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LET'S TALK ABOUT DRUGS:

**Assessment of drug education in
Bulgaria, Hungary, Lithuania,
Poland, and Serbia**

REGIONAL REPORT

2020

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Background to the study

As a society, we have been trying to prevent drug use among young people for more than a century. A variety of methods have been used to persuade young people to abstain. When we talk about drugs, drug use is usually equated with drug abuse, and abstinence is treated as the sole measure of success and the only acceptable option to learn. No information is provided about how to reduce risks or prevent abuse for those who experiment with substance use, and harm reduction is not mentioned in any documents related to drug education. For drug education programs to work, they must be accepted by and appropriate to their target communities.

In June to July 2020 an assessment of drug education was conducted in Bulgaria, Hungary, Lithuania, Poland, and Serbia based on the methodology (Annex 1) developed by Eurasian Harm Reduction Association within the **LET's Talk about drugs – new MEthods of communication with youth – LET ME** project funded by the European Commission (ERASMUS+ program). The goal of the study was to assess existing drug education and its effectiveness, look at what information on drugs is available and how it is perceived by young people, examine the methods and tools used by different actors to talk about drugs with youth, and gather best practices.

To achieve this goal, the following steps were undertaken:

- Qualitative assessment of existing drug education practices and their perceived effectiveness
- Quantitative assessment of youth experiences with drug education and its effectiveness, through the analysis of their knowledge and opinions about drugs and drug use

The methodology was approved by ethical committees in Serbia and Hungary. All participants in the five countries were asked to sign consent forms. Respondents for both qualitative and quantitative components of the study were selected through the social networks and contact lists of partner organizations involved in implementing the project and working with youth and/or on harm reduction.

Country profiles

Bulgaria

Drug use among young people in Bulgaria is fairly common. The latest general population survey, carried out in 2016, indicates that illicit drug use is concentrated among young people aged 15–34 years. Cannabis remains the most frequently used illicit substance, followed by MDMA/ecstasy.¹ In a 2017 study² among students (9th to 12th grade) 26.2% of participants indicated that they had used drugs at least once in their lives. The most commonly mentioned substances were: marijuana (21%), hashish (8.7%), amphetamines (4.9%), cocaine (4.5%), methamphetamines (3.5%), synthetic cannabinoids (3.2%), and ecstasy (3.1%).³ Some 7.4% of the students reported using cannabis for the first time at age 16–18, while 1.9% indicated that at this age they used amphetamines for the first time, and 1.4% used cocaine. Among the most frequently mentioned reasons for the first use of a psychoactive substance were “out of curiosity, to try something unknown” (6.7%), “for pleasure, to experience a temporary pleasant effect” (5.8%) and “out of boredom, for something to do” (3.2%).

In 2017 a nationwide survey among young people aged 20–34 on attitudes and use of psychoactive substances showed similar lifetime prevalence and types of substances used to the younger group. Some 19% of respondents reported having used drugs at least once in their lives, with 16.3% having used marijuana, 4.3% amphetamines, 4.1% cocaine, 3.7% hashish, 2.5% methamphetamines, and 2.4% ecstasy.⁴ Among the most common reasons for first use of drugs in this age group were “out of curiosity, to try something unknown” (11.4%), “for pleasure,

¹ EMCDDA. n.d. “Bulgaria country report 2019.”

https://www.emcdda.europa.eu/countries/drug-reports/2019/bulgaria/drug-use_en

² The National Focus Center for Drugs and Drug Addiction commissioned ESTAT Ltd. to conduct the study in November to December 2017 using the methodology of the National Focus Center, with an average of 3,700 students in 9th to 12th grade from 47 schools (189 classes) nationwide (<http://www.nfp-drugs.bg/bg/?&ittype=174&info=2693>).

³ Ibid.

⁴ http://anketi.info/images/folder/ar_2018.pdf.

to experience a temporary pleasant effect" (4.3%) and "to be accepted by others, the group, the company" (3.1%). Over half (58.3%) of study participants supported the statement that drug abuse is a criminal offense and should be punished by imprisonment.⁵ The existing drug education and prevention programs usually refer to heroin and injecting drug use, which, according to the data, does not correspond to young people's experiences of drug use.

Drug use in Bulgaria is *de facto* criminalized. Although the use *per se* is not punished, possession of substances is criminalized. The Penal Code⁶ takes into account the differences between high-risk and moderate-risk⁷ substances. The possession of high-risk drugs is punishable by 1-6 years imprisonment and a fine of between EUR 1000 and EUR 5000, for moderate-risk substances by up to 5 years imprisonment and a fine between EUR 500 to EUR 2500. The Penal Code says that "in insignificant cases" the punishment could be reduced to a fine of EUR 500 without prison time, but it never defines what "insignificant case" means and it is left for the judge to decide. In practice this "insignificant case" applies only to first offence.

Drug policy in Bulgaria is regulated by the Narcotic Substances and Precursors Control Act, which sets out drug coordination mechanisms and specifies the entities involved in drug-related activities. Policies and activities regarding drugs are regulated by the National Drug Strategy adopted by the Council of Ministers. The latest National Drug Strategy adopted in 2014 together with an action plan and budget expired in 2018. This strategy focused on reducing drug demand and supply, with the following priorities listed: public health and the health and social functioning of individuals, protection of society from drug markets, and reduction of the demand for illicit drugs. During this period the Ministry of Health, the Ministry of Education, the National Center on Drug Addictions and representatives of non-governmental organizations had regular working meetings. In 2019 the National Center on Drug Addictions was shut down and restructured as part of the National Center for Public Health and Analysis, and the National Drug Strategy for 2019–2023 has not been adopted yet. This suggests that the authorities do not recognize drug policy as a political priority.

The National Drug Council is a body of the Council of Ministers of the Republic of Bulgaria that, operating at inter-ministerial level, is responsible for the implementation and coordination of drug policy. It is chaired by the Minister of Health and includes representatives from all relevant ministries. Local-level coordination is undertaken by 27 municipal drug councils and 27 prevention and information centers.

Councils on Narcotic Substances at the municipal level develop and adopt programs for combating drug abuse and drug trafficking in accordance with the national programs, ensure and coordinate the implementation of municipal anti-drug programs and propose the draft budget, and set up preventive information centers. Preventive information centers implement the national policy in the field by carrying out preventive activities and programs, as well as collecting, storing and analyzing the information necessary for the preparation, implementation, and coordination of municipal anti-drug programs. In addition there are Local Commissions for Combating Antisocial Behaviour of Minors, whose main focus is the development and implementation of specialized programs for children and families at risk of drug use. In 2017, 85 such programs were implemented (compared to 65 in 2016 and 183 in 2015).⁸

Interventions in the field of prevention in Bulgaria are predominantly of an informational and educational nature. Universal prevention is implemented mainly through the education system and is coordinated by the Ministry of Education and Science. Most health education interventions implemented in schools combine life skills and peer education. Some interventions targeting parents are also available. Activities targeting young people generally promote the adoption of a healthy lifestyle. All prevention activities have to comply with the European Quality Standards for Drug Use Prevention.

The main objectives and features of Bulgaria's drug use prevention policy are: (a) the expansion of systematic health education in the field of secondary education; (b) the development and implementation of programs targeting children and young people; (c) the establishment and training of multidisciplinary teams; (d) the implementation of media campaigns; (e) the expansion of sport and tourism programs for children and young people; and (f) the development and implementation of programs for high-risk groups and activities to integrate them into the community.⁹

According to data from the Ministry of Education and Science in the academic year 2017/2018, all 28 regional departments of education reported preventive activities related to the use of psychoactive substances. As

5 Ibid.

6 <https://www.lex.bg/laws/ldoc/1589654529>

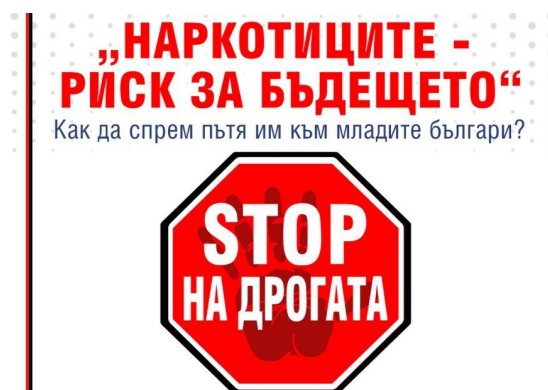
7 <https://www.lex.bg/laws/ldoc/2135758694>

8 http://anketi.info/images/folder/ar_2018.pdf.

9 EMCDDA. n.d. "Bulgaria country report 2019."

https://www.emcdda.europa.eu/countries/drug-reports/2019/bulgaria/drug-use_en.

we can see from the examples¹⁰ from preventive information centers' campaigns below, the only message these campaigns convey is "say no to drugs," which neither stimulates dialog nor provides any information.



In 2017 the General Directorate of the National Police carried out prevention activities to limit the use of drugs by children. The Ministry of the Interior prepared a program "Police work in schools", which sets specific goals related to universal prevention of drug use among school-age children, builds models for safe behavior among adolescents, and creates a positive attitude among children towards the police and its activities. The program included lectures in kindergartens and schools, paying special attention to the harm of drug use.

Outside of the strategies and national programs regarding drug use and prevention, the Ministry of Youth and Sports has its own program named "National program for prevention of various forms of addictions and aggression among young people", the funding for which comes from gambling taxes, which primarily have to be used to prevent drug use.

Even though there are data on drug use among young people and various educational programs related to drug use, there are no mentions of harm reduction and no studies available assessing the effectiveness of existing drug education.

Hungary

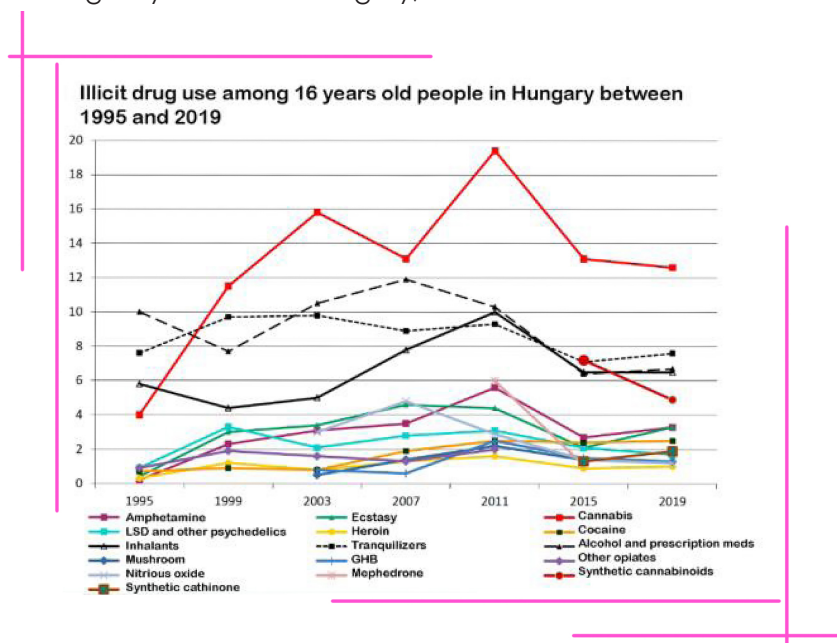
According to the latest epidemiological survey conducted by Borbála Paksi and her colleagues from the ELTE University¹¹ lifetime prevalence of illicit drug use among the general population (18–64 years old) was 9.4% in 2007. According to an estimation with the Randomised Response Method (RRM), the calculated lifetime prevalence of illicit drugs was 23.2% in 2019. Marijuana, the most popular illicit substance for a long time in Hungary, had a 15.9% lifetime prevalence. Surprisingly, the lifetime prevalence of synthetic cannabinoid use was measured as higher than marijuana, at 22.8%. This signals a shift in the drug market and the increasing popularity of new psychoactive substances.

¹⁰ <https://bit.ly/31o0SW2>.

¹¹ Paksi, B., et al. 2019. "Drogfogyasztás a magyarországi felnőtt népesség körében—a 2019. évi „Országos Lakossági Adatfelvétel Addiktológiai Problémákról” (OLAAP 2019) első eredményei." Paper presented at the congress of the Hungarian Society on Addictions, November 28.

There are two epidemiological surveys on drug use among young people in Hungary: the European School Survey Project on Alcohol and Other Drugs (ESPAD) and the Health Behaviour in School-aged Children (HBSC) survey. According to the latest ESPAD survey, 26.8% of 16-year-old pupils have already used illicit drugs in their lives. The lifetime prevalence of all substance use among the pupils interviewed is 25.9% for boys and 27.6% for girls. Almost one in every five pupils has tried an illicit drug, one in every six has misused medicines, and one in ten has tried a new psychoactive substance. Figure 1 shows the changes and trends in drug use among 16-year-olds in Hungary between 1995 and 2019 (ESPAD 2019).

Figure 1. Illicit drug use among 16-year-olds in Hungary, 1995–2019



National funding for prevention programs, harm reduction, and treatment services steadily decreased between 2009 and 2012, falling from HUF752 million to HUF129 million (EUR418,000) annually. Needle and syringe programs had to limit the distribution of equipment, reduce opening hours, and dismiss staff members in 2012.

In 2013 the Hungarian government adopted a new national anti-drug strategy, with the aim of completely eradicating drugs by 2020. The document is titled "Clear Consciousness, Sobriety and the Fight Against Drug Crime," and it has been severely criticized by professional organizations because of its moralistic approach and ideologically loaded language. In the same year, a new Criminal Code came into effect, with harsher punishments for people who use drugs. Consumption became a criminal offense punishable by up to 2 years in prison, with possession of small quantities of drugs also punishable by up to 2 years in prison. Since 2013, maximum penalties are no longer lower for offenses committed by drug users, though the court may take the perpetrator's drug use into consideration when imposing punishment. Harm reduction has become a taboo subject in political discourse.¹²

The main government institution responsible for coordinating drug policies in Hungary is currently the Department of Health of the Ministry of Human Capacities (EMMI). This department is responsible for preparing, implementing, monitoring, and evaluating the national drug strategies and action plans, the main policy documents setting the goals, objectives, actions, and indicators for national drug policy in the country. The current national anti-drug strategy (2013–2020) has four pillars, the most central of which is prevention. The EMMI is also responsible for operating the public funding system for drug prevention interventions, by announcing and coordinating the annual calls for grant proposals, as well as reviewing, approving, and evaluating them. The main government grant for prevention organizations are the so-called KAB grants, covering school-based and other forms of prevention programs.

The National Health Centre (NNK, under the EMMI's jurisdiction) is in charge of quality control for school drug prevention interventions. Organizations can apply for a certificate allowing them to carry out school-based health prevention programs. On its website¹³ the NNK provides documents with a detailed description of the process and requirements for submissions.

12 Sárosi, P. 2013. "Hungarian Government Dreams About a Drug-Free Society." Drogrporter, July 1. <https://drogrporter.hu/en/hungarian-government-dreams-about-a-drug-free-society/>.

13 <https://www.nnk.gov.hu/>.

Submissions are evaluated and selected by a committee of three experts. Applicants should provide a coherent description of the program with objectives, tools, and indicators.

The Drug Coordination Committee (KKB) is an inter-ministerial coordination body, responsible for facilitating cooperation among various government and state institutions in the field of drug policy, including prevention. It consists of representatives of ministries and governmental and law enforcement bodies. The Drug Council is a similar mechanism to facilitate the involvement of civil society organizations (with consultation rights only) in decision-making. It is chaired by the EMMI, and its members are representatives of non-governmental organizations, invited by the government based on competence and experience. According to the National Focal Point, there were 96 drug prevention programs in Hungary in 2017, of which 37 were in Budapest¹⁴. Around one in five (21%) worked in school settings, and the majority were engaged in universal prevention. Almost half of these programs focused on developing everyday life skills, and only 13% reported developing rejection techniques. One third of the programs approved by the EMMI used selective prevention. According to the research conducted in 2018 in segregated settlements in rural and urban areas, there are very few programs operating among highly vulnerable and segregated Roma youth.¹⁵

One of the school drug prevention services is provided by school social workers, professionals who are assigned to special schools to work with selected students with known vulnerabilities. In 2018 the amended Act III of 1993 on Social Governance and Social Benefits adopted school social work as a form of social service, requiring a university degree, unlike policemen assigned to schools for crime prevention, who attend a course for a few weeks only. Another type of prevention service are party services: interventions that reach out to young people at dance parties and festivals with information, consultation, and harm reduction tools. These interventions are a form of selective prevention.

According to a study conducted by Rights Reporter Foundation among young people who are attending high school or finished secondary education within the last 5 years, the most prevalent drug prevention delivery method used in Hungarian schools is lecturing (reported by 85% of respondents) and watching movies (32%).¹⁶ Interactive methods such as plays/drama (10%) are much less prevalent, while personal (4%) or family (3%) counseling is a rarity. More than half of the students reported that the person who delivered the program was a police officer (54%), while 42% said that it was another social professional.

According to qualitative studies conducted among service providers in Hungary^{17,18} systemic barriers and challenges to access school-based drug education programs can be sorted into six main categories:

- **Lack of information about programs:** Those in need of drug education (schools, families, young people, etc.) have no information about the quality drug education programs available. There is no system or guidance from the government on what kind of programs should be implemented in schools and how. Very few studies are conducted on the evaluation of drug prevention programs. Most programs are ad hoc and not continuous.
- **Lack of financial resources:** Most service providers complained about budget cuts and growing difficulties in applying for and receiving public grants to conduct drug prevention activities. The calls for the KAB grants are announced late, and the contracts are signed late, so it is very difficult to implement school drug prevention programs. This year the grants have not been announced at all, and no budget has been allocated to drug prevention for next year.
- **Lack of school autonomy:** Due to the new, centralized educational system, schools have very little autonomy to decide which programs to invite. Most participants complained that it is increasingly difficult for civil society organizations to cooperate with schools, while it is much easier for police-based programs to enter schools.
- **Lack of real quality control:** Although there is a mechanism for providing some level of quality assurance for school-based drug education programs, its real impact is small, because only a few drug education programs have certificates, and schools do not require certificates from programs so cannot filter out those of low quality. There is no guarantee that only those organizations with a certificate will be allowed by schools to deliver a drug prevention program. There is no mechanism or authority that controls school

14 National Drug Focal Point. 2016. The 2016 National Report on the state of the drugs problem in Hungary. Budapest: National Drug Focal Point. http://drogfokuszpont.hu/wp-content/uploads/HU_National_Report_2016.pdf.

15 Csák, R., J. Rácz, and F. Márványkövi. 2018. "Új pszichoaktív szerek (ÚPSZ) használóinak vizsgálata vidéki szegregátumokban 2017." Unpublished research paper.

16 Sárosi, P. 2018. "How Do Students See Drug Prevention in Hungarian Schools?" Drogrporter, July 12. <https://drogriporter.hu/en/how-do-students-see-drug-prevention-in-hungarian-schools/>.

17 KCKT. 2015. Élő jelentés a magyarországi droghelyzetről. Budapest: Kábítószerügyi Civil Koordinációs Testület.

18 KCKT. 2018. A nemzeti drogellenes stratégia félidejének értékelése. Budapest: Kábítószerügyi Civil Koordinációs Testület.

drug prevention activities. In December 2019 there were only 30 programs approved by the NNK (listed on its website: <https://www.nnk.gov.hu/>). According to a report published by the Hungarian Civil Liberties Union (HCLU, 2015), the Church of Scientology has infiltrated several Hungarian schools and recruits new supporters under the pretext of drug prevention programs.

- **Lack of trained professionals:** Working in the drug field is not a well-paid or well-respected profession, funding is scarce and unstable, and programs are not sustainable; therefore, only a few committed and well-trained professionals work in drug prevention. There is no specific training for drug prevention professionals, and no required curricula.
- **Lack of methodological guidance:** There is a gap between the available international literature about good practices in drug prevention and the actual prevention policies and programs in Hungary. After the National Drug Prevention Institute was abolished in 2016, no government institution has been providing professional support and training on drug prevention.

Lithuania

According to the 2019 annual report of the European Monitoring Centre for Drugs and Drug Addiction, prevalence of psychoactive substance use is highest among young people (15–34 years old). In 2019, 19.3% of young people age 15–34 years in Lithuania (almost 140,000) used psychoactive substances.¹⁹ Nearly half (49%) of 519 respondents who participated in research conducted in 27 places of entertainment in different cities in Lithuania in 2018 said that it is easy to obtain drugs, and 7% said that they used drugs against their will (somebody put it in their drink, etc.).²⁰ Some 4% of the respondents stated that they use drugs (including marijuana, cannabis, others) daily or almost daily; 5% a few times per week; 11% a few times per month; 14% once or a few times per year; 30% have tried them but do not use them; and 36% have never tried any illegal drugs. Some 79% of respondents reported using alcohol in the last 24 hours, while 47% had used a tobacco product, and 8% illegal drugs. The most common substances identified by respondents that had been used in the last month were cannabis (25%), ecstasy (7%), amphetamine (5%) and cocaine (5%).²¹ Respondents indicated that most often they use drugs at “friends’ and acquaintances’ parties” (57%). The second most frequent place is “nightlife settings” (38%). Drugs are used at “various music festivals” (32%), “abroad” (30%), and “alone” (19%), while 13% of respondents said that “it doesn’t matter where you use drugs.” When asked what kind of services they would like to receive, participants mentioned “HIV testing” (60%), “information on the consequences and harms of drug and alcohol use” (56%), and “counseling on adverse effects of mixing different drugs” (51%).²²

Prevalence of use in the last month has risen more than threefold (from 8.3% in 2013 to 26.7% in 2018), in the last year has doubled (from 20.1% in 2013 to 39.8% in 2018), while lifetime prevalence has risen by two thirds (from 38.3% in 2013 to 63.2% 2018).²³ And the proportion of respondents who have never used psychoactive substances has fallen by over a third (from 62% in 2013 to 37% in 2018).²⁴ Cannabis is reported as the most popular substance, with MDMA next.

In 2016, 1,746 environmental tests were taken in 108 Lithuania schools to check the presence of drugs on school premises. A total of 226 (12.9%) tests came back positive, and traces of illicit substances were detected in 67 out of 108 schools, among them: cannabis (22%), amphetamines (19%), opiates (14%), ketamine (13%), buprenorphine (12%), methamphetamine (7%), and ecstasy (4%). It is important to note that environmental testing does not confirm use of a substance.²⁵

Although it is evident that drug use among young people in Lithuania is very prevalent and an honest conversation about substance use is needed, the Law on Protection from Public Information that Adversely Affects the Development of Minors²⁶ obstructs these activities. Harm reduction and awareness-raising campaigns could be considered information that “promotes dependence on narcotic drugs, toxic substances, and psychotropic substances” and is “harmful to the mental or physical health, physical, mental, spiritual, or moral development of minors.”

19 <https://ntakd.lrv.lt/uploads/ntakd/documents/files/43252%20NTAKD%20metinis%20pranešimas.pdf>.

20 [https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita\(1\).pdf](https://ntakd.lrv.lt/uploads/ntakd/documents/files/Ataskaita(1).pdf).

21 Ibid.

22 Ibid.

23 <https://ntakd.lrv.lt/uploads/ntakd/documents/files/43252%20NTAKD%20metinis%20pranešimas.pdf>.

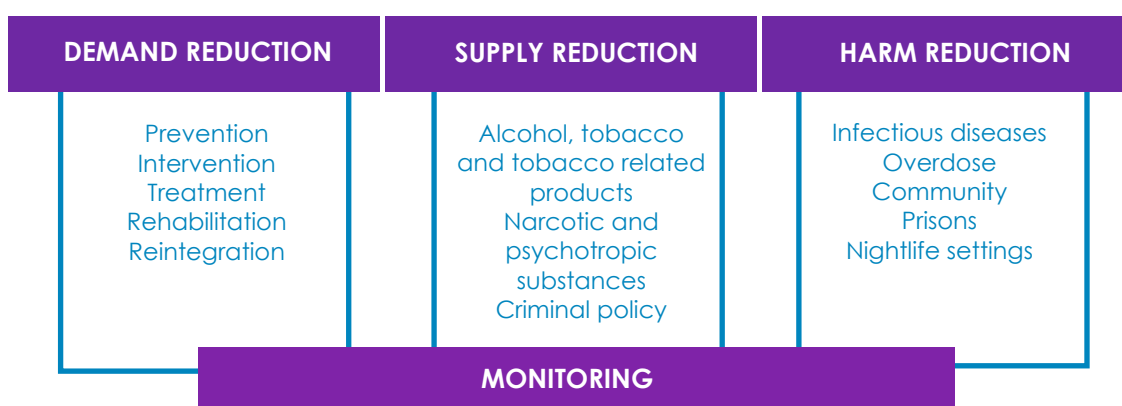
24 Ibid.

25 https://www.sveikatosbiuras.lt/files/Main/files/KVSB%20mokykl%20vaidmuo_2016-02-24%20Klaipeda.pdfv.

26 <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.183129/asr> (in Lithuanian).

The consumption of drugs in Lithuania is an administrative offense punishable by a fine (EUR30–150), and participation in a rehabilitation program might also be ordered.²⁷ Since January 2017, procurement and possession of a small amount of an illicit drug with no intent to distribute has been a criminal offense punishable by community service or restriction of liberty or an arrest (non-prison incarceration). The same offense involving more than the defined small amount is a criminal offense punishable by up to 2 years' imprisonment.

Lithuania's approach to drug policy is set out in the Interinstitutional Action Plan for Prevention of Drugs, Tobacco and Alcohol 2017–2019. The Action Plan is built on reducing both drug demand and supply; it includes the cross-cutting themes of coordination, international cooperation, and monitoring. The National Drug, Tobacco and Alcohol Control and Use Prevention Program 2018–2028 was developed by officially formed interinstitutional and intersectoral working groups, based on an evaluation by external experts and the inclusion of public opinion from a survey. The Commission for Prevention of Addictions is a permanent body of the Parliament of the Republic of Lithuania. It is responsible for forming and overseeing the implementation of policies. The NTAKD is responsible for the strategic and operational coordination of both the National Program and the Interinstitutional Action Plan. The Government of the Republic of Lithuania provides funds for the implementation of the National Program and its action plans when preparing the draft law approving financial indicators for the state budget and municipal budgets for the respective year, and funds received from the Compulsory Health Insurance Fund budget, the European Union and international organizations, and other legal acts may be used.



Due to interinstitutional cooperation and civil society involvement, harm reduction is mentioned as one of the cornerstones of prevention. Since 2017, schools have been obliged to ensure that each student participates, on a permanent basis, in at least one coherent, long-term prevention program aimed at developing social and emotional competencies, covering prevention of violence, alcohol, tobacco, and psychoactive substance use, and encouragement of a healthy lifestyle. Teaching staff are obliged at least once every 4 years to raise their level of qualification in the development of students' social and emotional competencies. Although a lot of old publications are still included in training curricula, there are also new interactive tools such as discussions, role-playing, and research. Prevention programs are carried out by preschool educators, general education teachers, psychologists, social workers, and healthcare and other specialists with an appropriate qualification. The program has to take no less than 5 hours of the school year. Practical tasks are set depending on topics: in primary school classes: medications, household chemicals, tobacco, alcohol; in middle and secondary school classes: tobacco, alcohol, and other psychoactive substances. Early prevention is based on the development of life and social skills and personal responsibility, and teaching of correct ways to help yourself to feel better. Early prevention also includes formation of abandonment skills. The general education plans for 2019–2020 and 2020–2021 for primary and secondary education recommended updating the decision about the integration of prevention programs. Public institutions can propose the structure and content of the school curriculum.

The list of prevention programs recommended by the Ministry of Education, Science and Sports for the implementation of schools consists of 22 programs.²⁸ Five of these programs are about prevention of psychoactive substance use: "Gyvai"²⁹ ("Live" in English) for 5th to 7th grade students, their teachers, and parents; "Mentorystė"³⁰ ("Mentorship") for 4th to 8th grade students; "Sniego gniūžtė"³¹ ("Snowball") for 9th to 12th grade students; "Savu keliu"³² ("On your way") for 2nd to 12th grade students, their teachers, and parents; and "Ankstyvosios

27 EMCDDA. n.d. "Lithuania country report 2019." https://www.emcdda.europa.eu/countries/drug-reports/2019/lithuania_en.

28 <https://www.smm.lt/uploads/documents/svietimas/PREVENICINI%C5%B2%20PROGRAM%C5%B2%20%C4%84RA%C5%A0AS%202018%2005%2009.pdf>.

29 <https://mentor.lt/veiklos/programa-gyvai/>.

30 <https://mentor.lt/veiklos/mentorystes-programa/>.

31 <http://www.zingsnis.lt/>.

32 <http://www.sppc.lt/>.

intervencijos programa (FreD goes net))³³ ("Early intervention program (FreD goes net)") for youth 14–21 years old who are experimenting with and occasionally using alcohol and/or drugs, when there are no pronounced signs of drug dependence. The other 17 prevention programs are on building social and emotional competencies; skills development; prevention of violence and sexual abuse; prevention of bullying; skills development for parents and teachers/educators; improving positive parenting skills; and conflict prevention.

According to data from the Education Management Information System for the 2015–2016, 2017–2018, and 2018–2019 school years, the number of schools implementing prevention programs is growing. There is also a tendency to prioritize social and emotional education programs (see Figure 2.1) rather than the prevention of psychoactive substance use (see Figure 2.2).³⁴

Figure 2.1 Implementation of social and emotional skills development programs in schools (number of schools)

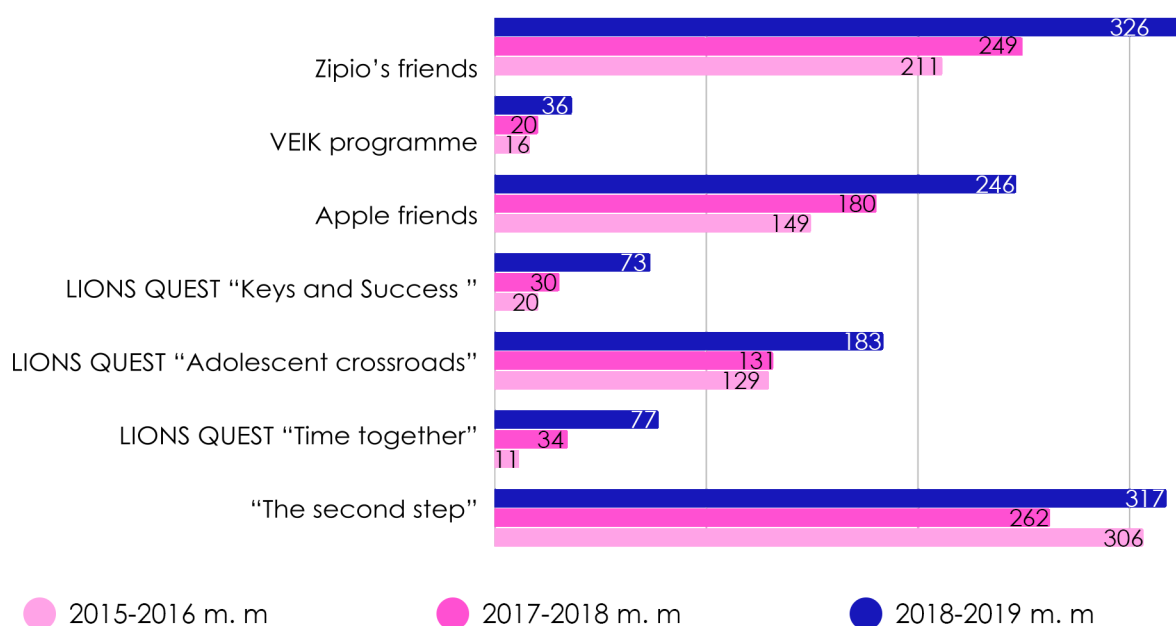
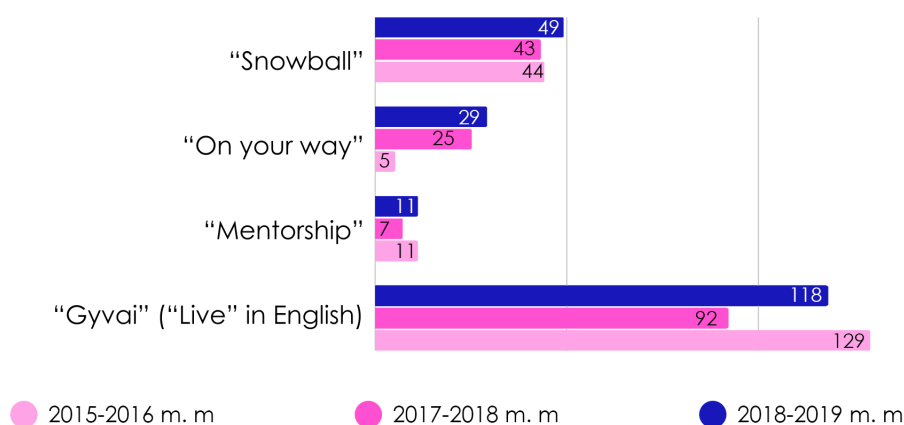


Figure 2.2 Implementation of programs for the prevention of the use of psychoactive substances (number of schools)



In Lithuania in 2018 there were 1,089 general education schools with 322,243 students. Three quarters of them (243,051 pupils) participated in school-based programs to develop social and emotional skills and prevent psychoactive substance use, bullying, and violence in 2018 (see Figure 2.3).³⁵ However, these figures are difficult to interpret because the same student might have participated in multiple prevention programs. Only 17,075 pupils participated in programs on prevention of psychoactive substance use, which represents only 5% of all pupils in 2018 and in just 19% of all schools.³⁶

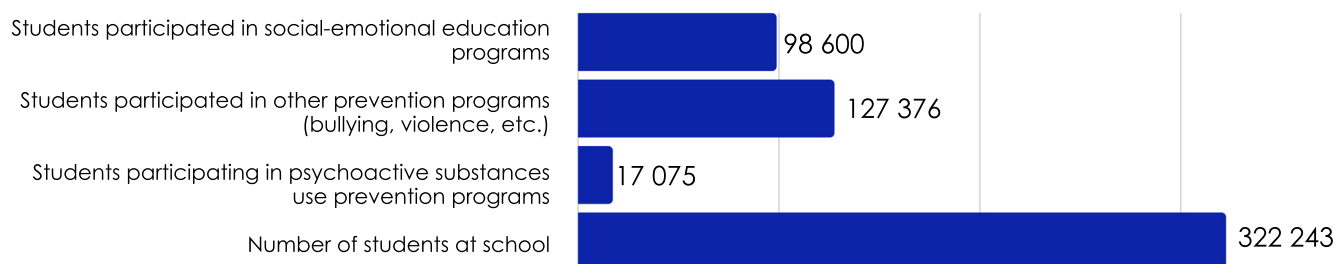
³³ <http://ntakd.lrv.lt/lt/>.

³⁴ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/43252%20NTAKD%20metinis%20prane%C5%A1imas.pdf>.

³⁵ <https://ntakd.lrv.lt/uploads/ntakd/documents/files/43252%20NTAKD%20metinis%20pranešimas.pdf>.

³⁶ Ibid.

Figure 2.3 Distribution of students by participation in prevention programs



Lithuania also has the following prevention programs:

- **Targeted measures to prevent the use of psychoactive substances by children and young people:** In 2018 a national early intervention program was launched to provide assistance to young people aged 14–21 with alcohol and/or drug experimentation or occasional consumption experience.
- **Prevention measures for parents:** Only a small proportion of schools implement prevention programs for parents. This may also be due to the parents' own reluctance to get involved in school-based programs and to offer parental help outside of the school.
- **Prevention measures for nightlife settings:** Since the summer of 2017, non-governmental organizations working on harm reduction and drug policy, with support from the NTAKD and the Ministry of Health, have been implementing the “Be Safe Lab”³⁷ project at summer music festivals. Participants can receive professional consultations about the risks and effects of psychoactive substances and safe sex, estimate their blood alcohol content, and get a rapid HIV test.
- **Website for children and youth:** At the end of 2018 the Drug, Alcohol and Tobacco Department, in response to the current state of psychoactive substance use and after evaluating good practices in other countries, created a website³⁸ with the Vilnius Academy of Arts to provide young people with accurate and reliable information about psychoactive substances, and the effects and risks of their use. The website consists of nine informative sections focused on young people's questions about the use of psychoactive substances, encouraging them to find alternatives and activities that are conducive to health and personal development. The sections of the website include 200 relevant information links about healthy lifestyles, sports, self-education, books, employment, cultural events, etc. Descriptions of 30 psychoactive substances with equivalents of the original names have also been prepared to provide reliable information, as well as 28 myths and facts related to the use of psychoactive substances. In addition, the website provides contacts for 11 helplines that can be contacted, along with advice on how to stop using or help a friend who is using psychoactive substances.



Although there are a lot of different drug education and prevention programs, no information on their effectiveness or youth perceptions of them is available.

Poland

Poland has a relatively low prevalence of drug use among the population aged 15–64 years, with 5.4%³⁹ of respondents reporting using any illegal psychoactive substance in the last year. It is, however, different in the younger age group: among people aged 15–34, the rate of use in the last year is almost double, at 10.4%.⁴⁰ The most commonly used substance is cannabis (7.8% use rate in the previous year), followed by amphetamines

³⁷ <http://galiugyventi.lt/harm-reduction-and-information-point-be-safe-lab/>.

³⁸ <http://www.xn--akritikas-l3bf.lt>

³⁹ National Bureau for Drug Prevention. 2020. Report on the state of drug abuse in Poland 2019. Warsaw: National Bureau for Drug Prevention.

⁴⁰ Ibid.

(1.4%).⁴¹ The majority of people admitted to treatment due to the use of amphetamine-type substances are users of new psychoactive substances, usually cathinones, which is a result of the high level of use of new psychoactive substances observed since 2008. Legal pharmaceuticals from the general category of tranquilizers remain very popular among young people, with a steady rate of 20% of high school students reporting their use at least once in their lifetime in five separate surveys over the last ten years.⁴² LSD and MDMA have been used by 4% of high school students at least once in their lifetime.⁴³ There are party outreach programs available in four or five major cities, mainly targeting young people who attend club parties. They distribute drug information, water, condoms, ear plugs, and, in some cases, colorimetric drug tests.

Possession, sharing, selling, production, and trafficking of drugs are all felonies under Polish law, with penalties varying from 1 month (for possession) to 15 years of imprisonment (for large-scale trafficking and/or production in a criminal conspiracy). The penalty for ordinary possession of illicit substances in Poland varies from 1 month to 3 years of imprisonment. While most of the possession verdicts are suspended sentences, they still remain on a person's criminal record for 6 months after the probation finishes. Simple possession accounts for about 85% of all drug offenses. Half (53%) of people convicted for simple drug possession are under the age of 24, and a further 33% are between 24 and 30.⁴⁴

Adopted in 2016, Poland's National Health Program has a 5-year time-frame; it takes a comprehensive approach to public health issues and functions as the national drug and drug addiction strategy. Its second objective defines the scope of the strategy as "prevention and problem-solving in relation to substance use, behavioral addictions, and other risky behaviours." The Council for Counteracting Drug Addiction monitors and coordinates government action against drugs, advises the Minister of Health, monitors implementation of the drug strategy, and cooperates with the bodies undertaking its actions. It consists of representatives from all relevant ministries. The National Bureau for Drug Prevention is a state budget unit subordinated to the Ministry of Health and is responsible for coordinating the implementation of the National Program for Counteracting Drug Addiction and for the preparation of an annual report on its implementation. Its activities also include setting priorities in the field of drug prevention. The Secretariat of the Council for Counteracting Drug Addiction is located in the National Bureau for Drug Prevention. Provincial drug coordinators are responsible for the coordination of regional drug policies and the implementation of regional strategies that are legally required to be in line with the program and the action plan.

The most important legal act for drug education and prevention in Poland is the Ordinance of the Minister of Education regarding the Scope and Forms of Implementation of Educational, Informative, and Preventive Activities aimed at the Prevention of Drug Abuse from 2015. It states that the drug education should include activities in following areas:

- Physical — aimed at developing students' attitudes towards a healthy lifestyle
- Psychological — aimed at achieving mental balance and harmony
- Social — aimed at building open social attitudes, providing independent analysis of social norms, and fulfilling social roles
- Axiological — aimed at achieving a constructive and stable system of values.

The document specifies that this should be achieved in cooperation between teachers, parents, and local communities. Specific working methods are not described in the ordinance. There is also no specific curriculum available. A much more specific source is the List of Recommended Programs for Mental Health Promotion and Prevention of Problem Behaviors and Addiction.⁴⁵ It includes a solid theory about drug prevention, and standards of drug education for specific age groups, from prenatal (prevention of substance use during pregnancy) to young adulthood. There are 5 programs on general mental health, 14 on universal prevention, 9 on selective prevention, and 3 on indicative prevention. Drug prevention programs are implemented mostly by local councils, which cover their costs. In 2018 almost 70% of local councils implemented at least one prevention program for children and teenagers. This does not mean, however, that all the young people in these council areas participated in the programs. A quarter (27%) of the local councils had some sort of educational program for teachers and parents, increasing their qualifications on drug prevention. However, the funding for prevention and education programs has decreased by almost two thirds from its peak of around PLN75–80 million (roughly EUR20 million) in 2011 and 2012 to PLN25 million in 2018 (roughly EUR6 million).

⁴¹ Ibid.

⁴² The European School Survey Project on Alcohol and Other Drugs. 2016. ESPAD Report 2015. Lisbon: EMCDDA.

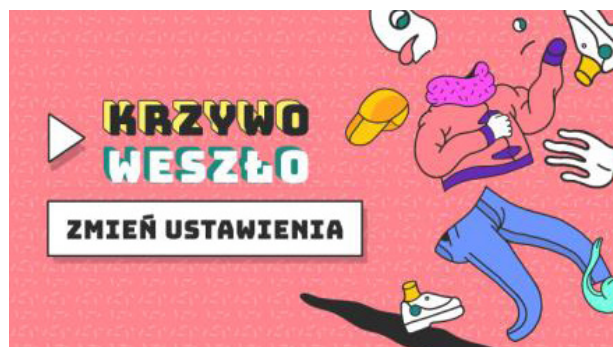
⁴³ Ibid.

⁴⁴ Institute of Public Affairs. 2008. Penalties for Possession. Warsaw: Institute of Public Affairs.

⁴⁵ <https://programyrekomendowane.pl/strony/programy,264>.

While the Ministry of Health and the National Bureau for Drug Prevention have created a solid set of recommended prevention programs, most local councils are not making use of them. In 2018 the Supreme Audit Office researched the drug prevention activities implemented by local councils. In 2019, 673,000 people participated in the recommended prevention programs in the 25 councils that were audited, while 3,495,100 participated in other prevention programs, sometimes of doubtful quality, and 2,513,000 participated in “other prevention activities”—usually town fairs and sports events, with little to do with drug prevention but co-funded from the drug and alcohol prevention budgets.⁴⁶ In 2018, 44% of schools in the audited council areas had implemented no recommended prevention programs at all. Fortunately, this number is falling, and the total number of people participating in recommended programs has almost doubled since 2018.⁴⁷

In 2018–2019 the National Bureau for Counteracting Drug Addiction and the Polish Drug Policy Network Foundation launched a nationwide social campaign “Crooked has entered—change the settings” (“Krzywo weszło – zmień ustawienia”) targeting young people aged 16–20 and their parents. The aim of the campaign was to promote healthy attitudes and educate people about the risks of drug use. The main component of the campaign was a simple Internet game and a quiz based on the website www.krzywoweszlo.pl. The gameplay and the choices made by the player when “changing the settings” show in a friendly way the “signposts” that should be followed in life. The campaign used the “learning through play” method, and the text for the game and the campaign website was created by experts in the field of counteracting drug addiction. The campaign was promoted on social networks⁴⁸ and on websites that are frequently visited by young people, and supported by influencers and famous people who share the values presented in the campaign. The activities carried out on the Internet were complemented by a billboard campaign and on public transport in the five largest Polish cities. Posters promoting the campaign were hung up in secondary schools and student dormitories. The organizers also took part in music and scientific events or family picnics aimed at the target group.



Serbia

In 2011, Serbia was part of the comparative European School Survey Project on Alcohol and Other Drugs (ESPAD) research on substance use among students aged 15–16 from 36 countries.⁴⁹ According to the results of that research, the number of students who use cannabis (7%) and other illicit drugs (3%) is lower than the European average (17% for cannabis and 6% for other illicit drugs).

A national survey on the lifestyles of the population of Serbia aged 18–64 was last conducted in 2014. It found that 8% of the total population had used a substance prohibited by law, with the highest prevalence (12.4%) among those aged 18–34.⁵⁰ The most commonly used banned substance among the general population was cannabis (7.7%), followed by ecstasy (0.7%), amphetamine (0.6%), and cocaine (0.6%). Young people (aged 18–34) most commonly reported lifetime use of cannabis (12.4%), ecstasy (1.2%), amphetamine (1.1%), and cocaine (1%).⁵¹

According to a quantitative study on the prevalence of substance use among young people aged 15–19 conducted in Novi Sad, the second-largest city in Serbia, 10.67% of a sample of 594 adolescents had used illicit substances during their lifetime.⁵² In a 2017 study of health-related behaviors in school-age children,⁵³ cannabis

46 Supreme Audit Office. 2019. Alcohol and Drug Prevention: Information on the final results of the audit. Warsaw: Supreme Audit Office.

47 Ibid.

48 <https://www.facebook.com/krzywoweszlo/>.

49 http://www.espad.org/sites/espad.org/files/The_2011_ESPAD_Report_FULL_2012_10_29.pdf.

50 <http://www.batuf.org.rs/download/publikacije/20140626IstrazivanjeStiloviZivotaS.pdf>.

51 Ibid.

52 <https://aseestant.ceon.rs/index.php/vsp/article/view/VSP1405467R/2970>.

53 <http://www.batuf.org.rs/download/novosti/RezultatiIstrazivanjaPonasanjaDeceSkolskogUzrasta.pdf>.

use and age of initial use were examined only in first grade high school students, and 10.6% of them had tried cannabis at least once in their lifetime. Of those who had tried cannabis, 45.9% had used it for the first time when they had turned 15 years old.

Illegal drug use itself is not punishable in Serbia; however, it is not allowed anywhere. Possession of a small amount of illegal drugs is not legally defined. Possession for personal use of small quantities is punishable by up to 3 years in prison, but punishment may be remitted in minor cases. The Law on the Fundamentals of the Education System⁵⁴ defines "possession, incitement, aiding, abetting, and the use of alcohol, tobacco, narcotics, or psychoactive substances" as a serious violation of school regulations. That article was supplemented in 2019 by the Instructions on Actions in case of Suspicion or Knowledge of the Presence and Use of Drugs in Educational Institutions,⁵⁵ which was formulated by the Commission for the Fight against Drug Addiction in Schools.⁵⁶

The basic documents that define Serbian public policy regarding psychoactive and controlled substances are: (i) the Strategy on Prevention of Drug Abuse for the period from 2014–2021,⁵⁷ which provides the basic framework for the implementation of policies in the field of drugs and defines the main areas of activity within which specific interventions will be carried out, and individual goals set for every existing scope of work within the policy to deal with drugs; and (ii) the Action Plan for the implementation of the Strategy on the Prevention of Drug Abuse for the period 2014–2017,⁵⁸ which was the instrument devised to implement the strategy. A mid-term evaluation⁵⁹ of the strategy found that most (66 out of 106) of the activities planned in the Action Plan were not carried out, and a new Action Plan (for the period 2018–2021) had not yet been developed. Prevention and harm reduction services fall within the area of drug demand reduction, as defined by the Strategy, with the priority to expand prevention measures, including "early detection and interventions, promotion of healthy lifestyles, and targeted prevention (selective and indicated)."

Prevention and medical aspects related to the use and possession of psychoactive substances are mentioned in only four articles of the Law on Psychoactive Controlled Substances, none of which refer to the prevention, education, and treatment of potential users, for whom it is only stated that rehabilitation and social integration are guaranteed. At the same time, the document stipulates that "competent authorities, bodies of local self-government units, healthcare institutions, private practice, educational institutions, as well as other competent organizations" are responsible for implementing, planning, and organizing measures to reduce demand. Program activities related to prevention are not clearly defined and are said to be supervised by the Commission for Psychoactive Controlled Substances, a body established by the government, which receives professional and administrative technical support from the Ministry of Health.

In Serbia, official drug education has been reduced to prevention programs run by the Ministry of Health, the network of the Institute of Public Health, the Ministry of Interior, the Ministry of Youth and Sports, the Ministry of Education, medical institutions, municipalities, and non-governmental organizations, including the Red Cross, but the curriculum is unclear.

The dominant approach of prevention programs in Serbia tries to prevent young people from trying drugs through intimidation and directs them towards "healthy lifestyles." One of the best-known national campaigns in the field of prevention was "Play for Life, No Drugs" from 2001, under the auspices of the then Ministry of Education and Sports.

The Commission for Psychoactive Controlled Substances is due to prepare a program to implement activities that raise awareness about the harms of drug use. It has focused its work on forming teams (48 teams comprising representatives from the offices for health, education, police, social issues, and youth have been formed) that have delivered numerous lectures in schools throughout Serbia. The data published on the Ministry of Health website explains that lectures were held for 39,133 students, 7,644 teachers, and 3,243 parents, and that special attention was paid to the development of the Instructions on Actions in case of Suspicion or Knowledge of the Presence and Use of Drugs in Educational Institutions.⁶⁰ These instructions were forwarded to all educational institutions. It was also emphasized that the Commission has worked on the implementation of prevention programs through sports and continuous education during the school year (sports twice a week and education twice a week in six primary schools in Belgrade, Kragujevac, Nis, Novi Sad, Leskovac, and Novi Pazar),⁶¹ but data on the curriculum of this program are neither known nor transparent. There is no official document that

54 https://www.paragraf.rs/propisi/zakon_o_osnovama_sistema_obrazovanja_i_vaspitanja.html.

55 http://mmaricajnstajn.edu.rs/wp-content/uploads/Uputstvo-o-postupanju-prisustvo-i-kor.droga_.pdf.

56 <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/odluka/2018/52/3/reg>.

57 <http://www.kzbpd.gov.rs/test/wp-content/uploads/2019/04/Januar2015StrategijaDroge-1.pdf>.

58 <http://www.kzbpd.gov.rs/test/wp-content/uploads/2019/04/Akcioni-plan-2014-2017.pdf>.

59 <http://www.kzbpd.gov.rs/wp-content/uploads/2017/12/emcdda.pdf>.

60 <http://www.mihajlopupin.edu.rs/images/uputstvoopostupanjuprisustvoikorisnjenjedroga.pdf>.

61 <https://www.zdravlje.gov.rs/vest/339622/godinu-dana-rada-komisije-za-borbu-protiv-narkomanije-u-skolama.php>.

explains what makes this education effective and who makes up the teams that provide information to students, parents, and teachers. "Stay clean" was the message of a large national campaign conducted in 2019, aimed at abstention from narcotics, launched by the EXIT Foundation with the support of the Ministry of Health, the Commission for Combating Drug Addiction in Schools, and Telekom Srbija, and creatively designed by McCann Belgrade with the support of the Drive agency.⁶² In addition to information on the harmful effects of various narcotics on mental and physical health, the site also contains content such as video games that show in which parts of the body narcotics are transmitted in an extremely unhygienic way.



Prevention is officially included in the curriculum for primary schools "in the subjects of biology and chemistry"⁶³, but it is not certain how this is done.

The Special Hospital for Addiction Diseases Belgrade and the Institute for Public Health "Dr Milan Jovanović Batut" have issued a guide for workshops with young people on the prevention of substance abuse.⁶⁴ The guide also discusses skills, mainly social and emotional communication, that protect young people from drugs and guide them towards healthy lifestyles. Except for the evaluation of the United Nations Office on Drugs and Crime (UNODC) pilot program "Skills for Adolescence"⁶⁵ and a scientific article examining students' awareness of aspects of drug use⁶⁶, there are no official reports that assess the effectiveness and efficiency of preventive activities, and no reports on programs that have been implemented since 2018 under the auspices of the Commission for the Fight against Drug Addiction in Schools.

Qualitative research on students' awareness of various aspects of drug use was conducted on a sample of 640 eight grade students by researchers from the Faculty of Special Education and Rehabilitation.⁶⁷ The research found that "In lectures conducted in schools, aimed at preventing drug use in the school population, more attention is paid to the appearance of drugs, their effects, and consequences, but not to specific advice on how to act in situations of recognizing problems related to drug use." Since existing prevention programs provide information on the appearance and characteristics of different types of illicit substances, the students in the research showed a high level of awareness about these aspects of drug use.⁶⁸ On the other hand, students lack information about legislation and available services.

The most recent research was conducted by the Commission for the Fight against Drug Addiction in Schools on a sample of 11,850 students aged 13–17. According to the results of this research, half of adolescents in Serbia have never received information, either at home or at school, about harmful consequences of drug use, and three quarters of young people have never had the opportunity to talk to experts about the emotional states that accompany adolescence.⁶⁹

⁶² <https://www.stayclean.rs/>.

⁶³ Evropski monitoring centar za droge i zavisnosti od droga. 2017. Srbija. Situacija u oblasti droga 2017 – Pregled. Luxembourg, Luxembourg: Publications Office of the European Union. https://www.emcdda.europa.eu/system/files/publications/4701/National_drug_report_Serbia_SR_FINAL.pdf.

⁶⁴ <http://www.batut.org.rs/download/izdvojamo/duvan/vodicZaRadioniceSaMladima.pdf>.

⁶⁵ Opanković, S. 2015. Izveštaj: Finalna adaptacija materijala za implementaciju programa LQ Veštine za adolescenciju. Vienna: UNODC. https://www.unodc.org/documents/southeasterneurope/Finalni_izvestaj_SFA.pdf.

⁶⁶ Popović-Čitić, B., and L. Bukvić. 2014. "Obaveštenost učenika osnovnih škola o različitim aspektima upotrebe droga: Implikacije za planiranje edukativnih preventivnih programa." Specijalna edukacija i rehabilitacija 13(2): 195–211. <https://aseestant.ceon.rs/index.php/specedreh/article/view/6523/2398>.

⁶⁷ <https://aseestant.ceon.rs/index.php/specedreh/article/view/6523/2398>.

⁶⁸ http://sanamed.rs/sanamed_pdf/sanamed_6/NIVO_ZNANJA_STAVOVI_I_UPOTREBA_SUPSTANCI_MEDJU_UCENICIMA_SREDNJIH_SKOLA_U_BEOGRADU.pdf.

⁶⁹ <https://www.zdravlje.gov.rs/vest/339622/godinu-dana-rada-komisije-za-borbu-protiv-narkomanije-u-skolama.php>.



The NGO Re Generation is the only civil society organisation that implements selective prevention programs and education and harm reduction programs in recreational settings in Serbia, working with young people and recreational users of psychoactive substances at parties and festivals, as well as advocating for services designed to deal with new psychoactive substances, such as drug checking.

Conclusions

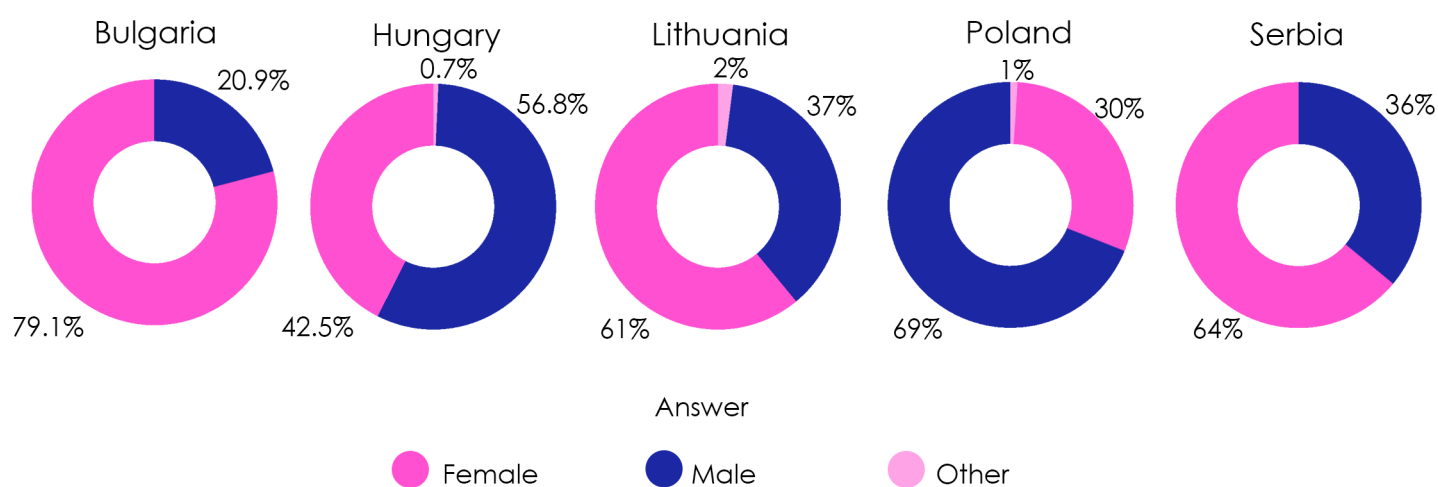
Data in all five countries show that drug use is most prevalent among young people aged 16–34. The most commonly used substances are cannabis, amphetamines, MDMA/ecstasy, and cocaine. According to the participants in the research presented, illegal substances are easily accessible. At the same time there is a lack of relevant, evidence-based, education programs not driven by prohibition, and limited involvement of non-governmental organizations. Most of the existing programs cover universal prevention and do not address the needs of specific at-risk groups. There is also resistance from schools to implement even the recommended programs on substance use.

Quantitative research results

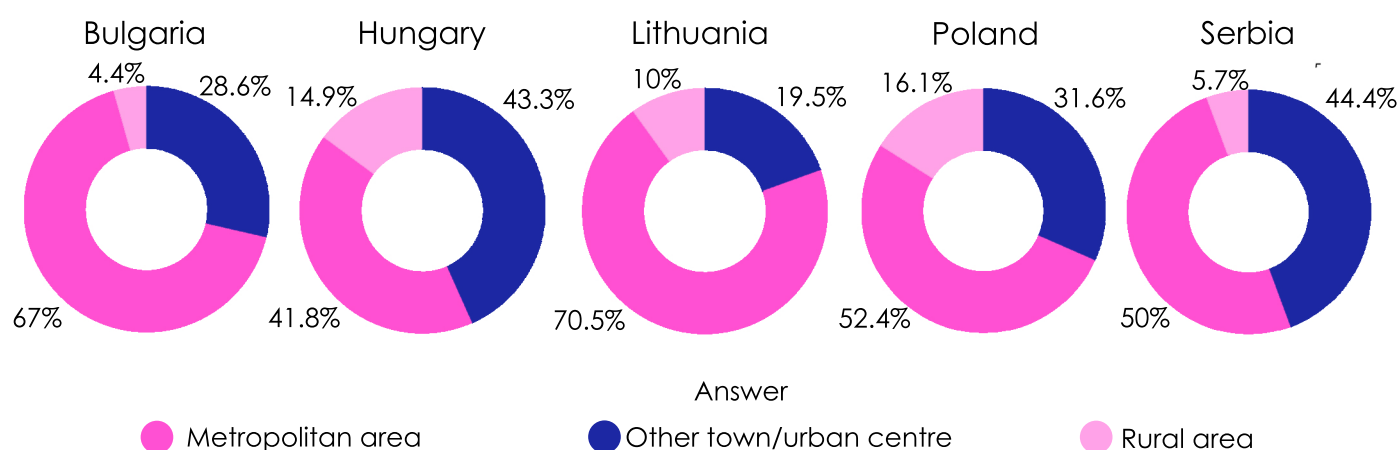
A total of 1406 questionnaires were gathered in 5 countries through the SurveyMonkey platform: 91 in Bulgaria (completion rate 52%), 275 in Hungary (completion rate 54%), 716 in Poland (completion rate 69%), 200 in Lithuania (completion rate 58%), and 124 in Serbia (completion rate 65%). The research was conducted among young people aged 16–30.

Figure 3. Sociodemographic characteristics of the respondents

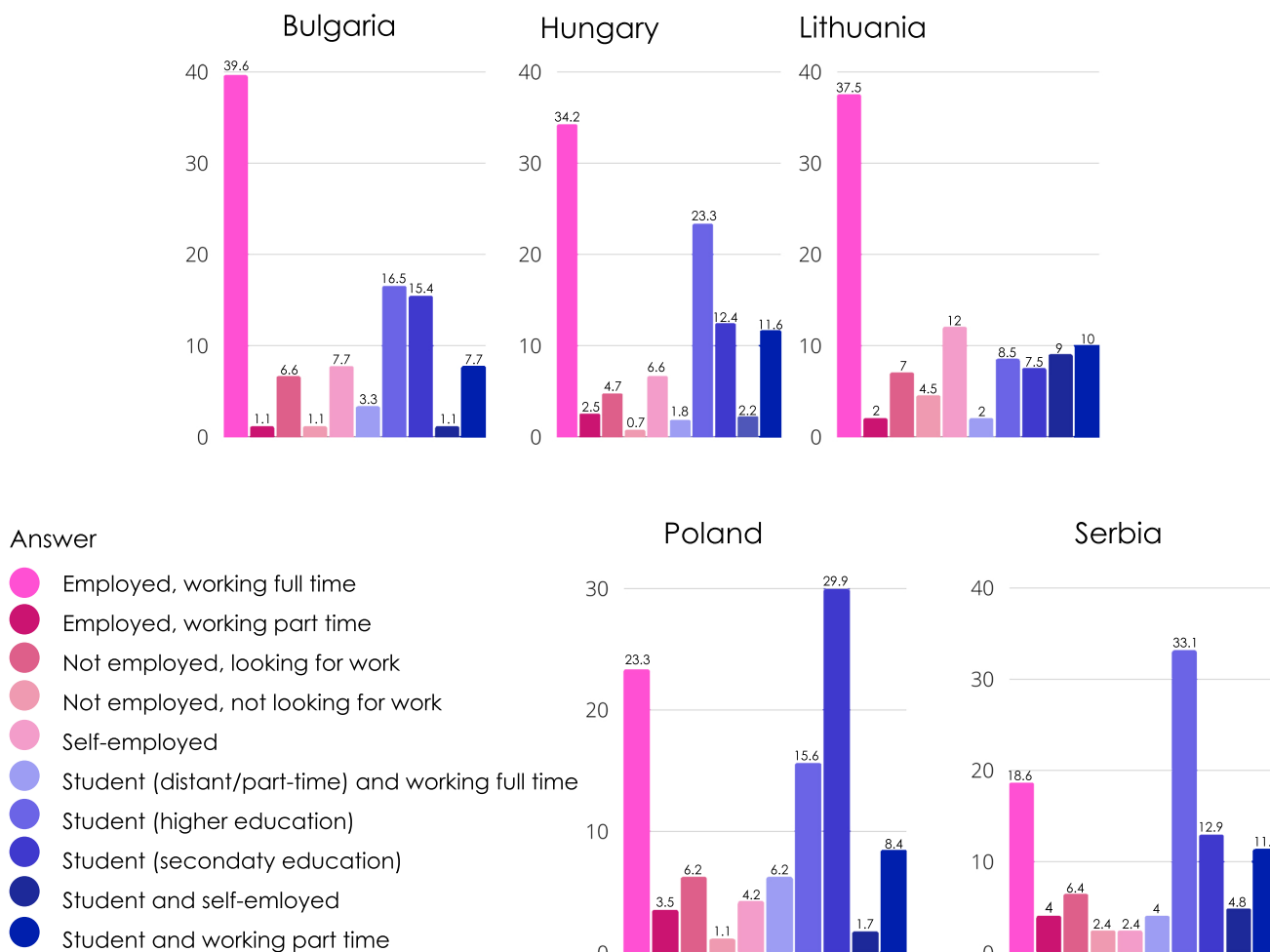
What is your gender?



Which of the following best describes the area you live in?



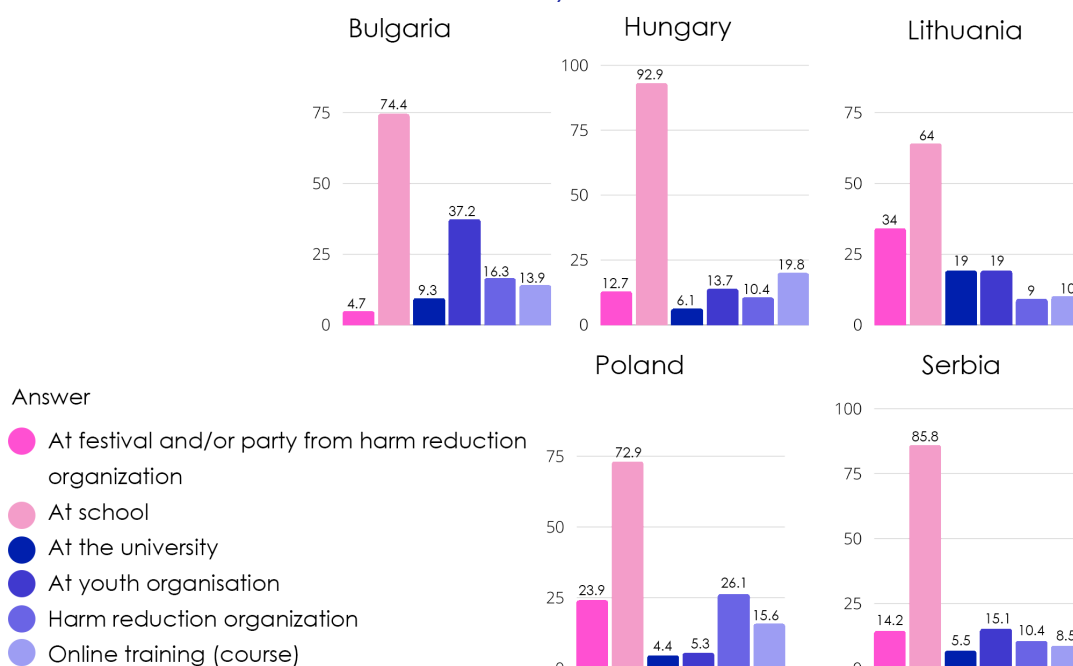
What is your current occupation?



Almost half of the study participants in all countries have been involved in the work of non-governmental organizations as employees, members, volunteers, or clients (Lithuania 70%, Bulgaria 59%, Serbia 49%, Poland 43%, Hungary 39%). In Bulgaria 53%, Lithuania 51% and Poland 40% of the participants reported that they had never received any form of drug education. In Hungary and Serbia these figures are significantly smaller: 23% and 15%, respectively.

Figure 4. Settings where study participants received drug education (multiple options possible)

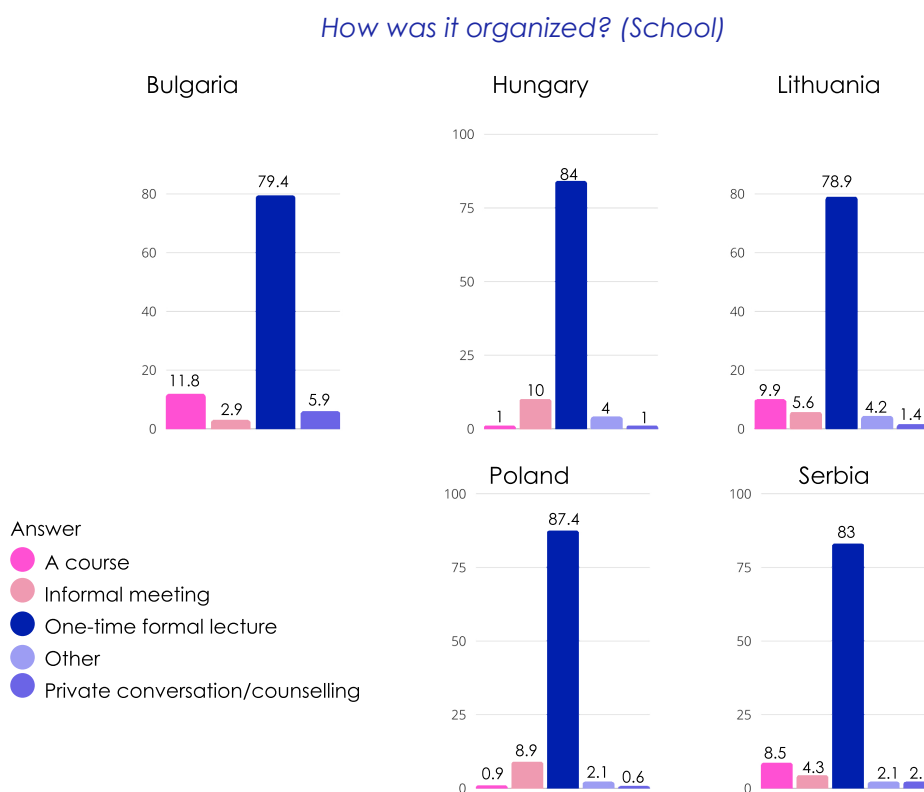
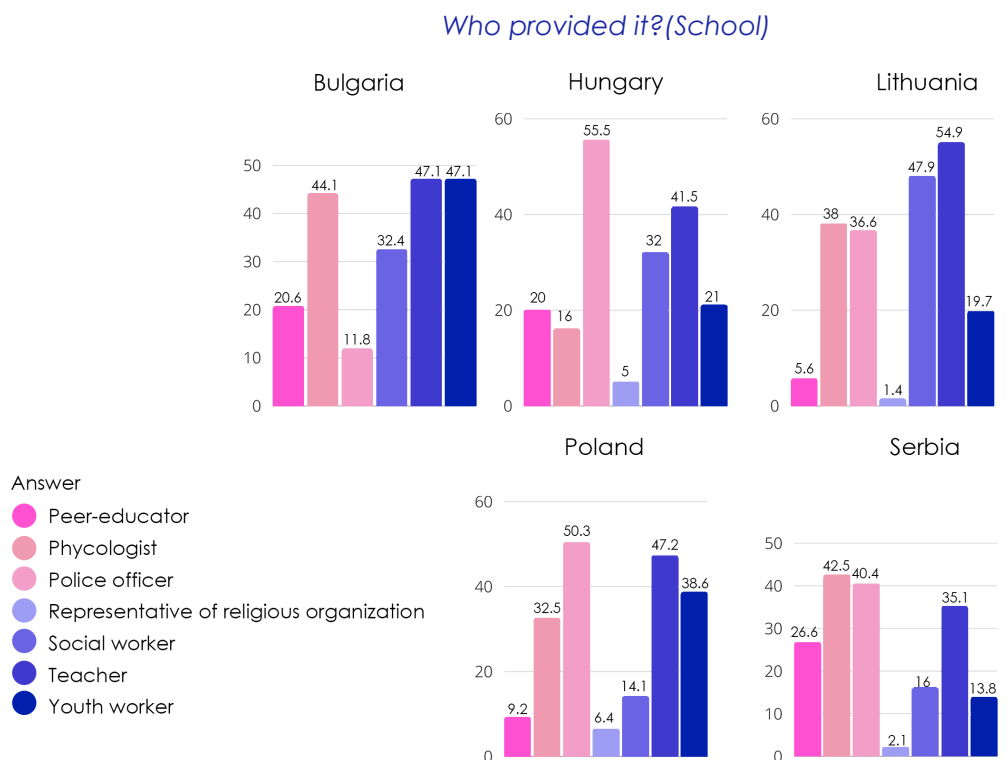
Where did you receive it?



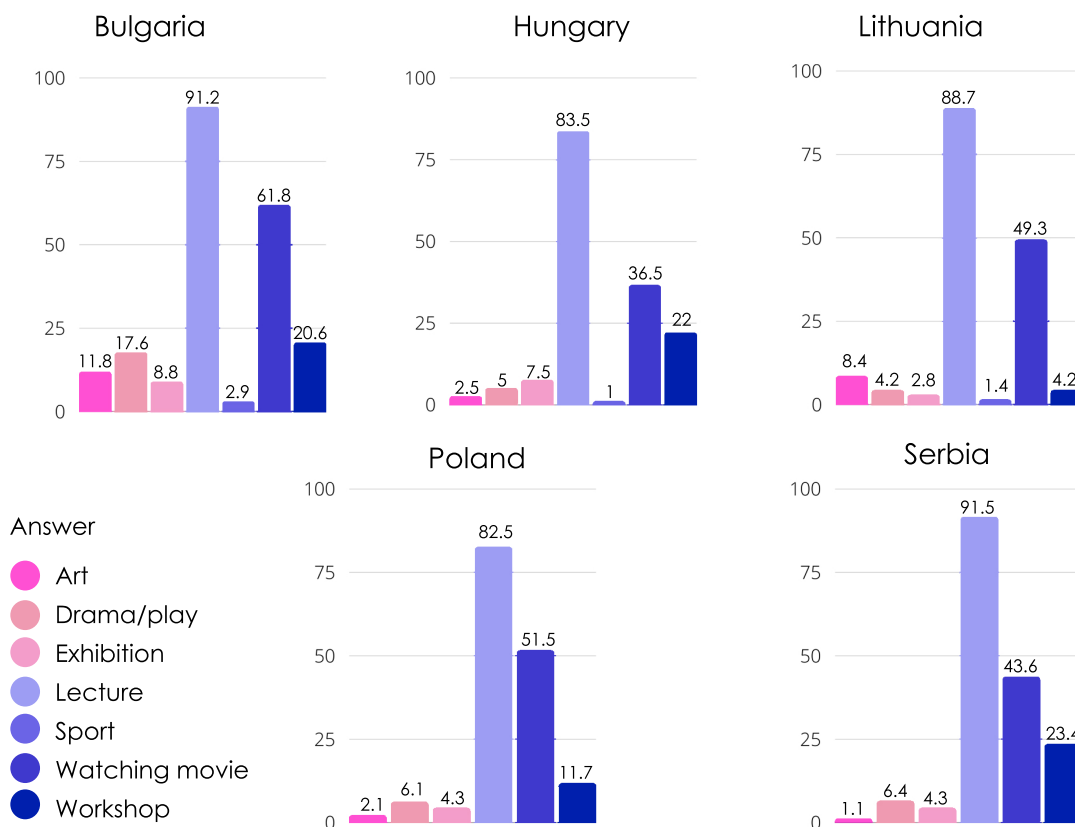
The majority of those who received some form of drug education received it at school (Hungary 93%, Serbia 86%, Bulgaria 74%, Poland 73%, Lithuania 64%). In all countries except Bulgaria, police involvement in drug education is quite high (Hungary 56%, Poland 50%, Serbia 40%, Lithuania 37%). Over a quarter (27.5%) of respondents in Lithuania, 36% in Poland and 32% in Hungary reported that they had experience of a police representative with a trained dog coming to their school/university/place of work to search for drugs.

In most cases drug education at universities or schools was provided as a one-off formal lecture (Poland 87%, Hungary 84%, Serbia 83%, Bulgaria 79%, Lithuania 79%). In addition to the lectures, participants also mentioned movies (Bulgaria 62%, Poland 52%, Lithuania 49%, Serbia 44%, Hungary 37%).

Figure 5. Characteristics of drug education in schools (multiple options possible)

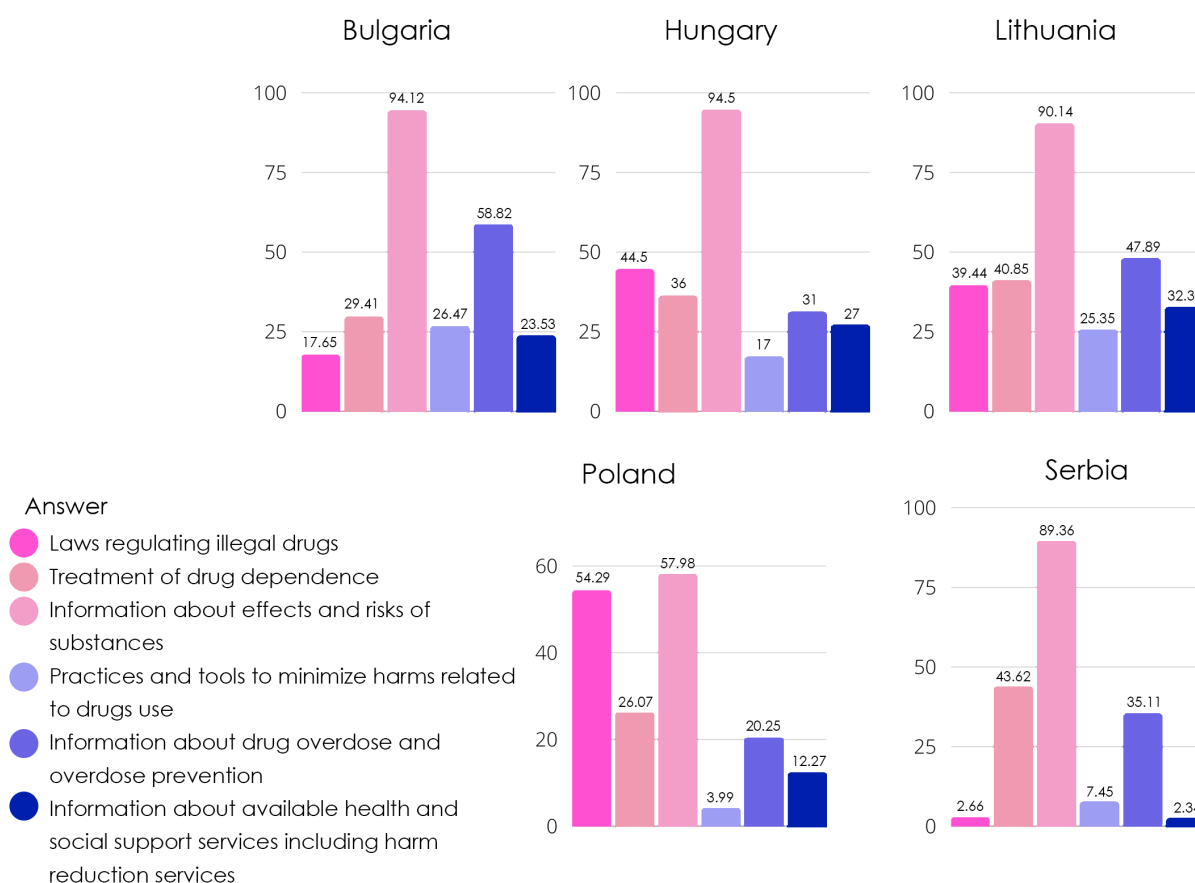


What educational methods/activities did it include? (School)



The information provided was mainly about the effects and risks of substances (Bulgaria 94%, Hungary 95%, Lithuania 90%, Serbia 89%, Poland 58%). In Bulgaria and Lithuania the second most commonly mentioned topic was drug overdose and its prevention; in Hungary and Poland it was laws regulating illegal drugs; and in Serbia it was treatment of drug dependence.

Figure 6. What information did you receive during this session? (multiple options possible)



When respondents were asked to evaluate the quality of the program on a scale from 1 (totally agree) to 5 (completely disagree), in Poland 61% said that they did not learn a lot of new things, 51% disagreed with the statement that the education was provided in a non-judgmental way, and 47% stated that could not honestly share their experience. Similar trends are seen in the other four countries. A fairly small percentage of respondents thought that the information provided was honest, useful, and evidence-based. The only aspect of the program that was evaluated somewhat positively was respect for human rights.

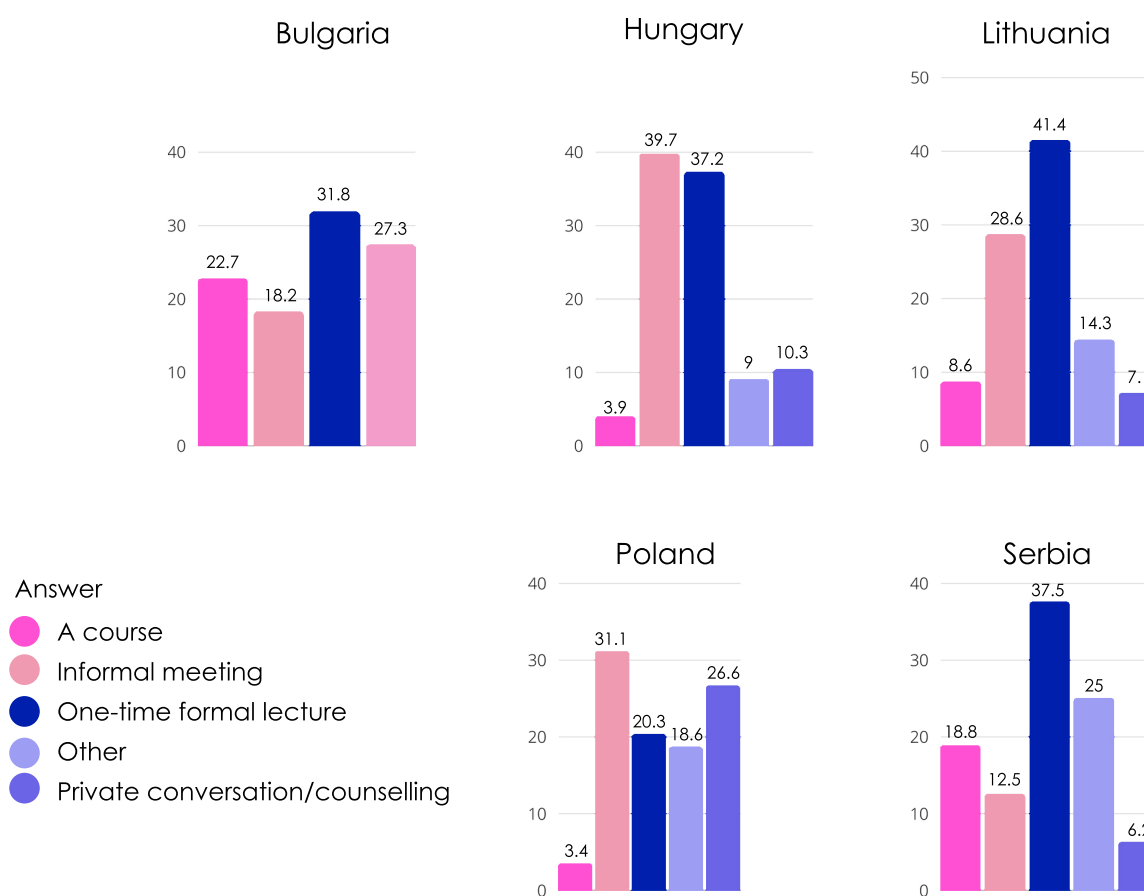
According to the study, the most common places where respondents received drug education outside of schools and universities were:

- in Bulgaria, youth and harm reduction organizations and online trainings;
- in Hungary, online training, youth organizations, and at festivals/parties where information was provided by harm reduction organizations;
- in Lithuania, youth organizations and festivals/parties where information was provided by harm reduction organizations;
- in Poland, harm reduction organizations, at festivals/parties where information was provided by harm reduction organizations; and
- in Serbia, youth organizations and festivals/parties where information was provided by harm reduction organizations.

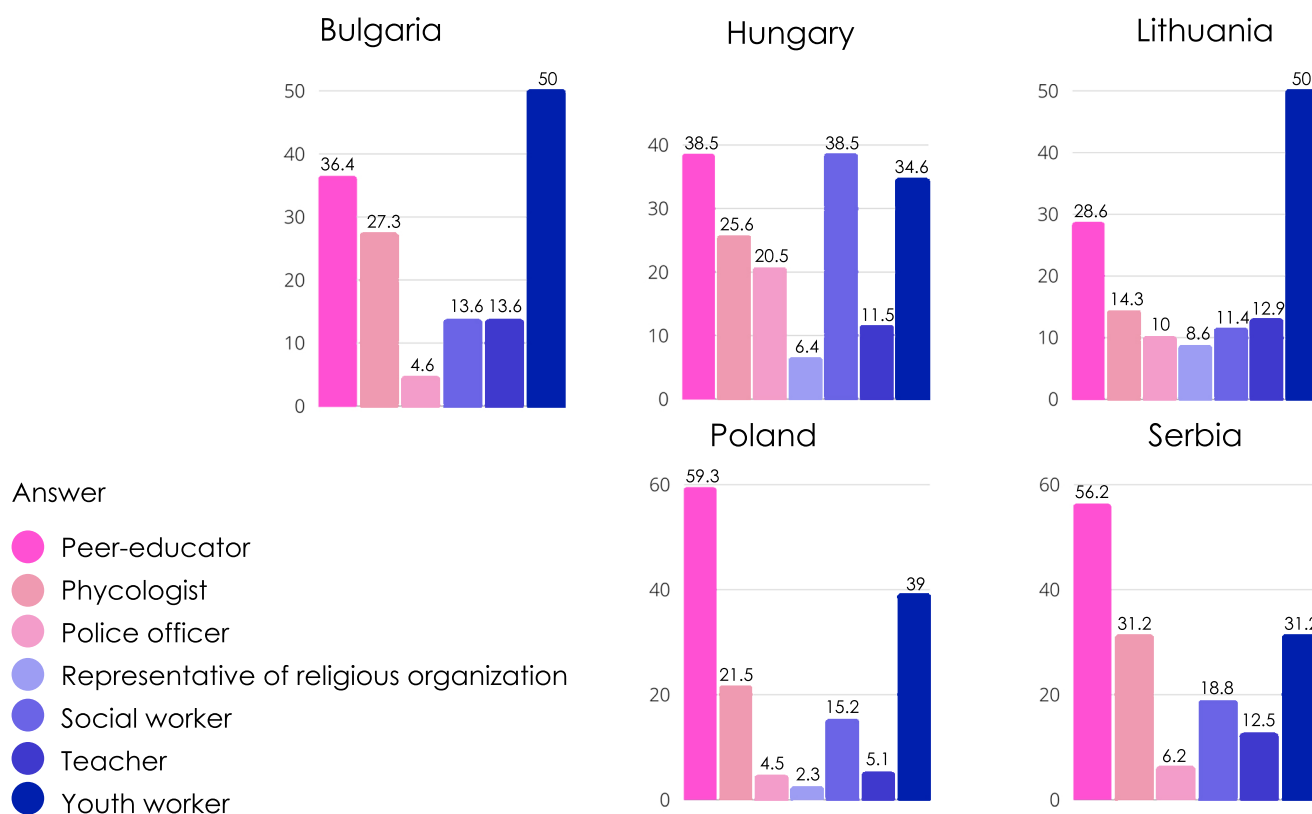
Although the format of one-off lectures is still one of the most popular methods of delivering drug education even outside of schools, a wider variety of methods used was reported. Information is provided more informally, by youth workers, peer educators, psychologists, and social workers.

Figure 7. Characteristics of drug education outside of schools (multiple options possible)

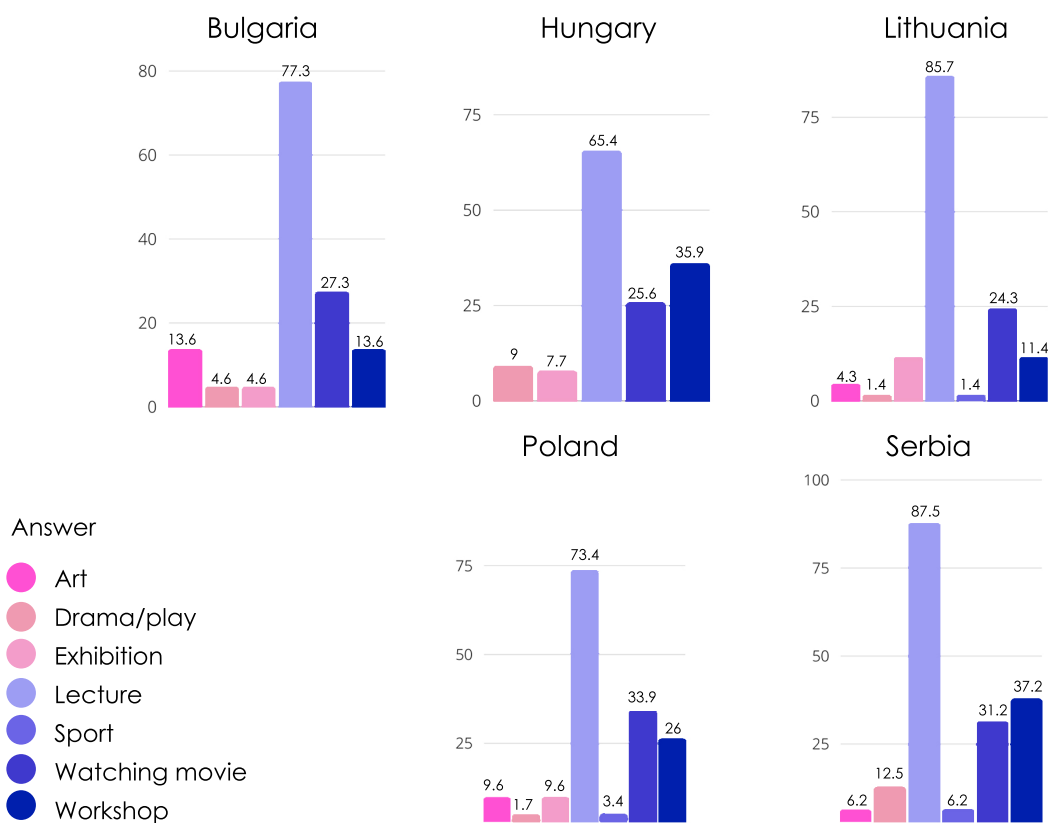
How was it organized? (Not School)



Who provided it?(Not School)

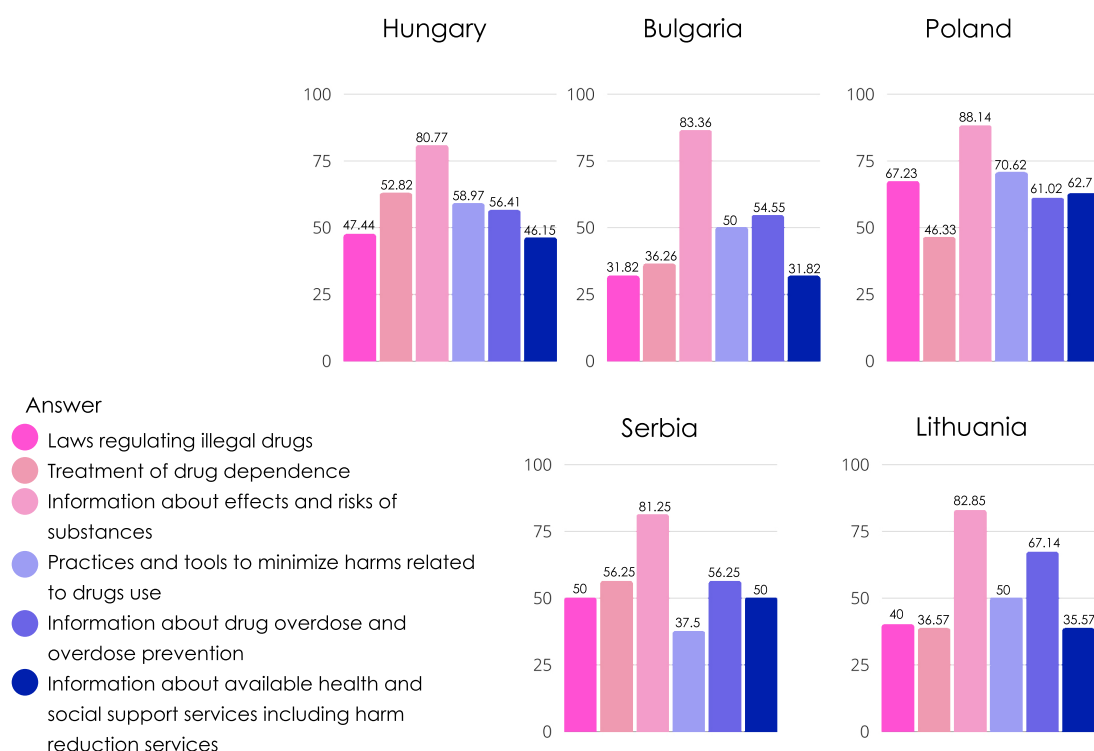


What educational methods/activities did it include? (Not School)



The proportion of those who reported harm reduction, overdose prevention, and access to support and treatment of drug addiction as part of the content was significantly higher among those who attended non-school based programs.

Figure 8. What information did you receive during this session? (multiple options possible)



Education received outside of schools was evaluated more positively; it was assessed as being less judgmental, and participants thought they received more new, honest, and useful information than the education delivered at schools or universities.

Over 50% of the respondents in all five countries recognize that psychoactive substances can be both harmful and beneficial and should be regulated accordingly. Cannabis was perceived as the least risky substance. Most of the respondents have had some experience of illicit drug use: 65% in Bulgaria, 73% in Hungary, 88% in Lithuania, 95% in Poland, and 68% in Serbia. The most common method of drug administration is smoking, followed by oral administration and snorting. For example, in Lithuania 98% of respondents had tried smoking, 54% oral administration, and 40% snorting. Similar figures were reported in other countries. Young people in all countries reported that it would be fairly easy to find illegal substances (responses of "very easy" and "fairly easy" combined): 81% in Bulgaria, 73% in Lithuania, 91% in Poland, 78% in Serbia, and 72% in Hungary. A substantial proportion of young people had witnessed an overdose with illegal substances: 9% in Bulgaria, 26% in Hungary, 35% in Lithuania, 28% in Poland, and 19% in Serbia. In Bulgaria 45%, Hungary 26%, Lithuania 44%, Poland 77%, and Serbia 43% of the participants know what harm reduction is, while 35% in Bulgaria, 27% in Hungary, 35% in Lithuania, 15% in Poland, and 41% in Serbia have never heard of it.

Figure 9. Lifetime prevalence of use of illicit substances

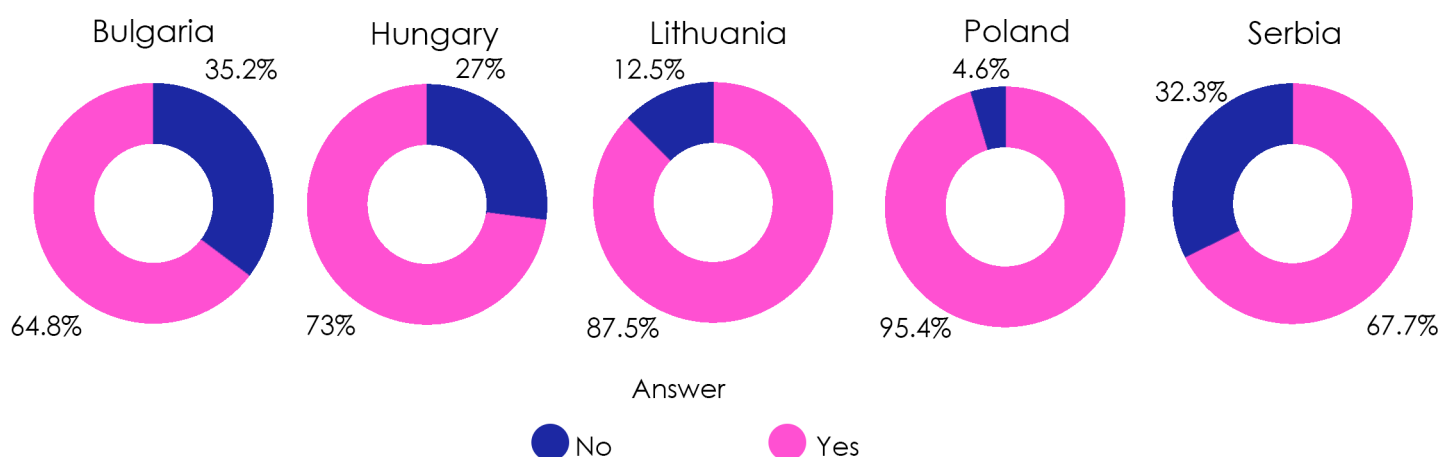
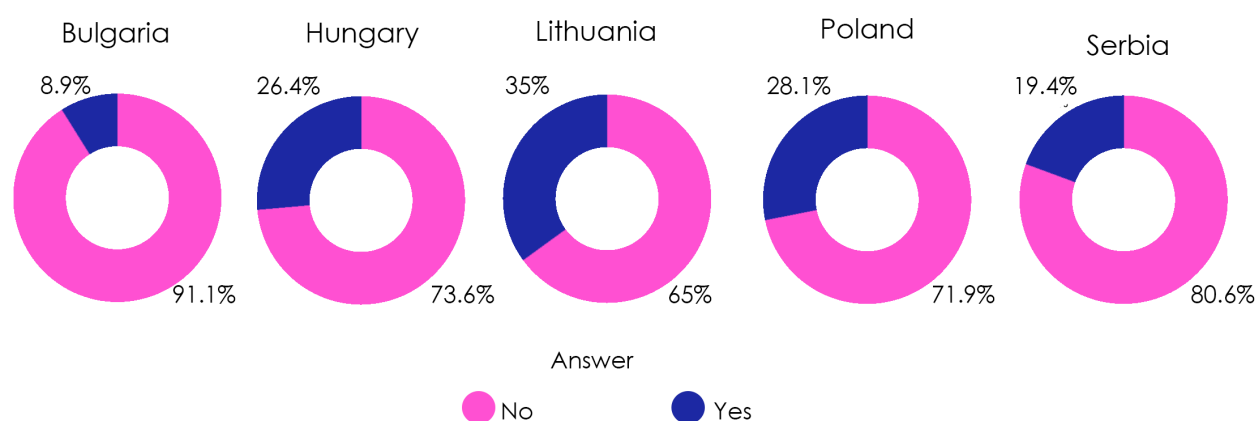


Figure 10. Lifetime prevalence of witnessing overdose



When asked who should provide drug education, the majority of respondents in all countries named specialized drug counselors (Bulgaria 67%, Hungary 73%, Serbia 78%, Poland 69%, Lithuania 86%), psychologists, youth workers, peer consultants, and health professionals. In practice when searching for information on the effects and risks of the use of illicit drugs, young people most often turn to the Internet (Bulgaria 76%, Hungary 92%, Serbia 84%, Poland 93%, Lithuania 88%), their friends, or the media.

The data collected show that the majority of young people have some experience of substance use, and over half of the participants in all countries stated that it would be fairly easy for them to obtain illegal substances. The most frequent method of substance administration is smoking. At the same time most of the formal drug education young people receive is based on the “just say no” paradigm and scare tactics instead of an honest, evidence-based, and non-judgmental approach.

Qualitative research results

For the qualitative research, 17 online and offline focus groups were conducted with:

- youth workers, social workers, and educators who are not working in the field of prevention, harm reduction, or drug education but have access to young people;
- youth workers, social workers, peer-to-peer educators, and specialists who are working in the field of prevention, harm reduction, or drug education and have access to young people; and
- young people, to share their opinions and knowledge about drug education in their country.

In addition, at least five semi-structured interviews were conducted in each country with government representatives, public officials, law enforcement representatives, health professionals, and national experts on drug policy and/or drug education.

Bulgaria

The qualitative component of the research in Bulgaria was conducted through four focus groups and five interviews. All participants stated that their problems are mainly related to the lack of institutional support. Another big issue identified by the youth organizations is the lack of recognition of the non-governmental organizations as an equal partner.

Interestingly, while youth organizations rate peer-to-peer education very highly, young people who are not part of the organizations said that the peer education does not work well for them. They explained that during the organized peer education in school, regardless of the topic, the students are not focused, but just laugh and do not even listen to their peers. Speaking about drug education young participants reported that they received *"something about drugs, which was very theoretical and hard to remember."* One of the interesting comments made by young people was that everybody who spoke to them about drugs tried to scare them by explaining how dangerous drugs are and how they will ruin their lives. All of them said that they need honest information that includes all possible points of view, and that they need a chance to form their own opinions. The young people declared that they prefer to receive drug education from someone about 10 years older than them, who needs to be very well theoretically prepared but also to be close to the lifestyle of young people. They stated the need for interactive e-learning—more attractive drug education that includes "cool" videos and quizzes. Some of them also said that they need to discuss their personal feelings about drugs and drug use and need a place to share their feelings.

All of the participants (young people and organization representatives) shared the view that drug education needs to be provided through short videos, movies, vlogs, podcasts, and interactive, online courses, including young people who can present the information with "charisma" but also with expertise.

Hungary

In Hungary three focus groups and semi-structured interviews with three groups of stakeholders were conducted. The interviews and focus groups were conducted online using the Zoom video conference system. All participants were asked to sign a consent form, and young people under 18 years old were asked to gain permission from their parents.

During the interviews and focus groups young people reported that they received drug education as a single presentation about the risks of drug use, given by a policeman or a medical doctor. This was consistent with the reports of drug service providers and youth workers, who said that the majority of drug education programs are provided by the police and other professionals who are not drug service providers. The majority of professionals reported that these programs consist of a single formal presentation given to a large group of students, often in the presence of their teacher, where meaningful, honest conversations are not possible. Those who educate young people often know less than the target group, and there is a lack of trust between the educator (especially if it is a policeman) and the audience. *"The police have the role to keep law and order and not to educate young people about health issues,"* said a drug expert (114).

Credibility was a very important aspect of drug education for young people: almost all participants pointed out that they can only accept information from adults who know what they are talking about — that is, have lived experience and/or accurate professional knowledge.

Criminalization of drug use was mentioned by several respondents as a key barrier to honestly addressing drug-related problems among young people. Four interviewees (I5, I6, I7, I14) who work mostly with highly marginalized Roma children reported that poverty, domestic abuse, early motherhood, unemployment, school dropout, lack of parenting skills, and poor access to housing, health, and social care are the main problems in these communities. *"Drug use is only a symptom for these young people,"* said one respondent. *"We cannot tackle drug use only without addressing those structural inequalities that are the roots of drug problems."* (I6) According to the respondents, universal drug education, without supporting young people to live a different life, makes no sense in these communities.

Both young people and professionals emphasized that young people in general have better knowledge and understanding about drug use and its effects than older generations. The role of harm reduction was emphasized by multiple participants. *"Those who already use drugs have to know how to use them and how to avoid accidents, such as bad trips, for example."* (P1F1) Young people valued those educators who could create a trusting, informal conversation with them, speaking of personal experiences. One participant emphasized that *"young people know a lot about drugs; it is not the sharing of information that is important, not the chemistry, but to listen to those who have personal experiences."* (P1F1) This was consistent with what professional respondents said, that their young clients *"have a lot of information about drugs, but they do not have the emotional maturity and experience to make informed and responsible decisions about their lives or control their emotions and behaviour."* (I1)

The interviewees presented several existing programs as good examples of drug education:

- The **Köztes Átmenetek**⁷⁰ ("Transitions") program is operated by a Budapest-based non-governmental organization. It is an interactive exhibition where young people can visit five rooms with various installations showing different scenes of drug use. The approximately 90-minute-long program aims to improve self-awareness among young people by discussing with them the difference between recreational use and addiction, the risks of various substances, and ways to reduce the harms. The exhibition is open for school classes, who can attend as an extracurricular activity, without their teachers.



- A Budapest-based peer educator program by **Tiszta Jövőért Foundation**⁷¹ for high school students comprises three modules (self-awareness, drug information, skills development). The program uses various interactive methods, including games in small groups, drama, watching and discussing videos, and responding to simulated situations. It is a school-based program.
- The prevention program operated by the non-governmental organization **INDIT** in the city of Pécs provides small groups of elementary and high school students with drama, interactive learning, and skills development.
- A prevention program in western Hungary is offered in schools by **KIMMTA**, a faith-based organization funded by the Reformed Church, with a focus on social skills development.
- A prevention program operated by **RÉV**, a faith-based charity funded by the Catholic Church in Pécs, focuses on elementary and high school students, and children in foster care, using interactive methods and drama.

⁷⁰ <https://www.koztesatmenetek.hu/kiallitas>.

⁷¹ <http://www.tisztajovert.hu>.

- **Életre Való Association**⁷² operates programs for children in foster care. Part of these programs contains drug education — not directly but by teaching them how to make movies and tell their own stories.
- **Lazarus Foundation** operates a selective drug prevention program for highly marginalized young Roma in segregated settlements in north-east Hungary, offering alternative recreational activities and support to young parents (17–20 years old) to improve parenting skills.
- **Lélektér Association** in the town of Veszprém has a peer education program targeting high school students, training them to help each other, work as a community, and advocate for their rights.
- The **Kecskemét chapter of RÉV**, a charity funded by the Catholic Church, has a drug prevention program in Kecskemét. It is an extracurricular program for schoolchildren, with a presentation about drugs, role-plays in small groups, and discussions around drug risks and how to reduce them.
- **Tiszta Jövőért Foundation's**⁷³ **safer nightlife program** in Budapest provides training courses for young people on safer nightlife and also on nightlife harm reduction based on an agreement with Dürer Kert, one of the dance clubs/concert halls in Budapest. Twenty peer workers, mostly psychologists, work as volunteers in the program.
- **Dát2 Psyhelp**⁷⁴ is a peer-based safer nightlife and harm reduction program targeting underground Goa parties and festivals; approximately 60 young people work in the program on a voluntary basis, all of them peers, and there is no working hierarchy. Peer workers receive a day of training.
- The non-governmental organization **Blue Point**⁷⁵ launched two educational campaigns to call on people to stop drinking (**Dry November**) or smoking cannabis (**Tépőzár**) for one month. The two campaigns aimed to educate society about the risks of drug use without demonizing the users, and the campaigns received good media coverage.

Lithuania

A total of five interviews with experts, five individual interviews with youth workers working in harm reduction, and three focus groups were conducted for the qualitative part of the research. In the first focus group, with representatives of organizations working with young people but not in the field of prevention or harm reduction, when asked to evaluate existing drug education in Lithuania, all of the participants considered it of very poor quality and not objective at all: *"One-sided, where young people are told only that drugs are bad and forbidden."* Participants also noted that these lectures are often led by police officers. When talking about the role of harm reduction organizations in drug education, all of the participants agreed that harm reduction organizations should be included in drug education somehow.

The second focus group, with youth workers, social workers, peer-to-peer educators, and specialists who are working in the field of prevention and harm reduction and have access to young people was hardest to organize, because there are very few organizations working in this field, and even fewer were willing to participate in this research. As a result there were five participants in a focus group and five separate semi-structured interviews with different specialists, including doctors, a psychologist, and politicians.

When asked to describe effective drug education, all of the participants agreed that it should be science-based, providing objective information, and that it should also be the product of cooperation between educational institutions, governmental institutions, and non-governmental organizations, led by a specialist (specially trained youth workers and peers). The participants mentioned criminalization of drug use as the main barrier to the provision of drug education: *"I think the problem is that everything is criminalized. At least speaking about these problems shouldn't be taboo."*

All of the participants in the focus group with young people said that they look for information about drugs/drug use on the Internet. The main research themes are short-term and long-term effects and side effects, dosage, duration, legality, chemical reactions in the body, and mixing drugs; two of the participants mentioned that they also look for substance origin and history. All of the participants agreed that drug education in their country is very poor, as it is mostly scary pictures and warnings that "drugs are bad." Everyone agreed

⁷² <http://www.eletrevalo7szokas.hu>.

⁷³ <https://www.facebook.com/tisztajovoert/>.

⁷⁴ <https://www.facebook.com/psy.help.team>.

⁷⁵ <http://kekpont.hu>.

without a doubt that it is very important to include objective, informative drug education in school programs: *"It would be great if education would be provided more from the rational side, that information would be impartial, because what we have now and what we had before is one-sided emotional information."* All of the participants agreed that anyone who talks with young people about drugs should be a trained specialist with experience, not just theoretical knowledge.

As a good example of organizations working with young people on drug policy issues the participants mentioned [Young wave](#), a non-governmental organization set up by young people to promote active citizenship and monitor scientific progress in drug policy. It provides harm reduction services at events and organizes civic campaigns, discussions, and training. The organization also has a radio show called [PrePartis](#) on which it hosts discussions every other Friday on different aspects of drug use, drug policy, and harm reduction.



Poland

The qualitative part of the study in Poland comprised interviews and focus groups with 33 people, including a law enforcement representative, two drug policy experts, a health professional, and a public figure. The greatest interest was shown by the representatives of organizations working in the area of prevention and harm reduction, as well as by adolescents who use psychoactive substances.

According to the interviewees, drug education in Poland is based on fear and often false information, or simply stereotypes. Information about harm reduction is marginal, and teachers do not have the knowledge to conduct such classes. *"No one ever explained specifically what a drug is, just like a certain concept of 'new psychoactive substances.' You don't know what it is, but you have to be careful. You also have to be careful, because you might try it once and die."* PLF3/2-P2 These classes have rarely been evaluated positively by students. Teachers and police officers have a more positive opinion of the effectiveness of drug education in schools. These classes were held, according to the students, as part of chemistry, biology, and sex education classes, as well as in general school assemblies and meetings organized for the entire student community in the gym/hall and on school trips.

The majority of the students have no experience of drug education at universities. Respondents stated that if drug education is provided at universities, it is at different levels depending on the field of study. Attempts to organize grass-roots educational initiatives based on peer education — science clubs at universities — were made but not continued.

The Internet is the second most frequently indicated source of drug education among the young people interviewed. They pointed out such pages as: researchgate (database of scientific research), <https://hyperreal.info/> (thematic forum), pillreports.net (tablet database), psychonautwiki.org (drug wikipedia), and trip reports. The information most frequently searched for is: dosage, how a substance works, duration of substance, side effects, harmfulness, effects on the brain, legal regulations, and how to act in case of being in custody for substance possession. In her statement, the healthcare representative emphasized how successful the presence of influencers could be in prevention campaigns. *"I think we should take advantage of their popularity ... People who have some kind of authority, who are famous in some way, and even now, at this time of Instagram, I think that if all those insta-stars were to speak about it, be involved in some projects, it would work better."* PLI-H Nowadays, young people adopt behavioral patterns from famous people. Influencers with lots of followers, who have socially relevant content on their accounts and who are addressing important issues, seem to be a very good medium for promoting campaigns/projects/information.

Representatives of harm reduction organizations talked about the lack of freedom in providing educational and harm reduction services. These limitations come from different sources: current regulations, problems with event organizers (in the case of party workers), or a misunderstanding of the assumptions behind the activities. *"There are many things we cannot do because the law does not allow it, because of the organizer of the club and stuff like that. We cannot fully serve harm reduction services as recommended because we have restrictions from the environment."* PLF2/2-P2

The respondents pointed to significant underfunding in this area. The money from the budget is allocated to ineffective campaigns (posters, media advertisements), and harm reduction should be implemented in action. Outreach projects are implemented only in large urban centers. The drug policy specialist noted problems with financing harm reduction programs in Poland. Most of the national funds for drug-related activities (there are not many anyway) are distributed to organizations that have been conducting such activities for a long time and are based on the drug-free model. Polish harm reduction organizations and a large number of other non-governmental organizations work from project to project. Polish harm reduction organizations do not receive meaningful support from government or state institutions, both in terms of financing and for administrative issues (patronage, assistance to find premises, etc.). Harm reduction organizations also face repression from the government. The respondent mentioned the Kaleta report—a report by the Deputy Minister of Justice on the activities of non-governmental organizations working on harm reduction and education in the field of HIV/AIDS and chemsex. The activities of these organizations were mentioned in the report and then shown on national TV and presented as promoting drugs, to create a media scandal to mark the 2020 presidential elections in Poland. A representative of the health service also complained about the ongoing media scandal against organizations involved in outreach activities. This is a very disturbing sign, indicating that organizations working in this field may soon have even greater problems. *"And there is another scandal in our country about the fact that there is this harm reduction—for example, in Warsaw—and our ruling party does not like it very much, and there is smear campaign against us, saying that we even promote drugs and encourage use, and no one understands that we are trying to educate people and work in such a way that we are aware that everyone will make the decision they want anyway."* PLI-H

Young people stated that they are not treated as partners in the conversation. Teachers and police officers do not have experiences and language in common with youth, and the inability to trust them excludes young people from the discussion. The group of young people interviewed indicated that they would like to be educated by people who have experience of substances, as well as people who can provide therapy related to problematic substance use, people from prevention organizations, and people close to them. It was important to them that drug education should be conducted in a way that does not underestimate the audience and that communications should not focus on the negative or positive effects of drug use, but should be based on honest knowledge and facts. According to some of the young people interviewed, it would be a good solution if the teacher did not participate in classes conducted by a person from outside of the school. As for the form of classes, they thought that discussions, brainstorming, psychodramas, and lectures combined with workshops (including substance testing workshops) — i.e. with active participation — would be appropriate. They considered it important that the messages from the lecturers should be less about ordering them around and more thought-provoking, involving, and guiding. As a good idea they pointed out the possibility of asking the instructor anonymous questions written on cards and then thrown into a box (the same is done in sex education).

It is clear that in Poland, under the current conditions, it is not possible for people with the appropriate skills to provide drug education in all schools. Therefore, the young people pointed out the need to provide materials for teachers who conduct such lessons unwillingly, such as textbooks, lesson scenarios, and films to show during the classes. A good practice used by some of the respondents is to talk about difficult topics in private, or in smaller, trusted groups. It was pointed out that generally informational messages can be addressed in large groups, but more interactive, involving topics should be discussed in smaller groups with a higher level of trust.

Serbia

Formal education on drugs in Serbia has been reduced to prevention programs which aim to convince young people that they should not use drugs. Prevention programs are not adapted to existing patterns of drug use among young people. From early adolescence, young people become aware of the existence of various types of illegal substances, about which they receive information mostly through the Internet, mass media, and friends. Psychoactive substances are a ubiquitous topic, and for most young people it is certain that they will come into contact with them at some point. Young people have more confidence in informal sources because the possession of psychoactive substances is criminalized; therefore, the conversation about the use

of these substances is often taboo. Thus, it is easier for young people to talk to someone who is young like them and whom they can trust not to judge, persuade, or compromise them in any other way.

In the qualitative part of this research, five peer educators from organizations operating within organizations that implement harm reduction programs, as well as two employees in organizations that implement rehabilitation, resocialization, and, occasionally, prevention programs were interviewed. Also, nine people from youth organizations that do not work in the field of drugs but encounter the topic, four people from organizations working with the LGBTQI+ population, and one representative of an organization working with young people who are HIV-positive participated in the focus groups. Important insights into existing prevention programs were obtained through interviews with a representative of the Office for Combating Drugs of the Government of the Republic of Serbia, as well as representatives of civil society organizations implementing drug programs, invited to participate in the commissions for the fight against drug addiction in schools, which are mainly implementing rehabilitation and resocialization programs. Further focus groups included ten young people who shared their experiences of drug education in Serbia.

All respondents reported that most of the existing harm reduction organizations are focused on providing services and programs for injecting users, rather than on drug education or youth in general. Drug information services in educational institutions mostly fall into the domain of universal prevention. On the other hand, prevention programs that provide drug information are not implemented systematically, but at the initiative of local communities, non-governmental or youth organizations, schools, school psychologists, or individuals. Peer education programs in Serbia are mainly conducted in out-of-school and informal settings and are conducted by non-governmental or youth organizations.

During the focus group discussions, young people mostly talked about cannabis and alcohol use, while other illegal psychoactive substances that were mentioned were heroin, psychedelics, and stimulants. When talking about education in schools, young people mentioned heroin the most, because it is the substance that educators (usually police officers or former addicts) talk about most in lectures. Three young people said that they do not trust healthcare institutions: *"I don't think they have any specific psychotherapy programs there; they are mostly, like, put you on some drug therapy. There is no individual approach, if I understood correctly."* (P3F2) Also, two of them said the problem appears when people are officially registered as "addicts" with these institutions. Two young people would rather recommend a private therapist to friends who have problematic drug use.

Participants who had received some form of drug education in schools identified intimidation, condemnation, imposition, persuasion, and feelings of shame as the dominant principles encountered in the program. The young people pointed out that they would like to be able to talk more openly about drugs. They mentioned videos on the Internet (social networks and YouTube) as the most effective format for informal drug education. They believe that someone close to them in age should talk to them, but that it is more important that *"the person who talks about it should have at least some experience, whether he learned about it or did it. Now, no one can come and tell me what something is like, if they don't even know what something is like."* Specialists insist on intersectoral cooperation: *"I think there should be real multidisciplinary teams. Psychologists, psychiatrists, pedagogues, civil society, not just doctors."* (SG1) Thus, peer drug education, whether it comes from young people or people who have experience of drug use, is recognized as an effective approach, if used in synergy with expert knowledge.

Conclusions and recommendations

Evidence shows that young people come into contact with various types of illegal substances from early adolescence, the most prevalent of which are cannabis, amphetamines, and MDMA/ecstasy. Over half of the participants in all countries stated that it would be fairly easy for them to obtain illegal substances. The most frequent method of administration is smoking. At the same time most of the formal drug education young people receive is based on the “just say no” paradigm and scare tactics, instead of an honest, evidence-based, and non-judgmental approach.

Most of the study participants had received some form of drug education in schools and mentioned the lack of informal educational opportunities. Participants from all five countries also stated that people who provide drug education often have only theoretical knowledge about substances and cannot relate to the experiences young people face. A lack of trust in educators among students, criminalization of drugs, underfunding, and the exclusion of harm reduction from the process were mentioned as the main barriers to providing quality drug education. As a result, young people prefer to obtain information from the Internet or their friends and peers.

The most popular topics young people search for are:

- information about substances and risks;
- available harm reduction services;
- laws regulating drug use, and their enforcement;
- available legal help in cases related to drug law offenses;
- information about drug overdose and overdose prevention;
- youth organizations working with people who use drugs; and
- treatment of drug dependence.

The stakeholders interviewed—young people and representatives of harm reduction, prevention, and youth organizations—all agree that existing drug education is ineffective and fails to address the needs and patterns of drug use among young people. Youth organizations should establish cooperation with harm reduction specialists and include young people in the development of the course content. To be effective, drug education should be provided:

- by a person who has received special training on substance use and has first-hand experience of substance use;
- in a non-judgmental way, based on scientific evidence;
- in an interactive manner, using engaging, modern tools and platforms;
- preferably in small groups in a safe environment; and
- in a format of open and honest dialog.

Drug education should develop critical thinking and not use simple scare tactics which only lead to a lack of trust in educators among young people and drive them away from services. Effective drug education should be comprehensive, interactive, evidence-based, non-judgmental, age-appropriate, and both formal and informal education that recognizes varying concepts of health, family, and community that are associated with different target groups, respects privacy and individual freedom, is culturally and socially sensitive, in line with ethical and human rights principles, promotes critical thinking, and contributes to the well-being of youth.

Annex 1

Methodology for assessment of drug education

This methodology was developed within the **LET's Talk about drugs – new MEthods of communication with youth – LET ME project funded by European Commission (ERASMUS+ programme)**. The aim of the project is to support youth workers, educators (peer educators), street workers, harm reduction specialists working directly with youth who can potentially use drugs or already using them with the innovative approaches and methods of drug education.

Project partners: Eurasian Harm Reduction Association (EHRA), Lithuania; Young Wave, Lithuania; Youth Organisations for Drug Action (YODA) Poland; Rights Reporter Foundation (Jogriporter alapitvány), Hungary; VAKU (Valo-Szinu Kulturális- és Ifjúsági Egyesület), Hungary; Center for Humane Policy, Bulgaria; Foundation SMART, Bulgaria; Re Generation (Nevladina organizacija RE GENERACIJA), Serbia.

Background

We as a society have been trying to prevent drug use among youth for more than a century. A variety of methods have been used to try to persuade young people to abstain. Existing international guidelines on drug education are formulated in the context of prevention: EMCDDA manual European drug prevention quality standards⁷⁶, EMCDDA Best practice portal: Prevention interventions for school students⁷⁷, UNODC School-based education for drug abuse prevention⁷⁸, UNODC/WHO International Standards on Drug Use Prevention⁷⁹, UNODC Youth Initiative discussion guide⁸⁰. When talking about drugs, drug use usually equals drug abuse and abstinence is treated as the sole measure of success, and the only acceptable teaching option. No information is provided about how to reduce risks or prevent abuse for those who do experiment with substance use and harm reduction is not mentioned in any documents. For drug education programmes to work, they must be accepted by and appropriate to their target communities.

The purpose of the assessment

The **goal** of the proposed study is to assess existing drug education and its effectiveness. The study will also look at what information on drugs is available and how it is perceived by young people, and examine the methods and tools used by different actors to talk about drugs with young people and gather best practices. In order to achieve this goal, the following steps will be undertaken:

- Qualitative assessment of the existing drug education practices and its perceived effectiveness
- Quantitative assessment of drug education experiences among youth and its effectiveness through the analysis of their knowledge and opinions about drugs and drug use

Based on the results of the study the Assessment Report will be made that will include information on drug education in each project country and best practices, methods and tools used by youth workers and peer educators, as well by the harm reduction specialists, who are working with young people. The Assessment report and its recommendations will be used to develop the Manual on drug education for youth workers.

Countries: Bulgaria, Hungary, Lithuania, Poland, Serbia.

In this study the following definitions will be used:

- **Youth/young people** – people aged 16 to 30.
- **Youth organisation** - organization working with youth and for youth.
- **Youth worker** - everyone who works with youth.
- **Peer educator** – person who fits the profile of target audience (age, social background, lived experience) and works with youth/ young people.
- **Effective drug education** – comprehensive, interactive, evidence-based, non-judgmental, age appropriate both formal and informal education that recognise varying concepts of health, family and community that are associated with different target groups, respects privacy and individual freedom, is culturally and socially sensitive, in line with ethical and human rights principles, promotes critical thinking and contributes to the well-being of youth.

76 http://www.emcdda.europa.eu/attachements.cfm/att_145539_EN_TD3111250ENC.pdf

77 <http://www.emcdda.europa.eu/best-practice/prevention/school-children>

78 https://www.unodc.org/pdf/youthnet/handbook_school_english.pdf

79 <https://www.unodc.org/unodc/en/prevention/prevention-standards.html>

80 https://www.unodc.org/documents/drug-prevention-and-treatment/discussion_guide_final_2012_04.pdf

Research design

The study will be implemented in the framework of the mixed-method approach and will have qualitative and quantitative methodological components. This approach can provide a deeper and more valid understanding of answers to research questions.

Before proceeding with the field work the desk review should be completed. The desk review serves an important function in the assessment, providing a foundation upon which to build the subsequent steps. Desk review helps to:

1. Understand the country context in terms of drug use among youth and available drugs education and regulations around it.
2. Identify key themes, gaps, and opportunities by analysing available secondary data.

Key documents for desk review:

- Statistical data on drug use and drug abuse among youth, behavioural surveillance surveys among people using drugs, research data on drug use among youth and drug education
- Legislation regulating drug education, dissemination of information about drugs and drugs use among youth
- Existing methods and tools in drug education: school curriculum, developed guidelines, etc.
- Assessments of the drug prevention activities efficiency and effectiveness.

Qualitative component

Qualitative component of the study will be implemented through three focus groups and 5 semi-structured interviews. Due to the COVID-19 restrictions all interviews and focus groups should be conducted online using <https://zoom.us/> platform.

- Focus group and/or semi-structured interviews 1: group for the youth workers, social workers, educators who are not working in the field of prevention, harm reduction, drug education but have access to young people
- Focus group and/or semi-structured interviews 2: group for the youth workers, social workers, peer-to-peer educators, specialists who are working in the field of prevention, harm reduction, drug education and have access to young people
- Focus group and/or semi-structured interviews 3: group for the young people who would be able to share their opinion and knowledge about drug education in their country
- 5 semi-structured interviews with national experts on drug education

Topics to discuss during the interviews: experience in working with youth, experience in drug education and its perceived effectiveness, definition of effective drug education.

Recruitment of research participants will be carried out through national research teams. Informing potential research participants should be organised through the communication channels of partner NGOs. Participants will be screened based on their access to youth, involvement in harm reduction and/or drug education and age for Focus group 3. The total number of focus group participants should be no less than 10 for each of the 3 identified groups.

Young people should be divided into two groups based on age: 16-21 and 22-30 years old. Participants should not know each other.

The discussion should be based but not limited to the questions provided in the guides. Guides should be translated to national languages. All participants should sign informed consent forms. To maintain confidentiality, the names of participants should not be recorded in any form, the codes should be used instead: example P1F1 (Participant 1 of Focus group 1).

Codes for interviews:

Country	Occupation of the interviewee	Serial number
B – Bulgaria	G – government official	1
H – Hungary	H – health professional	2
L – Lithuania	P – politician	3
P – Poland	L – law enforcement representative	4
S – Serbia		

All focus groups and interviews should be audio recorded and then transcribed. Main quotes should be translated into English and included in the country report. Audio files should be deleted after the completion of the analysis and final report. All files related to the research and scans of completed consent forms should be stored in a secure server that is not accessible to external users.

Quantitative component

The quantitative component will be focused on the assessment of existing drug education and its effectiveness by young people. Recruitment of research participants will be carried out through national research teams. The questionnaire should be translated into national language and uploaded to [surveymonkey.com](https://www.surveymonkey.com). Informing potential research participants should be organised through the communication channels of partner NGOs and shared with a wider audience. Minimum 100 questionnaires should be collected in each country. The collected data should be translated into English.

The questionnaire will include three blocks of questions:

- Demography
- Experience in drug education
- Opinions and knowledge about drugs and drug use

Due to the limited resources the sample will not be representative, and the results of the assessment cannot be extrapolated to the entire population group.

Ethics and confidentiality

All participants will be fully informed of the study, their right to opt out of it and of the existing procedures to ensure the confidentiality of the study participants. Prior to the interview and survey, each participant will complete informed voluntary consent form. To maintain confidentiality, the names of participants will not be recorded in any form that was entered into the database; rather, identification numbers (codes) will be used for identification purposes in all forms used for the database.

Online questionnaire for youth

You are invited to participate in a research study conducted by _____ within LET's Talk about drugs – new MEthods of communication with youth – LET ME project funded by European Commission (ERASMUS+ programme). The aim of the project is to assess existing drug education and its effectiveness, examine the methods and tools used by different actors to talk about drugs with young people and gather best practices in order to support youth workers, educators (peer educators), street workers, harm reduction specialists working directly with youth who can potentially use drugs or already using them with the innovative approaches and methods of drug education. It will take about 15 minutes of your time.

Your participation is voluntary. There are no anticipated risks or benefits to your participation. If you have any questions about this research study, please contact: _____

By checking this box, I consent to participate in this study ☐

D1. What is your gender?

1. Female
2. Male
3. Other (specify) _____

D2. How old are you?

1. 16-18
2. 19-24
3. 25-30

D3. What is the last level of education that you completed?

1. Primary education
2. Secondary education
3. Higher education
4. None

D4. What is your current occupation?

1. Student (secondary education)
2. Student (higher education)
3. Student and working part time
4. Student and self-employed

5. Student (distant/part-time) and working full time
6. Self-employed
7. Employed, working part time
8. Employed, working full time
9. Not employed, looking for work
10. Not employed, not looking for work

D5. Which of the following best describes the area you live in?

1. Metropolitan area
2. Other town/urban centre
3. Rural area

D6. Have you ever been involved in the activities of any civil society/non-governmental organizations?

1. Yes, as an employee
2. Yes, as a member
3. Yes, as a volunteer
4. Yes, as a client
5. No

E1. Have you ever received any form of formal or informal drug education?

1. Yes
2. No ----- Go to question E8.

E2. Where did you receive it? *(You can select multiple options)*

1. At school
2. At the university
3. At youth organization
4. Harm reduction organization
5. At festival and/or party from harm reduction organization.
6. Online training (course)
7. Other(specify)_____

E3_1. Who provided it? *(answers 1-2 to E2) (Multiple options possible)*

1. Teacher
2. Police officer
3. Social worker
4. Phycologist
5. Youth worker
6. Peer-educator
7. Representative of religious organization
8. Other (specify)_____

E3_2. Who provided it? *(answers 3-7 to E2) (Multiple options possible)*

1. Teacher
2. Police officer
3. Social worker
4. Phycologist
5. Youth worker
6. Peer-educator
7. Representative of religious organization
8. Other (specify)_____

E4_1. How was it organized? *(answers 1-2 to E2)*

1. One-time formal lecture
2. A course
3. Informal meeting
4. Private conversation/counselling
5. Other (specify)_____

E4_2. How was it organized? *(answers 3-7 to E2)*

1. One-time formal lecture
2. A course
3. Informal meeting

4. Private conversation/counselling
5. Other (specify)_____

E5_1. What educational methods/activities did it include? (answers 1-2 to E2) (Multiple options possible)

1. Drama/play
2. Watching movie
3. Sport
4. Exhibition
5. Workshop
6. Lecture
7. Art
8. Other (specify)_____

E5_2. What educational methods/activities did it include? (answers 3-7 to E2) (Multiple options possible)

1. Drama/play
2. Watching movie
3. Sport
4. Exhibition
5. Workshop
6. Lecture
7. Art
8. Other (specify)_____

E6_1. What information you received during this session: (answers 1-2 to E2) (Multiple options possible)

1. Laws regulating illegal drugs
2. Treatment of drug dependence
3. Information about effects and risks of substances
4. Practices and tools to minimize harms related to drug use
5. Information about drug overdose and overdose prevention
6. Information about available health and social support services including harm reduction services

E6_2. What information you received during this session: (answers 3-7 to E2) (Multiple options possible)

1. Laws regulating illegal drugs
2. Treatment of drug dependence
3. Information about effects and risks of substances
4. Practices and tools to minimize harms related to drug use
5. Information about drug overdose and overdose prevention
6. Information about available health and social support services including harm reduction services

E7_1. Please agree or disagree with the following statements regarding the drug education you received. I felt that... (answers 1-2 to E2)

	1 (totally disagree)	2	3	4	5 (absolutely agree)
A. The provided information was useful					
B. The provided information was honest					
C. The content was evidence-based					
D. The education was provided in a non-judgmental way					
E. The content was culturally and socially sensitive					
F. The provided education respected human rights					

G. I could honestly share my experiences					
I. I've learned a lot of new things					

E7_2. Please agree or disagree with the following statements regarding the drug education you received. I felt that... (answers 3-7 to E2)

	1 (totally disagree)	2	3	4	5 (absolutely agree)
A. The provided information was useful					
B. The provided information was honest					
C. The content was evidence-based					
D. The education was provided in a non-judgmental way					
E. The content was culturally and socially sensitive					
F. The provided education respected human rights					
G. I could honestly share my experiences					
I. I've learned a lot of new things					

E8. Have police representative with a trained dog ever came to your school/university/place of work to search for drugs? (You can choose multiple options)

1. School
2. University
3. Work
4. Nightlife and party settings
5. No

E9. What information about drugs would you like to know? (You can choose multiple options)

1. Information about substances and risks
2. Available harm reduction services
3. Available health and social services
4. Laws regulating drug use and its implementation
5. Available legal help in the cases related to drug-law offences
6. Information about drug overdose and overdose prevention
7. Youth organisations working with people who use drugs
8. Treatment of drug dependence
9. Other (specify) _____

E10. By whom in your opinion drug education should be provided? (You can choose multiple options)

1. The teacher
2. Police officer
3. A doctor, a nurse or other health professional
4. Social worker
5. A specialised drug counsellor
6. Psychologist
7. Youth worker
8. Peer educator

9. Representative of religious organization
10. Other (specify)_____

E11. If you wanted to have information about illicit drugs and drug use in general, who would you turn to?
(You can choose multiple options)

1. The Internet (websites or chats)
2. A friend
3. A doctor, a nurse or other health professionals
4. Parents/ relatives
5. A specialised drug counsellor/ centre
6. Mass media (newspapers, magazines, TV, radio)
7. Someone at school or at work
8. The police
9. A social/ youth worker
10. Peer educator
11. Representative of religious organization
12. A telephone helpline
13. Other (specify)_____

E12. Through which channels - if any - have you been informed over the past year about the effects and risks of the use of illicit drugs? (You can choose multiple options)

1. The Internet (websites or chats)
2. A friend
3. A doctor, a nurse or other health professionals
4. Parents/ relatives
5. A specialised drug counsellor/ centre
6. Mass media (newspapers, magazines, TV, radio)
7. Someone at school or at work
8. The police
9. A social/ youth worker
10. Peer educator
11. Representative of religious organization
12. A telephone helpline
13. Other (specify)_____

O1. What do you think are the three most effective ways for public authorities to reduce drug problems?

1. Tough measures against drug dealers and traffickers
2. Harm reduction services and information about drugs and drug use
3. Prevention programs and campaigns
4. Treatment and rehabilitation of drug users
5. Tough measures against drug users
6. Reduction of poverty/ unemployment
7. More leisure opportunities
8. Making drugs legal

O2. Which of the following statements in your opinion applies to psychoactive substances?

1. Psychoactive substances can be both harmful and beneficial and should be regulated accordingly
2. All psychoactive substances are dangerous and should be banned

O3. Which of the following are psychoactive substances? (There may be multiple correct/applicable responses, and all need to be selected)

1. Coffee
2. Chocolate
3. Alcohol
4. Cannabis
5. Heroin
6. LSD
7. Bicarbonate of soda
8. Nicotine

O4. To what extent do you agree with the statement that all illicit drugs are equally harmful?

1. Completely agree
2. Completely disagree
3. Partially agree/disagree

O5. To what extent do you think the following substances may pose a risk to a person's health?

1. High risk
2. Medium risk
3. Low risk
4. No risk

9. Don't know

- | | |
|-------------------------------------|-----------|
| A. Use cannabis once or twice | 1 2 3 4 9 |
| B. Use cannabis regularly | 1 2 3 4 9 |
| C. Use ecstasy once or twice | 1 2 3 4 9 |
| D. Use ecstasy regularly | 1 2 3 4 9 |
| E. Drink alcohol once or twice..... | 1 2 3 4 9 |
| F. Drink alcohol regularly | 1 2 3 4 9 |
| G. Use cocaine once or twice..... | 1 2 3 4 9 |
| H. Use cocaine regularly | 1 2 3 4 9 |
| I. Vape once or twice..... | 1 2 3 4 9 |
| J. Vape regularly | 1 2 3 4 9 |

O6. Have you ever tried any legal substances (alcohol, tobacco)?

1. Yes
2. No

O7. Have you ever tried any illegal substances?

1. Yes
2. No ----- Go to question O9.

O8. Which of the ways of drug administration have you tried? *(You can choose multiple options)*

1. Smoking
2. Vaping
3. Snorting
4. Injecting
5. Taking orally
6. Rubbing on gums

O9. How difficult or easy do you think it would be for you personally to obtain the illegal substances if you wanted some?

1. Very easy
2. Fairly easy
3. Fairly difficult
4. Very difficult
5. Impossible

O10. Have you ever witnessed (illicit) drug overdose?

- Yes
No

O11. What would you do if you witness a drug overdose?

1. Call an ambulance
2. Call my parents
3. Call my friends
4. Try to deal with it myself
5. Don't know

O12. Who would you turn to if you or your friends will have problems with substance use? *(You can choose multiple options)*

1. Drug addiction specialist
2. Family doctor
3. Harm reduction organization

4. Youth organization
5. Parents
6. Religious institution
7. Drug treatment center
8. Psychiatrist
9. Internet
10. Friends
11. Other (specify) _____
12. No one

O13. Do you know what is harm reduction?

1. Yes, harm reduction refers to policies, programs and practices that aim to minimize the negative consequences of drug trafficking and illicit drug use
2. Yes, harm reduction refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws
3. No, I never heard about it

Thank you for your participation! If you have any questions about this research please contact _____

Guide for the focus group with the youth workers, social workers, educators who are not working in the field of prevention, harm reduction, drug education but have access to young people

Describe the average client of your organisation

What kind of services you provide?

What staff do you have? Do you have peer-workers?

Do you provide any information related to drug use? What tools and methods do you use? What do you think works best and why? (share your best practises, while speaking about drugs)

Are young people interested in this topic and do you receive any requests for counselling on this issue? What are the main principles of your work, while speaking with young people on sensitive issues, such as drug use?

What problems you face/may face by providing drug education for young people?

How would you evaluate the existing drug education in your country?

How would you describe the effective drug education? What should be included?

What should be the role of harm reduction organisations in it?

In your opinion who should speak with the young people about drugs and drug use?

What kind of messages should we as a society translate?

Guide for the focus group/interview with the youth workers, social workers, peer-to-peer educators, specialists who are working in the field of prevention, harm reduction, drug education and have access to young people

Describe the average client of your organisation

What kind of services you provide?

What staff do you have? Do you have peer-workers?

Do young people access your services? What kind of services they need?

Do you provide any information related to drug use? What tools and methods do you use? What do you think works best and why? Does it vary by age or substance (legal/illegal)? (share your best practises, while speaking about drugs)

Are young people interested in this topic and do you receive any requests for counselling on this issue? What are the main principles of your work, while speaking with young people on sensitive issues, such as drug use?

What problems you face/may face by providing harm reduction services for young people?

What is the situation with harm reduction for young people in your country?

How would you evaluate the existing drug education in your country?

How would you describe the effective drug education? What should be included?

What should be the role of harm reduction organisations in it?

In your opinion who should speak with the young people about drugs and drug use?

What kind of messages should we as a society translate?

Guide for the focus group with the young people who would be able to share their opinion and knowledge about drug education in their country

Have you ever received drug education? Where? Evaluate this experience (who provided it, what was it like, how relevant and useful was the information you received)

Please, share any good practices, methods and tools, which you received, while speaking about drugs, what you liked the most.

Do you think it's important to include into school/ university curriculum drug education (harm reduction and prevention)?

What do you know about harm reduction/youth organizations in your country?

Have you ever contacted yourself, been contacted by or received any services from harm reduction/youth organization?

If you have a case of problematic use, do you know where you could ask for professional help or advice?

Where do you look for information about drugs/drug use?

What kind of information are you looking for?

In your opinion who should speak with the young people about drugs and drug use? How this should be organised?

The Informed Consent Form

We invite you to take part in a study conducted to assess existing drug education and its effectiveness. The study will also look at what information on drugs is available and how it is perceived by young people, and examine the methods and tools used by different actors to talk about drugs with young people and gather best practices. The study is conducted by name of your organization within LET's Talk about drugs – new MEthods of communication with youth – LET ME project funded by European Commission (ERASMUS+ program).

This study has three parts. The first part is desk research to understand the country context in terms of drug use among youth and available drugs education and regulations around and identify key themes, gaps, and opportunities by analysing available secondary data. The second part involves semi-structured interviews and focus groups with youth workers, social workers, educators who are and who are not working in the field of prevention, harm reduction, drug education and have access to young people; young people who would be able to share their opinion and knowledge about drug education. The third - quantitative component - will be focused on the assessment of existing drug education and its perceived effectiveness by young people.

This study is carried out in country, city/ies. You will be asked to participate in a semi-structured interview/focus group that will take up to 90 minutes.

To make an informed decision about whether or not to participate in this study, you need to know what it can imply to you. We will explain to you the possible risks and benefits of your participation. This will help you decide whether you are willing to be a part of the study. You will be provided detailed information about the study, and interviewers will answer all questions that may arise. Then you will be able to make a decision regarding your participation in the study. To confirm your willingness to participate in the study, you will be asked to say it out loud to have it audio-taped. You will be given a copy of this informed consent form counter-signed by your interviewer.

Your conversation during this interview will be audiotaped. Transcripts of the interview will be made by our transcribers using this audio recording. The recording will be deleted afterwards. These transcripts will not contain any personal information that could identify you. All collected hard copy forms will be kept in the office of name your organization for at least three months after the study completion until the data is entered into digital forms and analysis is completed. A backup copy of the study databases, interview transcripts will be stored on secure web servers, which are inaccessible to external users for six month after the completion of the study.

Rights of study participants

Your participation in this study is without prejudice to any of your rights. You will be able to ask questions you might have to the research team and to get answers. By signing the consent form you agree that you have received information about the study and you are willing to participate in it. You will be provided a copy of this form countersigned by you and me (the interviewer).

This study has been reviewed by the (if applicable) Ethical Review Board (add the name) to make sure that your rights as a research participant are secured. Should you have any questions or concerns about your rights as a survey participant, please contact the Ethical Review Board (anonymously) at _____, or contact Senior Researcher, name, by contact details.

Voluntary participation/right to withdraw from the study

Your participation in this study is completely voluntary. You will be able to discontinue your participation in the study at any stage of the interview. Your informed consent to participate in the study is without prejudice to any of your legal rights. If you decline to participate, all forms that have already been completed will not be used. You can request to delete your data up to one month after participation in the study.

Risks

As drug use is a sensitive topic, research of this kind may entail possible risks to your anonymity and confidentiality. Below please find details on steps taken by the research team to maintain your confidentiality and minimize any inconveniences that may be caused by the participation in this study.

Confidentiality

We will take all possible care to ensure that your personal data is protected. The research team will maintain the confidentiality of your personal data and information. Any published reports or other publications using information obtained from this study will not include your name or any other data that could identify you. An anonymized code will be used so that your name cannot be identified. Identification numbers (codes) will be used for identification purposes in all data-containing forms.

Benefits

You may not have any direct benefits from your participation in this interview. However, the data collected during this study will hopefully help improve the quality of drug education in name your country.

Signature of the staff member who obtains your consent:

Date:

(please write your name in printed letters and put your signature)

THIS REPORT IS A PUBLICATION OF THE JOINT EFFORTS OF THE:

Eurasian Harm Reduction Association (EHRA). EHRA is a non-for-profit public membership-based organization uniting and supporting 303⁸¹ harm reduction activists and organizations from Central and Eastern Europe and Central Asia (CEECA) to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances. The Association is registered in Lithuania in 2017 continuing regional harm reduction activists' network tradition since 1997.

Rights Reporter Foundation (RRF) was founded in 2014 by Hungarian human rights activists to improve the human rights situation of vulnerable populations, such as drug users and sex workers, through public education and advocacy. The founding members of RRF span off from the Drug Policy Program of the Hungarian Civil Liberties Union (HCLU), where they were working from 2004 to 2015. The RRF produces online videos, coordinates a global network of filmmakers, operates the Drugreporter website, consults decision makers, trains other activists to make movies and organizes campaigns. RRF is an active member of the Civil Society Forum on Drugs, an expert group of the EU Commission.

Youth Organisations for Drug Action (YODA) is a network of youth organisations and young activists, working in 21 European countries, who believe human rights and public health need to be put first, when looking for solutions to the global drug problem. YODA supports:

- Real access to treatment and other drug services for the youth;
- Drug education that is based on scientific evidence;
- Decriminalization of possession of drugs for personal use;
- Harm reduction approach;
- Effective protection of the human rights;
- Inclusion of young people in the policy processes.

Young Wave is a non-governmental organization, established by young people who use drugs and who are affected by harmful drug policies in Lithuania, to embrace each other and be a respectable and constructive part of drug policy formation. Young Wave promotes civic activity and follows scientific progress in the drug policy and harm reduction fields. The mission of the organization is to create a society where people using psychoactive substances have universal access to health and social services without a fear of being stigmatized or discriminated against.

Non-governmental organisation Re Generation is specialized organisation that deals with policy, research, education and advocacy in regard to issues related to substance use and public health in Serbia. Since the foundation organisation has been contributing to actions toward setting a framework for different, innovative programs and views related to drug policies in Serbia with a focus on sustainable harm reduction programs, acknowledging and focusing on respect of human rights of vulnerable and marginalized populations in Serbian society. Throughout the years organisation has been actively participating in drug policy reform on the national and international level, advocating for improving public health and respect for the human rights of key target populations.

Center for Humane Policy is a non-governmental, non-profit organization, which was created at the beginning of 2016 with main goals to promote, facilitate and support the development of effective drug policies in the field of public health, social care and education.

81 Number of EHRA members should be checked at the moment of publication posting on EHRA web.



<https://drugeducationyouth.org>