A Model Training Programme on Mental Health Promotion in the area of Drugs and Alcohol

With the implementation of the European Green Paper on Mental Health (2005), and the development of the Mental Health Pact (2008), the strategic importance of Mental Health Promotion and Illness Reduction as keystones of Europe-wide mental health policy and practice has never been greater. The recent implementation of the Mental Health Pact has strengthened the significance of this initiative. Added value is supplied through collaboration with European level health and social service professional bodies, university networks, civil society organisations and non-traditional actors. PROMISE (Promoting Mental Health Minimising Mental Illness and Integration through Education) is an international project, with a specific aim to develop and disseminate comprehensive training guidelines and model programmes also with respect to the prevention of alcohol and drug use and addiction.

The present document presents a model training programme on mental health promotion in the area of Drugs and Alcohol which offers an example of training based on the PROMISE European guidelines. It incorporates topics from both mental health promotion and drugs and alcohol prevention fields. The overall purpose of this model training programme is to illustrate the importance of the concept of mental health promotion in the field of drugs and alcohol for future professionals in mental health promotion. Added value was supplied through collaboration with European level health and social service professional bodies, university networks, civil society organizations and non-traditional actors to identify the needs of professional bodies that provide training in mental health promotion. Mental health service users as non-traditional actors were contacted throughout Europe to help develop training guidelines for health care professionals. The project also took policy and legislation on mental health promotion of different countries into account as well as best practice models identified by: liaising with national governmental and non-governmental organizations working in the area of drugs and alcohol; developing effective working relationships with the local mental health service users and organisations in order to enlist their participation in the programme as trainers; implementing the designed training and carrying out evaluation; and integrating quality promotion tools such as EQUIP, PREFFI or best practice guidelines in general to model the method.

An extensive Resource Kit (references, useful webpages, tools, etc.) for mental health promotion in the area of drugs and alcohol is to be found at the end of this document.

Outline

Title	**Mental Health Promotion in the area of Alcohol and Drug Use and Addiction** - A model training programme
Developed by:	Faculty of social work, University of Ljubljana (UL)
Overall purpose of training:	Overall purpose of the training is to introduce a new concept of mental health promotion in the area of alcohol and drug use and addiction, through theoretical knowledge, best practice examples and current situation in the field of alcohol and drugs.
Aim of training:	At the end of the training each participant will: - know what mental health promotion is, from the theoretical and political point of view, what does it means and how to use it in the practical work; - know how to design a training in the area of alcohol and drug use and addiction in the frame of mental health promotion; - how to include multidisciplinary and intersectional approach; - how to include user participation and acquire basic knowledge a the user perspective; - be familiar with the basic principles of research in the field of drugs and alcohol study (especially qualitative, ethnographic and action research), implementation and evaluation of the program; - be familiar with examples of good practice in European social - cultural context; - be familiar with the up-to-date evidence based knowledge and current situation in Europe.
Target group:	Future professionals in the field of Health Promotion. It can be used to train professionals in the different field (social work, psychiatrist, psychologist, nurses, etc.).
Suggested trainers:	Two trainers: – one service user in the field of drugs and alcohol and one expert in the area or - one expert throughout the entire programme and supplementing with different professionals and users in the field of drugs and alcohol (practitioners). The trainers should be familiar with knowledge and expertise in the area of alcohol and drugs (e.g. teachers, professors, NGO workers, users, etc.) and have some experience in education and training.
Location for teaching	Classrooms or any other facilities which offer constructive and relaxed environment and are adequately equipped.

Teaching aids required:	- computer and PowerPoint projector, - speakers, microphone and sound system are preferable but not necessary - access to internet - white board, pens and paper - handouts and teaching materials
Method of teaching:	- theoretical input (e.g. lecture presentations) - learning by doing (exercises after every theme as special focused on individual and group work) with group discussions and feedback from the trainer - group discussions through education - individual tutorials and discussions - homework assignments (e.g. reading material, step by step creating participants' own prevention programme in the field of alcohol or drug use and addiction) Evaluation of training through evaluation questionnaires for both educators and learners, and using feedback as additional information about success and shortcomings of the program.
Recommended nr. of participants:	At least 10 participants if a trainer wishes to create an intimate and highly interactive environment. The group could be larger for e.g. teaching and learning purposes.
Syllabus Outline	See the attached training manual and resource kit.
Course detail (day1, day 2 etc)	A 4 day course: I. <u>First day:</u> - Introduction to the training - introduction to mental health promotion and alcohol and drug use and addiction: a.) the difference between promotion and prevention in the area of alcohol and drugs and addiction, b.) the link between health promotion and prevention. II. <u>Second day:</u> - reasons for health promotion and prevention in the field of alcohol and drugs: a.) prevalence of use (health, social and societal implications, crime, economic consequences) b.) the existence of evidence that it works (effectiveness of prevention - through different areas of intervention), c.) costs for the state / cost-effectiveness d.) legal obligations.

	III. <u>Third and fourth days:</u> - what works in the field of prevention: a.) EMCDDA best practice portal, b.) user participation, c.) media - step by step independent creation of prevention programs: d.) EMCDDA logical model, e.) advocacy of the program, f.) getting feedback and evaluating the entire course Recommended length is 5 to 6 hours each day with two short (5-10 minutes) breaks after 90 minutes, and one long (15-20) break after 3 hours (180 minutes).
Advance preparation:	- set the training team - trainers familiarise themselves with Generic and alcohol and drug use and addiction guidelines including Resource Kit, and adjust the training accordingly, - fixing a budget for the training programme, - ensure that teaching facilities and equipment is available to support the programme, - develop and substation effective working relationships with the local service users or users of alcohol and/or drugs and organisations working in this field in order to enlist their participation in the programme as either students or mentors and teachers. - refreshments for participants. - explore local accreditation for the programme

4.2 Detailed Training Description

1. First day (approximately 5-6 hours including breaks)

I. Introduction to the training
   a.) Introduction of the trainers or training team.
   b.) Presenting the overview of the program by days, goal and learning outcomes.

II. Introduction to the mental health promotion and prevention of alcohol and drug use and addiction (PowerPoint presentation Appendix 1)
   a.) The difference between health promotion and prevention of alcohol and drugs use and addiction:

- What is health promotion?
- What is prevention?
- Classification of prevention up to 1994 and the link between health promotion, harm reduction and prevention
- Exercise: participants draw up a framework of environmental, universal, selective and inductive prevention strategies for tobacco use (see Appendix 1).

   b.) The link between health promotion and prevention:
- The link between health promotion and prevention
- The level of population health
- Laws governing the use of drugs and alcohol
- Exercise: Participants should rank the stated programs, regardless of whether they are more preventive or more promotional in nature, and define the type of prevention level and argument their decision (see Appendix 1).

2. Second day (approximately 5-6 hours including breaks)

I. Reasons for health promotion and prevention in the field of alcohol and drugs:

1.1. Prevalence of use
   1.1.1. Health consequences,
   1.1.2. Social and societal implications,
   1.1.3. Crime and
   1.1.4. Economic consequences.

1.2. The existence of evidence that it works (effectiveness of prevention - through different areas of intervention).

- Exercise: Define does the film speaks about the universal, selective or inductive prevention and justify your answer by indicating the part of the film (see Appendix 1).

1.3. Costs for the state / cost-effectiveness and
1.4. Legal obligation.

- Exercise: Group work in preparing a promotional program and a preventive program (see Appendix 1).

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3. Third and fourth day (approximately 5-6 hours including breaks)

3.1. What works in field of prevention:
- 1.1.1 EMCDDA best practical portal
- 1.1.2 user participation,
- 1.1.3 media

1.2 Step by step independent creation of prevention programs:

1.2.1 EMCDDA Logical model:
- 1.2.1.1 Introduction
- 1.2.1.2 Step 1 ─ Needs assessment

Tip for the trainer: tray to use one familiar project to explain the step.

- Homework exercise which can be also done at the spot, between participants: On the basis of given statistics data and interviews that they made, the participants identify needs and formulate the problem.

1.2.1.3 Step 2a ─ Clarify goals and a working hypothesis/Models and Theories

- Exercise: Groups should now chose their theory model and explain their choice.

1.2.1.4 Step 2b ─ Define contents and objectives/Theories

- Exercise: Groups from its working hypotheses define their goals.

1.2.1.5 Step 3 ─ Select strategies and delivery

- Exercise: Groups now select and defined the strategy.

1.2.1.6 Step 4 ─ Feasibility check

- Exercise: Groups make a flexibility test.

1.2.1.7 Step 5 ─ Implementation and process evaluation
1.2.1.8 Step 6 ─ Outcome evaluation

- Exercise: Groups make evaluation plan for evaluation of the implementation and outcome.

1.2.1.9 Step 7 — Wrap-up and conclusion

1.2.2 Advocacy

- Exercise: Groups make step by step plan for advocating their project or goals they are aiming for:

1.2.3 Evaluation of the training

Resource Kit: Introduction to mental health promotion and prevention in the area of alcohol and drug use and addiction

Background Material:

The difference between health promotion and prevention in the area of alcohol and drug use, and addiction.

- What is health promotion?

WHO, Ottawa Charter: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
EMCDDA: http://www.emcdda.europa.eu/publications/perk/resources/step2a/theory#health

- What is prevention?

EMCDDA, Prevention responses to drug use in the EU:
http://www.emcdda.europa.eu/themes/prevention/responses-in-eu

- Classification of prevention up to 1994 and the link between health promotion, harm reduction and prevention

CAMH (Centre for Addiction and Mental Health), Health promotion resources:
http://www.camh.net/About_CAMH/Health_Promotion/Health_Promotion_Resources/index.html

EMCDDA, Definitions in prevention and scope of PERK :
http://www.emcdda.europa.eu/publications/perk/resources/definitions

The link between health promotion and prevention:

- EMCDDA, Definitions in prevention and scope of PERK:
http://www.emcdda.europa.eu/publications/perk/resources/definitions

- The level of population health

EMCDDA, Health promotion variables:
http://www.emcdda.europa.eu/publications/perk/resources/step2a/theory#health

- Laws governing the use of drugs and alcohol
Example of Republic of Slovenia, Ministry of Health, Public Health:

- Alcohol:
http://www.mz.gov.si/si/zakonodaja_in_dokumenti/veljavni_predpisi/alkohol_droge_kajenje_tobak/
- Drugs:
http://www.mz.gov.si/si/delovna_podrocja/javno_zdravje/sektor_za_krepitev_zdravja_in_zdrav_zivljenjski_slog/prepovedane_droge/temeljni_dokumenti/

Reasons for health promotion and prevention in the field of alcohol and drugs

Background Material:

Prevalence of use (health, social and societal implications, crime, economic consequences

- Prevalence of drug use during the period from 2004 to 2008
  EMCC, State of the drugs problem in Europe 2010:
  http://www.emcdda.europa.eu/publications/annual-report/2010

- Prevalence of drug use in Slovenia
  National Institute of public health, 2010: National report 2010 on the state of illicit drugs in the republic of Slovenia, News, Trends and in-depth information on selected topics:
  http://www.ivz.si/nacionalna_porocila?pi=5&_5_Filename=2644.pdf&_5_MediaId=2644&_5_AutoResize=false&pl=168-5.3.

- Frequency of taking the main drug, by sex, Slovenia 2009
  National Institute of public health, 2010: National report 2010 on the state of illicit drugs in the republic of Slovenia, News, Trends and in-depth information on selected topics:
  http://www.ivz.si/nacionalna_porocila?pi=5&_5_Filename=2644.pdf&_5_MediaId=2644&_5_AutoResize=false&pl=168-5.3

- Data on alcohol use in the EU and Slovenia
  WHO, Global Information System on Alcohol and Health (GISAH):
  http://apps.who.int/ghodata/?theme=GISAH

- Differences between countries in last year
  EMCDDA, At a glance — estimates of drug use in Europe:
  http://www.emcdda.europa.eu/online/annual-report/2010/boxes/p15

- Why deviation? Example: Use of cannabis in 2008
  UNODC, World drug report 2010
  http://www.unodc.org/unodc/en/data-and-analysis/WDR-2010.html

Health consequences

Drugs:

WHO, Management of substance abuse, Publications and Documents:
http://www.who.int/substance_abuse/publications/en/
EMCDDA, Health and social responses to drug use:
http://www.emcdda.europa.eu/responses

- Example 1: HCV antibody prevalence among injecting drug users
  EMCDDA, Statistical and country data: http://www.emcdda.europa.eu/stats08

Alcohol

- Institute of Alcohol Studies, Alcohol in Europe A public health perspective, A report for the European Commission: http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf

Social consequences

- Institute of Alcohol Studies, Alcohol in Europe A public health perspective, A report for the European Commission: http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_europe_en.pdf

Crime

- Drug-related offenses
  EMCDDA: Drug law offences 1995 to 2006: http://www.emcdda.europa.eu/stats08/dlotab1a

- Types of crimes from the reports of violations of the law by drug users
  EMCDDA, Statistical bulletin 2009 (archive): http://www.emcdda.europa.eu/stats09

Economic costs

- The social cost of alcohol, the value of alcohol industry and its contribution to income and trade balance
  EUROCARE: Alcohol – Economic costs and benefits: http://www.eurocare.org/resources/factsheets/the_economic_costs_and_benefits_of_alcohol

- Estimated costs arising from drug use (data for 2006)
  RAND technical report: Issues in estimating the economic cost of drug abuse in consuming nations, Report 3: http://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR709.pdf

- The costs of drugs for Slovenia
  National Institute of public health, 2009, National report (2008) to the EMCDDA by the reitox national focal point: Slovenia new development, Trends and in-depth information on selected issues: http://sm146.slohosting.com/Planet/nacionalna_porocila?pi=5&_5_Filename=964.pdf&_5_MediaId=964&_5_AutoResize=false&pl=168-5.3.
  Institute of Public Health, 2010: National report 2010 on the state of illicit drugs in the republic of slovenia, News, Trends and in-depth information on selected topics http://ivz.si/nacionalna_porocila?pi=5&_5_Filename=2803.pdf&_5_MediaId=2803&_5_AutoResize=false&pl=168-5.3.
- Costs of substitution programs for Slovenia
  Institute of Public Health, 2010: National report 2010 on the state of illicit drugs in the republic of slovenia, News, Trends and in-depth information on selected topics

http://www.ivz.si/nacionalna_porocila?pi=5&_5_Filename=2803.pdf&_5_MediaId=2803&_5_AutoResize=false&pl=168-5.3.

- The cost of alcohol for the EU in 2003
  EUROCARE: Alcohol – Economic costs and benefits
  http://www.eurocare.org/resources/factsheets/the_economic_costs_and_benefits_of_alcohol

The Existence of Evidence That It Works (Effectiveness of Prevention - Through Different Areas of Intervention)

- Germany's Federal Centre for Health Education BZgA in 2006 published the results of research on the prevention of drug abuse
  EMCDDA - Buehler, A & Kroeger C. (2006) Report on the prevention of substance abuse. Federal Centre for Health Education BZgA
  http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention/methodology

- Further evidence on the effectiveness of prevention programs
  EMCDDA, Evidence base: http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention

- An example of a good prevention program
  What the World Can Learn from Switzerland's Drug Policy Shift:
  http://drogriporter.hu/en/swiss

Costs for the State / Cost-Effectiveness

- World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht, 2004: Prevention of Mental Disorders, Effective interventions and policy options:
  http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

- Impha, : Mental health promotion and mental disorder prevention across European Member States: a collection of country stories:
  http://ec.europa.eu/health/archive/ph_projects/2004/action1/docs/action1_2004_a02_30_en.pdf

- The arguments for policy

  The University of Sheffield, 2009: Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol, Policy Model version 2.0:
  http://www.nice.org.uk/nicemedia/pdf/AlcoholEconomicModellingReport.pdf

- An example of cost-effective policy from UK

LSE - The London school of economic and political science, 2011: Mental health promotion and mental illness prevention: The economic case: http://www2.lse.ac.uk/businessAndConsultancy/LSEEnterprise/news/2011/healthstrategy.aspx

- Modeling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0: http://www.nice.org.uk/nicemedia/pdf/AlcoholEconomicModellingReport.pdf

- UK Health promotion in work organization

  LSE - The London school of economic and political science, 2011: Mental health promotion and mental illness prevention: The economic case: http://www2.lse.ac.uk/businessAndConsultancy/LSEEnterprise/news/2011/healthstrategy.aspx

- Benefits, pricing benefits and cost effectiveness of prevention - American National Institute of Health:

  National Institutes of Health, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 1998: Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy http://archives.drugabuse.gov/pdf/monographs/Monograph176/Monograph176.pdf

Legal Obligation

- For Slovenia: Resolution on National Health Care Plan 2008-2013 "Satisfied customers and providers of health services" (ReNPZV) http://www.uradni-list.si/files/RS_-2008-074-03286-OB~P001-0000.PDF

- The strategy of Slovenian Ministry of Health http://www.vlada.si/fileadmin/dokumenti/si/projekti/2011/zdravstvena/NADGRADNJA_ZDRAVSTVENEGA_SISTEMA_DO_LETA_2020_pdf_160211.pdf

- WHO, 2009: Milestones in Health Promotion, Statements from Global Conferences http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf

What works in the field of prevention

EMCDDA, Best practice portal: Evidence base for prevention in school, community and family setting

- http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention
- South Caucasus Office on Drugs and Crime (SCODC)
- http://www.scodc.org/hello-world/

User participation

http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/nothingaboutus_20080603/Int%20Nothing%20About%20Us%20%28May%202008%29.pdf

Media

- EMCDDA, Mass media campaigns - summary by author Buehler and Kroeger (2006) http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention/media
- World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht: Prevention of Mental Disorders, EFFECTIVE INTERVENTIONS AND POLICY OPTIONS
  http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

Step by step independent creation of prevention programmes

EMCDDA Logical model

a) Prevention and Evaluation Resources Kit (PERK) – Using manual is obligatory
   http://www.emcdda.europa.eu/publications/perk

b) Additional resources:

   - Introduction:
     http://www.emcdda.europa.eu/publications/perk/resources/definitions
     http://www.emcdda.europa.eu/publications/perk/resources/logic-model

   - Step 1 ─ Needs assessment:
     http://www.emcdda.europa.eu/publications/perk/resources/step1

Tip for the trainers - our example: Explanation of the step thru introduction of the project 'Drive clean!' where Faculty of social work was partner.

- Step 2a ─ Clarify goals and a working hypothesis:
  http://www.emcdda.europa.eu/publications/perk/resources/step2a

  Models and theories:
  http://www.emcdda.europa.eu/publications/perk/resources/step2a/theory
  Table of risk and protective factors:
  Prevention and Evaluation Resources Kit (PERK) – manual
  http://www.emcdda.europa.eu/publications/perk

  World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht, 2004: Prevention of Mental Disorders,
  EFFECTIVE INTERVENTIONS AND POLICY OPTIONS
  http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

- Step 2b ─ Define contents and objectives:
  http://www.emcdda.europa.eu/publications/perk/resources/step2b/theory
  http://www.emcdda.europa.eu/publications/perk/resources/step2b

- Step 3 ─ Select strategies and delivery:
  http://www.emcdda.europa.eu/publications/perk/resources/step3/theory
  http://www.emcdda.europa.eu/publications/perk/resources/step3

- Step 4 ─ Feasibility check – Identifying the risks:
  http://www.emcdda.europa.eu/publications/perk/resources/step4

- Step 5 ─ Implementation and process evaluation:
  http://www.emcdda.europa.eu/publications/perk/resources/step5

- Step 6 ─ Outcome evaluation:
  http://www.emcdda.europa.eu/publications/perk/resources/step6

- Step 7 — Wrap-up and conclusion:
  http://www.emcdda.europa.eu/publications/perk/resources/step7

Advocacy

Open Society Foundations: Evidence, messages, change! An Introductory Guide to Successful Advocacy, 2010:
http://www.soros.org/resources/articles_publications/publications/guide-to-successful-advocacy-20100101/guide-to-successful-advocacy-20100101.pdf

Evaluation of the training

RESOURCE KIT

The following Resource Kit provides useful references, webpages, teaching material for mental health promotion in the area of drugs and alcohol for each of the ten PROMISE European Guidelines quality criteria.

Quality Criterion n°1: Embracing the Principles of Health Promotion

With regard to alcohol and drug use and addiction, the training programme embraces the idea of promoting health in the area of alcohol and drug use, as distinct from, but not excluding, prevention of alcohol and drug. It address positive aspects of wellness and well being, addressing physical and mental issues such as sleep, sexuality, meaningfulness, nutrition/food, etc., as well as illness reduction issues such as overdose, accidents, injuries, intoxication, withdrawal syndrome, addiction, etc..

Example: Harm reduction on drug and alcohol use and addiction. Positive health is seen as a resource, as a value on its own and as a basic human right essential to social and economic development. Health promotion aims to impact on determinants of health so as to increase positive health and to reduce inequalities.

Key Texts

The following text provides a definition of EMCDDA explanation of health promotion as distinct from alcohol and drug prevention:

1. *"In 1986, WHO (Ottawa Charter) defined health promotion as 'the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment'.*

   In practice, health promotion is a generic option aimed at preparing the ground for drug prevention messages and can be seen as its foundation. Its advantage is that it has a non-conflicting principle everybody can agree on.

   However, within this broad framework is the question of how detailed concrete and targeted prevention activities are and how far actors are committed to the full consequence of implementation of the WHO principle. There is a difference between including drug prevention under a broader health promotion umbrella, but still specifying its contents and objectives (as most Member States are doing increasingly), and the assumption (without direct evidence) that increased well-being, safe learning, good school climate, etc. alone will have a positive effect on the social risk and protective factors for drug problems. It is important that preventive efforts should be geared not only towards pupils in the school setting, but also to their living environment, thus ensuring structural and normative conditions required for effective drug prevention, but there is no evidence that health promotion alone is sufficient to curb drug problems."

The complete text can be found at:
http://www.emcdda.europa.eu/publications/perk/resources/step2a/theory#health

2. *"Prevention intervention describes an activity that will be carried out in order to prevent substance use behaviour. Prevention interventions can be realised in different settings*

and with different methods and contents. The duration can vary between one-off activities and long-term projects running for several months or more."

Source: http://www.emcdda.europa.eu/publications/glossary#p

3. The European Union Drugs Strategy(2005-2012) addresses the reduction of drug-related harms to health and society as a main objective and encourages national action that gives emphasis to the reduction of infectious diseases and drug-related deaths. In the first of two consecutive four-year action plans accompanying the Strategy (EU Drugs Action Plan 2005-2008), the prevention and reduction of social harm and health damage is stipulated as the ultimate aim. Objectives defined in the Action Plan to guide Member States include the prevention of health risks related to drug use, adequate availability and accessibility of effective harm reduction services as highlighted already in the Council Recommendation on the prevention and reduction of health-related harm associated with drug dependence: EMCDDA 18 June 2003.

4. IMPHA, 2005: Mental Health Promotion and Mental Disorder Prevention, A policy for Europe.

   One of tenth action aria of policy for Europe is also to prevent violence and harmful substance use. In this part of the EU policy, policy makers' state that one of the action have to be also: *Implement risk-containment strategies, such as needle exchange and maintenance programmes to reduce the harm done by drug use*.
   http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1662/dd11711/a_policy_for_europe.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention in the field of alcohol and drug use:

1. The Ottawa charter for health promotion:
   http://www.who.int/healthpromotion/conferences/previous/ottawa/en/print.html

2. European Union drug strategy (2005-2012):
   http://www.emcdda.europa.eu/html.cfm/index6790EN.html

3. EU Alcohol Strategy is designed to help national governments and other stakeholders coordinate their action to reduce alcohol related harm in the EU:
   http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006_0625en01.pdf

4. EU drugs action plan (2009–12):
   http://www.emcdda.europa.eu/html.cfm/index66221EN.html

5. Other WHO and European Commission documents useful for promoting mental health promotion:

   a) World Health Organization (2004). Prevention of mental disorders: effective interventions and policy options: a report of the World Health Organization Dept. of Mental Health and Substance Abuse; in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht. Geneva, Switzerland: WHO: Prevention of mental disorders

b) World Health Organization (2004). Promoting mental health: concepts, emerging evidence, practice: a report from the World Health Organization, Department of Mental Health and Substance Abuse; in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva, Switzerland: WHO: Promoting mental health

c) World Health Organization (2002). The world health report 2002 - Reducing Risks, Promoting Healthy Life: http://www.who.int/whr/2002/en/whr02_en.pdf

d) World Health Organization (2004). Global Status Report on Alcohol 2004: http://www.who.int/substance_abuse/publications/global_status_report_2004_overview.pdf

e) World Health Organization (2009): Milestones in Health Promotion Statements from Global Conferences: http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf

f) World Health Organization: Health and Human Rights: http://www.searo.who.int/en/Section23/Section2397_15518.htm

6. Helsinki: The Green Paper (2005): Green Paper (2005)

7. The Bangkok Charter for Health Promotion in a Globalized World: http://www.searo.who.int/LinkFiles/Reports_and_Publications_BCHP.pdf

8. Right to Health Through Education: Mental Health and Human Rights. Riikka Elina Rantala, Natalie Drew, Soumitra Pathare, and Michelle Funk: http://www.searo.who.int/LinkFiles/Health_and_Human_Rights_-_HHR_WHO_mental_health.pdf

9. NHS, Health development agency, 2002: Health promotion in young people for the prevention of substance misuse: http://www.nice.org.uk/nicemedia/documents/effectivenessyoungpeople.pdf

10. EMCDDA, 2004: European report on drug consumption rooms: http://www.emcdda.europa.eu/themes/harm-reduction/consumption-rooms

11. IMPHA Country Stories, 2006: Mental health promotion and mental disorder prevention across European Member States: a collection of country stories: http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1662/dd11714/country_stories.pdf

12. European Pact for Mental Healthand Well-being; EU high-level conference together for mental health and wellbeing, Brussels, 12-13 june 2008: http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf

13. You may ask yourself: http://www.youtube.com/watch?v=Qdwy8zoG_QM

14. EMCDDA: Definitions in prevention and scope of PERK: http://www.emcdda.europa.eu/publications/perk/resources/definitions

15. WHO, 1998: Health Promotion Glossary: http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

16. The Government of the Republic of Slovenia, 2008: Resolution on National Health Care Plan for 2008-2013 "Satisfied customers and health care providers" (ReNPZV): http://www.uradni-list.si/files/RS_-2008-074-03286-OB~P001-0000.PDF

Useful Training Resources

Examples of training programmes

The following programmes could be useful in helping you develop a training program on substance use and misuse.

1. NHS Health Promoting Trainings

   NHS Brighton and Hove is offering tailor-made training to support professionals and organizations in developing the skills, knowledge and confidence needed to improve the health of people living in their area. They offer courses in Sexual Health, Substance Misuse, Health Promotion, Behaviour Change.
   http://www.healthpromotiontraining.net/course_categories

2. Saint Mary's University of Minnesota - Graduate Certificate in Addiction Studies

   The Graduate Certificate in Addiction Studies program is designed to provide graduate level counselling skills in the area of chemical dependency and addiction. The focus of the program is to develop professionals able to provide individualized services informed by evidence-based practices integrating a variety of models, theories, and research-based approaches to diverse cultural and sub-cultural populations:
   http://www.smumn.edu/addictionstudies.aspx

3. York University, Toronto - Certificate in Harm Reduction

   The Certificate in Harm Reduction consists of 117-hours of instruction designed to introduce service providers, administrators and policy makers to the principles, concepts and practices of harm reduction, to provide an opportunity to critically examine examples of harm reduction work; and to become familiar with strategies for mobilizing support for and developing harm reduction programs in communities, families and institutions.

   The purpose of this initiative is to provide participants with:

   - an understanding of the basic principles, philosophy and application of harm reduction (as a strategy for working with individuals, families and communities);
   - provide students with the skills needed to critically analyze a broad range of examples of harm reduction programs, policy and practice; and
   - strategies for: mobilizing support for harm reduction in communities, families and institutions; developing programs; helping shape policy; coping with resistance;

   The intended audience for this initiative is a broad range of practitioners, administrators and policy advisors/analysts interested in better understanding and

implementing Harm reduction policy/practice within their organization and work setting, including health care professionals (doctors, nurses, nurse practitioners), teachers and school administrators, counsellors / therapists, addiction workers, social workers, social service workers, administrators and board members, policy analysts, politicians, advocates, participants, criminal justice professionals, law enforcement and others:
http://dce.yorku.ca/SubCgyDetails.aspx?CgyID=3&SubCgyID=8

4. University of Melbourne - The Nossal Institute for Global Health - Development of mental health training manual for primary health care workers in India

   The training program outlined in this manual is designed to help Community Health Workers (CHWs) with their day to day work, and has been developed and piloted in consultation with the Village Health Workers at the Comprehensive Rural Health Project, Jamkhed, Maharashtra, India. The training manual provides a step by step guide to facilitating each training session and contains information on teaching methods, training tips and the aims and objectives of each session:
   http://www.ni.unimelb.edu.au/__data/assets/pdf_file/0005/170465/MentalHealthManual.pdf

5. A Bright Future for All

   A training pack for teachers wishing to develop debate and activities on mental health promotion across their school. The pack can be used flexibly and at a pace that suits the school. It seeks to affirm work already underway, while providing guidance on what more can be done. The pack features a variety of activities, including the use of peer support and circle time, and discussions about teachers' mental well-being, and a range of handouts:
   http://www.mentalhealth.org.uk/content/assets/PDF/publications/a_bright_future_handout.pdf

6. European Training In Effective Adolescent Care and Health (Euteach) Programme

   General goals are:

   - Define the terminologies of adolescent Alcohol, Tobacco, and Other Drug (ATOD) use, and be able to understand and utilize the related epidemiological data.
   - Understand the value of substance use from an adolescent's viewpoint, and understand the consequences of substance use and misuse at the physical, cognitive, psychosocial and legal levels.
   - Communicate effectively with an adolescent about substance use and implement an appropriate intervention plan as needed.
   - Define the health professionals' role in preventing adolescent substance misuse at the individual and community levels

   http://www.euteach.com/euteach_home/euteach_curriculum/euteach_module_access/euteach_curriculum_intro/euteach_module_b8.htm

7. Drugs.ie - Dual Diagnosis Ireland Seminar, Dublin 2010 (In February 2010 Dual Diagnosis Ireland held a seminar in Dublin.

   The seminar focused on supports for professionals working with substance abuse and mental health issues):
   http://www.drugs.ie//features/feature/dual_diagnosis_Ireland_seminar

8. World Health Organization (2003) – Adolescent Mental Health Promotion, Trainers' Guide on Alcohol Use and Abuse:

   To promote positive mental wellbeing amongst adolescents, H&B Unit has developed eight modules entitled Coping with Stress, Conflict Resolution, Strengthening Interpersonal Relationships, Handling Peer Pressure, Enhancement of Self -confidence, Dealing with Emotions, Alcohol use and abuse, and a Trainers' Guide for implementation of these modules. These modules have been tested in India, Indonesia and Thailand and found to be very successful. These modules are meant to serve as resource material for trainers in conducting life skills sessions for adolescents. The modules have been printed and a consultant is available for "Training of Trainers" for implementation of these modules on nationwide basis in Member Countries: http://www.searo.who.int/LinkFiles/Technical_documents_Adolecent_Mental_Health_Promotion_Trainers_Guide_on_Handling_Alcohol_Use_and_Abuse.pdf

9. NHS (National Institute for Health and Clinical Excellence) 2007: Public health interventions to promote positive mental health and prevent mental health disorders among adults, *Evidence briefing*

   This evidence briefing is a review of reviews about the effectiveness of public health interventions aiming to promote positive mental health and prevent mental health disorders among adults:
   http://www.nice.org.uk/niceMedia/pdf/mental%20health%20EB%20FINAL%2018.01.07.pdf

10. ProMenPol Project, 2009: A Manual for Promoting Mental Health and Wellbeing:
    http://www.mentalhealthpromotion.net/resources/toolit-manuals/generic-mhp-manual-final.pdf

11. Wissenschaftliches Institut der Ärzte Deutschlands, 2010: TCJP (Training Criminal justice professionals in Harm Reduction Services):
    http://tcjp.eu/LIVE/PAGES/manual.php?la=en&datei=3_4_Young_people_drug_use.ppt

Examples of posters, films and other support material that you might find useful

1. Drugs.ie – Drugs and alcohol information and support:
   http://www.drugs.ie/videos/P0/

2. Drugs.ie – Guides and support booklets:
   http://www.drugs.ie/resources/publications/guides_support/

3. Health Promotion. ie - Legal or Illegal Highs - Parent Information:
   http://www.healthpromotion.ie/uploads/docs/HPM00683.pdf

4. Dual diagnoses Ireland - Learning Supports- Presentations:
   http://www.dualdiagnosis.ie/_mgxroot/page_10768.html

5. Weed...know the risks? – weed can affect your mental health:
   http://www.highsnlows.com.au/index.php?option=com_video_comments&task=viewall&Itemid=20

6. You Tube - Most Dangerous Drugs (pt. 1 of 5):
   http://www.youtube.com/watch?v=bR3gIuWYnQo

7. You Tube - Mental Health Promotion Video:
   http://www.youtube.com/watch?v=JGnkDk0Xb_U

8. Mental health Ireland, Supporting Positive Mental Health (leaflets) - Managing your Mental Health:
   http://www.mentalhealthireland.ie/publications/downloads/view.download/1/5

9. NIAAA (National Institute on Alcohol Abuse and addiction) - A POCKET GUIDE FOR, Alcohol Screening and Brief Intervention:
   http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/guide.aspx#slides
   http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/pocket.pdf

10. European Commission: Video

    - For smoking free Europe:
      http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/for_a_smokefree_europe_en.wmv

    - EU to step up prevention of alcohol-related harm
      http://ec.europa.eu/health/alcohol/videos/index_en.htm

11. Help – For life without tobacco: http://uk-en.help-eu.com/pages/page-goodies-2.html

12. OIPH - Developing a population approach to gambling: Health issues, December 2010:
    http://www.publichealth.ie/files/file/Developing%20a%20population%20approach%20to%20gambling.pdf

13. University of Toronto: Michael Goodstadt Ph.D., C.Psych.MHSc. Program in Health Promotion - Weekly Class PowerPoint slides & resources: http://www.course-readings-and-resources.bestpractices-healthpromotion.com/page2.php

14. WHO - Management of substance abuse; Trainings modules
    The training programme covered these specific areas: psychoactive substances, psychoactive substance use among young people, ways of responding to psychoactive substance use, project development and management, baseline assessment, monitoring and evaluation including community mobilization.
    http://www.who.int/substance_abuse/activities/global_initiative/training/en/m

15. Harm reduction Coalition: Harm Reduction Overview:
    http://www.harmreduction.org/article.php?id=1132

16. New York State Department of Health AIDS Institute; Created & Presented by: Don McVinney, MSSW, M. Phil., ACSW, LMSW, C-CATODSW, CASAC; National Director of Education and Training, Harm Reduction Coalition, New York: Overview of Crystal Methamphetamine: Pharmacology, Risk Factors & Harm Reduction Strategies:
    http://www.harmreduction.org/downloads/Crystal%20Meth%20AIDS%20Institute%2

0Training%20AI%20Feb07.ppt

17. Harm Reduction Coalition, New York: Incorporating Overdose Prevention, Recognition, and Response Education into Our Work with IDUs: http://www.harmreduction.org/downloads/Overdose.ppt

18. Narelle Ellendon, HCV Director Harm Reduction Coalition, NYC: Overview of Hepatitis C & Working with Drug Users: http://www.harmreduction.org/downloads/HCV%20_%20DU%20Overview%208-08.ppt

19. European Handbook on Prevention: Alcohol, Drugs and Tobacco, How to make the every day life of a prevention worker easier ?, 1998: http://www.emcdda.europa.eu/attachements.cfm/att_21033_EN_Prevention Manual Pompidou Group.pdf

20. Naloxone and Going Over DVD (display case) http://www.exchangesupplies.org/shopdisp_P915.php?page=watch

21. *IHRA's 21st International Conference Liverpool, April 2010 :* A multi-disciplinary theory of drug-related harm reduction: Presentation: Russell Newcombe

National institute on alcohol abuse and alcoholism:

http://pubs.niaaa.nih.gov/publications/poster.htm

Does my training programme meet quality criterion n°1?

[For each item in the following checklist, indicate whether you totally agree, mostly agree, don't know, mostly disagree or totally disagree. Your final average score is your overall score for this criterion].

1.1 The training programme talks about promoting health in general or with regard to a specific health theme, and not just about preventing illness.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.2 Positive mental health is seen as a resource, as a value on its own and as a basic human right. Mental health promotion aims to impact on determinants of mental health so as to increase positive mental health and to reduce inequalities. For example creating of employment and leisure opportunities in poor neighbourhoods may help reduce problematic alcohol use in young people.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.3 The training programme respects the principle of health promotion as a means of empowering individuals and communities to optimise their health.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.4 The training programme pays attention to health inequalities and equity. Having equitable access to the resources necessary for developing and maintaining health is seen as a human right.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.5 The training programme refers to the key WHO and European policy texts defining Mental Health Promotion (see *Essential Reading* in the attached Resource Kit).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.6 The training programme refers to local, regional or national policy texts (if they exist), legislative texts (if they exist) and codes of professional practice (including social, healthcare, police and other professions) concerning health promotion that participants could use when implementing health promotion programmes.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°2: Aiming for Community Participation and Empowerment

With regard to alcohol and drug use and addiction, the training programme embraces the principle of community participation. Health promotion involves encouraging and empowering all community stakeholders in health promotion in general or in developing specific health promotion projects. In the case of training professionals for specific health projects, representatives from the populations directly concerned by the health promotion objective in question are encouraged to participate in fixing the health objectives and designing and delivering the programme. The training programme also takes into account how the populations concerned are going to be able to resource their health promotion in a sustainable way (finance, time, etc.).

Example: Representatives from service user groups or organisations or e.g. undergraduate students participating in the designing and delivering the program on alcohol and drug use, e.g. peer support

Key Texts

1. **Ottawa Charter for Health Promotion First International Conference on Health Promotion Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1**

   The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the debate at the World Health Assembly on intersectoral action for health.
   http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

2. **Mental Health Action Plan for Europe, Facing the Challenges, Building Solutions, 12–15 January 2005**

   This Action Plan is endorsed in the Mental Health Declaration for Europe by ministers of health of the Member States in the WHO European Region. They support its implementation in accordance with each country's needs and resources:
   http://www.health.gov.il/download/pages/who_mental_plan.pdf and

   Mental Health Declaration for Europe, Facing the Challenges, Building Solutions, 12–15 January 2005: http://www.euro.who.int/__data/assets/pdf_file/0008/88595/E85445.pdf

3. **User empowerment in mental health – a statement by the WHO Regional Office for Europe**

   Historically, people with mental health problems have lacked a voice. Neither they nor their families have been involved in decision-making on mental health services, and they continue to be at risk of social exclusion and discrimination in all facets of life. In a mental health context, empowerment refers to the level of choice, influence and control that users of mental health services can exercise over events in their lives. The key to empowerment is the removal of formal or informal barriers and the transformation of power relations between individuals, communities, services and governments. This

statement specifies the action to be taken to strengthen user and carer empowerment in mental health and outlines the objectives of the Partnership Project on User Empowerment in Mental Health by the WHO Regional Office for Europe and the European Commission.
http://www.feafes.com/NR/rdonlyres/7483D3E2-D5DB-4D8C-A193-4C2D25BF524E/37427/Userempowermentinmentalhealth1.pdf

4. **Commission of the European communities; White paper - Together for Health: A Strategic Approach for the EU 2008-2013**

   Member States have the main responsibility for health policy and provision of healthcare to European citizens. The EC's role is not to mirror or duplicate their work. However, there are areas where Member States cannot act alone effectively and where cooperative action at Community level is indispensable. These include major health threats and issues with a cross border or international impact, such as pandemics and bioterrorism, as well as those relating to free movement of goods, services and people.
   http://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf

5. **Minister of Health Canada, 2003: Community Capacity Building and Mobilization in Youth Mental Health Promotion**

   Community mobilization is the use of capacity to bring about change by joining together the strengths of the community into an action plan. "Community mobilization is based on the belief that when a community is mobilized to address and solve its own problems, more efficient and effective results will materialize than could be achieved by any other means" (Hastings, 2001). The anticipated goal is for a safe and healthy community with "buy in" from all community members. With respect to youth, such problems can include youth violence, substance abuse, eating disorders, or even youth suicide, which was the catalyst for the real-life example that will be referred to throughout this paper.
   http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/pub/community-communautaires/pdf/comm-cap-build-mobil-youth.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. Empowerment in Mental Health – A partnership project of the WHO Regional Office for Europe and the European Commission. Fact sheet for the EU Thematic Conference "Promoting Social Inclusion and Combating Stigma for Mental Health"- Lisbon, 8–9 November 2010:
   http://www.euro.who.int/__data/assets/pdf_file/0009/128088/Factsheet_MNH_Empowerment.pdf

2. Community Health Promotion & Education Supplement: Community Health Promotion-creating the necessary conditions for health through community **empowerment** and participation (2007): http://www.iuhpe.org/upload/File/PE_2_07a.pdf

3. WHO: Community participation, Chapter 12:
   http://www.redcross-eu.net/A/uploaded/637_WHO%20comm%20participation.pdf

4. WHO, Draft for field testing, MAY 1998: The Rapid Assessment and Response guide on injecting drug use (IDU-RAR)

   One of the most important aspects of developing an effective response is encouraging community participation at the local level. A key feature of public health is the development of interventions which are oriented to bringing about *community-wide changes* in responses, attitudes and behaviours associated with substance use. A community-oriented response aims to encourage the active participation of key members of the local community: including substance users; those affected by substance use; health, welfare and human rights organisations; community advocacy and policy groups; law enforcement representatives; and religious groups. It helps to create conditions which are conducive to the development of effective public health interventions and behaviour change.
   http://gametlibrary.worldbank.org/FILES/1329_IDU%20Rapid%20Assessment%20and%20Response%20Guidelines.pdf

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. UNISCO Dhaka -Training Manual on Community Participation and Social Mobilization in Basic Education: http://unesdoc.unesco.org/images/0012/001252/125292e.pdf

2. Drug prevention initiative - Guidance on good practice a supplement to the DPI's overview guidance to drug action teams on developing local drugs prevention strategies http://www.emcdda.europa.eu/publications/perk/resources/step6

3. Manual: Community participation; *Guidelines on Effective community Participation*, RPRLGSP, May 2009:
   http://www.rprlgsp.go.ke/pdf/COMMUNITY%20PARTICIPATION%20MANUAL.PDF

4. Joseph Rowntree Foundation: Community participation and empowerment: putting theory into practice.

   A new Guide to Effective Participation offers a comprehensive framework for thinking about involvement, empowerment and partnership. It also provides an A to Z of key issues and practical techniques for effective participation (Summery):
   http://www.jrf.org.uk/sites/files/jrf/h4.pdf

5. Rabindra Nath Sabat: Community Participation and Empowerment:
   http://www.slideshare.net/ocasiconference/c7d11-community-participation-and-empowermentrabindra-nath-sabat

6. UNODC and WHO: A Strong Start, Good practices in using a local situation assessment to begin a youth substance abuse prevention project:
   http://www.unodc.org/pdf/globalinitiative/initiative_goodpractice_assessing_strong_start.pdf

7. United Nations, Office of Drugs and Crime - PEER TO PEER, using peer to peer strategies in drug abuse prevention: http://www.unodc.org/pdf/youthnet/handbook_peer_english.pdf

8. United Nations Office on Drugs and Crime 2004 - A Strong Start: Good practices in using a local situation assessment to begin a youth substance abuse prevention project World Health: http://www.unodc.org/pdf/globalinitiative/initiative_goodpractice_assessing_strong_start.pdf

9. Youth R.I.S.E. for reducing drug related harm; RISE UP Training Guide: A young peer trainer's guide, To provide sexual health and drug – related harm reduction education http://dl.dropbox.com/u/16336789/RISE%20UP%20Young%20peer%20training%20guide%20ENG.pdf

10. United Nations Office for Drug Control and Crime Prevention Vienna: A participatory handbook for youth drug abuse prevention programmes A guide for development and improvement, 2002: http://www.unodc.org/pdf/youthnet/handbook.pdf

11. WHO 2000: Primary prevention of substance abuse a workbook for project operators http://www.who.int/substance_abuse/activities/global_initiative/en/primary_prevention_17.pdf

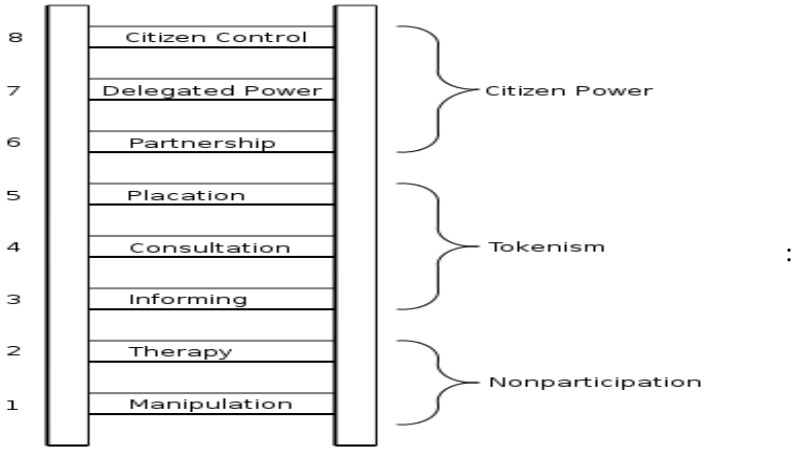
    Primary prevention of substance abuse a facilitator guide: http://www.unodc.org/pdf/globalinitiative/initiative_activities_facilitator_guide.pdf

Examples of posters, films and other support material that you might find useful

1. This article was reprinted in "The City Reader" (second edition) edited by Richard T. Gates and Frederic Stout, 1996, Routledge Press.A Ladder of Citizen Participation - **Sherry R Arnstein:**

French student poster. In English, "I participate, you participate, he participates, we participate, you participate...they profit."

Eight rungs on the ladder of citizen participation



Empty Refusal versus Benefit

There is a critical difference between going through the empty ritual of participation and having the real power needed to affect the outcome of the process. This difference is brilliantly capsulized in a poster painted last spring [1968] by the French students to explain the student-worker rebellion. (See Figure 1.) The poster highlights the fundamental point that participation without redistribution of power is an empty and frustrating process for the powerless. It allows the powerholders to claim that all sides were considered, but makes it possible for only some of those sides to benefit. It maintains the status quo. Essentially, it is what has been happening in most of the 1,000 Comm-unity Action Programs, and what promises to be repea-ted in the vast majority of the 150 Model Cities programs.

http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html

2. **Eurasian harm reduction network: Community needs assessment***:* *Needs Assessment by CSAT-1*, *Needs Assessment by CSAT-2*

Does my training programme meet quality criterion n°2?

1.1 The training programme embraces the principle of community participation. It draws from individual / group / community life stories/experiences/strengths concerning health or the health issue being addressed. It recommends using individual/ group/ community life stories/experiences/strengths in promoting health. It promotes involving users and carers in policy or decision-making on the health issue being addressed.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.2 The training programme addresses the importance of learning from the targeted population. In the case of training professionals for specific health promotion projects, representatives from the community who are the "target" of project (e.g. high school students in an alcohol programme addressing high school students) participate in fixing the objectives and designing and delivering the programme.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.3 (formerly 10.1). The training programme takes into account how populations are going to be able to resource their health promotion in a sustainable way (finance, time, etc.).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

1.4 (formerly 10.2). The training integrates the support populations will need to maintain impetus and effectiveness through time, i.e. to avoid the 'one-off shot' syndrome.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°3: Adopting an Interdisciplinary and Intersectoral Approach

With regard to alcohol and drug use, the training programme programme takes into account the necessarily interdisciplinary and intersectoral approach to health promotion. It aims for all stakeholders to have collective ownership of the training programme and of the health promotion interventions associated with the programme.

Examples: Prevention program on alcohol and drug use and addiction for professionals working with the undergraduate students people should include knowledge from pedagogues, parents, students, social workers, GPs, psychologist, psychiatrists, people working in NGO and others whom this meter concern, so that all aspects and determinants of the alcohol and drug use is taken in to account.

When, implementing regional policy on binge-drinking in a particular municipal area, it would be important that professionals from all areas working in this municipal area (GP', social workers, psychologists, teachers, etc) are consulted.

Key Texts

1. WHO: Global strategy to reduce the harmful use of alcohol

Challenges and opportunities: Ensuring intersectoral action. The diversity of alcohol-related problems and measures necessary to reduce alcohol-related harm points to the need for comprehensive action across numerous sectors. Policies to reduce the harmful use of alcohol must reach beyond the health sector, and appropriately engage such sectors as development, transport, justice, social welfare, fiscal policy, trade, agriculture, consumer policy, education and employment, as well as civil society and economic operators.
http://www.who.int/substance_abuse/msbalcstragegy.pdf

2. WHO: WHA57.16 Health promotion and healthy lifestyles

URGES Member States:

(1) to strengthen existing capability at national and local levels for the planning and implementation of gender-sensitive and culturally appropriate, comprehensive and multisectoral health-promotion policies and programmes, with particular attention to poor and marginalized groups;
http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R16-en.pdf

3. WHO 2002: PREVENTION OF PSYCHOACTIVE SUBSTANCE USE; A Selected Review of What Works in the Area of Prevention

POLICY FRAMEWORKS

- Policies need to be comprehensive in order to address multifaceted nature of substance use. Requires interdisciplinary collaboration, as well as co-operative efforts between schools, communities, workplaces, govt and NGO's (page 84).
http://www.who.int/substance_abuse/publications/en/prevention_substance_use.pdf

4. EMCDDA: European Parliament resolution on the EU drugs strategy (2005-2012) - Proposal for a European Parliament recommendation to the Council on the European strategy on fighting drugs (2005-2012); 2004:

Recommends to the European Council and to the Council, when defining the future European Drugs Strategy (2005-2012), and with general reference to EU policy on drugs, that they should:
(b) set clear, precise, quantifiable goals and priorities which can be translated into operational indicators and measures in future Action Plans, very clearly establishing responsibilities and deadlines for implementation, and taking account of the subsidiarity principle. In order to facilitate implementation, a multidisciplinary approach should be taken at European level in relation to these clearly defined goals (coordination, information, assessment and international cooperation):
http://www.emcdda.europa.eu/html.cfm/index6790EN.html

5. EMCDDA: EU drugs strategy (2005-2012)

11. The present integrated, multidisciplinary and balanced approach of combining demand and supply reduction will remain the basis of the Union's approach to the drugs problem in the future. This approach requires cooperation and coordination. Given the horizontal nature of the problem, this cooperation and coordination will need to be further developed not only in numerous sectors, including welfare, health, education and justice and home affairs, but also in relations with non-Member States and relevant international fora. A balanced approach to the drugs problem also requires adequate consultation with a broad group of scientific centres, professionals, representative NGOs, civil society and local communities.
http://www.emcdda.europa.eu/html.cfm/index6790EN.html

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. **World Health Organization*, 2008: Evidence for action technical papers,* POLICY GUIDELINES FOR COLLABORATIVE TB AND HIV SERVICES FOR INJECTING AND OTHER DRUG USERS AN INTEGRATED APPROACH**

The aim of these guidelines is to provide a strategic approach to reducing morbidity and mortality related to TB and HIV among at-risk drug users and their communities in a way that promotes holistic and person-centred services.
Joint planning:

1. *There should be multisectoral coordination at the local and national levels to plan, implement and monitor TB and HIV activities for drug users. This should be done through existing mechanisms if possible.*
2. *The national strategic plans for TB, HIV and substance misuse should clearly define the roles and responsibilities of all service providers delivering services for drug users and should ensure the monitoring and evaluation of TB and HIV activities for drug users, including treatment outcomes.*
3. *Human resource planning should ensure that there are adequate numbers of personnel and that education and training programmes aim to build sustainable effective teams so that all personnel who have contact with drug users have the appropriate level of skill in dealing with TB and HIV and drug users.*

4. *All stakeholders for collaborative TB/HIV services for drug users should support and encourage TB/ HIV operational research to develop the evidence base for efficient and effective implementation of collaborative TB/HIV activities.*
5. *All services dealing with drug users should collaborate locally with key partners to ensure universal access to comprehensive TB and HIV prevention, treatment and care as well as drug treatment services for drug users in a holistic person-centred way that maximizes access and adherence: in one setting, if possible.*
   http://whqlibdoc.who.int/publications/2008/9789241596930_eng.pdf

2. **EMCDDA, Lisbon, April 2010: Harm reduction: evidence, impacts and challenges Chapter 7, Jean-Paul Grund, Philip Coffin, Marie Jauffret-Roustide, Minke Dijkstra, Dick de Bruin and Peter Blanken: The fast and furious — cocaine, amphetamines and harm Reduction, 'The role of the state is not to make people happy but to relieve avoidable suffering.'**

Implications for future intervention development, research and policy.

The reviewed studies suggest that problem stimulant use requires innovative, integrated and multidisciplinary medical and social services, but also drug and social policies that do not exacerbate the already considerable potential for harm of stimulants. The recent attention being paid to the unintended consequences of drug policy at UNODC is encouraging, but needs to be translated into effective action.
http://www.tubim.gov.tr/Dosyalar/Raporlar/emcdda_yayinlari/monographs_10.pdf

3. **Grebely, J., Genoway, K., Khara, M., et al. (2007), 'Treatment uptake and outcomes among current and former injection drug users receiving directly observed therapy within a multidisciplinary group model for the treatment of hepatitis C virus infection', *International Journal of Drug Policy* 18, Issue 5: 437–443.**

Injection drug use accounts for the majority of incident and prevalent cases of hepatitis C virus (HCV) infection. However, very few injection drug users (IDUs) have received treatment for this condition given issues of medical or psychiatric co-morbidity, ongoing substance abuse and a widely held belief that such individuals will not be able to adhere to the requirements of therapy, including regular medical follow-up. With this in mind, we sought to evaluate HCV treatment uptake and outcomes among current and former IDUs attending a weekly peer support group and receiving directly observed HCV therapy. Utilizing the existing infrastructure for the management of addictive disease, we have developed a model of "one-stop shopping" whereby the treatment of addiction, HCV and other medical conditions are fully integrated, with the collaboration of nurses, counsellors, addiction specialists, infectious disease specialists, primary care physicians and researchers. Subjects interested in receiving treatment for HCV infection were referred to a weekly peer-support group and evaluated for treatment. Patients received therapy with pegylated interferon-α2a or -α2b, both in combination with ribavirin. All injections were directly observed. Overall, we observed a high uptake of HCV treatment among attendees, with 51 percent either receiving or about to receive therapy. To date, 18 patients have initiated treatment for HCV infection and 12 have completed therapy. Overall, 8/12 (67 percent) subjects achieved an end of treatment response (genotype 1, 67 percent; genotypes 2/3, 67 percent), despite ongoing drug use in 75 percent of patients during treatment. These data demonstrate that with the appropriate programs in place, a high uptake of HCV treatment can be achieved among IDUs referred to a peer-support group. Moreover, the treatment of HCV

in current and former IDUs within a multidisciplinary DOT program can be successfully undertaken, resulting in ETRs similar to those reported in randomized controlled trials.

4. Keane, Martin (2006) Drug Policy Action Group recommends co-ordinated social care for drug users. Drugnet Ireland, Issue 20, Winter 2006. pp. 24-25.

The authors acknowledge that, for a large majority of people, social care is provided by family, friends and neighbours through informal networks of mutual support and is supplemented by state-sponsored institutional care through the public health system, social care services and education, employment and housing supports. But, the paper points out, very often the most vulnerable members of society, including a high proportion of drug users, who have the most complex needs, are likely to fall between the gaps in services. When drug users present for help and support, very often to specialist drug treatment agencies, a high proportion present with multiple problems, including psychological and serious mental health problems, employment and economic issues, poor living arrangements, familial and social relationship difficulties, and legal problems. The paper claims that the way the specialist drug treatment service has evolved in Ireland (in a similar way to that of other health and social care services) means that it operates largely in isolation from other services and is generally unable to deliver a continuum of care. While the drug treatment service may be doing an excellent job in responding to people's addiction problems, there is a lack of co-ordination between drug services and agencies and other generic social care services, such as housing agencies, national training and employment agencies and mental health services.

In particular, the authors highlight two vital components of social care, employment and housing, and argue that, because of the uncoordinated nature of social care services targeting drug users, these needs are not addressed in a meaningful manner. For example, the report highlights the strong association between unemployment and problem drug use, but rightly notes that the causal direction of the association is complex. Nonetheless, it notes that improving employability for problem drug users can be a major factor in preventing relapse. Platt's review of treatment outcomes in the US[3] also finds an association between improved employability and reduced relapse: *http://www.drugsandalcohol.ie/11317/1/Drugnet_20.pdf*

5. *IMPHA: Mental Health Promotion and Mental Disorder Prevention a* policy for Europe

Engage different actors

Engage different actors at all levels, including governmental and non-governmental organizations, the public and private sector to work together to promote mental health.

Partnerships are required at the international, country, regional and local levels, involving a wide range of actors, governmental and non-governmental, professionals in and outside the health sector, the industry and the private sector, the education sector, the media and civil society. The involvement of all sectors is fundamental to ensuring that programmes reflect priorities, have widespread support and are sustainable. Especially non-governmental organizations are essential partners for accountability for mental health; they are a vital component of a modern civil society advocating change and creating a dialogue on policy.
http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1662/dd11711/a_policy_for_europe.pdf

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. NHS Lothian: Substance misuse in pregnancy

Many professionals contributed to, supported and offered constructive suggestions and comments on the numerous drafts of this resource pack. The professional groups from Lothian who contributed to the pack include: midwives, maternity & neonate nurses, obstetricians & gynaecologists, neonatologists & paediatricians, health visitors, general practitioners, pharmacists, drug specialists, alcohol specialists, HIV specialists, public health staff, dental hospital staff, social work and voluntary sector staff.

Multi-disciplinary and multi-agency approach

Pregnant women, whose drug or alcohol use is likely to impact on the outcome of their pregnancy, will need a comprehensive service provided by a multi-professional team. This service should provide consistent advice and support and continuity of care and aim to ensure safety for both mother and baby. Many women will benefit from receiving care from a range of health and social care providers. This 'multi-agency' approach to care needs to be well co-ordinated and integrated. Good communication between professionals is central to the provision of good quality care. Integrated care is where everyone involved in the provision of care has a shared philosophy of approach, knows what each other is doing and saying, and also knows what the woman herself wants.

A clear understanding of professional roles and responsibilities is needed to maximise the quality of care. Collaborative working should minimise the opportunities for contradictory or opinion-based advice and practice. Professionals delivering care need to have the knowledge and skills necessary for the type and level of service they provide. They should be aware of the expertise of other professionals and be prepared to draw upon that expertise where needed.
Pregnant women with substance misuse problems should receive the same quality of care, respect and dignity as any other pregnant woman throughout their pregnancy. The philosophy of approach outlined above and the guidelines on good practice that follow should ensure that this can be achieved.
http://www.nhslothian.scot.nhs.uk/news/publications/substance_misuse_pregnancy.pdf

Examples of posters, films and other support material that you might find useful

1. International Harm reduction Association: Where are we coming from, where are we going? 'Partnerships' as an approach to reducing alcohol - related harm at local level: Presentation: Rachel Frances Herring http://www.ihra.net/files/2010/08/31/93.pdf

2. International Harm reduction Association: Harm Reduction Projects and Services in Eastern Europe**:** Social services created on the basis of harm reduction projects in Russia: Presentation: Elizaveta Berezina

3. AZ.GOV: http://www.azag.gov/DEC/public_awareness.html

4. SAMHSA Model Programs: Families and Schools Together (FAST)
   http://www.mentalhealthpromotion.net/resources/fast.pdf

5. Social Work Action Network (SWAN)
   http://www.youtube.com/watch?v=b5hMzIgpM2o&feature=player_embedded

Does my training programme meet quality criterion n°3?

3.1. The training programme is integrated into an overall local / institutional / regional / national policy of capacity-building aimed at all of the different types of workforce involved in health promotion in general or in the specific health issue being addressed and including ongoing support for the workforce.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

3.2. In training programmes related to specific health promotion projects, multidisciplinary training approaches are preferred to uni-disciplinary approaches. Undergraduate programmes for general training on health promotion for a particular professional group underline the necessarily intersectoral, inter-professional approach to health promotion and seek to include trainers from different professional backgrounds.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

3.3. The training programme aims to foster a sense of collective ownership among different stakeholder groups, including users & carers, or, in the case of undergraduate training for a specific professional group, to understand the importance of collective, intersectoral ownership and the risks of a uni-professional approach.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

3.4. The training programme takes into account the existing projects (on this topic/for this population) & skills of the people being trained and/or the different stakeholder groups involved.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

3.5. The training programme underlines the importance of developing a common language, with complementary work styles, methods and evaluation, between specialists from different professional backgrounds or working in different sectors.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Other useful hints for respecting Criterion 3

3A. Aim to create an atmosphere of trust between the different stakeholder groups as a specific objective both within training sessions and in the health promotion actions being addressed.

3B. To facilitate the multi-stakeholder, intersectoral approach, all the different sectors that impact the health issue in question are represented amongst the participants with the training programmes.

3C. Show how improving health might also help each different stakeholder or professional group achieve their different aims.

3D. Show how to work in networks, across professional barriers.

3E. Make sure the choice of trainers reflects the intersectoral network.

Quality criterion n°4: Including People with Mental Health Problems

With regard to health promotion/prevention in the area of alcohol and drug use and addiction, the training programme also applies its objectives:

a) To people who already have alcohol, drug or addiction problems and among them those:

   a. Who are users of alcohol and drug services and those
   b. Who do not seek help and
   c. Have experience of alcohol and drugs problems and

b) To their carers.

People with health problems and, more specifically, people with mental health problems related to addiction, problematic use, chaotic use, multiple drug use, dual diagnosis, overdose, intoxication, etc., are included from the outset

Example: When we are preparing program of harm reduction for the injecting drug user (IDUs) it is important that we see IDUs as expert from the experience, the ones who are the only ones who have knowledge of what do IDUs need in the term of harm reduction. In that contest the IDUs have to be include in the harm reduction program in as a consultants in all phases of the creation and implementation of the program.

Key Texts

1. **Jürgens R (2008). "Nothing About Us Without Us", Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative**
   This report examines why it is important to increase meaningful involvement of people who use (or have used) illegal drugs in the response to HIV and hepatitis C (HCV), and how this can be done:
   http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/nothingaboutus_20080603/Int%20Nothing%20About%20Us%20%28May%202008%29.pdf

2. **HARM REDUCTION COALITION, Geting of right: Safety Manual for Injection Drug Users, 1998**
   A compilation of medical facts, injection techniques, junky wisdom, and common sense, this manual reflects HRC's commitment to providing accurate and unbiased information about the use of illicit drugs with the goal of reducing harm and promoting individual and community health.
   http://harm.live.radicaldesigns.org/downloads/idu_manual.pdf

3. **Harm Reduction Strategies and Services, 2008: Best Practices for British Columbia's Harm Reduction Supply Distribution Program**
   People who use illegal drugs should be engaged in all aspects of HRSDP program development, implementation, and evaluation. Individuals who use drugs are the most familiar with drug use practices and patterns and are often able to help identify the most effective ways to reduce the spread of blood borne disease and to assist peers in other ways.[46] People who inject drugs have demonstrated capacity to organize peer groups and programs, and to make valuable contributions to the community, including expanding the reach and effectiveness of prevention and harm reduction services by

making contact with those at risk; providing services, support and referral; addressing public disorder issues and advocating for their rights and recognition of dignity of all citizens.[47]
http://www.bccdc.ca/NR/rdonlyres/4E145403-D047-49CA-A592-768FEBF6025A/0/BestPractices.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. **Drug user participation and European cities, 6th EXASS Net meeting in Amsterdam, 2009**

Like every citizen, drug users have the right to get information and access to the adequate services and treatments they need. They have the right to influence the policies which relate to them. The European local authorities have the duty of making the citizens' rights respected and promoted, especially in the framework of participative democracy. Cities can support drug users' participation at three levels:

- By supporting the self-organisation of drug users;
- By promoting the involvement of the drug users in the drug services;
- By integrating drug users in local and integrated partnerships responding to the issue of drugs.

At the European and global level, drug users' networks, networks from the harm reduction fields and city networks are able to help cities to improve drug users' participation by providing expertise and practice sharing.
http://www.coe.int/t/dg3/pompidou%5CSource%5CActivities%5CEXASS%5CDrugUserParticipation.pdf

2. **Van der Poel A, Barendregt C, van de Mheen D, (2006). Drug users' participation in addiction care: different groups do different things. Journal of psychoactive drugs, 38(2):123-32.**

This study allocated 201 (nearly) daily users of heroin and/or crack into four groups, depending on their addiction care participation. Earlier studies have compared treatment groups and nontreatment groups. In this study the treatment group is divided into three categories: (1) drug users in contact with only treatment agencies--i.e., methadone maintenance, clinical and ambulant drug treatment; (2) drugs users in contact with only care agencies--i.e., day and night shelters and drug consumption rooms, which have no explicit aims to change patterns of drug use; and (3) drug users in contact with both treatment and care agencies. This allocation intro three different groups fits the notion of harm reduction, one of the policy aims in The Netherlands. The fourth group consists of drug users in contact with neither treatment nor care agencies. The results show that it is useful to distinguish these four categories, instead of two. The four groups are different from each other with respect to some of their characteristics (e.g. debt situation, prostitution, homelessness) and their drug use (e.g. drug use in public, use of crack, and use of other drugs). A much clearer distinction can be made between the "care" group and the "treatment and care" group. Treatment and care agencies can thus better match their services to their clients or patients.

3. **Tinka Markham Piper, Sasha Rudenstine, Sharon Stancliff, Susan Sherman, Vijay Nandi, Allan Clear and Sandro Galea, (2007). Overdose prevention for injection drug users: Lessons learned from naloxone training and distribution programs in New York City. Harm Reduction Journal, Volume 4, Number 1,** 3, **DOI: 10.1186/1477-7517-4-3**

Fatal heroin overdose is a significant cause of mortality for injection drug users (IDUs). Many of these deaths are preventable because opiate overdoses can be quickly and safely reversed through the injection of Naloxone [brand name Narcan], a prescription drug used to revive persons who have overdosed on heroin or other opioids. Currently, in several cities in the United States, drug users are being trained in naloxone administration and given naloxone for immediate and successful reversals of opiate overdoses. There has been very little formal description of the challenges faced in the development and implementation of large-scale IDU naloxone administration training and distribution programs and the lessons learned during this process: http://www.springerlink.com/content/l44534v426l3w853/fulltext.pdf

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. Open Society Institute, *Matt Curtis and Lydia Guterman;* Overdose Prevention and Response, A guide for people who use Drugs and harm reduction Staff in eastern Europe And central Asia, 2009
   http://www.anypositivechange.org/ODmanual.pdf

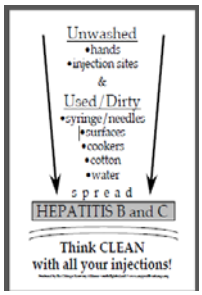
2. HRC (Harm reduction coalition):
   http://www.harmreduction.org/article.php?id=1050
   OD Intervention Card -- Using Naloxone
   OD Intervention Poster -- Using Naloxone
   Opiate OD Prevention/Intervention Training -- Slideshow
   Opiate OD Prevention/Intervention Training -- Pre/Post Test
   Injection Partner OD Checklist

3. Interagency Youth Working Group, 2005; Youth Participation Guide: Assessment, Planning, and Implementation
   http://www.iywg.org/youth/resources/youth_participation_guide

4. Positive change: Better Vein Care and Safer Injection
   http://www.anypositivechange.org/menu.html

5. Jürgens R (2008), Nothing About Us Without Us", Greater, Meaningful Involvement of People Who Use Illegal Drugs: A Public Health, Ethical, and Human Rights Imperative
   http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/nothingaboutus_20080603/Int%20Nothing%20About%20Us%20%28May%202008%29.pdf

Examples of posters, films and other support material that you might find useful



1. Poster Describing Means of Hepatitis B and C Transmission: *http://www.anypositivechange.org/hepTRANS.pdf*

2. Things to do in recognizing and responding to a opiate/heroin overdose using Naloxone: *http://www.anypositivechange.org/odcard.p*

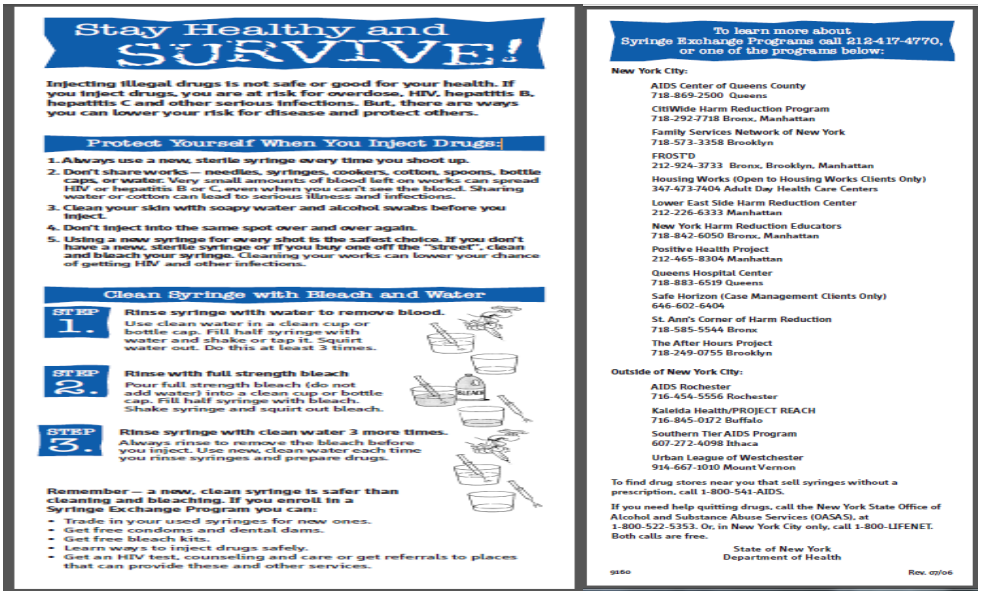
3. Exchange supplies – tools for harm reduction: *http://www.exchangesupplies.org/shopdisp_HRDVD7.php?page=watch*

4. INPUD - International Network of People who Use Drugs (Sub: ENG, HUN, SPA) http://www.youtube.com/watch?v=3MujAx-hFNY

5. International Harm reduction Association: More in common than not; sex workers and drug users' rights in Sweden: Presentation: Pye Jakobsson, Sandra Thiang

6. Talk to me...not about me.wmv http://www.youtube.com/watch?v=oWMttIKMHZM&feature=player_embedded

7. LIVE! Using Injectable Naloxone to Reverse Opiate Overdose http://www.youtube.com/watch?v=U1frPJoWtkw



Stay Healthy and SURVIVE!

Injecting illegal drugs is not safe or good for your health. If you inject drugs, you are at risk for overdose, HIV, hepatitis B, hepatitis C and other serious infections. But, there are ways you can lower your risk for disease and protect others.

Protect Yourself When You Inject Drugs:

1. Always use a new, sterile syringe every time you shoot up.
2. Don't share works – needles, syringes, cookers, cotton, spoons, bottle caps, or water. Very small amounts of blood left on works can spread HIV or hepatitis B or C, even when you can't see the blood. Sharing water or cotton can lead to serious illness and infections.
3. Clean your skin with soapy water and alcohol swabs before you inject.
4. Don't inject into the same spot over and over again.
5. Using a new syringe for every shot is the safest choice. If you don't have a new, sterile syringe or if you buy one off the "street", clean and bleach your syringe. Cleaning your works can lower your chance of getting HIV and other infections.

Clean Syringe with Bleach and Water

STEP 1. Rinse syringe with water to remove blood.
Use clean water in a clean cup or bottle cap. Fill half syringe with water and shake or tap it. Squirt water out. Do this at least 3 times.

STEP 2. Rinse with full strength bleach
Pour full strength bleach (do not add water) into a clean cup or bottle cap. Fill half syringe with bleach. Shake syringe and squirt out bleach.

STEP 3. Rinse syringe with clean water 3 more times.
Always rinse to remove the bleach before you inject. Use new, clean water each time you rinse syringes and prepare drugs.

Remember – a new, clean syringe is safer than cleaning and bleaching. If you enroll in a Syringe Exchange Program you can:

- Trade in your used syringes for new ones.
- Get free condoms and dental dams.
- Get free bleach kits.
- Learn ways to inject drugs safely.
- Get an HIV test, counseling and care or get referrals to places that can provide these and other services.

To learn more about Syringe Exchange Programs call 212-417-4770, or one of the programs below:

New York City:

AIDS Center of Queens County
718-869-2500 Queens

CitiWide Harm Reduction Program
718-292-7718 Bronx, Manhattan

Family Services Network of New York
718-573-3358 Brooklyn

FROST'D
212-924-3733 Bronx, Brooklyn, Manhattan

Housing Works (Open to Housing Works Clients Only)
347-473-7404 Adult Day Health Care Centers

Lower East Side Harm Reduction Center
212-226-6333 Manhattan

New York Harm Reduction Educators
718-842-6050 Bronx, Manhattan

Positive Health Project
212-465-8304 Manhattan

Queens Hospital Center
718-883-6519 Queens

Safe Horizon (Case Management Clients Only)
646-602-6404

St. Ann's Corner of Harm Reduction
718-585-5544 Bronx

The After Hours Project
718-249-0755 Brooklyn

Outside of New York City:

AIDS Rochester
716-454-5556 Rochester

Kaleida Health/PROJECT REACH
716-845-0172 Buffalo

Southern Tier AIDS Program
607-272-4098 Ithaca

Urban League of Westchester
914-667-1010 Mount Vernon

To find drug stores near you that sell syringes without a prescription, call 1-800-541-AIDS.

If you need help quitting drugs, call the New York State Office of Alcohol and Substance Abuse Services (OASAS), at 1-800-522-5353. Or, in New York City only, call 1-800-LIFENET. Both calls are free.

State of New York
Department of Health

9160 Rev. 07/06

8. Department of health, Information for a Healthy New York, Stay Healthy and Survive - Flier, July 2006: *http://www.health.ny.gov/publications/9160.pdf*

9. A Light in the Dark: Health Services for Drug Users in St. Petersburg, *August 2008*

Does my training programme meet quality criterion n°4?

4.1. People with mental health problems participated in developing the training programme for professionals. In the case of training on specific themes, people who have or have had a health problem directly related to the issue the programme is addressing were involved in designing the training programme (for example as consultants).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

4.2. In the case of training for specific themes, the trainers include representatives of the populations who have or have had a health problem directly related to the issue the programme is addressing (e.g. mental health service users, or former or current substance users, or university students who have suffered stress and anxiety problems in a programme addressing this subject for this population). In the case of training on mental health promotion in general, people who have or have had mental health problems participate as trainers with user experience.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

4.3. Carers are involved and empowered in promoting mental health.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°5: Advocacy

With regard to alcohol and drug use and addiction, the training programme includes training on advocacy (knowing how to bring out and defend the point of view of people who already have alcohol, drug or addiction problems or their carers, who may not have the skills or the social power necessary to represent or defend themselves, state their needs or opinions and influence policy.

Example: Training the NGO representatives how to advocate the program of harm reduction in the field of alcohol and drug use and addictions regarding reducing harm related to problematic or chaotic alcohol and drug use and addiction in the communities.)

Key Texts

1. World health organization, 2004: Promoting mental health; Concepts, Emerging evidence, Practice; summary report

This publication provides an editorial summary of the concepts, evidence, and policies and practices relating to mental health promotion that are outlined in greater detail in the full report. It documents how actions such as advocacy, policy and project development, legislative and regulatory reform, communications, research, and evaluation may be achieved and monitored in countries at all stages of economic development. It considers strategies for continued growth of the evidence base and approaches to determining cost-effectiveness of actions. International cooperation and alliances will play a critical role in generating and applying the evidence by, for example, encouraging the social action required and monitoring the impact on mental health of a range of policies and practices.
http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf

2. Promotion & Education, 2005: The evidence of mental health promotion effectiveness: strategies for action

The content of the journal reflects three strategic priorities of the IUHPE, namely, advancing knowledge, advocacy and networking.
http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1663/Dd12975/iuhpe_special_edition_no2.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. World Health Organization 2004: ADVOCACY GUIDE: HIV/AIDS PREVENTION AMONG INJECTING DRUG USERS

The World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Office on Drugs and Crime (UNODC) developed this guide jointly based on a wealth of experiences by individuals, institutions and nongovernmental and international organizations on the role of advocacy in establishing HIV/AIDS prevention and care programmes for injecting drug users (IDUs). It builds on several publications on general advocacy and specific advocacy programmes for HIV/AIDS, which are referred to Chapter 13

http://whqlibdoc.who.int/publications/2004/924159182X.pdf

2. International Harm Reduction Association, 2010: The Global State of Harm Reduction 2010, Key issues for broadening the response

It is designed to be an advocacy and reference tool for a wide range of audiences, including international donor organisations, multilateral and bilateral agencies, non-governmental and community-based organisations, including organisations and groups of people who use drugs, researchers and the media.
http://www.ihra.net/files/2010/06/29/GlobalState2010_Web.pdf

3. This report was produced in partnership with the International Harm Reduction Association (IHRA),Human Rights Watch (HRW), and the Canadian HIV/AIDS Legal Network (CHALN), 2008: RECALIBRATING THE REGIME, The Need for a Human Rights-Based Approach to International Drug Policy

The report looks at the growing tensions between the United Nations drug control system and international human rights law. It highlights that, despite numerous instances of human rights abuses perpetrated in the name of drug control, and the primacy of human rights in international law, there has been little engagement with this issue by the responsible drug control and human rights bodies. The report presents a series of avenues for reform at the international level to address this imbalance.

'Recalibrating the Regime' represents a collaborative effort between several drugs, health, and human rights NGOs – including IHRA, the Beckley Foundation Drug Policy Programme, Human Rights Watch and the Canadian HIV/AIDS Legal Network.*http://www.ihra.net/files/2010/06/16/BarrettRecalibratingTheRegime.pdf*

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. Harm Reduction Coalition, 2010: Guide to Developing and Managing Syringe AccesS PROGRAMMES

http://www.harmreduction.org/downloads/SAP%20Manual%201-26-11.pdf
The Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. HRC advances policies and programs that help people address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. We recognize that the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

2. Human rights documentation and advocacy, *Karyn Kaplan, 2009:* A guide for organizations of people who use drugs

This book provides a basic overview of the principles and systems of international human rights law and describes how advocates for drug user rights can monitor and document abuses

and advocate to improve the situation. It offers relevant resources and information for documenting, advocating, suing, and complaining about government failures to respect, protect, and fulfil core human rights responsibilities.

This book was developed in the context of a global groundswell of drug user and harm reduction advocates demanding more tools for responding to the criminalization, marginalization, social exclusion, incarceration, discrimination, health crises and untimely death of people who use drugs. It grew out of a small but growing trend of peer-driven grassroots rights documentation and advocacy projects by people who use drugs and became a project of collaboration across borders, bringing numerous people with complementary backgrounds and experiences together to share information, experiences, and resources. We hope that you will use this guidebook to add to this body of knowledge and activism to achieve equal rights for people who use drugs in your community or country.
http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/hrdoc_20090218/hrdoc_20090218.pdf

3. Equitas - International Centre for Human Rights Education and Open Society Institute: Health and Human Rights, A Resource Guide; March 2009

This Resource Guide brings together two of the Open Society Institute's largest priorities: our public health portfolio on the one hand, and our numerous law and human rights initiatives on the other. By working together, each of these programs can accomplish their goals more effectively. Health advocates can better serve their clients by harnessing the power of the law to secure protection against human rights violations. Human rights advocates can increase their reach by attending to the negative health repercussions of extensive human rights abuses. At the foundation level, collaboration between legal and health staff can substantially enrich their professional experience.
http://www.equalpartners.info/PDFDocuments/EngCompleteResourceGuide.pdf

4. Open Society Foundations: Evidence, messages, change! An Introductory Guide to Successful Advocacy, 2010

This guide outlines important, basic steps to ensure that your advocacy is as effective as possible. It draws on learning within the
Open Society Foundations' network, especially the experiences of our advocacy colleagues, as well as resources from other organizations.
Understanding of and engagement with advocacy varies from one organization to another. Here is a description that I hope helps clarify what we mean by advocacy:
Advocacy is an organized attempt to change policy, practice, and/or attitudes by presenting evidence and arguments for how and why change should happen. As advocates we should always be clear about the values and principles which inform our reason for taking a particular stand. Key to delivering effective advocacy is the evidence we can gather, the messages that we present, and, of course, clarity about the impact that we achieve.
http://www.soros.org/resources/articles_publications/publications/guide-to-successful-advocacy-20100101/guide-to-successful-advocacy-20100101.pdf

5. Resources and tools for advocacy

This page contains a variety of documents developed by and for WHO to strengthen international, national and local efforts that increase support for school- and youth-focused prevention programmes. They also provide advocates with guidance about specific actions that can be taken to improve such programmes.
http://www.who.int/school_youth_health/resources/en/

6. Local Enhancement and Development (LEAD) for Health Project (2003–2006): LGU Unit: Advocacy Trainer's Manual (DRAFT), 2005

http://erc.msh.org/LEAD_CD/N_Advocacy_Behavior_Change/Advocacy_Trainers_Manual.pdf

7. Sampark, Supported by PACS: Advocacy Manual

http://www.sasanet.org/curriculum_final/downlaods/CA/Working%20Papers%20&%20Case%20Studies/WP2%20-%20Advocacy_Manual.pdf

8. World Health Organization. Advocacy guide: HIV/AIDS prevention among injecting users: workshop Manual, 2004

The World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Offi ce on Drugs and Crime (UNODC) developed this guide jointly based on a wealth of experiences by individuals, institutions and nongovernmental and international organizations on the role of advocacy in establishing HIV/AIDS prevention and care programmes for injecting drug users (IDUs). It builds on several publications on general advocacy and specifi c advocacy programmes for HIV/AIDS, which are referred to Chapter 13.

HIV/AIDS among IDUs remains a neglected issue. Although policy-makers, programme planners at the community and national levels and international donors have paid increasing attention to HIV/AIDS in recent years, the specifi c epidemics of HIV/AIDS among IDUs and the response needed have attracted much less attention and funding. Efforts have been made within the United Nations to harmonize policies on global drug control and HIV/AIDS prevention and to build interagency collaborative mechanisms; however, country-level capacity to address HIV/AIDS among IDUs remains low. Prevention services remain extremely limited in most places. Care and support services frequently remain unavailable for IDUs and are not tailored to their specifi c needs, even where programming and funding for HIV/AIDS prevention has considerably expanded otherwise. A review of country responses in 2002 noted that IDUs tend to be excluded from highly active antiretroviral therapy, and often even from basic primary care, almost everywhere. An extra effort is therefore necessary to promote equal HIV/AIDS prevention and care among IDUs.
http://www.unodc.org/documents/hiv-aids/advocacy%20guide%20on%20prev%20for%20IDU.pdf

9. IMPHA, 2008: Training on advocacy skills in mental health promotion and mental disorder prevention

The training aims to build capacity and skills across Europe in advocacy for mental health promotion and mental disorder prevention.

The training aims to achieve the following outcomes in participants:

- To be highly motivated to advocate for promotion and prevention policies and practices in their own country
- To have skills to identify an issue and develop an advocacy strategy.
- To have strengthened leadership qualities in further developing the field of promotion and prevention in mental health within their countries and communities.
  http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1660/dn1660/imhpa_advocacytrainingcomplete.pdf

Examples of posters, films and other support material that you might find useful

1. A Drug-Free Sweden: By All Means?
http://eudrugpolicy.org/swedenfilm

2. What the World Can Learn from Switzerland's Drug Policy Shift
http://drogriporter.hu/en/swiss

3. International centre for Science in drug policy, **October 2010:** Tools for debate: U.S. federal government data on cannabis prohibition.

This report demonstrates the failure of U.S. marijuana prohibition and supports calls for evidence-based models to legalize and regulate the use of cannabis.

LINKS: [REPORT**] [**FACT SHEET**] [**PRESS RELEASE**]** [VIDEO] [POWERPOINT]
To date, an impact assessment of cannabis prohibition based on data derived through US federal government surveillance systems has been largely absent from international debates regarding the known impacts of cannabis prohibition and the potential impacts of a regulated (i.e., legal) market. Drawing upon cannabis surveillance systems funded by the US government, this report summarizes information about the impacts of US cannabis prohibition on cannabis seizures and arrests.
http://www.icsdp.org/research/publications.aspx

4. Avert: Needle exchanges and harm reduction - A video about a harm reduction facility in America
http://www.avert.org/needle-exchange.htm

5. National Conference on Injecting Drug Use 2010 (Newcastle, UK)
Maria Phelan - Presentation ('Advocating for Harm Reduction in Europe - the role of a regional network')

6. XVII International AIDS Conference (Mexico City, Mexico):
Rick Lines – Presentation ('Giving Human Rights 'Life Blood': Advocating for a Right to Harm Reduction in International Human Rights Law')
Full Video - The New Frontiers of Harm Reduction

7. Harm Reduction 2008: IHRA's 19th International Conference (Barcelona, Spain):
Damon Barrett – Presentation ('Recalibrating the Regime: The Need for a Human Rights-Based Approach to International Drug Policy')

8. Fact sheet: The need for advocacy in harm reduction
http://www.burnet.edu.au/freestyler/gui/files//Advocacy%20in%20HR.pdf

9. DRUGS reporter, drugs policy website on the Hungarian civil liberties union: Take Home Naloxone - The Right to Survive Overdoses.
http://drogriporter.hu/en/naloxone

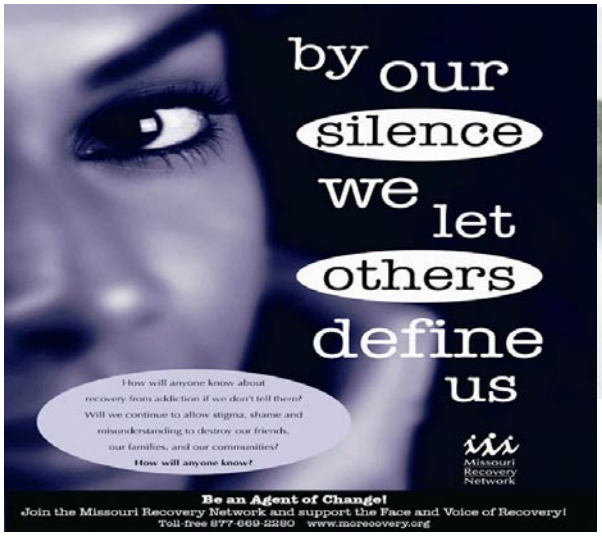
10. Let's Understand - Harm Reduction Saves Lives
http://www.youtube.com/watch?v=OmvzU1Q0Jgs&feature=related

11. Harm Reduction-p1.mp4
http://www.youtube.com/watch?v=9Ba3VoKflq4&feature=related

12. Harm Reduction-p2.mp4
http://www.youtube.com/watch?v=izZqdxbzkek&feature=related

13. Social Inclusion and Health (Sofia, Bulgaria):

- Rick Lines – Presentation ('Harm Reduction in Prisons')
- Jamie Bridge – Presentation ('Alcohol Harm Reduction: What, Why and How?')



Recovery advocacy poster: http://www.williamwhitepapers.com/bio/

WHO: http://www.emro.who.int/asd/events-wac-2002.htm

14. INPUD - International Network of People who Use Drugs (Sub: ENG, HUN, SPA)
http://www.youtube.com/watch?v=3MujAx-hFNY

Does my training programme meet quality criterion n°5?

5.1. The training recognises the importance of advocacy and identifies who has to be convinced.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°6: Consulting the knowledge Base

The training programme takes into account up-to-date scientific evidence and ethnographic information, drawing from a variety of methods, including epidemiology and social sciences, for identifying action strategies.

Example: Program for the outreach work in the field of stimulant drugs (cocaine, amphetamines, ecstasy, etc.) follows action research strategies and takes into account the latest available quantitative and qualitative data from research studies and experiences from the field work or e.g. the outreach worker could plan the intervention from risk and protective factors on the base of ethnographic evidence (e.g. to reduce harm of overdose the outreach worker is present on the spot, reacting on the concrete and present needs.

Key Texts

1. NHS – Health development agency (2004): Drug use prevention among young people: a review of reviews

This summary presents an overview of the findings and recommendations from a review of selected systematic and other reviews and meta-analyses published since 1996. The full evidence briefing – Canning, U., Millward, L., Raj, T., and Warm, D. (2004). Drug use prevention among young people: a review of reviews. London: HDA – can be accessed via: www.hda.nhs.uk/evidence. It represents an important first step in developing the evidence base for this subject.
http://www.nice.org.uk/nicemedia/documents/drug_use_prevention_summary.pdf

2. World health organisation, 2004: Prevention of Mental Disorders, Effective interventions and policy options

One of the primary goals of the World Health Organization (WHO) Department of Mental Health and Substance Abuse is to reduce the burden associated with mental, neurological and substance abuse disorders. Prevention of these disorders is obviously one of the most effective ways to reduce the burden. A number of World Health Assembly and Regional Committee Resolutions have further emphasised the need for prevention. WHO published a document on primary prevention of mental, neurological and psychosocial disorders in 1998 (WHO, 1998). However, this scientific field has seen rapid development of ideas and research evidence, necessitating a fresh review. This Summary Report (along with the forthcoming Full Report) attempts to provide a comprehensive overview of this field, especially from the perspective of evidence for effective interventions and associated policy options. This is in accordance with the WHO mandate to provide information and evidence to Member States in order to assist them in choosing and implementing suitable policies and programmes to improve population health. In an area like prevention of mental disorders this task is even more critical since much evidence is recent and untested in varied settings.
http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

4. EMCDDA monographs, Harm reduction: evidence, impacts and challenges

The EMCDDA's 10th scientific monograph, entitled Harm reduction: evidence, impacts and challenges provides a comprehensive overview of the harm reduction field. Part I of the monograph looks back at the emergence of harm reduction approaches and their diffusion, and explores the concept from different perspectives, including international organisations,

academic researchers and drug users. Part II is dedicated to current evidence and impacts of harm reduction and illustrates how the concept has broadened to cover a wide range of behaviours and harms. Part III addresses the current challenges and innovations in the field. The core audience of the monograph comprises policymakers, healthcare professionals working with drug users, as well as the wider interested public. http://www.emcdda.europa.eu/publications/monographs/harm-reduction

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. NHS (National Institute for Health and Clinical Excellence): Drug use prevention among young people: a review of reviews, *Evidence briefing update; 2006*

Its aim was to provide a comprehensive and up-to-date synthesis of evidence of what works to prevent and/or reduce drug use among young people. This was achieved by reviewing tertiary-level evidence (ie. review and metaanalysis papers) and highlighting interventions with the potential to prevent and/or reduce drug use, and identifying gaps and inconsistencies in the evidence base, providing a steer for future research. That first evidence briefing covered the time period 1996–2001.
http://www.nice.org.uk/niceMedia/docs/drug_use_prev_update_v9.pdf

2. World Health Organization (2004), Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users; Evidence for action technical papers

This publication, together with other Evidence for Action technical papers, aims to make the evidence for the effectiveness of selected key interventions in preventing HIV transmission among injecting drug users accessible to a policy-making and programming audience. The interventions reviewed range from providing information and sterile injection equipment to the impact of drug dependence treatment on HIV prevention. Each publication summarizes the published literature and discusses implications for programming with a particular focus on resource-limited settings.
http://www.who.int/hiv/pub/idu/pubidu/en/

3. United nations office on drugs and crime: World Drug Report 2010

UNODC has provided comprehensive assessments of the global drug problems and their evolution annually since 1999, and will continue to fulfil its mandate this year with the publication of the *World Drug Report 2010.*
http://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf

4. Joint publication Pompidou Group / Swedish Council for Information on Alcohol and other Drugs (CAN): The ESPAD Report 2007, Substance Use Among Students in 35 European Countries

This is the report from the fourth data collection of the European School Survey Project on Alcohol and Other Drugs (ESPAD). In it data on more than 100,000 European students are presented in a large number of diagrams, maps and tables. Independent researchers in 35 European countries have collaborated on planning, methodological discussions, data collections and reporting of national results. This is the first ESPAD report to be based on a

common database, administrated by ESPAD database manager Thoroddur Bjarnason, to which all participating countries sent their national datasets.
http://www.espad.org/espad-reports

5. Open Society Institute 2004: Evidence for Harm Reduction

This paper provides evidence on what works in the field of harm reduction.
http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/evidence_20041123/evidence_english_20041101.pdf

6. Joanne Csete, Columbia University, May 2010: From the Mountaintops What the World Can Learn from Drug Policy Change in Switzerland, Open Society Foundations

Many lessons from the Swiss drug policy experience can be generalized, including the importance of scientifically rigorous investigation of new programs and of letting science be a basis for policymaking; bringing policing and health programs together under a coherent policy rubric; investing in public education on drug policy; opening the experience of new programs to independent review; and standing up to ideological criticisms, domestic and international, with evidence and pragmatism. It is true that Switzerland is a small and wealthy country with a coherent public health system, and for those reasons some elements of its experience will have less general application. Nonetheless, Swiss policymakers and health service providers faced some challenges that are faced the world over, and the Swiss drug policy experience has greatly enriched narcotic drug policy research and practice in the world.
http://www.aidsactioneurope.org/uploads/tx_windpublications/1877-0.pdf

7. EMCDDA, 2004: Consumption rooms

The European report on drug consumption rooms (Full report - 757 KB, pdf; Executive summary - 66.5 KB, Word) describes what consumption rooms are and why and how they came about; whom they target, which specific objectives they have and how they function. It summarises available evidence on the expected benefits and risks of such facilities. Expected benefits are decreases among the target population in high risk drug use, morbidity and mortality, increased uptake of health and social care including drug treatment, and reductions in public drug use and neighbourhood nuisance.

Possible risks include concern that they encourage increased drug use and that new users might be initiated, that they make drug use more acceptable and comfortable, thus conflicting with treatment goals, and that they increase public order problems by attracting drug users and drug dealers from other areas.

Because consumption rooms target in particular those who are not yet ready to engage in a treatment process, a major function is to offer other survival-oriented services, including basic medical care, food, drinks, clothes and shelter. Their rationale is that drug users should, as long as they cannot or do not want to stop drug use, be enabled to survive in the hope that they may at some later stage be able to give up drug use.
http://www.emcdda.europa.eu/themes/harm-reduction/consumption-rooms

8. EMCDDA: 2010 Annual report on the state of the drugs problem in Europe

The report on the state of the drugs problem in Europe presents the EMCDDA's yearly overview of the drug phenomenon. This is an essential reference book for policymakers,

specialists and practitioners in the drugs field or indeed anyone seeking the latest findings on drugs in Europe. Published every autumn, the report contains non-confidential data supported by an extensive range of figures.
http://www.emcdda.europa.eu/publications/annual-report/2010

9. Jané-Llopis E., Katschnig H., McDaid D., and Wahlbeck K. Commissioning, interpreting and making use of evidence on mental health promotion and mental disorder prevention: an everyday primer. Lisbon: 2007

The aim of this primer is to support decision makers in assessing and evaluating available evidence, identifying potential biases, and supporting informed decision-making processes for the implementation of mental health promotion and mental disorder prevention. Section 1 presents some basic definitions of prevention and promotion in mental health and introduces concepts of bias* and generalizability*. Section 2 tackles what types of outcomes are needed in evaluating interventions. Section 3 looks at the different approaches to evaluation*. It highlights the role of quantitative studies, including experimental trials, underlines the role of complementary research methodologies, often called qualitative evaluation, and their importance in complementing quantitative research. It finally introduces economic evaluation* indicating how this can help address the needs of policy makers. Section 4 continues with how different results from different studies may be integrated and interpreted. Finally, section 5 concludes by suggesting some factors to consider when commissioning, conducting and presenting the results of research and how to strengthen the evidence base.

In addition to clarifying concepts on evidence for promotion and prevention in mental health, the goal of this primer is also to encourage and emphasise the need for using the most appropriate evidence and/or evaluation methods to match the question being asked, to inform on the need for evidence-based assessment, and to help interpret the results of interventions, while highlighting the key issues that should be taken into account when reporting results of a given intervention. The primer stresses the contexts in which the use of evidence can be crucial, such as in providing information to feed decisions on the adoption*, adaptation*, and large scale implementation of a given intervention or strategy. Finally, it identifies guidelines (see “Suggested Reading” at the end of the document) that can support decision makers to judge or appraise the different types of evidence available for such interventions.
http://www.gencat.cat/salut/imhpa/Du32/pdf/evidence_primer.pdf

***10. International harm reduction Association, 2008:* The Global State of Harm Reduction 2008, Mapping the response to drug-related HIV and hepatitis C epidemics**

The Global State report attempts to map harm reduction services, consolidate existing data on drug use and HIV and hepatitis C, record multilateral agency activities and document harm reduction policies and practices around the world. As such, the report provides a critical baseline though which progress can be measured in terms of the international, regional and national acceptance of harm reduction policies and interventions, and the performance of multilateral agencies.

This report, and its subsequent updates, will also identify key issues affecting harm reduction and global drug and HIV policy, such as human rights violations against people who use drugs, non-injecting drug use and instances where multilateral activities or national policies and programmes fail to meet local needs and experience.

Obtaining accurate data when researching ‘hidden populations’ is notoriously difficult. Globally, surveillance and monitoring systems are improving, however the data availability

in many countries remains very poor, and in these cases the experience of those gathering the data and their contacts was called upon to provide a picture of the situation. While the data presented here represent the best estimates currently available, lack of uniformity in measures, data collection methodologies and definitions render cross-national and regional comparisons difficult.
http://www.ihra.net/files/2010/06/16/GSHRFullReport1.pdf

11. **EMCDDA, Lisbon, January 2004: Report on drug consumption rooms**

The European report on drug consumption rooms describes what consumption rooms are and why and how they came about; whom they target, which specific objectives they have and how they function. It summarises available evidence on the expected benefits and risks of such facilities. Expected benefits are decreases among the target population in high risk drug use, morbidity and mortality, increased uptake of health and social care including drug treatment, and reductions in public drug use and neighbourhood nuisance.
http://www.emcdda.europa.eu/html.cfm/index54125EN.html

12. EMCDDA: Reitox national focal points

The EMCDDA coordinates a network of National focal points (NFPs) set up in the 27 EU Member States, Norway, the European Commission and in the candidate countries. Together, these information collection and exchange points form Reitox, the European Information Network on Drugs and Drug Addiction. This human and computer network links the national information systems of the 27 Member States and Norway and their key partners to the EMCDDA. It acts as a practical instrument for the collection and exchange of data and information.
http://www.emcdda.europa.eu/about/partners/reitox-network

13. **EMCDDA, Lisbon, June 2010: Trends in injecting drug use in Europe**

Trends in injecting drug use in Europe is the title of the latest EMCDDA Selected issue publication. This volume brings together data from a wide variety of sources as it describes Europe's current drug injecting problem and plots its trends in recent years.

Responses to drug injecting and measures to reduce the harm caused by this form of drug use are also reviewed. The report finds that the available data point to a stable or declining trend of injecting in most European countries, with effective treatment and harm-reduction measures now reaching many users. Despite this, there is still a large population of drug injectors in Europe, and there continue to be signs of recent recruitment in some countries.
http://www.emcdda.europa.eu/publications/selected-issues/injecting

14. Institute of Alcohol Studies, UK, 2006: ALCOHOL IN EUROPE, A PUBLIC HEALTH PERSPECTIVE

This public health report on alcohol, requested and financed by the European Commission, will describe the social, health and economic burden that alcohol brings to European citizens, families and to Europe as a whole; this is a burden that increases social marginalization and exclusion and places a strain on the viable, socially responsible and productive Europe, as envisaged by the Lisbon strategy.
http://www.mz.gov.si/fileadmin/mz.gov.si/pageuploads/javno_zdravje_09/Alcohol_in_Europe.pdf

15. National Institute of public health, 2010: NATIONAL REPORT 2010 ON THE STATE OF ILLICIT DRUGS IN THE REPUBLIC OF SLOVENIA, News, Trends and in-depth information on selected topics

http://ivz.si/nacionalna_porocila?pi=5&_5_Filename=2803.pdf&_5_MediaId=2803&_5_AutoResize=false&pl=168-5.3.

16. National Institute of public health, 2009 NATIONAL REPORT (2008 data) TO tHE EMCDDA by the Reitox National Focal Point: SLOVENIA New Development, Trends and in-depth information on selected issues

http://sm146.slohosting.com/Planet/nacionalna_porocila?pi=5&_5_Filename=964.pdf&_5_MediaId=964&_5_AutoResize=false&pl=168-5.3.

17. Buehler, A & Kroeger C. (2006) Report on the prevention of substance abuse. Federal Centre for Health Education BZgA

http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention/methodology

18. EMCDDA, best practice portal, : Evidence based information on universal prevention in nonschool setting–an overview

http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention/community

19. World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht, 2004: Prevention of Mental Disorders, EFFECTIVE INTERVENTIONS AND POLICY OPTIONS

http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

20. LSE - The London school of economic and political science, 2011: Mental health promotion and mental illness prevention: The economic case

http://www2.lse.ac.uk/businessAndConsultancy/LSEEnterprise/news/2011/healthstrategy.aspx

21. Impha: Mental health promotion and mental disorder prevention across European Member States: a collection of country stories

http://ec.europa.eu/health/archive/ph_projects/2004/action1/docs/action1_2004_a02_30_en.pdf

22. The University of Sheffield, 2009: Modelling to assess the effectiveness and cost-effectiveness of public health related strategies and interventions to reduce alcohol attributable harm in England using the Sheffield Alcohol Policy Model version 2.0

http://www.nice.org.uk/nicemedia/pdf/AlcoholEconomicModellingReport.pdf

23. National Institutes of Health, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, 1998: Cost-Benefit/Cost-Effectiveness Research of Drug Abuse Prevention: Implications for Programming and Policy

http://archives.drugabuse.gov/pdf/monographs/Monograph176/Monograph176.pdf

24. Slovenian Resolution on National Health Care Plan 2008-2013 "Satisfied customers and providers of health services" (ReNPZV)

http://www.uradni-list.si/files/RS_-2008-074-03286-OB~P001-0000.PDF

25. WHO, 2009: Milestones in Health Promotion, Statements from Global Conferences

http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. Pre hospital Evidence-Based *Guidelines*. Daniel Spaite, MD. Professor of Emergency Medicine; Prehospital Evidence-Based *Guidelines* [MS POWERPOINT] www.nhtsa.gov/DOT/ems/files/Spaite.pps

2. HNT, 2010: Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife
http://www.hnt-info.eu/File/Handbook_printversion%20100804_DEF.PDF

3. EMCDDA, Statistic and country data: Country Overviews:
http://www.emcdda.europa.eu/publications/country-overviews

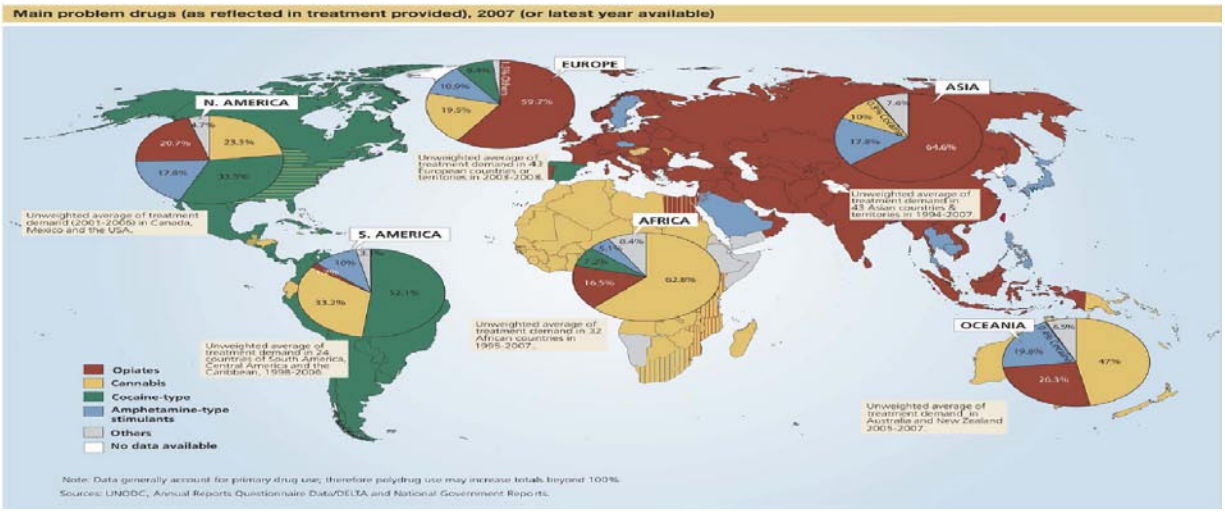
4. World Health Organization 2007: GUIDE TO STARTING AND MANAGING NEEDLE AND SYRINGE PROGRAMMES
http://www.who.int/hiv/idu/Guide_to_Starting_and_Managing_NSP.pdf

5. Health Canada: Preventing Substance Use Problems Among Young People A Compendium of Best Practices (2001)
http://www.hc-sc.gc.ca/hc-ps/alt_formats/hecs-sesc/pdf/pubs/adp-apd/prevent/young-jeune-eng.pdf

Examples of posters, films and other support material that you might find useful

1. XVII International AIDS Conference (Mexico City, Mexico): *Gerry Stimson – Presentation ('Harm Reduction: An Evidence-Based, Non-Judgmental, Effective Strategy for Health and Dignity')*

2. International Harm reduction Association: Global State of Harm Reduction 2010 - At a Glance *http://www.ihra.net/files/2010/09/09/A3poster%28Web_version%29.pdf*



3. Data from UNODC World Drug Report 2009 (4.3 million receiving treatment (out from 18-38)) http://www.unodc.org/documents/wdr/WDR_2009/WDR2009_eng_web.pdf

4. Eurasian Harm Reduction Network: Watch "The Prague Declaration - 7 Principles for Urban Drug Policies" in English: http://drogriporter.hu/en/praguedeclaration

5. Anette Verster - Harm reduction is effective in prisons
http://www.youtube.com/watch?v=w15ZrdVDbDc&playnext=1&list=PL2F226A4C8BF50E8A

6. Dagmar Hedrich - Study on Consumption Rooms
http://www.youtube.com/watch?v=LCgc-NYlDPY&feature=autoplay&list=PL2F226A4C8BF50E8A&index=16&playnext=4

7. European Drug Policy Initiative: http://eudrugpolicy.org/node/90

8. BMJ, helping doctors making better decision: Despite good evidence for its effectiveness in HIV prevention, countries such as Russia remain resistant to harm reduction. **Tim Rhodes and colleagues** show the obstacles to and potential benefits of changing policy on opiate substitution treatment
http://www.bmj.com/content/341/bmj.c3439.full

9. Global Information System on Alcohol and Health (GISAH):
http://apps.who.int/ghodata/?theme=GISAH

10. Health EU, The public health portal EU: Report: Alcohol in Europe
http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

11. RAND technical report: Issues in estimating the economic cost of drug abuse in consuming nations, Report 3
http://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR709.pdf

12. EUROCARE: Alcohol – Economic costs and benefits
http://www.eurocare.org/.../Alcohol%20economic%20costs%20and%20benefits.pdf

Does my training programme meet quality criterion n°6?

6.1. The training programme refers to up-to-date scientific evidence, drawing from a variety of methods, including epidemiology and social sciences, for identifying action strategies.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

6.2. The training programme addresses the health determinants of each health objective and takes into account protective factors (resilience) and risk factors (vulnerability).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°7: Adapting Interventions to Local Contexts and Needs in a Holistic, Ecological Approach

The training programme is built around health promotion objectives that are based on the assessment of local needs and measurable. Interventions need to be adapted to local contexts, treating specific health objectives in a holistic way from the individual's and from the community's perspective, and taking into account people from different cultural, socio-economic and educational backgrounds and of different ages, genders, sexual orientation, health status and abilities. The communities or individuals in question participate in assessing local needs, choosing objectives and indicators, and measuring the results.

Example: When implementing regional policy on binge-drinking in a particular municipal area, it would be important to assess the level of the problem in that area and the nature of the local people's drinking patterns - and to include the local people when assessing the issue, choosing objectives, and measuring the results of the programme.

Key Texts

1. Who 2000: Primary prevention of substance abuse a workbook for project operators Module 5 Local situation assessment

A local situation assessment is a process by which information is obtained on a problem or need to be addressed by a project. The assessment includes studying all factors in the community that have a bearing on the problem and the needs of the target group.
http://www.who.int/substance_abuse/activities/global_initiative/en/primary_prevention_17.pdf

2. *WHO*, 1986, *Ottawa Charter*

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.
http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

3. IMPHA, 2005: Mental Health Promotion and Mental Disorder Prevention, A policy for Europe

Main priority is to develop country based action plans for mental health promotion and mental disorder prevention and in that sense:

European countries should develop and implement an Action Plan for mental health promotion and mental disorder prevention based on country needs and priorities.
http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1662/dd11711/a_policy_for_europe.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. The international journal of drug policy, Volume 19, Issue 3, Pages 189-194 (June 2008), Diana L. Gustafson, Lesley Goodyear, Fran Keough: When the dragon's awake: A needs assessment of people injecting drugs in a small urban centre

In the text others present us with the a mixed methods needs assessment which began with a survey and key informant and focus group interviews to determine attitudes, knowledge, and practices of people with current or previous experience injecting drugs. An environmental scan of programmes and services was conducted followed by a community consultation with key stakeholders, community agencies, study participants, the media, and members of the public to share and validate findings, solicit feedback, and gather data about future knowledge transfer activities.

2. Rocky Mountain Center For Health Education and Promotion Lakewood, Colorado: Harm Reduction: A Review of the Literature, 2001

One of the challenges in understanding harm reduction is that it does not exist easily within a generally defined category. In fact, harm reduction challenges existing distinctions between prevention and treatment, medicine and public health, use and abuse and healthy and unhealthy behaviors. It appears that harm reduction may be best understood as an ecological approach. Various writers discuss integrating a harm reduction approach at individual, community and/or policy levels. A harm reduction approach can be applied at any of these levels but is not solely linked to any one.
http://www.cdphe.state.co.us/dc/hivandstd/cwt/hr_lit_review.pdf

3. CARMEN MESSERLIAN, JEFFREY DEREVENSKY, RINA GUPTA: Youth gambling problems: a public health perspective. Oxford Journals, Medicine, Health Promotion International, Volume20, Issue1, Pp. 69-79.

Problem gambling is governed by a complex set of interrelating factors, causes and determinants ranging from biology and family history to social norms and existing statutes. An ecological approach to health behaviour requires one to view gambling behaviour from multiple perspectives. Proposed by McLeroy et al. (1988), an ecological health promotion model focuses on addressing health behaviour from both an individual and socio-environmental level; strategies are directed at shifting intrapersonal, interpersonal, institutional, community and public policy factors. It is the interplay of these five factors that determine one's propensity to develop a gambling-related problem (Jacobs, 1986). An ecological perspective on gambling predicates moving beyond simply offering problem gamblers treatment and counselling; instead, interventions work at modifying all five levels within this multi-dimensional model (see Table 1).

http://heapro.oxfordjournals.org/content/20/1/69.full.pdf+html

4. SCOTT BURRIS and others: Addressing the "Risk Environment" for Injection Drug Users: The Mysterious Case of the Missing Cop

Ecological models of the determinants of health and the consequent importance of structural interventions have been widely accepted, but using these models in research and practice has been challenging. Examining the role of criminal law enforcement in the "risk environment" of injection drug users (IDUs) provides an opportunity to apply structural thinking to the health problems associated with drug use. This article reviews international evidence that laws and law enforcement practices influence IDU risk. It argues that more research is needed at four levels—laws; management of law enforcement agencies; knowledge, attitudes, beliefs, and practices of frontline officers; and attitudes and experiences of IDUs—and that such research can be the basis of interventions within law enforcement to enhance IDU health.
http://www.ahrn.net/library_upload/uploadfile/MilbankRiskEnvironment.pdf

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. WORLD HEALTH ORGANIZATION, 1998: The Rapid Assessment and Response guide on injecting drug use (IDU-RAR)

This chapter provides an overview of the general principles underlying the Rapid Assessment and Response methods. It provides important background information, especially for principal investigators, to aid understanding of the particular features of RAR and how it differs from other social science methods.

Rapid assessments can identify interventions which are necessary, appropriate, feasible, and cost effective.

Rapid assessments encompass both the assessment of the problem (sometimes called 'needs' assessment), and an assessment of the resources available or that might be needed to address the problem (sometimes called 'resource' assessment).
http://gametlibrary.worldbank.org/FILES/1329_IDU%20Rapid%20Assessment%20and%20Response%20Guidelines.pdf

2. **National Treatment Agency, 2007: Needs assessment guidance for adult drug treatment**

A range of health needs assessment (HNA) approaches have been suggested since the early 1990s and each has its place in the comprehensive needs assessment approach required for formulating plans that reduce the harms associated with drug use. In broad terms, these are:

- Epidemiology and research – the collection, analysis and interpretation of data (both qualitative and qualitative); to generate hypotheses and answer them
- Corporate – determining and balancing the views of a range of local and regional stakeholders; building their commitment to the resulting action plans

- Comparative – assessing existing provision against service standards, national targets and other comparable areas.

Combined, these provide a robust and systematic process for the production of an evidencebased adult drug treatment plan. The needs assessment should be seen as a strategic process – owned and understood by stakeholders – and is an integral part of treatment planning, implementation and performance management. Figure 1 shows how the HNA framework could apply to the components of drug treatment planning.
http://www.nta.nhs.uk/uploads/nta_needs_assessment_guidance_2007.pdf

3. United Nation Office on Drug and Crime, Caren Weilandt and Robert Greifinger: HIV in prisons, Situation and needs assessment toolkit, Advance Copy

This toolkit aims to provide information and guidance, primarily, to national governments.
It is written with low and middle-income countries in mind, but it will also be a useful resource for high-income countries. Its focus is on HIV, but it recognizes that other diseases linked to HIV, in particular hepatitis and tuberculosis, also represent serious problems in prisons.

The toolkit is divided into two sections. The first section provides a description of the characteristics of HIV in prisons, prisoners' unique requirements and principles of assessments. This section is aimed mainly at national government decision makers, prison administration and steering committee members. The second part provides the substantive 'tools' for a multidisciplinary approach to situation and needs assessments.

It is based on the requirements of international law and standards and ethics, scientific evidence and best practice experience. It complements a series of other documents produced by United Nations agencies and refers to them and to other documents, for additional information on HIV in prisons.
http://www.unodc.org/documents/hiv-aids/publications/HIV_in_prisons_situation_and_needs_assessment_document.pdf

***5. Health Canada: C*ommunity Action Resources for Inuit, Métis and First Nations: Assessing Needs**

Assessing needs is a process that is used to discover and understand the needs of members of a group, population or community.

Assessing community development needs makes it possible to get an overview of the community's state of health. It precedes the planning of projects, programs or actions which aim to improve or correct a situation in the community. An effective needs assessment is one way to ensure successful projects!
http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/services/assessingneeds-analysebesoin-eng.pdf

***6.* Ann Livingston Vancouver, BC, Canada*:* The Process of Empowerment of People Who Use Illicit Drugs in Vancouver's Downtown Eastside: A Brief Description of the IV Feed & Back Alley Drop-In Projects, 1995-1996**

Our project endeavours to empower IV drug users in the downtown eastside in order to prevent harm. We use an "ecological" approach that translates into respect for our local community of users and the diverse cultural experiences they reflect. We incorporate a

"developmental" view by appreciating the ongoing needs of IV drug users in light of their innate capacities and potential. We recognize their multi-dimensional roles as parents, sex trade workers, activists, welfare recipients, ex-convicts and tenants. Finally, our emphasis on the "universal value of support" reflects a non-judgmental belief that all people need support at some time. This universal emphasis generates fewer stigmas to seeking and providing support. The process of empowerment is most evident at the group meetings. The users decide policy and set goals for the drop-in centre as well as providing each other with support around health issues, housing and access to detox, shelter, and free food and clothing.

Our IV drug user program builds on user strengths in order to counter the downtown eastside's prevailing "deficit model" of service provision. Instead of asking "What is wrong with drug users?", we ask "What are the strengths of the user population?". We begin by asking users, "What do you currently do to keep healthy and safe in spite of homelessness, lack of a place to go and various chronic conditions such as hepatitis C?". Grass-roots meetings are organized and the agenda is set by the users. The users determine their own levels of involvement and select the type of activities they participate in. The users begin to see themselves as citizens deserving of respect and their social networks grow. We see users willing to get involved in other community groups by running for their boards and meeting with hospital staff, local community centre staff, the coroner and public health officials.
http://www.canadianharmreduction.com/readmore/facts_empowerment.pdf

***7.* DrugScope 2003. Jill Britton and Safia Noor: First steps in identifying young people's substance related needs**

This guidance is aimed at professionals who work in statutory or voluntary health, social care, education and the criminal justice system, providing a service to children and young people. This includes: those working in schools and pupil referral units with specific drug and alcohol responsibilities, social workers, education welfare officers, care home workers, youth workers, Connexion's personal advisers, youth offending team staff, generic counsellors, accident and emergency staff, child and adolescent mental health workers, foster carers, residential care workers, voluntary agency staff and staff at one stop shops.

The aim of the guidance is to:

- Highlight the responsibilities of all professionals working with young people in relation to identifying substance related needs
- Provide a framework for identifying substance related needs within existing assessment procedures
- Ensure young people's drug, alcohol and solvent needs are identified and acted upon with the aim of reducing vulnerability to developing substance misuse problems

http://www.drugsandstuff.co.uk/drugs/drug_resources/publications_pdfs_etc/Identification/Drugscope_booklet.pdf

Examples of posters, films and other support material that you might find useful

1. NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL: HARM REDUCTION: PREPARING PEOPLE FOR CHANGE FACT SHEET APRIL 2010: http://www.nhchc.org/harmreductionFS_Apr10.pdf

2. Catherine Byrne, Youth Officer Drug Prevention & Education Initiative, Pilot Project 2008-2010: Harm reduction within drug prevention: *http://www.ihra.net/files/2010/08/24/Catherine_Byrne.pdf*

*3. Health Canada: C*ommunity Action Resources for Inuit, Métis and First Nations: Assessing Needs *http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/fnihb-dgspni/pdf/pubs/services/assessingneeds-analysebesoin-eng.pdf*

Does my training programme meet quality criterion n°7?

7.1. The health promotion actions and projects are built around objectives that are based on the assessment of local needs and that are measurable.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

7.2. The training focuses on the whole community, taking into all community members and their priorities, rather than just addressing particular health issues – or mental health in general - out of their social context.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

7.3. The training underlines the importance of adapting interventions to local contexts, taking into account people from diverse cultural, socio-economic and educational backgrounds and of different ages, genders, sexual orientation, health status and abilities.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

7.4. The programme focuses on real-life situations. For example, it focuses on workplace or work-related aspects of the health issue in question – work has a culture of its own and an identity which brings specific health challenges in specific ways.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

7.5 The training programme shows how the communities or individuals in question participate in assessing needs, choosing objectives and indicators and measuring the results.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°8: Identifying Risks

With regard to health promotion in the area of alcohol and drug use, the training programme addresses not only the expected positive outcomes for both individuals and communities, but also the all possible risks (both positive and negative), of the intervention being presented.

Example: The health promotion in the field of alcohol and drug use and addiction could be on the one hand understood as advertising for alcohol and drug use and on the other hand those who cannot follow the promoted healthy lifestyles (e.g. addicted drug users) could be even more excluded from the society (e.g. undergraduate students who have experience with alcohol and drug use could promotion of healthy use of alcohol and drugs understand it as some sort of approval of their drinking and getting 'stoned' (negative risk) or they can understand it as a reminder on all of the negative effect that drinking and taking drugs can have (positive risk) or, e.g. those could not maintain the abstinence are seen as outsiders and are treated as criminals (negative risk) but at the same time positive effect of promotion could be also normalisation of the status of this people in the society.

Key Texts

1. WHO, European strategy for the prevention and control of noncommunicable diseases – second draft

The goal of this strategy is to significantly reduce disease burden from NCD, improve quality of life and make healthy life-expectancy more equitable in Europe. This strategy outlines a comprehensive, action-oriented approach that seeks to achieve two objectives: integrated action on risk factors and determinants, and strengthening health systems for prevention and control of noncommunicable disease.
http://www.emhf.org/resource_images/WHOstrategy2nddraft.pdf

2. WHO, 2004: Promoting mental health : concepts, emerging evidence, practice : summary report / a report from the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation (VicHealth) and the University of Melbourne.

Clearly while policies aimed at improving public housing may have positive mental health effects, there is also significant potential for negative impacts, suggesting again the need to monitor and evaluate the actual health gains (and losses) caused by major changes to housing or other social policies.
http://www.who.int/mental_health/evidence/en/promoting_mhh.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. Anthony Petrosino. Well-Meaning Programs Can Have Harmful Effects! Lessons from Experiments of Programs Such as Scared Straight. *Crime & Delinquency* July 2000 vol. 46 **no. 3 354-379**

Despite their importance in assessing the impact of policies, outcome evaluations—and in particular randomized experiments—are relatively rare. The rationalizations used to justify

the absence of outcome evaluations include such assertions as “we know our programs are working,”“they can't possibly harm anyone,” and “if they only help one kid they're worth it.” Using preliminary results from a systematic review of nine randomized experiments of the Scared Straight, or prison visitation program, the authors show that a popular and well-meaning program can have harmful effects. They use these results to argue for more rigorous evaluations to test criminal justice interventions.

2. EMCDDA - Buehler, A & Kroeger C. (2006) Report on the prevention of substance abuse. Federal Centre for Health Education BZgA

http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention/methodology

3. EMCDDA - Evidence of effectiveness

http://www.emcdda.europa.eu/themes/best-practice/evidence/universal-prevention

4. Louise Millward, Daniel Warm and Jane Chambers: Health Development Agency, September 2004:

An interim report of the evidence for effective drug prevention research activity and learning to date
http://www.nice.org.uk/nicemedia/pdf/report_effective_drug_prevention.pdf

5. ***UNDCP: World Drug Report. 2000***
http://www.unodc.org/pdf/world_drug_report_2000/report_2001-01-22_1.pdf

6. Dealing with Drug Use?? - **Drugs in American Society**, ***5th, 6th, 7th editions, Erich Goode, McGraw-Hill, 1999/2005/2008. Chapter 14***
http://www.umsl.edu/~keelr/180/prevent.html

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. Science-based substance abuse prevention: a guide (DHHS/SAMHSA, 2001).

The booklet highlights the risk and protective factors that help determine an individual’s vulnerability to substance abuse. It also examines CSAP’s qualitative and quantitative strategies for evaluating existing substance abuse prevention programs and developing scientifically defensible best practices. It is one in a series of products developed to help key stakeholders structure and assess scientifically defensible programs.

2. NTA - Reducing risks and harm reduction: NTA compiles new harm reduction guide, Good practice in harm reduction available:
http://www.drugsandstuff.co.uk/drugs/01_world_of_drugs/reducing_risks.htm

Examples of posters, films and other support material that you might find useful

1. Risk and protective factors
http://www.drugsandstuff.co.uk/drugs/06_risk_factors_etc/welcome_risk_factors.htm

The Need to Address Multiple Risk and Protective Factors

2. What the World Can Learn from Switzerland's Drug Policy Shift:
http://drogriporter.hu/en/swiss

3. UNODC training workshop: How have others taken an action, 2007
www.unodc.org/pdf/youthnet/ATS/ats%20session%2005-web.pps

Does my training programme meet quality criterion n°8?

8.1. The training programme addresses not only the expected positive outcomes but also the possible risks of health promotion interventions for both individuals and communities.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Quality Criterion n°9: Using Media

The training programme integrates a media and communication strategy in promoting mental health and fighting against stigma associated with mental illness.

Example: We should train professionals how to come in to contact with media, how to communicate with them so we could avoid stigmatization of the people using alcohol and drugs. Also it is very important that in the field of alcohol and drug use, abuse and addiction media reports on alcohol and drug users or addicts with respect and not as sensation so possible stigmatization of the individual would be avoided. Include the users themselves in various press releases so prejudices and mitts could be resolved and cleared. The information that promotion program are delivering to the media should be argued clearly, realistically and based on concrete evidence.

Key Texts

1. WHO, PREVENTION OF PSYCHOACTIVE SUBSTANCE USE, A Selected Review of What Works in the Area of Prevention, 2002

The use of the mass media on its own, particularly in the presence of other countervailing influences, has not been found to be an effective way of reducing different types of psychoactive substance use. It has however been found to raise information levels and to lend support to policy initiatives. Combined with reciprocal and complimentary community action, particularly environmental changes, media campaigns have proved more successful in influencing attitudes towards psychoactive substance use and use itself. Health warnings associated with licit psychoactive substance use have been an effective way of communicating the hazards of such use particularly to heavy users if combined with other economic and environmental initiatives.
http://www.who.int/substance_abuse/publications/en/prevention_substance_use.pdf

2. WHO, Promoting Mental Health, CONCEPTS, EMERGING EVIDENCE, PRACTICE

Recommendations for heart health promotion
Community intervention programmes should combine well-planned media and communication messages with broad-ranged community activities involving primary health care, voluntary organizations, food industry and supermarkets, worksites, schools, local media and so on.

Use of multiple and mutually reinforcing health promotion methodologies
Health promotion has a strong history in the use of multiple and complementary methods. If we apply health promotion theory to mental health these methods are likely to include:

Communicating about mental health promotion issues through local, regional and national media and avenues such as community meetings, conferences and forums;
http://www.who.int/mental_health/evidence/MH_Promotion_Book.pdf

3. IMPHA: **Jané-Llopis, E. & Anderson, P. (2005). Mental Health Promotion and Mental Disorder Prevention. A policy for Europe. Nijmegen: Radboud University Nijmegen.**

Engage different actors

Reduce disadvantage and prevent stigma:

- Develop anti-stigma and discrimination campaigns aimed at employers, schools, and the media, to dispel stereotypes, cultural myths and misconceptions about mental illness;
http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1662/dd11711/a_policy_for_europe.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. EMCDDA, Lisbon, June 2005: Youth media

For the magazine industry, young people represent big business. Editors and advertisers invest in research to know their readership intimately and they design their products to reflect the interests, lifestyles and fashions of their target audience.

This paper shows how the 'youth media' – youth, music and lifestyle magazines – can help detect, monitor and respond to emerging drug trends among young people. The paper looks at the youth media as a possible information source on new drug 'fashions' and explores their potential as a channel to prevent drug-related harm among young people.
http://www.emcdda.europa.eu/html.cfm/index34037EN.html

2. William DeJong and Jay A. Winsten, 2010: THE USE OF MASS MEDIA IN SUBSTANCE ABUSE PREVENTION

Public health educators have used the mass media as a primary vehicle for messages against substance abuse for the past twenty five years. In this article, we explore how the mass media can be used more effectively to prevent substance abuse, especially among preteens and adolescents. We begin by briefly describing what can be accomplished in health promotion through the strategic use of mass media. Next we offer detailed recommendations for the design and implementation of future media campaigns to prevent substance abuse. These recommendations are based on: (1) our newly completed two-year study of previous mass media campaigns and innovative practices in advertising, marketing, and public relations; and (2) our experience in implementing the Harvard Alcohol Project, a research-based media campaign conducted in collaboration with the nation's broadcast, advertising, and entertainment industries.
http://content.healthaffairs.org/content/9/2/30.full.pdf

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. Youth service America, Media training manual, National and global youth service day 2007:
http://tools.ysa.org/downloads/tipsheets/media/Media_Training_Manual_PDF%5B1%5D.pdf

2. United Nations, Office of Drugs and Crime: INTERNET - using the internet for drug abuse prevention:
http://www.unodc.org/pdf/youthnet/action/message/handbook_internet_english.pdf

3. WHO – Working with the media, How to make your messages on tuberculosis count
http://www.stoptb.org/assets/documents/resources/publications/acsm/Working%20with%20the%20Media%20Final%20Web.pdf

4. NIAAA College material: CollegeDrinkingPrevention.Gov: Developing a Web site as an Effective Tool for Dissemination of Report Findings and a Forum for Your Initiative
View Power Point | View HTML | View PDF
http://www.recoverymonth.gov/Multimedia/Road-to-Recovery-Television-Series.aspx

5. OHRDP (Ontario Harm Reduction Distribution program) Communication and Information Toolkit for Needle Exchange Programs (NEPs)
http://www.harmreduction.org/downloads/communicationtoolkit.pdf

6. Dealing with the National Media: 2007 National Conference on Injecting Drug Use presentation, "Experience from Australia"
http://www.exchangesupplies.org/conferences/NCIDU/2007_NCIDU/presentations/Paul_Dillon_workshop.html

7. SAMHSA (Substance abuse in mental health services administration): *Recovery Month* **Kit, M***edia Outreach*

This is the 2010 ***Recovery Month*** Kit, the 2011 Kit will be available in early summer.
This section offers tips and tools for planning and promoting your ***Recovery Month*** activities, as well as templates to customize and send to local and online media outlets. In this section, you will find:

- **Planning Your *Recovery Month* Event** – This guide will help you plan both in-person and online events by giving tips on popular event ideas and trends.
    - Download the PDF version of **"Planning Your *Recovery Month* Event"** (1078 KB).

- **A Guide to *Recovery Month* Publicity and Media Interviews** – This piece offers guidance about how to publicize your events and other ***Recovery Month*** activities and also includes tips on giving interviews with print and television reporters.

- Download the PDF version of "**A Guide to *Recovery Month* Publicity and Media Interviews**" (1437 KB).

- **Press Materials for Your *Recovery Month* Event** – This guide shows how to develop and distribute media advisories and press releases, including a template to customize.

  - Download the PDF version of "**Press Materials for Your *Recovery Month* Event**" (1408 KB).

- **Drafting and Submitting an Op-ed During *Recovery Month*** – This piece outlines how to write and submit an op-ed, which is placed opposite the editorial page of your local newspaper, and includes a template to follow.

  - Download the PDF version of "**Drafting and Submitting an Op-ed During *Recovery Month***" (1089 KB).

- **Official Proclamations** – This guide gives tips for what content to include in a proclamation – an official notice from a government official to raise awareness about an issue – and provides a template with instructions for recruiting an official.

  - Download the PDF version of "**Official Proclamations**" (756 KB).

- **Promoting *Recovery Month* With Public Service Announcements** – These are ideas for distributing live-read public service announcements (PSAs) and how to promote pre-recorded ***Recovery Month*** PSAs in your community.

  - Download the PDF version of "**Promoting *Recovery Month* with Public Service Announcements**" (678 KB).

- **Banners, Letterhead, and Logos** – Further customize your outreach materials by printing logos on your organization's letterhead or copying them onto the **camera-ready letterhead** provided here. You also can add the ***Recovery Month*** logo to any materials that you produce.

  - Download the PDF version of the "**Letterhead**" (101 KB).
  - Download the PDF version of the "**Logos**" (653 KB).

http://www.recoverymonth.gov/Recovery-Month-Kit/Media-Outreach.aspx
http://www.recoverymonth.gov/Recovery-Month-Kit/Media-Outreach/Publicity-and-Media-Interviews.aspx#speaking

Examples of posters, films and other support material that you might find useful

1. International harm Reduction Association: Addicted to News: A Guide to Responsible Reporting on Opioid Dependence and its Treatment
http://www.ihra.net/files/2010/06/17/AddictedToNewsMediaGuidelines2.pdf

2. International Harm reduction Association: A "return ticket" for people who use drugs: media/advocacy campaign to promote OST in Ukraine: Presentation: Olena Kucheruk

3. Playing it safe: Safe Side
http://blog.nfb.ca/playing-it-safe/2009/10/20/going-inside-insite-and-other-new-films/

4. National conference of injecting drug use, 2007: Dealing with the National Media**,** "Experience from Australia". A very brief overview including: "When and why should you use the media?" and the "5 Golden Rules" for print, radio, and television interviews.
http://www.exchangesupplies.org/conferences/NCIDU/2007_NCIDU/presentations/Paul_Dillon_workshop.html

5. Liverpool: Back to the Roots of Harm Reduction (Sub: ENG, RUS, SPA, HUN)
http://www.youtube.com/watch?v=qgUD72zp_CU

6. HCLU releases films portfolio 2009
http://www.harm-reduction.org/library/1669-hclu-releases-films-portfolio-2009.html

7. HCLU film "10 years after UNGASS 1998: the Eastern European Experience"

8. Open society foundation: International Drug Policy: Animated Report 2009
http://www.soros.org/initiatives/drugpolicy/multimedia/drugreport_20090303

9. "A Drug-Free Sweden: By All Means?"

10. New HCLU video: Harm Reduction: Revolutions"

Does my training programme meet quality criterion n°9?

9.1. The training integrates the use of the media (press, TV, internet, radio, facebook, twitter) with regard to health promotion. For example using the media to help educate the general population about a health problem or, for professionals working with individuals, teaching patients how for example to use interactive web-sites on a particular health theme.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

9.2. The training programme addresses the principle that developing media strategies to promote health should involve all stakeholders, including healthcare professionals (and the people being trained), users and other citizens.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

9.3. Raising health awareness involves combating stigma.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

9.4. Combating negative media messages that might hinder the health promotion programme is a priority. The programme refers to existing best practice health discourse guidelines for media professionals and to training for media professionals to avoid misuse of health terms (depression, psychosis…) and resulting misunderstanding.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

9.5. The programme underlines the use of media to create a positive image of health or the health theme being promoted, i.e. not associating health only with people in trouble with the law, or living in poor economic conditions.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Other useful ideas for respecting Criterion 9

9.A. Use E-strategies for health promotion.

9.B. Include an E-learning strategy to allow continuous training of participants after the programme has finished (or for other, distance participants).

9.C. Refer to or involve people living with health problems in a state of recovery as role models to take the fear out of talking about health issues. Or use celebrities who speak publicly of their problems as role models.

Quality Criterion n°10: Evaluating Training, Implementation and outcomes

With respect to alcohol and drug use, abuse and addiction the training program underlines the importance of evaluating health promotion training outcomes as well as actions and programmes in general.

Example: The training program in the field of alcohol and drugs use, abuse and addiction have to predict also an instrument for evaluation, this have to include evaluation of outcomes (skills acquisition, motivation and program implementation) , as well as evaluation of the aims and objectives of the training (the training builds on existing skills and experience of participants, the ability to transfer new skills learnt during the training to the specific professional situation of each participant, etc.).

Key Texts

1. WHO- WHA42.20 Prevention and control of drug and alcohol abuse:

Noting the call of the International Conference on Drug Abuse and Illicit Trafficking for the establishment by Member States of national strategies making optimum use of the experience and achievements of other Member.
States in combating drug abuse:

1. URGES Member States to develop comprehensive policies and programmes for combating drug and alcohol abuse within the context of primary health care, with emphasis on prevention and health promotion, in conjunction with other mental health programme activities and in accordance with their own needs and priorities, including:

(2) An evaluation of their current programmes in health and other sectors; http://www.searo.who.int/LinkFiles/Health_and_Behaviour_wha42.20.pdf

2. Jané-Llopis, E. & Anderson, P. (2005). Mental Health Promotion and Mental Disorder Prevention. A policy for Europe. Nijmegen: Radboud University Nijmegen.

Evaluate policy and programme impact: Actions

- *Ensure long-term evaluation and monitoring of implemented policies and programmes, which not only include outcomes on mental health and mental health determinants, but also long-term benefits on physical health, and social and economic outcomes;*
- *Ensure that effective mechanisms are in place to incorporate evaluation results and evidence based elements in the revision and improvement of programmes;*
- *Dedicate at least 10% of implementation budgets to monitoring and evaluation.*

http://www.gencat.cat/salut/imhpa/Du32/html/en/dir1662/dd11711/a_policy_for_europe.pdf

3. World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Prevention Research Centre of the Universities of Nijmegen and Maastricht: Prevention of Mental Disorders, EFFECTIVE INTERVENTIONS AND POLICY OPTIONS

Include long-term follow-ups

Long-term follow-up evaluations will improve the knowledge on programme effects and will lead to clearer and more convincing advocacy messages to influence the support for prevention and promotion interventions. They should guide decisions about when and for how long interventions should take place.

- *Researchers should include long-term follow-ups in their outcome studies to give sufficient time for interventions to show effect and to provide an accurate estimation of the duration of effects.*

http://www.who.int/mental_health/evidence/en/prevention_of_mental_disorders_sr.pdf

Other Reading

The documents provide a good overview of EU policy text on of promotion/prevention of safe and controlled alcohol and drug use:

1. Official Journal of the European Union: Council Recommendation of 18 June 2003 on the prevention and reduction of health-related harm associated with drug dependence

Member States should consider, in order to develop appropriate evaluation to increase the effectiveness and efficiency of drug prevention and the reduction of drug-related health risks:

1. Using scientific evidence of effectiveness as a main basis to select the appropriate intervention;

2. Supporting the inclusion of needs assessments at the initial stage of any programme;

3. Developing and implementing adequate evaluation protocols for all drug prevention and risk reduction programmes;

4. Establishing and implementing evaluation quality criteria, taking into account the Recommendations of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);

5. Organising standardised data-collection and information dissemination according to the EMCDDA recommendations through the REITOX national focal points;

6. Making effective use of evaluation results for the refining and development of drug prevention policies;

7. Setting up evaluation training programmes for different levels and audiences;

8. Integrating innovative methods that enable all actors and stakeholders to be involved in evaluation, in order to increase acceptance of evaluation;

9. Encouraging, in collaboration with the Commission, the exchange of programme results, skills and experience within the European Union and with third countries, especially the applicant countries.
http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:165:0031:0033:EN:PDF

***2.* EMCDDA Scientific Monograph Series No 5 (2000): Evaluation: a key tool for improving drug prevention**

This monograph contains the papers presented at the second European conference on the evaluation of drug prevention, 'Evaluation: a key tool for improving drug prevention', held in Strasbourg, France, from 2 to 4 December 1999. In addition to the conference papers, the volume includes the recommendations drawn up and adopted by the participants as the final outcome of the meeting. No conference on the theme of evaluation would be credible without itself being assessed, and this monograph also presents the results of an evaluation both of the event as a whole and of its individual workshop sessions.

At the first European conference on the evaluation of drug prevention, held in Lisbon in March 1997, the EMCDDA presented its first tool designed specifically to facilitate this task, the *Guidelines for the evaluation of drug prevention* (1). This first conference highlighted the most common fears surrounding — and obstacles to — evaluation, and concluded that only by addressing these issues directly could resistance be overcome and an evaluation culture gradually introduced throughout the EU.

The meeting identified the major problems confronting evaluation as:

- Lack of interest in the concept;
- Fear or apprehension;
- Lack of necessary skills;
- Lack of resources.

www.emcdda.europa.**eu**/attachements.cfm/att_34014_EN_Monograph5.pdf

3. EUROPEAN COMMISSION: COMMISSION DECISION of 7 January 2011 adopting the 2011 annual work programme for the specific programme "Drug Prevention and Information"

THE On 25 September 2007, the European Parliament and the Council adopted Decision No 1150/2007/EC establishing the specific programme 'Drug Prevention and Information' 4 as part of the General Programme 'Fundamental Rights and Justice' for 2007-2013. The EU Drugs Strategy 2005-2012 sets targets for all EU drug-related activities to attain a high level of protection, well-being and social cohesion by preventing and reducing drug use, dependence and drug-related harms to health and society. The EU Action Plan on Drugs 2009-2012 translates these targets into a list of concrete actions to reduce the prevalence of drug use among the population and to reduce the social harm and health damage caused by drugs.

General context

This programme builds on the EU's Drugs Strategy and Action plans, the ultimate aim of which is to significantly reduce the social harm and health damage caused by the use of, and trade in, illicit drugs.

The general objectives of this programme are:

i. to prevent and reduce drug use, dependence and drug related harms;
ii. to contribute to the improvement of information on the effects of drug use;
iii. to support the implementation of the EU Drugs Strategy.

The Programme supports projects and activities associated with the following specific objectives:

i. To promote transnational actions to:

   - set up multidisciplinary networks that can make a clear and specific contribution to achieving the objectives of this programme;
   - ensure the expansion of the knowledge base, the exchange of information and the identification and dissemination of good practice, e.g. through training, study visits and staff exchanges;
   - raise awareness of the social and health problems caused by drugs use and to encourage an open dialogue with a view to promoting a better understanding of the drug phenomenon; and
   - support measures aimed at preventing drug use, including the reduction of drug-related harm and treatment methods, taking into account the latest state of scientific knowledge;

ii. To involve civil society in the implementation and development of the European Union's Drugs Strategy and Action Plans; and

iii. To monitor, implement and evaluate the implementation of specific actions under the Drugs Action Plans 2005–2008 and 2009–2012.

The target groups of the programme's activities are all those who may be affected by the consequences of drug use, including: young people, pregnant women, vulnerable groups and problematic neighbourhoods. Other target groups are, inter alia, teachers and educational staff, parents, social workers, local and national authorities, medical and paramedical staff, judicial staff, law enforcement and penitentiary authorities, NGOs, trade unions and religious communities.

- *http://ec.europa.eu/justice/funding/drugs/awp_2011_en.pdf*
- *http://ec.europa.eu/justice/funding/drugs/funding_drugs_en.htm*

Useful Training Resources

Examples of training programmes

The following programs could be useful in helping you develop a training program on substance use and misuse

1. Leverpool Jone Moris University: http://www.ljmu.ac.uk/NSP/100348.htm

The overall purpose is to provide an innovative and applied programme of postgraduate education on drug use and drug policy for people working or planning to work in the drugs field. The programme has four aims:

a) to meet the regional and national demand for academic training of professionals working with drug users, thus providing them with an accredited qualification to assist entry into the field or to assist progress in their career.

b) to provide an MSc. programme covering drug use and drug policy across the globe and history, thus extending the broad package of high-quality specialist postgraduate programmes within the School of Psychology and Faculty of Science.

c) to provide a multi-disciplinary programme of academic study concerning drug issues which recognises the diverse backgrounds of potential candidates (eg. social work, criminal justice, health, academic) - rather than focusing too heavily on particular approaches or models.

d) to provide students with research skills – the knowledge and ability to design, conduct, analyse and report scientific investigations of drug issues - so that their factual knowledge about drugs is founded in their capacities to critically evaluate research, and to formulate and assess their own questions about drug issues.

In addition to its multi-disciplinary approach, the programme is distinguished by its broader foundation in three guiding principles: a focus on the philosophy of harm reduction, consideration of the international dimension of drug use, and an applied research orientation.

Prevention and Evaluation Resources Kit (PERK)

- Queensland Health implements a range of alcohol, tobacco and other drug prevention activities across the State. Evaluation Workshop http://www.health.qld.gov.au/atod/documents/eval_techniques_gs.pdf

3. Guidelines for the evaluation of drug prevention: a manual for programme-planners and evaluators: EMCDDA, Lisbon, October 1998
http://www.emcdda.europa.eu/publications/manuals/prevention

4. EMCDDA, 1998: Guidelines for the evaluation of drug prevention, A manual for programme-planners and evaluators
http://www.emcdda.europa.eu/publications/manuals/prevention

5. ICAP (International Center for Alcohol Policies), 2010: A Guide to Evaluating Prevention Programs (toolkit):

This Toolkit is intended for those working in the beverage alcohol industry—producers, trade associations, and social aspects organizations (SAOs)—who are currently undertaking or planning to undertake programs to address alcohol-related harm. It provides an overview of what is involved in evaluating prevention programs, laying out the necessary steps and identifying different available options. Two case studies then apply the principles of evaluation to two scenarios that mirror the types of initiatives likely to be implemented by industry stakeholders: an awareness campaign around the use of designated drivers and a school-based alcohol education program.

- A Guide to Evaluating Prevention Programs
- **Case Study 1:** Evaluating an Awareness Campaign around the Use of Designated Drivers
- **Case Study 2:** Evaluating a School-based Alcohol Education Program

6. Department of Health and Human Services, Center for Disease Control and Prevention - CDC Program Evaluation Projects and Resources: Evaluation Guidance Handbook: Strategies for Implementing the Evaluation Guidance for CDC-Funded HIV Prevention Programmes
http://www.cdc.gov/hiv/topics/evaluation/health_depts/guidance/strat-handbook/pdf/guidance.pdf

7. A UNODC Global Youth Network Training Workshop; United Nations Office on Drugs and Crime 2007: Monitoring and evaluation of drug abuse prevention
http://www.unodc.org/docs/youthnet/ME_Training_materialsEbook.pdf

8. United Nations Office on Drugs and Crime Vienna, 2006: Monitoring and Evaluating Youth Substance Abuse Prevention Programmes
http://www.unodc.org/pdf/youthnet/action/planning/m&e_E.pdf

9. EMCDDA, Lisbon, August 2000: Evaluation: a key tool for improving drug prevention This publication contains over a dozen expert contributions demonstrating how evaluation theory and knowledge can be implemented to improve drug prevention practice in the European Union.

The monograph looks at both the practical and political aspects of evaluation and presents an array of tools, techniques and recommendations to improve drug prevention programmes and assess needs, processes and outcomes. Also demonstrated are ways to overcome obstacles that may weaken the evaluation process, such as poor communication between evaluators and policy-makers or conflicts between political agendas and poor evaluation results. This volume complements the EMCDDA's second scientific monograph and forms part of a broad EMCDDA goal to promote an evaluation culture in Europe.
http://www.emcdda.europa.eu/html.cfm/index34013EN.html

10. *Handbook prevention* of the Pompidou Group of the Council of Europe that details specific methodologies for devising drug-prevention interventions (2):

- The Evaluation of action against drug abuse in Europe (COST A-6) publication *Evaluation research in regard to primary prevention of drug abuse* that provides an overview of evaluation theory in Europe, clarifying specific concepts and terms (3);

- The EMCDDA's *Guidelines for the evaluation of drug prevention,* which complement the *Handbook prevention* and facilitate the planning and evaluation of drug-prevention interventions;

- The EMCDDA's Evaluation instruments bank (EIB), a database of tools to support professionals involved in evaluation (4);

- The EMCDDA's Exchange on drug demand-reduction action (EDDRA) on-line information system, which provides details of demand-reduction projects and evaluation methodology in the EU (5). EDDRA is also an educational and training tool which helps practitioners in the field to describe and document programme design.

Does my training programme meet quality criterion n°10?

10.1. The training underlines the importance of evaluating (a) mental health promotion training process and outcomes, as well as (b) implementation of programmes and (c) programme outcomes

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.2. The aims and objectives of the training programme are clearly defined and evaluated. There is a written specification of the aims and objectives, for example using the SMART approach.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.3. The training includes a training evaluation plan. Training process and outcomes are evaluated with regard to skills acquisition, motivation and programme implementation.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.4. The training underlines the importance of evaluating mental health promotion programme implementation and outcomes.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.5. The training programme underlines the importance of developing evaluation packages that are common to all partners, from all sectors and all professions, who are working on a particular mental health promotion programme.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.6. In the case of training for a specific mental health promotion programme, the aims and objectives of the programme are clearly defined and the means to evaluate it are provided.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.7. Building on the existing skills and experience of participants is a priority.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.8. The ability to transfer new skills learned during the training to the specific professional situation of each participant – and the motivation to do so – are priorities.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

10.9. The information deriving from the evaluation is disseminated and fed back to all stakeholders.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5. Checklist for designers of training programmes

5.1 Embracing the Principles of Health Promotion

With regard to alcohol and drug use and addiction the training programme embraces the idea of promoting health in the area of alcohol and drug use, as distinct from, but not excluding, prevention of alcohol and drug. It address positive aspects of wellness and well being, addressing physical and mental issues such as sleep, sexuality, meaningfulness, nutrition/food, etc., as well as illness reduction issues such as overdose, accidents, injuries, intoxication, withdrawal syndrome, addiction, etc..

Example: Harm reduction on drug and alcohol use and addiction. Positive health is seen as a resource, as a value on its own and as a basic human right essential to social and economic development. Health promotion aims to impact on determinants of health so as to increase positive health and to reduce inequalities.

Does my training programme meet quality criterion n°1?

[For each item in the following checklist, indicate whether you totally agree, mostly agree, don't know, mostly disagree or totally disagree. Your final average score is your overall score for this criterion].

5.1.1 The training programme talks about promoting health in general or with regard to a specific health theme, and not just about preventing illness.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.1.2 Positive mental health is seen as a resource, as a value on its own and as a basic human right. Mental health promotion aims to impact on determinants of mental health so as to increase positive mental health and to reduce inequalities. For example creating of employment and leisure opportunities in poor neighbourhoods may help reduce problematic alcohol use in young people.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.1.3 The training programme respects the principle of health promotion as a means of empowering individuals and communities to optimise their health.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.1.4 The training programme pays attention to health inequalities and equity. Having equitable access to the resources necessary for developing and maintaining health is seen as a human right.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.1.5 The training programme refers to the key WHO and European policy texts defining Mental Health Promotion (see *Essential Reading* in the attached Resource Kit).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.1.6 The training programme refers to local, regional or national policy texts (if they exist), legislative texts (if they exist) and codes of professional practice (including social, healthcare, police and other professions) concerning health promotion that participants could use when implementing health promotion programmes.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.2 Aiming for Community Participation and Empowerment

With regard to alcohol and drug use and addiction, the training programme embraces the principle of community participation. Health promotion involves encouraging and empowering all community stakeholders in health promotion in general or in developing specific health promotion projects. In the case of training professionals for specific health projects, representatives from the populations directly concerned by the health promotion objective in question are encouraged to participate in fixing the health objectives and designing and delivering the programme. The training programme also takes into account how the populations concerned are going to be able to resource their health promotion in a sustainable way (finance, time, etc.).

Example: Representatives from service user groups or organisations or e.g. undergraduate students participating in the designing and delivering the program on alcohol and drug use, e.g. peer support

Does my training programme meet quality criterion n°2?

5.2.1 The training programme embraces the principle of community participation. It draws from individual / group / community life stories/experiences/strengths concerning health or the health issue being addressed. It recommends using individual/ group/ community life stories/experiences/strengths in promoting health. It promotes involving users and carers in policy or decision-making on the health issue being addressed.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.2.2 The training programme addresses the importance of learning from the targeted population. In the case of training professionals for specific health promotion projects, representatives from the community who are the "target" of project (e.g. high school students in an alcohol programme addressing high school students) participate in fixing the objectives and designing and delivering the programme.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.2.3 (formerly 10.1). The training programme takes into account how populations are going to be able to resource their health promotion in a sustainable way (finance, time, etc.).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.2.4 (formerly 10.2). The training integrates the support populations will need to maintain impetus and effectiveness through time, i.e. to avoid the 'one-off shot' syndrome.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.3 Adopting an Interdisciplinary and Intersectoral Approach

With regard to alcohol and drug use, the training programme takes into account the necessarily interdisciplinary and intersectoral approach to health promotion. It aims for all stakeholders to have collective ownership of the training programme and of the health promotion interventions associated with the programme.

Examples: Prevention program on alcohol and drug use and addiction for professionals working with the undergraduate students people should include knowledge from pedagogues, parents, students, social workers, GPs, psychologist, psychiatrists, people working in NGO and others whom this meter concern, so that all aspects and determinants of the alcohol and drug use is taken in to account.

When, implementing regional policy on binge-drinking in a particular municipal area, it would be important that professionals from all areas working in this municipal area (GP', social workers, psychologists, teachers, etc) are consulted.

Does my training programme meet quality criterion n°3?

5.3.1 The training programme is integrated into an overall local / institutional / regional / national policy of capacity-building aimed at all of the different types of workforce involved in health promotion in general or in the specific health issue being addressed and including ongoing support for the workforce.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.3.2 In training programmes related to specific health promotion projects, multidisciplinary training approaches are preferred to uni-disciplinary approaches. Undergraduate programmes for general training on health promotion for a particular professional group underline the necessarily intersectoral, inter-professional approach to health promotion and seek to include trainers from different professional backgrounds.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.3.3 The training programme aims to foster a sense of collective ownership among different stakeholder groups, including users & carers, or, in the case of undergraduate training for a specific professional group, to understand the importance of collective, intersectoral ownership and the risks of a uni-professional approach.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.3.4 The training programme takes into account the existing projects (on this topic/for this population) & skills of the people being trained and/or the different stakeholder groups involved.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.3.5. The training programme underlines the importance of developing a common language, with complementary work styles, methods and evaluation, between specialists from different professional backgrounds or working in different sectors.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Other useful hints for respecting Criterion 3

3A. Aim to create an atmosphere of trust between the different stakeholder groups as a specific objective both within training sessions and in the health promotion actions being addressed.

3B. To facilitate the multi-stakeholder, intersectoral approach, all the different sectors that impact the health issue in question are represented amongst the participants with the training programmes.

3C. Show how improving health might also help each different stakeholder or professional group achieve their different aims.

3D. Show how to work in networks, across professional barriers.

3E. Make sure the choice of trainers reflects the intersectoral network.

5.4. Including People with Mental Health Problems

With regard to health promotion/prevention in the area of alcohol and drug use and addiction, the training programme applies its objectives also:

a.) To people who already have alcohol, drug or addiction problems and among them those:

    1. who are users of alcohol and drug services and those 2. who do not seek help and 3. have experience of alcohol and drugs problems and

b.) To their carers.

People with health problems and, more specifically, people with mental health problems related to addiction, problematic use, chaotic use, multiple drug use, dual diagnosis, overdose, intoxication, etc., are included from the outset

Example: When we are preparing program of harm reduction for the injecting drug user (IDUs) it is important that we see IDUs as expert from the experience, the ones who are the only ones who have knowledge of what do IDUs need in the term of harm reduction. In that contest the IDUs have to be included in the harm reduction program as consultants in all phases of the creation and implementation of the program.

Does my training programme meet quality criterion n°4?

5.4.1. People with mental health problems participated in developing the training programme for professionals. In the case of training on specific themes, people who have or have had a health problem directly related to the issue the programme is addressing were involved in designing the training programme (for example as consultants).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.4.2. In the case of training for specific themes, the trainers include representatives of the populations who have or have had a health problem directly related to the issue the programme is addressing (e.g. mental health service users, or former or current substance users, or university students who have suffered stress and anxiety problems in a programme addressing this subject for this population). In the case of training on mental health promotion in general, people who have or have had mental health problems participate as trainers with user experience.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.4.3. Carers are involved and empowered in promoting mental health.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.5. Advocacy

With regard to alcohol and drug use and addiction, the training programme includes training on advocacy (knowing how to bring out and defend the point of view of people who already have alcohol, drug or addiction problems or their carers, who may not have the skills or the social power necessary to represent or defend themselves, state their needs or opinions and influence policy.

Example: Training the NGO representatives how to advocate the program of harm reduction in the field of alcohol and drug use and addictions regarding reducing harm related to problematic or chaotic alcohol and drug use and addiction in the communities.)

Does my training programme meet quality criterion n°5?

5.5.1. The training recognises the importance of advocacy and identifies who has to be convinced.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.6. Consulting the Knowledge Base

The training programme takes into account up-to-date scientific evidence and ethnographic information, drawing from a variety of methods, including epidemiology and social sciences, for identifying action strategies.

Example: Program for the outreach work in the field of stimulant drugs (cocaine, amphetamines, ecstasy, etc.) follows action research strategies and takes into account the latest available quantitative and qualitative data from research studies and experiences from the field work or

e.g. the outreach worker could plan the intervention from risk and protective factors on the base of ethnographic evidence (e.g. to reduce harm of overdose the outreach worker is present on the spot, reacting on the concrete and present needs.

Does my training programme meet quality criterion n°6?

5.6.1. The training programme refers to up-to-date scientific evidence, drawing from a variety of methods, including epidemiology and social sciences, for identifying action strategies.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.6.2. The training programme addresses the health determinants of each health objective and takes into account protective factors (resilience) and risk factors (vulnerability).

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.7. Adapting Interventions to Local Contexts and Needs in a Holistic, Ecological Approach

The training programme is built around health promotion objectives that are based on the assessment of local needs and measurable. Interventions need to be adapted to local contexts, treating specific health objectives in a holistic way from the individual's and from the community's perspective, and taking into account people from different cultural, socio-economic and educational backgrounds and of different ages, genders, sexual orientation, health status and abilities. The communities or individuals in question participate in assessing local needs, choosing objectives and indicators, and measuring the results.

Example: When implementing regional policy on binge-drinking in a particular municipal area, it would be important to assess the level of the problem in that area and the nature of the local people's drinking patterns - and to include the local people when assessing the issue, choosing objectives, and measuring the results of the programme.

Does my training programme meet quality criterion n°7?

5.7.1. The health promotion actions and projects are built around objectives that are based on the assessment of local needs and that are measurable.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.7.2. The training focuses on the whole community, taking into all community members and their priorities, rather than just addressing particular health issues – or mental health in general - out of their social context.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.7.3. The training underlines the importance of adapting interventions to local contexts, taking into account people from diverse cultural, socio-economic and educational backgrounds and of different ages, genders, sexual orientation, health status and abilities.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.7.4. The programme focuses on real-life situations. For example, it focuses on workplace or work-related aspects of the health issue in question – work has a culture of its own and an identity which brings specific health challenges in specific ways.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.7.5 The training programme shows how the communities or individuals in question participate in assessing needs, choosing objectives and indicators and measuring the results.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.8. Identifying Risks

With regard to health promotion in the area of alcohol and drug use, the training programme addresses not only the expected positive outcomes for both individuals and communities, but also the all possible risks (both positive and negative), of the intervention being presented.

Example: The health promotion in the field of alcohol and drug use and addiction could be on the one hand understood as advertising for alcohol and drug use and on the other hand those who cannot follow the promoted healthy lifestyles (e.g. addicted drug users) could be even more excluded from the society (e.g. undergraduate students who have experience with alcohol and drug use could promotion of healthy use of alcohol and drugs understand it as some sort of approval of their drinking and getting 'stoned' (negative risk) or they can understand it as a reminder on all of the negative effect that drinking and taking drugs can have (positive risk) or, e.g. those could not maintain the abstinence are seen as outsiders and are treated as criminals (negative risk) but at the same time positive effect of promotion could be also normalisation of the status of this people in the society.

Does my training programme meet quality criterion n°8?

5.8.1. The training programme addresses not only the expected positive outcomes but also the possible risks of health promotion interventions for both individuals and communities.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.9. Using Media

The training programme integrates a media and communication strategy in promoting mental health and fighting against stigma associated with mental illness.

Example: We should train professionals how to come in to contact with media, how to communicate with them so we could avoid stigmatization of the people using alcohol and drugs. Also it is very important that in the field of alcohol and drug use, abuse and addiction media reports on alcohol and drug users or addicts with respect and not as sensation so possible stigmatization of the individual would be avoided. Include the users themselves in various press releases so prejudices and mitts could be resolved and cleared. The information that promotion program are delivering to the media should be argued clearly, realistically and based on concrete evidence.

Does my training programme meet quality criterion n°9?

5.9.1. The training integrates the use of the media (press, TV, internet, radio, facebook, twitter) with regard to health promotion. For example using the media to help educate the general population about a health problem or, for professionals working with individuals, teaching patients how for example to use interactive web-sites on a particular health theme.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.9.2. The training programme addresses the principle that developing media strategies to promote health should involve all stakeholders, including healthcare professionals (and the people being trained), users and other citizens.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.9.3. Raising health awareness involves combating stigma.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.9.4. Combating negative media messages that might hinder the health promotion programme is a priority. The programme refers to existing best practice health discourse guidelines for media professionals and to training for media professionals to avoid misuse of health terms (depression, psychosis…) and resulting misunderstanding.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.9.5. The programme underlines the use of media to create a positive image of health or the health theme being promoted, i.e. not associating health only with people in trouble with the law, or living in poor economic conditions.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

Other useful ideas for respecting Criterion 9

9.A. Use E-strategies for health promotion.

9.B. Include an E-learning strategy to allow continuous training of participants after the programme has finished (or for other, distance participants).

9.C. Refer to or involve people living with health problems in a state of recovery as role models to take the fear out of talking about health issues. Or use celebrities who speak publicly of their problems as role models.

5.10. Evaluating Training, Implementation and outcomes

With respect to alcohol and drug use, abuse and addiction the training program underlines the importance of evaluating health promotion training outcomes as well as actions and programmes in general.

Example: The training program in the field of alcohol and drugs use, abuse and addiction have to predict also an instrument for evaluation, this have to include evaluation of outcomes (skills acquisition, motivation and program implementation) , as well as evaluation of the aims and objectives of the training (the training builds on existing skills and experience of participants, the ability to transfer new skills learnt during the training to the specific professional situation of each participant, etc.).

Does my training programme meet quality criterion n°10?

5.10.1. The training underlines the importance of evaluating (a) mental health promotion training process and outcomes, as well as (b) implementation of programmes and (c) programme outcomes

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.2. The aims and objectives of the training programme are clearly defined and evaluated. There is a written specification of the aims and objectives, for example using the SMART approach.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.3. The training includes a training evaluation plan. Training process and outcomes are evaluated with regard to skills acquisition, motivation and programme implementation.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.4. The training underlines the importance of evaluating mental health promotion programme implementation and outcomes.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.5. The training programme underlines the importance of developing evaluation packages that are common to all partners, from all sectors and all professions, who are working on a particular mental health promotion programme.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.6. In the case of training for a specific mental health promotion programme, the aims and objectives of the programme are clearly defined and the means to evaluate it are provided.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.7. Building on the existing skills and experience of participants is a priority.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.8. The ability to transfer new skills learned during the training to the specific professional situation of each participant - and the motivation to do so – are priorities.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree

5.10.9. The information deriving from the evaluation is disseminated and fed back to all stakeholders.

□ 1. totally agree □2. mostly agree □3. don't know □4. mostly disagree □5. totally disagree