



**Drug prevention
NGO projects in South East Europe
New challenges**

June 2012

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Preface

In late autumn 2011 the Association Diogenis, Drug Policy Dialogue in South East Europe took the initiative to organize a workshop on Drug Prevention with the aim of improving drug prevention strategies and activities implemented by NGO's of the Drug Policy Network in South East Europe. The objectives of the project were to exchange best practices, discuss NGO prevention projects and examine strategies to improve the effectiveness of prevention activities. An invitation was sent to Non Governmental Organizations of the Network to participate in a workshop organized as a satellite event during the conference of the Correlation-European Network for Social Inclusion & Health "*Getting out of the margins in Europe – changing realities and making the difference*" which was held in Ljubljana, Slovenia from 12 to 14 December 2011. All Network Organizations participated in the workshop and four of them presented drug prevention activities that they had implemented in their respective countries. In the first part of this report we refer to these presentations.

An overview that addresses the International and European debate on drug prevention, the principles by which it should be governed, the methods used and the results of the different interventions, is the second part of this report. The presentation of types and theories of prevention, the designing of prevention programs, the European policy on prevention-state of the art, law enforcement interventions as a preventive activity, evaluation as the key concept in 21st century prevention and the success factors of prevention interventions, are described in the contribution of Mrs. Manina Terzidou, Head of the Greek Documentation and Monitoring Centre for Drugs at the University Mental Health Research Institute in Athens. The aim of the overview is to support efforts in making the most appropriate and effective choices for strategies and actions of states, social agencies, educational institutions, parental organizations and young people as well as Non Governmental Organizations.

There remain major challenges that need to be further studied and developed in the field of drug prevention. Relevant drug policy institutions and NGOs working in the field of drug prevention are examining ways of effective interventions. Whether information and education are of decisive influence for the choices people make to use drugs or not, the contribution of therapeutic and harm reduction programs in preventing addiction and the effect of law enforcement interventions are issues that will continue to be discussed in order to implement realistic and more effective prevention policies. This report is aiming to support that debate. In the framework of the Drug Policy Dialogue in South East Europe we will continue to create opportunities for encounters and the exchange of best practices.

Thanasis Apostolou
Director of the Association DIOGENIS,
Drug Policy Dialogue in South East Europe

June 2012

The Ljubljana workshop: Challenges for drug prevention in South East Europe

The workshop on "Challenges for Drug Prevention in South East Europe" was an opportunity for NGOs from SEE to present and discuss prevention initiatives that they have implemented. Thanasis Apostolou, director of the Association Diogenis (Greece), chair of the workshop, welcomed the participants, explained the background for organising this workshop and expressed his appreciation of the willingness of four organisations to present and discuss their projects.

The first presentation was made by Hristijan Jankulovski, director of the *Healthy Options Project Skopje (HOPS)*. In his PowerPoint presentation Hristijan Jankulovski referred to the objectives and the results of the project, which was a joint initiative of HOPS and the Trimbos institute (*The Netherlands*). Main objectives were to train a team of prevention workers in drug prevention and to develop a prevention programme for schools in cooperation with schools and local authorities in three cities (Skopje, Strumica and Tetovo). The following text is an elaboration of the PowerPoint presentation written by Nora Stojanovik and Hristijan Jankulovski.



Establishing a School-Based Drug Prevention Program in the secondary schools in the FY Republic of Macedonia 2008 – 2011

Correlation Conference:

Getting out of the margins in Europe –
changing realities and making the difference

12-14 December 2011 in Ljubljana,
Slovenia.

Tuesday, 13 December 2011

16.30

**Workshops and
parallel sessions**



Satellite:

Challenges for prevention in South East Europe

Exchange of best practices and discussion on
successful examples of
prevention projects. Strategies to improve the
effectiveness of prevention activities in the
countries of the SEE region.

Chair:

Thanasis Apostolou, *Diogenis Association,
Greece*

Speakers:

Hristijan Jankulovski, *Healthy Options
Project Skopje (HOPS), Former Yugoslav
Republic of Macedonia*

Dejan Travica, *Udruga Terra, Croatia*

Tatjana Preradovic- Sjenica,
Viktorija, Bosnia Herzegovina

Theodoros igelopoulos, *Organisation
Against Drugs (OKANA), Greece*

*Workshop organised by the Drug Policy
Network in SEE*

Nora Stojanovik and Hristijan Jankulovski

In November 2008, The Trimbos Institute and Healthy Options Project Skopje started implementing a project that aimed to contribute to the development of a school-based drug prevention programme in the FY Republic of Macedonia, with the aim of reducing the level of risky and problematic drug use among young people and to raise public awareness about the unfavourable position and social exclusion of drug users. The MATRA Program of the Netherlands Ministry of Foreign Affairs financially supported the project and the main partners were the Ministry of Education and Science of the FY Republic of Macedonia, the City of Skopje, the Municipality of Strumica, the Municipality of Tetovo and the three secondary schools: ASUC "Boro Petrusovski", SOU "Jane Sandanski" and OSMU "Nikola Stejn"

During the first phase of the project, focus was put on building up the capacity (expertise, experience and skills) in school-based drug prevention of the three Local Teams (LT) established in Tetovo, Skopje and Strumica, each of which consisted of 2 Prevention Officers, a School Coordinator and a City Coordinator. The three Local Teams passed a series of comprehensive training sessions led by experts coming from the Trimbos Institute.

During this period the three Local Teams and the experts from the Trimbos Institute developed the basics of the school prevention programme based on the findings from the needs assessment that was implemented in the three pilot schools. The assessment showed that:

- students needed more information about drugs and that they needed continuous education through a close and open relationship with teachers and parents and that they were willing to actively participate in preventive programs;
- teachers claimed high motivation for participating in prevention programs and that they needed education about drugs, how to recognize symptoms and that they would like to learn the best way to approach these kinds of problems and how to deal with them;
- parents were also concerned about drugs and that they needed more education and better collaboration with schools, but that both the school staff and the parents needed to work together to increase the motivation of those parents who were not willing to actively participate in school activities, including prevention programs;
- although most of the schools had had some prevention activities organized previously, most of them delivered by external trainers and experts, very little had been left after the end of these activities, with no follow-up whatsoever.

Taking into consideration that one of the objectives of this project was to ensure continuation and sustainability of the developed school-based prevention programs, it was decided that the primary target group of the training sessions would be the school teachers, more precisely the class mentors and that the best time and space for organizing workshops for pupils would be during the mentor classes, which are scheduled every Monday and are compulsory. Mentor classes should be used to develop content and activities for the personal and social development of students following the program approved by the Minister of Education and Science and proposed by the Bureau for Development of Education.

Based on these findings as well as on other previous research, primary focus of the prevention materials in the first year was put on developing: A set of materials on

Cannabis and Alcohol including: Manuals for Teachers on Cannabis/Alcohol with a set of plastic cards needed for the exercises; PPP on Cannabis/Alcohol; Evaluation questionnaires (evaluating gained knowledge of the student, as well as materials, methodology used etc.); Information and materials on Cannabis/Alcohol for teachers and parents and a CD with electronic versions of all the materials.

Since Skopje and Tetovo are bilingual cities where Macedonian and Albanian are both official languages, all the materials were developed in Macedonian and Albanian.

Taking into consideration that the basic prevention programmes should be tailor-made, adjusted and matched to the needs and structure of each school, the development of the training sessions and informative materials included wide consultative processes with teachers and other school staff, students, parents and experts in the field.

Simultaneously, the three Local Teams developed detailed Action Plans for Implementing the School Based Prevention Program and the School Coordinators made sure that these plans were incorporated into the proposed Yearly School Programs for 2009/2010 and 2010/2011, which were then approved by the School Boards and by the City/Municipality Councils in each of the pilot schools/cities.

In July 2009, a multidisciplinary Expert Group was established with the aim of supporting implementation of the school-based drug prevention program and its dissemination in other schools in the FY Republic of Macedonia. Members of the Expert Group were representatives from: the Ministry of Education and Science of (1 from the EU Department, 1 from the Department for development and promotion of primary and secondary schools); State Pedagogical Inspectorate; Burro for Development of Education; National Drug Commission; Association of the Units of Local-Self Government; City/Municipality Department for Education.

During this period:

- In total 128 class mentors from the first and second grade (in some schools class mentors from the third grade were involved) and representatives from the pedagogical and psychological services were trained in prevention of Alcohol and Cannabis Use and in total 4157 students were involved in the training programmes organized by the class mentors in the 3 pilot schools;
- Mapping of counselling and treatment services for young people who use drugs in Skopje, Tetovo and Strumica was implemented;
- Training on Early Detection and Intervention was organized in Skopje, Tetovo and Strumica for 60 representatives from the pedagogical and psychological services in the secondary schools as well as counselling and treatment services for young people who use drugs on a local level;
- School protocols which define responsibilities and roles of the members of the school community in relation to alcohol/cannabis use were developed and approved in the 3 pilot schools .

Following the recommendations from the Ministry of Education and Science and the Burro for Development of Education based on the new Law on Primary Education which was enacted in 2008 and the reforms that have been introduced in the education system, the developed school-based drug prevention program (materials, trainings etc.) was adopted according to the approach and methodology of the Life-Skills Education.

For that purpose:

- 12 new workshops (for class mentors) were developed for all the four grades in the secondary schools (3 workshops per grade/year) encompassing other drugs

as well, not just alcohol and cannabis. The workshops were developed under the mentorship of the National Life Skills Education (LSE) Expert team and the Trimboš Experts;

- 8 (one-day) training sessions were organized for the Local Teams and on-going mentoring support was provided by email, Skype and telephone conversations;
- a training module on "Drug Prevention as a Part of the Life-Skills Education" and "Early Detection and Intervention" targeting representatives from the psychological and pedagogical services in all the secondary schools was developed;
- 9 (two-day) workshops were organized (3 in Skopje, and one in Tetovo, Strumica, Stip, Bitola, Prilep and Ohrid) involving 172 participants from 86 secondary schools, out of a total of 98 secondary schools;
- 4 meetings were organized by the multidisciplinary Expert Group;

Conclusion

Since its implementation, the project has been successful in achieving structural inclusion of the school-based drug prevention programme as a part of the Life-Skills Education in the secondary schools in by:

- Developing a school based drug prevention programme based on the principles and methodology of the Life-Skills Education and the best practices from the implementation of the School-Based Drug Prevention Pilot Programs in Tetovo, Skopje and Strumica;
- Developing a sustainable model for dissemination of the newly developed Life-Skills Drug Prevention Program using the best practices from the implementation of the school-based drug prevention pilot programs in Tetovo, Skopje and Strumica and the implementation of the Life-Skills Education in the primary schools.

It also succeeded in building up the capacity of school staff with knowledge and skills in relation to drug prevention and early detection and intervention by:

- Increasing the capacity of the class mentors for implementation of the Life-Skills Drug Prevention Program with the pupils/student from all four grades in the secondary schools;
- Increasing the basic capacity of the psychological and pedagogical services to be able to provide training and on-going support and monitoring of the implementation of Life-Skills Drug Prevention Program as well as the activities on Early Detection and Intervention in secondary schools.

What is left to be done and that falls out of the scope of this project is to provide on-going support, monitoring and evaluation of the Life-Skills Drug Prevention Programme as a part of the overall Life-Skills Education on a local and national level. From the field experience of implementing Life-Skills Education in primary schools, ongoing support and mentorship throughout the whole process of implementation of the activities (workshops with the pupils etc.) is very much needed, which falls under the auspices of the Burro for Development of Education. The same goes for providing internal and external monitoring and evaluation of the implemented activities which is to be done by the School Administration, in cooperation with the Ministry of Education and Science, the Burro for Development of Education and the State Education Inspectorate.

Following the principles of good governance and the expected results of the action plan for decentralization of drug prevention programs, which are implemented on a national level in accordance to the needs and characteristics of the local community, it is crucial that the implementation of the Life-Skills Education Drug Prevention Program on a local level should be adopted according to the specific social and cultural needs of the local community and that the City/Municipality should be actively involved in its implementation on a local level, especially through the City/Municipality - Sector/Department for Education.

"Together in prevention – joined for young people", a prevention program of the Association "Terra Udruga" in Rijeka, Croatia.



The second presentation was made by Dejan Travica of the Association Udruga Terra in Rijeka, Croatia. Dejan presented the project of primary prevention "Together in prevention – joined for young people". This project is meant for young people, students of first, second and third grades of high schools. It is based on peer to peer education, and its goal is to contribute to the development of competence and skills of young people which will enable them to confront actively, responsibly and effectively situations and challenges in every-day life and will prevent risky forms of behaviour.

Specific goals of this project aim to enlarge the general level of knowledge about harmful drugs, alcohol and nicotine influences, as well as develop skills to react appropriately to life challenges.

The goal is also to increase the level of young people's self-respect, to develop social skills and assertiveness, to encourage adoption of effective strategies of problem solving, to develop responsibility for self-development and personal actions, and to increase tolerance towards stress and problems.

The project is implemented through workshops, lectures about harmful consequences of drugs, alcohol and nicotine abuse, night visits to popular places where young people gather with the aim of distributing educative materials and talking about the ways young people entertain themselves. Participants of this project also give lectures about harmful consequences of drugs, alcohol and nicotine consumption and lectures about sexually transmitted diseases. Also, events like World AIDS day, Month of combat against addiction and similar events are appropriately marked.

Primary beneficiaries of this project are firstly young people, the students of first, second and third grades of high schools, their teachers and professional services in their schools. Secondary beneficiaries are the parents of students of the first three grades who are indirectly involved in the project through their children who participate in the educational programme.

In this project the method of work is primarily peer to peer education, which means that young, educated people, with help of the project managers and their teachers, educate their peers. This method represents a new, modern, interactive way of learning in which young people have the chance to actively participate, express their opinions and actively intervene in projects so they can adjust it to their own interests and needs.

Advantages of peer to peer education

- It is financially more effective than other methods.
- Peers are a relevant source of information.
- It gives a sense of power to those involved.
- Peer educators are good role model.
- Peers are more efficient than professionals in the transfer of data because people identify with their peers.
- It can be used to educate those who are hard to reach.
- Peers encourage learning through continuous contact.

Evaluation of the project

In 2008 the Faculty of Humanities and Social Sciences of the University of Rijeka, Croatia evaluated the project in order to assess the influence on young people who participated in the project, to determine if the project had an impact on change of behaviour or on the opinions of young people involved into project, and to determine to what extent the beneficiaries were satisfied with workshop leaders. The evaluation focused on the following topics: The increase in the general level of knowledge on drugs, the development of capabilities to adequately react to challenges, the development of self-respect, social skills and assertiveness in adopting efficient strategies in solving problems, the development of responsibilities for personal actions and the influence on an increase of tolerance towards stress and problems. 24 respondents took part in the evaluation (3 boys and 21 girls) from 5 high schools (Medical, electrical engineering, Touristic, Economic and chemical-graphic high school).

Below the results of the evaluation:

Results of the evaluation

The workshops helped me in developing social skills (12,5% partly disagree, 20,8% not sure/do not know, 37,5 partly agree, 29,2% fully agree)

The workshops helped me in developing assertiveness (4,2% disagree, 4,2% partly disagree, 20,8% not sure /do not know, 41,7% partly agree, 29,2 fully agree)

The Workshops helped me in adopting efficient strategies of solving problems

(4,2% fully disagree, 8,3% partly disagree,12,5%, not sure/do not know,58,3% partly agree, 16,7% fully agree)

The Workshops helped me in accepting responsibilities for my own development

(8,3% partly disagree, 12,5% not sure/do not know,33,3% partly agree,45,8% fully agree)

The workshops helped me increase tolerance towards stress and problems

(8,3% fully disagree, 12,5% partly disagree,25% not sure/do not know, 37,5% partly agree, 16,7% fully agree)

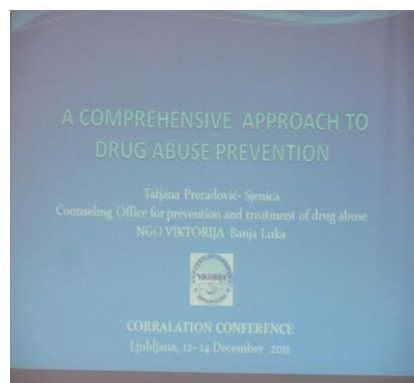
These workshops increased the general level of my knowledge on harmful influence of drugs

4,2% fully disagree, 8,3% not sure/do not know,16,7% partly agree, 70,6 fully agree

Workshops fulfilled my expectations 4,2% fully disagree, 4,2% partly disagree, 33,3% partly agree, 58,3% fully agree

Dejan Travica concluded his presentation referring to other prevention activities of Udruuga Terra. For more information see Web: www.udrugaterra.hr

A Comprehensive approach to drug prevention
NGO Viktorija, Banja Luka, Bosnia and Herzegovina
Tatjana Preradovic- Sjenica



Tatjana Preradovic-Sjenica made the third presentation referring to prevention activities of the Association „Viktorija” from Banja Luka, Bosnia and Herzegovina. "Viktorija" was founded in 2002, at a time when the health care system was very ill-equipped to comprehensively and adequately respond to the drug use problem in Bosnia and Herzegovina. The organization's main goals and tasks are prevention, psychosocial

treatment, social re-integration of drug users and prevention of HIV/AIDS, Hepatitis B and C and sexually transmitted infections. All activities are implemented within the Counselling Office, the therapeutic community Bastasi and three drop in centres.

The program of NGO Viktorija includes primary, secondary and tertiary prevention. In primary prevention, Viktorija implemented different projects that include individuals, the living environment and community life. At the beginning of its work, Viktorija implemented the project "Stop drugs" that included 2000 students of elementary and high schools as well as their parents in Banja Luka.

Objectives of this project were increasing knowledge and awareness of the consequences of substance use and abuse and strengthening protective factors such as positive attachment, parental monitoring, structured and supportive family environment, strengthening parent- child communication, etc. The project methodology was based on frontal form of lectures for students combined with testimonies of ex-drug users. Good sides of this project were the great motivation and interest of participants. A downside to this project was the use of testimonies of ex-drug users because this can make certain behaviours seem more attractive or compelling for student's population.



Lectures for students



Training of peer educators

Through the projects that followed (project "Droga Bljak"), preventive activities were based on the training of peer educators (representatives of student councils in elementary and high schools). Objectives of these projects were increasing knowledge about the harmfulness of drug use and decreasing the wrong beliefs about drug use, building social and personal/cognitive skills (decision making, problem solving, coping skills, communicative skills. For the implementation of the project communicative channels were used which are popular with young people such as movies, theatre plays,

printed educational materials, etc. Young people were involved during the preparation of materials.

Evaluation of preventive projects indicated that many students know a lot about drugs, but little about consequences. This information is important for the planning future preventive projects.

In our activities, high attention is paid to strengthening the capacity of professionals working with young people, which may directly contribute to prevention such as family medicine teams, journalists, teachers, etc. Viktorija also contributes to the development of public policy documents e.g. the strategy for drug prevention in Banja Luka.

Activities in the field of secondary prevention are directed to early recognition of drug abuse and to developing motivation for treatment. In accordance with this aim, Viktorija implemented, through the Counselling Office, the following activities: SOS line, individual and group therapeutic work with drug users and family members, development of motivation and referral to other health services. Six years ago, Viktorija set up the project of a Daily centre for drug users. The waiting list for the therapeutic community was very long and drug users and their families did not have alternatives. Drug users spent 8 hours a day in the Daily Centre and their parents are directly involved in the program. Through the project "Institutional and post-penal treatment of drug users in prison", Viktorija has made it possible for drug users in a prison environment to have access to health and psycho-social services that are available outside the prison. Main goals were to reach abstinence, a decrease in relapse into criminal activities and a decrease of risky manners of behaviour are related to HIV/AIDS, Hepatitis B and C and other blood and sexually transmitted infections.

Tertiary prevention includes rehabilitation in a therapeutic community and harm reduction activities. The program in the therapeutic community is based on the psychosocial program "The Man". The basic principles of this program are that drug abuse is a symptom of personality problems, the concept of self-help, voluntarism, group dynamics for changing individual and psychosocial problems and working with the family and relatives. In social isolation, drug users, through occupational and psychosocial therapy, change personality, life philosophy and adopt the social norms of behaviour. Duration of the programs two years with 6 months of social integration after therapeutic community. The program consists of four phases: adaptation phase, the phase of exploration of personality, stage of family relations and the stage of preparation for release. Professionals such as psychologists work in the therapeutic community, along with ex-drug users who have undergone a rehabilitation program and are successfully integrated into the social environment. Of the total number of persons involved in the program of the therapeutic community, 50% of them completed the program. 90% of drug users who completed the entire program reach abstinence and are integrated into the social environment.



Therapeutic community Bastasi

Alongside activities of primary prevention and treatment, it is necessary to reduce the potential harm which the population of injection drug users face such as HIV/AIDS, Hepatitis B and C. Through the Global Fund program in Bosnia and Herzegovina, Viktorija has established 3 Drop-in centres that provide adequate medical, psychological and social support in order to reduce risky behaviours in the population of injecting drug users. In the Drop-in centres services for injection drug users are available as well as outreach work.

In addressing the issue of substance use generally it is also important that a multi-sectoral approach is adopted. Viktorija implements all prevention activities in cooperation with medical, social and educational institutions supported by local and state authorities.

Examples of Prevention programmes of two Drug Prevention Centres in Greece

The last speaker, Theodoros Gigelopoulos of OKANA, Greece, presented two examples of prevention projects implemented by the Prevention Centres Pyxida/Compass and Elpida/Hope. Mr. Gigelopoulos explained how the drug prevention work is organised in Greece and the philosophy behind the policy and the activities. The following is an elaboration of his PowerPoint Presentation



Drug Prevention Centres in Greece

The "Prevention Centres" are local services that implement programs to promote healthy attitudes and prevent the use of substances in schools, the wider community and the family environment.

They operate in the form of non-profit associations, under the responsibility of municipalities and prefectures and work under the scientific supervision of OKANA. NGOs or persons who want to develop drug prevention programs for the public, must submit their programs for approval to OKANA.

Prevention centres are funded 50% by the Ministry of Health/OKANA and 50% by the ministry of Home Affairs/ Municipalities and Prefectures. 95% of the primary prevention interventions are conducted by the 73 prevention Centres that are located throughout the country.

There is a strong effort to involve as many local institutions and groups of people as possible (e.g. Church, scientific and professional associations, groups of volunteers etc.). There is also provision for continuous education of the scientific personnel in order to stay on top of the rapid changes in the addiction research

The Greek prevention programs in the school community in general

- ▶ are universal prevention interventions thus there is no morbidity criteria for the participants
- ▶ use interactive techniques to encourage participation and initiative from the young people
- ▶ include life skills and social skills education to counterbalance peer and social pressure
- ▶ are not informative but include selective and responsible information regarding substance use
- ▶ are planned in a way that demands the maximum desired input from teachers and parents along with students
- ▶ make all efforts to adopt and introduce evidence and research based interventions

Project «Ξέρω τι ζητάω/Ksero ti zitao» "I know what I'm asking", Prevention Centre "Pyxida"/"Compass", European Drug Abuse Prevention Trial (EU-Dap)

PYXIDA is a non-governmental, non-profit organisation, and was established in 1998, as an initiative of the Municipality of Sykiés and other sensitive local bodies, in cooperation with the Organization Against Drugs (O.KA.NA.), which is the national coordinator on drug issues.



Within the European Study for the prevention of drug dependence , Pyxida/Compass Prevention Centre participated in the creation of two major textbooks:

- The pioneer educational material "I know what I'm asking '(includes Teacher Book, Workbook for Students and card information on addictive substances)
- The guide for the implementation of prevention programs in schools "prevention in schools is our concern" (Η πρόληψη στα σχολεία μας αφορά) where good practices and guidelines are presented for implementing effective prevention programs in schools.

"I know what I'm asking ' is an effective prevention curriculum. It addresses adolescents of 12-14 years old and is based on the Social Influences model. The aim is to delay the onset of drug use among teenagers and delay the transition from experimental drug

use to systematic drug use. The programme is implemented by trained and supervised teachers after a short training period. It consists of 12 thematic modules

- | | |
|--------------------------|-------------------------------------|
| 1.Acquaintance, contract | 7.Assertiveness, self confidence |
| 2.Role playing | 8. The Party Soul |
| 3. Alcohol | 9. The truth about drugs |
| 4. Reality Check | 10.Hard feelings |
| 5.Smoking | 11.Problem solving, decision making |
| 6.Self expression | 12. Wrap up , conclusions |

and is Interactive.

EU-Dap is the first evaluation of a European program aimed at preventing drug and tobacco onset and alcohol abuse. The EU-Dap is a pioneering project, since it is the first time that a drug addiction prevention program is evaluated on a European level, setting the basis for high quality and effective future school application interventions.

The program has been supported by the European Commission since 2002, while the continuation of the program as EU-Dap 2 has also been approved as part of the European Program for Public Health 2003-2008. The PYXIDA Prevention Centre will be also participating in the EU-Dap 2.

The project endeavour mobilized resources from the following countries: Italy (coordinating country), Greece, Germany, Austria, Sweden, Belgium and the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA), based in Portugal . Greece was represented by the Greek Focal Point (National Monitoring Centre on Drugs and Drug Addiction) which carried out the first phase in association with PYXIDA.

Results

The results of the project are positive. After the intervention, the students involved in the intervention show a 26% lower probability of smoking daily, a 35% lower probability of having frequent alcohol intoxications and 23% lower probability of using cannabis. No difference exists between the three different programmes. All are equally effective compared to usual curricula.

RESIST, a pioneer enterprise of educational video games, Drug Prevention Centre "Elpida" ("Hope") Eastern Thessaloniki region.



The Drug Prevention Centre ELPIDA is a civil non-profitable organization, which was established in October 1998 within the framework of the National Policy of Drug Abuse Prevention. It is financially and scientifically supported by the Organization Against Drugs

(OKANA) in collaboration with the local municipal administrations. It addresses all the residents of the Eastern part of Thessaloniki's Prefecture.

RESIST online is a videogame for young people between 12 and 18 years old. It was designed by the New Media art collective Personal Cinema, in collaboration with ELPIDA Drug Prevention Centre. Resist is a pioneer enterprise of educational video games. Its avant-garde work is based on two basic facts: 1st there is no previous experience of games focusing on primary prevention and 2nd it has no intention to "tie down" the player with hyper real textures, super game engines, which we often come across in games purchased to be played by one sole player, who "loses himself in the reality created.

RESIST provides official information about addictive substances like tobacco, pills and alcohol, regarding their chemical composition and their consequences regarding physical and emotional health. Also information about addictive behaviours like the excessive use of internet and computer are available.

RESIST, addresses young people from the age of 12 to 18, and aims to negotiate meanings about the prevention in the language of adolescents, developing a means familiar with them, as is the PC. It allows the user to see through the construction, and encourages him to express himself simply by creating his own alternatives and affecting the course of the game. It is an attempt to resist to anything endangering our lives; it is a starting point for more creative dialogue and substantial communication with young people.

The main aims of RESIST are to diffuse the philosophy on drug-prevention and to enhance protective factors which contribute in warding young people off drug abuse. Through social-skill training and resistance training adolescents learn to trust themselves and develop protective behaviours like choosing healthy environments, resisting peer-pressure, emotional balance, learning ways of coping with stress without drugs, handling negative and positive emotions like frustration, anger, rejection, love, joy and success.

While the main aim of the project is to promote drug prevention, it addresses also other areas of potential 'addiction' in youth culture such as the Internet and computer games. The project helps to teach young people how to avoid situations where drugs are available and how to say 'no' to offers of drugs from peers. The participants are also able to meet in small groups to discuss the issues and topics most relevant to them such as stress management, peer pressure and self-esteem. By discussing these issues in smaller groups, young people provide peer support for each other and develop their communication and other life skills.

Peer to peer intervention

The script was created by high school students.

There are 5 different situations which the user has to deal with. These situations take place in his house with his parents, in his school with his schoolmates, in a party with his friends, in the street with his friends, in an internet café and in a tattoo store. They believed that these specific situations were very common to them and also they faced many difficulties when confronting them.

In the beginning the user can watch a video which is a tour of the game where the hero makes some extreme selections, has a conflict with his parents and as a result ends up to being alone and confused. Then the user can play the game by handling a variety of

everyday situations, where he has to think how to react to these situations and what the consequences will be in every reaction.

These events at school, at home, at a party and on the Internet, shape an environment of pressure, tension and strong emotions. In what different ways can he react while he is under the influence of such different environments and people?

The game offers various possibilities of interaction that reflect different ways of facing the situations. While avoiding being didactic or rewarding "good" or "bad" behaviours, the game leaves the conclusions and explanations to the player depending on her/ his choices.

The current version of Resist online is a first effort to create an educational online game; future extensions and upgrades are expected. There is a Web page where someone can play the game and also obtain information about various topics such as: work, smoking, alcohol, drugs, ecology, internet, AIDS, videos, sex, TV, violence, education. There is also a blog which is expected to constitute a space for shared thoughts, concerns, reflections on wider subjects that can occupy young people. There, everyone might express his ideas and his concerns as well as be informed about the current developments in the field of prevention.

Any comments and ideas on the game's further development are welcome and important. RESIST was released for the first time in 2007, as a CD-ROM and it was awarded in November 2008 in Warsaw by the Pompidou Group and the European Council.





RESIST

Available freely in Greek and English at:
<http://resist.transludic.net>

It can be translated in any language after communication with the Prevention Center "Elpida" Thessaloniki
<http://www.kpelpida.gr/>

PREVENTION IN EUROPE

Manina Terzidou

Head of the Greek Documentation and Monitoring Centre for Drugs – University Mental Health Research Institute

I. Prevention as part of the demand reduction sector

a. Types of prevention

Drug prevention is the first pillar of drug demand reduction, the other two being treatment and rehabilitation.

Prevention operates under the principle of Health promotion, first defined by the WHO in the Ottawa Charter, in 1986, as "*The process of enabling people to increase control over their health and improve it. To reach a state of complete physical, mental and social well-being, an individual or group must be able to realize aspirations, satisfy needs, change or cope with the environment*".

Broadly drug prevention aims at deterring use or delaying the onset of drug use, in most cases licit and/or illicit. More specifically, its objectives are to change the behaviour, and not only the attitudes of the individuals and to increase the protective factors against drug use while in parallel minimizing the risk factors (EKTEPN 2011a).

Until the mid-nineties professionals were using the terms primary, secondary and tertiary prevention to classify the different types. Since 1994, following a proposal by the Institute of Medicine, the terms used for the types interventions have changed to universal, selective and indicated prevention. The following definitions are suggested by the EMCDDA (<http://www.emcdda.europa.eu/themes/prevention/responses-in-eu>).

Universal prevention implements interventions which address the entire population (local community, pupils, neighbourhood), aiming at deterring or delaying the onset of substance abuse. These interventions are structured and designed to include large groups of the population. The most common settings of universal prevention interventions are the school environment, the family and the community.

The aim of universal prevention interventions is to assist the target groups to acquire the necessary skills in order to deal with the problem of use, while its main objectives are to increase personal skills (decision making, coping) and social skills (assertiveness, resisting peer pressure), to change attitudes by dissolving "myths" around drug use, and to present behaviours and activities alternative to use.

Selective prevention addresses smaller groups of the population (sub-groups) that are at higher risk, than the general population to start using substances. These sub-groups possess quite a few of the factors which have been identified by research as having higher risk for substance use (risk-factors), particularly in younger people. Such risk factors are poverty, learning difficulties, disturbed family environment, living in deprived neighbourhoods or frequenting recreational settings.

Indicated prevention is a more personalized approach to individuals who have already exhibited risk behaviours, such as psychiatric disorders or school failure, and to

individuals who have already come into contact with use. In these cases the interventions aim at preventing dependence and/or helping the person maintain a “moderate” use. Indicated prevention resembles treatment but does not coincide with it; it refers to individuals who do not fulfill the DSM-IV criteria for dependence (Fegert et al. 2009).

In the last few years, a new type of prevention entered the scene and is becoming increasingly popular, the environmental prevention.

Environmental prevention aims at altering the immediate cultural, social, physical and economic environments in which people make their choices about drug use.

It works under the assumption that drug use is not only the result of personal characteristics but also of factors in the environment, such as acceptable or expected behaviours, advertisements, norms, laws, etc. Environmental prevention interventions target mainly smoking, alcohol drinking and cannabis use. Most European countries implement environmental prevention strategies by adapting their legislation, for example, towards smoking in public places or legal age for alcohol drinking or purchasing. Evidence shows that drug policies based on environmental prevention are effective (Fletcher et al. 2008, Calafat 2009)

Prevention in recreational settings

The most common settings for preventive interventions are the school, the community and the family. In the last decades, research evidence shows that the prevalence of substance use among the people who frequent nightlife settings (clubs, bars, festivals, etc) is many times higher than that in the general population (EMCDDA 2006). Hence, specific interventions are designed to target this sub-group.

b. Theories of prevention

There are many theories that prevention professionals follow in order to design a prevention intervention. The main ones are summarized below (EMCDDA 2010):

Social Learning theory

Developed by Bandura this theory is based on the importance of social influence. It advocates that social factors play a major role in the onset and early stages of drug use, mainly drug availability and social acceptance of licit drugs use.

Life skills theory

It was suggested by Botvin and it emphasises the role of personality factors in substance use, maintaining that “any behaviour is mainly based on the personality of the individual and the personality should be the target of preventive interventions”. The theory targets enhancement of characteristics, such as: assertiveness, decision making skills, coping skills, problem solving skills, interpersonal communication skills.

Normative beliefs

According to Hansen, the father of this theory, “Change the environment and individuals will change”. The focus is placed on the social system and the ways it affects individuals, and specifically factors such as perception of drug use by peers, parents, general population, media, laws. This is currently a prominent theory in prevention in Europe.

Other prevention theories are the Problem Behaviour Model (by Jessop & Jessop), the Social Development Model (by Hawkins & Katalano) and the Reasoned Action Attitude Model (by Fishbein & Azjen).

A more detailed description of theoretical approaches in:
<http://www.emcdda.europa.eu/publications/perk/resources/step2a/theory>

c. Designing a prevention programme (WHO 2000, EMCDDA, 2010)

To plan a prevention intervention professionals follow a series of steps, not necessarily in the order presented here. After having selected *the type of prevention* intervention (universal, selective, indicated) and *the theory* they consider appropriate, they proceed to formulate their working hypothesis (the mechanisms, techniques, methods used in a prevention intervention and the result expected to be reached by its implementation).

An *assessment of needs* is a necessary step in the planning phase. Professionals are called to answer "what is to be assessed" (the phenomenon to be prevented, the sociodemographic characteristics of the target group, the risk and protective factors) and "how will it be assessed" (through use of prevalence data from general population studies or focused studies on specific sub-groups, or focus group discussion with key persons; further through reviewing the legislation and the literature, as well as discussing the added value of the intervention to the existing ones); finally they have to take into account their staff qualifications and possible training needs.

The *setting of the objectives* and the *identification of the indicators* are important steps. An indicator is instrument which gives you information, something that helps us to understand where you stand in relation to your goal. In this case, indicators are mostly risk and protective factors. Types of indicators used are (EMCDDA 2010, pp. 31-32):

Environmental. Examples of risk factors: high drug availability, low socioeconomic status, drug using peers, and examples of protective factors: laws against use, pro-social peers, high socio-economic status.

Family. Examples of risk factors: parental substance abuse, low parental monitoring, parental rejection, and protective factors: parent-child attachment, high parental supervision and monitoring.

Individual. Examples of risk factors: early onset of deviant behaviour, smoking and drinking, early sexual involvement, early onset of illicit drug use, and protective factors: late onset of deviant or substance-using behaviours, negative expectations from substance use.

Personality. Risk factors: strain/stress, depression, aggression, impulsivity/hyperactivity, protective factors: high self-esteem, low impulsivity

Educational. Risk factors: poor school performance, low educational aspirations, protective factors: good teacher relations, high educational aspirations, high parental educational expectations

Not all of the above factors are valid for all cultures.

Evaluation is an integral part of intervention planning and the decisions on its methodology are made at this phase. (see Chapter IV)

II. European policy in Prevention – State of the Art

Prevention is granted a prominent place in drug policies in all European member- states. The European Union Action Plan 2009 – 2012 promotes both universal and selective prevention action in the Objectives 5 and 6.

Objective 5 foresees the prevention of the use of drugs and the risks associated with it. Within this Objective, *Action 9* refers to the promotion of innovation and the availability of evidence-based and evaluated universal prevention programmes and interventions in

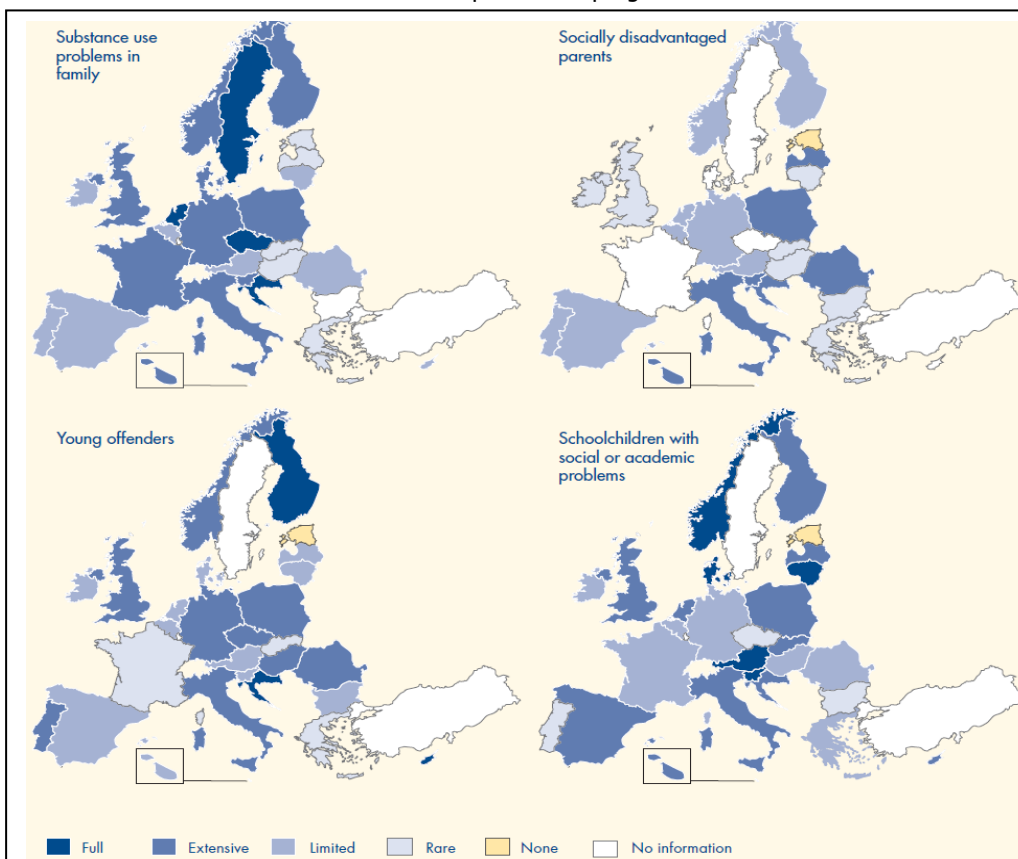


Figure 1: Provision of selective prevention interventions as indicated by national experts

NB: Provision relates to the general and geographical distribution of interventions, and is rated as: full, provided in nearly all relevant locations (areas in which the target population is sufficient for implementation of the intervention); extensive, provided in a majority, but not all relevant locations; limited, provided in more than a few, but not the majority of relevant locations; rare, provided in just a few relevant locations; none, intervention not available. Information was collected by means of a structured questionnaire.

Source: Reitox national focal points

Reproduced by: EMCDDA (2011) Annual Report 2011: the state of the drugs problem in Europe.

different settings, aiming to prevent or delay first use of drugs, and *Action 10* emphasises that prevention should also cover poly-drug use (combined use of illicit and licit substances, in particular alcohol) as well as drugs and driving.

Objective 6 refers to the prevention of high risk behaviour of drug users — including injecting drug users — through targeted prevention. *Action 11* encourages the development of early detection and intervention techniques and the implementation of effective, evaluated selective prevention for vulnerable groups at high risk of developing drug problems, including injecting drug use, while *Action 12* the development and implementation of effective, evaluated indicative prevention for specific high-risk groups of poly-drug users, by offering low-threshold access to counselling, problem behaviour management and outreach work where relevant.

According to the review of the situation in Europe by the EMCDDA in its Annual Report in 2011, universal prevention still holds the most prominent position among the three prevention types.

Nevertheless, selective prevention interventions are increasing in most member-states during the period 2007-2010, particularly those addressing vulnerable groups of the population. Interventions addressing young offenders and pupils with academic problems are becoming increasingly popular. Greece, Ireland and Luxembourg report interventions for first-time offenders (EMCDDA 2011, EKTEPN 2011b). Vulnerable families are also increasingly targeted in many countries, mainly in the United Kingdom, Germany Poland and Portugal (Figure 1).

In contrast, indicated prevention practice is still very limited. Although almost 50% of the member states report indicated prevention interventions, very few implement best practices. The EMCDDA considers indicated prevention as a “bridge” between prevention and specialised treatment. (EMCDDA 2011).

Whatever the type of prevention, the shift nowadays in Europe is towards evidence-based practices (or otherwise called best practices or science based practices). Evidence based interventions/practices are those that show consistent scientific evidence of being related to preferred outcomes. They stand in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.

In more simple terms, evidence based practices are those that have been evaluated and show positive results. Thus, evaluation has become an integrated part of prevention interventions design and planning.

Contrary to the above, there is a large number of countries reporting interventions that are not scientifically substantiated, interventions that involve the police or are merely based on lectures to students and awareness raising.

The EMCDDA has created the Best Practice Portal, which includes the Evaluation Instrument Bank (EIB). The Portal provides an overview on the latest evidence on what works in demand reduction field and the EIB presents tools and standards aimed at improving the quality of interventions, as well as highlighting best-practice examples from the field. They address professionals, policy-makers and researchers in the drugs field. Further information in: <http://www.emcdda.europa.eu/best-practice/prevention> and <http://www.emcdda.europa.eu/eib>

More about evaluation and best practices in Chapter IV.

Interventions in recreational settings

As mentioned before, substance use prevalence in nightlife settings is high. Interventions targeting young people who frequent such places have become popular in Europe in the last years. Evaluation shows that when these interventions include more than one approach are more effective, particularly when they have political support. Effectiveness also depends on including licit substance use, mainly alcohol drinking (EMCDDA 2006, Calafat 2009).

Internet based prevention

This popular means of entertainment and information provision among young people is increasingly used by professionals, not only to disseminate prevention messages, but also through creating structured prevention interventions. Most offer information, but several include interactive counselling.

Four such interventions, all about cannabis, emerged as best practices from an EMCDDA study in 2008: the *Know Cannabis* -in the United Kingdom, the *Jellinek Live Onlinebehandeling Cannabis* -in the Netherlands, the *Cannabis Onder Controle* -again in the Netherlands and the *Quit the Shit* -in Germany (Tossmann 2009).

The "**know cannabis**" is a website that helps people to assess their cannabis use, provides information, self-help tips and leaflets (www.knowcannabis.org.uk)

The "**Jellinek Live Onlinebehandeling Cannabis**" is a Dutch online intervention based on cognitive-behavioural principles, was developed specially for young people using cannabis. Information, instructions and questionnaires were also delivered via the internet. (www.jellinek.nl/nieuws/nieuwsartikel/101/Jellinek-start-online-behandeling)

The "Cannabis onder Controle" is an internet programme with basic information, tests for young people on dependence, FAQ and online counselling by specialised professionals. (www.cannabisondercontrole.nl)

The "**Quit the Shit**" module at www.drugcom.de is an online information and counselling programme especially designed for juvenile cannabis consumers who intend to reduce or end their cannabis consumption. The core element of "Quit the Shit" is an interactive diary, where adolescents document their cannabis consumption behaviour on a regular basis - ideally every day - during a period of 50 days. They send their report to the drugcom team electronically via the Internet. The drugcom counsellors provide the participants with a feedback once a week, including individual information and encouragement in order to foster the specific change process of each user

Prevention of infectious diseases

Objective 6 of the European Union Action Plan 2009-2012 is, as mentioned above, about prevention of high risk behaviour among drug users. Each year between 10,000 and 20,000 opioid users die mainly from overdose and infectious diseases (EMCDDA 2011). This makes prevention of risk behaviours imminent. Safe use and harm reduction efforts should also be considered as part of the prevention sector. Almost all member states

implement programmes of syringe exchange or distribution, street-work activities, low-threshold services, and, of course, information to users through seminars or leaflets.

The implementation of the substitution treatment falls under the concept of harm reduction (as well as of treatment). In Europe, it is estimated that around 600,000 opioid users participate in substitution treatment and the coverage of this type of treatment is 50 % (EMCDDA 2011).

III. Supply reduction as a preventive activity

If demand reduction aims at decreasing the need for drugs, by decreasing the number of users, supply reduction is its counterpart, i.e. it aims at decreasing the supply of drugs in the society, through seizures and the prosecution of suppliers, cultivators and traffickers. Supply reduction is implemented by law enforcement activities.

Theoretically, the decrease in supply should result in decrease in drug use prevalence and should work as a preventive measure at societal level.

Evidence, though, shows that this is not exactly the case.

Although researchers agree that there are no sufficient quality data to measure the effectiveness of the law enforcement operations on reducing drug supply and use, they also seem to agree that drug seizures have not reduced the availability of drugs in the market (EMCDDA 2009).

The limited amount of data deriving from the judicial system are not sufficient to corroborate that punishment, such as imprisonment can be an effective way to deal with users; treatment does not have the desired coverage in prison settings, harm reduction interventions are limited and drug use inside the prison is wide spread. Evidence shows that there is an increased overdose risk after prison release (EMCDDA 2011).

Alternative measures to prison, mainly treatment, are increasingly implemented in member-states and are evaluated as cost effective ways to reduce use and its related crime (Stevens 2009).

IV. Evaluation, the key concept in 21st c. prevention

As discussed in Chapter II, policy makers and professionals opt more and more for evidence based interventions, or best practices in all demand reductions sectors. Evidence based interventions were defined in Chap.II as those showing consistent scientific evidence of being related to preferred outcomes. This scientific evidence is derived from evaluation.

An evaluation is an integrated part of any preventive intervention design, aiming at identifying its weaknesses and gaps and ways to overcome them. Decisions about type, method, indicators, time of evaluation are made in the planning phase, as these decisions may influence implementation.

The aims of evaluation are, besides measuring effectiveness, to provide information to policymakers, to design new interventions, to improve, restructure existing interventions and to update prevention philosophies according to changing social needs.

a) Types of evaluation

There are various types of evaluation; the ones discussed here are: the process evaluation, the outcome evaluation, the participants' satisfaction.

Process evaluation

A study, conducted while the intervention continues, designed to assess how well it is proceeding. Nowadays is the common type of evaluation used in Europe.

Process evaluation is conducted to (WHO 2000):

- give the opportunity for timely amendments
- geographically expand the programme in case of success
- measure the extent to which the intervention is implemented as planned
- assess the quality of the activities
- measure the views and perceptions of the programme staff on the value and quality of the intervention

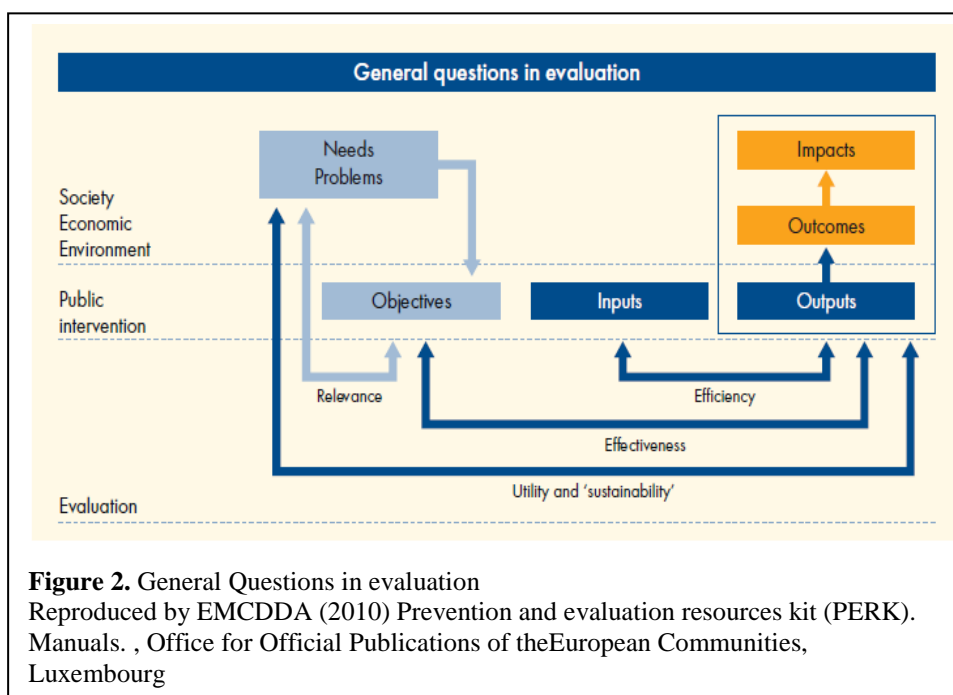


Figure 2. General Questions in evaluation
 Reproduced by EMCDDA (2010) Prevention and evaluation resources kit (PERK).
 Manuals. , Office for Official Publications of the European Communities,
 Luxembourg

Outcome evaluation

This is a study designed to assess how well an intervention has achieved its goals and is conducted after the completion of the intervention. In essence, this is what people refer to when they speak about evaluation –the final outcome. The outcome is assessed in terms of the achievement of goals set at the planning phase of the intervention (EMCDDA 2010).The most common method implemented is the “pre-post design”, which measures

the target group's behaviour and/or attitudes on the same indicators before the implementation and after the completion of the intervention. The aim is to identify changes, which could be attributable to the intervention itself.

The most commonly used indicators refer to the characteristics of the target group, and are age, attitudes and beliefs towards use, experimentation with substances, risk perception, etc.

Participants' satisfaction

This method is based on the measurement of the degree of satisfaction of the participants (pupils, parents, etc) from the intervention. Participants are asked, through questionnaires mostly, to assess the effectiveness of the various aspects of the intervention and the issues addressed, to indicate strong and weak points and suggest ways of improvement.

b) External and internal evaluation

External evaluation is that conducted by an independent party, outside the agencies involved in the planning and implementing of the intervention; internal, is conducted by the agencies implementing it themselves. Both types of evaluation are based on an interactive process where the two parties (the evaluator and the implementer) agree on the parameters of the evaluation (indicators, method, etc).

c) Efficiency, effectiveness and efficacy (EMCDDA 2010)

Effectiveness relates to the extent to which the intended aim of a prevention activity is actually achieved in practice. The greater the likelihood of the aim being achieved, the greater the effectiveness of a prevention activity in question. Effectiveness is the degree to which the established specific objectives have been reached.

Efficiency relates to how the measured effects weigh up to the costs incurred in bringing them about. The lower the costs involved in achieving a specific effect, the more efficient the prevention activity in question will be. Efficiency measures whether the results justify the resources or input given to the intervention compared with another intervention with the same input.

Efficacy is the ability of the intervention to "work", i.e. produce the same results, in an experimental controlled situation (Figure 2)

V. Success factors of prevention interventions

The long experience in implementing and evaluating prevention programmes enable the professionals in Europe to reach certain factors and issues that have been proven to either contribute to the success of the interventions, or work against it.

In general, prevention activities that are poorly planned without taking into account the cultural specificities and are short in duration have been found to exert no influence to use and attitudes, or even to have negative results, in terms that they might instigate young people's "curiosity" in substances. These, counterproductive, activities are usually isolated lectures in schools or the community, which provide information outside any context, isolated media campaigns, which are not linked to structured programmes,

provision of exaggerated information (eg. overrating the dangers) (EMCDDA 2002). In fact, activities that contain “scary” or “threatening” messages or are not incorporating peer influence factors are not effective (EMCDDA 1998 3)

Factors associated with or increasing the possibility of success, are (EMCDDA 2002):

- interventions including peer education, interactive
- durable interventions
- interventions that form part of an explicit national prevention strategy
- interventions that are implemented by specialised and experienced professionals
- programmes that focus on strengthening young people’s interpersonal skills and their ability to make choices about drugs
- programmes that utilize peer-group techniques and interactive methods
- evaluation of interventions leads to improved and more cost-effective designs

VI. In a nutshell

In Europe, there is a growing promotion for prevention programmes that are carefully and scientifically planned and properly evaluated.

It is also increasingly evident that lobbying to national policy makers for best practices and for substantial support to prevention through its inclusion in the national strategic documents (National strategies or Action Plans) is worthwhile.

Networks of cooperation and coordination among relevant services at national level also contribute to effective prevention policies.

Monitoring the situation in prevention both at national and at European level presents a clear picture of the developments, the successes as well as the gaps and the problems, offers insight to improvement and finally helps policy makers to make more informed decisions.

The increasing number of new psychoactive substances in Europe in the last years makes the need for a flexible preventions strategy imminent.

References

Calafat, A. Prevention in nightlife settings – intervening early by staying up late, EMCDDA *Conference proceedings: Identifying Europe’s information needs for effective drug policy*, Publications Office of the European Union, Luxembourg.

EKTEPN – Greek Documentation and Monitoring Centre for Drugs. (2011a) *Handbook on drug prevention: guidelines and intervention planning*, UMHRI, Athens.

EKTEPN – Greek Documentation and Monitoring Centre for Drugs. (2011b) *2011 National report to the EMCDDA by the REITOX National Focal Point*, UMHRI, Athens.

EMCDDA (1998), *Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators*, Office for Official Publications of the European Communities, Luxembourg.

EMCDDA (2002) *Drug Prevention in EU schools*, Drugs In Focus, Office for Official Publications of the European Communities, Luxembourg.

EMCDDA (2006) *Developments of drug use within recreational settings*. Selected Issue, Office for Official Publications of the European Communities, Luxembourg.

EMCDDA (2009) *EMCDDA Conference proceedings: Identifying Europe's information needs for effective drug policy*, Publications Office of the European Union, Luxembourg.

EMCDDA (2010) *Prevention and evaluation resources kit (PERK): a manual for prevention professionals*, Manuals, Publications Office of the European Union, Luxembourg.

EMCDDA (2011) *Annual report 2011: the state of the drugs problem in Europe*, Publications Office of the European Union, Luxembourg.

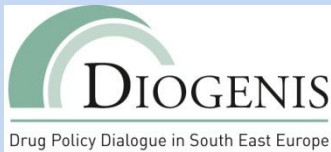
Fegert, J. (2009) Indicated prevention – targeting those most at risk, EMCDDA *Conference proceedings: Identifying Europe's information needs for effective drug policy*, Publications Office of the European Union, Luxembourg.

Fletcher, A., Bonell, C., Hargreaves, J. (2008) School effects on young people's drug use: a systematic review of intervention and observational studies. *Journal of Adolescent Health* 42 (3), pp. 209-220.

Stevens, A., (2009) Alternatives to imprisonment – scope and evidence, EMCDDA *Conference proceedings: Identifying Europe's information needs for effective drug policy*, Publications Office of the European Union, Luxembourg.

Tossman, P. (2009) Internet-based interventions – messages that click, EMCDDA *Conference proceedings: Identifying Europe's information needs for effective drug policy*, Publications Office of the European Union, Luxembourg.

WHO, UNDCP and EMCDDA (2000) *Evaluation of psychoactive substance use disorder treatment*, WHO



The Association **DIOGENIS** is a non-profit organization whose main objective is to promote drug policy dialogue in Southeast Europe. DIOGENIS promotes the cooperation of NGOs in the Balkan countries and seeks cooperation with scientists, research institutions and bodies responsible for the policy on drugs. Main goal of the Association is to help achieve a coherent, consistent and effective drug policy. In our opinion, this can be done only through close cooperation of the responsible political actors with scientists, relevant agencies and organizations that provide services for prevention, treatment and social (re) integration, those responsible for law enforcement and the people facing the problems in everyday practice.

The South East Europe Drug Policy Network is an initiative of NGOs from the countries of South East Europe. The Network organizations are primarily providers of preventive, therapeutic, harm reduction and rehabilitation services. The Network aims to create close and constructive relationships through open and objective dialogue with experts, key policy makers in national governments, regional bodies, and international organisations in order to promote humane and effective drug policies.

Organisations of the SEE Drug Policy Network

Aksion Plus, (Albania); Initiative for Health Foundation (IHF), (Bulgaria); Association Margina, (Bosnia and Herzegovina); NGO Victorija, Banja Luka, (Bosnia Herzegovina); Udruga Terra Association, (Croatia); Healthy Options Project Skopje (HOPS), (Former Yugoslav Republic of Macedonia); Association DIOGENIS, Drug Policy Dialogue in SEE, (Greece); Kentro Zois (Greece); Juventas, (Montenegro); Romanian Harm Reduction Network (RHRN), (Romania); NGO Veza, (Belgrade, Serbia); Association Prevent, Novi Sad, (Serbia); The "South Eastern European and Adriatic Addiction Network", (SEEAN); Harm Reduction Association (Slovenia)

With financial support from

