



Choose Life Manual for Youth Workers



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CHOOSE-LIFE

Implementing a drug-(ab)use prevention program & shaping youth policies with disadvantaged young people for psychosocial well-being promotion

Co-editors:

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Introduction

Purpose of the Manual

The **Choose-Life Manual** is a practical-theoretical guide designed to support professionals working with young people in the field of drug prevention. Rooted in the broader Choose-Life project – an initiative aiming to co-create youth-led, community-based prevention strategies – this manual helps bridge the gap between research and real-world practice.

Its purpose is to promote youth-centred, gender-sensitive, and intersectional approaches to drug prevention, ensuring that the needs, identities, and experiences of all young people are recognised and respected. By offering tools that are both evidence-based and adaptable, this manual equips practitioners to design, implement, and evaluate interventions that are effective, ethical, and relevant to diverse social realities.

It embraces a holistic and participatory vision, encouraging the involvement of youth workers in preventing substance use and promoting well-being.

Target Audience

This manual is intended **for professionals who work directly or indirectly with young people**, particularly those aged 14 to 21 who may be at greater risk of substance use due to social, economic, or emotional vulnerability. These professionals include:

- Youth workers in non-formal education settings;
- Social workers, psychologists, and other care professionals;
- Educators and school staff involved in prevention and health promotion;
- NGO staff and volunteers working on youth empowerment or harm reduction;
- Local authorities and policy makers designing youth-focused interventions.

The manual assumes varying levels of experience and training among users. Whether you're new to the field or an experienced practitioner, it offers accessible content, flexible tools, and opportunities for reflection and professional development.



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How to Use this Guide

The manual is structured in **seven thematic chapters**, each focused on a key aspect of effective drug prevention. It is designed to be modular: chapters can be used independently or together, depending on your goals, setting, and the needs of the young people you work with.

Each chapter includes:

- Clear, inclusive explanations of theoretical models and core concepts;
- Real-world examples and case studies from a range of cultural and socioeconomic contexts;
- Practical tools and ready-to-use activities for workshops, group work, or one-on-one settings;
- Reflection questions and professional development prompts to encourage critical thinking and growth;
- Ethical and culturally responsive guidance, promoting non-judgmental engagement and respect for diversity.

The guide supports implementation in a variety of environments — formal, informal, and non-formal — and encourages flexible adaptation to local realities while upholding shared principles of equity, inclusion, and youth empowerment. Rather than offering a rigid model, this manual invites you to explore, reflect, and together with young people — as part of a collective effort to build healthier, more resilient communities.



1. Youth-Centred and Community-Based Drug Prevention

1.1 The Importance of Youth-Centred Approaches

A **youth-centred approach represents a paradigm shift in substance use prevention:** from a top-down, prescriptive model to a horizontal, participatory model based on trust. This means shifting the focus from “interventions for young people” to “interventions with young people,” **recognising them as active agents who hold rights, knowledge, and skills.**

Young people are not problems to be fixed, but partners to be engaged. This requires **actively listening to their needs, co-designing activities, and recognising their right to participate in decisions that affect them** (as also established by the United Nations Convention on the Rights of the Child, Article 12).

Today's world, in its complexity, fluidity, and constant transformation, continuously exposes young people to different stimuli, raises performance expectations, and places increasing pressure on younger generations. The rapid cultural shifts of recent decades have often left those outside of these changes struggling to fully grasp what is happening.

The relationship between young people and different forms of addiction cannot be understood without considering the psychosocial, cultural, and relational factors that influence it: the search for identity, the need for belonging, peer pressure, experiences of exclusion, and anxiety about the future.

Placing young people at the centre means recognising them as active participants in their own development, rather than passive recipients of educational interventions. A youth-centred approach takes into account their needs, desires, aspirations, and vulnerabilities as key elements in designing effective substance use prevention strategies. Such an approach allows these aspects to be addressed with empathy and relevance.



How to achieve this?

Active listening

Listening to young people's voices is an essential starting point. Creating safe spaces where they can express themselves freely, share experiences, and reflect on risk and protective factors is a powerful tool for empowerment. Participatory activities such as creative workshops, peer education, storytelling, or social theatre help co-construct meaning and solutions.

Recognising life contexts

Young people's experiences are deeply influenced by family, school, and social environments. Prevention cannot be effective without considering the pressures, conflicts, and cultural models that shape their choices. Youth-centred approaches integrate contextual analysis tools and promote differentiated strategies depending on local and cultural realities.

Promoting self-efficacy

A key goal is to strengthen self-efficacy and the ability to make informed decisions. This means not only providing information, but also offering practical tools to manage emotions, peer pressure, moments of crisis, or identity insecurities.

Life skills education is a core component of this process.



1.2 Defining Gender-Sensitive and Intersectional Practices

Intersectionality can be considered not only as a lens for analysing reality, but also as a practical tool to better identify appropriate responses to the diverse needs of young people. This perspective allows us to understand that each individual carries multiple identity factors that characterize and differentiate them from others. Depending on their role and social position, each person may experience various conditions that can act as multipliers of discrimination or privilege (Crenshaw, 1991; Collins & Bilge, 2016).

In youth work, it is essential to acknowledge that young people's experiences are not homogeneous. Considering only one aspect of identity – such as age, gender, or cultural background – without taking the others into account, prevents us from fully addressing the complexity of their situations. In prevention work, this means avoiding assumptions that young people approach or use substances for the same reasons or are equally affected by social pressures.

Every young person has a unique and multidimensional story. Prevention efforts, therefore, cannot and should not be neutral or “one-size-fits-all.” Experiences of substance use and risk are strongly shaped by gender, sexual identity, cultural background, socioeconomic status, and physical and cognitive abilities. Integrating gender-sensitive and intersectional approaches is crucial to avoid generic interventions and to ensure equity and fairness in prevention work (Hankivsky, 2012).

For example, girls, boys, and non-binary youth experience adolescence and risk factors differently. Girls may be more exposed to dynamics of violence, harassment, or stigma; boys may face pressures related to masculinity, risk-taking, or emotional repression; LGBTQIA+ youth frequently encounter discrimination, isolation, and lack of recognition or support (Russell & Fish, 2016). Effective prevention acknowledges these differences and adapts language, content, and methods accordingly, ensuring that youth workers create safe, inclusive spaces for all identities.



Recent studies have also shown that **substance use among sexual and gender minorities varies by age**: younger individuals may experience different forms of discrimination compared to older generations, which may influence their substance use patterns (Hammack *et al.*, 2018). For instance, adolescence may amplify feelings of isolation or identity struggles, particularly in unsupportive family or school environments, increasing vulnerability to risky behaviors.

Intersectionality allows us to consider how multiple layers of discrimination and vulnerability intersect and overlap. **An intersectional approach helps avoid oversimplifications and supports the development of more just, representative, and effective prevention strategies.** Moreover, intersectionality is not only about identifying risk factors but also about recognising and valuing resilience, protective factors, and diverse strengths that young people bring to prevention processes (Samuels & Ross-Sheriff, 2008).

Practical suggestions for youth workers:

- Conduct intersectional assessments when planning prevention activities, considering multiple dimensions of identity.
- Use inclusive language and materials that reflect the diversity of the youth you work with.
- Facilitate spaces for peer support where youth can share experiences across different identities.
- Provide tailored training for staff on gender sensitivity, unconscious bias, and intersectionality.
- Collaborate with organisations representing marginalized groups to co-create activities and ensure representativeness.
- Incorporate participatory methods, such as story circles, forum theatre or critical incidents, to explore complex identity experiences.



1.3 Building Community Resilience: Engaging Local Stakeholders and Resources

A **community-based approach** does not limit itself to acting within schools or youth centers but rather considers the entire educational and social ecosystem as a space for prevention. The community can become a powerful protective factor when it is able to recognize its own resources, activate itself collectively, and offer coordinated and accessible responses to the needs of young people. In this perspective, **prevention is not the responsibility of a single actor but arises from collaboration and alliances** among many stakeholders who share the care and well-being of younger generations.

Every community holds valuable resources, even if they are sometimes not immediately visible or fully utilized. Cultural and sports associations, libraries, volunteer groups, youth centers, counseling services, religious or informal groups can contribute to building a network attentive to the needs of young people. The first concrete step is to **map local resources**, an activity that can be carried out directly with the involvement of young people. Their perspective on neighbourhoods, relationships, and gathering spaces offers an authentic and fundamental lens for reading the territory.

The resilience of a community is primarily based on the relationships it can create. Beyond formal services, what truly protects young people is the presence of meaningful adults: teachers, coaches, educators, and volunteers who can listen, provide support, and offer positive role models. In this sense, youth workers play a key role: they can facilitate dialogue among different stakeholders, build bridges of trust, and **foster a culture of care, support, and inclusion**. Promoting an "**educating community**" means helping all community members to feel actively involved in supporting the growth of young people.

Finally, the most effective prevention is the one that meets young people in their everyday environments. Public spaces, informal settings, squares, parks, but also digital platforms and social media are now crucial places to identify needs and offer listening. Proximity-based interventions, such as street education, outreach, peer mentoring, or community-



-based youth activities, help reduce distance, build trusting relationships, and identify situations of vulnerability at an early stage. Working in these spaces allows for accessible, non-judgmental, and person-centered support.

In this approach, the community is not only the context in which young people live, but becomes an active part of prevention: a space where lasting educational alliances are built, and where everyone's well-being is promoted.

1.4 Strengthening Partnerships with Schools, Families, and Organizations

Effective prevention is built on **shared responsibility**. No single actor can achieve lasting impact alone. For prevention programs to be meaningful and sustainable, schools, families, and community organizations must work together as part of a wider educational alliance that offers young people a stable, coherent, and supportive environment.

Schools are often the first places where early signs of distress or risk may emerge. At the same time, they represent a key space for growth, learning, and prevention.

Key strategies for partnership:

- Collaborate with teachers and school leaders to integrate prevention activities into both formal curricula and extracurricular programs.
- Include prevention topics in informal school moments, such as assemblies, school projects, or peer education activities.
- Offer training opportunities for teachers and school staff on topics such as active listening, conflict resolution, emotional education, and adolescent development.

By building strong partnerships with schools, youth workers can ensure that prevention messages are reinforced consistently across different learning environments.



Families play a central role in young people's lives. They can be powerful allies in prevention efforts, but they may also face challenges or difficulties that increase stress and risk.

Practical ways to engage families:

- Create safe spaces for dialogue, information, and support, avoiding blame or judgment.
- Organize participatory activities such as parent-child workshops, discussion groups, family counseling services, or informal gatherings.
- Provide families with tools and resources to better understand adolescent development, risk factors, and how to offer supportive parenting.

By involving families, prevention efforts become more holistic, helping to create a consistent and caring environment both at home and in the community.

Cultural, sports, social, and faith-based organizations offer young people important opportunities for belonging, self-expression, and inclusion. Strategic partnerships with these organizations help expand the reach and diversity of prevention programs.

Benefits of partnering with local organizations:

- Increase opportunities for young people to participate in positive, meaningful activities.
- Ensure that prevention work continues across multiple settings, offering young people stable points of reference.
- Share resources, expertise, and methodological tools across different actors, strengthening the overall quality of interventions.

A **network-based approach** makes prevention stronger, more adaptable, and better equipped to respond to the specific needs of each community.



2. Theoretical Foundations and Risk Factors

2.1 Understanding the BPSSM framework: exploring biological, psychological, social, and spiritual dimensions in drug prevention

Effective youth drug prevention must go beyond individual behavior and instead consider the complexity of young people's lived experiences. The Biopsychosocial-Spiritual Model (BPSSM) provides a comprehensive framework that integrates four interrelated dimensions — biological, psychological, social, and spiritual—to better understand substance use and promote compassionate, inclusive interventions (Engel, 1977; Fallot, 2007).

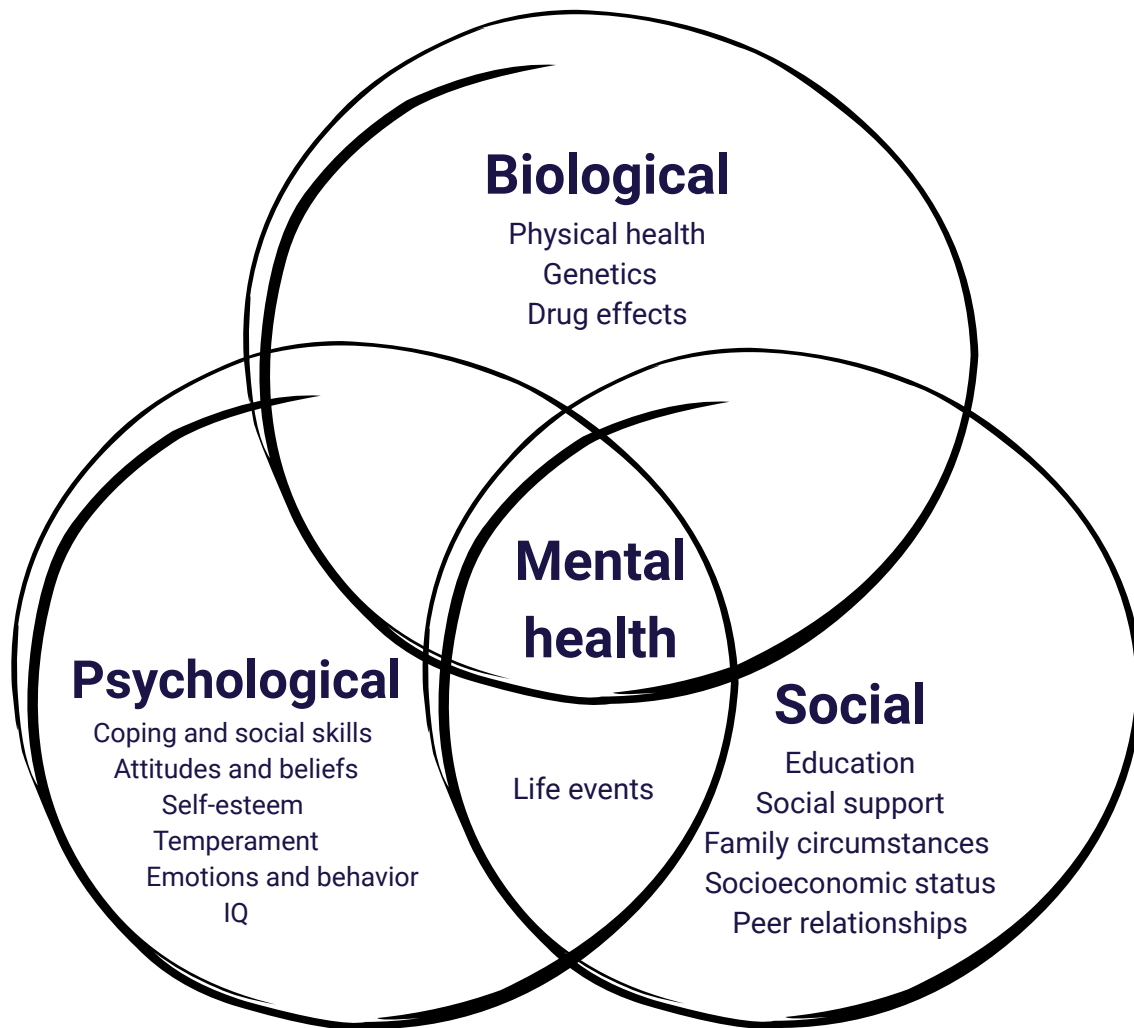
By shifting focus from individual blame to context-aware prevention, the BPSSM supports youth-centered and equity-driven approaches that honor diversity and resilience.

Biological dimension: Biological factors include genetic predispositions, neurodevelopmental processes, and brain chemistry that affect how individuals respond to substances. Adolescence is a particularly sensitive stage, where hormonal changes impact emotional regulation and decision-making—potentially increasing the likelihood of risk-taking behavior (Volkow & Li, 2005).

Importantly, biological vulnerability is not destiny. Educating youth about how substances affect the brain and helping them understand their own risk factors can promote autonomy, awareness, and healthier choices.

Psychological dimension: This dimension refers to emotional well-being, trauma history, personality traits (e.g., impulsivity or sensation-seeking), and coping strategies. Young people may use substances not out of rebellion, but to manage psychological distress, anxiety, or a lack of self-worth (Zuckerman, 2007).

A trauma-informed and mental health-sensitive approach is essential. Supporting emotional literacy, resilience, and self-regulation equips young people with alternatives to substance use during difficult times (Ungar, 2005).



The **biopsychosocial approach**, conceptualised by George Engel in 1977, emphasizes that understanding a person's medical condition must encompass biological, psychological, and social factors.



Social dimension: Social factors include family relationships, peer dynamics, cultural influences, and structural conditions. Peer pressure, exclusion, and the normalization of drug use within certain groups can increase vulnerability (Becker, 1953).

Systemic barriers — such as poverty, racism, gender-based violence, or unequal access to education and healthcare — further compound risk. An intersectional perspective (Crenshaw, 1991) is crucial to ensure that prevention efforts are inclusive, just, and responsive to diverse realities. Substance abuse is often a desperate attempt to respond to relational difficulties that may accompany or herald a more structured picture of suffering.

Anxiety, depression, phobias and personality disorders are common in the drug-addicted population. The addict's reluctance to change is not so much due to satisfaction with the life he leads as to the impossibility of imagining or hoping for a different one based on his experiences. When after a thousand fears he tries to pick up the thread of his life again, he often encounters many difficulties (Margaron, 2021).

Spiritual dimension: Spirituality refers not only to religion, but also to one's sense of meaning, identity, purpose, and connection to something greater—such as art, community, or nature. Some youth turn to substances in search of transcendence, identity, or escape. Supporting spiritual well-being through creative, reflective, or value-based activities helps young people find grounding and connection, which serve as protective factors (Koenig, 2001).

Prevention rooted in the BPSSM requires participatory, culturally responsive, and youth-led approaches. Co-designing programs with youth, listening to their lived experiences, and addressing their needs holistically leads to better outcomes—not just in avoiding harm, but in enabling young people to thrive.



2.2 Addressing root causes of substance use

Substance use among youth is often a response to deeper issues (unmet emotional needs, trauma, exclusion, or structural injustice), not merely a desire for pleasure. To effectively prevent harmful use, we must ask: What are young people trying to cope with? What are they not receiving from their environments?

The line between use and dependency lies in the ability to stop. When a behavior becomes essential for emotional balance and its interruption feels impossible, it often signals a deeper dependency. Addiction is not just a repetitive act— it's a condition shaped by suffering, where the substance serves as a form of escape, relief, or control in an overwhelming life context (Maté, 2008).

Young people often use substances to soothe psychological or existential pain, not to chase thrill or rebellion (Khantzian, 1997). Substance use can be an attempt to manage:

- Trauma (e.g., abuse, neglect);
- Chronic stress (e.g., poverty, racism);
- Mental health challenges (e.g., depression, anxiety);
- Social isolation or lack of belonging;
- A perceived lack of purpose.

In this light, substance use becomes a survival strategy. Without healthier options, some youth use drugs to feel “less bad,” rather than “better.”

Prevention through information, education and life-skills

Effective drug prevention goes far beyond simply providing information about the risks of substance use. While accurate information is essential, it is not enough on its own. Young people need more than knowledge to make healthy decisions — they also need emotional support, social connection, and practical life skills.

Information becomes truly effective when it is accurate, two-way (dialogical), and contextualized – that is, when it reflects the lived realities of young people and is embedded within a broader educational process. This kind of information helps young people evaluate the potential risks and benefits of behavior, encouraging more conscious and informed choices. However, for these choices to be sustained, they must be supported by a balanced psycho-emotional development and a safe, caring environment (Grosso & Rascazzo, 2014).

A comprehensive **prevention model integrates health education with the development of core life skills**. These include:

- Emotional awareness and regulation;
- Impulse control;
- Communication and relationship-building;
- Critical thinking and decision-making.

These skills enable young people to navigate everyday challenges, resist peer pressure, and build positive identities.

Prevention must also be rooted in empathy, equity, and justice. As Gabor Maté (2008) wrote: “The question is not why the addiction, but why the pain?” This perspective invites us to shift from a focus on behavior to a deeper understanding of suffering and unmet needs. Substance use often stems from trauma, exclusion, or lack of purpose—especially among marginalized youth.

Therefore, truly **transformative prevention** includes:

- Trauma-informed care and emotionally safe spaces;
- Accessible and non-stigmatizing mental health support;
- Opportunities for identity, creativity, and expression;
- Meaningful peer and community connections;
- Social change that addresses inequality and exclusion.



When young people feel supported, heard, and empowered, prevention is not only more effective—it becomes a pathway toward personal and collective well-being.

2.3 Identifying individual, family, and community-level risk factors

To prevent substance use effectively, we must look at risk factors across three interrelated levels: **individual**, **family**, and **community**. These dimensions interact and often overlap. As consistently shown in the work of Gruppo Abele and other Italian researchers, substance use often emerges in contexts where vulnerability is made invisible. **At the individual level**, mental health struggles, low self-esteem, impulsivity, or exposure to trauma can significantly increase the likelihood of substance use. Early initiation, emotional neglect, or failure in institutional settings—such as school, sports, or peer groups—may reinforce a sense of inadequacy or exclusion. Prevention at this level means fostering agency, emotional skills, and self-worth—helping young people feel competent, confident, and capable of navigating their world.

Family dynamics play a foundational role in either exacerbating or buffering risk. Conflictual relationships, exposure to substance use within the household, lack of emotional security, or limited communication can all contribute to a heightened vulnerability. Yet families can also be powerful sources of protection, support, and healing. Prevention must view families not as obstacles but as allies. Providing spaces for dialogue, parental education, and empowerment can foster environments that nurture resilience across generations.

Structural conditions at the community level—including poverty, discrimination, lack of access to education or mental health services, and exposure to violence or social fragmentation—can further amplify vulnerability. Inequality is not a neutral background but an active force shaping opportunity, access, and identity. In response, prevention efforts must be rooted in collective care, equity, and community-based engagement. Creating inclusive, youth-led spaces that promote creativity, dialogue, and belonging is a powerful antidote to the alienation that often underlies substance use.



Risk Perception and Decision-Making

Risk factors that contribute to substance use can be broadly categorized into social and individual domains, which, though distinct, often interact in complex and dynamic ways. Social risk factors are closely tied to the environment in which a young person grows up. For instance, a dysfunctional or unsupportive family context—characterized by parental substance use, conflictual relationships, or a lack of clear boundaries and educational guidance—can significantly increase vulnerability. When families do not support the development of long-term goals, self-regulation, and personal responsibility, they may inadvertently encourage impulsivity and short-term gratification.

Equally influential are peer networks. Both **formal groups** (such as schoolmates, sports teams, or youth organizations) **and informal ones** (like neighborhood circles or online communities) can shape norms, values, and behaviors. In today's digital age, online peer environments have become especially relevant, sometimes reinforcing risk-taking behavior in subtle or anonymous ways.

Wider factors like **socioeconomic status**, **gender**, and **cultural** background also intersect with these social dynamics. The quality of one's social environment—including exposure to stress, discrimination, or community-level instability—can deeply affect how risk is perceived and how decisions are made.

Individual risk factors, while often influenced by these social dynamics, also stem from personal traits, histories, and cognitive orientations. These include characteristics such as sensation-seeking, impulsivity, and a general tendency to engage in risky behaviors. One important psychological element is the locus of control—that is, the extent to which a person believes they have influence over the events in their life. Youth with an external locus of control may feel powerless, making them more susceptible to adopting risky behaviors as coping strategies.

Cognitive distortions can further complicate risk perception. A common example is the “illusion of control,” where individuals believe they can manage or avoid the negative consequences of their behaviour, even when clear evidence suggests otherwise. This disconnect between perceived and actual risk can make substance use seem less dangerous, especially when reinforced by peer behaviors or cultural narratives.



However, these same domains —family, peers, personality, and community—can also function as protective factors. Critical thinking, emotional regulation, empathy, and problem-solving are core life skills that help young people navigate adversity, resist peer pressure, and build autonomy. A stable, communicative family; peer networks that model healthy behaviors; and communities that offer supportive resources and opportunities can all serve to counterbalance risk.

It's important to recognize that risk and protection are not fixed qualities but fluid and context dependent. The same factor may serve as a risk in one context and a protective element in another. Understanding this complexity is key to developing prevention strategies that are responsive, equitable, and centered on the lived realities of youth.

2.4 Promoting protective factors: life skills, positive relationships, and supportive environments

Building protective factors means creating the conditions for youth to grow with strength, confidence, and connection. Protection is not control, it is the capacity to stay rooted while facing uncertainty. As highlighted in the practices of Italian educational networks (Floris, 2022; Animazione Sociale, 2021), protective strategies must go beyond risk avoidance. They should cultivate autonomy, meaning, and belonging.

Life skills are not an extra, they are essential. **Emotional awareness, communication, decision-making, and stress management equip youth to navigate daily life and complex social realities.** Programs that prioritize experiential learning, peer dialogue, and creative expression help young people “learn how to learn,” gaining confidence in their own ways of thinking and acting. These skills are not taught once; they emerge through consistent, trust-based engagement.



Relationships are central to development. Friendships, mentorships, and intergenerational exchanges can foster safety and motivation. When young people feel seen and valued, they are more likely to trust others and themselves. As Danilo Dolci's maieutic method suggests, change happens through reciprocal discovery, not imposition. Investing in relational quality, rather than performance or behaviour, creates spaces where growth can happen without fear.

Positive relationships with peers, trusted adults, and educators can become real protective factors. **Feeling seen and listened to** helps build self-esteem and opens the door to change. As Danilo Dolci suggested with his maieutic method, learning grows through real dialogue, not one-way teaching. **Building trust comes before any result.**





3. Informal and Non-Informal Educational Methods

Non-formal education includes structured activities outside the school system, such as those offered by youth groups, cultural centres, or community initiatives. It is voluntary, flexible, and focused on building social and emotional skills.

Informal education happens spontaneously in everyday life — through family, friends, projects, or volunteering — and plays a vital role in shaping identity and attitudes. These methods are especially valuable in prevention work, as they foster trust, intrinsic motivation, and active engagement with real-life challenges (Rettinger, 2019; Kromolicka, 2021).

3.1 Role-Playing, Storytelling, and Peer-Led Activities

Role-Playing

Role-playing empowers young people to explore real-life situations and practise responses in a safe environment. Scenarios involving peer pressure, risky behaviour, or decision-making help develop empathy, communication skills, and reflective thinking. Use real-life scenarios, group-relevant roles, and debriefs to reflect on emotions and decisions (Maroszek, 2023).

Tips for using role-playing effectively:

- Begin with a warm-up to build trust and reduce performance anxiety.
- Allow participants to co-create scenarios based on their lived experiences.
- Keep group sizes small to ensure active participation and emotional safety.
- Avoid triggering roles—ask first.
- Always debrief: “What did you feel?”, “What surprised you?”, “What could change?”



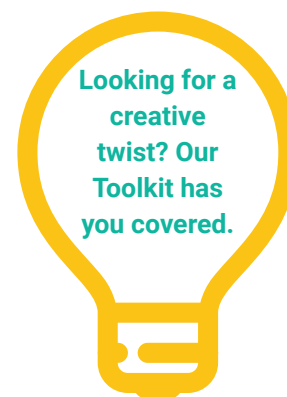
Storytelling

Stories have always played a powerful role in education, especially when shared in a way that connects emotionally and encourages reflection. In informal settings, storytelling is more than just entertainment – it is a method of passing on values, experiences, and life lessons in a way that is both engaging and memorable.

Storytelling in youth education often includes campfire tales – short, meaningful stories shared in a reflective setting, offering subtle lessons on topics like responsibility or resilience. Another powerful method is sharing real-life testimonies of people who have overcome challenges such as addiction, mental health issues, or peer pressure. Whether from peers or public figures, these stories – told with honesty and respect—can deeply inspire and connect with young listeners (Negro & Kimball, 2017; Robertson & Good, 2006).

Tips for using storytelling effectively:

- Choose relatable, emotionally grounded stories.
- Use personal language and authenticity.
- Encourage reflection after the story.
- Invite young people to share their own stories.



Peer-Led Activities

Peer-led formats build trust, leadership, and honest dialogue. For over 100 years, scouting has used a system of small groups, known as the patrol system, which can be an inspiration for preventive work. Examples include peer mentoring, youth-led debates, and collaborative workshop planning. These approaches build trust, deepen understanding, and empower young people to take active roles in the learning process.

Tips for leaders:

- Ensure diverse roles beyond leaders
- Support peer leaders – offer them training, feedback, and space for development.
- Observe group dynamics – intervene when exclusion or conflicts arise.
- Appreciate effort – praise and recognition strengthen motivation and a sense of agency.

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3.2 Using Games and Simulations for Awareness and Critical Thinking

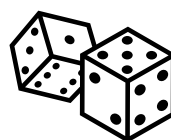
Games and simulations are not just engaging activities – they are powerful, structured experiences that develop both awareness and critical thinking in young people. When rooted in real-life contexts and followed by reflective dialogue, they create opportunities for personal insight, empathy, and deeper understanding of complex issues such as peer pressure, emotional well-being, or social responsibility. By using games and simulations as intentional, thoughtfully facilitated experiences, educators and youth workers can support young people in developing not only what they know – but how they think, feel, and act.

How they build awareness and critical thinking:

- Present relatable, emotionally engaging scenarios that help youth recognise social cues, challenge assumptions, and reflect on consequences.
- Make abstract concepts like fairness, influence, or inclusion tangible and practical.
- Promote reflection through action—participants experience first, then analyse, deepening insight and retention (Rivers & Bertoli, 2024; Angelelli, 2023).

Types of games and simulations:

- **Decision games:** Youth face realistic dilemmas and must make choices with social or emotional consequences.
- **Cooperative challenges:** Tasks that require joint problem-solving while navigating diverse roles, perspectives, or resource limitations.
- **Simulated real-life roles:** Participants take on roles from various backgrounds to experience exclusion, power imbalance, or support systems.



You'll find a matching activity in the Cool-Fun Toolkit!

Tips for using games and simulations effectively:

- **Clearly state the learning goals** – what kind of awareness or thinking the activity aims to promote.
- **Allow room for emotional expression** – games touch on real feelings; make space to name them.
- **Always include debriefing** – ask: “What did you notice?”, “What made you think differently?”, “How does this relate to real life?” “How did you feel in your role?”, “What influenced your decisions during the game?”
- **Balance spontaneity with structure** – games should feel alive, but have intentional design and flow.
- **Invite youth to create or adapt simulations based on their realities** – they are experts of their own context (Symulacje i gry symulacyjne, czyli jak naśladujemy procesy społeczne, 2023).

Examples of practice

RPGs engage participants in collaborative storytelling, where they take on fictional roles and face moral or emotional dilemmas. These games promote empathy, creativity, and decision-making. Beginner-friendly systems: **Lasers & Feelings** – simple, one-page sci-fi game or **Fate Accelerated** – flexible, fast-paced.

Board games that support social learning and critical thinking:

- **The Resistance / Avalon** – trust, strategy, manipulation.
- **Dixit** – metaphor, empathy, communication.
- **Concept** – logic and teamwork via icons.
- **When I Dream** – group roles and miscommunication.
- **Fog of Love** – emotional values and compromise (17+).



3.3 Designing Interactive Sessions on Self-Awareness, Peer Pressure, and Coping Strategies

This chapter focuses on two key psychosocial competencies: **self-awareness** and the **ability to cope with peer pressure**. These are essential protective skills that help young people make informed choices, build confidence, and avoid risky behaviours, including substance use. Instead of using lecture-based methods, this approach is experiential and interactive, aiming to engage young people emotionally, socially, and cognitively. Such sessions work especially well in non-formal and informal learning environments—like youth organisations, NGOs, scouting groups, or community programmes—where trust, participation, and reflection are encouraged.

Self-Awareness

Self-awareness is the ability to recognise one's emotions, values, needs, and behavioural patterns. For adolescents and young adults, developing self-awareness supports identity formation and emotional literacy, which are key to making informed and value-aligned decisions (Isaac, 2014; Sandu *et al.*, 2015).

Examples of interactive methods:

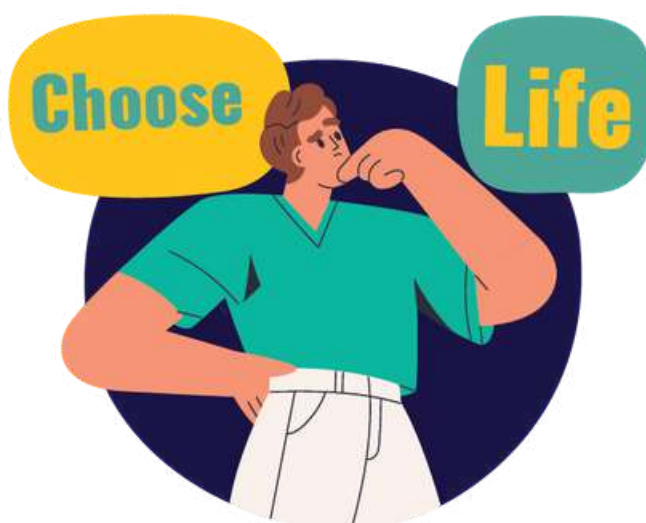
- **“My values, my choices”** – participants reflect individually and discuss in pairs or small groups using value cards or dilemma prompts.
- **“My emotional map”** – identifying emotions linked to real-life situations (e.g. “How do I feel when I’m judged?”, “How do I respond to disappointment?”).
- **“Who am I when no one is watching?”** – anonymous written reflections used for self-reflection or group discussion.
- **Sharing circles** – voluntary group conversations promoting listening, mutual respect, and emotional expression.

Peer Pressure

Peer pressure involves the influence peers exert on each other's behaviour and decisions. It can be both negative and positive. Understanding this dynamic helps young people recognise different types of influence, navigate the need for acceptance, and act with assertiveness and autonomy (Shamsie, 2024).

Interactive methods:

- Scenario simulations: "What would you do if...?" – group-based role-plays based on realistic peer situations involving pressure, values, or dilemmas.
- "Where are my limits?" – individual or pair reflections on personal comfort zones in various social situations, followed by facilitated group discussion.
- Assertive response practice – developing "I statements" and non-confrontational refusals using role-play and scripting exercises.
- Oxford-Style debate – participants are divided into teams to argue "for" or "against" a statement. This format encourages critical thinking, respectful disagreement, and the ability to articulate personal values.
- Mock trial (problem courtroom) – participants simulate a trial where a specific peer-related behaviour or social issue is on trial. This method helps explore consequences, build empathy, and practise public reasoning (Schwartz, 2010).





4. Facilitating Youth Participation and Empowerment

4.1 Understanding the Value of Youth Participation

Youth participation is a foundational principle in contemporary youth work and a vital element in designing effective drug prevention strategies. It refers to the active, informed, and voluntary involvement of young people in decisions and actions that affect their lives and communities. Far from being passive recipients of services, youth are capable of being co-creators of change when provided with the right support and respect.

Youth participation is a rights-based principle: everyone has the right to express their views in matters that concern them.

True participation moves beyond simple consultation to promote youth leadership, agency, and partnership.

Degrees of Participation

A helpful model to understand different levels of youth participation is **Roger Hart's Ladder of Participation** (1992). This framework identifies varying degrees of youth involvement:

- **Non-participation:** manipulation, decoration, tokenism.
- **Genuine participation:**
 - Assigned but informed;
 - Consulted and informed;
 - Adult initiated shared decisions with youth;
 - Youth-initiated and directed;
 - Youth-initiated shared decisions with adults.

Youth workers should aim to support young people at the higher rungs of this ladder, those that foster ownership, confidence, and meaningful influence.

Roger Hart's ladder of participation (adapted from Mensa-Kwao et al., 2024)



Rung 8 – Youth initiated shared decisions with adults: Youth-led activities, in which decision making is shared between youth and adults working as equal partners.

Rung 7 – Youth initiated and directed: Youth-led activities with little input from adults.

Rung 6 – Adult initiated shared decisions with youth: Adult-led activities, in which decision making is shared with youth.

Rung 5 – Consulted and informed: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions

Rung 4 – Assigned, but informed: Adult-led activities, in which youth understand purpose, decision-making processes and have a role.

Rung 3 – Tokenism: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback.

Rung 2 – Decoration: Adult-led activities, in which youth understand purpose, but have no input in how they are planned.

Rung 1 – Manipulation: Adult-led activities, in which youth do as directed without understanding the purpose for the activities.

Substantial engagement

Youth as co-designers, under adult supervision directing project decisions

Moderate engagement

Youth feedback actively sought, and contributions considered in project decisions.

Minimal engagement

Youth consulted on research decisions, but limited contributions to project decisions

No engagement

Legend



Higher Rungs



Lower Rungs



Why Participation Matters in Drug Prevention

From a **psychosocial perspective**, youth participation strengthens core protective factors against drug use. Engaging young people in decision-making builds **self-esteem, resilience, emotional literacy, and problem-solving skills**. It cultivates a sense of **belonging**, reduces alienation, and empowers youth to make healthier lifestyle choices.

Participation is especially valuable for marginalized youth who may experience exclusion, stigma, or discrimination. Providing platforms for their voices not only empowers them but also helps create more **equitable, inclusive prevention programs**.

From a **programmatic view**, youth-led or co-designed interventions are often **more sustainable and better received** by their peers. Their lived experiences offer insight into real challenges and solutions. For example, a youth-led social media campaign may use peer-generated videos to challenge myths around cannabis use, resulting in increased engagement and awareness among secondary school students.

The Biopsychosocial Lens for participation

The Biopsychosocial Model (BPSSM) further validates the importance of participation. It acknowledges that health and risk behaviours are shaped not only by individual biology and psychology but also by social environments. Youth participation directly contributes to all three levels:

- **Biological:** Understanding how substance use affects their bodies.
- **Psychological:** Developing the self-awareness and confidence to resist peer pressure.
- **Social:** Creating stronger community ties and support networks.



Participation enables young people to shift from being 'at risk' to being agents of change in their communities. For participation to be meaningful, youth workers must:

- **Validate youth voices:** Listen actively, ask questions, and honour diverse opinions.
- **Build trust and inclusion:** Create safe spaces, especially for marginalized youth.
- **Support skill development:** Provide mentoring, leadership training, and structured roles.
- **Avoid tokenism:** Ensure youth are part of planning, implementation, and reflection – not just present for appearances.

Reflection Prompt

In your country/region, where do you think youth fall on Hart's Ladder of Participation?

What steps could you take to move them higher?



4.2 Practical Strategies for Youth Engagement

Youth engagement is not automatic; it must be intentionally fostered through **inclusive practices, meaningful roles, and relationship-building**. For engagement to be effective in drug prevention and psychosocial well-being promotion, it must be ongoing, empowering, and rooted in mutual respect (Checkoway & Gutierrez, 2006; Wong et al., 2010; Zeldin et al., 2012). This section outlines practical strategies youth workers, educators, and social workers can use to mobilize youth participation in impactful and sustainable ways.

Create Safe, Welcoming Spaces

Youth cannot participate meaningfully if they do not feel safe emotionally, physically, and socially. A welcoming environment is the foundation of all other engagement strategies.

Strategies:

- Use inclusive language and avoid adult-centric jargon.
- Establish ground rules for respectful dialogue—co-created with the youth.
- Offer flexible formats (small groups, creative expression, anonymous contributions) to accommodate different comfort levels and communication styles.
- Be culturally responsive and attentive to identity factors like gender, ethnicity, disability, and sexual orientation.

Reflection Prompt

What physical and emotional signals does your space send to young people?

Would someone new feel welcome and respected?



Engage through Peer-Led Activities

Peer-to-peer methods are especially powerful for drug prevention and soft skills development. Young people often learn best from those who share similar experiences.

Strategies:

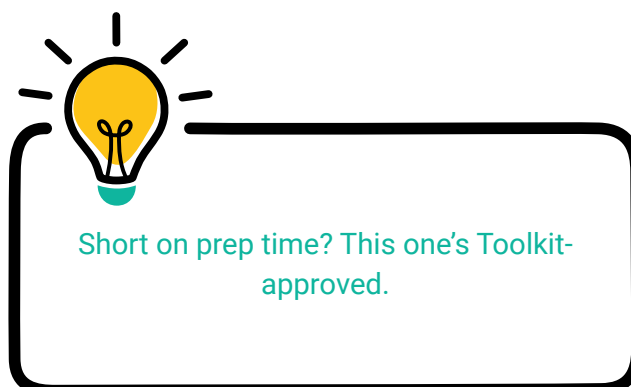
- Train peer educators or “youth ambassadors” to co-lead workshops or campaigns.
- Use group challenges (e.g., role-play, community service projects, board games) where each member contributes a skill.
- Allow youth to facilitate parts of training, debriefing, or evaluation.

Use Creative and Digital Methods

Many young people express themselves better through art, media, or hands-on creativity rather than verbal discussion alone. These methods also enhance engagement with prevention topics (also see Section 7 of the manual for sample activity sheets and instructions).

Strategies:

- Digital storytelling or short video creation (e.g., CapCut, Canva).
- Improvisational theatre games to simulate decision-making under peer pressure.
- Poster or meme design to visualize healthy choices or bust drug myths.
- Photovoice projects: Participants take photos of their environment to reflect on risks and strengths in their communities.





Involve Youth in Planning and Decision-Making

Shared ownership increases commitment. Youth should have a real role in shaping the content, process, and outcomes of prevention efforts.

Strategies:

- Use simple planning tools (like mind maps or kanban boards) to co-develop ideas.
- Offer decision-making roles: What topic will we explore? What message should we share? Who is the audience?
- Let youth set their own group goals, timelines, and reflection points.
- Use “voting with dots” or anonymous input to ensure all voices are heard—especially quieter participants.

Gamify Learning

Interactive, game-based approaches are proven to boost participation, retention, and critical thinking. When used correctly, they also provide a low-risk space to explore complex psychosocial issues.

Strategies:

- Use strategy-based board games that simulate community-building or ethical choices.
- Facilitate civic role-play debates to explore different opinions and build empathy.
- Offer small rewards (badges, digital shoutouts, or certificates) for completing modules or team tasks.

For example, a civic board game challenge can be used to spark debate on youth policy and mental health. Participants may work in teams to simulate local council decisions and vote on strategies, gaining insight into democratic processes.



Check the Collaborative Strategy Board Games & Role-Playing Civic Debate in Cool-Fun Toolkit.

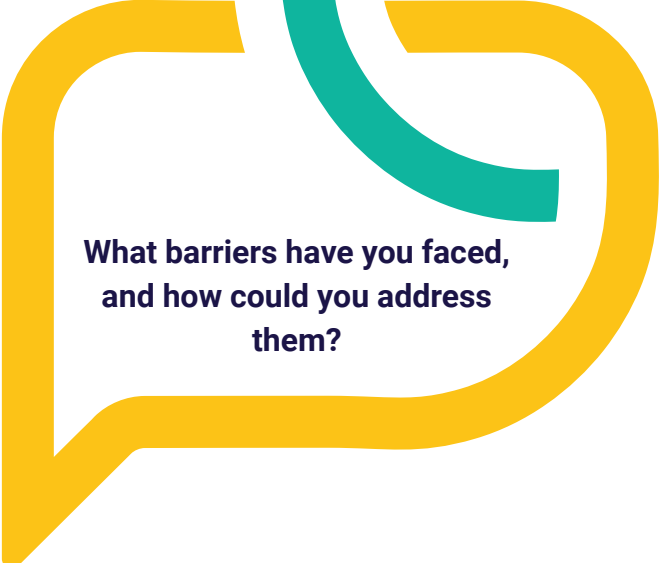


Effective youth engagement is not about entertaining young people—it’s about honoring their capacity to lead, reflect, and act. As youth workers, your role is to support this process with flexibility, empathy, and a commitment to equity.

Group Discussion



Which engagement strategies have worked best in your context?



What barriers have you faced, and how could you address them?



4.3 Supporting Youth-Led Initiatives

Youth-led initiatives place young people at the **centre of planning, decision-making, and implementation**. They allow youth to shape the agenda, design solutions, and act on issues that affect them, such as substance use, peer pressure, and social exclusion. This form of participation not only fosters autonomy but also builds essential life skills like leadership, empathy, and responsibility. This section provides **guidance** for youth workers and educators to **support, mentor, and co-create** with youth as they design and lead their own prevention projects.

What “Youth-Led” Really Means?

Youth-led work goes beyond token involvement. It allows young people to:

- Identify the issues they care about.
- Choose the goals they want to pursue.
- Determine the methods and audience of their work.
- Evaluate their own progress.

Key Principle: Your role is to guide, mentor, and scaffold, not to lead for them.

Creating Opportunities for Youth Leadership

Make leadership **visible, varied, and accessible**. Not every young person will want to be a public speaker or lead a large event; some may thrive in creative or organizational roles. You may also allow youth to rotate leadership roles in long-term projects (e.g., media manager, group spokesperson, logistics coordinator).

Examples of youth-led prevention roles:

- Hosting a podcast on mental health and substance use.
- Organizing an awareness week at school.
- Facilitating a peer support circle.
- Designing a community mural or digital campaign.
- Conducting a survey on youth well-being and presenting the results to local decision-makers.

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Facilitating Access to tools and resources for decision making and involvement

Youth benefit from clear frameworks to shape their ideas into action. Provide them with easy-to-use tools and examples for planning and implementation, such as:

- **Youth project planner template** (goals, timeline, audience, resources needed).
- **Problem-tree tool** to understand root causes of drug abuse or related challenges.

Youth cannot lead without **resources, recognition, and access to influence**. Access to resources and decision-making spaces may be also needed to facilitate their active role.

For example, you can consider:

- Advocating for micro-grants or youth funds within your organization or municipality.
- Connecting youth groups to local stakeholders (e.g., schools, NGOs, health workers, local councils).
- Supporting transportation, internet access, and space booking.
- Helping youth navigate bureaucracy when proposing or organizing activities.

Build Reflection into the Process

Encourage **ongoing reflection** — not just on the project's outcomes, but on youth experiences, challenges, and growth. Evaluation builds self-awareness and helps youth recognize their impact. **Simple methods to try:**

- **After-action reviews:** “What worked? What didn’t? What would we do differently?”
- **Self-assessment checklists** for group collaboration and goal achievement.
- **Peer-to-peer feedback** using “Two Stars and a Wish” (two things done well, one suggestion).

Youth-led initiatives are **transformative spaces** where prevention becomes personal, meaningful, and sustainable. They are **not side-projects**, but powerful engines for social change, when supported with structure, respect, and trust.



4.4 Addressing Challenges and Ensuring Inclusion

While youth participation and empowerment are key pillars of effective drug prevention, **barriers to inclusion** can prevent the most vulnerable young people from being involved meaningfully. These barriers may relate to gender, disability, language, mental health, family background, migration status, or geographic location. As youth workers, educators, and social workers, our task is not just to invite participation, but to actively **remove obstacles, adapt approaches, and create inclusive spaces** where all youth feel seen, safe, and valued. This section provides insights, tools, and tips to anticipate and overcome common challenges in engaging diverse groups of young people.

Recognizing Structural Barriers and Invisible Exclusion

Some youth face **systemic disadvantages** that make their participation less visible or more difficult. As a practitioner, **observe who's not showing up or not speaking**, and investigate why — without making assumptions. Inclusion requires **intentional design**.

Common disadvantage may include:

- **Economic hardship** (lack of transport, internet access, or proper nutrition).
- **Cultural expectations** (e.g., gender norms that discourage girls from speaking out or participating in mixed groups).
- **Language and literacy limitations.**
- **Disabilities or neurodiversity.**
- **Mental health conditions** (e.g., social anxiety, trauma).
- **Discrimination based on ethnicity, sexual orientation, or religion.**

Building a Safe and Affirming Environment

Inclusive participation starts with creating an atmosphere of **psychological safety**, where young people feel respected, trusted, and free from judgment. You can introduce for example a “silent participation” tool — e.g., a shared whiteboard where youth can write anonymous thoughts or reactions. Other facilitator strategies can be:

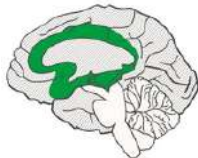
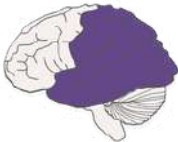


- Set clear ground rules for respectful interaction — co-created with the group.
- Use ice-breakers and team-building activities to help everyone feel at ease.
- Allow multiple forms of expression (verbal, visual, written, movement).
- Avoid pressuring anyone to speak in front of the group.
- Respond supportively to disclosures of difficult experiences or trauma.

The Universal Design for Learning (UDL)

UDL is a flexible educational approach that improves **access and participation for all learners** by offering multiple ways to engage, represent, and express information (Meyer *et al.*, 2014). You can apply UDL to youth prevention projects by:

- Offering content in audio, visual, and simple text formats.
- Using captions and easy-to-read slides.
- Allowing projects to be presented as videos, posters, drawings, or discussions.
- Letting youth choose group or solo work.
- Providing fidget tools or quiet spaces for neurodivergent youth.

	Provide multiple means of engagement	Provide multiple means of representation	Provide multiple means of Action & Expression
			
Access	Provide options for Recruiting Interest - Optimize individual choice and autonomy - Optimize relevance, value and authenticity - Minimize threats and distractions	Provide options for Perception - Offer ways of customizing the display of information - Offer alternatives for auditory information - Offer alternatives for visual information	Provide options for Physical Action - Vary the methods for response and navigation - Optimize access to tools and assistive technologies
Build	Provide options for Sustaining Effort & Persistence - Heighten salience of goals and objectives - Vary demands and resources to optimize challenge - Foster collaboration and community - Increase mastery-oriented feedback	Provide options for Language & Symbols - Clarify vocabulary and symbols - Clarify syntax and structure - Support decoding of text, mathematical notation, and symbols - Promote understanding across languages - Illustrate through multiple media	Provide options for Expression & Communication - Use multiple media for communication - Use multiple tools for construction and composition - Build fluencies with graduated levels of support for practice and performance
Internalize	Provide options for Self Regulation - Promote expectations and beliefs that optimize motivation - Facilitate personal coping skills and strategies - Foster collaboration and community - Develop self- and assessment reflection	Provide options for Comprehension - Activate or supply background knowledge - Highlight patterns, critical features, big ideas, and relationships - Guide information processing and visualization - Maximize transfer and generalization	Provide options for Executive Functions - Guide appropriate goal-setting - Support planning and strategy development - Facilitate managing information and resources - Enhance capacity for monitoring progress
Goal	Expert learners who are...		
	Purposeful & Motivated	Resourceful & Knowledgeable	Strategic & Goal-Directed



Working with Families and Gatekeepers

In many contexts, **youth participation depends on the approval or support of families, guardians, or institutions.** Resistance from adults may stem from fear, misinformation, or cultural norms. Some strategies to engage gatekeepers include:

- Host short info sessions for parents about the purpose and safety of activities.
- Offer take-home materials in different languages.
- Partner with community leaders or respected figures to build trust.
- Emphasize how participation supports academic success, health, or employability.

Inclusion is not a checklist—it's an ongoing process of **listening, adapting, and re-evaluating.** Ensuring that all young people can participate meaningfully in drug prevention and psychosocial well-being programs requires **empathy, creativity, and systemic awareness.** By actively addressing challenges, promoting diversity, and removing barriers, youth workers can help foster **equity, resilience, and shared ownership** in every initiative.

Reflection Prompt

Who tends to participate most in your current youth initiatives? Who might be left out?

What practical steps could you take to make your projects more inclusive?

How do you balance structure and flexibility when working with diverse youth needs?

5. Gender-Sensitive Strategies and Cultural Competence

5.1 Recognizing and Addressing Gendered Patterns in Drug Use and Prevention Needs

According to Council of Europe and UNODC data, at all ages, boys and men are more likely to engage in drug use. Nearly 7 in 10 people who use drugs are men (UNODC 2020). Also, men are 1.5 times more likely to drink alcohol than women and 4.2 times more likely to smoke.

There are only a few exceptions where women are more frequent users of substances than men. The non-medical use of opioids and tranquillizers is higher among women, since European girls were more likely to use these substances without prescriptions than boys (UNODC, 2018). Also, weight loss pills are more used by women than men.

UNICRI data showed that «even though women are less likely to initiate drug use than men, they start earlier and are more susceptible to develop an addiction». In addition, NIH statistics pointing out that «women may be more susceptible to craving and relapse, which are key phases of the addiction cycle». Unfortunately, women who use drugs are more frequently diagnosed than men with conditions such as depression, panic disorder, psychological trauma, as well as liver and heart diseases.

Women are also more exposed to sexual and physical abuse, violence, sexually transmitted diseases and stigma. According to EUDA, some of the specific issues women face include:

- **Stigma:** Women are stigmatised more than men for using drugs because they are perceived as contravening their gender roles, as the expected current or future social roles as mothers and caregivers.



- **Socioeconomic burdens:** Heavier for women who use illicit drugs because they tend to have lower employment and income levels. The cost of drug treatment may be a barrier if services are not provided by the state and there is no insurance coverage.
- **Social support:** Women who use drugs may have access to less social support than men who use drugs because they are more likely to come from families with substance use problems or have a drug-using partner.
- **Children:** Women are more likely than men to live with their children. The absence of childcare options can therefore represent an important barrier to service access.
- **Drug-using partners:** Having a partner who uses drugs can play a significant role in women's drug use initiation, continuation and relapse. It may also affect women's risk of exposure to blood-borne viral infections and violence.

Diverse interventions in prison and around their release. Prevention programs and recovery services are tailored for men, so it is crucial to include a gender-sensitive approach to meet the needs of women who use drugs. According to EUDA, it is important that “services are welcoming, non-judgmental and supportive, as well as taking a trauma-informed approach”.

To provide equal quality recovery services to women with drug problems, we need to provide a **non-judgmental and safe environment** and facilitate access to treatment, care and **gender-responsive** and **trauma-informed** services to meet their needs. The **participation of women** who use drugs in the planning, formation and development of relevant policies and programs can be very useful and improve available services.



Source: Adapted from EUDA

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5.2 Empowering Young People to Challenge Stereotypes and Build Resilience

Stereotype represents «a set idea that people have about what someone or something is like, especially an idea that is wrong» (Cambridge Dictionary).

But young people and youth workers need to work on countering and breaking down stereotypes. In these challenging and uncertain times that are shaking the world, where it is difficult for young people to find their place and stand up for themselves – there is no room for stereotypes and prejudice. The “room” should be preserved exclusively for discovering new cultures and customs, openness to new knowledge, and bringing young people together around shared ideas and initiatives that will primarily benefit them, and ultimately the wider community as well. And how to overcome stereotypes and increase inclusiveness? SALTO Youth offers few tips: **think about other person’s background** – put yourself in their shoes; **don’t think of yourself as Superhero** - you can learn a lot more, **be open minded** - feel comfortable with being faced with differences; **feel when to stop** - don't do to others what you wouldn't want done to you.

Building resilience is an extremely important, lifelong process, but it is especially important for young people to adopt it and benefit from it. Not only does this approach help in dealing with everyday challenges and their consequences, but it can also serve as a tool for prevention. According to Doel, «resiliency training raises self- esteem and self-efficacy, helps people have more fulfilling relationships, contributes to greater productivity at school or work, and even contributes to better physical health». **The Resiliency Toolkit** can be a great start for exploring how to assess resilience; cope with adverse life experiences; learn to regulate emotions and face life's challenges.



5.3 Addressing Cultural Differences in Perceptions and Behaviours Regarding Substance Use

Social, economic and cultural changes play a role in the genesis of the drug abuse problem. Traumatic experiences, unemployment and poverty, loss of family and social support could make **migrants** more vulnerable to substance use or misuse (EMCDDA, 2017). Moreover, data shows that “the time spent in hostile conditions in the host country after migrating was found to be associated with increased drug use”. Alcohol and drug use are influenced by many factors, but in general, people from ethnic minorities were found to drink less alcohol than the majority population. Salas-Wright and Vaughn called it “refugee paradox” – “although refugees experience more mental issues, they are substantially less likely than native-born refugees to develop problems with alcohol or illicit drug use”.

In every country or cultural setting, “someone drinks more frequently and/or hazardously when endorsing particular drinking motives, engaging in pre-drinking, having permissive parents and affiliating with alcohol-using peers”. Nevertheless, how strongly these person-specific factors are endorsed or how frequently they occur is likely to be different from one cultural setting to another (Kuntsche et al, 2017).

Per example, **in societies** where ideal and behavioural norms differ with regard to the use of a particular drug, there is “likely to be a widespread use of that drug, with all its associated problems” (Westermayer, 1987).

When it comes to **socio-economic status**, data showed that “growing up in wealthy rather than poor families puts adolescents at risk for binge drinking” (Kuntsche et al, 2017). It was also found that adolescents from wealthier families were more likely to engage in drunkenness, whereas this behavior was less common among those whose parents had a higher level of education.

All of these factors further complicate the development of prevention programs and limit access to them for young people and others. However, only by addressing all challenges and difficulties is it possible to create effective prevention programs.



6. Monitoring, Evaluation, and Ethical Considerations

Effective monitoring and evaluation are key to improving and sustaining youth drug prevention programs. Through ongoing internal reflection and simple evaluation practices, youth workers can assess what works, identify gaps, and adapt programs to better serve young people. Equally essential are ethical safeguards and inclusive feedback mechanisms that ensure youth are respected, heard, and protected throughout the process.

This chapter offers conceptual guidance for designing age-appropriate and gender-sensitive internal evaluation strategies, complemented by external assessments when needed. It also highlights the ethical considerations necessary when working with youth, including confidentiality, informed consent, and non-judgmental engagement.

6.1 Designing Effective Evaluation Tools to Measure Impact

Internal Evaluation

Internal evaluation is typically carried out by youth workers or educators using simple, session-based tools that support ongoing learning and adaptation. These methods are **participatory, low-cost, and directly embedded** into everyday practice.

Recommended Tools:

- **Reflection sheets:** Short questionnaires completed after sessions to capture what youth learned, how they felt, and what could be improved.
- **Observation logs:** Notes by facilitators on group dynamics, engagement levels, and emotional responses.
- **Session ratings:** Simple mood scales or emoji-based tools to help youth express their experience in an accessible way.

These tools are particularly useful when adapted to suit different ages and communication styles. Younger participants may respond better to visual or game-like tools, while older adolescents might prefer guided discussions or journaling exercises.



External Evaluation

External evaluations, led by trained professionals, may involve **structured interviews, online surveys, or focus groups to validate internal findings or assess longer-term outcomes**. While valuable, they should complement the ongoing internal reflection carried out by youth workers.

6.2 Methods for gathering and analysing feedback from youth and stakeholders

Mixed-Method Feedback Approaches

To capture a full picture of a program's impact, a mix of **quantitative and qualitative methods** should be employed. Crucially, the **methods must be tailored** to age, gender, and cultural context.

Youth-Friendly Feedback Methods

Engaging youth meaningfully in evaluation processes not only strengthens the relevance and quality of drug prevention programs but also empowers young people as co-creators of knowledge and change. When designed well, feedback tools can foster self-reflection, mutual learning, and ownership of outcomes.

Youth should be active contributors, not passive subjects. Their participation should be built into every phase of evaluation, from tool design to interpretation of results (UNODC, 2020).

Recommended Approaches:

- **Interactive Tools:** Use creative and participatory methods like games, drawing exercises, or storytelling circles to gather insights in an age-appropriate and engaging way. "Traffic light" voting (e.g., red = didn't like, yellow = unsure, green = liked) is a quick visual method for gauging reactions and preferences.



- **Peer Discussions:** Create safe and inclusive group spaces where youth can reflect together on their experiences, share feedback, and discuss changes in knowledge, behavior, or emotions. Peer-facilitated conversations often encourage more open and honest communication.
- **Inclusive Surveys:** Use short, visually engaging surveys with simple, direct questions. Tools should accommodate diverse literacy levels and be sensitive to different cultural, gender, and linguistic backgrounds.
- **Co-Design Opportunities:** Involve youth directly in creating evaluation tools, such as drafting reflection questions, deciding what success looks like, or selecting feedback formats they find meaningful.
- **Peer-Led Feedback:** Encourage peer-to-peer review, where young participants interview or evaluate each other's experiences. This enhances trust, communication skills, and critical reflection.
- **Empowerment through Reflection:** Use group-based evaluation activities not only to collect data, but to foster a culture of critical thinking and shared learning. This approach helps build self-efficacy and encourages youth to see themselves as capable change agents.

With Adults (e.g., parents, educators):

- **Structured Questionnaires:** More formal tools to gather perceptions on program outcomes and youth behavior.
- **Stakeholder Interviews:** In-depth discussions with school staff or community partners to understand implementation barriers and successes.

Analysing Feedback

- **Thematic Analysis (for qualitative data):** Identify recurring themes across reflection sheets or group discussions (e.g., “felt more confident,” “understood peer pressure better”) (Nowell, 2017).
- **Comparative Analysis (for quantitative data):** Track shifts in knowledge, behavior, or attitudes over time, such as pre- and post-program understanding of substance use risks.



6.3 Ethical Considerations: Confidentiality, Respect, and Non-Judgmental Attitudes

Evaluating programs involving young people demands ethical diligence. Evaluation must not only protect participants but empower them.

Informed Consent

Participation must be voluntary. Young people and, when appropriate, their guardians should be informed about:

- The purpose of the evaluation
- How data will be used
- Their right to opt out at any time
- Use clear and age-appropriate language. Visual consent forms or verbal explanations may be more suitable for younger children.

Confidentiality and Data Protection

Confidentiality is a cornerstone of ethical evaluation and especially when working with minors. Young people must be protected, respected, and empowered at every stage of the evaluation process (Lawton, 2020).

To uphold ethical standards and ensure trust:

- Remove or code personal identifiers in surveys, reflection sheets, or interview transcripts to protect individual identities.
- Both digital and physical records must be kept in password-protected files or locked cabinets, accessible only to authorized personnel.
- While participants' privacy will be respected, evaluators must inform them (and guardians, where relevant) of exceptions. Such as mandatory reporting obligations in cases of harm or abuse disclosures.
- Ensure that participants and their guardians (if underage) fully understand the purpose of the evaluation, how the data will be used, and that participation is entirely voluntary.
- Evaluation tools and discussions should not cause distress. Design activities to be age-appropriate and supportive. Where sensitive issues arise, provide access to psychosocial support or referrals to professional services.



Non-Judgmental and Respectful Engagement

According to Sobočan *et. al.* (2018):

- Avoid stigmatizing language or assumptions;
- Create a space where youth feel safe to share honest feedback;
- Treat all participants equally, regardless of gender, background, or experience with substance use.

Cultural and Social Inclusion

Adapt evaluation methods to the linguistic and cultural contexts of your participants. Ensure that marginalized groups (e.g., ethnic minorities, LGBTQ+ youth, youth with disabilities) have equitable opportunities to participate and influence the process.

6.4 Embedding Evaluation in Continuous Learning

Monitoring and evaluation should be ongoing and adaptive. Youth workers should regularly reflect on insights from session-based tools and feedback, using them to:

- Adjust content or facilitation styles;
- Identify emerging risks or needs;
- Co-create solutions with young people.

Over time, these small adjustments contribute to sustained improvement, stronger engagement, and more meaningful outcomes for youth.





7. Practical Tools, Resources and Future Directions

7.1 Checklists for Implementing Intersectional and Gender-Sensitive Practices

Practices should aim at ensuring inclusivity and addressing systematic inequalities.

Data collection and analysis

Sex-disaggregated data: helps develop gender statistics and identify differences, needs and experiences and provides insights in gender-based inequalities.

Intersectional disaggregation: identification across multiple identity categories like age, ethnicity, disability, sex orientation, socioeconomic status etc.

Identifying structural causes: addressing root causes of gender inequality, stereotypes, norms, biases and discriminatory practices.

Language and communication

Inclusive language: using terms that recognises and respects gender identity diversity and avoids assumptions.

Gender sensitive language: use of neutral terms that exclude certain groups of people, avoids bias, stereotypes and gender-based discrimination.

Avoiding belittling language: words, expressions and tones that insult, minimize achievements, dismissive comments, patronizing, name calling, mocking and sarcasm, diminish dignity, devalue or demean someone.



Participation and decision making

Equal access and resources: making sure all resources and opportunities are divided in a fair and impartial way while considering the needs of the groups.

Participatory approach: active involvement of diverse groups from the start, in planning, implementation and evaluation activities.

Diverse representation: ensure women and other marginalized groups are represented and included in decision making processes and positions of leadership.

Program design

Gender mainstreaming: incorporating gender perspective and ensuring gender equality in all policies and programs, not only those gender focused.

Gender analysis: incorporating gender statistics in all stages of the project.

Specific context

Youth drug abuse privacy: keeping information about young people active drug abuse or treated for substance abuse confidential.

Privacy of medical info: keeping all physical and psychological health related information confidential and controlling how it is collected, used, shared and stored. This protects the individual's dignity and trust, encourages them to seek help without fear of judgement and discrimination and ensures compliance with the laws and regulations.

Protection of participants: putting in place practical, ethical and legal safeguards that will ensure their safety, privacy, dignity and wellbeing (consent forms, anonymous participation, ensuring safe space etc).



The implementation of these guidelines, along with key findings from the CHOOSE-LIFE project, is showcased in our report "Gathering Community Insights".



7.2 Emerging Trends and Challenges in Youth Substance Use

Availability and social normalisation, rising anxiety, social isolation and exclusion, unemployment and other factors have resulted in drug use increase especially among young people who are more in general likely to experiment in this regard.

- Reports show **vaping** and **e-Cigarettes** sharp rise in consumption and popularity, especially among adolescents. Their consumption surpassed those of conventional cigarettes.
- According to the European Drug Report 2025, **cannabis** remained the most widely used drug in Europe, an estimated 18.6 % of 15- to 24-year-olds (8.8 million) used cannabis in 2024, and 50 % 15- to 24-year-olds believe it is "low-risk" of negative impacts and consequences when used occasionally.
- **Cocaine** use has increased (by 2.6% approx. 2.5 million users) especially among 15-30 young adults.
- The misuse of **prescription drugs** like **benzodiazepines** (depressants for sedation and hypnosis - Xanax, Valium etc.), **ADHD medications** and **use of opioids** (semi-synthetic and synthetic drugs that include both prescription medications and illegal drugs like heroin, oxycodone, fentanyl) is on the rise.

The gender gap in adolescent substance use is narrowing down. Historically male adolescents had much higher rates of drug abuse, which is now not the case. The disparity among genders is narrowing and, in some cases, reversing. Social media platforms are increasingly used to obtain drugs as young people are influenced and exposed by glamorized drug related content.

Drug and substance abuse prevention requires well rounded up strategies and programmes that address cultural, economic and social environment, education and competence gaining programs, intervention with groups that are more likely to develop drug dependency and early identification of individuals with higher risk of substance use. The main challenges to address are low risk perception, peer pressure, social and online influence, mental health issues, easy access to substances, fear and stigma of seeking help, lack of youth tailored prevention programmes.



7.3 Templates and Worksheets for Program Planning

Biopsychosocial model template

Identification	
Name	
Age	
Gender	
Date	
Biological factors	
Area	Notes
Family history of substance abuse	
Physical health (chronic pain, illness, disability etc.)	
Past accidents and injuries	
Medication use	
Nutrition, sleep and energy	
Neurodevelopmental concerns (learning difficulties, ADHD, Autism, etc.)	
Risk behaviours (self harm, overdose, high risk sexual activity, etc.)	

Psychological factors	
Area	Notes
Mental health status (trauma, depression, anxiety, PTSD etc.)	
Emotional regulation (stress, anger, impulses etc.)	
Self-esteem and self-concept (negative/positive self image, peer comparison)	
Coping skills (unhealthy and healthy strategies)	
Substance use motivators (escape, thrill seeking, peer pressure, etc).	
Motivation and goals (future orientation)	
Social factors	
Area	Notes
Family dynamics (supportive, absent etc.)	
Housing and financial situation	
Peer influences (peer pressure and norms)	
Social support (clubs, mentors, etc.)	



Educational background and environment (attendance, performance, bullying etc.)	
Work status and environment (performance, mobbing etc.)	
Community and neighborhood (role models, availability of drugs)	
Cultural and spiritual influences (beliefs)	
Protective factors - Strengths	
Area	Notes
Interests and talents (hobbies, sports, art, music etc.)	
Resilience signs (past recoveries, willingness etc.)	
Positive relationships	
Active engagement	
Plans	
Goals and action plan	Timeline

Follow up

Next review date

Tips for youth workers

- Create a safe space.
- Show interest in the person's story.
- Be patient.
- Don't interrupt or rush.
- Even if you don't agree, validate feelings.
- Be empathic and nonjudgmental.
- Affirm strengths.
- Involve support systems when appropriate and if needed (friend, family members).
- Encourage the individual to community involvement.
- Refer and guide to professional support when needed.
- Ask open ended questions.
- Build and focus on what is working.
- Remind the individual that they are able to change, grow and succeed.
- Use micro-goals.
- Celebrate success and progress.
- Be clear about your role and stick by it.
- Recognize redflags and have referral (social workers, doctors and specialists, rehab centers etc.) number ready.
- Maintain confidentiality (when needed).
- Stay informed about drug trends.
- Keep learning and attend training about youth support and development. Reflect on your own feelings and behaviors.



Program planning worksheet

This worksheet will help you define the program you would like to implement. More concise and detailed program is easier to implement.

Program name	
Description	Short summary
Target group	Age, risk level, number of participants, gender, cultural and social environment, etc.
Goals	Specific measurable goals with timeline
Activities	Workshops, seminars, discussions, study visits, social and sport activities etc.
Resources needed	Staff, materials, venues, financial resources etc.
Possible partners	Private and other stakeholders (individuals, NGO's, education centers, schools, social organisations, municipalities etc.)
Monitoring and evaluation plan	Data collection, monitoring tools (surveys, focus groups, etc.), data analysis
Risk management	Potential risks, level of influence and mitigation protocols
Sustainability and follow up	Support (stakeholders) and funding sources



Conclusion

Key Takeways

Throughout this manual, we have explored youth-centred, gender-sensitive, and intersectional approaches to drug prevention, guided by both theory and practical experience. Several key messages emerge:

- **Prevention must be participatory:** Effective strategies involve young people as active agents in identifying problems, shaping solutions, and implementing actions.
- **Context matters:** Cultural, socioeconomic, and personal realities shape the way young people experience risk. Interventions must be adapted to these diverse contexts.
- **A holistic approach is essential:** The Biopsychosocial-Spiritual Model (BPSSM) reminds us that drug use is influenced by interlinked personal, social, and structural factors. Prevention must address the whole person—not just the behaviour.
- **Non-formal and informal methods are powerful:** Tools like storytelling, role-playing, peer-led sessions, and creative activities help young people engage deeply and authentically.
- **Gender and intersectionality cannot be ignored:** Young people's experiences of drug use, stigma, and support vary significantly based on gender identity, cultural background, social status, and other intersecting factors. Inclusive, equity-based practices are essential.
- **Community involvement strengthens impact:** Collaboration with families, schools, local organisations, and policymakers reinforces consistent, supportive environments for youth.

This manual is not a one-size-fits-all solution, but a **flexible and evolving resource** designed to be reinterpreted in different realities. Its value lies in its adaptability, its ethical foundation, and its commitment to youth empowerment.



Future Directions in Youth Drug Prevention

As societies change and new challenges emerge, drug prevention must remain dynamic, inclusive, and responsive. Future efforts should consider:

- Expanding digital and hybrid tools to reach young people where they are, including online platforms and gamified approaches;
- Strengthening youth participation in policy-making, ensuring prevention strategies reflect their lived experiences and priorities;
- Investing in training and mobility for professionals, allowing cross-border learning and innovation;
- Deepening the integration of mental health, social justice, and human rights into prevention frameworks;
- Enhancing data collection and evaluation, not only to measure outcomes but to learn what truly works in different communities.
- Moreover, greater attention should be given to sustainability—ensuring that youth prevention efforts are not short-term projects, but embedded in long-term, systemic change.



Call to Action for Professionals

Professionals working with young people hold the potential to inspire trust, build resilience, and create safe spaces where prevention can thrive. This manual offers tools, but you bring them to life.

We invite you to:

- Use this manual critically and creatively, adapting it to your context and the voices of the young people you support;
- Reflect on your practice, values, and assumptions—embracing a learning mindset and engaging in honest dialogue with peers and youth;
- Advocate for inclusive, ethical, and participatory prevention policies, within your organisations, communities, and institutions;
- Act as facilitators, not gatekeepers—supporting young people in discovering their strengths and making informed choices;
- Join broader networks and movements dedicated to youth empowerment, social justice, and public health.
- Your role is crucial. Prevention is not only about reducing risk—it's about enabling young people to choose life: a life with purpose, connection, and dignity.



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Want to go further?

The CHOOSE-LIFE project developed several practical resources you can use in your daily work with young people:

- **"Gathering Community Insights"** – a report featuring real-life perspectives and key findings to better understand the challenges and needs faced by young people across different communities.
- **The Choose-Life Curriculum** – a flexible educational framework covering drug (ab)use prevention and soft skills development. It includes sessions on critical thinking, decision-making, problem-solving, creativity, communication, relationships, self-awareness, empathy, emotional regulation, and understanding the health risks of drugs.
- **Cool-Fun Toolkit** – a collection of 24 ready-to-use activities designed to energize sessions, foster group connection, and introduce complex topics in a playful and engaging way.

All materials are free to use, adapt and share in your work!



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Ready to take action?

**Use what you've learned, share
it with others, and make a
difference with young people,
starting today!**





THANK YOU!



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