

ODCCP Studies on Drugs and Crime

MONOGRAPHS

**LESSONS
LEARNED IN
DRUG ABUSE
PREVENTION:
A GLOBAL
REVIEW**



Lessons Learned in Drug Abuse Prevention: A Global Review



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A general disclaimer with regard to all case studies

Where statistics/data are quoted about the nature and extent of the drug problem in a particular country/region, it should be emphasised that these statistics/data have been provided by the agency/organisation implementing the particular project cited in the case study. They do not necessarily reflect the 'true' picture nor are they necessarily endorsed by the respective Government.

This publication has not been formally edited.

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Foreward



It gives me great pleasure to write a few words to recommend this report as a significant contribution for those who have the responsibility for tackling the growing problem of drug abuse within the global community. It gives me particular satisfaction as this report is the result of positive collaboration between the United Nations International Drug Control Programme and The Mentor Foundation.

At the request of Mr. Kofi Annan, the Secretary-General of the United Nations, I spoke at the Special Session on the World Drug Problem of the United Nations General Assembly in New York in 1998. The outcome of this meeting was a commitment by all Member States to increase their efforts to combat drug abuse with a particular focus on drug demand reduction and prevention. I felt this was a necessary and appropriate response to help young people avoid the problems that can occur from involvement in drugs. It reflected my own concern for young people and the need for prevention - a concern that is reflected in my support of young people's causes and specifically in my role as President of the Mentor Foundation.

Drug abuse is one of the major problems facing the world. It is destroying lives, families and communities. The only long term solution is to educate and support our young people and those who care for and have responsibility for them in order that we can prevent them from becoming involved with drug abuse. This task is one that has to be undertaken from the international agency level and be supported by Governments and by the non-government organisation community. Policy makers as well as practitioners have to be helped to undertake this work. The investment in prevention has to be guided by an understanding of what is cost-efficient and what works at the practical level.

This report offers an insight into practical examples of what is being undertaken in prevention. It offers the learning from these experiences that can help guide policy makers and practitioners use their financial and human resources more appropriately. It can help prevent drug abuse becoming an even greater international problem for those who will have the responsibility of leading our world forward in the years ahead.

I appreciate that the United Kingdom Government has provided the funds through the UNDCP to make this research and report possible and for providing a very real example of what partnership between a government, an international agency and an international non-government organisation can produce.

Silvia

H.M. the Queen of Sweden

Foreward

For more than a decade, the United Nations International Drug Control Programme (UNDCP) has been providing support to Member States of the United Nations on all matters related to international drug control, including drug demand reduction.

In particular, UNDCP has been tasked to identify and disseminate best practices in all areas of drug demand reduction, including drug abuse prevention. Best practices should be seen as a synthesis of scientific research results and of lessons learned from ongoing and previous initiatives. They should always be adapted to the environments where they are to be applied, irrespective of whether they are focussed on the individual, family, peers, school, community and/or society at large.

In providing a global review of some lessons learned in drug abuse prevention, this report, compiled in collaboration with the Mentor Foundation, an international non-governmental organization, and with the support of the UK Government, represents an attempt on the part of UNDCP to facilitate the sharing of information about past and current promising approaches in drug abuse prevention.

I hope that the practical experiences reflected in the report will serve to promote drug abuse prevention initiatives that can have a significant and measurable global impact on reducing the demand for drugs.

Mr Antonio Maria Costa
Executive Director
UNDCP

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Why The Mentor Foundation?

This project was undertaken on behalf of the UNDCP, with support from the UK Government. The Mentor Foundation was chosen as the appropriate agency to carry out this project because of its unique status as an international NGO in the field of drug abuse prevention and its staff experience, expertise and networks. Throughout this project, steering and technical meetings have been organised on a regular basis to ensure that all stakeholders have had an opportunity to guide the development of this final report.

This report is in line with the recently adopted long-term strategy of the Mentor Foundation, which aims ultimately to support the work of civil society organisations and practitioners in the field of drug abuse prevention. This fits perfectly with the Mentor Foundation's current international activity as an Internet portal and information network provider, the organising body behind an Awards Programme, and a supporter of practical activity in drug abuse prevention at national and regional levels.

Glossary

AIDS Acquired Immunodeficiency Syndrome

ATS Amphetamine-Type Stimulant

BRQ Biennial Report Questionnaire

CSO Civil Society Organisation

HIV Human Immunodeficiency Virus

IDU Injecting Drug Use

IEC Information, Education and Communication

NGO Non-Governmental Organisation

STI/STD Sexually Transmitted Infection/Sexually Transmitted Disease

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDCP United Nations International Drug Control Programme

UNDP United Nations Development Programme

UNGASS United Nations General Assembly Special Session

UNODCCP United Nations Office for Drug Control and Crime Prevention

WHO World Health Organisation

Executive Summary

The adoption of the 1998 United Nations General Assembly Special Session (UNGASS) Political Declaration reflected a commitment by Member States to design and implement domestic strategies and programmes to significantly and measurably reduce both the supply and demand of drugs by the year 2008. Reducing the demand for drugs is now recognised as an essential pillar in the stepped-up global effort to combat drug abuse and trafficking.

This report provides suggestions for more effective practice in the field of drug abuse prevention based on the lessons learned from practical experience of others. It is designed for policy makers, planners and practitioners who have responsibilities in the area of drug abuse prevention.

The causes of drug abuse in any population are manifold and complex. The health and social consequences of drug abuse cause global concern, as they affect not only the individual who abuses, but also his/her family and friends as well as the wider community and society. Prevention and health promotion are therefore important and valuable demand reduction approaches that aim to address the drug abuse issue before it becomes problematic. This is more cost-effective, and benefits not only individuals, but society as a whole in helping to achieve positive health behaviours and lifestyles free from drug abuse.

Developing appropriate policies that respond to the drug situation in a country through focusing on drug abuse prevention as part of demand reduction gives guidance and structure to efforts in this field. Currently, approximately 84% of Governments responding to a UNDCP questionnaire indicate that they have adopted a national drug strategy or plan. The remaining 16% either do not have a national drug strategy or action plan, or are in the process of elaborating one. In several countries, ongoing action plans and strategies are being adjusted to include the goals and approaches adopted at the 1998 UNGASS.

In recent years there has been an increased move to develop prevention programmes and approaches that are evidence-based. Prevention programmes are more likely to be successful if they combine the results of scientific research combined with practical applicability and the lessons learned from the 'real world business' of doing drug abuse prevention work. Practitioners can offer important practical advice on implementing and sustaining programmes based on experience.

Key lessons learned in drug abuse prevention are presented in this report from 15 case studies selected from around the world. The case studies draw on projects that either function at a local, national or international level. Given that these lessons are key indicators of what needs to be considered when planning or implementing drug abuse prevention projects or programmes, these lessons are summarised here:

- **Project Design and Preparation:** Understanding and involving the beneficiaries in the planning phase, designing the project to meet specific needs, focusing on long-term rather than short-term approaches and ensuring the project is complementary to other projects, is recommended. When adapting materials or models, translating them linguistically and culturally to suit the local environment is crucial.
- **Project Management:** Objectives and expectations of all stakeholders involved in the programme should be clear before project implementation. Committed and well-qualified staff are needed, and should be supported, and all activities monitored regularly. Evaluative procedures need be integrated into each programme activity.
- **Partnerships and Networks:** Co-operation and partnerships with local government, NGOs and the community allows an exchange of information and experience, and leads to the development of a common strategy and the pooling of resources.
- **Use of Existing Resources:** The community, organisations, schools, parents and youth are all valuable resources to be considered when designing and implementing a drug abuse prevention programme.
- **Approaches:** Information and awareness raising, mentoring, psychosocial work, peer

education, targeting high-risk groups, enhancing economic opportunities, gender sensitive approaches, programmes in the workplace or correctional system, and viewing prevention as a child's right are all potential strategies to address the drug abuse problem.

- **Training:** Sufficient training should be provided for those who implement the programme to use materials, to provide participants with the skills they need to carry out the programme, and to promote commitment.
- **Sustainability of the programme:** This can be enhanced through: capacity building of existing organisations; through target group involvement and Government support; and secured funding.
- **Networking:** Creating a network between NGOs minimises competition and the duplication of efforts, enhances the pooling of resources and allows support between NGOs and the sharing of information.

The resulting recommendations given in this report are based on the lessons that have been learned from planning, managing and implementing the projects highlighted in the case studies. The policy recommendations provide a sound basis for further policy planning and development in the field of drug abuse prevention. They are summarised as follows:

- More research into the prevalence and social dimensions of drug abuse needs to be commissioned to enable funds to be directed where they are most needed.
- To ensure continuity, and to achieve the desired objectives, appropriate and relevant legislation should be adopted.
- Policy makers should invest in the provision of information about and training in evaluation methods, and appropriate tools, in order to disseminate evaluation principles and practice throughout a country.
- When possible, agencies directly or indirectly involved with the drug problem should engage in multi-sectoral and inter-institutional collaboration to pool resources and develop a common strategy.
- Governments should promote the decentralisation of drug abuse prevention, and should strengthen the technical capacity of Municipalities and local authorities to tackle the drug abuse problem. Appropriate levels of funding and support should be made available to those non-government organisations who are better placed to implement policy through practice.
- Local and national experts, and the target groups, should be consulted and involved in any planning and decision-making processes relevant to policy and the development of programmes and projects.
- A range of programmes, consisting of universal, selective and indicative components, need to be developed in order to serve the needs of different target groups, depending on the nature and extent of the drug abuse problem.
- As part of the work in prevention of drug abuse, employment, recreational and educational opportunities need to be provided to young people to increase their choices for a healthier life style.
- Drug abuse and HIV/AIDS prevention, and health education in general, should be part of the national school and college curriculum.
- Individuals, as well as organisations, should be provided with relevant training in drug abuse prevention practices, in order to enhance their capacity to deliver efficient and effective programmes within a country.

This report was compiled by The Mentor Foundation on behalf of the UNDCP with funds provided by the UK Government. Its work was monitored and reported to a technical committee and steering group comprising of UNDCP and UK Government representatives and staff from The Mentor Foundation. International technical experts gave advice on the case studies presented.

1. Introduction

1.1 Background

The 1998 United Nations General Assembly Special Session Devoted to Countering the World Drug Problem Together (UNGASS) brought about a new global focus on efforts to tackle the world drug problem. Member States recognised that reducing the demand for drugs was essential to a stepped-up global effort to fight drug abuse and trafficking, and as a result committed themselves, to reducing significantly both the supply of and demand for drugs by 2008 - as expressed in the Political Declaration adopted during UNGASS. Member States also adopted the Declaration on the Guiding Principles of Drug Demand Reduction¹. Within the framework of this new emphasis on drug demand reduction approaches, increased attention is given to the issue of prevention of drug abuse as a key component of demand reduction.

For many Governments, the issue of demand reduction is a relatively new area. Consequently, a great need for information and technical assistance is often expressed by those who are planning, designing, commissioning or carrying out actual drug abuse prevention projects. Many countries have yet to address the formulation of a policy or strategy to tackle prevention and demand reduction, and information in relation to effective policy and practice is not always readily accessible and available. This report is a step to help countries achieve the goals set out in the Political Declaration (Box 1), and to meet their need for practical information and technical assistance.

The Action Plan for implementing the Declaration on the Guiding Principles of Drug Demand Reduction (Box 1) called for national, regional and international action in order to meet its various objectives. With a view to the efforts and initiatives required at the international level, the Action Plan calls directly upon the UNDCP and other relevant international and regional organisations *to provide guidance and assistance to those requesting it and to facilitate the sharing of information on best strategies*².

On behalf of UNDCP, the Mentor Foundation has produced this report in response to the call for international action to assist and guide drug demand reduction, and, in particular, drug abuse prevention policy development. This report highlights the experiences of existing drug abuse prevention project initiatives in order to inform national drug abuse prevention strategies and policies around the world.

The interplay between practice and policy is manifold. It should, however, be emphasised that the process by which policy shapes and determines the practices developed and implemented in a country can also work in reverse: practice, and in particular the lessons that have been learned through implementing project initiatives, can provide a sound basis for policy development. Through consideration of the lessons that have been learned from practice, both policy and further practice can be developed in a way that makes effective approaches more likely. This process helps avoid the unnecessary duplication of efforts and the costs of repeating poor experiences, and enables the channelling of resources into those areas that are more likely to work or at least show some promise.

“This report is a step to help countries achieve the goals set out in the Political Declaration (Box 1), and to meet their need for practical information and technical assistance.”

“Through consideration of the lessons that have been learned from practice, both policy and further practice can be developed in a way that makes effective approaches more likely.”

¹Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 June 1998: Political Declaration; Guiding Principles of Drug Demand Reduction; and Measures to Enhance International Cooperation to Counter the World Drug Problem.

²United Nations Resolution adopted by the 54th General Assembly Session. Agenda item 108. February 2002.

“Prevention programmes are more likely to be successful if they combine the results of scientific research with practical applicability and the lessons learned from the 'real world business' of doing drug abuse prevention work.”

In recent years there has been an increased move to develop prevention programmes and approaches that are evidence based. Prevention programmes are more likely to be successful if they combine the results of scientific research with practical applicability and the lessons learned from the 'real world business' of doing drug abuse prevention work. Research can point to general principles and considerations for programme design. However, one difficulty is that much of the evidence on the effectiveness of drug abuse prevention is based on studies conducted in western settings. Not all the results will be applicable in other regions of the world. Practitioners involved in field-testing programme models can offer important practical advice on implementing and sustaining programmes. It remains to be seen to what extent the lessons learned identified in this report can be effectively applied in the context of developing, as well as developed, countries.

Box 1

The Political Declaration

The *Political Declaration* adopted by the UN member states at the General Assembly Special Session on the World Drug Problem in 1998 recognises that drug demand reduction is indispensable in solving the drug problem. Member states committed themselves to:

- establishing the year 2003 as a target date for new or enhanced drug demand reduction strategies and programmes
- achieving significant and measurable results in the field of demand reduction by the year 2008
- introducing in their national programmes and strategies the following provisions set out in the *Declaration on the Guiding Principles of Drug Demand Reduction*:

The Guiding Principles of Drug Demand Reduction

- An integrated approach to solving the drug problem should be adopted and should consist of a balance between drug demand reduction and supply reduction
- Demand reduction policies shall:
 - aim at preventing the use of drugs and adverse consequences of drug abuse
 - provide for and encourage active and coordinated participation of individuals at the community level
 - be sensitive to both culture and gender
 - contribute towards developing and sustaining supportive environments
- Demand reduction strategies should be based on a regular assessment of the nature and magnitude of drug abuse and drug-related problems in the population
- Demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse
- A community-wide participatory and partnership approach is crucial to the accurate assessment of the problem, the identification of viable solutions and the formulation and implementation of appropriate policies and programmes
- Demand reduction efforts should be integrated into broader social welfare and health promotion policies and preventive education programmes
- Demand reduction programmes should be designed to address the needs of the population in general, as well as those of specific population groups, with special attention being paid to youth
- Information utilised in educational and prevention programmes should be clear, scientifically accurate and reliable, culturally valid, timely, and tested with a target population
- States should place appropriate emphasis on training policy makers, programme planners and practitioners in all aspects of the design, execution and evaluation of demand reduction programmes and strategies
- Demand reduction strategies and specific activities should be thoroughly evaluated to assess and improve their effectiveness. The results of these evaluations should be shared.

Source: *Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 June 1998: Political Declaration; Guiding Principles of Drug Demand Reduction; and Measures to Enhance International Cooperation to Counter the World Drug Problem*

1.2 Aims and objectives of the report:

This report is not based on a review of existing literature on what is effective and what is not, as such reviews have already been undertaken by a variety of national research institutions around the world (see 1.6). Instead, the report reviews a large number of projects in the area of drug abuse prevention, and asks those who are or have been directly involved in their planning, management and implementation to give their view of what they have learned from their work, based on their own experience. This report highlights some of the lessons that have been learned and provides recommendations on what to take into account when planning and developing drug abuse prevention policies as well as practice.

The overall aim of this report is to help countries achieve the goals of the 1998 UNGASS Political Declaration, and to make real progress in reversing the growing trend of drug abuse in their populations by the year 2008. This report is geared towards assisting policy makers, planners and practitioners working in the field of drug abuse prevention to develop and implement effective practice, based on the lessons learned from practical experience.

Through the production and dissemination of this report, the aim is to:

- Promote sound practice and policy based on the practical experience of others
- Disseminate innovative ideas and promising approaches to those planning drug abuse prevention initiatives
- Stimulate more cost – and practice-effective approaches in drug abuse prevention
- Encourage a greater exchange of information between developing and developed countries

This report focuses on highlighting some of the key lessons learned in drug abuse prevention rather than demonstrating and pointing out what is effective or what 'works'. The aim is to learn from the experiences and work processes of others by sharing information, and to provide common ground for interaction and discussion in order to tackle the drug abuse problem.

"This report is geared towards assisting policy makers, planners and practitioners working in the field of drug abuse prevention to develop and implement effective practice, based on the lessons learned from practical experience."

1.3 Who is this report for?

1.3.1 Policy makers

This report is for those working at the planning and decision-making level on national, regional or local drug abuse prevention strategies and policies. This includes those acting from governmental departments such as Ministries of Health, Ministries of Education, Ministries of Youth and Family, Ministries of Social Welfare, and National Drug Boards, Narcotic Control Commissions or any other departments dealing with issues affecting the health and wellbeing of children and young people.

● How will this report help policy makers?

Extensive efforts have been made, and continue to be made, by Governments at all levels to suppress the illicit production, trafficking, distribution and consumption of drugs. With recent emphasis being placed on policies and strategies for demand reduction, policy makers find themselves faced with yet another challenge on their drug agenda. The UNGASS Political Declaration states that the most effective approach to the drug problem consists of a comprehensive, balanced and coordinated approach by which supply control and demand reduction reinforce one other. There is, therefore, a need to intensify efforts to reduce demand for illicit drugs, and to provide adequate resources to do so. In order to achieve this, policy makers will not only need financial input from their Governments or departments, but will also require technical assistance

“This project was undertaken by a team at the Mentor Foundation with support from the UNDCP, and by various professional technical experts working in the field of prevention.”

in developing policies and practices. This report focuses on the prevention end of the demand reduction spectrum.

This report will help policy makers become:

- more familiar with drug abuse prevention practices, given that many current efforts concentrate mainly on supply control
- better informed about what is going on and what has been learned with regard to drug abuse prevention within their own country or region
- better aware of how practice can inform the development of a cost- and practice-effective policy for prevention.

1.3.2 Practitioners

This report is also for those working in the field of drug abuse prevention, whether as psychologists, clinicians, youth workers, social workers, teachers, sociologists, project managers, drug educators, police, or simply people concerned with the health and wellbeing of children and young people. Organisations focussed on the prevention of drug abuse at a grass-roots level will also benefit, e.g. community-based organisations, local Governments, health centres, orphanages, churches or any other social welfare organisations. The report is also for those who are thinking of setting up an initiative or project within their area, and who might want to base their project on the experiences laid out within it.

● How will this report help practitioners?

This report will:

- Encourage practitioners all over the world who are separated geographically, linguistically and culturally to be informed about, and to learn from, one another's work
- Avoid the unnecessary duplication of effort and the waste of money through repeating mistakes already made by other projects
- Raise the profile of drug abuse, and the role of prevention programmes as possible solutions and potential areas for further financial and human resource investment
- Promote the potential for lessons to be adapted to new environments and other cultures

1.4 Work Process

This project was undertaken by a team at the Mentor Foundation with support from the UNDCP, and by various professional technical experts working in the field of prevention.

1.4.1 Overview of Drug Prevention Activity at a Global Level

The section 'Drug Prevention Activities at a Global Level' was written by the UNDCP Demand Reduction Section, and is based on the information submitted by 109 Governments to the Commission on Narcotic Drugs for the Consolidated First Biennial Report of the Executive Director on the Implementation of the Outcome of the Twentieth Special Session of the General Assembly, Devoted to Countering the World Drug Problem Together. The information, gathered through Biennial Reports Questionnaires (BRQ), is intended to provide a global audit of the efforts of Governments to implement the Action Plans and measures adopted by the UN General Assembly at its twentieth special session in 1998. The information also serves as a baseline on the progress achieved by Governments in meeting the time-bound goals and targets set out in the Political Declaration (Box 1).

The BRQ is a global instrument for monitoring the progress made in meeting the challenges taken up at the special session covering all sectors of drug control. A substantial part of the BRQ deals with various actions undertaken by Governments with regard to demand reduction. Different ministries and agencies have provided this information according to their fields of competence.

There are some important factors to bear in mind when interpreting this data. Firstly, the overall response rate was 58 %, which may partly be due to the fact that the BRQ was new and in its first reporting cycle. It is likely that those Governments that did not respond were experiencing more difficulty in meeting the goals adopted in the Political Declaration than the majority of the countries whose responses are reported here. Secondly, the comparability of the 'Yes/No' responses given by countries with different circumstances must be considered when arriving at any conclusions.

Nonetheless, the BRQ has a useful role to play in monitoring global drug demand reduction efforts, as well as in facilitating the sharing of information on how progress can be best made. Future cycles of this reporting mechanism will provide a useful indicator to reflect the progress made by Governments in the area of demand reduction.

1.4.2 Lessons Learned in Drug Abuse Prevention

The 'Lessons Learned' section was put together by the Mentor Foundation in the following manner:

Data Collection

An initial questionnaire was sent out over a period of 9 months to drug abuse prevention organisations known to the UNDCP and the Mentor Foundation. A questionnaire was also developed in collaboration with the Commonwealth Secretariat and sent to 550 organisations in 54 Commonwealth countries. In addition, questionnaires were distributed in Spanish at a RIOD³ meeting and at the Sixth International Conference on Drug Abuse Prevention, both held in Spain in June 2001. Further project information was obtained from the EDDRA⁴ and the 'IDEA Prevención'⁵ databases. A contact sheet was sent out with the initial questionnaires which allowed the Mentor Foundation to develop its networks throughout all United Nations regions. A total of 1500 questionnaires were sent out, of which 242 (16%) were completed and returned by the cut-off date of 8th January 2002.

Database

All received data was entered into a database. The information contained within this database included organisation contact details, project details and more specific information on the project settings, the approaches applied and the methods used to achieve the project's aims and objectives.

Short-listing

Up to three projects were short-listed from each region as defined by the UNDCP. These regions are as follows:

East Africa	Central America	Central Asia and Transcaucasion countries
North Africa	South America	Near and Middle East/Southwest Asia
West and Central Africa	Caribbean	East and Southeast Asia
Southern Africa	Eastern Europe	South Asia
North America	Western Europe	Oceania

“Nonetheless, the BRQ has a useful role to play in monitoring global drug demand reduction efforts, as well as in facilitating the sharing of information on how progress can be best made.”

³Red Iberoamericana de ONGs que trabajan en Drogodependencias, Spain

⁴Exchange on Drug Demand Reduction Action Information System, EMCDDA, Portugal

⁵Information system specialised in drug abuse prevention, CEPS (Center for Health Promotion Studies), Spain

This selection was due to the necessity of working with a manageable number of projects in order to undertake further research into their activities. The necessary criteria in short-listing projects for selection were as follows:

- ***A completed evaluation:***

This included process, outcome or impact evaluation. The definition was deliberately left broad to allow the inclusion of a large variety of diverse and innovative projects from around the world.

- ***Clear aims and objectives:***

Each project should state specific, measurable and achievable aims and objectives.

- ***Sustainability:***

The stated ability of the project to continue after initial funding ceases.

- ***Potential adaptability:***

The project should contain core components that are potentially transferable, and which can be used in, and adapted to, different contexts.

- ***Sufficient length of activity to provide lessons learned:***

The project needed to have been operating long enough to show lessons were being learned, both positive and negative, that could inform policy and practice development.

In addition, the selection of projects took place with the aim of creating a 'pool' of short-listed projects showing a variety of approaches, settings and target groups. Through this methodology, it was envisaged that the selected projects would reflect a range of activities and methods for reaching different target groups in different settings.

Final Selection

A more extensive questionnaire was sent out to the organisations whose projects had been short-listed. This was in order to obtain further details on the project and the context in which it operated. Follow-up contacts were made to clarify project information details and to ask further, more specific questions.

The information obtained from the selected projects for each region was then sent to a group of international technical experts, whose task was to provide a more independent assessment of the projects.

A total of 15 projects (one from each UN region) were then selected based on the detailed information given by each project, and in the light of the comments received from the technical experts.

It is important to note that the short-listing and final selection of projects was based on the criteria identified above and on the need to ensure a range of projects reflecting different settings, approaches, target groups and scales of implementation. Valuable lessons should have been learned from each of the prevention projects. The projects were not selected on the basis of whether they were 'best' or 'effective', but rather according to the key focus of this project: the identification of lessons learned from practical experience in prevention projects.

Limitations of the methodology

- **Limited networks:** Although many organisations were contacted through the links and networks previously mentioned, it was not possible to contact all existing organisations working in the field of drug abuse prevention. There was limited access to organisations in some regions, due to the lack of available data and some communication difficulties.

"The projects were not selected on the basis of whether they were 'best' or 'effective', but rather according to the key focus of this project: the identification of lessons learned from practical experience in prevention projects."

- **Response rate:** The response rate may have been restricted for many reasons, including language restrictions, the time constraints of the organisations who were asked to complete the questionnaires, the cost implications of sending the materials, poor communication methods between organisations, etc. This project is, however, the beginning of a longer-term process of identifying drug abuse prevention practice from around the world.
- **Time and Staff limitations:** The project was only funded for one year. Limited time and therefore resources had an understandable impact on the scale of the response. This notwithstanding, the project revealed that a significant amount of drug abuse prevention work is being undertaken which requires further research and documentation.

1.5 Content Description

This report is divided into the following chapters:

A case for drug abuse prevention: An outline of the necessity of drug abuse prevention. In making a case for drug abuse prevention, the chapter highlights reasons why young people abuse drugs and the various social, economic and health consequences that drug abuse has on the individual, family, friends, and the wider community. The chapter ends with a reflection on prevention and health promotion and treatment, to highlight the most common demand reduction strategies.

Overview of drug abuse prevention activity at a global level: A quantitative overview of drug prevention activity at the global level. The information presented was gathered through the Biennial Report Questionnaires submitted by 109 Governments to the Commission on Narcotic Drugs and intended to reflect the progress of Governments with regard to implementing the Action Plan on the Implementation of the Declaration on the Guiding Principles of Drug Demand Reduction (Box 1). The chapter includes quantitative information on the number and nature of national drug demand reduction strategies adopted by Governments, and statistics on the extent and type of drug abuse prevention activities that are implemented at the global level. Prevention activities are broken down into three general areas of work: information and education about drugs and drug abuse; life skills development; and the provision of alternatives to drug use. Special mention is made of the use of guidelines and the focus on groups with special needs in drug abuse prevention.

Lessons learned in drug abuse prevention: The presentation of 15 case studies. The case studies are based on 15 projects from around the world, some of which are current and some of which have been completed. A table at the beginning of the chapter presents an overview of all of the case studies. Each case study then includes a description of the situation prior to project implementation; details of the project's aims; target group; setting and approach; outcomes of the project, and concludes with the lessons learned.

Recommendations for policy makers and practitioners: The recommendations are based on the lessons that have been learned from planning, managing and implementing the projects highlighted in the case studies. The recommendations have been grouped into categories which reflect the main themes of the issues which were identified.

Policy implications and recommendations: The policy recommendations are targeted at policy makers. They are based on and developed in the light of lessons learned from the projects reviewed in this report. Given that these lessons are key indicators of what should and should not be done in order to carry out more effective drug abuse prevention, the policy recommendations provide a sound basis for further policy planning and development in the field of drug demand reduction.

1.6 Ongoing Efforts

This report is not a scientific review of the available research and academic investigations carried out by institutions around the world. This type of review work has already been taken on by a multitude of research institutions and organisations. Some important developments in reviewing available research on what has worked in the prevention of drug abuse and of drug-related harm have occurred, or are currently occurring, through the following projects⁶:

>Title: A Selected View of What Works in the Area of Prevention.

The National Drug Research Institute in Perth, Australia, is currently carrying out a review of the literature in a number of areas with a view to identifying what has worked in the prevention of drug abuse and drug-related harm. The areas selected for review are media campaigns, school-based programs, community-based programs, harm minimisation and the regulation of the physical and economic availability of drugs. This review was commissioned by the WHO.
www.curtin.edu.au/curtin/centre/ndri/

>Title: Prevention Monograph and Companion Document

The National Drug Research Institute in Perth, Australia, in conjunction with the Centre for Adolescent Health at Melbourne University, is in the process of conducting this project, commissioned by the Australian National Drug Strategic Framework with the aim of informing the evidence base of the National Drug Strategy Agenda.
www.curtin.edu.au/curtin/centre/ndri/

>Title: Preventing Substance Use Problems Among Young People – A Compendium of Best Practices

Health Canada, Ottawa, presents evidence-based direction on preventing substance use problems among youth. This includes a detailed discussion of current trends and patterns in youth drug abuse in Canada, a discussion of 14 principles of effective youth prevention programming, and a detailed description of 33 programmes of effectiveness proven by the scientific literature.
www.hc-sc.gc.ca/hppb/cdssca/cds/pdf/substanceyoungpeople.pdf

>Title: Best Practices in Drug Abuse Prevention in Asia

The Drug Advisory Strategy of the Colombo Plan, Sri Lanka - the only regional intergovernmental organisation addressing drug abuse issues in Asia at an international level - has published this book highlighting projects from Asian countries.
www.colombo-plan.org/

2. A case for drug abuse prevention

2.1 The Problem of Drug Abuse

"Drugs destroy lives and communities, undermine sustainable human development and generate crime. Drugs affect all sectors of society in all countries; in particular, drug abuse affects the freedom and development of young people, the world's most valuable asset. Drugs are a grave threat to the health and well-being of all mankind, the independence of States, democracy, the stability of nations, the structure of all societies, and the dignity and hope of millions of people and their families."¹

2.1.1 Reasons for drug abuse among young people

In this report, the term 'drugs' embraces not only substances classified under international law as illicit drugs, but refers also to tobacco, alcohol, pharmaceutical drugs and other potentially harmful substances which are used for non-medical purposes. The term 'abuse' has been chosen to indicate the use of a drug by an individual or a group of people to the extent that it is resulting in problematic behaviour and likely to cause harm to the user and to the society in which they function. 'Abuse' implies that drug-taking behaviour at this level can result in severe mental and physical ill-health for the individual. In addition, abuse has a considerable impact at the societal level on crime, social disintegration and the costs incurred by health and social welfare systems. 'Misuse' is an alternative term for 'abuse', and describes the same behaviour pattern.²

Whilst deciding to experiment with a psychoactive substance is usually a personal decision, developing dependence after repeated use is, largely, neither a conscious and informed decision by the individual nor the result of a moral weakness. Rather, it is the outcome of a complex combination of genetic, physiological and environmental factors. It is very difficult to pinpoint exactly when a person becomes dependent on a substance (regardless of its legal status). There is evidence that dependence is not a clearly demarcated phenomenon, but rather that it manifests itself along a continuum ranging from early problems without significant dependence to severe dependence with physical, mental and socio-economic consequences.³

Drug use or abuse by an individual or by a group of people is rarely caused by a single factor. Instead, the interplay between a multitude of individual, social and environmental conditions and factors that put an individual at risk of using or abusing drugs is constantly changing, and will vary from community to community and from individual to individual. For instance, the type of drug used by an individual or a group of people will depend on the availability, price and accessibility of particular drugs. The social setting and social group and context in which an individual functions in, as well as the economic determinants play a part in patterns of drug use and abuse. In addition, different types of substances generate different psychological and physiological stimulation and have effects on the user of varying duration and intensity. The choice to use, which can lead to abuse, of a particular substance is influenced by all these complex and inter-linked factors.

Identification of the nature and type of drug use and abuse in a community or amongst a certain target group should precede and inform any drug abuse prevention intervention. Research has indicated the existence both of general factors that increase people's risk of abusing drugs, and of factors that act protectively. The reliance on information and media campaigns to prevent drug abuse has been shown to be insufficient

"Drug use or abuse by an individual or by a group of people is rarely caused by a single factor."

¹Special Session of the General Assembly Devoted to Countering the World Drug Problem Together, 8-10 June 1998: Political Declaration; Guiding Principles of Drug Demand Reduction; and Measures to Enhance International Cooperation to Counter the World Drug Problem. ²UNODCCP. 2000. ODCCP Studies on Drugs and Crime. Guidelines. Demand Reduction: A Glossary of Terms. New York.

³WHO. 2001. The World Health Report 2001. Mental Health: New Understanding, New Hope. Geneva.

“The focus has hence shifted onto reducing and limiting risk factors.”

“It is reasonable to suppose that broad social policy initiatives to address these factors or determinants may also contribute to reducing substance abuse in the population.”

on its own for most target groups. The focus has hence shifted onto reducing and limiting risk factors. The strengthening of protective factors has also gained prominence and has proven to be at least as important as the reduction of risk, in that it gives people opportunities, abilities, skills and the capacity to make informed choices.

Box 2

Risk Factors and Protective Factors

Risk Factors:

Risk factors increase an individual's risk of taking drugs. The World Drug Report 2000 lists various contributing risk factors:

- family risk factors (family disruption, criminality and drug abuse in the family, ineffective supervision)
- peer networks (friends and peers are important in providing opportunities for drug use and supporting this behaviour)
- social factors (poor school attendance, poor school performance, early drop-out)
- environmental influences (availability of drugs, social rules, values and norms regarding tobacco, alcohol and illicit drug use)
- individual factors (low self-esteem, poor self-control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events)

Protective Factors:

Protective factors are those characteristics of individuals or their environment which reduce the likelihood of experimentation with drugs:

- family factors (bonding and positive relationships with at least one caregiver outside the immediate family, high and consistent parental supervision)
- educational factors (high education aspirations, good teacher-student relationships)
- individual characteristics (high self-esteem, low impulsivity, high degree of motivation)
- personal and social competence (feeling in control of one's life, optimism, willingness to seek support)

Source: UNDCP: World Drug Report. 2000

A body of international research has shown that the general health status of a society is heavily influenced by the social circumstances of its people as defined by employment, income, working conditions, educational levels, social status, the degree of social support experienced, and early childhood nourishment and care. There are indications that as the social circumstances of a society improve, so too does the health of the population.⁴ It is reasonable to suppose that broad social policy initiatives to address these factors or determinants may also contribute to reducing substance abuse in the population.

2.1.2 Consequences of drug abuse

The consequences of drug abuse are extensive and include conditions such as intoxication, harmful use, dependence and psychotic disorders. Drug abuse does not only affect particular individuals, but can also have a significant impact on families, friends and - eventually - the whole community. This next section summarises some of the consequences that can occur, affecting the individual, family and friends, and the community.

i. The individual

Health problems caused by drug abuse include ill effects on the foetus during pregnancy, problems in physical development, psychological problems and depression, problems in the already difficult adolescent phase of development, low achievement at school, increased strains on relationships and other diseases such as coronary heart disease and cancer. Problematic drug use also affects an individual's employability.

⁴Evans, RG, Barer ML, Marmor, TR (eds.). 1994. *Why are some people healthy and others not? The determinants of health of populations.* Aldine De Gruyter, New York, NY.

According to UNAIDS, in June 2000 there were more than 34 million people worldwide with HIV/AIDS. An estimated 5-10 % had contracted the virus through injecting drug use.⁵ It has been estimated that there are approximately 5 million people in the world who inject illicit drugs. The prevalence of HIV infection among injecting drug users is 20-80% in many cities. The increasing role of injecting drug use in HIV transmission has attracted serious concern all over the world, especially in Eastern European countries.⁶ Hepatitis B and C are also often contracted through injecting drug use (IDU): in the UK, for instance, the majority of injecting drug users test positive for Hepatitis C, with figures as high as 85% in London and 77% in Glasgow.⁷ It is estimated that 100 million people are chronically infected with Hepatitis C, resulting in high costs for health and social services.⁸

The negative effects that drug and alcohol use have on decision-making concerning safer sex and overall sexual safety, the association of drug use with commercial sex, the increasing use of crack cocaine, sex with multiple partners and bartering sex for drugs all make drug users prone to a higher occurrence of sexually transmitted diseases and HIV/AIDS.⁹

Many individuals die as a direct or indirect result of drug abuse. Tobacco, for example, was estimated to have caused 4 million deaths world-wide in 1998³. The global burden of disease project¹⁰ estimated alcohol to be responsible for 1.5% of all deaths and 3.5% of all total DALYs (Disability Adjusted Life Years). These deaths include those from physical disorders (such as cirrhosis) and injuries (such as those incurred as a result of motor vehicle crashes).³

ii. Family and friends

The family itself can be the source of drug problems; but it can also be a potent force for prevention and treatment. It has been shown that illicit drug abuse correlates more strongly with the disintegration of the family than with poverty. Drug abuse can strain family relationships and ultimately make the family dysfunctional, transforming families from an asset of society into a burden.¹¹ Effects on the family can include both psychological and financial burdens, resulting too often in family breakdown, negative impacts on children and involvement in criminal activities.

iii. The community

Whilst health problems primarily affect the drug abuser concerned, and only affect society indirectly (e.g. by giving rise to higher health-care costs), the links between drug addiction, needle-sharing, prostitution, AIDS and other diseases are clearly demonstrable, and create additional health dangers for society as a whole.¹¹

In 1995, healthcare spending associated with alcohol, tobacco and drug abuse was estimated at more than \$114 billion in the USA. Smoking accounted for 70% of these costs.¹² Costs incurred by society due to drug abuse and its resulting consequences are almost impossible to calculate at a national or international level with the data available to date. In such a calculation, the indirect as well as the direct effects of drug abuse must be included. This notwithstanding, it is clear that the consequences of the provision and consumption of drugs have many implications for society as a whole, and put a high burden on often over-stretched health budgets.

“Many individuals die as a direct or indirect result of drug abuse.”

“...it is clear that the consequences of the provision and consumption of drugs have many implications for society as a whole, and put a high burden on often over-stretched health budgets.”

⁵ODCCP. HIV/AIDS and other diseases. www.undcp.org/drug_demand_hiv_aids.html ⁶www.unaids.org

⁷The Royal College of Psychiatrists and the Royal College of Physicians. 2000. *Drugs Dilemmas and Choices*. Gaskell, London.

⁸WHO. 1996. *The World Health Report 1996: Fighting Disease, Fostering Development*. Geneva.

⁹Rhodes et al. *Sex, Drugs, Intervention and Research: From the Individual to the Social. Substance Use and Misuse*, 31 (3) 1996.

¹⁰Murray CJL and Lopez (eds.). *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020. Global Burden of Disease and Injury Series, Vol.1, 1996*.

¹¹UN Economic and Social Council. *Economic and Social Consequences of Drug Abuse and Illicit trafficking: An Interim Report. Note by Secretariat on 9 November 1994*.

¹²The Robert Wood Johnson Foundation. February 2001. *Substance Abuse: The Nation's Number One Health Problem. USA*.

“Prevention and health promotion are two related and inter-linked strategies aiming at protecting and promoting the health of people, and imply slightly different interventions.”

“Different approaches are required for different groups in addressing different needs and situations.”

The link between drug and crime is another growing concern. Drug-related crime can range from acts committed under the pharmacological effect of the drug, actions carried out to support drug abusing habits, actual possession of illicit substances, and the criminal activities associated with drug supply, such as murder, drug gang warfare, and other crimes. At least half the adults arrested for major crimes in the USA – including homicide, theft and assault – tested positive for drugs at the time of their arrest. Among those convicted of violent crimes, approximately half of state prison inmates and 40 % of federal prisoners had been drinking or taking drugs at the time of their offence.¹²

2.2 Demand Reduction Strategies

Prevention and health promotion are two related and inter-linked strategies aiming at protecting and promoting the health of people, and imply slightly different interventions.

2.2.1 Prevention

Prevention initiatives aim to avoid drug abuse and drug-related harm and are often associated with the process of reducing existing risk factors and increasing protective factors for an individual, in high-risk groups, in a given community, or in society as a whole.

Drug abuse prevention in its earliest form was essentially based on opinion rather than theory or science. The dominant approach was information dissemination, based on the assumption that once people knew the negative consequences of drug use, they would choose not to use drugs. Scare tactics were sometimes used to reinforce the message that drugs were dangerous.

Evaluations have shown that information dissemination approaches can increase knowledge of the adverse consequences of using drugs and also increase anti-drug attitudes. However, there still remains a lack of long-term studies showing a pronounced impact on future behaviour of prevention approaches based only on information dissemination. It should be noted that designing studies to show behavioural impact over time is likely to be expensive and both methodologically and practically challenging. As such, work in this area has been limited. Historically, it has also been suggested that many prevention initiatives have over-emphasised or exaggerated the negative consequences of consumption, thus making the information less trustworthy to the target population. The wisdom of prevention campaigns which concentrate more on scaring individuals than on providing sound facts has therefore been questioned. However, this remains a complicated area that requires further investigation.

Another weakness of many past prevention efforts was the way in which the prevention practitioner or agency worked with the 'target group' and the community. There was a tendency for the prevention agency to play a central role in defining problems and organising solutions for the target group. More recently, and based on the results of evaluations, the active role of the community and the 'target group' in defining the problem and finding its solution has been emphasised. The target group is also a key element in deciding on the appropriate prevention response. Different approaches are required for different groups in addressing different needs and situations.

¹²The Robert Wood Johnson Foundation. February 2001. *Substance Abuse: The Nation's Number One Health Problem. USA.*

Traditionally, drug abuse prevention has been classified as Primary, Secondary and Tertiary prevention:¹³

- **Primary prevention** aims to prevent people from using drugs
- **Secondary prevention** aims to reduce existing risk behaviour and symptoms through early intervention
- **Tertiary prevention** aims to reduce the impact of the illness/symptoms a person suffers

An increasingly popular way of classifying prevention initiatives is as follows:¹⁴

- **Universal Prevention Programmes** – These aim to reach the general population, such as students in a school, to promote the overall health of the population and to prevent the onset of drug abuse. Measures often associated with universal prevention include campaigns to raise awareness of the hazards of substance abuse, school drug education programmes, multi-component community initiatives, and, in the case of alcohol and tobacco, warning labels.
- **Selected Prevention Programmes** – These target groups at risk or subsets of the general population such as children of drug users or students with poor school achievement. Selective prevention programmes aim generally to reduce the influence of these risk factors and to prevent or reduce drug abuse by building on strengths such as coping strategies and other life skills. Children in difficult environments may benefit from selective prevention interventions at the pre – and early school ages.
- **Indicated Prevention Programmes** – These target young people who are identified as already having started to use drugs, or as exhibiting behaviours that make problematic drug use a likelihood, but who do not yet meet formal diagnostic criteria for a substance use disorder which requires specialised treatment. Examples of such programmes include providing social skills or parent-child interaction training for drug-using youth.

Label	Typical Target Group	Typical Goal	Typical Initiative
Universal	All children in a school	Prevent onset of use	Life skills education/health education curriculum in school
Selective	Young people with risk factors	Prevent onset of use	Specific provision focusing on risk and protective factors
Indicated	Young people already using drugs	Prevent continued use, prevent problematic and harmful use	Individual or small group programme specifically designed to meet individual needs

This classification encourages the selection and development of prevention initiatives appropriate to the level of risk of the proposed target group.

Level of drug involvement

It is important to establish the type of drug abuse prevention that matches the level of potential for drug abuse. Three groups of youth are identified according to risk of drug abuse:

- **No risk yet:** This group or individuals do not report any drug use and do not have any particular risk factor that elevates their risk for future use at this time.
- **At-risk:** These young people are at increased risk of drug abuse because of exposure to individual or environmental risk factors, such as the presence of aggression, being a school dropout, or being raised in a family in which one or both parents are addicts.
- **Already using drugs:** This group represents youth that are already using substances and may show early signs of problems.

¹³Van der Steel, J (ed). *Pompidou Group – Council of Europe and Jellinek Consultancy. 1998. Handbook Prevention: Alcohol, Drugs and Tobacco. Council of Europe, Strasbourg, France.*

¹⁴The terms universal, selected and indicative were described by R. Gordon in 1987 to replace the terms primary, secondary and tertiary prevention. The model was adapted by the US Institute of Medicine Committee on Prevention of Mental Disorders in 1994, and applied to drug abuse by the National Institute on Drug Abuse in a 1997 publication *Preventing drug use among children and adolescents: a research-based guide.*

“The health promotion approach aims to change the underlying individual, social and environmental determinants of health, taking a more holistic approach with the aim of empowering people to make healthier decisions more easily.”

“In short, health promotion does not just focus on the absence of a certain disease or illness, but aims to achieve the positive mental and physical wellbeing of an individual or groups of people within a society.”

2.2.2 Health Promotion

The health promotion approach aims to change the underlying individual, social and environmental determinants of health, taking a more holistic approach with the aim of empowering people to make healthier decisions more easily. The Ottawa Charter for Health Promotion, drawn up at the first International Conference on Health Promotion in Ottawa, Canada, in 1986, outlines the basic principles of health promotion.¹⁵

These are:

- **Building healthy public policy:** Putting health on the agenda of policy makers in all sectors and at all levels, rather than just on the health care agenda.
- **Creating supportive environments:** Individuals and communities live in natural and built environments, and these should be maintained in such a way as to be favourable to their health.
- **Strengthening community action:** Communities should be active in all stages of health improvement initiatives. At the heart of this process is the empowerment of communities to take control and ownership of their own endeavours and destinies.
- **Developing personal skills:** Personal skills may be developed through the provision of information, education for health, and the enhancement of life skills in school, in the community, at home or at work.
- **Reorienting health services:** The role of the health sector must move increasingly towards health promotion, and beyond its responsibility for providing clinical and curative services.

In short, health promotion does not just focus on the absence of a certain disease or illness, but aims to achieve the positive mental and physical wellbeing of an individual or groups of people within a society.

2.2.3 Treatment

Treatment focuses on helping individuals with drug-related problems and addictions, and is one part of a comprehensive demand reduction strategy. Treatment should have three objectives: to reduce dependence on substances, to reduce morbidity and mortality caused by or associated with the use of substances, and to ensure that users are able to maximise their physical, mental and social abilities as a result of their access to services and opportunities.

There is an obvious and important need to provide treatment services in communities where people are suffering from drug-related problems. However, this report is meant to present initiatives that come from prevention and health promotion perspectives.

The best response to the threat and challenge of drug abuse faced by our societies is to enhance the focus on prevention. This needs to be provided within a context of developing and disseminating strategies, to help people to adopt healthier life styles and to address the personal, social and economic factors that contribute towards people abusing drugs. It also has to be tackled at the level of policy and practice on a global level. This report offers a contribution to help develop this focus.

¹⁵WHO. 1986. *The Ottawa Charter on Health Promotion*. Ottawa, Canada.

3. Overview of drug abuse prevention activity at a global level

National drug control strategies

A national drug control strategy or plan is an essential instrument for ensuring careful planning and coordinated action that addresses all aspects of the drug problem and the interactions between such different areas as law enforcement, health, education and economic development. Many national drug control strategies or plans have been adopted or updated to include the goals and targets that emerged from the 1998 UNGASS. Of the 109 Governments which replied to the Biennial Report Questionnaire (BRQ), 91 (84%) indicated that they had adopted a national drug strategy or plan. Some Governments specified that, whilst they did have an overall strategy to combat illicit drugs, it was not laid out or contained in a single, comprehensive action plan. 18 Governments (16%) either did not have a national drug strategy or action plan, or were in the process of elaborating one. In several countries, ongoing action plans and strategies were being adjusted to include the goals and approaches adopted at the UNGASS. Some Governments were receiving assistance in the preparation of their national plans.

In many cases, national strategic frameworks and programmes place special emphasis on the synergies and complementarity between control measures, health, and law enforcement policies and programmes. Those efforts have facilitated the coordination of law enforcement, prevention, treatment and social reintegration programmes, resulting in a more balanced approach with greater emphasis on demand reduction.

Strategies for Demand Reduction

A national strategy for drug demand reduction is important for coordinating responses. In addition, it helps ensure good practice and an approach that balances the measures to reduce demand and supply enshrined in the Declaration on the Guiding Principles of Drug Demand Reduction (Box 1). Such a strategy also provides a good basis for promoting multisectoral and community-wide responses, as called for in the Declaration. The overwhelming majority of Governments responding to the BRQ - 84% – reported having a national strategy for demand reduction; 12% reported that they had none; and the remaining 4% failed to answer this question. The examples given suggested that some Governments had invested considerable effort in developing strategic plans, and that there was also a significant overlap between Governments in respect of the topics covered. The sharing of experiences between Governments in that area might therefore prove useful.

In many cases, demand reduction strategies appeared to be incorporated into national drug strategies that embraced both demand and supply issues. The question of the right balance remains, as does the extent to which a national strategy has an impact on practice. However, 68% of the Governments that reported a national strategy pointed out that it incorporated the Guiding Principles of Drug Demand Reduction (Box 1); this suggests that their national strategic planning took into account the agreed principles of good practice. 12% of Governments reported that their strategic planning did not incorporate the Guiding Principles, and a further 20% did not respond – possibly because there was some uncertainty about how far their national strategies did reflect the Guiding Principles. Whilst these figures still leave room for improvement in both the number of Governments with a national demand reduction strategy and the number of those with a strategic response that incorporates the Guiding Principles, it is encouraging that the issue elicits a positive response from so many Governments.

“A national drug control strategy or plan is an essential instrument for ensuring careful planning and coordinated action that addresses all aspects of the drug problem and the interactions between such different areas as law enforcement, health, education and economic development.”

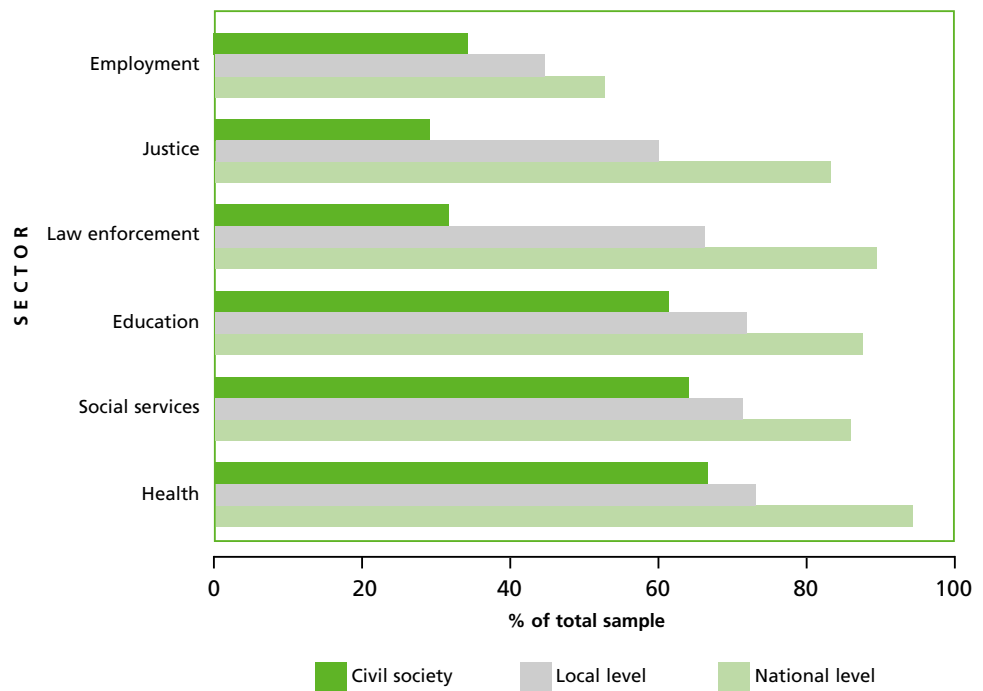
“A comprehensive approach to demand reduction, as promoted in the Guiding Principles, requires support, commitment and input from a wide range of both governmental and non-governmental agencies.”

A further indicator of both the appropriateness of national strategies and the extent to which they are in accord with the Guiding Principles is whether or not their formulation was based on an assessment of the nature of their specific problems. Central to the Declaration on the Guiding Principles of Drug Demand Reduction is the principle that responses should be consistent with the evidence and that demand reduction programmes should therefore be based on a regular assessment of the situation. 74% of Governments with a national strategy reported that this was the case.

The majority of Governments (84%) with national demand reduction strategies also reported that they had a central coordinating entity responsible for its implementation. Coordinating bodies varied, but most Governments reported that responsibility rested either with the Ministry of Health or the Ministry of Justice, or with some form of multisectoral drug commission known as - for example - the National Commission on Narcotic Drugs, the Central Committee for Drug Abuse Control or the Drug Control Committee. Regardless of where responsibility for the national strategy lay, nearly all countries reported that a multisectoral approach was adopted.

A comprehensive approach to demand reduction, as promoted in the Guiding Principles, requires support, commitment and input from a wide range of both governmental and non-governmental agencies. Responses should therefore not only be formulated at the national level, but also with the active participation of appropriate bodies at the regional and local community levels as well as that of civil society. Responses on this issue are presented in Figure 1.

Figure 1. Involvement of different sectors in developing and implementing a national strategy for drug demand reduction. Total sample = 109 Member States (BRQ, 2000)



There is evidence of considerable multisectoral and multi-agency cooperation. Not surprisingly, at both national and local levels, health agencies are the type of organisation most commonly reported as being involved in formulating and implementing a national demand reduction strategy. Social services, education and justice agencies were likewise often involved. The involvement of civil society (non-governmental organisations etc.) was also often reported in the health sector.

About half of all Governments reporting noted that employment agencies were involved at national level in the formulation and implementation of a demand reduction strategy. The link, in many countries, between drug abuse, social exclusion and economic deprivation, is noteworthy; as is the considerable reported input from civil society. Such input is in accordance with the Declaration on the Guiding Principles of Drug Demand Reduction, which refers to the importance of forging partnerships between governmental and non-governmental bodies.

The emphasis placed by the Guiding Principles on assessment and on the adoption of an evidence-based approach was noted earlier. Those principles also hold true for national strategies. 69% of Governments with national strategies reported having a framework in place for assessing and reporting the results achieved. Whilst the mechanisms used for that purpose are likely to vary considerably in practice, a recognition of the need for evaluation and assessment remains important for the majority of countries that have developed demand reduction strategies.

The BRQ addressed the topic of assessment in detail. Approximately two thirds (62%) of all Governments completing the questionnaire reported that they had a national or regional programme that included research on drug demand reduction.

Numerous possible topics are relevant to research work on drug issues, and many scientific disciplines are actively involved in such research. Of particular interest, however, to activities designed to follow up the special session, and of clear policy relevance, is the extent of drug abuse in a given country and its associated patterns and trends. Drug epidemiology and prevention were cited by responding Governments as the two areas where most research was currently being conducted. Of direct policy relevance is investment in prevention, treatment and epidemiological research.

Extent of drug prevention activities

The Declaration on the Guiding Principles of Drug Demand Reduction calls on Governments to adopt a comprehensive approach to drug problems through programmes addressing all areas of demand reduction. In the BRQ, the extent to which Governments are engaging in activities in each area of demand reduction is assessed. In this regard, Governments are asked to report whether they are conducting prevention programmes in a number of different settings. In assessing the delivery of activities, it is important to understand how comprehensive the approach is in terms of coverage.

Drug abuse prevention activities are broken down into the following three general areas of work: information and education about drugs and drug abuse; life skills development; and the provision of alternatives to drug use. Governments are asked to rate the extent of activities in various settings. The data suggest that most prevention work is occurring in schools and involves providing information. It should be remembered, however, that there is a tendency for both life skills development and alternatives to drug use to be targeted at particular populations considered to be at risk, rather than to be seen as necessary or appropriate approaches for the general population. They may also be more complex and costly to implement than activities providing information only. This may account in part for the more extensive reporting of information and drug education work as prevention activities.

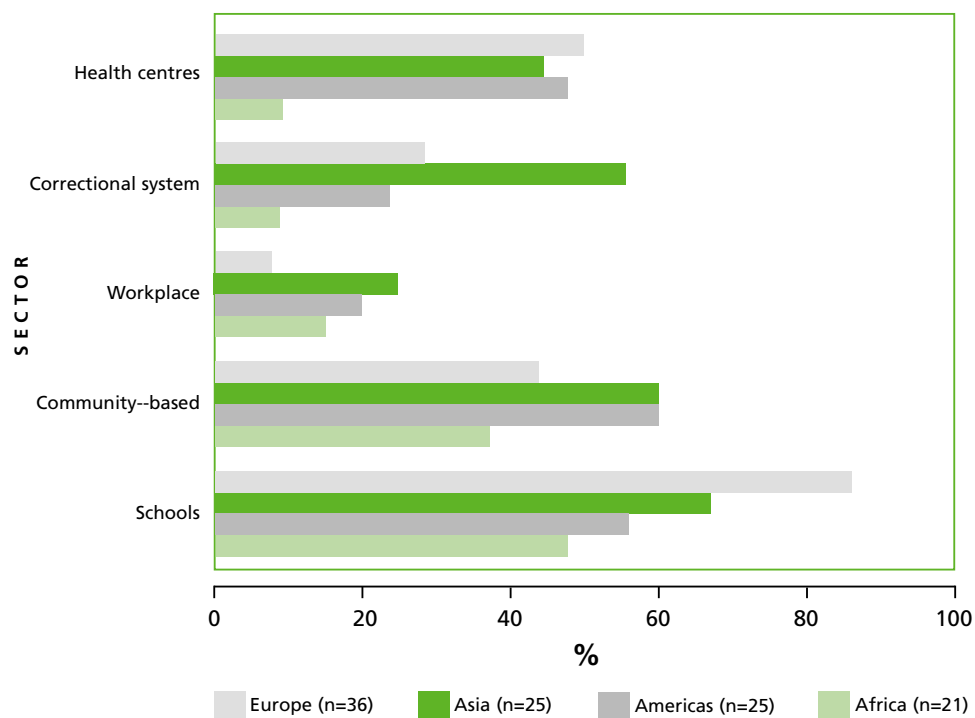
Information and education

68% of Governments reported relatively extensive school-based drug education programmes, whilst just over half also reported extensive community-based education programmes. Slightly less than half (40%) noted extensive prevention programmes in health centres. Education programmes in the correctional system and in the workplace were the least reported types. This finding is disappointing, because both settings may be particularly appropriate for drug abuse prevention work.

“Whilst the mechanisms used for that purpose are likely to vary considerably in practice, a recognition of the need for evaluation and assessment remains important for the majority of countries that have developed demand reduction strategies.”

In those countries reporting drug education programmes in various settings, school-based programmes were most likely to be evaluated (43%), followed by community-based programmes (39%) and programmes implemented in health centres (38%). Nearly one third (31%) of those programmes implemented in workplaces were evaluated, as were about a quarter (26%) of those implemented in the correctional system.

Figure 2. Extensive prevention programmes providing information and education by region. Percentages of those responding to the Biennial Reports Questionnaire (BRQ, 2000)



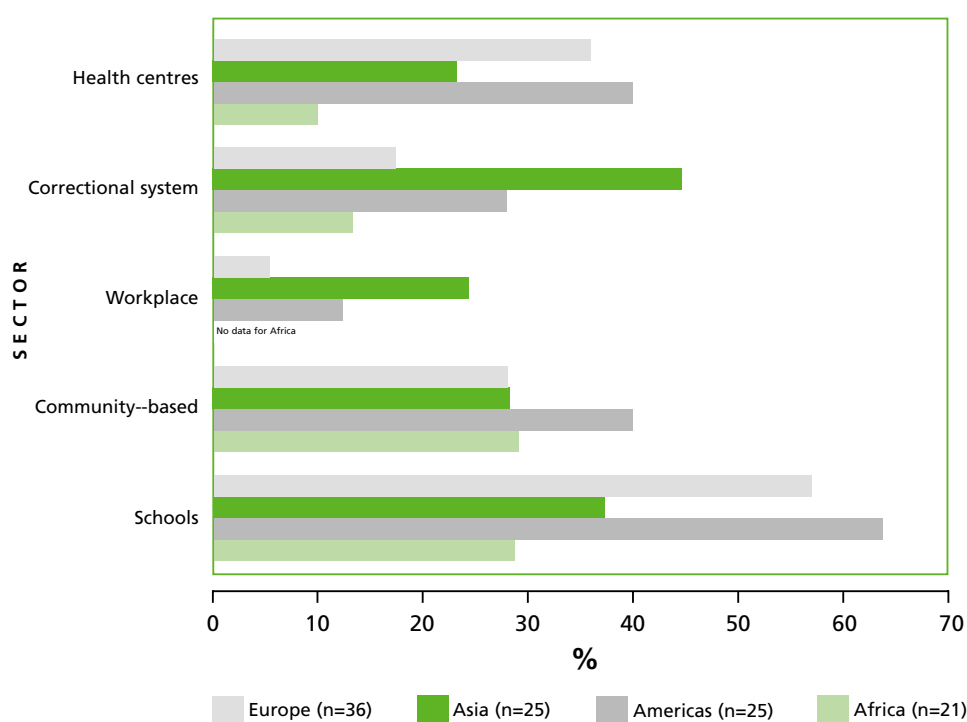
There are some notable differences between the regions¹ with regard to the extent of the implemented drug education programmes illustrated by Figure 2. 86% of European states responding to the questionnaire reported extensive school-based programmes. Some European countries have included education about drugs and drug abuse in the formal curriculum in secondary-level schools, which improves the feasibility of school-based prevention activities. 68% of those countries responding in Asia reported extensive school-based programmes, as did 56% of the responding countries in the Americas and 48% of those in Africa. With regard to community-based programmes, 44% of the countries responding from Europe report extensive programmes, compared to the countries from Asia and the Americas (60% in each). In Africa, 38% of the responding countries report extensive community-based drug education programmes. Extensive programmes conducted in the workplace were most reported by countries in Asia (24%) and in the Americas (20%). Amongst African countries, workplace programmes were extensively implemented by 14% of the responding countries, the figure for European countries was only 8%. Programmes focusing on information sharing and education were extensively used in the correctional system by 56% of the countries responding from Asia, whilst corresponding responses from the other regions ranged between 10 and 28%. Nearly half of the responding countries from Europe, the Americas, and Asia report extensive programmes in health centres, but the figure for African countries was only 10%.

¹Regional analysis of Oceania is not reported, as only two States responded to the Biennial Reports Questionnaire

Life skills development

Life-skills development refers to a range of activities designed to strengthen social and coping abilities in order to enable the individual to avoid taking drugs and developing drug problems. Such work is sometimes considered particularly appropriate for high-risk or vulnerable populations. Life-skills development programmes were more commonly reported in school settings. 27% of responding Governments also reported extensive prison-based life-skills programmes. The workplace was, again, the setting in which such work was most rarely undertaken.

Figure 3. Extensive prevention programmes on life skills development by region. Percentages of those responding to the Biennial Reports Questionnaire (BRQ, 2000)



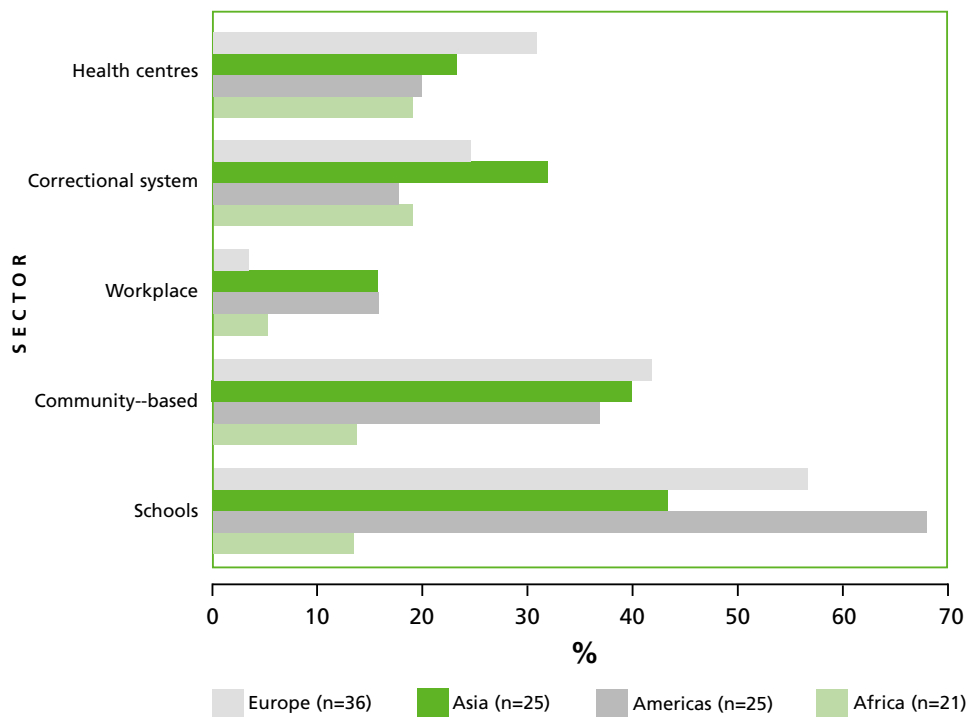
A regional analysis of the data from the BRQ reveals regional differences. The regions that reported notably high rates of extensive programmes in schools and health centres were the Americas and Europe. However, based on results, life skills development programmes in the correctional system and workplaces are clearly most prevalent in Asian countries. It should also be noted that none of the responding countries in Africa reported that workplace programmes had been implemented.

Alternatives to drug use

Similar findings apply to providing alternatives to drug use. Such programmes encourage positive activities and training to displace the role that drug use might play in a person's life. It is also common for this approach to be regarded as particularly appropriate for young people or for those considered as subject to increased risk of developing drug problems.

“It is well known that drug problems are often entwined with other social problems, and that they may therefore have a disproportionately serious impact on disadvantaged or marginalised groups within societies.”

Figure 4. Extensive prevention programmes on alternatives to drug use by region. Percentages of those responding to the Biennial Reports Questionnaire (BRQ, 2000)



More than half of the States responding from the Americas (68%) and Europe (56%), and 44% of those in Asia, report extensive prevention programmes in school settings that are focused on alternatives to drug use. In Africa this is considerably less common, as only 14% of the responding countries from that region report extensive programmes in schools. The extent of programmes implemented in health centres, the correctional system, and workplaces show no remarkable differences between the regions. However, it is worth noting that only 3% of responding countries from Europe report extensive programmes on alternatives to drug use in the workplace, whilst the corresponding figure for Africa is 5%, and 16% for the Americas and Asia.

Facilitating partnerships

The BRQ addresses the theme of the organisation of demand reduction activities, and whether or not there is a multisectoral committee to facilitate partnerships. The results here are remarkably positive. Most Governments (84% of all those responding and 96% of those who answered the question) reported that they have multisectoral committees at the national level. A slightly lower proportion report the existence of local multisectoral committees (62% of all respondents and 83% of replies to the question). Committees at the regional level were slightly less likely to be reported, although that difference was marginal (59% of all respondents and 80% of replies to the question). Governments also reported the establishment of an umbrella organisation for NGOs (59% of all respondents and 76% of replies to the question). The networking organisations and collaborating mechanisms were also largely reported to have provisions for identifying and including new partners (61% of all respondents and 83% of replies to the question).

Focusing on special needs

It is well known that drug problems are often entwined with other social problems, and that they may therefore have a disproportionately serious impact on disadvantaged or marginalised groups within societies. As a result, one important area of

demand reduction work consists of identifying those populations that are especially vulnerable to drug problems. Such information can lead to the better development and targeting of demand reduction programmes. In that context, it is important to ensure that interventions respect and are sensitive to cultural diversity, an issue specifically addressed in the Declaration on the Guiding Principles of Drug Demand Reduction.

The importance of initiating demand reduction activities targeting particularly vulnerable groups appears to be commonly accepted, with 62% of all Governments reporting special programmes in that area. Groups that are considered vulnerable to drug problems are likely to vary between societies, whilst some commonalities can also be expected. Where demand reduction programmes have been developed, groups identified as vulnerable include sex workers, prisoners, the children of drug-using parents, indigenous populations, street children and the homeless, ethnic minority populations, young offenders, transportation workers, the economically marginalised, those excluded from school and workers in the entertainment industry. It is regarded as a point of good practice to take into account, when developing programmes, the views of those who are the targets of the demand reduction work. The involvement of young people in programme development or implementation was more commonly reported than that of members of risk groups (76% and 58% respectively across all respondents).

One group commonly regarded as vulnerable to drug problems is prisoners within the criminal justice system. Demand reduction programmes designed to target ex-prisoners released into the community were reported by 47% of all responding Governments, but those targeting prisoners before release were more common (53% of all responding Governments). In addition, 44% of all Governments had established programmes for drug offenders as an alternative to punishment and conviction.

Most Governments (81%) reported that their national drug strategy included public information campaigns. The campaigns were generally based on assessments (79% of replies) and took into account the social and cultural characteristics of the population (89% of replies); but it was less common for them to be evaluated afterwards (53% of replies).

Building on experience

The final section of the BRQ, entitled 'Building on experience', considers how Governments can ensure that the lessons learned about effective programme activity are transferred to ensure continuity and the further development of good practice. Over half of the respondent Governments reported that ongoing training within specialist drug services was available; this was, however, far less commonly the case for non-specialist services. Most Governments reported that some form of initial training was available for both specialist and non-specialist programme staff.

62% of respondent Governments reported that their strategies and activities were monitored and evaluated to enable them to improve their national strategy for drug demand reduction. Many Governments also reported being involved in international coordinating mechanisms for the exchange of information at the bilateral level (74%), at the regional level (80%), and at the multilateral level (74%). More disappointingly, less than half (45%) of all Governments reported maintaining a national database with information on drug demand reduction. Where such a database existed, it was not usually linked with other multinational or global networks (35% of those responding and 24% of all Governments reported that this was the case).

One clear message that emerges from the abovementioned analysis of the Biennial Report Questionnaire is that Governments have a wide variety and range of experiences in demand reduction activities. There is, therefore, much to be gained by sharing the various lessons learned in order to contribute toward the achievement of the time-

“...it is important to ensure that interventions respect and are sensitive to cultural diversity, an issue specifically addressed in the Declaration on the Guiding Principles of Drug Demand Reduction.”

specific goals and targets of the 1998 UNGASS Political Declaration. This is what this document has started to look at.

Guidelines can help ensure that good practice is observed in that area.

Many Governments responding to the questionnaire reported the existence of guidelines for drug abuse prevention activities (71%), treatment services (74%), and rehabilitation services (61%). A supplementary question asks whether such guidelines take into account cultural diversity and specific needs relating to gender, age and socially, culturally and geographically marginalised groups in the population: 62% of Governments reported that this was the case.

Developing guidelines sensitive to such issues is not a trivial task. It may be useful to compare how the issue has been addressed in practice in various countries, and what lessons can be shared as a consequence.

4. Lessons learned in drug abuse prevention

4.1 Introduction

The following section highlights 15 practical drug abuse prevention case studies, chosen to highlight some of the key lessons learned in drug abuse prevention from around the world.

The case studies have been divided into the following chapter headings:

Local: The project has been implemented in a village, town, suburb, province, canton or state.

National: The project has been implemented in one country at a national level.

International: The project has been implemented across countries involving more than 2 nations.

4.2 Case Studies

GEOGRAPHICAL SCOPE	UN REGION	COUNTRY	SETTING	APPROACH	TARGET GROUP	PAGE
Local	South East Asia	Indonesia	Community/ Neighbourhood	Training and educating parents in drug abuse prevention, linked with a wider community mobilisation	Parents, Youth (12-25), Community	24
Local	Eastern Europe	Poland	Therapy centres Home Schools	Providing social and psychological support to children and families at high risk of drug abuse	Children at high risk (6-12), Families	28
Local	Oceania	Australia	Workplace	A peer-based drug and alcohol safety, education and rehabilitation programme in the workplace	Workers in the building and construction industry	32
Local	Southern Asia	India	Street, Residential Rehabilitation centre, Vocation training centre	Peer education and a residential rehabilitation centre which provides a caring and supportive environment for street children	Street children, Young sex workers and Homeless families and youth	36
Local	Southern Africa	Zimbabwe	Youth clubs Home Secondary Schools	Holistic intervention focusing on youth mobilisation and the provision of opportunities and alternatives for youth and the local community	Young people (13-26), Families, Parents, School leavers and Drop-outs, Community	40
Local	North America	USA	Schools Community	Providing children with positive role models through mentoring	Youth at high risk (9-13), Parents	44
Local	Western Europe	Greece	Secondary Schools	Teaching life and psycho-social skills and health education in secondary schools	Youth (12-15)	50
National	Central America	Guatemala	Primary and secondary schools	Intergration of drug abuse prevention into the school curriculum, and training of teachers	Children/Youth in schools	54
National	Central Asia & Transcaucasion Countries	Turkmenistan	Multiple settings	Protecting the health of youth through a multi-sectoral programme	Youth (14-25), Sex workers, Prisoners, Media, Government	58
National	West and Central Africa	Sierra Leone	Home Education Centre	Provision of IEC materials, advice, a telephone information line and training to the community	Community	62
National	Northern Africa	Morocco	NGOs working with street children	Translation and adaption of existing drug abuse prevention materials, and training of NGO staff to use them	Street children Children/Youth (5-25)	65
National	Near & Middle East/South West Asia	Lebanon	Any setting	Training of youth workers in existing civil organisations to carry out drug prevention activities	Young people (15-25)	69
National	South America	Bolivia	Private & public institutions working with children & adolescents	Defending and promoting childrens' rights through the capacity-building of municipal defence councils	Children (1-18)	72
International	Caribbean	Caribbean	Community	Community empowerment and development to create the social changes necessary to reduce drug demand	Community	76
International	East Africa	Kenya	UNDCPEast Africa Office	Networking and empowering NGOs working in drug abuse prevention in East and Southern Africa	NGOs	81

A general disclaimer with regard to all case studies Where statistics /data are quoted about the nature and extent of the drug problem in a particular country/region, it should be emphasised that these statistics/data have been provided by the agency/organisation implementing the particular project cited in the case study. They do not necessary reflect the 'true' picture nor are they necessarily endorsed by the respective Government.

Mobilising Families and Communities for Drug Abuse Prevention at the Grassroots Level

REGION:

East and South East Asia

COUNTRY: Indonesia

Organisation: RECON-INDO

TARGET GROUPS:

- Parents
- Community institutions
- Youth (12-25 years)

SETTINGS:

- Community/Neighbourhood

IMPLEMENTING AGENTS:

- Parent peer educators

PROJECT PURPOSE:

Training and educating parents linked with community mobilisation to engage in drug abuse prevention activities in 15 neighbourhoods.

COST: US \$8,000 for one year

DURATION: 16 months



Recognition Award to Parent Educators for Prevention by the Minister of Women's Affairs, Mrs. Khofifah, for their dedication and commitment in drug prevention at the grassroots level.

Background:

Over the past five years, illicit drug abuse, production and trafficking in Indonesia have increased and spread at an alarming rate, causing severe social, political and economic problems. Data indicates a threefold increase of total illicit drug abuse between 1997 and 1999; the number of abusers of ganja (marijuana) increased by 400% between 1997 and 2000; and the number of Amphetamine Type-Stimulant (ATS) abusers increased by 356% over the past 4 years¹. The rising trend toward injecting opiate has also become a problem for Indonesia, and has brought with it an increased threat of HIV/AIDS. Sharing injecting equipment is common. There is significant and widespread evidence of sexual behaviour patterns characterised by multiple sex partners and low condom use. BKNN, the National Coordinating Body for Narcotics Control, estimated a total of 13,000 drug users in Indonesia in 1999, but this official figure, in light of the absence of comprehensive data, is seen by many to be relatively low. The Ministry of Health estimates 1 million drug users in Indonesia. Of these, 60% are injecting drug users, of whom 70% share needles and 15% are HIV/AIDS positive. The majority of drug abusers are between the ages of 15 and 25, although an upward trend has been noted amongst school children as well as young executives and workers. Indonesia is no longer just a transit area for drugs: it has become a target destination and a major market for illicit drugs.

At the community level, drug dealing on street corners is a common complaint amongst the residents. Drug dealers in the neighbourhoods are known, but generally no one reports them. In some areas, certain groups of young people using drugs have influenced, pressured or harassed others to do so. This situation has created fear and anxiety amongst the local people, particularly parents concerned about the impact of this problem on their children's lives. Parents are often left alone with the task of protecting their children from drug abuse and lack adequate knowledge about drugs and their own preventive roles. Parents need all the help they can get from the community to support their children in resisting drugs, but support from the community is often minimal and weak. Considering the complexity of the drug problem at the local level, the challenge in addressing it is to enhance parents' strengths and to mobilise community groups as their strong allies in drug abuse prevention.

Sources: ¹National Narcotics Coordinating Board (BKNN)

Aims:

To prevent children and youth from using drugs, and to enhance commitment and participation for drug abuse prevention through strengthening parents' skills and securing the support of the community.

Main activities:

Increasing community awareness through an information campaign

- **Sensitising and informing Government officials and community chiefs about the drug problem:** Conducting seminars for all Government officials and community chiefs at the sub-district level as an initial step to inform them about the nature and extent of the drug problem at the national and local levels, and, eventually, to legitimise the drug abuse prevention programme. Integrating drug abuse prevention information into the monthly meetings of village and neighbourhood leaders.

- **Raising awareness in the community:** The production and distribution of banners, pamphlets, leaflets and stickers on the nature and extent of the drug problem and its dangers, and the posting of these in strategic places throughout the community. A community-wide drug information campaign in the form of talks and/or lectures and discussions integrated into the monthly meetings and routine activities of various community groups (e.g. parents, youth, religious groups, schoolteachers and students), and in schools.

Strengthening parenting skills

- **Developing learning packages for parenting education:** This includes the following topics and areas for skill development: the nature, scope and extent of the drug abuse problem; parents' roles in drug abuse prevention; good parenting education for drug abuse prevention; understanding adolescents; building children's self-esteem; communication in the family; discipline; and drug abuse prevention and its strategies.

- **Training parent peer educators:** Ninety parent peer educators were trained in the above topics in order to reach other parents in social settings. The parent peer educators automatically become members of the Neighbourhood Drug Prevention Team and are responsible for planning, organising and implementing further parenting education classes and drug education in their respective neighbourhoods.

Community mobilisation

- **Mobilising community groups to plan together, and organise and implement drug prevention programmes within their neighbourhoods:** Enhancing community organisation and networking through establishing a drug abuse prevention committee, composed of volunteers from various groups within the community, with the village chief as the adviser. This group develops co-operative relationships with parents' groups, schools and other related segments of the community. This network of concerned community citizens serves as a forum for sharing ideas and perceptions about issues related to drugs, as well as providing leadership for planning, organising, implementing, co-ordinating and evaluating drug abuse prevention programmes.

- **Training and education:** Training community leaders and programme volunteers in drug abuse prevention and its strategies, including parenting education. This also includes recruiting more volunteers. Active community leaders, both formal and informal, are motivated to join the Village Drug Prevention Team, and to participate in the overall prevention programme.

Monitoring & Evaluation:

The outcome evaluation consisted of a questionnaire-based survey carried out on a random sample of 250 programme participants, of which 112 responded.

“Every group and individual with which young people come into contact has the potential to prevent drug abuse.”

Outcomes:²

COVERAGE
Number of Children/youth reached: 250
Number of peers/mediators/educators/teachers etc. trained: 90
Number of families reached: 1000
Number of institutions/associations involved: 20

“An awareness campaign was the initial activity, based on the premise that people are not likely to support or get involved in a programme that they know little or nothing about.”

Overall, the experience has been positive. The programme has covered approximately 15 neighbourhoods, has reached approximately 1000 parents/community leaders and 250 youth leaders within a year of project implementation, and has managed to affect the knowledge, attitudes and skills of parents with regard to good parenting and drug abuse prevention. The community has a high level of awareness of the seriousness of the drug problem and has been successful with regard to implementing and maintaining community-based drug abuse prevention efforts. Parenting education, the initial drug abuse prevention activity of the programme, became the gateway to community mobilisation. Schools started to review their drug policies, and school-based drug abuse prevention teams have now been established in some schools. Local police and neighbourhood alliances show strong support of the community drug abuse prevention efforts, and dedication and involvement in activities is being shown by various community, religious and youth leaders.

Some of the most important results defy quantification - the human development and the acquisition of new skills and confidence through active participation as volunteer parents and drug abuse prevention educators, for instance. Likewise, the enthusiasm, dedication, readiness and commitment of parent/community leaders is clearly shown by their continued efforts in planning, implementing and coordinating drug abuse prevention programmes.

There have been some obstacles that have affected the overall implementation of the programme. Despite the support of the police and their good relationship with the community, some neighbourhood leaders and parents were afraid to come out openly in support of the drug abuse prevention programme for fear of being harassed or threatened by drug dealers/syndicates. In addition, the current economic crisis and high unemployment rate in Indonesia have had a negative impact on the drug abuse prevention programme. Many community and parent leaders are forced to earn their living through multiple endeavours, reducing the time and attention they can devote to prevention activities.

Lessons Learned:

- **Parents, particularly mothers, if given assistance and support, can be the most active resource and partner of the community and the Government in addressing the drug problem:** This is because they are the people who care most about their children, and who have the motivation and the courage to fight for their welfare. The readiness and willingness of parents to help, coupled with their sense of community spirit and responsibility, are some of the human elements of prevention that have motivated ‘ordinary’ grassroots people to participate actively in drug abuse prevention.

Sources: ²RECON-INDO (Lina G. Padmohoedjo). January 2001. Final Report: Mobilising Families and Communities for Drug Abuse Prevention at the Grassroots Level.

- **Partnerships with local Government, NGOs and the community are an indispensable element in undertaking integrated community-based drug abuse prevention:** Sharing resources, communicating, and co-operating in planning and implementation in order to reach mutual goals have all undoubtedly contributed to sustaining momentum beyond the initial stages of the project. Generalised expressions of support by Government officials have been useful in boosting the morale of parent and community volunteers. The crucial political support, however, comes from the village level, and experience demonstrates that generalised expressions of support by top Government officials are not enough. The direct participation of community and religious leaders, parents and community groups is what makes the difference.
- **Funding and technical assistance are essential elements in keeping the programme moving:** The community should be given the opportunity to share funds regardless of the amount. This kind of sharing strengthens people's sense of identity with the programme and gives them a real sense of ownership, achievement and pride.
- **Regular follow-up and monitoring of prevention programmes is a must in order to maintain momentum:** To sustain a prevention effort, it is important to maintain the interest of the community. In the case of this project, sustaining momentum is guaranteed through internal monitoring and the assessment of inputs, activities and outputs from the very onset of the project. This is done to ascertain the weaknesses and/or positive features of the activities initiated, to adequately meet the changing situation, and to adjust activities according to perceived needs.
- **The provision of incentives is needed to give volunteers a sense of achievement and to sustain interest and enthusiasm:** This should not necessarily be financial. Increased knowledge and skills, greater social status, social recognition and the desire to help others have been sufficient incentives for many volunteers on this project to work to help children and youth to stay away from drugs. Other incentives included uniforms for the team, news articles on their work, interviews, serving in training-workshops on drug abuse prevention in order to share their experience, TV coverage of their activities and documentation of the group's efforts and accomplishments, including group photographs with high Government officials.
- **Delegating authority sustains prevention activities:** The delegation of authority by the local Government to the group responsible for planning and implementing prevention programmes in the community ensures the continuity of the prevention activities. This approach indicates trust in the team and volunteers to make decisions and to implement them effectively.
- **The clearly stated nature of the programme's goals and objectives, articulated and understood by the group, have contributed to the project's positive results:** Likewise, community involvement in the evaluation of the prevention programme also helped in obtaining feedback of results. This is an important element in maintaining the interest and enthusiasm both of the community and of the volunteer workers.
- **Collaboration between committees takes time:** An integrated, multidisciplinary drug abuse prevention body has been established at the sub-district level. This co-ordinating body and the village prevention team have not yet emerged as full collaborating partners in planning and implementing prevention activities. Inadequate resources and the seeming lack of administrative machinery have constrained this body to establishing linkages with the village prevention team and other groups.

“Parents are often left alone with the task of protecting their children from drug abuse.”

Community Psycho-Prophylactic Programme for Children and Families

REGION:

Eastern Europe

COUNTRY:

Poland
Organisation: The Powiśle Foundation

TARGET GROUPS:

- High-risk children (6-12 years) who display substantial educational disruption and who are surrounded by an environment of crime and drug addiction
- Families

SETTINGS:

- Therapy centres
- Home
- Schools

IMPLEMENTING AGENTS:

- Social workers
- Psychotherapists

PROJECT PURPOSE:

To provide psychological and social support to children and their families who are at a high risk of drug abuse in an urban neighbourhood

COST: An annual average of US\$ 235,500

DURATION: 11 years and ongoing



A drawing made by one of the children attending the Troubled Youth Centre.

Background:

In Poland, drug and alcohol abuse prevention programmes have mainly consisted of universal prevention activities such as running educational classes in schools, or poster campaigns. Throughout the country, there are small local programmes that aim at the early prevention of drug abuse amongst high-risk groups, including families with members who have an addiction problem. The project presented here is in line with the prevention policies issued by the Drug Department of the Ministry of Health, and is contextualised by a wider national effort to start preventative work with children and families that are threatened with marginalisation, at an early stage. It is also in line with State guidelines on educational and social care reform, which focus on delivering services at the local level through small community institutions.

Political and economic changes weakening social bonds, and the reduction of the role of the state in ensuring its citizens' welfare, have affected the lives of many families in Poland over the last decade. The opportunity for children and youth to take free classes after school has drastically decreased and the level of unemployment has gone up. Addictions amongst youth may stem from family breakdowns and the lack of family care and discipline in their up-bringing, which together can lead to emotional problems and personality disorders in children. The Community Psycho-Prophylactic Programme is addressing children and families in need of psychosocial help in order to function effectively as families.

In Warsaw, there has been a rise in the rate of addiction, especially amongst youth. The programme is run in Powiśle, Warsaw, the urban area with the highest rates of unemployment, crime and addiction. Approximately 50,000 people live in Powiśle, an area characterised by enclaves of poverty alternating with new housing estates and modern office buildings. People who are poor, unemployed and without education, making a living out of theft, illicit trade and social benefits, live in many of the overcrowded social flats in this area. Many of these are migrants from the countryside who moved to Warsaw 20-30 years ago. The level of difficulty of everyday life often affects parents' ability to pay adequate attention to the upbringing of their children. These children are being left alone to grow up on the street, surrounded by other, similarly-troubled children; they cope with this situation as well as they can. They often have severe emotional problems and an extremely poor intellectual, cultural and social heritage, and tend to avoid school. Before the implementation of the programme, Powiśle was one of the most dangerous districts in the centre of Warsaw, with the largest number

of crimes committed by children and youth, and with the largest number of children referred to orphanages. The project does not intend to reach all youth in the community, but particularly targets those coming from the backgrounds described above.

Aims:

To prevent children from becoming addicted to substances, and to counteract and avert psychosocial pathologies in their development. This programme endeavours to create a cohesive and stable counselling and re-socialisation system for children and their families.

Main activities:

- **Targeting children and identifying their risk factors:** The programme targets children with significant disciplinary problems, those who have trouble learning, and those who have emotional and social problems and are therefore at higher risk of using substances. This type of problem is usually rooted in the past and current family situation of the child and the majority of children recruited in the programme come from families of alcoholics. Solving these problems often exceeds the capacity of schools. The aim of the project is to decrease drug abuse and crime, to decrease the number of referrals to orphanages and child institutions, and to increase the emotional development and social inclusion of children at high risk through carrying out prevention work at an early stage.
- **Using 'Troubled Youth Centres' as the setting to reach children:** These Centres are open for 6 days a week and are seen as safe places where the children can get support when suffering personal crises, problems with growing up, trouble with school-work, peer conflict etc. The Centres are situated close to the children's homes, and are therefore easily accessible. The main activities carried out at the Troubled Youth Centres are a combination of therapeutic group and individual-based sessions, including activities designed to improve their emotional functions, social skills and cognitive activity. There are 25 children per centre, who attend the activities each day.
- **Rules and regulations in the Troubled Youth Centres are made by the children:** There are basic rules in the centres, which include stipulating equal treatment for each child, the rule that decisions are made by vote of the children, and the prohibition of drug and alcohol consumption and violence on the premises. Through the formulation of common rules and norms of behaviour decided on by the children, educators and volunteers in the centres, a 'corrective' environment is created based on mutual agreement.
- **Reaching parents and families in the community:** Systematic social work is carried out with the families that live in the community. This consists of improving their living conditions, conducting consultations about upbringing methods and providing general assistance for their everyday needs. The aim is to increase parent's knowledge and skills so that they can educate their children and solve family problems and crises.
- **Using Family Counselling Centres as a setting to reach parents:** Most of the parents are offered family therapy at the local Family Counselling Centre. Counselling, support groups and crisis interventions are also provided. Parents with children attending the Troubled Youth Centres will be given priority. Often, these parents have very serious problems of their own, such as unemployment, alcohol abuse or legal problems. Working with parents rests on the assumptions that families are the first and most important agent of preventing psychosocial difficulties in a child.
- **Collaboration with schoolteachers:** Teachers in schools are being sensitised in order that they may identify children at high risk. They are encouraged to exchange information about individual cases, to make plans on how to support these children, and to ensure that the care given in the Troubled Youth Centres is maintained at school. This increases opportunities for social inclusion, and enhances partnerships between local agencies and services.

Monitoring & Evaluation:

Evaluation of the progress of the programme is based on regular supervision meetings, direct and indirect feedback from children, parents and teachers, and individual case studies, which are monitored, recorded and discussed. Monitoring meetings are held biannually to assess the effects of the programme, where simple questionnaires about children's behaviour are given to parents and teachers.

Outcomes:

COVERAGE
Number of Children/youth reached: 800
Number of peers/mediators/educators/teachers etc. trained: 300
Number of families reached: 400
Number of institutions/associations involved: 50

Due to the long-term character of the programme, it is difficult to quantify the outcomes. Some processes have, however, been observed and confirmed:

- A decrease in crime and addiction rates amongst children and youth in Powiśle
- A decrease in the number of referrals of children and youth from Powiśle to orphanages
- A reduction of violence in schools
- Improved educational performance by children in schools, and improved social skills around their peers
- Improvement of social and emotional behaviour, and of the educational skills of parents
- A change in the attitude of teachers, and the consequent individualisation of teaching for pupils with significant disciplinary problems
- Approximately 300 volunteers have been trained in social work methods with children and families

In the 10 years of the programme's existence, approximately 800 children have been reached, along with about 400 families. Due to lack of funding, the project has had to cut down from five centres to two centres, which cater for roughly 25 children each. A night shelter where children could go when experiencing crisis situations at home was also in place for a while, but has now closed down.

A specific characteristic of this programme is its long-term effect on the target group. In Poland, the majority of institutions providing social help are geared towards meeting the immediate psychological needs of their clients. This programme, however, opts for a community-based approach to social problems that covers families, children and institutions together in order to ensure a comprehensive and enduring system of care and drug abuse prevention.

Lessons Learned:

- **Children with emotional and social problems need therapy at a level which exceeds the schools' capacity to provide it:** Children at high risk, such as those living in this Polish community, often require increased social and psychological attention by carers and a safe environment. An approach must therefore be chosen which is more focused on high-risk individuals, and which provides extra guidance outside the school environment.
- **The effect of educational and therapeutic work on children will depend on complementary work with their families:** In this approach, both the children and the parents/families are targeted. This 'dual' approach reinforces the child's opportunity to progress, because the behaviour patterns encouraged in the centres can be reinforced at home. It also means that the behaviour of parents changes and their awareness of their own role is heightened. This approach focuses on keeping children in their own families, and avoids sending them to foster families or children's homes.

"We strive to meet the specific, individual needs and interests of the children sent to us; every child will be able to count on concrete help with schoolwork, family crises and peer conflicts."

- **Focusing on high-risk individuals and their integration into society is an important approach:** To facilitate the social integration of children at high risk, prevention work should focus on those in close social proximity to the child, including the family, teachers and peers. The project targets all the social agents in direct contact with a child.
- **Continuous training of staff is necessary to enhance the impact:** The quality of the work of the staff is important in order to achieve a positive effect. As the social interaction between educators and children and the therapy sessions in the therapeutic centres are the core components of this approach, the better-trained and qualified the educators are, the more effectively they will address the individual child's problems.
- **Co-operation with local services in exchanging information and experience, and in developing a common strategy:** The experience gained by running such a project and service should be fed back to other local services that should, in return, share what useful information they have. This reduces the unnecessary duplication of efforts and enhances effectiveness.
- **The success of a programme will depend on its ability to integrate into and gain support from local society:** 'Local society' includes inhabitants, schools, police, social services and other organisations working in the field of drug abuse prevention. A project is easier to implement if the local society approves of it.

Drug and Alcohol Safety and Rehabilitation Programme

REGION:
Oceania

COUNTRY: Australia
Organisation: Building Trades Group (BTG) of Unions Drug and Alcohol Committee

TARGET GROUPS:
• Workers in the Building and Construction Industry

SETTINGS:
• Workplace

IMPLEMENTING AGENTS:
• Safety Committees
• Workers

PROJECT PURPOSE:
A peer-based drug and alcohol safety, education and rehabilitation programme in the workplace

COST: US \$523,586 per annum (including the provision of rehabilitation and treatment centre with 14 beds)

DURATION: 10 years and ongoing



Posters and stickers are part of the educational materials used in the project.

Background:

People in the building industry generally acknowledge that alcohol has been part of the industry's culture for many years¹. Alcohol has been used as currency for wages or bonus payments, and as part of an important industry rituals: site barbecues. Traditionally used to mark completion of the stages of a job, barbecues are typically supplied with free alcohol by the employer. Many building workers have stories to tell about excess consumption, intoxicated workers, pubs that focus their marketing on building workers (with breakfast happy hours and lunch-time strippers); as well as the accompanying accidents, disputes, poor performance, ill-health, and family breakdowns. Sometimes these stories are told with a bravado which reinforces the concern expressed by employers and union officials that alcohol abuse was still very much taken for granted in the industry.

The claim that the building industry contains an alcohol culture is supported by research data indicating high levels of alcohol consumption. Over one in four (27%) workers in the building industry drinks at a high- or moderate-risk level, compared with an average across all industries of around 18% of workers.² Similarly, workers in the construction and mining industries have the highest reported level of hangovers (4.9% of all workers) - twice the average for all industries.²

There are no figures available for drug consumption in the building industry; however, given the number of its young employees, it is generally considered that consumption of drugs would be at least as high as levels of alcohol consumption. Statistically, the building and construction industry is the second most dangerous industry in Australia (second only to mining), and the World Health Organisation estimates that 1 in 4 (25%) of all industrial accidents world-wide can be attributed to drugs and/or alcohol.²

The national cost of workplace injuries related to alcohol and drugs, based on workers' compensation payments alone, was estimated in 1991-92 to be between AUS \$3.4 million and AUS \$10 million.² The project presented here fits into the objectives of the National Drug Prevention Agenda, which is part of the National Drug Strategy of the Federal Government of Australia.

Sources: ¹Personal communication between project manager and safety officers, site managers and union officials. ²ARTD. August 1995. *Evaluation of the Building Trades Group of Unions. Alcohol and other Drugs Safety Programme 1992-93. Final Report.* Prepared for the Tobacco and Workplace Section, Drugs of Dependence Branch Commonwealth Department of Human Services and Health, Australia.

Aims:

- To improve safety on building sites by teaching workers to take responsibility for their own safety and that of their fellow workers in relation to drug and alcohol use
- To train safety committee members in how to deal effectively with affected workers
- To inform workers with problems about appropriate treatment options and assist them to access these services when necessary

Main activities:

● **Increasing the awareness of workers of the drug and alcohol safety programme offered by the Building Trades Group of Unions Drug and Alcohol Committee:** Initially, liaison took place with union officials, project managers and drug and alcohol service providers. Then, site Safety Committees were informed about the programme. Information/education meetings and awareness sessions were then carried out on building sites with more than 20 workers. These included the screening of the video 'Not at Work Mate', the distribution of leaflets and posters outlining drug and alcohol safety issues and the response on building sites, and the printing and distributing of T-shirts, posters and fliers which promote and publicise the programme.

● **Increasing the competence of Safety Committee members to intervene in order to reduce hazardous behaviour in the workplace due to drug and alcohol use:** Site Safety Committees were informed about the programme and were provided with detailed information on its policies and procedures, and the services offered by existing drug and alcohol service providers. After the promotion of the Drug and Alcohol Safety in the Workplace Training Course to Safety Committee members through meetings, leaflets and media, the members undertook this training. The programme differs from most workplace alcohol and drug programmes by being union-based and worker-run. It was only implemented on sites where a meeting of workers agreed to adopt its policy, which is based on harm reduction and worker responsibility for safety using peer intervention through Safety Committees.

● **Increasing workers' awareness of the availability of drug and alcohol referral, assessment and detoxification services and rehabilitation facilities, including referring workers and members of their immediate families to a Treatment Centre:** The promotion and publicising of the services available at the programme's treatment centre, and other appropriate service providers, was carried out at site meetings, training and education courses, and through posters, media, T-shirts, and fliers. Workers and members of their families with drug and alcohol problems were referred to the treatment centre for assessment/treatment. Liaising with drug and alcohol services concerning the provision of other appropriate services for building workers is ongoing.

Monitoring & Evaluation:

The programme was evaluated by external evaluators in 1992-93. This consisted of both a detailed process evaluation and an impact evaluation.

Process evaluation:

This was carried out to refine and enhance the programme as it progressed. During the process evaluation, the programme's objectives, methods, planning and monitoring were reviewed and improvements recommended. In particular, the objectives were reformulated and used as a framework for monitoring and evaluation.

Impact evaluation:

The impact evaluation assessed the effectiveness of the programme against its aims and objectives, as well as against relevant National Drug Strategy (NDS) policy; and its capacity to be ongoing, and to attract independent funding. Multiple methods for data collection were used in both evaluations.

"It's unacceptable to be intoxicated on the job because it threatens the safety of everyone in the workplace."

Outcomes:

COVERAGE
Number of workers reached: 58,300 (Province New South Wales only)
Number of peers/mediators/educators/teachers etc. trained: 1400 (Province NSW only)
Number of families reached: N/A
Number of institutions/associations involved: N/A

Four main products were produced by the programme, including:

- A policy on alcohol and drug safety
- A method of intervention for the removal of drug and alcohol affected workers from the workplace
- A set of educational materials
- A training course for Safety Committee Members and other key personnel

By the end of 1993, approximately 19,000 building workers were exposed to the programme - an estimated 12% of the industry's workforce in Australia. While the programme was implemented to some extent on building sites in all states and territories (except Tasmania), it did not achieve broad national implementation over the 1992-93 period. The main constraining factors were the limited extent of commitment from the building unions in some states, difficulties in the development of active committees, and difficulties in finding funds to employ alcohol and drug workers. By the end of 2001, the New South Wales programme had reached approximately 58,300 workers in onsite awareness sessions and 1,400 safety committee members had been trained. National figures are not available at this point in time.

The programme was effective in raising awareness of drug and alcohol safety issues among building workers. On sites where it was adopted, the programme contributed to changing attitudes towards responsibility for workplace safety related to alcohol and other drugs. Through this, the programme can be seen as contributing to an appropriate change in the culture of the workplace consistent with its aims.

The performance of Safety Committees was critical to the programme. The training course on alcohol and drug safety was found to be an effective way of providing Safety Committee members with the confidence and skills to intervene appropriately. Members of Safety Committees who had used the programme's method of intervention reported that it was an efficient means of removing an affected worker from the site with a minimum of coercion, fuss or danger.

The training of Safety Committees to apply programme policy and to make interventions did not keep up effectively with the programme's exposure to building workers at sites, reaching only around 10-15% of the sites where the policy was adopted. The remaining sites did not have Safety Committee members who were trained to implement the policy, thus creating potentially harmful situations for individuals and for the programme's credibility.

Until reliable sources of external data are available that can link workplace accidents and injuries with the use of alcohol and other drugs, there will be difficulties in measuring with accuracy the programme's contribution to such outcomes as reductions in workplace accidents.

“If you choose to use alcohol or drugs that's your business. If you choose to do it in the workplace that's our business. If you want to stop drinking or using maybe we can help.”

Lessons Learned:

- **Crucial to the programme's success is the support of all principal industry stakeholders - employers, the unions and the workers themselves:** Each group has different ideological, political and ethical needs and wants. Effectively accommodating the needs of all 3 groups without compromising the primary aims and objectives of the programme has been a major task in maintaining overall industry support.

- **Satisfying the needs of the employers and union stakeholders:** By addressing drug and alcohol issues from a safety perspective, the programme was seen as pursuing the union agenda of a maintaining a safe workplace and improving the well being of their members. In addition, the programme's ability to resolve drug- and alcohol-related incidents without industrial disputes also satisfied the objectives and agendas of the employers and major employer groups. The programme functions without affecting the overall concern for continuous productivity of the employers.

- **The programme's credibility in the industry made a significant contribution to its achievements:** Its credibility comes from the programme remaining focused on its primary purpose, and refusing to be hijacked by the industrial, political or ideological concerns of any particular group or individuals.

"A safe job is a good job."

- **Being seen as coming from 'inside' the industry and sharing its values, structures and culture heightens acceptability:** The programme's acceptance by workers was partly due its grassroots approach, and partly to its ability to develop policies that met their needs around specific issues. An example of this was the development of Guidelines for the Responsible Serving of Alcohol at Company Functions. Rather than condemning the practice of company functions (site barbecues etc.), the guidelines provided information on how to hold these functions in a safe and appropriate manner.

- **Meeting the needs of the target group through offering practical solutions to specific problems:** Addressing unsafe practices in the workplace related to alcohol and drug abuse is the principle aim of the programme. By focussing purely on safety in the workplace in the initial instance, and not on personal behaviour outside the workplace, the programme positioned itself to provide awareness and education around safety in the workplace and the availability of referral options. This strategy gained the trust of workers who then felt comfortable raising issues concerning the personal problems of themselves or their families. They realised that the programme was focused on their welfare.

- **Peer-based interventions are more effective and reduce the potential for industrial problems or personal tensions:** Conventional education approaches are not as effective as peer-based interventions where workers take responsibility for their own safety and that of their fellow workers. This programme is implemented by peers rather than by management personnel. Workers know that the programme takes into account their individual needs around safe work practices, as well as their needs for access to appropriate and effective treatment options where necessary. Interventions around unsafe work practices due to drugs or alcohol were carried out by peers, with key safety personnel undertaking training to remove unsafe workers from the workplace. This strategy was vital in promoting industrial harmony and avoiding industrial disputes.

- **Involving the target group in the development and implementation of the programme, as well as in the development and distribution of educational materials:** This resulted in the materials being designed to reflect the culture, language, needs and wants of the industry. Having been developed by the target group, resources were easily understood and accepted.

Prevention and Residential Rehabilitation Programme for Child Addicts

REGION:
South Asia

COUNTRY: India
Organisation: SUPPORT

TARGET GROUPS:

- Street Children
- Young sex workers
- Homeless families and youth

SETTINGS:

- The street
- Residential rehabilitation centres
- Vocational training centres

IMPLEMENTING AGENTS:

- Peer educators

PROJECT PURPOSE:
The provision of peer education to support children and youth living on the street, and the provision of a caring and supportive residential rehabilitation centre

COST: US \$150,000 for four years

DURATION: 10 years and ongoing



This concept and imagination was given by children and developed by an artist. This picture tells you that if you take drugs your life becomes like a worm where people can step on you. This is also used to talk about drugs and its impact.

Background:

Street children in Mumbai, like street children in general, are at a high risk of drug abuse. In Mumbai, children often start smoking tobacco and other tobacco substitutes, and then move gradually on to other drugs such as glue, liquid whitener, marijuana and heroin. A gradual move from 'soft' drugs to 'hard' drugs is frequent among this target group; therefore, the earlier intervention takes place, the less likely it is that the children will have moved up this ladder.

Previous outreach work amongst street children by social workers of the organisation indicated that children living in the streets have very little information on drugs and HIV/AIDS, and lack the capacity to deal with these issues. The existing organisations working with drug addicts were not specialised in working with children with this type of background and their associated set of problems. The organisation therefore set up a caring and supportive rehabilitation centre for this specific target group. When the project began, none of the existing organisations working with street children in Mumbai dealt directly with the issue of drug abuse and addiction.

This project fits in with the specific guidelines of India's drug abuse prevention policy.

Aims:

To reduce drug abuse and the incidence of HIV/AIDS among street children, young sex workers and homeless families and homeless youth in Mumbai.

Main activities:

The project carries out multiple activities to inform the target group about the consequences of drug use and HIV/AIDS, and to provide the children with personal and vocational skills in order to reintroduce them to mainstream society. These primary prevention activities are coupled with a residential rehabilitation programme.

- **Selecting and training appropriate peers for peer-based street education:** Children who were previously drug users living in the streets are approached and trained in HIV/AIDS and drug-related issues. The peer educators (animators) are the most important agents of the project. They carry out outreach work in the streets, develop IEC (information, education and communication) materials, and organise exhibitions on such health topics as Sexually Transmitted Infections (STIs), HIV/AIDS, and hygiene and nutrition. They ensure that street children are reached in their day-to-day environments. Peer educators are trained by professional staff from the organisation to perform these activities. They work on a voluntary basis, but are paid small fees and receive shelter and food in compensation.
- **Increasing the literacy and alphabetisation of the street children and helping them enrol in the municipal schools of Mumbai:** This activity principally targets children below the age of 14. Before children are enrolled in the schools, and later, throughout their stay at school, they are given coaching classes to prepare and to support them.
- **Providing street children with vocational training and employment opportunities:** Vocational training in screen-printing, carpentry, handicrafts and other professions is provided for those older than 15 in order to heighten their chances of gaining employment in local enterprises. The peer educators also have the choice to engage in these training possibilities, and can then choose whether they want to continue working with the organisation or opt for working as craftsmen.
- **Counselling and interactive group sessions in a caring and supportive environment at the residential rehabilitation centre:** The residential rehabilitation centre exists to offer street children an alternative to street life. The project's approach is to tackle the problem in a holistic way, and to help the development of children as positive individuals. The Centre is also the place where the training activities occur, and from which the peer educators work. It provides food, clothing and shelter. The Centre's residential programme started in 1995 with 10 boys, but now has the capacity to accommodate at least 120 boys and/or girls who were previously regular drug users and/or sex workers.

"Today's children are tomorrow's future."

Monitoring & Evaluation:

The evaluation of the project is continuous, and is based on a mixture of process and outcome tools and indicators. Regular staff meetings are held to discuss the results achieved in relation to initial objectives. These meetings bring project managers and front line workers together to exchange experiences. At the end of each year, external evaluators are brought in to evaluate the outcome of the project's activities.

Outcomes:

COVERAGE
Number of children /youth reached: 2000
Number of peers/mediators/educators/teachers etc. trained: 50
Number of families reached: 500
Number of institutions/associations involved: 15

Approximately 2000 children have been reached on the streets by 50 peer educators carrying out prevention activities. Results from the external evaluation have so far not been fed back to the organisation, but substantial outputs have been noticed in several areas:

- The admission of children into schools has increased

- 100 boys have been trained in screen-printing – most of whom are now employed
- Peer educators have carried out various activities with regard to raising awareness about HIV/AIDS and drug abuse prevention
- Significant numbers of children have left the streets and opted for rehabilitation – 300 over the last three years
- SUPPORT's credibility as a source of HIV and Drug information is now high amongst organisations working with street children

Lessons Learned:

- **Prevention and intervention are complementary strategies in addressing the drug problem in street children:** Prevention – in the form of information – will not affect the behaviour of street children unless it is coupled with opportunities to receive care and treatment if they desire or need it.
- **Intervening early:** The earlier the intervention, the less effort, time and finances are required to prevent a street child from abusing drugs. It is easier to promote behaviour change in street children when the child is not yet too influenced by street life.
- **Multiple factors need to be handled with multiple approaches:** Dealing with human beings is a complex activity, especially when dealing with street children who have developed their own survival skills. The survival skills generally include drug use. Such children need to be approached as individual cases, but handled as a group or a team and looked after in a safe environment where there is space for self-reflection and analysis.
- **Working with professionally-trained people can be cost-ineffective:** It is important to get professionals to carry out certain specific tasks for specific periods, such as doing medical check-ups or giving expert information on health issues. However, using 'unqualified' people from the target group and turning them into educators can be a successful and economic way to reach and involve the target group over a longer period of time. This approach is more sustainable, it increases self-reliance, it focuses attention on working with laymen, and it empowers laymen to deal with their own situation.
- **Equipping street youth with technical and educational skills to get them into mainstream society, thereby increasing their access to employment and income:** Youth living on the street with no support find it very difficult to keep a job; therefore vocational training is crucial. This cause-oriented approach towards prevention is an area that is usually neglected. Rather than just focusing on meeting the lack of information on the harmful consequences of drug abuse, the project addresses the roots of the problems that street children find themselves in.
- **Training peer educators who are street children is not always easy:** Initially, street children often have problems adjusting, and do not always have the right aspirations. There is a high risk of burnout, both of the peer educators and those who are working with them. In the long term, however, street children have been proven to show high levels of commitment and confidence in dealing with the project. They also tend to stay involved longer than professionals. An issue that needs to be overcome is that street children bring their own misconceptions and bias to the organisation, and therefore need to receive some professional input. This inevitably involves a lot of time and energy on the organisation's side.
- **A long-term approach is better than a short-term approach:** Short-term approaches providing information on the nature and consequences of drugs or HIV/AIDS are suitable for specific, usually informative purposes. However, behavioural changes come with a more holistic and long-term approach that addresses the social

“Prevention and intervention are complimentary strategies in addressing drug abuse and HIV/AIDS.”

and economic determinants of drug abuse in street children.

- **The comprehensive nature of the project activities is important:** As the project includes aspects ranging from the provision of information through to rehabilitation and detoxification, there is a continuum of care for street children. This is important, as it encourages long-term contact between the organisation and the target group.
- **Sustainability:** Involving the target group in the planning, implementation and evaluation of the project ensures a high level of sustainability and ownership. The peer educators know how to run the project and activities and can continue this work in the future.

“Street children are the most vulnerable of all children, and we believe they must have a chance to live life with dignity, independence and self-respect.”

Youth Against Drug Abuse

REGION:
South Africa

COUNTRY: Zimbabwe
Organisation: Zimbabwe Freedom from Hunger Campaign

TARGET GROUPS:

- Young people (13-26)
- Parents/Family
- School dropouts
- School leavers
- Community

SETTINGS:

- Secondary school
- Home
- Youth clubs

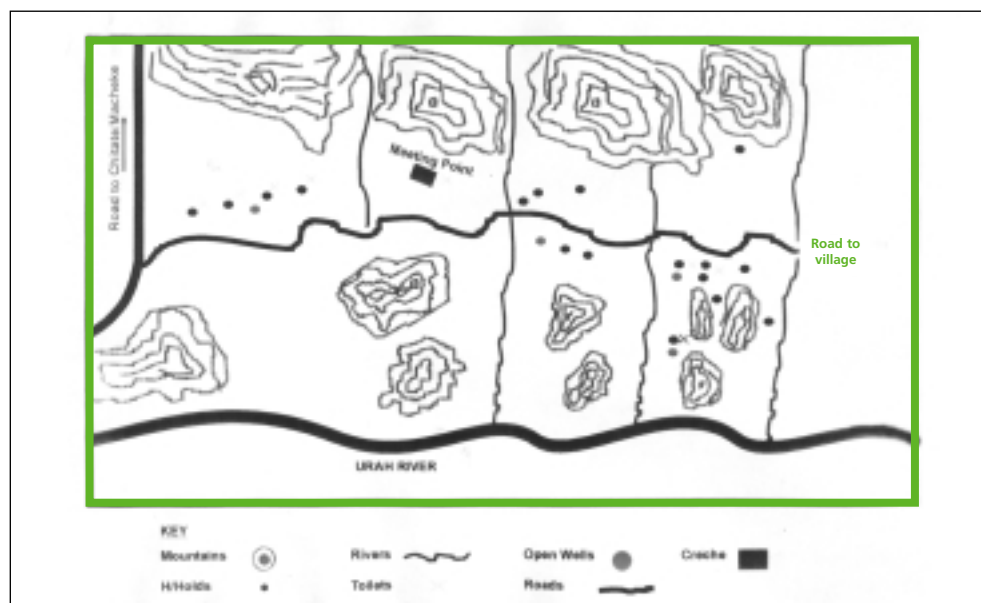
IMPLEMENTING AGENTS:

- The community

PROJECT PURPOSE:
Holistic intervention focusing on youth mobilisation and the provision of opportunities and alternatives for youth and the local community with the ultimate aim of preventing drug and alcohol abuse

COST: US \$9,400 per annum

DURATION: 12 years and ongoing



Gumira map reflecting homesteads for youth in the network.

Background:

The villages in which the project is located are near the border to Mozambique and are situated on a transit route for marijuana (mbanje) into Zimbabwe. Some marijuana is grown locally. 'Traditional beer' is brewed within the community, generally containing a higher percentage of alcohol than that permitted by the legal standards of the country. There is currently no legal age limit to alcohol consumption, and many young people abuse alcohol within the community.

The target community consists of two villages with a total population of 970. Rural areas are composed of 'socially marginalised' youth who are vulnerable to alcohol and drug abuse related problems. There is a high rate of unemployment, which is demoralising for both the youth and the community. The population lacks access to information, counselling, legal protection, and health and social services. Many children have become social destitutes and are mistreated by their parents, who abuse alcohol and marijuana. School dropouts are on the increase, as are cases of sexual abuse.

The youth network set up as part of this project conducted a survey of drug consumption patterns in their local community, and the following results were found (approximates):

- 84% of the fathers and 44% of mothers consumed alcohol
- 54% of the fathers smoked marijuana or tobacco
- 21% of youth consume alcohol (17% males, 4% females)
- 4% of youth smoke and sell marijuana
- 3.6-7.5% of households are suspected to be involved in the illegal production of beer and growing marijuana
- 8% of the youth network members have dropped out of school. This appears to be due to family break-downs caused by drug abuse within the family

At a national level, the Ministry of Health and Child Welfare and the Ministry of Home Affairs (police) implement the national drug strategies, with the primary focus on HIV/AIDS issues and reducing drug supply.

Aims:

To mobilise youths for the promotion of drug and alcohol abuse prevention programmes. The project strives to improve the infrastructure of the rural community by empowering the youth and giving them a voice through the youth network. The aim is to safeguard individuals, the family and society from the negative consequences of drug and alcohol abuse.

Main activities:

Developing a holistic approach: This project has developed a holistic concept that addresses the specific needs of young people. It is geared towards achieving tangible results in areas such as income generation, health education, employment, recreation and cultural opportunities. This holistic approach contains various components with different foci: health and hygiene education, an agriculture programme, environment management/education and a social programme (the latter is the element dealing directly with drug abuse prevention).

The social programme:

- **Empowering the youth:** Youth are encouraged to participate in developmental issues through the establishment of 'youth networks'. These are structured participatory groups that can be joined voluntarily by individuals and are used as vehicles for information dissemination, resource mobilisation and skills training for young people. The project encourages youth to take responsibility for their own environment and situation, and gives them an opportunity to decide upon the activities needed in the village that will make a positive difference to the community. This approach is based on the premise that youths should be able to express themselves freely without fear, and be able to make informed choices.
- **Raising awareness and changing youth behaviours:** By informing young people through campaigns, workshops, seminars and dramas, they are made aware of the harm related to drug use, and the implications of HIV/AIDS. During the initial planning stages of the youth network, meetings are held once a week to discuss the various issues. Gradually the meetings take place once a month. Dramas highlighting the risks of drug use and sexual behaviour are performed at community meetings and gatherings.
- **Providing young people with alternatives to drug use:** Young people are provided with alternative social activities and a sense of social responsibility through their participation in the agricultural and environmental programmes. Activities include: growing of cash crops and nutritional crops, establishing orchards, maintaining local roads, raising cattle and other livestock, reforestation programmes, improving general hygiene, digging refuse pits, water well upgrading etc. Some Government departments may assist youths; for example, the Department of Natural Resources is engaging the youth in biodiversity restoration and conservation through environmental education.
- **Using youth as information carriers:** 'Topic cards' are used as a guide to open conversations on many health-related issues. This method of having open conversations with youth has encouraged conversations regarding drug problems and HIV/AIDS. This is important, as there was no openness on these issues previously. Elders of the villages, parents and other youth are learning from those who have participated in the workshops, are becoming aware of the problems faced by the youth in the village, and are beginning to understand the potential solutions.
- **Giving ownership to the community:** All members of the village communities, including teachers, parents, community workers and village elders, are involved in the planning and realisation of the project. As drug abuse is causing problems within the community, it has been perceived that the community itself should address and resolve

"Youth make the community vibrant"

these problems. Decision-making is achieved by youths and the community discussing both the problems and the solutions on a mutual basis. The project is directed toward the needs of the community, and realised in a way that community members can relate to.

- **Development of a child's rights charter against drug and alcohol-related violence:** Workshops, discussion forums and awareness campaigns are used to provide youth with information regarding national policies and their entitlements to services (e.g. advisory services, medical care facilities). The requests of the young participants are noted and presented to Members of Parliament and policy makers. As the youth networks act as a pressure group, their views can be heard and changes can be advocated.
- **Gaining support from the Government:** A number of awareness meetings with the local Councils, and other stakeholders such as the Ministry of Health, have been carried out.

Monitoring & Evaluation:

The evaluation process is ongoing, and is carried out by the district team. This team is comprised of the district administrator, public relations officers, police, council officials, and health representatives. A participatory approach is being used so that the youths can also become involved in the evaluation procedure.

Outcomes:

COVERAGE
Number of children /youth reached: 225
Number of peers/mediators/educators/teachers etc. trained: 14
Number of families reached: 186
Number of institutions/associations involved: 3

There is no outcome evaluation as yet, but the process evaluation showed that:

- Funding is to be increased, in order to enable more income-generating activities to be established.
- Parents and schoolteachers are to be more heavily involved in order to provide moral support to the programmes.
- The programme is to encompass other nearby villages, so that a meaningful impact among youths can be realised.
- Surveys and research are to be conducted to assist the impact assessment.

Lessons Learned:

Planning phase:

- **It is crucial for the youth participating in the programme to be involved in the decision making process of the project:** A youth network was formed to allow all young people living in the villages to have the opportunity to express what they believed to be the problems and the potential solutions in their village. It is those living in the villages who better understand the circumstances they are living in.
- **Parents and teachers need to be involved in the youth programmes to give moral support:** The problems encountered by young people are the same as those encountered by the rest of the community. Teachers and parents have a lot of contact with young people. Young people therefore need to be able to interact with them, to reinforce the information that they are being taught and to guide their change in attitudes.
- **Working with politicians can be difficult when they are countering the project objectives:** It is important to have the support at a political level to maintain the sustainability of the project.

- **A project should not commence without adequate funding, as this can be demoralising:** Some planned activities may fail to materialise and youths may feel cheated. There is a need to have adequate funds, especially for the income-generating projects that are used to occupy the youths and create some form of employment.
- **Interacting with and respecting the community you are working with increases the chances of acceptance:** It is important to be knowledgeable about community norms, values and customs. This allows an understanding of the community's situation, and ensures that cultural tolerance and acceptance is guaranteed. This will provide a strong foundation for appropriate project planning and implementation.
- **It is important to create working materials on drug abuse prevention to suit the local environment:** Materials should be relevant to the project area so that real life situations are portrayed and can be related to by the community.

Realisation of the project:

- **Youth can be empowered by providing them with alternatives and involvement in the community:** Young people often feel their importance to the development of the community is acknowledged when they are working and participating fully within the community. In this way, young people become more socially secure and psychologically accepted, and positive behaviour and attitude change is facilitated.
- **Creating youth networks can create positive youth pressure groups:** Since these are groups advocating for the same changes, the bond of their common activities binds them together and gives them associative strength and power to make those changes. Being organised means they can make meaningful contributions to their community and ensure that their impact and presence is widely felt and appreciated.

Across Ages: An Intergenerational Mentoring Approach to Drug Prevention

REGION:

North America

COUNTRY:

USA

Organisation: Temple University/Centre for Intergenerational Learning

TARGET GROUPS:

- High-risk youth (9 -13)
- Parents

SETTINGS:

- Community-based
- Schools

IMPLEMENTING AGENTS:

- Mentors

PROJECT PURPOSE:

To provide children with positive role models through mentoring

COST: US \$1,500 per child per year

DURATION: 10 years and ongoing



"When you give your love, you see and feel where it goes" – older volunteer.

Background:

The United States of America has a national drug control strategy developed by the Office of National Drug Control Policy. This is a federal Government office responsible for setting policy with regard to drug trafficking, treatment and prevention. The Substance Abuse and Mental Health Services Administration (SAMHSA) is responsible for allocating and monitoring many of the federally-funded programmes and research initiatives.

There are currently almost 30 million young people in the United States between the ages of 10 and 17¹. Most of them will grow up to be healthy, mature adults, but an ever-increasing number are growing up with little hope of enjoying the benefits that come with adulthood. They are not learning the skills necessary to participate in the educational system or to make the transition into the labour force. They often cannot become responsible parents because they have limited experience in family life and lack the resources to raise their own children. These especially vulnerable youth are functionally illiterate, disconnected from school and prone to drug abuse, depression and early criminal activity. Today, more than half of all US children will spend some time in a single-parent family.¹ Poverty and its consequences put young people at greater risk of drug abuse. Non-white youth in the US, including an increasing number of Hispanic and Asian children, are often affected in greater numbers.

The project was designed as a school and community-based model. Over a ten-year period, it has targeted students aged 9-13 from public schools with similar profiles regarding such key elements as high levels of absenteeism, suspension rates and low educational performance. The project, in Philadelphia and in its replications nationwide, also targets ethnic minorities who are traditionally under-served.

Sources: ¹*The Current Status of Youth in the United States as cited in J. G. Dryfoos (1998): Safe passage: Making it through adolescence in a risky society. Oxford University Press: New York.*

Aims:

To prevent, reduce or delay drug abuse in high-risk youth aged 9 to 13, by enhancing personal resiliency and strengthening protective factors through mentoring.

Main activities:

- The Across Ages programme is designed to achieve the following objectives:

- To increase knowledge about, and negative attitudes towards, alcohol and tobacco use
- To increase the bonds between youth and school, inspiring significantly improved academic performance, school attendance and in-school behaviour
- To improve the social competence and problem-solving skills of the youth
- To improve the capacity of the youth to form relationships with adults and peers

- Implementing the Across Ages project involves the following activities:

- One-to-one mentoring of youth by an older adult mentor (mentors range in age from 55 to 85 years)

- Youth are engaged in weekly community service activities. Youth make weekly visits to residents in nursing homes, thus becoming the providers of a service to their elder partners in the same way they are the recipients of service from their mentors

- Youth participate in a social competence/problem solving 26-session curriculum based on the *Social Problem-Solving Module of the Social Competence Promotion Programme for Youth Adolescents*²

- Monthly family activities are held for youth, their mentors and family members.

- **Focusing on theory-based activities:** The project is based on the social development theory,^{3,4} which hypothesises that the existence of strong social bonds to others who exhibit pro-social behaviours is essential to healthy childhood development. The theory suggests that youth who have opportunities for positive involvement in healthy activities, who develop social competence skills, who receive reinforcement and reward for their participation and who become attached and committed to a social unit - e.g. family, peers or school - are also less likely to become involved in an array of risky behaviours, including drug abuse. Increasing social bonding, promoting drug-free norms and teaching resistance skills can reduce risk factors. The project, therefore, selected activities that met these criteria.

The literature on resilient youth^{5,6} suggests that the presence of a significant, caring adult is the most important factor in reducing the likelihood that youth will engage in risky behaviour. As a result, mentoring is the primary activity of this project. More recently, a number of studies have demonstrated the efficacy of mentoring as a prevention strategy⁷ and the role of older adult mentors in prevention.^{8,9}

“We all stand on the shoulders of the generations that came before. Therefore we have the obligation to pass on a world to the next generation which is a little better than the one we inherited...”

(Robert Ball)

Sources:

²Weissberg, R.P., Caplan, M., Bennetto, L. and Stroud, A. 1990. *The Yale-New Haven Social Problem Solving Program for Young Adolescents*. New Haven, CT. Yale University.

³Hawkins, J.D., Lishner, D.M. and Catalano, R.F. 1985. *Childhood predictors and the prevention of substance abuse*. In C.L. Jones and R.D. Battjes (Eds.). *Etiology of drug abuse: implications for prevention*. NIDA Monograph Series No. 56 pp 117-131. Washington, DC. U.S. Government Printing Office.

⁴Hawkins, J.D. and Weiss, J.G. 1985. *The social development model: An integrated approach to delinquency prevention*. *Journal of Primary Prevention*. 6, 73-97.

⁵Werner, E. 1984. *Resilient children*. *Young Children*. 40. Pp 68-72.

⁶Werner, E. 1992. *The children of Kauai. Resiliency and recovery in adolescence and adulthood*. *Journal of Adolescent Health*, 13 262-268.

⁷Tierny, J.T., Grossman, J.B. and Resch, N. 1995. *Making a difference: An impact study of Big Brothers/Big Sisters*. Philadelphia, Pa: Public/Private Ventures.

⁸Taylor, A., LoSciuto, L. Hilbert, S. and Fox, M. 1999. *The mentoring factor: An outcome evaluation of Across Ages*. In V. Kuehne (ed.) *Intergenerational Programs: Understanding What we Have Created*. Family and Youth Series. (pp.77-99) Family and Youth Series. Haworth Press. Binghamton, N.Y.

⁹Taylor A & Dryfoos J. 1999. *Creating safe passage: Elder mentors and vulnerable youth*. *Generations*, Vol. 22 (4): 43-48.

Others^{5 10 11} cite the engagement of the youth in meaningful work as a resiliency factor; as a consequence, community service was selected as a second component of the programme. Further studies^{12 13 14} have demonstrated the important of social competence and life skills in preventing substance use; hence the selection of a life skills curriculum. Finally, the involvement of family members in positive activities has also been shown to be an effective prevention strategy.^{12 15 16}

Monitoring & Evaluation:

Across Ages was evaluated using a classic randomised pre-test post-test control group design. Three groups of sixth-grade students were surveyed using relevant measures at the beginning and end of an academic year. Students with mentors participated in all of the Across Ages programme components and were considered part of the ‘full treatment’ group. The ‘partial treatment’ group was comprised of students who received the additional components, but who did not have mentors. A ‘control group’ of students who received no Across Ages programming took part in pre- and post-testing for comparison purposes. Survey and school attendance data were collected for three years, on three successive generations of Across Ages youth.

Outcomes:

COVERAGE
Number of children /youth reached: 1000 (in Philadelphia)
Number of mentors recruited and trained: 300
Number of families reached: 400-500 (in Philadelphia)
Number of institutions/associations involved: 100

In comparison to the no-treatment control group:

- Mentored youth (full treatment group) and youth in the partial treatment group had fewer days absent from school
- Mentored youth demonstrated improvements in their attitudes toward the future, their school and their elders
- Mentored youth demonstrated large gains in their knowledge and perceived ability to respond appropriately to situations involving drug use
- Mentored youth gained more knowledge of community issues than did youth in the partial treatment group or the control group
- Mentored youth with exceptionally involved mentors (‘higher dosage’ cases) experienced positive gains in knowledge about the potential risks and consequences of substance use, increases in perceived ability to respond appropriately to situations involving drug abuse, and reductions in days absent from school in comparison with those with average or marginally involved mentors.

Since 1998, the project has been replicated in over 40 sites in various North American states. African-American, Latino, Caucasian and Asian youth from rural and urban areas have been involved.

Sources:

¹⁰Grossman, J. (Ed.). 1997. *National Evaluation of Learn and Serve America, Summary Report.* (pp. 213-233). Waltham, Mass. Center for Human Resources, Brandeis University. (Public/Private Ventures, Philadelphia).

¹¹Conrad, C, and Hedin, D. 1982. *Experiential education evaluation project, St. Paul, MN. University of Minnesota.*

In A.C. Lewis, (1988) *Facts and faith: A status report on youth service.* Washington, DC.

¹²Hawkins, J.D. 1988. *Risk and protective factors for adolescent substance abuse: Implications for prevention.* Seattle, Washington: University of Washington.

¹³Botvin, G.J., Baker, E., Filazzola, A.D. and Botvin, E.M. 1990. *A cognitive behavioural approach to substance abuse prevention. A one year follow-up.* *Addictive Behavior.* 15, 47-63.

¹⁴Caplan, M. Weissberg, R.P., Grober, J.S. and Siva, P. J. 1992. *Social competence promotion with inner-city and suburban young adolescents: Effects on social adjustments and alcohol use.* *Journal of Consulting and Clinical Psychology.* 60: 56-63.

¹⁵Kumpfer, K. and DeMarsh, J. P. 1986. *Family environmental and genetic influences on children's future chemical dependency.* In S. Griswold-Ezekoye, K.L. Kumpfer and W. Bukoski (Eds.). *Childhood and chemical abuse: Prevention and intervention.* (pp.49-91). New York: Haworth.

¹⁶Springer, J. F., Wright, L.S. and McCall, G.J. 1997. *Family intervention and adolescent resiliency: The Southwest Texas state high-risk program.* *Journal of Community Psychology.* 25(5) 435-452.

“Now that I have Ms. Nancy to be with, I get along better with my mom and my sisters. We do things together and she makes me feel special”
(Jasmin 13)

Lessons Learned:

- **Training of all participants, mentors, youth and family members, is essential:**

Training and orientation must be given to all programme participants. It is often tempting, given time or funding constraints, to short-change or eliminate training. Despite the proliferation of mentoring programmes, many do not provide adequate training, or train mentors alone and neglect youth, parents and teachers. Training dispels myths and negative stereotypes; provides participants with the skills they need to carry out the tasks of the programme; offers a shared language and a common experience that binds people together and promotes commitment to the project; and helps overcome obstacles.

- **Being persistent and resourceful when looking for the right mentors is important:**

The mentoring component is both the keystone and the focal point for the Across Ages project. Finding good mentors can be a challenge. The most effective recruitment efforts are not always those aimed at "conventional" sources for older adults, like senior centres or retirement clubs. Some of the most productive recruitment occurs in churches, social clubs, housing developments and other places where audiences are not necessarily comprised exclusively of older people. Older adults who see themselves in the broadly defined context of an intergenerational community, who have a variety of interests and do not restrict their friendships only to other older adults, may be more likely to volunteer for mentoring.

- **Mentors must be screened carefully:**

It is essential to carefully screen candidates to ensure you have the best and most appropriate mentors, those who can be entrusted with the care and safety of the youth. It is important to follow the guidelines for the mentor-screening process. These include: completing an application, participating in a face-to-face interview with a staff member, submitting three references, obtaining clearance on a criminal record and child abuse background check, and the successful completion of pre-service training. One of the most important qualities for a mentor is the ability to listen without being judgmental, and to engage the youth in collaborative problem solving and goal setting.

- **Mentors and youth should become acquainted before matching:**

It is crucial to the success of the matches to develop a deliberate strategy for matching. 'Cold' matches, those done without face-to-face contact and based on nothing more than geographic proximity, are not likely to be successful. If a match fails early on, it is much less likely that either party will be willing to try again and this is especially true for the youth. The more vulnerable the youth population, the more difficult the re-match. In fact, research has demonstrated that youth who are engaged in mentoring relationships for less than six months, actually show declines in feelings of self-worth and academic competence. Programme developers must select the best mentors and provide strong support to ensure the sustainability of the matches.¹⁷ A wide variety of factors should be considered when forming mentor-youth pairs, including transportation/scheduling issues, health, gender, race, cultural background, interest/hobbies, and stated personal preferences. Additional information about the specific needs and vulnerabilities of the children is solicited from teachers, parents or other appropriate adults who come into regular contact with the youth. Programme staff must provide opportunities for adults and youth to get to know one another before final matches are made.

"I get more out of this than the kids do. I am having a second chance, just like a kid again" (Neal 62)

¹⁷Rhodes, Jean E. 2002. *Stand By Me: The risks and rewards of mentoring today's youth*. Harvard University Press. Cambridge, Mass.

“At first I thought my friends would laugh at me, being out with this old person. But my mentor is all that. He listens to what I have to say, you know, asks questions and really listens. I feel like I have a real friend.” (Tom 12)

- **Mentors need to be recognised:** Mentors want to know their time and contributions are valued. Older mentors in particular seem to want their friends and family members to know that the sponsoring organisation values and acknowledges their skills and expertise. Mentor recognition is also an important strategy for maintaining people in your programme. If you are recruiting older adults from communities with very high-risk populations of youth, providing resources and validation becomes even more important.
- **Ongoing support needs to be provided to mentor-youth pairs:** Once the matches are made, it is imperative to follow up each pair in a systematic and timely fashion. If a problem arises that is not addressed, especially if this occurs early on, the relationship can easily disintegrate, and/or participants may become discouraged. Monthly in-service meetings are invaluable and should be built into the structure and schedule of the programme. A two-hour meeting which focuses on skill-building, problem-solving and resource sharing is ideal. Programme staff also need to make interim phone contact with mentors to follow up on the solutions that were identified, to see what kind of progress has been made and to assist with any resources that may be necessary. The conduct of focus groups involving the youth is important in order to understand the relationship from the youth’s perspective.
- **Adapting the Across Ages model appropriately:** The programme can be implemented in urban, suburban or semi-rural communities, and it can be implemented as a school-based or after-school/community model. Programme developers can utilise a life skills curriculum with which they are familiar. Community service activities can vary according to the needs of the community. There are certain elements, however, which cannot be changed without risking the spirit, intention and integrity of the model. For example, the unique feature of Across Ages is the cross-generational relationships that are developed and sustained over time. Recruiting mentors in their younger and middle years, whilst perhaps an easier or more familiar approach, misses the essence of the programme. The notion is that older adults – who are working less, have time to devote to a young person and have reached a place in their own development where the opportunity to ‘give back’ to younger generations is paramount to their own well-being – will be better placed to provide this.
- **The theme of reciprocity is important to the Across Ages model and should be present and reinforced in any replication effort:** Community service becomes both a vehicle and a catalyst to establish and strengthen relationships amongst those involved, whilst at the same time benefiting the larger community. Youth become the providers of service to others, as well as the recipients of service from their mentors. It is not especially important whether youth visit with elderly residents of nursing homes or do some other project; what does matter is that they have the opportunity for personal interaction, can engage in meaningful activities that directly benefit others, and that they have an experience that helps them understand their role in the world outside themselves.
- **Overcoming ageism is a challenge:** Despite the fact that older adults are the fastest-growing segment of the population in the USA and many other countries, and are in an ideal position to be a tremendous resource to children, youth and families in need of support, there is still a great deal of ageism that exists. Older adults often themselves question what they have to offer, and young professionals in the field may have negative attitudes about the kind of role models older adults can be for young people. This presents a challenge with regard to recruiting mentors and changing the perceptions of the public. Nonetheless, the research and the responses of the youth, families and mentors involved in the programme indicate that this is a ‘win-win’ model; it brings older people back into a central role in the community.

- **Collaboration with other agencies is a challenge but not impossible:** Programme developers have to model relationship-building at all levels of the programme. One needs to begin discussions in an atmosphere of mutual trust, respect and openness, and to make sure that agreements are written and not left to chance. If the youth in the programme are scheduled to visit with residents in a nursing home facility, it is helpful to have a written agreement between the Across Ages project and the nursing home that confirms each group's responsibilities. Regular, monthly team meetings should be held which involve key leaders among the project partners. This provides an opportunity to review procedures for communication, the project timeline, tasks, and the Memorandum of Understanding with each agency.

Education Programme for the Promotion of Health: Health Education to Prevent Drug Abuse

REGION:

Western Europe

COUNTRY:

Greece

Organisation: University
Mental Health Research
Institute (UMHRI)

TARGET GROUPS:

- Youth (12 - 15 years)

SETTINGS:

- Secondary School

IMPLEMENTING AGENTS:

- Teachers

PROJECT PURPOSE:

A pilot project teaching health education, life and psychosocial skills in two secondary schools over a period of three years

COST: US \$6,500 per year

DURATION: 3 years



Students and teacher in front of a health education exhibition at school.

Background:

Epidemiological surveys carried out by the University of Athens¹ and subsequently by the University of Mental Health Research Institute (UMHRI)² showed that the prevalence of illicit drug use in the general population has tripled in the years between 1984 and 1998, from 4% to 12.2%. In 1998, higher percentages of lifetime prevalence were observed in young adults aged 18-35 (22%), and cannabis remained the most popular illicit drug (12.1%). Another nation-wide study carried out by UMHRI in 1999 among high school students aged 16 showed that 9.7% of the students reported having experimented with or used drugs, with cannabis being the most popular choice, followed by ecstasy.³ The mean starting age for illicit drug use was 15 years.⁴

Under its national drug abuse prevention policy, Greece has established Prevention Centres, staffed by professionals, to carry out preventive programmes in the community and in schools all over the country. The results of pilot projects such as this one feed back into the training of prevention professionals and the development of educational materials to be used in schools and in the wider community.

A health needs assessment of the target population was carried out in order to ensure an appropriate adaptation of the contents of the prevention materials to the real needs of the population. The assessment showed that in the pilot project area, students' psychological needs - such as the need for strengthening self-confidence and self-esteem, and for reducing anxiety and promoting personal relationships - were found to be more prominent than their physical needs.

Sources: ¹Kokkevi, A., Malliori, M., Terzidou, M., Mostriou, A., Stefanis, C. 1997. Gender differences in substance use in high school students and the general population: trends between 1984 and 1993. *Pompidou Group Symposium: 'Women and drugs: Focus on prevention'*, Proceedings 6-7 October 1995, p. 29-37 (Bonn, Council of Europe).

²Kokkevi, A., Loukadakis M., Plagiannakou, S., Politikou, K., Stefanis, C. 2000. Sharp increase in illicit drug use in Greece: trends from a general population survey on licit and illicit drug use. *European Addiction Research*, Vol. 6, no.1 p.42-49.

³Kokkevi, A., Terzidou, M., Politikou, K., Stefanis, C. 2000. Substance use among high school students in Greece: outburst of illicit drug use in a society under change. *Drug and Alcohol Dependence*, vol. 58p. 182-188.

⁴Hibell, B., Anderson, B., Ahlstrom, S., Balakireva, O., Bjarnason, T., Kokkevi, A., Morgan, M. 2000. The 1999 ESPAD report: alcohol and other drug use among students in 30 European Countries. Stockholm, CAN.

Aims:

To prevent drug abuse in students through changing their knowledge, attitudes and behaviour with regard to drugs; and to improve their mental health.

Main activities:

- **Translating the original materials into Greek and adapting references or examples that did not refer to Greek situations:** The project uses educational materials for teachers from different teaching disciplines to teach health education and drug abuse prevention at the secondary school level. Given that, at the start of the programme, no time had been allocated in the school curriculum to health education activities, this was a novel approach. The materials have been translated and adapted from Swedish and English materials.^{5 6 7 8 9 10}
- **Training teachers over a period of 5 days to use the educational materials.**
- **Applying the materials in the school setting with a focus on working on the personal attitudes and beliefs of students regarding smoking, alcohol and drugs as well as other health issues:** The teachers use the materials in the classroom to improve the development of psychosocial skills, with the aim of promoting interpersonal relations among the students, with their parents and with other people in the community.
- **Organising extra-curricular activities combining entertainment with active participation by the students:** These activities are carried out by the teachers and the project manager, and include weekend excursions, trips to the theatre, sports and exhibitions on health subjects developed by the students in the classroom.
- **Involving parents and the community in the project by organising events and activities aimed at informing and mobilising the public on health issues:** These events are mainly discussion sessions or lectures scheduled to take place in the evenings or weekends so that parents can attend.

Monitoring & Evaluation:

Teachers were monitored weekly through contact with the project manager. The outcome evaluation was carried out by comparing the test school to a control school.

The material was applied in two secondary schools and their surrounding communities over three years, as part of the framework of a cross-national feasibility study. This involved testing the feasibility of the project through assessment of its development and acceptance by the teachers, pupils and parents involved.

Outcomes:

COVERAGE
Number of children /youth reached: 1000
Number of peers/mediators/educators/teachers etc. trained: 70
Number of families reached: 380
Number of institutions/associations involved: N/A

Teachers:

The application of the programme in the classroom met with difficulties caused by: insufficient teacher-training in active learning methods; the insufficiency of educational materials; and the negative attitudes of a number of teachers in implementing pilot projects without

⁵Washburn, L. 1979. *What do you think: Swedish Course on attitudes and Values*. National Board of Health and Welfare. Stockholm, Sweden.

⁶Dorn, N., Thompson, A. 1985. *Facts and feelings about Drugs but Decisions about situations*. Institute for the Study of Drug Dependence. United Kingdom.

⁷Evans, M. Rice, B. Gray, G. 1984. *Free to choose*. Health Education Council. TACADE. United Kingdom.

⁸Rice, B. 1981. *Smoking. Pictorial Charts Educational Trust*. TACADE.

⁹Rice, B., Gray, G. 1984. *Alcohol Syllabus 11-16*. TACADE.

¹⁰Williams, T. 1979. *Think Well. Schools Council Project: Health Education 9-13*. Thomas Nelson and Sons.

being given incentives. The novelty of using the materials in the first year was countered by a declining involvement and motivation on the behalf of the teachers in the subsequent two years. 70 teachers were trained in using the educational materials.

- **Pupils:**

The pupils' acceptance of the project was a great motivation for the teachers to continue its application in the classroom. Approximately 1000 young people were reached through the pilot project. The outcome evaluation showed increased knowledge and awareness on the part of the pupils, parents and teachers on health issues taught in class. Comparisons with a control school (see below) showed that substance use rates at the end of the third year had increased more in the control school than in the target school.

	TARGET SCHOOL	CONTROL SCHOOL
	INCREASE RATIO	
Legal drugs without prescription	1.58	-0.25
Hashish at least once	5.4	8.2
Heroin at least once	2.7	8.2
Smoke regularly	3.72	19.36
Refuse to quit smoking	4	14.3
Abuse of alcohol	-0.4	3.86

Table: Increase ratios as a result of programme implementation for boys only.

- **Parents:**

The participation of parents in activities targeted directly at them was limited, but parents proved to be well informed about the nature and methodology of the overall project. There also seemed to be an impact on parents' habits concerning their own health, as well as on their perception of the influence they were able to exert on their children as far as drug abuse was concerned. Some parents declared having tried to reduce smoking and the consumption of alcohol in order to avoid influencing their children with their own behaviour.

- **Government:**

Another result was the obtaining of the support of Greek authorities. The Ministry of Education committed to financing the implementation of the programme in a large number of schools in Greece. The materials were implemented in 25 schools in Peristeri, a community of the larger Athens area, in 50 secondary schools in the Athens municipality, and in 10 secondary schools in Kallithea. Nowadays, most secondary schools in Greece promote health education programmes.

- **Other outcomes:**

In the community in which the project was piloted, steps were subsequently taken by local authorities towards the improvement of the quality of community life. This consisted of the establishment of leisure time projects, a new counselling programme for adults, medical check-ups for students, etc. The effect of these developments and changes in the wider community as a result of the school project on the students' mental health are not conclusive. However, it can be suggested that positive changes outside the school environment will reinforce efforts made in the school environment.

Lessons Learned:

- **Schools are an important setting, where preventive programmes can be implemented consistently and systematically:** By implementing the programme in schools and integrating it into the standard school curriculum, a large number of adolescents can be reached. By involving teachers in the programme, one can also ensure systematic and consistent implementation by professionals who relate to young people on a daily basis.

● **School conditions can produce obstacles and practical difficulties for project implementation:** Certain basic conditions need to be in place in schools before health education can be developed; consistency cannot be expected if these are not in place. Such basic conditions include such practical issues as the provision of sufficient educational tools (i.e. slides, transparencies, projectors), the allocation of sufficient time for the implementation of the project, and the provision of appropriate classrooms in which active learning methods and interaction between pupils can take place.

● **Sufficient training should be provided for teachers in order to facilitate their acceptance of a less traditional role in the classroom:** Teachers from various teaching disciplines are used to implement this project, and it needs to be taken into account that secondary school teachers have a university degree according to the subject they teach. This often does not include basic training in health education methods. The short-term training offered by the programme for the implementation of health education was not enough to fill this gap in knowledge. More training needs to be provided, not only to ensure a high quality of teaching, but also to maintain the involvement of teachers and their motivation to participate.

● **Sufficient and consistent motivation and support should be given to teachers who implement the programme, in order to avoid low motivation:** Teachers need to be given incentives, as it is they who implement the programme on a voluntary basis. They are asked to invest time and effort with no extra pay, and without the suspension of other duties. One way of keeping teachers motivated is through assisting them in their health education role, collaborating with them on a regular basis, and feeding back the process and outcome evaluation results from the programme.

● **An effective school-based programme can be achieved under the following conditions:**

- Consistency and persistency of implementation
- Implementation by adequately-trained personnel
- The provision of sufficient educational material
- The provision of consistent motivation and support to the teachers who implement the programme
- Systematic evaluation
- Continuous interest and support from the state

● **Bureaucratic and legal support enhances the sustainability of the programme's effectiveness:** The long-term effectiveness of the programme requires confronting bureaucratic obstacles to planning and implementing the programme. These difficulties can be dealt with by taking administrative and legislative measures to secure financial support and the appropriate infrastructure for the implementation of the programme. This includes the selection of the appropriate personnel, the training of trainers and teachers, the creation of educational material, etc. In addition, laws regarding prevention can be helpful. For instance, a 1990 Greek law foresaw the creation of community-based counselling centres for youth to co-ordinate and promote health education programmes in schools and the community. These centres offer training, support and appropriate materials, and act as referral centres for pupils and parents in need of psychological assessment and assistance. The existence of such institutions helps in facilitating a project by reinforcing its aims and objectives.

● **Parents should be involved in activities to support school-based efforts:** It is easier to involve parents in extra-curricular activities organised by the pupils in school (e.g. healthy food parties, health issues poster exhibitions at school festivals, and leisure time activities) than through more passive activities such as attending lectures on health issues.

“This approach addresses issues such as self-esteem, peer pressure and interpersonal relationships. As shown by research, these are issues linked to drug abuse”

National Programme for Integral Prevention Education –PRONEPI

REGION:
Central America

COUNTRY: Guatemala
Organisation: SECCATID – Executive Secretary of the Commission against Addictions and Illegal Trafficking of Drugs

TARGET GROUPS:
• Children/Youth in school

SETTINGS:
• Primary and Secondary schools

IMPLEMENTING AGENTS:
• Teachers
• Education professionals

PROJECT PURPOSE:
Integration of drug abuse prevention into the school curriculum, and training of teachers

COST: US \$35,000 for the year 2002

DURATION: 7 years and continuing



Training session in the use of the 'Integral Prevention Education' Manual.

Background:

The problem of drug consumption in Guatemala has grown rapidly in recent years, especially amongst young people, and particularly amongst ethnic groups such as the 'mestizo' and 'garifuna'. Recent analyses of teenage populations shows that lifetime prevalence for cocaine consumption varies between 2 % and 5%, whilst that of cannabis use varies between 4% and 6.7%.¹

In 1992, Guatemala formed the Commission against Addictions and Illicit Drug Trafficking (CCATID), a body in charge of policy development in the fields of prevention, treatment and rehabilitation from alcohol and drug dependency. CCATID is directly accountable to the vice-president, and relies on SECCATID for the implementation of programmes.

Guatemala is seeking to prevent the abuse of addictive substances in formal education environments and within the community by strengthening the actions of institutions outside the Government in order to develop, support and intensify prevention programmes. A National Anti-Drug Plan for 1999-2003 was approved by CCATID in 1999. Guatemala is used as a transition country for the transportation of drugs from South America to North America. Despite its transition country status, analytical studies of the problems generated by drugs in Guatemala have shown that the population is not exempt from the consequences of drug abuse.² Alcohol and tobacco are the drugs consumed most frequently, followed by cocaine, marijuana, tobacco, inhalants and tranquillisers.³ In 70% of the areas surveyed in a cross-national study, 1.8% to 2.8% of the adolescent population were consumers of cocaine; in 85% of the country, between 3.2% and 5.1% of the adolescent population were marijuana users; in 90% of the country, 3.2% to 7.6% of the adolescent population used stimulants; and in 95% of the country, between 2.5% and 7.6% of the adolescent population were abusers of tranquillisers. The predominant age bracket for drug consumption was between 15 and 18 years.⁴

¹*Sources:* www.undcp.org/mexico/country_profile_guatemala.html

²Internal document from SECCATID prepared by Graduate Manuel de Jesús Ramírez, Financial Administrative Director, Guatemala, 2001.

³SECCATID. 1998. 'Encuesta DUSI'. A study conducted in 20 departments of Guatemala. Sample group: 7,037 adolescents of both sexes between the ages of 12-18.

⁴Study carried out by the European Commission for CEPAL Latin America. Annual Report of Statistics 1998, Ministry of Education.

It is clear from these findings that illicit substances are consumed throughout most of the country. It has also been observed that the initial age of drug use - now at an average of 13.5 years - is falling. These figures indicate a great need for efforts to strengthen prevention programmes so as to reach different groups within the Guatemalan population.

Currently, 68% of children of 7 years or older participate in formal school education. Only 14% of children are educated through secondary school, and only 3% go on to further studies.⁵

Aims:

To strengthen and utilise the pre-established educational structure and educational personnel in the country to enforce drug abuse prevention and to reach children and young people in the school setting.

To train teachers, and to integrate and systematise the prevention of drug abuse as part of the education and schools system at a national level.

To provide a teaching tool, in the form of a manual, to facilitate the teaching of the different thematic components of the Integral Prevention Education curriculum.

Main activities:

- **Introducing the basic elements of the Integral Prevention Education programme:** The overall programme emphasises the potential of human beings and focuses on the protective factors, rather than the risk factors that put young people at the risk of drug abuse. Life skills and the change of value and attitudes towards drug use are central to the programme's content. Its strength lies in that it takes account of the characteristics and needs of each stakeholder group in the education sector. Through this, the programme promotes a systematic and formative type of drug education that reaches young people at a national level.

- **Sensitising and preparing the educational staff and urging them to take on responsibility for the personal development of their students:** The project uses the human resources and personnel already employed by the Ministry of Education, who are in contact with young people on a day-to-day basis. Through the teachers and the wider education authorities, it is possible to reach students, parents and families.

- **Strengthening cooperation between stakeholder institutions involved in developing the programme:** Active support of stakeholder institutions was sought and gained through co-operation. This support consisted of professionals from similar backgrounds facilitating the different thematic units. Active institutions included:

- The Ministry of Education, through the participation of members of the Committee of AIDS Prevention Educators, or COEPSIDA
- The Ministry of Public Health, through professionals from the Centre of Psychology
- The Presidential Commission on the subject of Human Rights (COPREDEH)

- **Training of educational staff in Integral Prevention Education:** Training was given to schoolteachers of various disciplines working at different levels in the education system, and to heads of educational establishments, including vocation advisers. Teaching staff were trained at workshops lasting three working days. A dynamic and participatory approach was used to develop these sessions, allowing teachers to reflect on, and become sensitised to, their obligations as agents of drug abuse prevention.

“This National programme aims to systemise prevention activities and concentrates on strengthening life skills.”

Monitoring & Evaluation:

The monitoring of the teachers was carried out by technical administrative co-ordinators and supervisors from the Ministry of Education, supported by a monitoring tool allowing them to register and monitor all activities.

The planning process of the programme is evaluated internally, reviewing such aspects as organisation, administration, the delivery of activities and the quality of the service provided. This evaluation is conducted every six months, in order to identify whether or not targets are being reached in line with expectations.

A process evaluation is conducted after each training seminar in order to ensure that the opinions of the participants are recorded concerning objectives, methodology, supporting materials and the quality of the facilitators. This has helped in the revision and improvement of some aspects of the training seminars.

An outcome evaluation has been used to determine the results of the project by analysing the completion of set goals and results regarding growth in the coverage of the project. To date no impact evaluation has taken place.

Outcomes:

COVERAGE
Number of children /youth reached: 23,500
Number of peers/mediators/educators/teachers etc. trained: 1700
Number of families reached: N/A
Number of institutions/associations involved: N/A

Over the years, the project's significant successes have been observed. In most cases, individual projects have been 70% to 90% successful in meeting foreseen objectives, and have even in some cases surpassed them. Occasionally, there are failures to achieve desired outcomes, which are predominantly caused by external factors. Since 2000, there has been a steady increase in training activities.

In 2000, 714 pre-primary and primary teachers were trained; they in turn reached an estimated 20,200 students of different ages. In 2001, 24 training seminars took place for the benefit of 1,000 educators. This group included teachers from pre-primary schools, pedagogical technical trainers and supervisors from the Ministry of Education. Through the 'knock-on' effect, these educators reached 23,500 students.

The distribution of 2,500 manuals commenced this year (2002).

Lessons Learned:

- **Strengthening of inter-institutional coordination facilitates multi-disciplinary collaboration:** This aspect of the project has been used as a model example by other organisations. Success in establishing good coordination between the institutions facilitated support from other specialist Government organisations in dealing with the different thematic units of the project. This sets an example by avoiding jealousy between professionals and showing how, by sharing tasks, a project's response can be made more effective. The participation of diverse organisations also permits an integrated, interdisciplinary approach.
- **Reaching youth at a national level is important:** The decision to target different regions of the country was arrived at gradually, and resulted eventually in national coverage. This took a few years of work.
- **The project was complementary to other programmes:** The thematic contents of the Manual and of the PRONEPI programme are congruent and complementary to other programmes established by the Ministry of Education; for example, the 'Civic Values Education Programme.'

- **Sensitising the teaching body and gaining its co-operation is a difficult process:** A small percentage of the teaching staff had a negative attitude towards taking on the responsibility of drug abuse prevention. Various measures were introduced to ensure that the educational staff would accept their new role.
- **Teachers may leave the school after training, and not all teachers are trained:** Some educators who have been trained may leave the school and education establishment, sometimes due to their retirement. This results in the loss of a valuable resource, but unfortunately cannot be avoided.
- **Certain restrictions imposed by the Ministry of Education can limit the project's efforts:** In Guatemala, the Ministry of Education has a standardised law stating that 180 weekdays per school year should be spent by each teacher on teaching in the classroom. This restricts the number of days on which an extra-curricular training activity can run, and determines the amount of time teachers may have available to engage in such activities.

HIV/AIDS/STI/Drug Abuse Prevention Amongst Youth in Turkmenistan

REGION:

Central Asian and Transcaucasian Countries

COUNTRY:

Turkmenistan
Organisation: UNDP (UNAIDS)

TARGET GROUPS:

- Youth (14-25 years)
- Sex workers
- Prisoners
- Media/Government

SETTINGS:

- Multiple settings

IMPLEMENTING AGENTS:

- UN Theme Group on HIV/AIDS
- Civic organisations
- National experts
- Researchers

PROJECT PURPOSE:

Protecting the health of youth through a multi-sectoral programme

COST: US \$133,500 for 30 months

DURATION: 30 months



A training workshop in the use of a gender sensitive approach in drug abuse prevention.

Background:

The National Programme on Health, issued by the President of Turkmenistan in 1995, has a strong focus on rendering efficient preventive activities as far as the overall health of the population is concerned. HIV/AIDS and drug abuse are priority areas of the programme. In 1999, the State Programme on Drug Enforcement was adopted, and in 2001 the 'National Action Plan on Combating Illicit Drug Trafficking and Assistance to Drug Addicts' was signed; this is to be implemented over the next four years.

Over the last few years, the drug situation in Turkmenistan has worsened. Drug abuse rates continue to be high: whilst drug abuse rates were at 13.2 out of 100,000 in 1995, in 1998 the figure was 52.7 out of 100,000.¹ In 1999, approximately 5,800 drug addicts were officially registered in drug abuse hospitals; but it is expected that a large number of drug users avoid visiting medical specialists, and therefore addiction rates are much higher. Males make up 95% of all drug users.

One specific feature of the use of narcotic substances in Turkmenistan is the predominance of opiates and hemp preparations. There is recent evidence that the range of narcotics used has expanded to include synthetic stimulants and cocaine, and that injection use of morphine, including its use by women, is becoming more common in urban areas.² Turkmenistan has services relating to HIV/AIDS and drug abuse in the capital and in regional centres, but there is a need to establish such services in rural areas to reach more people.

40% of the population in Turkmenistan is under the age of 14. Surveys have shown that, on average, 20% of adolescents aged 14-16 smoke cigarettes² As well as smoking tobacco, people use *nas* (specially prepared tobacco that is placed under the tongue or behind the cheek), the consumption of which is most widespread in rural areas. This has caused an increased incidence of cancer of the mouth²

Sources: ¹As communicated by the organisation

²WHO. 2000. *Highlights on Health in Turkmenistan.* (www.euro.who.int)

Aims:

To prevent drug abuse and HIV/AIDS/STI spreading among youth in Turkmenistan, through mobilising responses from the Government and from civil society to address both problems.

Main activities:

- **Awareness raising of drug abuse and HIV/AIDS issues among key Government personnel in order to enhance their understanding of these issues and their capacity to develop appropriate policies at the State level:** Existing Governmental programmes are monitored, and meetings are organised with members of both the State Drug Control Commission and the Inter-Ministerial Task Force on HIV/AIDS/STIs. A health portal (CD-ROM) developed to include information on HIV/AIDS and drug abuse prevention was distributed among stakeholders for testing. The role of civic organisations and their collaboration was assessed and discussed with regard to their involvement in the programme.
- **Identifying and assessing the drug abuse and HIV/AIDS situation in Turkmenistan:** A rapid needs assessment is being conducted by the Ministry of Health in conjunction with the ODCCP Regional Office to identify the real drug abuse situation in the country. Five behavioural youth surveys have also been completed in five different localities.
- **Supporting vulnerable groups through outreach activities and through improving the provision of, and access to, counselling services and anonymous health services for the target group:** Vulnerable groups have included young women, sex workers and prisoners. Activities designed for these target groups were appropriately tailored to their needs. Drug abuse prevention professionals and health professionals were trained in using a gender-sensitive approach. Technical assistance was given to anonymous departments of AIDS centres, and drug abuse hospitals and telephone hotlines were opened to the public.
- **Conducting a comprehensive Information, Education and Communication (IEC) Campaign to raise awareness among young people. The IEC Campaign consists of multiple activities including:**
 - conducting peer education workshops
 - holding workshops and developing information materials for the mass media and journalists
 - training of trainers in HIV/AIDS/drug abuse prevention with a gender-sensitive approach
 - producing a video film, a drama and other IEC materials such as leaflets, calendars and bookmarks on drug abuse prevention
 - Raising public awareness through Photo and IEC stands
 - Producing a guidance manual on staffing of medical services, including AIDS/STI/drug abuse services
 - Carrying out activities in the framework of the International Day Against Drugs throughout Turkmenistan
 - Disseminating UNAIDS/UNODCCP best practice materials to Governmental, civic and international organisations³

“The novelty of a gender sensitive approach lies in the fact that it is not focusing on the medical aspects of drug abuse and HIV/AIDS, but also on the social, economic and family relations between men and women.”

Sources: ³The best practice summaries mentioned above are available from the UNDP office in Ashgabat, Turkmenistan (unaids@untuk.org) and cover the activities of the programme in the prisons, the work with vulnerable young women and sex workers and the training of trainers in HIV/AIDS and drug abuse prevention with a gender sensitive approach.

- **Supporting NGOs carrying out preventive work in the field of drug abuse and HIV/AIDS:** A small grant scheme awarding civic organisations with funds for 'mini-projects' was conducted. Those chosen were trained in peer education methods to carry out drug abuse prevention activities.

Monitoring & Evaluation:

The activities carried out within this programme are evaluated internally. The internal evaluation is mainly administered through questionnaires completed by the staff and target group of each of the activities.

Outcomes:

COVERAGE
Number of children /youth reached: 300,000
Number of peers/mediators/educators/teachers etc. trained: 500
Number of families reached: N/A
Number of institutions/associations involved: 23

Strong support from local and national Government has been gained via their collaboration in the programme. 37 workshops with prison staff and inmates, and with sex workers and vulnerable young women, have been conducted thus far. The prevention work undertaken with regard to prisons has resulted in the creation of a group of trained volunteers in four prisons; both the prison administration and the Ministry of Interior have approved the prevention work and have requested continuation of, and support for, this type of initiative. Work has subsequently been undertaken in women's prison and in a juvenile prison.

A variety of IEC materials have been produced and distributed. A total of 300,000 youth have been reached through this programme. 17 civic organisations throughout Turkmenistan were nominated for grants, 35 people from these organisations were trained, and subsequently, 17 'mini projects' have been implemented. Currently, an evaluation is being undertaken of the impact of the programme on safe sex behaviour, healthy lifestyles and drug use.

Lessons Learned:

- **The use of a gender approach has been deemed necessary due to the specific cultural traditions of Turkmenistan, where family ties are very strong and women often have difficulties – and a lower bargaining position – when discussing sensitive issues such as safe sex and drug use with their partners or husbands:** A gender sensitive approach needs to be used in prevention work. This entails analysing how males and females are at risk of HIV/AIDS or drug abuse, and how to develop adequate prevention programmes, advocacy and educational campaigns that are relevant to the needs of both groups. Girls usually enter marriage between the ages of 16-24 and are expected to bring up relatively large families (on average 3-5 children), while men are considered to be heads of the family. Research undertaken in countries with a high prevalence of HIV/AIDS indicates that very few policies and programmes relate adequately to women's life situations. However, the daily lives of women and the complex network of their relationships, as well as the structures which shape them, are well documented. This novel approach does not only focus on the medical aspects of HIV/AIDS and drug abuse, but also on the social, economic and family relations between men and women.
- **Training experts in using a gender sensitive approach has shown:**
 - That it is crucial that the participants understand the difference between the rights and opportunities accessible to women and men.
 - That since the word 'gender' does not translate in Russian, it was very difficult to explain its meaning, and therefore the use of practical role-plays was important.

● **Implementing a strategy for reducing HIV/AIDS and drug abuse in prisons requires the following:**

- Information on HIV/AIDS/STI/Drug abuse prevention
- Familiarisation of decision makers involved at various levels in the running of prisons with drug abuse and HIV/AIDS prevention issues
- Availability of a group of dedicated ministry and prisons officials who are aware of the problem and committed to improving the situation
- Creation of clear action plans co-ordinated with prison departments
- Implementers felt that it is essential to expand the project to ensure the sustainability of prevention work in prisons and to share experiences with other prisons through the dissemination of information.

● **Collaboration between the UN, civic organisations and youth organisations has resulted in a strong partnership in HIV/AIDS and drug abuse prevention work:** Collaborating with and involving youth effectively increases awareness at the national and regional level. The support provided by the Government, youth organisations, and by the general public has made this initiative very successful, and has emphasised that the support of the wider community is crucial to achieving behavioural change among young people.

Drug Abuse Information and Counselling Centre

REGION:

West and Central Africa

COUNTRY: Sierra Leone

Organisation: National Council for the Prevention of Alcoholism and Drug Dependency Inc.

TARGET GROUPS:

- Community

SETTINGS:

- Home
- Education centres

IMPLEMENTING AGENTS:

- NGOs

PROJECT PURPOSE:

Provision of Information, Education and Communication (IEC) materials, advice, a telephone information line and training to the community

COST: US \$8,000 over 3 years

DURATION:

4 years and ongoing



U.N. International Day Against Drug Abuse (June 26 2001) Junior football club.

Background:

Sierra Leone is a nation with tremendous inequality in income distribution and high levels of extreme poverty. It has substantial mineral, agricultural, and fishery resources, but the economic and social infrastructure is not well developed, and serious social disorders and civil war continue to hamper economic development. About two-thirds of the working-age population engages in subsistence agriculture. The economy depends upon the maintenance of a fragile domestic peace and the continued receipt of substantial aid from abroad. According to 1989 estimates, 68% of the population lives below the poverty line and the average life expectancy at birth of the total population is 45.6 years.¹

Sierra Leone has a deep-rooted history of drug abuse, based on and accelerated by ten years of civil war. Cannabis is grown in rural areas, and cocaine and heroin enter the country via traffickers. Its economic benefits mean that many people are involved in the drug trade.

Sierra Leone has no drug abuse prevention policy or strategy at present, and the Government does not have the capacity to address the problems. The Drug Abuse Coordinating Secretariat of the Ministry of Internal Affairs is, however, currently working on such a policy.

Aims:

To maintain a centre for drug abuse-related resources which provides general information, counselling and preventive education to the public by *telephonex* (a telephone help line) and in person to visitors to the centre.

Main activities:

- **Working in collaboration with other organisations:** The organisation works co-operatively with other institutions with similar prevention objectives, without discrimination on the basis of race, tribe, age, sex, religion and political and social beliefs. The group is comprised of youth organisations, social clubs, community leaders and social activists who have merged together to reach community leaders with principles, policies and programmes for the prevention of drug abuse. The organisation functions as a catalyst by responding innovatively to drug abuse problems and mobilising existing groups in both the social and organisational infrastructures.
- **Planning with implementers and beneficiaries:** To make the project more effective, it was planned and implemented with the input of the intended beneficiaries - i.e. the community.
- **Raising the awareness of the public concerning drug-related problems:** Educational programmes include: drug abuse prevention conferences; workshops; video shows; study circles; panel discussions; printing and circulation of manuals; hand-outs; bulletins; newsletters; and posters.
- **Raising the awareness and understanding of leaders, educators, health professionals, the scientific community and the media:** Educational material is gathered and disseminated, and there are continuous mass awareness campaigns conducted through rallies, processions, exhibitions, press briefings and outreach programmes to schools, youths, community groups, colleges, and ghettos. Anti-drug messages are spread through newspapers, radio, television and 'folk media'.
- **Providing information to the community:** Education on the long- and short-term effects of drug use is provided to primary and secondary school pupils, students attending higher education institutions, and school dropouts. Information is provided by staff members, official ministries, consultants, and other trainers from collaborating organisations.
- **Providing a counselling centre for the community:** The counselling centre provides guidance, training and materials on drug abuse prevention for the community at large, and to those families and individuals with specific needs.
- **Providing alternatives to drug use:** Sports activities are organised to give youth the opportunity to engage in extra-curricular activities, and in order to provide an alternative to drug use. Sports include athletics, football, indoor games, basketball and volleyball.
- **Educating parents:** Guidance relating to the communication of drug issues between parents and children, AIDS, pregnancy and crime is also provided, through lectures, story telling, handouts, plays, case studies, and small focus group discussions.
- **Encouraging scientific research regarding the prevention, diagnosis and treatment of drug-related problems:** A drug abuse resource centre conducts research and provides information on the following themes:
 - A survey to learn about people's use of drugs and their attitudes towards drugs.
 - The connection between drug use and physical and mental illness.
 - Surveys to find out how much specific groups know about drugs.
 - Studies of the causes of drug use and the prevalence of drug abuse among students, youths, and women.

"I now understand my family problem better than before!"

- **Collaborating with other NGOs when there are specific problems:** Individuals with specific problems, and those who need further help, are referred to relevant NGOs who work in collaboration with the centre. This is part of a permanent strategy of mobilising existing organisational infrastructures and social groups.

Monitoring & Evaluation:

There has not yet been any external evaluation of the programme. However, there is an ongoing internal process evaluation identifying the strengths and weaknesses of the programme. The evaluation process is participatory and involves all beneficiaries.

Outcomes:

COVERAGE
Number of children /youth reached: 7,000
Number of peers/mediators/educators/teachers etc. trained: 251
Number of families reached: 143
Number of institutions/associations involved: 75

Evaluation has shown that the demand for the services provided is higher than the capacity of available resources. Capacity needs to be strengthened if all the target population is to be reached.

Lessons Learned:

- **It was important to involve the beneficiaries from the planning phase of the project, in order to increase its chance of success:** The target group must take ownership of any programme that involves and targets them. This will ensure a successful outcome, with larger numbers participating and a more holistic intervention.
- **Local experts were used as they are known to the local population and are cost-effective:** It is often expensive to bring international consultants into the community. It is better to employ a local expert who has lived in the country and who understands the local traditions, culture and people.
- **Networking with other organisations and Government agencies was useful:** Networking encourages the sharing of information, resources, and ideas. Organisations and institutions that network are better equipped to respond innovatively and effectively to drug abuse problems.
- **Mobilising existing organisational structures and social groups proved effective:** Collaborating with other organisations and social groups pools together resources, and prevents duplication of efforts.
- **Funding should be secured so that programme activities can be facilitated:** It is difficult to provide activities without any financial support. In order to avoid the failure of the project, or disappointment by all parties involved, adequate funding must be secured prior to project development and implementation.

“The importance of sports is that it provides youth with the opportunity to engage in extra curriculum activities.”

Substance Use Training Manual for Drug Prevention APE Project (Adapt-Pilot-Evaluate)



A girl commenting a theatre scene on drug abuse prevention (LMPE Casablanca)

Background:¹

Morocco has a population of 29 million inhabitants, a third of whom are under 18 years of age. Morocco has a high rate of illiteracy in rural areas and unemployment levels of around 13%. The country's economic situation has been relatively stable for the last ten years, despite of rapid social and economic changes. In the light of these changes, Moroccans are experiencing substantial cultural and identity issues related to religion, language and social behaviour.

Many of the country's demographic, geographic, economic and social characteristics are relevant to the issues of drug use and abuse. The fact that the population has such a large proportion of young people means that the exposed risk group is consistently inflating; as a result, the incidence of drug use is increasing. In addition, Morocco is a country with high population mobility due to tourism and migration; this generates an exchange of 'behavioural patterns', further facilitated by current cultural transitions, a long-standing tradition of liberalism and geographic proximity to Europe. Morocco's geographic proximity to Europe and to sub-Saharan countries, very long coast and land borders, and a proliferation of points of entry (Morocco has 12 international airports) makes it easy for drugs to enter the country. Daily cases of drug seizures are increasingly reported.

The monitoring system for drug use in Morocco is still in its early stages. Monitoring is carried out by the National Commission on Drug Abuse, the Central Service for Mental Health (which is affiliated to the Ministry of Health), and the University Psychiatric Hospital. There are many strategic drug abuse assessment issues. There is a lack of manpower and material resources: biostatisticians, epidemiologists, trained investigators and funds are all hard to come by. In addition, setting priorities on a local and national level and elaborating a comprehensive and well-designed national plan is equally difficult.

REGION:

North Africa

COUNTRY: Morocco

TARGET GROUPS:

- Street children
- Children/Youth (5-25 years)

SETTINGS:

- NGOs working with street children

IMPLEMENTING AGENTS:

- Health workers
- Youth workers
- Social workers

PROJECT PURPOSE:

Translation and adaptation of an existing prevention manual into Arabic, and training of staff working in NGOs concerned with children in poor conditions to use this manual.

COST: US \$75,000 over 18 Months

DURATION:

20 Months, but the manual will continue to be used

¹ Sources: Dr. Jalla Toufiq. *Project Evaluation; Young people and substance use: a manual. Adapt, Pilot & Evaluate Morocco Project. Hôpital Ar-razi, Salé, Morocco.*

It is difficult to get a clear picture of current patterns and trends in drug use in the absence of well-designed epidemiological studies. Data is, however, collected through several national and local cross-sectional studies, and institutional data systems have shown interesting results in a number of areas, including the following:

- Different drugs are available in different regions of the country, with cannabis and alcohol being the most widely abused drugs
- Ecstasy is rarely consumed in night-clubs in large cities
- Most drug use occurs in the male population, but a significant increase in the use of tobacco, alcohol and hashish use among women has been witnessed
- The progressive introduction of heroin and cocaine into large urban cities, accompanied by a consistent decrease in sale price
- The fact that heroin and cocaine are mostly sniffed
- The predominance of inhalant use among street children
- Great levels of psychiatric co-morbidity with cannabis and alcohol use among the population receiving psychiatric care

“The actions were perfectly integrated in a more comprehensive and global plan in favour of street children”

There is great concern regarding street children and inhalant abuse in Morocco. These children live in poor conditions, in large urban areas. The prevalence of inhalant abuse is steadily increasing. Children in poor conditions receive a considerable amount of support through specific programmes. These programmes are run by NGOs, most of which are desperately in need of technical assistance in tackling the drug abuse problem among this population.

Studies show that as high a proportion as 90% of street children have experienced inhalant use in the past, and that point prevalence of inhalant abuse could be as high as 65%.

Aims:

To provide educators and social workers with an Arabic, socially-sensitive tool to enhance their ability and skills for the elaboration, conduct and evaluation of preventive actions in the field of drug abuse prevention amongst children living in poor conditions. The project also set out to identify, involve and network highly experienced professionals in the field of drug abuse prevention.

Main activities:

- **Ownership and the raising of awareness amongst stakeholders:** All stakeholders, including the Government, NGOs and the media, were made aware of the project from the beginning. A steering group was formed, and practical help was provided. The University was selected to run this project due to its status as a widely-respected agency.
- **Deciding on the appropriate resources:** It was decided that an existing manual would be used to train relevant NGO staff. Following an evaluation for validity and relevance of the manual for its use in Morocco and other Arab countries, a manual developed by the WHO and the Mentor Foundation was chosen.²
- **Adapting the chosen manual:** This document was translated and culturally adapted to the Arab context. This was carried out in collaboration with other agencies and experts in the field of drug abuse prevention in the Arab region. The process of translation initially involved professionals with good linguistic knowledge and with drug abuse prevention expertise; academics were then recruited to refine the text of the reviewed version. A very simple and easy-to-read writing style was chosen in order to make the manual accessible to those working with children in poor conditions.
- **Training relevant NGO staff:** Once the manual was available for use in the Arab region, training sessions were given to relevant NGO staff and practitioners on how to use the manual.

Sources: ²WHO & The Mentor Foundation. 1999. *Young people and substance use: a manual. Create, use and evaluate educational materials and activities.* WHO, Geneva.

- **Applying the training in chosen settings:** Trained staff used the manual when educating and working with the street children attending specific programs run by other NGOs. These NGOs were already working with street children, but were keen to add the drug abuse prevention component to their work, as, over the past decade, inhalant and drug abuse has become a very visible new trend.
- **Sustaining the project:** The manual has been designed for use in Morocco and, potentially, other Arab countries. The project is sustainable due to the twin outcomes of trained staff and a low-cost resource. The stakeholders have a sustained interest in continuing to use the manual, as their daily work can be steadily improved with no further financial investment.

Monitoring & Evaluation:

The relevance and applicability of the manual to and in the Moroccan context was evaluated by University staff through 'opinion-seeking' and manual-testing in the field, and by 15 professionals in a 'training-of-trainers' and brainstorming seminar that took place over a period of two days. The content and design of the manual were discussed, and a page-by-page approach was used to discuss the relevance and feasibility of every task and activity therein. Recommendations for change and improvement were made by the participants, and the seminar itself was evaluated using a 10-item questionnaire to determine the participants' opinions of the manual, its degree of relevance to their daily work, and their intentions or otherwise to use the manual in the future.

The long-term use of the manual will be evaluated at a later stage.

COVERAGE
Number of children /youth reached: 90-110
Number of peers/mediators/educators/teachers etc. trained: 20
Number of families reached: N/A
Number of institutions/associations involved: 6

Outcomes:

The translated and adapted manual has been shown to be relevant to drug abuse prevention work for children in poor conditions, and specifically so in the Moroccan context. The manual, accompanied by the training of health workers and the consequent work carried out with street children, has filled a gap in the field of drug abuse prevention in Morocco.

Lessons Learned:

Planning phase

- **It is important to involve all parties from the outset:** A great deal of work was carried out initially to screen for key persons within key NGOs. The persons subsequently involved had a high quality of expertise and field experience. The high quality of these initial contacts was crucial in gaining the confidence of funders, and in generating good overall involvement.
- **All parties need to take ownership of the project and give their support:** It is important for the credibility of the involved parties that the project is constructive and successful. All parties are involved from the initial planning phase, and are therefore made to feel like partners of the project. As the partners came to view the project as their own, increased morale was evident and support was given to the supervising team. The NGOs involved participated fully in the realisation of the project, using their own resources.

- **Working in collaboration with organisations that are already established and have experience with the target group is cost-effective and practical:** The following steps were achieved efficiently and allowed cost-sharing: screening for the target population; reaching the target population; designing and elaborating action plans; executing action plans; self-evaluation and reporting of the actions taken; establishing good interaction between the supervisors and the workers on the field; and the use by collaborators of their own facilities and resources in the execution of the project.
- **The project was realised by highly-experienced staff and persons working together with the common concern of improving the lives of street children:** The project was perfectly integrated into a comprehensive plan for the benefit of street children, and consisted of well-elaborated and well-executed components.
- **The project was designed to meet specific needs, and was successful as a consequence:** The specific needs of the project were to translate, to adapt and to field-test the manual. The project was designed to meet these needs by appointing the right persons for its supervision and evaluation, who in turn selected key persons working in the field of drug abuse prevention to field-test the final manual.
- **The project was successful despite the lack of resources, as it was implemented in a professional environment:** The professionals involved realised the project successfully; this success came in spite of the scarcity of resources and was mainly due to the climate of partnership and mutual interest.
- **The objectives and expectations of NGOs involved should be made clear before the project is implemented:** This is important when aiming to provide an instrument to maintain the focus of the project, and to avoid sliding into broader and more ambiguous prevention actions that are not related to the manual.

Adapting a written manual

- **Imported materials need to be translated linguistically and culturally if they are to be successful:** The work and collaboration of and between three groups made the whole translation and adaptation process feasible: the team eventually involved interpreters, experts in the field of drug abuse prevention, and academics. The joint work of these three parties resulted in a satisfactory manual that was understandable, easy-to-read and reliable.
- **Linguistic translations are not always straightforward:** It is not always possible to find an equivalent Arabic word for one in English. The translation team occasionally had to compromise, finding the best word to match the original word - if not exactly, then as closely as possible.

Realising the project

- **New practical materials that are introduced must be supported by a training component for the outcome to be successful:** Training increases an individual's understanding of the document. The field-testing of the manual resulted in further adaptation of the contents so that a relevant tool could be produced.
- **The manual should be pre-tested in the field to ensure that all educators have the same level of understanding of its contents:** The success of the use of the manual depends totally on the quality of training and education of NGO staff. It is therefore necessary initially to test the staff's use of the manual in the field before wider use is implemented.

Youth Connection



Youth Connection Group "Antoura" Theatre

Background:

In the 1970s and 80s, Lebanon was a major producer of illicit drugs in the Middle East, and drug abuse rose drastically throughout the period of the civil war (1975-1990).¹ Due to prevailing marginalisation and rapid social and economic change, the post-war societal situation in Lebanon is equally characterised by high levels of drug abuse. The use of cannabis is reported as relatively common, and there is some indication of cocaine and heroin abuse, although no exact data is available. A rapid assessment study in Beirut established that drug abusers are mostly males aged 25-34, and that many are reluctant to enter treatment for fear of imprisonment.¹ Oum el Nour has noticed a decline in the age of onset of drug abuse and in the average age of drug addicts, which is now between 19-24 years. The onset of drug use occurs between the ages of 14 and 19 for 53% of all drug addicts.² Approximately 20-30% of those seeking treatment and rehabilitation at Oum el Nour has a university background, 10-20% are secondary school students and about 5% are illiterate.² The percentage of women presenting themselves to the treatment centre has also risen, from 3.7% in 1993 to 15.3% in 2001, although the increase could be explained by the fact that young women now find it easier to come out with their problems and to seek help. Although Oum el Nour's figures might not be representative of the whole of Lebanon, they nevertheless give some indication of the drug problem, and highlight the priority that should be given to young people in the light of their susceptibility to drug abuse. Currently, there is no national drug abuse prevention strategy in Lebanon, and little Governmental activity with regard to drug abuse prevention. A handful of NGOs are attempting to tackle the drug problem in Lebanon, but Oum el Nour is the only organisation providing a rehabilitation centre in the country, and the only organisation carrying out prevention work targeting different groups in Lebanese society.

Sources:¹ UNDCP Country Profile. www.undcp.org/egypt/country_profile_lebanon.html
 [The organisation states in addition: Treatment is completely confidential according to Lebanese law and people that seek treatment will not be arrested. Addiction-related offenders will go to jail unless they ask for a treatment. In this case, the treatment centre has to tell the authorities if an offender has left treatment before completion. The new law (1998) encourages treatment, but the problem is that the Government does not have treatment centres as mentioned by the law.]

²Oum El Nour. 2000. *Drugs. No. 12. Beirut, Lebanon.*

REGION:
Near and Middle East,
SouthWest Asia

COUNTRY: Lebanon

TARGET GROUPS:
● Young people (15-25 years)

SETTINGS:
● This depends on the nature of the respective organisation/institution

IMPLEMENTING AGENTS:
● Civil organisations/institutions

PROJECT PURPOSE:
Setting up and training a group of youth workers in existing civil organisations/institutions to carry out drug abuse prevention activities

COST: US \$100,000 per year

DURATION: 1 year initially

Aims:

To decrease drug abuse by mainstreaming drug abuse prevention activities in already-existing organisations and institutions throughout Lebanese society.

Main activities:

- **Advertising the project through campaigns:** Using media such as radio, television and brochures to raise awareness of the training possibilities provided.
- **Selecting organisations and institutions who express their interest for collaboration:** The organisation wants to ensure an even regional spread across the country, and is seeking to establish a situation where a variety of different types of institutions are engaged in the field of drug abuse prevention. Currently, the main institutions that have set up trained groups of drug abuse prevention youth workers are schools, universities, community groups and NGOs.
- **Setting up and training groups of drug abuse prevention youth workers in already existing organisations or institutions:** The youth workers are trained by a multi-disciplinary group of staff and experts, including psychologists, counsellors and lawyers. This involves training youth workers in each organisation or institution in:
 - General knowledge and information about drugs, addiction, drug laws and prevention activities;
 - Self-esteem and team skills: before reaching out to others, the youth workers work on their own ability to think, listen and discuss, and work in a team;
 - The skills they need to carry out an awareness and information campaign that they can then develop and implement as part of their daily activities, depending on the setting and the youth workers' specific skills.
- **Organising and carrying out drug abuse prevention programmes and activities by youth workers:** Each youth worker team organises its own programme and activities. These depend upon the skills, background and motivation of the youth and are based on the needs of the people and the environment the organisation is already working in. The youth workers themselves decide on the type of activity they want to carry out, and suggest approaches and methodologies they want to use in their campaigns. These activities can include carrying out research, producing Information, Education and Communication (IEC) materials, developing an internet page, performing a drama, etc.
- **Networking:** A high level of networking between different youth worker groups is encouraged, so that groups can plan projects together, share their experiences, and adapt those activities that have been successful elsewhere.

Monitoring & Evaluation:

The activities carried out by the youth workers are closely supervised and supported. A professional or specialist is present whenever activities are being planned and implemented. The multi-disciplinary prevention team discusses the activities that take place. As the project is only in its early stages, it is expected that, with increased experience, activities will become more self-sustained and self-monitored. Young people evaluate their own projects during their meetings. So far, no formal outcome evaluation has been finalised, either for the separate activities or for the whole project.

Outcomes:

COVERAGE
Number of children/youth reached: N/A
Number of peers/mediators/educators/teachers etc. trained: 100
Number of families reached: N/A
Number of institutions/associations involved: 11

100 youth workers have been trained in 11 organisations in Lebanon; but, as yet, the overall outcomes and impact of the different youth groups' activities has not been evaluated.

Activities so far have been comprised of a set of diverse and complementary approaches, each of which was developed by another institution. These have included: the development of a play; the creation of a drug abuse prevention web site; work in and with schools to integrate prevention into the school environment; research and the compilation of statistics on the reasons for, and the extent of, drug abuse; and the creation of IEC materials.

Lessons Learned:

- **Youth are a valuable resource for prevention: they are efficient, and reach a large proportion of the target population:** The project was initiated to meet the demands of young people for the prevention of drug addiction. Working with young people means that they themselves are in charge of tackling a problem that predominantly affects them. Young people are more likely to respond to other young people, and this approach avoids negative reactions in young people that might be provoked by parents, social workers or adults in general. A main aim of the project was to reverse the bad influence that young people can exert on each other through peer pressure, and to turn this into a positive influence, thus giving young people a greater chance of leading a healthy life.

- **Collaborating with existing organisations makes use of human and financial skills and resources already in place:** This approach institutionalises drug abuse prevention into various settings and contexts. To carry out each project from the centre would be more expensive; besides, the organisations are already working at the grass-roots level and know the situation and the target population much better than anyone else. Collaboration with a university was based on the recognition that students, especially those in their first year, are particularly prone to drug abuse due to the new circumstances in which they find themselves. The group of youth workers from the university set up a social space where first year students could meet with them to discuss any difficulties or problems they had encountered.

- **The approach is very flexible, and allows tailoring to local needs and social environments:** The collaborating organisations have their own needs, possibilities and competencies. No project is imposed on any of them, but rather the elaboration and adoption of a project that is useful and efficient in the context that the organisation works in is encouraged. In an area where drug cultivation has been carried out for generations and is part of the local culture, a group of young people will take a very different drug abuse prevention approach than in an urban area where young people face the problems of a more metropolitan lifestyle.

- **A sharper focus on integrating evaluation into the youth workers' activities is needed:** One of the major problems encountered was that of carrying out evaluations for each of the activities, as well as for the project as a whole. This is mainly due to the diversity of the different activities carried out and the high level of flexibility in their implementation. For instance, one youth worker group wrote and practised a play on addiction which was shown in different places to different groups of young people. On one occasion it was shown to a thousand young people; on another, it was shown to audiences small enough to allow it to be followed up by a discussion. This makes standardised and rigorous evaluation difficult. In addition, as experienced by many other organisations, there is little access to information on evaluation methods and tools, and so projects are not monitored and recorded as rigorously as would be ideal.

“It is important to note, that the youth themselves are decision makers when it comes to the projects they carry out”

Protecting Child and Adolescent Rights, and Preventing the Undue Use of Drugs

REGION:

South America

COUNTRY:

Bolivia
Organisation: Viceministerio de Asuntos de Género, Generacionales y Familia (Vice Ministry of Gender, Generations and Family)

TARGET GROUPS:

- Children (1-18 years)

SETTINGS:

- Private and public institutions (mostly at the municipal level) working with children and adolescents

IMPLEMENTING AGENTS:

- Municipal Child Ombudsmen Offices
- Organisations working with young people

PROJECT PURPOSE:

To defend and to promote the rights of children, through strengthening and building the capacity of Municipal Child Ombudsmen Offices

COST: US \$1,094,630 over 5 years

DURATION: 5 years



Training workshop.

Background:

Over the last 10 years the Bolivian Government has undertaken a series of social policy reforms in education, social security and the decentralisation of the Government. In 1994, the Bolivian Government approved the Popular Participation Law and the Decentralisation Law, enabling local governments (prefectures and municipalities) to assume full responsibility for the human and economic development of the communities under their jurisdiction. In this context, Article 7 of the extension of the Popular Participation Law determines that local municipalities are obliged to create Municipal Child Ombudsmen Offices (*Defensorías Municipales*) with the mandate of promoting and protecting children and adolescents' rights. This is highly relevant in Bolivia, where 49.7 % of the country's population is under 18 years of age.

In Bolivia, children up to 18 years old have limited access to education, health services and drug abuse prevention programmes. A large proportion of young people are the victims of a social inequity that prevents them from attaining adequate individual development. Thus, these young people constitute a group with an increased risk of drug abuse. According to the available official data, in 1998 265,300 Bolivian children were part of the national labour force, earning a low income and having very little opportunity to live a 'normal' childhood. An estimated 40 % of children in the school age are forced to work to help support their families and their studies.

In addition, many children and youngsters in Bolivia are confronted with violence and discrimination, both at home and in the workplace, thus feeding a seemingly unbreakable cycle of poverty and inertia.

In 1999, a new Code for Children and Adolescents, based on the International Convention on Children's Rights, was passed in order to enforce adherence to the obligations of the convention. This code now serves as a powerful legal instrument for the protection of the rights of minors in the country.

In less than a decade, Bolivia has gone from being a drug-producing country to a drug-consuming one. According to studies carried out by the Centro Latinoamericano de Investigación Científica (CELIN) in 2000, there has been a clear and rapid increase in

the abuse of illicit drugs since 1992. The prevalence of marijuana use in Bolivia has increased from 0.6% in 1992 to 2.5% in 2000; and the corresponding figures for cocaine show an increase from 0.2% in 1992 to 1.3 % in 2000. Another worrying trend is the steady fall in the age of initiation of drug use: first use of cannabis in 1992 was reported at age 15.6; in 2000, the corresponding figure was reported to be 14.7. Total prevalence of illicit drug use among youth between 12-25 years - the most affected group - was 5.8 % in 2000. Many members of this group are working children and/or street children.

Aims:

To contribute to the development of a culture that observes the rights of children and adolescents, based on the principles of dignity and fairness and with the aim of achieving a society free from drugs.

Main activities:

- **Planning a national strategy with relevant stakeholders:** To put into execution a national plan for drug abuse prevention and the protection and defence of childrens' and adolescents' rights, in the context of which the establishment of Municipal Child Ombudsmen was promoted.

- **Raising awareness among municipalities to motivate their co-operation:** All municipalities were trained and informed in order to motivate decision-makers to establish Municipal Child Ombudsmen Offices to promote the rights of children and adolescents in the community.

- **Training staff who will implement the project:** The project team works on the development of training materials and their contents, expertise in children's and adolescents' rights, and on drug abuse prevention. Several social actors, such as lawyers, psychologists, social workers, judges for juvenile courts, community developers and leaders, youth leaders, police officers and parent associations, are trained to work in Municipal Child Ombudsmen Offices in the field of drug abuse prevention. Topics for training include issues related to drug abuse and the promotion, protection and defence of the rights of children and adolescents.

- **Training 'topics' are divided into four main areas:**

- I. *Administration and management* of the Municipal Child Ombudsmen Offices. This includes learning correct procedures and functions, and the development of skills related to the specific responsibilities of the offices.

- II. *Development of legal norms and procedures* within the framework of the new Code for Children and Adolescents, the Law on Domestic Violence, and the Law for Minors. This includes the development of procedures for research into, or investigation of, specific cases or problems, including the detection of drug abuse and related problems.

- III. *Methods for conducting needs assessments* of the specific needs and situations of children and adolescents in the different municipalities. These may be strategies for the early detection of problems, the understanding of risk factors and protective factors, and the detection of potential problems and solutions for the prevention of illicit drug abuse within the community.

- IV. *Training in secondary drug abuse prevention* is given to manage difficult cases where a problem relating to drug abuse is detected. This training also prepares for the development of strategies for drug abuse prevention and health promotion in the community.

"Municipal Child Ombudsmen Offices aim to promote children's rights and prevent the cause of violence, the abuse and neglect of the family and the community."

- **Carrying out prevention activities through Municipal Child Ombudsmen Offices:** Prevention activities include the distribution and use of preventive material developed by the project, and the application of procedures and norms instituted by the offices. Family intervention or legal procedures are undertaken to protect more vulnerable children. Ombudsmen Offices are beginning to make their presence felt in meetings with school associations, representing local government when drug-related problems arise. The offices also support local parents' and teachers' associations with counselling and participate in their drug abuse prevention activities.

Monitoring & Evaluation:

Results of the work carried out by the staff are evaluated monthly and each semester. Reports are prepared for departmental authorities and the social services, and the follow-up is included periodically in the information system. Each municipality reports to the Vice Ministry of Gender, Generations and Family.

Outcomes:

COVERAGE
Number of children/youth reached: 1,500,000
Number of peers/mediators/educators/teachers etc. trained: 3,500
Number of families reached: N/A
Number of institutions/associations involved: 500

In the first phase of the project, 204 Municipal Child Ombudsmen Offices were set up in 183 of the country's 314 municipalities. 3,500 technical staff and promoters were trained in drug abuse prevention and the protection and promotion of the rights of children and adolescents.

Other findings of the evaluation highlighted the need for:

- Establishing new Municipal Child Ombudsmen Offices, and supporting those that already exist.
- Evaluation of the quality of the services being provided by existing Municipal Child Ombudsmen Offices.
- A discussion with the Municipal Child Ombudsmen Offices regarding future strategies and the potential sustainability of the activities, given that the project's provision for training, information systems, and communication is in the process of implementation, and will decrease in the coming years.
- The dissemination of these experiences internationally, as the project is both unique and - thus far - successful.

Lessons Learned:

- **By creating Municipal Child Ombudsmen Offices, the municipalities respond to the needs of Bolivian society and thus contribute to human development:**

The functions of the Municipal Child Ombudsmen Offices are two-fold:

- I. These institutions represent a place where children and youngsters with problems are listened to and supported in a context where childrens' rights are respected and promoted. In many areas, rural as well as urban, these institutions are the only services available for the use of this vulnerable segment of the population.
- II. These institutions promote actions in the area of drug abuse prevention and childrens' rights.

- **The public political agenda has been influenced:** A national movement has been generated in favour of the children's rights, which considers their needs and their cultural setting has been created.
- **Using local languages for communication materials means that a large proportion of the population is reached:** Since 1997, the project has published material for the staff of the Municipal Child Ombudsman Offices, and for other groups working in social services. The material focuses on three areas of content:
 - Childrens' and adolescents' rights
 - Drug abuse prevention
 - Day-to-day management of Municipal Child Ombudsman Offices.
- **Frequent staff turnover due to lack of work stability causes low motivation, and blocks the capacity-building and continuity of the work process:** High staff turnover is a general problem in Bolivia at the national, departmental and municipal levels. However, with international support, the Bolivian Government is in the process of implementing institutional reforms focusing on reducing the high turnover among employees in the public sector.
- **Committed and well-qualified staff is needed to maintain the network:** It is common in many communities that several different actors - NGOs, private health institutions, churches - will be working in the same social development areas. The Municipal Child Ombudsman Offices have frequently taken on the role of co-ordinating the work of these different actors. This requires commitment and dedication on a professional and a personal level; work in the social sector can be very demanding, and the wages paid by most of the Municipal Child Ombudsman Offices are very low.
- **Municipal Child Ombudsmen Offices, especially in rural areas, lack access to human and financial resources; but local authorities give low priority to this function of their municipal Government:** In areas with scarce resources and little or no tradition of social work, it is often considered unnecessary to allocate funds to such activities, especially preventive work. This problem should be regarded in the context of other pressing health, education and infrastructure needs which the municipalities of the country must confront independently, according to the 1996 Laws of Decentralisation and Popular Participation. The experiences of the project have shown that, once a municipality has opened an Municipal Child Ombudsman Office, the population tends to protest if the municipal authorities attempt to close it again.
- **A step forward in the institutionalisation of children's rights has been achieved:** The opening of the Municipal Child Ombudsman Offices has taken place at the same time as a modernisation of the country's legislation on childrens' rights - for example, the recently-passed Code for Children and Adolescents. This general trend implies that the Ombudsman Offices have been used to institutionalise children's rights throughout the country's municipalities.
- **The concept of prevention as a child's right:** Human rights offer a framework for conceptualising and responding to the causes and consequences of public health issues. Young people have a right to information, education, recreation and an adequate standard of living. Each of these elements reduces the chances of young people going on to abuse drugs. Conversely, drug use by young people may have a further negative effect on the extent to which their rights are respected, protected and fulfilled.¹

"This project has generated a national movement to view children and adolescents as positive and valuable assets."

Sources: ¹ Gruskin S, Plafker K, Smith-Estelle A. 'Understanding and Responding to Youth Substance Use: The Contribution of a Health and Human Rights Framework'. *The American Journal of Public Health*, December 2001, Vol. 91, No.12.

IDER (Integrated Demand Reduction) Project:

REGION:

Caribbean

COUNTRY: Barbados, Bahamas, Dominican Republic, Guyana, Jamaica and Trinidad and Tobago.

Organisation: UNDCP Regional Office Barbados

TARGET GROUPS:

- Community

SETTINGS:

- Community

IMPLEMENTING AGENTS:

- Barbados: National Council on Substance Abuse (NCSA)
- Bahamas: National Drug Council
- Dominican Republic: Dirección Nacional Control de Drogas (DNCD)
- Guyana: Ministry of Health
- Jamaica: National Council on Drug Abuse (NCDA)
- Trinidad and Tobago: National Alcohol and Drug Abuse Prevention Programme (NADAPP)

PROJECT PURPOSE:

A broad programmatic concept with a focus on community empowerment and development to create the social changes necessary to reduce drug demand. The concept has been realised and adapted in various Caribbean countries

COST: The costs of the IDER programme are scaled to suit the country context:

- The Jamaica IDER programme had a budget of US \$1.4 million over 3 years
- Trinidad: US \$1.0 million over 5 years
- Dominican Republic: US \$860,000

DURATION: 12 years



Young people participating in IDER activities

Background:¹

The Caribbean region has a population of 35 million people, living in 29 countries, and speaking four official and several unofficial languages.

The rate of unemployment in the Caribbean averages between 10-20%. There is a high income concentration, and limited upward mobility. In poor areas where access to basic resources is scarce, drug trafficking has become for many people the only chance of escaping poverty. Some traffickers grant social assistance in the poorest neighbourhoods that the public sector cannot provide.

The illegal drugs market in the Caribbean generates an estimated annual income of \$3.3 billion. Cocaine is the most profitable illicit drug, accounting for 85% of the drug market in the region and 2% of the global cocaine market. Marijuana is the only natural drug produced in the Caribbean, and accounts for 13% of the illicit drug market. Amphetamine-type drugs and heroin account for 1% each of the regional drug market. Neither poppy cultivation nor heroin production take place in the Caribbean; the region does, however, serve as a transshipment area for 10% of the total estimated Colombian heroin output.

Drug use in the Caribbean remains low despite three decades of heavy drug trafficking. The estimated annual prevalence of illicit drug use in the Caribbean is 3.7% of the adult population. This is unequally distributed across the region in response to very diverse cultural and historic dynamics.

The local availability of substances does make experimentation easy. The 'taboo' associated with marijuana in other parts of the world is non-existent in this region, and 'normalisation' of the substance means there is little or no deterrent of its use.

¹ Sources: UNDCP Caribbean Regional Office. CCM Publications. February 2002. *Illicit Drug Markets in the Caribbean. Drug Trends 2000-2001.* Bridgetown, Barbados.

There are currently efforts being spearheaded by CARICOM (Caribbean Community) at the regional level to have the region approach drug abuse prevention from an integral platform. CARICOM has, however, endorsed the IDER approach and considered it as one of seven priority areas for a regional response to reduce the influence of drug trafficking and abuse. At the national level, national drug councils exist to co-ordinate drug demand reduction activities.

The IDER project has targeted economically depressed communities or neighbourhoods where poverty has acted as a gateway to the involvement of individuals in drug trafficking and drug abuse. In fact, many of the individuals involved in the programme gained stature in communities where social service networks were deficient; the empowerment of individuals acted as a means of drug abuse prevention within the community.

Aims:

The aim of the IDER programme is to sensitise and mobilise the community to address and resolve the underlying social dysfunction that increases its vulnerability to drug abuse.

Integrated Demand Reduction (IDER) is a programmatic concept aiming to empower communities. The very best of national policies will have a limited effect if they are not put into action in cities, towns, villages and neighbourhoods. The IDER programme is essentially a community development programme, delivered by national governments in cooperation with UNDCP, which is used as a vehicle to create the social changes necessary to reduce demand for drugs. Strategies to bring about social change, and therefore a reduction in drug demand, must combine the efforts of both public and civil-society institutions.²

“In school I learned that drugs are a big problem, and that everybody in the community needs to help fight against drug abuse.”

(Sarah, 17 year-old student)

Main activities:

- **Assessing the Community:** Communities are usually assessed on the basis of risk factors or potential risk factors. According to their assessment, communities are classified into different levels of risk, i.e. low, medium and high risk. This classification is based on the level of structure within the community, its ability to use structured intervention strategies, its awareness and recognition of drug problems, etc. The classification determines what kind of prevention response might be adopted.

- **Writing an Action Plan:** An Action Plan is written, developed and implemented by the community itself. The aim of the Action Plan is to sensitise and mobilise the community to address and resolve the underlying social dysfunctions that increase its vulnerability to drugs.

- **Introducing multi-faceted strategies to increase people's knowledge and social conscience:**

- The training of social agents – teachers, youth promoters, welfare officers, community leaders, medical personnel, social workers – as prevention agents.
- The promotion and strengthening of youth organisations.
- The establishment of continuous prevention programmes in schools in both curricular and extra-curricular activities.
- The creation of information centres for citizens on the prevention and treatment of drug abuse problems.
- Promotion of, and assistance for, self-help groups for drug abusers
- The mobilisation of the media against drug abuse.

“Young people are our best hope in dealing with the problem of drugs, so we need to teach them about the dangers that exist before they find out on their own.”

(Michael, 24 year-old youth community worker)

- **Emphasising positive human attitudes and encouraging communities to build the motivation and political will required to make positive changes in their lives:** The programme provides the practical skills and tools needed to strengthen managerial and technical capacities within communities and thus transform social, economic and institutional structures. In encouraging the development of self-awareness and self-management, the IDER programme offers marginalised communities the opportunity to participate in mainstream development.

Monitoring & Evaluation:

Indicators for the evaluation are identified as the Action Plan is being developed. Evaluation consists of implementation, process and outcome evaluations, of which the former is more common. Methods used to assess biannual, quarterly or ongoing progress have included the following: focus group discussions, rapid assessment surveys, national household surveys, questionnaires at the community level with Governments, NGOs and donors, national health surveys and interviews.

The evaluation looks at the results and impact of the project and its overall contribution to demand reduction. Information is provided by the project team and through on-site visits by the UNDCP office and the evaluator.

Outcomes:

COVERAGE
Number of children/youth reached: *
Number of peers/mediators/educators/teachers etc. trained:*
Number of families reached:*
Number of institutions/associations involved:*

**Exact numbers not known, although figures are estimated to be in the thousands*

The IDER approach was implemented in several countries, and so its outcomes vary. The programme was, however, endorsed as an approach that brings benefits to the communities, and that is able to disseminate information on drug abuse that creates a new sense of awareness in the community. The outcomes of the evaluations conducted in Barbados, Bahamas and Jamaica were as follows:

In Barbados

- The establishment of a permanent administrative, co-ordinating and data centre with trained staff-members, co-ordinating and implementing an integrated strategy was essential to facilitate coordination in the community and at the public sector level.
- A significant improvement in the knowledge and understanding of the abuse phenomenon in Barbados through the conduct of rapid assessment studies.
- The availability of trained peer counsellors, educational materials and the establishment of anti-narcotics clubs in secondary schools opened new prevention opportunities in schools.
- The availability of trained community leaders capable of performing early detection, providing basic counselling and assisting with rehabilitation has bolstered community participation and positive results.

In the Bahamas

- The provision of counselling and referral services in schools and in the communities helped extend the links between the programme and the community.

- Creation of community organisations with responsibility for continuous planning in drug abuse prevention provide a core of community facilitators.
- Mobilisation of several communities to work together against such crucial and collective issues as unemployment raised the awareness level of beneficiaries.
- The exposure to drug abuse prevention messages of several thousand youth, through concerts, fairs and other public events and activities increases the coverage beyond the target community to the national level.

In Jamaica

- A general increase in the knowledge and awareness of drugs, including the ability to recognise drug use was facilitated through the IDER programme.
- Training in organisation and leadership which resulted in the revival of 7 youth clubs and the emergence of 5 new ones, and the consequent provision of various sporting opportunities, including athletics activities and a School Sports Association.

Lessons Learned:

- **Integrating public and civil organisations for IDER implementation was a Herculean task:** The IDER programme faced a massive challenge in creating an integrated approach to demand reduction across a range of public and civil society organisations, not to mention marrying this to community-based efforts and mobilising the community groups involved. Even when public agencies are working well, competition and focus on departmental objectives mean that the co-ordination of demand reduction receives less priority. One option that Caribbean Governments could consider in response is the establishment of dedicated drug action teams working at the local level to bring agencies together.
- **Public perceptions regarding drug addiction need to be changed:** Across the Caribbean, drug demand reduction still faces the obstacle of strong, culturally specific attitudes to drug abuse and abusers that predispose the public and the authorities toward punishment and ostracism rather than rehabilitation. Drug control advocacy should include efforts to influence the public perception of drug addiction beyond the simple message of ‘Don’t take drugs’.
- **Economic structures must be improved hand-in-hand with demand reduction activities:** Many communities involved in IDER saw poor public services and a lack of employment opportunities as their foremost problems and, at least in part, their principal reasons for resorting to drug abuse, drug trafficking or related crime. IDER alone cannot be expected to solve the economic problems that frequently afflict small island states with limited resources. The Bahamas study demonstrates the positive impact of enterprise development in combination with a demand reduction initiative.
- **More information on the prevalence and nature of drug abuse is required:** There is still insufficient information available on the nature, incidence and impact of drug abuse in the Caribbean. More data must be collected in order to design better-targeted and more effective demand reduction interventions. UNDCP’s Rapid Situation Assessments for Barbados, Trinidad and Tobago and Haiti are an excellent start. More formal household surveys are also required.
- **The social impact of drug abuse on communities needs more in-depth study:** The IDER programme proved that short-term participatory assessments of drug abuse and related problems in target communities were invaluable as a means of designing appropriate interventions. Due to the sensitivity of Caribbean jurisdictions to information on the impact of drug use, and the extreme difficulty of carrying out the relevant

“We are seeing more young people pursuing sports to occupy their leisure time instead of using drugs.”

(Steve 32 year-old sports instructor)


fieldwork, remarkably little is known about the social impact of drug abuse in Caribbean communities. A clear lesson of the IDER programme was that such social impact, especially on drug- and crime-affected communities, needs to be clearly defined in order for appropriate responses to be developed.

- **Combining HIV/AIDS and drug prevention education increases the impact of prevention messages:** As the resources dedicated to drug abuse prevention are less than the resources dedicated to HIV/AIDS prevention, and the prevention strategies are similar and often target the same at-risk groups, the impact of prevention messages increases through combining efforts.
- **Programmes delivered in conjunction with a National Government encourage coordination and cooperation between local Governments, education and health authorities:** This makes the service more accessible. The decentralisation of services coordinated by the national government increases the likelihood of sustained national financial support for IDER activities as it leaves the project realm and becomes a systematic model (i.e. continued by the community).
- **Integrating the efforts of public and civil society institutions brings about social change and a decrease in the demand for drugs:** Placing the responsibility for demand reduction on the public sector alone is not a viable approach, as many organisations work outside this realm. In some countries and communities, public services are deficient, and civil society fills the void through informal mechanisms, which must also be utilised.
- **By providing practical skills and tools, and encouraging communities to build the motivation and political will required to make positive changes, social, economic and institutional structures can be improved:** Such structures, once strengthened, are seen as a credible reference point that the community can turn to. In communities where local Government and services are often characterised by inefficiency, the provision of basic skills and tools can greatly improve the image of an institution or structure. Once they begin to benefit from the services, people will naturally carry out the necessary marketing by word-of-mouth.
- **The IDER programme increases skills, potential employment and leisure opportunities:** A holistic approach is taken in the Caribbean, recognising the risk factors in society and attempting to address them by providing alternative opportunities to drug abuse.
- **A community-wide participatory and partnership approach:** Demand reduction strategies have been increasingly successful as collaborations. Many have been formed between Governments, NGOs, parents, teachers, health professionals, youth and community organisations, workers' organisations and the private sector.
- **National Adaptation:** The great strength of the IDER programme is that it takes into account the specific cultural environment in which the programmes are to be implemented.

"I am proud that my community is taking ownership of new programmes that are being introduced. We are encouraged to volunteer and become leaders in our communities."

(Angela 26 year-old teacher)

Mobilisation of NGOs in Demand Reduction in Eastern and Southern Africa



YDTF tackles Drug Abuse in Tanzania

Under nearly thirty years of colonial and post-colonial rule, the free market economy has created large scale unemployment, especially among the country's youth.

With no unemployment benefits available, many of these youths have turned to drug abuse as a way of occupying themselves. Aware of this, drug syndicates from Asia and Arab countries have discovered Tanzania to be a lucrative market, both as consumer and supplier of drugs.

Recent reports have revealed cases of Tanzanian youths employed as drug traffickers for major dealers from Pakistan, India, Arab countries and elsewhere.

For these reasons, the Youth Development Trust Fund (YDTF) is engaged in various activities aimed at combating drug abuse in Tanzania.

Information Provided by:
Youth Development Trust Fund
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NGO News...

Editorial: NGOs to guard against corruption

The importance of the role NGOs have played, are playing and will play in the future in the area of drug demand reduction can not be overemphasised. They provide a unique vehicle for – among other things – awareness creation, prevention campaigns, policy making, and provision of treatment and rehabilitation facilities.

NGOs, like other organizations unfortunately, are not immune from the evils of corruption.

The internationally known and respected NGO, Transparency International (TI), stated in its June 1996 editorial:

“The right time is now and not tomorrow.”

The NGO community witnesses far too much greed, and has too much potential for the betterment of the human condition, for us to be able to afford to have our efforts undermined by nepotism, greediness or cronyism. NGOs should be – and must become – role models for the type of behaviour our peoples can expect from government, not vehicles for their disempowerment and impoverishment.

If the NGO community can not live up to these goals, the local communities, governments, and donors will distance themselves from them and the future of all NGOs will be in jeopardy.

All of us who strongly believe in a bottom-up approach must work together to ensure that corrupt NGOs and corrupt men are exposed and get the treatment they deserve. A clearing process from within is much more effective than one that is imposed on the NGO community by governments or donors.

Your comments and suggestions on this subject are, as always, most welcome!

bookshelf

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What is the best way to stop drug abuse?

It is well known that attitudes and behaviours differ from one culture to another. It can therefore be assumed that methods which bring about desired changes in attitudes and behaviours can not be the same all over the world.

The methods used to stop drug abuse in Africa are often only slightly modified versions of methods and strategies used in Western Europe and North America. Is it not high time to develop our own culturally sensitive and locally adapted ideas and concepts and use them as far as we can to combat the drug abuse problem in our own countries?

The way to achieve this is by testing and evaluating... until we know what is right and what was wrong. Then, when we have found something that works, let us not keep it to ourselves but share our insights and experience with each other.

– Björn Franzen, UNDCP, Nairobi

The 4th issue of the newsletter, 'UNDCP Drug Forum'.

Background:^{1,2,3}

The region is undergoing a massive and prolonged displacement of population from rural to urban areas, causing a rapid growth in urban slums. Despite a relatively high population growth rate, the workforce is diminishing because of such prevailing conditions as poverty, disease, famine and drought. Numbers of street children, commercial sex workers and other vulnerable groups of the population, among them women, are increasing. Women in the sub-region tend to have less access to education, health facilities and financial resources, and tend to be more marginalised than men. Local cultures stigmatise women who abuse drugs, and so such women usually prefer to hide the problem than to seek assistance. Some resort to prostitution or become involved in the drug trade, either in the production process, as street dealers, or, increasingly, as couriers.

Most of the countries in the region are enduring worsening social and economic conditions. In the face of endless resource-intensive problems, many Governments still view drug control as a medium- to low-priority issue. Corruption, internal conflicts and cross-border disputes are major impediments to nation-building. Drug abuse has spread rapidly along trafficking routes, and none of the countries can claim to be unaffected.

Drug abuse is generally considered to be on the increase in the region, as in most other parts of Africa. The absence of reliable and accurate data makes it difficult to convince politicians and the public of the scale and magnitude of the problem. It is even more difficult to respond with adequate demand reduction measures.

Whilst primary prevention is addressed both by governments (e.g. through ministries of education, health, youth and sports) and by NGOs, programmes are usually inadequate due to the lack of funding and of sufficient trained human resources. Several countries of the region have established Interministerial Drug Control Committees that aim to co-ordinate drug control activities at a national level. In addition, countries have

Sources: ¹Information used prior to and during the project execution was compiled from various UNDCP studies on drug abuse. These include, amongst others, UNDCP Technical Series publications, the findings of Rapid Situation Assessment Studies conducted by UNDCP Nairobi in certain countries of the region, and other relevant/available literature in the field of drug abuse prevention.

²www.undcp.org/kenya/country_profile.html ³www.undcp.org/kenya/demand.html

REGION:
Eastern and Southern Africa

COUNTRIES: Botswana, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, Somalia, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe

Organisation: UNDCP

TARGET GROUPS:

• NGOs working in the field of drug abuse prevention

SETTINGS:

• UNDCP East Africa Office

IMPLEMENTING AGENTS:

• NGOs

PROJECT PURPOSE:

Networking and empowering NGOs working in the field of drug abuse prevention in Eastern and Southern Africa

COST: US \$677,774 (total budget)

DURATION: Initially 3 years, then extended for another year

formulated a National Drug Control Masterplan to spell out the strategic and programmatic framework for confronting both the demand and the supply of illicit drugs in their respective countries. Through its capacity-building components, this project provided training for operational personnel of NGOs and Governmental institutions involved in drug abuse prevention in identified countries.

Cannabis and khat are the most widely abused drugs in the region, but heroin and - to a lesser extent - cocaine are becoming a serious problem in some countries. Drug abuse is not associated with poverty alone, but is also related to wealth.

Throughout Africa, climatic and soil conditions are favourable for the cultivation of cannabis, a highly profitable crop for the farmer. Cannabis is less labour-intensive than other crops, and is said to allow families to survive, pay for the land they cultivate, buy food and medicines, and send their children to school. Cannabis remains the traditional drug of choice, and is widely available in most countries. Most local users smoke cannabis as a means to help them work long hours, to endure the difficulties of their lives, and to relax.

Khat is heavily used in the Horn of Africa, mostly by males, but also by an increasing number of females and young teenagers. Khat abuse has far-reaching social and economic consequences and is linked to domestic violence, poor performance in school and in the workplace, and the spread of HIV/AIDS and other sexually transmitted diseases. Several countries in the region are known for the extensive cultivation of khat, a legal crop in most of these countries. In addition to contributing to social breakdown, khat has become a commodity used to barter for arms that fuel continued conflicts.

Methaqualone (mandrax) is trafficked widely through Eastern Africa, and is by far the most widely-abused psychotropic substance in the region, especially in South Africa. However, its popularity appears to be on the decline.

The abuse of heroin is a serious problem in Kenya and Mauritius, and is now emerging in other countries in the region, including Ethiopia. Heroin abuse is likely to increase in the short-term, as street dealers intend to expand their markets to target young people, especially in schools and colleges. A number of in-school incidents were reported in Kenya in 1998 that prompted the intervention of the highest political authorities in the country to address drug abuse amongst youth in general, and in schools in particular.

Africa accounts for 3% of global HIV/AIDS infections through injecting drug use (IDU), compared to 23% for Western Europe and 16% for North America. Despite the growing risks associated with IDU, the use of heroin injected with shared or dirty needles continues. The high prevalence of HIV/AIDS in the region, coupled with increasing IDU (especially of heroin), means there is potential for a major demographic health and development crisis.

Whilst the high prevalence of HIV/AIDS is attributable for the most part to sexual promiscuity, especially in Kenya, Tanzania and Uganda, it is known that drug and alcohol abuse impairs judgement and can lead to irresponsible sexual behaviour. This contributes to a significant proportion of cases of HIV/AIDS and other sexually transmitted diseases.

LSD and Ecstasy are beginning to appear in Kenya and other eastern African countries, as are cocaine and "crack" cocaine. A wide range of legal narcotic drugs and psychotropic substances are being diverted into illicit channels and openly sold by vendors like any other commercial item, without due regard to possible side effects. These drugs include sedatives and codeine-based syrups used to offset the stimulant effects of khat, and Valium and phenobarbital used to enhance locally-brewed spirits. Street children are also vulnerable to solvent abuse, which is widely reported in Djibouti, Ethiopia and Kenya.

Aims:

To obtain within 3-5 years an increase in drug demand reduction efforts implemented by NGOs in East and Southern Africa, addressing problems related to drug abuse through effective and sustainable projects and programmes.

Main Activities:

- **Recognising NGOs as an important resource:** A large number of European relief organisations emerged in Africa during the early 1980s. In 1986, an Inter-regional NGO conference was held in Stockholm, Sweden, as a preparatory conference for the 1987 International Conference on Drug Abuse and Illicit Trafficking. At this conference, attended by NGO and Government representatives from around the world, it was recognised that NGOs play an important part in the field of drug demand reduction.
- **Aiding NGOs to build their capacity through training and funding:** Thirty NGOs were funded subsequent to the conference, and thirty-five NGOs received training. This training was given to selected specialised and non-specialised NGOs in order to enhance their capacity to design, implement, monitor, administer and evaluate drug demand activities.
- **Establishing an NGO network for the sharing of information:** An NGO network was established to exchange information and experiences, and to facilitate formal and informal contacts between all co-operating bodies in the field of demand reduction in the sub-region.
- **Introducing a resource centre and newsletter:** An information/public relations specialist was recruited and a drug resource centre was established to provide information for NGOs. A regular newsletter (6 issues per annum) is also being produced to disseminate further information within the network.
- **Providing a practical information handbook:** A drug abuse counselling guide entitled the 'Drug Counsellor's Handbook' was developed and widely disseminated among NGOs in the region. This document is a practical guide for information and reference for the counselling, treatment and rehabilitation of drug addicts. Following a request from NGOs, the guide was translated into Swahili in order to ensure its wide distribution throughout local communities in the three Swahili-speaking countries (Kenya, Tanzania and Uganda).
- **Maintaining the NGO network:** Meetings were facilitated between NGOs, Governments, UN agencies and donors. Advisory services were provided relating to the areas in which training has been identified as necessary. An institution was subcontracted to prepare and organise the training courses. The project has also developed a directory of NGOs working in the field of drug abuse prevention in the region.

"This project is helping the helpers in a very practical way. It has strengthened the capacity of NGOs through technical and financial support, and co-operation."

Monitoring & Evaluation:

As a mechanism by which to monitor the project, Tripartite Review Meetings (TPR) were held during the execution of the project in order to assess the effectiveness and impact of the results achieved, to review project outputs, and, where necessary, to make recommendations for changes. A project evaluation was also held, at which it emerged that formal networks between NGOs at the national level have been established in Kenya, Tanzania, Mozambique, Malawi, Zimbabwe, Madagascar, Mauritius, Somalia and Nigeria.

Formal and informal meetings between NGOs and their national counterparts take place throughout the sub-region. These networks and meetings have been evolving spontaneously among the NGOs without external interference.

Outcomes:

COVERAGE
Number of children/youth reached: N/A
Number of peers/mediators/educators/teachers etc. trained: 35
Number of families reached: N/A
Number of institutions/associations involved: 300

A Drug Information Resource Centre was established under the auspices of the project that produces 6 issues of the 'Drug Forum' per annum and an annual NGO Newsletter. The Resource Centre has a collection of 111 videos, 355 books, 151 research papers and 170 periodicals in English, French, Swahili and Amharic.

A well co-ordinated, well-managed and successful project has provided 600 NGOs from the region with advisory services. 35 NGOs from 14 countries have received training on project formulation and management, and 30 NGOs from 9 countries have received grants/funds to undertake drug prevention activities at the community level.

The project also provided a 'Joint Africa Youth Award' to represent Eastern African youth in an International Drug Abuse Prevention Forum held in the USA.

Lessons Learned:

- **Networking NGOs enhances capacities for project implementation, monitoring, evaluation and administration to carry out drug demand reduction:** Training for the project management cycle is provided to NGOs working in the field of demand reduction; the knowledge and skills thus gathered enable them to carry out responsive and effective demand reduction programmes in their communities.
- **Creating an NGO network within a region minimises competition and the unnecessary duplication of efforts:** The network is a platform for information-sharing, for the co-ordination of efforts, for discussion and for the formulation of common approaches to address drug problems at the community level. The creation of the network was undertaken after existing NGOs working in the field of demand reduction were surveyed. Thereafter, names and contact details were stored in the then newly launched UNDCP database, from where required information pertaining to these NGOs can now be retrieved.
- **Networking allows scattered NGOs to support each other and to share information:** Through the project, UNDCP has supported the activities of grass-roots organisations and facilitated their collaboration with one another. Through formal and informal meetings, organisations have exchanged views, shared experiences and learned a great deal as a result.
- **Strengthening NGOs' capacities enables them to carry out effective and responsive drug abuse prevention activities:** The project provided training for the project management cycle, as well as grants to enable NGOs to gain first-hand experience in the formulation, management, monitoring and evaluation of demand reduction projects, and to utilise available resources to provide effective support relating to drug abuse in the communities.
- **Knowledge passed on by training can be passed on to colleagues:** Through a curriculum designed for Training of Trainers (ToT), the project beneficiaries passed on training to their peers in counselling, treatment and rehabilitation at the community level.
- **Networked NGOs need regular support from the centre:** As many NGOs cannot afford the costs of procuring relevant literature, UNDCP demand reduction publications, videos, pamphlets etc., and the services of the Centre's Information Specialist, were instrumental to providing expert advice and assistance as required.

- **Networking pools together grassroots activities and resources:** Through a cost-effective use of available resources, NGOs can work closely in their respective communities and achieve impact-oriented activities.
- **Many NGOs are now involved in drug demand reduction activities:** As a result of widespread poverty with direct consequences on drug abuse, especially amongst youth and in the poor urban areas, there is a need for civil society organisations (CSOs) and NGOs to increase their activity at the community level.
- **It is possible to strengthen the capacity of NGOs through technical and financial support and co-operation:** Through the provision of adequate training tailored to the NGOs' needs, and the provision of grants, NGO activities can be further strengthened to make them more effective and sustainable.

5. Recommendations for policy makers and practitioners

The following recommendations are based on the lessons learned in practice which have been highlighted in the previous case studies. They are based on the expert opinions and views of the specific organisations.

The recommendations have been grouped into categories that reflect the main themes of the issues that were identified. The specific recommendations often overlap two or more of the categories. The categories are:

- Project Design and Preparation
- Partnerships and Networks
- Approaches
- Sustainability
- Project Management
- Use of Existing Resources
- Training
- Networking

The recommendations are directed at all policy makers and practitioners working in the field of drug abuse prevention. The recommendations also appear to be universally applicable. Their relevance will ultimately depend on the structure of the implementing organisation and the situation in the respective country with regards to its infrastructure, existing policies, and the health and social needs of its population.

The following chart reflects the key recommendations:

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
PROJECT DESIGN AND PREPARATION		
General		
Involve the beneficiaries from the planning phase onwards.	Involving the beneficiaries increases the project's chance of success.	Sierra Leone
Understanding and respecting the community you are working with increases project acceptance.	Understanding the community's norms, values and customs ensures that cultural tolerance and a strong foundation for appropriate project planning is achieved.	Zimbabwe
Design the project to meet specific needs.	A project that is not based on the existing needs of a population or group of people means that scarce resources are invested in a wasteful manner.	Morocco
A comprehensive approach used in a project can ensure that there is a continuum of care for high-risk youth.	Carrying out project activities that range from the provision of information to rehabilitation and detoxification encourages long-term contact between the organisation and the target group.	India
A long-term approach is better than a short-term approach.	Short-term techniques, such as methods to provide information on the nature and consequences of drugs, are suitable to raise awareness of drug issues; but behavioural changes come with a more holistic and long-term approach.	India
Multiple factors need to be handled with multiple approaches.	Dealing with human beings is a complex task. This is especially true when dealing with street children who have developed their own survival skills, and therefore need to be approached as individual cases, each with an individual approach.	India
Programmes can be complimentary to other programmes.	A school project focusing on drug abuse prevention can be complementary to other educational programmes and curricular teaching.	Greece

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
Adapting		
Working materials must be created to suit the local environment; this includes translating them linguistically and culturally.	Materials should be relevant to the project area so that real life situations are portrayed, and can be related to by the community.	Morocco,Bolivia, Caribbean,Zimbabwe
Linguistic translations are not always straightforward.	It is not always possible to find words in one language that mean exactly the same as those of another.	Morocco
Adapting a model appropriately is crucial.	Certain elements of a project cannot be changed without risking the spirit, intention and integrity of the project.	USA
PROJECT MANAGEMENT		
General Issues		
Stake-holders' interests need to be accommodated from the outset of the programme.	Effectively accommodating the needs of stake-holders, without compromising the primary aims and objectives of the programme, ensures their support.	Australia
Objectives and expectations of the organisations, and the people with whom the programme is working, should be clear before project implementation.	It maintains the focus of the project and avoids sliding into ambiguous and broader prevention activities that are not related to the project objectives.	Morocco
Clearly-stated goals and objectives of the programme need to be understood by the target group.	The target group's understanding of the objectives maintains their interest and enthusiasm.	Indonesia
Ownership of the project should be given to the people and organisations involved.	Ownership increases morale and ensures support from the parties involved.	Morocco
Committed and well-qualified staff are needed.	High levels of commitment and dedication on a professional as well as a personal level counters high work demands in the social sector.	Bolivia, Morocco
A professional environment leads to a successful project, even where there is a lack of resources.	A climate of partnership and professional interest facilitates the realisation of the project.	Morocco
Sufficient and consistent motivation and support should be given to people who implement the project.	Giving incentives to volunteers prevents problems of low motivation and dropping out.	Greece
Regular follow-up and monitoring of prevention programmes is essential.	Monitoring and continuous assessment of activities and outputs allows the acknowledgement of strengths and weaknesses, and means the project can be changed according to the findings.	Indonesia
Collaborating NGOs need regular support from the main implementing organisation.	NGOs often cannot afford the costs of procuring relevant literature, publications, videos, pamphlets etc., and often need expert advice and assistance.	East Africa
Research		
The social impact of drug abuse on communities needs more in-depth study.	This ensures that the appropriate responses can be developed.	Caribbean
More information on the prevalence and nature of drug abuse is required.	This makes it possible to design better-targeted and more effective demand reduction interventions.	Caribbean

RECOMMENDATIONS

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
Evaluation		
A focus is needed on integrating evaluation into each programme activity.	Standardised evaluation after each activity will demonstrate the activity's effectiveness, both to the target group and to the implementers of the programme.	Lebanon
More information needs to be distributed on evaluation methods and tools; this should be accessible to organisations.	Evaluations are needed in each project to monitor and record the results of all activities, and to establish their outcomes.	Lebanon
Communities should be involved in the process of evaluating prevention programmes.	This is an important element in maintaining the interest and enthusiasm both of the community and of the volunteer workers, and is an innovative way of getting feedback on the results.	Indonesia
PARTNERSHIPS AND NETWORKS		
NGOs and Public Services		
Screening for key persons in key NGOs needs to be done at a very early phase.	Making first contact is crucial in generating involvement and funding.	Morocco
Strengthening inter-institutional co-ordination allows multi-disciplinary collaboration.	Establishing the inter-institutional co-ordination of tasks prevents problems of jealousy amongst professionals, and results in a more effective and multi-disciplinary approach.	Guatemala
Integrating public and civil organisations in a community development programme is difficult.	Even when public agencies are working well, competition and focus on departmental objectives means that co-ordination - for example of demand reduction - may take a back seat.	Caribbean
Co-operation with local services to exchange information and experience and to develop a common strategy is important.	Information sharing and the development of a common strategy increases knowledge of problems and solutions, and focuses efforts by pooling resources.	Poland, Turkmenistan
Collaborating with civic organisations - especially youth organisations - in building up healthy lifestyles amongst youth can result in strong partnerships.	Through putting efforts together and involving youth, awareness can effectively be increased both at the national and regional levels.	Turkmenistan
The support of the wider community is crucial for a programme, and can be gained through partnerships.	The support provided by Government, youth organisations and the general public is needed to achieve behaviour change amongst young people.	Turmenistan
Partnerships with local Government, NGOs and the community are an indispensable element in undertaking integrated community-based drug abuse prevention.	Partnerships allow the sharing of resources and easy communication and co-operation in planning and implementation to reach mutual goals; they also contribute to sustained momentum beyond the initial stages of the project.	Indonesia
Collaborating with other agencies is a challenge.	Programme developers have to build relationships at all levels: beginning discussions in an atmosphere of mutual trust, respect and openness, and making sure that agreements are written, will reduce collaboration problems and enhance understanding.	USA
Having an integrated, multi-disciplinary drug abuse prevention body at local Government level is important.	A local multi-disciplinary drug prevention body can provide support to project planning and implementation.	Indonesia
Government		
Programmes delivered in conjunction with the Government encourage co-ordination and co-operation among local Governments and education and health authorities.	Decentralisation of services makes the programme more accessible, and increases the likelihood of sustained national financial support from the Government.	Caribbean

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
USE OF EXISTING RESOURCES		
People		
The target group should be involved in the development and distribution of resources and educational materials.	Resources and educational materials are designed to reflect the culture, language, needs and wants of the target group; this ensures that they will be easily understood and accepted.	Australia
Working with lay people or local experts can be cost-effective.	Working with lay people from the target group, and turning them into educators, can be a successful and economical way to reach and involve the target group over a longer period of time.	India, Sierra Leone
Organisations		
Collaborating with existing organisations makes use of human and financial skills and resources already in place.	Carrying out activities through existing 'grass-roots' organisations who already know the situation and the target population, reduces costs.	Lebanon, Sierra Leone
Integrated efforts of public and civil society organisations bring about social change and a decrease in the demand for drugs.	In some communities, public services are not efficient; civil society can fill the void through informal mechanisms.	Caribbean
Schools		
School conditions can impose obstacles and practical difficulties on the implementation of the project.	The basic conditions of schools, including such practical issues as the provision of educational tools, needs to be addressed before developing health education programmes.	Greece
Schools are an important setting where drug abuse prevention programmes can be implemented consistently and systematically.	By implementing a programme in schools and integrating it into the standard school curriculum, a large number of young people can be reached.	Greece
Parents		
Parents, particularly mothers, when given assistance and support, can be the most active resource and partner of the community and the Government in addressing the drug problem.	Parents are the people who care most about their children, and who therefore have the motivation and courage to fight for their welfare.	Indonesia
Parents should be involved in activities to support school-based efforts.	Parents are more likely to get involved in extra-curricular activities organised by the students in school than to be concerned by passive lectures or seminars.	Greece
Parents and teachers need to be involved in youth programmes.	Teachers and parents usually have a lot of contact with young people, and can therefore reinforce changes in their attitudes.	Zimbabwe
Youth		
Youth participation in the decision-making process of the project is crucial.	Giving youth the opportunity to express what they believe to be the problems and solutions in their environment will result in more appropriate responses to the problems.	Zimbabwe
Youth are a valuable resource for prevention.	Working with young people means that they themselves are in charge of tackling a problem that predominantly affects them.	Lebanon
Youth can be empowered by involving them in the community.	By participating in the development of the community, the youth become socially secure and psychologically accepted; this facilitates positive behaviour and changes their attitudes towards life.	Zimbabwe

RECOMMENDATIONS

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
APPROACHES		
Mentoring		
Mentors and youth need help in becoming acquainted before matching.	Acquainting before matching reduces the chances of the relationship failing.	USA
Recognition should be given to mentors.	Mentor recognition is an important strategy for keeping people in the programme.	USA
Mentors should be screened carefully.	This ensures the selection of the best and most appropriate mentors - those who can be entrusted with the care and safety of young people.	USA
Ongoing support must be provided to mentor/youth pairs.	When a problem arises that is not addressed, especially if this occurs early on, the relationship can easily disintegrate, and participants may become discouraged.	USA
Psychosocial work		
The effect of educational and therapeutic work on children will depend on the complementary work carried out with their parents.	The 'dual' approach where both children and parents are targeted, reinforces the child's progress as the behaviour patterns encouraged in the centres can be reinforced at home. The approach also focuses on keeping children in their own families, and avoids sending them to foster families or children's homes.	Poland
Children with emotional and social problems need therapy/solutions at a level which exceeds the schools' capacity to deal with them.	High-risk individuals need to be approached in and out of the school setting, and require stronger case management and increased social and psychological attention from caretakers in a safe environment.	Poland
Information and awareness		
Public perceptions regarding drug addiction need to be changed.	Drug control advocacy should include efforts to influence public perception of drug addiction beyond the simple message of "Don't take drugs."	Caribbean
Peer education		
Peer-based interventions, where workers take responsibility for their own safety and that of their fellow workers, are more effective than an educational approach.	Work-based programmes developed by workers for workers, and implemented by peers rather than management personnel, take into account individual needs whilst addressing issues concerning safe work practices and a safe work environment.	Australia
Targeting high risk groups		
Focusing on high-risk individuals and their integration into society is an important approach.	To facilitate the integration of those children at high risk, prevention work should focus on those in close social proximity to the child, including the family, teachers and peers.	Poland
Enhancing economic opportunities		
By equipping street youth with technical and vocational skills, their access to employment and income is increased.	Street youth often have little access to mainstream facilities, and therefore need special support in such areas as education and health care.	India
Economic structures of a community must be improved hand-in-hand with demand reduction activities.	Poor public services and a lack of employment opportunities within a community are part of the reason for individuals resorting to drug abuse, trafficking or related crime.	Caribbean

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
Gender approach		
Using a gender approach when developing information and peer education materials on HIV/AIDS and drug use is crucial, as men and women have different needs, rights and opportunities in many countries.	The cultural, social and family conditions of a country determine the bargaining position of women in discussing sensitive issues such as drug use or safe sex. This means that women need to be approached differently to men.	Turmenistan
Childrens' rights		
The concept of drug abuse prevention should be considered as a basic child's right.	Young people have a right to information, education, recreation and an adequate standard of living. Access to each of these elements reduces the chances of young people abusing drugs.	Bolivia
Creating childrens' rights institutions contributes to human development.	These institutions can represent children and young people, and can promote preventive actions in the area of childrens' rights and drug abuse prevention.	Bolivia
Work place		
The focus of a work-based programme should be work-place safety, and not personal habits outside the workplace.	By not condemning individuals' behaviour outside the workplace, the programme is able to gain the trust of the workers.	Australia
Correctional system		
Implementing a programme to reduce drug abuse in prisons requires various elements of activity.	Prison programmes should include: essential information on HIV/AIDS and drug abuse; the familiarising of prison staff and decision-makers with the need for prevention; establishing groups of dedicated governmental and prison officers to address the problem; and a clear action plan co-ordinated with and amongst prison departments.	Turkmenistan
Holistic		
Programmes should increase the skills, potential employment and leisure opportunities of the community.	A holistic approach recognising the risk factors of the community should attempt to address them by providing opportunities for the community to take ownership of solutions to their problems.	Caribbean
Combining HIV/AIDS prevention and drug abuse prevention increases the impact on young people's health.	As the prevention strategies are similar and often target essentially the same at-risk groups, the impact can be made greater by combining resources and efforts to address both health issues.	Caribbean, India
TRAINING		
Training people		
Sufficient training should be provided for teachers to facilitate their acceptance of a less traditional role in the classroom.	Teaching degrees often do not include basic training in health education methods. Teachers often lack the skills to teach in a participative or interactive manner. More training in this area would ensure high teaching quality and maintain teachers' involvement and their motivation to participate.	Greece
New practical materials must be supported by training for the outcome to be successful.	Training increases the individual's understanding of the materials, their content, and how to use them.	Morocco, Guatemala
Knowledge passed on by training can be passed on to colleagues.	Training can have a cascading effect.	East Africa

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
TRAINING		
Training peer educators who are street children to work with other street children is not always easy.	here is a high risk of burnout of both the trainer and the trainee peer educators. Street children very often have their own agendas. However, children have been proven to have high levels of commitment and confidence in dealing with the project if continuous support is given.	India
Training of all participants, youth and family members is essential.	Training dispels myths and negative stereotypes; provides participants with the skills they need to carry out the tasks of the programme; offers a shared language and a common experience that binds people together; promotes commitment to the project; and helps overcome obstacles.	USA, Poland
The provision of incentives is needed to give volunteers a sense of achievement and to sustain interest and enthusiasm.	Increased knowledge and skills, greater social status, social recognition and the desire to help others are good incentives. Other incentives can include uniforms, meetings with high-ranking Government officials, news articles and TV coverage of volunteers' work.	Indonesia
A manual should be pre-tested in the field to ensure that all trainees have the same level of understanding of its contents.	The successful use of the manual depends totally on the quality of training and the level of education of the educators.	Morocco
Training communities		
Institutional structures can be improved by providing practical skills and tools, and by encouraging communities to make positive changes.	In communities where local Government and services are inefficient, the provision of basic skills and tools can greatly improve institutional structure and image.	Caribbean
SUSTAINABILITY		
Capacity building		
Strengthening the capacity of NGOs through technical and financial support is important.	Through the provision of adequate training tailored to NGOs' needs and the provision of grants, NGOs' activities can be further strengthened to make them more effective and sustainable.	East Africa
Staff		
Frequent staff turnover due to lack of work stability or retirement blocks capacity-building and continuity of the programme.	A high turnover of staff trained through the project means valuable investment into human resources is lost.	Bolivia, Guatemala
Target group involvement		
Involving the target group in the planning and implementation of the project ensures a high level of sustainability and ownership.	The target group knows how to run the project and activities and can continue the work in the future.	India
A project's success will depend on its ability to integrate into the local community and to receive support from the community.	Support from local inhabitants, schools, police, social services and other social organisations will heighten the chances of continued project implementation.	Poland
Funding		
The project should not commence without adequate funding, as this can be demoralising.	Some planned activities may fail to materialise, leaving the target group feeling cheated.	Zimbabwe
The community should be given the opportunity to receive and share funds, regardless of the amount.	This kind of sharing strengthens people's sense of identity with the programme and gives them a real sense of ownership, achievement and pride.	Indonesia

THE RECOMMENDATION:	THE RECOMMENDATION IS IMPORTANT BECAUSE:	EXAMPLE:
SUSTAINABILITY		
Government support		
Bureaucratic and legal support enhances the sustainability of the programme.	The effectiveness of the programme in the long run necessitates dealing with bureaucratic difficulties encountered whilst planning and implementing the programme. These difficulties can be dealt with by taking administrative and legislative measures that secure financial support and the appropriate infrastructure to implement the programme.	Greece
Delegation of authority by the local Government to the group responsible for planning and implementing the programme can sustain drug abuse prevention activities.	This approach indicates trust in the team and volunteers to make decisions and to implement them effectively.	Indonesia
Support at the political level is important.	Having a good working relationship with politicians can increase the chances of a sustainable project.	Zimbabwe
NETWORKING		
Creating an NGO network minimises competition and the duplication of efforts.	The network presents a platform for information sharing, the co-ordination of efforts, and discussion and formulation of common approaches to address drug problems.	East Africa
Networking NGOs enhances their capacity to implement, monitor and evaluate their projects.	Training NGOs in the project management cycle gives them the knowledge and skills necessary to carry out responsive and effective drug demand reduction programmes in their communities.	East Africa
Networking allows scattered NGOs to support one other, and to share information.	Formal and informal meetings between NGOs allow the exchange of views, and provide the opportunity to share experiences and to learn from one another's experiences.	East Africa
Networking pools together grassroots activities and resources.	Pooling resources increases cost-effectiveness and helps achieve impact-oriented activities.	East Africa. Sierra Leone
The establishment of youth networks can create positive peer pressure groups.	These groups are advocating the same changes, therefore the bond of their common activities binds them together. This gives them associated strength and the power to make changes.	Zimbabwe

6. Policy implications and recommendations

The following is a list of policy recommendations arising from the lessons learned from the projects highlighted in this report. These recommendations are based on the experience of the organisations, the analysis of the details provided by the organisations and the feedback provided by the local experts. It should be recognised that these recommendations have been derived from a limited number of projects, and there are many views on policy development that have not been highlighted here, but are nevertheless valuable.

Policy planning and development

- Policy makers should be fully aware of the extent of the drug abuse problem and its social and economical consequences.
- Policy makers should acknowledge the advantages of drug abuse prevention strategies as an indispensable element in the response to the drug problem, and should therefore allocate funding to this type of activity.
- Clear policies with specific and relevant aims and objectives regarding drug abuse prevention should be developed and matched with adequate financial resources to facilitate their implementation.
- Drug abuse prevention requires long-term commitment. To ensure continuity and to achieve the desired objectives, appropriate and relevant legislation should be adopted.

Research/Needs Assessment

- Epidemiological and social research into the prevalence and nature of drug abuse amongst or affecting the target population of any initiative should be commissioned. This will help develop the most appropriate and potentially effective responses possible to address the drug problem.
- Programmes, projects and policies should be based on a needs assessment that allows the understanding of issues at local and national levels, and which enables funds to be directed where they are most needed.

Evaluation

- Evaluation should be integrated into policies, projects and programmes from the outset, and should continue throughout. This will help to establish evidence of effectiveness and to review the learning intrinsic to the work process.
- Policy makers should invest in the provision of information, training in evaluation methods, and appropriate tools, in order to disseminate evaluation principles and practice throughout a country.
- Appropriate levels of funding should be built into programmes to allow evaluative procedures to be undertaken as part of the work.
- Administrative arrangements should be made to ensure that prevention policies are implemented. This includes setting up specific working groups or feedback committees to monitor continuously, and to assess the impact of prevention policies.

Adapting materials

- Programmes and projects involving the use of educational and other materials from other originators need to be adapted and translated culturally and linguistically to be appropriate and acceptable to the target group.

Partnerships

- When possible, agencies directly or indirectly involved with the drug problem should engage in multi-sectoral and inter-institutional collaboration to pool resources and develop a common strategy.
- Given the central role of the Government in supporting and sustaining drug abuse prevention programmes of civil society organisations, appropriate levels of funding and support should be made available to those non-government organisations who are better placed to implement policy through practice.
- Governments should promote the decentralisation of drug demand reduction, and -

given that these entities in many instances have more operational capacities than institutions at the national level – should strengthen the technical capacity of Municipalities and local Governments to tackle the drug abuse problem.

Use of existing resources

- Local and national experts in the field of drug abuse prevention should be consulted, along with the target group, and involved in any planning and decision-making processes relevant to policy and the development of programmes and projects.
- Parents and youth should be recognised as valuable resources for drug abuse prevention activities.
- Social settings, such as schools, the workplace, health centres, the community and the correctional system are useful for the consistent and systematic implementation of drug abuse prevention programmes.

Approach

- A range of programmes, consisting of universal, selective and indicative components, needs to be developed in order to serve the needs of different target groups, depending on the nature and extent of the drug abuse problem.
- Consideration should be given to combining drug abuse prevention activities with treatment, support, rehabilitation and detoxification services in order to ensure a continuum of care for young people at high risk.
- As part of the work in prevention of drug abuse, employment, recreational and educational opportunities need to be provided to young people to increase their choices for a healthier life style.
- Consideration should be given to strengthening the capacity of families to engage in effective parenting by teaching the skills needed to support the healthy development of their children.
- Consideration should be given to approaches that focus on targeting children in their own community and home environment, in order to decrease the number of children attending institutional care or resorting to living on the streets.
- The gender issue, and its implications for drug abuse prevention activities, should be considered when planning and developing policies.
- Drug abuse prevention and access to information should be regarded as a basic childrens' rights.
- Where resources are limited, combining work on health issues such as HIV/AIDS with drug abuse prevention can increase the impact on the health awareness and behaviour of young people.
- Drug abuse and HIV/AIDS prevention, and health education in general, should be part of the national school and college curriculum.

Training

- Individuals, as well as organisations, should be provided with relevant training in drug abuse prevention practices, in order to enhance their capacity to deliver efficient and effective programmes within a country.

Networking

- Partnerships and networks should be created to respond in a multidisciplinary way to the highly complex problem of drug abuse.
- Networks between existing agencies minimise competition, help to pool resources and avoid the unnecessary duplication of effort. Such networking should, therefore, be initiated and maintained through financial and technical support and through appropriate Government management controls.
- The creation of a youth movement through the setting-up of youth groups and their subsequent networking with international, national and local youth organisations should be encouraged, in order to ensure the participation of youth in the decision-making processes that affect their lives.

7. Definitions

Alternatives to Drug Use

Programmes designed to provide activities and to facilitate a sense of self-worth without using drugs. Founded on the belief that some people, particularly young people, engage in illicit drug use because they cannot find worthwhile and self-fulfilling activities in which to engage. Programmes range from providing leisure activities to forming activity or interest groups.

Community-based Prevention

Community-based interventions can be implemented through different actors and with different political implications for the community. Community-based prevention can entail:

The creation of local networks between key people and groups with a high level of empowerment and ownership, based on their own initiative.

The creation of local networks between existing agencies and institutions, through the means of a task force and with a lesser extent of community empowerment.

External leadership, but with the aim of empowering the community and facilitating their prevention efforts.

In short, the community can either function as an initiator for prevention activities (bottom-up), as a setting for a project that is instigated from the outside (top-down) and/or in situations where an external agent initiates a project with the involvement of the community (meeting both ways).

Community Development

Community development, with the aim of improving the community's health or drug abuse situation, is a process by which a community defines its own needs, considers how those needs can be met and decides collectively on priorities for action. The term refers to actions that involve the whole of the community or just its key actors, and which aid the positive development of that community. Often the aim is to impact on a certain issue, e.g. drugs, or a certain target group within that community (e.g. young people).

Community Empowerment

Interventions which encourage a community to develop collective ownership and control over health-related choices and activities. To achieve this, the community may also need to gain collective control of the wider social, political and economic factors that influence their access to health. 'Empowerment' is the process of increasing personal, interpersonal or political power so that individuals can take action to improve their lives.

Demand

The concept of demand for drugs is commonly used in the broader sense of the level of interest in a particular community in using drugs, and not just in purchasing them.

Demand Reduction

A term used to refer to the aim of reducing consumer demand for controlled and other drugs or substances. Demand reduction is a broad term used to encompass a range of policies and programmes seeking a reduction of the desire and preparedness to obtain and use drugs.

Dependence

As applied to alcohol and other drugs, dependence is a need for repeated doses of the drug to feel good or to avoid feeling bad.

Drug

In common usage, this term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs. However, tobacco, alcohol, and other substances in common non-medical use are also drugs, in the sense that they are taken primarily for their psychoactive effects.

Drug Abuse/Use

In the context of international drug control, drug abuse constitutes the use of any substance under international control for purposes other than medical and scientific ones, including use without prescription, in excessive dose levels, or over an unjustified period of time.

Drug Misuse

The use of a substance for a purpose not consistent with legal or medical guidelines, as in the non-medical use of prescription medications. The term is preferred by some to the term 'abuse', in the belief that it is less judgmental. Drug misuse may also refer to high-risk and excessive use, or use that infers harm to the user and those close to him or her such as friends or family.

Drug Policy

Policies designed to affect the local or international supply and/or demand for drugs. Drug policy covers a range of strategies including education, treatment, drug laws, policing and border surveillance. In this context, 'drug policy' may include pharmaceutical, tobacco or alcohol policies.

Epidemiology

The study of the prevalence and incidence of illness in the population. Also the study of the patterns and underlying causes of - for example - the problem of drug use.

Evaluation

The systematic and scientific collection, processing and analysis of data related to programme or project implementation in order to assess the effectiveness and efficiency of the programme. Evaluation methodology can consist of both quantitative and qualitative approaches.

Evaluation Indicators

Elements related to the objectives that are measured, preferably expressed in numbers. These allow monitoring of expected change in relation to the initial situation.

Process Evaluation (Formative)

Assessing the implementation of the intervention and its effects on the various participants. Process evaluation questions whether and how the intervention took place; whether it was performed in conformity with its design and the proper process and methodology of the intervention; and whether the designated target group was reached. Process evaluation helps to explain outcome data and is useful for the discussion of future interventions.

Summative Evaluation (Outcome and Impact)

An assessment of the final results of the programme in relation to the stated objectives.

Outcome: The results achieved at the end of the project in relation to the aims (e.g. measure of behaviour change, measure of knowledge change within the target group).

Impact: The overall impact of the project on the trends/behaviour/prevalence in a region or country.

Harm Reduction

With regards to alcohol or other drugs, harm reduction refers to policies or programmes that focus directly on reducing the harm resulting from their use, both to the individual and to the larger community. The term is used particularly in reference to policies or programmes that aim to reduce harm without necessarily requiring abstinence. Examples of harm reduction include needle/syringe exchanges to reduce rates of needle-sharing among injecting drug users, and the use of shatterproof glassware to reduce glass injuries in settings where alcohol is consumed.

Health Promotion

Health promotion aims to change the underlying individual, social and environmental determinants of health, and takes a holistic approach. The Ottawa Charter for Health Promotion, drawn up at the first International Conference on Health Promotion in

Ottawa, Canada, in 1986, outlines the basic principles of health promotion. These are: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services. In short, health promotion does not just focus on the absence of a certain disease or illness, but rather strives for the positive mental and physical wellbeing of an individual or groups of people within a society in order to avoid negative health outcomes.

Life Skills

These are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally and developmentally appropriate fashion. It contributes to the promotion of personal and social development, the protection of human rights, and the prevention of health and social problems. Five 'areas' of life skills have been identified: self-awareness/empathy, interpersonal relationships, decision making/problem solving, creative and critical thinking and coping with emotions and stress.

Narcotic Drug

A chemical agent that can induce stupor, coma or insensitivity to pain. The term often refers to opiates or opioids, which are called narcotic analgesics. In common parlance and legal usage it is often used imprecisely to mean illicit drugs, irrespective of their pharmacology.

Peer Education

The use of educators of similar age or background to their students to convey educational messages to a target group. Peer educators often work by endorsing 'healthy' norms, beliefs and behaviours within their own peer group or 'community', and challenging those which are 'unhealthy'.

Peer Influence

When applied to drug use or abuse, peer influence can be described as one of a set of external social environmental pressures which influence experimentation or continuation with drug consumption. Peer influence includes cognitive factors, such as the perception of peers' behaviour and the perceived drug use norms of the peer group, as well as situational factors, such as direct peer pressure and the importance of socialising and conformity in groups. Peer pressure is one type of peer influence.

Peer Pressure

When used in reference to drug abuse amongst adolescents or young adults, this term refers to the notion that peers put pressure on individuals to conform to group norms which may include the illegal use of drugs. The individual who is the focus of the presumed pressure is seen to be subject to influence, and may be passive in the face of active pressure. The concept has contributed to the development of primary prevention strategies which emphasise skills training and ways in which to refuse offers of drugs.

Prevention

Prevention targets illnesses or disease outcomes and is often associated with the process of reducing existing risk factors and increasing protective factors in an individual, in high-risk groups, in the community or in society as a whole. Prevention can take place at three stages:

- **Primary prevention** aims to avoid the development of high-risk or potentially harmful behaviour and/or the occurrence of symptoms in the first place
- **Secondary prevention**, or early intervention, aims to reduce existing risk and harmful behaviour and symptoms as early as possible
- **Tertiary prevention** aims to reduce the impact of the illness/symptoms a person suffers. It offers treatment and rehabilitation for the person 'dependent' or 'addicted' to drugs, or whose drug use is problematic.

An increasingly popular way of classifying prevention initiatives is the following:

- **Universal Prevention Programmes** – These programmes are the broadest, and address large groups of people - such as the general population - or certain sub-categories of the population. Universal programmes mainly have the objective of promoting health and wellbeing, and of preventing the onset of drug use, with children and young people as the usual prime focus groups.

- **Selected Prevention Programmes** – This type of programme targets young people based on the presence of known risk factors of drug involvement. Targets have been identified as having an increased likelihood of initiating drug use compared to young people in general. These programmes are aimed at reducing the influence of the 'risk factors', developing/enhancing protective factors, and preventing drug use initiation.

- **Indicated Prevention Programmes** – Indicated programmes target young people who are identified as having already started to use drugs or exhibiting behaviours that make problematic drug use a likelihood, but who do not yet meet formal diagnostic criteria for a drug abuse disorder which requires specialised treatment. Examples of such programmes include providing social skills or parent-child interaction training for drug-using youth.

Protective Factor

A factor that will reduce the probability of occurrence of an event perceived as undesirable. This term is often used to indicate the characteristics of individuals or their environment which reduce the likelihood of experimentation with or misuse of drugs. For example, there is some evidence from research in developed countries that each of the following attributes is, statistically at least, 'protective' in relation to illicit drug use: being female; being of high socio-economic status; being employed; having high academic attainment; practising a religion; and being a non-smoker.

Risk Factor

A factor which increases an individual's risk of taking drugs. The factors are complex and change constantly at the individual, community and societal levels. The World Drug Report 2000 lists various contributing risk factors:

- family risk factors (family disruption, criminality and drug abuse in the family, ineffective supervision)
- peer networks (friends and peers are important in providing opportunities for drug use and supporting this behaviour)
- social factors (poor school attendance, poor school performance, early drop out)
- environmental influences (availability of drugs, social rules, values and norms regarding tobacco, alcohol and illicit drug use)
- individual factors (low self-esteem, poor self-control, inadequate social coping skills, sensation seeking, depression, anxiety and stressful life events)

Supply Reduction and Control

A broad term used for a range of activities designed to stop the production, manufacture and distribution of illicit drugs. Production can be curtailed through crop eradication, or through large programmes of alternative development. Supply control is a term often used to encompass police and customs activities.

Sources: UNODCCP. ODCCP Studies on Drugs and Crime. Guidelines. Demand Reduction: A Glossary of Terms. New York, 2000.

Jennie Naidoo & Jane Willis, 2nd Edition. Health Promotion: Foundations for Practice. Bailliere Tindall, Edinburgh, 2000.

EMCDDA. Operational Definitions of Terms. EDDRA Questionnaire. Exchange on Drug Demand Reduction Action Questionnaire. Internal paper on terminology.

The Mentor Foundation. www.mentorfoundation.org

8. Organisation details

The following are the contact details for those projects highlighted in this document. For further information on these and other organisations please see the Mentor Foundation website: www.mentorfoundation.org

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