YOUNG PEOPLE
AND SUBSTANCE USE:
A MANUAL

Create, use and evaluate educational materials and activities

Edited by
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WHO Department on Substance Abuse
World Health Organization

Mentor Foundation
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Preface

The WHO Substance Abuse Department aims to foster and disseminate low-cost, effective, community-based, and culturally appropriate strategies for young people at risk from, or affected by the use of alcohol, tobacco and other psychoactive substances. Such strategies are needed especially in developing countries, where resources are scarce and often do not meet the needs and problems of the local community.

Health education activities must be appropriate to the needs, values, and culture of the target population. The most effective way of developing materials using these activities is to involve young people in their design, utilization, dissemination, and evaluation.

Resultant discussions with young people will help to promote healthier behaviour and prevent substance use problems.
This manual reflects this participatory approach. The need for such a tool was suggested by the participants of the meeting on the Street Children Project held in Geneva, Switzerland, in April 1994. They called attention to the urgent need for a simple, straightforward, and easy-to-use guidebook to help health workers without extensive training or sophisticated resources to produce educational resources on issues related to substance use.

Subsequently, two WHO-sponsored meetings were held in Bilbao, Spain: the first on 7 to 11 November 1994, and the second on 5 to 9 February 1996, with the support of the MENTOR Foundation and The Government of the Autonomous Community of the Basque Country. The first draft was prepared during the former meeting and the final manuscript was revised for field testing in the latter meeting. Field testing was carried out in Bolivia, Brazil, Honduras, the Philippines, Romania, Spain and Sri Lanka.

It is hoped that these guidelines will encourage local organizations, community leaders, parents, health workers, and street educators to deal with issues related to alcohol, tobacco, and other psychoactive substances in a non-judgemental way, which in turn will help young people to seek advice, help and treatment without fear. The WHO Substance Abuse Department would be pleased to receive comments from readers concerning content, format, and any suggestions for improvement.
1

Introduction
Introduction

This manual can be considered as part of broader health education efforts to prevent and reduce substance use and associated health and social problems among adolescents. Health education is not only concerned with the communication of information, but also with fostering the motivation, skills, and confidence necessary to take action to improve health. This manual is one method for reaching adolescents at risk from substance use problems. Other methods include family interventions, school programmes, and education of teachers and health care workers. Even in poor areas, a variety of methods can be used to make people aware of issues that are important to improving their own health and that of the general community.

Topics related to the use of alcohol, tobacco, solvents, and other psychoactive substances should be included in all health education
activities, particularly those directed at children and adolescents. This is because young people are at risk from substance use and related problems, and also because activities with these groups can have a profound effect on the health of the community.

Health education programmes concerning substance use should involve the responsible participation of users and non-users. Programme activities should make relevant information available and promote appropriate skills to specific target groups, with the purpose of changing attitudes and behaviours towards a healthier lifestyle.

This goal can be best achieved if education aimed at tackling substance use is combined with initiatives aimed at increasing productivity and living standards, and also integrating participants into their families and into society.

Learning by doing is very successful, especially when young people and communities can be stimulated to improve local conditions and achieve behaviour changes. To facilitate behaviour change, “skills-based” approaches to health education related to substance use issues should be both appropriate and encouraged.
## Introduction

### You Can Use This Manual If You...

#### Work As an Educator
- street educator
- teacher
- social worker
- youth worker
- health worker
- community worker

#### Deal With Young People
- working children
- street children
- adolescents
- at school
- out of school

#### Want to Discuss Alcohol/ Tobacco/Substance Use Education
- individual substance use
- substance use in the community
- avoiding initiation of use
- healthier choices in relation to substance use
- avoiding the risks related to use

#### Need Educational Materials and/or Activities
- murals
- street theatre
- street TV
- animated film
- video
- comics/posters
- newspapers
- circus
- puppets
- songs/music
- radio
- stickers
- art groups
- exhibitions
- storytelling
- games
BY USING THIS MANUAL YOU WILL LEARN TO...

- organize and direct group discussions on psychoactive substance use with a refreshing and fun approach

- develop creative activities that lead to discussions of health issues related to psychoactive substance use

- involve young people in developing educational materials

- use resources produced by young people in an effective way

- evaluate educational activities and materials
Chapter 2
describes the group process:

- the importance of the participation of young people,
- the role of the facilitator,
- training needed to organize a group discussion.

Chapter 3
explains how to start any creative activity:

- story building,
- character development,
- message development.

Chapter 4
describes briefly the basic principles for the design of health education materials and activities.

Chapter 5
is a simple and practical guide to the different types of materials and activities one can use and develop:

- printed materials,
- audiovisual materials,
- dramatic media,
- games,
- other.

Chapter 6
tells how to go about testing the materials produced before reproducing or distributing them.
Chapter 7
provides guidelines for monitoring and evaluating materials and activities. This is very important for all types of activities.

Chapters 8 and 9
discuss how to distribute materials and how to mobilize resources, both financial and non-financial, in order to improve activities and service provision.

Chapter 10
lists some books and articles for further reading.

Annex 1
This is how you can help us improve our manual. We want to know more about you: what you thought about this manual; how useful it was for you, and what you didn’t like. In addition, we welcome suggestions about other activities and materials that are not described here. On the form provided, tell us what you think and send it to us.

Annex 2
has more information about organizing and conducting focus group meetings.

Annex 3
Glossary
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Working in a Group with Young People
Any process of social change must involve discussions with the people concerned, so that they can help in making decisions about their own problems. Once people understand that they can play a part in changing their lives and their environment, even when resources are very scarce, they are more likely to start changing attitudes and behaviours towards a healthier lifestyle.

Group work with young people is part of this process. Group sessions encourage discussion and free expression of opinion, so that the participants can express their ideas in their own language, and discover their own aptitudes, talents, weaknesses and strengths.

Group work can also include role playing or story telling, based on true stories. These are powerful techniques that can be used either to stimulate creative thinking, or, in the wrong hands, to persuade and manipulate. The facilitator must take great care that any product or activity does not judge, alienate, or patronize participants, nor offer single solutions. The process must always involve asking questions, presenting options, and provoking thought and imaginative responses among the audience.
The facilitator can recognize leaders and enhance their capabilities such as speaking, mobilizing, organizing and planning. Recognizing these strengths can be used to prepare them to work with other young people.

When young people discuss issues related to alcohol, tobacco, and other substance use, the facilitator needs expertise and training to give information or advice on sensitive issues that may arise. The material or activity must be well prepared, and the facilitator must be confident in his/her approach, in order to avoid doing more harm than good. He/She must respect any individual and cultural differences among the participants.

A group discussion may be regarded as successful if people have had the opportunity to explore the situation and make their own decisions about the importance of improving health and avoiding risks. Behaviour change may not be achieved immediately, but changes in skills, knowledge, attitudes, and values may eventually lead to this.

In the following pages, you will learn about group activities and facilitation. Chapter 10 provides a reading list on these topics.

Annex 2 provides additional information on how to organize and conduct group discussions (focus groups).
Objectives

1. To develop resources/activities that young people will identify with and enjoy

2. To establish a group educational process that is interactive

3. To encourage personal expression and creativity and to stimulate imaginative thinking and ideas

4. To build trust, self-reliance, and self-esteem in a non-threatening environment, letting them know that they are not alone and that others have similar situations

By being involved in these group activities, young people will benefit by interacting with others of their own age, and by learning new life skills and how to use them in a meaningful activity. They will have fun, and at the same time learn to express their own ideas and perspectives and to develop their creativity and talents.

During the group activities, the young people will discuss issues related to health and substance use and seek solutions. They also will learn new skills while helping in the production of educational materials.
Above all, group activities can help young people to develop a sense of self-reliance and self-esteem, to find out who they are, and to discover what they can do without the use of psychoactive substances.
The role of the facilitator

The facilitator has a key role in ensuring the success of group work. His/her main function, as the title suggests, is to make things easier. It is the facilitator’s responsibility to provide a venue for people to have the opportunity to discover their true feelings and capacities and to express themselves freely. The facilitator should not bring prejudices to the group.

The facilitator helps group participants to discover alternative behaviours and new horizons of social participation. The guidance offered here will help planning most aspects of the work; careful planning saves time.

To achieve this, the facilitator must create a climate of safety and trust, and be a role model. By doing this, the facilitator will help the participants feel comfortable and, as far as possible, guarantee their security. In a climate of confidence and freedom, everyone can participate freely and can say what they think.

When dealing with substance use issues, the message should be related to primary prevention if the target group comprises non-users. However, if one is dealing with occasional or daily users, while the message should aim at no-use, avoiding risky behaviours should also be emphasized.

*Be familiar* with the culture, needs, problems, and limitations of the members of the group. Respect individual differences. Effectiveness depends on good attendance at group meetings, but participation should not be compulsory: Participants should be able to opt out of an activity if they wish.

*Be familiar* with group dynamics. The facilitator must demonstrate a sincere interest in, and commitment to the activity but should not glamorize his/her role.

*Know* the subject well and conduct the discussions in a democratic and participative way. Suggest, do not impose, but maintain control. Give everybody an opportunity to speak in the order in which they come forward. Those who do not volunteer to speak should be encouraged to do so. Stimulate participants to discover new alternatives.

Tension and stress in the meeting can be reduced by a humorous intervention, when appropriate. Be creative.

Check the equipment before the meeting: projector, carousel, tape recorder, paper and pens, etc. It is very useful to make a list of all the necessary equipment.

Evaluate progress continuously; follow the group and change with it. Group “failure” does not exist; there is no right or wrong.
PREPARING TO BE A FACILITATOR

The facilitator has a daunting job, and a difficult group does not make the job easier. However, the facilitator needs to be aware of some aspects of his/her performance that can adversely affect the success of the group’s activities.

The facilitator should not:

- be dominated by the group, and fail to control the direction of its work;
- lack knowledge, planning skills, and imagination;
- be too authoritarian, impose ideology, manipulate, be unfair to some participants, or show favouritism;
- fail to set basic rules;
- be satisfied with unrealistic (artificial) results.
- go to the meeting without basic knowledge of the topic;
- attempt to teach the group about the topic;
- talk too much, and thus deny the participants an opportunity to speak;
- be judgemental, “correcting” any of the opinions expressed.
- have the wrong conception of his/her role and try to glamorize it;
- be unable to identify with the group’s problems;
- be handicapped by personal and professional problems (fear, lack of support);
- create false expectations, make false promises;
- impose rules to the group.
- manipulate the discussion so that the group arrives at a pre-arranged, approved conclusion;
- moralize, so that the participants feel shame or guilt;
- use “scare tactics” when discussing substance use because they might be counterproductive.
- use words or expressions which promote or glamorize substance use.

In Chapter 10 you will find additional references for further reading.
Warm-up

These are exercises or games that can facilitate the initial work of the group by relaxing the atmosphere and preparing the participants to work together, even if this is the first time they are meeting each other.

**Find your partner**

The facilitator prepares a set of paired-cards in advance, with names which are associated in some way (e.g. salt/pepper; water/ice; cat/rat; etc). Give one card to each participant and ask all of them to find a partner.

**New friend**

The facilitator asks each participant to point to a person he/she doesn’t know. Then, one will ask the other a few questions: name, age, likes/dislikes, profession, etc, during 5 minutes. After that, all participants sit in a circle and each one introduces to the group the new friend.

**Birthday line up**

The facilitator says “Without talking, line yourselves up according to the day and month of your birthday”. The group must work out for themselves and order of line etc using non-verbal communication.
activities

There are many variations to the activities given below. Use one or more according to your group size, age and background.

* Chapter 10 provides additional references if you want further information on these activities.

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<th>Take a piece</th>
<th>Dream</th>
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<td>The facilitator writes a famous name (a real-life person, a historical character, or someone from a play or cartoon, etc) on sticky labels and puts one on each persons back without them seeing them. Participants then move around asking yes and no questions (e.g. Am I male? Am I a King?, etc.) until they guess who they are.</td>
<td>The facilitator asks everyone to get rid of an item of clothing, shoes, or jewellery, a social symbol which defines him/her. Then everyone sits in a circle and introduces themselves.</td>
<td>Everybody sits in a circle and each one has to introduce him / herself by giving their origin and a dream they have in life (of any kind: a trip to the moon, sailing around the world, win the lottery, etc.).</td>
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## The discussion

### REMEMBER

What was the material about? Which were the most memorable parts? How did it end? What happened to the main character?

### ANALYSE

What were the causes of the problems presented in the material? Why did they happen? Who or what provoked them? Who was affected? What were the consequences? How do these problems interact with other problems in society? Could the analysis be widened to cover the problem as it applies to the whole city, the region, the country?

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You may wish to plan other sessions after evaluating what people enjoyed about the
The discussion can take place in one large group or in small groups, using the different dynamics of group work including: remember, analyse, apply, and act.

**APPLY**

The members of the group are required to face their own real problems. The facilitator can encourage them to relate their experiences, and to those of their families and the community, in relation to the material presented.

**ACT**

Once the group understands the problem and its consequences, the participants should discuss possible solutions. What can be done? What concrete actions could be taken, and what compromises are possible? How could they be accomplished? How should responsibilities be distributed? The responsibility of the group is to devise solutions and implement them.

The total session should not take more than 90 minutes. Take into account, however, the interest and availability of the participants.

experience, learned from the discussion, or told others about the activity.
### Group problems

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>People who come to the group under the influence of alcohol or other drugs</td>
</tr>
<tr>
<td>2</td>
<td>Participants with sensorial and/or attention difficulties</td>
</tr>
<tr>
<td>3</td>
<td>Aggressive behaviour, threats to physical safety</td>
</tr>
<tr>
<td>7</td>
<td>People do not attend regularly</td>
</tr>
<tr>
<td>8</td>
<td>The participants have different interests and reasons for attending the group</td>
</tr>
<tr>
<td>9</td>
<td>The groups are too mixed and heterogeneous (age, sex, interests)</td>
</tr>
</tbody>
</table>

The response to such problems should be the result of a consensual decision of the group itself, to avoid any individual being made a scapegoat or being punished.

The facilitator should be tolerant but firm, in order to stimulate creative response that will lead to greater involvement of the participants and group cohesion.
Not all groups run smoothly. Some of the problems are a result of unsatisfactory organization, but others are caused by the participants themselves. The facilitator must be ready to respond to these problems. The main difficulties likely to occur are listed below.

<table>
<thead>
<tr>
<th></th>
<th>4 Lack of focus (teasing, unruly behaviour)</th>
<th>5 Power struggles within the group</th>
<th>6 The participants decide not to change (opposite to what is needed) their behaviours or attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Image of group members]</td>
<td>![Image of power struggle]</td>
<td>![Image of participants standing with arms crossed]</td>
</tr>
<tr>
<td></td>
<td>10 Too many people in the same group</td>
<td>11 External pressures affecting the group’s behaviour</td>
<td>12 One or two dominate the discussion</td>
</tr>
<tr>
<td></td>
<td>![Image of crowded room]</td>
<td>![Image of external pressure]</td>
<td>![Image of giant mouths]</td>
</tr>
</tbody>
</table>

This requires patience and practice, but most facilitators will be gratified by the speed with which the group develops the capacity to solve its own problems.

Chapter 10 lists additional references for further reading on this topic.
3
Creative Workshop Basics
Art, in all its forms, can be a powerful educational tool. There are many ways in which artwork can be produced, even when resources are very scarce. A creative workshop with young people can be an effective approach to issues related to substance use.

When organizing a creative workshop, the main objective is to get the group to develop a storyline around a theme related to substance use. The storyline can then form the basis for other activities (theatre or puppet shows, slide shows, etc.) by the group. It also can be used for the development of other materials, such as photo stories or posters, upon which a variety of health education programmes can be based.

While the group is formulating the storyline, related health issues can be discussed in depth. The participants will propose many different situations and scenarios and the facilitator should clarify their ideas as the collaboration, negotiation, interaction, and consensus-building progresses. These communication skills will subsequently be valuable to them in their everyday lives.
The solutions they propose to the issues raised will often be based on their personal experiences and, consequently, will be apt, direct, and to the point. The participants will enjoy the group activity and become quite involved with their work, and will be proud of the results. The role of the facilitator is to encourage the flow of ideas and to guide the participants towards a positive outcome.

The participants learn by debating and experimenting, and by doing. By developing materials and activities on issues related to substance use, those involved will learn from the messages they are recommending and from the alternatives they suggest and discuss for each character in the story. In addition, the young people will learn about possible solutions to their own problems and may decide to change to a healthier lifestyle.
DEVELOPING

One of the first questions you may ask yourself when planning a project is: "What should the topic be?" The answer to this question depends partly on your target audience and the characteristics of the project. Once the target audience and project characteristics have been decided, the contents and components of the message can be defined. Reading and understanding the information below also will be helpful.

When developing your message, it is important to understand the main factors that affect adolescent substance use:

Knowledge: information about substance use
Attitudes: views, beliefs, and feelings about substance use
Skills: practical abilities to undertake and maintain changes in substance use behaviour

It is well known that information alone does not lead to substance use behaviour change. Frequently, young people already have some facts about the negative effects of substances. However, this information is not sufficient by itself to promote change. This is because young people also need adaptive attitudes and skills to change their substance use behaviour for the better.

The more of these factors your project can address (knowledge + attitudes + skills), the better. Here are some ideas to get you started.

KNOWLEDGE

Young people need to know the facts about the use of alcohol, tobacco, and other substances, and the related harm. They need to know how they might become dependent; the problems resulting from use of these substances; what is risky practice and so on.

Here are some basic topics:

- What is intoxication?
- What is harmful use?
- What are the acute effects of ... (specific substance)?
- What are the long-term effects of ... (specific substance)?
- What are the dangers/risks of ... (specific substance)?
- What is the law regarding ... (specific substance)?
- What is dependence?
- Is ... (specific substance) addictive?
- How to address the problems related to ... (specific substance)?
- How to find help/advice?
- What else can the individual read, or do to find out more, about ... (specific substance)?
- In an emergency, what to do?

Annex 2 provides some additional ideas for discussion in focus groups.
THE MESSAGE

ATTITUDES, VALUES, BELIEFS, AND PERCEPTIONS

A message or activity can convey a positive attitude towards controlling or stopping substance use; personal responsibility; confronting prejudices; being compassionate and supportive towards people with substance use problems.

Ask young people about their attitudes, values, and beliefs about substance use. This information may help in understanding their behaviour.

The facilitator may ask participants of a group discussion or focus group what they think about substance users, if they would help someone with a substance use problem, why do they use a substance even if it is not pleasant, why they are not able to express this feeling to other friends, and so on. Role-play can also generate specific feelings in the group which can then be discussed.

SKILLS

Young people may have the knowledge to develop good attitudes about substance use but may not stop risky practices. They need specific skills to be able to change their behaviour. These include skills in decision-making, resisting negative peer influence, being assertive, negotiating for better health conditions, and using certain devices (for example, use of condoms). When they are equipped with some of these skills, they will be better able to carry out their decision to adopt safer behaviours.

The following are some useful skills which could be incorporated into a project:

- How to recognize a risky situation.
- How to assess the level of risk involved in this situation.
- How to assess one’s feelings.
- How to decide about risks and prevention.
- How to set limits for drinking, or smoking, or other substance use.
- How to insist on one’s own limits, be firm, and maintain a position.
- How to be assertive and resist pressure to use psychoactive drugs or have unsafe sex.
- How to learn from experience in relation to substance use.

Include some “hands-on experience” activities and practice sessions on the above skills, and discuss how people feel after these practice sessions.
Select and define the **main idea** to be transmitted. Health professionals and/or people with knowledge on substance use should be asked to participate, in order to guarantee **accuracy**.

Decide upon the **medium** to be used to present your message; it is important to make the message **attractive**, whether it be a poster, a video, or a puppet show. Use colour and music to make people take notice.

**Written** messages should be **short** and **precise**; the lettering should be large enough to be read easily (perhaps from a distance); don’t confuse the reader with too many different type styles, and try not to use abstract symbols. Present the message **clearly** for those with limited reading skills using pictures or graphics to reinforce them.
FOR DEVELOPING THE MESSAGE

When young people are involved in designing a message for wide distribution, it is important to discuss with them before they start what message they think should be conveyed. The objective of these discussions is not to influence their decision, but rather to ensure that, when you do start work, you all have the same idea in mind.

It is equally important to get together when the work is finished to find out what the participants gained from the exercise, and to discover what they learned from the experience.

It is important to avoid the use of offensive jokes, and sexist and discriminatory language. In the same way, all the materials must respect cultural values and traditions: failure to do this may result in messages not being understood or accepted by the community, in spite of repeated presentations.
ORGANIZING

Follow these steps:

1. Outline a proposal to the group and decide upon a suitable date and venue. Try to ensure that there will be no interruptions during the proposed time. The place should obviously be large enough to accommodate the activity planned.

2. Decide upon the appropriate group size and composition - for example, whether to have single sex or mixed groups, mixed ages, and whether to include a mix of users and non-users. These decisions will depend on the subject matter, and the desired end-product. For example, when planning a discussion on issues related to sexuality, pregnancy, or risky activities, it may be better to separate the boys and the girls. When there are more than 6-8 interested young people, it may be necessary to form several groups.

3. One of the goals of the facilitator is to gain the participants’ trust and enter a partnership with the young people. The facilitator can start with a warm up activity such as "ice breaking" games (see chapter 2 Warm up activities). He/she must then explain in more detail how the process will work.

Example: Explain to the group that the objective is to produce a storyline, and perhaps eventually a comic, with a positive educational message about inhalants. Explain to the participants that they have a lot of knowledge about inhalants and that you are interested in what they think. Tell them that you value their ideas and that perhaps the rest of the community could learn from their experiences. The message that they generate might educate another young person, or their family or friends, and lead some of them to change their behaviour in relation to the use of inhalants.

Alternatively, propose a discussion on cigarette smoking and advertising. Bring a few magazines and
Reach an agreement with the group on how they are going to work together. There must be some rules. Explain to the participants that they must listen to each other, and understand that each person has a valid opinion. They don’t have to agree, but should listen and respect the points of view of the others. Afterwards, they can discuss their feelings. They should always try to be “polite.” Allow the participants to take part at their own pace. The facilitator should not impose the rules, however. See chapter 2 for more information on group facilitator.

Example concerning rules: Explain that this project will run for one day, and the group need to agree that they will not use cigarettes, alcohol or other drugs before or during the workshop. Anyone coming to the group session intoxicated will be asked to leave if the group so decides. The facilitator can reach a kind of contract with the group before the activities start.

In consultation with the group, decide on a topic, by means of focus group discussions or brainstorming sessions. You can propose a topic that you know is a problem for the group, or you may wish to suggest a list of possible scenarios. Use the suggestions from "Developing the message" earlier in this chapter as a guide.

The facilitator should be well informed about the chosen topic, or seek expert advice. Make sure all the necessary materials and equipment are available.

Ensure that the community is capable of dealing with any solution that may be proposed.
**Example:** Organize a one-day workshop in the village hall: either a focus group discussion or a brainstorm.

**Focus group discussion:** In a focus group, important issues are discussed by small groups of people representative of the target audience. In this case, the objective is to select a topic for a creative workshop. Each session should last about 1-2 hours. Be prepared to answer authoritatively any technical questions that may arise (see Annex 2).

Focused group discussions can give valuable information about the target audience, as well as about youth leaders, community members, religious leaders, health personnel, media people, and others (see Annex 2).

**Brainstorm:** In a brainstorm, all the participants think freely and creatively with the aim of producing as many different ideas as possible, no matter how crazy. Don’t worry about how good the ideas are at this point. Write down all the ideas, without comment, until no more are forthcoming. Then sort the ideas into categories, or prioritize them; discard any duplicates or unhelpful ideas.

With groups of about four, arrange to discuss one behaviour that the majority in the group might practise, and which people agree contributes to an important health problem, such as smoking cigarettes. Propose questions such as: why do people smoke? Do they enjoy it? Did they enjoy the first time they smoked?
6 Build the story, i.e., select a scenario and develop the characters. Encourage the participants to be creative and imaginative. The characters can be real people, mythical figures, or even animals.

Example: The group decides to build a story around two street-based glue sniffers. The characters in the story are two 14-year-old boys, called Mario and Johnny. One participant starts to tell a few lines of the story, and the other participants each add a few lines in turn.

Mario and Johnny go to the local street market. Both have been sniffing glue together that day. Mario does not feel well and starts to get angry. He sees an elderly vendor and decides to rob him. Johnny tries to talk him out of the idea, but Mario does not want to listen to him. He races away from Mario, robs the vendor, pushes him to the ground and runs away. While running away, Mario races across the street and is hit by a car. Johnny catches up to Mario and sees that he is injured seriously. Johnny does not know what to do. He knows that Mario needs help.

Before Johnny can decide what to do, a street educator arrives and takes Mario to the hospital for care. Johnny is asked many questions by the police but released eventually. They give him some information about services available in the community to help people stop sniffing glue. He goes to the hospital to see Mario, who is injured but will be okay. Johnny is upset to see his friend in this condition. He decides to get help and stop sniffing glue then and there.
Adapt the story to the activity that was planned. When the first story has been finalized, the group may decide to turn it into a play or a comic cartoon. The characters may need to be developed in more detail. This can be done by using role-play (see chapter 5). Briefly, in role-play people act out a given situation, making it possible to explore different situations and ways of approaching problems.

A character can be played several times, by the same or different participants. Afterwards, the group can discuss what emerged in the presentation.

Ask the participants to think about the character, looking at the person’s age, family, work, likes, dislikes, fears, ambitions, health, religion, sexual behaviour, relationships, substance use, and so on.

Ask a participant to interview “the character” about their behaviour, interests, attitudes, family. The players must answer as their character would. The facilitator can ask some questions as well. People who do not want to play a role can act as observers, and pass on their comments to the players.

Example: One participant interviews Johnny and Mario and asks what they felt when they had just started sniffing glue. The interviewer asks about their feelings and may find out that the experience was not "pleasurable" at first and that they "learned" to believe it to be.

Another alternative is to hold a brainstorm session to suggest some social types for a role play. For example, politician, educator, school teacher, doctor or community health worker. Each participant is assigned to play one type. Later, they could question each other about these characters, as mentioned above.
Review the story with the group. Is the story coherent, realistic? Does it over-dramatize the situation? Are there other options for the characters of the story? Does it glamorize substance use? Is the message positive? Ask for comments from all the participants.

Ask the participants whether the story must finish this way. Might another solution have been possible?

Many young people have come from unsettled families and some of their stories may have unhappy endings. You should help them to look for alternatives with a positive outcome.

Example: The facilitator can suggest a different end to the Mario and Johnny story. Johnny visits Mario in the hospital and decides to explain what happened to the doctor. The doctor then advises both kids not to mix different solvents, not to mix solvents with alcohol, that they should go back to school and start participating in the activities of an outreach programme known in the community. Both Mario and Johnny decide to take the doctor’s advice and get help.

Allow the group to provide feedback after the activity (see chapter 6), to discover which aspects interested or impressed them. Discover whether the appropriate message has come through.

Example: The participants are asked for their reactions to the story. One participant says that he liked the story because Johnny decided to get help in the end. Another participant says the story is not realistic because the police never want to help street kids, only hurt them. But yet another participant said this was not always true: she knew a kid who was helped by the police one time. Overall, the participants said that the story was fun to create and made them think more about the dangers of glue sniffing.
4
Designing
Materials and Activities
Context and Relevance

All health education materials must respect the cultural values and traditions of the target population. The needs of the community must also be taken into account to ensure the relevance of any materials produced. Local people should be involved in their preparation. If this guidance is not followed, the message may not be accepted or understood by the target audience.

Comprehensive approach education programme

Make sure that the health education materials produced and used at the local level, or for a particular target audience, are part of a comprehensive approach to substance use and health promotion in the community. It is also useful to present health education messages in different ways on different media, because people learn in different ways.
MATERIALS ACTIVITIES

Service delivery

It will not serve any useful purpose to recommend a course of action to young people who use psychoactive substances if the health or social service is not equipped to provide the necessary follow through. Therefore, the availability of services must be taken into account when considering the message to be incorporated into health education materials or activities.

Testing health education materials

Regardless of the amount of thought that has gone into the design of health education materials, it is essential that they be tested on a sample of the target audience before large-scale production. This procedure can be used to test:

- relevance,
- comprehension,
- attractiveness,
- appropriateness, and
- persuasiveness.

Simple random interviews or focus group discussions should be sufficient for this purpose.

Instructions for use

When the decision has been made to disseminate a particular type of material for health education, be sure to include full instructions on how it should be used, when and with whom. Follow-up activities and evaluation advice can also be proposed.
5 Producing Materials and Activities
# PRODUCING

## Introduction

Your choice of materials or activities will be determined, to some extent, by your budget and resources. The good news is that a lot can be done with surprisingly little in the way of equipment and funds.

## FEW RESOURCES

<table>
<thead>
<tr>
<th>Handwritten posters/murals</th>
<th>Songs/music</th>
<th>Story-telling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide shows</td>
<td></td>
<td>Street theatre</td>
</tr>
<tr>
<td>Circus</td>
<td></td>
<td>Modified advertisements</td>
</tr>
<tr>
<td>Games</td>
<td></td>
<td>Collage posters Photo stories</td>
</tr>
</tbody>
</table>
MATERIALS AND ACTIVITIES

Each mode of communication is suited to different messages and to different groups. Each has its own advantages and disadvantages.

In this chapter, several activities and materials are described in more detail. These can be categorized roughly according to resource requirements (below).

<table>
<thead>
<tr>
<th>SOME RESOURCES</th>
<th>MORE RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puppets</td>
<td>Videos</td>
</tr>
<tr>
<td>Radio</td>
<td>Television &quot;street TV&quot;</td>
</tr>
<tr>
<td>Art groups (drawing, painting)</td>
<td>Animated films</td>
</tr>
<tr>
<td>Slide shows</td>
<td>Comics</td>
</tr>
<tr>
<td>Printed posters</td>
<td>Stickers</td>
</tr>
<tr>
<td></td>
<td>Leaflets, pamphlets</td>
</tr>
<tr>
<td></td>
<td>Photo stories</td>
</tr>
</tbody>
</table>
embarking on the production of materials or activities, make sure to plan first. Think through all the steps of the process and make sure to have the necessary raw materials and resources available. It is uneconomical to start a project that cannot be completed.

The production of materials and activities is not an end in itself. It must form part of a broader approach to: (a) increase awareness of the problems related to the use of alcohol, tobacco, and other substances, and (b) change attitudes.

Types of materials

Many types of materials and activities are described in this chapter. They are classified into groups according to whether they are printed materials, au-

WHAT?

WHO?

WHY?

WHERE?

HOW?

RESOURCES

TEST

DISSEMINATION

CONTINUITY
and behaviours towards reducing the harm associated with substance use.

Young people benefit from being involved in the process of producing health educational materials and in communicating with others. Such involvement may encourage them to change their attitudes towards the use of alcohol, tobacco, and other substances.

and activities

diovisual materials, or dramatic activities. For each type, information is given under the following headings:

<table>
<thead>
<tr>
<th>Type of material/activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target population</td>
</tr>
<tr>
<td>• Team/group size</td>
</tr>
<tr>
<td>• Problem analysis</td>
</tr>
<tr>
<td>• Selection of participants</td>
</tr>
<tr>
<td>• Literacy level required</td>
</tr>
<tr>
<td>• Advantages/disadvantages</td>
</tr>
</tbody>
</table>

Venue/place

Description of process

<table>
<thead>
<tr>
<th>• Equipment</th>
<th>• Transport</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cost</td>
<td>• Catering</td>
</tr>
</tbody>
</table>

Procedures

Procedures

In this section, a general model containing the above information is given for each group of materials or activities.
### General model

Leaflets, pamphlets, brochures, booklets, newsletters, posters, collages, photo stories, flipcharts, flashcards, comics, and curiosity-provoking material, including “modified” advertisements.

### WHO?

Young people, in/out of school. Target audience must be literate when a written message is produced.

Team/group size: ideally 15 young people per facilitator.

Selection: Voluntary participation after initial discussion/motivational “input” through outreach.

### WHY?

**Advantages:** Relatively low cost; some materials are easy to produce, reproduce, and transport; concrete message; activity is enjoyable and creative, and gives opportunity for broader experience of collective effort.

If money is available, a large number of copies can be printed at one time, for the majority of products.

**Disadvantages:** Printed materials do not reach young people with a low level of literacy, which may include children and adolescents in isolated rural areas and homeless street children in cities.

Printed materials can increase awareness and provide basic information on a subject, but most people need more than facts, they need to explore their feelings and develop skills to achieve a behaviour change. Many people find it easier to understand and relate to the spoken word than to the printed word or even pictures. Therefore, these materials must include ample discussion on the topics covered, and be used as a follow-up to activities forming part of a larger educational programme, in order to achieve measurable behaviour changes in the target population.
Materials

WHERE?

Conducted in any community with open or closed space.

HOW?

Participatory method with a group of young persons.

1 The facilitator initiates a discussion on an identified issue, or the group proposes an issue through discussion (brainstorming).

2 The group discussion brings out what the young people can do, how they can do it, with what materials and equipment, finally leading to a decision to develop the material.

3 Production should be in small groups, with time available for individual expression/creativity.

- Identify the target audience, decide upon the format, and the main message.

- Formulate the concept.

- Draw and/or write the slogan/script.

- Cut, paste, etc., depending on the product.

- Discuss the product within the group, to get feedback.

- Pretest among other groups of young people, to get feedback.

- Select the product that conveys the message most clearly, and in the most accurate, relevant, and attractive manner.

The facilitator provides input to ensure technical quality in a non-directive manner.
Printed Materials

RESOURCES

- Supplies:
  paper, pencils, crayons, paint, paste, scissors, cardboard.

- Human:
  young people, facilitator, and artistic technical expertise to improve the finished product for printing.

- Transportation:
  no special requirement.

- Catering:
  refreshments as an incentive for participants.

- Equipment:
  for duplication, computers to improve the finished product for printing, if funds permit.

TEST

The printed material should be tested with groups of young people and adapted as necessary. It must be easily understandable and capture the interest of young people who will participate in the health education activities related to substance use (see chapter 6).

The artwork and the message should be evaluated by a focus group of young people with regard to its understanding, clarity, relevance, and attractiveness.
Printed Materials

DISSEMINATION

Before deciding how widely to disseminate the finished material, consider the following factors:

- Clarity:

  The information should be written in a way that young people can understand. Popular terms, and even words that adults normally would not use, are often useful when writing for young people. The materials should be tested with the target audience before final production.

- Presentation:

  The written text should be clear and concise. Long paragraphs and pages full of text should be avoided. Use pictures and slogans that are appealing to young people.

  Allow the material to be used by the participants to communicate the message to friends, family, and others identified by the group.

  The production group should meet after 2-3 weeks to discuss the success/failure of the material and to consider ideas for other materials and activities.

  The material (posters, pamphlets, stickers, etc.) should be duplicated, including, if funds permit, other material prepared by the young people themselves (to a limited extent).

  Funds permitting, and if the material is printed on a large scale, make it available to others, or sell it (at low prices) as an incentive to the participants in your group, and to raise more funds.
# Stories

## WHAT?
Basic knowledge of literary production, poetry, novels, plays, compositions, and production of material relevant to substance use issues.

## WHO?
Literacy required. Young people between 10-16 years of age, groups of maximum 15-18 people. Participation is voluntary.

## WHY?
**Advantages:** Young people can freely express their feelings, thoughts, emotions and tell their stories in written form. The material can convey health messages and be disseminated to others. Talented people can further develop their aptitudes and have a source of personal income.

**Disadvantages:** Participants might not be willing to share their material immediately.

## WHERE?
Indoors

## HOW?
1. Set date, venue and time, voluntary participation of young people

2. Have a group discussion on a substance use topic relevant to the group (see chapter 2 for details). The group may decide on one or more topics or each participant may choose his/her own topic.

3. Present some techniques of poetry: telling a story, maintaining clarity, following a sequence.

4. The time allowed for production can vary from a few hours to a full day, depending on the group.
5 Each participant then presents and explains his/her own work to the group. The group can discuss the topic further by giving suggestions, raising questions or finding solutions for a topic which was explored by one or more participants.

6 Provide feedback to the group. Plan for continuation.

RESOURCES

Paper, pens and pencils. Music could be made available for relaxation or inspiration.

Catering: refreshments as an incentive.

DISSEMINATION

The material produced can be presented in promotional activities for fund raising, or simply for the dissemination of a health message. It can be put in billboards so others can read it (e.g., in a school or a health center).

Individual or group productions can be sent to a publishing company for review and possible publication. They can be sent to a local newspaper or a radio programme to be broadcast one or more times.

Talented people can further develop their aptitudes, and this can become a source of personal income.
## Surprise!

### WHAT?
These are drawings that present a health message to decrease the allure of substance use. Messages are hidden in the drawing and the “recipient” has to do something to read it, depending on how the message was created.

### WHO?
Young people, in/out of school, substance users or non-users. Literacy necessary.

**Group size:** 20 young persons with one facilitator

### WHY?
**Advantages:** low cost easy to produce and transport; no electricity required, opportunity for creativity, and experiencing group effort. Materials are novel and provoke curiosity with a clear message

**Disadvantages:** cannot be mass produced

### WHERE?
Outside or indoors

### HOW?
Make it a participatory activity with a group of young people (see chapter 3).

1. The facilitator initiates a discussion through brainstorming on the issues of:
   a. “Real” (chemical) effects of alcohol, tobacco, or other psychoactive substances based on scientific evidence
   b. Personal experiences of the group members, if any
   c. Advertisements of alcohol/tobacco, focusing especially on the false claims of the alcohol and tobacco industries
   d. What users and non-users say/do to promote substance use
   e. What can be done to demystify alcohol and tobacco use, and how to convey it to others

2. Small groups of people discuss, and eventually decide what they can do, and what materials are required to develop a low-cost way of communicating a simple message that deglamourises alcohol/tobacco to peer/friends. The facilitator then summarizes their ideas.

3. The facilitator presents a consensus reached by each group and the larger group discusses these ideas. The group then attempts to reach agreement on what they can do.
4 Produce the materials in groups of 3-4 members, and encourage individual expression. Each group will:

- identify the target audience and the objectives of the exercise
- formulate the concept and the design (picture and slogan)
- draw, write slogans, cut, paste, etc., depending on the product
- pre-test between groups for feedback
- select the material (with the assistance of the facilitator) that conveys the health message clearly and in the most relevant, accurate, and interesting manner

Two examples of what was produced are given below:

**Surprise! message using an Iron**

- The members of the group:
  - decide on a slogan (e.g., "Don’t let alcohol spoil the rhythm of the dance.")
  - draw a comic/popular figure on A4 size white paper and outline it with a coloured felt pen
  - write the message with lime juice on the reverse side of the paper and allow it to dry
  - write with a felt pen on the originally outlined side: “I feel cold, please iron the reverse side and warm me up.” Avoid the “lime juice” script whenever possible
  - cut out the figures carefully

**Surprise! message using Oil**

- Participants in the group:
  - decide on a slogan (e.g., “Kiss a non-smoker and taste the difference.”)
  - draw a comic/popular figure on A4 size white paper and outline it with a coloured felt pen
  - write “Please apply oil on me to know what I have to say.”
  - cut a rectangular piece of cardboard 13 x 5 cm
  - write the slogan on a piece of paper, holding it in front of a mirror
  - write the mirror image of the slogan on the cardboard, using a black pen
  - apply gum on cardboard (over the written message) and paste it on the reverse side of the comic figure, and allow it to dry

**RESOURCES**

Tables and chairs (not essential).

**Supplies:** paper, felt pens, paste, pair of scissors, cardboard, oil/lime juice. (oil is needed by those who receive the material)

**Catering:** refreshments.

**DISSEMINATION**

Use the material produced by the participants to communicate messages to their family, friends, and others. Leave them on desks at school for example, thus “provoking” curiosity in others to find out about the message.

The production/action group should meet 2-3 weeks later to discuss the successes and failures of communicating the message and to bring more ideas for improving the material, new ideas for materials or activities and how to continue production.
Modified Advertisements

WHAT? Activity to modify published advertisements on alcohol/tobacco through a discussion on the "real" effect (chemical) of alcohol and tobacco as opposed to the deceiving messages of industry to advertise such products.

WHO? Literacy required, anyone can participate.

WHERE? Indoors/outdoors.

HOW? The participatory activity and steps in material production are the same as those given in "Surprise!" before. Then:

1. Cut out (half page size) newspaper advertisements concerning alcohol/tobacco.
2. Create a conversation between/among the personalities depicted in the advertisement so as to demote or decrease the allure of alcohol/tobacco.
3. Write the conversation scripts on white paper and outline balloons around scripts.
4. Cut the "conversation balloons" and paste them on the advertisement (see illustration).

RESOURCES Supplies: paper, felt pens, paste, pair of scissors, newspaper advertisements.
Catering: refreshments.

DISSEMINATION The participants can use the material to communicate messages to others. The materials can be displayed in a variety of places, such as being left on desks or pinned on notice boards.

The production group might meet 2-3 weeks later to discuss the success/failure of the materials, how to improve them, or how to create new materials.

More materials can be produced in contests or competitions, and if funds permit, artwork may be submitted for printing to create a poster that decreases the allure of alcohol and tobacco use.
## Collage Posters

### WHAT?
An alternative to the "modified advertising" is to use a collage of pictures, drawings, or photos based on the same principles.

### WHO?
Literacy required.

### WHERE?
Indoor/outdoor.

### WHY?
They can be used in promotional programmes reminding the audience of a basic message. Posters can be displayed in several places for a longtime. They can be changed repeatedly to keep the attention of the audience.

### HOW?
1. Select advertisements concerning tobacco or alcohol.
2. Cut out sections which indicate misconceptions myths that are depicted in the advertisement about alcohol and tobacco use (avoid including complete brand names or faces in full).
3. Arrange clippings to make a colourful collage with an emphasis slogans/claims of the industry that are meant to deceive the public as well as pictures which depict relaxation, social status, high living standards, pleasure, etc.
4. Paste clippings on a sheet of paper (B4 size or bigger, to make a poster).
5. Write a slogan (e.g., "NON-SENSE") on paper, in large black lettering.
6. Cut out the slogan and paste it across the collage.

### RESOURCES
Supplies: paper, felt pens, paste, pair of scissors, newspaper advertisements Catering: refreshments

### DISSEMINATION
Use of material by participants to communicate messages to friends and others in the centre which could be placed on notice boards before participants arrive.

Production/action group meets 2-3 weeks later to discuss the success/failure of communicating message and bring more ideas on improving material, new ideas for material production and activities, etc.

Process continues to produce more material to communicate to others.

If funds permit, the collage can be refined with technical expertise to produce an art work to be printed which may serve as a very effective poster to decrease the status of alcohol and tobacco.
Comics

WHAT?

Comic books and cartoons can communicate information on the use of tobacco, alcohol, and other substances in a way that immediately attracts the attention of young people. Comic books are entertaining and easy to read.

WHO?

Anyone, groups of 6-8 participants.

WHY?

Advantages:

They are very popular among young people; can convey health messages in a relaxing and humorous way; have a high coverage capacity.

Disadvantages:

Can be expensive to produce, technical expertise required.

WHERE?

Indoors, with good light.

HOW?

1. Decide upon a broad health promotion topic, according to local needs.
2. Select and define the audience: distinguish between marginalized and mainstream members of the population.
3. Consult with people who work directly with the target audience.
4. Consult with the target audience and discuss the setting, language, issues to cover and services, in order to learn about the target audience.
5. Brainstorm to elicit all the information the members of the group have about the topic. This helps assessing their values, attitudes, and knowledge about the topic.
6. The facilitator may suggest a story that raises some of the issues discussed.
7. Decide on a health message to convey. Consult with a health professional for accuracy and appropriateness.
8. Develop a storyline with the young people, covering the topics discussed.
9. Develop the characters for the story to deliver health promoting information.
10. Develop the artwork to maximize its impact on the target audience.
11. Check the development of the story and the artwork.
12. Check that the health promoting information is the most accurate available.
13. Distribute the comics using the most appropriate and diverse channels.
**14** Evaluate the impact of the comic on the intended audience. The evaluation should focus on the audience's recall of the stories and on its interpretation of the message. How does this compare with the intended message? How many of the young people interviewed had seen the comic?

**15** After group discussions/activities with young people, debrief the group at the end of each session. Alternatively, encourage young people to participate in a role play situation.

### Some additional tips

- For an audience with a low level of literacy, a comic would be shorter and present less information per page than one intended for a highly literate population.
- Stories require a level of realism, but also should be interesting.
- Realistic character development helps the audience identify with the story. If the main protagonist is too “good”, he/she may be seen by young people as an unrealistic stereotype, even if the health-promoting behaviour is perfect. Understanding the values of the target population is important in achieving this crucial balance.
- Use appropriate language; good ways of learning are to take notes during some of the discussions, or to tape them.
- It is crucial to check the language with the target audience once the draft has been written.
- The characters must look and act as realistic as possible in the scenario. Visually, the material must be representative of the audience.
- Use a lot of action; show young people speaking with health professionals, or with friends, while engaged in another activity (e.g., catching a train, walking in a park).

### RESOURCES

Comics are relatively expensive to produce; production costs depend on the number and quality of the drawings and the number of colours used.

Young local artists can be helpful; the text and dialogues can be developed by members of the target audience. Small focus groups of young people can build the story and develop the characters. Their own experiences could be included, if relevant.

Make sure that the artists’ and script-writers’ names are mentioned on the back cover of the comic, and acknowledge any help received from individuals or organizations.

### DISSEMINATION

Test the comics before deciding on reproduction and distribution. They can be distributed on street corners, in market places and common meeting places, in health clinics and shelters, and during community events and awareness-raising campaigns.
Audiovisual

General model

WHAT?

Audiovisual materials are a combination of sound and image linked by a theme. Movies and television are media for a mass audience; videos and audiovisuals (slide series, photo series) are group activities, for a more limited audience.

WHY?

Advantages:

- The impact of image, sound, and content can be evaluated by recording the reactions, opinions, and participation of the group.
- The projection can be stopped at any time, or it can be repeated, according to the needs of the group.
- Its short duration avoids fatigue and distraction.
- It is easy to manage and use.
- The material is easily transported.
- Audiovisual materials hold the attention of the audience well and motivate group discussion.
- The projection of audiovisual materials is essentially a group activity for organized groups that meet regularly. These materials are also an important educational aid.
- However, projection of the material produced is not sufficient in itself; it must be followed by a group discussion, coordinated by a facilitator.

Disadvantages:

- Limited audience, some activities do not allow immediate discussion with the audience.
**Materials**

**WHO?**
Any organized group of young people (15-25 people).

**WHERE?**
Any place suitable for projection (with a wall, for example), indoors, where the room can be darkened, or out of doors at night. Ideally, all should be able to sit comfortably.

**HOW?**

1. Choose a topic (see chapter 3 for more information). The topic must:
   - deal with problems of the community that are “real” to them;
   - reflect the reality of the participating group, culturally, socially, economically. Make sure the language is clear and simple;
   - be comprehensible to the group; and
   - allow for reflection.

2. Projection/Presentation
   - Before the presentation, the facilitator tells the group about the topic, informs them that a discussion will be held later.
   - The presentation starts when all the equipment is set up and the participants are seated.
   - The facilitator, or any other person, can operate the projector, when applicable.

3. Explain the topic and encourage a debate after the projection.

**RESOURCES**
Vary according to the material: television, video cassette player, film projector, camera, slide projector, tape recorder, tapes, place to project, electricity (or generator), and slide frames (the production of your own slides, is covered later in this chapter)

**DISSEMINATION**
Hold a group discussion with the purpose of getting the participants to analyse, reflect, and compromise to making a practical response. Encourage the group to think of practical solutions.
# Slide Series

<table>
<thead>
<tr>
<th>WHAT?</th>
<th>WHY?</th>
<th>WHO?</th>
<th>WHERE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The preparation of slides without having to take photos or use film. All that is needed is paper, slide frames, pens, a projector (electricity, a generator, or batteries) and imagination.</td>
<td>The series of slides may tell a story - like a comic strip, or a film, or a play. Or, the series may just show images not necessarily related to one another. In this case, the series may be used for group animation, for passing on information, or simply for fun.</td>
<td>Literacy is not required, except when written messages are included.</td>
<td>Indoors, with low light for projection and good light for drawing.</td>
</tr>
</tbody>
</table>

## HOW?

Some expertise is needed to do a good job in deciding what to do, discussing how to express the subject, and finally, putting together the images and text.

![Diagram](image)

The slide frame is always 35 x 38 mm, and is made to take 35 mm film. The image in the slide occupies 24 x 36 mm.
TO MAKE PAPER SLIDES:

1. Take a sheet of white A4 size writing paper (usually classified as 70-gram paper), which measures 210 x 297 mm.

2. With a pencil and a ruler, draw the outline of the frame (35 x 38 mm) and of the image area (24 x 36 mm). Then design the picture, following the recommendations below.

3. A pen and Indian ink are best for drawing, because the ink is very black. If Indian ink is not available, any fine marker will do.

4. Make the first sketch in pencil, so that it can be corrected if necessary, before inking it in.
Slide Series

5 After drawing in ink (or a marker) one may add colours to the background. The colours add interest and will help get the message across.

6 If the drawing is done with a marker pen, the line may look grey when it is projected, so go over each line at least twice. Also, lines made with a marker pen are likely to mix with other colours when the background is coloured. To avoid this, apply the colour on the reverse side of the paper, where there aren’t any black lines.

7 After completing the artwork, wipe with a brush some cooking oil (or butter, or any transparent greasy substance) over the paper, before making up the slide, to make the paper translucent. It will improve the quality of the projection.

8 Organize slides in sequence, and write down the text that should accompany each one. This text will serve as a reminder of key points which should get across.
Slide Series

9 The commentary can be taped and played while the slides are projected. The commentary can be read by each person who will use the slides. It can be modified as necessary to suit the circumstances.

10 The length that each slide is projected should depend on what it shows. Very detailed slides can be shown for several minutes, while others will have served their purpose after a few seconds. Learn by experience with different groups and different subjects.

11 A bright light in the projector allows it to be further from the screen. A larger image will appear so that a larger group can benefit. If only a battery projector is available, the image will be small and approximately 15-20 people should participate.

12 A slide series is used to illustrate a story. It may need many slides, some just for linking one part with another. Telling a story with slides is easy and good fun.

RESOURCES

Slide projector (mains electricity, generator, or batteries), translucent or ordinary paper, Indian ink, black and coloured markers, slide frames, ruler.

DISSEMINATION

Hold a group discussion with the purpose of getting the participants to analyse, reflect, and compromise to making a practical response. Encourage the group to think of practical solutions.
Photo

WHAT?   Series of photographs that can be used in the same way as slide series.

WHO?    Anybody more than 7 years of age.

WHERE?  Indoors or out of doors.

HOW?

1. Identify a topic with the group.

2. Write a story based on the group discussion, including a specific health message.

3. Play the story with a group of young people.

4. Note visual and expressive scenes that could be the subject of photographs.

5. Play only these selected scenes, incorporating any suggested changes.

6. Improve the details of each by discussing them with the group again.

7. Check the light conditions and take suitable photographs to illustrate the story.
Stories

**RESOURCES**
Camera (standard or Polaroid), films, paper, pens, costumes if required (and if available).

Aluminium foil or tins, to improve the photos by reflecting light into some of the shadows.

**DISSEMINATION**
Photo stories can be used for small group discussions where participants can analyse, reflect and find solutions or practical responses to their problems. With refined artwork, photo stories can be reproduced, distributed or sold to larger groups, to schools or health centers.

8. Develop the film and select the best photographs.
9. Complete the layout (photos and speech bubbles).
10. Review the story and check the clarity and accuracy of the message.
11. Photocopy.
12. Distribute.
13. Evaluate the impact of the product.
   Did people like it?
   Did they understand the main message?
   Would they like to participate another time?

**Tips**
Those who do not wish to participate in the play, or who do not wish to be photographed, can either evaluate the story and comment on the best scenes to be photographed, or perhaps take some of the photographs. The facilitator may need to teach them how to take photographs.
Dramatic

General model: The performing arts have been used for educational purposes for generations, in many cultures. Performing skills are found in the community and the performances help people think and talk about sensitive or controversial issues more easily. Some people may recognize their own behaviour and might, perhaps, imagine themselves behaving in new ways. Role-play and story-telling enable people to explore their attitudes and practise new skills. Drama can be serious or amusing; it can entertain and also get people thinking.

Funny stories, comic shows, and jokes can make it easier to talk about sensitive issues. If people can see a funny side to their own problem, the situation seems more hopeful. However, it is important that the humour does not of-
Productions

fend the audience and that it does not promote or reinforce discrimination and prejudice towards particular groups. What people find funny varies greatly from culture to culture, so it is essential that the jokes and stories are developed by members of the intended audience. The players should be careful that the ideas being put across are not distorted, diminished, or obscured by the humorous situation.

WHAT?

Circus, street theatre, drama, puppetry, street TV, animation, song, stories, dance, concert parties, mime, role-play, games, town cries, comedy, radio, masks, film.
# Dramatic Productions

**WHY?**

Advantages: Many people participate in a dramatic production. Information can be communicated in a context that involves people in a direct way and enables them to experience a new idea, attitude, or way of doing things. Drama can give positive role models and examples of how people have improved their lives. A theatre performance, or a song, can engage the audience at a personal level more easily than a poster or a pamphlet. If people identify with the character, the story can touch the heart as well as the mind.

**WHO?**

General population, children/adolescents.

**HOW?**

1. Identify a topic with the group.
2. Research and discuss related issues.
3. Write a script on the agreed topic.
4. Prepare a story script.
5. Select the players and produce the performance.
6. Perform the entertainment.

### Examples of ways of using stories

1. A community-based worker tells a story to a group of young people. The group talks about the story and tries to think of new ways of re-telling it.
2. A story is played on an audio cassette while a person waits to see the nurse, a street educator, or a counsellor. The story can be discussed later with the professional.
3. A story is told on the radio.
4. A story is created by a group of young people with a facilitator. (see Chapter 3)

- **Telling stories**

A story can be told during a discussion on any topic, based on the person's own experiences. Give everyone an opportunity to tell a story, while the others listen attentively. This gives people confidence and increases self-esteem, because they can see that their experiences are valued. Some people may be too shy to speak about a personal experience, but they may be able to...
Dramatic Productions

WHERE?
In the open air or indoors.

RESOURCES
People with some expertise in drama techniques, and with some knowledge of issues related to substance use, appropriate equipment and institutional backing.

DISSEMINATION
Once the performance has been played to the public for the first time, it is useful to find out what the audience thought about it. Did they like it? Were some parts offensive? Did they understand the dialogue? What was the message of the play?

If the audience enjoyed the performance, and received the intended message, additional performances could be planned. These could be used to raise money to fund this and other activities, or be donated to other institutions that need support.

Some dramatic activities are not intended for presentation to the public, but even in these cases, it is useful to carry out the same evaluation process with the group. Discuss the feelings generated by a role-play. Could this situation arise in real life? If so, would they have reacted in the same way? If not, what would they have done?

- Tell a story about someone they know or have heard about (if the story is about a real person, they should not reveal the person’s name).

- Traditional stories
Myths, proverbs, parables, and folk tales can be used in a variety of ways. Some of the stories may emphasise wise behaviour in relation to alcohol, tobacco, or other psychoactive substances.

- Group story
A group of people sit in a circle and take turns telling a story - a sentence or a short paragraph at a time, ending with “and then”, or “but”, as a signal for the next participant to carry on. Everyone must listen carefully so that the story makes sense. Individuals cannot predict the story in advance, but they can introduce words such as suddenly, quickly, cautiously, surprisingly, and so on, to move the action along.

- Fortunately/unfortunately
This game can be played in pairs or in a circle. Player 1 begins a story “Fortunately when I woke up this morning it was a fine day...” Player 2 continues “Unfortunately my peace of mind was interrupted by...” Player 3 continues “Fortunately...” and so on around the group.
Dramatic Production: | Role-play

| WHAT? | In a role-play, people act out a given situation. They may play a role that is given them, or they may act as themselves in the given situation. |
| WHO? | Any group; size can vary according to the ability of the facilitator |
| WHY? | Advantages
Role-play is a useful way of exploring situations and of approaching problems in greater depth; the participants can practise new skills (alternatives to substance use, for example). Role-play can help to build up confidence by preparing people to deal with difficult situations; it also allows people to look at their feelings about different issues and to express them openly. Disadvantages
Role-play does raise sensitive issues, and sometimes behaviour becomes aggressive, and the group may get out of control. Therefore, the facilitator needs training to coordinate this type of activity. |
| RESOURCES | No special requirements. |
HOW?

1. Ask each participant to think about a character they would like to play (for about 20 minutes), looking at the person’s age, sex, family, work, likes and dislikes, fears, ambitions, health, religion, drug behaviour, and relationships.

2. Ask each “character” to interview the other “characters” about their behaviour, interests, attitudes, family, and so on. It may be best for the facilitator to begin the questions, so that the members of the group get the idea of what works well.

3. Use this process to develop characters in situations identified through stories or discussion. The players can use these exercises to develop their characters.

It is essential to talk in depth about the role-play afterwards,

4. in order to learn from it, and to deal with any feelings or problems, that have arisen. First, ask each of the players, in turn, how they felt about the role-play. Then ask the observers, and finally open the discussion to the whole group.

It is important to talk about the role-play in ways that enhance self-esteem, and to encourage the “characters” to practise their new skills in public. Get the participants to talk about the positive points, but encourage them to suggest improvements or alternative approaches. Ensure that people don’t feel that they have failed in front of the group. Provide additional help with information, attitudes, or skills, if necessary.

5. It is important to help the players to get out of their role after the play, particularly if they played a distressing role or an unpopular character.

- Ask each person to change seats and do something different.
- Ask them a personal question about their real lives, such as their favourite colour, their family, or what they had for breakfast.
- Check with each person that they are back in their real character and remind the group that everyone was playing a role, not themselves!
**Dramatic Production:** Drama

**WHAT?**

Drama is a method used in the classroom or in a workshop situation to explore ideas and develop communication skills. Educational drama makes use of spontaneous role-play, various improvisation techniques, and games to explore ideas and attitudes and to encourage discussion.

The end product of the drama workshops might be a play that could be shared with parents or a larger audience. However, in this case, the aim of this approach is to educate each participant about the use of alcohol, tobacco, or other substances, rather than to play to an audience.

As a result of being involved with drama, the participants will become aware that:

- Drama happens everyday, and everywhere,
- There is drama outside the four walls of the stage,
- These dramatic moments can be tools of learning.

**WHO?**

Everyone. Groups should not be larger than 5 people; if they are, they should be divided into smaller groups.

**WHY?**

To provide a free and liberating venue and a chance for self-expression and self-realization.

**Advantages:** Drama encourages the participants to express their personal experiences, thoughts, and feelings, and to recognize that there are different options open to them in their choice of behaviour patterns. It can explore values without imposing them.

During drama, the facilitator can work with the participants and helps them relate their everyday experiences with the other participants, and with friends outside the group.

Drama allows the participants to be in someone else’s shoes by experiencing the feelings of others, and to think from their point of view.

Acting involves one’s whole being, providing a way of thinking with the body as well as with the mind and emotions. Self awareness and learning to be comfortable with body language builds self-esteem.

Drama provides opportunities for spontaneous expression, which can help the participant release some of his/her ideas that are not yet fully formed. It provides a way of liberating the imagination.
WHERE?
Anywhere, in everyday encounters with young people; in a controlled environment such as a workshop.

HOW?
The facilitator can use creative tools to initiate the simulation of drama:

1. Briefly, introduce yourself to the participants, and introduce them to each other.

2. "Warm-ups or ice-breakers": these are games designed to provide an opportunity for some intuitive and spontaneous behaviour: naming games, chanting, singing; simple rhythmic movements, relaxation exercises (see Chapter 2 for examples).

3. Concentration: a period of concentration can be used to build up group unity and to introduce the participants to some of the basic skills of drama that involve using the body and voice for expressing ideas.
4 Personal storytelling and discussion: each group should be led by a facilitator; if this is not possible, each group should elect its own organizer. The small groups may form pairs; later, the pairs can form larger groups.

The participants should be encouraged to relate their own story, in order to understand (a) the interaction between the individual and society in greater depth, and (b) the way particular societies function.

Facilitators should prepare a set of questions in advance, in order to guide the discussion in a predetermined direction; for example, the focus may be on the effects of peer group pressure on teenage substance use or the role of parents and teachers in education for young people concerning substance use.

5 Clarifying and sharing ideas through acting-out: the facilitators should seek points of debate or controversy in the small groups, and suggest that some of the participants should incorporate these ideas in a role-play. The shift from discussion to role-play may be very slight at first, simply involving some of the participants engaging in dialogue.

Making tableaux or frozen pictures is also a useful technique for sharing ideas. As the ideas take hold, these can be built up into a small sketch for presentation to other groups. As the sketch is prepared, constant discussion takes place, in order to express the ideas under consideration clearly and exactly.

To facilitate the acting-out, the following techniques can be used: suggest that the same scenes should be repeated in different ways, suggest simple sets, costumes, and props, or encourage the group to role-play different attitudes.

The facilitator should ask the participants to reflect on the ideas they have seen acted-out and discuss them more in depth. Be prepared to ask and answer questions at this stage, in order to clarify the issues under discussion and probably open up further debates.

The process of reflection can be taken one step further; the participants could be asked to reflect on the value of the workshop itself. This is not always easy to do during a short workshop, because most of the participants will need time to absorb the ideas they have been exposed to, but usually some comments are forthcoming and helpful in assessing the way the workshop has been received.

Closure: In an educational context, once the drama has stopped, the participants can reflect on the experience, and even replay it in a different way. Encourage creative participation by letting the participants alter the storyline, vary the train of thought (taking care that the ideas don’t become unrealistic).
In this way, drama can become a "rehearsal for life". This experience provides an opportunity for the participants to find ways of overcoming some of the obstacles of behaviour change.

After the "cool-down" phase, or closure of the workshop, the participants re-enter conventional society.

REMEMBER

It must be emphasized that there are an infinite number of variations of this basic pattern, and that a rigid formula is totally inappropriate for this kind of work.
Dramatic Production: Street and/

WHAT?

There is a difference between "drama" and "theatre".

Drama is a method used in the classroom or workshop situation.

Educational theatre is an event that is devised and presented by actors/teachers to an audience. The group members become performers who need to be heard and seen clearly by the audience, presenting material that will hold their attention and interest. The ideas, story, information, or message need to be clear and strong in a theatrical production.

Effective community theatre breaks down barriers between the audience and the performers. It demonstrates understanding of a shared culture and way of life. The play must share ideas, look at options, and stimulate creative thought. The story should not patronize the audience, and it should not lecture or judge them.

WHY?

Theatre is the most complete medium, being audiovisual, and having movement, gestures, and characters that dramatize daily life situations; it also has the impact of a live activity. The players are in contact with the public/audience. This inevitably leads to participation, reflection, and humour, but probably to problems and complaints also. The performance can be recorded on cassette, or video, for subsequent use in generating more discussion.
or Staged Theatre

<table>
<thead>
<tr>
<th>WHO?</th>
<th>Target: the general public, with the participation of young people and the community:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Size of group:</td>
</tr>
<tr>
<td></td>
<td>– stage: no more than 15 per group,</td>
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<tr>
<td></td>
<td>– street: not more than 7 per group.</td>
</tr>
<tr>
<td></td>
<td>Selection: Product of an initial workshop, together with a general invitation.</td>
</tr>
<tr>
<td></td>
<td>Literacy: Basic, and/or illiterate persons.</td>
</tr>
<tr>
<td>WHEN?</td>
<td>Presentation: on days and at times when many people can be present, both adults and young people (scheduled day).</td>
</tr>
<tr>
<td>WHERE?</td>
<td>Rehearsals should be indoors in a suitable large room; the presentation can be in the street, in squares, in schools, at fairs, etc.</td>
</tr>
<tr>
<td>HOW?</td>
<td>Producers have a responsibility to ensure that the ideas and attitudes in the play are helpful and that, at the very least, they do not have a negative impact.</td>
</tr>
</tbody>
</table>
Steps for Street and/or Staged Theatre

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop the play with members of the intended audience;</td>
<td>Make a habit of critically reviewing stories you are working with, and the dramatic production, for direct and hidden &quot;messages&quot; about issues and values related to substance use;</td>
</tr>
<tr>
<td>Pre-test it with other groups from the intended audience;</td>
<td>Continually ask questions about the likely impact of your production, as it develops;</td>
</tr>
<tr>
<td>Plan for discussion, follow-up, and support after the performance;</td>
<td>Focus the content of the performance for people who are typical of your intended audience. Use of the local dialect and jokes can have a powerful impact providing new information to the audience. The audience can identify easily with people like themselves voicing common anxieties and discussing dilemmas.</td>
</tr>
<tr>
<td>Before you start performing, make a plan for eventual monitoring and evaluation.</td>
<td>Use performance skills that already exist among the members of your group, such as music, dancing, story-telling, singing, puppetry, mask-making, etc. Those who have skills should be encouraged to teach a skill to some of the others in the group, or to help in writing a song, playing an instrument, etc.</td>
</tr>
<tr>
<td>Get ideas from popular regional performances, popular TV soap operas, or films.</td>
<td>Invite local experienced performers to participate, mainly in the discussion of possibilities and methods, and by means of role-play.</td>
</tr>
<tr>
<td>The young performers need help in learning theatrical techniques, such as voice projection, interpretation, make-up, wardrobe, set design and construction, collective script writing, etc. After initial preparations, have a reflection section before completing the rest of the plays.</td>
<td>Create a pleasant atmosphere. Group dynamics are used, based on games in which the group participates. People can learn from their mistakes as well. The end-product is evaluated and any necessary changes are made.</td>
</tr>
</tbody>
</table>

**RESOURCES**

Equipment required: radio, cassette recorder, stage clothes, make-up, props, etc.

**DISSEMINATION**

You should plan several performances (which can generate income) with a discussion after each one. Advertise and promote the performances among the appropriate target audience. Set up an evaluation group, which can discuss any issues that are raised by the audience or the performers. Make changes to the performance as necessary.
Dramatic Production: Circus

WHAT? This festival of wide ranging performing arts can combine theatre, physical feats, magic, etc. It is most important that the community should participate in all phases of planning, performance, and evaluation.

WHO? Anyone; groups of 10-50 people.

WHY? Performing in a circus stimulates personal expression, creative skills, and a sense of cultural identity among the group. Like other collective activities, it encourages "socialization". The participants can reflect on problems in a practical, not just theoretical, way.

WHEN? At any time when the audience can participate; a performance can last about 3 hours.
**Dramatic Production:** Circus

**WHERE?**
Anywhere, especially in the open air.

**HOW?**

<p>| | |</p>
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<td><strong>1</strong></td>
<td><strong>2</strong></td>
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<tr>
<td><img src="image1.png" alt="Illustration" /> Informal discussions among the group of people (e.g. health discussions related to substance use in the community).</td>
<td><img src="image2.png" alt="Illustration" /> Find out who can do what (particular skill in performing circus acts or performing a play).</td>
</tr>
</tbody>
</table>

**Steps**

- Warm-up exercises and ice-breakers.
- 1) Get rid of an item of clothing that defines you - remove a social symbol. This makes people more equal.
- 2) Sit in a circle. Watch the others and try and understand the person sitting next to you as he/she is.
- 3) Make personal introductions, so the group can identify its segments.
- 4) Find a partner, and introduce yourself.
- 5) Think of a question, e.g. What will you be doing in the year 2020?
- 6) Relaxation games to construct collective images.
### Dramatic Production: Circus

<table>
<thead>
<tr>
<th>4 Building up characters</th>
<th>5 Story-building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small groups of 2, 3, or 4 people - one character with a name, age, and background. Characters from different backgrounds (in isolation, their relation to others, etc.). See Chapter 3 for more details.</td>
<td>Collect the small groups and build stories with characters. This can be done at random, or oriented along a storyline or groups of characters, e.g. the police, family, substance users. More details are covered in Chapter 3.</td>
</tr>
<tr>
<td></td>
<td>• Groups do rehearsals and look for a place to stage the story.</td>
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<tr>
<td></td>
<td>• Theatre performance: one person presents the range of activities that make up a circus.</td>
</tr>
<tr>
<td></td>
<td>• The stories chosen should reflect the problems and the reality of the groups and of the community.</td>
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<th>6 Proposals for solutions</th>
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<tbody>
<tr>
<td>The groups discuss the problems raised in the previous phase, and try to suggest solutions.</td>
<td></td>
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<tr>
<td>The groups get together again and actually work out a solution for the problem discussed earlier. The solution is not imposed from outside, but the group takes an active part in it.</td>
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<tr>
<td>This “show” can be changed, improved, and then presented in other places (family centres, schools, etc.)</td>
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</table>

### Resources

Any material available.

People resources: one or more facilitators (see small group size below).
### WHAT?

Puppetry uses figures built of cardboard, plastic, or other special materials, that are similar to human figures, animals, etc. Puppets may be readily available or can be made from a range of different materials, depending on what is available.

### WHO?

Everyone.

<table>
<thead>
<tr>
<th>Size of group</th>
<th>Selection</th>
<th>Literacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups of 10 young people</td>
<td>By invitation and as a result of workshops.</td>
<td>Suitable for those with a low level of literacy, and illiterates.</td>
</tr>
</tbody>
</table>
## WHY?

Puppets are a good way of communicating with young people, because they can identify with the characters. These can be humorous, and they can be made to express their problems and complaints in simple language.

Puppetry develops creativity and enhances the ability of participants to communicate; it also enhances self-esteem, self-confidence, and personality development.

Recordings can be made on video or audio tape.

## WHERE?

In theatres, institutions, schools, or in the street.

## HOW?

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<tbody>
<tr>
<td>1</td>
<td>Orientation in workshops (20 children for 60 hours).</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Storybuilding: write the script.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Develop the message.</td>
<td>5</td>
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<td>7</td>
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## RESOURCES

Equipment: 2 or more puppets. A table to serve as a “stage”, if possible with a tablecloth. Cost: varies, but usually low.

## DISSEMINATION

Discuss the story and the message. With the group, decide upon any changes needed and the possibility of presenting the circus to other similar audiences.

The performances can generate some income, which can be used to improve the show or to fund other activities.
# Drawing and

## WHAT?
A workshop where young people can freely draw and paint based on a theme previously agreed on and discussed.

In general, adults think young people would not have the talent or capability of expressing their feelings, imagination and demonstrate their creativity. Actually, they are able to express their own reality of the problems they confront, and to find solutions for them.

## WHO?
Children between 6-12 years of age, including substance users and non-users, no more than 25 participants per workshop.

## WHY?
Fun activity, easy to carry, low cost, recreational, and enables young people to develop their creativity, imagination and free expression in a focused way. It stimulates the projection of ideals, conflicts, aspirations and problems of the young artist.

## WHERE?
Better indoors, with chairs and tables for more comfort. Paper, pens, pencils, crayons, paintbrushes, inks, paints, material will vary according to resources available.

## RESOURCES
**Supplies:** paper, cardboard, pencils, crayons, paint, paste, scissors, paintbrushes, etc.

**Human:** if possible, an artist or someone with technical expertise to give tips and provide basic ideas for the participants

**Transportation:** no special requirements

**Catering:** refreshments as an incentive for participants
Painting Workshop

HOW?

1. Set date, venue and time, voluntary participation of young people.

2. Group discussion on a topic relevant to the group, on substance use (see chapter 3 for details).

3. One or more themes are selected (can be one theme for all or several, each one for a different small group). It can also be a story line developed by the participants and the group can be divided to work on drawing/painting different parts of the story. Another alternative is to make a mural, by painting on a huge canvas made of newspapers.

4. Presentation of techniques for drawing and painting (if an artist or teacher can be available).

5. At least 2 hours allowed for creation.

6. Each one presents and explains his/her own work to the group. The group can discuss the topic further, give suggestions, raise questions and find solutions for a topic which was explored by one or more participants.


DISSEMINATION

Can be part of promotional activities, such as contests, fairs (in schools or open air), exhibitions, etc. Can be sold and be a source of funds for more activities. Talented people can further develop their aptitudes and have a source of income.

The activity can also be linked to the production of cards, bookmarks, calendars, posters, leaflets, etc. as a promotional campaign for fund raising.
Music/Songs

WHAT?
Basic knowledge of musical composition, singing, building up or creating new instruments.

Young people between 7-16 years of age, in or out of school, no literacy required, groups of maximum 15 people. Participation is voluntary and also by selection in a neighbourhood, school, or region if the number of interested people is larger than the capacity for handling the workshop.

WHY?
Advantages: Songs and concerts can attract large audiences of young people. Songs can convey health messages and are easy to remember and repeat. Talented people can further develop their aptitudes and have a source of personal income.

Disadvantages: Can be expensive if musical instruments are required. It is time consuming. Some technical advice is needed for the production/creation of instruments. As a source of personal income, talent is needed and access to recording will be necessary.

WHERE?
Indoors/Outdoors

RESOURCES
If you decide to produce instruments, the basic materials can be varied: cans, pieces of wood, plastic, stones, pails, etc., depending on the type of instrument produced.

Catering: refreshments as incentive
| HOW? | 1 | Set date, venue and time, voluntary participation of young people or pre-selection of participants (depending on the size of the group and number of facilitators available). |
| | 2 | Have a group discussion on a substance use topic relevant to the group (see chapter 3 for details). |
| | 3 | One or more themes are selected (can be one theme for all or several, each one for a different small group). |
| | 4 | Present techniques for singing and producing instruments (if expertise is available). This can include the organization of a chorus (more than one workshop will be needed), interpretation of known songs, vocalization exercises, etc. It can include teaching to play one or more instruments that are available to the group. One way to start is to use songs familiar to the participants and then change the lyrics to contain messages about substance use. |
| | 5 | The time allowed for production can vary from a few hours to a full day, depending on the activities planned. |
| | 6 | Each one presents and explains his/her own work to the group. The group can discuss further the topic, give suggestions, raise questions and find solutions for a topic which was explored by one or more participants. |
| | 7 | Debriefing. Plan for continuation. |

| DISSEMINATION | Songs and musical presentations can be part of contests for fund raising. Instruments can be sold and exhibited in a variety of places. The best songs can be recorded for wide dispersion. The group (or small groups formed along the way) can present their work in parties, fairs, schools, etc. |
| | Talented people can further develop their aptitudes and this can become a source of personal income. |
Street TV

**WHAT?**
A television programme made with the participation of the community. It integrates all forms of art.

**WHO?**
Various age groups.
Production team and animation team: director/camera operator/sound engineer/scriptwriter/consultants/producer/editor/ animator/driver.

**WHY?**

**Advantages:**
- An appropriate, modern form of communication
- Programmes can be designed to answer specific demands and needs
- Suitable programmes can stimulate the imagination
- Can establish an ongoing educational process
- Videos can be available quickly for distribution
- Involvement can increase awareness, self-confidence, and efficiency
- Putting a message on this medium meets with less audience resistance.

**Disadvantages:**
- Expensive; permanent fund-raising efforts are needed to meet the cost.
- A considerable amount of technical expertise and training is needed.
HOW?

1. Identify a topic (focus groups/brainstorm, or key informant interviews in the community).

2. Research and discuss the chosen topic with the target audience.

3. Before writing the script, consult health professionals to ensure the accuracy of the message and the ideas.

4. Produce the programme.

5. Make and edit the film.

6. Transmit the programme.

WHERE?

Production: writing and editing are completed in a central office. Filming is done indoors or outdoors.

Viewing: public squares, or schools.

WHEN?

Production: allow one month before transmission.

Transmission: ideally daily.

RESOURCES

Equipment: camera or video recorder, studios, editing unit, projector, big screen (outdoor exhibition), sound, van (transport, filming), fuel, tapes, office supplies.

DISSEMINATION

Can be shown on local or network television. Video tapes can be reproduced easily.
## Cartoons (or Animated Film)

### WHAT?
An animated cartoon is a motion picture consisting of a sequence of drawings, each very slightly different, so that when they are filmed and projected on a screen, the figures appear to move.

### WHY?
**Advantages:** Animation is an exciting art form in which everyone can participate.

**Disadvantages:** Expensive, technical expertise and special equipment are needed.

### WHO?
Anybody can participate.

It is not necessary for the participants to have artistic skills or be specially trained. However, it is necessary for the facilitator to make a presentation (perhaps 1 hour) to explain the activity before the work begins.

The participants are provided with the direction and the tools with which to produce their own 30-second animated film.

**BUT:** Unless the facilitator has proper training and the resources to produce animated films, he/she will need advice (see, Bibliography for further reading).

### WHERE?
The number of participants dictates the size of the venue. The room needs to be well lit.

### RESOURCES
Tables, chairs, a video player (not absolutely essential but serves as an effective tool for instruction during the workshop).
## HOW?

1. **Make sure the idea is clear and simple, and can be drawn to make a 30-second film.**

2. **Develop the main characters by making sketches. Try to keep them simple and fun to draw, and use many close-ups.**

3. **Create a title, caption, and credits using words that best describe the film.**

4. **Write all the actions on the soundtrack sheet, with an animator/facilitator.**

5. **The storyboard is a comic-book version of the film, its “blue print”.**

6. **Prepare all the animation frames and drawings. This is a group process that is quite intense and where participants begin to understand the meaning of a deadline.**

7. **Once all the drawings have been completed and coloured they must be placed in order so that the timing of the actions coincides with the story.**

8. **Now, film each drawing in the correct sequence, with a stop action camera.**

9. **Edit the picture to synchronize with the sound.**

10. **Encourage the young film makers to present their own films, and in doing so to take responsibility and control. They become peer educators and advocates of their message.**

11. **The screening of the finished product requires electrical power for a video player and monitor.**

12. **Throughout the process, the film makers have to remain focused; the impending deadline is a constant reminder of the need for continued efforts. Each completed drawing, and each completed coloured drawing, is one step closer towards achievement of their film and advocacy of its message.**

## DISTRIBUTION

Videos of the animated cartoon can be broadcast to the community to increase awareness. The messages can be presented personally by the young film makers; this is an extremely powerful tool.
Radio Programmes

WHAT?

Radio is a mass communication medium, used in many countries, in both cities and rural areas. It is likely that health educators can have access to the local radio to transmit health messages.

WHO?

Children, adolescents, street children, and educators, 8-16 years of age. No more than 20 people per workshop.

Radio can be used to publicize information on campaigns, on the availability of services, or on programmes such as question/answer sessions about health-related themes.

Radio can be used for open transmission (general population), organized groups, or in campaigns. An organized group can listen to the programme and, with the help of a facilitator, can discuss its contents afterwards. For a campaign on a particular topic, the transmission is usually at a regular time and it is addressed to a specific group. The message is repeated several times, with the same or a similar format. Another alternative is a regular “hot line” on the air.

TYPES OF PROGRAMMES

Magazine: variable length, always transmitted at the same time of the day, regular intervals, diversified, with musical intervals.

Interviews: can be part of a magazine programme or be separate. Interviewees can be health workers, young people, teachers, authorities, and other representatives of the community.

Questions/answers: this format is often used to deal with health-related issues; the target audience is invited to send questions, either by phone or by mail, or they can be interviewed on air. Health professionals provide the answers. The programmes usually last 30 minutes to 1 hour.

Debates/discussion panels: several people, with a range of opinions, participate in the discussion of a specific topic.

Radio-novels: this is one of the most popular forms of radio entertainment. A radio-novel consists of a sequence of episodes of a life drama. Each episode lasts approximately 30 minutes. The emotional nature of the programme and the suspense between episodes attract the audience. Sound effects and music are integrated. The production costs are usually high.

Contests: correct and incorrect answers are presented, thus educating the audience on a specific issue. Another variant is to request answers by mail and draw lots among the correct ones to select the winner.
# HOW?

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</table>
| ![Image](image1.png)  
Research the target audience to see whether this is a suitable vehicle for communication. If yes, select the best time for the broadcast, type of programme, and coverage. | ![Image](image2.png)  
The format of the programme depends on the objectives (to increase awareness, to promote participation, or to inform). | ![Image](image3.png)  
Radio messages must be complemented by other health education materials and activities in order to be effective. |

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</table>
| ![Image](image4.png)  
Radio messages are more effective when combined with group discussions. | ![Image](image5.png)  
Effectiveness depends on the language used. Use appropriate vocabulary, a clear voice, and avoid technical terms. | ![Image](image6.png)  
Promote community participation by getting people involved in writing/calling back, to give their opinion about an issue. |

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</table>
| ![Image](image7.png)  
Always test and evaluate the material produced. |

## RESOURCES

A person with expertise to discuss technical issues, clarify questions and correct wrong concepts transmitted by other participants during the radio programme when necessary.

If the activity is going to be held in a local radio station, no special requirements are needed. If this is not possible, but there is a similar radio-programme organized, a tape recorder may be needed.
Games

WHAT?

Games are valuable learning tools for young people in difficult situations. They teach important lessons about sharing, cooperating with others, and working to achieve specific goals. They also increase self-esteem. These lessons are important for young people in difficult situations because they can be transferred into "real life" situations, such as dealing with substance use pressures and problems. Games also allow young people to escape temporarily from the adult-like stresses of their lives and act like "kids" for awhile.

Games come in many forms. Throughout history, young people in all cultures have created games according to their needs. Some examples are listed below:

1. Games in which players perform the same activity, taking turns or together.
   **Example:** pin the tail on the donkey, hopscotch (variations in different countries)

2. Acting-out games in which players have roles to play.
   **Example:** charades, follow the leader.

3. Races in which players compete to reach a goal first.
   **Example:** message relay, obstacle course, sack race.

4. Capture games in which players alternate the roles of being the chaser and the object of the chase.
   **Example:** cops and robbers, hide and seek.

5. Conflict games in which players stage attack and defence stances.
   **Example:** tug-of-war, day and night.

6. Strategy games in which players use physical, mental (or both) skills in order to win.
   **Example:** standard ball games (basketball, baseball, volleyball), board games, and card games.
**WHO?**

All young people and those who work with them.

**WHY?**

Games help young people to build their character (coping skills and spirits) as they are faced with challenges. Games also develop the players: PHYSICALLY, i.e. agility, coordination, and strength; MENTALLY, i.e. memory, concentration; INTELLECTUALLY, i.e. negotiation, decision making, EMOTIONALLY, i.e. acceptance of victory and defeat, coping skills, SPIRITUALLY, i.e. determination to move forward, be one's own ally.

**WHERE?**

The venue is largely determined by the:
- size of the group,
- availability of space,
- availability of material,
- weather or natural environmental conditions,
- physical and mental readiness of the children.

**HOW?**

When choosing a game to play, and using it as a teaching and learning tool, remember to consider the following:

1. **Structure:**
   how the players are arranged (formation, i.e. individuals, teams, etc.); where the game is played (venue, i.e. out-of-doors or indoors, tents, rooms, etc.).

2. **Number of players:**
   maximum participation is ideal.

3. **Groupings:**
   by age, gender (some games may not be culturally appropriate).

4. **Time element:**
   how much time is needed to play the game and to discuss the experience with the children.
Games

BUT

For every game you choose to play, the following steps can be applied:

1. Decide on a definite curriculum goal.
   The first goal is, of course, to have fun, but are values, skills, or knowledge required in the game?
   - tug-of-war - physical strength, strategy, lesson in conflict,
   - card games - mental agility, concentration, reading comprehension.

2. Make enough time and space for the game to be played. Nothing is more hurtful to children than stopping them from playing in the middle of their game. Also, avoid continuing the game after it has become boring.

3. Give instructions clearly explaining the object of the game, making the game more exciting with variations (i.e., with tug-of-war, use rope, arms or legs, or add a song while “tugging”).

4. Provide ample time for trial rounds, if the group suggests another way to play the game, let them try.

5. Most importantly, gather the participants after the game and, while they are resting, talk about the experience, in order to draw lessons from the game. Prepare a few questions to guide the discussion:

   1. How was the game?
   2. What strengths did you use to win, or to face the challenge?
   3. How did you feel... when you won? Able to face up to the challenge? ... when you lost? Unable to face up the challenge?
   4. What shall we do next time?
   5. In our everyday lives? What challenges do we face (e.g., tug-of-war). When do we have to “tug” our full strength, and with whom or what? For example, in the streets, with substances? etc.
Games

**IMPORTANT**

At this point of the discussion, an unskilled facilitator might open up old wounds; he/she must be prepared if such incidents happen. Always:

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</table>

Listen well to the young people sharing their experiences.  
Ask the rest of the group to offer their opinions without being judgmental or biased.  
Keep the peace, and introduce some relaxation exercises.

**Facilitator**

In using games as teaching and learning tools, the facilitator is playing three major roles:

- as games master, who acts as referee, arbiter, and instructor, he/she must be fair, unbiased, clear, and firm;
- as co-player, he/she must be one with the children and enjoy the experience;
- as facilitator/process observer, he/she must take note of the experience and talk about it with the children.

**RESOURCES**

It depends largely on the type of game. Usually few additional support materials are necessary.

**DISSEMINATION**

Games can be organized in competitions between groups, schools, communities. The competition itself is less important than replicating and expanding the educational goals involved. They can serve to integrate different groups, increase awareness about a specific topic, including health related issues. Other activities can be organized to raise funding for the organization of the competition.
6

Testing Materials and Activities
Before deciding to reproduce, distribute and use the product of a creative activity with another group, community, or school, materials should be tested. People are different, learn differently, and have different experiences. What worked very well for an initial group may not work with another one, and vice versa.

**TESTING EDUCATIONAL MATERIALS**

All of the materials produced should be tested prior to their widespread distribution. Drafts of posters, pamphlets, comic books, flipcharts, radio and television programmes, and other materials are shown to members of the target audience who are then invited to comment on them.

**WHY?**

Testing is a cost-effective means of identifying whether materials are appropriate, understood, appealing, before more resources are spent on reproducing them.

**WHAT TO TEST**

Verify whether:

- the materials are relevant,
- the materials attract attention,
- the materials convey the message clearly,
- the information is retained,
- the materials make the target audience feel involved in the issue,
- the materials are acceptable within the culture.
Materials and Activities

Also, after the initial discussions, the material or activity might be conveying the wrong health-related messages, and thus cannot be distributed. Furthermore, while the message may have been understood by the group after one or more group discussions, it may not be comprehensible to another audience.

**HOW TO TEST**

- Select a group which represents the target audience, e.g., 20-30 individuals from youth groups of similar age range, sex, and sociocultural background.

- Use focus group discussions to get feedback from individuals in smaller groups, one at a time.

- Separate boys from girls, if necessary.

- Emphasize that the goal is not to test their level of knowledge but to test the materials.

- Make sure all members of the test group take an active part.

- If the majority of the young people understand the materials and enjoy them, the process may proceed while continuing to improve them on the basis of the suggestions made.

- Ideally, any materials that are changed should be tested again on a group mixed with people who were and were not members of the first testing group.

The test results can also be useful in convincing decision-makers and managers that a certain approach is likely to be the most effective.
## EXAMPLE OF QUESTIONNAIRE FOR USE IN TESTING*

### Communication/comprehension of the main idea
- What is the main idea this message is trying to get across to you?
- What action, if any, is the message recommending that people take? (Probe: what other action?)
- In your opinion, is there anything in the message that is confusing?
- Which of these phrases best describes the message?
  - Easy to understand
  - Hard to understand

### Likes/dislikes
In your opinion, is there anything in particular that is worth remembering about the message?

What, if anything, do you particularly like about the message?

Is there anything in the message that you particularly dislike or that bothers you? If yes, what?

### Credibility
In your opinion, is there anything in the message that is hard to believe? If yes, what?

Which of these words or phrases best describes how you feel about the message?
- Believable
- Unbelievable

In your opinion, which of these phrases best describes the type of person this message is aimed at?
- Someone like me
- Someone else, not me

---

*This document is a sample of how to create, work with, and evaluate educational materials and activities with young people.*
| **Personal relevance/interest** | Is the message aimed at:  
• All people?  
• All people, but especially young people?  
• Only young people?  
Which of these words or phrases best describes what you feel about the message:  
• Interesting  
• Not interesting  
• Informative  
• Not informative  
Did you learn anything new about... with this message? If yes, what? What does it make you think, feel, want to do/not do? |
|---|---|
| **Assessment of artwork** | Just looking at the drawing (or picture), what do you think the message is?  
Is there anything in the drawing (or picture) that would bother or offend people you know? |
| **Impressions of presenter** | Please select the one answer from each pair of phrases that describes your feelings about the presenter:  
• Believable  
• Not believable  
• Appropriate to the message  
• Not appropriate to the message  
• Gets the message across  
• Does not get the message across  
Testing can be conducted by youth workers in the community. For example the workers can discuss drawings and slogans with young people. Young people can also be asked to watch a videotape. |

* Adapted from: Guide for developing health promotion projects for AIDS prevention among out-of-school youth. WHO/GPA 1991
7
Monitoring and Evaluating Materials and Activities
7 MONITORING AND EVALUATING

Monitoring and evaluation are essential to determining how well activities are running.

MONITORING

To be able to monitor activities and materials, there are two important rules:

- To keep records of what was done!
- To share the information gathered with others!

Write something every day; write personal comments including reactions to different situations. Write verbatim transcriptions of what is said by other people.

Then, discuss these notes with peers and the target audience. Make changes to the programme if necessary. Take notes and then discuss the results again, and continue the same process. This can only improve the work!

Taking notes will help others do a better job as well, because they can learn from experience.
Materials and Activities

Monitoring is the ongoing assessment of how activities and materials are being implemented: by whom, for whom, with whom, how, when, and where.

Evaluation is concerned with how well activities and materials are achieving their objectives: if they are having an impact on the target audience.

Make a record of who developed the activity, how many people participated, who organized it, how much it cost, where and when the activity was developed, what equipment and resources were needed, and how people got to know about the activity.

Record whether the activity went as planned, if the costs exceeded the budget, whether the staff needed training, and eventually became motivated. Note any problems there were in obtaining the material required, and whether people were sufficiently interested to repeat the activity. Analyse what could be changed to improve the activity if it is decided to repeat it.
Example of a monitoring exercise

Plan of Action

Plan of Action: “Drinking or Driving”

Activity

- Creative workshops to develop a play on the topic.
- Presentation of the play in 3 different places: school, local theatre, primary health care centre.
- Educational discussion after the play with the audience.
- Distribution of a leaflet with information on a new service (e.g. “free ride home” programme for Saturday nights).

Objectives

- Inform on the hazards of drinking and driving.
- A change in attitudes towards drunk driving reduces the percentage of alcohol related accidents in the community.
- Promotion of a new voluntary service to take people home when they are not able to drive on Saturday nights.

Monitoring questions for this activity

- Were the creative workshops undertaken as planned?
- Were participants satisfied with their play and performance on stage?
- Were the participants satisfied with the work of the facilitator?
- What did participants learn from participating in the workshop/play?
- Did the 3 presentations take place? Were each of them advertised somewhere?
- Did the audience enjoy it?
- Did the audience like and identify themselves with the characters?
- Did the audience participate in the follow-up discussion?
- Did the audience think about or relate to their own attitudes on the topic?
- Did the audience/young people talk about the play at home or with friends?
- Were the leaflets produced?
- Was the message clear, concise, understood?
- Were the leaflets well distributed?
- Did those who received the leaflets understand the message? Were they interested?
- Did people plan to change their attitudes or behaviour as a result of seeing the play or participating in it?
- Was the service used after it began?

With the help of local researchers, it is relatively easy to develop questionnaires that can monitor these and other activities. Staff involved in the project may interview people who participated directly or indirectly in the campaign.
### Monitoring materials/activities

For each type of material or activity, certain steps must be followed. When planning and developing them, check, when applicable, the list below. Should any of these steps have not been followed, the facilitator or programme manager needs to review and decide on the best action to take and whether to go on with the plan. There are steps that are not always applicable and others that should never be overlooked (e.g., accuracy or clarity of messages). A management team should decide what to do in each case.

**Place an X in the appropriate column:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>1</th>
<th>Did the target audience participate in the selection, development, or evaluation of the material?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>2</td>
<td>Were everyday situations represented?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>3</td>
<td>Do the materials relate to a current educational programme?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>4</td>
<td>Are the services or resources being promoted readily available?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>5</td>
<td>Are other materials or techniques available to reinforce the messages?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>6</td>
<td>Were the materials tested before they were finalized?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>7</td>
<td>Are instructions available on how to use the materials?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>8</td>
<td>Has the target audience been assessed regarding cultural, geographical socioeconomic characteristics, and its education level?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>9</td>
<td>Has care been taken to ensure that the material does not offend community traditions?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>10</td>
<td>Did health personnel participate actively in the design?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>11</td>
<td>Do the materials respect free choice?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td>12</td>
<td>Are the actions being promoted feasible and appropriate?</td>
</tr>
</tbody>
</table>
EVALUATION

The purpose of evaluation is to improve your materials and activities. Evaluation allows you to determine whether you are achieving the desired result.

Evaluation has to do with outcomes and with meeting preset objectives. Performance indicators should be used to see how close those objectives were achieved.

The health education materials and activities proposed in this manual will communicate messages about the knowledge, values, attitudes, and practices of their creators concerning the use of psychoactive substances. These messages may be helpful or unhelpful; they may be shown in a very open and direct way, or they may be hidden in a story.

These materials and activities can have a great influence on people. Thus, the people who produce them, and the performers, have a responsibility to ensure that they promote helpful attitudes and practices, and do not encourage prejudice and discrimination.

Health education materials produced by professionals may look wonderful but be meaningless to the target audience. On the other hand, materials produced by local people, though easily understandable, may contain incorrect messages. Clearly, it is essential to evaluate everything that is produced to ensure that the correct messages are conveyed in a form that is easy to understand.

Attitudes, knowledge and behaviour

Because evaluation is concerned with the effects that your activities and materials have on people's knowledge, attitudes, and behaviour, you need baseline information to know what these are before the activities commence. Comparison of the baseline information with similar information collected later will tell you what influence your activities have had.

First you must define your objective(s). What would you like to change with your activity? How could you measure the desired change?

Then you can put the questions you have formulated to a focus group (see annex 2) for discussion, or members of your target group, relatives and other people related to your audience.

Remember: Just one workshop cannot change everything!
Process evaluation

This is an assessment of the overall appropriateness of the project. It uses common sense, professional judgement and consultations with the target audience, staff and outside evaluators.

These are some examples of questions to be included in a process evaluation:

- Were the objectives realistic?  
- Were the activities appropriate for the community/target audience?  
- Was the budget sufficient?  
- Was the time of evaluation the most appropriate?

Anonymous questionnaires can be sent to members of the target audience, before and after the programme, to measure changes in attitudes, knowledge and behaviour.

Competitions or other activities can be planned to assess whether the target audience has successfully retained the message.

Decide which indicators to use when evaluating. Here are some examples:

- % of participants that used the material to communicate to friends or others  
- % of participants for “whom the material/activity aroused interest” and became a topic of conversation  
- % of participants who brought along a friend to the next session (“snowball effect”)  
- % of people who were able to explain new knowledge helpfully to another person after the activity  
- % of participants who agreed to take action  
- % of original participants who attended a follow-up session  
- % of people who were able to demonstrate healthier choice to substance use  
- % of people who were able to explain the substance use problems of the community

A questionnaire or interview can discover whether the information (knowledge) was appropriately conveyed by the activities. However, it must be applied before and after the programme or, otherwise, it will not be possible to know if anything changed.
Attitudes scale

In order to measure the impact of an activity on attitudes toward a specific risky behaviour seen as a problem in the community, a scale can be used before and after the activity.

Don’t be frustrated if no change is detected in a short time. Attitudes and behaviour are difficult to change and take time. A single activity is unlikely to change people, but if it is part of a programme and is repeated over a period of time, a measurable change may be detected. Therefore, evaluation must also be periodic.

There are no "correct" answers to these questions, since they test individual opinions rather than facts. The responses, however, should serve as a guideline for the facilitator to understand the general distribution of attitudes within a group.

**Example:** Formulate 10-12 statements about a particular behaviour, and ask the participants to state whether they disagree strongly, disagree, are neutral, agree, or agree strongly with them. The statements below refer to a role-play on drunk driving following a party:

<table>
<thead>
<tr>
<th>Sample statements</th>
<th>Disagree strongly</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drinking is part of growing up.</td>
<td></td>
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<tr>
<td>2. Getting drunk is OK, as long as it is not too often.</td>
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<tr>
<td>3. Alcohol consumption is a way of promoting social confidence.</td>
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<tr>
<td>4. Getting drunk is fun and cool.</td>
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<tr>
<td>5. Choosing to stay sober is not cool.</td>
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<tr>
<td>6. Drinking too much can damage your image.</td>
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<tr>
<td>7. You can avoid getting drunk by spacing out your drinks.</td>
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<tr>
<td>8. It is not safe to eat while drinking.</td>
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<tr>
<td>9. Mixing your drinks helps to avoid getting drunk.</td>
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<tr>
<td>10. Salty foods should be avoided while drinking.</td>
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</tr>
<tr>
<td>11. If you are used to it, drinking and driving is not a problem.</td>
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</tbody>
</table>
## Knowledge questionnaire

With a questionnaire like the one below, it is possible to test whether the target audience has taken note of the new information included in an activity. If they have, it does not necessarily mean that they will change their attitudes or behaviours, but knowledge is a step in the right direction.

The “knowledge scale” below contains items. Each has to be answered with one of the following responses: yes, no, not sure. Only correct responses receive 1 point.

**Example:** Ask these questions after distributing a comic about alcohol intoxication, which contains a message about why reducing intoxication is beneficial, particularly for young people.

<table>
<thead>
<tr>
<th>Items</th>
<th>Yes</th>
<th>Not sure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol intoxication is defined as 5 or more drinks in a row.</td>
<td></td>
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<tr>
<td>2. Getting drunk is potentially harmful behaviour.</td>
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<tr>
<td>3. A person who has had some alcohol and drives a car will not get into an accident unless he/she is drunk.</td>
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<tr>
<td>4. Health problems will result only if you drink heavily every day.</td>
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<tr>
<td>5. Violence and crime are potential social consequences of alcohol intoxication.</td>
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<tr>
<td>6. In general, young males indulge in getting drunk more than young females.</td>
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<tr>
<td>7. If you drink coffee, you can reverse the effects of alcohol.</td>
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<tr>
<td>8. Users that are dependent on alcohol have withdrawal symptoms.</td>
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<tr>
<td>9. The risk of sexually transmitted diseases is lower among alcohol drinkers</td>
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<td></td>
<td></td>
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<tr>
<td>10. Alcohol consumption may cause the user to forget what happened during the period of intoxication.</td>
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<td></td>
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<tr>
<td>11. Drinking four drinks in one hour will cause less intoxication than drinking them in four hours.</td>
<td></td>
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<td></td>
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</tbody>
</table>
Answers to the knowledge questionnaire

1 No. Alcohol intoxication depends on the drinker’s tolerance. The level of tolerance is different for each person. A number of factors must be considered, which influence one’s tolerance:

- In general, a woman’s tolerance is lower than a man’s, even if they are of the same weight and have consumed the same amount of alcohol.
- Tolerance is higher when the user drinks with a full stomach, as opposed to an empty stomach.
- People who weigh less have a lower tolerance to alcohol.
- Those unaccustomed to drinking alcohol have a lower tolerance than regular consumers.
- Finally, if all of these factors are the same for two people, one might have a higher tolerance than the other because his/her body is just naturally different from that of the other.

2 Yes. Accidents such as drowning, and getting hit by cars while crossing roads are more likely to occur because the user’s judgement and physical coordination are impaired.

3 No. Although people are certainly more prone to accidents when they are drunk, even a small amount of alcohol begins to impair one’s decision-making, judgement, and coordination. Thus it is not necessary for one to be drunk in order to increase his/her chances of having an accident.

4 No. Although chronic drinking causes long term effects such as liver damage, cirrhosis, and brain damage, there are acute health problems from drinking heavily. Among these are nausea, vomiting, stomach pains, and gastritis (inflammation of the stomach lining).

5 Yes. Because alcohol impairs judgement and inhibition, one might act more violently and be prone to abusing others. Also, unwanted pregnancies may occur because of impaired judgement and inhibition.
Answers to the knowledge questionnaire

6 Yes. While the prevalence of drinking and intoxication has increased among women, men still drink more and have more alcohol-related problems as compared to women.

7 No. Although coffee contains caffeine, which is a stimulant, it does not reduce the effects of alcohol, or change the amount of alcohol in the body.

8 Yes. Those dependent on alcohol experience withdrawal symptoms, such as cravings and shaking hands when they abstain from drinking.

9 No. Because judgement and inhibition are impaired, the user is likely to take fewer precautions and is more likely to have unsafe sex.

10 Yes. After consuming a large quantity of alcohol, some people experience “blackouts”, where they cannot remember what happened while they were intoxicated.

11 No. Drinking in a shorter period of time affects the body more strongly, while spacing out drinks over a period of time affects it less.

There are several methods of finding out the answers to these questions; but the methods are only valuable if people feel able to express their thoughts and feelings honestly and openly. For example:

- Act as a facilitator for small group discussions with the target group before and after an activity, encouraging the group to talk to each other about their reactions.

- Invite people to role-play some scenes or stories to show what they would like to happen.

- Interview people who work with or live with members of the target audience to see if they have noticed any changes in interest, attitudes, or behaviour.

- Talk with people involved in creating and performing the activity to understand their views.
The participants’ turn to comment...

On the programme

One of the most important things to consider is what the participants thought about the programme. Ensuring the participants’ comfort, satisfaction, and interest in the programme helps it serve their needs more effectively. Enthusiasm among past participants will encourage others to join future programmes. Try to create questions that will elicit feedback indicating constructive changes to the programme that could be made.

On the facilitator

Create a list of questions to see whether they felt comfortable with the facilitator. Giving feedback about the facilitator is invaluable: it allows the facilitator to relate better to the group, and it builds up a reference of past issues for new and future facilitators to follow. The responses to these questions may be written anonymously, according to the participants’ choice, or they can be discussed in a focus group with the facilitator or a liaison officer.

The participants’ evaluation of the programme and the facilitator does not necessarily have to occur only once at the end of the programme. It may also be conducted occasionally throughout the programme to finely tune the workshop to the group’s needs accordingly. For example, an informal evaluation may be given early in the programme to maximize the participants’ benefits, but late enough that they have a feel for the group dynamics.

Sample questions for the participants’ evaluation

- How did you find out about this programme? Do you think it is easy to find out about this programme?
- Are the sites accessible?
- What are your favourite activities? Why? Which ones do you dislike? Do you have any ideas for new activities you would like to do, or any suggestions for improving existing ones?
- What do you think of the programme’s approach toward substance abuse and other sensitive issues?
- What did you think of your facilitator? Was he/she informative, helpful? Did he/she treat people equally? Would you feel comfortable going to him/her with a problem or question?
Unexpected effects

Changes in one part of a culture can lead to changes in other aspects of life that were not predicted beforehand. Be cautious about trying to change one small part of people's life without understanding how this fits in with the culture and society as a whole.

Impact evaluation

This type of assessment provides more information on whether the objectives were met, in the short or long term. These are some of questions which can be asked:

1. How many young people have been reached?

2. What proportion reported changing their behaviour?

3. Was there a reduction in the risky behaviour that was being targeted by the campaign?

4. Was there a change in substance use patterns as a result of the programme?

5. Was a new service used effectively after implementation?

To obtain such information, long term follow-up is needed, and substantial data must be gathered for a relatively long time in a systematic and standardized way. Quantitative and qualitative methods can be used for carrying out such an evaluation, usually with the expertise of a researcher, social scientist or epidemiologist.

It is important to try to predict as many possible effects of change, while developing the programme for a group. Also, it is important continually to ask for feedback from groups, workers, and the community on the effects of programmes.
8
Disseminating Materials and Activities
8 DISSEMINATING

Materials and Activities

Materials must be distributed with instructions on how, when, and with whom they should be used. You must provide information on follow-up activities. Materials could be underutilized if health workers do not know how to use them properly.

1. Plan where, how and to whom the materials will be disseminated. Remember that it is best to involve young people who participated in the process from the beginning. It is important that new groups understand and culturally accept what is offered. Avoid wasting resources by distributing materials in the right place and at the right time, where young people can be reached more effectively.

2. Check all the materials before they are distributed. There might be pages missing, some upside down, blurred pictures, and other details which can compromise the credibility of the programme if left without correction.

3. Give people information about further education and health services that they can use after participating in the activity, such as confidential counselling, syringe-exchange services, etc. Printed materials can provide more detailed information, and serve as a reminder after the activity. People can share them with others, at home and at work.

4. Plan further meetings to explore certain issues in greater depth, and plan other activities to reinforce the messages.
9
Mobilizing Resources
Most activities will require some resources. While money is useful, and sometimes essential, many of the resources needed are not financial.

In terms of human resources, it is relatively easy to obtain a lot of help from volunteers. Establish a partnership with workers from the government, nongovernmental organizations, churches, schools, community leaders, health workers, clubs, etc. *When assigning tasks, avoid duplication of effort! Get others involved!*

Seek support from local communities, district authorities, provincial and central levels, and training and research institutions. And don’t forget the public media; they can be very helpful in attracting support by publicizing a programme.

Contact professionals from the substance use field to help with technical matters. These can be university professors, doctors, primary health workers, psychologists, social workers and educators among others. Some references have been included for further reading on education and substance use issues. It is very important to get reliable information continuously. The myths surrounding substance use and related problems must be dispelled, and this can be effectively achieved by consulting with more people and discussing the different areas related to substance use.

Use the activity to mobilize further resources. A play can be presented several times and a symbolic fee might be charged to help with covering the production costs. Artistic crafts can also be sold to raise money.
BIBLIOGRAPHY

Bibliography


*A handbook for Street Educators*, Children’s Laboratory for Drama in Education, Quezon City, Philippines, 1993

*Animation: Learn how to draw animated cartoons*. Preston Blair (available from Appropriate Health Resources and Technologies (AHRTAG), Three Castles House, 1 London Bridge Street, London SE1 9SG, United Kingdom).


*Pretesting in health communication*. Department of Health and Human Services. Public Health Service, Maryland, USA.
AND FURTHER READING


Further reading

**Producing Materials and Activities**


*First Aid in the Community: A Manual for Trainers of Red Cross and Red Crescent Volunteers in Africa*. International Federation of Red Cross and Red Crescent Societies.


**Facilitation**

*ACT on Health: A Youth Handbook*. Commonwealth Youth Programme, United Kingdom, 1995.


**Focus Groups**


**Role Play**

*AIDS Training Manual: Action for Youth*. League of Red Cross and Red Crescent Societies.

*First Aid in the Community: A Manual for Trainers of Red Cross and Red Crescent Volunteers in Africa*. International Federation of Red Cross and Red Crescent Societies.

Substance Use and its Effects

*Drink Drunk: The Difference is U.* Brochures published by New South Wales Health Department, Sydney, Australia.


*Nursing Care of Drug and Alcohol Problems.* Drug and Alcohol Department, Central Sydney Area Health Service, Australia.


Other


*The H.I.P. (Health Information Project) for Young Homeless People.* Comics kit produced by the New South Wales Department of Health, Sydney, Australia.


WHAT DID YOU THINK OF THIS MANUAL?

Help us improve!

Please fill out this form and send it to us. Your comments will help us improve this manual. We are looking for new ideas for activities and materials to include in a revision of this manual.

Name

Profession/position

Institution

Address

Country

Telephone

Fax

Email

Are you a volunteer?

Please base your responses to the following questions on your experiences with this manual. Please be as honest as possible.

Overall, how helpful was this manual in assisting you to plan materials and/or activities with young people?

☐ none    ☐ very little    ☐ somewhat    ☐ very much    ☐ extremely

Overall, how helpful was this workbook series in assisting you to implement materials and/or activities with young people?

☐ none    ☐ very little    ☐ somewhat    ☐ very much    ☐ extremely

Is there anything missing from the manual that you think should be included?
What were the good aspects of the manual?

What was not as good?

The manual was:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear to understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy to use</td>
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<tr>
<td>Useful for our local needs</td>
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<tr>
<td>Covered all relevant information we needed</td>
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<td></td>
</tr>
<tr>
<td>Terminology was easy to understand</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Writing style was clear</td>
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</table>

Would you recommend this manual to a colleague?

☐ no  ☐ yes

Why or why not?

Which material/activity did you produce with the help of this manual?
(Type/Date/Purpose/Target group/Distribution)

Where did you get the funds to produce your material?
WHAT DID YOU THINK OF THIS MANUAL?

Did the costs match the indications of the manual (e.g., were the activities indicated as inexpensive, really inexpensive)?

What difficulties did you find when producing your material?

How did you get young people involved?

To whom would you recommend this manual?

Are you planning to distribute the materials you produced to other communities/groups? Which ones? How?

Would you recommend this manual to a colleague?

Thank you for your cooperation. We would appreciate receiving a copy of each of your materials, regardless of whether or not you produced them with the help of this manual.

Please send us this form by fax or mail to: Substance Abuse Department
            World Health Organization
            20 Avenue Appia
            1211 Geneva 27 - Switzerland
            Fax: (41 22) 791 48 51

This same address can be used to send your materials.

E-mail your comments and questions to PSA@WHO.CH.
FOCUS GROUP METHOD

The focus group is a method for collecting data on a specific group or population. It is useful for:

- assessing a situation,
- determining the needs and attitudes of that population,
- planning appropriate interventions and responses. It is easy to organize and can provide quick and relevant answers to specific questions.

A focus group consists of a small group of participants, preferably 6-10 people. It is coordinated by a facilitator who can propose open-ended questions on a chosen topic (like tobacco use, drug injection - see some suggestions below in relation to substance use). These discussions then can serve as the basis for developing a storyline on the specific topic that is appropriate for the target group (for example, adolescent users of psychoactive substances) or to deciding on a health message.

The storyline should include some of the problems and possible solutions raised by the group. It can then be used for the production of educational materials, using a variety of techniques, as described in the various sections of this guide.

Depending on the activity being planned (for example a TV commercial or a play), it will be necessary to hold a number of focus groups to obtain the desired information, sometimes using the same group of participants to discuss other issues on the same topic, and sometimes different groups of participants to discuss different views on the same topic.

Decide what you want to know

Before convening a focus group, the organization (for example, the school, community centre, nongovernmental organization, or health care facility) in association with the facilitator, must determine the nature and extent of the information that they require.

Lists should be prepared of the questions and issues that need to be addressed. The list will remind the facilitator during the discussion of all the aspects that need to be discussed.

At this point it is a good idea to consult with a few people from the target population you will be working with, whom you already know. Show them your plan and the list of questions, and ask them whether they think the questions are relevant and appropriate.
Identify the participants

Participation in the focus group discussion should be voluntary. One good way to get a mixture of participants to attend a focus group is to use a technique called “snowballing”. Ask two to three people whom you already know to introduce you to some of their friends. Then ask these new participants to introduce you to other children whom the first group does not know.

Depending on the objective of your activity and the issues you will be discussing, there should be separate focus groups for girls and boys.

The type of participant you select will determine many other aspects of the focus group. For example, the facilitator many need to be more active and to reduce the number of questions if the invited participants include regular substance users.

In order to attract individuals to attend the discussion, you could consider offering an incentive. For example, you could provide food during, or at the end of, the session. This may, or may not, be a good idea, depending on the group expectations and any future activities you are planning.

The facilitator

The facilitator should have some training and experience in group activities and also be familiar with the problems related to substance use, particularly as regards the target group or community with whom he or she is working. The facilitator must be familiar with the dialect or slang of the group.

It is also important that the members of the focus group feel that the facilitator cares about them and their problems. The main tasks of the facilitator are:

- to create an atmosphere of safety;
- to help the group focus its energy on the task by suggesting methods and procedures;
- to make sure all the members of the group have an opportunity to participate;
- to help participants present their ideas to the group;
- to protect members of the group from personal attacks, put-downs, and criticisms.

Depending on the activity you are planning and the characteristics of the group, you may consider having two facilitators if the group has eight or more participants.
Select a documenter

You need a documenter to record the discussion of the group. This person should always:

- ask the permission of the group to record the discussion, and any other information;
- record the discussion accurately (writing and/or recording, photographing, filming, etc.) and keep it confidential;
- take care not to influence the record with her or his own opinions;
- be familiar with the dialects and slang used by the group; and
- observe and record non-verbal information about the group discussion (for example, the emotional tone of the discussion, important hand gestures, unusual behaviour).

Confirm attendance and follow-up meetings

The facilitator should:

- keep in contact with the participants until the time comes when he or she can confirm their attendance;
- select an appropriate meeting place, date, time;
- arrange all the materials necessary for the discussion, including those specific for the creative workshop;
- inform the participants about the time and place of any follow-up meetings.

Conducting a focus group discussion

The facilitator should:

- arrive at the location ahead of time, check that everything is in order, including tape recorders, batteries, etc., as required;
- welcome the participants;
- introduce yourself (and others assisting you) and explain what you will be doing, and who is recording the proceedings (asking their permission to do so);
- arrange an introductory activity to help participants get to know each other and relax before they start discussing the actual topic; it could be a song, a prayer, or a brief game, including an opportunity for people to introduce themselves;
- start the discussion by stating the general purpose of the activity and the primary topic of the focus group;
- explain the procedure of the discussion;
- ask the group for questions, suggestions, and their expectations;
- begin the discussion with a general, open-ended question about the topic.
Facilitate the dialogue

The facilitator must pay attention to the process as well as the content of the discussion. The process includes issues such as:

1) who speaks and who does not,

2) what topics are avoided,

3) what issues upset the group,

4) whether the pace of the discussion is slow or quick, and

5) how the participants interact with the facilitator.

The facilitator should also:

- encourage participants to share as much information and as many insights as possible;

- try to maintain an atmosphere in which people take each other seriously, but humour is still welcome, and help to make it safe for people to share the feelings behind their opinions;

- show genuine interest in everything that is said, and comment on special contributions of members and on accomplishments of the group;

- deal politely with irrelevant information;

- encourage the expression of different viewpoints; the more important the decision, the more important it is to have all relevant facts, feelings, and opinions;

- take care not to judge responses nor make long comments;

- control over-talkative members and ask for comments from quiet ones;

- use different kinds of questions to increase participation and interest; search for all possible answers to a problem by changing the perspective of the discussion;

- keep the discussion focused on the subject;

- summarize the discussion at frequent intervals;

- try to hold the participants attention by, taking a break, stretching, switching seats, saying something humorous, or playing a brief game;
• postpone a scheduled break if the group is absorbed in its work;

• defuse personal arguments between members;

• keep the emotional atmosphere of the discussion at a level that can be tolerated by all the participants; if any of the members becomes too distressed, consider addressing his or her feelings immediately, or letting the whole group take a break;

• as the discussion continues, check that all the issues you listed have been properly covered.

Conclude the focus group discussion

Towards the end of the session, the facilitator should restate the objectives of the discussion, and try to pull together the main points made by the participants.

The facilitator should also:

• ask the participants whether the discussion has missed any important issues or questions;

• express sincere appreciation for the participants’ attention, time, and contributions;

• inform the participants of subsequent activities, if any, and

• end the focus group discussion with a feeling of togetherness - sing a song, shake hands, or do a similar activity that affirms the group and puts a sense of closure to the time spent together.
List of issues and questions on substance use

This list may give you some ideas for questions you may use in a discussion on substance use. They are only suggestions and you may change them according to the theme you will be discussing with the group, the characteristics of the group, and what you know about substance use problems in the community the participants are from.

Normalization of substance use

- Is substance use a problem in your community? What are the problems of substance use?
- Is substance use a problem for you?
- What do the people in your community think of your substance use?
- What substances are legal to use and which substances are illicit to use? What is the most harmful substance?
- Where do you get your illicit substances from?
- How easy is it for you to get them?
- Do you just use certain substances depending on their availability?
- How much does the cost of substances influence the type and amount that you use? Has there been a change in the cost of those you use?
- Are substances easy to get on the streets? Is it easier there than elsewhere?
- Do you use the same substances as your friends? Do your friends encourage you to use substances? If so, why?
- Do you get hassled by the police, or others, because of your substance use?
- Do you think that you are influenced by advertising, sponsorship, or marketing of alcohol or tobacco?

Substance use and its effects

- What substances do you use? What is your favourite? You may prompt from the following list:
  - alcohol
  - tobacco
  - cannabis (e.g., marijuana, hashish resin/oil)
  - natural opioids (e.g., heroin, opium, morphine, codeine)
  - synthetic opioids (e.g., methadone, pethidine, omnopon)
  - cocaine (e.g., coca paste, cocaine salt, crack)
- amphetamine-like stimulants (e.g. methamphetamine, MDA, ice)
- stimulants/hallucinogens (e.g. PCP, MDMA, bromo-DMA)
- other stimulants (e.g. ephedrine, caffeine, methylphenidate)
- hallucinogens (e.g. LSD, psilocybin, peyote, mescaline)
- hypnosedatives (e.g. barbiturates, benzodiazepines, methaqualone)
- analgesics (e.g. paracetamol, aspirin)
- antihistamines
- major tranquilizers
- antidepressants
- volatile substances and aerosols (e.g. petrol, glue, benzene)
- other (e.g. khat, kava, pitchuri, nutmeg, betel nut)
- other prescription substances.

- How often do you use these substances?
- What are the health and economic costs of smoking, drinking or other substance use?
- How do you take them?
- Why do you take them? Do you enjoy them?
- Did you enjoy when you first tried them (including cigarettes and alcohol)?
- Do people like you more when you are using substances?
- With whom do you use these substances? Do you ever use substances alone? Do you share substances with others?
- Where do you prefer to go to use substances?
- How do the substances affect you? What do you find is good about taking substances? What do you find is bad about taking substances?
- What effects does substance use have on your health?
- What effect does substance use have on the way that you feel about yourself?
- What does your family feel about your substance use?
- How does your substance use affect your friendships?
- How does your substance use affect your study or work?
- Have you been in trouble with the police because of your substance use?
- Have you had to leave the place you were living in because of your substance use?
- Do you go without things such as food or clothes so that you can buy substances?
- Does substance use affect your sex life? Do you usually have sex when you use substances?
- Have you ever been in an accident after using substances?
- Have you ever been in fights during or after using substances?
- Do you feel guilty about using substances?
- Do you need help because of your substance use? Would you like help to do something about your substance use?
- Have you ever been treated for a substance use problem? What kind of problem was it, and what treatment did you receive? Who told you about it? How helpful was it?
- Do any of your friends have a substance use problem?
- Where would you go for help for a substance use problem? Are there enough places to go for help?
- Can a person with a substance use problem be helped or cured?
- How do you feel about people who sell substances?
- Do you sell, or have you sold, substances?
- Do you still use substances when you are sick? Do you have to use substances to stop you from feeling sick?

**Risk behaviours**

- What do you do for a risk?
- How do you show off to your friends?
- How do you prove yourself?
- What do you need to do to be accepted by your friends/peers?
- Do you get involved in fights?
• Do you use a knife, gun, or other weapons?

• Do you do risky things to earn money, food, clothes, shelter, etc.?

• Do you break the law for fun, to be accepted by others, or to survive?

• Are you sexually active?

• Have you any children or have you been pregnant?

• Have you ever had an abortion? If so, where?

• Have you ever had a sexually transmitted disease? What are sexually transmitted diseases? What is AIDS? Are you at risk of catching such a disease?

• Do you use any form of contraception? What type? How often?

• Have you ever been forced to have sex? Do you provide sex to survive?

• Have you ever had sex with a person of your same sex?

• How many sexual partners have you had/do you have now?

• What is "safe sex"?

• Do you experiment with different combinations of substances? What combinations do you use?

• Do you ever do risky things after using substances, such as committing a crime, climbing buildings or trees, swimming, having sex with strangers, or walking across a busy street?

• Do you use your substances alone or with other people? Where do you use these substances?

• Do you ever take substances that you don’t know about?

• Have you ever injected a substance? How did you inject it?

• If so, did you share the needle, syringe, water, or any other utensils with someone else? Who used it first?

• Where do you get your clean needles and syringes from? Do you reuse them? How do you clean them and with what?

• Who would you ask to find out more about the substances you use and how you could protect yourself from any harm?
ANNEX 3
GLOSSARY

There are a large number of substances that exist. Often the same substances can appear in many different forms. The purpose of this section is to define some of the terms related to substance use, and to give basic information on some of the more commonly used substances. All substances have the potential to cause dependence, but each substance varies in its potential dependence.

- **abuse** is a term pertaining to substance use that is sometimes used to mean use or experimentation. It has also been used as a synonym for substance dependence. Although this term is often used, it is not a very useful term because its meaning is vague since it is used in so many different contexts.

- **addiction** is the repeated use of a substance to the point that the user is periodically intoxicated, shows a compulsion to take the substance, and has great difficulty in voluntarily stopping or slowing use.

- **alcohol** is a depressant. A small amount makes people relaxed, sleepy, and uninhibited, which means they are more likely to do things that they normally wouldn’t do. With larger amounts of alcohol, drinkers lose physical coordination, have unclear vision, slur words and make poor decisions. Consuming greater amounts of alcohol may lead to vomiting or blackouts. If used chronically in high does, alcohol may lead to dependence withdrawal, and the user needs to increase his/her usage to feel its effects. Some of the chronic physical effects are liver damage, brain damage, esophagus and breast cancer, and heart disease. Some substances which contain alcohol are wine, beer, spirits, and homebrew.

- **amphetamine-like stimulants** are psychostimulants which excite the functions of the body and mind, and cause extreme excitement. Chronic use commonly causes personality and behaviour changes, such as aggression, irritability, and paranoid psychosis which often includes hallucinations, hostility, and hyperactivity. The chance of a user becoming dependent on them is high. Withdrawal symptoms seem to be limited to temporary feelings of fatigue and depression. Some amphetamine-like stimulants are methamphetamine, MDA, and “ice.”

- **antidepressants** are prescribed for treating depressive disorders. They are sometimes used nonmedically for their immediate effects on the mind. Antidepressants do not cause dependence or withdrawal.

- **antihistamines** are used for treating allergies and to reduce anxiety and induce sleep. When they are used non-medicinally, they may cause sedation and reduce inhibition. A moderate degree of tolerance develops, but there is no dependence or withdrawal syndrome.

- **bazuco** also known as *pitillo*, is coca paste mixed with marijuana and/or tobacco.

- **betel nut** is a seed of an Asian palm tree, wrapped in a betel pepper tree leaf. Betel chewing can cause dependence. Habitual use often results in health problems, especially in the mouth, including cancer.

- **cannabis** comes from plant products of Indian hemp, found in various substances, such as bhang, hashish, marijuana, and ganja. It might make people euphoric at first, and then relaxed and calm. It impairs driving and the performance of complex activities. If a large dose is taken, cannabis can change physical perception, like hallucinogens. If smoked like tobacco, it causes similar lung problems, such as cancer. Heavy daily users may develop dependence on cannabis.

- **cocaine**, also known as “coke”, is a stimulant that comes in many different forms: coca paste, cocaine salt, crack, coca leaves, bazuco, and pitillo. Cocaine produces a sense of exhilaration and decreased feelings of fatigue and hunger. After the exhilaration disappears, the user experiences fear, deep depression, and sleepiness. The chance of a user’s dependence is high. An overdose of cocaine is determined by the purity and amount taken.
• **coca leaves** comes from the coca bush; they are the leaves from which cocaine is extracted. They are a stimulant and reduce appetite, and are usually chewed or sucked.

• **coca paste** is a white paste, which is the product of the first step in extracting cocaine from coca leaves. It may be smoked with marijuana, tobacco, or alone. Coca paste mixed with marijuana and/or tobacco and is known as pitillo or bazuco.

• **cocaine salt** is a stimulant that is often sold as white, translucent, crystalline flakes or powder. It is also known as “snuff” or “snow”. The powder is sniffed and produces the stimulating effects of cocaine for about 30 minutes. It can also be taken orally, or injected.

• **crack** is a beige-coloured form of cocaine, which is smoked. It causes feelings of elation, and exaggerated confidence and self-esteem. After about 5-7 minutes depression occurs, which causes the user to repeat the process in order to regain the feelings of elation. The user’s judgement becomes impaired and the user might do things he/she normally wouldn’t do. Repeated use of cocaine results in dependence and a withdrawal syndrome, which consists of feeling of fear, deep depression, sleepiness, and inertia. Overdose tends to occur more frequently with crack than with other types of cocaine.

• **dependence** occurs when the user has impaired control over substance use, and has the compulsion to continue use.

• **depressants** as their name suggests, slows down the functions of the user’s body and mind. Some examples of depressants are alcohol and hypnosedatives.

• **drug** is a term of varied usage. In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical or physiological processes of tissues or organs. Hence, a drug is a substance that is, or could be, listed in a pharmacopoeia. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs, of which there is a nonmedical use in addition to any medical use. Professional formulations often seek to make the point that caffeine, tobacco, alcohol, and other substances in common nonmedical use also are drugs in the sense of being taken at least in part for their psychoactive effects.

• **ecstasy** see “MDMA”

• **hallucinogens** are substances which are usually taken orally. They alter the user’s mood, the way the user perceives things around him/her, and the way the user experiences his or her own body. A user may also hallucinate which means to see, smell, taste, hear or feel something that does not exist. Sometimes the experiences are bizarre and frightening, this is known as a “bad trip.” Also, the user may have hallucinations a while after the initial effects have subsided, these are known as flashback. Users usually do not become dependent on hallucinogens. Some examples of hallucinogens are LSD, psilocybin mushrooms, PCP, peyote, and mescaline.

• **hashish** is resin/oil from the cannabis plant.

• **hypnosedatives** are a depressant that make a person feel calm, relaxed, less anxious, or sleepy. Some can also make a person lose consciousness. They are often prescribed by health workers for treating insomnia and anxiety. All of these substances, however, can produce dependence if used regularly. If dependence develops, withdrawal should be gradual and carried out under medical supervision. Some people also use these substances with alcohol. Some examples of hypnosedatives are barbiturates, methaqualone (Mandrax) benzodiazepines alprazolam (xanax, valium, rohypnol, serepax, normison). Other sedatives, such as chloral hydrate,

• **intoxication** is an acute condition that occurs after a user takes a substance which causes changes in the functions of the body and mind, such as a person’s judgement, behaviour, level of consciousness, heart rate, and breathing.

• **kava** is a drink prepared from shrub roots; kawain is the substance in kava that causes mild euphoria and makes the user sleepy. Heavy use can result in dependence and other health problems.

• **khat** is a stimulant composed of the leaves and buds of a shrub. Users chew leaves and swallow
the juice, or drink it as a beverage. What affects the user in a way similar to amphetamines, but is less stimulating and less toxic. Its other effects are sleeplessness, constipation and inflammation of the stomach lining. Heavy use can result in dependence and other health problems.

- **marijuana and ganja** are forms of cannabis that are made from dried leaves or flowering tops.

- **MDMA or ecstasy** is a stimulant which induces hallucinations. Its other immediate effects are that it excites the user and causes increased heart rate, hyperventilation, and sweating. There are reports that MDMA causes liver problems like toxic hepatitis, and occasional death.

- **opioids.** Substances in this group can relieve physical pain and produce a pleasant, detached, dreamy sensation. They can be used as medicines, but also as substances. They are made from opium poppies, or synthetically. Opiates have a capacity to induce physical dependence, leading to withdrawal symptoms when the user stops taking the substance. Withdrawal from opiates can be very distressing, but will not be fatal unless the patient is severely ill or debilitated. Some examples of natural opioids are heroin, opium, morphine, and codeine (sometimes found in cough syrup). Examples of synthetic opioid are methadone, pethidine, omnopon

- **overdose** occurs when there is an excessive intake of a substance that affects mental and physical health dangerously, possibly causing a coma or death.

- **PCP or phencyclidine** is a stimulant that also has hallucinogenic effects. It may be taken orally, injected, or snorted, but it is usually smoked. Within 5 minutes, the user feels euphoria, bodily warmth, and tingling, floating sensations. Auditory and visual hallucinations may occur, as well changes in the user's perception of space and time, and the disorganization of thought. The effects of PCP usually last from 4-6 hours, but its residual effects may take several days to leave, during which there might be self-destructive or violent behaviour.

- **pitillo see “bazuco”**

- **psychostimulants** are a group of stimulants, and thus excite the processes of the mind and body.

Some are cocaine, amphetamine-like stimulants, PCP, MDMA (ecstasy), and methylphenidate (ritalin).

- **ritalin or methylphenidate** is used therapeutically to treat Attention Deficit Disorder in young children. It is used non-medicinally for its stimulant effects, such as preventing drowsiness.

- **stimulants** excite the functions of the body and mind, such as increased heartbeat/pulse and breathing and pupil dilation. Some examples of stimulants are amphetamines, caffeine, and psychostimulants.

- **tobacco** is found in a variety of forms. Nicotine, a substance contained in tobacco, causes a person to feel more alert at first, and then relaxed a few minutes later. Smoking also makes people feel less hungry. Adolescents who start smoking and continue to smoke through their adult lives have a 50% chance of dying from tobacco. Some of the illnesses that chronic use of tobacco may cause are lung cancer, emphysema, bronchitis, or mouth cancer. Tobacco is found in cigarettes, cigars, pipes, chewing tobacco, snuff, nicotine gum, spray, and skin patches.

- **tolerance.** A decrease in response to an amount of substance that occurs with continuing use. For example, someone who is tolerant to a drug will react less strongly than a non-tolerant person, and may need to increase the dose to obtain the same effect.

- **tranquilizer.** A calming substance that is used medically to treat various mental disorders. These substances do have a dependence potential and withdrawal symptoms occur after use is discontinued. Some examples are barbiturates, benzdiazepines, and sleeping pills.

- **volatile inhalants** include substances and aerosols with depressant and anaesthetic effects, but might be capable of producing perceptual disturbances. Their chief danger is that some directly affect the liver, kidneys, and heart, and some may cause brain damage. Sniffing inhalants can become a habit, and some users feel the compulsion to continue to use inhalants. Sniffing may also cause sudden death. Some long term effects are damage to the liver, kidneys, and bone marrow. Examples of in-
halants include petrol, glue, benzene, anaesthetic gases, 
glues, lacquers, and paint thinners.

- **withdrawal syndrome.** A group of symptoms of vary-
ing severity which occur when the user reduces or stops 
using a substance. Usually - but not necessarily - the 
withdrawal syndrome is more common for users who 
frequently take a substance, take it in high doses, or for 
those who take it for a long period of time. A user can 
have withdrawal syndrome without necessarily being 
dependent on a substance.