

# BACHELOR THESIS

## Grado en Enfermería – Sede Leioa

Health Promotion Program

# Reducing the consumption of psychoactive drugs in adolescents from Bilbao.

**ANE MIREN HURTADO BANDERA**

29/06/2018



## **ABSTRACT**

**Introduction:** The phenomenon of drug consumption is not a solved problem. Cannabis is the illegal psychoactive drug with the highest prevalence in the world, in Europe, and in Spain; where the Basque Country registers the highest national cannabis consumption. The use of amphetamines rose in the country in 2016 and, in this same year, ecstasy was estimated to be consumed by more than 20 million people around the world. The influences that act as risk factors for the use of drugs are multidisciplinary and the adolescents are particularly vulnerable. The impact on public health is due to the numerous social, physical and psychological negative consequences that derive from these illicit substances.

**Objective:** To reduce the consumption of stimulant drugs in adolescents aged 16 to 18 years. To achieve this general objective, three specific objectives have been developed focused on providing information, training parents and improving students' abilities.

**Methodology:** 60 adolescents from Salesianos Deusto School and their parents will take part in the program.

**Program:** The intervention is made of 5 preparatory sessions for the peer education program, 10 sessions for students and 10 sessions for parents. Some of those will be reminding sessions done after 7 months. The whole intervention will last 12 months.

**Evaluation:** Short and long term effects of this program will be assessed applying validated tests at four moments: before the intervention, 7 months later, one year from that moment and a year later via email.

**Key words:** adolescent, risk factors, illicit drugs, health promotion.

## **INDEX**

<b>1. INTRODUCTION</b>	<b>1<sup>st</sup> page</b>
<b>1.1 Justification</b>	<b>8<sup>th</sup> page</b>
<b>2. HYPHOTESIS AND OBJECTIVES</b>	<b>9<sup>th</sup> page</b>
<b>2.1 Hypothesis</b>	<b>9<sup>th</sup> page</b>
<b>2.2 Objectives</b>	<b>9<sup>th</sup> page</b>
<b>3. METHODOLOGY</b>	<b>9<sup>th</sup> page</b>
<b>3.1 Design</b>	<b>9<sup>th</sup> page</b>
<b>3.2 Economic and financial justifications</b>	<b>11<sup>th</sup> page</b>
<b>3.3 Project team</b>	<b>12<sup>th</sup> page</b>
<b>4. PROGRAM DEVELOPMENT</b>	<b>13<sup>th</sup> page</b>
<b>5. EVALUATION AND FOLLOW UP</b>	<b>25<sup>th</sup> page</b>
<b>5.1 Process evaluation</b>	<b>25<sup>th</sup> page</b>
<b>5.2 Impact evaluation</b>	<b>25<sup>th</sup> page</b>
<b>6. BIBLIOGRAPHY</b>	<b>26<sup>th</sup> page</b>
<b>7. ANNEXES</b>	

## 1. INTRODUCTION

Human beings from different cultures and historical periods have looked to modify their consciousness through drugs<sup>1</sup>. There are different classifications of drugs in the literature. One of the most widely used is a classification that divides them into: Central Nervous System depressants –like alcohol-, Central Nervous System stimulants – like cocaine-, opiates, cannabinoids, hallucinogens, solvents, drugs to counteract other effects and others<sup>2</sup>.

Cannabis is the illegal psychoactive drug with the highest prevalence in the world<sup>2</sup>, in Europe<sup>3</sup> and in Spain<sup>4</sup>. In the country, the prevalence of cannabis consumption rose in 2016<sup>5</sup> and it decreases as the age rises, being bigger in the age group between 15 and 24 years<sup>4</sup>. In relation to young consumption, in 2016 three out of ten students aged 14 to 18 had used cannabis at least once and the Basque Country registered the highest national records<sup>5</sup>. Besides, most of problematic consumers do not perceive risks related to the use of this drug<sup>4</sup> and it tends to be the gate to more addictive ones<sup>2,4</sup>.

Regarding more addictive substances, the main illegal stimulants available in Europe are cocaine, amphetamines, methamphetamines and MDMA or ecstasy<sup>6</sup>. The first one is the most confiscated stimulant in many European countries from the east and south including Spain<sup>6</sup>, where it is the second most prevalent psychoactive drug after cannabis<sup>4</sup>. From 2005, the number of users has been descending inside the country<sup>4</sup> but now it seems like its purity is the highest of the last ten years<sup>6</sup>, implying a higher risk of overdose.

The national use of amphetamines rose between 1999 and 2009. In 2011, the tendency was reduced but, in 2015, it increased again reaching the data of 2009. The prevalence has become similar to the one regarding ecstasy when, during the previous years, it had always been inferior to it<sup>4</sup>. According to the study done in youngsters from Spain aged 14 to 18 years<sup>5</sup>, the consumption showed a slight rise in 2016 compared to 2014.

Concerning this other drug, ecstasy, Europe is an important producer of this drug in particular and 2.2 millions of European young adults aged 15 to 34 years consumed it last year<sup>6</sup>. Ecstasy has presented ups and downs along the

historical series but, in Spain, a tendency to ascend is appreciated since 2009<sup>3</sup>. Even before that date, the Basque Country registered a high prevalence of weekly use<sup>7</sup>. Moreover, a big percentage of consumers are poly-users, meaning they use more than one psychoactive drug<sup>7</sup> and this tendency of poly-use is increasing in the country<sup>8, 9</sup>. Being common to consume two or more of these drugs, it makes sense to address jointly the prevention of cannabis, ecstasy, amphetamines and cocaine; as it will be done in this health promotion intervention. In addition, they have similar effects on health<sup>7</sup>.

In relation to risk factors for drug consumption, these can be divided into individual and environmental. Regarding the individual ones, evidence shows that being under 35 years increases the probability of consuming any type of drug except for the hypnotic-sedatives; being the mean age of consumption in Spain of 18,3 years for cannabis, 20,2 for amphetamines, 20,7 for ecstasy and 20,8 for cocaine<sup>9</sup>. This media gets significantly smaller inside the group of students from 14 to 18 years, where it is close to 15 years for all the drugs considered<sup>5</sup>. In both cases, the age gets inside the concept of “adolescence”– period of time between 10 and 20 years- when the physical, psychological and social modifications that come along with it enlarge the vulnerability and increase the precocious start in psychoactive drugs<sup>10</sup>. Therefore, age is one of the risk factors known as individual. Continuing with these, the attitudes and behaviors that are culturally associated to one sex or another influence the consumption, substance selection, the way of consuming and how people act under their effect<sup>11</sup>. This can be observed in the attitude of women being more interested in getting information and reducing the risk regarding themselves and people that are close to them, taking a caregiver role. Men, however, are keener on analyzing the substances in order to know the purity and not so much in the reduction of risks. This could be related to the social perception of users that, in case of women, can be seen as doubly stigmatizing because of being women and consumers<sup>11</sup>. The use of illicit drugs in general is more spread out among men than women<sup>4,5,7,12,13</sup>. In relation with the frequency of use, a study shows a higher frequency of cannabis consumption among males<sup>7</sup>. Related to individuals’ personality, there is also evidence that proves that some characteristics are related to the use of drugs, including sociopathic or antisocial conduct and affective disruptions<sup>12, 14, 15</sup>. Other factors to take into account are ever using tobacco and alcohol or having low risk perception for drug use<sup>16</sup>. In addition to this, some people are genetically more

vulnerable because genes have proven to act as a risk factor<sup>15</sup>, especially in cannabis addiction and cocaine use<sup>17</sup>.

In relation to environmental factors, family is, along with the school, among the strongest source of influences on adolescents, being able to play a risky or a protective role<sup>14</sup>. Young participants from a study<sup>14</sup> denoted a bigger influence of family than friends in regards to legal and illegal drug consumption, claiming that the support and understanding of the family is helpful to reject drugs. However, having a family that has no control over the recreational activities increases in a 50% the probability of being a consumer of illegal drugs<sup>13</sup> and if that family has favorable attitudes towards drugs or lack of parental control regarding drugs, it also affects the use<sup>12-14</sup>. Not living with the family acts as a risk factor as well, increasing the probability of using illicit substances<sup>13</sup>.

Coming to school and education decrease the likelihood of drug consumption, while thinking of oneself as a bad student duplicates the probability of using some kind of illegal drug<sup>13</sup>. Similarly, probability of drug use rises with school failure<sup>14-16</sup>. The group of friends or peers should also be taken into consideration because the pressure from the group is a reason that has been related to drug consumption and has been described as critical<sup>15</sup>. Having drug-using peers or friends acts as a risk factor<sup>12,16</sup>, which is related to illegal drugs such as cannabis, ecstasy, cocaine or amphetamines mainly being consumed with friends. Notwithstanding, that is not the only thing they have in common because there is also a shared place that covers this use: discos<sup>18</sup>.

This leads to the positive relation that exists between drug consumption and recreational circles<sup>7,13,16</sup>. The importance of this factor can be observed in the specific term "recreational drugs" that refers to the context of use associated to weekend fun, music, dance and nighttime<sup>7</sup>. The recreational use is, along with reducing anxiety, one of the most frequent motives for getting psychoactive drugs in many countries together with Spain. This also coincides with these substances being more accessible than ever and with the development of the industry dedicated to pubs, discos or concerts<sup>7</sup>. It could be considered as a new risk factor but not only that because, according to the findings, it has also replaced the others conceived as traditional with respect to its predictive capacity<sup>16</sup>. This element includes the recreational habits, which gather the importance people give to drugs related to having fun and going out and the hours they spend partying, among others<sup>13, 16</sup>. People that normally participate in these activities do

it quite frequently and are from medium class, good students and with a low perception of risk regarding drugs<sup>1</sup>.

### **Consequences**

Far from being safe, these drugs can be related to potentially serious complications<sup>7</sup>.

Ecstasy and amphetamines have neurotoxic and neurodegenerative effects that could end up having clinical transcendence<sup>7</sup>. Ecstasy, also known as MDMA, significantly increases the feelings of anxiety and confusion<sup>19</sup> and the abuse of the drug can even lead to death<sup>20</sup>. Most of the intoxications and deaths by ecstasy in Europe are due to the conditions regarding the consumption: environment and overcrowded places with high temperatures and individual aspects such as metabolic sensitivity and number of hours of exercise without hydrating<sup>21</sup>. However, fatal intoxications are rare events which are accompanied by acute hyperthermia, hyponatremia, cardiovascular collapse and rhabdomyolysis<sup>20</sup>. The clinical outcomes of amphetamines depend on the dose administered and generally include positive effects such as an increased state of arousal, euphoria, increased energy and talkativeness, but also negative emotions including anxiety, fatigue, depression, paranoia or auditory and visual hallucinations<sup>2,22</sup>. Other body symptoms are risings in heart rate, blood pressure, respiration rate, body temperature, psychomotor activation and reduced appetite<sup>20</sup>. Currently, there are studies that prove the possibility of amphetamines having long-term neurological effects, cognitive alterations and damage in the anatomy of the terminations of serotonin and dopamine that last even after the consumption stops<sup>22</sup>. If that interruption of use is done abruptly, it leads to tiredness, excessive sleepiness, increased appetite and depression<sup>2</sup>. One of the findings in amphetamine abuse is the induction of psychotic episodes that are almost the same as the positive symptoms seen in schizophrenic patients<sup>20</sup>. In addition, psycho stimulants can increase the susceptibility of users to psychotic symptoms either during acute amphetamine abuse or during withdrawal<sup>20</sup>. Supplementary to this induction of psychotic episodes, both of these drugs – ecstasy or MDMA and amphetamines- have been observed to prompt seizures<sup>20</sup>.

Cocaine has proven to be connected to cerebral and cardiovascular problems<sup>18</sup> and, along with the abuse of amphetamines or cannabis, in the spread of infectious diseases<sup>3</sup>. This drug maintain its place as the drug related to the

biggest amount of urgency episodes in Spain, being present in more than 43% of the drug-consumption urgencies<sup>3</sup>.

Cannabis is usually taken as a “softer” drug and, owing to this, the risk related to consuming is perceived as lower<sup>9</sup>. Nevertheless, the number of consumers that suffer from cannabis-related disorders has increased<sup>23</sup>; as well as trouble with family, friends or the law, psychological and physical health problems and the need to resort to an urgency center rise exponentially depending on the frequency of cannabis use<sup>3</sup>. About the psychological outcomes, the delirium appears after the intake of big amounts of cannabis<sup>22</sup>. The delirium can produce alterations in consciousness, visual or auditory hallucinations, confusion or violent behavior<sup>22</sup>. A recent study developed by the University of the Basque Country (UPV/EHU) and the CIBER of Mental Health (CIBERSAM)<sup>24</sup> has identified for the first time the molecular mechanisms that take part in the risk of developing schizophrenia after cannabis use by discovering the variations of the neurons of mice treated with THC during adolescence. This responds to the THC being able to cause acute psychotic episodes without altering the conscious level and, therefore, these are different from psychosis<sup>24</sup>. Nonetheless, THC can accelerate schizophrenia in people that are genetically vulnerable<sup>2</sup>. The continuous use of high doses of THC can also lead to a syndrome of indifference and apathy that affect the cognitive, social and interpersonal capacities and lasts even after stopping the consumption<sup>2</sup>. This indifference can also be observed in consumers of other drugs owing to the fact that the continued use of substances makes the quantity of dopamine in the brain rise and, as a result, the equilibrium is tried to be restored and the person develops a tolerance for the substance. This results in a reduction of the pleasure felt consuming it and even doing other pleasant activities such as enjoying food or sex. Therefore, the repeated use of a substance increases the craving of it and, at the same time, decreases the experienced pleasure<sup>25</sup>.

Non-fatal overdose among illicit drug users remains quite common yet relatively undocumented and has related morbidity and dangerous consequences including pulmonary edema, bronchopneumonia, renal failure, cognitive impairment and traumatic injuries sustained during overdose<sup>23</sup>. The percentages of substance use-related urgencies in the Basque Country are 15,1/ 6,8% for cocaine, 14,7 / 6,4% for cannabis and 14,2 / 5,5% for amphetamines. The first percentages respond to males´ and the second ones to women´s<sup>8</sup>. These pieces of



information show that psychoactive drugs are still consumed in the streets. Besides, the mortality caused by drug use in the Basque Country remains stable, even incrementing from 2015 to 2016, period of time when the number of people treated because of addiction also rose in Biscay going from 1586 to 1899 excluding the ones due to alcoholism and heroin addiction<sup>26</sup>.

Other possible consequences of the abuse of illicit substances are loss of employment, damaged relationships, legal penalties, crime, traffic accidents, sexual abuse and interpersonal violence<sup>18</sup>.

### **Available evidence on Health Promotion (HP)**

The prevention consists in “*the analysis and manipulation of risk and protective factors that affect the appearance of a pathology or disorder with the purpose of it not developing in a subject, group or population*”<sup>27</sup>. The research about prevention in drug consumption in Spain began timidly in the decade of the 90s, way later and less intense than in the United States<sup>28</sup>.

Following the results of a meta-analysis of programs done in adolescents from Spain<sup>29</sup>, the model in which interventions are most effective is the health education model. Therefore, the project is about teaching health. With respect to the support materials, the effect size was small for all combinations, but it was somewhat higher when the oral, written, and audiovisual materials were used together<sup>29</sup>. Because of that, these three types of materials will be used in this intervention. The programs evaluated were more effective in preventing use and in changing the attitudes towards drugs in the short term and they were less effective at preventing consumption<sup>29</sup>. This could be due to, as other authors claimed, variations in consumption usually being detected at follow-up<sup>29</sup>. Because of that, follow-ups controls will be done after one year via email in this HP program. The duration, number of program hours, and number of sessions had no influence on the efficacy of the program<sup>29</sup> but a lot of studies show a positive effect on the impact of the program including reminding sessions<sup>30</sup>. These will be incorporated in the health promotion project. The programs that include general information, consequences of consumption and resistance skills show a small but positive effect<sup>30</sup>. If they also add generic abilities such as assertiveness, confrontation, communication and an affective component (self-esteem, feelings, beliefs...); they produce an impact on the consumption conducts and on relevant risk factors<sup>30</sup>. The least efficient programs are the ones that only focus on the

knowledge, the ones that are based only on affective issues (emphasize values and self-esteem) or the ones than combine both<sup>30</sup>. Considering this, the program will combine information, resistance and generic abilities including an affective component. During the sessions, both parents and students will interact with the teachers and with one another trough role-play, debate or discussions taking part in the interactive activities due to the fact that the most effective educational approaches are the interactive ones with active interventions<sup>30</sup>. The target population of this project is adolescents aged 16 to 18 years, also considering that a revision based on the qualitative analysis of 40 preventive programs implemented in ten European countries has as result that the best represented age group is the one between 14 and 20 years<sup>1</sup>. The preventive programs that include a family approach, training kids as well as their parents, get better long-term results<sup>31</sup> and, because of that, parents will be included with some of the objectives of the program reviewed in the article, "Families that work". As it has been explained, the recreational aspect has become one of the main risk factors for adolescents and, as a consequence of this, parents and students will also get information about this and the educators will participate in a street activity focused on the recreational consumption.

According to a study<sup>13</sup>, a lot of the educational and preventive interventions about drugs are not based on the systematic study of risk and protective factors nor on the progress in knowledge reached in this area, demonstrating that prevention is not being as effective as it could be. In order to search for the cause, it is important to acknowledge that before any intervention, a diagnosis of the population in order to indentify which risk and protective factors are relevant should be done<sup>1</sup>, including new ones like the recreational one<sup>16</sup>. This could be hindered because is a complex and expensive matter, so it is no usual to make a sufficient profound study<sup>1</sup>. Another reason could be the money, due to low investments<sup>13</sup>. As an example of this lack of evaluation, one study that reviews 85 preventive programs carried out in Europe shows that, of them, only 25 (29,41%) included among their objectives at least one risk factor that appears in the theories about the influence of family over the kids´ consumption of drugs. Eight programs (9, 4 %) contemplated the intervention of two or more risk factors and only one used three risk factors<sup>32</sup>. Besides, regarding evaluation, information from the EDDRA database shows that, out of 52 preventive programs implemented in Spain, the 70% of the ones that are not assistance or about decreasing the risk, do not include any data about result evaluation or, in the

case of doing it, those are weak about the consumption indicators<sup>28</sup>. In consideration of this, the project will be based on the structure and content of effective interventions with a final evaluation of the results.

In order to reduce the negative consequences of drugs, some practices such as pill testing in situ, that consist in the analysis of illegal drugs with the aim of discovering in situ their composition- active ingredient and adulterants-<sup>11</sup> or giving information about less problematic use practices have not been evaluated because it is difficult to follow the participants<sup>33</sup>. Nevertheless, a lot of projects have been developed around the leisure activities of the youth, that seems to be where they currently build their identity<sup>33</sup>.

## **1.1 Justification**

Why would a preventive program be necessary knowing that there are several of them being implemented? Because, as the VII Plan about drugs in the Basque Country<sup>8</sup> claims, the Basque Country is still on top of Europe about consumption, there is an almost nonexistent perception of risk regarding cannabis, there is a big amount of substances that are relatively easy to get, the resources are not adapted enough to the emerging problems and there has been a decrease in the efforts made about investigation and dissemination of knowledge in this field. Besides, another issue to improve that is listed is women as a collective at risk, agreeing with the fact that the incorporation of women to the use of drugs is described as an aspect inside the new recreational culture<sup>1</sup>.

The public health impact of the problem is clear because it has serious consequences for the individuals affected and the population as a whole: reduces quality of life and mental health, increases health services usage and costs and may contribute to premature death. Outside health, the environment can also be affected because of the criminality and the marginalization that could appear as a consequence of addiction, which is *“a serious and common psychiatric problem that is considered one of the main causes of preventable death<sup>17</sup>”*.

## **2. HYPOTHESIS & OBJECTIVES**

### **2.1 Hypothesis**

The implementation of a school-based program aimed at adolescents aged 16 to 18 with parents' collaboration and street intervention will reduce the consumption of psychoactive drugs among the participants in the program in one year.

### **2.2 Objectives**

The general objective is to reduce the consumption of psychoactive drugs – cannabis, cocaine, ecstasy and amphetamines- after a year among High School students aged 16 to 18 years.

In order to achieve this general objective, the following specific aims have been developed:

- To improve parents' knowledge about these drugs.
- To improve the knowledge of adolescents about drugs and, more specifically, psycho stimulant ones: cannabis, cocaine, ecstasy and amphetamines.
- To improve participants' general abilities.

## **3. METHODOLOGY**

In this section it is explained and described in detail the design, economic justification and the professionals who are going to take part in the program.

### **3.1 Design**

The new thing about this project is that it focuses on three aspects: adolescents, family and young community. The prevention is primary, secondary and universal and is centered in reducing the demand of several illegal drugs.

- The peer education will consist in 8 volunteers randomly selected participating in 5 preparatory sessions and a street activity of 3 sessions that is focused on recreational activities.
- The preventive program for participants is applied in 8 initial sessions and 2 maintenance sessions. The people who will lead the sessions will vary: nurses, peer educators, psychologists and Ai laket!! Association members.

- The preventive program for parents is applied with all of the parents that want to participate and is made of 6 initial sessions and 4 reminding sessions.

**Setting:** the setting selected to implement this intervention is Deusto, the district number one of Bilbao's administrative divisions. It has four neighborhoods, 49.111 inhabitants<sup>34</sup> and it is known for its university, having a student environment. As it has been mentioned, drug consumption prevalence is higher among this age group.

**Target population:** 16 to 18 year-old students that attend High School.

**Participants:** 60 adolescents from the two modalities - Scientific-Technical and Humanities and Social Sciences- at Salesianos Deusto, located in Deusto will take part in this Health Promotion program.

**Inclusion criteria:** to be 16 to 18 years old and be a student from High School at Salesianos Deusto. For the ones younger than 18 years and willing to participate, to get their parents' acceptance. In case of the parents, all who agree on taking part in the intervention will be included. It will be recommended to include both parents and students from the same family. The number of girls and boys participating will be attempted to be similar.

**Recruitment:** at the beginning of the academic year, an informative session will be held at Salesianos Deusto to explain the program to the students. In this informative session, the informed consents will be distributed and they will be offered the opportunity on the one hand to participate in the program and, on the other hand, to become peer educators. Students who volunteer for peer educators will be trained by professionals during 5 sessions and will participate in a street activity consisting in 3 more sessions. After having been trained, they will develop four informative sessions for their classmates as part of the program. To motivate participation of peer educators, those who volunteer will get tickets for the BIME music festival celebrated in October 2019. 8 people in total will be recruited, being able to sign up for it during the month of September 2018. If there are more volunteers than eight, they will be selected by draw and notified during October.

Both, in case of peer educators and in case of the participants, will have to formally agree to take part in the health promotion program. Students over

eighteen will fulfill an informed consent and the ones below that age will, besides, need to get their parents' consent in case they want to join. All the students from the two classes will get an extra informed consent to take home for their parents along with an invitation to participate in the program.

**Theoretical framework:** the program will be based on the theory of the escalation suggested during the 20s and corroborated through the years. This supports that the use of some drugs is related to the use of others, being able to differentiate four phases: 1) Beer or wine, 2) cigarettes or liquors, 3) marijuana, and 4) other illegal drugs. These phases have been confirmed by several studies around the United States and other countries including Spain, indicating that there is a sequence of progression in adolescents. Evidence claims that the use of one of the drugs inside that scale is related to a bigger probability of consuming drugs that appear later in that scale<sup>2</sup>. Therefore, this prevention program is based on the extensive prevalence of use of alcohol and tobacco in the Basque Country by adolescents. According to the recent plan of addiction published in 2017<sup>8</sup>, the figures of daily tobacco use, the experimental use of cannabis and the intensive alcohol consumption during the weekends are particularly worrying. Therefore, in accordance with the theory of escalation, there is an increased risk of other illicit drug consumption among the Basque Country young population.

**Ethical issues:** this intervention proposal is going to be presented to the Ethical Research Committee of Basque Country (Comité Ético de Investigación Clínica de Euskadi, CEIC-E), which is the institution responsible for evaluating the methodological, legal and ethical aspects of all research related to human health that take place in the Basque Country.

### **3.2 Economic and financial justifications**

The resources required for the implementation of the project are detailed below:

**Personnel:** the project will be implemented by a total of 18 nurses from public or private health services. 100€ is requested for the Ai laket!! Association in order to get four of their members to lead one of the sessions and bring their informative leaflets to reduce the risks while using drugs. 1.280€ will go to psychologists, preferably specialized in drugs, to join 8 of the sessions (6 with parents and 2 with students).

**Place location:** for the location of the sessions economic financing is not required as they will be developed entirely at Salesianos Deusto's classrooms. Nevertheless, 200€ will be requested to set up meetings with the nurses and the psychologists to organize all of the sessions, decide the materials, the implementations and elaborate the activities.

**Material:** 700€ funding is required for printing the leaflets, the information about drugs and for school supplies such as sheets or pens for the session as well as the test and pre-tests done by parents and students. 384€ will be needed to buy the rewards for the voluntary collaborators: tickets for the two-day festival BIME.

The total economic resources required to implement the project are 2.664€.

### **3.3 Project team**

The professional team that will implement the HP intervention is mainly formed by professional nurses along with trained peer educators, psychologists and one association – Ai laket!! - with the shared purpose of preventing and/or diminishing drug use among adolescents. This team consists of 34 people: 18 nurses, 8 students, four people from the Ai laket!! Association and four psychologists. Each of the groups will have specific purposes and objectives, which are explained underneath:

**Nurses:** they will be in charge of the gathering of informed consents from parents and students as well as of the distribution and collection of the tests- pretests done by them. The results of these tests and, therefore, the evaluation will also be generated by nurses, conforming two teams: 12 nurses that will lead the sessions and collect the tests and another 6 nurses that will evaluate the results and the impact of the whole intervention. The first team will lead the peer education program and the sessions both with parents and participants, along with the psychologists. Besides, they will be available for any doubts coming from students regarding drugs via email.

**Peer educators:** they will participate in 5 training sessions to become peer educators. After that, they will be in charge of implementing three informative sessions, always with the support of the nurses. The students will be divided in groups so the workload of each session is shared by four. This way they can be divided into the two classes. They will also participate in a street intervention during three weekends.

**Associations:** Ai Laket!! was born in 1998 initially in Navarre with people worried about the situation of the users of illegal drugs because of their lack of information, knowledge about composition, doses and affected by the social stigma among other circumstances. It was created as a non-lucrative association in 2002 and now is formed by three people working full time and more than 40 volunteers. This association manages different projects focused on reducing risks in drug consumption: Gaukaleok, testing...<sup>11</sup>. Four members of Ai laket!! will be invited to take part in the project by providing the students leaflets and information about their risk-reducing activities and objectives during session 8.

**Psychologists:** psychologists will participate in 8 sessions in order to guide parents about their relationship and communication with their children regarding drugs (6 first sessions) and also with the students to witness and guide them training their abilities (sessions 5 and 6).

**Salesianos Deusto School:** the school will be asked about the willingness and commitment to implement the project. This would include the use of spare classrooms, tutorial hours and the computers room.

**Discos from Bilbao (Sonora, Fever and Back&Stage):** the responsible people of these local discos of Bilbao will be reached and informed about the recommendations about security, capacity of people and possible problems that could encounter related to drugs to promote safe clubbing. Permission will be asked in order to do the planned activity where the nurses and volunteers set a table with information for the adolescents regarding drugs and emergencies during a night.

#### **4. PROGRAM DEVELOPMENT**

In this section the program is described: the activities with their methodology, the participants and the schedule that will be followed. The program will completely take place in Salesianos Deusto, with their previous permission. The duration of the program will be 12 months, from October 2018 to October 2019. The activities will take place twice a week for the peer education program and once a week for the other sessions. In relation to parents and volunteers, their spare time will be used. The sessions for adolescents will take place during tutorial hours. The schedule for the sessions with parents will be proposed and changed in order to facilitate their presence. The distribution of the activities is scheduled below (**Table 1 and Table 2**).



**Table 1: schedule of activities**

ACTIVITIES	SEPTEMBER 2018				OCTOBER 2018				NOVEMBER 2018				DECEMBER 2018				JANUARY 2019				FEBRUARY 2019				MARCH 2019				APRIL 2019			
	NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
INFORMATIVE SESSION																																
FIRST EVALUATION																																
PEER EDUCATION 1 & 2																																
PEER EDUCATION 3 & 4																																
PEER EDUCATION 5																																
SESSION 1																																
SESSION 2																																
SESSION 3																																
SESSION 4																																
SESSION 5																																
SESSION 6																																
SESSION 7																																
SESSION 8																																
SECOND EVALUATION																																

**Table 2: schedule of activities**

ACTIVITIES	MAY 2019				JUNE 2019				JULY 2019				AUGUST 2019				SEPTEMBER 2019				OCTOBER 2019				NOVEMBER 2019				DECEMBER 2019			
	NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS				NUMBER OF WEEKS							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
FIRST REMINDING SESSION																																
SECOND REMINDING SESSION																																
THIRD REMINDING SESSION																																
FOURTH REMINDING SESSION																																
THIRD EVALUATION																																
WEEKEND ACTIVITIES																																

RED: INFORMATIVE SESSION                      YELLOW: SESSIONS WITH PARTICIPANTS  
BLUE: EVALUATIONS                                      PINK: SESSIONS WITH PARENTS  
GREEN: PEER EDUCATION PROGRAM                      ORANGE: WEEKEND ACTIVITIES

**Peer education program:**

The selected students will participate in this peer education program formed by 5 preparatory sessions in which they will work in two groups of four. The first three sessions will be developed at the computers room of the school because the use of computers will be needed.

**Preparation 1:**

- ❖ *Objective: provide information about cannabis.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 8 peer educators and 2 nurses.*

This preparatory meeting is based on giving printout information about cannabis. The students will be given time to read it and, after that, discuss in groups of four which parts they think are more and less relevant and why. These opinions will be put altogether. The groups will reduce the quantity and try to develop a presentation supervised and helped by the nurses. They will recommend them ways of focusing the attention of their classmates on what they are saying. Related to this, the students will watch a video that lasts 20 minutes about avoiding death by power point<sup>35</sup>.

### **Preparation 2:**

- ❖ *Objective: provide information about cocaine.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 8 peer educators and 2 nurses.*

The meeting will have the same structure than the previous one and will start by giving them written information about cocaine. After that, they will sum it up and develop their speech and presentation. Nurses will solve their doubts and help them choose which parts are important to add.

### **Preparation 3:**

- ❖ *Objective: provide information about ecstasy and amphetamines.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 8 peer educators and 2 nurses.*

This meeting will start by providing printout information about ecstasy and amphetamines. Then, students will read and select which pieces of information they did not know and, therefore, consider important. Look for pictures and keywords for the presentation and develop it.

### **Preparation 4 and 5:**

- ❖ *Objectives: learn how to control anxiety and learn how to develop a presentation.*
- ❖ *Duration: 1 hour each.*
- ❖ *Participants: 8 peer educators and 2 nurses.*

These sessions will be a rehearsal where they will practice the presentation and will be given tips on how to present the different aspects and issues. All of the members of each group will prepare the whole presentation and the nurses will

divide the parts by raffle. It will start with a video about speaking with confidence<sup>36</sup> that will also work as a distraction, which is one of the tips to control anxiety. The others are: diaphragmatic breathing, relaxation, self-instructions, positive imagination and confront emotions rather than avoid them<sup>37</sup>. These other ones will be explained and, if possible, practiced, like the diaphragmatic respiration. The rest of the time of the sessions will be dedicated to them doing the presentation in front of the other group, that will give them feedback, as well as the nurses: what they like about the way they present and what they would have done differently.

#### Activities with parents:

Each session lasts 1 hour and will be done in Salesianos Deusto using spare classrooms and dividing the parents into groups of 30 people so the sessions can be more interactive.

#### **Session 1:**

- ❖ *Objectives: identify the stressors and problems of the adolescents / think about the qualities they want for their children/ learn the value of the educative skills that combine affection and assertiveness/ learn to support the dreams and goals of their children.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents, two nurses and a psychologist for each group.*

In this session parents will be asked about which problems they think their children could be going through. The answers will be written down in the chalkboard and analyzed in relation to the possible feelings that these problems could result in. They will exchange ways of showing their support by role-playing with the nurses in situations such as their children coming home sad about how they did an exam, not getting along with their classmates, wanting to study something they do not consider the most suitable choice... Their responses will be commented in group and analyzed with the help of the psychologist that will provide suggestions and tools for a healthier relationship between parents and adolescents.

### **Session 2:**

- ❖ *Objectives: comprehend the changes that come with adolescence/ understand the necessity of establishing rules / learn to make the adolescents remember the rules without criticism.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents, two nurses and a psychologist for each group.*

In this session parents will try to empathize with their children and learn about the most frequent changes of adolescence and how they can affect the behavior, for example, showing impulsiveness. This session will be accompanied by the speech of the psychologist about the factor of rules. They will have 10 minutes to write down which problems they remember having with their parents when they were adolescents and what they would have wanted them to do better. After that, the papers will be gathered and tell aloud to see if the group consider that they act like that now as parents.

### **Session 3:**

- ❖ *Objectives: reinforce the good behavior and make praise / use rewards in order to teach new behaviors / build positive relationships.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents, 2 nurses and a psychologist for each group.*

In this session parents will be invited to think over how many times a day they flatter their kids about their good behaviors and how many times they reproach them for their bad actions. They will discuss about it and think about the importance of positive reinforcement in order for kids to feel secure and trust their parents. A PowerPoint presentation will be projected about this matter and explained by the three professionals (nurses and psychologist).

### **Session 4:**

- ❖ *Objectives: provide information about drugs, risk factors of adolescents and prevalence.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents and two nurses for each group.*

This session is based on providing information about psychoactive drugs, their prevalence, the main risk factors and why are they as parents a potential

protective factor to their kids. The information will be presented with images in a PowerPoint and explained by the nurses. The questions will be answered after the presentation and some leaflets will be given to them with some of the information summed up (**ANNEXES 2-6**).

### **Session 5:**

- ❖ *Objectives: understand why respect is important / understand the value of listening / understand the bases of misconduct.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents, two nurses and a psychologist for each group.*

Some questions as the following will be raised for group discussion: Is the respect between parents and kids equal? Do I respect my kids as equals or as people I feel I am responsible for? Do I let them take important decisions or do I take them for them? Is their age a reasonable argument for me not to take them seriously? After that, two groups will be made. One of them will have to support the decision of not asking their children about their recreational activities as an example of giving them space and freedom and the other one will have to debate against this position, supporting the idea of approaching them in a positive way trying to talk about their intentions. The debate about their opinions on this matter will include the question of seeing rebelliousness as a consequence of this relationship and if taking drugs can be seen as an act of rebellion. This session is related to the importance of the family's behavior in adolescents' consumption.

### **Session 6:**

- ❖ *Objectives: help to protect adolescents against drug abuse / learn positive ways of interacting/ supervise their children.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents, two nurses and a psychologist for each group.*

This session will be dedicated to talk about how they can approach their kids in the aspect of drug use, try not to be judgmental, try to understand their motives and how they can help. The parents will be asked individually about how they think they would react to finding out that their children consume different types of drugs. The responses will be discussed after that, requiring the help of the psychologist. This session will include a video about some false facts regarding adolescents, drugs and parents<sup>38</sup>.

## Reminding sessions:

These consist in four sessions that will be implemented seven months after the ones explained above.

### **Session 1:**

- ❖ *Objectives: use parental skills to look for solutions/ identify stressors and ways of facing them / avoid disputes with their kids.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents and two nurses in each group.*

What do they think is the most difficult to face while parenting? The intention of this session is to recall some of the aspects that were discussed during the other sessions and include them in their ways of taking care of their problems with their kids being adolescents, which is a difficult phase: communication, respect, analysis... After that, some ways of managing anxiety will be explained and parents will be invited to practice them in the classroom: diaphragmatic breathing, relaxation, self-instructions, positive imagination and confront emotions rather than avoid them<sup>37</sup>.

### **Session 2:**

- ❖ *Objectives: reinforce the knowledge about drugs.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents and two nurses in each group.*

In this session PowerPoints about psychoactive drugs will be displayed with gaps for parents to try to fill in order to see if they remember what they learnt: what are they, ways of consuming, possible consequences...

### **Session 3:**

- ❖ *Objectives: write down good thoughts about their children/ practice the skills.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents and two nurses.*

In this session a discussion will be proposed to see if they have seen any changes in their relationships with children after putting into practice the recommendations of the sessions. After that, they will write down the positive

changes they have witnessed in their children and things that should be improved. The papers will be read out loud and commented.

#### **Session 4:**

- ❖ *Objectives: revise the technique of listening and summarize / revise how to support their children against group pressure/ revise how to get support for education.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: parents, two nurses and a psychologist for each group.*

Is listening as easy as it seems? With the help of the psychologist, the aspects of emphatic listening will be explained with examples. Are their children under pressure because of their classmates? How could they find out? Do they know about the resources they could reach to in case they have problems with their children? Parents will attend this speech performed by the nurses and the psychologist and they will be given information about speaking with teachers or getting therapy.

Activities with participants:

#### **Session 1: What do I know about drugs?**

- ❖ *Specific objective: To improve the knowledge of adolescents about drugs.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 classmates and 2 nurses per class.*

The students will be asked this question: why do you think people consume drugs? This will be an open question, giving them the opportunity to give their opinion by raising their hand and promoting discussion. Other questions that will be raised are: Do you think there are differences between the use that women and men do of drugs? Why? Students will tell aloud what they think about it and suggestions they have to end with this gender-role-based consumption. After these questions, the adolescents will have to fill a true/false test (see **ANNEXE 1**) with 60 positive and negative statements about several drugs. Once they have finished, the statements will be read by the nurses and the students will be selected to tell their response and correct them if necessary. A video about drug prevention will be shown<sup>39</sup>.

A specific email for the program will be available for students to write doubts they were ashamed to make in front of their classmates or for suggestions. They will be informed about this option in this first session. Besides, all of their emails will be gathered in order to use them for the last follow-up evaluation.

### **Session 2: Cannabis in depth.**

- ❖ *Specific objective: to improve the knowledge of adolescents about drugs and, more specifically, cannabis.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 classmates, two nurses and four peer educators per class.*

What is Cannabis? How does it affect your brain? What different types have you heard of? These are some of the questions this session will start with. After that, they will be properly answered adding the possible consequences of consuming and its long-term effects with the presentation and speeches of their classmates. Finally, the students will be given leaflets with some of the information for them to keep (**ANNEXE 3**).

### **Session 3: What is cocaine?**

- ❖ *Specific objective: to improve the knowledge of adolescents about drugs and, more specifically, cocaine.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 classmates, two nurses and four peer educators per class.*

This session will follow the same structure: first, ask the students about what they already know about the drug and, afterwards, let the peer educators explain what they have learnt with images and a presentation to help them.

**ANNEXE 4** will be distributed at the end of the session with some of the information summed up.

### **Session 4: Ecstasy and amphetamines in the spotlight.**

- ❖ *Specific objective: to improve the knowledge of adolescents about drugs and, more specifically, ecstasy and amphetamines.*
- ❖ *Duration: 1 hour.*



- ❖ *Participants: 30 classmates, two nurses and four peer educators per class.*

These drugs do not have a natural origin. What do they know about design drugs? What are they? Why are they dangerous? Are there differences between them? These open questions and consequent discussion will be followed by the presentation of their classmates.

**ANNEXES 2 and 5** will be distributed.

### **Sessions 5 : I am able of doing it!**

- ❖ *Specific objective: to improve the competence of adolescents by training generic abilities (such as assertiveness, confrontation, communication ...).*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 classmates, 2 nurses and a psychologist per class.*

The psychologist will explain ways of improving assertiveness as well as how to cope with group pressure or stressful situations training the communication and confrontation capacities among others through a speech and images. Some of these techniques are: humor, searching for alternatives, finding an ally, inverse roles, "worn-out record" ...After that, students will be randomly selected and proposed specific drug-related situations. Examples of these are:

- You are with your friends at 3 AM in the morning partying and see a youngster around your age sitting alone on the floor trembling and sweating. What would you do?
- You are going out with new people that are friends of a friend. They all consume pills and tell you to try them, that you are missing all the fun if you don't. What would you say?
- You have consumed ecstasy and start feeling tired and think you have fever. You want to tell your parents about it. How would you do it?

After they role-play, with the nurses acting with them by proposing the context, the students will be given the chance to say if they agree with their classmates' actions and what they would do differently. The psychologist will listen to their responses and give his/her suggestions with the aim of promoting critical thinking and to work on decision making in a responsible way, avoiding manipulation and self-doubt.

### **Session 6: Me, myself and I.**

- ❖ *Specific objective: to improve the competence of adolescents by training affective aspects (self-esteem, beliefs...)*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 classmates, 2 nurses and a psychologist per class.*

Each of the students will write down in a paper five positive things they think about the person they have on their right and five things they have as goals or would like to improve of themselves. Once they have finished, they will tell them aloud. Do they dedicate time to think about their actions and take care of themselves? Is it difficult to get where they want to get? What is on the way? The importance of telling people around you that you care for them will be one of the topics of this session along with what and how essential mental health is. Students will discuss if they tend to express their positive feelings and what stops them from doing it. They will be asked to design a personal project of self-improvement writing the aspects they have said: what I want to be, what is stopping me, how can I overcome those obstacles.

### **Sessions 7 and 8: Party**

- ❖ *Duration: 1h each.*
- ❖ *Participants: 30 students, two nurses and 2 Ai laket!! members per class.*

These sessions will be about the recreational aspects, how often they tend to go out, where, which are the aspects they take into account to choose the destination and how much importance they give to drugs during these activities. The first session will start with an activity so every student says the first word they think about when they hear the word “party” trying not to repeat. Is it possible to go out and have fun without consuming any substance? Why did they start consuming? Is it easy for them to get drugs? A debate will be set in order to discuss these aspects. Is there an age where this abuse of substances stops being socially accepted? Why is that? The students will think over the origin and consequences of their habits.

**ANNEXE 6** will be handled, read and commented at the end of this session.

The second session will be done by the Ai laket!! Association members, where they will give them information about what they do, their web, why their work is important and how the risk can be reduced while consuming.

These sessions are related to a **street activity** where the eight volunteers of the peer education program will accompany the nurses to set a table near three discos of Bilbao - Back&Stage, Fever and Sonora- with leaflets with the information that they already know from the sessions. They will solve the doubts of the visitors and distribute the leaflets.

#### Reminding sessions:

These will consist in two reminding sessions with the participants done 7 months after the ones explained below.

#### **Session 1:**

- ❖ *Objective: review their knowledge about each drug and their possible outcomes.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 students and two nurses per class.*

In this session the presentations the peer educators developed will be shown again but with several gaps in order for participants to fill them by remembering the facts they were taught.

#### **Session 2:**

- ❖ *Objective: review the coping skills they know about.*
- ❖ *Duration: 1 hour.*
- ❖ *Participants: 30 students and two nurses per class.*

The participants will be remembered about the self-improvement project they made. Have they noticed any change? Have they tried being more open about their feelings? This session consist in reminding the strategies they were told about –communicating, facing group pressure, appreciating oneself and others...- and seeing if the adolescents have gone through any example of that since the sessions. Have they talked more with their parents? Has their opinion about addicts changed after the new information they learnt?

## **5. EVALUATION AND FOLLOW-UP**

**5.1 Process evaluation:** to assess the fidelity of the implemented activities to the planned intervention, a follow-up sheet will be completed for each activity by the responsible staff, in this case, the nurses running the sessions. The information included in the follow-up sheet is: number of the activity, place, duration, number of participants and deviations from the planning.

**5.2 Impact evaluation:** the evaluation will follow a quasi-experimental design, meaning that all the measurements will be done in two groups at the same moments. One of the groups- Salesianos Deusto School- will have received the intervention and outcomes will be compared with same age students from the Madre de Dios School, who will not have received the intervention.

The first measurement will be performed before the beginning of the intervention in October 2018. The second will be performed after the sessions, in February of 2019, and the third one after the reminding sessions, in October of 2019. The follow-up measurement will be done one year later via email in October 2020.

To assess whether the general objective has been achieved, The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1) (**ANNEXE 7**) will be applied. The knowledge of parents and adolescents will be measured with the Project ALERT Knowledge Assessment Tool (**ANNEXE 8**) and the acquisition of skills of adolescents using the validated “Batería de Socialización” BAS-3 by Silva Moreno and M<sup>a</sup> Carmen Martorell (**ANNEXE 9**) and the “Escala de Habilidades Sociales (EHS)” by Elena Gismero (**ANNEXE 10**).

The indicators for the specific objectives are:

- 80% of the parents taking part in the program will have increased their knowledge by the end of the intervention.
- 80% of the adolescents participating in the program will have increased their knowledge by the end of the intervention.
- 65% of the adolescents participating in the program will have increased their skills after the intervention.

## **6. BIBLIOGRAPHY**

1. Calafat A, Juan M. De la etiología a la prevención del uso y abuso de drogas recreativas. Adicciones [Internet]. 2003 [cited 13 May, 2018]; 15 (5): 261-288. doi : <https://doi.org/10.20882/adicciones.465>
2. Becoña E. Bases científicas de la prevención de las drogodependencias. Madrid: Ministerio del Interior; 2002. ISBN: 84-8150-240-5. Available from: [http://www.pnsd.msssi.gob.es/profesionales/publicaciones/catalogo/catalogoPNSD/publicaciones/pdf/Bases\\_cientificas.pdf](http://www.pnsd.msssi.gob.es/profesionales/publicaciones/catalogo/catalogoPNSD/publicaciones/pdf/Bases_cientificas.pdf)
3. Observatorio Español de las Drogas y las Adicciones (OEDA). Informe 2017 Alcohol, Tabaco y drogas ilegales en España. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2017. NIPO: 680-16-001-3. Available from: <http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/informes/Estadisticas/pdf/2017OEDA-INFORME.pdf>
4. Observatorio Español de las Drogas y las Adicciones (OEDA). Informe 2017 Encuestas sobre Alcohol y Drogas en España (EDADES) 1995-2015. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2017. NIPO: 680-16-001-3. Available from: [http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2017\\_Informe\\_EDADES.pdf](http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/2017_Informe_EDADES.pdf)
5. Observatorio Español de las Drogas y las Adicciones (OEDA). ESTUDES 2016 Encuesta sobre Uso de Drogas en Enseñanzas Secundarias en España. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2016. Available from: [http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/ESTUDES\\_2016\\_Informe.pdf](http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/ESTUDES_2016_Informe.pdf)
6. Observatorio Europeo de las Drogas y Toxicomanías (EMCDDA). Informe Europeo sobre Drogas: tendencias y novedades. Luxemburgo: Oficina de Publicaciones de la Unión Europea; 2018. ISBN: 978-92-9497-318-4. doi: <https://doi.org/10.2810/574265>
7. Infante C, Barrio G, Martín E. Tendencias, características y problemas asociados al consumo de drogas recreativas en España. Adicciones [Internet]. 2003. [cited 21 April, 2018]; 15(5): 77-96. doi: <https://doi.org/10.20882/adicciones.454>
8. Gobierno Vasco. VII Plan de Adicciones Euskadi 2017-2021. Vitoria-gasteiz: Servicio Central de publicaciones del Gobierno Vasco; 2017. Available from: [http://www.euskadi.eus/contenidos/informacion/acicciones\\_plan/es\\_def/adjuntos/VII\\_plan\\_adicciones\\_es.pdf](http://www.euskadi.eus/contenidos/informacion/acicciones_plan/es_def/adjuntos/VII_plan_adicciones_es.pdf)
9. Observatorio Español de la Droga y las Toxicomanías. EDADES 2015/2016 Encuesta sobre alcohol y otras drogas en España. Ministerio de Sanidad, Servicios Sociales e Igualdad. Available from: [http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/EDADES\\_2015-2016\\_ENCUESTA SOBRE ALCOHOL Y OTRAS DROGAS EN ESPAÑA.pdf](http://www.pnsd.msssi.gob.es/profesionales/sistemasInformacion/sistemaInformacion/pdf/EDADES_2015-2016_ENCUESTA SOBRE ALCOHOL Y OTRAS DROGAS EN ESPAÑA.pdf)

10. Portela AL, García L, Goldim JR. Vulnerable adolescence: bio-psychosocial factors related to drug use. *Rev. bioét* [Internet]. 2015 [cited 21 April, 2018]; 23(2): 311-319. doi: <https://dx.doi.org/10.1590/1983-80422015232070>
11. Pérez de San Román U, San Millán A, Caparrós R, De Anitua M. ¿El placer de las drogas unifica los géneros?: Experiencias de la asociación Ai Laket! En cuestiones de sexo y género. *OSLS* [Internet]. 2012 [cited 14 April, 2018]; 2(6): 180-190. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=4134416>
12. López S, Rodríguez-Arias JL. Factores de riesgo y de protección en el consumo de drogas y la conducta antisocial en adolescentes y jóvenes españoles. *International Journal of Psychological Research* [Internet]. 2012 [cited 14 April, 2018]; 5(1): 25-33. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=5134680>
13. Calafat A, Fernández Gómez C, Juan M, Becoña E. Gestión de la vida recreativa: ¿Un factor de riesgo determinante en el uso reciente de drogas?. *Adicciones* [Internet]. 2005 [cited 14 April, 2018]; 17(4): 337-347. doi: <https://doi.org/10.20882/adicciones.364>
14. Cabrera CG. La influencia del grupo de iguales como factor de riesgo en el consumo de las sustancias psicoactivas. *IPSE-ds* [Internet]. 2015 [cited 13 May, 2018]; (8): 43-52. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=6357186>
15. De la Villa M. Personalidad, resiliencia y otros factores psicosociales asociados al consumo de sustancias psicoactivas en la adolescencia: propuesta etiológica. *Revista Española de Drogodependencias* [Internet]. 2007 [cited 21 April, 2018]; 32(3): 250-291. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=2469542>
16. Calafat A, Fernández Gómez C, Juan M, Becoña E. Vida recreativa nocturna de los jóvenes españoles como factor de riesgo frente a otros más tradicionales. *Adicciones* [Internet]. 2007 [cited 14 April, 2018]; 19(2): 125-132. doi: <https://doi.org/10.20882/adicciones.310>
17. Agrawal A, Verweij KJH, Gillespie NA, Heath AC, Lessov-Schlaggar CN, Martin NG et al. The genetics of addiction- a translational perspective. *Transl Psychiatry*. [Internet]. 2012 [cited 19 February, 2018]; 2(7): e140. doi: <https://dx.doi.org/10.1038%2Ftp.2012.54>
18. Pulido J, Brugal MT, De la Fuente L, Ballesta R, Barrio G, Bravo MJ et al. Metodología de reclutamiento y características de una cohorte de jóvenes consumidores habituales de cocaína de tres ciudades españolas. *Gac. Sanit* [Internet]. 2009 [cited 19 February, 2018]; 23(3): 200-207. doi: <https://doi.org/10.1016/j.gaceta.2008.05.003>
19. Van Wel JH, Kuypers KP, Theunissen EL, Bosker WM, Bakker K, Ramaekers JG. Effects of acute MDMA intoxication on mood and impulsivity: role of the 5-HT<sub>2</sub> and 5-HT<sub>1</sub> receptors. *PloS one* [Internet]. 2012 [cited 5 March, 2018]; 7(7): e49187. doi: <https://dx.doi.org/10.1371%2Fjournal.pone.0040187>

20. Steinkellner T, Freissmuth M, Sitte HH, Montgomery T. The ugly side of amphetamines: short and long-term toxicity of 3, 4-methylenedioxymethamphetamine (MDMA, 'Ecstasy'), methamphetamine and D-amphetamine. *Biol. Chem* [Internet]. 2011 [cited 5 March, 2018]; 392(1-2): 103-115. doi: <https://dx.doi.org/10.1515%2FBC.2011.016>
21. Rodríguez EO, Raga JM, Gómez MC, Gálvez BP, Ferragut AS, Martínez GC. Complicaciones físicas del consumo de drogas recreativas. *Adicciones* [Internet]. 2003 [cited 13 May, 2018]; 15(5): 207-216. Available from: <https://dialnet.unirioja.es/servlet/articulo?codigo=766818>
22. Gainza I, Nogué S, Martínez Velasco C, Hoffman RS, Burillo-Putze G, Dueñas A et al. Drug poisoning. *An. Sist. Sanit. Navar* [Internet]. 2003 [cited 13 May, 2018]; 26(supl.1): 99-128. Available from: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1137-66272003000200006&lng=es&tlng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1137-66272003000200006&lng=es&tlng=es).
23. United Nations Office on Drugs and Crime (UNODC). *World Drug Report 2015*. Vienna: United Nations publications; 2015. ISBN: 978-92-1-148282-9. Available from: [http://www.unodc.org/documents/wdr2015/WDR15\\_ExSum\\_S.pdf](http://www.unodc.org/documents/wdr2015/WDR15_ExSum_S.pdf)
24. Medicina21. Identifican el mecanismo molecular que relaciona el consumo de cannabis y el desarrollo de esquizofrenia [Internet]. Madrid: May 23, 2018 [last actualization June 25, 2018; cited 25 May, 2018]. Available from: [https://www.medicina21.com/Notas\\_de\\_prensa/V12187/Identifican-el-mecanismo-molecular-que-relaciona-el-consumo-de-cannabis-y-el-desarrollo-de-esquizofrenia.html](https://www.medicina21.com/Notas_de_prensa/V12187/Identifican-el-mecanismo-molecular-que-relaciona-el-consumo-de-cannabis-y-el-desarrollo-de-esquizofrenia.html)
25. Kennett JM, Matthews S, Snoek A. Pleasure and addiction. *Front. Psychiatry* [Internet]. 2013 [cited 19 February, 2018]; 4:117. doi: <https://dx.doi.org/10.3389%2Ffpsyt.2013.00117>
26. Centro de documentación de drogodependencias del País Vasco (CDD). *Drogomedia* [Internet]. [Cited 13 May, 2018]. Available from: <https://www.drogomedia.com/>.
27. Fernández-Hermida JR, Secades-Villa R. Ética y prevención del consumo de drogas. *Rev. Esp. Drogodep* [Internet]. 2010 [cited 19 February, 2018]; 35(1): 4-20. Available from: [https://www.researchgate.net/profile/Jose\\_Fernandez\\_Hermida/publication/233850781\\_Etica\\_y\\_prevenccion\\_del\\_consumo\\_de\\_drogas/links/0c96053621a99c21ce000000/Etica-y-prevencion-del-consumo-de-drogas.pdf#page=4](https://www.researchgate.net/profile/Jose_Fernandez_Hermida/publication/233850781_Etica_y_prevenccion_del_consumo_de_drogas/links/0c96053621a99c21ce000000/Etica-y-prevencion-del-consumo-de-drogas.pdf#page=4)
28. Sanz CA. La prevención del consumo de drogas en España: evolución y propuestas para la reflexión. *Rev. Esp. Drogodep* [Internet]. 2005 [cited 5 March, 2018]; 30 (3-4): 367-381. Available from: [http://www.aesed.com/descargas/revistas/v30n3-4\\_9.pdf](http://www.aesed.com/descargas/revistas/v30n3-4_9.pdf)
29. Espada JP, González MT, Orgilés M, Lloret D, Guillén-Riquelme A. Meta-analysis of the effectiveness of school substance abuse prevention programs in Spain. *Psicothema* [Internet]. 2015 [cited 5 March, 2018]; 27(1): 5-12. doi: <http://dx.doi.org/10.7334/psicothema2014.106>
30. Gázquez M, García del Castillo JA, Espada JP. Características de los programas eficaces para la prevención escolar del consumo de drogas.

- Salud y drogas [Internet]. 2009 [cited 17 January, 2018]; 9(2): 185-208. Available from:  
[https://www.asturias.es/Astursalud/Imagen/AS\\_Salud%20Publica/AS\\_Drogas/Tabaco/Prevencion\\_escolar\\_consumo\\_drogas.pdf](https://www.asturias.es/Astursalud/Imagen/AS_Salud%20Publica/AS_Drogas/Tabaco/Prevencion_escolar_consumo_drogas.pdf)
31. Errasti JM, Al-Halabí S, Secades R, Fernández-Hermida JR, Carballo JL, García-Rodríguez O. Prevención familiar del consumo de drogas: el programa «Familias que funcionan». *Psicothema* [Internet]. 2009 [cited 19 February, 2018]; 21(1): 45-50. Available from:  
<http://www.psicothema.com/psicothema.asp?id=3593>
  32. Lloret D, Espada JP, Cabrera V, Burkhart G. Prevención familiar del consumo de drogas en Europa: una revisión crítica de los programas contenidos en EDDRA. *Adicciones* [Internet]. 2013 [cited 19 February, 2018]; 25(3): 226-234. doi: <http://dx.doi.org/10.20882/adicciones.50>
  33. Valverde C, Pi J, Colom i Ferran J. Programas de reducción de daños en uso/abuso de drogas recreativas. *Adicciones* [Internet]. 2003 [cited 17 January, 2018]; 15 (2): 353-359. doi:  
<http://dx.doi.org/10.20882/adicciones.470>
  34. Bilbao.eus [Internet] Bilbao [cited 13 May, 2018]. Bilbao.net. Available from:  
<http://bilbao.net/cs/Satellite?c=Page&cid=1279134317983&language=es&pageid=1279134317983&pagename=Bilbaonet%2FPPage>
  35. Phillips D. How to avoid death by PowerPoint [Video File]. April 14, 2014 [cited 5 March, 2018]. Available from:  
<https://www.youtube.com/watch?v=lwpi1Lm6dFo>
  36. Goyder C. The surprising secret to speaking with confidence [Video File]. November 25, 2014 [cited 5 March, 2018]. Available from:  
<https://www.youtube.com/watch?v=a2MR5XbJtXU>
  37. Roca E. Técnicas para manejar la ansiedad y el pánico. En: *Acde Cooperacion Y Desarrollo. Cómo superar el pánico, con o sin agorafobia*. 4th ed. Spain: ACDE Ediciones; 2008. Second phase, section 2.2.
  38. Proyecto "Prevención del Uso Indebido de Drogas en Comunidades Educativas de Bolivia". Video Educativo Nro 7. Posición de la familia sobre el consumo de drogas [Video File]. February 2, 2016 [cited 5 March, 2018]. Available from: <https://www.youtube.com/watch?v=gOBVnPzFxx0>
  39. Ministerio de Justicia y del Derecho Colombia. Nuestro tiempo es ahora- prevención del consumo de drogas [Video File]. May 21, 2014 [cited 5 March, 2018]. Available from: <https://www.youtube.com/watch?v=JndZ3y-KVLQ>



## 7. ANNEXES

### ANNEXE 1: Test about knowledge.

#### TEST: How much do you know about drugs?

You can find below some drug names with 15 positive and negative statements about each of them. T stands for TRUE and F is for FALSE. Circle the option you consider correct.

##### **Cannabis**

1	It does not produce any sort of dependency	T	F
2	It produces confusing thoughts and make you forget about things	T	F
3	It seems to take you longer to do things and your movements slow down	T	F
4	It is not a substance that changes the way you perceive things	T	F
5	Generally, it decreases the interest about things and let the person get away from reality	T	F
6	Its origin is natural	T	F
7	The only way of consuming it is by smoking	T	F
8	It does not have physical effects	T	F
9	The psychological effects are the same for every user	T	F
10	It is not possible to have hallucinations because of cannabis	T	F
11	Marijuana and hashish are the same thing	T	F
12	It increases appetite	T	F
13	It increases concentration	T	F
14	Cannabis can not produce depression	T	F
15	Its active compound is the THC	T	F

##### **Amphetamines**

1	Make you last a lot of time partying	T	F
2	Help retain information	T	F
3	The effects can last up to half an hour	T	F
4	Decrease appetite	T	F
5	Make you unable to sleep even when you are tired	T	F
6	MDMA is an amphetamine	T	F
7	Speed does not generate tolerance	T	F
8	They can be smoked	T	F
9	The only psychological effects they produce are increase in energy and concentration	T	F
10	Make the pupils get bigger	T	F
11	Is better not to drink water during consumption	T	F

12	Speed and ecstasy are different names for the same substance	T	F
13	They make the blood pressure decrease	T	F
14	They can cause depression	T	F
15	After the positive effects, they produce somnolence	T	F

##### **Ecstasy**

1	The pills with the same form have identical composition	T	F
2	It is recommended to drink a liter of water per hour when dancing and sweating	T	F
3	Water boost the effects of ecstasy	T	F
4	After the positive effects, it can cause tiredness and depression	T	F
5	Consumed along with alcohol, dehydration increases	T	F
6	It does not cause tolerance	T	F
7	There is a substance that avoids the negative effects	T	F
8	It can lead to a heart stroke	T	F
9	Produces the impulse of hugging and kissing people	T	F
10	Ecstasy does not produce involuntary jaw movements	T	F
11	Decreases appetite	T	F
12	Makes you empathize	T	F
13	The residual effects can last up to 24 hours	T	F
14	Occasional use is danger-free	T	F
15	Ecstasy is a Central Nervous System depressor	T	F

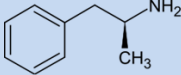
##### **Cocaine**

1	Is a stimulant and keeps you alert	T	F
2	Can cause visual and auditory hallucinations with frequent or high doses	T	F
3	Produces aggressive behaviors	T	F
4	A small amount keeps its effects between 6 and 8 hours	T	F
5	Drinking alcohol reduces the craving of cocaine	T	F
6	It has an organic origin	T	F
7	It is made by mixing different chemical substances	T	F
8	It does not cause dependency	T	F
9	Makes the pupils smaller	T	F
10	The anesthetic effect is a consequence of a high dose and it is considered an urgency	T	F
11	Rises blood-pressure	T	F
12	Decreases appetite	T	F
13	Increases sexual capability	T	F
14	Cocaine can cause hallucinations	T	F
15	Crack is a form of cocaine	T	F

### ANSWERS:

CANNABIS:	AMPHETAMINES:	ECSTASY:	COCAINE:
1. F	1. T	1. F	1. T
2. T	2. F	2. F	2. T
3. T	3. F	3. F	3. T
4. F	4. T	4. T	4. F
5. T	5. T	5. T	5. F
6. T	6. T	6. F	6. T
7. F	7. F	7. F	7. F
8. F	8. T	8. T	8. F
9. F	9. F	9. F	9. F
10. F	10. T	10. T	10. F
11. F	11. F	11. T	11. T
12. T	12. F	12. T	12. F
13. F	13. F	13. T	13. F
14. F	14. T	14. F	14. T
15. T	15. F	15. F	15. T

## ANNEXE 2: informative leaflet about amphetamines.



**AMPHETAMINES**

**What are amphetamines?**

They are powerful stimulants from the family of feniletamines. The most common one is the amphetamine sulfate or Speed.

**What do they look like?**

Usually as a white and odorless powder but they could also look like a pinkish or ochre powder or even as a brown paste.

**What is in them?**

Other stimulants, especially caffeine, analgesics such as paracetamol and excipients.

**Ways of using:**

- ✚ By eating them: the effects start after approximately half an hour.
- ✚ By inhaling: almost immediate effects.
- ✚ Injected: very high risk of overdose and of contaminating with adulterants.
- ✚ Smoked.


**EFFECTS**

**Physical**

Rise in cardiac rhythm, blood pressure, body temperature and physical activity.

Reduction in tiredness, sleep and appetite.

Jaw movements and teeth screech.



**Psychological**

First,

Euphoria, energy, psychomotor activity, repetitive movements and feeling of invulnerability.

Later,

Physical and psychological tiredness, dry mouth, headaches, sweating, sleeplessness and depressive mood.

**Prolonged use** can produce anxiety, irritability, fear, amphetamine psychosis, delirium, extreme anorexia, respiratory problems, strokes, arrhythmia, auditory and visual hallucinations. **Abuse can lead to psychotic episodes.**

The withdrawal symptom tends to be **depression**.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus) and additional facts from Steinkellner, Thomas & Freissmuth, Michael & Sitte, Harald & Montgomery, Therese. (2011). The ugly side of amphetamines: short- and long-term toxicity of 3,4-methylenedioxymethamphetamine (MDMA, 'Ecstasy'), methamphetamine and D-amphetamine. Biological chemistry. 392. 103-15. 10.1515/BC.2011.016.

## ANNEXE 3: informative leaflet about cannabis.

### Cannabis



#### What is it?

It is a plant that has more than 400 chemical compounds, 60 of them being exclusive of this plant, which are named cannabinoids. Their active ingredient is the tetrahydrocannabinol or THC.

**Marijuana:** flowers, leaves, sprouts and stems dried and grinded.

**Hashish:** is a paste made of the resin of female plants.

**Hash oil:** liquid with the resin and a solvent.

#### Ways of using:

- ✚ Inhaled or smoked
- ✚ Oral
- ✚ Aerosol or drops

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

### Effects

It is an hallucinogen drug that affects the Central Nervous System. Their effects vary depending on the purity, nature, consumer's profile and environment. In general, it intensifies emotions.

#### Physical

Rise in blood-pressure and heart rate, appetite, sleepiness, dry mouth, muscle strength loss, lack of motor coordination, eye reddening, bronchitis, chronic cough and more colds.



#### Psychological

They differ taking into account the mood of the user.

Relaxation, willing to converse, sociability...

Distance, time and corporal distortion; nervousness; difficulty to speak and immediate memory failure.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

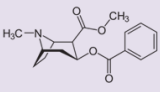
In high doses, inexperienced users or predisposed people they can appear:

**Acute toxic psychosis:** panic, depression, anxiety and paranoia.


**Motivational syndrome:** apathy, efficacy loss and lack of concentration at work or studying.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

## ANNEXE 4: informative leaflet about cocaine.



**COCAINE**



**Ways of using:**

- Inhaled: the effects start after a few minutes and last about 40 minutes.
- Smoked: the effect is faster and more intense but lasts less.
- Oral: the effects delay more than inhaling.

**What is it?**


It is a fast-action and short duration stimulant that produces a heavy psychic dependence. It is the main alkaloid of coca leaf.

**What does it look like?**

Is an organic white-coloured crystalline compound with bitter flavor.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

### Effects




**Physical**

Dilation of pupils, rise in blood-pressure, heart rate and breathing, loss of cold sensation, muscle relaxation, lack of appetite and local anaesthetic.

**Psychological**

Euphoria, feeling of comfort, self-confidence, lack of inhibition and increase in the level of energy, feeling powerful.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)



**The withdrawal syndrome** can produce delirium and mood disorder.

**The comedown** appears after half an hour approximately with trouble sleeping, tiredness, sadness, big appetite, sexual impotence, depressive mood, irritability and violent behavior.

**Continuous use** can produce abdominal pain, irregular breathing, tachycardia, hyperactivity, agitation, anxiety, depression, anguish, heart attack, hallucinations, violent behavior, weight loss, impotence or chronic insomnia. It damages the Central Nervous System.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

## ANNEXE 5: informative leaflet about ecstasy.



### What is it?

It is a derivative of methamphetamine and intensifies the effect of serotonin.

### What is it like?

A crystalline white powder on its pure form but it is usually presented as pink, green, white or brown pills.

### Way of using?

Oral, with an average dose of 100-150 mg. Tolerance is developed, therefore, the dose needs to be increased.

All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

## Effects

They appear after half an hour and disappear during the next four hours with the possibility of lasting up to 10 hours.

### Positive:

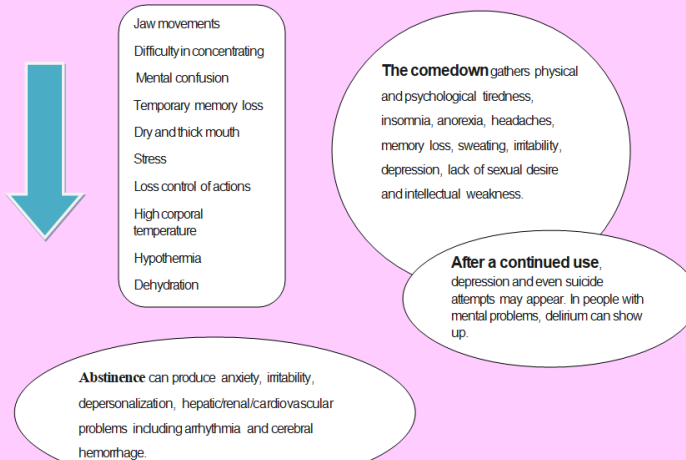
Energy and humor rise, feeling empathetic and comfortable, spiritual experiences, intense senses, impulse of hugging and kissing people.

### Neutral:

Loss of appetite, visual distortion, involuntary eye movements, rise in blood pressure and heart rate, changes in temperature regulation, tremors and nervousness.



All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)



All the information is from the Health Department of the Basque Government available at [www.euskadi.eus](http://www.euskadi.eus)

## ANNEXE 6: informative leaflet about urgencies and recreational use.

### URGENCIES

#### **Free phone number for immediate assistance in case of personal or collective risk: 112**

**Always verify the vital functions: breathing, circulation and temperature; primarily when the person is unconscious.**

#### **Cocaína**

- ❖ Any dose is potentially toxic
- ❖ Deaths have been registered even after one use
- ❖ It is difficult to predict which dose will be toxic due to the variability in purity, adulterants and the individual tolerance.
- ❖ If cocaine is mixed with alcohol, the life of the substance rises 2,5 times compared to cocaine used alone and this can lead to late manifestations.
- ❖ The hyperthermia is a serious sign and requests immediate corporal cooling, for example with **ICE**.
- ❖ If chest pain appears after cocaine consumption, the heart attack happens in a 6% and they can appear even after 24 hours after the use, even though the risk is 24 times higher during the first 60 minutes and, after that, it decreases.

Information from García, I., Nogué, S., Martínez Velasco, C., Hoffman, R. S., Burillo-Palaz, G., Duarte, A., Gómez, J., & Pirellou, M. A. (2003). Intoxicación por drogas. Anales del Sistema Sanitario de Navarra, 25(Sup. 1), 99-120 and the Centre for the Control and Prevention of Diseases (CCDC) available at <http://www.cdc.gov/Spanish/Injury/CCDC/urgencies.html>

#### **MDMA or Ecstasy**

- ❖ Residual effects can last 24 hours and are tiredness, irritability, humor changes, lethargy...
- ❖ The heat stroke can express itself with temperatures above 41 degrees. Cooling methods and paracetamol are indicated in these cases of fever.
- ❖ Several fatal cases have been documented in Spain.
- ❖ Regular and occasional use is not danger-free, in some countries including Spain it has been necessary to make hepatic transplants in this kind of patients.

**In case of anxiety and agitation, try to KEEP CALM and relax the other person. Treatment may be needed so, if this symptom remains, call 112.**

**A psychotic outbreak may require treatment or contention, therefore, do not hesitate to call the medical services.**

**DO NOT FORGET TO HYDRATE yourself but watch out! If the intake of water is excessive, a cerebral edema can develop.**

**If a person ingests a big quantity of drugs as a way of hiding them from the authorities, "body stuffer", call 112 because they need purging, monitoring and symptomatic remedies AS SOON AS POSSIBLE.**

Information from García, I., Nogué, S., Martínez Velasco, C., Hoffman, R. S., Burillo-Palaz, G., Duarte, A., Gómez, J., & Pirellou, M. A. (2003). Intoxicación por drogas. Anales del Sistema Sanitario de Navarra, 25(Sup. 1), 99-120 and the Centre for the Control and Prevention of Diseases (CCDC) available at <http://www.cdc.gov/Spanish/Injury/CCDC/urgencies.html>

**Convulsions** can happen as a consequence of drug use.

#### **What CAN I do if this happens?**

- ❖ Lean the person back on the floor.
- ❖ Retire the heavy or sharp objects to make the area safe.
- ❖ Put the head on something soft and flat, like a folded jacket.
- ❖ If the person wears glasses, take them off. Loosen the tie or anything around the neck that could make the breathing difficult.
- ❖ Time how long it takes to stop.

#### **When do I have to call 112?**

- ❖ When the seizure takes longer than 5 minutes.
- ❖ Another convulsion happens after the first one.
- ❖ The person gets hurt during it.
- ❖ It happens underwater.
- ❖ The person has diabetes, is pregnant or has a cardiac disease.

#### **What can I NOT do?**

- ❖ Do not try to avoid the movements or try to hold the person.
- ❖ Do not put anything inside the mouth of the person.
- ❖ Do not do mouth-to-mouth breathing.
- ❖ Do not offer liquids or food until the person is totally alert.

Information from García, I., Nogué, S., Martínez Velasco, C., Hoffman, R. S., Burillo-Palaz, G., Duarte, A., Gómez, J., & Pirellou, M. A. (2003). Intoxicación por drogas. Anales del Sistema Sanitario de Navarra, 25(Sup. 1), 99-120 and the Centre for the Control and Prevention of Diseases (CCDC) available at <http://www.cdc.gov/Spanish/Injury/CCDC/urgencies.html>

## ANNEXE 7: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1).

Source:

[http://apps.who.int/iris/bitstream/handle/10665/44320/9789241599382\\_eng.pdf;jsessionid=B6F1B2164B19C7B8CD9BD62D0B9ABB7F?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/44320/9789241599382_eng.pdf;jsessionid=B6F1B2164B19C7B8CD9BD62D0B9ABB7F?sequence=1)

### Appendix A

#### The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1)

Clinician Name  Clinic   
 Client ID or Name  Date

#### Introduction (please read to client or adapt for local circumstances)\*

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (show response card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will **not** record medications that are used **as prescribed** by your doctor. However, if you have taken such medications for reasons **other** than prescription, or taken them more frequently or at higher doses than prescribed, please let me know.

While we are also interested in knowing about your use of various **illicit** drugs, please be assured that information on such use will be treated as strictly confidential.

Before asking questions, give ASSIST response card to client

QUESTION 1   In your life, which of the following substances have you ever used (non-medical use only)?		
a	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	No Yes
b	Alcoholic beverages (beer, wine, spirits, etc.)	No Yes
c	Cannabis (marijuana, pot, grass, hash, etc.)	No Yes
d	Cocaine (coke, crack, etc.)	No Yes
e	Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	No Yes
f	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No Yes
g	Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	No Yes
h	Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	No Yes
i	Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	No Yes
j	Other – specify: _____	No Yes
Probe if all answers are negative: "Not even when you were in school?"		If "No" to all items, stop interview. If "Yes" to any of these items, ask Q2 for each substance ever used

\* ASSIST V3.1 is to be utilized for screening in clinical settings. For research purposes please use the previous version ASSIST V3.0.  
 © World Health Organization 2010.

QUESTION 2   In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d Cocaine (coke, crack, etc.)	0	2	3	4	6
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	2	3	4	6
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	2	3	4	6
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	2	3	4	6
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	2	3	4	6
j Other – specify: _____	0	2	3	4	6

If "Never" to all items in Q2, skip to Q6.  
If any substances in Q2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

QUESTION 3   During the past three months, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d Cocaine (coke, crack, etc.)	0	3	4	5	6
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	3	4	5	6
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	3	4	5	6
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	3	4	5	6
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	3	4	5	6
j Other – specify: _____	0	3	4	5	6

QUESTION 4   During the past three months, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d Cocaine (coke, crack, etc.)	0	4	5	6	7
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	4	5	6	7
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	4	5	6	7
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	4	5	6	7
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	4	5	6	7
j Other – specify: _____	0	4	5	6	7

QUESTION 5   During the past three months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a Tobacco products					
b Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d Cocaine (coke, crack, etc.)	0	5	6	7	8
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	5	6	7	8
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	5	6	7	8
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	5	6	7	8
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	5	6	7	8
j Other – specify: _____	0	4	5	6	7

Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1).



QUESTION 6   Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc.)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d Cocaine (coke, crack, etc.)	0	6	3
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	6	3
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	6	3
j Other – specify: _____	0	6	3

Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1).

QUESTION 7   Have you ever tried to cut down on using (first drug, second drug, etc) but failed?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d Cocaine (coke, crack, etc.)	0	6	3
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	6	3
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	6	3
j Other – specify: _____	0	6	3

Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1).

QUESTION 8   Have you ever used any drug by injection (non-medical use only)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
(Please tick the appropriate box)			

## ANNEXE 8: Project ALERT Knowledge Assessment Tool.

Source: [https://www.projectalert.com/teacher\\_tools/assessment-tools](https://www.projectalert.com/teacher_tools/assessment-tools)

### Core Lesson 6

#### I. Short Answer

1. How do we put pressures on ourselves to use drugs?
2. What other pressures do teenagers feel besides the pressures to smoke, drink and use
3. other drugs?
4. If a friend is feeling pressure to smoke, drink or use other drugs, how could you help
5. him or her?

### Core Lesson 8

(Items marked with an asterisk [\*] are taken from the homework in Core Lesson 7.)

#### I. True - False

1. \*Marijuana is a natural plant.
2. \*It is as dangerous to drive a car when stoned on marijuana as it is to drive after you have been drinking.
3. Toxic chemicals enter the bloodstream very quickly through the lungs.
4. It takes a long time for inhaled toxic chemicals to reach the brain, heart, and liver.
5. Experiencing a sudden fright while inhaling toxic chemicals can cause the heart to stop.
6. Something you can't see could still be poisonous.

#### II. Multiple Choice

1. \*The chemical in marijuana that makes users get high is
  - A. nicotine.
  - B. ecstasy.
  - C. THC.
  - D. none of the above.
2. \*Which is FALSE about marijuana?
  - A. It slows your reaction time.
  - B. It interferes with coordination.
  - C. It makes you more creative.
  - D. It makes it hard to concentrate.
3. \*Using marijuana for a long time can cause
  - A. changes in the reproductive system.
  - B. lung damage.
  - C. dependence.
  - D. all of the above.
4. Fumes from toxic chemicals that are inhaled
  - A. get exhaled quickly
  - B. damage brain cells
  - C. are all natural
  - D. none of the above

#### III. Short Answer

1. How do inhaled chemical fumes cause body pollution?
2. Why is oxygen so important to the body?
3. What are some things we can do to protect ourselves from chemical fumes when we are using products that contain them?
4. What would you tell a younger sibling to do or say if they are approached to inhale fumes?

### Core Lesson 9

#### I. Short Answer

1. Where do pressures to use drugs come from?
2. What are some situations in which you feel pressure from inside yourself?

#### I. True - False

1. \*You can always tell if a drug is pure.
2. \*A single dose of crack cocaine can cause a heart attack.
3. \*Most teenagers do not use drugs.
4. \*Taking LSD or shrooms can alter the brain chemistry, causing hallucinations.
5. \*Hallucinogens are dangerous because they distort reality.
6. \*Roofties are tasteless and odorless and mix easily with carbonated beverages (sodas).
7. Smoking is a good way to stay thin.
8. Cigarettes help relieve stress.

#### II. Multiple Choice

1. \*Mixing a drug with another drug is called
  - A. snorting.
  - B. cracking.
  - C. huffing.
  - D. lacing.
2. \*Using LSD can cause
  - A. unpredictable effects.
  - B. effects similar to alcohol.
  - C. dependence with one dose.
  - D. all of the above.
3. \*Depressants can cause
  - A. extreme excitement.
  - B. increased interest in sex.
  - C. coma.
  - D. intense hunger.
4. \*Users of this drug often become violent.
  - A. PCP
  - B. Marijuana
  - C. Ecstasy
  - D. Nicotine
5. \*Hallucinogens such as LSD and shrooms may cause
  - A. increased muscle size.
  - B. feelings that you can fly.
  - C. chronic fatigue.
  - D. instant sleepiness.
6. \*One of the most common risks from using Ecstasy is
  - A. loss of bladder control.
  - B. inability to feel pain.

- C. increased body temperature.
  - D. violent behavior.
7. \*Which drug has been used for body-building?
- A. LSD
  - B. THC
  - C. GHB
  - D. PCP
8. \*Which drug is nicknamed "the date rape drug?"
- A. Rohypnol
  - B. LSD
  - C. Methamphetamine
  - D. Marijuana
9. If smokers think that having a cigarette calms them down, it is probably because
- A. it really does.
  - B. they have had a bad day.
  - C. the smoking relieves the withdrawal symptoms.
  - D. smoking makes the heart beat slow down.
10. What happens to your lungs when you quit smoking?
- A. They continue to get worse.
  - B. They become healthier.
  - C. They do not change.
  - D. They close up because they crave nicotine.
11. What is likely to happen if you stop smoking?
- A. You save money.
  - B. You smell better.
  - C. You breathe better.
  - D. All of the above

**I. True - False**

1. Crack cocaine makes your body speed up.
2. It is safe to use someone else's prescription drug if you both have the same symptoms.
3. Most teenagers use drugs.
4. Cocaine and crack are addictive drugs.

**II. Multiple Choice**

1. Crack is a type of

- A. cocaine.
  - B. marijuana.
  - C. amphetamine.
  - D. depressant.
2. Club drugs include
- A. Ecstasy.
  - B. methamphetamine.
  - C. GHB.
  - D. all of the above.
3. Which is a prescription pain killer?
- A. ecstasy.
  - B. OxyContin.
  - C. methamphetamine.
  - D. LSD.

**I. True - False**

It takes at least a year or two after you start smoking to become addicted to cigarettes.  
 People cannot become addicted to marijuana.  
 The lungs are the only organs damaged by inhalants.  
 Crack can cause seizures and stroke.  
 The chemicals in marijuana stay in your body for several weeks.  
 Pregnant women should not smoke at all.

**II. Multiple Choice**

1. If you go to school "high" on marijuana there is a good possibility you will forget
  - A. your birth date.
  - B. your mother's name.
  - C. your phone number.
  - D. answers to a history quiz.
2. Which is NOT a common result of using marijuana for a long time?
  - A. loss of interest in other activities
  - B. faster recovery from cancer
  - C. damage to the immune system
  - D. changes in the reproductive system
3. Using alcohol for a long time can cause
  - A. liver damage.
  - B. nerve/brain damage.
  - C. stomach damage.
  - D. all of the above.

**III. Short Answer**

1. What are some emotions a person may feel with a bad "high" on marijuana?
2. What are some ways that inhalants can harm you the first time?
3. What are some problems teenagers could experience right away if they use alcohol or marijuana?

**I. True - False**

1. \*Methamphetamine can cause death any time you use it.
2. \*It is safe to take prescription stimulants like Dexedrine, Ritalin or Adderall to stay awake and study.
3. \*It is dangerous to mix prescription drugs without consulting a doctor.
4. \*Uppers and downers affect the way the brain works.
5. \*Cocaine and methamphetamine are addictive.

**II. Short Answer**

1. \*What is the relationship between smoking as a young person and the possibility of smoking as an adult?
2. Give an example of an internal pressure situation.
3. If you are feeling internal pressure to do something, what could you do so that you do not give in to the pressure?
4. How do you think you would feel after you resisted internal pressure?
5. \*List several addictive drugs other than nicotine.
6. \*What are some things a doctor considers when prescribing a drug to an individual?
7. \*What are some of the effects of abuse of steroids?

**Booster Lesson 3**

**I. Short Answer**

1. If someone keeps up the pressure to use drugs even after you say "no," what else could you do or say?
2. If your friend is being pressured to use drugs, how could you help him or her out of the situation?
3. How does it feel to be pressured to use drugs?
4. What are some of the benefits of resisting pressure?
5. What do you think your friends would think about you after you resisted pressure to use drugs?

## ANNEXE 9: Batería de Socialización BAS-3.

Source: <https://es.scribd.com/document/324897518/Manual-Del-Bas-3#>

**BAS – 3**  
**BATERÍA DE SOCIALIZACIÓN – AUTOEVALUACIÓN**  
(F. Silva Moreno y M<sup>a</sup> C. Martorell Pallas)  
Adaptación: Mg. Edmundo Arevalo Lana, 2003)

### CUESTIONARIO

**INSTRUCCIONES:** A continuación encontrarás una serie de frases. Lee cada frase atentamente y rellena la burbuja que encuentras debajo de la palabra SI, en el caso de que la frase corresponda a tu manera de ser o de actuar. Si la frase no corresponde a tu manera de ser o de actuar, rellena la burbuja debajo de la palabra NO. No hay respuestas malas ni buenas, todas sirven.

**Trabaja rápidamente. No te detengas demasiado en una contestación.**

**¡CONTESTA A TODAS LAS PREGUNTAS EN LA HOJA DE RESPUESTAS!**

1. Me da miedo y me aparto de cosas que no dan miedo a los demás
2. Me gusta organizar nuevas actividades
3. Cuando estoy con una persona mayor y hablo con ella, lo hago con respeto
4. Insulto a la gente
5. Suelo ser simpático con los demás
6. Me gusta dirigir actividades de grupo
7. Todas las personas me caen bien
8. Evito a los demás
9. Suelo estar solo
10. Los demás me imitan en muchos aspectos
11. Ayudo a los demás cuando tienen problemas
12. Me preocupo cuando alguien tiene problemas
13. Soy terco, hagan lo que hagan y digan lo que digan los demás, voy a lo mío
14. Animo a los demás para que solucionen problemas
15. Llego puntual a todos los sitios
16. Entro en los sitios sin saludar
17. Hablo a favor de los demás cuando veo que tienen problemas
18. Me cuesta hablar, incluso cuando me preguntan algo, me cuesta responder
19. Lloro con facilidad
20. Organizo grupos para trabajar
21. Cuando hay problemas, me eligen como árbitro o juez
22. Dejo a los demás trabajar o entretenerse sin molestarlos
23. Contribuyo para que el trabajo sea más interesante y variado
24. Algunas veces he hecho como que no oía cuando me llamaban
25. Soy alegre
26. Tomo la iniciativa a la hora de emprender algo
27. Me preocupo para que nadie sea dejado de lado
28. Me siento aburrido o cansado, sin energía
29. Me eligen como jefe en las actividades de grupo
30. Me gusta hablar con los demás
31. Juego más con los otros que solo
32. Me gusta todo tipo de comida
33. Tengo facilidad de palabra
34. Soy violento y golpeo a los demás
  
35. Me tienen que obligar para integrarme a un grupo
36. Cuando quiero hablar, pido la palabra y espero mi turno
37. Me gusta estar con los demás, me siento bien entre ellos
38. Soy vergonzoso
39. Soy tímido ante las cosas y situaciones nuevas
40. Grito y chilló con facilidad
41. Hago inmediatamente lo que me piden
42. Cuando se trata de realizar actividades de grupo, me retraigo
43. Soy tímido
44. Soy mal hablado
45. Sugiero nuevas ideas
46. Cuando corrijo a alguien, lo hago con delicadeza
47. Me entiendo bien con los de mi edad
48. Paso apuros cuando estoy con personas del otro sexo
49. Corrijo a los demás cuando dicen palabrotas
50. Espero mi turno sin ponerme nervioso
51. Defiendo a otros cuando se les ataca o critica
52. Intento estar en lugares apartados, poco visibles o concurridos
53. Hablo y discuto serenamente sin alterarme
54. Me asusto con facilidad cuando no sé hacer algo
55. Cuando me llaman la atención, me desconcierto y no sé que hacer
56. Desafío a los mayores cuando me llaman seriamente la atención
57. Cuando tengo que hacer algo, lo hago con miedo
58. Cuando digo o hago algo mal, siempre pido disculpas
59. Se escuchar a los demás
60. Soy amable con los demás cuando veo que tienen problemas
61. Soy considerado con los demás
62. Me pongo nervioso cuando tengo que decir algo delante de la gente
63. Suelo estar apartado, sin estar con nadie
64. Soy impulsivo, me falta paciencia para esperar
65. Protesto cuando me mandan hacer algo
66. Cuando alguien es rechazado por el grupo, me acerco e intento ayudarle
67. Recojo los papeles que otros tiran al suelo
68. Me intereso por lo que les ocurra a los demás
69. Permanezco sentado sin enterarme de nada durante mucho tiempo
70. Hago nuevas amistades con facilidad
71. Soy popular entre los demás
72. Me aparto cuando hay muchas personas juntas
73. Acepto sin protestar las decisiones de la mayoría
74. Reparto todos mis cosas con los demás
75. A veces soy brusco con los demás.

**HAS TERMINADO. REVIS A TUS RESPUESTAS PARA COMPROBAR  
SI NO HAS DEJADO ALGUNA PREGUNTA SIN CONTESTAR**

## ANNEXE 10: Escala de Habilidades Sociales (EHS).

Source:

[http://www.academia.edu/10882960/ESCALA\\_DE\\_HABILIDADES\\_SOCIALES\\_EHS](http://www.academia.edu/10882960/ESCALA_DE_HABILIDADES_SOCIALES_EHS)

### ESCALA DE HABILIDADES SOCIALES (EHS)

#### INSTRUCCIONES:

A continuación aparecen frases que describen diversas situaciones. Se trata de que las lea muy atentamente y responda en qué medida se identifica o no con cada una de ellas, si le describe o no. No hay respuestas correctas ni incorrectas, lo importante es que responda con la máxima sinceridad posible.

A= No me identifica, la mayoría de las veces no me ocurre o no lo haría.

B= No tiene que ver conmigo, aunque alguna vez me ocurra.

C= Me describe aproximadamente, aunque no siempre actúe o me sienta así.

D= Muy de acuerdo, me sentiría así o actuaría así en la mayoría de los casos.

Encierre con un círculo la letra escogida a la derecha, en la misma línea donde está la frase que está respondiendo.

1. A veces evito hacer preguntas por miedo a ser estúpido.	A	B	C	D
2. Me cuesta telefonar a tiendas, oficinas, etc. para preguntar algo.	A	B	C	D
3. Si al llegar a mi casa encuentro un defecto en algo que he comprado, voy a la tienda a devolverlo.	A	B	C	D
4. Cuando en una tienda atienden antes a alguien que entró después que yo, me quedo callado.	A	B	C	D
5. Si un vendedor insiste en enseñarme un producto que no deseo en absoluto, paso un mal rato para decirle que no.	A	B	C	D
6. A veces me resulta difícil pedir que me devuelven algo que dejé prestado.	A	B	C	D
7. Si en un restaurante no me traen la comida como la había pedido, llamo al camarero y pido que me la hagan de nuevo.	A	B	C	D
8. A veces no sé qué decir a personas atractivas.	A	B	C	D
9. Muchas veces cuando tengo que hacer un halago no sé qué decir.	A	B	C	D
10. Tiendo a guardar mis opiniones para mí mismo.	A	B	C	D
11. A veces evito ciertas reuniones sociales por miedo a hacer o decir alguna tontería.	A	B	C	D
12. Si estoy en el cine y alguien me molesta con su conversación, me da mucho apuro pedirle que se calle.	A	B	C	D
13. Cuando algún amigo expresa una opinión con la que estoy muy en desacuerdo, prefiero callarme a manifestar abiertamente lo que yo pienso.	A	B	C	D
14. Cuando tengo mucha prisa y me llama una amiga por teléfono, me cuesta mucho cortarla.	A	B	C	D
15. Hay determinadas cosas que me disgusta prestar, pero si me las piden no sé cómo negarme.	A	B	C	D
16. Si salgo de una tienda y me doy cuenta de que me han dado mal la vuelta, regreso allí a pedir el cambio correcto.	A	B	C	D
17. No me resulta fácil hacer un cumplido a alguien que me gusta.	A	B	C	D

18. Si veo en una fiesta a una persona atractiva, tomo la iniciativa y me acerco a entablar conversación con ella.	A	B	C	D
19. Me cuesta expresar mis sentimientos a los demás.	A	B	C	D
20. Si tuviera que buscar trabajo, preferiría escribir cartas de presentación a tener que pasar por entrevistas personales.	A	B	C	D
21. Soy incapaz de regatear o pedir descuento al comprar algo.	A	B	C	D
22. Cuando un familiar cercano me molesta, prefiero ocultar mis sentimientos antes que expresar mi enfado.	A	B	C	D
23. Nunca sé cómo cortar a un amigo que habla mucho.	A	B	C	D
24. Cuando decido que no me apetece volver a salir con una persona, me cuesta mucho comunicarle mi decisión.	A	B	C	D
25. Si un amigo al que he prestado cierta cantidad de dinero parece haberlo olvidado, se lo recuerdo.	A	B	C	D
26. Me suele costar mucho pedir a un amigo que me haga un favor.	A	B	C	D
27. Soy incapaz de pedir a alguien una cita.	A	B	C	D
28. Me siento turbado o violento cuando alguien me dice que le gusta algo de mí físico.	A	B	C	D
29. Me cuesta expresar mi opinión cuando estoy en grupo.	A	B	C	D
30. Cuando alguien se me cuele en una fila, hago como si no me diera cuenta.	A	B	C	D
31. Me cuesta mucho expresar mi ira, cólera o enfado hacia el otro sexo aunque tenga motivos justificados.	A	B	C	D
32. Muchas veces prefiero callarme o quitarme de en medio para evitar problemas con otras personas.	A	B	C	D
33. Hay veces que no sé negarme con alguien que no me apetece pero que me llama varias veces.	A	B	C	D
TOTAL				