Guidelines for Community-Based Drug Prevention in Central Asia

Collective work

National Bureau for Drug Prevention

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GUIDELINES FOR COMMUNITY-BASED DRUG PREVENTION IN CENTRAL ASIA

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CONTENTS

FOREWORD

The Central Asian countries experience serious drugs abuse related problems, especially among young adults, including increasing HIV infection rates. Heroin and opium derivatives – trafficked from Afghanistan through the Central Asian countries to Russia and Europe – remain the primary drugs of abuse in the region. However, there is some information on increasing use of cannabis and inhalants among the young people. According to our data, there are approx 400,000 regular opiate users in the Central Asian countries, who account for an average annual prevalence rate of nearly 1 percent of the adult population compared to the world average of 0.4 percent prevalence of opiate use. Intravenous drug use associated with opiate addiction appears to have contributed to the increase in the number in HIV/AIDS cases in the region. The costs of drug use to individual users and to society as a whole are high. Drug dependence results in significant costs to society through unemployment, homelessness, family disruption, loss of economic productivity, social instability and criminal activities and drug dependence is vice-versa a consequence of such a weak socio-economic situation.

The overall objective of the EU CADAP 5 Programme is to facilitate the gradual adoption of EU and international good practices on drug policies and to contribute to the reduction of drug-related problems. What does it mean for the Drug Prevention issue?

The specific objective of the MEDISSA component of the programme is to help the beneficiary countries to prevent potential new drug users from using illegal drugs, and to reduce the ratio of transition from experimental and traditional/cultural use to problem drug use by better informing the target groups about the risks to use illegal drugs, by implementing measures of selective/targeted and indicated prevention for groups at high risk to drugs use disorders and by promoting treatment and harm reduction facilities.

Young people are one of the key target groups. Effective, efficient and sustainable strategies to fight adolescent drug use need to recognize the following principles:

- Youth should be addressed as individuals rather than a uniform group to be acted upon.
- Not all youth are potentially at risk; therefore, prevention programs are needed that are broad-based but focussing on groups at high-risk (e.g. school drop-outs, students, marginalised groups, poor youngsters without perspective, unemployed people, displaced persons, minorities).
- Some youth such as out-of family and out-of-school youth are more vulnerable than other youth.

Furthermore, experience has shown that it is not enough to focus on young people's problems but that it is also important to help them develop their positive potential through information, opportunities to develop their skills (education, jobs, etc), safe and supportive environments (including legal, medical, and psychological services) and opportunities to participate in the processes that affect them.

The professionals acting as mediators play the cordial role in passing the prevention and early intervention messages and interventions through the primary target groups of (potential) drug users and at-risk groups threatened by drug use. Their involvement in the demand reduction strategies and actions at the central (media) and community level (teachers and professionals working with youths and at-risk groups of adults) increases the effectiveness of such actions.

Young people are an obvious and important focus for prevention because the period between being a child and being a young adult is when most people are initially exposed to drugs, and when they are most likely to initiate use. Ideally, preventive interventions should stop young people from starting drug use, but they can also delay initiation of drug use and prevent young people from becoming regular and dependent drug users. Psycho-social developmental and educational interventions—approaches aimed at reducing demand—have been a mainstay of national drug prevention policies in many countries for many years. Although evidence is strongest in the context of schoolbased programmes, systematic reviews show that psychosocial developmental interventions can be effective, whereas knowledge and awareness alone are gen-

erally ineffective for prevention of use of illicit drugs, which is a serious challenge for mass media campaigns. Interventions with the focus to develop pro-social behaviour and social skills more generally might have positive effects as well as strengthening family programmes.

In the framework of MEDISSA, the Polish experts from the National Bureau for Drug Prevention had conducted several trainings in all Central Asia countries and have supported the establishing of working groups in the pilot cities to deal with the drug problems among young people in the community.

The idea of the MEDISSA initiative is to implement such working groups, which identify themselves to be responsible for the environment where young people are growing up and are confronted with the challenges of life. The experiences made in all Central Asia countries are collected in these guidelines to help the political stakeholders to scale-up a network of such initiatives all over the country.

I hope that they will be useful tools for further development of a responsible society.

Dr. Ingo Ilja Michels
Project Leader of CADAP

Bishkek, January 2013

INTRODUCTION

Janusz Sierosławski, Institute of Psychiatry and Neurology in Warsaw

The need for effective substance abuse prevention, including illicit drugs, is commonly felt in the international community. For a long time, it has been known that drug supply reduction methods, i.e. combating production and trafficking, are not enough to successfully tackle the problem. Such measures must be accompanied by efforts aimed at reducing demand for drugs, including prevention activity.

Drugs and drug addiction take their toll in most countries in the world. Central Asia countries are particularly vulnerable due to drug trafficking routes running through their territories from Asia, mainly Afghanistan, to Europe. Along these routes some quantities of smuggled drugs are used in transit countries. Drugs fall on fertile ground due to economic problems of countries in this region as well as social transformation following the fall of communism and gaining independence. As epidemiological research shows in countries of Central Asia, drugs pose a major problem, which significantly contributes to the reduction of quality of life of whole societies. Therefore, countering this phenomenon is a policy priority in the region and the subject of active international cooperation.

Under the MEDISSA component of the CADAP Programme we, along with experts from Central Asia countries, attempted to work out prevention solutions drawing on the international evidence base and the European experience. The starting point for our efforts was the assessment of the situation in these countries and identification of prevention needs. We, together with Central Asia experts, conducted a review of threats, previous prevention experiences and the social and cultural context of the problem. This was the ground for searching in the European practices evidence-based prevention solutions that could be successfully applied in a different socio-cultural reality of Central Asia countries. The most important lesson from this preparatory stage was the conclusion that contrary to the European perspective on the region it is rather diverse, both in terms of socio-economic and cultural aspects. It was challenging to find the European experience content that would fit with all the countries in the region and could be used in a joint pilot prevention project. This common element was the role of family in social order. The reference to the preventive function of family, which according to a number of studies might constitute one of the primary protective factors, was approved by our partners from all the project countries. We all also shared the awareness of the family risks carried by the process of globalization, economic instability and socio-cultural changes. Consequently, it was agreed that the subject of the pilot project would be a campaign targeted on strengthening the family and stimulating its preventive qualities. This main course of action was to be complemented with training seminars on high-risk youth work methods addressed to institution officials dealing with young people. Moreover, in response to specific needs of some countries, we embarked on a few additional projects, e.g. in Tajikistan it was promoting opioid substitution treatment in the target population.

All the experiences gained under the pilot project were collated in this manual with the intention of being used for planning and implementing prevention in other parts of the region. The pilot project was implemented locally not only due to the need to verify it on a small scale but also due to our deep conviction of the vital role of local community level in developing prevention. Only local programmes can effectively meet diverse needs and requirements of the community. Drugs problem varies geographically greatly both in terms of the scale and nature. The cultural context, decisive in the application of the respective prevention practices, varies as well.

The aim of this manual is to inspire and support prevention work at local level by disseminating experiences gained in the implementation of the MEDISSA component of the CADAP programme in the five countries of the region.

This manual is addressed to anyone who would like to actively take care of problem behaviour prevention in adolescents, with particular emphasis on illicit drug use. In particular, we believe that this manual will prove useful for youth prevention in-

stitutions and organizations i.e. local governments, teachers, NGO activists, journalists as well as prevention-related staff of law enforcement agencies and legal justice system. The leading idea of this manual is implementing prevention at local level i.e. city, province or region.

This manual is comprised of three parts.

In the first part, we attempt to familiarize the reader with the prevention evidence base and the European experiences in this field. In Chapter 1 we present the scientific background of prevention. In the following two chapters we focus on the role of family and school in prevention.

In the second part, we review experiences from the pilot local campaign and other prevention project in selected cities of Central Asia countries. The respective chapters in that part feature experiences from the project implementation in the partner cities. That part also contains the results of evaluation studies.

The third part draws on the two previous parts. It provides recommendations for performing prevention work. The reader will find suggestions useful in initiating, planning and coordinating prevention at local level as well as implementing prevention targeted on risk groups. We also discuss the necessity to consider cultural contexts in selecting prevention approaches.

By presenting this manual to the readers we count on their response. We realize that its wider application will reveal its flaws, shortages and deficiencies, which we would like to correct in next revised edition.

Part I

European approach and best practices

THE SCIENTIFIC THEORY AND STRATEGIC PRINCIPLES OF MODERN PREVENTION

Krzysztof Ostaszewski – Institute of Psychiatry and Neurology in Warsaw
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Problem behaviour studies in children and adolescents have been developing since the beginning of the 1970s. Most of them are conducted in the US and Europe. The findings have profound implications for prevention and clinical practice. An interesting component of prevention research was the scientific exploration of protective factors which prevent behavioural problems in children and adolescents (Garmezy, 1985; Rutter, 1987). Researchers and practitioners started searching for the answer why some children do not develop behavioural problems despite the presence of a number of risk factors.

The empirical studies also went into behavioural problems in children and adolescents while trying to find out the genesis thereof and the possibility of conducting effective prevention (Jessor & Jessor, 1977; Jessor, 1987). Finally, a review of basic prevention terms was performed and its new typology was offered.

New and 'old' prevention tiers

The classical definition of prevention states that it covers programmes or interventions which aim to prevent problems, disorders or diseases (including addictions) before they happen. Traditionally, three tiers of substance abuse and other problem behaviour prevention are differentiated (Szymanska & Zamecka, 2002):

– 1st degree (primary) – targeted on low risk groups. It is aimed at promoting healthy lifestyle and delaying alcohol and tobacco initiation age and thus reducing scope of problem behaviour;

– 2nd degree (secondary) – targeted on increased risk groups. It is aimed at reducing severity and duration of dysfunctions, making it possible to stop using psychoactive substances and engaging in risky behaviour e.g. through family counselling, individual therapy or sociotherapy;

– 3rd degree (tertiary) – targeted on high risk groups. It is aimed at countering bad effects of disease and social degradation as well as enabling reentry to society.

The traditional division of prevention into the three dimensions is obscure, i.e. it does not set clear-cut boundaries between prevention and treatment. To some extent, it reflects real problems related to differentiating between prevention from interventions and treatment. The classical way of understanding prevention – preventing problems before they emerge – takes place only in the case of primary prevention. At the second tier, prevention and treatment overlap.

A new division of prevention started with the publication of the American Institute of Medicine (IOM) (Mrazek & Haggerty, 1994), which rearranged prevention of mental and behavioural disorders.

The new typology also divides prevention into three dimensions. The key to understand the new division is the definition of the target group. Depending on the target group the three dimensions look as follows:

– universal prevention – aimed at the general population, addressed to all groups (e.g. all children at a certain age) regardless of the likelihood of behavioural problems or mental disorders. A classic example of universal prevention intervention, drawn from the infectious diseases field, are universal vaccinations in children. In the field of problem behaviour among children and adolescents, an example of universal interventions are the programmes of delaying alcohol or tobacco initiation addressed to the whole population of children entering the age of first experiments with psychoactive substances;

– selective prevention – aimed at risk groups. It covers interventions targeted on groups (e.g. children and adolescents) who are known to be exposed to higher-than-average risk of mental problems and/or behavioural disorders due to specific social or family situation or biological conditions. Selective prevention interventions target children of parents suffering from depression or children from alcoholic families. Selective prevention interventions are conducted due to the fact of belonging to such a group i.e. being a child of a depressive or an al-

coholic parent and not showing disorders or problems by such children. They are mostly preventative measures based on the knowledge of risk factors;

– indicated prevention – aimed at specific individuals at high risk of diseases and other mental problems. Indicated prevention interventions are targeted on individuals who, for biological or social reasons, are exposed to increased risk of developing mental or behavioural disorders/problems or show first symptoms thereof. Examples of such interventions include remedial classes for early education pupils at primary school who have problems learning to write and read; sociotherapeutic classes for children demonstrating very aggressive behaviour and high level of social maladjustment in contacts with their peers as well as interventions conducted in binge drinking adolescents or those experimenting with drugs.

Table 1. Old and new dimensions of substance abuse and other problem behaviour prevention

Traditional division into prevention of 1st, 2nd and 3st degree (Szymanska & Zamecka, 2002)	New division considering a wide spectrum of mental health protection actions (Mrazek & Haggerty, 1994)
Prevention of 1st degree (primary) targeted on low risk groups	Promotion of mental health
	Universal prevention targeted on the general population
Prevention of 2nd degree (secondary) targeted on increased risk groups	Selective prevention aimed at increased risk groups
	Indicated prevention targeted on high risk individuals
Prevention of 3rd degree (tertiary) targeted on high risk groups	Treatment (and social rehabilitation)
	Post-treatment: Recovery from disease Relapse prevention

Evidence-based prevention

The development of evidence-based prevention is largely dependent on the studies of risk and protective factors. The study findings provide scientific evidence to develop and evaluate prevention strategies. In professional literature one can come across at such terms as prevention sciences which cover studies of risk and protective factors as well as operating mechanisms thereof.

Risk factors

In the last 30 years there have been a number of scientific projects into the factors for growth or reduction substance use and abuse among adolescents. In the 1990s over a dozen publications were produced that summarized the evidence base in this field. Major ones included the review of studies of risk factors in substance abuse by D. Hawkins (Hawkins et al., 1992; Kumpfer et al., 1998), works headed by R. Zucker which compiled the knowledge of risk factors for alcohol problems and alcoholism. As a result of these works, the following groups of risk factors can be differentiated:

- factors related to family functioning e.g. inadequate fulfilment of parental duties manifested as hostility towards the child, emotional rejection, incoherent and inconsistent parental behaviour, no clear-cut boundaries for the child's behaviour and no supervision over the child;
- factors related to the child's functioning in first years at school, e.g. failures beginning at primary school and manifested as ill progress, poor vocabulary, verbal expression difficulties;
- early onset of behavioural problems e.g. aggression in childhood, early alcohol or tobacco initiation;
- acute economic conditions – poverty, low socio-economic status of the family;
- peer pressure, mainly company of peers who use psychoactive substance or engage in other risky;
- individual qualities e.g. impulsiveness, high tolerance for alcohol, sensation seeking, attention deficits, mental and physical hyperactivity.

Protective factors

The summary of evidence base also covers the knowledge of protective factors. Protective mechanisms were explored through the classic research (Garmezy, 1985; Rutter, 1987; Zimmerman & Arunkumar, 1994) into individual discrepancies in terms of resilience to chronic stress in children growing up in adverse conditions (e.g. parental alcoholism or mental diseases). It was observed that there is a group of children who relatively well cope with adverse conditions, experience much fewer psychological problems and are relatively well-adapted. These studies marked the beginning of a series of research projects into a generalized pro-

tective adaptation mechanism of psychological resilience. In the last dozen years a list of factors for positive adaptation has been specified (Masten & Powell, 2003). Four levels of protective factors or, more broadly speaking, resilience resources which help children and adolescents in processes of positive adaptation include:

- Individual resources: (a) intellectual capacity which includes above-average IQ, planning skills, verbal abilities, (b) positive temperament, (c) self-control mechanisms (e.g. anger management), (d) optimism and cheerful attitude, (e) social skills (e.g. communicating), (f) positive self-image and self-confidence (e.g. self-efficacy) and motivational processes (e.g. having life plans and goals).
- Child-parents relationship resources, especially emotional support given to the child by at least one parent, security and trust in child-parents relationships, supervision and monitoring of the child's behaviour, communicating to the child expectations concerning social norms and pro-health activities, parental involvement in the child's schooling and the related responsibilities.
- Resources resulting from relationships with other significant adults: having an adult mentor (e.g. scouting instructor, sports trainer, priest, cousin, etc.) who provides emotional, necessary and moral support during adolescence.
- Local community resources which include safe neighbourhood, good atmosphere at school and teachers' support, meaningful forms of activity in the local community such as charity work, scouting, religious groups, youth organizations as well as access to recreational settings, common rooms and youth clubs, access to specialist youth and child care, e.g. specialist counselling centres and critical intervention facilities.

The identification of protective factors which can effectively balance or reduce detrimental effects of risk factors contributed to the arrival of positive youth development programmes (Catalano et al., 2002). They are actions aimed at developing strengths and resources which help an individual to become more resilient to risk factors and thus better prepared for functioning in a world of various risks.

Evidence-based strategies

The knowledge of risk and protective factors might contribute to the development of effective prevention strategies and programmes. If a strategy or a programme is to be effective, theoretical model combining risk factors, mediators and protective factors must be designed (Fig. 1).

There are over a dozen theoretical models described in the literature. They are used to interpret the phenomenon of experimenting with psychoactive substances in children and adolescents (Petraitis et al., 1995). The development of effective prevention interventions has become possible largely due to the practical application of derivatives of social learning theory (Akers et al., 1979; Bandura, 1986). A significant contribution to the development of prevention have been made by the introduction of social-cognitive theories (Ajzen & Fishbein, 1980; Ajzen, 1988), which explain the role of social norms in the control of the individual's actions, including health-related actions. Finally, new light was cast on the development of problem behaviour by the problem behaviour theories (Jessor and Jessor, 1977; Jessor, 1987), the antisocial behaviour theory (G. Patterson et al., 1989) and the gateway theory, which describes the progression from one psychoactive substance to another (Kandel et al., 1992).

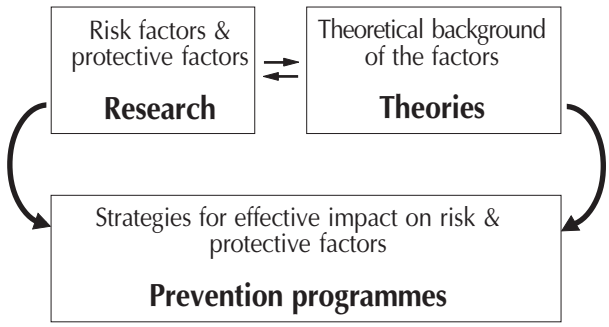

Fig. 1. Evidence-based prevention

Leading and supporting strategies

A prevention strategy is theory-based conduct intended to reduce the impact of risk factors and/or reinforce protective factors regarding a particular behaviour (in this case psychoactive substance use). Prevention strategies used in heath education mostly concern individual or family protective and risk factors. In terms of effectiveness they can be divided into leading and supporting strategies (Borucka & Ostaszewski, 2004):

Leading strategies generate positive results corroborated by evaluation studies. They include family work, mentor work, learning life skills, normative education, developing ties with the school (and other social institutions);

Supporting strategies generate positive results in combination with leading strategies. If implemented individually they bring mixed results and at times they may cause adverse effects, which is why they should be applied together with leading strategies. Supporting strategies include communicating information, leisure time management, learning resistance to negative social pressure (refusal skill training), participation of peer leaders.

Leading strategies

Parent work

Parent work is one of the key elements of effective prevention programmes. This strategy refers to several theories such as the social development model (D. Hawkins & J. Weiss, 1995) and the antisocial behaviour model (Patterson et al., 1989). Results of many studies show that emotional support on the part of parents, their close relationship with the child; their acceptance and concern as well as proper parental practices protect the child against developing problem behaviour, including psychoactive substance use (Resnick et al., 1997; Griffin et al., 2003). A number of problem behaviour researchers share the opinion that 'parents are the greatest risk and protective factor'.

The strategy is based on the parental involvement, especially strengthening ties with the child in adolescence. This bonding protects the child from contacts with the negative peer group as well as psychoactive substances.

Mentor work

The involvement of mentors in prevention programmes relates to the same theoretical background which are used in parental work plus the elements of the social support concept. Research shows that having an adult friend advisor in adolescence is linked to lower incidence of problem behaviour (substance use and delinquency) as well as the more positive attitude towards school (Zimmerman et al., 2002). Adult friend advisors often accompany teenagers in adolescence. They are often close family members: grandparents, uncles, aunts, cousins. Different types of support are crucial components of the mentor-adolescent relationship, which facilitates development and problem-solving.

Finding out about the positive influence of natural mentors on the youth development marked a new interesting direction of the prevention programme evolution wherein adult advisors (mentors) are engaged to work with at-risk children or adolescents. The mentors are usually individuals aged 18-24 who work with their charges on a one-to-one basis helping them in school work and solving daily life problems.

Developing life skills

The strategy targeted on developing life skills refers to the theory of social learning (Bandura, 1986) and the problem behaviour theory (Jessor, 1987). Under these approaches it is assumed that psychoactive substance use is a behaviour which adolescents learn in social situations in order to satisfy their needs and attain important developmental goals e.g. independence of the parents, personal identity seeking, building intimate relationships, etc. This strategy is aimed at developing specific life skills which help adolescents achieve personal goals and satisfy their needs in adolescence. Deficits in this area pose a risk of psychoactive substance use and other types of problem behaviour. Prevention programmes based on this approach teach carefully selected skills to overcome problems of daily life and satisfy mental needs without resorting to violence or mood altering substances. The skills refer to constructive problem-solving, decision-making, building positive self-image, self-control, stress and anxiety management, using relaxation techniques, interpersonal skills and being assertive.

Research shows that strengthening life skills in adolescents reduces tobacco smoking, cannabis use and alcohol (binge) drinking (Botvin et al., 1995). Due to the general character, life skills programmes have also found their way to health education and management of other problems of adolescence e.g. premature sex prevention.

Normative education

This prevention strategy is rooted in A. Bandura's theory of social learning and the theory of reasoned action (Ajzen & Fishbein, 1980). The latter states that an individual acts rationally, which means that he or she plans their actions and predicts consequences thereof. A specific action is preceded by an intention which is formed based on expected consequences and related subjective norms. Subjective norms of an individual largely depend on the perceived approval or disapproval of a given behaviour among significant people: peers, idols, parents, members of local community.

In prevention normative education means shaping and strengthening socially desired norms. Such norms exist in social life; however, they are weakened by lifestyle changes, liberalization of attitudes, lack of consistency on the part of parents and the influence of media and advertising. In the case of substance use, adolescents have a general tendency to overestimate the scale of alcohol or drug use among their peers. It is the reason for the subjective perception of peer pressure: "if everybody does it why should I act differently". The mechanism of this strategy is to weaken the subjective perception of peer pressure by correcting false beliefs of adolescents about the scale of psychoactive substance use and its and tolerance by significant others. Therefore, parents and peer leaders are actively involved in the implementation of such programmes. Moreover, the technique of personal involvement is used e.g. in the form of an open pledge to abstain from alcohol until legal age.

Evaluation studies of normative education prevention programmes show that they are effective in delaying substance initiation among adolescents (Hansen & Graham, 1991).

Developing ties with the school (and local community)

The active involvement in the life of the school, family, church and other social institutions favours the right socialization and protects young people against socially improper actions (Hirschi, 1969). On the other hand, poor ties with traditional social institutions, sense of alienation and frustration related to school failures make adolescents vulnerable to negative peer pressure and engage in all sorts of problem behaviour.

A number of prevention programmes attempt to build and strengthen positive ties with the school. Typical components of such programmes include organizing peer assistance and counselling in terms of school work and solving youth problems. Another method is establishing settings or clubs and introducing extracurricular classes at school where young people can consume their time off and energy, develop skills and interests as well as deal with their rebellion and critical attitude to the world of adults in a socially accepted manner.

The example of such a strategy are planned actions aimed at creating positive atmosphere. They are usually intended to improve interpersonal relations and communication between pupils and teachers and parents and teachers. These actions seek to improve pupils' participation in making important decisions regarding school life, involve parents and counter violence. It is a relatively new approach to prevention and psychological wellbeing promotion, which is evolving due to the increasing influx of scientific evidence indicative of strong school impact on the psychosocial functioning of pupils. Research shows that good climate at school (Woynarowska-Sołdan, 2004):

– improves pupil performance,
– reduces the risk of problem behaviour
– positively impacts the mental health and satisfaction of pupils and teachers
– increases the effectiveness of schooling and education.

Supporting strategies

Communicating information

It is one of the oldest prevention strategies rooted in the tradition of health education. It is based on the assumption that the knowledge of risks might change attitudes and behaviours. Evaluation studies of school-based awareness programmes prove their poor effectiveness. They improved knowledge and sometimes influenced attitudes, however, their impact on the behaviour of young people was poor (Goodstadt, 1978).

On the other hand, programmes deprived of the information element also fail to bring desired results (Tobler, 1986). Communicating information is an important component of many modern programmes. In order to increase effectiveness, the information passed concentrates on direct psychosocial effects of psychoactive substance use such as accidental poisonings or overdoses, environmental conflicts (with family or peers), aggressive behaviours (e.g. fights), risky actions under the influence of some substances (e.g. water jumping), economic consequences. Communicating carefully selected information which young prevention programme participants might experience in their lives is likely to improve the effectiveness of such programmes.

Leisure time management (alternatives)

This strategy is rooted in humanistic psychology which placed emphasis on personality development and realizing one's full potential i.e. self-actualization. It is based on the assumption that involving young people in attractive ways of spending leisure time is an alternative to the drug-related physical and mental sensation seeking. The strategy is about teaching constructive ways of satisfying ones mental needs, including stimulation demands. In practice, it means providing opportunities for young people to get involved in constructive and healthy activities (travelling, sport, etc.). The results of evaluation studies did not clearly prove the effectiveness of this strategy. The strategy worked best for at-risk adolescents (juvenile delinquents, young substance abusers, truants). However, it requires increasing the intensiveness and duration of classes compared to children and adolescents in the general population (Tobler, 1986).

Developing resistance to negative social pressure (refusal skill training)

The strategy of developing resistance to negative social pressure refers to the theory of social learning (Bandura, 1986). Programmes according to this approach are largely aimed at shaping psychological resilience to negative peer pressure. They focus on making adolescents realize various forms of social pressure to use psychoactive substances as well as developing ways of coping with this pressure.

This strategy started featuring role plays as the method of learning how to assertively refuse while under (e.g. peer) pressure. The training did not limit to the very content of speech but to other components of assertive refusal: body language, tone of

voice, eye contact, etc. Participants of these programmes learn to identify techniques used in alcohol or tobacco advertising and marketing in order to be able to critically receive such messages. Qualified youth leaders are invited to conduct some classes e.g. role plays. According to the social learning theory, they model desired behaviours among their peers.

Negative social pressure resistance programmes sometimes take an oversimplified form in practice – they teach only one skill: how to refuse. As there are many reasons for psychoactive substance use, such an approach is definitely not enough.

Peer education

It is a strategy which draws on the impact of significant peers on behavioural change (see also p.). According to the social learning theory (Bandura, 1986), learning new behaviours is possible through the observation of other people who act as role models. The more attractive the model is, the more effective the process of learning. It can both refer to desired behaviours but also undesired ones. In adolescence, important role models are prominent peers or youth group leaders. Peer education is about modelling proper attitudes and pro-health behaviours. The basic approach is the participation of natural youth leaders in conducting prevention programmes. They are specially trained and prepared for the programme (e.g. small group work management: leading discussions, preparing role plays, conducting games, etc.).

Evaluation studies of youth leader programmes brought inconsistent results (Ferrer-Wreder et al., 2004). Based on the evaluation studies, scientists defined conditions for the effectiveness of peer education:

– clearly and precisely set programme goals;
– conducting the programme according to schedule and pre-defined rules;
– holding proper (adequate) training for youth leaders,
– regular meetings with the leaders aimed at solving current problems;
– regular monitoring of the youth leader work.

Summary

The results of research into risk factors among children and adolescents are being increasingly used in a number of educational, prevention and treatment interventions targeted on the young generation. They are the cornerstones of prevention and intervention strategies which are both based on the reduction of risk factors and the reinforcement of positive factors. Protective and wellbeing factors inform particularly the part of research into design, evaluation and implementation of positive child and youth development programmes. The knowledge of these factors is used inter alia in actions and programmes aimed at strengthening pupil life skills, educational skills of parents and teachers, developing relationships with parents and significant others (mentors. It is also applied in actions promoting safe and friendly school environment or place of residence. This approach targeted on exploiting resources and protective factors for development and protection of adolescents is winning more and more proponents in the world.

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PREVENTIVE ROLE OF FAMILY

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Introduction

Raising a child takes love and healthy discipline. According to Ross Campbell, American psychiatrist and psychologist, every child has an emotional tank. If the child is to function normally the tank must be filled with fuel, which is healthy and unconditional parental love. It is the base of the parents-child relationship. If the tank is empty, the child might develop disorders. The child's reaction is often provoked by the behaviour of significant adults. Children grow up in a world created by adults and quickly learn the rules of this world.

You must love your child but you do not have to accept all his or her behaviours (Campbell, 1998).

A family where children are at the highest risk of problem behaviours is not only an alcohol or drug problem family. The risk of problem behaviour also increases in children whose parents are well educated and well-off but fail to satisfy their children's emotional needs or provide them with an inventory of values, norms and social skills.

Parents as role models

Theories of social learning explain how social and personal competence is acquired. The best known social learning theory was formulated by Dollard, Miller, Akers, Rotter and A. Bandura (1986). It holds that we acquire certain social competence in the process of learning it by **copying** (known as modelling) other people's behaviours. It is mainly done by observing behaviours of significant others.

In one of his famous experiments Bandura showed children a film in which an adult played violently with a plastic dummy. Next, the children were invited to play with the dummy and they acted the same as the adult in the film. Children who did not watch the film did not exhibit such behaviour. Bandura believed that it was the mechanism of copying aggressive behaviour. Human being will copy behaviours observed in other human beings (models).

A question arises who might be the role model. They will surely be people perceived as authorities and ranked high up the social ladder and those rewarded for their actions (e.g. aggressive behaviours which command respect among peers and make that person move up the hierarchy or alcohol drinking which helps the drinker to become more eloquent and hence more attractive to peers).

In childhood and early adolescence, key authority figures are parents, guardians or close relatives who accompany the child on a daily basis. They have the biggest influence on what social competence the child acquires. Observing how parents behave in everyday life situation, how they cope with problems, the child develops specific behavioural models.

The social learning theory also explains such problem behaviours as psychoactive substance use by young people. In families where at least one parent smokes cigarettes or abuses alcohol the likelihood of copying such behaviours is far higher compared to families where such problems do not exist. It can be stated that in the above situations the parent plays a role model whose behaviour is then copied by the child.

Strong ties between parents and child

Strong ties between parents (guardians) and their child seems to play a crucial role in the right psychological development of the child. In turn, the lack of ties or some disruptions in this respect are regarded as the most serious risk factor for child behavioural disorders.

Research findings prove that children raised in poor conditions are likely to develop normally if in the first year of life they establish close ties with at least one adult, most often mother, who will provide them with stable, loving care (Garmezy, 1983; Werner & Smith, 1982).

However, Rutter (1987) holds that positive ties with parents or other adults throughout childhood and adolescence constitute one of the key predictors for resilience to behavioural disorders.

Research conducted by Rutter demonstrated that strong ties with at least one parent protect the child against behavioural disorders even if the home environment was unfavourable for other reasons (e.g. alcohol abuse by one parent).

Advantages of positive relationships for the child (Dwyer D., 2000, Berscheid, E., Peplau, L.A., 1983) are the following:

- they prevent or alleviate loneliness;
- they increase sense of security;
- they help to satisfy other important psychological needs;
- they help to gain insight into oneself and raise self-esteem (self-verification);
- they provide knowledge of social life;
- they increase joy and pleasure, reduce suffering.

Since the strong ties in the parents-child relationships play such an important role in the child's development, rebuilding or strengthening the ties with parents is considered the main goal of prevention and treatment.

What is the power of the parent-child relationship?

Closer relationships between people are largely about satisfying each other's needs, which contributes to stronger ties. The lack of need satisfaction, especially with regard to the fundamental needs, results in weakening the ties. Close relatives, particularly parents, are expected to satisfy the key psychological need – the need of love. The child whose need of love is satisfied experiences tenderness, support, care and interest from his or her parents. The lack of such experiences contributes to pathological ties which lead to the rejection syndrome and then loss of sense of security and lower self-worth (Hankała, 1994). A rejected person feels lonely, threatened and worse. It might be manifested as symptoms of depression (sadness, apathy), neurosis (anxiety) or behavioural disorders. A young person suffering from rejection syndrome seeks satisfaction of the need of love and acceptance somewhere else. It might be the world of crime or risky sexual behaviour or drugs (McGraw, 1995). The feeling of grudge or anger might take forms of aggression and violence towards others or oneself. A love seeking child, rejected by parents, often finds his or her way to subcultures or criminal groups or falls easy prey to cults.

If no action is taken in time to rebuild emotional ties in the family, generally, the situation steadily worsens. If a child breaks away from family to seek intimacy it might bring about an undesired change in attitudes and views and also result in the rejection of the parents' values. It further undermines the ties, which is manifested in quarrels, rows and other symptoms of rebellion (Hankała,1994).

It is worth adding that the poorer the ties with parents, the stronger the impact of peer group (Kazdin, 1996). If a peer group conforms to bad norms, there is a climate of tolerance for smoking, drinking or acting aggressively and even the approval of such behaviours. All this might make some individuals develop problem behaviours.

Setting limits

In today's practice increasingly more attention is paid to such elements as communicating rules of conduct as well as setting limits to child behaviour by parents. Deficits in this area developed in adolescence at home require later corrections in prevention activities. For some time stress-free parenting was promoted to be later replaced with the concept of partnership parenting, mainly under the influence of psychoanalytic theories of damaging potential of toilet training for the child. It was assumed that minimizing limits set for the child will enable them to develop freely and prevent reasons for frustration. A number of parents and educators accepted this concept. However, both observations and clinical research refuted this approach. It turned out that when given lots of freedom and no limits children do not become healthier or happier. On the contrary, research demonstrates that no limits, rules, discipline and high tolerance towards improper child behaviour contribute to problem behaviour, similarly to strictness and too high limits.

Limits and rules are essential for children to keep feeling secure. They are also indispensable for correct socialization. In showing the child his or her territory (e.g. you get back home before 9 pm, help in doing housework, babysit younger siblings) parents enable the child to develop inner limits.

Formulating clear rules and expectations of the child constitutes an important predictor for problem behaviour such as alcohol drinking or drug use. Baumrind (1991) discovered that authoritative families featuring warm relationships, atmosphere of support and clear expectations of children exhibit lower prevalence rates of alcohol and drug use compared to authoritarian and permissive families.

Child supervision and monitoring

Another important protective factor is monitoring the behaviour of an adolescent child. Parental monitoring of the child's leisure time and his or her social contacts with peers reduces the incidence of problem behaviours in teenagers (Griffin et al., 2003). It means that parents should know where and with whom their teenage child is. They should take interest in the ways their child spends time away from home and know his or her friends and

acquaintances. Monitoring child behaviour should not result in over-control. It is aimed at implementing a reasonable parental control system which will enable parents to respond as soon as the child exhibits symptoms of undesired behaviour. If a teenager realizes that their behaviour is being monitored they are more likely to meet their parents' expectations. A proper exercise of parental control over teenage children is a sign of healthy family life. Conflicts and weak family ties create unfavourable parents-child relationships and hinder proper parental control over teenager behaviour (Ary et al., 1999).

Religion as protective factor

Another protective factor for problem behaviour in adolescents is faith or participation in religious practices. A number of studies of resilience to problem behaviours among children of various socioeconomic and ethnic backgrounds verified that if a family are devoutly religious it strengthens the family and gives meaning to their life, particularly in time of hardship and privation. Moreover, it makes people look to the future with optimism because they believe that difficulties can be overcome (Werner, 1992). There is no need to add that the responsibility for religious upbringing rests with the closest relatives, most often parents.

Developing sense of responsibility

A number of studies looked into the role of responsibility and the way it is developed among children resilient to problem behaviours.

Werner and Smith (1982), found out that delegating responsibility of house matters to children strengthens feelings of competence and confidence in one's abilities. The conducted research corroborated a relationship between a child's sense of responsibility and their resilience to problem behaviour, regardless of the cultural context (Werner, 1990).

According to the author, by expecting a child to act responsibly, for example, by doing house chores, we communicate a message that they are an integral part of the family and consequently we increase their sense of belonging thereto.

Werner also observed that one of the key protective factors is the parents' respect of the child's autonomy and encouraging children to develop independence. This way parents strengthen the child's conviction that he or she is a valuable individual who enjoys certain rights.

Summing up, the research shows that the crucial protective factor is providing the child with support and care but on the other hand formulating clear expectation and providing a wide range of opportunities within family, including working for its benefit.

Families with such qualities provide the child with opportunities to develop resilience to bad influences in the form of problem-solving skills, feeling of autonomy and ability to make sense of life.

The above research findings, multiply verified in scientific research, correlate with the concept of sense of coherence (in Latin Cohaerentia – relationship, contiguity).

Sense of coherence

Sense of coherence is a concept put forward by Aaron Antonovsky (1996), a medical sociologist. According to Antonovsky, sense of coherence is the key to health. It helps us cope with stress, we do not become ill despite various loads, and if we do become ill we recover faster. This complex concept of sense of coherence comprises three components. The first one, cognitive in nature, is comprehensibility. We perceive that things happen in an orderly and coherent fashion and as a result we feel that we can understand what is going on and predict what will happen in the future. The second one, a cognitive-instrumental dimension, is manageability which is a belief that we have access to resources necessary to cope with a situation. It might be a network of support, an authority or higher power. Consequently, we do not feel victims of events; we believe we are capable of confronting challenges. The third component, an emotional-motivational one, is meaningfulness. It makes us believe that life is meaningful and the challenges we face deserve acting upon. Individuals with high meaningfulness take on life challenges and are ready to make efforts to cope with problems. In other words, sense of coherence is a system of beliefs of oneself, the world and interrelationships.

Sense of coherence was included as a variable in a number of studies and the findings generally confirmed its key role to health. Adolescents and adults with sense of coherence better cope with challenges, take more active coping approaches and are able to draw on their resources according to the needs. It means that such individuals less often exhibit problem behaviours such as psychoactive substance abuse, engaging in criminal or subcultural activity or aggressive behaviours. Sense of coherence in children is influenced by parents. By providing them with balance between loads and opportunities and by involving them in decision-making, they develop in children qualities which help them grow normally and protect them against engaging in risky behaviours.

Role of self-esteem

Kaplan's Self-derogation theory (1975) refers to deviant (problem) behaviours such as using violence, theft, school dropout, etc. The theory refers to self-esteem and universal human needs in this respect, which are manifested in a natural tendency of man to maximize positive experiences which improve self-esteem and positive approaches to oneself and minimize negative experiences.

According to this theory, deviant behaviour might occur when an individual fails to cope with long-term experience of rejection by significant others (e.g. parents who set too high expectations an individual cannot face, peers, teachers and educators). Collecting such experiences in ontogenetic development might lead to loss of motivation to accept social norms and standards of functioning. Then starts the process of alienation from the society which represents these norms and which was also the source of negative and humiliating experiences of the individual. The individual seeks other alternative (deviant) patterns of behaviour with the hope that they will be positively judged by the deviant group of reference (e.g. young people who drink alcohol and accept such behaviour). Changes of deviant behaviours into socially approved ones must be accompanied by the change of the environment into the one that might be the source of social support and reduce the experiences of negative reinforcements, humiliation and low self-esteem.

Work with parents

Work with parents is one of the key elements of effective prevention programmes. A number of researchers into adolescent problem behaviour share the opinion that the biggest protective and risk factor is parents. That is why it is so important in problem behaviour prevention to strengthen the role and potential of parents so that they are capable of performing their parental duties.

Parental competence can be strengthened through:

- **Improving parenting** skills such as communicating with the child, establishing house rules, ways of developing ties, supporting children in achieving goals and coping with difficulties, solving conflicts;
- **actively involving parents** in the implementation of school prevention programmes e.g. doing programme homework together with the child, participation in social meetings connected with the programme;
- **instructing parents** on the effects of psychoactive substances, direct and deferred risks for the health and life of the child.

Reviews of evaluation studies show that the participation of parents is linked to higher effectiveness of prevention programmes targeted on the reduction of problem behaviours in children and adolescents (Catalano et al., 2002). Parental involvement in the programmes improves the parent-to-child communication about the consequences of using psychoactive substances, reduces cigarette smoking and alcohol drinking by the child, favours the process of choosing non-substance users as friends (Williams et al., 1995; Rohrbach et al., 1995; Ostaszewski et al., 2000).

Summary

Research results clearly confirm the protective nature of the constructive child-parents/guardians relationships. In this context, the protective quality of the fundamental child-mother (or another dedicated guardian) relationship is emphasized. This relationship gives the child a sense of security. A safe child-parent/guardian relationship is of primary importance for the child in his or her psychological development. Research into older children and adolescents shows the protective quality of emotional support given to the child by at least one parent, child behaviour supervision and monitoring, communicating to the child expectations related to social norms and pro-health behaviours as well as development of self-esteem. Findings of a number of studies clearly indicate that proper parenting practices and positive relationships with children constitute one of the strongest protective factors for problem behaviours such as psychoactive substance abuse, risky sexual behaviours, aggression, delinquency or school problems.

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SCHOOL AS PREVENTION SETTING

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Importance of school in prevention strategies

School is a good place for implementing universal prevention and promoting healthy lifestyle. Main goals of these actions include encouraging others to take care of one's health and delaying initiation age of all kinds of risky behaviour. Children and school adolescents, especially at primary school, comprise a low risk group with vast majority before drug or alcohol initiation. At later stages of education this group is left by people who engage in all sorts of experiments, especially concerning psychoactive substances. The older the class, the higher the number of students who indulge in risky behaviour.

The age 12-16, i.e. the early and middle phase of adolescence, is often termed the risk age as it is when large proportion of young people engage in at least one major risky behaviour (tobacco smoking, alcohol drinking, drug use, aggression towards objects or individuals). Smoking tobacco comes first followed by alcohol and then some time later some teenagers start using drugs. Younger children have a negative attitude to psychoactive substances and during pre-adolescence (10-11) there is a rise in positive expectations of the effects thereof. For the above reasons, school children and adolescents are the prime target of prevention professionals and the school remains the primary setting of prevention work.

The choice of school for early prevention is also important for the following reasons:

- school is a place of intensive development in terms of interpersonal and social functioning in a peer group;
- school is a place of task work so it reveals or even generates challenges for children and adolescents;
- school is a place of confronting authorities and developing the student's own identity;
- school takes considerable part of children and adolescents' active life;
- school verifies parents' expectations of their child;
- school provides easy access to the environment of children and adolescents and facilitates smooth organization of educational interventions;
- school is a place where significant adults responsible for the child's custody and education meet – parents and teachers.

Researchers in their 40-year-long work among children from disruptive families (mentally ill parents, dependent on alcohol or drugs, engaging in serious antisocial behaviour) stated that, despite adverse conditions, most of these kids grow up to be pretty well-adapted. Researchers looked for protective factors which would enable the children to develop correctly.

In the children's family history they found the presence of an adult other than parents. It could be a sports trainer, a scouting instructor, a distant relative or a kind neighbour. However, in over 60% of cases it was the child's favourite teacher, who fulfilled his role not only as a school teacher but also as the young people's confidant and a positive role model. In practice, such people are referred to as mentors.

Intraschool protective factors

A number of studies show that the school's protective factors such as atmosphere, organization or the teacher-pupil relationship might considerably reinforce and develop the child's potential while preventing him or her from taking up risky behaviour or, on the contrary, they might favour the development of problem behaviour.

A healthy and safe school which supports the evidence-based process of developing the child's psychological resilience looks as follows (Bernard, 1991):

- small school (protects children against dropping out of the education system);
- teachers set high expectations (standards) for pupils while providing them and their parents with comprehensive support;
- school features friendly peer relationships;
- school enjoys positive atmosphere and the general ethos is nurtured (exposing values);

• school provides opportunities to gain positive experience; enables pupils to succeed in important tasks and bear responsibility, which improves self-esteem and self-worth;

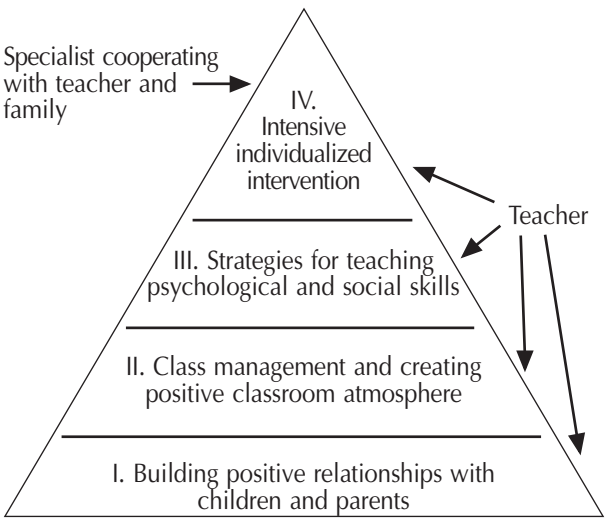
• school creates a sense of peace and order in the surrounding environment;

• at school it is possible to take part in extracurricular classes.

Role of teacher in the process of developing psychological resilience in children

Teaching social competence effectively

L. Fox, G. Dunlap, M. L. Hemmeter, G. E. Joseph and P. S. Strain (2003) state that a lot of teachers concentrate mostly on following the curriculum and dealing with disruptive pupils in class. These attempts to keep control of the situation, frequently unsuccessful, consume most of the teacher's time and energy and cause frustration. The same teachers fail to carry out their basic and simple duties, whose effectiveness has been proven. Based on scientific research, the authors of this article have created a model of teaching children and adolescent psychological and social competence effectively and at the same time preventing disruptive behaviour. The model presented below in the form of the Teaching Pyramid has been created with the needs of younger children in mind; however, the findings of research into developmental needs of teenagers corroborate its application at higher levels of education as well. The pyramid shows what the school or the kindergarten should do to reduce troublesome or risky pupil behaviour. It comprises four levels of practical actions for teachers, which make it possible to address the needs of all pupils, including disruptive ones.



Source: Fox L., Dunlap G., Hemmeter M.L. Joseph G. E., Strain P.S., .(2003), The Teaching Pyramid: A Model for Supporting Social Competence and Preventing Challenging Behaviour in Young Children

Level I – Building positive relationships with children and their parents

• **Caring and supportive relationships**

The role of the teacher mentor cannot be overestimated in developing resilience, especially in children whose parents are not able to care for them and provide them with psychological support.

The presence of a caring, understanding and sympathetic adult/teacher, regardless of the way the child behaves, is a vital protective factor. A teacher or other adult supports the child in challenging moments, takes interest in his or her problems and most importantly does not label him or her as *"bad pupil who can misbehave only and get poor grades"*. A supporting teacher, despite the child's challenges, believes in the child's potential, shares her experiences and keeps the child motivated.

The above description gets reflected in the extensive review of studies conducted by Naom and Fiore (2004). The findings prove the key role of interpersonal relations in the development, education and therapy of young people. Pupils at best performing schools are attached to their teachers and feel they are respected by them. Pupils rate highest those teachers who show that they care about them.

Naom and Fiore (2004) point to other aspects of the teacher – child relations:

• Teacher is a highly ranked, significant person in the child's life;

• Teacher is viewed as more objective than parents, therefore her opinions have great impact on the child's developing personality (self-esteem, emotions, perception of the world);

• Teacher's support might compensate for the lack of support on the part of parents and peers.

• Teacher-pupil relations might play a decisive role in the sociometric position of the pupil in class, impact the group processes and roles therein;

• **High expectations and opportunities for broad participation**

Research clearly shows that schools which set high expectations for all pupils and at the same time provide them with support necessary to achieve are very successful in teaching and have few problems with pupil behaviour (e.g. truancy, dropping out, substance use). Relatively high expectations set by the teacher make pupils think that the teacher rates their abilities highly and believes that they will manage. It raises pupils' self-esteem. Supporting and caring teacher-pupil relationships motivate children and adolescents to study and succeed.

Schools which set high standards, depending on children's needs, also provide children with opportunities to broadly participate in all kinds of tasks

and events. The teacher has many opportunities to give a low-performing pupil a chance to be successful by including him or her in a task group and providing support.

At school, young people enjoy favourable conditions to learn how to cooperate with others, seek help effectively and plan. They can advise one another or learn from older mates. They also get a chance to do something positive for their environment, which raises their self-worth. They develop qualities and skills which comprise the psychological resilience (Werner & Smith, 1989, 1992).

Level II – Class management and creating positive classroom atmosphere

The basic inventory of class management actions includes proper design of the classroom interior which makes students feel comfortable and secure, selection of educational materials according to child age and interests, clear definition of expectation regarding pupil behaviour and rewarding positive behaviours by giving attention.

In a number of prevention programmes efforts are made to build and strengthen positive relationships with the school. Typical elements of such programmes include organizing peer assistance and counselling concerning challenges at school and life of young people. Another way is creating places, clubs and extracurricular classes at school where teenagers can develop their skills and interests as well as deal with their rebellion and the critical attitude to the world of adults in a socially accepted manner.

An example of such an approach is informed creation of positive school atmosphere. Such actions usually concentrate on improving interpersonal relationships and communication between pupils and teachers and parents and teachers. These actions seek to improve pupils' participation in making important decisions regarding school life, involve parents and counter violence. It is a relatively new approach to prevention and psychological wellbeing promotion, which is evolving due to the increasing influx of scientific evidence indicative of strong school impact on the psychosocial functioning of pupils. Research shows that good climate at school (Woynarowska-Sołdan, 2004):

– improves pupil performance,

– reduces the risk of problem behaviour

– positively impacts the mental health and satisfaction of pupils and teachers

– increases the effectiveness of schooling and education.

Research shows that clearly defined **school policy towards such problems** is an important tool in preventing problem behaviour in children and adolescents. The policy should specify which behaviours are not tolerated at school and what consequences might follow if a pupil fails to observe the school rules and procedures. It is recommended that using psychoactive substances be banned on the school premises, not only for the pupils but also teachers and anyone visiting the school. The school policy should also provide response mechanisms in case problem behaviour occurs. These mechanisms cannot be limited exclusively to punishing pupils and instructing their parents but also should create conditions for integrating a challenging pupil into prevention or treatment actions according to the pupil's problems.

Sometimes these procedures provide that pupils must be randomly tested for drugs or metabolites thereof in body fluids – mostly urine or saliva. However, evaluation studies negatively verified such interventions. It was found that drug testing failed to reduce illegal substance use (UNODC, 2013, p. 24).

Level III – teaching psychological and social skills

Teaching pupils specific social skills is one of the basic evidence-based strategies, which might be implemented in younger age groups and adolescents. These programmes are usually addressed to all pupils and take the form of structured sessions accompanied by follow-up sessions at least for a year after the completion of the programme. In order to make the social skills programme effective, the teacher should use interactive methods of intervention which stimulate pupils to express their opinions and make it possible to practise skills in a safe environment. In younger age groups these programmes do not focus on specific psychoactive substances because children have not come into contact with them yet. However, this issue is culturally dependent and in some contexts it might occur that 9 or 10-year-olds sniff glue or solvents. Then these risks must be dealt with directly.

In adolescence these programmes should concentrate on skills such as refusal to use under peer pressure or coping with life problems, including stress and difficult decision-making.

It is also noted that the social and psychological skill programmes should provide opportunities to discuss social norms, positive and negative expectations from substance use and try to change young people's normative beliefs towards psychoactive substance use. Normative beliefs are the most prevalent views of young people on the prevalence of substance use and the social approval of the phenomenon. Research shows that incorrect normative beliefs pave the way for using psychoactive substances by adolescents. Common negative normative beliefs expressed by adolescents include giving credence to the fact that most young people

use psychoactive substances and it is socially approved and generates a lot of positive results.

Moreover, while discussing negative consequences of substance use one must refrain from scaring pupils and concentrate on direct drug-related threats (e.g. poisonings, conflicts with parents, school management, problems with the police) and not on long-term effects (e.g. liver cirrhosis or lung cancer).

Research findings show that for the process of teaching the above skills to be effective the teacher must be well prepared. The classes must be structured (usually comprising 10-15 sessions once a week with several follow-up sessions in the next year of education). The classes should also be interactive.

Research shows that these programmes reduce the prevalence of psychoactive substance use in young people and lower the incidence of other problem behaviours. Just lecturing by the teacher on necessary skills in an unstructured way without any preparation fails to bring desired results.

Such classes can also be conducted by trained peers. However, peer education requires following a few principles. Based on research into this area the following conditions were defined for the effectiveness of peer education and youth leader work (Ferrer-Wreder L., Stattin H., Lorente C. C., Tubman J. G., Adamson L.,2004):

– defining clear and precise programme goals,

– implementing the programme strictly according to pre-defined schedule and principles,

– conducting proper (adequate) training course for youth leaders,

– holding regular meetings with the leaders aimed at solving current problems,

– monitoring leader work regularly.

Although important social and psychological skill training programmes are most often mentioned in the context of universal prevention, such training is equally important and effective if used as part of selective prevention among adolescents with specific behavioural disorders.

Level IV – intensive individualized intervention

A separate category is the so-called short-term intervention which the school should apply towards pupils with persistent challenging behaviour, who communicate their needs and problems this way. Due to the type and number of programmes such pupils require individualized assessment and actions on the part of many adults. The following steps are recommended: establishing a team who will examine the child's problems, detailed revision of actions taken at lower tiers of the Teaching Pyramid along with the evaluation of their effectiveness, collecting and analyzing all information and test results concerning the child, consulting the parents, making an intervention plan, implementing alternative actions enabling the child to change his or her behaviour, evaluating the approach in use. If no expected results are achieved, a decision should be made to involve an outside professional. The intervention of the specialist alone without simultaneous efforts of teachers to create a friendly environment cannot bring about expected changes in the child's functioning.

Other intraschool protective factors

Strengthening parenting skills

Scientific research shows that the effectiveness of prevention targeted on children and adolescents depends largely on the participation of parents. Programmes intended for schools should therefore contain sessions for parents conducted simultaneously with pupil sessions. Developing parenting skills is described in this manual in chapter entitled "Preventive role of family". Here it is worth reminding that parent programmes should focus on reducing possible deficits in this area:

– establishing warm parental relationship with the child,

– monitoring the way and with whom the child spends his or her leisure time,

– setting limits to the child's behaviour,

– teaching the child how to act responsibly,

– teaching parents how they can become a positive role model for the child .

A number of studies demonstrate that involving parents in preventive activities at school is necessary if we want prevention to be effective; however, this is not easy as many parents fail to show up. In order to raise parental involvement small incentives are used such as transportation assistance, babysitting younger children during sessions or small gifts upon completion of the programme.

Before organizing substance abuse prevention-oriented extracurricular classes for children, permission must be obtained from parents.

It is crucial to create a positive image of the programme among parents. It can be achieved through informing parents on the programme content and work methods as well as the frequency and duration of the classes.

Parents must be notified that children will be provided with specific knowledge concerninghealth care, including how to care for one's health, appreciate a healthy lifestyle, avoid risky situations and be able to refuse in such contexts, build positive relationships with peers, solve conflicts amicably, etc.

Dropout prevention

A number of researchers and practitioners point out that one of the major risk factors for problem behaviour is dropping out of the education system. Early school leaving is a problem in many countries, especially those with low GDP; however, in Europe the problem is also common. A number of studies have been conducted to find out how to prevent this negative phenomenon. Undoubtedly, all the above factors such as friendly school atmosphere, building positive relationships between the teacher, pupil and parents and others help to contain the phenomenon. In some low GDP countries small incentives have proved to be successful e.g. providing meals at school or small conditional financial support.

Counterproductive preventive measures

Above, evidence-based factors and approaches have been discussed.

While tackling problem behaviour one should be aware which actions and strategies have been verified as counterproductive. They include:

- scaring pupils with dramatic consequences of risky behaviours,
- referring consequences of substance use to distant future,
- lecturing only without applying interactive interventions,
- implementing measures in an unstructured manner, based exclusively on the spontaneous dialogue between the teacher and pupils,
- focusing exclusively on raising pupil self-esteem and emotional education,
- using life stories of former alcohol or drug addicts,
- conducting prevention classes by police officers,
- random drug testing in body fluids (urine, saliva),
- failing to involve parents in school prevention and focusing exclusively on pupils,
- poorly trained prevention providers (teachers, peer leaders),
- instructing parents on drugs so that they talk about it with their children (UNODC, 2013)

Summary

School plays a crucial role in problem behaviour prevention among children and adolescents. Through its actions and organizational structure, it can support pupils in positive development. However, it can negatively affect the development of children and adolescents. School protective factors include supportive teacher-pupil relationship, positive school atmosphere, coherent and fair internal procedures for responding to problem behaviours, school dropout reduction activities. Involving parents in school prevention is emphasized. School concentrates mainly on universal prevention measures. However, effective school prevention must also include measures towards pupils who already exhibit problem behaviours. Selective prevention should rely not only on punishing pupils but primarily provide solutions for correcting risky behaviours and developing one's potential.

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LOCAL COMMUNITY AS SETTING FOR PLANNING AND IMPLEMENTING PREVENTION

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Introduction

This manual concerns prevention of problem behaviours among children and adolescents, including substance abuse prevention, especially drugs. In the previous chapters basic prevention concepts were overviewed, evidence-based strategies and actions were discussed with particular emphasis placed on actions aimed at parents and schools.

In this chapter, we would like to explain why the local community and local activities play such an important role in drug prevention.

Rationale behind drug prevention at local level

The local community is a sociological term. It can be said that the local community is a group of people who reside in a specific area e.g. a village, a small town or a housing estate of a big city. This area is characterised by strong ties related to shared interests and needs as well as the sense of background and belonging to the place of residence. In Central Asia, an example of the local community might be mahalla.

The fact that the local community is characterised by common ties between people and institutions causes that this group is internally integrated, which in turn allows joint local problem-solving. The element which has a considerable impact on pursuing common interests of the local community, especially in urban areas, are local societies, non-governmental organizations or social groups who express these interests.

At the local level it is the local government who act on behalf of the local community although a number of initiatives can be taken individually by associations or organizations.

As for problem behaviour among children and adolescents, local communities of the same country might differ significantly in terms of such phenomena.

For example, in Warsaw schools the main problem might be alcohol use among adolescents, while in a small town close to Poland's eastern border the main substance of choice among youth might be glue or solvents. This diversity might not be limited only to substances of choice but also substance use conditions, potential consequences and available institutional and human resources which can be used to address the problem. Similar differences emerge if we consider Tashkent or Urgench – two big cities located in the same country – Uzbekistan.

A lot of studies show that ways of tackling social problems effectively must be explored mainly at local level. It is the local institutions, individuals or NGOs which are able to identify the problem and its scale, make plan and respond to it adequately. If actions taken at local level and by local communities are to be successful, it is important to follow several principles or standards which comprise the community-based approach to prevention. In modern prevention it is considered one of the most promising models of solving a host of social problems, including problem behaviour among children and adolescents.

Situation assessment

If a prevention programme is to be the best response to the problem of substance use in the community with the optimal application of available resources then the design phase must be preceded by a detailed assessment or diagnosis of the situation.

The assessment should seek comprehensive identification of the problem's nature and scale at local level. Moreover, available and potential resources must be determined. It is worth summarising the experience gained in the previous substance abuse prevention actions among adolescents.

For example, if we wish to prevent substance use in adolescents then the assessment should cover three basic fields:

1. Overview of substance abuse and the related problems
2. Identification of local factors related to substance use

3. Identification of existing and potential resources to be used in the programme

Overview of substance abuse

The assessment ***requires collecting information, analyzing it*** and finally formulating conclusions. Depending on the size and potential of the local community, the assessment might be conducted in-house or commissioned to professionals.

The size and character of the community determines the scope of available data and ways of obtaining it.

At the first stage of the assessment, available sources of information must be reviewed and evaluated, namely an 'information map' must be developed. By applying various methods, the assessment of substance abuse should seek to find the following example indicators:

- prevalence of substance use among adolescents,
- patterns of occasional and experimental substance use in adolescents,
- high risk behaviours (injecting drugs, sharing needles and syringes, driving under the influence of psychoactive substances),
- drug overdoses, alcohol or other psychoactive substance poisonings,
- substance use-related nuisance to local residents,
- availability of psychoactive substances (users' opinions, prices).

The local situation assessment of drug use among adolescents might be based on statistical figures and documentation of local institutions and in justified cases; if such data fail to provide the picture of the situation, special scientific projects can be designed.

The assessment should include collecting and analyzing data from the following institutions and professionals: specialist drug treatment services, police, social care, schools, NGOs, family doctors, courts, etc. It is important that the data refer to to a given community, not the whole country. Data regarding the situation at national level might serve as a point of reference and comparison how a situation in a given city or a district looks compared to the situation at national level.

If we decide to conduct a scientific study we can do it with the application of various methods. The projects might be:

- questionnaire surveys among school students,
- interviews with staff of institutions,
- interviews with adolescents, including occasional drug users.

Answers to the questions about the first field should provide grounds for estimating the scale of substance use among adolescents and the related problems.

Identification of protective and risk factors related to substance use

In order to complete the assessment at this stage we must analyze local risk and protective factors for psychoactive substance use. Some of them might be related to the social situation, others to the family situation or specific psychological qualities of individuals. Below there are examples of risk and protective factors related to personal qualities:

- sensation seeking personality – risk factor,
- committing crime in adolescence – risk factor,
- high social competence such as tough decision-making, peer networking – protective factor.

Family system-related factors:

- poor family ties and lack of parental support – risk factor,
- parents or siblings abuse psychoactive substances – risk factor,
- no parental supervision over the child's behaviour – risk factor,
- parental support – protective factor.

Social factors:

- wide availability of psychoactive substances – risk factor,
- aggressive media involvement in creating atmosphere of permissiveness towards substance use – risk factor,
- religious practices – protective factor,
- company of peers who use psychoactive substances – risk factor.

Place of residence-related factors:

- poor financial status of family – risk factor,
- lack of recreational settings or places where young people could spend leisure time in an interesting way – risk factor,
- supporting school with good school climate – protective factor.

At this stage of the analysis, protective and risk factors existing in our local community should be identified. Depending on the target group of our actions – young adolescents or older adolescents – the composition of these factors might vary. Sometimes we identify groups that are exposed to a number of risk factors with no protective factors present. Then we talk of groups particularly vulnerable to problem behaviours, including substance use.

Identification of existing resources

It would be useful if interviews with staff members of institutions started with questions about previous substance abuse prevention efforts and their results. Then, the following matter should be analyzed: have, and to what extent, previous actions taken by various institutions been coordinated? If not, what is the reason for this failure? Apart from a close look at institutions which conduct or con-

ducted some sort of prevention activity, one must identify an institution which would be interested in establishing such cooperation. The community potential covers competencies of future programme providers and implementers. Data concerning recruits' qualifications for prevention work must also be collected.

Definition of work conditions

Another standard is related to work conditions in which we would like implement our new initiatives. It includes questions about public acceptance of proposed actions. An important success factor are public attitudes towards substance use, perceived significance of the problem and finally readiness to support prevention efforts. At the programme implementation stage it is worth knowing where potential proponents and opponents might be found. Consequently, endangered groups might be involved in project development and can express their needs at an early project cycle stage when they can actually be satisfied. Needless to say, it will not always be possible to design a programme in such a way that its negative impact be totally eliminated. However, measures must be taken to minimise it. Opposition to some actions might sometimes result from poor knowledge, misunderstanding or previous negative statements. It is worth bracing yourself for fending off such attacks and launching necessary promotional and educational actions beforehand.

In case our assessment findings show that some initiatives are not going to be accepted by the local community, we might scrap them or earlier plan an awareness campaign aimed at changing the attitudes. Anticipating public response enables us to avoid conflict which could jeopardize actions planned.

Team building

A working team may operate at the joint planning stage. However, it can be established later – at the implementation stage of the project.

The working team should comprise key community stakeholders representing institutions which might have a significant impact on the problem addressed. Smooth operation of the team requires working out organizational principles. Such principles include appointing a leader as the team must be managed by a single person. It is also worth making sure that the team's members do not change. It will prevent communication problems (e.g. failure to pass on information within the organization). Thematic teams might sometimes have to be established to work on particular groups of issues (especially in large-scale projects).

The team should adopt an action plan, ways of monitoring the implementation of the project and methods of outcome evaluation. The action plan should include project's actions (assigned to particular people or organizations) and the timeline.

When ideas and solutions are generated collectively diverse opinions might emerge, that is why the team should define principles of making solutions final. The best way is to reach consensus in the course of discussion, reasoning and making opinions converge. A joint solution is the best predictor for actual future implementation. It must be remembered that reaching consensus takes time and negotiating skills. One must also realize that voting, which is a much quicker way of reaching agreement, gives rise to situations when winners and losers emerge. While working out a joint position it is worth adopting the principle of consensus and only in exceptional cases resort to voting. In some situations decisions might also be taken by the team leader.

An important element of a well-functioning working team is good communication among all partners. At the start, communication rules must be established. They should refer mainly to the frequency and settings of the team's meetings (ideally, always in the same setting), ways of sharing information among partners, frequency and ways of producing interim reports.

Developing logic model of planned actions

After a detailed analysis of available data, assessing the local drug use situation, establishing a working team and defining principles of cooperation, it is time to develop a logic model which combines problems that we wish to solve and specific prevention objectives and tasks.

In order to identify problems, it is useful to apply brainstorming. This method allows sharing ideas, free from self-censorship, with all team members. Out of all problems identified, the team select priority ones. After selecting the priority problems, their causes must be determined based on protective and risk factors. This way a logic model will be developed that links causes and effects (problems) e.g. Identified problem: "Adolescents spend their free time in a risky way - mainly in the street among peers with no parental control"

Causes of the problem:

1. In this district/city there are no interesting places for young people to spend their leisure time under control (risk factor)

2. Parents do not know how important it is to exercise parental control and monitoring of how their children spend their free time (risk factor)

3. School does not offer attractive extracurricular classes (risk factor).

Next stage is formulating goals that are coherent and adequate for problems identified. In this case the goal that is adequate for the problem could be: "Adolescents spend their free time in an attractive and interesting way under parental control".

In order to attain this goal specific activities must be planned in line with the knowledge of protective and risk factors.

Therefore, the following activities could be the response to the problem in question:

1. In classes 3-9, conduct meetings with parents in order to improve their parenting competence, including sensitizing them to the importance of parental control over the way their children spend their free time.

2. Organize interesting extracurricular classes at school.

3. Provide extramural leisure time settings for adolescents.

This is the way every identified problem should be structured. It means that the scope of actions planned must and should vary. It must be kept in mind that actions taken at the local community level are more effective if they are internally coherent. One cannot expect that one action is going to solve all the community drug-related problems. Research shows that local actions must be addressed to different target groups – children and adolescents prior to drug initiation, those who have already experimented with drugs as well as adolescent problem drug users. Prevention activities should be implemented in various settings (school, family, recreational sites) and feature strategies described in Chapter I.

If an action is to be effective it must be given a timeline, staff and institutions responsible for the implementation, necessary financial resources as well as methods of monitoring and outcome evaluation.

Monitoring

Monitoring should be understood as regular collecting and analyzing information on the implementation of the programme in terms of finances, material aspects and timeline in order to conduct it according to plan.

The monitoring system should be prepared at the stage of planning the programme and described therein. The description of the monitoring system should show what information is to be collected, when, by whom and with what tools. The description should also specify who, how often and to what purpose should analyze the collected information and who will receive results of the analyses.

Another aspect which should be considered while planning the monitoring is specifying the moment of receiving the information. If the information is collected too late, its application becomes poor. In the event an incident has already occurred, the scope of response is limited, at most one can concentrate on reducing the negative effects. Early information on likely problems provides more options.

Evaluation

Evaluation goals

The aim of the evaluation is systematic improvement of the effectiveness and cost-effectivness of actions taken in terms of positive social results as well as bettering transparency and promoting actions taken by the local community.

The terms of effectiveness and cost-effectiveness mentioned above must be clarified.

Effectiveness is a measure of the soundness of actions taken. Effectiveness is measured by the extent to which the programme's expected results have been achieved, how sustainable they are and what impact they have on the community. A high-quality programme solves the problems it addresses in an effective and long-lasting manner and it also positively impacts the programme's milieu.

Cost-effectiveness is a measure of economical management. Cost-effectiveness is measured by relating expenditure to the outputs and outcomes, e.g. the cost of releasing a single guidebook for parents (single unit cost), cost of improving knowledge and parenting skills of a single parent participating in a programme (outcome cost), in order to evaluate how the programme outcomes relate to the costs incurred.

Evaluation standards

The quality of evaluation depends mostly on whether the evaluation standards are met during the implementation stage. Evaluation standards were first developed in the US and used only in the 1980s. There are over 30 of them and they generally refer to the four aspects of actions taken.

Utility – information obtained should be useful from the programme provider's point of view, e.g. while planning future programmes,

Feasibility – obtaining valuable information at reasonable cost and within reasonable time limit.

Propriety – professional implementation according to the law and ethical standards (including well-being of evaluation implementers and subjects thereof),

Accuracy – drawing exclusively on information and factors which are significant for the outcomes of the programme – allows for formulating credible conclusions.

Evaluation is an ongoing process so it should take place at the stage of programme development, during its implementation and be continued long after the programme was completed.

Evaluation development

Proper development of evaluation needs specifying who is going to be responsible for implementing it and what it is going to cover.

Generally, programme providers and decision-makers should not be involved in evaluation. They might develop it, collaborate with experts or draw on its results; however, they are not allowed to evaluate their own actions. Evaluation can be conducted in-house providing that such evaluators do not report to the programme designers and implementers, e.g. audit and control staff.

Role of media in local prevention

The media can play a very important role in the programme promotion and dissemination. At local level it is best to engage local media. They reach most households in a given region or a city and they take interest in raising issues relevant to the local community.

Due to the scope of operation, local media – press, television, radio might be used as a tool to promote messages that support local prevention. What is more, proper collaboration with the media might help in promoting evidence-based actions and solutions while effectively counterbalancing stereotypical and not always efficient prevention practices. It must be added that such stereotypical opinions are detrimental to substance users and their families, they keep them isolated and stigmatized. In order to plant new ideas related to problem behaviour prevention, one-day media activity such as a single radio or TV broadcast, a press article, is not going to bring expected results. The success will come with long-term and regular information and education actions.

Although the involvement of the media in promoting and disseminating new ideas and education is invaluable, even the best media campaign cannot replace targeted prevention activities. In other words, media actions do not change specific human behaviours, which is the aim of substance abuse prevention. The media should always be involved to support and complement prevention at the local level.

Collaboration with the media also carries several risks. First of all, it is the lack of expertise related to substance abuse prevention, which is linked to stereotypical perception of such problems. Consequently, in order to reduce the above risks several principles must be followed in contacts with the media to make the message sent to the public technically sound:

- Prepare press releases for journalists containing definitions of respective actions. This will prevent distortions and false information.
- Local media reporters should be invited to all major events related to the programme.
- If the programme institution publishes a newsletter, it must regularly include information on the works of the programme developing team.
- Remember that journalists work under pressure of time and they are not specialists in matters they report.

Summary

Prevention activities implemented at the local community level constitute the most effective form of prevention. It is not only because the local community is best prepared to adequately assess the scale and type of local problems but also because it is the coalition of local stakeholders and institutions that takes most interest in preventing negative phenomena in their area. The evidence-based approach where the local community is a provider and a target of interventions has been validated by scientific research.

If we want to make local prevention highly effective we must follow certain standards. They include the assessment of local situation; partnership-based involvement in a working team; building a logic model of identified problems along with their causes; goals which we would like to achieve and ways of doing it. Any highly effective action must be adequately monitored and evaluated. Evaluation contains an element of situation assessment which gives answers whether planned and implemented actions actually contributed to planned results. The evaluation findings are used to validate actions or plan them anew. This cycle gets repeated many times, which makes local community actions always relevant to existing risks and problems.

To conclude, it must be reiterated that one-off prevention actions are not going to solve problems. An integrated prevention approach used by the local community must draw on diverse strategies and be implemented in many settings: school, recreational sites, health care centres. Their selection depends on the programme beneficiaries and identified protective and risk factors.

MASS MEDIA CAMPAIGNS IN HEALTH PREVENTION

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Introduction

Mass media campaigns[1] have long been used to promote health prevention. The wide application of health prevention media campaigns is dictated by the fact that media campaigns make it possible to reach large populations simultaneously at a relatively low cost if we converted it to the number of people that receive the campaign message.

Although media campaigns have been used in the field of public health since the 1940s, up to the end of the 1970s the results were discouraging. First campaigns, which demonstrated moderate effectiveness related to heart diseases prevention and were introduced at the beginning of the 1980s (Noar, 2006). Since then a number of studies have been conducted to identify predictors for media campaign success or failure.

This article is an attempt to describe conditions to be met so that media campaigns can become an effective tool for promoting pro-health behaviours and reduction of undesired behaviours from the perspective of public health.

The studies conducted by Hornik, Brinn and Wakefield (Hornik et al., 2008, Brinn et al., 2010, Wakefield et al., 2010) provide a wide range of conclusion and recommendations on how to plan and conduct effective media campaigns.

What can be the impact of media campaigns on target audience?

The discussion on the impact of media campaigns on the behaviour of target audience features several interesting points. Firstly, some researchers indicate that media campaigns may have indirect and direct impact on the target audience. We deal with the indirect impact when the media message reaches the target audience through friends or relatives, who engage other members of the target audience in the discussion on the campaign topic. Therefore, some members of the target audience, although not directly exposed to the media message, can still make a decision to change their behaviour acting under the indirect impact of a certain social circle of friends. It can be illustrated with a situation when one or two company workers decide to quit smoking under the influence of a media campaign, inform other co-workers about this fact and explain the reasons. Other employees at that company, though not directly exposed to the campaign, might follow the example and decide to give up smoking as well.

This type of impact seems to be crucial in the context of the campaign results. Nowadays, it is more common to hear opinions that an effective campaign provokes discussions and makes the target audience reflect and exchange views. Some researchers indicate that target audiences tend to change under the influence of the debate provoked by the campaign rather than the campaign's visual effect (Wakefield et al., 2010). Discussions of media campaigns often feature questions about what dimensions of the target audience functioning can be changed. Opinions differ in this respect. Some believe that media campaigns can change only our attitudes, beliefs and knowledge; however, they cannot change our behaviour. Indeed, research shows that human behaviour is the most difficult to modify; however, there are a number of examples proving that a well-designed campaign might be effective in the area of behavioural change. It is easier to teach the target audience new simple actions (e.g. fastening seatbelts or using child safety seats) rather than modify complicated and internalized behaviours (e.g. change of eating habits, promoting regular physical exercise or abstinence/reduction of psychoactive substance use) (Wakefield, 2010).

To conclude this section, it is worth noting that media campaigns by creating favourable social cli-

[1] Mass media campaigns in this article are to be understood as actions conducted by means of television, radio, press, and outdoor advertising e.g. billboards. The review of research performed for the purposes of this article does not, or does to a limited extent, refer to campaigns by means of new technologies e.g. Internet or mobile telephony. Such campaigns have not been sufficiently evaluated so far.

mate might contribute to promoting new legal regulations beneficial from the perspective of public health (e.g. a campaign addressed to victims of violence so that they do not remain passive and take legal action might not be successful in terms of behavioural change; however, it might contribute to the adoption of legal solution beneficial for the victims).

How to design good media campaign

Campaign aim comes first

The aim of campaign is crucial. It demands in-depth reflection and discussion by the campaign designers. It often happens that campaign goals are too general and not measurable. It is often not certain whether we want to change behaviours or attitude of the target audience. All these issues should be thought over and specified at the campaign planning stage.

Define your target audience well

Numerous studies have shown that highly effective campaigns targeted well-defined audiences. In the case of substance abuse campaign (alcohol, drugs or tobacco) the target audience was not defined in terms of age only but also other important features. Drawing on the knowledge of risk factors one American campaign targeted young novelty seeking people who required substantial stimulation.

Another way of defining the target audience precisely can be dividing it into segments. For example, if the campaign is addressed to parents of young people aged 14-18 then the parents should be divided in terms of education or place of residence (village, city) and according to these categories the right message and prevention activities should be developed.

Know your target audience

A media campaign should refer to formative research results i.e. the planning phase should include representatives of the target audience. Their habits, ways of spending leisure time, expectations and reasons for specific behaviours related to the subject matter of the campaign should be carefully explored. In order to collect all this information, focus group-based qualitative studies, in-depth individual interviews with members of the target audience or field studies are recommended. This is the only way we can prepare a campaign which, in terms of content and form, will meet the needs of the audience. Many studies verified that omitting this stage in campaign planning is one of the most frequent mistakes (Noar, 2006).

Draw on evidence base

A mass media campaign should be based on theories which explain why humans engage in or avoid risky behaviours. In the case of psychoactive substances, it is particularly about the knowledge of protective and risk factors for the use of these substances and the theory behind such behaviours. Most effective substance-related media campaigns in recent years have been based on Alfred Bandura's social learning theory. It holds that an individual acquires certain behaviours by copying the behaviour of significant others who act as role models. In the case of children, role models are parents. In the case of adolescents, they can be significant peers. Media campaigns based on A. Bandura's social learning theory showed specific desired behaviours of young people such as refusing alcohol, a 'joint' or a cigarette (Brinn et al., 2010).

These campaigns significantly differed from first campaigns of the 1950s and 1960s, when it was assumed that substance use is linked to knowledge gaps regarding the risk and negative consequences of using. Consequently, most campaigns focused on showing negative consequences. It soon became clear that this assumption was false and substance use mechanisms are much more diverse. Another model used in designing mass media campaigns and explaining why man engages in or avoids specific pro-health behaviours is the Health Belief Model, developed in the 1950s (revised in 1970s). It explains which TB screening tests offered by the American health service proved ineffective (Noar, 2006).

Show effective solutions

Effective mass media campaigns present possible solution or responses. It is not enough to provide information in the media message that a specific behaviour is risky, undesired or even life-threatening. It must be demonstrated that by acting in a certain way or giving it up we are able to improve the situation or avoid a threat. It can be done by showing an action which solves a given problem, minimizes consequences of certain behaviour or makes it possible to solve the problem in the future (Noar, 2006). Campaigns which focus exclusively on showing negative consequences of a specific behaviour in the hope that the fear will lead to rejecting this behaviour prove to be ineffective. In a campaign designed this way, the target audience is not able to engage in any remedial action that would change the risky behaviour because the scary message is often so overwhelming that it almost discourages acting instead of stimulating positively not to mention that the audience finds it hard to identify with most dramatic consequences of a given

behaviour e.g. cigarette smoking, which might occur in very distant future. That is why, if we talk of the consequences of a given behaviour we must refer to the immediate consequences or those that are available as part of the target audience's experience. If we target young people, it will be ineffective to point to the lung cancer risk in distant future. It will be more fruitful to indicate that smoking might lead to skin problems or conflicts with parents. It must also be mentioned here that the available research suggests that the above issue might depend on some factors. Some studies demonstrate that in low GDP countries where people suffer poverty, scary messages might bring expected results. However, according to scientists, this hypothesis needs further verification.

Conduct campaign for at least 3 years

Positive correlation between the campaign duration and its effectiveness has been corroborated in a number of studies into psychoactive substance use. Effective campaigns lasted for at least 3 consecutive years. It does not mean that for 3 years the campaign content was broadcast in the mass media. It means that each year the content was broadcast long enough, at the right time for the target audience and with the right frequency. In the campaigns compared in the studies, TV spots were released approx. 200 times each year and radio spots 300 times for at least 4 weeks in a year (Brinn, 2010).

Be active not only through mass media

A mass media campaign must be supported by local community actions addressed to the same target audience. For example, if we want to increase cigarette smoking initiation age we should make sure that apart from media actions young people could benefit from school-based programmes which teach how to refuse cigarette smoking. If parents are targeted then apart from the media message they should receive evidence-based interventions coherent with the media content. An example of such activity could be a parenting skills training.

Many studies confirmed (Brinn, 2010) that multifaceted prevention interventions coherent with the media content increase the effectiveness of mass media campaigns although there are examples of campaigns which were based solely on the media coverage and they were also effective.

Evaluate your campaigns

The question of mass media campaign evaluation is a topic for a separate article. Most mass media campaigns are evaluated under the same quasi-experimental design based on measurements (post-test) taken after completing the campaign. This way we can only obtain information on the reach and reception of the campaign by the target audience. Such methodology does not allow for evaluating the outcome of the campaign i.e. answering the question whether the expected change took place in the target audience. In order to measure the change we need two measurements – before and after campaign. If we wish to answer the question about the impact of the campaign we also need a control group. By comparing the results of the first and the second measurement in the experimental group (exposed to campaign content) and the control group we can answer the question whether the change did take place in the experimental group under the influence of the campaign or maybe there were other factors involved. Such advanced methodology of an evaluation study, though recommended and providing the full picture, generally requires considerable financial resources and research experience because a number of methodological challenges must be faced.

Summary

Mass media campaigns have been used in the field of public health for a long time. However, they started effectively reducing undesired behaviours or promote pro-health behaviours only in the 1980s. Regular studies provide a lot of interesting conclusions and information as to what conditions must be met for a mass media campaign to be effective. Drawing on this evidence base and the related recommendations helps to design a good campaign although it does not ensure its effectiveness. As other countries' experience has shown, it happens that campaigns planned according to the best practice did not bring expected results due to unforeseen circumstances (Hornik, 2008). Therefore, it is important that mass media campaigns and other prevention activities undergo evaluation.

Literature

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Part II

Experiences in MEDISSA implementation

CONCEPT AND IMPLEMENTATION OF LOCAL ACTION IN BISHKEK

Guljan Chekelova – State Drug Control Service in Bishkek
Bonivur Ishemkulov – Central Asia Training Information Center on Harm Reduction
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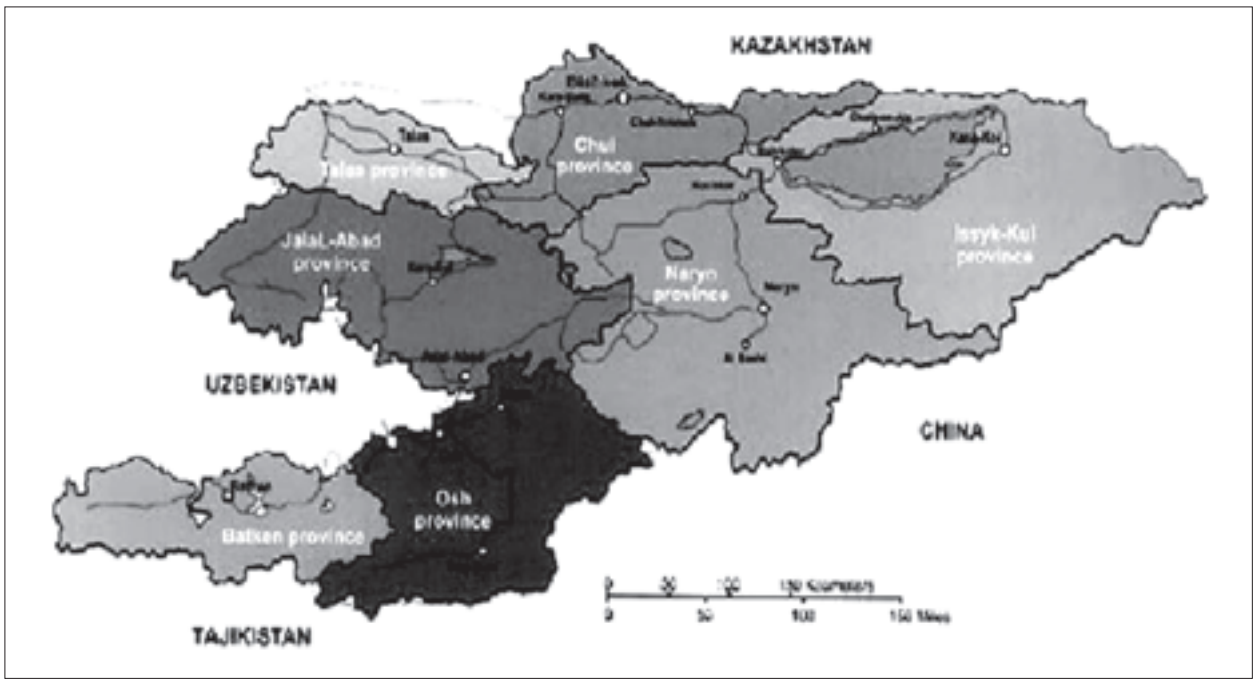
Background information

Bishkek is the capital of the Kyrgyz Republic and the biggest city in the country, 35% of the country's population live there. The population of Bishkek is 1 042 783.

The city is located in the centre of Chuyska Valley, at the foot of Kirgiz Ala-Too Mountain, 760 m AMSL

Representatives of 90 nationalities live in the city. The Kyrgyz account for 51% of the total population, Russians – 20%, other nationalities (Ukrainians, Kazakhs, Uzbeks, Germans, Tajiks, Koreans, etc.) – 29%.



Prevention background

Drug situation and risk factors

Active prevention of drug trafficking and substance abuse has been implemented on the territory of modern Kyrgyzstan since the last decade of the 19th century, when first problems connected with opium poppy cultivation and opium production appeared.

In the period of 1916-1974 the country occupied one of the leading positions in medical opium production. Total area of poppy fields was around 64 thousand hectares and the production volume reached about 80% of the total USSR production and 16% of the world legal opium production. One tenth of the produced opium went to illegal trafficking and caused an increase in substance abuse in the country. In 1974, the Presidium of the Supreme Soviet of the USSR took a decision to stop legal cultivation of opium poppy in the Kyrgyz Soviet Social Republic.

Nevertheless, there are huge wild plantations of cannabis and ephedra in the country. That leads to illegal production of hashish, marihuana and methcathinone.

Cannabis was mainly grown in Kyrgyzstan in the period of 1974-1993. However, starting from 1993, the volume of opioids of Afghan background dramatically increased in the illegal trafficking. The

illegal trafficking was supported both by an increase in drug users and the involvement of a certain part of the population in the drug industry. When heroin appeared on the illegal market, its share in the drug market started to grow. By 1999, heroin took the lead among used substances and this status has been kept till present time.

In 1993, when the Kyrgyz Republic gained independence, the National Agency for Drug Control was established and the first National Prevention Strategy for Substance Abuse and Illegal Trafficking was developed. In 1994, Zhogorku Kenesh (the Kyrgyz Parliament) took a decision to join the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988.

Since then the Kyrgyz Republic has met norms and requirements of international law and follows principles of the International Narcotics Control Board (INCB) regarding legal drugs, psychotropic substances and precursors control, providing medical drugs and psychotropic substances to the people and precursors to the industry.

The main factors for an increase in substance abuse in the Kyrgyz Republic are the following:

- Insufficient national prevention policy. Weak legal base for substance abuse prevention.
- "Breeding grounds" or substance abuse in the society due to social and economic problems;
- Drug trafficking routes running through the country (including Afghan drugs);
- Presence of raw materials: wild plantations of cannabis and ephedra;
- Increase in alcohol and tobacco abuse (availability of these substances for youth in POS, low prices) on the one hand and marijuana, LSD and volatile solvents (glue) abuse on the other hand.
- Prevalence of drug cultivation among youth, easy access to psychotropic substances.

Since 1991, the number of officially registered drug addicts has increased sevenfold. On 1 January 2013, there were 9 900 registered drug addicts in Kyrgyz drug abuse clinics.

According to the United Nations Office on Drugs and Crime (UNODC), prevalence of opioid use in the Kyrgyz Republic stands at 0.8% in adult population (aged 15-64).

Injecting is the most popular way of drug administration. According to UNODC, 25 000 drug users out of 26 000 use injection drugs. Recently, there has been a notable increase in poly-drug use.

The major concentration of drug addicts is observed in Bishkek, Osh, and Chuy and Osh regions, which have become transit and distribution hubs for illegal drug trafficking.

Since young body is extremely sensitive to drugs, substance abuse among adolescents has become a huge problem.

Injecting drug users constitute more than 60% of the total registered HIV population, more than 50% of IDUs are HBV and HCV-positive and 3% of them are infected with syphilis.

After Kyrgyzstan became a sovereign country systemic prevention measures enabled to hit the criminal drug industry and stop the growth of substance abuse and soften its negative influence on society.

In 2004, the National Concept for Substance Abuse and Illegal Trafficking Prevention and the National Program of the Kyrgyz Republic on Substance Abuse and Illegal Trafficking Prevention up to 2010 were developed. In the last 10 years they have dictated contents of the National policy in this respect.

There is an upward trend in illegal drug trafficking in the Kyrgyz Republic. Being close to Afghanistan, where 90% of all illegal world opioids are produced, the country suffers from all negative consequences of drug trafficking.

Illegal drugs go through Alay and Chon-Alay regions of Osh province; Bakten, Lalay, Kamadjay regions of Bakten province.

Drug situation in Kyrgyzstan is determined by internal and external factors.

External factors: vicinity of Afghanistan – the main source of drug production, activity of international drug cartels in Central Asia, lack of integrated approach towards the problem of regional security, porous borders.

Internal factors: poverty, unemployment, migration, own raw materials for drug production, porous borders, lack of financial resources and equipment for national anti-drug structures and agencies.

Medical consequences of substance abuse include drug addiction, dangerous infections transmitted through injections with non-sterile syringes and needles and mortality (from both direct and indirect consequences).

Prevention measures implemented in the past

The Kyrgyz Republic implements the main principles of integrated and balanced approach to substance abuse prevention according to the international law and recommendations of the major UN anti-drug agencies. The national policy is defined in drugs strategies and covers demand and supply reduction of illegal substances as well as harm reduction programmes.

In order to prevent substance abuse in the Kyrgyz Republic, the following programmes have been implemented since the country gained independence:

– Governmental Decree of the Kyrgyz Republic on the National Strategy of the Kyrgyz Republic on Illegal Substance Abuse and Trafficking Prevention 1993-1995, signed on 12 July 1993 (ą309);

– Governmental Decree of the Kyrgyz Republic on the National Strategy of the Kyrgyz Republic on Illegal Substance Abuse and Trafficking Prevention 1996-1997, signed on 25 March 1996 (ą129);

– Governmental Decree of the Kyrgyz Republic on Antidrug Efforts, signed on 10 December 1997 (ą725);

– Governmental Decree of the Kyrgyz Republic on Approval of the National Strategy of the Kyrgyz Republic on Illegal Substance Abuse and Trafficking Prevention in the Kyrgyz Republic for the period of 2001-2003, signed on 25 June 2001 (ą293);

– Presidential Decree of the Kyrgyz Republic of 22 December 2004 (PDą445) on the Concept Approval on Illegal Substance Abuse and Trafficking Prevention in the Kyrgyz Republic and the National Strategy for Illegal Substance Abuse and Trafficking Prevention in the Kyrgyz Republic for the period up to 2010.

Since 2007 the leniency process of criminal liability for illegal possession of small amounts of drugs has been in progress in the Kyrgyz Republic. The crime should be committed for the first time and the drugs should be intended for personal use.

The strengthening of prevention activities targeted on drug addicts, who have not committed a serious drug-related offence allowed to shift focus of law enforcement agencies on drug producers, traffickers, dealers and drug cartels, which resulted in an increase in the volume of confiscated illegal substances.

The harm reduction strategy has been implemented since 2000. Syringe exchange points have been opened and in 2002 the substitution treatment programme was launched.

Substance abuse prevention in the Kyrgyz Republic is carried out by public health, educational, law-enforcement institutions, local authorities, civil society, parents and mass media under the care of authorized national agencies on drug control and monitoring. Informational and educational events are carried out every year by relevant Ministries and institutions, local authorities, civil society and international organizations. It has become a tradition to organize annually different campaigns (including campaigns in penitentiary system) with relation to the International Day against Drug Abuse and Illicit Trafficking.

In 2010-2011 there were no campaigns on primary prevention in mass media in the Kyrgyz Republic.

At the same time, in order to draw public attention to the substance abuse problem among young people, presentations and publications in mass media have been organized by the National Drug Centre by the Ministry of Health of the Kyrgyz Republic.

The following presentations and publications should be mentioned:

- "X-Ray" TV programme on «NTC» channel concerning substance abuse problem;
- 6 interviews in Kyrgyz and Russian languages on KTR channel in "Zamana" and "Substance abuse in society" broadcasts;
- TV news programme on «NTC» channel in Kyrgyz and Russian languages about alcohol consumption among adolescents;
- Radio programme «Teenage drinking» on National radio channel in Kyrgyz language;
- 2 interviews on «Manas Echo» radio channel;
- 2 presentations on «Zhalin» radio channel;
- Interview on «NTC» and «Channel 5»;
- articles in «Arguments and Facts» newspaper and 3 articles in «Zaman Kyrgyzstan» newspaper;

Interview in the press agency «AKI-Press»;

- 9 presentations on ĘNR in Kyrgyz and Russian languages;
- 3 presentations on «Zhashtyk» channel.

Employees of the Centre took part in discussions on substance abuse and alcohol consumption in the country's population («Maidan» program on the «Channel 5»).

A private TV channel in co-operation with RDC experts has prepared a documentary about substance abuse, the related problems and consequences.

A documentary about harmful influence of alcohol and tobacco on young human body has been prepared by an international channel "The World".

Moreover, the association «Network for harm reduction» has implemented a project "Media campaigns for harm reduction support in Kyrgyz Republic" in co-operation with the "Soros-Kyrgyzstan" Fund.

Under the campaign, members of the association gave a number of interviews, took part in TV and radio broadcasts in order to improve public awareness of substance abuse, harm reduction programmes and stigma elimination.

Harm reduction events have been regularly described by the association members in the leading news programmes, news portals and e-media.

A training seminar for journalists from traditional and e-media has been carried out in order to increase the information level about harm reduction programmes.

In 2011, in the event framework dedicated to the International Day against Drug Abuse and Illicit Trafficking an integrated plan with 43 items was developed to be implemented across the Kyrgyz Republic. The plan included article publications in mass media, TV and radio programmes on substance abuse and prevention.

With financial support of the "Soros-Kyrgyzstan" Fund an awareness TV spot was created and broadcast in Russian and Kyrgyz languages on "Manas Echo" channel.

The final event was a concert on the city square with the participation of children and adults creative teams, bikers, trapeze artists, sportsmen, stand-up comedians and pop stars of Kyrgyzstan.

Planned actions

Description of action planning process

The representatives of the National Agency of Drug Control and Monitoring by the Kyrgyz Government in co-operation with the Central Asia Training and Information Centre on Harm Reduction (CATIC) and the UNODC Program Office organized a joint session of the Topic Working Group on substance abuse and Cross-sectoral Working Group on substance abuse prevention in the framework of the CADAP Project and MEDISSA component in order to co-ordinate activities in drug distribution prevention and discuss the action plan of the media campaign "Closer to each other – further away from drugs" dedicated to the International Day against Drug Abuse and Illicit Trafficking. The decision was made about the campaign patronage: the campaign should be implemented under the patronage of the Committee of Social Policy of the Kyrgyz Parliament.

Establishment of working group

A working group of 15 members comprising representatives of the participant national and educational institutions and NGOs was established.

The Campaign action plan was developed with the participation of representatives of the Kyrgyz Parliament, National Public TV and Radio Company, Bishkek City Hall and the following Ministries: Youth, Labour and Employment, Internal Affairs, Health, Education and Science, Culture and Tourism.

Main stakeholders

The National Agency of Drug Control and Monitoring (NADCM) by the Kyrgyz government and Central Asia Training and Information Centre on Harm Reduction (CATIC)

Justification for taken decisions

NADCM – is a specialized law enforcement authority, pursuing the integrated policy regarding drugs, psychotropic substances and precursors and coordinating the activity of governmental, non-governmental and international organizations working in the field of prevention in the Kyrgyz Republic.

CATIC is the centre carrying out the activities on harm reduction and having experience in information and training work related to primary prevention.

Campaign brief

A campaign was launched by the National Agency of Drug Control and Monitoring by the Kyrgyz government and Central Asia Training and Information Centre on Harm Reduction (CATIC) in 2012.

Bodies and organizations responsible for particular actions

NADCM is the authorized governmental body on drug control. The National Agency of Drug Control and Monitoring by the Kyrgyz Government (NADCM) develops and implements the national policy on drugs, psychotropic substances and precursors and prevents illegal trafficking; prevents, identifies, prosecutes crimes within the competence of the drug control body by Kyrgyz law; coordinates the activity of executive bodies and local authorities related to drug, psychotropic substances and precursors trafficking and prevention thereof; exercises (to the extent of its competence) control of the legal drug trafficking, psychotropic substances and precursors.

NADCM is a responsible body in the Drug Prevention and Drug Licensing Service (SDPDL). It organized and carried out working meetings and was in charge of events and contests (for journalists and for the best video spot).

SDPDL coordinates the activity of governmental bodies as regards drug prevention; it organizes and realizes the prevention activities and workshops on substance abuse prevention.

CATIC strengthens the potential and coordinates cooperation among the governmental institutions, NGOs and international organisations in the field of harm reduction by educational and information support in the Kyrgyz Republic.

A CATIC specialist, responsible for information resources and communication, was in charge of the campaign logo and media-strategy development, information materials creation and distribution, campaign promotion in the local population, campaign internet survey, cooperation with mass media and TV, printing and placing the posters of the media campaign in public space and organization of a photo show.

Campaign design

Overview of campaign tasks and objectives

In 2012, a nationwide media campaign "Closer to each other – further away from drugs" was

implemented. Strengthening family values was the leading idea of the campaign, which was related to the Year of Family declared by the President of the Kyrgyz Republic and the 25th anniversary of the International Day against Drug Abuse and Illicit Trafficking (26 June).

Main objective – substance abuse prevention among young people with emphasis on major family values. The campaign aimed to intensify joint efforts of governmental bodies and civil society in the field of drug prevention.

Tasks:

- To attract public attention to the issue of proper education of children and adolescents.
- To increase public awareness of substance abuse among young people.
- To promote healthy lifestyle.

Information channels

- Mass media: TV, internet, newspapers.
- Education: workshops, trainings.
- Promotion: events, action, photo show, information stands.

Target group extension: why the whole youth?

There are no ethnic, religious, national and other barriers. In the Kyrgyz Republic the number of young drug addicts grows every year and this growth is mainly visible among young people.

Below, there are official data about registered young drug addicts:

Age	Sex	Number of registered drug addicts
0-14 years	M	2
	F	1
15-17years	M	18
	F	1
18-19 years	M	45
	F	3
20-24 years	M	393
	F	53
25-29 years	M	1123
	F	117
Total		**1756**

Growth trends

Year	Total number	In a state of alcohol intoxication
2010	63	8
2011	202	158
2012	374	235

In 2012, 374 adolescents were tested for drugs and alcohol by the specialist body of the National Drug Centre. 235 of them were in a state of alcohol intoxication. There were 30 girls (14 tested positive) and 344 boys (221 tested positive).

"First experiments with drugs start at the age of 10-12 (5-7 grade of secondary school)."[1]

Developing moral values and personal responsibility for one's own actions could reduce the demand for psychoactive substances among children and adolescents by spiritual development, growth of mutual respect, strengthening positive patriotic potential and promotion of healthy lifestyle. The main accent of the campaign was to address children interests and the participation of adults and children in the promotion of national and family values.

Target audience: children, adolescents and their parents.

Action plan

Overview of activities planned at local level

- Video spots

June 2012 – positive anti-drug video spots development and broadcasting. The spots told the audience about the advantages of drug-free life, success which could be achieved without drugs, happy family moments which could fill the life without drugs. Addressed to three groups of adolescents, children and parents.

- TV programmes

December 2011 – Press-conference in the press agency «24.kg»: "About the launch of the awareness campaign on substance abuse prevention".

June 2012 – Press-conference in KNIA «KABAR» dedicated to the International Day against Drug Abuse and Illicit Trafficking on 26 June about the implementation of the media campaign "Closer to each other – further away from drugs".

July 2012 – TV talk-show «Special opinion» about drug-free life with participation of specialists, experts, drug addicts on the NTS channel.

[1] According to The National Strategy for HIV/AIDS Prevention and its socioeconomic consequences 2012-2016

Discussion on substance abuse problems and possible solutions.

- Press articles

April 2012 – A contest for the best newspaper article on the topic «Closer to each other – further away from drugs » among journalists and journalism students.

13 journalists from the whole Kyrgyz Republic participated in the contest. 44 articles were written.

- Different events

December 2011 – training for journalists: «Increase of information level of mass media representatives on substance abuse, HIV/AIDS and harm reduction programmes». The objective of the event was to increase the journalists' knowledge on HIV, drug demand reduction, harm and mortality, and better involvement of mass media representatives in anti-drug programmes in the Kyrgyz Republic.

March 2012 – a contest for the best scenario for video and audio spot, organized by the members of the CADAP cross-sectoral working group together with the Youth Resources Centre by the Ministry of Youth, Labour and Employment of the Kyrgyz Republic.

April 2012 – a round table devoted to the implementation of the media campaign «Closer to each other – further away from drugs» with participation of the Parliament representatives, involved governmental and international organizations and NGOs. The representatives from 56 institutions took part in the meeting.

May 2012 – the Youth Hand-to-hand Fight Championship of the Kyrgyz Republic with the motto "Kyrgyz youth against drugs" (organizers: NADCM and NAFCC).

May 2012 – a questionnaire survey for secondary school students and their parents in Bishkek in order to define the quality of family relationships. 26 schools and 1 college took part in the survey (610 parents and 790 secondary school students were questioned).

May 2012 – planning legal changes and amendments «About Advertising in the KR», in order to develop opportunities to disseminate social information and advertising in mass media free of charge. (Changes and amendment to the law were passed by the Parliament of the Kyrgyz Republic on 14 March 2013)

June 2012 – booklets for parents and children in Russian and Kyrgyz language were developed and distributed.

The Peace Corps (USA) printed and distributed the booklets in Chuy, Talass and Issiik-Kul regions.

12 kinds of posters were created and printed.

The "AIDS East-West" Fund produced badges with the media campaign logo.

The Alliance of Reproductive Health prepared CDs with movies about substance abuse prevention in the framework of the media campaign.

June 2012 – launch of 8 billboards on the city streets. Billboard space was provided free of charge by the Advertising Department of the City Hall of Bishkek and the UNODC Agency.

June 2012 – opening of the photo show «Closer to each other – further away from drugs» on the front elevation of NADCM and the stands of Bishkek City Hall (on one of the lively avenues of the city).

June 2012 – an event in the secondary school in the village Sokuluk in Chuy region. The event was dedicated to the International Day against Drug Abuse and Illicit Trafficking. The event was organized by the UNDP and NGOs and was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria. 60 secondary school students from 6 schools from the Sokuluk village took part in the event.

September 2012 – organization of several events in Ken-Bulun village in Chuy region (anti-drug sports event, prevention training for teachers and pupils). The events were carried out upon initiative of the regional Police Department. 4 schools, over 1000 pupils and 60 teachers, took part in the events.

October 2012 – questionnaire surveys among secondary school students and their parents about the impact of the implemented family relationships campaign.

Final Ceremony: 26 – 29 June.

Round table «Anti-drug Policy of the Kyrgyz Republic: integrated and balanced approach», organized by the UNODC. The CATIC was awarded with a diploma of the Social Policy Committee of the Kyrgyz Parliament and the NADCM for the contribution to substance abuse prevention and cooperation in the KR. The Head of the CATIC was awarded a medal «Honorary member of NADCM».

Opening of the photo show «Closer to each other – further away from drugs» in the foyer of the Kyrgyz T. Abdimomunov Drama Theatre.

Awarding journalist winners in the contest for the best presentation of substance abuse prevention activities.

"Takdir" theatre performance about the destiny of a drug addicted young man and the tragedy in his family. The performance was seen by more than 600 people.

Youth concert in the park (open air) «Closer to each other – further away from drugs». This event gathered more than 1000 spectators.

Action implementation

The decision about awareness campaign was taken on 29 December 2011. The campaign was completed on 29 June 2012. Afterwards prevention

activities were carried out under the awareness campaign.

Importance of cooperation between the leading NGOs (CATIC) and governmental structures, the choice of main programme stakeholders.

Cooperation between NADCM and CATIC helped to organize joint workshops and trainings in the Kyrgyz Republic in order to consolidate cooperation in the substance abuse prevention field between governmental institutions, NGOs and mass media.

Description of actions taken in the scope of local media campaign – what was done and to what extent (e.g. what was the role of celebrities, how many and which TV spots were broadcast on TV, how many TV/radio programmes were broadcast (e.g. round tables), how many newspaper articles appeared in the framework of the campaign, how many billboards were placed and where, how the dialogue with youth was conducted, which information channels were used, etc.)

Many famous actors, TV presenters, musicians, singers, ballet dancers, sportsmen and children participated in several social anti-drug spots. The spots were about drug-free life: advantages, successes and happy moments with family to be achieved without drugs.

The spots were broadcast on 7 national TV channels: «KTR», «NTS», «Channel 5», «WORLD», «NBT», «Ala TV», «Smart TV», number of runs - 633, duration 468 min (7.8 hours).

The video spots were placed on the Internet, they received over 3000 reviews.

Journalists were invited to write about the campaign events. Over 50 articles were written.

12 kinds of posters were created and printed (3 400 copies). Campaign materials were distributed during campaign events, at schools and education departments of Bishkek and other regions.

The dialogue with youth was carried out during campaign events, educational workshops and questionnaire surveys.

Information channel: TV, Internet and press.

Information on educational materials produced for the sake of campaign – leaflet and other supporting gadgets.

Booklets for parents and children were printed in Russian and Kyrgyz languages:

10 000 copies in Kyrgyz and Russian for parents;

4 000 copies in Kyrgyz and Russian for children;

The Peace Corps (USA) took care of printing and distribution in the population of Chuy, Talass and Issik-Kul regions (14 000 copies).

12 kinds of posters were created and printed (3 400 copies).

The "AIDS East-West" Fund produced badges with the campaign logo (300 pieces).

The Alliance of Reproductive Health prepared CDs with movies about substance abuse prevention in the framework of the media campaign (500 copies).

Total cost of the action.

The total cost of the campaign was 30 389 EURO.

The sources of financing including MEDISSA contribution and cost distribution.

CADAP-5 input in media campaign implementation – 7 494 EURO

Stakeholders input – 22 895 EURO

The topic of the campaign financing emerged at the first meeting of the working group.

Governmental institutions and NGOs working with youth took active part in volunteers' engagement in co-organization of mass events.

Problems and solutions

Possible changes and amendments to the Law «About Advertising in the KR» were discussed at working group meetings. The changes and amendments were suggested in order to develop opportunities to disseminate social information and advertising in mass media free of charge. (Changes and additions to the law were passed in The Parliament of the Kyrgyz Republic on the 14 March 2013 and not during the campaign)

Coordination of TV spots broadcasting on national and private TV/radio channels free of charge. The TV spots were broadcast with the help of multiple efforts of NADCM and CATIC.

As main campaign events were carried out during summer holidays, it was difficult to attract target audiences. All stakeholders were busy reaching the target audience (including Ministries and Departments, NGOs dealing with youth and education).

Sustainability of local campaing experiencs and activities

Description which campaign elements/parts will be used or implemented in the future in Bishkek and Kyrgyzstan

- Planning

Cross-sectoral approach in planning: participation of governmental and international institutions, NGOs and mass media.

- Implementation

Positive approach in information campaign implementation.

Active participation of parents and teachers in substance abuse prevention among their children and school youth by creating and sustaining a closer and deeper dialogue.

Holding workshops for prevention specialists in governmental institutions and NGOs (clerks, journalists, teachers, social workers, parents) to exchange experiences and knowledge.

CONCEPT AND IMPLEMENTATION OF LOCAL ACTION IN DUSHANBE

Sharapov Asatullo – Ministry of Health

Introduction

Dushanbe is the capital of Tajikistan, the biggest city, political, cultural and economic centre of the country. The name Dushanbe means "Monday", because before the city was established there used to be a big market place on Mondays instead. Dushanbe was established in 1922 as the capital of Tajik Autonomic Soviet Social Republic.

Today, Dushanbe is the biggest economic, cultural and industrial centre of the country. The population of the city is around 1m. More than 80% of the population are of Tajik origin, the rest of the population are Uzbeks (around 9%), Russians (around 5%) and other nationalities (around 2.4%). Most of the population of Dushanbe and Tajikistan are Muslim. Dushanbe is often called the city of youth, because young people make up the majority of the city's residents.

Dushanbe is located in the heavily populated western part of the country at the elevation of 800m above sea level in Gissar Valley.

The climate of Dushanbe is extremely continental with hot and dry summers and damp and cold winters. The Dushanbinka River flows through the city to feed the artificial Lake Komsomolskoye, situated in the city centre. Varzob Clove is situated north off Dushanbe. Dushanbe's architecture is mainly Soviet type. The symbol of Tajik State carrying the idea of civil accord, national reconciliation and unity is represented in the monument of Ismail Samani.

There are 7 theatres, 6 museums, 10 stadiums in Dushanbe. On Rudaki Avenue in the centre of the city there is the National Ferdowsi Library. Book collection consists of 2m books in many world languages. The real treasure is a collection of books from the ancient Orient, including 2 thousand manuscripts of Rudaki, Ferdowsi, Avicenna, and Saadi.

Dushanbe is divided into 4 administrative districts. Each of them controls educational, public health and other institutions situated there. More than 374 family and adolescent doctors are working in 13 health clinics in Dushanbe.

There are more than 212 thousand students attending high schools, universities and technical colleges in Dushanbe. There are 131 secondary schools, including 16 gymnasiums and 5 lyceums. Moreover, there are 8 private schools in Dushanbe. Altogether there are more than 166 537 pupils in all secondary schools in the city.

All the above listed schools are divided as follows:

21 secondary schools are situated in I.Samani district, 44 schools are in Sino district, 27 in Ferdowsi district and 26 in Shah Mansur district.

Prevention background

Drug production in Afghanistan has an extremely negative impact on substance abuse in Tajikistan. The common border is very long (1344 km) and difficult to control. The number of registered drug addicts in Tajikistan is 7 245 people (data as at the end of 2012) in the whole country, including 4 884 injecting drug users. On the other hand, an estimated number of drug addict in the whole country could reach 25 000. The number of heroin addicts is 5 882, opioid addicts – 710, cannabis users – 305. Polydrug addiction is diagnosed in 348 cases. The average age of drug addicts:

– 1 093 aged 18-29,
– 6 088 aged 29-59
– 64 aged over 60

Substance abuse poses a serious danger to human health and life. Drugs are quietly available in the young environment. As a child grows up, so does the risk of contact with peers, experiences of substance abuse (alcohol, tobacco, etc.), or addicted youngsters. "Fashion" and subculture trends with a strong support of mass media, Internet, art and literature promote substance abuse directly or indirectly.

Non-verbal and subconscious educational process is very important for smaller and bigger children observing the behaviour of their parents. For instance, it gives positive or negative example for

smoking or drinking alcohol. Weak family ties, lack of time and interest in the educational process and the lack of knowledge of drugs are the major risk factors which foster poor resilience of adolescents to substance abuse.

It is important to mention that reasons for the rise in substance abuse are linked to many dimensions of social life: economic, cultural, legal, medical, educational, spiritual, etc. Consequently, problem identification and needs satisfaction require complex measures, including wide cooperation of national organizations and institutions, NGOs and international agencies.

Preventive activities are carried out under a common action plan for substance abuse prevention, which has been developed by respective stakeholders, including the Ministry of Health of the Tajik Republic, Presidential Agency for Drug Control and Monitoring, Ministry of Internal Affairs, Tajik Ministry of Education, Presidential Youth, Sport and Tourism Committee, Women and Family Committee by the Tajik Government, Radio and TV Committee by the Tajik Government.

In order to improve awareness of substance abuse and its consequences, dedicated printing materials such as books, booklets, calendars and leaflets are developed by specialists from the National Centre of Substance Abuse Monitoring and Prevention of the Tajik Republic. Many events (such as meetings, training courses, workshops) are organized for the target audience.

Annually, in connection with the International Day against Drug Abuse and Illicit Trafficking, mass events are carried out by the Ministry of Health in cooperation with the Agency for Drug Control and Monitoring, such as round tables for discussions about substance abuse, different contests and quizzes, TV shows. Many sport and cultural events with the participation of famous theatre groups and music celebrities are organized all over the country.

In the last several years the Agency for Drug Control and Monitoring in cooperation with the OSCE Agency in Tajikistan has been implementing a joint project entitled "Substance abuse prevention programs in different cities and regions of Tajikistan". Under this project many mass cultural actions are carried out under the slogan "Tajikistan against drugs". A team consists of representatives from ADCM, health specialists, drug professionals, people of art, culture, religion and education.

Specialists from the ADCM and MH of Tajikistan (together with other interested organizations) organize discussions about combating illegal drug trade and substance abuse prevention activities at high schools, colleges and secondary schools.

Concerning the role of religion in the Tajik society, meetings with mosque and church congregations are held by the Religion Committee of the Tajik Republic. During these meetings many interesting topics are discussed (for example healthy lifestyles, spiritual and moral values among young people, etc.).

Planned actions

Action planning

The process of planning awareness campaigns started in 2010 during the first MEDISSA workshop. At that workshop participants from various ministries and organizations discussed reasons for substance abuse and prevention activities.

The campaign topic was in line with the National Policy and new law, which strengthens the family and defines its rights and obligations. The President of Tajikistan signed the "Law of Tajik Republic for parental responsibility in children's education » (2 August, 2011, 762), which covers bigger parental responsibility in substance abuse prevention.

Parents of adolescents of 7-11 grades were chosen as the main target audience for drug abuse prevention among adolescents during the first workshop because substance abuse often begins at this age. Taking into consideration the relationship between parents and teachers, the latter were chosen to be the main group to work with parents.

The workshop participants developed a preliminary action plan. The main topic was "Parental responsibility in substance abuse prevention among adolescents". The motto of the campaign was « **Closer to each other – further away from drugs!**» A cross-sectoral working group was created from representatives of the main partners, including the National Centre for Substance Abuse Prevention and Monitoring, Ministry of Health, Presidential Agency for Drug Control and Monitoring, Tajik Ministry of Education, Presidential Youth, Sport and Tourism Committee, Women and Family Committee, by the Tajik Government, Religion Committee by the Tajik Government and mass media.

In February 2012, there was a workshop organized with the support of CADAP experts. Participants discussed the progress of the awareness campaign and planned a questionnaire survey for school youth and their parents. The responsible partners were chosen for concrete activities. In May 2012, there was another workshop where participants discussed the implemented activities, corrected the action plan and suggested additional activities for better effectiveness of campaign results. For example, a workshop for religious leaders and additional TV and radio spots broadcasting were planned.

A specific campaign action plan was also discussed by the members of the working group. All priorities and financial means were taken into account. The responsibility for the campaign implementation was given to experts from the National Centre for Substance Abuse Prevention and Monitoring, which coordinates the work of national and non-governmental organizations dealing with drug demand reduction.

The representatives of mass media were responsible for developing and broadcasting TV and radio programmes. Members of working groups from NCSAPM, ADCN and education departments of Dushanbe were responsible for teacher workshops and parent meetings. The members of working groups from Women and Family and Religion Committees organized workshops on "The responsibility of parents in substance abuse prevention among young people" for female religious leaders from 4 mahallas in pilot districts. A questionnaire survey among pupils and their parents was planned in 70 selected schools for campaign evaluation to be conducted together with the Ministry of Education.

Campaign design

The main topic of the campaign was the active role of parents in substance abuse prevention among adolescents by creating a dialogue with their children and supporting the family relationship.

The aim of the campaign was to develop specific parental educational skills and deepening their emotional and cultural relationship with their children.

During the campaign parents were asked to spend more time with their children and communicate with them openly. The expected outcome of the campaign was to improve knowledge about drugs and substance abuse among young people and factors which influence this phenomenon.

The campaign was based on the message that parents could and should support their children in substance abuse prevention. There is a need to create good and open family relationships from the very beginning and follow the emotional development of kids in order to understand their needs and increase educational and communicational resources of parents.

In order to implement the awareness campaign, members of the MEDISSA working group chose 8 secondary schools from 2 districts of Dushanbe, including centrally located Shah Mansur district and Sino district (more distant from the city centre).

In order to achieve the main goal of the campaign, the principle of constant multiple presentation of information was used. Several channels were chosen, for example broadcasting TV and radio spots, printing and distributing brochures and T-shirts with the campaign logo and slogan, organization of parent meetings, public events, theatre contests, workshops, etc.

Other channels were also used for effective implementation. Religious female leaders from mahallas took an active part in the campaign. They were able to present prevention information to the parents during various traditional cultural events. Parents were given the same consistent information about campaign objectives, target audience and action plan.

In order to co-ordinate the preparatory process, cooperation of wide range of stakeholders was established (national organizations, mass media and local and international NGOs).

The final questionnaire survey for pupils and parents from the selected schools was prepared to evaluate the campaign results.

The Campaign was based on the following principles:

- Substance abuse is not limited to isolated groups in society.
- The campaign should not provoke aggression and intolerance towards drug users and drug addicts and their families.
- Images of needles and syringes should not be demonstrated during the campaign.
- Simplified slogans and associations should not be used in the campaign.
- The campaign should not provoke conflicts with parents or turn children against them and vice versa.

Different questions regarding the campaign materials and their distribution through various channels were discussed in the campaign development phase. The following materials and information channels were considered effective, popular and accessible for the target audience and chosen among different proposals at the workshops and working group meetings:

- TV spots (30 and 40 minutes) to be broadcast on Djahonnamo channel, TV Safina and SMT (independent TV channel).
- TV programmes featuring specialists, parents and children on TV Safina and Bahoriston.
- Preparation and broadcast of radio spots on Votan and Tajikistan radio channels.
- Contests for journalists and schoolchildren for the best theatre performances about substance abuse prevention.
- Organization of parental meetings with specialists from NCSAPM, ADCN in pilot schools.
- Discussions with parents at school meetings conducted by trained teachers.
- Teaching female religious leaders how to disseminate information among parents.

- Theatre performances for parents prepared by schoolchildren.
- Brochures for parents.
- Articles on the website of the Ministry of Health.

Action implementation

Local campaign

The awareness campaign was carried out in April-June 2012. Some of the events, for example, TV spots and TV programmes were broadcast for 6 months.

The following events were organized in the framework of the campaign:

2 TV 40-minute spots named «The Old Man» and «Growing up alone» were developed in cooperation with the MEDISSA experts and adapted in accordance with the local cultural context. They were broadcast 3 times a day during 3 and 6 months (April-September 2012) on SMT and Safina channels.

4 TV programmes, report and TV story were developed in cooperation with specialists from the Ministry of Health, Ministry of Education and ADCN and broadcast on Safina TV in May-June 2012.

«Nadjot» radio broadcast (about substance abuse) was transmitted on Vatan radio 3 times a day, 6 days per week, for 8 weeks in April-June 2012. The representatives of NCSAPM participated in the programme as experts and guests. 5 days a week (Mon-Fri) the programme presented useful information about substance abuse and health consequences. Each Saturday there was an evaluation programme live, when the audience answered questions about the problems discussed during the week. Correct answers were awarded with prizes.

A contest for the best theatre performance was organized on 15 April 2012. The topic of the contest was "Parental responsibility for substance abuse prevention among adolescents". Amateur theatre groups from Dushanbe secondary schools No. 15, No. 55, No. 60, No. 82, No. 90, No. 93 were invited. Each school prepared one performance for the contests and several sketches. Jury comprised of the partners' representatives watched all performances and selected winners by means of marks. The winners were awarded.

The contest among journalists was organized by ADCN and Journalist's Union of Tajikistan in May-June 2011. The topic of the contest was «The world without drugs». More than 80 representatives of TV, radio and press took part in the contest. The objective was to improve public knowledge and information level about the fatal consequences of substance abuse and promote a healthy lifestyle through mass media. As a result of this event, more than 50 articles and TV programmes on substance abuse were reviewed. The jury awarded 9 of them. The best materials were posted on the ADCN website.

The specialists of NCSAPM and ADCN conducted workshops for 160 form teachers in the senior school in Sino and Shah Mensur districts. The topic of workshops was "Parental responsibility in substance abuse prevention among children". The objective was to improve the teachers' knowledge on substance abuse prevention and improve their methods of information dissemination among parents about their role in substance abuse prevention during planned parent meetings and special trainings. Trained teachers received brochures "Guidelines for substance abuse prevention. Working with parents". Guidelines were prepared in cooperation with CADAP experts and adapted according to the recommendations of school teachers. These guidelines are used by trained teachers during educational meetings and discussions with parents about substance abuse prevention.

4 workshops about parental responsibility in substance abuse prevention were held for 160 female religious leaders in cooperation with specialists from NCSAPM and ADCN, Religion Committee and Women and Family Committee in order to improve their knowledge about substance abuse. Trained religious leaders had an opportunity to make a strong contribution in substance abuse prevention by informing parents about potential dangers during traditional cultural events. The workshops were held in mahallas in pilot districts in Dushanbe. The participants were extremely interested and recommended this kind of workshops to be carried out in all districts of the city.

On 25 June 2012, an awareness event under the slogan "Closer to each other – further away from drugs" was organized. It was devoted to the International Day against Drug Abuse and Illicit Trafficking and organized under the guidance of the NCSAPM in cooperation with international agencies and partners to the CADAP program. A quiz about substance abuse prevention, theatre performances about parental responsibility in the prevention process were held during the event. T-shirts with the campaign logo were distributed among active participants of the event and awards were given to winners. More than 200 participants received information about substance abuse prevention.

16 public school meetings in 8 pilot schools were organized in 2 phases. 4 000 parents, teachers and pupils took part in the meetings about "First symptoms of substance abuse" and "Early intervention and substance abuse prevention". During these meetings drug problems and parental responsibility in substance abuse prevention were discussed.

Educational materials were given away during the meetings

In order to evaluate the campaign results, a preliminary (February-March) and final (September-October) questionnaire surveys were held among 2 000 pupils of 7-11 grades and their parents in the pilot schools of Dushanbe. These actions were supported by the Ministry of Education and specialists from the NCSAPM. Prior to the questionnaire survey, short workshops (1 workshop in each of 4 city districts) for project leaders were carried out. The leaders were instructed on campaign objectives and the survey procedure. During workshops teachers were given questionnaires for their pupils and their parents, which were completed and given back to the district departments of education in order to be evaluated further in the project. The results showed that campaign effectively communicated to the parents the need of good and healthy relationship with their children in the educational process and substance abuse prevention among adolescents.

A workshop for members of the MEDISSA working group was held in November 2012. The group comprised specialists from the Ministry of Health, Ministry of Education, ADCN, mass media representatives and other stakeholders interested in the campaign evaluation. The survey results were discussed. Group and individual interviews with parents, journalists and members of the MEDISSA working group were held.

1 600 information brochures for parents about substance abuse prevention were printed in Russian and Tajik and distributed in the target audiences through trained teachers.

3 400 brochures about substitution treatment were printed and distributed among patients of the Outpatient Treatment Centre and their families. The distribution was organized through trained substance abuse professionals and specialists in Dushanbe clinics, outpatient centres and NGOs working with drug addicts. The brochures provided a wide range of information about substitution treatment. Drug addicts could obtain knowledge how and where the treatment could begin.

The CADAP contributed to the financial support to conduct the awareness campaign. This support covered the following expenses:

– contest awards for journalists (best article), schoolchildren (best theatre performance),

– awards for quiz winners,

– radio and TV spots development,

– printing of information materials (including brochures for parents and OTC),

– organization of events and workshops for religious leaders and teachers,

– preparation of T-shirts with the campaign logo,

– production of banners, etc.

The partners provided free air time for broadcasting TV spots and programmes, organized workshops for religious leaders, provided classrooms, halls and settings for workshops, parent meetings and theatre performances free of charge.

In order to obtain additional financing, different international partners were involved. These were the organizations working in prevention field. As a result, a strong support was given to the purchase of prizes and sponsorship of music programmes, which were prepared for the event dedicated to the International Day against Drug Abuse and Illicit Trafficking.

Information support for the promotion of substitution treatment

With support of the Global Fund UNDP and UNODC, the first website for a pilot programme on substitution methadone treatment was launched in Dushanbe in February 2010. Later on, two more sites were opened in the cities of Chudjanda (Sogdi region) and Chorog (Upper Badahshan Autonomic region) in December 2010 and in June 2011 respectively. 102 drug addicts in Dushanbe were in methadone treatment in OTCs at the beginning of 2012.

In the framework of the MEDISSA component, workshops for website administrators and partners were carried out. The workshops were dedicated to the implementation of local awareness campaign on substance abuse prevention and an increase in demand for opioid substitution treatment in Dushanbe. Trained family doctors referred their patients to substitution treatment. 3 400 brochures about substitution treatment were distributed These brochures contained information about the advantages of the substitution treatment.

Meetings with doctors of healthy lifestyle centres were carried out in order to provide information about the substitution treatment, its advantages and disadvantages. By the end of 2012, the number of substitution treatment patients increased to 142 (45 %), which might confirm positive results of the campaign.

Problems and solutions

As it was discovered during media planning, not all suggested events (printing educational materials, organizing contests and quizzes, creating and broadcasting radio and TV spots) could be implemented due to the lack of financial resources. This problem was discussed in the working group and after verification of planned expenses a partial financial support was given by the CADAP 5 Program. As it was mentioned above, the insufficient

resources were obtained by involving international partners and mobilization of the local resources. The action plan had to be revised according to priorities, partners' capacities and available funds.

Another problem for the campaign development and implementation was no internet connection or its serious limitations. Therefore, members of the working group organized regular meetings in order to discuss current problems and the action plan.

In order to simplify the organization, regular meetings were carried out in the offices of working group members. Other specialists from partner institutions were involved in the organization of events.

Difficulties with the questionnaire survey among more than 2 000 pupils and their parents were solved after an order was sent from the Ministry of Education to the municipal government and district education departments of Dushanbe to support the programme. As a result, specialists from district education departments were able to help in the survey.

Sustainabillity of local campaing experiencs and activities

The campaign experience and positive evaluation proved the following methods to be effective in the campaign's implementation:

- First campaign addressed to parents carried out on a large scale.
- Involvement of different partners and organizations.
- Campaign based on positive information (family ties, strengthening of family, attentive attitude to children).
- Integration of schools into communication with parents.
- Careful instructions for teachers about substance abuse prevention (highly appreciated).
- Engagement of family in prevention in a more active and attractive way.
- Following the main idea of the campaign (problems of target audience).
- Distribution of guidelines for teachers for educational discussions with parents.

The campaign's main topic met the governmental needs and policy. The campaign was supported by the Ministry of Education, Ministry of Health, ADCN and different Committees. The sustainability of the campaign's results was also possible through the involvement of teachers working constantly with children and meeting their parents on a regular basis.

Lessons learned for further improvement and effectiveness of media campaigns

- Campaign activities should be implemented in other regions of the country including countryside.
- Necessary quantity of informational and educational materials has to be prepared and distributed (posters, leaflets, booklets, magazines).
- There is a need of financial support both from the government and other sources.
- Sufficient time should be set for the campaign design in the future.
- There should be some kind of incentives for parents (e.g. T-shirts).
- TV programs should be more attractive and involving more people from the target audience.
- TV spots should be produced by professional companies in cooperation with prevention specialists.
- Cooperation with various organizations brings better results.
- Help line should be established for information and consulting purposes.
- There should be an opportunity to receive online counselling and access a substance abuse prevention and treatment programmes database.
- Modern technologies should be used for communicating with parents, if possible.

CONCEPT AND IMPLEMENTATION OF LOCAL ACTION IN ASHGABAT

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Ashgabat is the capital of independent and neutral Turkmenistan. It is the biggest administrative, political, transport, commercial, scientific and cultural centre of the country operating as a distinct administrative entity with the rights of "velayat".

The city is located in the southern part of the country, 25 km away from the Iranian border in the Turan Valley, in the Akhal oasis in the Kopetdag plain and is surrounded by the Kopetdag Mountains from the south and Karo-kumy Desert from the north. The elevation is 214-240m above sea level.

Ashgabat is divided into 5 administrative "etraps" (districts): Azaltik, Kopetdag, n.a. President Nijazov, Chandybyl and Archabyl. According to statistical data, the city's population accounts for 12.7% of the country's total population (5th among all regions). (National Statistics Committee of Turkmenistan, 2012)

The municipal and national governments place particular emphasis on the construction of new schools and kindergartens, comfortable apartments, sports centres as well as the provision of urban amenities and green areas.

The public transport system of Ashgabat comprises road, railway and air infrastructure. Ashgabat is the biggest communication centre of Turkmenistan with well-developed television, radio and digital satellite communication systems.

The capital is a huge commercial centre. Ashgabat's share in the country's retail sales volume stood at 51.1% in 2011. (National Statistics Committee of Turkmenistan, 2012)

Public services were being constantly developed in 2011. There were 22.7 thousand students in 18 high schools and 80.2 thousand pupils in 97 middle schools. There are many huge scientific and project institutes in Ashgabat. According to the 2011 data provided by the Ministry of Health, the number of family doctors in Ashgabat stood at 419 accompanied by 3.4 thousand paramedic staff. The number of beds in hospitals was 3.9 thousand. An average living space per citizen was 16.4m^2 per person in 2011 (National Statistics Committee of Turkmenistan, 2012). The capital of Turkmenistan is a cultural and sports centre with 6 theatres, 5 museums, National Library of Turkmenistan, modern and comfortable sports facilities, including Olympic stadion, Olympic pool, Ice Palace and hippodrome.

6 middle schools were chosen for the campaign purposes ("Closer to our children – further away from bad habits") in Ashgabat. All of them were located in the Azaltik district. Main markets are situated in this district, including the famous tourist site – the Oriental Bazaar, a wholesale food market Gundogar, etc. Two mosques are also situated in this part of the city. One of them (the main one) was involved in the campaign activities. Moreover, a health centre which provides services for most district residents was also involved in the campaign implementation.

Introduction

Short summary about prevention activities and family role in educational process of adolescents and prevention of bad habits among adolescents

The President of Turkmenistan plays an active role in implementing the policy against bad habits and almost all organizations, including educational and medical institutions, law enforcement authorities, NGOs and religious representatives are involved in educational and informational activities for the promotion of healthy lifestyle without drugs, alcohol and other psychoactive substances. Thanks to the effective policy in this direction, drugs are not available in the society; alcohol and tobacco are limited in retail trade and are not available to adolescents.

Family plays an important role in problem behaviour prevention in educational process. Weak family ties, lack of time for children, lack of interest in educational process, lack of information about

bad habits are among major risk factors. Non-verbal and subconscious education is very important in parenting. A child observes the behaviour of his parents and can clearly see adults drinking alcohol and smoking. Very often parents underestimate the importance of their own behaviour and their bad habits in the parenting process. Adults are convinced that they have the right to do certain things because they are adults.

Preparatory work and campaign design development

Educational campaign "Closer to our children – further from bad habits" was the result of a range of workshops in the working group in co-operation with the MEDISSA component experts of CADAP 5 from Poland. First workshops were attended by representatives of the Ministry of Health, Education, Internal Affairs, members of the National Service for Drug Prevention, religious leaders and NGO members. A pilot district with 6 schools in Azaltik "etrap" was chosen as a result of workshop discussions. The nearest health centre and the mosque covering the population of the district were chosen as well. The working group was formed from the representatives of the Ministry of Health, City Department of Education, school deputy headmasters, responsible for the organizational work in the chosen schools, 2 family doctors from the health centre and religious leaders from the chosen mosque. The Makhtumkuli Youth Organization of Turkmenistan played a leading role in the campaign implementation.

There were 3 workshops in the CADAP framework dedicated to the campaign development and problem behaviour prevention and 2 additional workshops about work with youth at risk and mass media which should describe the problem of substance abuse in the right way. Local cultural context, Polish experience and the ways of its implementation in the campaign were discussed during the workshops. A study visit to Poland for 3 representatives of the working group was organized within the framework of the CADAP Program. 3 representatives of the Ministry of Health, Information Centre "The Health" and Democratic Party of Turkmenistan had an opportunity to get acquainted with operations of the Polish National Bureau for Drug Prevention, where CADAP experts work, and experience the methods of drug prevention.

Next step was the campaign and action plan development which had to be approved by the government of Turkmenistan.

Campaign design

The main assumption for the campaign implementation was that parents could and should support their children in problem behaviour prevention, substance abuse in particular. There is a need to create good and open relationships in family from the very beginning and follow emotional development of kids in order to understand their needs and increase education and communication resources of parents. Moreover, adults could and should motivate other family members to cease bad habits and, if necessary, enter treatment which is free and available across the country.

Assumptions for campaign implementation:

Assumptions why young people try psychoactive substances:

- If parents and other family members do not have enough time for their children, an adolescent alienates from his parents and tries to find support and new experience among his peers.
- Adolescents are curious (natural state of mind) and start to experiment with psychoactive substances. They can get used to them and become addicted.

Assumptions for parental behaviour:

- Many parents and other family members do not have time for their children, they work too much and children grow up in families with a lot of stress, they do not feel safe and confident. Sometimes, psychological needs of children are ignored. As a result, children fail to get enough attention and care which they would like to have from their parents.
- Parents and other family members often do not have basic information about the harmful consequences of substance abuse.

During discussions in the working group it was decided that events and campaign atmosphere should follow certain principles:

1. The problem of bad habits is not limited to isolated social groups.
2. The campaign should not provoke aggression and intolerance to drug users and drug addicts and their families.
3. Images of needles and syringes should not be shown in campaign materials.
4. Simplified slogans and associations should not be used in the campaign (for example, drugs=death).
5. The campaign should not provoke conflicts with parents or turn children against them and vice versa.
6. Demonstration of specific items and drug use process should be avoided in the campaign.
7. The Campaign cannot have negative side effects.

The main topic of the campaign was an active and significant participation of parents in the prevention of bad habits of children by raising their

awareness about their role in the prevention process, improving their communication skills with their children and knowledge about psychoactive substance prevention and treatment.

Campaign objective – to increase the quality of relationship between parents and adolescents and strengthen family values.

Main idea of the campaign: If parents and other family members support their children and if children trust parents and ask their advice in difficult situations, there will be no need to experiment with drugs. Quality, confidential, open and deep family relationship will guarantee success. We can defend our children against negative models of behaviour and addiction in the following way:

- Increasing confidence of parents and developing solid, deep and quality relationships in the family, based on mutual understanding;
- Persuading parents to spend more quality time with their children, developing close relationship with children
- Showing parents the need to improve their knowledge about bad habits and develop negative attitude towards them.

Target audience – the main target audience for campaign were children and aged 12-20, their parents (mother, father) or guardian between 30 and 55 years old.

6 schools in Azaltik "etrap" of Ashgabat were chosen (northern part of the city). Schools were situated near each other. The number of students at schools ranged from 800 to 1500. We chose 6-10 grades, 200-300 pupils from each school. The campaign included around 1500 participants.

Time of the campaign had been planned between 7 April and 13 June 2012. The time was chosen after considering the following factors:

– every April 'the healthy lifestyle week' is organized. (7 April –Health Day).

– The time fitted into the school time schedule (spring school holidays last till 1 April).

– Unfortunately, this time frame had a disadvantage because of summer holidays, exams and the end of school year.

Action plan:

After the government's approval of the campaign, a detailed action plan was developed, including objectives, goals and tasks of each participant of the working group. The campaign schedule was defined and financing for the campaign implementation was approved. The working group together with the CADAP 5 experts also developed an evaluation and monitoring system.

The action plan was prepared in cooperation with the CADAP 5 experts. The plan included the following activities:

– Creation of campaign brief.

– Creation of campaign materials, TV spot, brochures, questionnaires for parents and other materials (T-shirts and bags with the campaign logo and slogan).

– Organization of parent meetings at senior classes (6th to 10th) in the chosen schools.

– Launch of helpline and consultation centre in the Health Centre No. 3 to solve problems in the parents-adolescents relationships.

– Discussion of campaign topics with parents held by family doctors during regular consultations;

– Conversations about the parents-child relationship and the role of parents in bad habit prevention carried out by Imam from the Azadi Mosque.

– Participation of mass media in promoting the campaign to attract attention to the campaign message on TV and in newspapers.

– Final event.

Campaign implementation

Materials

Questionnaires: Pre-test and post-test questionnaires for parents and pupils were developed, translated into Turkmen language, and printed. They included questions about time spent with children on a daily/weekly basis; types of problems discussed between parents and children; the possibility of open dialogue about sensitive and difficult issues, such as first love, conflicts with friends, first experiences with psychoactive substances, etc. All questionnaires were anonymous.

The guidelines for parent meetings for tutors and **materials** for parents were prepared and translated into Turkmen language**. The guidelines** included a detailed plan of the meeting: duration, necessary materials, role of the teacher and step by step meeting agenda. Materials for parents included information and questionnaires which should provoke adults to think about their relationships with children.

Campaign logo: Campaign logo was developed by "The Health" Information Centre of the Ministry of Health and Medical Industry while working in the CADAP 4 program. The same logo with slight changes was suggested and approved for the campaign by the working group.

Brochures: A brochure for parents was created. The brochure included information about knowledge and behaviour needed to prevent bad habits and substance abuse among children. The information about first signs of substance abuse and changes in adolescent behaviour was placed in the brochure. Moreover, the brochure included information where parents could get help if their children are in danger.

The brochures were distributed among parents at schools, in the Health Centre and by the Youth Organization and "The Health" Information Centre.

T-shirts and bags with the campaign logo and slogan were created and prepared for distribution. Upon the working group's initiative, the bags were handmade by a group of mothers of large families, whose children attended the campaign schools. The bags and T-shirts were distributed during parent meetings and the Final Event. On the one hand, this helped to attract interest to the campaign events and improved attendance, and promote the campaign idea in the target audience on the other.

A TV spot was prepared by a professional unit of "The Health" Information Centre. The spot was featured in a Sunday TV program "The Health" and broadcast 2 times. The spot was also broadcast during the Final Event. At present, the TV spot is planned to be given to "The Health" Information Centre to be used for prevention activities across the country.

Banners for the Final Event were printed.

Parent meetings were carried out twice in the course of the campaign. The first meeting was carried out during the second week of April (April, 7-15). Depending on schools' approval, meetings were held either in each class by the teacher, or parents from several classes of the same grade were invited (7th, 8th etc.). In the latter case the meetings were organized in a school hall with the presence of several teachers and organizers.

The meetings closely followed the guidelines (see attachement in this book) and lasted 90-120 minutes. Members of the working group – deputy principals from each school – prepared trainings for teachers of senior classes and controlled the process.

The first questionnaire was completed at the beginning of April (April, 7-11). During the first meeting parents were asked to fill in the pre-test. Pupils also filled in the pre-test during a special class. The second questionnaire (post-test) was completed in the second part of May (May, 15-20) during regular parent meetings (out of campaign framework). Pupils were asked to fill in the second questionnaire, too. In this way it was possible to evaluate the level of parental knowledge and their attitudes in the context of topic and aims of campaign and verify campaign effectiveness.

T-shirts, bags and brochures were distributed during parent meetings.

School staff and parents considered the meetings to be interesting and different from the normal ones.

During 2 months (May-June) an anonymous consultation centre and help line were opened in the Health Centre ą3 and its subsidiaries located in the pilot district. Two family doctors additionally provided consultations and answered phone queries. Moreover, they discussed the campaign with their patients during their field work. Family doctors also kept a diary in which they registered the phone calls, asked questions, including gender/age information of the callers.

The number of phone calls increased at the end of the first and during the second month. The number of people coming for advice was low. There were mainly employees of the Health Centre. The total number of phone calls and visits to both doctors was around 80. The callers were mostly female (81%). Questions varied and mainly concerned the relationship between parents and children. In some cases, women needed advice about their relationship with husbands. Doctors stressed that discussing problems with relatives and friends is a new experience in our culture. The time spent answering the phone calls was 4 full working days, the number of calls was not high. Nevertheless, consultations and phone calls were very interesting. Since anonymity was guaranteed, they allowed patients to talk about very intimate problems.

Religious leaders, Imam of the Azadi Mosque in particular, conducted discussions with the congregation every Friday during the two months. The discussions concerned different topics: the role of parents in the education process, the need of fair and open relationship between parents and children or family values which help to prevent problem behaviour.

Imam mentioned that in his discussion he tried to stress the specific nature of the Turkmen culture, the importance of close family connections. Imam used Turkmen proverbs and legends in order to make discussions easy, interesting and convincing.

The final event concluded the educational campaign "Closer to our children – further away from bad habits". It was carried out in the "Shapak" theatre of Azaltik district in Ashgabat on 13 June 2012. Representatives from the Ministry of Health and Education, religious leaders, NGOs, international organizations and participants of the campaign (school principals and deputy principals, parents and children) were invited to the final event. The opening of the official part of the event started with a TV spot. Afterwards, the representatives of the Youth Organization, Ministry of Education, Democratic Party, House of Europe and CADAP experts made their speeches and presentations. All participants stressed the political support of the National Government and the need for co-operation at every level of society in the field of bad habits prevention. Special thanks were given to the campaign frontline workers. The event ended up with a concert. Many bro-

chures, bags and T-shirts with the campaign logo were distributed.

Role of mass media in the campaign: The importance of the campaign goals and objectives was described in various articles in Russian and Turkmen. In general, 3 articles were published during the 2 months (2 in Turkmen in "Nesil" newspaper, 1 in Russian in "Neutral Turkmenistan"). A 3-minute TV spot was broadcast 2 times in "The Health" program on National TV. During this program there was a round table discussion about the parental role in the education process. The main topic was how to defend our youth against bad habits and promote a healthy lifestyle among them. There was an interview with the National Coordinator of the CADAP 5 about the campaign implementation, its goals and objectives, the need for wide co-operation at all levels in promoting healthy lifestyle in the education of a healthy young generation.

Campaign budget distribution. CADAP assigned and spent 7 000 EURO on the campaign. These financial resources covered the expenses related to printing materials (brochures, guidelines, questionnaires, invitations), distributed materials (T-shirts, bags), production of TV spot, salaries of family doctors – consultants, rented space, final concert and tea ceremony during the final event. The Turkmen party sponsored the working group activities, rental of classes and school halls for parent meetings, room in the Health Centre and the consultations help line, air time for TV spots and discussions, articles in the newspapers. The "Shapak" theatre granted a 15% discount on renting the theatre for the Final Event.

Sustainability of local campaign experiences and activities

– Many events under the MEDISSA component dedicated to primary prevention of substance abuse and bad habits are recommended to be carried out at schools where lessons about healthy lifestyle and necessary personnel already exist.

– All campaign materials and the campaign itself was in Turkmen language, which fulfilled the needs of our target audience, made campaign goals and objectives closer and clearer for the population in the selected district. Moreover all materials were accepted by the Turkmen government and can be used in the future in the schools and other preventive settings.

– It was the first experience for teachers in school when structured scenario how to conduct the preventive measures was used. This experience meet positive feedback from schools and can be continue in the future.

Recommendations:

– More time should be given to formal communication and official approvals for events and materials. In our case, the brochure did not get the official and written approval (lack of time), which hampered its distribution.

– The duration of the campaign should be increased. In our case, the time of 2.5 months was insufficient to obtain the results. The school timetable forced us to carry out a post-test one month following the launch of the campaign, which is too short to see the results.

– Leading NGOs should be more deeply involved in the campaign implementation. In our case, the Youth Organization has the potential to play a leading role in the future.

– As the working group could not attend the CADAP workshop on working with at-risk young people (2 workshops were held at the same time), there was no link between these events. In reality, school staff need knowledge and experience to work with at-risk youth because their job is based on daily contacts with young people.

– We think that the campaign idea could be implemented in the whole country. Thanks to the political support at governmental level, the activities of promoting healthy lifestyle could be carried out in co-operation with governmental institutions and NGOs including the recommendations mentioned above.

Final remarks:

It is worth stressing that the campaign received a positive feedback from schools, district population and mosques. The choice of district for the pilot campaign proved to be successful. The local population was open to the campaign message because the district consists of many private houses, where large multi-generation families live. That is why the campaign message about family values met with understanding and support. Moreover, governmental support at national level was very helpful and made the campaign effective (Presidential Decrees for support of the prevention activities at all levels in co-operation with all organizations, understanding the importance of work with adolescents and parents, construction and opening of different sports, health and recreation centres for young people, etc.).

The leading role as the organizer of many campaign activities was played by the Youth Organization. Moreover, many young volunteers were invited to help with the Final Event. The involvement of school teachers and headmasters contributed to the success of the campaign. The women's initiative to hand make the campaign bags (under the leadership of the deputy principal of School No. 25) was very valuable and had made parents even more involved in the campaign idea. Also the involvement of Imam of the Azadi

Mosque was very important and contributed to spread the message of the campaign to believers. And last but not the least the experience and flexibility of the CADAP experts in the campaign implementation was very useful. Thanks to their knowledge and willingness to share the Polish and European experience, it was possible to exchange the information and build the campaign idea and concept.

Sources:

1. National Statistics Committee of Turkmenistan,. 01 01 2012 r. http://www.stat.gov.tm/ru/content/info/turkmenistan/turkmenistan/ (request date: 26 03 2013 r.).

2. Discussions with company participants: teachers, parents, imam, doctor, pupils.

3. Records of phone calls and visits (informal document). 10.07.2012 r.

CONCEPT AND IMPLEMENTATION OF LOCAL ACTION IN URGENCH

Jumanova Saodatkhon – National Information and Analytical Center on Drug Control
Sayyora Abdikarimova, Sayera Hasanova Atabayev Qudrat, Saitnazarov Umidbek – Members of Working Group in Urgench in Uzbekistan

Introduction

Urgench is a town in the Khorezm region of Uzbekistan. It is an administrative centre located 720 km west off Tashkent, 12 km west off the Amudaria riverbank on the Shavat Channel (border with Turkmenistan)

In various ancient sources Urgench is called differently: Guranch, Gurgandj or Jurjania. New Urgench is a young town, rebuilt in the 17th century by Khorezmians, 190 km from the Ancient historical Gurgandj, which was destroyed by Genghis Khan. There are only ruins left of the historical Gurgandj at the present time.

Population: 143.2 thousand; 90% are Uzbek, 5% Russians, 5% Kazakhs, Turkmen, Koreans, etc.

The Khorezm region is well known all over the world for Khiva – the town of 2 500 year-long history, with many magnificent monuments of the Oriental medieval architecture.

Khorezmians were Zoroastrians before the 7th century. They were sure that Zarathustra (founder of the religion) was from Khorezm. After Arabs conquered the region, Islam became the dominant religion.

Climate is extremely continental. Winters are quiet, cold and almost without snow. Summers are hot and dry.

Prevention background

The region was selected for the implementation of the MEDISSA by the Ministry of Health

Prevention background – in 2010 the number of drug addicts in the country was decreasing, except Khorezm, where the number of drug addicts increased up to 1 844 (1 765 in the previous year). The index of primary substance abuse was 12.9 per 100 thousand population, which was considerably higher compared to the national average of 7.6.

In the period of 2008-2011, there was an increase in heroin addicts.

There were 1 553 heroin addicts in 2008 and 1721 in 2010. In other words, 93% of all registered drug addicts are heroin users.

Out of 228 drug addicts registered in drug abuse clinic in 2010, 197 were addicted to heroin.

At the same time, there were only a few cases of cannabis addiction.

Prevention activities are carried out by health, education and law enforcement authorities. They are coordinated by a special commission at Regional Khokimyat (regional commission for drug control). The head of the commission is Khokim (head of local administration).

On the initiative of the Ministry of Internal Affairs, a month-long campaign entitled "Drug prevention among youth" is carried out yearly. School meetings, round tables with the participation of pupils and representatives of law-enforcement authorities and drug professionals are held during this month according to the approved schedule. The main goals of these activities are: youth substance abuse prevention, youth drug-related crime prevention and combating illicit drug trade.

Moreover, every June, activities are held under the International Day against Drug Abuse and Illicit Trafficking. The activities are widely described in mass media.

Planned Actions

Action Plan

The working group was formed in cooperation with Khokimyat (local administration) when decision to implement the MEDISSA component in Urgench was approved. Members of the working group represented mass media, „Kamolot" youth movement, Women's Committee, public authorities, doctors, teachers (15 members in total). The representative of regional Khokimyat (the Secretary of regional commission on drug control) became leader of the working group.

Topics for specialist trainings, campaign concept and action plan for media campaign and the whole project were defined and approved in the course of several meetings of the working group.

The Polish initiative "Closer to each other – further away from drugs" inspired the campaign slogan.

In Urgench, the slogan was modified to "Closer to each other – further away from danger" because in the opinion of the participants strengthening the relationship between parents and children prevents any negative social phenomena, including substance abuse.

The campaign logo was designed. Huge work was done to create content for distribution materials (booklets), which should reflect the national identity and cultural values.

During the preparatory period, a number of trainings were carried out. More than 80 specialists took part in them. The training objectives were the following:

– to increase the professional potential of specialists working with at-risk youth;

– to develop basic operating skills of help line workers;

– to develop local substance abuse prevention programmes;

– to increase journalists' professional and communication level in the field of substance abuse in mass media.

Campaign goals, objectives, principles and information channels

The knowledge obtained during local workshops in the framework of the project with the participation of the Polish experts was very important in the media campaign development.

Different evidence-based prevention strategies and the European media experience were presented to journalists, specialists from substance abuse prevention organizations and local stakeholders. This formed a more contemporary approach to prevention planning and helped to adapt the tasks and information to the needs of the target audience.

Main objectives of the campaign were the following:

– to make parents understand the importance of mutual respect and stable, close and confidential relationships with their children as a protective factor for substance abuse prevention;

– to convince parents to dedicate more time and attention to their teenage children in order to help them solve conflicts and problems.

Consequently, the main idea of booklets and posters was devoted to parental love, concern and good mutual communication.

Considering that awareness campaigns can serve only primary prevention and do not change risky behaviour of drug addicts, distribution materials contained contact information about medical drug services where people with drug problems could obtain treatment and advice.

The tharget audience included parents and adults 30+.

The following goals were planned reached with the help of the campaign:

– strengthening the parents-child relationship;

– information about negative social and medical consequences of substance abuse;

– information about treatment options and advice for substance abuse;

– promotion of healthy lifestyle and active participation in substance abuse prevention.

The decision was made to involve all TV channels in the Khorezm region in the campaign. Each channel has its own audience and therefore the campaign coverage could increase. Fortunately, all channels agreed to this idea. The following media partners supported the campaign:

- National TV and radio channels: regional branches of national channels "O'zbiekiston" and "Yoshlar", local TV and radio "Khorazm".
- Local commercial TV channels : ŇÂ-8 and "S-Ikbol".
- Local newspapers "Khukukiy khimoya", "Osoyishtalik uchun", "Khorazm tibbiyoti", "Khorazm marifati", "Soglom oila", "Khorazm khakikati", "Khorezm pravda", "Urgench okshomi".
- regional newspaper "Inson va konun" ("Man and law"), one of its staff reporters was a member of the working group.

Other events

The action plan was discussed during working group meetings and the final version was approved by Khokimyat (town administration). The plan listed the events, names of responsible organizers (members of working group and partners) and timetable. The following events and activities were included in the action plan:

– Helpline in the regional drug abuse clinic.

– A contest "I am against drugs" for the best essay among senior school children.

– Meetings in mahallas and at schools with the participation of community and public health representatives.

– Development and printing of booklets.

– City marathon.

– Performance "Lost Hopes" (about substance abuse as social phenomenon) in the National Academic Drama Theatre (free of charge).

Also, the final event with contests, quizzes and theatre performances was planned for the 26 June in the Central Park of Culture and Recreation.

Substance abuse prevention activities

Activities at local level

The mass media campaign was conducted for one month – between 1 and 30 June.

From the first day, 2 TV spots (prepared by Khorezm subsidiary of Central Television) were broadcast on all four TV channels.

Moreover, 10 programmes (two of them as "round tables" with drug abuse specialists and representatives of law enforcement authorities who answered questions from the audience live) were broadcast during the whole month of June.

35 articles on drug abuse were published in mass media.

Billboards (2 types) with the helpline number, campaign logo, slogan and motif from the TV spot were placed in the centre of Urgench.

Special teams of Khorezm Medical Academy students were created. These teams did the "field work" and presented information prepared by public health specialists during meetings in mahallas and at schools. 44 meeting were carried out (28 of them at schools and colleges).

The Department of Public Education wrote an official letter to schools about a contest for the best essay "I am against drugs" among school children from senior classes during the month of May. More than 120 essays were sent to the contest. The winners were awarded during the final event on 26 June. Moreover, some categories of children (disadvantaged or disruptive families) were observed by teachers and involved in all prevention activities in the first place. This factor was also taken into consideration during the essay contest.

Financial resources:

It is important to mention that the awareness campaign was financed mainly indirectly. The major part of expenses was covered by partners through non-cash contributions.

a) mass media (TV, radio, press):

– air-time on TV and radio, space for articles were made available free of charge.

b) Support of the Local Administration:

– 6 free advertising spaces for billboards in the city centre for the period of 3 months;

– organization of the final event on 26 June (free of charge);

c) Local Department of Culture and Sport:

– involvement of popular artists in the final event;

– organization of sports competitions.

d) partners' support ("Mahallas", "Kamolot", Women's Committee):

– organization of contests (transportation of the participants, prizes etc.);

– human resources.

e) MEDISSA financing – EUR 7 thousand:

– development and production of advertising banners;

– production of 400 T-shirts and caps with the campaign logo for the campaign participants and volunteers from NGOs;

– production and distribution of information booklets (6 thousand copies),

– purchased of office equipment and furniture for the help line office in the regional drug abuse clinic (approx. EUR 4 thousand).

f) volunteers:

– more than 70 volunteers from the "Kamolot" movement and students from Khorezm Medical Academy organized meetings with the local population and youth, actions in Central Park, distributing booklets, etc.;

Helpline

The organization of the helpline included the following activities:

– assignment of a separate phone line for the drug abuse clinic which housed help line;

– 2 trainings with the participation of the Polish experts for 7 specialists from the clinic who can potentially do the help line work;

– one of the clinic rooms was fully equipped with furniture and office equipment in order to provide comfortable conditions for help line specialists.

The helpline number 37-47-147 became operative on 8 July 2011.

A qualified drug professional was delegated to work at the helpline on a permanent basis. As banners with the helpline number were placed 2 weeks before the official opening, phone calls started very quickly. First calls were made in order to make sure that help line existed. In the beginning, there were not so many serious questions.

First serious calls started to come much later, mainly after the TV programs and TV spots. Callers were mostly wives and fathers of drug addicts. The questions concerned treatment conditions and options, chances of successful treatment and confidentiality.

In 2011, there were 103 calls, in 2012 – 412, in 2013 – 135 (during the first 3 months). Some of the callers brought their relatives for inpatient treatment.

Problems and solutions

The lack of a local coordinator was strongly felt during the campaign implementation. Although the working group had a leader, he did not have enough time to coordinate the campaign and provide necessary supervision over the action plan implementation and final evaluation.

This situation became clear when the participation of mass media in the event had to be organized. There was no clear task allocation between among the mass media, etc.

Moreover, the TV spots were produced with the internal funds of the partner TV companies. The lack of financial support reduced the quality of materials and chances of professional output.

For the same reason, there was no pre– and post-test in order to evaluate the outcome of the campaign in the target audience and town's population in general.

The media campaign evaluation was delivered on separate quantitative factors: number of participants, distributed materials, number of articles and programmes and individual interviews with people involved in campaign implementation.

Problems mentioned above made it impossible to conduct a comprehensive evaluation of the campaign and its results.

CAMPAIGN EVALUATION

Janusz Sierosławski – Institute of Psychiatry and Neurology in Warsaw

The campaign in Dushanbe and in Bishkek was evaluated using qualitative and quantitative methods, but in Urgench and Ashgabat using qualitative methods only. The qualitative approach applied in all cities consisted of focus group interviews and individual in-depth interviews.

The focus group discussed following topics according to prepared guidelines:

- the need for campaign,
- the campaign concept and its relevance,
- the process of campaign planning and implementation,
- the campaign outcome and impact.

The composition of the focus group was as homogenous as possible in terms of professional profile and the role in the campaign. The minimum number of participants in each session was 5, the maximum – 12. The focus group discussions were conducted by two European MEDISSA experts. Duration of each session was approximately 90 minutes. Sometimes it was extended to two hours, when the group was bigger and discussion was more intensive.

More detailed information about the campaign planning and implementation was collected during in-depth interviews.

In-depth interviews were conducted mostly with selected members of focus group sessions and additionally with other individuals involved in the campaign implementation or representatives of the target audience. The in-depth interviews were conducted individually by European MEDISSA experts according to prepared guidelines.

The quantitative approach was based on a survey conducted among the target audience of the campaign i.e. parents and indirect target population – children. It should be noted that the campaign was addressed to parents but with intention to have impact on youth as well.

Parents and children were reached through schools. Parents were recruited during parent meetings at schools and children during regular lessons. The survey was anonymous; the self-administered questionnaire was used, filled in by parents during parent meetings and by students in classrooms. Data collection in groups favoured anonymity.

The survey among parents and students from randomly selected schools and classes was conducted twice: before campaign implementation (pre-test) and afterwards (post-test). The data were collected using short questionnaire containing questions with predefined sets of answers. The questions were related to relationships between parents and children. There were the same questions in both measurements. Additionally, the questions about exposure to the campaign and campaign assessment were included into the post-test questionnaire.

The general design of data analyses included comparisons between the post-test and pre-test results. The differences between pre-tests and post-tests were considered to be the outcome of the campaign. Where control group was established, the result of the comparison between the outcome and changes in the control group (post-test – pre-test) was considered to be the indicator of impact.

Unfortunately, we failed to link data from parents and children at the family level due to the necessity to ensure anonymity. We tried to establish case ID on the basis of combination of socio-demographic family characteristics but due to insufficient quality of data it failed. Also the link of individual data from the post-test and pre-test was not possible, so the comparisons were done at the aggregated level.

Dushanbe (Tajikistan)

The campaign in Dushanbe was evaluated using qualitative and quantitative methods.

Five focus group discussions were conducted with representatives of:

- parents
- teachers and heads of the schools (2 focus groups)
- media – TV, radio, press service of Ministry of Health
- governmental institutions and religion organizations

Individual in-depth interviews were conducted with two parents and one journalist.

According to the respondents, the campaign concept was elaborated in accordance with the need for family strengthening. This approach was generally approved by the respondents, nobody reported doubts. The background of this need was as follows:

- traditional norms are at risk of being questioned due to the transitional period and erosion of traditional values,
- influence of western culture patterns due to globalization trends, particularly disseminated by new electronic media like satellite TV and the Internet,
- economic difficulties for most of the society associated with an increase in financial aspirations,
- migration problem (domestic migration as well as emigration).

In consequence, an increase in deficit of time to be spent with children is observed in most families. Parents are more and more focused on overcoming daily life difficulties and satisfying basic needs.

Some of the respondents highlighted that campaign fit into the governmental policy and new law which supports family and defines its obligations and rights. It was a first campaign addressed to parents conducted on such a big scale.

The strongest points of the campaign concept pointed out by the respondents were as follows:

- providing positive message (family ties, more attention to children) instead of scarring,
- involving family in prevention in a more active and attractive way,
- involving schools to communicate directly with parents,
- involving a number of responsible institutions and partners.

The results of focus groups and individual interviews show that the campaign preparation was based on the participation of a broad range of stakeholders, including governmental institutions, media and civil society organizations. All partners were equipped with the same knowledge on the assumptions, aim, target audience and plans of the campaign. In this context, the role of the campaign brief was underlined. The campaign preparation provided an opportunity to strengthen cross-sectoral cooperation on the frontline level. Good coordination of the preparation process was underlined.

According to the respondents, the campaign was implemented successfully – all activities were performed according to plan. A good quality of all activities was underlined. The coverage of parents by parent meetings was assessed at 60-70% in the selected schools. Mass media channels were also used extensively. It was estimated that 70-80% parents were reached by the campaign message.

As regards the preparation of activities undertaken in schools, the teachers assessed that they received clear and informative instructions on prevention, which was very valuable for them. The campaign materials like the parent meeting scenario, brochures for parents, promotional gadgets were also appreciated. It was stressed that the parent meeting scenario was well received by teachers and assessed as a useful tool. It was the first time when a structured tool was used by teachers for prevention purposes among parents. The brochure for parents was assessed as providing useful information, understandable and broadly available.

According to the respondents, the campaign was a success. The most important outcome was that parents were provoked and encouraged to spend more time with their children and to think about their responsibility in the parenting process. The impact of the campaign was assessed as quite high, particularly in view of the very limited resources involved.

The results of school-based actions (parent meetings) were evaluated using standardized survey among parents and students.

The survey among parents and students was conducted twice: before the campaign implementation (pre-test) and after that (post-test). The respondents were recruited from randomly selected schools and classes. The sample consisted of two groups, one was the classes where the campaign activities (parent meetings) were implemented (intervention group) and the classes where these activities were not implemented (control group).

The data analyses of the outcome of parent meetings consisted of comparisons between post-test results and pre-test results in the intervention group. These differences between pre-test and post-test were adopted as a measure of the outcome of the parent meetings. The result of the comparison between outcome and changes in the control group (post-test – pre-test) was considered to be the indicator of the campaign's impact.

The numbers of questionnaires collected from parents and students during pre-test and post-test were broken down into intervention and control groups as presented in Table 1.

Table 1. Numbers of questionnaires collected from four groups of respondents during pre-test and post-test

	Intervention group	
	Pre-test	Post-test
Parents	142	287
Students	224	214
	Control group	
	Pre-test	Post-test
Parents	142	287
Students	224	214

One of the tasks of the parent meetings was to provoke parents to spend more time with their children. The parents were asked how much time in average they have spent on a daily basis with their children in the last 7 days. A similar question was asked to students. They reported how much time in average they have spent with their parents. The results are presented in Figure 1.

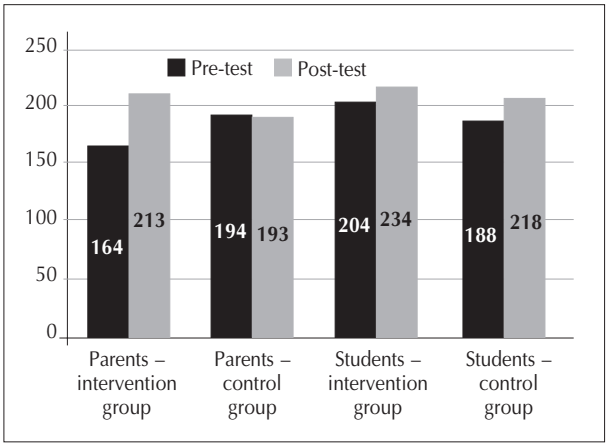

Figure 1. Average time spent per day by parents together with children during last 7 days (in minutes)

In the intervention group of parents, the average time spent with children before the campaign was 164 minutes and after the campaign it reached 213 minutes, which constitutes an increase of 30%. At the same time in the control group of parents no change was observed in this parameter (pre-test – 194 minutes, post-test – 193 minutes).

The results of the survey among students show that the average time spent together with parents increased in both groups. Students from the intervention group reported in the post-test that on average the spent 15% more time with parents (234 minutes) compared to the pre-test (204 minutes). In the control group, an increase of 16% was observed.

The impact of the parent meeting was detected on the basis of the survey among parents only. Analyzing survey results among students we cannot find the argument for impact of the action in school.

As an indicator of active approach of parents to children we took the initiation of conversations with children. The parents were asked to assess on a five-point Likert scale (from never to always) how often they initiate conversations with their children and students were asked to assess on the same scale how often their parents initiate conversation with them. The percentages of answers "always" are presented in Figure 2.

Before the campaign 35% of parents from the intervention group every time initiated a conversation with their child while after the campaign – 59%. In the control group, it was 44% and 43% respectively. Among intervention group students, the percentage of those who report that usually

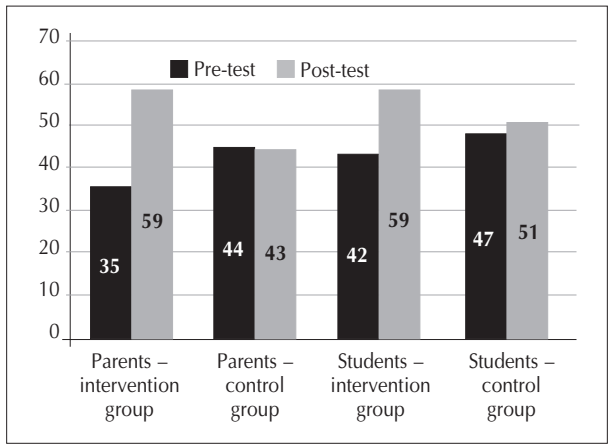

Figure 2. Percentages of respondents answering "always" when asked to confirm the statement: "In most cases, parents start the conversation with their child"

parents start talking with them increased from 42% in the pre-test to 59% in the post-test. In the control group, there was also an increase but much lower (from 47% to 51%).

The results of both surveys, among parents and students supported the argument about the impact of parent meetings as the increase in the share of positive answers was much bigger in the intervention groups compared to the control groups.

Another indicator of good relationships between parents and children used in the study was openness of children to share their problems with the parents (Figure 3).

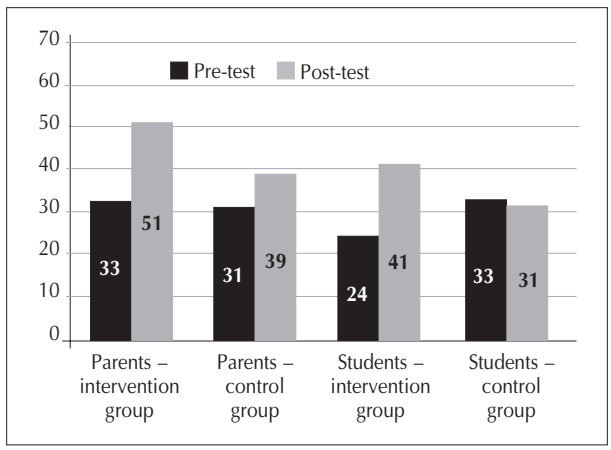

Figure 3. Percentages of respondents answering "always" when asked to confirm the statement: "Children usually talk to parents about their problems"

In the pre-test 33% of parents from the intervention group and 31% from the control group confirmed that children usually talk to them about their problems. In the post-test these percentages were higher in both intervention (51%) and control (39%) groups. An increase in the intervention group was significantly higher than in the control group.

Among students from the intervention group, 24% reported in the pre-test that they usually talk to parents about their problems. In the post-test this percent-

age increased to 51%. Among students from the control group no such increase was noted. The percentage of positive answers was nearly the same – 33% during the pre-test and 31% during the post-test.

On the basis of the results of both surveys among parents and students, the impact of activities in schools was detected.

The same picture emerged from the analyses of answers to the question about frankness in relationships between parents and children (Figure 4).

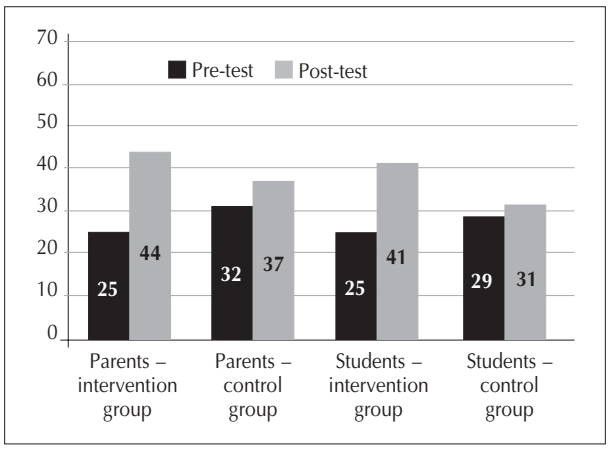

Figure 4. Percentages of respondents answering "always" when asked to confirm the statement: "When my child is with me, he/she can freely express his/her thoughts and feelings"

In the intervention group, 25% parents declared that their child can freely express his/her thoughts and feelings. After campaign this percentage rose to 44%. In the control group, it was 32% and 37%. Also among students from the intervention group, percentages of reported opportunities to freely express thoughts and feelings increased from 25% to 41%. Among students from the control group only a small increase was observed (29% in pre-test and 31% in post-test).

As in the case of previous analysis, the impact of the parent meetings on frankness in relationships between parents and children was observed. The percentage of positive answers increased more in intervention groups than in control groups in both surveys: among parents and students.

One of the most important dimensions of relationships between parents and children is trust (Figure 5).

In the pre-test, 44% of parents from the intervention group and 57% of parents from the control group confirmed that their children can always trust them. In the post-test in the intervention group this percentage increased to 68% and in the control group it remained relatively stable – 60%. The same results were achieved in the survey among students. The percentage of students from the intervention group who can always trust their parents increased from 57% to 84%; while among students from the control group was more or less stable (slight increase from 78% to 83%).

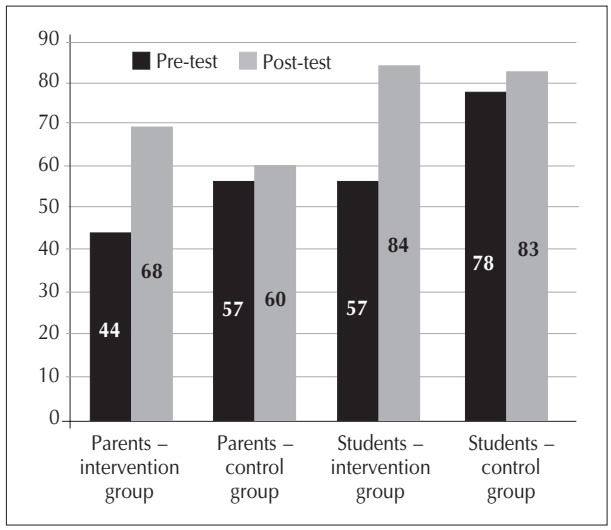

Figure 5. Percentages of respondents answering "always" when asked to confirm the statement: "My child can always trust me the most"

The last aspect of the relationship between parents and children was the extent to which children feel that they can rely on their parents. The statement the parents assessed was:"My child can always count on me when he/she gets into trouble", and students – "I can always count on my parents when I get into trouble". The results are presented in figure 6.

Among parents from intervention group the percentage of positive responses increased from 50% in the pre-test to 72% in the post-test, while in the control group it remained relatively stable (pre-test – 64%, post-test – 61%).

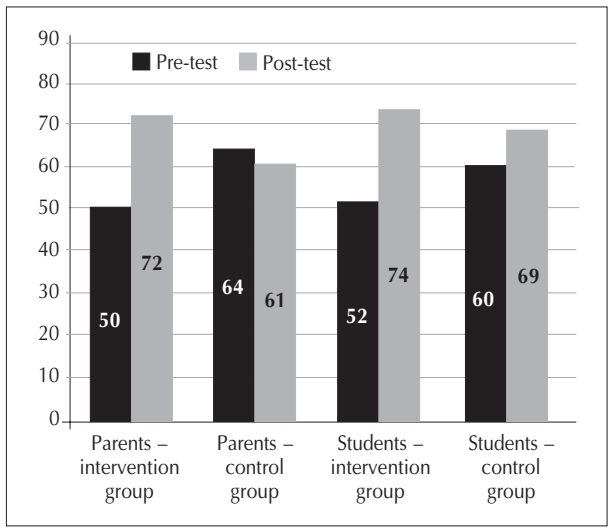

Figure 6. Percentages of respondents answering "always" when were asked to confirm the statement: "My child can always count on me when he/she gets into trouble"

The results of the survey among students from the intervention group were similar – 52% in the pre-test and 74% in the post-test. In the control group, an increase was also noted but much smaller (60% in pre-test and 69% in post-test).

The comparison of changes of results between the pre-test and post-test in the intervention group

and control group of parents reveals an impact of the campaign because of the increase in the intervention group and stabilization in the control group. The same comparison in the student survey leads to a similar conclusion – the increase of percentage of positive answers was much higher in the intervention group compared to the control group.

The analysis up to now was focused on the evaluation of impact of parent meetings. The campaign was not limited to activities in schools, there were also many other information channels used to reach the target audience with the campaign messages like spots broadcast on TV and radio, billboards and posters placed around the city or the family event in the central park. The parents from both groups (intervention and control) were exposed to the messages disseminated through mass media. The overall effect of the campaign could be estimated by comparing results of the pre-test and post-test for all parents and students without breakdown into control and intervention groups.

Figure 7 shows that before the campaign parents declared 191 minutes of average time spent daily with children. After the campaign was completed 201 minutes were reported, which constitutes an increase of 5%. Similar results were observed in the student survey – the average time according to students estimations increased by 4% from 201 minutes to 218 minutes.

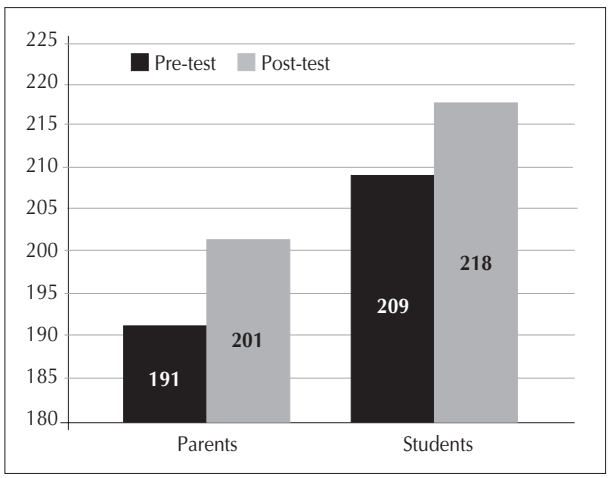

Figure 7. Average time spent daily by parents with children during the last 7 days (in minutes)

Figure 8 presents a set of the same indicators as analyzed up to now, but for all parents together and students together.

Only in the case of "child always can rely on parents" no significant change was noted between the pre-test and post-test. The biggest increase in percentages of positive answers was noted in the case of children talking to parents about problems faced by children.

According to the results of the surveys among students (Figure 9) a significant difference between

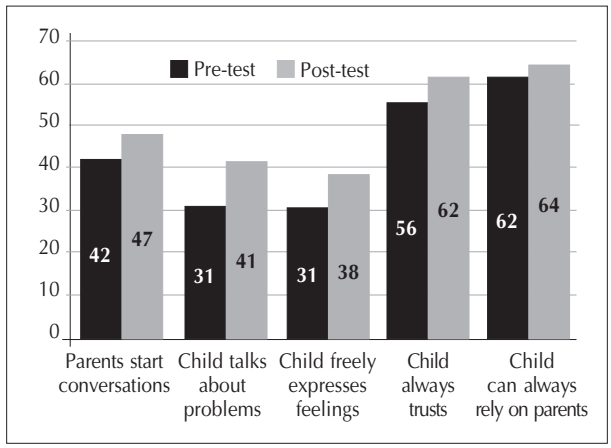

Figure 8. Percentages of respondents with positive answers in pre-test and post-test

pre-test and post-test results was noted only in the case of the last statement i.e. "child can always rely on parents".

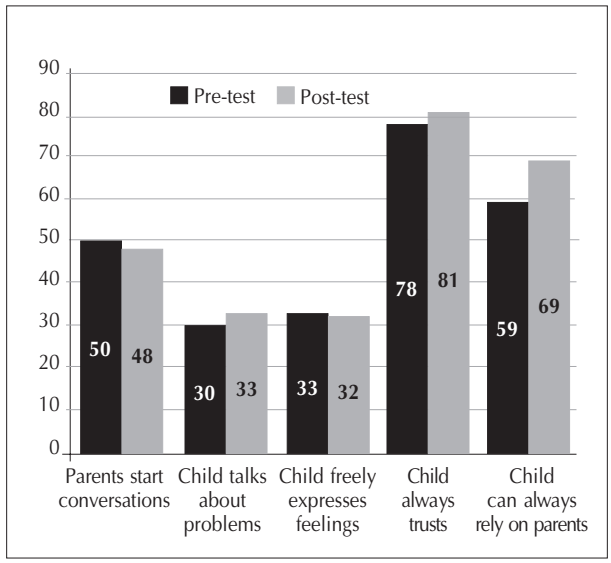

Figure 9. Percentages of students with positive answers in pre-test and post-test

Concluding this part of analyses, we can say that the overall effect of the campaign is visible on the basis of the survey among parents but not among students. This may mean that the changes in parental attitudes were not translated into changes in their behaviours that could be seen by their children.

The comparison of the overall effect of the whole campaign with the effect of parent meetings only suggests that direct communication with parents during parent meetings was the most effective way to influence parents' attitudes.

In conclusion, we can say that the results of evaluation efforts in Dushanbe using qualitative (focus group, in-depth interviews) and quantitative (standardized surveys) methods indicate that the campaign was implemented successfully. The evaluation using quantitative methods provides arguments that direct contact with parents during parent meetings provided measurable outcome and impact. The analysis

shows that parents from the intervention group improved their relationships with children much more than parents from the control group. The evaluation gave evidence that the implementation of the campaign in schools improved relationships between parents and their children.

Results of the campaign evaluation indicate that the new approach in prevention consisting of using positive messages instead of scaring, involving family in prevention as well as initiating prevention at local level is feasible in the context of the Tajik reality and could provide positive outcome.

Bishkek (Kyrgyzstan)

The campaign in Bishkek was evaluated using qualitative and quantitative methods. The qualitative approach consisted of focus group interviews and individual in-depth interviews. Four focus group discussions were conducted with representatives of:

- governmental institutions,
- mass-media – TV,
- parents, teachers, local police,
- NGOs and international organizations.

Four individual in-depth interviews were conducted with representatives of governmental institutions, NGOs, international organizations and parents.

All respondents pointed out the need for the campaign. It was justified by the drug situation in Kyrgyzstan and gaps in the response to the drug problem formulated up to now.

The drug problem is widespread in the Kyrgyz Republic. Drug trafficking routes run through the country. Mainly opiates from Afghanistan are smuggled to Russia and further to Western Europe. Despite the fact that the Kyrgyz Republic is mostly a transit country, some quantities of the substance remain and are consumed in the country. As regards cannabis, the Kyrgyz Republic is also a producing country. The transitional period since reaching independence is still in progress. The decomposition of social structure and social and ethnic conflicts are attributes of this process. The country is experiencing economic difficulties. The extent of poverty is very high. The migration rate is very high, both inside the country and abroad. All these factors contribute to drug use and drug trafficking. At the same time, they also provide background for family crisis. The traditional family is also questioned by the influence of Western culture through globalization. The crisis of traditional values undermines the primary family function – raising children. Parents devote less and less time to their children. The intervention to strengthen family was assessed by all respondents as very necessary.

The Kyrgyz Republic is very experienced in harm reduction activity. They developed treatment offer as well. However, they have deficits in drug use prevention, especially in universal prevention. The response to drug problem in the country is focused on drug addicts. The activity situated in universal prevention was considered to be a new approach and very needed new experience.

According to the respondents, the strongest points of the campaign concept were as follows:

- focus on whole youth through parents,
- based on positive message (family ties) instead of threatening,
- involving family, especially parents, in drug use prevention.

Some of the respondents highlighted that initially the campaign concept assumed that the campaign is addressed to parents. During the campaign preparation the concept was extended to cover not only parents, but the whole family including youth.

There was a wide range of information channels used in the campaign. Two aspects of dissemination of the campaign messages were appreciated by the respondents as particularly effective:

- involving celebrities,
- group-specific information channels:

– youth – Internet,
– parents – TV,
– Bishkek – mass media,
– additionally, rural area around the city – direct communication (schools, events).

During the campaign implementation it turned out that despite the initial idea to influence youth through parents another idea emerged to reach parents through youth.

The biggest achievements of the campaign preparation, according to the respondents, were gaining mass media collaboration free of charge or with a big discount, including access to the prime time on TV channels. Also quite considerable financial resources were mobilized from international organizations.

The results of focus group and individual interviews show that the campaign preparation was based on the participation of many stakeholders, including governmental institutions, media and civil society organizations. All partners were equipped with this same knowledge on the assumptions, aim, target audience and plans of the campaign. In this context, the role of the campaign brief was underlined. The campaign preparation provided an opportunity to strength cross-sectoral cooperation on the frontline level. Good coordination of the preparation process was underlined. There were highlighted positive experiences in involving the State Agency for Drug Control as the leading institution in this prevention project. The participation of the State Agency for Drug Control should improve public image of this institution.

According to the respondents, the campaign was implemented successfully – all activities were implemented according to plan. A good quality of all

activities was underlined. The coverage of parents in parent meetings was assessed at 60-70% in the selected schools. Mass media channels were also used extensively. It was estimated that 70-80% parents were reached by the campaign messages.

As regards the preparation of activities undertaken in schools, the teachers assessed that they received clear and informative instruction on prevention, which was very valuable for them. The campaign materials like parent meeting scenario, brochures for parents, promotional gadgets, were also appreciated. It was stressed that the parent meeting scenario was well received by teachers and assessed as a useful tool. It was a first time when a structured tool was used by teachers for prevention purposes in relationships with parents. The brochure for parents was assessed as providing useful information, understandable and broadly available.

According to the respondents, the campaign was a success. The most important outcome was that parents were provoked and encouraged to spend more time with their children and to think about their responsibility in the parenting process. The impact of the campaign was assessed as quite high, particularly in relation to the very limited resources involved. The need for continuation and extension of such a campaign was expressed.

The overall outcome of the campaign was evaluated using standardized survey among parents and students being their children. The survey was conducted twice: before the campaign implementation (pre-test) and afterwards (post-test).

The data analyses consisted of comparisons between post-test results and pre-test results in two groups separately – parents and their children. The differences between the pre-test and the post-test were considered to be a measure of the campaign outcome. Unfortunately, the design with a control group was not feasible to apply because of limited resources.

Numbers of questionnaires collected from parents and students during the pre-test and the post-test are presented in Table 2.

Table 2. Numbers of questionnaires collected from parents and students during pre-test and post-test

	Pre-test	Post-test
Parents	609	570
Students	792	863

One of the expected results of the campaign was that parents would spend more time with their children. The parents were asked how much time on average they have spent on a daily basis with their children in the last 7 days. A similar question was asked to students. They reported how much time they have spent with their parents. The results are presented in Figure 10.

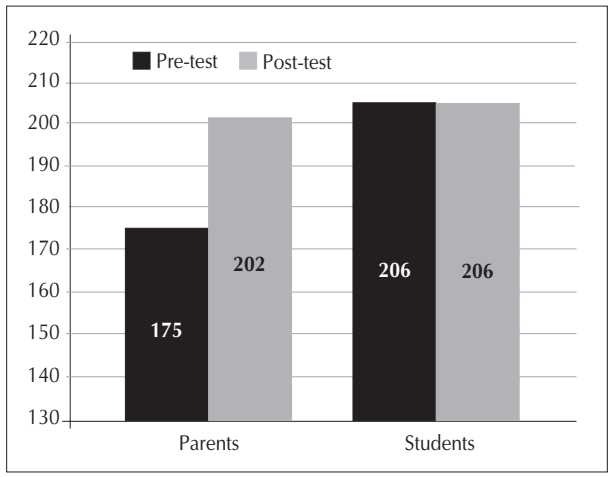

Figure 10. Average time spent daily by parents with children in the last 7 days (in minutes)

According to the survey, among parents the average time spent together with their children before the campaign implementation was 175 minutes and after the campaign it was 202 minutes, which constitutes an increase 15%.

According to the results of the survey among students, the average time spent together with parents did not increase. Students declared in the pre-test and post-test the same average time of 206 minutes.

According to the results of the survey among parents, the percentage of parents initiated always their conversation with children increased in more than twofold from 19% to 43% (Figure 11). According to the students, no change was noted.

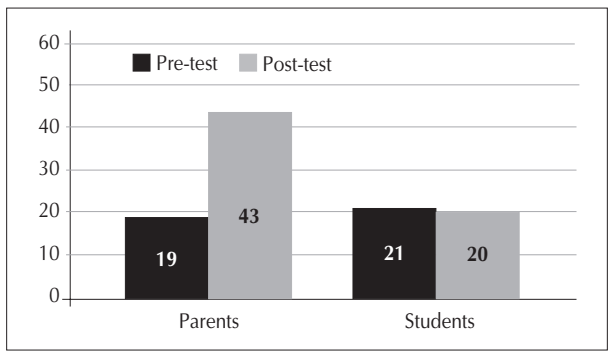

Figure 11. Percentages of respondents answering "always" when asked to confirm the statement: "In most cases, parents start the conversation with their children"

Before the campaign, 28% of parents reported that their children usually talk to them about their problems (Figure 12). After the campaign implementation, this percentage increased to 39%. A smaller increase was observed after analyzing the results of the survey among students. In the pre-test, 26% of the students reported that they usually talk to their parents about their own problems while in the post-test this rate was 31%.

As regards the statement "When my child is with me, he/she can freely express his/her thoughts and

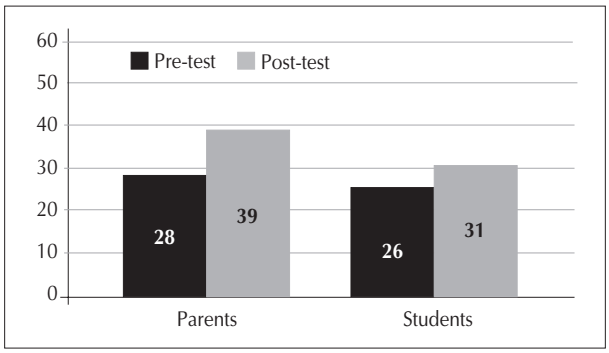

Figure 12. Percentages of respondents answering "always" when asked to confirm the statement: "Children usually talk to parents about their problems"

feelings" there no significant differences were noted between the pre-test and post-test in the survey among parents (Figure 13). In the survey among students, the percentage of positive answer increased from 21% in the pre-test to 29% in the post-test.

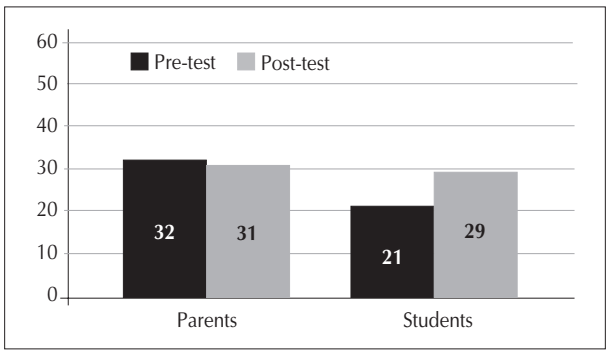

Figure 13. Percentages of respondents answering "always" when asked to confirm the statement: "When my child is with me, he/she can freely express his/her thoughts and feelings"

In conclusion we can say that the campaign was implemented successfully and provided a measurable outcome. The evaluation results suggest that most parents were reached by the campaign messages and some of them started to change their attitudes.

The evaluation gave evidence that the implementation of the campaign improved cooperation of various sectors in substance abuse prevention.

The new approach on which the campaign concept was funded was verified as useful in the Kyrgyz cultural context.

Ashgabat (Turkmenistan)

The campaign in Ashgabat was evaluated using qualitative method. There was an attempt to conduct a survey among parents and students but it failed. The number of questionnaires collected was not sufficient to be representative and the overlap between the pre-test and post-test was too narrow. The campaign was implemented at the end of school year. The time for post-tests was too short to reach sufficient coverage. There were also some problems with understanding some questions.

In the scope of qualitative approach two focus groups were conducted with representatives of:

- trade union members, NGOs, teachers and school management members, religion leader (imam),
- parents

Eight individual in-depth interviews were also conducted with the representatives of:

- teachers – 4 interviews,
- NGO – 1 interview,
- parent – 1 interview,
- family doctor – 1 interview,
- religious leader (Imam) – 1 interview.

All respondents pointed out the need for family strengthening. Due to the influence of western culture patterns related to globalization, traditional values are at risk of being questioned. The traditional family model is still strong in Turkmenistan, but it is not free from threats. Economic difficulties in many families necessitate concentration on satisfying basic needs and in consequence limitation of time devoted to children.

According to the interviewees, young Turkmen are relatively well behaved and drug problem does not exist in society. Most adolescents do not drink alcohol and do not smoke tobacco. However, there is some risk of youth problems. Risk factors are related to globalization and the influence of western culture patterns disseminated through the Internet and satellite TV.

The respondents pointed out that the campaign perfectly fitted into the government policy. The 2012 year was proclaimed as the "Year of family".

The campaign brief was developed by the working team. The same team was responsible for the campaign implementation. The coordination performed by the team was highly appreciated.

Strong points of the campaign concept according to the respondents were as follows:

- first campaign addressed to family, especially parents,
- based on positive message (family ties, more attention to children),
- involving family, especially parents, in prevention of bad habits.

The respondents reported that the campaign concept was extended during the implementation. Initially, only parents were the direct target audience, later on, the whole family including youth was covered. The example of such activity could be the campaign final event organized in the theatre, with the participation of parents, teachers and students.

The campaign in Ashgabat used mainly direct information channels. Mass media were involved on a minimal scale. Direct communication with parents was implemented through:

- parent meetings at schools,
- consultation facility for parents established in general practitioner clinics,
- hotline for families,
- religious leader promotion of the campaign message during religious ceremonies.

The parent meetings were complemented with a brochure for parents, but the brochures were distributed not only during the parent meetings. They were available also at general practitioner clinics. The brochures were highly appreciated by the respondents.

As regards the mess media involvement, there was a TV spot broadcast on a Turkmen TV channel.

Assessing the process of the campaign preparation, the respondents pointed out that the most important was the participation of a wide range of stakeholders, including government institutions and civil society organizations. This provided an opportunity to strengthen cross-sectoral cooperation on the frontline level.

The interviewees appreciated very much the coordination of the preparation process.

As regards the campaign implementation, the interviewees reported that not all activities were implemented according to the campaign brief. Especially, parent meetings in several schools were implemented with modifications. There were meetings for parents from whole schools instead of parent meetings on the class level. In consequence, the groups were too big to apply the interactive approach effectively. Another modification was the participation of students in such meetings.

The respondents underlined a good quality of all other activities. Only one problem was that TV spots were not very visible. The spot should be broadcast more often.

The coverage of the campaign was assessed as satisfactory. It was estimated by the respondents that 70-80% of parents received the campaign messages.

Campaign materials such as the parent meeting scenario (guidelines), brochure for parents and promotional gadgets for parents were assessed as very useful.

As regards the parent meeting scenario, it was a first time, when a structured tool was used for prevention purposes. Teachers enthusiastically regarded it as a very useful tool.

The brochure for parents was assessed as easy understandable, providing useful information and broadly available.

The promotion gadgets for parents fulfilled an important motivational role.

The campaign outcome was highly assessed by the respondents. According to them, parents felt provoked to reflect on the quality of relationships with their children. Knowledge of parents about risks of youth problem behaviours increased. Also relationships between parents and teachers improved.

The impact of the campaign was assessed as quite high in relation to the resources involved.

The interviewees pointed out that the activities initiated in the scope of campaign should be continued and extended to other regions, including rural areas. For this purpose, some new adjustment is needed. The respondents recommended:

- increasing financial resources for the campaign implementation
- ensuring more time for the campaign preparation
- including more activities involving whole families
- developing more specific instruments for work with parents and youth together in school
- providing more specific training for teachers

The conclusions from the evaluation exercise in Ashgabat are as follows:

- the new approach is verified as useful in the Turkmen cultural context
- the continuation and extension of activities initiated by the campaign are needed

Urgench (Uzbekistan)

The evaluation exercise in Urgench was limited to a qualitative study only. The campaign in this city was developed and implemented much earlier than in the other cities of the region. The reason was the necessity to fit CADAP 5 activities with the Uzbek National Drug Action Plan schedule. There was not enough time to prepare surveys. Consequently, we were able to evaluate the Urgench campaign using the qualitative method only.

Four focus groups were established, three comprising people involved in the campaign implementation and one comprising representatives of the target audience, i.e. parents. The groups of participants were homogenous.

The first group consisted of mahalla members, the second one – media representatives, the third one – professionals including representatives of NGOs (e.g. Kamelot, Women Movement) and the fourth one – representatives of the target audience (parents).

In-depth interviews were conducted with selected members of the focus groups and additionally with representatives of the regional and municipal administration (authorities).

According to the respondents, Urgench and whole Khorezm Province is affected by drug problem. The drug problem is well developed due to the geographical location on the drug trafficking routes. Therefore, drug use prevention should be one of the priorities. Drug prevention measures applied up to now consisted of scaring with harm and threatening with legal consequences. As a result, drug addicts were perceived as socially degraded offenders. There was no common knowledge

that drug addiction is an illness which should be treated and drug addicts need help instead of repression.

The concept of the campaign to promote strengthening family as a protective factor was accepted despite the fact that the concept was defying stereotypes. The key aspect of the concept was involving family in drug use prevention.

A working team was established for the preparation and implementation of the campaign. According to the respondents, the composition of the team was designed in line with the program needs. It included representatives of a wide range of institutions and organizations from governmental and nongovernmental sectors. An important, supporting role was played by the representatives of the National Anti-Drug Agency from Tashkent. The coordination of the work was highly appreciated.

It was expressed several times during the interviews that the strongest points of the campaign concept were as follows:

- creating positive messages focusing on strengthening family ties and promoting assistance to drug addicts
- involving mahalla structures in dissemination of campaign messages
- involving a lot of local institutions and organizations in the campaign planning and implementation

The campaign coverage was estimated by the respondents at 70-80% of the target audience. The coverage was bigger among Urgench inhabitants than in the surrounding localities.

According to the interviewees, the campaign was successful. Thanks to the campaign, the awareness of the role of family in drug use prevention as well as in the assistance to drug addicts became broadly recognized. Experts involved in the campaign implementation observed a significant impact of the campaign on parents and perception of drug problems at family level. Parents gained awareness that they are not alone and powerless in confronting the drug problem. They were also informed that drug dependence is a preventable and treatable illness.

It was stated that an important outcome of the campaign was the establishment of local coalition of experts and institution to deal with drug use prevention.

One of the sustained elements of the campaign is the phone helpline created in Urgench. This helpline still needs promotion to extend its coverage.

One difficulty in the campaign development mentioned by the respondents was the necessity to fit in the schedule of the National Drug Action Plan, which meant that the campaign had to be conducted in 2011. In consequence, the time to prepare the campaign was too short. Especially, the initial assessment could be done in a more detailed way.

In conclusion, based on the evaluation results we can state that the campaign was implemented successfully and generated a valuable outcome. The local approach was considered extremely useful and relevant to the Uzbek cultural context.

Conclusions

The evaluation of the campaign conducted in the four cities of Central Asia (Dushanbe, Bishkek, Ashgabat and Urgench) made it possible to verify the local approach to prevention in Central Asia countries. Experiences gathered in each country confirmed suitability of this approach. In all locations multidisciplinary working teams were established. The teams developed the campaign concept and subsequently coordinated the implementation process of the campaign. Despite very limited resources, a wide range of actions were conducted in the four cities. It must be added that the CADAP's financial contribution to the campaign was minimal. Each working team was able to mobilize their resources in the form of local funds, voluntary work, and access to the mass media free of charge or at reduced cost.

The campaigns challenged the stereotypes of prevention work. Instead of sending to the public a scary message of consequences of using drugs, the campaigns focused on strengthening the protective factor of family. Positive messages of the need for reinforcing family ties, greater care for children and the involvement of parents in prevention were well received. Evidence base of the approach was also appreciated. The participants of the qualitative studies consistently reported that the campaigns were successful. They were widely visible and triggered change of attitudes in the target audience.

Results of the questionnaire surveys conducted under the evaluation project suggest that the campaigns had positive impact on the target audience. The Dushanbe survey, which was the most successful, show that forms of direct communication with parents produce the best effects.

However, reservations must be expressed concerning the above conclusions, particularly the questionnaire survey. In none of the cities was such a study ever conducted. Teachers or volunteer workers acted as interviewers. The quality of data suffered most due to the poor resourced available for the campaigns. It is worth mentioning that despite difficulties, the surveys were successfully conducted in two cities i.e. Bishkek and Dushanbe.

Finally, it must be stressed that the results of the evaluation are not to be compared. In each city, the campaign was conducted in different settings. The opportunities to mobilize resources and the level of previous experience in prevention as well as the potential of the campaign providers also varied. The comparability of evaluation data might raise doubts, especially that no such intentions were present.

Part III

How to deal with prevention in CA countries

HOW TO INITIATE AND COORDINATE PREVENTION AT LOCAL LEVEL

Janusz Sierosławski – Institute of Psychiatry and Neurology in Warsaw

Introduction

The implementation of the MEDISSA component of the CADAP 5 Programme, especially the pilot local campaign, made it possible to gain a lot of experience useful to formulate recommendations for initiating and conducting prevention at local level in the countries of Central Asia. Although these experiences are limited to planning, implementing and evaluating local campaigns, i.e. they do not cover the full spectrum of a drug prevention programme, they still provided convincing arguments in favour of actions of this scale and they allowed for drawing up guidelines for stakeholders interested in this approach.

Although drug problems are in a sense universal in nature, the local image can vary greatly. The results of epidemiological studies show that there is a great deal of geographical variations in terms of both the scale and character of the drug problem. In Central Asia countries there are cities where drugs are associated mainly with heath problems, in other places social deprivation or illegal drug market issues take precedence. In some locations the prevalence of illicit substance use in adolescents becomes alarming while in other places socially excluded adult users are the main problem. Geographical variations are also observed in social response to drug use and the related problems. Although the phenomenon is universally condemned, locally it might take different forms. From the perspective of developing a local drug prevention programme, community-specific local, economic or cultural contexts seem to matter as well. If it is to be effective, such a programme should cover all of these specific features. Consequently, it is hard to fathom a single standardised programme for all communities. It is recommended that every community should implement a customised programme that would be based on local conditions and then respond to the local problem in the best possible way.

An important argument in favour of the local community as the basic prevention platform is the multifaceted nature of the substance use problem. Drug problems, similarly to other social problems, are the object of interest of a number of institutions and services ranging from education providers through health care, social welfare to public order services and law enforcement agencies. Although each of these institutions deals with a different aspect of the problem, the cooperation among them might considerable raise the effectiveness of their respective actions. This cooperation should be mainly pursued at the level of basic units for which the local community is a normal level of integration. To be permanent and meaningful, the cooperation among local institutions should be integrated at the local level. Apart from locally-oriented goals and the related actions, such a programme should provide a platform for the cooperation among all institutions and organizations operating in this area.

Features of a good programme

Before designing a local drug prevention programme, one should realize what features it should possess.

A drug prevention programme can be defined as a spectrum of actions which might lead to reaching a pre-defined goal in the field of drugs and drug addiction. To talk of a programme within this meaning, it is not enough to design actions but also to set goals. This is not the only way of developing the programme. However, the advantage is the ability to evaluate its effectiveness. If we fail to define precise goals, in other words, if we fail to specifically determine what state we want to achieve through our actions, obviously we will be unable to evaluate our actions. This way, we come to the first feature of a good drug prevention programme, namely **purposefulness**. Generally, purposefulness of actions is defined through the extent to which the provider was able to clearly and precisely state their intentions i.e. what goals they want to achieve and whether they have correctly selected and implemented the instruments for meeting the goals. Local drug prevention programmes should have

goals defined in response to identified problems. If in a local community, increasing drug use among school youth has been considered the most troublesome, then the goal of the programme might be stemming this growth. If a local community suffers most from the social exclusion of adult drug users, the programme should tackle this problem. Typical goals of the programme might be the reduction of fatal drug poisonings, reduction of injecting drug use-induced HIV/HCV infections or increasing the number of patients in drug rehab and treatment clinics. If the goal has been defined then tools to reach the goal must be carefully selected taking into account the causative relationship between the programme action and the expected outcome. This is the second feature of a good drug prevention programme i.e. **rationality**.

It is important that while selecting actions one draws on evidence base, not stereotypes or myths. An example of an irrational approach to the problem is the idea of catching all drug dealers through large-scale police operations and consequently solving the drug problem. This approach is against the logic of the illicit drug market, ignores the relationship between demand and supply whereby demand will always generate supply and overestimates the effectiveness of law enforcement agencies. Consequently, such unilateral actions usually prove futile.

Another feature of a good programme is **feasibility**. It refers to both programme goals and actions. The programme feasibility dictates that goals must be realistic and actions doable by providers who possess relevant means under given circumstances. While developing a programme we have to choose between ambitious goals and the real work conditions. Lowering high ambitions does not have to be the only solution when faced with insufficient resources. Another way out might be seeking extra resources or mobilising the existing ones. Feasibility might also be limited by public attitudes.

Feasibility is linked to the programme **cost-effectiveness**, which is the relationship between expected input and output. While developing a drug prevention programme one must strive for the choice of actions which will lead to expected results by means of the lowest possible spending. It is worth selecting actions of the best cost-profit ratio according to the principle of cost reduction and profit maximization. With limited resources, whether financial or other, sound economic management makes it possible to implement a wider range of actions.

Potential effectiveness of the programme is also determined by another dimension called **complexity**. This feature denotes harmonious combination of the programme components as a whole, i.e. goals, actions and providers. It is of crucial importance to build a cooperation network comprising services, institutions and organizations. This feature is linked to another feature of a good prevention programme, which is **internal coherence**. A programme is internally coherent if the goals and actions are compatible and form a well-arranged system. A coherent programme is not only free from internal conflicts whether at the level of goals or actions but it forms a structure thanks to which respective actions are mutually reinforced. In a complex local drug prevention programme, activities targeted on the whole population of adolescents might provide a climate of favourable public attitude for drug user-related actions which in turn if successful they might reduce youth risks, even through the reduction of drug supply.

Programmes which might stay in conflict might be harm reduction projects and police operations against the illicit drug market. Both types of actions are implemented in drug communities and only clearly and jointly worked out conduct procedures of respective agencies make it possible to avoid conflicts. Unplanned, intensive police actions against drug users might shift the community deeper underground and make it difficult for outreach workers to reach them. On the other hand, working out such police conduct procedures which will encourage drug users to seek different forms of assistance locally might even raise the police effectiveness. It is worth making sure of the planned actions do not exclude one another and if they stay in conflict, how to handle the situation.

A good drug prevention programme should therefore be purposeful, rational, feasible, cost-effective, complex and internally coherent. These features considerably increase the programme effectiveness although they do not guarantee the programme success. The real programme effectiveness is also determined by a host of other dimensions, which partly remain beyond control. For example, our knowledge of the drug problem development mechanisms and its conditions as well as ways of prevention still remains incomplete. The resources we have at hand are usually insufficient, the problems of drugs and drug addiction frequently loses against other social problems in the fight to win priority treatment. A lot of stereotypes and myths prevail in the public perception, which makes it hard to address the problem in a rational manner.

Local drug scenes frequently change rapidly, which sometimes results in the programme becoming obsolete during implementation. Errors and omissions during implementation might ruin even the most promising plans. Despite all these limitations, the development and implementation of a good programme still seems the most rational response to a local drugs problem.

While planning local campaigns in Dushanbe, Bishkek, Astana, Ashgabat and Urgench we took

every effort to make them meet all the aforementioned six criteria. The campaigns had a specific goal of drawing parental attention to the need of greater care for children, devote them more time and take interest in their problems. The rationality of actions taken is decided by the protective role of family, which is well-grounded theoretically and empirically. It was the reinforcement of the family and its preventive function that became the cornerstone of the campaign concept. At the initial stage, the range of planned actions was very wide. It was not always possible to meet the feasibility criterion. Only at the stage of budget planning after being faced with the tough reality did some of the campaign goals have to be given up. Limited campaign funding resources necessitated the cost-effective approach. To a large extent, funding gaps were offset by the work of volunteer workers or services provided free of charge such as TV or radio advertising time, rooms or celebrity performances in TV spots.

In each country the campaign involved a number of institutions and organizations representing various sectors, which contributed to the fulfilment of the complexity criterion. Internal coherence was examined at all stages of the campaign planning.

The pilot local campaign experience shows that in Central Asia countries it is possible to structure and launch local antidrug actions.

Programme development phase

The programme development phase comprises the following components: situation assessment, goal formulation, selection of evidence-based resources, action design and programme development and output evaluation.

The situation assessment component requires the collection of information, its analysis and the formulation of conclusions. Depending on the size and potential of the local community, the assessment might be conducted in-house or commissioned to professional providers.

The scope of the situation assessment is described in Chapter... of the first part of this manual. Let us discuss here the methods of implementing the assessment.

Data useful to for the situation assessment might include statistics and records of drug enforcement services. Police data on the number of recorded drug-related crimes, drug treatment services data on the number of patients, sanitary services figures on the number of HIV infections among injecting drug users collected in the past several years. Such information allows for examining the phenomenon trends and provides grounds for the identification of priority problems. They also give the picture of the activity of respective institutions. Statistical data on drugs and drug addiction are collected at national level by specialized centres in each of the Central Asia countries. These centres might share at least some of the data aggregated at the level of our community, e.g. cities.

Invaluable information on the problem might be provided by interviews with drug users. This way one can identify not only present drug use patterns and their consequences but also assistance needs of a given group. It is also important that the interviewees be recruited in their own environment and to reach individuals who have not entered the drug service system yet. The interviews as the way of obtaining information can be used both with problem drug users, colloquially referred to as drug addicts, and young people experimenting with or using drugs occasionally. Another application of this method is conducting interviews with staff members of institutions aimed to assess the resources, find out about actions taken so far as well as needs and problems.

While conducting interviews one must formulate beforehand a battery of questions or issues to be discussed.

In bigger cities, one can refer to standard questionnaire surveys on representative samples of residents or selected groups such as adolescents. This data collection method is usually costly and requires specialist background. However, it might bring a great deal of information, including estimations of the population of individuals experimenting with or using drugs on an occasional basis.

By applying this method we are generally not able to estimate the number of problem drug users, i.e. drug addicts. To this end, we must apply other methods to obtain data from drug users. Such estimates will require support from the abovementioned monitoring centres for drugs and drug addiction located at central level.

Regardless of what data collection methods are applied in the situation assessment, the most important thing is to structure the data collection process, correct data interpretation and formulation of practically applicable conclusions and recommendations. The situation assessment component can be completed when it has provided such a picture of the problem which will help to identify top priority problems in the field of drugs and drug addiction, which in turn will call for intervention. This component can also be finished when we have found out all resources at hand including the results of the previous application thereof.

The situation assessment should be a starting point for ongoing monitoring of the phenomenon, thanks to which after certain time we will be able to evaluate our actions.

Another component of the programme development should be formulating goals. The result of

this component should be possibly the most precise answer to the question about what we want to achieve. Identifying intervention needs in the situation assessment must now be translated into the language of specific goals i.e. definition of the needed states. Let us look at an example and assume that following the situation assessment we conclude that on the margin of our society lives a considerable group injecting heroin users who tend to share needles and syringes and consequently contract HIV. This group suffer form a number of health problems related to injecting drug use. These individuals do not have means to live and live off small thefts, begging and prostitution. They do not benefit from any sorts of assistance due to helplessness and fear of being identified. This lifestyle poses serious threats to themselves and people around them. This general conclusion might serves as a starting point to formulate interrelated goals such as health harm reduction among problem injecting heroin users and reduction of social exclusion in this group. Depending on the type if information we were able to collect in this group, local conditions and resources we are capable of using, these goals can be further specified. It is worth noting that relationships between the goals are synergistic in nature i.e. success in reaching one goal increases the likelihood of reaching another. It happens so because the effect of improving health or at least stopping deprivation in this respect should facilitate social reintegration whereas reducing social exclusion should find positive reflection in health improvement.

If the assessment is comprehensive it usually provides grounds for formulating a number of goals addressing different facets of the problem. Limited (human/financial) resources often necessitate the choice of priorities. Respective goals usually remain interrelated, hence the recommendation that the choice criteria include the final output structure i.e. the whole of the programme.

The principle of realism dictates that possible goals emerging from the situation assessment be verified in terms of feasibility. It will happen frequently that an overambitious goal will have to be reformulated when it comes to finding ways of achieving it.

Next steps in developing a programme cover the selection of ways and methods of goal achievement and then planning actions. At this stage we must answer the question what needs to be done to bring about a needed state of affairs or, in other words, one must set tasks whose implementation will result in reaching a given goal.

Designing actions is selecting entities responsible for performing the tasks and activities as well as allocating available (financial) resources. At this stage, specific tasks are assigned to specific institutions, organizations, centres, etc. and implementing individuals responsible are appointed. In the event a task is implemented by several entities, terms and conditions of collaboration including, the collaboration coordinator, are agreed.

Let us get back to our typical goals such as harm reduction among injecting heroin users and reduction of social exclusion in this group.

There is a great deal of evidence that the effectiveness of injecting drug use-related harm reduction e.g. educating how to use drugs safely or syringe and needle exchange programmes. It is also known that this situation can be improved by substitution treatment. Satisfying basic life needs such as provision of food or shelter also favours health and social deterioration. It depends on local resources and their mobilization if these approaches, or some of them, can be applied. Public attitudes also play a certain role here. One can imagine communities where financing social welfare for problem drug users would not be readily accepted by local residents. In such a situation one might give up this element or introduce a new goal to the programme, which would be changing public attitudes. While making such choices one must balance costs and profits.

The development of a drug prevention programme should be completed with evaluation. The evaluation should cover both the process of reaching the final version of the programme as well as the programme itself, i.e. its outcome. The programme evaluation by specialists not involved in its creation and performed according to pre-defined criteria for a good programme usually makes it possible to identify beforehand its possible weaknesses and provides opportunities to repair them. Looking with a fresh eye helps to discover incoherent actions/goals, or possibly risks of adverse effects of actions planned.

Works on the campaign in each city began with the situation assessment. Due to time and financial limitations the assessment was conducted based on the information collected from representatives of local institutions which comprised the campaign working team. The information, mainly qualitative in nature, upon processing and analysis was used to set priorities and goals. It was concluded that in each city due to civilization threats the most important issue to address was protecting young people against risky behaviours, including drug use. The situation assessment led to the conclusion that the most promising course of action is turning to the preventive potential of the family. Family support as a protective factor became the cornerstone of the campaign. Planning the campaign finished with an evaluation of both the whole campaign programme and its respective components. For example, confronting draft versions of TV spots with

selected members of the target audience i.e. parents and listening to their opinions during meetings of the campaign working team made it possible to avoid a number of errors and considerably raised the quality of the spots.

Programme development model

The development of a local drug prevention programme can be viewed as a process. Initially, a question arises how this process should be launched and who can do it. It seems that there is no single right answer. A lot depends on local conditions, problem visibility, attitude of local authorities, activity of the non-governmental sector or finally the very residents.

We can differentiate two basic strategy building models. In one, the local authorities take the initiative, in the other it is the community i.e. non-governmental sector, representatives of institutions such as schools or health care, local media or active non-member residents.

Regardless of which model is chosen, it is necessary to get organized around strategy building. The first model is taken care of somewhat from above; however, in the second model, the strategy building should be a first step towards completion of this task. This process should involve local authorities as the organizer of public life in a given area and the distributor of public funds.

The starting point for the attempts to build a drug prevention programme should be the identification of the problem or its anticipation by initiators of the project. Drugs problem is not always visible to the whole community, sometimes it develops unnoticed. Young people generally do not want to be seen using drugs. First warning signs fail to be taken seriously or simply become ignored. They tend to reach individuals working directly with young people or those who see the consequences of using drugs e.g. doctors or police officers. It is in these groups that the need for rational response to the problem emerges most frequently.

Just as there are a number of possible scenarios of initiating works on the programme, there might also be a lot of strategies to do it. The programme work might involve a single person, e.g. somebody from the local administration or a hired professional. In this case we deal with a proprietary programme. Another solution is establishing a team responsible for developing the programme. The team composition can vary. It is recommended that it is comprised of representatives of possibly many local institutions and organizations dealing with the problem. Apart from representatives of the local authorities, it should include specialists in education, treatment, social welfare, law enforcement and non-governmental organizations. The programme developed by a diverse, interdisciplinary team is likely to include various points of view on the problem. Thanks to joint work on the programme, cooperation among institutions develops and it is easier for institutions to identify with the programme. No one needs to be convinced that the programme which was actively created is implemented with greater involvement than the programme imposed from outside.

Local campaigns in countries of Central Asia were somewhat imposed from outside through the CADAP Programme. However, it must be remembered that this action was also inspired by central level officials. Central level experts and officials were consulted concerning the basic framework of the programme. In each country, they also got involved in planning and launching the campaign, which partly resulted from locating the campaign in capital cities. Only in Uzbekistan had it been decided that the campaign instead of the capital city would be implemented in the city of Urgench. However, even there preliminary campaign works involved central level officials from Tashkent. The participation of central level officials should also be linked to the pilot character of the project and its international context. In large-scale local programmes one cannot count on the direct involvement of central level experts; however, it is always worth trying to obtain their support.

The experiences of the five cities in the region fully confirmed the advantages of interdisciplinary teams and showed that such cooperation is not only possible but can also progress without problems in a fully satisfying manner for the participants.

Programme promotion

One of the key factors for the success of a drug prevention programme, similarly to other forms of public activity at local level, is its public perception. Visibility of the programme and its initial effects guarantees best a permanent place in the life of the community. The local authorities and lastly the local population decide whether the programme will be just an episode or whether it will become a permanent element of the community life. It is particularly important if considerable funds for the programme implementation come from local sources.

The programme promotion is aimed to present the programme and its effects to the residents and local authorities with intention to win their support. Friendly attitude of the residents might facilitate a number of projects and prevent conflicts and misunderstandings. Even the very term of ‘drug prevention’ might generate unwillingness and resistance among some residents. Some elements of

the programme might result in some inconvenience for the residents. Only winning full approval for the programme, proving that it is necessary to conduct it and its advantages can allow fully effective work.

One might expect that wide public visibility of the programme will have positive impact on the involvement of direct providers of the programme. The conviction that one takes part in something important, something that is widely discussed in the community, generated additional gratification, which increased readiness to work. This strengthening effect is sometimes more important than the financial gain.

The support of local authorities and management circles of various institutions during the implementation of the programme might be a source of further convenience and an opportunity to take new initiatives or widen the range of planned actions. An ongoing promotion of the programme in the community and local authorities seems a must for the success of the programme.

The promotion of the campaign played an important role in our pilot project. Thanks to our promotional efforts we were able to involve a number of voluntary workers. In turn, they were able to mobilize local resources on a massive scale. The CADAP (=capacity building programme) could not provide sufficient funding for the campaign. Each campaign city was able to mobilize resources which exceeded many times the CADAP financial input in the campaign.

Programme monitoring and evaluation

The fundamental goal of monitoring the programme implementation is providing credible information for the evaluation and possible modification of actions taken. In other words monitoring serves the programme evaluation. It provides data for process and outcome evaluations i.e. the study of the progress of actions taken during the programme implementation and the extent to which it was possible to achieve the programme goals.

The process evaluation seeks to determine the extent to which the program is operating as planned. The basic purpose of the process evaluation is to describe what is happening in the program, and the context in which it is operating. Examples of process evaluation questions in the case of a campaign could be as follows:

- How many people were reached by the campaign?
- What was the extent of the action?
- How relevant was the campaign message to the target audience?

An evaluation of the programme outcomes should feature measurements to what extent the goals of the programme were achieved.

Examples of outcome evaluation questions in the case of a campaign could be as follows:

- How many parents benefited from the campaign and to what extent was their knowledge improved about drug problem and prevention opportunities?
- How many parents spent more time with their children and to what extent?
- Was there improvement in the quality of contact between parents and children?

Monitoring and evaluation should be planned and prepared along with the preparation of the whole campaign. Both the programme goals and actions must be assigned measurable indicators. Next, ways of collecting and analyzing data must be planned.

In the CADAP 5 campaigns, one of the goals was sensitizing parents to the need for giving more attention to children. A campaign success indicator was the amount of time devoted by parents to their children. Raising this amount was used as a measure of campaign success. In the previous part of this manual it was described how to measure this indicator i.e. the method of collecting and analyzing data.

Summary

The implementation of the MEDISSA component of the CADAP 5 Programme revealed a great drug prevention potential of local communities of Central Asia countries. The European local approach to drug prevention can be fully implemented in the countries of the region. Although political systems of Central Asia countries are centralized, the traditions of social life management at local level such as mahalla remain strong. Consequently, in the countries of this region, similarly to many European countries, the role of the local community in developing drug prevention strategies is very promising.

CULTURAL CONTEXT OF PREVENTION

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Introduction

Global nature of drugs and drug addiction requires global response. This fundamental concept of international cooperation in the field of drug prevention is universally accepted. An open question is how to implement it or, in other words, what the global response should look like, including national and local variations. At first sight, this trivial question takes the practical form if we want to plan prevention at national or local level. In other words, the question of the right balance of the global approach requirements and the needs dictated by national and local conditions of the problem should be considered. This question is the subject of discussion in this chapter.

Geographical variations of drugs and drug addiction

Even a brief analysis of epidemiological data from different European countries available at the website of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[1] indicates considerable variations concerning drugs problem. For example, some countries of our continent are dominated by the heroin problem, in others it is cocaine and somewhere else it is synthetic drugs such as amphetamines or methamphetamines. Although in all European countries cannabis enjoys the highest prevalence, the scale of the phenomenon and the drug use patterns vary greatly from country to country. Substantial discrepancies are observed in terms of sociodemographic profiles of users.

Trends also vary. For example, in countries such as Croatia, Italy or Portugal, we notice a downward trend in heroin use while in Turkey, for instance, this problem is on the rise.

In Central Asia we observe similar variations. Although in all countries of the region opiates remain in the foreground, especially injecting heroin use, still the scale of the problem varies geographically. Even indicators of drug-related problems such as fatal drug poisonings, HIV/HCV infections or the level of social deprivation are different. In some countries of the region such as Kyrgyzstan or Kazakhstan synthetic drugs are arriving although there are still countries free from this trend. Public perceptions of cannabis use also differ. In some areas it is not perceived as a drug.

In some Central Asia countries, similarly to Europe, we can observe variations at national level. In each country, there are areas more and less vulnerable. It is linked both to the question of the diverse availability of drugs locally as well as cultural patterns or lifestyles.

The nature of the drug scene nature should dictate the choice of priorities and selection of drug prevention methods. That is why, in some European countries, for example in Germany, Italy, Poland or Spain, considerable attention is attached to the development of local and regional drug monitoring systems which provide data on the changes in drug scenes of regions or cities. The thus obtained data provide grounds to set goals and design actions in drug prevention. This way, a customized response to the drugs problem is created, including specific local conditions.

Cultural variations

Prevention, as every activity in public domain, must take account of the cultural context. No one needs to be convinced that the cultural context in Central Asia differs from the one in Europe; however, cultural variations within Central Asia, at least from the European perspective, are not so obvious. Despite the shared historical experience of the 20th century, one can notice a lot of diversity, which originated in the past and is still developing. The process of globalization seems to be replacing these variations with similar lifestyles and consumption

[1] http://www.emcdda.europa.eu/

patterns. This process however is not progressing across these countries at the same rate and in the same fashion. In some countries of the region, local traditions, norms and customs are still existent. Despite common roots in the Soviet Union, present structures of community life in each country are evolving at somewhat different rates.

Form the point of view of drug prevention, such issues as the dominant system of values, social norms, lifestyles, customs, organization of community life or institutional structure seem important.

While planning drug prevention activities one must make sure that they fit in the cultural context. It is of vital importance to avoid conflict between planned actions and norms.

Some cultural differences in Central Asia countries create unique opportunities for drug prevention. A high level of informal social control of mahallas is fertile ground for local prevention. These traditional, now formalized neighbourhood structures of community life might play a significant role in the prevention of drug use and other risky adolescent behaviours. Mahallas do not only fulfil the role of social supervision but also provide support. We realized this in the city of Urgench, where during the local campaign mahallas came into play. It must be added that Urgench is a small city where traditional mahalla structures are well preserved.

Another example of the advantage of cultural diversity is religion. In mainly lay societies of Europe, religious organizations also play a certain role. However, in Central Asia, at least in some countries, the role of religion might be far higher. Referring in drug prevention to religiously sanctioned moral norms and religious values in countries where religion is reviving might bring positive results.

Evidence-based prevention and its limitations

Most evidence-based prevention programmes were originated and verified in the US. Under the term 'programme' we mean a certain type of standard 'prevention technology' accompanied by a manual describing respective procedures in detail. Some of the programmes were adapted to be carried out in Europe, sometimes without proper evaluation. Other programmes were simply imported and conducted *in extenso* with no prior adaptation. It was thought that that a programme verified in the US would also be successful in any European country. In reality, an evidence-based programme in a specific cultural context does not equal universal effectiveness i.e. it might fail in other cultural contexts. Regardless of similarities between the American and European cultures, notable differences exist. There are mainly located in the areas of tradition, system of values, social norms, dominant parenting strategies, economic conditions, political and administrative structures, etc. All these differences might affect the implementation of a prevention programme and consequently its effectiveness.

One cannot ignore the diversity across Europe. Cultural difference between Scandinavian countries such as Norway or Sweden and southern countries such as Greece, Italy or Spain are in many respects greater than differences between Europe and America.

Last but not least, a number of European countries, especially larger ones, are also internally diversified. Rural communities in southern or eastern Poland differ markedly in terms of culture from big urban communities such as Warsaw or Krakow.

Can we expect that a programme imported from the US as evidence-based 'prevention technology' will be equally effective in Paris, Warsaw, in a Basque village or Norwegian Fjords? It seems that without careful analysis, adaptation and verification in the course of evaluation studies, each of the above location does not fully guarantee effectiveness of the programme in our specific sociocultural situation.

Grounds for this conclusion can be found in the relationship between prevention and the cultural context. Contemporary prevention as science draws heavily on psychological theories and does not always attach sufficient importance to the social and cultural context. In seeking universal rules governing human behaviour, psychology ignores cultural aspects which might affect these rights. Although physiologically all humans are similar, we are still unable to limit our explanations for human behaviours to the level of neurobiology. Therefore, evidence-based prevention programmes sometimes fail to prove effective. What is more, under some circumstances they might even bring about adverse effects.

A number of risky adolescent behaviour prevention programmes developed and tested in the US originated from the liberal traditions. Consequently, they are based on partnership relationships between adolescents and their parents, teachers or, more widely, adults. The focal point is usually negotiating with young men principles they must abide by. The negotiations sometimes end up with a written contract to which an adolescent is a party enjoying equal rights. In cultures of Central Asia dominated by authoritarian parenting strategies based on the indisputable authority of adults such as father or teacher, such programmes are doomed to failure. At most, they might initiate a social transformation which will defy traditional values. It is easy to guess that such a change will escalate problems, especially in the transitional period.

Another example is provided by assertiveness training, which was extremely popular in the 1980s. This US-born approach holds that the drug problem among adolescents is the consequence of peer pressure and results from the lack of refusal skills. Young people are not able to effectively protect their beliefs and lifestyles learnt at home in a way that would not exclude them from the peer group. Such programmes concentrate on teaching such skills. The problem is that the unpremeditated application of this approach as remedy to the spread of drugs among young people in countries where drugs have not yet become the symbol of the adolescent's self-identification might turn out to be a complete failure.

The importance of the cultural and social context is also manifested in the hopes vested in the family-based prevention. In some European countries, where family traditions have been questioned and the very family ceases to be the leading support for adolescents, this approach does not seem to be promising. However, in countries where these values have been preserved and family still remains a tower of strength, reinforcing this preventive function might bring fantastic results.

The question of cross-cultural applicability of programmes verified somewhere else always requires in-depth analysis. It should aim to answer the question whether this approach is culturally meaningful to our reality and if so, what should be the extent of adaptation. It is always worth considering whether instead of adapting an imported ready-made programme it is not beneficial to treat it as inspiration to develop one's own programme, which would better suit the local needs.

Whether we adapt an imported programme or develop one's own drawing on inspirations from someone else's achievements, we must test it on a small scale by implementing a pilot version with particular emphasis placed on evaluation studies. This is the path we followed during the implementation of the MEDISSA component of the CADAP 5 Programme. The pilot campaigns launched in four cities in Central Asia were intended to test new prevention approaches based on the European experiences.

Summary

Both the drugs problem and its cultural context vary greatly across continents, countries and even inside the latter.

While planning a prevention project one must remember that it must suit best the local profile of the problem and local cultural context.

Drug prevention, similarly to other social interventions, should be implemented with respect for prevailing cultural patterns in a given community. It is a major limitation to the universality of approaches or prevention programmes developed and tested in other cultures. Such programmes must be culturally adapted and evaluated whenever they are to be implemented in a new cultural context. The term 'evidence-based' should be understood as 'based on experience, however, gained in a given cultural context'.

RECOMMENDATIONS FOR WORK IN RISK GROUPS: SELECTIVE AND INDICATED PREVENTION

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At-risk children and adolescents

The first chapter of this manual contains definitions of prevention levels. Selective and indicated prevention (traditionally termed prevention of second degree) refers to risk group work. Risk groups might be young people at school age who experiment with psychoactive substances, have been noticed for committing petty crime or acts of vandalism or have serious problems at school. Knowledge of risk factors for problem behaviours in adolescents and ways of confronting these behaviours are the foundations of prevention work in risk groups. This chapter is devoted to recommendations for prevention work with such youth groups.

Recommended courses of prevention work with risk groups:

Progress in research into protective factors and mechanisms of positive behaviour adaptation of children and adolescents shifted focus towards **positive strategies**. It is particularly important if we consider the existence of such risk factors **that we cannot help having or where our influence is very limited** (genetic factors, mental diseases, parental addictions or crime, macrosocial factors such as poverty, unemployment, social life disruption). Three positive strategy-based types of prevention work with risk groups can be distinguished and recommended:

1. Programmes targeted on improving educational and prevention skills of parents and guardians of adolescents.

2. Programmes targeted on integrating at-risk youth in actions which provide a sense of purpose and favour personal development of young people.

3. Programmes of developing mentor skills for teachers, religious leaders and other individuals involved in educational work with young people.

These courses of action allow more optimism about the prospects of problem behaviour prevention and its potential impact on the development of young generations.

1. Programmes targeted on improving educational and prevention skills of parents and guardians of adolescents

Under CADAP 5 project in 2011-2012 training seminars were held to improve educational skills of teachers, counsellors, police officers, NGO leaders and other caretakers of teenage young people. The seminars featured selected components of the Polish programme of *School Preventive Intervention*. The seminars triggered interesting exchanges of experiences and showed that the method of preventive intervention after being adapted to organizational and cultural context of the project partner countries might be a useful tool in work with youth at risk of addictions. It is worth including this method in the curriculum of standard training courses for professionals working with young people.

School preventive intervention method

Aims

The aim of this method is to prevent problems related to the use of psychoactive substances by implementing an intervention towards a pupil exhibiting problem behaviour and providing support and assistance for his or her parents.

Training participants

The training should involve the following groups of youth prevention and education stakeholders:

– teachers/educators,
– school counsellors,
– police officers working with young people,
– leaders of youth organizations,
– leaders of religious groups.

Training contents

- Reliable knowledge regarding:

– psychoactive substances, alcohol, tobacco and selected most prevalent drugs used by young people,

– warning signs of substance use,
– legal regulations and procedures for interventions towards teenage substance,
– principles of communication in conflicts and highly stressful situations.

• Understanding the perspective of a pupil (young individual) experimenting with psychoactive substances.

• Structure of preventive intervention towards a pupil:

– role play of intervention interview with a pupil,
– role play of interview with parents.

Duration – approx. 8-10 hours

Trainers

Trainers should have experience in conducting group sessions by means of workshop (activating) methods. They must also demonstrate a solid knowledge of substance abuse prevention, warning signs, legal regulations and very good interpersonal skills.

Intervention structure

The structure of the intervention is comprised of:

a/ interview of a school staff member (or another youth organization) with a pupil,
b/ interview of a school staff member with parents
c/ monitoring key arrangements between the school and the parents.

a. Individual interview with pupil

Generally, the individual interview with a pupil caught (or suspected of) using psychoactive substances aims to establish contact and motivate him or her to change problem behaviour. Consequently, the interviewer's skills are of primary importance plus the proper atmosphere. It is also very important to stress in the interview that the goal of the intervention is to provide support in coping with the wrong (risky) behaviour. On the other hand, the pupil should get a clear message that the help does not equal permissiveness and approval of alcohol, tobacco or drug use by the school. As a result, the interviewer informs the pupil of possible disciplinary consequences of his or her actions. An important part of the interview is also giving specific information on direct health and social consequences of further substance use. Passing on this information is one of the factors to motivate the pupil to change their behaviour. The interview is also intended to collect information necessary to assess the gravity of the problem and make decisions what to do next, for example whether it is necessary to refer the pupil to a substance abuse counselling centre or seek some other form of professional assistance. At the end of the interview the pupil is informed that the interviewer will get in touch with his or her parents and they will jointly decide what to do next.

b. Individual interview with parents

During the interview with parents, similarly to the pupil interview, social skills of the interviewer are vital. They make it possible to establish contact with parents and encourage cooperation with the school. The interviewer shares her observations on the child's situation and changes that have taken place in his or her functioning and gives her assessment of the problem. Parents are also encouraged to share their observations and express their opinions on their child's behaviour. They receive reliable information on possible health and social consequences of psychoactive substance use. The interview is aimed at working out further action towards the pupil. Parents are advised to take the following steps: (1) talk to the child, express their concern and set clear expectations of the child to stop using psychoactive substances, (2) oblige the child to follow school rules, (3) stay in contact with a school staff member in order to monitor the child's behaviour following the intervention.

c. Monitoring contract execution

Ongoing cooperation between parents and a school representative as well as mutual exchange of information are crucial for the success of intervention. Supervising the pupil's behaviour and supporting positive changes requires smooth information exchange between the intervention provider (teacher or school counsellor) and parents. The manner of further contacts is agreed if it is necessary and possible for both sides.

The method of preventive intervention which has been outlined in this chapter is part of prevention work targeted on improving educational skills of parents and guardians of adolescents.

Difficult moment of preventive intervention

There are at least two aspects of the intervention which an inexperienced prevention worker might find difficult. One is psychological and the other is the social context of the intervention. To put it simply, an intervention provider must handle the opposite motives which on the one hand incline her to punish a pupil caught smoking cigarettes, drinking alcohol or using drugs and on the other hand to provide him or her with assistance in order to change the wrong behaviour. Integrating these two opposite motives is psychologically challenging. Sometimes the temptation to punish wins and then

some teachers regard the intervention as a form of repression with the participation of parent and/or the police. Evaluation studies of the preventive intervention in Poland demonstrate that this type of action makes parents object and precludes their cooperation. It is also wrong to be too lenient and fail to hold the pupil accountable or give in to his or her requests that the parents are not informed. Such conduct is against the school rules. In an intervention where facing consequences (receiving punishment) is an instrument for creating a more understandable environment for the pupil and it does not serve as a form of repression, the provider is expected to be highly mature.

Another difficulty is the social context of the intervention. A situation when a pupil gets drunk on a school trip or is caught possessing drugs at school is socially reprehensible. Most often it is a source of great stress for parents. In many cases, the interview with the pupil and his or her parent might be compared to a critical intervention. However, the social context i.e. the intervention being conducted by a school worker and thus representing an institution on which the pupil's educational career is dependent, frequently makes the pupil feel threatened and causes parents to stiffen. The interviewer must be able to handle parental defences, help them deal with stress or considerable agitation at times. Then the interviewer must win the trust of the parents and convince them to cooperate for the child's good. The interviewer (teacher or school counsellor) is required to possess great skills, which in the course of brief training can be practised to a limited extent. The situation gets even more challenging if the teacher comes across a disruptive family and parents who fail to handle parental duties. Then instead of allies in prevention work, the teacher meets adults who need intervention themselves. Such situations call for immediate help from the school counsellor or an outside specialist as well as active participation in further intervention.

2. Programmes targeted on integrating at-risk youth in actions which provide a sense of purpose and favour personal development of young people

The experiences of the CADAP 5 project show a considerable potential of Central Asia countries to implement prevention based on the involvement of young people in constructive extracurricular and extramural classes (e.g. youth clubs, special interest clubs, prosocial activity, physical and sports activity). Such activities favour the development of various skills, including social skills, stress and negative feelings management skills. They help to build self-confidence, get spiritual and moral strength, develop self-worth and care for one's health. Extracurricular classes and programmes facilitate the development of positive relationships with the school and extramural activities engage young people in prosocial activity for the benefit of the local community. In other words, such projects comprehensively develop the protective potential of adolescents. It is worth developing such forms of work with young people focusing on the needs and abilities of young people growing up in high-risk environments.

Specific recommendations

Developing constructive youth groups and clubs

Young people often take unnecessary risk related to the use of psychoactive substances in the company of peers not because they are not assertive or self-confident enough but because they wish to feel accepted by their peers. That is why an effective response to negative peer pressure is the structured and adult-supported activity of constructive youth groups e.g. youth religious groups, scouting teams, travelling clubs, art groups, theatre club, discussion clubs where young people can do interesting things and find attractive peers. We recommend that such groups be established in a fashion which will enable high risk individuals to participate under the same rights as young people who receive proper parenting. The success of youth groups largely depends on the leader, teacher, trainer or instructor and whether a staff of youth leaders are prepared in time. Finding the right person who combines (e.g. artistic, sports, social) passion, workshop skills in a given area and pedagogical skills is crucial for the success of the project.

Developing constructive hobbies and organizing extracurricular classes

In educational work with young people it is worth developing constructive hobbies in the areas such as music, art, theatre, etc. as well as involving young people in culture, sport, travelling. A number of schools, youth organizations and NGOs provide young people with extracurricular classes. However, such settings are usually visited by well-parented adolescents with clear-cut interests and abilities. It is worth creating a range of extracurricular activities focused on the needs of at-risk adolescents, who do not always have specific hobbies and passions. For young people who feel great needs for sensations, and who cause educational problems for adults, traditionally nice forms of extracurricular classes might be unappealing and insufficient. These teenagers must get involved in controlled risk activities. Extreme sports or survival camping might meet the expectations of this group of adolescents.

It is crucial that all activities aimed at developing youth interests be constantly supervised by adults.

Improving prevention competence in sports organizers and trainers working with young people

Sports classes naturally attract young people with high demands for stimulation and powerful feelings. It is one of stronger risk factors for problem behaviour in young people. Sports classes, especially contact sports such as football, basketball, boxing, karate appeal greatly to high-risk group adolescents. That is the reason why sports clubs and organizations provide good grounds for selective and indicated prevention. If it is to be effective, one must take care of the educational and prevention competence of trainers and sports teachers. They should be aware of special needs of young people with great needs for sensations and should know how to respond to those needs. Just doing sport or competing might not be enough to protect young people against risky behaviours. The lack of consistent discipline might result in the aggravation of psychoactive substance use, aggression and other problems in sports groups. That is why, such activities should be conducted with extra supervision and the sports trainer or trainers should possess basic skills in the field of educational and prevention work in high-risk groups. Assessment criteria for youth sports clubs are also very important. Clubs are usually accounted for the sports performance, podiums and medals. This system, which is used in professional sport, might lead to educational omissions and adverse effects. That is why, we recommend applying both sports and educational criteria in the assessment of youth sports clubs.

Compensating for background omissions and cognitive deficits

A very useful form of prevention work with low-performing pupils is compensatory education conducted both at school and outside school. Pupils at risk of grade repetition or performing poorly are more vulnerable to problem and risky behaviours. They are often under a lot of stress, suffer from low moods and fail to function normally at school. Depending on difficulties (individual and/or background omissions) it is worth working out a plan for compensatory classes together with the pupil. In the case of developmental deficits it is helpful to consult a counsellor or other professional. Any action should be preceded with an individual consultation with a pupil and his or her parents in order to better identify the source of the problem.

3. Programmes of developing mentor skills for teachers, religious leaders and other individuals involved in educational work with young people

High authority and prestige of older people in the societies of Central Asia provides a natural habitat for the development of selective/indicated prevention, which is called mentoring in the Anglo-Saxon culture. Young people in adolescence seek support from adults outside their immediate family. Teachers, religious leaders, youth group leaders, distant relatives, sports trainers sometimes become natural mentors of adolescents. Having an adult mentor is a protective factor for an at-risk adolescent and is linked to fewer problems at school, conflicts with the law and other risky behaviours.

Therefore, we recommend that, drawing on the existing spiritual and human resources, including mainly traditional neighbourhood structures (such as mahalla), Muslim and other religious communities, school communities and NGO leaders, adults are prepared (trained) to work as volunteer mentors for at-risk adolescents. Adult mentors individually work with their charges helping them to do school work and solve everyday life problems. It is also useful to draw on one's personal experience (e.g. life-experienced female mahalla members who deal with youth problems) as well as international experience of such mentor programmes as *Big Brother, Big Sister*[1] . These programmes constitute practical results of research into psychological resilience to negative impact of risk factors among children and adolescents.

Summary

The above suggestions for risk group work in Central Asia countries derive from the experiences collected during joint work with professionals dealing with problematic young people in this part of the world. The confrontation of European practices with the work performed by our colleagues from Dushanbe, Urgench, Bishkek, Astana or Ashgabat makes us particularly hopeful about the actions aimed at improving educational and prevention skills of parents and other youth guardians, developing mentor skills among teachers, religious leaders and other individuals involved in education work with young people as well as engaging at-risk adolescents in activities providing a sense of purpose and favouring personal development.

It is useful to draw on the potential of cultural resources of the region such as unquestioned authority of elders, still vivid traditions of social life organization (mahalla) or the system of norms and values rooted in religion.

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