



STAND AGAINST DRUGS

Building Community Resilience Through Youth Work!



Teamwork

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The SADs-project introduced youth to concepts of universal drug abuse prevention programmes through youth work in order to make great strides in developing both the knowledge and tools that can stem the tide of drug abuse and curb its devastating effects on young people and on the community as a whole.

Partners grasped complex challenges of drug abuse on a youth's social, educational, cultural and personal development and become familiar with multiple forms of community-based drug abuse prevention programmes, as pathways to empowerment in developing youth-centered actions to address drug abuse and consequences: weak parenting, school dropouts, unsafe sexual practices, sexual or domestic violence.

Since these daunting drug problems are likely to be paired with any number of other difficulties in youth and adult lives, the project had the goal of exploring these questions: how can young people be educated and empowered to reduce and prevent them from abusing drugs? What are their special needs and what kind of drug abuse prevention programs should be created help them? And what are the learning needs of those facilitating youth empowerment in drug abuse prevention?

Hence, the project was designed to seek answers to these questions by promoting sustainable youth work in drug abuse prevention through non-formal education to create community-based interventions, which are meant for everyone in a youth association, a youth center, school, a community, or a similar group to reduce the prevalence of drug abuse among young people and raise awareness on the effects of drugs abuse on youth's mental health and well-being as well as their social consequences.

This handbook aims to provide streamlined guidance to support youth organizations to rapidly integrate drug abuse prevention intervention into new or existing programmes for young people at the community level. This handbook was informed by an extensive desk review, training programmes, qualitative assessments with a range of youth, youth workers and youth organizations, and direct discussions with youth workers working in drug abuse contexts, youth and adults, and the at risk youth or those directly affected by drug abuse.affected by drug abuse.

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Erasmus+ is the EU's programme to support education, training, youth and sport in Europe. Its budget of €14.7 billion provides opportunities for over 4 million Europeans to study, train, gain experience, and volunteer abroad. The aim of Erasmus+ is to contribute to the Europe 2020 strategy for growth, jobs, social equity and inclusion, as well as the aims of ET2020, the EU's strategic framework for education and training.

It further, promotes the sustainable development of its partners in the field of higher education, and contribute to achieving the objectives of the EU Youth Strategy. Specific issues tackled by the programme include:

- Reducing unemployment, especially among young people;
- Promoting adult learning, especially for new skills and skills required by the labour market;
- Encouraging young people to take part in European democracy;
- Supporting innovation, cooperation and reform;
- Reducing early school leaving; and
- Promoting cooperation and mobility with the EU's partner countries.

The European Union is supporting a large number of organizations, youth informal groups and other entities that work specifically in the field of youth and use formal or non-formal education tools. With the initiative and support of The European Commission, there was founded Erasmus + programme, which supports education, training, youth and sport in Europe, to give millions of Europeans to study, live, volunteer, gain new skills, experiences and competencies abroad.

Erasmus+ comprises of formal educational programmes, like the exchange of students, academics, administrative staff and also non-formal education programs, like youth exchanges, vocational training, European Voluntary Service, Internships and much more. The core idea of the initiative is to create common united European integrated society and support building of European Identity, Create peaceful democratic and tolerant environment.

Erasmus + has 3 key actions areas, which focus on Mobility, cooperation for innovation and exchange of good practices and support for the policy.

1. **Key Action 1** focuses on mobility of individuals for the purpose of providing different opportunities for personal development, as well as, enhancing the employability by gaining new competences and improving soft and hard skills.
2. **Key Action 2** focuses on the cooperation of the organizations to share the best practices and innovate their tools and methods.
3. **Key Action 3** focuses on Policy reform and tries to support and facilitate modernization and innovation of educational systems.

ABOUT THE PROJECT PARTNERS



P01. TERRAM PACIS - NORWAY.

Strengthening youth workers, adult educators, young and adult learners capacity and facilitating their professional, personal, and social development are at the core of our mandate. We develop evidence-based projects, which prioritise monitoring and evaluation to ensure that objectives & desired results are achieved.

P04. COLEGIUL NATIONAL IENACHITA VACARESCU - ROMANIA.

The National College "Ienachita Vacarescu" has been for years on end the tip of the Dambovita county learning establishments. Under the attentive guidance of an exceptionally professional teachers (75 teachers), the students (1028 students) develop their skills and creativity, as well.

P03. CLUBUL KIWANIS VASLUI - ROMANIA.

Founded in 2005, we are a non-profit, independent, public benefit. We believe in the same values and they share the desire of creating a better world by serving the Children of the World. The main club activity is the identification of the low-income families and helping parents support their children's education.

P02. COMITATO D'INTESA - ITALY.

We can simply imagine Comitato d'Intesa like an umbrella non-profit organization that deals with different realities and other associations, among which we can find 170 volunteering associations that are very active in the personal assistance and health care field, and Civil protection assistance.

P05. YOUTH SERVICES COORDINATOR WITHIN MINISTRY FOR GOZO - MALTA.

The Youth Services Coordinator is an important public body that caters for Gozo especially Gozitan Youths, and has connections all over Europe. It is a hub for innovative European Youth Education. The learners who are associated with this setup are young people in Malta and Gozo with age range from 13 to 24.

P06. TOSHKENT DAVLAT PEDAGOGIKA UNIVERSITY - UZBEKISTAN.

Tashkent state pedagogical university named after Nizami was organized by the Decree No 1364 of the Council of Public Education of the Republic of Uzbekistan on September 14, 1935 on the basis of the faculty of Pedagogics of Central Asian State University. The institute was awarded the status of university due to the Decree No 77 of the Cabinet of Ministers of the Republic of Uz-bekistan on February 24, 1998.

P07. TASHKENT STATE UNIVERSITY OF LANGUAGE AND LITERATURE - UZBEKISTAN.

Tashkent state pedagogical university named after Nizami was organized by the Decree No 1364 of the Council of Public Education of the Republic of Uzbekistan on September 14, 1935 on the basis of the faculty of Pedagogics of Central Asian State University. The institute was awarded the status of university due to the Decree No 77 of the Cabinet of Ministers of the Republic of Uz-bekistan on February 24, 1998.



THE PROJECT APPROACH

Alcohol, tobacco and drugs harm people other than the abuser, whether through violence on the street, sexual and domestic violence in the family, or simply using government resources, notably through the costs of providing health care, unemployment and incapacity benefits, and dealing with crime and disorder. Further, socially disadvantaged young people, the at risk youth and youth who live in socially disadvantaged areas experience more harm than others due different factors: **chaotic family environments, ineffective parenting, poor academic performance, deviant peer influences**, etc.

Therefore, increased empowerment and awareness about the effects of drugs and alcohol abuse on mental health, well-being and healthy lifestyle and their social consequences: weak parenting, school dropouts, unsafe sexual practices and domestic violence can mitigate the impact of alcohol, tobacco and drugs on economic downturns and unemployment, and reduce alcohol, tobacco and drugs-related deaths. Hence, our approach aimed at fostering factors protecting young people from alcohol, tobacco and drugs abuse: **strong parent-child attachment, appropriate parental supervision, commitment to school, academic success, friends who have conventional values, supportive environments, youth-centered information**, etc.

Further, the project approach differentiate **drug use** and **drug abuse**. Young people should be given the right information about using alcohol, tobacco and drugs from an earlier age in life, so that they can make informed decisions about their lives. On the hand, not providing supportive environments and youth-centered information using alcohol, tobacco and drugs and making the conversation a taboo, leads young people to explore on the own, which leads to abuse due to a lack of knowledge and information.

There is no single age group of people more affected by alcohol, tobacco and drugs than youth. In some ways, it feels like it is an issue everywhere: for us, our family, our colleagues or our friends. Plain and simple, try as we might, we cannot escape the issues of alcohol, tobacco and drugs. Alcohol, tobacco and drugs affect each and every one of us, directly or indirectly: in our homes, our families, our schools, our work, our community, town, society or city.

For some, one time or infrequent use of alcohol, tobacco or drugs can result in a tragedy: alcohol overdose, an accident when under the influence of alcohol or drugs, or an arrest associated with Marijuana or other drugs that may cost us our reputation and/or your freedom. For others, even though they may not use alcohol, tobacco or drugs, they could become a victim of an alcohol or drug-related crime. Yet for others, what may have started as occasional use can turn into an addiction that presents extraordinary health consequences due to a lack of supportive environment and information.

Thus, to meet the project results at Outputs and Outcomes level, the project combined consultations, youth exchanges, training programmes and community-based interventions such as: street campaigns, online campaigns and community forums and focus groups as a means to voice the priorities, concerns and ideas of young people and youth workers in drug abuse prevention processes, to ensure that their opinions are fed into overall drug abuse prevention programmes, which youth-centered.



THE STAND AGAINST DRUGS PROJECT



Stand Against Drugs, as the translation of the name reveals, it is a project that intended to promote drug abuse prevention through youth work, by engaging with young people within the society through community-based interventions to tackle the effect of drug abuse among young people from different countries and contexts, and thereby, promote good health, which is an integral part of Europe 2020, the EU's 10-year economic-growth strategy. Health policy is important to Europe 2020's objectives for smart and inclusive growth.

Thus, it was an international project in the EU education programme ERASMUS+. The seven project partners from five different countries: **Norway, Romania, Malta, Italy and Uzbekistan** implemented the project. It was about mobility of youth and of youth workers to foster drug abuse prevention interventions in youth work. Hence, the project's name sends a positive signal towards standing against drug abuse among young people to foster both the learning needs of youth workers and learning approaches with young learners in drug abuse prevention through non-formal education practices.

With Europe having the highest alcohol, tobacco and drug consumption in the world: in 2009, average adult (aged 15 + years) alcohol consumption in Europe was 12.5 liters of pure alcohol a day, more than double the world average. Alcohol, tobacco and drugs are the most cause of noncommunicable diseases; communicable diseases with increased sexually transmitted infections; and all types of intentional or unintentional injury, including homicides and suicides. See (WHO, 2009), (WHO, 2009; Rehm et al., 2010); (Blomgren, Martikainen & Makela, 2004).

Thus, this project contributed to the literature through youth exchanges and training programmes for youth and youth workers, by developing pathways to empowerment in drug abuse prevention.

FACTS ABOUT ALCOHOL, TOBACCO AND DRUG ABUSE IN YOUNG PEOPLE.

THE BASICS!

Recent studies on teens and young adults turned up a startling new fact: most alcohol and drug abuse starts in teen years. Just at a time when our young people should be getting educations and preparing for their lives, many are starting to abuse alcohol and drugs and risking addiction. Alcohol and drug abuse remain the leading cause of injury and death in young people, which also cause social and health problems.

WHAT HAPPENS!

Alcohol and drugs target a part of the brain, which allows people to feel pleasure. This causes the brain to release certain chemicals that make people feel good. At first, these may make a person feel happy, energetic, social, self-confident, and powerful. But after the "high" from the alcohol or drug wears off, the person may feel the opposite effects. Depending on the abused drug, a person may feel tired, anxious, or depressed after it wears off. Or may be more sensitive to pain, have sleep problems, lose interest in everyday activities, or withdraw from family and friends.

Since the pleasure only lasts a short time, people crave more to get the good feeling back. Over time, the brain adjusts to the drug by making less of the "feel good" chemicals. With less of these chemicals, the brain can't function well, and it becomes harder to feel pleasure. So people abuse alcohol or drugs to get the good feeling back.

Thus, this further affects the parts of the brain that deal with judgment, decision-making, problem-solving, emotions, learning, and memory. They change how the cells in the brain send and process information. These changes in the brain make it harder for people to think and make good choices. And they may be less able to control their actions.

THE MOST ABUSED!

ALCOHOL:

The leading cause of death for young people is car crashes related to alcohol. Drinking also can lead young people to have unprotected sex. This raises the chance of pregnancy and infection with sexually transmitted infections, such as herpes, chlamydia, and HIV.

TOBACCO:

Since the effects of nicotine are felt right away, tobacco and tobacco products may be the most habit-forming substance available. Smoking can cause cancer and heart and lung problems. Smokeless tobacco like chew or snuff can cause dental problems and cancers of the mouth.

MARIJUANA:

Marijuana can affect young people's ability to think, learn, reason, remember, and solve problems. It can also cause mood swings, anxiety, and depression.

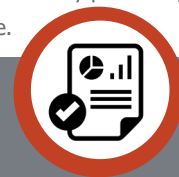
CLUB DRUGS:

Ecstasy (MDMA) and date rape drugs such as gamma-hydroxybutyrate (GHB), flunitrazepam (Rohypnol), and ketamine, are often used at all-night dances, raves, or trances, which can be dangerous, especially in overdose or when combined with alcohol or other drugs. Some of these drugs can cause a person to have trouble breathing, to pass out, memory problems, anxiety, depression, overdose, or date rape.

WHAT LEADS TO ABUSE!

There are several situations that increase a teen's risk for abusing drugs or alcohol. These are when:

- The young person is depressed;
- The young person suffers from low self-esteem;
- The young person manifests early signs of aggressive behavior;
- The young person feels rejected socially;
- Parents do not provide enough supervision or care;
- The family suffers from poverty;
- There are many drugs readily available, either in the home or close by.



WHAT DO THEY NEED?

To prevent the situation where most alcohol, marijuana and drug abuse starts in teen years, there should be created youth-centered information and programmes so that the risks are prevented. These open pathways to educating young people on the serious problems that can result from drug abuse. Often times, when a young person sees their friends seeming to enjoy themselves or experience excitement or euphoria, this can look very attractive. Especially, if the person is bored or stressed by their experiences at home or at school.

The right time to prevent drug abuse is before the addiction begins. Before a person is addicted, they have a much greater ability to set drugs down and walk away from them. If they have just begun abusing alcohol, marijuana, club drugs or prescription drugs, if they can be inspired to leave them behind and create a healthy life, this relieves the family of endless heartbreak and may even save that person's life.



RESEARCH ON YOUTH & DRUG ABUSE IN PARTNER COUNTRIES.



Young people who don't abuse alcohol, drugs, or cigarettes are less likely to have problems with them as adults. Efforts to prevent drug abuse should begin early in life with education, training, mentorship, youth-centered information to encourage healthy behaviours, resilient communities, and good family bonds, which help young people gain confidence and self-esteem to make good choices for a healthy life.

By age 9, children already have opinions about drug use. So, it is best to start drug use-related conversations early, to help them learn the skills needed to avoid drug abuse as their grown up. On the other hand, if this becomes a taboo or conversation to avoid at all costs, it pushes young people to explore the drug world on their own, and they thus, often keep their drug use habits secrets from family, school, and even from their sober friends for the fear of being judged or rejected.

This is why a young person may change friends rather suddenly; begin to hang out with young people who are not doing very well in life, dress oddly and perhaps do not seem to care for themselves very well. The failure to look beyond their identity, and ask them about the complexity of their lives and how they envision their future, leads programmes that do not respond fully to their needs, rather, force them to leave aside these behaviors, erase them and create a new future that denies them their past and learned experiences.

They are guided to accept an identity, which is not theirs. This denial, restricts them to a certain socio-economic class and ignores factors that lead to their drug abuse, subsequently, to their addiction. Instead, prevention programmes often focus on how to prepare these young people to fit into societal norms or traditions, without understanding and asking them why they made those choices in the first place, which represent a step backwards in terms of their capacity to shape their own future.

1. RESULTS OF DESK-BASED RESEARCH ON YOUTH & DRUG ABUSE.

Desktop research in partner countries, reference principles of current research on preventing drug abuse among children and adolescents. These principles are intended to help parents, educators, youth workers and community leaders think about, plan for, and deliver research-based and youth-centered drug abuse prevention programmes at the community level.

1.1. RISK FACTORS AND PROTECTIVE FACTORS

PRINCIPLE 1.: Prevention programmes should enhance protective factors and reverse or reduce risk factors. The risk of becoming a drug abuser involves the relationship among the number and type of risk factors (e.g. deviant attitudes and behaviors) and protective factors (e.g. parental support).

The potential impact of specific risk and protective factors changes with age. E.g., risk factors within the family have greater impact on a younger child, while association with drug-abusing peers may be a more significant risk factor for an adolescent.

Early intervention with risk factors (e.g. aggressive behavior and poor self-control) often has a greater impact than later intervention by changing a child's life path (trajectory) away from problems and toward positive behaviors. While risk and protective factors can affect people of all groups, these factors can have a different effect depending on a person's age, gender, ethnicity, culture, and environment.

PRINCIPLE 2.: Prevention programmes should address all forms of drug abuse, alone or in combination, including the underage use of legal drugs (e.g. tobacco or alcohol); the use of illegal drugs (e.g. marijuana or heroin); and the inappropriate use of legally obtained substances (e.g. inhalants), prescription medications, or over-the-counter drugs.

PRINCIPLE 3.: Prevention programmes should address the type of drug abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors. They thus, should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve programme effectiveness.

1.2. PREVENTION PLANNING: FAMILY PROGRAMMES

PRINCIPLE 4.: Family-based prevention programmes should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.

Drug education and information for parents or caregivers reinforces what children are learning about the harmful effects of drugs and opens opportunities for family discussions about the abuse of legal and illegal substances. Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of drug abuse.

1.3. PREVENTION PLANNING: SCHOOL PROGRAMMES

PRINCIPLE 5.: Prevention programmes can be designed to intervene as early as preschool to address risk factors for drug abuse, such as aggressive behavior, poor social skills, and academic difficulties.

PRINCIPLE 6.: Prevention programmes for elementary school children should target improving academic and social-emotional learning to address risk factors for drug abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills:

1. self-control;
2. emotional awareness;
3. communication;
4. social problem-solving; and
5. academic support, especially in reading.

PRINCIPLE 7.: Prevention programmes for middle or junior high and high school students should increase academic and social competence with the following skills:

1. study habits and academic support;
2. communication;
3. peer relationships;
4. self-efficacy and assertiveness;
5. drug resistance skills;
6. reinforcement of anti-drug attitudes; and
7. strengthening of personal commitments against drug abuse.

1.4. PREVENTION PLANNING: COMMUNITY-BASED PROGRAMMES

PRINCIPLE 8.: Prevention programmes aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.

PRINCIPLE 9.: Community-based prevention programmes that combine two or more effective programmes, such as family-based and school-based programmes, can be more effective than a single programme alone.

PRINCIPLE 10.: Community-based prevention programmes reaching populations in multiple settings, for example, schools, clubs, faith-based organizations, youth-based organisation, refugee centres and the media, are most effective when they present consistent, community-wide messages in each setting.

1.4. PREVENTION PROGRAMME DELIVERY

PRINCIPLE 11.: When communities adapt programmes to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include:

1. Structure: how the programme is organized and constructed;
2. Content: the information, skills, and strategies of the programme; and
3. Delivery: how the programme is adapted, implemented, monitored and evaluated.

PRINCIPLE 12.: Prevention programmes should be long-term with repeated interventions (i.e., booster programmes) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programmes diminish without follow-up programmes in high school.

PRINCIPLE 13.: Prevention programmes should include teacher and youth workers training on good classroom or training room management practices, such as interpersonal skills development. Such techniques help to foster young people's positive behaviour, attitudes, achievement, academic motivation, and school bonding.

PRINCIPLE 14.: Prevention programmes are most effective when they employ interactive techniques, such as peer discussion groups, workshop learning activities or role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills.

PRINCIPLE 15.: Research-based prevention programmes can be cost-effective. Similar to earlier research, recent research shows that for each Euro invested in prevention, a savings of up to €10 in treatment for alcohol or other drugs abuse can be seen.

1.5. STAND AGAINST DRUGS FRAMEWORK

Since the Stand Against Drugs project was designed and implemented to enhance youth workers skills and competences in drug abuse prevention through youth work, and through non-formal educational practices, the project focused on community-based and media-based drug abuse prevention programmes and their delivery. Thus, this handbook will focus on principle 8 to principle 15.

Thus, our work here focuses on creating prevention interventions targeting youth as after schools programmes. The main goal is thus, **to prevent the transition from drug use to drug abuse**, through considering the developmental issues faced by young people. This handbook is therefore a transition from project's mobility activities (youth exchange and training course for youth workers) to community-based interventions, **where the focus shifts from project Outputs to project's Outcomes**, hereinafter, defined as the desired changes in young people's practices, behaviours and attitudes toward drug abuse.

FACTS ON DEVELOPING DRUG ABUSE PREVENTION IN YOUTH WORK.

1.

CONDUCTING A NEEDS ASSESSMENT

The first step in planning a drug abuse prevention programme is to assess the type of drug problem within the community and determine the level of risk factors affecting the problem. The results of this assessment can be used to raise awareness of the nature and seriousness of the community's problem and guide selection of the best prevention programmes to address the problem.

Next, assessing the community's readiness for prevention can help determine additional steps needed to educate the community before launching the prevention effort. Then, a review of current programmes is needed to determine existing resources and gaps in addressing young people's needs and to identify additional resources, and possible collaborations.

Finally, planning can benefit from the expertise of community organizations that provide youth services. Convening a meeting with leaders of these service organizations can set the stage for capturing ideas and resources to help implement and sustain community-based programmes through youth youth.

2.

TRAINING YOUTH WORKERS

Youth workers should be knowledgeable and comfortable discussing drug abuse protective factors and risk factors. Thus, training programmes should be conducted to provide youth workers with guidance on how to appropriately design and run community-based interventions to ensure an effective day to day programming.

The training should cover a range of key topics related to drug abuse and their consequences. It is thus essential for youth workers to become familiar with risk and protective factors, and behaviours, attitudes or narratives that encourage drug abuse among young people within their community or in their local contexts, prior to designing and conducting a drug abuse prevention intervention. Youth workers' training is the single most effective tool for preventing drug abuse among youth.

CORE ELEMENTS OF EFFECTIVE COMMUNITY-BASED AND MEDIA-BASED PREVENTION PROGRAMMES.

In Stand Against Drugs, community-based prevention programmes have proven effective. They were tested in partner countries, to determine how they best fit. This handbook considers the following core elements of an effective community-based drug abuse prevention programme:

1. STRUCTURE: addresses programme type, audience, and setting:

Programme type: Community-based and Media-based programmes, have demonstrated effectiveness in reaching youth at both the community and the individual level.

Audience: The audience must be defined and the reason why it is targeted must be outlined to more effectively meet its needs.

Setting: The programmes should be implemented after the training of youth workers has taken place. Thus, they have the skills, educational or campaigning materials for conducting the programmes. This means, using Outputs to create Outcomes through a variety of settings.

2. CONTENT: information, skills development, strategies, and services:

Information: Information can include facts about drug laws and policies, and drugs and their effects. Although drug information is important, it has not been found to be an effective intervention by itself; that is, without additional prevention components.

Skills development: Training helps to build and improve behaviors (e.g., social and emotional development, social competence, etc.).

Strategies: programmes should be targeted at structural change (e.g., promoting norms, behavioural, attitudes or narratives changes).

Services: might include community forums, focus groups, peer learning, counseling, drug-free zones, and youth-centered information.

3. DELIVERY: includes programme adaptation and implementation:

Programme adaptation: the programme must match community needs in order to ensure the right fit. Adaptation involves changing a programme to fit the needs of a specific audience in various settings, and conducting a structured review of existing programmes to determine remaining gaps and needs.

Implementation: Implementing a community-based programme refers to how it is delivered, including the number of sessions, methods and learning activities used, and programme follow-up. Proper implementation is key to drug abuse prevention programme effectiveness.

3.

ASSESSMENT METHODS

Asking about why young people abuse drugs and their concerns for the future, yield information that guide policies to address the root causes that lead to their vulnerability. It is equally crucial to young refugees, migrants and minority groups who feel excluded, to better understand their needs that would fit into an inclusive prevention programme. Thus, a needs assessment includes both qualitative and quantitative methods:

QUALITATIVE METHODS

Focus Group Discussion	Age segmented groups of youth (8-10 participants) led by a facilitator: age groups (15-19; 20-25; 26-45).
Structured Interviews	This can include activists youth, youth and youth workers from the target population, or policy programming staff.

Qualitative methods are used to explore youth's behaviours, attitudes, norms or perceptions, and specific aspects and gaps of existing programmes to capture beneficiaries' direct voiced experiences. These methods provide in-depth information and are crucial when designing a community-based programme.

QUANTITATIVE METHODS

Surveys on Knowledge, Attitude, Practices, etc.	This can be useful for assessing youth stratification on existing programmes and identifying gaps in drug abuse prevention knowledge and access.
Checklists or walk-throughs	This can include physical visit of existing programmes (communal, family and schools) and can utilize qualitative methods as well.

Quantitative methods are used to measure the extent of coverage, changes in behaviours or attitudes, and to obtain statistical data on knowledge and perceptions of young people on drug abuse prevention, such as of usefulness or satisfaction on existing programmes or the programme being implemented.

THE NEED FOR IMPACT PATHWAY IN DRUG ABUSE PREVENTION PROJECTS.

1.

KEY POINTS

- It is important for drug abuse prevention intervention to integrate and appreciate the value of a theory of change approach to develop impact pathways built on project Inputs, Activities, Outputs and Outcomes.
- Flexibility when designing theory of change in drug abuse prevention is the key. It demands a lot of time, and it is important to capture key elements while aiming for simplified processes where possible.
- Youth workers should have the capacity to facilitate the development of a theory of change: impact pathway, and monitoring and evaluation, to work towards project goal.
- Prior to embarking on the process, the team should commit to either an open process in which the design and layout of the impact pathway evolves as the team members' capacity increases, or set in place an impact pathway template to which all units adhere.

2.

OUTPUTS AND CONCLUSION

The Stand Against Drugs research on drug abuse prevention through youth work aimed at assessing how to integrate a theory of change in drug abuse prevention. To specify research outputs, the partnership needed to produce the output, and a plausible hypothesis on how these output might contribute to the development of impact pathways in drug abuse prevention project in the field of youth.

For this purpose, the SADs research concluded that, for such a process to work, the project should bring together a working team on Impact Pathways and Monitoring and Evaluation for Results-Based Management, composed of youth workers from each partner countries for this to fit various local contexts.

3.

ENCOUNTERED CHALLENGES: GAPS & NEEDS

The research uncovered challenges faced by youth workers, which in the end limit their progress in drug abuse prevention:

- The main problem is the level of empowerment of youth workers. Implementing a drug abuse prevention project requires formulating project objectives, by defining precise and measurable statements concerning the results to be achieved and identifying the means (activities) to be employed to meet those objectives, which are relevant when setting goal, targets and indicators of a specific programme.
- Because formulating objectives requires skills, these types of assignments end up the responsibility of not sufficiently empowered youth workers, which creates a catch situation seen in many contexts, in which youth workers are motivated, but do not fully understand Results-Based-Management to improve performance and ensure that project's activities reflect the objectives to achieve desired results.
- To overcome this type of situation, the research strongly highlights the need of youth workers empowerment to adopt Impact Pathways and Monitoring and Evaluation with Results-Based Management in prevention programmes. Empowerment should be done through training processes, composed of workshops learning activities.
- This type of empowerment increases youth workers capacity while simultaneously achieving progress regarding the impact pathways: a detailed and clear implementable programme, including **Inputs-use in project activities**, **Activities-use to create Outputs**, **Outputs-use to generate Outcomes**, and **Outcomes-Use to achieve desired Impact**.
- Thus, youth workers empowerment can contribute to the integration of an impact pathway in the implementation of drug abuse prevention interventions. This is relevant for programmes that focus on advocacy, awareness-raising or campaigning as the use of outputs guarantee the achievement of outcomes in the project lifetime.
- It is thus highly important to carefully design empowerment training programmes, with engaging activities that allow the participants to explore and learn about an impact pathway, with clarification of project results level in the development process of a theory of changes in drug abuse prevention programmes.

4.

RECOMMENDATIONS

This is a process that is in its infancy, not only in youth work, but in project planning in general. Designing community-based drug abuse prevention programmes using the theory of change process or impact pathway is an ambitious, considering that this has not been tried before in the context of youth work.

- The process is complex and sometimes difficult to outline. It lies somewhere at the intersection of project planning, setting results, framing objectives, selecting learning activities, conducting quality control, monitoring and evaluation, and dissemination and exploitation activities.
- There is thus a need for an impact pathway to be institutional learning, for the documentation of the process, and for the donors to be flexible about mistakes and failure to empower youth-based organisations allowing them to learn and change as they progress.
- There is further a need to remember that theory of change or impact pathways are in fact hypotheses. Once established, they should be subjected to objective monitoring and evaluation that encourages the adaptation of Results-Based Management in youth projects.
- Hence, the donors should invest in developing standards of best practice and frameworks for youth-based organisations to be familiar with impact pathways and Monitoring and Evaluation process so that the argument for adapting Results-Based Management in youth projects becomes obvious.
- An Impact Pathway Facilitation Guide should be produced, taking into consideration the experiences and recommendations from this handbook. Further, the guide should be designed to take on board learning and programmatic demands that can occur after training for empowerment, particularly the need for simplification.
- Moreover, to maintain institutional support, the Impact Pathway Facilitation Guide needs to become more youth-work-friendly, less burdensome and more geared towards programmatic needs while still constituting rigorous planning, with an emphasis on appropriate learning activities to facilitate the use of Outputs.

RESEARCH DATA ON DRUG ABUSE PREVENTION IN PARTNER COUNTRIES.

1.

KEY POINTS: ITALY, MALTA, NORWAY & ROMANIA.

- An assessment on alcohol, tobacco and drug abuse among school children is included in all media related to the drug phenomenon. The data collected by surveys applied in schools play an important role in making the policy and intervention parameters for this group of the population, thus becoming an indicator of the exposure degree of the school-age population to drug abuse.
- The European School Survey Project on Alcohol and other Drugs-ESPAD, which is done every four years, starting from 1995, its most recent data with reference to alcohol and drug consumption among the school-age population aged 16 in 2015, in this research made comparisons with other European countries and between sexes on the amount and level of drug consumption within this age group.
- Alcohol consumption of any kind for this group in 2015, was of 83% among boys (above the European average of 81,5%) and of 72,3% among girls (below the European average of 79,3%). For this type of consumption it is noticed a decrease among the girls, from 76% in 2011 to 72,3% in 2015; while in the case of boys, the level is much the same with 83% in 2011 and 83,7% in 2015.
- Further, in the case of alcohol consumption over the last 12 months, it is to be noted the same differentiated evolution according to the distributed values on sex category: a decrease in the case of girls, from 68% in 2011 to 62,9%, whereas the level of consumption is maintained in the boys, 76% in 2011 to 75,1% in 2015. For alcohol consumption over the last 30 days, a similar tendency of lowering in the case of girls from 44% in 2011 to 38,1% in 2015 is observed, while in the case of boys a slight increase, from 55% in 2011 to 56,4% in 2015 is observed, which above the european average of 49,3%.
- At the national level, among the students aged 16, it is recorded a prevalence of any type of illegal drug (including medicines that can be used without a medical prescription) over their lifespan, at an average of 15,7%, with this type of drug consumption being higher among the boys (17,5%) compared to (14%) among the girls.
- Calculating the recent consumption (over the last 12 months) of any illegal drug, whose active psychoactive substance is cannabis, hashish, ecstasy, amphetamines, methamphetamines, cocaine, crack, inhalants, a prevalence of 9,1% distributed by gender is observed, thus 10,9% for boys and 7,5% for girls.

3.

KEY POINTS: UZBEKISTAN

Drug abuse and drug traffickers who meet that demand, are severe problems over the world. Uzbekistan is finding some success in this area today by countering the threat of drugs with all of the social, economic and political resources of the state. The country applies a balanced approach aimed at reducing drug demand while also preventing illicit trafficking based on a comprehensive program implemented by the State Commission on Drug Control.

Analysis of the drug situation shows positive trend in key epidemiological indicators. The initial incidence of drug abuse decreased, the number of drug addicts registered for dispensary observation and addicts who inject drugs is decreasing. Much attention is being paid to preventive work, with the main objective of reducing demand for drugs and other psychoactive substances to decrease high risk drug use. Regional workshops for directors of schools are organized on spiritual and educational topics to increase the effectiveness of anti-drug education.

International cooperation is key to successfully fighting an international problem like drug trafficking. Uzbekistan has partnered with the UNODC, the OSCE, the SCO, the European Commission, the U.S. and the Russian Federation to share information, develop cooperative strategies and conduct joint training in anti-trafficking measures. Together with its partners, Uzbekistan is working to protect the region from drugs.

The following practices and measures are monitored, strengthened and improved:

- development of strategies and implementation of the state policy of the Republic of Uzbekistan in the field of drug control and drug prevention;
- preparation of analyses and proposals for the Cabinet of Ministers and the State Commission on the drug situation to improve the measures against drug trafficking;
- collection, information processing, and the formation of a database on drug situation in the Republic of Uzbekistan, its synthesis and analysis, and the provision of relevant information to the relevant ministries, agencies and organisations, including international ones.

4.

CASE OF BEST PRACTICE: ITALY.

Combining school and family programmes: These programmes are based on a close and deep collaboration among local schools (elementary, middle & high schools) and local prevention centres of the province of Belluno in Italy. The programmes and the school interventions are of different according to school, the level and age of the students involved. Most of these programmes are based on the concept of peer education.

- At the beginning of each school year, there is an open call for students who want to become youth workers, raise awareness and talk about drug abuse in many local schools. They become thus peer educators, and they received a brief training about the issue from expert groups, but it is up to them to find the most convenient and efficace way to convey the concepts to other students.
- The feedback of this peer educational methods have always been surprisingly very positive, students have seemed to appreciating them, because the interventions are more involving and there is no fear, or no judgement coming from a person who has the same age and the same experience.
- The intervention aimed at making youth reflect and think about the possible consequences that might come when abusing drug or alcohol. There is a maximum of three intervention in each school per year. These same interventions, are also programmed for the parents of the students, where parents have the chance to understand and learn more about drug, alcohol and youth, these include some theatre shows or film watching at schools.
- Sometimes students have the opportunity to watch a particular and specific movie that has been chosen about the topic, or some theatre company comes to the school and through peer education, non-formal education and direct involvement of the students, students end up acting on the stage and being the protagonist of the show.



TRAINING TO STRENGTHEN CAPACITY IN DRUG ABUSE PREVENTION.



Training programmes for youth workers were held in **November 2018** and in **January 2019**. During the training courses, elements of developing a theory of change in drug abuse prevention: the use of training Outputs to create Outcomes were the main focus. The training were implemented over five days each, and included 32 participants each. Training outputs and outcomes were met, but not the impact. The objectives of the training from this perspective were:

1. To introduce youth workers to outcomes thinking;
2. To present elements of Impact Pathway and Monitoring and Evaluation frameworks;
3. To provide youth workers with skills and tools to guide them in running community-based programmes.

Participants were provided with skills to design facilitation tools and campaigning materials specific to their local realities. These tools and materials were produced by the participants through collaborative and experiential learning process during workshops learning activities of the training.

The Outputs of these collaborative and experiential, hands-on training were:

- 32 youth workers were trained, and thereby, acquired the needed skills and competences;
- Facilitation tools and campaigning materials produced were used by participants after the training.

The Outcomes of the use of training Outputs were to:

- implement community-based interventions with youth, either through community forum or focus group.
- implement Online counter-drug abuse narratives and messages to create visibility and raise awareness around drug abuse problems among young people.
- improve the versions of the facilitation tools and campaigning materials based on feedback from participants in partner countries to create pedagogical materials.

DESIGNING COMMUNITY-BASED DRUG ABUSE PREVENTION TRAINING COURSE.

1.1. TRAINING COURSE'S DESCRIPTION

The training course goal was to train youth workers and provide them with training and educational tools which could help them in creating learning opportunities and conditions for empowerment in drug abuse prevention through community-based interventions as a means to integrate elements of impact pathway, focusing on intermediate development of Outcomes facilitate behavioural change among young people during community forum or focus group.

1.2. TRAINING COURSE'S LEARNING OBJECTIVES

At the successful completion of this training course, the participants:

1. could illustrate a comprehensive model for understanding drug abuse protective and risk factors;
2. were familiar with the consequences and reasons and factors leading young people to abuse drugs;
3. had developed the capacities to create and implement drug abuse prevention measures through community-based interventions;
4. could create learning opportunities through community forums or focus group to facilitate youth empowerment in drug abuse prevention;
5. were familiar with impact pathways in drug abuse prevention through youth work: the ability to use training course Outputs to achieve Outcomes, and thereby, guarantee the achievement on impacts.

DESIGNING COUNTER DRUG ABUSE AWARENESS CAMPAIGNS TRAINING COURSE.

2.1. TRAINING COURSE'S DESCRIPTION

The training course goal was to train youth workers and provide them with a step-by-step guide to counter drug abuse messages: learn how to plan, create and promote drug abuse prevention through counter narratives campaigns: building, presenting and spreading information designed to prevent youth from engaging in conversations that encourage them to abuse drugs in schools, community and on social media sites.

2.2. TRAINING COURSE'S LEARNING OBJECTIVES

At the successful completion of this training course, the participants:

1. had gained knowledge on drug abuse narratives analysis: youth engagement; framing the problem: alcohol, drugs and youth in local contexts.
2. had developed their capacities to apply and design innovative counter narratives campaigns to engage with the audience and call for actions.
3. learnt how to develop targeted messaging, set up a targeted audience and how to interact with it: organise the content that is interesting enough to spark dialogue.
4. became familiar with developing, executing, controlling and evaluating counter drug abuse narratives campaigns:
5. gained skills on Facebook page's metrics set-up: Awareness: number of people reached. And Engagement: people interacted with the campaign.

COMMUNITY AND MEDIA-BASED DRUG ABUSE PREVENTION PROGRAMMES.

1. KEY POINTS

- Elaborating and creating conditions for project outcomes that we wanted to achieve in the project lifetime generated greater ownership of the project by the partners, and eased partners engagement in the project execution.
- Learning, Monitoring, Quality control and Evaluation were simplified by narrowing the number of indicators across project, with one objective contributing to an indicator.
- Outcome indicators were the most important, because they ensured appropriate progress over time while increasing behavioural change beyond training process, particularly in how young people engaged with community-based and media-based drug abuse prevention.
- While these have generated the most progress in terms of reducing behavioural change and knowledge gap, the experiential learning process to develop participatory and inclusive educational tools is seen as the most effective for strengthening partners and next-user capacity in drug abuse prevention and behavioural change among youth.

2. ACHIEVEMENTS

Several aspects of the training were successful:

- participants became familiar with elements community and media-based drug abuse prevention programmes;
- partners now understands the concept of an impact pathway in drug abuse prevention: using Outputs to develop Outcomes to facilitate drug abuse behavioural change.
- Participants, by applying concepts in workshops learning activities, progressed to a greater level of skill and understanding of the "how-to" of designing community and media-based drug abuse prevention programmes.
- Participants brought great capacity and skills to the training, put them into practice, focused them better and also learned from each others.
- Although the training objectives were ambitious, we completed a first step in a process that will continue in what should be iterative cycles of social learning.



3. ENABLING FACTORS

We believe that several factors allowed for this success:

1. The timing of the project was good, as there is a pressing need to create drug abuse prevention programmes and awareness-raising campaigns at the European level in order to prevent or reduce drug abuse among young people.
2. Project partners with regard to their countries and regions had already enough understanding of the common challenging issues of drug abuse among young people, which facilitated consistency while tailoring the individual community-based and media-based interventions to the unique characteristics of each partners local realities on drug abuse in young people.
3. Bringing together the right set of partners allowed us to invest in participants in training courses that were committed to carrying out the community-based and media-based interventions and ensuring that they reflected the ideas and work of partners in local context.
4. There was a good learning environment; conducive to capacity development and empowerment of participants. Training were conducted in such a way that small groups worked on their own interventions, but with opportunities for open discussion and constructive feedback so that harmonisation could slowly evolve. This understanding that their work was not being judged allowed the participants to be creative and supportive in their harmonisation efforts.
5. For the project partners, it was valuable to have something concrete in terms of interventions to align to and work towards. Participants were able to exchange with each other about the local realities or context in which they are working in during the design of interventions, to harmonize their interventions with the expected outcomes, in line with outcomes indicators and targets.

4. BACKGROUND

Addressing drug abuse among young people was identified as important in promoting youth health and well-being, which is an integral part of Europe 2020: EU's 10-year economic-growth strategy. Hence, health policy is important to Europe 2020's objectives for smart and inclusive growth. The project highlighted addressing drug abuse in youth as a key strategy through which Europe 2020's objectives can be achieved.

With Europe having the highest alcohol, tobacco and drugs consumption in the world: "2009, the average adult (aged 15+ years) alcohol consumption in Europe was 12.5 liters of pure alcohol a day, which is more than double the world average;" alcohol, tobacco and drug abuse are the most cause of noncommunicable and communicable diseases, with increased sexually transmitted infections, and all types of intentional or unintentional injury among youth, including homicides and suicides: (WHO, 2009), (WHO, 2009; Rehm et al., 2010); (Blomgren, Martikainen & Makela, 2004).

Alcohol, tobacco, and drugs harm people other than the users, whether through violence on the street, sexual and domestic violence in the family or simply using government resources, notably through the costs of providing health care, unemployment, and incapacity benefits, and dealing with crime and disorder. Further, disadvantaged young refugees, at-risk youth and youth living in disadvantaged areas, experience more harm than any other age groups.

Therefore, increased youth empowerment and awareness-raising about the effects of alcohol, tobacco and drugs abuse on mental health, well-being and healthy lifestyle and their consequences: weak parenting, school dropouts, unsafe sexual practices, sexual and domestic violence, communicable diseases, etc. can mitigate the impacts of drug abuse on economic downturns, youth unemployment, and reduce alcohol, tobacco and drug-related deaths.

PEDAGOGICAL MATERIALS FOR A COMMUNITY-BASED PROGRAMME TRAINING.

1. COMMUNITY-BASED DRUG ABUSE PREVENTION TRAINING COURSE.

1.1. REFLECTING ON EXPERIENCE WORKSHOP ON DRUG ABUSE.

This is a positive way to break the ice and get participants to share and know more about the project based on their own experiences.

DIRECTIONS:

1. Divide the participants into groups of four by having them number off "1.2.3.4." for a group of 24 participants.
2. Ask each member to think and share with the group one word that describes drug abuse or addiction based on: experiences, norms, attitudes, behaviours, etc.
3. Upon completion of this initial spontaneous discussion, ask the participants to share their one word with the larger group. Ask for a volunteer to start.
4. Next, after the participants have listened to the variety of words from the larger group, handout these questions and ask them to explore these in their small groups:
 - what is one word that you would use to describe your group's results?
 - what is one word that you would use to describe how this relates to the project?
 - what is one word that you would use to describe its significant challenges?
 - what is one word that you would use to describe how you could address them?
 - Is prevention, intervention, awareness-raising, or advocacy any of your one words, if so, why?

DEBRIEF:

1. These questions support the content of training course and the words that matter are prevention, intervention, awareness-raising, or advocacy. Start the debriefing by asking for a volunteer from each group to share two points that highlight their discussions.
2. Keep in mind that the next sessions focus on what understanding drug abuse prevention based on the outcomes from this activity.
3. Therefore, make sure that in the debriefing, you invite questions and feedback about the link between drug abuse and community-based prevention.

1.2. EXPERIMENTING & PRACTICING WORKSHOP ON DRUG ABUSE.

This session applies experimenting and practicing workshop activities to encourage participants to use knowledge in practical way. The activities provide an opportunity for participants to practice and involve themselves in new behaviours and skills.

The workshop provides participants a safe environment in which to try out new things before putting them into practice in the "real world". It identifies the specific skills that the participants want to acquire and provide ways for these skills to be learned in a practical and useful way.

DIRECTIONS:

1. Issue blank 3 X 5 card to each participant. Then, ask each participant to write down one case or situation that often occurs or has occurred in the past in his or her personal or professional life that represents or represented drug abuse that escalated into addiction.
2. Collect all cards and split the group into teams of four. Then, shuffle the cards and the hand out a card to each participant, making sure that each team gets cards they did not write.
3. Then, ask each team to discuss the case or situation on each of their four cards and come up with the nature or type of the drug abuse risk factors each could be associated with and which nature or type of harm or problems such case or situation of drug abuse could cause. Write it down on a flip chart.

DEBRIEF:

1. Ask each group to choose a member to present to the group proposed natures or types of risk factors could be associated their cases or situation and which nature or type of harm or problems such case or situation of drug abuse could cause.
2. Look at the results and discuss with the participants whether the risk factors and caused harms or problems from each group is understood by the others. Open a discussion about the different dimensions and levels of risk factors and harms.

1.3. PLANNING FOR APPLICATION WORKSHOP ON DRUG ABUSE.

This session applies planning for application workshop activities, which provide a stimulus for implementing and utilising new learning outside the training context. Planning activities prepare participants for and increase the likelihood of transferring gained skills.

To design planning activities, it is important to identify ways to have participants look toward the future and identify specific ways to put new learning into practice.

DIRECTIONS:

1. In their small groups, ask participants to use their pre-prepared materials which describe identified risk factors associated to one case or situation and the nature or type of harm or problems such case or situation of drug abuse could cause.
2. Ask participants to identify protective factors that could be used to avoid or reduce the described risk factors and see how that related to their own youth work or drug abuse prevention work.
3. Ask them to decide from which angle the risk factors could best be tackled and allow them to elaborate possible interventions for preventive measures. While working on their cases in groups, ask the participants to "act out" their interventions.
4. Some groups may come to the same interventions in developing preventive measures, some may put forward a more elaborated process which required community engagement, or some may emphasis on the importance of group meeting or discussions.
5. Then, ask each group to elaborate an execution plan for their interventions, with goal, objectives, targeted audience, and tasks, activities or process to engage with the audience.
6. Ask each group to also outline how they will use workshop outputs for outcomes, if they were to implement their plans.

DEBRIEF:

1. Ask each group to choose a member to pitch to the bigger group and invite questions and feedback about drug abuse prevention through community-based interventions.

PEDAGOGICAL MATERIALS FOR A MEDIA-BASED PROGRAMME TRAINING.

2. COUNTER DRUG ABUSE AWARENESS CAMPAIGNS TRAINING COURSE.

2.1. EXPERIMENTING AND PRACTICING WORKSHOP

Experimenting and Practicing Workshop Activities, encourage participants to use knowledge in a practical way; to practice and involve themselves in new behaviours and skills.

The workshop provides the participants a safe environment in which to try out new things before putting them into practice in the "real world". This is an incubation phase where the participants create the content of the issue the targeted audience needs to address.

DIRECTIONS:

1. Ask participants to go to their small groups to prepare the content of their campaigns on the drug abuse situation that must be addressed to achieve the desired social change.
2. Ask each group to briefly describe their campaign:
 - What is your goal?
 - Who is your target audience?
 - What is your message and who is the messenger?
 - What are your media and what is your call to action?
3. The task of the group is to identify the above questions based on the change they want to see in the targeted audience: behavioural change, attitudes or perspective vis-a-vis drug abuse.
4. Ask groups to set long-term results of their campaigns in relation to the type of the campaigns: **visibility, Action or Impact**. The extent at which a campaign goal is achieved can only be determined by the type of the implemented campaign.
5. Then, ask the group to think about a specific and clear messenger or campaign post, which will reflect their message on countering drug abuse narratives, behaviours or attitudes.
6. Further, ask each group to think about a specific call to action the audience could engage with or the type of materials, tools or documentation they will engage with to achieve the set long-term goal or campaign expected impact.
7. Leave the participants with time to work on their campaign strategies, but encourage not to create as this comes next.

2.2. ASSIMILATING AND CONCEPTUALIZING WORKSHOP

Assimilating and conceptualizing workshop activities are used to provide participants with new information. It provides outside information in the form of theories, data and facts, which aim to inform participants about themselves and encourage them to apply concepts and acquired knowledge and skills to their own lives.

DIRECTIONS:

1. Ask participants to go to their small groups to prepare a map of their campaign on the drug abuse situation that must be addressed to achieve desired change they want to see:
 - the title;
 - the goal and the message;
 - Messenger, call to action and targeted audience.
2. Then ask the participants to set their social media site. It is encourage to use Facebook page for an easier campaign monitoring and evaluation.
3. Ask participants to assess their **Awareness Metrics**: metrics that indicate the number of people reached by a campaign (e.g. impressions, reach or video views) and demographic information (e.g. age, gender or geographic location) that provides insights as to whether the right audience was reached.
4. Ask participants to assess their **Engagement Metrics**: metrics that show how much people interacted with a campaign content, social media accounts or websites (including video retention rates, numbers of likes, comments or shares).
5. Ask participants to assess their **Impact Metrics**: metrics that help to determine if they were able to meet the goal. This varies depending on what they originally set out to do.
6. At this stage, the campaign should be ready to be implemented, but they need to set expected outcome indicators in relation to outcome targets: number or % of people the campaign reached out based Facebook page follows.
7. Finally, ask each group to set monitoring and evaluation strategies for the campaigns for adjustments or reposting.

2.3. PLANNING FOR APPLICATION WORKSHOP

DIRECTIONS:

1. Ask participants to go to their small groups and prepare a Results-Based Management Tool for the developed campaign.
2. Then, ask groups to set results targets: number or percentage of people to reach out or to serve and results indicators: observable and measurable milestones indicating what we can see, hear, or read after the campaign timeline.
3. At this point, the groups should be able to identify expected benefits or changes at the second and third level of results: outcomes and impact and use the selected social media site in order to reach-out to the targeted audience.
4. The groups now are able to arrange their campaign and create promotional materials or activities to engage with the targeted audience. They can use all the tools available in the room to create, design or draw.
5. Upon completion, ask each group to discuss about their developed counter-narrative campaign, and then ask them to choose someone who will pitch their campaign to the big group.

DEBRIEF:

1. Ask participants to go to their small groups to finish the discussions about their developed campaign, and then ask each group to pitch their counter-narrative campaign to the big group.
2. Randomly, select a 3-member jury for each group to evaluate the pitch of the current group based on how the **Audience, Message, Messenger and Call to action** relate in achieving the change they want to see in the targeted audience. How likely, might the audience engage with the campaign and change?
3. At this point, the task of the big group is to listen and pay attention during the pitch. After each pitch, invite questions and feedback from the big group.
4. Targeted audience, Message, Messenger and Call to action of each campaign should be clear in structure, otherwise, the participants will not be able to implement it at organisation level.



YOUTH EMPOWERMENT IN DRUG ABUSE PREVENTION.



A Youth Exchange was held in September 2018 and a Conference was held in April 2019, each bringing together 52 participants from partner countries. The aim was to voice the priorities, concerns and ideas of young people in drug abuse prevention processes and ensure that their opinions are fed into the overall design of drug abuse prevention programmes.

During these activities, facilitated discussions to capture and gather young people's realities, stories, experiences and views on drug abuse prevention, explored the following areas:

1. Mobilisation, outreach and organizing: How do we reach out and engage youth against drug abuse?
2. Capacity building: How do we ensure that youth learn from each other and from our engagement?
3. Youth policy and advocacy: What are youth inputs on drug abuse prevention policy formulation?

During the Youth Exchange, the participants were provided with skills to design Offline campaigning materials for their street campaign on drug abuse prevention. Campaigns were created by participants through collaborative and experiential learning process during workshops learning activities of the youth exchange, and then went on the street to implement their campaigns.

The Outputs of these collaborative and experiential, hands-on youth exchange were:

- 52 participants gained skills on creating and conducting street campaigns on drug abuse prevention;
- Campaigning materials produced were used by participants during the street campaigns with students.

During the conference, the participants were provided with opportunities to present their community-based interventions carried out after the youth exchange within their communities, in their schools and in their youth activities, and what they plan to do in the future to keep raising awareness about drug abuse effects.

YOUTH EXCHANGE: ASIAN & EUROPEAN YOUTH TOGETHER AGAINST DRUG ADDICTION.

1.1. YOUTH EXCHANGE DESCRIPTION

The project's drug abuse prevention strategies focused on young people with various backgrounds: those in schools, local communities, young refugees, at risk young people and youth in socially disadvantaged areas. Since many factors can put young people at risk of abusing drugs, the impact of risk or protective factors diminish or increase as young people develop, and their circumstances change.

Thus, the youth exchange created a safe environment for young people to explore new perspectives and understanding of non-formal education practices in drug abuse prevention. In addition, acquire the knowledge, skills, and attitudes to develop their voluntary and civic spirit, based on experiential learning; necessary to create drug abuse prevention actions for their peers.

1.2. YOUTH EXCHANGE OBJECTIVES

The specific objectives of the youth exchange were to:

1. make the voice of young people hard and build on their perspectives while creating drug abuse prevention programmes and messages.
2. learn how an effective Offline campaigning is built; creating material, design message and how to engage with the target audience.
3. work in groups to develop engaging content for a preventive campaign; reflecting the target audience and the messages.
4. conduct action on the field, the street campaign on drug prevention at the community level.

CONFERENCE "PREVENTING DRUG ABUSE IN ROMANIA, NORWAY, MALTA, UZBEKISTAN & ITALY"

2.1. CONFERENCE DESCRIPTION

The conference aimed at presenting drug abuse prevention knowledge, skills and attitudes of young people and further, create the opportunity to present and share best practice, new perspectives, and successful preventive activities initiated at the community level to raise awareness about the effects of abusing alcohol, tobacco, and other high-risk drugs.

The conference was attended by young people, youth, students, youth workers, representatives, other motivated participants from partner countries. Young people included but were not limited to: youth volunteers, migrants, refugees, or pupils, students, and young people with few opportunities, or young people at risk.

2.2. CONFERENCE OBJECTIVES

The specific objectives of the conference were to:

1. host presentation by partners on the problems of drug abuse in the local or the national context.
2. hear the speeches of young about their actions on drug abuse prevention, and presentation of materials for preventive campaigns made after the Youth Exchange.
3. carry out the project evaluation and further look into possible initiatives as follow-up of the project.

FACTS ON YOUTH ENGAGEMENT & PARTICIPATION IN DRUG ABUSE PREVENTION.

1.

KEY POINTS

- Young people are vulnerable to drug abuse, but they are also powerful agents of change in drug abuse prevention, and often have unrealised solutions and preventive measures for adaptation and mitigation as they do know better their needs and frustration.
- Risk and protective factors affect young people at different stages of their lives. At each stage, risks occur that can be changed through prevention intervention. Early risks, such as aggressive behavior, can be changed or prevented with family, school, and community interventions that focus on developing appropriate, positive behaviors or confidence and self-esteem in young people.
- If such early risks are not addressed, negative behaviors can lead to more risks, such as academic failure and social difficulties, which put young people at further risk for later drug abuse.
- Young people change quickly as they grow, and thus, preventive measures should also change to fit in each stage; this is a key part of the transformative change in drug abuse prevention programmes. Targeting young people and other vulnerable groups with combined preventive programmes increase the likelihood of achieving behavioural and attitudes change.
- In order to achieve the greatest overall impact of youth projects in drug abuse prevention, youth workers need to take what they learn from youth engagement and participation in drug abuse prevention, and use them to formulate drug abuse preventive measures, which aim at informing, catalysing and targeting adaptation and mitigation solutions to young people and vulnerable groups.
- Thus, the process of designing project activities in training or youth exchange must equip participants with skills to meet intermediate preventive outcomes, by conducting post-training or post-youth exchange initiatives, and create a space for evaluation in the project lifetime.

3.

OUTCOME STORY IN DRUG ABUSE PREVENTION

During the youth exchange and the conference, participants recognized that project outcomes needed to be pre-defined so as to better guide the production of project outputs. They also recognized that risk factors related to drug abuse should identify norms and dynamics leading to youth vulnerability, unemployment and inequities that create the first line of drug abuse in adolescents youth.

1. In short, the participants evaluated the project as being well-articulated in terms of project activities and production outputs towards achieving project outcomes: participants contributed to drafting materials which they used in their initiatives at the community level.
2. Thus, when developing impact pathway in this project, we took two strategic decisions:
 - Capacity development activities were integrated in the youth exchange, thus every activity contributed both new skills and new capacity in creating and conducting street campaigns,
 - How to best bring prevention practices and knowledge to young people. Can capacity to implement preventive measures be increased by using participatory methods, as youth exchanges?
3. By elaborating project outcomes beyond statements and into a story we wanted to tell, participants developed greater ownership in producing outputs and it was thus easier to engage with their peers through peer-to-peer learning at the community level.
4. Thus, outcome indicators allowed us to increase youth participation beyond the youth exchange, particularly in how they carried out community-based activities after the youth exchange.
5. It was easy to track views, like or commented on material posted by participants on social media sites, which is the data that paints an encouraging picture to the extent at which outcomes were achieved.
6. If 500 people are engaging and interacting with the material that helps them address critical issues of drug abuse among young people and weeks after publication several hundred are interacting in a practical way, we are definitely having an impact by making these materials open for access and at the same time, raising awareness through media-based drug abuse preventive measures.

4.

MEASURING SUCCESS & ACHIEVEMENTS

We have learnt that it is necessary, but not sufficient to only design project activities such as training programmes or youth exchanged. Even though the outputs can be created, we also need to follow-up, by creating rooms for outcomes in the project lifetime to find out how produced outputs are user-efficiency when they are used and what they can do for stakeholders. We had success in this project by using community forums, focus groups, online and offline campaigns after the main project activities.

An international collaboration became essential to bridge this awareness gap, and it was fully successful. This became particularly relevant at the reporting time, when gathering and analysing evidence related to partners' implemented drug abuse prevention interventions at the community level. It was possible, as the emphasis was placed on involving the whole project team in the impact pathway development, including participants and understanding and respecting the independence and capacity of each partner.

The project activities evaluation was conducted at the end of each activity with a printed questionnaire form on these evaluation aspects:

1. The activity contents;
2. The activity design;
3. The activity facilitation and coordination;
4. The activity results;
5. Any other comments for improvements.

The final project evaluation was conducted at the end of project implementation with an online Survey on these evaluation aspects:

1. The impact made by project on organisational level;
2. The fruitfulness of the collaboration;
3. The range of the project impact on the most relevant priorities;
4. Project impact on the local, regional and international level;
5. Project dissemination and visibility;
6. Promotion of the project results and exploitation;
7. The quality and usability of the project results;
8. Dissemination and exploitation of results activities after the end of the EU funding.



ADDRESSING RISK AND PROTECTIVE FACTORS IN PREVENTION PROGRAMMES.

The risk and protective factors are the primary targets of effective drug abuse prevention programmes used in family, school, and community settings. The goal of these programmes is to build new and strengthen existing protective factors and reverse or reduce risk factors in youth.

Effective prevention programmes are usually designed to reach target populations in their primary setting. However, in recent years it has become more common to find programmes for any given target group in a variety of settings, such as holding a family-based programme in a school or a community forum.

In addition to setting, programmes can also be described by the audience for which they are designed:

1. **Universal programmes** are designed for the general population, such as all students in a school.
2. **Selective programmes** target groups at risk or subsets of the general population, such as poor school achievers or children of drug abusers.
3. **Indicated programmes** are designed for people already experimenting with drugs.

In the Family: Prevention programmes can strengthen protective factors among young children by teaching parents better family communication skills, appropriate discipline styles, firm and consistent rule enforcement, and other family management approaches.

Our research confirms the benefits of parents providing consistent rules and discipline, talking to children about drugs, monitoring their activities, getting to know their friends, understanding their problems and concerns, and being involved in their learning; since the importance of the parent-child relationship continues through adolescence and beyond.

IMPLEMENTING AND SUSTAINING EFFECTIVE PREVENTION PROGRAMMES.

In School: Prevention programmes in schools focus on children's social and academic skills, including enhancing peer relationships, self-control, coping, and drug-refusal skills. Where possible, school-based prevention programmes are integrated into the school's academic programme, because school failure is strongly associated with drug abuse.

Integrated programmes strengthen students' bonding to school and reduce their likelihood of dropping out. Most school prevention materials include information about correcting the misperception that many students are abusing drugs. Other types of interventions include school-wide programmes that affect the school environment as a whole. These activities serve to strengthen protective factors against drug abuse.

- **Research note:** research data suggests caution when grouping high-risk teens in peer group preventive interventions. Such groupings have been shown to produce negative outcomes, as participants appear to reinforce each other's drug abuse behaviors.

In the Community: Prevention programmes work at the community level with youth workers, social workers, religious leaders, law enforcement, or other governmental organizations to enhance anti-drug norms and pro-social behaviors. Many programmes coordinate prevention efforts across settings to communicate consistent messages through school, work, religious institutions, and the media.

In our context, it is important to note that carefully structured and targeted media interventions, such as visibility, action or impact campaigns, have been proven to be very effective in reducing drug abuse.

- **Research note:** research has shown that programmes that reach youth through multiple settings can strongly impact community norms. Community-based programmes should typically include development of policies or enforcement of regulations, mass media efforts, and community-wide awareness programmes.

Conclusion: Following selection of its prevention plan, the community must begin to implement programmes that meet its needs. In many communities, coalitions formed during the planning process remain involved in oversight; but the responsibility for running individual programmes usually remains with local public or private community-based organizations.

Running an effective community-based programme often requires use of extensive human and financial resources and a serious commitment to training and technical assistance. Outreach efforts to attract and keep programme participants interested and involved are important, especially with hard-to-reach populations.

- **Research note:** Research has shown that extra effort in providing incentives, flexible schedules, personal contact, and the public support of important community leaders helps attract and retain program participants.



As a young person you are faced with many challenges. However, very few have the potential to affect your life in a more significant way than the decisions you make about alcohol and drugs. The decisions you make about alcohol and drugs will influence your health, your grades, your relationships, your job or career, maybe even your freedom.

So, what can you do to protect yourself and reduce the risk of alcohol and drug problems?

1. DON'T BE AFRAID TO SAY NO

Our fear of negative reaction from our friends keeps us from doing what we know is right. Real simple, it may seem like "everyone is doing it," but they are not. Don't let someone else make decisions for you. If someone is pressuring you to do something that's not right, you have the right to say no, and not give a reason why.

2. CONNECT WITH FRIENDS & AVOID NEGATIVE PRESSURE

Pay attention to who you are hanging out with. If you are hanging out with a group in which the majority are drinking alcohol or using drugs to get high, you may want to think about making new friends. You may be headed toward an alcohol or drug problem if you continue to hang around those who routinely drink alcohol, smoke marijuana, or use illegal drugs.

3. MAKE CONNECTIONS WITH PARENTS OR ADULTS

Life's challenges and your decisions about alcohol and drugs is very important. The opportunity to benefit from someone else's life experiences can help put things in a new perspective and can be invaluable.



4. ENJOY LIFE AND DO WHAT YOU LOVE WITHOUT ALCOHOL & DRUGS

Learn how to enjoy life and the people in your life, without adding alcohol or drugs. Alcohol and drugs can change who you are, limit your potential and complicate your life. Too often, "I'm bored" is just an excuse. Get out and get active in school and community activities such as music, sports, arts or a part-time job. Giving back as a volunteer is a great way to gain perspective on life.

5. FOLLOW THE FAMILY RULES ABOUT ALCOHOL AND DRUGS

As you grow up and want to assume more control over your life, having the trust and respect of your parents is very important. Don't let alcohol and drugs come between you and your parents. Talking with mom and dad about alcohol and drugs can be very helpful.

6. GET EDUCATED ABOUT ALCOHOL AND DRUGS

You cannot rely on the myths and misconceptions that are out there among your friends and on the internet. Your ability to make the right decisions includes getting educated. Visit Learn About Alcohol and Learn About Drugs centers in your community. And, as you learn, share what you are learning with your friends and your family.

7. BE A ROLE MODEL AND SET A POSITIVE EXAMPLE

Don't forget, what you do is more important than what you say! You are setting the foundation and direction for your life; where are you headed?



8. PLAN AHEAD

As you make plans for the party or going out with friends you need to plan ahead. You need to protect yourself and be smart. Don't become a victim of someone else's alcohol or drug use. Make sure that there is someone you can call, day or night, no matter what, if you need them. And, do the same for your friends.

9. SPEAK OUT OR SPEAK UP AND TAKE CONTROL OR ACTION

Take responsibility for your life, your health and your safety. Speak up about what alcohol and drugs are doing to your friends, your community and encourage others to do the same.

10. GET HELP!

If you or someone you know is in trouble with alcohol or drugs, get help. Don't wait. You don't have to be alone.





THINK OUTSIDE THE BOX

WHAT'S NEXT: PATHWAYS TO DRUG ABUSE PREVENTION.



Stand Against Drugs: A KA2-Capacity building project in the field of youth. It presented the updated prevention principles, an overview of community and media based drug abuse prevention programmes planning, and critical steps for empowering youth workers in meeting young people's learning needs about drug abuse prevention.

Thus, this shortened handbook serves as an overview of the project and the methods used to close the gaps in drug abuse prevention through youth work in the field of drug abuse prevention. Most importantly, on how the project were design to fit the structure of the theory of change, by focusing on Impact pathway from Inputs use, to project activities, outputs, outcomes and to monitoring and evaluation.

We aim to continue our work towards drug abuse prevention through youth work to provide effective, appropriate, and practical approaches for youth workers working on the challenges of preventing drug abuse among children and adolescents on different levels, through community and media-based programmes.

Today's youth face many risks, including drug abuse. Responding to these risks before they become problems can be difficult. Our goal is to strengthen youth workers capacity to understand the causes of drug abuse and to prevent its onset. Drug abuse has serious consequences in our homes, schools, and communities. From the project perspective, the use of all illicit drugs and the inappropriate use of licit drugs is considered drug abuse.

Since preventive measures have made great progress in recent years, we aim to test different interventions in "real-world" settings so they can be more easily adapted and used in youth work, and further, identify effective interventions with youth to help prevent risk behaviours and factors before drug abuse occurs. We are thus pleased to share our In Brief edition of the follow-up project.

PATHWAYS TO DRUG ABUSE PREVENTION: THE CONTEXT.

Promoting youth health and well-being is an integral part of Europe 2020: EU's 10-year economic-growth strategy; thus, health policy is important to Europe 2020's objectives for smart and inclusive growth; <https://goo.gl/yZptBp>. With Europe having the highest alcohol, tobacco and drugs consumption in the world: "2009, the average adult (aged 15+ years) alcohol consumption in Europe was 12.5 liters of pure alcohol a day, which is more than double the world average;" alcohol, tobacco and drug abuse are the most cause of noncommunicable and communicable diseases, with increased sexually transmitted infections, and all types of intentional or unintentional injury among youth, including homicides and suicides: (WHO, 2009), (WHO, 2009; Rehm et al., 2010); (Blomgren, Martikainen & Makela, 2004).

Further, alcohol, tobacco, and drugs harm people other than the users, whether through violence on the street, sexual and domestic violence in the family or simply using government resources, notably through the costs of providing health care, unemployment, and incapacity benefits, and dealing with crime and disorder. Further, disadvantaged young refugees, at-risk youth and youth living in disadvantaged areas, experience more harm than any other age groups. Therefore, increased youth empowerment and awareness-raising about the effects of alcohol, tobacco and drugs abuse on mental health, well-being and healthy lifestyle and their consequences: weak parenting, school dropouts, unsafe sexual practices, sexual and domestic violence, communicable diseases, etc. can mitigate the impacts of drug abuse on economic downturns, youth unemployment, and reduce alcohol, tobacco and drug-related deaths.

Thus, the project goal is to develop community-based drug abuse prevention programmes to strengthen youth-centered activism, to improve youth behaviours, attitudes and narratives toward drug abuse prevention, by raising awareness on protective factors and on how to reverse or reduce risk factors at the community level. In this regard, the project overall objective is to create educational resources to foster youth empowerment through training and campaigning process based on practical, dynamic approaches and participatory learning activities as pathways to drug abuse protective behaviours, attitudes and narratives development. Hence, the project-specific objectives are to strengthen competences, skills and the capacity of youth workers in training and campaigning processes, supplemented with educational resources to facilitate youth empowerment in drug abuse prevention, by:

1. producing a manual on conducting a needs assessment on the challenges of drug abuse among young people;
2. creating a trainer's guide on developing a five-day training programme, including the agenda;
3. producing a five-day trainer's module on integrating community-based drug abuse prevention programmes in youth work;
4. developing a five-day trainer's module on creating and running Street and Online countering drug abuse campaigns.

Partners are thus invited to develop and share new insights in the field of drug abuse prevention within youth work and further, promote a sense of belonging for youth who are at high risk of abusing drugs, such as youth at the verge of dropping out of school, young refugees, and youth with poor social skills, by using project's Outputs. Furthermore, provide opportunities for practicing outside partner institutions to further disseminate and exploit Outputs through practical classes or training programmes.

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3.

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Center for Substance Abuse Prevention (CSAP)

Substance Abuse and Mental Health Services

Administration (SAMHSA), DHHS

- www.samhsa.gov/prevention

Global strategy to reduce the harmful use of alcohol

World Health Organization 2010

- <https://bit.ly/2YLfD12>

Drug Free. For Good.

Narconon Global Mission

- <https://www.narconon.org>

Substance Abuse Prevention

youth.gov

- <https://youth.gov/youth-topics/substance-abuse>

Fighting substance abuse

EEA & Norway Grant

- <https://eeagrants.org/News/2011/Fighting-substance-abuse>

Drug misuse and related initiatives at the European level

Council Of Europe

- <https://pjp-eu.coe.int/en/web/youth-partnership/drug-abuse?inheritRedirect=true>

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