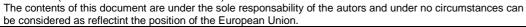




GENERAL INFORMATION					
Title	Controlled Consumptions – Supporting students in non traditional contexts				
Key words	Prevention, Risk Reduction, Harm Minimization, Addictive Behaviours, Academic Parties and Festivals, Volunteering				
Objectives	<ul> <li>(1) to develop among the academic population prevention, counselling and community action to promote the discussion and active participation in intervention on the issue of additive behaviour and dependencies;</li> <li>(2) to raise awareness among students of Higher Education on the risks associated to psychoactive substances use/abuse;</li> <li>(3) to mobilize and train student volunteers to participate as vehicles of awareness and information in festive contexts;</li> <li>(4) to engage Student Associations and organizers of academic parties to plan the spaces in order to reduce risks and minimize harms associated with psychoactive substances use/abuse</li> </ul>				
Phase of studies (Choose all phases it applies)	Access X Retain X Graduation X Transition to work-life -				
Type of degree (Choose all degrees it applies)	Bachelor's X Graduate X Master's X				
Level (Choose all levels it applies)	International National Institutional X Faculty Group Individual				
Name of the institution	Polytechnic Institute of Viana do Castelo				

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Location (City and country)	Viana do Castelo, Portugal				
Target group/s	Students, Academic Associations.				
Stakeholders involved	Public entities of Education and Health, Police, Municipality, Student Associations and institutions engaged in health promotion				
Description of the organisational process Actors, triggering evidence, campaigns, graph (max. 300 words)	The Controlled Consumptions Project appears in 2007 with the effort of all stakeholders in a partnership initially assumed between Integrated Response Center (to addictive behaviours and dependencies), Public Hospital and Polytechnic Institute of Viana do Castelo (public entities).				
	In 2010, the National Health and Alcohol Forum have recognized it as good practice. It was realized 7 peer mediators courses, which provided approximately 210 student volunteers to intervene in academic parties and festivals as vehicles of information and awareness to reduce risks and minimize harms associated with psychoactive substances use. To date, the project has planned and intervened in 120 academic festival nights (two weeks per year) and has a network of more than 12 interested and committed partners.				
	This project has proven its importance in helping students controlling the consumption of alcohol and drugs in academic festivities, behaviours that can lead to the creation of dependencies among students that may result in lack of academic success and student dropout.				
	It has also been important in providing volunteering experiences to students and in the development of transversal competences that can make the difference in the transition to the labour market.				
A. FORMAL EVALUATION CRITERIA					

# **A1. ACCESS TO INFORMATION**

Provide sources of information (URL, websites, literature, materials)

IPVC webpage <a href="http://www.ipvc.pt/consumos-controlados">http://www.ipvc.pt/consumos-controlados</a>







## **A2. TIMEFRAME**

Since when has it been in use? What is its maturity level (initial, intermediate, advanced)? Describe if there is evidence of its duration in the long rung. (max. 70 words)

- since 2007
- advanced maturity level
- in 9 years of intervention;
- 120 academic festival nights;
- interaction with 3000 students per night;

## A3. NUMBER OF STUDENTS

How many students are involved? Is the number representative considering the target group?

- 210 students volunteers and peer mediators in the project
- 4500 students of IPVC (target group)
- 3000 students per academic festival night

# **A4. SCALABILITY** ("volume")

Describe how it has been or can potentially be scaled up and practiced in a wider scale. Or, has it been or can it potentially be scaled down (e.g., from larger to smaller institutions)? (max. 70 words)

The project can be practiced in smaller or larger scales as they have a network of partners involved and a number of volunteers to respond to the needs.

# **A5. TRANSFERABILITY** (from one context to another)

Describe how it has been or can potentially be transferred and applied to different (a) target groups, (b) institutions, and (c) societies. If possible, name also some practices that this initiative was developed from or has inspired to. (max. 70 words) The project could be transferred to other establishments of higher education or festivals (since the target group has legal age to consumption). For underage students, substance abuse could not be legally tolerable (and in place of a risk reduction project, it would have to be a measure of surveillance / prohibition).

## **A6. ASSESSMENT**

Describe how it has been evaluated. How has it proved its relevance as the most effective way to achieve the objective? How it was successfully adopted? How it has had a positive impact on people? How the impact has been measured? Shortly describe how various forms of evaluations have been used in the assessment (A6.1 User evaluation, A6.2 Self-evaluation, A6.3 Peer evaluation, A6.4 External expert evaluation). Provide references, if possible. (max. 200 words)

The evaluation has been done through quantitative and qualitative reports and discussion meetings so it can be implemented improvements in the intervention and evaluation (such as the reasonable number of technicians and volunteers per academic party; better student contact strategies; material logistics - for example, alcohol tests, condoms and informative; party room safety conditions – for example, lighting and water network; collaboration with other partners such as fire-fighters, police and security and other improvement criteria that we try to implement each year).







# **A7. CONTACT**

Who can be contacted so as to seek support and networks for implementing the practice (name, position, e-mail)?

Marlene Ferraz, Social Services of IPVC (psychologist) marleneferraz@ipvc.pt

Hélder São João, DICAD – CRI (nurse) Helder.sjoao@arsnorte.min-saude.pt

#### **B CONTENT EVALUATION CRITERIA**

D. CONTENT EVALUATION CHITERIA							
B1. SOCIAL JUSTICE PRINCIPLES (see Nelson & Creagh, 2013							
B1.1 Self-determination Rate and Justify (max. 70 words)	Very weakly □	Weakly □	Well ⊠	Very well			
(how students have participated to its (a) design, (b) enactment and (c) evaluation and how they can (d) make informed decisions about the participation)	There has always been interest in the participation of the students in the design, implementation and evaluation, as, despite a technical team allocated to the project, it is an intervention program by student volunteers (peer mediators).						
B1.2 Rights Rate and Justify (max. 70 words)	Very weakly	Weakly □	Well	Very well ⊠			
(how it is assured that all participants are treated with dignity and respect. How have their individual cultural, social and knowledge systems been recognised and valued?)	The project responds to all participants, without discriminating individual systems (cultural, social and knowledge).						
B1.3 Access Rate and Justify (max. 70 words)	Very weakly □	Weakly □	Well □	Very well ⊠			
(how it is assured that there is an active and impartial access to the resources (e.g., curriculum, learning, academic, social, cultural, support, and financial resources))	The Controlled Consumptions Project is accessible to all students of IPVC and they can access the physical space with the technical team and peer mediators to benefit from the intervention (such as measuring alcohol level and the distribution of condoms) as well as the transmission of information (risks and myths associated with the consumption of psychoactive substances, HIV and other health and well-being issues).						







B1.4 Equity Rate and Justify (max. 70 words)	Very weakly □	Weakly □	Well □	Very well ⊠	
(how if it openly demystifies and decodes dominant university cultures, processes, expectations and language for differently prepared cohorts)	The project is available impartially to all members of the target groups.				
B1.5 Participation Rate and Justify (max. 70 words)	Very weakly □	Weakly □	Well ⊠	Very well □	
(how it has led to socially inclusive practices. How does it increase students' sense of belonging and connectedness?)	This project acts as a risk reduction response and, thus, promoting awareness and healthy behaviours. Due to the fact that there is a big involvement of volunteering students in the support process, it creates important bonds among students, increasing the sense of belonging and connectedness.				
B2. COLLABORATION  Describe what kind of collaboration there is between various stakeholders. (max. 70 words)	This project is only possible with the active involvement of all stakeholders, as all participate in planning, training, intervention and evaluation; all of the partners offer human and material resources, which makes this project possible in the future.				
B3. STUDENT SATISFACTION  Describe the student perception of this initiative. Is there evidence of their satisfaction? (see also A6.1) (max. 200 words)	The satisfaction of the students can be measured by the increasing number of volunteers and positive evaluations of the project – every year, intervention planning and evaluation meetings are held with all partners, technicians and volunteers and a detailed report is made by the intervention team on additive behaviours of DICAD (Division for Intervention in Additive Behaviours and Dependencies), being reported the numbers of contacts with students, alcohol assessments, distribution of material, emergency cases and other considered indicators – they see this intervention as an innovative and indispensable program to help students to access to important information to reduce risks and minimize harms in contact with psychoactive substances.				
B4. STUDENT WELLBEING  How does it influence on students' (a) psychological, (b) social, (c) academic, and (d) physical wellbeing? What kind of evidence there is? (max. 200 words)	Students have shown great interest in the project, with approximately 30 new volunteers every year, willing to be trained and to intervene in academic parties and festivals to reduce risks and minimize harms in the consumption of psychoactive substances. The student population already knows the project and the physic space, using it often during party nights (to thank the intervention / help with a friend, to expose a urgent situation or to request information). The project is clearly a gain for the health of the IPVC and general population (for there and occupy the rescue means available to society in general).				







## C. FINAL REFLECTIONS

(based on the previous description of you good practice)

### Success factors

What are the factors required for the successful implementation? (max. 200 words)

It is very important the involvement of all partners in an active network contribution to the project to hold up in a logic of bringing the services to the academic community (based on proximity, integration and sustainability). The course of peer mediators (to form student volunteers) is also essential in order to maintain an active collaborators group.

# Sustainability

What is needed for the practice to sustain? What resources are required? How it contributes to environmental, economic or social sustainability? (max. 200 words) It is a low cost project because it uses the existing services in the community, with a sharing of human and material resources in favor of a specific project for the student population of higher education. It is also socially sustainable as it seeks to increase information and perception of risk in the consumption of psychoactive substances, which will release the reduced medical support vehicles (that can be used in other medical emergencies of general community) and influence positively the citizens to take informed decisions and to have safer behaviours / attitudes in consumption (being, obviously, the ideal a non-consumption attitude).

# **Challenges**

What are the constraints identified? How easy it is to learn and implement? (max. 200 words) The biggest challenge is the full involvement of all partners in a sharing network and the availability of human and material resources, as all agents participates in the project (from planning to training and assessment). The most positive point is being a project that uses a group of interested volunteers to promote well-being and reduce risks in the consumption of psychoactive substances and having a large involvement of the students (peer mediators), who end up involving the entire academic community in an effort to develop healthier attitudes and behaviours to promote well-being and global health (physical, mental and social).

# **Sources**

Kunttu, K. 2005. The study ability model. The Finnish Student Health Service (FSHS). (http://www.yths.fi/filebank/692-ENG\_OPISKELUKYKYMALLI\_pdf.pdf)

Nelson, K & Creagh T. 2013. A Good Practice Guide: Safeguarding Student Learning Engagement. Queenslad University of Technology. Brisbane, Australia. (http://safeguardingstudentlearning.net/wp-content/uploads/2012/04/LTU\_Good-practice-guide\_eBook\_20130320.pdf)

