

BACKGROUND

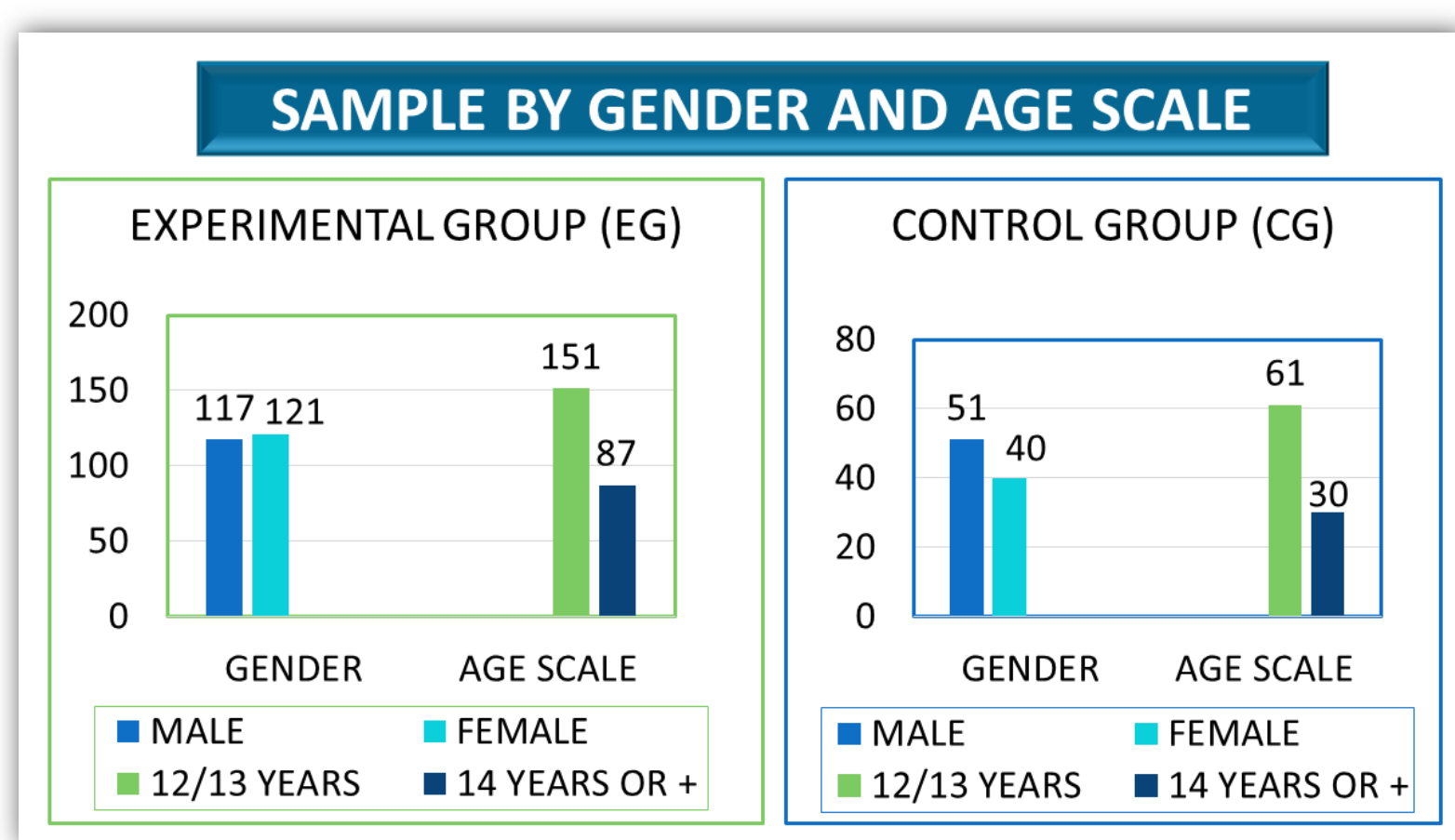
The Prevention Team of the Peninsula Setubal bases intervention on the principles of effective prevention, ensuring the integration of its intervention in the School Health Education Programs, as well as safeguarding multi-component, continued, interactive interventions. This informative component project, universal level, fits in a methodology of continued intervention, the majority of the involved groups were intervened in two years, 2016/2017 and 2017/2018. For this purpose we will consider the sample of 2017/2018. The objectives are:

- Increase knowledge, especially related to tobacco, alcohol, and cannabis;
- Clarification of myths and beliefs associated with the use of tobacco, alcohol and cannabis;
- Increase the risk perception in relation to psychoactive substance, emphasizing the immediate consequences;
- Increase negative expectations about usage and lower positive expectations.
- Strengthen the partnership with health structures that have responsibility of preventive intervention in school settings [Health Center (ACES) School Health Team and CRI Prevention Team].

METHOD

The strategy involved two training sessions per target group, interactive and dynamic, in each academic year, with a total of 6 hours per group. These sessions were monitored and/or co-applied with the responsible teacher and a staff member from the ACES School Health Team. The evaluation process involved 8th grade students from 4 schools, covering 24 classes, 525 students [experimental group (EG): 17 classes, 357 students; control group (CG): 7 classes, 168 students]. In this poster, we will present the results of the outcome evaluation collected from 329 students, of which 238 are from EG (retention rate 67%) and 91 students from the CG (retention rate 54%).

In terms of gender, the % coverage is fairly balanced, 51% are male. Ages ranged from 12 to 16 years in the experimental and control group (mean age of EG was 13.0 years and 13.5 years in CG).



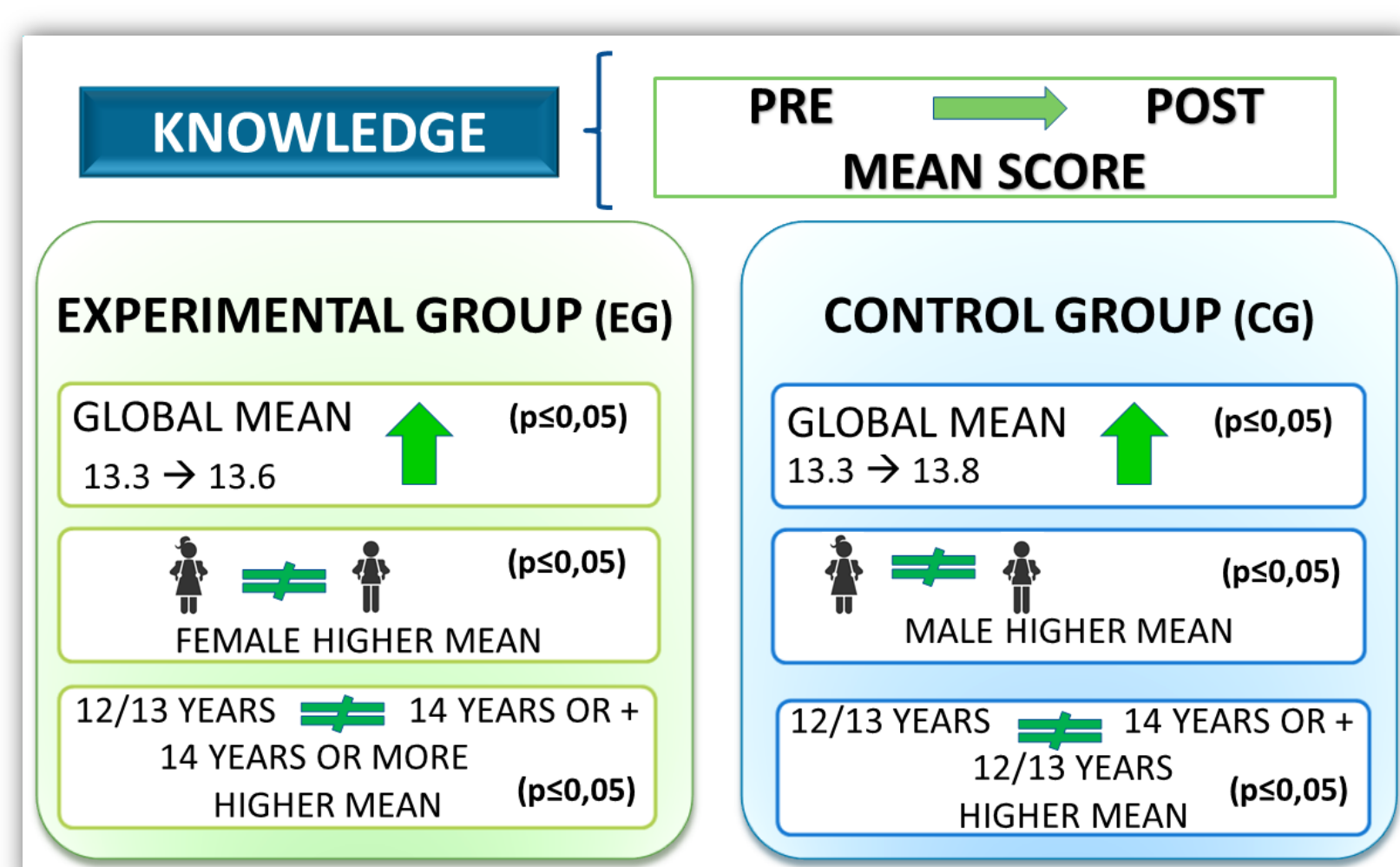
The outcome evaluation protocol involved the application of a questionnaire, pre and post intervention, paired.

RESULTS

KNOWLEDGE

The knowledge test analysis was based in a binary scale - true or false - with 17 items. Includes 5 specific questions on alcohol, 3 specific on tobacco, 8 specific for cannabis and 1 question related to the concept/ effects and consequences of psychoactive substances in general. Higher the mean higher the knowledge acquired.

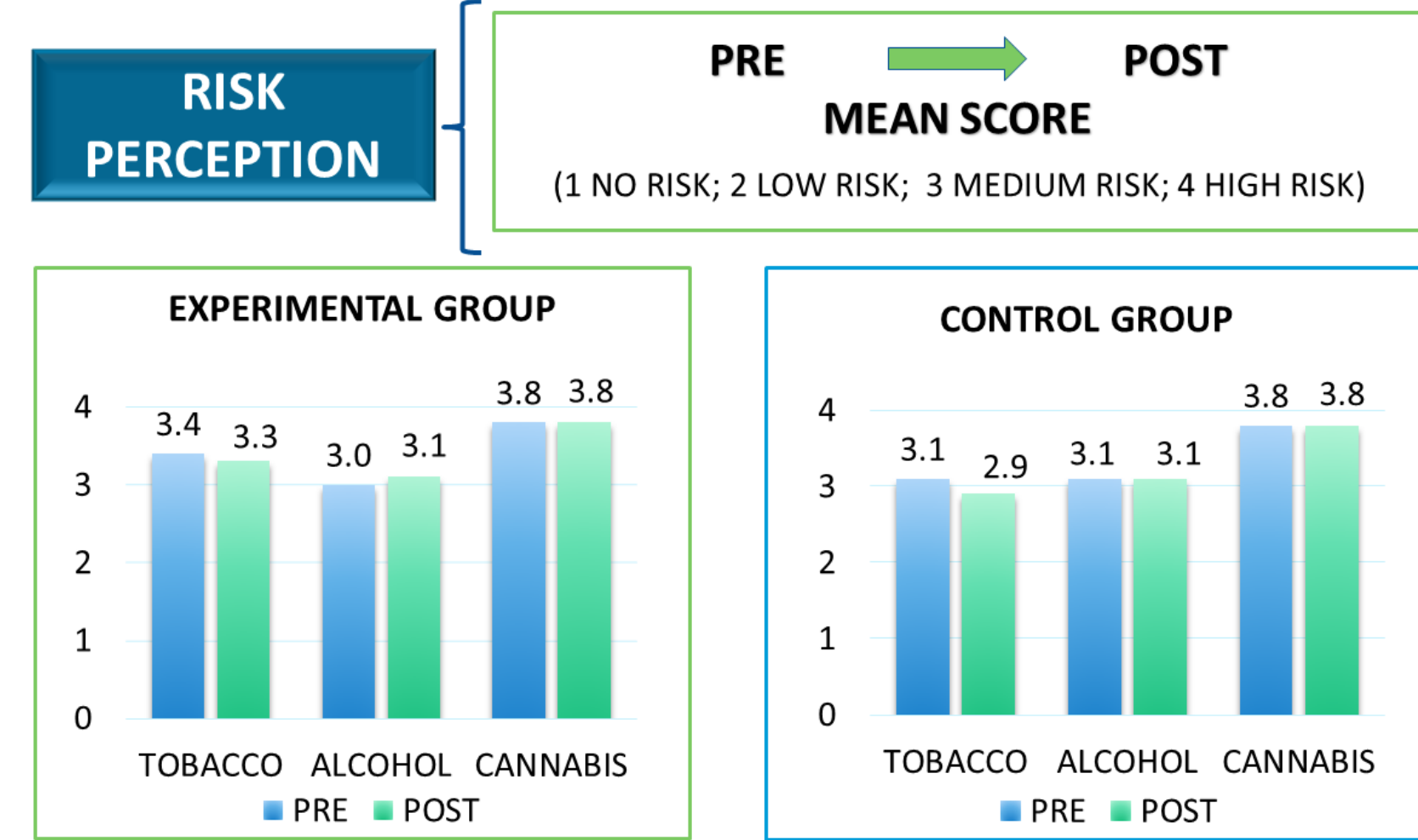
The evaluation analysis allowed to conclude that the instrument was poorly statistically discriminatory, since the majority of the sentences had % of correct answers higher than 75% in pre intervention, for both groups. Although, this fact, we can observe that in post evaluation, both groups raised mean knowledge score, with significance differences in both of them, but stronger in CG.



In terms of gender there are differences in both groups, female has higher rate of correct response in both of them, higher in EG with statistical significance, between pre and post intervention. In CG, both male and female raised score, but the difference in male has statistical significance between pre and post. There are significant differences in CG and EG regarding age scale: in EG the mean number of correct sentences was higher for the oldest students and in CG was for the youngest students.

RISK PERCEPTION

Risk perception scale analysed tobacco, alcohol and cannabis (Likert scale of 4 points). After the intervention, it was expected a mean increase.



SUBSTANCES	GENDER	EG	CG	AGE SCALE	EG	CG
TOBACCO	Female	3.4 ↓ 3.3	3.1 ↓ 3.0	12/13 years	3.4 ↓ 3.3	3.1 ↓ 2.8
	Male	3.3 ≡ 3.3	3.1 ↓ 2.9	14 years or +	3.4 ↓ 3.2	3.1 ≡ 3.1
ALCOHOL	Female	3.1 ↑ 3.2	3.1 ≡ 3.1	12/13 years	3.1 ≡ 3.1	3.2 ↓ 3.1
	Male	2.9 ↑ 3.1	3.2 ↓ 3.0	14 years or +	2.9 ↑ 3.2	3.1 ↓ 3.0
CANNABIS	Female	3.8 ↑ 3.9	3.9 ↓ 3.8	12/13 years	3.8 ≡ 3.8	3.9 ↓ 3.8
	Male	3.7 ↑ 3.8	3.8 ↓ 3.7	14 years or +	3.7 ↑ 3.9	3.6 ↓ 3.7

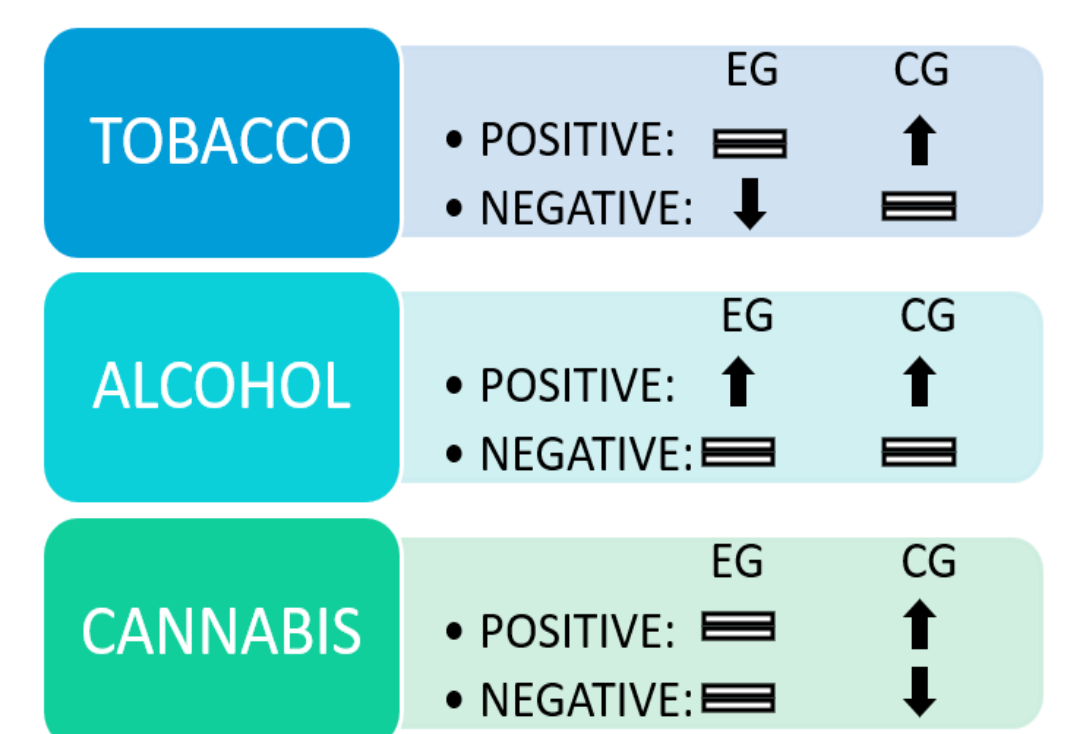
Tobacco: EG has a higher risk perception than CG in pre and post intervention. There are statistically significant differences between both groups (pre - p<0,005; pos - p<0,000). Tobacco risk perception decreased in both groups, with higher decrease in CG, but with no statistical significance. Female decreased risk perception in both groups, but with no statistical differences; male maintained risk perception in EG and decreased in CG, with no statistical significance. At age scale level, the risk perception for the youngest decreased in both groups and for the oldest, decreased in EG while maintaining in CG; for both results there are no statistical significance.

Alcohol: EG had in pre intervention lower risk perception than the CG, but no statistically significant differences. The risk perception of alcohol between pre and post increased in EG (difference is statistically significant - p = 0.009) and maintained in CG. Female and male increased risk perception in EG, while in CG they maintained or decreased. The youngest maintained and the oldest increased mean score in EG, while in CG they both decreased. There are no statistical differences between gender and age in both groups.

Cannabis: Both groups have a high perception of risk of cannabis use and between pre and post had equal average. In EG male and female increased mean, while in CG they both decreased. In relation to age scale, the youngest maintained and the oldest increased mean score in EG, while in CG they both decreased. There are no statistical differences between gender and age scale in EG and in CG.

NEGATIVE AND POSITIVE EXPECTATIONS

The analysis was based in 2 factors – positive expectations (7 items) and negative expectations (6 items), rating in a scale of 4 points (1 impossible and 4 very possible). Lower positive expectations and higher negative expectations were expected after intervention. In EG, the mean score for negative expectations didn't raise as expected for all substances.



Mean score for positive expectations raised in both groups for alcohol, while for tobacco and cannabis maintained in EG and raised in CG, but with no statistical significance.

Relating to Cannabis, the mean score for negative expectations in EG maintained while in CG decreased. In terms of gender, there are statistical differences in EG regarding negative expectations for the use of tobacco, alcohol and cannabis (higher in female than male - p<0,05); while in CG there are statistical differences regarding positive expectations for the use of alcohol and cannabis (higher in male - p<0,05). Regarding age scale, in EG there are statistical differences for negative expectations of the use of alcohol and tobacco (higher in youngest than oldest - p<0,05).

CONCLUSIONS

In the scope of prevention at a universal level, the outcome evaluation of informative component projects, makes it an essential area of prevention projects. It also allows to identify the specific needs of the informative component, integrated or not in life skills component, and to adapt new methodologies according to the target groups in the school environment.

The project allowed the strengthen of partnerships with health structures that have a responsibility in preventive intervention in schools, in particular methodologies alignment, as well as the increase of the number of integrated intervention projects.

As foreseen by the prevention standards (EMCDDA and UNODC), in future interventions this project must be integrated in life skills and intensive programs that guarantee a more effective intervention. It's necessary to pay more attention towards the impact of the peers behaviour and internal pressure in order to lower positive expectations and increase risk perception.

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