



United Nations
Office on Drugs and Crime

CH·A·M·P·S



Children Amplified Prevention Services

the CH·A·M·P·S initiative

Defining the Initiative

- CHAMPS is an acronym that stands for Children Amplified Prevention Services. It is a unique initiative in the scope of UNODC operations. It aims to amplify the resilience of children from birth to adolescence and by doing so preventing the use of drugs and other psychoactive substances during childhood and as they grow up.
- Why CHAMPS? CHAMPS is a term that is appealing for children to be part of the paradigm shift in prevention. We want them to be part of the making of, and to become the CHAMPS of tomorrow. That being said, the term invites agencies, private sector, government and non-governmental actors to join in championing the initiative, with the leadership of UNODC.

Focusing on children today means a healthier tomorrow

- 25% of the world population are children¹, which is under 18 per the definition of the Convention on the Rights of the Child². The proportion of children in the population comes with geographical variations. For instance in Africa the median age of the population is 18 years, compared to 28 years in the MENA region, 29 years for Southeast Asia, 31 years in Latin America and the Caribbean and 44 years in Europe.
- It is not surprising that young people are more curious and risk-taking, and as such do use more drugs than adults. Novel, however, is that we witness higher levels of use than in past generations³. Worrying too is that the age group most at risk of using drugs, young people aged 15–34, is projected to grow in the next decade, especially in low-income countries⁴.
- With their brain still maturing until the age of 25 to 26 years, the children population is particularly vulnerable to the negative health and social consequences of substance and drug use. The earlier children start to use substances, the more likely they will be to develop mental health disorders, including substance use disorders⁵ for years to come. Protecting children from drugs and psychoactive substances is as such key.
- Investing in evidence-based prevention of drug use means addressing vulnerabilities, positively altering the developmental path of the children of today, and availing them the opportunity to grow into the healthy adults and citizens of tomorrow.

Focus on the child, not the substance

- We know from science that early initiation of drug use is not necessarily the result of a free independent choice, misguided by a lack of knowledge on the danger of drugs. It is oftentimes the result of unaddressed vulnerabilities at different ages of development that go over and beyond awareness of drugs. Such vulnerabilities include early onset of mental health disorders, neglect or abuse in the family, school or community, substance use in the family, or growing up in a marginalized and a deprived community, or in places with high accessibility to drugs.
- Moreover, the vulnerabilities that are at the basis of drug use in children are common to many other risky behaviours. Therefore, this paradigm shift will also be reflected in positive impact on other behaviours of risk (for example: violence, school delinquency and beyond).
- Embracing a paradigm shift will mean supporting the health and safe development of children from birth onward, accounting for the diverse vulnerabilities children might be facing as they grow, starting from the earliest ages.
- It is important to note that boys and girls have different developmental trajectories and can react to these vulnerabilities in different ways. Such gender sensitivities need to be accounted in the responses.
- Effective interventions to prevent substance and drug use do exist and account for the level of vulnerability of the target population. This includes interventions considered universal, meaning that it should address everyone. It also includes selective interventions, that will address those living at a higher risk than the general

¹ UNICEF Query Data 2023, [Query Data - UNICEF DATA](#)

² [Convention on the Rights of the Child | OHCHR](#)

³ World Drug Report 2022, Booklet 1

⁴ World Drug Report 2022, Booklet 2

⁵ UNODC WHO International Standards on Drug Use Prevention. [International Standards on Drug Use Prevention \(unodc.org\)](#)

population. And the third level are indicated prevention interventions for those that are symptomatic and for whom interventions are needed before progression to more serious disorders. Another way of categorizing prevention interventions are for the resolute non-users, for those contemplating using as well as for those at early stages of initiation. Evidence based interventions for each category are well documented in the UNODC/WHO International Standards on Drug Use Prevention (Prevention Standards).

- Almost all interventions within the UNODC WHO International Standards focus strongly on building up resilience through good personal and social skills, mental strength, family and social and emotional well-being.
- The Prevention Standards' broad approach does not place focus on the single drug of concern, but rather on

the positive development of children as the basis for the health and wellbeing of future adults. Therefore its application has added advantages such as better engagement at school and professional careers, improving social and emotional interaction, as well reducing violence and crime.

- No surprise then that this person-focused approach is fully in line with the United Nations Convention on the Rights of the Child (UNCRC), including Article 33⁶, and with multiple SDG targets (on health, education, gender equality, addressing poverty and inequality).
- Furthermore, this framework falls in line with, supports and articulates the Guidance Note of the UN Secretary General Child Rights Mainstreaming and its guiding principles⁷.

The harms of non-medical use of drugs, risk perception and commercial interest

- Extensive scientific research has demonstrated a clear correlation between non-medical use of psychoactive substances/other controlled substances at early ages and a significant elevation in risk of drug use disorders and other mental and physical health-related risks and other social detrimental outcomes.
- Moreover, such negative social and health outcomes differentially affect people in different social contexts, with people from underprivileged backgrounds who use substances being more likely to develop drug use disorders and having a higher level of morbidity and mortality as compared to those more privileged. Children from underprivileged communities are also more likely to have a higher level of compounding adversities such as family history of drug use, which exacerbates their vulnerability.
- The normative belief on the extent of use of cannabis and perception of harm particularly amongst the young population has been negatively affected over time. This was partially influenced by shifts in regulatory

frameworks allowing non-medical and recreational use of the substance amplified by commercial interest and lobbying. This in turn lead to an increase in adolescents' rates of drug use and eventually a decline in public health and safety of communities, especially the most vulnerable ones.

- To measure the public health damage of such trends, globally in 2016, 99.2 million Disability Adjusted Life Years (DALYs) were attributable to alcohol use and 31.8 million DALYs to drug use as a risk factor⁸. The increasing number of drug users (particularly at younger ages of initiation) is expected to further amplify this global burden of disease indicator.
- Evidence-based early prevention responses, targeting children from early developmental stages, play a crucial role in mitigating the critical and normative thinking element related to the health harms. Further, it enhances the resilience of children and youth and reduces the chances of children developing mental health disorders later in life due to early initiation of drug use.

⁶ Article 33: States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances

⁷ [United Nations Human Rights Office of the High Commissioner \(2023\). Guidance Note of the Secretary General on Child Rights Mainstreaming](#)

⁸ [The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 - The Lancet Psychiatry](#)

The available science supports prevention interventions

Fig. 1 – Relative size of effect of an evidence based prevention programme (Good Behaviour Game – a classroom management intervention for middle childhood) on multiple outcomes.

Positive outcomes

of prevention programmes



- A large array of interventions were documented to be effective in preventing substance use despite the strict use of the WHO criteria of evidence. The evidence indicates the value of applying science in prevention for interventions to be effective⁹.
- The scientific literature also reflects a positive effect on social and health outcomes, expanding beyond just

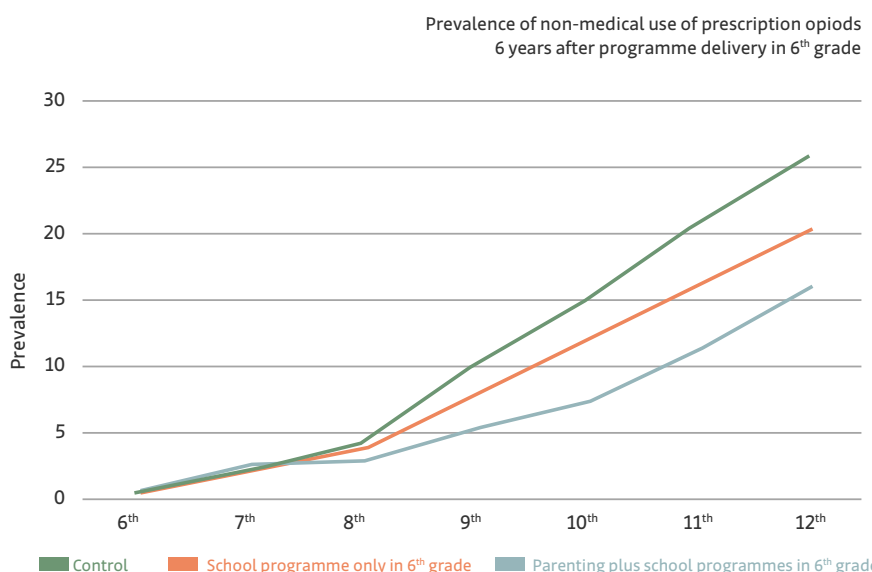
drug use, with evidence based prevention (Fig. 1). The positive effect of the combination of such evidence based interventions -as a system- is multiplicative (Fig. 2). This also indicates the value of longer-term synergistic evaluation of such interventions to reflect on the multiplicative prevention effect and advocate for further scale up.

Fig. 2 – Multiplicative effect of combined evidence based prevention responses, a US study 3 group of school students from 5th to 12th grade to assess effect of exposure to one vs. two evidence based prevention responses on prevalence of non-medical use of prescription opioids.

Fig. 2 Description: Relative to the control group (group 1 -grey line), the introduction of a school-based prevention programme led to a decrease in the prevalence of non medical use of prescription opioids in children (group 2 – green line) 6 years after exposure.

However, relative to both groups, exposing children to both a parenting package and a school-based programme (group 3 – blue line) led to a more significant decrease in the prevalence of drug use in children 6 years after exposure. The combined effect of 2 evidence based package resulted in a positive multiplicative effect of prevention of non-medical use of opioids in children.

Supporting Parents Prevents Drug Use and Other Risky Behaviours



Adapted from: Crowley, D. M., Jones, D. E., Coffman, D. L., and Greenberg, M. T. (2014). Can we build an efficient response to the prescription drug use epidemic? Asserting the cost effectiveness of universal prevention in the PROSPER trial. *Preventive medicine*, 62, 71-77.

⁹ UNODC WHO International Standards on Drug Use Prevention. [International Standards on Drug Use Prevention \(unodc.org\)](http://unodc.org)

- Such a system of prevention does not only entail interventions and strategies that are effective but also a range of qualified and well trained stakeholders involved in planning and delivery as well as a strong delivery infrastructure (financial and human resources, supportive regulatory frameworks and ongoing training).
- The systematic effect documenting the effectiveness of prevention interventions requires a significant investment of time. To that effect, sufficient funds, significant coverage and time are required to generate positive results in boosting a whole prevention system within a country.
- Another essential element in making prevention intervention successful is the implication of the

beneficiaries of the interventions in the decision making processes, the advocacy for its implementation and the actual implementation. The framework would entail engagement with children and their caregivers at different levels. Older children should be implicated in the decision making processes in a format similar to (and guided by) the UNODC Youth Initiative¹⁰, younger children and their caregivers would be implicated in the design and delivery of the interventions.

- A digital platform allowing engagement and expression of the voices of caregivers and their children in such a framework would also be a key ingredient advocating for further engagement and scale up of its initiative.

A future-oriented framework

- The paradigm shift of CHAMPS will make policy makers focus the child developmental needs and as such allow a wider appreciation of existing potential services at national level. Most countries implementing drug prevention responses are not capitalizing on such essential services reflected in the UNODC WHO International Standards on Drug Use Prevention (“Prevention Standards”), particularly at early ages of development. Such existing services will be finetuned by aligning them to the Standards.
- Moreover, while examples of successful interventions in prevention of substance use exist, no country to date has fully implemented an evidence-based prevention system according to the Prevention Standards.
- This new, future-oriented framework aims at working with a set of pathfinding countries, at multiple phases. These model pathfinding countries are set to implement such system of prevention. CHAMPS will demonstrate the value of such system operating at scale in preventing drug use and other psychoactive substances (at the spectrum of age when such use occur) as well as affecting other important resilience factors for child development at early ages of development (variables that can positively affect the potential of substance use later in life).
- The resilience factors are those positively altering the trajectory of growth of children such as improving mental health, attachment and performance in the educational sector and mitigating the risk factors associated with violence and crime.

- An overview of the policies of an ideal national system is provided in ANNEX I. Such a desired national system in pathfinding countries will intersect a unique combination of policies addressing:
 - Each of the stages of development, from pre-natal care to infancy to childhood and adolescence;
 - Children at different levels of resilience, supporting not only children as a whole, but also groups particularly at risk including those living in context of social inequalities, conflict/post conflict and displacement as well as children who were previously exposed to child labor in all forms;
 - Children that already show symptomatic problems (e.g. disruptive behavior, substance or drug use at an early age, incl. contact with the criminal justice system) that need to be addressed before escalation;
 - A range of settings (families, schools, gender, diversity, health, workplace, community, etc.);
 - A range of opportunities including social, economic (livelihoods), cultural and sports-related.
- This national systems will further ensure that the unique combination of policies and its effectiveness is based in and contributes to science through the UNODC Review of the Prevention Systems (RePS) tool, school-based surveys, and a strong monitoring and evaluation component.

¹⁰ An Initiative that aims to connect young people from around the globe and empower them to become active in their schools, communities and youth groups for substance use prevention and health promotion. It provides a platform for youth to share their experiences, ideas and creativity, and to get support for creating their own substance use prevention and health promotion activities. <https://www.unodc.org/unodc/prevention/youth-initiative.html>

Going digital

The framework will incorporate digital solutions for support. Digital solutions involving both children and their caregivers in the process and:

- Utilize social media platforms as proactive channels for disseminating evidence-based information on drug use prevention, reaching a wide audience and providing accessible resources to promote awareness and education, including but not limited to goodwill ambassadors, social influencers and content creators (targetting children and caregivers separately as well as those targetting families as a whole) with a selective and relevant reach.
- Develop interactive digital tools, such as mobile applications or add-ons to digital applications, that offer educational modules and self-help resources on prevention of drug use (such as family and life skills-based apps) for both caregivers and children (age-specific, appropriate and feasible).
- Employ social media analytics and data mining techniques to identify trends and patterns related to drug use behaviors, enabling targeted prevention strategies and interventions to be tailored to specific target groups or geographical areas, making use of social media algorithm.
- Foster online communities and support networks through social media platforms, offering a space for individuals to share experiences, seek guidance, and receive peer support in overcoming drug-related challenges.
- Collaborate with digital influencers and content creators to promote positive messages and engage with young audiences, utilizing their influence and reach to convey drug-free and healthy lifestyles.

UNODC tools¹¹ are ready

- UNODC has already developed a number of tools to support the CHAMPS framework. This includes tools to help better assess the existing infrastructure of the prevention response in terms of coverage of age ranges and vulnerable groups as well as in terms of quality of services. UNODC also has evidence-based prevention packages and in-house experience to support the development and expansion of the essential elements of such services and interventions that are important to cover in the prevention system.
- These services, interventions and tools have been found to be effective, after necessary adaptation to contexts of concern, also in situations of great marginalization, inequality or distress and specific interventions are available that are effective for both boys and girls.
- A model of such system is described in ANNEX I.
- UNODC is in a unique position to support Member States to build such national systems supporting the healthy and safe development of children, including by availing UNODC programmes for personal and social skills, family skills and early intervention.
- All available UNODC tools will be adapted prior to implementation, as per usual, to the context of each country in terms of the cultural, social, demographic and economic situation.
- UNODC will also capitalize on its experience in documenting the effectiveness of such intervention responses to demonstrate (together with partners of the initiative) the value added, the impact as well as the cost-effectiveness and return on investment of the implementation of the CHAMPS framework in the pathfinding model countries.

Partnerships

- This CHAMPS framework will partner with Member States engaged on supporting prevention programming of UNODC
- It will also initially capitalize on and prioritize existing strategic alliances and expand to other partners of relevance, namely:
 - ◊ From the UN entities:
 - ILO: Particularly in the area of supporting children victims of child labor in all its forms, to mitigate the vulnerabilities they have been exposed to.
 - UNDP: Given the commonality of the mission in supporting human capital development and social inclusion.
 - UNESCO: Particularly in the area of fostering environments supportive of children's right to education for sustainable development.

¹¹ i.e. prevention tools targeting policymakers or service providers in form of international guidelines and/standards on the culture and science of prevention responses, guidance documents, service provision programmes for agents of prevention or prevention practitioners (manualized programmes)

- UNFPA: Given their focus on matters related to population and family needs and planning, which includes healthy and safe child development, supporting a development environment more hospitable to women and girls.
- UNHABITAT: Particularly on the area of urbanization and its effect on child development under the Safer City Initiative.
- UNHCR: Focusing on the areas of the framework supporting children and youth living in humanitarian settings
- UNICEF: Given the contribution of this framework to the mandate of UNICEF to save children's lives, defending their rights and help them fulfill their potential from early childhood through adolescence.
- UN WOMEN: Given their primary focus on leading, promoting and coordinating efforts to advance the full realization of women's rights and opportunities, especially in the context of the healthy and safe development of girls.
- WHO: Division for Social Determinants of Health and Substance Use and Mental Health Department are key collaborators with UNODC, given common areas of intersection on this component.
- WFP: Given the possibility of integrating the interventions falling under this framework within WFP emergency and food assistance packages, particularly in countries and communities of interest, such as those affected by conflict, disasters and impact of climate change.
 - ◊ From International Organizations: FIFA, International Center for Sport Security, International Olympic Committee, and World Anti-Doping Agency. Such organisations are strategic in reaching and supporting children that are out of schools.
 - ◊ From Sub-regional organizations: African Union, Association of Southeast Asian Nations (ASEAN), Council of Europe, European Monitoring Center for Drugs and Drug Addictions, League of Arab States, the Organization of American States, Shanghai Cooperation Organization. Such organisations provide a political umbrella to facilitate engagement of Member States under their geographical scope.
- It will also benefit from the existing collaborations with:
 - ◊ Common interagency initiatives: starting with the Interagency Technical Working Group (ITWG) on Prevention and Treatment of Drug Use Disorders as established by WHO and UNODC that can act as a supportive vehicle to further expand partnerships with other strategic agencies. It will also capitalize on other specialized interagency platforms where UNODC is implicated such as the INSPIRE Initiative to End Violence against Children, the Helping Adolescent Thrive the prevent and promote mental health of adolescents, the Global Partnership on Support Parents.
 - ◊ Professional societies (namely the Society for Prevention Research, the European Union Society for Prevention Research, the National Institute on Drug Abuse, the International Society of Substance Use Professionals ISSUP and the International Society on Addiction Medicine)
- It will also seek additional partnership with academic institutes and societies both nationally and with the support of a global consortium of universities (especially those with experience in building resilience in children), community-based organisations, community development associations, and Civil Society Organization conglomerates (such as the World Federation Against Drugs, the Vienna NGO committee, the Institute on Addiction Medicine, International Society for Prevention of Child Abuse and Neglect and more), not exclusive to those working on drug use prevention, but rather in the larger context of those working with children.
- The framework will seek collaborations with the private sector, including but not limited to social media and Tech industries, relevant fast-moving consumer goods manufactures (especially those with a focus on children), and IT development companies. This also includes companies of significant credibility and global influence, especially in recipient countries (examples of which are as IKEA and LEGO), capitalizing on their corporate social responsibility, to enhance the visibility of the framework, leveraging their resources and networks to expedite fund acquisition and increase overall fundraising success. This collaboration will be leveraged in close coordination with DPA/CPS.
- Moreover, this framework will proactively engage with development funds (e.g: Qatar Development Fund, Austrian Development Fund), philanthropies and foundations, especially those working to advance the UN Sustainable Development Goals, to seek joint implementation and fundraising as well as sponsorship opportunities.
- Further to the global partnership to be established, the combination of partners to engage with in the selected pathfinding countries will be determined based on priorities and needs of the CHAMPS model at national level.

Action proposed

- The first step is to identify a group of Member States with a strong will to invest in prevention and collaborate with UNODC on showcasing the UNODC CHAMPS initiative application there.
- The first Wave of the articulation of this framework will be implemented over a span of 5 years in 10 pathfinding model countries preferably spread across different geographical regions.
- These model countries would preferable showcase the need for action in terms of drug demand reduction response, coupled with a minimum level of governance, political and economic stability, as well as a will to invest in prevention at least over the 5 year implementation period.
- Other variables for the selection criteria are the ongoing UNODC engagement with these countries on prevention programming as well as donor interests.
- The model implemented aim to be able to demonstrate the framework applicability in 5 years in an effort to generate evidence on the feasibility and effectiveness of the tools to be implemented.
- UNODC regional offices (at representative level) will be implicated in the engagement and selection of the pathfinding model countries per wave.
- This framework proposes a 5/10/10,000,000 model per phase. 5 years, 10 countries, 10,000,000 beneficiaries and children life trajectories changed per phase. Prioritizing low- and middle-income countries in need for prevention responses, judging by the drug situation.
- During early waves of implementation, preference for middle income waves of implementation, preference for middle income countries would be prioritized to ensure a core momentum that could eventually expand in later waves to lower income countries.

Communications and advocacy strategy

The framework will have a well-structured communications and advocacy strategy, advised by the UNODC advocacy section and will entail the following:

- Joint visibility campaigns with UN and non-UN national and international partners (NGOs, CSOs, CBOs, foundations, philanthropies, and/or development funds).
- Capitalize on the corporate social responsibility of the largest public relations agencies supporting the UN SDGs for a stronger advocacy element, such as Edelman PR, Weber Shandwick, FleishmanHillard, Ketchum, and the MSL.
- Social media campaigns in collaboration with social media companies such as Meta and X.
- Visibility campaigns through goodwill ambassadors advocating for the content of this framework (per region rather than international), especially through social media.
- Visibility campaigns in collaboration with private sector, including private foundations, media and technology companies, leveraging their networks to increase visibility on the framework.
- In addition to the promotion of the content of the framework and the necessity for action, this communication strategy will focus on the detrimental effect of not availing prevention that is based on evidence, framing it as a global call for action, with a specific emphasis on the value of South-South cooperation.

ANNEX I – National Prevention System Model proposed in this framework*

I. Overall model for a national prevention system integrating services for the healthy and safe development of children

| Mapping using the UNODC Review of Prevention Systems (RePS) Tool | | | | | | |
|--|---|--|--|--|--|--|
| | | During pregnancy | Up to 6 years | 6 to 10 years | 11 to 14 years | 14 to 18 years |
| For the population at large | School-based surveys Monitoring and evaluation | Screening & brief intervention for pregnant women | Life & social skills - Family Skills | Classroom management - Life & social skills - Family Skills | Classroom management - Life & social skills - Family skills | Youth engagement in policy-making - Peer-to-peer social and emotional learning |
| For groups particularly at risk (incl. in humanitarian settings) | | Prenatal visitations for women living in difficult social circumstances | Early education packages for children raised in challenging contexts | Life & social skills - Family skills | Life & social skills - Family skills | Peer-to-peer social and emotional learning |
| For symptomatic individuals incl. signs of substance initiation | | Treatment for pregnant women with substance use disorders, including as alternatives to conviction or punishment | Psychosocial services for children exposed to trauma or to drugs at a very young age | Psychosocial services for children exposed to trauma or to drugs at a very young age | Screening & brief intervention - Treatment, including family therapy and as alternatives | Screening & brief intervention - Treatment, including family therapy and as alternatives |

II. Evidence-based UNODC tools already available to develop national prevention systems for the healthy and safe development of children

| Mapping using the UNODC Review of Prevention Systems (RePS) Tool | | | | | | |
|--|---|--|--|--|---|--|
| | | During pregnancy | Up to 6 years | 6 to 10 years | 11 to 14 years | 14 to 18 years |
| For the population at large | School-based surveys Monitoring and evaluation | UNODC/WHO Treatment Standards, Guidelines and training materials | Packages available through partnerships with WHO-Social Determinants of Health (eg: PLH) | Classroom management tools (eg: ELOS Brazil) - UNODC Family UNited - Lions Quest | UNPLUGGED & Lions Quest - UNODC Family UNited | Youth Engagement in policy making - UNODC Peer2Peer |
| For groups particularly at risk (incl. in humanitarian settings) | | Packages available through partnerships with WHO-Social Determinants of Health | Packages available through partnerships with WHO-Social Determinants of Health (eg: PLH) | UNODC Strong Families - UNODC Pyramid of services for humanitarian settings | UNODC Strong Families - UNODC Pyramid of services for humanitarian settings | UNODC Line Up Live Up (Sports) |
| For symptomatic individuals incl. signs of substance initiation | | UNODC/WHO guidelines and training materials | UNODC CHILD package | UNODC CHILD package - Teaching Recovery Technique+ Parenting (TRT+) | UNODC TreatNet, incl. TreatNet Family and UNODC/WHO alternatives | UNODC TreatNet, incl. TreatNet Family and UNODC/WHO alternatives |

*This framework will prioritize open-sourced cost-effective prevention tools that are amenable to scale up
 Details on these tools are available at [Drug Prevention Treatment and Care \(unodc.org\)](http://DrugPreventionTreatmentandCare.unodc.org)

ANNEX II – Workplan, Indicative Budget, Outreach and Fund-raising Strategy

Indicative budget

- The overall proposed budget for this framework is estimated at US\$500M, US\$25M for HQ coordination and US\$475M for implementation in pathfinding countries, which includes the overall value of funds not necessarily channeled through UNODC, for the purpose of articulating the activities of this framework in the countries of interest
- The yearly proposed budget for overall coordination from HQ is estimated at US\$5M per year and on an average of \$ 48M per year for each of the 10 pathfinding countries. However, the budget per country will be further studied based on the context and size and scope of the selected pathfinding country (or governorate, municipality) to be modeled.
- The pathfinding model will be replicated or amplified in later Waves based on the experience from Wave I
- The budget will be divided over 3 main elements:
 - ◊ Core management team: The implementation will require, a prevention coordinator in each geographical region, working under the overall guidance of DLSSB/ PTRS prevention programme. In each region of UNODC operations, the prevention coordinator will work on:
 - Positioning UNODC within the UNCT working on SDG support
 - Engaging with policy makers to support alignment of national strategies and services with the UNODC WHO International Standards on Drug Use Prevention
 - Support further networking of experience regionally and interregional especially in support of a south-south cooperation.
 - ◊ Avail technical assistance for research, mapping and monitoring and evaluation of services as well as avail necessary services to support an evidence-based system of prevention nationally
 - ◊ Empowering youth through a regional Youth Initiative linked to the existing UNODC Youth Initiative and its sub-component, the Youth Forum to support and intensify engagement and advocacy and influential efforts of youth within their regions.
 - ◊ Oversee the mapping of prevention services align them to UNODC WHO Standards, undertake national and regional collection of data to further assess the epidemiological situation at hand as well as the effectiveness and impact of interventions at play.
 - ◊ Regional grant mechanisms for youth-led organizations
 - ◊ Content development: a set of tools and programmes to be designed and developed in UNODC HQ, and later on adapted according to the needs and situation of each of the pathfinding countries. These materials will complement the existing resources and infrastructure available in the countries of interest.
 - ◊ Advocacy campaigns: a portion of the budget allocated to develop strategic campaigns for better visibility of the framework, propelling the prevention framework toward its ultimate goal.

Workplan Including Outreach and Fundraising Strategy (Work in Progress)

Details of the Phases of CHAMPS implementation

- Receive formal request (or expression of interest) of the member state for officially joining CHAMPS
- Liaise with the UNODC field office of concern to identify appropriate main stakeholder and all relevant state entities and institutions to be involved in the implementation of the CHAMPS initiative
- Assess availability of resources for CHAMPS
- Meet (Virtual potentially) with main stakeholder to detail the objectives of CHAMPS and eventually with the stakeholder's support prepare for a 2nd meeting expanding to additional key counterparts.
- Discuss an initial concept note with main stakeholder
- Bring in the additional counterparts to expand and point their insight (or overall approval) of the initial CHAMPS concept (Virtual potentially)
- UNODC interdivisional steering committee working group to optimize the CHAMPS implementation capacity building
- UNODC mission to the geographical location of CHAMPS model concept site (together with stakeholders and UNODC country office)
 - ◊ Assess the initial level the governmental investment in prevention in the CHAMPS geographical location of interest
 - ◊ Assess suitability and available infrastructure and resources allocated
 - ◊ Sensitize UN Country team on initial concept (identify the contact points within main UN agencies for follow
- Receive formal request (or expression of interest) of the member state for officially joining CHAMPS
- Liaise with the UNODC field office of concern to identify appropriate main stakeholder and all relevant state entities and institutions to be involved in the implementation of the CHAMPS initiative
- Assess availability of resources for CHAMPS

- Meet (Virtual potentially) with main stakeholder to detail the objectives of CHAMPS and eventually with the stakeholder's support prepare for a 2nd meeting expanding to additional key counterparts.
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 - UNODC mission to the geographical location of CHAMPS model concept site (together with stakeholders and UNODC country office)
 - ◊ Assess the initial level the governmental investment in prevention in the CHAMPS geographical location of interest
 - ◊ Assess suitability and available infrastructure and resources allocated
 - ◊ Sensitize UN Country team on initial concept (identify the contact points within main UN agencies for follow up), and reflect how CHAMPS would be an opportunity to support multiple country development plans, priorities and strategies in line with UNODC's national programming.
 - Prepare Letter of Agreement signing ceremony for the CHAMPS model based on agreed concept
 - ◊ With the support of a national focal point appointed by the main stakeholder, identify the national steering committee that will coordinate the CHAMPS initiative.
 - ◊ Draft a Letter of Agreement on commitments for CHAMPS (with the appropriate stakeholders delineated) – (annexed)
 - ◊ Initiate the recruitment of a UNODC CHAMPS country coordinator
 - Collaborative agreement ceremony
 - Sign Letter of Agreement
- National consultant recruited, and supported by an international expert
 - Translation of the RePS tool
 - Training on the RePS model by UNODC
 - Collecting information on services and analysis of the data to be reported in RePS
 - Validation of the RePS report with national stakeholders, with the support of the national committee and focal point
 - Agreement on services to include, to improve and to exclude from CHAMPS model. Preferably and based on availability of additional resources, UNODC can avail further services to fill any emerging gaps.
 - Liaise with UNODC technical desks and UN agencies country teams to identify needed tools that fill the gaps highlighted by the RePS report
 - ◊ Baseline rapid situation assessment study (based on the UNODC Guidelines for Rapid Situation Assessments and Responses) with a focus on children (repeated bi-annually based on availability of resources).
 - Mapping of data sources
 - Desk review of available data
 - Qualitative data collection
 - Focus group discussions
 - Key informant interviews
 - Quantitative data collection:
 - School survey
 - Validation workshop
 - ◊ Policy makers training on the UNODC WHO (World Health Organization) International Standards of Prevention (strengthen the comprehensiveness of the responses, delivery mechanisms, the necessary regulations, and the coordination between agents of response). The process will be repeated annually to reflect on evolving experiences and increase the pool of national experts at the policymaking level.
 - Meeting will include the governmental sector, non-governmental sector, academic, CSOs and private sector, for a comprehensive country-wide sensitization.
 - ◊ UNODC, together with academic institutions at the national level, and guided by the UNODC/WHO International Standards on Drug Use Prevention, will develop a research protocol documenting the impact and the cost-benefit analysis of the CHAMPS initiative in the zone of implementation at the national level
 - Recruitment of beneficiaries to receive the interventions in place (families, schools, communities, social centers and more, depending on the country and zone of implementation), ensuring a mechanism in place to facilitate the process of tracking, and following up with beneficiaries for research purposes.

Phase A / Pre-implementation – Year 1¹

Preparation for community sensitization communication campaign to take place prior to the initiation of Phase B (implementation of the CHAMPS initiative): Based on the concept note stakeholders implicated place a highlight on the objectives sought in geographical area of concern.

- *Preparatory steps to launch CHAMPS in the pathfinding country:*
 - ◊ UNODC Implementation of the Review of Prevention System (RePS) tool to support the mapping out of the existing infrastructure and the gaps, the alignment of existing tools with the Prevention Standards and the creation of teams of national experts on the implementation of the RePS tool

¹ Steps listed are not necessarily sequential, they could be running in parallel as per attached Gantt chart.

- Settings goals, KPIs and indicators to be used to measure success, effectiveness, cost-effectiveness, and positive impact within a continuous process of evaluation
- ◊ UNODC interdivisional steering committee working group to optimize the CHAMPS implementation capacity building (probably 2 meetings within this year based on developing experiences)
- ◊ Launching ceremony for country CHAMPS model
- ◊ Launching the communication campaign
- ◊ Scientific fora
- ◊ Social and digital media campaigns
- The workplan will include an annual brief to Member States on the progress and results of the implementation of the initiative, during the yearly CND.
- Midterm report (year 4 of CHAMPS) on the progress of the implementation of the CHAMPS model system

Phase C: Final assessment of the implementation – Year 6 closure of the CHAMPS implementation in countries selected¹

Phase B / Implementation of the CHAMPS initiative – Year 2 to 5.¹

At the level of agents of prevention, UNODC will train them on the prevention science based on the International Standards and prevention quality implementation. The aim is to professionalize the agents of prevention, eventually leading to integration of this training curricula in a formal academic institute at national level.

- Assigning a national focal point, from the respective ministry, for each type of intervention for smoother coordination efforts (family-, school-, youth-, community-, law enforcement-based and other types of interventions as needed)
- At the level of existing services:
 - ◊ Strengthening existing prevention interventions for different ages of development and various levels of risk, aligning it with the UNODC/WHO Prevention Standards.
 - A series of consultancies support meetings on R&D guided by the UNODC team (country coordinator and technical desks) and the UNODC/WHO Prevention Standards.
 - ◊ Implementation of pre-existing national prevention services, monitored and supported by UNODC country coordinator
 - Creation of a pool of national master trainers to facilitate country-wide upscaling
- Introduction of new tools (optional and if needed):
 - ◊ Capacity building on new tools availed by UNODC to fill the gaps within the national prevention system of the candidate country, eventually creating a pool of national master trainers at the level of service provision, to facilitate country-wide upscaling.
- Monitoring and evaluation establishment at system level and intervention level:
 - ◊ Continuous process of data collection
- Continuous advocacy, at a national level, on the science generated and return on investment throughout the implementation process
 - ◊ Scientific journals

- Production of final report: UNODC will produce a report based on the 5-year evaluation of the implementation process, concluding with a section on lessons learnt, which will facilitate the replication of the process in the upcoming wave.
- Advocacy campaign on the model country of implementation: this would include formal recognition by UNODC of model implementation country. Invitation for replication at national level (if size of country allows).

Note: The UNODC will organize annual briefings on the progress of the implementation process of the CHAMPS initiative. For Member States, it will be during the Commission on Narcotic Drugs (CND). Further briefings are also expected at the level of UN entities, international organizations and sub-regional organizations, civil society organizations and university consortiums. The participants will expand based on the progress of the phases of implementation in each wave.

- ◊ *It is important to note that the data generated in this phase and phases will be treated with full confidentiality by UNODC. UNODC together with main stakeholders will identify main indicators of national value to be generated as well as indicators for international reporting to support the global objectives of CHAMPS.*

Strong Recognition by International Policy Makers, a Positive Climate

- The importance of early prevention is recognized by the Commission on Narcotic Drugs (CND) and continued awareness raising at this level is key to successful policy implementation
- At the global and regional international level, the importance of a developmental evidence-based model for prevention based on the UNODC/WHO Standards has been strongly recognized already.
- This includes, most recently, and as salient examples: 2019 Ministerial Declaration “Strengthening Our Actions at the National, Regional and International Levels to Accelerate the Implementation of Our Joint Commitments to Address and Counter the World Drug Problem”; multiple CND resolutions, including the most recent 65/4 “Promoting comprehensive and scientific evidence-based early prevention”; European Union Drugs Strategy 2021-2025; African Union Plan of Action on Drug Control and Crime Prevention (2019-2023); and, Pan Arab Strategy for Prevention and Reduction of Harm of Drugs on the Arab Society: towards a more effective response from a social perspective.
- This political commitment is also coupled by a parallel movement (including within UN agencies) to uphold a meaningful engagement of youth, to which UNODC has responded by developing and expanding the UNODC Youth Initiative on drug use prevention as part of the UNODC Strategy 2021-2025 and YEA! – The Youth Empowerment Accelerator Framework. In addition, it is worth mentioning that UNODC crime and violence prevention initiatives involving youth, are frequently addressing key individual and community risk factors that are linked to early substance-use.
- However, the translation of this science of prevention into action still requires further support for a cultural shift in policy making and service provision at the national level, prioritizing such a developmental evidence-based model, deprioritizing non-effective practices and most importantly eliminating harmful and iatrogenic ones.



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