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# Overview

## ‘La Aventura de la Vida’

### Quality level

Quality level : 2

### Executive summary

The aim of ‘La Aventura de la Vida’ (Life’s adventure), which targets children from the ages of 8 to 12, is to further healthy living habits, stressing the prevention of tobacco, non-prescription drugs and alcohol use in the context of the worldwide network of Health Promoting Schools. ‘La Aventura de la Vida’ is designed to respond to teachers' need for a structured, readily implemented and motivating programme to broach health education in the classroom. The programme addresses the physical, mental and social dimensions of health and relates the educational activities proposed to other subject areas, such as harmonious co-existence or environmental education. While implemented primarily in the school environment, the programme extends outward from there to families and the community at large. This programme: • is based on what has been internationally proven to be the most effective theoretical model: teaching living skills; • targets an age group (8 to 12) of particular preventive significance, both for its position in the antechamber of the potential introduction to drug use and its high receptivity and plasticity to the shaping of lifestyles; • exerts considerable social impact, and is widely and continually implemented across our education system.

Type of intervention	prevention
Sub-area	universal
Setting	school
Type of approach	
Target group (universal)	children/young people
Age group	children 8 to 12 years of age.
Target group (specific)	children/young people
Annual coverage	5.000
Substances addressed	tobacco,alcohol

Evaluation type	outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)
Country	Spain
Start date	01/01/1989
End date	

## Overall objective

Primarily, to retard the age of first use and lower use among minors.

## Abstract

As described in the section on activities, the ‘La Aventura de la Vida’ intervention features the following deliverables. Printing of the material is required for dynamic class work. Every year, one album is printed for each year 3 to year 6 pupil participating, for an annual total of approximately 157 000. The supplementary audiovisual materials are also produced. Teacher’s guides, approximately 7 850 per year, are likewise printed to help teachers use programme sessions as dynamic educational tools. Programme participation is fostered yearly with electronic mailshots that describe the programme and offer the materials and necessary counselling for their dynamic use. These mails target primary schools. The family’s role is very important. Interested schools are therefore provided with specific material designed for parent workshops. Throughout classroom implementation of the programme, EDEX professionals are in permanent contact with both the teaching staff and the participating schools, responding to requests for support. They even conduct teachers’ workshops on programme use and family workshops on intra-family communication. The most outstanding results in relation to the effectiveness of this programme are focused in four areas: self-esteem, life skills, drug use prevention and healthy habits. We would like to add that the programme effectiveness has also shown statistically significant differences concerning the implementation timetable of it. Table: GT situation related to GC depending on the programme implementation timetable. POSITIVE ITEMS RELATED TO GT: ONE YEAR, TWO YEARS, THREE YEARS SELF-ESTEEM: 51.43 %, 42.85 %, 61.90 % LIFE SKILLS: 60.00 %, 50.00 %, 55.55 % DRUGS: 52.50 %, 59.38 %, 62.50 % HEALTHY HABITS: 44.53 %, 55.88 %, 47.06 % TOTAL: 50.00 %, 54.35 %, 55.80 %

## Context and theory

### Initial situation

‘La Aventura de la Vida’ is a programme for the universal prevention of drug addiction geared to primary school pupils, whose activities are informed by a health education and living skills training strategy designed from a community perspective. It aims to foster healthy and independent lifestyles, including learning about behaviour and circumstances liable to stimulate personal and social welfare, attitudes and values that favour the development of well-being and suitable skills to behave in keeping with such learning, attitudes and values. In this regard, the programme subscribes to the World Health Organization’s assertion that health education aims to make pupils want to be healthy, know how to be healthy, do what they can individually and collectively to stay healthy and seek help when they need it. The programme, then, is geared to fostering cognitive (decision-making, critical thinking), emotional (self-esteem, stress handling) and social (assertiveness, empathy,

communication skills) abilities likely to contribute to the construction of lifestyles in which drugs are unnecessary. A universal prevention programme whose target population is 8- to 12-year-old pupils, it opts for an approach that reinforces protection against and reduces the risk of drug use, focusing on self-esteem and the development of personal and social skills that help pupils broach interpersonal relationships assertively, handle stress and learn to make decisions. 'La Aventura de la Vida' adopts a living skills education approach, a preventive model based on training to deal with the requirements arising in the immediate surroundings (including the presence of drugs and other risks), which has been found to be effective in evaluations conducted around the world. Both in the prevention of drug addiction and in other areas of social action (AIDS prevention, risky sexual behaviour, furtherance of non-violent strategies for conflict settlement, reduction of aggressiveness), the living skills education model is obtaining promising results in children the world over. These results include a genuine decline in drug use, as the respective programme evaluations have shown (Botvin, G.). International education organisations concur in regarding this model as an effective strategy for developing personal and social skills in the target population that contribute to positive conduct and lowering children's vulnerability to involvement in risky behaviour. Its effectiveness is supported by research in the area (improvement in communication skills, ability to listen actively and concentrate, decline in aggressive attitudes, handling of emotions and positive behavioural change). International institutions such as the World Health Organisation, UNICEF and the Carnegie Foundation Council on Adolescent Development identify the acquisition of practical and living skills (including decision-making, communication, conflict settlement and peer group resistance) as critical for all adolescents. This model has a direct impact on such skills, and hence on protection from and risk of drug use as well as on other risk factors identified by international research. It eschews the mere conveyance of information on the behaviour to be avoided, focusing, rather, on the development of skills that enable pupils to organise their own existence assertively, even under adverse social conditions (enhancing resilience). Strengthening the protection factors identified by research (self-esteem, ability to resist peer pressure) and modifying risk factors (family indifference, lack of information) constitute the core of this proposal. The target population is primary school pupils, a highly relevant stage in life from the standpoint of preventive action, for the reasons noted earlier.

## **Basic assumptions/theory**

In the early twenty-first century, the undue use of drugs has become one of the international community's primary concerns. A wide variety of strategies has been implemented in the past to respond to such use. Its growth and the assessment of the initiatives undertaken led the United Nations Member States to adopt a Political Declaration and a Declaration on the Guiding Principles of Drug Demand Reduction in June 1998 which, in a nutshell, emphasised the need to promote comprehensive policies in which the reduction of demand is one of the key objectives. The impact of alcohol, tobacco and illegal substance abuse has social, health and economic costs of all kinds that require institutions and civil society itself to promote rigorous preventive action able to mobilise the communities targeted and reinforce their ability to confront drug abuse positively. Schools are among the realms of choice for preventive action the world over. While education alone cannot solve humanity's problems, without it, no significant progress in this regard is possible. Given that truism, it is no coincidence that in the March 2001 Declaration of Cochabamba, Latin American and Caribbean Ministers of Education, convened by UNESCO, agreed that 'growing problems of juvenile violence inside and outside the school, of drug dependence, of adolescent pregnancy and fatherhood, as well as the low level of citizen participation of young people, require efforts in values education and urgently needed solutions from educators and from society'. According to evidence gathered the world over, health, values and living skills education are the three most effective approaches. In this regard, UNESCO (2005) identifies 10 key factors for education quality as related

to learners and education systems. Living skills education has a bearing on at least three of these factors: (a) the relevance of educational content; (b) the use of a variety of teaching and learning methods; and (c) the improvement of the school environment where teaching and learning take place. Moreover, this model has been endorsed by all the institutions with international responsibility in the area in question and developed in particular by the Pan-American Health Organization as a basic strategy for preventing drug abuse and other health risks. In this regard, 'La Aventura de la Vida' is closely aligned, conceptually and methodologically speaking, with the Health Promoting Schools movement that arose in Europe in the mid-1990s and was later developed in Latin America and the Caribbean. The programme subscribes fully to the movement's general purposes: § promote healthy lifestyles and provide students and educational workers with realistic and attractive options in connection with health; § formulate clear-cut objectives for the promotion of health and safety within the school community; § provide a framework for work and study that promotes health, taking into account the conditions of school buildings, health and nutrition services, sports and recreation, and access security; § develop a sense of individual, family, and social responsibility for health; § make possible full physical, psychological and social development, and the acquisition of self-esteem among all students; § promote positive and constructive relations among all the members of the educational community and between the community and its surroundings.

## **Objectives and indicators**

### **Process evaluation**

### **Operational objectives**

To print both the classroom and teaching staff materials for the programme. To foster programme implementation through e-mails and telephone calls to primary schools.

### **Process indicators**

1. Percentage of the 150 schools expected to participate that do.
2. Percentage of the 4 000 albums and the 250 teacher's guides that are printed.
3. Percentage of students expected to participate that do.

### **Instruments used**

#### **Type of quantitative instrument**

#### **Type of evaluation carried out**

#### **Evaluation design**

outcome evaluation (how far are the specific objectives achieved), process evaluation (how far are the operational objectives achieved)

# **Specific objectives and outcome indicators**

## **Specific objective 1**

To improve children's information on the risks associated with alcohol, tobacco and non-prescription drug use.

## **Outcome indicator 1**

Level of children's information on the risks associated with alcohol, tobacco and non-prescription drug use.

## **Specific objective 2**

To instil in children the importance of caring for their health and rejecting behaviour liable to compromise wellness.

## **Outcome indicator 2**

To instil in children the level of health importance of caring for their health and rejecting behaviour liable to compromise that wellness.

## **Specific objective 3**

To enhance their ability to act assertively in peer relationships.

## **Outcome indicator 3**

Level of children's information to enhance their ability to act assertively in peer relationships.

# **Instruments used**

## **Type of quantitative instrument**

## **Type of qualitative instrument**

# **Action**

Activity 1. Sensitisation of teaching staff and other education community agents. While 'La Aventura de la Vida' is well known in school environments, its ongoing innovation suggests the need for presentations at regular intervals. Such communication adopts the form of the circulation of a detailed introductory brochure about the programme and programme participation among teachers and other primary education community agents. With parallel electronic mailshots to supplement the hard copy campaign, the information reaches 100 % of primary schools. Activity 2. Publication and distribution of teaching materials for pupils Ø Stage 2 and 3 pupils A picture card album is the teaching tool furnished by 'La Aventura de la Vida' for each stage 2 and 3 (3rd through 6th year of

primary school in the Spanish system) pupil. The programme furnishes a different album for each of the four school years involved. Each album, designed as a colour comic book, is gradually filled with the 36 picture cards that illustrate short stories whose main characters are a group of children. Each story may be set in the home, school or neighbourhood and serves as a stimulus for discussion of one of the 36 themes proposed, all of which are based on situations to which pupils can readily relate. • Supplementary audiovisual material The stage 3 primary school teachers are provided with an audiovisual collection consisting of 12 20-minute stories that play out the topics around which the programme revolves. It is also available in a format compatible with domestic devices, which includes all of the episodes and a guide designed to encourage use by families and other educators. This support material reinforces and supplements the educational work performed with the other media. Activity 3. Educational resources for teachers The very nature of the programme's teaching aids give teachers considerable leeway, thanks to the flexibility of use allowed, in keeping with individual preference for classroom pace and delivery. Thanks to this flexibility, teachers deciding to allocate a specific timeframe to discussing the issues brought up in the stories, albums, audiovisual media and educational games, can devote one hour a day or a single afternoon a week to this task. They can likewise readily resort to these stories, albums or audiovisual aids to deal with similar or associated issues forming part of other curricular areas, making health education a standard part of the curriculum through value and psycho-social skill development, for instance. Work can also be organised to suit teachers' criteria: following the programme content sequence by sequence; addressing programme content depending on the curricular content it is intended to support; or adopting an approach based on pupils' actual schoolyard or classroom experience. To illustrate these and other ways of using the programme, teachers are provided with the respective guides. This battery of educational tools is designed for teachers and provides them with the necessary support to turn these proposals into dynamic educational exercises, regardless of the medium on which they are delivered. Activity 4. Reinforcement of family prevention Materials are available to facilitate work with parents, designed to increase the number of occasions for parent-teacher meetings and enhance the effectiveness of school intervention. The paper entitled 'Ten steps to help your child confront the challenge of alcohol and other drugs', for instance, constitutes a valuable tool for fairly intense and ongoing face-to-face interviews in the framework of the so-called 'Escuelas de Padres y Madres' or schools for parents.

## Results

### Process evaluation

#### Results

1. A total of 131 schools or 87.33 % of the initial figure implemented the programme. 2. In all, 3 811 albums or 95.28 % of the initial total and 215 or 86 % of planned teacher's guides were printed. 3. A total of 95.28 % of the students initially signed on participated.

### References

Bergh, B.L. (1989), 'Qualitative research methods for the social sciences', Allyn and Bacon, Needham Heights, Massachusetts. Blumer, H. (1969), 'Symbolic interactionism, perspective and methods', Prentice May, Englewood. CICAD (1997), 'Simposio Interamericano sobre Prevención del Uso Indebido de Drogas', San José de Costa Rica. EDEX (1992), 'Evaluación de la puesta en práctica del programa Osasunkume, La Aventura de la Vida', Bilbao. EDEX (1995), 'II Evaluación

del programa Osasunkume, La Aventura de la Vida', Bilbao. EDEX (2002), 'Los educadores tienen la palabra. Evaluación cualitativa del programa Osasunkume', Bilbao. NN.UU. (1998), 'Declaración política y principios de la reducción de la demanda', Vienna. OPS, 'Red latinoamericana de escuelas promotoras de salud'. Ruiz Olabuénaga, J.I. (1999), 'Metodología de la investigación cualitativa', Universidad de Deusto, Bilbao. UNESCO (2001), 'Declaración de Cochabamba de los Ministros de Educación de América Latina y el Caribe', Cochabamba.

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## Additional information

Number of staff involved	Five part-time professionals.
Status/profession of staff involved	Two psychologists, one teacher, one marketing expert, one clerical worker.
Type of evaluator	Both internal and external
Name of external institution(s)	Universidad Complutense de Madrid
Full reference to evaluation report	<a href="http://www.laaventuradelavida.net/es/evaluacion_0.shtml">www.laaventuradelavida.net/es/evaluacion_0.shtml</a>

## Budget

Annual budget	Over 100 000 to 500 000
Sources of funding	Non-governmental organisation, National government, Local authorities, Regional authorities

Percentage from each source      Non-governmental organisation=13%,National government=7%,Local authorities=17%,Regional authorities=63%

## **Additional remarks**

This section discusses some of the overall quantitative and qualitative results of the evaluation conducted. The results of the two methodologies were mutually reinforcing, inasmuch as the quantitative findings were consistent with the results reported by the education professionals in the areas listed below. 'La Aventura de la Vida' is an effective programme in as much as it furthered more positive attitudes in the treatment group, which participated in the programme, than in the control group, which did not. Teachers' observations and the children's replies to the questionnaire concurred in this regard. 'La Aventura de la Vida' is effective over a wider range than mere drug addiction. Further to the programme's conceptual construct, it has proven its effectiveness in the four areas in which it explicitly intervenes. It consequently contributes to reducing the risk factors deliberately addressed and to enhancing the protection factors. A direct relationship was identified between the time of participation in the programme and intensity of the results. While positive results were found among the GT pupils as a whole, regardless of how long they had participated in the programme, three-year participants performed clearly better than two-year participants, whose performance was higher than among the pupils who had been in the programme for only one year. In a word, the children participating in 'La Aventura de la Vida' were more positively positioned in terms of self-esteem, living skills, information, attitudes and expectations on future drug use and healthy habits, both with respect to themselves and to their environment, than the children from similar social and cultural backgrounds who had not participated in the programme.