

2nd European Drug Prevention Forum
“Why Shouldn’t We Take Drugs?”

Proceedings

Vilnius, Lithuania, 18-19 May 2006

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(F-67075 Strasbourg or publishing@coe.int).

Cover design: Graphic Design Workshop, Council of Europe

Council of Europe Publishing
F-67075 Strasbourg Cedex

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Printed at the Council of Europe

Pompidou Group

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an intergovernmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe. Thirty-five countries are now members of this European multidisciplinary forum which allows policy-makers, professionals and experts to exchange information and ideas on a whole range of drug misuse and trafficking problems. These countries are the following: Austria, Azerbaijan, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, United-Kingdom. Its new mission adopted at the Ministerial Conference of Dublin in October 2003 is the promotion of dialogue and interaction between policy, practice and science with a special focus on the practical implementation of drug policies.

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CONCLUSIONS AND FOLLOW-UP

The Forum was attended by over 130 participants (experts, decision makers and young people) from 22 countries. There was an equal balance between young people and other participants.

Conclusions from the Forum:

The consultative forum demonstrated the importance and value of involving young people in prevention at the international level – their enthusiasm, their fresh ideas, and the challenges that they offered were all refreshing for the professionals who engaged with them. The young people themselves welcomed their participation and reported that they gained a better understanding of the aims and concepts of drug prevention from the experience. There was universal support for further such events.

In drug prevention with young people, establishing credibility is crucial and in doing so, honesty is a key element. Professionals need to develop an understanding of young people's subcultures and work with them. It is essential that these key elements are reflected in the structure of such consultative forums where young people and adult professionals meet to exchange their ideas.

During this Forum the young people highlighted that the following issues were of concern to them:

- Young people feel often confused about criteria by which drugs are divided into legal or illegal. Legal drugs, such as alcohol and tobacco, as well as lifestyle drugs and performance enhancing substances, are significant for many groups of young people. To be credible and avoid confusion it is essential that these be addressed alongside the illegal and illicit drugs with equal importance.
- In youth perception, harmful effects of drug abuse manifest themselves later in life. That is why young people do not see the immediate danger in drug consumption.
- Campaigns focusing on healthier life styles or using scare-approaches are not reaching young people. They point out that highlighting the negative effects, which illegal drug production and trafficking created for the people in developing countries (mafia violence, exploitation, illegal arms trade etc.) could possibly be a far more effective deterrent to use drugs. After all young people are very idealistic and strongly feel compassion for suffering people around the world.
- Involving young people is an essential prerequisite for developing effective drug prevention that will impact. Participation will generate commitment as well

as create a sense of ownership and responsibility, in addition to more peer credibility.

- Young people should be involved as partners in drug prevention, recognising their special expertise and experiences, while not compromising the key drug prevention messages.
- Adult professionals need to continue to better adapt their approaches to better facilitate the involvement of young people. It needs to be taken into account that young people are used to different settings to work in, employ more varied and creative working methods and prefer to use unambiguous language.
- Most young people's social world involves their families; families are changing and new forms of family life are emerging, with which professionals have to engage using appropriate methodologies.
- Young people belong to a range of different social groups and live a variety of different lifestyles. Some of these social groups and some of these lifestyles are supportive of some types of drug use. On the other hand, some are actively lobbying against certain or all forms of drug use. Professionals need to recognise the varieties of lifestyle and engage with these groups appropriately – in engaging with them, they will find it useful to work with key members of these groups.
- The media is a significant influence on attitudes to drug use and professionals need to engage with the media in a range of ways. Training for journalists, and training for professionals who deal with journalists, is important.

Award ceremony European Prevention Prize 2006:

This year the prizes were awarded to two projects: one went to the 421 Peer Drugs Education Programme from Ireland, and the other to Rusfri Diil from Norway.

The European Prevention Prize 2006 was awarded on the occasion of the 2nd Prevention Forum in Vilnius on 19 May to two projects selected among 31 projects by the jury during their meeting in March 2006 in Amsterdam: "421 Peer Drugs Education Programme" (Ireland) and "Rusfri Diil" (Norway). The Irish project aim is introduce a peer programme in schools to educate young people about the use of drugs, and the pitfalls associated, so that they are better able to avoid them. The Norwegian project is based on the multicomponent- and multisystem approach to substance abuse prevention. The main component of the project is a deal in which individual youth commits to not using drugs or alcohol for a year. The winners were participants in the Forum and received the awards, certificates and a letter from the Secretariat informing them of the cash prize of € 2,000.

Follow-up:

The 3rd European Drug Prevention Forum is planned for 2008. On this occasion, the next European Prevention Prize will be awarded.

The deadline for applications is 31 October 2007 and application forms can be obtained from the Secretariat at the following address: preventionprize2008@coe.int

BACKGROUND

Why a “European Drug Prevention Forum” and a “European Prevention Prize”?

The idea to establish a direct dialogue between young people and professionals stemmed from the discussions during the Helsinki Conference on “targeted drug prevention- reaching young people in the community” organised by the Pompidou Group in cooperation with the Finnish Ministry of Social Affairs in November 2002. The positive experiences generated during this conference led the Pompidou Group to adopt activities that will reinforce and promote the concept of active youth participation in the planning, implementation and evaluation of drug prevention programmes. As a result, the holding of a European forum on drug prevention and the setting up of a European prevention prize was included in the Work Programme (2004-2006), adopted at the Pompidou Group Ministerial Conference in Dublin in October 2003.

The 1st European Drug Prevention Forum was held on 6-7 October 2004 in the Congress Centre of the residence of the Governor of Sverdlovskaya Oblast in Ekaterinburg, in the Russian Federation. It was organised by the Pompidou Group in collaboration with the Department for Youth Affairs of Sverdlovskaya Oblast and the Russian Federal Ministry of Education. It brought together 134 participants (experts, decision makers and young people) from 16 European countries to discuss polydrug use and new trends in youth cultures. This forum engaged young people and adults in communication with each other in order to promote awareness on critical issues and to build partnerships in drug prevention.

One of the conclusions of the Forum in Ekaterinburg was that young people feel that they have not been given sufficient reasons why they should not take drugs. That is why the Pompidou Group decided to organise the 2nd European Drug Prevention Forum under the topic of “Why we shouldn’t take drugs?”.

The concept behind these activities is the concept of participation.

What do we mean by participation in developing prevention programmes?

First, the concept is based on the fact that up to now, only a few prevention programmes have proved to be effective in communicating prevention messages to young people.

Only a few prevention concepts and methods developed and applied during the past 20 years actually showed any of the anticipated results. Any tangible results observed remained fragmented or limited in scope, time and target group. Among these are life

skills training, peer group education, healthy lifestyles approach and police prevention work. Many expensive strategies, such as big media campaigns, proved to have little effect in communicating messages to the target groups.

Until today, three key groups of players determine the concepts, methods and policies in the prevention field: political decision makers, experts and practitioners.

As a new dimension the potential of young people in their capacity as “experts on youth” (knowing their own needs and desires best) should be mobilised and utilised in developing timely and more effective methods. So far the potential of young people to contribute to the development of prevention programmes has not been mobilised. Time has come now to encourage their active participation.

The rights of young people in society

The image and role of young persons in society has changed dramatically over the last years. For 3 centuries the child was object of protection, an image and role that is no longer valid. The young person has become a bearer of rights and a subject in the law as reflected in many recent political declarations and manifested legal instruments (European Convention on The Exercise of Children’s Rights, UN Convention on the Rights of the Child etc.). The child’s role evolved to that of a citizen at the beginning of the 21st century.

Consequently, the young people of today enjoy legal rights which guarantee their involvement in all matters that concern them. They have the legal rights for their views to be taken into account in all matters that affect their lives.

Democratic citizenship

The participation of young people is not only the consequent way of implementing young people’s rights as enshrined in various international conventions and recommendations. It is also lived democracy and education towards responsible citizenship.

In order to allow for this genuine potential to develop and generate new answers to old questions, the young people have to be well prepared, participate in the planning of their contributions and input and be involved in the follow-up.

A right with additional value

Thanks to the findings of developmental psychology it is commonly accepted that many problems young people encounter are closely related to a lack of opportunities to acquire social experience. In particular, deficiencies in the areas of moral development, social behaviour and personal identity are clearly linked to environments that entice young people to adopt passive behaviour. An absence of possibilities for participation can already be a socio-cultural cause in itself for grave psychological and behavioural problems of young people, including violence, aggression, lack of responsibility, etc.

A few words to summarise the importance of participation of young people

Participation is not only the most prominent right enshrined in the UN Convention on the Rights of the Child but also an important prerequisite in creating a lasting learning process that allows values to be instilled in a young person.

An essential factor for the well-being and development of a child is the possibility to feel that he/she belongs to an environment that offers him/her realistic and sufficient ground for personal commitment.

Children's rights, and in particular that of the participation of young persons are not a threat to the adult world and its order. On the contrary, active participation is a right with added values: the preventive potential that will help them to become responsible and committed adults. The recuperative potential of participation will help young people to better handle their life situation and challenges, thus building up their resilience. In addition, participation constitutes a moral value that builds respect, solidarity and a sense of responsibility.

2nd European Drug Prevention Forum

It was held on 18-19 May 2006 in Crown Plaza Hotel in Vilnius, the Republic of Lithuania. It was organised by the Pompidou Group in collaboration with the Drug Control Department under the Government of the Republic of Lithuania. 130 young people, decision makers and prevention experts from 22 European countries examined together different aspects of the drug problem and freely and openly exchanged opinions on such issues as families and drugs, drug use from a lifestyle perspective, drugs and the media, drugs perception in different social groups. The working groups of the Forum looked at how the drug prevention is organised now, what are the better ways to organise it and how effective prevention could be achieved. The forum provided again with an opportunity to hear what youth thinks about drugs problem and witness the usefulness of young people active involvement in finding solutions.

“European Prevention Prize”

At the closing of the European Consultative Forum on Drug Prevention on 19th May, the Pompidou Group awarded the 2nd European Prevention Prize to two separate projects implemented by young people in Ireland (“421 Peer Drugs Education Programme ») and in Norway (“Rusfri Diil”). The winners each received a trophy, a diploma and prize money worth 2,000 euros.

The Jury, which comprised in 2006 six young people from the Russian Federation, Norway, the Netherlands, Romania, the United Kingdom and Turkey, led by two Pompidou Group experts, met during the end of March 2006 at the Jellinek Institute in Amsterdam in order to evaluate the 31 projects in competition and to decide upon the winners. Two projects were quickly chosen by the Jury; one is an education programme by peers and the second concentrates on a multi-service approach including a “deal” (“Diil”) whereby young clients promise not to consume drugs or alcohol during one year.

The Pompidou Group awards this Prize every two years in order to highlight good-quality drug prevention projects that have proved success in practice in involving young people. In general, it aims to encourage the development of drug prevention work that involves young people.

PLENARY SESSION

Opening address by Audrone Astrauskiene, Director of Drug Control Department under the Government of Lithuania

Distinguished Ladies and Gentlemen,

On behalf of the Drug Control Department under the Government of the Republic of Lithuania, I am extremely pleased and honoured to welcome You to this important event – the 2nd European Consultative Forum for Drug prevention “Why shouldn’t we take drugs?” organized by the Pompidou Group of the Council of Europe and the Drug Control Department under the Government of the Republic of Lithuania..

It’s a great pleasure for us to hold this international Consultative Forum on drug prevention, which is crucial issue especially taking in to consideration that the drug phenomenon is undoubtedly one of the most complex problems of our time. The drugs problem has already overstepped the borders of Europe and is a topical issue for all countries.

I am grateful to the Secretariat of Pompidou Group of the Council of Europe for this excellent initiative and supporting to organize this important event in Vilnius. This proves that necessary drug policy actions on the regional level are being taken.

I would like to welcome our honourable guests:

Presidency of Pompidou Group - **Dr Bob Keizer**
Chairwoman of Drug Addiction Prevention Commission of the Seimas -
Ramune Visockyte,
Principal administrator of Pompidou Group Thomas Kattau
Minister of Health **Zilvinas Padaiga,**
Vice minister of the Ministry of Education and Science **Dr. Raimundas Mockeliūnas,** and all other honourable guests.

We would like to extend our sincere gratitude to experts of the Pompidou Group, as well as all other forum participants coming to the forum to share experience in searching for the most effective resolutions of these problems.

In the next two days of our forum important questions will be raised: exactly, Why shouldn’t we take drugs? Are young people the real experts on the realities of drug use and mixing substances? How to become familiar with current youth ideas and perceptions on drug prevention? We recognize that just sitting on our chair in an Office changes nothing in drug prevention and consumption.

On basis of different level risk assessment, primary prevention strategy should be built on community level activities, giving priority to programmes aimed at preventing drug

consumption at schools, in recreational settings, and supporting targeted interventions for young people. The prevention has to become universal, targeted, and selective.

Ongoing socialisation and delinquency prevention programmes form an integral part of the drug control policy.

In 2004, we obtained the results of an extensive National Survey on Drug prevalence in our country. With current information, we will be better positioned to develop and implement programs for the populations at highest risk.

Cannabis is the most popular narcotic substance in our country. Prevalence is much higher in cities and among young people. The spread of synthetic drugs remains a major threat, especially in recreational settings. So implementation of relevant and evidence-based policy requires more than just assessment of situation and needs understanding the reasons why and how drug use and drug-related problems develop.

I hope open discussions help us to develop new elements in our strategies and an action plan, help us to identify the best practices in order to provide national authorities with solutions to their drug problem or modify - if necessary – our approach.

I believe this forum assists all countries in focusing their efforts in a comprehensive approach, involving young people as partners in combating drug abuse and violence.

We look forward to working together and believe that our efforts should focus on developing methodology, implementation of the effective and efficient strategy containing new initiatives and idea.

It is my sincere hope that this international forum will be a fruitful transfer of knowledge, exchange of information, experience and good practice examples in order to answer important questions and find solutions.

So let me finish the same way I began, by congratulating the Pompidou group, as young people, officials and experts, who are here today, in this Forum, for taking so many important “first or second steps” – together – on what promises to be a long journey.

Before giving the floor to, I would like to thank experts once again, who found time to conduct the discussions and the representatives coming to the forum to share experience in searching for the most effective resolutions of these problems.

I wish you very successful discussions over the next days and hope you will enjoy your stay in Vilnius.

Welcome address by Bob Keizer, Chair of the Pompidou Group Permanent Correspondents

Distinguished guests, ladies and gentlemen, dear colleagues,
It is with great pleasure that I welcome you to the 2nd European Drug Prevention Forum in Vilnius Lithuania.

Firstly, I would like to take this opportunity to warmly thank the Drug Control Department under the Government of the Republic of Lithuania, Ministry of Health, Ministry of Education and Science and the Lithuanian Parliamentary Commission on Drug Prevention for all their efforts in hosting this event.

I am very pleased that this meeting is taking place here. Lithuania has been a member of the Pompidou Group since 2001 which means that it is a relatively new member. The Pompidou Group itself has been in existence since 1971 and, with 35 member states, it is one of the largest and oldest groups of the Council of Europe.

Why the Pompidou Group is different from other international organisations dealing with the drug problem? First of all it deals with all aspects of drugs policy: justice, addiction treatment, ethics and human rights, research and prevention. Due to these diverse subject areas the Pompidou Group is a natural place for all sorts of different experts to meet and learn a great deal from each other.

Secondly, the Pompidou Group is unique because it deals with the content and quality of drugs policy and as little as possible with political differences. This gives it an important bridging function between countries.

Thirdly, the Pompidou Group is unique because due to this non-political and multidisciplinary character, it can give leeway to creativity, an open exchange of views and the development of new concepts.

In this way the Pompidou Group has, over the past 30 years, made an enormous contribution to the quality of European drugs policy. And it is a source of great delight to me that Lithuania is playing a full part in that process.

In November this year the Ministers from all Member States of the Pompidou group will meet in Strasbourg to discuss the results of the 4-year Working Programme and share their vision on drug policies in Europe. The results of this Forum will be presented to them. Therefore, all participants of this forum have a great chance to contribute to the shaping of the drug policies throughout Europe. It is a difficult task but so far the Pompidou Group innovative pilot projects, trainings and know-how transfer provided a concrete and practical value to decision makers and administrators. I am sure, this Forum will not be an exception.

In implementing its Working Programme, the Pompidou Group for the last 4 years focused on practical aspects of drug policies; we were doing that because we believe that national drug policies have so far been excessively influenced by theoretical approaches and by political wishes, and that too little attention has been paid to working in practice.

That also applies to drug prevention. Only a few drug prevention concepts and methods developed and applied during the past 20 years actually showed any of the anticipated results. Many results of prevention remained fragmented or limited.

Expensive strategies, such as big media campaigns, proved to have limited effectiveness in communicating messages to the target groups.

Until today three key groups of players have determined the concepts, methods and policies in the prevention field: political decision makers, experts and practitioners. The most important group was actually missing, i.e. young people themselves.

This idea is being further developed by the Pompidou Group. The positive experiences generated during the 2002 Helsinki Conference "Targeted Drug Prevention – reaching young people in the community" led the Pompidou Group to adopt the idea of a European Forum for Drug Prevention that will reinforce and promote the concept of active youth participation in the planning, implementation and evaluation of drug prevention programmes. Based on this idea, the first European Drug Prevention Forum was organised in 2004 in Ekaterinburg, Russian Federation. The Forum was attended by 134 participants (experts, decision makers and young people) from 18 countries. For the first time in such an activity there was an equal balance between young people and other participants. The concept of the consultative forum involving young people shows that it is workable, feasible and productive and can generate new insights and information of relevance to developing prevention policies.

I would like to turn to conclusions of the 1st Forum in Ekaterinburg. During the forum the young people highlighted that they have not been given sufficient reasons why they shouldn't take drugs. Young people want to be seen as a resource to overcome problems rather than the problem itself. The purpose of this Forum is to do exactly that- try to find answer why we shouldn't take drugs and involve young people actively in finding those answers.

During our plenary sessions and working group discussions you will receive more information on drug problem. This forum focuses on interlink between social environment and drugs. In your discussions you will cover such issues as how drug problem influences families and lifestyles, how media covers drug issues, how drugs are perceived in different social groups. And in your discussions you will try to find better ways of using social environment in prevention of drug problems.

I am also very pleased to announce that for the second time the European Prevention Prizes will be awarded this year. Two prizes will be awarded to drug prevention programmes in Europe that involve young people in an active participatory way. The jury for the European Prevention Prize consists of 6 young people from across Europe and is supported by an advisory panel of 4 experts on drug prevention. We also see this prize as a means of promoting the participation of young people.

Ladies and Gentlemen, I have given this brief presentation about the Pompidou Group and the background of this new forum and the Prevention Prize because I hope to have made clear that this conference is not here to make all kinds of political statements or develop scientifically justified but unrealistic concepts. We are here so that we can listen to what is actually going on in practice, which specific problems and dilemmas arise in practice and what young people do and do not consider to be credible forms of prevention.

I would like to say specifically to the experts and to the young people: speak openly and honestly about what your experiences and opinions are. Speak freely and do not feel obliged to stick to the official policy line of your country.

And to the policy makers I say: listen carefully to these signals from people working on the ground and to the comments made by young people.

And to all of you I say: use this opportunity to get to know each other better and enjoy your stay and the Lithuanian hospitality.

I am convinced that in this way, the two days of this 2nd European Drug Prevention Forum will be a great success. Thank you!

“Why they shouldn’t take drugs”, Colin Cripps, In-volve, United Kingdom

On the surface, it would appear obvious why young people shouldn’t take drugs. Illegal drugs are dangerous: they are bad for your health; you can get addicted to them. Surely it’s straightforward. But of course it’s much more complicated than that. It’s more complicated because simple, objective truth is never what the debate about drugs is about. Everything is coloured by the perspectives we are viewing from. Everything is relative. Everything comes with cultural and sub-cultural values attached, and if we don’t appreciate that then we will be forever disappointed that all our efforts at drug prevention seem thwarted.

Indeed the very concept of drugs prevention itself is so loose as to need major qualification before we can move forward. What is it that we are trying to prevent? Drugs? I am reminded of a comment made to me by someone from the Dutch Ministry of Health in 1987. He said: “In England you fight a war against drugs. In Holland we believe you can only fight wars against people. Drugs are just chemicals. We don’t want people to be frightened and hide from us. We see this as a social and medical issue that needs to be visible and open to us if we are to address it.” Regardless of what you may think about Dutch drugs policy I believe the comment raises many of the central points we need to consider.

We clearly do not want to prevent drugs. That is preposterous. Drugs are just chemicals. What they do to us is largely down to what we use them for: how much; where; when. Most of the drugs that are illegal now started off being used in the west as medicines. Heroin started as a painkiller and a cure for opium addiction; cocaine as a local anaesthetic. LSD was used in psychiatry. Amphetamines were used as slimming aids and to keep soldiers awake. We were told they were good for us taken in the right doses. There was no negative stigma attached to their use even outside medical applications. Britain’s most famous fictional detective, Sherlock Holmes, was a cocaine injector. Many of our most famous poets from the 1800s used opiate drugs like laudanum that were on sale across the counter in pharmacies. The values we attached to those chemicals then were very different than those we attach to them now.

When the medical establishment realised that these substances could cause as many problems as they cured they went from being ‘good’ drugs to being ‘bad’ drugs; good chemicals became bad chemicals. What happens if you take a bad chemical? You must be either mad or bad yourself to do that. So then we have the same chemicals being used in a different context that changes the users into outlaws and yet, in many cases, the reasons for using the chemicals has not changed much and neither has the effectiveness of the substances themselves. Most heroin users are trying to kill pain: not physical pain but psychological pain. Amphetamines are still used to keep people awake and energetic. But now the values we attach to those activities are different because they are not approved of or controlled by the establishment. The users are demonised and their reasons for using presented as mad or bad. And yet the goodness and badness of the chemicals is not related in any way to the harm they do. Alcohol: good chemical. Cannabis: bad chemical. Tobacco: was a good chemical but now is becoming a bad chemical and the people who use it are beginning to feel themselves seen as mad or bad. Prozac: good chemical. Viagra: good chemical but only if your doctor gives it to you.

If we are honest we have to admit that what is happening is that an adult establishment is trying to prevent young people from using drugs that are not traditionally part of our recreational culture. This may be for all the best reasons but it is not the only option available to us. We could, for example, focus on the prevention of harm.

What, as a parent, am I really worried about? That my young person will experiment with one of the less harmful illegal drugs and have a laugh with his or her friends or am I worried that they will come to harm? I worry about my children's future on a number of levels. There are so many things in life that could cause them harm. Using illegal drugs to the extent that they will have serious health problems or become addicted and turn to crime are in that mix of concerns but I am genuinely more worried that they have to cross a busy road to get to and from school. I am worried that they will be bullied and become depressed. I am worried that they will get into gangs and get into fights. I am worried that they will be in a car driven by someone who has been drinking and that they will crash. I am worried that they will come to harm.

Now we have a choice. We can crash up against them. We can continue to present the drugs issue as one-dimensional, as an issue of personal morality or weakness for them to address, or we can try to understand where they are coming from and to engage with the issue starting from their perspective. This is a problem when we are trying to talk to young people because we describe the world of drugs to them in a way that does not match up to their reality: they do not see their friends as mad or bad. The context in which they take drugs and the values they place on drug taking are very different from that. If we present a complicated issue to young people as if it were simply black and white, right and wrong, we will turn young people into our enemies because they will either regard us as stupid or as manipulative liars: we will alienate the very people with whom we are trying to communicate. I believe that that has been the mainstream British experience of drug education for most of the last twenty years.

You notice I say drug education and not drugs prevention because I do not think the terms are straightforwardly interchangeable. Education, what we do in most of the curriculum in schools, is about encouraging young people to gather facts and use them to build a rounded picture of a subject, seeing it from a variety of perspectives and using their intelligence to reach their own opinion about it that they can then construct essays and debates from.

Drugs prevention is one-dimensional. It is about arranging selected facts in a specific way to achieve a desired result in terms of behaviour change. I believe we all know the reality of another word for that process: propaganda. Young people are very sensitive to that fact.

In 1989 my organisation started to solicit young people's opinions about drug education and drugs services because what was clear was that they weren't being influenced or engaged by the education and they weren't using the services. The results were very revealing because they opened us up to a whole new perspective on how information was processed in a situation where there is a clear imbalance of power.

We had to work hard at getting genuine opinions from the young people because it was very clear that they knew exactly what they were expected to say and exactly who not to be honest in front of. We carried out large-scale anonymous written questionnaires in schools where the answers were handed in sealed envelopes and were never seen by the young people's teachers. The young people told us that teachers are good at recognising handwriting. We sent research students, young adults, from local colleges onto the streets to talk to young people without taking their names. We got drama

classes to get young people to improvise scenes about being taught about drugs or trying to find help with drug problems. We talked to those few young people who were accessing services.

This is what they said about drugs education.

Drugs education in their schools talked about how drugs would kill you. Their friends who used drugs were not dying.

Drug users were being described as poor, helpless, addicted victims. Young people were seeing their friends getting stoned and helpless with laughter.

Drug taking was described as a seedy, divisive and violence-associated activity. At the time they were seeing young people of all races and cultures taking ecstasy in 'raves' with no violence at all. They were perfectly aware, unlike my own generation before them, that the gains they got from the use of drugs were an illusion: one told me, "the difference between you and me is that you're an old hippy: you believe all that love and peace stuff – I take it in a pill on a Saturday night." I like to cling to that love and peace stuff but you can't really argue that her world view was less realistic than mine.

They described problems arising from drugs in a totally different way from what the government and establishment was portraying. To the young people, at that time, the problems they had with drugs were:

- Lack of access to information about drugs which they could believe
- Financial problems around their use including debts to dealers, often building from very small sums of money. If you smoke £20 of cannabis a week and you only get £10 pocket money from your parents then you have a financial problem. The kind dealer will let you owe them for a while and then one day when you can't pay in cash you maybe have to pay some other way: run some errands perhaps.
- They had found that some drugs helped them stay slim and didn't know an easy alternative. This was mainly an issue for the girls.
- They were worried about their mental health: if the Ecstasy made you happy, energetic and love everyone on Saturday, by Tuesday you were tired, miserable and aggressive. They couldn't cope with the mood swings. Remember that these are teenagers to whom mood swings are already the reality of their lives. One told me that he had punched his mother, who he loved dearly, for no real reason that he could understand.
- They were having increasing difficulty communicating with family and friends, especially those who didn't take drugs, and this was causing problems.
- Their schoolwork was suffering: their test results were getting poor.
- That all everybody around them did was talk about or take drugs, mainly cannabis. They wanted to get out of that lifestyle but only posh, clever kids with no credibility stayed outside the drug scene.

They had more to say about drug education than that. They said that teachers and other adults had judgmental attitudes about drugs which made everything they said suspect. They described how they would trot out the expected responses in class discussions because not to do so caused them 'hassle'. The teacher says, "So you're at a party and someone hands you a joint: what do you do?" The kids say, "We tell them we don't want it". This shuts the teacher up. In real life they'd have grabbed the joint but what could they possibly gain by saying that to the teacher? What would the

teacher do? The young people didn't know and had no desire to find out. So what learning was going on? Learn how to keep your mouth shut.

Young people told us that their teachers either didn't know what they were talking about or used language about drugs that was excruciatingly embarrassing. Some teachers tried to be 'cool' but used last year's words. Most teachers, they thought, had clearly never been near a drug and therefore the young people felt that they should have been teaching the teacher.

What was clear was that the old Marshall MacLuan adage still held true: the medium is the message. When we asked young people who they did believe they were quite clear. They didn't believe adults; they didn't believe people their own age. They believed young people a few years older than themselves, who led the lifestyle they themselves aspired to; kids who had transport; kids who went to the clubs; kids who had taken the drugs; kids from their own backgrounds who knew what it was like to be them. It didn't matter that what these people was telling them was, in reality, mostly street mythology: it was believed. It didn't matter that, objectively, there was more factual truth in the partial view presented by their teachers; that wasn't believed.

Now please do not jump to the conclusion from that that the only thing that will work in drug education is peer-led work. I'm not saying that although I want to explore it as an approach in a minute. What I am saying is that if we want to communicate with young people we have to listen as much as we speak; we have to understand the issue of drugs in the context of their lives, not our own; and we have to be prepared to examine different mediums of communication.

I am not a young man. I can remember when I was a young man that I used to love that song by The Who that said, "hope I die before I get old". Now I desperately want to get old before I die. It's not that I really didn't care less when I was young but to me then, dying was a theoretical concept. It wasn't going to happen to me. What seemed a much worse concept was becoming a boring old 'fart': that was a living death.

Young people feel immortal: we can't frighten them with the threat of death. These are the people who have always fought our wars for us. I remember a few years ago in the UK there was a famous case of a young girl who died at a party after taking Ecstasy (it later turned out she'd taken a lot of different things including a lot of alcohol but the British media was obsessed by Ecstasy at the time). In the papers it said at first that she had died from taking an especially pure and strong form of Ecstasy stamped with an Apple design. Now at that time my organisation had teams of drug workers who would go to the big raves and look after young people in trouble, hand out free water and stuff like that. The week after the girl died, our workers came back and said everybody at the raves was looking for the Apple Ecstasy. The message the kids took from the newspapers was not that this pill might kill you: it was that this pill is strong and pure and you'll get really high on it.

So there's another lesson for us in prevention. The message we intend to send out isn't always the only message that gets received.

We need to attune our methods of communication to take account of the different cultures we, and our young people, come from and appreciate that, while they are different, both are sophisticated and complex cultures. Of course there are many youth sub-cultures and I am generalising but the point remains essentially the same. Youth cultures are designed to keep people of my age out. Not nastily or unpleasantly but effectively and ruthlessly. When people of my age pick up on a fashion, street kids stop

wearing them. When we pick up on a musical genre, young people invent a new one. Nobody wants to hang around with the oldest swinger in town. Try going to a teenage party and see how welcome you really feel, even if they go out of their way to be polite and nice.

Drugs are a part of that culture and we therefore have to find a way of giving them information that isn't rejected because it comes from outside it.

So let's look at the obvious solution: peer education. By peer I am not talking about people of the same age: the young people in our survey rejected that model. I am talking more about the Scandinavian and Northern European concept of peers as people who share an interest, activity or culture with which they can all identify. This is the model that our agency turned to following the results of our research with young people.

We thought, if they believe these slightly older young people from the same backgrounds regardless of what they say, what about changing what they are saying from myth to truth? So we set about recruiting them to come and get some training with us.

Now that's not easy, although over the years we have become proficient at it and it is now helped by the credibility with young people that we have built up as an agency over the years. We had to start with young people we had helped through treatment. We targeted the leaders – not necessarily gang leaders but leaders in terms of the local youth culture. We attracted them in by organising activities such as DJ workshops, dance classes and graffiti projects. We explained to them straight what we were trying to do. So let me be clear about what our approach was from the start. We said, "We're not going to wag fingers at people and tell them what they should or shouldn't do. Young people have to make their own free decisions and, even if we wanted to, we couldn't stop them from doing that for long. We're not going to censor the truth in any way. We know that people usually start taking drugs to have fun and that they are fun to take. We're not going to pretend that that is not the case. Equally, we're not going to allow street myths and sloppy versions of truth to go unchallenged because we know that honesty has to be a complete thing before it earns respect. We want to root the education we give in a reality that young people can recognise as being theirs but not one that isn't challenged."

Let me tell you a bit about the training we gave these first young volunteer educators. These weren't people who had had good experiences at school. A lot of them couldn't write very well. Some had been expelled. That was the kind of background. So for an evening each week for several months we gave them two hours training that was fun, interactive, debating but in real depth. We taught them far more than they needed to know to teach young people. We taught them about neurotransmitters, about the different parts of the central nervous system. We taught them the history and geography of the drugs, where they were grown or manufactured. We read them Alice in Wonderland as part of learning about hallucinogens. We tested them to make sure they could remember it all. We had them stand up in front of each other and give talks and answer questions. It was no easy ride.

I am always reminded that drugs have a history, they have a geography, they have a maths and an economics. They have a literature and an art. They have a biology and a chemistry. If we only concentrate on the narrow confines of prescribed behaviour and reduce the context to the moral then we discard many of our chief tools. For example, something we heard a lot of young people say was that if they smoked a joint it was

their own business because it didn't hurt anyone else. But of course when they smoked that joint they didn't think of the journey that hash had made around the globe. They weren't thinking of the farmers growing it on a pittance. They weren't thinking about the people smuggling it across the globe, of human mules. They weren't thinking of the organised crime that managed that process and the violence and intimidation and street level turf wars around the trade. They weren't thinking of the whole economies that the international drugs trade had distorted. And why should they? Nobody had ever talked to them about it in those terms. Nobody had ever given them the information that would make them see that smoking that joint in their bedroom had consequences for others. Now while for some that might make no difference at all, for others it could make a lot of difference. What is for sure is that once they'd been through that thought process they couldn't argue that there were no consequences again.

Most of all we taught them how to run a drugs education workshop. We taught them how to run role plays about kids getting in debt to dealers where the young people they were teaching would have to choose solutions and the volunteers would have to act them out to show if those solutions worked. We taught them how to debunk common street myths. One myth that was common at the time was that cannabis was safer than cigarettes. Our approach was to let the young people show us how they used cannabis and then ask questions that revealed the myth for what it was. "So when you have stuck the papers together you put the tobacco from a cigarette inside? All of it? What do you throw away? What was that filter for? What do you use instead? What is the difference? What's the difference between when you inhale from a joint and from a cigarette? So how much more tar do you think gets in your lungs? Okay, so where's the safety? Look, do what you want but don't fool yourself to allow yourself to do it: that's the worst thing we can do: lie to ourselves."

What were we trying to achieve? We were trying to educate. We were trying to facilitate learning.

When we'd taught the volunteers how to run these workshops we managed to find a couple of schools that would let us do some sessions with their young people. The result was immediate and powerful. Teachers told us that the whole subject of drugs, something that had been affecting the school in terms of atmosphere and achievement but which had been underground, unspoken and hidden, was suddenly being debated and argued about openly by pupils. Some of the debates we had started were carrying on way beyond the classroom.

Before long we had more and more schools signing up to run the programme. Be under no illusion, this was not a flexible programme. These were young volunteers running very structured workshops: any changes had to be approved by us before they could go ahead.

After a few years the government got interested and sent some researchers down to look at what we were doing. They watched our every move for months. They did longitudinal studies with the young volunteers. Then they came back the next year and did the same thing with the young people we were educating. In the end they published a paper on the programme. It came to the conclusion that the credibility of the workers came in the main from their own previous use of drugs but was greatly increased because the workers had studied the subject and 'knew their stuff' and because they worked for a drugs agency. The credibility of the message, the study went on to say, was enhanced by its relaxed methods of communication, and its avoidance of preaching about behaviour. It noted that although our education programme did not tell

people not to take drugs, that young people who had been at the workshops went away with anti-drug-use ideas. Those who hadn't started using yet were reinforced in that intention. Those who were already using used more safely. Both users and non-users demonstrated significant attitude changes towards the drugs available around them. Let me illustrate why I think this was. When we would talk about Ecstasy we would not say, "If you take this you will die from dehydration so don't do it". We would say that if people were going to do it they should drink so much water over such a time period so that they didn't dehydrate. We would say they needed to wear loose clothing and have some salt and sit down for 15 minutes in every hour. We would teach them what to do if they saw someone collapse on the dance-floor. Now for the young people who were using Ecstasy that was a useful harm-reduction message. For the kids who had been thinking about taking ecstasy it was a deterrent because they were thinking about the dangers in a realistic and not over-dramatised way. Prevention and harm reduction do not have to be opposing ideas: they can be brought together under the one heading of education because education has broad shoulders.

A year or so later a survey of drug use by school children in the area showed that since the date that we started the programme, levels of drug use by 16year olds had fallen from among the highest in the country to under half the national average. This is in an inner city area that, at the time, was the second poorest borough in the country. We have had similar studies in other areas where we have run the programme. I won't bore you with facts and figures but I can point you to them if you contact me.

Now you'd think that this would have made us heroes and that there would have been major follow up evaluations and that the programme would have been duplicated and rolled out across the country. What we got was silence. What we got was funding for the programmes gradually drying up. Studies of other peer education programmes didn't show the same results but instead of asking why, what was the difference, the conclusion was drawn that peer education didn't work. How could this be? There had to be a reason?

And of course there was a reason. In England the government has just produced a paper called Youth Matters that says that young people must have a say in the design and monitoring of all young people's services. It is brave legislation and I am just wondering how long it will take for many of those in authority to find a way to ignore it or pay lip-service to it. The legislation is brave but it takes place in a climate where young people are distrusted, where they are seen as a problem. Head-teachers don't want ex-drug users in their classrooms because they fear that parents will complain that their children are being corrupted or that newspapers will create a scandal: I have always found parents to be very supportive of the prevention work we do although in England you can never rule out what the press will do: they would be trying to find out scandal about the volunteers past lives.

I suppose the point I am making is that drugs prevention does not take place in a vacuum: it takes place in a social reality and everything has social or political consequences. It was naïve of me to think that the important thing about the work we did would be its impact upon the safety and well-being of our children alone. It also has a consequence for those who associate themselves with the approach because, although it clearly can get remarkable results, it carries risks. Do the results outweigh the risks? For me, yes, they clearly do: no argument – the results speak for themselves. Would I say the same if I was a Head teacher? I'd like to think so; so many head teachers we have worked with have been brave enough to make that stand and to sell it to parents and other professionals in a positive way. Would I say so if I was a

cabinet minister responsible for drugs policy? I'd like to think so but I would be being brave. I would ask Rupert Murdoch and Silvio Berlusconi to back me first.

If we look at the way the press in my country has treated the drugs issue over the decades you will see what I mean. In the 1960s, marijuana and LSD were public enemy number one. They never make the headlines now and you can't even get help for a cannabis dependency in most parts of England, even though young people are saying that's the drug that is causing most of their problems. Why then and not now? Because the hippies were a threat to the establishment. In the seventies the new danger drugs in the press were amphetamines and solvents. Could that be because they were used by those nihilistic anarchists, the punks? In the eighties it was heroin that got the headlines with all those lazy out-of-work kids from Manchester and Liverpool using it and not getting jobs during the recession. In the nineties we had Ecstasy and all those naughty young people dancing all night and then not turning up for work on a Monday. And we had Crack Cocaine which all those black people were using and which, the papers assured us, was the real reason behind the Brixton riots, not injustice and racism.

The War against drugs in the UK has always been a war against people; whichever group of young people were a problem then the drug they used was the excuse to condemn them. Which politician would be brave enough not to respond to the hysteria. We had a spoof programme on British TV a few years ago that invented a new drug it called 'cake' and asked politicians and celebrities to video statements warning young people against its dangers. So many famous people were caught and ended up looking really silly when the programme went out and the joke was revealed. But that tells us why young people don't believe us. They know the agenda is a complex one and that many people only pretend to wring their hands and have their best interests at heart.

I'm not saying that those of us who are genuinely out to educate our young people and help prevent them from coming to harm should give up but we have to be realistic about what we will achieve and about how hard it will be in the context in which we have to work. And I am also saying that we need to look at this issue from another angle. The old argument has always been, "Is the glass half empty or is it half full"? I think we need to start from the point of view that it is half full.

How do we do this? Let's start from the premise that taking mood-altering or perception-altering substances is not aberrant behaviour. All the evidence shows that people have been using such substances since the beginnings of time for all sorts of reasons, from religious ritual and spiritual discovery to recreation and hedonism. This is deep-rooted human behaviour. To suddenly decide that particular substance-specific bits of what we do is the behaviour of self destructive or anti-social beings, mad or bad, and that we are going to stamp it out is not only dishonest; it is impossible. We cannot lock our young people indoors for the rest of their lives. The impetus to use substances does not come from without. It comes from within. It is not their peers that are always the threat, evilly lurking to lure them into bad ways. Peers are at least as much an influence for safe behaviour as they are for risk taking. It is not peer pressure in my experience that gets young people started on drugs: it is temptation. They see other people having fun and they want a piece of that fun. Young people usually opt in: they are not dragged in kicking and screaming.

No. Let's set ourselves more realistic goals. Let's make sure that as few of our young people as is possible come to harm through ignorance. Let's be sure they don't lack the time or opportunity to have thought through what they are doing before they do it. Let's

make sure they understand all the implications. Let's be sure they aren't drawn to drugs to blot out the pain of living.

Is there something more we can learn from youth culture itself? Forgive me if I wander into an area of incomplete thoughts here but I am interested in going in the following direction. Young people and their cultures move from one drug to another from time to time. The old drugs are abandoned because they don't fit with the time they are in. LSD was really popular when I was young because western youth culture at that time was supposedly about discovering spiritual secrets, about expanding one's consciousness, about self improvement, about establishing better values in the world, about finding colour in a world that, only a few years earlier had been a drab grey after the Second World War. Ten years later nobody was interested in those ideas. They didn't fit with the disillusioned times. The world hadn't got better. People hadn't found nirvana. Youth culture had moved on to reflect the society it was part of. Now it was heroin, amphetamines and glue.

Now, if different drugs have a different function in different cultures at different times, what else is there that could fulfil that function instead of a drug? Is there something else at any point in time that could change the need for that drug to perform that function?

I am reminded of the work of Dr Bruce Alexander at Simon Fraser University in Canada. Let me lay out my argument and tell you about his work. The predominant model of drug addiction in our society, based on experiments with laboratory rats, views it as a disease: humans and animals will use heroin or cocaine for as long as they are available. When the drugs run out, they will seek a fresh supply; the drugs, not the users, are in control. In 1981, Alexander built a 200sq ft home for lab rats: Rat Park. The park was kept clean and temperate; the rats were supplied with plenty of food and toys, places to dig, rest and mate. The walls were painted with a backdrop of lakes and trees. Alexander then installed two drips, one containing a morphine solution, the other plain water. This was rat heaven: but would happy rats develop morphine habits?

Alexander could not make junkies out of his rats no matter how hard he tried. Even after being force-fed morphine for two months, when given the option, they chose plain water, despite experiencing mild withdrawal symptoms. He laced the morphine with sugar, but still they ignored it.

At the same time Alexander monitored rats kept in "normal" lab conditions: they consistently chose the morphine drip over plain water.

The obvious conclusion, that deprived rats seek solace in opiates, while contented rats avoid them, dramatically contradicts our currently held beliefs about addiction.

Now let us assume that young people's drug use is neither a disease, a madness nor because they are gullible or weak. Let us explore the possibility for a second that drug taking by young people is, in fact, a compensation for flaws in our society. Perhaps the function of the drug is to fill a hole left in their lives by their experience of the societies they are brought up in; that it is a response to faults in reality. Let us shift the responsibility. We all know that our world is far from perfect. We all know that our lives are also far from perfect. Most of us, when times are hard, have started to drink too much or compensated by some other form of comfort behaviour.

What if we listened to youth culture and what it was telling us was wrong with the world we lived in and then tried to do something about it. What if our aspiration was to build Rat Park for humans? What would it look like? I would suggest that it wouldn't be a drab world of concrete housing estates where there was nothing to do. I would suggest that it was not a world where there were 500 channels of TV with nothing worth watching. I would hope that it wasn't a world where we expected our entertainment to be instantly provided and for our role in it to be passive. I would hope that it was a world that didn't discard as failures all but the academically gifted. I would want it to be a world that offered everybody a future and that helped them become the best themselves that they could be.

My organization mainly works with young people who have problems with drugs, or who are involved in crime, in gun and gang culture. These young people often have no positive sense of who they are or could be. Their identity is entirely based on having negative reflections of themselves beamed back from others. They are stupid; they are failures; they are drug users; they are bad; they are criminals. Most services are set up to respond to these problem symptoms.

No, no, no! Wrong, wrong, wrong! They are not the symptoms of what their lives have made them. They are human beings with potential, crying out not to be trapped in an image of themselves as someone they hate. Why do we concentrate on their past or their symptoms and reinforce their negative sense of identity? Our focus should not be on their shortcomings or failures: it should be on what they can become, on what they want to be and do.

Now let's apply that principle to young people and prevention. Our focus should be on young people as the solution, not the problem. We should be asking them about their views on the world around them, on what aspirations, their dreams for the future and helping those come true. My young people's drugs services have recording studios and courses in computer music. We have run graffiti workshops and dance classes. We make videos. We explore possibilities. The cup of youth is half full, not half empty.

“Why we shouldn’t take drugs”

Marius Sjørømling, Youth Against Drugs, Norway

I would like to start with the following statement:

Anti-drugs work should be against the use, NOT the user! The name of my organisation in Norway is Youth Against Drugs. That means: FOR Youth and Against Drugs

I would also ask the young people: Do we need to be more shocked, or do we already know the consequences of drug use?

Here are 3 reasons NOT to take drugs, according to my opinion:

1. Society, goals, hopes and dreams – the society says no, the goals can’t be achieved if you use drugs, your hopes and dreams may be ruined.....
2. Family, Friends, social life – you can’t do drugs and have an active life at the same time. The time is just not enough!
3. Health – drugs reduces your health. It can damage your internal organs, it can give you cancer, it can make you loose an arm, because of infection and so on.....

Are goals, and dreams of today’s youth, the same as for 40-50 years ago??

Probably not. Today’s dreams are more focused on career, money, and status and job title.

And our education goals reflect that.

“A positive youth environment and a positive youth-culture is priority number one if we want our local environment drug-free!”

Who has the responsibility for make it a good place to be for youth?

1. Youth themselves
2. Adults in the community

I do believe that most of the youth don’t want drugs to be a part of their local community and

I believe that in order to have a drug free community, we have to say it out loud. It is not enough to sit quiet and hope for the best. We have to act, each and one of us!

If we want to live out our dreams, drugs probably are one of the biggest threats against that dream!

Democracy is important, to listen, and to be heard for our issues, is one of the tools to make the choices easier.

We all live in the same world. That’s why we must care. We know that drugs are made in the poor part of the world, and it is our responsibility to make the choice, do I wish to “support” the world’s 2nd biggest industry, an industry that has a lot of interests in human trafficking, weapons and drugs? I have made my choice, I’m not supporting it. Common responsibility where we live, both local and global.

Fact:

Lifetime, last year prevalence of cannabis use among 15 to 16 year old school students in 2003 (Source: EMCDDA)

- Average from 28 countries in Europe: 16.4%
- Lithuania for 2005 : 11%
- This means that: in average 83.6 % of the youth in Europe DON'T use, and 89 % of the youth in Lithuania DON'T use cannabis!
Is the problem really as big as some wants it to be???? Let's not make it bigger than it is!

Family, Friends and social life;

- Is Family a pressure?
- Friends
- Social life – are there any goals to meet?

In all settings there are goals, and roles to fill. The family is a pressure in it self. The pressure is there all the time, to take a good education, be nice, behave, and respect others around you, to fulfil the family values and so on... Then comes the pressure of making a family on your own witch, for many, can be really hard.

When it comes to friends the hardest task of them all sets in. You always have to look after your own image. Do they like me, do they think I'm fat, do they think I'm cool enough? Do I say the right things? Will they still respect me if I don't do as they say??

To make friends and to keep friends isn't as easy as it sounds.

In the regular social life there are lot of goals and aims to meet, every day. You are suppose to be a young active youth, with good grades on school, having at least 4 hobbies, and have a girl/boy friend.

And still adults ask "Why do you use drugs?"

Can it be something about the society, and the world we live in??

Are there any solutions on the drug problem?

- Peer education is not education for prevention, but education For knowledge!
- Knowledge gives power – power to make a choice!
- Who is the problem?
- Can anything be done?
- Will a change cost?

Peer education is just as much conversation as it is building up knowledge. It is important that youth and young people learn from each other not from moral talks' from adults.

Knowledge to make a choice, a choice based on facts, education and consequence thinking. And power in it self isn't dangerous! It only depends what the power is used for!

The problems are the societies we are building today. We are building society on the values of individuals, instead of building a society and a world that cares for each other. Are youth the only ones who can see longer than their nose tip??
The drug in it self is not the problem, only the result of the problem! Today's ego-centric thinking is the main problem in my point of view, and believe me I'm not calling for a revolution, but I'm asking for a change!

I hope that we all can agree that youth and young people are definitely NOT the problem! If the problem has a responsible institution it must be the adult world. Governments, UN, EU, USA and other great "powers" in the world.

An old lady once told me: That if all the countries who have signed the deal in the United Nations to get writ of drugs really wanted it, they could so, in less of 6 months!

So are we really talking about money?
YES we are!

My suggestion for the first step to solve the drug problem is NOT to make liberal laws, but to buy all the drugs that is grown in a year, buy it up (governments and UN can do it) and dump them in the sea!

If we dump them, it will cost less than to treat up coming problems because of drugs!

In solidarity with all drug related problems:

DUMP IT IN THE SEA!

Thank you for your attention!

Working Group 1: Families and Drugs

"Drug Prevention Support Network for Parents and Professionals" Pilot Programme in the Russian Federation Olga Fedorova and Alex Chingin, Russian Federation

Rationale

Drug addiction, trafficking in illicit drugs and an alarming increase in HIV infection, mainly related to drug consumption, have become issues of great concern to the governments across Europe and pose serious threats to public health, internal and external security and social stability. The Russian Federation also regards these problems as very serious which is reflected in the Federal Targeted Programme of FSKN for 2005-2009.

The Programme

As a response to the above-mentioned, the Pompidou Group (PG) have developed a pilot "Drug Prevention Support Network for Parents and Professionals" Programme with a view to test a number of effective prevention strategies that have been adapted for Russian situation and replicate these strategies in other regions of the Russian Federation. For technical reasons, 3 pilot regions representing various geographical, social and economic situations within Ural Federal Okrug were identified:

- HANTI-MANSIISKI Autonomous Okrug (HMAO) – an affluent region with drug problems,
- KURGANSKAYA Oblast – a poor agricultural region with social and economic problems,
- CHELYABINSKAYA Oblast – an industrial region with social problems.

The target groups of the Programme

1. Professionals (teachers, social and health workers, police and drugs officers etc.),
2. Parents and families (immediate and distant relatives),
3. Young people and youth organisations (youth leaders and volunteers).

The aims of the Programme

- To set up and run support networks for parents and professionals.
- To create and manage an inventory containing information on prevention projects.
- To bring together expertise and human resources to organise regular initial and further training for professionals who are involved in prevention work.
- To create a virtual training centre for exchange of information, experience as well as approaches, methods and models of effective drug prevention.

Relevance of the Programme

This Programme is relevant for Ural Federal Okrug due to the following reasons:

- Most existing programmes target mainly big urban areas of the Russian Federation, e.g. Moscow and St. Petersburg; rural and remote areas benefit very little from assistance activities. The Programme targets 3 differing regions of the Russian Federation which represent both urban and rural/ remote areas with various socio-economic conditions.
- The Programme will adapt to the Russian context such effective prevention strategies as "life skills", "outreach work", "self help groups for parents of drug users". Russian experts are involved in the programme from the very beginning in order to adjust foreign experience to the realities of prevention work in the Russian Federation. The Programme will also show the advantages of the use of telematics in drug prevention – an area not yet developed in the Russian Federation.
- The idea to set up support networks and create a virtual training centre is fairly new. The Programme will provide Russian professionals with correct and reliable information about effective prevention strategies and with an opportunity (through internet and direct contact) to exchange information and experience as well as ask and find answers to difficult questions. This will increase capacities of the experts in all the three regions of the Programme to cope with difficulties of implementing programme elements at the local level. Thus, sustainability of the Programme is ensured.
- Role of parents and peer education are the two aspects which have received little attention in the Russian Federation as far as drug prevention is concerned. Since parents and families play a key role in drug prevention, it is important to help them to develop their skills and capacities to engage in active drug prevention efforts with their children. Moreover, young people learn a lot from one another (both in and out of school): peer groups can be an important form of drug prevention.

Although, there are some aspects that hamper effective prevention activities in the Russian Federation in general:

- Russian professionals tend to still use prevention strategies which are not effective in most circumstances (e.g. scare techniques). For example, a few years ago schools liked to hold picture/poster campaigns with pictures depicting various horrors such as dying drug addicts or crippled children born by drug addicts.
- Parents and professionals lack adequate understanding of relevant drugs issues. For example, many parents and professionals base their prevention activities on the idea that usage of drugs in the whole society can be stopped completely (which is impossible) and neglect the importance of programmes that focus on delaying the onset of drugs, tobacco and alcohol use by young people (which is realistic and effective).
- Some effective prevention strategies are used in a wrong way. Parents and professionals often do not know at what age and what drugs information they can provide young people with. Wrong information at wrong time can lead to negative consequences and this effective approach ("information" approach) ceases to be an effective one. Very often professionals implement prevention programmes that are meant for young people but that have been developed without participation and opinions of young people because professionals think that they know better.
- Some parents, mass media and political structures are against foreign programmes. One of the reasons for such an attitude might be that some foreign programmes were not adapted to Russian conditions before implementation and thus yielded poor or even negative results.
- Parents in general are passive to the problem of drugs among young people. Most members of various "Parents/mothers against drugs" NGO's are parents or

relatives of drug addicted people. It means that parents/ relatives begin to act and contact professionals only when there is a crisis.

Some obstacles faced with during the implementation process of the Programme mainly relate to external factors listed below:

- Socio-economic differences between the 3 pilot regions and lack of professional and personal links between project participants created all sorts of problems for communication within the project,
- A sense of rivalry both between the regions and between the agencies within the regions/ cities was strongly felt – that also undermined cooperation and exchange of experience between the regions,
- Political transformation that the Russian Federation is going through and lack of institutional memory in the agencies gave rise to certain difficulties in the implementation of the Programme (ministerial reform in the Russian government, election of new mayors and other similar changes),
- Wrong and unfortunate choice of some participants in the regions led to situations when participants left the Programme or were not benefiting from it.
- Time, financial and administrative problems on behalf of the PG – led to delays in implementation of some elements of the programme. We had yet another proof that it is important to follow up and empower participants of the Programme in the country where the Programme is implemented. This allows to sustain the programme development even in the absence of adequate financial or human resources.

The outline of activities conducted so far:

1. Inception phase: January 2004 – March 2004

Preparations for a planning meeting, members of the Project Support Group (PG Secretariat, international and Russian PG experts, representatives of the donating countries and representatives of the RF who were proposed by the Russian Permanent Correspondent) identified.

2. Planning phase: April 2004 – November 2004

April 2004: 1st technical meeting, the focus of the Programme sharpened.

September 2004: a preparation meeting of all relevant agencies at the Ministry of Education in Moscow, followed by fact-finding missions in 3 pilot regions.

November 2004: 2nd technical meeting, reports from fact-finding missions discussed and the final shape of project agreed on.

3. Preparatory phase: November 2004 – January 2005

Results of the fact-finding mission and conclusions of the 2nd technical meeting assimilated, more specific plans prepared.

4. Implementation phase: February 2005 – February 2006

- Training seminars in the regions and study visits to Norway and Finland carried out;
- Further training activities developed and implemented;
- Materials and approaches for working with the key target groups developed;
- Website concept revised and added to;
- Methods that showed particular promise in the appropriate contexts further developed.

5. Evaluation phase: March – December 2006
Assessment of the achievements of the Programme is being made and consideration as to what could have been done differently or better.

The three pilot projects

Assessments of the needs and opportunities, conducted during the fact-finding missions in the pilot regions, allowed the PG experts to develop the three pilot project proposals:

- HANTI-MANSIISKI Autonomous Okrug ("WEBSITE" project),
- KURGANSKAYA Oblast ("TRAINING" project),
- CHELYABINSKAYA Oblast ("SELF HELP AND OUTREACH WORK" Project).

The Programme has a website that is supported by the PG and describes both the Programme and all the three different pilot projects: www.narkohelp.net and www.narkopomosch.net

"WEBSITE" PROJECT (Hanti-Mansiiski Autonomous Okrug)

Needs assessment in Hanti-Mansiiski Autonomous Okrug (HMAO) revealed, on the one hand, insufficient knowledge and use of effective prevention strategies and, on the other hand, high internet and mobile services penetration rate.

HMAO is a pilot region under the Federal "Electronic Russia" Programme. It has a more developed IT infrastructure than many regions in the Russian Federation. It is both economically and socially affluent region (e.g. all educational institutions are equipped with computer classes and internet). Despite fairly well developed economic and social infrastructure, there is a problem with drug and alcohol abuse mainly among young people.

In response to this situation, PG experts have decided to develop telematics (a EU English term meaning new information and communication technologies like internet, mobile phones etc.) as a means of drug prevention.

The new technologies have greatly changed the whole pattern of social life and substance abuse prevention has not remained outside this great change. Telematics can provide enormous possibilities for substance abuse prevention and treatment:

- Telematic services in prevention and intervention work offer new and effective tools, not only to the professionals but also to the public. The advantages of telematics are versatile: accessibility/availability, anonymity, interactivity, flexibility (freedom from time and place) and cost-effectiveness. Moreover, the use of telematics enables to reach large groups of people at a time. It can also empower people to use their own resources. The threshold of seeking treatment at many services is fairly high and it can be lowered through the use of telematics.
- Relation to virtual reality. Until now people have been able to experience virtual worlds through books and movies or through the use of chemicals like alcohol and drugs. Now people can also enter the virtual reality through computer games, multimedia and other telematic means.
- Symbolic value of telematics. Telematics have great symbolic value for young people. Telematics is sometimes viewed as an anti-adult thing, a means to underline the excellence of the youths and to demonstrate that older people do not understand anything. Young people are not hampered by old traditions, they are open and ready to test new things, eager to learn. They have been among the first to realise the great

practical value of telematics – to use of net business and education, electronic banking, info services and distant working.

- Regulation of the psycho-social distances. Psychologists claim that the indispensable element in human interaction is the face-to-face relations. But the incredible success of ATM all over the world proves them wrong: people want cash and not a new human relation with a bank worker every time they need money. People want to regulate their psycho-social distances in a way that allows them to save social energy for human relationships that are important to them. Telematics in alcohol, drug and mental health prevention and treatment can supplement and even replace existing services (like counselling) and create completely new service types (like self-help).

- It is important to emphasise the role of phones and mobile services. The telephone is actually the oldest telematic tool. Many people seem to feel that it is easier to use it than Internet. Mobile phone is rapidly getting more common than Internet and SMS is spreading at exponential speed. Some additional reasons to emphasise mobile telematic services are listed below:

- Mobile phones are reaching saturation point in many countries,
- In social and health systems hot lines stay popular,
- The number of call centres is growing.

- Telematics have brought back the written word. With e-mail and SMS expansion, the written word has returned. Written messages offer many benefits. They allow shift in time and space, accuracy of messages, possibility to return to the message and the answer, anonymity and regulation of psycho-social distance. No wonder people seem to love written telematics like e-mails, SMS, chat and television SMS-chats.

Although the use of telematics seem to be very promising in combating drugs and drug abuse, there are some issues that limit or endanger the use and effect of telematics:

- Preconditions for telematics. The most obvious problem is related to the availability and a certain level of development of IT infrastructure. Without physical possibility to use internet or mobiles, people will not be able to make use of the services that are provided via telematics.

- Importance of face-to-face relations. Some people still tend to find telematic services a bit confusing. They prefer, for example, to take time and visit their local bank office than to do their business over the phone or internet. In health and social care professionals argue that face-to-face communication (or relation between the patient and the therapist) cannot be replaced by anything else. But often it seems to be of help to have at least part of the verbal communication also in writing.

- Control in telematics. There are hundreds of drug and alcohol prevention sites; in some countries telematics, internet especially, is often used for prevention and even treatment. Nevertheless, one can find more material advertising drugs and drug use than prevention texts or programmes. Internet reaches so far, it has so many possibilities that there will always be a channel to convey a message that it is quite different from the ones we want to give. This is why we should not leave the Internet to those who promote the use of drugs or offer them for sale.

- Ethical problems. There are many ethical issues around telematics: child pornography, gambling, sale and advertising of drugs to name a few (e.g. locating services are a useful tool but they can be used and abused as tools of control). Without proper legislation and international pressure some companies and countries can undermine the benefits of internet (as with spam or privacy vs. security issues).

- Specificity of teen age. The time perspective of young people is very short. So young people "do not die" – death, sickness, worries – all that lies somewhere in distant future. That is why scare techniques in drug education do not really work.

Young people also do not pay very much attention to the ethical, privacy and security issues in telematics.

- Addiction problems. What makes telematic prevention work challenging is the fact that computer programs and information networks can also be very addictive.

The current results of this pilot project are:

- A group of 10 professionals from public authorities underwent initial training,
- 6 out of them participated in further training and a study visit to Finland;
- A drug prevention website (www.narkopomosch.ru) was developed and launched. One of its unique features is a possibility to contact professionals on-line. Moreover, the group have developed a special service to the website – "Virtual disco".
- The programme activities of the pilot project group are under the aegis of Deputy Governor of Hanti-Mansiisk Okrug.

"TRAINING" PROJECT (Kurganskaya Oblast)

Needs assessment in the Oblast revealed lack of qualified experts, little knowledge and use of effective prevention strategies. In response to this, a series of life skills training activities for professionals and volunteers have been developed and conducted by the PG experts.

Life skills approach is one of the most effective school-based prevention interventions worldwide. The WHO (World Health Organisation) defines life skills as: "abilities for adaptive and positive behaviour, that enable individuals to deal effectively with the demands and challenges of everyday life". The authors of this concept proceed from the fact that it is essential to build behavioural skills (necessary for self-defence against various risks), solving problems in relationships, a skill to look for and find support.

During 2000-2005, the PG have conducted a series of life skills seminars for schools and residential care institutions in Sverdlovskaya Oblast (penitentiaries and children homes).

Some of the positive changes that young people manifested after these seminars were:

- Young people demonstrated the ability and willingness to cooperate with adults. It was adults who had at first difficulties with accepting this change in young people.
- Teachers reported some positive changes in young people: awareness, responsibility, participation and openness in relations with adults.
- Young people set up a youth organisation MARS (an acronym of the Russian title Molodie, Aktivnie, Razvivaushiesia Soobshestva = Young, Active and Developing Communities) and are willing and actually conducting life skills training for younger kids and adults from their own institution as well as other institutions.

Some of the positive changes for adults reported after these seminars were:

- Adults became willing to listen to what young people were saying, accept their opinions and find an individual approach to every child.
- Active participation in life skills training contributed to the alleviation of the Syndrome of emotional burning.
- Participation in life skills training helped some specialists to develop a sense of success that resulted in promotions and gave rise to various prevention initiatives.

Life skills seminars have shown that significant changes with both young people and adults are possible. Despite its evident positive results, currently in the Russian Federation there are some problems related to the implementation of this method.

- Several years ago only few professionals had received training in life skills. Many of them faced difficulties during training activities with children. Practical support from experts was lacking.
- These professionals did not have enough knowledge and skills to transfer their experience to other professionals.
- Work with schoolchildren did not mean specific prevention work with adults who work and live with children. So young people changed very much after training but some adults did not change. This situation often led to emotional problems of both children and adults because they did not understand each other.
- Parents who did not know much about life skills started to stand against this foreign approach. One of the reasons was that parents saw negative results from the participation of their children in such programmes. That was mainly because some teachers did not conduct life skills training properly or consistently – they just took some of the activities from the life skills manual, whereas this approach is effective and brings results only if done consistently and in full.

During various activities related to life skills training within the Programme, the PG experts noticed some positive implications for effective replication of this approach in the Russian Federation.

- Professionals from public authorities and NGO's are willing to use this method in their work with young people.
- Volunteers (young people between the ages of 18 and 25 who showed interest to implement life skills method) are involved in prevention projects.
- Public authorities are interested to further develop life skills approach and include it into programmes at municipal, regional and federal levels.

The current results of this pilot project are:

- A group of 47 professionals (including 10 volunteers) from public authorities and NGO's underwent initial training;
- 6 out of them participated in further trainings and other activities (First European Drug Prevention Forum, study visit to Finland, seminars on organization development);
- Following study visit in Finland, 6 participants developed and conducted a pilot project "Friendly Family", in which over 40 parents and 30 children took part;
- Additionally, there was a training for 15 parents of drug addicts to develop self help groups.
- Life Skills Manual for Schools and Life Skills Manual for Residential Care Institutions were translated and adopted for the use in the Russian Federation.

"SELF HELP AND OUTREACH WORK" PROJECT (Chelyabinskaya Oblast)

Needs assessment in the Oblast showed a strong interest in developing self help groups and outreach work. In response to this, a series of training activities on self help groups and outreach work for professionals and volunteers have been developed and conducted by the PG experts.

Self help groups – are the groups of people with similar needs and problems who come together either to find solutions or manage the situation. Self help groups utilise exclusively the inner resources of group members: responsibility for the work of the group lies not with professionals but with people who own the problem and share the situation. The group work is based on the exchange of feelings, thoughts and experience. The participation in the group is voluntary, anonymous and confidential. Self help groups are oriented towards meeting the needs of various populations.

Self help groups for parents of drug users became popular in the Russian Federation at the beginning of 1990's. Nowadays, professionals are interested to improve the activities of self help groups as there is less motivation for work in such groups and many groups stopped to work. Here are the reasons for such a situation:

- Information on self help groups is available but there are some difficulties with it. There are various approaches to work with parents but no clear definition of concepts (e.g. confusion between "self help groups" and "support groups"). Confusion in terminology is also difficult: Russians use the term "mutual self help" instead of "self help" associating the word "self" with being selfish.
- There are various self help group models. For example, many self help groups in Russia are religion-based but this fact repels many parents from visiting self help groups.
- Professionals use various international materials on self help groups but these are not adapted for the Russian situation and society.
- There is a deficit of self help groups experts. More experts would help to more effectively develop the work between official institutions and parents of drug addicts. Furthermore, facilitators of self help groups need specific training. Many self help groups have stopped to work recently because some groups had the same facilitators for 8-10 years.
- There are excellent professionals in Moscow, St. Petersburg and other Russian cities but cooperation on these issues between professionals from cities and rural areas is poor.

As experts noted during various Programme activities, there are a number of factors that can contribute to further development of self help groups for parents of drug users:

- Parents from former and existing groups have huge potential and wish to create new self help groups.
- Now people are willing to accept problems of parents of drug users. First they were condemned but now people want to support them.
- Professionals are aware of the importance and expediency of self help group activities: it is more effective for the client (solving his/her problems), less expensive for the public and less time-consuming for the professional etc.
- Public authorities are interested to develop self help groups and include it into programmes at municipal, regional and federal levels.

Nowadays, outreach work is widely used in the countries across Europe and is one of most effective prevention approaches in dealing with hard-to-reach populations. Outreach – is a method of social work aimed at making contacts and providing information, consultations and prevention means (needles and condoms exchange, information leaflets) to various social groups in their environments.

In the Russian Federation the emphasis is made on outreach work towards at-risk young people who are in most difficult life situations. Despite the fact that this concept is yet developing, there are certain difficulties that hamper effective outreach work.

- There is a lack of social workers who could perform the functions of outreach workers.
- The majority of social workers do not receive adequate education and lack special skills to perform the functions of outreach workers with appropriate quality. Despite the fact that there are special faculties and institutes to train social workers, young people after graduation from higher education institutions prefer to look for better paid jobs.

- There is an opinion that this concept is not applicable to Russian conditions because of the complexity of the outreach methods. It is believed that young people at risk are not yet ready to make contacts with social workers in the streets as most often they do not trust various public authorities.
- Foreign terms "outreach worker" and "outreach work" that are used in the Russian language keep people away from these specialists. Thus, many outreach workers prefer not to use these terms and that adds to the feeling that outreach work is not developed in the Russian Federation.
- There are insufficient contacts between outreach workers within regions, cities and districts.

Despite various difficulties, outreach work is developing in Russia and there are factors playing a role in that:

- In Russia the number of experts in outreach work is gradually growing.
- In big cities various institutions provide for advanced courses for outreach workers.
- Volunteers are willing to work as outreach workers and public authorities are ready to develop this prevention approach.

The current results of this pilot project are:

- A group of 12 professionals (including some volunteers) from public authorities and NGO's underwent initial training,
- 4 out of them participated in further trainings and other activities (First European Drug Prevention Forum, study visit to Norway and Finland);
- Additionally, there was a training for 54 municipal and regional professionals;
- Manual on self help groups in English was developed; later on it was translated into Russian and adapted;
- One of the professionals who underwent training, conducted a seminar for parents from self help group that functions at his NGO's.

Education and Prevention

Fernando Mendes, National Institute of Drug Abuse, Portugal

Everyone more and more acknowledges the importance of the family involvement in primary prevention of drug addiction. Families and society face challenges imposed both by new economic, cultural and social realities, and by the demands of a society in constant evolution and transformation, where all is questioned and discussed.

Parents, educators and children are confronted with new and different situations, for which they do not have answers, due to their own incapacity or to the lack of references, models or orientations. This is the source of the hardship adapting to new ways of perceiving and living life.

The concept of family is broader and wider than the group usually formed by parents and their children, regardless of what we call new families (single parent families; foster families; socially excluded families, absent families, and other). It is common to hear and read about the necessity of rethink the family, models and educational practices, in order to be able to answer these new challenges. However, it is very interesting to realize that, in way or the other, we all are responsible for these changes or transformations, despite the fact that some of us are more responsible than others.

To understand the family as a system is to consider that the total is more than the sum of the parts and that each one of the family members' behaviour cannot be seen separately from the rest of the family, but that same behaviour will affect all the other members of the family.

Maybe because of these reasons we have to be aware of what we call socialization process, through which the individuals learn, assimilate, work out and assume rules and values of the society they live in, by the interaction with the surrounding environment, especially with the family.

This process should be perceived under two perspectives: from its socialization agents, who pass on values, beliefs, rules and life-styles; and from the individual who has processes of learning and integration, through which he/she becomes aware of, critical and with the capacity to participate and influence their environment. In fact, the child does not passively absorb the influences of the surrounding reality; he/she is, since birth, an active being in this process, however it depends on our participation as stimulators/stimulants.

Bearing in mind these two perspectives, it is important to acknowledge that the family is the first socialization agent with crucial importance as a context of mediation, communication and transmission, namely in the first years of life.

The patterns of the family life are a strong factor, which conditions the personal and social individual's path. If the bounds between the members of the family are, as the result of their own nature, inspired and guided by affection, attendance, support and participation, then the reception, the dialogue, the impartial availability and solidarity are favoured in each and every of its members. This constitutes a solid base for the active and responsible insertion of children in the broad horizon of society.

School, on the other hand, even because of the time it occupies in children and young people's everyday lives, also plays an extremely important role. Teachers, educational

practices, colleagues, good and bad experiences, school success or failure help to shape and determine the future of all. It would also be important the parents would closely follow the educational process, reinforcing it.

Similarly the peer group is an important socialization agent. The social interaction of children with colleagues of the same age or older begins earlier and earlier, much before than the start of the school activity, although the socialization action of that group of colleagues, friends and neighbours does not have an institutionalised character like the family or school, it has obvious importance in the child's and particularly in the adolescent's world.

Another socialization agent is the mass media, especially television, to which we give greater relevance because of its importance and influence. In Western societies the percentage of families who do not have a more or less regular contact with this means of communication is residual. It is evident the fact that children of younger and younger ages start watching television, they efficiently use the remote control at an early age and they watch, in a more passive or active way, the television shows not only designed for them but also those meant for the public in general. On the other hand, the representational and narrative nature of television, as well as the built character of its product allows the message flow to be apprehended with interest and greed. With the constant broadcast of messages at home, television constitutes one of the most significant experiences of the individual's life from the early years of his/her life, which makes it more legitimate to suppose that such experience is one of the factors that shape each one's lifestyle.

The question is, then, to know the degree of influence of the media contents in people's lives, concretely in the children and youngster's information and formation, and what is the role that parents can play (first responsible for formation) so that their children enjoy in an active and critical way those contents.

We would conclude this socialization process issue by referring to computer games and Internet, which are more and more present and conspicuous, without forgetting about the growing importance of mobile phones and their several possible uses.

In IREFREA's study – Family relationships and primary prevention of drug use in early adolescence (Mendes, F et al, 1999) we verified the existence of a small amount of family prevention programs in Europe, as well as the lack of research studies in this area.

We clarify that when we refer to family prevention programs we are talking about those programs targeted at the members of a nuclear family (parents and children) as a whole, thus excluding those informative and training of personal and social skills programs, targeted only at youngsters/adolescents; or the informative programs; or those programs designed to establish educational skills, targeted at parents and/or educators.

Many prevention programs do not achieve their aims precisely because they do not involve the different intervenients, such as parents and educators, without whom it is not possible to reinforce the informative contents, leading to the loss or reduction of the impact of the preventive messages, especially when these activities are targeted at the younger group.

Since we are talking about primary prevention, the concept itself implies the development of different strategies that aim:

- a) to avoid the use/abuse of substances;
- b) to retard as much as possible the up surge of legal and illegal drug use;
- c) to reduce the problems associated to the misuse of those substances.

Thus, an early intervention, involving the universe of those upon whom we want to intervene, with a thorough theoretical frame which supports the action will make it more effective.

The need to make a study on the state of the art in what concerns family prevention programs was the aim of this new IREFREA's research in five European countries (Austria, Italy, France, Portugal, and Spain). This new work reinforces the commitment that we have dedicated to the study and understanding of the role played by the family in what regards drug consumption.

The knowledge and the evaluation of the different family prevention programs will help us to understand:

- a) the answers given to prevent drug use/abuse;
- b) the involvement of the family as a whole, trying to see how far all the family members are an active part in this process;
- c) the applicability of the prevention programs at the different moments of the family life cycle.

The relevance given to all this matter is so big that the European Union, in their 2000-2004 strategy, present as one of their aim "to reinforce the importance of the family as a target-group, where more actions should fall upon".

We conclude by quoting J. Bergeret (Bulletin de Liaison, CNDT, 1991) – *«Une méthode de prévention n'a rien de magique. Elle nécessite un effort permanent de la part de chacun. Elle prend du temps. Elle doit s'insérer dans les milieux naturels et les méthodes naturelles d'éducation et de formation et, en particulier, de formation permanente des parents, des maîtres et des éducateurs. Une véritable prévention primaire doit porter très précocément sur les enfants, leurs parents et leurs maîtres. C'est à ce niveau que nous devons être entendus si nous voulons que quelque chose change dans l'avenir de nos enfants».*

(Translation of the citation

« There is nothing magical about a prevention method. It requires a constant effort on the part of everyone. It takes time. It must be built into the natural environments and natural methods of education and training, and in particular the continuing education of parents, teachers and educators. True primary prevention must focus at a very early stage on children, their parents and their teachers. It is at this level that we must be heard if we want something to change in our children's future ».)

Prevention as it could be *What does prevention mean?* Olivier Ferreira, France

Etymologically, "prevent" simply meant "come before", and the term has evolved over the centuries, acquiring its current medical meaning in the mid-20th century. "Prevention" is now defined in the health sphere as action to avert certain risks, and the term extends to all the arrangements made in order to achieve this.

It thus applies to all the steps taken before a problem arises in order to prevent it from occurring, and, where a problem already exists, to subsequent action to lessen its consequences.

A distinction is traditionally made between three sorts of prevention:

- **primary prevention**, intended to prevent initial drug use;
- **secondary prevention**, with the aim of avoiding any shift from occasional use to harmful use or dependence;
- **tertiary prevention**, following treatment, intended to prevent relapse once a person has been rehabilitated.

Two new prevention strategies have been developed in recent years:

- **universal prevention**, addressed to the population as a whole, with a view to preventing or delaying drug use;
- **selective prevention**, targeted at specific groups more exposed than others to drug addiction risks.

The latter is intended to prevent drug addiction by strengthening protective factors such as self-esteem and problem-solving capacity. The aim is to help people who, for example, live in an environment where drug-taking is common to manage risk factors effectively.

Nowadays, "prevention" is part of a whole process of health promotion, and is no longer regarded as a separate activity. The aim is no longer just to prevent disease, but to promote health. In this context, health has to be taken to mean the full development of all the individual's biological, psychological and social potential.

In other words, health means a state of complete physical, mental and social well-being, and no longer merely the absence of disease or infirmity (WHO definition).

This definition of health, or of good health, thus has to be individual, and great importance needs to be attached to each person's independence and individual responsibility. Personal freedom is a prerequisite:

- freedom of access to information;
- freedom of access to resources when support or assistance is needed.

Other prerequisites are political, social and economic conditions which enable full responsibility to be taken for certain decisions.

1. The foundations for prevention

Four major principles underlie modern addiction prevention policies:

1. Prevention extends to all psychoactive substances

Thus alcohol, tobacco and psychotropic medicines are included alongside illicit drugs for the purposes of risk assessment.

2. Authenticated scientific knowledge is the basis

This is the case at European level thanks to large-scale surveys such as those of the REITOX network and the ESPAD school surveys.

3. Prevention is a service provided by professionals

Staff dealing with groups where the use of psychoactive substances is a problem, or with families or friends of the persons concerned, must have undergone professional training. In order to avoid difficulties of understanding, they must use clear and objective language wholly appropriate to their target audience and base themselves on established scientific knowledge.

4. The focus has shifted from substances to drug users' behaviour

The effectiveness of systems based solely on substances is limited or non-existent, as a result of polydrug use and the many different reasons for taking drugs.

A study conducted in the Netherlands in the 1970s which examined the three possible approaches to prevention (fear-based approach mainly involving warnings; provision of "neutral" and "objective" information about substances; approach focusing on individuals and their problems and offering scope for dialogue and personal contact) found that only the third had positive effects. The others were even counter-productive, having the opposite of the desired effect.

One finding relates to "experimentation":

Percentages seeking to use drugs for the first time within seven months of first "experimenting"

Control group (no intervention)	3.6%
Prevention based on fear and warnings	7.3%
Provision of "neutral" and "objective" information focusing on substances	4.6%
Approach focusing on individuals and their problems and offering scope for dialogue and personal contact	2.6%

It is clear from these figures that only the group involved in a prevention programme focusing on individuals was less likely than the control group (which was the subject of no intervention) to use drugs for the first time within seven months of experimenting.

The other two programmes were counter-productive, with more drug use ensuing.

What is more, the programmes focusing on young people (the third approach) – i.e. those which make them think about who they are and how they live, and teach them to

overcome the difficulties of day-to-day life - are effective not only in terms of reduced drug use, but also in terms of risk-taking and the management of the risk situations that arise in daily life (discussing rather than fighting, taking protective action for sexual relations, etc).

The main aim of this kind of prevention is to instil a sense of responsibility in those involved and to give them a central role in the prevention process. Prevention cannot be "prescribed" by specialists, nor can a completely passive target group be "subjected" to it.

Mike Trace, former chair of the EMCDDA Management Board, says that national drug prevention programmes must focus on developing personal and social skills, so that individuals can cope with conflict and pressure within their circle and take a critical view.

Arousing critical awareness and developing personal free will are two vital concepts in view of the fact that the individual will inevitably at some point be faced with drug-taking, and needs to have at his or her disposal all the tools needed for knowledge and understanding, so that the response is the right one.

In other words, as those with a role in prevention often say, the best thing to do if a family lives in a house by the sea is to teach the children to swim, rather than suggest building a wall around the sea as a means of preventing them from drowning.

2. Putting prevention into practice

According to the EMCDDA, four things hold the key to successful prevention:

1. The enhancement of personal skills, i.e. decision-taking, the ability to face up to problems and the setting of individual objectives.
2. The enhancement of social skills, i.e. self-confidence and the ability to resist pressure from one's own circle.
3. The enhancement of knowledge, about both drugs and the consequences of drug use.
4. The questioning of attitudes, especially of received ideas about using drugs with one's peers.

Whatever preventive system is used, it must be geared to all the possible reasons for taking drugs and therefore encompass a multifarious strategy.

Young people do not use psychotropic substances just because they are available, and this is why programmes which merely emphasise the need to refrain from drug-taking and "say no" are not very effective. Nor do they use such substances because they are ill-informed, which is why programmes which merely describe particular substances and their toxic potential are not very effective, either. Their problems are not the sole reason either, and this explains the lack of effectiveness of programmes which treat young drug users solely as young people with problems.

"The use of licit or illicit psychotropic substances is a product of interaction between the individual, the substance and the environment, and this relationship fits in with certain sociocultural models."

It is therefore important, when devising a project to prevent drug use among young people, to put forward the sociocultural models of drug use and to discuss all the reasons for drug use and the various uses of both the licit and illicit substances most likely to be tried by young people.

As I have already said, action on the use of psychotropic substances must be part of an overall effort to promote health, and not a detached attempt to solve a separate problem. Thus this approach can be brought in at a very early stage of young people's lives, rather than after they have acquired drug habits which may or may not be appropriate in terms of their well-being.

It also makes it possible to act through discussions with young people about what helps them in their lives, their self-esteem and their quality of life.

The adults in young people's circle are the most credible bearers of this kind of prevention "message", so it is important to make them aware of their important role and to give them the means of fulfilling it.

The role of prevention specialists is thus to help those individuals who make a day-to-day contribution in this sphere:

- by informing them about specific issues relating to drugs, drug use, the risks involved, and so on;
- by helping them to improve their understanding of, and the listening and support service they provide to, individuals in need;
- by helping them into a better position to manage, as far as is reasonable, the problem situations which present themselves.

Drug use being such an extensive and complex problem, all sectors of society are concerned: families, teachers, youth welfare services, health workers, the leisure sector, municipal authorities, etc.

"It is thus important for everyone, as appropriate from his or her position, to make an effort to understand the reasons why psychoactive substances are used and to play a role in education and prevention, by listening to young people, providing them with a reference point, offering them advice and support, and so on."

Young people need to be able to rely on the adults they know and feel that they have their support and can trust them, without having to look elsewhere.

These adults need to be aware that their role is not just to pass on knowledge, but to offer young people better opportunities to develop into independent, critical and responsible adults themselves.

Where all the adults who help teenagers with their personal development are concerned, prevention could be defined as a supportive relationship encouraging young people, and making it easier for them, freely and advisedly to choose their own course of conduct, and adjust this as time goes by.

Promotion rather than constraint.

Report of the Working Group 1: Families and Drugs

Richard Ives, *educari*, United Kingdom

Richard IVES gave an opening presentation to the Group. He 'set the scene' by suggesting three contrasting views of the family held by professionals concerned with drug prevention. Sometimes the family was seen as a *problem*, for example when parents were drug users, ex- drug users, held 'pro-drugs' opinions, or where parents set a bad example by their use of alcohol and tobacco. A second view was of the family as *an obstacle*. This occurred where any of the above points applied or where, for example, parents didn't want drug education for their children, or didn't support school drug education. Sometimes, parents were in denial about their child's drug use, or acknowledged their child's drug use but blamed everyone else.

A more positive approach was where the family was seen as *part of the solution* and educators worked with the family to promote drug prevention, for example through schools informing parents about their drug education programme, or involving parents in their drug education programme, or where drug prevention workers made sure that parents were informed about drugs or gave parents advice on communicating about drugs to their children, or organised activities that involved parents and children.

Olga FEDOROVA and Alex CHINGIN then presented information about a Pompidou Group Project in Russia involving a range of support for families. The strengths of this programme were the attention to the local needs and capabilities of the three areas of Russia where the project was working, and the training and support given to local 'key players' who were partners in implementing the project. A key feature of the programme was the exploration of different methods of family support in the three regions, in particular the experimentation with the use of new technology. In the Chelyabinsk and Kurgan regions, support was being given to self-help parent's groups; in Kurgan, a 'Friendly Family Day' had involved parents and their children working together on drug prevention activities; in Hanti-Mansiisk, a website for parents and professionals was being established. (More details about the project can be found at www.narkohelp.net).

In discussion, the Group looked at many different aspects of the family in the age of globalisation. Family life was changing rapidly. Examples given included the reduced size of families, the decline of the extended family, the increase in the numbers of working mothers, and the increase in the number of families separated – not only by marriage breakdown but by work postings, temporary migration, and other factors.

Most families were resilient enough to cope with these new challenges. Examples were given of how separated families used new technologies such as instant messaging to stay in touch. There did not seem to be a general reduction in the quality of family life. It was emphasised that 'quality time' could be obtained in a range of ways – one participant said that it did not necessarily have to involve special events, but was about 'living together and laughing together'.

Families did not exist in a vacuum; account had to be taken of the communities in which they lived and of the broader social and political context. This included the state of the economy, the quality of education and the role of the media. It also included a consideration of values and how far values were shared, and different values tolerated or even celebrated.

Some families needed help in adjusting to these changes. Different kinds of help and support were needed; this varied between cultures and subcultures. While traditional forms of professional help and support were still valid, new and innovative methods (for example, utilising the internet) were emerging and should be encouraged.

A presentation by Fernando MENDES (Portugal) stimulated some of this discussion. He quoted Jean Begeret: 'A prevention method has nothing magic about it but people want something from the magic box that will solve their problems'. He pointed out that prevention required *work* over a period *time*, and that prevention activities needed to be embedded in a range of settings. Prevention needed to be a continuous and coherent process, integrated with the family culture and dynamics, and it needed to start before children reached adolescence. His call for the Pompidou Group to organise a conference on Family Prevention and Interventions was supported by some members of the Group.

The Group was concerned with identifying those families that needed support – how could families at risk be best targeted? There was discussion about methods of reaching such groups. There was also discussion about the need for a broad, health-led approach to families – it was not generally appropriate to have a narrow focus on drug prevention.

A presentation by Olivier FERREIRA (France) pointed out that young people did not use drugs simply 'because they were there', or because they did not have sufficient information, or simply because they had problems; there were a range of complex and interlocking reasons why someone developed a drugs problem and responses needed to take account of this complexity. A deficit model of drug use was often dominant – that young people took drugs because of something lacking – but it was important to promote the positive. A negative, protective, approach was not the right response: 'If the water is rising, instead of building a wall around your house it is better to teach your children to swim.' Empowerment of young people was likely to be more effective than protection and restriction.

Conclusions

- The family, in its various forms, remains a key social institution for raising children.
- Families are therefore an important target for drug prevention activities, but these activities should not be narrowly focused on drugs – rather, they should aim to support the positive aspects of family life, in particular the development of shared family values and the promotion of positive attitudes towards health.
- Families are, in general, coping well, and adapting successfully to major changes in society. New forms of family life are evolving, and these can be supported by drug prevention professionals and others to enhance the protective factors. Some families will need additional advice, help or support – identifying these families, and giving them the support that they need can sometimes be difficult.
- Work with families, as 'traditionally' undertaken by professionals, remains valuable and under-resourced. New forms of intervention with families, for example, via the internet, are emerging, appear to have value, and need further exploration.
- The Pompidou Group should consider organising or supporting a conference on the topic of Family Prevention and Treatment

Signals

- Families are crucial to drug prevention.
- Most families are coping well with societal changes, but some need advice, support or help.
- Support for those families who need it should commence as early as possible.
- It is difficult to target help and support to those families most in need of it; a key problem is early identification.
- Schools are a key starting point for providing support for families, but their role varies in different cultures, and they are not in contact with some of the most problematic families.
- Work with families takes many forms, and is changing in response to changes in family life.
- In working with families, a partnership should be established and the values and customs of the family acknowledged.
- Work with families on drugs issues needs to take place within wider contexts, e.g. a broad approach to health.
- New forms of work with families should be explored and encouraged.

Working Group 2: Drug use from a lifestyle perspective

“421 Peer Drugs Education Project” Melvin Bay, Kilkenny City Drugs Initiative, Ireland

Goals, aims, objectives

The objective of the project is to train 4th year (15 year old) students to be able to design and deliver drugs education to 1st year (13 year old) students. This is in order to achieve the aim, which is to introduce peer education into schools as an effective medium for drugs education. This will then allow us to achieve the overall goal of the project, which is to educate young people about the use of drugs, and the pitfalls associated, so that they are better able to avoid them.

Summary of the Project

In 2003 a school chaplain in Kilkenny called for the creation of a peer drugs education programme for local schools because the programme in schools that was supposed to address drug education (Social, Personal and Health Education) was proving to be ineffective in many places.

Two drug workers, one from the local youth service and the other from the Substance Misuse Team of the Health Service Executive, agreed to look into creating a programme. After much thought and work the “All Stars Peer Drugs Education Programme” was created. It was agreed that the programme should be piloted over a two year period.

The idea was that a group of 4th year students (known as Leaders) would be trained to be peer drugs educators. This would happen over eight weeks. One session a week.

Session 1 Introduction

Session 2 Attitudes to substance misuse

Session 3 Drug facts

Session 4 Signs and symptoms

Session 5 Patterns of drug use

Session 6 Peer education skills

Session 7 Planning a programme

Session 8 Leaders presentation

(for details of each session see supporting documents)

The 4th year students (known as Leaders) would then go and create their own six week peer drugs education programme and deliver it to the entire 1st year of their

school. The 4th years students would work in pairs and address half a class of 1st years at a time. (Approx fifteen 1st year students.)

At the start of the next academic year the 4th year students would have now become 5th year students and would train up a group of new 4th year students, over an eight week period. These new 4th year students would in turn create a six week peer drugs education programme and deliver it to the new 1st year of the school etc. The programme was to be cyclical (for diagram see Supporting Documents, 421 Starter Manual, page 5) and would ensure that every new student in the school received some meaningful drugs education. After four years the first group of 1st years receiving drugs education would themselves be offered the opportunity to become peer drugs educators.

In each school a member of staff would co-ordinate the programme. It is their roll to work with the 4th year students assisting them where needed with such matters as gaining class rooms to use, equipment e.g. computers, photocopying, printing. Dealing with other members of staff etc.

The first school to be involved was an all boys' school in Kilkenny city. Twelve 4th year students participated and they delivered their programme to approx. 120 1st year students. The evaluation showed it to be a success in the first year.

In the second year it was decided to roll the programme out to two further schools. One was an all girls' school in Kilkenny city and the other was a mixed school in rural County Kilkenny.

These two new schools underwent the programme as before and it was also found to be a success. Similar numbers of 4th years and 1st years were involved in these schools as with the first school. So in the second year of the programme approx. 36 4th year students addressed approx. 360 1st year students. Problems did however emerge with the original boys school when the original 4th years trained up the new 4th years. There was also the complication of a change of staff in the school that meant that the 4th year students did not get the as much support as was hoped.

As a result of this, and difficulties experienced with all three schools involved, it was decided that block training would be better. Instead of the 4th years being trained over an eight week period by drug/youth workers or by the previous group of 4th years, they would now be trained by drug/youth workers over an intensive three days. As before the 4th years will then go on to create their own six week drug education programme and deliver it to the 1st year in their school.

In November 2005 a new school will be admitted to the programme. This will be another mixed school from a rural part of the County. The two city schools and the two rural schools will be trained together. The whole pilot will then come to an end and the project will be evaluated in December 2005. The 4th year students will still go onto design and deliver their six week drug education programmes to the 1st years early in 2006. Should the evaluation prove to be positive it is hoped that the programme will improve and develop further and be introduced to more schools.

How young people actively participate in the Project

The 4th year students receive an initial training about drugs, drug use services available etc. and presentation skills, public speaking, session design etc. They then create their own sessions and decide how they are to deliver them to the entire 1st year in their school. The 4th years are also encouraged to evaluate the sessions and feed back to the school co-ordinator who will feed back to the 421 team. i.e. youth/drug workers.

“Rusfri Diil” Kjetil Vesteraas, Norway

Introduction

Why shouldn't we take drugs? Why shouldn't we drink alcohol? We could list the negative effects of use, we could emphasize the health hazard, the economic aspect, the lack of control, the legal aspects and so on. However, none of those lines of argument will be valid if it doesn't add up to who you are; your identity, your lifestyle. The use of drugs and alcohol is not a debate about knowledge and facts (although it's part of it). If it was, we would have won, right? The real issue is identity and lifestyle, because that is how drugs and alcohol makes sense to people. Nobody in their right mind would make a decision to drink alcohol based on the table of contents or based on research. Youth make that decision when they decide who they want to be. We must try to make the choice not to drink or use drugs a choice that is not about what you don't do, but what you do instead. It's not about leaving something out of your life, it's about choosing something else. This is no revolutionary thought, but it is the basic issue for the project Rusfri Diil from Norway, which I'm going to tell you a little about.

Who we are and what we do (presence, scope and strategy)

- *Rusfri Diil* is a cooperative substance abuse prevention program in Norway.
- It is independent in terms of religion and party politics.
- Rusfri Diil is run by *Juvente* (managing organization) in cooperation with *Blå Kors Ungdom* (Blue Cross Youth) and *MA-Ungdom* (motor- and traffic-related youth organization). All organizations are youth NGOs, so youth are closely involved with the project from an administrative point of view. The project is government sponsored and non-commercial. The Directorate of Health and Social Affairs funds the project.

There are approximately 12 000 current members. More than 55.000 youth have signed a *diil* this far. There are 2 paid staff members (29 and 22 years of age, respectively) plus volunteering youth and cooperating local partners.

Rusfri Diil is aimed at primary prevention. The main strategy is to positively reinforce already established reluctance towards drugs and alcohol to consolidate a drug-restrictive lifestyle. This means that our intention is to limit demand, not to limit use. This is the reason why we choose to intervene at age 13, because in general they do not drink (in Norway, at least), but soon will. They are reluctant, but the use of alcohol is something that is part of their new reality in school.

About our members

About 70 % of our members are girls. Rusfri Diil does not specifically target youth at risk, but the open profile and low threshold seems to yield a high percentage of youth with ethnic minority background. It could be claimed that Rusfri Diil is in accordance with youth trends in terms of drug- and alcohol use in Norway, as the two groups with the largest increase in consumption are girls and ethnic minority groups. Both of these are adapting a drinking pattern similar to male ethnic Norwegians.

Who we are: Project description

- Objectives:**
- **Main: To postpone the debut age for alcohol and other drugs**
 - Reduce the positive expectations towards alcohol and drugs
 - Strengthen social norms towards a drug-restrictive lifestyle
 - Positively confirm young people's choice not to use drugs or alcohol
 - Create loyalty towards and identity in a drug- and alcohol-restrictive standpoint
 - Give youth knowledge about alcohol and drugs and their effects

Research shows that there is a very high correlation between debut age and later consumption of alcohol and drugs. The nature and surprising strength of this correlation can, according to some researchers, actually explain later consumption. This is why we want to postpone the debut age, because it is an effective prevention strategy (if successful).

Rusfri Diil is aimed at youth aged 13 to 18, with the main focus on age 13 to 16. The main idea is to postpone alcohol and drug debut by reinforcing the already existing reluctance towards these substances, and providing social, emotional and cognitive support to remain drug and alcohol restrictive throughout adolescence.

The average debut age for alcohol in Norway is 14,5 years, approximately. However, very few start drinking before age 13. Most 13-years old display negative attitudes towards drugs, and information indicates that one of the things youth fear when starting junior high school is that they won't be able to withstand peer pressure towards trying alcohol or tobacco.

What Rusfri Diil does is to reinforce these negative attitudes towards drugs and alcohol to make them last longer, preferably through adolescence and onwards. The project itself is not aimed at total abstinence from alcohol as our members become adults, but if that is their choice we are of course happy about that...

What we do: Structure

Rusfri Diil is a multicomponent approach to substance abuse prevention. The project consists of several different functions and activities. The structure is very flexible, and organized around the diil. All other elements are there because of strategic considerations, and can be removed, replaced or altered based on the information available. I will present briefly the individual components that create Rusfri Diil in its present version.

Rusfri Diil's main component is a **deal** (known as "diil" (Norwegian phonetic writing)) in which individual youth aged 13 to 18, commits to not using drugs or alcohol for one year at a time. This deal can then be renewed each year until the person turns 21.

School diaries are very popular in Norway and have been important identity markers for a long time, particularly for the youngest group of youth. **The Rusfri Diil School Diary** is distributed free of charge to nearly $\frac{3}{4}$ of all 8th grade students in Norway (approx. 13 years of age). The diary is developed in close cooperation with a panel of youth that develops both the overall concept, contents and design. Thus the diary is rooted in the trends and preferences by the youth themselves, and has become a viable competitor in the Norwegian market, despite the fact that it is non-commercial. The latest issue also included a brand new cartoon series exclusively drawn for us by an acknowledged artist. The response has been very positive. New this year is also an online teacher's

guide to the school diary, so that the book can be used actively in the classroom situation. This can also be a confirming factor towards the individual youths' choice of remaining absent from drugs and alcohol. For the coming issue we will print in excess of 50.000 copies, making it the largest school diary in Norway in terms of number of copies printed.

Rusfri Diil publishes its own youth magazine, "**Magazin Big Diil**". This is a magazine that intends to be an alternative to the many commercialised and sex-focused youth magazines on the market. Magazin Big Diil focuses on the positive activities and a clean lifestyle rather than negative effects of drugs. The magazine has four issues each year, and is distributed free of charge to all members of Rusfri Diil, in addition to some paying subscribers (libraries, institutions). Members of Rusfri Diil contribute with articles, messages, pictures and ideas in the production process. The cartoon, featured in the Rusfri Diil school diary, is also continued in Magazin Big Diil.

The project runs a newly redesigned website, www.diil.no. Its intention is to work as a social networking hub, providing members the opportunity to contact other members on the community-pages (which is a no access area for non-members). The website has been redesigned in conjunction with a reference panel of youth, and features community functions like forums and direct messaging service, online picture gallery, online "diary", downloads, activity calendar, articles and other functions. A game zone is under construction, and two games, featuring characters from the school diary cartoon, are already in place. The site will also be redesigned again to accommodate all new elements, and the new version will be in place before school starts again in the fall.

There is also a recruitment system, **Diil Páints**. It is based on accumulating points by recruiting friends to Rusfri Diil and participating in activities such as competitions. The points can then be exchanged for different products. The system is based on the efforts by individual members and has three main targets:

- 1) To promote activity amongst the members and thus increasing the commitment level
- 2) To recruit more youth to the project (by giving members an incentive to recruit)
- 3) To reinforce the "peer-to-peer" communication model.

Local activity is promoted through the local groups of the owner organizations. Together with other local partners they arrange diil-activities for members all over Norway. The types of activities vary depending on local conditions, and are supported by Rusfri Diil through information, material and financial support. This not only provides members with "something to do", but actively involves them in a social environment consisting of other youth that does not use drugs or alcohol. This gives additional confirmation to their decision and also helps normalize a drug and alcohol restrictive lifestyle.

In late March a "Diil Weekend" was held, with culture activity groups to accommodate 100 youth from the entire southern Norway region. The group leaders were professionals in their respective fields, ranging from band instruction, dancing, theatre sport, rapping, clothes design, debate techniques and so on.

Rusfri Diil also has several **branded products**, or "identity markers". These items are available for sale or as prizes for recruiting members or for competitions in the magazine or on the website. The products include shoulder bags, t-shirts, key chains, wrist bands, buttons, slap-wrap reflex bands, Frisbees amongst other things. All products are chosen and developed in conjunction with a reference group consisting of youth, in addition to informal "hearings" amongst members using our website. The

products are developed to be fairly inexpensive and frequently used in a way that's visible to others.

Starting fall 2005, Rusfri Diil is involved in a partnership with one of Norway's major radio broadcasters, Kanal 24. Rusfri Diil provides **weekly radio features** on the youth show "Jång" (Norwegian phonetic writing for "young"), recorded and edited by a group of RD members, aged 14 to 18. The feature themes range from weird hobbies to the choices young people are facing, drugs and alcohol being one of those choices.

Rusfri Diil also has SMS and MMS **services** for mobile phones, and uses these communication channels for information and competitions, in addition to e-mail. Mobile communication is huge in Norway and as good as all youth have their own mobile phone. This is being developed, and more services is hopefully available from the fall. We will attempt for instance to adapt the wallpaper downloads from our website to mobile phone format.

Rusfri Diil focuses on high quality standards for all components in order to have adequate "commercial" appeal, as far as possible within our budgets. The standpoints we advocate are "hard to sell", and efforts must therefore have components that can be competitive in the world of the most discriminating youth. This is what our youth tells us, because we ask them what they think.
The involvement of youth

Rusfri Diil involves young people on several system levels. As mentioned above, youth are involved in all components and activities that constitute the project.

In addition, youth participates actively in decision making processes concerning strategy, structures and systems. The different reference groups are involved in the project development processes as well as evaluation, in addition to the more specific component/ product development processes. In short: Youth decide what colours the t-shirts should be AND decide on strategic issues.

The communication strategy involves young people in the most crucial part of the project. Research shows that the opinions and values of the peers are extremely important, particularly to young adolescents. Peer-to-peer communication is therefore chosen as the primary channel. This strategy has several different actions to its implementation; everything from involving slightly older students (9th or 10th grade) in handing out the school diary to 8th grade students (to provide role model reinforcement and to counter the "majority misconception"), to the recruitment system (Diil Påints) and the youth-led local activities.

In closing...

It is hard for any prevention project to actually take part in youth culture. By involving youth in all aspects of our project we can not become, but help provide an identity building factor in young people's lives. We are not there, but we want to be, and we believe that we can.

We want to take young people's struggle with identity seriously and provide them with a helping hand to stick to the decisions they know are right. We promote what you gain, and not what you give up. The youth that choose this are getting more out of their time and money, and they know it. They're not missing a thing. Many of our members have built their lifestyle on this choice, as well as many other choices. Drugs and alcohol is just one component. Our challenge is to make the right choice about drugs and alcohol compatible with every lifestyle there is. Staying sober does not narrow your other choices.

Like one of our youth likes to say: * "If drugs and booze is the answer, there's something seriously wrong with your question". Thanks for your attention!

Working Group 3: Drugs and the media

Ulla Jarvi, Medical Journalist, Finland

How it is now?

European students don't live in the desert – they live in middle of cultures of their home country. Also when dealing with alcohol, smoking and drug habits.

ESPAD (European School Survey Project on Alcohol and Other Drugs) shows that teenagers drink alcohol more than average in those parts of Europe, where adults drink more than average.

In western parts of Europe (the British Isles, the Netherlands, Belgium, Austria, Malta) and in the Czech Republic frequent drinking is more prevalent than in northern parts.

Teenagers in Bulgaria, Denmark, the Netherlands and Poland drink usually beer when their mates in Austria, the Czech Republic, Greece, Italy, Malta and Slovenia usually drink wine.

In western parts of Europe students are more often drunk than students in Mediterranean countries.

Frequent drug users live mainly in the central and western parts Europe, where more than one third of the students have used illicit drugs. The high prevalence countries are the Czech Republic, France, Ireland, Isle of Man, Switzerland and United Kingdom. The low prevalence countries are found in the north as well as the south Europe.

We know much more about drug statistics than we know WHY teenagers (or adults) use illicit drugs.

And we have hardly any research about media influences. In my opinion teenagers don't use drugs because they have seen drugs in TV, in movies or in MTV.

They might use drugs if they have good friends who use drugs – and if they have enough money to buy it.

Movies, music videos and other media can provide some models how cool it is, when somebody uses hashish or marijuana. But mostly often we can see sad stories about teenagers who have used drugs.

How it might be?

Newspapers usually write about drugs as a question of police matter. They make huge headlines about drug dealers (when police have caught them) and about drug deaths (when a young person have died).

The real phenomenon in itself quite rarely get big headlines in serious newspapers or magazines. They don't write for example about reasons of drug use.

The evening papers and yellow media loves destinies of sad drug users – but the users have to regret their former life (*“what a hell it was”*) and promise never use again (*“with help of God/parents/new friends/doctors”*).

When drug using is illegal in the most parts of Europe, journalists have difficulties to handle this area with neutrality. We usually have police as the information sources and often we write about justice cases. Quite often journalists see the drug problem as a medical issue.

The social backgrounds and cultures of teenagers seem to be very difficult to write about.

We have a large range of other Media. Young people spend about 5-8 hours per day with different kind of Media.

Can we see drug use in Music channels?

In TV-series; is drug use part of everyday life?

What about role models?

In my youth adults told that ALL heavy metal artists use drugs. Really?

Well, quite many have died of drugs...

In fashion world we can see young girls like skeletons in catwalks. Many of fashion models say that have used drugs to stay so thin – and be able to work enormously long days.

How much we can read and see stories about real world of drugs? Do we know where the “big money” really goes?

I think that quite many young people find illicit drugs just a funny, exciting game that brings funny moments for them. Could they change their attitude if they knew more about global business, human trade and violence that surround drugs?

At least scary stories are not the right way to tell about drugs. Information and facts are the only solution. But how to get the message for those who don't want to take it? Still we have more questions than answers.

Oksana Zhukova and Alexey Terekhov
Federal Service of the Russian Federation for Drug Control

Criminal drug dealing and, as consequence, narcotization of the society is a worldwide, global public problem. Plus, this problem is multidimensional, and includes medical, social, economic and, certainly, law-enforcement fields. Furthermore, it concerns international and interdenominational relations and affects forming-up of subcultures, especially the ones of young people.

Narcotization is a big problem for our country, since the drug abuse is on the verge of epidemic. The scale of illegal traffic and non-medical consumption of narcotic drugs and psychotropic substances has grown to the extent of a serious threat to the nation's health, socio-political and economic stability and as a whole to safety of the State.

According to the official data, the number of drug addicts in Russia has risen more than 9 fold over the last decade. As of 2005, approximately 500 thousand addicts are registered in national narcological establishments, at the same time the number of people consuming drugs is estimated in millions. Spread of a narcotism among youth raises particular concern: according to sociological researches, young people of up to 30 years of age constitute two thirds of drug consumers. The drug addiction became calamity which can come in any house and that nobody cannot fight alone.

Having faced this terrible threat, the leadership of our country made the decision to establish in March 2003 a specialized institution on countering drug aggression – the Federal Service of the Russian Federation for Drug Control (FDCS).

One of the state policy priority directions, conducted by the FDCS of the Russian Federation in the field of control over traffic of illegal drugs and psychotropic substances, is to prevent drug addiction and drug-related crime, in terms of coordinating activities run by federal executive authorities, executive authorities of constituents of the Federation, public associations and mass-media.

The purpose of setting up drug prevention of illegal consumption and traffic of drugs is to create a system of interdepartmental interaction for identification of reasons and conditions of spread of drug addiction and drug-related crime, their containment and elimination, development of efficient measures to reduce demand for narcotic drugs and psychotropic substances and to form a negative attitude of the society towards illegal consumption and traffic of narcotic drugs and psychotropic substances.

Since 2005 the FDCS of the Russian Federation has coordinated realization of the federal targeted program titled «Complex measures on countering drug abuse and drug traffic for the period of 2005-2009» (further referred to as the Program). This programme provides actions aimed to prevention of drug addiction spread to include the one among minors. Methods of the program allow to pool efforts made by state and non-governmental organizations and institutions intended to reduce the level of narcotization of the population.

By 2010 the Programme is expected to result in reaching with preventive action some 25 % of teenagers and youth aged from 11 to 24.

In order to manage the Programme a governmental commission is currently set up, membership of which will be constituted with leaders of all federal executive authorities that have any relation to execution of this Programme.

In addition regional counter-narcotic programmes are being developed and implemented in constituents of the Russian Federation.

An effective mechanism of problem solution for organization of interdepartmental interaction in the field of drug prevention of illegal consumption and traffic of drugs are the interdepartmental commissions, established with Plenipotentiaries of the President of the Russian Federation in federal districts, in constituents of the Russian Federation and in large local authorities. Heads of legislative and executive authorities, law enforcement bodies, social services, public health institutions, education institutions, representatives of mass media, public organizations and religious faiths make part of the membership of such commissions.

A process of forming up a system of drug prevention of illegal consumption of drugs is currently underway in Russia based on the Federal target programme, Target counter-narcotic programmes of constituents of the Russian Federation and local authorities.

Following prevention actions can be cited as an example thereto. The programme titled as «Contingency reserve is the children of the Russian Federation» has been successfully carried out starting from 2005. Within the framework of this programme summer and winter recreation for children being in risk groups is organized in child and youth sport camps jointly with bodies of social protection.

During that recreation children get involved in a role playing game in an attempt to reverse half-way their world perception. In course of that game the children are offered to take the place of policemen combating drug-related crime to make them experience advantages of living a society of law where order and discipline rein in contrast with their criminal background.

In addition, in course of the rest such children are submitted to a set of prevention actions directed to their health rehabilitation, physical and moral development, including to form negative perception at them of the mode of life associated with consumption of drugs and alcohol. Such child and youth sport camps have been established in all federal districts. In summer of 2006 they will accommodate for recreation more than 5000 children and teenagers.

A contest of works, made by children and young people, in the field of prevention of drug addiction is carried out on yearly basis in cooperation with the Ministry of Education and Science of the Russian Federation. Authors of the best drawings, posters, verses and scientific works are awarded with prizes on behalf of the FDCS of the Russian Federation.

The annual action «School without drugs» is carried out starting from April 2005 within the framework of the All-Russia counter-narcotic action at schools, specialized secondary and higher educational institutions in the Russian Federation. As a result of summarizing of data on the action held in 2005 we can assert that those actions are efficient in which children act as active players of prevention activities, since they get an opportunity of positive self-expression, comprehension of their importance in the society, which eventually forms an active life attitude, the well-considered responsible behaviour being a prerequisite for psychological immunity to the harmful social phenomena.

At the initiative of public from youth movements and experts in drug addiction prevention a system of counter-narcotic outreach is being formed-up in regions. Various forms, methods and means are employed to show the harm for health, rendered by non-medical use of narcotic drugs and psychotropic substances. The most significant projects in the field of counter-narcotic outreach are the following: the programme « Baikal region against drugs », the comprehensive social programme of active prevention of drug abuse and the general health rehabilitation of youth through outreach of sports and a healthy mode of life, developed by public organization " Alternative " (means, used for implementation of the project are: video clips, advertising on electronic advertisement boards, advertising on clothing (slides).

In addition, special theatrical projects, directed to display harm, caused by illegal consumption of drugs, and encouraging at youth formation of motivation for a healthy mode of life are created in the country. One will find among them: the theatre « Dolls and People », performing in schools the programme titled as « Inoculation against drugs »; the exhibition of wax figures « On the edge » showing plots from a real life of addicts and cautioning children and teenagers against illegal drug consumption (picture).

The crucial link in prevention of drug abuse are various youth movements, which promote creation of environment of public intolerance to the use of drugs, countering illegal traffic thereof, propagating a healthy way of life, organizing leisure of youth. Another element deserving some proper attention is the volunteers' movement introducing techniques of "street" pedagogics, working by the principle «herd mate to a herd mate». Development of this movement is one of perspective trends in prevention of drug abuse among youth.

Thank you for your attention.

Working Group 4: Drugs perception in different social groups

Involving Young People in Drugs Prevention: a Social Capital Model **Colin Cripps, In-volve, United Kingdom**

When we look at the issue of involving young people in drugs prevention I believe we have to start with the question why? Is it because we believe that it is intrinsically good to do so? Is it because we believe that it is the democratic thing to do? Is it because we feel we are going to fail in drugs prevention without them and that they have a magic key to success?

I ask these questions from the point of view of someone who runs young people's services in which young people are involved at many levels. I come from a country where the government has enshrined youth involvement in its national policy on young people's services. I am committed to it in principle and in practice but I believe that we see it all too easily as the Holy Grail; as an easy answer that will somehow automatically get prevention right for us and, of course, it's more difficult than that.

The first complicating factor is that there is no such thing as youth culture: there are many interlinked or conflicting sub-cultures. The value of working with young people is that they can help us to listen to and understand the fundamentals of those sub-cultures. I take the listening and understanding as my starting point. We cannot communicate effectively with those we cannot understand.

Our challenge then comes in the form of: which young people do we need to speak to in order to give us the biggest insights and how do we select and recruit them to our dialogue? Young people voted for in school councils may be able to contribute to issues relating to schools but they are unlikely to help us to understand the drugs issue from the point of view of minority ethnic communities living on the big estates around our cities. When we set up youth committees in the traditional ways we tend to get the young people who are motivated, socially included, not involved in crime or major drug taking. The insights they can give us have particular limitations. The very structure of youth 'committees' is a barrier to those we want to reach because those aren't the structures in which young people operate at their open and imaginative best. A Youth Parliament tends before long to be peopled by Youth Politicians.

We need to look at more informal, flexible and fluid ways of involving young people. The difficulty that this presents professionals in the state sector is that we are expected to work on the basis of empirical truths. Can we prove that the young people we talk to are representative of the views of particular groups and can we show this

quantitatively? Our quasi-scientific methods of research are often too rigid for a situation in flux.

Let me give you an example. In the early 1990s my agency was working with young volunteers from the local minority ethnic communities in an area of East London. African-Caribbean youth and Asian youth at that time shared predominantly the same sub-culture. This was based around Caribbean music such as Reggae and its associated fashion, the advocated legalisation of cannabis and its widespread use, a traditional white East End of London attitude towards low-level crime and an approach towards women based, at least in terms of bravado, on hedonism.

Within six months all those young people, regardless of ethnic background, had discovered Islam, were wearing traditional Muslim clothing, regarded the use of any drugs as forbidden and had an entirely different attitude towards women. Any research done six months earlier would have been redundant and initiatives based on such a formal study would have been unsuitable.

It is therefore important that we identify the many interlinked fragments that make up youth culture and have fluid strategies for accessing them. To start with we must ditch the idea of peers being relationships based fundamentally on age. Our peers are those with whom we share interests and activities, who come maybe from similar backgrounds and cultures, who we recognise as somehow being like us. When we carried out research into what young people thought about drug education (this was in the late 1980s and early 1990s) we discovered that they only believed messages from people who they regarded as having credibility.

This credibility was not based on age alone. Young people tended not to believe what people their own age said about drugs because they didn't believe that their contemporaries would know any more than they knew themselves. They believed those a few years older than themselves. Although it is true that people above a certain age were regarded as too far out of touch with youth to know anything about drugs, at least in a modern context, and were regarded therefore as being judgemental, there were several other factors that credibility depended upon. One was that the person talking about drugs had to have taken drugs themselves at some stage. This was certainly the case for young people whom themselves used drugs: as far as they were concerned, only those who had also used drugs could tell them anything of any value.

Another factor creating credibility was that the person had studied their subject in depth: that they were seen as something of an expert. Another was that they worked for a recognised agency that was itself seen as credible and youth-friendly. Another was that they knew the area, knew what was going off on the streets.

If these are the young people that can give us access into the corners of youth sub-culture, particularly to those young people who are excluded from mainstream society, then the task of finding and creating them requires energy, effort, skill and tolerance.

Those who work with youth know who the influential ones are in any group. They are usually society's biggest renegades. However, the movers and shakers are the ones who represent the core values of that sub-culture and one of the aims of any sub-culture is to keep others, non-believers or pretenders, out. There are a thousand signals in any contact that say how much a part of the group you are and where you stand in it. The young people we want to help us are those that are central. But what is in it for them? Surely all they can do is lose by playing our game?

There are three things that are key to success here.

The first is to make our game one that does not judge their sub-culture but that is seen as supportive of the needs of the individuals within it. We cannot expect anyone to help us wag fingers, either literally or metaphorically. Even were certain individuals to buy into such an approach we would do them a disservice. They would lose credibility with their peers and would simultaneously lose their value to us and become socially stranded. Too many attempts at building social capital down the years have created victims to no good end. We have a responsibility to the young people we want to join with us.

The second is to offer them something that is fun, that they want to be involved in: DJ workshops, computer music and recording, graffiti projects, dance classes, video making. Lets present what we're doing as positive and not as something that is responding to young people as having current or potential problems. I don't want to listen to someone or to go somewhere that sees me as a problem.

The third is to find the gain for the young person. What is their win? What can we give them that will make them want to be part of what we are doing? What, for example, is the win for the young person from a large estate where there is high unemployment when he is earning a lot of money from the drugs trade? At first it looks impossible to find one.

But in reality, when we scratch the surface of young people there are normally wins we can identify. For many, maybe most of the hard-core, it is to feel part of a family in a way they have never themselves experienced in their own lives: to feel accepted and valued; to feel listened to; to know that their pain is understood and not regarded as a weakness to be exploited; to know that the commitment we show them is not short-term and that we will not abandon them the first time they mess-up or behave in their old ways. For some it is to feel that they have a chance of a positive future: that they can learn and maybe get a job. Our programmes all need to offer young people training. I will return to that point in a minute. For all, in my experience, it is to feel that they can re-shape their identity into something more positive and hopeful. We all want to see ourselves as people with potential, with talents, as people who are valued, rather than as failures, outcasts or as not liked.

We have to find many different ways to identify and recruit them. They may be clients of our services; they may be in our criminal justice systems; they may be involved in the local music scene. We might throw out a challenge to them: who is brave enough to stick out this new programme. We might offer, for example, young black youth a programme set in their communities that looks with pride at black history and that takes them beyond a simple understanding of slavery and its legacy to how it affects their identity and drug use in their communities and how they can transcend its effects. We will, after a time, be able to send their peers, those we recruited before, to begin these dialogues. Like a snowball on a hill, size and momentum increase once you have moulded that initial shape.

In this system everybody gains: the young volunteer gains a sense of positive identity and goes on to lead a more productive life; society gains from the fall in his or her anti-social activity and their negative impact on their peers; the young people being educated become less likely to be involved in drug use and associated activity.

We have to invest heavily in these people. They are leaders and it is important to society that they lead in the right ways. We have to train them, not just for a better

future for themselves, vital though that is, but we also have to train them for two strong drugs prevention reasons:

Firstly, young people cannot pass valuable opinions that will genuinely change things without the necessary knowledge and understanding to support their opinions. If we just canvas untutored opinion what we will get is, at best, of little practical value in terms of shaping effective prevention initiatives and, at worst, will just be formulaic thinking. Young people know what we want them to say about drugs and they are very good at saying it back to us in order to get us out of their hair. They are also not necessarily knowledgeable about drugs or about what it is socially and politically possible for them to say about them.

In England we have, for the first time, a Young People's Commissioner whose job it is to represent their interests and report to parliament. His first statement was that young people didn't want to be consulted. They had had enough of adults asking them their opinion and then hearing no more and seeing no change. Young people want to be involved. And he is absolutely right. We so often pay lip service to involving youth. We ask for their untutored opinions and then discard them as unrealistic and unworkable and often don't even bother to tell them why. Before long, that creates a disillusion that is very hard to overcome.

A process of engagement, of ongoing education and debate, both with our young peer leaders and also with the groups with which they work, is where genuinely valuable ideas are created and lasting attitude change begins. That is because it is an honest process. The reality is that we cannot, of course, blindly accept young people's opinions about how we should work and therefore what they should say to other young people. If they go into schools saying cannabis should be legalised that is unacceptable: that is just a political reality, regardless of any validity to the argument. Young people are sophisticated enough to be able to understand context. Debate legalisation in training sessions but don't preach it to others. These young people are in a dynamic relationship with us: their ideas must contribute to the development of our drug education programmes on an ongoing basis but we adults are also part of the dynamic: we cannot abdicate our responsibility and we must ensure that the resulting programmes are clearly structured and consistently delivered.

And that is the other reason for intensive training programmes. Peer-led work should never be about the opinions of the peer-leader: it should be about drawing out and examining the views and knowledge of the young people who are being educated. The best educator is someone who doesn't reveal their own opinion but asks questions that make those being educated go away still thinking through and debating the issues from angles they had not previously considered. For most, stimulating such thought in others is not a natural skill: it is one that has to be taught. If we want young people to be involved in drugs education then we must train them as educators. I have seen too many programmes delivered by young people that failed because there was too little training invested in those delivering the drug education. They failed because young people were left floundering in programmes that lacked structure or rigor by adults who believed that all you had to do was to bring a group of young people who had been given drugs knowledge together with those that hadn't and that something magical would happen as a result.

To summarise, I am saying that the best ways to involve young people in our work are based on models of community engagement and ongoing investment in social capital. To be committed to less, is, I am afraid, to invite failure.

Social groups need social interventions

Matthijs Blankers, Jellinek Foundation, the Netherlands

As Colin Cripps told us during his short kick-start speech, before talking about social groups it is important to identify certain universal characteristics which make a social group into an entity. No social group is completely homogenous. This is especially important to keep in mind when talking about drug proveniences and –use. No two individuals are identical.

Having said that, certain social groups are identifiable in each country. Norway for example reports young foreign boys who, being workless, bite their time selling and smoking cannabis. The UK sees Somalians with bad societal expectations, whereas Portugal worries about students drinking unhealthy quantities of alcohol. The Netherlands discerns gay men, the multicultural *urban*-scene, Young Urban Professionals, junkies, students, party people / rave-attendants, all with their own substances of favour.

Turkey and last but not least our respected guest-country Lithuania report, in my opinion though, more concerning drug use in certain social groups. In Turkey homeless children, left by their parents because they somehow could not take care of them, are reported to sniff glue and harm other people and themselves. In Lithuania young village children, whose parents are alcohol-dependent, grow up without adult supervision and schools, but with cannabis, glue, and self-made drugs. Reportedly 15.000 Lithuanian children are not going to school. Some of them are using drugs instead. And as our keynote-speakers of yesterday, Marius Sjømæling and Colin Cripps have agreed, for the most important part it's not the drugs themselves, but the socio-cultural situation that contributes to their pathological habits.

This is why we sought for ways to influence the situation of certain social groups in need during session B. According to Norway peer methodology, evidence-based interventions and alcohol-use regulatory policies are the most important. Portugal pleads for a more community-based working method and for better cooperation between prevention projects, and between governmental institutions. Lithuania wants to improve parental responsibility-perception and create a save environment for the before-mentioned village children. Turkey even suggests securing the rights of drug users.

The UK points out that there is currently not enough money to do the work that has to be done. Big companies should take responsibility for the society through which they became so big, and contribute more to drugs prevention.

Much work can be done by or with the help of volunteers though. The first steps in creating a prevention project can yet be taken without any money. Enthusiasts in Lithuania and everywhere else should attract volunteers, make idea's about what will work for their target-group, go to youth-gatherings and connect with them. They should not try to change their culture, but instead record what the culture's needs are.

Some concluding remarks: Culture itself is not a cause of drug use, but can be affected by it. Schools should work on youth empowerment, to teach children to make wise decisions. Wise decisions, not to misuse alcohol, tobacco or other drugs. Wise decisions, to stay at school. Wise decisions, to stay healthy.

Education and Prevention: How to do it?

In the first part of session C we had a discussion about school-based interventions. Different forms, designs and working methods have passed the revue. Some schools use role-play techniques to train their pupils to make sensible choices. Others prefer to give plain information, or to use peer-methods to make identification for the target-group easier. All of these methods have been reported by our working-group members from the different countries.

Some comments were made about the way in which projects are implemented. Norway reports that teachers should face the problems of substance abuse in a more elaborated way. Because schools create their own prevention programmes, the teacher plays an important role in selecting the content. When a teacher is not very interested in drugs prevention himself, the subject may not even take place in his teaching programme. Maybe it should be better when an addiction centre would participate in the implementation the programme.

In Lithuania the school-based prevention work is just getting started. Volunteers, mostly students, give lectures which too often are very theoretical and hardly of any use in everyday life. This brought us to the discussion whether this school-based work actually is effective. Most of us thought it is, although there shouldn't be expected too much from it. We agreed on the importance of:

- training the peer or teacher very well
- working in small groups
- aiming on getting the subject discussed by the school-children

Turkey then suggested to plan some time every week or so, to discuss substance-related information in the classroom. In the current situation there isn't enough time in the school programme to discuss the subject properly. Questioned was of course whether it would be possible to get drug-education implemented in all school programmes.

During our discussion, we more and more agreed on the importance of decent education in this area. In all countries, the amount of attention paid to drugs-prevention depends too strong on the willingness of the teacher and the schoolchildren themselves. This of course is not good. In some schools you just are lucky to get the subject discussed properly. In other schools you just won't. This observation brought us to three important wishful statements:

- School-based prevention programmes should be a obligatorily part of education programmes throughout the countries which are member of the Council of Europe
- During the education of school teachers, drug-prevention should be part of the curriculum
- Drug-information leaflets should be available for all schools

In the second session of today we tried to actually create a prevention programme which could be suitable for implementation. First, we decided to aim our intervention at school-dropouts, since this is especially a group at risk. Then we had a brainstorm to generate elements which would be included in the programme. These elements are among others:

- knowledge exchange
- to create relationships
- creativity
- sports or activities
- child involvement
- role-play/drama/music
- socialisation
- to implement evaluation

Hopefully it will be possible to use these elements in the creation process of a new prevention project by the Pompidou Group. It would be a topping on the cake for this third European drug prevention forum.

Key points from the forum

Richard Ives

The following points emerged from the four Working Groups (based on their plenary presentations):

Families and drugs

The group had looked at many different aspects of the family in the age of globalisation. Family life was changing rapidly and some families needed help in adjusting to these changes. Different kinds of help and support were needed; this varied between cultures and subcultures. While traditional forms of professional help and support were still valid, new and innovative methods (for example, utilising the internet) were emerging and should be encouraged.

Drug use from a lifestyle perspective

Different lifestyles needed to be respected. They all had value and all could have drug prevention messages addressed to them. There was a close association between certain lifestyles and certain drug use; prevention messages needed to be nuanced appropriately.

Drugs and the media

The Group emphasised the need for engagement with the media. They felt that it might be possible to have more influence over young journalists than older ones. They therefore proposed a project aimed at informing and educating young journalists about drugs and drug prevention, and recommended that the Pompidou Group take up this idea.

Drugs perception in different social groups

This group discussed a variety of different social groups; they explored school-based drug education and, while seeing it as crucial, recognised its limitations for some social groups. They concluded that school-based drugs projects were important and needed to be mainstreamed. Well trained teachers were required. They moved on to discuss school-refusers – clearly a group difficult to reach through schools – and proposed a project in relation to this group.

Conclusions

The Forum again demonstrated the importance and value of involving young people in prevention at the international level – their enthusiasm, their fresh ideas, and the challenges that they offered were all refreshing for the professionals who engaged with them. The young people themselves welcomed their participation and reported that they gained a lot from the experience. There was almost universal support for further such events.

The structures of the Forum did not always effectively facilitate exchanges of ideas. In future, more thought needed to be given to the structures and organisation of workshops, etc to maximise participation and engagement and the exchange of ideas between younger and polder participants.

The preparation day which facilitated the young people's involvement was an important part of the process; it was suggested that the adult professionals would also benefit from a preparation day, which, in particular, would introduce them to working techniques for the meeting that were more suited to the needs of young people.

In drug prevention with young people, establishing credibility was crucial and in doing so, honesty was a key element. Professionals needed to develop an understanding of young people's subcultures and work with them.

Appendix I - Programme

Speakers

Ms Audronė ASTRAUSKIENĖ	Director of Drug Control Department under the Government of the Republic of Lithuania
Mr Melvin BAY	421 Peer Drugs Education Programme, Ireland
Mr Alex CHINGIN	Co-ordinator of the Support Network Project, Russian Federation
Mr Colin CRIPPS	Deputy Chief Officer of In-volve, United Kingdom
Mr Gabriel DENVIR	Head of International Section, Drug Legislation and Enforcement Unit, Home Office, United Kingdom
Mr Tony DRONFIELD	European Playwork Association (e.p.a.), Consultant of the Pompidou Group
Ms Olga FEDOROVA	Social Rehabilitation Centre OTRADA, Ekaterinburg, Russian Federation
Mr Olivier FERREIRA	France, Consultant of the Pompidou Group
Ms Selin HATIPOGLU	Istanbul Bilgi University, Turkey, Consultant of the Pompidou Group
Mr Richard IVES	<i>educari</i> , United Kingdom, Consultant of the Pompidou Group
Ms Vilma JANULYTĖ	Drug Control Department under the Government of the Republic of Lithuania
Ms Ulla JARVI	The Finnish Medical Journal, Finland
Mr Fernando MENDES	Institute for Drugs and Drug Addiction, Portugal
Mrs Lena O'CONNELL	Merseyside Development Foundation, United Kingdom
Mr Žilvinas PADAIGA	Minister of Health, Lithuania
Ms Jurgita POŠKEVIČIŪTĖ	Open Society Fund Lithuania
Mr Alvydas PUODŽIUKAS	Secretary of the Ministry of Education and Science, Lithuania
Mr Romualdas SABALIAUSKAS	Secretary of the Ministry of Health of the Republic of Lithuania, Lithuania
Mr Domas SAVICKAS	Drug Control Department under the Government of the Republic of Lithuania, Lithuania
Ms Rima VAITKIENĖ	Secretary of the Ministry of Health of the Republic of Lithuania, Lithuania
Mr Kjetil VESTERAAS	Rusfri Diil project, Norway
Ms Ramunė VISOCKYTĖ	Chairman of the Lithuanian Parliamentary Commission on Drug Prevention, Lithuania
Mr Oleg VOTINTSEV	Specialist on prevention, Department for Youth Affairs, Russian Federation

2006 European Prevention Prize – Jury members

Ms Glainess ADELY
Mr Rendo BOT
Mr Gunes HATIPOGLU (Excused)
Mr Marius SJØMÆLING
Ms Anastasiya SYCHEVA
Ms Rose TABASSUM

THURSDAY 18 MAY

9:30 *Plenary Session* Plenary Hall Sapphire B

Opening address by Audrone Astrauskiene, Director of Drug Control Department, Lithuania

Welcome address by Dr Bob Keizer, Presidency of Pompidou Group

Welcome address by Ramunė Visockytė, Chairman of the Lithuanian Parliamentary Commission on Drug Prevention

Welcome address by Žilvinas Padaiga, Minister of Health, Lithuania

Welcome address by Alvydas Puodžiukas, Secretary of the Ministry of Education and Science, Lithuania

Presentation of Working Group (WG) themes:

WG 1 Families and drugs Plenary Hall Sapphire B

WG 2 Drug use from a lifestyle perspective Meeting Room I Sapphire A

WG 3 Drugs and the media Meeting Room II Coral A

WG 4 Drugs perception in different social groups Meeting Room III Sapphire C

11:00 **Coffee Break**

11:30 *Plenary Session* Plenary Hall Sapphire B

- Key note speech on “Why they shouldn’t take drugs” by Colin CRIPPS
- Key note speech on “Why we shouldn’t take drugs” by Marius SJØMÆLING
- Discussion
-

12:30 **Lunch Break**

14:30 Working Groups **Session A: The Social Environment and drugs- as it is**

16:00 **Coffee Break**

16:30 Working Groups **Session B: The Social environment and drugs- as it might be**

18:00 End of working day

18:30 **Reception for the participants of the Forum**

FRIDAY, 19 MAY 2006

9:30 Plenary Session Plenary Hall Sapphire B

Summary of yesterday

10:00 Working Groups Session C: Education and Prevention for Health

11:00 Coffee Break

11:30 Working Groups Session C (cont)

12:30 Lunch Break

14:30 Plenary Session Plenary Hall Sapphire B

Documentary with interviews of the Forum participants

- Working Groups' reports by the Rapporteurs
- Discussion
- Evaluation

16:00 Coffee Break

16:30 Closing Ceremony Plenary Hall Sapphire B

Summary and Conclusions

- Awards Ceremony of the first European Prevention Prize

18:00 Closing of the Forum - End of Conference

19:00 Guided tour of Vilnius

Working Groups

Working Group 1: Families and Drugs Plenary Hall Sapphire B

Chairperson: Rima Vaitkienė, Jurgita Poškevičiūtė Session A Kick-starter: Richard Ives

Rapporteur: Richard Ives Session B Kick-starter: Olivier Ferreira

Session C Kick-starter: Fernando

Mendes

Working Group 2: Drug use from lifestyle perspective

Meeting Room I Sapphire A

Chairperson: Selin Hatipoglu

Session A Kick-starter: Vilma Janulyte

Rapporteur: Rose Tabassum

Session B Kick-starter: Melvin Bay

Session C Kick-starter: Kjetil Vesteraas

Working Group 3: Drugs and media

Meeting Room II Coral A

Chairperson: Marius Sjomaeling

Sessions Facilitator: Ulla Jarvi

Rapporteur: Rendo Bot

Working Group 4: Drugs perception in different social groups

Meeting Room III Sapphire C

Chairperson: Glainess Adely

Sessions Facilitator: Colin Cripps

Rapporteur: Matthijs Blankers

Appendix II

LIST OF PARTICIPANTS

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Appendix III - List of documents and publications

The following publications (ISBN) are published by the Council of Europe Editions and can be ordered at :

publishing@coe.int - <http://book.coe.int>

Drug treatment demand data : influence on policy and practice, by Hamish SINCLAIR, 2006 [ISBN-10 92-871-6085-4 ISBN-13 978-92-871-6086-7], November 2006

Psychological drug research: current themes and future developments, by Jorge NEGREIROS [ISBN-10:92-871-6032-5/ISBN-13:978-6032-4], September 2006

Biomedical research in the drugs field, by Richard MUSCAT [ISBN-10 :92-871-6017-1/ISBN-13 :978-92-871-6017-1], July 2006

Drugs and alcohol: violence and insecurity? Guide – Integrated project 2 – Responses to violence in everyday life in a democratic society by Dirk J. KORF et al. [P-PG/CJ (2004)7] September 2005

Polydrug use: mixing different drugs – new trends in youth culture – 1st European Drug Prevention Forum, Proceedings, Ekaterinburg, Russian Federation, 6-7 October 2004 [P-PG/Prev-CF (2005)1]

Connecting research, policy and practice – Lessons learned, challenges ahead – Proceedings, Strategic conference, Strasbourg, 6 – 7 April 2004 [ISBN 92-871-5535-6]

Drugs and drug dependence: linking research, policy and practice – Lessons learned, challenges ahead – Background paper by Richard HARTNOLL, Strategic conference, Strasbourg, 6-7 April 2004 [ISBN 92-871-5490-2]

Follow-up project on treatment demand: tracking long-term trends – Final Report by Michael STAUFFACHER et al. [P-PG/Epid (2003)37]

Road traffic and psychoactive substances – Proceedings, Seminar, Strasbourg, 18-20 June 2003 [ISBN 92-871-5503-8] July 2004

Ethics and drug use – Seminar on Ethics, professional standards and drug addiction, Strasbourg, 6-7 February 2003 [P-PG/Ethics (2003) 4] November 2003

International Drug court developments: models and effectiveness, by Prof. Paul MOYLE [P-PG/DrugCourts (2003) 3] September 2003

Outreach work with young people, young drug users and young people at risk – Emphasis on secondary prevention by Njål Petter SVENSSON [P-PG/Prev (2003) 6] September 2003

The general Potential of Police Prevention in the area of illicit drugs, by Prof. Dr. Lorenz BÖLLINGER [P-PG/Prev (2003) 2] September 2003

The Impact of the ESPAD Project – The opinion of ESPAD Researchers by Björn HIBELL and Barbro ANDERSSON [P-PG/Epid (2003)31]

Mediterranean Network: Mediterranean School Survey Project on Alcohol and other Drugs (MedSPAD) – Pilot Survey 1 – Morocco by Richard MUSCAT [P-PG/Med(2003)12]

Estimating the social cost of illicit drugs in Poland [P-PG/Cost (2003) 2]

Targeted Drug Prevention – How to reach young people in the community ? Report of the Conference in Helsinki, November 2002

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Risk reduction linked to substances other than by injection – Proceedings, Seminar, Strasbourg, February 2002 [ISBN 92-871-5329-9]

Prisons, Drugs and Society – Proceedings, Seminar, Bern (Switzerland), September 2001 [ISBN 92-871-5090-7]

Prisons, Drugs and Society: A Consensus Statement on Principles, Policies and Practices - Published by WHO (Regional Office for Europe) in partnership with the Pompidou Group, September 2002

Benzodiazepine Use: A report of a survey of benzodiazepine consumption in the member countries of the Pompidou Group by Gary STILLWELL and Jane FOUNTAIN [P-PG/Benzo (2002) 1] February 2002

Development and improvement of substitution programmes – Proceedings, Seminar, Strasbourg, October 2001 [ISBN 92-871-4807-4]

Calculating of the social cost of illicit drugs: Methods and tools for estimating the social cost of the use of psychotropic substances by Pierre KOPP [ISBN 92-871-4734-5] November 2001 (available in Russian, December 2003)

Contribution to the sensible use of benzodiazepines – Proceedings, Seminar, Strasbourg, January 2001 [ISBN 92-871- 4751-5]

Missing Pieces: Developing drug information systems in Central and Eastern Europe / Technical reports by Michael STAUFFACHER, co-ordinator (joint PG / UNDCP Project: extension of the Multi-city network to Central and Eastern European Europe) September 2001

3rd Multi-city study: drug use trends in European cities in the 1990s by Ruud BLESS, co-ordinator [ISBN 92-871-4459-1] December 2000

The 1999 ESPAD Report : Alcohol and other drug use among students in 30 European countries, 2000 - Joint publication Pompidou Group / CAN [ISBN 91-7278-080-0], to order from CAN -The Swedish Council for Information on Alcohol and other Drugs, fax : +46 8 10 46 41 or e-mail : barbro.andersson@can.se

Joint Pompidou Group - EMCDDA Scientific Report 2000 - Treatment demand indicator : Standard protocol 2.0 and Technical annex - 2 parts available for download at : <http://www.emcdda.org>

Drug use in prison - Project of the Group of experts in epidemiology of drug problems: final report by Richard MUSCAT, co-ordinator [ISBN 92-871-4521-0] December 2000

Development and testing of an exit from treatment form for clients in drug abuse treatment - Project of the Group of experts in epidemiology of drug problems: final report by Anna KOKKEVI, co-ordinator [ISBN 92-871- 4523-7] December 2000

Pregnancy and drug misuse: Up-date 2000 – Proceedings, Seminar, Strasbourg, May 2000 [ISBN 92-871-4503-2]

Vocational rehabilitation for drug users in Europe – Proceedings, Seminar, Bratislava, January 2000 [ISBN 92-871- 4406-0]

Vocational rehabilitation of drug users and drug dependent persons (EUREHA Project) - Report on the state of the art and on the results of a survey in all member states of the Pompidou Group - by Ambros UCHTENHAGEN, Susanne SCHAAF & Christa BERGER (Addiction Research Institute at Zurich University) [P-PG/ Rehab (2000)1]

Problem drug use by women – Focus on community-based interventions - by Dagmar HEDRICH [P-PG/Treatment (2000)3]

Attention deficit / hyperkinetic disorders: diagnosis and treatment with stimulants – Proceedings, Seminar, Strasbourg, December 1999 [ISBN 92-871-4240-8]

Drug-misusing offenders in prison and after release – Proceedings, Seminar, Strasbourg, October 1999 [ISBN 92-871- 4242-4]

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Treated drug users in 23 European cities - Data 1997 - Trends 1996-97 - Pompidou Group Project on Treatment Demand : Final report by Michael STAUFFACHER, co-ordinator [ISBN 92-871-4007-3] November 1999

European Handbook on Prevention: Alcohol, Drugs and Tobacco (1998)

Drug-misusing offenders and the criminal justice system: The period from the first contact with the police to and including sentencing – Proceedings, Seminar, Strasbourg, October 1998 [ISBN 91-871-3790-0]

Working group on “Minorities and drug misuse” - Consultant's final report by G.F.van de WIJNGAART and F. LEENDERS [P-PG/Minorities(98)1] 1998

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Pregnancy and drug misuse – Proceedings, Symposium, Strasbourg, March 1997 [ISBN 92-871-3784-6]

Special needs of children of drug misusers - Consultant's final report by Beate LEOPOLD & Elfriede STEFFAN [ISBN 92-871-3489-8] 1997

Volatile substance abuse among young people in Poland - Consultant's final report by Richard IVES [ISBN 92-871-3184-8] 1996

Outreach work with drug users : principles et practice - Consultant's final report by Tim RHODES [ISBN 92-871-3110-4] 1996

Women and drugs / Focus on prevention – Proceedings, Symposium, Bonn, October 1995 [ISBN 92-871-3508-8]

Multi-city study : Drug misuse trends in thirteen European cities [ISBN 92-871-2392-6] 1994

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Women and drugs – Proceedings, Symposium, Prague, November 1993 [ISBN 92-871-2838-3]

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