

GUIDELINES AND RECOMMENDATIONS FOR SCHOOL-BASED PREVENTION



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Prepared by: Jeff Lee (Mentor Foundation International), Sanela Talić in Matej Košir (Institute Utrip)

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Institute Utrip
Trubarjeva 13
1290 Grosuplje, Slovenia
Office: Vošnjakova 1, 1000 Ljubljana, Slovenia
Mobile: +386 (0)31/880-520
E-mail: info@institut-utrip.si
Webpage: <http://www.institut-utrip.si>



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Introduction

Over the past 25 years there has been a significant focus on the need to address young people's health and behaviour as a major and necessary part of the school curriculum. There has been increasing concern about young people's behaviour with respect to a range of health related behaviours including drugs, incorporating legal substances such as tobacco and alcohol; the issue of HIV/AIDS and the related issues of sexual behaviour; increasing concern over eating habits and related health issues; and there is a growing concern about the physical, mental and social well-being of the young person and how the school has a role to ensure a positive outcome in this respect. The school has been asked to rethink this part of their provision as it strives to provide an education that responds to the Rights of the Child in providing a comprehensive education that promotes the whole person including their physical, social and mental health and well-being.

Furthermore, there has been increasing stress on the need for schools to be more concerned with issues of behaviour that is responsible towards self and others and how they can build the personal and social competence, responsibility and welfare of themselves and towards others. As a result schools around the world have had to address how the school as a whole, and within that, the curriculum it provides, the methodologies it employs, the ethos it creates, the opportunities it provides, and the relationships it promotes can encourage the healthy development and well-being of young people as a fundamental outcome of school education.

Within this broad concept of the school's responsibility to encourage and promote health and well-being there has been the need to address specific issues and concerns. "Drugs" is one of these. Often this has arisen because of a particular "problem" in the school. This often resulted in schools understanding the need to consider the need to address "prevention" in order to avoid problems occurring and for it to be undertaken as "drug education". This has developed over the years and drug education or prevention is now seen as a relevant and necessary component of broader health education. The response of schools which was originally to avoid addressing drugs as an issue because they might be seen as admitting there was a problem in the school, changed to that of the school who does not address drugs and prevention, as the one that is failing its students.

The need to address drugs, education and prevention with young people has become self-evident and includes certain propositions:

- Drug misuse a major global problem (drugs = all substances!)
- It is a major health, social and even crime (and cost) related issue
- Young people are particularly vulnerable
- Supply control approaches have limited success and are expensive
- The only long term hope for managing the problem is a combined approach with an increased focus on prevention and education plus support for treatment
- Prevention (and early intervention) and education means **more than providing information and media campaigns**
- The objectives for prevention have to include effective policies and practice that aim to:
 - ✓ Reducing the compulsive use of drugs and addiction
 - ✓ Reducing the regular use of drugs
 - ✓ Reducing the problematic and harmful use of drugs
 - ✓ Preventing any drug use (promotion of abstinence)
 - ✓ Delay onset of use
 - ✓ Promoting responsible and safer use of drugs if it occurs
 - ✓ Contribute to the health, safety and well-being of each individual
 - ✓ Promote healthy behaviour and personal and social confidence, competence and well-being, and
 - ✓ Reflect evidence based approaches that have shown to be effective.

This short document aims to address some of these propositions in a little more detail and to propose certain recommendations, principles and guidance as to how schools should consider the development of their school based prevention programmes.

The Role of Schools in Prevention

Terminology and how it is communicated and understood by others is always a challenge. What is understood by the terms “school” and “prevention” will vary substantially among different individuals. It is therefore important to offer some clarity of the terms to encourage a shared understanding.

What do we mean by “schools”? A school is more than a place where young people come to learn managed by the school staff. A school in our definition is an environment for learning that includes a wide range of experiences; involves a wide range of contributors and stakeholders; that is not only within but is part of a community; that includes the concept of ethos as well as teaching; that addresses policy as well as practice; and that sees how pupils learn as essential as what we teach; and that what we teach reflects not only statutory demands but which contributes to the development of the whole child and their ability to achieve their potential in all areas including their personal, social and academic aspirations and achievement.

With respect to “prevention” it would be easy to say that it is about “stopping” or “avoiding” things happening and therefore as far as drugs are concerned it should be focused on stopping young people from using drugs. However if we are to “prevent” something happening we have to consider how that is best achieved and makes it essential that we clarify our objectives. What we have learnt from past experience and supported by research is that telling people not to do something is rarely effective in promoting longer term desired behavioural outcomes. What we have learnt is that if we are to “prevent” we have to consider what factors contribute to the behaviours we are addressing and how we address these. We have also learnt that the most likely way to preventing undesirable behaviour is through a focus on the positive rather than the negative. Hence the focus for prevention over recent years has been focussed on building the protective factors that make drug abuse or other unhealthy or negative behaviours more likely; addressing the risk factors that can lead to those behaviours; building the resilience of young people to cope with the pressures and challenges they will face; developing the personal and social competence of young people and the “life skills”; considering and understanding the influences upon young people; exploring attitudes and values; promoting opportunities and alternative positive behaviours, and of course building the knowledge and information that is relevant. With this understanding of prevention it becomes clear that **our objective in prevention is there focussed not so much on “stopping” but on promoting healthy behaviour, building healthy lifestyles and equipping young people to face and respond appropriately to the challenges they will face not only with respect to drugs but to many other health related issues.**

The word that helps make further sense and links these two words “schools” and “prevention” is “education”. Schools and prevention are about education – the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life (dictionaryreference.com). This reminds us that key to what we should address in our school prevention work has to include not only what we teach but how we teach it; it reflects the need for an environment where education and learning is part of the school ethos; where what is learnt or taught can be tried and applied; where what is taught and applied is supported and reflected in policies; and where education is seen as something that involves the whole school community which incorporates the inclusion of parents and other stakeholders in the community.

Pre-conditions for quality school-based prevention

So what are the pre-conditions for developing a quality school-based prevention provision? The attached references offer much more detailed guidance and helpful comments on this issue. However we would highlight certain key principles for consideration:

- ✓ It needs to be acknowledged, accepted, agreed, understood and respected by all staff including the Management - this has implications for how the programme is initially developed with relevant consultation and involvement of all staff and Managers. This is a “whole school” matter.
- ✓ It needs to be communicated and accepted by all school stakeholders: this includes parents, governors of the school, others who interact and support the school and key community stakeholders. The awareness and support of the media is a good example of the need for community stakeholder involvement and support. Appropriate consultation and information needs to be undertaken with these groups.
- ✓ Appropriate time needs to be provided within the curriculum for the proposed development. It is not an area for last period on Friday. The provision has to reflect evidence based best practice approaches for providing prevention and avoid those that have been shown not to be effective.
- ✓ The curriculum “slot” or curriculum approach needs to be identified. Some schools will go for a “separate subject” approach; others may include it as part of the pastoral provision in the school; an integrated approach within existing subjects can be popular; within health education or personal and social education may be the way it is addressed. Certainly the approach that encourages prevention within a broader provision of personal, social and health education, however structured within the curriculum is likely to have better outcomes.
- ✓ Parental consultation should be encouraged to move towards parental involvement through, for example, parent workshops or through part of the work programme encouraging home work and links with parents.
- ✓ Teachers working with this aspect of the curriculum need to be appropriately trained and supported. It does deal with sensitive issues and teachers need to address how to respond to these and where to draw the line between their role and the need to involve others e.g. if a specific problem is identified. A “coordinator” who has responsibility for this area, both at curriculum and for other related aspects, is also essential.
- ✓ A focus of implementation and training should be on methodology and “how” to facilitate learning in an active and dynamic way that includes active participation of students.
- ✓ Policy issues need to be addressed as well as curriculum provision. The school needs to have a policy with respect to, for example, bringing drugs into school, or those caught using alcohol, tobacco and illicit drugs. Similarly a sensitive policy is required about adult and teacher responsibilities with respect to the issues raised by initiating prevention work in school. Is there a smoking policy? What about use of alcohol on the premises by adults or drinking during work hours?
- ✓ Does the school ethos reflect the work and approach? If a focus is to provide young people with the skills and abilities to make choices, have opportunities, use their skills, does the school provide for these competencies to be practised and developed?
- ✓ Links between the school and community for help and support need to be developed to support the implementation and to respond to any needs or opportunities that might occur.
- ✓ A means of monitoring, evaluating, reviewing and developing the provision needs to be in place. It will not work perfectly first time round. It is a process that will need to be reviewed and refined based on experience and new needs.

What are the effective components of prevention work in schools?

To some extent the answer to this question has been indicated through the previous parts of this paper. However it may be worth attempting to identify some of the major components that are being indicated by the research into best practice prevention that is becoming available. Prevention science is relatively new and the development of effective prevention approaches in schools, including specific resource materials, is still in its infancy. There is increasing evidence becoming available in the USA and more recently Europe, Canada and Australasia have produced good research on this issue.

One question is the role of the school is providing “Universal” prevention - that is an education provision that is targeting all young people and whether it should also be offering either or both “Selective” or “Indicated” prevention inputs. Universal prevention targets the whole population, while selective prevention targets (vulnerable) groups, both with the aim of deterring or delaying the onset of substance use. Indicated prevention acts at the individual level to: prevent the development of a dependence; to stop progression, diminish the frequency; and consequently to prevent “dangerous” substance use. The reality is, of course, that different approaches are required to meet different needs, different target groups and for different settings. Most schools see their role as offering a universal prevention provision but it may be valuable and certainly identified within the school policy how the school will respond to those young people who fit in the selective or indicated categories.



With respect to the universal provision one might consider the following general issues about provision:

1. Address the pre-conditions (see previous page). This will ensure a solid foundation and sound operating principles for the development.
2. Ensure the programme includes responds positively to the following:
 - a. Has the appropriate curriculum context for provision **been planned to ensure it is part of a whole school programme** that addresses the broad issues connected with prevention and health education and social education provision?
 - b. Is the programme **set within a context and ethos** that is promoting the health and well-being of young people?
 - c. Does the provision operate **as a school programme that covers all ages and is developmentally appropriate within a period of provision over time rather than “one-off” inputs**?
 - d. Does it include a focus on **promoting protective factors** against negative and unhealthy behaviours?
 - e. Does it address the risk factors that can contribute to drug abuse and other unhealthy behaviours?
 - f. Does it consider the **issue of social norms or normative influences** as a factor that can contribute to particular negative behaviours?
 - g. Does it contain a study of **influences on behaviour and how these operate**, for example understanding the media and advertising?
 - h. Does it provide the opportunity for **developing personal and social skills and competencies** (life skills) and the opportunity for practise and trial of these skills?
 - i. Does it provide or obtain the necessary **knowledge and information** relevant to the specific content area e.g. drugs? (Bear in mind young people know a lot about such things but it is how they use that knowledge)
 - j. Have we taken into account **new learning** that might be included? E.g. adolescent brain development?
 - k. Is the programme implemented by **appropriately trained and committed staff**?
 - l. Are the teaching methods used **appropriate to active learning and involvement** of the students?
 - m. Does the programme **link with the community, its stakeholders and relevant people** that could enhance and support the provision?
 - n. Are **parents** engaged with the programme through particular involvement e.g. through workshops for parents, or by linking the work in class with follow up at home and in the community?
 - o. Does the programme have support from staff and management and is it taken seriously by all?
 - p. Is the programme and provision **monitored and reviewed - by staff and by students**?
 - q. Is someone **keeping up with new research and findings into “what works”**?

A “yes” to all the above will certainly increase the change of a successful programme and provision. It may be helpful to see this as a list that a school aspires to rather than expecting to be able to give a “yes” to everything from the outset but it certainly should be a “challenge list”.

Approach with caution: What is unlikely to “work”?

Prevention and particularly the issue of “drug prevention” is often provided as a response that reflects what might seem common sense approaches that will stop young people using drugs. However we have already identified that “stopping” use is not necessarily the prime objective and that we should be more concerned with an educational objective of developing personal and social competence and promoting the health and well-being of young people. The other reality is that some approaches which are commonly used or suggested have been found not to work, have no evidence base and may even be counterproductive.

These approaches include:

1. Scare them!

It is understandable why some people feel that showing the more terrifying results that can occur from drug abuse will “put people off” using them. The reality is that the research would indicate this does not work! It may have a short term impact on some. It may even have a longer term impact on those who are never likely to become involved. However as a single strategy that will have the desired outcomes we have discussed above it is likely to fail. Young people are always able to see such portrayals of drug use as “unrealistic” - it does not match their own experience of what happens when others they know and see use them. They are also good at the “it will never happen to me” and “my Granny smoked for 70 years and she was ok” response. Young people live in the here and now and not in the long term future outcomes area. We know from the research into brain development that young people’s brains during adolescence are prone to seek pleasure and excitement and that their ability to consider consequences of behaviour comes later. This is another reason why this approach is not a good approach.

2. Bring in the ex-addict?

This is another common and understandable response but once again one that has shown to be unsuccessful in respect to long term outcomes for most young people if used as a single strategy. Not only does it have the similar response to the scare tactics it can also offer a confusing message. A good example is a response from a 14 year old listening to an ex-addict on stage speaking to the assembled group of young people: “So if you do use drugs you can enjoy the good bits and once the bad bits occur you can stop and then get a job that allows you to be an expert and get on stage to talk to people and be seen as someone special. Not bad.”

3. Give them the facts

Yes young people need knowledge and information but we also know they have a lot of this already even if some is mis-information and myth. The reality however is that behaviour is not based just on the information and knowledge we have. Would doctors and nurses smoke if this was the case? Would people use alcohol the way they do if they based their behaviour on knowledge and information? We know that behaviour is far more complex and needs to address the areas and objectives outlined earlier in this paper. We also know the risk of “too much information”. What is required is to know how to use the information and apply it in the reality of the situations young people face. When a young person is invited to smoke a joint for the first time it is unlikely that the facts about cannabis are the likely to be the key to their response. It is much more likely to be about “how do I handle this situation?”; “how do I keep my friends and appear cool and still refuse?”; “how do I assert myself in this situation?”; “am I aware what others will think about me if I do?” etc.

4. Just Say No!

The phrase is a good sound bite but is it effective? The research would indicate that it may help to reinforce the beliefs that some people already firmly hold of not “doing drugs” but on its own offers little else in terms of equipping young people to operate to apply these beliefs when confronted with choices and decisions about drugs. And do we mean “say no” to all drugs? What about use of medicines which can be beneficial? What about the use of alcohol once they reach the legal age for use?

5. Use the experts - e.g. police, doctors, drug specialists

The way some teachers get out of dealing with their role and responsibility for prevention is to use other “outsider” approaches. This is often in the form of getting such “experts” to visit and talk or lecture or even present a “display” of drugs that are commonly used. It can then often move into a scare tactic approach or “just say no” or “facts focussed” input. Such sessions can be very interesting - particularly to adults or teachers but are less likely to be effective for students. First of all it usually means sitting and listening passively which we know is not a methodology for learning that works; secondly it means young people are given the input that the adult wants to impart rather than provide answers to the questions and needs that young people want to address; and thirdly such visitors are not usually trained to do the job that teachers are experts in - communicating and promoting young people’s understanding and learning. This is not to say using other people from within the school community is not a good idea. It is how they are used and whether it is part of the provision. It can also be turned into an approach where the young people can have responsibility for who is invited and what issues and questions they want to be addressed by that “visitor”.

6. Show the film, theatre play and lecture/school assembly

This is similarly often a way of absolving responsibility of the school or teacher. It is another version of giving information in a way that is unlikely to have any impact on most young people. It is usually a mixture of information, just say no, scare tactics using a method and content, that on its own is unlikely to have the desired impact of helping young people develop their skills and abilities of functioning in a world where they will face drugs. It is also only a “one-off” approach given irregularly to particular age groups rather than an ongoing programme of prevention.

7. Do as I say not as I do

This is a more “hidden” approach where the messages of the programme are not reflected in the ethos of the school or the behaviour of the staff. Examples include those that reflect the provision that encourages healthy lifestyles and a healthy environment only to find teachers smoking in the staff room and no or very little provision for healthy eating or exercise. It is the programme that reflects helping children to make healthy choices and decisions only to find that outside the classroom there is no opportunities to practise or utilise these skills. This is why it is so important for any prevention or health promotion development in a school to be taken on by the whole school and reflected in all aspects of its policy and practise.

8. Read the book and use the internet

Obviously books and the internet are valuable sources of ideas and information but they are not sufficient on their own. There is also the need to be aware - and make the students aware - that the internet can be a source of misinformation and promotion of dubious messages and information.

9. The media campaign

Often the response to the issue of prevention or drugs is to have a media campaign as if that will change behaviour. What we know from the research is that it is not enough on its own to have an impact on behaviour. Media campaigns are very good to raise awareness and to put the issue on the public agenda. However unless they are supported or followed up by more specific programmes and actions in schools and communities they are unlikely to work and indeed can have a negative effect of having raised the awareness with nothing happening to address the issues raised. Furthermore the nature of the media campaign also needs to be addressed as some of the approaches above are often employed, for example scare tactics, which do not have the desired outcome and can even produce a counterproductive effect of glamorising drugs in the eyes of some young people.

10. Drugs are bad!

They may be - but this is debatable! Some drugs are “good”. Where would we be without medicines although they are abused and cause problems? What about alcohol - a legal substance that many people “enjoy”? Even some “illegal” drugs are initially used because of their apparent positive effects. We have to be careful in how we “label” drugs to young people and give a message that is credible and to which they relate - and which is in common with their experience. We have to avoid mixed messages, be consistent and honest. They are substances which are used legally and responsibly; some substances can have positive outcomes; some drugs are used to celebrate and for enjoyment; all drugs can be used irresponsibly and can have negative outcomes and result in harm and damage to health and well-being.

All the above approaches - and there are other versions of them that are commonly used - have to be used with extreme caution. It is not to say that they cannot be used but it is how and when they are used. It is about whether they are used as part of comprehensive programme of education, health promotion and prevention that is provided throughout the young person’s school career. There is no “magic pill” approach that will work for all young people. As we have said before different needs need to be met by different approaches in different settings for different target groups. The approaches identified here may work for some but the evidence is that they are unlikely to be effective for the vast majority of young people and that they do not meet the educational objective of helping young people to be in a position to make healthy and informed choices about their health and well-being.

Conclusion

This paper has tried to offer some thoughts on developing school-based prevention based on the emerging evidence and research available as well as from our own experience as prevention practitioners.

The common demand on people is that they should communicate what they want to say on no more than one page of A4. So this is what we would conclude on that page for those who have not had the opportunity or time to read what has preceded this.

- ✓ Prevention, and particularly drug related prevention, only makes sense if **provided as part of a comprehensive programme** that addresses the health and well-being of young people within a school.
- ✓ This provision should begin **early in the young person's school career** starting in the primary school. Some would argue it should begin earlier. It should be a **universal** approach offered to all young people as part of a major component of school education.
- ✓ The school should ensure that it is **committed and supportive** at all levels of such a provision from the Management through all members of the school community.
- ✓ **The school community** includes administrators, teachers and students. It also includes the parents and other stakeholders within its community that should be consulted for their awareness and support and involved in some way to support the objectives of the school's provision.
- ✓ The provision within the curriculum needs to be matched by the ethos and operation of the school to be consistent with the programme's aims - providing a safe and supportive environment where a health promoting environment and culture is encouraged and offered.
- ✓ Those teaching, or providing the specific learning, for the "prevention" curriculum need to be **trained and supported**. Someone should have responsibility to help, coordinate and support the provision and for the development, monitoring, review and refinement as well as to offer support to colleagues.
- ✓ **The "curriculum slot"** for the provision needs to be addressed. There are a number of options: separate subject area; part of pastoral provision; integrated within subjects; within any health education or personal and social education programme.
- ✓ **The outcomes of the provision should be helping young people to be able to make informed and healthy and responsible choices about their behaviour.** This will be the result of the provision focussing on providing appropriate information; addressing the known protective factors and risk factors that impact on health behaviour; developing personal and social skills and competencies; addressing values and attitudes; awareness of the range of influences on behaviour such as the media; consideration of normative influences on behaviour; providing healthy alternatives and opportunities for young people.
- ✓ The school should **offer an environment that reflects the aims of the provision** and provide opportunities for the young people to practice and develop their learning. It should also include links between the work in the classroom and with the home and local community.
- ✓ **How children learn** is a key element of the provision and therefore **the methods used are as essential as the content**. The teaching methods need to be dynamic and involve and encourage active learning approaches. Training may be required to develop the confidence of teachers to develop confidence with these approaches. Approaches which have been shown not to work should not be employed other than as part of, and in an appropriate and consistent way, to enhance the comprehensive school provision.
- ✓ **Appropriate policies** should be developed in school to reflect the provision and its objectives e.g. how to respond to drug related issues; support systems; out of school support; links with parents.

- ✓ It is a provision where
 - preventing use, misuse and preventing harm come together.
 - the focus can be on addressing causes and not just substances or problems, and which is
 - about promoting health and developing the knowledge, skills and competencies that will protect and help with risk avoidance with a focus on identifying risk and providing protective factors

If we are able to develop our prevention work in schools in the light of these recommendations, with the other helpful ideas provided through the references and web links offered below, we have the chance for schools to, make a real contribution young people's health related behaviour in a way that can result in positive and healthy lifestyles which avoids the misuse of drugs and contributes to the development of responsible and healthy members of the community.

References and websites

Canadian Centre on Substance Abuse (2010). Building on our strengths: Canadian standards for school-based youth substance abuse prevention (version 2.0). Ottawa, ON: Canadian Centre on Substance Abuse:

- <http://www.ccsa.ca/2010%20CCSA%20Documents/ccsa-011815-2010.pdf>

Canadian Centre on Substance Abuse (2010). Stronger together: Canadian standards for community-based youth substance abuse prevention. Ottawa, ON: Canadian Centre on Substance Abuse:

- http://www.ccsa.ca/2010%20CCSA%20Documents/2010_CCSA_Community-based_Standards_en.pdf

Fact Sheet: A Summary of the rights under the Convention of the Rights of the Child, UNICEF:

- http://www.unicef.org/crc/files/Rights_overview.pdf
- <http://www.unicef.org/crc/>

King A. (2004). Advice for Teachers on Delivering Drug Education. Drug Education Forum. UK:

- http://www.drugeducationforum.com/images/dynamicImages/7196_458223.pdf

Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders. National Institute on Drug Abuse (NIDA). Second Edition. 2003:

- <http://www.drugabuse.gov/sites/default/files/preventingdruguse.pdf>

Preventivne aktivnosti na področju uporabe psihoaktivnih snovi (2011). Podporno gradivo ob mesecu preprečevanja zasvojenosti 2011 z geslom "Dobre izbire premagajo ovire". Zavod za zdravstveno varstvo Ravne na Koroškem:

- <http://www.zzv-ravne.si/images/stories/podporno%20gradivo%20ob%20mpz%202011.pdf>

Principles for School Drug Education (2004). Prepared by Lois Meyer, Learning Paradigms, with Helen Cahill, Youth Research Centre, University of Melbourne. Department of Education, Science and Training. Australian Government:

- http://www.deewr.gov.au/Schooling/Programs/REDI/Documents/principles_drug_ed_pdf.pdf

Schools: school-based education for drug abuse prevention (2004). United Nations Office on Drugs and Crime (UNODC). Vienna:

- http://www.unodc.org/pdf/youthnet/handbook_school_english.pdf

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA):

- <http://www.emcdda.europa.eu/best-practice/prevention>
- <http://www.emcdda.europa.eu/themes/prevention/responses-in-eu>
- <http://www.emcdda.europa.eu/best-practice/prevention/school-children>

The Principles of Good Drug Education (2012). Drug Education Forum, UK:

- <http://www.drugeducationforum.com/index.cfm?PageID=33>

Wilson R. in Kolander C. (2003). Drug Abuse Prevention - A School and Community Partnership. Second Edition. Jones and Bartlett Publishers, Inc.



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