HOW TO COMMUNICATE WITH YOUNG PEOPLE ABOUT DRUGS

Respectful and inclusive language?

How to communicate with the media?

Youth workers?

Harm reduction?

Peer workers?

Video advocacy?

Drug policy?

Peer education?

Contents

Acronyms

APSC	Advanced Photo System type-C
BBC	British Broadcasting Corporation
BCE	Before the Common Era
CND	Commission on Narcotic Drugs
COVID	Coronavirus Disease
DoP	Director of Photography
DSLR	Digital Single Lens Reflex [camera]
EHRA	Eurasian Harm Reduction Association
EHRN	Eurasian Harm Reduction Network
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EQ	Emotional Quotient
EU	European Union
FPS	Frame Per Second
GC/MS	Gas Chromatography/Mass Spectrometry
HCLU	Hungarian Civil Liberties Union
HDD	Hard Disk Drive
HPLC	High Performance Liquid Chromatography
IDPC	International Drug Policy Consortium
INDIT	Integrated Drug Therapeutic Institution [Hungary]
INPUD	International Network of People who Use Drugs
IQ	Intelligence Quotient
MILC	Mirrorless Interchangeable-Lens Camera
NGO	Non-Governmental Organisation
NPS	New Psychoactive Substance
PR	Public Relations
Q&A	Question and Answer
RRF	Rights Reporter Foundation
S.M.A.R.T.	Specific, Measurable, Attainable, Relevant, Time-bound
STBBI	Sexually Transmitted and Blood-Borne Infection
SUCCESS	Simple Unexpected Concrete Credible Emotional Story
SWOT	Strengths, Weaknesses, Opportunities, Threats
TLC	Thin Layer Chromatography
UN	United Nations
VAKU	Presumptive Cultural — and Youth Organisation
WB	White Balance
WHO	World Health Organization
YODA	Youth Organisations for Drug Action in Europe

Introduction

Existing drug education at the European level is not fully corresponding to the needs of young people who use drugs. At schools, drug education only focuses on preventive approaches, while in non-formal settings (including youth organisations and other after-school activities), the drug topic is almost never discussed because of a lack, or low level, of competency of youth workers in this area. Youth organisations are an undiscovered niche which may become a place for safe and open discussions about drugs with young people. Youth organisations are playing a crucial role in reaching out to young people and, more importantly, in promoting inclusiveness which is very important when talking about young people who use/ might be using drugs. Inclusivness should not only mean the inclusion of particular groups of people, but it should also mean the inclusion and implementation of different methods of work while speaking with young people about different topics, including drugs. Youth organisations might apply prevention strategies, but the harm reduction approach should not be left behind, especially if youth organisations are working with young people who are using drugs. Most importantly, the voices of young people who use drugs should not be left behind — a safe space should be created where youth can raise their voice and openly speak and discuss issues related to drug use, as well as being able to be involved in drug education themselves.

Communication with young people about drugs might be understood differently by different stakeholders. The most common understanding includes the provision of information about drugs, the preparation of preventive actions/activities, or education about drugs. All three ways have differents aims and approaches, but the subject remains the same — communication about drugs with youth.

In this manual, the focus is on communicating drug education with young people and the methods that work when used by youth and harm reduction workers in non-formal settings. As discussed in this manual, effective methods and approaches to drug education should include the following elements:

1. It should be provided by a person who has received special training on substance use and has first-hand experience of substance use;

2. It should be provided in a non-judgmental way, based on scientific evidence;

3. It should be implemented in an interactive manner, using engaging, modern tools and platforms;

4. It should create a safe environment (preferably in small groups); and,

5. It should be provided in a format of open and honest dialogue.

How to use this manual

This manual consists of three complementary parts:

CHAPTER 1

Drug policy, harm reduction and prevention introduces the reader to basic definitions in the drug field. Before preparing any kind of activities/ discussions with young people about drugs, youth workers should have a basic understanding of the drug control framework, harm reduction and prevention. This chapter also reviews the differences between drug education and drug prevention and explains what works and what does not work in drug education. The last part of this chapter focuses on the use of respectful and inclusive language — how we communicate with youth about drugs.

CHAPTER 2

Youth work and peer education describes the importance of involving youth and peer workers in the provision of drug education to young people. It focuses on what is peer work and its effectivness and gives an explanation of the differences between youth worker, peer worker and peer educator.

This chapter also reviews ethical considerations in programmes that use a peer-based approach and gives a step-by-step guide on how to plan peer education.

CHAPTER 3

Media and video advocacy in working with youth provides theoretical and practical guidance on how to communicate with media and how to make a video to elicit change. Supporting, or helping, young people who use drugs does not only mean directly helping them with the provision of information or other materials or social/psychological support; it also means enabling them to create videos on issues — which they see as important and want to raise — related to drugs. This chapter describes how to create strong messages for the media and how to work with media (i.e. how to give an interview). Also, this chapter gives many examples on the types of videos, how and what equipment to use to make a video and gives some practical tips on how to compose a video.
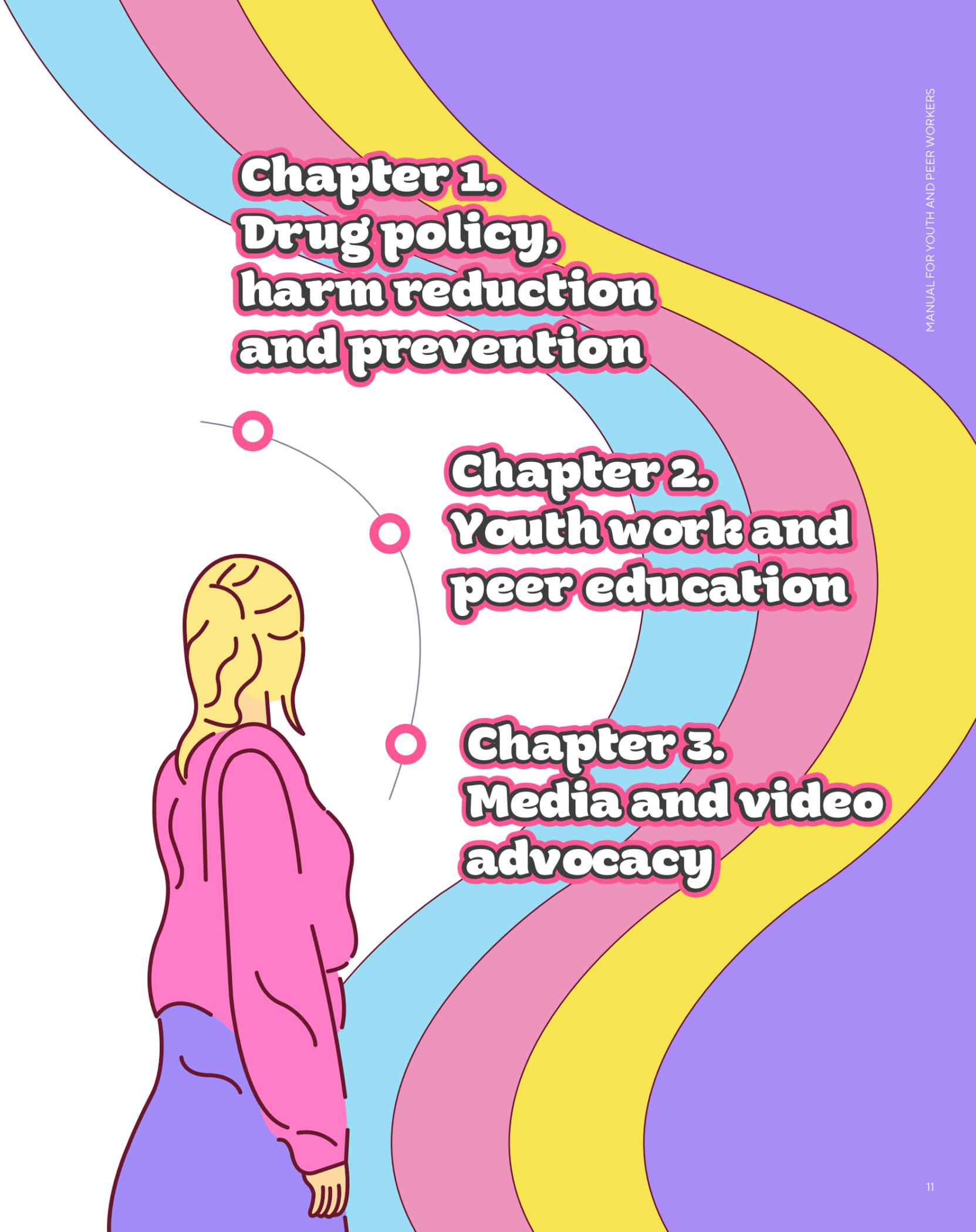
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Supply
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Drug
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CHAPTER 1

Drug policy, harm reduction and prevention

1.1 Drug policy

> ❝ *The formal or informal policies that aim to affect the supply of drugs, the demand for drugs and/or the harms caused by drug use and/or drug markets. In practice, the term 'drug policy' is most commonly used to describe laws and practices that target controlled drugs (rather than uncontrolled or pharmaceutical drugs).* ❞ [1]

Drug policy is a complex issue. However, if you know and understand the components of it, then you are one step ahead in your preparations to start a conversation with youth about drugs. The first component is *a set of documents and practises.* It is important to understand that the word 'policy' is not indicating one document. Usually, it is a set of written documents (such as legal acts) and unwritten but commonly tolerated or used practises in society. Also, it can be named as formal and informal documents and practises. Each policy needs to have *an aim* which is leads us to the second component of the definition. Aim helps to set an intent of what is expected to be achieved within the

[1] International Drug Policy Consortium (IDPC), Eurasian Harm Reduction Network (EHRN) (2013). Training toolkit on drug policy advocacy. London, Vilnius; IDPC, EHRN. https://idpc.net/publications/2013/06/training-toolkit-on-drug-policy-advocacy

policy. The aim of a drug policy is to take actions to reduce the supply of, and the demand for, drugs, as well as to reduce risks and harms related to drug use. This leads us to the three core *policy areas* of drug policy which may be considered as another element of the drug policy definition:

1. SUPPLY REDUCTION

consists of actions that respond to the production and trafficking of controlled drugs. For example, in the European Union (EU), drug supply reduction includes the following strategic priorities[2]: the dismantling of organised crime groups that are involved in drug production and trafficking; the removal of drug precursors at EU borders and increased detection of drug trafficking; tackling sales of illicit drugs through online platforms and via postal services; and dismantling illicit synthetic drug laboratories and countering illicit cultivation of drugs.

2. DEMAND REDUCTION

consists of actions that attempt to prevent people from starting to use drugs and reducing problematic drug use. The EU Drugs Strategy 2021-2025[3] has two strategic priorities in this area: preventing drug use and raising awareness of the adverse effects of drugs; and ensuring quality access to treatment and care services. More about prevention will be discussed in Chapter 1.4.

3. HARM REDUCTION

consists of actions aimed at reducing the risks and consequences associated with drug use without necessarily reducing drug use itself. At the EU level, it includes risk and harm reduction interventions[4], such as prevention and treatment of blood-borne infectious diseases, especially HIV and Hepatitis C; and the prevention of overdose by the use of the opioid antagonist called naloxone, including take-home naloxone programmes. The strategy is also focused on the health and social needs of people who use drugs who are imprisoned. Harm reduction will be further discussed in Chapter 1.3.

Another component of the 'drug policy' is the *target* of the policy which, without any doubt, is drugs. The word 'drug' itself can be misleading because it includes both controlled and uncontrolled drugs or, in other words, illicit and legal drugs. In this manual, we will mainly discuss about how to speak with young people concerning controlled/illicit drugs. Controlled drugs are psychoactive substances that are controlled under three United Nations (UN) Conventions of 1961, 1971 and 1988.

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2   Council of the European Union (EU) (2020). EU Drugs Strategy 2021-25. Brussels; General Secreriat of the Council of the European Union.
https://www.emcdda.europa.eu/drugs-library/council-eu-2020-eu-drugs-strategy-2021-25_en

3   EU 2020, Ibid.

4   EU 2020, Op.cit.

Components that define 'drug policy'
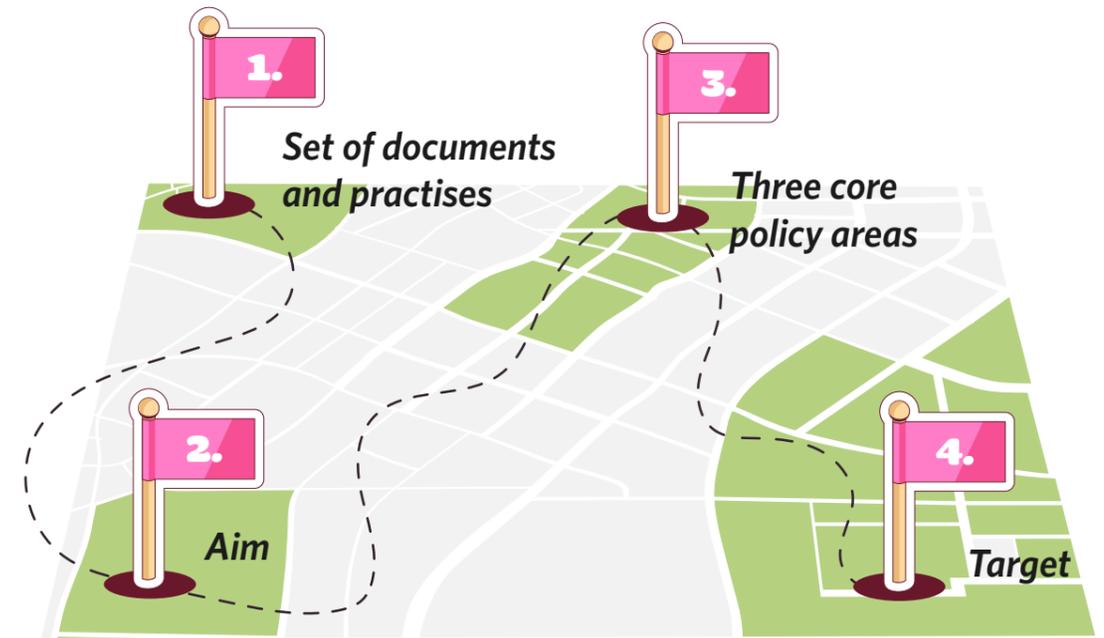
Table 1.   Examples of controlled and uncontrolled drugs

CONTROLLED / ILLICIT DRUGS	UNCONTROLLED / LEGAL DRUGS
CANNABIS	CAFFEINE
COCAINE	ALCOHOL
ECSTASY	NICOTINE
OPIOIDS	(NON)PRESCRIPTION MEDICATIONS THAT ARE MISUSED

1.2.
Introduction to the drug control framework

Drug policies are part of national, regional and international frameworks. A basic understanding of these systems will help you to not only gain some knowledge, but also to understand how it has been changing over the centuries and how it is affecting the lives of people who use drugs, including young people who use drugs.

For thousands of years, drugs were used for spiritual and medicinal purposes. Examples include cannabis use among the Scythians from the 5th to 2nd century before the common era (BCE)[5]; use of the Amanita muscaria mushroom in Siberia[6], which takes us back to 6,000 years ago; Amazonian use of Ayahuasca plant[7]; Mexican shamans used toad venom; and the North American Indian use of Peyote cactus[8]. These are just a few examples showing that drug use is not a novel activity. Some of the examples are even reaching back to before the common era.

For thousands of years, existing practises started to change and came under control a little over 100 years ago when countries started to realise that drugs are not just an internal issue but also cross borders. The first effort to discuss drug control was made in 1909 in Shanghai where the International Opium Commission, consisting of 12 countries, gathered to discuss questions over the control of the opium trade, which even did not include health concerns; it was solely related to economic and political purpose.

A few years later, in 1912, the same countries met in The Hague, Netherlands, where the 1912 International Opium Convention[9] was adopted. Even though this Convention was more normative in nature, it laid the foundations to the drug control Conventions used nowadays.

1.2.1. International drug control framework

Nowadays, the international drug control system consists of three UN drug control Conventions:

1. UN Single Convention on Narcotic Drugs (1961)[10];

2. UN Convention on Psychotropic Substances (1971)[11]; and,

3. UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988)[12].

The purpose of these Conventions is to ensure that controlled drugs are available only for scientific and medicinal purposes. Treaties also establish a prohibition approach towards production and supply of controlled substances. Each Convention has schedules, or lists, of controlled substances that are classified according to their perceived therapeutic value and the extent to which they are hazardous. The decision as to which list, or schedule, a substance should be included is made by the World Health Organization (WHO). Paradoxically, many substances listed in the 1961 Single Convention did not undergo the proper procedures of the WHO and were allocated to the most hazardous lists. For example, cannabis was included into Schedules I and IV: Schedule I contains the most addictive and harmful substances and Schedule IV contains the most dangerous substances that have very limited medicinal or therapeutic value. Luckily, few initiatives at the UN have been taken and, in 2020, cannabis was removed from Schedule IV of the 1961 Single Convention[13]. This means that from now on, cannabis can be recognised as having medicinal and therapeutic potential; however, it remains controlled for any other kind of purpose.

5   Butrica JL. (2002) The Medical Use of Cannabis Among the Greeks and Romans. Journal of Cannabis Thera peutics, 2:2, 51-70, DOI: 10.1300/J175v02n02_04.

6   Nyberg H. (1992) Religious use of hallucinogenic fungi: A comparison between Siberian and Mesoamerican cultures. Karstenia 32:71---80.
https://www.funga.fi/Karstenia/Karstenia%2032-2%201992-4.pdf

7   Brandenburg WE. (2019) Plant Medicine, Ayahuasca, and Indigenous Culture in the Southern Peruvian Amazon. Wander Medicine.
https://www.wandermedicine.com/post/plant-medicine-ayahuasca-and-indigenous-culture-in-the-southern-peruvian-amazon

8   Carod-Artal FJ. Hallucinogenic drugs in pre-Columbian Mesoamerican cultures. Neurología (English Edition), Vol. 30, Issue 1, 2015, pp42-49.
https://doi.org/10.1016/j.nrleng.2011.07.010

9   International Opium Convention. The Hague, 23 January 1912.
https://treaties.un.org/pages/ViewDetailsIV.aspx?src=TREATY&mtdsg_no=VI2&chapter=6&Temp=mtdsg4&clang=_en

10   United Nations. Single Convention on Narcotic Drugs, 1961, as amended by the Protocol amending the Single Convention on Narcotic Drugs, 1961. New York, NY; United Nations, 8 August 1975.
https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=VI-18&chapter=6&clang=_en

11   United Nations. Convention on Psychotropic Substances. Vienna; United Nations, 16 August 1976.
https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=VI-16&chapter=6

12   United Nations. United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Vienna; United Nations, 11 November 1990.
https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=VI-19&chapter=6&clang=_en

13   Colli M. United Nations Removes Cannabis from Schedule IV Category. Cranbury, NJ; Cannabis Science and Technology, 3 December 2020.
https://www.cannabissciencetech.com/view/united-nations-removes-cannabis-from-schedule-iv-category

Table 2. A brief comparison of the Conventions

	The 1961 Single Convention on Narcotic Drugs	The 1971 Convention on Psychotropic Substances	The 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic substances
Main purpose	Established a strict universal system for limiting the cultivation, production, distribution, trade or use of narcotic substances for only medicinal and scientific purposes, with special attention to substances derived from plants: opium/heroin, coca/cocaine and cannabis.	Extended the universal system and introduced control over a hundred synthetic psychotropic substances, such as amphetamines, barbiturates, benzodiazepines and psychedelics. However, the control system in this Treaty is much weaker in comparison with the one imposed on plant-based drugs in the 1961 Convention.	Established special enforcement measures focused on reducing illicit cultivation, production and trafficking of drugs and the diversion of chemical precursors. This Treaty is the most punitive of the three Conventions as it significantly reinforces the obligation of countries to apply domestic criminal sanctions to combat all the aspects of illicit production, possession and trafficking of drugs.
Schedules/ lists	Four schedules/lists of controlled substances were created: I. Substances with addictive properties, presenting a serious risk of abuse; II. Substances normally used for medical purposes and given the lowest risk of abuse; III. Preparations of substances listed in Schedule II, as well as preparations of cocaine; IV. The most dangerous substances, already listed in Schedule I, which are particularly harmful and of extremely limited medicinal or therapeutic value.	Four schedules/lists of controlled substances were created: I. Substances presenting a high risk of abuse, posing a particularly, serious threat to public health which are of very little or no therapeutic value; II. Substances presenting a risk of abuse, posing a serious threat to public health which are of low or moderate therapeutic value; III. Substances presenting a risk of abuse, posing a serious threat to public health which are of moderate or high therapeutic value;	This Treaty has 2 categories for the control of illicit drug precursor substances: Table I. Drug precursor chemicals to produce controlled substances (more critical to production); and, Table 2. Drug precursor chemicals to produce controlled substances (less important to production).
Schedules/ lists		IV. Substances presenting a risk of abuse, posing a minor threat to public health with a high therapeutic value.	
Examples of controlled substances by Convention	Cannabis, cocaine, heroin, morphine, opium, codeine.	LSD, MDMA (ecstasy), psilocybine, mescaline, amphetamines, barbiturates, tranquillisers.	Ephedrine, lysergic acid, acetone, hydrochloric acid.

!!! The term 'illegal drug' or 'illicit drug', which is commonly used in our conversations, is not used in any UN Conventions. Instead, the term 'controlled drugs' is used because substances themselves are not prohibited by the Conventions, rather it is their production and trade that are put under different levels of control (depending on the respective Schedule / List of a drug).

!!! The UN Conventions do not oblige countries to impose any penalty (criminal or administrative) for drug use.

The Commentary to the 1988 Convention[14] regarding Article 3 of the Convention on "Offences and Sanctions" states:

"It will be noted that, as with the 1961 and 1971 Conventions, paragraph 2 does not require drug consumption as such to be established as a punishable offence".

The 1988 Convention does stipulate that a member state should consider **possession for personal use** as a crime but, even so, this provision is *"subject to its constitutional principles and the basic concepts of its legal system"*.

14   United Nations (1998). Commentary on the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988. New York, NY; United Nations.
https://www.unodc.org/documents/treaties/organized_crime/Drug%20Convention/Commentary_on_the_united_nations_convention_1988_E.pdf

1.2.2. European Union Drug Control Framework

Legislation towards drugs as established in each EU country are, first of all, based on international treaties (UN Conventions). However, EU member states are obliged to align their national documents with EU Regulations and drug strategy.

A few Regulations at the EU level to be aware of include:

— Regulation (EC) on drug precursors (No 273/2004)[15]. This Regulation establishes unified measures for the control and monitoring of certain substances which are used for the manufacture of drug precursors. The aim is to prevent the diversion of such substances.

— Regulation (EC) laying down rules for the monitoring of trade between the Union and third countries in drug precursors (No 111/2005)[16]. This Regulation lays down rules for the monitoring of trade between the Union and third countries for certain substances which are used for the manufacture of drug precursors for the purpose of preventing the diversion of such substances. It regulates import and export activities.

— Regulation (EU) amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances (No 2017/2101)[17]. It sets procedures to rapidly detect, assess and respond to health and social threats caused by new psychoactive substances (NPS).

At the end of 2020, the European Commission adopted the EU Agenda and Action Plan on Drugs 2021-2025[18]. This document sets EU drug policy priorities for 2021-2025. The Strategy has four aims:

— to protect and improve the well-being of society and of the individual;

— to protect and promote public health;

— to offer a high level of security and well-being for the general public; and,

— to increase health literacy.

It is a guiding document, based upon which countries may develop their national drug strategies and policies. As already mentioned in the chapter on the definition of a drug policy, there are three policy areas covered in the Strategy:

1. **DRUG SUPPLY REDUCTION —** mainly focused on ensuring security;

2. **DRUG DEMAND REDUCTION —** covering prevention, treatment and care services; and,

3. **HARM REDUCTION —** focusing on the promotion of harm reduction interventions for people who use drugs.
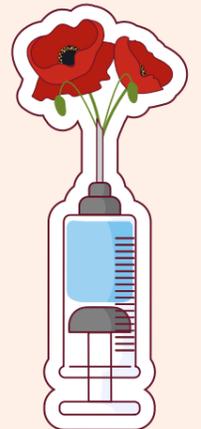
15   Official Journal of the European Union (2004). Regulation (EC) No 273/2004 of the European Parliament and of the Council of 11 February 2004 on drug precursors (Text with EEA relevance). Luxembourg; Publications Office of the European Union.
https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A32004R0273

16   Official Journal of the European Union (2005). Council Regulation (EC) No 111/2005 of 22 December 2004 laying down rules for the monitoring of trade between the Community and third countries in drug precursors. Luxembourg; Publications Office of the European Union.
https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32005R0111

17   Official Journal of the European Union (2017). Regulation (EU) 2017/2101 of the European Parliament and of the Council of 15 November 2017 amending Regulation (EC) No 1920/2006 as regards information exchange on, and an early warning system and risk assessment procedure for, new psychoactive substances. Luxembourg; Publications Office of the European Union.
https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32017R2101

18   Council of the EU (2020). EU Drugs Strategy 2021-25. Brussels; General Secretariat of the Council of the EU.
https://www.emcdda.europa.eu/drugs-library/council-eu-2020-eu-drugs-strategy-2021-25_en

The Strategy also covers three cross-cutting themes:

1. International cooperation;
2. Research, innovation and foresight; and,
3. Coordination, governance and implementation.

As a youth worker and/or peer educator, you could contribute to the second and third policy areas as they are mainly related with your work in the field of drugs. Both topics — prevention and harm reduction — will be discussed in more detail in the following chapters of this manual. However, before going deeper into these topics, we would like to present the EU vision and values

in implementing these policies. It may help you to understand your contribution to drug education and what actions you can take to support the development of effective drug education.

The second drug policy area is drug demand reduction which consists of prevention (environmental, universal, selective and indicated); early detection and intervention; counselling, treatment, rehabilitation, social reintegration and recovery. All these measures are aimed at delaying the age of onset of drug use and to prevent and reduce problematic drug use, as well as to provide drug treatment, recovery and social reintegration services.

The third policy area is harm reduction which focuses on approaches that prevent and reduce possible health and social risks for people who use drugs, society and in prison settings; specific focus is given to inmates and their needs.

HOW COULD YOU CONTRIBUTE TO THIS?

1. To educate and discuss with youth about public health.

2. To promote life skills to achieve good health and welfare.

3. To connect with hard-to-reach youth by starting to use innovative digital platforms or, in other words, to do online outreach.

4. To create a group of experienced and trustworthy peers who can reach out to young people and build positive relationships.

5. To build partnerships and to cooperate closely with other organisations who have access to young people (other youth organisations and services, student unions, etc.)

6. If needed, to refer young people on a voluntary basis to evidence-based, youth-sensitive life experience services that can also respond to specific needs and support the individual through all processes; and,

7. To organise events together with young people to fight stigma and discrimination due to drug use, mental health, sexuality and other topics that are affecting young people.

HOW COULD YOU CONTRIBUTE TO THIS?

1. To train your colleagues about evidence-based harm reduction services.

2. If you are not a harm-reduction service provider organisation, think about developing a safe and youth-friendly space for young people where they can discuss with you about Sexually Transmitted and Blood-Borne Infections (STBBI) and other health issues and find information leaflets on where they can access HIV testing and other harm reduction services. Ensure there is free water, vitamins and snacks to entice people to stay and talk!

3. If you are an organisation providing harm reduction services, review your activities or services and adapt them to the needs of young people who use drugs. Open a separate facility just for young people who use drugs. Involve peer workers and educators from the community of young people who use drugs to organise your activities and services. If such actions are not possible, adapt your current facility for youth by allocating a separate room/space for young people or adapting your working hours to have a specific time for young people to visit your services.

4. Create a group of peers, from young people, who are using/have used your services and with whom you build a good relationship. Peer involvement is a key to successful programmes!

5. Young people tend to use drugs through various ways. It is important to have different safer drug use equipment (needles and syringes, safer snorting kits, gelatine/vegan capsules, booty bumping kits, etc.).

6. If you are working in a youth organisation which is not providing harm reduction services, start to cooperate with a local organisation and join them in providing counselling and services at music festivals, parties and nightclubs.

7. Train yourself and youth about overdose prevention. Young people tend to overdose more often in comparison with older people. If Naloxone (an opioid antagonist) is available in your country, ask local health service providers to organise a training on how to administer Naloxone and how to provide first aid.

8. If any of your young people under care have issues with law enforcement, try to mediate the conflict and support that individual. Ensure that you have at least 2 contacts of friendly lawyers who can support youth in more serious cases.

1.2.3. National level drug control framework

Over the decades, decision makers believed — and some still believe — that the only way to tackle the world drug problem is to implement policies called the 'war on drugs', a term that was introduced in the 1970's by the United States President Nixon and referred to repressive, punitive drug policies and a 'zero tolerance' approach to drug use. Now it is widely acknowledged that this approach has failed. Therefore, some countries have taken a human rights and evidence-based approach while developing responses to drug problems whilst some countries are still applying disproportionate penalties on low-level offenders, thus violating the human rights of people who use drugs.

International treaties and regulations serve as guidelines, based on which each country has a right to develop their own national drug policy. Certainly, national drug policy should not contradict international law, but countries can make some exceptions to some provisions of these international documents.

While working with young people, it is necessary to understand in what political environment you live and what consequences can be faced. There are few examples of policies of substance regulation applied at a national level as demonstrated in Figure 1. Each of the examples has different effects and impact on the life of people who use drugs. What is more, existing drug policies in the country usually explain the kind of information/education that can be provided to young people and is what not acceptable. This is why it is very important to understand and evaluate your own situation. Below are discussed a few main examples of existing approaches to regulating substances in the world.

Figure 1. Approaches to substance regulation[19]
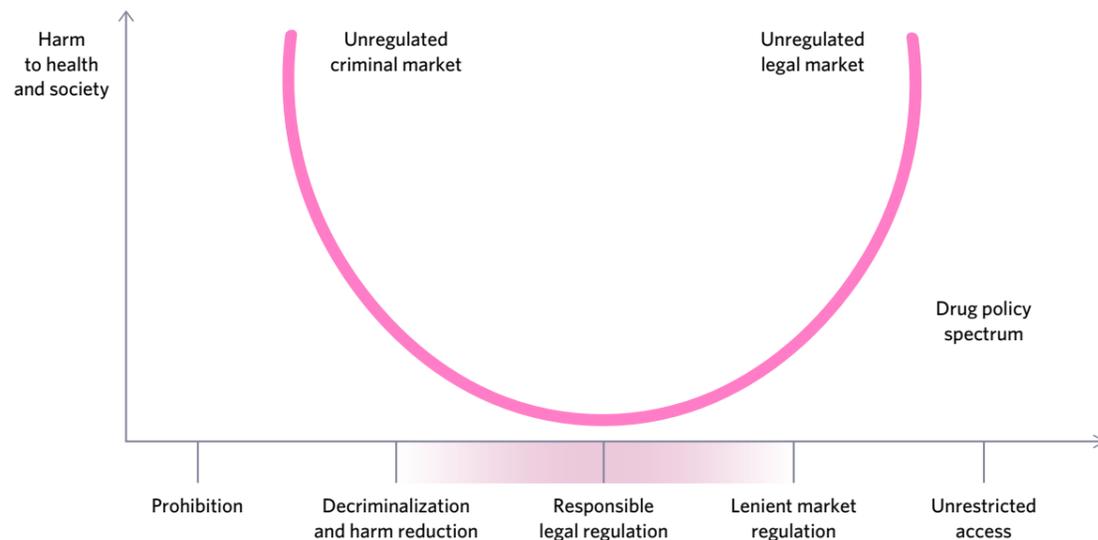
PROHIBITION or CRIMINALISATION

This policy focuses on punishing people who use/possess (or do any other related act in relation to) drugs by imposing penalties, such as the restriction of liberty, arrest, fine, community service, imprisonment or even the death penalty. These policies were reinforced in the 20th century by the signing of the three UN drug control conventions. It was believed that the drug market can be eradicated. However, 60 years of evidence[20] is showing that such policies have brought numerous negative effects and unintended consequences for people who use drugs, their families and the general public. Negative effects include, but are not limited to, human rights abuses (death penalty, extrajudicial killings, torture, inhumane drug treatment programmes, police brutality); public health crises (the HIV/AIDS epidemic); prison overcrowding; criminal records; racial and ethnic disparities in the criminal justice system; stigma and discrimination. Prohibition policies are not only punishing users but also affect the rise of drug prices which means that people who use drugs require more money and they may engage in sex work or theft in order to buy drugs. Moreover, these laws are leaving people who use drugs with no other choice than to buy drugs from the illegal market, which can be very dangerous (nobody knows the quality and strength of substances) and it may result in an overdose. The last decade has showed that the disappearance of 'traditional drugs' has created a space for the emergence of new psychoactive substances that are very potent and dangerous. Such policies also create an unfavourable environment for harm reduction service providers to reach out to people who use drugs because people are afraid to use such services. Sometimes, such an approach is not even allowed to provide evidence-based harm reduction information for young people because national laws are interpreting such actions as "drug propaganda". Looking from the perspective of the general public, one of the most harmful effects of such drug laws is that instead of focusing on investing taxpayers money into the improvement of health and well-being of people who use drugs, such money is spent on drug law enforcement, the overcrowded prison system and stigmatisation of people who use drugs. As it may be seen, repressive and prohibition drug policies may create more harm than the drugs themselves.

Numerous European countries are criminalising drug use and/or possession, such as **Bulgaria, Hungary, Lithuania and Serbia.**

DECRIMINALISATION

Drug decriminalisation is the elimination of criminal penalties for drug use and possession (in some cases for low-level sales), as well as the elimination of criminal penalties for the possession of equipment for drug use (i.e. syringes). In this case, substances are treated not as criminal issues, but those of health and social. This approach reduces the number of arrested and incarcerated people, as well people with a criminal record. It improves cost-effectiveness by redirecting funding from law enforcement to public health. As decriminalisation is an approach that supports the strengthening of public health, it creates a favourable climate for people who use drugs to seek treatment and removes barriers to the provision of harm reduction services, including services such as drug checking (pill testing). Decriminalisation also helps to mitigate racial and ethnic disparities in the criminal justice system.

A number of countries have chosen to abolish punishment for use and possession without intent to sell. In 2001, **Portugal** abolished criminal penalties for storing all kinds of drugs for personal consumption[21] and directed its drug policy

19   Global Commission on Drug Policy (2018). Regulation. The Responsible Control of Drugs. Geneva; Global Commission on Drug Policy. http://www.globalcommissionondrugs.org/wp-content/uploads/2018/09/ENG-2018_Regulation_Report_WEB-FINAL.pdf

20   Global Commission on Drug Policy (2016). Advancing Drug Policy Reform: A New Approach to Decriminalization. 2016 Report. Geneva; Global Commission on Drug Policy. http://www.globalcommissionondrugs.org/wp-content/uploads/2016/11/GCDP-Report-2016-ENGLISH.pdf

21   Hetzer H (2019). Drug Decriminalization in Portugal. Learning from a Health and Human-Centered Approach. New York, NY; Drug Policy Alliance. https://drugpolicy.org/sites/default/files/dpa-drug-decriminalization-portugal-health-human-centered-approach_0.pdf

towards health care, significantly expanding harm reduction and access to treatment. In 2009, **Czechia** abolished criminal penalties for possession of drugs for personal use[22] after a study suggested that punitive approaches were ineffective. Sometimes decriminalisation is also applied to drug distribution. For example, in the **Netherlands,** the use, possession and sale of a limited amount of cannabis was decriminalised in 1976[23]. Although the sale of "soft drugs" is still a criminal offense, the prosecutor's office does not pursue coffee shop owners for the violation. Instead, it introduced rules, such as the ban on the sale of cannabis to minors, a ban on advertising and a ban on the sale of more than 5 grams of cannabis. Contrary to popular belief, cannabis has not been legalised in the Netherlands.

Decriminalisation typically means the removal of criminal penalties, but civil penalties (e.g. a fine) may remain; depenalisation typically means a reduction in the severity of penalties, such as the elimination of a prison term, yet can still mean a criminal penalty. Thus, decriminalisation is a sub-set of depenalisation.

RESPONSIBLE LEGAL REGULATION or LEGALISATION

Legalisation is the process of bringing something illegal into the framework of the law. In the case of drugs, it is an end to the prohibition on their production, distribution and use for non-medical and non-scientific purposes. In the context of drug policy, the term "legalisation" usually refers to a political stance that advocates for the "legal regulation" of drugs or "legally regulated drug markets" of currently illicit substances. With the introduction of legalisation, governments acquire tools to regulate the market, establish control over distribution, curb criminal groups and tax the turnover of substances, most of which become legal and regulated by the State. However, it is impossible to undertake bolder experiments with controlling a number of substances due to international obligations adopted in the middle of the last century. In 2013, **Uruguay** became the first country to legalise cannabis[24] after a half-century ban. The Government of **Canada** also initiated legislative reform and legalised cannabis in 2018[25]. Cannabis has also been made legal in several **US states**[26]. In Europe, **Switzerland** should be mentioned as a good example with its medical prescription model[27] (which includes supervised drug consumption facilities).

Drug regulation should help strengthen the ability of governments to regulate drug markets, meaning the introduction of legal rules and regulations corresponding to the degree of risk of a certain drug and the needs of the local social environment. Legalisation includes the regulation of production (licensing), produce (price, effect and packaging), availability (licensing of sellers, opening points of sale, age control) and marketing (advertising and branding). It is aimed at getting drugs under control so that it is governments and not criminals that make decisions about the availability of certain substances in certain circumstances.

22   Eurasian Harm Reduction Association (2018). The Czech Republic's best practices in drug policy reform. Vinius; Eurasian Harm Reduction Association.
https://harmreductioneurasia.org/wp-content/uploads/2018/11/Czech_twe.pdf

23   Rolles S (2014). Cannabis policy in the Netherlands: moving forwards not backwards. London; Transform Drug Policy Foundation.
https://www.unodc.org/documents/ungass2016/Contributions/Civil/Transform-Drug-Policy-Foundation/Cannabis-policy-in-the-Netherlands.pdf

24   Centre for Public Impact, Inc. Marijuana legalisation in Uruguay. BCG Foundation, 23 November 2018.
https://www.centreforpublicimpact.org/case-study/marijuana-legalisation-in-uruguay

25   Government of Canada. Cannabis Legalization and Regulation. Ottawa; Government of Canada, 7 July 2021.
https://www.justice.gc.ca/eng/cj-jp/cannabis/

26   Yakowicz W. Where Is Cannabis Legal? A Guide To All 50 States. Forbes, 10 January 2022.
https://www.forbes.com/sites/willyakowicz/2022/01/10/where-is-cannabis-legal-a-guide-to-all-50-states/?sh=20de29ead19b

27   Transform. Drug Policy Foundation (2018). Heroin-Assisted Treatment in Switzerland. Bristol, UK; Transform. Drug Policy Foundation.
https://transformdrugs.org/blog/heroin-assisted-treatment-in-switzerland-successfully-regulating-the-supply-and-use-of-a-high-risk-injectable-drug

1.3. Harm reduction

> ❝ *Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.* ❞ [28]

Harm reduction is an approach which comprises methods and programmes that seek to reduce the harms associated with both drug use and ineffective drug policies. It acknowledges the dignity and human rights of people who use drugs and in helping people who continue to use drugs to minimise negative health consequences rather than preventing drug use itself. Harm reduction measures only came under the spotlight when it became clear that HIV was spreading among people who inject drugs and threatened to seep into the general population. However, approaches similar to harm reduction have long been used for a number of substances in various contexts.

Harm reduction brings significant changes to the life of people who use drugs, their families, friends and communities. A harm reduction approach can:

— Increase referrals to health and social services;

— Increase access to health services by reducing stigma and discrimination;

— Reduce sharing by offering safer use equipment (i.e. needles and syringes, snorting kits);

— Reduce the spread of HIV, hepatitis and tuberculosis;

— Reduce overdose deaths and other drug-induced deaths among people who use drugs;

— Increase knowledge about safer substance use;

— Increase knowledge about safer sex and sexual health and increase condom use.

28   Harm Reduction International (2022). What is harm reduction? London; Harm Reduction International.
https://www.hri.global/what-is-harm-reduction

1.3.1. Harm reduction goals

There are few harm reduction goals that you should keep in mind:

— Reduce negative health and social consequences associated with drug use for people who cannot, or do not want to, stop using.

— Improve the health of people who use drugs by treating them with dignity and respect.

— Give a wide selection of alternative approaches (evidence-based prevention, care and treatment programmes) which seek to prevent or end drug use in order to make an informed decision about individual needs. Many people who use drugs (including young people who use drugs occasionally) do not need treatment.

— Keep communities of people who use drugs safe and alive.

— Reduce harms of repressive and ineffective drug laws and policies.

1.3.2. Harm reduction principles

In order to further understand the philosophy behind harm reduction, it is important to discuss the main principles[29]. A harm reduction approach:

1. Accepts that drug use is part of our world and chooses to work on reducing its harmful effects rather than ignoring it;

2. Understands that drug use is as a complex issue and that some ways of using drugs are safer than others;

3. Establishes quality of individual and community life and well-being as the criteria for successful interventions and policies;

4. Applies non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live;

5. Ensures the meaningful and routine involvement of people who use drugs and those with a history of drug use in the development of programmes and policies designed to serve the community;

6. Empowers peer involvement in programmes;

7. Recognises that poverty, class, racism, social isolation, past trauma, gender-based discrimination and other social inequalities affect people's vulnerability to deal with drug-related harms; and,

8. Does not ignore the real harm and danger that can be associated with drug use.

In order to provide youth-friendly counselling and have an effective conversation on drugs with youth, you should apply these principles in your communication and/or service provision.

1.3.3. Examples of harm reduction interventions and how it can be implemented in youth and peer work

There are many harm reduction interventions, such as needle and syringe distribution programmes, supervised consumption sites, opioid substitution treatment and overdose prevention programmes. In this manual, we will concentrate on a few examples which may be implemented in your work. Before introducing you to the interventions, you should keep in mind that the majority of young people are not going to require any kind of harm reduction strategies. However, access should be ensured to services and information by young people who need and want to learn about safer drug use and to move in a safer direction.

1.3.3.1. Nightlife outreach/party working/peer education

In comparison with older counterparts of people who use drugs, it is harder to reach young people who use drugs and to involve them in conversation about their drug use and harm reduction. Young people have their own environment where they use drugs. Usually, they do not use drugs in traditional places where older drug users frequent. Also, the circle of people with whom younger people use drugs does not involve experienced people who use drugs. This makes it hard to find, and reach out to, these younger people. However, this can always be achieved through outreach and peer involvement.

As the name of this activity suggests, it happens/ is provided at parties and festivals and it addresses peer education and harm reduction related to behaviours undertaken in the nightlife environment. In practice, it can be a combination of three types of activities:

1. Operating an education and information stand

where items are made available to partygoers to reduce the harms associated with the risky behaviours that they can possibly undertake by providing information aimed to educate on health protection and the possibility of reducing harm resulting from their behaviour, as well as to distribute various harm reduction materials such as: a breathalyser; condoms; disposable snorting equipment; earplugs; chewing gum; blankets; charcoal filters for joints; water; vitamins and supplements; fruit; and where legal, colorimetric tests for drug checking; if possible, a first aid kit (bandages, plasters, dressings, disinfectant, etc.);

2. Running a psyhelp service

a type of emergency intervention aimed at reducing the harm resulting from difficult experiences under the influence of psychoactive substances of a medical, psychological, psychiatric, psychedelic or existential/spiritual nature. This involves care provided by a sober person to a person under the influence of substances and, in practice, involves: supportive conversation and providing a safe and comfortable setting until sober and, if the person's health is in immediate danger, calling for medical assistance. Where possible, psyhelp activities should take place in a specially prepared area staffed by qualified party workers-trip sitters. The same services can be also provided in the premices of your organisation. You just need to ensure a quiet space, well trained and friendly care givers and an understanding of how to support people whether they have a fearful or joyful state of mind.

3. Patrol

making rounds of the party area, offering water to partygoers while looking out for people who may need help. In the case of finding someone that seeks assistance, the patrollers will take them to the psyhelp/medical/harm reduction point or, if this is not possible or urgent help is needed, they will provide help immediately. It is important to react to signs of physical, psychological or sexual violence, etc., and, if necessary, to make contact with the organiser, the club manager, security or medics. Due to the subject matter of the activities and the age appropriateness of the content, only an adult who has undergone training can become a party worker.

29   Principles of Harm Reduction (2020). New York, NY; National Harm Reduction Coalition.
https://harmreduction.org/about-us/principles-of-harm-reduction/

The content of the training should include: effects of selected substances (dosage, symptoms, overdose); risks and effects of mixing substances; first aid (classic procedures, but also recognition and procedures in case of overdose); ethics of how party workers work; the practice of party working — how to organise activities; how to communicate with the target group; communication in club culture — communication in a team of party workers; communication with organisers/clubs; communication with partygoers; psyhelp — basics of dealing with people who have overdosed on substances; basics of drug laws in force in a given country; familiarity with educational and prevention materials on the stand, including the rules for using colorimetric tests. When working in a party environment, the party worker must keep in mind first and foremost their own safety and comfort as the ability to help partygoers depends on this. Such comfort can be improved by organising shifts so that those working at the party have the opportunity to rest (especially important during long parties and when working in a noisy place).

Depending on the type of music event, the profile of the target group for whom party workers provide their services is different and different substances are more commonly used by partygoers. There are several substances 'common' to most types of party, such as alcohol, cannabis and MDMA.

However, it is characteristic of psytrance parties that psychedelics are more commonly used than other psychoactive substances. These will most commonly be LSD, psilocybin (found in psilocybin mushrooms) and DMT, but there are plenty of less common psychedelics. Due to the nature of the substances used, the dangers inherent in the use of substances in this group can arise during these events — difficult psychedelic experiences that can focus on psychological sensations. In addition, psychedelics generally last longer than other substances, so people at psytrance parties may be under the influence of drugs for longer. Due to these two reasons, psytrance events may require increased psyhelp activities.

In contrast, at events with other electronic music genres, such as techno, drum'n'bass, trance, hardcore and dubstep, the use of psychedelics is less common and the use of stimulants is more frequent. These substances have a shorter duration of effect but are often repeatedly dosed by users — they take another dose of the same substance when they feel the effect of the previous dose wearing off.

It is also worth adapting activities to the type of event due to its duration and the space in which it takes place.

Club events are generally shorter, lasting one night, and take place in an enclosed club space. These places have weaker ventilation, the event participants may be hot when dancing intensively under the stage where there is no access to fresh air. There may also be less space in clubs to set up a partyworker's stand, or even no space at all to set up a psyhelp zone. On the plus side, there is access to running water in the taps in the toilets.

Festivals are events lasting several days and usually take place outdoors. Because of this, it is necessary to involve a bigger team of educators to work at festivals. If the organiser does not provide indoor space for harm reduction initiatives, it is necessary to bring tents to protect the stand and the psyhelp zone from rain or heat. At festivals, it is generally not a problem to fit a psyhelp zone as long as it is possible to protect that much space under the roof. Access to running water is worse than in clubs. Taking place outdoors is a plus with regards to ventilation (useful for intensive dancing), but a minus can be cooling in the evening. At festivals blankets in the psyhelp zone are more useful than in clubs.

Outreach and peer education shouldn't be limited only to the parties and festivals. The same services can be provided in places, where young people love to gather and spend their time. One of great examples of peer education and outreach interventions is Vistula River Project by the Foundation of Social Education in Warsaw, Poland.

BEST PRACTICE

YOUNG WAVE

Vilnius, Lithuania

BEST PRACTICE

INTEGRATED DRUG THERAPEUTIC INSTITUTION (INDIT)

Pecs, Hungary

BEST PRACTICE

VISTULA RIVER PROJECT BY THE FOUNDATION OF SOCIAL EDUCATION

Warsaw, Poland

"Young Wave" is a grassroot youth organisation based in Vilnius, Lithuania. It is providing education and information on safer ways to use substances during music festivals and parties. During such events, the "Young Wave" team has their info tent/table where people can come and discuss about different substances, risks and harms related to drug use and to receive information about drug combinations. "Young Wave" activities are not limited only to festivals and parties. The organisation has a safe space in "Vilnius Night Hub", a place where people can come for peer consultation, information or just to relax and stay in a safe space. This space is located in the heart of Vilnius Street where most parties occur.

INDIT is an organisation which is providing services from prevention to rehabilitation. One of their services is called "Bulisegely" which is a party aid service. In this service, prevention, harm reduction and interventions are applied in work with clients.

They are participating in different parties, but also in some music festivals in which they create a "HAVEN" — a safe place for resting, talking, drug education and guidance. Around 35 volunteers (mostly psychologists, socials workers and peers) are interacting with festival participants. In "HAVEN", people can also find flyers about drug policy, STIs, safe partying, magnesium-calcium water, sugar tablets, salty snacks, medicine, clothing, blankets and beds.

The Vistula riverbank in Warsaw is a place well liked by young people. Youth gathering there not only spend their time with peers, but also to use different psychoactive substances (especially alcohol). It is raising concern as to the health and behaviour of young people as there is seen to be an increase in the use of substances by adolescents.

The Vistula River Project is run by the Foundation of Social Education in Poland. It is an outreach programme which aims to provide education and interventions about drugs and drug use next to the Vistula River during the summer season. It has street workers who are doing outreach and speaking with young people about drugs and drug use. It also has psychologists and paramedics who can do an intervention if it is needed.

1.3.3.2. Drug checking (pill testing)

It is an evidence-informed harm reduction practice that allows people who use drugs to detect the dangers of:

1. Drug contamination — street vendors do not care about the quality of the substance, just about profit; thus, they sell mixtures of substances as another specific substance. This significantly reduces the safety of psychoactive substances. In addition, drugs may be contaminated with residue from their production process.

2. Sellers selling one substance as another, e.g. claiming to sell LSD when the substance is in fact the more dangerous 25B-NBOMe, which is a New Psychoactive Substance (NPS). NPS are cheap and easy to obtain (and legal in some countries) making their widespread presence on the black market an increasing problem. Unlike traditional drugs, NPS are not well researched and modern science does not know the long-term effects of taking these substances, nor does it have answers as to what to do if an overdose occurs. Those who choose not to use drugs after having tested their substance reduce the risk of taking a substance that is more harmful than traditional drugs.

Consequently, testing can help to change the style of use to a more conscious one. Through such testing, people who use drugs can check their substances and find out whether the substance in their possession is really what they thought it is.

Substance testing has two main objectives:

1. to prevent the use of drugs that are too strong, contaminated, or are a different substance than the user expected; and,

2. to provide information on safer drug use and harm reduction and thus increase the knowledge of users on these topics, which can be a form of peer education.

In an interview with the BBC, Dr Henry Fisher, a chemist at The Loop (which runs a laboratory testing service at music events) declared that up to 20% of people who test substances at events throw away their drugs after receiving the test results. Similar results were found among people who tested their drugs at the Groovin' the Moo festival in Canberra, Australia: after receiving the results, 18% of participants decided not to use illegal drugs at the festival and 12% said they would use less[30]. This, of course, depends on the results; if they indicate contamination or a different than expected composition of the substance, people often prefer to get rid of the more dangerous substance. However, if the drugs are of high purity, they are usually kept.

Different types of tests are possible under different circumstances and may involve different substances. The following are presented in order from the simplest and cheapest method to the most difficult and expensive:

FENTANYL TEST STRIPS

detect fentanyl, an extremely active synthetic opioid whose derivatives are often up to 50 to 100 times stronger than heroin. Fentanyls are largely responsible for opioid overdoses due to their extreme activity, even in doses invisible to the eye (they are found in counterfeit drugs, new psychoactive substances and even non-opioid substances such as cocaine or MDMA, for example). Fentanyl strips are used after creating a solution of the substance with water in which the test is placed. The result is just like a pregnancy test — based on the presence of one or two strips. This test is very simple to do and interpret the result. It can be used under almost any circumstance.

COLORIMETRIC TESTS

check the presence of a substance but not the purity or strength of the substance. They are liquid chemical reagents that change colour when a substance is present. These tests are relatively easy to use but basic knowledge of the possible type of substance possessed is required (specific reagents should be selected on this basis). At least two tests must be used (reagents have a range of reactions) as many substances react with the same colour, so more tests should be used for exclusion and, preferably, a whole set of 4-5 tests reacting to a particular type of substance. 90% of the admixtures will react with 1-out-of-3 tests and 95% with 1-out-of-5. Using all the tests will increase the probability of detecting more possible admixtures. The more reagents are used, the more accurate the result will be (e.g. when there is a mixture of several substances).

THIN LAYER CHROMATOGRAPHY (TLC)

checks purity (number of components and concentration — by stratification of components of a substance on a special 'plate') and requires specialised apparatus/equipment (UV lamp, % rulers, pipettes, test liquids). TLC does not replace compositional identification reagents — colorimetric reagents should be used anyway to be sure. Can be homemade but requires time and more preparation. It is of medium difficulty to use and to interpret the results.

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY (HPLC)

involves separating the components of a substance by spreading them under pressure on a special column using a solvent. Thus, HPLC makes it possible to identify substances and to test their purity. This method, like any other, has its limits. Particularly problematic is the identification of compounds which are not expected in a given sample, e.g. rare admixtures or by-products of chemical synthesis. However, it is relatively inexpensive for a laboratory test.

GAS CHROMATOGRAPHY-MASS SPECTROMETRY (GC/MS)

is a laboratory test. It involves separating the components of a substance in special apparatus and then subjecting them to a process which makes it possible to identify the substance, determine its quantity and detect impurities. The GC/MS process is very accurate and requires large and expensive equipment. Unfortunately, it is impossible to do at home.

Testing of psychoactive substances takes place through four mechanisms:

1. The customer orders the test with delivery by post. The customer tests themselves on the basis of the instructions enclosed with the test.

2. Selling the tests at the point of sale of a test vendor or reseller; the customer tests themselves on the basis of the instructions included with the test.

3. Distributed at partyworkers stands. Assistance by partyworkers in running the test is possible depending on the legal regulations in force in the country concerned. Whatever the legal situation regarding substance possession, the peer educator can help peers to interpret the test result, e.g. on the basis of a reaction film made by the user such as in the toilet of a club.

4. In a number of European countries, it is possible to operate drug testing laboratories. This allows for more accurate testing. In addition, the results of such testing can be used to monitor the drug market and thereby support early warning systems. Laboratories can be either:

   — stationary (the client sends a sample to the laboratory and gets feedback with the test results); or,

30   Al-Juzi A. 'My day with the drug testing squad…'. London; BBC Three, 31 August 2018.
https://www.bbc.co.uk/bbcthree/article/92063060-2ca3-4d9a-a6a2-538e47394f58

— outdoor mobile laboratories set up during music festivals (the client takes a sample to the laboratory and receives feedback with test results).

It is important that a harm reduction worker (peer worker, peer educator) has a private conversation with the client after the test has been given or performed (if permitted by law). The potential risks of substance use and ways to reduce the risks (e.g. moderating the way of substance use or adjusting the dose) should be discussed. It is also useful to inform the client about health or education services available. Substance testing is a good opportunity to reach drug users with harm reduction and health promotion services. Projects related to drug testing are: Energy Control (Spain); Check!t (Austria); Check!n (Portugal); Bunk Police (USA); DrogArt (Slovenia); and Dance Safe (USA, Canada).

BEST PRACTICE

THE LOOP

London, United Kingdom
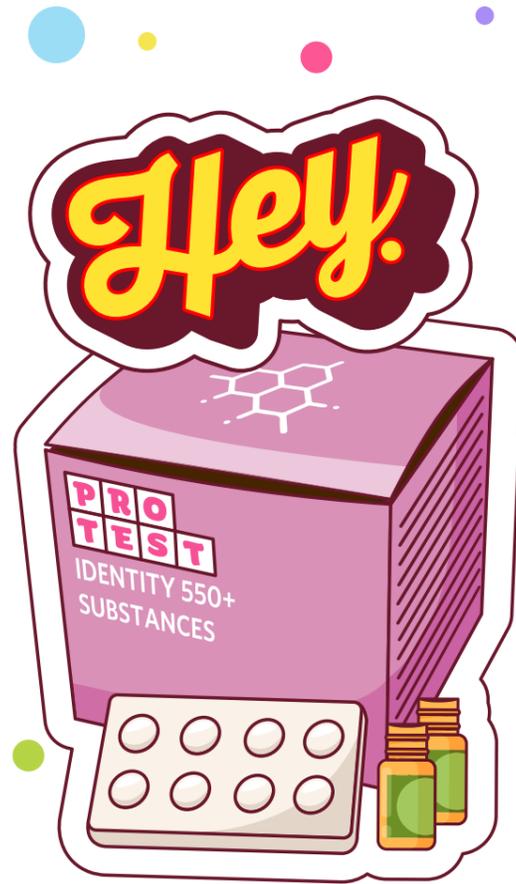
The Loop is a NGO which is providing drug checking at nightclubs and at music festivals. On-site checking is carried out by a team of experienced volunteer chemists. The service gives the opportunity to share harm reduction information with people who use drugs; inform about potential risks and harms of use; enable people who choose to use drugs to make informed choices; to provide information that can be sent out via social media, other media channels and information points relating to particular substances in consultation with police and medical services to reduce drug related harm on-site and to minimise the possibility of a major public safety incident.

1.3.3.3. HIV/AIDS prevention, care and support

Peer education has been used in many areas of public health, including nutrition education, family planning, substance use and violence prevention. However, HIV/AIDS peer education stands out owing to the number of examples of its use in recent international public health literature. Because of this popularity, global efforts to further understand and improve the process and impact of peer education in the area of HIV/AIDS prevention, care and support have also increased.

Typically it involves recruiting members of a specific at-risk group to encourage members to change risky sexual behaviours and to maintain healthy sexual behaviours. Even though most of HIV/AIDS prevention activities have been aimed towards people who inject drugs, sex workers and men who have sex with men, there has been a fairly recent change of approach, underlining the importance of safer practices among all groups, especially youth.

1.4. Prevention

Drug use prevention is any activity that is aimed at preventing, delaying or reducing drug use and/ or its negative consequences across the lifespan of an individual. It applies to legal drugs (tobacco, alcohol), illegal drugs (cannabis, MDMA, LSD), medication (Subutex) and other substances, such as inhalants. Prevention can also be applied to addictive behaviours, such as gambling. Figure 2 shows where prevention lays withing continuum of care for substance use disorders.

Figure 2. Continuum of care for substance use disorders[31]

Prevention and Treatment Continuum
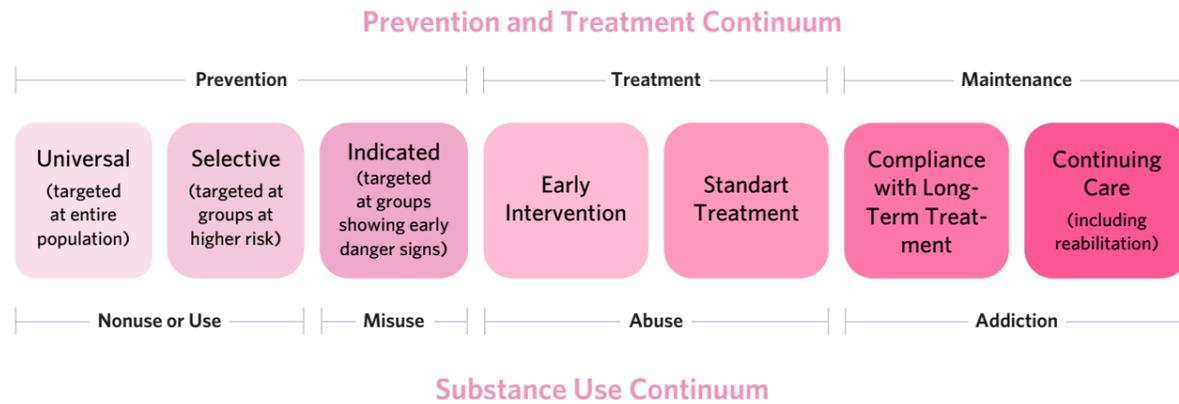
1.4.1. Prevention aims

The general aim of drug use prevention is very broad and it seeks the healthy and safe development of people to realise their potential and contribute to their communities.

The primary objective is to help people avoid or delay the initiation of substance use and dependency behaviours.

1.4.2. Types of prevention

There are a few categorisations of prevention:

1. Primary, secondary and tertiary prevention;

2. Universal, selective and indicated prevention; and,

3. Environmental, developmental and informational prevention.

Shortly, to gain a better understanding we will review each categorisation of prevention.

1.4.2.1. Primary, secondary and tertiary prevention

The categorisation of prevention as primary, secondary and tertiary is still used in public health, but rarely. It is now replaced mainly with the second and third categorisations mentioned above. However, as it is relevant, we will have a short overview of all categorisations.

Primary prevention aims at preventing drug use before people start using. It also aims at delaying the age of initiation of drug use. Examples of such prevention can be programmes for schoolchildren that aim to teach skills to avoid smoking or using any other drugs.

Secondary prevention targets individuals who have already started using drugs. It aims to stop drug use or reduce harms related to drug use. It promotes safer and less harmful ways of using drugs. As an example, targeted training for people who use drugs and their family members on overdose prevention, needle and syringe programmes and peer support can be mentioned.

Tertiary prevention aims to provide support and treatment for people who are using drugs and who are drug dependent. This type of prevention strives to enable the individual to give up drug use. Examples of tertiary prevention include facilitation of entry into an opioid substitution treatment programme and case management.

Figure 3. The intersection of prevention and harm reduction efforts[32]
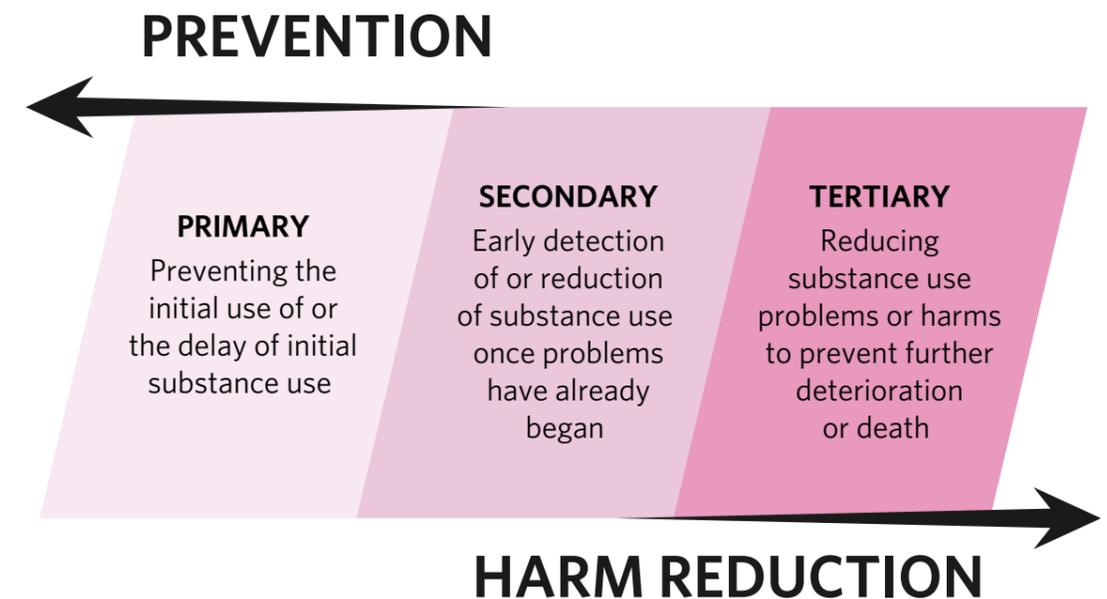
31   Graphic adapted from Institute of Medicine (US) Committee on Prevention of Mental Disorders, Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. National Academies Press (US). DOI: 10.17226/2139

32   Recovery Research Institute. Special Topics and Resources: Harm Reduction. Boston, MA; Massachusetts General Hospital, undated.
      https://www.recoveryanswers.org/resource/drug-and-alcohol-harm-reduction/

1.4.2.2. Universal, selective and indicated prevention

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) classifies prevention into three categories[33]: universal, selective and indicated. This categorisation is based on the overall vulnerability of the people addressed — the known level of vulnerability for developing substance use problems distinguishes between the categories rather than how much or whether people are actually using substances.

Universal prevention addresses entire populations and targets the development of skills and values, norm perception and interaction with peers and social life to avoid or delay initiation of substance use. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programmes. Universal prevention interventions can be included into the school curriculum, afterschool programmes and parenting classes.

Selective prevention addresses groups, families and communities where substance use is often concentrated and focuses on improving their opportunities in difficult living and social conditions. Selective prevention targets the entire group regardless of the degree of risk of any individual within the group, such as children of adult drug users or students who are failing academically.

Indicated prevention addresses those already using, or engaged in other high-risk behaviours, to deal and cope with the individual personality traits which make them more vulnerable to escalating drug use. Indicated prevention interventions are designed to prevent the onset of substance abuse in individuals who do not meet the medical criteria for drug dependence but who are showing early danger signs. Individuals can be referred to indicated prevention programmes by parents, teachers, school counselors, school nurses, youth workers, friends or the courts.

1.4.2.3. Environmental, developmental and informational prevention

This approach combines function dimensions and type of prevention to identify and map prevention strategies with more precision. It distinguishes prevention into three groups: environmental, developmental and informational prevention interventions.

Environmental prevention interventions aim to limit the availability of maladaptive behaviour opportunities through policies, restrictions and actions. For example, legal requirements or economic (dis)incentives.

Developmental prevention interventions aim to promote adaptive behaviours and prevent maladaptive behaviours by development of skills that are key in the socialisation and social development of appropriate behaviours. For example, parental monitoring practices and individual social or life skills.

Informational prevention interventions aim to focus on attentional processes via communications that increase knowledge and raise awareness about specific risk behaviours. This could include mass media campaigns to raise awareness.

Table 3.   Prevention Forms and Functions: Illustrative Examples for Substance Misuse Preventions[34]

	Universal	Selective	Indicated
Environmmental	Legislation to prohibit substance use; suppresion of international supply routes.	Targeted enforcement and actions to deal with drug dealing in high risk neighbourhoods; athlete drug testing programmes.	Legal orders to prevent high-risk individuals from accessing alchohol; imprisonment.
Developmental	Social/life skills programmes, for school students that provide young people with skills to cope with social influences.	Family/parenting programmes with families in the most deprived areas in the region or country; or home visiting programmes with vulnerable pregnant women.	Individual councelling programmes with adolescent males with impulse control problem.
Informatioanal	Mass media campaigns to raise awareness of the danger of drugs.	Informational interventions targeted at young males in deprived neighbourhoods with strong gang cultures.	Normative feedback or motivational interviewing interventions for individuals who screen positive for substance misuse.

1.5. Differences between drug education and drug prevention

If we would ask a person about drug education, it is more likely that the person will start to speak about drug prevention. Drug prevention covers various programmes, strategies and interventions, thus people are prone to put drug education under the umbrella of drug prevention. Even though these two approaches can complement each other, they should not be used interchangeably. In a broad sense, drug education differs from drug prevention by its meanings, functions and practices. Table 4, below, reviews the differences between these two approaches.

33   European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2009). Preventing later substance use disorders in at-risk children and adolescents: a review of the theory and evidence base of indicated prevention. Thematic papers. Luxembourg; Office for Official Publications of the European Communities.
https://www.emcdda.europa.eu/system/files/publications/562/EMCDDA-TB-indicated_prevention_130796.pdf

34   Foxcroft DR. Environmental, Developmental and Informational Interventions: A Novel Prevention Taxonomy to Better Organise and Understand Substance Misuse Prevention. Addicta: The Turkish Journal on Addictions, Autumn 2015, 1(2), 66-78. DOI 10.15805/addicta.2014.1.2.027

Table 4. Differences between drug prevention and drug education

DRUG PREVENTION	DRUG EDUCATION
— Drug prevention typically **seeks to interrupt a pattern of drug use.** The aim of drug prevention may be to bring behaviour change within a population.	— Drug education **does not have to have** an intended prevention outcome. It aims to bring new knowledge and understanding about drugs and drug-related harms within the population.
— Drug prevention is understood as planned interventions that work to prevent or delay the onset of drug use.	— Learning outcomes for a drug education programme should not seek to prevent, delay or reduce drug use.
— Interventions are developed in a way that is more challenging to create trust with individuals.	— It is based on mutual understanding and trust.
— Prevention interventions sometimes may sound prescriptive, i.e. giving instructions on what to do and what not to do.	— A person is free to make their own informed decision about drug use.
— A prevention approach may be based on judgments.	— A drug education approach is based on non-judgmental conversations.
— Preventive interventions are usually one/few times lectures/activities.	— Drug education is an ongoing process.
— Usually only selective information is provided to individuals (for example, explaining about the harms of drugs).	— Drug education applies an holistic approach and provides a full range of information about substances (by explaining the harms of drugs it can also explain how some drugs are used in medicine, etc.).
— A prevention approach does not have the aim to change repressive and stigmatising laws and policies.	— A drug education approach includes information about drug laws and policies and empowers people to advocate for changes to repressive approaches.

1.6. What works and what does not work in drug education

Many programmes focusing at preventing the initiation of substance use or the minimisation of drug use and risks related to it are ineffective for several reasons, including:

— Programmes do not have a theoretical framework;

— They are inadequately designed;

— There is no evidence-base justifying the programmes;

— Programmes are not suitable for the setting in which they are used.

While preparing for an activity with young people about drugs, keep in mind the following DON'TS!

Don't

USE ANY KIND OF SCARE TACTICS

(no drug-related horror stories or movies, images of people of how they looked before using drugs and now, no police with sniffer dogs, etc.). This has nothing to do with changing a young person's behaviour.

Don't

PRESENT ONLY INFORMATION

It cannot ensure that youngsters will understand it and apply it in their daily life, nor to make any changes to their behaviour.

Don't

TEACH HOW TO SAY NO TO DRUGS!

It's outdated and ineffective.

Don't

invite people in recovery, or who have experience with drug dependence,

TO PROVIDE TESTIMONIALS

Young people usually don't relate their own behaviour to guest stories. Also, young people may wrongly interpret such stories as easily achievable "success".

Don't

ORGANIZE ONE-OFF TALKS

Inviting a doctor or police officer to speak about not using drugs is ineffective as it usually includes passive listening and the invited guest may not have the skills to deliver information in a way that young people can learn and understand what was said.

Don't

SHAME DRUG USE OR NORMALISE IT.

It is very important to use the right language when speaking about drugs, describing risks and harms and trying to make it understandable for young people.

So, what does work with young people while communicating about drugs?

HOLISTIC APPROACH TO DRUG EDUCATION

It includes not only information about drugs and safer drug use, but also the development of personal and social skills as well as how to cope with challenging situations (i.e. when somebody has an overdose, etc.).

ACTIVE LEARNING AND PARTICIPATORY APPROACH

Try to make your activities interactive and inclusive and allow young people to interact with each other. The more actively involved the participant is in the activity, the more effective that activity is likely to be.

STRUCTURED AND CONTINUING PROGRAMMES

As was mentioned, one-off talks or sporadic activities are not effective. When planning your activities, think about a few structured sessions which will have follow-up.

APPROPRIATNESS

It is never too early to talk to a young person about drugs if the conversation is age appropriate. It is also important to consider the developmental level of young persons and local youth culture. Your activities should help to reflect the realities and experiences of the target group.

COMMUNICATE ABOUT SHORT-TERM CONSEQUENCES

An emphasis on drug use related risks should focus on short-term rather than long-term consequences. Drug education programmes should focus on the immediate risks of drug use (i.e. dangerous contaminants, taking an unknown drug, not knowing the strength of a drug, effects of drugs, risks of mixing drugs).

CHALLENGE DRUG MYTHS AND BREAK STIGMA

Loads of information around the drug topic are full of misconceptions and myths. Include it in the discussions with youth and challenge commonly held drug myths by providing evidence-based information.
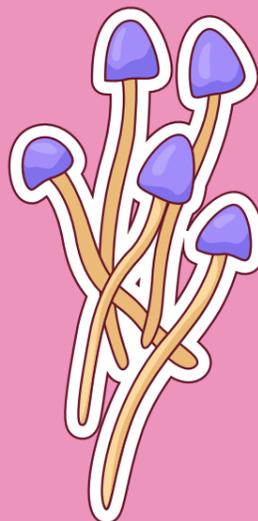
VOLUNTARY PARTICIPATION

Do not force young people to participate in the activity if they are unwilling. In the case that youngsters are below the legal age, you should also ask for parental consent.

ACKNOWLEDGE PARTICIPATION

At the end of the programme you may give certificates of completion to the participants and acknowledge their input and efforts.

BUILD AND ENSURE TRUST

Establish rules/agreement with participants before starting the activity. This will help to keep activities respectful and confidential so that young people will feel safer in the environment where the activity is organised.

1.7. Using respectful and inclusive language in communicating with young people

The language used when speaking about people who use drugs, or any other key population, has a significant impact on how these communities view themselves and how they are viewed by others. The words and phrases that we use in conversations with people who use drugs may have a powerful impact on further communication with them. What is more, incorrect language may create stigma, and stigma results in discrimination. Therefore, we should be thoughtful and inclusive, as well use respectful language.

1.7.1. Guiding principles for respectful language

The Canadian Public Health Association has developed guiding principles for respectful language[35] when speaking about sexuality, drug use and sexually transmitted and blood borne infections. The following are the main principles which should be kept in mind while having a conversation with young people:

— **Words matter.** Some words can make people feel excluded and can also impart stereotypes based on a person's identity. Stigmatising language can make people feel unwelcome or unsafe in our environment.

— **Language changes.** Language is a living thing and it is changing over time. This means that it may change through time and you need to keep yourself updated with changes. Every effort should be made to use appropriate words when having conversations about drugs.

— **Mindset matters.** It is ok sometimes to not know how to explain some things. Do not be afraid to be wrong and make a conversation. If somebody corrects your language, stay open and empathetic and take the opportunity to learn from people who may know and understand language better.

— **Person first.** Use 'person first' language. This approach is focused on delivering more person-centred care. Prioritise a person's identity rather than other characteristics (e.g. 'person living with HIV' rather than 'HIV-infected').

— **Be inclusive.** Try and use language that is as inclusive as possible. Instead of saying "guys" while referring to a group of people, use "folks". Or instead of using "husband/wife", use "partner", which is more neutral and less misleading language.

— **Be specific.** Use language that is based on how people identify themselves. The best way to figure it out is to ask people directly what language is comfortable to them.

— **Be critical.** Before introducing or describing someone based on personal characteristics (such as race, gender identity, (dis)ability, use of substances, etc.), ask yourself whether it is relevant and necessary to do so.

35   Canadian Public Health Association (2019). Language Matters. Using respectful language in relation to sexual health, substance use, STBBIs and intersecting sources of stigma. Ottawa, ON; Canadian Public Health Association. https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/language-tool-e.pdf

1.7.2. Examples of respectful and inclusive language

Below you can find a table with some examples on how you can improve your language when speaking about drug use and sexuality. Keep in mind that not all of these words may be adapted to your culture and realities. In some cases, it simply may not be translated to your language. Or in some other cases, there are some other alternative words in your language which may not be translated to English but which are respectful while communicating with people from key populations.

Table 5. Respectful and inclusive language: what to use and what not to use

USE	DON'T USE
Person who uses drugs	Drug user
Person with non-problematic drug use, Person who occasionaly uses [substances]	Recreational users, Casual users, Experimental users
Person with drug dependence, Person with problematic drug use, Person with substance use disorder, Person who uses drugs (when use is not problematic)	Addict, Drug/substance abuser, Junkie, Dope head, Pothead, Smack head, Crackhead, Druggie, Stoner
Problematic drug use	Drug habit
Abstinent, Person who has stopped using drugs	Clean
Actively uses drugs, Positive for substance use	Dirty (as in "dirty screen")
To respond, To program, To address, To manage	To fight, To counter, To combat drugs and other combatant language
Safe consumption facility	Fix rooms

USE	DON'T USE
Person in recovery Person in long-term recovery	Former addicts, Reformed addict, Ex-user
Person who injects drugs	Injecting drug user
Opioid substitution therapy, Opioid agonist therapy	Opioid replacement therapy
Substance use	Substance abuse
Person who uses alchohol	Alchoholic
Sexual contact (e.g., oral, vaginal, anal, frontal) without a condom/ dental dam/glove/PrEP/other method of protection from STBBI	Risky sex, unprotected sex
Having multiple partners	Promiscuous (promiscuity is the practice of engaging in sexual activity frequently with different partners)
Controlled drugs	Illicit/illegal drug use/possession

USE	DON'T USE
Person living with HIV	HIV-infected
Contracted/acquired [STBBI]	Became infected
Tested negative/positive for...	Clean/dirty with respect to urine toxicology
Key populations	Vulnerable populations
Sex worker, People involved in the sale or trade of sex	Prostitute
Transition	Sex change
Person who is/has been incarcerated	Convict
Person convicted of (alleged) offence	Drug offender
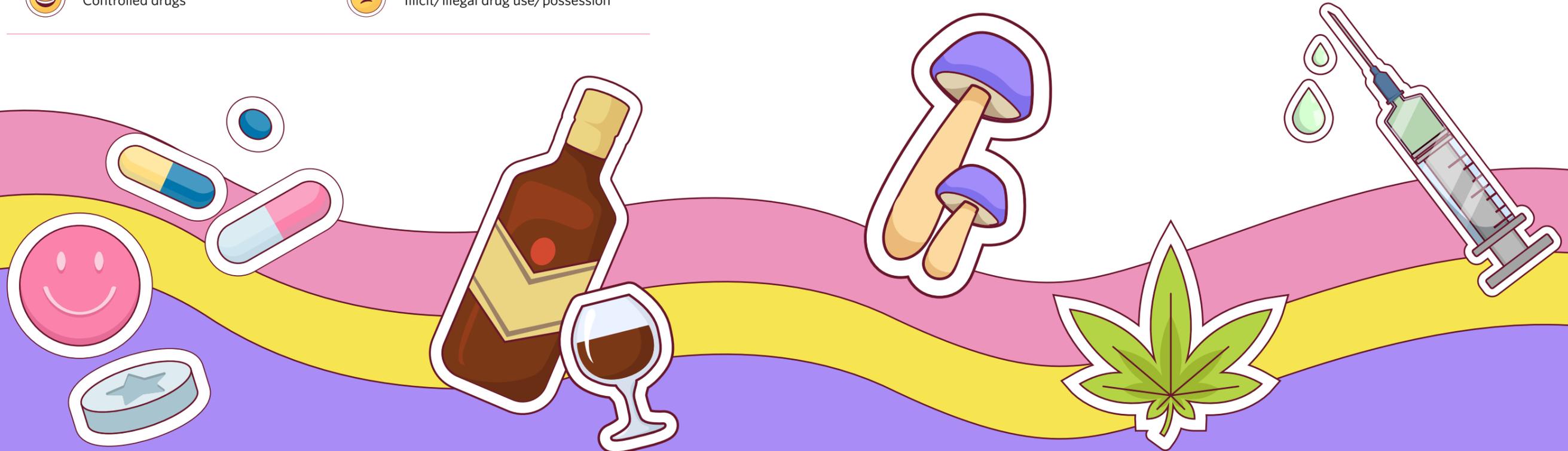
Youth work and peer education

Peer work – what is it? How and when is it effective?

When designing programmes aimed at providing young people with knowledge about psychoactive substances, substance use or dependence, it is worth considering the peer work/peer education method. The use of this method seems to be more effective than the 'traditional' methods used widely in drug prevention nowadays. There are many arguments in favour of using the peer education method, but before we turn to them, the very idea will be briefly discussed.

The idea of peer work first appeared in the 1970s[36]. It originated among self-help groups that formed around people with mental health conditions. Due to the specific and delicate nature of their problems, they were only willing to trust and open up to people with a similar range of experiences. Their problems mainly revolved around mistreatment in the psychiatric hospitals in which they stayed. The situation they found themselves in led them to think that the treatment process was more than the

management of symptoms by the doctors present on the ward. They understood that they themselves, as patients, could provide emotional support, guidance and help to each other. As a result, the method of peer work was born, which has been evaluated and methodically refined ever since.

Peer work is primarily about providing emotional and social support to people with whom peer workers share similar experiences. Peer work focuses on building mutual relationships based on hope and optimism. The similarity of experiences is crucial here. Through their experience, peer educators are able to provide authentic examples of overcoming difficulties and adversities that they have experienced in their own lives. Having shared experiences also builds trust between the parties, which is lacking in other, more formal, relationships (e.g. pupil-teacher). Peer work is an excellent opportunity for a mutual process of learning and development from which everyone benefits.

36   Davidson L, Bellamy C, Guy K, Miller R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. World psychiatry: official journal of the World Psychiatric Association (WPA), 11(2), 123–128.
https://doi.org/10.1016/j.wpsyc.2012.05.009

In peer work, the peer worker acts as a coach and mentor. They are tasked with helping users of the peer service to set goals that they want to achieve and with developing the skills to achieve those goals. Their role is also to build a community among clients and to support them in creating a meaningful life in the community.
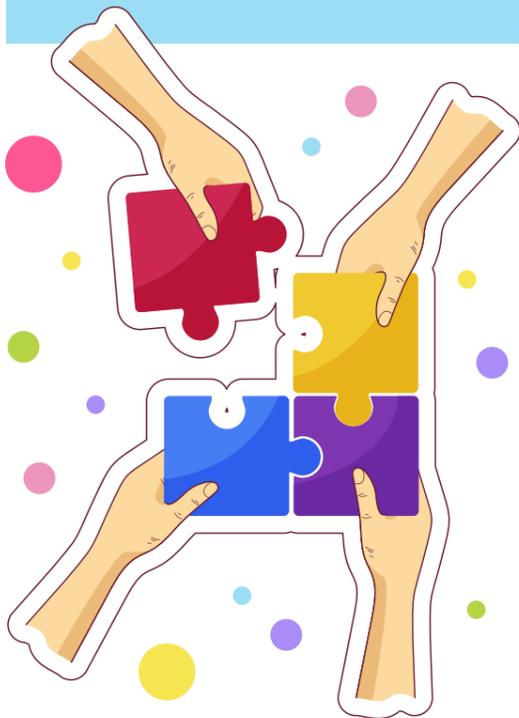
In summary, peer work is based on three pillars:

1. **Mutuality —** to ensure a healthy relationship between the parties in which there is no power inequality;

2. **Life experience —** to show the other party how to overcome difficulties in life; and,

3. **Optimism and hope —** to inspire the other party to make changes in life.

2.1. Theoretical framework of peer work

In order to understand exactly what peer work is and why it is effective in the area of mental health, it is necessary to look at the theoretical foundations of this form of support. As mentioned earlier, peer work has emerged as a grassroots initiative dictated by need. It was only after the first peer work programmes had been implemented and evaluated that professionals came up with theories to explain why peer work is effective.

Listed below are the six theories that were found to be most important in explaining why peer work influences young people's behaviours[37].

1. Social identity theory
2. Social cognitive theory
3. Attachment theory
4. Resilience theory
5. Social integration theory
6. Hope theory

The first three theories are the most frequently cited in evaluations and specialist literature in this area and will be discussed in more detail.

Table 6. Three main theories that are most important in explaining how peer work influences young people's behaviours

Name of theory	Theoretical assumptions	In practice
Social identity theory	1. Self-acceptance is influenced by the 'in-group' that an individual belongs to. Belonging to groups that are considered valuable is an important source of positive self-esteem. 2. We tend to categorise others into 'we' and 'them', with the former being people whom we identify with. 3. The reference group allows the individual to determine what behaviours and attitudes work well in the group within which they identify. This way people draw conclusions and learn.	Peer groups have a great influence on the formation of an individual's identity. However, it is important to monitor it in the context of a programme based on peer work. Monitoring is crucial to ensure that the implemented programme does not reinforce negative stereotypes about the identity and roles associated with the target group. Without monitoring and guidance, there is a risk that participants will start to focus on problems instead of solutions and adopt negative identities instead of constructing more positive descriptions of their own identity.
Social cognitive theory	Social learning theory is based on two pillars: social modeling and personal agency in human behaviour. Personal agency is a belief or experience that "I" (agency) am the cause of "my own" (ownership) thoughts and actions. Personal agency and self-determination beliefs regulate how an individual perceives and cognitively processes potential threats[38]. If the level of self-efficacy belief is low, people are afraid of potential threats and they are vulnerable to them because they cannot model their behaviour adequately. If the level of self-efficacy belief is high, people choose which challenges to take on, how much effort to put into an	The process of participatory and observational learning described in social learning theory is a relevant explanation of how programmes based on peer work function. In order for an individual to learn a particular behaviour and for it to be successfully implemented in everyday life, the individual must understand the potential outcome if the behaviour is repeated. The observer is not oriented towards reinforcement through gratification, nor towards the punishment incurred if inadequate behaviour is applied. The observer expects similar results by imitating the behaviour observed in the group (so-called outcome expectations). Expectations are

37   Western Australian Centre for Health Promotion Research (2010). My-Peer Toolkit. Perth; Curtin University.
https://mypeer.org.au/planning/what-are-peer-based-programs/theory/

38   Bandura A. (1997). Self-efficacy: The exercise of control. W H Freeman/Times Books/Henry Holt & Co.
https://psycnet.apa.org/record/1997-08589-000

Name of theory	Theoretical assumptions	In practice
	undertaking, how long to persist in the presence of obstacles and failures and whether failures are motivating or demoralising. This lets them model their behaviour effectively and adequately to the situation.	defined by the social environment in which the observer is located. In this way, participants gain confidence in their ability to implement new behaviours and, as a result, create a sense of empowerment.
Attachment theory	1. Closeness and belonging are among the most important human needs. Both from an evolutionary perspective and from a psychological point of view, we need belongingness and security for proper development. 2. Acceptance by others results in experiencing security and warmth. Rejection results in experiencing negative emotions — shame and fear.	The specific relationship that develops between participants during peer support/education can satisfy the need for closeness and belonging. If these needs are met, it is easier to create an atmosphere of trust and openness which is essential when discussing topics such as substance use and providing drug education. However, it is important to ensure beforehand that the peers implementing peer education have the right level of training and a set of qualities to do the job (e.g. positive attitude, similar experiences).

2.2. Forms of peer programmes and topics it can cover

There are many complex, changing approaches, interpretations and definitions that the collective term 'peer work' encompasses. Peer work brings together many working methods depending on the needs and related goals of interventions, e.g. peer education, support, mediation, advocacy, tutoring. In practice, these terms are often used interchangeably. This causes difficulties, not only in terms of terminology, which has implications for research in this area, but also for practice. It can also lead to confusion when deciding which approach is the most appropriate to implement.

In the following paragraphs, we will look at the main characteristics of the different types of peer work.

— **Peer education** is a well-evaluated educational method that aims to change a person's behaviour, beliefs and norms so that they follow healthier patterns. Adequately trained and motivated individuals from the same peer group conduct educational and skills-building activities to improve or support the health or wellbeing of a peer. Peer education activities are participatory and usually take place over an extended period of time rather than on a one-off basis.

— **Peer support/mentoring** aims to enhance self-esteem and self-efficacy as well as improving life skills, coping strategies and problem-solving skills by participants and often provides support, such as during transitional periods or specific life situations. It is based on strengthening supportive relationships between two people, with one of them usually having more experience in a particular subject.

— **Peer mediation** is designed to prepare young people to act as mediators in peer conflicts.

— **Peer leadership** focuses on developing leadership and/or counselling skills. It can be an integral part of any peer-based intervention.

Nowadays, access to different sources of knowledge is greater than ever. However, despite favourable conditions for acquiring knowledge, young people still struggle with a lack of basic information concerning topics such as sexuality and reproductive health, HIV/AIDS/STIs or substance use. Although the abovementioned issues belong to the domain of public health, and knowledge about them should be widely accessible, in reality young people often find it difficult to get accurate and clear information. This is mainly due to the socio-cultural norms in different countries and the taboo surrounding these topics.

There are, indeed, existing educational programmes addressing the topics discussed above. They, however, often adopt traditional methods of work that are ineffective due to several major drawbacks:

— Presentation of knowledge in an authoritative manner;

— Presentation of knowledge in a judgmental way. In the case of drug education, this is a particularly pressing problem — dependence is presented as a behaviour to be punished rather than a health problem to be treated. This can create attitudes in young people where they are afraid to ask for help; and,

— Inadequacy of the knowledge provided to the values, views and lifestyles of young people.

Peer education is an approach which minimises all of these problems. The principle of peer education as a dialogue between equal individuals ensures that information is transferred in a **non-authoritative manner.** The use of a non-judgmental approach increases young people's confidence to open up. The informal environment has an additional positive effect on the level of trust within the group. Peer work is an effective method of drug education because it is participatory — people discuss and learn about a topic together. This approach allows us to see things from a new perspective without being told what to think or do.

In summary, the peer education method is primarily used within, outside or around traditional public health services and programmes between two individuals or in groups. In particular, it can be applied to many areas of mental health, including substance use and violence prevention.

2.3. Who is who? Definitions of youth worker, peer worker and Peer educator

Peer refers to a person who belongs to the same social group as some other people based on age, sex, sexual orientation, occupation, socio-economic and/or health status, etc.

Education refers to the development of a person's knowledge, attitudes, beliefs or behaviour resulting from the learning process.

A peer educator is a person from a known environment, i.e. your peer, who has information on a particular topic and is trained to deliver that information in an informal atmosphere (at a party, on an excursion, in a cafe, etc.) or at an organised lecture (at a school, youth centre, etc.).

A youth worker is a person who works with young people on their personal, social and educational development in an informal setting through educational processes, care and leisure approaches.

When working in the area of drugs, **a peer worker** utilises their lived experience of substance use, enriching it with skills learned in formal training to deliver services in support of other substance users.

In the process of designing a programme for young people covering the topics related to substance use it is worth, or even recommended, to engage not only youth workers on the team, but also peer educators and peer workers. They can build on their direct experience of behavioural change related to substance use and offer unique and valuable support to others through sharing similar experiences which is essential in the learning and behavioural change process.

2.4. Formal and informal peer education

Informal peer education refers to working with individuals or small groups of people in an informal or non-organised setting such as street and outreach work. Usually, informal peer work is aimed towards the most at-risk groups who are normally outside of structured environments, such as Roma kids in settlements.

Formal peer education — Peer education in youth clubs, civil society organisations or training centres. These types of programmes are usually designed to follow specific programmes, methodologies and structures.

2.5. Ethics in programmes based on a peer-based approach

In order for programmes that include peer education to be successful and accepted, it is necessary, above all, to respect certain ethical principles.

All persons involved in the programme, and the programme itself, need to adhere to an established code of ethics which concerns the interpersonal relationships of team members and the relationship with the target group and includes the following principles:

RESPECT, PROMOTION AND PROTECTION OF HUMAN AND CHILDREN'S RIGHTS

A peer education programme, and all of its components, respect and advocate for the principles of human and children's rights. All participants in the peer education programme should be acquainted with basic human and children's rights and during the implementation of the programme they should actively contribute to their respect, promotion and realisation.

For example, if the programme is aimed at Young Roma, it should be taken into account which rights of Roma are violated in the society, whether the programme recognises this and whether it addresses this problem adequately.

NURTURING EQUALITY AND TOLERANCE RESPECT FOR CULTURAL AND OTHER DIFFERENCES / SPECIFICITIES

All participants in the peer education programme are equal actors in the activities envisaged by the programme. Such activities are performed in the spirit of tolerance and mutual respect for the dignity of the person and the uniqueness of each/all participants with understanding and cooperation based on non-violent communication.

For example, the educator should be well acquainted with the tradition and cultural specifics of the social group to which the participants of the programme belong. In addition, they should improve their knowledge of the cultural peculiarities and characteristics of programme participants in order to implement the programme as successfully as possible and to promote a culture of equality and a spirit of tolerance. Also, educators must not show affection for one part of the group or an individual, nor dislike for anyone.

PROMOTION OF GENDER EQUALITY

A peer education programme is sensitive to gender specifics and supports and promotes gender equality with its goals and strategies represented in all components. Gender equality is built into all components of the programme, i.e. the programme advocates for an equal relationship between boys, girls and non-binary persons in every segment of programme implementation. The monitoring and evaluation plan of the programme also includes indicators for monitoring gender equality.

For example, reproductive health programmes often do not sufficiently cover the specific issues of boys related to sexual health. On the other hand, programmes aimed at young injecting drug users often do not pay enough attention to the specifics of the female population and their problems, such as in relations with a partner, etc.

PROFESSIONALISM OF ALL INVOLVED IN THE PROGRAMME

Professionalism in work implies an appropriate level of knowledge, procedural knowledge and their adequate application, especially given the specifics of the target group of a programme.

Professionalism implies constant improvement, i.e. developing knowledge and improving the skills of programme holders and, thus, the quality of the programme itself.

Professionalism implies awareness of one's own capacities in knowledge and skills and readiness to use additional human or other resources, i.e. referring the target group to experts and reference institutions.

In working with the target group or individuals, the peer educator does not impose their opinions and values but encourages all participants to think and self-assess their own values.

In working with the target group, programme implementers do not rely on, or use, attitudes and understandings that go beyond the framework of the programme.

All programme holders have a share of responsibility for the success of the programme and treat the information they provide with maximum responsibility.

For example, the educator should not give information for which its credibility is dubious. In case of uncertainty, the educator refers to a person or institution that possesses valid and credible information.

SECURING AND PROTECTING CONFIDENTIALITY

Everyone involved in the programme knows and respects the principles of confidentiality and creates a safe environment for programme participants. Confidential and personal information may, if necessary, be shared only with the supervisor.

For example, the educator is obliged not to present the contents of a personal nature shared by the participants outside of the workshop circle.

The educator is also obliged to prevent personal confessions when they feel that other participants/attendees are not fully acquainted with the principles of confidentiality.

GIVING A PERSONAL EXAMPLE

The educator is the bearer of peer credibility and, at the same time, with their behavior they set a positive personal example by practicing healthy lifestyles.

The credibility of team members is the result of the concurrence of personal attitudes and attitudes and values of the programme and the organisation that is the holder of the programme.

Ethical attitudes, as well as attitudes in general, are constantly being built. Systematic and continuous work on building personal attitudes

and ethical principles is recommended, including the overcoming of prejudices towards a certain target group, if they arise.

For example, if the personal attitude of a peer educator conflicts with the views of a standardised peer education programme, the educator must not express it, especially not present it as an attitude promoted by the programme.

If a certain behaviour and attitudes are promoted within the education, the educator is obliged to not deviate from the promoted behaviour and attitudes with their personal behaviour and attitudes.

2.6. Planning peer education

Planning peer education is no different from planning any kind of intervention in the area of social services, drug prevention, etc. It involves several steps that, if followed carefully and in an orderly manner, ensure that the activity is adequate, effective and efficient.

2.6.1. Needs assessment

A needs assessment is the first and most important step in planning any intervention. But what is a need in the first place? To put it simply, a need is the difference between the current situation and the desired situation. To assess the needs of a community or specific population, we need to select the target area and correctly identify the main problem. More specifically, steps include: (i) identification of the group affected by the problem; (ii) deciding on the scope; (iii) identifying the main groups affecting the situation; (iv) developing connections; (v) collecting data; and, (vi) analysis of the data and drafting the needs assessment report, including information regarding what your peer education programme should aim to achieve.

In the needs assessment process, it is crucial to collect detailed and comprehensive information on the situation (e.g. drug use) and understand your target population, meaning that you take into consideration perspectives and needs of the community which allows for adequate tailoring of the programme.

Figure 4. Intervention planning cycle. Source: EMCDDA 2011.

2.6.2. Resource assessment

A resource assessment is the next step in intervention planning. Naturally, your resources (e.g. funding, human resources, capacity, time) are limited, hence they limit the possible scope of your peer education intervention. There are two main categories of resource that you should take into consideration: resources of the community and internal resources of your organisation.

Assessing community resources is important because the programme can only be successful if it is supported by the community and people are willing and able to get involved. That means that you need to assess the ability and willingness of the target population to be involved, as well as the possible sources of support for, and opposition against, your intervention. This latter part of the resource assessment can be undertaken through a stakeholder analysis — an exercise focusing on mapping the relevant stakeholders in the context of their support versus opposition towards the programme and the level of their power (that is, to what extent they can influence your intervention)[39].

Assessing internal capacity helps in determining the feasible scope of the programme. Different programmes require different resources; hence, you should think about necessary staff (What experience should they have? What skills should they have?), infrastructure and operational resources, technology, funding, relationships with the target community and other professional organisations in the field, etc. Assessing internal capacity is a part of SWOT analysis, an exercise aiming to identify the strengths, weaknesses, opportunities and threats of an organisation. In a nutshell, strengths are internal, advantageous features of the organisation; weaknesses are internal negative features of the organisation; opportunities are external positive features ('chances' you identify in the external environment); and threats are external disadvantageous features — possible negative phenomena in the external environment[40].

2.6.3. Peer education programme formulation

During the programme formulation stage of peer education planning, the main task is to clearly outline the key elements of the programme, its content and structure. Formulation of the programme serves as a basis for designing the intervention. It is the most complex part of intervention planning and it requires considerable attention and skill.

First, the programme's goals should be defined, ideally, taking into consideration short-, mid- and long-term outcomes. For example, as a result of your peer education programme, participants acquire new knowledge about psychoactive substances. Consequently, they make more informed choices regarding their substance use and, in the long term, their safety and health status are at a higher level than they would be without your intervention. In the formulation of intervention goals, you should follow so-called S.M.A.R.T. criteria. The acronym stands for the features of well-formulated goals and objectives; namely, they should be specific, measurable, attainable, relevant and time-bound[41].

39   For more see, Mind Tools. Stakeholder Analysis. Edinburgh; Emerald World Limited, 2022. https://www.mindtools.com/pages/article/newPPM_07.htm

40   For more, see, McVicar S (2012). Getting the Most From a SWOT Analysis. Keene, NH; The Hannah Grimes Center for Entrepreneurship. https://www.hannahgrimes.com/544

41   For more, see, Mind Tools. SMART Goals. How to Make Your Goals Achievable. Edinburgh; Emerald World Limited, undated. https://www.mindtools.com/pages/article/smart-goals.htm

Second, in order to increase the likelihood of your intervention being effective in achieving its aims, you should use a theoretical (or logical) model for your programme. A theoretical model is a set of assumptions which are interrelated, that is, form a causal chain that explains how the changes in outcomes are achieved.

Third, you should define your target population, focusing on specific, explicit and justified criteria regarding who is 'in' and who is 'out'. Definition of the target population should be based on a needs assessment.

Fourth, you should define the setting of your peer education intervention, that is, the environment in which your programme takes place.

Fifth, thorough analysis of available literature or expert opinions on the topic is crucial. You should ensure that your peer education programme is evidence-based.

Finally, you should decide on the timeline of your programme in order to be able to monitor its progress, as well as plan the distribution of the work and resources. A tool that is helpful in determining the timeline is a Gantt chart — a bar chart illustrating the schedule of a project[42].

2.6.4. Intervention design

The intervention design stage is about the planning of actual activities in your peer education programme. To achieve the aims of your intervention, you want to make your activities meaningful and engaging for the participants. You also want to ensure that you create a friendly, welcoming atmosphere where relationships are based on mutual respect and cooperation, and that diversity and inclusiveness are the basic values.

In case of long-term interventions, peer education programmes should be designed in a way that each subsequent step builds on the previous one(s). However, it is important to assess whether a long-term relationship with participants is possible at all. In certain cases, short-term interventions may be the best choice.

Importantly, at the stage of intervention design you should also determine the criteria for the completion of the programme. In the context of peer education, achievement of the aims of a programme are often delayed in time. This is why it is necessary to define the criteria of programme completion at outputs level or intervention level. For example, if you organise a series of workshops, determine how many workshops a participant can miss to still complete the programme.

2.6.5. Management and mobilisation of resources

Management and mobilisation of resources includes several elements:

1. Illustrating the plan of the programme — you should draft the plan that includes all necessary tasks and activities.

2. Planning finances — you should prepare a budget for your intervention.

3. Setting up the team — staff involved in your peer education programme should have adequate skills and expertise and the responsibilities of each staff member should be clearly defined.

4. Recruiting and maintaining participants — you need to choose eligible people from the previously defined target group.

5. Preparing programme materials — this refers not only to materials distributed to participants (e.g. manuals, guides) but also facilities, necessary equipment, etc.

6. Preparing a programme description — you should prepare a detailed description of the programme (including activities, aims, etc.) so that all relevant stakeholders, including potential participants, can be informed about it.

2.6.6. Delivery and monitoring

Implementation of the peer education programme needs to faithfully follow the plan of the programme and ensure the best possible quality of activities. Any ad-hoc and discretional changes to the original plan may result in jeopardising the effectiveness of the programme and, subsequently, achieving its aims.

Monitoring should be an integral part of your intervention implementation. You should continuously collect process data and analyse it to ensure quality.

Importantly, the programme implementation monitoring may reveal a need for adjustments, for example, if it is clear that the outcomes are not being achieved or if there are problems with the drop-out of participants. Modifications should only be made if they are necessary to maintain the quality of the programme or to improve it. They should be well justified and documented and adhere to programme aims.

2.6.7. Final evaluations

Final evaluations are conducted after a peer education programme has been completed. The aim of the evaluation is to assess the effectiveness of an intervention, that is, to examine to what extent the intended aims have been achieved and whether there were any unintended (positive or negative) effects. Evaluation can focus on outcomes — the extent of changes in participants in the context of programme aims, and process — how these changes have been achieved.

You should choose the most feasible evaluation plan given your resources and you should put it in writing. The most important element of the evaluation plan are the evaluation indicators. They should be clear, measurable and informed by the aims of the intervention.

2.6.8. Dissemination and improvement

Final evaluations provide information about the effectiveness of an intervention. Based on that information, a decision should be made as to whether a programme should be terminated or continued. In principle, peer education programmes of proven high effectiveness should be continued. Moreover, the results of evaluation can also serve as a basis for adjustments of a programme to improve its quality, implementation and effectiveness, etc. The monitoring and evaluation data should be carefully analysed, especially if the aims of a programme have not been achieved. In any case, lessons learnt should be used as a basis for planning future interventions.

Dissemination of the results, and possibly the evaluation report, of an intervention is important for several reasons. First, it allows relevant stakeholders to be informed about the programme results. Second, it can help in the continuation of the programme through its promotion among donors and communities. Third, it helps to increase visibility and may inspire others to work with your organisation. Fourth, it may increase the level of interest in the programme among the target population. Finally, it may serve as a basis, or inspiration, for other peer educators to develop their own programmes.

2.7. Skills development

2.7.1. What skills are needed by a peer worker and peer educator?

A peer educator should be sensitive, open minded, a good listener and a good communicator. They should be acceptable to the community and be

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trustworthy. In brief, they should possess good interpersonal skills. A peer educator should also develop leadership and motivation skills. Peer education is not only about teaching others; it is also about peer educators constantly learning and building their capacity.

2.7.2. Recruitment and selection of peer workers and peer educators

For good youth work and peer education programmes, skills development of peer educators is very important. When thinking about which peer educator(s) to include, try to keep in mind their interests and fields of expertise, but also the audience with whom they will be working. All of these things have a crucial role and can help both the educator and organisations that are implementing programmes to better implement the activity in order to ensure good understanding among everybody involved. This is where their knowledge and soft skills can truly shine.

2.7.3. Soft skills

Soft skills are non-technical competencies that influence the way you work. In other words, they are personal attributes, including communication skills, interpersonal skills, attitudes, problem-solving ability, teamwork and others. In peer education, soft skills are essential as peer educators are constantly interacting with others. In this section, we will discuss several of the key soft skills for peer education.

2.7.3.1. Integrity

To have integrity means to be honest and to adhere to strong moral principles and ethics. To have integrity means to always do the right thing in all circumstances. A person who has integrity is not corrupt and their devotion to certain ethical principles is consistent and absolute. Clearly,

having integrity is a rather complex concept and skill which combines several lower-level personal attributes, such as:

— Honesty, meaning being open about your beliefs and telling the truth. It also means that you do not take advantage of others, including through hiding your real motivations or incentives.

— Respect, meaning accepting people for what they are, regardless of their opinions or behaviours. Respect is also understanding the importance of a person as such and resulting in a polite attitude towards them.

— Responsibility, meaning accepting being accountable and owning your decisions and actions. Being responsible means not blaming others or making excuses in cases when something does not work out as intended.

— Helping others, meaning being aware of your surroundings and being ready to answer the needs which you notice, including situations where you change your plans to accommodate the needs of others.

2.7.3.2. Communication skills

Communication skills are fundamental in any situation where we need to interact with other people. Communication is a two-way street, including sharing a piece of information by one person and receiving it by someone else, both being equally important.

Communication skills include three basic categories: verbal communication; non-verbal communication; and listening skills. They are interconnected, which means that they cannot be fully separated from one another in practice.

Verbal communication is simply using words to transfer information to others. To speak effectively means choosing appropriate words in different

contexts and to different audiences (e.g. a party versus a conference), controlling how you speak (e.g. level of engagement, excitement, interest) and how you support your message with non-verbal communication. Active listening is also a crucial element of effective verbal communication.

The effectiveness of verbal communication can be improved through implementing various techniques, for example:

Reinforcing means strengthening and refers to using encouraging words and supporting them with non-verbal communication, e.g. nodding, maintaining eye contact, having positive and welcoming facial expressions.

Reflecting refers to active and true listening to the person with whom you communicate and paraphrasing their words, expressing their messages, but also feelings in your own words.

Clarification refers to non-judgmental questioning of the person with whom you communicate and sharing the essence of their messages (as you understand them) back with them.

Questioning refers to the way you acquire information from the person with whom you communicate. Questioning can be helpful in starting a conversation and expressing genuine interest in someone.

Non-verbal communication is the part of the communication which is not based on using words. It involves sending implicit messages through physical proximity, posture, body language (gestures), touch, facial expressions, eye gaze, loudness and tone of voice, etc. These messages can have many functions; for example, they may help repeating, accenting, complementing or even substituting verbal communication. As a result, through non-verbal communication you can show interest or care, build trust, or express feelings and intentions. On the other hand, especially in cases when non-verbal messages contradict the content of the verbal ones, the result can be to trigger suspicioun, lack of trust, increase

emotional distance and otherwise undermine the relationship.

Non-verbal communication is more complicated than verbal. First, it is often unconscious, which may result in sending messages unintentionally. Second, its meaning is vaguer, depending to a large extent on the context, people involved and culture. Finally, it is also very difficult to interpret a single manifestation of non-verbal communication in isolation as each expression or gesture is an integral element of a larger entity, including other non-verbal messages as well as verbal ones.

Listening is an essential skill in communication which should not be confused with simply hearing what is being said. There are several types of listening, for example, informational, biased, comprehensive, empathetic, etc.

With respect to peer education, a skill called 'active listening' is of utmost importance. To actively listen means to consciously and fully focus on the person speaking, understand and digest their message and, subsequently, to respond in a thoughtful and meaningful way. Active listening is characterised by a non-judgmental attitude, patience, verbal and non-verbal expressions of engagement, asking questions, reflecting, clarifying and summarising. Active listening helps in acquiring information, building and developing relationships, sympathising with others, understanding things more effectively and identifying and solving problems, and more.

2.7.3.3. Interpersonal skills

Interpersonal skills are a set of skills that are necessary to interact with others, both individually and in groups. They are related to emotional intelligence (EQ — emotional quotient), in contrast to technical skills (e.g. data analysis, accounting) which are related to IQ — intelligence quotient. The level of interpersonal skills can, to some extent, depend on personality and instinct; that

is why some people are seen as more 'naturally good with others' and others as less. Interpersonal skills can be learnt; however, the learning process requires practice of interactions with others, not from reading textbooks.

Some of the interpersonal skills essential in peer education work include: awareness of yourself and others; *empathy; conflict management and resolution; constructive feedback; motivation skills; and teamwork skills*. In peer work, it is also crucial that your attitude towards others is welcoming and compassionate. A good peer worker is someone who cares about other people, is patient with them, respects everyone, is sensitive and provides comfort if needed.

2.7.3.4. Problem-solving

Problem-solving is the process of following established or ad-hoc methods to find solutions to the problems and challenges encountered. It includes several steps:

1. Identifying the problem
2. Analysing the problem
3. Describing the problem
4. Looking for the root cause(s) of the problem
5. Developing ideas for possible solutions
6. Evaluating the solutions
7. Choosing a solution and implementing it
8. Assessing the results.

Problem-solving skills allow for problems that appear to be addressed quickly and effectively. Hence, the basic skills that are useful in this context include: analytical thinking, research, creativity, decision-making and communication.

Having problem-solving skills allows us to control our environment to a greater extent

2.7.4. Rules and obligations of a peer worker and peer educator

When developing a peer education programme, it is necessary to create rules to clearly define the scope of work and to guide peer educators. Such a set of rules not only provides an ethical framework for the work, but also serves to protect both parties — the peer and the person taking part in the process — from overstepping certain boundaries. This is very important as we are dealing with topics connected with mental health, wellbeing and choosing healthier patterns in life, all of which can be adversely affected by unconsidered actions.
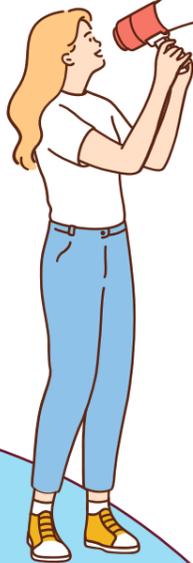
Many organisations develop a code of ethics from the very beginning of a programme to make it easier for peer workers to fully understand their role, their responsibilities and rules. Based on the ethical standards in implementing a peer education programme, we have listed below a set of principles, along with an explanation as to why this is particularly important and how to implement these principles in work.

Respect for all values

FOR PEER WORKERS:

An inherent characteristic of a good peer worker is to be open-minded.

Peer workers should be made aware that their role is to promote certain values but not to impose them.

HOW TO IMPLEMENT:

An important aspect is to equip peer workers with the ability to clearly define their own values and respect the values of others.

Define personal boundaries

FOR PEER WORKERS:

Remember that other people are not obliged to share their experiences or problems — respect that. Also, be honest with yourself — you are not obliged to share certain experiences either.

HOW TO IMPLEMENT:

Ensure that the atmosphere is conducive to discussing sensitive issues freely and ensure the activity respects the boundaries of participants.

Peer education has a defined scope

FOR PEER WORKERS:

Peer work is a good method to address many problems experienced by young people but it is important to remember that everyone is in a unique situation. Sometimes group psycho-education is not enough to change attitudes — the person may need individual attention. Peer workers should have a clearly defined referral system depending on the problem identified.

HOW TO IMPLEMENT:

Establish a clear referral system for people who need such referral to appropriate professionals. This is particularly important in the context of drug education — there may be times when programme participants report problems or concerns about their own or their friends' substance use. Peer educators need to be prepared for this eventuality and know where to find the nearest health services, doctors and professionals.

Ensure access to up-to-date, evidence-based and unbiased information

FOR PEER WORKERS:

Always provide honest, accurate information. This is particularly important in drug education. In the modern world of the Internet, young people are able to verify all the information they receive very quickly. Hiding or misrepresenting facts may come to light during the activities and participants will assume that peer educators are not trustworthy.

HOW TO IMPLEMENT:

Ensure that the knowledge held by peer workers is up to date; provide them with regular training.

Respect for diversity of participants

FOR PEER WORKERS:

Peer programmes should be designed and implemented in a way that takes into account, and respects, the diversity of participants — all should be treated equally, regardless of gender, sexual orientation, language spoken, where they come from or the culture in which they have been raised.

HOW TO IMPLEMENT:

When designing and delivering the programme, ensure that the activities take into account the needs of different groups of young people — ensure the programme is designed to be inclusive. Think about where and how to deliver the programme in order to make it accessible and what language to use so as not to exclude anyone.

Discuss the issue of prejudice with your peer workers — where does it come from and how do you prevent it?

Protecting the confidentiality of the issues raised

FOR PEER WORKERS:

Content covered during activities, due to its sensitive nature, should not be shared externally. Ensure that peer workers are trustworthy individuals who will protect the confidentiality of the information shared with them. This is especially important when dealing with such sensitive issues like substance use.

NOTE: AN EXCEPTION TO THE CONFIDENTIALITY RULE IS IF THERE IS A CONCERN THAT THE PARTICIPANT'S HEALTH OR LIFE MAY BE AT RISK.

HOW TO IMPLEMENT:

Peer workers need to be trained to be able to create an atmosphere of trust and confidentiality during activities. Providing such an atmosphere allows participants to open up and actively participate in the process which is essential for drug education to be effective.

Avoid directive narration and abuse of power

FOR PEER WORKERS:

It is the responsibility of the peer worker to impart their knowledge and skills in such a way as to help create healthier role models and expand the knowledge of young people. The peer worker should do this in such a way that they do not take advantage of their position in relation to others.

HOW TO IMPLEMENT:

When training peer workers, ensure that they are able to pass on knowledge without taking on a directive teaching role. The peer worker is a guide, a mentor — showing the way, but not imposing a direction. Respecting the choices of the individual contributes to building a sense of self-efficacy and this enables healthier choices to be made consciously.

2.8. Referrals and consultation
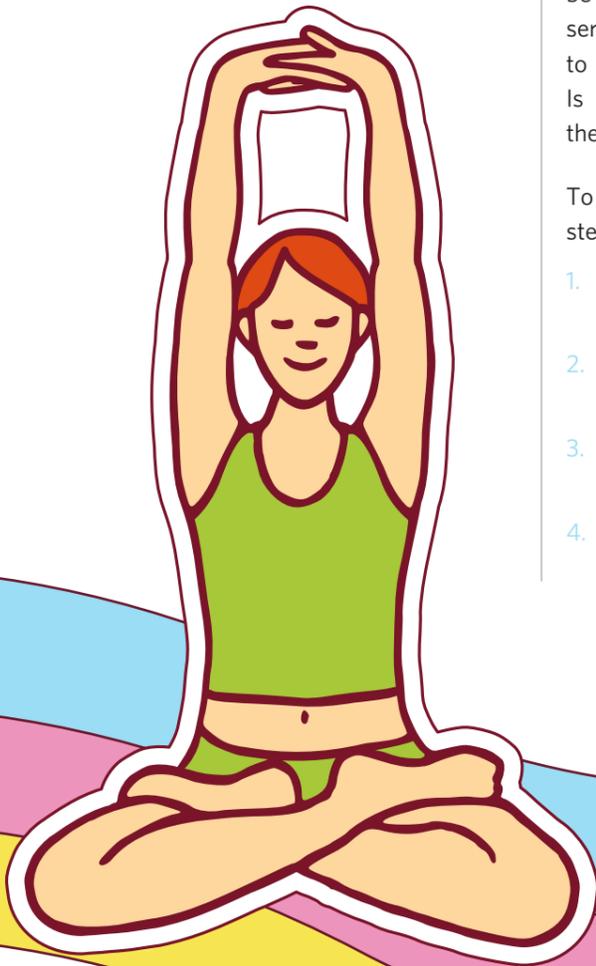
While implementing peer activities, you may find yourself in a situation when your expertise is insufficient for the needs of a person and more specialised services are necessary. Therefore, it is important to build and utilise relationships with organisations and institutions that provide relevant support. In the context of drug use, counselling, harm reduction and treatment services are of primary importance. You should be familiar with the ways in which specific services operate; for example, are they accessible to minors? Are they low- or high-threshold? Is health/social insurance necessary to access them?

To ensure appropriate referral, there are several steps to follow:

1. Collect information about the problem — ask the person to describe it to you

2. Support the person in deciding what they need and want

3. Present the range of possibilities, providing information about each option

4. Jointly select the best alternative[43].

2.9. Self-Care

Working as a counsellor or educator, taking care of your own well-being is of utmost importance. You cannot help or support others effectively if you are not in the best shape yourself. Self-care refers to sets of activities and practices that we engage in on a regular basis to reduce the level of stress and improve our mental and emotional well-being.

In peer education, as discussed in the earlier parts of this manual, it is fundamental to be open to others and to be sensitive and empathetic. Such attitudes, however, will likely result in a situation where you feel the struggles, and possibly challenging emotional states, of people with whom you communicate. It is a very difficult task to find the balance between paying attention and feeling empathy towards your peers, while at the same time maintaining strong connection to yourself and your own experiences, not allowing your peer education work to overtake your life and mental well-being.

What can be done to ensure this balance?

First of all, you should be open-minded regarding warning signs that may appear. That means you should keep your eyes open for experiences of stress, worries, or being overwhelmed, and not deny or ignore them. On the contrary, you should — as much as possible — discuss the challenging situations or feelings with your colleagues, supervisors or friends. Stress, anxiety and burnout are the most common problems that can appear in peer education work. To assess your wellbeing, you can use tools available online for free (e.g. burnout self-test, anxiety self-test, stress self-test). Remember, however, that such tests cannot replace a proper, professional diagnosis and treat them with a grain of salt.

One of the frequent challenges, but also a very important practice to follow, is not to take work home. You need to ensure that there are clear boundaries set in relationships with your peers and that you have room for your own private life. There are also many activities available to clear your mind: from venting your frustrations with colleagues, to doing sports, to practicing meditation, to simply listening to music. Regular supervision sessions within the organisation are also helpful[44].

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43   For example, read more on the referrals and referral system at, Office of Adolescent Health (2020). Referrals and Linkages to Youth-Friendly Health Care Services. Washington, D.C.; US Department of Health and Human Services. https://opa.hhs.gov/sites/default/files/2020-07/referrals_and_linkages_to_youth_friendly_health_care.pdf

44   You can find some examples of self-care activities and exercises at, School of Social Work. Self-Care Exercises and Activities. Buffalo, NY; University at Buffalo, undated. https://socialwork.buffalo.edu/resources/self-care-starter-kit/self-care-assessments-exercises/exercises-and-activities.html

CHAPTER 3

Media and video advocacy in work with youth

3.1. How to communicate with the media?

3.1.1. Introduction: on why communicating with the media is a must

Communicating with the mainstream media (that is, printed, broadcast and online news outlets, portals and channels) is a must not only for advocacy organisations and communication experts but also for health service providers, youth and peer workers and academic researchers working with young people too. Although many people (especially the young) believe that social media completely replaced mainstream media, this is far from true. According to Eurostat, an average European citizen spent 219 minuters per day on watching television[45].

Although the media scene has changed beyond recognition in the last 20 years, the mainstream media is here to stay, just like written papers remained after the appearance of radio, and radio remained after the emergence of television. What we see is a fusion of social media and mainstream media, creating new challenges and opportunities.

If you work to change how society perceives young people who use drugs, if you would like to receive more funding for evidence-based, age- and gender-sensitive health and social/harm reduction services, if you would like to see drug policies that are built on evidence and human rights rather than on outdated power structures, prejudice and inequalities, there will come a time when you must deliver your message to people who consume the mainstream media. Youth workers should go beyond just providing services to young people - they need to work on changing the social and political environment, promoting the human rights of young people and empowering them to make their voices heard in public.

This does not only require knowledge about how the media works; familiarity with tools such as press releases and skills to give a convincing performance in interview situations require a very different mindset than the one we use for everyday or academic communications. What we need to do is unlearn our traditional communication mindset, especially the way students and professionals are educated to communicate about their work. The sophisticated, nuanced way of academic presentations, aiming to grasp the complexity of reality and reflect our doubts about the reliability of our data, will rarely work in media communication. We should learn a new simple, focused and self-confident way of communication.

This part of the manual is informed by sociological and psychological research but it is not an academic text. It is written by human rights advocates who have been working in the field of drug policy reform for two decades and gained extensive experience in media communication. The author, using lessons learnt from the perspective of civil society, will give you some practical guidance on how you can improve your communication skills and how you can have a better understanding of how the media works.

3.1.2. How to create strong media messages

If you would like to visualise how you should build effective media communication, imagine a pyramid (see Figure 5) where you see clear advocacy objectives at the bottom. If you have created an advocacy plan and you know what kind of target group you would like to reach and what impact you would like to see as a result of your action, the most important thing you need is strong, 'sticky' media messages. Remember: good communication skills and tools are very important, but they cannot replace powerful messages!

45   Stoll J. Daily television viewing time in European countries 2019. Hamburg; Statista, 24 August 2021.
https://www.statista.com/statistics/422719/tv-daily-viewing-time-europe/

A media message is a one sentence, concise statement that clearly articulates your goals and generates public interest. This means that your message should:

1. **Be concise:** you have to practice how you can condense the essence of what you would like to communicate to your audience in one single sentence. It can be a simple or complex sentence but remember: the more complex the ideas that you would like to put in your message, the more chance you give people to misinterpret or misunderstand it! Better to keep it simple; if you want to tell too many things in a sentence, you may consider breaking it into two sentences;

2. **Include what you would like to achieve:** that is, what is the positive impact you would like to see (whether it is a change of laws, policies, behaviour of people, etc.);

3. **Be clearly understandable:** you should ensure that your message is not ambiguous or obscure for those who have no previous knowledge/experience in your field; and,

4. **Be interesting:** if your message is dull and does not attract curious looks, or result in raising eyebrows, it will definitely not be effective (we will discuss later how you can ensure that people are interested in your message).

If you would like to have any success in media communication, these messages will be the bricks with which you build your campaigns. You can only build a house, large or small, if the basement of the house is stable, unshakeable, and the bricks are sturdy and placed tightly on top of each other. If your bricks are soft, if your basement is found to be shaky and volatile, your house will fall apart, just like the houses of the two pigs in the tale who built huts from straw and sticks. And when the wolf — a hostile journalist or opponent — comes, s/he can easily dismantle your communication with a blow (that is, distorting or refuting your message). Or, what is even worse, your communication will be ineffective because, a) you will not have any impact on your audience; or, b) your message will not even reach your audience because the media will not find it newsworthy and interesting.

Figure 5. The pyramid of effective media communication

3.1.3. Why is it challenging to deliver a message?

First of all, there are many more people who try to sell their messages to the media than those who are buying it (that is, journalists and reporters whose job it is to write articles and produce reports for the general public). In 2015, there were approximately 306,500 people working in marketing and public relations (PR), while there were ten times fewer journalists (33,000)[46]. This means that there is a huge competition among people who are trying to get the media to deliver their messages to the public. Media outlets are not able to cover everything — they have to prioritise and select those messages that, according to their perception, will be the most interesting and important for their readers/viewers. Most media are for-profit enterprises; they have to consider how much people are interested in their news and cannot only weigh the social or scientific importance of events. If you would like to use the media to deliver your message, you should participate in the competition.

In their book, 'The Knowledge Illusion: Why We Never Think Alone', Steven Sloman and Philip Fernbach use an interesting example to explain why is it a challenge[47]. In 1990, Elizabeth Newton conducted an experiment at Stanford University. She assigned students into two groups. Group one had to tap out the rhythm of a well-known song (such as "Happy birthday to you") to another person, who had no previous knowledge what song the person will tap out. The listeners had to guess the song. The tappers had to predict the odds that the listener would find out the song.

It appeared that the tappers overestimated the actual odds of the listeners finding out the song. The tappers got their message across 1 time in 40, but they thought they were getting their message across 1 time in 2.

Why did the tappers overestimate the odds? The answer is simple: because while they were tapping out the song, they were hearing it inside. As if they listened to it from a secret earplug. But the listeners did not hear the song — they only heard a kind of bizarre morse-code. What can we learn from this experiment? According to Sloman and Fernbach, the main lesson is that people who know something have a hard time to imagine how it was when they did not know that thing. When you would like to explain something that people do not know, you have to try to take their perspective. You may think that your media message is sound and clear, because in your head it sounds like a beautifully composed opera, but all people may hear is a chaotic noise.

The authors also explain that people tend to believe that they know much more about reality than they do; most people tend to make a decision according to their values and groupthink of a community and do not consider causes and consequences. Most people have a very superficial knowledge about the reality around us, affected by what other people think. Sometimes people with the most superficial knowledge have the largest self-confidence when they engage in a debate in the comment section. This is because of the Dunning-Kruger effect: the cognitive bias whereby people with low ability at a task overestimate their ability (see Figure 6)[48]. People who are ignorant are usually ignorant about their own ignorance.

46   News Leaders Association (2015). 2015 Census. Columbia, MO; Missouri School of Journalism. https://members.newsleaders.org/diversity-survey-2015

47   Sloman S, Fernbach P. (2017). The Knowledge Illusion: Why We Never Think Alone. Riverhead Books.

48   Kruger J, Dunning D. (1999). Unskilled and unaware of it: How difficulties in recognizing one's own incompetence lead to inflated self-assessments. Journal of Personality and Social Psychology, 77(6), 1121–1134. https://doi.org/10.1037//0022-3514.77.6.1121

Figure 6. Dunning-Kruger Effect

Unskilled and unaware of it: how difficult in recognizing one's own incompetence lead to inflated self-assessments
Kruger, J., & Dunning, D. (1999)
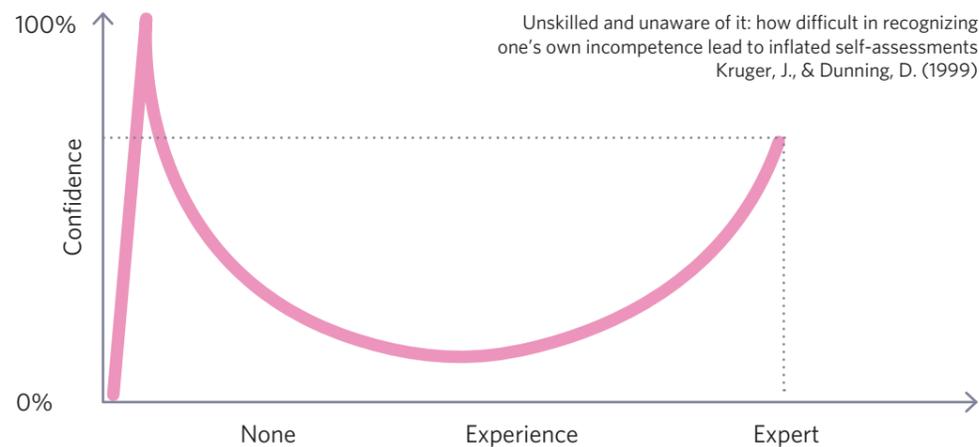
3.1.4. What makes media messages stick?

If we would like to educate the mostly ignorant and/or uninterested public through the media, we need messages that catch the attention of people and challenge their perception of reality — help them to unlearn what they think they know. As Chip and Dan Heath, the authors of the bestselling book, 'Made to Stick'[49], explains to us, we need messages that are 'sticky'. The best examples of sticky ideas come from urban folklore, such as urban legends that often have nothing to do with reality. For example, ideas like razor blades hidden in chocolate bars and candies distributed on Halloween. Or the pin prick attack: that people living with HIV attack people and try to infect them with the virus. Both stories are unfounded and false. But still, they gained unbelievable popularity. What is the explanation?

The authors of the book list 6 characteristics that are shared by all sticky ideas:

1. **SIMPLICITY —** people tend to remember and understand one simple message at a time, no complication is halfway to success;

Remember:

Simple
Unexpected
Concrete
Credible
Emotional
Story
S

2. **UNEXPECTEDNESS —** messages should violate the expectations of people, so you should think about what people do not know;

3. **CONCRETENESS —** sticky ideas are full of concrete images, sensible information and not abstract ideas;

4. **CREDIBILITY —** not necessarily hard data but rather a "try before you buy" philosophy for the world of ideas;

5. **EMOTIONS —** we are wired to feel things for people, not for abstractions; and,

6. **STORIES —** Stories are 22 times more memorable than facts.

This is the antidote of urban legends that stigmatise young people who use drugs. We need positive, uplifting stories that inspire and mobilise people. Examples for such stories:

— The challenge plot: protagonist overcomes challenges and succeeds (e.g. the biblical story in which a young and small David defeated Goliath, the giant warrior).

— The connection plot: people develop a relationship that bridges a gap (e.g. Romeo and Juliet).

— The creativity plot: people solve an old puzzle or attacks a problem in an innovative way (e.g. Mission Impossible).

We should keep an open eye to these kind of human stories in our community that challenge the myths and misconceptions among the public. We should use them as reference points in our communication when we try to explain our messages to people who are neutral or hostile to our cause. Also, the first 5 principles should be applied to our one-sentence media messages as well: when you develop messages, try to tick the boxes.

3.1.5. Types of media messages

There are three basic types of media message, all are useful to keep on hand whenever the context requires you to use them.

1. The **fact/result message** provides a fact and presents the results of that fact: "Every year we criminalise millions of people for drug use, a very costly intervention that does not reduce drug use but makes young people use drugs less safely."

2. The **problem/solution** message can be used when you would like to propose a solution to a social problem: "Criminalising young people is very costly and ineffective, we should decriminalise drug use and spend our resources on harm reduction instead."

3. And when you would like to mobilise people for a cause, you use **"call to action"** messages: "Call your Senators today and ask them to vote for the decriminalisation Bill to end the ineffective punishment of young people!"

If you would like to be successful in organising media campaigns, giving interviews or writing press materials, you should first develop a few messages like the ones above and use them as bricks or panels. Before you create your messages, you should ask yourself three questions:

— **What do you want to achieve? —** the headline you want to see in the press; the action you would like to see from people/decision makers; to make people feel that they are personally affected;

— **What do people not know? —** surprising facts challenging beliefs/prejudices; and,

— **What does your target audience need? —** common values to protect; they want to feel that their actions are important.

3.1.6. Slogans versus messages

Many people do not see the difference between a slogan and a media message, but there is a difference. The word "slogan" comes from the Scottish Gaelic language, meaning 'battle cry'. As such, it expresses a call to action. It is a short, powerful phrase about a battle you want to wage

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49   Heath C, Heath D. (2011). Made to Stick: Why Some Ideas Survive and Others Die. Random House.

right now. If you organise a media campaign, you will need a strong slogan, but it does not substitute media messages that elaborate your slogan. For example,: Slogan: "Support don't punish!" Message: "Criminalising people for using drugs forces them to hide and engage in high-risk behaviours rather than seek help, so we need to provide social and health support instead of punishment."

3.1.7. What is the problem with the media?

In the following section, we will focus on how to use the mainstream media to deliver your messages to the targeted audience. Professionals and activists working for social change often have a very negative attitude of the media. Whenever we ask people at training events to list problems in working with the media, several hands go up immediately: "The media is sensationalist"; "The media are not interested"; "Journalists are uneducated"; "They believe they know everything but they don't know nothing"; and, "Journalists are not factual/punctual." These are the usual accusations brought up in most groups in a few minutes and most of them are true, at least for some media and for some journalists.

We should ask the question: why do people consume media? According to the optimistic view, the function of media is to simply process information and deliver messages; to educate us about reality; to enlighten the public. But, according to a more pessimistic view, people do not use the media to simply get information and learn. Rather, they participate in the media on a tribal basis: they do not want their views to be challenged but they want to reinforce them. They want the media to send them positive feedback that their knowledge and perceptions about reality is correct. This is the reason why the media (and social media) often creates echo chambers where people enjoy listening to like-minded people who share their world view.

According to neuroscience, the brain releases dopamine, a hormone of enjoyment, when our views are reinforced and it is an evolutionary design to search "alternative facts" when our views are challenged. It creates a negative feedback loop. People not only get dependent on drugs but on meaning: we are, after all, creatures that seek 'cause' and 'meaning', who would like to see simple solutions to complex problems. This explains, at least partly, why the media work in such an annoying way; the sensationalism, the bias, the superficiality. Unfortunately, we cannot change the way the media works any more than we can change how our mind works. But if we organise our media work better and develop some new skills and capacity, we can make the best out of it.

3.1.7.1. Working with the media: 10 tips for civil society organisations

TIP 1: KNOW YOUR MEDIA! You should study media in your county: who are the journalists and reporters who cover your issue? What are the newspapers, radios and TV channels that reach out to the most people? What audiences do they serve, what is the worldview, the ideology behind them? How is your issue covered by the media? Some organisations can afford to pay for a media monitoring service for a company (to send periodic reports about media coverage of a certain theme or key word). But if you undertake your own research and mapping, the most important thing is to compare and to analyse.

TIP 2: BE AVAILABLE! If you would like to become an information resource hub for journalists, you should be available to take calls from journalists at just about any time — evenings and weekends included. Be approachable when they need you, not only when you need them! Think if, and why, your work is relevant to the given media.

TIP 3: KNOW WHAT IS NEWSWORTHY IN YOUR ORGANISATION! In order to remain a relevant source, you must know what exclusive news your organisation can provide to the media. Newsworthy is new, different, interesting, with a human dimension (real names), or important in a broader context — national or international — it shows trends, gives statistics, pools results. Act as a reporter; always look for a story in your organisation (but discuss how you can protect the privacy and vulnerability of young people who often have no clear perception about possible consequences of a media appearance). Have regular/occasional briefings, stay in touch with key journalists.

TIP 4: DEVELOP A MEDIA CONTACT LIST! You should have a list of all relevant media outlets and journalists who can (potentially) cover your issue: names, emails, phone numbers. You can task one

Tip 1: Know your Media!

Tip 2: Be available!

Tip 3: Know what is newsworthy in your organisation!

Tip 4: Develop a media contact list!

Tip 5: Set the house rules!

Tip 6: Approach the media effectively!

Tip 7: Develop human relationships!

Tip 8: Be credible!

Tip 9: Think strategically!

Tip 10: Prepare for a crisis!

volunteer or intern to update this list regularly; a well updated list is of great value.

TIP 5: SET THE HOUSE RULES! You should know who is speaking about what issues at your organisation.

TIP 6: APPROACH THE MEDIA EFFECTIVELY! Prepare information packages that can include: press kits with backgrounders; factsheets; question and answer (Q&A) sheets; photos; biographies; speeches; quotes; statistics; graphs; reports; abstracts; a list of experts.

TIP 7: DEVELOP HUMAN RELATIONSHIPS! Journalists are humans. They need partnerships just as we do. Long-term relationships equal long term success.

TIP 8: BE CREDIBLE! Never lie to a journalist! Even if you do not know the answer to a question. Tell them that you will look it up later or give the contact of another expert — but telling something you are not sure of damages your credibility forever.

TIP 9: THINK STRATEGICALLY! You cannot approach all the media — and sometimes you cannot serve all media requests. Think strategically where to release your information: who is your audience, and what media they consume.

TIP 10: PREPARE FOR A CRISIS! You need to protect the credibility/image of your organisation and control the damage when the crisis hits and provide for fast, reliable and credible information to the interested audiences about the issue.

3.1.7.2. Giving an interview: what should I know?

Reportage usually consists of three parts: *a) narration of the reporter; b) your message; and, c) your opponent's message.* If you avoid giving an interview, only your opponent may have a voice in the debate. Reporters tend to provide better coverage of those who talk to them. So, as general advice, it is better to give an interview when you are asked. When a reporter calls you, do not forget to ask the following questions: What is your name? Can you tell me about the story? Who else are you interviewing? What is the format? What do you need from me? When are you publishing/airing? All of this information will be useful for you in the future to follow-up the coverage.

When you give information to a journalist, there are four possible levels of attribution that they can use:

1. **OFF THE RECORD:** strictly speaking, the journalist cannot use the off-the record information in the news story. Share this information ONLY if you trust the journalist! BUT sometimes the editor may override the journalist!

2. **ON BACKGROUND:** the information can be used but the source cannot be named or quoted.

3. **NOT FOR ATTRIBUTION:** you can be quoted but not by name (e.g. "a researcher", "a public official", etc.).

4. **ON THE RECORD:** everything you say can be quoted by name; tell the reporter how you want to be identified! (e.g. director, activist, youth worker, etc.).

Timing can be very important when working with the media. Journalists usually work with tight deadlines but it differs from the types of media they work for (for example, a weekly newspaper has a weekly deadline; the evening news of a TV station is looking for immediate coverage, that is, within 2-3 hours). It is advisable to spend some time preparing for the interview. Spend some time with your team brainstorming about the most likely and most potentially damaging questions — and test yourself if you can answer them! But

do not try to keep everything in mind (e.g. data, statistics) because you can freeze. Focus on your main messages!

Some people like to ask journalists to send them the full article before publishing. You should know that there is no law or rule that requires the reporter to do so. Some may be even offended if you insist. A better tactic is when you offer the journalist the opportunity to fact-check those parts of the article where you are quoted and your issue is covered. Frame it this way and you will find the journalists are often very grateful to you for helping! The same is true for asking questions before the interview: no professional rule requires reporters to comply. What is more, even if they send you a set of questions, they may ask follow-up questions at the scene. Just try to relax: you cannot prepare for all questions. There is always some uncertainty.

If you suspect that the journalist is hostile, you can still record the interview yourself, so when you see that your message is distorted beyond recognition, you can publish your own version and ask them to retract the report. Another way you can deal with hostile reporters is to limit the time of the interview: tell them that you only have 5-10 minutes. If you do this, they cannot torture you with off-topic questions for an hour.

3.1.7.3. Pro-active tools of media communication

There are several tools that enable you to deliver your message to the media in an effective way. But it is very important to choose the best available tool, adjusted to the concrete situation and context. Therefore, you must answer a few questions before deciding which tool you would like to use: Is there anything "new" in my story? Is there anything unusual or unexpected about it? Would this be of interest to anyone outside my business? Will anyone actually care?

One of the most common tools is a press conference. This tool should be used only to communicate major events, announcements and releases, especially when detailed dialogue with the journalists is required. If there is no news, credibility is damaged. You should send out an invitation to the media well before your event. The invitation should be a "screaming headline" — something that grabs the attention of the reporter that reads your message. The best time to organise a press conference is 10 am-12 noon; the best days are from Tuesday to Thursday — but check for other events happening in your country and be ready to modify!

When you invite reporters to a press conference, try to provide some snacks and soft drinks. The event should be opened and facilitated by a press officer, someone from your staff, or a friendly professional/journalist. The opening is followed by one or two short speeches, each maximum 5-8 minutes, followed by questions and answers. The total length of the event should not exceed 45 minutes. A press event is an excellent opportunity to distribute a press kit: with factsheets, backgrounders, quotes, photos, graphs, etc. After the conference, send the material by email to those who did not come. The success of a press conference is NOT the number of journalists who attended, but the coverage.

When you would like to communicate an important development but it is not a major event that requires an interactive dialogue with journalists (for example, your position about a current policy decision, your statement about a law reform or announcement of a report) you can create a press release. A press release is a written statement about a specific issue delivered to the members of the media — something you would write as an article if you were a journalist. And this is the key: if you would like to write a good press release, you do it in a way that is easy for a journalist to turn it into a news article. This means that you have to write it in the third grammatical person. You do not use first person plural ("We

are proud to announce…"), but in the third person ("The Association for Youth is proud to announce…").

Use the pyramid form: the main news in the first paragraph, followed by important information in the second, with a quote in the third paragraph, ending with a 'blurb'/background about the organisation. You can use an organisational logo in the headline of the press release. The headline is a key part of the press release: it should grab the attention of the journalists who are browsing several press releases in their email boxes. A boring, dry headline can bury the otherwise exciting information. A good headline is less than 10 words but answers the five W questions: Who, What, When, Where and Why.

THE LOGO OF THE ORGANIZATION

HEADLINE OF THE PRESS RELEASE

WHO/WHAT/WHEN/WHERE/WHY

Dateline: For imidiate release! Embargod until:

[First paragraph: most important information]

[Additional paragraphs: explanation, arguments, quotes]

[Contact info: if you need more information,
please call XY on XY number!]

[Organisational blurb]
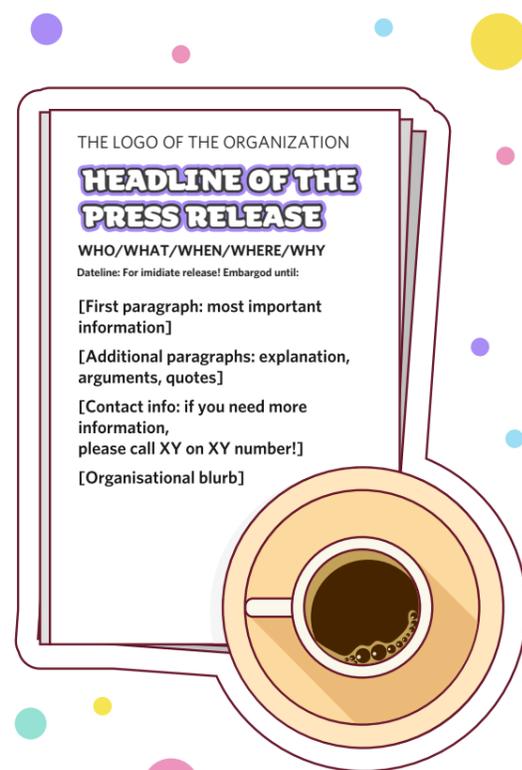
Under (or above) the headline of the press release you should indicate if you would like the media to use it immediately ("For immediate release!"), or only after a certain date (for example, when you are scheduled to publish a report on the 1st February, 11am, you would write, "Embargoed until the 1st February, 11am").

You should remember that a press release is not a novel: you should start with the most relevant information and progress to the less relevant information. In the press release, use a simple, understandable language; avoid academic or bureaucratic jargon/acronyms and avoid long sentences. When you send out your press release to your media contact list, we advise you to call a few relevant journalists to test if they received it, understand its significance and if they would like to cover it.

3.1.7.4. Television/video interviews: the art of giving good soundbites

Television interviews make a lot of people uneasy: they are fast, you do not have much control of the situation and the coverage, nor opportunities for corrections. However, with a few simple tips, even a shy, introverted person can master the art of giving TV interviews. First of all, you should keep in mind that what the TV reporter needs from you is a soundbite: a short, concise excerpt that expresses a full thought and represents your views. In the evening news, this means that you can give a 10 minute interview but what finally will be broadcast is only one sentence. This not only means that you have to keep it short, but that each sentence that leaves your mouth should be grammatically correct and a full sentence with a complete statement. For you, the best is if all your sentences can be used as a soundbite — and all your soundbites include an important message (that is why creating powerful messages is the first step). Prepare your short panels that you can always use in interview situations: arguments that sound convincing to the person on-the-street and responses to inconvenient questions. **Remember: sometimes you will be judged by only one sound bite by most of your audience!**

3.1.7.5. Tips to improve your performance at TV interviews

A few tips on how to avoid common mistakes in a TV interview:

— **Stay focused —** your job is to deliver your messages and not to impress the reporter; do not let yourself be diverted/distracted from your message! When asked an off-topic question, use the bridging technique to divert the conversation back to your messages: "The most important issue here is…", "What really matters is…". The reporter is not your audience — do not behave as if you are in a normal conversation, even if you know the journalist! You should not impress your own peers/professionals: the best is if you visualise your audience, for example an average person sitting in front of the TV, with no previous knowledge about your issue.

— **Use simple, understandable language,** avoid acronyms, professional jargon; explain them to the audience!

— **Avoid uncertain language:** do not use "I think", "In my opinion" — these relativise your statement. Your role is not to give facts, Wikipedia can do it – but to give the context and meaning!

— **Don't bury the lead:** always start with the most important information! The impression you make is not only coming from your words but from your voice and body language.

— You need to **avoid closed, defensive postures, movements, grimaces!**

— Speak a bit **louder and slower** than you usually do!

— You should **look to the reporter and not to the camera** (unless you are asked to)! Keep in continuous eye contact with the reporter; this sends a message that you are confident!

— **Avoid swinging movements** in front of the camera! When you choose your clothes and appearance, **be faithful to your brand,** the organisation/community you represent!

— Too many **verbal fillers ("you know") can kill the interview!**

— If the reporter and camera is around, always **behave as if you are in an interview situation:** going "off the record" is risky, the footage can be used even against the will of the reporter!

— **Do not repeat accusations, do not use apologetic language!** (If you are accused of something, do not repeat the accusation before you refute it).

Remember: tough questions are the best opportunities for you to demonstrate your competence!

3.2. Video advocacy

3.2.1. Introduction

In this chapter we will discover the exciting world of making videos for change. By the easy availability of video sharing and the relatively low cost of video production, young people can easily become social educators and activists than before. They are now able to produce their own audio-visual content to reach out to their audiences and communicate more effectively. Non-governmental organisations also increasingly realise that using video as a communication tool makes them more visible. This chapter uses the Drugreporter video advocacy team's own experience of using video in drug policy reform, harm reduction and human rights advocacy to show the many ways you can use video in your work. It provides examples of successful video campaigns and gives you tips on how to start making your own videos, how to compose your shots as a videographer and how to make interviews as a reporter.

3.2.2. What is video advocacy?

Video advocacy is defined by Witness as using video to help drive changes in (human rights) policies and practices by communicating with particular audiences[50]. As activists, we would like to achieve change. We are not politicians, we cannot write laws. Instead, we try to convince politicians to change laws and practices. If we cannot convince them, we try to influence their voter base. We aim at educating citizens, calling to their attention various problems and suggesting solutions. We strive to create a critical mass that demands change. To communicate with these audiences,

we were previously using various channels: we were communicating with the press, sent them press releases, gave them interviews and waited for them to properly translate our messages. We organised events, conferences, protests, meetings and invited media and hoped that they would effectively report about the problems. We could, of course, also produce our own content, such as our own books, blogs, websites, position papers, flyers, etc. Since 2006, with the appearance of YouTube and other video sharing websites, it became much easier to produce our own videos with the potential of reaching out to millions of viewers. In a way, as activists or active citizens who engage in public issues, we are promoting narratives and explanations of the world around us. We are aware of an issue, a problem. We have an explanation of the cause of this problem and we offer a solution to it. In the case of drug policy, for example, the widespread narrative is that people who use drugs are immoral sinners, that drugs are evil and criminalisation will eliminate drug use. To change the effects of the harms inflicted by this dehumanising narrative[51], we try to promote our own, which argues that drug users are humans with the same rights as anybody else. That drug use is part of human behaviour. That problematic drug use requires support and not punishment and that criminalisation creates more harm than drugs themselves; and instead, we should focus on reducing the harms of drug use and the policies around it. In the last 15 years, we realised that using video is a very useful way to promote our narrative and fight against dehumanisation by:

— *documenting* harms caused by inhumane policies;

— *educating* about evidence-based policies and harm reduction;

— *mobilising* people to act for change (to join the movement, support programmes, sign petitions, give donation etc.);

— *telling* stories to which people can identify;

— *amplifying* the voices of the community; and,

— *empowering* the community by teaching video skills.

Video advocacy is always embedded in a wider advocacy environment; it is complementary to other advocacy tools. Probably this differentiates it most from "traditional" filmmaking in that it always has a goal, it is always for, not just about, something. First, we have the issue that we would like to change, and then we learn to make movies, to talk about it.

3.2.3. The strengths of video advocacy

There are some aspects that make video particularly useful as a tool for change. A short video that has an interesting *personal story* of a character with whom the viewer can *identify* can be more *interesting* and *captivating* and can possibly reach out to a *broader audience* than a written report, for example. This does not mean, of course, that we should not write these reports anymore; of course, we should. But we can always think about translating the findings of these long reports into a *short* and easily *digestible* video piece. We most often publish on online video sharing sites, so where there is Internet access, people can watch our movies for *free* and the production *costs* are relatively low.

3.2.4. The weaknesses of video advocacy

Just as with every communication tool, video also has its limitations. Shortness, that we mentioned as a benefit, can also mean that we cannot tell everything we know in that one video; therefore,

it can be much less *detailed* than our written report. If a part of the population has no internet access, we *cannot reach out* to them. While in a written report we can easily conceal the identity of our subjects, it is harder to do in video (it is possible, though, and we will talk about this later). It is a very important rule, however, that we only produce films with *informed consent*. We can easily *jeopardise* the lives of people from vulnerable groups by exposing them.

3.2.5. Examples of videoadvocacy

If we would like to categorise the ways in which we can use video for advocacy, we can say that we *can document, educate and mobilise* with it.

3.2.5.1. Documenting

The way it all started for the Drugreporter video advocacy team was that they went out to document harm reduction conferences as young activists of the Hungarian Civil Liberties Union, the HCLU (since 2016, they continued their Drugreporter work in their new organisation, the Rights Reporter Foundation, RRF). They picked up a handycam, a tripod and went to these international conferences where they found many experts in one place, so they could cover interesting issues, interviewing a diverse group of people from all over the world. With time, they were asked to be the official filmmakers of international drug policy and harm reduction conferences and people started calling them the "chronicles of the international harm reduction movement." They often edited the video on site, so they could show the final product at the end of the conference[52]. In 2008, they started documenting the UN Commission on Narcotic Drugs (CND). It is an annual gathering of United Nations members

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50   Witness. Brooklyn, NY. https://www.witness.org/

51   Sárosi P. The Human Rights Costs of the War on Drugs — COUNT THE COSTS SERIES. Budapest; DrugReporter, 28 February 2012. https://drogriporter.hu/en/the-human-rights-costs-of-the-war-on-drugs-count-the-costs-series/, explains briefly but in detail the problems with dehumanisation and criminalisation of people who use drugs.

52   Our latest such work is from the European Harm Reduction Conference that occurred in Prague in 2021. https://drogriporter.hu/en/5th-european-harm-reduction-conference-in-prague-czechia/

to discuss international drug policy issues within the framework of the three UN drug control Conventions. Each year they produced video reports of this event, but several times they went further than that. In 2008, they asked viewers to send emails to the head of the UN drugs office, when instead of answering a crucial question about the alleged necessity of prohibition, he silenced Mr. Polak, a NGO delegate at the CND meeting. They built a website for this issue and produced several videos that became very popular and influenced the head of the UN drugs office, Mr. Costa, to answer it and visit a coffee shop in the Netherlands[53]. When they had the opportunity, they confronted the Russian Drug Tsar, Victor Ivanov at that time, with Russia's inhumane policies and their violations of human rights by banning substitution treatment in the country[54]. When the Single Convention on Narcotic Drugs had its 50th anniversary, they created a fictional organisation, Drug Lords International. RRF hired actors to act like drug lords from around the world and recorded video messages with them, aimed at the UN and members states. The "Drug Lords" thanked the UN for upholding the prohibition of drugs,

making them the only beneficiaries, and for creating a lucrative black market that generates annual revenues of USD320 billion for organised crime[55]. They also took these actors to Vienna, to the actual CND meeting, where, by the entrance, they welcomed the country delegates with champagne and invited them to celebrate together. They recorded this humorous event and the videos became widely popular[56]. As these works got them recognised by the international drug policy reform community, they got more and more invites to produce short documentaries about burning issues. For several years, they documented how harm reduction programmes had to close down due to a lack of funding. They joined NGO efforts in these countries and produced advocacy movies about the problem in Romania[57], Serbia[58], Bulgaria[59], Bosnia-Herzegovina[60] and Montenegro[61]. They used these film opportunities to produce short videos of the best and worst practices of drug policies. They filmed positive examples, such as the successes of the Swiss[62] heroin prescription programme, Portuguese[63] and Czech[64] decriminalisation and Slovak[65] harm reduction. But they also showed the horrors of the drug war in Mexico[66] and how a

tiny NGO in Russia[67], the Andrey Rylkov Foundation, is trying to save their friends with their own hands. How they took backpacks and started to provide needle exchange in Moscow. This short film and its trailer was used to successfully fundraise for a van so that the peer and social workers no longer had to go on foot to do outreach work. They had the opportunity to film in Vancouver, Canada, about InSite[68], the first safer consumption facility in North America. It showed the services of the programme and explained how they fought in court against the conservative government to keep the life-saving drug consumption site open. They were invited to New Zealand to film about the experiment of trying to regulate the new synthetic drugs market[69] instead of applying a blanket ban on these drugs. Since they had their equipment and capacity to film, as a general rule they recorded everything that they, as an NGO, did and wanted

people to learn. When they organised, or took part in, protests, they recorded it. When, in Hungary, the Orbán government introduced a "foreign agent law," based on the Russian model, with the aim of cracking down on civil society, they interviewed protesters and made a short movie about it[70].

One of the most important ways to use video in human rights activism is recording violations of human rights, or if they already happened, recording *testimonies of the victims.* At the HCLU, they worked together with the Roma programme. Their cameraman followed their lawyers and field workers and documented testimonies of human rights violations, such as police beatings or racial profiling. They filmed testimonies of a family whose members were beaten by the police at a christening ceremony. The footage was used at the International Human Rights Court as evidence

53   "Silenced NGO Partner". https://drogriporter.hu/en/silenced-ngo-partner/

54   "Russia and Methadone: Breaking the Ice". https://drogriporter.hu/en/russia-and-methadone-breaking-the-ice/

55   The video messages of Drug Lords.
       https://drogriporter.hu/en/drug-lords-celebrate-the-50th-anniversary-of-global-prohibition/

56   Drug Lords Celebrate the Drug War at the UN.
       https://drogriporter.hu/en/drug-lords-celebrate-the-drug-war-at-the-un/

57   Children of the Bucharest Sewer System. https://drogriporter.hu/en/children-of-the-bucharest-sewer-system

58   AT A CROSSROADS: Will Serbia Fund Harm Reduction Programs to Save Lives?
       https://drogriporter.hu/en/at-a-crossroads-will-serbia-fund-harm-reduction-programs-to-save-lives/

59   Bulgaria: On the Dark Side of Drug Policy. https://drogriporter.hu/en/bulgaria-on-the-dark-side-of-drug-policy/

60   Our Clients Are Our Mission — Harm Reduction in Bosnia. https://drogriporter.hu/en/bosnia/

61   Harm Reduction in Montenegro. https://drogriporter.hu/en/harm-reduction-in-montenegro/

62   What the World Can Learn from Switzerland's Drug Policy Shift.
       https://drogriporter.hu/en/what-the-world-can-learn-from-switzerlands-drug-policy-shift/

63   Portugal: Ten Years After Decriminalization. https://drogriporter.hu/en/portugal-ten-years-after-decriminalization/

64   Progressive Drug Policies in the Czech Republic.
       https://drogriporter.hu/en/progressive-drug-policies-in-the-czech-republic/

65   Odyseus Calls for Common Solutions on Drugs in Slovakia.
       https://drogriporter.hu/en/odyseus-calls-for-common-solutions-on-drugs-in-slovakia/

66   The War on Drugs in Mexico: Is There an Alternative?
       https://drogriporter.hu/en/the-war-on-drugs-in-mexico-is-there-an-alternative/

67   Giving Hope to Drug Users in Moscow. https://drogriporter.hu/en/giving-hope-to-drug-users-in-moscow/

68   InSite — Not Just Injecting, But Connecting. https://drogriporter.hu/en/insite-not-just-injecting-but-connecting/

69   A FOOT IN THE DOOR: A New Approach to Drugs in New Zealand.
       https://drogriporter.hu/en/a-foot-in-the-door-a-new-approach-to-drugs-in-new-zealand/

70   Protest Against the NGO Law. https://autocracyanalyst.net/hungarian-ngo-foreign-agent-law/

which decided in favour of the family and the Hungarian State had to pay compensation[71]. They also recorded several testimonies of victims of racial profiling by the police. It is a widespread practice in Hungary that the police issue fines to Roma people at a much higher rate than the non-Roma population. They give fines for a flat tire on a bicycle, or for not using the pedestrian walkway (where there is actually no pedestrian walkway at all). In their films, they contrasted the experience of Roma people who got fined weekly, with the experiences of non-Roma citizens who had never even heard about these fines. These films got wide media attention and managed to raise awareness of this problem[72]. In another case, their cameras also played an important role. In 2011, paramilitary and neo-Nazi groups took over a village, called Gyöngyöspata[73]. They claimed they arrived to maintain order and, for several weeks, they threatened the Roma population, including children. The Hungarian police assisted the neo-Nazis and did not chase them away. The neo-Nazis were provoking the Roma population with the aim if inciting a conflict. Since the beginning, they were present with their cameras and documented the events, trying to raise attention to the issue, demanding that the police intervene and send the neo-Nazis away. In the end, their videos and testimonies played a role in finally getting rid of the paramilitary groups. Another good example of documenting human rights abuses is when the Street Lawyer's project documented how privately run "rehab centres" in Russia were abusing their "clients". These video testimonies led to police investigations and the closure of many of these centers[74].

3.2.5.2. Educating

You can use your camera as a great educational tool. Drugreporter has a series called "Just Say Know"[75], which aims to educate the public in an easily understandable and short way about drugs and drug policies. These videos are recorded in front of a green screen. Drugreporter's documentary films are used in universities to easily explain harm reduction and drug policy to students. They also hold discussion forums from time to time that start with the screening of a film, followed by a discussion by experts or people with lived experience. During the COVID-19 pandemic and lockdowns, they could not travel and film, but still managed to produce discussions and news pieces recorded over Zoom[76]. This shows that even if there is a global pandemic and you are locked up in your living room, you have lots of possibilities to make movies! Besides producing their own videos, Drugreporter focuses on training fellow activists, peers and youth in video advocacy. They maintain a network of people who they have trained and who continue making films. Using this network, they work more and more in international cooperation. They ask their partners to record and send footage to them which they edit and publish. This is a cost effective and time saving way of making documentaries. In this way, they produced a feature length documentary film, "A Day in The Life: The World of Humans Who Use Drugs"[77]. It features 8 people from 7 cities around the world: Berlin, Budapest, Jakarta, Mexico City, Simferopol, Mexico City and Lagos. They all use, or used, the same drug, heroin, but their lives are completely different. This difference

is the result of the very different policies that deal with drug issues. In one city, they shoot you in the leg for being a user; in another, the State provides legal heroin if you cannot quit using drugs. Another example of remote documentary film making is the series produced for the International Network of People who Use Drugs (INPUD). The series is entitled, "Taking Back What's Ours: An Oral History of the Movement of People who Use Drugs"[78]. The 10 episodes of 35 minutes each include 34 interviews with user activists from 20 countries. Most of the interviews were conducted by crews that they hired online. They sent them the same questionnaire which they then used for interviewing.

3.2.5.3. Mobilising

An interesting example of mobilisation is a campaign that Drugreporter organised in District 8 of Budapest. In 2014, the Fidesz (ruling) party mayor of District 8, Máté Kocsis, decided to get rid of the needle and syringe exchange programme run by a NGO called Blue Point in the District that served around 3,000 people who used drugs. He started a campaign against the service, scapegoating people who use drugs and claiming that all drug-related problems, such as the presence of drug users in the District and the drug litter, were a result of their work. Even though these were false accusations, Drugreporter knew that they will achieve their goal and will be able to shut down the programme. Drugreporter raised some funds and developed a campaign around the issue using the slogan, "Room in the 8th District". They built a website and produced a 20-minute

short documentary[79] about the problem which has had almost 400,000 views on YouTube. They called upon people to sign a petition for a drug litter free district, but they offered a different solution than the mayor: they suggested to keep the needle exchange and open a safer consumption site, where people could use their own drugs in a supervised environment without dying of overdose, infecting each other or throwing away their used needles. They also produced "city light" posters and collected signatures at offline booths[80]. In the end, they managed to collect 5,400 signatures online and almost 2,000 offline. More than 150 people attended their film screening and discussion forum event. TV channels picked up the issue and used their footage to produce their own reportage. There were many radio shows and press articles about the issue. In the Hungarian political climate, it was not possible to achieve their goal, or to engage in a dialogue with the government, but they managed to bring a lot of attention to a more humane solution to this problem than criminalisation and chasing away the needle exchange programme.

3.2.6. Video formats

There are various formats to choose from when you want to cover a topic that is important for you. The length of the film can be a *viral video* of 30 seconds or a few minutes; a short *documentary* of around 15-30 minutes; a *feature length documentary* of around 90 minutes; or a series of several episodes. The video can be a fictional play or an *informational piece* with you or your colleague directly talking to the audience in front

71   Christening With Some Tear Gas. https://youtu.be/EkXpmbYsjTQ

72   Without a Chance. https://youtu.be/bMNHFNpsA2M

73   Gyöngyöspata 2011. https://youtu.be/H4WNJ18KJ-w

74   Street Lawers from EECA region by DuNEWS. https://www.youtube.com/watch?v=Y3q-30Dg63w

75   'Just Say Know' series on Drugreporter. https://drogriporter.hu/en/section/just-say-know-series/

76   "Drugreporter Café". https://drogriporter.hu/en/section/drugreporter-cafe/,
      "Drugreporter News". https://drogriporter.hu/en/section/drugreporter-news/

77   "A Day in The Life: The World of Humans Who Use Drugs". https://drogriporter.hu/en/a-day-in-the-life/

78   "Taking Back What's Ours: An Oral History of the Movement of People who Use Drugs"
      https://drogriporter.hu/en/taking-back-whats-ours/

79   "Room in District 8". http://szobaanyolcban.org/ and the film, https://youtu.be/CfzcKHBz_kM

80   Campaign report. https://drogriporter.hu/en/room-in-the-8th-district-campaign-report/

of a green screen, for example. You can record and upload hours of *conference speeches* and you can *broadcast live* on YouTube or Facebook. You can also make animation, which is an excellent, but more costly and time-consuming, format. Drugreporter produced some animation as well. One of them is a highlight of their video advocacy work. The animated documentary, "Kostya Proletarsky"[81], is based on the true story of Kostya, a drug user and HIV activist who died as a result of mistreatment and torture at a Russian prison. The animation features original audio interviews with Kostya and his mother, Irina, and aims to commemorate Kostya and many others who have not survived imprisonment around the world. The documentary film has been screened at 7 film festivals around the world and won the main prize at the 65th Hungarian National Independent Film Festival and the Madrid Film and Human Rights Film Festival in 2020.

3.2.7. Before you go out and film

We can divide video production into 4 phases. The first is pre-production, when you prepare for your filmmaking. The second is the actual production, when you go out and record something. The third is post-production, when you edit and colour your film and fix up the audio. The fourth and final part is when you distribute your film and show it to the world. If you can think in advance, there are some aspects that can significantly improve the success of your project. These 5 topics are:

THE OBJECTIVE
If you are certain about your primary objective, your main goal that you would like to achieve, it helps you make a clear and understandable movie.

THE MESSAGE
Your message should be clear! You should know in advance what it is exactly that you would like to communicate!

THE STORY
Your message can be best delivered by a story of someone who is representative of your subject. You should think about whose story can best tell your message, who is the most credible? One of the best ways to tell your message is through individual stories with whom people can identify, that touch people emotionally. You should always try to have persons represent the affected population that your film is about. The principle of "Nothing About Us, Without Us" is very important here. It is always good to have interesting, powerful characters. It is interesting to show some conflict involving people or ideas. As video activists, we may try to be objective and try to let both sides speak, but often this is not possible. Often an abusive police officer will not give you an interview or will lie about the abuse. You are taking a side, and that is fine. That is why you do activism, because you try to support and help the side of the oppressed or marginalised. But, of course, you always tell the truth, you never lie in a film. Showing facts in a film is useful, just be careful not to try to present too much data because that can be overwhelming. Remember, the story serves advocacy, your film is for a purpose, not just about something! The best is if you can get some action out of your film, a request to your audience: to support a cause by signing a petition, donating to it, joining an email campaign, share the video widely, etc.

AUDIENCE
You also think about your audience in advance. Is it decision makers? Is it youth? Is it the general public? Is it judges at an international court? If you know your audience in advance, it helps you choose the format and place of distribution better.

DISTRIBUTION
If you know in advance when, how and to whom you would like to promote your film, it helps you during the whole process. Maybe there is a special date to publish it, so you have to be careful to be ready in time. If you have some allies to promote your film, you can arrange publication with them

in advance. If you know journalists, you can show them your film and let them prepare an article if they are interested. You can upload to YouTube and Facebook for free and on Vimeo you may have to pay a fee to upload above a certain file size. There are also size and time limitations on Instagram and TikTok. Offline distribution can happen as a screening event and a discussion forum, or festival screenings. We no longer burn DVDs to protect the environment.

When you more or less know the answer to the above 5 points, you can start planning the actual filming and produce your production timeline: Where will you film? Who will you interview? What will be your questions? You can write down your questions, or if you know well what you would like to hear, you can also improvise. It is good to have a reality check at the end: Is it really possible? Can you really ask that famous actor to narrate your film? Do you really have capacity to make all those interviews? When it looks like it is all good and you are ready to film, you can start packing your video gear.

3.2.7.1. The equipment

It is perfectly fine if all you have is a mobile phone that can record video. You can use some free editing programmes on the phone to make some basic cuts and you can upload the video directly from your phone. If you would like to invest more into better quality work, these are the gadgets that you may need. RRF started out themselves with only a small handycam, so what they are discussing here is all the equipment types you may need in the long run, not immediately.

A CAMERA
A handycam can be used to record for a long duration with relative ease. Professional video cameras are expensive and heavy, so as an activist who runs around as a video journalist, a smaller and cheaper option is better. What many activists, journalists and independent filmmakers use is some sort of photo camera with video recording capabilities. These cameras usually have interchangeable lenses that give you more creative control over your film. Digital single lens reflex cameras (DSLRs) have a small mirror that flips up when you shoot a still image. This mirror stays up when you shoot video. The next generation photo cameras (mirrorless interchangeable-lens cameras, MILCs) have no mirror, are smaller and have an electronic viewfinder. These are a very good compromise between small form factor, affordable price and excellent image quality. These cameras have different sensor sizes. A standard size is called full-frame which covers exactly the size of a traditional film camera 35mm

81   "Kostya Proletarsky". https://drogriporter.hu/en/kostya/
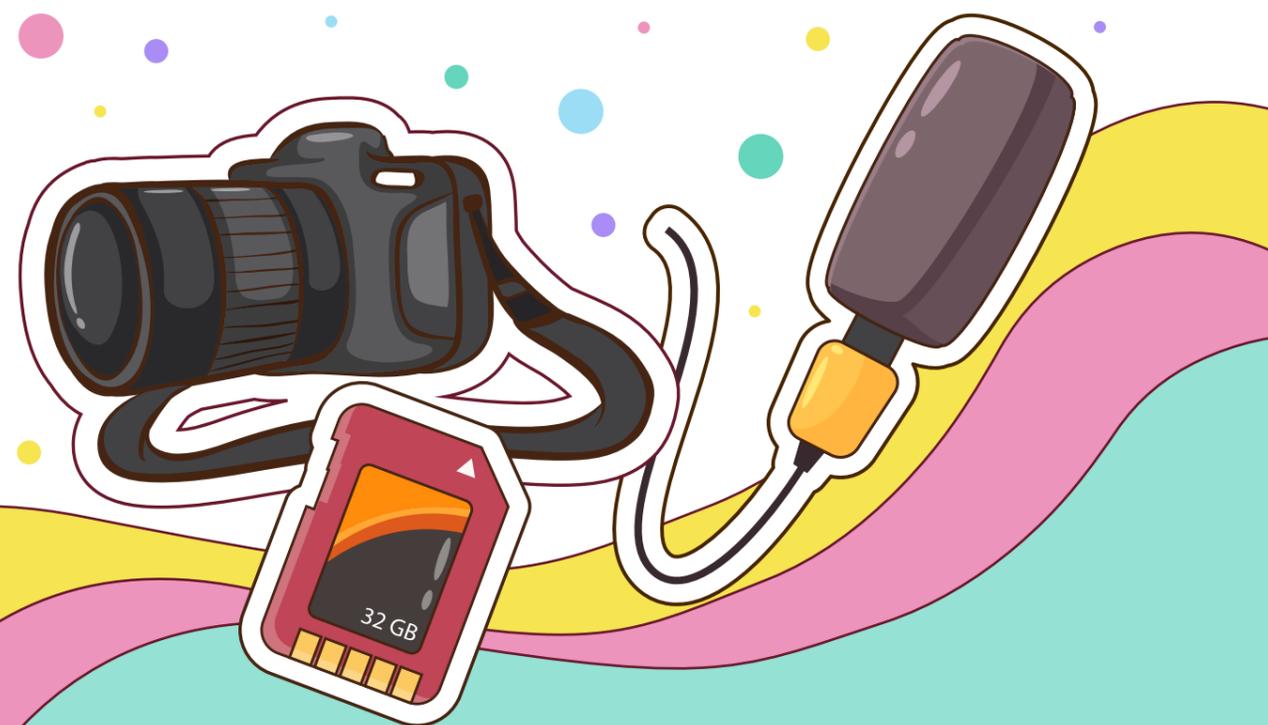
frame, so it works best with those old lenses your grandparents used. A smaller size is called an Advanced Photo System type-C (APSC) sensor size. As these are smaller size sensors, the same full frame lens frame will be cropped, will be a more zoomed in the field of view (the 24mm full frame lens will give you approximately a 36mm field of view on an APSC camera). You can also use action cams, like a GoPro, for funky shots, but they are not really suitable for our kind of documentary style work. Phones are getting better and better in making videos.

MEMORY CARDS

Your camera records onto memory cards. The most used ones are SD cards. These cards have a certain capacity, some are 32, 64 or 128GB cards. They also have a top speed with which they can transfer data. The larger the video file you create with your camera, the faster the card you will need. These are usually cheap and it is good to keep several of them with you.

TRIPOD

To make absolutely steady shots, and to be able to record hours of conference footage for example, it is worth getting a tripod to put your camera on. It saves you a lot of backpain in the long run. You can get cheap but good tripods at used photo stores, for example. For heavier cameras, you need a stronger tripod. The most important thing to pay attention to when choosing your tripod is the fluency of the tripod head. For video, you have to be able to make fluent, smooth motion. You can also have small tripods for your phone.

MICROPHONE

Your camera comes with a built-in microphone but, after a while, you would like to have better quality and more control over your sound recording. There are different types of microphones for different purposes. For recording action, when you are moving around with your camera and would like to record the sound that is in front of your camera, you put a shotgun microphone on the camera. With this you can record street protests and dialogue between people. But if you want to focus more on your interviewees voice, you use

a lavalier, or clip-on, microphone. These are tiny microphones that come either in a wire or wireless/ radio format that you can attach to the collar of your subject and can record the voice nicely, separated from background noises. You can hide the wire, or chord, of the microphone under the clothes of your subject. There are some situations when you either do not have time to attach these clip-on microphones, or you are in a noisier area. In these cases, a handheld microphone comes in handy that you hold close to the mouth of your interviewee to get a clear voice and to best isolate environmental sounds. The fourth, and last, type of microphone is an external audio recorder. They can record very good quality ambient sounds, voices or music with their microphone, but you can also plug in your audio cables from speaker systems. When you go to a conference or any event where people speak into microphones at a distance, you do not want to record the ambient sound as that will not be of good enough quality. In this case, you can go and plug your external audio recorder into the sound system of the venue to get the speaker's best sound. For the microphones, it is a good idea to put on a windmuff, or "dead squirrel", to remove wind noise.

AUDIO CABLES

There are only three types of cables that cover all your audio situations: the XLR, RCA and Jack cables. These can be converted to each other. Jack cables come in 6.3mm and 3.5mm sizes, the latter is the standard earphone jack audio cable.

BATTERIES

You need electricity to run your camera and that is stored in batteries. It is important to have more batteries in case you shoot for longer periods. Make sure you charge all of your batteries before going out to film. There are also external battery packs for mobile phones.

EARPHONES

When you have a headphone output on your camera, it is crucial to monitor the sound while you are recording. In this way you hear if there is any problem with your audio recording.

UMBRELLA

Makes sense to have with you, for a rainy day.

LAMPS

You may find yourself in situations when you need to use a lamp because there is not enough ambient light. There are small and strong lamps for this purpose that you can buy and either put on the camera or on a stand.

COMPUTER

In order to edit your footage, you need a computer. This can be a laptop or a tabletop computer.

EDITING SOFTWARE

There are free, payed or subscription-based editing software. The editing software have a minimum requirement for computer processing power. At the end of this chapter, we give you tips on editing programmes.

HARD DRIVES

If you record a lot of footage at high quality, your computer's drive will fill up quickly. After a while, you will have to purchase external hard drives to store your footage. The cheapest way is to buy internal hard disk drives (HDD) that you can put in your desktop computer or connect via a USB cable and a docking station.

LENSES

You can develop a real "lens lust" when you see how nice images you can produce with different types of lenses. We do not go into very much detail about lenses now, only that they can be either fixed focal length lenses, which means you cannot zoom with them, or telephoto or zoom lenses, with which you can zoom in and out. Also, the brightness of the lenses differ; the more light they can let onto your sensor, the brighter and usually the more expensive they are.

BACKPACK

It is good to have a strong backpack for all your gear to carry around. When you know what you want to film and have your gear packed up, you are ready to go out and film.

3.2.7.2. Basic terms in videography

LIGHT

The first thing you need to make pictures is light. In low light, your images will be of poorer quality. Make sure your subject is properly lit and not too dark. When shooting, try not to film against the sun or strong light. Strong backlight may be used to disguise somebody as backlit pictures appear silhouetted.

VIDEO RESOLUTION

Digital images are built up of coloured pixels, tiny dots of colour. The more of these dots you have in an image, the more detailed it is. Images have a certain number of these pixels vertically as well as horizontally. These two numbers tell you the resolution of the image. There are certain standard resolutions that we use and, as cameras and displays develop, this number grows as well. SD, or standard resolution, is 640 pixels horizontally and 480 pixels vertically, so 640x480 pixels. HD (or 720p) resolution is 1280x720 pixels. Full HD (or 1080p) is 1920x1080 pixels and 4k is 3840x2160 pixels. The most widely used resolution today is 1080p, but more and more cameras and displays have 4K resolution.

FRAME RATE

Every motion picture is based on the same illusion: if you make lots of pictures of a certain subject and you play back these images one after the other at a certain speed, you see motion. The number of still images in a second is called the frame rate. The standard frame rate (fps, frame per second) that we use as videographers is the same that cinema is using which is 25fps (or 24fps in the USA). This is what we are used to when watching movies. Motion looks a tiny bit blurred at this frame rate. You can record more frames per second. With higher frame rates, motion will look less blurry. If you record, for example, 120 frames per second, you can slow down the footage in an editing programme to ¼ speed and you are still at 30fps, so your slow-motion video will look smooth.

ASPECT RATIO

Aspect ratio is the proportion of width-to-height of your frame. Older television sets have a 4:3 aspect ratio. Nowadays, we us a 16:9 aspect ratio where the width is 16 units and the height is 9. Most laptop screens have a 16:9 ratio as well as the YouTube video window. The thinner the height, the more cinematic you get. The cinema "widescreen" has a 2.39:1 ratio.

SCENE TYPES

We can differentiate an A-roll from a B-roll based on what we record with our camera. The A-roll is your main camera; it can be the main interview shot of someone. Often times it is a talking head. An A-roll also can be an action shot, also called as observational sequence, when we observe someone doing something, people interacting with each other. Usually, these interaction shots are the most interesting ones. A B-roll is a kind of secondary shot, illustration shots of items, people or landscape, that illustrate what the A-roll talking head is talking about. Of course, you can use B-rolls while playing music or silence only.

Another shot type is the reaction shot when you film the reporter or an audience. An establishing shot is when you film your subject arriving at the interview scene or you show the city or house or entrance or room where the interview will take place.

3.2.8. Composing your video

To create compelling video, compose the elements in a scene or sequence deliberately. If you pay attention to the following 5 rules, you will be able to record better looking shots.

SHOT SIZES

Your subject can have different sizes in your frame. It can be far away or very close. Normally, for an interview, you make a medium shot or a medium close-up. If your subject is too far away, you will not see their face well enough. If s/he is too close, it will be too intimate and disturbing.


Shot Sizes

Extreme long shot XLS   Long shot LS   Medium long shot MLS   Medium shot MS

Medium closeup MCU   Closeup CU   Big closeup BCU   Extreme closeup XCU

SHOT ANGLES

For interviews, we usually set the camera to eye level. A tiny bit higher angle is often nice, but lower angles usually do not work well. A too high an angle shows your subject as vulnerable, while a very low angle may try to show your subject as a strong and dominant person.

Shot Angles

Low   Eye-level   High

Worm's eye   Canted   Bird'sEye

HEADROOM

We call the space above the subject's head "headroom." Make sure it is not too much or too little. Notice that the eye level is about at 1/3 of the whole frame and that, as you zoom in, you keep the proportion of the upper and lower parts.

RULE OF THIRDS

If you divide your image with 4 lines to 9 parts when composing your shot (if your subject is not in the middle of the frame, but either on the lines or the crossings of these lines), you get a more harmonic image.

Headroom

Too much   Too little

Proper headroom   Keeping the proportion as you zoom in

Rule of Thirds
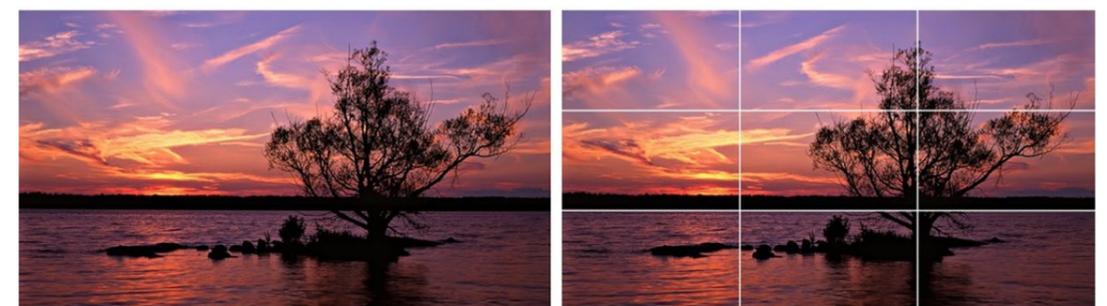
LEADROOM

When you compose your shot, leave more space in front of your subject, or in the direction where your subject is moving. This leaves more space in front of your subject and gives you the feeling that there is something in the direction they are looking, especially when you compose an interview shot.

Leadroom

3.2.9. Holding and moving with your camera or phone

For proper stability, you hold the camera and phone with both hands. When holding a camera, you usually put your left palm under the camera and lens and your right palm to the right side of the camera. While holding the camera, you may use your stomach as a support for your elbow. When recording something, make sure you hold that frame for long enough. You may count in your head to 10 seconds to ensure you have a long enough shot. When panning with the camera, move your upper body together with your arms, not only your arms. While moving, keep your knees bent, if you can. Move slowly in a gliding manner. We usually use zoom to find our field of view or frame and stay there. We usually do not zoom while recording, only to quickly find our next composition. Zooming in the film has a home video feel. When filming with a mobile phone, hold it horizontally. This gives you the 16:9 aspect ratio.

3.2.10. Camera settings

There are books about photography theory, therefore we will only cover the very basics here. When filming video, you use the same tools as for photographing an image. Videographers usually use manual settings to be able to control the final result as much as possible.

SIZE/QUALITY

In computing, bit rate (bitrate or as a variable R) is the number of bits that are conveyed or processed per unit of time. 1 Mbit/s or 1 Mbps = 1,000 kbit/s. In general, the more the bitrate the more data you have in your file and the more information and details you have in your video. Usually, a 1080p or Full HD video is around 7-12 Mbps. Footage in 4k or 2160p is around 35-68 Mbps.

FOCUS

As videographers, we usually use manual focus to ensure that we control what is sharp and what is not in our video. Focus peaking helps you see what is in focus on the LCD screen of your video camera as it highlights those areas of the image that are in focus.

EXPOSURE/BRIGHTNESS

Exposure is the overall brightness or darkness of a photograph or video. More specifically, it is the amount of light that reaches the film or camera sensor when a picture is being taken. The more you expose the film or camera sensor to light, the lighter your photo will be. The less light, the darker your photo will be. Be careful not to over or under expose your shot too much. You can 'fix a lot of it in post' or post-production, you can make your image or footage darker or brighter, but only to a certain extent. When you overexpose your shot to the extent that there is only white on your image, when you make it darker it can only become grey. Similarly, when you underexpose it, and there is only black and no other detail, then when you brighten it, it will only become grey again. Manually setting your exposure and focus on your mobile is somewhat easy, you just tap the phone where you want it to focus and it automatically adjusts the brightness as well. On photo cameras (and with certain apps on the phones as well) you have the possibility to adjust the exposure manually and there are 3 aspects of it: the aperture, the shutter speed and the ISO/gain.

THE APERTURE

The aperture is the hole in your lens through which light travels. Similar to the iris in our eyes, we can open up the aperture wide so that more light gets to our sensor, or we can close the aperture to have a smaller hole and let less light onto our sensor. The aperture has a number, the F value. The smaller the number, the more light the lens can let through. Lenses have a minimum number of F value. There are bright, or fast, lenses that have an F value of 0.95, 1.4 or 1.8, but 2 or 2.8 are also considered fast/bright lenses. On your camera, you can close down the aperture to around F22 to have the least amount of light getting to your sensor. The more you open the aperture, the smaller the F value and the more you can blur the background of your subject. In other words, the depth of field will be shallower. The aperture of some zoom lenses changes as you zoom-in, the f number goes up because the length of the lens changes and less light comes through it.

SHUTTER SPEED

In still cameras, the term shutter speed represents the time that the shutter remains open when taking a photograph. The higher the number, the shorter the time it is open and the sharper the movement will be captured. The lower the number, the more time it is open and the blurrier the movement will be. A shutter speed of 50 means one-fiftieth of a second. A 100 shutter speed means 1/100 of a second. In video, we usually set it to 50 or 1/50. You usually leave it like that and turn it up when you would like to darken your exposure.

ISO OR GAIN

In the days of film, the ISO number showed the sensitivity of the film. A 100 ISO film was less sensitive than a 400 ISO film. In digital cameras, we have kept the same values and use it to adjust the sensitivity of our light sensor. The base ISO is 100, the least sensitive. The more ISO or gain we add to our image, the more sensitive our sensor will be to light and the brighter our image will be. It also comes with a downside, though. The more gain you add, the more noise artifacts you will see on your image. To sum it up, for video you usually set your shutter speed to 50 (when you film at 25fps). You set your aperture to your desired F value, this can be the lowest or at around 2.8 depending on how much blurred background you want. And then you adjust your ISO to have the proper brightness. If you are in a very bright situation and cannot go lower than 100 with your ISO, you turn the aperture up and darken your shot.

WHITE BALANCE

White balance (WB) is the process of removing unrealistic colour casts so that objects which appear white in person are shown white in your video. Cameras try to get the white balance right, but sometimes you have to adjust it manually and shift the image to bluer when the image is too orange (this happens inside with artificial yellow light) or when the image is too blue (this happens outside because of the blue sky). You can either set an indoor or outdoor white balance on the camera or set the kelvin number manually from a very orange tint to a very blue one.

3.2.11. Setting up the interview as the camera person

We usually work in pairs when there is a reporter and a camera person (also called DoP, "Director of Photography"). When you arrive at a location, you look for a nice background that will look good for the interview. Ensure there is nothing in the background that can be disturbing, such as antlers at the height of the head, or a shelf at the height of the neck. You decide if the interviewee stands or sits. Find a quiet and well-lit place or use lamps. Filming outside is usually better lit. Look for noises that you can get rid of; turn off the fridge, the air conditioning, or close the windows. While making your arrangements, the reporter can relax the interviewee. Talking too much about the interview subject before the actual recording is not recommended. You set up the interview so that the reporter and interviewee are facing each other and you position the camera near the reporter to have a narrow angle. There is an imaginary line that connects the reporter and subject. If you started recording on one side, you do not cross this line. You can move on that one side and film the reporter from that side, but do not go to the other side because then the direction they look in the film will change. The subject should look at the reporter, not at the camera. If you work with one camera only, it is better to have a wider shot than too close. In the editing programme, you will have the possibility to zoom-in a bit, but you will have no chance to zoom-out.

3.2.12. Working as a reporter

You should arrive in time for the interview and be prepared. You may prepare your questions in advance. If needed, you may get the subject to sign a consent form or say their consent to the camera. For the first question, you ask their name and position. This is useful for relaxation and also to know later with whom your interviewed. When you start asking questions, make sure you ask open ended questions for which the answers are more than yes or no. You may tell the subject to answer with full sentences that include the question or the subject itself. For example, you ask 'how is the weather' and they should not only answer that it is nice, but that the "weather is nice". In this way, we do not need to use the original question in the film. During the interview, keep silent. Nod with your head to give feedback but do not vocalise because it will also be recorded. In general, you should ask simple questions that allow your subject to answer well. Your role here is not to impress the subject with your knowledge, but to ask the necessary questions so that you get the answers and soundbites you need. This means that, of course, you ask things for which you already know the answer. Make sure to tell the subject to avoid jargon or abbreviations that the viewers would not understand. At the end of the interview, you may ask the subject if there is anything else they would like to add. Paying attention to the audio is, in a way, more important than the video itself because you can always put a B-roll on top of a ruined piece of interview, but if you have recorded no or very distorted audio, you have a problem. You try to monitor the audio all the time. When you attach the clip-on mic, hide the chord. A loose hanging chord looks amateurish. If you film with phones, you can use a second phone to record audio. You can plug-in some clip-on microphones to phones as well. Recording a minute of room tone, atmospheric silence in the room, will come in handy. It is useful when you are editing sound later, to insert in places where no-one is speaking (straight silence creates a noticeable discontinuity). When filming on a phone, it is useful to switch it to airplane mode while recording the interview. Start with a full battery and check your storage on the phone in advance.

3.2.13. Security and consent, concealing identity

You always have to inform your interviewees what the film will be about and where it will be published. The interview has to be voluntary and, in special cases, you may need to ask for permission, for example in the case of minors. In some cases, you need to conceal your subject's identity. This you can do during the interview or during post-production. During the interview, you can film them from behind with a cap on, or their hands only. You can film towards a bright light to get a silhouetted picture. You can purposefully make the footage out of focus. During the editing process, you can blur their faces, distort their voices, apply B-rolls. You can also ask actors to read their testimonies. After filming, ensure that the footage is well stored and cannot be accessed by others.

3.2.14. A few tips about editing

Here are some ideas where to start in video editing. There are many very good online tutorials about video editing on YouTube; a google search will reveal the websites and tutorials for the following programmes. Good free editing programmes include, for example, Wondershare Filmora and the stripped-down version of DaVinci Resolve. Windows Movie Maker or iMovie (Mac) are free basic programmes. For the phone, you can use Quik, iMovie or Adobe Premiere Rush (this one is not free). Adobe Premiere Pro CC is the one we use; it is a subscription-based programme and the monthly fee is around USD20. Final Cut X is Apple's editing programme and costs about USD300. For your editing work, you can find free music at pixabay.com or you can purchase good quality music from jamendo.com.

LET'S TALK ABOUT DRUGS?