

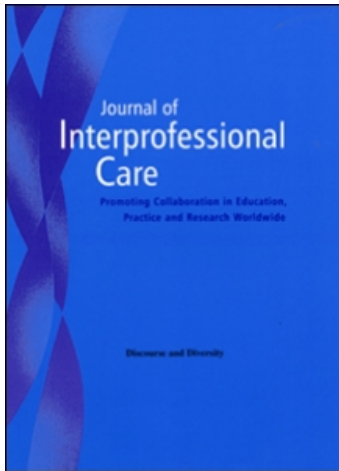
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Training trainees, young activists, to conduct awareness campaigns about prevention of substance abuse among Lebanese/Armenian young people

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Training trainees, young activists, to conduct awareness campaigns about prevention of substance abuse among Lebanese/Armenian young people

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Abstract

Alcohol, tobacco and other drugs (ATOD) abuse and addiction are serious problems among Lebanese youth. Peer education on ATOD abuse in several settings has been found to be an effective way of prevention. This paper describes a collaborative project which trained 30 young activists to lead awareness campaigns in the Lebanon about ATOD abuse and healthy alternatives for relieving stress. The project was initiated by the Armenian Relief Cross in Lebanon (ARCL), funded by the Oxfam Canadian Fund for Social Development and implemented in collaboration with stakeholders in the Armenian community and Oum El Nour organization. Following training, the activists offered awareness sessions to a total audience of 5200:1250 secondary students, 50 university students, 1050 scouts, 300 working adolescents, 50 policemen and 2500 parents. Workshop objectives were met and awareness campaigns evaluated positively by the activists, parents of young people, ARCL and other stakeholders: leaders of Armenian institutions dealing with adolescents and the mayor of Bourj Hammoud. Resource constraints precluded seeking feedback from the young people who participated. Collaboration was deemed to have enhanced the capacity of ARCL, Oum El Nour, and the stakeholders in training young trainees to offer awareness campaigns. The author recommends continuing the project; offering another workshop to support the trainees and building in ways to evaluate the impact of the awareness campaigns on knowledge, attitude and behaviors of the young people taking part. To this effect, evaluation of the impact of the awareness campaigns is already started among school students with the use of control/comparison group design.

Keywords: *Collaborative model, train trainees, awareness campaigns, substance abuse*

Background

Alcohol, tobacco and other drugs (ATOD) abuse and addiction are serious problems among Lebanese youth. During the Lebanese long civil war (1975–1990), heroin was the most commonly used drug among people of ages 15–64, with a male to female ratio of 8:1. Frequently, marijuana and cocaine were abused along with heroin. In later years, Lebanon

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witnessed the local production of cannabis, increasing accessibility for its use, although legislation was passed to keep a tight rein on such productions (Daher et al., 2005).

Lebanon, a small country on the eastern shore of the Mediterranean Sea, suffered years of civil war and Israeli occupation resulting in massive destruction of the infrastructure, including the health care system. The country has no coherent health care policy, health being largely a private-sector industry, and the reconstruction of health care facilities has been largely by private organizations. Obtaining health care is very expensive for most people. To provide uninsured citizens from lower socioeconomic levels with health care many non-governmental organizations (NGOs) have been established (Adib, 2008). The Armenian Relief Cross in Lebanon (ARCL) and Oum El Nour are two examples of such organizations.

ARCL is a not-for-profit women's NGO whose mission is to "meet the health, relief and developmental needs of the Armenian Community and the Lebanese community at large". To accomplish its mission, the ARCL runs a socio-medical center, catering for a low income population located in Bourj Hammoud in the suburbs of Beirut, a densely populated area inhabited mainly by Armenians (Armenian Relief Cross in Lebanon, 2005).

Oum El Nour is a Lebanese not-for-profit NGO whose mission is to serve individuals by helping them overcome their addiction. Its activities include primary, secondary and tertiary levels of prevention, in addition to the training of young activist to conduct awareness campaigns among adolescents in the community. The team is interdisciplinary comprising of counselors, ex-drug addicts, psychologists, social workers, psychotherapists, recreation therapists, physicians and lawyers (Oum El Nour, 2005).

In Lebanon, three studies (Daher et al., 2005; Karam, 2000; National Institute on Drug Abuse, 2006) have described the incidence, prevalence and the seriousness of the consequences of ATOD abuse and recommended awareness programs for prevention, but no studies on awareness have been published to date. Those published in other countries were therefore used in preparation for this project.

The legal situation concerning alcohol and drugs in Lebanon, reflect the following statements: statement 622: when someone appears drunk in public, s/he is fined \$4 to \$10. Statement 623: when this act is repeated, the person is prohibited from attending pubs. In case the act is further repeated, s/he is jailed for one to six months and is excluded from civil rights. Statement 624: when proved to be an alcoholic, s/he is sent for rehabilitation for 6–24 months, and is released by judicial decision that this individual had restored health. Statement 625: whoever serves an under aged person alcohol until s/he is drunk is to be fined \$4 to \$10. Statement 626: when a person is found taking drugs s/he is jailed for three months. Statement 627: when a person is found selling drugs s/he is jailed for seven years (Shamseddine, 1997). The legal consequences of alcohol and drug abuse are therefore not severe.

As young people explore new roles during adolescence, they often experiment with new behaviors that involve risk taking, more frequently and more extensively for some than for others, presenting a higher level of danger to themselves and to others (Griffin et al., 2004).

It is well documented that "primary" prevention is better than "cure". Primary prevention of ATOD problems includes the promotion of healthy lifestyles and resiliency factors and education about drugs (Stanhope & Lancaster, 2004). It could be directed in several settings such as schools, colleges, media and peer education. Schools are one of the best facilitators to send the message because they are educational institutions where sessions about primary prevention of substance abuse can be included. Research has shown that there is an improvement in the academic achievement, self-concept, and reduction in violence and drug use, when primary prevention is applied at schools (World Health Organization [WHO], 2007). In addition, it is necessary to include primary prevention in

colleges, since there is more probability that college students drink alcohol or smoke. According to research at the University of Arizona, primary prevention of substance abuse at college showed a decline by 29% in heavy drinkers (WHO, 2007). In the United States of America (USA), substantial progress has been made in developing and testing preventive interventions for adolescent problem behaviors, particularly in the field of drug abuse. Research suggests that drug abuse prevention programs that focus on drug resistance skills along with general social and personal skills training are the most effective (Botvin, 2000).

In other studies evaluating prevention approaches, the programs have been shown to reduce alcohol use, including immoderate use and binge drinking, promote anti-drinking attitudes and reduce normative expectations for peer drinking (Botvin et al., 2001a,b). Griffin and colleagues studied the effect of a universal school-based prevention program for drug abuse on 426 school students, of which 21% were identified as high risk, from 29 schools. The program included teaching sessions on drug refusal skills, anti-drug norms, personal self management skills and common social skills. These students reported less smoking, drinking and drug abuse within one year, most commonly among those who were economically disadvantaged and who were at high risk (Griffin et al., 2004). A follow up study was conducted to see the long term effect of drug abuse and AIDS school prevention program prior to 1985. Follow up questionnaires were completed by 2042 adults, average age 24 years. High risk behaviors included multiple sex partners, having intercourse when drunk and recent substance abuse. It was found that the program accounted for a significant reduction in alcohol and marijuana intoxication during adolescence, and therefore a reduction in HIV risk behaviors (Griffin et al., 2006). Prevention programs can have positive effect on the overall lifestyle of individuals, not only on their propensity to abuse substance. For example, regular alcohol users were more likely to get violations and points on their driving records. Drivers who had received drug prevention programs at school were less apt to have violations compared to those who did not receive any drug education (Griffin et al., 2004).

Drug Abuse Resistance Education (DARE) is a very popular program in USA based on collaboration between parents, school and police. Parents first address their children about drug abuse, clarifying their values and explaining adverse effects. The school also has a role in teaching the children facts about the side effects of substance abuse and prevention awareness. In collaboration with parents and school, children and young people become aware of the real world of substance abuse, learning how to avoid it and to spread the message to their friends and their community. The community also plays a role in spreading the message by having policies and rules to prevent and avoid substance abuse. Whoever violates the law will have to bear the consequences of their acts (Stanhope & Lancaster, 2004).

In the USA, peer-led health education has been advocated as a potentially effective method in schools (Health Education Authority, 1993), i.e., students delivering an educational program to fellow students of similar or younger age. It is based on the rationale that "friends seek advice from friends and also are influenced by the expectations, attitudes and behaviors of the groups to which they belong" (Lindsey, 1997) with the implication the influence of peers may be stronger than that of adults (Mellanby, Rees & Tripp, 2000). Peers employ many and diverse methods including lectures/lessons, drama productions, supporting resource centers, operating hot-lines and one-to-one counseling. However, health educators must carefully assess how to use peer educators to enhance their health promotion and disease prevention efforts (Lindsey, 1997). Mellanby and colleagues conducted a critical review of 13 experimental studies comparisons of peer-led and adult-led

health education programs in schools. Results indicated that in most of the trials reporting any behavioral effects, peer-led interventions were at least as, or more, effective than adult-led interventions (Mellanby et al., 2000).

In summary, studies have shown that preventive programs directed in schools, colleges, media and peer education reduce ATOD abuse among young people. In addition, Drug Abuse Resistance Education programs, based on collaboration with parents, school and police have gained popularity in preventing ATOD abuse in USA. Given the seriousness of ATOD abuse in Lebanon, lack of national health policy and the scarcity of health manpower, the author, as the chairperson of the health committee of the Armenian Relief Cross in Lebanon (ARCL), initiated a collaborative project to train young activists for primary prevention of ATOD abuse in the community. Its purpose was to describe a collaborative project in training trainees, young activists, to prepare them for awareness campaigns about ATOD abuse and healthy alternatives for relieving stress among Lebanese/Armenian young people.

Materials and methods

Theoretical background: Community collaborative model

Collaboration can be defined as “a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to: a definition of mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards” (Mattessich & Monsey, 1992, p. 7). In any community project the activities of many disciplines are needed for success. Clients, funders and community organizations contribute to achieving the goal. Collaboration is achieved through a developmental process. It occurs in a sequence, yet it is reciprocal between those involved. Although the collaboration model recognizes the contributions inherent in joint decision making, one member/team should be held accountable for the outcome and be responsible for monitoring the entire process (Stanhope & Lancaster, 2004). Cary and Androwich (1989) have proposed seven sequential stages of collaboration: awareness, tentative exploration mutual acknowledgment, trust building, collegiality, consensus, commitment and finally collaboration. Collaboration is further characterized by activities such as communication, verification, amplification, clarification and negotiation. The goal of communication in the collaborative development process is to amplify, clarify and verify all team members’ points of views (Cary & Androwich, 1989).

There is evidence to suggest that the Collaborative Practice Model has been successfully utilized in the management of certain chronic health conditions. Wilkinson (1991) applied the Model to psychiatric care; Von Korff, Gruman, Schaefer, Curry, & Wagner (1997) with chronic illnesses; Bauer (2001) with bipolar disorders; and Stanhope and Lancaster (2004) in case management. Stanhope and Lancaster further emphasized the importance of collaboration in any community project where the activities of many disciplines and organizations are needed for success.

For this project, the collaborative Model was operationalized to include: creating awareness among stakeholders, through a group process focusing on goals of convening together; disclosing professional skills and areas where contributions can be made; and clarifying each member’s potential contributions by defining the responsibilities and roles of each member.

Methods

The “Training the young activists” project was initiated by ARCL, funded by the Oxfam Quebec Canadian Fund for Social Development, and was implemented in collaboration with stakeholders in the Armenian community and Oum El Nour organization. ARCL assumed the responsibility for coordinating and monitoring the entire process and was held accountable for the outcomes.

The goal of the project was to raise awareness to prevent ATOD abuse among Lebanese/Armenian young people. Activities included: meeting with stakeholders in the community to introduce the project and secure their collaboration; implement a training workshop for young activists to enable them to offer awareness sessions; implement awareness sessions; follow up on activists during the implementation phase; and finally evaluate the project.

Stakeholders were leaders of institutions in the Armenian community, dealing with adolescents and young people: four directors of Armenian secondary schools from the area; the coordinator of evening school for working adolescents/young people; two leaders from the Armenian youth club; two leaders from the Armenian scout club; two leaders from church affiliated youth clubs; one representative from Armenian university students’ association club; the mayor of Bourj Hammoud and the administrator of an insurance company. In the past, these stakeholders had opposed the idea of conducting awareness campaigns, maintaining that, “our community is free of addicts and that awareness campaigns may increase the curiosity of young people to try”.

The initial step was to create awareness among the stakeholders, to make a conscious entry into a group process, focusing on goals of convening together; in order to secure their cooperation in supporting the project. Three meetings were held by ARCL. The first introduced the project with open discussion to listen to and learn from one another. Stakeholders realized that addiction needed to be addressed by all segments of the community. This meeting resulted in a collective willingness to work together toward achieving the goal of the project. The following meetings were devoted to jointly developing the structure and sharing responsibility for the success of the project. The stakeholders acknowledged to provide young activists from the organizations they represented and to provide the environment and all the support needed for the activists to conduct awareness campaigns.

The Oum El Nour organization agreed to provide the training sessions and to monitor the preparation and presentations of the activists to ensure quality of service.

ARCL was the initiator and coordinator of the project. The author as the chairperson of the health committee of ARCL wrote the proposal for funding and coordinated the planning, implementation and evaluation of the project.

Participants

Thirty young activists were recruited from the stakeholder organizations, participation was voluntary. Criteria for selection were: be an active member within the organization they represented; aged between 20 and 30 years; holding or working for a university degree; readiness to sign a contract with ARCL to commit to offer awareness campaigns; and commitment to participate in the entire training program lasting three days full time. All the activists, before participating in the training program, were well informed about their responsibilities on carrying out awareness sessions for adolescents belonging to their organizations and to offer at least three sessions. Each activist was free to choose any communication technique to use at the session.

Training workshop

Objectives of the training workshop were: participants should be able to: analyze personal attitudes toward alcohol, tobacco, and other drugs; differentiate between the terms substance use and abuse, dependence and addiction; examine the differences between the major psychoactive drug categories; identify the roles of trainees in primary prevention; list organizations/associations in Lebanon that implement primary, secondary and tertiary preventive services; develop plans of collaboration with above organizations/associations for referral purposes; and organize awareness campaigns among groups of adolescents with whom they relate.

The training workshop took place over three full consecutive days. It was designed and implemented by the Oum El Nour organization in consultation with the author. Facilitators and speakers consisted of an interdisciplinary team comprising a psychiatrist, a counselor, a psychologist, a recreation therapist, two social workers and one ex-drug addict.

The content of the presentations included: major substances and their effects; behavior modification techniques; alternatives to substance abuse; risks of STDs/HIV/AIDS; resisting peer pressure; goal setting in life; signs of substance abuse; anger management; rational thinking; values clarification; the cycle of addiction; and improving school performance. Teaching methods used were highly interactive. They included didactic lectures, power point presentations, films, role plays and finally a presentation by an ex-addict who described the entire spectrum of suffering that he and his family endured until he was successfully rehabilitated. A handout was given to all the participants, containing the names of organizations available in Lebanon that implement primary, secondary and tertiary preventive programs on drug addiction, with their addresses, telephone numbers and contact persons, for referral purposes.

Awareness campaigns

The work done by the activists were followed up by the chairperson of the public health department of the socio-medical center. She was present during all the sessions and systematically collected tabulated and reported data on the characteristics and number of audience present during each session. Activists used a variety of teaching methods: power point presentations, films, role plays and printed materials like pamphlets (one for parents and another for the adolescents) and posters. Finally, ARCL organized a social-musical activity, Karaoke night, devoted to a "World free from drugs" for adolescents who were school dropouts.

Results

Demographic characteristics of the activists were as follows: 11 males and 19 females, aged 20 to 30 years. Six members were assigned by schools, two by scout clubs, nine by welfare organizations, one by a university students' association, six by different church affiliated institutions, two by youth clubs, one from Bourj Hammoud Municipality and three social workers, staff members from ARCL socio-medical center. The participants came from multidisciplinary academic and professional backgrounds: one physician, one pharmacist, three social workers, a lawyer, six secondary school science teachers, one art therapist, a computer programmer and a website designer and 15 university students from a variety of fields of study.

Awareness campaigns: each activist offered at least three sessions: one about prevention of smoking, another about sensible drinking and accident prevention, and a third about drug prevention. Content contained information about the substances in addition to promotion of healthy life styles and resiliency factors, support and reinforcement of anti-drug-use peer pressure skills, and curtailment of media messages that glamorize alcohol and tobacco use.

Over a period of 11 months the activists offered awareness sessions to 5200 young people, policemen and parents in different settings: 1250 secondary students' aged 13–19 years old in schools; 50 university students; 1050 scouts; 300 working adolescents; 50 policemen from the Bourj Hammoud municipality and 2500 parents and clients of the socio-medical center.

Evaluation

Evaluation applied to two activities: the workshop and the activities of the trainees with respect to offering awareness campaigns. A representative from the public health department of the socio-medical center acted as external evaluator.

A process evaluation methodology was chosen to explore the perspectives and experiences of the participants (Guba & Lincoln, 1989). The strengths of this methodology lies in revealing the “real world” from as wide a range of data sets as possible and comparing the documentary or written evidence with verbal reported evidence from as many participants as possible. The limitations are that it does not measure changes and their effects in quantitative terms. Instead, it records concrete changes in multiple data sets and focuses on participants' views of those changes (Pawson & Tilley, 1997). A follow up quantitative, pre-post test method is planned to evaluate the impact of the awareness campaigns on the knowledge, attitude and behaviors of adolescents.

The impact of the workshop was evaluated immediately following its completion, based on the extent to which the objectives were achieved. Almost all of the 30 activists reported that they were non smokers except one who tried not to smoke during the three training days and alcohol free atmosphere was kindly requested throughout sessions.

The knowledge gained from the training workshop was measured by a pre- post test, comprising of 18 multiple choice questions chosen from a pool of pre-tested (with nursing students) questions, prepared by the author in consultation with Oum El Nour. Both tests were administered and analyzed by the representative of the Socio-medical Center. The pretest was answered by 29 participants, while the post tests by 25. The questionnaire was prepared in English. This was a limitation for the four participants who were French educated and could not understand the exact meanings of the questions, hence refused to answer the post test. The pretest showed that the participants had a good knowledge of drug terms, but could not differentiate between dependence and addiction. This was addressed during the workshop, consequently improved in the post test. The term “tolerance” needed more explanation. Before any of the training sessions, the coordinator of the workshop was having informal meetings with the activists to revise the contents of the training in general and explain the power point presentation in details, since it included few slides on usage and addiction. This enabled the activists to ask questions and open a dialogue and clarify any misconceptions related to addiction. The terms of some popular drug categories were asked in the pretest, all of the participants (100%) were familiar with the terms, but 60% of them were unfamiliar with the effect they cause upon addiction. Consequently, all the main categories of abuse issues in the power point presentation were included.

The activities of the trainees were evaluated by the stakeholders, the activists themselves, some parents of adolescents and ARCL. A semi-structured focus group interview was conducted to determine whether the project was “efficient, adequate, and appropriate and if there were any unintended consequences” (Dever, 1997).

Eleven months after the implementation of the project, the health committee of ARCL invited community stakeholders to a meeting to solicit their impressions. All of them reflected positively on the awareness campaigns and mentioned that it was the most effective means of preventing adolescents to become “innocent victims of ignorance”. Two school directors expressed great satisfaction that science teachers were trained as activists. One of them said that “The idea of training school teaches reflects efficient and adequate use of manpower since, they will continue raising awareness among the students and schools are the best places for learning to occur”. The mayor expressed gratitude for the idea of having the night guards included in the campaigns. He added that “it was appropriate to include the night guards as they realized (the need) to become more vigilant to watch for drug dealers in the streets of Bourj Hammoud”. The coordinator of the evening school for working adolescents found the sessions to be very appropriate for working adolescents and recommended efforts to reach them more widely, especially those who do not attend evening classes as, “they are at a higher risk for the temptation of ATOD use”. The administrator of the insurance company was so satisfied with the project that he planned to open an “anti drug” office and to employ two of the activists to have “sustainable awareness campaigns”. Only one school director expressed his reservation in relation to the usefulness of awareness campaigns, stating that “informing adolescents may push them to try”.

The health committee of ARCL invited all the activists for an evaluation meeting. They expressed satisfaction working with Oum El Nour, ARCL and the leaders of the organizations they represented and their gratitude for having the opportunity to be trained, and in turn to participate in awareness raising sessions, in their respective organizations with the opportunity to learn, and in return, teach adolescents. The enthusiasm of the activists was apparent while preparing for the campaigns: collecting additional reading materials, photos from journals, preparing anti-addiction slogans and posters. They appreciated highly the continuous support of Oum El Nour and the health committee of ARCL while preparing and implementing the sessions. The majority of the activists expressed intent to continue offering awareness sessions on substance abuse and expressed willingness to be involved with other projects, like prevention of sexuality transmitted diseases. The project was positively accepted by parents, some of whom said that “a big burden is off our shoulders” to caution their youngsters about the dangers of drug dealers in the streets.

The insurance company opened an office and two of the trained activists were employed there full time. Stakeholders with church leaders were considering starting a rehabilitation center for the Armenian community.

The health committee of ARCL believes that three days for training was not sufficient, considering the different backgrounds of the activists. They were good in presenting the information, but had difficulty answering questions raised during discussions. This was taken care of by the presence of representatives of the health committee members and members from Oum El Nour. However, the collaborative initiative was deemed successful as a first step. It did create an environment of mutual friendship, trust and cooperation between ARCL and other organizations or institutions working in the community. This was obvious during organizing sessions and connecting with leaders of the community for awareness sessions. The project created a cooperative spirit between Oum El Nour and

ARCL: four drug addicts were referred by the social workers of ARCL to the rehabilitation center run by Oum El Nour.

Discussion

Although the results should be treated warily because of lack of evaluation of the impact of the awareness campaigns on the knowledge, attitude and behavior of young people, the project offered promise for future programs faced with a shortage of health manpower in Lebanon and in developing countries as well. The cooperation of stakeholders and the enthusiasm of the young activists were noteworthy.

Collaborative initiative was a new concept in the Lebanese traditional community. It was effective in training the trainees, as well as securing the cooperation of the stakeholders to accept substance abuse as a health problem that impacts upon the individual, the family and the society at large. Collaborative Practice Model has been successfully utilized in management of certain chronic health conditions (Bauer, 2001; Stanhope & Lancaster, 2004; Von Korff et al., 1997; Wilkinson, 1991). Stanhope and Lancaster further emphasized the importance of collaboration in any community project, where the activities of many disciplines and organizations are needed for success. Opening an “anti-drug” office by an insurance company was an important milestone.

Peer-led health education was a new concept in the Lebanese/Armenian community. Many peer educators become more effective and their influence may be stronger than that of adults, in achieving positive results. Similar findings have been reported in other studies (Health Education Authority, 1993; Lindsey, 1997; Mellanby et al., 2000).

The project created a collaborative environment between ARCL and other organizations working in the community, thus creating friendship, cooperation, mutual trust and division of labor to prevent substance abuse among young people. However, the sustainability of this project may be a great challenge in the future, without external support for funding. In addition, some of the trained activists left Lebanon due to the socio-political and economic conditions in the country.

There were, however, constraints. The unstable political situation in Lebanon resulted in delays and scheduling new dates was especially difficult with schools. Three days of training was not sufficient. Evaluation of the impact of the awareness sessions on knowledge, attitude and behavior of young people was beyond the scope of this study due to resource constraints, but a longitudinal study is being planned.

The lesson learned from this experience is that use of a collaborative model is possible to develop preventive and cost efficient programs, even under difficult circumstances in a community where collaboration is not the custom, and where there are many problems of evaluative studies such as resources, complexity, feasibility and others. It is important that, the awareness campaigns are continued reaching maximum numbers and especially, the out of school young people and evaluate the impact of the awareness campaigns on the knowledge, attitude and the behaviors of young people. Finally, it is highly desirable to utilize the collaborative model to develop effective prevention programs for adolescents such as sexually transmitted diseases and development of healthy dietary behavior, as well for behaviors related to positive youth development such as academic success, pro-social behavior, and relationship building skills. It is unlikely that any single professional has the expertise required in all aspects. It is likely; however, that synergy produced by all involved in a collaborative venture can result in successful outcomes (Stanhope & Lancaster, 2004).

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