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Drugs and Alcohol use Reduction: Engage with young people

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Acronym of the Project: DARE

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1. Introduction

DARE was a European project financed by the Erasmus+ Programme, Capacity Building in the field of youth. The consortium was composed of a mix of partners that had worked together before and newly recruited ones. All partners were experienced organisations from the European Union and South America.

Those were:

- Asociația Pentru Tinerii și Studenții din Partium (PIHE), Romania (Project leader)
- MiNU Asociación Civil (MiNU), Argentina
- TOP-25 Europe (TOP25), Belgium
- Narodno Chitalishte "Svetal Den 2009" (NCSD), Bulgaria
- Ong No Chat (NOCHAT), Chile
- Fundación CAVAT "Nicole Paredes" Road Safety NGO (CAVAT), Ecuador
- Stichting Responsible Young Drivers Nederland (RYD), the Netherlands

DARE was implemented between 01 December 2020 and 30 April 2023. The implementation period included a six-month suspension due to Covid. The project implementation consisted of three phases: Preparation (4 separate activities), Implementation (9 separate activities) and Dissemination (4 separate activities). The project monitoring and evaluation was a cross-sectional activity undertaken in parallel to the three phases.

DARE had three objectives:

- Objective 1: To unfold the potential of the project partners' experience in deploying information technologies through peer-to-peer communication strategies by integrating cycling virtual reality (VR).
- Objective 2: To study the effectiveness of the project's VR-empowered message.
- Objective 3: To establish and involve local working groups (LWG) in the project.

The current report is the final output of the project monitoring and evaluation activity. It explores to what extent the three DARE objectives were achieved. While achieving them, the DARE consortium expected the following:

- Result 1: Building capacity for active and meaningful participation and involvement of the project partners in preventing drugs and alcohol abuse among young people.
- Result 2: Promotion and encouragement of active and meaningful participation and involvement in the young people's dialogue.

- Result 3: Equipping the LWGs to reflect the DARE best practice in the development and implementation of future alcohol and drug policies at local, national, European and international levels.

2. Background of DARE

Worldwide, two major threats to the health and well-being of young people are drugs use (United Nations, 2018) and alcohol consumption (World Health Organization, 2015). Drugs and alcohol contribute to all the leading causes of death for young people (suicide, road crashes, accidental poisoning, and assault) (Australian Institute of Health Welfare, 2011). Young Europeans are not immune to their negative impact (European Monitoring Centre for Drugs and Drug Addiction, 2019; Moeller, Galea, & Anderson, 2012). The DARE partners identified a critical need to start the conversation around drugs- and alcohol-associated problems with their target group, young people aged 16 to 25. Meeting this need was based on substantial previous experience and selective project consortium design.

The European partners' representatives had worked together on different European projects, such as IMPACT, AVENUE, HEROES, and ENWA. Their long-term cooperation made them active members of the European Youth Forum for Road Safety. The South-American partners are part of the ROLIEV network. ROLIEV was established during the IMPACT project and subsequently expanded. With a strong history of multi-sector collaboration, ROLIEV implements programs and heads initiatives in South America.

Within the DARE partnership, the consortium was large enough to gather input from many different points of view and to provide all required competencies in the project. Each partner was expected to bring specific experience (e.g. empowerment of active participation) and backgrounds (e.g. lobbying, IT deployment). For example, TOP25 brought into the consortium its expertise in organising the European Youth Forum for Road Safety. The South-American partners brought experience in large-scale actions for safer cycling. PIHE brought the IMPACT project training of vulnerable road users experience. RYD was part of the ACCORD project, bringing expertise in cooperation with non-European partners. RYD also brought the VR "3D Tripping Bike" project experience, the world's first project in that space. NCSD brought the experience of working with geographically and economically disadvantaged youth. Thus, the selected activity leaders had the necessary experience to lead by example. Such leadership was expected to give relative newcomers the opportunity and the much-needed support when growing into their new DARE roles.

The project partners expected to fulfil their strategic objectives by undertaking their DARE roles. However, the project's complexity required expanding their capability. At the time, this capability sat predominantly in the domain of road safety, incl. driving under the influence of drugs and alcohol.

Through DARE, the project partners aimed at expanding it into engaging with young people on the broad topics of drugs and alcohol.

To engage the young people, DARE used a proxy topic within the road safety domain, i.e. riding a bicycle. Cycling is environmentally friendly, cheap and healthy (Lopez-Carreiro & Monzon, 2018), thus likely both affordable and appealing to a young target audience. Under a robust evaluation methodology, we explore how this engagement was achieved.

3. Evaluation methodology

The evaluation of DARE adopted a formative evaluation approach for the project implementation activities and a summative approach for assessing the project's impact on the involved young people. Thus, the focus of the evaluation was twofold. First, the evaluation examined whether the project activities were implemented as planned. Quantifiable, measurable indicators were used for that purpose. Second, the evaluation assessed the campaigns' effect on the direct young participants regarding any shifts in their self-efficacy to abstain from drinking alcohol or using drugs.

Psychological models were used for the summative evaluation, i.e. to underpin the measurement of the impact of the Joint International Campaign as well as the efficacy of the VR tool with regards to motivating safer behaviour in the campaign participants and the project volunteers. The Self-Efficacy Theory (Bandura, 1977) was selected as the theoretical underpinning. Measures were taken before and immediately after the participants' involvement in the campaign.

The campaign participants were incentivised to participate in the data collection before their participation by connecting the use of the virtual simulator with completing a questionnaire. They were incentivised to complete a second questionnaire after they used the simulator by offering them a giveaway in exchange. A social media campaign was suggested to be implemented at the beginning of each campaign implementation to collect data from the general public, effectively establishing a control group. Where available, the data from this group was used for comparison to better evaluate the shifts in participants' intention and self-efficacy. Similarly, the project partners were advised to survey the involved volunteer multipliers before and after their trainings as well as when they finished implementing the campaigns in their countries.

The formative evaluation set out a number of quantifiable objectives to be achieved regarding the project activities. Thus, this part of the evaluation collected information about the project implementation in the different countries involved. We note the geographical location of the partner countries (Europe and South America) provided a wide coverage and allowed for a useful comparison between different jurisdictions. The main tool of the formative evaluation was the partners' reports which provided detailed information on the project implementation in each country with regard to the project activities, as described in turn.

4. Results

4.1 Formative evaluation

For the purpose of the formative evaluation, the implementation of the project activities was examined through the reports of the project partners (see Table 1).

Those reports were the primary verification source.

Table 1. DARE project partners' reported implementation data.

Activity	Measurable indicator	Argentina	Belgium	Bulgaria	Chile	Ecuador	Netherlands	Romania
1.1. VR software	Language adaptations	1	1	1	N/A	1	Already existed	1
1.2. Kick-off meeting	Number of participants	10	3	2	10	2	2	2
1.3. Virtual simulator assembly	Simulators	1	1	1	2	1	1	1
1.4. Cyclists' safety trainings	Local adaptations	1	1	1	1	1	3	1
2.1. Virtual youth workers' mobilities	Number of participants	2	2	2	2	2	2	2
2.2. Young volunteer multipliers and youth workers trainings in South America	Number of participants	13	1	2	10	10	2	2
2.3. Establishment of South-American LWGs	Number of participants	12	N/A	N/A	10	11	N/A	N/A
2.4. Young volunteer multipliers and youth workers trainings in Europe	Number of participants	N/A	13	13	N/A	N/A	20	13
2.5. Establishment of European LWGs	Number of participants	N/A	10	13	N/A	N/A	10	10
2.6. Implementation of the first Joint International Campaign	Number of participants	301	300	310	300	300	420	348
	Recruited control group	177	0	83	300	271	0	274
2.7. Second LWGs meetings	Number of participants	14	10	13	10	9	10	10

2.8. National conferences	Number of participants	84	42	57	114	50	0	62
2.9. Implementation of a second and improved Joint International Campaign	Number of participants	323	300	294	194	300	420	118
	Recruited control group	425	0	21	205	300	0	88
3.1. Third LWGs meetings	Number of participants	13	10	13	10	9	10	10
3.3. Media relations	News and reviews	N/A	1000	1075160	N/A	2900	110	500000
3.4. Final meeting	Number of participants	3	3	3	3	1	3	3

Measurable indicators were used to determine success levels. Where available, the achievements were verified through secondary sources attached to the partners' reports. Table 2 presents an overview of the project achievements against each measurable indicator. Subsequently, we explore each activity separately.

Table 2. Summary of activities.

Activity	Measurable indicator	Target value	DARE achievement
1.1. VR software	Language adaptations	4	5
1.2. Kick-off meeting	Number of participants	14	31
1.3. Virtual simulator assembly	Simulators	7	8
1.4. Cyclists' safety trainings	Local adaptations	7	3
2.1. Virtual youth workers' mobilities	Number of participants	8	14
2.2. Young volunteer multipliers and youth workers trainings in South America	Number of participants	39 + 8	40
2.3. Establishment of South-American LWGs	Number of participants	30 + 8	33
2.4. Young volunteer multipliers and youth workers trainings in Europe	Number of participants	52	59
2.5. Establishment of European LWGs	Number of participants	40	43
2.6. Implementation of the first Joint International Campaign	Number of participants	2,100	2,279
	Recruited control group	2,100	1,105
2.7. Second LWGs meetings	Number of participants	70	76
2.8. National conferences	Number of participants	350	409
2.9. Implementation of a second and improved Joint International Campaign	Number of participants	2,100	1,949
	Recruited control group	2,100	1,039
3.1. Third LWGs meetings	Number of participants	70	75
3.2. Scholarly outputs	Submitted article	2	2
3.3. Media relations	News and reviews	social (140,000 p) and traditional (7,000,000 p) media	1,579,170
3.4. Final meeting	Number of participants	21	19

Preparation phase

Activity name: (1.1) VR software (Activity Leader (AL): RYD).

Activity description: For the purpose of DARE, RYD had to develop local language versions of its new bicycle VR software. The partners were supposed to use the software in their own settings.

Activity result: As part of DARE, language adaptations of the VR software were reported by the partners in Argentina, Belgium, Bulgaria, Ecuador and Romania. The Dutch partner reported they had their language adaptation from before the project. The target for this activity was achieved at 120%.

Activity name: (1.2) Kick-off meeting (AL: PIHE).

Activity description: A Kick-off meeting was to be carried out virtually. During the meeting, the partners' representatives were to further analyse the needs DARE would address. In order to build the scope of the DARE Joint International campaign, the partners were to review the "3D Tripping Bike" Dutch experience. Based on that experience, a new manual was to be developed. The manual should comprise tools and methods for the socio-professional development of the partners' youth workers to improve their competencies in using the VR for alcohol and drugs prevention purposes.

Activity result: A virtual kick-off meeting was implemented on 14/12/2021 after the project was resumed following the Covid suspension period. The project partners were represented by 31 people (see Figure 4.1), with the Argentinian and Chilean partners reporting ten people in attendance each. They introduced themselves, discussed the DARE project and their approach to its implementation, and reviewed the "3D Tripping Bike" Dutch experience. The target for this activity was achieved at 221%.

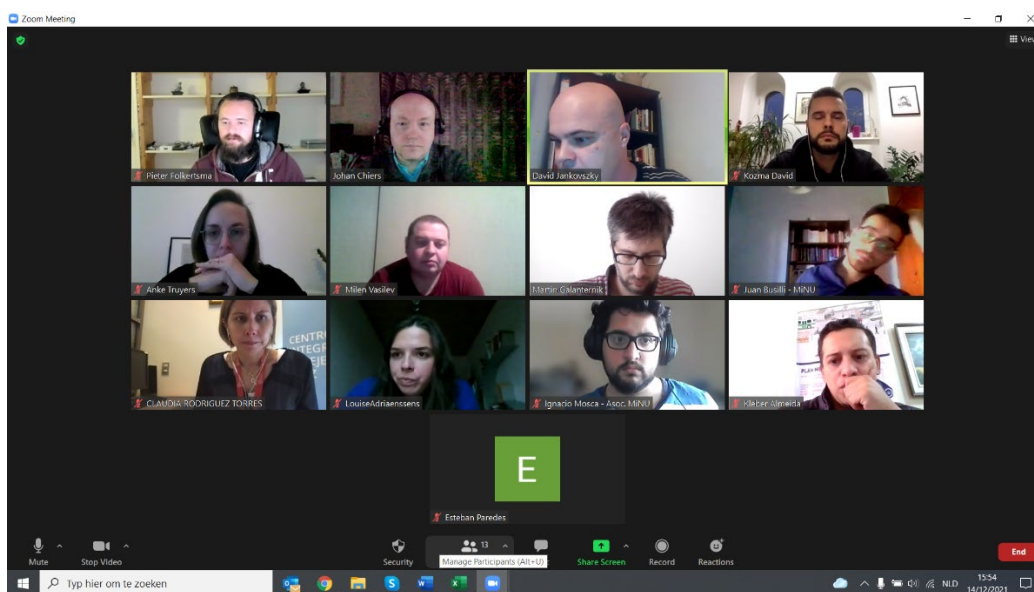


Figure 4.1. Kick-off meeting screenshot.

Activity name: (1.3) Virtual simulator assembly (AL: RYD).

Activity description: Each project partner had to assemble its low-cost simulator, comprising of a gaming laptop, VR headset, Xbox controller and TV screen. RYD owned the simulation software and had to offer it free of charge to the partnership.

Activity result: The project partners reported they have successfully assembled their simulators. A total of eight simulators were assembled, because NoChat from Chile assembled two. The target for this activity was achieved at 114%.

Activity name: (1.4) Cyclists' safety trainings (AL: PIHE).

Activity description: After the local software versions are developed, and the simulators are at the partners' disposal, the project partners were to extract and adapt the Cyclists' safety training from the IMPACT project training pack.

Activity result: The partners successfully installed the "3D Tripping Bike" software on their simulators. They were also given access to the IMPACT project training pack to support them in developing customised trainings for their volunteers. Each partner adapted the training once, but the Dutch one that reported three adaptations. The target for this activity was achieved at 129%.

Implementation phase

Activity name: (2.1) Virtual youth workers' mobilities (AL: MiNU).

Activity description: Youth workers' mobilities were envisaged to boost the project partners' cooperation and exchange of experience. However, due to Covid-19, those mobilities were impossible to implement in person and were carried out virtually. During the mobilities, the European partners were to get to know the South American partners. As a result, the partnership should have established the International credibility of DARE in South America. Leveraging that credibility, the South-American partners were to create their Local working groups (LWGs) and train their volunteer multipliers. The European partners were to address the LWGs and the local volunteers as part of the process.

Activity result: All partners used the opportunity to network virtually and participated in the virtual youth workers' mobilities. Two people represented each partner for a total of 14 youth workers. The target for this activity was achieved at 175%.

Activity name: (2.2) Young volunteer multipliers' trainings in South America (AL: CAVAT).

Activity description: Each South-American partner was to select a group of high-potential volunteer multipliers. Those volunteers should have undergone capacity-building training on the topic of raising alcohol and drugs awareness through VR cycling interventions. The trainings were to be delivered together with the European partners, who were to participate virtually.

Activity result: Each European partner supported the young volunteer multipliers' trainings in South America with two youth workers but the Belgium partner that was represented by one. In Argentina, 13 people were trained. In Chile and Ecuador, ten each. The target for this activity was achieved at 85%.

Activity name: (2.3) Establishment of South-American LWGs (AL: NOCHAT).

Activity description: With the support of the European partners, each South-American partner was to establish an LWG of stakeholders. Those stakeholders should have been representatives of state or regional government institutions, academia, business and other NGOs. The European partners were to participate virtually.

Activity result: Each South-American partner established their LWG: ten people in Chile, eleven in Ecuador and twelve in Argentina. The European partners did not report participating in their establishment. The target for this activity was achieved at 87%.

Activity name: (2.4) Young volunteer multipliers' trainings in Europe (AL: NCSD).

Activity description: In parallel with helping their South American colleagues start their DARE activities, the European partners were also to select a group of high-potential volunteer multipliers. Those volunteers should have undergone capacity-building training on the topic of raising alcohol and drugs awareness through VR cycling interventions.

Activity result: Each of the European partners trained the planned 13 people but the Dutch one that trained 20. The target for this activity was achieved at 114%.

Activity name: (2.5) Establishment of European LWGs (AL: NCSD).

Activity description: Following the trainings, each European partner was to establish an LWG of stakeholders. Like the South-American LWGs, they were to involve representatives of state or regional government institutions, academia, business and other NGOs.

Activity result: Each European partner established their LWG with the planned ten stakeholders but the Bulgarian one that had 13 (see Figure 4.2). The target for this activity was achieved at 108%.



Figure 4.2. Establishment of LWG.

Activity name: (2.6) Implementation of the first Joint International Campaign (AL: MINU).

Activity description: A joint campaign was to be carried out by the seven partners through a series of activities with the new VR bicycle simulators. The focus should have been on alcohol and drugs use prevention among young people. In one-to-one peer sessions, the campaign should have offered the young people to experience in a safe environment what it's like to cycle whilst drunk, on ecstasy, high on cannabis and tripping on Magic Mushrooms. Thus, non-formal learning was encouraged through self-experience, self-reflection and peer discussions. The campaigns were to be youth-led by the DARE-trained volunteers. The volunteers were to be supported by the DARE youth workers and LWGs. Each partner was to develop its own campaign variation based on the local needs defined by the respective LWG. This variation should have been supported by country-specific information material and give-aways.

Activity result: Each partner reported reaching the planned number of 300 participants. Some partners reported reaching more. The highest reported number was in the Netherlands, with 420 participants. The total number of campaign participants was 2,279 (see Figure 4.3). The target for this activity was achieved at 109%.



Figure 4.3. The first DARE campaign.

Activity name: (2.7) Second LWGs meetings (AL: NCSD).

Activity description: The second set of LWG meetings was to be carried out to share the first campaign achievements, collect constructive feedback and prepare the national conferences.

Activity result: After completing the first campaign, each partner implemented a second LWG. A total of 76 stakeholders participated in those meetings across all partners (see Figure 4.4). The target for this activity was achieved at 113%.



Figure 4.4. Participants in a second LWG.

Activity name: (2.8) National conferences (AL: CAVAT).

Activity description: To disseminate information about the first Joint International Campaigns, a national conference was to be implemented by each DARE partner. During the conferences, 1) DARE should have been presented to the general public and the media, and 2) locally relevant alcohol and drugs issues should have been discussed. One external speaker with International experience in drugs and alcohol should have been invited to each national conference. The DARE-trained young volunteers should have organised the conferences. The conferences should have been freely-accessible for all interested stakeholders, including other active young people and youth workers. As a result of the conferences, the project partners should have been able to collect feedback on the first campaign implementation and prepare the public for the second implementation of the Joint International Campaign.

Activity result: Only the Dutch partner did not report organising a National Conference. However, the other partners involved more than the planned participants (see Figure 4.5). The number of participants ranged from 42 in Belgium to 114 in Chile. The total number of involved people was 409. The target for this activity was achieved at 117%.



Figure 4.5. The Bulgarian National Conference.

Activity name: (2.9) Implementation of a second and improved version of the Joint International Campaign (AL: NOCHAT).

Activity description: The second campaign implementation should have been carried out by the seven partners, keeping the framework of the first one. However, the campaign concept might have been improved based on gained experience and the collected feedback.

Activity result: Each partner reported successfully implementing their second campaign. However, the numbers were slightly lower this time than during the first implementation. The numbers varied from 118 in Romania to 420 in the Netherlands. The total number of campaign participants was 1,949 (see Figure 4.6). The target for this activity was achieved at 93%.

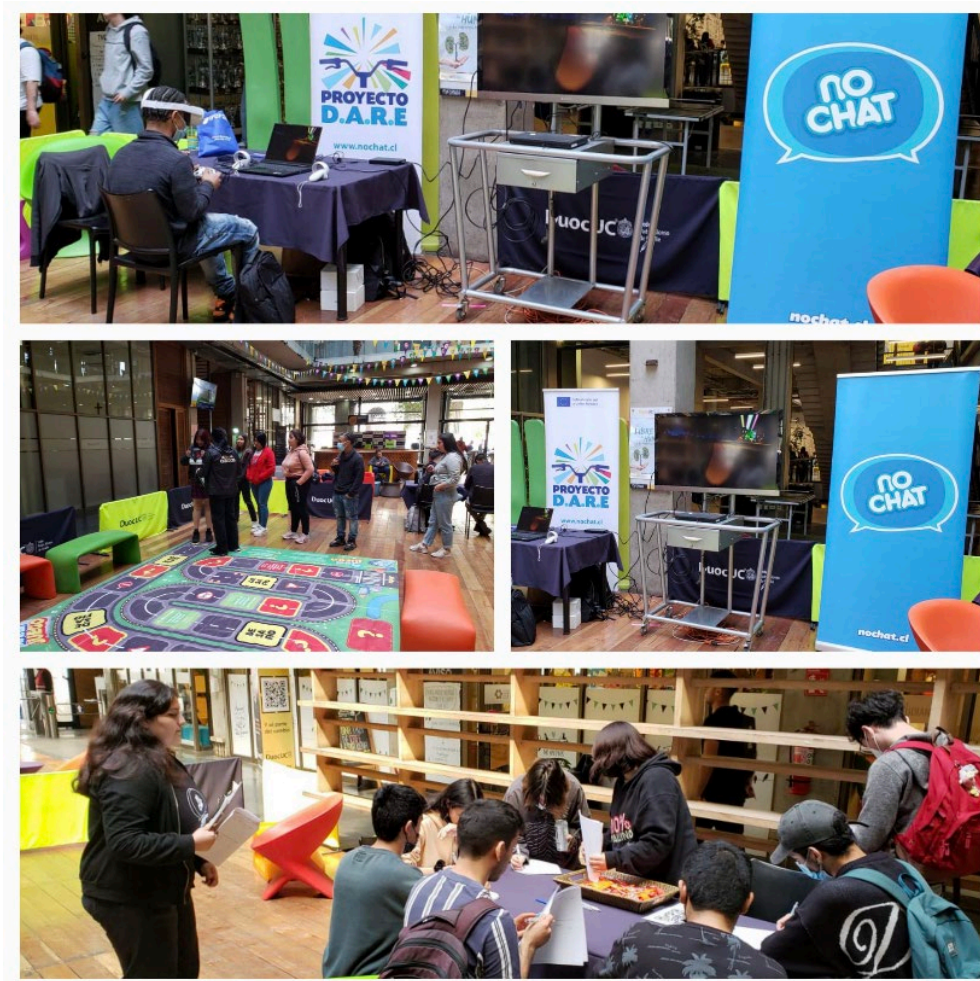


Figure 4.6. The second DARE campaign.

Dissemination phase

Activity name: (3.1) Third LWGs meetings (AL: MiNU).

Activity description: The third set of LWG meetings was to be carried out to share the campaign achievements and collect constructive feedback. During the meetings, the final results from the Joint International Campaign were to be presented. The subsequent final project meeting was to be introduced.

Activity result: All partners reported successful implementation of their third LWGs (see Figure 4.7). The number of participants ranged from 9 in Ecuador to 13 in Argentina and Bulgaria. The total number was 75. The target for this activity was achieved at 107%.



Figure 4.7. The third LGW meeting in Argentina.

Activity name: (3.2) Scholarly outputs (AL: NSCD).

Activity description: In alignment with the Erasmus+ objectives for open access to project results and building capacity to influence your policy, the project partners were to communicate the DARE results through scholarly outputs. Such peer-reviewed outputs were considered the golden standard in ensuring the credibility of evidence, enabling an impact beyond the project timeframe and immediate beneficiaries. The impact was to be determined by collecting ex-ante and ex-post data from the intervention participants and comparing it with data collected in parallel from non-participating young people. For the latter purpose, each partner should have implemented two social media campaigns to survey enough general public.

Activity result: Two scholarly articles were submitted for publication on 03/03/2023. The first one was submitted to the Journal of Ethnicity in Substance Abuse under the title "*Alcohol and illicit drugs: Prevalence and predicting adolescents' behaviour in Argentina, Bulgaria, Chile and Romania*" (see Appendix 1). The second one was submitted to Virtual Reality & Intelligent Hardware under the title "*Virtual reality, drugs and alcohol: A real-world intervention in Argentina, Bulgaria, Chile and Romania*" (see Appendix 2). The target for this activity was achieved at 100%.

Activity name: (3.3) Media relations (AL: CAVAT).

Activity description: Leveraging the project results, each project partner was to work with media in their country to deliver the generated knowledge to the general public.

Activity result: The partners reported reaching a total of 1,579,170 people through media. Argentina and Chile did not report media outreach. The Netherlands reported 110, Belgium – 1,000, Romania – 500,000 and Bulgaria – 1,075,160 (see Figure 4.8). The target for this activity was achieved at 22%.

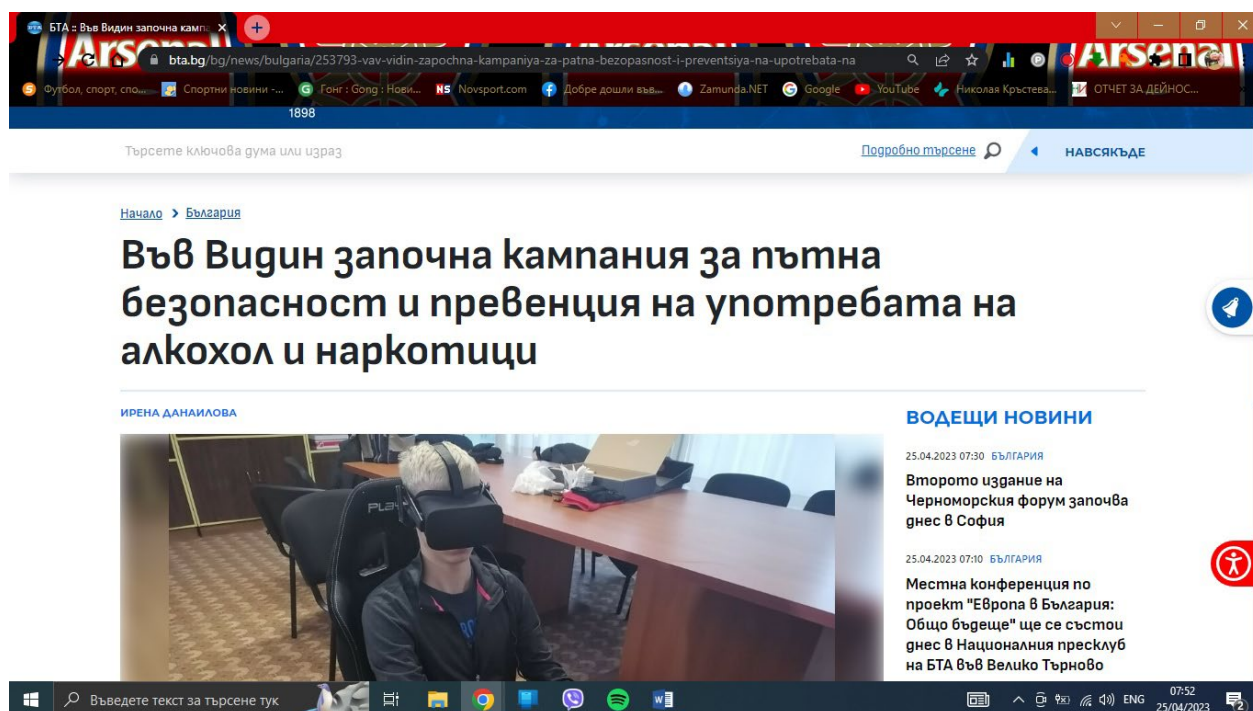


Figure 4.8. A screenshot of a media article in the Bulgarian Telegraph Agency.

Activity name: (3.4) Final meeting (AL: TOP25).

Activity description: A final meeting was to be held in Brussels to provide grounds for European dissemination of the DARE results. Each partner was to be represented by three people, one youth worker, one young volunteer and one LWG member.

Activity result: A total of 19 people gathered together for the DARE Final meeting in Brussels. The meeting occurred between 20 and 22 of April 2023 with 19 participants (see Figure 4.9). The Ecuadorian partner sent one participant instead of the planned 3. The target for this activity was achieved at 86%.



Figure 4.9. The partners' representatives during the final project meeting.

In conclusion, all three DARE objectives were fulfilled:

- Objective 1: The project partners integrated cycling virtual reality (VR) into their work (see activities in Stage 1 above). Subsequently, they deployed those information technologies through peer-to-peer communication strategies (see activities 2.6 and 2.9 above).
- Objective 2: The project partners studied the effectiveness of the project's VR-empowered message. Activity 3.2 above presents a summary. Details are explored in the subsequent sections.
- Objective 3: The project partners established and involved LWGs in the project (see activities in Stage 2 above).

Overall, the DARE consortium achieved their expected results:

- Result 1: They built their capacity for active and meaningful participation and involvement in preventing drug and alcohol abuse among young people.
- Result 2: They promoted and encouraged active and meaningful participation and involvement in the young people's dialogue.
- Result 3: They equipped the LWGs to reflect the DARE best practice in developing and implementing future alcohol and drug policies at local, national, European and international levels.

4.2 *Summative evaluation*

The DARE partners were at liberty to tailor their campaigns to fit the local environment and culture. As a result, they adopted different approaches to measuring their success and collecting relevant data. Those approaches vastly vary from country to country, although they fall within the framework of the adopted evaluation methodology. The results are presented in turn for each country separately.

4.2.1. *Argentina*

The Argentinian DARE team collected data to establish the project's impact on all involved young people, the trained volunteers and the campaign participants. The following analyses present this impact.

Volunteers before their training

The DARE team trained 13 young volunteers, three more than the project requirement. The young people were aged between 18 and 25. Five of them were male, and eight were female.

Most of the volunteers, 10 out of 13, reported they did not use illicit drugs during the past three months, two used drugs probably once, and one used them every month. Those people but one, who did not use drugs but intended to try them, considered maintaining the same behaviour in the forthcoming three months.

Regarding alcohol, one volunteer reported they did not drink, and another reported drinking once over the past three months. Of the rest, four drank monthly, and seven drank weekly. All those people intended to maintain their behaviour in the forthcoming three months, but one intended to drink monthly instead of weekly.

On average, the volunteers scored above the mid-point on the Alcohol Abstinence Self-Efficacy Scale (AASES): 66 out of 100. Their Drug Abstinence Self-Efficacy Scale (DASES) score was 92 out of 100.

Volunteers after their training

The training the volunteers received to help them later implement the DARE campaigns did not change their intention to drink alcohol or use illicit drugs. No change was observed in their DASES, either. Only a marginal improvement of 1 point was recorded on AASES. Most of the volunteers (nine) opted to experience alcohol VR simulation. Two experienced magic mushrooms, 1 – cannabis and 1 – alcohol.

The volunteers considered themselves intermediate to advanced technology users with an average score on the technology experience scale 18 out of 25. In the evaluation of their VR experience with the "3D Tripping Bike" software, the average scores were: joy (22/42), control (23/42), focused immersion (25/35), temporal dissociation (11/21), curiosity (14/21), ease of use (43/56) and usefulness (26/35). In other words, for the Argentinian volunteers, the VR simulation was average in being enjoyable, controllable and dissociable in time. It was reasonably immersive and able to trigger their curiosity. They

found it considerably easy to use and also useful. Overall, the volunteers gave it the maximum recommendation for use in prevention campaigns, 7 out of 7.

Volunteers after implementing all campaigns

Leading the implementation of the campaigns in Argentina changed little in the volunteers' intention to drink alcohol. One volunteer switched from weekly to monthly, another from monthly to weekly. The rest retained their intention as it was after their training. A similar result was observed in their intention to use illicit drugs. One volunteer switched from never to probably once, and another from probably once to never. No change was observed in their AASES, and only a marginal improvement of 1 point was recorded on DASES. They retained their preferences as to the VR simulation of choice. Except for their technology experience, which increased by 1 point to 19, all other VR technology measures retained their average scores. So did the overall recommendation to use the VR in prevention activities. This result shows that despite the good work performed by the volunteers in implementing the campaigns in Argentina, this work did not affect their salient beliefs.

Participants in the campaigns

The Argentinian DARE team implemented two campaigns, as required by the project. The first one collected feedback from 343 participants (161 male, 179 female, average age 17.0 years) before they experienced the simulator. Three hundred of them completed questionnaires after they experienced the simulator, too. A control group was established during the first campaign, comprising 178 young people (67 male, 110 female, average age 19.8 years). The second campaign collected additional 461 participants' questionnaires (211 male, 244 female, average age 16.6 years). Three hundred and forty of them completed their second questionnaire, too. The second control group consisted of 426 young people (183 male, 233 female, average age 19.8 years).

The difference in the average age of the participants and the control young people in both campaign implementations would also suggest a difference in the behaviour. This difference is seen more in the alcohol measures than in the illicit drugs ones. For example, during the first campaign, 25% of the campaign participants reported they did not drink alcohol in the past three months compared to 16% of the control group. 27% of the campaign participants drank monthly, 20% weekly and 26% once. In the control group, those percentages were 43, 25 and 16. No one reported drinking daily.

Daily drinkers were recorded during the second campaign, although in negligible numbers. 24% of the campaign participants reported not drinking alcohol in the past three months, compared to only 11% of the control group. 28% of the campaign participants drank monthly, 18% weekly and 29% once. In the control group, the respective percentages were 32, 29 and 26. The majority of participants reported drinking 1 to 2 (57% participants, 56% control) or 3 to 4 (21% participants, 32% control) in the first campaign. Similarly,

in the second campaign, the reported drinking was between 1 and 2 (54% participants, 51% control) or between 3 and 4 (23% participants, 28% control).

Not as large as in the case of alcohol, but differences were observed in the illicit drugs use, too. During the first campaign, 76% of the participants and 71% of the control group reported not using illicit drugs during the past three months. Respectfully, 14% and 15% reported single use. During the second campaign, the corresponding numbers were 77%, 56%, 12% and 17%. The drop in the control group people who did not use drugs was significant. It came with 16% using drugs monthly.

With due regard to the above starting point, figures 4.10 and 4.11 below reveal what the future intention to drink and use illicit drugs was, the self-efficacy to control those intentions and whether the campaigns succeeded in influencing them, scores range from 1 (every day) to 5 (never) on intention and from 20 (lowest) to 100 (highest) on self-efficacy.

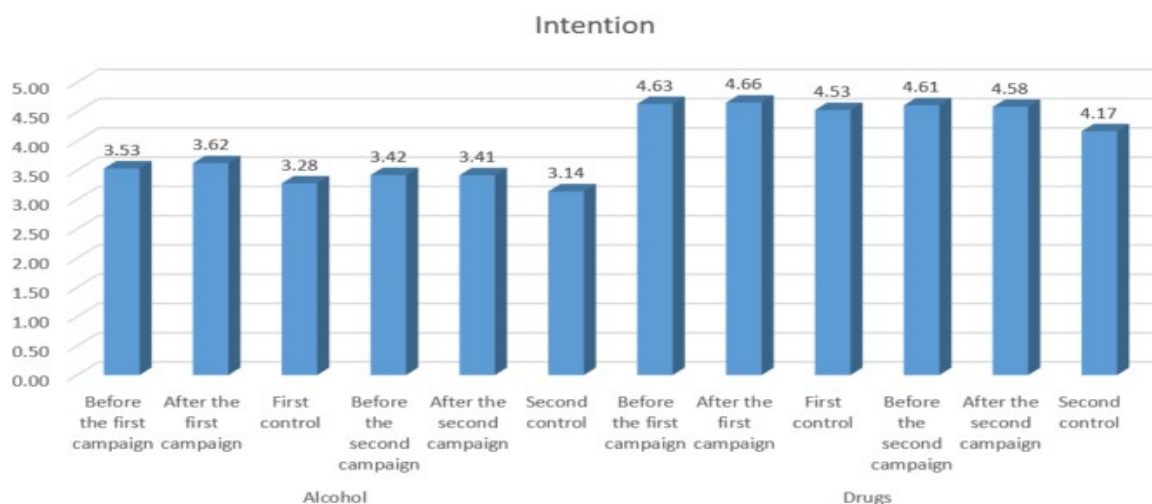


Figure 4.10. Argentinian participants' and control's intention to drink alcohol and use illicit drugs before and after the first and the second campaigns.

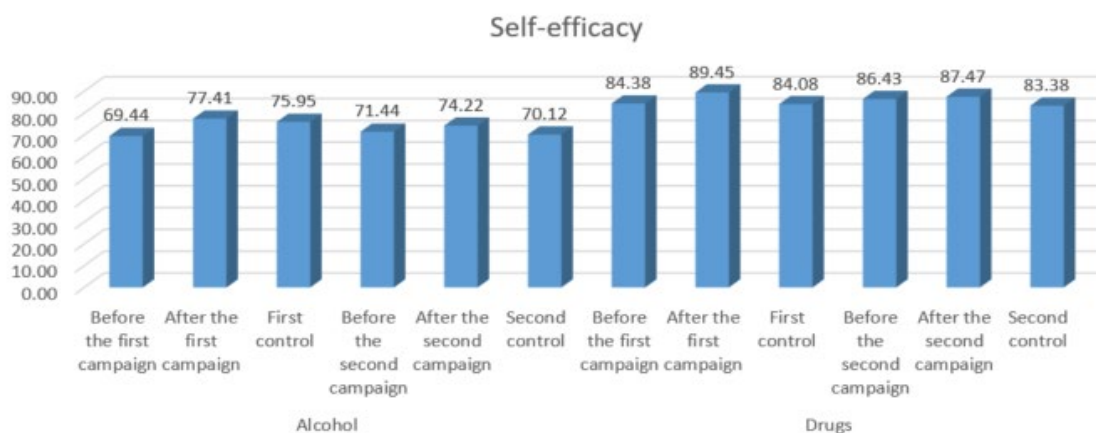


Figure 4.11. Argentinian participants' and control's self-efficacy to abstain from drinking alcohol and using illicit drugs before and after the first and the second campaigns.

Figure 4.10 shows little impact of the campaigns. Both drinking alcohol intention and using illicit drugs intention changed very little. The biggest change was an improvement in drinking alcohol intention from 3.53 to 3.62. The figure, though, confirms the differences between the participants and the control groups. The last reported lower average scores on all measures.

Figure 4.11 shows both more positive effects and closer scores between the participants and the control group. All self-efficacy scores increased following the participants' VR experience. The most notable increase was recorded in alcohol self-efficacy during the first campaign, from 69.44 to 71.41. The implied positive effect is confirmed by the increase in drugs self-efficacy, too, from 84.38 to 89.45. The increases as a result of the second campaign were more modest.

During the first campaign, 125 participants reported choosing alcohol, 66 – magic mushrooms, 55 – ecstasy and 53 – cannabis. The respective numbers were reported during the second campaign as 161, 66, 69 and 43. In Table 3 below, we explore how the participants perceived these experiences.

Table 3. Argentinian participants' technology scores.

Measure	First campaign (n=300)	Second campaign (n=340)
General experience with technology (out of 25)	18.06	17.46
Joy (out of 42)	24.52	24.13
Control (out of 42)	25.26	24.15
Focused immersion (out of 35)	22.71	22.37
Temporal dissociation (out of 21)	13.47	12.75
Curiosity (out of 21)	14.63	14.40
Perceived ease of use (out of 56)	41.67	38.88
Usefulness (out of 35)	24.74	23.76
Recommending the VR intervention (out of 7)	6.01	5.87
General experience with technology (out of 25) of the Control group	16.76	16.66

Table 3 shows that participants in the first and the second campaigns reported similar scores on average but generally lower during the second one. These scores imply the offered experience between the two campaigns did not differ much from the participants' perspective. Their general experience with technology was somewhat higher than the control groups' one. The overall score for recommending the VR intervention was very high. It was a little higher during the first campaign, potentially reflecting the more pronounced positive changes observed in self-efficacy during it.

In conclusion, the two campaigns in Argentina collected feedback from 804 participants and 604 control young people. The evidence shows that the two campaigns seem to have been effective in influencing self-efficacy but not intention, with some indication that the first one was more so. In the case of Argentina, it may be beneficial if the team focuses further on influencing intention, as it seems self-efficacy was better addressed.

4.2.2. Belgium

The Belgium DARE partner reported difficulties collecting data, potentially due to privacy considerations.

4.2.3. Bulgaria

In Bulgaria, the DARE team also collected data to help assess the project's effect on all young people involved. Such data were collected from the volunteers trained to implement the campaigns, the campaign participants and some control young people. The following analyses reveal the achieved impact.

Volunteers before their training

The Bulgarian DARE team trained 10 young volunteers as required by the project. The training took place on 02 April 2022. All young people were aged 18. Six of them were female, and four were male.

The volunteers had their personal experience with drinking alcohol in the past three months but not so much with using illicit drugs. Only one volunteer reported trying them once, while the others never did. None of them considered using drugs in the forthcoming three months.

Regarding alcohol, three volunteers reported drinking once over the past three months, while the others did that every month. On average, they intended to maintain their behaviour over the next three months. Half admitted to consuming 1 or 2 drinks, two – 3 or 4 drinks, and three (all male) – 5 or 6 drinks.

On average, the volunteers scored very high on AASES: 80 out of 100. Their score on DASES was 100 out of 100, meaning perfect perceived control of their drug behaviour.

Volunteers after their training

The training the volunteers received to help them later implement the DARE campaigns did not change their intention to drink alcohol or use illicit drugs in nine of them. One female participant reported that she might drink every month in the next three months instead of once and may also try illicit drugs.

The volunteers' results on DASES did not change. A slight improvement was observed on AASES, with the average result increasing by three points. During the training, when using the VR software, four of them experienced an ecstasy simulation, 3 – magic mushrooms, 2 – cannabis, and 1 – alcohol.

Regarding the volunteers' general experience with technology, they considered themselves intermediate to advanced users. Their average score on the technology experience scale was 17 out of 25. When asked to evaluate their VR experience with the "3D Tripping Bike" software, they assigned the following average scores: joy (21/42), control (21/42), focused immersion (20/35), temporal dissociation (15/21), curiosity (18/21), ease of use (37/56) and usefulness (24/35). In other words, they found the simulation somewhat enjoyable, with an opportunity to improve users' control. It was reasonably immersive, triggering their curiosity, which led to losing track of time. Furthermore, the VR was considered relatively easy to use, also useful. Overall, the volunteers gave it a recommendation for use in prevention campaigns 6 out of 7.

Participants in the campaigns

The Bulgarian DARE team implemented two campaigns as per the project plan. The first campaign was implemented between 18 April and 11 May 2022, and questionnaires from 310 participants (118 male, 172 female, average age 18.4 years) were collected. A control group was established during the first campaign, comprising 83 young people (31 male, 52 female, average age 16.9 years). The second campaign was implemented between 18 January and 08 February 2023, and additional 294 participants' (171 male, 116 female, average age 17.2 years) questionnaires were collected plus 21 control youth feedback (11 male, 10 female, average age 18.0 years).

The difference in the average age of the participants between the two campaign implementations seems to have been reflected in the reported drug-related behaviour but not the alcohol one. For example, during the second campaign, 93% reported they had never tried illicit drugs during the past three months before the intervention. During the first campaign, this percentage was only 74%, with 2% reporting daily usage. The control group reported no usage in 88% during the first and 86% during the second campaign. During the former, the rest 14% reported a probable single usage. During the first campaign, the result was more diverse, with 6% reporting daily usage.

For alcohol, 15% of the second campaign participants did not drink alcohol in the past three months in comparison to 19% of the first campaign ones. In the control groups, the respective percentages were 5 (1 person) and 17. "Probably once" was reported by respectively 37% and 32% of the campaign participants and 38% and 28% of the control youth. In both intervention groups, participants reported having predominantly 1 to 2 standard drinks: 68% during the first campaign and 82% during the second. Similarly, the control young people reported 1 to 2 standard drinks in 54% and 62% of the cases. However, what was the future intention to drink and use illicit drugs, the self-efficacy to control those intentions and whether the campaigns succeeded in influencing them are the more interesting questions.

Figures 4.12 and 4.13 below reveal this participants' data, noting that intention is scored from 1 (every day) to 5 (never) and self-efficacy is scored from 20 (lowest) to 100 (highest).

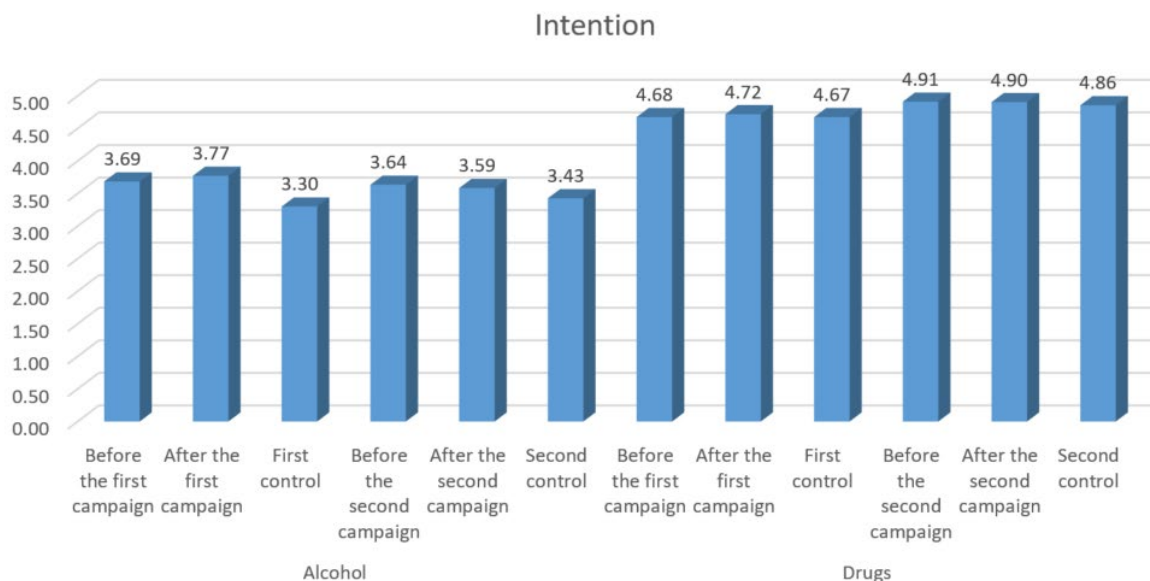


Figure 4.12. Bulgarian participants' and control's intention to drink alcohol and use illicit drugs before and after the first and the second campaign.

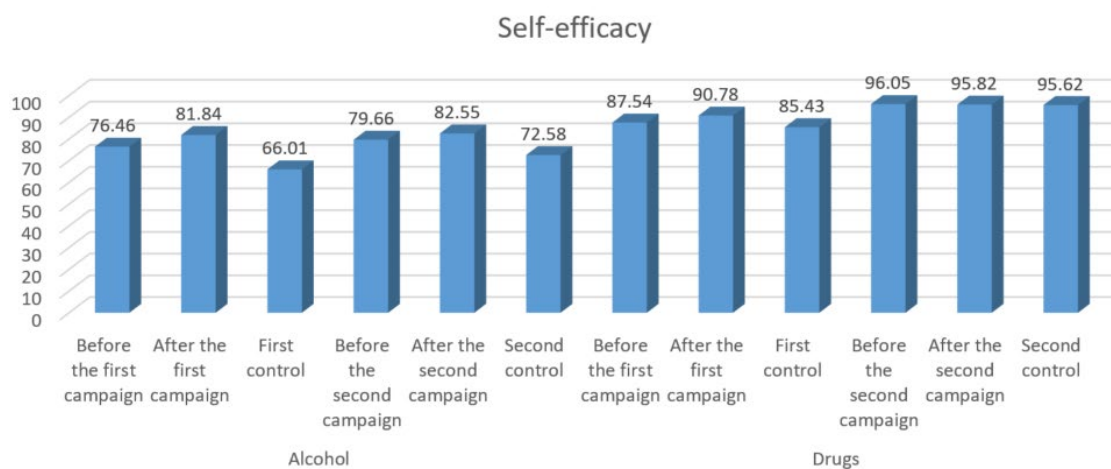


Figure 4.13. Bulgarian participants' and control's self-efficacy to abstain from drinking alcohol and using illicit drugs before and after the first and the second campaign.

Figure 4.12 shows some positive influences during the first campaign and some negative one during the second campaign. However, all participants' scores show little change from before to after campaign implementation, which indicates those influences are minor. The scores of the control young people are lower than the ones of the participants, particularly on the alcohol measures. Their intention to use illicit drugs is more consistent with the campaign participants' one.

Figure 4.13 shows more positive effects. Except for drugs self-efficacy during the second campaign, which recorded a minimal decrease, all other values increased by 3 to 5 points. The largest increase was

recorded in alcohol self-efficacy during the first campaign, from 76.46 to 81.84, which is evidence that a) the first campaign was more effective, and 2) it was more effective concerning alcohol. Interestingly, the control young people's AASES is much lower than the one of the campaign participants, which may reflect them being somewhat younger.

A possible explanation for the difference between the first and the second campaign can be sought in the participants' experience with technology and how they perceived the VR intervention, noting a comparatively balanced distribution between the four possible experiences (alcohol, ecstasy, magic mushrooms and cannabis) during both campaigns. This data is shown in the following Table 4.

Table 4. Bulgarian participants' technology scores.

Measure	First campaign (n=310)	Second campaign (n=294)
General experience with technology (out of 25)	16.78	17.44
Joy (out of 42)	23.05	23.83
Control (out of 42)	21.55	19.49
Focused immersion (out of 35)	16.86	16.01
Temporal dissociation (out of 21)	9.09	9.88
Curiosity (out of 21)	8.63	8.24
Perceived ease of use (out of 56)	22.32	18.87
Usefulness (out of 35)	16.31	16.57
Recommending the VR intervention (out of 7)	2.78	2.07
General experience with technology (out of 25) of the Control group	16.73	16.86

Table 4 shows that participants in the first and the second campaigns reported comparable scores on average except for two measures. It also shows that their technology experience supports the results being generalisable because of similar scores being reported by the control young people. The participants in the

first campaign seem to have felt more in control of the VR simulation, which resulted in higher perceived ease of using it. Their average score of recommending the VR intervention is quite low but seems also to be relatively higher than that of the participants in the second campaign. This might be due to them handling the simulations easier and its higher potential positive effects.

In conclusion, the two campaigns in Bulgaria reached their target number of participants with a total of 604. The control group comprised a much smaller population, 104 people. No evidence was revealed which might lead to considering the second implementation more successful than the first implementation. More positive effects were observed in the former, which can be due to the participants' profile (a little older and with more risky alcohol and drugs behaviour) or in the way they experienced the VR simulation. Overall, in the case of Bulgaria, it might be beneficial if similar future interventions focus more on preventing alcohol drinking by young adults, as it is where we found support in the participants' feedback.

4.2.4. Chile

The DARE team in Chile focused on their campaigns' participants. During their campaigns, they surveyed 300 participants (167 male, 126 female, average age 17.5 years) and 300 youth as control (152 male, 143 female, average age 17.0 years) during the first implementation and 194 participants (91 male, 99 female, average age 20.1 years) and 205 control youth (80 male, 117 female, average age 18.5 years) during the second implementation.

During the first implementation, the campaign participants and the control young people reported largely comparable behaviour. For example, 32% of the participants did not drink alcohol during the past three months before the intervention, versus 31% of the control. As a consequence, 32% and 29% reported 0 drinks. "Probably once" did that 23% and 26%, respectively. Drinking between 1 and 2 drinks was reported by 34% of the participants and 31% of the control on a typical drinking day. Only 2% of both groups drank 10 or more drinks. The illicit drug use was reported equally similar, with 77% of the participants and 78% of the control not using any during the past three months. Around 1% of both groups reported daily use.

During the second implementation, there was a larger variability in the data. In particular, while complete abstainers were of similar proportion, weekly users were 15% of the participants compared to 24% of the control. However, no control people reported excessive drinking of 10 or more drinks on a typical day, while 2% of the campaign participants did that. A similar difference was observed in the illicit drug use. For example, the complete abstainers comprised 65% of the participants versus 72% of the control. There were 2% of the participants who reported using drugs daily against none control people.

As a consequence of the above, it would be more justified to generalise any comparative improvements during the first campaign and not so much during the second one. Figures 4.14 and 4.15 below reveal what was the future intention to drink and use illicit drugs, the self-efficacy to control those intentions, and

whether the campaigns succeeded in influencing them. Scores ranged from 1 (every day) to 5 (never) for intention and from 20 (lowest) to 100 (highest) for self-efficacy.

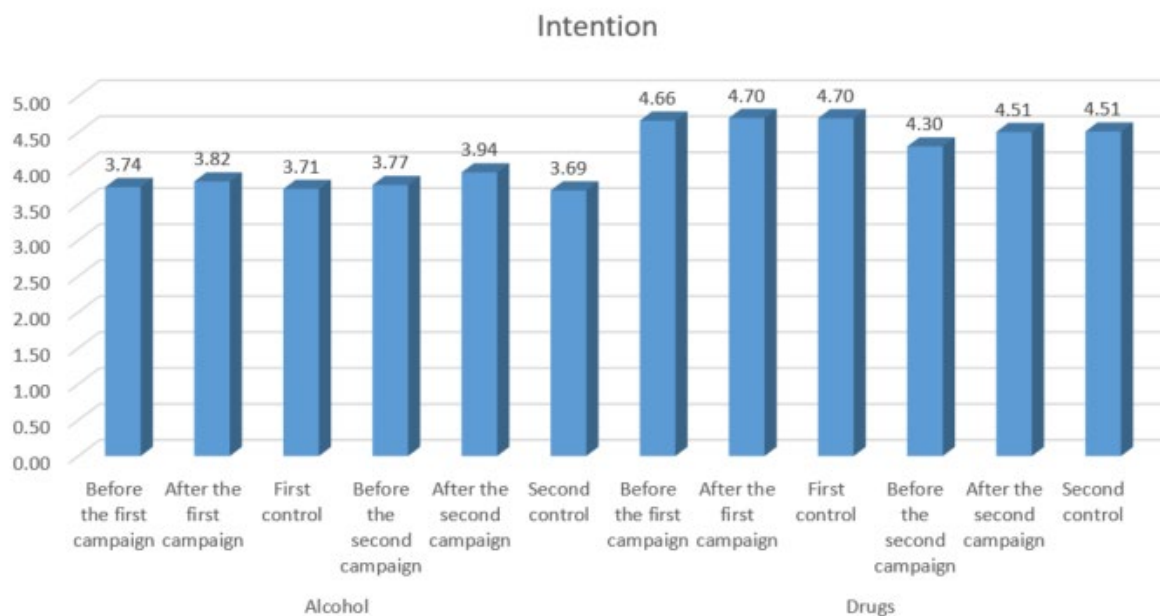


Figure 4.14. Chilean participants' and control's intention to drink alcohol and use illicit drugs before and after the first and the second campaign.

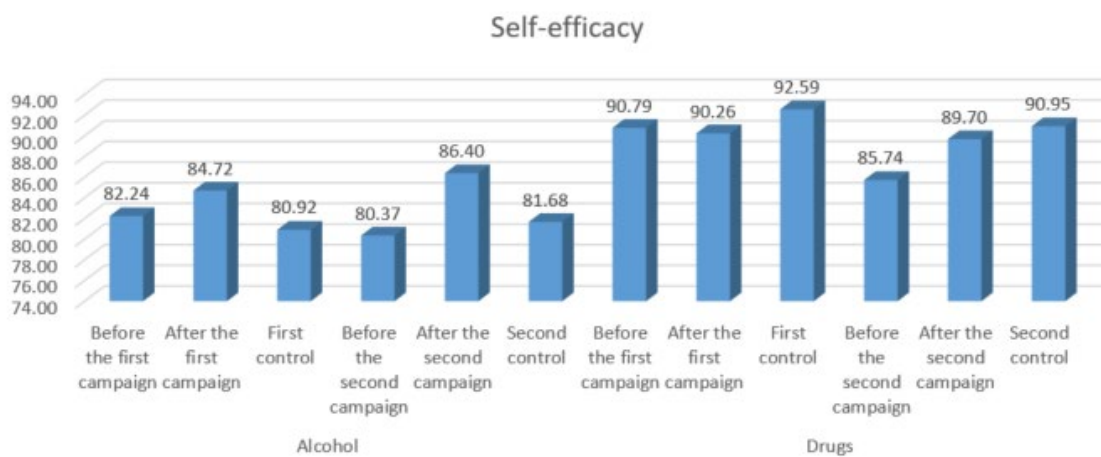


Figure 4.15. Chilean participants' and control's self-efficacy to abstain from drinking alcohol and using illicit drugs before and after the first and the second campaign.

Figure 4.14 shows largely comparable averages between the participants and the control young people, with a most notable exception in using illicit drugs intention during the second campaign. In this particular measure, we observed the largest increase in mean score, from 4.30 to 4.51, as a result of the intervention. This difference aligned with the variability of the initial scores discussed above. Despite that all intention scores changed slightly, it is notable that they all changed in a positive direction.

This positive direction was also visible in most self-efficacy scores (Figure 4.15). In those scores, the difference in using illicit drugs self-efficacy between the participants and the control group was most pronounced. Interestingly, while the first campaign seemed not to be very successful in changing those scores, the second one triggered a noticeable increase from 85.74 to 89.70. Even more pronounced is the increase in drinking alcohol self-efficacy during the second campaign. The average score increased from 80.37 to 86.40. Here, we observed control group values close to the ones of the participants' group.

The participants' group have experienced all four available simulations. During the first campaign, 110 participants reported choosing alcohol, 74 – magic mushrooms, 70 – ecstasy and 43 – cannabis. During the second campaign, 46 participants reported choosing alcohol, 63 – magic mushrooms, 50 – ecstasy and 35 – cannabis. In Table 5 below, we explore how the participants perceived these experiences.

Table 5. Chilean participants' technology scores.

Measure	First campaign (n=300)	Second campaign (n=194)
General experience with technology (out of 25)	16.81	16.35
Joy (out of 42)	23.57	24.01
Control (out of 42)	28.07	29.70
Focused immersion (out of 35)	23.49	25.57
Temporal dissociation (out of 21)	13.99	18.10
Curiosity (out of 21)	15.43	17.13
Perceived ease of use (out of 56)	42.41	42.31
Usefulness (out of 35)	23.34	20.12
Recommending the VR intervention (out of 7)	5.96	6.33

Table 5 shows that participants in the first and the second campaigns reported somewhat similar scores on average, with the most significant difference being temporal dissociation. These scores confirm that the offered experience was consistent. Notably, the VR was perceived as easy to use. Furthermore, the participants perceived the whole experience very positively, giving it high recommendation scores, 5.96 during the first implementation and 6.33 during the second.

In conclusion, the two campaigns in Chile collected feedback from a total of 494 participants and 505 control young people. The evidence pointed at the second campaign as being more effective. It might be possible that such a comparative positive effect is due to the age difference of the average participant. During the first campaign, acknowledging the issues of the lower number of participants sharing their post-intervention perceptions, the average age was 17 years, while in the second it was 20. It seems that addressing the slightly older target group delivered more benefits from the VR.

4.2.5. Ecuador

Like Bulgaria and Argentina, the Ecuadorian DARE team collected data from volunteers and campaign participants. Furthermore, they also established a control group for comparison with the latter ones.

Volunteers before their training

On 05 April 2022, the Ecuadorian DARE team trained 10 young volunteers. Their average age was 21. Six of them were male, and four were female.

The volunteers had their personal experience with drinking alcohol in the past three months but not so much with using illicit drugs. Only one volunteer reported using drug every month, while the others never did. All of them considered maintaining their reported behaviour in the forthcoming three months.

Regarding alcohol, only two volunteers reported not drinking over the past three months. In general, they also intended to maintain their drinking behaviour over the next three months. Of the people that drank alcohol, two admitted to consuming 1 or 2 drinks, four – 3 or 4 drinks, one – 5 or 6 drinks, and one – 10 or more.

On average, the volunteers scored very high on the AASES: 83 out of 100. Their score on the DASES was 90 out of 100, meaning very high control of their drug behaviour.

Volunteers after their training

The training the volunteers received to help them later implement the DARE campaigns changed the intention to drink alcohol or use illicit drugs respectively in eight and three of them. Generally, they seem to have committed to riskier behaviour, except for one female participant. Their AASES results deteriorated by 10 points, while their DASES remained the same. During the training, seven used the VR software to experience alcohol, and three – magic mushrooms.

Regarding the volunteers' general experience with technology, they considered themselves intermediate to advanced users. Their average score on the technology experience scale was 19 out of 25. When asked to evaluate their VR experience with the "3D Tripping Bike" software, they assigned the following average scores: joy (15/42), control (27/42), focused immersion (23/35), temporal dissociation (12/21), curiosity (16/21), ease of use (42/56) and usefulness (27/35). In other words, they found the simulation mostly easy

to use and useful but not particularly enjoyable. It was reasonably immersive and controllable, triggering their curiosity but not enough to lose track of time. Overall, the volunteers gave it a recommendation for use in prevention campaigns 7 out of 7.

Participants in the campaign

The Ecuadorian DARE team reported they implemented two campaigns. They collected feedback from 300 participants (169 male, 131 female, average age 20.3 years) and 271 control young people (171 male, 121 female, average age 16.7 years) during the first campaign and 300 participants (170 male, 113 female, average age 16.6 years) and 300 control young people (176 male, 120 female, average age 16.2 years) during the second campaign.

There is a considerable age gap between the participants in the first campaign and the participants in the second campaign and both control groups, suggesting the possibility of differences in the behaviour. Differences were observed. For example, only 11% of the first campaign participants reported not drinking alcohol in the past three months. The largest group, 32%, drank every month, and 37% reported drinking 1 to 2 drinks. During the second campaign, the largest group was those who drank probably once, 39%, while 25% did not drink at all. A large majority, 62%, drank between 1 and 2 drinks.

Concerning illicit drugs in the first implementation, 35% reported no usage during the past three months before the intervention, while 27% reported monthly usage. The second one reported no usage in 85% of the cases and a single use in another 9%.

The control groups were asked neither about their alcohol nor about their drug use. They, however, were surveyed about their future intention to drink and use illicit drugs and their self-efficacy to control those intentions. Figures 4.16 and 4.17 below reveal this data as well as whether the campaigns succeeded in influencing those determinants in the campaign participants, scores range from 1 (every day) to 5 (never), and self-efficacy is scored from 20 (lowest) to 100 (highest).

Figure 4.16 shows that drinking alcohol and illicit drug use intentions had the same average values after both campaigns, which was equal to the score of the second control group. Nevertheless, they started from considerably lower points, except for illicit drugs use intention during the second campaign. In all cases, however, an increase was recorded, with the most notable increase in the intention to abstain from drinking during the first campaign, from 3.52 to 4.26. We note that this was the oldest group of the four surveyed.

The similarity in average intention scores was again observed in AASES and DASES scores (see Figure 4.17). In other words, the drinking alcohol and illicit drug use self-efficacy had the same average values after both campaigns, which was equal to the score of the second control group. Similarly, increases were also recorded except for DASES during the second campaign. The most notable increase was recorded

again during the first campaign but in drugs- rather than alcohol-related measures. DASES increased from 54.59 to 75.17. We note that both AASES and DASES values seem significantly lower than those recorded in the other DARE countries.

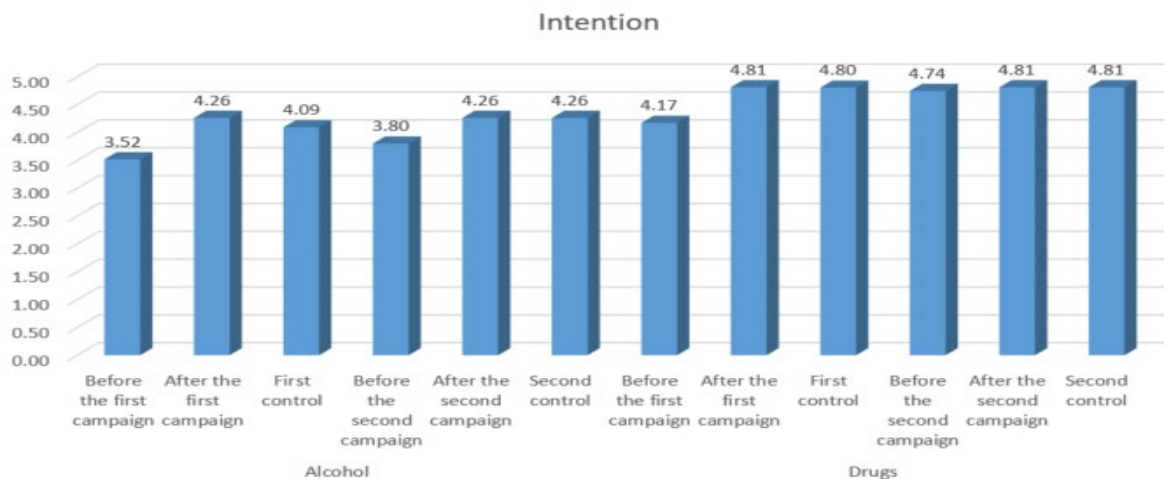


Figure 4.16. Ecuadorian participants' and control's intention to drink alcohol and use illicit drugs before and after the first and the second campaign.

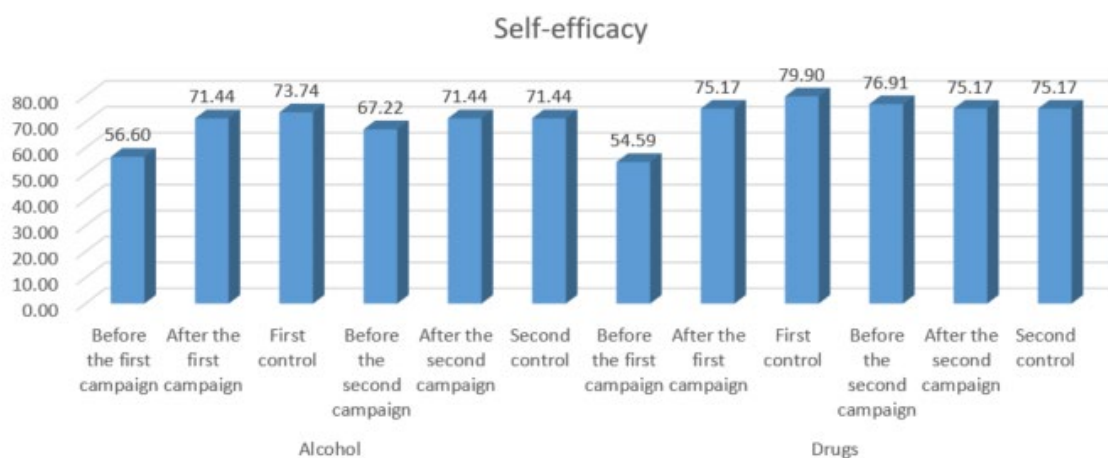


Figure 4.17. Ecuadorian participants' and control's self-efficacy to abstain from drinking alcohol and using illicit drugs before and after the first and the second campaign.

Again different than in the other countries, in Ecuador, the participants chose to experience predominantly the effects of alcohol in the VR simulation. The distribution of the choice was the same during both campaigns: 267 participants reported choosing alcohol, 16 – magic mushrooms, 13 – ecstasy and 4 – cannabis. This similarity was repeated in how the participants experienced the VR (see Table 6).

Table 6. Ecuadorian participants' technology scores.

Measure	First campaign (n=300)	Second campaign (n=300)
General experience with technology (out of 25)	17.99	17.99
Joy (out of 42)	24.56	24.56
Control (out of 42)	27.16	27.16
Focused immersion (out of 35)	22.95	22.95
Temporal dissociation (out of 21)	14.46	14.46
Curiosity (out of 21)	16.54	16.54
Perceived ease of use (out of 56)	43.62	43.62
Usefulness (out of 35)	25.23	25.23
Recommending the VR intervention (out of 7)	5.93	5.93

Table 6 shows that participants in the first and the second campaigns reported the same scores on average. This signifies that the offered experience between the two campaigns was identical. Quite expectedly, the overall score for recommending the VR intervention was the same, too, and well above the average point. Such a high score potentially reflected the massive positive changes in intentions and self-efficacy, changes unobserved in any other country.

In conclusion, the two Ecuador campaigns collected feedback from 600 participants and 571 control young people. The reported average scores showed that the first was more effective between the two campaigns. It is noted that the participants in the first campaign were four years older than the ones in the second one, indicating that DARE might be more suitable for a more mature audience in Ecuador.

4.2.6. Netherlands

The Dutch DARE partner did not collect participants' data, giving due consideration to the personal data legislation in the Netherlands.

4.2.7. Romania

The Romanian DARE team focused predominantly on the participants in their campaigns. As required by the project, two campaigns were implemented. The first one took place between 22 September and 11 October 2022. The feedback of 348 participants (192 male, 156 female, average age 18.2 years) was collected through questionnaires before they experienced the simulator. Two hundred ninety of them completed questionnaires after they experienced the simulator, too. A control group was established during the first campaign, comprising 274 young people (165 male, 109 female, average age 18.6 years). The second campaign was implemented between 13 March and 05 April 2023, collecting additional 118 participants' (43 male, 75 female, average age 18.2 years) questionnaires. Thirty of them completed their second questionnaire, too. The second control group consisted of 88 young people (41 male, 47 female, average age 18.1 years).

The close average age of the participants and the control young people between the two campaign implementations would suggest a similar behaviour. This comparability is primarily seen in using illicit drugs. During the first campaign, 92% of the participants and 91% of the control group reported they never tried illicit drugs during the past three months before the intervention. During the second campaign, the respective percentages were 95 and 84, showing a much larger variability.

Such variability is more clearly seen in alcohol consumption. During the first campaign, 54% of the participants and 48% of the control reported they did not drink alcohol in the past three months. Respectively, 1% and 6% did so every day. The respective numbers during the second campaign were 47%, 42%, 0 and 3%. At both times, participants reported having predominantly 1 to 2 standard drinks: 78% during the first campaign (79% for the control) and 85% during the second one (only 64% for the control).

Figures 4.18 and 4.19 below reveal what was the future intention to drink and use illicit drugs, the self-efficacy to control those intentions, and whether the campaigns succeeded in influencing them. Scores ranged from 1 (every day) to 5 (never), and self-efficacy was scored from 20 (lowest) to 100 (highest).

Figure 4.18 shows mixed results: some improvement in drinking alcohol intention during the first campaign and using illicit drugs intention during the second campaign. At the same time, there is some deterioration in using illicit drugs intention during the first campaign and drinking alcohol intention during the second campaign. Overall, the average scores of the control group seem to be lower than those of the campaign participants, casting some doubt about how representative they are of the general population. Further difficulties in assessing the campaigns' impact are introduced by fewer participants who supplied post-intervention data. Nevertheless, the participants' averages are all above 4, meaning that, in general, the young people's intention was never or only once to drink alcohol or use illicit drugs.

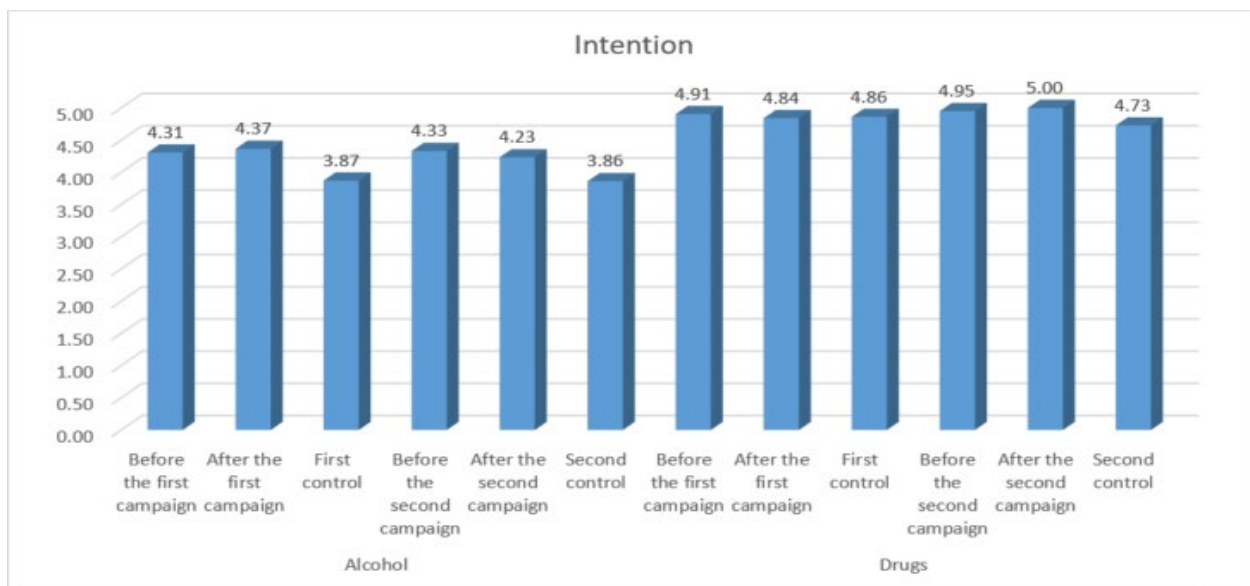


Figure 4.18. Romanian participants' and control's intention to drink alcohol and use illicit drugs before and after the first and the second campaign.

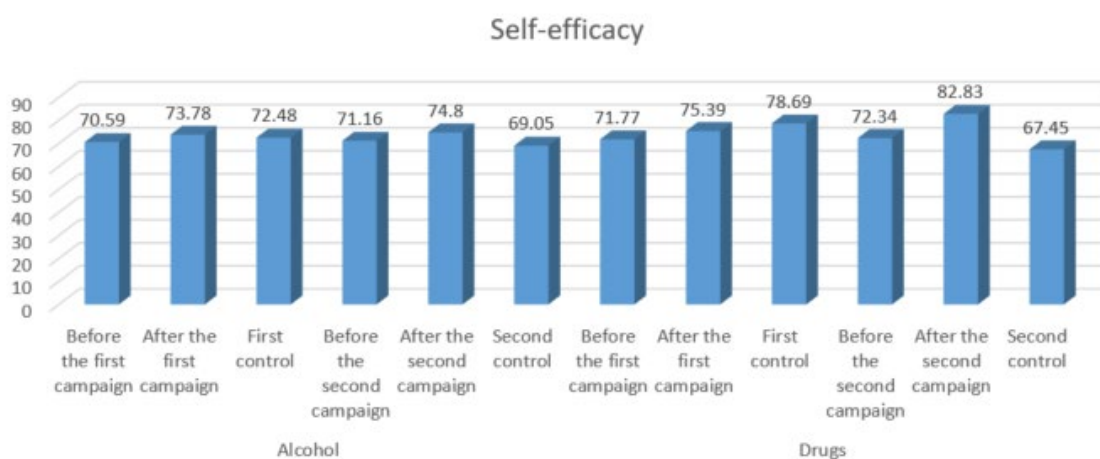


Figure 4.19. Romanian participants' and control's self-efficacy to abstain from drinking alcohol and using illicit drugs before and after the first and the second campaign.

Figure 4.19 shows more positive effects. All self-efficacy scores increased following the participants' VR experience. The most notable increase was recorded in drugs self-efficacy during the second campaign, from 72.34 to 82.83. The positive effect is confirmed by the rise in alcohol self-efficacy, too, from 71.77 to 75.39. At the same time, those effects should be regarded in the light of the sample size issues discussed in relation to intention above, namely that the control scores seem significantly different than the participants' one and that the response rates were much lower after the VR experience.

The result may also be influenced by the chosen experience itself. During the first campaign, 141 participants reported choosing alcohol, 97 – magic mushrooms, 29 – ecstasy and 23 – cannabis. The respective numbers during the second campaign were reported as 20, 8, 2 and 0. In Table 7 below, we explore how the participants perceived these experiences.

Table 7. Romanian participants' technology scores.

Measure	First campaign (n=290)	Second campaign (n=30)
General experience with technology (out of 25)	16.00	15.13
Joy (out of 42)	23.07	23.33
Control (out of 42)	22.97	22.57
Focused immersion (out of 35)	18.29	17.80
Temporal dissociation (out of 21)	11.72	10.73
Curiosity (out of 21)	11.52	11.77
Perceived ease of use (out of 56)	31.63	29.67
Usefulness (out of 35)	19.34	18.53
Recommending the VR intervention (out of 7)	3.99	3.97
General experience with technology (out of 25) of the Control group	16.20	16.17

Table 7 shows that participants in the first and the second campaigns reported very similar scores on average. This signifies that the offered experience between the two campaigns did not differ much from the participants' perspective. Their general experience with technology was also like the control groups' one. The overall score for recommending the VR intervention was above the average, potentially reflecting the positive changes observed with regard to self-efficacy.

In conclusion, the two Romanian campaigns collected feedback from 466 participants and 362 control young people. The evidence shows that the two campaigns seem to have been comparably effective, with some indication that the second one was more so. Acknowledging the issue of the lower number of participants sharing their post-intervention perceptions, it seems that the Romanian team has improved their delivery over time and did somewhat better during their second implementation. In the case of Romania, it may be beneficial if the team focuses further on influencing participants' intentions, as it seems self-efficacy was better addressed.

5. In-depth analyses

As part of the DARE methodology, the partnership was expected to develop two scientific journal articles. Those articles applied a robust theory-grounded methodology and explored some data available at the time of their development. They were submitted for publication on 03/03/2023. The first one was submitted to the Journal of Ethnicity in Substance Abuse under the title "*Alcohol and illicit drugs: Prevalence and predicting adolescents' behaviour in Argentina, Bulgaria, Chile and Romania*" (see Appendix 1). The second one was submitted to Virtual Reality & Intelligent Hardware under the title "*Virtual reality, drugs and alcohol: A real-world intervention in Argentina, Bulgaria, Chile and Romania*" (see Appendix 2).

Through the analyses developed in those articles, the DARE partners were able to learn more about their target group and how their work impacted them. In particular, they discovered the following:

- a) The Theory of Planned Behaviour (TPB) predicted statistically significant amounts of variance in drinking alcohol (between 61% and 72%) and using illicit drugs (between 20.3% and 74.4%). Intention was a significant predictor of both behaviours, while evidence for self-efficacy, age and gender was mixed. (Details are available in Appendix 1.)
- b) Evidence for statistically significant VR intervention effects was observed in the intention to drink alcohol and self-efficacy in abstaining from drinking alcohol and using illicit drugs. No effects were found on the intention to use illicit drugs. In addition, the model predicted a significant amount of technology endorsement variance (79%), with minor benefits found in extending the employed Technology Acceptance Model (TAM). Perceived ease of use and usefulness were the strongest significant predictors. (Details are available in Appendix 2.)

6. Conclusions and recommendations

6.1 General project implementation conclusions

The DARE project was implemented within two years and five months, including a six-month suspension due to the Covid-19 pandemic. The Covid-19 restrictions represented a major obstacle to the DARE implementation. Because of them, some cornerstone activities were not implemented as initially intended and planned. Such an activity was the youth workers' mobilities, which were expected to build capacity internally within the partnership and externally with other stakeholders. To minimise the impact of adverse events, the project partners adopted a flexible and agile approach to implementing the project. For example, with the European Education and Culture Executive Agency's (EACEA) approval, they implemented the youth workers' mobilities as a virtual activity. This report presented the results of the project activities.

All activities were implemented according to the project plan and the DARE project was successfully finalised. The quantitative targets for the measurable indicators were widely achieved. The target values for

some of them were partially met. For example, the media outreach target was achieved at 22%, with only one country (Bulgaria) reaching the initially planned audience (1,075,160 people). This limited success may be largely due to the Covid-19 restrictions and the overwhelming presence of the pandemic in the news.

Other targets were overachieved. For example, the National Conferences involved 409 people, with 350 being the target. This achievement is 17% more than the plan. It is largely due to the Chilean partner involving 114 people in their Conference.

Aligned with the Erasmus+ Programme (Capacity Building in the field of youth) objectives, the project successfully involved young people and youth workers at all stages of implementation. 99 (100% on target with variations between the involved countries) young volunteer multipliers and youth workers were trained in Europe and South America. 4,228 (slightly more than the planned 4,200) young people directly participated in the two rounds of campaigns the project partners implemented in their countries: Argentina, Belgium, Bulgaria, Chile, Ecuador, the Netherlands and Romania.

In summary, the DARE formative evaluation assessed the project activities as successfully implemented. In addition to this approach, the project partners collaborated in a summative assessment of the project's impact on the involved young people.

6.2. *Specific project impact conclusions*

From the beginning, the project partners were equipped with the tools needed to evaluate the impact of their activities on the young people they were to involve. Those tools represented theory-informed questionnaires. As discussed in Section 3 above, the Self-Efficacy Theory (Bandura, 1977) was selected as a theoretical framework for the impact evaluation. Further details of the rationale behind the choice of theoretical underpinning are included in Appendices 1 and 2.

Unfortunately, due to experienced constraints, such as privacy considerations, not all partners were equally successful in collecting data for the summative evaluation. In particular, five of the seven project partners could do that. Details on the specific findings for each separate country are presented above, in Subsection 4.2. However, the general conclusion is reasonably expected, i.e., no one-size-fits-all solution exists.

The campaigns worked differently in the partner countries. That is why the adopted approach of allowing each partner to adapt the available tools to their contexts seems to have been beneficial. As a result, each partner is able to draw tailored conclusions, cross-referencing their specific approach, the local context and the results revealed by the data. For example, what worked well for drugs use prevention in Romania, might not have delivered the same results in Chile, and vice-versa.

Considering the above, it seemed that across the reports, the campaigns had a higher impact on:

1. The alcohol-related measures in comparison with the drug-related ones, and
2. The self-efficacy measures in comparison with the intention ones.

Those two conclusions are largely supported when the results are compared to data from control young people, i.e. young people that did not participate in the campaigns. At the same time, there is no consistent evidence that the second campaign implementations were more impactful than the first ones. There was an implicit expectation that they would be due to the partners and their teams becoming more experienced and learning from their experience. However, they may also have tried new or different approaches, which may have led to different outcomes. Regardless, each partner would be aware of the nuances in their implementations and draw practical conclusions as to why the result was one in one case and another in the next one. Unaware of all those nuances, from the perspective of the project evaluation, we were able to establish evidence for three important conclusions that shall help the project partners plan their future projects and interventions:

1. Intention was a significant predictor of both drinking alcohol and using illicit drugs. The evidence for self-efficacy, age and gender was mixed. This result might be due to the large differences in the cultural contexts in which the partners operated. However, intention seems to be a common target to be influenced across jurisdictions.
2. The VR interventions significantly affected the young people's intention to drink alcohol and self-efficacy in abstaining from drinking alcohol and using illicit drugs. However, they did not affect intention to use illicit drugs. This result might be due to the low intention amongst the participants to use illicit drugs in the first place. Thus, focusing on measures with more room for change might be a future consideration in planning new activities.
3. Perceived ease of use and usefulness were the strongest determinants of the participants' endorsement of the VR technology. Interestingly, other factors, such as previous experience, did not show the same effect. Thus, working on the VR being easy to use would be beneficial for increasing its impact on users.

Details supporting the above conclusions are available in Appendices 1 and 2.

6.3. Recommendations

Despite the successful project implementation, the large amounts of collected data and the useful conclusions we were able to make, the DARE project partners may wish to consider some recommendations for their future work. It will be a waste not to build on their success, and they have a chance to make their projects and interventions even more impactful. The capacity for this improved impact shall be sought internally in the consortium rather than externally. Derived from the DARE partners' achievements, the following three recommendations can be made:

1. Focus on media outreach and subsequently collect samples. Despite the Covid challenges, the Bulgarian partner succeeded in reaching its target for media outreach. In the consortium's next project, it should be designated media activity leader. It may lead workshops and trainings for the other partners at the

beginning of the project. It may also dedicate human resources to help the other partners reach their objectives during the project implementation.

2. Expand on community events and outreach. With the Chilean partner being able to involve 114 participants in their National Conference, it is the natural leader for this activity type in the next project. Similar to the media approach, it may lead workshops and trainings for the other partners at the beginning of the project, dedicating a youth worker to help them when organising conferences is due.
3. Collect data from all participants. Although data collection requires additional resources during an intervention, it is an invaluable resource for continuous improvement and expanded outreach. The partners who were able to collect quality data in DARE will benefit from both. First, they will know more about their work and how little changes impact outcomes in a bigger way. Second, they already have two articles as evidence-based output, upon which they can tailor their future work. In DARE, working with an external evaluator seems to have been beneficial. In a future project, a higher level of engagement with them may yield better results, even for the partners that faced challenges in the current project.

Based on the above three recommendations, the overall recommendation for the DARE consortium is to maintain the momentum, build on their experience and seek other opportunities to work together.



Test para Grupo Simulación 2

Le agradecemos por su participación en este proyecto.

- Este Test consta de 5 secciones con declaraciones breves en cada una.
- Lea cuidadosamente cada declaración y decida cuál lo describe en forma más acertada.
- Seleccione una sola respuesta a cada declaración.
- SEA HONESTO CONSIGO MISMO.
- Este test es anónimo.



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