



Counter Narcotics Public Information (CNPI) Campaign in Afghanistan

**A Manual for
Programme Managers and Implementers**

**Produced by
The Colombo Plan
Drug Advisory Programme (CPDAP)**

This publication was developed by the Colombo Plan Drug Advisory Programme (CPDAP) under the Project 2009-17: Counter Narcotics Public Information Campaign in Afghanistan: A Manual for Programme Planners and Implementers. The presentations herein are the views of the Resource Persons and do not necessarily reflect the official policy or position of the Colombo Plan.

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Recommended Retail Price : US\$ 20.00

Printed April 2010

FOREWORD

The Counter Narcotics Public Information (CNPI) has been implemented by the Colombo Plan in Afghanistan since 2007, with funding from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US Department of State. The CNPI has contributed immensely to change the perceptions in the community at grass-root level on poppy cultivation in Afghanistan.

While Afghanistan continues to be the largest producer, consumer and supplier of opium products in the world, this multi-faceted drug menace has stagnated the development of its people and also poses an increasingly serious threat to the rest of the world. The reduction of poppy cultivation through raising public awareness is one of the most effective ways to combat the problem.

This is in line with the revised National Drug Control Strategy (NDCS) of the Government of Afghanistan (GOA), which identifies Public awareness as one of its eight pillars. The Public Awareness Pillar is a multi-dimensional effort that engages public officials at national and provincial levels, to inform Afghan citizens of the risks and consequences that poppy cultivation bring to Afghanistan and thus, to persuade farmers not to cultivate poppy.

This Guidebook is designed for policy makers, programme managers and implementers with practical information on planning and implementation of the public information campaign. It can also be used as a training tool for officials working in the campaign and advocacy. It will hopefully help the CNPI planners and implementers be more effective in their efforts to reduce poppy cultivation in their country. It provides the basic steps to develop and implement communication components including the need to define a problem, identify and analyse audience; formulate goals and objectives; construct messages; select the right media; and finally implementation and evaluation.

Over the past 36 years, the Colombo Plan Drug Advisory Programme (CPDAP) has been addressing drug related issues and documenting the lessons learnt in the Asia-Pacific region. Although many Guidebooks have been published by DAP, this is the first book which is produced with useful resource materials for the counter narcotics public information campaign. The Colombo Plan Secretariat would like to express its appreciation to INL for its financial contribution towards the production of this Guidebook and the team of Resource Persons who have contributed in making this Guidebook a reality. For my part, I am also pleased to be able to join the team in providing the final editing for this Manual.



Dato' Patricia Yoon-Moi Chia

Secretary-General

Colombo Plan Secretariat

1st February 2010

ACKNOWLEDGEMENTS

The Colombo Plan Drug Advisory Programme
recognises with grateful appreciation the valuable contribution of
the Bureau of International Narcotics and Law Enforcement Affairs (INL),
US Department of State
in funding the development of this Manual,

The Ministry of Counter Narcotics, Afghanistan
for their cooperation in relation to the project,

and

The Panel of Resource Persons and Editors
for their untiring efforts in developing and editing this Manual.

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Glossary

ASI	-	Adam Smith International
CNAT	-	Counter Narcotics Advisory Team
CNPI	-	Counter Narcotics Public Information
CPDAP	-	Colombo Plan Drug Advisory Programme
GOA	-	Government of Afghanistan
Halal	-	Legal
Haram	-	Forbidden
Hujrah	-	Rural guest room
IEC	-	Information, Education and Communication
INL	-	Bureau for International Narcotics and Law Enforcement Affairs, US Department of State
Jirga	-	Council
Khubah	-	Sermon during Friday Prayer and Eid Prayer
Maliks	-	Village Heads/Leaders
MCN	-	Ministry of Counter Narcotics, Afghanistan
Mullah	-	Head of Mosque
NDCS	-	National Drug Control Strategies
NGO	-	Non-Governmental Organisation
PBUH	-	Peace Be Upon Him
PSA	-	Public Service Announcement
Ulema	-	Religious Leader
UNODC	-	United Nations Office on Drugs and Crime
Wa'z	-	Speech of Mullah

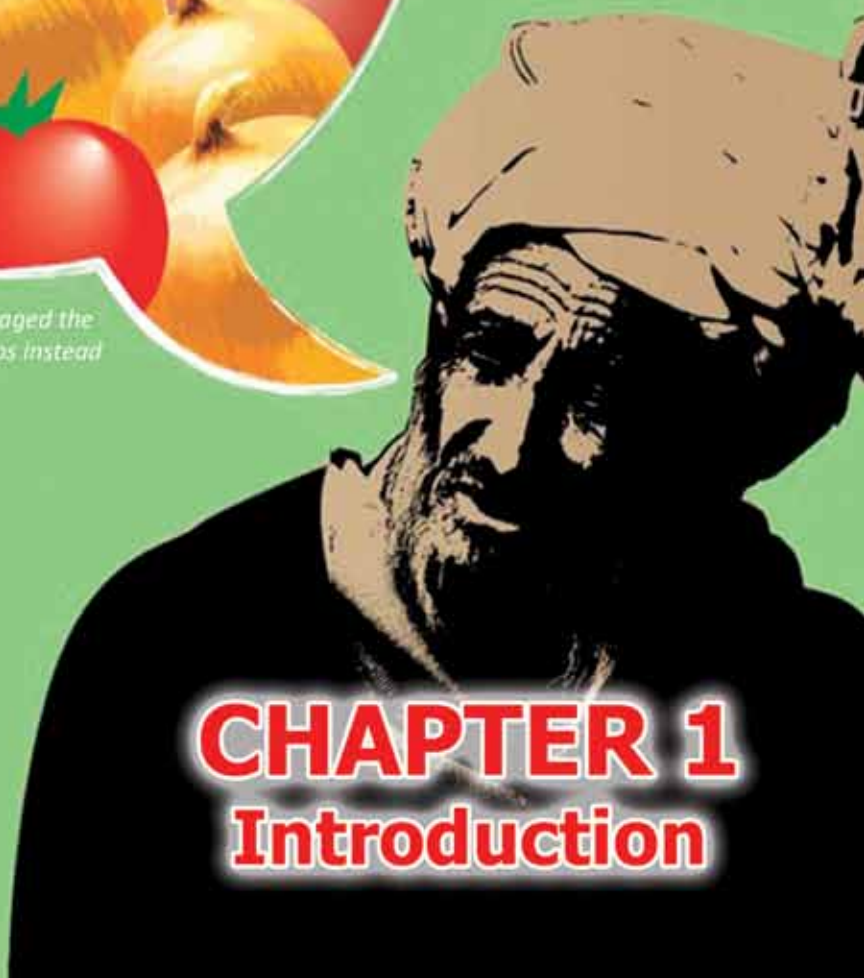


دولت جمهوری اسلامی افغانستان
وزارت مبارزه علیه مواد مخدر

حامد کرزی، رئیس جمهور افغانستان
از دهاقین تقاضا کرد تا به عوض
کوکنار، محصولات غذایی
را کشت نمایند تا
اینکه ما محتاج
به سایر کشورها
نشده و خود را
خجل نسازیم



H.E. President Hamid Karzai encouraged the farmers to cultivate alternative crops instead of poppy, to attain self reliance.



CHAPTER 1 Introduction



ما کوکنار نمی خواهیم

No to poppy

CHAPTER 1

1. Introduction

Counter Narcotics Public Information Campaign (CNPI) is a critical task in the overall effort to combat the problem of narcotics in Afghanistan. CNPI aims primarily to promote lasting behavioural changes and dissuade the farmers from poppy cultivation in the country as well as to insulate the other segments of the community from succumbing to the lure of drugs. The programme emphasises the need to deal with the multiplicity of social, environmental, cultural and psychological factors that promote poppy cultivation, drug trafficking and abuse. Hence, strategic communication through public information campaign is the most powerful approach of any prevention effort. It requires considerable strategic planning in order to be effective and to provide the maximum impact in the campaign.

1.1 The Colombo Plan Drug Advisory Programme

The Colombo Plan for Cooperative Economic and Social Development in Asia and the Pacific is one of the oldest regional inter-governmental organizations which was conceived at the Commonwealth Conference on Foreign Affairs held in Colombo in January 1950. It was launched on 1 July 1951 as a cooperative venture for the peoples of South and Southeast Asia. It has since grown from a group of seven Commonwealth nations - Australia, Britain, Canada, Ceylon, India, New Zealand and Pakistan - into an international organization of 26 members including non-Commonwealth countries.

Afghanistan joined the Colombo Plan in 1963. However, after the out break of the war in 1979, the Colombo Plan stopped its assistance to Afghanistan. The Colombo Plan resumed its assistance to Afghanistan in 2003.

Since its establishment in 1973, the Colombo Plan Drug Advisory Programme activities focused on enhancing human resource development in member countries, particularly on drug demand reduction activities. With regard to Afghanistan, the initiatives include: establishment of treatment

centres, outreach/drop-in-centres, mosque-based prevention and aftercare centres, and transit shelter for women; the mobilisation of religious leaders and youth against drug abuse; preventive drug education in schools; and the Counter Narcotics Public Information Campaign (CNPI).

1.2 Counter Narcotics Public Information Project in Afghanistan

The drug problem in Afghanistan continues to be a serious threat according to the “2008 and 2009 Opium Poppy Survey Reports” by the United Nations Office on Drugs and Crime (UNODC). Afghanistan accounted for 93% of the world poppy cultivation in 2007. The country has also been identified as one of the countries suffering from an alarming number of drug addicts. According to the UNODC survey and the Ministry of Counter Narcotics (MCN) of Afghanistan survey in 2005, the country was estimated to have more than 1 million drug addicts including about 740,000 males, 120,000 females and 60,000 children. However, the 2008 reports indicate 19% reduction in poppy cultivation (193,000ha to 157,000ha), 6% reduction in opium production (from 8,200 tons to 7,700 tons), and an increase in the number of poppy free provinces from 13 to 18 out of 34 provinces of Afghanistan.

In 2009, the UNODC Afghanistan Opium Survey, highlighted that opium cultivation decreased by 22% (from 157,000ha to 123,000ha), Opium production decreased by 10% (from 7,700 tons to 6,900 tons), and the number of poppy free provinces increased from 18 to 20 provinces.

One of the several factors that contributed to the decrease in poppy cultivation is the public awareness programmes conducted by the Afghan authorities in collaboration with international organisations. The Counter Narcotics Public Information Campaign (CNPI) is one of such programmes conducted by the Colombo Plan Drug Advisory Programme (CPDAP), in collaboration with the Ministry of Counter Narcotics (MCN) of Afghanistan, with funding from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US Department of State.

The CNPI project is a public information and awareness campaign directly targeting the farmers and traffickers, indirectly targeting the general public in Afghanistan. The campaign aims to curb narcotics production and trafficking of drugs as the single greatest challenge to the long-term security, development and effective governance in the country.

Public awareness is one of the eight “pillars” of the revised National Drug Control Strategy (NDCS) of the Government of Afghanistan (GOA). The public awareness campaign is a multi-dimensional effort that has engaged public officials at the central and provincial levels to inform Afghan citizens of the harm and shame that illegal cultivation brings to Afghanistan. The aim is to persuade farmers not to cultivate opium poppy and to highlight the increasing effectiveness and commitment of law enforcement agencies punishes narcotics producers and traffickers. The CNPI campaign focuses on achieving sustainable reduction in poppy cultivation and production.

1.3 National Drug Control Strategy of Afghanistan

Background:

The Afghanistan National Drug Control Strategy was developed in 2003 and updated in 2006 by the Ministry of Counter Narcotics with inputs from the line Ministries. The goal of the National Drug Control Strategy is to secure a sustainable decrease in cultivation, production, trafficking and consumption of illicit drugs with a view to achieve complete elimination.

National Priorities:

To achieve the goals, the government is working on the four main priorities:

1. Disrupting the drug trade by targeting the traffickers and their backers
2. Strengthening and diversifying legal rural livelihoods
3. Reducing the demand of drugs and treating the drug addicts
4. Developing the state institutions at the central and provincial level

Pillars:

Government counter narcotics activities are conceptualised under the eight pillars and based on the four main national priorities of the strategy. These pillars are interlinked to pave the way for a coordinated package of counter narcotics efforts. The pillars are:

1. Public Awareness
2. International and Regional Cooperation
3. Alternative Livelihoods
4. Drug Demand Reduction

5. Law Enforcement
6. Criminal Justice
7. Eradication
8. Institutional Building

The Public Awareness pillar focuses on a sustainable and multi-dimensional public information campaign against the drug business cycle through the involvement of all the stakeholders at central and provincial levels. The pillar is spearheaded by the MCN which plays the leading and coordinative role to ensure that the participant groups are informed, educated, persuaded, mobilised and empowered, and that attitude, behaviour and practices are changed or enhanced.

1.4 Purpose of the Manual

Given the multiplicity of the factors involved in the planning and implementation of the Counter Narcotics Public Information Campaign in Afghanistan, this manual is designed to provide the policy makers, programme managers and implementers with a basic understanding of the concepts and steps in the counter narcotics public information programme. This manual can also be used as a tool for training all officials related to counter narcotics public information campaign in Afghanistan.

The manual will enhance the efficacy of the CNPI project as public information officers of the Ministry of Counter Narcotics of Afghanistan as well as the related officials in the CNPI project. The manual will hopefully help CNPI planners and implementers to be more effective and make a difference in their efforts to reduce the cultivation of poppy in the country.

1.5 Users of the Manual

The manual will be used by all policy makers, programme managers and implementers from related ministries, local governments and NGOs involved in the Counter Narcotics Public Information Campaign in Afghanistan.

1.6 Organisation of Chapters

The manual contains the basic steps in developing and implementing a communication component, such as problem definition, audience identification and analysis, goal and objective formulation, message construction, media selection, implementation and evaluation.

Chapter 1 provides the overview of the manual that include a brief of CPDAP, Counter Narcotics Public Information (CNPI) project, National Drug Control Strategy (NDCS) of Afghanistan and the objectives of this manual. Chapter 2 elaborates on the conceptual framework which covers the communication model and strategies, principles in communication, limitations of communication and the role of communication in drug prevention, while Chapter 3 discusses in detail the various problems and challenges faced in terms of security, culture, terrain, climate, literacy, governance, human resource and demand for drugs. Chapter 4 highlights the SMART goals and objectives, while an analysis and segmentation of the audience is discussed in Chapter 5.

In Chapter 6, the steps to construct, design, pre-test and finalise the message are described in detail with examples. In Chapter 7, the criteria for selecting the channels of communication are enumerated together with the different types of channels of communication available for planners and implementers. In this context traditional media was given more emphasis vis-à-vis the use of modern mass media technology such as the Internet.

Chapter 8 focuses on the implementation of the campaign plan. It also included a description of the coordination and monitoring mechanisms. Chapter 9 discusses the different types of evaluation required to determine the success of the programme or campaign. Evaluation methods, such as sample questions, focus group, observation, interview and content analysis are included for easy reference.

Finally, the manual includes annexes on additional topics that would help planners and implementers in conducting the programme. These include the following: Types of Drugs and its Effects, Tips of Public Speaking, Format for Communication Campaign Planning, Questionnaire and Public Information Campaign Matrix.



د افغانستان اسلامي جمهوریت
د پشمالي ختیځو ولايتو د کورنيو چارو وزارت

مور کوکنار نه غواړو



No to poppy

انتخاب ستاسو دی

The Choice is Yours

Halal Cultivation

ډاډمن ژوند
برکت او امنیت

Sustainable Livelihood,
Blessing & Security

حلال کښت:



Poppy Cultivation:
Waste of Money,
Fear & Regret



د کوکنارو کرل:

د سرمایې بربادې،

تشویش او پښېماني



CHAPTER 2

Conceptual Framework

CHAPTER 2

2. Conceptual Framework

2.1 Communication Model and Strategies

One of the ways in which prevention efforts may be addressed is through communication. This includes the establishment of interpersonal linkages as well as mass media activities designed to inform, educate, mobilise and empower the general public against the poppy cultivation, opium production, drug trafficking and addiction.

The use of modern techniques of interpersonal and mass communication constitutes a unique and important tool for reaching the greatest possible number of persons. Communication, thus, places itself at the service of local participation, the individual and the community. In addition, communication broadens the possibilities for education, which is defined as specific initiatives carried out in well-defined and controlled places or spaces, in which we have at our disposal a captive audience, such as mosques, schools and health clinics.

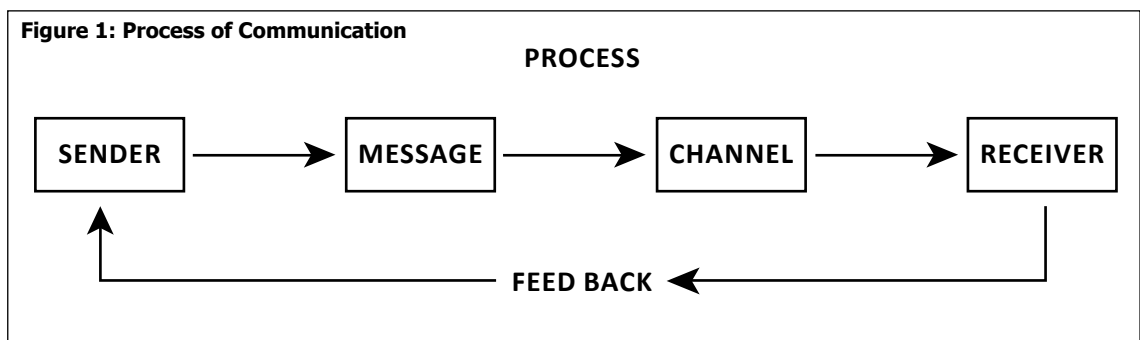
Communication is one of the ways in which human beings relate to one another. This human interaction takes place through the use of codes and symbols. All human beings must communicate with one another in order to live together in one society. We establish communication with others within the family unit, at work, at play, at school, in the street; in other words, any place where we "share" something with others. Hence, communication is a positive and necessary aspect of our lives.

The purpose of human communication is to succeed in having a message, an idea, a concept, a need or a command, transmitted from one person to one or more persons who will take action accordingly. Action as a consequence of this communications link can be either accepting or rejecting the message based on the cultural, social, political and economical conditions of the receiver.

The aim of communication then becomes the possibility of “tuning in” or placing in a state of interaction and participation, two or more persons. By means of this interaction, intra-family communication transmits to us values, beliefs and customs, and teaches us ways of life and norms of behaviour; this we call “socialisation”. Communication which takes place beyond the bounds of the family - at school, at college, at work - completes the process of socialisation and integration with the community.

Although there are many channels for communication, we must bear in mind that all communication processes take place between persons - between human beings seeking to establish a link between them. We must therefore, distinguish between communication as a human process and media communication as the instruments that human beings use to convey messages.

In order for communication to be established between people, it is necessary for the messages “issued” by the “sender” to be “received”, understood and either accepted or rejected by the “receiver”. Any process of human communication, regardless of the mechanism or system used to establish this link, will necessarily include a sender and a receiver located at both ends of the process. **Figure 1** illustrates the process of communication.

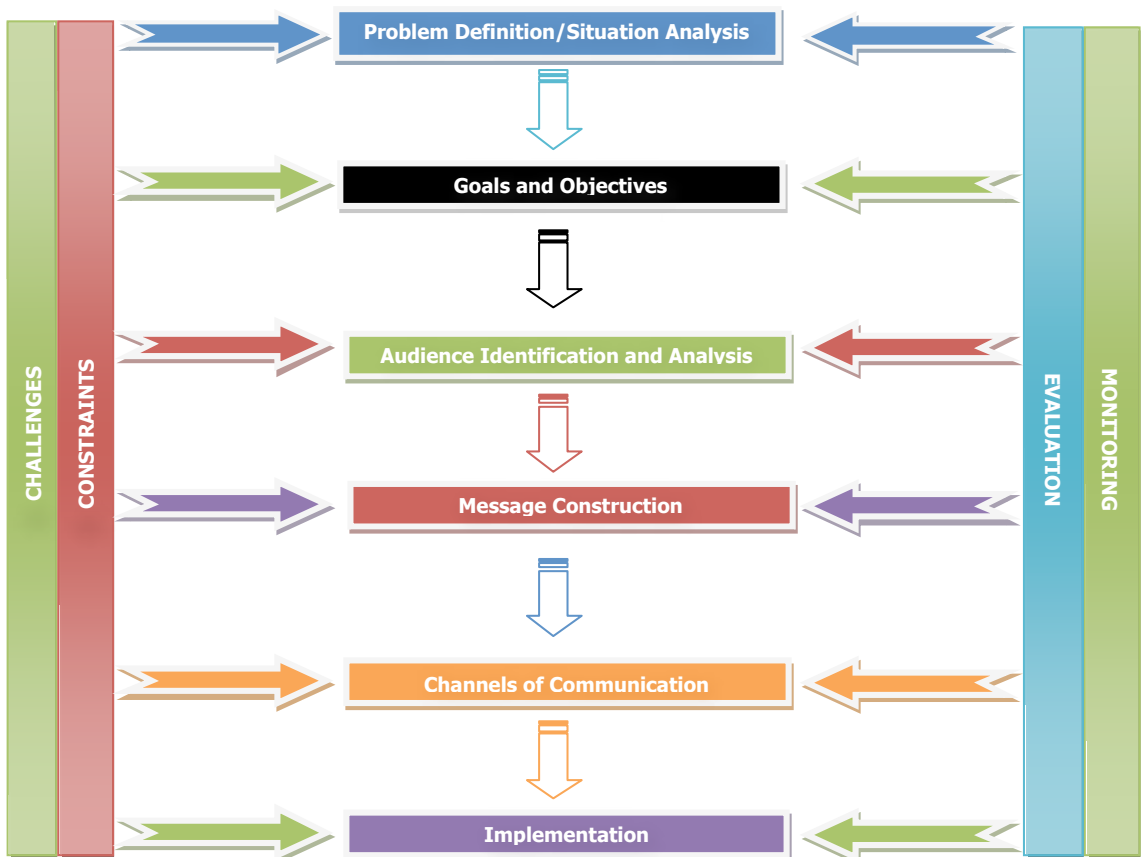


It is important not to confuse the communication “channel” or “medium” with the communication itself. It is for this reason that we say that, in the long run, all communication becomes “interpersonal”. In order to issue, receive, accept, reject or incorporate a message, one must put into movement a series of internal processes.

The term communication must be reserved for the act of human inter-relationship. Consequently, when we speak of the “channel” or “medium”, we will be referring to a simple “mechanism” which will assist us in establishing or improving communication. Technological progress in the variety and capability of media, however beneficial, has not in any way modified the essence of the phenomenon of “human communication”. The focus is on the content or message which it incorporates, and not the medium by means of which it is conveyed.

In the conduct of the public information campaign, the strategy includes problem identification/analysis, goals and objectives, audience identification and analysis, message construction, selection of communication channels, implementation, monitoring and evaluation. **Figure 2** illustrates the model of the counter narcotics public information strategy adopted in the CNPI project.

Figure 2: Model of Counter Narcotics Public Information Strategy



2.2 Limitations of Communication

The drug problem is usually associated with a complex set of social, political, cultural and economic problems, and should be seen as interlinked to a communication intervention. Specifically, for drug abuse, these will be personal, family and social problems. However, not all of them are amenable to a communication intervention. The two main limitations are:

- Drug involvement is the outcome of all the social, political and economic problems that cannot be readily resolved by a smattering of messages in media or through other means of communication. The starting point of any communication campaign must be to reach a clear understanding of the range of factors causing the problems of poppy cultivation, production and trafficking and drug abuse in a given population.
- Communication interventions are inserted into an environment of existing social norms, cultural beliefs, laws and realities. The mass media and interpersonal networks already carry excessive messages related to counter narcotics including drug abuse. For example, messages focusing on alternative livelihoods are disseminated without understanding what the people actually want. Deceiving and untruthful messages can erode the sustainable impact of our messages. Another example is that if the government announces the implementation of a project worth millions of dollars, the public expectations will increase. However, when there are no visible changes in the life of people, trust in the government will decrease. A well-designed communication programme can provide an alternative perspective to these messages, but it cannot alter the overall social climate in a short period of time.

Despite these limitations, communication interventions can make an important difference by raising awareness of drug abuse and implementing counter narcotics interventions based on a participatory approach. It will help counter beliefs which are tolerant to drug involvement and drug abuse, and encourage people to reach out to others who need their help. The communication interventions will generate outcomes only if the ideas of the people are incorporated, valued and fulfilled. Through the mass media and traditional means of communication collectively, thousands of people can be reached quickly. Media coverage of the negative consequences of

drug involvement and abuse can lead to discussions among family members, youth, policy makers and others. Interpersonal forms of communication such as one-on-one and group discussion, jirgas and other community meetings can also generate dialogue, which is often the first step in attitudinal and behavioural change.

2.3 Role of Communication in Drug Abuse Prevention

Countless messages are received today by all people from various forms of media. These messages tend to influence their way of life, such as lifestyle, self-esteem, relationships and even financial status. Some of these messages may seek to promote healthy and desirable practices, while others may make dangerous and destructive practices seem exciting.

One role of communication in a drug abuse prevention programme is to present truthful and realistic information about the risks and consequences drug abuse. Communication also aims at creating an awareness of the danger of indulging in negative behaviours and moods, such as those related to low self-esteem that may lead to drug abuse. Finally, communication may also serve to promote positive attitudes and healthy habits as an alternative to drug use.

In a drug abuse prevention programme, some types of communication intervention are essential, although the relative emphasis given to communication may vary greatly, depending on the programme's goals. For example, a programme seeking to promote a broad public awareness of the dangers of drug abuse may make heavy use of mass media, while a programme focusing on a single community may require only interpersonal communication approaches and, therefore, have very limited communication component. Many of the key decisions made in strategic planning, such as which groups will be targeted and what messages will be promoted form the basis for planning communication interventions.

Communication can be used in drug abuse prevention programme in various ways:

Knowledge

- Promote broad public awareness of the consequences of the poppy cultivation and drug abuse
- Propose possible ways in which the community can help
- Inform policymakers and opinion leaders about the problem and necessary actions on their part
- Educate government officials, community leaders (maliks), ulema, parents, teachers, and others on ways to assist individuals who are at risk
- Inform potential and actual drug abusers on the availability of services - counselling and rehabilitation centres, support groups, etc.

Attitude

- Persuade people at risk of drug abuse to see the advantages and rewards of alternative behaviour
- Sensitise the government and leadership of the country to the problem of drug abuse and the plight of potential and actual drug abusers and their families
- Promote creative and healthy attitudes that reinforce self-esteem
- Promote attitude of self-worth so that individuals at risk do not need for mood altering substances
- Reinforce self-sufficiency against poppy dependency by growing alternative crops

Skills and Behaviour

- Teach how to detect danger signs and risk factors
- Enhance interpersonal and life skills to youth at risk
- Mobilise community groups to work in drug prevention and control
- Strengthen personal commitment to stay drug-free
- Develop leadership capacity and parenting skills

2.4 Prevention Concepts and Strategies

Studies on the epidemiological and etiological aspects of drug abuse have led researchers to be aware that drug abuse problems arise through a complex interaction of individual, interpersonal and social factors. This has been expressed in the public health model of drug abuse. Prevention is an anticipatory action, a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviours and lifestyles.

How Prevention Works?

1. Raise awareness and involvement in the community
2. Increase knowledge of government officials, community leaders, ulema, parents, teachers and youth
3. Change norms and expectations about drugs
4. Enhance parenting and positive family influence
5. Enhance life skills
6. Increase involvement in families, schools, workplaces and communities
7. Encourage involvement in legal and healthy alternatives
8. Increase support services for students, families and recovering persons
9. Deterrence through regulatory and legal action
10. Create consensus among stakeholders and promote best practices

Levels of Drug Abuse Prevention Programme

The three generally accepted levels of drug abuse prevention programme are:

- a. Primary prevention** - aimed at providing information and education to those who are vulnerable to drug abuse before the appearance of signs and symptoms of the problem. It also includes providing activities and services to strengthen individual capabilities to reject drugs.
- b. Secondary prevention** - aimed at identifying individuals in the early stages of experimentation with drugs and providing them with educational and counselling services to persuade them to cease experimentation and engage in alternative healthier behaviour.
- c. Tertiary prevention** - aimed at ending compulsive use of drugs through treatment and rehabilitation and providing them with adequate aftercare services, in order to sustain drug-free behaviour and to prevent relapse.

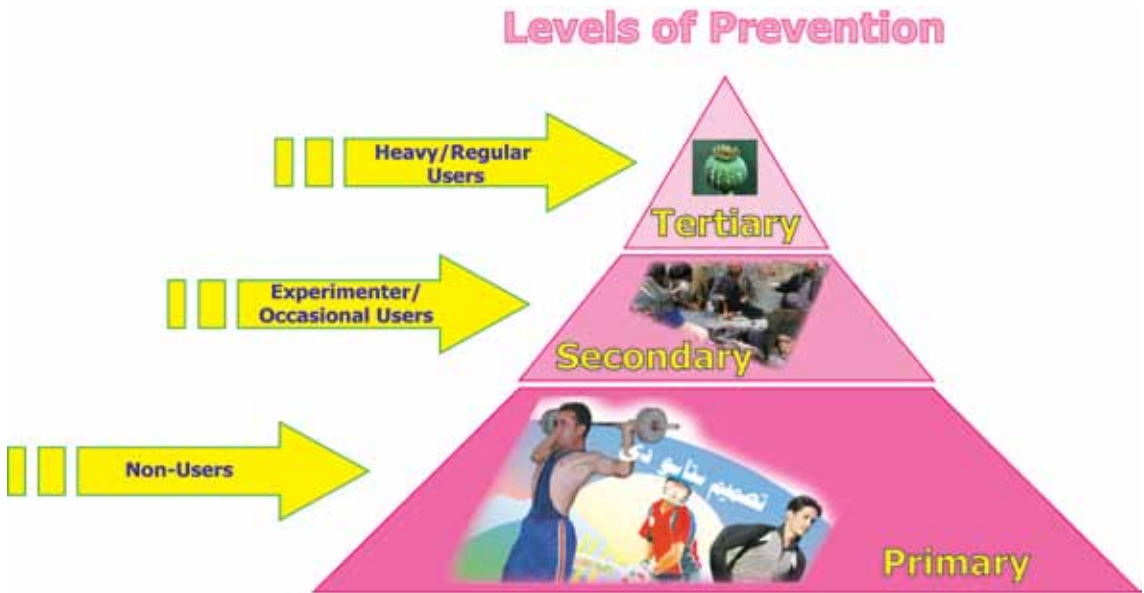
Figure 3: Levels of Prevention

Figure 3 illustrates the different level of drug prevention

Participant Groups

Effective drug prevention programme should target all sectors of society. These involve the potential users, the most vulnerable group; the key influencers, people immediately surrounding the potential users; and the community-based influencers. The following are the prevention targets:

- School Children
- Out-of-school Youth
- Parents
- Teachers/School Administrators
- Community Leaders
- Policy Makers
- Religious Leaders
- Law Enforcers
- Mass Media Practitioners
- Others

Figure 4: Prevention Targets



Figure 4 provides the different targets in drug abuse prevention.

Guiding Principles for Drug Abuse Prevention

Prevention programme should:

- Enhance protective factors and move towards reversing or reducing risk factors
- Target all forms of drugs, including the use of tobacco, alcohol, hashish, heroin, opium etc.
- Include resistance skills, strengthen personal commitments against drug use, and increase social competency
- Be family-focused
- Include media campaigns/policy changes accompanied by school, workplace and family interventions
- Strengthen norms against drug use in all settings
- Address the nature of the drug abuse problem
- Intensify the prevention efforts and begin early intervention in high risk areas
- Be age-specific, developmentally appropriate, and culturally sensitive

Drug abuse is a complex and multi-faceted problem. Thus, it requires a variety of strategies to curb the problem. These include the following:

- Policy at all levels against drugs as well as commitment to those policies
- Legislation against drug production and distribution
- Supportive regulations towards drug control
- Community development to strengthen communities against problems
- Cooperation from mass media regarding drug control
- Continuing drug education in and out of school
- Strengthening the community against drug problem
- Effective workplace policies against drugs
- Prevention programmes addressing the hidden and special population (eg. youth, women) who have a high risk of drug abuse



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وزارت مبارزه علیه مواد مخدر



War & Terror

جنگ و ترور

Insecurity

بی امنیتی

بی اعتباری

Discredit

فساد اداری

Corruption

CHAPTER 3

Problems and Challenges

کشت مواد مخدر جرم
پنداشته میشود



ما کوکنار نمی خواهیم

No to poppy

Poppy Cultivation is a Crime

CHAPTER 3

3. Problems and Challenges

The Counter Narcotics Public Information programme in Afghanistan encountered several problems and challenges. Among them are the following:

3.1 Security

Security is one of the biggest challenges in Afghanistan. Narco-terrorism is rampant in certain parts of the country. It hinders not only the development but also limits the establishment of two-way communication with participant groups at the district and village levels by the Counter narcotics Public Information planners and implementers. Even, the elected representatives cannot visit their areas of constituencies in most parts of the country to inform on development policies.

Due to the security problem, it is difficult for the public information planners and implementers to visit districts and villages for the implementation of public awareness events. Unless the public information planners and implementers pave the way for dialogue and participation, it will be difficult for them to bring about sustainable changes in perceptions, attitudes and behaviours.

3.2 Culture

Poppy cultivation, production, processing and trafficking are not considered wrong, shameful or harmful acts in some areas of the country. Farmers, teachers and other workers are involved in poppy cultivation in most of the poppy growing villages. Although the Council of Ulema in 2005 passed a fatwa (Religious decree) against poppy cultivation, opium production, drug trafficking and consumption, and there are instructions in the Holy Quran and Hadith (sayings of the Prophet Muhammad PBUH) which forbid any involvement in narcotics, there are segments of the society which are still involved in narcotics. Generally, the Afghans view the consumption of drugs as an unacceptable act that brings shame to the family. These are established perceptions deeply rooted in the Afghan culture. The communication planners and implementers need to understand

these culturally imbedded issues and, then, try to sensitise and mobilise people against having anything to do with narcotics.

3.3 Terrain

Afghanistan is a mountainous land-locked country with uncontrolled borders with Pakistan, Iran and other Central Asian countries. Traffickers can easily cross the border areas not only to continue drug trafficking and facilitate drug production and processing, but also to persuade farmers to grow poppy. Traffickers do not feel any threat from the government against their drug business; therefore, farmers think there will always be ways for their opium to be sold even at their door steps.

Another problem is the inaccessibility to rural population. The majority of poppy growing farmers and local traffickers live in rural and remote areas where roads do not exist. This makes it difficult for public information planners and implementers to communicate with hard-to-reach population. Based on the public awareness campaigns in the past, it was always a problem to visit the remote population in many provinces, limiting public awareness and the movements of information planners and implementers to inform, educate, mobilise and empower them against involvement in drug trade. In addition, the existing roads become inaccessible in the winter season due to snowy conditions.

3.4 Literacy

The majority of the population in Afghanistan are illiterate. Providing the causes of illiteracy is not the domain of this manual. However, in short, occupation, war, political exploitation, limited resources in terms of school construction, unavailability of professional teachers and lack of awareness are few of the causes. Illiteracy makes it difficult for public awareness and information planners and implementers to communicate with the rural population where the poppy cultivation and production problem exist. However, verbal communication can fill the gap of illiteracy, particularly in the rural areas. Public communicators should not use print media with complex messages. Thus, simple messages with pictures are more appropriate. It will have higher impact. If they use radio, the messages may not be widely disseminated, as not all the rural population have radios. Thus, face-to-face or interpersonal communication in those communities is more appropriate.

3.5 Development

Development and communication are two broad terms. Interlinking both of them will be of two fold: (1) development to accelerate communication efforts, and (2) communicate development efforts. Overall underdevelopment has created obstacles to communication efforts such as media development including accessibility to mass media, sustainability of public media etc. There are villagers who cannot afford to buy televisions and radios. They are obliged to prioritise their basic needs which include food, shelter, clothing and medicine. Therefore, the selection of appropriate media channels has to be considered.

Another problem is publicising the development efforts of the country. There is unbalanced dissemination of information about the development and law enforcement activities. The international community and organisations dominate the flow of information in Afghanistan that mainly focuses on international media and audience. The people always criticise the Government for not fulfilling its promises on the provision of development assistance. On the other hand, the Government's law enforcement agencies are feeding the community with regular information regarding poppy eradication, arrest and seizures, prohibition, prosecution, eradication etc. These unpopular moves cause the population to think that the Government is not helping them at all.

Farmers are deeply dependent on poppy cultivation. Their daily lifestyle and livelihood are based on poppy production because farmers use opium to solve all their daily problems such as to get a loan and to purchase immediate goods. The intention of the farmers to grow poppy and their inability to see that the act of growing and trading in narcotics is wrong, illegal and harmful, cannot be easily changed without bringing real changes in their attitudes and livelihood.

3.6 Governance

Weak governance, particularly at the provincial level including district and village levels, had challenged the counter narcotics efforts in Afghanistan. Strong leadership and governance caused remarkable and unpredictable poppy reduction in Helmand. Similarly, the Governor of Balkh managed to sustain the poppy free status in the province for the last few consecutive years.

From the communication perspective, the commitment and political will of the Governor is very important which is lacking in the majority of the provinces. Some of the government officials do not take action relating to eradication and public awareness efforts unless they are provided with the budget. They do not view that drug is a national problem and that it is prohibited in the Constitution and other legal documents of Afghanistan. Government officials may have many meetings with the community and religious leaders, but they do not use this opportunity to convey counter narcotics messages.

3.7 Human Resources

Afghanistan lacks trained human resources at all levels. Based on the experiences during the implementation of the pre-planting campaign, provincial and even government employees in Kabul do not have the necessary skills to plan, design, implement, monitor and evaluate communication programmes.

3.8 Demand for Drugs

Drug demand and supply are interlinked. Demand for narcotics exists at national and international level. At the national level, there is a misconception that Afghans only cultivate poppy and produce drugs but not consuming. In fact, addiction is increasing day-by-day, particularly in those provinces where poppy cultivation takes place. It means cultivation is directly proportional to addiction. The presence of a domestic demand for drugs will persuade the farmers psychologically to cultivate poppy or be involved in drug trade.

At the international level, the percentage of drug demand is more alarming, affecting the counter narcotics efforts in Afghanistan. The International mafia has very strong ties with traffickers at the national and provincial levels in Afghanistan, providing them incentives and money to persuade farmers for poppy growing. With the presence of this kind of demand at the international level, all counter narcotics efforts at the national level will be challenged.

توپیرونه! انتخاب

تاسو دوا

The choice is yours

ناروا کرکیمه، ناروا حاصل
نا امنی او ترهگری

*Haram Cultivation, Haram Harvest,
Insecurity, Dread & Terrorism*

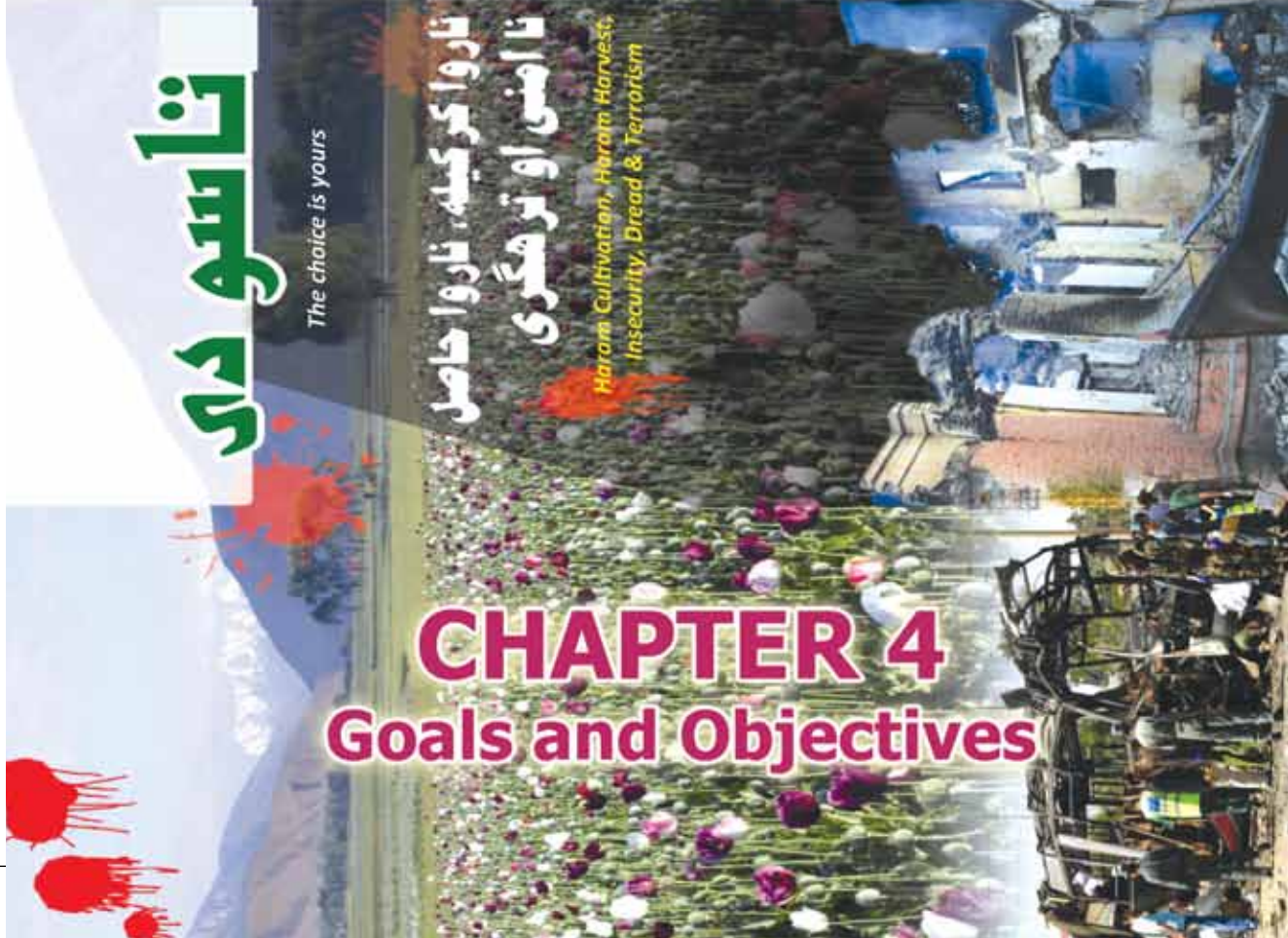
CHAPTER 4 Goals and Objectives



د افغانستان اسلامي جمهوري دولت
د کرنې، لویو اوبو او ماهی پرېواری وزارت

روا کرکیمه، روا حاصل
امن، سوکالی، پرمختگ

*Haram Cultivation, Haram Harvest,
Security, Development & Improvement*



CHAPTER 4

4. Goals and Objectives

Goals are general guidelines that explain what you want to achieve. They are usually long-term and represent global visions such as “protect public health and safety.”

Objectives define strategies or implementation steps to attain the identified goals. Unlike goals, objectives are specific, measurable, and have a defined completion date. They are more specific and outline the “who, what, when, where, and how” of reaching the goals.

Plans and actions based on clear goals and objectives are more likely to succeed in meeting the community’s needs. Goals will not be achieved if they exist in a vacuum or compete with other community goals. Successful completion of multiple objectives is needed for each individual goal.

During the programme planning stage, the programme managers should state clearly the goals and objectives; the activities to be undertaken; the strategies to accomplish our goals; the resources that will be required; and the evaluation mechanism. All these elements are to be integrated into a work programme or plan of action.

There are three types of objectives that should be considered for the programme:

4.1 Programme Objectives

These should state the broad aims of the programme, the target group the programme wants to reach (youth, parents, law enforcement officers, teachers, farmers etc.) and the desired outcome/ effect/s) the programme wants to accomplish within the time limit. Examples of programme objectives are:

1. To reduce the poppy cultivation in 20 provinces by 10% within one year
2. To decrease drug prevalence among youth in Kabul from 75% to 50% within 3 years.

4.2 Behavioural Objectives

These should state what the specific audience is required to do, particularly, to lead to a change in behaviour over time. An example is:

1. To engage the out-of-school youth of Kabul in alternative activities like sports, instead of drugs.

4.3 Strategic Objectives

These should describe the activities the programme will undertake, such as production of media materials, public service announcements, TV spots, etc. An example is:

1. To broadcast a series of five TV clips on the ill-effects of drugs within three months to increase awareness of fifty percent (50%) of the high school students in Nangrahar, Afghanistan.

The choice of strategic activities to be undertaken should not duplicate any other programme. It will also depend on the broad programme objectives, the analysis of the cause of the problem and the medium appropriate to the target audience. Assuming that there is a need to increase awareness on the ill effects of drug abuse, TV materials should not be produced and broadcasted if the target audience does not have access to television.

To enhance student skills, training in a class room with face to face communication or in one-on-one counselling sessions would be preferable, compared to broadcasting films or messages through the television.

In formulating the objectives, regardless of the kind - the guide should be based on the:

S	=	Specific
M	=	Measurable
A	=	Attainable
R	=	Realistic
T	=	Timely

Specific

Goals should be straight forward and emphasise what is the desired outcome. Specifics help to **focus efforts** and **clearly define what needs to be done**.

Specific is the What, Why, and How of the SMART model.

WHAT are you going to do?

WHY is this important to do at this time? What do you want to ultimately accomplish?

HOW are you going to do it? (By...)

Ensure the goals set are very **specific, clear and easy**.

Measurable

Choose a goal with measurable progress, so that the change can be seen when it occurs. Be specific. For example, to implement a school based drug prevention programme in Afghanistan, the measurable objective can be set like this: "to train 3 teachers each from 20 schools from six provinces with guidelines for implementing preventive drug education program among teenage students within one year".

Establish concrete criteria for measuring progress towards the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates and experience the exhilaration of achievement that spurs you on to continue the effort required to reach your goals.

Attainable

When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop those attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals. A goal needs to be attainable, so that you feel you can achieve it while a real commitment will always be needed from you.

In the case of imparting preventive drug education in schools, we need to limit ourselves to an attainable goal. For example, according to the Ministry of Education (MOE), Afghanistan has 10,541 schools in 34 provinces. Although the long-term goal is to reach out to all students, the attainable goal will be to limit to 20 schools within one year and measure the progress in the skills and attitudinal changes among the

teachers as well as the level of awareness among the students covered. Perhaps, the attainable goal could be training of the teachers, drafting a “preventive drug education manual” and pre and post testing it to evaluate the change in awareness and attitude.

Realistic

Devise a plan or a way of getting there which makes the goal realistic. The goal needs to be realistic so that it can be achieved within the time frame. For example, the students from the poppy cultivated regions could be more attracted to drug abuse and drug trade than students from the other regions. But security problems in those areas might interfere with the smooth introduction of the school based preventive drug education programs at the early stages. Therefore, it is better to choose areas with less security concerns for the implementation of the trial project to ensure its effective pre and post testing.

Timely

Set the time frame for each stage of the project like identification of the schools in a chart with a time bound action plan. If you do not set a time, the commitment is too vague. Time must be measurable, attainable and realistic as given in the following chart:

January-March	April	May-June	July- October	November-December
<ul style="list-style-type: none"> • Identification of schools • Identification of motivated teachers and resource persons 	<ul style="list-style-type: none"> • Preparation of the manual • Training of teachers 	<ul style="list-style-type: none"> • Testing the effectiveness of the manual • pre testing the awareness level 	<ul style="list-style-type: none"> • Implementation of the preventive drug education in schools 	<ul style="list-style-type: none"> • Monitoring and evaluation • Post testing of the manual

Be specific, measurable, attainable, realistic and timely while you plan your programmes, so that the outcome will be SMART.

دا د کوکنارو د کښت پایله ده: ایا بیا هم کوکنار کړئ؟

This is the outcome of poppy cultivation: Are you still cultivating poppy?



همه اینها نتیجه کشت کوکنار است، آیا باز هم کوکنار کشت می کنید؟

CHAPTER 5

Audience Identification and Analysis



CHAPTER 5

5. Audience Identification and Analysis

Audience identification is crucial to communication planning because major elements of the campaign have to be tailored to the target audience (s)/participant groups. If the audience is very broad, it is difficult to develop messages that are specific enough to have any effect.

Possible audiences for drug prevention programmes include:

- Farmers, youth and women (urban or rural, male or female, in or out of school)
- People (communicators) who can influence at-risk individuals - community leaders, religious leaders, opinion leaders, teachers, parents and peers;
- People who influence drug trade prevention programme - ministers, governors, provincial, and policy makers
- Drug users

If the budget or resources are limited, programme planners should consider the following criteria in deciding which type of audience to focus on:

- The susceptibility of the group to the problem of drug trade;
- The accessibility of the group to interpersonal and mass communication channels;
- The likelihood of influencing the attitudes and behaviour of the group;
- The size of the group;
- The time needed to see a measurable change; and
- The possible impact on other groups (or multiplier effect)

Each programme should develop its own criteria to determine the audiences that it will address. It is not always possible to meet all of these criteria in selecting the target audience. However, making sure that the audience meets as many of the selection criteria as possible, will ensure that the programme reaches those in the greatest need or those that will have the greatest impact on the problem. For example, the risk of drug addiction may involve all affected youth in

Afghanistan but the programme planning might decide to focus on school children because they are more accessible, are a captive audience and more likely to achieve a measurable change in a short period of time.

5.1 Audience Segmentation

Breaking down the key audiences into smaller groups and tailoring messages to each group is essential to effective communication. This process is called audience segmentation. Audience segmentation is important because people differ in fundamental ways: in levels of comprehension, values, belief systems regarding drugs, drug-taking practices and experiences, in the use of media channels, interpersonal networks, language, Islamic point of view and norms. The same message could be very popular with one group, but highly offensive to another.

Audience segmentation allows communication specialists to match approaches, messages and materials to each audience. One approach to segmentation is to divide the key audiences into three categories:

- Primary Audience - The target group whose attitudes or behaviour the programme is seeking to influence.
- Secondary Audience - Those who can influence or provide services to the primary audience
- Tertiary Audience - Decision-makers who can influence the success of the programme

Clearly, most of the attention needs to go to the primary target audience. However, influential people and decision makers should not be neglected. In fact, in some cases they may be crucial to the success of the programme.

Often, the primary target audience is further segmented into smaller sub-audiences such as poppy growing farmers, in or out-of-school youth and members of lower, middle or upper income groups. Each sub-audience has its own characteristics in terms of access to media, prior knowledge of the subject matter and pre-disposition to behavioural change. The programme planner needs to take these into consideration in tailoring messages and communication channels to each group.

The secondary audience consists of influential people who can teach, support and reinforce the beliefs and practices of the primary audience, such as religious leaders, community leaders, parents, and teachers.

The tertiary audience of decision makers is important to ensure institutional support for the programme and long-term sustainability. Agencies working in allied fields that provide some assistance to drug prevention and control programmes should also be considered as tertiary audience.

Figure 5: Examples of Primary, Secondary and Tertiary Audience

Primary	Secondary	Tertiary
Poppy Growing Farmers	Community and Religious Leaders, Opinion Leaders, Teachers, parents, Youth Leaders, local Jirga Member	MCN, Line Ministries, Parliament Members, Local Government
6 - 12 Years Children Nationwide	Parent-Teachers' Association, Teachers, Youth Leaders, mullahs etc	Ministry of Education, Ministry of Health and Ministry of Information, Culture and Youth



We don't want poppy

We eliminate poppy
مور: کونکار له منجّه ورو



No to poppy



ما کونکار را محوه می کنیم

باز است

ما کونکار نمی خواهیم

We don't want poppy



If we do not eliminate poppy,
Poppy will eliminate us

ما کونکار را محوه می کنیم



We don't want poppy

We don't want poppy

مور: کونکار له منجّه ورو



CHAPTER 6
Message Construction

CHAPTER 6

6. Message Construction

Messages carry both the content and image of a communication campaign - not only what is said, but how it affects emotions, perceptions and attitudes. Thus, messages represent the totality of information that is disseminated to the target audience. In most cases, messages conveyed are direct, loud and clear. However, programme managers should be vigilant in looking out for unintended messages, such as the suggestion that taking narcotics is exciting, sophisticated, or glamorous. Pre-testing and monitoring are two ways to detect these unintended messages.

Messages may be divided in terms of its intended effects and in terms of what it targets in a person. In terms of intended effects, messages may either be reinforcing or attitude changing. Reinforcing messages, strengthen, and boost existing knowledge, attitudes and practices. For example, messages that state "if you do not eradicate your poppy, you will be punished under the law" may simply support what people already know. But if the people realised that there is no truth in the message they will reject the message.

Attitude changing messages, on the other hand, seek to alter existing knowledge, attitudes and practices. Messages that state "narcotics are poison for your body" may contradict existing mindsets that "narcotics can help solve your problem". Hence, the said message aims for a shift in belief.

Messages may likewise be classified in terms of what they target towards a person - cognitive, affective or behavioural. Cognitive messages target the mind of the person. An example of a cognitive message is "The number of people who died from drug abuse has doubled over the past two decades". Effective messages target the emotions of a person. An example is "The next cigarette you smoke may be your last". Behavioural messages target the action taken by the person. An example of a behavioural message is: "I do not want to do drugs anymore. I have better things to do".

Other development communication scholars have classified messages in terms of its objectives - whether to inform, instruct, insist, inspire or influence. In Afghanistan, the messages have to be constructed to counter existing beliefs. The messages are directed to farmers in three seasons: pre-planting; planting and eradication. In Afghanistan being an Islamic country, the messages have to be constructed in such a way that is sensitive to the local culture, language and religion.

Steps in Developing Key Messages for Counter Narcotics Public Information Campaigns

Step 1 - Analysing the Situation - the communication planner must analyse the baseline information, management campaign objectives, communication objectives and audiences. From here, the planner would know whether the message to be formulated must be reinforcing or attitude changing; cognitive, effective or behavioural; and whether the message fits the target audience.

Step 2 - Drafting the message - having analysed the situation, the communication planner (together with the team) must draft several likely messages. The list of messages, after preliminary discussion, must be screened further in terms of the likelihood of their success.

Step 3 - Pre-testing the message - The communication planner must pre-test the messages that have been drafted to ensure its likelihood of success. Pre-testing may actually save the campaign a lot of money by eliminating messages that are not acceptable to the target audience.

What is Pre-testing?

It refers to measuring the reaction of a group of individuals to communication materials prior to its widespread diffusion.

Pretesting indicates which of the materials are:

- Most attractive or effective in getting attention
- Best (most easily understood)
- Most acceptable and least likely to create a negative reaction
- Best at creating the feelings of self-involvement
- Best at inducing message recall

- Most persuasive
- Most doable and useful

What are the Methods of Pretesting?

- Panel method
- Survey method

What are the Techniques of Pretesting?

- Observation
- Unstructured Interview
- Group Discussion
- Questionnaire
- Recall Tests
- Awareness and Knowledge Test
- Ranking Techniques

Pretesting Criteria

❖ Comprehension

- a. Do target audience members understand - the main points and secondary information?
- b. Do they understand every word being used?
- c. Are there any difficult concepts that need clearer explanations?

❖ Noticeability

- Do the materials attract attention?
- Will they break through the clutter?

❖ Memorability

- Does the target audience remember the message and materials after they have been exposed once?
- Several times?

❖ Credibility

- Does the target audience find that the messages are credible?
- Do they recognise and trust the spokesperson or the perceived source of the messages?

❖ Acceptability

- Are the materials and messages acceptable to the target audience?
- Do they fit within the target audience's values and culture?
- Are controversial or uncomfortable topics dealt with in a sensitive manner?

❖ Attractiveness

- Does the target audience find the materials attractive?
- Would they pick up the brochure, stop to read the poster, or watch the TV commercial?

❖ Knowledge, Attitude and/or Belief Change

- Will the materials have an impact on the knowledge of the audience about the subject or change their attitudes or beliefs?
- After exposure to the materials over time, will the audience change their behaviour?

❖ Strong and Weak Points

- What do the participant groups like best in the material?
- If they have to make improvements to the materials what would it be?

❖ Interpreting Pretest Results

- Sift through and categorise information into appropriate topics: Text, Visual, Design, Message Concepts
- In each topic, label each idea as effects a definite change, possible change or no change.

Step 4 - Revising the message - the communication planner must select from the drafted messages, which is the most likely to succeed. The selected key message must be revised based on the results of the pre-test.

Step 5 - Finalising the message - once revised, the communication planner must finalise the key message for dissemination to the target audience. The communication planner must be certain that the exposure to the message would enable the target audience:

- to pay attention to the message content
- to comprehend the message content
- to retain in memory the message content
- to accept the message content (attitude change) and
- to act on the message content (behaviour change)

Features of a Good Message

A good message should be:

- Credible - factually correct and honest
- Timely and relevant
- Simple - uncomplicated, not overloaded with information
- Clear - easy to understand, expressed in simple, straightforward language
- Specific - precise and explicit, addresses one subject
- Consistent - in agreement with other messages and over-all programme policies
- Positive - optimistic and supportive of personal growth and change
- Attention-getting - attractive and interesting
- Action-oriented - calls for specific attitudinal and behavioural changes; and
- Culturally appropriate - uses images and language that is acceptable and inoffensive

The qualities of good messages are based on the idea that people have to first pay attention to the message, then understand it, compare it with their current attitudes, knowledge and behaviour, and finally decide to change or not change accordingly. In practice, most people avoid or ignore the multiplicity of messages they are exposed to daily. Attracting their attention is a real challenge. For counter narcotics public information messages, there is a fine line between attracting attention and inflaming, upsetting, irritating or otherwise alienating the audience.

Negative messages generally do not work well because people disregard them and some messages will be against their local culture, language and religion. Such messages tend to alienate the very people who are most in need of the information. Similarly, overly moralistic, dramatic or threatening messages can also miss the mark. Also, messages that provide details on counter narcotics public information campaign or make narcotics seem glamorous and exciting can cause the opposite of the intended effect and actually increase narcotics abuse.

One common mistake in communication programme is to create messages that are overly vague about both the problem and the recommended solution. Messages should clearly stipulate the nature of the problem and the necessary actions that the audience should take. The ultimate goal of counter narcotics public information programme is to discourage audience not to cultivate, process, produce, engage in trafficking and use narcotics.

Actions that reinforce the individual's commitment to avoid drugs should be suggested. Examples of such actions include:

- Communicating with audience about the narcotics problem
- Encouraging the audience to pass the messages to other people
- Distributing counter narcotics public information IEC materials.
- Attending focus groups discussions, seminars, symposia, conferences, meetings
- Being supportive of relatives or friends with drug problems
- Participating in contests related to counter narcotics programme
- Attending the anti drug quiz competitions.

Another common mistake is to develop complicated and ornate messages that are hard to understand and interpret. In their desire to educate the audience, programme managers usually tend to overload messages with too much information and unnecessary details. Unfortunately, the audience is likely to ignore or reject such messages and may not retain a single concept.



Minister of Counter Narcotics, Deputy Minister of MOI & Helmand Governor attending a provincial Jirga



Women involvement in Counter Narcotics Public Information Campaign



District Jirga meeting in Zeraw district of Kandahar province



School children received leaflets and notebooks with Counter Narcotics messages



Counter Narcotics Public Information Campaign sports event in Badakhshan Province

CHAPTER 7

Channels of Communication

CHAPTER 7

7. Channels of Communication

Selecting appropriate media is an important part of the strategic planning approach to communication design because it determines how effectively the target audience will be reached and whether funds and other resources will be used productively or inefficiently. For example, programme managers often select the communication channels that they themselves use, such as television. This choice could be a costly mistake if few members of the participant group watch television. Likewise, programme managers might favour radio, mosque or jirga, but greater numbers of people could be reached more effectively and at a lower cost through banners, posters, leaflets, stickers special exhibits and mass events. No single medium is necessarily good or bad; it all depends on the audience and the social context.

7.1 Maximising Channel Interventions

Communication channels are basically the means to deliver counter narcotics public information campaign messages to the participant groups. Over the past years, two major channels seem to dominate counter narcotics public communication practice - one-to-one interactions and mass media.

One-to-one interactions refer to the individualised nature of the one-to-one relationship, which increases the chances that a message will be received and allows communication planners to tailor the message to the recipient's values and beliefs about the risks on narcotics. Mass media, on the other hand, are able to reinforce the one-to-one interactions. They are much more effective at reaching individuals who are either unaware of the existence of a specific problem and/or unaware of their personal risk.

However, there are more choices of communication channels which are available to the communication planners, such as folk media, group media and on-line media.

Figures 6.1-6.6 provides the positive and negative aspects of the various channels of communication.

Figure 6.1: Positive and Negative Aspects of Communication through the Radio

Radio	Positive	Negative
<ul style="list-style-type: none"> • Drama programmes/ entertainment education • Interview • Questions and answer programme • Paid Public Service Announcements (PSA) • Public affairs/talks shows • Round tables 	<ul style="list-style-type: none"> • Reaches larger intended audience • Range of format available to intended audience with known listening preference • Opportunity for direct intended audience involvement (through call-in show) • Can distribute advertisement scripts (termed 'live-copy ads'), which are flexible and inexpensive • Paid advertisement or specific programming can reach intended audience when they are most receptive; paid ads can be relatively inexpensive • Advertisement production are cheaper compared to TV. 	<ul style="list-style-type: none"> • Public services advertisement are not regular and not aired at prime time • Many stations have limited formats that may not be conducive to counter narcotics messages • Difficult for intended audience to retain or pass on materials • Dependence on the radio stations to provide the limited slots which may have to cater to many requests from other campaigns

Figure 6.2: Positive and Negative Aspects of Communication through the Television

Television	Positive	Negative
<ul style="list-style-type: none"> • Drama programme/ entertainment education • PSAs • News • Public affairs/talk shows • Trailers 	<ul style="list-style-type: none"> • Visual combined with audio good for emotional appeals and demonstrative behaviours • Can reach low-income intended audiences • Paid advertisement or specific programming can reach intended audience when most receptive • Messages can be controlled • Opportunity for direct intended audience involvement (through call-in shows) • Messages can be repeated many times, without having to pay for production costs. 	<ul style="list-style-type: none"> • Reaches potentially the less range of intended audiences. • Advertisement are expensive to produce • Paid advertising is expensive • Some stations reach a very small intended audience • Can be difficult for intended audience to retain the message, unless the message is repeated many times over a long period.

Figure 6.3: Positive and Negative Aspects of Communication through the Radio

Visual/Print Communication Channels	Positive	Negative
<ul style="list-style-type: none"> • Posters • Comic books • Stickers • Flip charts • Maps • Newspapers • Brochures and booklets 	<ul style="list-style-type: none"> • Can reach more people compared to interpersonal channels • Can be used to complement interpersonal communication channels • Can allow audiences to read or see materials at their own leisure 	<ul style="list-style-type: none"> • Can be limited in terms of message content • Can be time-consuming • Have limited intended audience reach. • Could not reach the illiterate population

Figure 6.4: Positive and Negative Attributes of Organisation and Community Channels

Organisational and Community Channels	Positive	Negative
<ul style="list-style-type: none"> • Town hall meetings (jirgas, shuras, etc.) • Organisation meeting and conferences • Workplace campaigns • Field trips • Meetings, symposia, workshops and exhibits • Ulama gatherings • Friday prayers (mosque sermons) 	<ul style="list-style-type: none"> • Can be familiar, trusted and influential • May provide more motivation/support than media alone • Can sometimes be inexpensive • Can offer shared experiences • Can reach a larger intended audience in one place 	<ul style="list-style-type: none"> • Can be costly, time consuming to establish • May not provide personalised attention • Organisational constraints may require message approval • May lose control of the message if adapted to fit organisational needs • May be used for top down flow of information

Figure 6.5: Positive and Negative Attributes of Folk Media Channels

Folk Media Channels	Positive	Negative
<ul style="list-style-type: none"> • Drama/mobile cinema • Games • National dance (Atan) 	<ul style="list-style-type: none"> • Can reach more people compared to interpersonal channels • Can be trusted since these media forms are familiar to people • Interactive where audiences can be asked to join in 	<ul style="list-style-type: none"> • Can be seasonal depending on festivities • Can be effective only to particular ethnic groups • Can be time-consuming • Can be expensive

Figure 6.6: Positive and Negative Attributes of Online Channels

Online Channels (Internet)	Positive	Negative
<ul style="list-style-type: none"> • Web sites • E-mails • Chat room • News groups • Advertisement (paid or public service placement) 	<ul style="list-style-type: none"> • Can immediately update and disseminate information • Can tailor information specifically for intended audiences • Can be interactive • Can provide health information in a graphically appealing way • Can combine the audio/visual benefits of TV or Radio with the self-paced benefits of print media • Can use banner advertisement to direct intended audience to your programme's web site 	<ul style="list-style-type: none"> • Can reach a very limited number of people and only in cities • Can be expensive • Intended audiences do not have access to internet • Intended audience must be proactive-must search or sign up for information • News groups and chat rooms may require monitoring • Will require maintenance over time • Intended audience are not familiar with Internet.

7.2 Criteria for Communication Channels Selection

In deciding on the combination of communication channels or media that will be used in a promotional campaign, several criteria should be considered.

- **Reach** - a major consideration is which media is best to reach the target audience. For example, the television may reach only 10 percent of the members of a specific audience, while 50 percent have radios and 30 percent go to the market at least twice a week. An assessment of reach should be realistic. For example, the Radio signal may be weak in a particular area, and many people may not have radios or batteries to operate the radios, thereby resulting in a greatly reduced number of listeners.
- **Credibility and persuasiveness** - some media are considered more authoritative, and convincing by the target audience. For example, a lecture by a noted health expert might be more persuasive than a Radio spot.

- **Cost-effectiveness** - each media channel's cost-effectiveness depends not only on the actual cost per person reached but also the length and intensity of exposure to the message. For example, a billboard may reach large numbers of people at a low cost, but they might only glance at it quickly, while a booklet might cost more per exposure but could be read several times and consulted at length.
- **Appropriateness for message** - some types of messages are better suited to specific media. For example, sensitive, personal issues may be better addressed through personal counselling and audio tapes rather than by radio or group meetings, while inspirational, emotional approaches may be more effectively conveyed through audio or visual media rather than print materials.
- **Availability** - some media may not be usable because of prior commitments, production deadline or policies on programme/publication content. For example, newspapers are currently not available at districts of Badakhshan province.

The following are the guidelines when deciding on channels:

- Determine the channels most appropriate for the issue and message
- Decide which channels can reach the target audience most effectively and efficiently
- Tailor the selected channels based on the profile of the target audience
- Select channels that best address the objectives
- Evaluate the availability, reach and costs of the different channels, based on your time-line and budget, and on existing technology
- Use a combination of channels for maximum impact, but make sure to identify the primary channel and supporting channel
- Consider the cost effectiveness of the channel
- Consider the frequency of the broadcast

7.3 Working with Media

It is important to recognise that much can be done to influence the content of existing media. It is very important to convince the owners of the media outlets that narcotics is a social problem. Working in the domain of public interest, this should be the responsibility of all media outlets to fight against everything to do with narcotics. The media could reinforce the policy makers with relevant information that can support counter narcotics policy and programmes. Commercial media usually broadcast foreign movies that often condone or even indirectly support narcotics use. Popular actors of the foreign movies can be attractive role models for youth leading them to addiction, and television news coverage of drug-related arrests may dwell on the wealth of drug dealers, not the illegality of their actions.

The major ways of promoting media coverage supportive of counter narcotics efforts are:

- Developing good and friendly working relationships with media representatives so that they will look to all the government and non-government organisations for information
- Issuing news releases and publications that provide them with story ideas
- Suggesting/engaging spokespersons for interview, roundtables, discussion and talk show programme
- Providing story themes for edutainment programme such as dramas and comedies
- Holding regular press conference to provide the journalists new angles of counter narcotics achievements
- Holding conferences, seminars, workshops or special briefing sessions for journalists
- Organising public events that attract news coverage

It is essential to impress upon media representatives that they can play major roles in preventing poppy cultivation, drug production, trafficking, processing and consumption. Tactful suggestions regarding changes in pro-drug messages conveyed by present programming or coverage can often bring about a dramatic improvement, since media representatives are often unaware of the widespread influence that images and subtle suggestions may have. Even though media relations require considerable staff time, the resulting free coverage makes it highly cost-effective.

7.3.1 Organising a Press Conference

It takes a great deal of time, resources and energy to organise a press conference. Journalists do not have the time to go to the press conferences that are not going to produce news. Therefore, it is very important to plan the press conference with the message to be disseminated.

To hold a press conference, planning and preparation are essential.

- ❖ Decide on the location for the press conference.

It should be easily accessible, convenient and visually attractive. If television and the radio stations are invited, make sure that the power and electrical facilities are adequate.

- ❖ Decide on the time of the press conference.

In view of deadlines of the TV stations, mornings are usually best.

Check with organisation that maintains a long-term calendar to make sure the date you select does not conflict with any other important events. If you know another organisation traditionally plans an event on a specific date, reschedule your event for another day. Getting your story into the news means competing with other people who are also trying to get their story into the news. The steps to organise the press conference are:

1. After deciding on a location, a date and time, determine what media, and who, will be invited. Supporters of your organisation should also be present, as well as high ranking political and government officials, and representative of the international community - who can help attract media to an event.
2. Outline the content of the press conference in a press release.
3. Decide who is going to speak.

Is there going to be one special person hosting the conference? Do you have a panel of speakers who are going to brief the press? Make sure that you allocate adequate time for the press to ask questions. You may want to have the questions answered by a specific person.

4. Organising the site of the press conference.

You will have to organise the place for the conference so that there is room for broadcast equipment, cameras, microphones, lighting equipment and chairs. Arrange for interpreters if necessary. Try to serve some light refreshments if the meeting is planned for the mornings. If the press conference is arranged in the late evening, a dinner is more appropriate.

5. Printing materials should be available for the journalists.

- Press kits and other information to be distributed
- Sign-in sheets for the press
- Sign-in for visitors and guests from other organisations
- Any additional information you have such as posters or giveaways

7.3.2 Preparing the Press Kit

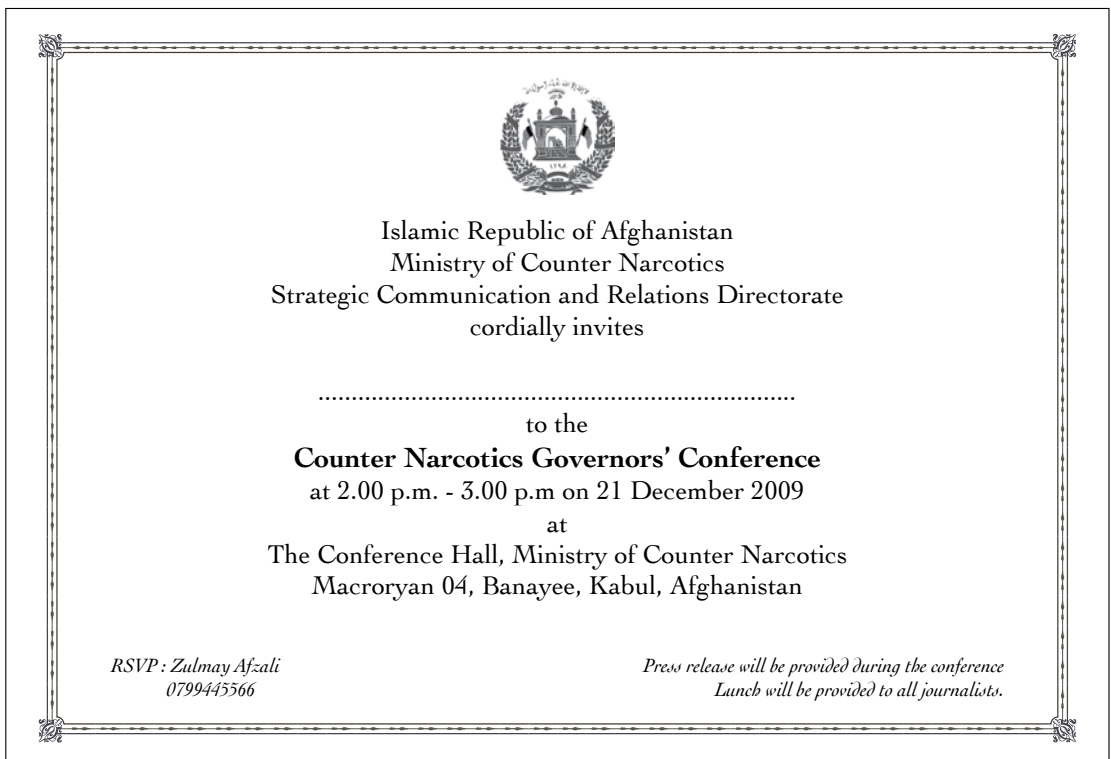
A press kit is a folder of materials that provides all information relevant to the subject concerned. Make a list of the things that should go into a press kit. Generally, a press kit includes, but is not limited to the following:

- ❖ A list of the contents of the kit
- ❖ A press release statement
 - A short welcoming letter which gives basic information: name, address and telephone number of the contact person for journalists with any questions.
 - A “backgrounder” or “fact sheet.” A short narrative paper that gives in-depth information about the issue. The purpose is to anticipate and answer any questions the journalist may have. A backgrounder basically starts with a concise statement about the issue of subject of the press release. It then provides, in a few paragraphs, an overview of history of the issue (what important events led up to today’s situation? Remember, you are providing information so that a journalist can write about the issue with greater depth and perspective) and explains, in detail, the current situation. It should be factual, adding substance to the press release, and dealing with the key issues. Limit your backgrounder to four or five pages in length. It can be double or single-spaced. Sub-heads on each paragraph enable the reader to follow the information. Define any technical terms.

- ❖ Press clippings about your organisation, issues or individuals who work with the group.
- ❖ Visuals: pictures, graphs, maps, chart - whatever helps convey the importance of the issue.
- ❖ Speeches, reports, outlines and summaries of reports. Be careful not to overwhelm the reader. The idea is to give enough information for the journalist to write the story.
- ❖ A brochure about the organisation. If you do not have this kind of document, a short summary of your work is a good substitute. It should include what you have done and what your goals and vision are for the future.
- ❖ A brief biography of each person involved in the press conference. Include copies of the texts of their presentations or speeches.
- ❖ An agenda for the press conference, if possible.

The press kit is given to every attendee in the press conference. Make a list of the names of the people to whom you have distributed the press kits.

Figure 7: Media Advisory/Sample of Invitation card



7.4 Traditional Channels of Communication

Besides the media, the traditional means of communication are mainly useful for rural communities where people do not have access to the mass media including print and electronic media. The means of communication are an important medium linking sender and receiver while transferring a message from sender to receiver and vice-versa. There are many traditional channels of communication which are effective in Afghanistan. Therefore, this section will discuss a few of them which are widely used and have an impact on the people. They are the mosques, shuras', jirgas and mobile cinemas.

7.4.1 Mosques

It is very important to understand the religious and social background of mosques in order to understand their impact and influence for disseminating specific messages. The mosque is a central unit in the social relationship and network of a community in Afghanistan. Every tribe or a big family is linked together through a single mosque. The family or small village usually comprised of 10-15 families from the same tribe and from the same grand fathers. The mosque usually has a Mullah Imam, a religious leader, who leads the prayers five times a day and regularly teaches the Quran to the children of the villagers. Villagers will always consult him on a problem from the religious perspective. During Friday Prayers, the mosque is the most important channel of communication where the Imam can discuss on the drug problems from the religious perspective and can easily convince the rural population that they are forbidden to have anything to do with narcotics. No one can stand against his Wa'z and everyone will oblige themselves to accept whatever an Imam says. Public information planners and implementers can utilise these mosques for clarifying and convincing villagers that involvement in drug trade is completely against the teachings of Islam.

7.4.2 Shuras and Jirgas

Historically, the Afghans solve their problems through Shuras and Jirgas (Councils). Thus Malik (community leader) can play an important role. It is difficult to enter into a community bypassing the Malik. Public Information planners and implementers should have strong relationship with Maliks in order to widely disseminate counter narcotics messages and to convince the villagers not

to grow poppy or to sensitise the villagers not to cooperate with drug traffickers and processors. The information planners and implementers must be aware that not all the Maliks are influential people and have the community leadership. It is very important for the public information planners and implementers to conduct research on identifying the most powerful Maliks both at district and village level.

7.4.3. Mobile Cinemas

Just like interpersonal and verbal communication which are popular in the rural areas, the edutainment programme can be also shown through mobile cinemas in public localities i.e. schools, clinics, hujras (guest house), and district governor's offices in those rural areas. Entertainment facilities are limited or do not exist in rural areas. Mobile cinemas can provide the people with role models, and positive and negative characters through entertainment and education programmes. These programmes can strengthen or change their attitudes and behaviours.



د افغانستان اسلامي جمهوري دولت
د ننه پي توکو په وړاندي، مبارزې وزارت

Difference!

موږ کوکنار نه غواړو
No to Poppy



توپیرونه!

The choice is yours

انتخاب د تاسو دی

*Harm Cultivation, Haram Harvest,
Threat to Security,
Insecurity, Death & Terrorism*

نا روا کرکیله،
نا روا حاصل
نا آمني
وهشت او
ترهګري



*Beneficial Cultivation, Halal Harvest, Peace,
Prosperity and Development*

روا کرکیله،
روا حاصل
امن، سوکالسي
او پرمختګ

CHAPTER 8 Implementation

CHAPTER 8

8. Implementation

8.1 Operational Plan

To implement the campaign, a programme operational or implementation plan and a time table must be made. The programme plan is the “blueprint” of the campaign. It should be used to:

- a. Design all programme tasks
- b. Explain plans within the ministry and with other stakeholders
- c. Provide a record of where you began

A time-table is used for programme development and implementation. The schedule should include every task you can think of from the time you write the plan until the time you intend to complete the programme. The more tasks you build into the time table, the more likely you will remember to assign the work, and keep on schedule. If you forget important intermediate steps, your costs and timing might change. The structure of the operational campaign plan depends on the skills of an individual.

A simple format of the time table is in **figure 8:**

Figure 8: Time Table

Communication Campaign Objectives	Responsible Person/Unit	Time Frame/Duration	Estimated Budget
To increase the knowledge of farmers in 50% of upland areas on sustainable farming of cash crops within two years	Counter Narcotics Public Information Division	January 2010-2012	US\$ 100,000.00

Of course, not all implementation are according to plan! The time table should be considered a flexible management tool. You may want to update it regularly (e.g., once a month) so that it can manage and track the progress of the campaign.

The operational plan as shown in **Figure 8** usually includes the responsible party, time frame and budget. The responsible party, as the name suggests, refers to the ministry, directorate/ department, or person in-charge of the campaign. The responsible party may have partners, especially among communication networks. However, the partners may be responsible for specific activities and tasks. The time frame refers to the duration of the campaign. The duration can be long-term (a year), medium-term (6 months) or short-term (1-3 months).

However, the campaign operational plan will not be complete without a budget. Planning the campaign budget includes the estimation of the cost of inputs, activities and outputs needed to achieve the campaign's objectives. The budget usually includes the following:

- Personnel (consultants, administrative staff, etc.)
- Supplies and materials
- Venue/rental or procurement of equipment needed
- Print/publication production
- TV/Radio production and broadcasting, documentary films/study tours
- PSAs and advertisements
- Cost of research studies
- Project monitoring and evaluation

8.2 Effective and Non-effective Communication Plan:

8.2.1 Effective Communication Plan

What makes a good or bad communication campaign plan?

Some of the features of a good communication plan are as follows:

- **Systematic:** it must follow simple logic and rationale. The different components of the plan must come together as a unified whole. The plan must include baseline information, problem definition, objectives, target audience, communication strategies and evaluation mechanism
- **Based on reliable data:** it must address the actual drug situation; actual problems experienced by the participant groups
- **Creative:** it must look at several alternative strategies and select the most appropriate one for the situation. Messages can be delivered in a variety of ways
- **Flexible:** it must be able to cope with sudden changes in situations
- **Measurable elements:** it needs a monitoring and evaluation system to determine success or failure. For example, if the campaign aims at social re-integration of former addicts in the workplace, this must be adequately measured such as how many organisations have positive attitudes on ex-drug addicts.
- **Communicated to all implementing networks:** needs to be communicated to all implementers. Otherwise, the plan may not materialise due to problems relating to coordination, cooperation and communication. The campaign must be communicated to stakeholders - government and non-government officials in central Government and in the provinces and representatives of the international partners including immediate donor organisations and embassies etc.

8.2.2 Non-effective Communication Plan

The common mistakes in the communication plans are as follows:

- **Mistakes in identifying target audience** - for example, it may only target the youth but ignore their parents and their peers. Communication planners need to understand that the youth are not alone; they live with people around them.

- Mistakes in deciding on communication objectives - for example, baseline information may indicate an increase in drug use in entertainment places but this fact was ignored in formulating campaign objectives.
- Mistakes in Message design - for example, the same messages are delivered in the same manner to all target audiences. Some key messages are designed without taking into consideration the target audience's interest in the topic, relevance in the topic and accumulated information on the topic. The audience may refuse to read the drug abuse materials - thinking that nothing more can be said about the topic. Audiences exhibit selective attention, selective perception and selective exposure. This is another reason why messages are not delivered.

8.3 Coordination and Monitoring Mechanism

Monitoring assesses the efficiency of the campaign. It refers to the process of determining whether the communication campaigns expected inputs, activities and outputs are accomplished according to plan. Monitoring simply means keeping track of the implementation of programme/project/activities and checking on their progress by recording periodically what is or is not happening. We should monitor and spot existing or potential problem areas when a programme/project is being implemented. Coordination refers to communication and information sharing to all stakeholders and implementing partners on a regular basis. It helps your organisation to materialise and solve all the problems that emerge during the planning and implementation of the plan.

What we Monitor?

We focus on three things when we monitor: level, timing and effectiveness.

Level simply looks at the stage of the project where you are, against where you should already be.

Timing says how long you have already been working on this activity vis-a-vis the allotted time?

Effectiveness looks into what has been accomplished so far.

These will tell us if the activities being undertaken are implemented on schedule and will result in the expected output. If there is a discrepancy between the actual position and the expected position, you need to know why and take the corresponding remedial actions.

A complete coordination and monitoring mechanism is shown in **Figure 9**:

Figure 9: Coordination and Monitoring Mechanisms

Stakeholders	Resources	Report	Visit	Meetings	Contact
<p>Governmental:</p> <ul style="list-style-type: none"> • Line Ministries • Governors • Districts Governor <p>Community:</p> <ul style="list-style-type: none"> • Villages Elders • Villages Scholars • Members of National Assembly • Members of Provincial Council 	<p>Financial Resources:</p> <ul style="list-style-type: none"> • INL (US Embassy) • UK Embassy • UNODC <p>Technical Resources:</p> <ul style="list-style-type: none"> • Colombo Plan • CNAT • Adam Smith International (ASI) • UK Embassy 	<p>Report Process:</p> <ul style="list-style-type: none"> • Weekly • Monthly • Quarterly • Annual progress report, accountability report and comparative report 	<ul style="list-style-type: none"> • Personal visit • Face to face visit • Coordinating visit • Arrangement visit 	<ul style="list-style-type: none"> • Briefing and orientation meetings • Consultative meetings • Coordination meetings 	<ul style="list-style-type: none"> • E-Mails • Letters • Fax • Phone calls • Radio/TV and Newspapers announcement • Chat Room

Focus Group



Interview

CHAPTER 9

Evaluation

CHAPTER 9

9. Evaluation

Evaluation is an assessment of whether or not the programme or project strategies actually worked in practice. It involves the gathering and analysing information and discussing the data with programme staff and with sponsors and decision-makers.

9.1 What and When to Evaluate?

There are many evaluation questions that may be raised regarding a programme or project based on the required information to implement the programme or campaign more effectively.

Among some of the evaluation questions are:

- What actually happened?
- Was the strategy actually followed? Why? Or why not?
- Are the intended audiences being reached and benefitted?
- Did the strategy worked? What were the intended and unintended results of the programme?
Did the audience change?
- How can the strategy be more effective?
- What are the long-term impact of the project?

Evaluation is an on-going process. It is usually done before, during and after the implementation of the programme.

The timing of evaluation depends on:

- The need for decision making
- Pre-identified purposes of evaluation
- Work cycle of those involved in the activity

9.2 Types of Evaluation

There are three main types of evaluation - process, outcome and impact.

9.2.1 Process Evaluation

It focuses on the processes and procedures used in the programme or campaign. This involves the analysis of a programme/project activity in terms of its continuing relevance, outputs, effectiveness, and impact during the implementation phase.

An example of important data needed during this phase is the ability to reach the target audience in the communication campaign. You may have to get some feedback from the programme beneficiaries attending the assembly. For example, to compare this feedback with the expected result. Any discrepancy between the actual and the expected results may require the evaluators to look further into aspects of the projects' implementation to find the answer.

9.2.2 Outcome Evaluation

It is conducted at the end of the programme or campaign - looking at whether objectives have been attained. This is the process of collecting evidence to show the immediate effects of the programme soon after its implementation. It tells us whether or not the stated objectives are achieved.

Outcome evaluation usually requires baseline data (where our target audience was before the programme) to see if there are changes resulting from the intervention. If baseline data is not available, the programme may utilise a comparison group from which observation may be made.

9.2.3 Impact Evaluation

It is also conducted after the programme or campaign. The focus is on measuring intended change. This refers to the collection of evidence regarding the long-term or ultimate effects of the programme. Evidence of the impact of CNPI programme could include:

- Reduction of drug consumption among youth
- Decreased in availability of drugs
- Increased participation by the farmers in community-based prevention activities

- Changed perception of people on drug prevention
- Reduction of poppy cultivation activities
- Sustainable alternative development programme (saffron production, almond/nuts, fruits, etc.)

Impact assessment proceeds in the same manner as outcome assessment.

9.3 Evaluation Methods

Different methods can be utilised in evaluating a drug prevention programme. The following are some effective methods of evaluation that can be used by programme planners and implementers:

9.3.1 Questionnaire

Questionnaires are either structured, semi-structured, or open. The structured questionnaire asked the respondents to give a specific answer to each question. It usually uses a multiple choice format, and asked the respondents to check his/her comments or suggestions.

Semi-structured questionnaires asked the respondents to give his/her comments or suggestions. It therefore, provides qualitative as well as quantitative data.

The open questionnaire uses key areas and asked the respondents for the answers. It can be in the form of a question or an unfinished sentence.

Whatever, the kind of questionnaire used, it should be carefully constructed to elicit valid and reliable data. The use of random sampling and the use of a pilot group to validate the instrument can offset some limitations of this instrument. This instrument may be a survey questionnaire, checklist, rating scale, and the like. It is also a good idea to cross-check the results with other techniques, e.g. one -to-one Interview.

9.3.2 Focus Group

A wide range of target groups are potential sources of information. Thus, a technique known as focus groups is particularly valuable in accessing feedback information from these sources. A Focus Group Discussion (FGD) can be regarded as a mini-study. It therefore, requires one or two

clear objectives. The objectives will guide the research team in the formulation of discussion of questions. Before you decide to use focus groups to obtain information on which to base your programme decisions, it is necessary to take a close look at the method and what it has to offer. Focus groups usually involve about eight participants who are selected because they share a common experience or have access to particular information pertinent to the study. Examples are farmers, community elders, Ula'ma (religious leaders), women, youth, prevention and treatment workers, NGO workers, students, teachers, social workers, etc. and other key informants. They can provide initial information on drug cultivation and use, community situation, factors influencing drug cultivation and trafficking. They can also be used to plan, design and pre-test assessment questionnaires, to monitor the effectiveness of a media programme to generate or refine hypothesis and to validate findings.

The selection of participants for the focus group is dependent upon the type of information being sought. If you are an outsider in the research area, you may have to rely on your referral information for the first selection of participants in FGDs. Your key information sources to whom you have explained thoroughly the purpose and the process of the FGD might each suggest some individuals who could be invited to a focus group discussion.

The focus group discussion usually starts with an introduction of participants, followed by an explanation of the purpose of the focus groups, and obtaining consent for tape recording and note taking. The group has to be assured confidentiality. Less sensitive topics should be first discussed before going to more sensitive ones. Free expression of opinions by all participants should be encouraged in order to seek alternative explanations. No participants should be allowed to dominate the discussion.

Focus groups provide qualitative information rather than quantitative data. The results do not reliably apply to the general population as a whole. Therefore, focus groups research should be regarded as exploratory and preliminary, rather than conclusive.

9.3.3 Observations

Clientele needs can be inferred through observation of their behaviour. This can include structured observations or simply overhearing complaints about the drug abuse prevention education programme. Structured observations make use of guides on what to observe, frequency of observation, and have specific forms for reporting.

9.3.4 Interview

This may involve individual or group interviews or round table discussions. There should be guide questions for the activities in order to minimise differences among interviewers/facilitators and interviewees/participants and to identify which data need to be elicited.

The interviewers should have the following interviewing skills:

- Good communication and rapport-building ability
- A non-judgmental attitude
- Ability to observe verbal and non-verbal cues
- Ability to ask timely questions with a view exploring emerging issues
- Ability to guide the respondents through the interview process
- Ability to adapt to the situation

Key informants are those persons who by virtue of their role or position in the community can potentially provide relevant information. They are those who are exposed and/ or experienced in drug prevention and can provide valuable information of the drug situation in the community. Their ideas and opinions matter and could be gleaned as reflective of the reality being studied or observed. They can provide vital information and/or validate some initial data collected or initial findings drawn from data analysis.

9.3.5 Content Analysis

This procedure involves examination of data and contents of the documents that are already available in order to select valid information and to eliminate invalid information, group and summarise pertinent data, draw logical conclusions, and prepare the report. Statistics on health, crime and delinquency related to drug abuse, and the like, can provide information on needs. As

far as possible, qualitative data should support quantitative data. In this context, CNPI weekly reports, CNPI stakeholders' meeting minutes, UNODC reports on drugs and poppy cultivation, mass media reports (TV, radio, newspapers) are the relevant documents from which one can obtain official information about the topic.

CANNABIS

COCAINE

HEROIN

HASHISH SMOKER

RAW OPIUM

AMPHETAMINES

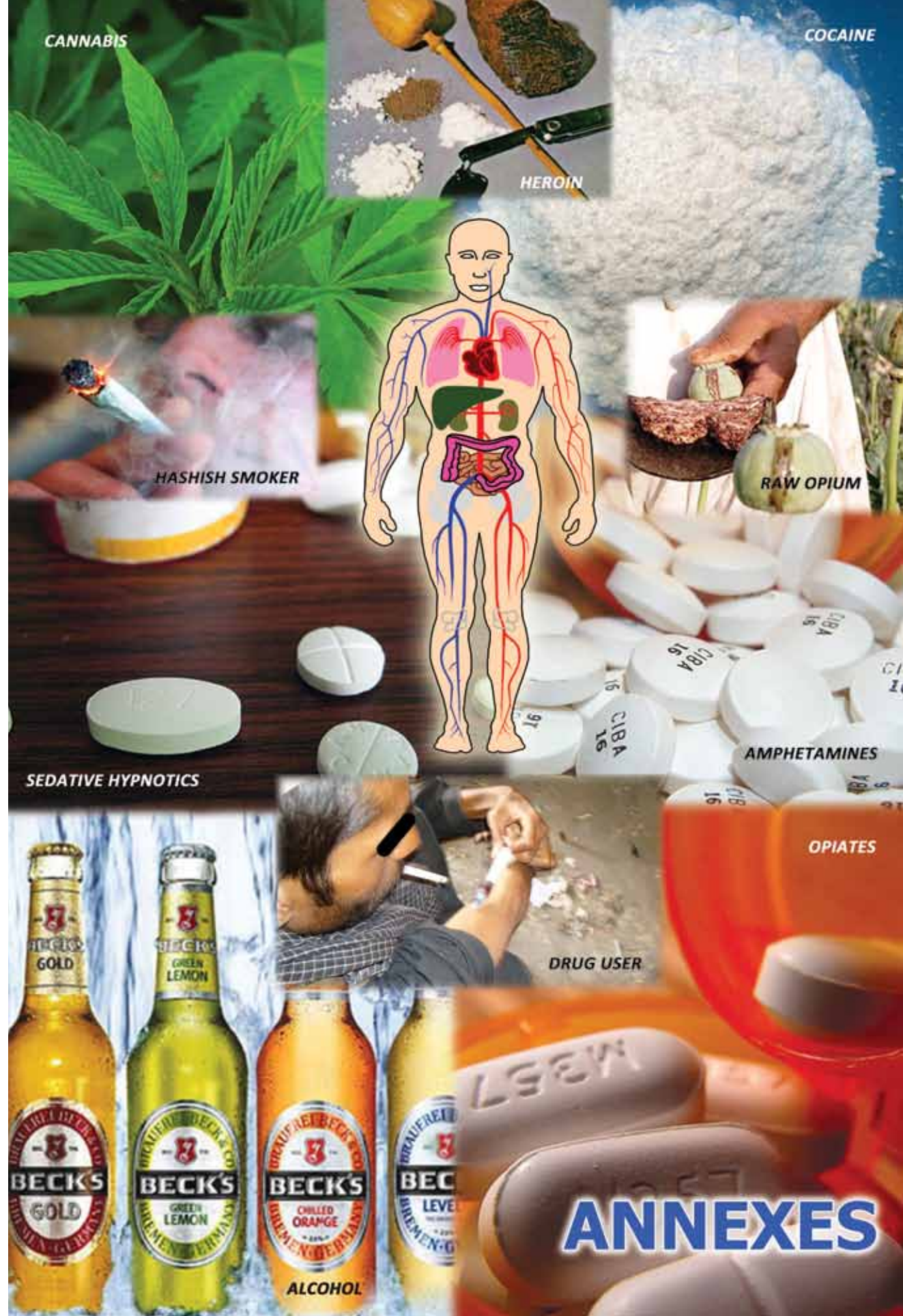
SEDATIVE HYPNOTICS

OPIATES

DRUG USER

ALCOHOL

ANNEXES



ANNEXES

What is Drug Abuse and Drug Addiction?

Drug abuse, also known as substance abuse, involves the repeated and excessive use of chemical substances to achieve a certain effect. These substances may be “street” or “illicit” drugs, illegal due to their high potential for addiction and abuse. They also may be drugs obtained with a prescription, used for pleasure rather than for medical reasons.

Drugs, both legal and illegal, are a part of the social life and culture, especially for younger people. Drugs can be potentially harmful to our physical and mental health. There are a number of differences between men and women’s use of drugs.

Annex 1: Types of Drugs and its Effects

Drugs and the Human Body

Different drugs have different effects. Some, such as cocaine or methamphetamine, may produce an initial feelings of boundless energy. Others, such as opium or heroin may produce excessive feelings of relaxation and calm. What most drugs have in common is its over stimulation of the pleasure centre of the brain. With time, the brain’s chemistry is actually altered to the point where not having the drug becomes extremely uncomfortable and even painful. This compelling urge to use, ‘addiction’ becomes more and more powerful, disrupting work, relationships, and health.

I. Drug Absorption/Metabolism/Elimination

A. Method of Administration

Drugs are administered to or enter the human body in a number of ways, including injection, inhalation, and ingestion. The method of administration impacts on how the drug affects the person. For example: injection takes the drug directly into the blood stream, providing more immediate effects; while ingestion requires the drug to pass through the digestive system, delaying the effects.

B. Factors Affecting Absorption/Metabolism

Factors that affect absorption/metabolism include physical, emotional and drug-related factors.

1. Physical Factors

Physical factors that affect the absorption or metabolism of a drug include:

- a. Person's weight and age - The amount of physical mass a drug must travel through will have an outcome on the drug's total effect on the body. Also, the aging process affects the manner in which the drug exerts its effects on the body.
- b. Individual biomedical/chemical make-up - Each individual tolerates substances differently. For example: a person's physical condition as well as hypersensitivity (allergies) or hyposensitivity (need for larger doses to gain the desired effect) will influence the total effect of the drug on the individual.
- c. Rate of metabolism - Each drug metabolises or processes within the body at a different rate. The drug remains active in the body until metabolism occurs. For example: certain medications require dosages to be taken every four, twelve or twenty-four hours, depending on the duration and rate at which the drug is metabolised.
- d. Food - Food in the body slows absorption of the drug into the body by not allowing it to pass directly through the digestive process without first being processed by the digestive system. A slower process occurs, since the body is digesting food in addition to the substance or drug utilised by the person.

2. Emotional Factors

The emotional factors that may influence drug absorption and metabolism within the body are:

- a. Emotional state - A person's specific emotional state or degree of psychological comfort or discomfort will influence how a drug may affect the individual. For example: if a person began using alcohol and was extremely angry or upset, the alcohol could intensify this anger or psychological discomfort. On the other hand, if alcohol was being used as part of a celebration, the psychological state of pleasure could be enhanced by the use of the drug.
- b. Anticipation/Expectancy - The degree to which a person believes that a given drug will affect them, may have an effect on their emotional state. If a person truly believes that by

using a substance, they will experience a given effect, then their expectations may cause a psychological change in the manner in which the drug affects them.

3. Drug-Related Factors

The drug-related factors that influence the way drugs are absorbed and metabolised within the body are:

- a. Tolerance - Tolerance refers to the amount of a given substance necessary to receive its desired effect.
- b. Presence or use of other drugs - The presence or use of other drugs such as prescription, over-the-counter, nicotine, and caffeine also influence the rate of absorption and metabolism of drugs in the body.
- c. Method of administration - A drug injected directly into the blood stream will affect an individual at a greater rate, since it will be directly absorbed through the blood stream and presented to various organs. If a drug is snorted or inhaled, the effects may be enhanced, due to the fact that the sinus cavity is located in close proximity to the brain. On the other hand, if a drug is ingested, the effects may be slower due to the fact that they must pass through the digestive system.
- d. Physical dependence (addiction) - If a person is physically addicted to a drug, then more of a given substance may be necessary and the effects on the body will differ from those seen in a non-dependent individual.

C. Elimination

Drugs are eliminated from the body primarily through the liver. The liver and kidneys act as a body's filter to filter out and excrete drugs from the body. The liver metabolises ninety percent of alcohol in the body, while ten percent is excreted through the lungs and sweat. Also, the liver metabolises drugs in a fairly consistent manner. For example: alcohol is removed at the rate of one 12 oz. can of beer, one 5 oz. glass of wine, or 1 1/2 oz. shot of whiskey per hour.

II. Drug Categories

A. Marijuana/Cannabis/Hashish

1. Absorption

Marijuana may be inhaled or ingested.

2. Metabolism/Elimination

THC (Delta-9-tetrahydrocannabinol) is highly fat-soluble and may take up to three months to be fully eliminated from the body by the liver and kidneys. One joint affects the body for a period of two to four hours.

3. Brief Overview

Marijuana is the most frequently used illicit drug and has been linked to harming a developing fetus. It has the same or similar effects as depressants, stimulants, and hallucinogens. Marijuana cigarettes yield almost four times as much tar as tobacco, creating a higher risk of lung damage.

4. Short-term Effects

- a. Increases in heart rate, body temperature and appetite.
- b. Drowsiness.
- c. Dryness of the mouth and throat.
- d. Reddening of the eyes and reduction in ocular pressure.

5. Long-term Effects

- a. Can cause the following medical conditions: respiratory problems, lung damage, and cancer.
- b. Memory and concentration impairments.
- c. Possible motivational syndrome.

6. Effects with Other Drugs

When marijuana is combined with alcohol it creates greater impairment in areas such as reaction time and coordination. When combined with sedatives and opiates, it can cause an increase in anxiety and even hallucinations, along with an increase in heart rate and blood pressure when used with amphetamines. On the other hand, effects are somewhat unpredictable when marijuana is combined with stimulants, such as nicotine, caffeine, amphetamines, and cocaine.

B. Cocaine

1. Absorption

Cocaine enters the body in one of three ways: injection, smoking or snorting.

2. Metabolism/Elimination

Cocaine is a strong stimulant to the central nervous system. Its effects can last anywhere from 20 minutes to several hours, depending on the content, purity, administration and dosage of the drug.

3. Brief Overview

- a. Cocaine users become dependent on the drug.
- b. Crack is a form of the drug that is highly addictive.
- c. Exposure to the drug can harm a developing fetus.
- d. It produces short-lived senses of euphoria, the length depends on how the drug was administered.

4. Short-term Effects

- a. May cause extreme anxiety and restlessness.
- b. May experience the following medical conditions: twitches, tremors, spasms, coordination problems, chest pain, nausea, seizures, respiratory arrest, and cardiac arrest.

5. Long-term Effects

- a. May cause extreme alertness, watchfulness, impaired judgment, impulsiveness, and compulsively repeated acts.
- b. May cause stuffiness, runny nose, tissue deterioration inside the nose, and perforation of the nasal septum.

6. Effects with Other Drugs

- a. Additive effects are noted when cocaine is combined with over-the-counter products, such as diet pills or antihistamines.
- b. Cocaine taken with psychotropic drugs, especially antidepressants, can be extremely detrimental.

- c. A person who has extremely high blood pressure and uses cocaine may suffer from a stroke or heart attack.
- d. Some users combine cocaine with alcohol and sedatives to cushion the “crash” or feeling of depression and agitation that sometimes occurs as the effects of cocaine wear off.
- e. A person using cocaine maintains the illusion of being alert and stimulated, although physical reactions are impaired.
- f. Further research indicates that additive and antagonistic effects can be produced when cocaine is mixed with alcohol.
- g. If cocaine is used in high doses, as in the case of overdose, alcohol will probably have an additive effect on the symptoms that eventually contribute to death.
- h. When cocaine is injected in combination with heroin, sometimes called “speed balling,” there is an increased risk of toxicity, overdose, and death.

C. Sedative Hypnotics (Barbiturates, Benzodiazepine)

1. Absorption

Sedative Hypnotics are absorbed through ingestion.

2. Metabolism/Elimination

Sedative Hypnotics are eliminated by the liver and excreted in urine. Their effect can last anywhere from two to ten hours.

3. Brief Overview

- a. Anti-anxiety tranquillizers are among the most commonly prescribed drugs in the world.
- b. Driving under the influence of tranquillizers is dangerous.
- c. A person can become dependent on tranquillizers and depressant drugs, which make them feel calmer, more relaxed and drowsy.

4. Short-term Effects

- a. Short-term effects can occur with low to moderate use.
- b. May experience moderate relief of anxiety and a sense of well-being.
- c. There may be temporary memory impairment, confusion, and impaired thinking.
- d. A person could be in a stupor, and have altered perception and slurred speech.

5. Long-term Effects

- a. May include over-sedation, decreased motivation, apathy, and lack of interest in surroundings.
- b. A person may experience headaches, dizziness, sleep disorders, anxiety, depression and tremors.
- c. There may be an increase in appetite and impairment of thinking, memory and judgment.

6. Effects with Other Drugs

- a. Some people in methadone treatment programme use benzodiazepine to enhance the effects of methadone.
- b. When tranquilizers are combined with alcohol or other central nervous system depressants, synergistic effects may be produced, which may be fatal.
- c. Alcohol increases the absorption of benzodiazepine, slows their break down in the liver and can cause cardio vascular and respiratory depression.
- d. People who take stimulants sometimes take tranquilizers to off set agitation and sleepiness.

D. Opiates (Morphine, Heroin, Codeine, Opium)

More than one million people are addicted to opium products in Afghanistan. An opiate is a narcotic analgesic which is most often used medically to alleviate pain. Morphine and heroin are opium products. Natural opium is extracted from the seed pod of the poppy plant.

Morphine and heroin are derived from the opium poppy plants. Codeine can also be extracted from the poppy plant, but most often it is synthesized from morphine. Morphine is powerful narcotic analgesic and is highly addictive. The only opiate more addictive is heroin. Morphine can be given to a person orally or it can be smoked, injected or sniffed. Morphine may be prescribed to alleviate pain, help with breathing problems, or to treat diarrhoea.

Opiate drugs are both physically and psychologically addictive. The misuse of opiates is also associated with a high risk of accidental drug overdose. When long-term opiate use comes to an end, serious withdrawal symptoms such as vomiting, muscle and bone pain, and flu-like symptoms can occur. Individuals withdrawing from an opiate often feel like they have a severe case of the flu. In addition, psychological withdrawal may include mood swings, depression and increased sensitivity to pain. The withdrawal symptoms may be uncomfortable, but are not life-threatening.

1. Absorption

Opiates are normally absorbed through injection.

2. Metabolism/Elimination

Opiates are metabolised by the liver and may have a lengthy metabolism due to excessive half-lives of the drugs.

3. Brief Overview

- a. Opiates can cause sedation and euphoria.
- b. They are often used to relieve pain, suppress coughs and control physical conditions such as diarrhoea.
- c. Respiratory depression and death can occur from overdoses of opiates.
- d. Opiates may impair a person's ability to drive.
- e. A person can become physically and psychologically addicted to opiates.

4. Short-term Effects

- a. Include drowsiness, dizziness, mental confusion, constriction of pupils and euphoria.
- b. Some opiate drugs, such as Codeine, Demerol and Darvon, also have stimulating effects.
- c. Stimulating effects include: central nervous system excitation, increased blood, elevated blood pressure, increased heart rate, tremors and seizures.

5. Long-term Effects

- a. May include impaired vision, pulmonary complications and menstrual irregularity.
- b. A person may experience nightmares, hallucinations and mood swings.

6. Effects with Other Drugs

- a. Alcohol greatly increases the present effects of opiates and can lead to respiratory arrest.
- b. A person injecting heroin mixed with cocaine or methamphetamine, known as "speed balling," produces a stimulant effect.
- c. The listed drug combinations increase the risk of toxicity, overdose and death.

E. Amphetamines (Ecstasy, Shabu, Yaba)

1. Absorption

Amphetamines are absorbed by the body in one of three ways: snorting, swallowing or injection.

2. Metabolism/Elimination

Amphetamines are eliminated through the liver.

3. Brief Overview

- a. Amphetamines have a strong central nervous system stimulant which can increase alertness and induce a sense of well-being.
- b. If used while driving, amphetamines are dangerous.
- c. The use of amphetamines reduces a person's resistance to disease.

4. Short-term Effects

- a. A person may experience a loss of appetite, increased alertness and a feeling of well-being.
- b. A person's physical condition may be altered by an increase in breathing and heart rate, elevation in blood pressure and dilation of pupils.

5. Long-term Effects

- a. Anxiety and agitation.
- b. Sleeplessness.
- c. Higher blood pressure and irregular heart beat.
- d. Increased susceptibility to disease.

6. Effects with Other Drugs

- a. Amphetamines should never be taken with a class of antidepressants known as MAO inhibitors, because of potential hypertensive crisis.
- b. Amphetamine users sometimes use marijuana and depressant drugs in order to avoid the adverse side effects of the "crash," therefore creating multiple drug dependencies.

F. Poly-drug Use

Poly-drug use is where the use of more than one substance normally causes one of three reactions: additive, synergistic or antagonistic.

1. Additive Effects

Additive effects occur when drug combinations produce an effect that is like simple addition, such as the equation: $1 + 1 = 2$.

2. Synergistic Effects

Synergistic effects occur when drug combinations produce an effect that is greater than the sum of the effects of the two drugs, such as the equation: $1 + 1 = 3$.

3. Antagonistic Effects

Antagonistic effects occur when a drug combination produces an effect that is less than the sum of the effects of the drugs acting alone, such as the equation: $1 + 1 = 1$ or $1 + 1 = 0$.

Alcohol and the Human Body

Alcohol is a mood altering drug which, when consumed in large quantities, can act as a depressant, and affects judgment, balance and co-ordination. Young people are at risk of alcohol related injuries, including road trauma, violence, sexual coercion, falls, accidental death (ie. drowning), and suicide.

A. Absorption

Alcohol is primarily absorbed through the stomach and the small intestines. It is considered a food because it has calories, but does not need to be digested and proceeds directly into the body through the digestive system. After ingestion it is carried through the blood stream and crosses the blood-brain barrier, at which time impairment begins. A greater amount of ingestion causes greater impairment to the brain, which, in turn, causes a person to have a greater degree of difficulty in functioning.

B. Metabolism/Elimination

The majority of alcohol in the body is eliminated by the liver. Ninety percent is eliminated through the body, while ten percent is eliminated (unchanged) through sweat and urine. Before the liver

can process alcohol, a threshold amount is needed and can occur at the rate of one 12 oz. can of beer, one 5 oz. glass of wine, or 1 1/2 oz. shot of whiskey per hour.

C. Brief Overview

1. Alcohol is a central nervous system depressant.
2. Alcohol is among the most abused drugs in many countries.
3. Alcohol can be as potent as many other illegal drugs.
4. Alcohol can cause severe damage to a developing fetus.
5. People often do not realise that they are becoming dependent on alcohol.

D. Short-term Effects

1. Reduces sensitivity to pain.
2. Affects vision in the following ways: narrows the visual field, reduces resistance to glare, interferes with the ability to differentiate intensities of light, and lessens sensitivity to colours.

E. Long-term Effects

1. Damage to vital organs; including liver, heart and pancreas.
2. Linked to several medical conditions; including gastro intestinal problems, malnutrition, high blood pressure, and lower resistance to disease. Also linked to several types of cancer; including esophagus, stomach, liver, pancreas and colon.

F. Special Hazards Involving the Driving Task

1. Alcohol impairs one's ability to drive or operate machinery safely.

G. Effects with Other Drugs

1. Alcohol produces a synergistic effect when taken with other central nervous system depressants. These include: sedative hypnotics, barbiturates, minor tranquillizers, narcotics, codeine, methadone, and some analgesics.
2. Alcohol can be additive in nature when taken with antipsychotic medications, antihistamines, solvents or motion sickness preparations. When used on a daily basis, in conjunction with aspirin, it may cause gastro intestinal bleeding. Also, when used with acetaminophen, an increase in liver damage could occur.

I. Impact of Drug Use on Driving

A. Necessary Driving Skills

1. Several skills necessary for driving include: vision, reaction time, judgment, hearing and simultaneous task processing/accomplishment.
2. Driving skills can be divided into cognitive skills, such as information processing, and psychomotor skills.

B. Drug Impact on Driving Skills

1. Impairment is related to alcohol, in terms of its concentration in the blood stream.
2. The brain's control of eye movements is highly vulnerable to alcohol. It only takes low to moderate blood alcohol concentrations (.03 to .05%) to interfere with voluntary eye movements and impair the eyes' ability to rapidly track a moving target.
3. Steering an automobile is adversely affected by alcohol, as alcohol affects eye-to-hand reaction times, which are superimposed upon the visual effects. Significant impairment and deterioration of steering ability begin at approximately .03 to .04% Blood Alcohol Concentrations and continue to deteriorate as Blood Alcohol Concentration rises.
4. Almost every aspect of the brain's information-processing ability is impaired by alcohol. Alcohol-impaired drivers require more time to read street signs or respond to traffic signals than unimpaired drivers. Research on the effects of alcohol on the performance of automobile and aircraft operators shows a narrowing of the attention field beginning at .04% blood alcohol concentration.

C. Dividing Attention Among Component Skills

1. Most sensitive aspect of the driving performance.
2. Component skills involve maintaining the vehicle in the proper lane and direction (tracking task), while monitoring the environment for vital safety information, i.e. Other vehicles, traffic signs, and pedestrians.
3. Alcohol-impaired drivers who are required to divide their attention between two tasks tend to favour just one task. Often times the favoured task is concentrating on steering while becoming less vigilant with respect to other safety information.

4. Numerous studies indicate that divided attention deficits occur as low as .02% Blood Alcohol Concentration.
5. Four conclusions can be drawn from results of epidemiologic and experimental studies.
 - a. The degree of impairment depends on the complexity of the task involved as well as the Blood Alcohol Concentration.
 - b. The magnitude of alcohol-induced impairment rises as the Blood Alcohol level increases and dissipates as the alcohol is eliminated from the body.
 - c. At a given time and Blood Alcohol Concentration, some skills are more impaired than others.
 - d. There is no evidence of an absolute BAC threshold below which there is no impairment of any kind. Therefore, certain skills important to the driving task are impaired at .01 to .02% blood alcohol level the lowest levels that can be reliably measured by the commonly used devices.

Annex 2: Tips for Public Speaking

Feeling some nervousness before giving a speech is natural and even beneficial, but too much nervousness can be detrimental.

Here are some proven tips on how to control your anxieties and give better presentations:

1. Know your material. Pick a topic you are interested in. Know more about it than what you include in your speech. Use humour, personal stories and conversational language - that way you will not easily forget what to say.
2. Visualise yourself giving your speech. Imagine yourself speaking, your voice loud, clear and confident. Visualise the audience clapping - it will boost your confidence.
3. Practise. Practise. Practise! Rehearse out loud with all equipment you plan on using. Revise as necessary. Work to control filler words; Practice, pause and breathe. Practice with a timer and allow time for the unexpected.
4. Know the audience. Greet some of the audience members as they arrive. It is easier to speak to a group of friends than to strangers. Check with the organiser who is your target group.
5. Know the room. Arrive early, walk around the speaking area and practise using the microphone and any visual aids. Check on the audio visual equipment.
6. Relax. Begin by addressing the audience. It 'buys' you time and calms your nerves. Pause, smile and count to three before saying anything. ("One one-thousand, two one-thousand, three one-thousand. Pause. Begin.") Transforms nervous energy into enthusiasm.
7. Realise that people want you to succeed. Audiences want you to be interesting, stimulating, informative and entertaining. They are rooting for you.
8. Do not apologise for any nervousness or problem - the audience probably never noticed it.
9. Concentrate on the message - not the medium. Focus your attention away from your own anxieties and concentrate on your message and your audience.
10. Gain experience. Mainly, your speech should represent you — as an authority and as a person. Experience builds confidence, which is the key to effective speaking. A Toastmasters club can provide the experience you need in a safe and friendly environment.

Annex 3: Format for Communication Campaign Planning:

Part One : Introduction

- Situation on the Drug Problem - its Extent, Causes and Possible Solutions
- Civic Awareness Initiatives being Undertaken to Deal with the Drug Problem
- Other Relevant Initiative being Undertaken to Deal with the Drug Problem
- Significance of the Communication Plan
- Scope of the Communication Plan

Part Two : Objectives

- Management Objectives
- Communication Objective

Part Three : Communication Networks

- Stakeholder Identification
- Target Audience : Primary and Secondary
- Communication Networks

Part Four : Message Strategy

- Key Messages
- Secondary Messages

Part Five : Sender Strategy

- Government Official
- Military Officer
- Opinion Leader
- Former Drug User
- Media Celebrity

Part Six : Channel Strategy

- Traditional Media Campaign
 - Television

- Radio
- Newspapers/Magazines

- Internet Campaign
 - Web sites
 - E-newsletters
 - Blogs
 - Podcasts
 - Mailing Lists/e-groups

- Folk Media
 - Play/Theatre
 - Puppetry
 - Dance

- Other Media

Part Seven : Environment Strategy

- Government Organisations
- Scientific Community
- Non-government Organisations
- Media Groups
- Private Sector
- Prominent Individuals
- Others

Part Eight : Evaluation Mechanism

Part Nine : Operational Mechanisms

- Responsibility
- Time Frame
- Budget

Annex 4: Sample Evaluation of Counter Narcotics Event

Name of Respondent _____

Reference Number _____

Address _____

Type of Event _____

Title of the Programme _____

Gender _____

Language/Dialect _____

Age _____

Location _____

1. What was the event about ?

2. Would this event appeal to you personally?

3. What was the speaker talking about?

4. What messages are being conveyed?

5. Was there any relationship between the speakers point and the conference title?

_____ Yes _____ No

6. If No, Why _____

7. Was there any print material disseminated?

_____ Yes _____ No

8. If Yes, did you understand the message written?

9. What was the most interesting aspect of the event ?

10. What could be improved in the event and the print materials?

11. Was there a diverse participation of the community and religious leaders in the event?

12. Who were missing from the participants that should have been invited?

13. How was the event organised?

1

2

3

4

Bad

Approximately good

Good

Excellent

14. What should be done in the future to make the event well organised?

15. Does the event have an effect on reducing of poppy cultivation?

_____ Yes

_____ No

16. If No, Why? _____

17. What the Government/Donors have done in combating narcotics?

18. What the Government/Donors have not done in combating narcotics?

Annex 5: Matrix Public Information Campaign

Participants Group	Public Information Messages	Media Channel
Farmers	No to Poppy cultivation, Yes to Saffron plantation! Poppy cultivation supports terrorism and threatens security!	Radio Advertisements, Posters, Stickers, Billboards, Banners, Mosque Mullah, Community Assemblies, Workshops
Youth/Students	Poppy brings death, sports bring health! Stop drug addiction, help build the nation! Stop drug addiction, continue your education!	Billboards, workshops, seminars, television advertisements/ PSA, radio advertisements/PSA, sports competition, posters, quiz competitions, youth association, drama/theatre, poetry festival, banners, stickers, school assemblies, symposia
Women	The future of your children lies in your hands! Poppy cultivation destroys your future to your's children's future!	Radio, handicraft fairs, seminars, workshops, posters, women councils (shura), tailoring courses, assemblies, meetings, television advertisements, health clinics
Ullema (Religious Leaders)	Support drug prevention; promote religion to the whole nation!	Mosque, billboards, banners, posters, radio, seminars, workshops, assemblies, Eid prayers, religious events
Teachers	Support preventive drug education; create a drug-free nation!	Classroom teaching, school assemblies, radio, television, posters, banners, stickers, office files, notepads, rulers, pencils, bulletin boards, school books
Community Leaders	Stop poppy cultivation; create a poppy-free nation!	Assemblies, billboards, posters, television advertisements, radio, seminars, banners, stickers, meetings

Health Workers	Say No to Drugs, Say Yes to good health Live a healthy lifestyle, stay away from drugs!	Radio, television, public announcements, billboards, seminars, workshops, assemblies, brochures, calendars, flip charts, office files, health kits, uniforms, posters
Media Practitioners	Provide factual information to support drug prevention!	Media resources
Law Enforcers	Enforce the drug law to save your people!	Radio, television, seminars, workshops, billboards, posters, stickers, meetings, symposia

Annex 6: Sample Preparing a Press Release

To write a good news release first you should understand the subject matter. Then, you must know how to summarise that information at the beginning of the release, quickly back up the lead statement with facts and save the less important details for last. This is known as the inverted-pyramid style of news writing. The most comprehensive information is put in the lead, so that the reader gets the point of the story even if he or she read only the first sentence or paragraph. A press release must be a complete story, because some publications will run a release verbatim.

Content: The first paragraph is the most important of the release and should contain the strongest point. This is called the 'Lead' or 'into' journalists have a golden rule which provides a clear guideline for all writing for the media:

**I have six friends, who serve me and their names are WHAT,
WHERE, WHY, HOW, WHEN and WHO**

In other words your first paragraph must tell WHAT happened (will happen); WHERE it took place (will take place); WHY it occurred (will occur); HOW, WHEN and to WHOM it happened (or WHO did it).

Mention the full name of your organisation early in the release. After that, the name can be written in initial form, if necessary.

Attribute all statements to a particular person, or to the organization. The media is unable to use newsworthy assertions unless a source is given.

The media love 'quotable quotes'- saying or comments that stand out for their originality, simplicity, or strength-so quote them.

Be original, do not use clichés (for example: at this point in time, conspicuous by its absence, leave no stone unturned).

Keep the information simple and to the point. This is not the time to write a full-length feature article.

End the release with two contact names, listing official phone numbers' after-hours contact number and email add in case further information is required. Remember that journalists work unusual hours and may need to contact someone after normal office hours.

Key Principals in writing a press release

1. Presentation-makes your release look professional.
2. Type it, using only one side of the paper.
3. Use double spacing with wide margins.
4. Where possible, use the letterhead of your organisation. Otherwise, type the full name and address at the top.
5. Head 'Press Release'.
6. Date the release clearly.
7. Specify the time for release, that is, for immediate release ' or ' Embargoed until...(date/time)'
8. At the end of each page, clearly indicate if there is more information to follow; that is 'more follow... ' or '.... /2'. Conclude with the word 'End' or type a rule below the last paragraph.
9. Staple the pages (paper clips slide off).

Annex 7: A Sample of Press Release



Islamic Republic of Afghanistan

Ministry of Counter Narcotics

The Colombo Plan Counter Narcotics Public Information Project

For Immediate Release

NEWS RELEASE

Monday, 20 December 2009

MCN Reports on Progress in CNPI Campaign

Kabul, MCN: The Ministry of Counter Narcotics (MCN) reports 20% reduction in poppy cultivation in 2009. The most remarkable reduction was in Hilamand accounted for 33% this year. Authorities cite intensive law enforcement efforts, public awareness campaigns, with support and collaboration from international agencies as the main reasons for success of the Government. The MCN would like to acknowledge the strong support of the Colombo Plan through its Drug Advisory Programme as a major factor in achieving this milestone in the campaign.

Dr. Mohammad Zafar, Deputy Minister for Policy and Coordination, MCN said the “drug problem in Afghanistan is consistently a serious threat to the country, in spite of the fact that in 2009, 20 provinces out of 34 provinces have now been listed as poppy-free.”

The decrease in poppy cultivation, he said, is mainly due to various measures being done by the Government in collaboration with International organizations. Dr. Zafar mentioned that the Counter Narcotics Public information (CNPI) campaign is one of the major programmes contributing to the decrease in poppy cultivation. The programme is being conducted by the Colombo Plan Drug

Advisory Programme (CPDAP), with funding from the Bureau of International Narcotics and Law Enforcement Affairs (INL), US Department of State.

The CNPI campaign is public information and awareness campaign indirectly targeting the general public, as a whole, and directly targeting the farmers and traffickers in Afghanistan.

For additional information, please contact Zulmay Afzali, the spokesperson of the Ministry, at zulmay.afzali@gmail.com or 0799 33 44 55.

XXXXXXXXXXXXXXXXXXXXXXXXX END XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Annex 8: Samples of PSAs in Afghanistan

Did you know that according to article no. 26 of the National Drug Control Law, those who cultivate one Jeribs of poppy shall be sentenced to a term of imprisonment between 6 months and a fine of 25,000 Afs? On the other hand, government has promised to provide short term loans to those farmers who are not cultivating poppy any more.

So, stop poppy cultivation and don't be a criminal!

"This message is brought to you by Ministry of Counter Narcotics"

The Government, according to its policy is providing gifts of 1 million United States Dollars to those provinces which are free of poppy cultivation. This amount will be spent on building irrigation canals, water dunes, deep wells, electrical system, and schools, clinics and road construction. Therefore, build your country, don't destroy it!

"This PSA is by Ministry of Counter Narcotics"

Dear Farmers!

You know that all the security related problems in our country are due to poppy cultivation and opium production, because terrorists and traffickers get the explosives from the opium trade and then destroy our schools, clinics and bridges through suicide attacks.

Do you grow poppy to support terrorism?

"This PSA is by Ministry of Counter Narcotics"

Muslim Farmers!

Cultivation of Poppy is not only forbidden in Islam, but it is against the Constitutional and National Drug Law, it causes addiction, bomb blasts, security problems, poverty, imprisonment and fine.

Therefore, save the lives of your children from becoming the victims of opium poppy and grow Halal crops!

“This PSA is by Ministry of Counter Narcotics”

H.E. President of the Islamic Republic of Afghanistan, Hamid Karzai told in his speech that: poppy cultivation and opium production is our real enemy, because our pomegranate and grapes gardens were destroyed for poppy cultivation, our wheat harvest is decreased due to poppy cultivation. All the activities which disrupt our stability and security are due to opium production. For development and stability of Afghanistan, we should increase our efforts towards eliminating poppy.

So, dear community elders, Ulema, farmers, ministers, governors, cabinet members and senators!

Lets work together once again to clean our country from poppy cultivation. We should kill poppy, otherwise poppy will kill us.

“If we don’t destroy poppy, poppy will destroy us”

This PSA is by Ministry of Counter Narcotics”

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