



# Substance Use Primary Prevention Campaign Effectiveness Measurement Survey Report

Psychoactive Substance Use Primary Prevention Campaign Project



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Psychoactive Substance Use Primary Prevention Campaign Project



Bureau of International Narcotics  
and Law Enforcement Affairs (INL),  
US Embassy in Georgia



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<sup>1</sup> This is the new name of the Ministry as of 2018. During the implementation of the project, it was known as the Ministry of Education and Science (MoES).

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# Background

## Importance of addressing the issue

According to evidence gathered from scientific research, initiation into psychoactive substance use takes place in early adolescence.<sup>2,3,4,5,6</sup> Hence, for primary prevention of substance use it is key to involve students in participatory activities, which – through dialogue and provision of information on risks associated with substance use – would enable adolescents to make the right choice. However, educational interventions aimed at primary prevention of substance use have been lacking within public schools in Georgia. Therefore, the International Organization for Migration mission to Georgia (hereinafter IOM Georgia), in close cooperation with the Ministry of Education and Science (MoES) of Georgia<sup>7</sup> and relevant stakeholders, piloted an innovative, interactive Psychoactive Substance Use Primary Prevention Campaign in seven public schools. The schools are in the three most vulnerable regions in the country (in terms of substance use rates and risks) – namely, Tbilisi City, Shida Kartli and Samegrelo-Zemo Svaneti. Particular emphasis was placed on the most marginalized populations – internally displaced persons (IDPs) and ethnic minorities.

## How and why the issue emerged

According to the International Standards on Drug Use Prevention,<sup>8</sup> educational interventions aimed at primary prevention of substance use are useful if these are based on the latest scientific evidence and their effectiveness is being measured to ensure uptake of appropriate messages and

2 UNICEF defines early adolescence between 10 and 14 years, and late adolescence between 15 and 19 years.

3 L. Gallimberti, A. Buja, S. Chindamo, C. Lion, A. Terraneo, E. Marini, L.J. Gomez Perez and V. Baldo, “Prevalence of substance use and abuse in late childhood and early adolescence: What are the implications?” *Preventive Medicine Reports*, 2:862–867 (2015). DOI:10.1016/j.pmedr.2015.09.018.

4 S. Nkansah-Amankra and M. Minelli, “‘Gateway hypothesis’ and early drug use: Additional findings from tracking a population-based sample of adolescents to adulthood”, *Preventive Medicine Reports*, 4:134–141 (2016). DOI:10.1016/j.pmedr.2016.05.003.

5 E.B. Robertson, S.L. David and S.A. Rao, *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, second edition, NIH Pub. No. 04-4212(A) (Bethesda, Maryland, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH), US Department of Health and Human Services (DHHS), 2003). Available from [www.drugabuse.gov/pdf/prevention/RedBook.pdf](http://www.drugabuse.gov/pdf/prevention/RedBook.pdf)

6 L.D. Johnston, P.M. O’Malley, R.A. Miech, J.G. Bachman and J.E. Schulenberg, *Monitoring the Future National Results on Adolescent Drug Use: Overview of Key Findings 2013* (Bethesda, Maryland, NIDA, NIH, US DHHS, 2013). Available from [www.monitoringthefuture.org](http://www.monitoringthefuture.org)

7 This was the name of the Ministry during the project implementation. However, in 2018, it was changed to the Ministry of Education, Science, Culture and Sport of Georgia.

8 UNODC/WHO International Standards on Drug Use Prevention. Available from [www.unodc.org/unodc/en/prevention/prevention-standards.html](http://www.unodc.org/unodc/en/prevention/prevention-standards.html)

information by the target audience is successful. Therefore, IOM Georgia considered to assess the effectiveness of its Psychoactive Substance Use Primary Prevention Campaign (henceforth the intervention) by ascertaining participant students' awareness and attitudes pertaining to substances and the risks associated with use of these substances prior and subsequent to the implementation of the intervention.

### **Purpose of the research, with explicit identification of research questions**

Correspondingly, the aim of the research was to identify changes in awareness and attitudes towards psychoactive substances and the risks associated with the use of these substances among the students who participated in the intervention based on a comparative analysis of the pre- and post-intervention survey outcomes. The research questions aimed to ascertain whether the intervention influenced participants' awareness and attitudes towards substances and substance use, to assess the nature and extent of this change, and to conclude concerning the effectiveness of the intervention.

The goal of the survey is two-fold:

- (1) To assess the level of students' awareness of alcohol, tobacco, and legal and illegal drugs;
- (2) To assess the effectiveness of the Psychoactive Substance Use Primary Prevention Campaign, a school-based intervention aimed at primary prevention of substance use among schoolchildren.

### **Significance of the research**

Within the intervention, students were provided for the first time with information, education and communication (IEC) materials collectively called "Life Is Better" and engaged in the interactive, participatory campaign aimed at primary prevention of substance use. The pre- and post-intervention surveys were necessary to gather evidence on how students react to the newly elaborated IEC materials and the unconventional approach towards education and, in case of positive results, to offer mainstreaming of the given intervention within other schools and educational establishments.

### **Literature review**

The National Institute on Drug Abuse (NIDA), in cooperation with prevention scientists, elaborated several types of research-based substance use prevention programmes. Each programme was developed as part of a research study, which demonstrated that over time youth who participated in the programmes had better outcomes than those who did not. The main goal of youth substance use prevention programmes is to strengthen protective factors and to reverse risk factors. Prevention programmes are designed to reach target populations in their primary settings or in a diversity of settings.

Prevention programmes can be described by the audience for which they are designed and classified as universal, selective, indicated or tiered: universal programmes are designed for the general population, such as all students in a school; selective programmes are for groups at risk, such as poor school performers or children of drug users; indicated programmes are for people already experimenting with drugs; and tiered programmes use a tiered approach to provide prevention services to students at heightened risk of early onset of serious conduct problems, including use of legal and illegal drugs.

- Universal programmes
  - Caring School Community Programme – a universal family-plus-school programme to reduce risk and strengthen protective factors among elementary school children;
  - Classroom-centred (CC) and Family–School Partnership (FSP) Intervention – a universal first-grade intervention to reduce later onset of violence and aggressive behaviour and to improve academic performance;
  - Guiding Good Choices (GGC) – a programme that educates parents on how to reduce risk factors and strengthen bonding in their families;
  - Life Skills Training (LST) Programme – a universal programme for middle-school students designed to address a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and education;
  - Project ALERT – a two-year universal programme for middle-school students, designed to reduce the onset and regular use of drugs among youth;
  - Promoting Alternative Thinking Strategies (PATHS) – a comprehensive programme for promoting emotional health and social skills.
- Selective programmes
  - Coping Power – a multicomponent child-and-parent preventive intervention directed at pre-adolescent children at high risk of aggressiveness and later drug abuse and delinquency;
  - Focus on Families (FOF) – a selective programme for parents receiving methadone treatment and their children, it seeks to reduce parents' use of illegal drugs and teaches family management skills to reduce their children's risk of future drug abuse;
  - Strengthening Families Programme (SFP) – a universal and selective multicomponent, family-focused prevention programme that provides support for families with 6- to 11-year-olds.
- Indicated programmes
  - Project Towards No Drug Abuse (Project TND) – targets high-school-age youth who attend alternative or traditional high schools;
  - Reconnecting Youth Programme (RY) – a school-based indicated prevention programme for high school students with poor school achievement and potential for dropping out.

- Tiered programmes
  - Adolescent Transitions Programme (ATP) – a school-based programme that uses a tiered approach to provide prevention services to students; directed at parents of all students;
  - Early Risers “Skills for Success” Risk Prevention Programme – a selective, preventive intervention for elementary schoolchildren at heightened risk of early onset of serious conduct problems, including legal and illegal drug use;
  - Fast Track Prevention Trial for Conduct Problems – a preventive intervention for young children at high risk of long-term antisocial behaviour.

### **Theoretical underpinnings, substantive contents and limitations of school-based substance use prevention programming**

The protective and risk factors are the primary targets of effective prevention programmes used in families, schools and communities with the goal to build new and strengthen existing protective factors and reverse or reduce risk factors in youth. Prevention programmes are usually designed to reach target populations in their primary setting.

Adolescents spend much of their time in a school environment; thus, schools are important places in which to provide knowledge and tools to prevent and reduce drug use. They provide an opportune environment to implement prevention programmes that seek to reduce the risk factors and increase the protective factors of substance use and future delinquency among adolescents. A large number of school-based drug prevention programmes have been researched and evaluated.

However, some approaches have been proven to be largely ineffective for reducing substance use, such as information dissemination programmes that teach primarily about drugs and their effects, fear arousal programmes that emphasize risks associated with drug use, moral appeal programmes that teach about the evils of use, and affective education programmes that focus on building self-esteem, responsible decision-making and interpersonal growth.

On the contrary, programmes that combine different approaches appear to be more successful in reducing substance use: they pair information dissemination about drugs and their effects; building self-esteem, responsible decision-making and interpersonal growth; and resistance-skills training to teach students about social influences to engage in substance use and specific skills for effectively resisting these pressures alone or in combination with broader-based life-skills training.

The manner in which drug education programmes are carried out by teachers is very important; programmes should be implemented and adapted to the local priorities related to drugs as well. The school prevention programmes need to be engaging, focused on youth and interactive; it has been shown that young people use drug prevention information if it is accurate, honest and

delivered by people they trust. Successful school-based programmes are often implemented as part of a broader integrated effort to address drug problems in the community.<sup>9,10,11</sup>

## Keys to success of substance use prevention programming for school-aged children

Successful substance use prevention school programmes should be based upon several key principles:<sup>12,13,14,15,16,17,18,19</sup> They should:

- enhance protective factors and reverse or reduce risk factors;
- address all forms of drug use, alone or in combination, including the underage use of legal drugs (e.g. tobacco and alcohol); the use of illegal drugs (e.g. marijuana and heroin); and the inappropriate use of legally obtained substances (e.g. inhalants), prescription medications or over-the-counter drugs;
- address the type of drug abuse problem in the local community, target modifiable risk factors and strengthen identified protective factors;
- be tailored to address risks specific to population characteristics, such as age, gender and ethnicity, to improve programme effectiveness;
- retain the core elements of the original research-based intervention that include structure, content and delivery;

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- 9 Nkansah-Amankra and Minelli, "'Gateway hypothesis' and early drug use", *Preventive Medicine Reports* (2016), 4:134–141 (2016).
- 10 R.L. Spoth, D. Redmond, L. Trudeau and C. Shin, "Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs", *Psychology of Addictive Behaviors: Journal of the Society of Psychologists in Addictive Behaviors*, 16(2):129–134 (2002).
- 11 Government of the United States, Centers for Disease Control and Prevention (CDC), DHHS ([www.cdc.gov](http://www.cdc.gov)).
- 12 Government of the United States, NIDA, NIH, DHHS ([www.drugabuse.gov](http://www.drugabuse.gov)).
- 13 Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), "Substance abuse and mental illness prevention", Find Treatment section. Available from [www.samhsa.gov/prevention](http://www.samhsa.gov/prevention)
- 14 L.D. Johnston, P.M. O'Malley and J.G. Bachman, *Monitoring the Future National Survey Results on Adolescent Drug Use, 1975–2002. Volume 1: Secondary School Students* (Bethesda, Maryland, NIDA, NIH, US DHHS, 2002).
- 15 J.D. Hawkins, R.F. Catalano and M.W. Arthur, "Promoting science-based prevention in communities", *Addictive Behaviors*, 27(6):951–976 (2002).
- 16 C. Webster-Stratton, J. Reid and M. Hammond, "Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start", *Journal of Clinical Child Psychology*, 30:283–302 (2001).
- 17 NIDA, *Preventing Drug Use among Children and Adolescents (In Brief)* (Bethesda, Maryland, NIDA, NIH, US DHHS, 2003). Available from [www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief](http://www.drugabuse.gov/publications/preventing-drug-use-among-children-adolescents-in-brief)
- 18 Spoth, Redmond, Trudeau and Shin, "Longitudinal substance initiation outcomes for a universal preventive intervention", *Psychology of Addictive Behaviors* (2002), 16(2):129–134 (2002).
- 19 N. Jalongo, J. Poduska, L. Werthamer and S. Kellam, "The distal impact of two first-grade preventive interventions on conduct problems and disorder in early adolescence", *Journal of Emotional and Behavioral Disorders*, 9:146–160 (2001).

- be long term with repeated interventions (i.e. booster programmes) to reinforce the original prevention goals; research shows that the benefits from middle school prevention programmes diminish without follow-up programmes in high school;
- include teacher training on good classroom management practices, such as rewarding appropriate student behaviour; such techniques help to foster students' positive behaviour, good academic performance, extracurricular achievements and improved teacher-student interaction;
- employ interactive techniques, such as peer discussions and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills;
- be designed to intervene for elementary schoolchildren and should target improving academic and social–emotional learning to address risk factors for drug use, such as early aggression, academic failure and school dropout; education should focus: (i) on skills, such as self-control, emotional awareness, communication and social problem-solving; and (ii) on academic support;
- should increase middle or junior high school students' academic and social competence as well as enhance their study habits, communication skills, peer relationships, self-efficacy and assertiveness, and drug resistance skills; these programmes should also provide more academic support, reinforce anti-drug attitudes and strengthen students' personal commitments to fighting drug use.

In recent years, research-based prevention programmes have proven effective. The core elements of effective research-based programmes are structure, content and delivery.

- **Structure** – how each programme is organized and constructed. Structure addresses programme type, audience and setting. Several programme types have been shown to be effective in preventing drug use; school-based programmes have become the primary approach for reaching all children.
- **Content** – how the information, skills and strategies are presented. Content is composed of information, skills development, methods and services. Information can include facts about drugs and their effects, as well as drug laws and policies.
- **Delivery** – how the programme is selected or adapted and implemented, as well as how it is evaluated in a specific community. Delivery includes programme selection or adaptation and implementation. During the selection process, communities try to match effective research-based programmes to their community needs.

# Study participants and sampling frame

There were two key limiting factors for the project implementation and correspondingly for the survey conduct: (1) the specific objective of the project to focus on the most vulnerable (in view of marginalization) internally displaced and ethnic minority youth residing in three most vulnerable (in view of substance use rates) regions in the country; and (2) the limited resources available for the project, thus reducing the catchment area to 3 regions out of 12 and to 7 public schools out of 2,321.

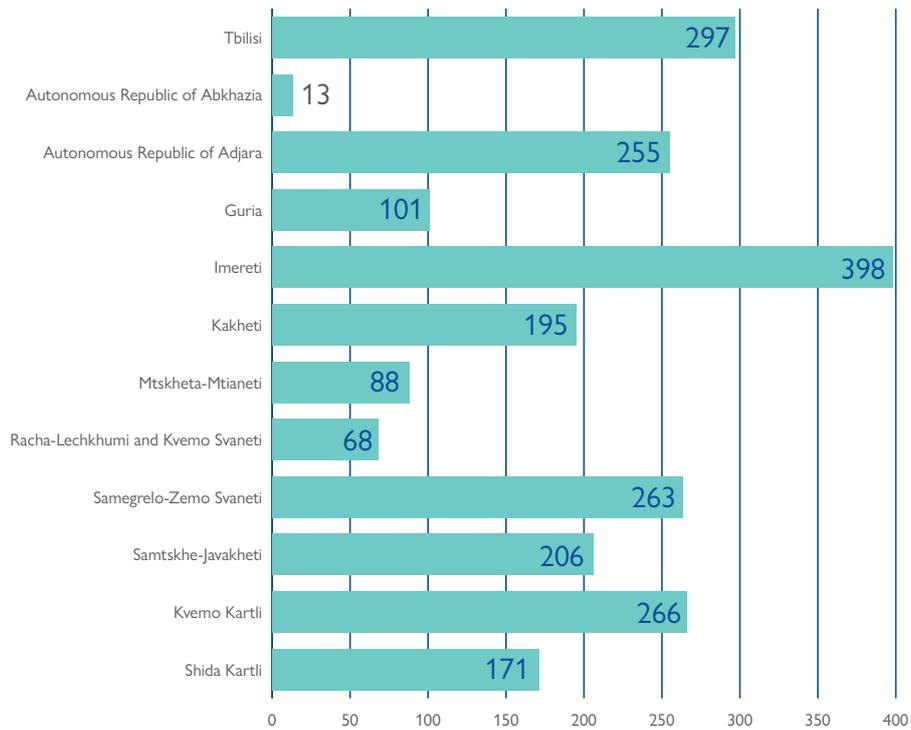
The three most vulnerable regions in the country (in terms of substance use rates and risks) – Tbilisi City, Shida Kartli and Samegrelo-Zemo Svaneti – were selected for the pilot campaign. The campaign was conceptualized with particular outreach to the most vulnerable, marginalized populations (i.e. internally displaced and ethnic minority students) and it aimed to engage only up to 2,000 students.

Out of the 2,321 public schools in Georgia, 297 are located in Tbilisi City, the capital of Georgia.<sup>20</sup> Seven public schools were selected in the three target regions based on random selection by the MoES and consideration of the aforementioned target groups being enrolled in those selected schools: Tbilisi Public School No. 64, Gori Public School No. 12, Zugdidi Municipality Public School of Anaklia, Poti Public School No. 7, Apkhazeti Public School No. 21, Zugdidi Public School No. 4 and Mestia Public School No. 2.

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<sup>20</sup> Government of Georgia, Ministry of Education and Science (MoES) and National Statistics Office of Georgia ([www.geostat.ge](http://www.geostat.ge)).

Figure 1. Number of schools by region, school year 2016–2017



Source: MoES and the National Statistics Office of Georgia, 2017.

## Rationale for selecting Tbilisi Public School No. 64

The pre- and post-intervention surveys were conducted in Tbilisi Public School No. 64, which was selected through convenience sampling out of the seven public schools, where the Psychoactive Substance Use Primary Prevention Campaign (the intervention) was implemented, targeting grades 8 and 9 students, who were correspondingly 13 and 14 years old. Reasons for the selection of this school were accessibility through its location in the capital, and the high prevalence of drug use in the capital (see next section).

## About Tbilisi City

Tbilisi City is the capital of Georgia and has always been considered a cultural centre of the South Caucasus region. The city represents an example of ethnic tolerance with special districts where Armenian and Azerbaijani ethnic minorities reside. The old part of Tbilisi City, known as the Old Tbilisi, manifests religious tolerance inherent to the Georgian culture, which is conveyed through the existence of an Orthodox church, an Armenian Gregorian church, a Catholic church, a synagogue and a mosque in close vicinity in one district of the old town within walking distance from each other.

According to the last population census (5 November 2014), up to 1,113,800 persons reside in Tbilisi City, which, in addition, hosts many internal migrants commuting from rural regions mostly in pursuit of income and education. There are 271,525 IDPs and 947,600 members of ethnic minorities residing in Georgia. The population of IDPs comprises Georgian nationals displaced in result of a series of armed conflicts in the breakaway regions of Abkhazia and South Ossetia. The ethnic minority population comprises ethnic groups such as Azerbaijani, Armenian, Russian, Ukrainian, Kists, Yezidis and others.

As reported in the recently conducted first ever National Survey on Substance Use in the General Population in Georgia 2015, illicit substance use rates are higher in Tbilisi City, Guria, Mtskheta-Mtianeti and Kakheti compared to the rates in other regions (with cannabis/marijuana use rates being higher than 40% in Tbilisi City, more than 70% both in Guria and Mtskheta-Mtianeti, and more than 50% in Kakheti<sup>21</sup>).

Overall, during the two rounds of the survey, the following were conducted:

- **Pre-test:** Four focus group discussions (FGDs) were conducted before the intervention, two with female students (18 females from grade 8), one with male students (16 students from grades 8 and 9) and one mixed group (13 females and 3 males). To summarize, 31 female students and 19 male students participated in the pre-test round, totalling 50 students overall.
- **Post-test:** Three FGDs were conducted after the intervention, one focus group with male students (11 males from grades 8 and 9) and two FGDs with female students (19 in total from grades 8 and 9). To summarize, 30 students in total participated in the second round.

## Rationale for selecting the sample

Three basic factors defined the selection of 13- and 14-year-old students in grades 8 and 9, respectively, for the proposed intervention:

- (1) They are capable of argumentation, reasoning and drawing conclusions;
- (2) They are mature enough to not be harmed by discussions evolving around substance use; and
- (3) They represent internally displaced and ethnic minority communities, for whom the resources available for the given intervention would suffice (this was the deciding factor in determining the number of intervention participants).

Considering these three basic factors, IOM (IOM Georgia, IOM Regional Office in Vienna and IOM Global Research Unit), in close cooperation with the MoES and other affiliated stakeholders, decided to select for this pilot intervention grades 8 and 9 students (13 and 14 years old, respectively), who represent internally displaced and/or ethnic minority communities.

21 I. Kirtadze, D. Otiashvili and M. Tabatadze, *National Survey on Substance Use in the General Population in Georgia 2015: Final Report*, July 2016.



# Methodology

Qualitative research was used in the form of FGDs, targeting grades 8 and 9 students prior to and after the implementation of the Psychoactive Substance Use Primary Prevention Campaign. Passive consent of parents and active consent of students were obtained for the latter's participation in the surveys.

## The intervention

IOM Georgia's Psychoactive Substance Use Primary Prevention Campaign was the first ever interactive campaign for 13- and 14-year-old students in Georgia. It consisted of the distribution of IEC materials collectively called "Life Is Better" to the participating students and the subsequent production of creative works by the students.

The "Life Is Better" materials contained information on risk factors related to use of substances, which, according to the results of the recent surveys, is mostly prevalent among Georgian youth.<sup>22</sup> Participating students were requested to read the distributed IEC materials and produce creative works (e.g. paintings, poetry, videos, photos, collages, posters and essays) that would depict their visions and messages in relation to primary prevention of substance use. A competition titled "Life Is Better" was held in each of the seven selected public schools, in which the participant students were invited to produce and submit their works following the theme of substance use primary prevention. The submitted competition entries were assessed by the joint jury composed of the public schools' directorates and IOM Georgia representatives. The entries were assessed in line with the International Standards on Drug Use Prevention. This means that the messages conveyed through the creative pieces should be clearly aimed at primary prevention of substance use, should not be scary and should be with satisfactory quality. Based on these criteria, seven winners were selected.

## Pre- and post-intervention surveys

Qualitative research was conducted in the form of FGDs, targeting grades 8 and 9 students prior to and after the implementation of the Psychoactive Substance Use Primary Prevention Campaign. Passive consent of parents and active consent of students were obtained for the latter's participation in the surveys.

<sup>22</sup> European School Survey Project on Alcohol and Other Drugs (ESPAD) Group, *ESPAD Report 2015: Results from the European School Survey Project on Alcohol and Other Drugs* (Luxembourg, Publications Office of the European Union, 2016). Available from [www.espad.org/sites/espad.org/files/TD0116475ENN.pdf](http://www.espad.org/sites/espad.org/files/TD0116475ENN.pdf)

Overall, eight substances were discussed during the FGDs: tobacco, alcohol, marijuana or cannabis, intravenous drugs, spices (also known as bio<sup>23</sup>), ecstasy, tranquilizers and inhalants. The following questions were posed during the FGDs:

- (1) Have you heard anything about drugs (among these tobacco and alcohol)?
- (2) Are you aware about the risks related to the use of drugs?
- (3) What are those sources from which you receive the information regarding drugs?
- (4) From which sources would you prefer to receive such information?
- (5) How do you seek support?

The transcripts of the FGDs were analysed using the content analysis method.

### *Ethics*

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IOM Georgia provided the Director of Tbilisi Public School No. 64 with consent forms (see Appendix 2) designed especially for this survey. During the parents' meetings, convened on a regular basis by the lead teachers of the participating classes, the parents of the students (in grades 8 and 9) were provided with the consent forms and were asked to fill in and sign the forms. In addition, during these meetings, the Director explained to the parents in detail IOM Georgia's intervention and provided them with a one-page information sheet (see Appendix 1) to ensure that they are fully briefed and will support the campaign. Fifty-three (53) consent forms were completed and signed, and 50 students participated in the surveys.

Apart from the written consent of parents, prior to the FGDs, students had been fully briefed by the moderators of discussions (IOM Georgia representatives), during which it was noted that participation in these FGDs was voluntary and that the students were free to refuse to participate and leave at any stage of the FGDs. Almost everyone expressed willingness to participate (50 students overall), with the exception of three students who decided to leave the FGDs and to not take part in the school competition on the theme "Life Is Better".

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23 Bio is the name of several types of synthetic drugs, such as bio cannabinoids, bio stimulators and bio opioids, among others. The impact of this type of drug on the body is 10 to 20 times higher than the impact of other drugs. Bio, also called designer drug, includes psychoactive substances that have been defined as new psychoactive substances (NPSs) as well as analogs of performance-enhancing drugs. Since the efficacy and safety of these substances have not been thoroughly evaluated, the use of some of these drugs may result in unexpected side effects. In the United States, similar descriptions ("bath salt" is the most common) have been used to describe mephedrone as well as methylene and methylenedioxypropylvalerone (MDPV).

# Findings

## Awareness of different substances

During the pre-test FGDs, female and male students listed drugs such as: bio, ecstasy, hashish, marijuana, tobacco, narcotics (intravenous drugs), LSD (lysergic acid diethylamide), cocaine, “crocodile” (the “zombie” drug), alcohol and sedative drugs (e.g. sleeping pills and sedative drops) used without a doctor’s prescription.

In the post-test FGDs, female and male students named marijuana, bio, cocaine, crocodile, ecstasy, alcohol, tobacco, LSD and sleeping pills (used without a doctor’s prescription). Students were able to distinguish among intravenous drugs and non-intravenous drugs. Intravenous drugs were perceived as more damaging; respondents mentioned alcohol use as a big problem; also, they emphasized bio and home-made intravenous drugs, considering them as the most damaging. It can be concluded that after the intervention, students had a far more differentiated understanding of diverse psychoactive drugs and were able to provide comparatively extensive reasoning (as compared with their thoughts during the pre-test FGDs) with regard to particular risks associated with specific substances.

## Awareness of risks related to drug use

### *Female respondents, pre-test*

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Female students expressed exclusively emotional attitudes towards narcotic drugs, their perceptions are influenced predominantly by fear of substance use and its consequences. This can be considered a generalized negative perception regarding specific substances, such as intravenous drugs. One respondent said: “It is a poison; self-killing, destroying substance.”

Female students described several health-related risks of tobacco use. Some expressions among the respondents revealed negative emotional attitudes towards tobacco. One student said: “The liver breaks down to pieces.” They mentioned that smoking can cause cancer, shorten a person’s life or affect a person’s appearance:

“Tobacco results in cancers and disorganization of our somatic cells, this causes cancers.”

“When people smoke, they lose their teeth, skin color is changing, their hair falls off, they also acquire hearing problems. It causes change in the color of teeth – they become yellow.”

“People turn older, they get wrinkles and they might even die earlier.”

In addition, respondents emphasized worsening of the mood due to tobacco use and associated it with a sensation of bad taste in one's mouth:

"They have a very bad taste in their mouth and when they wake up they are in a very bad mood. And since a person wakes up in a very bad mood, the tobacco hampers his advancements in the career and some other obstacles might occur too. The perception of taste differs for a smoker and a non-smoker."

Respondents demonstrated awareness of passive smoking risks as well:

"Tobacco is not only harmful for our organism, but, in addition, the smoke that is produced by it is harmful for others who are surrounding us and their lungs are affected too. And what is even worse than a person who is smoking might offer this cigarette to someone else and make other person become a smoker. This is how it is multiplied, spread and it is not useful."

Students reported that alcohol damages the liver. One participant said: "Alcohol results in cirrhosis of liver." One of the respondents mentioned the risk of driving under the influence (DUI), which results in car accidents and can be therefore considered an alcohol-related risk.

Female students consider illegal (illicit) narcotic drugs as the most dangerous for health. One respondent stated: "Illegal narcotics are the heaviest and result in devastation and decomposition of brain, lungs, liver and the heart." At the same time, they are aware of legal consequences due to illegal drug use:

"Person who uses narcotics is sentenced and his family members are affected badly. This person gets not only physical (health-related) problems but is affected psychologically as well."

"It is not worth losing 12 years of life for this."

To a certain extent, students were aware of economic risks associated with drug use, indicated by statements such as:

"A person might sell his house and cause harm to the family. This person does not belong to himself."

"These substances are very expensive and it does not worth ending up in a jail because of it. I know that a person can be sentenced from 5 up to 12 years solely for possession of drugs. This is why I think it [is] not worth it."

"A person might have a very good family and good income and he might lose this income because of drugs. And his family might be destroyed."

Another problem that was mentioned was related to difficulties in getting a job.

“A person who was trialed is having difficulties with employment, it is very bad for one’s background.”

“In general, people become convicted because of storing drugs and in such case their career is damaged because they were prosecuted. They have problems with employment, for instance it is difficult for them to get a new job. They might also have to undergo narcotic test and thus be included in the respective database.”

Students also mentioned the risk of becoming addicted to drugs, leading to isolation and marginalization and possible criminal behaviour.

“If a person tries once or twice then he becomes addicted and presents a negative example to people surrounding him.”

“They become marginalized and cut off the society.”

Additionally, opinions regarding risks of criminalization in case of drug use were expressed by respondents. One stated: “They start stealing and revert to criminal practices. He might even kill someone just to get drugs.” This statement reveals that the stigma towards drug users exists among the students.

Students identified such factors as lack of education, conformism and peer pressure as risk factors for initiating drug use.

“Ninety per cent starts using in our age because they do not have their own opinion, because they not only depend on drugs but they depend on each other and are influenced by each other. This is the problem of education in my view when a person is unable to have his own opinion and cannot express his thoughts adequately. Peer pressure is yet another factor but still it stems from the lack of education.”

In addition, students mentioned risks related to the use of inhalants.

“We have learned about one story in Georgian textbook about African communities and we found out that African children were inhaling glue and were getting high – is it true? Then they were gradually becoming addicted to it and, even though it seemed to them pleasant, they died eventually.”

Regarding risks related to particular drugs, respondents expressed their opinion on ecstasy, which reveals that they are not that much aware of particular risks related to it.

“People use it to have fun. They get attracted to different persons, they love almost everyone and they want to have more and more of this ecstasy and they can have fun nonstop during celebration days. Basically, it is used during

holidays. A person loses his mind, they transfer into the 'pink world', they want to be entertained only and that is all. They forget about their problems. They are transferred into their 'pink world' and they cannot remember anything that is related to the reality."

### *Female respondents, post-test*

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Female respondents yet again revealed good awareness of risks related to tobacco use (lung cancer, shortening of life span, passive smoking-related risks, etc.). Female respondents also revealed good knowledge of risks associated with alcohol use, such as DUI and related car accidents, liver diseases and aggressive behaviour.

"It is very bad to use it (alcohol) in excess and on a permanent basis. And a person becomes dependent on alcohol eventually. And he is not able to live without this. It also results in liver cirrhosis and it is very bad for our health. It also affects nervous system. It is very bad for a person's psyche and for mental processes it has a bad influence."

Female respondents revealed better knowledge of risks of infectious diseases related to intravenous drug use, and of risks pertaining to the use of ecstasy, of sleeping pills without a doctor's prescription and of inhalants.

"People were injecting drugs with the same needle; it was extremely dangerous for their health, causing infectious diseases."

"It is consumed during parties or when a person lacks energy ... the energy is boosted then, but subsequently about 48 hours they experience depression. A person may be trapped by this energy flow and he might commit something very harmful for himself and then entirely forget about it."

"Despite it is called sleeping pills, it causes addiction. This means your psyche is affected/shaken, and your nervous system is damaged. And you become extremely dependent."

"There were many beggars at that time (during the nineties in Georgia) and ... they used ... glue and were getting into the state of euphoria ... they were keeping these substances in polyethylene bags and usually they got an overdose. And there were ... fatal cases."

As for the overall risks of drug use, female respondents mentioned problems that were not mentioned during the pre-test round:

- **Change of values for the worse:** "A person loses core values of his life. The only concern they have is limited to the idea of where they can get substances and they lose their relatives, people and find themselves alone ultimately."

- **Potential damage for the next generation:** “All of it that was mentioned may also be harmful for our next generation, our successors. Genetically, they might inherit this harm. For instance, for pregnant women, substance use is extremely harmful. It affects negatively the fetus. It is harmful for the fetus.”

### *Male respondents, pre-test*

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Compared with female respondents, male respondents did not give detailed statements; their responses were brief and were lacking explanatory notes on underlying causes. Good knowledge of risks related to tobacco use was confirmed though; male students also mentioned the risks related to the use of steroid hormones. Nevertheless, unlike female respondents, male students did not describe the risks related to the consumption of different narcotic drugs, and did not mention the social, legal or economic consequences of drug use, nor the dangers of social isolation and marginalization. However, the risk of overdose was reported by male students, which was not covered by female respondents at all. As for drug overdose, apparently, male respondents were heavily influenced by drug use-related myths. One of the respondents recalled that “many people have died during Kazantip as well because of using ecstasy”; however, there was not a single lethal outcome reported during Kazantip, a music festival held in Georgia in 2014, which was attended by the youth. During Kazantip Festival, substance use can be considered common in certain subcultures, similar to music and art festivals worldwide. Therefore, male students estimated that substance use rates and the respective negative consequences were quite high during the Kazantip Festival in Georgia and concluded that many people died during the festival because of using ecstasy.

### *Male respondents, post-test*

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Compared with the pre-test results, male respondents showed better knowledge of risks related to alcohol consumption, marijuana use, intravenous drugs, bio/spices, inhalants and ecstasy:

“When a person consumes alcohol, one believes he could drive well, but in reality they drive in a chaotic way while being under influence. A lot of car accidents occur and many people have died in result.”

“The risks consist in the fact that it causes addiction and its frequent use is reflected in a negative way on our bodies.”

“It causes addiction of a person and he would be ready to do anything to get the dose. The worst thing about it is that it is very difficult to get rid of this. HIV/AIDS, hepatitis is another risk that can result from injection of a drug because second-hand needles are used.”

“Bio is a smoking substance. It resembles very much marijuana but is far worse than marijuana is. It causes damage to brain cells and might result in mental retardation.”

They did not mention inhalants during the pre-test, but during the post-test FGDs they mentioned the risk of death related to the use of inhalants. One student noted: “The excessive dose of inhalants can cause death.” Again, male respondents never mentioned ecstasy during the pre-test, while during the post-test they mentioned that the use of ecstasy might cause death too.

As for the overall risks of drug use, male respondents mentioned loneliness, social isolation, family conflict, poverty and depression, which they did not touch upon during the pre-test.

## Basic sources of information about drugs

### *Female respondents, pre-test*

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As for the sources of information from which students obtain facts on drugs, they mentioned the following:

- Biology textbooks;
- School lessons (on alcohol and tobacco);
- Internet and social networks;
- Movies;
- Television shows;
- Adults;
- Lessons on tobacco shared by a parent who is addicted to tobacco and undergoes a therapy aimed at quitting tobacco;
- Soap operas;
- Other types of books;
- Real-life examples (stories of particular persons);
- Female peers.

### *Female respondents, post-test*

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During the post-test, female respondents provided the following sources of information:

- IOM brochures;
- Books;
- School lessons;
- Internet;
- Movies;

- Television shows (e.g. “Doctors”);
- Peers (mostly boys – they often speak about drugs);
- Everyday life examples;
- Soap operas that tackle the danger of using drugs;
- Parents who are smokers, reminding their children to avoid smoking.

#### *Male respondents, pre-test*

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In the pre-test, male students reported these sources of information about substances:

- Television channels such as Rustavi 2 and GDS TV (though it was not mentioned whether the information was aimed at promoting drugs or at prevention of drug use);
- Internet;
- Movies.

#### *Male respondents, post-test*

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During the post-test, male students reported these sources of information about substances:

- IOM brochures;
- Traditional media;
- Movies;
- Internet/Social networks;
- Street conversations;
- Adults.

## **Preferred sources of information about drugs**

#### *Female respondents, pre-test*

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For female respondents who participated in the pre-test, the most preferred source of information is education:

- Lessons from professionally trained teachers;
- Textbooks;
- A special training that provides comprehensive information on substances and improves corresponding skills to avoid using drugs;

- Educational activities;
- Training in school to know the harmful effects and real consequences of substance use;
- Educational films/Commercial movies (e.g. *Reconfirming Dreams* and *The Basketball Diaries*);
- Social networks;
- Parents.

Respondents considered it preferential to have parents as informants on issues pertaining to drugs.

“I would prefer my parents explaining to me because I trust them more. In films, it is shown in such a manner that as if it is cool to use drugs. This is why it can influence negatively the perception of a child. Children trust more and they might perceive it wrongly, they might believe it is good. Some TV shows would be good. These narrate truth usually. But parents are to be trusted more.”

### *Female respondents, post-test*

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During the post-test FGDs, female students mentioned that they prefer the following sources of information:

- School

“We spend most of our time in the school, the age of smoking initiation is the school age and it would be good to have such discussions right here.”
- Awareness-raising campaigns

“From projects like this one [*the IOM project is implied*]; the truth is this does not happen often, but whenever it happens it is good, even once per year. Those who will listen will understand and would accept it in their hearts; they would realize it is not allowed to have it and even those that are smokers they would understand this too. And those that are not, they would realize that this is another reason why they should not start using substances. When we are informed, we are equipped. When we are not informed, we look at these things differently and we cannot realize what could be the damage caused by this. And we think that these things, even petty things, are harmless; basically, all narcotics harm us physically and mentally and spoil our health and you think you are informed about it.”
- Television shows that tackle substance use or are dedicated to informing the public about the dangers of drug use:

“I think it would be good to have a special dedicated TV show about forbidden (illegal) substances and it would be good to have real examples of real people and to show how bad it is to use it. Not the show ‘Doctors’ but a special show that would tell us about substances and illegal substances in particular.”

“To me ‘Doctors’ is a very good show, they talk about everything – what is harmful and what is useful. I love it this is a very good show! It is very interesting! And I gain a lot of knowledge from there. I find out about such things that I think I am aware of, but in reality it appears my knowledge on this matter is a drop in the sea.”

“Sources towards which we have everyday access would be better – from computer, from TV shows, whether we want it or not, when a parent switches on the TV, such shows are broadcasted there and we have no choice, we are listening.”

Compared with how they responded in the pre-test FGDs, female respondents gave more detailed answers during the post-test as to their preferred sources and the reasons for choosing these references.

### *Male respondents, pre-test*

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Male students reported these preferred sources during the pre-test FGDs:

- Video clips;
- Entertaining television shows;
- Social adverts<sup>24</sup> on television.

### *Male respondents, post-test*

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After the intervention, the male respondents shared these preferred sources during the FGDs:

- Internet

“In my view the best and trustworthy source is the Internet. We might learn such a thing from an Internet that we would never hear from a teacher. Even a friend might not be able to provide the kind of information we might find on Internet. Nobody neither a teacher could be so experienced and knowledgeable – everything is written in the Internet. It provides information about influences of diverse narcotics – cocaine, methamphetamine, heroin, nuts; and it is possible to sort out everything there.”

- Stories from particular people

“I would prefer to hear about it from a person. This should be a person I trust, who would not lie and would tell the truth.”

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<sup>24</sup> Social adverts are free-of-charge social advertising campaigns on radio and television in Georgia that promote certain activities for the benefit of the public. They could be some services that are available for the poor or the marginalized sectors of society, among examples.

- First-hand account of a substance user

“I would prefer to hear from someone who has experience of substance use. Who knows very well what it is. That way we would understand that it should not happen.”

- Family members

“It is good to hear about it from a family member. That way it would be possible to understand/realize that we should not consume substances. It is likely that you might not be aware of it before, what are the negative consequences of smoking for instance and moreover, family members are respected they are the ones we love and it is better to hear from them.”

During the post-test, male respondents were also far more explanatory and detailed in identifying their preferred sources of information on drug-related harms. They also mentioned parents as a preferential source of information.

## Young people’s ways of seeking support

### *Female respondents, pre-test*

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Respondents mentioned that support could be sought from parents, friends, social networks and professionals (e.g. doctors, narcologists and psychiatrists). But, at the same time, they stressed that “parents might get angry” or “friends might not have enough knowledge”, and that, therefore, it is necessary to have a knowledgeable person to provide real support and help.

### *Female respondents, post-test*

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During the post-test, female students noted the following preferred supporters in case of drug-related problems:

- Parent/s;
- Close friend/s;
- Someone who has experienced drug-related problems;
- A professional (e.g. doctor, narcologist and psychiatrist);
- A psychologist;
- A special programme or a clinic.

It is noteworthy that none of the students mentioned the possibility of seeking help from a teacher or the school, which might point to the need for further capacity-building of school teachers in view of mainstreaming school-based substance use primary prevention. It might also indicate the need for increasing interactive educational interventions that could play a critical and

key role in shaping a proper attitude among students with regard to preventing substance use and increasing awareness of risks related to this.

#### *Male respondents, pre-test*

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In the pre-test FGDs, male respondents noted their awareness that people receive support through institutions such as the church. They stressed that availability of professional aid is critical. One of the students said: “If there is someone who can advise you, it would be good.” Another respondent shared: “I would go to the medical establishment for help. I would visit a psychologist. Or someone who is a friend and who could understand our condition.”

#### *Male respondents, post-test*

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During the post-test, male respondents identified these people from whom they prefer to seek help in case of a drug-related problem:

- A priest;
- A family member;
- A close friend.

Again, none of the respondents mentioned the school or the school personnel from whom they can get help for substance use-related problems, but they consider the possibility of seeking support and referral from them when the need arises.



# Conclusions

## Prior to the intervention

- Students were more aware of tobacco-related risks and possessed rather detailed information compared with their awareness and knowledge of risks related to alcohol and illegal drugs.
- Female students were comparatively more knowledgeable regarding details on illegal drugs and alcohol-related risks than male respondents. The latter were unable to differentiate between diverse drugs and did not talk about particular risks related to certain drugs. Their knowledge and understanding was generalized and narrowed to the attitude that drug use might cause death. Male respondents did not express their views about social, legal or economic risks, neither regarding threats related to marginalization and imprisonment. They did not articulate anything regarding risks associated with alcohol use, neither about the risk of DUI and corresponding car accidents. At the same time, unlike the female respondents, the male students mentioned drug overdose as one of the major risks related to drug use.
- Neither female nor male respondents mentioned risks related to alcohol and illegal drug use, such as unsafe and unwanted sexual relationships (unwanted sex in this context refers to a situation in which one party regrets the sexual experience after engaging in it).
- Neither female nor male respondents mentioned HIV/AIDS as a major risk related to drug use.
- The survey revealed that respondents were not aware of specific risks caused by the use of particular drugs.
- As for the sources of information on drugs, female respondents identified school lessons dedicated to tobacco- and alcohol-related harm; both male and female students mentioned online search, social networks, television shows and movies as sources of information on drugs.
- As concerns the preferred sources of information, female students strongly believe that trained teachers capable of holding specific lessons on drug use prevention, in line with corresponding textbooks, are greatly needed. Moreover, female participants noted the usefulness of drug use prevention training. Male students identified the Internet, online videos and social adverts as their preferred sources of information on substances.
- In view of support-seeking, male and female students alike stressed the importance of awareness-raising and drug use prevention among their peers and the community. In particular, the need for accessibility and availability of special services was emphasized.

## Comparative conclusions for the pre- and post-test results

- Awareness of tobacco was good and remained good during the two survey phases.
- Results of the post-test reveal that female and male respondents are able to discuss and reflect on the particular risks related to the use of particular drugs.
- During the post-test, female respondents revealed better awareness of risks related to drug use. They talked about particular risks associated with the use of certain drugs.
- Contrary to the pre-test results, during the post-test male respondents expressed their views about social, legal or economic risks related to drug use.
- During the post-test, male respondents articulated particular risks associated with alcohol use, including risks of DUI and car accidents.
- During the post-test, male and female respondents mentioned drug overdose and infectious diseases as major risks related to the use of intravenous drugs, which did not happen during the pre-test.
- Like in the pre-test, neither female nor male respondents mentioned risks related to alcohol and illegal drug use, such as unsafe and unwanted sexual relationships (unwanted sex refers to the situation in which one party regrets the sexual experience after engaging in it). This might point to the taboo that exists in schools regarding sexual upbringing and ban on respective education in public school settings.
- Male and female respondents repeatedly mentioned IOM campaigns as a useful information source. As attested by one student: "When we are informed, we are equipped".
- Male and female respondents also mentioned peer interaction, online search, social networks, television shows and soap operas, and movies as sources of information on drugs.
- As concerns the preferred sources of information, male and female respondents mentioned that as they spend much of their time in school, it would be useful to receive reliable information on drug use-related risks integrated into school lessons.
- Preferred continuity and regularity of such projects as the IOM Psychoactive Substance Use Primary Prevention Campaign was emphasized repeatedly, pointing to the need for similar interventions, however on a frequent and sustainable basis.
- Female respondents believe that trained teachers capable of holding specific lessons on drug use prevention, in line with corresponding textbooks, are greatly needed.
- Male respondents paid importance to the Internet, though they also shared their desire to receive information on drugs from their family members. This indicates that increasing drug literacy among the general population and in particular among parents is crucially important.

- In view of seeking support, female and male respondents mentioned that they would likely turn to family members, close friends, professionals (those who provide counselling, rehabilitation and integration-related support, for instance) and providers of special services (e.g. medical services). None of them mentioned the school and school personnel as possible options for seeking support, which might indicate the need for respective capacity-building among school personnel to ensure sustainable mainstreaming of substance use primary prevention within school settings.

### Overall conclusion

Overall, it can be concluded that the Psychoactive Substance Use Primary Prevention Campaign conducted by IOM yielded positive results. The findings of the FGDs reveal that students are comparatively far more aware of drug-related risks than prior to the implementation of the intervention. As one of the FGD participants expressed, they are better equipped now: “When we are informed, we are equipped.” With consideration of study limitations outlined earlier, the intervention may have led to greater awareness among students with regard to selected psychoactive substances. Further work and research on the subject are needed to ascertain the impact of the intervention preferably in multisite settings. Moreover, much more detailed knowledge was observed among girls, which is why it is important to target boys specifically; it is noteworthy that boys would like to have first-hand information from trusted persons such as a family member, while girls prefer training. Therefore, this points at using different methods of intervention to cover both groups and their respective preferences.



## Appendix 1: Information sheet

### Survey on awareness and attitudes of young people regarding risks of psychoactive substance use

The goal of the survey is to assess the level of awareness of risks of alcohol, tobacco and drug use among Georgian youth prior and subsequent to the implementation of the information and prevention campaign. The survey will specifically look at the awareness, attitudes and beliefs regarding risks of alcohol, tobacco and substance use among Georgian youth.

The survey comprises two phases:

- The first phase aims at assessing the level of understanding of substance use-related problems and potential threats before the Psychoactive Substance Use Primary Prevention Campaign intervention. The results of the baseline survey will help to identify major gaps and address them in the frames of the campaign.
- The second phase intends to evaluate the impact of the abovementioned prevention campaign, through a repeated (follow-up) survey that will use the same method and will assess changes in awareness, attitudes and beliefs regarding risks relating to tobacco, alcohol and psychoactive substance use among the targeted population of Georgian youth.

### Psychoactive Substance Use Primary Prevention Campaign

Georgian youth (13–14 years old) studying in seven selected schools (random selection was performed by the Ministry of Education and Science of Georgia) in three regions in Georgia (Tbilisi City, Shida Kartli and Samegrelo-Zemo Svaneti) will be provided with eight one-page leaflets containing information on the risks of using eight specific psychoactive substances. The prevalence of use of these eight substances is high among Georgian youth according to the latest research as reported by the National Center for Disease Control and Public Health (NCDC).

The youth participating in the prevention campaign will be invited to take part in a competition that centres on the risks of psychoactive substance use. The students will be asked to participate – either individually or in groups – in writing essays and producing artworks such as collages, photographs or illustrations relating to this theme.

Individual or group winners will be selected by an independent jury comprising representatives of secondary schools' management, the Ministry of Education and Science, the Ministry of Youth and Sports Affairs, the NCDC, Ilia State University and the International Organization for Migration (IOM).

The winners will be awarded by a prize.



## Appendix 2: Consent form

I, ....., hereby give my consent to have my child participate in the survey that is performed by the International Organization for Migration (IOM) in cooperation with the National Center for Disease Control and Public Health (NCDC) and Ilia State University (ISU) for the following purposes:

PURPOSES	DESCRIPTION	CONSENT	
		YES	NO
Specified and defined prior to data collection	The information will be collected by means of focus group discussion (FGD)		
(a) Original specified purpose	The goal of the survey is to assess the level of awareness about alcohol, tobacco and drugs among Georgian youth prior and subsequent to the implementation of the information and prevention campaign. The survey will specifically assess the awareness, attitudes and beliefs concerning risks of alcohol, tobacco and substance use among the young participants.		
(b) Additional research purpose	The survey comprises two phases. The first phase aims at assessing the students' levels of understanding of substance use-related problems and potential threats before the implementation of the Psychoactive Substance Use Primary Prevention Campaign. The results of the baseline survey will help to identify major gaps and address them in the frames of the prevention campaign.		
(c) Additional foreseeable purposes	The second phase intends to evaluate and measure the impact of the prevention campaign, through a repeated (follow-up) survey that will use the same method of focus group discussions (FGDs) and will assess changes in awareness, attitudes and beliefs towards risks of tobacco, alcohol and psychoactive substance use among the targeted population of Georgian youth.		

I agree that the information collected by means of FGD may be disclosed to:

	NAME OF THIRD PARTY To be filled in by data controllers/interviewers	CONSENT	
		YES	NO
(d) Authorized IOM staff	IOM Georgia		
(e) Authorized third parties	National Center for Disease Control and Public Health Ilia State University		

### Data subject's declaration of informed consent

- (1) I have been informed about the specified and additional purpose(s) for which opinions of my child will be collected, used and disclosed, as described above.
- (2) I understand that opinions of my child may be used and disclosed for secondary purposes that are necessary to achieve the above described specified purpose.
- (3) I understand that withdrawal of my consent may result in IOM being unable to provide my child with a service for his/her benefit.
- (4) I understand the contents of this informed consent form after:
  - (a) Having read the above clauses: YES/NO (please circle your answer).
  - (b) The above clauses have been translated or read to me: YES/NO (please circle your answer).
- (5) I voluntarily make this declaration and freely consent to the participation of my child in the survey performed by IOM, the NCDC and the ISU.

School number and grade:

Signed at (place)..... on (date).....

.....  
Interviewer's signature

.....  
Signature of parent or guardian

*Participation in this survey is anonymous. No record of a name or any other personal information relating to your child or to a person under your guardianship will be kept during the survey conduct. Once the FGD is completed the transcripts of the discussion will be analysed by researchers. If, during the process of FGD, a student encounters an unpleasant or, for some reason, an arguable question, the latter will be left unanswered. Results of the survey will not disclose the evidence that concerns an individual school or class.*

*Based on the evidence obtained in result of this survey, the Ministry of Labour, Health and Social Affairs and the Ministry of Education and Science will be enabled to mainstream psychoactive substance use prevention campaigns that will form the foundation for a healthier future.*

## Appendix 3: Survey protocol

### Survey methodology

#### *Goal of the survey*

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The survey aims to assess the level of awareness among Georgian young people (students) about the risks of using and abusing alcohol, tobacco and psychoactive substances prior and subsequent to the implementation of the information and prevention campaign.

#### *Students, sampling frame and coverage*

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The survey will be conducted in one of the randomly selected schools in Tbilisi City, among students in grades 8 and 9, correspondingly aged 13 and 14 years old.

#### *Field work*

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Qualitative survey will be conducted in the selected school. Focus group discussions (FGDs) will be used, targeting grades 8 and 9 students, prior and subsequent to the implementation of the information and prevention campaign.

Passive consent of parents and active consent of grades 8 and 9 adolescents will be sought for participation in the FGDs.

The qualitative survey will take up about 1.5 or 2 hours. The survey will be implemented after the school hours and participation will be anonymous and confidential.

### Focus group discussion themes

There will be eight themes overall, namely, tobacco, alcohol, marijuana or cannabis, intravenous drugs, spices, ecstasy, tranquilizers and inhalants.

The questionnaires for the two survey phases – prior and subsequent to the implementation of the information and prevention campaign – will be the same.

### **Focus group discussion questions**

- (1) Have you heard anything about drugs (among these tobacco and alcohol)?
- (2) Are you aware about the risks related to the use of drugs?
- (3) What are those sources from which you receive the information regarding drugs?
- (4) From which sources would you prefer to receive such information?
- (5) How do you seek support?

### **Data management**

Transcripts of the FGDs will be analysed using the content analysis method.

### **Intervention: Information campaign aimed at primary prevention of tobacco, alcohol and psychoactive substance use**

The information campaign will be carried out in three regions in Georgia (Tbilisi City, Shida Kartli and Samegrelo-Zemo Svaneti), specifically in the following cities: Tbilisi, Gori, Zugdidi, Anaklia, Poti and Mestia. In each of these cities, six schools (one school per city) will be selected at random, considering this criterion: schools where mostly internally displaced and ethnic minority children are enrolled. The information campaign is a pilot intervention programme and targets students in grades 8 and 9, correspondingly aged 13 and 14 years.

The intervention has the following components:

- (1) Distribution of a brochure on the eight themes, namely, tobacco, alcohol, marijuana or cannabis, intravenous drugs, spices, ecstasy, tranquilizers and inhalants;
- (2) School competition on essay writing and creating artworks such as posters. In each of the target schools, one winner will be selected and will be awarded.

## Appendix 4: Focus group discussion guide

### Goal of the survey

The survey aims to assess the level of awareness of Georgian young people (students) about the risks of alcohol, tobacco and substance use prior and subsequent to the implementation of the information and prevention campaign.

### Methodology

The survey will be conducted in one of the seven selected schools, where the prevention intervention will be carried out. Due to resource limitations of the project, convenience sampling will be done and the public school located in Tbilisi City will be selected for this survey conduct.

Qualitative survey will be conducted in the selected school. Focus group discussions (FGDs) will be carried out prior and subsequent to the implementation of the Psychoactive Substance Use Primary Prevention Campaign.

The survey will be performed by one professionally trained moderator and one co-moderator.

Two FGDs will be conducted. One focus group will comprise boys, while another one will consist of girls only.

Focus groups will be formed by means of a selection of students from grades 8 and 9, correspondingly aged 13 and 14 years old. Students will be selected randomly (by selection of surnames from the respective class register). Each focus group will comprise 9–10 students.

Passive consent of parents and active consent of adolescents in grades 8 and 9 will be sought for participation in the FGDs.

Qualitative survey will take up about 1.5 or 2 hours. The survey will be implemented after the school hours and participation will be anonymous and confidential.

### Focus group discussion themes

There will be eight themes overall, namely, tobacco, alcohol, marijuana or cannabis, intravenous drugs, spices, ecstasy, tranquilizers and inhalants.

The questionnaires for the two survey phases – prior and subsequent to the implementation of the information and prevention campaign – will be the same.

## Focus group discussion questions

- (1) Have you heard anything about drugs (among these tobacco and alcohol)?
- (2) Are you aware about the risks related to the use of drugs? (The moderator will guide the discussion concerning all of those psychoactive substances that fall within the interest of the survey as per the outline of the eight themes.)
- (3) What are those sources from which you receive the information regarding drugs?
- (4) From which sources would you prefer to receive such information?
- (5) How do you seek support?

## Survey process

The moderator will follow the sequence of the abovementioned discussion topics. Participants in the FGDs will be requested to avoid interaction regarding topics of discussion and moreover to enter into argument. Each participant will be requested to express his/her opinion on an individual topic. The audio recording will take place; in parallel, the moderator or the co-moderator will note down key points of the FGDs.

## Data management

Transcripts of FGDs will be analysed using the content analysis method.







