

Preventing Substance Abuse among Students

*A guide to successful implementation of
Comprehensive Social Influence (CSI)
curricula in schools*



Preventing Substance Use among Students: A guide to successful implementation of Comprehensive Social Influence (CSI) curricula in schools

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Foreword

As an official of the European Monitoring Centre on Drugs and Drug Addiction I am pleased to present one of the few guides that can assist decision-makers like you in implementing evidence-based prevention principles into daily school life. As we aim to objectively inform drug and public health policies, we need prevention to be as well-documented, clearly described and well-evaluated as possible.

Prevention, if done alone with good intentions can be harmful and increase young people's curiosity and interest for psychoactive substances. In order to be safe and effective, not only effective components have to be applied; they also need to be delivered in a coherent way, in the proper sequence, so that the several components reinforce each other, instead of just picking topics by chance or by mood. These comprehensive protocols for implementation, including manuals and materials and details for all sessions have often been thought to be difficult for implementation in real (school) life.

In fact, it is not an easy task, as it requires planning, a global strategy and much communication.

Now I am pleased, because the outcomes of the EU-Dap trial have demonstrated that a structured prevention protocol can in principle be implemented everywhere in Europe. This guide emanates from the joint experiences of professionals in nine member states and proves that in realities so different as between Greece and Sweden, Poland and Spain a scientific sound prevention programme can be fully applied, regardless of culture or local specificities.

This is encouraging for all us.

Gregor Burkhart,

Scientific manager

Prevention responses EMCDDA

Note to Reader

Preventing Substance Abuse among Students has been designed with countries involved in the second phase of the EU-Drug Abuse Prevention study and supported by funds by the European Commission. These countries are: Belgium, Czech Republic, Spain, Greece, Italy, Austria, Poland and Sweden. However, the Guide can be used/adapted by other countries both within and outside the European Union.

Divided in five parts this guide includes an introduction, three chapters addressing specific audiences and a chapter containing technical tools. The Introduction is meant for all readers and contains an explanation of several technical concepts such as “universal prevention“ and comprehensive social influence (CSI). Chapter one has been written with regional and national authorities in mind as their overarching role allows for influence over both the education system and public health programming. Chapter two has been written for heads of schools and provides guidance for planning, implementing and evaluating programmes at the school level. The third chapter is dedicated to teachers and provides instructions for running prevention programmes in the classroom setting. The technical tools located at the end serve as resources to support the three chapters.

It should be noted that perhaps not all suggestions provided in *Preventing Substance Abuse among Students* may apply to all countries, schools or classes. This being said, we hope that some of these tips will be viable and useful.

Our intention is to promote all programmes based on a comprehensive social influence approach (CSI) as having the potential for preventing drug use among youth. It should be noted that in order to be labelled a CSI programme, a stringent set of qualities must be present (see Introduction and Tool #1). Because the production of *Preventing Substance Abuse among Students* has been funded by the European Commission within the realm of the EU-Drug Abuse Prevention trial, the CSI curriculum named “Unplugged”, tested within the

experimental trial, is referred to as an example.

Sincerely,

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Glossary

CSI - Comprehensive Social Influence

EC – European Commission

EMCDDA - European Monitoring Centre on Drugs and Drug Addiction

ESPAD – The European School Survey Project on Alcohol and other Drugs

EU – European Union

EU-Dap – European Drug Abuse Prevention Trial

NGO – Non-Governmental Organization

RCT - Randomized Controlled Trial

WHO – World Health Organization

WHO-FCTC – World Health Organization Framework Convention on Tobacco Control

Introduction

1. Substance use in adolescence

Substance use is one of the most important causes of death and poor health among young people. Admittedly, there are important differences between substances depending on their toxicological properties, based on circumstances and modality of administration. For instance, the psychoactive substance nicotine in smoked and smokeless tobacco causes virtually no deaths by itself, while the inhalation of tobacco exposes users to adverse health consequences later in life. Heroin injection, on the other hand, causes acute intoxication, chronic intoxication, and related infectious diseases such as AIDS and hepatitis.

All psychotropic substances of abuse entail short- and long-term health risks as well as the potential for addiction and dependence. Dependence leads to sustained

consumption, with consequent psychic and physical damages.

In several European countries the use of many legal and illegal psychotropic substances is on the rise, particularly at young ages. Among these, alcohol and tobacco are the drugs most readily available to European students (Table 1).

Even if we know a good deal on risk- and protective factors for substance use, there is no possibility to use this knowledge to predict who, as individuals, is going to be “hooked” to a drug. Almost all those who later become addicted to substances started by testing during adolescence. Therefore *universal prevention* is the first way to tackle this problem among youths by delaying the onset of initiation.

Table 1. Selected indicators of youth substance use in some European countries ¹

Country	Drunk last 12 month %	Smoking past 30-days %	Cannabis lifetime %	Any drug but cannabis %
Austria	69	49	21	8
Belgium	47	32	32	8
Czech Rep.	68	43	44	12
Denmark	82	30	23	6
Finland	64	38	11	3
France	29	33	38	7
Germany	61	45	27	10
Greece	37	28	6	3
Italy	37	38	27	8
Netherlands	46	31	28	6
Norway	54	28	9	3
Poland	48	31	18	7
Portugal	28	28	15	7
Sweden	55	23	7	3
UK	68	29	38	9

¹ From the ESPAD survey 2003 (www.espad.org)

2. What is universal prevention?

The expression *universal prevention* refers to activities aiming to avoid or delay the use of substances by all youths, irrespective of their background risk profile. The assumption of universal prevention is that it is important to reduce the whole bulk of new users. Universal prevention is complementary to *selective prevention* (targeting subgroups at high risk for substance use) and to *indicated prevention* (targeting individuals who are exhibiting early signs of substance abuse, conduct disorders and other problem behaviours).

While the heaviest drug users or risk groups are at greatest risk for harm, they are relatively few and generate proportionately small amounts of all drug use-harms. In other words, the overwhelming majority of new drug users come from population groups which are not identifiable as "at risk". Furthermore, universal prevention may have beneficial effects also among high-risk youths, although its effectiveness is highest in delaying initial use.

3. The importance of school-based prevention

Schools are one of the most important environments for implementing universal prevention programmes directed to young people. To begin with, schools guarantee universal reach as in Europe, everybody attends school for at least eight years. Second, schools naturally convey some of the most important general protective factors against substance use, such as literacy, intellectual achievements, social bonding, norms and skills. Third, schools can easily mobilize other sectors and representatives of the community including parents, municipalities, cultural associations and volunteers. Therefore schools serve as the best setting for the delivery of public health programmes, including drug prevention.

Until recently, most of the health education carried out in schools lacked any evidence of effectiveness in changing behaviours. Only in the latest 15 years has prevention been challenged with demands of rigorous evaluation. Not surprisingly, most of the programmes that underwent a serious evaluation showed disappointing results in

protecting adolescents from using tobacco, alcohol, and other drugs.

4. School-based programmes that work

During the late 1980s it became increasingly clear that school-based programmes only conveying information on drug-related harms show limited, if any, effectiveness in modifying adolescents' behaviour; even when the programmes succeeded in increasing knowledge among youth. The prevailing theory was that knowledge on risks is not protective if not coupled with the ability to resist social influences leading to substance use, for instance within the group of peers (*resistance skills*). This model has been largely applied exclusively to smoking prevention, since smoking has historically been the most frequent and the most socially tolerated substance.

The model has subsequently been expanded to not only contain knowledge about drugs and refusal skills, but also a broader spectrum of skills (so called *life skills*) such as decision-making, goal setting, stress management, assertiveness, and communication skills. In fact, being confronted with the direct expectation of using drugs is not a common experience in adolescence, whereas the need for making rational choices, standing for one's opinion, or criticising groups' rules and norms are more common occurrences.

Related to social norms, it was observed that children and adolescents, who perceive the use of substances as common and tolerated, are more likely to start to use themselves compared to peers of the same age who do not endorse this belief. It is therefore important that a programme contain tools for clarifying young people's beliefs about frequency and acceptance of substance use, as well as about vested interests in their marketing (*normative education*). Finally, programmes that link school- and community-based activities have higher chances to succeed than school programmes run in isolation.

In short, programmes combining life skills education with normative education and knowledge acquisition on substances are collectively designated as comprehensive social influence (CSI) programmes.

Programmes of this kind are implemented in many European countries, and some examples are given in Table 2.²

The programme denominated “Unplugged” (see paragraph below) to which this Guide chiefly refers, is the only freely available curriculum evaluated simultaneously in several European countries.

Table 2. Examples of school-based programmes against substance use implemented in European countries based on a CSI model

Country	Programme name	Age group	Outcome Evaluation (any kind)
Germany, Sweden, Others	Lions' Quest	10-15	Yes
Finland, Sweden	Uskalla/Våga	12-13	No
Greece, Ireland	On my own two feet	12-15	No
Italy	Nuove tecnologie della comunicazione	15-19	No
Norway	Folkeaksjonen mot Narkotika's	10-12	No
Portugal	O atelier de prevenção	13-18	No
Spain	Ordago	12-16	Yes

5. “Unplugged” and the EU-Dap project

Most scientific evaluation of school-based prevention programmes has been conducted in North America. In Europe, until recently one has largely relied on “good sense, good will” or on foreign evidence, in the choice of programmes to be applied in schools.

Starting from the 1990s, there have been two major European endeavours to evaluate school-based drug prevention. The European Smoking Prevention Framework Approach (ESFA) project on smoking prevention³ involved six countries, each participating with respective school programmes, based on common “best practice” components. In 2003 a new collaborative project started in seven EU countries named the EU-Drug Abuse Prevention (EU-Dap) study, with the aim to evaluate a very standardized school-based programme for prevention of use of all substances.

The school programme, named “Unplugged” in the English version, includes all recommended components of a CSI programme, and was tested during

the 2004-05 school year in 78 schools (3457 students), while an additional 65 schools (3532 students) constituted the control group. The programme is designed to be a classroom commitment for students aged 12-14 years, with the teacher serving as the trainer.

The programme’s duration is of approximately 12 hours over a course of 12 weeks with, each hour corresponding to a particular lesson.

A short-term evaluation of “Unplugged”, conducted four months after the programme’s conclusion, showed a marked reduction in behaviours related to advanced substance use: 30% reduction in daily smoking and alcohol intoxication episodes and a 23% reduction of cannabis use (see Figures 1-3). Even more encouraging, preliminary data from a longer follow-up show that the effects of the programme are sustained over at least one year! In terms of magnitude of effects, they are in line with those achieved by other best practice CSI programmes.

“Unplugged” is now available in a revised version that takes into account the problems detected during the evaluation of the test version.

² Extended country-specific information may be obtained through EMCDDA at www.emcdda.europa.eu

³ deVries, H., F. Dijk, et al. (2006). “The European Smoking prevention Framework Approach (ESFA): effects after 24 and 30 months.” *Health Educ Res* 21(1):116-132

Figure 1. Changes in the prevalence of past 30-days' daily smoking among classes following the "Unplugged " programme and controls, May 2005

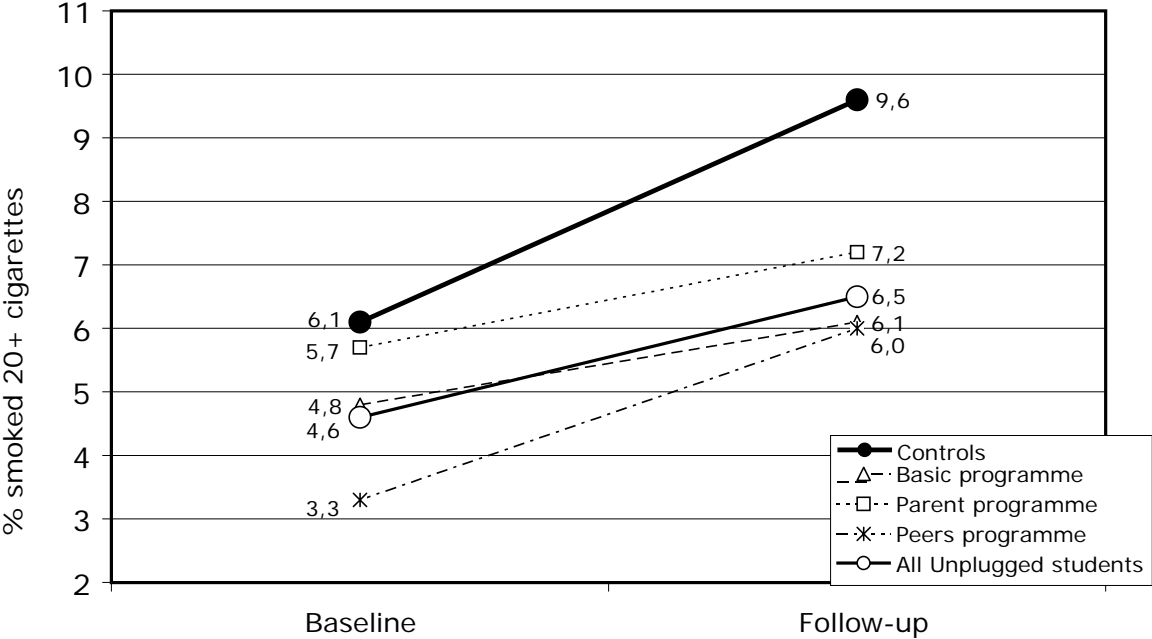


Figure 2. Changes in the prevalence of past-30 days' history of binge alcohol-drinking intoxication among the classes following the "Unplugged " programme and controls, May 2005

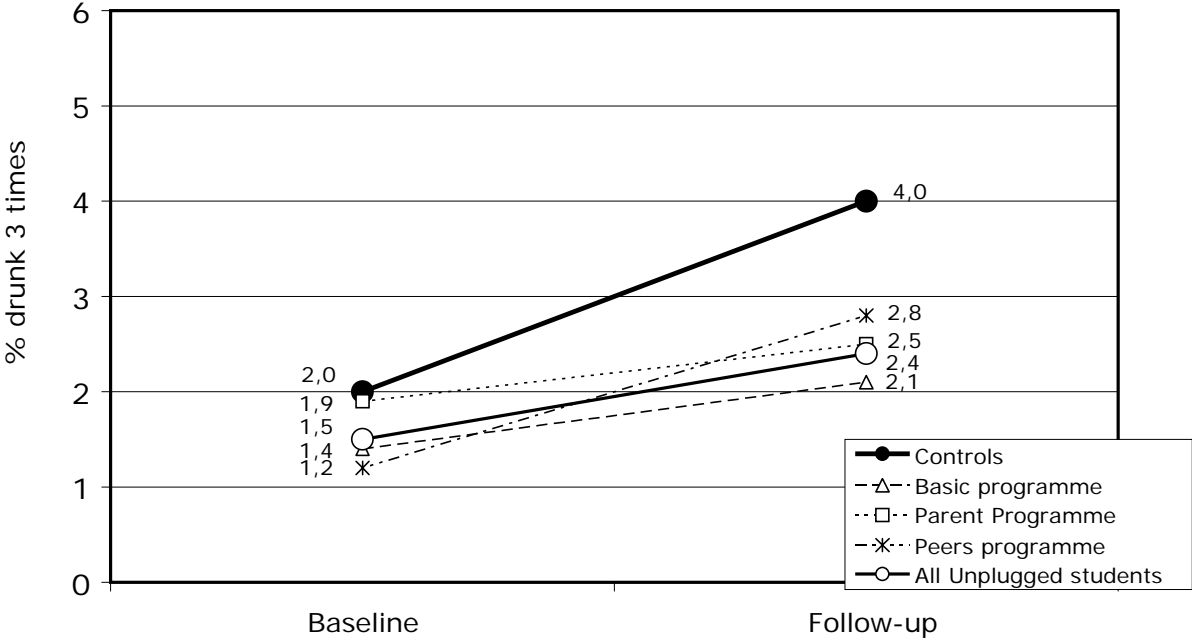
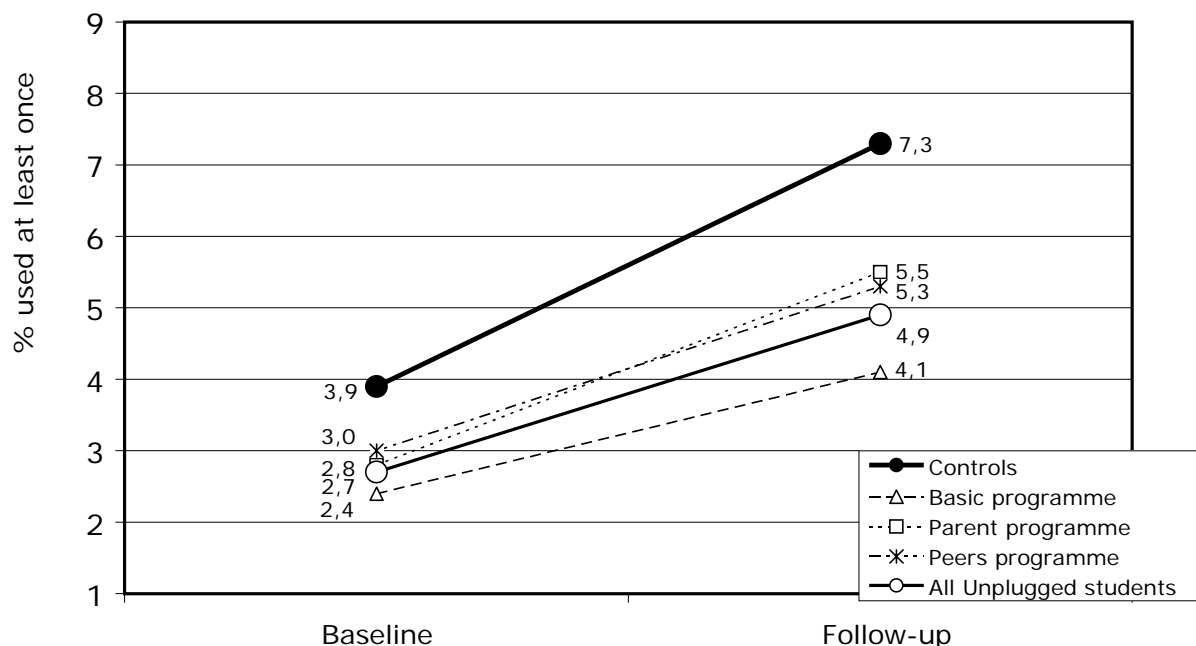


Figure 3. Changes in the prevalence of past-30 days' use of cannabis among the classes following the "Unplugged " programme and controls, May 2005



Details on the evaluation of the programme are available on the project's website www.eudap.net, which links to each partner country's website.

6. What can we expect?

Which benefits can we expect by applying a CSI programme like "Unplugged" on a wide scale? First of all, it should be clear that no prevention programme or other kind of intervention such as treatment is 100% effective. The benefits of different programmes can be compared in terms of number of participants engaged in the intervention in order to avoid one undesirable event (i.e. to become a regular drinker). The lower the number, the more cost-effective the intervention.

Benefits for the students

- Teaching the programme in a class of about 30 students aged 13-years will probably prevent one student from becoming a daily smoker, and one student from experiencing recent alcohol-drinking intoxication. If this achievement seems low, it should be compared with 128 people to be treated for moderate hypertension in order to avoid one death, ictus or myocardial infarction,⁴ or 2000 women to

be screened with mammography over 10 years in order to prevent one case death due to breast cancer.⁵

- Teaching the programme in two classes will not only double this success, but also likely hinder one student from experimenting with cannabis
- Even if programme effects sometimes fade after some time, every year gained in delaying the onset of substance use translates into the reduction of problematic drug use later
- Students acquiring social skills are not only less likely to use drugs, but are also less prone to other problem behaviours and to other risks such as undesired pregnancy or bullying
- Interactive skills oriented programmes also contribute to an improvement of the social climate in the class and in turn provide a protective factor for psychological ill-health and other risk behaviours

⁴ Sackett DL, Haynes RB: Summarizing the effects of therapy: A new table and some more terms. *Evidence-Based Medicine* 1997;2:103-104

⁵ Gøtzsche PC, Nielsen M. Screening for breast cancer with mammography. *Cochrane Database of Systematic Reviews* 2006, Issue 4. Art. No.: CD001877. DOI: 10.1002/14651858.CD001877.pub2.

Benefits for the students' families

- Most CSI programmes also actively involve the students' parents. In "Unplugged", for example, a resource is available with suggested themes for meetings or workshops for parents and caregivers. A compendium of useful information and suggestions on how to cope with the often problematic relationship with teenagers is also available by request from contact centres or via www.eudap.net
- Parents and caregivers will be encouraged for a stronger engagement in their children's school life

Benefits for schools

- The school will use a high-quality prevention programme which has been rigorously evaluated
- Trained teachers will constitute a valuable resource even for regular teaching, insofar the CSI pedagogic techniques are potentially applicable to other school subjects
- The cross-disciplinary approach of most CSI programmes will enhance cooperation among several teachers

Benefits for the community

All other circumstances being constant, well implemented effective primary prevention leads to:

- decreasing rates of substance use and related problem behaviours
- saving lives, disability and money spent on treatments and law enforcement
- Although not rigorously studied, it can be noted that the cost of treating a drug addiction is more costly than that of preventing those from ever taking drugs: both on the healthcare system and on the individual.

For more information, see Tool #8 for a list of suggested reading and websites.

Chapter 1 - Endorsing a CSI programme in a country or region

In this chapter public health and education decision-makers are addressed since they have the mandate to promote effective drug use prevention strategies, at the National or Regional level. Benefits of implementing effective comprehensive social influence (CSI) programmes from the health and education perspective are discussed. Listed are useful and applicable recommendations on how to approve and promote the effective CSI programme from the National or Regional level to the School level. It is imperative that once approved and promoted CSI programmes need further support from local or central authorities to allow for adequate implementation.

1.0 Why leadership from authorities?

Governments have a unique opportunity to initiate and support school-based drug prevention which engages adolescents to acquire the necessary substance abuse prevention education and skills to make healthy lifestyle choices. The World Health Organization (WHO) encourages *“to develop socially and culturally acceptable programmes and services to meet the health and development needs of all adolescents and youth, ensuring the involvement of families, the public at large, health and other relevant sectors, and youth people themselves.”*⁶

Although national or regional authorities perceive and argue that a lot is being done for prevention, too often programmes and health initiatives are delivered in a non-standardized manner, incompletely or ad-hoc. This non-coordination often leads to ineffectiveness by actual resources and efforts being allocated. It also increases the risk for negative side-effects, when contents and especially critical information are not delivered as intended. What is needed is a standardized and well-planned approach which engages and equips leaders such as

teachers to ultimately influence the health of students. This also facilitates the acceptance by teachers (they don't have to firmly know everything about drugs and prevention in order to deliver such a protocol) and avoids resource losses for having to train and involve many teachers in a school.

Adopting a CSI programme means taking responsible action

Adopting a CSI programme into a school curriculum or programme nationwide will not only lead to improved health of youth but it will also place national or regional authorities among those EU Member States that are taking science-based and targeted action to reduce drug use. Adopting an effective CSI programme will also add credibility to the government authority.

An indicator of effective drug prevention programming

Because of its proven effectiveness in changing behaviour, adopting a CSI programme as a national or regional standard or as a curriculum requirement gives the responsible authority a reliable indicator as to how prevention is implemented at the school level. A single programme provides quality control, and in the case of “Unplugged” assures that the prevention programme being implemented is based on evidence.

1.1 Leadership from Public Health Decision-Makers

Public health decision-makers can influence the health of children and youth, and in ideal cases in partnership with the education system, by implementing comprehensive strategies to protect and promote better health. Within a comprehensive strategy, components typically include a combination of healthy public policy, access to information and education. Within information and education, CSI programmes could serve to equip children and youth.

Country-specific policy, legislation and/or decrees may state that health education is a necessary component of promoting and protecting health. “Unplugged” serves as an effective and easily implemented school-based prevention tool for youth between the ages of 12-14 to complement public health

⁶ World Health Organization. Forty-second World Health Assembly. *The health of youth*. WHA42.41. Available from: www.who.int. Accessed 23 January 2007.

prevention strategies. A timely example on how to foster public health policy is the WHO Framework Convention on Tobacco Control (WHO-FCTC) which outlines key legislative and programming initiatives that lead to policy advances such as tobacco-free public spaces and reinforces social attitudes values against tobacco.⁷

Because CSI programmes are delivered in the school setting with the aim to foster healthy and self-protecting behaviours, it would be of additional value to link national or regional level decision-makers responsible for public health and education in order to guarantee broad implementation.

1.2 Leadership from Education Decision-Makers

National or regional education authorities have the responsibility to implement the best ways in which children and youth are to be provided with education including the setting, the teacher and the information. In these cases, not only is this authority responsible for education but also for ensuring students' health and well-being, which in its turn is a pre-condition for optimal learning of core curriculum subjects. A country's general educational curriculum, should it exist, often outlines standards which guide traditional school subjects such as math and science but often lack drug abuse prevention requirements.

In recent years, there has been some effort made by European countries to disseminate prevention programmes in schools. According to the latest Annual Report about the state of the drugs problem in Europe⁴ it seems that programme-based prevention approaches are gaining ground within school-based prevention. *“Programme-based prevention implies standardised delivery in a defined number of sessions, each with exactly defined contents, and detailed teacher and pupil material. This facilitates monitoring and evaluation and increases the accuracy, fidelity and*

*consistency of interventions, leading to high-quality delivery.”*⁸ “Unplugged” and other CSI programmes meet all the above mentioned criteria.

School-based education, and particularly classroom drug use prevention programmes, is a promising approach to prevent or delay drug use among youth and ought to be coupled with public health policy and healthy adult behaviour within the population at large.

Recognizing the importance of implementing prevention programmes at schools, the Council of the European Union invites Member States (5099/01/02 Cordrogue 4 Rev.1) *“to incorporate health promotion/drug prevention programmes at all schools”* and *“to promote the development of such programmes and, if necessary, adapt the government resources and organisational structures involved, in order to fully meet the previous objective.”* School-based prevention of drug use is an appealing challenge for a coordinating and executive authority.

In short, engagement of a national and/or regional authority in supporting CSI programmes such as “Unplugged” plays a key role in improving health and learning of children by ultimately tackling prevalence rates of drug use.

Unplugged- an effective CSI programme in preventing drug use

The “Unplugged” curriculum is the first of its kind having been developed and tested across several EU Member States. As demonstrated in the EU-Drug Abuse Prevention Trial (www.eudap.net), CSI programmes can prevent or delay the use of tobacco, alcohol and other drugs among youth. To warrant comprehensive and high-calibre implementation of CSI programmes at the school level, leadership from the national and/or regional level is the key.

⁷ World Health Organization. Framework Convention on Tobacco Control. Available from: www.who.int/tobacco/framework/download/en/index.html

⁸ EMCDDA, 2006 The state of the drugs problem in Europe, Available from: www.emcdda.europa.eu

1.3 Choosing a reliable CSI programme

In order to be certain that CSI programmes are reliable, please refer to Tool#1 and use the listed criteria to help you select a CSI programme. The “Unplugged” programme represents an effective European prevention programme, that is easy to work with, ready-to-use, and could be implemented and carried out with minimal cost.

Should present prevention programmes exist, they can be reviewed and revised to include the CSI approach and after a programme evaluation upgraded programmes could be implemented and used in a school setting at a low cost. Implementing CSI programmes might have further implications for other forms of risk behaviour.

“Unplugged” is a ready-made programme that is currently being implemented in other EU countries and because it has been funded by the European Commission, it is freely available to all Member States. The programme’s implementation requires a teachers’ training and the incorporation of the 12 one-hour lessons into the classroom’s routine and yearly schedule. As always, programme adjustments may be needed to adapt to the cultural setting at the local level. For a complete description of the “Unplugged” programme, refer to the Introduction.

When implementing any type of drug prevention initiative, an important factor to bear in mind is cost-effectiveness. One of the greatest advantages of “Unplugged” is that costly specialists are not needed to implement the programme since its delivery is easily led by teachers. The only additional cost, whenever possible, is a short training for teachers.

Once a teacher obtains the necessary theoretical and practical background and becomes familiar with CSI programming in general, any further education of the teacher in prevention of risk behaviour is expected to be less demanding.

1.4 How National or Regional Authorities can promote CSI programmes in schools

Once decision-makers choose to adopt CSI programmes, the next step is to act as an overarching body to persuade and support schools to effectively and accurately implement the programme. Reviewing the recent state of drug prevention programmes in EU schools, the European Monitoring Centre for Drugs and Drug Addiction points out: *“The most promising outcomes in terms of intensity, structure and quality of school-based prevention actually carried out can be found in countries whose **national strategies have explicitly addressed school-based prevention with specific targets and where there is a tight logistical organisation of prevention delivery and financing.**”*⁹

Therefore, in order to ensure that evidence-based CSI programmes like “Unplugged” will be practised, some strategic important steps should be considered by a national or regional authority.

Promote the right programme (it is easy to get it wrong)

Prevention activities can be counterproductive if they don’t contain evidence-based elements of effective programmes. For example, short-term, isolated or “moralising” programmes proved to be ineffective and could even stimulate young people’s interest in drugs.¹⁰ Offering leisure time activities for students, contributes to the enhancement of a supportive school environment, but is not particularly considered a prevention programme.

Advantages to a programme with a specified structure compared to any “holistic” and integrated approach is that it is easier to ensure quality and structure and to evaluate the outcomes.

⁹ EMCDDA, 2006 The state of the drugs problem in Europe, Available from: www.emcdda.europa.eu

¹⁰ EMCDDA, 2002 Drugs in focus Issue 5, Issue 5, Drug Prevention in EU schools. Available from: www.emcdda.europa.eu

While sometimes needing an initial effort in adapting existing protocols to individual local school environments, protocol-based programmes like “Unplugged” with standardised, well-defined and concretely proposed contents facilitate enormously the prevention work for teachers as the programme provides them an exact and predictable delivery syllabus, the related training and material.

While promoting prevention programmes in schools, the WHO recommends to provide schools with well-tested effective programmes which are in accordance with the elements known to be effective in preventing drug use initiation.¹¹

Focusing on better quality

The outcome of “Unplugged” is evidence-based and making known these evaluation results is considered an important strategy to disseminate drug prevention programmes based on CSI. Yet, process evaluation and reporting provides important information on the reach of prevention programmes, highlights difficulties that have been encountered while implementing and provides feedback to all persons involved directly (teachers and students) and indirectly (parents, community). Therefore presenting process and outcomes of CSI programme implementation on national and regional level contributes to dissemination and motivates other teachers and schools to engage in drug prevention. Tool #4 provides instructions on how to control for quality when implementing and evaluating a programme.

Label the CSI programme with the Official Stamp of Approval

For the implementation of CSI programmes in schools, it is important to publish official documents or add information in government publications that explicitly recommend standardised classroom drug use prevention programmes. The publication would include the objectives of

these programmes, the possible outcome and practical information about the framework of implementation and possible funding resources should be evident. There should be consideration given to incorporate CSI programmes into the general health curriculum.

1.5 Supporting Schools

Once a programme has been approved and promoted, supporting its implementation among schools is important. Below are some suggestions on how a national or regional authority can support schools.

Modify the Curriculum to incorporate CSI

The dissemination of CSI programmes in schools should involve pertinent school authorities to emphasize advantages of CSI including evidence-based effectiveness and benefits of implementation in order to encourage schools to consider it attractive, effective and ultimately adopt the programmes.

If needed, changes to incorporate CSI in the traditional health curriculum or present programmes could be utilized by middle-level officials of the school authorities, since their impact seems to be high in influencing the adoption of an innovation¹² and be supported by school networks (through websites, teacher’s organizations and conferences etc).

Ease the implementation for schools

CSI programmes such as “Unplugged”, are prevention activities which can be easily led by teachers in the school. While training is an important prerequisite, teachers’ motivation and engagement seems to be the most important factor.

In this direction it is important to provide teachers with the possibility of training and further support in implementation, to assure easy access to programme materials and relevant information and to appreciate and acknowledge teachers’ engagement in drug prevention. *“Teachers should be offered the support of school leaders, as*

¹¹ Hawks D, Scott K, McBride N. (2002) Prevention of psychoactive substance use : a selected review of what works in the area of prevention. Geneva, WHO 2002. Available from: www.who.int/entity/substance_abuse/publications/en/prevention_substance_use.pdf

¹² Rogers, E.M.(2002) Diffusion of preventive innovations. *Addict Behav* 2002;27:989-993.

well as technical advice and networking opportunities for sharing both successes and problems."¹³ Additionally, implementing a programme that has proven to be effective adds meaning and value to the teachers' efforts at school. Finally, the teacher should not give up his/her professional growth. Continual improvement of teachers' ability is encouraged. To get the most out of a teachers' training, refer to Tool #3 for suggestions.

Support during the implementation

In addition to preparing for the start of the programme it is important to support teachers who have the role of delivering CSI programmes to assure high-quality implementation and to manage problems that may arise.

Offer a helpdesk such as a telephone number or an email address which is staffed by credible public health or education authorities who can deliver consultation for teachers, provide additional information on drugs and address unforeseen issues which may arise. Build in a referral system should serious drug-related or addiction problems be present among students. Although "Unplugged" is an effective prevention programme in general, it may not be as effective with youth that have already established alcohol, tobacco and other drug use behaviours. Finally link or make reference to the EU-Dap website (www.eudap.net) to support web-based structures created at the national or regional level.

Overarching support resources can be incorporated to aid the effectiveness of a CSI programme. These factors can include:

- Developing a pro-health policy which address environmental strategies on legal drugs such as smoke-free public places legislation or alcohol restrictions.
- Generating media advocacy to draw attention to the issue of prevention initiatives

- Instilling and enforcing drug-free school policies

- Launching a communications campaign for drug-free youth to complement programming at schools

Sustaining and evaluating the programme

To make the most of the implementation of the programme, public health and education decision-makers should be able to sustain the implementation of the programme in the long-term. Once the contact with an agency responsible for the programme have been taken, it is very easy to maintain it by involving new schools and sustaining the dissemination of the programme in subsequent years. The trained teachers can represent local resources for other teachers by becoming trainers, sharing experiences and helping to develop a good school climate.

In case of maintaining the programme for the long-term, decision-makers should monitor the implementation of the programme, evaluating how many schools adopted the programmes, how many classes, etc. using monitoring forms as Tool#7.

How to launch a CSI programme in a country or region:

- a) Ensure there is a policy which can support the programme
- b) Develop a communications strategy which can include press releases, and event launch and communications channels such websites
- c) Review and put a stamp of approval by a local authority on the material

¹³ United nations Office on Drugs and Crime School-Based Education for drug abuse prevention. United Nations Office on Drugs and Crime; New York, 2004. Available from: www.unodc.org/youthnet/en/youthnet_action_prevention_school.html

1.6 Other Partners that can support schools

Non-Governmental Organizations (NGOs) and other drug prevention organizations have an interest in keeping youth as healthy as possible and thus can support efforts to disseminate CSI to schools.

During the first phase of EU-Dap, a European network of NGOs and government authorities was established. Members of the Network include prevention experts who developed and evaluated the “Unplugged” programme. This network is available to support in the dissemination and implementation of “Unplugged” (information on www.eudap.net)

Chapter 2 - Incorporating CSI programmes in the School

This chapter has been written for headmasters and provides guidance on how to successfully implement CSI programmes in schools. The advice includes scanning the school for readiness, preparing to start a CSI programme as well as implementing and evaluating the initiative. After reading this chapter, headmasters will be better prepared for a smooth transition to start CSI programmes in their schools.

2.0 School commitment in health education

Most schools in Europe deal with cross curricular themes that aim to develop skills unrelated to any single curricular subject but have a high transfer potential across the curriculum as a whole and are of inestimable value in every day life. Above all, curricular themes such as health education, physical or sport education and attitudes in life^{14 15} are developed in many European countries, often as compulsory and in some cases in a separate course of health education. These education activities fulfil the central and local school authority's indicators as well as reflect the school vocation and the priority rating in the local community.

Indeed, under the pressure of public opinion and the community's perception of risks, the central health and school authorities have produced laws, documents, and indications about the commitment of school education in preventing behavioural risks among the pupils. The following features have been correlated to a successful implementation of cross curricular themes in the personal social and health education area:

- the school strives to achieve students' cognitive as well as personal-social development;
- educational visions and goals are well described and are known to all stakeholders;
- decision-making happens in a participatory way and
- the school has a strong ability of self-assessment and is prepared to innovate.

Considering a CSI programme like "Unplugged" in the yearly teaching plan is a strong indication that the features listed above are present in the school. It also means to be able to meet the health demand of parents and the community and to move toward a healthier and health promoting school.

Beside the expected benefits, CSI programmes can be easily integrated with other cross-curricular themes. Furthermore such programmes represent a way to increase interactive teaching and learning approaches, using well-defined units.

The figure on page 22 describes factors that should be in place before, during and after implementation of CSI programmes. Ideas for programme sustainability and tools to guide schools are also available to serve as a resource.

2.1. Scanning the environment to identify factors leading to successful implementation

Teachers

- At least two school teachers are motivated to implement structured prevention activities and can spread the enthusiasm for the activity to be implemented
- The teachers are allowed to participate in training courses

¹⁴ European conference of experts on: cross-curricular themes in secondary education, Pre-conference document Maes B. 2001.

¹⁵ Cross curricular themes in secondary education. Published by CIDREE Consortium of Institutions for Development and Research in Education in Europe. March 2005 website www.cidree.org.

Curricula

A tight school timetable and curriculum overload seem to be the most frequently reported problems when implementing curricular themes that are not compulsory or that exceed the typically small amount of allotted time. Therefore the possibility to overcome time limits is crucial. At least one of the following scenarios should be possible:

- The school programmes and teaching activities include or can include hours dedicated to health education and a CSI programme can be incorporated into these hours
- When health education hours are not established, the programme can be incorporated in the hours dedicated to many disciplines such as science or social studies
- Collaborative implementation by two or more teachers responsible for different subjects can preserve the regular course time

Possibility to invest in the long-term

- The school is willing to support the implementation of the programme at least during the whole school year and possibly through subsequent years
- The school intends to evaluate the programme in order to improve its quality or implementation
- The trained teachers can represent local resources for the other teachers

2.2 Implementing a CSI programme

Environment

- The community is aware of the statement by the WHO that schools should develop a charter for health promotion (or mission statement)
- Mass media campaigns emphasizing adolescent risk factors for health have been undertaken
- Regional or local level authorities are interested in prevention activities
- There is a “school mission statement” which includes health promotion values, beliefs and goals which is complemented by a functioning school policy

- Parents are interested in participating in the prevention activities
- There is a concern in the local community that drugs are a problem and there is a definite opinion that prevention activities should take place at school
- Health promotion official statements have been formally produced and disseminated
- An enforced healthy school policy will provide the right environment for students when partaking in a CSI programme.

Legislation

- The Ministry of Education or other Regional Authorities may be mandated to promote and coordinate activities for the prevention of lifestyle risk factors including use of drugs in the school setting
- Regional authorities are appointed for the promotion and coordination of activities for the prevention of unhealthy behaviours including drug use in schools
- The amount of time allotted for health education is determined by central or regional legislation and is sufficient
- Teachers' continuing education is compulsory and established by law
- Compulsory school extends beyond 13 years of age

School autonomy

- Schools have autonomy to decide whether curricular hours can be devoted to prevention activities
- Schools have autonomy in the choice and implementation of programmes

School tradition

- It is the school's tradition to organize prevention activities on a regular basis (curricular or extra-curricular, implemented by teachers or external educators, involving parents or not, involving the community or not)

School organization

- The school uses consultative, collaborative processes to involve teachers, parents and pupils in choosing the activities of the year
- The school uses consultative, collaborative processes in solving problems such as drug-related incidents
- The school policy contains clear guidelines and rules on drugs, and rules are implemented and upheld by the school management
- The school is supportive towards prevention activities
- The school was successful in obtaining funds for extra-curricular activities
- Administrative staff collaborates with teachers
- Opportunities for school personnel to attend professional development programmes are provided
- There is good collaboration between the school and local healthcare services for example, a school nurse

Teachers

- Some teachers in the school have had previous experiences with health education programmes
- There is a good climate among teachers, who are used to collaborate and share experiences
- There is a will to share the acquired skills and expertise among teachers (e.g. to become trainers of other teachers)

Funding for training

- There are specific funds for the implementation of prevention programmes granted every year by central or regional authorities to the schools
- There are funds available by the Ministry of Health or Ministry of the Education dedicated to projects in the school context
- Central authorities cooperate with other agency and institutional funds for specific projects
- There are institutions, banks, special funds in agencies to support projects in schools or projects of public interest
- The school system provides additional funds for the teachers to be involved in extra activities (such as training of colleagues on specific activities)

Parents' opinion

- There are parents' committees involved in planning the annual activities of the school
- Parents are interested in prevention activities and expect the school to implement prevention programmes
- Parents are willing to participate in the prevention activities or have participated in the past

2.3 General Suggestions for Good Practice

- Before the implementation of the specific programme you may choose to organize a meeting at school in order to inform school authorities, teachers, parents and the pupils themselves.

- School principals showing interest in CSI programme are of crucial importance for its development. Organize a short debriefing with the school teachers leading the programme. Often it is enough to verbally ask teachers how things are proceeding and whether they need any help.

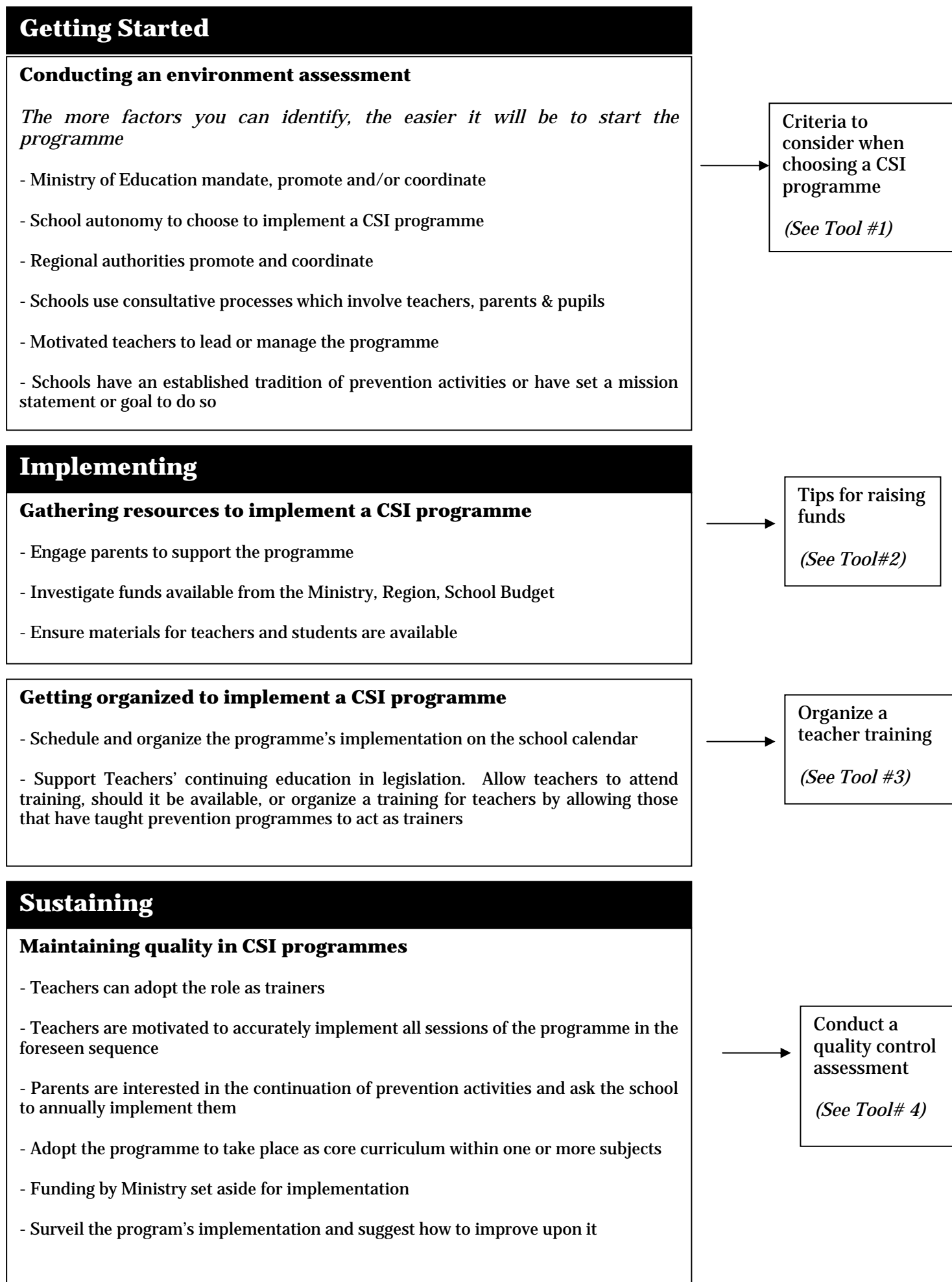
- Make a time plan, both at the class and at the school level. After the programme has been chosen, draft a project plan, including the individual steps in the implementation of the programme and a corresponding timetable.

- Keep contacts with the trainers and teachers who are implementing the programme in other schools in the same time period. Sharing problems is very useful in order to find solutions.

- Keep the interest for the programme high, even among teachers not implementing it. In formal meetings with the teaching team, provide reminders of the programme's existence and achievements.

- Once the programme has ended, organize a feedback session with the working classes (for instance a small exhibition with the class-produced materials which is open to parents).

Figure 1. Process to plan and implement CSI Programmes



Chapter 3 - Leading CSI Programmes in the classroom

This chapter is dedicated to teachers who either are considering implementing a CSI programme as part of the school-based drug prevention, or are requested to do so.

The following are some useful suggestions on how to prepare and start such an endeavour. Teachers' motivation and preparedness are indeed the most important determinants of the success of the programme. Use this chapter to complement any teaching instructions from CSI curricula.

Clearing the floor from inappropriate expectations

The decision to implement a CSI programme will depend on theoretical and practical issues. There are usually a great variety of situations in which the issue of drug prevention in the school is put on the administrative agenda, making up for a corresponding range of expectations connected with the prevention programme. Some of these expectations can be met, others cannot.

Among these latter it is expected that a prevention programme may help to solve existing problems or cases of substance use. The experimental use of substances is widespread during adolescence, but a trend towards earlier age of onset has been observed in recent years.¹⁶ To be sure, young people who at a certain age develop severe problems connected to substance use (i.e. binge drinking or regular illicit drug use) usually have been confronted with experimental behaviour earlier than young people not having progressed to advanced use.

Many of the methods behind CSI programmes like "Unplugged" are specific for universal prevention, i.e. they are very useful with groups where the prevalence of experimental drug use is low. However, several elements of CSI programmes

(training social and personal skills and correcting normative beliefs) are effectively used in selective prevention as well. In deciding for universal prevention we want to treat the whole class or school without a risk assessment and assume that the average risk is low. In fact, levels of substance use vary enormously between countries, geographic areas, schools and even between classes of the same school. In almost all European countries data are available from national or local school surveys about substance use. Where this information is not available, the European Monitoring Centre for Drugs and Drug Addiction has country-based statistics for EU Member States. See *Table 1.0 in the Introduction*.

The issue of "specialists"

Some teachers may think that drug prevention, or even talking about drugs and addiction with youth is a rather complicated task that should be left to external specialists such as psychologists, physicians, social workers or counsellors. In fact, recruiting "specialists" to discuss drug issues with the students has been a long-lasting school tradition, which unfortunately has not shown any effectiveness in preventing youths from experimenting with substances. On the contrary, one-time expert visits and lectures at schools are considered counterproductive and malpractice as they tend to increase curiosity and draw the attention to drug-taking, while not addressing social skills and normative beliefs.

Comprehensive approach

The advantage of CSI prevention programmes like "Unplugged" is that they are not focusing exclusively on chemical and physiological aspects of substance use, but also on the social, normative and communication issues connected with experimental use and the transition to regular and problematic use. More about the theoretical background of CSI drug prevention programmes like "Unplugged" can be found in the Introduction.

¹⁶ see the latest report of the EMCDDA and ESPAD about substance use experience.

Dealing with limitations

During the implementation of a complex and demanding programme, we not only face limitations of time and space, but also of our own motivation and of that of our colleagues and students. CSI programmes usually have a few basic requirements, upon which it would be useful to consider already when selecting a programme. The most important of these requirements is time availability, both for the preparation and for the implementation. In addition to participating in a training workshop a rough estimate of 20-30 hours during the school year is the usual time a teacher needs to prepare and implement the programme.

Incorporating CSI in school curricula

Teachers may wonder if drug prevention programmes fit within the specific subject they are teaching, or definitely feel that there are subjects that are more apt to include prevention programmes. In reality, the issue of subject is of far lesser importance than the teacher's motivation and skills in determining the success of the programme. Moreover, drug prevention seems to be a theme that addresses virtually all disciplines present in schools. The interdisciplinary character of CSI prevention programmes builds on this assumption, making it possible to implement the programme by an interdisciplinary team. Nevertheless, the following characteristics are associated with successful implementation:

- every teacher in the team is motivated to adopt the programme and eventually to spread it within the school
- every teacher in the team is willing to attend a specific training, usually required for programmes based on a CSI approach

3.1 Before starting

Teachers' training

Resources should be allocated with careful thought. Often, throughout Europe, many teachers in schools are trained in order to include all types of "prevention contents" into all sort of school subjects. This is often called "integrated" or "holistic" prevention which does not provide clear and concrete

guidance to teachers including a thought-through structure and the possibility of quality control.

Usually the teachers' training required for the implementation of a CSI programme is a rather comprehensive one, conducted by prevention specialists with possible support of experienced CSI teachers. It consists of information and communication training, following a protocol or curriculum that cannot be completed in a few hours. The teachers' training provided with the CSI programme "Unplugged", for example, has a total duration of up to two and a half days.

The presence of teachers from different schools can contribute to a positive exchange of experiences and ideas and might even be helpful in creating supporting networks of teachers working with CSI drug prevention programmes.

The importance of school environment

If you find yourself in a pioneer situation, being the first teacher in your school to implement a CSI programme for prevention of substance use, the demand of time and personal energy will likely be much higher compared to teachers in schools with strong traditions of drug prevention or health education. If your school has already implemented CSI programmes in the past you can also take advantage of the experience from the colleagues who have been involved. A healthy school environment with drug-free standards is important to support prevention activities among students.

The target group

The age of students to participate in the programme must be selected, based on developmental stage. The "Unplugged" programme, for instance, is designed and evaluated for 12-14 year old adolescents. This does not mean that younger and older students would not benefit from the programme, but rather that, good judgement should be used when implementing the programme to younger or older students. For example for students younger than 12, be sure that information

presented about drugs does not wake interest. Among students older than 14, be aware that the likelihood of decreased effectiveness may occur.

The next question teachers have to answer is which group they will work with in their school. Whatever the choice will be, it is important to bear in mind:

- a. Universal prevention works better when it starts early, and that programmes should be provided at a developmentally appropriate time (Hawks et al., 2002¹¹). This of course doesn't mean that older students should automatically be excluded.
- b. involving the whole class is the preferred strategy whenever possible

In addition, preparatory work should be done to avoid "surprise reactions" of either students or their families. The participating student should be highly motivated to take part in a programme, and the interest level should be kept as high as possible.

Planning: time and space

Sketching a timetable is the key to successful implementation. The timetable should include two dimensions:

1. the overall time for the programme (i.e. start-end)
2. the timing of each lesson during the school year

All schools vary in their organizational procedures. A good practice is to reserve as early as possible and to clearly mark on the school calendar the days and hours during which the CSI programme will be taught. In this way, the teacher may have an immediate glance on the process and can:

- avoid the mistake to schedule lessons close to national holidays, exams, etc.
- remember that many programmes like "Unplugged" recommend an optimal interval between two subsequent lessons

(usually one week). A good planning is a way to preserve this optimal interval as far as possible.

- book in good time an extra room or space that may be needed for some exercises with the class
- allocate extra time for the preparation, the communication with colleagues and parents, and the evaluation.

Before starting the programme, teachers should carefully read the programme's requirements in terms of space and time and consider the following questions:

- When will I start the programme?
- When do I intend to end the programme?
- How much time will I need for the preparation and conduction of each single lesson?
- How much time will I need for communication with colleagues and parents, and when should this happen?
- Where shall we work?

Preparing the students

Informing students about the programme is a delicate and necessary task which may cause uneasiness among some teachers. It is very important that the teacher responsible for the programme explain clearly:

- why and where the programme is being implemented, in order to avoid the impression that something is wrong with that particular class or group.
- that the programme is part of the school curriculum.
- that learning information on the regional/national/international setting helps to increase the feeling to be part of a larger group.
- the meaning and benefits of the "prevention" concept in maintaining drug-free behaviours is not to expose students that might have experimented with legal or illegal drugs.
- the "life skills" method coupled with knowledge about tobacco, alcohol and other drugs and working on normative beliefs is the way the class is going to work.

¹¹ Hawks D, Scott K, McBride N. (2002), Prevention of psychoactive substance use : a selected review of what works in the area of prevention. Geneva, WHO 2002

A teacher who is enthusiastic about the programme will find a way to fill students with positive expectations about what will take place in the classroom.

Involving parents and caregivers

Parents and caregivers are usually keen to be involved in educational issues, even if the participatory attitude may differ considerably. It can be expected that the issue of drug prevention is perceived as a very sensitive one, for a number of reasons. First, there may be families where tobacco, alcohol or other drug-related problems are present. Second, expectations and attitudes of parents towards this topic may differ. Some might see drug prevention as a way to protect their own child; others might fear possible negative effects of talking about drugs, substance abuse or addiction at a very young age.

Therefore, a recommended preparatory step is to organize a meeting with the parents of the children selected for the implementation of a programme, aiming to:

- a. explain the contents, goals and methods of the programme
- b. give parents the possibility to express any concern about talking about drugs in school and to ask questions.
- c. raise the interest for specific information or training for parents (already available in the “Unplugged” programme)

Parents are always busy and the participation rate to such meetings is expectedly low. One way to increase participation is to schedule this information as a special issue during one of the periodic class or school meetings, held in most schools. If the teachers express that they will need support, it would be a good idea to involve in the meeting social services or health professionals connected to the school. Ideas to plan a parent meeting can be found on www.eudap.net

In the case that a meeting cannot be held, the school and the class teacher should inform the families about the new programme by means of written information (e.g. school newsletter).

Involving the whole school community

When a teacher decides to work on a prevention programme without being committed to it by the school board or headmaster it is very important to provide opportunities to other members of the school community to be involved in different ways. For example the headmaster can be of help in facilitating the use of time, logistics, and other resources. Support from other teachers may include for instance arranging schedules or substitutions. Other stakeholders in the school, such as school doctors, nurses, social workers, psychologists and even the watchman may also provide valuable support. All school staff can support a drug-free health promoting policy.

Eventually, informing the whole school has the advantage to create interest around the programme and to facilitate the introduction of policy measures.

3.2 Getting Started

Implementing a programme is the art of balancing needs, resources and limitations. This section is meant to assist the teachers in keeping this delicate balance.

The most important resources for the teacher during the implementation of a CSI programme are:

- Information and knowledge
- Teamwork, collaboration of colleagues, networking
- Space
- Material resources

And they are absolutely related to each other!

Information and knowledge

Adequate knowledge on the characteristics of substance use and of related problems is a very important resource that is needed during the whole programme. We suggest that the teachers evaluate their level of knowledge before starting the programme and update it constantly throughout the duration of the programme. A list of readings and websites that contain more information are listed in Tool #8. Increasing knowledge is also one of the scopes of the preliminary training course. In some countries under the “Unplugged” programme model, teachers' trainings are organized and follow-up support such as a helpline or a helpdesk are available. The “Unplugged” teaching manual is also free of charge and contains detailed information on drugs and alcohol. Available at: www.eudap.net

An important consideration is that the CSI model of education can be recommended even independently from implementing drug prevention programmes, as the skills and techniques that are of universal value, and can be considered as a useful element of personal development.

The time teachers spend learning and training activities can be considered a good investment from a personal and educational point of view.

Teamwork and networking

Working together in school helps to achieve cost-effectiveness of the programme. It is recommended that teachers try to work with others leading the same or similar programmes in other schools, if networking is not already part of the selected programme.

It might be useful to organise meetings of support where teachers (i.e. participants of the same teachers' training) may exchange experiences, talk about the problems they face, express their feelings and experience an environment that offers security and support. In such a place teachers can be supported to continue and talk about whatever they think "goes wrong". Moreover, a network of people that work on the same issue can be created. This means that prevention gathers more people and better practice is being spread more widely.

Team teaching

During ordinary lessons, there is one teacher and as many as 25 to 30 students in a classroom. In some cases this ratio is dysfunctional to efficient learning allowing two teachers manage that number of students a better option. This is even more important when working with highly interactive curricula like “Unplugged” or similar CSI programmes.

Forming working teams is a very effective and efficient way to teach a CSI programme. Here are just some advantages of this approach:

- practical support during the lesson
- “borrow” time from each other in case of protracting lessons
- exchange of thoughts and concerns after the lesson
- more attention to children as a group and to individual children
- possibility of substitution during illnesses or vacations
- cross-disciplinary teaching
- improvement of communication between students and between students and teachers
- facilitated communication with the parents
- a team of trained CSI teachers can set a positive example for drug prevention issues in your school or even in your district

How to achieve team teaching:

- organize meetings and group discussions, or put the programme on the list of topics of the next teachers' conference
- write a short presentation to inform the colleagues
- ask other teachers with experience teaching CSI programmes to give a brief talk to your colleagues/ school headmaster

It is recommended to put energy and passion in relationships with colleagues in order to build teamwork and participation in the project. Anyone serving in the team should receive the same preliminary training as prevention is a serious endeavour which requires a basic education.

Taking Inventory of Financial Support

Another concern relates to financial resources to support the programme. Once the decision is made to start a CSI programme, it is important to ensure that economical resources are available to both adequately prepare and implement the programme.

It is important to make use of school funds, location and, colleagues that have previously implemented this programme. In cases where additional funds are needed, a sponsor (see Tool #2) or agency which grants funding for prevention activities can be approached.

Using the “Unplugged” model, the materials for the programme are free of charge, however there may be CSI programmes which have associated costs.

Optimizing time

School-based prevention programmes are usually designed to fit in lesson hours (approximately 50 minutes). However, there are a number of reasons why this may not always work in practice.

Here is a list of common barriers and suggested solutions:

BARRIER	SOLUTIONS
Negative climate/problem behaviour in the class	<ul style="list-style-type: none"> • prepare the students in advance • arrange suitable groups in advance • use “ice-breaking” exercises (provided with “Unplugged” manual) • team teaching
Very large number of students (30+)	<ul style="list-style-type: none"> • team teaching
Students with learning problems or mental or physical challenges	<ul style="list-style-type: none"> • working in pairs • arrange suitable groups in advance • team teaching • adapt exercises so that all students can participate (e.g. exercises requiring physical performance)
Students not accustomed to work interactively/in groups	<ul style="list-style-type: none"> • rehearse/prepare the students in advance • simplify the tasks • team teaching
Teacher not familiar with role-play/brainstorming	<ul style="list-style-type: none"> • review the teachers’ programme manual or other school resources • arrange demonstration with trainer • simplify role-play
Late arrival of students delays the start of the lesson	<ul style="list-style-type: none"> • provide reminders the day before • provide fringe benefits for early arrival • schedule lesson at another time
Little space in the classroom or need to rearrange the environment	<ul style="list-style-type: none"> • request help from other teachers or students • re-arrange the day before • adapt the activities to suit the space available
Materials not ready	<ul style="list-style-type: none"> • prepare materials the day before (see also check list below) • give assignments to students some days beforehand

As well, a supportive environment for students assists in maintaining healthy lifestyles. These can include policies on advertising on or near school property, drug-free schools and smoke-free environment legislation. Tool #5 provides a checklist to review before each lesson and Tool #6 at the end.

3.3 Evaluating the programme

Similar to "Unplugged", many CSI programmes include the collection of data for the evaluation of the programme's conduction and/or effects. Recording information useful to evaluate and to determine at least the efficiency and costs of the programme should be a primary concern for the teachers involved; even when not required by the programme itself or for administrative reasons. Tools #6 and #7 can assist with programme evaluation.

Basic principle nr. 1: even if nobody seems to care today, tomorrow you may be requested to show what you did, and how.

Basic principle nr. 2: what you do not record at once will be forgotten tomorrow

Therefore, at the end of this chapter a checklist of items useful to evaluate is included. The information is to be completed immediately after each of the programme's lessons.

Tool #1: How to choose a Comprehensive Social Influence (CSI) Programme?

The following are recommended criteria to recognize a good CSI programme for drug prevention:

- *The programme is created or recommended by a not-for profit organization or an authority that has no links with a commercial industry (ie: a tobacco company).*
- *The programme has been evaluated through an adequate design, for example randomized controlled trials or pre-post studies with a control group. Less strong evaluation designs are: pre-post designs without comparison groups, a single survey after the programme, comparison studies without randomization and case studies without comparing to groups. Also, the programme evaluation must have used an analysis appropriate to the data.*
- *The programme showed relevant evidence of effectiveness: the programme evaluation indicates a measurable difference in outcomes that is statistically significant or a credible indicator of magnitude of effect. Relevant results must include reduced onset, delay of onset, slower increase of onset or reduction of the frequency of drug use and not merely factors such as knowledge, self-esteem or abilities outcomes. The evaluation shows a sustained effect for at least one year.*
- *The programme's content is relevant to the target group and setting. The programme is designed for school pupils of a specific age/grade, and aims to change behaviours with an approach that is clear and appropriate for this group and setting.*
- *The programme's rationale is clearly stated and the programme's content and processes correspond to its goals.*
- *The programme is based on the "comprehensive social influence model". Programmes based on the "comprehensive social influence model" are the most effective programmes available as they focus*

on existing norms, commitments/intentions of students to not use substances, life skills and knowledge of substances.

- *Teaching and learning are interactive: the programme include techniques which stimulate the active participation of students, such as open discussions, problem solving, brainstorming, decision-making and assertion training, role-playing, small-group sessions.*
- *The programme provides necessary information and guidance for implementation such as instructions and materials for training and implementation, or other types of support.*
- *The programme has a training for the leaders associated with it.*

Tool #2: How to raise funds

The basic tenet for successfully funding prevention activities when the school budget is not enough, is to look for funding. Here is a list of sources of external funding which are quite often overlooked or unused.

- the Ministry of Education for health education activities in schools
- the Ministry of Health for health education activities
- health promotion/health education agencies and networks
- project funding at banks or credit institutions
- project funding at the Regional level
- non-profit organizations focussing on children's health
- school competitions with monetary prizes

Tool #3: How to make the most of the teachers' training

- Contact a trainer to organize and/or implement the workshop
- Investigate the number of teachers that would participate in a training course
- Establish selection criteria and be sure to explain the rationale (i.e. teaching in the same class/classes; balanced gender representation)
- Decide how many teachers can be trained based on the available funds
- Decide dates of training compatible with the school yearly plan

Tool #4: How to perform a quality control assessment

- Keep contact with the Agency responsible for the programme
- Ask the Agency endorsing the CSI programme if there are process-monitoring forms to be completed by the school, the teachers and the pupils. If none are available, create your own
- The monitoring form completed by the teacher (before and after each session) should include items as provided in Tool#5 and Tool#6
- Indicators of well-planned teaching include the high level of teacher's confidence and satisfaction, and favourable comments and approval from the pupils
- Students participating in the programmes must be involved in the evaluation
- Consider the changes in school climate, well-being, interpersonal relationships as indicators of a successful programme
- Give the Agency responsible for the progress evaluation suggestions on how to improve it

Tool #5: Checklist before each lesson

Before each lesson

Carrying on a CSI programme like “Unplugged” also entails to take care of a number of practical details, part of which may be planned in advance.

The day before each lesson, please take some time to go through the following checklist following the programme manual.

I am familiar with the content of this lesson	
I plan ___ minutes for the lesson	
I am familiar with the exercises in this lesson	
<input type="checkbox"/> Opening <input type="checkbox"/> Energizers <input type="checkbox"/> Role play <input type="checkbox"/> Group work	
The students have been informed/reminded	
<input type="checkbox"/> About the lesson <input type="checkbox"/> About their tasks	
The material for this lesson is ready for use	
<input type="checkbox"/> paper <input type="checkbox"/> paper blocks <input type="checkbox"/> pens/pencils/marketing pens/colours <input type="checkbox"/> scissors <input type="checkbox"/> glue/tape <input type="checkbox"/> students' working materials (appropriate to lesson)	
The instrumentation for this lesson is available and functioning	
<input type="checkbox"/> PC <input type="checkbox"/> Video-recorder <input type="checkbox"/> Video-camera/camera <input type="checkbox"/> TV <input type="checkbox"/> Overheads projector <input type="checkbox"/> Slide projector <input type="checkbox"/> Other	

Tool #6: Monitoring the Lessons

After each lesson

You can use the checklist below as a simple and quick way to record information useful for reporting and evaluation of the programme. We suggest you to spend some time to design it as an attractive form to be used by all teachers participating in the programme.

LESSON TITLE OR NUMBER:	
SCHOOL:	CLASS:
Date	
Duration (minutes)	
Nr. of students attending	
Conduction	
These exercises were done	
These exercises were skipped	
Reasons for skipping	
Performance	
<u>Teacher's</u> satisfaction about the way he/she conducted the lesson	Scale 1-10 0= not at all satisfied 10= completely satisfied
<u>Notes</u>	
<u>Students'</u> participation	0 = absent 10 = very high
Did students contribute with questions and opinions?	
Did students remain active, interested and motivated?	
Students' satisfaction <input type="checkbox"/> Not assessed	% students who declared they enjoyed the lesson
Lesson moments that worked particularly well	
Things that went wrong	
Things that the teacher would like to modify	

Tool #7: Monitoring Programme Adoption

The adoption and dissemination of the programme at the national/regional level can be monitored requiring information from the schools at the end of the school year. The following checklist can be used to record information for evaluation and reporting purposes.

School year		
Name of the Programme		
Regions involved	List For a total of inhabitants	
At the regional level	Total number of schools in the specific grade	
% of involved schools	Number of schools involved out of the total number of existing schools	
Acceptance rate %	Number of schools who accepted to implement the programme out of the total number of approached schools	
Implementation rate %	Number of schools who implemented (at least partially) the programme out of the total number of accepting schools	
Adoption rate %	Number of schools who implemented the programme (at least partially) out of the total number of schools	
<i>Change in adoption from year 1 to 2</i>	Adoption rate % year 2 – adoption rate % year 1	
At the school level		
	Number of classes implementing the programme (at least partially)	
	Number of students involved	
	Number of teachers trained	
% of units implemented	Number of units implemented (at least partially) out of the total number of units of the programme	
% of units completed	Number of units completed out of the units implemented	

Tool #8: Suggested Reading

Books and Publications

Thomas R. School-based programmes for preventing smoking. *The Cochrane Database of Systematic Reviews* 2002, Issue 2. Art. No.: CD001293. DOI: 10.1002/14651858.CD001293.

Sussman S, Earleywine M, Wills T, Cody C, Biglan T, Dent CW, Newcomb MD. The Motivation, Skills, and Decision-Making Model of “Drug Abuse” Prevention. *Substance Use & Misuse* 2004; 39: 1971–2016

The State of the Drugs Problem in Europe - Annual Report 2006
<http://ar2006.emcdda.europa.eu/download/ar2006-en.pdf>

Web-based information sources

The EU-Dap Official Website
<http://www.eudap.net/>

The European Monitoring Centre for Drugs and Drug Addiction
<http://www.emcdda.europa.eu/>

-Resources:
<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nnodeid=9744&sLanguageiso=EN>

- Reviews:
<http://www.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nnodeid=9741&sLanguageiso=EN>

Global Drug Prevention Network
<http://www.gdpn.org/>

The European School Survey Project on Alcohol and other Drugs
<https://www.espad.org>

PERK (Prevention and Evaluation Resource Kit)
<http://www.emcdda.europa.eu/?nnodeid=9932>

Exchange on Drug Demand Reduction Action (EDDRA)
<http://eddra.emcdda.europa.eu/>

Evaluation Instruments Bank
<http://eib.emcdda.europa.eu/>



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