

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS FOR YOUTH IN SMALL SPANISH MUNICIPALITIES: COPING WITH RESOURCE LIMITATIONS

JUAN CARLOS VALDERRAMA, SILVIA TORTAJADA, LOURDES ALAPONT, ANTONIO VIDAL, M<sup>a</sup> JOSÉ PÉREZ, MIGUEL CASTELLANO, JOSEFA GÓMEZ, RAFAEL ALEIXANDRE, ROBERT T. TROTTER II

*This study evaluates the drug abuse prevention needs for Spanish youth in municipalities with a population below 7,000 inhabitants in the province of Valencia, Spain. The primary goal of the project was to generate policy and to identify possible courses of drug prevention in these towns. The project utilized the basic RARE model. Grounded Theory was used to frame the qualitative analysis. Interviews with local cultural experts provided strong evidence that many specifically mandated prevention needs are not adequately covered in small municipalities. The data emphasizes the ways in which young people are critical of the prevention actions directed at them. The recommended programs emphasize (1) joint actions using youth networks, (2) educating parents to take an active role in the prevention chain, (3) extending the range and availability of leisure activities, and (4) making sure that the information campaigns are adapted to the interests of young people.*

### INTRODUCTION

The Province of Valencia, Spain, is the largest of the three provinces that comprise the Autonomous Region of Valencia: Castellon, Valencia, and Alicante. Valencia is

**Juan Carlos Valderrama**, Ph.D., is a professor at the Instituto de Historia de la Ciencia y Documentación López Piñero, Universitat de València – Consejo Superior de Investigaciones Científicas (CSIC) (Spain). **Silvia Tortajada** is a psychologist who works as a researcher at CSIC. **Lourdes Alapont** is a psychologist who works as a community drug abuse prevention worker (Spain). **Antonio Vidal** is a psychologist who works as a researcher in the Fundación de la Comunidad Valenciana para el Estudio, Prevención y Asistencia a las Drogodependencias (Spain). **M<sup>a</sup> José Pérez** works as a researcher at the Universitat de València. **Josefa Gómez**, Ph.D., is a professor in the School of Sociology, Universitat de València. **Rafael Aleixandre**, Ph.D., is a scientist at CSIC. **Robert T. Trotter II**, Ph.D., is a regents' professor in the Anthropology Department at Northern Arizona University (U.S.).

VALDERRAMA, TORTAJADA, ALAPONT, VIDAL, PÉREZ, CASTELLANO, GÓMEZ, ALEIXANDRE, TROTTER

strategically located at the center of the Spanish East Mediterranean coast, opposite the Balearic Islands and just 350 kilometers from the two major Spanish cities, Madrid and Barcelona.

The Spanish federal government has established a number of governmental mandates that are designed to promote and support community-based drug prevention programs for Spanish youth. Government sponsored prevention programs are distributed throughout the Spanish provinces based on municipal demographics and perceived need. In Valencia, the mandated social programs and drug prevention resources are exclusively located in towns with more than 7,000 inhabitants, leaving a proportion of the population without local services. The province of Valencia has a total population of 2,201,200 inhabitants, 15.6% of whom live in towns with less than 7,000 people. The distribution of small municipalities is identified in Table 1.

TABLE 1  
DISTRIBUTION OF SMALL TOWNS

Comarca	Total Population	Total Towns	Towns Fewer Than 7,000 Habitants	%
Racó d'Ademús	2,920	7	7	100
Els Serrans	17,263	19	19	100
Camp de Túria	99,083	16	10	62
Camp de Morvedre	73,696	16	15	93
L'Horta	1,350,653	44	15	34
Plana d'Utiel	37,866	9	7	77
Foia de Bunyol	33,800	9	6	67
Vall de Cofrents	10,470	7	7	100
La Ribera Alta	199,236	35	26	74
La Ribera Baixa	71,824	11	9	81
La Canal de Navarrés	16,058	8	8	100
La Costera	65,723	19	17	89
Vall d'Albaida	81,844	34	32	94
La Safor	140,764	31	28	90
Total	2,201,200	265	206	77.7

(\*Comarca: Administrative division comprising a cluster of cooperating municipalities)

Comparing the map of service resources with the distribution of small municipalities indicates that there are broad areas in which rural and small town areas predominate in Valencia. These regional variations produce environments in which young people do not have the same access to drug prevention resources or leisure activities that would reduce the prevalence of drinking or drug experimentation as do their urban contemporaries.

The Spanish Youth Report for the year 2000 (Martín & Velarde, 2000) provides critical baseline evidence on the alcohol, drug, and addiction prevention needs of Spanish youths. Amongst a large number of findings, members of the *Diputació de Valencia*, an assembly of city councils in Valencia, found that the information about young people's use of leisure space in private and public contexts was a

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

critical area for targeting an investigation of prevention needs and understanding any gaps between current services and current needs. The report demonstrates that in private space (especially at home), watching television is the most popular activity for young people (88.9%), while in public space, the activities of young people are centered around their relations with other youths and adults. They predominantly use urban public spaces (parks, gardens, and streets) as a significant part of their leisure activities and socialization process. However, their developing relationships with friends, and eventually with a partner, begin in enclosed public spaces – specifically, in bars, clubs and discotheques (Martín, 2002). Socializing, especially on the weekend, is the primary time when most young people acquire and exercise their own identity through social experimentation (National Institute on Drug Abuse, 2000a). It is also during the weekend when young people frequently consume drugs; 43% of young people between the ages of 14 and 18 who have consumed alcohol within the last 30 days did so at the weekend (Plan Nacional sobre Drogas, 2002). This consumption has two key characteristics. The first is that the bulk of alcohol and drug consumption occurs predominantly in “leisure zones,” (outdoor and indoor areas where people congregate to have a good time, including parks, restaurants, bars, clubs, etc.). In some cases this social process produces the phenomenon of the “botellón.” The botellón phenomenon usually starts as group of adolescents or young people who are friends buying alcoholic beverages in a supermarket or outlet and then engaging in the outdoor consumption of alcohol in public places, such as parks, disco parking lots, or isolated areas. The core group is often joined by other friendship groups and grows in size as the party progresses. Second, in Spain, young people between 15 and 24 give “sensation seeking” as the most common reason given for experimenting with drugs (67.5%), while for other Europeans it is curiosity (61.3%) and group pressure (46.4%) followed by the search for sensations (40.7%) (The European Opinion Research Group, 2002). This difference in experimentation versus curiosity is one of the cultural differences that created a concern for learning more about the leisure-based use of alcohol and drugs in Valencia.

There have been a number of actions aimed at generating alternative drug abuse prevention programs in recent years, at both national (Comas, 2000) and international (Carriona & Stewart, 1996) levels. These programs are usually aimed at the juvenile and adolescent population, since risk factors for initiating the consumption of drugs are concentrated in these age groups (Becoña, 1999). Critical Spanish studies have shown that time spent in positive leisure activities enables young people to assimilate healthy values and habits (Martínez, 1998). Therefore, the Spanish research evidence and local governmental policy supports the ideal that every prevention program developed in Valencia should include the healthy use of leisure time (Melero, 2001),

the reduction of the risks associated with the consumption of drugs (Barendregt, 2000), and the prevention of risky behavior associated with drug use. This evidence also supports the ideal of beginning drug and alcohol prevention programs in elementary school years and continuing them through adolescence (National Institute on Drug Abuse, 2000b) utilizing an integrated approach (Fernando, 1999).

Unfortunately, many of the leisure activity programs found in larger towns are not available in the rural and small town areas of Valencia. There are several governmentally sponsored drug prevention programs currently carried out in public schools (Alonso, 1996) that are aimed at promoting protective factors for individuals to reduce or eliminate the consumption of drugs. The framework for these school-based initiatives is to integrate these issues into the overall health education efforts for public schools. Spanish educational legislation supports these prevention efforts as a cross-curricular subject within public education (Ley orgánica de Ordenación General del Sistema Educativo [LOGSE], 1990). As an example in the Autonomous Region of Valencia, 74.69% of students in secondary education (12-16 years) participated in school prevention programs during the academic year 2000-2001 (Generalitat Valenciana, 2002). However, these measures miss nearly one quarter of the population and may not be effective enough to achieve some of the basic prevention objectives mandated by law, especially in the private or informal venues where young people predominantly develop (Porras, 1994) their primary social skills and spend the majority of their time outside of school contexts. If appropriate programs are not available within this leisure time context, then policy makers and prevention specialists feel that there may be problems achieving the prevention and intervention goals for Spanish alcohol and drug addiction prevention programs as a whole.

As a result of these preliminary findings and concerns, the *Diputación de Valencia* identified a potential gap in existing prevention services in the region. They noted that youth in provincial towns with more than 20,000 population have mandated services that are the responsibility of the prevention programs funded by their city halls. In towns with fewer than 20,000, the responsibility for funding and program development belongs to the *Diputación Provincial de Valencia* (city hall of all the city halls in the province). However, municipalities with fewer than 7,000 inhabitants constitute a serious potential gap group, because they did not have any specifically mandated prevention or intervention services provided to them or incorporated in their municipal resources, and it is assumed that youths in these municipalities will receive prevention services from nearby larger towns. Therefore, the *Diputación de Valencia* authorized and provided the resources necessary to conduct a rapid assessment of the drug and alcohol prevention service needs of these numerous small towns, to determine what services were needed, where they should be located, and

## RAPID ASSE

whether o  
on preven  
rapid asse  
experienc  
understan  
in small to

## METHOD

The pi  
leisure ne  
the Provin  
in both pu

The R:  
& Rhodes  
organize c  
of doctors  
Several m  
the applic  
constitute  
workers v  
condition  
7,000 inh:  
of the cor  
assessme  
expand a  
procedur

## QUANTITAT

Quant  
data. The  
intercept

## TELEPH

The te  
employe  
telephone  
or, if the  
administ  
This inte

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

whether or not larger municipalities near the small ones might be filling the gaps on prevention activities for youth, despite the lack of services in these towns. The rapid assessment project was subsequently designed to explore both the policy level experience of officials and key residents of these municipalities and to explore and understand the perspective of the youth experience and view of prevention needs in small towns.

### METHOD

The primary aim of this study was to evaluate the prevention and alternative leisure needs of young people in municipalities with less than 7,000 inhabitants in the Province of Valencia, to generate possible policy actions and prevention activities in both public and private spaces utilized by adolescents in those towns.

The Rapid Assessment, Response and Evaluation (RARE) model (Stimson, Fitch, & Rhodes, 1998; Trotter II, Needle, Goosby, Bates, & Singer, 2001) was used to organize data collection for the study. A multidisciplinary team was created made up of doctors, psychologists, sociologists, social workers and social science specialists. Several members of the team were experts in RARE methodology and trained in the application of the various qualitative and quantitative analytical techniques that constitute the primary data collection strategies for this type of project. The field workers were trained in observation and mapping. This study evaluated prevention conditions in the 206 municipalities in the Province of Valencia with fewer than 7,000 inhabitants. A survey was conducted to explore policy level information for all of the communities, complemented by a qualitative case study (rapid ethnographic assessment) of eight representative communities, to provide in-depth detail to expand and complement the quantitative information. The mix of techniques and procedures used for gathering information were as follows:

#### QUANTITATIVE TECHNIQUES

Quantitative instruments were utilized to collect two forms of critical quantitative data. These included a telephone survey of municipal representatives, and a street intercept survey of Spanish youth.

#### TELEPHONE INTERVIEW

The telephone interviews were targeted at collecting data from one key municipal employee in each of the 206 municipalities under 7,000 people. A total of 205 telephone interviews were carried out.<sup>1</sup> As first choice, the mayors were interviewed, or, if they were not available, a key municipal representative (social workers or administrative staff<sup>2</sup>) were interviewed as representatives of the local government. This interview was designed to provide the local municipal perspective on youth

drug consumption and the behaviors associated with this phenomenon. The interview consisted of six questions that combined closed questions (yes-no or multiple choice) with open ended free listings of resources or conditions if the answers were affirmative.<sup>3</sup> The interviews lasted between 10 and 15 minutes, on average.

*RAPID ASSESSMENT SURVEYS*

Complementary quantitative data was collected during the rapid assessment project using a survey of youths sampled in public spaces during the rapid assessment project. These surveys elicited the opinions of young people concerning the consumption of drugs and drug abuse prevention. The questionnaire was formatted with six questions (with both open- and closed-ended elements), based on ethnographic conversations with the youths and the information desired by *Ayuntamiento de Valencia*. The questions explored whether or not adolescents felt they had sufficient information about drugs and drug use (to protect themselves), whether or not they knew of and used resources available to them, where they received the information they did have about drugs, and what they felt were the most important elements of drug prevention programs that they and other youths needed to prevent drug related problems.<sup>4</sup> The survey was carried out in the leisure zones of the targeted municipalities where the youths were congregating in one of the key public spaces for that municipality. The duration of the questionnaires was between 10 and 15 minutes. A total of 354 questionnaires were completed by young people aged between 15 and 24. The following table provides a demographic breakdown of the respondents (Table 2).

TABLE 2  
DEMOGRAPHICS OF YOUTH INTERVIEWED IN RAPID ASSESSMENT SURVEYS

Town	Total Interviews	Gender		Mean Age	Did Not Finish Primary School	Education Level			
		Male n (%)	Female n (%)			Primary School Completed	Secondary School Completed	FP*	College
A	32	19 (59.4%)	13 (40.6)	19.09		9	13	6	4
B	52	29 (55.8%)	23 (44.2)	19.87		10	17	11	15
C	33	22 (66.7%)	11 (33.3)	17.52	2	5	17	7	2
D	66	32 (48.5%)	34 (51.5)	19.95		6	26	20	14
E	47	15 (31.9%)	32 (68.1)	18.21	1	3	26	8	9
F	52	27 (51.9%)	25 (48.1)	18.77	5	10	22	7	8
G	33	26 (78.8%)	7 (21.2)	18.50	1	7	17	5	2
H	37	14 (37.8%)	23 (62.2)	19.73	4	8	9	6	10
TOTAL	352	184	168	19.09	13	58	147	70	64

\* Formación profesional: vocational skills training such as electrician, plumber, secretarial.

RAPID A

QUALIT

The groups descrij empiri

Fou

that es

of a lei

comm

20,000

health

to leisi

selecte

of thes

data fe

of inst

popula

separat

cases)

other d

The de

as homi

a contr

EXP

Mu

selecte

who li

that oc

KEY

An

expert:

to pers

useful

or neg

with th

45 and

WINTER

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

### *QUALITATIVE TECHNIQUES*

The qualitative techniques combined the use of key informant interviews, focus groups, mapping, and direct observation to produce eight representative in-depth descriptions of the range of communities that define the conditions and provide the empirical evidence for the recommendations that resulted from this study.

Four key characteristics were defined from the quantitative and qualitative data that established the case study subsample. These were (1) the presence or absence of a leisure zone (concentrated area including parks, bars and restaurants, and other commercial leisure activities), (2) the proximity of an urban nucleus (more than 20,000 inhabitants), (3) the presence or absence of community based social and health resources, and (4) movement of young people from the small municipality to leisure zones in nearby towns. The final eight representative communities were selected to allow a comparison and contrast between the presence and absence of these four characteristics, based on an analysis of the key socio-demographic data for the municipalities, combined with the results of the telephone interviews of institutional representatives of all the municipalities that make up the study population. Two municipalities were selected from each of four geographically separate but representative areas (to allow a more geophysical representation in the cases) in such a way that one fulfilled one of the characteristics described and the other did not, in order to allow a comparison to be made between the case locations. The design also strongly attempted to keep all of the other conditions of these towns as homogeneous as possible, to reduce any problems that might occur in conducting a contrasting and comparative study of the rapid assessment issues in each place.

### *EXPLORATORY OBSERVATION AND MAPPING*

Multiple observations were carried out over the course of two weekends in each selected municipality. This data recorded identified key characteristics of the people who live in this kind of municipality, the places they frequent and the situations that occur daily.

### *KEY INFORMANT INTERVIEWS*

An open and semistructured interview was carried out with a local cultural expert (key informant) in each of the selected municipalities. By experts, we refer to persons preferably responsible for health or educational resources to provide new, useful information concerning the problem in question, or confirm, in the positive or negative sense, information previously obtained, since they are in daily contact with the problems of the municipality. The duration of the interviews was between 45 and 70 minutes.

**FOCUS GROUPS**

Four groups of between five and nine persons were formed. Table 3 provides details on the characteristics of the groups. The group interviews concentrated on exploring what young people thought about drugs, drug use, drug abuse prevention and leisure activities. The duration of the groups was between 50 and 80 minutes, ending when the information concerning the theme had been exhausted. All interviews were recorded on tape and later transcribed. Using triangulation, the results of all the techniques used in the research were combined (Morse, 1991).

**TABLE 3**  
CHARACTERISTICS OF THE PARTICIPANTS IN THE FOCUS GROUPS

	Gender	Age	Education Level of Participants	Sample selection
FG1	4 males and 4 females	19-21	7 second cycle college students, 1 first cycle college students	Selected during field work among those who completed the RAS*
FG2	9 females	18-22	5 second cycle college students, 2 first cycle college students & 2 workers	
FG3	6 males and 1 females	14-17	High school students	Selected by local experts who carried out the key informant interviews
FG4	2 males and 4 females	15-17	High school students	

\*RAS=Rapid Assessment Surveys

**DATA ANALYSIS**

**STATISTICAL ANALYSIS**

The analysis of the information from the quantitative techniques was carried out using the SPSS.<sup>5</sup> The results are presented in the form of frequencies and averages. A bivariate analysis of association was carried out between the relevant variables of the study (consumption of drugs, leisure zone, and prevention activities or concepts). The statistical significance was  $p < 0.05$ .

**QUALITATIVE ANALYSIS**

The analysis procedure was based on current rapid assessment models (Needle et al., 2003), including the constant comparative methods and grounded theory approaches. The strategy for the development of the key concepts and themes established in the study is the Constant Comparative Method (CCM) (Taylor & Bogdan, 1987), which was used to encode and analyze data simultaneously in order to develop the findings and eventual recommendations.

**RESULTS**

Part of the Rapid Assessment data focused on when youth began drinking, where they drank and the basic reasons for drinking. Other data focused on the prevention

RAPID ASSE

efforts dir  
cases the

THE EXTEN

The fo  
to drugs, 1

Y  
le  
pe  
ar

The yo  
variously  
the youth  
The moda  
themselve  
of 12 or 13  
people and  
parks, stre  
illegal sub  
ecstasy), a  
accessible  
swimming  
stated, "the  
like in the

On wee  
use activiti  
of substan  
discothequ  
of all subst  
summarize

MISSING PR

The mu  
municipali  
and even n  
youths. Sta  
is positive  
( $p < 0.01$ ).

WINTER 2006

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

efforts directed at youth and the need for refinement of those programs, or in some cases the development of new ones.

### THE EXTENT AND NATURE OF YOUTH DRUG USE

The following representative quotes provide a cultural view of youth exposure to drugs, from the inside perspective of youth:

Young people of 14 to 17, 18 years old, what they do is start leisure activities to become autonomous, independent, confident people, and that is always reduced to going to places of leisure and drinking.<sup>6</sup> (I.6<sup>7</sup>)

The young people, between 15 and 24 years old, who live in these municipalities variously consume alcohol, tobacco, cannabis, and synthetic drugs (primarily what the youth call "pastilles" or pills, which are predominantly "ecstasy" or MDMA.). The modal age of initiation is around 12 or 13, which is recognized by the youths themselves in their interviews. Many stated "consumption begins at about the age of 12 or 13 – they begin with joints and drink" (I.8). In larger municipalities, young people and adolescents consume cannabis and alcohol mostly in parks, squares, car parks, streets, and open spaces. During the week, the most frequently consumed illegal substance is cannabis, while on the weekend alcohol and pills (mainly ecstasy), are also consumed. In the smaller towns the gatherings occur in locally accessible but somewhat secluded places: "They get together in a wood near the swimming pool normally to smoke joints and to drink" (I.8). Another respondent stated, "there's no need for the 'botellón' as there might be in a city. They aren't like in the city" (I.2).

On weekends there is often a general change in the frequency and type of drug use activities. While alcohol and cannabis consumption continues, the consumption of substances such as cocaine or speed was observed in the toilets of bars and discotheques or other more secluded spaces. A general increase in the consumption of all substances was observed on the weekends, during the study. One young person summarized it this way: "one takes more at the weekends" (I.8).

### MISSING PROGRAMS

The municipal representatives surveyed generally admitted (58%) that their municipality had a youth problem associated with the consumption of drugs, and even more (75.1%) stated that their prevention needs were not being met for youths. Statistically, the existence of problems related to the consumption of drugs is positively correlated with the lack of prevention actions in these municipalities ( $p < 0.01$ ). Thus the qualitative data is complemented by the details of the qualitative

VALDERRAMA, TORTAJADA, ALAPONT, VIDAL, PÉREZ, CASTELLANO, GÓMEZ, ALEIXANDRE, TROTTER

data and provides a better understanding of both the size, and the nature of the prevention problems for these types of municipalities.

#### INFORMATION AND PREVENTION

The young people who were interviewed generally stated that they felt they were receiving information about drugs (92.1%), but at the same time 37.7% stated that the available information was insufficient for their needs. Television (47.9%) was the most common source of information identified by young people in terms of prevention, followed by their peer group (36.2%), "life experience" (35.9%), and the family (17.2%). One youth said, "I get most of the information from the street, as well, from the telly" (FG1:3). However, even with these levels of exposure, the information transmitted by the drug dependency prevention campaigns in Spain is seen as remote and not fully relevant to youths. Young people do not identify with many of the messages. One stated, "Well, you get information on the telly, but sometimes you see it and say: 'That's not true'. If you see the person who's taking it, see how he's different on the telly ... I see it very differently in reality from how they show it in adverts..." (FG1:3). Many youths consider the campaigns too aggressive and too preoccupied with the negative consequences of consumption of substances. It's not drugs themselves, but their consequences, their abuse, the adulteration..." (FG1:24). Other comments from the qualitative interviews provided more detail on their views. Various youths stated "There is a saturation of information, the messages are considered ineffective. Young people find them boring, repetitive" (I.1). There was a general consensus that the youth take the most notice of the information that comes from their own peer group and from relevant adults. One statement was that drug information "must be accompanied by the figure of an adult that has some social relevance for them ... if they like that teacher because he's great, and is on their wavelength, then his opinion will have weight" (I.2). Table 4 provides information types and the frequency of activities that youth engage in during their leisure time. Individuals could indicate participation in multiple activities, so the percentages indicate youths that engage in a particular activity, rather than the percentage of time devoted to that activity.

Youths do not have a monolithic view of the kind of messages they need or the approaches to communication about drugs that they feel would be effective for other youths like them. For example, the survey data indicated that 36.4% of the young people wanted more information concerning the negative consequences of the consumption of drugs. While 24% believe information (knowledge) is the ideal strategy for preventing drug dependency, 29.4% recommend that repressive measures<sup>10</sup> should be used as a solution to the problem, and 17.5% were in favor of legalization. There was a statistically significant association ( $p < 0.01$ ) between the age of young people and the strategies chosen to prevent the consumption of drugs:

the you  
These  
the dru  
munici  
Ano  
applic  
ineffec  
felt tha  
The le  
the on  
prever  
(I.4),  
techni  
be a f  
WINTER

TABLE 4  
 PERCENT OF INDIVIDUALS WHO ENGAGE IN SPECIFIC LEISURE ACTIVITIES (N=352<sup>8</sup>)

Activity	Percentage
Spend time with friends	58.8
	37.0
Computer, video games	9.9
Drink	9.6
Watch TV	8.7
	7.8
Listen to music	7.8
Spend time with boyfriend or girlfriend	7.3
Cinema	7.1
Dance	6.8
Use drugs	5.3
Doing nothing	3.6
Travel	1.4
Other activities <sup>9</sup>	19.7

the younger they were, the more likely they were to favor of repressive methods. These wide range of activities listed suggest that there should be an expansion of the drug prevention alternatives beyond the ones that are usually offered in these municipalities, mainly cultural and sporting activities.

Another concern raised by both the youths and the professionals was the uneven application of some prevention actions. Some actions were considered to be ineffective, while others were not applied sufficiently early. Some cultural experts felt that there is no adequate coordination between professionals and organizations. The location of some activities was criticized. Some respondents pointed out "... the only thing they do in school is [present] prevention information..." (I.3), "The preventive actions [activities] could be covered if there was coordination..." (I.4), "they could do open air activities, excursions to places nearby..." (I.5), "the technician would develop one part and the teacher another... and then there would be a follow-up" (I.2). There as also considerable support for a role for parents in

these activities because, as one person put it “ parents have a very important role because they know the reality” (I.6).

#### ADVERTISING AND ITS LIMITATIONS

The observational data from the project provided direct and indirect information on the alcohol, tobacco, and drug advertising that occurred in the locations where youths gather during the week and on weekends. The promotion of consumption of alcohol (beer, wine, liquor) and of tobacco is ubiquitous. All of these products are being advertised, either directly or indirectly, in bars, pubs, and discotheques. One of the control measures that has been adopted by municipal governments is that entrance (access) to such places is prohibited for youths under 16, as well as advertising indicating the prohibition of the consumption of narcotics. Yet, the direct observations found that posters prohibiting the sale of alcohol and tobacco to underage children were frequently missing from those places in which the current legislation required it during the period of the field work.

#### FREE TIME AND LEISURE

The municipal representatives stated that 87.8% of the municipalities possessed leisure zones, i.e., bars, pubs, discotheques, and, in general, places where the young people gather in their free time. These places are sometimes parks or the streets where the bars and pubs are located. The prevalence of botellón in these municipalities is 14.4%, which makes the occurrence both a potential and a real problem for municipalities when it appears. These occasions also present ancillary problems such as excessive litter (51.9%), followed by noise (37%). In contrast, 72% of the representatives of municipalities that have no leisure zone state that there is no problem related to drugs in their area. However, 84.1% of the experts interviewed stated that young people usually travel to other larger municipalities not far away that have more to offer, so at least some of the problem is simply geographically deferred, rather than happening at home. The norm is for young people to begin drinking in their own town, and then to later travel to places that offer better opportunities of diversion.

The two primary activities that young people reported doing in their free time were going out with friends (58.8%) and practicing sports (37.7%). They noted that leisure alternatives offered by municipalities during the evenings and nights on the weekend are practically nonexistent. “*We go to the pubs, that’s all ... people go out ... they go to the next village, there are enough discos ... if you don’t go there, where do you go?*” (FG1:16). They also noted that during daytime on weekdays there are a few possibilities for sporting and nature activities, but even those are somewhat limited. “*Leisure alternatives, besides these private associations, nothing, there’s nothing else ... there are leisure alternatives during the day but not at night*” (I.8).

RAPID

The y  
spenc  
and f  
time.  
5 sur  
techn  
regio

LIMITA

collec  
on m  
gover  
the se  
to sar  
in a la  
and q  
them  
meet  
estab  
authc  
the m  
out th  
the ri  
of loq  
interv  
and r  
the w  
youn  
be ca  
a nor  
there  
the o  
check  
some  
econ  
time  
area  
resol

WINTI

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

The youths also endorsed a widely held opinion for the need for education in how to spend one's leisure and free time. One person stated, "There's no training for leisure and free time ... there's no habit or satisfactory education in how to use your free time..." (I.6). Using triangulation of the information from all of the sources, Table 5 summarizes the six most important primary results obtained through the different techniques of the study. The general findings from the study were then tied to both regional and local recommendations and action plans for these municipalities.

### LIMITATIONS OF THE STUDY

The general limitations of the study primarily focus on the difficulties of collecting some forms of data and are inherent to any field study that is focused on marginalized individuals, behaviors, or beliefs that need to be addressed by governmental institutions, but are in opposition to the individuals and behaviors at the same time.<sup>11</sup> The biggest concern is that an important issue may be missed, due to sampling restrictions or bias, or that a group is too difficult to include, resulting in a lack of perspective that might be very useful in developing both the qualitative and quantitative data bases, as well as the recommendations that are derived from them. This study did not suffer unduly from these threats to the data and certainly meet or exceed the basic data reliability and validity standards that have been established for this type of study in the literature (Trotter & Needle, 2000). The authors would like to note that we found some difficulty of making contact with the municipal representatives who were interviewed. Initially, the aim was to carry out the interviews by telephone of those with political responsibility (mayors) for the municipalities identified by the project. This proved impossible for a number of logistical reasons (availability of mayors), but the difficulty was overcome by interviewing the person delegated by the mayor for this purpose. The observations and mapping were carried out during the evening/night at weekends, which made the work of the observers more difficult, since, at such times, the interaction between young people is constant and fast moving, and the patterns of consumption can only be captured in their repetition and regularity, rather than in their entirety. This is a normal "sampling" issue in observational studies. To minimize possible errors, there were two observers per municipality over two consecutive weekends, and the observations were conducted according to a systematic schedule, with cross checks. Another potential limitation of the study was the inability to gain access to some of the young people to participate in the discussion groups because there were economic limitations on their part in traveling to the location of the discussion group, timetable problems, and some reticence about participating in groups in their own area where other participants might reveal their disclosures. These difficulties were resolved by covering travel expenses of the young people to participate in groups

TABLE 5  
TRIANGULATION OF THE INFORMATION

Techniques	Sources	Consumption	Botellón	Information About Drugs	Prevention Measures	Prevention Agents	Leisure and Free Time
Qualitative techniques	Key Informant interviews	Shows a "normalization" in the consumption of alcohol and the progression to the consumption of other substances such as cannabis.	Little incidence. Consequences: litter and noise.	Information is vital, but of itself is not sufficient as a preventive measure.	Dissatisfaction with preventive measures: inadequate, applied too late (age). Lack of coordination. Sporting and cultural alternatives usually offered.	Attractive figures for young people. Professionals integrated in the points where prevention information is given.	Go out with friends to places of leisure. Doing sporting activities. Lack of leisure alternatives during the night hours.
		Low perception of risk associated with consumption.					
	Focus groups	The perception of the risks associated with consumption is very low.	Little identification with the information transmitted to young people.	Young people propose sports, alternative leisure activities, information and education, legalization.			Go out with friends to places of leisure. Demand for alternatives to occupy free time.
	Observation	A clear consumption of alcohol and other psychoactive substances was observed.	Observed to be present.				Young people enjoy the weekend in enclosed places and open spaces, consuming alcohol and other substances, in the company of the group of friends.

TABLE 5 CONTINUED.

Techniques	Sources	Consumption	Botellón	Information About Drugs	Prevention Measures	Prevention Agents	Leisure and Free Time
------------	---------	-------------	----------	-------------------------	---------------------	-------------------	-----------------------

TABLE 5 CONTINUED.

Techniques	Sources	Consumption	Botellón	Information About Drugs	Prevention Measures	Prevention Agents	Leisure and Free Time
	Rapid Assessment Survey			They have it, but it is not enough. TV is the reference source of information. They demand more information on the negative consequences of consumption.	Three proposals: preventive, repressive, legalization.	That the media are the most reliable agents of prevention.	They mainly go out with friends in their free time, and sports can be complementary to these outings. Demand for leisure and free time alternatives.
Quantitative techniques	Telephone interviews	Reference is made to the consumption of alcohol and other psychoactive substances.	Little incidence consequences: traffic accidents and fights.		Lack of preventive measures: lack of economic resources and lack of coordination among professionals.	One in four of those interviewed stated that there was someone responsible for drug prevention in their municipality.	There are leisure zones in most municipalities. The places for leisure are small places, such as bars and pubs.

far from their own environment, in a neutral atmosphere, and at a time that was convenient according to their daily activities. The sample composition of some of the discussion groups was also modified to compensate for the fact that one of them was made up entirely of females. This was balanced by two gender mixed groups, one of which was made up mainly of males, and may actually have had the effect of allowing information to come out in the homogeneous groups that might have otherwise been difficult to explore in the mixed gender groups.

### DISCUSSION

The primary focus of any rapid assessment research is to collect and analyze data that can be quickly moved into both policy and programmatic change. There have been varying levels of success in this type of endeavor (Fitch & Stimpson, 2003), and the Valencia project clearly falls within the more successful range of options. Spanish prevention research has documented increases in the presence and impact of prevention programs over the last few years in Spain as a whole, and especially in cities or large urban conglomerations. It has also demonstrated a corresponding dearth of information focusing on an exploration or an assessment of prevention program impact in municipalities with small populations. This paper provides a much needed expansion of the previously existing information on drug prevention alternative programs, by conducting a rapid ethnographic assessment of rural and small town contexts. It also provides a confirmation of some key prevention conditions that are unique to these venues.

### PREVENTION NEEDS

The triangulated rapid assessment data confirms much of the viewpoints of the leadership from the municipalities studied and clearly justifies the need for the *Diputacion de Valencia* to review policies and create programs directed at the conditions uncovered in the study. Small municipality prevention needs are generally unmet and are not being sufficiently supplemented by nearby towns of a much larger size. Those small municipalities that contain a leisure zone have a greater awareness of the unmet needs for prevention and the undermet needs for drug dependency programs. The small towns without formal leisure zones have lower awareness or prevention needs, but do not have lower needs. The lack of accessibility to prevention resources together with the lack of economic resources strongly suggest a need for integrated prevention strategies adapted to the reality of each municipality.

One specific unmet need identified by the triangulated data is to have effective personnel available to conduct programs in or near the small municipalities and specifically targeted at them. This recommendation does not necessarily mean

RAPID AS

addition  
the yout  
for these  
would b  
(Plan C)

Prev  
differen  
(educati  
This rec  
indicate  
Aleman  
on the p  
may oth  
initiative  
at differ  
chain (N  
sector w  
alternati  
leisure ti  
In additi  
in comm  
both the  
of credil  
the trans  
transmit  
by a val  
others w  
into any

RISK FAC

One c  
of leisu  
of subst  
added ri  
When th  
the smal  
associati  
of drug

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

additional hires of qualified personnel at additional cost, since the data show that the youths themselves have identified local individuals and roles that would be best for these programs, including teachers, parents, and peers. The data suggest that it would be the best strategy to increase the knowledge and training of existing agents (Plan Canario sobre Drogas, 2001).

Prevention program packages could be created that could be used in the different sectors of the community, by key individuals who are already present (education, family, community), but adapted to the reality of each municipality. This recommendation is challenging since at least part of the rapid assessment data indicate both the fundamental role the family plays in drug prevention (Megias & Alemany, 1996) and clearly indicate that there is a considerable lack of interest on the part of parents to spend time on drug abuse prevention when they have so many other drains on their time. In order to achieve satisfactory results in these initiatives, it would be necessary to successfully recruit and then educate the parents at different levels so that they could act effectively as another link in the prevention chain (Megias & Alemany, 1996). The youths themselves form another significant sector where training needs to take place. Training young people as agents to create alternatives is essential for success, if local programs directed at providing alternative leisure time are to be appropriately designed and culturally sensitive to the youths. In addition, it would be valuable to train young people to act as prevention agents in common risk situations (Moline, Parrega, & Plaza, 2002) and as mediators for both the official prevention agents and the youths they serve. Finally, the importance of credibility in the transmission of information must be recognized. The role of the transmitter of the information makes it advisable for prevention messages to be transmitted by people close to the recipient with a similar code of communication by a valid communicator respected by the recipient. These types of "significant" others were identified in the rapid assessment process and should be incorporated into any locally constructed program for rural and small town youths.

### RISK FACTORS

One of the key findings was that there is a direct relationship between the amount of leisure zone activity by youths in the municipalities and the greater consumption of substances and related problems. Small towns without leisure zones produce the added risk of driving under the influence of alcohol to reach leisure zones nearby. When this is combined with the lack of attractive leisure alternatives in almost all of the small municipalities, it leads young people to spend their leisure time in places associated with the consumption of drugs, consequently increasing the probability of drug use. (Porras, 1994).

Another noted risk factor is the lack of recreational centers and prevention programs in small towns, making it difficult for young people to engage in activities during their free time that are healthy alternatives to drug use. Both the youths and the municipal representatives strongly endorsed reducing the risk of drug abuse by offering leisure alternatives during the evening and night at weekends, in addition to the times they are currently being offered. However, they also stated that these alternatives should not be limited exclusively to sporting activities, as some programs have done (Elías & Dunning, 1986) because going out with friends to pubs and bars is an activity which is carried out at different times from the times when people are normally engaged in sports. This finding leads to the recommendation of a future creation of joint activities that move within a network structure (Plan Canario sobre Drogas, 2001) of small municipalities. Collectively they would dynamically and jointly undertake actions in both formal and informal spaces, providing youth with alternatives that could not be made available in all of the municipalities all of the time but could be made available with a dynamic pooling of effort so that alternatives were collectively available all of the time. Another possible strategy would be to give the physical space where young people get together the importance it deserves, creating the obvious need to provide them with their own spaces where they can manage their own affairs and which can act as a reference point.

The rapid assessment interviews and youth focus groups generally demonstrated that many of the youths have a low awareness of the risk implied in the consumption and abuse of substances. The young people also present a very different rationale for their choices than is generally present in the literature. Those who do not take drugs attribute to factors of personality (strength of character, ability to control behavior, etc.), while those who do take drugs speak of environmental or situational reasons for doing so (being exposed to drugs because of no alternative recreation, using drugs because friends do so). Yet they point out that the prevention messages do not necessarily take advantage of the way youths think about these things to promote healthy behavior.

#### SUMMARY AND CONCLUSIONS

The rapid assessment project successfully combined qualitative and quantitative methods to investigate and summarize the critical conditions, the competing and complimentary views of youth and municipal representatives, through rapid assessment interviews and direct observations of the dynamic use of leisure time by young people in relation to drug use, prevention activities, and the cultural perspective of young people. The basic research findings ranged from the highly specific, such as the lack of drug prevention messages in many of the places where those messages are required to be, to more global, such as the lack of both personnel

#### RAPID ASSE

and physic  
these leve  
as well as  
makers in  
*Habitante*  
jointly pu  
*de Ayuda*  
policy lev  
anticipate  
be generat  
program c  
lead to rec  
of additio  
of these t  
levels of c  
investigati  
However,  
was clearl  
innovative  
for program

#### NOTES

- 1 There  
represent
- 2 Any or  
to accu
- 3 The qu  
people  
time (y  
etc. - g  
young  
Do yo  
kind o  
drug al  
your to  
or coll  
resourc  
your to

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

and physical space for prevention and alternative activities in small towns. Each of these levels of findings suggests specific actions on the part of local government as well as regional authorities. The most detailed findings were presented to policy makers in the form of the book, *La Prevencion en Municipios Menores de 7,000 Habitantes de la Provincia de Valencia* (Valderrama & Gomez, 2002), which was jointly published and sanctioned by the *Diputacion de Valencia* and the *Fundacion de Ayuda contra la Drogadiccion*.<sup>12</sup> This combination of support provides both policy level and local NGO investment in creating solutions to the problems. It is anticipated that the key specific policy actions needed to improve the situation will be generated by the book's use as a policy document and as a pragmatic model for program change. Other findings are being presented more locally. These findings lead to recommendations that can be used without the infusion of a large amount of additional resources, based on local action rather than global change. A number of these types of action are described in the section just above. Both of these levels of change are critical to the long-term success of this type of programmatic investigation of drug abuse prevention and will necessitate longer term evaluation. However, the shorter framework evaluation indicates that this RARE style project was clearly successful in gathering a very significant amount of data, producing innovative solutions, and providing practical and locally directed recommendations for program improvement and change.

### NOTES

- 1 There was one town where the researchers were not able to reach any municipal representative after multiple attempts to contact them by telephone.
- 2 Any one of these three types of employees would have the knowledge necessary to accurately respond to the survey questions in a town of this size.
- 3 The questions were as follows: (1) Are there places in your town where young people between the ages of 15 and 24 years old typically expend their free time (yes, no)? If yes, what kinds of places exist (pubs, clubs, discos, parks, etc. – get listing)? (2) Do the young people go to other towns to have fun or do young people from other towns come in to your town (go out, come in)? (3) Do you have problems with the botellón in your town (yes, no)? If yes, what kind of problems (listing)? (4) Does your town have any problems related to drug abuse (yes, no)? If yes, which problems do you have (listing)? (5) Does your town have any kind of drug abuse prevention resource which is private or collective (yes, no)? If yes, please describe the persons who manage these resources? If no, is there any person that manages prevention campaigns in your town, regardless of resources? If yes could you provide contact for this

person? (6) Do you think that your town covers the needs for drug prevention programs?

(1) Do you think that you have information about drugs (yes, no, doesn't know, doesn't answer)? (2) Do you think that the information that you have is enough (yes, no, doesn't know, doesn't answer)? If no, why is this information not sufficient? (3) Where did you receive the information about drugs (listing)? What type of information do you pay more attention to (from family, friends, parents, health centers, school, TV, personal experience, or other?) (4) What type of information would you like to have about drugs (listing)? What do you need to know about mix and interactions, positives effects, negative consequences, type of drugs (open ended)? (5) What do you do in your free time (open ended)? Sport, cinema, travel, computer, going out with friends, couple, dance? (6) What would you do, if it was in your hands, to prevent drug abuse?

Version 11.0 for PC.

All of the quotes in this paper have been translated (with validity and translation checks to preserve both meaning and context) from the original Spanish. The verbatim quotes are all available, along with a more detailed discussion of some of the details from both the qualitative and quantitative analysis, in Valderrama, J.C., & Gomez, M.J. (Eds.). (2002). *La prevención en municipios menores de 7.000 habitantes de la provincia de Valencia*. Alicante: FAD.

We are following a general ethnographic rule of protecting confidentiality for all quotes, but also noting the full interviews (I) or focus group (FG) transcripts that contains the original quote.

The total sample was 354 persons. Two persons did not respond to this question, for a nonresponse rate of .005.

There was a wide number of activities that were mentioned only once or twice by individual youths.

- 14 The individual recommendations in this category, proposed by the youths, included both radically extreme measures such as killing all of the drug dealers, burning all drug fields, to more moderate ideas such as jailing both users and dealers in ways that would permanently bar them from society, to economic sanctions and punishment. Some of these responses also appeared to be jokes or kidding, rather than serious responses to the questions.

Ethical Considerations: The project followed standard Spanish and international research ethics guidelines, including a commitment to confidentiality with all the participants engaged in the study. The towns are only identified as A, B, C, D, E, F, G, and H to preserve privacy and confidentiality. All subjects were informed about the purpose of this research (standard informed consent process). Furthermore, the focus groups were conducted in a place, such as a room in

RAPID ASS

the U  
studi  
A me  
the b  
a rep  
this l

REFERENC

Alonso,  
1996

Barendre  
2000

Becoña,  
1999

Carmon  
1996

Comas,  
2000

Eliás, N.  
1986  
The Eur  
2002

ernan  
999

## RApid ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

the University of Valencia, that provided additional privacy (never inside the studied towns).

- <sup>12</sup> A meeting was organized December 2, 2002, to present the research as well as the book containing all the results. Each town in the Province of Valencia had a representative who assisted at the meeting, and they were all given a copy of this book.

## REFERENCES

Alonso, D.

- 1996 *Actuar es posible: La prevención de drogodependencias en la comunidad escolar*. Madrid: Delegación del Gobierno para el Plan Nacional sobre Drogas.

Barendregt, C.

- 2000 La prevención desde la perspectiva de los programas de reducción de riesgos. In M. Díaz & O. Román, (Eds.), *Contextos, sujetos y drogas: Un manual sobre drogodependencias*. Madrid: Fundación de Ayuda contra la Drogadicción.

Becerra, E.

- 1999 *Bases teóricas que sustentan los programas de prevención de drogas*. Madrid: Delegación del Gobierno para el Plan Nacional sobre Drogas.

Carmona, M., & Stewart, K.

- 1996 *A review of alternative activities and alternative programs in youth-oriented prevention*. Technical report no. 13. CSAP. Retrieved April 2, 2003, from <http://dmhmrs2.chr.state.ky.us/kipproject/Research/CSAP%20Tech%20Report13.pdf>.

Comas, D.

- 2000 *La evaluación de programas de ocio alternativo de fin de semana*. Madrid: Instituto de la juventud.

Elías, N., & Dunning, E.

- 1986 *Deporte y ocio en el proceso de civilización*. Madrid: FCE.

The European Opinion Research Group

- 2002 Attitudes and opinions of young people in the European Union on drugs. *Eurobarometer 57.2, Special Eurobarometer 172*. The European Opinion Research Group (EORG). Retrieved May 10, 2003, from [http://europa.eu.int/comm/public\\_opinion/archives/eb/ebs\\_172\\_en.pdf](http://europa.eu.int/comm/public_opinion/archives/eb/ebs_172_en.pdf).

Fernando, J.

- 1999 Drogadicción y prevención familiar: Una política para Europa. *Adicciones*, 11 (3), 193-200. Retrieved May 5, 2003, from [http://www.erit.org/articles/prevenfamiliar\\_esp.htm](http://www.erit.org/articles/prevenfamiliar_esp.htm)

- Fitch, C., & Stimpson, J.V.  
 2003 *RAR REVIEW: An international review of rapid assessments conducted on drug use. A Report from the WHO Drug Injection Study Phase 2. Department of Mental Health and Substance Dependence. Geneva: World Health Organization.* RAPID A Nation 2000
- Generalitat Valenciana  
 2002 *Informe de evaluación de programas de prevención escolar de las drogodependencias. Cursos escolar 2000/2001. Valencia: Dirección General de Drogodependencias. Conselleria de Bienestar Social. Generalitat Valenciana.* Needle 2003
- Ley orgánica de Ordenación General del Sistema Educativo  
 1990 *Ley orgánica de Ordenación General del Sistema Educativo LOGSE 1/1990 de 3 de octubre. Madrid: Boletín Oficial del Estado 238.* Plan C 2001
- Martín, M.  
 2002 *Cómo se divierten los jóvenes. Proceedings of the 1<sup>st</sup> Congress of Jóvenes, Noche y Alcohol. Madrid.* Plan N 2002
- Martín, M., & Velarde, O.  
 2000 *Juventud Española, 2000. Estudio cuatrianual de la juventud española. Madrid: INJUVE. Retrieved March 12, 2003, from <http://www.ugt.es/informes/injuve.pdf>.* Porras, 1994
- Martínez, R.  
 1998 *Educación en tiempo libre. Comunidad Educativa, 252, 13-33.* Stimso: 1998
- Megias, E., & Alemany, E.  
 1996 *Programa de prevención del consumo de drogas en el ámbito familiar. Madrid: FAD.* Taylor, 1987
- Melero, J.C.  
 2001 *Trabajando la prevención de las drogodependencias en el tiempo libre. Madrid: Consejo de la Juventud de España.* Trotter 2000
- Moline, M., Parrega, G., & Plaza, I.  
 2002 *"SIDE B": La otra cara de la fiesta. 6<sup>th</sup> Jornadas sobre Prevención de Drogodependencias. 2001 jun 22. Alcorcón: Ayuntamiento de Alcorcón.* Trotter 2001
- Morse, J.M.  
 1991 *Approaches to qualitative-quantitative methodological triangulation. Methodology corner. Nursing Research, 40(2), 120-123.* Valderr. 2002
- National Institute on Drug Abuse  
 2000 *Previniendo el uso de drogas entre niños y adolescentes. Rockville (MD): National Institute on Drug Abuse.*

## RAPID ASSESSMENT OF DRUG ABUSE PREVENTION NEEDS

National Institute on Drug Abuse

2000 *Principios preventivos para niños y adolescentes*. NIDA. Retrieved April 19, 2003, from <http://www.drugabuse.gov/Prevention/Spanish/princpreven.html>.

Needle, R.H., Trotter II, R.T., Singer, M., Bates, C., Page, J. B., & Metzger, D.

2003 Rapid assessment of the HIV/AIDS crisis in racial and ethnic minority communities: An approach for timely community interventions. *American Journal of Public Health*, 93(6), 970-979.

Plan Canario sobre drogas

2001 *Informe de Gestión 2000-2001*. Consejería de Sanidad y Consumo. Dirección General de Atención a las Drogodependencias.

Plan Nacional sobre Drogas

2002 *Informe no 5. Observatorio Español sobre Drogas*. Madrid: Delegación del Gobierno para el Plan Nacional sobre Drogas. Retrieved April 2, 2003, from <http://www.mir.es/pnd/publica/pdf/oed-5.pdf>.

Porras, J.

1994 *Prevención y alternativas para el tiempo libre ¿de qué hablamos?* Bilbao: 3<sup>rd</sup> Encuentros Municipales sobre Drogodependencias "Estilos de Vida y Drogodependencias."

Stimson, G.V., Fitch, C., & Rhodes, T.

1993 *The rapid assessment, and response guide on injecting drug use*. Geneva: World Health Organization Substance Abuse Department.

Taylor, S.J., & Bodgan, R.

1987 *Introducción a los métodos cualitativos de investigación*. Buenos Aires: Paidós Studio.

Trotter II, R.T., & Needle, R.H.

2000 *RARE methods resource guide*. Washington, D.C.: Department of Health and Human Services. Office Public Health and Science, Office of HIV/AIDS Policy.

Trotter II, R.T., Needle, R.H., Goosby, E., Bates, C., & Singer, M.

2001 A methodological model for rapid assessment, response and evaluation: The RARE program in public health. *Journal of Field Methods*, 13(2), 137-159.

Valderrama, J.C., & Gomez, M.J. (Eds.)

2002 *La prevención en municipios menores de 7.000 habitantes de la provincia de Valencia*. Alicante: FAD.