

# EXCHANGE OF GOOD PRACTICES OF HEALTHY LEISURE FOR THE PREVENTION OF ADDICTIONS IN YOUNG PEOPLE

## Decalogue of good practices



Material elaborated in the project "Exchange of good practices of healthy leisure for the prevention of addictions in young people"



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# CHAPTER 1

## EXCHANGE OF GOOD PRACTICES OF HEALTHY LEISURE FOR THE PREVENTION OF ADDICTIONS IN YOUNG PEOPLE

### 1.1. Presentation of the project

The project is an exchange of good practices between Spain, Portugal, Romania, Poland and Cyprus on the prevention of addictions in young people through healthy leisure that arises from the need to seek preventive actions for addictions in young people, with special attention to young people more vulnerable or less opportunities.

Thanks to this exchange of good practices, the entities that are part of this project will be able to increase their knowledge in the field of alternative leisure for the prevention of addictions in the youth field through the following **areas**:

- 1. How to promote healthy behaviors and habits that reduce vulnerability to substance use and addictive behaviors.**
- 2. How to carry out leisure and free time actions and activities for the prevention of addictions.**
- 3. How to promote environmental / structural prevention measures with the participation of young people.**
- 4. How to use communication strategies aimed at the youth population** with special attention to minors, increasing efforts to reach young people through credible messages and channels that increase the perception of social risk related to substance use and others addictions.
- 5. How to improve universal, selective and indicated prevention programs and projects.**



# CHAPTER 1

## EXCHANGE OF GOOD PRACTICES OF HEALTHY LEISURE FOR THE PREVENTION OF ADDICTIONS IN YOUNG PEOPLE

To develop it, an analysis of the situation of addiction in young people in the region of each associated entity will be carried out first.

Secondly, specific guidelines for developing preventive actions in the field of alternative leisure with young people will be identified.

Finally, the addiction prevention proposals that have been developed at local and regional level with young people in each country will be evaluated. In addition, the results will be collected and published in a decalogue of good practices, which will be accessed from each of the languages of the countries that are part of the project.

Finally, the project is expected to contribute to a change in leisure routines among young people, generating new alternative leisure offers tailored to their needs and that are satisfactory to avoid the start of addictive behaviors.

In short, the impact we intend to achieve with this project is the one that will have an impact once the project is over, where **strategies, tools, proposals and actions are carried out to prevent addictions and promote healthy leisure**. It is about establishing some initial guidelines that allow us to continue in time to deal with this problem that affects so many young people today.



## 1.2. PROJECT'S AIM & OBJECTIVES

### General objective:



- Reduce the presence and promotion of addictive behaviors in young people through the exchange of good practices carried out in different contexts.

### Specific objectives:

- Analyze the context and variables of addictions in each of the countries of origin that are part of the project.
- Identify specific guidelines to develop preventive actions in the field of healthy or alternative leisure with young people.
- Evaluate prevention proposals that have been carried out locally and regionally with young people from each country.
- Create action guidelines aimed at the implementation and development of healthy leisure practices with young people



# WHY THIS PROJECT?

## 1.3 Why have we done this project?

For young people, the use of free time has a close relationship with the development of their identity, being one of the fundamental moments in which they seek and relate to their peer groups, exchange values and behavior models.

In addition, it is the leisure context where the first risk behaviors can occur, mainly related to drug use, gambling and new technologies.

This is the starting point of the project **"Exchange of good practices of healthy leisure for the prevention of addictions in young people"**, which arises from the need to seek preventive actions for addictions in young people, with special attention to the most vulnerable young people or with less opportunities.





# TARGET GROUPS

## 1.4 What are our target groups?

- All people that would be interested in the study
- Young people, between the age of 13 and 30 years old
- Individuals suffering from addictions
- Family members and friends of people that are or were addicted
- People with disabilities
- People (all ages) with psychological issues as: low level of self-esteem, anxious or depressive episodes, bullying in schools or organisational environment, difficulties in lifespan transitions (launching in independent life on youngsters, divorce, career transitions – reprofessionalisation) etc.
- Persons that have had difficult experiences ever since they were children and/or may have faced bullying experienced, poverty, never had the chance to show their own creativity and/or having strong emotions of self loss, inability , to cope with the reality as it is and/or individuals that have gone through traumatic/ depressive episodes.
- Professionals and future professionals in the field of addictions
- Professionals in education and psychology field: people which are working with youngsters and with people with psychological problems, teachers and school/career counselors, psychotherapists, psychologists, civil leaders, coaches of sports, etc.
- Future professionals in psychology: students from psychology (bachelor and master degree)



## 1.5. PARTNERS

### **FUNDACIÓN ASPAYM CASTILLA Y LEÓN – SPAIN**

The Fundación ASPAYM Castilla y León begins operations in 2004, twelve years after the establishment of ASPAYM in the Castilla y León region. ASPAYM Castilla y León works to achieve a significant improvement in the quality of life of people with physical disabilities and the reduction of barriers in their daily lives. Also, the entity it is proposed to be a leading association that, through the quality of its programs and activities, the research and use of New Technologies, provides people with physical disabilities with the necessary tools to achieve the Association's Mission.

The Fundación ASPAYM Castilla y León focuses on the field of social services, specifically in the field of physical disability. It serves people throughout their life cycle and does so at the educational-assistance level as well as at the local level. The Foundation has the collaboration of experts in the educational, social and research field of the group of people with physical and sensory disabilities. The main objectives are:

- Encourage the exercise of the autonomy of people with disabilities, particularly those with physical disabilities.
- Promote the development of activities and programs that allow the inclusion and participation in society of people with disabilities.
- Establish an external and internal communication plan that allows to achieve the mission of the entity.
- Carry out innovative research that improves the quality of life of people with disabilities.



# PARTNERS

## **ROSTO SOLIDÁRIO – PORTUGAL**

Rosto Solidário (RS) is a Portuguese NGOD (non-governmental organization for the development), established in 2007. RS work aims to foster global citizenship and solidarity by enhancing local communities' human and social development.

RS core principles are civic participation, social integration, solidarity, networking and partnership.

The organization aim of work includes four main areas: International Development Cooperation, Global Citizenship Education, Volunteering and Family-based Social Support. Gender Equity, Human Rights and Social Inclusion are addressed as cross-cutting issues.

Also the organization consider Non Formal Education as a vehicle for lifelong learning opportunities within the Global Citizenship Framework.

RS is a credited host and sending organization for European Voluntary Service projects since 2011.

Currently is working within European Solidarity Corps.





# PARTNERS

## **AICSCC – GAMMA INSTITUTE – ROMANIA**

The aim of Institute for Research and Study of Cuantic Consciousness - Gamma Institute is the promovation, development, research and initiative for activities in the field of psychology, psychotherapy and mental health, in particular through training programs, workshops, psychological services and psychological assistance, counseling, psychotherapy and training of specialists; also, another aim is to facilitate the cooperation between romanian specialists from the fields mentioned above and other specialists from international area. Gamma Institute has 3 departments:

- Gamma Training - education department, accredited by Romanian Psychologists Association.
- Gamma Clinic Psychology - health and intervention department. In this department, there are available different psychological services, in individual sessions, couple, family or group sessions and workshops on interesting topics.
- Gamma Projects & Research is the department that develops european projects and research in the field of psychology, with the aim to promote self awareness and to promote the benefits of mental state on the individual and familial life quality. Also, through this department, we make mobilities and good practices exchange for psychotherapists and students from the training school in systemic psychotherapy.



# PARTNERS

## DIONE – CYPRUS

Dione established in 2016 in Nicosia, Cyprus. It is a non-governmental and nonprofit youth organization. The main goals of the organization are to promote culture of Cyprus and to give motivation to young people to participate in EU projects . Moreover, Dione promotes gender equality anti-racism policies , human rights and social inclusion of people with less opportunities. Finally, Dione emphasis in the develop of the skills and non-formal education of young people that are associate with our NGO or with the communities that are in cooperation with Dione. To achieve our goals our permanent staff and associates organize events based on culture, lectures about social inclusion of people with less opportunities and seminars to inform and update young communities about the EU projects.

The majority of the members participated in couple of EU projects through two other Cypriot based organizations Rivensco and Organization for Promotion of European Issues.

Dione has 15 permanent unpaid staff plus 18 associates. The members of young people reached is approximately 75 with meetings every 15 days. During summer and Christmas holidays it might be once a week.



# PARTNERS

## **POLSKA AKADEMIA ROZWOJU – POLAND**

Polska Akademia Rozwoju is polish non-governmental organisation founded in 2016.

It organises European-African-Asian projects.

It is a group of active youth workers, that aim is comprehensive development of society and improvement of intercultural and international partnerships.

It helps children and youth at risk of social exclusion using methods of non-formal education. It uses, also, sport and art as few of our methods to prevent social exclusion. Polska Akademia has a national network of martial arts clubs.

It is experienced in organisation of international exchanges, conferences, trainings and mass events and also cooperates with local organisations, schools as well as offices and councils. One of the target is representing Poland during international conferences like Model United Nations.

It also supports the development of culture on a local level by organising concerts and exhibitions.

Their leaders are a team of practitioners, experts and enthusiasts of multicultural actions. In their team are professional dancers, swimming instructors and other professionals that help youth at risk of the social exclusion take care of their mental and physical health.

Polska Akademia supports the educational process of young people through granting scholarships.



# CHAPTER 2

## ANALYSIS OF ADDICTIONS

### 2.1. Introduction to the concept of addictions

The human being tends to repeat the behaviors that cause satisfactory consequences, which is why certain behaviors can generate addictive behaviors.

When we talk historically about the concept of addiction we are referring to drug addiction. They are recently based on the concept of physical and mental dependency, possibly related to psychoactive substances that, ingested by a person, have the potential to generate dependency. They include alcohol, tobacco, cannabis, cocaine, heroin, etc.

The consumption of certain substances or drugs, provides a considerable increase in the neurotransmitter called dopamine, this generates in the person a feeling of euphoria or high. The increase in dopamine is not only associated with substance use, but can also be generated through other types of behavior such as: gambling, sexual relations, binge eating, shopping, etc.

So, in addition to substance addictions, it has been observed in recent years that there are behavioral addictions, such as pathological gambling. And that there are also behaviors that cause major problems for people who carry out this type of behavior, such as internet addiction, excessive sexual behaviors, problematic use of social networks, food, shopping, etc.

What characterizes an addiction, sea with substance or behavior, is the person loses control of that behavior and, at the same time, it leads to serious personal, social, work, academic, partner, etc. problems. Gossop (1989) defined as the characteristic elements of any addiction the following aspects:



# GENERAL INFORMATION ABOUT ADDICTIONS

1. Strong desire or feeling of compulsion to carry out a particular behavior.
2. Impaired ability to control behavior
3. Discomfort and altered mood when the behavior is prevented or stops
4. Persist in the behavior despite the clear evidence that it is producing serious consequences for the person.

The WHO criteria affect the existence of physical dependence (abstinence, tolerance), psychological (personal characteristics and learning) and social (environment and group of equals or affinity) in a person, understanding that the situation in which there is feeling of satisfaction or a psychological drive that requires addictive behavior to produce pleasure or avoid the male generator.

Despite the fact that there are specific criteria for different disorders, such as dependence on psychoactive substances or pathological gambling, when we speak of addiction we always start from the criteria of dependence on psychoactive substances, given that also in addictions, whether with or without substance, tolerance phenomena, withdrawal syndrome, etc.

For the DSM-V- (American Psychiatric Association, 2013) dependence on a substance is characterized by a maladaptive pattern of substance use that carries a clinically significant risk or illness, expressed by three or more of the symptoms.



It also considers substance abuse, which it defines as a maladaptive pattern of substance use that carries a risk or clinically affected males, expressed by one (or more) of the symptoms.

In the above, when we talk about behavioral addictions, with the substitution of "substance" for "behavior" we will explain exactly what it consists of.

Based on these criteria we can see if the different addictive behaviors are determined, both those that are produced by a chemical substance and those that are not produced by it.

### **DSM-V criteria for substance use disorder**

A maladaptive pattern of substance use that leads to clinically significant impairment or discomfort, expressed by three (or more) of the following items at some point in a continuous 12-month period:

1. Dangerous use
2. Social / interpersonal problems related to consumption
3. Non-compliance with the main roles due to consumption
4. Legal problems



## 5. Withdrawal syndrome

5.1. Intense impulse to carry out a behavior that brings with it detrimental effects for the person who executes it

5.2. Increased tension until the behavior is carried out

## 6. Tolerance

6.1. Need for markedly increasing amounts of the substance to achieve poisoning or desired effect

6.2. The effect of the same amounts of substance clearly decreases with continued consumption

7. Use more / more time to develop the intended behavior

8. Repeated attempts to quit / control consumption

9. Physical / psychological problems related to consumption

10. Stop doing other activities due to consumption

The first aspect that is present in all addictive behaviors is compulsion or loss of control. From all we've seen so far it's probably the main feature of this problem.

The second aspect is the withdrawal symptoms produced by not carrying out the addictive behavior voluntarily or because they prevent the individual from doing it.





By withdrawal syndrome is understood (Becoña, 2008), referring to psychoactive substances, which is a clinical state (set of signs and symptoms) that is manifested by the appearance of physical and psychological disorders of varying intensity (according to different modes and levels severity), when the administration of the drug is interrupted or its action is influenced through the administration of a specific antagonist, in this case being called withdrawal syndrome with the nickname of precipitated withdrawal syndrome. The same is applicable to all addictive behaviors without a chemical basis, as has been found in different studies on them (Echeburúa, 1999).

The third aspect is that of tolerance. It consists of the process by which the person who consumes a substance has the need to increase the intake of the substance to achieve the same effect that it had at the beginning. In addictive behaviors, it can be seen that, as the person carries out that behavior, it is necessary to increase the amount of time and effort dedicated to it in order to achieve the same effect.

The limits between normal behaviors and addictive behaviors are characterized by the following aspects:

1. Loss of control
2. Strong psychological dependence
3. Loss of interest in other rewarding activities
4. Serious interference in everyday life





The fourth aspect is that of intoxication, which occurs in all chemical substances, or quasi-dissociation, the latter being found both in chemical substances and in behaviors that produce addiction. In this state, the person seems to be outside of himself, as if he were another (Jacobs, 1989).

The fifth aspect that we consider significant refers to the fact that the individual with an addiction suffers from serious problems in the physical and / or health sphere, in the personal sphere, family, work and social. These problems, to a greater or lesser degree, are present in all addictive behaviors.

Along with the above, we must not stop pointing out two other facts.

The first, that habitually an addictive behavior is not alone, but that several are usually present at the same time in the same individual. The phenomenon of politoxicomanía, so frequent in drug addictions (also known as polidependencia or poliadicción), indicates that there is not a single addictive behavior but several at the same time.

Also, as a result of the above, or in interaction with addictive behaviors, the presence of organic, psychological, and psychiatric pathology is frequently found, at least in dependent people. Knowing it is important both to know the cause of the problem, as its evolution and its possible treatment or recovery.





Other aspects that characterize addictive behaviors are positive reinforcement and negative reinforcement, which consists of The desire to obtain pleasure and well-being with the use of a substance can act as a positive reinforcer that increases the frequency of administration and progressively increases the dose consumed.

The attempt to avoid the appearance of a withdrawal syndrome, can act as a negative reinforcer that also generates an increase in the frequency of consumption or an increase in dose.



One of the main risk factors for the initiation of addictive behaviors is the adolescence stage, when the identity search process occurs, which is associated with the progressive independence of the family and an increasing influence by the peer group. . This is the most critical period in terms of risk behaviors in general and specifically with all those related to addictions, since it is the time when you begin to experiment with them.

The youngest begin to use substances more and more early, in the same way that addictive behaviors that can generate behavioral addictions, such as the Internet, gambling or social networks, begin earlier and earlier.

One of the important risk factors in the creation of addictive behaviors by young people is not having the severity of the onset with the behavior internalized, not even the possibility of developing an addictive process. For young people, the use of free time is closely related to the development of their identity, being one of the fundamental moments in which they seek and relate to their peer groups, exchange values and models of behavior. Furthermore, it is the leisure context where the first risky behaviors can occur, mainly related to drug use, gambling and new technologies.







## 2.2. Psychological and chemical addictions

When we talk about addictions, we are no longer just talking about substance addiction. Decades ago, in the field of addiction treatment, people only worked with problems of alcohol, cocaine, heroin, tobacco consumption ... but many other types have already been recognized, such as addiction to gambling, new technologies or sex.

There are the so called chemical or toxic addictions, because they consist of the consumption of a certain substance, or non-chemical, non-toxic, or behavioral, which consist of carrying out a behavior, without the implication of substance consumption.

The classification of addictions is made, according to the DSM-5 in chemical and psychological addictions, then this difference can be seen in the table:



### **TYPES**

**PSYCHOLOGICAL**

### **MOST COMMON VARIANTS**

**PATHOLOGICAL GAMBLING,  
SEX ADDICTION,  
SHOPPING ADDICTION  
FOOD ADDICTION  
WORK ADDICTION  
PHYSICAL EXERCISE ADDICTION  
MOBILE ADDICTION  
INTERNET ADDICTION**





# SELF HARM

## TYPES

**CHEMICAL**

## MOST COMMON VARIANTS

OPIOIDS  
ALCOHOLISM  
COCAINE / AMPHETAMINES  
HALLUCINOGENS  
CANNABIS  
OTHER DRUGS (CANNABIS,  
SYNTHETIC DRUGS)





### 2.2.1. Pathological gambling

When we talk about pathological gambling we are referring to a disorder that occurs in an uncontrollable and progressive way, that is, the addicted person will be increasingly unable to resist their own impulses towards gambling, resulting in behaviour that affects both their personal and family life and even their professional goals. It is therefore considered a disorder with psychological characteristics. This disorder encompasses four main characteristics:

1. Occasional or long-lasting loss of control over gambling.
2. Continued preoccupation with gambling and how to obtain the money to gamble.
3. Irrational thoughts about gambling.
4. The person continues to gamble despite adverse consequences.

The gambling-dependent person will have an initial period of low gambling and gambling until they reach pathological gambling, which can develop over a period of 10-15 years. At this time people may have erroneous thoughts about their situation in which they deny their problem, have feelings of control and power over the likelihood of outcomes or over-confidence. In other cases people may:







1. Come to believe that money is the cause as well as the solution to their problems.
2. Be impulsive, competitive, energetic, restless or tend to be easily bored.
3. Be very concerned with the approval of others and become generous to the point of extravagance.
4. Becoming depressed, lonely and playing with a sense of helplessness and guilt, in some cases even attempting suicide.

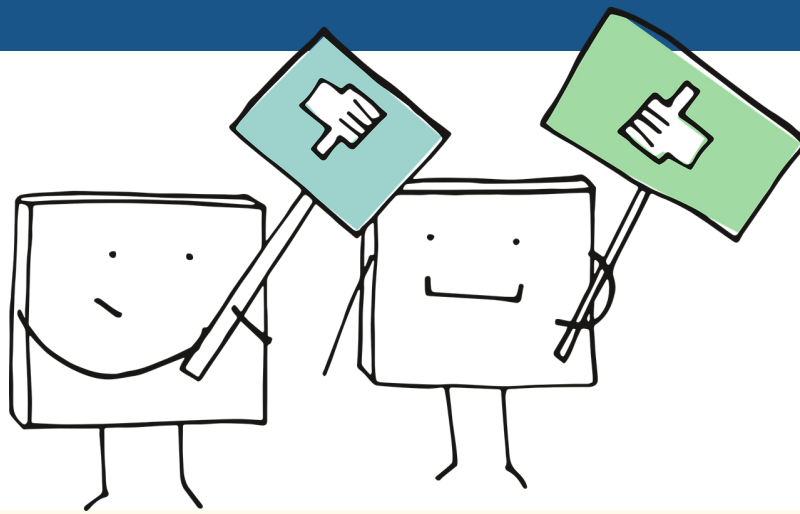
The disorder will evolve in the following way: firstly, they will spend more money than expected, then they will gamble to win back what they have lost and, ultimately, they will continue to gamble even when they lose.

### **Main signs in the addicted person**

1. Tolerance: the need to gamble increasing amounts of money to achieve the desired thrill.
2. Withdrawal syndrome: restlessness and irritability at the prospect of interrupting or stopping gambling.
3. Loss of control: the person makes repeated efforts to try to control, interrupt or stop the game.
4. Preoccupation: the person often feels a preoccupation with gambling.
5. Avoidance: often gambles when feeling desperate, guilty, anxious or depressed.







6. Winning it back: after losing money gambling, often returns another day to try to win it back.
7. Lies: Lies to hide the extent of their gambling involvement.
8. Relationships: they risk or lose important interpersonal relationships, job and educational opportunities because of gambling.
9. Borrowing: relying on others to lend them money to alleviate their desperate financial situation due to gambling.

### **Consequences of addiction**

- Personal level: gambling addicts do not usually feel well, the situation generates a level of discomfort (sadness, anxiety) and finally a deteriorated self-concept.
- Economic level: the economic situation tends to get worse and worse, increasing the number of debts. This situation can lead to theft or swindling or to the family being subjected to financial difficulties.
- Work situation: performance at work suffers as a result of constant thoughts of gambling and absence or neglect of work. This can lead to dismissal due to theft or failure to fulfil one's job responsibilities.





- Social life: they have little time for social relationships and end up leaving their previous relationships. They lose friends because they do not pay back the money they have previously lent them, and finally, they become increasingly isolated and depressed.
- Relationship with the law: what some gamblers understand as "borrowing" is actually stealing. They are often involved in behaviour that is punishable by law.
- Family environment: gambling addiction prevents the addict from paying the necessary attention to the partner and children. A series of problems can occur within the cohabitation, mainly derived from: hiding or denying the problem, lack of communication and lies, feelings of failure or guilt, sexual frustration, etc.



### 2.2.2. Sex addiction

“Sex addiction” is described as a compulsive need to perform sexual acts in order to achieve the kind of “fix” that a person with alcohol use disorder gets from a drink or someone with opiate use disorder gets from using opiates. Sex addiction (the compulsive sexual behavior described here) should not be confused with disorders such as pedophilia or bestiality. For some people, sex addiction can be highly dangerous and result in considerable difficulties with relationships. Like drug or alcohol dependence, it has the potential to negatively impact a person’s physical and mental health, personal relationships, quality of life, and safety.

#### Main signs in the addicted person

One characteristic may be secrecy of behaviors, in which the person with the disorder becomes skilled at hiding their behavior and can even keep the condition secret from spouses, partners, and family members. They may lie about their activities or engage in them at times and places where they won’t be found out. But sometimes symptoms are present and noticeable.

A person may have a sex addiction if they show some or all of the following signs:







1. chronic, obsessive sexual thoughts and fantasies
2. compulsive relations with multiple partners, including strangers
3. lying to cover behaviors
4. preoccupation with having sex, even when it interferes with daily life, productivity, work performance, and so on
5. inability to stop or control the behaviors
6. putting oneself or others in danger due to sexual behavior
7. feeling remorse or guilt after sex
8. experiencing other negative personal or professional consequence.

Compulsive behaviors can strain relationships, for example, with the stress of infidelity — although some people may claim to have a sex addiction as a way to explain infidelity in a relationship.

## **Consequences of addiction**

The consequences of sexual addiction appear on several levels: psysical, mental, emotional, social, spiritual.





**Physical** - A more serious physical complication of sex and love addictions is the exposure to sexually transmitted diseases. Herpes, fungal infections, venereal warts, chancroids, gonorrhea, nongonococcal urethritis, granuloma inguinale, lymphogranuloma venereum, syphilis, and HIV infections all can be transmitted through sexual contact. First, the pursuit of highs makes the addict's body expect excitement and "run on overdrive."

**Mental** - there are profound effects on mental processes caused by sex and love addictions. Mental alertness and acuity as well as concentration are affected. The intrusion of unwanted thoughts and fantasies can prevent addicts from working or even concentrating on a normal conversation. At times they appear distracted or as if they were not paying attention, but often they will have trained themselves to appear alert even when they are not;

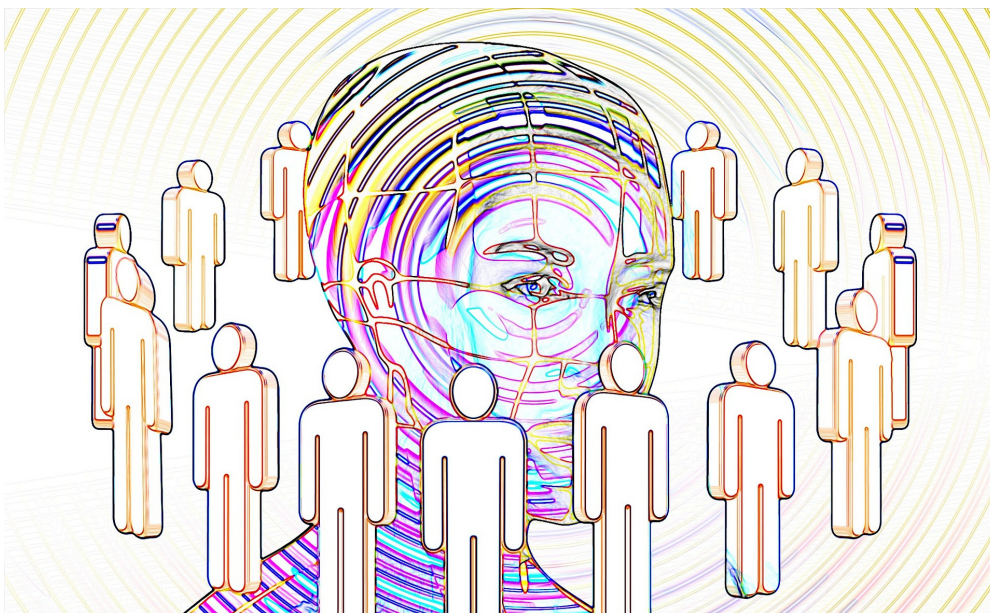
**Emotional** - Addictions have a profound impact on the emotional life of a sex and love addict. Feelings are usually "stuffed" or repressed, and the addict becomes numb, unfeeling and uncaring. The lack of a real emotional life leaves the addict like a boat without a rudder.





**Social** - the social aspect of the addict's life is profoundly affected by addiction. When I refer to the social area of a sex and love addict's life, I am speaking of family, friends, acquaintances, and work life; in other words, all the arenas where there are opportunities for human interaction. First, the family life of an addict is usually the most damaged by an addiction. At the very least, sex and love addicts neglect and detach from their families, and in the worst cases, they abuse and harm them emotionally, physically, and sexually.

**Spirituality** - is one of the first things to go and one of the last things to return for a sex and love addict. Concepts of God and religion are damaged and often destroyed by an addiction. Addicts, many of whom have had formal religious training as children, become disenchanted with God and religion because they have failed to help the addicts avoid the slide into their addiction.





### 2.2.3. Shopping Addiction



Shopping addiction is defined as the deficiency of impulse control which appears as the eagerness for constantly making new purchases of unnecessary or superfluous things. It is a concept similar to "oniomania", or "compulsive buying disorder", although these terms usually have a more clinical approach, related to a psychological individual disorder of impulse control. The phrase "shopping addiction" usually has a more psychosocial perspective, or it is placed among drug-free addictions like the addiction to gambling, Internet, or video-games.

According to Shopaholics Anonymous, there are several different types of shopaholics, and they are as follows:

- Compulsive shopaholics who shop when they are feeling emotional distress
- Trophy shopaholics who are always shopping for the perfect item
- Shopaholics who want the image of being a big spender and love flashy items
- Bargain seekers who purchase items they don't need because they are on sale
- Bulimic shoppers who get caught in a vicious cycle of buying and returning
- Collectors who don't feel complete unless they have one item in each color or every piece of a set.





If the answer affirmative to as many as five of these question, the person might have Compulsive Buying Disorder, or CBD.



### Consequences of addiction

- People with shopping addiction often spend beyond their means. Although it may appear less harmful than other forms of addiction, such as drug or alcohol abuse, shopping addiction can and does create serious problems. Financial problems are the most obvious problems associated with compulsive shopping.
- Without anything to stop the issue, people with this issue often spend until they absolutely can no longer buy new things. This may mean they have run out of money, maxed out their credit cards, and are unable to borrow funds to continue to feed the addiction. Shopping addiction may cause financial and even legal problems if those who suffer are unable to fulfill their other financial obligations because of their addiction.
- People with compulsive shopping disorder may resort to borrowing money from family and friends in order to fuel their addiction. Relationships with loved ones may grow strained over time because people with shopping addiction have a tendency to continually borrow even if they lack the capacity to pay back their debt.





- The shame and desire to hide spending often strains marriages and relationships. This can lead to strained or broken relationships because even patient and loving partners eventually become unable to cope with the consequences of the addiction.
- In some cases, compulsive shopping impacts the person's credit score, which may prevent him or her from buying a home or a reliable vehicle. In some cases, low credit scores may impact the ability to be hired for a job. Severe cases of shopping addiction may also lower a person's ability to work, and online shopping during work hours may lead to job termination.
- Left unresolved, compulsive shopping can become just as problematic and self-destructive as almost any other form of addiction.





#### 2.2.4. Food Addiction

Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological and social function. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant restrictive food intake disorder, other specified feeding and eating disorder, pica and rumination disorder.

##### Main signs in the addicted person

The eating addictions are in general characterized by gross disturbances in eating behavior as well as extreme and distorted concerns about body shape and/or weight. Regarding the former issue, numerous different behaviors associated with eating addiction have, in one form or another, been conceptualized as addictive. Most addictive models of eating addictions focus mainly on compulsive binge eating disorder.

Food addiction, like addiction to drugs or alcohol, often begins as a way to manage stress, turn up the volume on pleasant emotions (like happiness or comfort), or dampen uncomfortable feelings (like anxiety, anger, or sadness). It involves an unhealthy obsession with food.



You feel distressed; you believe a certain food will make you feel better; you eat it; and it works: you feel soothed or relieved, if only temporarily. Your brain learns that you can get a quick fix, and the cycle of addiction begins. If you are a food addict, you may be using food to handle stress or to manage your emotions.

Once you begin down this road of eating too much of certain foods that you obsess about, imbalances develop in your body and your brain that lead to food cravings—one of the symptoms of food addiction.

This is exactly what happens with drugs of abuse. Again, not everyone who uses drugs or drinks or obsesses about particular foods becomes an addict.

**The arousal cycle consists of three phases (Koob 2009):**

- Preoccupation or anticipation phase: In this phase, you can't wait to get your hands on your food fix. You look forward to it with great anticipation.
- Getting high on your food fix: You are enjoying the experience of eating your food fix. Sometimes your food fix can put you into a state of excitement or into a trance-like state.
- Withdrawal or let-down phase: In this phase you are feeling low, disgusted, shameful, or guilty. You may also have some physical aftereffects of indulging in your food fix—such as bloating, digestive problems, joint aches, or generalized fatigue.



## Consequences of addiction

**Physical Effects** – A food addiction can result in many negative physical consequences on the body as an excess of food is consumed. These are some physical effects that may be experienced:

- Heart disease
- Diabetes
- Digestive Problems
- Malnutrition
- Obesity
- Chronic fatigue
- Chronic pain
- Sleep disorders
- Reduced sex drive
- Headaches
- Lethargy
- Arthritis
- Stroke
- Kidney/Liver Disease
- Osteoporosis



**Psychological Effects** – An addiction to food can be debilitating to mental health, especially if there is a lack of support or inadequate help. Some of the psychological effects that may be experienced include:

- Low self-esteem
- Depression
- Panic attacks
- Increased feelings of anxiety
- Feeling sad, hopeless, or in despair
- Increased irritability, especially if access to desired food is restricted
- Emotional detachment or numbness
- Suicidal ideation

Finally, food addiction can have an impact on your social life and relationships.

**Social effects of food addiction** include:

- Decreased performance at work or school
- Isolation from loved ones
- Division within family units
- Lack of enjoyment in hobbies or activities once enjoyed
- Avoidance of social events or functions





### 2.2.5. Work Addiction

Addiction to work is often called ‘workaholism’. Similarly to any other addiction, work addiction is characterised by the inability to stop one’s behaviour. It often stems from a compulsive need to achieve status and success, or to escape emotional stress. It is common in people that are usually described by the society as perfectionists. People suffering from this addiction rarely feel satisfied or relaxed unless they are doing something that relates to their job. Workaholism is not the same as staying after hours a few times to complete an important project. The major difference between is the compulsive urge to overwork versus a healthy desire to work.

#### Main signs in the addicted person

The simplest factor that helps notice a work addict is that they would work a lot more than what is required. Another behaviour that is characteristic to this addiction is incapability of relaxing and substituting work for leisure. People suffering from workaholism often omit meals, stay in work long after the usual hours for other employees.

There are a lot of symptoms by which a person can recognise a workaholic. There are some of the characteristics:



1. Being excited about work more than vacations and meetings with friends
2. Working on weekends and vacations
3. Working and eating meals at the same time
4. Constantly worrying about the job
5. Feeling guilty when not working
6. Being frustrated when others say to stop working or trying to take your eye off the work
7. Justifying working long hours with loving their job
8. Working to reduce the feeling of guilt, helplessness to anxiety
9. Being stressed when prohibited from working

## Consequences of addiction

The addiction to work results in decline of general health. It makes the immune system weaker and an individual more exposed to illnesses and injuries.

These are some common consequences:



- **Insomnia and other sleep-related issues**

When feeling stressed and guilty for not working an individual might have issues with falling asleep

- **Burnout**

- **Life dissatisfaction and stress**

Workaholics are driven by the feeling of stress and anxiety. The stress can lead to a decrease in well-being of a person.

- **Death**

In some cases overworking can cause heart failure or a stroke. In other cases it may lead to suicides caused by the stress related with overworking.





### 2.2.6. Addiction to Exercise

What distinguishes the everyday gym enthusiast from someone addicted to exercise? Would we consider an elite athlete training for the Olympics as having an exercise addiction? What about the devoted runner who adds an extra three miles to his or her running schedule after lunch at a fast food restaurant?

Hausenblas and Downs identify exercise addiction based on the following criteria that are modifications of the DSM-IV TR criteria for substance dependence.

Although others have defined exercise addiction using different models, the above definition is most closely aligned with the DSM-5 criteria for behavioral addiction, which will be modeled after those for substance dependence.

Based on a review of a wide range of studies on exercise addiction, Sussman, Lisha, and Griffiths estimate the prevalence in the general population to be close to 3%.

Among certain groups such as ultra-marathon runners and sport science students, the figure is even higher.

According to Lejoyeux, Avril, Richoux, Embouazza, and Navoli , 42% of the members at a Parisian fitness club met criteria for exercise addiction.







## Consequences of addiction

Where recreational exercisers integrate their daily physical activity into their lives, those whose exercise is becoming problematic begin to organize their day around their exercise regimen, which is becoming more and more rigid .

Another distinguishing feature of exercise at the problematic level is the nature of negative consequences. Where previously adverse effects arose directly from the behavior, at the problematic level secondary negative consequences are predominant.

Secondary negative consequences include one's own and/or another's response to the adverse effects of exercise . An example of a secondary negative consequence for Sally would be if her boyfriend began complaining about feeling she preferred running to being with him or if Sally became angry with herself for reinjuring her ankle.

Once in the problematic phase, the behavior continues despite having met the stated goal—much like the problematic drinker who continues to drink even after the desired stress relief from alcohol has occurred. In Sally's case, after achieving the gratification of meeting her goal of running a five-mile race, she continues her diligent training regimen. In addition, common to the problematic level is that a behavior, once done socially, now occurs alone. Sally stops training with a group to train on her own.



## Consequences of addiction

Maintaining control over the behavior becomes more difficult in the problematic phase because, when the behavior ceases, withdrawal symptoms set in.

The idea that behavioral addictions are associated with the classic signs of dependence-tolerance and withdrawal has been debated.

At least with exercise, there is good evidence that aerobic exercise and intense use of large muscles is associated with changes in endorphins.

If the body down-regulates endorphin production in response to exercise, the absence of exercise can be associated with withdrawal.

Withdrawal from exercise has been demonstrated and is illustrated by Sally's irritability and not feeling like herself after her ankle injury.

At this level, the behavior no longer occurs just for its mood-altering effects but also to remove withdrawal symptoms.



### 2.2.7. Addiction to Mobile Phones

Mobile phone addiction is a disorder that's involves the compulsive overuse of the mobile phones, usually based on the number of times users access their device and/or the total amount of time they are online over a specific period of time.

Compulsive smartphone use is just one type of technology addiction. However, other technologies prone to overuse, like social media and gaming, are often accessed through mobile devices.

Smartphones lend themselves to overuse because, unlike a desktop or laptop, they can be easily carried anywhere the user goes. As a result, the devices are increasingly the user's primary computing device. Data plans and near-ubiquitous Wi-Fi make connectivity possible from almost anywhere.

Cell phones have become such powerful and versatile tools that, for many people, they feel literally indispensable. In fact, it is easy to feel like you are the one who has lost when you cannot find your phone.

So, how do you know whether your attachment to your phone is just a 21st century cultural phenomenon or a genuine, life-altering addiction?

#### Main signs in the addicted person

Researchers believe that people who compulsively use cell phones may be trying to avoid issues in their lives that feel too difficult or complicated to resolve.



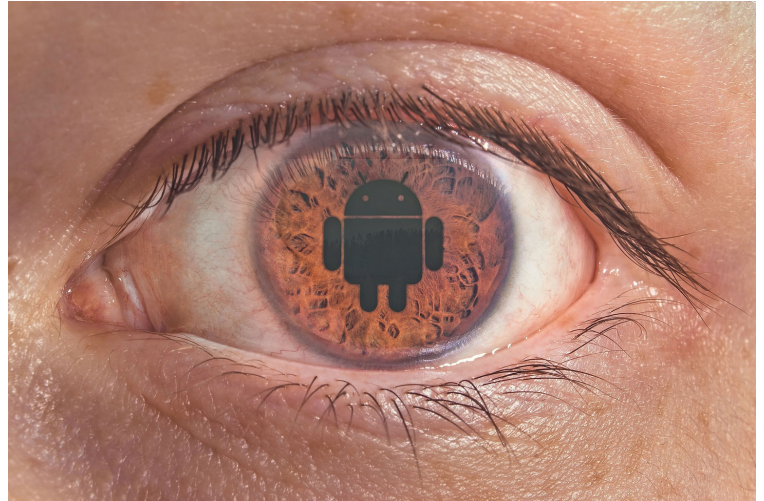


So, one of the first things to consider is whether there is something deeper bothering you. Resolving the underlying issue could be the key to reducing your anxiety.

- Need to use the cell phone more and more often in order to achieve the same desired effect.
- Persistent failed attempts to use cell phone less often.
- Preoccupation with smartphone use.
- Turns to cell phone when experiencing unwanted feelings such as anxiety or depression.
- Excessive use characterized by loss of sense of time.
- Has put a relationship or job at risk due to excessive cell phone use.
- Tolerance.
- Need for newest cell phone, more applications, or increased use.
- Withdrawal, when cell phone or network is unreachable.
- Anger.
- Tension.
- Depression.
- Irritability.
- Restlessness.



## Consequences of addiction



There is little doubt that excessive cell phone use is a problem for lots of people.

However, there is some debate among medical and mental health professionals about whether problematic cell phone use is truly an addiction or the result of an impulse control issue.

Many medical experts are reluctant to assign the word “addiction” to anything other than habitual substance misuse.

However, the Diagnostic and Statistical Manual of Mental Disorders (the handbook used in the medical community to diagnose mental disorders) does recognize one behavioral addiction: compulsive gambling.

It is worth noting that there are some important similarities between cell phone overuse and behavioral addictions like compulsive gambling.

The similarities include:

- loss of control over the behavior
- persistence, or having real difficulty limiting the behavior
- tolerance, the need to engage in the behavior more often to get the same feeling
- severe negative consequences stemming from the behavior
- withdrawal, or feelings of irritability and anxiety when the behavior isn't practiced
- relapse, or picking up the habit again after periods of avoidance



There's some debate in the medical community as to whether phone overuse is an addiction or impulse control issue. There are, however, a lot of similarities between phone overuse and other behavioral addictions, like compulsive gambling.

Research Center reports that 81 percent of Americans now own smartphones — up from just 35 percent in 2011. In addition, over the past 5 years, Google Trends indicates that searches for “cell phone addiction” have likewise been rising.

It is always okay to reach out for help when you are dealing with any issue that concerns you, or that you feel you do not have control over. If you are noticing symptoms of addiction or dependence, or if the people in your life are talking to you about the amount of time, you spend on your phone, it may be a good idea to ask for help. Consider reaching out to a therapist or your doctor, checking out a self-help guide, or following a digital detox program. Problematic cell phone use shares many characteristics with behavioral addictions like compulsive gambling. People who develop a dependent pattern of phone use typically experience a loss of control. They often find that their cell phone habits are causing real damage in their lives. If your phone use has become problematic, or if it feels like it has become an addiction, there are steps you can take to retrain yourself to use your phone in healthier ways. Cognitive behavioral therapy and digital detox programs can both be very effective at reclaiming a sense of control over your phone use.







### 2.2.8. Addiction to Internet

Do you play video games on the Internet in excess? Are you compulsively shopping online? Can't physically stop checking Facebook? Is your excessive computer use interfering with your daily life – relationships, work, and school?

If you answered yes to any of these questions, you may be suffering from Internet Addiction Disorder, also commonly referred to as Compulsive Internet Use (CIU), Problematic Internet Use (PIU), or iDisorder.

Originally debated as a “real thing,” it was satirically theorized as a disorder in 1995 by Dr. Ivan Goldberg, MD who compared its original model to pathological gambling. Since this hoax of sorts, the disorder has rapidly gained ground and has been given serious attention from many researchers, mental health counselors, and doctors as a truly debilitating disorder.

Though not officially recognized as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), its prevalence in American and European cultures is staggering – affecting up to 8.2% of the general population. However, some reports suggest it affects up to 38% of the general population. The widely variable difference in prevalence rates might be contributed to the fact that no true and standardized criteria has been selected for Internet Addiction Disorder. It is researched differently among scientists and mental health professionals. And, it is researched differently across ethnic cultures.





## Main signs in the addicted person

Some of the emotional symptoms of Internet Addiction Disorder may include:

- Depression
- Dishonesty
- Feelings of guilt
- Anxiety
- Feelings of Euphoria when using the Computer
- Inability to Prioritize or Keep Schedules
- Isolation
- No Sense of Time
- Defensiveness
- Avoidance of Work
- Agitation
- Mood Swings
- Fear
- Loneliness
- Boredom with Routine Tasks
- Procrastination



## Physical Symptoms of Internet Addiction Disorder may include:

- Backache
- Carpal Tunnel Syndrome
- Headaches
- Insomnia
- Poor Nutrition (failing to eat or eating in excess to avoid being away from the computer)
- Poor Personal Hygiene (e.g., not bathing to stay online)
- Neck Pain
- Dry Eyes and other Vision Problems
- Weight Gain or Loss

## Consequences of addiction

If you are suffering from this disorder, it might be affecting your personal relationships, work life, finances, or school life.

Individuals suffering from this condition may be isolating themselves from others, spending a long time in social isolation and negatively affecting their personal relationships. Distrust and dishonesty issues may also arise due to Internet addicts trying to hide or deny the amount of time they spend online.



In addition, these individuals may create alternate personas online in an attempt to mask their online behaviors. Serious financial troubles may also result from avoidance of work, bankruptcy due to continued online shopping, online gaming, or online gambling. Internet addicts may also have trouble developing new relationships and socially withdraw – as they feel more at ease in an online environment than a physical one.





### 2.2.9. Opioids Addiction

Opioids are drugs that aim to influence the nervous system in a way which would make it produce feelings of pleasure and relieve pain. Some opioids are legally prescribed by doctors to relieve the pain after a serious injury or medical procedure. Commonly prescribed opioids include oxycodone, fentanyl, buprenorphine, methadone, oxymorphone, hydrocodone, codeine, and morphine. The addiction can be described as a compulsive urge to use opioids, even when it is no longer needed, medically required or no longer prescribed. Opioids have a high potential for becoming addictive for some individuals. It happens even in situations when the medications are prescribed appropriately and taken as directed.

#### Main signs in the addicted person

- A strong desire or need to use opioids
- Continuing the use of opioids despite having social and mental problems due to them
- Taking large amount of the drug very often
- A strong tolerance towards opioids
- Experiencing withdrawal after stopping to take the drug
- Taking opioids in order not to face withdrawals







## Signs helping in recognising an opioid addict

- Taking opioids frequently in larger than prescribed amounts
- Taking opioids over a longer period of time than prescribed
- Continuing to take opioids despite issues it creates at school or work
- A person spends a long time on obtaining opioids
- Reduction of occupational, recreational and social activities due to the opioid use
- Recurrent use of opioids in situations that are physically hazardous
- Continued opioid use in spite of the knowledge of having a recurrent physical or psychological issue that is likely to have been caused by the substance
- Exhibition of high tolerance
- Exhibition of withdrawals

## Consequences of addiction

Opioid addiction can cause life-threatening health problems, including the risk of overdose.

An overdose may happen when a high dose of opioids is taken by an individual, which causes the breath to slow down or stop. This leads to unconsciousness, and if the overdose is not treated immediately, an individual can pass away.





### **Short-term consequences**

- Constipation
- Nausea
- Sleepiness
- Loss of consciousness
- Slowed breathing
- Vomiting
- Hallucinations

### **Long-term consequence**

- Weakened immune system
- Coma
- Collapse veins
- Clogged blood vessels
- Exposure to HIV and other infectious diseases





### 2.2.10. Alcohol Addiction

Alcoholism is the excessive and repetitive drinking of alcoholic beverages to the extent that the drinker repeatedly is harmed or harms others. The harm may be physical or mental; it may also be social, legal, or economic. Because such use is usually considered to be compulsive and under markedly diminished voluntary control, alcoholism is considered by a majority of clinicians as an addiction and a disease.

Alcoholism can be defined by a compulsion to seek and take alcohol, loss of control in limiting intake, and the emergence of a negative emotional state when access to the drug is prevented. Alcoholism impacts multiple motivational mechanisms and can be conceptualized as a disorder that includes a progression from impulsivity (positive reinforcement) to compulsivity (negative reinforcement).

Alcohol Use Disorder (AUD) is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. AUD can range from mild to severe, and recovery is possible regardless of severity.

Alcohol dependency develops when a person drinks so much that it causes chemical changes in the brain, which increase the feelings of pleasure they have when using alcohol—making him want to drink more frequently even if it's harmful. When the pleasurable feelings from alcohol go away, the person with AUD will drink in order to prevent withdrawal symptoms.



## Main signs in the addicted person

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM–V), the criteria for Alcohol Use Disorder diagnosis are:



- Consumed more alcohol or spent more time drinking than intended.
- Want to limit or halt alcohol use, but haven't succeeded.
- Spends an inordinate duration drinking, being ill and undergoing the aftereffects of alcohol use.
- Strong cravings for alcohol.
- Consuming alcohol or becoming ill because of it has kept the person from properly attending to household duties and children, or resulted in difficulties performing on the job or at school.
- Continued drinking in spite of it causing problems with family and loved ones.
- Discontinue or are only sporadically involved with things that were once enjoyable or important to be able to drink.
- Have repeatedly been in situations during the consumption of alcohol that have increased the chance of being injured (using machinery, driving).
- Even though a person feels sad or distressed, or it affects an already existing health problem, the person continues to drink. Or, after episodes of forgetting or going blank about the events during drinking, the individual continues to use alcohol.





- Have to increase drinking to get the results he wants (the usual amount of alcohol provides little results.)
- When alcohol wears off, causing symptoms like such as insomnia, difficulty staying asleep, aggravation, nervousness, sadness, stomach upset and nausea and/or perspiring. Or, the person felt items were there, but they are actually not.

The presence of two symptoms in the criteria signify mild AUD. When an individual has four to five criteria, the AUD diagnosis is considered moderate. Individuals who have six or more of the criteria are diagnosed with severe AUD.

## Consequences of addiction

Excessive users of alcohol have been shown to suffer in varying degrees from both acute and chronic diseases.

Worldwide, morbidity due to alcohol abuse is on a par with malaria and unsafe sex, greater than that from smoking, and far greater than morbidity from illegal drug use. These numbers place alcoholism in the front rank of public-health problems.

Among alcoholics, mortality is 2.5 times the expected.

The harmful use of alcohol ranks among the top five risk factors for disease, disability and death throughout the world.

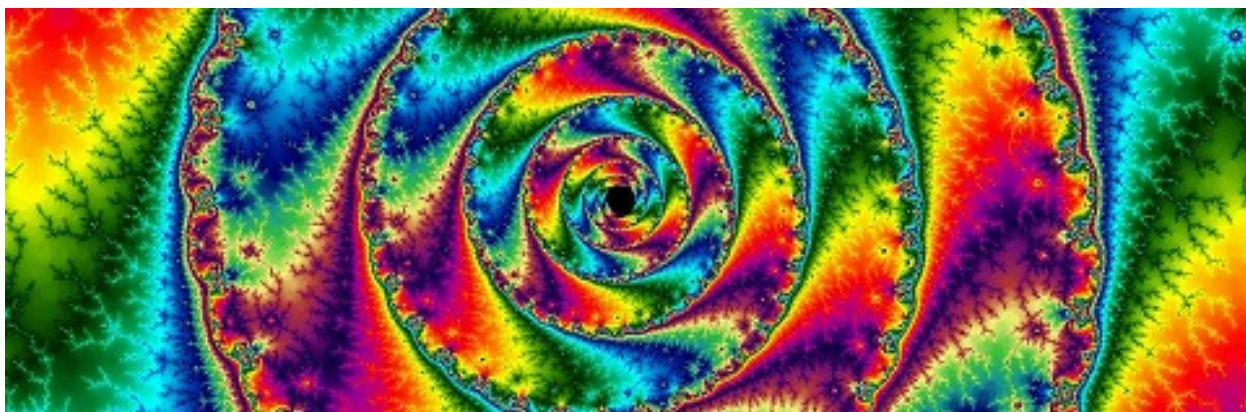
Is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries.

Some short-term effects are Slurred speech; Dulled perception, especially vision; Lack of coordination and trouble concentrating; Extreme shifts in mood; Memory lapses; Slowed breathing; Lowered inhibitions, leading to poor social judgment and loss of critical judgement; Reduced core body temperature; Raised blood pressure; Passing out; Vomiting.



In addition to the short-term, there are also long-term effects. Individuals who consume alcohol over a prolonged period are more at risk of developing these complications. Symptoms gradually surface over the course of months and years. Examples are Cardiovascular diseases; Liver, Kidney and pancreas disease; Digestive system diseases; Respiratory infections; Cancer; Nerve and brain damage; Reproductive system disorders and Psychological Effects (such as major depression, some anxiety disorders, schizophrenia, bipolar disorder, and others).





### 2.2.11. Hallucinogens addiction

Hallucinogens are a diverse group of drugs that alter the user's thinking processes and perception in a manner that leads to significant distortions of reality. Hallucinogens are commonly split into two categories: classic hallucinogens (such as LSD) and dissociative drugs (such as PCP).

Individuals who use these substances for non-medicinal purposes, have issues controlling their use, and experience negative consequences as a result of their use may be diagnosed with a hallucinogen use disorder or phencyclidine use disorder in the case of PCP use.

Evidence suggests that certain hallucinogens can be addictive and that people can develop a tolerance to them. Many people equate the term addiction with the experience of withdrawal symptoms, even though the two are separate issues. Hallucinogen users don't tend to experience withdrawal symptoms with the cessation of use, due to the fact that these drugs don't have a high potential for physical dependence. And although hallucinogens aren't classically addictive, individuals can still suffer from problematic use that impairs their daily lives. Because of the ambiguity surrounding the term "addiction," it is no longer used clinically in the diagnostic process. Instead, the term substance use disorder is used to signify a psychiatric/psychological disorder that occurs in individuals who experience negative ramifications and issues controlling the use of drugs.



## Main signs in the addicted person

Hallucinogen intoxication is diagnosed after recent use of one or more hallucinogens followed by marked anxiety or depression, ideas of reference, fear of losing one's mind, paranoid ideation, impaired judgment, or impaired social or occupational functioning that occurred while using the drug or immediately after using it. In addition, the individual experiences subjective intensification of perceptions, depersonalization, derealization, illusions, hallucinations, and synesthesia while using the drug or immediately after using it; and might experience clinical symptoms such as tachycardia, pupillary dilation, sweating, palpitations, blurring of vision, tremors, and incoordination.

The diagnosis of “Other Hallucinogen Use Disorder” can be given to an individual who takes hallucinogens of the types specified above, and exhibits at least two of the following symptoms within a 12 month period:

- The person takes more of the hallucinogen than they intended to.
- The person has difficulty cutting down or controlling their hallucinogen use.
- The person spends a lot of time getting, using, and recovering from hallucinogens.
- The person craves hallucinogens.
- The person fails to carry out major roles in their life at work, school or home, because of their hallucinogen use.
- The person continues to use the hallucinogens, even though they have social or interpersonal problems, such as arguments, as a result of their drug use.
- The person gives up or reduces other activities that were important to them, such as social, work-related and other recreational activities.





- The person uses hallucinogenic drugs in dangerous situations, such as driving or operating machinery.
- The person continues to use hallucinogens even though they know it is causing or worsening a physical or psychological problem.
- Tolerance for hallucinogens.

## Consequences of addiction

The effects of hallucinogens like LSD can be described as drug-induced psychosis—distortion or disorganization of a person’s capacity to recognize reality, think rationally, or communicate with others.

On some “trips”, users experience sensations that are enjoyable and mentally stimulating and that produce a sense of heightened understanding. “Bad trips”, however, include terrifying thoughts and nightmarish feelings of anxiety and despair that include fears of losing control, insanity, or death.

Along with hallucinations, other short-term general effects include increased heart rate, nausea, intensified feelings and sensory experiences (such as seeing brighter colors), changes in sense of time (for example, the feeling that time is passing by slowly).

Specific short-term effects of some hallucinogens include increased blood pressure, breathing rate, or body temperature; loss of appetite; dry mouth; sleep problems; spiritual experiences; feelings of relaxation; uncoordinated movements; excessive sweating; panic; paranoia—extreme and unreasonable distrust of others; psychosis—disordered thinking detached from reality and bizarre behaviors.

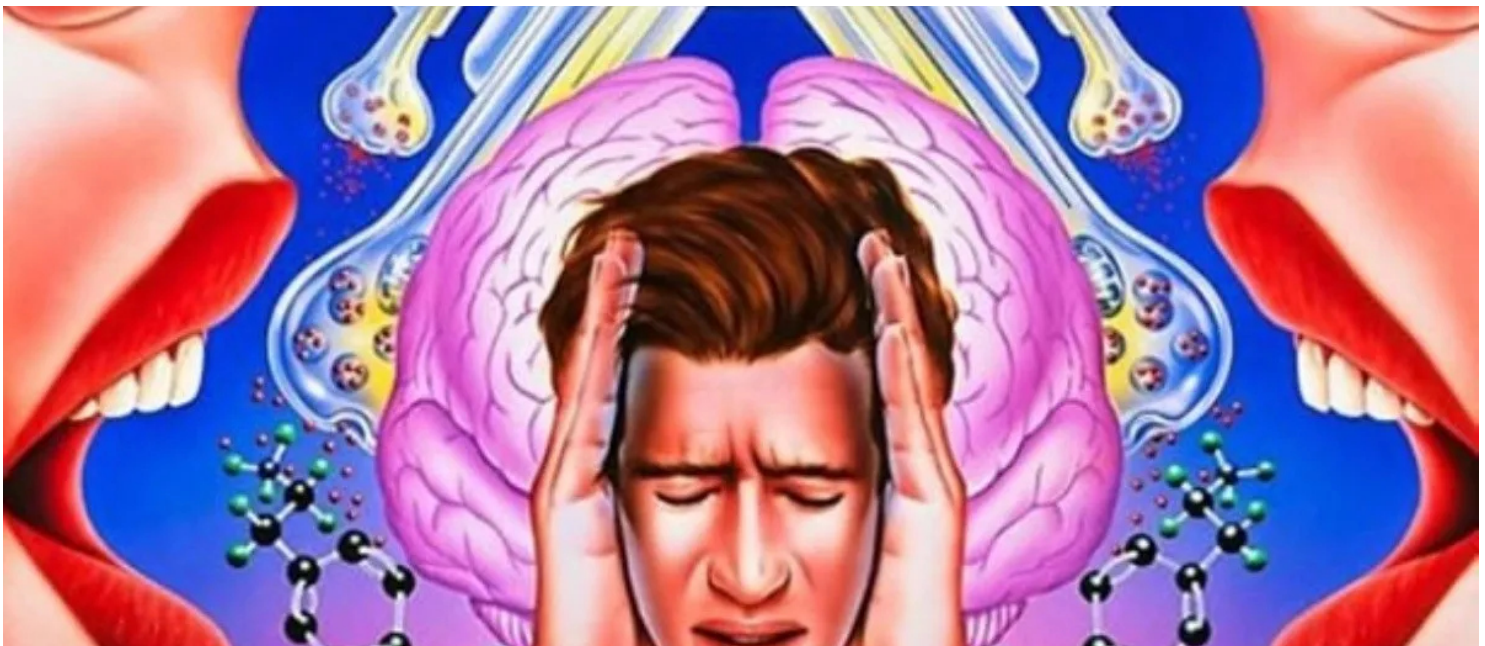


Overall, two long-term effects have been associated with use of classic hallucinogens, although these effects are rare:

- a) Persistent Psychosis — a series of continuing mental problems, including visual disturbances, disorganized thinking, paranoia and mood changes and
- b) Hallucinogen Persisting Perception Disorder—recurrences of certain drug experiences, such as hallucinations or other visual disturbances.

These flashbacks often happen without warning and may occur within a few days or more than a year after drug use.

These symptoms are sometimes mistaken for other disorders, such as stroke or a brain tumor.





### 2.2.12. Smoking addiction

According to DSM-5, Tobacco Use Disorder is diagnosed when an individual is dependent upon nicotine, which is found in tobacco. Tobacco contains the psychoactive drug nicotine, which is a CNS (Central Nervous System) stimulant.

Features of tobacco products that enhance their addictive potential include the rewarding properties of nicotine, the behavioral reinforcement of the hand- to -to mouth habit, lack of social support to cease smoking, the ease of access of tobacco products, and the cultural acceptance of tobacco products. Another factor which enhances nicotine's addictive qualities is bioengineering by Tobacco companies, which add ammonia to nicotine to facilitate absorption and bioavailability.

The addictive nature of nicotine includes drug-reinforced behavior, obsessive use and reoccurring use after abstaining from it, as well as physical dependence and tolerance.

Besides causing dependency, nicotine has many negative physical effects and a variety of withdrawal symptoms.

Recent studies have challenged the premise that sustained nicotine levels are required for addiction and have suggested that some indicators of dependence, particularly loss of autonomy, can be seen after only a few cigarettes have been smoked (for instance, some nondaily college-aged smokers were nicotine dependent and, conversely, that not all daily users in this group were nicotine dependent). Nicotine dependence likely occurs on a general continuum from lower to higher levels of use, but widespread variability exists.



### Main signs in the addicted person

A problematic pattern of tobacco use leading to clinically significant impairment or distress. According to DSM-V the diagnostic criteria of Tobacco Use Disorder (at least two criteria in the past 12-months) are:

- Tobacco is often taken in larger amounts or over a longer period than intended
- Persistent desire or unsuccessful efforts to cut down or control tobacco use
- A great deal of time is spent in activities necessary to obtain or use tobacco
- Craving, or a strong desire or urge to use tobacco
- Recurrent tobacco use resulting in a failure to fulfil major role obligations at work, school, or home (e.g., interference with work)
- Continued tobacco use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of tobacco (e.g., argument with others about tobacco use)
- Important social, occupational or recreational activities given up or reduced because of substance use
- Recurrent tobacco use in situations in which it is physically hazardous (e.g. smoking in bed)
- Tobacco use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by tobacco





- Tolerance: need for markedly increased amounts of tobacco to achieve the desired effect or markedly diminished effect with continued use of the same amount of tobacco
- Withdrawal: the characteristic withdrawal syndrome for tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms.
- Withdrawal symptoms include irritability, annoyance, anxiety, and cravings for nicotine.

### **Consequences of addiction**

There is no safe level of smoking as even people who have always smoked at low levels have an increased risk of adverse health effects.

Even with relatively brief and low-dose exposure, such as from secondhand smoke exposure, changes occur in platelet activation and endothelial cell function and cardiovascular risk, in particular, appears to increase rapidly with low levels of exposure or consumption reported a risk of 1.53 (nonsmokers as the referent) for persons smoking 1–9 CPD and a linear risk with increasing consumption (5%–6% increase in risk for every cigarette smoked per day).

Worldwide more than 3 million people currently die each year from smoking, half of them before the age of 70 and more than one third of current smokers meet partial or permanent disability.

Therefore, there is an enormous human and social cost to pay to smoking.



There is a strong association between tobacco smoke and different diseases, such as:

- Heart diseases;
- Respiratory diseases;
- Cancer (Lung, Upper aerodigestive tract, pancreatic, gastric, kidney, bladder and renal pelvis and other cancers like colorectal and breast cancer);
- Reproductive problems;
- Pregnancy problems;
- Eye diseases and
- Dental diseases.





### 2.2.13. Other drugs addiction

Drug addiction, also known as substance disorder, is an inability to control the excessive use of illegal drugs or medications.

There are three main types of drugs: depressants, hallucinogens, and stimulants.

The categorisation is based on how they affect the human body.

**Depressants** decrease the speed of messages being transported between the brain and the body. It affects one's concentration and response speed to what's happening around them.

**Hallucinogens** change one's perception of reality through causing hallucinations. It distorts human senses like smell or state, as well.

**Stimulants** increase the speed on the functioning of the nervous system. At first, they make a person feel more awake and energetic, but they can also lead to paranoia or anxiety attacks.



# SIGNS

## Main signs in the addicted person

CANNABIS-CONTAINING SUBSTANCES	STIMULANTS	HALLUCINOGENS
RED EYES	INCREASED ALERTNESS	HALLUCINATIONS
DRY MOUTH	DILATED PUPILS	IMPULSIVE BEHAVIOURS
DECREASED COORDINATION	VOMITING	RAPID SHIFTS IN EMOTIONS
SLOWED REACTION TIME	RAPID WEIGHT LOSS	FLASHBACKS
CANNABIS ODOR ON CLOTHES	NASAL DAMAGE TO THE MUCOUS MEMBRANE OF THE NOSE (IF SNORTING DRUGS)	
YELLOW FINGERPRINTS	INSOMNIA	
EXAGGERATED CRAVINGS FOR CERTAIN FOOD (MIGHT BE AT ODD TIMES)	MOUTH SORES	
EUPHORIA	FEELING OF EXHILARATION AND EXCESS CONFIDENCE	







## CONSEQUENCES OF ADDICTION

## DEPRESSANTS

## SHORT-TERM

# SLOW RAIN FUNCTION

CONFUSE

FATIGUE

FEVER

## SLUGGISHNESS

## SLOWED PULSE AND BREATHING

## DILATED PUPILS

## POOR CONCENTRATION

## DIZZINESS

## SLURRED SPEECH

## VISUAL DISTURBANCES

DIFFICULTY OR INABILITY TO URINATE

## LONG-TERM

DEATH

DEPRESSION

## CHRONIC FATIGUE

## BREATHING DIFFICULTIES

## SEXUAL PROBLEMS

## INSOMNIA





## HALLUCINOGENS

### SHORT-TERM

HALLUCINATIONS

MEMORY LOSS (SHORT TERM)

INCREASED HEART RATE

AGGRESSION

NUMBNESS

CONFUSION

DISORIENTATION

FEELING OF FLOATING

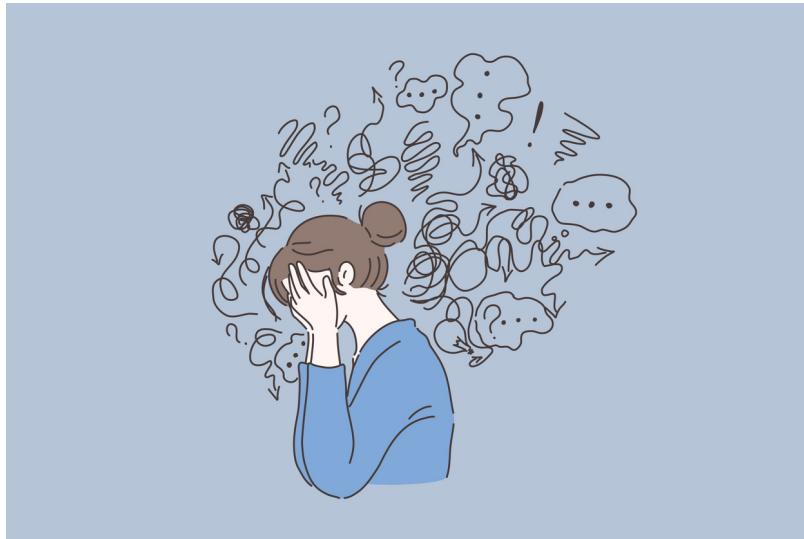
### LONG-TERM

MEMORY LOSS (LONG TERM)

PARANOIA

ANXIETY





## STIMULANTS

### SHORT-TERM

BLOOD PRESSURE GOES UP

BODY TEMPERATURE GOES UP

HEART BEATS FASTER

### LONG-TERM

ANXIETY

PANIC

SEIZURES

STOMACH CRAMPS

PARANOIA

REDUCED APPETITE

SLEEPLESSNESS





#### 2.2.14. Multiple addictions

Multiple addictions, whether they are to alcohol or drugs or sex or gambling or anything else, are often viewed in a vacuum. But the truth is that they are all based around the same chemical and biological needs, and are all coming from the same basic place. That's why we have to look at multiple addictions as part of a whole.

Cross-Addiction is when a person who has developed an addiction to one particular drug (e.g. alcohol or cocaine) or behavior (e.g. gambling or sex), is at greater risk of developing addiction to another substance or behavior, simultaneously or in its place.

Cross addictions often occur when people addicted to a specific substance cease or decrease use of that substance. These individuals then start using a new substance under the belief that it will not cause the same addiction problems.

A secondary concept of cross addiction is that a person who achieves recovery from a particular addiction and remains abstinent, may be led back to this original addiction if they partake in a different substance or behavior.





The people with substance use disorders are at greater risk of developing cross addictions. Cross addictions do not always involve drug or alcohol use.

Many individuals replace a substance use disorder with an impulse control disorder, which affects the reward pathway of the brain in the same way that substances of abuse do. People may develop addictions to sex, pornography, gambling, shopping, food or other impulsive behaviors.

However, the most common cross addiction involves addiction to multiple substances. In fact, many treatment specialists say it is more common for people to have multiple addictions than one. Cross addictions such as marijuana and opioids, opioids and alcohol, and cocaine and ADHD medications are common among people with substance use disorders.

### **Main signs in the addicted person**

When a person finds themselves battling against multiple addictions, the drugs can intensify an initial mental state, or can create entirely new ones that make it difficult to stop using the only thing that makes them feel better, the high.

However, when it comes to getting clean and sober, the effects from prolonged struggle with multiple addictions can make the recovery process much more difficult.

It has been shown to increase depression, anxiety, suicidal thoughts, insomnia, irritability and mood swings.

For anyone struggling with any addiction or multiple addictions of any kind, the process of trying to maintain physical and mental health can be an impossible task.





The ICD-10 - Classification of Mental and Behavioral – defines the “Mental and behavioral disorders due to psychoactive substance use” diagnosis.

Four- and five-character codes may be used to specify the clinical conditions, namely:

- Acute intoxication,
- Harmful use,
- Dependence syndrome,
- Withdrawal state,
- Withdrawal state with delirium,
- Psychotic disorder,
- Amnesic syndrome,
- Residual and late-onset psychotic disorder,
- Other mental and behavioral disorders and Unspecified mental and behavioral disorder.

Addressing the addiction and co-occurring disorder simultaneously through integrated treatment is generally the most effective way to help people recover from cross addiction.

Reducing triggers for substance abuse and impulsive behaviors is a key focus of teaching people to live sober and avoid engaging in destructive behaviors.





### 2.3. Addictions and Covid-19

If we add to the already existing behavioural addictions in the population the deep and wide impact of the current COVID crisis worldwide, we can understand the consequences, repercussions and influence that the whole situation is having both on a physical level (the disease itself) and on a mental and social level (fear of the disease, loss of life of family and close friends, confinement and all kinds of restrictions, etc.) (Balluerka et al. 2020).

These consequences have significantly affected and thus aggravated these addictions. This is why, in the following section, we will provide some data on how this situation has affected each of them, including addiction to online gambling, mobile phone and internet use, work, physical exercise, food, sex and shopping.

**Gambling addiction**, specifically gambling via the Internet or online gambling, has increased considerably during the pandemic, as gambling has remained available in the face of casino closures.



According to Håkansson et al. (2020), all national and international financial crises have been found to have had a significant impact on gambling behaviour, increasing the problems associated with gambling. Although it is not known for certain, one reason is that people with this addiction may be motivated to gamble to try to win money after a financial hardship, such as, in this case, a financial concern about the financial consequences of COVID.

Other reasons for the increase in online gambling use, which have been linked to the pandemic, include confinement to homes, rapid changes in working conditions, psychosocial stress, anxiety and depression, etc. In addition to the ease and availability of online gambling, along with the boredom and escapism associated with online gambling consumption.

These same authors allude to a study conducted by the University of Gambling Disorder and other Behavioural Addictions of the Department of Psychiatry of the University Hospital of Bellvitge in Barcelona, in which, over the first four weeks of COVID-related confinement, they stated that, after answering a short questionnaire about the impact of the confinement on their emotional state and gambling symptoms, most of the participants had concerns about the increased uncertainties about the negative impact on their job, the risk of infection of themselves or their loved ones and their treatment. In addition, it is worth noting that two weeks after confinement, 12% showed signs of worsening in relation to gambling. In this way, Javed, (2020) and Perez (2020) cited by King et al. (2020), provide significant data adding that stay-at-home mandates and quarantines have increased the consumption of digital entertainment, in particular online gaming and related activities such as esports viewing and video game streaming.

Furthermore, the Platform of Associations of Psychiatry and Clinical Psychology for Child and Adolescent Mental Health (2020) advocates that:





*Prolonged periods of isolation, excessive technology-based activity and limited face-to-face interaction with people are risk factors for entrenching unhealthy lifestyle patterns, increasing technology-related disorders and leading to difficulties in re-adaptation when the COVID crisis ends (p. 76).*

Another concern in this regard is that some people may develop, increase or relapse into unhealthy patterns of gaming to alleviate pandemic-related stress and that self-isolation restrictions may inhibit help-seeking and present barriers for those already in treatment.

Another aspect that has been affected by COVID and the resulting crisis at all levels is the **addiction to mobile devices and the internet**, as stated by Bonenberg (2019), cited in Mestre-Bach et al. (2020):

*rapid change has influenced many people in multiple ways. Social, financial, health, health, occupational and other pandemic-related stressors can affect people's motivations to engage in potentially addictive behaviours, including on the internet (p.181).*

Moreover, as shown by the results obtained by the Spanish Observatory on Drugs and Addictions in the COVID-19 Report (2020) through an online survey on the use of the Internet, video games and gambling carried out during the pandemic by COVID, there has been an increase in both the frequency of video game use and the frequency of Internet use.

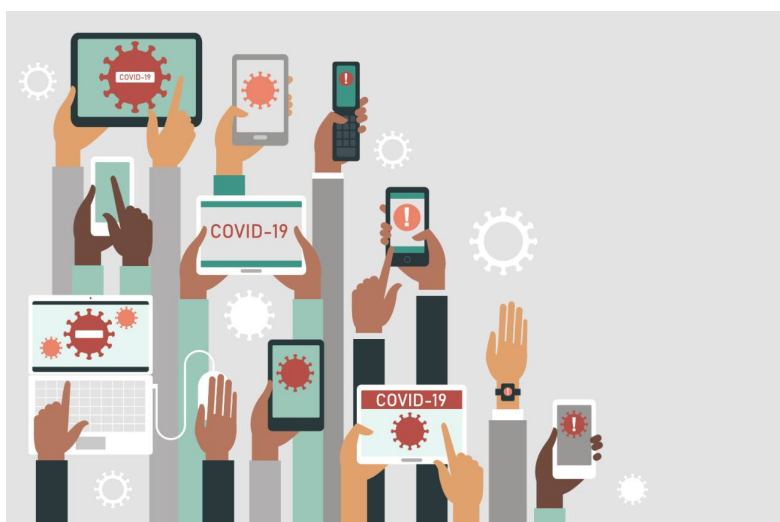


It also provides concrete data, as the results detail that:

*15.2% of the people surveyed had started to use video games during the period of confinement and 7.2% of the players had a possible video game disorder according to the DSM-V criteria scale. In turn, 68.9% of the people surveyed claim to have increased their internet use (72.2% in women, 67.5% in men) and among these people who use the **internet**, 11.2% show a possible compulsive use according to the CIUS scale, with this behaviour being more frequent among young people (pp. 4-5).*

Another study by the Department of Health of the Basque Government and SIIS (2020) on the impact of COVID-19 and its consequences in the field of addictions in the Basque Country details that:

*since the state of emergency was decreed in March 2020 until December 2020, the municipal technicians of community addiction prevention declare that, based on the work carried out in their local authority, they have perceived an increase in the practice of video games (64.7%) and the use of internet and social networks (58.8%) among men. With regard to the change observed among women, six out of ten prevention technicians consider that in recent months women have increased their use of the internet and social networks (58.8%) (p.12).*





Moreover, according to an international study by De la Vega et al. (2020), all those who become addicted to exercise and who have a primary motive associated with health or a therapeutic factor related to coping with life's difficulties, such as, in this case, the consequences of the pandemic, will find it even more difficult to reduce their exercise volume than those who exercise for social reasons. The reason is that during a pandemic, exercise facilities and social exercise may be limited, but when there is a threat that may affect health, the person will tend to look for alternative ways to exercise and end up developing an unhealthy obsession with fitness and exercise.

On a positive level, it is notable that many people end up exercising at home, since, as this same study states, the pandemic is forcing regular exercisers to reduce their daily exercise volume to about half the usual amount.

In this way, as Lim (2020) states, they can come to feel what it feels like to exercise in moderation and, as on days when there are no gym sessions, they can devote themselves to self-benefiting in other ways and thereby detach themselves from their yearning for excessive exercise.

It should be noted that COVID has also had a strong impact on young people, since, due to the health crisis, job instability, etc., they are increasingly focused on taking care of their jobs. This obsession with keeping the job and keeping an eye on it in gyms, in the bathroom, at a meal with friends, among other things, has led to young people suffering from **workaholism**. This is possible because of the possibility of teleworking, a fact even more present with the regulations associated with the pandemic. Therefore, as Álvarez Cuesta (2020) states, "attention must be paid to techno-addiction or the need to be permanently connected, to technostress, workaholism or depression or anxiety caused by loneliness" (p. 190). It also adds that:

*the central defining element is given by the irrational commitment established with excessive work; it would be characterised by an excessive dedication to work, by making it the only objective of his life, by his disinterest in everything that is not his work and by his inability to stop working, accentuated in this case by the pressures or incentives derived, on the one hand, from the need for resources and, on the other, from the incentives offered by the companies (p. 190).*



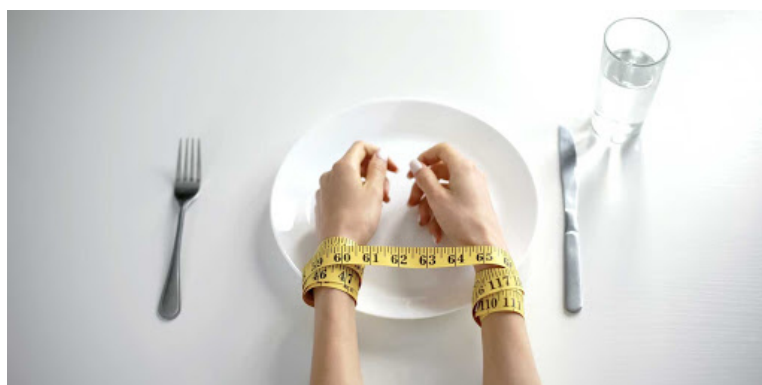


To all of the above he adds that:

*The lack of organisation of time is one of the main reasons for work addiction, The Millennial generation is very passionate and this passion if it is not organised can become an addiction without them realising it. Everything in excess can be harmful and when they do it with passion they may not see that it has become harmful to their personal lives.*

Another aspect to take into account during the COVID crisis is that of those people who suffer from an **eating disorder or an eating behavioural disorder**, since, according to the clinical psychologists Gonzalo and Torres in a monograph on the pathologies that have increased after the confinement due to the Covid pandemic (2020), confinement has triggered risk situations that lead to a general worsening of the problem due to factors such as the inability to do physical exercise due to the restrictive measures. This has resulted in an increased fear of gaining weight and therefore in harmful eating habits such as increased calorie restriction or more frequent binge eating.

This impact on body image can in turn lead to anxiety problems, depression, social phobia and even agoraphobia. Furthermore, according to the same study, the health crisis has forced hospitals to prioritise care for all those infected by COVID, resulting in hospitals being overwhelmed and without human and material resources, affecting certain hospital areas such as mental health, which is why many people with eating disorders have not been able to receive the help they need.





Data published by Pornhub, the world's most popular pornography website, reveals that as one of the consequences of the **sex addiction** pandemic:

*a global increase in pornography use of 11.6 per cent on 17 March 2020 relative to previous average days has been observed over a one-month period from 24-25 February 2020 to 17 March 2020, all 27 countries, for which data was provided, showed increases in pornography use, typically ranging from 4 to 24 per cent.*

*(Pornhub, 2020).*

In addition, in jurisdictions, where Pornhub made its premium services free, due to quarantines and stay-at-home restrictions, more substantial increases of 57%, 38% and 61% were seen in Italy, France and Spain, respectively, each occurring one day after the free services were made available.

Furthermore, authors such as Mestre-Bach et al. (2020) state that COVID-related circumstances may also limit casual sex and other behaviours, resulting in people using pornography as a coping strategy.

People with PPU may also relapse to pornography use in the environment of feeling powerless, hopeless and disconnected from 12-step support systems, as has been seen in substance addictions. Broadly speaking, pornographic materials may evade people's sense of distress, boredom or loneliness and other negative emotions in relation to the pandemic (Grubbs et al., 2020 as cited in Mestre-Bach et al., 2020).



*According to several studies, difficulties in adequately managing emotional regulation are related to sexual risk behaviours (Gómez-Zapiain et al., 2016) and sex addiction (Díez et al., 2019), with boys showing the strongest relationship (Díez et al., 2019) as cited in Nebot-García et al. 2020.*

Finally, according to Sarrión (2020), as stated in the VOLMAE group, home confinement as a measure for COVID containment poses a greater risk for all those who suffer from a behavioural disorder associated with drug use. The consequences associated with Covid, such as having to spend more hours at home, pose an added risk in relation to this addiction due to three fundamental factors: the availability of more free time, the reduction of physical activity and consumption as an escape from problems.

More specifically, the fact of having more free time without being able to devote it to all those activities that could previously be carried out outside the home, can produce a series of emotional states ranging from apathy or boredom to increased anxiety or the need to fill a sense of emptiness, resorting to compulsive behaviours such as **addiction to online shopping**, seeking to alleviate this discomfort immediately.

At the same time, the reduction in physical activity means that all the energy that was previously spent on sporting activities such as gym or cycling, running or any other exercise carried out outside the home, contributed to the release of tension, the reduction of stress and psychological wellbeing.



In this case, as the same authors state, shopping is not aimed at satisfying material needs but is a behaviour that is carried out to cover other emotional, affective or psychological needs which, together with all the aforementioned components such as depressive and anxiety disorders, social isolation and the abandonment of healthy habits caused by the pandemic (Balluerka et al., 2020), lead to an increase in the number of shopaholics.





## 2.4. Handling people that have an addiction

When someone struggles with addiction, it can have serious negative effects on their relationships with family, friends, and work colleagues. Addiction is a chronic, relapsing brain disease, and the path to recovery for someone who is addicted is often a long and difficult one. This also impacts those closest to them, and professional help may be needed to get them to treatment and into recovery.

It is important to understand the signs and symptoms of addiction. These can be different depending on the type of addictions they are coping with, whether it be drugs, alcohol, exercise, mobile phones/social media.



Many people are able to hide their addiction even from those closest to them, and it can be tempting to ignore the problem when that seems easier. Some of the most common signs that someone is suffering from addiction include:

### Changes in Behaviour

- Developing problems at work or school
- Lying about the substance or how much they use
- Becoming angry when asked about their use
- Changing friends' groups
- Secretive behaviour, lying, stealing
- Changes to normal habits or mood swings
- Quitting social activities





### Physical Changes

- Appearing intoxicated more often
- Problems with memory or cognition
- Unusual tiredness
- Bloodshot eyes
- Rapid weight fluctuations
- Poor hygiene and grooming

It is common for those who suffer from addiction to exhibit negative behaviours and attitudes when confronted about their addiction. Many people will react in the following ways:

### Denial

Part of the reason that addiction is so difficult to manage and treat is because the person affected refuses to accept that they have a problem. It can be frustrating and confusing for those around the person affected to continue watching them behave in destructive ways and remain in denial when confronted.

### Anger

When confronted, the person affected will deny they have a problem, and will commonly react in anger, initially or if pushed on the issue. People with addiction will generally be feeling defensive, and can turn aggressive, if the issue of their using is raised. Even the “nicest” approach may be met with anger.





## **Avoidance**

The person affected may start to avoid you, or avoid speaking about their problems, if they begin to feel “attacked”. A person with addiction will often use it as a coping method to avoid problems and may continue this avoidance behaviour, starting to shut themselves away from you and other loved ones that confront them.

## **How You Can Help Someone with an Addiction**

Whether you are trying to help someone who has never been admitted to treatment, or someone who was in recovery and is now relapsing, here are 6 things to remember that can help:

### **Do Not enable**

It can be really hard to watch someone spiral into addiction, especially if they have reached the point where they can no longer manage daily functions that they used to. In these cases, family and friends might be tempted to step in and help, such as taking over their responsibilities, giving them money, doing more household chores and childcare or apologising to other people for their behaviour. It can be difficult to draw the line between supporting a loved one and enabling them. Although this is done from a place of love, or feeling of obligation, it helps to shield the person affected from their reality.





In many cases, it is not until the person is faced with the consequences of their actions and behaviour that they can come to terms with their own addiction and commit to treatment and recovery.

### **Have Compassion**

The old wisdom is that someone with addiction should be treated with “tough love” by those around them to give them the incentive to change. However, this can be counterproductive. Without support, the person who is addicted can feel even more alone and cut off, which will drive them to using more. Negative social support is one of the greatest barriers to entry to treatment, as the person fears they will be ostracised from their family and friends. But compassion can be one of the greatest motivators that family and friends can use, as they encourage the addicted person to seek help. By showing compassion, the person suffering will feel more comfortable and able to open up, as well as understand how their actions are affecting you. Leading experts now believe that empathy and social support can be key to getting people into treatment, and staying in recovery. However, it is important to understand the difference between enabling and supporting, which can mean the difference in getting treatment or not. Some ways to exercise compassion include:

- Open questions
- Family inclusion in therapy
- Listening and acknowledging pain
- Working on understanding addiction
- Emphasising care and concern







### **Don't Focus on Guilt or Shame**

Someone struggling with addiction is usually already feeling deep guilt, shame and anger about their using. In addition, many feel judged by their family and friends, and will act defensively in response to any criticism that is levelled at them. Rather than helping, if the judgement or moralising does appear, they may turn to using to combat the feelings of stress that this gives them.

It is understandable however, as the person suffering may have already deeply hurt you, broken your trust or angered you.

Where there is love left though, it is important to understand that feelings of shame, anger, and judgement can negatively affect your relationship with the person addicted and actively harm their chances of recovery. Research shows that shame is one of the least effective incentives to change, because it is isolating, painful and can make the addicted person believe they are unworthy of love or treatment.

### **Encourage Healthy Habits**

When someone suffers from addiction, it is common that they will also suffer from a decline in physical health, mental health, and from poor hygiene. Mental health issues such as depression and anxiety are often exacerbated by addiction, or worsen the addiction itself. Encouraging the person affected to seek treatment for their health issues can help them understand the toll their addiction is taking on their life. Establishing a structured environment, encouraging healthy eating habits and exercise can help the person affected to want a healthier lifestyle overall, and seek out treatment.





### **Be Positive**

Addiction can destroy families, friends and work relationships. It is a chronic disease that will last for the rest of the addicted person's life, and it is a relapsing disease. Knowing this, it can seem almost impossible to stay hopeful. But addiction is treatable, and while there's no cure, many people remain in recovery for the rest of their lives or are able to return to recovery after a relapse.

When hope fades, the chances of recovery diminish as well, even though the addicted person has the potential to sustain a long and meaningful life.

Helping someone with an addiction takes education, patience and empathy. Addiction is a harrowing experience for everyone involved, and if left untreated, it can destroy relationships, families and the addicted person may end up alone. Recognising this and reaching out before this happens can be hard, but it is important to remain optimistic and get support when you need it.



# CHAPTER 3

## ANALYSIS OF THE CONTEXT OF YOUTH ADDICTIONS IN EACH COUNTRY

### 3.1. CONTEXT OF ADDICTIONS IN YOUNG PEOPLE IN SPAIN

#### 3.1.1. Prevalence of the development of addictions with substances or chemicals

According to data obtained from the results of the EDADES National Report 2019/20 of the EDADES survey (2020), 1.7% of Spaniards aged between 15 and 64 say that they have tried new psychoactive substances at some time in their lives. Although the ages of onset do not show any notable changes, legal substances such as alcohol and tobacco are those that start to be used at an earlier age, with hypnotosedatives and painkillers starting to be used at a later age.

Specifically, a REPORT on Alcohol, tobacco and illegal drugs in Spain carried out by the Spanish Observatory on Drugs and Addictions (2020) presents a series of data on the age at which substance use begins at a higher prevalence, which, on average, is around 14 years of age.

In more detail, since 2006, the start of **tobacco** use has been progressively delayed by one year, from 13.1 years to 14.1 years in 2018, exactly the same data as those obtained in 2016. Moreover, just over half a year after the first consumption, daily consumption begins, which, on average, is set at 14.7 years of age.

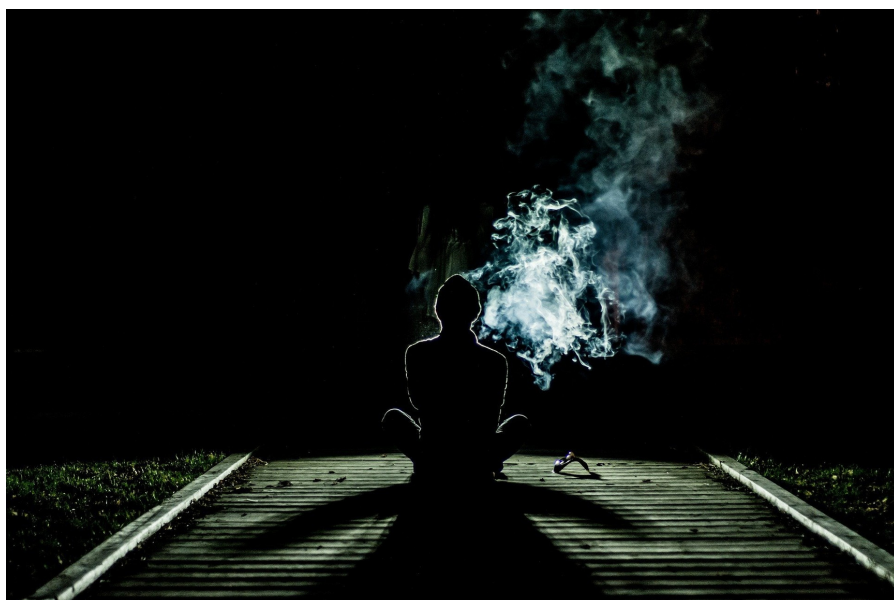


In relation to **alcohol consumption**, young people who have consumed this substance at least once in their lives, place their first consumption at the age of 14.0 years. The average age of consumption has shown a certain stability throughout the series, registering this year a similar figure to that obtained in 2016. Likewise, weekly alcohol consumption begins on average at the age of 15.2 years, with no significant variation with respect to the last measurements recorded.

With regard to **hypnosedatives**, with or without prescription, the age of onset of consumption has increased over the last two years, with a recorded age of onset at 14.3 years.

Those young people who have used **cocaine, powder and/or base**, on some occasion, establish their first use at 15.2 years of age, an average very similar to that recorded for substances such as ecstasy (15.4 years), amphetamines (15.4 years) or hallucinogens (15.2 years).

On the other hand, there are significant differences in terms of gender, since in the case of **cannabis use**, the percentage of men who used it during 2020 is more than double that of women (14.6% compared to 6.3%) and in the case of powder and/or base cocaine, this difference by sex is quadrupled (4.1% men and 1% women). In the case of non-prescription hypnosedatives and non-prescription opioid analgesics, these are the only psychoactive substances whose use is similar for both sexes (1.3% of men and 1.2% of women).





At the same time, data from the same survey confirm that the most widely used substances in Spain are legal.

In first place is **alcohol** (77.2% of those surveyed have consumed it in the last year; 75.2% did so in 2017/2018); in second place is **tobacco** (39.4% have smoked tobacco in the last year, compared to 40.9% in 2017/2018).

But if we refer to **illegal drugs**, those that are more consumed are **cannabis** (0.5% in the last year in 2019/2020 compared to 11.0% in 2017/2018) followed by **cocaine** powder and/or **base** (2.5% compared to 2.2% in 2017/2018).

The remaining illegal substances studied have a prevalence of use in 2020 below 1%. **Ecstasy** 0.9%; **amphetamines** 0.7%; **hallucinogens** 0.6%; **psychedelic mushrooms** 0.4%; **methamphetamines** 0.3% and **heroin** 0.1%, the same percentage as volatile inhalants.

The use of one drug does not exclude the use of 3 or more psychoactive substances or what is known as **poly-drug use**, which is very widespread and concentrated in men aged between 15 and 24 years and includes, in 90% of cases, the use of alcohol, tobacco and cannabis.

The **context** in which young people develop has an enormous influence on the consumption of substances such as alcohol, tobacco, cannabis, cocaine, among others, since the prevalence of their consumption will be higher depending on the presence of these substances in the **group of friends**.





More specifically, alcohol consumption is widespread among young people who confirm that their friends have consumed alcohol, being 80.4% in those cases in which all of them indicate that all or most of their friends consume alcohol and decreasing to 39.6% in those groups in which few or none of their members consume alcohol.

Likewise, the influence of peer group behaviour on young people is evident when it comes to tobacco or cannabis use, with 60% of those who have a majority of friends who use these substances.

In the case of cocaine, the differences are very striking, as the prevalence among those who have a majority of friends who have used is 18.5% compared to 0.5% among those who have no friends who have used.

Other factors influencing the consumption of substances such as alcohol, tobacco, cannabis and cocaine are the fact that most young people are **not aware of the risks involved in the abuse of these substances**, and that there is a **high degree of social tolerance** towards this massive consumption, which favours its generalisation and normalisation.

Other influencing factors, together with family, socio-economic, cognitive and emotional aspects that vary from person to person, are nightlife and those who go out regularly in the evening, those who shop on the Internet or who visit adult websites.





Specifically, according to the REPORT on Alcohol, tobacco and illegal drugs in Spain (2020):

- More than 80% of young people who have been out at least one night a month have had an alcoholic drink in the last year, compared to 29.2% who have consumed alcoholic drinks and say they have not been out at night.
- In relation to tobacco use, 2 out of 10 students who went out sporadically (less than one night a month) admit to having smoked in this period, but this proportion ranges from 42% to 60% among those who go out at least one night a week.
- Cannabis use is in the minority among adolescents who have not been out at night in the last year or have been out only occasionally (less than one night a month). However, prevalence increases when a certain amount of nightlife starts to be reported, with more than half of the students using cannabis when they report going out more than 4 nights a week.
- Cocaine use shows a residual prevalence among students who go out less than one night a week and reaches a peak among those who go out more than 4 nights a week (10.6%).

On the other hand, with regard to the psychoactive substances mentioned above, it can be observed that, as with the number of nights out, it has also been observed that the later the young people return home, the higher the prevalence of consumption of these substances.



On the other hand, with regard to the psychoactive substances mentioned above, it can be observed that, as with the number of nights out, it has also been observed that the later the young people return home, the higher the prevalence of consumption of these substances. Thus, we see that both the use of legal drugs (alcohol, tobacco and hypnotosedatives) and the use of illegal drugs (cannabis, powder cocaine, cocaine base, heroin, amphetamines, ecstasy, hallucinogens or gHB) becomes more prevalent the later the time they return home from their nights out.



With regard to polydrug use, the prevalence of polydrug use increases with the later the time young people get home, ranging from 22.7% among those who get home before 12 noon to 72.4% among those who get home after 8 am.

The consequences of drug use in young people can be devastating as they act on the central nervous system and specifically on the brain, which increases the risk of damage to their mental health, some kind of disorder, as well as creating physical and/or psychological dependence along with a series of social problems.





### 3.1.2. Prevalence of the development of non-substance or behavioral addictions

Based on the 2017-2024 Strategy of the National Plan on Drugs, questions related to behavioural addictions such as compulsive internet use and problem gambling are included.

In relation to **compulsive internet use**, the CIUS scale (Compulsive Internet Use Scale) was used as a method of estimation, which has allowed us to observe that:

- In reference to compulsive internet use, in 2019/2020 3.7% of the population aged 15-64, approximately 1,100,000 people, appear to have engaged in compulsive internet use (2.9% in 2017/2018).
- Regarding online gambling with money, in 2019/2020 6.7% of the population aged 15 to 64 admitted to having gambled with money online in the last year (3.5% in 2017/2018), with the profile of these gamblers being male.

In reference to face-to-face gambling with money, some of the data that provide greater clarity are as follows: in 2017, 63.6% of the population aged 15-64 years old stated that they had gambled face-to-face with money in the last year (59.5% in 2017/2018).

The prevalence of face-to-face gambling with money is higher among males and older people.





The most common games are lotteries, which were played by the highest percentage of people (94.4%), followed by instant lotteries with 24.9% and football pools and/or football pools (14.6%).

Likewise, in the report entitled "Behavioural addictions. Gambling and compulsive internet use in the EDADES" and "ESTUDES surveys on drugs and addictions in Spain", which aims to assess the prevalence and factors associated with gambling and compulsive internet use in Spain.

The data, published by the Spanish Observatory on Drugs and Addictions of the Government Delegation for the National Plan on Drugs, have been extracted from the Survey on Alcohol and Drugs in Spain (EDADES) and the Survey on Drug Use in Secondary Education in Spain (ESTUDES), which are carried out every two years and which since 2014 have included a specific module to assess this type of behavioural addictions.

In addition to everything specified above, the report adds the following data:

#### **Data in relation to online gambling:**

- The percentage of the population between 15 and 64 years old who claim to have gambled money online during 2017 is 3.5%, the percentage being higher in men (5.8%) than in women (1.2%).





- Online gambling is the most frequent form of gambling among younger people, with its prevalence decreasing with increasing age.
- The maximum amount gambled in a single day among the majority of the population is between 6 and 30 euros.
- Among the types of online gambling, men are more prevalent in sports betting (75.1%), while women opt for both sports betting and lottery-type games (including primitivas, quinielas or bonoloto).
- Young people aged 14-18 are the group with the highest prevalence of gambling with money online and this tendency is more pronounced in males (10.2%) than in females (2.5%).
- During 2016, 2% of students reported having gambled weekly or more frequently and a similar percentage spent an average of more than two hours per day gambling. Among students, the most popular online game is sports betting.
- According to 2014 data, 11.2% of them spent more than 300 euros in 12 months.

### Regarding face-to-face gambling:

- Face-to-face gambling is much more widespread among the population than online gambling. The survey data also reveals that this trend is on the rise, with 37.4% of the population aged 15-64 in 2015 and 59.5% in 2017.





- Most people who have opted for face-to-face gambling have done so through conventional lottery games, with the range of the largest amount of money spent in a single day being between €6 and €30.
- In face-to-face gambling, no differences are observed between men and women, with the age variable affecting the results, so that the older the age, the greater the prevalence of face-to-face gambling.
- Young people aged 14-18 also have a higher propensity towards face-to-face gambling than online gambling, although to a lesser extent than the general population, with a figure of 13.6%.
- Young people tend to be more inclined towards face-to-face gambling in lotteries and betting games and report having spent less than €50 over the year.

#### **In relation to problem gambling and gambling disorder:**

- Based on DSM-5 criteria, the report states that the prevalence of problem gambling in the Spanish population is 0.4%, while that of gambling disorder is 0.3%.
- People with problem gambling have a higher frequency of gambling and a higher daily expenditure on this activity than the general population and also tend to have a higher prevalence of alcohol and tobacco use.





- Cannabis continued to have the highest prevalence of use, in any of the year's grades of schooling, with about 1%, 4%, 11% and 26% of students in the 6th, 8th, 10th and 12th grades to declare to have already tried.
- Cannabis use continues to be more expressive in boys compared to girls, as demonstrated by the prevalence of recent and current consumption (32% and 21% in the male group, compared to 22% and 12% in the female group).
- An analysis of the evolution of cannabis use between 2015 and 2019, according to the gender, education level and situation in relation to work, allowed to verify the greatest increments among girls and also in the group of young students (especially in Higher Education).
- Cannabis is the illicit drug that young Portuguese people attribute to a lesser high risk for health.
- On “problems related to consumption” indicators, cannabis was the main drug most mentioned by new ambulatory users, with an increase in the number of users who resorted to treatment with cannabis as the main drug.



- Cannabis is the illicit drug that young Portuguese people attribute to a lesser high risk for health.
- On “problems related to consumption” indicators, cannabis was the main drug most mentioned by new ambulatory users, with an increase in the number of users who resorted to treatment with cannabis as the main drug.
- Only a minority of consumers claim to have experienced negative effects consequences on cannabis consumption (over 85%).
- The most frequent situations related to negative consequences of cannabis use were the lesser effect of the drug, the strong desire for the product and not resistance to cannabis use.
- Of cannabis users who reported having health problems as a result of consumption, only about 1/4 stopped consuming.
- About 1/3 of people who use cannabis said they can't imagine their life without cannabis use.



## Cocaine

National epidemiological studies show that cocaine is one of the most used substances among youngsters:

- In the 2018 and 2019 studies in school populations, cocaine continues to emerge as the second drug with the highest prevalence of use among younger students, although far below cannabis and close other drugs.
- There was a slight decrease between 2015 and 2019 in the prevalence of cocaine in most school ages, being more relevant in terms of experimentation.
- Regarding perceptions about accessibility 12% of Portuguese students from 16 years said it was easy or very easy to get cocaine, a proportion close to that of 2015 (11%) and the 2019 European average (13%).
- In the indicators on the problems related to consumption, cocaine continues to have a relevant role, appearing, in 2019, once again in third place as the main drug of the outpatient users, gaining more importance among readmitted patients and new users.



- Two out of ten cocaine users report having the need to resort to aid due to their consumption. Of these, more than half appealed to health centers / rehabilitation clinics, more than 20% claim to have resorted to specialized help and 15% refer to the Drug Addiction Support Centers.
- 1/3 of cocaine users report feeling symptoms such as a strong desire for the substance, not being able to resist it or not carrying out important activities to search for and consume cocaine.
- 17% of cocaine users reported having health problems, but the vast majority (80%) continued to use it.
- Almost all (92.2%) of cocaine users are able to conceive their lives without resorting to the substance. The percentage of women who do not conceive of life without the use of cocaine is twice that of men.
- Cocaine continues to play a very important role in mortality, almost always in association with other substances, having been the predominant substance in overdoses registered in 2019. There was an increase in cocaine overdoses for the third consecutive year, reaching in 2019 the highest value of the decade.





## Regarding problematic internet use

- The data collected in the Government Delegation report reveal that 2.9% of the population engage in possible compulsive internet use, with the prevalence of this problem being 7 times higher (21%) in young people aged 14-18.
- Finally, like problem gambling, compulsive internet use has been associated with increased alcohol and cannabis use.

The main behavioural addictions such as pathological gambling, addiction to shopping, sex or work, abuse of the internet and social networks, can significantly affect and interfere with the daily life of the person suffering from this behavioural disorder and prevent them from leading a satisfactory life at all levels (personal, family, social, work and economic). These addictions are usually treated with cognitive-behavioural therapies.



### 3.1.3. Perception and opinion of the population regarding the development of addictions

Referring to the development of addictions some of the influencing factors according to the National Strategy 2017-2024 on Addictions are:

- the economic situation, unemployment and precariousness, the interrupted life trajectory in many young people due to the crisis situation;
- the increase in single-person households and loneliness, the difficulties in reconciling work and family life;
- family destructuring and the increase in single-parent households;
- the greater pressure to consume in adolescents and
- the promotion of the search for satisfaction and/or immediate responses are factors that can contribute to substance abuse and other behaviours with addictive potential, such as the abuse of new technologies.

In this regard, it should be noted that an increase in the prescription of drugs with addictive potential (benzodiazepines and hypnotosedatives) has been observed. (p.20)



## 3.2. CONTEXT OF ADDICTIONS IN YOUNG PEOPLE IN PORTUGAL

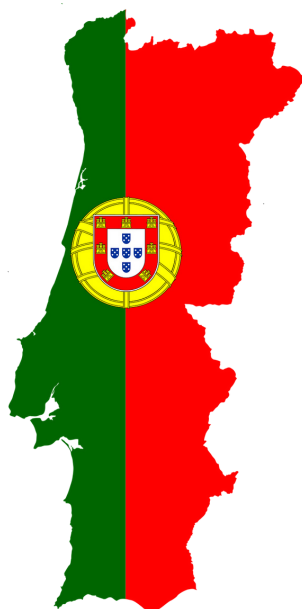
### 3.2.1. Prevalence of the development of addictions with substances or chemicals

Several national documents and studies were consulted to make this diagnosis on the situation of addictions among young people in Portugal. For each psychoactive substance, the age and gender of the consumers, the context and the negative results will be presented.

#### All illicit substances

The prevalence of consumption of any drug in Portugal has been increasing since 2015 (see graphics in annex 1). The following data stand out:

- Portugal recorded prevalence rates for the use of any drug (14%) below European averages.
- In 2019, in a survey of young people aged 18, the prevalence of use of any drug was 35% over life, 28% in the last 12 months and 17% in the last 30 days.
- In 2018, about 4% of students in the 6th, 8th and 10th grades, had used drugs in the last 30 days (3% in 2014 and 6% in 2010), and about 1% do it regularly;

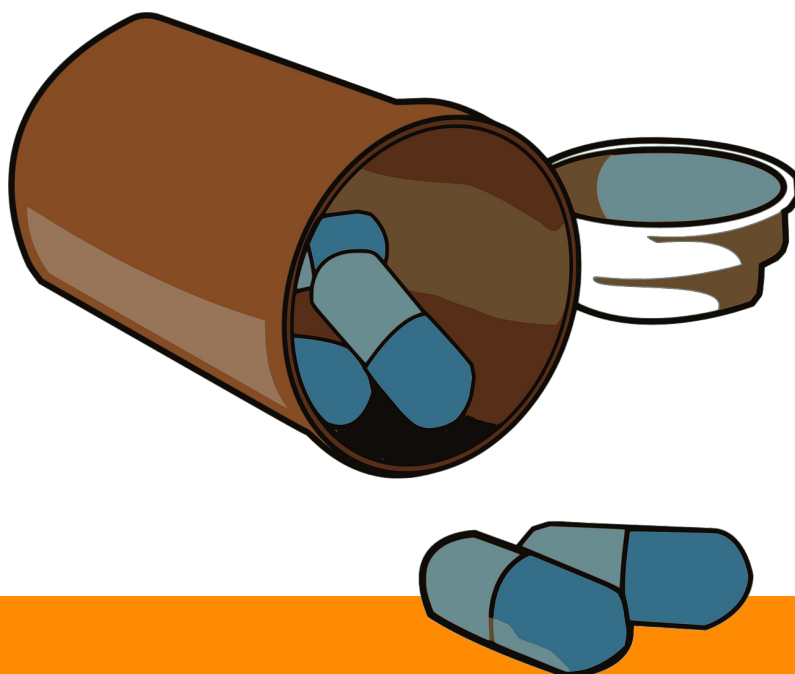




- In 2019 the prevalence of lifelong use of any drug in students aged 13-18 years was 15% and of recent use was 13%.
- The prevalence of consumption of any drug increases with age - between 3% (13 years) and 31% (18 years) in the case of experimentation and between 2% (13 years) and 27% (18 years) in recent consumption, with exceptions depending on the substance.
- Between 2015 and 2019, the prevalence of use of any drug in students aged 13-18 years registered a decrease in the level of experimentation (from 18% to 15%).
- As for other illicit drugs, Portugal was one of the few countries that increased the prevalence of consumption of drugs other than cannabis between 2015 and 2019 (namely ecstasy).
- In 2019, compared to European averages, Portuguese students perceived the regular and occasional consumption of various substances as “greater risk”; the opposite situation occurs in relation to experimentation. The results also showed a decrease in the perceived risk associated with drug use between 2015 and 2019.

## Cannabis

In national epidemiological studies carried out over the years, cannabis has emerged always as the drug with the highest prevalence of consumption in different contexts and life cycle stages.







The following conclusions stand out:

- In 2019, cannabis has emerged again as the substance with the highest prevalence consumption (33% over life, 27% in the last 12 months and 16% in the last 30 days) off recent and current consumption, in most age groups. More than half of consumers declared have only consumed on 1 to 2 occasions, (31%) or on 20 or more occasions (30%) in the last 12 months. About 4% of respondents (26% of current consumers) reported having a daily / almost daily consumption in the last 30 days.
- Among school populations, the cannabis continues to have a much higher prevalence of use than other drugs.
- Between 2015-2019, the prevalence of cannabis uses among all 13-18-year-old students registered a decrease in the level of experimentation (from 16% to 13%).
- Current consumption continues to be mostly occasional, with the majority of consumers to consume 1 to 5 times in the last 30 days, with about 2% of 18-year-old students (15% of consumers) had a daily / almost daily consumption.
- 3,8% of Portuguese students were classified as high-risk cannabis consumers according to the Cannabis Abuse Screening Test (CAST) (European averages: 4.0%).
- About 2% of these students tried cannabis at the same age or under 13 years old (3% in 2015), the same proportion as the European average.



## Heroin

The various national epidemiological studies show that heroin use has been increasing to lose relevance compared to other drugs:

- In the general population, in 2016/17, heroin appeared with prevalence of residual consumption in the population aged 15-74 and even more in the population aged 15-34.
- In 2019, in the national survey to 18-year-olds, opioids have emerged once again with the lowest prevalence of consumption compared to other drugs.
- Among school populations, the prevalence of heroin use continues to be lower.
- Regarding perceptions about accessibility, among the Portuguese aged 15-24 years, there has been an increase in the perception of easier access to heroin, with the average in Portugal being higher than the European averages.



- In “problems related to consumption” the indicators, in 2019, once again heroin has lost importance in most groups of users who have resorted to treatment.
- 1/3 of heroin users report having the need to resort to aid due to their consumption. Of these, 34% appealed to health centers / rehabilitation clinics, 33% claim to have resorted to specialized help and 23% refer to the Drug Addiction Support Centers.
- Of those who reported having health problems due to heroin use only about 15% stopped using the substance.
- 88% of heroin users are able to conceive their lives without the use of the substance. The percentage of women who do not conceive the life without heroin use is more than double that of men.

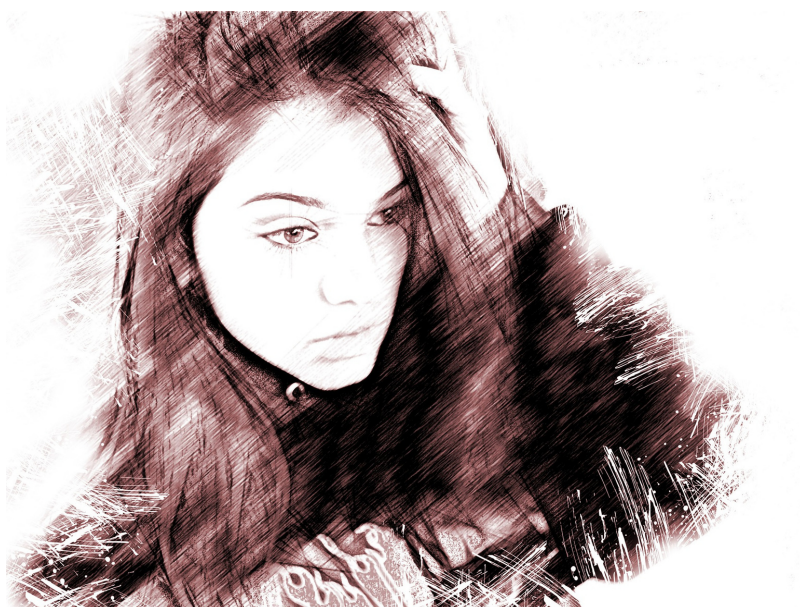
## Ecstasy.

In national epidemiological studies, consumption of ecstasy has a prevalence's of use close to cocaine.

- In the general population, in 2016/17, ecstasy lost relative importance compared to cocaine, appearing as the third most consumed drug in the 15-34-year age group.



- In the most recent studies in school populations (2018 and 2019), ecstasy appears again as the second drug with the highest prevalence of use among older students, although very distant from cannabis and close to other drugs.
- Once again ecstasy was considered by Portuguese students aged 16 to be less accessible than cannabis and the trend in recent years has been to decrease the perceived ease of access to ecstasy.
- Between 2015 and 2019, it was found that 16-year-old Portuguese students decreased their perception of health's risk associated with ecstasy experimentation.
- In the various indicators on problems related to consumption, ecstasy continues to have a residual role. The vast majority of ecstasy users do not declare associated consequences to consumption. All those who declared that they had health problems resulting from the consumption of ecstasy continued to consume.
- In the search for treatment, references to ecstasy as the main drug remain very residual (less than 1%). The overwhelming majority of ecstasy users declare that they have never resorted to aid due to their consumption.
- 81.5% of ecstasy consumers are able to conceive their lives without the use of the substance. This percentage is 90.8% for men and only 40.4% for women.





## Other illicit drugs (amphetamines, hallucinogenic and non-prescribed tranquilizers / sedatives)

In relation to other drugs, national epidemiological studies point, in a different way, for consumption prevalence's very close to each other.

- In 2019, in the national survey of 18-year-olds, again after cannabis and with much lower prevalence, appeared amphetamines / methamphetamines (ecstasy included) and tranquilizers / sedatives not prescribed.
- Hallucinogens showed prevalence of consumption close to that of cocaine.
- In 2019, compared to the European average, Portuguese students declared having less easy access to amphetamines.
- In the most recent studies with school populations (2018 and 2019), the prevalence of amphetamine and of hallucinogens use were, in general, close, with a slight increased consumption of amphetamines and LSD in various age groups.
- Between 2015 and 2019 it was found, among 16-year-olds, a decrease in perceived risk of amphetamine use.
- In the indicators on problems related to consumption, the isolated reference to amphetamines and hallucinogens remains residual; the references are more expressive in hypnotics / sedatives and polydrug use, both in terms of treatment demand and mortality rate.



- Approximately 8% of non-prescribed medicine consumers felt, in the last 12 months, the need to reduce their consumption, and 19% felt the same way longer.
- Among other problems associated with consumption are the feelings of guilt and receive criticism from people close to them.
- About half of consumers cannot imagine life without the consumption of medicines. This feeling of dependency is slightly higher when it comes to consumption in women.
- All amphetamine users report never having resorted to aid due to their consumption.
- More than 60% of those who declared that they had health problems resulting from consumption of amphetamines continued to consume.
- Just over 80% of amphetamine users conceive of their lives without the consumption of amphetamines. The percentage of women who do not conceive of life without the use of amphetamines is almost 3 out of 10.
- One in ten LSD consumers can conceive their life without recourse to the substance.



## Alcohol (see graphics in annex 2)

- In 2019 the prevalence of lifelong consumption of any alcoholic beverage among students aged 13-18 years was 68% and, for recent and current consumption, 59% and 38%.
- In 2019, 41% of 16-year-old Portuguese students had started drinking alcohol early and 5% had been drunk when they were 13 or younger.
- Among students aged 13-18 years, the prevalence of mild drunkenness in the last 12 months was 32% and 20% in the case of severe drunkenness. The prevalence of binge drinking in the last 30 days was 20%.
- The prevalence of consumption of any alcoholic beverage increases with age - between 32% (13 years) and 90% (18 years) in the case of experimentation, between 21% (13 years) and 85% (18 years) in recent consumption, and between 9% (13 years) and 66% (18 years) in current consumption.
- There were no significant differences between the sexes in the prevalence of recent consumption (especially in the elderly, being even more prevalent in boys among the youngest) and as for drunkenness and binge, the differences were more evident in older students (especially 18 years old), with the boys declaring this type of practices more. It should also be noted, among the youngest (14 and 15 years old), the inversion of this relationship between the sexes, in the sense of higher prevalence of drunkenness and binge in girls compared to boys.





- Differences between the sexes tend to blur both in recent consumption, as in drunkenness and binge, and in 2019, the superiority of drunkenness in girls should be noted.
- Regarding the perceptions of the risk associated with alcohol consumption, 32% of 16-year-old students said that the daily / quasi-daily consumption of 1/2 alcoholic beverages is at high risk, rising to 75% for 4/5 drinks. About 66% considered having 5 or more drinks at the weekend to be at high risk.
- There are more than 90% of consumers who say they do not feel any consequences related to alcohol consumption.
- Among the consequences felt, the most common are: the need to reduce consumption; the existence of criticism on the part of people who are close to them; guilt feelings; strong desire for alcoholic beverages without being able to resist and the feeling that the same amount of drink produces a lesser effect.
- There are also those who report the existence of health problems that they attribute to the consumption of alcoholic beverages. Of these, about 20% claim to have continued to consume in the last 12 months, and 40.5% continued to consume.
- With regard to danger reports communicated to the Children and Youth Protection Commissions, in 2019, in the set of 7 657 reports, 320 (4%) were related to the consumption of alcoholic beverages.





- On the other hand, of the 4 866 reports of exposure to behaviors that may compromise the well-being and development of the child / young person, 628 (13%) were related to alcohol consumption. In relation to 2018, the signs related to alcohol consumption increased + 99% as a whole, with the values of 2018 and 2019 being the highest of the last seven years.

## Tobacco

- More than 90% of Portuguese smokers started smoking before the age of 25.
- Tobacco use among young people up to the age of 16 has been decreasing since 2003. The average age of onset of tobacco consumption reported by the population between 15 and 24 years went from 15 to 16 years.
- 30.9% of young people surveyed said they had already tried smoking tobacco.
- Boys are more likely to have tried tobacco than girls: 10.2% of boys and 9.1% of girls are regular tobacco users.
- Tobacco consumption increases with age, with 12.3% of boys and 8.6% of girls regularly consuming tobacco at age 15 and 6.1% of boys and 4.0% of girls occasionally smoking tobacco.
- 40% of young people who smoke do so on 40 or more occasions.



### 3.2.2. Prevalence of the development of non-substance or behavioral addictions

In Portugal, the studies that exist on additions not related to substances, focus mainly on the use of internet and social networks and gambling and betting. In this way, the data that will be presented take these two issues into account:

#### Internet

- Of the total general population in Portugal, 60.4% use the Internet, of which 40.9% are users daily. Scores of moderate or high Internet dependence are more prevalent among the youngest (15-24 years old) and on the male population.
- Most young people have already had contact with the internet, having started using it before the age of 15: 35% declared having started using it before the age of 10 and boys declare an earlier start of use than girls.
- 25% of young people use social networks for 4/5 hours a day and 25% for 6 or more hours.
- In 2015 and 2019, the prevalence of use of social networks, namely for 6 hours or more per day, is similar in different population segments (depending on gender, education level and situation in relation to work).







## Gaming



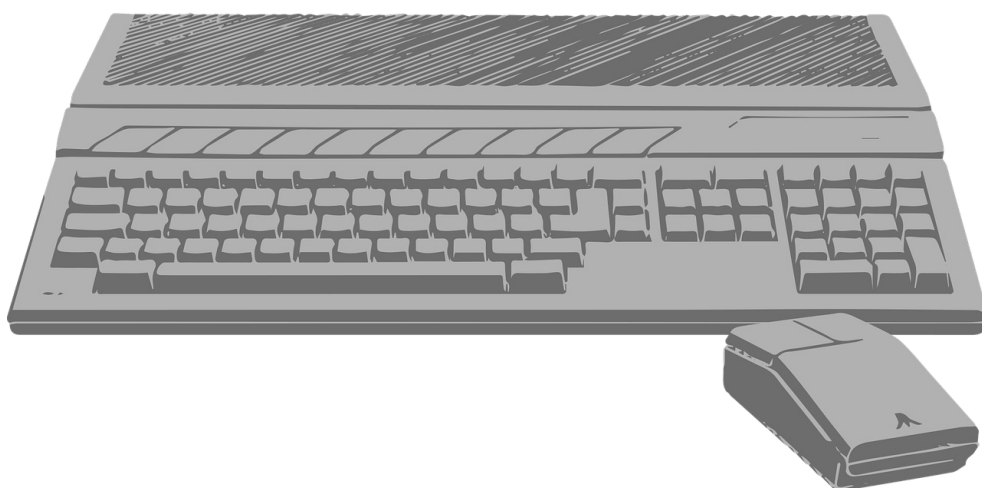
- The prevalence of online gambling among youngster seems to be increasing, apparently more as regards gambling without betting.
- 1 in 2 young people plays online, with 15% playing for money (betting). In both cases, most players play less than 2 hours a day.
- This is a more common practice among boys, with less education and unemployed.
- The prevalence of internet gaming is much higher in boys (close to 80%, during the week or at the weekend) compared to girls (close to 30% in both time periods: about 3 boys for each girl).
- 7% of young people mentioned playing for 6 hours or more a day during the week, in addition to 9% who mentioned doing it at the weekend.

## Gambling

- Less than 2 in 10 young people play on the internet in gambling games.
- 15% of young people stated that they bet on the internet.
- Among those who play gambling games, the time spent on the internet in this activity is also predominantly less than 2 hours a day (during the week or at the weekend)







## Gaming

- It is a more common practice among boys, with less education and unemployed.
- The discrepancy is about 25% for boys to 5% for girls: 5 boys for each girl to bet.

### 3.2.3. Perception and opinion of the population regarding the development of addictions

There are not many studies on the Portuguese population's perception of addictions. However, surveys on “SOCIAL REPRESENTATIONS OF ADDITIVE BEHAVIORS” have been carried out among young people (15-34 years old) present at the music festival “Rock in Rio” (the last in 2018). The results show that:

#### 1. *Chemical or substance addictions*

- There is a tendency for a negative view of addictive behaviors related to the use of substances, namely the use of alcoholic beverages and illicit drugs. For the respondents, thinking about addictive behaviors is thinking mainly about the use of psychoactive substances, with emphasis on alcoholic beverages (beer, above all) and illicit substances (cannabis, above all, but also cocaine).
- The consumption of alcoholic beverages is seen as the main addictive behavior among young Portuguese people and, above all, among the older population.





- On the contrary, from the perspective of the respondents, the use of illicit drugs is an issue with greater expression only among youth.
- Among illicit substances, cannabis appears to enjoy a special status, being viewed in a more standardized and less stereotyped way than the symbolic category "drugs". However, this does not mean that respondents have a positive view of cannabis or see its use as beneficial to health. In fact, there are more respondents who associate it with harmful things than those who associate it with something positive, and there are more respondents who claim not to consume the substance and express rejection and distance than the other way around.
- In the respondents' responses, a negative view of addictive behaviors prevails. However, in general, the problematic side is absent in their answers. This is particularly clear in the case of cannabis, as the percentage of respondents who immediately associate it with specific problems, addiction or health consequences is very small.
- The figure of the substance consumer/user as someone who is socially marginalized or excluded is also absent in their answers.
- There is a clear ignorance of the current legislation regarding the use of drugs in general, and cannabis in particular, which translates into inaccurate notions and confusion about the legal status of the substance.
- Respondents are in favor of legalizing drugs for therapeutic purposes, but are divided about their legalization for recreational purposes



## 2. Behavioral or non-substance addictions

-Few respondents make the association to addictions without substance, namely everything that has to do with new technologies (social networks, smartphones, video games, etc.), which tend not to be seen by the problematic side.

-The same is true of gambling, which is seen in a "neutral" way, in the sense that, in general, respondents do not associate it with something good or bad, and few make the association with compulsiveness or to the addiction.



### 3.3. CONTEXT OF ADDICTIONS IN YOUNG PEOPLE IN ROMANIA

#### 3.3.1. Prevalence of the development of addictions with substances or chemicals

The 40.3% of the Romanian youth population is at risk of poverty or social exclusion, and, in addition, the abuse of substances increases. It was interesting to evaluate the attitudes shared by pupils as well as their knowledge of these substances with a view to analyzing causes and types of risky behaviour in young people.

The sample was composed by 1,980 students with an average age of 17, of which 1,727 correctly responded to the questionnaire.

The 37.4% of students admit to smoke, and the 67% to drink alcohol.

The Fagerström test showed that the 68.2% of respondents are not highly addicted to smoke while the 31.8% was associated with a middle-to-high addiction level.

A worrying weekly consumption of beer has been registered in the students.

Regarding psychological distress caused by harassment a high Odds Ratio was recorded between the smokers and the drug users.

More than half of students did not know about the health consequences of smoking, and the same result was recorded about the consumption of alcohol.

A special attention should be done to the understanding of harassment problem in the young people. In fact, almost all the respondents declared to have suffered abuse and admits to use drug and cigarettes.





## Age of onset and gender

Statistics from around the world show that the largest number of consumers is young people (Popescu et al., 2004).

Adolescents, young people form a population vulnerable to drug use, because they are much more receptive to new and extreme experiences. F

or example, a statistic on drug use in Germany and France indicates that about 50% of young people in these countries have been or are drug users.

It is observed that the average onset of drug use has decreased dramatically, reaching cases of children consuming only 10-12 years, and in Romania.

The Centers for the Prevention and Control of Adolescent Toxic Use provides the following information:

- about 10% of teenagers smoke up to 15 cigarettes a day, 20 days a month (although the percentage is constantly increasing). Tobacco has multiple long-term harmful effects and is also addictive. A teenager who has been smoking for more than 1 year has an 80% chance of becoming addicted.
- about 75% of high school students drank alcohol occasionally. Of these, 28% report episodes of excessive alcohol consumption (more than 5 strong drinks in a few hours). One of the leading causes of death among adolescents is car accidents caused by excessive alcohol consumption.



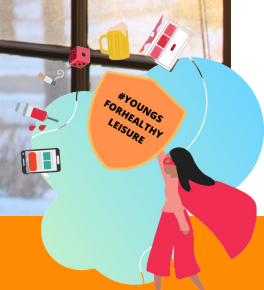
Alcohol consumption decreases age-specific inhibitions and predisposes the adolescent to an inappropriate sexual life (unprotected sex), which increases the risk of contracting a sexually transmitted disease (HIV-AIDS, herpes, chlamydia) or the occurrence of an unwanted pregnancy.

- About 40% of teens have tried marijuana at least once, while 22% of them frequently use the drug. Marijuana is a common option among adolescents and can cause memory loss, cognitive impairment (learning) or attention deficit disorder.
- About 9% of teenagers have tried cocaine, while 4% use this drug frequently (at least once a month).

*Average age at onset of drug use.*

According to the research report, regarding the onset of drug use, for all types of drugs analyzed, the lowest average age of onset is among male adolescents, as follows:

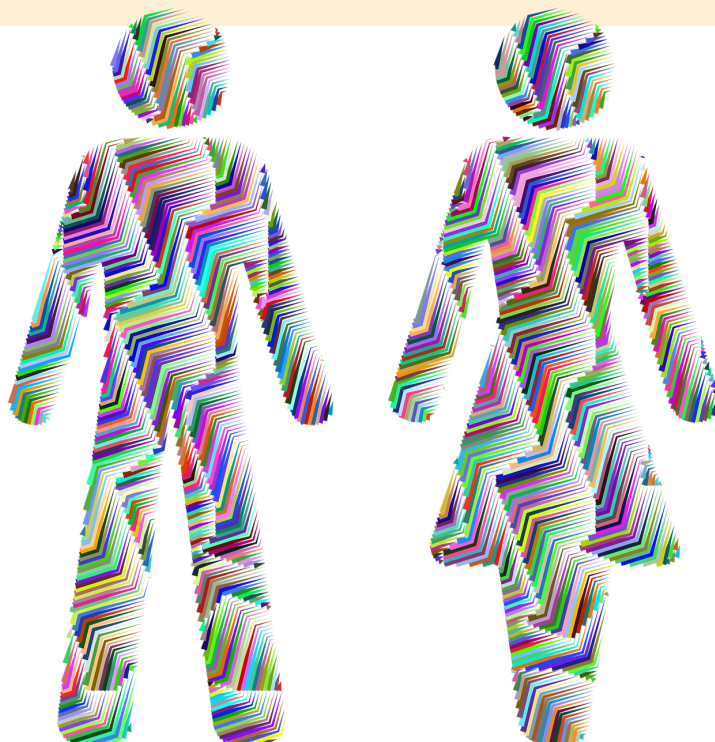
- 11 years - in the use of sleeping pills,
- 13 years - in the use of antidepressants,
- 14 years - in the use of sedatives / tranquilizers, respectively in the use of inhalants,
- 14.5 years - in the use of SNPP.



Compared to boys, girls seem to start using drugs at an older age, the lowest average age of onset among girls is 15 years for SNPP and antidepressants, respectively.

*Depending on gender, the following are observed:*

- most of the beneficiaries are male (M / F ratio is 3.2);
- for both categories of beneficiaries there was a higher proportion for relapses and requests for assistance for opiate use predominate;
- for male beneficiaries, there was greater diversity for the main drug, a higher proportion of admission to care for SNPP and cannabis and a lower value for the minimum age of onset (8 years) and admission to treatment (12 years);
- most of the beneficiaries started consuming at the age of 17 and requested assistance, on average, after about 6 years of consumption; injectable administration and daily consumption predominate;
- for female beneficiaries, a higher proportion of admissions in assistance for the consumption of hypnotics and sedatives was registered; most started on consumption at the age of 15 and requested assistance, on average, after about 5 years of consumption; oral administration and daily consumption predominate.



*Regarding the characteristics of drug users:*

- boys use drugs more often than girls;
- older and upper class young people use drugs more frequently;
- are more prone to drug use, on the one hand, young people whose parents have a low level of education and lower social status and who do not have the resources and skills to guide and counsel their children and, on the other hand , young people who come from families with higher education and high status who can provide them with resources for drug use and who do not have time to supervise their own children;
- the young people most exposed to drug use are those with poor results in school and those who have repeated their school years;
- their own families influence the drug use through the excessive authoritarian style, through the family climate characterized by frequent quarrels between parents and children, between the members of the conjugal couple, through the destructuring of the family through divorce, as well as through the parents' alcoholism.

### **Types of substances most consumed**

Alcohol abuse is the cause of 25% of deaths among young men (between 15 and 29 years), is associated with up to 60% of rape cases, with up to 70% of domestic violence cases, with 40 % of crimes and with 1 in 6 suicides.







Figures recorded by ALIAT - Association for the Fight against Alcoholism and Drug Addiction - from 1993 until now:

- over 15,000 people addicted to injecting drugs
- over 1000 people who abuse alcohol or are members of a family in which there is alcoholism.

Youth in Romania are experiencing significant alcohol problems.

A new study found Romanian youth aged between 18 and 24 pay the most for alcohol. For example they spend 17 times more on alcohol than on culture.

RON 70 (€15) was spent on alcohol while only RON 4 (less than €1) was spent on culture. According to the study, several criteria affect how much youth spend on alcohol. This includes, price, brand and advertisements.

There is robust evidence that alcohol marketing targeted to youth affect their alcohol initiation and consumption levels.

Big Alcohol invests heavily in alcohol marketing precisely for this reason.

According to Marius Luican, the research leader of the study, alcohol consumption in Romania is possibly much higher than official figures as 50 to 60% of spirited alcohol are sold non-taxed.

Total alcohol per capita consumption is higher than European averages for Romanian boys in both 15 to 19 and 20 to 24 age categories.

For girls ages 15 to 19 consumption is the same as the European average but again for girls ages 20 to 24 consumption is higher than the European average.



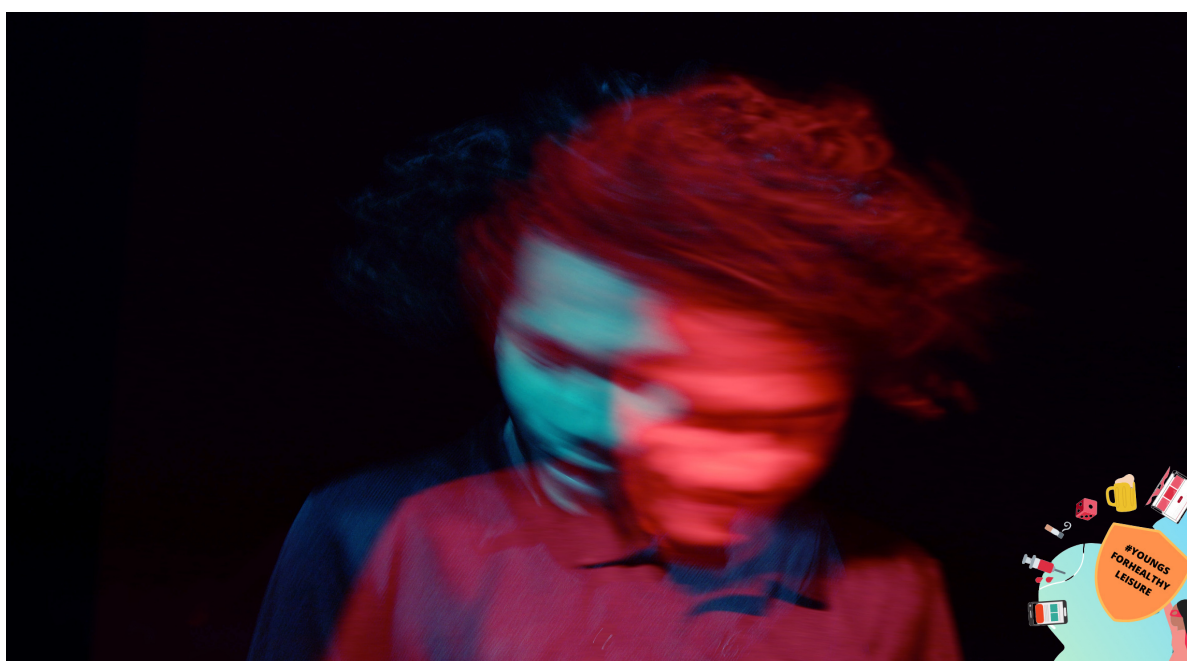
Binge alcohol use is also higher than European averages for all youth across age and gender.

Compared to other European countries, Romania's **use of illicit substances is low**, but it has been increasing in recent years.

**Cannabis** is the most common, but 2.5% of Romanian adults report that they have tried an NPS at least once in their lives. There were over 3,000 drug-related emergencies in Romania in 2017, with one third of them being linked to NPS. In one fifth of the emergencies, alcohol or more than one drug was involved.

**Combining drugs** or combining drugs and alcohol is unwise, causing unpleasant symptoms like nausea and vomiting, and sometimes dangerous symptoms like cardiovascular issues.

3.8% of the adolescents surveyed have experienced at least once in their life one type or another of drugs. At the same time, restricting the sample studied only to adolescents aged 14 to 18 years, the authors conclude that the prevalence of drug use over a lifetime is 5.4% and, in addition, if the sample is further restricted, the percentage of adolescents with the age of 14 and over in urban areas who have ever used drugs is 7.5%.





- 2.3% of adolescents reported consuming cannabis, 1% ecstasy, 1% new substances with psychoactive properties (also known as “ethnobotanicals”), 1% took sleeping pills, 1% sedatives, 1% hallucinogenic substances and 1% inhalants.
- Drug use seems to be more prevalent among boys, while among girls, the use of sedatives, sleeping pills and antidepressants is more widespread.
- Drug use is lower among adolescents aged 10 to 13 years, compared to the other age group analyzed, respectively 14-18 years, the highest lifetime prevalence being recorded among adolescents in this age. category, for the consumption of inhalants, hallucinogens, sedatives / tranquilizers, respectively sleeping pills (0.8%).
- Among adolescents aged 10 to 13 years, the highest lifetime prevalence is in the use of crack cocaine and sleeping pills (0.5%).
- None of the adolescents under 14 years of age surveyed used heroin 0.3% of older people had ever used this type of drug. Depending on the environment of residence, drug use is rare in adolescents in villages. In addition, no rural adolescents used heroin, while 0.3% of those living in urban areas did so. In the last 30 days, 2.3% of adolescents in urban areas have used cannabis up to three times, unlike those in rural areas who have not used it even once.









### 3.3.2. Prevalence of the development of non-substance or behavioral addictions

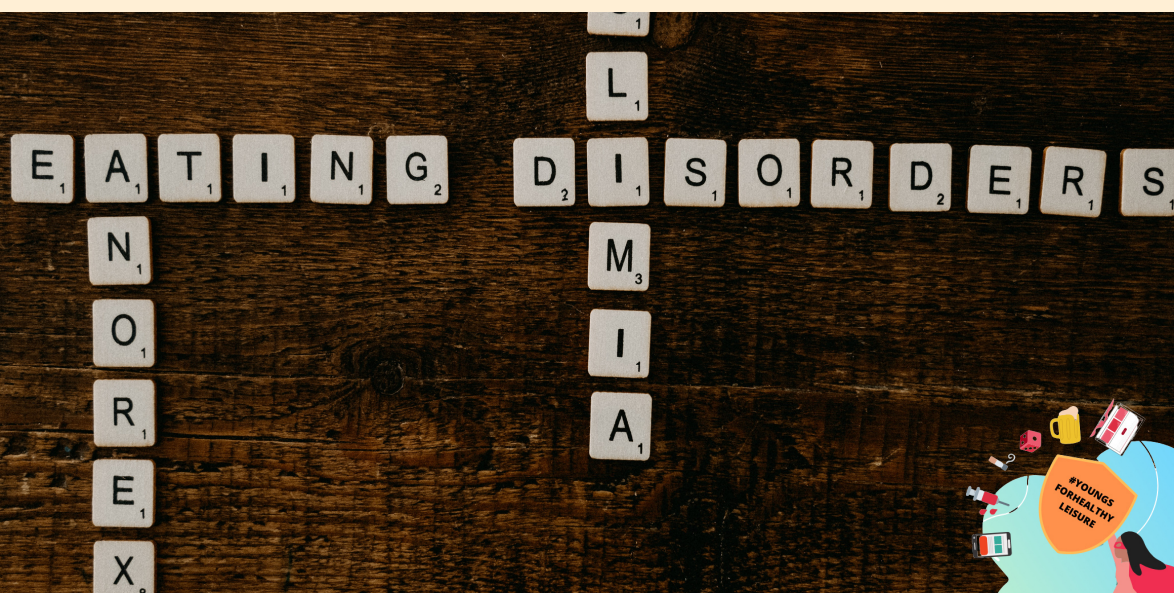
#### *Gambling addiction*

According to the study "Gambling in Romania", the incidence of gambling in Romania is 15%. Thus, according to the mentioned study, 2.4 million individuals over the age of 18 have practiced gambling at least once, and most players are men between 18 and 24 years old, unmarried, from urban areas. The incidence of developing gambling problems among the Romanian population over the age of 18 is 0.6%, respectively 98,000 individuals.

#### *Food Addiction*

Over 400,000 people in Romania suffer from a visible eating disorder (anorexia, bulimia or EDNOS).

- The mortality rate associated with anorexia nervosa is 12 times higher than the mortality rates of ALL causes of death for women aged 15-24 years.
- 20% of people suffering from anorexia nervosa will die prematurely due to complications caused by eating disorders, including suicide and heart problems.
- Anorexia is the third most common chronic disease among adolescents.
- 95% of those with an eating disorder are between 12 and 25 years old.
- 50% of girls aged 11-13 are perceived as fat.





- 80% of 13-year-olds have tried to lose weight
- 51% of 9-10 year old girls feel more valued, more accepted if they follow a weight loss diet.
- Half of 18-25 year olds would rather be trampled by a truck than be fat, and 2/3 would rather be bad or bad than fat.
- 42% of girls in grades 1-3 want to be thinner.
- 46% of 9-11 year old girls are "sometimes" or "very often" on a diet, and 82% of their families are "sometimes" or "very often" on a diet.
- 91% of students had at least one attempt to keep their weight under control through diet, and 22% do so "often" or "permanently".

### **3.3.3. Perception and opinion of the population regarding the development of addictions**

The European School Survey Project on Alcohol and Other Drugs (ESPAD) underpins the development of policies, strategies and interventions for high school students.

In 2011, Romania had the fourth strongest participation in the project, which involved institutions such as the National School of Public Health, Management, and Professional Development, the National Anti-Doping Agency (NAA), the Ministry of Education, Research, Youth, and Sports, and the county school inspectorates. These agencies cooperated with school principals and head teachers of selected classes.





In 2011, 2770 Romanian high school students aged 16 years participated in the ESPAD. However, 9 % of parents and 2 % of students refused to participate, which were the highest percentages of refusal among all ESPAD countries (European average of 1 % refusal).

Participating Romanian adolescents had an abstinence level of 9.2 %, although 33 % had experienced drunkenness, a rate lower than in 2003 and 2007, and 14 % lower than the average of the ESPAD countries.

At least once in their lifetime, 3.2 % of participating adolescents had consumed alcohol with pills.







### 3.4. CONTEXT OF ADDICTIONS IN YOUNG PEOPLE IN CYPRUS

#### 3.4.1. Prevalence of the development of addictions with substances or chemicals

##### **Age of onset and gender**

A strong link between gender and illicit drug use is reported, with prevalence rates for all drugs being higher among males.

The mean age at cannabis experimentation is 18-20 years.

Use of new psychoactive substances is also concentrated among 15- to 34-year-olds, with synthetic cannabinoids being the most frequent substances reported.

##### **Types of substances most consumed**

An increase in cannabis and cocaine use in Cyprus is on the rise over the recent past years, according to the European Drug Report 2020 . At the same time, a slight decrease in heroin users and an increase in young people using cocaine is recorded. Along with a decrease in drug-related deaths – from 12 in 2018 to five in 2019.

According to the report, cocaine is the most popular stimulant in the general population.

There is also an increase of two percentage points from the previous research in those who stated that they had smoked cannabis – even just once.





Specifically, from 12.1% in 2016, this percentage increased to 14.1%.

Additionally, percentages for ongoing drug use in the current year increased from 1.2% to 2.2%, whilst those for recent drug use went up to 4% in 2019 from 2.2% in 2016.

The use of illegal substances in the general population based on the report is currently presented as follows:

Cannabis 8.1%,  
Cocaine 0.9%,  
MDMA (ecstasy) 0.4%  
Amphetamines 0.2%



Regarding the use of cocaine per 1000 inhabitants, research shows that in Limassol it stands at 272 people and in Nicosia at 224.

Additionally, there is an increase in cocaine use in young people aged 15-34 increasing from 0.4% in 2016 to 0.9% in 2019.

An increase in cocaine-related offences has also been observed in recent years.

Additionally, in 2019, opiates were the third most used substance after cannabis and cocaine.

Regarding cannabis use, data from the general population survey of 2019, indicate that cannabis remains the most popular substance of abuse with the highest prevalence.

The predominant age of first use of cannabis is 19. Cannabis remains the most commonly used illicit drug among the general population in Cyprus, with approximately 1 in 10 adults aged 15-64 years reporting cannabis use at least once during their lifetime. Cannabis use remains concentrated among young adults aged 15-34 years.



The long-term analysis indicates a decrease in last year prevalence of cannabis use among this group from 2009, with possible stabilisation in the most recent years. Use of other illicit substances is less common.

## Context and negative consequences

### *Drug related infectious diseases*



In Cyprus, data on notifications of infectious diseases are provided by the Department of Infectious Diseases and the National Acquired Immunodeficiency Syndrome (AIDS) Programme of the Ministry of Health. Other data on drug-related infectious diseases (DRID) are primarily obtained by monitoring DRID prevalence among patients in drug treatment.

The number of people who inject drugs (PWID) with valid test results for DRID remains low.

In 2017, only a quarter of those entering drug treatment benefited from hepatitis B virus (HBV) and hepatitis C virus (HCV) testing.

No on-site testing is offered in outpatient programmes.

In 2017, just over half of those tested were found to be positive for HCV.

The prevalence of HBV infection among PWID who were tested in drug treatment centres was below 10 %.

The prevalence of human immunodeficiency virus (HIV) infections related to drug injecting is estimated to be low compared with other European countries, with two HIV-positive individuals identified in 2017 among the PWID who were tested.



### *Drug-induced deaths and mortality*

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2017, the Special Registry reported an increase in the number of drug-induced deaths in Cyprus. Eleven of the 16 deaths involved opioids in the vast majority of cases in combination with psychoactive medicines. Four of the cases involved oxycodone.

In Cyprus, the drug-induced mortality rate among adults (aged 15-64 years) was 26 deaths per million in 2017, more than double the rate for the year 2016 and similar to the most recent European average of 22 deaths per million.





### 3.4.2. Prevalence of the development of non-substance or behavioral addictions

#### Gambling

##### *Age of onset and gender for gambling*

12,5 years is the average age when people start playing games of chance in Cyprus while 92% of Cypriots aged 15+ have played a game of chance at least once in their life

Moving on to an analysis of the spontaneous reference to games of chance by gender ,a couple of diversions, which provide some initial indications with regard to the various games of chance popularity among genders.

First of all, it is worth mentioning that the only games of chance that were more often mentioned by women were the lottery betting games offered at OPAP bookmakers (Lotto, Joker, Kino, Proto, Super 3, Extra 5), scratch card/national lottery and draws. All other games were mostly mentioned by men.

#### **Ranking of spontaneous reference to games of chance by men in Cyprus:**

1. The most well-known games among men respondents were the lottery games offered at OPAP bookmakers (72%).
2. Second came card games, such as poker (63%).
3. The third most mentioned game was land-based sports betting at a bookmaker (60%).
4. Scratch card/national lottery and casino games came next (59%).





5. Horseraces betting was mentioned by almost half of the male participants and took the 5th place (49%).
6. Land-based Bingo had even lower reference among men (38%), as well as slot machines (38%).
7. Online sports betting was mentioned by 35% of men.
8. Online gambling was at an even lower place, referred to by 31% of male participants.
9. Draws were in the last place, mentioned only by 27% of men.

### **Ranking of spontaneous reference to games of chance by women in Cyprus:**

1. Nearly eight out of ten female respondents referred to lottery betting games offered at OPAP bookmakers (78%).
2. Scratch card/national lottery came second (66%).
3. Casino games took the third place (53%).
4. Half of the female respondents (50%) mentioned card games, including poker.
5. Land-based sports betting (at a bookmaker) was referred to by 43% of women.
6. Land-based Bingo was mentioned by 37% of female participants.
7. Horserace betting had slightly fewer references by women (36%).
8. Slot machines came next (32%).
9. Draws were referred to by 31% of women.
10. Online gambling was mentioned by 28% of women.
11. The least mentioned game by women was online sports betting, which was mentioned by about one out of four female respondents (26%).



Therefore, when the majority of women hear of games of chance, they tend to think of lottery betting and scratch card/national lottery. On the other hand, men think of the aforementioned ones, along with card games and land-based sports betting.

### *Most developed types of gambling addictions in Cyprus*

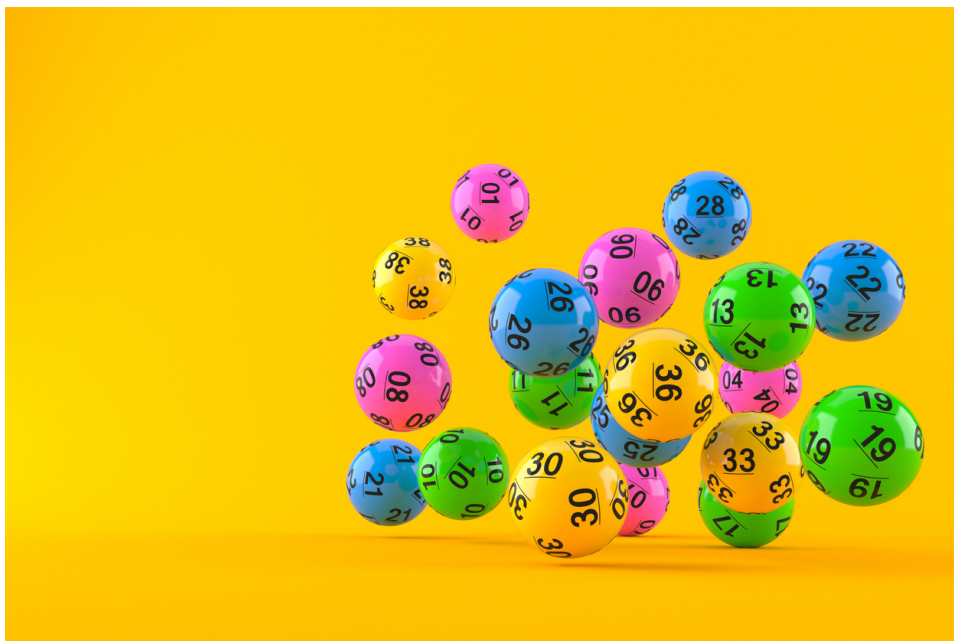
According to the overview of the spontaneous reference to games of chance of the National Betting Authority, ranks first the various lottery betting options offered by OPAP, i.e. the games of chance that are based on predicting the numbers that will occur from a manual or electronic draw, referred to by 76% of participants.

More specifically, there was reference to the following games of this category: Joker, Lotto, Proto, Kino, Super 3 and Extra 5.

Second most popular is the scratch card/national lottery, mentioned by 63% of the respondents, followed by casino games –with 56% reference, card games/poker mentioned by 55%, and land-based sports betting (at a betting premise) with 51% reference.

Horserace betting was referred to by 42% of the respondents, followed by Land-based Bingo (37%) and slot machines (35%).

Online sports betting was mentioned by even fewer participants (30%), while draws and online gambling were referred to by 29% each.



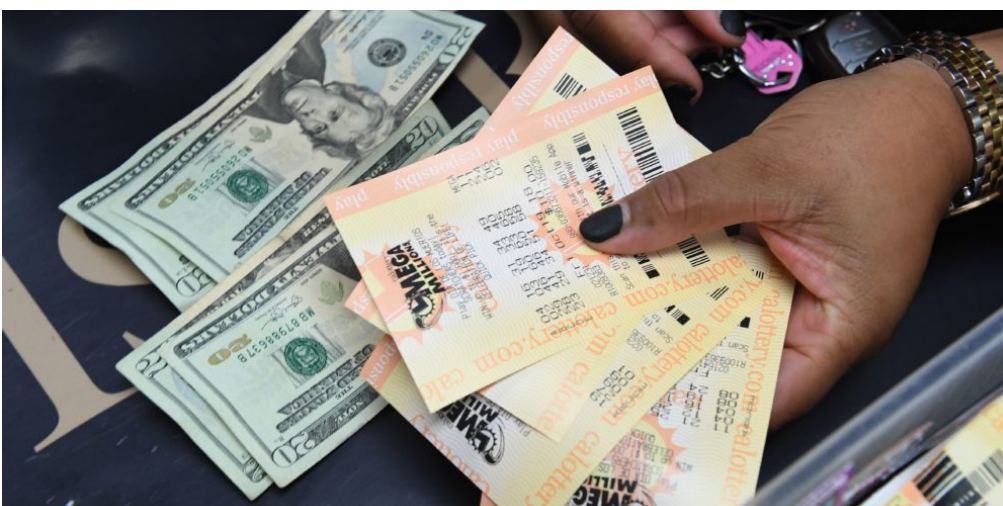
A first level analysis of the spontaneous reference of Cypriots over 15 years old to games of chance they know reveals that for 3 out of 4 people, the term “games of chance” relates to lottery betting, while scratch cards/ national lottery are also high in people’s understanding of the term, possibly due to its long history on Cyprus, as well as casino games, card games including poker, and land-based sports betting.

### *Context and negative consequences of gambling*

Below follow data from the National Betting Authority of Cyprus for the year 2017 regarding the expenses of gamblers in Cyprus and their behavior since financial consequences is the most crucial factor when it comes to that addiction

A large majority of non-risk gamblers bet small amounts of money, as 86% state that they spend less than €10 per week and 11% of them state that they spend between €10-50. Merely 1% of this category respond that they spend between €50,01-€100 and an equal number responds that they spend between €100,01-€300. None from this type of gamblers states that they spend more than €300 per week on gambling.

Moving on to at-risk gamblers, almost half of them (49%) spend between €10-50 every week, whereas one out of three state that they bet less than €10 per week. 13% of at-risk gamblers respond that they spend €50,01-€100, whereas 1% bet €100,01-€300 and another 1% state that their weekly expenses on gambling exceed €300. Problem/Pathologically addicted gamblers spend higher amounts on gambling.





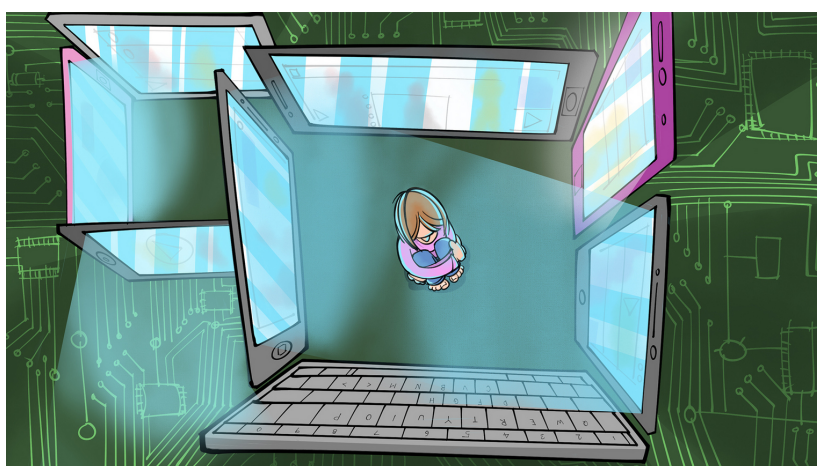
The majority (38%) spend between €10-€50 per week and one quarter of them (24%) spend between €50,01-€100. 17% of problem gamblers state that their weekly bets do not exceed €10, 14% calculates their weekly expenses between €100,01-€300, and 7% of problem gamblers spend more than €300 on gambling activities every week. It is thus obvious, that the development of problematic gambling behavior is analogous to an increase in the money spent on betting and gambling by the gamblers.

Moreover, and according to Cyprus Gaming and Casino Supervision Commission ,gambling in Cyprus not only disrupts an individual's personal and work life but its effects can create or worsen already existing difficulties for their families, friends or colleagues.

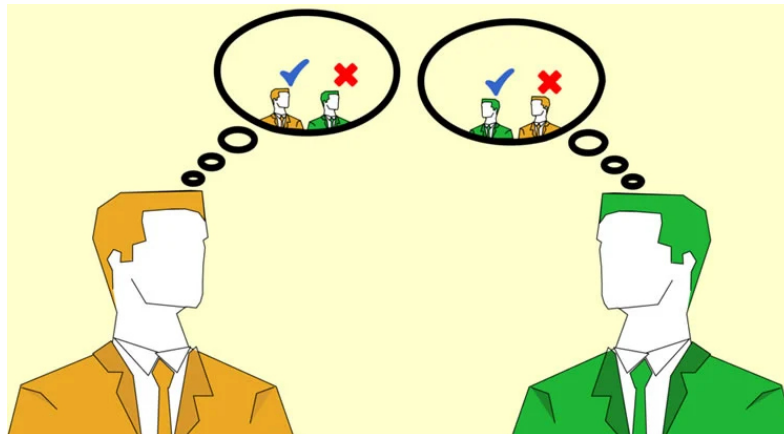
Problem gambling can also be considered in relation to a range of health, psychological and social problems that potentially involve public services such as public health, education and crime.

## Internet addiction

There are very limited data on this issue in Cyprus. Only one recent study is to be found. According to Christodoulides (2021) over 24% of Cypriot students (high school and university students) have internet addiction, while approximately 8% undergo social media addiction.







### 3.4.3. Perception and opinion of the population regarding the development of addictions

#### *Chemical or substance addictions*

The majority of respondents in social surveys were found to have sympathy and understanding towards people with drug related issues, with many agreeing with statements asserting that drug dependence is an illness, that people with a history of drug dependence are demonised in the media, and that we have a responsibility to provide the best possible care for people with drug dependence.

There was also widespread agreement that people recovering from drug dependence should be part of the community and have the same rights to a job as anyone else. Furthermore, there was an understanding that drug dependence is something that can affect virtually anyone.

However, whilst many respondents demonstrated empathy towards people with a history of drug dependence, there is also a significant proportion of the population who feel that people with drug issues have responsibility for their own situation, and that they have it within their power to overcome their problems should they want to.

#### *Behavioral or non-substance addictions*

According to National's Betting Authority Report (2017) the vast majority of participants believe that there is a problem of addiction to games of chance in Cyprus, in relation to its population.



More specifically, 41% of participants state that they totally agree with the statement, whereas 22% partly agree.

While 7% of participants remain neutral to the statement, the percentages of disagreement are low, with 4% of participants expressing their partial disagreement and only 1% stating that they totally disagree.

Men's and women's opinions on the statement coincide to a great extent with 42% of women and 39% of men expressing their total agreement with the statement.

A tendency to agree is stated by 22% of men and women, while 8% of men and 6% of women neither agree nor disagree with the statement. 5% of men and 4% of women state that they probably disagree, whereas only 1% of men and women totally disagree with the statement.





### 3.5. CONTEXT OF ADDICTIONS IN YOUNG PEOPLE IN POLAND

#### 3.5.1. Prevalence of the development of addictions with substances or chemicals

Various data provided by national and international public bodies and organisations were taken into account in the process of compiling data about addictions in Poland. Information in regards to each substance, the age and gender of every consumer, the context, and negative results will be presented in this section.

#### All illicit substances

- The most frequently used drug between people aged 15-34 years old is cannabis, used by 9.8% of this age group (EMCDDA, 2019)
- Most treatment entries are for addiction to cannabis (31%), Amphetamines (29%) and Heroin (12%) as primary drugs (EMCDDA, 2019)
- People identifying as males are more likely to report a drug use than female (EMCDDA, 2019)
- Most recent data on drug use amongst students was gathered by the European School Survey Project on Alcohol and Other Drugs (ESPAD, 2015) in 2015;
- According to the study, reported lifetime use of drugs in all forms was higher than the European average (which was based on data provided by 35 countries. (EMCDDA, 2019)



- There are approximately 14,664 opioid users in Poland (EMCDDA, 2019)
- The number of drug injection attributed HIV diagnosis have been declining (EMCDDA, 2019)
- Between 250 and 300 people die from drug overdose each year (EMCDDA, 2019)

## Cannabis



The research conducted by the European Monitoring Centre for Drugs and Drug Addiction shows that:

- Cannabis is the most frequently used illicit substance in the country (EMCDDA, 2019)
- 9.8% of young people aged 15-34 have consumed cannabis in 2019. (EMCDDA, 2019)
- Long-term examination shows that the use of cannabis amongst people in Poland has tripled between 1995 and 2011 and stayed stable since then (EMCDDA, 2019)
- Cannabis resin is the most common drug law offence, ranked according to quantities measured kilograms, whereas herbal cannabis takes the second place in the ranking. (EMCDDA, 2019)
- In 2017, 2209 people entered specialised drug treatment in Poland, of which 1390 individuals were admitted for the first time;
- 15% of cannabis users entering treatment were female and 85% male, showing the wide gender gap. (EMCDDA, 2019; data from 2017)
- The mean at first cannabis use is approximately 16 years old, whereas for first treatment entry equals 23 years old. (EMCDDA, 2019; data from 2017)





## Cocaine

The research conducted by the European Monitoring Centre for Drugs and Drug Addiction shows that:

- 0.4% of young people aged 15-34 have consumed Cocaine in 2019. (EMCDDA, 2019)
- In 2017, 163 people entered specialised drug treatment in Poland, of which 88 individuals were admitted for the first time;
- 13% of cocaine users entering treatment were female and 87% male, showing the wide gender gap. (EMCDDA, 2019; data from 2017)
- The mean at first cocaine use is approximately 23 years old, whereas for first treatment entry equals 30 years old. (EMCDDA, 2019; data from 2017)

## Amphetamines

- 0.4% of young people aged 15-34 have consumed Amphetamines in 2019. (EMCDDA, 2019)
- In 2017, 2085 people entered specialised drug treatment in Poland, of which 1126 individuals were admitted for the first time;
- 19% of amphetamines users entering treatment were female and 81% male, showing the wide gender gap. (EMCDDA, 2019; data from 2017)
- The mean at first amphetamines use is approximately 19 years old, whereas for first treatment entry equals 27 years old. (EMCDDA 2019; data from 2017)



## MDMA

The research conducted by the European Monitoring Centre for Drugs and Drug Addiction shows that:

- 0.9% of young people aged 15-34 have consumed MDMA. (EMCDDA, 2019)

## Heroin

- In 2017, 831 people entered specialised drug treatment in Poland, of which 1126 individuals were admitted for the first time;
- 18% of heroin users entering treatment were female and 82% male, showing the wide gender gap. (EMCDDA, 2019; data from 2017)
- The mean at first heroin use is approximately 22 years old, whereas for first treatment entry equals 32 years old. (EMCDDA, 2019; data from 2017)





## Other addictions

### Alcohol

- Lifetime use of alcohol has been decreasing over the years, as shown by a study conducted between 1955 and 2015 that examined the substance use among 15-16 year-old students in Poland (ESPAD, 2015)
- People showing symptoms of alcohol use disorder stayed at a relatively stable level, which is approximately 2% of the general population in Poland, of which 3% observed in males and 1% observed in females (Nowakowska I, Lewczuk K, Gola M, 2020)
- Based on the data females seems to suffer from alcohol use disorder less frequently than men (Nowakowska I, Lewczuk K, Gola M, 2020)

### Tabacco

- Lifetime use of cigarettes has been decreasing over the years, shown by a study conducted between 1995 and 2015 that examined the substance use among 15-16 year-old students in Poland (ESPAD, 2015)





## Behavioral Addictions

### 3.5.2. Prevalence of the development of non-substance or behavioral addictions

There is a growing tendency in the prevalence of behavioural addictions in general (Moskalewicz J, Badora B, Feliksiak M, Głowacki A, Gwiazda M 2019; Badora B, Gwiazda M, Herrmann M, Kalka J, Moskalewicz J, 2015)

#### Problematic internet use

- The percentage of addicted people dropped to 0.03% in 2019 (61)
- The percentage of people at risk of developing a problematic internet use disorder have been between 1.2% and 1.5% of the general population

#### Gambling

- In regards to gambling In 2019, the percentage of users in the general population reached 37.1%;
- A rise in male gamblers by 14,9% between 2012 can 2019 can be observed (28.4% in 2012, 43.3% in 2019)
- An increase in gambling woman rose by 13% between 2012 and 2019 (18.5% in 2012, 31.5% in 2019);
- The percentage of people in Poland who were identified at risk of developing a minor gambling addiction increased by 1.3% (2.6% in 2012, 3.9% in 2014).
- There was a decrease of 0.2% in people exposed to the moderate risk of developing this addiction (0.9% in 2012, 0.7% in 2014).





- An increase of 0.5% growth can be seen in people showing symptoms of problematic gambling (0.2% in 2012, 0.7% in 2014)
- In regards to the display of problematic gambling symptoms, males display them more frequently than females.

### 3.5.3. Perception and opinion of the population regarding the development of addictions

#### Chemical or substance addictions

A study conducted on popular views on addiction and on prospects for recovery in Poland highlighted that:

- The disease model of addiction is dominant in public perception of addictions in Poland. It places the responsibility for drug use on the individuals and places on them the expectation of undergoing specialised treatment.
- Treatment optimism no matter the type of the addiction emerged amongst surveyed individuals and possibility of recovery was considered less probable without specialist treatment.



# CHAPTER 4

## EVALUATION OF ADDICTION PREVENTION PROGRAMS FOR YOUNG PEOPLE

One of the main goals of this project is to evaluate addiction prevention proposals that have been carried out locally and regionally with young people from each country. This chapter will present proposals for programs for the prevention of addictions, developed in the countries of the partners of this project. This evaluation consisted, initially, in the analysis of programs developed in each country and, in a second moment, in their critical analysis. Thus, 14 programs will be described, addressing their objectives, target groups, results, as well as suggestions for improvement.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
El barrio Más joven.
<b>2. Temporalization</b>
The project is developed in two years, one in 2019-2020, focused on promoting the articulation of the youth associative fabric in the neighborhoods of the city of Madrid, and the other in 2020-2021, in which a strategy for the prevention of addictions is carried out through mechanisms of participation and promotion of associations.
<b>3. Characteristics of the target group</b>
The direct beneficiaries of the project are the youth population of the neighborhoods where the project is developed. Indirect beneficiaries are the rest of the population, neighborhoods and other social entities or youth groups.
<b>4. Objectives of the project</b>
<ul style="list-style-type: none"> <li>● General Objective: <ul style="list-style-type: none"> <li>○ To work on the prevention of addictions through the articulation of the youth associative fabric in six neighborhoods of the city of Madrid.</li> </ul> </li> <li>● Specific objectives: <ul style="list-style-type: none"> <li>○ To promote the prevention of addictive and risky behaviors in the youth population in the age group between 14 and 30 years old.</li> <li>○ Development of training activities aimed at providing families and professionals working directly with young people with tools for detecting and tackling pathologies related to addictive disorders.</li> <li>○ Generation of healthy leisure alternatives.</li> <li>○ Promote among the youth population tools for self-management and organization based on their needs and demands.</li> <li>○ Promote the participation and involvement of young people in the associative and community fabric and bodies of institutional citizen participation.</li> </ul> </li> <li>● Operational objectives: <ul style="list-style-type: none"> <li>○ O.E.1 Promote a preventive approach in the actions of the project, encouraging healthy lifestyle habits and alternative leisure: <ul style="list-style-type: none"> <li>○ O.O.1.1 Accompany young people in the exercise of full citizenship, strengthening the feeling of belonging and active participation in the neighborhood, from solidarity, cultural diversity and respect.</li> <li>○ O.O.1.2 To carry out awareness-raising campaigns on the prevention of addictive behavior.</li> </ul> </li> <li>○ O.E.2 To promote among the youth population tools for self-management and organization based on their needs and demands: <ul style="list-style-type: none"> <li>○ O.O.2.1: Accompany and support young people in the implementation of their ideas, proposals and initiatives.</li> <li>○ O.O.2.2: Facilitate the creation and accompaniment of groups created thanks to the "El Barrio Más Joven" project.</li> </ul> </li> </ul> </li> </ul>



<ul style="list-style-type: none"> <li>○ O.O.2.3: To respond to the needs observed or demanded by groups and young people linked to the "El Barrio Más Joven" project.</li> <li>○ O.E.3 To promote the participation and involvement of young people in the associative and community fabric and bodies of institutional citizen participation:</li> <li>○ O.O.3.1: Facilitate knowledge of the resources and activities that occur in the neighborhood, district or other wider territorial area, and which are valued as positive.</li> <li>○ O.O.3.2: To promote youth participation in the associative fabric, networking spaces, community initiatives and institutional participation bodies.</li> <li>○ O.O.3.3: To offer training in participation and community development.</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
General addictions
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
The project is being developed in six neighborhoods in the city of Madrid: Almendrales, Ventilla, Lucero, Buenavista, Ascao and Amposta. These neighborhoods were chosen according to the criteria of vulnerability due to social and territorial imbalance that the then Area of Territorial Coordination and Public Social Collaboration of the Madrid City Council published in 2016, all of them with indices between 4 and 5 in need of rebalancing.
<b>7. Is there collaboration or are other entities or administrations involved?</b>
The "El Barrio Más Joven" project is developed by the Federación Regional de Asociaciones Vecinales de Madrid, Injucam, Scouts de Madrid-Movimiento Scout Católico and Exploradores de Madrid through an agreement with the Madrid City Council.
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
<p>The project works from a cross-cutting perspective, as it tries to address addiction prevention through the tool of promoting participation. For this reason, the areas of work range from art and music to sport, as well as environmental and feminist issues, or those linked to different community processes such as community radio stations or neighborhood associations. In addition, some of the methodological principles of the project are based on:</p> <ul style="list-style-type: none"> <li>• Rights and values approach.</li> <li>• Networking.</li> <li>• Street work.</li> <li>• Equality.</li> <li>• Protagonist approach.</li> <li>• Integrated knowledge.</li> <li>• Adaptability.</li> </ul>
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>





To prevent risk situations linked to addictive disorders among adolescents and young people by promoting participation, associations, organization and self-management among young people in the neighborhoods of Madrid in which we intervene.

**10. Is the prevention project planning developed according to the following pragmatic criteria?**

- That young people are less interested in drugs
- Delay the age of initiation of consumption, use and abuse
- That the experimental consumption is not exceeded
- Avoid progression towards abuse and dependence
- Reduce risks and damages associated with addictions

The project responds to the aforementioned criteria as it is aimed at the prevention of addictions and addictive and risky behaviors, which has an impact on reducing the risks and damages associated with addictions. It also develops a series of training activities aimed at providing families and professionals working with young people with a series of tools for detecting and tackling pathologies related to addictive disorders that prevent progression towards abuse and dependence. In addition, it provides young people with tools for self-management and organization, based on their real needs and demands, which also has an impact on the prevention and reduction of risks and on avoiding progression towards abuse and dependence. It also pursues leisure alternatives and healthy lifestyle habits for young people, which results in a greater interest on their part in other aspects that do not have to do with attraction to drugs and their consumption.

**11. Has the project achieved the objectives initially set?**

In the two years of the project, the indicators have been met almost in their entirety, demonstrating that the project has been a success. These results show how the project has developed in a key of innovation, enabling the construction of what we could call a "school of citizenship" for young people. It has been possible to generate a space in which young people have been protagonists as cultural producers, as dynamisers of the associative fabric, sports promoters, managers of healthy leisure activities, prevention agents in the field and activators of community development.

**12. What is the short-term impact of the project?**

- Participation: a total of 4,708 young people have participated, of which 1,835 have participated directly and 2,873 have participated indirectly through community activities such as festivals, carnivals and other events open to the neighborhoods-districts in which "El Barrio Más Joven" has participated together with other entities and networking spaces.

- Strengthening of associations: this project has contributed to the development of processes of self-organization and strengthening of existing groups and associations. Specifically, at this point in the project, the total number of groups established was 23 and the total number of informal groups/entities/networks set up with the support of "El Barrio Más Joven" was 14.

- Visualization of examples of coexistence and good practices "The Younger Neighborhood": Through dissemination and communication initiatives, the youth population was made aware of the project. Up to this point in the project, it had been possible to set up the media and channels that were developed in the following points, Instagram, Facebook and Twitter, through which the different resources that could be of interest to them as well as cultural, sporting, leisure, artistic and social initiatives were shared with the established population.

In this phase, direct channels were also established with the Municipal Councils of each district and it was established as a two-way objective to disseminate on the networks the activities carried out in the district through the official dissemination channels of each Council and that the Councils themselves would disseminate on their networks the activities carried out by "El Barrio Más Joven" in each neighborhood.



Up to that point, publicity had been obtained for free in the local magazine of the Amposta neighborhood and an interview was conducted on Onda Cero with more than one of the groups with whom "El Barrio Más Joven" worked in Ventilla. The number of appearances of "El Barrio Más Joven" in the media is 16, the number of training sessions, presentations and lectures given is 10 and the number of performances, events, representations and exhibitions held is 26.

- Gender: the total number of women served is 975 out of a total of 1835 people served, therefore, the work done from a gender approach, which has resulted in increased participation of young women in their neighborhoods, is considered a great achievement.

### 13. What is the long-term impact of the project?

- Participation: One of the major impacts of the project is participation, as the total number of young participants reached was 13,808 in total, with a total of 3,207 people assisted per neighborhood and 10,601 indirect participants per neighborhood.

- Strengthening of associations: the project has contributed to the development of processes of self-organization and strengthening of existing groups and associations. A total of 40 groups have been established (formal and informal groups with which work has been carried out directly), 143 people have joined associations, groups, etc., and 27 formal groups/entities/networks have been set up with the support of "El Barrio Más Joven".

- Visualization of examples of coexistence and good practices "The Younger Neighborhood": thanks to the dissemination and communication initiatives, the youth population has been made aware of the Project. By managing to set up the media and channels that were developed in places such as: Instagram, Facebook, Twitter and YouTube, through which the different resources that may be of interest to them as well as cultural, sports, leisure, artistic and social initiatives were shared with the established population. In addition, "El Barrio Más Joven" wants to project itself into the future as a platform to make visible all the positive experiences that have been created and supported by the project and those of other youth spaces.

By establishing direct channels with the Municipal Boards of each district, a double objective has been achieved: on the one hand, it has been possible to disseminate the activities carried out in the district by other District resources through the networks, and on the other hand, through the official dissemination channels of each Board, it has been possible to disseminate the activities carried out by "El Barrio Más Joven" in each neighborhood.

Various local micro media have reported on the "El Barrio Más Joven" project or some of its activities. One of the key factors on which the project has been developed has been the generation of positive references for young people, as the dissemination of the activities is a fundamental element for them. It is essential to create positive references to underline the importance of the project. There have been 32 appearances of "The Youngest Neighborhood" in the media, 18 training sessions, presentations and lectures given by "The Youngest Neighborhood" and 40 performances, events, representations and exhibitions carried out by "The Youngest Neighborhood".

- Gender: The participation of women in associative spaces is lower than that of men in Madrid, so it is important to highlight the effort made in the project to put an end to this inequality and the positive results obtained according to the figures: total number of women assisted: 1,676, 52.3% of the 3,207 people assisted in the development of the project, which means 100% of the total number of people assisted.

### 14. Indicate which aspects of the evaluated proposal can be improved or changed

Reach a larger group of young people and develop a greater number of actions and activities in order to promote awareness of more existing resources in the neighborhoods and districts, bringing the spaces for citizen participation closer and thus encouraging both participation and the development of the associative fabric, which requires long cycles of time and sufficient resources to continue to consolidate the objectives achieved and achieve new goals.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Sales Hoy?
<b>2. Temporalization</b>
<p>The project is carried out on weekends and develops its annually planned specific</p> <p>The project is carried out on weekends, with specific interventions planned annually on Friday and Saturday evenings between 19:45 and 01:15. The interventions took place in two phases or time slots:</p> <ul style="list-style-type: none"> <li>• First phase: From 19:45h to 22:30h. Oriented fundamentally towards an adolescent group between 15 and 17 years of age.</li> <li>• Second phase: From 22:30h to 01:15h. With the intention of reaching an older age group, from 18 to 30 years old.</li> </ul>
<b>3. Characteristics of the target group</b>
Adolescents and young people aged 15-30 in nightlife venues.
<b>4. Objectives of the project</b>
<p>The general objective of the project is to prevent drug use among adolescents and young people, to promote responsible drug use and to raise awareness of the risks associated with drug use.</p> <p>The specific objectives of the project are:</p> <ul style="list-style-type: none"> <li>• To make people think or reflect on the consumption, effects and risks derived from it,</li> <li>• Trying to raise awareness.</li> <li>• To promote responsible decision making and consumption planning.</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Addictive substances and reducing the risks associated with their use (unsafe sex, drink-driving).
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
<p>Sales Hoy? aims to offer a modulated intervention in which, depending on the user's demand, the intervention has a greater or lesser depth. Therefore, before starting the intervention process, a motivational interview is carried out in order to make the person reflect on their consumption. A communicative style based on open questions, reflective listening and extraction of self-motivational thoughts is used. After the motivational survey, participants, both direct and indirect, will be given information cards about the substance(s) they use.</p> <p>Audit/assist questionnaires are also carried out, aimed at people who, after participating in the motivational survey, wish to know more in depth the level of risk in which their consumption of alcohol or other substances is situated.</p> <p>If, during any activity related to the program, risk consumption is detected in people with positive attitudes towards change, they will be referred to other resources that may be useful or necessary to deal with a specific problem (CTD, CAD or CAID, substance analysis services, etc.).</p>



7. Is there collaboration or are other entities or administrations involved?

No. only Spanish Red Cross (Community of Madrid).

8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?

Red Cross Youth in the Community of Madrid has been committed to prevention in nightlife spaces, aimed at young people and adolescents, since 2007 and bases its premise on being "ever closer to the people", making a commitment to leave the centers and making its interventions more flexible in order to bring the resources closer to the people and become part of their environment.

There is a dichotomy between non-interventionist programs that limit themselves to providing information to the user (without attempting to change patterns in a direct way) and interventionist programs that consider themselves legitimized to intervene at all costs (without modulating or adapting the message they offer to the profile or needs of the user). Sales Hoy? wants to offer a modulated intervention, depending on the user's demand, the intervention has a greater or lesser depth.

Therefore, the intervention is based on the needs of the person themselves, providing the appropriate resources in each case. This fact determines that consumption patterns can be changed directly and that these are adapted to each person, resulting in greater prevention and reduction of the risks of substance consumption.

9. Does the project contain any of the following lines of action?

- **Prevention and risk reduction:**

"Sales Hoy?" is a Drug Use Prevention and Risk Reduction Project that is implemented in nightlife areas in the city of Madrid. The Project aims to act simultaneously on two lines: on the one hand, in a preventive sense with young people who have not had contact with drugs, and on the other hand, with those who consume, trying to reduce the risks associated with alcohol or other substances, favoring positive attitudes towards change and reflection and encouraging autonomous and critical decision-making.

10. Is the prevention project planning developed according to the following pragmatic criteria?

- That young people are less interested in drugs
- Delay the age of initiation of consumption, use and abuse
- That the experimental consumption is not exceeded
- Avoid progression towards abuse and dependence
- Reduce risks and damages associated with addictions

The objectives of Sales Hoy? are related to the recommendations of various authors or models, such as delaying the age of initiation of drug use, limiting the number and type of substances used, avoiding the transition from substance testing to substance abuse and dependence, or reducing the negative consequences of drug use in regular users.

**11. Has the project achieved the objectives initially set?**

A considerable reduction in both alcohol and cannabis use, self-reported by respondents, has been achieved. In the questions concerning opinions on alcohol and drugs, there are small changes in some questions that seem to reflect a number of changes in attitudes towards alcohol and drugs in a pro-prevention direction.





## 12. What is the short-term impact of the project?

Impact derived from the comparison of measurement 1 and measurement 3:

- Change. There are some indicators of change:
  - There are 15% fewer cases in M1 who agree with the statement "There are much riskier things than using cannabis".
  - There is a greater awareness of great risk in the statement "Use 4 or 5 beers almost every day" in M1.
    - Planning/decision making:
      - 18.5% more compared to M3 are thinking about stopping their usual drug use. habitual drug use.
  - There are 19% of people who are thinking about doing something about their drug use, specifically:
    - o 20% do not mix substances.
    - o 20% say that they are going to use what they had originally intended to use.
    - o 15% are looking for alternatives to drug use.
- Reflect:
  - 9% more people in M1 are worried that drugs will affect their health.
  - 8% of more M1 cases have been ashamed of having ever drunk.

Impact derived from comparison of measurement 1 and measurement 2:

- Change. There are some indicators of change:
  - Reduction in alcohol and cannabis use per week (0.6 and 0.9 days) and month (3.5 days).
  - Increased risk perception for alcohol and cannabis (18% and 14%).
- Reflect:
  - Young people are less confident about their attitude towards drugs (between 12% and 27%).
  - Increase in the number of doubts.

## 13. What is the long-term impact of the project?

After an evaluation of the process, assessing activity, participants, training given to the staff involved (volunteers), the quality with which the program is applied through review groups, and the satisfaction of the participants, it was found that the acceptance of the project and the satisfaction of the participants suggests a high degree of satisfaction. Likewise, the maintenance of the project over the years and its extension to several municipalities in the Community of Madrid express a good management of the project, as well as a high viability and sustainability. In addition, this evaluation describes a decrease in both alcohol and cannabis use, self-reported by respondents, of considerable magnitude. In the questions concerning opinions on alcohol and drugs, there are small changes in some questions that seem to reflect a number of changes in attitudes towards alcohol and drugs in a pro-prevention direction.

## 14. Indicate which aspects of the evaluated proposal can be improved or changed

The intervention contains a certain ambiguity in that it covers both users and non-users, very young people and adults. The promoters refer simultaneously to universal prevention and selective prevention approaches. The material and some components of the project, which seem reasonable for use with users, could have adverse effects on non-users if they convey the message that it is normal to use. In other words, it is recommended that the target population be more clearly defined, concentrating on consumers. Program content appropriate for young, at-risk users could have negative effects on non-users.

The data collection instruments in the outcome evaluation do not provide evidence of validity.



There is no data from a control or reference group with which to compare the outcomes reported by the intervention group. It is difficult to confer validity on the assessment given the selection, attrition, recall and other biases present. Results may be the result of maturation, history, simple contextual change in pre-post data collection, or a desire to please the interviewer.

The target population is not clearly defined: it translates in reality into a broad spectrum of users:

- Biases.
- Selection of most-at-risk and non-youth population.
- Place of origin of the target population, with an excessive presence of certain districts and the absence of others.

A more ambitious evaluation of the usefulness of the program is recommended, including:

- Use of validated instruments.
- Outcome evaluation with a comparison or control group to assess the effect of the program without selection bias, history or maturation or recall.
- Evaluation based on a quasi-experimental design, with a longer follow-up period.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
"Mani Festa Saúde"
<b>2. Temporalization</b>
This consists of 10 sessions applied in three distinct phases: information, skills training and maintenance. At the level of results assessment indicators, it includes a battery composed of 5 pre-test and post-test self-completed questionnaires.
<b>3. Characteristics of the target group</b>
It is a program for the prevention of alcohol and other substance abuse aimed at adolescents between the ages of 12 and 14 (universal prevention) who have not started drinking, or whose consumption is still at an early stage (primary prevention).
<b>4. Objectives of the project</b>
It pursues two objectives: <ul style="list-style-type: none"> <li>- delaying the age of onset of alcohol consumption</li> <li>- reducing the abusive consumption of both alcohol and other drugs.</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Alcohol and other substance abuse.
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
Not really. However, at the level of results assessment indicators, it includes a battery composed of 5 pre-test and post-test self-completed questionnaires.
<b>7. Is there collaboration or are other entities or administrations involved?</b>
The program is applied in a school environment and is implemented with the supervision of The Portuguese Order of Psychologists.
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
The project is based on the Social Learning Theory (Bandura) and The Theory of Rational Action (Fishbein, Ajzen). The program is applied in a school environment and focuses on the contents and skills directly related to drug abuse, and can therefore be included among specific prevention programs.
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>



**Prevention and risk reduction:** It is a program for the prevention of alcohol and other substance abuse aimed at adolescents between the ages of 12 and 14 (universal prevention) who have not started drinking, or whose consumption is still at an early stage (primary prevention).

**10. Is the prevention project planning developed according to the following pragmatic criteria?**

- That young people are less interested in drugs
- Delay the age of initiation of consumption, use and abuse
- That the experimental consumption is not exceeded
- Avoid progression towards abuse and dependence
- Reduce risks and damages associated with addictions

- Delaying the age of onset of alcohol consumption.
- Reducing the abusive consumption of both alcohol and other drugs.

**11. Has the project achieved the objectives initially set?**

Yes

**12. What is the short-term impact of the project?**

Knowledge level:

- Know the effects of drugs in the short and long term;  
Learn to differentiate drug use and abuse based on health repercussions;
- Analyze the motivations that lead adolescents to consume alcohol and drugs;
- Know the risk factors associated with alcohol and another drug abuse;
- Change the perception of the prevalence of youth consumption of alcohol and other drugs;
- Identify the forms of social pressure regarding the consumption of alcohol and other legal drugs;
- Learn to identify forms of social pressure and persuasive advertising strategies;
- Identify the characteristics of assertive behavior;
- Differentiate behaviors (assertive, passive and aggressive).

**13. What is the long-term impact of the project?**

- Improve participants' social skills;
- Develop the ability to relate to others without resorting to the consumption of psychoactive substances;
- Learn to actively listen, converse and express opinions.
- Acquire / improve the ability to resist peer pressure, especially in situations related to drug use, etc.

**14. Indicate which aspects of the evaluated proposal can be improved or changed**

The dissemination part of the project can be improved, in order to achieve the complementarity with other initiatives, namely in schools and in the community.





## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
"Myself and Others"
<b>2. Temporalization</b>
The program is based on the exploration of interactive narratives, that is, stories about which the participants make decisions, thus influencing the development of the plot. Nine narratives are available and for each of them the standard program provides at least 7 sessions for its exploration. Each session should take approximately one hour.
<b>3. Characteristics of the target group</b>
MySelf and Others" is a program for the universal prevention of problems related to addictive behaviors and dependencies, aimed at young people between 12 and 18 years old.
<b>4. Objectives of the project</b>
<p><b>The main objectives are:</b></p> <ul style="list-style-type: none"> <li>• Promote group reflection on development issues related to adolescence.</li> <li>• Create a group dynamic that generates personal and social growth.</li> <li>• Promote decision-making processes, confrontation within the group and exploration of information.</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
. Tobacco, alcohol, anorectic, anabolic steroids, cannabis, heroin, cocaine, ecstasy and hallucinogens are addressed in terms of psychoactive substances, legal framework for substances and the network for responding to problems related to substances. In terms of themes related to adolescence, contents related to intergenerational relationships, eating behaviors, dependence on the net, friendships, homophobia, youth cultures (stereotypes), bullying, family loyalty, exploitation of child labor, sexuality and mistreatment in dating, recreational contexts and support of group of friends, the environment and the future, citizenship and the disabled person.
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
<p>More or less. The program is based on the exploration of interactive narratives, that is, stories about which the participants make decisions, thus influencing the development of the plot.</p> <p>9 characters were created that portray stereotypes of youth cultures or social roles. A work is carried out to explore the identifications of the participants with the different characters. The exploration of narratives may involve researching information, exploring the network of responses in the thematic areas addressed and experimenting with group dynamics.</p>
<b>7. Is there collaboration or are other entities or administrations involved?</b>
The "Intervention service in addictive behaviors and addictions" of Portugal.
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>



<p>Yes. The program is based on the exploration of interactive narratives, that is, stories about which the participants make decisions, thus influencing the development of the plot.</p> <p>9 characters were created that portray stereotypes of youth cultures or social roles. A work is carried out to explore the identifications of the participants with the different characters. It is based on 9 stories that are organized by paragraphs, at the end of which the players, assuming the role of the main character, are faced with several options, from which they can choose only one.</p>
<p><b>9. Does the project contain any of the following lines of action?</b></p> <ul style="list-style-type: none"> <li>- <b>Prevention and risk reduction</b></li> <li>- <b>Damage reduction</b></li> </ul>
<p>"MySelf and Others" is a universal prevention program for problems related to the consumption of psychoactive substances.</p>
<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- <b>That young people are less interested in drugs</b></li> <li>- <b>Delay the age of initiation of consumption, use and abuse</b></li> <li>- <b>That the experimental consumption is not exceeded</b></li> <li>- <b>Avoid progression towards abuse and dependence</b></li> <li>- <b>Reduce risks and damages associated with addictions</b></li> </ul>
<p>In this program substances are approached in an integrated way with other themes related to the daily lives of adolescents. So, increase health literacy not only on the central theme, but on everyone who appears in the course of history.</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p>
<p>The program has an evaluation protocol that involves the application of pre- and post-intervention questionnaires. The assessment instrument has undergone adaptations evolving from life skills to now integrate knowledge, attitudes and expectations towards the consumption of psychoactive substances. The results have been improving considerably in relation to the previous years, the factors being significant changes, Social Competence, Intellectual Flexibility, Group Leadership, Control Emotional and Proactivity.</p>
<p><b>12. What is the short-term impact of the project?</b></p>
<p>The benefits of the "Myself and the Others" project for students are:</p> <ul style="list-style-type: none"> <li>• Work on the ability to make decisions.</li> <li>• Strengthen the inter-peer relationship.</li> <li>• Increase the involvement, dynamism and participation in the development of the training.</li> <li>• Know and use different dynamic and interactive approaches.</li> <li>• Increase health literacy not only on the central theme, but on everyone who appears in the course of history.</li> </ul>
<p><b>13. What is the long-term impact of the project?</b></p>
<p>The results have been improving considerably in relation to the previous years, the factors being significant changes, Social Competence, Intellectual Flexibility, Group Leadership, Control Emotional and Proactivity.</p>
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p>
<p>This program has been extensively tested and applied in Portugal and its results show its effectiveness in universal prevention among adolescents. Thus, there are no proposals for improvement.</p>



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Risks & Challenges Program
<b>2. Temporalization</b>
The Risks & Challenges Program is a comprehensive, transversal and co-curricular program for the prevention of addictive behaviors and addictions, consisting of a set of 8 weekly two-hour sessions. The program included an experimental design, with pre-, post-test and follow-up measurements (6 months).
<b>3. Characteristics of the target group</b>
Adolescents and young adults. It is specially aimed at students attending the 1st year of higher education.
<b>4. Objectives of the project</b>
The general objective of the program is to prevent addictive behaviors and dependencies by reducing risk factors and promoting protective factors and adopting healthy lifestyles.
<b>5. Typology of addictions that are worked on in the project</b>
Alcohol, tobacco and cannabis
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
Not really. However, at the level of results assessment indicators, it includes an experimental design, with pre-, post-test and follow-up measurements.
<b>7. Is there collaboration or are other entities or administrations involved?</b>
The program is applied in a University environment and is implemented with the supervision of The Portuguese Order of Psychologists.
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
The program fits within the psychosocial programs for the development of life skills, and combines the training of general personal and social skills with the training in resistance skills, assuming that promoting your skills in young people will reduce your motivation to addictive behaviors and involvement in deviant activities.
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>
Prevention and risk reduction



<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
<p>All the criteria. The program combines the training of general personal and social skills with the training in resistance skills, assuming that by promoting that skills in young people, their motivation for addictive behaviors and the involvement in deviant activities will be reduced. It includes multiple components, such as information; decision making; identity consolidation; Communication skills; development of autonomy and positive interpersonal relationships; emotional regulation, among others.</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p>
<p>Yes.</p>
<p><b>12. What is the short-term impact of the project?</b></p>
<ul style="list-style-type: none"> <li>- Facilitate student adaptation and success in the university context;</li> <li>- Promote the construction of a social support network among students;</li> <li>- Decrease dropout rates in the first year of university attendance;</li> <li>- Reduce the prevalence of psychoactive substance use among young people and delay the age of first use;</li> <li>- Avoiding the transition from substance experimentation to abuse and dependence;</li> <li>- Limit the number and type of substances used;</li> <li>- Increase the level of information/awareness about alcohol and the risks associated with its consumption;</li> <li>- Decrease the negative consequences of consumption on individuals who use drugs or have problems of abuse or dependence on them</li> </ul>
<p><b>13. What is the long-term impact of the project?</b></p>
<ul style="list-style-type: none"> <li>- Develop personal and interpersonal skills;</li> <li>- Promote protective behaviors and prevent health risk behaviors;</li> <li>- Promote the consolidation of identity;</li> <li>- Educate individuals so that they are able to maintain a mature and responsible relationship with psychoactive substances.</li> </ul>
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p>
<p>The dissemination part of the project can be improved, in order to achieve the complementarity with other initiatives, namely in Universities and in the community.</p>





## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
CONNECT 1-Ia-1 - Mentoring project developed by Preventis Center
<b>2. Temporalization</b>
The Mentoring program it's a continuous program developed by Preventis Center, every year.
<b>3. Characteristics of the target group</b>
The target group are children and adolescents with ages between 8 and 18 years old, who are in situations of vulnerability. Most people go through difficult times in their lives (either due to family, school or material conditions) and / or have difficulty making friends.
<b>4. Objectives of the project</b>
The key to the program is to find a suitable mentor for each child, taking into account the personality and preferences of the two, the relationship between each child and his mentor being unique.
<b>5. Typology of addictions that are worked on in the project</b>
The program is aiming to prevent every risk behavior towards children and youngsters, but is focusing especially on addictions as alcohol addiction, drug addiction, gambling and internet addictions.
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
No
<b>7. Is there collaboration or are other entities or administrations involved?</b>
No, Preventis Center is developing by on their own funds and through fundraising campaigns, prevention and intervention activities in the field of addictions for children, adolescents and parents.
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
Not applicable.
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>
The project contains all these directions in the activities, including prevention and risk reduction, but also damage reduction through the mentoring activities, that are developed on a long term (and in this way, the results are visible for a youngster who is involved in the mentoring project).



<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
Not applicable.
<p><b>11. Has the project achieved the objectives initially set?</b></p> <p>Objectives achieved by the organization through its campaigns (Mentoring program included) in 2019:</p> <ul style="list-style-type: none"> <li>• The working procedures in the mentoring program have been updated and streamlined, this being more stable and with more visible results</li> <li>• All mentors in the mentoring program benefited by the Mentor Handbook, a printed guide, useful for the relationship with the younger friend</li> <li>• The SMART group was initiated, materials were produced and it was promoted in different environments. Group <u>a</u> operated regularly between February and September 2019</li> <li>• They have prepared a thematic plan for 10 videos educational services for parents; some of them were already filmed</li> <li>• They held 32 seminars for parents on the topic prevention of drug use and addiction in children.</li> <li>• They had a large number of seminars and trainings for various specialists: Basic training and Masterclass in the Motivational Interview, they argued the course of addictions within the Master of Psychology <u>Of</u> Public and Clinical Health, within the Faculty of Psychology and Educational Sciences, UBB Cluj, seminars anti-drug drugs for other target groups (young corporate people, doctors, adoptive parents, young people in churches).</li> </ul>
<p><b>12. What is the short-term impact of the project?</b></p> <p>Through the Support Program and parental education, they came to meet them parents of children in the mentoring program. So, in 2019 we offered the parents the program parenting education "Safety Circle", at the same time, monthly we organized a support group for mothers of children in the program.</p> <p>The safety circle is an education program based on more than 50 years of research on attachment and its effects on children. The program took place during 7 meetings in which parents learned about their needs, about the needs that children have they also have about how they as parents can better manage emotions so they can meet the needs of children to build a secure attachment. The parents reflected in <u>a</u> emotional supportive framework to how they grew up and how the relationship with one's parents affects the way they raise their children. They also learned about repairing relationships and how they can provide more safety for children.</p> <p>Support group for mothers of children in the Connect 1-to-1 mentoring program was the most good way to support emotional a mother who are having difficulty in personal and family life, in order to strengthen their capacity to represent a resource as stable as possible for their children. For most of them, the monthly meeting of the support group is the only one once they go out into the city and allow themselves to be pampered. They appreciate participating in the support group because they can disconnect from their daily problems.</p>



**13. What is the long-term impact of the project?**

After a period of completion of the program recovery from Preventis one of the customers of this year he told us "The big change is that I have learned to live in truth - with myself and with others. I am a free man!". This year I had the opportunity to be together for a shorter or longer period of time, to the over 100 people who have asked us for help.

Over 300 effective hours of counseling, hundreds of phones, hundreds of hours we prepared for came to the rescue in the best possible way.

**14. Indicate which aspects of the evaluated proposal can be improved or changed**

A better dissemination of these activities, in order to be available to more children and adolescents, but also families.

Dissemination on the large scale of the published materials against addictions, because the materials produced until now are very qualitative and it would be helpful to be disseminated to the youth organizations on the national level.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Saptamana Audit - National Week of testing for personal alcohol use
<b>2. Temporalización</b>
5-11 July 2021. This project is developed in every year.
<b>3. Characteristics of the target group</b>
Overall romanian population, without age restrictions
<b>4. Objectives of the project</b>
In 2019, the Alliance for the Fight Against Alcoholism and Drug Addiction (ALIAT) - the oldest non-governmental organization in the field of addictions, together with the National Institute of Public Health (INSP), the main partner of the event, launched the first personal testing campaign of alcohol among Romanians: June 5 - National Day of Testing Personal Alcohol Consumption. On this occasion, during a national event, we encouraged as many Romanians as possible to come to the test centers, where they were able to assess their level of alcohol consumption by performing the AUDIT test.
<b>5. Typology of addictions that are worked on in the project</b>
Alcohol addiction
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
The AUDIT test is a scientific tool for assessing personal alcohol consumption developed and validated by the World Health Organization (WHO), already applied in over 190 countries, the most reliable tool for early diagnosis of alcohol consumption at risk. In just 5 minutes, you can evaluate your own alcohol consumption by answering the 10 questions. This year, we invite you to take your AUDIT Test on <a href="http://www.saptamanaaudit.ro">www.saptamanaaudit.ro</a> , ONLINE, for 7 days (July 5-11, 2021), during the event "National Week for Testing Personal Alcohol Consumption".
<b>7. Is there collaboration or are other entities or administrations involved?</b>
A team of ALIAT specialists and volunteers will be available online, to <u>provide assistance</u> in applying the AUDIT Test and advice for those who request, through the Chat Box in the Homepage. People who, after completing the online questionnaire, will find out that they have a risky alcohol consumption will thus be able to avoid future health problems associated with harmful alcohol consumption, through the necessary guidance they will benefit from.
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
Yes





<p><b>9. Does the project contain any of the following lines of action?</b></p> <ul style="list-style-type: none"> <li>- <b>Prevention and risk reduction</b></li> <li>- <b>Damage reduction</b></li> </ul>
<p>Prevention: Completing the questionnaire is confidential and anonymous. The only data collected and analyzed will help ALIAT and INSP specialists to better understand at national level the phenomenon of problematic alcohol consumption and to develop effective prevention programs in the future.</p>
<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- <b>That young people are less interested in drugs</b></li> <li>- <b>Delay the age of initiation of consumption, use and abuse</b></li> <li>- <b>That the experimental consumption is not exceeded</b></li> <li>- <b>Avoid progression towards abuse and dependence</b></li> <li>- <b>Reduce risks and damages associated with addictions</b></li> </ul>
<p>Not applicable</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p>
<p>Results from 2019 event:</p> <p>Conclusions:</p> <ul style="list-style-type: none"> <li>• the risk of having problems with alcohol abuse is 5-6 times higher in men than in women.</li> <li>• 1 in 7 men fall into harmful or very harmful alcohol consumption.</li> <li>• 25% of male respondents fall into risky alcohol consumption.</li> <li>• a lower level of education, living in rural areas and the age between 40 and 70 increase the risk of harmful and very harmful alcohol consumption, both in men and women.</li> </ul> <p>Results:</p> <ul style="list-style-type: none"> <li>• 15% of respondents said they never drink alcohol, and 25% drink at least 2-3 times a week.</li> <li>• 10% of women and 35% of men drink alcohol several times a week.</li> <li>• 15% have a risky consumption, 3% have a harmful consumption, and 5% have an extremely harmful consumption.</li> <li>• The risk of harmful or extremely harmful consumption is much higher for men than for women: 13% for men compared to 2.2% for women.</li> <li>• The risk of harmful or extremely harmful consumption among men increases slightly with age, reaching a maximum for those between 50 and 70 years - approx. 16% have a harmful or extremely harmful consumption.</li> <li>• The risk of harmful or extremely harmful consumption among men varies significantly in relation to the level of education - 23% of those without secondary education have harmful or extremely harmful consumption.</li> <li>• Male respondents living in rural areas are more exposed to alcohol abuse, about 19% fall into harmful or extremely harmful consumption.</li> <li>• In the case of men, there is a pronounced risk of harmful alcohol consumption among divorced people - over 30% of them fall into harmful or extremely harmful alcohol consumption. The lowest risk is observed in married people.</li> </ul>



<b>12. What is the short-term impact of the project?</b>
Over 14,400 people completed this questionnaire in over 200 centers across the country, with the help of nearly 600 volunteers. They found out what risk category they are in, what it means too much or a consumption that is harmful to their health and how to take care of them.
<b>13. What is the long-term impact of the project?</b>
The results are published and can be a base for the future projects on prevention and intervention of addiction toward young people. We also have longitudinal studies regarding the incidence of alcoholism and the evolution in time, and in this way, we can analyze different factors that we can work on in future projects.
<b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b>
Dissemination part should be improved, in order to be available to more people.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL



<b>1. Name of the project</b>
Antidrug National Agency (Romania) projects and activities in 2019 - 2020
<b>2. Temporalization</b>
The Antidrug National Agency is the main public institution responsible for prevention and intervention in the field of addictions, mainly on alcohol, drugs, cigarettes, but it's developing projects and campaigns for all the addictions, in every year, on local, regional and national level.
<b>3. Characteristics of the target group</b>
The target group of Antidrug National Agency is the romanian population overall, but they are making mainly campaigns in schools, high school and in cooperation with different agencies from national and international level. The activities on which we will focus during this evaluation will be in relation with children and adolescents (young people).
<b>4. Objectives of the project</b>
<p>From this perspective, institutional efforts have materialized both in the coordination, evaluation and monitoring, at national level, of policies in the field of preventing and combating illicit drug trafficking and consumption, and in the development, promotion and implementation, in a unitary manner, integrated and continuous response to drug demand and supply reduction.</p> <p><b>In the community:</b></p> <ul style="list-style-type: none"> <li>• Promoting community participation in the development of social skills and pro-social attitudes.</li> <li>• Facilitating access to healthy leisure alternatives, including those that allow an adequate channeling of the search for new sensations, in order to increase satisfaction with leisure.</li> <li>• Facilitate the establishment of diverse interpersonal relationships around non-drug actions of interest in order to reduce social pressure on consumption, especially peer pressure, and encourage the production of subjective anti-drug rules</li> </ul> <p><b>In the family environment:</b></p> <ul style="list-style-type: none"> <li>• Developing appropriate family educational styles as a means of improving self-control and decision-making skills.</li> <li>• Development of individual social relationship skills, especially with peers;</li> <li>• Establishing a valuable family climate and emotional-affective support, as a basis for increasing self-esteem;</li> <li>• Facilitating the participation of parents and children together in various leisure activities;</li> <li>• Creating healthy habits to encourage the establishment of anti-drug rules.</li> <li>• Development of a solid normative and value system.</li> </ul> <p><b>In the school environment:</b></p> <ul style="list-style-type: none"> <li>• Increasing self-esteem;</li> <li>• Developing empathy, as a foundation of affective development, interpersonal skills and prosocial attitudes;</li> <li>• Increasing the capacity for emotional self-expression;</li> <li>• Improving self-control;</li> <li>• Development of healthy living behaviors;</li> <li>• Developing decision-making skills;</li> <li>• Development of interpersonal skills;</li> <li>• Improving self-affirmation.</li> </ul>



<b>5. Typology of addictions that are worked on in the project</b>
The project aim is to prevent and intervene in all kinds of addictions, but especially on drugs, alcohol and cigarettes.
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
<p>Yes, the National Antidrug Agency has national and international studies on which they base their prevention and intervention campaigns and they publish every year some reports regarding the addictions in Romania, but also data from European and international level (translated and published in romanian).</p> <p>They also do detection campaigns and they sustain other organizations' initiatives for evaluation, prevention and intervention on addictions, especially on children and young people.</p>
<b>7. Is there collaboration or are other entities or administrations involved?</b>
<p>For the institution's activities and projects, there are a lot of collaborations with public institutions on local and regional level, but also the Antidrug National Agency has offices in each county.</p> <p>The institution is involved in many prevention campaigns of other organizations or institutions, especially collaborating with the Health Ministry and Education Ministry.</p>
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
Yes, their initiatives have documented studies according more that sociocultural model, but it begins from this model, including some special campaigns also for vulnerable people or giving support to the vulnerable groups and to the NGOs which are working in disadvantaged areas.
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- <b>Prevention and risk reduction</b></li> <li>- <b>Damage reduction</b></li> </ul>
<p>The directions of the Antidrug National Agency are following more lines, having more departments (below are specified only the departments that are following the objectives described above):</p> <ol style="list-style-type: none"> <li><b>Romanian Observatory of Drugs and Drug Addiction (ORDT)</b> <ul style="list-style-type: none"> <li>• updating the National Report in which the drug situation at national level is presented;</li> <li>• updating the information system on demand reduction activities (EDDRA);</li> <li>• participation in the Early Warning System;</li> <li>• updating the information maps of the focal point, except for those in the field of demand reduction for which there is a separate program (EDDRA);</li> <li>• fulfilling all the activities necessary for the implementation of the key epidemiological indicators;</li> <li>• coordination, evaluation; implementation of research in the field.</li> </ul> </li> <li><b>National Drug Training and Documentation Center</b> - The information - documentation - information dissemination system allows the collection of documents and information, their processing, organization and capitalization to all its beneficiaries: students, teachers, structures of central and local public administration, community (NGOs, associations, local authorities etc.), suppliers.</li> <li><b>Drug Demand Reduction Service</b> <ul style="list-style-type: none"> <li>• Drug abuse prevention</li> <li>• Prevention of non-medical drug use</li> </ul> </li> </ol>





<ul style="list-style-type: none"> <li>• Prevention of drug abuse</li> <li>• Drug addiction prevention</li> <li>• Prevention of the negative consequences associated with drug use</li> <li>• Avoiding the transformation of recreational consumption into abusive consumption and addiction;</li> <li>• Increasing the influence of protective factors and decreasing the influence of risk factors in drug use.</li> </ul>
<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
Not applicable
<p><b>11. Has the project achieved the objectives initially set?</b></p>
Yes, each project it's followed in terms of objectives and indicators and the agency has on the website the annual report in which the numbers, indicators and qualitative impact it's described.
<p><b>12. What is the short-term impact of the project?</b></p>
<p>The short-term impact of the Agency's activities is revealed through the projects in implementation. For example, for 2020-2021, the Agency is implementing the following specific projects for children and young people:</p> <p><b>"HOW TO GROW HEALTHY"</b>, a project that involves the formation of healthy living habits among children of preschool and early school age (preparatory class), emphasizing the importance of adopting a healthy lifestyle (diet, hygiene, exercise), behaviors (cigarette smoke, alcohol and over-the-counter medicines) and non-violent ways of resolving conflicts and making decisions.</p> <p><b>"ABC OF EMOTIONS"</b>, which is a project to train and strengthen emotional skills as protective factors in drug prevention, focusing on self-awareness, developing assertive communication, managing unpleasant emotions, the ability to do in the face of peer pressure and decision-making for healthy development.</p> <p><b>"UNCENSORED"</b> project, certified and evaluated from the point of view of efficiency, at international level, having two components - one for students aged 12-14, which includes 12 lessons aimed at developing life skills and social integration, and the second, the component for parents, which includes 3 coaching modules in the field of balancing the relationship with children.</p> <p><b>"FRED GOES NET"</b> is addressed to students aged 14-19, in order not to start or delay the onset of drug use, but also to avoid the transformation of experimental and occasional use into regular use. The project, implemented since 2000 in over 10 European countries, involves 8 group meetings with students who need a suitable intervention.</p>
<p><b>13. What is the long-term impact of the project?</b></p>
Not applicable
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p>
The dissemination part of the projects developed by Antidrug National Agency can be improved, in order to achieve the complementarity with other initiatives, maybe from NGOs field and youth work and nonformal education.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Hug of Inclusion
<b>2. Temporalization</b>
Not applicable
<b>3. Characteristics of the target group</b>
Adolescents and young people aged 13-18 that come from families with psychiatric illness
<b>4. Objectives of the project</b>
Objective of the project is prevention of kids from using drugs such as marijuana, cocaine and other relevant substances associated with drug use. objectives of the project are also - To prevent social exclusion and negative presumption of these adolescents - To avert them from following a negative pattern of behavior because of psychological/psychiatric illness of parents.
<b>5. Typology of addictions that are worked on in the project</b>
All drug related substances Emphasis also for the potential using of tobacco and alcohol Prevention of illegal behaviors and unsafe sex practices
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
Hug of inclusion aims to offer prevention, counselling, psychological support, offer opportunities for a social support group and network so as to have adolescents not to become marginalized in society. Experienced motivational counselors are used for this project along with the help of social workers, educators and lawyers.
<b>7. Is there collaboration or are other entities or administrations involved?</b>
Social services department, ministry of education
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
Not applicable



<p><b>9. Does the project contain any of the following lines of action?</b></p> <ul style="list-style-type: none"> <li>- <b>Prevention and risk reduction:</b></li> </ul> <p>The project aims to have its momentum on prevention rather than dealing with aftereffects of non-prevention. As such it tries to reach adolescents before they establish negative patterns</p>
<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul> <p>The project goes with a very pragmatic viewpoint. It is always easier to prevent rather than dealing with the consequences of negative behavior.</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p> <p>Because this is a prevention project program data are used from pros that were not used preventive projects. Initial data are very encouraging but no cross-section population data/studies/ research exists at the quantitative level. Empirical/qualitative evidence suggests over 50% success ratio.</p>
<p><b>12. What is the short-term impact of the project?</b></p> <p>Short term impact relates to the fact that half of all participant adolescents will not exhibit in the future problematic behaviors that may force them to face negative consequences in their lives.</p>
<p><b>13. What is the long-term impact of the project?</b></p> <ul style="list-style-type: none"> <li>-Averting many psychological/ medical, social, legal issues that a problematic negative attitude towards to social exclusion, stigmatization</li> <li>-Issuing to the adolescents a value system that will greatly benefit them for a life</li> <li>-Expanding their self-awareness by increased self confidence</li> <li>-Increasing defense mechanisms in the totality of the adolescent who is at risk</li> <li>-Ensuring adaptivity to the social setting</li> <li>-Expanding tolerance for the self and the others</li> </ul>
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p> <p>Projects of these calibers must be increased in number and staff that contribute to this effort must also increase in number.</p> <p>Addition of qualified statisticians so as to procure scientific data.</p> <p>Overall the project was innovative and quite effective.</p>



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Jocasta
<b>2. Temporalization</b>
Not applicable
<b>3. Characteristics of the target group</b>
Adolescents aged 12-15
<b>4. Objectives of the project</b>
<p>The general objective of the project is to prevent overuse of internet and gaming from adolescents</p> <ul style="list-style-type: none"> <li>- Trying to raise awareness of the dangers of the internet (viruses, phishing, etc.).</li> <li>- Raise awareness regarding sedentary behavior that increased through internet use.</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Addiction to internet including gaming
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
Jocasta is a preventive educational project that guides and offer awareness to adolescents so as to prevent them from entering in a negative path.
<b>7. Is there collaboration or are other entities or administrations involved?</b>
Ministry of Education has contribution
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
This project is clearly offering prevention and awareness for abuse of the internet and its possible threats to young people.
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- <b>Prevention and risk reduction:</b></li> </ul> <p>Project is implemented in the area of Nicosia and has participants that have exhibited addictive behavior.</p>
<b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b>
<ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>





The criteria are subjective based on perceptions of parents but questionnaires, interviews with adolescents took place before onset of project so as to target the ones most at risk
<b>11. Has the project achieved the objectives initially set?</b>
Project has achieved possible 40% reduction in addictive behavior towards internet addiction goals of the project were not set up very high due to the fact that this was a pilot project and directors of it knew that they had to further elaborate and do work on the next one after spotting possible weakness.
<b>12. What is the short-term impact of the project?</b>
Reducing addictive behavior of adolescents to internet and teaching them to be aware of possible threats if they were to expose personal data and how that can be manipulated against them.
<b>13. What is the long-term impact of the project?</b>
<p>Long term impact constitutes awareness of threats, awareness of addiction where before internet addiction was thought to be normal behavior.</p> <p>More elaborate concentration than before overuse of the internet.</p> <p>Memory improvement.</p> <p>Improvement in more positive behavior.</p>
<b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b>
Definitely, there needs to be more staff so it can bring better results. Also, comparative cross-sectional statistical analysis from other research. The project has to have longer duration, a lot of more working hours.



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Rea: Women that are pregnant and abuse of alcohol
<b>2. Temporalización</b>
Not applicable
<b>3. Characteristics of the target group</b>
Females within the reproductive cycle spectrum aged between 20 to 40
<b>4. Objectives of the project</b>
<p>The general objective of the project is tracing of women at risk so as to provide counseling where it is needed so as to stop them from harming themselves.</p> <p>The specific objectives of the project are:</p> <ul style="list-style-type: none"> <li>- To make women understand how dangerous that behavior is and of the many possible complications that may be had once the children born or even before</li> <li>- To positively reinforce the women to cease this very negative behaviors.</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Alcohol abuse while in pregnancy. The obvious risks of teratogenic aftereffects on offspring.
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
<p>Rea project is a comprehensive one where it offers guidance, counseling, psychotherapy and/or counseling by specialized doctors that have experience on the subject. Interviews are carried out before counseling begins. Psychometric and personality tests also come with the program. Right after medical tests are also used to assess the physical/hematological health of mother and fetus.</p>
<b>7. Is there collaboration or are other entities or administrations involved?</b>
Ministry of Health
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
No, it is primarily a project for prevention
<b>9. Does the project contain any of the following lines of action?</b>
<p>- <b>Prevention and risk reduction:</b></p> <p>The project has at its core-prevention. As such it is based on referrals from social services department and it aims to reduce risks associated with alcohol addiction while in pregnancy</p>



<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
<p>The prevention project follows clear cut medical criteria and psychological ones</p> <p>(a) If the expectant mother does not seize consumption of alcohol then there is a chance for neurological/ medical damage to this child and also an alcoholic mother poses a danger to the fetus itself.</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p>
<p>Project has been quite successful and results showed dramatic reduction of medical danger to both mother and child. Psychological balance had been achieved in over 65% of subjects.</p>
<p><b>12. What is the short-term impact of the project?</b></p>
<p>The gains insofar as the medical aspects are concerned can be huge though evidence is unecdotal and empirical because no control group was used.</p>
<p><b>13. What is the long-term impact of the project?</b></p>
<p>Better cognitive function for mothers. Awareness for health risks, inability to integrate properly within the context of the social setting, possible inability of the mother to take care of the newborn.</p> <p>Participant expected mothers found the project very valuable to and up to 60% of the total.</p> <p>Project of this caliber will be renewed and continued.</p>
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p>
<p>Since and due to ethical reasons control groups cannot be used, qualitative, empirical and anecdotal data has to by necessity be the focus part of the weakness stems from lack of control group but in this case, there is no other venue for now.</p> <p>Project has shown that with increased staff the percentage of success may be raised.</p>

□



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Nowożytni gladiatorzy
<b>2. Temporalization</b>
2012-2013
<b>3. Characteristics of the target group</b>
Youth between 13 and 16 years old, endangered to social exclusion
<b>4. Objectives of the project</b>
<ul style="list-style-type: none"> <li>- Promotion of social inclusion</li> <li>- Prevention from social exclusion of individuals battling with addictions or at risk</li> <li>- Preventing addictions in young people through sport and music</li> <li>- Integration with local community as a way of developing positive factors of addiction prevention</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Drug and alcohol addictions
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
After evaluating the needs of youngsters participating in the project they created their own sports club named BJJ team as a way of creating a community that would host leisure activities to prevent addictions.
<b>7. Is there collaboration or are other entities or administrations involved?</b>
54 Secondary School 3rd Age University (a non-formal group for seniors) Cohorta sports clubs Strefa Aikido sports clubs Youth in Action (Młodzież w Działaniu) - funded the project
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
Through targeting people at risk of social exclusion that battle with addictions and partnering up with local community entities the project aimed to change the perception of the community on the youngsters. Therefore, it attempted to change the culture of how young people battling with addictions are viewed by society.





<p><b>9. Does the project contain any of the following lines of action?</b></p> <ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>
<p>The project contains prevention and risk reduction of addictions.</p>
<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
<p>Not applicable</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p>
<p>Yes</p>
<p><b>12. What is the short-term impact of the project?</b></p>
<ul style="list-style-type: none"> <li>- Several participants of the project managed to finish secondary school</li> <li>- Creating a music record and a music video</li> </ul>
<p><b>13. What is the long-term impact of the project?</b></p>
<p>Creating Brazilian Jiu Jitsu sport club that later on transformed into a branch of 11 Barracuda Sports Clubs in Poland and one in Ireland.</p>
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p>
<p>Employing more experts that would allow to facilitate individual consultations during difficult moments when working with youth, for example periods during which they were on the verge of collapsing into their addictions again.</p>



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
Aktywni (nie)Pełnosprawni - obóz artystyczno-sportowy dla dzieci i młodzieży niepełnosprawnej. Działalność na rzecz osób niepełnosprawnych. Poprawa stanu fizycznego i psychicznego osób niepełnosprawnych.
<b>2. Temporalization</b>
5th June to 7th August 2017
<b>3. Characteristics of the target group</b>
Disabled individuals aged 8-18 from the City of Poznan
<b>4. Objectives of the project</b>
<ul style="list-style-type: none"> <li>- Organizing a lot of cultural and sports related activities during the summertime as a method of addiction prevention</li> <li>- Expanding knowledge of European and Asian cultures</li> <li>- Finding and developing passions of the youngsters so that they spent more time pursuing them and have less time to think about drugs or other addictive substances</li> <li>- Improving the physical and mental condition of the participants</li> <li>- Developing soft skills and social competences as a way of developing positive factors of addiction prevention</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Drugs and behavioral addictions
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
N/A
<b>7. Is there collaboration or are other entities or administrations involved?</b>
The Municipality of Poznan (Urząd Miasta Poznania) - Health and Social Department
<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
It focuses on addiction prevention in disabled youngsters



<p><b>9. Does the project contain any of the following lines of action?</b></p> <ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>
<p>It contains addiction prevention and risk reduction through the organisation of various leisure activities. This was aimed at developing the passions of youngsters and teaching them valuable skills as a way of spending meaningful leisure time and having less boredom from which very often addictions stem from.</p>
<p><b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b></p> <ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
<p>N/A</p>
<p><b>11. Has the project achieved the objectives initially set?</b></p>
<p>Yes</p>
<p><b>12. What is the short-term impact of the project?</b></p>
<ul style="list-style-type: none"> <li>- Organizing leisure activities for youth during the summertime</li> <li>- Teaching young people how to meaningfully spend their free time</li> <li>- Widening their knowledge on European and Asian cultures</li> <li>- Recording a song and filming a music video</li> </ul>
<p><b>13. What is the long-term impact of the project?</b></p>
<ul style="list-style-type: none"> <li>- Developing relations with healthy role models and figured that would help them improve how they schedule and spend their leisure time</li> <li>- Helping the youngsters to develop soft skills that would benefit them and make them less at risk of getting addicted in the future</li> </ul>
<p><b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b></p>
<p>The action could have been followed up with other leisure cultural, artistic, and sports related events throughout the next years.</p>



## EVALUATION OF THE ADDICTION PREVENTION PROPOSAL

<b>1. Name of the project</b>
WiM - Wielkopolska in Move
<b>2. Temporalization</b>
2015-2018
<b>3. Characteristics of the target group</b>
9500 Children and Youth from Wielkopolska Voivodeship that are endangered of social exclusion because of being addicted or at risk of developing an addiction.
<b>4. Objectives of the project</b>
<ul style="list-style-type: none"> <li>- Organizing Move Weeks in different cities in Wielkopolska</li> <li>- Widening the knowledge of participants of the way in which sports can be an addiction prevention method, healthy lifestyle, as well as mental and physical development</li> <li>- Presenting famous sportsmen that battled with their addictions and how they overcame their struggles</li> </ul>
<b>5. Typology of addictions that are worked on in the project</b>
Alcohol and drugs
<b>6. Is the project or proposal part of an initial evaluation to detect needs and guide activities? If yes, explain</b>
N/A
<b>7. Is there collaboration or are other entities or administrations involved?</b>
54 Secondary School Secondary School in Miłosław Kohorta Poznań Muay Thai Gym Strefa Aikido MKS (handball) European Commission V4SportFoundation





<b>8. Does the project start from an ecological or sociocultural model that includes biological, social and cultural factors that allow changing the social structure that supports addictions?</b>
The project includes social and cultural factors, through changing how addictions are viewed, talking about them openly and trying to change the culture of the way in which addictions are talked about.
<b>9. Does the project contain any of the following lines of action?</b>
<ul style="list-style-type: none"> <li>- Prevention and risk reduction</li> <li>- Damage reduction</li> </ul>
The project aims at prevention and risk reduction through helping youngsters get involved in sports activities and meeting mentors that battled their addictions thanks to sport.
<b>10. Is the prevention project planning developed according to the following pragmatic criteria?</b>
<ul style="list-style-type: none"> <li>- That young people are less interested in drugs</li> <li>- Delay the age of initiation of consumption, use and abuse</li> <li>- That the experimental consumption is not exceeded</li> <li>- Avoid progression towards abuse and dependence</li> <li>- Reduce risks and damages associated with addictions</li> </ul>
N/A
<b>11. Has the project achieved the objectives initially set?</b>
Yes
<b>12. What is the short-term impact of the project?</b>
<ul style="list-style-type: none"> <li>- Health condition and mood improvement diagnosed during the evaluation</li> <li>- Prevention of drug use during the leisure activities</li> </ul>
<b>13. What is the long-term impact of the project?</b>
<ul style="list-style-type: none"> <li>- Several participants signed up for regular trainings at the partner organizations after the project that made them spend more time in a healthy and drug-free environment</li> <li>- Organizing of mini-project by youth that took part in the project which included their local communities</li> </ul>
<b>14. Indicate which aspects of the evaluated proposal can be improved or changed</b>
More media coverage could have benefited the project and more participation with the media in regards to the results of the events



# CHAPTER 5

## GUIDELINES FOR DEVELOPING PREVENTIVE ACTIONS IN THE FIELD OF ALTERNATIVE LEISURE WITH YOUNG PEOPLE

Incorporating prevention strategies in leisure activities for youngsters is beneficial as it may stop them from developing an addiction. It can educate youngsters on negative consequences of addictions, thus discourage them from for example using illegal substances. Nevertheless, it's important to show them how to schedule their free time, develop positive relationships within the community and find other individuals with which they can share their thoughts and experiences. All this plays a pivotal role in addiction prevention. Therefore, it is important for people organising leisure activities to remember about how big of a role they have in prevention of addiction in young people, whether it's direct or indirect.

### **Identify high-risk groups:**

Risk factors for youth high-risk substance use can include:

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Poor parental monitoring
- Parental substance use
- Family rejection of sexual orientation or gender identity
- Association with delinquent or substance using peers
- Lack of school connectedness
- Low academic achievement
- Childhood sexual abuse
- Mental health issues



What it is important for young people in order to prevent addictions development:  
The model of the youth affirmation process (Kim et al., 1998) is based on a wide range of theories or components of such as the theory of social control, the model of development social, problem behavior and social learning.

**The components that this model includes are:**

- Adequate family support;
- Adequate social support;
- Concern and support of the family in the young person's life;
- High social expectations from important people for the young;
- Opportunities to learn life skills to have work-related implications;
- Relevant opportunities for taking on responsibilities;
- Opportunities to participate and contribute significantly to social, cultural, economic and public activities in school and community;
- Opportunities to demonstrate skills and achieve success;
- Strengthening performance by relevant people in the school, home, but also by other adults.



## Types of prevention and intervention programs

Authors of a manual published by the Office for the Prevention of Abuse of Substances (OSAP) in the United States have classified programs prevention (targeting especially young people), as follows:

### 1. Person-centered programs

Development of knowledge, behaviors and attitudes towards tobacco, alcohol and drug use are the most commonly used prevention strategy. The purpose of these programs is to influence more individuals rather than their social or economic environment. approach used in these programs are:

- Information. This approach starts from the assumption that people use drugs because they were not sufficiently informed about their harmful effects. If the source from which it is the information received is considered reliable by the target group, then, by omitting the element "fear", the information provided it can become an important part of a more complex approach.
- "It could happen to me." The basic assumption of this approaches is that although young people know the negative effects of drug use, do not consider that they would it could affect them as well. Thus, awareness of this potential risk by the target group can be effective in preventing consumption, if the messages transmitted are based on scientific evidence.





- Emotion management. This approach starts from the hypothesis that people use drugs as a result of problems emotional. The approach focuses on improvement stress resistance and the detection of risk groups to them provide the necessary support in time.
- Improving social skills. These programs are intended promoting firmness, improving social communication, development assertiveness and encouragement of participants to resist pressure negative social.
- Identification of antisocial behavior in the early stages. The hypothesis from which this approach starts is that aggression, rebellion, impatience and shyness are potential clues to future behavioral problems. programs are designed to identify children with such early problems and steer them in a more acceptable direction from social level.



## 2. Peer-centered programs

- In the case of young people, members of a group usually have a major influence. School programs can take advantage of this by involving young people in prevention activities. It is preferable that such programs include components for the development of social and technical skills interactive.

## 3. Family-centered programs

- These programs are based on the assumption that the family has an active role in drug prevention. Under these programs education, parents are informed about drug use and
- its effects, develops skills of active listening, establishing rules and limits, early recognition of drug use, etc. Meetings with parents are much more effective than transmission this information through information-education materials. Brochures of information can be a first step to stimulate the active involvement of parents.



## Examples of preventing methods

### Education

Providing individuals with knowledge about addictions results in making better choices. If youngsters have basic knowledge of symptoms and downsides of addictions they might be less likely to fall into them. Moreover, it increases the chances they will

### Mentoring

Having a strong relationship with a respected mentor can help guide young people in the right direction, preventing them from falling into addictions.

### Exercise and cultivating positive habits

Introducing individuals to new hobbies can result in them filling their timetable in a positive way. It is an important factor, because in several cases addictions are born from not knowing how to spend free time and thus extreme boredom.



## How to structure an awareness campaign about addictions

Dutch researchers Janssen and Geelen have compiled the following list of criteria that the programs should ideally meet for the prevention of mental health problems (and treatment) against addiction): M. Janssen and K. Geelen, Prevention is more good than cure - Quality criteria for prevention mental health problems:

### STAGE

### QUALITY CRITERIA

## 1. PROJECT DEVELOPMENT

#### General aspects

- supports the plausibility of the expected results / effects;
- consider the negative effects of prevention;
- involves group members whenever possible target, in the development of the project;
- specifies how the expected effects will be on the extent of development work and effort;





## **Identify the problems**

- estimates the severity and importance of the problem and related costs;
- uses existing epidemiological data;
- explains why a certain problem was chosen;

## **Analyzing problems**

- analyzes the conditions of the problem at the micro and macrosocial, as well as how these factors interact;
- is based on knowledge of risk factors and protection factors, and differentiates between what factors those who cannot be can be changed;
- uses available scientific data.

## **Establish the aim**

- accurately describes the expected intermediate results;
- accurately describes the expected results at the end;
- accurately describes the target group or groups;
- accurately describes the target group or groups that prevention intermediates;
- formulate goals so that they are easy to check if they were touched;
- set specific objectives.



### **Specifying strategy and selecting methodologies**

- analyzes the purpose of the intervention;
- selects the type of intervention based on knowledge about effective approach strategies;
- performs a series of coherent interventions at the level micro- and macro-social;
- appreciates the effectiveness and feasibility of the strategy and chosen methodology;
- test the intervention beforehand or use a type of intervention previously used elsewhere;

### **Plan the project**

- has a systematic plan developed, which indicates their activities and schedule;
- includes evaluation and testing periods;

## **2. PROJECT IMPLEMENTATION**

### **Implementing the project**

- it is implemented following the step-by-step plan;
- is coordinated with the activities of third parties (administrator, service facilitators, other levels, etc.).



### 3. PROJECT EVALUATION & FOLLOW-UP

#### Results

- it is designed as purpose and form, for a certain group aim;
- is considered attractive by the target group (design good graphics, low costs)

#### Dissemination

- provides a clear and comprehensive description of the project.
- brings the expected results to the attention of the target groups;
- provides a clear and comprehensive description of them;

#### The relevance of the project

- targets results / effects with a large range in row of target groups;
- targets effects that are socially desirable

#### Effects

- demonstrates the achievement of intermediate desired results / effects
- demonstrates the achievement of the desired prevention results.



## How to develop a preventing and safe space

Developing a safe space is a key component of addiction prevention. It can serve the purpose of education, developing healthy habits, providing leisure activities or making people feel connected to a small community. These are all important parts of addiction prevention. Below are 5 rules that will make creating a safe space for addiction prevention more effective:

### Be welcoming and hospitable to the individuals

Treat the participants in a way that makes them feel comfortable and at home. It will allow them to open up and fully participate in the conversations and activities planned for the group. It will also contribute to a better energy in the room and group dynamics.

### Be inclusive of all persons and their experiences

In order to create a safe space where young individuals can learn and develop skills needed to prevent from falling into the trap of addiction, the space must be inclusive. It is important to put an emphasis on the fact that everyone is welcome to be there and share their experiences no matter their background. Create an environment inclusive in terms of gender, race, age, religion, political views and values important for group members. It will allow a better acknowledgement of a wide range of life experiences and perceptions of situations that can positively benefit the growth of the group.





### Try to develop positive relationships

The National Institute on Drug Abuse emphasizes that strong connection between the individuals and members of the community can be a key part of preventing strategies. Therefore, try to strengthen the relations between the group members. It refers to the previous point of being inclusive and acknowledging different factors playing part in other people's lives.

Moreover, when an individual will feel more understood by the group and feel like they can open up about their problems they will be less likely to fall into the trap of addiction because they very often stem from the lack of ties in the society and feeling misunderstood. Thus, it's important that youngsters feel like they can share their experiences and feelings with other people freely and can have a conversation about their thoughts.

### Set ground rules or guidelines that the group must follow

The guidelines are an important part of regulating how the group works and its dynamics. Make sure that the group agrees on a mode of common interactions and communications, as well as what and how information is shared outside of the group.

### Provide time for dialogue

Take time and let the group members voice their opinions, ideas and concerns. It will help with tailoring the prevention to the individuals you are working with. Giving enough time for conversations also helps build and strengthen the relationships within the group. It helps grow ties between the individual and a community, which is a healthy preventive factor.



### Teach healthy coping mechanisms

Try to incorporate teaching healthy coping mechanisms into the carried out leisure activity or workshop you're leading. Many drug use disorders stem from the fact that some individuals are unable to cope with their negative emotions in a healthy way and use illegal substances to deal with them. Thus, it is crucial to incorporate this in the leisure activity.



## **Coping Strategies**



## **Successful prevention strategies incorporate specific needs of participants in regards to their:**

### Gender

A gender based approach is necessary to prevent drug and substance addiction prevention according to UNODC. There are specific gender factors in regards to resilience and vulnerability. Moreover, research shows that prevention strategies do not benefit men and women in the same way. A gender-attentive approach when carrying out preventing activities might help with its effectiveness. It would make sure that the conduction of the activity is adapted to needs of different genders, resulting in more inclusivity. To give an example, while family-based strategies seem to work equally for both genders, community and school based strategies are more likely to fail for girls and women.

### Age

It is important that the prevention methods and the approach is varied depending on the age of the individuals participating in an activity or workshop. Different ways of communication and approach should be adopted.

### Culture

Depending on the individual's culture they have been brought up in, addictions might be spoken about in a different way. In many cultures there is a stigma and it might be viewed as a taboo topic. Be prepared that one's culture should also be acknowledged to achieve the best success of the preventive methods incorporated into the carried out leisure activity.



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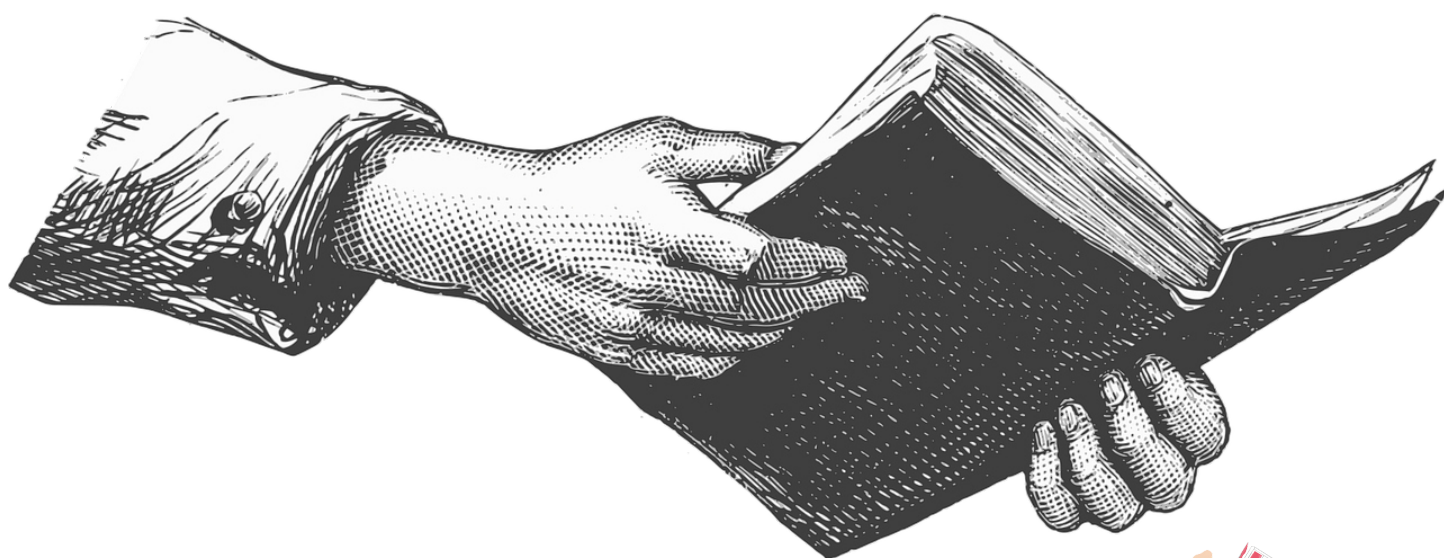


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