Peer education: youth protagonism in a preventive approach to alcohol and other drugs

Maria Regina Araújo de Vasconcelos Padrão (https://orcid.org/0000-0003-2411-9404) ¹ Ana Júlia Tomasini (https://orcid.org/0000-0002-7900-8878) ² Maria Laura Alves de Moura Romero (https://orcid.org/0000-0002-0365-0258) ¹ Douglas Silva (https://orcid.org/0000-0001-8269-172X) ¹ Aline Guio Cavaca (https://orcid.org/0000-0001-7314-584X) ¹ Luciana Sepúlveda Köptcke (https://orcid.org/0000-0001-7079-6575) ¹

Abstract This article describes the experience of the course in Health and Safety at School, which prepared young people to spread knowledge on prevention of alcohol and other drugs, using the peer education methodology. The participants were sixty 15 to 19 year-old upper secondary school students from 8 public schools in the Federal District. The activity was structured into 8 modules, with each module consisting of a meeting to discuss content, followed by field work at the schools, where students trained their colleagues and passed on information to them; and, lastly, a further meeting for the students to give feedback on their experience in the field. All activities were recorded in field diaries, photographs, and reports, providing input to this experience report. Finally, a student forum was held at which the young people presented projects to be carried out at the schools. The peer education experience enabled the young people to take the lead in their school community and territory, and acknowledged the value of sharing among people with similar experiences. It thus favoured the development of critical, artistically potent strategies for preventive action directed to adolescents in situations of social vulnerability and fostered health promotion in the school.

Key words Health education, Adolescent, Illicit drugs, Alcoholism

¹ Diretoria Regional de Brasília, Fundação Oswaldo Cruz. Campus Universitário Darcy Ribeiro, Asa Norte. 70750540 Brasília DF Brasil. regina.padrao@fiocruz.br ² Programa de Pós-Graduação em Bioética, Universidade de Brasília. Brasília DF Brasil.

Introduction

The consumption of psychoactive substances, mostly in connection with rituals, event and purposes predetermined in the cultural rules of human groups, dates from Antiquity^{1,2}. Health problems and violence resulting from consumption of such substances has grown to the extent that drugs have become a commodity, responsible both for exciting and giving pleasure and for anaesthetising or alleviating suffering, making them extremely profitable in conjunction with capitalist modes of production³.

The 2019 World Drug Report revealed that 35 million people around the world suffer from disorders resulting from psychoactive substance use and need treatment⁴. In Brazil, alcohol and other substance use is among the leading risk factors for death and disability⁵.

Adolescents are especially vulnerable to alcohol and other drug use, because at that stage of life they seek to experience and to explore discoveries about themselves and society intensely and also long to belong to and identify with peer groups⁶. Teachers and parents seem to find it difficult to dialogue honestly with these young people on the subject and their initiatives, involving primarily fear and complete abstinence, do not prove effective in preventing either the early use or the abuse of such substances⁷.

Note that young people differ by social class, gender and race in the "diversity of their existential situations"⁸, which is reflected in their consumption, the harm caused by such use and also the resources available to their families to deal with the problem⁹. Young people account for 54.8% of Brazil's prison population, while many of those prisons are associated with drug consumption and trafficking¹⁰. In that regard, socioeconomic and racial conditions are determinant factors in the profile of the young prison inmates, who are mostly young black men with little schooling, in a concrete illustration of Brazil's social and racial inequality and the criminalisation of poverty^{11,12}.

Where young people are concerned, education usually figures as a central component in interlinking prevention of alcohol and other drug use, as well as health promotion, in their relationship to individuals and society¹³. That is because school is a protective factor for adolescents and young people against abuse of alcohol and other drugs, because it offers a context where it is possible to strengthen the bond among young people and between them and trusted adults and also

to foster social skills, self-esteem and self-confidence, which are considered individual protective factors¹⁴. School also offers an especially favourable space for prevention, as the young people are sure to be present on its premises continuously, unlike health services which are accessed little by this age group¹⁵. Accordingly, since the twentieth century, this has multiplied the educational opportunities, both in formal school settings and in the spaces where youth live their lives and in a multiplicity of non-formal and informal education spaces¹⁶.

School is considered to be a space that promotes the socialisation of young people and expands their exposure to dialogue, debate and experiences. However, in order to exploit the fertility of such spaces, it has to be understood that it is important for schools to embrace a proposal grounded in critical historical pedagogy. On that view, schools should acknowledge the realities surrounding those they are educating, appreciate its potential and offer an education that is critical and transformative, empowering young people to act collectively and to construct options for their life projects and conditions of social belonging¹⁷.

For decades, alcohol and other drugs were not addressed in schools out of a conviction that only specialists in the field could recommend prevention strategies for the school context. In Brazil, the education field made the issue its business in a pioneering meeting in 1970¹⁸. Perceptions began to change gradually to the view that prevention is not the preserve of specialists alone, but that all citizens are capable of taking preventive action in some field or other¹⁹.

The peer education strategy has been used increasingly in Brazil, since the 1990s in educational measures to promote health and prevent disease, with a view to harm reduction and, since the 2000s, in the school environment¹⁵. Studies in other countries have identified similar trends^{20,21,22}.

Peer education can be a particularly productive strategy for addressing the topic in groups by contributing to young people's identifying with the issue which, when raised by other young people, encounters lower cultural barriers²³. That strategy makes it possible to train individuals who identify with whoever is mediating the activity – in this case, to train young students who are able to discuss a variety of subjects more naturally. Popular education and peer education take as their starting premise the intention to transform reality through an approach designed to recog-

nise and give due value to differing experiences and bodies of knowledge. Reality is understood by guaranteeing spaces where those who live in the context can speak and interact on the issue in question that is affecting them. They thus embody the potential to be agents of change²⁴.

Besides facilitating communication, identification among the individuals involved and greater participation, involvement and empowerment for participants, another advantage of using a peer methodology to prevent alcohol and other drug use affords health, social assistance and education professionals access to groups that are normally "invisible" or difficult to approach²⁰. Peer educators also tend to share knowledge that is more practical and closer to reality (less theoretical) and manage to establish relationships that are more horizontal, affective and informal with those they are educating²⁰.

In conjunction with the paradigm of comprehensive, contextualised prevention¹⁵, the peer education strategy can be useful in a variety of circumstances: at schools already engaged in prevention actions, those confronted by problems of consumption and/or trafficking in and around the school itself and at schools working with adolescents in situations of risk and vulnerability. On that methodology, young people act as facilitators and multipliers of actions among their peers by activities such as workshops, artistic activities, conversation groups and so on.

On an approach focused on strengthening protective factors favouring prevention of alcohol and other drug use, in late 2018, the Fundação Oswaldo Cruz in Brasília (Fiocruz Brasília), partnered with the Universidade de Brasília (UNB) and the Secretaria Nacional de Políticas sobre Drogas, do Ministério da Justiça (SENAD/MJ) to embark on the project *Prevention of Alcohol and other Drug Use in the Territory of Education*.

This initiative, comprising education actions to promote health and prevent the abuse of drugs on school territory, extends to education, health and social assistance personnel, learners, educators, families, community and human rights groups²⁵.

Given that context, this article describes the experience of the course in *Health and Safety at School* in the modality designed to train 60 young students to spread knowledge on alcohol and other drugs using the peer education methodology in Brazil's Federal District.

Methodology

Context: institution, place and time

This is an account and critical analysis of the experience of peer education in a preventive approach to alcohol and other drugs in the context of the project *Prevention of Alcohol and other Drug Use in the Territory of Education*.

The in-person, peer education course in *Health and Safety at School* addressed in this article was given by the Fiocruz Brasília *Education*, *Culture and Health Programme*, from 28 August to 29 November 2019.

Study scenario and actors

The in-person, peer education course in *Health and Safety at School* was offered to upper secondary school students. Eight public school in five administrative regions of the Federal District - Plano Piloto, Sobradinho I, Sobradinho II, Paranoá and Itapoã - were selected on the basis of conversations with institutional partners and epidemiological priorities.

The participants in the course were 60 young people, from 15 to 19 years old, in upper secondary school. Selection was performed by Fiocruz Brasília by way of a simplified public call with the following selection criteria; candidate should: be a youth leader; have the ability to transit among the various school environments; have the ability to interrelate with the various actors (school management, teachers, students, parents and community); be interested in the subject of alcohol and other drug use prevention; have time available; and belong to a Family Allowance Programme beneficiary family. Of the 72 students initially selected, 60 students concluded the activity. The main reason for these 12 students having abandoned the course was entry into the labour market, by way of either internships or formal employment.

The activities and data analysis

The peer education course was structured in the following format: for each of the eight modules, there was a meeting to discuss content on the Fiocruz Brasília premises; a second stage involved field work at the schools, where the students trained their colleagues; and lastly a further meeting at Fiocruz Brasília for the students to give feedback on their experience in the field, and to report on the dynamics used, the

positive points and the difficulties encountered at the schools. In all the course lasted 76 hours. All the activities were recorded in field diaries. photographs and research reports. That empirical material was analysed and discussed critically by the researchers, which provided input to this experience report.

Results and discussion

Planning the activity

The project proposed a process of teaching and learning in which the young learner would engage actively in the whole formative process, both in conducting the process and in helping to set directions for the topics and to format the educational activities. In that way, the team responsible for the course developed an underlying pedagogical project and, as the training progressed, drawing on feedback from the learners, the formative process was restructured in keeping with the original project.

The promotion of health and prevention of the use of alcohol and other drugs in the territory of education ties in with Brazil's Comprehensive Education Policy²⁶, which contemplates the subject in context, acknowledging the value of sociocultural diversity and young people's participation in conducting the educational process. From that perspective, children, adolescents and young adults should take a positive lead in the ambit of the school territory and should draw on emancipatory methodologies, such as peer education, as proposed by youth protagonism.

The centrality of the territory in this experience shows how the relationship between youth and identity is constructed in daily life with its groups, schools and home. As part of the project, during the field work, the activities relating to prevention of alcohol and other drugs took place at the students' schools.

The dynamics of the course in Health and Safety at School

Building on the initial planning and the territorial diagnosis, the pedagogical project for the course was developed in eight modules, each module comprising a meeting to discuss content at Fiocruz Brasília; a second stage involving field work in the schools, where the trainees conducted the training and multiplication with their colleagues; and lastly a further meeting at Fiocruz for the trainees to give feedback on their experience in the field. Finally, three meetings were held to organise the Student Forum and evaluate the overall process.

The content addressed on the course is summarised in Figure 1. (VERIFICAR: é chart 1?)

The course content was presented by the tutors and invited experts in dialogues/lectures and a large number of playful dynamics, which made for closer ties and emotional bonding among all those in the group, both among the students and between students and the team of educators.

The first meeting: presentation and The Pact

At the first meeting, the group of students and educators were introduced by means of an opening dynamic and an explanation of the whole process of the course, from agreeing on the timetable, stipends, transport and the intervention project. The Pact was constructed collectively and agreed on, in which the groups established a series of rules that everyone should bear in mind throughout the course: among other things, they should disagree politely, respect everyone's turn to speak and not speak disrespectfully.

Chart 1. Content presented in the course on Health and Safety at School, in-person peer education modality, Brasília, 2019.

First meeting	Presentation of the activity and team
Module 1	Peer education
Module 2	Territorial diagnosis
Module 3	Historical and social uses of
	psychoactive substances
Module 4	Reasons that lead to drug use
Module 5	Types of drugs and their effects
Module 6	Treatment/Harm reduction
Module 7	Fact or rumour
Module 8	School and drug use prevention
Preparation	
for the	
forum	
Student	
Forum	

Source: the authors.

Peer education in schools: content, feedback, mental health and changes of plans

In the process of field work at the schools, the students - accompanied by the team of educators - discussed with their peers the content addressed in the theory modules at the Fiocruz. In those spaces, a circle of trust was built up among all the actors involved. As a result, the coordinators of the schools in the project asked the educator-researchers to include a time for reflection, which were given the name "Mental Health Circles" (and will be described below), at the meeting for feedback on the fieldwork. They reported they were very worried at the growing number of cases of depression, self-mutilation and attempted suicide among the young people at the schools.

In this way, the "curricular adaptation" of the activity was achieved by drawing on the perceptions of learners, teachers and school principals as to the need for frank, horizontal dialogue about not just the subject of alcohol and other drugs, but about the sufferings of contemporary youth, permeated by mental health disorders, depression and suicide. That given, early in the activity assessment, one student told how the course had deconstructed the paradigm of education that I held, because you listen to what we say. It has been a rewarding experience. And you knew my name from the first day of classes, and I felt important because of that.

In that connection, it should be noted that the pedagogical practices applied during the course were inspired in the critical education proposed by Paulo Freire²⁷ and Bell Hooks²⁸. Accordingly, it did not fit with a "banking model" of education, which regards learners as passive consumers of information. On the contrary, it advocated education as the practice of freedom growing out of awareness – awareness accompanied by critical engagement, praxis. In that context, teachers and learners exist as active participants and not passive consumers, so as, committed to progressive pedagogical practices, to act and reflect on the world so as to change it.

Hooks²⁸ argues that the classroom should be an exciting place, never boring, and cannot be used to perpetuate forms of control based on domination, *a place of punishment and confinement* (p. 4), but rather a place of promise and possibility of different, better things, of sharing, respect, learning and capacity-building to occupy important spaces for speaking out and foster

necessary disruptive social change, as well as to encourage critical thinking about the information received in everyday life.

In the field context, the experiences at each school were unique, depending on the school's availability and organisation. Generally speaking, all classes participated actively, except for one that emphatically rejected the activity. Some schools ended the activities by proposing plays, conversation circles and spontaneous assessment of the learners, in which one student considered that there was a connection, a freedom to talk. It was beautiful, really cool and a colleague added: There was resistance at first, but later we ran out of chairs. We asked about drug use, but people ended up talking about depression too.

In this activity in the territories, the students made very emphatic critical contributions about the war on drugs and extermination of black youth, about racism and the difficulty of dialoguing with the family and at school on these taboo subjects. As a result, they brought out pent up feelings about anxiety, insecurity and the sadness they felt because of having no-one to talk to.

In that respect, the peer education methodology constitutes an important tool and serves to reinforce relations among members of similar groups²⁹. Young peer educators are often seen as friends or older brothers and sisters to go to for advice and so can be a positive influence on attitudes and behaviour³⁰. Thus, the young educators established a free, safe space for discussing topics that are usually unlikely to be addressed in schools. They also endeavoured to understand the meaning of alcohol and drug use, shared knowledge and experience on the subject, making it easier to communicate and construct the meaning of prevention information. The educational processes established in these young people's training to act as peer educators resulted in contextualised interventions that sought to work with school and peers, as well as the families, to strengthen individual protection factors, such as self-esteem and self-confidence, and to accept the participants warmly. Scool can be a safe, welcoming space able to enhance both individual and family protective factors and peer education can be an important tool for such interventions.

Feedback on field work: mental health circles and empathy

At the feedback meetings, after the students had described how the field work in the schools had gone, conversations groups - called "Mental

Health Circles" - were held to address topics connected with myths and truths about drug use and mental health; scientific information on suicide prevention; and dreams and plans.

This article conceives health on a bio-psycho-social approach, which raises issues that are important for mental health, such as living well, environment and social relations31. That understanding makes for a more holistic analysis of what is meant by health and mental health and it also show the importance of society, over and beyond the individual, in a more objective construction of health, given the importance of discussing structural social issues that affect health directly, such as racism, male chauvinism and the social determinants of health³².

For statistical and policy purposes, the WHO placed chronological limits on adolescence (10 to 19 years of age), and youth (15 to 24 years of age). That definition is dynamic in that the experience of being young is fluid and can change with the multiple forms of existence. Bourdieu³³ argued that youth is an expression of power relations between generations, given that the material and affective differences seen in young people show that these are socially and culturally distinct places with a diversity of possibilities.

Accordingly, it is important to stress that the students on the course come from peripheral territories and attend public schools in the Federal District. Accordingly, when talking about youth mental health, particularly in this group of young students, the social determinants of health have to be mentioned. These include social, economic, cultural and ethnic factors that influence young students' conditions of life and lifestyles³². In this regard, it is important to emphasise the construction of the school as a space for freedom and trust, sometimes as a counterpoint to abusive situations in the lives of young people in the community and in their families.

In the discussions about substance use, the students demonstrated vast knowledge of how the media and authorities differ in their treatment of young people with higher-income and poorer adolescents, and also highlighted racial inequality, bringing to mind part of th song "O homem na estrada" (Man on the Road), by the Rap group Racionais MC's: The rich campaign against drugs and talk about their destructive power. On the other hand, they market the alcohol that is sold in the favela and make a lot of money from it^{34} .

The first conversation group on mental health addressed the question of suicide. Worldwide, suicide is the second cause of death among young people from 15 to 29 years old, after only traffic accidents and 79% of cases are concentrated in low- and middle-income countries³⁵.

Problems that emerged from the conversations included lack of self-love, suffering, histories of depression, medications, momentary happiness, bottomless emptiness, fear, lack of affection, being seen as crazy, and talking and not being heard. After these issues that were raised collectively, some students described their own experiences, involving either themselves or close friends or cousins.

In these students' accounts of their experience, issues such as sexual abuse, depression, toxic masculinity, family and social pressure, the difficulty of being LGBTI, racism, lack of empathy, anti-fat bias, lack of material means and lack of opportunities were important markers, because thrown very early into the brutal social experience, these children are forced to be young people and even adults very early, and to live with things that, for their biological ages, are terrible and even impossible (p. 2)36. It is thus important to understand that mental health has to be discussed in relation to social structures and inequalities, while - given the multiplicity of life experiences - drug use differs in both consumption and prevention. It is important to have strategies, such as empathetic listening to suffering, available, because they can be important tools in preventing harmful drug use in that they enable social experience to be elaborated and re-signified.

After that difficult collective catharsis, the circle was close with a fond, playful moment with poet, Memei Bastos, who proposed a SLAM activity of impromptu poetry, which creates a setting for free poetic expression. The students participated effectively and produced beautiful poems.

The other mental health circles made for cross-cutting discussions about alcohol and other drug use, which related it to the importance of family, to young people's dreams and life projects, to toxic masculinity, to questions of violence and to sexuality.

The family is known to be a space with considerable influence over young people's lives and, even with all the new knowledge available on abuses, harassment and violence, often ends up producing and reproducing violence³⁷. In the students' discourse, these forms of violence still come through as factors with a regulatory function not only in the family, but also in school, in friendships and in daily life.

In one of the activity assessments, the students voiced remarks such as: I had never imagined many of my colleagues dreams. It was cool getting to know more about each other. We realised we had dreams in common. We have similar dreams, of helping other people. These dreams and connected - and putting your dreams together makes you stronger. At that pont, a young girl student remembered the prelude by the rock singer from Bahia, Raul Seixas³⁸ - The dream you dream alone is just a dream alone; the dream you dream together is reality.

Finally, at the last meeting, a Student Forum was organised, with the participation of the project's funding authorities, coordinators, teachers, and the young people and some participants' relatives. All the students presented the projects to be carried out in the schools relating to the topic of alcohol and other drug prevention. Lastly, there was an artistic moment, when several of the young people sang, read poetry and described what it had been like to experience the course. There was a symbolic graduation ceremony, in which each participant received a course conclusion certificate.

Numerous methodologies propose active participation by young people in the school environment and in informal and non-formal spaces. Nonetheless, they are mostly demarcated by the debate between educators and learners. Peer education, however, is a potent process of teaching and learning in which the actors involved are themselves responsible for developing educational activities for the group of which they form part. The members of the same group (in this case, the young people) are the facilitators of actions and activities with, and for, their peers³⁹. Accordingly, the peer educator learns to use various kinds of knowledge in organsing an action, engages with the surrounding reality, shares the learning ideas and strategies that are acquired, with a language of "equal to equal", but always grounded on a knowledge of the realities of the participants' lives and community and acknowledging local culture and partners and seeking to involve them⁴⁰.

Final remarks

The experiment with peer education for educating on alcohol and other drugs allowed young people to take the lead in their school community and their territory as a whole. It fostered a sharing of ideas, doubts and opinions among the

adolescents themselves and gave due value to exchanges among people with similar experiences. It is important to stress that this collaboration in learning among peers was achieved in a fluid, welcoming space free from rejection, prompting a rethinking of the strategies set out previously, given the diversity, richness and complexity of living together in a multicultural society. The experience reported here was primarily that of 60 young people trained to act as peer educators in an educational territory.

Prominent among the factors that made this experience feasible were the transport, meals and a study stipend offered to the participating students, which gave them the material means indispensable to the students' completing the course. This point is important, many similar experiences have reported using volunteers with per diem payments or an experienced peer educator under contract. The project team was chosen by selecting and training young people from the schools where the activities would take place. The investment in a long training, as well as the inclusion of practical content designed to cultivate social skills such as respect, the ability to listen and to welcome diversity, were fundamental to achieving results. Another important initiative was the creation of a WhatsApp group for the course, in which the students and educators could share information, doubts and any personal distress. This constituted a protected, affectionate space for sharing, as well as a support network.

There were a few moments of conflict among the young people, which were got around by a lot of dialogue by the team and renegotiation of certain rules to facilitate peaceful coexistence among the colleagues. Problems like this have been reported on other occasions²⁰, because they involve the difficulty of working as a team generally made up of peer educators and technicians or experts in the subject. Sometimes, the young people reproduced authoritarian roles, repeating the power asymmetries present in formal education and suffering from a lack of role definition^{15,41}. Some of the students also pointed to delays in payment of some stipends as a negative factor.

Some thoughts emerge from this experience: the first is how important it is to put into practice a pedagogy of affection and respect, to guarantee greater horizontality in relations, without educators placing themselves as absolute authorities over students, but with a view to empowering young people as a protective factor against the harmful use of drugs and alcohol. The second, equally important, thought is that society los-

es out by not listening to its young people, who have a great deal to contribute with their life experiences and energy, opinions, creativity and emotions. Greater youth participation in health policymaking and society in general is a factor promoting health for all involved.

In offering a proposal in which emancipatory education comes together with affection, recognition for individualities and an environment of enthusiasm in relations with the young participants, the intention was that, as they trained as facilitators and catalysts, they wold construct critical analyses of the content presented to them (and other resulting content), of the social realities permeating those discussions and that the whole formative process would occur in such a way as not to reproduce the rigid, structural, social power relations, such as the teacher-learner relationship, but that rather real autonomy would predominate⁴².

Collaborations

MRAV Padrão worked on the study conception and design, data analysis and drafting of the article. AJ Tomasini, ML Romero and D Silva worked on drafting the article. AG Cavaca worked on the data analysis and interpretation and drafting of the article. LS Köptcke worked on the study conception and design, critical review of the article and approval of the version for publication.

References

- Guerra-Doce E. Psychoactive substances in Prehistoric Times: Examining the Archaeological Eidence.
 Time and Mind [serial on the Internet.]2015 Jan [cited 2020 Jan 18]; 8(1):[about 21 p.]. Available from: https://www.tandfonline.com/doi/full/10.1080/17516 96X.2014.993244.
- Lopes MA. Drogas: 5 mil anos de viagem. Super Interessante 2006 Jan 30. [acessado 2020 jan 1]. Disponível em: https://super.abril.com.br/ciencia/drogas-5-mil-anos-de-viagem/
- Paixão IR, Soares C B, Oliveira L C, Cordeiro L, Trapé C A, Campos C M S. Drogas e sociedade: material de apoio a atividades educativas na perspectiva emancipatória. *Trabalho, Educação e Saúde* [periódico na internet]. 2018 Abr [acessado 2020 Jan 20]; 16(2):[cerca de 20 p.]. Disponível em: http://www.scielo.br/ scielo.php?script=sci_arttext&pid=S198177462018 000200621&lng=en&nrm=
- World Health Organization (WHO). World Drug Report 2019, UNODC (United Nations Office on Drugs and Crime). [cited 2020 Jan 23]. Available from: https://www.unodc.org/lpo-brazil/pt/drogas/relatorio-mundial-sobre-drogas.html
- Bastos FIPM, Vasconcellos MTL, Boni RB, Reis NB, Coutinho CFS. III Levantamento Nacional sobre o uso de drogas pela população brasileira. Rio de Janeiro: Fiocruz; 2017.
- 6. Vasters GP, Pillon SC. O uso de drogas por adolescentes e suas percepções sobre adesão e abandono de tratamento especializado. Rev Latino-Am Enferm [periódico de Internet]. 2011 abr [acessado 2020 fev 2]; 19(2):[cerca de 7 p.]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010411692011000200013&lng=en.
- Rosenbaum M. Proteção em Primeiro Lugar. Uma abordagem honesta sobre a questão do uso de drogas por adolescentes. *Instituto Igarapé*. 2018 jun. [acessado 2020 fev 3] [cerca de 60 p.]. Disponível em: https://igarape.org.br/wp-content/uploads/2018/06/ Protec%CC%A7a%CC%83o-em-primeiro-lugar-uma-abordagem-honesta-sobre-a-questa%CC%83odo-uso-das-drogas-por-adolescentes.pdf
- Spósito MP, Carrano PCR. Juventudes e Políticas Públicas no Brasil. Revista Brasileira de Educação 2003; 4:16-39.
- Soares CB. Consumo contemporâneo de drogas e juventude: a construção do objeto da perspectiva da saúde coletiva [tese]. São Paulo: Universidade de São Paulo; 2007.
- Presidência da República. Secretaria Geral. Mapa do Encarceramento: os jovens do Brasil. Brasília: Presidência da República, 2015 Set. [acessado 2020 jan 23]. [cerca de 112 p.]. Disponível em: http://www.pnud. org.br/arquivos/encarceramento_WEB.pdf
- Brasil. Ministério da Justiça e Segurança Pública. Levantamento Nacional de Informações Penitenciárias

 Junho de 2017. [Acessado 2021 fev 26]. Disponível
 em: http://antigo.depen.gov.br/DEPEN/depen/sisdepen/infopen/relatorios-sinteticos/infopen-jun-2017-rev-12072019-0721.pdf.
- Flauzina ALP. Corpo negro caído no chão: o sistema penal e o projeto genocida do Estado brasileiro. Rio de Janeiro: Contraponto; 2008.

- Carvalho FFB. A saúde vai à escola: a promoção da saúde em práticas pedagógicas. *Physis* [periódico de Internet]. 2015 dez [acessado 2020 fev 10]; 25(4):[cerca de 20 p.]. Disponível em: http:// www.scielo.br/scielo.php?script=sci_arttext&pid=\$0103-7³³12015000401207&lng=en
- 14. Schenker M, Minayo MCS. Fatores de risco e de proteção para o uso de drogas na adolescência. *Cien Saude Coletiva* [periódico de Internet]. 2005 set; [acessado 2020 fev 12]; 10(3):[cerca de 10 p.]. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232005000300027&lng=en.
- 15. Calazans G, Kiss L, Cappellini S, Sequeira D, Vieira R M, França J I. Plantões jovens: acolhimento e cuidado por meio da educação entre pares para adolescentes e jovens nos Centros de Testagem e Aconselhamento CTA. Saúde Soc [periódico de Internet]. 2006 abr [acessado 2020 fev 13]; 15(1):[cerca de 14 p.].Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-12902006000100004&lng=en.
- 16. Figueiredo TAM, Machado VLT, Abreu MMS. A saúde na escola: um breve resgate histórico. Cien Saude Coletiva [periódico de Internet]. 2010 mar; [acessado 2021 fev 25]; 15(2):[cerca de 5p.]. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232010000200015
- 17. Saviani D. *Pedagogia histórico-crítica: primeiras aproximações*. Campinas: Autores Associados; 2003.
- Ribeiro TM. Do você não quer ao você não pode: a emergência da prevenção às drogas na educação. Curitiba: Appris; 2013.
- Dalbosco C, Pereira A D. Introdução. In: Prevenção ao uso de drogas: a escola na rede de cuidados (Ano XXIII, Boletim 23). Rio de Janeiro: Salto para o futuro; 2013.
- Silva M. Caraterização de projetos de educação pelos pares na área do consumo de substâncias psicoativas. Desenvolvimento e Sociedade [periódico de Internet]. 2019 set [acessado 2020 fev 3]; 6(1):[cerca de 8 p.]. Disponível em: http://www.revistas.uevora. pt/index.php/desenvolvimento_sociedade/article/ view/319/544
- Bagnall A, South J, Hulme C, Woodall J, Vinall-Collier K, Raine G, Kinsella K, Dixey R, Harris L, Wright N MJ. A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons. *BMC Public Health* [serial on the Internet].
 2015 Set [cited 2020 Mar 27]. [cerca de 290p.]. Available from: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1584-x
- Ghasemi V, Simbar M. Fakari FR, Naz MSG, Kiani Z
 The Effect of Peer Education on Health Promotion of
 Iranian Adolescents: A Systematic Review. *Intern J Pediatrics* [serial on the Internet]. 2019 Mar [cited 2020
 Mar 27]; 7(3):[cerca de 28 p.]. Available from: http://ijp.mums.ac.ir/article_11814.html
- Ayres JRCM, Freitas AC, Santos MAS, Saletti FHC, França JI. Adolescência e Aids: avaliação de uma experiência de educação preventiva entre pares. *Interface (Botucatu)* [periódico de Internet]. 2003 fev [acessado 2020 abr 20]; 7(12):[cerca de 5 p.].Disponível em: http://www.scielo.br/scielo.php?script=sci_arttex-t&pid=S141432832003000100009&lng=en&nrm=i-so.

- 24. Surjus LTLS, Pupo J, Guerrero AVP, Scafuto JCB, organizadores. Planejando e realizando um curso sobre drogas e direitos humanos - Drogas e Direitos Humanos: Protagonismo, Educação entre pares e Redução de Danos. 2019 Abr [acessado 2020 fev 5]; 1(1):[cerca de 119 p.]. Disponível em: https://edelei.org/wp-content/uploads/2019/04/E-book-Drogas_Direitos_Humanos_final-1.pdf
- Brasília: Ministério da Justiça; Fundação Oswaldo Cruz (Fiocruz). Termo de Execução Descentralizada (TED). Dispõe sobre a parceria entre Secretaria Nacional de Políticas Sobre Drogas. Projeto Prevenção ao Uso de Álcool e Outras Drogas no Território Educacional 2018-2020. Brasília: Ministério da Justiça; Fundação Oswaldo Cruz; 2018.
- 26. Brasil. Portaria Interministerial nº 17, de 24 de abril de 2007. Institui o Programa Mais Educação. Brasília: Ministério da Educação; 2007. [acessado 2020 jan 28]. Disponível em: http://portal.mec.gov.br/arquivos/pdf /mais_educacao.pdf
- 27. Freire P. Pedagogia do oprimido. Rio de Janeiro: Paz e Terra; 1987.
- 28. Hooks B. Ensinando a transgredir a educação como prática de liberdade. São Paulo: WMF Martins Fontes;
- Oliveira CSFA. Educação sexual de jovens a viver em meio institucional: desenvolvimento de um Programa de Educação pelos Pares no âmbito do Projeto Nacional de Educação pelos Pares da Fundação Portuguesa "A Comunidade Contra a SIDA" [dissertação]. Porto: Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto; 2015
- 30. Brito I. Promoção da saúde nos jovens utilizando a educação pelos pares - Intervenção com estudantes de enfermagem e jovens enfermeiros. Enfermagem e o cidadão. Jornal da secção Regional do Centro da Ordem dos Enfermeiros 2009 Set: 7(19);6-9.
- 31. World Health Organization (WHO). The World Health Report 2002. Geneva: WHO; 2002. [acessado 2020 mar 30]. Disponível em: https://www.who.int/whr/2002/
- 32. Buss PM; Pellegrini AF. A saúde e seus determinantes sociais. Rev Saude Coletiva [periódico de Internet]. 2007 fev [acessado 2020 fev 10]; 17(1):[cerca de16 p.]. Disponível em: http://www.scielo.br/pdf/physis/ v17n1/v17n1a06.pdf
- 33. Bourdieu, P. A juventude é apenas uma palavra. In: Questões de sociologia. Rio de Janeiro: Marco Zero; 1983.
- Racionais Mc's. Homem na Estrada [áudio]. São Paulo: Zimbabwe; 1993.

- 35. World Healthy Organization (WHO). Preventing suicide: a global imperative 2018 [Internet]. [acessado 2020 Apr 12]. Disponível em: https://www.who. int/mental_health/suicide-prevention/world_report_2014/en/
- Birman J. Tatuando o desamparo: a juventude na atualidade. Adolescentes. Physis 2005 abr [acessado 2020 jan 17]; 15(1):[cerca de 5 p.] Disponível em: https:// www.ufrgs.br/psicoeduc/chasqueweb/edu01011/birman-tatuando-o-desamparo.pdf
- Porto MSG. A violência entre a inclusão e a exclusão social. Tempo Soc [periódico de Internet].2000 mai [acessado 2020 jan 14]; 12(1):[cerca de 13 p.]. Disponível em: http://www.scielo.br/scielo.php?script= sci_arttext&pid=S010320702000000100010&lng= en&nrm=iso>. http://dx.doi.org/10.1590/S0103-2070 2000000100010.
- Raul Seixas. Prelúdio. Álbum Gitá; 1974. 38.
- Brasil. Ministério da Saúde (MS). Guia Adolescentes e jovens para a educação entre pares. Brasília: MS; 2010.
- Köptcke LS, Padrão MRA, Rocha FG, Caixeta IA, Dalbosco C. Reflexões sobre o uso de material para educação entre pares no Programa Saúde na Escola. Com Cien Saude [periódico de Internet]. 2018 Mai [acessado 20/03/2020]; 28(2):[cerca de 21p.] Disponível em: http://www.escs.edu.br/revistaccs/index.php/comu- nicacaoemcienciasdasaude/article/view/219
- Shiner M. Defining peer education. J Adolescence [serial on the Internet]. 1999 Ago [cited 2020 Apr 7]; 22(4):[about 11 p.]. Available from: https:// www.sciencedirect.com/science/article/abs/pii/ S0140197199902488
- Silva Sobrinho AL. "Jovens de Projetos" nas ONGs: olhares e vivências entre o engajamento político e o trabalho no "social" [dissertação de mestrado]. Rio de Janeiro: Universidade Federal Fluminense; 2012.

Article submitted 29/04/2020 Approved 31/03/2021 Final version submitted 02/04/2021

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva