## Overview

**Unplugged: European Union Drug Abuse Prevention (EU-DAP)**

### Quality level

Quality level: 2

### Executive summary

The Unplugged program is a school-based prevention program targeting young people aged 12-14 years and their parents. It is based on a life skills education and social influences approach. The program goals are: increased health-related awareness and knowledge of social influences; delayed onset of drug use; improved knowledge, attitudes, and skills concerning health behaviors and drug use; reduction in the use of tobacco, alcohol, and cannabis and a reduction in the likelihood of future drug abuse.

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>prevention</th>
</tr>
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<tbody>
<tr>
<td>Sub-area</td>
<td>universal</td>
</tr>
<tr>
<td>Setting</td>
<td>school</td>
</tr>
<tr>
<td>Type of approach</td>
<td></td>
</tr>
<tr>
<td>Target group (universal)</td>
<td>family/parents, children/young people</td>
</tr>
<tr>
<td>Age group</td>
<td>min. 12; max. 14 years old pupils</td>
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<tr>
<td>Target group (specific)</td>
<td>family/parents, children/young people</td>
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<tr>
<td>Annual coverage</td>
<td>1600</td>
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<tr>
<td>Substances addressed</td>
<td>tobacco, cannabis, opiates, alcohol, ecstasy, cocaine and derivatives, amphetamines, methamphetamines, inhalants/solvents</td>
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</table>
**Evaluation type**
outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)

**Country**
Croatia

**Start date**
01/02/2010

**End date**
15/05/2010

**Overall objective**
Delayed onset of drug use and reduce initiation.

**Abstract**
The Unplugged program is based on a life skills education and social influences approach to promote positive health behavior, generally, and substance abuse prevention specifically. Program evaluation in other countries/regions of Europe showed effective outcomes in the delay of the onset of drug use and a reduction in the use of alcohol, tobacco and cannabis among the age groups involved (see www.eudap.net). The program includes students and parents arm. Pupils arm consists of 12 one-hour units delivered weekly by teachers at the participating schools. The curriculum consists of three parts: the first aims to improve knowledge of risks and protective factors, as well as to build attitudes against substance use; the second focuses on interpersonal skills, beliefs, norms and realistic information about prevalence; the third aims to develop intrapersonal skills, such as coping competences, problem solving/decision making and goal setting. Parent arm includes three two-hour meeting on the following topics: (1) Understanding better the teenagers, (2) Parenting a teenager means growing up together, (3) A good relationship with my child also means setting up rules and limits. The program includes 3 day education/training of teachers and social pedagogues who deliver the program in schools, as well as supervision.

**Context and theory**

**Initial situation**
Youth drug use is a serious problem in the Republic of Croatia. Result of European research about smoking, alcohol and drug use (European School Survey Project on Alcohol and Other Drugs, ESPAD, 2003) showed (N=5926, results for Croatia) that 22.0% high school students used marijuana at least once, and in the last month 8% of them. Results from the same survey in 2007 showed following (N=6328): 41% of youth smoked the cigarette at least once in last month; 64.7% of youth has at least one alcoholic drink in last month (15.8% of them had 10 and more drinks); 22.2% of youth used marijuana at least once, and 16.6% in last year; 2.5% of youth used cocaine, 3.4% used ecstasy, 2.5% used LSD and 1.7% used heroin at least once. In Croatia were 6,642 persons (average age 28.3) that received treatment in health institutions.
for substance abuse in 2005 – average age of initial use is in the age of 16 (Kuzman, Katalinic, Svagusa, 2006), and in year 2006 there were 7427 substance users in treatment (Kuzman et al, 2007). Data from Croatian research carried out in the County of Istria showed that (Bezinovic, 2003, N=1626 high school students): 10.0% of youth use marijuana on a regular basis; 6.5% of youth used cocaine once or twice; 1.9% of youth used heroin once or twice; 27.5% of youth were offered to buy drugs. According to the Public Health Institute (2005) availability of drugs is very high in Croatia – 97% of youth is in the contact with at least one person who uses drugs (City of Zagreb, N=2145): 39.1% high schools students report that they can buy drugs in school; 70.6% in clubs and 74.2% in their neighbourhoods. Recently Croatian government and professionals in the field of prevention invest in drug use prevention affords. Ministry of science, education and sports of the Republic of Croatia and Office for Combating Narcotic Drug Abuse of the Government of the Republic of Croatia strongly recommended that every elementary school (student age 6-15) implement “School Prevention Program”. School Prevention Program is, usually, set of different activities and it is different in every school. "School Prevention Program" is one of the tasks from National Program for drug abuse prevention. It is more like framework than the program. Only few schools have specific programs for drug abuse prevention that fits in the framework. There are some efforts that come from social pedagogues who work in school. They are educated on our Faculty of Education and Rehabilitation Sciences (ERF) and they are best experts in Croatia in the field of behavior disorders, risk behaviors and prevention. Lots of schools in Croatia have social pedagogues and those schools have some prevention programs – mostly in the field of social skills (social skills training), social competence, life skills, emotional development. The biggest problem with prevention programs in Croatia is that only few of them are evidence-based programs, in other words, in many programs, there is a lack of effectiveness evaluation. There is no systematic investment in prevention in any field of prevention (prevention of risk behavior). We have a lot, “small” programs, which are locally implemented with relatively small group of participant. Few years ago there was an effort to make a list of effective programs in Croatia, and from 239 collected prevention programs only 14 of them was rated as “potential model programs”. As the Unplugged program is evidence-based program and as it is obvious that Croatia missed those kinds of programs, the Unplugged implementation will be investment in science-based and evidence-based prevention programming in Croatia. It would contribute to gaining the knowledge about importance of effectiveness of prevention efforts that are made in schools and communities."

**Basic assumptions/ theory**

According to modern models of substance abuse prevention, the use of tobacco, alcohol, and illicit drugs share common determinants, and show a common tendency to develop dependency starting in adolescence (McLellan 2000, Camì 2003). Therefore, preventive interventions should target age groups instead of specific substances (Ashton 2003, Wise1998, Nestler 1997, Leshner 1997). For this reason, primary prevention in the school setting is believed to be one of the most appropriate strategies to tackle substance use,
as well as because schools offer a systematic and efficient way of reaching a large number of young persons (UNICRI 2003). Most recent research and publications recognize that drug use is for many adolescents part of a lifestyle. This implies that there is an important social influence on the use of tobacco, alcohol or other drugs. New prevention approaches used comprehensive social influence training programmes where behaviours are introduced and exercised to strengthen attitudes and skills that aid in resisting pressures towards drug use. The goal of this approach is to equip adolescents with specific skills and resources that they need to resist social influences and to support knowledge about drugs and their adverse health consequences. But social influence is at the same time encompassed in the programmes as a protective factor to prevent drug use. The interactive methods used in those programmes are focused on enhancing competence to integrate relations and a strong social web in the approach of drugs and drug use.

Objectives and indicators

Process evaluation

Operational objectives

Operational objectives for two years of program implementation (current project): (1) 3 training workshops (3 days, 24 hours), (2) 2 booster sessions (1 day, 8 hours), (3) 1700 published and distributed workbooks for pupils (translated and adapted), (4) 60 handbooks for teachers distributed (translated and adapted), (5) 20 materials for work with parents distributed (translated and adapted), (6) 60 sets of quiz-cards published and distributed (translated and adapted), (7) 1700 questionnaires for outcome assessment published and fulfilled (translated and adapted) (8) 60 teachers trained for intervention delivery (pupils arm), (9) 20 social pedagogues trained for intervention delivery (parents arm) and for the providing support for the teachers, (10) 4 social pedagogues trained for the supervision, (11) 15 schools that implement the program, (12) 1600 pupils which will receive intervention, (13) 1600 parents which will receive intervention. There are many schools that are interested in program implementation across the Republic of Croatia. Teachers, social pedagogues, pupils and their parents accept program well (results from pilot program implementation – 2 schools).

Process indicators

number of training workshops and booster sessions

number of material (see (3)-(7) in 4.1.21) translated, adapted, published and distributed

Number of teachers and social pedagogues trained for intervention delivery and for supervision pedagogues trained for the supervision; number of pupils and their parents that received the intervention
**Instruments used**

**Type of quantitative instrument**

**Name of instrument (modified standardised instrument)**

1) Report on "Unplugged " base program (for 12 lessons), (2) Report on parents’ meeting program (for 3 meetings), (3) Students satisfaction questionnaire, (4) Teachers satisfaction questionnaire

**Type of qualitative instrument**

There aren’t any specific instruments for qualitative data collection. Nevertheless, there are some “open questions” on all instruments mention in 6.1.18. and in pupil’s workbook. Qualitative data will be obtained through those “open questions”

**Type of evaluation carried out**

**Evaluation design**

outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)

**Specific objectives and outcome indicators**

**Specific objective 1**

Increased health related awareness and knowledge about normative beliefs

**Outcome indicator 1**

self-reported change in attitudes toward health related issues; self-reported change in attitudes toward health behavior and drug use

**Specific objective 2**

Improved knowledge, attitudes and social skills concerning health behaviours and drug use

**Outcome indicator 2**

self-reported change in attitudes toward health behaviour and drug use

**Specific objective 3**

Reduction in the use of tobacco, alcohol and cannabis; reduction in the
likelihood of future drug abuse

**Outcome indicator 3**

self-reported reduced use of tobacco, alcohol and cannabis; self-reported reduced likelihood of future drug abuse

**Instruments used**

**Name of instrument (standardised instrument)**

QUESTIONNAIRE on knowledge, attitudes and behaviors regarding tobacco, alcohol and substance use (EU-Dap questionnaire; in order to include already validated questions in the questionnaire, most were derived or adapted from the EDDRA data bank (http://eddra.emcdda.eu.org)).

**Type of qualitative instrument**

**Action**

**Results**

**Process evaluation**

**Results**

program was implemented with high fidelity; key activities that are immanent to the Unplugged program (e.g. role-play, discussion, main activity in the unit) are performed in more than 70% classes

**References**

http://www.eudap.net/

**Contact**

<table>
<thead>
<tr>
<th>Responsible organisation</th>
<th>University of Zagreb, Faculty of Education and Rehabilitation Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of organisation</td>
<td>University of Zagreb, Faculty of Education and Rehabilitation Sciences</td>
</tr>
<tr>
<td>Street address</td>
<td>Borongajska cesta 83f</td>
</tr>
<tr>
<td>Postal code</td>
<td>10000</td>
</tr>
</tbody>
</table>
City: Zagreb  
Country: Croatia  
Website:  
Email: dekan@erf.hr  
Partner organisation(s): Mentor International Foundation, European Drug Addiction Prevention Faculty, Education and Teacher Training Agency (Croatia)  
Contact: Martina Feric Slehan  
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Phone: 38512457534  
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**Additional information**

**Number of staff involved**
- Part-time: 9 people (project leader, 2 trainers/supervisors, 2 evaluators, 4 supervisors).
- Voluntary: 3 students; teachers (N=60) and social pedagogues (N=20) who delivers the intervention work voluntary too (they do not receive fees for they work).

**Status/profession of staff involved**
- social pedagogues, psychologists, teachers

**Type of evaluator**
- Both internal and external

**Name of external institution(s)**
- OED Osservatorio Epidemiologico delle Dipendenze, Turin, Italy

**Full reference to evaluation report**
- Evaluation of the program in Croatia is still in the process.

**Budget**

**Annual budget**
- Up to 100 000

**Sources of funding**
- International organisations (operates in more than one country)

**Percentage from each source**
- International organisations (operates in more than one country)=100%

**Additional remarks**

Program was implemented and cross-evaluated in seven countries, nine regional centers and 143 schools and involved 7000 students (3500 in a trial group and 3500 in a control group). Results of evaluation are published in publication mention in 6.1.23. Some evaluation results of previous
interventions in EU: "Interventions groups smoked 12% less during past 30 days, 14% less in a regular way and 30% less daily, when compared with controls. The frequency of drunkenness in past 30 days was also reduced by 28% and 31% for at least once and regularly respectively, and the consumption of cannabis was reduced by 23 and 24%, ALO and regularly respectively. The use of other drugs, although rare, was reduced by 11%.