Substance use prevention in educational settings in Eastern Europe and Central Asia

A review of policies and practices

United Nations
Educational, Scientific and
Cultural Organization

UNESCO Office in Moscow
for Armenia, Azerbaijan, Belarus,
the Republic of Moldova
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Preface

Promoting health and a healthy lifestyle among children and youth is a national priority for all Eastern European and Central Asian (EECA) countries[1], and is reflected in their country policies. The effective implementation of these policies directly impacts the demographic and socio-economic situation in these countries.

The purchase, distribution and use of psychoactive substances are common phenomena in EECA countries. Schools have an important role to play in drug use prevention, by preparing children, adolescents and youth for a healthy and safe adulthood. A developed education system combined with political will can create the opportunity to provide prevention education to all children and young people. Good quality, comprehensive and age appropriate prevention education that meets the actual needs of children and youth in terms of information and skills, and that is provided across all stages of general and professional education, could lay the foundation for a healthy lifestyle and contribute to a reduction in drug use, smoking and drinking among young people.

This review of policies and practices provides a brief account of the achievements to date in prevention education, and outlines the challenges still to be addressed.

The review was carried out by the United Nations Educational, Scientific and Cultural Organization (UNESCO) Moscow Office with the support of UNESCO's Section for Health and Global Citizenship Education to inform discussions about the role of the education sector in preventing and addressing substance use among children and young people and to contribute to the development of recommendations on the implementation and scaling up of effective education sector responses to substance use at the national level.

The review comprises three sections. The first section provides a summary of the scale, dynamics and behaviour related to the use of psychoactive substances (tobacco, alcohol and drugs) among learners in EECA. The analysed data were drawn from international research projects and reports such as the European School Survey Project on Alcohol and Other Drugs (ESPAD), Health Behaviour in School-Aged Children (HBSC), the World Report on Drugs, World Health Organization data, and national research projects based on internationally acknowledged methodologies for obtaining comparable data.

The second section reviews the national policies that aim to prevent substance use by the general public and young people in particular. It analyses laws, national strategies, programmes and other policies regarding: protecting the health and human rights of children; education; youth policies; reduction and prevention of the use of tobacco, alcohol and drugs; and the promotion of healthy lifestyles. Special attention is paid to education sector policies for school-based substance use prevention, and to an assessment of prevention education implementation and coordination mechanisms and an analysis of prevention programming, i.e. its development, implementation, financing, monitoring and evaluation.

[1] The following countries are considered in this review: Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Ukraine and Uzbekistan.

The third section presents key data on the coverage, formats and content of various educational programmes and other school-based measures to prevent substance use. It provides examples of compulsory and optional educational curricula, extracurricular activities, parent and family education programmes, alongside data on their effectiveness. Based on evidence from different countries, it also identifies good practice in terms of cooperation between educational institutions, health care facilities and drug control services in the prevention of substance use and the rehabilitation of learners with drug dependency.

The review ends with conclusions and recommendations to improve prevention programmes and other measures currently used by the educational sector to address substance use.

This review was prepared by Olga Balakireva, Head of the Board of the Yaremenko Ukrainian Institute for Social Research, following a desk-based literature review and analysis of open data. The review was edited by Tigran Yepoyan, UNESCO's Regional HIV & AIDS Adviser for Eastern Europe and Central Asia. Substantial assistance in preparing and editing the report was provided by Galina Li, National HIV and AIDS Programme Officer of UNESCO's Almaty Office and Yulia Plakhutina, HIV and Education Project Manager of UNESCO's Moscow Office, who also constructed the tables and figures and developed the design and layout of the publication. The review was translated from Russian into English by Ekaterina Smirnova and edited by Alison Elks.

Acronyms

AIDS	Acquired immune deficiency syndrome
BOMCA/CADAP	Border Management and Drug Action Programmes in Central Asia
EECA	Eastern Europe and Central Asia
ESPAD	European School Survey Project on Alcohol and Other Drugs
EurAsEC	Eurasian Economic Community
FSES	Federal State Educational Standards (Russian Federation)
FDCS	Federal Drug Control Service (of the Russian Federation)
GIZ	German Society for International Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit)
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBSC	Health Behaviour in School-Aged Children
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
ICT	Information and communications technology
NGO	Non-governmental organization
STI	Sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

Definitions

According to the Convention on the Rights of the Child, **children** are defined as persons aged 0–18. While there are no universally accepted definitions of adolescence and youth, for statistical purposes the United Nations understands **adolescents** to include people aged 10–19, and **youth** as those aged 15–24, without prejudice to other definitions by Member States. Together, adolescents and youth are referred to as 'young people encompassing the ages of 10–24 years' (UNFPA, n.d.).

For the purposes of this review, the terms **'children and youth'** and **'children and adolescents'** are both used to refer to people under the age of 24. The term **'children and adolescents'** is used to highlight the presence of pre-adolescent children, as well as adolescents, in the sample.

The terms **'students'** and **'learners'** are used when discussing young people in any stage of education – i.e. primary, secondary and high school, vocational training schools and university. The term **'pupils'** is used when the discussion is only in relation to those in primary, secondary and high school.

The term **'psychoactive substances'** is used in this review according to the World Health Organization definition, to specify substances that affect a person's mental processes, e.g. cognition or affect, when they are taken or administered into a person's body (WHO, n.d. a).

Life skills refer to a large group of psychosocial and interpersonal skills that can help people to make informed decisions, communicate effectively and develop coping and self-management skills that may help them lead a healthy and productive life.

Life skills-based education is a combination of learning experiences that aim to develop not only knowledge and attitudes, but also the individual's ability to make decisions and take positive actions to change his or her behaviour and environment.

Life skills education refers to educational interventions that seek to address the above areas (UNICEF, 2012).

Executive summary

The use of tobacco, alcohol and drugs, including injecting drugs, are issues of utmost concern in the countries of Eastern Europe and Central Asia (EECA). Compared to the rest of the world, the World Health Organization (WHO) European Region[2] has the highest rate of smoking, and the highest proportion of deaths attributable to tobacco (WHO Regional Office for Europe, 2014b). Alcohol consumption per capita in Europe has been decreasing in the last few years. Nevertheless, Europe still has the highest alcohol consumption in the world (WHO Regional Office for Europe, 2014a). Alcohol consumption among adolescents aged 15–19 in the WHO European Region is twice as high as the global rate (WHO, 2014a).

The consumption of tobacco, alcohol and drugs among 15- to 16-year-old girls and boys in EECA is similar to the average levels for Europe, and cases of episodic drinking among young people aged 15–19 are 1.5–2.5 times less frequent in EECA than in Western Europe. However, in some EECA countries the proportion of 11-year-old adolescents who regularly smoke and drink is higher than the European average (WHO Regional Office for Europe, 2012).

The rate of injecting drug use in Eastern and South-Eastern Europe is 4.6 times higher than the global average, while human immunodeficiency virus (HIV) prevalence among people who inject drugs is as high as 23.0% (UNODC, 2014). The number of people living with HIV in EECA continues to increase; this is in contrast to other regions, where HIV prevalence has been decreasing. However, the levels of non-injecting drug use in EECA are decreasing, and remain within the European average.

Protecting the health of children and young people, including the prevention of substance use, is a national priority that is reflected in the policies of all EECA countries. Domestic legislation, state strategies and programmes, and various ministerial provisions enable the implementation of national and regional programmes to prevent drug use, alcoholism and smoking, first and foremost among children and young people, by assigning the leading role in preventive programming for youth to the educational system.

Countries throughout the region implement approaches that vary in format and scale and are designed to yield positive results in substance abuse prevention, as outlined in the International Standards on Drug Use Prevention (UNODC, 2013). These approaches include:

- educational programmes and extracurricular activities that aim to prevent substance use and promote life skills and healthy lifestyle messages in schools;
- parent education programmes;
- measures to reduce the consumption of tobacco and alcohol both in the general population and among minors;
- restrictions on the sale, distribution and use of psychoactive substances in schools and their local area;
- awareness-raising media campaigns;
- targeted prevention work among adolescents and most-at-risk youth.

Substance use prevention efforts have been incorporated into all three components of the educational domain: compulsory, optional and extracurricular.

[2] The complete list of countries of the WHO European region is available at: http://www.euro.who.int/en/countries (accessed 20 December 2014).

Most extracurricular prevention activities are included in schools' annual work plans on substance use prevention among learners. School principals and their deputies are responsible for organizing prevention activities, while homeroom teachers (also known as form tutors), subject teachers and psychologists are responsible for their practical implementation. Health care specialists (e.g. from drug treatment facilities and youth-friendly clinics) and law enforcement agencies (police, juvenile departments, drug control services) are also involved in this work.

Non-governmental and civil society organizations play an essential role in prevention education and frequently introduce innovative approaches. However, their activity is often limited in scale and dependent on external funding.

In most EECA countries substance use prevention is taught not as a separate thematic course, but as an integrated part of mandatory subjects and optional lessons designed to promote a healthy lifestyle and safe living, and is viewed in the context of avoiding bad habits and preventing HIV and acquired immune deficiency syndrome (AIDS).

In Belarus, Kazakhstan and Russia substance use prevention issues are addressed from Grades 5–6 as part of the mandatory subject Basics of Life Safety. This subject mostly teaches road and fire safety and safe behaviour in emergency situations, assigning no more than five learning hours per year to topics related to bad habits (substance use), healthy lifestyles and personal skills development. The negative consequences of substance use are also discussed as part of Physical Training and Biology courses.

In Azerbaijan and Ukraine (Grades 1–9) and Armenia (Grades 8–11), school curricula include a separate mandatory subject developed to build life skills and promote a healthy lifestyle. In the Republic of Moldova pupils in Grades 5–12 study a compulsory course, Life and Health. In Uzbekistan mandatory subjects on life skills and substance use prevention are taught in Grades 8 and 10–11. Prevention education learning hours vary from country to country: from 5.5 hours in the Republic of Moldova to 35 hours in Ukraine.

The mandatory subject Basics of Health, which is taught in all Ukrainian schools in Grades 1–9, is an example of a comprehensive, positive (taking care to avoid intimidating and frightening messages) and systematic (weekly classes throughout primary and secondary school) approach to substance use prevention in a broader context of fostering personal and social skills for safe and healthy living. Studies carried out in Ukraine in 2004–2007 to assess the impact of school-based prevention programmes on substance use, and the European School Survey Project on Alcohol and Other Drugs (ESPAD) and Health Behaviour in School-Aged Children (HBSC) research projects held in 2010–2014, demonstrated statistically accurate positive changes in behavioural patterns in young people, with reduced levels of smoking, drug use and consumption of alcohol (Balakireva et al., 2011a).

> *Interactive school programmes designed to develop personal and social skills may prevent substance abuse in the short and long term. Programmes that are associated with no or negative prevention outcomes tend to use non-interactive methods, arouse fear among participants, address only ethical/moral decision making or values, use ex-drug users as testimonials and use police officers to deliver the programme.*
>
> *Source: summary of UNODC, 2013*

Some countries use optional and extracurricular activities to deliver substance abuse prevention activities. For example, Russia has launched the extracurricular

training programme Everything That Concerns You, which comprises 12–18 lessons (a total of 36 learning hours) promoting a healthy lifestyle, building life skills and addressing substance abuse issues. Over a period of five years 11 Russian regions participated in the programme, reaching over 400,000 learners aged 13–17. An evaluation of the programme found positive results related to substance use prevention, and an improvement in participants' knowledge of and attitudes to substance use (Health and Development Foundation, 2010).

Parents are involved in prevention activities implemented by schools across the EECA region. Parent and family education programmes are among the most effective. The programme '15', implemented in eight Russian regions, has demonstrated positive changes in relationships between parents and children, and reduced rates of smoking and alcohol consumption among both adolescents and their parents (Kasik and Kamaldinov, 2014).

Family-focused work may be the most effective way of producing long-term reductions in substance abuse among vulnerable young people and young people exhibiting multiple risk factors.

Source: summary of UNODC, 2013

Countries that have integrated prevention education into optional (non-mandatory) studies face the problem of inadequate funding allocated to these programmes from national and local budgets. This is caused by insufficient prioritization of primary prevention in and by means of education, uncertainty about the content of prevention programmes and an inability to monitor their short- and long-term effectiveness. Where funding is limited, many countries have to rely on international donors to support awareness-raising activities among adolescents and young people, develop educational programmes, train teachers and produce educational materials.

Teacher education programmes train student teachers in mandatory prevention subjects, but university training in optional prevention subjects remains a major challenge. In-service education and the delivery of specialized courses are important elements in teacher training and re-training.

None of the EECA countries has developed a clear system of ongoing monitoring and evaluation of prevention programmes that would allow trends in students' health-related knowledge, attitudes and behaviour attributable to the programmes to be measured and assessed at the national level. School programmes and extracurricular activities related to substance use prevention and other aspects of healthy lifestyle promotion are often evaluated in terms of the number of learning hours, discussions, thematic evenings, contests or other events and the number of participants in these activities (Anti-Drug Commission of the Republic of Tatarstan, 2012; BUMAD, 2008).

Educational systems in EECA countries address the issue of substance use among students not only through obligatory and optional lessons, but also through information sessions with students and their parents, the distribution of printed materials (booklets and leaflets), prevention days and health campaigns, essay and poster competitions on healthy lifestyles, a variety of sporting activities and other events, improving the school environment, individual and group psychological counselling, a school registry for learners with a background of substance use and referrals to drug treatment services for additional counselling and treatment.

Programmes addressing individual psychological vulnerability (impulsivity, anxiety, sensitivity, hopelessness) can lower the rates of drinking and binge drinking. School-based one-to-one counselling sessions and motivational interviewing can significantly reduce substance abuse in the long term.

Source: summary of UNODC, 2013

Students with deviant behaviour and/or those from socially disadvantaged families (where children suffer from parental neglect due to alcohol or drug abuse by parents or other adults) are provided with social and psychological support by local services.

The national laws of all EECA countries prohibit the use and distribution (including sale) of psychoactive substances (tobacco, alcohol and drugs) in schools. Educational measures against offenders include preventive teacher–student–parent discussions, and consultations with a psychologist and a counsellor. Disciplinary measures, such as a warning, a reprimand, expulsion from school and reporting to law enforcement authorities, may also be imposed.

In some countries (Belarus, Kazakhstan and Russia), psychological testing and medical examination of students is undertaken to enable the early detection of substance use. Considered highly effective, these measures are initiated by the national drug control services, although the scientific, ethical and constitutional validity of mass drug testing in schools, and its practical impact, have been questioned by experts and community leaders.

> *Substance abuse policies may prevent smoking in schools and reduce alcohol abuse in colleges and universities. Available evidence indicates that random drug testing in schools is associated with no or negative prevention outcomes.*
>
> *Source: summary of UNODC, 2013*

Many countries refer students with a substance use experience to drug treatment facilities, rehabilitation or re-socialization centres, where, depending on the level of their dependence, they are placed on the outpatient registry and are offered counselling and/or treatment.

The challenge remains throughout the region to improve prevention education programmes based on the principles of human rights, and make them age-specific and gender-responsive and sensitive to national and cultural traditions.

Based on the findings of this report, it is recommended that EECA policy makers:

- Ensure sustainable, nationwide state funding to support prevention education and substance use prevention services among children and young people.
- Improve the coordination of international technical and financial support and contributions made by non-governmental organizations (NGOs) to the development and delivery of comprehensive prevention education, and medical, social and psychological services for children and young people at risk of substance use or young people who already use drugs.
- Align the mandatory, optional and extracurricular prevention interventions with the International Standards on Drug Use Prevention (UNODC, 2013), School-Based Education for Drug Abuse Prevention (UNODC, 2003) and other internationally acknowledged standards and best practice.
- Ensure access for all children, adolescents and young people to local prevention education programmes, activities and services designed to prevent substance abuse and offer medical, social and psychological assistance to young people who use drugs.
- Pay special attention to educational programmes' ability to reach out-of-school and rural youth, and adolescents and young people who, due to specific higher-risk behaviours, are at increased risk of HIV (young key populations).
- Strengthen teacher preparation and in-service training in delivering prevention education for

educators, psychologists, social pedagogues and health workers employed by schools.

- Develop and expand parent sensitization and orientation programmes to improve their communication, parenting and support skills, strengthen family ties and prevent their children's substance abuse.
- Institutionalize peer education approaches in prevention education and extracurricular activities.
- Explore opportunities for the development of information and communications technology (ICT)-based comprehensive substance use prevention programmes, in particular via the Internet and social networks.
- Enable regular monitoring and evaluation of prevention education by measuring the health-related knowledge, skills and behaviour of students to inform and improve relevant policies, educational programmes and other measures addressing substance use among young people.

1. The scope and patterns of substance use

Millions of people all over the world risk their lives and health when using psychoactive substances – including tobacco, alcohol, drugs such as cocaine, opiates and opioids, cannabis and amphetamines and prescription psychoactive medicines obtained without consulting a doctor. Globally, at least 15.3 million people have drug use disorders (WHO, n.d. b).

According to the United Nations Office on Drugs and Crime (UNODC), an estimated 183,000 (range: 95,000–226,000) drug-related deaths were reported globally in 2012, and between 162 million and 324 million people, corresponding to 3.5–7.0% of the world population aged 15–64, had used an illicit drug at least once in the previous year (UNODC, 2014).

1.1. Tobacco use

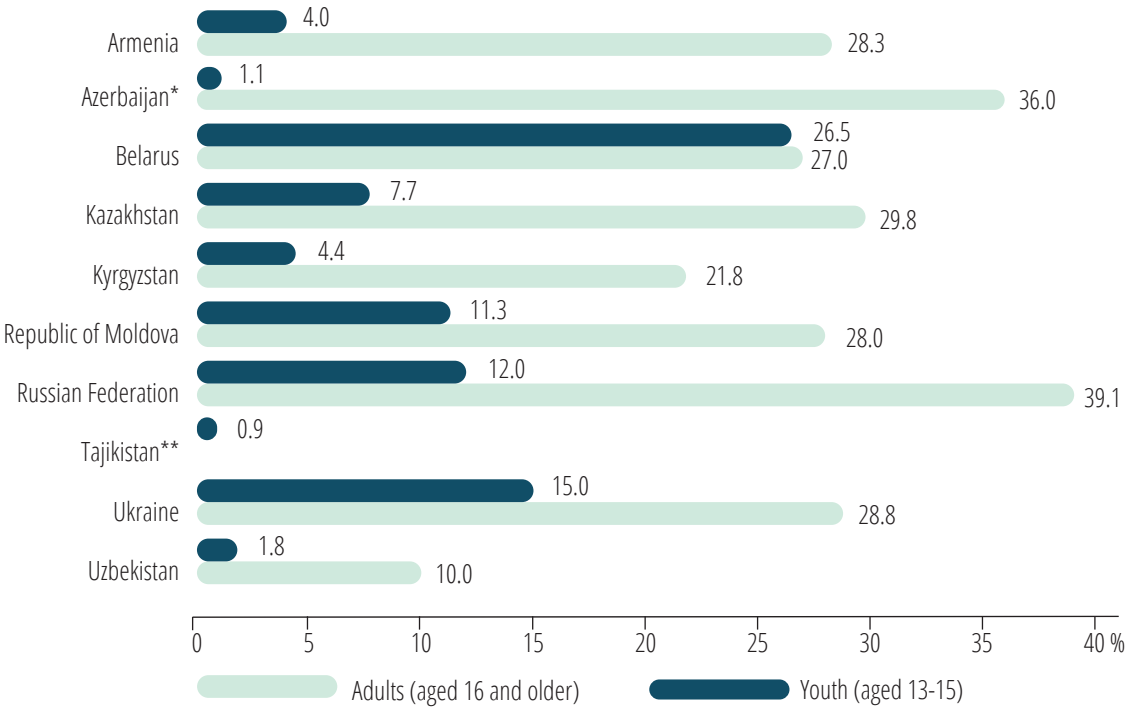
Tobacco use is one of the biggest health threats in the world. Tobacco kills nearly six million people each year. More than five million of those deaths are the result of direct tobacco use, while more than 600,000 are the result of non-smokers being exposed to second-hand smoke (WHO, 2014b).

According to the WHO, Europe has the highest proportion of smokers in the world. Smoking kills more Europeans every year than any other avoidable factor. The WHO European Region has the highest rate of smoking, and the highest proportion of deaths attributable to tobacco, in the world. On average, 32% of adults in Europe and Central Asia smoke, and 16% of all deaths in adults aged over 30 in the European region are due to tobacco. Tobacco causes premature death and disability across the entire life course: from stillbirths and infant mortality to respiratory diseases in childhood, to increased infectious and non-communicable diseases in adulthood (WHO Regional Office for Europe, 2014b).

Tobacco use continues to be an issue of serious concern in EECA. In 2008–2010 Russia ranked first in the region for tobacco use prevalence among adults: the proportion of individuals over 15 smoking at least once a week was as high as 39.1%. The largest proportion of smokers aged 13–15 who used tobacco at least once a week was reported in Belarus (26.5%) (WHO, 2013) (Figure 1.1).

The Global Youth Tobacco Survey shows that in EECA smoking rates are higher among boys than girls (range: from 1.2 times in Ukraine to 6 times in Armenia). The highest proportion of boys who smoked was in Belarus (31.2%) and Russia (26.9%) and the lowest was in Tajikistan (1.5%), where the prevalence of smoking among adolescents was the lowest in EECA. Almost every fourth girl smoked in Russia (23.9%), and every fifth girl in Belarus (21.7%). In Azerbaijan, Armenia and Tajikistan the proportion of girls who smoked was below 1% (WHO, n.d. c) (Figure 1.2).

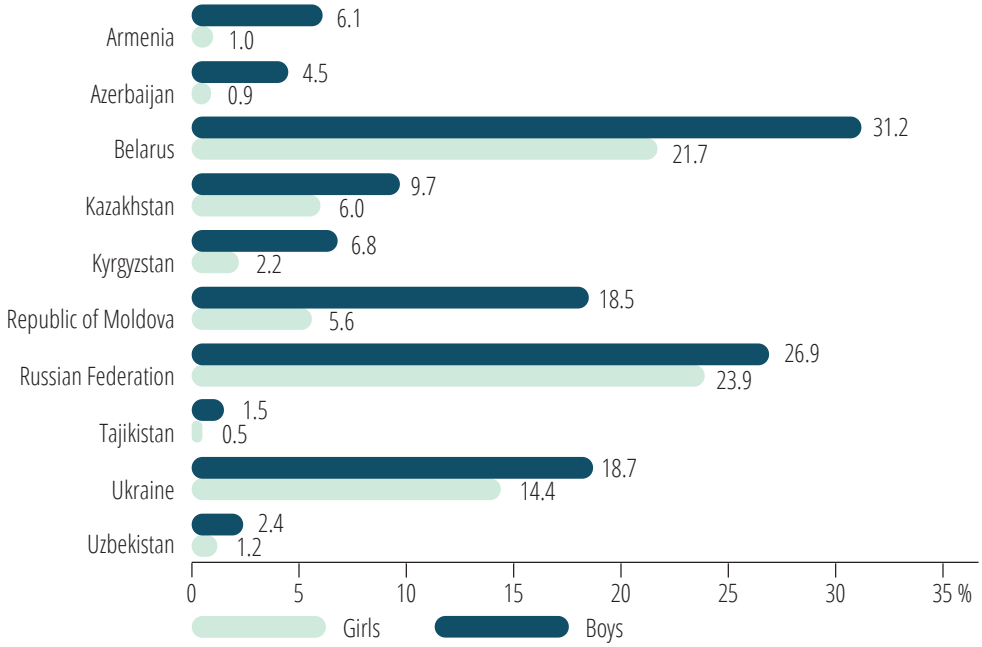
Figure 1.1. The prevalence of tobacco use among adults and youth in EECA countries in 2008–2011 (the proportion of individuals smoking daily or at least once a week).



Notes: * No data are available for adults. ** Data on adults include men only.

Source: WHO. 2013. Tobacco Free Initiative: *Tobacco Control Country Profiles*. http://www.who.int/tobacco/surveillance/policy/country_profile/rus.pdf (accessed 20 December 2014).

Figure 1.2. The prevalence of tobacco use among young people aged 13–15 in EECA in 2004–2011 (the proportion of boys and girls who smoked).



Source: WHO. (n.d.). Global Youth Tobacco Survey. http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/data-and-statistics/effective-surveillance-and-monitoring/global-tobacco-surveillance-system-gtss/global-youth-tobacco-survey-gyts (accessed 20 December 2014).

According to the ESPAD reports, between 2007 and 2011 the proportion of young people who had tried smoking at the age of 13 or younger fell in Europe by 5% (from 36% in 2007 to 31% in 2011) (ESPAD, 2008, 2012). In Russia (Moscow[3]) this proportion fell by 3% (from 43% in 2007 to 40% in 2011), while in Ukraine it remained relatively unchanged (37% in 2007 and 38% in 2011). The 2010 data for the Republic of Moldova show that 3% of learners had smoked on a daily basis by the age of 13 or younger (4% of boys and 2% of girls), in Ukraine it was 7% (9% of boys and 5% of girls), and in Russia it was 10% (both boys and girls). Compared to the 2007 data, in 2010 the proportion who smoked daily at the age of 13 fell by 1% in Russia and Ukraine, and remained the same in the Republic of Moldova.

The HBSC study carried out in 2009–2010 found that about a quarter of 15-year-olds in Europe and North America had begun smoking at the age of 13, and that almost a fifth of 15-year-old adolescents smoked at least once a week. In Russia 3% of 11-year-old girls and 5% of boys of the same age smoked at least weekly. In Ukraine these rates were three times as low: 1% and 2% respectively. In EECA countries boys smoked more frequently than girls, a reversal of the pattern found in some Western European countries. Smoking rates among 15-year-olds were the highest in Greenland (61% of girls and 53% of boys), Lithuania (21% of girls and 34% of boys) and Latvia (22% of girls and 32% of boys). In Ukraine 13% of girls and 31% of boys smoked cigarettes, as did 15% of girls and 19% of boys in Russia. The lowest smoking rates among 15-year-olds in the EECA countries were in Armenia (1% of girls and 11% of boys) (WHO Regional Office for Europe, 2012).

The reasons for the high rates of tobacco use among young people include insufficient control of tobacco sales and the wide availability of cigarettes to minors. According to the 2011 ESPAD study, young people found it easy to obtain cigarettes. Almost two-thirds (65%) of students in Europe replied that they would find it fairly or very easy to obtain cigarettes if they wanted to (ESPAD, 2012). In EECA the perceived availability of cigarettes is lower: in the Republic of Moldova only 29% of students found it easy to obtain cigarettes (35% of boys and 24% of girls), and in Ukraine 45% found it easy (50% of boys and 42% of girls) (ESPAD, 2012).

In 2003 the WHO Member States ratified the Framework Convention on Tobacco Control (WHO, 2003). The EECA countries have accepted or signed this Convention and therefore are responsible for the implementation of large-scale price, tax and non-price measures to reduce the demand for tobacco, including protection from exposure to tobacco smoke, raising public awareness about the harms of tobacco, labelling tobacco products, restricting and prohibiting tobacco advertising, prohibiting the sale of tobacco to minors, etc. ■

[3] Only Moscow students take part in ESPAD research in the Russian Federation.

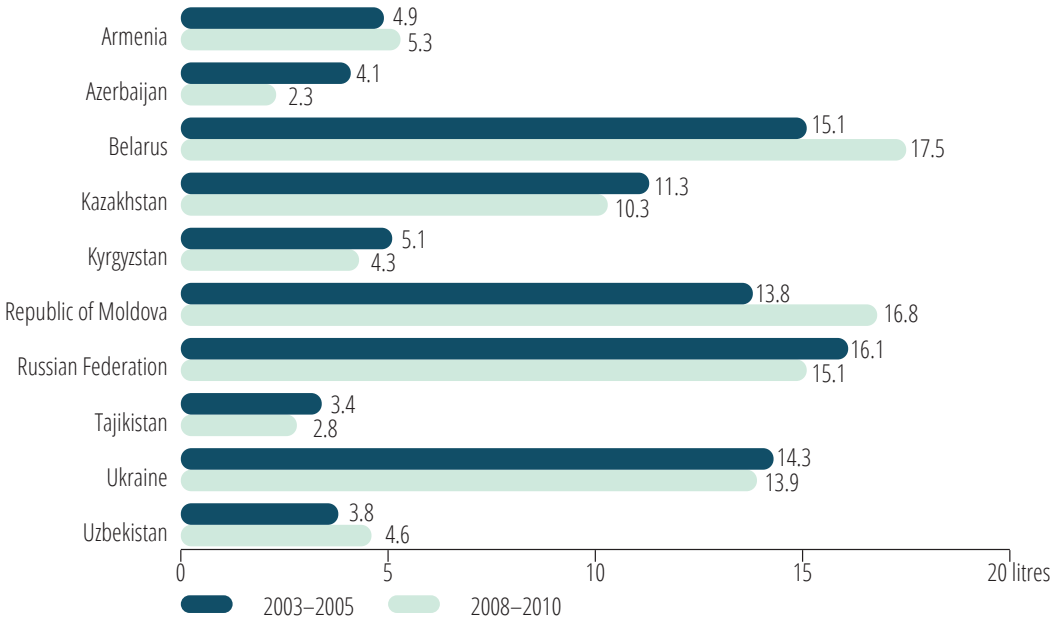
1.2. Alcohol use

Alongside tobacco, alcohol is associated with high morbidity and mortality rates all over the world. According to the WHO's 2014 *Global Status Report on Alcohol and Health*, worldwide consumption is equal to 6.2 litres of pure alcohol consumed per person aged 15 or older (WHO, 2014a). Between 2005 and 2010 global alcohol consumption increased from 6.13 litres of pure alcohol per capita to 6.2 litres per capita (WHO, 2011). At the same time, consumption in Europe fell by 10%, from 12.2 litres of pure alcohol per capita in 2003–2005 to 10.9 litres in 2008 (WHO Regional Office for Europe, 2014a). Nevertheless, Europe still has the highest level of alcohol consumption in the world.

The consumption of alcohol in the period 2003–2010 increased in some EECA countries. As Figure 1.3 shows, consumption rates among adults rose by 2.4 litres of pure alcohol in Belarus and by 3 litres in the Republic of Moldova. At the same time, alcohol consumption decreased by 1.8 litres in Azerbaijan, 1 litre in Russia and 0.5 litres in Ukraine (WHO, 2014a) (Figure 1.3).

According to the WHO, many young people start drinking alcohol at a relatively young age. The HBSC study carried out in 2009–2010 showed that 7% of 11-year-old girls and 21% of boys consumed an alcoholic beverage at least once a week. In Ukraine these

Figure 1.3. Adult (aged 15+) per capita consumption of alcohol in EECA countries in 2003–2005 and 2008–2010 (litres of pure alcohol per year).



Source: WHO. 2014. *Global Status Report on Alcohol and Health.* http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf (accessed 20 December 2014).

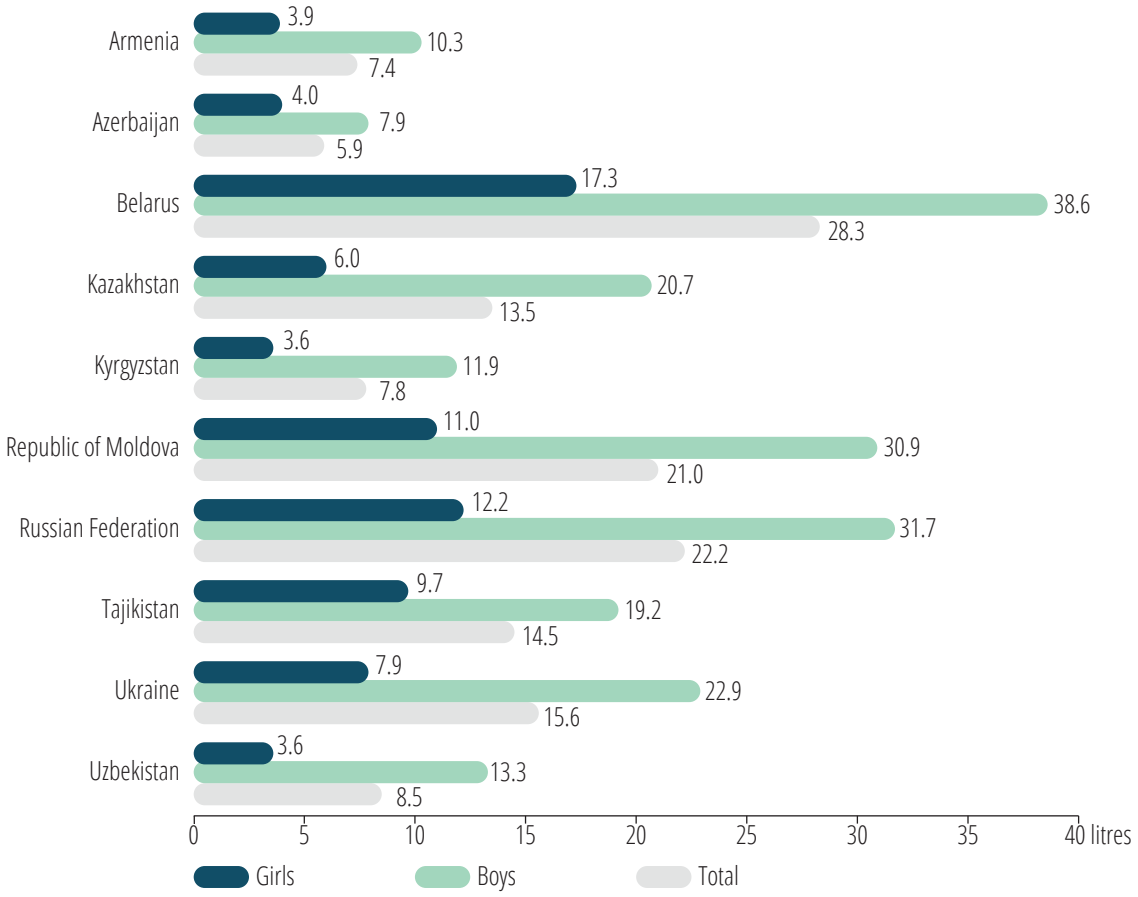
figures were 6% for girls and 14% for boys, and in Russia 5% and 7%, respectively (WHO Regional Office for Europe, 2012).

According to WHO data for 2010, the highest rates of alcohol consumption among adolescents aged 15–19 in EECA countries were found in Belarus (28.3 litres of pure alcohol per capita per year), Russia (22.2 litres) and the Republic of Moldova (21 litres); the lowest rates were in Azerbaijan (5.9 litres), Armenia (7.4 litres) and Kyrgyzstan (7.8 litres). Boys were 2–4 times more likely to consume alcohol than girls (WHO Global Health Observatory Data Repository, n.d.) (Figure 1.4).

In 2011 in Ukraine, 89% of students aged 15–16 (90% of boys and 87% of girls) reported having tried alcohol at least once in their lives, and 22% (24% of boys and 18% of girls) reported having used alcohol more than 40 times. At least 59% of students (62% of boys and 57% of girls) had been drunk at least once (Balakireva et al., 2011a).

In general, double the proportion of 15- to 19-year-old adolescents in the WHO European Region consume alcohol (69.5%) compared to the global average (34.1%) (WHO, 2014a). Western Europe reports 1.5–2.5 times more cases of episodic drinking (five or more drinks on one occasion within the last 30 days)

Figure 1.4. Adolescent (aged 15–19) per capita consumption of alcohol in EECA countries in 2010 (litres of pure alcohol per year)



Source: WHO Global Health Observatory Data Repository. (n.d.). Global Information System on Alcohol and Health (GISAH): Youth and Alcohol. http://apps.who.int/gho/data/node.main.A1208?lang=en&showonly=GISAH (accessed 20 December 2014).

among 15- to 19-year-olds compared to EECA. For example, in 2010 in Germany 50.6% of young people (63.1% of boys and 37.5% of girls) reported having had at least five drinks on one occasion in the last month[4], in the Netherlands it was 50.2% (66.7% of boys and 32.9% of girls) and in France it was 48.5% (50.7% of boys and 46.3% of girls), while in Belarus these figures were 33.5% (66.7% of boys and 32.9% of girls), in Russia 29.8% (66.7% of boys and 32.9% of girls), in Ukraine 25.8% (34.8% of boys and 16.3% of girls), in the Republic of Moldova 22.4% (30.8% of boys and 14.0% of girls), in Kazakhstan 23.4% (31.9% of boys and 14.6% of girls), in Armenia 20.6% (27.4% of boys and 12.1% of girls) and in Kyrgyzstan 18.3% (25.4% of boys and 11.1% of girls) (WHO Global Health Observatory Data Repository, n.d.).

Country variations in the levels and patterns of alcohol use among young people are attributed to differences in the levels of social/adult control over their behaviour (which is stronger in EECA countries) and in the availability of alcohol, and the differing cultures of alcohol consumption in the community.

Starting to drink alcohol at a young age is harmful to young people. According to the WHO, 320,000 young people aged 15–29 die annually from alcohol-related causes, accounting for 9% of all deaths in that age group. In 2012 in Kazakhstan, per 100,000 of the population, 505 boys and 98 girls aged 15–17 were diagnosed with alcoholism or alcohol-related psychosis (CIS STAT and UNFPA, 2014). In 2013 in Ukraine 54.4 minors (under the age of 18) per 100,000 of the population were placed on the official registry due to mental disorders and actions under the influence of psychoactive substances[5].

Alcohol consumption is strongly linked to injuries and accidents, including car accidents. Young people themselves admit to having alcohol-related health problems. According to the 2011 ESPAD report, health problems were reported by 45% of boys and 50% of girls in the Republic of Moldova, by 25% of boys and 22% girls in Russia, and by 54% of boys and 61% of girls in Ukraine. Drinking had caused relationship problems with friends and/or parents, as indicated by 17% of young people in the Republic of Moldova, 10% in Russia and 16% in Ukraine. In addition, about 6–7% of young people in these countries reported sexual problems (regretted or unprotected sexual intercourse). A significant proportion of young respondents to the ESPAD survey had had alcohol-related problems with the police: 20% of boys and 17% of girls in Moldova, 13% of boys and 8% of girls in Russia and 28% of boys and 17% of girls in Ukraine (ESPAD, 2012). ■

[4] One portion is estimated as one bottle/can of beer (0.5 litres), one bottle/can of low-alcohol drink (0.5 litres), one glass of wine (150g), 50g of spirits (WHO Global Health Observatory Data Repository, n.d.).
[5] According to the Ukrainian Research Institute of Social and Forensic Psychiatry and Addiction Medicine, Ministry of Health of Ukraine.

1.3. Drug use

Substance use remains a major concern globally, and especially in EECA countries. Cannabis (marijuana and hashish) is the most widely used illicit drug among adults (aged 15–64) in EECA countries. Cannabis use is reported for 6.4% of the adult population in Kyrgyzstan, 4.2% in Kazakhstan and Uzbekistan, 3.5% in Russia, Armenia and Azerbaijan, 2.5% in Ukraine and 1.1% in Belarus. The use of ecstasy and amphetamines is not so widespread: in Russia and Ukraine consumption rates in the adult population are less than 1%. The rates of cocaine use are also low: in Russia and Ukraine it is used by less than 0.2% of the population. The prevalence of opioid/opiate use among adults is 1% in Kazakhstan and 1.16% in Ukraine (UNODC, 2014).

Information about substance use among young people in EECA is fragmented and limited. Existing data reflect the situation among 15- to 16-year-olds. Following the ESPAD project methodology, students were surveyed in Armenia (2007), the Republic of Moldova (2008 and 2011), the Russian Federation (in Moscow only) and Ukraine (1999, 2003, 2007 and 2011). In Ukraine the first ESPAD survey was carried out in 1995. In 2007 a pilot survey was implemented in the Brest region of Belarus among 16-year-old students, following the adapted ESPAD questionnaire. The research planned for 2008 has not been carried out. In 2006 the adapted ESPAD methodology was used to survey 14- to 15-year-old students in six of the 14 regions of Kazakhstan. The same year, 16-year-olds were interviewed in five regions of Uzbekistan. The adapted ESPAD questionnaire was used among students aged 15–16 in Kyrgyzstan in 2006, and in Tajikistan in 2007. Data obtained in 2006–2007 in Belarus and Central Asia have not been included in the official ESPAD reports.

The 2011 ESPAD research showed that 7% of the surveyed students (10% of boys and 4% of girls) had tried an illicit drug at least once in the Republic of Moldova, 12% (17% of boys and 8% of girls) in Ukraine and 16% of both boys and girls in Russia (Moscow) (ESPAD, 2012). The adapted ESPAD survey held in 2006–2007 in Central Asia found the following proportions of students who had ever used drugs: 4.8% among 14- to 15-year-old students in Kazakhstan (EMCDDA, 2013a), 2.4% of 15- to 16-year-old students in Kyrgyzstan (EMCDDA, 2013b), 0.5% of 15- to 16-year-old students in Tajikistan (EMCDDA, 2013c) and 0.5% of 16-year-old students in Uzbekistan (EMCDDA, 2013d). For most adolescents, substance use was usually experimental or occasional.

According to the pilot 2007 ESPAD study in Belarus, about 10.5% of the surveyed boys and 3.5% of girls reported multiple use of illicit drugs: marijuana (6.8%), inhalants (5.3%), ecstasy (1.3%), non-prescribed tranquillizers (1.1%), LSD (0.9%) and hallucinogenic mushrooms (0.4%) (EMCDDA, 2013e).

The 2009–2010 HBSC study held in Ukraine showed that 8% of the surveyed 16- to 17-year-old students in secondary and vocational schools (4% of girls and 14% of boys) had used drugs at least once in the last 12 months, while 4% of students (1% of girls and 6% of boys) reported drug use episodes in the last 30 days (Balakireva et al., 2011a). Vocational school and university students were more likely to have used drugs than were secondary school pupils.

The 2009–2010 HBSC study was also held in Armenia and Russia. In Russia the sampling was not limited to Moscow (as it was with the ESPAD survey) but instead covered several regions. Cannabis use was most frequently reported by 15-year-old students in Ukraine (18% of boys and 5% of girls), and was least common in Armenia (7% of boys and 0% of girls). In Russia 11% of the surveyed boys and 6% of girls had

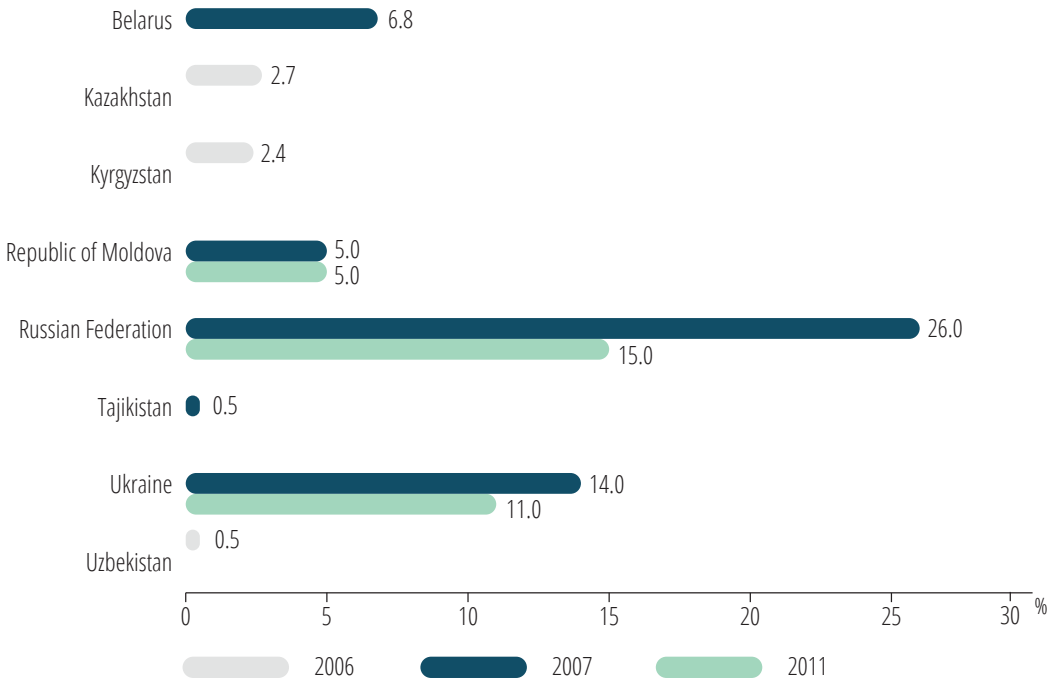
used cannabis at least once in their life. The data for Ukraine is similar to the averages for the countries in Europe and North America that have participated in the study (20% of boys and 15% of girls) (WHO Regional Office for Europe, 2012).

The dynamics of drug use in EECA may be traced by comparing data from various sources: the ESPAD periodic reports; the adapted ESPAD methodology surveys; and UNODC data on the prevalence of drug use among youth (UNODC, 2012), which include information from the ESPAD reports and Annual Report Questionnaires produced by UNODC.

According to the ESPAD reports, the levels of substance use in the period 2007–2011 decreased in Russia (Moscow) from 27% to 16%, and in Ukraine from 15% to 12%. In the Republic of Moldova it remained unchanged at 7%. Frequency of use of marijuana also remained the same in Moldova (5% in 2007 and 2010), fell by 3% in Ukraine (from 14% in 2007 to 11% in 2011) and significantly decreased – by 11% – in Russia (Moscow) (from 26% in 2007 to 15% in 2011) (Figure 1.5).

Frequency of use of heroin and cocaine increased in the Republic of Moldova and Russia, and remained the same in Ukraine. The prevalence of amphetamines use doubled in Ukraine (from 1% to 2%) and tripled in Russia (Moscow) (from 1% to 3%). The prevalence of ecstasy and inhalants use in the period 2007–2011 remained unchanged in the Republic of Moldova (2%) and Ukraine (3%). In Russia (Moscow), ecstasy use rates fell from 6% to 3%; however, inhalants use increased from 6% to 9%. The use of tranquillizers decreased from 1.5 times

Figure 1.5. Lifetime use of marijuana and hashish by adolescents aged 15–16 in 2007–2011 in EECA (proportion of those who had used drugs at least once).



Sources: ESPAD. 2012. *The 2011 ESPAD Report: Substance Use Among Students in 36 European Countries*. http://www.espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_10_29.pdf (accessed 20 December 2014); EMCDDA. 2013. Country Overviews: Belarus, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan. http://www.emcdda.europa.eu/publications/country-overviews/ (accessed 20 December 2014).

Table 1.1. Frequency of drug use among young people in EECA (percentage of those who have ever used drugs, or have used them at least once in the last year)

Country	Any drugs			Marijuana or hashish			Heroin			Cocaine			LSD/hallucinogens			Amphetamines			Ecstasy			Inhalants			Tranquillizers		
	2006–2008	2011	↕	2006–2008	2011	↕	2006–2008	2011	↕	2006–2008	2011	↕	2006-2008	2011	↕	2006–2008	2011	↕	2006–2008	2011	↕	2006–2008	2011	↕	2006–2008	2011	↕
Armenia *	4.0	–	–	3.0	–	–	1.0	–	–	1.0	–	–	0.0	–	–	–	–	–	–	–	–	5.0	–	–	1.0	–	–
Azerbaijan ***	–	–	–	*** 30.0	–	–	–	–	–	–	–	–	–	–	–	1.0	–	–	1.0	–	–	–	–	–	–	–	–
Belarus **/***	** 10.5[I] 3.5[II]	–	–	*** 6.8	–	–	*** 0.1	–	–	*** 0.2–0.4	–	–	** 0.9	–	–	–	–	–	*** 1.3	–	–	** 5.3	–	–	** 1.1	–	–
Kazakhstan **/***	** 4.8	–	–	** 2.7	–	–	** 0.1	–	–	–	–	–	–	–	–	*** 0.5–0.8	–	–	*** 0.3	–	–	–	–	–	–	–	
Kyrgyzstan **/***		–	–	** 2.4	–	–	*** 1.0	–	–	–	–	–	–	–		–	–	–	–	–	–	** 3.7	–	–	–	–	–
Republic of Moldova */***	7.0	7.0	↔	5.0	5.0	↔	*** 0.4	1.0	↑	*** 0.8	1.0	↑	–	1.0	–	*** 1.5	1.0	↓	2.0	2.0	↔	2.0	2.0	↔	5.0	2.0	↓
Russian Federation */***	27.0	16.0	↓	26.0	15.0	↓	*** 0.4	1.0	↑	1.0	2.0	↑	3.0	3.0	↔	1.0	3.0	↑	6.0	3.0	↓	6.0	9.0	↑	3.0	2.0	↓
Tajikistan **	** 0.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	** 1.9[I] 1.2[II]	–	–	–	–	–
Ukraine *	15.0	12.0	↓	14.0	11.0	↓	1.0	1.0	↔	1.0	1.0	↔	1.0	2.0	↑	1.0	2.0	↑	3.0	3.0	↔	3.0	3.0	↔	4.0	2.0	↓
Uzbekistan **	** 0.5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Source:
* ESPAD studies; reports for 2007 and 2011 (ESPAD, 2008, 2012).
** Adapted ESPAD studies; EMCDDA Country Overviews (EMCDDA, 2013a–e).
*** UNODC. *Data on Prevalence of Drug Use Among Youth* (UNODC, 2012); UNODC Annual Report Questionnaires.
Key:
Gender: [I]Data for boys [II]Data for girls. Dynamics of use: ↑ Drug use increased ↓ Drug use decreased ↔ Drug use remained unchanged.

in Russia (Moscow) to 2.5 times in the Republic of Moldova (ESPAD, 2012).

The example of Moscow shows that in a huge metropolitan city consumption rates for most psychoactive substances were almost equal among boys and girls in the period 2007–2011, whereas in the Republic of Moldova and Ukraine, where the sampling was nationwide, the proportion of boys who used different types of drugs was 2–3 times higher than that of girls, with the exception of tranquillizers, which were more frequently used by girls in both Russia and the Republic of Moldova (3% of girls and 2% of boys in both countries).

Young people are aware of the risks associated with substance use. In the Republic of Moldova, Russia and Ukraine about 45% of boys and over 50% of girls knew it was risky to try marijuana or hashish. Even more boys and girls (from 61% in Moldova to 74% in Russia, and 75% in Ukraine) realized the consequences of regular use of marijuana or hashish. The risks associated with ecstasy use were mentioned by 53% of young respondents in Moldova (46% of boys and 59% of girls), 76% in Russia (72% of boys and 80% of girls) and 71% in Ukraine (65% of boys and 77% of girls). Similar risks have been attributed to the use of amphetamines (ESPAD, 2012). ■

1.4. Injecting drug use and HIV

The 2014 World Drug Report estimates that the number of people who inject drugs in the world is 12.7 million (range: 8.9–22.4 million). That corresponds to a prevalence of 0.27% of the population aged 15–64. The problem is particularly stark in Eastern and South-Eastern Europe, where the rate of injecting drug use is 4.6 times higher than the global average (UNODC, 2014). The EECA region is home to 3.7 million people who inject drugs, more than half of whom live in the Russian Federation (1.8 million) and Ukraine (300,000) (UNICEF, 2010).

Sharing injecting equipment makes people who inject drugs particularly vulnerable to HIV and hepatitis C virus (HCV) infection. According to joint estimates from UNODC, the World Bank, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS), an average of 13.1% of the total number of people who inject drugs are living with HIV, which is 1.7 million people worldwide (range: 0.9–4.8 million). It is estimated that the prevalence of HIV among people who inject drugs is 23.0% in Eastern and South-Eastern Europe (UNODC, 2014).

The number of people living with HIV in EECA increased from 410,000 to 1.5 million people from 2001 to 2010, in contrast to other regions, where HIV prevalence decrease. At the same time, HIV prevalence among young people aged 15–24 doubled from 0.2–0.3% to 0.5–0.6% (UNAIDS, 2011). According to UNAIDS, in 2013 there were 1.1 million people (range: 980,000–1.3 million) living with HIV in EECA, and between 2005 and 2013 the number of AIDS-related deaths in the region rose by 5% (UNAIDS, 2014).

In EECA countries young people usually try substances for the first time at the age of 15–16 and older. According to the ESPAD study, in 2007 only 5% of the respondents in Russia (Moscow) and 3% in Ukraine had tried marijuana or hashish at the age of 13 and younger. By 2011 these proportions fell to 3% in Russia and 2% in Ukraine. The proportion of respondents who began using inhalants at 13 and younger was 1% in Ukraine and 2% in Russia (Moscow), and remained unchanged between 2007 and 2011. In 2007 less than 0.5% of 15- to 16-year-olds in Russia (Moscow) and Ukraine reported having used injecting drugs, but by

2011 this proportion had risen to 1% in each country. Injecting drug use among 15- to 16-year-old students in Ukraine was found only among boys. In the Republic of Moldova the ESPAD studies in 2008 and 2011 did not reveal any adolescents who had used injecting drugs (ESPAD, 2008, 2012).

According to the bio-behavioural study carried out in Ukraine in 2013, the average age of first drug use was 19, and 20.4 for injecting drugs. Furthermore, the average age of people who inject drugs was 33, while the proportion of 14- to 19-year-old adolescents among people who inject drugs was below 2.5% (Balakireva et al., 2014).

The majority of people who inject drugs start with non-injecting drugs. Analysis of factors leading to injecting drug use in Ukraine in 2004 and 2009 showed that only 5% of the respondents had never used non-injecting drugs. The shift from non-injecting to injecting drugs takes on average 1.5–3 years. Typically, people who injected drugs had their first experience of non-injecting drugs under the age of 19 – which is the average age of drug use initiation. Some 26% of people who injected drugs had first tried drugs at the age of 15, while more than half (69%) had done so at the age of 18. A total of 7% of people who injected drugs had first injected at the age of 14 or younger , and 32% at the age of 17 or younger (Balakireva et al., 2006, 2010).

In most cases, young people get involved in injecting drug use through the influence of older drug users from their immediate environment – friends, acquaintances or sexual partners. The involvement of minors in injecting drug use is still quite common – according to the 2004 and 2009 Ukrainian studies, 21% of the surveyed people who injected drugs were under 18 when they began injecting. Data obtained in 2009 confirmed the validity of the 2004 survey, which indicated that over the five-year period there had been no significant changes in injecting drug use initiation and practices (Balakireva et al., 2006, 2010).

Experts in EECA countries acknowledge the problem of drug, alcohol and tobacco consumption among children and adolescents as one of the most pressing medical, social and educational issues in the region (summary of Lozovoy et al., 2011)[6].

Adolescents start using drugs for the same reasons that they use cigarettes and alcohol. Many young people start using drugs 'to be sociable', 'to deal with stress', 'to increase self-esteem', 'because of a poor relationship with parents', 'out of boredom', 'out of curiosity', 'for pleasure' or because they just cannot say 'no'. Among other stress factors that provoke substance use are academic failures, transition to other education levels, unjust punishment and marks, excessive demands from teachers and/or conflicts with educators or peers (summary of Lozovoy et al., 2011)[7]. Low motivation to attend school and students' perception that schools do not provide enough support are also mentioned as significant contributors to commencing smoking and alcohol use (summary of Lozovoy et al., 2011)[8].

According to EECA experts, using tobacco and alcohol from an early age serves as an entry point to substance use among adolescents (summary of Lozovoy et al., 2011)[9]. The pattern that emerges is of students who start with a single use of one or several drugs, and then begin using them occasionally (at parties, with friends or at weekends); eventually, drug use

[6] Yegorov, A. Yu., 2002; Vartanyan, F. Ye. and Shahovskiy, K.P., 2003; Entin, G.M. et al., 2003; Nuzhniy, V.P., 2006; Kuzmenko, G.F., 2007; Dmitriyeva, T.B., 2008.
[7] Istomin, S.L., 1998; Muzdybayev, K., 1998; Borisova, L.G., 2001; Nikolskaya, I.M. and Granovskaya, R.M., 2001; Lozovoy, V.V., 2009.
[8] Lozovoy, V.V., 2009.
[9] Nikiforov, Ye. A. and Chernobrovkina, T.V., 2004; Skvorcova, Ye. S. et al., 2007.

becomes regular (once a week or more often), usually at low doses, and then drug addiction develops, leading to the uncontrolled use of psychoactive substances.

The use of psychoactive substances – specifically, drugs and alcohol – lowers young people's discipline, attendance and general academic progress, develops their belief that substance use is acceptable and even attractive, distorts their life values and priorities, and triggers criminal activity in schools. Drug use may discourage adolescents and young people from finishing school and attaining secondary or higher education. Students who are found repeatedly using drugs may be expelled from school if other measures have been unsuccessful, and if their behaviour is considered to have a negative influence on other students and to violate others' rights. In addition, ongoing drug use may harm young people's health, including their mental health, which could make it impossible for them to continue their education.

Young people who use drugs occasionally or experiment with them risk developing an addiction; they should therefore be the primary target of prevention activities.

Delivering life skills education and substance abuse prevention programmes in general education institutions and primary and secondary vocational schools can significantly reduce the levels of substance use, the incidence of HIV and other sexually transmitted infections (STIs), injury rates and preventable mortality among young people and adolescents in EECA. ■

2. Laws, policies and strategies

2.1. National laws and policies on substance use prevention

The entitlement of children, adolescents and young people to protect their rights and have access to information, education and health care services, including those that promote physical and mental health, is embedded in a number of international conventions, declarations, action plans and frameworks, including: the European Social Charter (1961) and the European Social Charter (revised) (1996); the International Covenant on Civil and Political Rights (1966); the International Covenant on Economic, Social and Cultural Rights (1966); the Convention on the Elimination of All Forms of Discrimination Against Women (1979); the Convention on the Rights of the Child (1989); the World Declaration on Education for All (1990); the World Declaration on the Survival, Protection and Development of Children (1990); the Vienna Declaration and Programme of Action Adopted by the World Conference on Human Rights (1993); the Political Declaration (Resolution S-20/2) adopted at the 20th United Nations General Assembly Special Session on the World Drug Problem (1998); the United Nations Millennium Declaration (2000); the Dakar Framework for Action, 'Education for All: Meeting our Collective Commitments' (2000); the Declaration of Commitment on HIV/AIDS (2001); the Declaration and Plan of Action, 'A World Fit for Children' (2002); the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia (2004); and the Political Declaration on HIV/AIDS (2011).

Most EECA countries have ratified and signed up to these conventions, which means on the one hand that these countries are committed to reducing child mortality, providing necessary health services to all children and delivering prevention programmes to improve the health outcomes of the young generation, and on the other hand that the countries are obliged to adapt national legislation and develop and implement relevant strategies.

The EECA countries have in recent years developed and introduced laws and strategies for the prevention of illicit trafficking and the use of drugs and other psychoactive substances among adolescents and youth by providing them with access to information, education and other relevant services.

❍ Armenia

The *Law on Narcotic Drugs and Psychoactive Substances* defines Armenia's priorities in drug use prevention, and measures to be taken against drug-related crimes (National Assembly of the Republic of Armenia, 2002). This law serves as a foundation for targeted programmes designed to counteract drug addiction, increase the awareness of the population (especially young people and adolescents) of the harms of drugs and provide drug treatment to those who need it.

The *Law on the Sale, Consumption and Restrictions on the Use of Tobacco* prioritizes interventions to promote healthy lifestyles, prohibits the sale of tobacco products to persons under the age of 18 and requires

all tobacco sellers to display a visible notice about it at the point of sale, and bans smoking in educational and cultural institutions (National Assembly of the Republic of Armenia, 2004).

The *Law on Advertising* forbids alcohol and tobacco advertisements in radio and television broadcasts intended for youth, in printed materials for minors and in facilities for children, educational and cultural institutions and sports venues and organizations. Under this law it is also illegal to address minors in alcohol and tobacco advertisements (National Assembly of the Republic of Armenia, 1996/2014).

❍ Azerbaijan

The *Law on the Rights of the Child* sets out the right of each child to the protection of life and health, and stipulates that the state must provide for the protection of life and health, child development, prohibition of the sale of alcohol and tobacco to children and prohibition of child labour related to the production and sale thereof (Government of the Republic of Azerbaijan, 1998/2008).

The *Law on Youth Policy* spells out activities on the education, upbringing, physical, intellectual and moral development of young people and the protection of their health (Government of the Republic of Azerbaijan, 2002). According to the *Law on Education*, general education enables learners to develop physically and intellectually, provides them with the required knowledge, promotes civic-oriented thinking based on a healthy lifestyle and values, teaches young people to respect national and global values and enables students' understanding of their rights and duties to the family, society, the state and the environment (Government of the Republic of Azerbaijan, 2009/2010).

The *State Programme to Counter Illegal Trafficking of Drugs, Psychoactive Substances and Precursors and Prevent Substance Use* (2013–2018) sets out measures to target key populations, in particular children and adolescents, with prevention and rehabilitation activities.

❍ Belarus

According to the *Education Code* of the Republic of Belarus, one of the key priorities of the national education policy is the promotion of spiritual and moral values and a healthy lifestyle among students. The *Code* lays down a set of principles for curbing the consumption of tobacco, alcohol, low-alcohol beverages and beer, and also narcotic, psychoactive, toxic and other intoxicating substances in educational institutions (National Assembly of the Republic of Belarus, 2011/2012).

The *Law on the Basis of State Youth Policy* prioritizes the formation of a healthy lifestyle among youth through sports activities and special events, and a ban on the sale of alcohol and low-alcohol beverages, beer and tobacco products to minors (National Assembly of the Republic of Belarus, 2009/2012).

The *Law on Narcotic Drugs, Psychotropic Substances, their Precursors and Analogues* provides a framework for the prevention of illicit drug use among children and adolescents, including through the creation of conditions for healthy leisure, physical training and sports (National Assembly of the Republic of Belarus, 2012).

The Concept of Implementation of the State Policy on Combating Tobacco Consumption in 2011–2015 maps out target indicators – a reduction in smoking rates in the population and discouraging the use of tobacco among children and adolescents – and provides for the development and implementation of information and education campaigns to promote a healthy lifestyle in the population, especially among youth, and to increase citizens' awareness of the health risks

associated with tobacco use (Ministry of Health of the Republic of Belarus, 2011).

Kazakhstan

The *State Programme on Health Care Development, 'Salamatty Kazakhstan', 2011–2015* of the Republic of Kazakhstan sets out the task of containing the spread of drug use, alcohol consumption and smoking among schoolchildren and young people through informing them about the irreversible consequences of substance abuse (Government of the Republic of Kazakhstan, 2010). To achieve this, the government supports a variety of efforts to implement prevention programmes, develop a peer-based volunteer movement, create educational and informational materials, expand psychosocial support for children, adolescents and young people, establish health and counselling centres for youth and strengthen telephone hotline services.

The *National Healthy Lifestyle Programme for 2008–2016* is designed to improve health outcomes and increase life expectancy in the population. It provides for the improvement of inter-agency collaboration and the involvement of the whole society in the promotion of healthy lifestyles, starting from adolescence, including the prevention of smoking, drug use and alcohol consumption and the introduction of relevant educational elements into the system of secondary and higher education (Government of the Republic of Kazakhstan, 2007).

The *Sectoral Programme to Address Drug Use and Drug Trafficking for 2012–2016* underscores the close cooperation of state drug control agencies with educational and health institutions, and youth and civil society organizations, to scale up and improve educational programmes designed to counteract drug addiction. This joint work should include various activities, such as theatrical performances, poster and drawing competitions and other school-based and sports events, and getting children involved in sports and other clubs. Prevention activities should also be carried out at summer camps for children and adolescents. The programme also makes provisions for the timely identification of key populations exposed to drug use and reaching them with prevention and psychosocial activities (Government of the Republic of Kazakhstan, 2012).

Kyrgyzstan

The *Law on Health Care* of the Kyrgyz Republic acknowledges the rights of minors to health protection, education and work under conditions matching their physiological characteristics and health profile and protecting them from adverse factors (Parliament of the Kyrgyz Republic, 2005/2013).

The *Law on the Protection of Citizens from the Harmful Effects of Tobacco* regulates legal relations in the sphere of the production and sale of tobacco products, and prevention activities to protect Kyrgyz citizens from the harmful effects of tobacco (Parliament of the Kyrgyz Republic, 2006/2009).

The *Law on Narcotic Drugs, Psychotropic Substances and Precursors* regulates social relations pertaining to the trafficking of drugs, psychoactive substances and precursors, and assigns responsibilities and measures to address illegal drug trafficking and drug abuse (Parliament of the Kyrgyz Republic, 1998/2013).

Republic of Moldova

The *Law on HIV/AIDS Prevention* (Parliament of the Republic of Moldova, 2007/2012) and the *National Programme on HIV/AIDS and STIs Control and Prevention for 2011–2015* (Government of the Republic of Moldova, 2010) make reference to the state obligation for the development and nationwide implementation of educational programmes designed to raise awareness among children aged 12 and older

and young people, stimulate safe and responsible behaviour, strengthen and expand prevention activities to promote a healthy lifestyle and encourage safer behaviour among children, adolescents and students in secondary, specialized secondary and higher education institutions.

The *National Health Care Policy for 2007–2021* prohibits the sale of tobacco products to minors and in close proximity to educational institutions, the sale of alcohol to persons under the age of 18, and the advertisement and promotion of alcohol among young people. The national policy provides for the creation of an efficient network of institutions and specialists that will deliver medical, social and psychological services to young people and adolescents and will establish crisis centres, health centres and knowledge hubs for young people (Government of the Republic of Moldova, 2007a).

The *Law on the Control and Prevention of Alcohol Abuse and Illicit Use of Drugs and Other Psychotropic Substances* provides for the inclusion of topics related to sobriety and abstinence from alcohol and drugs in the curricula of pre-school, general education and higher education institutions, and for the training of educators to motivate learners to live a healthy lifestyle and to build their capacities in drug-related problem resolution. It also underscores the need to train sociologists, psychologists and doctors to provide treatment, conduct preventive work and offer rehabilitation to people addicted to alcohol, drugs and other psychoactive substances (Parliament of the Republic of Moldova, 2001/2010).

❍ Russian Federation

The *Law on Health Care* prioritizes prevention activities and supports the development and implementation of programmes that promote healthy lifestyles, including programmes to reduce alcohol and tobacco consumption, and to prevent and control the non-medical use of drugs and psychoactive substances (Federal Assembly of the Russian Federation, 2011/2013).

According to the *Law on Education*, an educational institution is obliged to protect the life and health of learners in the course of the education process and to create conditions that would secure the protection and promotion of their health (Federal Assembly of the Russian Federation, 2012/2014).

The *Law on the Protection of Russian Citizens from Tobacco Smoke and the Consequences of Tobacco Use* sets out to inform and educate the population, including students in educational institutions, about tobacco-related harms and the dangers of exposure to tobacco smoke, with the aim of fostering a sense of responsibility to preserve one's health and developing negative attitudes toward tobacco use (Federal Assembly of the Russian Federation, 2013/2014).

According to the *Law on Narcotic Drugs and Psychotropic Substances*, the federal executive bodies and authorities of the constituent entities (provinces) of the Russian Federation, together with local governments, educational and other organizations, should promote healthy lifestyles and intolerant attitudes towards the illicit use of drugs and psychoactive substances and drug addiction (Federal Assembly of the Russian Federation, 1997/2014).

The above law and the provisions of the *Law on the Fundamentals of the System to Prevent Child Neglect and Juvenile Delinquency* (Federal Assembly of the Russian Federation, 1999/2014) obligate the education system authorities and educational institutions to facilitate the early detection of illicit drug use among students, through a variety of procedures including social and psychological testing and preventive medical examinations of learners.

Based on the principles of the *State Strategy for the Anti-Drug Policy until 2020* (Government of the Russian

Federation, 2010a), the *Concept for the Implementation of a State Policy to Reduce Alcohol Abuse and Prevent Alcoholism for the Period until 2020* (Government of the Russian Federation, 2009), and the *Concept for the Implementation of the State Policy on Combating Tobacco Consumption for 2010–2015* (Government of the Russian Federation, 2010b), in 2011 the Ministry of Education and Science of the Russian Federation approved the *Concept for the School-Based Prevention of Substance Use* (Ministry of Education and Science of the Russian Federation, 2011). Designed to integrate prevention into school-based activities, the *Concept* provides for the integration of prevention topics into the basic curriculum, the organization of extracurricular events (training sessions, role-play games, discussions, one-to-one sessions with students), and the development and implementation of educational programmes for the parents (legal guardians). School-based prevention elements should be developed taking account of the age, social and psychological development of students, with carefully pre-selected information and training formats to avoid igniting students' interest in psychoactive substances.

The Russian regions (constituent entities of the Russian Federation) design their own legal framework, tailored to the local context, on the basis of the national laws, strategies and programmes.

Tajikistan

The *Law on Health Care* of the Republic of Tajikistan states that all children in schools and other child care institutions should be able to maintain and strengthen their health and receive health education (Supreme Assembly of the Republic of Tajikistan, 1997). According to the *Law on the Response to HIV/AIDS*, all educational institutions should integrate healthy lifestyle education into their curricula and educational activities, and they should provide students with comprehensive, high-quality and accessible information about routes of HIV transmission and ways of prevention (Supreme Assembly of the Republic of Tajikistan, 2005/2008). The *Law on Drug Dependence Treatment* defines and protects the rights and interests of people affected by drug addiction, and lays down the grounds and procedure for the provision of drug treatment services (Supreme Assembly of the Republic of Tajikistan, 2003).

The *Law on Youth Policy* provides for the counselling of minors, young citizens and their parents on various issues: the legal framework, psychology, education, aesthetic values, family and sexuality; and sets out principles for the delivery of psychological, medical, drug treatment and other services to young people and their parents (Supreme Assembly of the Republic of Tajikistan, 2004/2011).

The *National Health Strategy for the Period 2010–2020* maps out ongoing educational activities for adolescents and their parents on the topics of reproductive health, STIs, HIV and AIDS, and also health education in schools and other educational institutions (Government of the Republic of Tajikistan, 2010a). The *Programme on the HIV/AIDS Response for the Period 2011–2015* underscores HIV prevention activities in the general education institutions, secondary vocational schools and colleges (Government of the Republic of Tajikistan, 2010b).

Ukraine

According to the *Law on Health Care* of Ukraine, the government facilitates healthy lifestyles by disseminating scientific evidence pertaining to public health, medical, environmental and physical education and taking measures to address risky health habits, and by putting in place socioeconomic incentives for people committed to a healthy lifestyle (Verkhovna Rada of Ukraine, 1992/2014).

The legal framework of the national education system is based on several laws: the *Law on Education*

(Verkhovna Rada of Ukraine, 2014), the *Law on General Secondary Education* (Verkhovna Rada of Ukraine, 1999/2012), the *Law on Pre-School Education* (Verkhovna Rada of Ukraine, 2001/2012), the *Law on Extracurricular Education* (Verkhovna Rada of Ukraine, 2000/2010), the *Law on Vocational Education* (Verkhovna Rada of Ukraine, 1998/2012), the *Law on Higher Education* (Verkhovna Rada of Ukraine, 2002/2014) and the *Law on Child Protection* (Verkhovna Rada of Ukraine, 2001/2013). In line with the above laws, the state ensures:

- the dissemination of information about the harmful effects of alcohol and drugs on health and well-being through public awareness events and media channels;
- access for all young people to education in a safe and healthy environment;
- the integration of alcohol and drug use prevention into the curricula of pre-school and general education institutions, and in parent training and support programmes.

Ukraine's *Draft National Strategy on Drugs for the Period until 2010* prioritizes the issue of psychoactive substance use among children and young people and makes provisions for the creation of public committees in schools and higher education institutions to coordinate prevention activities. It also provides for the introduction of special courses for adolescents and young people on the health consequences of non-medical substance use, and for training sufficient numbers of teachers, school psychologists and social workers and equipping them with modern skills for prevention work with youth.

Uzbekistan

The *Law on Limiting the Distribution and Consumption of Alcohol and Tobacco Products* of the Republic of Uzbekistan defines key elements of state policy in this area: organization and implementation of prevention and awareness-raising activities designed to provide spiritual and moral guidance, the formation of healthy lifestyles in the population (young people in particular), and the prevention and minimization of health risks related to the use of alcohol and drugs (National Assembly of the Republic of Uzbekistan, 2011). According to the *Law on Health Care*, all minors have the right to health protection, education and work under conditions matching their physiological characteristics and health profile (National Assembly of the Republic of Uzbekistan, 1996/2010). The *Law on HIV Prevention* reflects the country's commitment to informing the population about HIV prevention and prohibiting discrimination against students and teachers affected by HIV (National Assembly of the Republic of Uzbekistan, 2013). ■

2.2. Education systems' policies for substance use prevention

2.2.1. EDUCATION POLICY

Analysis of the legal frameworks and strategies that aim to prevent substance use and promote a healthy lifestyle in different EECA countries shows that all countries share a common approach to safeguarding the right of children and young people to health protection, information, education and related services. However, each country has its own way of delivering such information, education and services, and has different priorities and requirements in terms of their content.

Most countries address the primary goal of substance use prevention by establishing education laws that obligate schools to build skills and foster a culture of healthy lifestyles and safe behaviour among children and young people.

The goals, objectives and content of education of all EECA countries are defined in the state standards of education and basic (model) curricula developed for each subject area, level and year of education. Educational standards and school curricula view substance abuse prevention in the context of a broader task to protect students' health and encourage a healthy and safe lifestyle.

In addition to mandatory curricula, EECA countries also deliver optional educational programmes that are developed to take account of local needs, opportunities and specific contexts. Local education authorities use them as models for the development and implementation of their own optional studies and extracurricular activities.

Responses to substance use among students are not limited to compulsory and optional prevention education. They include an array of other interventions, such as:

- preventive talks and training during class meetings;
- discussions of substance use prevention issues during parents' meetings and special classes for parents;
- the distribution of informational materials (booklets and leaflets) among students and their parents;
- one-to-one and group psychological counselling sessions for students and parents;
- (in some countries) socio-psychological testing to identify students at risk of substance use;
- (in some countries) drug testing of students;
- referring students who use psychoactive substances to drug treatment services for counselling and treatment;
- organizing sports events and health campaigns, issuing school newsletters, conducting poster competitions, essay and drawing contests, creating videos on the topic of substance use prevention. These events are often held in conjunction with the International Day against Drug Abuse and Illicit Trafficking (26 June), World Health Day (7 April), World AIDS Day (1 December) and other important dates;
- promoting students' participation in various creative and sports clubs;

Parents are important targets for primary substance use prevention among adolescents. Educating parents on the issues is a vital component of effective substance abuse prevention among children.

Source: summary of Lozovoy et al., 2011[10]

[10] Lozovoy, V.V., 1999, 2001; Maksimova, N. Yu., 2002; Maluchenko, G.N., 2002; Ananyev, V.A. et al., 2003; Dmitriyeva, T.B., 2007; Sirota, N.A. and Yaltonsky, V.M., 2007; Aydemiller, E.G. and Yustickis, V., 2008.

- involving learners in prevention activities: training volunteers to help teachers deliver prevention lessons and conducting their own extracurricular interventions to prevent substance use.

Educational institutions usually implement prevention activities on the basis of annual work plans on the prevention of substance use among pupils and students.

School-based measures addressing substance abuse are designed to:

- inform students about the negative effects of substance use;
- shape responsible attitudes towards health and negative attitudes towards drug use, which puts their health and social status at risk;
- expand the social competencies of students and develop the personal qualities that empower them to withstand negative influences;
- build universal knowledge and skills that would allow young people to address their needs in a socially acceptable manner, taking into account their personal resources;
- strengthen children's and adolescents' ties with their families and other significant adults;
- create positive motivation for a healthy and safe lifestyle;
- involve adolescents in school life, sports and other activities.

Experts in the EECA countries note that prevention interventions based on both reducing the risks of substance use and increasing the ability of adolescents to combat negative influences are much more effective than prevention work that targets only the risk factors.

Source: summary of Lozovoy et al., 2011[11]

There is a legal ban on the use and distribution (including sale) of psychoactive substances (tobacco, alcohol and drugs) in educational institutions in all countries of EECA. This ban is usually reflected in the statutes and codes of conduct of educational institutions and concerns both students and teachers. Heads of educational institutions are responsible for the implementation of educational and disciplinary measures against students and teachers found smoking or using alcohol or drugs on school premises.

Order Number 136 of 8 February 2012 issued by the Ministry of Education and Science of Ukraine prohibits the sale and use of alcohol and tobacco in all educational institutions. Heads of educational institutions are personally responsible for the enforcement of the Order.

Educational measures for offenders include preventive teacher–learner–parent discussions and consultations with a psychologist and a counsellor. Disciplinary measures may be also imposed, such as a warning, a reprimand, expulsion from school, and reporting them to law enforcement authorities.

Heads of educational institutions were asked about the current policies on the use of alcohol and drugs in schools, as part of the HBSC research project held in 2010 in Ukraine. Almost all (97.5%) heads of institutions reported that all students had been informed about the ban on alcohol and drugs on the school premises, and about measures that would be taken against an offender; 91% of school heads noted that all teachers had been informed about the law; and 81.5% said that parents had also been made aware of it. Some 14% of school heads reported that measures reflected in the document were not always enforced. Three-quarters (76%) of school directors spoke about plans to integrate discussion on issues related to alcohol and drug use in the official school

[11] Gadirian, A.M., 2000; Kasatkin, V.N. et al., 2000; Sirota, N.A. and Yaltonsky, V.M., 2002; Minina, N.A, 2003; Kremleva, O.V., 2004; Sidorov, P.I., 2006; Sirota, N.A., 2008.

curriculum. However, only 30% of school heads confirmed that their school was sufficiently staffed with teachers qualified to deliver substance use prevention education.

Source: Balakireva et al., 2011b

Testing students for the early detection of substance use

In the mid-2000s some EECA countries introduced psychological testing and medical examination for the timely identification of students at risk of substance use or young people who use drugs.

Russian Federation

Russia began piloting drug testing among school pupils and students of vocational schools, colleges and universities in 2006. In 2014 the Russian Ministry of Education and Science approved the procedure of socio-psychological testing of students in institutions of general, secondary and higher professional education. Students aged 15 and over are tested with their informed consent (in writing). Testing for younger pupils requires the informed consent of one of their parents or a legal guardian. Before they are tested the students are provided with all the necessary information about the test and are free to withdraw at any moment. Parents are allowed to be present at the testing session. Testing results should be handled and stored with due respect to confidentiality (Ministry of Education and Science of the Russian Federation, 2014).

Tatarstan (Russian Federation) began conducting drug testing in 2006. It identified over 1,200 students who use drugs, from about 800,000–900,000 tested pupils and students, over the period 2006–2014. Many schools in Tatarstan have now introduced mandatory drug testing into their statutes.

Source: News Agency Smart News, 2014

In addition to socio-psychological testing, students in general, secondary and higher professional education institutions may be subject to medical examination to detect the presence of illegal substances in their body. The drug testing procedure was developed by the Ministry of Health of the Russian Federation (Ministry of Health of the Russian Federation, 2014).

The drug testing policy allows for preventive medical drug testing among students over the age of 13. Written informed consent is required from students aged 15 and over, or from a parent/legal guardian for students aged 13 to 14. Both the learners and their parents may refuse the test.

Drug testing is carried out in four stages. At the first stage students are informed about the consequences of illicit substance use, asked about any prescription narcotic or psychoactive drugs they might be taking, and are examined by a psychiatrist or addictions therapist. At the second and third stages preliminary and confirmatory urine testing is performed to detect traces of drugs or psychoactive substances. At the fourth stage the test results are explained to each participant aged 15 and over, or to parents/legal guardians of students aged 13 to 14. The doctor may then refer the student to a specialized drug treatment facility, with the written informed consent of the student or his/her parent. The results of preventive drug testing are entered into the student's medical records (child development card) and are confidential.

Kazakhstan

The *Sectoral Programme to Address Drug Use and Drug Trafficking for 2012–2016* underscores the close cooperation of state drug control agencies with educational and health institutions, including the psychological testing of students to identify the risks of developing an addiction to psychoactive substances (Government of the Republic of Kazakhstan, 2012).

The Kazakhstan Interior Ministry's Committee on Drug Trafficking Control has suggested conducting drug testing among students from 14 to 22 years of age (until the age of completion of higher education) in the following cases: upon entry to a specialized secondary and higher education institution, based on the results of psychological diagnostics, and upon request from the parents or legal guardians. If minors' drug tests are returned positive, it is recommended that their parents are informed and the individual is referred to a drug treatment specialist and placed on a prevention registry for regular check-ups (Ministry of Interior Affairs of the Republic of Kazakhstan, 2014).

Belarus

In 2012 the Belarus Ministry of Education and Ministry of Health implemented a pilot scheme of drug and alcohol testing among students in the Soligorsk region. The anonymous testing was approved by parents and students, and was held in two stages: the students filled in a special questionnaire, and they were then tested on alcohol and drugs. Not one case of alcohol or drug use was identified, and the ministries decided not to introduce school-based mandatory drug and alcohol testing, as it didn't seem to be cost-effective (District Executive Committee of Salihorsk, 2013). However, in 2014 the National Centre for Hygiene and Epidemiology recommended the gradual introduction of drug testing for the purpose of early detection of substance use among learners (Office of the President of the Republic of Belarus, 2014).

Some experts, human rights organizations and politicians in EECA countries have questioned the scientific, ethical and legal (constitutional) validity of universal drug testing in schools, and also its practical impact, highlighting potential violations in voluntary participation (i.e. enforcement of testing on students) and confidentiality, high cost, low detection rates and the threat of drug use identification as the governing motive for prevention.

Source: Mendelevich, 2010; Gazeta.kz, 2009; Zakon.kz. 2009 ■

Many countries refer learners with a substance use history to drug treatment facilities, rehabilitation or re-socialization centres, where, depending on the state of their health, the frequency of drug use and the level of dependence, they are placed on prevention or outpatient registries and are offered counselling and, if needed, treatment. Students are taken off the prevention check-up lists if no drug use incidents have been registered in one year, but if regular drug use is detected students are placed on an outpatient registry for 3–5 years and are provided with treatment and rehabilitation services.

2.2.2. ORGANIZATION AND COORDINATION OF PREVENTION EDUCATION

The EECA countries have established various committees, task forces and national councils to coordinate the activities of all the authorities involved in the prevention of substance abuse, HIV and other socially significant diseases, and to deliver social and health services to the population. Acknowledgement of the critical role of the education sector in prevention responses has led to the participation of ministries of education in the work of these official coordinating bodies.

Prevention education and activities are coordinated within the ministries and territorial (regional, municipal, district) education sector authorities by structural divisions in charge of pre-school and general education, extended education or youth policy. Scientific

research institutes (organizations) under the ministries of health, education or youth policy monitor and evaluate prevention interventions.

For example, the Russian Ministry of Education and Science has established a Research Centre of Education, Healthy Lifestyles, Substance Abuse Prevention and Social and Educational Support for Children and Youth. Based on a social partnership, the Centre provides methodological support to educational institutions, disseminates best practice and innovations, and contributes to in-service training courses for educators.

The National Healthy Lifestyle Promotion Centre, which operates under the auspices of the Kazakhstan Ministry of Health, is mandated to coordinate the development and implementation of health promotion programmes and interventions to prevent substance use and socially significant diseases. Health educators trained by this Centre deliver prevention lessons and participate in extracurricular activities in schools.

The organization and delivery of school-based prevention education and substance use prevention activities is regulated by national laws on education, relevant orders issued by education authorities and inter-agency normative acts. These define the procedure of cooperation between agencies responsible for education, health care, youth policy and drug control to prevent drug use, alcoholism, smoking, HIV and AIDS and other socially dangerous diseases, and to promote a healthy lifestyle among children and young people.

In schools, principals and their deputies are responsible for the organization of prevention activities. Homeroom teachers and tutors are responsible for instilling a rejection of drug use, conducting extracurricular prevention activities and talking with students and parents, monitoring students' behaviour to identify those who are likely to be exposed to drug use, and arranging counselling with a school psychologist. Subject teachers deliver mandatory and optional prevention lessons. Psychologists offer assistance to students who exhibit risky behaviour associated with substance abuse and, whenever necessary, refer them and their parents to specialized institutions for additional support. School nurses and doctors are responsible for raising students' awareness of health issues, conducting regular check-ups and providing medical assistance.

Schools sometimes involve law-enforcement agencies (police, juvenile departments, drug control services), health care specialists (e.g. from drug treatment facilities, youth-friendly clinics, local clinics) and civil society organizations in their prevention activities (mandatory, extracurricular, for students, for parents).

In some countries, teacher education programmes prepare teachers to deliver mandatory prevention subjects. Other subject teachers are not sufficiently trained in healthy lifestyle promotion and substance use prevention. As a result, in countries where prevention subjects and courses are optional, pre-service training for such teachers remains a major challenge. In-service education and special training organized as part of national and international programmes are therefore important elements in teacher training and re-training for the delivery of substance use prevention and healthy lifestyle programmes.

The Basics of Life Safety teacher training curriculum, which is the main mandatory prevention subject in Russia, Belarus and Kazakhstan, includes training on the 'forms and methods of prevention of addictive behaviour', 'methods of healthy lifestyle promoting taking into account the age and gender of students', 'prevention of socially dangerous

*phenomena among youth', 'basics of healthy lifestyle' and 'methods of teaching life safety'.**

*In Ukraine the pre-service preparation curricula of teachers who deliver the mandatory Basics of Health include studies on the 'basics of narcology' (substance use prevention), 'methods of teaching health basics, valeology and motivating people for a healthy lifestyle'.***

Notes:
** Training curricula and programmes for Life Safety teacher preparation, Tyumen and North-Caucasus Universities, Ural and Novosibirsk teacher training universities, Russian Federation.*
*** Training curriculum for the preparation of Basics of Health schoolteachers and health promoters, Dragomanov National Teacher Training University, Ukraine.* ■

2.2.3. THE DEVELOPMENT, IMPLEMENTATION AND FUNDING OF PREVENTION PROGRAMMES

Many countries have developed inter-agency collaboration across all elements of substance use prevention education and activities. Experts from law enforcement and health care institutions are involved in the development of study curricula, informational materials, guides and manuals.

The Federal Drug Control Service (FDCS) of the Russian Federation works closely with schools to prevent substance use among students. The FDCS supports various prevention activities, such as competitions for students and scientists to submit papers on the prevention of drug use and drug trafficking, the production of informational materials, and training programmes for learners aged 12–16 and above, such as the online lesson called I Have a Right to Know! (Federal Drug Control Service of the Russian Federation, n.d.).

The State Drug Control Service of the Republic of Kyrgyzstan develops learning materials on substance use prevention for different target groups: pupils of secondary schools, adolescents from key at-risk populations, teachers and health workers, and staff of civil society organizations (State Drug Control Service of the Kyrgyz Republic, 2014a, 2014b).

The Kazakhstan Interior Ministry's Committee on Drug Trafficking Control and its local subdivisions collaborate with schools and youth organizations to enforce prevention education and conduct campaigns and programmes designed to prevent substance abuse among young people.

Non-governmental and civil society organizations working in the spheres of health care and education are playing an essential role in preventing drug use, alcoholism and smoking among children and adolescents. They introduce innovative approaches, involve trained specialists and peer educators and provide various medical, social and consultative services. However, their activity is often limited in scale and largely depends on external funding.

Analysis of prevention programmes in all EECA countries has shown that in most countries substance use prevention is not taught as a separate thematic course, but is integrated into mandatory subjects and optional classes designed to promote healthy lifestyles and safe living, and is viewed in the context of avoiding bad habits and preventing HIV and AIDS.

Countries that have integrated prevention education into optional (non-mandatory) studies face the problem of inadequate funding allocated to prevention programmes from the national and local budgets. This is caused by insufficient prioritization of primary prevention, uncertainty about the content of

prevention programmes and the inability to monitor their short- and long-term effectiveness.

Significant financial and technical assistance has been provided by international donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), United Nations agencies, the German Society for International Cooperation (GIZ), Eurasian Economic Community (EurAsEC) and other international organizations to help countries develop and implement drug abuse prevention projects. In many countries awareness-raising activities among adolescents and young people, the development of educational programmes to prevent substance use, teacher training and the production of educational materials are still implemented with international assistance. For example, in Kyrgyzstan, Tajikistan and Uzbekistan prevention education is being promoted with support from GIZ. In Kazakhstan the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Children's Fund (UNICEF) and EurAsEC have funded the development of information toolkits on HIV, drug and solvent abuse, alcoholism and smoking prevention for parents and teachers in schools, vocational education institutions, colleges and universities.

2.2.4. MONITORING AND EVALUATION

None of the EECA countries has developed a clear system of ongoing monitoring of prevention programmes and evaluation of their effectiveness that would allow trends in the health-related knowledge, attitudes and behaviour of students attributable to the implemented educational programmes to be assessed and measured at the national level.

Occasional surveys are held in schools as a part of health and healthy lifestyle promotion activities, to assess students' knowledge and behaviours related to smoking, drug use and alcohol consumption. Schools plan and conduct such surveys on their own, to evaluate progress and the results of regional and national prevention programmes and projects funded by international organizations. The research methods used for these evaluations do not always yield reliable data on the impact of prevention programmes on students' knowledge and behaviour. However, they provide an opportunity to analyse trends and changes in students' behaviour, and to hear the opinions of teachers, students and their parents about prevention work in their schools.

In 2007 the Republic of Tatarstan (Russian Federation) researched the effectiveness of school-based prevention programmes. The survey included 1,938 students (from Grades 7, 9 and 11), 253 parents and 501 teachers, and was held in Kazan (the capital of Tatarstan, with a population over one million people) and other large and medium-size cities and rural areas.

In addition to collecting data on students' attitudes towards people who use drugs and substance use (smoking cigarettes, drinking beer and strong alcoholic beverages, using cannabis and inhalants, and injecting drugs), the survey identified significant discrepancies in the answers of students and teachers about prevention activities in their schools. Some 62–66% of students and 86–88% of teachers mentioned special homeroom classes, information boards, newsletters and posters on the problem of drug use. Talks with a school doctor or psychologist about the harms of drugs were reported by 46.2% of students and 76.6% of teachers; and 62.5% of teachers versus only 29.9% of students mentioned consultation with an addiction specialist. About 32% of students

had ever participated in homeroom classes on substance use prevention, and only 14.8% of respondents had had counselling with an addictions specialist. Sometimes there was a threefold difference in the assessment of students' participation in prevention activities by teachers and students themselves. Medium-sized and small cities reported the highest rates of student participation in prevention programmes, the lowest being in rural areas and the capital city.

More than half (55.7%) of students found discussions about the harm of drugs held by a narcologist very useful, about half of students preferred movies or documentaries on the issue, and around 40% rated as effective conversations with a school doctor or a psychologist. Some 38% of students assessed as equally effective homeroom classes, large events with the participation of celebrities and anti-drug videos on TV and the Internet. Teachers rated the talks with addiction specialists, movies and documentaries and homeroom classes as the most effective. Events reported as most effective by both students and teachers are usually organized in schools less often than activities related to the creation of information boards and posters, while the effectiveness of the latter were doubted by teachers, students and their parents.

Source: Centre for Analytical Research and Development, 2007

Countries that conduct socio-psychological and medical drug testing to detect drug use refer to the number of identified cases and any increase/decrease over the years as indicators of the effectiveness of prevention work.

The international research projects ESPAD and HBSC offer good opportunities for monitoring substance use among students. Surveys held as part of these projects require national representative sampling among students aged 15–16 (ESPAD) and 11, 13 and 15 years (HBSC). Survey results not only indicate the prevalence of smoking, drug use and alcohol consumption, but also provide some analysis of adolescents' attitudes towards their health, the current behaviour models, and the influence of the family, school and environment on the behavioural patterns of teenagers. An accumulation of data from different data-collection waves (the surveys are conducted every 4–5 years) makes it possible to evaluate changes in key indicators over time, including those related to substance use, and to draw conclusions about the effectiveness of prevention education in the region. However, both these research projects are held regularly only in Ukraine and Russia, and in Russia the ESPAD study covers only Moscow. Results of the ESPAD and HBSC studies in Ukraine are used in the annual report to the president, Verkhovna Rada (parliament) and the Cabinet of Ministers on the status of childhood and family affairs in the country, which allows the data to be widely disseminated among stakeholders.

The ESPAD and HBSC studies have also been carried out in the Republic of Moldova and Armenia in certain years, and the adapted ESPAD research was implemented on one occasion in Belarus, Kazakhstan, Kyrgyzstan and Tajikistan.

3. Substance use prevention education: formats, content and coverage

Almost all EECA countries implement substance use prevention programmes through the three components of educational activity: compulsory, optional and extracurricular. Substance use prevention is carried out in the context of the promotion of a healthy lifestyle and responsible behaviour, and in relation to HIV prevention.

3.1. Armenia

❍ Compulsory subjects

In 2008 the Government of Armenia introduced a training course, Health Lifestyle, into the curriculum for Grades 8 and 9 in general education institutions. In 2010 the course was also added to the curriculum for Grades 10 and 11. The course is part of the general curriculum subject Basics of Life Safety and Physical Training. Healthy Lifestyle teaching comprises 14 learning hours per year within the total number of learning hours designated to this subject area (UNESCO Moscow Office, 2013).

The influence of psychoactive substances on human bodies and lives is studied in Grades 8 and 10 during five learning hours. Smoking, alcohol and drug use are viewed in the context of bad habits that may destroy health and cause addiction, with harmful consequences. Grade 10 students learn about the increased risks of STIs associated with alcohol and drug use, and about ways to abstain from bad habits. To support this, special lessons are held in Grade 8 to develop students' decision-making skills and to train them in withstanding peer pressure (how to say 'no'), and in Grade 9 students discuss healthy family and interpersonal relations and learn how to deal with stress without turning to psychoactive substances. In Grade 10 students consolidate their knowledge by discussing responsible behaviour and abstinence from bad habits. In Grade 11 the consequences of injecting drug use are discussed in the context of HIV prevention.

❍ Guidance materials and teacher training

The Global Fund, UNICEF and the United Nations Population Fund (UNFPA) jointly supported the development of tutorials, guidance materials and visual aids for students to facilitate the delivery of the Healthy Lifestyle course. Teachers for this course were trained at specialized training sessions. By the time the course was rolled out, the National Institute of Education and the Armenian Scientific Association of Medical Students, with support from the Global Fund, had trained a total of 2,800 teachers and 400 lecturers. Subsequently, in 2010–2011 with support from the Global Fund and UNFPA, another 2,000 teachers received training (UNESCO Moscow Office, 2013).

Armenia lacks pre-service preparation of Healthy Lifestyle teachers. The first training programme for

Physical Training teachers to deliver the Healthy Lifestyle subject (which is part of the Physical Training subject) is being developed in 2014–2015 with support from UNESCO.

The Healthy Lifestyle programme has also been adapted for children with special needs, and in 2011 UNESCO supported the development of a manual for special needs teachers.

Knowledge evaluation

At the end of the Healthy Lifestyle course, which is made up of 14 learning hours per year, students take part in knowledge evaluation surveys. The course piloting showed an increase in students' knowledge of the topics studied from 40% up to 75–80%. No other surveys have since been conducted to assess the impact of the course on students' attitudes towards substance use (UNESCO Moscow Office, 2013). ■

3.2. Azerbaijan

Both HIV prevention and substance (drug) use prevention are important elements of educational activities in Azerbaijan.

Compulsory subjects

According to the *General Education Concept (National Curriculum)* and the *State Standards and Programmes (Curriculum) of General Education*, life skills education has been part of the compulsory subject of Life Skills since 2010. The subject consists of four thematic blocks: people and nature; individuals and society; public morals; and health and safety (Republic of Azerbaijan National Curriculum, 2014; Cabinet of Ministers of the Republic of Azerbaijan, 2010).

In Grades 1–4, Life Skills provides children with basic knowledge about human rights and freedoms, moral and spiritual values, safe living and related risk factors, traffic rules and bad habits. In Grades 5–9 students enhance their knowledge of health protection, human rights, spiritual development, moral maturity, freedom of conscience, healthy lifestyles and daily life safety, and of the means of protection in emergency situations and natural disasters. By the end of Grade 8, upon completion of the health and safety component, each primary school student is expected to demonstrate knowledge of and an ability to lead a healthy life, and, upon finishing Grade 9, to value the importance of a healthy lifestyle for starting a family.

The Life Skills subject is taught in Grades 1–9 in all Azerbaijani schools, in various formats: lectures, talks, discussions, competitions, role-play games and peer education sessions. Students build up knowledge about healthy lifestyles and develop/improve skills related to safer behaviour, health-conscious relationships and a healthy environment. Schools often invite health workers to conduct talks and deliver lectures on a healthy lifestyle. Discussions and meetings with experts are held both during school hours and as part of extracurricular activities.

- ***In 2008 the Life Skills-Based Education programme reached 1,412,474 students in 4,511 schools.***
- ***In 2009 the programme reached 1,347,786 students in 4,499 schools.***
- ***To deliver the course, 6,205 teachers from 2,323 schools were trained in 2008, and 1,495 teachers from 785 schools were trained in 2009.***

Source: UNESCO Moscow Office, 2013

Before the Life Skills subject became mandatory in 2010, an optional course called Life Skills-Based Education

had been delivered in primary and secondary schools as part of the Global Fund-supported project Scaling up the Response to HIV/AIDS in Azerbaijan. The course was designed to help children and adolescents develop interpersonal skills that reinforced their coping abilities to withstand various risks, build healthy relationships and lead healthy lives. It covers such topics as individual development, interpersonal relations, social development and health. Young people learn how to shape their behaviour to resist substance use (UNGASS, 2010). Special guidance materials for teachers were created to facilitate the delivery of this course. Each lesson focused on different life skills, taking into account national traditions and culture.

There are no special mandatory programmes on substance use prevention for vocational schools and higher education institutions in Azerbaijan, although occasional lectures and peer education training are organized for students.

❍ Awareness-raising activities

Active awareness-raising work to prevent substance use among children, adolescents and young people stretches beyond the mandatory curriculum. Homeroom teachers and school principals, together with police officers, organize special talks with parents during teacher–parent meetings and inform them about the situation regarding substance use among young people, the penalties for the distribution and use of drugs and the importance of early detection of drug use. Many civil society organizations support projects that promote abstinence from bad habits among young people; substance abuse prevention is an important component of these projects. ■

3.3. Belarus

The following framework documents have been developed and approved in Belarus to ensure the healthy lifestyle promotion mechanisms are sustainable, and to create conditions to teach and motivate children and adolescents to undertake safe and healthy behaviour:

- ***Concept of HIV Prevention in Educational Institutions (2007);***
- ***Concept of the Implementation of the 'Peer-to-Peer' Principle in Educational Institutions (2010);***
- ***Concept of Promoting a Healthy Lifestyle among Students in Educational Institutions (2010).***

Prevention education and, specifically, substance use prevention in Belarus at all academic levels – from primary school to universities – is delivered on the basis of the state educational standards, training programmes, tutorials and guidance materials, and concepts of prevention activity. It is supported by the system of graduate and post-graduate teacher training and efforts to expand the network of best practice schools that pilot new prevention approaches and support other schools to use them.

❍ Compulsory subjects

Components of substance use prevention (drugs, alcohol and tobacco), HIV and healthy lifestyle education have been integrated into the primary school (Grades 1–4) subject People and the World, which includes a section on People and Health. Substance use prevention is also integrated into Biology (the section on People and Health), Chemistry, the social sciences, and initial military and health training in the second level (Grades 5–9) and third level (Grades 10–11) of secondary education.

In 2012 the optional Basics of Life Safety course became compulsory for students in Grades 2–9. The course has been designed to encourage health-conscious and responsible attitudes to personal and public safety, and to develop students' psychological resilience in stressful and emergency situations. In Grades 2–4 the course makes up 16 learning hours per year, and in Grades 5–9 it comprises 35 hours. The curriculum has been developed to fit the local context and age of students, allowing for a step-by-step increase of knowledge about environmental hazards and protective behaviour (Guidance for Teachers, n.d.).

Substance abuse prevention is first discussed within this course in Grade 6, in the context of avoiding bad habits, learning about 'the harms of alcohol and smoking, and the dangers of excessive entertainments' (Ministry of Education of the Republic of Belarus, National Institute of Education, 2012). These issues are studied during two learning hours alongside such topics as nutrition, physical training, personal hygiene and health. In Grade 7 two learning hours are devoted to the consequences of smoking and the use of alcohol and drugs. In Grade 8, within one learning hour, students discuss the social consequences of drug addiction and the misfortune of people addicted to narcotic substances. Students are informed about the criminal liability for the preparation, possession and sale of drugs and are advised how to inform adults about drug-related situations. In this context, students also learn coping techniques for dealing with stress.

From Grade 4 the programme delivers lessons (usually one learning hour per year) to develop the personal skills of: avoiding conflict and conflict resolution (Grades 4, 6, 8, 9); critical thinking about information received from the media and advertising (Grade 6); safe behaviour in criminal situations in public places, in the streets, if at risk of an attack, violence or coercion (Grades 7–8); and preserving mental health and practising self-control (Grade 8). In total, five out of 35 learning hours in Grades 5–9 are devoted to health-related topics. The remaining hours cover traffic rules, fire safety and behaviour in emergency situations (Ministry of Education of the Republic of Belarus, National Institute of Education, 2012).

Every institution of vocational, technical and specialized secondary education delivers the Basics of Life Safety course, and many higher education institutions run a course called Medical and Social Basis of Health, which includes substance use prevention components. All students participate in mentor sessions on healthy lifestyles and the prevention of substance use and HIV.

Optional subjects

In 2007 the National Institute of Education of the Republic of Belarus developed an optional course called Healthy Lifestyle for students in Grades 7–12 of the general secondary schools (Ministry of Education of the Republic of Belarus, National Institute of Education, 2007). The course makes up 17 learning hours per year in each grade, covering issues such as reproductive health, interpersonal relations, readiness for marriage and family life. In Grade 7 students are encouraged to adopt negative attitudes towards smoking, drug use and alcohol, and in Grade 8 they discuss the positive and negative influences of the environment on shaping personalities and making decisions, and the consequences of substance use and ways to abstain from bad habits. In Grade 10 students learn about the effects of smoking, alcohol and drugs on the reproductive system and childbirth. In Grade 11 students study various consequences of addiction to psychoactive substances.

Interactive education techniques including seminars, training, games and discussions are used for mandatory and optional lessons on healthy lifestyles, life skills development and substance use prevention.

Special guidance materials have been developed to support teachers in preparing lessons.

The system of optional training programmes, educational campaigns and health days is implemented in all the educational institutions in Belarus that have substance abuse prevention education and activities.

Extracurricular work and collaboration

Belarus has developed a system of traditional prevention activities that includes: prevention days and health campaigns offering lectures, consultations, conferences and discussions; meetings with researchers, doctors and sportspeople; and distribution of informational materials (booklets and leaflets) on substance use prevention and other important issues.

An interactive 'forum theatre' is used as an extracurricular activity designed to encourage a responsible attitude among young people towards health and healthy lifestyles and to change risky behaviours by adopting safer practices. The forum theatre performances are based on an interaction with the audience. After watching a problematic situation, the audience has to suggest and discuss solutions. In the end, a consensus should be reached – for example, which measures should be taken to preserve health. The forum theatre methodology is widely used in HIV and substance use prevention programming.

A number of NGOs (including the Belarusian Association of UNESCO clubs, Association of Belarusian Guides, Belarusian Red Cross Society, Young Men's Christian Association, Amrita, etc.) collaborate with education institutions, including boarding schools and orphanages. They use approaches for primary and secondary substance use prevention among young people, including peer education interventions.

UNFPA has supported the development of a website for young volunteer peer educators (www.ypeer.by) that offers information on the prevention of socially dangerous diseases and living a healthy lifestyle and serves as a communication platform for young people. With UNICEF's support, a network of youth-friendly health centres has been developed across Belarus to deliver medical services and psychological counselling to young people.

Teacher training

The following institutions and their regional branches offer postgraduate and in-service training on substance use prevention in Belarus: the Academy of Postgraduate Education (which trains school teachers, psychologists and social pedagogues), the Republican Institute of Professional Education (which trains vocational school and specialized secondary school teachers) and the Republican Institute of Higher Education (which trains university teachers).

As part of the Global Fund grant, during 2010–2011 the Academy of Postgraduate Education and the regional education development institutes trained more than 1,500 teachers, who completed a 42-hour prevention education course.

Source: UNESCO Moscow Office, 2013

The network of best practice schools delivers training for teachers on life skills education, healthy lifestyle and interactive teaching. The proven approaches have been replicated across Belarus, and currently more than 1,500 general secondary education schools have the status of 'health schools'.

Work with parents on substance use prevention includes teacher–parent meetings (class-based and school-based) and informational postings on school websites.

The effectiveness of prevention programmes

According to open data (available on the Internet), educational programmes and extracurricular activities devoted to substance use prevention and promoting a healthy lifestyle are usually evaluated on a quantitative basis, with reference to the number of lessons, talks, thematic evenings, discos, demonstrated videos, contests, exhibitions and other events that have been organized (BUMAD, 2008).

Research on the prevalence of and knowledge about substance use was carried out in Belarus in 2011–2012 among general, professional, vocational and secondary specialized school students. A total of 3,000 students aged 16–17 took part in this representative survey. Even though substance use is associated with an increased risk of HIV infection, about 25% of the respondents did not select injecting drug use as a possible route of HIV transmission.

Some 79% of respondents found it unacceptable to use any type of drugs. Smoking and alcohol consumption were perceived as the personal choice of every individual by, respectively, 80% and 40% of students. One-third of students thought that such behaviour is appropriate after reaching the age of majority. Describing what they felt towards people who use substances, most students reported indifference towards those who drink alcohol and fear of drug and solvent users.

Some 53% of the respondents had smoked cigarettes at least once in their lives, 70.6% had used low-alcohol beverages, 47% had consumed strong alcohol, 5.9% had used soft drugs, 1% had used hard drugs and 2.5% had used solvents.

Among the reasons for choosing not to smoke were health risks (62.8%), the development of an addiction (53.1%), the high cost of cigarettes (33.9%), the fear of death due to smoking-related illnesses (33.8%), and the risk of upsetting relationships with people they are close to (28.3%). With regard to alcohol, the above factors were supplemented by the risk of inappropriate behaviour (48.3%), and in the case of drug use by the threat of imprisonment, loss of employment and social disapproval (about 50%).

Without estimating the effectiveness of existing prevention education programmes or attributing the survey results to the impact of such programmes or the lack thereof, the survey's authors recommended that teachers and psychologists should prioritize the following activities:

- *Train students in personal and social communication skills, the ways to establish social contacts and the ability to say 'no' (including to drugs, when offered) and to defend one's position.*
- *Encourage students (especially those negatively affected by substance use) to improve their self-confidence, withstand negative influences and build skills for turning for help to family and people they are close to.*
- *Promote knowledge about a healthy lifestyle and encourage a willingness to engage in it.*

Source: UNDP et al., 2012

3.4. Kazakhstan

Compulsory and optional subjects

The general school curriculum in Kazakhstan combines mandatory subjects and optional courses chosen by educational institutions based on the needs and abilities of students. Neither the mandatory nor the optional parts of the curriculum offer a separate subject fully focused on healthy and life skills education, and substance use prevention. Some topics related to life skills development and a healthy lifestyle are delivered as part of the mandatory course Basics of Life Safety. In primary school (Grades 1–4) this course is integrated into the Learning the World subject, with an annual teaching time of 6–10 hours. In Grades 5–9 Basics of Life Safety is delivered as part of the Physical Training course, covering 15 hours per year. In Grades 10–11 Life Safety-related topics are taught as part of the initial military training and are allocated 25 hours (Ministry of Education and Science of the Republic of Kazakhstan, n.d.). In general, the Basics of Life Safety subject mostly focuses on road safety, fire safety and emergency situations.

The model curriculum on Physical Training for Grades 5–9 sets out the following personal results for students to achieve:

- Develop communication competence for interacting and collaborating with peers and adults.
- Value a healthy and safe lifestyle.
- Learn the principles of individual and collective security in emergency situations and disasters that endanger people's lives and health.
- Learn road safety and public transport rules.

Source: Ministry of Education and Science of the Republic of Kazakhstan, 2013a

In Grades 7 and 8 the Self-Knowledge subject (mandatory for Grades 1–11) helps students to analyse negative stereotypes and dangerous temptations, and assess their development needs and actions to abstain from bad habits (alcohol, smoking, drugs, etc.) (Ministry of Education and Science of the Republic of Kazakhstan, 2013b). Students don't receive marks for this subject; instead, the course is graded on a pass/fail basis every six months.

Biological aspects related to substance abuse are part of the mandatory Biology course. In Grade 8 students learn about the harmful effects of smoking, alcohol and drug use on the human body and the foetus, and should be able to 'rationalize prevention measures to avoid bad habits' (Ministry of Education and Science of the Republic of Kazakhstan, 2013c). The Grade 10 curriculum addresses the influence of toxic substances (tobacco smoke, alcohol, drugs, etc.) on embryonic and post-embryonic development (birth defects) (Ministry of Education and Science of the Republic of Kazakhstan, 2013c). Issues associated with the prevention of drug use, smoking and drinking alcohol are also discussed during thematic homeroom sessions.

In 2007 some schools in Kazakhstan piloted a subject called Health and Life Skills that was developed with support from UNICEF. Currently this course is optional and students can study it only if the school chooses to include it in the curriculum.

Extracurricular activities

Alcohol and drug use prevention (including injecting drug use) is an integral part of HIV prevention activities in educational institutions. According to the Global AIDS Response Country Progress Report of Kazakhstan, in 2013 a total of 48,302 prevention

activities were held in Kazakh schools, including lectures, health campaigns and homeroom sessions. The report highlights the need 'to revisit the format of prevention interventions for young people by introducing new approaches, such as interactive websites, forums, chat-rooms, flash-mobs and other modern tools for attracting attention of young people to the issues of life skills education, HIV/STI prevention, substance use prevention, and others' (Ministry of Health of the Republic of Kazakhstan, National Center for the Prevention and Control of AIDS, 2014).

Regular health campaigns, round tables, training sessions and meetings with experts from drug treatment centres and healthy lifestyle centres are held in schools across the country. Volunteers engage in prevention education activities using a peer education approach. An interactive exhibition called Safety Route, developed in partnership with GIZ, is used to train senior school and university students to become peer instructors.

In 2008 educational institutions established a Drug Watch – a special structure that involves senior students, homeroom teachers, parents, psychologists, school administrators and health care workers (Ministry of Health and Ministry of Education of the Republic of Kazakhstan, 2008). Members of the Drug Watch organize regular events to prevent substance abuse and addictive behaviour, identify students at high risk of drug exposure or deviant behaviour, inform their parents and refer them to additional counselling with drug treatment specialists and psychologists. The Drug Watch keeps a registry of cases of substance use among students (alcohol, tobacco, drugs and solvents); however, it must maintain the confidentiality of any information it obtains about students affected by substance use. In 2010 the joint decree of the Ministry of Health and the Ministry of Education and Science on the establishment of the Drug Watch was cancelled (Republic of Kazakhstan, 2014).

Educational institutions involve parents in school campaigns on healthy lifestyles and the prevention of drug use, smoking and drinking. Schools also provide parents with special informational materials addressing these issues.

❍ Teacher training and the development of informational materials

Toolkits on life-skills education and the prevention of substance abuse are available in educational institutions of Kazakhstan. These materials (in Russian and Kazakh) have been developed with financial and technical support from UNESCO, UNFPA, UNICEF, EurAsEC and other organizations. They are distributed through the system of in-service training for educational institutions' administrators and teaching staff. Teachers' preparation is mainly done through in-service training and various workshops organized by the national and regional AIDS and healthy lifestyle promotion centres.

The Republican Institute for In-Service Teacher Training and 16 similar institutes at the regional level offer training programmes to more than 60,000 teachers every year. In the last four years the number of teachers responsible for healthy lifestyle education who benefited from in-service training increased twofold.

The National Centre for Healthy Lifestyle Promotion, which operates under the auspices of the Ministry of Health, regularly develops guidance materials and tutorials on substance use prevention – video, audio and television programmes (National Centre for Healthy Lifestyle Promotion, n.d.).

With support from the Kazakh Union of People Living with HIV and UNICEF, the Kochegary creative studio has developed an online game, X-ROAD, to teach adolescents about making informed and responsible decisions in situations involving drugs (X-ROAD Project, n.d.).

The main page of the online game X-ROAD

❍ The effectiveness of prevention programmes

In 2011 UNODC conducted an evaluation of substance use prevention programmes in Kazakh schools and concluded that these programmes were neither mandatory, nor integrated into the official curriculum; the organization, planning and delivery of prevention education programmes was not addressed during teacher pre- and in-service preparation; and schools were undersupplied with training materials on prevention education (Yespenova et al., 2011). ■

3.5. Kyrgyzstan

The Ministry of Education and Science of Kyrgyzstan has developed a set of approaches for delivering prevention programmes across institutions of general education, vocational training and higher education. Work is under way to introduce youth-specific healthy lifestyle education into state standards of teacher training.

❍ Optional and extracurricular activities

General education schools in Kyrgyzstan deliver education on the prevention of socially dangerous diseases, drug use and other issues related to health promotion and healthy lifestyles through special lessons outside mandatory curricula.

The drug use prevention programme Your Choice, designed with support from UNFPA and the Mentor Foundation (UK), has been implemented in Kyrgyz schools since 2009. Developed for 12- to 14-year-old students, the programme consists of 12 lessons based on life skills education and social influence.

Every year, schools reach up to 85% of students with prevention education in the form of homerooms, out-of-school campaigns, discussions and round tables. However, these events and exercises are mostly held as part of separate projects (such as 'dance4life' and Safety Route) and are not systematic. They cover only selected regions and are not funded by the state. They often fail to

'Young people today are intimidated and maimed by the current prevention activities. Our lectures only tell them about the harms of drugs. So we are now trying to move away from scaring them to introducing positive prevention approaches. By using these new methods, our specialists are teaching young people not to be afraid of the world.'

(Timur Isakov, Head of the State Drug Control Service of the Kyrgyz Republic, 2012)

reach young people living in rural areas and children in residential institutions.

The Ministry of Education and Science has approved the activities and timeframe of the WHO Healthy Schools project, which is gradually being introduced in schools across the country. Participating schools deliver the Culture of Health subject in Grades 1–8, which includes teaching related to substance abuse.

In 2006 a course on Health Promotion with 24 learning hours was integrated into the curricula of all 118 vocational training schools in the country. An optional Healthy Lifestyle course has been developed for secondary schools. It covers such issues as HIV, STIs, drug and alcohol use prevention and health promotion. To support prevention activity, Knowledge Centres and Healthy Lifestyle Rooms have been established in schools and higher education institutions. Higher education students benefit from special courses on HIV and substance use prevention (UNESCO Moscow Office, 2013).

Teacher training and resourcing

The development and implementation of prevention programmes for children and young people is supported by the international partners of the Ministry of Education and Science of Kyrgyzstan: the World Bank, the European Commission, UN agencies (UNESCO, UNFPA, UNICEF, UNAIDS, UNODC), the Border Management and Drug Action Programmes in Central Asia (BOMCA/CADAP), GIZ and a number of NGOs.

From 2005 to 2011 the Global Fund funded the project Healthy Generation, which supported the implementation of the state HIV programme in the education system. Technical support received from this and other projects and partners in the last few years was used to develop the skills of 1,500 teachers of general and higher education institutions in all regions in interactive HIV and drug use prevention education. The Healthy Generation project also supported the development and publication of guides and informational materials (5,000 copies). Every guide includes sections about anatomy, physiology, the mental development of adolescents, sexual and reproductive health, life skills and responsible behaviour, human rights and the rights of people living with HIV, gender-specific aspects of HIV and drug use prevention (UNESCO Moscow Office, 2013).

A four-hour training course on the culture of health and the prevention of HIV, drug use and other socially dangerous diseases among children and young people has been introduced into the in-service training programme for administrators and teaching staff of educational institutions and general education teachers. UNESCO supported the development and delivery of an e-learning teacher training course on HIV and AIDS that also addresses issues of substance abuse. The curriculum of the Biology Department of the Arabaev Kyrgyz State University has been modified to include a course on the Integration of Prevention Education into Schooling, which has sections on the development of health skills and the prevention of HIV and drug use. ■

3.6. Republic of Moldova

According to the *National Strategic Programme on Demographic Security for 2011–2025*, the health care and education systems are responsible for the promotion of healthy lifestyles and prevention of drug use, smoking and alcoholism through the delivery of educational programmes and information campaigns (Government of the Republic of Moldova, 2011/2013). The programme's Action Plan introduces various formats of life skills training in the general, vocational and specialized secondary education institutions, through both mandatory subjects and optional courses.

The *National Healthy Lifestyle Promotion Programme for 2007–2015* has an overriding goal of expanding interventions to combat infectious diseases (tuberculosis, HIV and AIDS, STIs), drug use and alcoholism (Government of the Republic of Moldova, 2007b). As part of this programme, the Ministry of Education secures in-service training to prepare teachers to deliver health education subjects and promote a healthy lifestyle.

State requirements for mandatory general education make provision for substance use prevention education, which is viewed as an integral part of teaching children and adolescents the basics of a healthy lifestyle.

❍ Mandatory subjects

Substance abuse prevention and other specific health issues are included in the following mandatory general school subjects: Spiritual and Moral Upbringing and People and Nature in Grades 1–4; Biology, Physical Training and Civic Education in Grades 5–9 (gymnasium level); and Physical Training and Civic Education in Grades 10–12, as well as in lyceums and colleges (senior secondary education, primary and secondary vocational training). In 2007 the Civic Education curriculum was supplemented by a module called Life and Health: a Personal and Social Issue, with 5.5 learning hours per year (UNESCO Moscow Office, 2013).

In 2012, to enhance healthy lifestyle education, an e-learning programme, Life and Health, was developed for Grades 5–12. Students wishing to take part in the course can register at www.viatasisanatatea.md, get access codes, study the topics and take tests. The course covers the following key topics: health and healthy lifestyles; bad habits; environment and health; managing emotions; violence and abuse; personal safety; human rights; the right to health; health values; bioethics; solidarity with people living with HIV, people with disabilities and victims of crime; sexual exploitation and its consequences. In Grades 7–8 students study issues related to psychoactive substances, their effect on human bodies and the prevention of addictions (UNESCO Moscow Office, 2013).

❍ Optional courses

An optional course called Decisions for Healthy Lifestyle was developed with support from GIZ for primary and secondary vocational students. It aims to strengthen competencies (knowledge, skills and relationships) that are essential for adolescents to make a conscious decision to follow a healthy lifestyle. Covering 35 learning hours, the course highlights the following topics: a healthy lifestyle; nutrition and physical activity; personal hygiene; smoking, alcohol and drugs; puberty-related changes; reproductive health;

HIV/STIs and their prevention; life values; seeking medical and legal assistance and information. The course includes a teacher's guide and workbook (UNESCO Moscow Office, 2013).

An optional course called Healthy Lifestyle has been part of the higher education curricula (first stage) since 2005. Covering topics on the prevention of drug abuse, alcoholism and smoking, this course is mandatory for students in teacher training and medical higher education institutions.

Other prevention education programmes

In partnership with the mass media and international, national and local NGOs, the government conducts awareness-raising events on substance use prevention, including during summer camps for children and adolescents. Most educational and prevention campaigns are funded by international sources, including the United Nations Development Programme (UNDP), UNFPA, UNICEF, UNESCO, Peace Corps, Soros Foundations and other donors. ■

3.7. Russian Federation

The *Law on Education* of the Russian Federation ensures that all educational institutions enforce comprehensive measures to protect students' health, including the 'prevention and prohibition of smoking, use of alcohol, low-alcohol beverages and beer, as well as narcotic and psychoactive substances, their precursors, analogues and other intoxicating substances', and measures for the development of healthy living skills (Federal Assembly of the Russian Federation, 2012/2014).

Mandatory subjects

Sections on the prevention of drug use, alcoholism and smoking have been officially integrated into the current Federal State Educational Standards (FSES) as important components of community and individual health for primary level (Grades 1–4), basic general (Grades 1–9) and secondary general (complete) education (Grades 1–11), and in the curricula of school subjects such as Biology, Basics of Life Safety and Physical Training (Ministry of Education and Science of the Russian Federation, 2009–2012).

In line with FSES, the delivery of Physical Training and Basics of Life Safety in general schools should lay a foundation for an active, environmentally friendly, healthy and safe lifestyle that 'excludes drug use, alcohol consumption, smoking and other practices harmful for health' (Ministry of Education and Science of the Russian Federation, 2010). School-based education should facilitate and develop knowledge, attitudes, personal targets and the norms of a healthy and safe lifestyle, and stimulate recognition of the harm caused by psychoactive substances.

Basics of Life Safety, taught in Grades 5–11, covers issues such as bad habits and the social consequences of alcohol, smoking, drugs, solvent abuse, the adverse effects of substances on people's health, and the social implications of substance abuse. In Grade 8 these and other topics related to health and a healthy lifestyle, personal hygiene and daily regime make up two learning hours. In Grades 10–11, in addition to substance abuse prevention, students study issues such as healthy living, reproductive health, infectious diseases and first aid. In specialized schools (with advanced study in certain subjects), ten hours

are allocated to a discussion of these issues out of a total of 140 learning hours devoted to Basics of Life Safety (Ministry of Education and Science of the Russian Federation, n.d. a), while in non-specialized (basic) schools these topics are allocated four learning hours (Ministry of Education and Science of the Russian Federation, n.d. b). The Ministry of Education and Science and province education departments issue instructions, guidance materials and manuals for each grade to support teachers delivering Basics of Life Safety.

The adverse effects of alcohol, nicotine and drugs on the development of a human foetus are also studied as part of the mandatory subject of Biology in Grades 10–11 in general schools in the context of developmental disorders in organisms (Ministry of Education and Science of the Russian Federation, n.d. c, n.d. d). In primary and secondary vocational education institutions, substance use prevention is addressed as part of the same mandatory subjects Basics of Life Safety and Biology that are studied in general schools.

Teacher training

A number of curricula have been implemented in teacher training pre- and in-service institutions to train a cadre of teachers specializing in mandatory and optional prevention education. Teacher training universities prepare teachers to deliver Physical Training, Life Safety and Biology courses. They also train social pedagogues and school psychologists who support the educational process and participate in the planning and implementation of prevention programmes. In addition, some higher education institutions (mostly those that specialize in teacher training) train valeologists – specialists in the science of health – who conduct research and development activities, design educational programmes and teach at schools and institutions at the primary and secondary vocational education and higher education levels.

Optional training courses

The optional part of the school curriculum includes training courses that cover various issues, such as substance use and HIV prevention, and life skills development. Optional courses vary in duration from two to 144 hours and include discussions, role-playing and training sessions. NGOs, charity foundations, health care workers and peer educators are often engaged in delivering these programmes.

In 2005–2007 the Municipal Moscow University of Psychology and Education together with several educational institutions and NGOs developed and piloted the Navigator programme, which is designed to prevent HIV and substance use among general school students in Grades 9–10 (Municipal Moscow University of Psychology and Education et al., 2007). The programme offers 32 scenarios of lessons that promote positive values and attitudes towards personal health as an essential prerequisite for HIV and substance abuse prevention.

In 2012, as part of the National Priority Health Project, an 18-hour Programme for Primary HIV Prevention in the Educational System and Promoting Tolerance Towards People Living with HIV and their Immediate Environment was developed (Federal Research Centre for Prevention Education, n.d.). The programme is adapted for middle school-aged children (Grades 8–9: Health as a Lifestyle) and senior school-aged children (Grades 10–11: Responsible Behaviour as a Health Resource) in

The logo of the National Priority Health Project

general education and primary/secondary vocational training institutions.

The Programme for Primary HIV Prevention in the Educational System covers the following topics: dependencies (including on psychoactive substances); HIV and AIDS; tolerant attitudes towards people living with HIV; the value of health and a healthy lifestyle (abstinence from bad habits, healthy nutrition, physical activity, hygiene); ethics and morality; values and the meaning of life; family and other issues. In 2012–2013 the programme reached more than 160,000 students across all regions of Russia, with training sessions (a total of 18 learning hours) held as part of extracurricular activities.

In 2012, as part of the National Priority Health Project, more than 8,500 teachers were trained in 83 regions of Russia to implement the Programme for Primary HIV Prevention in the Educational System. The training programme comprised 36 learning hours.

The programme actively engaged parents: prior to participation, parents were informed about the goal, aims and content of the training course and parental consent was solicited for training students who were under the age of 18. More than 85,000 parents participated in special information sessions (a total of 18 hours) on adolescent psychology, family relationships and how they affect children, approaches to preventing risky behaviours, raising responsible children, critical thinking and basic information about substance abuse, HIV and STIs.

In 2007–2012 the Health and Development Foundation (previously called the Healthy Russia Foundation) supported the implementation of an optional interactive prevention programme called Everything That Concerns You, which reached more than 400,000 students in the general and vocational schools and residential institutions (Health and Development Foundation, 2010). Designed for adolescents aged 13–17, the programme aims to improve health outcomes among adolescents, prevent risky behaviours (drug use, alcohol consumption and smoking), motivate young people to lead healthy lives and foster responsible attitudes to their own health.

The cover page of the Everything That Concerns You programme manual

Built on the principles of life skills education, the programme includes 17–19 interactive training sessions lasting 1.5–2 hours each, which are held once or twice a week. The total duration of the programme is 3–6 months. The programme develops communication and conflict resolution skills, critical thinking and resisting pressure, teaches behaviour in stressful and crisis situations, increases self-confidence and shapes tolerant attitudes. Students discuss life values, learn to build healthy, non-violent relationships, develop critical attitudes towards smoking and drug use and study the risks related to substance abuse, including injecting drug use. Several training sessions are devoted to HIV/STI prevention. Students consider their future and life values, which enables them to appreciate the impact of their own health and safe behaviour.

Unlike prevention education programmes that use elements of intimidation and warnings about 'bad' habits, the programme Everything that Concerns You is based on positive approaches. It demonstrates to adolescents that all their needs can be addressed step by step, and problems can be avoided or resolved constructively. The programme builds on the principle of interactivity – sensitive to the mood and needs of the target audience, a trainer involves students in active discussions, role-playing games and small group sessions.

Two videos created by the Health and Development Foundation, *Something to Talk About* and *Nastya's Diary*, and public service advertisement against smoking are used during training sessions to visualize the learning process (Health and Development Foundation, n.d. b). The trainers who deliver the programme receive regular refresher training through webinars. Everything that Concerns You has been approved by the Ministry of Education and Science of the Russian Federation, the Ministry of Sports, Tourism and Youth Policy and the regional departments and ministries of education, health, social protection and youth policy.

The impact of Everything that Concerns You has been evaluated via surveys of students in participating regions. In Irkutsk region, where HIV and drug use rates are extremely high, 200 boys and girls took part in the training programme, and upon its completion demonstrated the following results. The proportion of respondents:

- *with improved knowledge about the potential consequences of smoking, including the risks of malignant tumours, male impotence and female infertility increased by 12–17%;*
- *who recognized the danger of smoking in the long term increased by 11% (from 44% to 55%), and in the short term by 7% (from 27% to 34%);*
- *who thought that drinking a lot of beer was less dangerous than drinking a lot of vodka decreased twofold (from 40% to 21%);*
- *who knew that women were more likely to develop alcohol addiction than men increased by 20% (from 60% to 80%);*
- *who correctly identified the harms alcohol can cause increased by 9%;*
- *who correctly identified the harms and consequences of drug use increased by 14%;*
- *who found drugs unattractive increased from 3% to 27%;*
- *who would agree to try drugs under certain circumstances fell from 4–11% to 1–4%;*
- *who would never use drugs under any circumstances increased by 11%.*

Source: Health and Development Foundation (n.d. a)

The Russian Ministry of Education and Science, together with the FDCS, has developed a training programme called Drug Use Prevention among Young People. The programme has been integrated into the curricula of several Moscow-based higher and secondary specialized education institutions. Specialists

One of the pages of the online anti-drug lesson I Have a Right to Know!, developed by FDCS

from FDCS and various drug treatment, prevention and rehabilitation centres carry out training sessions in schools. Students must prepare special anti-drug information campaigns and materials in order to pass the programme (RIA-Novosti, 2012).

FDCS has also developed online anti-drug lessons for different age groups: 12–14, 14–16 and over 16 (Federal Drug Control Service of the Russian Federation, n.d.). These lessons were launched in the 2010/2012 academic year in more than 20,000 schools and secondary vocational education institutions, and over five million students took part. In the 2011/2012 school year online lessons were held in the form of video conferences on a website created by RIA Novosti (the leading Russian news agency) for this purpose. Called Life Without Drugs, it connected students and experts from different regions of Russia.

As in Kazakhstan and Ukraine, some Russian schools have established their own Drug Watch groups that initiate prevention activities to promote healthy lifestyles and attempt to influence the students' psychological and moral rejection of drug use.

Parental involvement in educational programmes

The '15' programme's logo

In 2010 the Russian NGO Humanitarian Project launched a special programme called '15' that involves parents in prevention activities. The programme comprises 15 three-hour thematic sessions for adolescents and their parents or guardians. Participants are divided into four age- and gender-based groups, and each group participates in specific training sessions. In addition to the group work, joint sessions are organized with all four groups to discuss various topics. Training sessions and joint discussions aim to improve parent–child relations and strengthen participants' knowledge about substance use, HIV and other STIs (Humanitarian Project, n.d.).

In 2011, following the Presidential order on allocating funding to support non-profit NGOs, the programme '15' received a grant from the federal budget.

The programme helps adolescents to understand themselves, find solutions for difficult situations, build trust-based relationships with family members, develop plans, set goals and achieve them, and be more confident. Parents have the opportunity to discuss child-rearing problems, share experiences, get to know their children better and master effective communication skills. The training sessions help them to learn more about HIV, drug use, reproductive health and the sexual behaviour of adolescents, so that they are able to discuss these issues with their children without being overbearing or moralizing.

According to the programme evaluation survey held in eight regions of Russia, over 90% of participants noted that '15' had brought positive changes to their lives. Some 55% of respondents had improved their relationships; 50% had started planning for the future; 31.7% had abstained from risky behaviours; 10% had been tested for HIV. Among adolescents who participated in the programme, the share of smokers decreased from 26.6% to 3.3%, and all respondents who had consumed alcohol previously reported that they had been abstaining from it. Similar results were achieved among the parents: the proportion of smokers fell from 50% to 30.3%, and the proportion of alcohol users fell from 16.6% to 3.3% (Kasik and Kamaldinov, 2014).

3.8. Tajikistan

Mandatory and optional subjects

Curricula and training courses for various subjects taught in general education institutions include topics on healthy lifestyles and substance use. In 2006 the Collegium of the Ministry of Education approved a Healthy Lifestyle prevention programme for students in Grades 1–11. In 2008 a total of 200 pilot schools were selected to deliver the programme to children and adolescents, following a directive from the Minister of Education. During the 2010/2011 school year 400 more schools joined the programme, which is now being taught in Grades 7–9 (eight learning hours, usually during homeroom periods when the homeroom teacher discusses important issues with the class, or uses the session for extracurricular activity). Students learn about the negative influence of drugs on physical and mental health and the social consequences of drug use (UNESCO Moscow Office, 2013).

As part of this course, a textbook *Healthy Lifestyle* for Grades 7–9 and a teacher's guide were developed. Peer education training sessions are held in annual summer camps for students from pilot schools.

Substance abuse prevention issues have also been included in the curricula of the mandatory subjects: in the General Biology subject for Grades 10–11 since 2002; in the Human Anatomy subject for Grade 9 since 2003; and in Ecology for Grade 8 since 2004. In addition, homeroom sessions on health issues, including substance use prevention, are mandatory in secondary education schools.

3.9 Ukraine

The Ministry of Education and Science of Ukraine has drawn up a *Draft Concept for Education Development for the Period 2015–2025* (Ministry of Education and Science of Ukraine, n.d.). The Concept is designed to improve the national education system and harmonize the educational structure with reference to the needs of the economy and the planned integration of Ukraine into the European economic and cultural area. The reform will affect the educational content: in particular, the National Curriculum for the 12-grade school is to be developed and implemented throughout 2015–2017.

Mandatory subjects

According to the *State Standard for the Basic and Complete General Secondary Education*, school-based substance use prevention and healthy lifestyle programmes in Ukrainian schools are delivered through the mandatory subjects of Biology and Basics of Health (Cabinet of Ministers of Ukraine, 2011).

Introduced in 2000, the Basics of Health is a compulsory subject for Grades 1–9 (one hour per week). It integrates topics related to healthy lifestyles and safe living, promotes responsible attitudes toward life and health, and develops essential social and psychological skills.

The content of learning materials integrates the following cross-cutting topics: human life and health (protecting and improving health, the meaning of the terms 'health' and 'healthy lifestyle' and their integral elements); physical health (healthy lifestyle skills,

Covers of the Basics of Health student textbooks for Grades 1 and 9

how to protect people from common diseases and injuries, approaches to healthy nutrition and maintaining a work–life balance); social aspects of health (how to behave safely in daily life, in public places, in traffic and in the streets; how to withstand negative and dangerous social factors by strengthening healthy habits and abstaining from harmful practices such as smoking, drinking and using drugs); developing skills of responsible behaviour in different situations (including protecting reproductive health and preventing STIs and HIV); mental and spiritual factors of health (the links between mental and spiritual health, moral values that form personalities, positive communication skills, approaches to avoid conflict and cope with stress).

Throughout the whole period of delivery of the Basics of Health subject, teachers gradually work through the course's thematic areas to facilitate the step-by-step formation of personality, ensuring the material is appropriate for the age of the learners. In Grade 2 children first learn about the harms of alcohol, in Grade 3 about the consequences of smoking and in Grade 4 about the negative effects of drug use. Students in secondary school are given more information about substance use and its influence on human bodies, and learn about health risks and the consequences of substance use for their health and well-being, and how to abstain from smoking and using alcohol and drugs. The course takes a positive approach, without intimidating students or spreading fear-based messages. Lessons to develop the skills for a healthy lifestyle are based on interactive learning techniques, and include exercises that model actual behaviours in various situations.

The harmful effects of psychoactive substances on human bodies and future lives are also highlighted in the Biology course in Grade 9. Special guidance materials have been developed for teachers and textbooks for students (for each grade from 1 to 9) to facilitate the delivery of the Basics of Health course. All materials are regularly updated and re-issued (Preventive Education Portal, n.d.).

Optional training courses

Substance use prevention is also delivered in general and vocational schools as part of the optional component of the curriculum.

Schools have implemented various optional prevention programmes, including Young People for Healthy Lifestyle for Grades 5–11; Preventing Bad Habits for Grades 6–9; and Basics of Healthy Lifestyle for Grades 8–9.

In 2011 schools in the Chernivtsi, Kyiv and Zakarpattia regions and in the city of Kyiv took part in a pilot programme offering comprehensive, multi-level, socio-medical prevention of drug and alcohol use. Intended for Grades 1–11 and based on active parental involvement, the programme began with the development of a set of teachers' guides and teacher preparation for running training sessions for students and parents (Vievsky, n.d.). Throughout the school year students and their parents benefited from regular extracurricular classes with interactive elements

The cover of the Protect Yourself From HIV course manual

(at least four learning hours for Grades 1–4, and at least eight hours for Grades 5–11). The pilot regional programme has been proven effective, and work is currently under way to implement it across the country (Vievsky, 2012).

In 2004, with UNICEF's support, an optional course called School Against AIDS was developed, and in 2013 it was upgraded and re-launched under a different name, Protect Yourself From HIV (Vorontsova and Ponomarenko, n.d.). Developed for students aged 15–18, it was implemented on a large scale in Ukrainian educational institutions with the financial support of the Global Fund, and later the European Union.

The optional course Protect Yourself From HIV and a newly developed programme Healthy Lifestyle and HIV Prevention are delivered in general, vocational and higher education institutions. The objectives are to increase the level of personal protection from HIV and to promote tolerant attitudes towards people living with HIV. To achieve this, teachers encourage positive changes in the knowledge, attitudes, intentions, skills and abilities of students.

Protect Yourself From HIV consists of 17 training sessions and two tests (taken before and after the course), delivered in a total of 35 learning hours (33 hours for training and two hours for the tests). The curriculum is divided into five modules. The first module covers issues such as HIV, AIDS and other STIs. The second module is devoted to the prevention of drug and alcohol use, helping students to make informed decisions, recognize others' attempts to pressurize and manipulate them, and reject offers to try psychoactive substances. The third module is designed to build non-violent personal relations, analyse the consequences of early sexual activity and promote family values. The task of the fourth module is to foster a strong rejection of gender and sexual violence and to teach students to oppose it. The fifth module teaches tolerance towards people living with HIV.

The effectiveness of prevention programmes

An evaluation of Protect Yourself From HIV carried out in 2006–2007 demonstrated that the level of knowledge in all thematic areas (modules) had increased 24-fold (from 1.4% to 34%); the proportion of students with the skills to refuse unwanted sexual relations had grown by 11% (from 63% to 74%); and the share of students who had reported a strong intention to delay the onset of sexual activity until marriage or they were more mature had increased by 13% (from 71% to 84%). The percentage of students with the capacity to make responsible decisions about the use of condoms had gone up by 27% (from 57% to 84%) (Ponomarenko, 2011).

Research in 2004 and 2007 to assess the impact of school-based prevention on the rates of substance use demonstrated statistically valid changes in the behaviour and practices of young people. In particular, compared to 2004, in 2007 the proportion of 15- to 16-year-old adolescents who had been drunk at least once in the previous month decreased by 26%, the proportion of boys aged 15–16 who smoked fell by 10%, and the proportion of girls aged 15–16 who smoked fell by 2% (Balakireva et al., 2007).

The HBSC survey held in 2014 among students in Grades 5–11 found a reduction in the prevalence of daily smoking in 2014 as compared to 2010: from 16% to 10% among boys and from 7% to 5% among girls; and the proportion of non-smokers increased from 80% to 87.6%[12].

In 2012–2014 more than 12,000 teachers from 615 schools were trained to deliver prevention subjects. The training was supported by the All-Ukrainian Association of Teachers and Trainers, the European Union and the Global Fund, and covered 27 regions of Ukraine.

According to the ESPAD studies in different years, the peak in alcohol use among 15- to 16-year-old students was registered in 2003 (when 62% of respondents reported that 'most' or 'all' of their friends consumed alcohol), and it has been steadily decreasing since then. In 2011 some 48.5% of respondents said that their friends had used alcohol. The results from the same study demonstrated that the proportion of 15- to 16-year-old students who had ever used marijuana or hashish, which had increased from 1995 (14%) to 2003 (21%), had fallen. This was first documented 2007 (14%), and again in 2011 (11%) (Balakireva et al., 2011a).

Teacher training and resourcing

To prepare teachers of the Basics of Health subject and the optional prevention courses, teachers of Biology or Physical Education are offered in-service training opportunities. However, funding for such in-service (postgraduate) teacher training is insufficiently allocated. Therefore, the lack of qualified teaching staff is a major challenge in the country.

Future teachers of Basics of Health are also taught in several teacher training universities in Ukraine, including the Dragomanov National Teacher Training University (the Department for Medical, Biological and Valeological Fundamentals for the Protection of Life and Health), but only in small numbers.

The development and implementation of prevention programmes is supported by the following international organizations and national NGOs: the Global Fund, UNICEF, UNFPA, UNESCO, GIZ, some United States Agency for International Development (USAID) projects, the European Union, the All-Ukrainian Network of People Living with HIV, the International HIV/AIDS Alliance in Ukraine, the Elena Pinchuk ANTIAIDS Charity Foundations; and by civil society organizations, including the Children's Fund Health through Education and the All-Ukrainian Association of Teachers and Trainers. All components of the systematic and effective school-based prevention work have been developed in partnership with these organizations. Also, since 2013 all stakeholders have had access to an integrated analytical resource platform to support prevention education among students (http://autta.org.ua/).

[12] Unpublished data provided by the Yaremenko Ukrainian Institute of Social Research.

3.10. Uzbekistan

Mandatory and optional subjects

According to the state standards for general education approved by the Government of Uzbekistan in 2010, schools should engage in the promotion of a healthy lifestyle among students and the delivery of large-scale prevention education to safeguard students from dangerous diseases, bad habits and related consequences.

Schools commit 17 hours per year to healthy lifestyle education. In primary school (Grades 1–4) the Health Lessons subject is taught as part of the curriculum. In Grades 5–9 an optional course, Basics of a Healthy Generation, is offered. In Grade 8 the subject People and Health (which includes four hours of training on substance use and HIV prevention) is part of the mandatory programme. In Grades 10–11 students study Basics of Healthy Lifestyle and the subject Family, which covers topics such as alcohol and drug use, smoking, reproductive health, physiological health and hygiene, life skills and the prevention of HIV, STIs and tuberculosis (UNESCO Moscow Office, 2013).

In the 2011/2012 academic year 60% of Uzbekistan's educational institutions (schools, lyceums, colleges and higher education institutions) delivered prevention education.

Mandatory substance use prevention education is also part of the curriculum in vocational training schools (lyceums and colleges) and higher education institutions. In particular, lyceums and colleges deliver two compulsory subjects: Basics of a Healthy Lifestyle, covering topics including HIV and drug use prevention; and Basics of Family, including issues such as starting a family, family values and reproductive health. Higher education institutions teach the mandatory subjects of Basics of Valeology and Basics of Life Safety.

Teacher training

Training teachers to deliver prevention programmes is carried out at two levels: in higher education institutions and through postgraduate in-service training. In the last 2–3 years more than 200 teachers were trained in secondary vocational and higher education institutions, and 10,000 school teachers were trained to deliver drug use and HIV prevention education (UNESCO Moscow Office, 2013).

The Tashkent Municipal Drug Treatment Centre, together with the Tashkent Institute of Advanced Medical Education, developed an 18-hour programme for teachers on the prevention and early detection of substance addiction among children and adolescents. The programme includes training on recognizing drug use symptoms, the medical and social consequences of drug abuse, identification of 'risk groups' in schools, and the specific measures teachers should take if they detect drug consumption. Educators are also taught to collaborate with parents for substance use prevention (EMCDDA, 2013d). Teachers have access to guidance materials and other resources, although these are not always available in sufficient quantities.

In 2011, to commemorate the International Day against Drug Abuse and Illicit Trafficking (26 June), Uzbekistan held a special month-long event for the prevention of drug abuse among young people. Meetings and discussions, together with about 500 theatre plays and film shows, were organized in schools, lyceums, colleges and higher education institutions. More than 3.6 million students took part in these prevention activities.

Source: EMCDDA, 2013d

Extracurricular prevention activities

In addition to curricula-based prevention activities, students also participate in round tables, meetings with health care workers, health campaigns and essay, poster and drawing competitions devoted to substance use, HIV prevention and healthy lifestyles. Extracurricular work in higher education and vocational secondary education institutions is supported by the local education administrations and the branches of the Kamolot civic youth movement. The Medical Doctors' Association of Uzbekistan has implemented a project called 'College and higher education institution students' awareness of the harmful effects of drugs'. Wide-scale prevention activities are implemented in local communities (mahalla) with support from local NGOs, including the Mahalla Foundation, Women's Committee of Uzbekistan, the Republican Children's Fund and other organizations. A special six-hour training programme has been designed for mahalla activists covering substance use prevention and the early detection of drug use among students. ■

Conclusions and recommendations

EECA countries have a wealth of experience and a growing body of knowledge on the development and implementation of prevention programmes designed to curb tobacco, alcohol and drug use among young people.

Educational systems address the issue of substance use among learners not only through specific curricula, but also through other interventions, such as: prohibiting the distribution and use of substances in educational institutions; conducting information sessions with learners and their parents; disseminating informational materials (booklets and leaflets); organizing prevention days and health campaigns, essay and poster competitions on healthy lifestyles; inviting students to various sports clubs and other clubs; improving the school environment; offering individual and group psychological counselling; maintaining a school registry for pupils with a background of substance use and referring them to drug treatment services for additional counselling and treatment.

Substance use prevention efforts have been incorporated into all three components, compulsory, optional and extracurricular, of the educational domain. In three EECA countries (Belarus, Kazakhstan and the Russian Federation) topics related to drug use prevention are viewed in a broader context of healthy lifestyle skills and responsible behaviour, and are taught as part of the mandatory school subjects – Basics of Life Safety, Physical Training/Life Skills and Biology. In five countries (Armenia, Azerbaijan, the Republic of Moldova, Ukraine and Uzbekistan) drug use prevention education is implemented in phases, over several years, as part of the compulsory subjects (Basics of Health, Life Skills, etc.) that are devoted to life skills and health education. In two countries (Kyrgyzstan and Tajikistan) substance abuse prevention is delivered through optional training courses and extracurricular activities.

Students build a foundation for a healthy and safe lifestyle by engaging with the teaching material, by strengthening personal and social skills and by adopting negative attitudes towards smoking, alcohol and drugs. Prevention programmes stimulate students to make responsible decisions that are the result of a respectful and competent attitude towards physical and mental health for themselves and their immediate environment.

Schools have conducted various activities to detect cases of substance use among children and adolescents as early as possible. Three EECA countries (Belarus, Kazakhstan and Russia) have organized psychological and medical drug testing among learners. If cases of episodic or regular substance use are identified, school teachers and psychologists talk to such students, inform their parents about the problem and, if necessary, refer them to health care and social support facilities that provide quality psychological, drug treatment and rehabilitation services. Students from socially disadvantaged families and families in difficulty are provided with targeted social and psychological assistance. To that end, schools are working together with health care and social support institutions.

Even though almost all the countries in the region have reported universal coverage of young people with prevention education, not all programmes employ interactive methods; insufficient learning hours, poor training and lack of motivation among educators often restricts their use. Occasional in-service training based on short-term courses cannot compensate for the lack of specialized systematic and comprehensive

higher education curricula for teachers delivering prevention programmes.

Due to the insufficient number of prevention lessons (in some countries amounting to less than one lesson per month), students are not able to develop and strengthen the skills they need to adopt a healthy and safe lifestyle. In some countries substance use prevention, especially drug use prevention, is only covered in senior grades, when some learners may have already been exposed to drugs.

Some prevention education programmes use elements of fear and intimidation, which is reflected in their textbooks and guidance materials. Not all educational institutions have access to up-to-date guidebooks and manuals that take a positive approach to this work.

In those settings where prevention education is mostly delivered through optional and extracurricular activities, as part of the projects supported by NGOs, international organizations or national targeted programmes, there is a need for sustainable, long-term funding for substance use prevention education from domestic resources.

The challenge remains throughout the region to improve prevention education programmes based on the principles of human rights, make them age specific and gender responsive, and sensitive to national and cultural traditions.

Based on the findings of this report, it is recommended that EECA policy makers:

- Ensure sustainable, nationwide state funding to support prevention education and substance use prevention services among children and young people.
- Improve the coordination of international technical and financial support and contributions made by NGOs to the development and delivery of comprehensive prevention education, and medical, social and psychological services for children and young people at risk of substance use or young people who already use drugs.
- Align the mandatory, optional and extracurricular prevention interventions with the International Standards on Drug Use Prevention (UNODC, 2013), School-Based Education for Drug Abuse Prevention (UNODC, 2003) and other internationally acknowledged standards and best practice.
- Ensure access for all children, adolescents and young people to local prevention education programmes, activities and services designed to prevent substance abuse and offer medical, social and psychological assistance to young people who use drugs.
- Pay special attention to educational programmes' ability to reach out-of-school and rural youth, and adolescents and young people who, due to specific higher-risk behaviours, are at increased risk of HIV (young key populations).
- Strengthen teacher preparation and in-service training in delivering prevention education for educators, psychologists, social pedagogues and health workers employed by schools.
- Develop and expand parent sensitization and orientation programmes to improve their communication, parenting and support skills, strengthen family ties and prevent their children's substance abuse.
- Institutionalize peer education approaches in prevention education and extracurricular activities.
- Explore opportunities for the development of ICT-based comprehensive substance use prevention programmes, in particular via the Internet and social networks.
- Enable regular monitoring and evaluation of prevention education by measuring the health-related knowledge, skills and behaviour of students to inform and improve relevant policies, educational programmes and other measures addressing substance use among young people. ■

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Substance use prevention in educational settings in Eastern Europe and Central Asia: A review of policies and practices

Promoting health and a healthy lifestyle among children and youth is a national priority for all Eastern European and Central Asian countries, and is reflected in their country policies. Schools have an important role to play in health promotion, by preparing children, adolescents and youth for a healthy and safe adulthood.
This review of policies and practices provides a brief account of the achievements to date in prevention education (with special focus on drug use prevention), and outlines the challenges still to be addressed.