

2.1 Results of the questionnaire

The questionnaire for stakeholders was sent to the ten participants who willingly agreed to participate in the Focus Group. They all filled out the questionnaire.

The answers were quite similar in some questions where all participants seemed to share the same opinion whereas in other questions, there was some significant discrepancies in the answers, at least in some items of the questions.

In question 1, participants mainly agreed that families have poor knowledge on issues related to youth and substance use among youth. However, in the youth social context and lifestyles, answers differed to a lesser degree about the warning signs of drug use.

In question 2, participants strongly agreed that some family's behaviours are very helpful in preventing drug use among youth, more particularly: establishing clear house rules, supervising school performances and developing parent-child/adolescent communication. They all also agreed that giving maximum freedom to avoid frustration is, on the contrary, a major risk behaviour for youth drug use. A significant difference in answers was seen in the item related to monitoring youth movements and habits.

In question 3, it seemed that there was a controversy on the role of relatives as a support for families whereas health services and community organizations are seen as a major support for families to prevent drug use among youth.

In question 4, most participants agreed that for a family with a problem of drug use, it would be very difficult to take action or to request assistance from drug related prevention and treatment services except, perhaps, for finding a rapid, appropriate service.

In question 5, all participants agreed on the importance of all the mentioned drug related prevention and treatment services in supporting families, specifically a suitable welcoming place that guarantees anonymity and lack of judgment and stigma, as well as a programme tailored to the needs of the family with a possibility of long-term support and monitoring. One participant added the importance of having free services which is a major issue in Lebanon, especially with the current economic crisis.

In question 6, most mentioned interventions (phone help lines, family associations, parental training courses, group activities for young people, practical support, etc.) that are seen as very useful to support families in preventing drug use among youth, with the exception of extensive advertising/communication campaigns seen as not so helpful by some participants.

In question 7, stakeholders tended to think that drug related prevention and treatment services are often not easily available to families, such as quick and easy access to services, long term support and support extended to the whole family, with some differences in answers concerning direct contact with drug related professionals and tailored services which seem easily available in the opinion of some participants.

In questions 8 and 9, stakeholders agreed on the importance of the mentioned services for a family facing a problem of drug use among offspring and on what families might find important in drug prevention programmes. Particularly, multidisciplinary interventions, counselling sessions involving families and legal assistance seemed extremely relevant. Furthermore, direct and quick contact with professionals as well as clarity and continuity of information are considered extremely useful.

To summarize, it seemed, according to the analysis of all the answers provided by the participants, that for most of the questions and sub-questions included in the questionnaire, stakeholders find them relevant in terms of the needs of families to prevent drug use among youth, and also relevant for the Lebanese context since participants answered according to the needs of the families in Lebanon.

Participants disagreed on some items and seemed to give different priorities to some elements, but they all seemed to agree on the major issues in Lebanon related to the needs of families in preventing drug use among children and adolescents: lack of enough knowledge, lack of enough parental training, lack of comprehensive prevention and treatment services for families, importance of a wide range of elements in supporting families.

2.2 The Focus Group

The Focus Group was held online due to the COVID-19 outbreak.

The Focus Group discussion was divided into two parts. The first part of the discussion was dedicated to discussing the results of the questionnaire, particularly in relation to questions where opinions diverged and thus focused on trying to reach a consensus on the content and on the importance of these questions. Furthermore, during the first part, the aim was to identify the priority needs of families as well as the most relevant actors and priority tools that are useful to support families in the prevention of drug use among youth.

In the second part, following what had been discussed in the first part, participants had to identify the priority actions to be implemented in order to support families, and the challenges that stakeholders face in the implementation of such interventions, specifically addressing family needs and issuing major recommendations that will need to be addressed in the near future.

2.3 Results of the discussion

2.3.1 Priority needs

Participants agree on families' overall poor knowledge on many issues related to youth. Even if different answers were given on the item related to knowledge of youth social context and lifestyles, they all agree that it is a relevant and priority issue. Parents are not sufficiently aware about the lifestyles of children, they do not dedicate enough time to communication until a problem emerges. They are often not familiar with their offspring's behaviour and interests outside the home and so it is necessary to provide families with the tools to better understand the disconnect between how youth interact at home and how they behave with their peers. Furthermore, parents often do not know how to approach their children and end up doing it in either a punitive way or a very permissive way, especially in issues related to night life, social interactions and freedom of behaviour. Therapists notice sometimes, during parenting workshops, that parents fear scrutinising the lifestyle of their children because they would not know how to deal with it. Even if they reconize the unhealthiness of their offspring's lifestyle, they do not have the adequate tools to manage the situation. The psychological component of knowledge plays an important role. Indeed, sometimes

parents prefer not to know what their children do outside of their homes, rather than feeling the failure of not being able to protect them. This is also seen in issues related to the warning signs of drug use: sometimes families have little information on the subject, but they sometimes also seem to be in denial of it as they are afraid to discuss the issue with their offspring, not knowing when and how to place boundaries.

Families' behaviours mentioned in the questionnaire are all seen as extremely helpful in preventing drug use among youth. The question ''Monitor their movements and habits'' seems confusing. It can be perceived in a negative way; when parents want to control every behaviour of their children, it can induce a vicious cycle with children starting to lie, which in turn increases parents' controlling behaviour and further exacerbates conflictual relationships and mistrust issues. But monitoring could be also seen as a protective factor when it is done in a balanced and constructive way. In this regard, this item should be reformulated in order to highlight the positive aspect of it.

Families need support to help them face drug use issues among youth. Relatives can be helpful at times; especially in Lebanon, relatives are often involved in family decisions and can replace one family member when another is not available. But relatives can also interfere in a negative way and add to the stigma towards the patient and his/her family. In terms of support, further priority should be given to more effective means of support, mainly in schools, with social organizations and family associations. In particular, family associations give families who feel isolated, even from their relatives, due to their drug use problem, the opportunity to share experiences, thoughts, emotions and thus help, in turn, other families. Indeed, families often feel more empathically understood from other families rather than from health workers.

Family associations (also those with a religious background), if adequately supported with training, capacity building, follow up and monitoring by specialized organizations dealing with substance use, can have a positive impact in prevention. However, these family associations in Lebanon are not well established, often not well structured and often need training and a connection with an expert in drug use prevention.

In Lebanon, if a family needs to deal with a problem of drug use, it is often difficult to request an easy, fast and appropriate service, either because the family is reluctant to seek help or is not aware of the available services, or because of the scarcity of some services. Families can be in denial or afraid to face drug use issues, they can be worried about the stigma related to drug use and worried about

being marginalized by neighbours, friends or even relatives, and they can mistrust substance use related services. Substance use specialized centres are not well indexed and sometimes not well known by families who do not know what to expect from these centres or who are misinformed about their philosophy and the type of services they can offer. Substance use services are mainly centralized in the capital and its surroundings and therefore are not easily accessible for people in remote areas. Furthermore, access to services is sometimes difficult for the families who live far from the areas where services are located, and the transportation fees are not affordable for everyone. In addition, it's very difficult to find targeted interventions for specific cases such as pregnancy.

There is a large consensus among stakeholders that the mentioned aspects of drug related prevention and treatment services (welcoming place, anonymity, targeting concrete needs of family, etc.) and specific interventions (parental training courses, young people group activities, practical support, etc.) are all relevant to support families in preventing drug use among youth. Communication campaigns can be particularly beneficial because they can change misconceptions related to drug use and to drug use treatment, but they need to be done in a professional and evidence-based manner.

Drug related prevention and treatment services in Lebanon have many limitations. The main one is that there is not enough free coverage of services. In times of economic crisis, this issue becomes even more important because many families lose their jobs. NGOs specialized in substance use offer services with a minimal cost and MOPH covers the majority of detoxification treatment, but these services are not completely cost-free, since some are completely paid for by the patient and his/her family. For example, opiate agonist treatment with buprenorphine is not free at all and therefore represents a major burden for many families. Services are not always tailored to the needs of the person because of the lack of human and financial resources. Support should be extended to the whole family, which is not always possible, considering that it is important to create a framework for that support. It is necessary that families understand to what extent they can be involved to avoid negative and counterproductive involvement.

A multidisciplinary comprehensive approach with a wide range of available services (counselling, support groups, online access to services, legal assistance, etc.) is essential for a family facing a problem of drug use among offspring. In addition, in any intervention, an active, non-judgmental, professional approach, is a key element in the relationship with youth and their families.

2.3.2 Priority interventions

Treatment and prevention services for substance use in Lebanon have always been the result of a close collaboration between CSOs and governmental institutions and all stakeholders. CSO representatives as well as ministry representatives agree on the need of this collaboration, in instances where CSOs are already delivering many services with the help and facilitation of the Ministries.

The following interventions are the main ones identified by stakeholders as priority for preventing drug use among youth in Lebanon. Most of them are already in place but need further development and expansion:

a. Prevention indications included in the National Strategy for Substance Use need to include more family components, as families are considered a good target for mental health and inter-ministerial substance use strategies. In this regard, the need to invest in family skills programmes is part of the National Strategy for Substance Use. MOPH is currently drafting, under the Higher Childhood Council in Lebanon, an Early Childhood Development Strategy (ECD), that will probably become part of an inter-ministerial substance use strategy. One aim will be scaling parenting skills based on recommendations from WHO experts. Furthermore, a pilot project implementing the Unplugged programme in schools is planned, which will include the family dimension.

b. Family associations are a key element and can be expanded with the help of MOSA, MOPH and NGOs. Social Development Centres (SDCs) affiliated to MOSA and Primary Healthcare Centres (PHCs) can help in that sense. There is a need to engage families but also to ensure follow-up and thus the need for approval and support from MOSA for sustainability.

c. Parent groups in schools and universities are a major component of prevention interventions and therefore should be initiated or consolidated, after having received adequate training.

d. Social workers can play a major role in drug use prevention and therefore should play a more active role in that respect, and if possible, should increase their national coverage mainly through the MOSA initiative. Furthermore, a law in Lebanon stipulates that the government should assign a social worker to visit families during substance use treatment to assess their situation and eventually assist them and refer them to psycho-social support. This law was never implemented and so there is a need to reactivate it, as well as the role of social workers in assisting families in such circumstances.

2.3.3 Challenges

a. Financial difficulties, especially after the recent events in the country, restrict the possibility of human resources to work on and implement prevention and treatment interventions.

b. There is no system level approach. Service delivery of the interventions is not often part of the core project and so little time is allocated for that purpose. An official agreement of decision makers for the allocation of adequate resources would be needed.

Some family structures are more prevalent with drug use and represent a more vulnerable population such as: mono-parental families, and families with a history of sexual abuse or domestic violence. Some families have children out of school at a young age and therefore cannot benefit from school interventions.

2.4 Strategic indications

a. Strengthen the collaboration between local stakeholders (Ministries and CSOs) and international organizations.

b. Develop a framework concerning the needs of families in terms of prevention that can help develop tailored trainings and interventions, taking into consideration the need to strengthen parents' awareness on their potential role and, at the same time, the services' expectations.

c. Strengthen, expand and decentralize prevention services targeting families delivered by stakeholders involved in substance use.

d. Develop the capacity of human resources of NGOs already present to implement interventions, considering also the need to have more staff dedicated to follow up with the families.

e. Integrate, on a national level, evidence-based prevention interventions in schools with the help of the Ministry of Education and Higher Education (MEHE), with a specific focus on parental education.

f. Monitor the quality of prevention activities, acknowledging that standards are being developed by MOPH and MOSA.

g. Use media outlets, social media, applications and technology to raise awareness and to deliver clear and evidence-based information about substance use.

Annexes
Lebanon

ANNEX I
Lebanon

Questionnaire for stakeholders

(Service providers)

The United Nations Interregional Crime and Justice Research Institute (UNICRI) is conducting a research in three selected countries (Italy, Lebanon, Tunisia) with the aim to gather useful information on how to enhance the family's role in drug use prevention and recovery among young people.

The initiative is carried out within the framework of the project "What are the needs of families in preventing drug use among children and adolescents?", conducted by UNICRI with the support of the Department for Anti-Drug Policies of the Government of Italy.

The information collected through the following questionnaire will be discussed during the online Focus Group, to be held on 28 May 2020, involving Lebanese representatives from government institutions and civil society organizations.

We kindly ask you, therefore, to complete the following questionnaire, expressing your opinion based on your experience in your service/institution, and send it to the following email address: unicri.familyneeds@un.org.

Thank you for your time and collaboration.

1. What level of knowledge do you think families have on the following issues?	Poor	Fair	Good
Characteristics and effects of the different types of drugs			
Youth social context and lifestyles			
Warning signs of drug use			
Changes in youth behaviours and emotional state which indicate possible discomfort (e.g. anxiety, depression, etc)			
Availability of health services/programmes for the prevention of drug use among youth and the treatment of drug dependence			
Possible risks derived from the use of internet, in particular of social networks (sharing of personal data/pictures, daily usage time, etc.)			
If other, please specify.			

2. To what extent do you think that the following family behaviours can help families in preventing drug use among youth?	Not at all	Slightly	Moderately	Very much
Establish clear house rules (e.g. curfew time, informing about where/with whom they usually spend their time, etc.)				
Monitor their movements and habits				
Monitor and supervise their school performance				
Monitor how they spend money				
Develop age appropriate parent-child/adolescent communication				
Give them the maximum freedom to avoid frustration				
If other, please specify				

3. To what extent do you think that the following can support families in preventing drug use among youth?	Not at all	Slightly	Moderately	Very much
Relatives				
Teachers and school personnel				
Health services (general practitioners, pediatricians, psychologists, etc).				
Families associations				
Religious organizations				
Social and recreational community organizations (e.g. youth sport organizations, cultural organization, etc.)				
Media and social media campaigns and advertising				
If other, please specify				

4. To what extent do you think that a family with a problem of drug use is able to take the following actions?	Not at all	Slightly	Moderately	Very much
Request assistance to the drug related prevention and treatment services considered the most suitable for offspring				
Request assistance to drug related prevention and treatment services closest to their home				
Quickly find and contact the appropriate service				
Freely choose where offspring could undertake treatment				
Request specific interventions based on the offspring condition (e.g. pregnancy, presence of traumas, legal problems, etc.)				
No action taken due to lack of knowledge/information				
No action taken due to lack of trust				
If other, please specify				

5. To what extent do you think that families perceive the following aspects of drug related prevention and treatment services as important in supporting them?	Not at all	Slightly	Moderately	Very much
Place and schedules suitable with the needs of the family				
The venue of the meeting is welcoming and does not add the stigma associated to drug use				
Participation of the person/family is anonymous				
Long-term monitoring and support are ensured				
Programme focused on concrete needs of the family (e.g. what to do/not to do in case of need, to whom request assistance, etc.)				
If other, please specify				

6. To what extent do you consider the following interventions as useful to support families in preventing drug use among youth?	Not at all	Slightly	Moderately	Very much
Information meetings for parents and students in schools				
Information interventions in first aid facilities (accident and emergency departments)				
Extensive advertising/communication campaigns				
Telephone help lines				
Prevention initiatives carried out by family associations				
Parenting training courses				
Training course for parents on how to manage behavioural distress among their offspring				
Inclusion of young people in group activities such as sports, cultural and recreational activities (e.g. art, music, etc.)				
Practical support (e.g. accommodation, employment, vocational training, etc.)				
If other, please specify				

7. To what extent do you think drug related prevention and treatment services can provide families with the following services?	Not at all	Slightly	Moderately	Very much
Free access to specific services				
Services tailored to the needs of the person				
Direct contact with drug-related professionals				
Support extended to the whole family				
Long term support and monitoring				
Quick and easy access to specific services in case of emergency				
If other, please specify				

8. To what extent do you consider the following services as important for a family facing a problem of drug use among offspring?	Not at all	Slightly	Moderately	Very much
Rehabilitation community for young people				
Online access to services through websites, mobile applications, etc.				
Counselling sessions involving parents/families and drug-related professionals				
Interventions adapted to family needs (e.g. work schedules)				
Multidisciplinary and multi-professional interventions in the medical, psychological, social, educational fields, etc. (psychotherapies, rehabilitation and social reintegration of recovery users, emergency management)				
Well-functioning network of all relevant services (health, social, drug etc.)				
Legal assistance in case of need				
If other, please specify				

9. To what extent do you think families consider the following as important elements provided in drug prevention programmes and treatment facilities?	Not at all	Slightly	Moderately	Very much
Active listening				
Support in everyday life				
Preventive information about drug use				
Continuity of information in case of need				
Support groups for parents/families facing a problem of drug use by their offspring				
Direct contact with dedicated professionals				
Instant communication via telephone or through other communication channels				
Interventions targeted to the whole family				
Clear information on the recovery/prevention process and long-term support				
If other, please specify				

Thank you for taking the time to complete this questionnaire.

ANNEX II

List of entities participating in the research activities

- **American University of Beirut**
- **Cenacle de la Lumière**
- **Ministry of Public Health of the Republic of Lebanon**
- **Oum El Nour**
- **Saint Joseph University**
- **SKOUN Lebanese Addiction Centre**
- **Soins Infirmiers et Developpement Communautaire (SIDC)**
- **The Middle East and North Africa Harm Reduction Association (MENAHRA)**

03

Tunisia

Report

SECTION 1
The Tunisian context

1.1 Overview of the Tunisian context

According to the National Statistics Institute (Institut National de la Statistique – INS), Tunisia had a total population of 11.55 million people in 2018. Most of the population live in the northern part of the country, and two thirds reside in the coastal governorates. In 2015, more than half (57.2%) of the population was younger than 35. Life expectancy at birth is estimated to be about 75.1 years old, i.e. 74.5 for men, and 77.8 for women (2015).

Tunisia has 24 regional administrative divisions (governorates) and 256 delegations, divided into 2,073 sectors (Imadas).

In 2015, the socio-economic context was characterized by "weak economic performances, social tensions and large exterior imbalances". Therefore, social instability and the threat of terrorism ravaged tourism and extractive industries discouraged investments, while the underground economy spread throughout the country.

Over the period 2011-2016, the average annual growth rate was 1.5%, compared to 4.5% over the period 2000-2010. Thus, per capita wealth declined since 2011 and, according to the World Bank rankings, Tunisia is now a lower middle-income country.

After peaking at 18.9% in 2011, the unemployment rate has hovered around 15% since 2013. At the end of 2017, it stood at 15.5% and was twice as high for women (22.7%) than for men (12.5%), and the rate of higher education graduates (29.2%) remains worrying.

The official estimate of poverty rate was 15.2% in 2015 and 19% in 2020 (INS), compared to 20.5% in 2010. There are large disparities between regions; North-West and Centre-West are the regions with the highest poverty rates. The Gini coefficient was 30.9% in 2015, compared to 36% in 2005.

The right to health is recognized by the Tunisian Constitution and by several international legal instruments endorsed by Tunisia. Article 38 of the new Tunisian Constitution, adopted by the National Constituent Assembly in January 2014, states that: "*Every human being has the right to health. The State guarantees prevention and health care to all citizens and provides the means necessary for safety and quality health services. The State guarantees free health care for people without support or without sufficient resources. It guarantees the right to social security coverage in accordance with what is provided for by the law.*"

Tunisia has always opted for a policy intended to promote the physical and mental well-being of children; therefore, it has supported many initiatives. For example:

1. Tunisia has endorsed all international conventions relating to the rights of children, including the ratification of the United Nations Convention on the Rights of the Child (UNCRC) since 1991.

2. These rights are contained, for the first time, in the constitution of 2014. Article 47 states: "*Dignity, health, care, and education are rights that must be guaranteed to children by their fathers and mothers, and by the State. The State must provide children with all forms of protection without discrimination and in accordance with the best interests of children.*"

In terms of children's rights, Tunisia ranks seventeenth among 182 countries in 2020.

On the other hand, there remains the importance of the preservation of the family, as described in Article 7 of the constitution and thanks to the adoption of the national strategy for the development of the family sector. Tunisia has not finished developing an integrated strategy concerning drugs; its policies are based on an essentially repressive legislative body.

1.2 Data on drug use in the general population

On a global scale

According to the World Drug Report 2020, the use of drugs is increasing worldwide, both in terms of overall numbers and proportionally with global population. In 2009, it was estimated that the number of drug users was 210 million people, namely 4.8% of the global population aged 15-64, versus 269 million people in 2018, namely 5.3% of the population.

During the last 20 years, drug use increased much more rapidly in developing countries than in developed countries, and this happened in parallel with a diversified demographic growth during the same period (7% in developed countries versus 28% in developing countries), and the rejuvenation of the population. Adolescents and young adults represent the majority of drug users (between 2000 and 2018, this category increased by 16% in developing countries and decreased by 10% in developed countries). Urbanization is another determining factor for the drug market. In fact, drug use is higher in urban areas than in rural areas, and more than 50% of the global population live in urban areas nowadays, versus 34% in 1960.

On a national scale

Limited data is available on drug use and diffusion among the general population but not enough to provide a precise overview of the situation as a national Tunisian monitoring centre on drugs and addictions has never been established, and research funds are very low.

According to data from the World Drug Report 2020, cannabis users worldwide were estimated to be 192 million in 2018, i.e. 3.9% of the world's population aged 15 to 64 years old.

Alcohol consumption expressed in litres of pure alcohol per year was 36.6 litres per year in subjects aged 15 years and over in 2016 (WHO 2018). Tobacco use and alcohol consumption are increasingly affecting the female gender. Illicit drug consumption is assessed according to estimates, which need to be updated. The use of cannabis and the intake of psychotropic substances appear to be experienced by 400,000 people, while 33,000 people are involved in injection drug use. The availability of a wide variety of illegal substances is considerably growing in the drug market, without the possibility of controlling types, quantity and composition.

1.3 Data on prevalence of drug use among young people

In Tunisia, as in several other countries, many adolescents and young people seem to share identity issues, which are sometimes emphasized by a negative labelling attributed to them by the environment in which they live, by the precariousness of their conditions, their vulnerable social status and growing inter-generational inequality. Their transition to adulthood appears more arduous than in the past. Some of them are likely to have higher tendencies towards risky behaviours (e.g., suicidal behaviours, self-harm, alcohol and drug use, unprotected sexual intercourse), trying to run away from their problems, difficult life experiences and economic hardship. Adolescents and young people are often exposed to failure, so they have a greater need to be offered means of support. Therefore, the problem is managing to delineate the boundaries between young people's demands (e.g., personality affirmation, conflicts with older people, the expression of a temporary discomfort as a natural characteristic of that transitional period of their life) and risky behaviours in which adolescents and young people engage, which may lead to a point of no return concerning their health and social integration. In fact, people of different age groups do not always use the same strategies to envisage the future and handle difficulties in settling down to life: older people, especially parents, do not always seem to be fully aware that in some cases their behaviour could strongly influence the life choices of young people, in addition to the social environment within which they grow up.

Identity issues and behavioural mimicry of friends and classmates can be factors favouring the consumption of illegal substances: in some cases, indulging in this type of behaviour, which is a threat to the health of adolescents and young people (drug consumption causes changes in the functioning of the body and/or of the brain), makes them believe they can overcome all difficulties they encounter. Drug use is frequently perceived and explained as the pursuit of "pleasure", the desire of escaping from reality or experiencing something new, the wish of accessing a specific peer group. Nevertheless, drug use, which concerns various social environments, can cause risky behaviours, which might have more or less serious consequences on the health of the users as well as on the health of everybody else.

1.3.1 Data on prevalence of substance use among students

In 2013 and 2017, MedSPAD national surveys were conducted in school environments, involving young people aged 15-17. In 2017, almost one third (31%) of high school students aged 15-17 reported having consumed drugs – not including tobacco and alcohol – at least once in their lifetime, compared to almost one quarter (24.6%) in 2013. This prevalence was significantly higher among male students (36.5% versus 27.7% in 2017).

At the time of the second survey, 3.8% of students reported having consumed cannabis at least once in their lifetime, 3.8% reported having tried glue sniffing, 3.0% had used psychotropic substances without any prescription, 1.4% had consumed ecstasy and less than 0.4% had tried cocaine and buprenorphine (Subutex®). In 2017, statistics showed a growing trend, if compared with 2013, but numbers remain substantially lower than in all other countries of the Mediterranean region.

Tab. 1

	2013		2017	
CONSUMED AT LEAST ONCE	**In their lifetime**	Within the last month	**In their lifetime**	Within the last month
CANNABIS	**1.5%**	0.4%	**3.8%**	1.5%
PSYCHOTROPIC SUBSTANCES WITHOUT PRESCRIPTION	**2.1%**	0.7%	**3.0%**	1.1%
ECSTASY	**0.2%**	0.15%	**1.4%**	0.4%
COCAINE	**0.5%**	0.16%	**0.4%**	0.2%
BUPRENORPHINE (SUBUTEX®)	**ND**	NA	**0.2%**	0.1%
ANY DRUG, APART FROM TOBACCO AND ALCOHOL	**24.6% [22.6 -26.7]**		**31.0% [29.18-32.8]**	

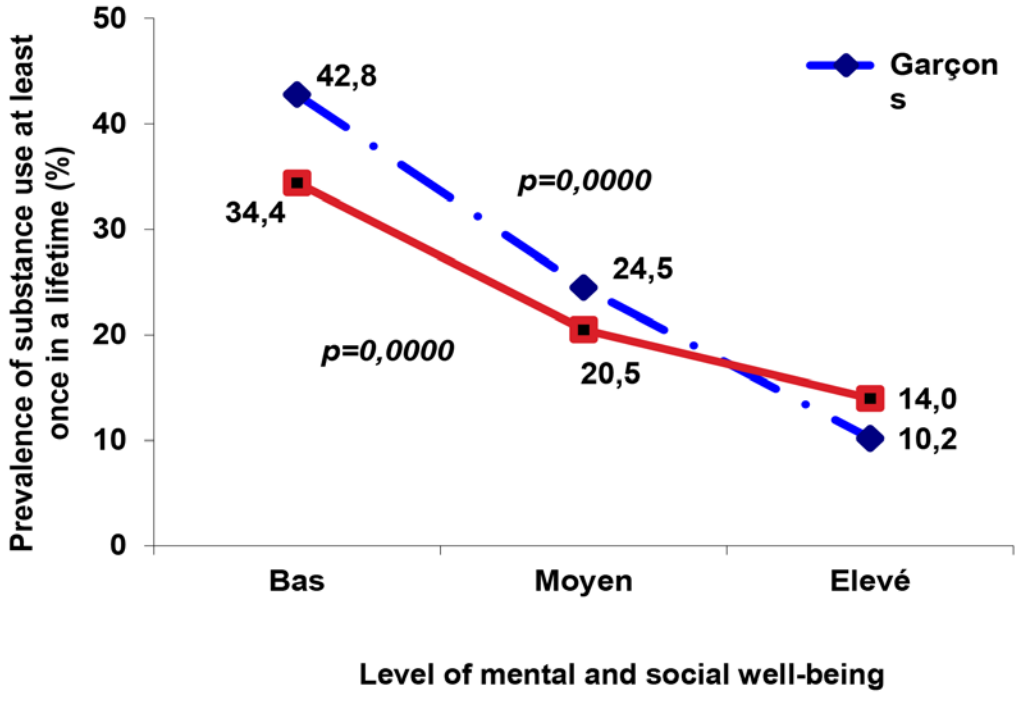
(MedSPAD Surveys 2013 and 2017)

Results vary from region to region, but the higher numbers were reported in the district of Tunis.

1.3.2 Factors associated with drug use among students

According to the results of MedSPAD Survey 2013, psycho-socio-economic inequalities appear to be associated with the consumption of illegal substances among Tunisian students. In fact, the prevalence of psychoactive substance use over a lifetime (apart from tobacco and alcohol) was higher among students who spent at least one night out of their domicile within the previous month (38.0% vs 22.3%; p<103), who have working mothers (28.1% vs 22.9% ; p = 0.04), who are dissatisfied with their relationship with their mothers (60.8% vs 23.6%, p<10-3; the association remains important after the adjustment of the professional status of the mother: OR adjusted: 4.9 [2.4-10.0], p = 0.000), who are not satisfied with their family environment (from 19.3%: very satisfied, to 60.1%: very dissatisfied), or who have issues with school authority (47.0% vs 27.5%, p<10-3). This prevalence increased proportionally with the decrease of psychosocial well-being for both genders: male students: from 42.8% (low) to 10.2% (high); female students: from 34.4% (low) to 14.0% (high); p<10-4).

Fig. 2:



1.4 Characteristics of the drug market

Before the COVID-19 pandemic, the market provided mainly orally administered drugs such as cannabis (7.6 tonnes of cannabis seized in 2016) – which comes mostly from Morocco – as well as psychotropic substances (Clonazepam, Chlorhydrate of trihexyphenidyl) and ecstasy. Less common drugs were intravenous substances like heroin, cocaine and especially tablets of Buprenorphine in high dosage (Subutex®); these are not authorized for sale in Tunisia but can be prescribed by therapists in Europe for treating opioid addiction. In Tunisia, these tablets have been diverted to intravenous use and they seem to be more appreciated than heroin.

During the COVID-19 pandemic, the closure of borders and the domestic travel ban among regions caused the paralysis of transport services, which blocked the common trade routes, leading to very dangerous practices, for example the diffusion and consumption of cocaine blended with varying amounts of different substances, sold at competitive prices, comparable to those of cannabis, which often led to undesirable consequences, and the consumption of alcoholic beverages adulterated with methanol and ethylene glycol, which caused mass intoxication of people celebrating the end of the fasting month of Ramadan, as well as cases of loss of sight and nearly a dozen deaths.

1.5 National strategy for drug use prevention

According to the Voluntary National Report on the Achievement of Sustainable Development in Tunisia, which was presented at the United Nations High-Level Political Forum on Sustainable Development (New York 2019), Tunisia planned to adopt five complementary strategies aimed at "strengthening prevention and treatment of psychoactive substance abuse, especially drugs and alcohol", which include:

- Mental health promotion strategy (approved in 2013)
- National strategy for prevention, risk reduction and treatment of illegal substance use disorders (pending approval)

- Strategy against tobacco use, drug use and alcoholism in schools
- Strategy to combat smoking, alcoholism and drugs in schools
- Life skills development pilot programme for the prevention of psychoactive substance use in schools
- National health promotion multi-sectorial strategy dedicated to young people and adolescents 2020-2030 (approved in 2018).

1.6 Drug use prevention in Tunisia

In order to counter psychoactive substance use among children and young people, several initiatives have been implemented, guided and supported by international and national organizations (public agencies or civil society) including:

- Life skills development project for countering drug use among students (*Direction de Médecine Scolaire et Universitaire* and UNICEF)
- School-based intervention project aimed at raising students' awareness concerning the seriousness of psychoactive substance use, involving them in prevention and awareness-raising activities against drug use. The intervention consisted of engaging students in choosing and practising leisure activities regarding psychoactive substance use, providing them with support and guidance (*Institut National de la Santé*, *Direction régionale de la Santé* and *Délégation régionale de l'éducation*)

The role of family in the context of child welfare and health promotion – for example concerning prevention and treatment of addicted young people – has been discussed, suggested, and added to several strategies (such as those concerning youth health, mental health and drug addiction prevention), in various sectors (e.g. *Ministère de la santé, des affaires sociales, de la femme, famille, enfance et personnes âgées*, and United Nations agencies), and it is regulated by a well-developed legal framework. However, the measures put in place remain insufficient despite the recognition of the essential role of the family in terms of protection and promotion of children's health (11-15).

SECTION 2
The research in Tunisia

2.1 Questionnaire results

Overall, 26 out of 39 invited stakeholders participated in the survey from 13th to 29th June 2020, answering an online anonymous questionnaire (Google Forms questionnaire). The participants were representative of all different sectors involved in the research (representatives of the various Ministries involved, healthcare professionals and civil society).

The questionnaire for Italy was adapted to the Tunisian context; moreover, the first part of the questionnaire concerning the socio-demographic characteristics of respondents (in order to ensure a good response rate) was removed. Then, the English version of the questionnaire was translated to validate the Arabic and French versions used in the online questionnaire, in order to ensure the understanding of questions by the Tunisian participants. A simple descriptive analysis was carried out in order to identify the perceived/raised problems and the gaps in responses, which represented useful data to facilitate the discussions during the focus group.

Below are the results according to the data collected in the survey.

QUESTION 1. Perceived level of family knowledge related to psychoactive substance use

Overall, the level of family knowledge concerning psychoactive substance use perceived by the players is medium to weak or very weak.

The majority of respondents believe that the level of family knowledge is "weak" to "very weak" concerning:

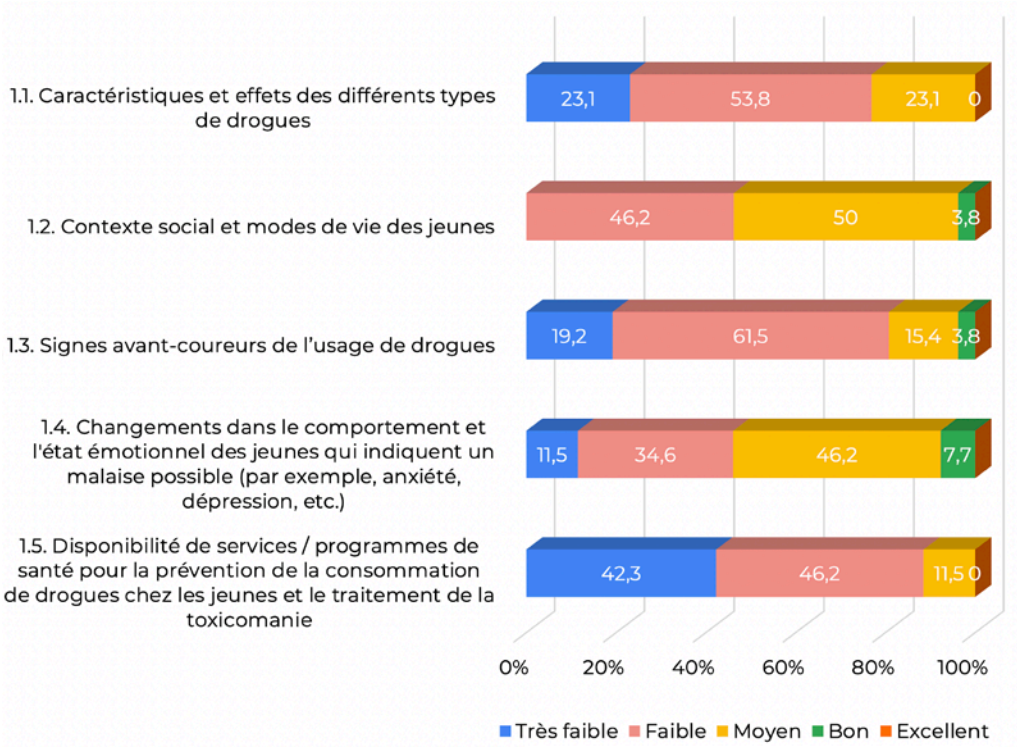
- Availability of services/health programmes for drug use prevention among young people and drug addiction treatment.
- Warning signs of drug use.

- Characteristics and effects of the different types of drug.

On the other hand, opinions vary from weak to medium regarding:

- Youth social context and lifestyle.
- Changes in youth behaviours and emotional states that indicate possible discomfort (e.g. anxiety, depression, etc.).

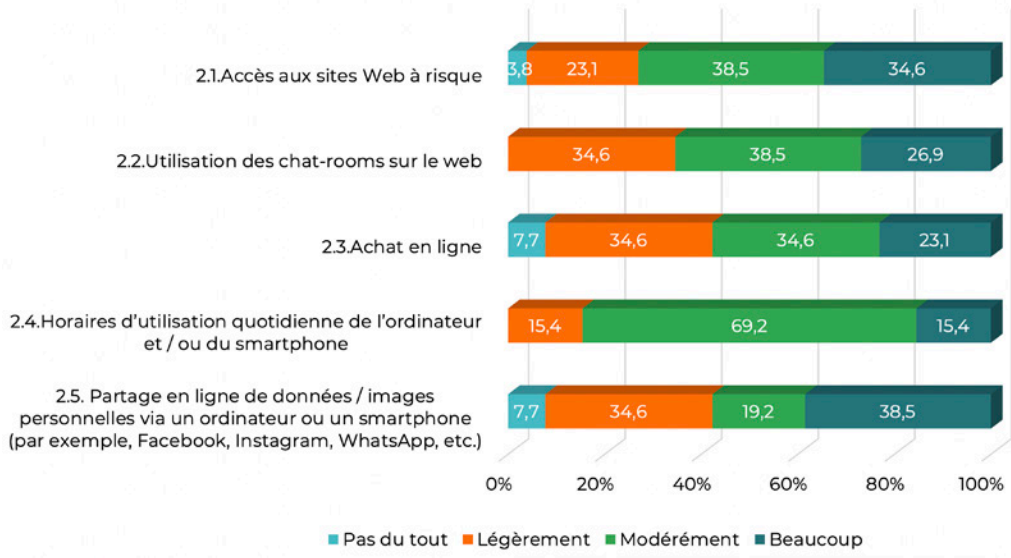
Fig. 3:



QUESTION 2. Perceived effectiveness of family supervision of young people's online activities in preventing drug consumption

Family monitoring of young people's online activities is perceived as an effective prevention measure by most of the respondents when it comes to the supervision of young people's daily internet activity schedules via laptops or smartphones (84.6%) and access to risky websites (73.1%). Opinions diverge concerning the effectiveness of monitoring online purchases (42.3% low or no effectiveness vs. 57.7% moderate to high effectiveness).

Fig. 4

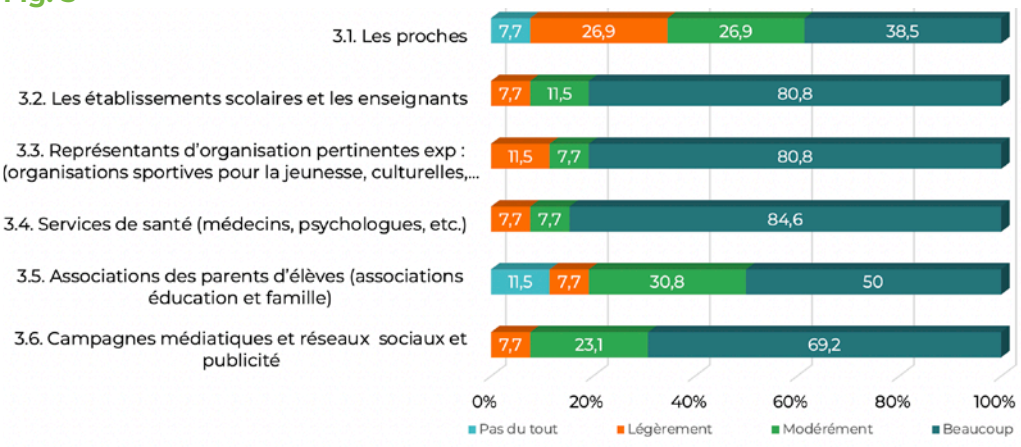


QUESTION 3. Perceived role of some players working in the field of family support in preventing drug consumption

According to the majority of respondents, schools and teachers, the representatives of relevant organizations (e.g. youth sport organizations, cultural organizations, scouts, etc.), health services (e.g. doctors, psychologists, etc.), media and social media campaigns and advertising support families in preventing drug use.

On the other hand, opinions diverge concerning the role of Parents' Associations in school environments (e.g. family and education associations), particularly with regard to the help given by relatives.

Fig. 5



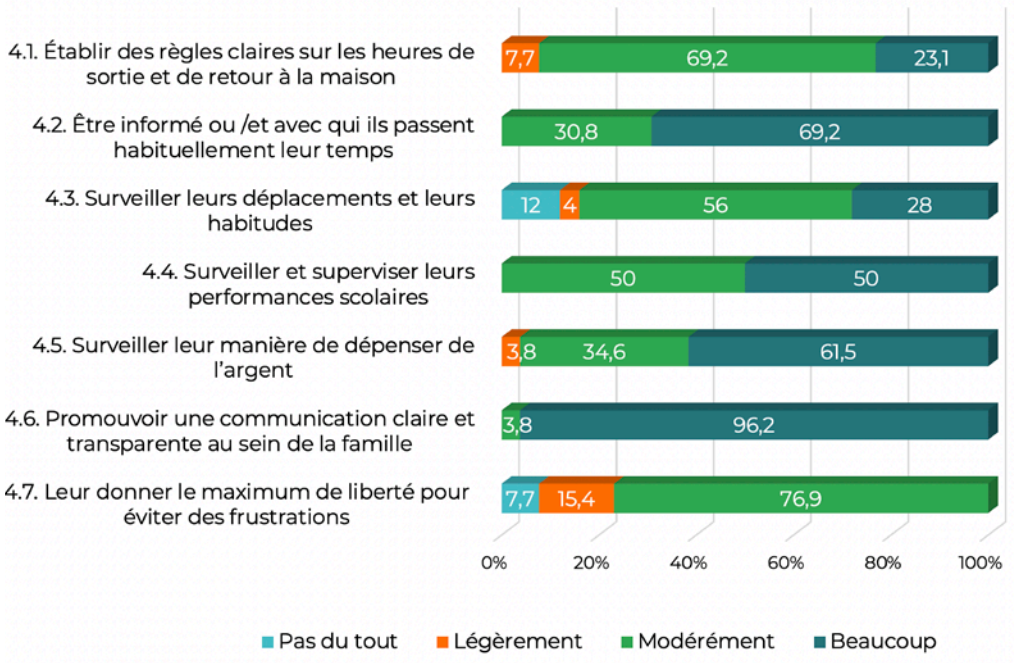
QUESTION 4. Perceived effectiveness of prevention measures adopted by families to prevent psychoactive substance use among young people

The following prevention measures, which can be adopted by families to prevent psychoactive substance use among young people, are considered as effective by most of the actors involved:

- Establishing clear rules concerning times of leaving and returning home
- Being informed about where/with whom young people usually spend time
- Monitoring and supervising school performances
- Monitoring how young people spend money
- Promoting a clear and transparent communication within the family

Opinions diverge concerning the act of monitoring young people's movements and habits (low or no effectiveness: 16%) and concerning the act of giving them maximum freedom in order to avoid frustration (low or no effectiveness: 23%).

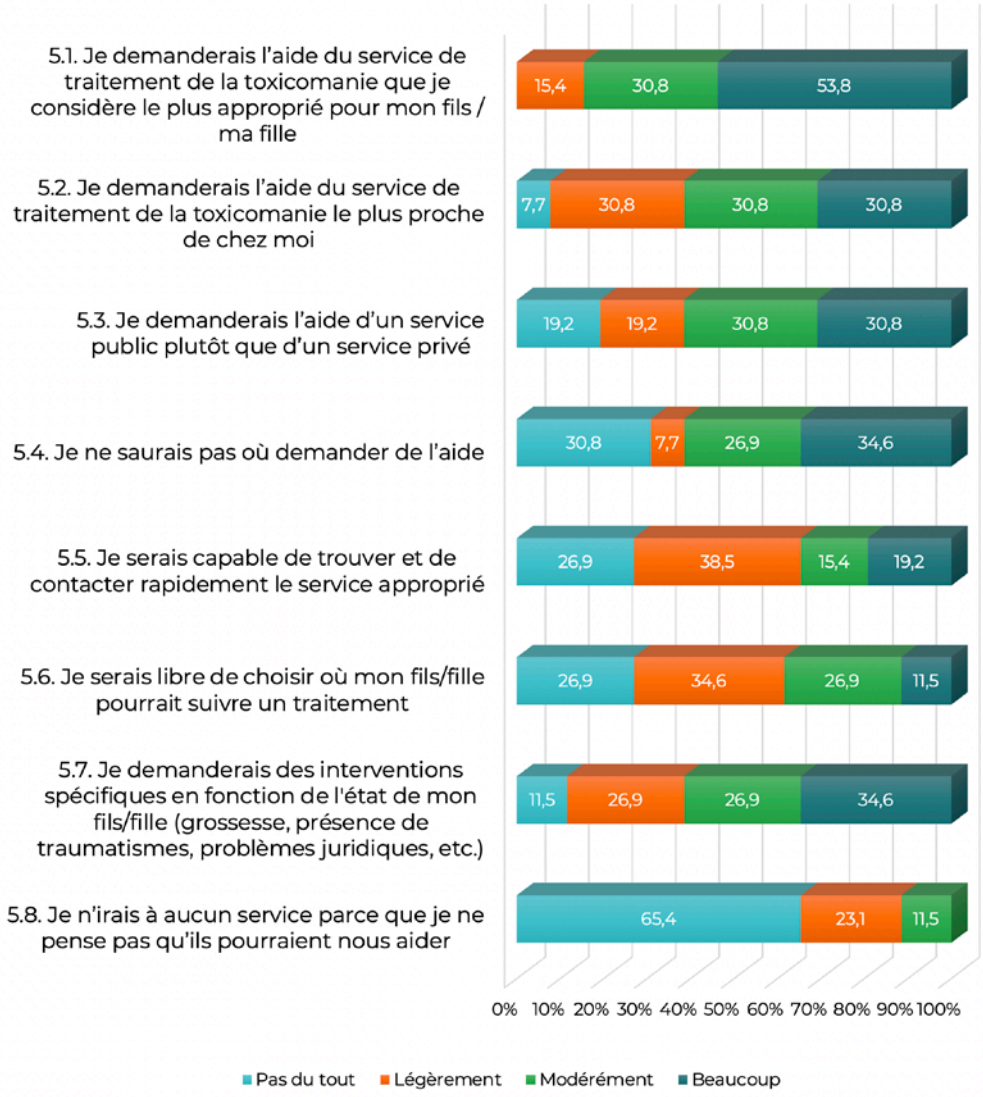
Fig. 6



QUESTION 5. Perceived behaviour of families experiencing psychoactive substance use by their children

Opinions differ on the behaviour (using vs refusing services) of families experiencing psychoactive substance use among their children; they reflect the complexity of the issues that characterize the current situation, with regards to supply and demand of drug-related disorder health services.

Fig. 7



QUESTION 6. Identification of aspects, services or treatment programmes of psychoactive substance users considered important by families

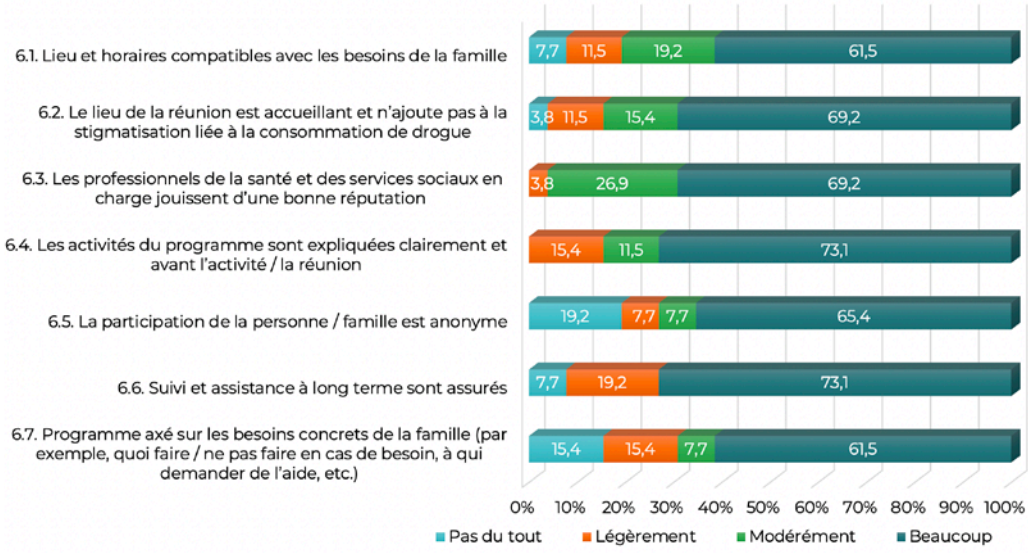
The majority of the respondents think that the following characteristics of services or treatment programmes of psychoactive substance users are considered important by families:

- Healthcare and social care professionals have a good reputation.
- Programme activities are clearly explained prior to beginning the meeting.

At the same time, opinions differ – completely or partially – concerning the following characteristics:

- Place and times suitable with the needs of the family.
- The venue of the meeting is welcoming and does not add to the stigma associated with drug use.
- The participation of the person/family is anonymous.
- Long-term monitoring and support are ensured.
- Programmes focused on the actual needs of the family (e.g. what to do/not to do in case of need, from whom to request assistance, etc.).

Fig. 8

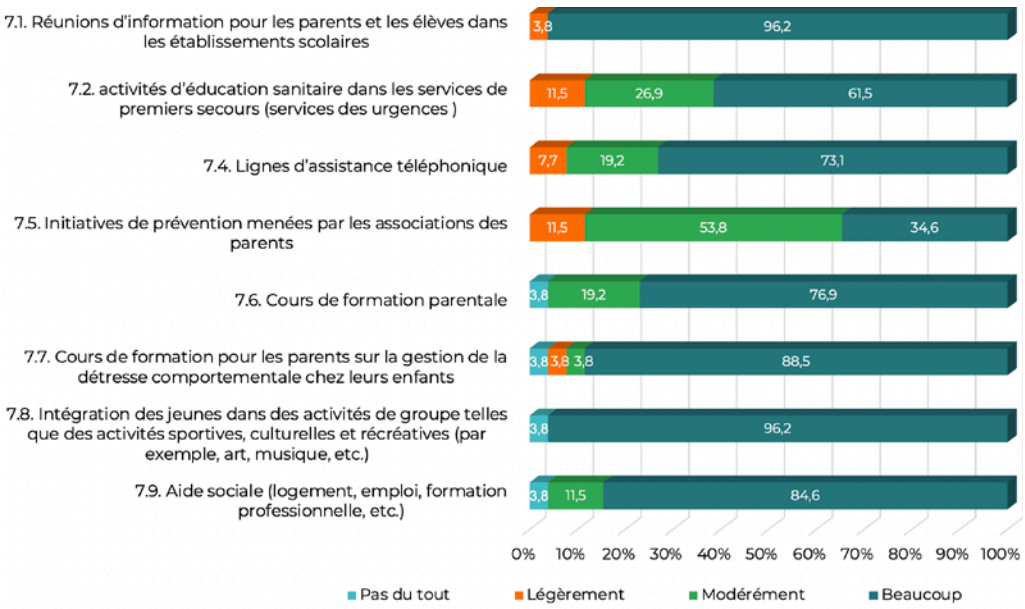


QUESTION 7. Useful interventions to support families in preventing drug use and addiction among young people

Data from this survey reveals that most of the respondents consider the following interventions as useful for supporting families in preventing drug use and addiction among young people:

- Information meetings for parents and students in schools
- Health education activities in first aid services (emergency services)
- Hotlines
- Prevention initiatives carried out by family associations
- Parental training courses
- Training course for parents on how to manage behavioural distress of children
- Inclusion of young people in group activities such as sports, cultural and recreational activities (e.g. art, music, etc.)
- Social support (e.g. accommodation, employment, vocational training, etc.)

Fig. 9

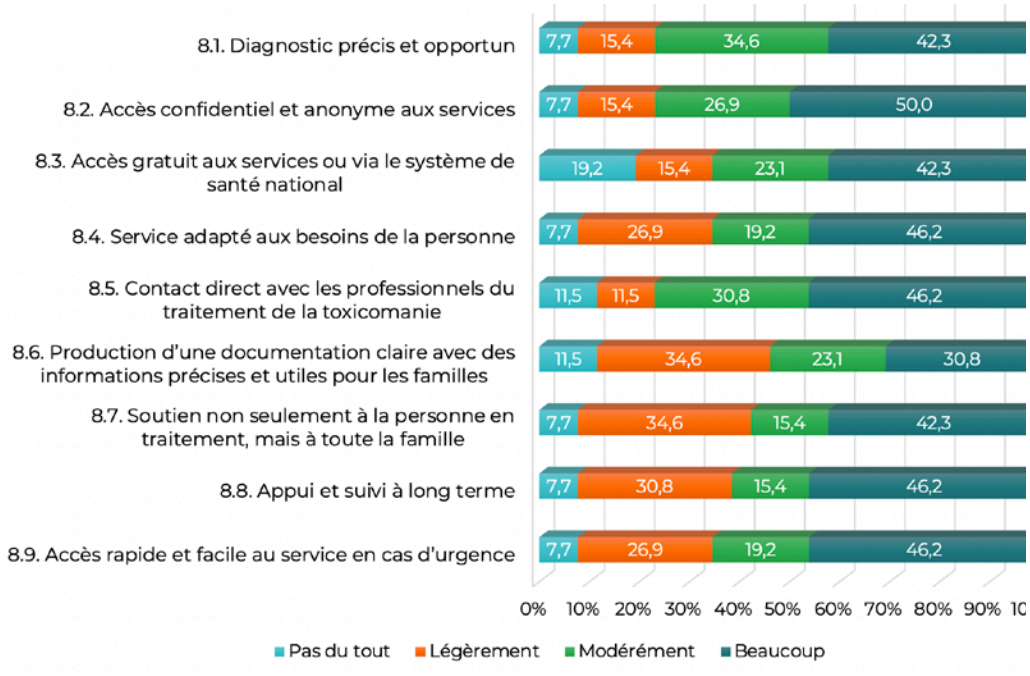


QUESTION 8. Perceived role of drug treatment programmes in aid of families

Discrepancies have been observed in the results concerning the perception of services provided to families by drug treatment programmes. In fact, unlike the others, one third to one quarter of respondents think the following services are provided to families to a little extent or not at all:

- Precise and appropriate diagnosis
- Confidential and anonymous access to services
- Free access to services or through the healthcare national system
- Services tailored to the needs of the person
- Direct contact with drug treatment professionals
- Drafting of clear documentation including precise and useful information for families
- Support extended to the whole family
- Long term support and monitoring
- Quick and easy access to services in case of emergency

Fig. 10

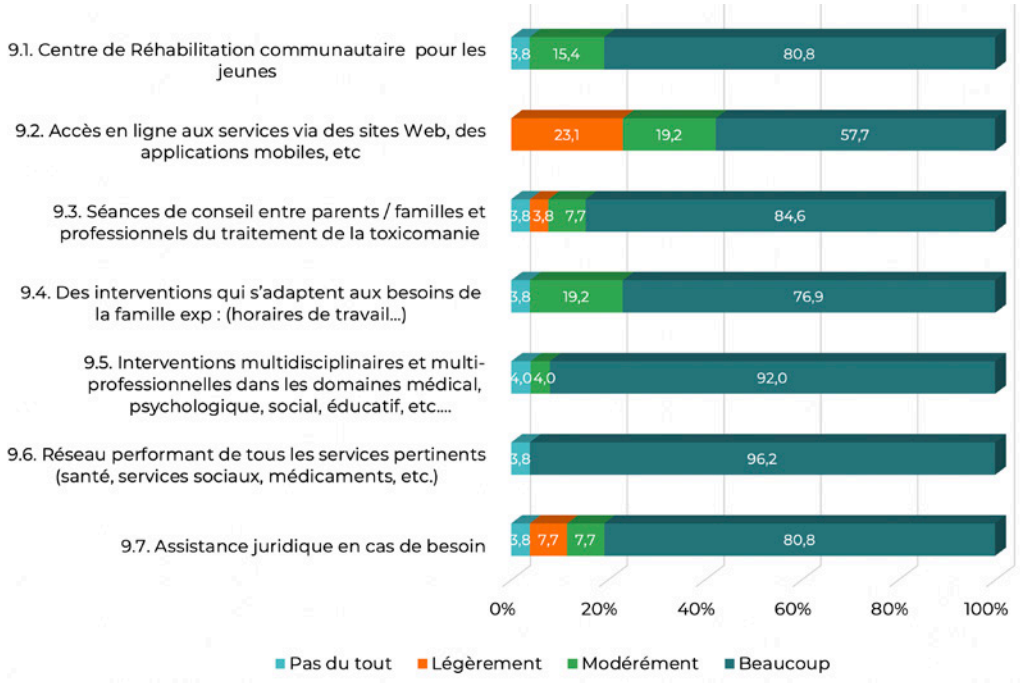


QUESTION 9. Perceived importance of services for families facing problems of drug addiction among their children

The majority of players are aware of the importance of the following services dedicated to families facing problems of drug addiction among their children:

- Rehabilitation Communities for young people
- Online access to services through websites, mobile applications, etc.
- Counselling sessions involving parents/families and drug addiction treatment professionals
- Interventions adapted to family needs (e.g. work schedules)
- Multidisciplinary and multi-professional interventions in the medical, psychological, social, educational fields, etc. (psychotherapy, rehabilitation and social reintegration of users, emergencies management)
- Well-functioning network of all relevant services (health, social care, medicines, etc.)
- Legal assistance in case of need.

Fig.11

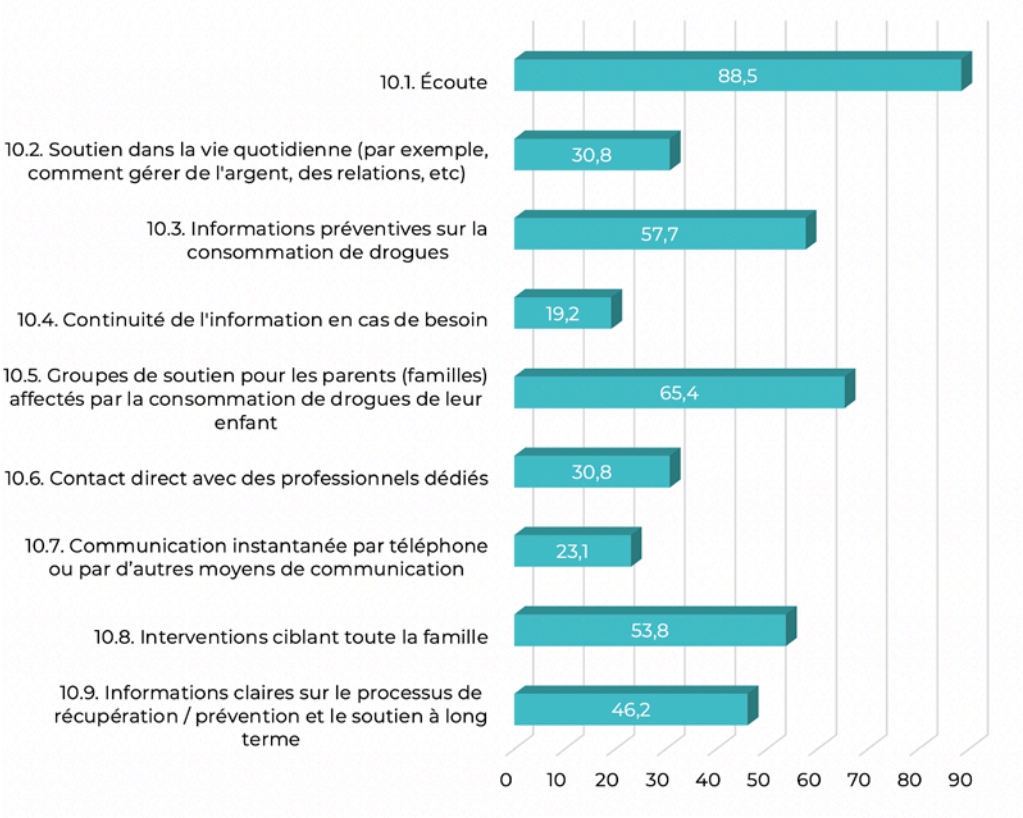


QUESTION 10. The most important aspects that families would like to have available within drug addiction prevention services or programmes

According to respondents, the four main aspects are, in order of decreasing importance:

- Listening (88.5%)
- Support groups for parents/families facing a problem of drug use in their children (65.4%)
- Preventive information concerning drug use (57.7%)
- Interventions targeting the whole family (53.8%)

Fig. 12



2.2 The Focus Group

The Focus Group was held online due to the COVID-19 outbreak. Subsequently, the meeting was divided into two sessions, of around 1 hour and 30 minutes each, with a 10-minute break between the two sessions:

The first session was dedicated to the presentation and the analysis of the questionnaire results, later discussed by the participants, with particular attention given to the questions where the larger gaps in the opinions of respondents were observed. The aim of this was to reach a shared vision regarding the relevance of the questions in Tunisia.

The second session was dedicated to:

- Identifying priority actions to be undertaken in order to meet the needs of families.
- Explaining the challenges to be faced by the key players in order to implement the abovementioned priority actions.
- Formulating recommendations that will allow the key players to meet the needs of families in the near future

2.3 Results of the discussion

2.3.1 Families' needs and priority interventions to be undertaken in order to support families

It is necessary to start from the strategic goal 2.3 of the national multisector strategy for the promotion of adolescent and youth health 2020-2030, which highlights the recommendation contained in the Ottawa Charter for Health Promotion, that is: "health is created and lived by people within the settings of their everyday life; where they learn, work, play and love", and then recognizes the role of family in promoting health among adolescents and young people.

It is precisely this role that the strategy plans to support through a parental education programme developed according to an interdisciplinary approach; it aims at helping parents to understand the process of identity structuring and the search for autonomy of adolescents and children, as well as to better identify their role in this

crucial stage of development. Particular emphasis is placed on helping adolescents and young people's personality development:

- combination of positive engagement and discipline, supervision and interpersonal problem solving
- promotion of self-esteem among adults and young people
- support of adolescents and young people in balancing personal autonomy and belonging
- level of cohesion, adaptability and communication within families.

The discussion following the presentation of the survey results has been a meaningful occasion to confirm that family is failing in its role, mainly because parents fail to listen to their children. This form of neglect is worsened further by the invasion of social media, which make children retreat in a sort of hermetically sealed bubble. This often leads parents to make mistakes while assessing the limits of parental accompaniment given to children who feel suffocated and oppressed, further encouraging them to flee their family home.

This lack of listening also affects the school environment. In this regard, the representative of the *Tunisian Organization Nationale pour l'Éducation et la Famille* proposes to make school parents' associations participate in the reactivation and broadening of counselling services in schools, involving both students and parents, hoping to stimulate intra-family communication. In fact, it was noted that parents usually find themselves unprepared when facing the deviant behaviour of their children. The availability of a psychological support service allows feelings between parents and children to be formalised and the inadequacies of those who play a regulating role in the relationship to be recognized.

School counselling services are also an opportunity for parents and educators or teachers to meet and build a strong and proactive connection between family and school, an indissoluble link guaranteeing the effectiveness of interactive listening and the continuity of intergenerational values and principles.

On the other hand, schools could represent perfect spaces for optimal and fruitful listening, with a selective approach in relation to peers. This means that it will be necessary to identify the "Leader Students" and offer them training programmes that will provide key information, easily repeatable to their classmates (transferable and transversal competencies).

School is also a useful space for diverting young people from drugs, through the extra-curricular activities provided by the numerous school-based clubs (music, theatre, painting, IT, etc.) on Wednesday, Friday and Saturday afternoons, which are designed to entertain students, while also keeping them busy.

Please note that this preventive role of school, although expected to be real, is not generally present in Tunisia, as the primary concern of teachers is to fulfil the teaching plan. Hence the idea, expressed during the discussion, of including learning modules on substance use in the teaching programme, providing specific training sessions to teachers beforehand.

Participants also observed that better substance use prevention among children could be guaranteed by the access to a social environment favouring their "well-being" from the early childhood stage; aside from the supportive environment of preschools, successful and positive interventions such as parent awareness-raising and skills training initiatives were successfully provided with the support of the psychologists from the *Ministère de la femme, de la famille, de l'enfance et des personnes âgées.*

Among the other existing players, who are not necessarily active, we should mention:

- "Groups of substance users' families", which could share their experiences with those families that are newly confronted with this issue and prevent them from repeating the same behavioural mistakes with their children.

- Social agencies, such as Defence and Social Integration Centres, which actively support families whose children are involved in substance use due to adjustment difficulties, could be in charge of raising awareness in families about drug consumption and its risks, and offering advice on the most suitable health care service (treatment, post-treatment, professional training centres, etc.).

- Information channels such as media, social media and even modern mobile applications are considered useful, as long as the information concerning drug consumption is clear and based on scientific evidence.

The issue of accessing healthcare and prevention services was raised in order to highlight the lack of information about their geographical diffusion and their level of specialization according to the children's age and needs, as well as the cost of patient admissions and treatments when not covered by social welfare funds; in fact, in accordance with Law 92-52 related to illegal substances, psychoactive substance use is not considered as a disease, but rather a misconduct. This is the reason why drug users are afraid of getting criminal sanctions after being admitted to public health facilities, which, in accordance with the law, are required to report to authorities all cases of drug-related recidivism among young people. Nevertheless, this does not deter families from preferring public health facilities that do not yet provide the full range of requested services, and cooperating with civil society facilities, especially in the field of risk reduction.

It must be noted that all respondents agreed on the importance of healthcare and treatment facilities being organized into "inclusive networks", located in the different regions of the country, in order to meet the needs of drug users and their families in the best possible way. The members of each network represent a reliable reference point for families and support them in the choice of the right treatment programme for the young drug user.

The players also seized the opportunity to reiterate the request concerning a revision of the existing legislation, aiming at broadening access to healthcare for the benefit of the patients who are affected by these disorders, notoriously related to chronic health conditions.

2.3.2 Challenges identified by policymakers to implement specific interventions addressing the needs of families

- Adding new specific learning modules about parenting skills into the initial and continuing professional education of teachers.
- Creating or reactivating "parents' associations" in schools.
- Continuing and intensifying advocacy actions at the Assembly of the Representatives of the People (ARP) in order to promote a legislation on illegal substances that would make it easier to access healthcare and rehabilitation facilities.
- Drawing up a thorough national map of professionals and facilities related to drug use prevention and treatment, belonging to the public sector, private sector and civil society.
- Creating a network involving the abovementioned players in each region in order to offer a reliable reference point for families and to better meet the needs of children, even if it means redirecting the players' main missions in order to consolidate the complementarity of the network.
- Going ahead and integrating the "toll-free number 1809" into the network, guaranteeing an effective advisory system with different means of response according to each specific situation.
- Implementing pilot projects within the most populated regions, for the purpose of raising awareness, identifying needs and proposing solutions based on evidence, supported by a group of motivated people favouring the mobilization of human and material resources.
- Promoting the interaction between professionals, focusing on the analysis of good practices.

2.3.3 Strategic indications

This has been the first study concerning the needs of families in the field of drug use prevention among children and adolescents in Tunisia. The study provided the opportunity to engage and raise awareness among several players from different sectors involved in the issue, and led to the achievement of constructive outcomes, resulting in a shared vision that creates a fertile ground for future collaborations within the network of drug use prevention and treatment.

The main strategic indications that emerged during the focus group are summarised below:

- Strengthening international cooperation to support families in preventing drug use among their children.
- Enhancing families' healthcare education on drug use among students, relying on professionals from school and university health services, designated by the Ministry of Health.
- Further engaging the facilities related to the *Ministère des Affaires sociales* such as defence and social integration centres, which are represented in all regions of the country, as well as their local units, in order to identify the families of vulnerable children who do not attend school, understand their needs and help their reintegration.
- Encouraging the implementation of awareness campaigns aimed at large audiences through youth centres or aimed at young people through leisure activities in youth clubs after school.
- Provide local support but leave families and drug users the opportunity to speak to the providers of their choice.
- Encouraging the professionals of the media and communications sector to become involved in the drug use prevention and intervention network in order to improve the effectiveness of their messages, which must be clear and based upon evidence, according to the targeted audience. This would necessarily require a specific training of journalists and communication professionals, who should be up to date on the current affairs of their country and of the rest of the world.

Annexes
Tunisia

ANNEX I

Stratégie nationale de prévention, de réduction des risques et de traitement des troubles liés à l'usage des substances psychoactives illicites dans la communauté et en milieu carcéral

(*En cours de validation*)

Le But

Le but est d'apporter un cadre commun pour guider, coordonner, suivre et évaluer l'ensemble des activités et initiatives de prévention, de réduction des risques, et de prise en charge des troubles liés à l'usage de drogues, aussi bien pour la communauté que pour la population carcérale.

La Vision

La république tunisienne vise à mettre en œuvre un système de santé efficace et équitable pour toute la population. Cette stratégie embrasse cette vision, s'appuyant sur les principes nationaux et internationaux, et aspire à réduire d'ici à 2030 de 50% les risques liés à l'usage de drogues en garantissant un accès universel aux services de prévention, réduction des risques et traitement et une prise en charge de qualité.

Objectif général

La stratégie de la Tunisie pour la prévention, réduction des risques et le traitement des troubles liés à l'usage de drogues a pour objectif principal de promouvoir la santé et d'améliorer le bien-être de l'ensemble de la communauté, des familles et des personnes par la prévention et prise en charge des problèmes de santé liés à l'usage de drogues, en réduisant l'exclusion et en facilitant l'intégration des personnes affectées par l'usage de drogues.

Valeurs

La santé est un droit fondamental et inaliénable de l'être humain. Les risques liés aux drogues constituent un problème de santé publique qui requiert une réponse du secteur socio-sanitaire basée sur les évidences scientifiques, sur les droits humains et répondant aux besoins spécifiques liés aux genres.

Principes généraux

Les principes généraux suivants sous-tendent le développement, la mise en œuvre et le suivi de la stratégie

- *Une stratégie et des actions informées par les évidences scientifiques :* mettre en œuvre des interventions qui ont été évaluées scientifiquement pour être efficaces selon les normes internationales
- *Une stratégie centrée sur la personne* elle met l'accent sur le respect de la personne, ses besoins et ses ressources pour en faire un acteur de sa santé
- *Participative et multi-sectorielle :* assurer l'engagement significatif de toutes les parties prenantes, y compris la société civile et les communautés, dans son développement, sa mise en œuvre, son suivi, son évaluation et son examen.

LA STRATÉGIE

La stratégie nationale de prévention, de réduction des risques et de prise en charge des troubles liés à l'usage de substances psychoactives illicites dans la communauté et en milieu carcéral s'articule autour de quatre domaines verticaux et deux domaines transversaux.

DOMAINES VERTICAUX	**1.** La promotion de la santé et prévention de l'usage des drogues
	2. Réduction des risques liés à l'usage de drogues
	3. Prise en charge thérapeutique des troubles liés à l'usage de substances psycho-actives
	4. Soutien à l'intégration socioprofessionnelle
DOMAINES TRANSVERSAUX	**5.** Créer un environnement favorable à l'accès aux services
	6. Générer, analyser et utiliser les informations stratégiques

1 Promotion de la santé et prévention de l'usage des drogues

La Promotion du bien-être général des jeunes en milieu scolaire (augmentations des compétences).

L'approche basée sur le renforcement des compétences familiales et individuelles de même que les projets école en santé vont être généralisés dans tout le territoire.

La mise en œuvre se base sur :

- une approche par les pairs,

- des mesures environnementales (développement des compétences parentales, occupation du temps libre des collégiens)
- mais également un accès facile aux conseils de professionnels pour le dépistage et prise en charge à travers des thérapies brèves.

2. Réduction des risques liés à l'usage de drogues

- L'objectif général est de Réduire la transmission du VIH, VHC, VHB, tuberculose (TB) et des infections sexuellement transmissibles (IST) et améliorer l'accès universel à la prévention, au traitement, aux soins et au soutien pour les usagers de drogues dans la communauté et en prison y compris la continuité des soins et traitements en prison et communauté.
- Champs prioritaires :
- Coordination entre les intervenants, suivi et évaluation
- Interventions pour la prévention du VIH, hépatites et TB
- Dépistage, diagnostic et prise en charge de ces infections
- Services RdR répondant aux besoins des femmes UDI.

3. Prise en charge thérapeutique

- L'objectif général : proposer une offre de soins complets, adaptés, accessibles, pérennes, respectueuse des recommandations scientifiques, éthiques et déontologiques et de qualités pour les usagers
- Champs prioritaires : 3 champs d'action prioritaires sont identifiés :
- Coordination, assurance qualité, suivi et évaluation
- L'expansion de l'accès à une prise en charge globale de qualité (pôles interrégionaux d'addictologie)
- Développer et mettre en œuvre un plan d'expansion des traitements de substitution aux opiacés TAO ambulatoires pour femmes et hommes dans la communauté et en prisons.

4. Soutien à l'intégration socioprofessionnelle

- L'objectif général est l'amélioration de la qualité de vie des usagers des substances psycho-actives. Deux champs prioritaires ont été identifiés :
- La vulnérabilité psycho-sociale
- La vulnérabilité économique

5. Créer un environnement juridique, politique et des pratiques favorables à l'accès à la santé

- L'objectif général est de garantir un environnement favorable à une prise en charge globale et de qualité pour les usagers de drogues.
- Champs prioritaires :
- Stigmatisation par les professionnels du secteur santé
- Cadre juridique et des pratiques favorisant l'accès pour les usagers de drogues aux services
- Changement d'attitude et de perception vis à vis des usagers de drogues

6. Générer, analyser, disséminer et utiliser des données stratégiques

- L'objectif général est de disposer, analyser des données stratégiques sur l'usage de drogues et ses conséquences et les utiliser afin d'élaborer les priorités d'interventions.
- Champs prioritaires :
- Système d'information pour le monitoring de la situation liée aux substances psycho actives.
- Systèmes de collectes de données.
- L'utilisation des données.
- Développer et mettre en place un programme de recherche.

CADRE DE LA MISE EN OEUVRE

1. Développement d'un plan opérationnel budgétaire

- Le cadre fixé pour l'élaboration et la mise en œuvre du plan opérationnel
- Les mesures prioritaires
- Les compétences des acteurs
- Le calendrier
- L'estimation des ressources nécessaires et leur financement par les acteurs impliqués.

2. Cadre de suivi et évaluation

Le Ministère de la santé sera en charge de :

- Coordonner le suivi des indicateurs et
- De rédiger un rapport des progrès et défis et d'éventuelles suggestions.

FINANCEMENT DU PLAN STRATEGIQUE

- Intégration dans les structures existantes,
- Remplacement progressif du financement du Fond Mondial par des financements nationaux ou internationaux des organisations de la société civile sur le mode de contrats-programmes,
- Financements à travers la mise en œuvre de la stratégie pour la couverture santé universelle.

ANNEX II
Tunisia

Questionnaire service providers

Questionnaire pour les prestataires de services

استبيان لمقدمي الخدمة

Ce questionnaire est administré dans le cadre d'une étude de recherche multilatérale (Italie, Liban, Tunisie) coordonnée et soutenue par l'Institut Interrégional de Recherche des Nations Unies sur la criminalité et la justice (UNICRI) dans le but de recueillir des informations utiles sur la manière de renforcer le rôle de la famille dans la prévention de la consommation de drogues et la réhabilitation des jeunes. L'initiative est menée dans le cadre du projet <<Quels sont les besoins des familles en matière de prévention de la consommation de drogues chez les enfants et les adolescents? >>, coordonné par l'UNICRI avec le soutien du Département des politiques antidrogue du Gouvernement italien. Les informations recueillies par le biais du questionnaire suivant seront discutées lors du groupe de discussion en ligne, qui se tiendra suite à l'analyse des données de ce questionnaire au cours des 15 jours suivants, auquel participeront des représentants des différents secteurs gouvernementaux et des organisations de la société civile. Afin d'atteindre ces objectifs, votre coopération est essentielle. Nous vous remercions de bien vouloir remplir le questionnaire suivant, en exprimant votre opinion sur la base de votre expérience générale et celle avec les familles qui communiquent avec votre service / organisation. Les données collectées seront traitées sous forme agrégée et seront anonymes. **Merci pour votre temps et votre collaboration.**	هذا الإستبيان يندرج في نطاق دراسة بحثية متعددة الأطراف (إيطاليا ولبنان وتونس) منسقة ومدعومة من طرف معهد الأمم المتحدة الأقاليمي لبحوث الجريمة والعدالة (UNICRI) بهدف جمع معلومات مفيدة عن كيفية تعزيز دور الأسرة في الوقاية من تعاطي المخدرات وتأهيل الشباب يتم تنفيذ المبادرة كجزء من مشروع "ما هي احتياجات الأسر للوقاية من تعاطي المخدرات بين الأطفال والمراهقين؟" >> بقيادة معهد الأمم المتحدة الأقاليمي لبحوث الجريمة والعدالة بدعم من قسم سياسة المخدرات في الحكومة الإيطالية. سندعوكم لمناقشة المعلومات التي سيتم جمعها من خلال الاستبيان التالي خلال ملتقى للنقاش عبر الإنترنت نوافيكم بموعده لاحقا، والتي ستعقد بعد تحليل البيانات المتأتية من هذا الاستبيان، والتي سيشارك فيها ممثلو مختلف القطاعات والمنظمات الحكومية و المجتمع المدني. من أجل تحقيق هذه الأهداف ، تعاونك ضروري. نشكرك على إكمال الاستبيان التالي، معربًا عن رأيك على أساس تجربتك العامة. ستتم معالجة البيانات التي تم جمعها في شكل إجمالي وستكون بدون كشف الهوية. **شكرا لك على حسن تعاونك**.

Q1. Quel niveau de connaissance les familles ont-elles sur les questions suivantes?
ما هو مستوى المعرفة لدى العائلات حول القضايا التالية؟

Entourez les chiffres correspondant à votre réponse	**Très faible** **ضعيف جدا**	**faible** **ضعيف**	**moyen** **متوسط**	**Bon** **حسن**	**Excellent** **حسن جدا**
1.1. Caractéristiques et effets des différents types de drogues خصائص وتأثيرات أنواع المخدرات المختلفة	1	2	3	4	5
1.2. Contexte social et modes de vie des jeunes …. الوسط الاجتماعي وأنماط الحياة لدى الشباب	1	2	3	4	5
1.3. Signes avant-coureurs de l'usage de drogues.....علامات التنبيه من تعاطي المخدرات	1	2	3	4	5
1.4. Changements dans le comportement et l'état émotionnel des jeunes qui indiquent un malaise possible (par exemple, anxiété, dépression, etc.) التغييرات في سلوك الشباب وحالتهم النفسية التي تشير إلى الانزعاج المحتمل (على سبيل المثال ، القلق والاكتئاب ، وما إلى ذلك)	1	2	3	4	5
1.5. Disponibilité de services / programmes de santé pour la prévention de la consommation de drogues chez les jeunes et le traitement de la toxicomanie توفر الخدمات الصحية / البرامج للوقاية من استهلاك المخدرات لدى الشباب وعلاج الإدمان على المخدرات	1	2	3	4	5

Q2. Dans quelle mesure pensez-vous que la surveillance par les familles des activités en ligne, suivantes, des jeunes permettrait de prévenir la consommation de drogue chez les jeunes ?
- إلى أي مدى تعتقد أنه ينبغي على الأسر مراقبة الأنشطة التالية عبر الأنترنات لدى الشباب للوقاية من المخدرات؟

Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
2.1. Accès aux sites Web à risque الولوج إلى المواقع الخطرة	1	2	3	4
2.2. Utilisation des chat-rooms sur le web استخدام فضاءات التحاور/الدردشة على الواب	1	2	3	4
2.3. Achat en ligne……الشراء عبر الإنترنت	1	2	3	4
2.4. Horaires d'utilisation quotidienne de l'ordinateur et / ou du smartphone أوقات الاستخدام اليومي للكمبيوتر و / أو الهاتف الذكي	1	2	3	4
2.5. Partage en ligne de données / images personnelles via un ordinateur ou un smartphone (par exemple, Facebook, Instagram, WhatsApp, etc.) تبادل البيانات الشخصية / الصور الشخصية عبر الإنترنت باستعمال الكمبيوتر أو الهاتف الذكي (مثل Facebook وInstagram وWhatsApp وما إلى ذلك)	1	2	3	4

3. Dans quelle mesure les intervenants suivants peuvent-ils aider les familles à prévenir la consommation de drogues chez les jeunes ?
- إلى أي مدى يمكن للأطراف التاليين دعم الأسر في الوقاية من تعاطي المخدرات لدى الشباب؟

Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
3.1. Les proches الأقارب	1	2	3	4
3.2. Les établissements scolaires et les enseignants المؤسسات التربوية (المدارس/المعاهد) والمدرسين	1	2	3	4
3.3. Représentants d'organisation pertinentes exp : (organisations sportives pour la jeunesse, scouts, etc.) ممثلو المنظمات ذات الصلة (المنظمات الرياضية للشباب، الكشافة، إلخ.)	1	2	3	4
3.4. Services de santé (médecins, psychologues, etc.) الخدمات الصحية (الأطباء، أخصائيين نفسيين، إلخ)	1	2	3	4
3.5. Associations des parents d'élèves (associations éducation et famille) جمعيات أولياء التلاميذ (جمعية التربية والأسرة)	1	2	3	4
3.6. Campagnes médiatiques et réseaux sociaux et publicité الإشهار ووسائل الإعلام وشبكات التواصل الاجتماعي	1	2	3	4

4. Dans quelle mesure pensez-vous que les mesures suivantes adoptées par les familles peuvent prévenir la consommation de drogues chez les jeunes ?
- إلى أي مدى تعتقد أن التدابير التالية في حال اعتمادها من قبل العائلات يمكن أن تحد من تعاطي المخدرات لدى الشباب؟

Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
4.1. Établir des règles claires sur les heures de sortie et de retour à la maison وضع قواعد واضحة بشأن أوقات الخروج والعودة إلى المنزل	1	2	3	4
4.2. Être informé où/et avec qui ils passent habituellement leur temps الحصول على معلومات حول المكان/ ومع من يقضون وقتهم عادة	1	2	3	4
4.3. Surveiller leurs déplacements et leurs habitudes مراقبة تحركاتهم وعاداتهم	1	2	3	4
4.4. Surveiller et superviser leurs performances scolaires مراقبة الأداء المدرسي/ الأكاديمي والإشراف عليه	1	2	3	4
4.5. Surveiller leur manière de dépenser de l'argent مراقبة كيفية إنفاق المال	1	2	3	4

4.6. Promouvoir une communication claire et transparente au sein de la famille تعزيز التواصل الواضح والشفاف داخل الأسرة	1	2	3	4
4.7. Leur donner le maximum de liberté pour éviter des frustrations منحهم أقصى قدر من الحرية لتجنب الاحتقان	1	2	3	4
5. Veuillez indiquer le degré d'accord / de désaccord que, selon vous, les familles exprimeraient concernant les affirmations suivantes : **« Si j'étais sûr que mon fils / ma fille avait un problème de consommation de drogue ... »** **- حسب رأيك، حدد نسبة الاتفاق / الإختلاف الذي قد تعبر عنه العائلات عنه في ما يتعلق بالحالات التالية:** **"إذا كنت متأكدًا من أن ابني / ابنتي يعاني من مشكلة مرتبطة بتعاطي المخدرات ...".**				
Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
5.1. Je demanderais l'aide du service de traitement de la toxicomanie que je considère le plus approprié pour mon fils / ma fille سوف أطلب المساعدة من مسدي الخدمات العلاجية للإدمان التي أعتبرها الأنسب لابني / ابنتي	1	2	3	4
5.2. Je demanderais l'aide du service de traitement de la toxicomanie le plus proche de chez moi سوف أطلب المساعدة من مسدي خدمة العلاج من الإدمان على المخدرات الأقرب إلى منزلي	1	2	3	4
5.3. Je demanderais l'aide d'un service public plutôt que d'un service privé سوف أطلب المساعدة من قسم بالقطاع العمومي عوضا عن قسم بالقطاع الخاص	1	2	3	4
5.4. Je ne saurais pas où demander de l'aide لن أعرف إلى أين أتجه للمساعدة	1	2	3	4
5.5. Je serais capable de trouver et de contacter rapidement le service approprié سأكون قادرا على العثور بسرعة على قسم مسدي الخدمات المناسبة والاتصال به	1	2	3	4
5.6. Je serais libre de choisir où mon fils/fille pourrait suivre un traitement سأكون حرا في اختيار مكان تولي العلاج لإبني/إبنتي	1	2	3	4
5.7. Je demanderais des interventions spécifiques en fonction de l'état de mon fils/fille (grossesse, présence de traumatismes, problèmes juridiques, etc.) سأطلب تدخلات معينة بناءً على حالة إبني/إبنتي (مثل الحمل ووجود الصدمات والمشاكل القانونية وما إلى ذلك)	1	2	3	4
5.8. Je n'irais à aucun service parce que je ne pense pas qu'ils pourraient nous aider لن أذهب إلى أي قسم لأنني لا أعتقد أنه يمكنهم مساعدتنا	1	2	3	4

6. Dans quelle mesure estimez-vous que les aspects suivants des services ou programmes de prise en charge des usagers des drogues sont jugés importants par les familles ?

- حسب رأيك إلى أي مدى تعتقد أن الجوانب التالية المتعلقة بخدمات أو برامج متعاطي المخدرات تعتبر مهمة في نظر العائلات؟

Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
6.1. Lieu et horaires compatibles avec les besoins de la famille مكان وزمان ملائم مع احتياجات الأسرة	1	2	3	4
6.2. Le lieu de la réunion est accueillant et n'ajoute pas à la stigmatisation liée à la consommation de drogue. فضاء العيادة رحب ولا يضيف وصمة عار إلى تلك المرتبطة بتعاطي المخدرات	1	2	3	4
6.3. Les professionnels de la santé et des services sociaux en charge jouissent d'une bonne réputation يتمتع أخصائي الرعاية الصحية والاجتماعية بسمعة طيبة	1	2	3	4
6.4. Les activités du programme sont expliquées clairement et avant l'activité / la réunion يتم شرح أنشطة البرنامج بطريقة واضحة وقبل العيادة	1	2	3	4
6.5. La participation de la personne / famille est anonyme مشاركة الشخص / الأسرة بدون كشف الهوية	1	2	3	4
6.6. Suivi et assistance à long terme sont assurés يتم ضمان المراقبة والمساعدة على المدى الطويل	1	2	3	4
6.7. Programme axé sur les besoins concrets de la famille (par exemple, quoi faire / ne pas faire en cas de besoin, à qui demander de l'aide, etc.) البرنامج مركز على الاحتياجات الملموسة للأسرة (على سبيل المثال ما يجب القيام به / عدم القيام به عند الحاجة، إلى من نتجه لطلب المساعدة، وما إلى ذلك)	1	2	3	4

7. Dans quelle mesure estimez-vous que les interventions suivantes soient utiles pour aider les familles à prévenir la consommation de drogue et la toxicomanie chez les jeunes ?

- إلى أي مدى تعتبر التدخلات التالية مفيدة لدعم الأسر للوقاية من تعاطي المخدرات والإدمان عليها لدى الشباب؟

Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
7.1. Réunions d'information pour les parents et les élèves dans les établissements scolaires اجتماعات موجهة للأولياء والتلاميذ في المدارس/المعاهد	1	2	3	4
7.2. Activités d'éducation sanitaire dans les services de premiers secours (services des urgences) أنشطة للتثقيف الصحي بمرافق الإسعافات الأولية (أقسام الاستعجالي)	1	2	3	4
7.3. De vastes campagnes de publicité / communication إعلانات واسعة النطاق/ حملات إعلامية (تواصل)	1	2	3	4

7.4. Lignes d'assistance téléphonique خطوط هاتفية للمساعدة	1	2	3	4
7.5. Initiatives de prévention menées par les associations de parents مبادرات الوقاية التي تقوم بها جمعيات الأولياء	1	2	3	4
7.6. Cours de formation parentale الدورات التدريبية للأولياء	1	2	3	4
7.7. Cours de formation pour les parents sur la gestion de la détresse comportementale chez leurs enfants دورة تدريبية للأولياء حول كيفية إدارة الاضطرابات السلوكية لدى أبنائهم	1	2	3	4
7.8. Intégration des jeunes dans des activités de groupe telles que des activités sportives, culturelles et récréatives (par exemple, art, musique, etc.) إدماج الشباب في الأنشطة الجماعية مثل الرياضة والأنشطة الثقافية والترفيهية (مثل الفن والموسيقى، وما إلى ذلك)	1	2	3	4
7.9. Aide sociale (logement, emploi, formation professionnelle, etc.) الدعم الاجتماعي (مثل الإقامة والتشغيل والتكوين المهني، وما إلى ذلك)	1	2	3	4
8. Dans quelle mesure pensez-vous que les programmes de traitement de la toxicomanie peuvent fournir aux familles les services suivants ? **- إلى أي مدى تعتقد أن برامج العلاج من تعاطي المخدرات توفر للعائلات الخدمات التالية؟**				
Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
8.1. Diagnostic précis et opportun التشخيص الدقيق في الوقت المناسب	1	2	3	4
8.2. Accès confidentiel et anonyme aux services الولوج إلى الخدمات بطريقة سرية و بدون ذكر الهوية	1	2	3	4
8.3. Accès gratuit aux services ou via le système de santé national مجانية الولوج إلى الخدمات أو من خلال المنظومة الصحية الوطنية	1	2	3	4
8.4. Service adapté aux besoins de la personne خدمة متلائمة مع احتياجات الشخص	1	2	3	4
8.5. Contact direct avec les professionnels du traitement de la toxicomanie اتصال مباشر مع مهني العلاج من الإدمان	1	2	3	4
8.6. Production d'une documentation claire avec des informations précises et utiles pour les familles إنتاج وثائق واضحة تحتوي على معلومات دقيقة ومفيدة للعائلات	1	2	3	4
8.7. Soutien non seulement à la personne en traitement, mais à toute la famille مساندة جميع أفراد الأسرة وليس فقط للشخص المعني بعلاج الإدمان	1	2	3	4
8.8. Appui et suivi à long terme المساعدة والمراقبة على المدى الطويل	1	2	3	4

8.9. Accès rapide et facile au service en cas d'urgence الوصول السريع والسهل إلى الخدمة في حالات الطوارئ	1	2	3	4
9. Dans quelle mesure estimez-vous que les services suivants soient importants pour une famille confrontée à un problème de toxicomanie / dépendance à la drogue chez ses enfants ? **- إلى أي مدى تعتبر الخدمات التالية مهمة لعائلة تواجه مشكلة تعاطي / الإدمان على المخدرات لدى أطفالهم؟**				
Entourez les chiffres correspondant à votre réponse	**Pas du tout** **لا على الإطلاق**	**Légèrement** **قليلا**	**Modérément** **متوسط**	**Beaucoup** **كثير**
9.1. Centre de Réhabilitation communautaire pour les jeunes مركز إعادة التأهيل الجماعي للشباب	1	2	3	4
9.2. Accès en ligne aux services via des sites Web, des applications mobiles, etc. الوصول عبر الإنترنت إلى الخدمات من خلال مواقع الواب وتطبيقات الجوال وما إلى ذلك	1	2	3	4
9.3. Séances de conseil entre parents / familles et professionnels du traitement de la toxicomanie جلسات الاستشارة بين الأولياء / العائلات ومهنيي العلاج من تعاطي المخدرات	1	2	3	4
9.4. Des interventions qui s'adaptent aux besoins de la famille exp : (horaires de travail…) التدخلات التي تتكيف مع احتياجات الأسرة مثلا (أوقات العمل...)	1	2	3	4
9.5. Interventions multidisciplinaires et multi-professionnelles dans les domaines médical, psychologique, social, éducatif, etc. (psychothérapies, réadaptation et réinsertion sociale des utilisateurs du rétablissement, gestion des urgences) تدخلات متعددة التخصصات المهنية في المجالات الطبية والنفسية والاجتماعية والتعليمية وما إلى ذلك (العلاج النفسي وإعادة التأهيل والإدماج الاجتماعي للمتعافين وإدارة الطوارئ)	1	2	3	4
9.6. Réseau performant de tous les services pertinents (santé, services sociaux, médicaments, etc.) شبكة جيدة ومتناسقة متعددة الإختصاصات والقطاعات (الصحية والاجتماعية والدوائية وما إلى ذلك)	1	2	3	4
9.7. Assistance juridique en cas de besoin المساعدة القانونية عند الحاجة	1	2	3	4

10. Sélectionnez les 4 aspects les plus importants qu'une famille souhaiterait avoir à disposition par un service ou un programme de prévention pour le traitement de la toxicomanie **ـ حدد أهم 4 امتيازات ترغب الأسرة في أن تتوفر لها من خلال خدمات للوقاية أو برنامج علاجي من تعاطي المخدرات.**	
10.1. Écoute الاستماع	/__/
10.2. Soutien dans la vie quotidienne (par exemple, comment gérer de l'argent, des relations, etc.) المساعدة في الحياة اليومية (مثل كيفية إدارة المال والعلاقات، وما إلى ذلك)	/__/
10.3. Informations préventives sur la consommation de drogues معلومات وقائية حول تعاطي المخدرات	/__/
10.4. Continuité de l'information en cas de besoin استمرارية التواصل /التثقيف الصحي عند الحاجة	/__/
10.5. Groupes de soutien pour les parents (familles) affectés par la consommation de drogues de leur enfant فرق المساعدات للأولياء (العائلات) المتضررة من تعاطي المخدرات من قبل أبنائهم	/__/
10.6. Contact direct avec des professionnels dédiés الاتصال المباشر مع المهنيين المباشرين	/__/
10.7. Communication instantanée par téléphone ou par d'autres moyens de communication اتصال فوري عبر الهاتف أو من خلال قنوات الاتصال الأخرى	/__/
10.8. Interventions ciblant toute la famille التدخلات الموجهة لجميع أفراد الأسرة	/__/
10.9. Informations claires sur le processus de récupération / prévention et le soutien à long terme معلومات واضحة عن عملية التعافي / الوقاية والمساعدة طويلة الأمد	/__/

Merci d'avoir pris le temps de répondre à cette enquête !
Nous exprimons notre gratitude pour votre contribution à cette étude et apprécions vivement les informations de qualité que vous avez bien voulu apporter.

نشكركم على تخصيص بعض الوقت لاستكمال هذا الاستبيان!
ونعبر لكم على غاية امتناننا لمساهمتكم في هذه الدراسة ونقدر حق التقدير المعلومات المدروسة التي تنتظم بها.

ANNEX III

List of entities participating in the research activities

- Association Psychologists of the World - Tunisia
- Ariana Defense and Social Integration Center
- «Espoir» Center for Aftercare, Rehabilitation and Social Reintegration of Substance Users
- Mahmoud YACOUB Center for Toxicology and Urgent Medical Assistance
- Faculty of Medicine of Tunis
- National Institute of Public Health
- Ministry of Religious Affaires
- Ministry of Social Affaires
- Ministry of Education
- Ministry of Women, Families, Children and the Elderly
- Tunisian Organization for Education and the Family

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