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# RECOMMENDED PREVENTION PROGRAMS IN SCHOOL-BASED PSYCHOACTIVE SUBSTANCE USE PREVENTION

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## Abstract

**Relevance** The issue of psychoactive substance use among adolescents remains a profound challenge for both public health and the educational system. Recent empirical findings suggest that, despite certain downward trends, the magnitude of the phenomenon continues to necessitate systemic preventive interventions. Implementing prevention programs within the school environment is of paramount importance, as it facilitates early intervention and the reinforcement of students' psychosocial competencies. Contemporary paradigms in prevention underscore the imperative for evidence-based programs that undergo rigorous, systematic evaluation. Consequently, the analysis of certified recommended programs constitutes a pertinent and vital domain of pedagogical inquiry.

**Aim:** The objective of this study is to examine selected recommended programs utilized in the prevention of substance use among youth within the school setting (specifically "Debata," "Unplugged," and "Fantastic Opportunities"). Particular emphasis is placed on their theoretical foundations, structural frameworks, target demographics, and the efficacy of their preventive impact.

**Methods:** The methodology employed is based on desk research, encompassing systemic documentation regarding the certification and recommendation of prevention programs in Poland. The study utilizes materials developed by the Centre for Education Development as well as the Institute of Psychiatry and Neurology. Programmatic documentation, including implementation manuals and educational resources for students and parents, was subjected to rigorous analysis. Furthermore, evaluation reports concerning the effectiveness of the analyzed programs were incorporated. The synthesized data underwent a comparative analysis based on the following criteria: program objectives, pedagogical methods, scope of influence, and the level of recommendation within the national system.

**Results:** The analysis revealed significant differentiation among the programs in terms of intervention intensity and methodology. The "Debata" program addresses alcohol consumption through a brief intervention model focused on the formation of normative attitudes and beliefs. The "Unplugged" program encompasses a broader spectrum of psychoactive substances, grounded in the social influence model and the development of psychosocial competencies. The "Fantastic Opportunities" program is characterized by the highest degree of complexity, integrating school-based, family, and community-level interventions, while demonstrating durable preventive effects substantiated by research.

**Conclusions:** Certified recommended programs represent a crucial component of systemic preventive measures in the school environment. Their efficacy is contingent upon the level of quality, comprehensiveness, and the duration of the intervention. Programs with higher recommendation statuses typically exhibit greater stability of effects and a more extensive scope of influence. However, effective prevention necessitates not only the implementation of evidence-based programs but also their thoughtful adaptation to the needs of specific school communities, alongside ensuring high-fidelity implementation and systematic evaluation.

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**Keywords:** *prevention, recommended programs, youth, psychoactive substances.*

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**Introduction.** *Psychoactive Substance Use Among Youth in Poland.* The reality surrounding modern individuals is exceptionally fluid and dynamic. As Ulrich Beck aptly noted, we live in an era of risk (Beck, 2002, p. 27). Risk encompasses a range of phenomena that threaten proper human functioning and may lead to health deterioration or even death. Although it affects all age groups, children and youth remain particularly vulnerable. This group is distinct because they are in a formative stage of personality development, where initial experiences and emerging habits exert a long-term influence on adult functioning. Among the threats facing young people, psychoactive substances occupy a prominent position. These are chemical compounds or mixtures that affect the functioning of the nervous system. Their use leads to changes in perception, mood, consciousness, and behaviour (Grzegorzewska, 2018, p. 20). Psychoactive substances include alcohol, hypnotics and sedatives, stimulants, cannabinoids, cocaine, hallucinogens, opiates, and volatile solvents (Jędrzejko, 2019, p. 39). These agents may also be termed traditional psychoactive substances.

Since the 1970s, substitutes for traditional drugs, colloquially termed "legal highs" (*dopalacze*), have emerged on the market. Currently, these are defined as new psychoactive substances (NPS). According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, n.d.), a new psychoactive substance is a novel narcotic or psychotropic compound, either in pure form or as a product, that is not controlled by United Nations conventions but may pose health risks comparable to those substances listed therein (EMCDDA, n.d.). To date, no single official classification system for new psychoactive substances has been established (Jabłońska et al., 2017, p. 20). This potentially stems from the continuous introduction of new agents to the market. A 2010 report by the EMCDDA indicates that at least one such substance is introduced to the market every week (Wiszejko-Wierzbicka et al., 2016). Evidence emphasizes that the chemical composition of NPS is constantly evolving. This creates not only

medical challenges but also formal difficulties regarding effective prohibition (Lubecka et al., 2018).

While psychoactive substance use predominantly concerns adults, youth also exhibit a high propensity for experimentation. Various studies assess the scale of use within this demographic. The European School Survey Project on Alcohol and Other Drugs (ESPAD) warrants particular attention (ESPAD, n.d.). This cross-sectional study, conducted every four years, analyses psychoactive substance use and other forms of risk behaviour among European youth. In 2024, the project encompassed a record 37 countries and 113,882 students (EMCDDA & CNR-IFC, n.d.). The study's strengths lie in its cyclical nature and broad scope. This allows researchers to identify current student behavioural patterns and trends within individual countries while facilitating cross-country comparisons. Such analysis is possible due to the adopted methodology, which includes a common research questionnaire, unified data collection periods, and standardised field procedures for data collection, transfer, and analysis.

Currently, the study covers two age cohorts: the younger group (15–16 years) and the older group (17–18 years). The latest 2024 results demonstrate that alcohol is the most frequently used psychoactive substance among European youth. In Poland, 72.9% of the younger cohort and 91.3% of the older cohort had consumed alcohol at least once in their lifetime. Conversely, during the 30 days preceding the study, 39.1% of 15–16-year-olds and 73.3% of 17–18-year-olds reported alcohol consumption. Beer is the most commonly consumed alcoholic beverage among youth. The high percentage of individuals engaging in heavy episodic drinking (binge drinking) is particularly concerning. According to the surveyed youth, 13.4% of the younger group had been intoxicated at least once in the 30 days prior to the study.

Cigarette smoking is less prevalent than alcohol consumption. ESPAD results reveal that 38.6% of the younger cohort and 56.1% of the older cohort have smoked at least once in their lives.

Youth less frequently turn to sedatives or hypnotics without a prescription. Such experiences were reported by 17.9% of the younger cohort and 20.7% of the older cohort at least once. Research indicates that these levels have remained relatively stable since 1995.

Illicit psychoactive substances, such as marijuana and hashish, were used by 16.9% of the younger cohort and 33.1% of the older cohort. The 2024 study findings indicate a significantly lower prevalence of illicit substance use compared to legal ones. Most respondents had never used illicit substances. Following cannabis products, the second most prevalent illicit substances among younger students were amphetamines at 4.2%, with older students showing a similar rate of 4.5%.

The prevalence of new psychoactive substance use, so-called "legal highs" (*dopalacze*), is lower than that of cannabis products. Lifetime use was reported by 6.4% of 15–16-year-olds and 6.3% of 17–18-year-olds. In the 30 days preceding the survey, 4.3% of the younger cohort and 3.1% of the older cohort had used these substances. The prevalence of "legal high" use in 2024 remains at a level similar to that observed in 2019 (EMCDDA & CNR-IFC, n.d.).

These data suggest that despite downward trends in specific areas, psychoactive substance use among youth in Poland remains a critical social and medical issue requiring systemic preventive measures. These measures should be implemented across various environments, including the school setting.

*School as a setting for preventive activities.* Risk behaviour (including experimenting with psychoactive substances) constitutes an inherent part of adolescence. This is a period young people spend largely in school, where they are exposed to environmental influences. School is an institution that, alongside educational and upbringing activities, also conducts preventive measures. Prevention is a key component of health and social actions aimed at averting the emergence of health and social problems and their negative consequences (Cekiera, 2003, p. 17). Regarding psychoactive substances, this entails a broad spectrum of activities designed to prevent the initiation of use and reduce use-related harm (Cekiera, 2003, p. 19).

Prevention is often associated with upbringing; however, these represent two distinct processes. The primary distinction lies in their defined objectives. While upbringing aims to cultivate a well-rounded, mature personality, prevention supports the upbringing process and compensates for its deficiencies. Conversely, both processes are closely linked and share a common domain: building resilience to potential threats. Additionally, both processes rely on a shared system of values and norms, ensuring their consistency. Upbringing serves as a higher-level framework relative to prevention, while prevention creates the necessary conditions for the effective execution of the upbringing process. They share a foundation in primary universal prevention, which involves enriching constructive upbringing actions with preventive content.

The implementation of school-based prevention results from current legal regulations. The Regulation of the Ministry of National Education and Sport of 26 February 2002 (*Dz. U. No. 51, item 458, 2002*), concerning model statutes for public schools and kindergartens, integrated a school prevention programme tailored to student developmental needs and specific environmental characteristics into educational activities. The authors of this provision intended to mandate schools to conduct systematic, including internal, preventive activities. Consequently, the authorities introduced prevention through a "top-down" approach. It became the school's duty to provide health protection for children and youth while creating conditions for acquiring knowledge and developing skills that help prevent threats to health and proper development (Gaś & Poleczek, 2017, p. 18).

Although primary responsibility for children rests with parents, they do not always possess sufficient knowledge regarding threats. In the case of psychoactive substances, they may be unaware of their appearance, methods of use, storage by youth, or appropriate contact points upon discovering an unknown substance. Therefore, school-based preventive activities are profoundly meaningful and necessary.

Until 1 September 2017, schools developed the school prevention programme as a separate document with distinct activities. Article 26 of the

Act of 14 December 2016, "Law on School Education" (*Dz.U. of 11 January 2017*), introduced a change requiring the integration of upbringing and preventive measures. In practice, this means that instead of programmes containing two separate sections – upbringing work and preventive measures – schools are now required to create a single document that consolidates tasks from both spheres into a coherent whole (*Ustawa Prawo oświatowe, 2016/2025, Art. 26*).

According to the recommendations, the upbringing and prevention programme must be adapted to student developmental needs and cover both upbringing content and activities addressed to students, as well as preventive content and activities aimed at their parents and teachers. Upbringing content and actions should be formulated based on the definition of education provided in the "Law on School Education," while the upbringing process itself should focus on values and activities related to national memorial sites, forms of commemorating historical figures and events, major national holidays, and state symbols.

Preventive content and measures must stem from a diagnosis of needs and problems conducted by the school within its specific community. The developed upbringing-prevention programme must be approved by the parents' council in agreement with the pedagogical council. The specific methods of such agreement and the form of its confirmation are determined by individual schools. As before, if the parents' council fails to reach an agreement with the pedagogical council regarding the programme within 30 days from the start of the school year, the school director approves it in consultation with the pedagogical supervision body. The programme approved by the director remains in effect until the parents' council adopts a programme in agreement with the pedagogical council (*Ustawa Prawo oświatowe, 2016/2025, Art. 26*).

With the start of the 2019/2020 school year, a new version of Article 26 of the "Law on School Education" entered into force. Measures included in the upbringing-prevention programme targeting students, teachers, and parents must be developed based on a diagnosis of needs and problems emerging within a specific school community. This implies that every school is obliged to create such a programme based on an annual diagnosis of student

developmental needs – including protective and risk factors – with particular attention to threats related to the use of psychotropic and new psychoactive substances. The director or an authorised school employee is responsible for conducting this diagnosis (*Ustawa Prawo oświatowe, 2016/2025, Art. 26*). This constitutes a justified approach, as each environment possesses its own specificity, faces local problems, and requires not only universal measures but also targeted actions tailored to specific needs.

It may be assumed that preventive measures yield gradual results. It is difficult to unequivocally determine the specific role of school-based programmes in this process. Reports from the State Agency for the Prevention of Alcohol-Related Problems (currently the National Centre for Action Against Addictions) indicate a decline in alcohol and marijuana consumption among Polish youth (*Jabłoński, 2020*). Although these decreases are marginal, a comparison of ESPAD research results reveals such a trend. Researcher and specialist Jacek Kurzępa also offers a note of optimism. According to this expert, the prevention conducted nationally is yielding results (*Kurzępa, n.d.*).

Prevention in the education system is viewed as "[...] a process of supporting the development of full health by providing children with the assistance necessary at each developmental stage to withstand life difficulties and achieve a subjectively satisfactory, socially constructive, and meaningful life" (*Kosińska, 2002*).

Preventive measures regarding risk behaviour, particularly psychoactive substance use in schools, should include:

1. Diagnosis of threats and their causes. Through research tools such as questionnaires, the scale of student risk behaviour and the motives behind it are determined.
2. Formulation of objectives to be achieved through specified preventive measures.
3. Development of a preventive action project and assessment of its effectiveness (*Kozaczuk, 2001*).

Depending on the prior diagnosis, school measures may take the following forms (*Grzelak, 2007*):

1. Primary prevention (influencing initial behavioural change), which aims to promote a healthy lifestyle.

2. Secondary prevention (influencing secondary behavioural change) targeting high-risk groups, namely individuals already exhibiting risk behaviour. The goal of this prevention is to mitigate harm arising from such behaviour; additionally, adolescents are provided with opportunities to cease risky activities.

Tertiary prevention (a harm reduction strategy or intervention-therapeutic measures) is also identified, addressing high-risk individuals already experiencing the consequences of their behaviour, such as HIV carriers. Its objective is to limit the depth and duration of disorders and reduce the harm associated with an improper lifestyle. Measures of this type are not conducted within the school but are implemented in other institutional settings, such as healthcare (psychological and pedagogical clinics, mental health centres).

During the implementation of preventive measures aimed at either primary or secondary behavioural change, the teacher-educator must ensure that information regarding the dangers of risk behaviour is adapted to students' perceptive abilities and existing knowledge levels. Care should be taken regarding the credibility and presentation of information to avoid provoking excessive curiosity or distrust among participants. Consequently, information should not be overly detailed to prevent it from serving as an instruction for risk behaviour.

Designing a school upbringing-prevention programme is a complex process. It requires a diagnosis, which serves as the foundation for formulating goals and tasks. Objectives must always be measurable and divided into general and specific categories. Identifying the target audience is also recommended, as the content, forms, and implementation methods depend on the recipients. Determining the time required for implementation and goal achievement is equally vital. Identifying individuals responsible for executing specific tasks is also significant. Every programme should culminate in an evaluation. This provides data on the effectiveness of the measures implemented within the institution. This is one of the most challenging elements of any programme and presents significant difficulties (Grzelak, 2007).

Factors reducing the effectiveness of school-based prevention programmes include: a lack of coherent school policy regarding the risk behaviour of children and youth (pedagogical staff tolerance of such behaviour), teachers who themselves exhibit undesirable behavioural models (smoking, using profanity), and a lack of programme acceptance by teachers when implemented by external providers (Szymańska, 2012, pp. 67–70).

Given increasing threats, particularly those associated with psychoactive substance use, implementing prevention in schools is a necessary activity. As experts emphasize, a school without prevention becomes an upbringing-hazardous environment for students and frequently a dangerous one for pedagogical and administrative staff (Gaś & Poleczek, 2017, p. 14). In this regard, creating and selecting appropriate preventive programmes, especially recommended ones, takes on particular importance.

*The Recommendation System for Prevention Programmes in Poland.* In prevention activities, it is crucial not only to execute interventions but also to ensure and continuously enhance their quality. This objective represents a priority at both global and regional levels. Improving the quality of prevention programmes is among the challenges faced by the European Union, of which Poland is a member. The institution historically involved in enhancing the quality of substance-related prevention was the EMCDDA (EMCDDA, n.d.) – the European Monitoring Centre for Drugs and Drug Addiction – which officially transitioned into a new entity called the EUDA (EUDA, n.d.) – the European Union Drugs Agency – on 2 July 2024 (European Parliament & Council of the European Union, 2023).

In 2004, the EDDRA (EDDRA, n.d.) project – European Drug Demand Reduction Actions – was developed to identify, evaluate, and select programmes implemented within European Union countries. This project established an international database containing information on programmes aimed at reducing the demand for psychoactive substances. The EDDRA database includes programmes that satisfy high-quality criteria. As an EU member state, Poland participates in this programme and is consequently obliged to consider

and disseminate European quality standards (Szymańska, 2012, pp. 92–93).

Poland has operated a recommendation system for prevention programmes since 2010. Three institutions coordinate its implementation: the National Centre for Action Against Addictions, the Centre for Education Development, and the Institute of Psychiatry and Neurology. Within this system, programmes are evaluated in the areas of mental health promotion, addiction prevention (drug and alcohol-related problems), and the prevention of other problematic (risk) behaviours among children and youth. Programmes are assessed for compliance with standards – detailed requirements regarding overall programme quality and specific implementation stages, including needs diagnosis and assessment, target group selection, planning of objectives and implementation methods, quality assurance during delivery, and monitoring and effectiveness evaluation (O systemie rekomendacji, n.d.).

A prevention or mental health promotion programme may receive an assessment at one of three levels depending on its degree of compliance with quality standards. This evaluation is expressed through a scoring system. The first level is defined as a "Promising Programme." It is characterized by the fact that its positive impact on participants has not yet been confirmed by methodologically rigorous studies conducted within the country. However, the programme must achieve a minimum of 50 points as determined by the recommendation procedure, suggesting potential effectiveness. Requirements for this level include proper evaluation, a foundation in theoretical concepts and effective prevention strategies, and a logical implementation model.

The second level – "Good Practice" – corresponds to a minimum score of 65 points. To achieve this qualification, a programme must be highly rated by reviewers and based on rigorous evaluation. Evaluation serves as the critical selection element; specifically, the application of process, formative, and summative evaluation is recommended. –

The third and highest level is the "Model Programme," which requires at least 80 points. It meets the criteria of the two previous levels and provides documented evidence of a positive impact

on the behaviour and mental health of recipients. Confirmation is provided by longitudinal evaluation, as well as the absence of iatrogenic effects (Poziomy rekomendacji, n.d.). For recommendations at Level II ("Good Practice") and Level III ("Model Programme"), an additional assessment by two independent reviewers is required. The recommendation is granted for a five-year period and may be extended upon application by the interested entity (Procedura udzielania rekomendacji, n.d.).

The database contains both programmes developed in Poland and adapted foreign programmes whose effectiveness was confirmed by research conducted abroad. Programme adaptation inevitably involves modifying the original version and implementing it within slightly different cultural and social conditions. Therefore, it remains essential to confirm the effectiveness of adapted programmes in Poland through population-based research.

The Regulation of the Minister of National Education of 18 August 2015, regarding the scope and forms of educational, informational, and preventive activities in schools and educational institutions to counteract drug addiction, specifies in § 4.1 that prevention activities in schools and institutions encompass the implementation of programmes with proven effectiveness, particularly those recommended within the Recommendation System for Prevention and Mental Health Promotion Programmes referenced in the National Programme for Counteracting Drug Addiction (Rozporządzenie MEN, 2015, § 4 para. 1 item 1).

This provision indicates that schools must implement programmes with demonstrated effectiveness – specifically those based on scientific research that have been previously verified and show a tangible impact on reducing risk behaviour.

**Research Results.** Among the prevention measures implemented in the school environment, recommended programmes with evidence-based effectiveness hold particular significance. Below are selected recommended prevention programmes. Their selection was purposive and accounted for the diversity of recommendation levels within the current system (Promising Programme, Good Practice, Model Programme) to illustrate various quality standards and approaches to prevention. A common feature of the analysed programmes is their

focus on psychoactive substance use prevention and the limitation of risk behaviour among children and youth, alongside a similar participant age range.

Alcohol remains the most frequently consumed psychoactive substance among Polish youth. One of the most prominent prevention programmes implemented in Polish schools, specifically targeting alcohol use within a distinct developmental age group, is the "Debata" (Debate) programme. Developed in Poland by Krzysztof Andrzej Wojcieszek, this intervention is categorised as a "Promising Programme" within the national recommendation system (Programy Rekomendowane – Debata, n.d.). The programme targets learners aged 12–14 and aims to reinforce pro-abstinence attitudes while delaying alcohol initiation. Implementation spans three academic hours and utilises a short group prevention intervention method based on three core strategies: identifying contradictions between personal values and alcohol use, raising awareness of consumption consequences, and modifying normative beliefs. This final strategy is considered highly effective yet challenging to execute; consequently, its infrequent use enhances the distinctive value of the programme's impact (Maciaszek et al., 2021).

A specially trained facilitator, from whom either complete abstinence or strictly limited alcohol use is expected, conducts the "Debata" programme. The intervention also requires the participation of teaching staff. Evaluation research employing a pre-test/post-test design with experimental and control groups demonstrated a protective effect among participants. Compared to the control group, students consumed beer less frequently in the 30 days preceding the post-test. Furthermore, the proportion of individuals declaring total abstinence was higher among programme participants. Notably, the data revealed an increase in knowledge regarding the consequences of alcohol consumption, which primarily resulted from positive shifts within the participant group.

While the "Debata" programme focuses specifically on alcohol issues, the subsequent intervention under analysis – "Unplugged" – addresses a broader spectrum of psychoactive substances and the development of psychosocial competencies. Within the recommendation system, the "Unplugged" programme holds a Level II "Good

Practice" status (Programy Rekomendowane – Unplugged, n.d.). It originated from the international EU-Drug Abuse Prevention project and was developed, implemented, and evaluated through multi-centre studies across seven European countries: Belgium, Germany, Spain, Greece, Italy, Austria, and Sweden (Borkowska, n.d.).

The target group includes students aged 12–14 and their parents. The primary objective is to reduce psychoactive substance use by shifting student attitudes and beliefs, fostering protective skills, and enhancing parental upbringing competencies. The programme is built upon a comprehensive social influence model, utilizing interactive methods that combine social skills development with normative education (ORE, 2016).

The student component of the programme comprises 12 school sessions. It also provides for parental engagement, as parents receive specialized educational materials to complement school-based prevention. The programme includes information on tobacco, alcohol, cannabis products, and other illicit substances. Facilitators must undergo specific training to ensure the correct delivery of the sessions.

The programme was evaluated in Poland between 2013 and 2014 as part of a research project commissioned by the National Bureau for Drug Prevention. The PASAD agency conducted the study using a pre-post test model with a control group. The post-test was administered three months after the programme's conclusion. The research encompassed schools from two regions: the Świętokrzyskie and Łódź Voivodeships.

Results indicated that participation in the "Unplugged" programme effectively reduced the consumption of marijuana and hashish while lowering the risk of alcohol use and intoxication episodes. Students who completed the programme were less likely than the control group to agree that drugs help one experience life more fully; furthermore, they were less likely to view the purchase of alcohol as a probable future behaviour (Programy Rekomendowane – Unplugged, n.d.).

The final programme subjected to analysis is "Fantastyczne Możliwości" (Fantastic Opportunities), which has been recognized as meeting the Level III "Model Programme" criteria.

This programme represents an adaptation of the American "Amazing Alternatives" programme developed at the University of Minnesota as part of the Northland Project. Due to cultural differences, the Polish versions required substantial modifications to both content and organisational structure.

The target recipients of these interventions are students aged 11–12 and their parents. Sessions focus on teaching adolescents the ability to recognize and resist the pressures that encourage alcohol consumption. The school-based component consists of six educational sessions based on audio materials featuring adolescent narratives about everyday life events. These characters share their feelings and perspectives.

During classroom sessions, student leaders selected by their peers facilitate small-group discussions, games, and problem-solving or role-playing tasks. The themes of individual sessions cover school adaptation, vital goals and values for adolescents, reasons for youth alcohol use, social and personal aspects of consumption, the influence of peer pressure, alcohol advertising methods, and alternative ways to spend time without alcohol (Bobrowski et al., 2014).

The sessions aim to develop skills for resisting the pressure to consume alcohol. The home-based portion of the programme relies on four brochures for parents. These documents provide information on adolescent developmental characteristics, alcohol-related problems, and recommendations for upbringing strategies.

Parental tasks are not limited to reviewing materials – they perform homework assignments alongside their children, which serves as a catalyst for discussions regarding alcohol-related topics. At the beginning and end of the programme, schools organise family events involving students, parents, teachers, educators, and local community representatives.

The total duration of the programme is approximately 12–15 weeks and concludes with an "Evening of Good Fun" – a joint meeting for all participants in the initiative.

The programme's effectiveness was evaluated through a multi-stage longitudinal research project, which also analysed the "Domowe Detektywi" (Home Detectives) programme. The

study followed a quasi-experimental design within natural settings. The research object consisted of standard programme implementations conducted by school teachers in the Ursynów district of Warsaw. The experimental group comprised 18 classes (grades 4–5), while the control group consisted of 16 classes at the same levels.

Both groups participated in four anonymous student questionnaire surveys. Furthermore, the researchers monitored implementation quality through group interviews with teachers, telephone interviews with parents, and an analysis of programme documentation.

The findings demonstrated positive programme effects that persisted for one year following the intervention, particularly concerning factors influencing youth alcohol use. Changes were especially significant in aspects such as participant pro-alcohol attitudes, knowledge of alcohol-related consequences, and the perceived ability to refuse alcohol under peer pressure. Most importantly, the programme recorded an impact on behavioural variables: a reduction in intoxication episodes and a delay in the first attempts at alcohol consumption within peer groups (Bobrowski et al., 2014).

These programmes illustrate diverse approaches to school-based prevention – ranging from short-term interventions to comprehensive, multidimensional measures involving students, parents, and the school environment. Their common objective is to reduce risk behaviour and strengthen protective factors among youth.

**Conclusions.** The conducted analysis addressed three recommended prevention programmes – "Debata," "Unplugged," and "Fantastyczne Możliwości" – which possess varying recommendation levels and target psychoactive substance use. Their selection based on recommendation level (Promising Programme, Good Practice, Model Programme) allowed for the illustration of qualitative differentiation among prevention activities primarily implemented in the school setting.

The "Debata" programme, classified as a Promising Programme, is characterized by a relatively short duration of three academic hours, which may prove insufficient for achieving sustainable effects. It also maintains a narrow thematic focus, concentrating specifically on

alcohol issues. Its strengths lie in the use of group intervention elements and its impact on the normative beliefs of students. The "debate" format with students allows for the elicitation of their perceptions and knowledge regarding alcohol. To cultivate pro-abstinence attitudes, the example of a facilitator who refrains from alcohol remains vital, as it demonstrates that alcohol is not essential for life, work, or self-realization. Students perceive such a stance positively because it ensures consistency between the stated principles and the facilitator's personal example (Maciaszek et al., 2021). In this manner, the facilitator effectively models personal abstinence. The involvement of teachers in the sessions also provides educational value, as it allows them to engage with new content and delivery methods. However, the programme does not provide for parental cooperation, which potentially diminishes its effectiveness. Research suggests that involving parents in joint activities with children increases prevention efficacy, particularly when sustained over time. Studies by Howard Liddle and colleagues demonstrate that family-oriented interventions are more effective than those focusing solely on peers (Liddle et al., 2004). A meta-analysis by Evelyn Smit et al. also confirms that family involvement contributes to a substantial reduction in youth alcohol consumption (Smit et al., 2008).

Conversely, regarding the "Unplugged" programme, EU-Dap research did not indicate a significant impact of the parental component on programme effectiveness concerning student behaviour. In its current form, "Debata" may serve an auxiliary or introductory role within the school prevention system, yet its impact likely remains insufficient for addressing more complex issues, such as polydrug use.

At the higher "Good Practice" level sits the "Unplugged" programme. Compared to "Debata," it distinguishes itself through greater intensity (12 educational sessions), a broader thematic scope, and a foundation in the social influence model. Crucially, the programme actively engages learners through interactive methods – such as games and quizzes – facilitating the verification and expansion of knowledge. The development of psychosocial competencies represents a significant element, aligning with contemporary prevention trends that shift focus from knowledge transfer toward life

skills cultivation. Unlike "Debata," parents participate in the programme, although their influence does not appear pivotal for behavioural change; furthermore, the programme has undergone rigorous evaluation, including in Poland, confirming its effectiveness in reducing risk behaviour.

The "Fantastyczne Możliwości" (Fantastic Opportunities) programme, classified as a Model Programme, holds the highest recommendation level. It is characterised by maximum intervention complexity, as it encompasses learners, parents, and both the school and local environments. A literature review confirms that programmes involving the family, school, and community demonstrate high effectiveness (Hawkins et al., 2009). It is implemented over a longer period than other interventions; indeed, research indicates that programmes with fewer than 10 sessions are less effective than those comprising approximately 15 sessions on average (ORE, 2016, p. 7). The programme employs diverse active methods and emphasises the development of peer-pressure resistance skills. The integration of school-based and home-based activities proves vital, reinforcing the preventive effect, while its high recommendation level stems from proven effectiveness and the absence of negative outcomes.

Comparative analysis reveals that as the recommendation level rises, so does the complexity, duration, and the number of stakeholders involved. Higher-level programmes maintain a systemic and long-term character, whereas lower-level programmes function as short-term interventions. Consequently, effective school-based prevention should not rely solely on isolated actions but should constitute a well-conceived, multidimensional, and sustained system of influences. Simultaneously, lower-level programmes retain their value as they can serve as useful supplements, particularly when school resources are limited. The deliberate selection of programmes – considering their quality, alignment with learner needs, and institutional capacity – remains crucial, as the analysis indicates that a higher recommendation level increases the probability of achieving lasting preventive effects in adolescent substance use.

One cannot ignore the fact that implementing evidence-based programmes into Polish school practice encounters several barriers, with financing

serving as a primary obstacle. Insufficient financial resources constrain opportunities for conducting scientific research on prevention effectiveness. The evaluation of the "Fantastyczne Możliwości" programme illustrates this issue, where a limited grant budget prevented an increase in the research sample size (Bobrowski et al., 2014). Finance also impacts the feasibility of implementing existing programmes, as local authorities often possess limited resources, complicating the adoption of such interventions. Furthermore, recommended programmes require specialised training for facilitators, who are typically external specialists

requiring remuneration; however, training school personnel, such as vocational educators, does not fully resolve the issue, as learners respond differently to external facilitators, fostering greater openness and sincerity.

Experts also note that the system for financing prevention through local self-government often supports local initiatives that are typically not based on scientific evidence and lack proper effectiveness evaluations. Enhancing the accessibility of evidence-based programmes depends significantly on overcoming these existing organisational and systemic barriers.

### Conflict of Interest

I hereby certify that **I have no conflict of interest**, whether financial, professional, or personal, that could have influenced the objectivity of the research results or conclusions.

I confirm that the integrity of the **double-blind peer review process** was fully ensured through the mandatory declaration of the absence of any conflict of interest submitted via the journal's editorial system. This procedure guaranteed full author anonymity and the independence of expert assessment throughout the entire editorial process.

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## РЕКОМЕНДОВАНИ ПРОГРАМИ У ШКІЛЬНІЙ ПРОФІЛАКТИЦІ ВЖИВАННЯ ПСИХОАКТИВНИХ РЕЧОВИН

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### Реферат:

*Актуальність:* Проблематика вживання психоактивних речовин молоддю залишається суттєвим викликом для громадського здоров'я та системи освіти. Результати останніх досліджень вказують на те, що попри певні тенденції до зниження, масштаби цього явища все ще обґрунтовують потребу в проведенні системних профілактичних заходів. Особливого значення набуває реалізація профілактичних програм у шкільному середовищі, що уможливило раннє втручання та зміцнення психосоціальних компетенцій учнів. Сучасний підхід до профілактики підкреслює необхідність застосування програм, що ґрунтуються на наукових доказах та проходять систематичну оцінку. У зв'язку з цим аналіз рекомендованих програм становить актуальну та важливу сферу педагогічних досліджень.

*Метою роботи:* є аналіз обраних рекомендованих програм, що використовуються у профілактиці вживання психоактивних речовин молоддю в шкільному середовищі («Дебата», «Unplugged», «Фантастичні можливості»), з особливим акцентом на їхніх теоретичних засадах, структурі, цільовій групі та ефективності профілактичного впливу.

*Методи:* У роботі застосовано аналіз наявних даних (desk research), що охоплює системні документи щодо функціонування системи рекомендацій профілактичних програм у Польщі. Використано матеріали, розроблені Центром розвитку освіти, а також Інститутом психіатрії та неврології. Аналізу піддано програмну документацію, зокрема посібники для реалізаторів та навчальні матеріали для учнів і батьків. Додатково використано звіти з оцінювальних досліджень щодо ефективності аналізованих програм. Зібраний матеріал пройшов порівняльний аналіз за такими критеріями: цілі програм, методи роботи, сфера впливу та рівень рекомендації в системі.

*Результати:* Аналіз програм виявив їхню диференціацію за інтенсивністю впливу та методами. Програма «Дебата» стосується проблеми вживання алкоголю, має характер короткострокового втручання та зосереджена на формуванні нормативних установок і переконань. Програма «Unplugged» охоплює ширший спектр психоактивних речовин і ґрунтується на моделі соціального впливу та розвитку психосоціальних компетенцій. Програма «Фантастичні можливості» характеризується найвищим рівнем комплексності, інтегрує шкільні, сімейні та локальні заходи, а також демонструє стійкі профілактичні ефекти, підтверджені дослідженнями.

*Висновки:* Рекомендовані програми є важливим елементом системних профілактичних заходів у шкільному середовищі. Їхня ефективність залежить від рівня якості, комплексності та тривалості впливу. Програми з вищим рівнем рекомендації відрізняються більшою стійкістю ефектів та ширшою сферою впливу. Однак ефективна профілактика вимагає не лише впровадження програм, заснованих на наукових доказах, а й їхнього адаптування до потреб конкретної шкільної спільноти, а також забезпечення високої якості реалізації та оцінювання.

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**Ключові слова:** *профілактика, рекомендовані програми, молодь, психоактивні речовини.*

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