

The first University E-learning Study Programme Based on the Adaption of the EUPC: Portuguese Implementation Study

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Citation | Henriques, S., Burkhardt, G., Miovský, M. (2019). The first University E-learning Study Programme Based on the Adaption of the EUPC: Portuguese Implementation Study. *Adiktologie*, 19(1), 35–41; <https://doi.org/10.35198/01-2019-001-0004>

BACKGROUND: The training curriculum has been developed by a European project (UPC-Adapt) co-funded by the European Commission. Eleven partners adapted the Universal Prevention Curriculum to suit the European context. **AIMS:** The aims of the implementation study were to adapt the EUPC into a standardised university course delivered by distance learning by Universidade Aberta (UAb) and develop a process evaluation study focused on this adaptation process. **METHODS:** The methodology was inspired by the WHO guidelines for the evaluation of prevention and treatment programmes and combined with qualitative research strategies and methods (observation and qualitative content analysis). **PARTICIPANTS:** It features distance learning, without geographical borders or physical barriers, which is particularly important for prevention professionals working in the far-flung

Portuguese-speaking environment. **RESULTS:** Enrolment has been difficult, probably for three reasons: i) people tend to believe that they know everything about prevention, ii) the prevention of substance use might be too narrow a field, and iii) there is no perceived need for a specific qualification in order to do prevention work in Portugal. **CONCLUSIONS:** EMCDDA staff with proficiency in Portuguese had access to the training course and followed the development of the e-activities and the interaction within the virtual community as part of the evaluation protocol. The course represents the first real e-learning-based university adaptation running in a standard regime in Europe, and UAb (Portugal) has joined Charles University (Prague) in making effective use of programmes and materials based on the original UPC curricula in the university context.

Keywords | EUPC – University Implementation – Prevention Education and Workforce Training – Distance Learning Education

Submitted | 15 May 2019

Accepted | 16 December 2019

Grant affiliation | Institutional support was provided by Charles University, Progress Programme No. Q06/LF1.

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● 1 INTRODUCTION – IMPROVING AND SUPPORTING THE PREVENTION WORKFORCE

Some years ago, the European Union realised how important it was to pay more attention to the development of a well-developed prevention workforce. In a Council Decision of September 2015 it demanded from member states that “*those developing prevention interventions have competencies and expertise on prevention principles, theories and practice, and are trained and/or specialised professionals who have the support of public institutions (education, health and social services) or work for accredited or recognised institutions or NGOs*” (Council of the European Union, 2015: 4). The aim is clear: European countries should invest more in the training of professionals and in better accreditation of the work of NGOs in the prevention field, in order to reduce the number of children that are exposed to the work of un-, semi-, or self-trained prevention providers. It is also an indirect acknowledgement that prevention can be harmful if applied incorrectly.

There is no consolidated routine data collection about the training background and training level of the prevention workforce in Europe. Professionals working in prevention have different training backgrounds, including those in social work, psychology, sociology, and the health sciences. Often, they have previously worked in addiction treatment. Depending on the origins of their training, they might have the respective professional bias: during previous prevention training experiences in Europe it emerged that regulation may be perceived as “prohibition” or changing norms as “fascism”, while in some countries evaluation is perceived as “unnecessary” and the evidence of prevention sciences as non-existent. Choice architecture and other environmental approaches are denounced as “manipulation”, and indicated prevention as “medicalisation”.

Only one recent European study (Ostaszewski et al., 2018), in which senior prevention professionals were asked to rate and describe the prevention proficiency of their colleagues, provides some insight into the level of training of the workforce in Europe. Senior professionals seem to be highly knowledgeable about basic research, programme design, developmental timing, trial design, evaluation, and community collaboration, i.e. traditional prevention skills, but less so about advocacy. In all areas of prevention work there were significant gaps, especially in advocacy, funding, management, and prevention programme development. In recent history we can also find an example of an original European study focusing on learning outcomes (knowledge, skills, and competencies) for prevention professionals which was followed by a small local evaluation study on 100 volunteers representing different professions participating in school prevention programmes (Charvát et al., 2012).

One key finding is that prevention training occurs within practice settings and not during any formal education. Apparently – with the exception of a PhD course in Croatia, a Master’s course in Austria, and an online Master’s course

in Spain dedicated exclusively to prevention – the European prevention workforce currently develops its professional expertise in an informal way, as on-the-job training, because virtually no institution grants degrees specifically in the field of prevention science. Some argue that all education programmes for professionals who work with young people should include prevention science, evidence-based practice (Catalano et al., 2012), and special training for programme implementers. However, such proposals have not led to the development of specific activities. A recent study looking into an addiction-specific university degree study programme (Pavlovská et al., 2017) showed how underestimated prevention science is in this specific academic context. It identified a total of 34 academic study programmes provided by 25 European universities, with only six of these covering the group of study subjects that focus specifically on prevention science. The integration of prevention science into the curricula of specialised academic programmes designed to train addiction professionals is a very rare phenomenon at present. Nevertheless, there are some pioneering efforts, programmes which integrate both prevention science theory and prevention-specific training and practice (e.g. Mioviský et al., 2016).

1.1 European Prevention Curriculum

In the light of this scenario, a consortium of European prevention scientists has, in an EU-funded project (UPC-Adapt), adapted, condensed, and re-edited what were originally the nine weeks of the Universal Prevention Curriculum coordinator series into a shorter introductory version for Europe, the EUPC. This key decision was made in the context of growing worldwide interest in quality standards and policy. A movement towards developing workforce quality standards can be observed. COPOLAD (Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies) published (in 2016) an integrated perspective on the workforce and in Europe we can find this perspective in the European Drug Prevention Quality Standards – EDPQS (Brotherhood et al., 2013).

Education and training are a fundamental part of quality policy. It is possible to identify specific components and recommendations strengthening the workforce and emphasising the quality of theoretical and practical training and education for prevention professionals. The first international standards (e.g. EDPQS, CICAD – the Inter-American Drug Abuse Control Commission, and CCSA – the China Communication Standards Association) and specifically formulated rules and recommendations focused on the workforce have been developed (Burkhart, 2015). In some countries, the first specific activities have encountered major complications in relation to interdisciplinarity, which is a distinctive attribute of modern prevention. A single disciplinary perspective in prevention (typically sociological, psychological, medical, etc.) is not appropriate or sufficient for real practice. On the other hand, an interdisciplinary approach implies a number of practical difficulties for prevention training and education programmes, e.g. in terms of the practical

assessment and evaluation of the knowledge, skills, and competencies of teachers, psychologists, GPs, or law enforcement officers (Charvát et al., 2012). This challenging issue helps to accelerate international debate and process networking between universities, training institutes, and other relevant international agencies and bodies (e.g. UNODC – the United Nations Office on Drugs and Crime, CICAD, etc.) with regard to sharing and exchanging experience, quality standards, and developing specific platforms such as ICUDDR (the International Consortium of Universities on Drug Demand Reduction) or international societies such as the EUSPR (the European Society of Prevention Research).

The EUPC is a European curriculum developed for use in prevention training for decision- and policy-makers. The primary goal of the EUPC training is to reduce the health, social, and economic problems associated with substance use by building international prevention capacity through the expansion of the European professional prevention workforce.

This training curriculum has been developed by a European project titled UPC-Adapt, which was co-funded by the European Commission, as mentioned above. Eleven partners from nine European countries cooperated in the project and adapted the Universal Prevention Curriculum (UPC) to suit the European context. The UPC was originally developed by Applied Prevention Science International (APSI) with funding from the US Department of State for the Colombo Plan Drug Advisory Programme. The adaptation process was based on the guidelines of the European Prevention Standards Partnership on the adaptation and dissemination of quality standards in different contexts (EDPQS Toolkit 4¹), which describe how to adapt it. Details of the methodology used and the countries involved in the project are provided in Annex 1. The European curriculum is shorter and more accessible than the original UPC. It can be delivered in five days, unlike the original UPC, which requires up to nine weeks of training. The EUPC can be delivered in different ways. There is an online introductory training course, a module for inclusion in prevention training carried out in academic settings, and a training module for decision-, opinion-, and policy-makers. The structure of the training for the last two modules uses a cascade ‘training of trainers’ approach whereby trained trainers can disseminate the training further.

1.2 Overview of Portuguese prevention policy – training needs

The drugs strategy of the European Union (2013-2020) provides a framework for coordinated responses to drug problems in Europe. At a country level, there are national drug strategies with specific budgetary frameworks and action plans. In Portugal SICAD (*Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências*) is the governmental institute for drugs and addictions and has the mission of promoting the reduction of psychoactive substance use, the

prevention of addictive behaviours, and the reduction of dependencies.² SICAD is a body of the Ministry of Health and has the responsibility for the National Plan for Reducing Addictive Behaviours and Dependencies (2013–2020) and its conception, accomplishment, and evaluation.

The interventions run by SICAD are divided into five main dimensions: prevention, harm reduction, treatment, reintegration, and dissuasion. The prevention responses of SICAD are partly covered under the Operational Programme for Integrated Responses (PORI), as well as other programmes and projects developed in coordination with governmental and non-governmental and national and international partners. PORI is a programme with national coverage and integrated activity in the sphere of addictions and dependencies, which seeks to enhance the available synergies either through the development of strategies for conducting diagnoses to justify intervention or through the implementation of the Integrated Responses Programme (PRI). PRI is a specific intervention programme that integrates interdisciplinary and multi-sector responses with some types of intervention (prevention, deterrence, risk reduction and harm reduction, treatment, and rehabilitation) following the results of territory diagnosis as priorities.

Underpinned by the need for interventions in addictive behaviours and dependencies, the National Plan for Reducing Addictive Behaviours and Dependencies aims to guarantee approaches, models, requirements, and practices based on innovation and sustainability, supported by evidence and assuring the empowerment and continuous training of professionals and other agents (SICAD, 2013). Adopting better technical and scientific referents, this Plan clearly identifies training needs for the diverse professionals working with addictive behaviours and dependencies – prevention professionals, but also other professionals from the health, social, judicial, educational, and police services. All these professionals need to develop their competences for better interventions.

The National Plan for Reducing Addictive Behaviours and Dependencies defines better interventions as those based on knowledge and scientific evidence, allowing the qualitative evolution of preventive approaches and their effective adjustment and supporting decision-making processes (SICAD, 2013). These must be supported by training as a global and continuous process that fosters the empowerment of the staff and their professional qualifications to perform interventions. Training for prevention professionals must develop skills which they will find useful in pursuing health promotion, in adjusting to the different needs of different groups, and in responding to the specific demands of a wide range of clients. The Plan underlines the relevance of international cooperation networks for working with a complex phenomenon such as addictive behaviours and dependencies, whether they involve psychoactive substances, gambling, or technologies, in different contexts and life cycle stages (SICAD, 2013).

1 | <http://prevention-standards.eu/toolkit-4/>

2 | <http://www.sicad.pt/EN/Paginas/default.aspx>

1.3 Aims

According to EUPC, the goals of prevention are the healthy and safe development of children and young people and also the avoidance of the progression of risk behaviours and substance use problems. In order to develop the prevention workforce according to European guidelines, a training course was developed which was based on the EUPC and adapted to the Portuguese context and its professionals.

In this paper we present and discuss a study about the adaptation and implementation of the EUPC into a standardised university online course at Universidade Aberta (UAb). The aims of this study were: i) to describe the adaptation and implementation process; ii) to provide evidence from the evaluation of this process that was conducted, and iii) as this is the first e-learning study programme delivered in Portuguese, to contribute with its results to new strategies in the field of the development of the prevention workforce.

● 2 METHODOLOGY

The methodological framework was built on the principles of a qualitative evaluation study (Patton, 1990) implemented in educational research (Borg & Gall, 1989). The team drew inspiration from the multifaceted WHO approach to the evaluation of drug prevention and treatment interventions (WHO, 2000a and 2000b). With this as the basis we focused on content and on the resources needed to support strategic activities to identify the strengths and weaknesses of the implementation.

The data collection process covered an array of field records (internal team reports, observation records, personal records made on an ongoing basis by the team leader, internal student evaluations, etc.). The qualitative content analysis was based on coding and involved a hierarchical sorting method (Miles & Huberman, 1994).

The study presented in this paper has two analytical levels. The first one is focused on the implementation process, i.e. the institutional framework, the particular steps required by the adaptation of the EUPC to the needs of Portuguese prevention professionals and to the technical and pedagogical demands of distance learning, and on the assessment of the trainees. This process was developed from November 2017 to July 2018. The second level is focused on the evaluation study conducted by a member of ICUDDR, a member of the EMCDDA, and the coordinator of the training course. The evaluation of the implementation was conducted in 2018 and cuts across all the items involved in the process that have just been mentioned.

● 3 RESULTS – IMPLEMENTATION PROCESS: SPECIALISED TRAINING IN ADDICTIONS PREVENTION

The first contacts with the International Consortium of Universities for Drug and Drug Demand Reduction (ICUDDR) and the Universal Prevention Curriculum (UPC) and its European Adaptation (EUPC) started in the last trimester of 2017. In December Universidade Aberta became a formal member of ICUDDR as an education provider. A specialisation training course worth 10 ECTS, aimed at prevention professionals with prior or current experience of working in the prevention field, was designed in the first months of 2018. This proposal involved some adjustments that took account of the Portuguese context and the prevention professionals' needs; specifically, the content related to pharmacology was removed and the approach was broadened to include non-substance addictions, such as gambling and technology-related addictions.

In February 2018, a 'formal settlement of cooperation' was signed, which made it possible to use 'HoGent© and the UPC-Adapt consortium' as a reference in the course guide of the Specialised Training in the Prevention of Addictions. This document contains all the course information: the framework, objectives and learning outcomes, content, learning resources, work plan, and evaluation. The next step was approval by the formal bodies at UAb. It was first considered by the Department of Education and Distance Learning Coordination Council and then by the UAb' Scientific Council. The course had the status of a non-formal training course, meaning that it was a professional and life-long learning opportunity, with certification at the end, but no degree. For this reason, there was no need for it to be approved by authorities other than the internal UAb bodies. The Specialised Training in the Prevention of Addictions course was formally approved at the end of March. In early April the pedagogical design of the course began to be prepared. The provision of information on the study programme and enrolment started at the same time.

At this point there is a training need with public identification and recognition for prevention professionals and other related professionals in Portugal (SICAD, 2013) and an international network that developed the EUPC which could be adjusted to the Portuguese context and to online delivery. This was the context for the design of the first e-learning-based EUPC programme in Portuguese. The Specialised Training in the Prevention of Addictions course commenced on 4th May.

It is intended for graduates from the social studies field who wish to broaden their qualifications or are interested in the area of health education, in particular in the field of the prevention of addiction and dependency. These include, in particular, the coordinators of prevention programmes and professionals working in prevention, as well as other professionals such as social educators, social workers, and education practitioners. This training programme has a curricular

structure adapted (and translated) from the EUPC – European Universal Prevention Curriculum (©HoGent). Its structure features five topics preceded by an introduction to the virtual learning environment which is offered to all UAb students and is free of charge but mandatory. This introductory module aims to provide students with guidance to the virtual teaching and learning environment and to enable them to acquire the online communication skills and social skills necessary to build a virtual learning community. After the initial module has been completed, the first topic is ‘Lifestyle Decisions and Prevention’, which places prevention in the field of health education and the promotion of healthy lifestyles, conceptually exploiting evidence-based prevention. It also addresses the role of prevention professionals – Advocacy – and specific ethical issues pertaining to these professionals. The second topic is ‘Epidemiology and Etiology’, which is based on a general contextualisation of psychoactive substance use in Europe. In Portugal, it has been extended to include gambling (a game where something in the anticipated outcome is risky, which may lie at the origin of the development of addictive behaviours). Etiology models are relevant in this context for the identification of factors or mechanisms associated with addictions.

The third topic is ‘Prevention Science’, in which the main theories used in evidence-based prevention are discussed. This theoretical framework is fundamental for the trainees to understand the core elements needed for the development of preventive interventions. This is complemented by the study of international standards for prevention, European standards for quality prevention, and customised programmes in health education. The fourth topic, ‘Monitoring and Evaluation’, addresses several types of screening research that can be used to monitor or evaluate preventive interventions. The issue of collaborative work with evaluation teams and research institutions, as well as the formation of communities of practice, will also be addressed. The last module deals with ‘Models of Applied Prevention’. Prevention models applied to different groups and contexts, namely the family, school, work contexts, community, environment, and the media, are presented. For each of them, specific issues and challenges related to health education and prevention will be dealt with. The focus of this approach is based on evidence-based practices.

After completing the modules, each student must carry out a theoretical and/or practical prevention-related project. The development of this project will be accompanied by the coordinator of the course. The linkage between the modules reflects the simultaneous operation of some contents that, in this way, are reinforced. Such a form of organisation also enhances the general flexibility of the training (according to the UAb Pedagogical Virtual Model®, which is explained in the next section. Specialised staff perform continuous monitoring of the training process and activities. With regard to such a training programme, this approach is practicable because it allows a certain amount of flexibility in terms of continuous improvement. It is an important feature, as this was the first online prevention course under ICUDDR – the International Consortium of Universities for Drug Demand Reduction.

● 4 DISCUSSION – E-LEARNING AND DISTANCE LEARNING EDUCATION

The domain of ‘internet-based learning’ is relatively recent and so it still needs further research, theoretical development, and conceptual stabilisation. E-learning is generally associated with technological rationality linked with the technological dimension of the artefacts that mediate learning processes (Shank & Sitze, 2004; Guri-Rosenblith, 2005; Marquès, 2006). Distance Learning and Education is associated with the idea of de-territorialisation of the learning processes and focusing on their interaction scenarios (Hiltz & Turoff, 2005; Downes, 2014). The important feature is that the technological innovation must be complemented with pedagogical strategies that are also innovative. At the intersection of technology and pedagogy, new learning and teaching strategies emerge. *“E-learning is progressing from the basic use of ICT [Information and Communication Technologies] for learning to new forms of education and training which emphasise creativity and collaboration and new skill requirements for the knowledge society. This, in turn, requires a significant change of emphasis, away from a focus on technology, connectivity and Internet, towards a greater consideration of the context of learning, and of the need for collaboration, communication and innovation”* (Penna & Stara, 2018:5).

Distance Learning and Education provides consistent and worldwide training, reduces delivery cycle time, increases the learner’s convenience, reduces information overload, improves tracking, and lowers expenses (Welsh, Wanberg, Brown, & Simmering, 2003). And these are some of the features that help to provide an understanding of the worldwide growth of Distance Learning and Education.

Established in 1988, Universidade Aberta is the only public distance education university in Portugal. Because of its purpose, UAb uses the most advanced technologies and methods of Distance Learning, without geographical borders or physical barriers, in its teaching activities while placing special emphasis on the expansion of the Portuguese language and culture within the Lusophone world (migrant communities and Portuguese-speaking countries). All the teaching and learning activities, in both formal and non-formal training opportunities, follow the guidelines established in the Virtual Pedagogical Model® (MPV). This MPV® was specifically created for online teaching and learning at UAb and is recognised and validated by the international professional community. Within this MPV®, the teaching and learning activities proceed asynchronously using the UAb eLearning platform and other digital environments and online tools. The MPV® has four main principles: i) student-centred learning, ii) education based on the flexibility of access to learning, iii) education based on diversified interaction, and iv) education that promotes digital inclusion (Mendes et al., 2018; Pereira et al., 2007).

The evaluation of the implementation focused on all the aspects of the course: content, pedagogical resources and strategies, and the expertise and experience of staff and

trainees. The diagram below outlines these aspects and their dynamic interaction (Figure 1). The content was developed around five themes (already described above). The pedagogical design of the course combined learning resources (EUPC, articles from scientific journals, videos, and official web pages such as those of the EMCDDA), e-activities (debates in forum, and collaborative work) and technologies (to support drawing a conceptual map, and to support a debate based on the ‘pros and cons’ approach). As the MPV® has an interactive and collaborative background, the participants are integrated into a community of learning and practice which values their work experience and previous knowledge. For this same reason the staff selected for the specialised training course had great expertise. All the process was closely and constantly monitored as EMCDDA staff with proficiency in Portuguese had access to the training course and followed the development of the e-activities and the interaction within the virtual community. (Figure 1.)

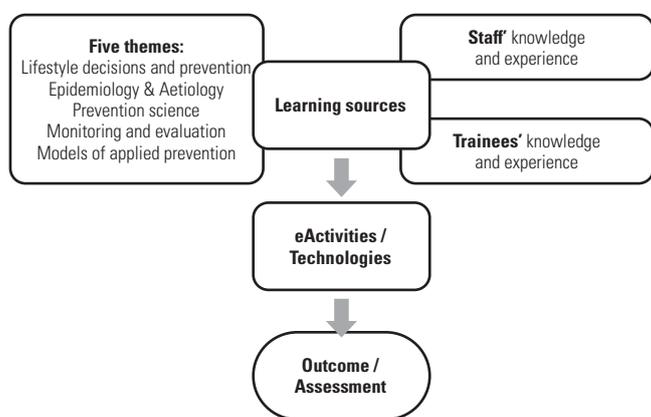


Figure 1 | Specialised training in the course in the prevention of addictions – structure of the evaluation

4.1 Difficulties and perspectives

Ten prevention professionals participated in the training course. All of them had prevention experience, and yet this was the first specialised training in prevention. Their scientific background was very diverse, from social work to arts, psychology, and pedagogy.

Enrolment has been difficult, probably for three reasons: i) people tend to believe that they know everything about prevention, ii) the prevention of substance use might be too narrow a field, and iii) there is no perceived need for a specific formal qualification in order to do prevention work in Portugal. Only seven trainees completed the course successfully.

This evaluation highlighted some difficulties. Besides those related to enrolment (mentioned above), we face language barrier difficulties, as most of the resources are in English. For this reason, it is necessary to invest in the translation and adaptation of the EUPC to Portuguese. There is also no Portuguese-speaking scientific journal dedicated to prevention, which helps to explain the lack of

scientific resources to support the content and the teaching and learning activities.

Some possibilities for the further development of online training opportunities in Portuguese were also discussed in order to truly meet the needs of prevention professionals working in Portuguese-speaking settings. The current Portuguese context and development processes, as well as prevention-specific gaps in institutional infrastructure (e.g. professional society, sufficient number of real working positions in prevention in schools and in the community, etc.), were addressed.

5 CONCLUSIONS

In spite of the facts that prevention is still not recognised as a unique field and the lack of a systematic approach to supporting the workforce and developing high-quality and adequate training and education programmes can be identified across European countries, we can observe the process of the first university-based training and education programmes specialising in the prevention of addictions being developed. This priority is supported by some international bodies, such as the EUSPR (European Society of Prevention Research), SPR (Society for Prevention Research), the WHO (World Health Organisation), CICAD (the Inter-American Drug Abuse Control Commission), the INL (Bureau of International Narcotics and Law Enforcement Affairs), the ISSUP (International Society of Substance Use Professionals), and just recently also ICUDDR (the International Consortium of Universities on Drug Demand Reduction). The process, facilitated by the wider international community, is accelerating and new specialised university programmes are emerging around the world. The course that was evaluated and implemented in Portugal represents the first real university-based e-learning adaptation running in a standard regime in Europe, and Universidade Aberta (Portugal) has joined Charles University (Prague) in making effective use of programmes and materials based on the original UPC curricula in the university context and supporting the idea of greater reflection on the issue of quality in education and training, specifically in the prevention of addictions. The first comprehensive university-level study programmes (e.g. the Prague model of addictology) and, in particular, courses/training that are viable and useful for different programmes that already exist, such as psychology, pedagogy, social work etc. (e.g. the Lisbon training concept) are the best ways of improving the competences of the prevention workforce and enhancing awareness among the wider professional community.

Authors' contribution: Susana Henriques created the design, organised the collection of the data, evaluated the field reports and observations, and processed the outcomes and materials for the article. Gregor Burkhart cooperated on writing and the final version of the article. Michal Miovský cooperated on writing and the final version of the article. The authors contributed to the creation of the article and approved the final version of the manuscript.

Declaration of interest: No conflict of interest.

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