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Community-based drug prevention programmes from EDDRA

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Contents

Contents	2
Tables and Figures	2
Introduction and Background	4
Discussion of Results	5
1. Approaches	6
2. Settings	8
3. Objectives	9
4. Basic Assumptions	18
5. Actions	20
6. Evaluation	20
Conclusions	25
Annex	27
References	31

Tables and Figures

Tables

Table 1: Madrid Municipal Government Intervention for Adolescents	5
Table 2: St. Aengus Stay-In-School Youth Project	8
Table 3: Information Based Interventions	11
Table 4: Interventions promoting Skills Development	12
Table 5: Interventions Promoting Networking	12
Table 6: Projects Targeting Youth at Risk	13
Table 7: Research Based Projects	13
Table 8: Projects Implemented in Specific Settings	14
Table 9: Early Interventions and Therapy Referral Systems	14
Table 10: Projects Targeting Families at Risk	15
Table 11: A Peer-to-Peer consultancy Project	15
Table 12: A Project covering Alternatives to Drug Use	17
Table 13: Projects that Support People	18

Figures

Figure 1: Distribution of Analysed Projects	5
Figure 2: Project Approaches	6
Figure 3: Project Settings	8
Figure 4: School Based Interventions	9
Figure 5: General Objectives	9
Figure 6: Many Objectives are Inter-related	10
Figure 7: Specific Objectives	16
Figure 8: Information Provision to Different Target Groups	16
Figure 9: Target Groups Receiving Life Skills Training	17
Figure 10: Basic Assumptions	19
Figure 11: The Relationship between Objectives and Assumptions	20
Figure 12: Indicators	21

Figure 13: Indicators in Relation to Main Objectives.....	22
Figure 14: Results in Relation to Indicators	22
Figure 15: Correct and Incorrect Indication of Evaluation Results	23
Figure 17: Programmes Targeting Different Aims Indicated by Country	24
Figure 18: Primary Emphasis of Intervention by Country.....	25

Introduction and Background

This paper presents the results of a qualitative analysis on 80 community-based prevention programmes in the EDDRA database.

When gathering the results from the EDDRA¹ database on community-based prevention programmes, the main problem was the lack of a uniform concept of the term “community” in Europe. Many programmes consider “community” as a group of individuals, and “prevention” as an activity carried out by them (bottom-up approach). However, other programmes think of “community” as a set of local institutions, agencies and authorities who conduct preventative activities in the community (top-down). For further reference, see the analysis of the EMCDDA questionnaire survey about Community Based Prevention Programmes, autumn 2001 http://www.emcdda.eu.int/multimedia/project_reports/responses/Test_survey_community-based_prev-prog.pdf.

Owing to these considerations, the database search used two different criteria. The first search was aimed at a broader concept of networking and looked for specific settings using the following key words a) community b) school programmes, c) first childhood intervention d) family approach and e) youth programme outside school. The second search used a bottom up approach focusing on target groups. The key words used were: a) adults, b) family and c) children/youth. The following types of intervention were included in the analysis:

- a) Programmes found under the community approach that implement preventative activities. EDDRA does not distinguish between community programmes of a preventative character and those where the primary emphasis is put, for example, on treatment or rehabilitation. The present analysis includes only preventative programmes, and not harm reduction, treatment or reintegration programmes. Programmes, which mention harm reduction objectives as a *secondary* element, were however included in the analysis.
- b) Family programmes, first childhood interventions or school programmes were included, if they embrace preventative activities in a smaller community, targeting at least three different groups (e.g. youth, parents and youth workers). Programmes targeting only two groups were excluded (e.g. school programmes aimed at youth and teachers).
- c) Youth programmes outside school programmes were included only if they embrace other approaches as well (for example community programmes and family approaches) and aim to establish a network. Programmes were excluded if they only indicate a “youth outside school” approach.

The projects selected for analysis did not necessarily include the word “community” in their title or in their expressed approach. An example of this is the project “Madrid Municipal Government Intervention Programme for Adolescents”. This project is focused mainly on the detection of children at risk, parents’ training, establishing a network and helping addicted people to find treatment. http://eddra.emcdda.eu.int:8008/eddra/plsql/ShowQuest?Prog_ID=2169

¹ EDDRA (= Exchange on drug demand reduction action) is a database established from the EMCDDA, which collects examples of programmes and projects throughout the EU. For further information, see <http://eddra.emcdda.eu.int:8008/eddra/>.

Table 1: Madrid Municipal Government Intervention for Adolescents

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
Madrid Municipal Government Intervention Programme for Adolescents	SP	Age: 13-18	<p><u>-Youth:</u> Decreased substance use, Better skills, Better identification of risk factors,</p> <p><u>-Parents:</u> Better knowledge of drug use causes of, risk and protection factors, -Better skills for discussing the issue, -Better knowledge of community resources,</p> <p><u>-Networking:</u> Better programme co-ordination of 403 entities of different types (NGO's, agencies, schools);</p>	<p>-Better Life management skills in adolescents,</p> <p>-Provide Community Services,</p> <p>-Offer Treatment for drug users,</p> <p>-Advise for teachers, parents and social mediators</p>	500K€ – 1M €

When considering different approaches, settings and objectives, it is difficult to find a universal definition of the term “community-based drug prevention programme”. To face this challenge, EDDRA data were transferred to an Excel sheet in order to get an overview of the activities taking place in community settings. The following variables ones were selected from EDDRA:

1. Approaches
2. Settings
3. General Objectives
4. Specific Objectives
5. Basic Assumptions
6. Evaluation Indicators
7. Evaluation Results
8. Type of Evaluation
9. Evaluation Tools
10. Actions

Discussion of Results

Eighty projects were analysed from the 15 Member States and the European Commission. The distribution is as follows

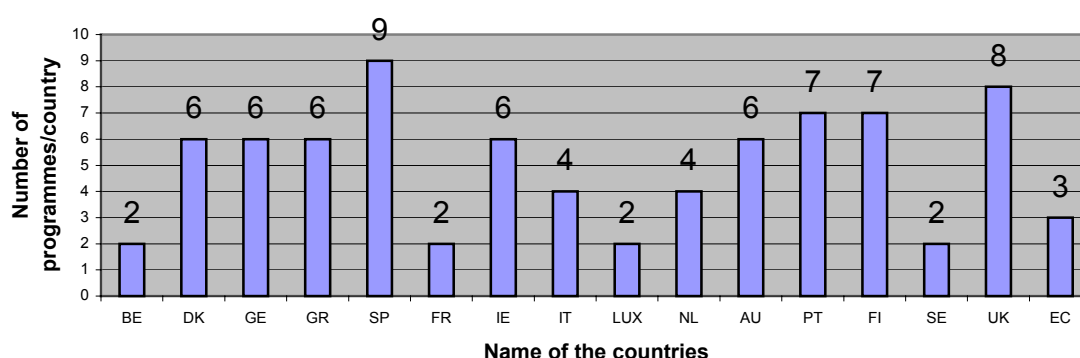


Figure 1: Distribution of Analysed Projects

Norway was included in the query, but no programmes were found that fit this analysis (no matches in community programmes, family programmes, youth

programme outside school and first childhood intervention). The number of selected programmes is not high and the distribution is homogenous. The highest contribution comes from Spain with nine programmes, followed by the UK with eight programmes.

1. Approaches

The total sum of approaches exceeds the number of projects (80) because the programmes might include more than one approach and there is often an overlap between categories. In general, programmes do not present more than three approaches, as the EMCDDA has recently limited the number of approaches to three to describe a programme. The most frequent approaches chosen by community-based prevention programmes were the following

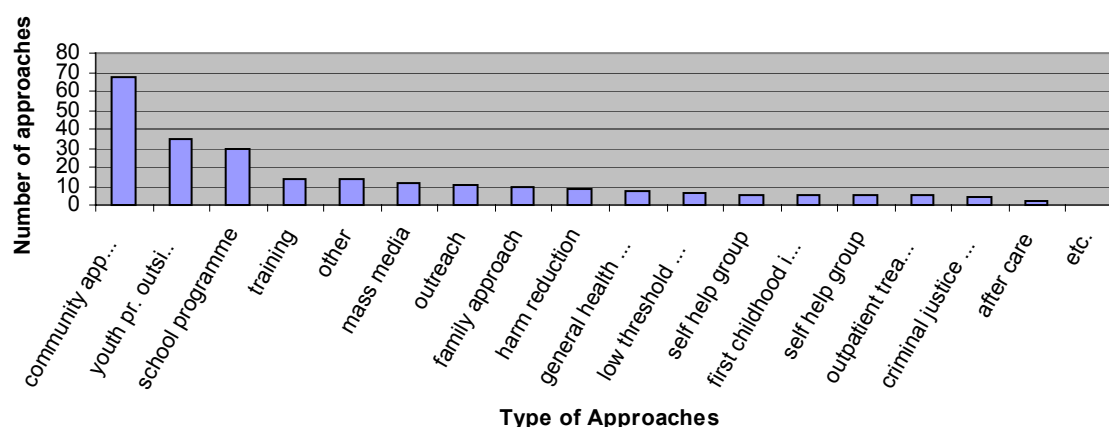


Figure 2: Project Approaches

A full glossary of terminology can also be found in EDDRA http://eddra.emcdda.eu.int:8008/eddra/plsql/genPage?Page_ID=19&Prog_ID=0.

Community Programmes

Community programmes found in this analysis 67 times are composed of activities, which are based on the involvement of a number of individuals (for example, parents and teachers), and/or community actors and institutions (for example schools, neighbourhoods and cities).

Youth Programme Outside School

Youth Programmes outside of schools are found 35 times in this analysis. Interventions target young people outside of schools and include a range of different types of interventions.

School Programme

School programme activities were found 29 times in this analysis, targeting young people attending school. This kind of prevention often includes elements like teaching materials and training, and often programmes cooperate with parents.

Training

The training approach mainly aims at increasing knowledge, skills and experiences in relation to drug demand reduction and appeared 23 times in the analysis.

Family Approaches

The family approach targets families to increase knowledge, training and skills. Concerning the 9 programmes found with a family approach: 6 were explicitly declared as family programmes and the rest were found in the *other* category with descriptions as “working with parents”, “adult education” or “parents information workshops”.

Mass Media

Mass media activities have broad coverage; examples are TV and cinema, advertising, press and radio, Internet, posters as a part of a campaign. Mass media activities can have different effects: on the one hand, they can alarm the public but on the other hand, they can also increase young peoples’ interest in drugs (see BZGA, 1994b, p. 37-38). This approach was found 12 times in this analysis.

Outreach Work

Outreach was found 11 times in the analysis. Outreach work is a method used by professionals, volunteers or peers to contact drug users or risk groups. The main aim is to inform about risks associated with drug taking, to reduce these kinds of risks and to help improving living circumstances.

Harm Reduction

Harm reduction was found 8 times in the analysis. Programmes of this kind include any activity targeting the reduction of harm resulting from the use of drugs by providing information and strategies to promote a safer use or to reduce it.

General Health Care

General health care approach was found 7 times in this analysis; the approach covers the management of the somatic consequences of drug use, defined in EDDRA as “requiring medical efforts exceeding the normal needs for the corresponding age group of the general population”

Low Threshold Service

These programmes were included when the establishment of a low threshold centre was an additional element within other objectives of secondary prevention activities e.g. when programmes offered different workshops in cooperation with schools and other institutions and establish a centre in order to get hold of the target group. In the programmes selected, the threshold centre had more the character of a contact centre than of a specific institution for drug users.

Self Help Group

This concept assumes that mutual support of concerned persons is constructive and the exchange of information is high and helpful. This approach occurred 5 times.

Criminal Justice Programme

These approaches target people who want to get more information about the Criminal Justice System or who are in danger or already are in contact with the law. This approach was found 4 times in the analysis.

Telephone Help Line

These approaches mainly offer information, advice and emergency help. Mostly they are targeted by parents, teachers, youth and drugs users. This approach appeared 4 times.

2. Settings

The most common intervention settings found in the analysis, are Community setting (58), School settings (50), (Kindergarten (6), Primary school (30), Secondary school (40) and University (5)), Leisure time (35), Youth club (27), Sport club (11), Disco (8), Bar (4) and Mass media (19).

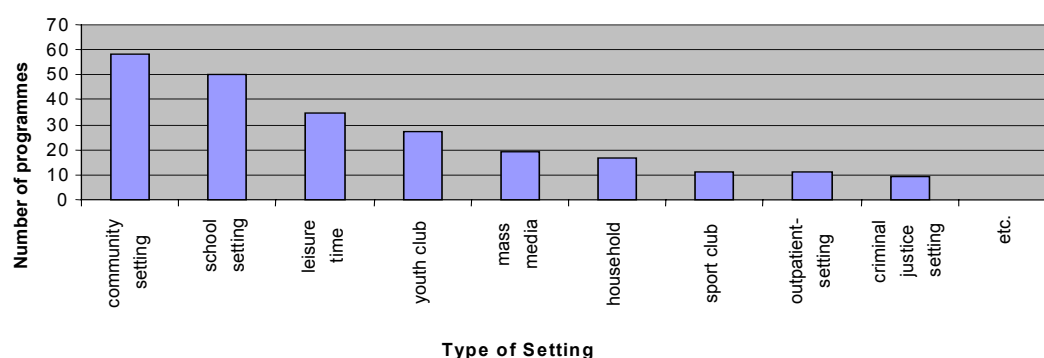


Figure 3: Project Settings

The analysed programmes are mainly “based” in the local community and primarily target groups in the local community. For example STAY (St. Aengus Stay-In-School Youth Project), in St. Aengus parish in Ireland targets youth at risk of leaving school early. http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2247

Table 2: St. Aengus Stay-In-School Youth Project

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
STAY (St. Aengus Stay-In-School Youth Project)	IE	Children/youth, age: 10-14; early school leavers	-Participants maintained during the previous two years in mainstream education; -Development of support Network;	-Provision of a needs based programme of activities; -Promoting active co-operation between home, school and community agencies; -Development of skills;	100K – 500K €

The school-based interventions target a range of young people, either at risk, or at those who have not had any contact with drugs. The majority of school-based interventions are developed in secondary school; the rest are implemented in kindergarten, primary school or university (refer to Figure 4). Programmes, focusing on an early phase of life, are launched in kindergartens or primary schools. These programmes cooperate strongly with parents because parents are considered to have the biggest influence during this period (a protective factor of future drug consumption). Programmes, implemented in secondary schools or at university, focus on the so-called “windows of vulnerability”, which are critical periods in the process of personality development. In this phase, the child’s behaviour seems to be

more influenced by the peers, which can be seen as a risk factor, than by their family, (Schmidt, 2001).

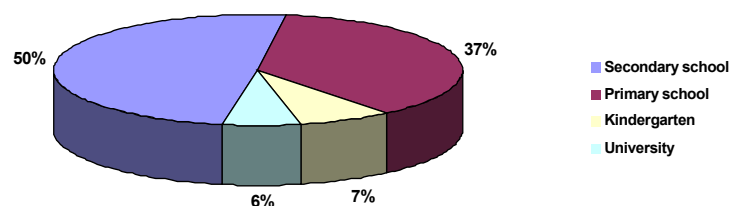


Figure 4: School Based Interventions

3. Objectives

a) General Objectives

In this analysis of community-based prevention programmes, general objectives are expressed broadly, the most frequently mentioned are:

1. Provision of information (information provision means education) (44%),
2. Skills Development and training (16%),
3. Networking (9%),
4. Specifically targeting youth at risk (8%),
5. Specific activities and/or specific settings (5%); etc.

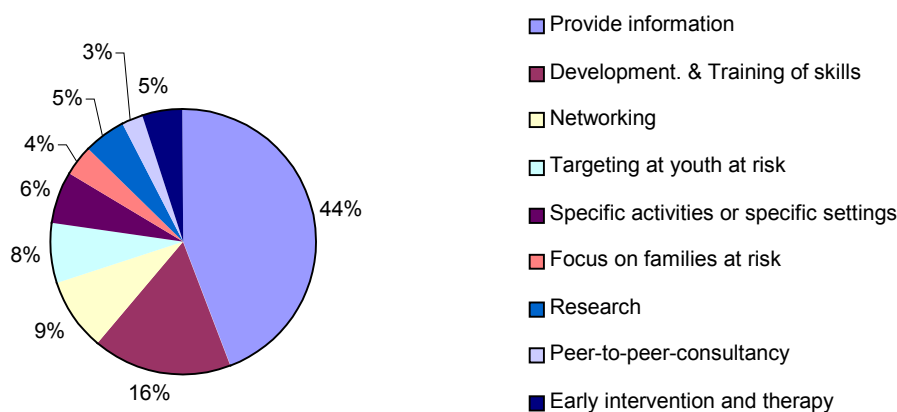


Figure 5: General Objectives

Out of the eighty analysed projects, thirty-five reported that their aim is to provide and disseminate accurate information about specific drugs and their effects, including drug related health issues, in order to prevent and reduce problematic drug use. The objective “to provide information” is also intrinsically presented in many of the other objectives like targeting families at risk (for example, Peer support for parents in low SES neighbourhoods to prevent child drug problems, The Netherlands, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2269, in which

parents from socially deprived neighbourhoods are supported through house parties). The general objectives of the projects analysed were divided into five categories:

1. Information Provision
2. Skills Development
3. Research
4. Early intervention and Therapy
5. Networking

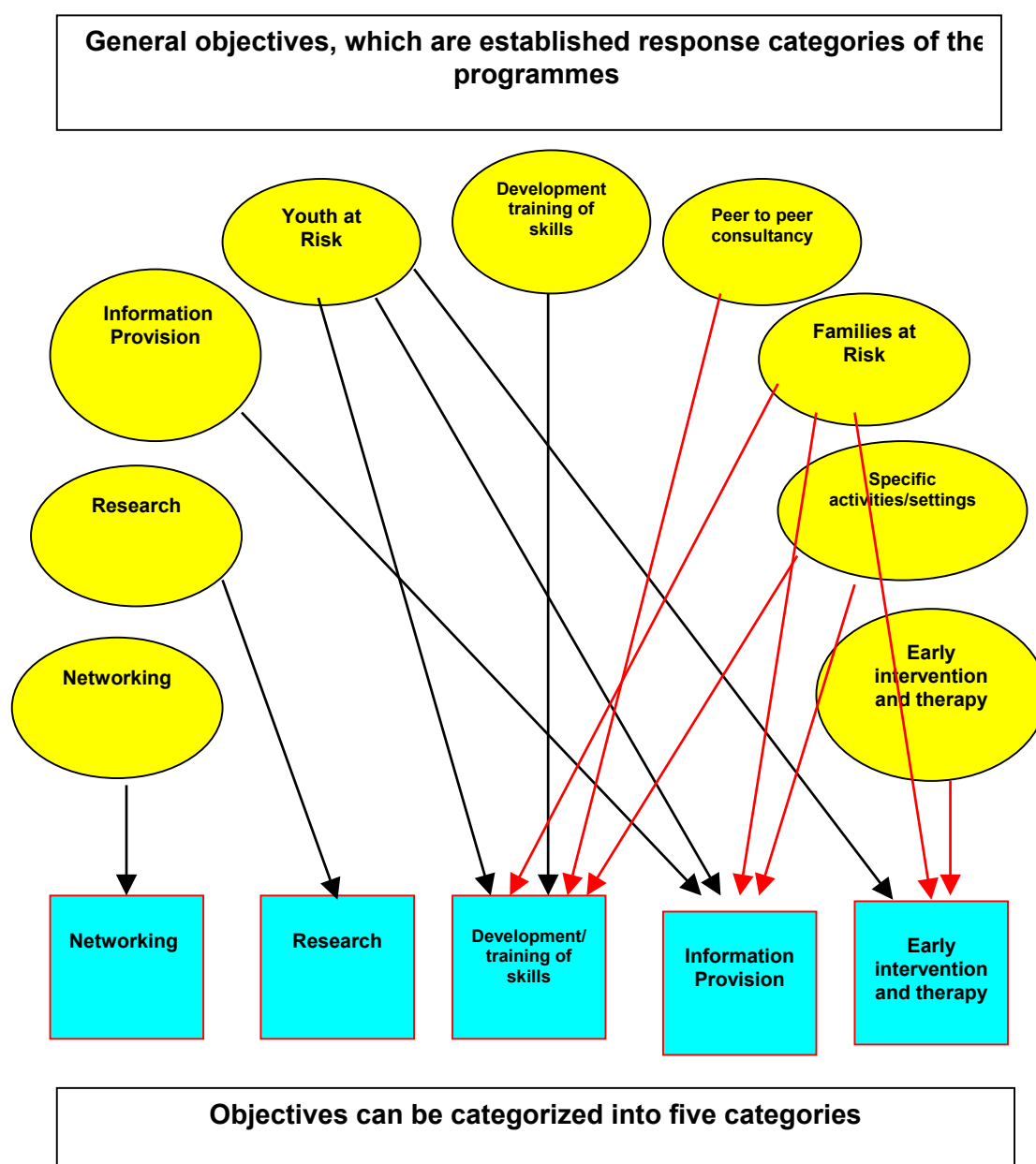


Figure 6: Many Objectives are Inter-related

Figure 6 illustrates that many of the programme objectives are inter-connected. Programmes, which, for instance, target youth at risk sometimes provide information, develop children's social and life skills and establish a contact centre in order to reach a target group. The arrows are in red and black to improve graphic visibility.

Information Provision

Projects based on information provision produce and distribute information material about drugs and dangers related to drug consumption. The most traditional way is to inform people with leaflets, postcards, flyers, posters and booklets distributed in relevant places like schools and households. The information targets different groups like parents, youth, (also youth at risk or drug users), teachers, volunteers, decision makers or the wider community in general. The programmes can be divided into examples of programmes, which concentrate on specific issues. For example, the prevention programme of the Municipal Youth Schools: Youth and Abuse - a prevention initiative against smoking heroin", Denmark, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=78); and the Prevention on Traffic Accidents linked to Drugs Use in Salamanca, Spain http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2666). In addition, programmes exist which provide information using different medias, like audio and visual (e.g. in form of theatre workshops, see European Drug Prevention Week, Luxembourg, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=365). A summary of these three projects is given in table 3. In this context, it should be mentioned that information only interventions with adolescents, generally have little effect or no effect (Bzga, 1994a, p.36). Nevertheless, these types of programmes continue to be the most prevalent drug prevention method used.

Table 3: Information Based Interventions

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key programme Strategies	Cost Estimates
The prevention programme of the Municipal Youth Schools: Youth and Abuse-a prevention initiative against smoking heroin	D	Children/youth; age: 13-14;	Offering local practical activities at 28 Youth schools;	-Offering training; -Establish networking; - Install campaign to increase awareness of smoking heroin;	100K-500K €
Prevention on Traffic Accidents linked to Drug Use in Salamanca	SP	Children/youth; age: 18-24;	Increased risk perception of drug use while driving;	-Providing information about effects and risks involved in drug use when driving; -Change attitudes regarding the perceived risk of drug use and driving; -Provide coordination of activities of traffic accidents prevention between the Administrations and other bodies;	Less than 10K €
European Drug Prevention Week (EDPW)	LUX	General population; children/youth; age: 5-88;	Established transactional collaboration between the drug addiction professionals; -Exchange of new methods and sharing experiences was described as fruitful;	-Raise awareness among professionals, the public and especially young people; - Provide theatre performances in the field of addiction prevention; -Provide workshops for professionals and multipliers;	100K-500K €

Development and Training of Skills

Sixteen percent of the programmes focus on the development of skills targeting groups mainly young people, parents, peers and teachers but also youth club coaches and members of local associations, for an example see Adventure in the City, Portugal http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=627.

The term “skills” combines different personal capabilities, which are protective factors in relation to problematic drug abuse. The target group is trained to master difficult emotions, social training, to build resistance to peer pressure and try to enforce healthy rather than destructive life decisions, which address a broader scope of life choices than drugs. In order to gain these skills, learning-theoretical methods are used and practical exercises like role-play, which target different elements like assertiveness, decisions, problem solving, communication, etc. Programmes, which focus on skills, combine drug-information with training in “life skills” (Sindballe, 2000).

Table 4: Interventions promoting Skills Development

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programmes Strategies	Cost Estimates
Adventure in the City	P	Children/youth; age: 9-18	Application of Locus of Control in students didn't reveal significant changes; but several positive indicators: enthusiasm of students and teachers, parents acceptance to participate, increasing demand of project's implementation in new geographic areas and contexts;	-Aim to promote healthy lifestyles managing emotions, drug awareness, decision making; but also managing community resources, interpersonal relationships; - Group experience in which imaginary situations are confronted in a role-playing game context; -Teachers and community supporters are trained to approach drug prevention;	100.K to 500.K €

Promote Networking, A Top Down Approach

This category embraces all kinds of cooperation between local inhabitants, agencies or associations (e.g. social, health or juvenile) in order to build up structures within the community and guarantee a multi-lateral learning. This network system includes agencies catering for aspects of individual's experience. Nearly eight percent of programmes were in this category. An example is a programme called the Community School of Health based in Spain http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=16.

Table 5: Interventions Promoting Networking

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
Community, School of Health	SP	Children/youth; age: 10-14;	-Good co-ordination of programmes and subprograms as well as good coordination within the local authorities and other agencies;	-Work out a project that includes coordination, evaluation and planned activity programmes which are grouped into: a) sports (e.g. sports meetings, b) culture (arts and crafts, press and music activities, etc.) and nature (nature, gardening, etc.). -Providing training activities;	More than 1M €

Targeting Youth at Risk

Programmes targeting youth at risk to reach young people who are at risk, for example young people who are in conflict with the law, school drop outs or young people who come from a different cultural background and may experience social marginalization. One good example would be the programme called The Arrazi prevention project, Netherlands, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=783, which targets Moroccan young men, or the Haringey Drugs Education Project, United Kingdom,

http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=1898,
targets Turkish-speaking young people.

which

Table 6: Projects Targeting Youth at Risk

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
The Arrazi prevention project:	N	Adults	<ul style="list-style-type: none"> -Increased information about Dutch society, the school system and child problems, -Attitudes towards education, and school were slightly more positive, -Parents who participated shared their opinions more than others who did not participate, -80% thought that parents should talk about drugs and criminality; 	<ul style="list-style-type: none"> Enforce discussions about drugs and criminality in Moroccan families, -Facilitate guidance toward regular Dutch addiction, -Enhance parenting competences, -Provide information about the school system, youth problems and youth care; 	100K–500K €
Haringey Drugs Education Project	UK	Children/youth, age: 9-18, adults, family;	<ul style="list-style-type: none"> -Materials were provided in Turkish and English; -24-page Turkish language booklet was designed to provide information for parents; 	<ul style="list-style-type: none"> -Provide better access to drug support services without language and cultural barriers, -Drugs education workshops targeting parents and children from Turkish Community Schools, -Discussions with a Kurdish refugee organisation, -Interpretation service was available at parent and pupil sessions, -Distribution of 1000 copies of booklets; 	Less than 10K €

Research

Research programmes aim at any kind of investigation concerning the exploration of needs, development or assessment of a new strategy, etc. Mostly they try to capture the profile of drug use in the local community (identify who takes drugs in order to know which groups need to be targeted; or identify where, when and why drugs are used). Sometimes these programmes do not have any direct intervention with a group. An example given for this category is the programme called Wave breakers, Denmark, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=1817 or the programme called Evaluation of local public nuisance policies 1993-1998, Ireland, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2188.

Table 7: Research Based Projects

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
"Wave Breakers"	D	Decision-makers, young people;	<ul style="list-style-type: none"> -Collected information, -Change of attitudes towards drugs -A few stopped taking drugs; -Knowledge gained was communicated to the decision-makers, etc.; 	<ul style="list-style-type: none"> -Selected group was paid a bonus of DKK 5000 (Euro 625) for participating in the project; 	50K – 100K €
Evaluation of local public nuisance policies 1993-1998	IR	Adults	In many municipalities report rate of public violence increased, but remained constant in neighbourhoods with a high drug-related nuisance rate;	<ul style="list-style-type: none"> Information in relation to: -Experienced nuisance among neighbourhood residents -Annual use of outpatient addiction care 	More than 1M€

Specific Activities and/or Specific Settings

This category includes all prevention activities, which are considered as extraordinary and/or are implemented in specific settings. For example, Prevention on Traffic Accidents linked to Drug Use in Salamanca, Spain (http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2666). Another example is Women's Table Talk True-to-life addiction prevention in town districts, Germany, (http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=323). For specific activities like patrolling streets at night by parents see The Vaasa model for the prevention of alcohol and drug abuse among young people, Finland, (http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=350).

Table 8: Projects Implemented in Specific Settings

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
Prevention on Traffic Accidents linked to Drugs Use in Salamanca	SP	Children/youth; age: 18-24;	-Increased risk perception of drug use while driving; -Increased knowledge;	Information on risks and damages involved in drug use linked with driving; -Change attitudes and behaviours -Co-ordination of activities of traffic accidents prevention between Administrations and other bodies;	Less than 10K €
"Women's table talk"- True-to-life addiction prevention in town districts	GE	Family	Ongoing evaluation	-Draw participants' attention to questions of education and possibilities of addiction prevention -Formation of a network between parents -Reduction of personal isolation	50K – 100K €
The Vaasa model for the prevention of alcohol and drug abuse among young people	FI	Children/youth; age: 7-18	-Guidebook (for professionals and parents) was produced; -Material aimed at training professionals was produced;	-Parents' evenings; -Parents voluntarily patrol the streets at night; -Training for professionals;	100K-500K €

Early Intervention and Therapy Referral Systems

Five percent% of the analysed programmes fell into the category of Early Intervention and Therapy Referral Systems. Activities like setting up telephone help lines, contacts or a counselling centre are characteristic of these kinds of programmes. For example, the Youth and Addiction Counselling Centre "Auftrieb", in Austria, (http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2086).

Table 9: Early Interventions and Therapy Referral Systems

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
Youth and Addiction Counselling Centre "Auftrieb"	AU	Children/youth h Age: 13-19	-In 2000 number of clients was 373, half of them for youth- and half for addiction-counselling; -Centre is well accepted by schools and other institutions; -at the schools workshops concerning addiction-prevention are held and for teachers further education about this topic is offered; -a change of the social-political climate is detectable regarding social acceptance etc.	-Youth- and addiction-counselling-centre was installed besides cultural activities (concerts, performances, readings, DJ-Lines, workshops); -Life-skills such as relationship- and conflict-ability, creativity, self-confidence, etc. shall be promoted in cooperation with schools; -Intensified networking with existing institutions;	n.a.

Targeting Families at Risk

Four percent of programmes in the analysis target families in socially deprived neighbourhoods in order to prevent marginalisation. These programmes deliver information (e.g. one project provides information in Turkish), train parents in different skills to support their children, build networks between ‘at risk’ communities and social and health agencies. A good example is a programme targeting Moroccan families, Peer support for parents in low SES neighbourhoods to prevent child drug problems, in the Netherlands, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=783. This programme was already mentioned in Table 6 under the objective “targeting youth at risk” category, which reflects the different dimensions of the objectives. This programme specifically targets Moroccan women, as they are not an easy reachable group. In general, family programmes usually describe that mothers are more involved than fathers. (For example, Peer support for parents in low SES neighbourhoods to prevent child drug problems out of a total 106 participating parents, only five were fathers http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2269).

Table 10: Projects Targeting Families at Risk

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost estimates
Peer support for parents in low SES neighbourhoods to prevent child drug problems	N	Family	-Published booklet with descriptions of tools and suggested strategies for house parties -Parents gained knowledge and parenting skills;	-12 organised house parties in four neighbourhoods of three different cities. -Mothers invited other parents from children of 8-16 years;	50M-100M €

Peer to Peer Consultancy

Three percent of the programmes are principally about setting up and/or training a peer group, where peer groups act as multipliers of specific information. This approach is based on the concept of influencing and imitation. The peer groups in the analysed programmes are constituted of young people or parents. For a good example see http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=931.

Table 11: A Peer-to-Peer consultancy Project

Program	Country	Target Population (Age, Gender, Ethnicity)	Key outcomes	Key program strategies	Cost estimates
INVOLVE	U.K.	Children/youth Age: 11-14;	-Project trained 252 peer tutors and reached 1900 students participating in classes;	-Police working with young people from participating schools. -Peer education on drugs provided in a class room setting by young people selected from the school and trained on a residential course, -Pros and cons are discussed	Annual budget: 50K – 100K €

b) Specific Objectives

The specific programme objectives of programmes do not vary much from the general objectives. Principally, information provision, skills development and networking are found again, only in another a different order. The most frequent specific objectives given are:

1. Provide Information (42)
2. Networking (14)
3. Development and training of skills (12)
4. Research (10)
5. People/group (7)
6. Youth at risk (5), etc.

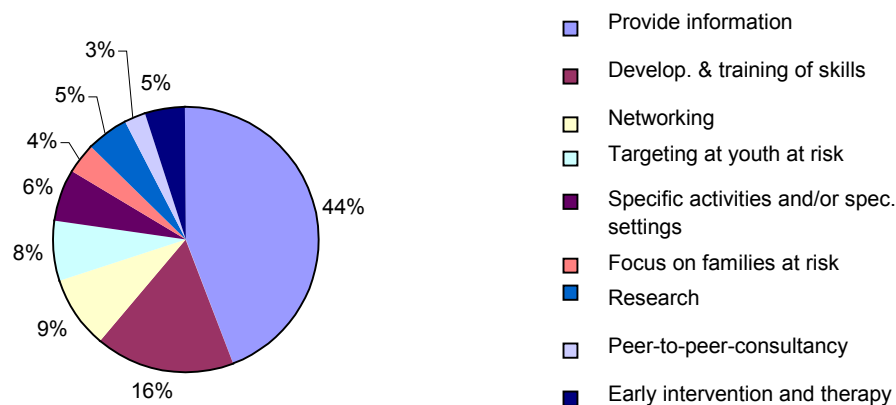


Figure 7: Specific Objectives

The specific objectives are more detailed and combine different ideas in their approach. Specific objectives 1, 2 and 3 were amalgamated because they are compatible; this is to say that the analysed programmes show mainly information provision, skills training, networking and research in all of the specific objectives.

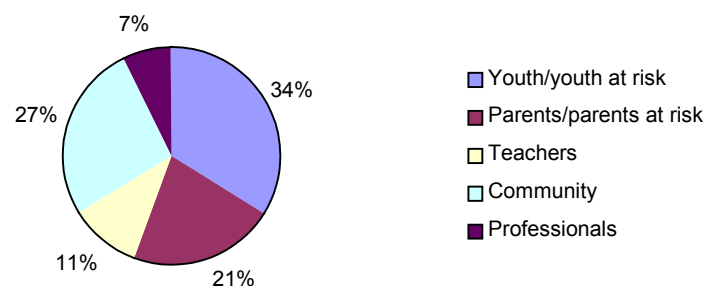


Figure 8: Information Provision to Different Target Groups

Looking closely at the categories “information” and the “development and training of skills”, (refer to Figure 9 and 10), it is interesting to note that nearly 34% of the analysed programmes try to reach youth and provide them with information and 36% train them in different life skills. Twenty-seven percent target the whole community mostly through mass media and 21% inform parents. Parents seem to have an important role within community preventative activities, which is, reflected by the fact that 32% of parents received training in skills development.

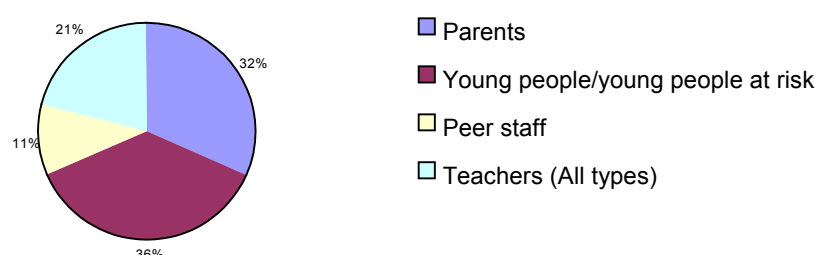


Figure 9: Target Groups Receiving Life Skills Training

Two categories, which were only found in the specific objectives are alternatives to drug use and supporting groups and people.

Alternatives to drug use

Any kind of activities like cultural, sport and leisure-time activities in and outside school pertain to this category as well as creative workshops and events. A good example is the National Programme of Drugs Addiction Prevention, Portugal, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2538.

Table 12: A Project covering Alternatives to Drug Use

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
National Program of Drugs Addiction Prevention	P	Children/youth, Age: 10-18	<ul style="list-style-type: none"> -Occupation of spare time -Parents at risk were provided at social and financial level; -People were sent to different treatment institutions; 	<ul style="list-style-type: none"> -Created a Youth Centre, where young people can occupy their spare time in a creative way; -Progressive intervention in the families; 	10K –50K €

Supporting People/Groups

These programmes induct a contact person or a small group of people (e.g. addiction prevention professionals, teachers, volunteers) into a programme, the contact person or small group of people then play a coordinator function for a wider community. An example of this is the Local capital for social purposes" Pilot action of the DGV of the EU Programme: "Socially Innovative 2000" Austria, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2548 or Parent backup, a key person group, Denmark, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=2626.

Table 13: Projects that Support People

Programme	Country	Target Population (Age, Gender, Ethnicity)	Key Outcomes	Key Programme Strategies	Cost Estimates
"Local capital for social purposes" (Pilot action of the DG V of the EU) Programme: "Socially innovative 2000" (EU regional management Eastern Styria	AU	General population	-In 3 communities first public activities were carried out; -Most of the participants want to stay contact persons after the whole project;	-Training of two interested "normal" inhabitants of each community; -On the basis on a survey the contact persons developed and realized a project in their communities;	10M –50M €
Parent backup - a key person group	DK	Adults	Organize approximately 10 parent functions in the schools of the county; Parent backup group was established with 11 parents who held 64 "parent backup" functions;	-Strengthen the parental network; -"Peer model": based on communication and learning via peers; -Establish a parent backup group;	10.K-50.K €

4. Basic Assumptions

In the analysed projects, basic assumptions are often unspecific and theoretical models are not explicitly mentioned. In this report, descriptions falling into this unspecific category were attributed to the type of model they were considered to fit best. There is a striking predominance of purely informative or cognitive approaches in all of the three basic assumption categories (see Figure 10 on basic assumption, figures of basic assumptions relating to objectives 1, 2 and 3 were pooled together because the results were the same).

The most frequent models are presented sequentially: The majority of the analysed projects are based on the knowledge on drugs, **Communicative-Informative and Educational Models**. These models are based on the assumption that providing information on the negative effects and dangers of drugs will create negative attitudes and consequently impede problematic behaviour. However, as mentioned above providing information alone without any further intervention is not sufficient to change attitude or behaviour, as there is no link between provision of information and changes to attitudes and behaviour.

Social Psychological Theories, for example the Social Influence Model (Jessor), the Social Influence Theory (Bandura), and the Social Development Model (Hawkins and Weiss). These approaches consider behaviour as the result of a social learning process which is affected by the norms and attitudes of significant others (parents, teachers, etc.). These theories are often the basis for peer approaches and the more specific Life Skill Model. This model uses learning-theoretical methods and practical exercises like role-play in order to acquire specific skills (for further reading see Schmidt, 1998; Botvin, 1994).

The Community Development Model summarises all actions concerning networking like involvement of other entities, organisations and cross border cooperation. The Community Social Planning and Community Action Model belong to this category; for further information refer to <http://www.dph.sf.ca.us/CHPP/CAM/cam.htm> and <http://www.communitypartnerships.health.gov.au/cpkcam.htm>.

Ecological Model assumes the importance of the coactions of biological, psychological and social aspects in the appearance of problematic drug behaviour. This approach is a psychosocial approach, which highlights the altercation young

people have with their internal and external environment regarding drug behaviour (see also Schmidt, 1998). This group focus especially on the social environment, networks in the community, and institutions like family, school and peers. This category also includes approaches described as “systemic”. Many of them can be assigned to the systemic family therapy, which is a therapeutic model and not preventative. Programmes from Greece have a particular tendency to work within therapeutic concepts, such as, Preventive measures within the local community, http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=355).

Other basic assumptions mentioned were: Peer approach, Alternatives to drug use, Training, and the Public Health Model.

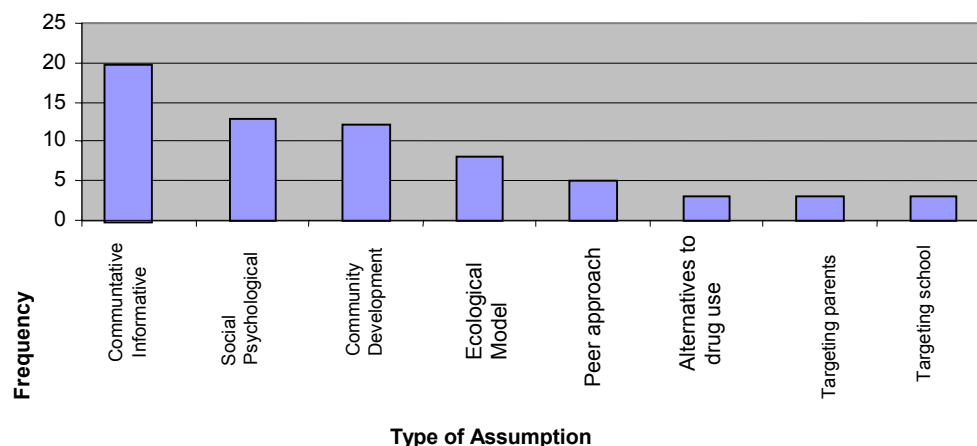


Figure 10: Basic Assumptions

Relation between Objectives and Assumptions

The following chart is complex but useful as a demonstration of the relation between the objectives and their corresponding basic assumptions. The assumptions are interesting because they provide information about the ideas and plans a programme leader had in order to achieve the programme’s objectives. High interrelations can be found between providing information and the Communicative-Informative Model, further interrelations are found between information-based programmes and the Community Development Model, and the Ecological Model and the Social Psychological Theories (refer to Figure 11).

The development and training of skills seems to accompany mostly social psychological theories; programmes targeting youth at risk trying to prevent problematic drug behaviour through activities, are based on Social psychological theories (e.g. Model learning and imitation). The category “not useful” stands for confused descriptions or for eclectic models, in which programme leaders picked elements from various models.

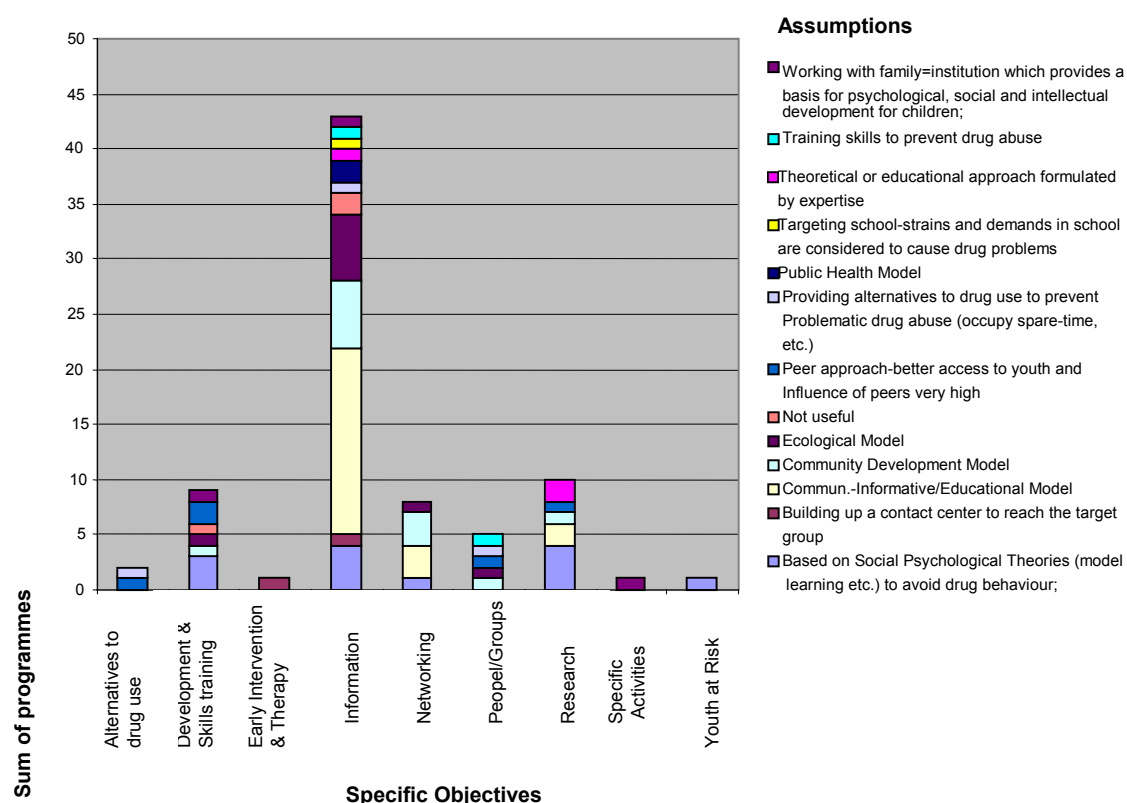


Figure 11: The Relationship between Objectives and Assumptions

5. Actions

Due to the heterogeneity of projects a large number of different actions were found in the analysed programmes ranging from providing brochures, teaching packages, counselling activities, parents groups, psychotherapy to more specific actions like developing theatrical performances. Within the analysis, because there were so many actions, only a selection was picked. A uniform pattern of 'most used' actions was not found and nearly all of the 90 possible options from the EDDRA Actions list appeared.

6. Evaluation

Evaluation tools

The evaluation tools range from simple documentations, feedback interviews, and surveys to more detailed questionnaires.

The most common tool is the questionnaire, which can be structured or semi-structured. Their aim is to obtain qualitative and quantitative information from young people, parents, professional, teachers, decision makers, scientific groups, etc.

In a few programmes, the sub-scale of the Locus of Control from Life Skills Training Student's Questionnaire (Botvin et al., 1984) is specifically mentioned, whereas many other programmes do not specify their tools.

Indicators: Measures for Credibility and Structure

Indicators are used to measure the quality of implementation or the outcome of an evaluation. In the 80 analysed programmes 53 programmes showed all indicators in an accurate way. The remaining 37 programmes have partial indicators or no indicators.

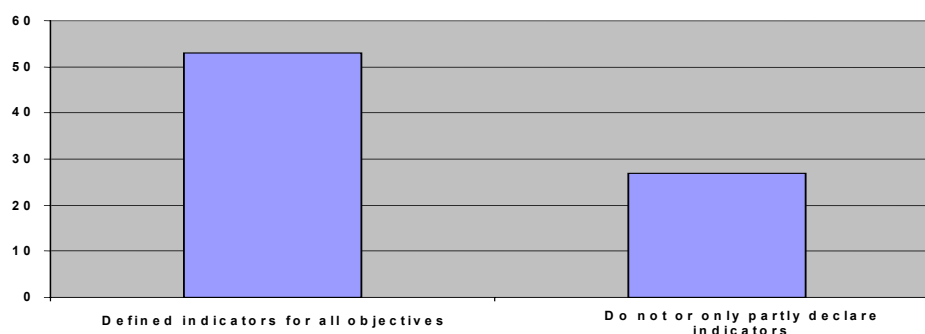


Figure 12: Indicators

Process evaluation is the most frequent evaluation type in this analysis and is reflected by the number of process evaluation indicators. The separation into process and outcome evaluation indicators is difficult. Programmes with this type of evaluation are formally correct but are not examples of best practice. A programme, which aims to provide training and offers various training sessions, provides in formal terms an outcome evaluation but without relevant evaluation results. Therefore, we defined those indicators, which are related to the programme itself (its output i.e. its products), as process indicators. A programme, which targets the development of life skills but only measures the number of training units, stating nothing about the development of life skills, only provides process evaluation! The most common process indicators that could be found in this analysis are:

- N° of people/institutions reached (e.g. local authorities;)
- N° of participants in the meetings
- N° of meetings/events
- N° of trainings sessions
- Level of involvement of local institutions
- N° of referred people to other agencies
- N° of contacts with social agents,
- N° of visitors,
- Participant's expectations
- Prevalence rates of different drugs
- N° and kind of realised projects in the community,
- N° of locally provided activities, etc.
- Typical examples for outcome evaluation found in this analysis are:
- Development of life skills
- Increased knowledge on drug-related issues
- Changes in patterns of drug-related behaviour
- Establishment of a network

Indicators mirror objectives and components of an intervention and allow checks to see if a programme is logical and doing what it says it is. Figure 13 highlights the lack of indicators in programmes targeting information; Figure 13 illustrates that the

programmes with incoherent results are most likely to be the programmes that provide information.

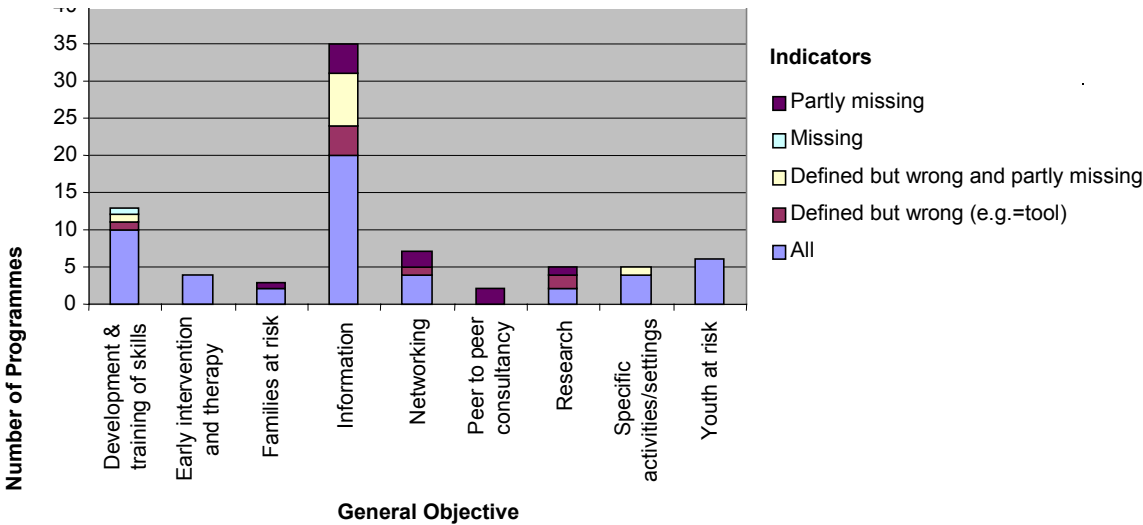


Figure 13: Indicators in Relation to Main Objectives

Figure 14 emphasizes the interrelation between results and indicators: A programme’s ability to provide coherent results is high if indicators are declared. If indicators are missing or not expressed well, results are incoherent or absent as compared to initially expressed objectives.

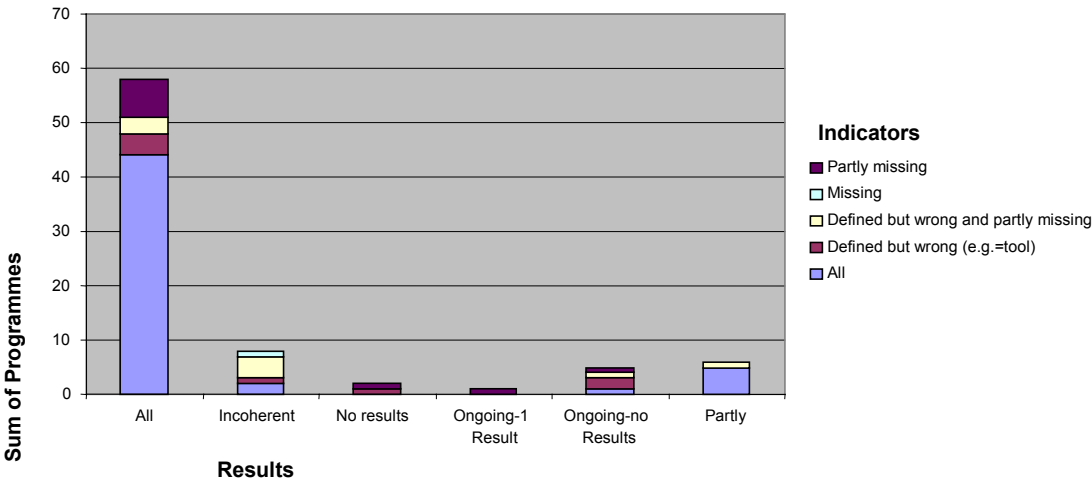


Figure 14: Results in Relation to Indicators

Results

The type of evaluation most frequently carried out on the analysed projects is process evaluation, which assesses the implementation of an intervention and its acceptance among participants. Ninety-one% of programmes affirmed to have process evaluation, which describes mainly how and if the intervention took place,

whether its design was successful and whether the designated target group was reached.

Sixty-five percent of the analysed programmes (n=52) indicated outcome evaluation, which supposes that these projects have given data about their results. However, by looking through the programmes carefully, seven more programmes, indicated as having process evaluation also had outcome evaluation; one programme was indicated as having outcome evaluation, but only had process evaluation. Sixteen percent indicated impact evaluation, which assesses the attainment of the general aim of a programme and the wider influence of an intervention's affects:

"Impact evaluation addresses the question: "Did any positive or negative effects occur that were not explicitly planned?" In other words, "impact evaluation" is a synonym to "assessment of not explicitly expected effects". Since most not explicitly expected effects happen in populations, not originally intended as target persons, one of the major implications in the above defined sense is the assessment of effects in persons not belonging to the original target group (E.g. to assess if a school based programme targeting students has an impact on their parents as well).

(Uhl, A. 1998, p. 175)

Following this definition only 10 percent of the programme presented a broader impact.

Figure 15 shows the correct or incorrect indication of evaluation results compared to the general objectives of the programmes. Programmes with the main objective of information delivery demonstrate the highest discrepancy between indicated evaluation results and stated general objectives.

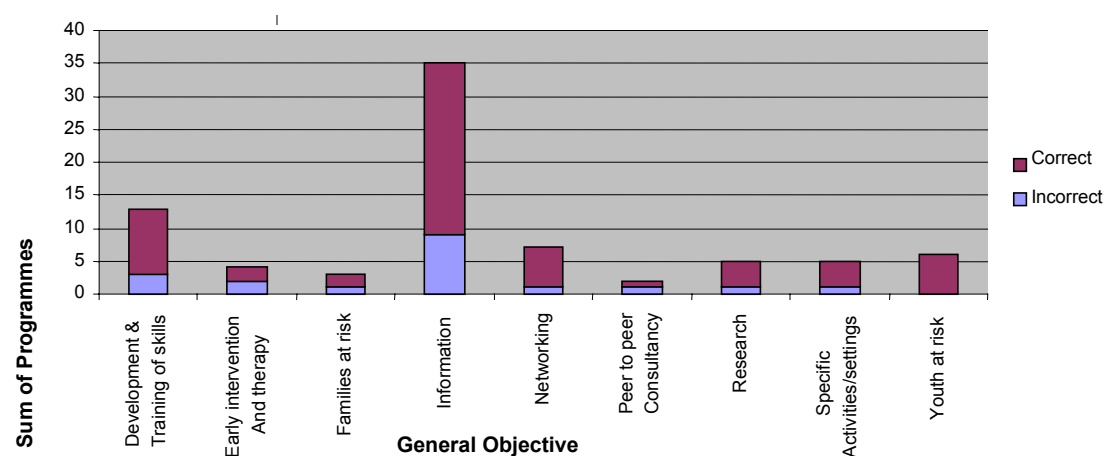


Figure 15: Correct and Incorrect Indication of Evaluation Results

Figure 16 shows different programmes with different aims in relation to their provided results and given indicators. Programmes, which provided the most incoherent results, were the ones targeting information. Within research or information orientated programmes, some programmes delivered no results at all. Evaluation status and ongoing programmes were indicated as completed and additional outcomes could not be expected.

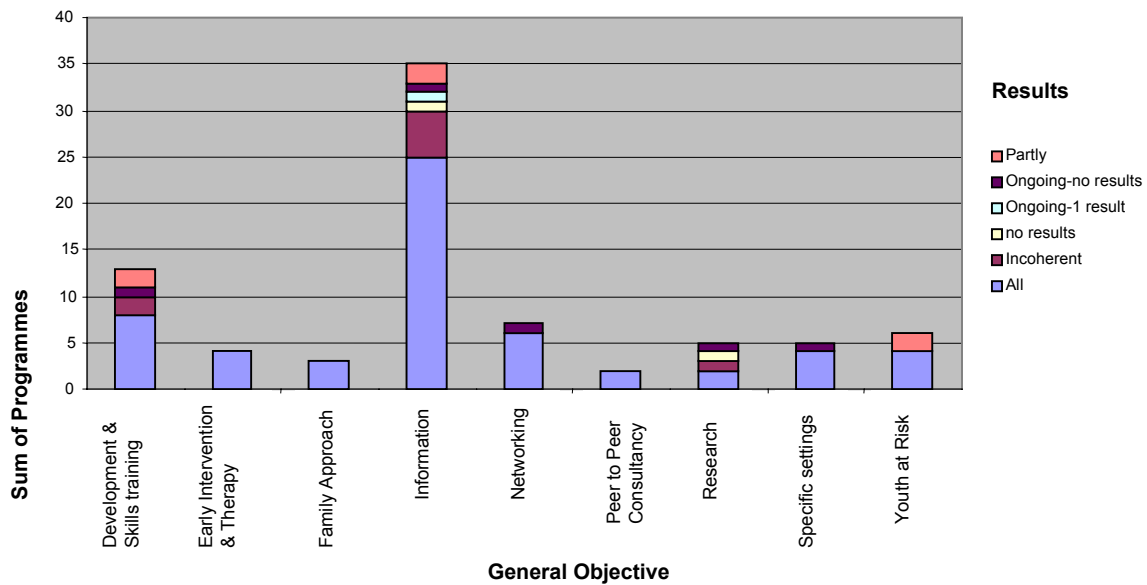


Figure 16: Programmes with Different General Aims in Relation to provided Results

Figure 17 gives a good overview of community prevention programmes in the Member States. It illustrates that analysed programmes in Denmark, France and Luxembourg are mainly dealing with provision of information; and Belgium mainly with the development and training of skills. A multilateral picture of community programmes is illustrated in the U.K., where programmes are implemented, which target youth at risk, peer-to-peer consultancy, networking, information and the development and training of skills.

Programmes, which target families at risk, were found in the Netherlands, Greece and in programmes initiated by the European Commission, others, which target youth at risk, could be found in Ireland, Netherlands, Portugal, Spain and the U.K. (programmes are summarised in table 14 and 15).

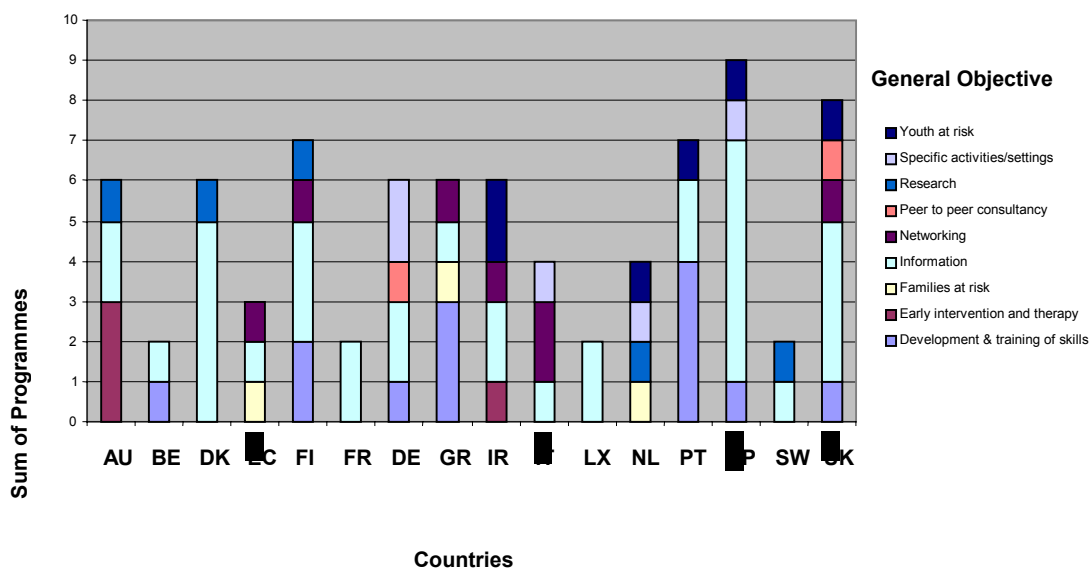


Figure 17: Programmes Targeting Different Aims Indicated by Country

The programmes in Figure 18 demonstrate in a more figurative way the primary emphasis of interventions in the countries by selecting the two most prevalent types of objectives. In nearly all countries, information based programmes seem to be predominant except for Greece and the Netherlands. In these two countries, groups at risk are targeted. The number of programmes is not representative (N=80) as the number of programmes per country fall between 2 and 9.

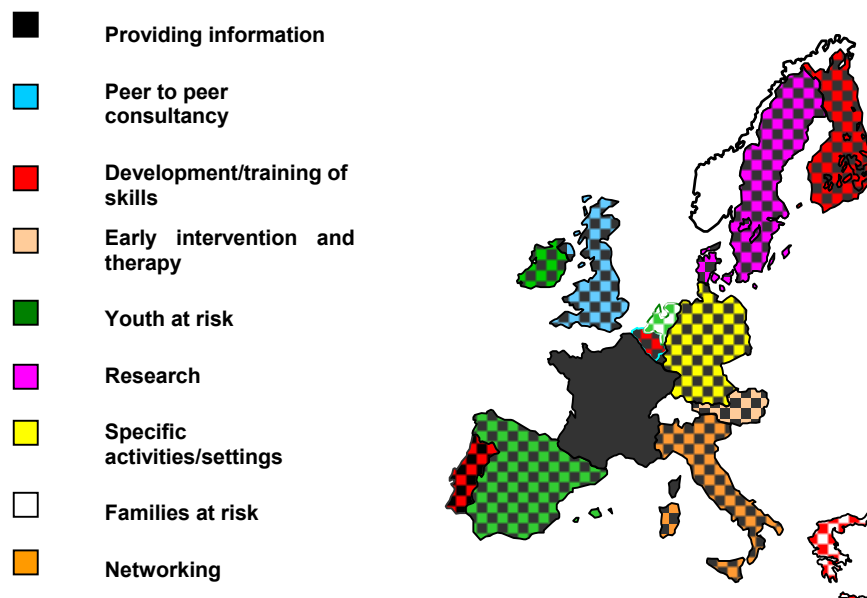


Figure 18: Primary Emphasis of Intervention by Country

Conclusions

EDDRA has contributed to building a culture of evaluated drug demand reduction programmes. Previously, programmes were frequently implemented, without concrete objectives, monitoring or evaluation processes. Unfortunately, this still happens but EDDRA acts as a reference for examples of good projects, which are implemented throughout the Member States. The database is a valuable source of qualitative and quantitative information. The projects used in this analysis represent a small proportion of community based prevention activities being undertaken in Europe. However a number of common characteristics emerged.

The analysis demonstrated that it is difficult to find a pattern of community based prevention programmes within EDDRA, due to the variability of approaches and concepts. However, an evident uniform pattern is the focus on information provision, indicated in the general and specific objectives of forty-three percent of all the analysed programmes. Thus, programmes provide mainly information or skills training to young people, parents, teachers, peers or professionals. Additionally this type of programme often uses mass media campaigns or Internet technologies, including research interventions, networking ambitions as well as interventions that target early intervention and early therapy (tertiary prevention). Many of the analysed programmes only provide information without any additional functions. As already

mentioned research has shown that information-based programmes have a limited impact (refer to Drugs in Focus N°5, <http://www.emcdda.org/infopoint/publications/focus.shtml>).

The most frequent approaches are community programmes, youth programmes outside school and school programmes. School settings play an important role, as this setting is favourable to work with young people, teachers, parents and local professionals in drug prevention and at the same time target risk situations, which are linked to early drug abuse. It is interesting to note that more than thirty seven percent of the programmes are implemented in primary schools, which means that community-based preventive activities are implemented at an early age, with an intense cooperation between school and home. Family approaches do not appear frequently within the analysis although the family seems to play a big role within community programmes. By analysing the programmes, which mainly provide information and development of skills, parents are targeted as the second most important target group.

The objectives and specific objectives of the analysed programmes target mainly information provision and the development or training of life skills. Programme managers mostly tried to achieve this aim by using the Communicative-Informative and Educational Models to inform the target group or by using Social psychological theories to acquire specific skills. Many of the programmes do not declare any theoretical models and description are often unspecific and not theoretical. This suggests that Project leaders need more training and knowledge on theoretical frameworks in order to design their programmes in systematic, evidence based manner.

Only fifty-three out of the eighty programmes defined all indicators for all of the objectives mentioned. Process indicators are most common which reflects the fact that the progress evaluation is the most provided type of evaluation within this analysis. In many cases, the indicators are wrongly described as the evaluation tools used. Providing indicators (which guarantee the future provision of process evaluation) is the only condition, which programmes have to fulfil in order to enter in the EDDRA database. However many of the described indicators turned out to be simple characterisations of the evaluation tools, being used. Ninety-one percent of the analysed programmes affirmed to have process evaluation, sixty-five percent indicated outcome evaluation; and ten percent have impact evaluation. Regarding outcome evaluation, there are seven programmes, which were described as only process evaluated but in fact, in formal terms, are also outcome evaluated.

Annex

Examples of Good Practice

The following examples could be recalled from the EDDRA database under [http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=XXXX\(=number of programme\)](http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=XXXX(=number of programme)), by inserting the identification number (=ID) of the programme instead of the representatives XXX. The ID numbers are mentioned right after the title of each programme.

A) Outcome with Control Group

Community Project for the Health Promotion, ID=1196:

The programme develops life skills by teaching pupils and building up an information network of local institutions, teachers and parents. The drug-related themes are taught in the classroom, during the school year (some of the themes belong to pedagogic contents of the curriculum programmes of the 1st grade, allowing teachers and other involved experts to share experiences and ideas to find a new work strategy). The programme is based on increasing knowledge by playing a game: pupils complete a collection of "chromos"(coloured lithographs). The chromos are distributed around the school, institution or community structure and cover the following themes: civic associations, military and public security forces, Community Councils, Health Centres, local Radio Stations or local Newspapers, etc. The involvement of institutions, parents and teachers was measured as well the Internal locus of control of the children (trial and locus).

Evaluation of Local Public Nuisance Policies 1993-1998, ID=2188:

This programme evaluates the consequences of projects, initiated by the government in order to reduce drug-related nuisance in 26 municipalities in the Netherlands. Changes in nuisance were determined in 25 neighbourhoods: in 16 control neighbourhoods and neighbourhoods where people initially reported nuisance.

Results: The largest reduction of experienced drug-related nuisance was measured in neighbourhoods with the highest rates of nuisance in former years; in contrast to that the nuisance increased in neighbourhoods with a former small nuisance rate.

Control group: The hypothesised transition of drug-related nuisance to the control neighbourhood after anti-nuisance activities, appeared to be absent; in four of five neighbourhoods where this transition was most expected, drug-related nuisance decreased.

The same trend was noticed for violations of civic order. In general, it increased, but in many municipalities with a high drug-related nuisance rate, violations of civic order did not change. Public violence as well as violations of civic order was most frequent in neighbourhoods with relatively small amounts of drug-related nuisance.

Primary Prevention of Risk Behaviours in Secondary Schools in St-Herblain, ID=542:

The programme delivers special preventative activities, which are defined by age group: a game on the theme of health (for the 11-12 year old), an interactive drama play (for the 13-14 year old) and talks given by doctors (for the 14-15 year old). Parents meetings were organized according to classes and activities. Different partners have managed these activities: the township, the police, care sector and school headmasters.

Regarding the prevalence for cannabis use at least 3 times in lifetime, the evaluation study shows a protective prevention effect on the girls of Saint-Herblain. Further

result show that pupils of St-Herblain (trial group) are more likely to share their problems with school professionals than pupils in the control group of Rezé do.

Drugs, Do Not Fool Yourself. Danish Primary Prevention Programme, ID=86;

The aim of the campaign was to influence the attitudes of 10-16 year-olds and their parents. The programmes consisted of four elements: 1) Posters and special newspaper on drugs; 2) Drug bus, in which lessons were taught; 3) Musical; 4) Folder for parents and films on drug abuse problems. The evaluation showed a considerable increase in young people's factual knowledge on drugs and consolidated negative attitudes of the young people towards drugs compared with the control group.

b) Outcome without Control Group

'Quit and Win', Community Intervention Programme to Quit Smoking, ID=2168;

The main aim of the programme is to decrease the risks associated with tobacco consumption in the adult population. Participants quit smoking for 4 weeks, using a material incentive. Another sub aim is that one-fifth of the participants remain smoke-free for one year after the end of the campaign. The programme is directed at smokers over 18 years of age who have been smoking regularly for more than one year. A contest is held every two years: participants must have a person who acts as their witness during the 4-week smoke-free period. At the end of this period, a raffle is held and the winner undergoes biochemical tests to determine whether he or she has quit smoking. The prizes are trips to exotic places and sports equipment.

STAY (St. Aengus Stay-In-School Youth Project), ID=2247;

The aim of this project is to maintain 'at risk' young people in mainstream education, with the assumption that this may prevent the development of drug misuse among the target group (pupils between 10 and 15 years) who have been identified as potential early school leavers.

The programme leaders assume a link between living in disadvantaged areas, early school leaving and substance misuse. Thus the aim of the programme is to enable participants to remain in mainstream education, to provide a needs based programme of activities for the target group and to promote active co-operation between home, school and community agencies in pursuit of developing the personal and social skills of the participants. Activities include a homework support club, computer classes, art, cooking, first aid, drug awareness and a range of outdoor pursuits from canoeing to hill walking.

All participants who had participated in the project over the previous two years were still in mainstream education, with attendance rates of over 90% in all activities. Reports showed that within the overall community, an extensive network of support has developed between the project and other organisations and projects working in the area. The project also gives support to parents, teachers and children with concerns over substance abuse and factors that may predicate experimentation with drugs.

Community, School of Health, ID=16;

This programmes aims to establish well-founded structures within city councils, which prevent drug abuse. The programmes are not implemented homogeneously but more as a coordination of different activities guided by the regional programme directives.

The projects are grouped into several different areas: sports (sports, schools, cycling tourism, sports meetings, etc.), culture (arts and crafts, press and music activities, conservation of works of art, development of plastic arts, etc.) and nature (nature workshops, back- garden activities, gardening, etc.).

Results: The co-ordination of the programmes and sub-programmes was considered as very good as well as the coordination within the local authorities. The participation and training of voluntary workers in the programme implementation carried positive influences, overall related to training activities and cooperation with other agencies in different areas.

Prevention on Traffic Accidents Linked to Drug Use in Salamanca, ID=2666:

The aim of the project is to prevent, guide and inform young people of the risks and damages involved in drug use linked to driving, and to change attitudes and behaviours leading to safer driving. Objectives are: 1) to inform about the effects and risks involved in drug use when driving. 2) Change in attitudes and 3) to co-ordinate activities of traffic accidents prevention between the Administrations and other bodies responsible for the topics of road safety and prevention of drugs. The programme was divided in 3 phases:

1st Phase: Promotion works and co-ordination activities with the selected driving schools were developed; materials and contents of the intervention were prepared.

2nd phase: An initial evaluation on knowledge, attitudes and behaviours was conducted related with the drug use while driving among the participants. Two sessions of 90 minutes were offered with contents of e.g. information on risks and damages caused by the drugs use during driving, accident rate statistics, training in cognitive skills to face drinking and driving, etc.

3rd phase: Demythologise common stereotypes among drivers in relation to alcohol use.

Results: At the beginning of the intervention almost two out of every five young people had travelled in cars whose driver had used drugs. After the intervention, 70% would use another means of transport if the driver has used drugs or would try to convince him/her not to drive. The intervention increases the risk perception of drug use while driving.

European Drug Prevention Week - National Programme of Activities of Finland, ID=609:

This programme focuses on the importance of drug prevention and community based nursing. Nurses are encouraged, motivated and supported to actively raise the importance of drug prevention as well as organise actions related to drug prevention during the EDPW. The national support and co-ordination activates the regional co-ordinators to carry out local and regional activities, encouraging nurses to share ideas and experiences with each other, and supporting both regional co-ordinators and network members by numerous personal contacts.

Primary Prevention Programme Against Drugs, ID=1155:

The main goal of the programme is the development of values, attitudes and behaviours aiming at the protection and the improvement of the individuals' health within the school community. Emphasis is initially given on students' parents and teachers. Elements were the Reinforcing a positive self-image, the development of interpersonal relations and communication skills and the reinforcement of the teachers' role. Students are the final target-group of the programme, and parents and teachers are the intermediate ones.

Youth and Addiction Counselling Centre "Auftrieb", 2086:

[Not outcome indicated but it would be] This programme wanted to get hold of the target-groups, which are young girls and boys, parents as well as other relatives through the foundation of a low-threshold counselling-centre. Furthermore, they wanted to strengthen and develop life-skills such as relationship- and conflict-ability, creativity, self-confidence, etc. by means of addiction-prevention-events in co-operation with schools. Teachers were informed about the topics addiction and addiction-prevention as well. Additionally, lobbying for the youth's life-situation and networking with existing institutions in the region were intensified.

Madrid Municipal Government Intervention Programme for Adolescents. ID=2169:

In general, the programme targets the avoidance of drug consumption and addiction in adolescents who are at risk, and offers specialised treatment to those addicted to drugs and their families. The specific objectives of the programme are:

- Early detection of children of high-risk situations
- Motivate young people, who are addicted to drugs to seek treatment,
- Specialised advising and guidance for the families of young people who take drugs and for teachers and other social mediators
- Involvement of social and healthcare resources working with young people in order to improve recruitment and act in a co-ordinated, comprehensive manner.

The programme was co-ordinating 403 entities of different types (neighbourhood, cultural and youth associations, different NGOs, parishes, schools and healthcare centres.).

Parent Group Focusing on Alcohol and Other Drug User ID=2627:

This programme targets the parent as role model when dealing with their children's use of alcohol and other drugs. A parents group was formed in order to achieve this aim and specific targets are 1) parents in the parent group provide information about alcohol and other drugs in a course program. During this course, they should also take a stance on their role as parents in relation to various problems associated with young people and drugs; 2) During the project, the parent groups should hold 1-2 functions, at which the subject of alcohol and other drugs was discussed with the school's pupils and the other parents. The parents in the parent group should thereby establish a dialogue between peers (parent-to-parent communication) by collectively defining what they found reasonable in relation to young people and alcohol; 3) finally, the school formulates a drug policy known to pupils, parents and teachers.

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