



By the Way...
Where is My Target Group?

The Art of Trouble Shooting
in Peer-to-peer
Drug Abuse Prevention



Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

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in Peer-to-peer
Drug Abuse Prevention**

**Programm Entwicklungsorientierte Drogenkontrolle (EOD)
*Development – Oriented Drug Control Programme***

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Purpose and Priorities of this Paper – an Invitation

All over the world, young people contribute actively and positively to their communities every day. When it comes to the issue of substance use however, all too often the focus is on what young people are doing wrong. Of course, there are reasons for concern as childhood and adolescence are also times of learning and experimenting and this may result in risky behaviour among young people – also with regard to experimenting with drugs. But this phenomenon is not only found among teenagers and unfortunately some people tend to forget, that many young people are engaged in encouraging themselves, their families, and their peers to make healthy decisions for their lives. The peer-to-peer approach seeks to draw upon this positive potential: it supports the empowerment of young people, encourages them to become more involved in their communities and to use their individual skills in coping with every-day challenges in their own way. It also encourages experimental

learning and skill building, helping to increase knowledge, thus enabling young people to take more conscious decisions for their lives.

By the Way...

... "Young people have the right to the full participation in the life of a nation."

(International Charter of Youth Rights)

Today, organisations, governments, and the population at large have realised that involving children and adolescents in community activities is vital and of great benefit. More and more people working in development are taking notice of what young people have to say, of their capabilities and creativity, their enthusiasm and passion, inspiring all those who work with them. However, at a certain point, many projects involving children and youth as their target group experience the challenges that occur when attempting to use and sustain this positive energy. Sometimes, these projects must

admit that somewhere along the way they have somehow lost touch with their target group and that they are now facing indifference instead of enthusiasm.

This document takes a closer look at why enthusiasm may sometimes turn into indifference and why participation can turn into exclusion. It does so by looking at an issue which is often left untackled although always somehow present when working with young people: the issue of preventing problematic drug use. One reason for the reluctance to address drug issues in peer-to-peer work is that drug abuse prevention is a process in which a large number of social and health related factors must be taken into consideration, because they are either reasons for or results of drug abuse. Drug abuse prevention therefore touches on a large number of related fields. But projects working with young people will almost always touch on the issue of drug use somehow if they are based upon their every day reality. To those projects this document seeks to provide background

information and tools to enter into this field without the fear of losing touch with their target group.

Drug abuse prevention is not a single activity; it is rather a process of getting and keeping in touch with young people's developments, their needs, their fears, and their potentials. Preventing drug abuse is therefore an objective that is best achieved by means of a process-oriented approach, which the peer-to-peer method entails.

This document seeks to point out where to approach young people, how to involve them effectively in planning and implementation, and how to keep them motivated and committed along the way. It also provides practice examples and lessons learned that may serve as a tool kit for trouble shooting in case you in your project may be forced to ask yourself some day:

„By the way – where is my target group?“

2

At the Cross-roads – Drug Abuse Prevention as an Integrated Approach

2.1 Drugs and Development – Individual and Societal Perspectives

In almost every part of the world, young people come into contact with legal or illegal substances today that hold a variety of health and social risks. This is a somehow scary fact – not only for the young people themselves, but also for their families, their friends, and for professionals working with them. Nonetheless, the issue should not be left untackled – and it should be tackled in an honest and open way. Adult hypocrisy is one of the most crucial „pitfalls“ in drug abuse prevention.

It is well known that childhood and adolescence are times of experimentation, curiosity and the search for identity. This phase may well involve risk taking - including risks to personal health, such as the use of alcohol, tobacco, pharmaceuticals, inhalants, illicit drugs, and other psychoactive substances. This is all the more problematic for young people

who live in less supportive environments than their peers and have few positive attachments as well as few positive role models. „Growing up“ is very much about widening perspectives and many of these young people feel and experience that they have only poor perspectives. Vulnerable “at-risk” youth are not only those who live in poverty, they are also those who find themselves in government protective services or in low quality educational institutions, if not excluded from education altogether. These children are also in danger of dropping out of school early and to have restricted access to the secondary education system. Children growing up with little family and community support face the risk of being marginalized and have fewer opportunities to learn the necessary life skills and develop their protective factors freely in communication with their family, peers, and the community at large. Thus, they are also at a higher risk to continue or escalate their substance use and to develop problems. “These ‘es-

*pecially difficult circumstances' are associated with poverty, family disintegration, relocation, discrimination and the lack of suitable alternative accommodation if the child cannot stay at home.*¹

Both legal and illegal substance use always carries certain health risks with it and continued use may induce other problems, which can lead to a multitude of dependencies – on the substance itself; on illegal sources of income to finance the habit; on an exploitive social environment or on an involvement in other risky activities - such as prostitution, risky sexual behaviour in general or criminal activities. When experiments with substances – whether legal or illegal – turn into a problem for the user and entail direct or indirect physical, psychological or social problems, we speak of problematic drug use which an integrated approach seeks to prevent or reduce.

Prevalence and patterns of substance abuse vary considerably by region and country. Nevertheless, UN and other international data shows an increase in legal and illegal drug abuse in developing countries. Poor and extremely poor people form a majority among drug addicts – and this includes also more and more children and women.² Many studies today show that poverty entails problems such as violence, loss of traditional values and social structures, political, economic and social marginalisation which have to be considered as major risk factors for drug abuse. Drug addiction on the other hand reinforces these very problems. It is a vicious circle of development problems and drug problems aggravating each other, especially in developing countries that can only be dealt with in a sustainable manner if the response is multi-disciplinary, integrated and community based.

¹ WHO Press Releases, Fact Sheet N151: Substance Use Among Street Children and Other Children and Youth in Especially Difficult Circumstances, March 1997 - www.who.ch

² see also United Nations UNODCCP: World Drug Report 2000, Vienna 2001

2.2 The Interdisciplinary Response to Risky Behaviour

Sustainable community support is essential in building a peer-to-peer programme for young people, but while the peer-to-peer method itself may not be controversial, educating young people on the issue of drug use may well be a cause for concern within the community. Like sexuality, drugs are often an issue many members of the community do not like to touch upon. It is therefore helpful to develop a participatory and comprehensive approach that makes the case for a peer-to-peer programme on drug abuse prevention, based upon findings from a needs assessment in the community that involves not only the target group itself, but also their families and other legitimately concerned members of the community.

A participatory approach should take the interests of all members of a community into account and not exclude any concerned group. It should also negotiate, whether the community is actually willing to leave space for open discussion and self-determination to their young. In addition to the target group itself, other partners in designing and implementing peer-to-peer programmes are

key people and stakeholders, such as experts from youth serving agencies, schools, services providing for out of school activities, parent groups, and often also faith communities. Interested youth, parents, teachers, counsellors, agency staff, and administrators should be offered an opportunity to add their special expertise and to become actively involved in designing and implementing programmes.

Through horizontal and vertical affiliations across organisations and legitimately concerned groups in the community, a multi-disciplinary co-operation may be developed and maintained. A participatory approach also provides the necessary background to prioritise clearly on problems to be tackled. In practice however, lack of good partnerships and well-defined structures may well generate conflicts and create confrontations among the acting entities. Developing multi-disciplinary and multi-agency co-ordination structures is therefore another sensitive area that needs to be taken into account when projects on drug abuse prevention are to be sustainable and participatory. These comprehensive approaches require knowledge management, which necessarily involves pooling indi-

vidual knowledge, organising and evaluating it, and making it available across all concerned groups.³

Reflection and feedback among the participating groups help to detect, monitor, and correct areas that need to be developed and where professional performance needs to be adjusted to the changing demands of the field. Yet, this form of co-operation requires a conceptual framework that extends beyond the routine experience of any single actor involved, because processes are – and should be – interactive and dynamic.

Of course, the concerns of the various actors involved will differ – sometimes greatly – and every actor has his/her own agenda. But street workers from NGOs, the target group itself, neighbourhood organisations etc. will be able to provide valuable information from their every-day experience that would probably not be available through other sources. They can therefore contribute considerably to an interdisciplinary and community based response which builds upon the actual

needs of the target group. While single NGOs may not have sufficient competencies and resources to take all aspects of a comprehensive programme into account and because they are often working in isolation, forming multi-agency partnerships enables them to build synergy and benefit also from the expertise and resources of their partners. In developing countries, communities may often lack resources and provide few opportunities for young people. In deprived communities, the multi-disciplinary approach also allows to combine programmes with community development work.



An integrated approach to drug abuse prevention not only requires the involvement of a broad spectrum of concerned groups, but is also more effective and sustainable when it

³ See also Susanne Schardt (ed.): Co-operation and Community Consensus - The Multi-Agency Approach to Effective Local Drug Policies, Frankfurt a.M. 2001

addresses related fields that are linked to the core issue of substance abuse, above all social marginalisation, violence, health risks (esp. HIV/AIDS), life skill building, and education. Consultations with the target group and the community however, may also reveal other problems that should be tackled or at least be taken into consideration as underlying risk factors for problematic substance use. Only through a coordinated approach can the integrity of prevention activities be maintained and risky actions be avoided.

Participation of young people in projects designed for them hold various benefits for the community: local authorities, service providers, and projects may gain valuable information regarding changing attitudes and needs of young people, their views as service „customers“ as to what constitutes quality, and about young people's acceptance in service provision. Thus, services and policies can be designed based on actual rather than presumed needs. Young people often have innovative and unconventional ideas. If there is space for them to articulate these, participation

can bring innovation, new perspectives and ideas about how to operate services and projects.

Participation also holds the benefit of enhancing local democratic processes. A more active involvement of the young generation in the community may be sustainably established due to the positive experience of a vibrant local democracy and their increased ability to understand the workings of democracy on the level of their own neighbourhood. At the same time, they gain a better understanding of how best to influence democratic processes in general. During this process, the over all capacity of the community in coping with their every day reality is also increased.

By the way....

...children and adolescents are not only a problem group, but are also at the same time the key resource in prevention.

(GTZ/ADE, Drugs and Development in Latin America – Strategies, experiences and project examples from the work of GTZ, Eschborn, 2001, p. 60)

No Risk, no Fun? - Peer-to-peer Drug Abuse Prevention

Working with children and young people is certainly fun, but when it comes to tackling drug related issues, it is also often perceived as a considerable risk. Drug taking always holds certain risks; using illegal substances even aggravates this, because the user is constantly in a potential conflict with the law. Like sexuality, drugs are a taboo issue in most societies. In many developing countries, even alcohol use is a taboo issue. But - unlike sex - in almost every country in the world, the use of certain substances is also illegal. It will therefore be difficult to fulfil the most basic imperative of working with young people: speaking freely, giving unbiased information, and base the common work upon the every-day reality of the target group. This is the point where many youth projects fail, because they prefer not to touch the delicate subject at all. However, drugs – both legal and illegal – are a part of almost everybody's every-day reality around the world. Turning a blind eye on that fact will not protect young

people from this reality, but it may well leave them without the skills and proper information to cope with it. And young people are very good at detecting hypocrisy; their reaction usually is to base their decisions on information they feel they can trust more (i.e. from their friends) or to neglect any kind of risks involved, simply following role models they chose for themselves without reflection.

In reality today, a large number of young people around the globe take risky decisions about drug use every day – without being fully informed and without caring about warnings from adults, because these have not been put forward to them in a way that they trust and respect. Very often these decisions will entail harsher consequences than just dropping out of youth projects: along with the possible health risks they take, these young people also risk being imprisoned.

Therefore, targets in drug abuse prevention – especially in a peer-to-peer approach – must be very well determined

and put forward very clearly to the target group and limits should be pointed out. Peer-to-peer work seeks to support children and adolescents in developing societal skills. That process may also contribute to changing the moral values and attitudes of society towards certain issues, but this should not be the primary goal of peer-to-peer work. Laws, cultural and religious values, political restraints are factors to respect and inform about and it must be clear to everyone working in a drug abuse prevention programme that a number of sensitive questions will have to be answered, often on a very personal basis. It is important to keep your integrity towards the target group, which may also include speaking openly about your personal fears and attitudes.



3.1 Objectives in Drug Abuse prevention

Substance abuse prevention seeks to prevent and reduce the problematic use of both legal and illegal substances. To be effective and well targeted under the unique circumstances mentioned above, they should follow certain principles:

- ✘ Drug abuse prevention programmes should be community based and involve the whole community, the target group itself and their peers. The target group should be actively involved in the development, execution and evaluation of the programmes and also participate in their re-design and re-implementation, if needed.
- ✘ Programmes should not be too narrow in focus; for instance they should not be focused on certain substances, but rather on the issue of problematic substance use and how this is related to other problems.
- ✘ The goals and objectives of projects should be clearly identified and accepted by the target group. An appropriate monitoring and supervision system should be installed to ensure that these goals are

also being met on the operational level.

✘ Young people who are most vulnerable to problematic drug use due to behavioural, social and health problems, should not be excluded from programmes.

✘ Groups, which may have an influence on the living conditions and social environment of the main target group, should be involved.

✘ Programmes should give healthy and creative alternatives to using drugs (health promotion).

✘ Alternatives to substance abuse must be attractive. They should combine and encourage individual skill development, interesting leisure activities and a supportive attitude in the community. They should therefore also encourage social interaction.

✘ Activities should build on existing research-based evidence and needs assessments, especially among the target group itself to ensure the programme is relevant to the target

group and takes their attitudes, behaviours, and lifestyles into account.

✘ Programmes should respect cultural and spiritual traditions in the communities and at best also make use of them in gaining support.

✘ Health promotion, interactivity and changes in the social climate are long-term processes. Programmes should therefore take a long-term view and be monitored carefully with respect to necessary adjustment along the way.

✘ The specific needs of vulnerable or disadvantaged youths as well as gender aspects should be identified and addressed accordingly.

✘ Activities in schools can support peer-to-peer-projects and enhance also communication between school students and parents.

✘ Programmes should be designed to build and support life skills, which enable an individual to master his or her day-to-day life on a future-oriented and conflict-free basis.

✘ Substance abuse prevention projects are more likely to be successful when they involve families and parents in the project work, which makes it possible to tackle problems such as family violence, stress, substance abuse in the family, etc.

✘ Programmes should try and encourage looking at positive role models, such as stars, TV channels and “local heroes” to contribute to the promotion of health among young people.

✘ Legal and moral issues regarding drug use should be dealt with in the same honesty as social and health issues.

✘ Programmes should be sustainable, for instance in passing messages on to younger generations and empowering newcomers to take over the lead for the next generation of programme participants.



By the way....

...in trying to keep your target group together, you should be aware that a group is always as strong as its weakest "link"

(Gary R Svenson et al.: European guidelines for youth AIDS peer education, European Commission, 1998)

Evaluation results suggest that drug abuse prevention projects are successful if they are non-specific on certain substances, target-group-oriented, and if they address drug abuse problems on an integrated basis. Programme participants should conduct their own evaluations with an outside evaluator serving as a coach or additional facilitator depending on the project capabilities. This is especially important in drug abuse prevention, because drug use is even more a taboo issue between adults and adolescents than sexuality and any form of hypocrisy will almost certainly result in the inefficiency of a project – and in the retreat of the target group.

Using variable and flexible strategies is probably the best way to approach the drug abuse problem. Ideally, they should combine the knowledge/attitude/behaviour ap-

proach with health promotion, and the building of self-esteem and life skills in various settings. An early beginning of substance use entails the risk of dependence and problems associated with heavy use later on. Settings where younger people can be reached through general health promotion and skill building are therefore important. At the same time, there are always young people who might start using drugs nevertheless. They need special attention, because very often they also drop out of other settings that may provide support and positive role models for them. Secondary prevention and harm reduction measures provide unbiased help to users and aim at reducing as much as possible the risks and harms associated with drug use.

The Drugs and Development Programme of the GTZ defines the aims of drug abuse prevention as a strengthening of protective factors against drug abuse and dependence – both in the individual and in society as a whole.

Based upon this definition, the following indicators are important:

Free access to sound and unbiased information about drugs

The strengthening of settings, which provide support to the individual in every-day challenges and conflicts

The promotion of life skills (*self-confidence, empathy, communicative abilities, social skills, decision-making, problem-solving skills, creative thinking, ability to manage affective states and stress*)

The support of positive potentials and protective factors

The support of alternatives to drug use in coping with problematic situations

Picking up target groups „where they are“ (*assessing and mapping the settings where young people meet – and may come into contact with drugs*)

Lessons learned from drug abuse prevention projects and campaigns in the past have shown that young people don't want to be taught moral lessons about drug use and the risks involved. Many prevention campaigns in the past have at best been entertaining for young people but by no means effective in reducing problematic drug use among them. And

young people can be rather creative in making fun of official – adult – slogans: in the United States, the “Just say NO” campaign, initiated by Nancy Reagan in the late eighties, was quickly changed into “Just say YO” by many young people. Similarly, the German Campaign slogan “Keine Macht den Drogen” (“No power to drugs”) evoked numerous others making fun of the original, such as “Keine Macht den Doofen” (“No power to dummies”).

Taking young people seriously also includes taking drugs seriously: as a possible risk factor that is intertwined with many other risks and challenges that young people experience during childhood and adolescence. Hypocritical messages, “teaching” and scaring cannot be part of this approach, because they impede the open and honest atmosphere that is needed to make this approach effective and accepted by the target group.

In short: if you want to create true ownership of a peer-to-peer project, the message should always be “Just say KNOW” rather than “Just say NO”.

Drug taking always includes certain risks and possible problems, but it is a widely known fact also to young people that substances may also be used to increase commonly expected skills, such as communication abilities, self-esteem, „coolness“, empathy, etc. It is very obvious that this is where drug abuse prevention projects often compete directly with what these substances promise to young people.

It is therefore important to understand that the use of psychoactive substances by the target group fulfils a certain purpose. Apart from using substances to cope with the multifaceted challenges of „growing up“ there are also reasons lying within the extremely difficult circumstances that especially young people in developing countries live in. There, drugs are often being used to relieve hunger, to stay awake and be able to work, to fight wars, to sleep or to dampen physical or emotional pain.

But among the large number of less pressing reasons why young people take psychoactive substances around the globe there is also one, which should not be underestimated – fun. Based upon this motif, so-called recreational use of drugs

is quickly changing the traditional image of drug use as an irrevocable step into problematic use and addiction and of people living on the margin of society.

„The recent trends in drug abuse among young people indicate that, at least in developed countries and increasingly elsewhere, the abuse of illicit drugs has become more popular among mainstream youth. There is also a risk that drug abuse in recreational settings is increasingly becoming part of the lifestyle of certain youth groups. While recreational use of drugs is typically associated with Ecstasy and the dance world, the epidemiological evidence indicates that those who are using Ecstasy are in most cases polydrug abusers who are consuming a wide variety of both legal and illegal substances, Cannabis being the most common illegal drug.“⁴

If recreational use is becoming more and more common all over the world, this also entails a growing need for unbiased „non-scary“ methods in drug abuse prevention. Of course,

⁴ United Nations Commission on Narcotic Drugs, Report of the Executive Director: Prevention of the recreational and leisure use of drugs among young people, Vienna, March 2002, p.9

enhancing leisure-time fun with the help of psychoactive substances bears a considerable risk: often it leads to the use of a wide variety of both legal and illegal substances, in parts also due to quickly changing lifestyles and experimentation. But when working with young people in a participatory approach, it is crucial not to deny that consuming certain substances can in fact also be fun - if it is controlled and moderate and if the user is well informed about and primarily concerned with avoiding health risks.

3.2 Target Groups in Drug Abuse Prevention

Main target groups in drug abuse prevention are young people between 12 and 25 years as well as so-called at-risk groups or "children and youth in especially difficult circumstances" (CYEDC), as the WHO calls them⁵. But projects may also target younger children through health promotion in general, aiming at strengthening self-confidence, decision-making, and the ability to cope with affective states and stress.

⁵ see also WHO Press Releases, Fact Sheet N151: Substance Use Among Street Children and Other Children and Youth in Especially Difficult Circumstances, March 1997 - www.who.ch

Parents can be part of an extended target group, because especially at an early age they are important role models in coping with (family) conflicts and in the attitude towards the use of both legal and illegal substances.

Of course, children and youth are not a homogeneous group. They are rather comprised of a large number of sub-groups, which may be highly heterogeneous. Age, gender, cultural preferences, social and religious affiliations, risk behaviour, etc. are important distinguishing criteria. Therefore, with regard to a peer-to-peer approach in drug abuse prevention, measures taken should target specific sub-groups in different settings with a flexible variety of methods.

The peer-to-peer approach is sometimes criticised as being elitist. Indeed, when young people are being recruited for peer-to-peer work, project workers often tend to select those who are already active in the community or a certain setting. „At-risk groups“, who are often not as easily contacted or convinced to participate in a project are often being conceived as “too complicated” and are therefore left out. However, young people chose their

own opinion leaders, who may be considered “bad boys” by adults, but are still important to them. Especially in drug abuse prevention these “natural” opinion leaders are a crucial target group. Where peer-to-peer work is not dominated by adults, but a true communication process for change, the major objective should be to make *all* legitimately concerned young people participate. This includes especially those who may not be proactive or considered likely to function in the way adults would like them to.

3.3 A Closer Look at the Peer-to-peer Approach

The peer-to-peer approach is based on the recognition that young people often seek out their peers when they are experiencing frustration, worry or concern. Peer-to-peer work takes this up and provides necessary emotional and educational support and facilitates this process among the target group.

When working with young people in a peer-to-peer approach towards drug abuse prevention, it should be kept in mind that very often the lack of sound and unbiased information about

substances is the main problem of the target group and that the margins between experimental and problematic use may well be blurred. The peer-to-peer method is based upon the recognition that children and adolescents have their own way of gaining and spreading information. This is very much so in the field of substance use where role models, lifestyles, attitudes, and value systems as well as peer pressure that often takes place in settings remote from adult influence, play a major role in the decision pro or contra using. It is there that the peer-to-peer approach seeks to make a difference: by trying to access these settings, promoting and supporting alternative lifestyles and attitudes, and by empowering young people to become positive role models and so-called change agents for their peers.



By the Way...

...,The English term 'peer education' is well-known internationally (...). The word originated hundreds of years ago as a British term indicating membership in one of the five ranks of nobility. The modern use of the word, according to the Webster dictionary is: 'one that is of equal standing with another; one belonging to the same societal group especially based on age, grade, or status'. Thus, the term 'peer education' would indicate 'peer-to-peer education' or those of the same societal group or social standing educating each other."

(Gary R Svenson et al.: European guidelines for youth AIDS peer education, European Commission, 1998)

"Young people are often unfamiliar with adult work settings, structures, and systems, which adults often manage easily, without thinking. While it's true that young people lack the experience to fully comprehend the adult world, it's also true that adults do not understand young people as they understand themselves. For this reason, young people's central involvement in planning, organizing, implementing and evaluating youth-focused events is critical. There are

*plenty of good examples of young people and adults working in concert to bring about a youth-focused event."*⁶

The peer-to-peer method is very much based upon the concept of empowerment. In empowering young people, they gain respect for others and for themselves, achieve a sense of responsibility and "ownership" toward the programme. They can also acquire conceptual, organisational and communicative skills.

But the major aim of peer-to-peer work is to ensure the active participation of young people during the whole project.

Methods used in this approach are

➤ Develop and support existing potentials in certain settings, such as active youth and grass-roots initiatives, committed health personnel, concerned parents, NGO networks, etc. (*empowerment, capacity building, multi-setting approach*).

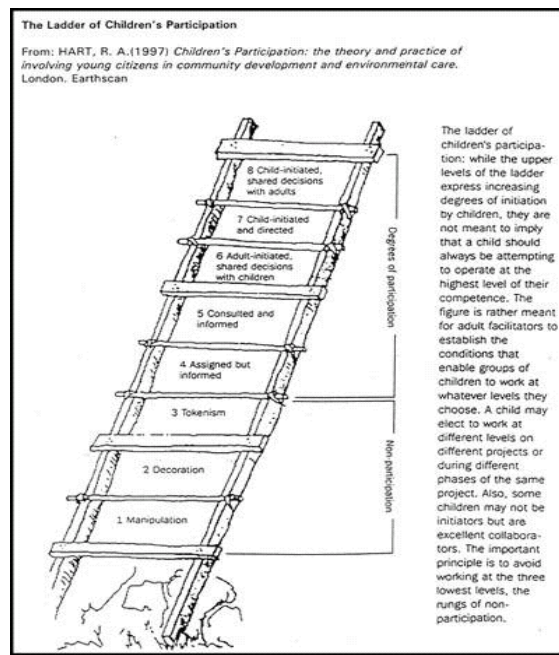
⁶ UNODCCP, Global Youth Network: Equal Partners, Organizing "For Youth by Youth Events", o. O., o. J. p. 5 (www.undcp.org)

➤ Begin health promotion early – in kindergartens, primary schools and children’s groups – and continue working with these children through adolescence (*general health promotion, skill building*).

➤ Promote adolescents as role models for children who also take responsibility for children’s leisure activities (*peer-to-peer work, empowerment of change agents*).

➤ Target specific sub-groups, which already possess potentials for generating multiplier effects (*training of trainers, change agents*).

➤ Respond to the particular needs of specific groups with specific approaches ranging from prevention to therapy and treatment (*integrated and systemic approach, gender specific approach*).



Roger A. Hart: *Children's Participation: the theory and practice of involving young citizens in community development and environmental care*, London 1997

The **Ladder of Participation** developed by Roger Hart is a widely used theoretical framework for creating and evaluating youth participation. The bottom three rungs describe youth involvement without true participation whereas the top five rungs describe forms of true participation.

1 Manipulation is when adults use young people for their own purposes and pretend that the results have been inspired by youth.

2 Decoration is when young people are used to help or support adult owned projects without getting the chance to influence them.

3 Tokenism is when young people appear to be given a voice, but in fact have little or no choice about what they do or how they participate.

4 Assigned but informed is when youth are assigned a specific role and informed about how and why they are being involved.

5 Consulted and informed is when youth give advice on projects or programmes designed and run by adults. Their opinion is valued and they are informed about how their input

will be used and which is the outcome of the decisions made by adults.

6 Adult-initiated, shared decisions with youth is when project concepts or the initial ideas behind programmes are initiated by adults but the decision-making within (parts of) the process is shared with the young people.

7 Youth-initiated and directed is when young people initiate and direct projects or programmes but left alone within the implementation process.

8 Youth-initiated, shared decisions with adults is when projects or programmes are initiated by youth and decision-making is shared among youth and adults. These projects empower youth while at the same time enabling them to access and learn from the life experience and expertise of adults. Adults are mainly involved only in a supportive role.

By the Way...

... "Everybody tells us that young people are the future of society. Being young myself, I also want to participate actively in the presence, not only in the future".

(Alfred K'Ombudo, African Youth parliament, Kenya - at the Eschborner Fachtag 2003 of the GTZ)

“The challenge for all organisations is how to move from one-off consultation with children and young people to systematic participation. It is important to review attitudes and assumptions towards children and young people. This can be done by using tools such as the ‘Young People’s Charter of Participation.’ The second step may be for organisations to put in place a structure from which participation of children and young people can be embedded and strategic planning can take place. One example of this is the Liverpool Bureau for Children and Young People. Local authorities may also wish to appoint a champion for children and young people to drive forward this commitment throughout the whole organisation. A champion is frequently crucial to ensure that children and young people’s participation is first highlighted and then mainstreamed. Embedding children and young people’s participation is crucial for local democracy, improving services, community capacity and the engagement of its younger citizens.”⁷

⁷ Summary of a presentation of Dr. John Parry, Consultant and research fellow, Univ. of Sussex to ICT for ESD seminar - 23 April 2001, Bristol

The path between giving support to self-managed projects and manipulation of young people may be rather narrow, but it is crucial to find ways of helping young people develop their own priorities, their own language in promoting these to their peers, and in finding a way of coping with their every day reality without simply repeating “adult messages”. Peer socialisation should not be dominated by external (adult) intentions and should not merely work towards the production of messages that are “socially expected”.⁸



⁸ see also: Jost Bauch: Selbstbefähigung oder Manipulation in: Pro Jugend 4

4

Uppers and Downers – Lessons Learned in Peer-to-peer Drug Abuse Prevention

By the way...

... “ Young people have a right to reliable information (...) and they require opportunities to talk about their concerns and questions. In some situations, they are faced with a multitude of sometimes confusing messages; in other situations there is a lack of youth friendly information and/or services altogether. Therefore it is necessary to create an environment in which adolescents are given the opportunity to interact and explore their feelings and queries amongst themselves.”

(Peer Education Hands On! A Manual for Working with Youth on SRH, GTZ 2002, p. 156)

Children and adolescents are far more likely to accept preventive messages when they themselves or their peers have been involved in formulating them, if adults give honest and unbiased information, and if their motifs are clear. Prevention strategies that respect the lifestyles, attitudes, value systems and perspectives of young people have shown that they are also

are also the best promoters when it comes to transferring preventive, health-promoting or life-affirming messages to their families and peers.

4.1 Successful Project Planning

In designing peer-to-peer programmes, a crucial question to be asked is where to come into contact with the target group. This can best be achieved by approaching certain settings where different groups of (young) people will be coming together and interacting already. Using these settings as a basis for projects has proven effective and can also contribute to a differentiated assessment of needs and potentials in a community.

Such settings could be:

- Schools
- Child support services
- Gender specific programmes
- Neighbourhood districts

- The juvenile justice system
- Drop in centres and outreach projects for homeless or runaway youth
- Services for teen parents
- Groups and gatherings of particular age groups
- Drug treatment or rehabilitation services
- Foster care or group homes
- Spiritual groups, church organisations etc.
- Meeting points for visible minority youth

It is crucial to inform and involve allies from as many of the existing settings already at the very beginning of a project and to begin with a needs assessment that is already participatory and community based. The case for a programme will be considerably stronger if support can be demonstrated from diverse sectors of the community and needs and objectives are being formulated from within rather than by an outsider. Also, working with a diverse group of potential peer educators may widen the audience whom they can address and increases connection and communication among different groups of young people.

More effectiveness can be achieved through setting clear objectives. They also serve to clarify the direction of the programme with respect to the results, indicators, activities, and a time frame for the activities. These objectives should be subject to monitoring and evaluation and designed flexible in order to permit changes. Programmes should be designed to empower youth to address issues that affect their own health and education, the environment, and basic social and human rights. Smaller „grassroots“ programmes with realistic and reality based objectives are also (if not better) suited to give young people the experience and tools to work for full participation in society.

First, and perhaps most importantly, project planning should start by speaking openly with young people, seeking their experience and input, and inviting them to be involved in the creation as well as the implementation of the programme. Young people, being the main target group and beneficiaries of such projects, have a right to be involved in the development of programmes that are designed to serve them and they will certainly provide valuable insights that will help the programme succeed. What are the

key factors to keep the target group actively involved throughout the project and to ensure sustainability?

✓ **Ensure unbiased participation:** When recruiting young people to participate in peer-to-peer work, project workers often tend to select those who are already somehow active in the community or a certain setting. „At risk groups“ are a crucial target group, but on the other hand they may be much harder to reach and to work with on a continuous basis. It is therefore important not to select only young people who are easy to reach, well accepted, and already active members of their community. Minorities, adolescents on the verge of marginalisation, school drop-outs, etc. should also be included. Discrimination with regard to race, culture, gender or „problematic behaviour“ should be avoided wherever possible.

✓ **Seek support from stakeholders:** Support and approval from community stakeholders in a programme is important to ensure its success. Stakeholders may be representatives of NGOs, formal and informal organisations in the community, public officials, police, school

officials, parents, and volunteers. Problems often occur with a lack of involvement and support by parents. Drug use is often a taboo issue, therefore it is very important to explain and define very clearly the aims and objectives (as well as the possible limits) of peer-to-peer projects in the drugs field to avoid rejection by parents, teachers, religious leaders and other important stakeholders.

✓ **Consider the turnover:** One of the most common obstacles in making peer-to-peer work sustainable is the likely turnover of the participants. The target group may lose interest and enthusiasm, or simply grow older and change lifestyles and attitudes. This may occur when other settings, peers or role models gain more importance and attraction. Thus, young people may not only „grow“ out of the peer-to-peer work, they may also „drop“ out because of a shift in attitudes, lifestyles and interests. To prevent a loss of interest, the projects should be attractive (and the target group itself would know best what is attractive to them). To keep up the sustainability of the project, peer-to-peer workers should „pass the torch“ to younger people before leaving the project.

✓ **Create incentives to avoid meeting fatigue:** Young people involved in peer-to-peer projects are often volunteers who spend a considerable extra time. Where they are forced to contribute to the income of their families, this may also result in a lack of continuity of their participation. Also, other leisure time activities may become more attractive and rewarding for the individual. Programmes that provide incentives, such as certain allowances, educational support, leisure time trips, or „diplomas“ often experience fewer problems with participation fatigue within the target group.

✓ **Diversify resources:** Programmes initiated by foreign donors are often limited in funding, which makes sustainability also a financial issue. It would therefore be wise to diversify resources, make use of existing sustainable structures and use advocacy for mainstreaming drug abuse prevention projects within the social and health structures of the community.

✓ **Respect your target group:** The major objective of the peer-to-peer approach is to make young people participate – not to make them function in the

way adults would like them to. A young person should be enabled to select information independently and pass it on to peers in his or her own words – not as a “jukebox” of project managers, trainers, parents, or officials. This also means that young people – although actively involved in the shaping of a project – are not cheap staff workers.

“One of the worst examples (...) was a PowerPoint presentation by some 9-year-olds at an International Children's Conference (...). They had been sponsored by a utilities company and they were little adult mouthpieces cloned from business, structured by bullet points that arrived with deadly precision from the left-hand margin. They seemed moulded by the technology, dancing to the puppeteer's strings. By contrast, a genuine dance by children from Ghana to illustrate a particular issue was filled with hope and the zest of youthful promise and action.”⁹

⁹ Dr John Parry, Consultant and Research Fellow, University of Sussex: Summary of presentation to ICT for ESD seminar - 23 April 2001, Bristol

4.2 Practice Examples

From the practice of peer-to-peer projects in drug abuse prevention conducted by the GTZ in the past there are several lessons to be learned.

„Drug Abuse Prevention with Young People“, Peshawar, North West Frontier Province (NWFP), Pakistan

Pakistan has an estimated total of about 4.1 million drug addicts, which is 2.8% of the total population. The proportion of heroin addicts is 2 million (i.e. 50% of the total drug addicts), more than in Europe and America together. Afghanistan, the next-door neighbour, is among the major opium producing countries. Peshawar is geographically located at the gateway for the transit trade route from Afghanistan. Thus easy availability of drugs (especially heroin, Cannabis and opium) at cheap prices is a permanent risk for Peshawar's youngsters and Pakistan's young population. The socio-cultural and religious background has additionally facilitated a silent growth of demand among adolescents (Heroin: age of initial use 15-25 years is 53%) across all segments of the Pakistani society (of all the drug using population, 61% are literate, 54% are married, 26% are

skilled workers, 25% unskilled and 68% are labourers and sales personnel).

The Peshawar youth project was established in 1999 by DOST Foundation with the technical support of the Drugs and Development Programme (ADE) of the GTZ. DOST ("friend") Foundation is an NGO established in 1992 for the treatment and rehabilitation of drug addicts and their families. DOST carries out programmes with at-risk youth in different settings and situations, such as educational institutions, at the workplace, in streets, parks, neighbourhoods, refugee-camps, and prisons. DOST works with drug addicts, workers, small-scale drug traffickers and dealers, juvenile delinquents, women and children.

The aim of the youth project was to establish self-help groups of young people in two selected areas of Peshawar and enable them to carry out measures of prevention and intervention against drug abuse in a peer-to-peer approach.

During a two-year pilot phase of the project, 48 self-help groups were established with the aim of improving their impact on healthy behaviour by promoting prevention measures against

substance abuse and addiction within peer groups. A standardised systematic method was adopted in forming these so-called self-help groups:

1. A meeting for identification and contact
2. One-day seminars for creating awareness and identification of youth and multipliers
3. Identified youth and multipliers receive training in two-day workshops

During that process, 243 young people, 46 teachers (multipliers), 31 prisoners and 16 staff members from the civil defence and local government departments of NWFP were trained in the two-day workshops. Sizes of self-help groups varied between 3 to 10 members, the average being 7 members. Each group had a teacher as multiplier who was also responsible for ensuring sustainability. The activities of the groups varied and included leisure activities such as massages, poster competitions, fun fairs, essay writing, walks, speeches, dramas, banners, badges, group discussions and educational exercises.

After a two year pilot phase the project was prolonged for another year. This was to further

improve the professional capacity of DOST personnel and the other relevant professionals around the youth groups. Moreover, the successfully functioning youth groups were to be further strengthened so that they could continue their work integrated in their respective settings without further backstopping of DOST after the end of the extension phase.

“In the formal settings visited by the evaluation team self-help groups were well integrated into their social environment, directly supported by the concerned authorities - management of schools or universities - therefore also respected. The teachers of the visited schools and universities were highly involved as co-ordinator in the activities of the self help groups. At the Agriculture University, as it was told by the group members and the co-ordinator, the positions of the Anti-Narcotics society were so respected that competition led to conflicts between the antagonists (...). It was a big challenge to work with the idea of peer groups in Pakistan especially because of the lack of freedom and mobility allowed to the youngsters particularly to the females. In educational institutions the tight schedules and some times administration was the main

*hurdle in the functioning of the self-help groups. The informal settings like factories, shops, workplaces, neighbourhoods, parks, and streets are still a challenge. Besides that Pakistani youth do not learn to work independently and also do not want to spend their time without motivation and return.*¹⁰



Today, about 36 of the original 48 groups are still functioning. Obviously, some settings or groups have been more successful in maintaining their attraction for the target group, in gaining support from major actors, such as parents, teachers and university staff, as well as in “passing the torch” on to younger participants. In Sep-

tember 2002 the evaluation mission of the project identified a number of reasons why the other 12 groups may have ceased to exist:

- The refusal of religious schools to continue their project participation after the Afghanistan crisis.
- Changes in school and college principles.
- Committed teachers having been replaced by others who are less co-operative.
- Active group members moved on to higher grades and other institutions.
- Groups had problems to get their activities organised.

Sometimes the pressure of parents on their children to concentrate on studies as well as tight time schedules at school were mentioned as obstacles for continuous participation. At the university financing problems, confrontations with political organisations, and lack of time were major reasons for dissolving the groups.

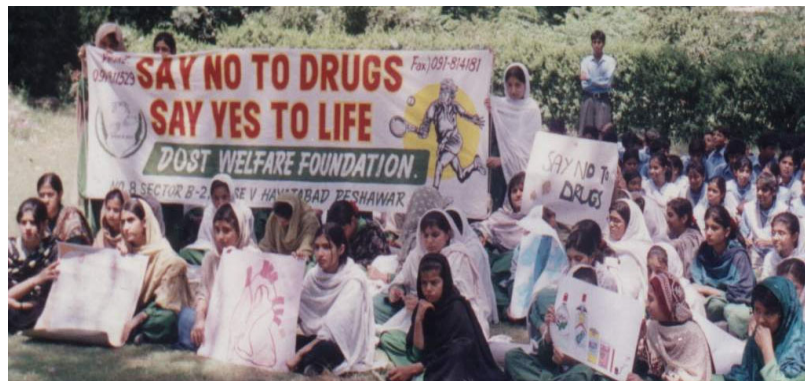
¹⁰ A. Chaudary, V. Mörsdorf: Drug Prevention among youth in Peshawar, Mission Report 2002 to the Drugs and Development Programme (ADE) of the GTZ

Lessons learned:

Where the groups – or their supporters – were unable to achieve sustainable and active support of major stakeholders and where the participants moved on to other activities of higher personal priority for them without getting new participants into the groups, the target groups slowly vanished from the projects and the groups had to be dissolved.

Another lesson to be learned is that cultural backgrounds, societal values and modes of learning may sometimes be obstacles to the peer-to-peer approach which requires certain liberties for young people in organising their leisure time, confidence from parents, and certain skills in learning on one's own.

This is especially the case when the subject is as delicate as drug use in an Islamic society. Nevertheless, the methods applied in a peer-to-peer approach not only have positive effects on spreading information and messages about the actual issue, they also enhance learning abilities of young people, provide positive new alternatives for their leisure time, and certainly support active participation in the shaping of a society. These positive results of a peer-to-peer approach should be discussed and advocated towards major relevant actors of society before establishing such programmes.



“Peer-to-peer work in Trinidad and Tobago “HIV/AIDS prevention and control in the East Caribbean“, (Trinidad and Tobago, 19 island states, Guyana and Surinam) 2000 - 2003

The aim of the general project was to reduce HIV – infection and other STIs in the member states of CAREC (Caribbean Epidemiology Centre). One of the approaches used to achieve this overall goal was to support youth driven, community supported peer-to-peer work. The project supported three initiatives in Trinidad and Tobago:

- Toco Youth and Sexuality project
- Rapport youth outreach programme
- Tobago Integrated youth health project (FPATT)

What has been an interesting and unique development in these projects is the evolution of peer-to-peer work as it responded directly to the needs of the target group. The young peer workers encountered a variety of issues being raised by their peers in particular issues relating to drug use. Many of the young people admitted some form of drug use. The peer workers found that once addressing issues such as sexuality, violence etc. the is-

sue of drug use would regularly be raised by the target group. This was even more so when the peer workers gained the confidence of the young people.

The implementing agencies of these projects are community-based organizations, which are highly regarded by the population and offer the young peer workers space and autonomy. The organizations first conducted a needs assessment with the involvement of young people at the beginning of their work to find out more about behaviour, opinions and relations between young people their relation to schools, bars, churches etc. This included mapping places where young people meet. The needs assessment revealed a demand for more open programming addressing not only one isolated issue but the various risk environments young people have to manage.

The projects responded to this demand by training and retraining and eventually included drug abuse prevention in their programmes. Visits and networking between the projects were very useful in providing opportunity for the peer workers to learn from each other, sharing their experiences, new and

innovative methodologies, and to share how they adapted their approaches to integrate drug abuse prevention.

These projects therefore developed away from traditional methods, such as presenting films and giving lectures on standardised topic areas using 'adult' messages. Instead, they used role-play, drama, and open discussions on a variety of issues, such as violence, abuse or sexuality incorporating also significant scenarios to deal with drug abuse. The peer workers would even go to 'liming' (a Trinidadian term for 'hanging out') spots where they met the young people in their own spaces and held open and frank discussions with young people there. In these spaces drug use tended to be more open and therefore provided a unique and unorthodox opportunity for real life peer-to-peer work.

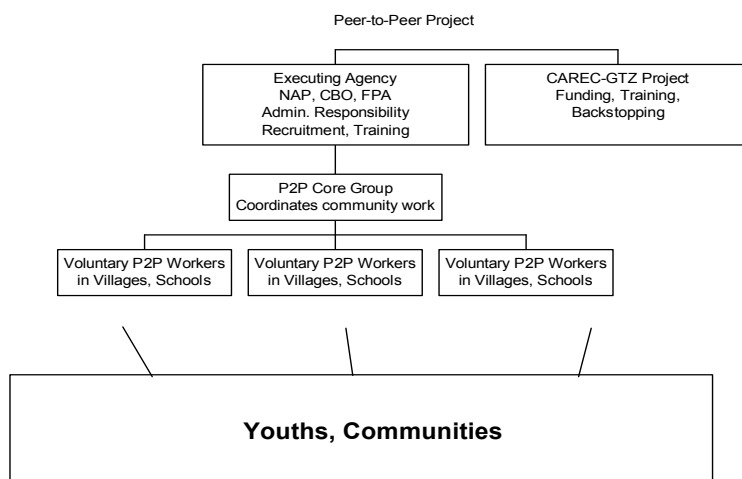
The Toco Project also involved the local radio, which they used for community-based talk shows. This could not have been achieved without the support of the community and would not be effective without the trust of the young people. Besides transporting specific know-how about sexuality, drug abuse and other related topics

within the population, a general health promotion approach was followed to support health-supportive framework conditions in schools, families and in the community. The approach allowed an integration of specific information and skill building with regard to drug abuse prevention into a broader framework of health promotion for young people.

Involving young people actively in planning and implementing an integrated youth health project in Tobago led to supporting responsible sexual behaviour, especially with regard to the links to drug use among young risk groups. During the course of the projects, the young people developed greater confidence in the peer-to-peer workers than in social workers (who sometimes do not exist in rural areas anyway), who are traditionally involved in community and school based interventions. The peer workers were also taken more seriously and had more personal impact on young people's behaviour change than the National Drug Prevention Programmes. Through the increasing participation of young people these groups can actually be considered as self-help groups because young people help other young people to look for their own solutions.

Thus, the projects were able to address issues such as drug abuse in a more innovative and “youth-like” manner than traditional approaches. This enhanced drug prevention work among young people consid-

erably and revolutionized peer-to-peer work in Trinidad and Tobago.



The Organisation Chart was kindly provided by U. Wagner, GTZ advisor, CAREC special Programme on Sexually Transmitted Infections

Lessons learned:

In all projects some of the peer workers have developed from communicators/promoters into counsellors in crisis intervention and psychosocial counselling. This process was not planned, but happened because of the

respective people’s personal interest, their special capabilities as well as out of needs which were expressed by the target group where the young people seem to have more confidence in peer-to-peer workers than in professional social workers. In rural areas, these did not exist at all. The

process was by no means unproblematic, because the “peer counsellors” were confronted with massive personal crisis situations (suicide, incest, rape, family violence and neglect, etc.) without having the skills and experience of a professional therapist. If such a development is tolerated – because it obviously meets an urgent need within the target group – it is crucial to provide close supervision by professionals as well as other backup mechanisms.

A very positive lesson to be learned was that tackling young people’s needs and every-day reality in an open approach lead to an enlargement of the original focus youth and HIV/AIDS towards other subjects that are closely linked. This became possible by reacting to the need expressed by the young people to speak about their problems with par-

ents, school, drugs, violence, etc. During this process, one discussion lead to another and a multitude of highly relevant issues – including drugs – could be tackled in an open and productive manner.

In Trinidad, a broad youth movement has evolved from the many initiatives taken in this area. This has also lead to community support and a better inclusion of young people into decision-making processes. Children and adolescents were able to sensitise the public of their needs. This movement also led to the strengthening of the National Youth Council. Meanwhile, the movement spreads also into other areas – including the area of education where authorities increasingly learn to accept young people as active partners in shaping youth policies.



Let's Keep in Touch – Your Checklist for Successful Peer-to-peer Drug Abuse Prevention

Summing up the theoretical and practical experience portrayed in this paper, the following checklist presents a set of key performance indicators for a successful and sustainable peer-to-peer approach in drug abuse prevention. They should help you and your projects to keep in touch with your target group along the way:

Key performance indicators:

- ✓ Does the programme goal reflect the needs of the target group?
- ✓ Are the objectives clear and do they also determine expected results, indicators for the results, a time frame and activities to be conducted in that?
- ✓ Have your objectives been met so far and is it feasible to achieve the project goal?
- ✓ Does the programme increase the knowledge and skills of the target group?
- ✓ Does this also lead to a change of attitudes?
- ✓ Did you choose the right change agents – are they really making a change?
- ✓ Is evaluation based upon qualitative and quantitative criteria?
- ✓ Is team building in process, or does everyone work alone?
- ✓ Does the programme still have the support of the community?
- ✓ Do the peer-workers have the confidence of the target group?

✓ What is the feedback from participants?

✓ How do you handle the feedback from your participants?

Young people trained as multipliers or peer helpers should not make decisions for their peers. They should suggest options or alternatives, identify consequences, or share their experiences, but not tell others what to do. Multipliers do not provide therapy or treatment either and they are neither a replacement for professional service providers, nor substitutes for clerical staff.

Experience has shown that sometimes a lot of energy and resources are being used up for documentation and glossy reports. A good documentation is an invaluable tool in promoting your project and gaining support from decision makers, but sometimes it may be better not to spend too much of the project time with writing it and rather have a well monitored and qualified project that is driven by the enthusiasm and ownership of the target group.

Last not least: you should not only monitor your target group, the participation, commitment and ownership, but also yourself. If you want to establish a relationship of confidence and understanding, be authentic and honest. Young people already receive a lot of teaching. To establish an atmosphere of mutual trust – especially on a delicate issue like drug abuse – it is crucial to accept young people's cultural backgrounds, their specific interests, their knowledge, and sometimes unconventional ways of arguing. Therefore you should express genuine concern and understand that you may need to learn yourself before you can teach.

In short, perhaps the best principle is to preach less and listen more.

By the Way...

... "People don't care what you know until they know that you care."

(DOH London, International Development Cooperation: On the Road Again; A Street Workers Handbook, 2002)

Recommended Readings

WHO Press Releases, Fact Sheet N151: Substance Use Among Street Children and Other Children and Youth in Especially Difficult Circumstances, March 1997 - www.who.ch

WHO Press Releases, Fact Sheet N151: SUBSTANCE USE AMONG STREET CHILDREN AND OTHER CHILDREN AND YOUTH IN ESPECIALLY DIFFICULT CIRCUMSTANCES, March 1997 - www.who.ch

WHO/Division of Family and Reproductive Health: Counselling Skills - Training in Adolescent Sexuality and Reproductive Health - A Facilitator's Guide, Geneva 1993 (English, Spanish, French)

United Nations UNODCCP: World Drug Report 2000, Vienna 2001

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Willow, C.: Participation in Practice – Children and young people as partners in change, 2001

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Drugs and Development in Asia – A background and discussion paper, GTZ, Eschborn/Deutschland, Apr 1998 (English)

Drug Prevention and Rehabilitation - Development and Cooperation – Documentation of the international Workshops, Berlin, 16 - 21 March 1998, GTZ, Eschborn/Deutschland, May 1999 (English)

Exchange of Drug Prevention Experiences in Schools in Vietnam – Documentation of the international Workshops Hanoi, 28 - 30 March 2000; Ho Chi Minh City, 3 – 5. April 2000, GTZ, Eschborn/Deutschland 2000 (English)

Regional Information and Action Networking on Community-Based Drug Abuse Control Project, RIAN CB-DAC/GTZ, Chiang Mai, Thailand, Oct 2000 (English/Thai)

Gender and Alternative Development, GTZ/ADE, Eschborn/Deutschland, Dec 2000 (German, English, Spanish)

Drugs and Development – development oriented drug control within the framework of German Technical Cooperation, Projects 2001, GTZ/ADE, Eschborn/Deutschland 2001 (German, English, Spanish)

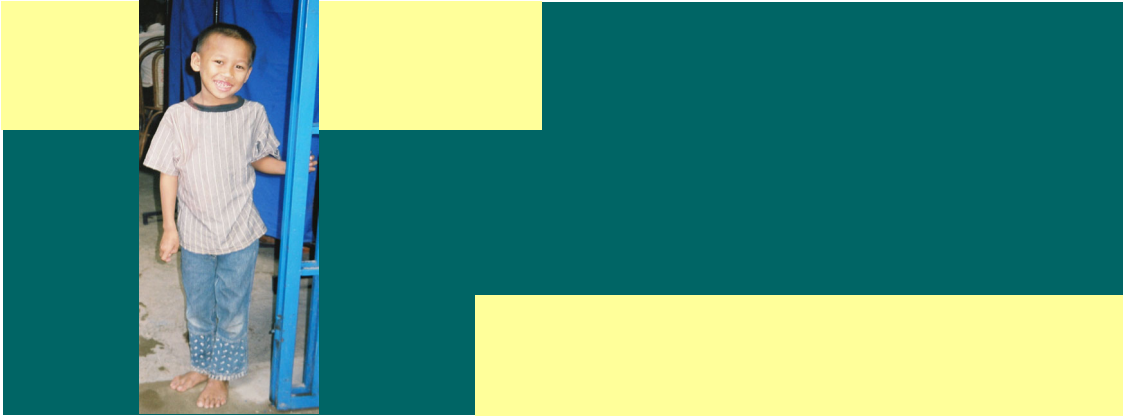
Drugs and Development in Latin America – strategies, experiences and project examples from the work of GTZ, GTZ/ADE, Eschborn/Deutschland, Sep 2001, (German, English, Spanish)

The Role of Alternative Development in Drug Control and Development Cooperation – International Conference 07-12 January 2002 Feldafing / Germany, DSE/ZEL/GTZ, Eschborn/Deutschland, Sep 2002 (English)

Jugendförderung und Prävention von Drogenmissbrauch – Beispiel aus einem Drogenpräventions- und Kommunalentwicklungsprojekt der technischen Zusammenarbeit in Lima, Peru, GTZ, Eschborn/Deutschland 2003 (Deutsch, Spanisch)

Drugs and Poverty – The Contribution of Development-oriented Drug Control to Poverty Reduction, discussion paper GTZ/ADE/Poverty Reduction Project, July 2003 (English), www.gtz.de/drogen

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Im Auftrag des:



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