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A Preventive Program for Substance Abuse in Mexico: Best Practices

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Abstract

Global drug abuse has propelled a variety of institutions, ranging from educational and health, government and non-governmental organizations, to design and implement preventive strategies and promote healthy behavior. Successful preventive programs have identified psychosocial skills as fundamental to preventing drug and substance abuse. As part of this collective goal to prevent drug abuse, the program “Yo quiero, yo puedo” [I want to, I can], designed in Mexico with the support of Mentor Foundation, provides self-knowledge, communication, negotiation and problem solving skills, to enable children, teachers and parents to make decisions rejecting drug use. Integral interventions that promote the building of a network of support from school, home and community and integrate life-skills training, specific information about substance abuse prevention and friendly materials can be considered as best practice.

Introduction

“Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world’s most valuable asset.”¹

In recent decades, there has been a new focus on the global prevention of drugs, one which emphasizes diverse drug demand approaches targeted at children or youth². Prevention programs which incorporate youth opinions and utilize a combination of approaches, including knowledge, health promotion and enhancement of self-esteem, were identified as key strategies for drug demand reduction (United Nations Office for Drug Control and Crime Prevention [UNODC] 2002).

Children are especially vulnerable to trying and accepting drug use for a variety of social and economic reasons. Socially, children are confronted with rapid social and technological changes in the context of increasing competitiveness and erosion of family support and values. They are highly impressionable and many must constantly negotiate sheer curiosity, peer pressure, low self-esteem, resistance to authority, identity struggles and problems in establishing healthy emotional relationships. Economically, many children begin to experiment with drugs as a strategy to cope with poverty, neglect, violence and sexual abuse. Especially amongst marginalized urban youth, the trend has been one of establishing a dependence on drug use in order to function and stay awake for school and work, or to numb the pain of street life (UNODC, 2002).

¹ Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 1998 (see bibliography for full reference).

² Children and youth will be used interchangeably to refer to the population under 15 years of age.



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Worldwide trends point to an increased availability and variety of drugs, as well as to a rise in drug use amongst youth. In Mexico the most commonly used illegal drugs are marijuana (70.3%) and inhalants (54.5%). Un-prescribed medicine and cocaine have both had dramatic increase in use in recent years, with the former from 9.2% to 18.2% and the latter from 1.6% to 31%, respectively (Galván-Reyes, Ortiz-Castro, González-Uribe, 1997). Alcohol abuse is also a problem amongst Mexican youth, as 81% of the population begin drinking at the age of 14, and drunk driving is the number one cause of death for the population under the age of 20 (Student Drug Consumption Surveys II, 2000). In Mexico, a considerable 33% of the total population is under the age of 15 (United States Census, 2000; Population and Reference Bureau, 2003) and has initial contact with a drug or psychoactive substance between the ages of 12 and 29 (Galván-Reyes, Ortiz-Castro, González-Uribe, 1997).

It is in this context that youth-oriented programs have been identified as having potential to prevent significantly the onset of drug abuse. Government organizations, civil society and the private sector have been working to create diverse and innovative solutions to combat drug abuse as it becomes more prevalent and socially accepted amongst youth. Successful programs have been identified as those which develop basic life skills that can, in turn, facilitate a healthy transition into adulthood. These basic skills and capacities function to enhance individual strengths and act as protective factors against drug use, as well as lay the foundation for positive behavior throughout adulthood.

This focus on youth demands a multi-faceted strategy which strengthens life skills, such as socialization, effective communication, effective and confident decision making, problem solving skills, and deterrence of dangerous or negative behavior such as the abuse of tobacco, alcohol or other drugs (Mangrulkar, 2001). It also calls for the understanding that although policy does shape practice, practice can and should indeed, inform policy. Thus, by piloting programs which are evidence-based rather than solely policy-based, children's needs are more efficiently incorporated and specific life skills better suited to serve as resilient protective factors in challenging situations (UNODC, 2002). Based on this body of research, social and interpersonal skills, cognitive skills and emotional management skills have been identified as three key categories of life skills which should be incorporated into drug prevention programs.

This body of research at the global scale is buttressed by a network of schools at the community scale who have incorporated such strategies into their health programs (Mangrulkar, 2001). The school environment has proven to be an effective site for preventive programs as it offers the ability for long-term implementation and the opportunity to establish trusting relationships concerning drug use. Establishing long-term trust between students and teachers regarding drug use is key. Research has shown short term programs which deliver the dangers of drug use as an isolated health choice, fail because students do not trust the source and cannot relate to the disconnected presentation of the information (UNODC, 2002). Successful programs provide integrative health strategies of communication for negotiation and avoidance of drug use, development of problem solving, decision making and emotional management skills (National Institute on Drug Abuse, 2003; Hansen, 1992). The following is a list of goals for the combination of educational programs and youth health in preventive curriculum:



- To implement teacher training strategies centered on life skills
- To implement student centered curriculum
- To encourage active, participatory and cooperative learning
- To develop critical thinking in students
- To encourage parent participation in active learning
- To identify program objectives and evaluate results.

These goals fall into the following three categories of life skills which should be incorporated into drug prevention programs. The following is a schematic table showing how these goals fit into each category, and should be taken into consideration when developing life skills curriculum:

Table 1. Life Skills		
Social Skills	Cognitive Skills	Emotional Management Skills
<ul style="list-style-type: none"> • Communication skills • Negotiation skills • Assertion skills • Interpersonal and empathy skills • Cooperative skills • Analytical skills 	<ul style="list-style-type: none"> • Decision making and problem solving skills, the ability to analyze a situation from different perspectives to realize alternative approaches and outcomes • Responsibility for actions • Critical thinking skills • Critical analysis of parent influence and impact of communication • Self analysis of beliefs and norms • Self-evaluation 	<ul style="list-style-type: none"> • Stress control • Control over emotions, especially anger • Development of skills for self-control

The elements of these three categories should complement and reinforce each other, rather than be implemented separately. For example, to promote social aptitude amongst youth, curriculum should focus on communication skills (social skill), and on developing the ability to analyze situations from different social situations (cognitive skill), and on managing emotional reactions toward a conflict (emotional management skill) (Mangrulkar, 2001). Successful programs should be designed with the careful consideration of how these three elements relate to both risk and protective factors; table two outlines such relationships:



Table 2. Risk and Protective Factors in Youth and Adolescent Development	
RISK FACTORS	PROTECTIVE FACTORS
Individual Characteristics	
<ul style="list-style-type: none"> • Underdevelopment of self-efficacy: low stress management abilities, low tolerance to frustration, low self-knowledge 	<ul style="list-style-type: none"> • Cognitive skills • Socio-cognitive skills • Social aptitude • Self control • Clear and positive sense of meaning in life
Family and Social Characteristics	
<ul style="list-style-type: none"> • Family context: low socio-economic status, mental illness or substance abuse in the family, stressful situations, lack of communication, family conflict and weak relations with parents • Interpersonal problems: peer avoidance and isolation 	<ul style="list-style-type: none"> • Strong emotional bonds with parents • Solid support within family • Strong relationships with parents and other adults who also serve as positive role models • Conflict resolution skills • The ability to communicate and assert needs
Environmental Characteristics	
<ul style="list-style-type: none"> • Insufficient emotional and social support • Lacking, or authoritative and inflexible preventive and life skills programs 	<ul style="list-style-type: none"> • Communication between home and school • Care and support from school; a feeling of “community” in the classroom and at school • Student participation, commitment and responsibility toward learning • Opportunities for student participation in the community
Bernard, 1993; Kotliarenco, Cáceres, Fontecilla, 1997; Luther and Zigler, 1992; Rutter, 1987.	

Design of a specific intervention

In national opinion polls carried out in Mexico in 1993, 96% of those interviewed believed that school programs should address communication between parents and children, 95% self-awareness, 91% decision making, 94% sexual abuse prevention, and 91% how a baby is born. Both teachers and parents expressed support for the inclusion of these issues in school programs (Pick and Givaudan, 1993).

In 1998, given the prevalence of substance abuse in Mexico, the young profile of addicts and the surrounding conditions associated with drug and alcohol use, IMIFAP created a life skills education programs geared specifically at preventing substance abuse among Mexican youth. *Yo quiero, Yo Puedo (I Want, I Can)* (Pick, S., Givaudan, M., 1997) curriculum emphasizes the



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development of life skills (i.e. expression of feelings, stress management) which have a proven association with substance abuse in youth (Medina-Mora et al, 2003). The program consists of a series of workbooks which tailor to students in Grades 1 through 9. It includes training materials for teachers, engaging, age appropriate activities for students, and addresses a wide range of complementary topics whose purpose is to foster a comprehensive set of life skills in its participants. The topics that are covered in the curriculum at each grade level.

In evaluations carried out following the teacher training course, 97.6% reported that the course functioned well or very well, and 86.7% believed it should be obligatory. The first evaluation results of the life-skills program *I want, I can* showed various changes among children before and after taking the course. For example, after the course children were more likely to express feelings (59.6% before - 66.7% after) and more likely to ask for help and to express doubts (32.2% - 45.6%). In the area of decision making and responsibility, after the course more children believed outcome depended on effort rather than luck (33.7% - 57.3%), and more believed that they were able to make decisions (81.8% - 93.1%) and more children believed that boys and girls could do the same activities (50% - 77.5%). (Givaudan, M., Ramón, J. and Pick, S. (1999). These variables are considered as protective factors for different risk as drug use, sexual abuse and school drop-out.

Life skills and substance abuse prevention for children

In 1998, with the support of Mentor Foundation additional units focus on substance abuse prevention were added to the original life-skills program. This substance abuse prevention curriculum was piloted, in tandem with the original *Yo Quiero, Yo Puedo* program, among 5,890 fourth through sixth grade students in the Mexican states of Hidalgo and Jalisco. The results of the program are extremely encouraging. Highlights from these results include significant differences between intervention and control groups in the following areas: self efficacy, readiness to deal with change (stress), expression of feelings, knowledge of dangers of drugs and alcohol, and substance abuse rejection. Teachers who were trained to implement the program noted the following positive changes among their students: "The program allows greater participation and communication. They have become more assertive and a climate of trust has been generated in the group;" "...It has opened up their freedom to express themselves and talk about their problems..." (Givaudan y Pick: Mentor Foundation Final Report, 2000).

A workshop to train teachers on how to promote life skills and substance abuse prevention was also developed. The program for teachers and for children from 4th to 6th grade was piloted and evaluated with children in public elementary schools in México and lately was transfer to Colombia with the support of Mentor Colombia.

The following figure shows the results on comparing pre-test and post test

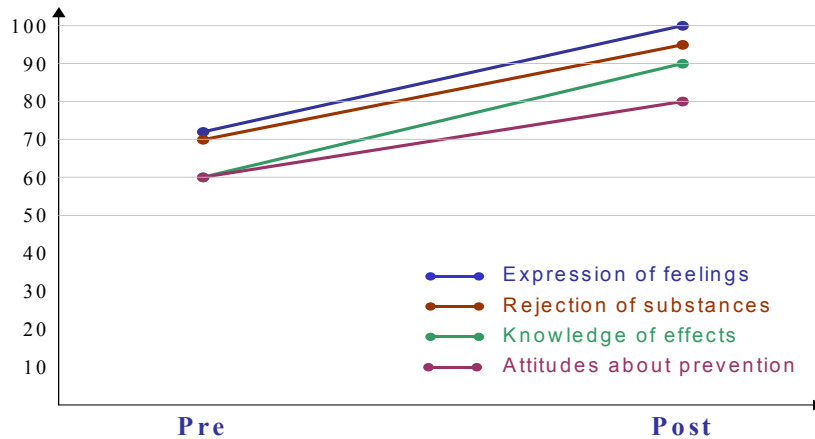


Figure 1. Results of evaluation before and after the program Yo quiero, yo puedo. N = 3191 students (5th and 6th grade).

Students' results revealed significant changes, showing an increase in decision making skills and changes in attitudes toward themselves and life. Results showed strong attitudes against drug use, and an increase in critically analyzing drug advertisements and messages after the program. The students completed the program with an increased understanding of the consequences of drug use and abuse, with insignificant variance per grade level. Though revealing an increase in scale of knowledge of effects of substance abuse, youth nonetheless revealed incorrect beliefs regarding alcohol and tobacco

Teachers reported positive changes in themselves, as well as in their teaching competence. They felt an increased tolerance, comprehension and empathy toward their students, as well as increased tolerance toward difference of opinions in the classroom. They reported a positive change in their perception of drug users. Ultimately, they had a more complete vision and understanding of what integrative prevention is and felt capable of supporting and guiding their students regarding prevention of drug abuse.



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Partners in Prevention. The positive results of our substance abuse prevention program in Grades 4-6 have enabled us to secure funding to expand our work in battling addictions in Mexico. In 2001, the generous support of the Vanderbilt Family Foundation allowed us to develop two new books aimed at substance abuse prevention in two new target audiences, adolescents and parents. These target audiences were selected based on research that shows that 17.8% of identified alcoholics in Mexico are between the ages of 12-18 and that poor family situations can contribute to substance abuse (Medina-Mora et al, 2003). *Piensa antes de actuar [Think before you act]* is a book of short stories that teach the young adolescent reader how to make appropriate decisions and how to withstand peer pressure regarding drug and sex related issues. *Aprendiendo a ser papa y mama y Deja volar a tu adolescente [Learning how to be mom and dad and Let your adolescent fly]* are guides for parents that offer strategies and examples of how to address issues of communication, values, interests, gender roles, substance abuse and prevention, self-esteem, affection, self-confidence, decision making, overprotection, self-sufficiency, sexuality, discipline and boundaries with ones adolescent.

In March of 2002, a Mexican Foundation Fundación Río Arronte supported IMIFAP to develop a program to target out-of-school adolescents between 13-18 years of age (Givaudan, Pick and Mendoza, 2003) . At the same time, we trained 108 mothers and fathers in *Aprendiendo a ser papá y mamá (for children under 12 years) y Deja volar a tu adolescente [Learning how to be mom and dad and Let your adolescent fly]*. The programs were included in an intervention in order to built an integral preventive model for substance abuse prevention. Bulletins were developed in order to maintain a permanent contact with parents and community members to refresh the topics addressed in the course. The multi-level strategy recognizes and maximizes on the role that different community members – teachers, parents, and youth themselves – can play in the prevention of substance abuse.

Discussion

The most effective programs addressing behaviors which tend to preserve physical and mental health are those which integrate new information with the development of personal skills necessary to confront the demands and challenges of daily life. As described, this type of programs, facilitates the development of life skills and the subsequent prevention of substance abuse. The programs with an integrative design incorporates teachers and parents to share information and encourage responsible and informed decisions.

These conclusions are parallel to WHO's recommendations to organizations working toward preventing drug abuse: to strengthen cooperation between health and community. The programs should encourage cooperation through methods such as creating permanent communication between home and school, training of educational promoters to enable prevention, as well as the early detection of drug consumption, and distribution of friendly materials.



The program “I want, I can” implemented in Mexico with the support of Mentor Foundation is an integrative program that facilitates the creation of a network of community support, the opportunity to offer training materials (workbooks, manuals, and informative bulletins) to children, teachers and parents respectively, and the instruments to supervise and evaluate the program effectiveness. These aspects are considered among the best practices for substance abuse prevention. Finally, the similarity of the implementation and results in Mexico and Colombia prove the efficacy of transferring programs to other countries.

In the following section, the skills and protective factors promoted in the programs for children and parents are described.

“I Want To, I Can” Program for children (Grades 1- 6) Protective factors promoted in each unit

- 1. I know and love myself.** This section fosters self-awareness and acceptance. Through self-analysis children develop a self-concept centered on their positive qualities, but also learn to recognize their limitations. Children develop a sense of self-confidence, self-love, and learn the importance of taking care of themselves.
- 2. I am responsible.** Children learn self-reflection based on critical and analytic thought. They recognize that control of their lives is a consequence of their own actions rather than a result of external events. Children develop a responsible attitude towards life.
- 3. I observe, listen, and communicate.** This section focuses on verbal and non-verbal communication. Children become familiar with and apply effective intervention skills. They learn negotiation as a basis for improving interpersonal relationships and understanding other people. Children develop skills to improve interpersonal relations, communication and mutual support.
- 4. I express my feelings.** Children learn how express their feelings and how to identify and satisfy their emotional needs. Children develop comprehension skills and respect for the feelings of others as a basis for empathy.
- 5. I grow and let others grow.** The goals are to understand the factors that intervene in interpersonal relations and to learn how to overcome obstacles presented such as jealousy, envy, abuse, and rigidity. Children develop a sense of justice as a means of reducing discrimination and prejudice.
- 6. I belong to a community.** This section addresses the importance of the social group and the role of each person in the community emphasizing actions for the general good. Children develop a sense of social responsibility by playing an active role in the solution of common problems.
- 7. My family and my friends.** Students analyze the characteristics of each family from the perspective of the individual. They learn to value friendship on both the social and emotional levels. This section equips children with resources for choosing friendships and managing social pressure. Children gain the skills for familial development in a positive emotional climate based on respect, affection and cooperation.
- 8. I am organized and productive.** This section addresses elements of time management and promotes planning skills by teaching students to establish long-term and short-term personal goals, and by motivating them to develop a life plan. Children develop initiative and gain satisfaction by feeling useful to their community and their country.



9. I have fun and I learn. This section stimulates creativity and intellectual curiosity, promoting the initiative of new ideas. An optimistic attitude towards life is fostered, and the pleasure of playing and competing is linked to learning. Children develop their full capacity for creativity.

10. How men and women are different and alike. Students analyze the social factors that foster inequality in daily living. They gain resources for dealing with both sexes by studying the similarities and differences in feelings and interaction styles. Children develop attitudes of gender equality.

11. I take care of myself. This section reinforces basic hygiene and health care. The importance of behavior in the prevention of illness is emphasized. Children take on responsibility for their health.

12. My sexuality. Students gain basic knowledge of sexual organs, reproduction, contraception, prevention of sexually transmitted diseases, HIV and AIDS. This section offers resources to prevent sexual abuse. Children develop responsible attitudes towards sexual health, family planning, and parenting.

13. I nourish myself. Children learn about adequate nutrition and its role in their development. They learn how to choose healthy foods within the means of each family. Children develop a healthy attitude towards eating and learn to eat a balanced diet.

14. I take care of the environment. This section emphasizes the active role that each member of the community plays in taking care of the environment. Students learn to value the connections between ecology and health. Children gain respect for natural resources and develop initiative to protect the environment.

15. What are addictions? Children gain basic knowledge about drugs and their legality. They discuss aspects of addiction and challenges to overcoming it. Children are also informed of their rights to be protected from the use and trafficking of drugs.

16. I can confront and resolve problems. Students learn that problems are a natural part of life, and that they can be approached as opportunities to learn and grow. They discuss the consequences of attempting to avoid problems through drug use. Students also learn that decision making and problem solving skills must be used to resolve challenges in a healthy manner.

17. Action against drugs. This section allows children to share what they have learned about drugs and addictions with others. They are provided with strategies of action they can take to learn more about drugs, are encouraged to create preventive habits and learn how to help somebody who is addicted to drugs. Children are encouraged to respect and try to help, rather than critique and judge, those who are drug dependent.



Program for parents of children and adolescents Protective factors promoted in each unit

The program developed for parents of children and adolescents emphasizes the role of each parents as educator and mentor to strengthen protective factors in their adolescents' lives. It encourages parents to reflect on their role and relationships with their adolescents, and provides techniques which parents can adapt to specific stages of adolescent development. Parents learn general guidelines for improved communication with their children and adolescents.

Learning how to be mom and dad (For parents of children under 12 years old)

- 1. Myself as a mother, a father...and as a person.** Parents identify the multiple roles they play in self-development and in the development of their relationships with their children. Parents learn strategies to confront self-blame in parenting and also learn different styles and outcomes of child-rearing.
- 2. Communication.** This section emphasizes positive communication between parents and children. Parents identify multiple styles and outcomes of communication. Parents are provided with examples of positive messages and communication using "I feel" statements.
- 3. Values, interests and sexual roles.** Parents analyze sources of their values, and identify the most important values which they want to pass onto their children. They identify expectations they have for their sons and daughters, and analyze the effect of gender on personal development.
- 4. Self-esteem, affection and confidence.** The goals of this section are to identify parental behavior that degrades children's self-esteem, and to instead learn confidence building strategies. Parents also learn how to show affection and confide in their children.
- 5. Decision-making, self-sufficiency and overprotection.** Parents learn how to support their children in processes of autonomous decision-making for increased self efficacy. They analyze the concept of overprotection and are provided with strategies to prevent it.
- 6. Sexuality.** This section emphasizes the need to be accepting of and comfortable with, topics of the parents sexuality and that of their children. Parents are provided with elements to facilitate natural and comfortable sexuality discussion with their children.
- 7. Discipline, limits and planning for life.** Parents learn the importance of setting limits for their children. They identify how they can draw these limits, and discuss methods to implement effective discipline to simultaneously allow the creative development of their children. Parents are also provided with elements to assist their children in organizing and planning their lives.

"Let your adolescent fly" program (for parents of adolescents over 12) Objectives and values developed in each unit

- 1. Who am I?** This introductory section presents the class objectives and emphasizes the importance of recognizing the multi-faceted roles of being a person, a wife/husband, and a parent.
- 2. The couple: coping with the stages of a relationship.** Parents identify the different stages of a mature and healthy relationship. They also analyze the effect of adolescent developmental stages on the family.



3. How can I get along well with my adolescent? This section emphasizes the need for parents to familiarize themselves with the developmental phases and needs of adolescents. They learn to accept and respect adolescent needs, and discuss strategies for improved communication.

4. Understanding and accepting my adolescent. This section reinforces the concept of recognizing adolescent needs, and encourages parents to remember their adolescence. Parents discuss attitudes that support and enhance adolescent self-esteem.

5. Aspects of gender. Parents reflect on male and female roles and needs within the family. They gain basic knowledge about how to communicate with their adolescents in a gender sensitive way. Parents reflect and learn techniques on how to communicate elements of healthy relationships to their adolescents.

6. Negotiating and establishing limits with adolescents. Parents recognize the importance of establishing limits between themselves and their adolescents. They identify themselves as the primary authority who must modify limits throughout various phases of their children's adolescence.

7. Sexuality. Parents gain and review basic scientific knowledge about sexuality, sexual and reproductive organs, pregnancy, contraception, AIDS and other sexually transmitted infections.

8. Discussing difficult subjects with adolescents. This section highlights the need for communication from parents to adolescents, and adolescents to parents, in a safe and comfortable context. Parents are provided with tools for natural and educated communication of difficult topics.

9. I confide in my adolescent. Parents reflect on the importance of building and maintaining relationships of trust with their adolescents. The session emphasizes building strong relationships with adolescents will lead to a greater self-confidence and ability to make responsible and informed decisions.

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