
FreD goes net

Project Report

Imprint

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FreD goes net

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1. FreD goes net – the project

FreD goes net is the European development and transfer of the German project “FreD – Early intervention in first-time drug offenders” to 17 countries of the European Union. It is a short intervention and selective addiction prevention programme which was co-financed by the EU Public Health programme and supported by the German Federal Ministry of Health. The project ran over a period of three years (11/2007 to 10/2010), with continuous scientific evaluation provided by the Cologne-based FOGS research institute.

1.1 Background

The **early intervention approach “FreD** – Early intervention in first-time drug offenders” was developed in the late 1990s to address the problem of growing numbers of young drug users who did not consider themselves in need of any help. As a result, the existing support system was largely unable to reach them. The project sought to test whether 14-21-year-olds could be motivated to attend a counselling session followed by a short intervention programme after they had been picked up by the police as illegal drug users for the first time (usually on account of cannabis).

The project received financial support from the German Federal Ministry of Health, Bonn and the federal states involved and was tested at 15 sites in the period 2000 – 2002. By the end of 2007 the number of facilities in Germany providing FreD or similar projects had grown to 142.

During the transfer phase of the FreD programme in Germany in 2003/04 several European countries approached the German co-ordinating body Landschaftsverband Westfalen Lippe – Koordinationsstelle Sucht (LWL-KS) with an interest in implementing FreD in their countries. This interest was born from a similar background situation to Germany: a high prevalence of high-risk young drug users and difficulties in establishing access to addiction prevention measures.

In 2006, the annual report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) contained figures on the prevalence of cannabis use in Europe. Cannabis emerged as the most frequently consumed illegal substance in Europe and was shown to be a drug of choice primarily for young people. Data collected in 2004 by European member states on patterns of cannabis use in 15-24-year-olds revealed the following:

- Lifetime prevalence (tried cannabis at least once in life):
 - between 3% and 44%
 - (most countries supplied figures between 20% and 40%),
- Cannabis use in the last year:
 - between 4% and 28 %
 - (in most countries between 10% and 25%),

-
-
- Cannabis use in the last month:
between 1 % and 15%
(in most countries between 5% and 12%).

Men showed higher overall rates than women.

Five EU member states (Belgium, Spain, Italy, Cyprus and the UK) had provided more recent data from national school surveys. Overall, however, figures made clear that cannabis use had remained unchanged in European pupils. The highest lifetime prevalence of cannabis in 15-16-year-old pupils was noted for the Czech Republic and Spain (44% and 41% respectively). Countries with a lifetime prevalence of over 25% included Germany, Italy, the Netherlands, Slovenia and Slovakia (between 27% and 28%), whilst the lifetime prevalence in Belgium, France, Ireland and the UK was between 32% and 40%.

According to EMCDDA estimates about 3 million people in the EU intensively use cannabis (defined as daily or nearly daily use). It is not known how many of these users need treatment. What is certain, however, is that the number of cannabis users requesting treatment is small compared to this figure.

Those few selective prevention programmes for cannabis that have been evaluated in Europe (FreD, Way Out, Sports for Immigrants etc.) all point to the effectiveness of comprehensive social education measures. The positive effects of such measures include reduced consumption rates, improved self-awareness with respect to one's own (problematic) drug use, reduction of the most important risk factors and the problems associated with these, and increased self-control and motivation.

The European Commission responded to this situation in the member states by adopting a new Community Action Programme for Public Health (2003–2008). The Action Programme addressed three general objectives:

- health information,
- rapid reaction to health threats,
- health promotion through addressing health determinants.

The activities financed under the programme were to contribute to a comprehensive and coherent overall concept, which aims to promote a high level of physical and mental health and well-being throughout the EU. Measures financed under the programme especially sought to establish self-sustaining mechanisms that could continue to exist beyond the initial project periods. This made long-term sustainability an important factor in securing EU funding.

New priorities were identified in the 2006 work programme on the basis of previous work programmes. With respect to health factors, one of the priorities was to limit

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the negative consequences of drug use, in particular in young persons. With respect to health determinants, a priority was to support key Community strategies on addictive substances, including “Harm reduction responses to emerging trends related to psychoactive substances with a focus on ecstasy, crack/cocaine and cannabis use” (2.3.1 (3)).

The 2006 work plan also referred to the EU Drugs Strategy (2005–2012) and the EU Drug Action Plan (2005–2008). One topic area in the EU Drugs Strategy (2005–2012) is to support healthy lifestyles, taking into account the various health risks linked to different drugs, life stages, and situational factors (e.g. pregnancy, fitness to drive etc.). The Drug Action Plan of that time (2005–2008) built on this strategy, aiming to reduce the demand for and supply of drugs, improve international co-operation, and improve information, research and evaluation.

The EU Action Plan thus provided an opportunity to transfer the experiences and methods of the German model to other countries.

The application for funding of FreD goes net submitted to the EU by the LWL-KS in May 2006 built on the priority areas sketched out above (2.3.1 (3)). After approval in principle, lengthy negotiations followed on the framework conditions before final approval was secured. The project kicked off in November 2007.

1.2 Aims of FreD goes net

The aims described below have been copied from the project application. Part 2 (results) sets out whether these aims were achieved.

1.2.1 General aims

The main aim of the proposed project is to provide adolescents that first come to notice in the context of drug use with a preventive measure and to use a measure of early intervention to protect them from sliding into addiction. As a rule, adolescents only come to notice once they actually display risky drug use behaviour. They can come to the notice of the police, but also school or the workplace. The sensitive situation of being noticed for the first time is used to motivate adolescents to reflect on and, if necessary, change their behaviour by means of a short-term, targeted course (one-on-one interview + eight hour group course divided into 2 or 4 sessions). Participation can be on a voluntary basis or initiated by legal or peer-group pressure. The German project “Early Intervention For First Time Noticed Drug Users – FreD” serves as a model for this project, which is hitherto the sole project in Europe that has been comprehensively evaluated (G. Burkhardt, EMCDDA 2004). This project is to be adapted reflecting the needs of different European countries.

Use of early intervention measures requires access to the intended target group. This requires close cooperation between the institutions that identify deviant behaviour

(such as the police, schools, workplaces, juvenile courts) and the provider of early intervention. As a rule such cooperation is not developed in a comprehensive way. Another aim of the project is thus to establish cooperation between the institutions and individuals involved, thereby stabilising the support system by bringing together different institutional tasks. In particular, cooperation between police, judicial authorities, GOs and NGOs active in the field of drug treatment and support is to be established and maintained in the long term, which is so far lacking in many cases.

1.2.2 Specific aims

Programme related aims

A. To further develop the selective prevention programme “FreD” and adapt it for its use in Europe

- Acquire knowledge on the quality and results of existing selective prevention programmes in all countries involved (AT, BE, DE, DK, IE, IS, LT, LU, LV, NL, PL, RO, SE, SI, SK, UK) with regard to the use of illegal drugs and alcohol among young people and decisive factors determining their effectiveness.
- Identify successful variables in gaining access to young people at risk and showing problematic drug use, based on a list of criteria developed by analysing existing ‘models of good practice’ and assessing the needs for prevention.
- Adapt the project “Early Intervention For First Time Noticed Drug Users: FreD” (<http://eddra.emcdda.eu.int>), which was developed, tested and evaluated in Germany with funding from the German Federal Ministry of Health, to European and country-specific conditions by taking into account the models of good practice identified.
- Define indications and exclusion criteria for participation in the intervention programme.

B. To test the selective prevention programme “FreD” in the pilot countries

- Establish regional and local long-term co-operation between addiction prevention and treatment agencies, public institutions (e.g. police, judicial authorities) and social institutions (e.g. family, school, youth welfare, apprenticing companies) and stabilize this co-operation by entering into structured co-operation agreements that confirm good networking as a basis for the long-term implementation of the intervention programme.
- Implement the developed version of “FreD” as a pilot project in nine pilot

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countries, taking into account the different country- specific infrastructure and organisational and conceptual traditions.

- Improve the programme based on the European experiences and make it available for use in other countries.

Target group related aims

C. To improve access of vulnerable, high-risk adolescent drug users to drug prevention programmes and drug services

- Reach the target group early through experts from public and social institutions.
- Refer the target group to institutions that provide drug prevention and drug services, and ensure feedback and controlling routines are in place.

D. To strengthen the intrinsic motivation within the target group to change their drug-related behaviour

- Improve the level of knowledge and information about health-related, social and legal consequences of using psychoactive substances.
- Achieve changes of attitude and behaviour with respect to drug use, such as reduced consumption or quitting.
- Develop risk competence in the use of psychoactive substances based on self assessment, feedback and personal risk perception.
- Improve knowledge on specialized regional drug prevention programmes and drug services.

1.3 Description of the intervention (intake interview and group session)

Methodically and scientifically, the intervention with the FreD offer is based on:

- the transtheoretical model of change and
- Motivational Interviewing.

Other fundamental elements include:

- salutogenesis,
- the concept of risk competence,
- theme-centered interaction,

-
-
- processes of diagnosis and
 - phases of group work.

The **intervention** consists of an individual interview (intake interview) and 8 hours of group work spread over two to four sessions. In this “reflection course” interactive methods are used to encourage participants to review and rethink their individual drug use.

Short overview of the goals and topics covered by each section of the course:

First section:

- Getting to know one another and creating a trusting working atmosphere,
- Understanding the legal aspects surrounding drug use and increasing participants’ knowledge on drugs, focusing on the drug that is most significant to the current group.

Second section:

- Broadening participants’ knowledge on particular substances or comparing them to other drugs they use,
- Recognising different patterns of drug use,
- Increasing participants’ awareness of how addiction develops.

Third section:

- Ability to recognise and assess situations of risk,
- Highlight personal risk and protection factors,
- Review individual drug use.

Fourth section:

- Encourage changes in drug use if applicable, using practical tips and rules for use,
- Explain where to go for support, and lower the barriers for using such provisions.

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From the perspective of participants, the FreD programme works as follows:

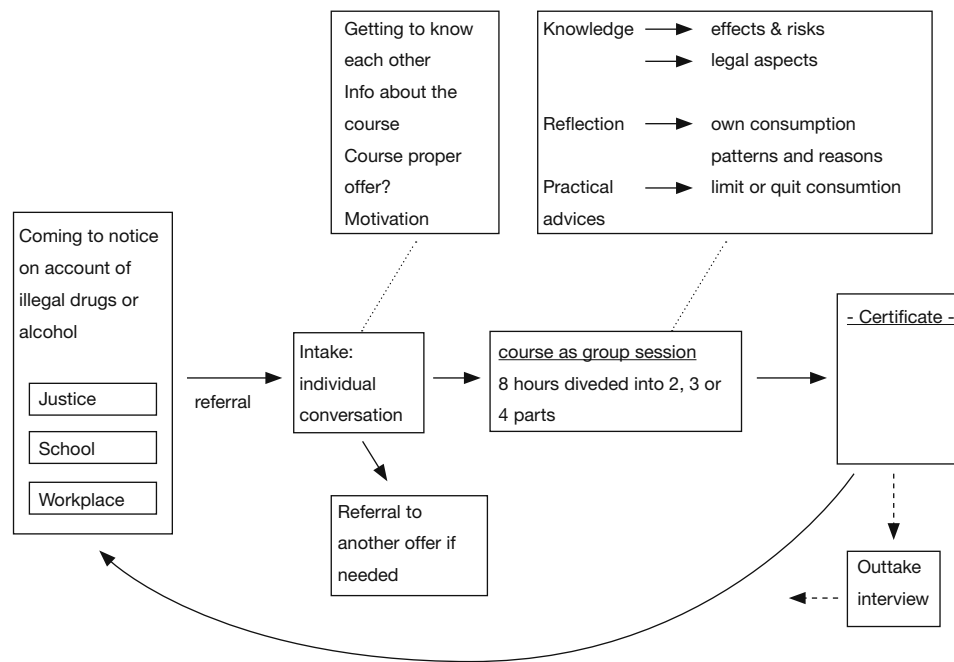


Fig. 1: Course of the intervention

1.4 Quality guidelines

To give quality assurance, a set of quality guidelines have been drawn up during the course of the project. Some of these refer to the implementation of the project in the narrow sense (content-related guidelines). Some refer to the criteria for selecting FreD personnel, and some to the training of new FreD trainers (staff-related framework conditions).

1.4.1 Content

The **following guidelines** apply to ensure the continued high quality of FreD:

- FreD is a preventive approach. It is based on the view that coming to notice on account of psychoactive substances should be followed by a health-based intervention.
- FreD is an early intervention project. As a rule, the target group is young persons with little or no previous contact to the professional help system.

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-
- FreD is group-based and addresses adolescents and young adults (14 to 21 years, if needed 13 to 25 years).
 - FreD consists of an “intake interview” and eight hours of group work which can be subdivided into two or four parts depending on regional needs and circumstances. If needed, an outtake interview can be added.
 - The course addresses the following topics:
 - knowledge on the effects and risks of different substances and legal aspects,
 - reflection on personal patterns and motives of drug use,
 - practical tips for limiting consumption or quitting altogether,
 - information about local counselling and other available help.

Group work is done interactively, i.e. in a way that includes participants.

- The overall aim of the FreD courses is to prevent substance abuse and addiction. Bearing in mind their personal protection factors, participants are encouraged to critically reflect on their drug use.
- Courses are run by experienced staff. One of them must be a certified FreD trainer. Course leaders deal with participants based on the principles of Motivational Interviewing.
- The FreD goes net manual is only handed out in case of participation in a FreD trainer course.
- FreD is a co-operation project. Co-operation exists between the body responsible for FreD and the institutions that refer young persons to the courses.

Apart from these fundamental characteristics the **following recommendations** are given:

- A FreD course should be led by two experienced persons, if possible a man and a woman. Attending a FreD course should be linked to a visible ‘benefit’ to the individual (e.g. the possibility that proceedings are dropped; milder forms of disciplinary action or sanctions are taken at school or the workplace).
- Further help should be made available to those participants willing to seek additional support, always provided that such support makes sense.

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1.4.2 Personnel

The following lists the prerequisites for becoming a FreD trainer, as well as the conditions that enable FreD trainers to train others.

Responsibility for disseminating the FreD project and ensuring their continued quality lies with the Coordination Office for Drug-Related Issues (LWL-KS) as the developer and manager of the German and European model projects, and the partner organisations in the countries that participated in FreD goes net.

A list of the persons responsible for the project and the certified trainers is provided on the project homepage (www.fred-goes-net.org).

Qualification of FreD trainers

FreD trainers (= course leaders) should meet the following criteria:

- They are experts in the field of health education/prevention work or qualified drug counsellors (e.g. social workers, psychologists)
- They have experience in working with drug users and/or with young people,
- They are interested in running the courses.

Up and above these basic requirements, experts are required to take part in a five-day training and qualification course. The training course comprises the following elements:

- An overview of the structure and timetable of the intervention and the necessary co-operation structures,
- methodological background, with particular focus on Motivational Interviewing (the latter taught by an MI trainer),
- practical implementation of the intervention: the intake interview and the course units taught interactively by a certified FreD trainer.

This approach is modelled on the training that was provided for FreD trainers in the FreD goes net project.

Previous training in Motivational Interviewing is recognized.

Expert input should be obtained on the legal aspects that apply in the context of the various access routes, as well as national alcohol and drug-related legislation.

FreD courses are always conducted by two experts. One of the course leaders needs to be a certified FreD trainer.

Prerequisites for being able to train other FreD trainers:

To be able to train other FreD trainers, the following conditions must be met:

- the expert is qualified as a teacher trainer. This means:
 - the expert is a FreD trainer,
 - the expert has practical experience with FreD (i.e. have led FreD courses),
 - the expert is suited to teaching.
- The national institution responsible for FreD decides to recognise further FreD trainers in the country. That same institution is also responsible for issuing the national FreD (teacher) trainer certificates.
- If other national conditions apply for the qualification as a (FreD teacher) trainer to be recognised, these also have to be met.
- The LWL Münster/Germany is responsible for recognising new FreD teacher trainers in countries that were not involved in FreD goes net.
- FreD teacher trainers agree to pass on the FreD approach in line with the FreD quality guidelines.

FreD (teacher) trainer certificates can be obtained at a European or national level.

Procedure for an institution wishing to establish FreD as a new project:

Before FreD can be implemented, and before FreD courses can be offered, a FreD trainer certificate must be obtained as described above.

Interested bodies from countries involved in FreD goes net should get in touch with the institution responsible for FreD in their country (see chapter I.5).

Interested bodies from Germany and countries not involved in FreD goes net should contact the LWL Koordinationsstelle Sucht. They will help in organising the required training and put you in touch with a certified FreD trainer.

1.5 Partners and their tasks

Institutions from 17 European countries took part in the project as partners. They were divided into pilot and associated partner countries, which implemented the project to different degrees.

This differentiation had become necessary because the European Commission (or its executive organisation PHEA, which was later re-named EAHC) was not

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willing to fund the project to the amount that had been applied for. Savings thus had to be made. Unlike the pilot partners, associated partners did not test the FreD course during the second project year.

Pilot countries were Belgium, Germany, Ireland, Iceland, Latvia, Luxembourg, Austria, Poland, Romania, Sweden, Slovenia, and – as a partner country without EU funding – Cyprus. Associated countries were Denmark, the UK, Lithuania, the Netherlands and Slovakia.

The map below shows pilot countries and associated countries.



Fig. 2

Cyprus decided to become involved as an additional pilot country at the beginning of the project. This partner entirely self-funded the project. **Sweden and Luxembourg** decided to switch from associated to pilot country status at their own cost.

1.5.1 LWL-Coordination Office for Drug-Related Issues as Project Executing Organisation

With 18.2 million inhabitants, North Rhine Westphalia (NRW) is the most densely populated state in Germany. As a result, two regional municipal associations (“Landschaftsverbände”) have been created to handle important trans-regional social, cultural and health-related tasks, one responsible for the Rhineland region and the other for Westphalia-Lippe (LWL).

The Coordination Office for Drug-Related Issues belongs to the Landschaftsverband Westfalen-Lippe (LWL).

The LWL is a communal association working for the 8.5 million people in the Westphalia-Lippe region. With its 13,500 employees it runs 35 special schools, 19 psychiatric hospitals, and 17 museums and is one of the largest German care providers for handicapped people. The LWL consists of nine urban districts and the 18 districts in Westphalia-Lippe, which support and finance the regional council. The council is controlled by a parliament consisting of 101 representatives of local authorities (in 2010).



Fig. 3

The **LWL-Coordination Office for Drug-Related Issues** (LWL-KS) was founded in 1982 to give information and advice to institutions working in the field of addiction prevention in Westphalia-Lippe. It also offers training courses for employees, develops supporting materials and concepts, and acts as a moderator in the planning of addiction-related programmes. A key aspect is to use model projects to contribute to the technical development of addiction support.

As the **lead partner** in the FreD goes net project, the **main task** of the LWL KS was to develop, guide and co-ordinate the overall project. This meant co-ordinating the implementation of the various project stages, preparing the project meetings, managing the project’s finances, supporting project managers in their work, and carrying out all central PR work.

During the pilot phase a central task was to **support the pilot partners**. Pilot partners could contact the co-ordination team with any queries, including the development of co-operation, difficulties with access to youths or their referral to the intervention, or implementing the courses.

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Staying within the project timetable was important for the overall project aims to be achieved. The co-ordination team was therefore in regular contact with the pilot country project managers. During the pilot phase intensive advice was given to individual partners by telephone and e-mail; six coaching visits were also carried out.

The following organisations and contact persons acted as pilot partners in FreD goes net:

1.5.2 Pilot partners

**Institut Suchtprävention
Pro Mente OÖ**

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SAA's Prevention program

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www.ana.gov.ro

Tasks for the pilot partners were divided into those for project managers and those for prevention experts. Project managers were responsible for FreD goes net in their countries and tasked with the implementation of the various activities (see chapter 6 for an overview). They were also responsible for developing co-operation structures.

Two prevention experts from each country were trained as certified FreD trainers during the train-the-trainer workshop in Austria. These were then responsible for implementing the intervention and working with the youngsters in practice (intake interview and course).

In some partners the same persons were responsible for both these tasks.

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1.5.3 Associated partners

The following organisations and contact persons acted as associated partners in FreD goes net:

**Esbjerg Kommune
SSP & Forebyggelse, Denmark**
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kino@esbjergkommune.dk
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Tactus, Addiction Care
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**Drug Control Department under
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Unfortunately, due to the a. m. financial constraints imposed by the EU, some partners were only able to participate in the project as associated partners. The UK partner became insolvent in summer 2009 and was not able to implement FreD.

Associated partners were actively involved in the first project phase (participation in the first two workshops, implementation of parts of the stocktake). During the pilot

phase, the newsletter was used to regularly inform them of progress and the experiences gained. Active participation in the project returned in the third project year, when associated partners took part in the last two workshops. In some countries it was even possible to begin with the transfer of the FreD approach (see chapter 2.3.3 on the results of transfer).

1.5.4 Scientific monitoring and evaluation

The FreD goes net project was comprehensively evaluated by the research institute Gesellschaft für Forschung und Beratung im Gesundheits- und Sozialbereich mbH – FOGS (Cologne, Germany). Main focus was on overall project implementation and the results achieved by the pilot courses. Data was collected on the implementation of FreD, access to the youngsters, the chosen access routes and participant's satisfaction with the FreD course. A summary of evaluation results is provided in chapter 2.4. The full evaluation report can be obtained from the LWL-KS as a separate publication.

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www.fogs-gmbh.de

1.6 Project stages and activities

The main aims of the first project year, the **implementation phase**, were to build structures of co-operation in the pilot countries based on a stocktake of the current national situation, and to train experts to become FreD trainers.

The second year, the **pilot phase**, represented the core of the project. FreD courses were conducted in the pilot countries, and practical experiences were gained with the system of referring young persons to FreD goes net through the various access routes.

These experiences were then brought together during the third project year in a **transfer phase**. National and international transfer workshops were held in order to make available the existing experiences to experts from new sites. They will now implement the FreD project in their respective regions.

1. FreD goes net – the project

1.6.1 Short overview

FreD goes net began in November 2007 and ran until October 2010. Scientific monitoring was ensured throughout. A kick-off conference took place in Warsaw, Poland, involving all pilot and associated partners.

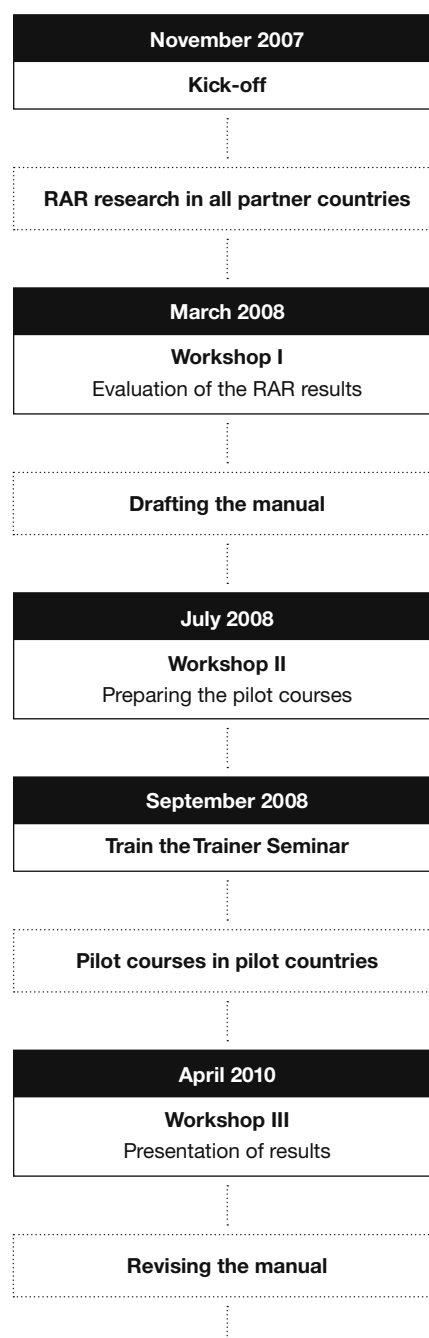
In all participating countries, the first four project months were taken up by a stocktake. This encompassed research on the current number of young drug users, the existing legal framework and also interviews with key actors. Participants made use of the Rapid Assessment and Response (RAR) method which is well suited for quickly obtaining the right kind of information.

RAR results were then included in the FreD goes net manual, which was adapted to the various European situations in terms of access routes, target groups, implementation, as well as the practical course phase.

In the next stage, FreD was implemented in the twelve pilot countries. Course experts attended the train-the-trainer seminar in Linz, Austria, and ran FreD courses between December 2008 and January 2010.

During the last third of the project, a partner meeting took place in Maribor, Slovenia. Pilot countries presented their experiences with running the courses; these were then used to produce a final version of the FreD goes net manual.

In the final phase of the project emphasis was on spreading the early intervention approach to other parts of Europe. Two five-day transfer events



took place in Berlin, Germany and Vienna, Austria, which were open to new sites wishing to implement FreD in their countries or regions. The final European conference in Münster, Germany, will further ensure the transfer and sustainable implementation of the FreD approach across Europe.

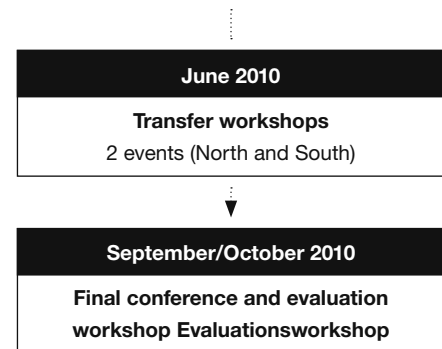


Fig. 4

1.6.2 Year 1: Implementation phase

Country-specific RAR research – workshop 1 – homepage – building co-operation – workshop 2 – FreD goes net draft manual – train the trainer seminar

The main aims of the first project year were to build **structures of co-operation** in the pilot countries **based on a stocktake of the current national situation, and to train experts to become FreD trainers.**

Country-specific RAR research

As a first step, research and a stocktake and needs analysis were carried out using the method of “Rapid Assessment and Response” (RAR).

Research done by the partners first established:

- how widespread legal and illegal drug use actually is (reports, documentations),
- what assistance is available, including good practice projects,
- what legal and other stipulations exist that could provide access to the FreD course. This particularly sought to establish what rules are violated by legal or illegal drug use and whether a (pedagogical) health-based intervention could be imposed as a potential consequence of being noticed as a drug user.

As a second step, partners interviewed potential co-operation partners to establish the need for an intervention; the interview also helped to make first contact.

The results were then used by each country to choose a suitable access route that could allow drug-using adolescents to be reached by an early intervention programme.

1. FreD goes net – the project

Two further aspects were to be noted:

- How young persons come to notice, i.e. on account of drinking and/or illegal drugs,
- Where young drug users come to notice (the setting): the police, the judiciary system, school or work (other settings could be included if needed).

Results of the RAR

- The table in chapter 2.2 shows what access routes were selected by the partners as a result of the RAR. The second project year, the pilot phase, sought to test whether these were practicable and appropriate, which enabled partners to make any necessary changes. The table also shows whether partners extended the number of selected access routes during the course of the project.
- Partners gave country-specific overviews of the available legal framework or other stipulations that could open the door to the FreD course. These are listed chapter 2.1.2.
- Another part of the RAR was the identification of good practice examples in the 17 countries. Using jointly agreed criteria, eight projects were identified that FreD goes net could possibly learn from (see chapter 1.1.1). Further details are available on the FreD goes net homepage:

Homepage



Fig. 5

www.fred-goes-net.org
(Starting page)

The homepage was built up as planned during the first project months. Apart from the good practice projects it contains general information on FreD goes net, the partners and the timetable of the project. It was continuously updated and developed.

Workshop 1

Workshop 1 focused on presenting the results of the partner's RAR research. Other important topics were strategies for implementing FreD goes net in the pilot countries, including the procedure for building up co-operation structures and processes. The workshop also agreed which topics should be covered by the first part of the manual.

Building co-operation

Another important focal point in the pilot countries was the build-up of co-operation. Experiences show that early intervention measures can only be applied if access to the target group is secured. This requires co-operation between the institutions that notice drug use (such as the police, schools, prosecutor's office, juvenile courts) and the provider of the early intervention. In most countries this co-operation had not been well developed up to this point.

Workshop 2 – FreD goes net draft manual

Results obtained to this point, and the prerequisites for building the necessary co-operation, were included in the European FreD goes net manual. The first part of the manual deals with the methodological basis of FreD (e.g. Motivational Interviewing, the transtheoretical model of change) and the practice of building co-operation. The draft version of this part of the manual was presented and discussed at the second workshop in July 2008.



Fig. 6

The second part of the manual (practical implementation of the intervention, consisting of the intake interview and the course) was drafted by the project

1. FreD goes net – the project

co-ordinator during the second half of the year. Both parts formed the prototype of the manual, which was used as a basis for implementing the pilot phase. The prototype was made available to the prevention experts during the train-the-trainer seminar in late September 2008.

Train the trainer seminar

The train-the-trainer seminar trained 26 European experts as certified FreD trainers. The seminar taught the necessary basic attitude for FreD course leaders and introduced the evaluation instruments to be used. It also provided intensive training in the method of Motivational Interviewing and in using the course exercises. Each pilot partner thus had two prevention experts who were able to run the courses in their countries.



Fig. 7: Europe visits Traunkirchen/Austria. FreD trainers, speakers, project co-ordinators and interpreters

1.6.3 Year 2: Pilot phase

Testing the chosen settings – implementation of the FreD courses in the pilot countries – evaluation of the intervention – site support given by the project co-ordinator – newsletter

The second year, the pilot phase, represented the core of the project as pilot partners actually ran the FreD course as pilot courses. Implementation took place between November 2008 and January 2010.

Testing the chosen settings

The FreD course **targets** adolescents and young adults aged 14 to 21 (in exceptional cases 13 to 25) that are (high-risk) users of legal and illegal drugs (except for heroin) and that have come to notice as drug users.

At the beginning of the pilot phase, practice first had to show whether partners had chosen the right target groups for their sites. It was also important to establish whether the co-operation structures were strong enough and capable of regularly referring youngsters to the courses (see the table in chapter 2.2).

Implementation of the FreD courses in the pilot countries

Working with a co-leader, the FreD trainers certified at the train-the-trainer seminar in Linz then implemented the intake interviews and FreD courses in their regions.

The diagram shows a **typical sequence of events** for FreD participants:

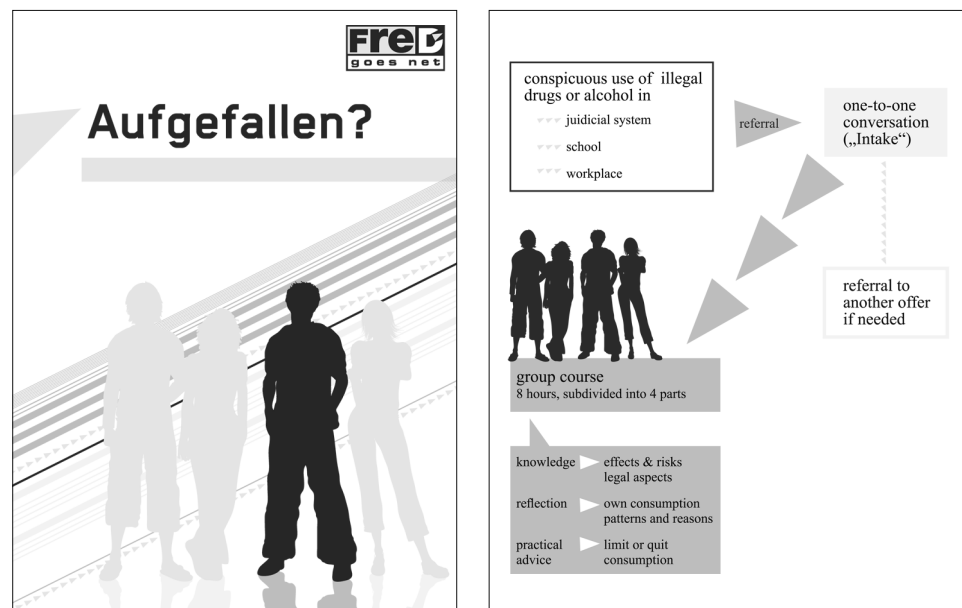


Fig. 8 and 9: FreD flyer for adolescents and diagram of the typical order of events for FreD participants

The group session consists of eight hours in total split into two to four units. The FreD course is interactive, designed to stimulate discussion and get participants to reflect on their drug use.

1. FreD goes net – the project

The overarching aim of the FreD intervention is to prevent the development of addiction. In order to achieve this, course work covers the following topics and objectives:

- **Introduction/first contact**
- **Knowledge**
 - on drugs and legal aspects,
- **Self-perception**
 - patterns of consumption and dealing with emotions
- **Agree and implement personal goals**
- **Support (also professional counselling and the support system)**

Evaluation of the intervention

From the intake interview onwards, course leaders anonymously **documented** every participant using a documentation sheet provided by the FOGS. Apart from socio-demographic information, the documentation sheet also recorded patterns of drug use and whether the participant completed the course or not.

Participants filled in their own evaluation sheet after completing the course. This recorded the following information:

- Improved knowledge on the risks of drug use
- Improved knowledge of available support
- Changes in the attitude to drug use
- Changes in behaviour with respect to drug use
- Rating of the course by participants.

Site support provided by the project co-ordinator

Pilot partners could contact the co-ordination team with any technical, organisational or financial queries. Intensive advice was given to individual partners by telephone and e-mail; six coaching visits were also carried out (Ireland, Germany, Austria, Iceland, Latvia and Poland). Coaching visits had been planned for every

pilot partner to enable meetings on site, in order to talk about what works and resolve any difficulties that might have arisen.



Fig. 10: Coaching visit to Bydgoszcz/Poland, with those responsible for the project and the co-operation partners

Newsletter

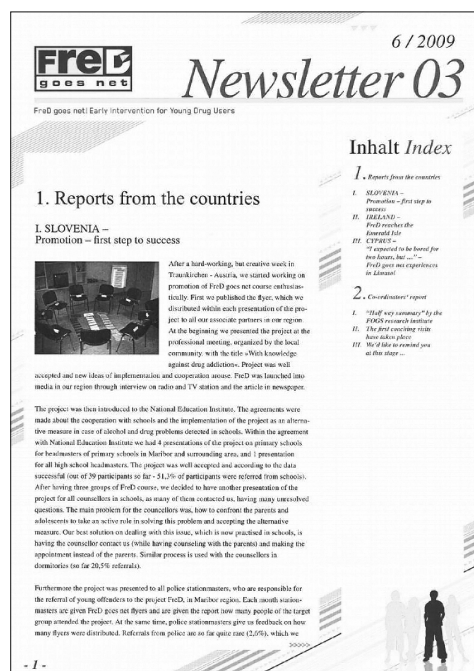


Fig. 11

Five project newsletters in total reported on the implementation of the project. Particular focus was on supporting and obstructing factors in the development of co-operation and in running the courses.

1. FreD goes net – the project

After the start-up newsletter in the first project year, four more newsletters were sent to the FreD goes net partners in the second year containing articles by the pilot partners and the project co-ordination team. The newsletter was used to provide information on a wide range of important aspects, e.g.:

- selection of the target group for the courses,
- how problems of co-operation were overcome,
- what exercises worked well in the courses and which ones didn't,
- important deadlines,
- presentation of FreD goes net at conferences,
- Personal matters.

This made sure that pilot partners and associated partners were informed of progress in the project.

1.6.4 Year 3: Transfer phase

(Preparation of the) transfer seminars – evaluation of the pilot phase – workshop III – final version of the manual – final conference

(Preparation of the) transfer seminars

Transfer workshops had been planned for the third project year to create the prerequisites for transferring the FreD approach to the associated partner countries and new countries. Experts from the pilot countries could also attend the workshops.

First preparations for the seminars started earlier than originally planned at the end of the second project year. This was done to allow the seminars to be included in the Grundtvig database, which brings together training events for various professional groups across Europe. It is possible to apply to National Agencies to cover the costs of attending these training events.

A flyer was developed to advertise the seminars which was mailed out in printed form and e-mailed to contacts across Europe.

The two seminars (identical in content) took place with 19 participants in Berlin, Germany, and Vienna, Austria, in June 2010.

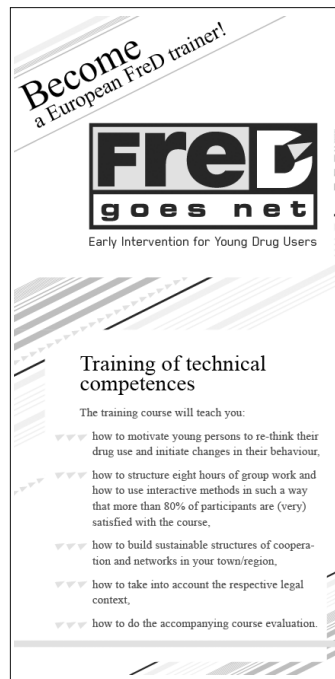


Fig. 12: Flyer "Become a European FreD trainer"

Evaluation of the pilot phase – workshop III

Early in the last project year project partners prepared country reports on their experiences with co-operation and with implementing the FreD pilot courses. Key results have been summarized in chapter 2.2. The actual reports are provided below in the Appendix.

In April 2010 a workshop took place with all partners, where the reports were presented and discussed.

Final version of the manual

The conclusions from the various reports and the discussion during workshop III were used by the project co-ordination team to adapt the FreD goes net manual. The experiences gained in the countries extended the European dimension of the manual, which was then made available as a final version. A FreD goes net folder was developed containing the following three sections:

1. FreD goes net – the project

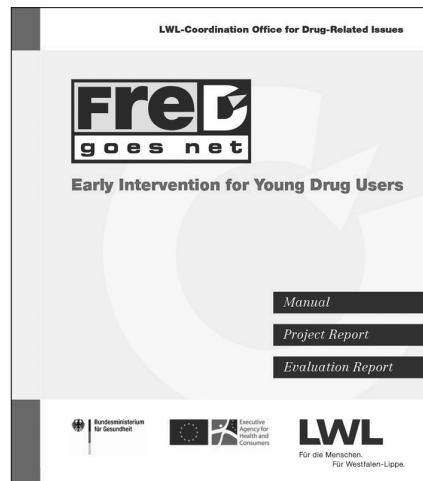


Fig. 13

1. FreD goes net manual

This section brings together all the information on implementing the FreD approach (e.g. tips on how to build co-operation, the methodological basis of the project, a detailed description of the course exercises). For reasons of quality assurance this manual is only available to the project partners and certified FreD trainers.

2. Project report

The present project report describes the FreD goes net project and sets out the results and experiences obtained from implementing it.

3. Evaluation report

Selected evaluation results are included in the FreD goes net manual and in the present project report, focusing on aspects of project implementation and the actual intervention. The detailed evaluation report represents the third section of the FreD goes net folder. The full evaluation report is also available as a download from the project homepage.

Final conference

The final conference had two parts. It began with an internal part, where all those involved evaluated the project and looked towards the national and international future of the FreD approach. This was followed by a public part. The final conference was advertised in two stages. The first announcement was circulated by the project co-ordination team in late spring 2010; conference flyers were then distributed to contacts across Europe in printed form and per e-mail.



 Executive Agency for Health and Consumers


 FreD goes net

"By being more
 selective,
 we can be more
 effective."
 Dr Margaret Chan,
 WHO Director-General

Early Intervention in Europe
 FreD goes net and other innovative
 projects of prevention

October 6th/7th, 2010, Münster, Germany


 LWL
 Für die Menschen
 in Westfalen-Lippe

Wednesday, 6 October 2010

Thursday, 7 October 2010

FreD goes net – Step by Step

Act Early in Europe – Innovative Projects of Early Intervention

10.00 **Welcome**
Hans Meyer, Landersat WL, Münster / DE
N. O. Dk, Sanco, Luxembourg / LU

11.00 **FreD goes net – from idea to project**
Wolfgang Romsdahl, head of project, Münster / DE

Scientific evaluation results
Wolfgang Götger, FOGS research institute, Cologne / DE

Success factors during implementation
Nadja Wirth, project coordinator, Münster / DE

12.00 **Lunch**

"The gap is closed" – FreD goes net from the point of view of a pilot partner
Caro Batten, Cad Limburg, Genk / BE

14.30 **Practical experiences of the pilot partners –**
Focus on "country impressions, perspectives, results"

17.30 **Poster and photographic exhibition combined with short presentations and discussions**

Country	Institution	Contacts
Belgium	Centre voor Alcohol- en andere Drugproblemen, Orlinda van der Linden	Carlo Batten, Lenné Nils, Kirsten Capoen
Ireland	Public Health Institute of Ireland, Loughlinchuck, Dublin	Ruth Johnson, Richard J O'Donnell
Germany	Kreisfreie Bochum e. V. & Hochschule für Betriebswirtschaftliche Betriebs- und Arbeitswissenschaft, V. V.	Silke Wilms, Udo Lohmann
Ireland	Healthcare Society, Dublin	Nathan-Edlin, Elizabeth-Ann McNeill, Sharon Connolly
Latvia	Education Centre for Families & Schools Japka	Sofija Lazdina, Eva Simane
Luxembourg	Société Jurées, Luxembourg	Pier-Remiguel Aoulet-Heug
Austria	Institut Suchtprophylaxe und präventive OAD, Vienna	Christoph Lagermann, Heidemarie Baumgartner
Poland	National Bureau of Drug Prevention, Warszawa	Anna Rucinska, Robert Rucinski, Andrzej Chapiński
Sweden	Maria Lindqvist – Stockholm Living Lab	Stellan Sjögren, Ulrika Wästberg, Carin Almqvist
Slovenia	Regional Public Health Institute Maribor	Igor Klumpp, Marjan Clemenčič, Veselina Škrlinčič
Romania	National Anti-Drug Agency MIA Bucuresti	Catalina Nicolae, Oanaa Doda
Croatia (potential partner)	Crovan Anti-Drug Council, Nicola	Maria Piegula, Doris Kramar

19.00 **Euro gets together**
– Celebratory reception in the "Erbschöndorf"

09.00 **Good practice examples for early intervention**
Early diagnosis and early intervention in Swiss schools – evaluated best practice projects
Walter Kern, Pädagogische Hochschule Zürich, CH

Targeting adolescents with an early intervention context
Natalia Georgica, Organisation against drugs (ONANA), CH

"Before You Get Burned" – peer project for students
Fernando Mendes, INPHEA – Instituto Europeu para o Estudo dos Factores de Risco nas Crianças e nos Adolescentes, Coimbra / PT

10.30 **Break**

11.00 **Prevention, early intervention and harm reduction in drug users in the recreational setting**
Jiri Valvrich, Schizum Praha, CZ

Prevention On Synthetic Drugs Abuse, Bimo, CZ

Catalan early intervention approaches for first-time-noticed drug users: best practical recommendations based on local experiences
Marta Estrada Ocho, Health Department of the Catalan government, Barcelona, ES

12.00 **Early intervention in Europe – status quo and recommendations**
Georgios Katsogiannis, European Monitoring Centre for Drugs and Addictions (EMCDDA), Lisbon / PT

12.30 **Outlook and closing of the conference**
Wolfgang Romsdahl, WL – Coordination Office for Drug Related Issues, Münster / DE

13.00 **Snack and end of the conference**

Venue:
Thiel Hotel Münster City Centre
Steinberggasse 33, D-48149 Münster, Germany
phone: +49 (0) 251 490 99 5 fax: +49 (0) 251 490 90 10
E-mail: munster@thiel-hotels.de

Congress Language:
English & German; Interpreters are on site

Attendance fee:
125,- € including drinks and meals during the conference and reception in the "Erbschöndorf". The total amount is due upon arrival and includes a limited number of rooms being reserved at the Thiel Hotel Münster and Stadthotel Münster. Please refer to "FreD goes net" for more details. If you are unable to attend, you will be glad to be of assistance.

Registration:
Registration has to send the registration form to the project coordinator by **September 3rd, 2010**. Please note that the number of participants is limited; registrations that be considered against the limit of their number. Approximate numbers below the event you will receive an official confirmation of participation including all necessary information.

Contacts:

Information on the contents:	Registration:
Nadja Wirth	Kathrin Horn
Tel.: +49 (0) 251 591-5382	Tel.: +49 (0) 251 591 6981
E-mail: nadja.wirth@wl.de	E-mail: kathrin.horn@wl.de

The public part of the conference had two focal points. The first day was dedicated to the overall results of the project and, in twelve so-called “country rooms”, the national experiences. The second day then opened the debate to take a more general look at early intervention approaches. Speakers had been invited from various European countries to present innovative projects from their practical experience; recommendations for the future development of early intervention were presented by the European Monitoring Centre for Drugs and Drug Addiction (EMCCDA).

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2. Results

2.1 RAR – Research results obtained by the project partners

2.1.1 Good practice projects

During the implementation phase of FreD goes net in the first project year partners used the method of RAR to search for existing good practice projects in their countries. The aim was to use these to adapt the FreD approach where necessary.

During the kick-off event, when project partners met for the first time, the following criteria were agreed for identifying good practice projects:

- The project should target young people between 14 and 21 years of age (in exceptional cases up to 25 years)
- Its work should be based on the principle “being noticed is followed by intervention”. Projects do not necessarily need to focus on drugs; they could also deal with violence, social withdrawal or behaviour-related addiction.
- The project should be a short intervention and work directly with the target group (no structural prevention)
- The experiences of the project should be of some use to FreD goes net
- The project should be of national relevance, i.e. be transferred to other sites in the country.

The table gives a short overview of the eight projects that met the above criteria. More information on each of them is available on the FreD goes net homepage (www.fred-goes-net.org).

Country	Project title	Target group and setting
Belgium	To your choice	8 hour group session for the mentally ill in psychiatric hospitals.
Germany	Hart am Limit (HaLT)	Reactive component: Group session for children and adolescents that have come to notice because of alcohol (hospital). Pro-active component: community-based approach/building networks to deal with alcohol in a responsible manner (e.g. round tables, presentations to festival organisers etc.).

Germany	Realize it	Analysis of cannabis use and developing strategies for controlling it. 15-30-year-old users are offered a 10-week counseling period containing five individual and one group session.
Netherlands	More than a beer	Addresses 12- to 16-year olds that committed an offence whilst under the influence of alcohol and were therefore noticed by the police (group provision).
Austria/ Vorarlberg	Crisis intervention for adolescents intoxicated with alcohol	Addresses adolescents (up to 18 years) that were so intoxicated with alcohol they had to be admitted to hospital (one advisory session in hospital, one after discharge, further support is offered).
Latvia	School programme for youths at risk	Group provision for pupils displaying behavioural problems (truancy or hooliganism) extending over 12 to 15 sessions.
Poland	School-based intervention for drug using students	Chain of interventions in 11- to 18-year-olds that are caught taking drugs at school; involves parents.
Slovakia/Spain	Early Identification and Brief Intervention. Alcohol and primary health care	Staff working in primary health care and 15-19-year-old patients showing risky patterns of alcohol consumption. Staff are given training in recognizing risky consumption and motivating patients to change their behaviour.

Tab. 1

2.1.2 Overview of the legal provisions that allow for access to the FreD course

In addition to the good practice projects identified in the partner countries, the following presents extracts from the RAR country reports. These give an overview of the legal framework conditions that permit access to the FreD course. These overviews were copied directly from the partner reports and are therefore presented in the original languages.

2. Results

Austria

**Grundinformati-
onen** zu gesetz-
lichen Rahmenbe-
dingungen bzw.
Rechtsprinzipien

In Österreich gilt das Suchtmittelgesetz (SMG), welches nicht zwischen Jugendlichen und Erwachsenen unterscheidet.

Laut SMG ist zwar der Konsum nicht strafbar, es sind allerdings der Erwerb und Besitz von Drogen strafbar. Da es keinen Konsum ohne vorherigen Erwerb und Besitz geben kann, ist de facto jeglicher Konsum von Drogen nach SMG strafbar.

Im österreichischen SMG ist der Grundsatz Therapie statt Strafe vordergründig.

Es sind strenge Sanktionen für den Verkauf und Handel von Suchtmitteln vorgesehen, für Konsumenten gibt es eine Reihe von Diversifikationsmöglichkeiten.

Nationale gesetz-
liche Grundlage,
worüber ein **Zu-
gang zum Kurs
ohne Weisung bzw.
Auflage** möglich ist

Nach **§ 35 SMG** ist ein vorläufiger Rücktritt von der Verfolgung durch die Staatsanwaltschaft möglich. Voraussetzung für den Rücktritt ist eine Untersuchung durch die Gesundheitsbehörde, die entscheidet, ob eine gesundheitsbezogene Maßnahme notwendig erscheint.

Sollte ein Betroffener schon vorher freiwillig an einem FreD-Kurs teilgenommen haben, kann der Amtsarzt in seiner Begutachtung den FreDKurs einfließen lassen und von einer weiteren gesundheitsbezogenen Maßnahme Abstand nehmen (Durch eine FreD-Kursteilnahme ist aber keine automatische Verfahrenseinstellung vorgesehen)

Nationale gesetzliche
Grundlage, worüber
ein **Zugang mit Wei-
sung bzw. Auflage**
zum Kurs möglich ist

Nach § 35 und § 37 SMG ist eine „Weisung“ zu einem FreD-Kurs möglich.

Nach § 35 SMG kann der Amtsarzt der Gesundheitsbehörde nach einer Untersuchung die Notwendigkeit einer gesundheitsbezogenen Maßnahme aussprechen. Die ausgesprochene Maßnahme wird dann von der Staatsanwaltschaft nach § 11 Zi 4 SMG – „Psychosoziale Beratung und Betreuung“ ausgesprochen. FreD kann als solche Maßnahme anerkannt werden.

Nach § 37 SMG hat das Gericht die Möglichkeit zur vorläufigen Einstellung des Verfahrens für eine Probezeit von 1 – 2 Jahren. Als zusätzliche Weisung könnte ein FreDKurs ausgesprochen werden.

Sonstiges/**spezi-
fische rechtliche
Bedingungen** (z.B.
auf Provinz- oder
kommunaler Ebene;
regionale Abspra-
chen mit Institutio-
nen)

§ 13 SMG regelt das Vorgehen bei Auffälligkeiten mit Drogen im Bereich der Schule. Der Direktor hat zusammen mit dem Schularzt festzulegen, ob es einer gesundheits- bezogenen Maßnahme bedarf. Stimmen die Eltern und der Schüler dieser Maßnahme zu, wird der Jugendliche an eine Drogenfachberatungsstelle verwiesen. Diese kann als mögliche Form der „Behandlung“ eine FreD-Kursteil- nahme empfehlen.

In diesem Fall wird keine Meldung an Polizei oder Behörde gemacht. Weigern sich Eltern oder Betroffene der Maß- nahme der Schule zu folgen, muss die Schule Anzeige bei der Gesundheitsbehörde erstatten. Der Fall läuft dann wie in § 35 SMG beschrieben weiter.

Belgium

**Basic informa-
tion** on the legal
framework and the
general **principles
of law**

Belgian differentiates between *youth protection law gov-
erning young offenders and criminal law governing adult
offenders*. The former considers the fact that young per-
sonalities are still at a development stage and emphasizes
pedagogical interventions.

Besides the *code of criminal procedure*, the *Juvenile
Court Act* (JGG) apply to youths (14 to 17 years) and
young persons with delayed maturity (18 to 21 years).

There is a special law for dealing with illegal substances.
The law comprises a list of all banned, partially banned sub-
stances and substances on prescription. Except for con-
sumption all forms of dealing with narcotics are prohibited.

National legislation
that allows **access
to the course with-
out instruction**

In Belgium the police will refer them directly, without any
obligation, to the FREDcourse and not the juvenile court.

In some cases the juvenile court will give the youngsters
an „alternative judicial measure“ like counselling or follow-
ing another course (20 hours called BAAL),...

National legislation
that allows **access
to the course with
instruction**

This is not applicable in Belgium.

In some cases the juvenile court will give the youngsters
an „alternative judicial measure“ like counselling or follow-
ing another course (20 hours called BAAL),...

2. Results

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

Alcohol

Minors:

- 16 years old: complete alcohol prohibition, selling alcohol in shops or bars is prohibited
- 18 years old: selling strong spirits in shops or bars is prohibited

In common:

Driving under the influence of alcohol is prohibited and is punished above 0,5 promille.

Cannabis and other illegal drugs

Since the amendment to the law, there's made a distinction between cannabis and other illegal drugs. When an adult (+18) is in the possession of a small amount of cannabis for personal use, there will be made a simplified PV, in which is stated, among others:

- place and date of the facts
- nature of the facts
- full identity of the person
- summary of his version of the facts

Furthermore one is once again reminded of the law:

use of cannabis is prohibited.

Being in the possession of cannabis for personal use is:

- a maximum amount of 3 grams
- one grown plant

In the following cases, there will be made a full PV:

- If circumstances are aggravated:
offences committed to minors
- If public safety is disturbed:
possession in an education institution or in the immediate surroundings

The following matters were already prohibited and remain forbidden:

- Selling cannabis or hand out for free (dealing)
- Drive under the influence of cannabis

Cyprus

Basic information on the legal framework and the general **principles of law**

The Narcotic Drugs and Psychotropic Substances Law of 1977 define controlled substances and contain tables categorizing them. It includes strict provisions on importing/exporting/ manufacturing/possessing and use, and defines relevant offences and respective sentences. *The 1977 law* states that the court may not impose an imprisonment sentence of more than one year on a first-time offender aged under 25 when the offence relates to personal use only. Also provides that an addicted person who undertakes voluntary treatment in a centre will not be prosecuted in relation to offences.

Care and Treatment of Drug Addicts Law of 1992 convicted persons with an addiction may serve their sentence in detoxification/rehabilitation centres if the Court orders to do so. The law also provides for the treatment of addicted minors and there are provisions whereby such minor will be detained in such centres for treatment. Law has been inactive and further elaboration is taking place to allow for a separation of the Law into two different pieces of legislation related to (a) adults and (b) adolescents' particular needs.

National legislation that allows **access to the course without instruction**

DLEU (Drug Law Enforcement Unit) and the Attorney General have an informal agreement whereby directions are given for the offender's case to be classified as "otherwise disposed of", when the first time drug offender's case takes into account the following:

- The offender has been arrested for a first time.
- The seize quantity of drug is for personal use only
- The offender is legally responsible and not older than 24 years old.
- The offender has not offended according to the article 244 of the Criminal Law, during, before or after his/her arrest.

2. Results

- In case the offender follows the police recommendations and attends the program FreD goes net, upon the completion of the program, the DLEU will suggest to the Attorney General that the case should be classified as “otherwise disposed of”.
- In case the offender has been found unsuitable for the program (intake interview), it is possible to be refer to a different program. In that case the DLEU will suggest to the Attorney General that the case will be temporarily suspended for a period of 2 years. Upon successful completion of the 2 years, the offender should return the participation certificate from any other therapeutic program, to the DLEU, who will suggest to the Attorney General that the case should be classified as “otherwise disposed of”.

Note: These preconditions have been adopted through the Protocol of Co-operation for the implementation purposes of FreD goes net project.

National legislation that allows **access to the course with instruction**

Care and Treatment of Drug Addicts Law of 1992
Further elaboration of the specific Law is taking place to allow for a separation of the Law into two different pieces of legislation related to a) adults and b) adolescents' particular needs. The revision will allow access to the course with instruction.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

None

Denmark

Basic information on the legal framework and the general **principles of law**

According to the Danish Justice Act, the import, export, sale, purchase, receipt, production, preparation and possession of drugs are illegal unless they are used for medicinal or for research purposes. Any violation of these laws will be punished with a fine or up to 16 years imprisonment, depending on how serious the violation is.

National legislation that allows **access to the course without instruction**

The law never allows the prosecutor to drop proceedings without further action.

National legislation that allows **access to the course with instruction**

The law allows the prosecutor to drop proceedings with further action.

- When the young offender needs non institutional care or other forms of support measures. The social care unit will determine what the program will contain and how long it will be.

The young offender gets a sentence for using/selling drugs but it is up to the social sector to help with the problem. The young offender is also registered in the Police criminal register. Usually the name stays there for 5 years but in this case gets reduced to 3 years instead.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

We will try to make an agreement with Schools so that the student can stay in school, if they follow the Fred Goes net project. In other words, they will not be excluded from school as a consequence of an experimental misuse!

Germany

Grundinformationen zu gesetzlichen Rahmenbedingungen bzw. **Rechtsprinzipien**

In Deutschland wird zwischen Jugend- und Erwachsenenstrafrecht unterschieden: Das Jugendstrafrecht trägt der Persönlichkeitsentwicklung junger Menschen Rechnung und stellt pädagogische Interventionen in den Vordergrund.

Neben der Strafprozessordnung (StPo) gilt für Jugendliche (14 bis 17 J.) und – bei Reifeverzögerung – für Heranwachsende (18 bis 21. J.) das Jugendgerichtsgesetz (JGG).

Es gibt ein Spezialgesetz zum Umgang mit illegalen Substanzen, das Betäubungsmittelgesetz (BtMG). Alle (eingeschränkt) verbotenen Substanzen sind hier aufgeführt – außer dem Konsum ist jeglicher Umgang mit Betäubungsmitteln verboten.

2. Results

Nationale gesetzliche Grundlage, worüber ein **Zugang zum Kurs ohne Weisung bzw. Auflage** möglich ist

Nach **§ 31 a BtMG** ist eine folgenlose Einstellung des Strafverfahrens durch den Staatsanwalt möglich, wenn bestimmte Voraussetzungen erfüllt sind:

- geringe Menge illegaler Drogen (siehe „sonstiges“)
- zum Eigenverbrauch bestimmt
- Betäubungsmittel wurden erworben, nach Deutschland eingeführt, angebaut oder besessen. Das heißt, es wurden keine Dritten gefährdet (z.B. durch Weitergabe der Substanz)
- geringe Schuld des Täters
- kein öffentliches Interesse an der Strafverfolgung (z.B. nicht an Plätzen wie z.B. Schule oder Kindergarten konsumiert, wo junge Menschen negativ beeinflusst werden könnten)

Nationale gesetzliche Grundlage, worüber ein **Zugang mit Weisung bzw. Auflage** zum Kurs möglich ist

Heranwachsenden mit Reifeverzögerung und Jugendlichen kann der Staatsanwalt nach **§ 45 Absatz 2 JGG** eine Weisung erteilen: Von der Strafverfolgung wird abgesehen, wenn eine „erzieherische Maßnahme“ durchgeführt worden ist (z.B. sozialer Trainingskurs, Täter-Opfer-Ausgleich).

Bei Heranwachsenden ohne Reifeverzögerung und Erwachsenen kann nach **§ 153 a Absatz 1 StPO** eine Weisung auferlegt werden.

Sonstiges/**spezifische rechtliche Bedingungen** (z.B. auf Provinz- oder kommunaler Ebene; regionale Absprachen mit Institutionen)

Was als „geringe Menge zum Eigenverbrauch“ im Sinne des **§ 31 a BtMG** definiert ist, wird von jedem Bundesland eigenständig festgelegt (in NRW z.B. maximal 6 g Cannabis). Zusätzlich spielt in vielen Bundesländern bei der Beurteilung der „geringen Schuld“ auch die Häufigkeit der Auffälligkeit mit illegalen Drogen eine Rolle.

Von Bundesland zu Bundesland gibt es Unterschiede in der Regelung, ob bei einem Gesetzesverstoß im Zusammenhang mit illegalen Drogen durch Jugendliche das **JGG oder BtMG Vorrang** hat – überwiegend jedoch das JGG.

Iceland

Basic information on the legal framework and the general **principles of law**

In Iceland there exist child welfare laws (*nr. 80/2002*) that comprise treatment for children and adolescents. Their main principle is to ensure the welfare of children. In legal age for definition is 18 years (Laws of maturity).

In addition there are *laws on municipalities* that have purpose to ensure the welfare of inhabitants and to take action when needed.

The Narcotics Act is a special law for dealing with illegal substances. The law comprises a list of all banned or partially banned substances. All forms of dealing with narcotics are prohibited.

National legislation that allows **access to the course without instruction**

All adolescent can have access to the course if parents agree.

National legislation that allows **access to the course with instruction**

The child welfare laws can direct children in treatment but very rarely used. Usually the adolescent is sent to inpatient centre.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

None

Latvia

Basic information on the legal framework and the general **principles of law**

There are no differences in laws between young and older offenders in Latvia. Every person up to 14 could be punished in cases of criminal or administrative offences.

Administrative law defines penalties in the following cases:

2. Results

Obtaining or storing of small amount of illegal drugs and using illegal drugs, psychotropic substances without permission of the doctor not more as once in a year (§46)
Injure respect of someone in a public places by being drunk or under influence of other substances (§171).

Criminal law defines penalties in the following cases:
Encourage of use of illegal drugs; Passing premises/ rooms for using; Repeatedly encourage of use of illegal drugs or passing premises/ rooms for using; Encourage of person under age to use (§251). Making, obtaining, storing, transporting, and transferring of illegal substances/drugs (§253.1.).
Obtaining or storing of small amount of illegal drugs or using illegal drugs, psychotropic substances without permission of the doctor repeatedly in a one year period (§253.2.)
Growing psychoactive plants (§256)

National legislation that allows **access to the course without instruction**

If the person is determined as under the law there is no possibilities to attend program without instructions.

National legislation that allows **access to the course with instruction**

Administrative law Administrative committee instead of penalty can suppose to attend program.

Criminal law Instead of penalty the judge can impose suspended sentence and obligations to attend special programs accepted by State probation Service (§55)
Offender and public prosecutor can made an agreement about punishment and attendance of special programs.
This agreement has to been accepted by judge

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

Those municipalities which are working with youth at risk have based their activities on **the law of protection of children rights**. This law determines that the prevention of offences has to been done by municipality in cooperation with parents, educational institutions, state police, NGO's and other organizations (§58.). Program of social correction according to named law might been developed for each child who

- Has done any offence and has not liable to an imprisonment

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- Has discharge from prison (special correction institution)
 - Has discharge from criminal liability
 - Begs for alms or do any other actions which could be lead up to unlawful cases
 - More as two times has violated administrative law.

Lithuania

Basic information on the legal framework and the general **principles of law**

Concept of Medical, Psychological, Social Rehabilitation Services for Children Using Psychoactive Substance approved by Resolution No. 537 of May 17, 2005 by the Government of the Republic of Lithuania, which established the *early intervention* definition, i.e. psychological, social, pedagogical assistance measures **applied to children having identified they use psychoactive substances.**

The primary early intervention phase is early detection. *The Procedure for Early Identification of the Use of Psychoactive Substances by Children (Schoolchildren)* approved by Decree No. 437 of 2 April, 2002, by the Government of the Republic of Lithuania, of 2 April, 2002.

The Code of Administrative Offences, Art.44, and the Penal Code, Arts. 259–261, distinguish the type of possession by the factors of “amount” and “intention”.

Republic of Lithuania Law on the Control of Narcotic and Psychotropic Substances establishes principles of the classification of narcotic and psychotropic substances, for lawful circulation of these substances when they are used for health care, veterinary and scientific purposes and circulation control, in accordance with the requirements of international agreements.

National legislation that allows **access to the course without instruction**

Following *the Procedure of Early (for Schoolchildren) Identification of Use of Psychoactive Substances*, a school (specifically – the head of a school or persons authorised by him/ her) assumes responsibility to report a suspicion that a child uses drugs, psychotropic or other psychoactive substances, is intoxicated with such substances and that he needs medical check-ups to his/her legal representatives.

Solely health care specialists (from the Centres for Ad-

2. Results

dictive Disorders and the Mental Health Centres) can identify the use of psychoactive substances.

Having identified the use of psychoactive substances in early stage of use it is necessary to carry out early intervention according to the *Concept of Medical, Psychological, Social Rehabilitation Services for Children Using Psychoactive Substance*.

The Law on the Patients' Rights and Indemnification Harm to Health and The Civil Code of the Republic of Lithuania apply to the right of the patients to select diagnostic and treatment methods and to refuse treatment.

In 2008, the Ministry of Education and Science planned to prepare instructions of provision of early intervention services for prevention work groups and specialists in schools and to approve it by decree of the Minister of Education and Science. This legal act is under preparation.

National legislation that allows **access to the course with instruction**

For a juvenile having committed a criminal misdemeanour or crime and indemnified for criminal penalty or punishment juvenile inspectors apply sanctions imposed to him by court (articles 82–87 of the *Penal Code of the Republic of Lithuania* establishes educational measures for the juveniles).

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

The Law on Minimal and Medium Child Care apply that measures of minimal and medium child care are under the control of the municipal government. Medium care for child is applied under permission of court.

Luxembourg

**Grundinformati-
onen** zu gesetz-
lichen Rahmenbe-
dingungen bzw.
Rechtsprinzipien

In Luxemburg wird zwischen *Jugendschutz- und Erwachsenenstrafrecht* unterschieden:

Das *Jugendschutzrecht* bezieht sich auf alle Heranwachsende bis zum vollendeten 18 Lebensjahr und soll sie schützen wenn sie „physisch oder moralisch“ in Gefahr sind. Das Jugendschutzrecht trägt der Persönlichkeitsent-

	<p>wicklung junger Menschen Rechnung und stellt pädagogische Interventionen in den Vordergrund „Hilfe vor Strafe“.</p> <p>Neben dem <i>Jugendschutzrecht</i> kann für Jugendliche ab 16 das <i>Erwachsenenstrafrecht</i> gelten wenn gravierende Delikte und Straftaten vorliegen.</p> <p>Es gibt ein Gesetz zum Umgang mit Medikamenten und dem Kampf gegen Toxikomanie. Loi du 27 avril 2001 modifiant la Loi modifiée du 19 février 1973 concernant la vente de substances médicamenteuses et la lutte contre la toximanie.</p>
Nationale gesetzliche Grundlage, worüber ein Zugang zum Kurs ohne Weisung bzw. Auflage möglich ist	<p>Nach dem <i>Jugendschutzrecht</i> müssen die Erwachsenen welche mit dem Jugendlichen in Verbindung stehen Hilfe leisten, wenn ein Jugendlicher sich „physisch oder moralisch“ in Gefahr befindet.</p>
Nationale gesetzliche Grundlage, worüber ein Zugang mit Weisung bzw. Auflage zum Kurs möglich ist	<p>Für <i>Heranwachsende und Jugendliche</i> bis 18 wird von der im <i>Jugendschutzrecht</i> vorgesehenen Maßnahmen und Konsequenzen abgesehen, wenn der Jugendliche und seine Eltern die „Chance“ ergreifen und freiwillig am Kurs teilnehmen, unter der Prämisse, dass bestimmte Voraussetzungen erfüllt sind:</p> <ul style="list-style-type: none">– Erstauffälligkeit– geringe Menge Cannabis– zum Eigenverbrauch bestimmt– Expertenmeinung d.h. unter Vorbehalt des Therapeuten der das strukturierte Intake Gespräch geführt hat kann als Alternative zum Kurs eine individuelle Betreuung angeboten werden.
Sonstiges/ spezifische rechtliche Bedingungen (z.B. auf Provinz- oder kommunaler Ebene; regionale Absprachen mit Institutionen)	<p>In Luxemburg existieren zwei Gerichtsbezirke:</p> <ol style="list-style-type: none">1. Luxembourg2. Diekirch <p>Eine einheitliche nationale Gesetzgebung.</p>

2. Results

Netherlands

Basic information on the legal framework and the general principles of law

The age of criminal responsibility is 12. Juveniles between the age of 12 and 18 are subject to the juvenile criminal law. However, judicial discretion may be exercised when taking into account the seriousness of the offence and the personality of the offender.

For example, the judge can order a young adult between the age of 16 and 18 to be dealt with the adult criminal law. There are three conditions under which this is possible:

- in the case of a serious offence, such as murder
- the personality of the offender gives rise to this
- the circumstances under which the offence was committed, gives rise to this

Judicial discretion will also allow young adult offenders between the ages of 18 and 21 to be subject to the juvenile criminal law. This can only be determined by a judge and only in the following two situations:

- the personality of the offender gives rise to this (delayed mental or emotional development)
- the circumstances under which the offence was committed, gives rise to this

National legislation that allows access to the course without instruction

§ 77e of the Penal Code allows the “Halt” (Het alternatief = The alternative) – prosecution. The facts that are eligible for prosecution by a Halt-agency are listed in the so-called Algemene Maatregel van Bestuur (a executive decision), called the Decree designation Halt-facts. The Halt-procedure is elaborated in designations. For Halt the most important designation is the Designation Halt-prosecution. Here you will find the conditions for the implementation of the Halt-prosecution. The Designation 12-minus allows the Stop-reaction. The designation indicates, among other things, that a Stop-reaction can be offered for the same offences as those of Halt. The duration of participation in a Stop-reaction is not more than 10 hours. The adolescent is arrested for any of the following offences:

- openly violence goods (Art 141 par. 1 PC (Penal Code))
- destruction and graffiti (art. 350 PC)

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- simple forms of arson (art. 157 PC)
 - shoplifting, theft and attempted theft, alone or in association (art. 310/311 PC)
 - embezzlement and attempted embezzlement (art. 321 PC)
 - receiving stolen goods (art. 416/417 PC)
 - changing price tags (art. 326 PC)
 - presumptuous behaviour in public

National legislation that allows **access to the course with instruction**

§ 77h (penalties and measures imposed by the magistrate of a juvenile court).

This article provides for sanctions and measures the magistrate of a juvenile court may impose. Penalties are primarily intended to retaliate criminal behaviour. Prison is an example of punishment. The aim of the measures is to improve behaviour (for example by placing someone in a home/institution), to prevent danger (for example, taking away a weapon with which someone has committed a murder) or to restore an old situation (for example by taking money from an offender that was obtained from drug dealing). Most of the penalties imposed by a judge on adults, can also be imposed on young people; for example alternative sanctions or compensation (=measure). There are also penalties and measures that are intended only for young people; for example youth detention or placement in a facility for youngsters (= measure).

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

Not applicable

Poland

Basic information on the legal framework and the general **principles of law**

Poland differentiates between *criminal law governing young offenders* and *criminal law governing adult offenders*. The former considers the fact that young personalities are still at a development stage and emphasizes pedagogical interventions.

2. Results

The *Act of Law on Juvenile Delinquency Proceedings* apply to youths from 13 to 17 years. The content of this act concerns events when a minor seems corrupted or committed a punishable act the Act of law on counteracting drug addiction is a law for inter alia possessing illegal substances. The law comprises a list of all banned or partially banned substances. All forms of possessing (also for personal use), dealing, trafficking, manufacturing/growing ext. of narcotics are prohibited and penalised.

National legislation that allows **access to the course without instruction**

The content of **§ 72.1 of the Act of law of 29 July 2005 on counteracting drug addiction** is:

“In the event that an addicted person or a person using psychoactive substances in a harmful manner has been charged with committing the offence subject to the penalty of deprivation of liberty for a term up to 5 years, enters treatment and rehabilitation or participates in a prevention and treatment programme in a relevant health care centre or another entity in the health care sector the prosecutor may suspend the proceedings until the treatment is completed.”

National legislation that allows **access to the course with instruction**

Act of Law of 26 October 1982 on Juvenile Delinquency Proceedings:

- Article 6 provides that in the event of a minor being corrupted the family court may order a specific way of conduct, participation in special educational, therapeutic or training classes, refer to a social organization or educational, therapeutic or training institution for minors.
- Article 7 provides that the family court may: oblige parents or the legal guardian to closely cooperate with the counseling centre or another related specialist facility.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

School's response to problems of using psychoactive substances by pupils is based on the educational law, especially the bequests of the regulation of the Minister of Education of 31 January 2004 on detailed forms of educational and prevention activities among children and youth endangered by addiction.
Interpretation of the law for undertaking intervention by

school in aforementioned cases is “Procedures of teachers course of action and cooperation between schools and police in situations endangering children and youth with demoralization and crime” – a module programme of “the National Programme for Preventing Social Maladjustment and Crime among Children and Youth. The procedures specify in a detailed way all the successive steps that should be taken by the school in such cases as: student being endangered by demoralization (e.g. using psychoactive substances), (...) committing crimes (i.e. e.g. possession of drugs).

Romania

Basic information on the legal framework and the general **principles of law**

In 2004 the Law No. 143/2000 was amended and supplemented by the Law No. 522. The position toward the drug users was reconsidered by approaching the pathology of the drug user from the social and biological perspective. Distinct notions for drug user and drug addicted user were introduced. The terms therapeutic chain and drug user evaluation were defined and the penalties applied for drug offences were differentiated according to the risk category to which the drug belongs. According to this law, the use of the nationally controlled substances without medical prescription is forbidden on the Romanian territory. Despite this, drug use per se is not punished. The person who unlawfully uses nationally controlled drugs could be included, upon his/her consent, in a integrated care program for drug users. On the contrary, drug possession is punishable by 3 to 5 years imprisonment and prohibition of some civil rights if drugs belong to the risk category and respectively by 10–20 years of imprisonment and prohibition of some civil rights if the drugs belong to the high risk category.

National legislation that allows **access to the course without instruction**

The Romanian legislation doesn't allow access to the course without instruction.

2. Results

National legislation that allows **access to the course with instruction**

Once the New Criminal Code, which is currently in a draft phase, takes effect, in case the police inform the prosecutor that a drug user has not committed other criminal acts, the prosecutor can decide that the criminal pursuit be abandoned and the offender sent to the closest Drug Prevention, Evaluation and Counseling Centre for evaluation and referral to treatment. In case the court decides in favor of a prison sentence, the drug user can continue or can be included in an integrated care program carried out in partnership inside the prison. The collaboration between the case managers and the probation services continues in case the court is in favor of a non-imprisonment sanction.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

The National Anti-drug Agency has established at national level a chain of 47 Drug Prevention, Evaluation and Counseling Centers (each in every county and sector). Those are joint teams of five specialists: one physician, one psychologist, one social worker, one educational specialist and one prevention specialist. They are working like an integrated system for providing medical, psychological and social assistance for drug users and their families within the coordination of the case manager. Each Drug Prevention, Evaluation and Counseling Center has concluded local collaboration agreements with Police, Probation Services, Hospitals, Schools, NGOs, other service providers.

Slovakia

Basic information on the legal framework and the general **principles of law**

The Penal Code (Act No. 300/2005 Z. z. Penal Code and Act No. 301/2005 Z. z. Penal Code) modifies the preceding regulation of drug-related criminal acts and is a special law for dealing with illegal substances.

Slovakia differentiates between criminal law governing young offenders and criminal law governing adult offenders.

The penal order defines pursuance against juvenile persons (14 – 18 years) as a special instrument of pursuance, and it determines “above-standard” procedures for this type of pursuance against adult offenders (that is, after reaching 18 years of age).

National legislation that allows **access to the course without instruction**

The Penal Code imposes less severe conditions on a juvenile person for discontinuation of a criminal offence, withdrawing from punishment, as well as possibilities of imposing a sanction.

The court imposes the following educational measures on behalf of a minor:

1. admonition,
2. surveillance of a minor,
3. restriction of the minor's detrimental behavior,
4. or minor's or its parents' duty to undergo social counseling.

National legislation that allows **access to the course with instruction**

On the basis of **Act No. 550/2003** Z. z. on probation and mediation officers, from January 1, 2004, probation and mediation officers started to operate at district courts.

For implementation of early preventive intervention, the service of probation is relevant – performing a control, surveillance of indicted person, of charged or accused person, as well as providing individual help to an offender and guiding him or her to conduct a proper life.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

Such a pupil's activity **is not deemed to be a criminal offence** and it subsequently becomes usually qualified as minor offence pursuant to Act 372/1990 (of the collection) on minor offences, as amended by later regulations (for example, disorderly conduct, vandalism, public nuisance), and it is generally passed on to continuing pursuance of the body competent to act in the matter of minor offences, which is a minor offence committee of the district office according to permanent residence of such a pupil.

Slovenia

Basic information on the legal framework and the general **principles of law**

Slovenian law does not differentiate between criminal law governing young and adult offenders and comprises a list of banned narcotic substances. Except use for personal consumption all forms of production or sealing are prohibited. Ownership and use of small amount of non-legal drug for personal use is on Slovenian territory treated only as a minor offence matter since 1978. Production, distri-

2. Results

bution or allow of consumption of non-legal drugs represents a crime matter and supervenes penalty with prison from 3 months to 10 years depending from the amount of drugs and other circumstances.

For young people same penalty as for adults is valid for same crime but with placement in an adequate educational post-penal institution for youngsters.

National legislation that allows **access to the course without instruction**

The prosecutor has a legislative possibility to drop proceedings without further action or to be treated less severe in case that young offender was first time noticed with a small amount of drug for one time personal use and enters by own will in a programme for treatment of non-legal drug users or in a social protection programme appointed by the Ministry of Health or the Board for drugs at the Ministry for labour, family and social affairs. It is possible to deliver young offender drug prevention programmes information or propose participation in health education and advising services offers, curative and social protection programmes as also others relating to social help, drug consume and follow up of drug use behaviour. In case of a positive response of the young offender there is a possibility for the prosecutor to drop charges or stop the procedure relating to the penalty.

National legislation that allows **access to the course with instruction**

Under formal national legislation prosecutor has not a legislative possibility to issue an instruction to the adolescents with a drop of proceeding if they complete an educational measure or a social training programme. Participation in a course on prosecutor's advice is only by free will decision of the adolescent and followed by positive change of behaviour of young offender. Final drop of proceeding is a prosecutor's decision if no repeat of use, production or selling of non-legal drug by offender takes place.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions)

Regions and municipalities on local level in Slovenia have no legal law or penalty measures for use, production or distribution of nonlegal drugs. National law measures are obligatory performed.

- School order of elementary/basic/middle school forbids use, owning, selling, offering and consuming of non-legal drugs a or psychoactive substances

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- to fellows during attendance of education or other school activity. It is a major offence followed by heavy sanction like a displacement to another department or to another school in case that the school does not propose another kind of help or counseling.
 - School order at University forbids visiting the faculty under influence of alcohol or psychoactive substances is declared as a major offence followed by a disciplinary procedure that finally can represent displacement from the faculty.

Workplace: each major non-legal drug offence on the working place with sign of a crime matter on basis of law is sanctioned by possible break of the working contract.

Sweden

Basic information on the legal framework and the general **principles of law**

In Sweden we have a law (1964:167) with specific regulation for young offenders. This law has specific rules regarding withdrawal of charge for young offenders up to the age of 18 (LUL) if certain instructions are met.

We do not have Juvenile Courts. There are no separations in the court system between adults and young offenders.

The Narcotics Act (1968:64) is the Swedish law for dealing with illegal substances. The law comprises a list of all banned or partially banned substances. In Sweden is consumption also prohibited and of course all forms of dealing with narcotics.

National legislation that allows **access to the course without instruction**

The law (1964:167) never allows the prosecutor to drop proceedings without further action.

National legislation that allows **access to the course with instruction**

The law (1964:167) allows the prosecutor to drop proceedings with further action.

- When the young offender needs non institutional care or other forms of support measures. The social care unit will determine what the program will

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contain and how long it will be. The young offender will not get the usual fine (1500 SKR).

So it is really not a withdrawal of charge. The young offender gets a sentence for using/selling drugs but the penalty is less. No fine and help with the problem. The young offender is also registered in the Police criminal register. Usually the name stays there for 10 years but in this case gets reduced to 3 years instead.

Other **specific legal conditions** (e.g. at provincial or municipal level; regional agreements with institutions) None

2.2 Summary of reports on the pilot phase

FreD goes not only sought to transfer, but also to develop the original FreD approach. Going beyond the 'classic' access routes of police and/or judiciary system, one idea was to test whether other co-operation partners, namely schools and the workplace, could also refer drug-using youngsters to a FreD course. Another idea was to go beyond illegal drugs to also include alcohol.

Many partners chose a combination of the **settings** police/judicial system and school. In terms of drugs, most chose a combination of illegal drugs and alcohol as a reason for being noticed.

The following table is an overview of the reasons for being noticed (drugs and/or alcohol) and the settings selected (school, workplace, police or judicial system). For each country the first row gives the status immediately after the RAR (April 2008), the second row the status just before the end of the pilot phase (October 2009).

Country		target group		access route			
		illegal drugs	legal drugs	school	workplace	police/ judiciary	other
Austria	2008	x				x	x
	2009	x				x	x
Belgium	2008	x	x	x		x	
	2009	x	x	x		x	
Cyprus	2008	x				x	
	2009	x				x	
Germany	2008	x	x	x	x		
	2009	x	x	x	x		x
Ireland	2008	x	x	x			
	2009	x	x	x			
Iceland	2008	x	x	x			
	2009	x	x	x			x
Latvia	2008	x	x	x		x	x
	2009	x	x	x		x	
Poland	2008	x		x		x	
	2009	x	x	x		x	x
Sweden	2008	x	x			x	
	2009	x	x			x	x
Slovenia	2008	x	x	x		x	
	2009	x	x	x		x	x
Romania	2008	x	x	x		x	
	2009	x	x	x			

Tab. 2: Chosen settings and kind of conspicuity

Based on the experiences in the German FreD model project some deviation from the original plans (indicated in the first row (2008) for each country) had been expected. One of the projects' aims was to analyse the specific reasons for this, to overcome any attendant difficulties wherever possible and to make available this knowledge to later FreD users on a country-specific basis.

In three countries (Belgium, Cyprus and Ireland) implementation proceeded as planned.

FreD could not be implemented in Austria for various reasons. One likely reason

2. Results

was that potential participants could not be offered a distinct benefit of taking part in the intervention.

Contingency plans were activated in Germany and Iceland. By April 2009, it had become apparent that the chosen settings were not able to refer sufficient numbers of youths to the intervention. Additional settings were therefore approved in both countries.

Additional settings were also approved for Poland, Sweden and Slovenia at the explicit request of parents and other co-operation partners (e.g. physicians). Overall, though, these settings only accounted for a limited number of referrals. At the request of head teachers the Polish project team also included alcohol as an additional access route.

Contrary to expectations, no additional setting had to be included in Latvia. In Romania difficulties arose in co-operation with the police or judiciary system, which means no referrals were possible using this route. In contrast, co-operation with schools worked well, so that sufficient numbers of youths were referred to FreD courses overall.

Below is an overview of the combinations of access routes chosen by the partners (police/judiciary system, school, workplace) and the causes of intervention (illegal drugs/alcohol). All partners included illegal drugs as a reason for being noticed.

- Combination school – police or judiciary system:
 - Belgium, Ireland, Iceland, Latvia, Austria, Poland, Slovenia, Romania
- Combination police – school – workplace:
 - Germany¹
- Just police or judiciary system:
 - Sweden and Cyprus
- Exclusion of alcohol users:
 - Austria and Cyprus

Eleven out of twelve pilot partners recommend an **RAR** to select suitable settings in new regions. Particularly the interview with potential co-operation partners should be carried out. The Belgian partner for example stated that the RAR had

¹ In Germany referrals from the police were only counted for the evaluation if the youngster in question was noticed because of alcohol. Illegal drugs were not included since this access route had already been comprehensively evaluated in the German model project.

not necessarily yielded any new information, but had motivated co-operation partners to take part in the project, led to clear agreements and strengthened the overall network.

In their reports pilot partners also commented on the **legal framework** in their countries, describing whether this was helpful or not in gaining access to high-risk young drug users. Seven pilot partners considered the legal framework favourable when it comes to **accessing** youngsters through the **police and judicial system** (Cyprus, Poland, Sweden, Luxembourg, Latvia, Belgium, Germany), whilst four considered it an obstacle (Iceland, Romania, Slovenia, Austria). In this context, a favourable framework might mean that legal possibilities exist to offer young drug offenders an alternative to criminal prosecution, such as completing a health-related intervention.

Rules for dealing with drug use at **school** are described as favourable in five countries (Poland, Luxembourg, Iceland, Romania, Belgium) and as an obstacle in two (Slovenia and Germany). One obstacle for example is the lack of fixed intervention chains or failure to implement them even though they exist “on paper”. The Polish partner described a law that made it mandatory for all schools to follow the same national procedure if a pupil is noticed using an addictive substance. This proved to be very helpful and fitted in well with the FreD programme (see also the good practice example from Poland).

Based on the experiences gained in the project, a recommendation to new sites is to choose a range of access routes involving different co-operation partners, and to also include youths in the programme that have been noticed because of alcohol.

A significant extension to the FreD approach was the **inclusion of parents** in the intervention. Ten countries involved parents in various ways (Poland, Sweden, Luxembourg, Latvia, Iceland, Romania, Belgium, Slovenia, Austria and Germany). All but one partner recommend this **conceptual extension**. Specific ideas for including parents are set out in the manual.

Prevention experts rated the **FreD course exercises** suggested in the manual, which are designed to work on the various topics in practice, with an overall score of “2” (on a scale from 1 to 4, with 1 excellent and 4 bad).

The following quotes describing the implementation of the group sessions are taken from the project’s newsletters.

“The FreD goes net methods helped us to “break the silence” and the second session they talked quite freely about their drug use.”

Belgium, Ellen Gibney and Kelly Jacobs

It is very important to have a cosy and homely area for the participants. If they feel comfortable from the beginning, it means you gained their presence.”

Cyprus, Doris Kamara

2. Results

“The sessions made the participants realize that there is another way they can look at their positions, self-reflect, deepen their knowledge of the substances, their effects and the related risk. The participants also found out how they can find motivation for the change of attitudes and behaviours and make the right decisions based on self-evaluation and risk assessment.”

Poland, N.N.

On average, project partners rated **the overall FreD approach** with a score of 1.5 (using a scale from 1 to 4, where 1 is entirely convinced by the overall FreD concept and 4 is not convinced at all). Reasons for this rating are given in the reports on the pilot phase. Here are some examples:

Cyprus: The FreD goes net approach has facilitated access to the counselling centres, has improved in a comprehensive way the cooperation between the two basic actors in the field of drug abuse and has consolidated to a great degree the support system for the youths at risk. However, Cyprus concluded that the FreD approach needs to be carefully re-adapted to the Cyprus' drug reality and youths at risk needs, in order to ensure that every youth will be able to have access to the most appropriate therapeutic/ counselling program according to his/her overall personal needs.

Ireland: The course works because it is acknowledging and giving young people the space to admit they are using without being judged. There was a need for a harm reduction approach at this level.

Poland: “FreD goes net” is a suitable offer for young people. It talks their language, it is attractive, it is not schoolmasterly or domineering.

Sweden: In Sweden the course contents were adapted due to the legal system concerning the use of drugs. The manual makes provisions for course leaders to work with those who indicate they would continue to use drugs: youngsters and course leaders together look for ways how they can use drugs more safely. This attitude of mitigation, which seeks to limit the negative consequences of drug use (harm reduction), is not possible in Sweden because it would be in violation of the law.

Iceland: A constructive holistic approach based on motivation with a complete guidance.

Detailed reports of the pilot countries can be read in the Appendix.

The global economic crisis

FreD goes net was implemented at a time when the global economic crisis led to severe cutbacks in a wide range of countries. In their country reports five pilot countries stated that the economic crisis had significant impacts on the implementation of the project. Jobs of project staff were threatened or actually lost, leading to an increasing workload for the remaining staff. In some co-operation partners, this was accompanied by a loss of motivation and resistance to getting involved in new projects. The associated partner HIT Ltd from the UK became insolvent. Other partner institutions were restructured or allocated to new hierarchical levels or departments. Against this background, achieving the project aims is all the more remarkable, as described in the next chapter.

2.3 Project aims and their implementation

The **main aim** of FreD is to offer a prevention measure to adolescents that have come to notice on account of drug use. The aim is to intervene early in order to stop them from sliding into addiction.

To achieve this aim, suitable settings had to be identified in the pilot countries; also structures and processes of co-operation had to be built (termed programme-related objectives in the original EU application). Stable co-operation is a prerequisite for the successful referral of young users to the project and thus the successful implementation of the intervention (termed target-group related objectives in the application).

2.3.1 Programme related aims

A. To further develop the selective prevention programme “FreD” and adapt it for its use in Europe

The project sought to transfer the original FreD approach developed by the German model project to other European countries. Whilst the original concept accesses youngsters that have come to the notice of the police or judicial system on account of illegal drugs, the project aimed to extend this to include additional settings such as school and the workplace. It also sought to include alcohol as an additional trigger for intervention.

The **target group**, and with this the criteria determining whether the short intervention is indicated, were agreed by the partners at the kick-off conference. The intervention was to target 14-21-year-old users of legal or illegal drugs (in exceptional cases 13 to 25 years) that have been noticed as such. Should the intake interview reveal a youngster to be addicted, they were to be referred to other available programmes as far as these exist.

2. Results

Eight good practice projects could be identified in the participating countries that met the previously agreed criteria. An overview is provided in chapter II.1.1, with further details available on the project homepage www.fred-goes-net.org.

Basic implementation of the project was successful in ten out of the eleven pilot countries. As foreseen in the project application, the FreD concept had to be **adapted** by several partners to take account of country-specific needs. Reasons for this included:

- too few cases (Germany)
- the request to include further referring institutions (Poland, Slovenia)
- structurally different referral pathways (Sweden, Iceland)
- a different attitude to dealing with drug use (Sweden)

In Germany, additional settings (e.g. youth welfare) were included because the originally chosen settings (schools and the workplace) could not refer enough youngsters to FreD. This became clear in the first months of the pilot phase. Since the police and judiciary system had already been evaluated in the Federal model project, any referrals to FreD from these two settings were not included in the evaluation.

As a result of PR work, partners in Poland and Slovenia were approached by institutions and persons that had not originally been considered as access routes (mainly because this would cause problems of comparability in the evaluation). Physicians (private practice, hospitals) and in particular parents asked whether they could also refer youngsters to FreD courses. Since the number of youngsters referred by the other access routes was not overly high, the partners decided to include these additional access routes.

Due to structural constraints, the police in Sweden and Iceland could not directly refer youngsters to the FreD project. In both countries, young users that come to notice of the police are automatically referred to (youth) social services. Referral to the FreD project therefore took place via this 'circuitous' route.

In Sweden the course contents were adapted due to a fundamentally different attitude to addiction prevention. The manual makes provisions for course leaders to work with those that indicate they would continue to use drugs; youngsters and course leaders together look for ways they can do so more safely. This basic attitude of mitigation, which seeks to limit the negative consequences of drug use, is not shared by the Swedish partner.

The reasons for the project's failure in Austria are numerous and are listed in the country-specific partner report in the Appendix.

The **success factors for accessing** young drug users can thus be summarised as follows:

- Willingness of all actors to creatively engage in the project, and an inherent interest in implementing it,
- consistent and country-specific implementation of the quality guidelines drawn up for the intervention,
- well-chosen settings that are able to refer relevant youngsters to the course,
- enthusiastic and technically competent prevention experts that implement FreD in practice,
- an intervention that is both attractive and benefits the participating youngsters,
- co-operation partners in each setting that fully support the intervention.
- co-operation should be based on specific and dependable agreements and ensuring adequate information flow.

(Chapter 3.2 provides more detail on each of these.)

The manual was drawn up as a prototype before the pilot phase began. A final version of the manual has since become available based on the experiences and suggestions made by the pilot partners.

B. To test the selective prevention programme “FreD” in the pilot countries

Overall, **pilot partners** co-operated with approx. 260 institutions to ensure that drug-using youngsters were referred to FreD. In line with the conceptual approach, co-operation partners mainly represented the police and judicial system, as well as schools.

Examples for successful co-operation agreements are made available in the manual.

In their reports on the pilot phase partners stated that both co-operation within the chosen settings and access to drug-using youths had improved. Ten countries stated they would maintain this co-operation beyond the project period. Partners in Ireland and Latvia, however, are unsure whether they will be able to continue the project on account of the effects of the economic crisis.

2. Results

During the second project year the global economic and financial crisis hit. Given that some partners were severely affected (drastic cutbacks in the social and health sector, job losses, internal re-organisation and structural reorganisation of co-operation partners, changes in the responsible persons etc.), the above results must be seen as a resounding success.

Piloting the project against the various cultural, (drug) policy-related, structural and economic conditions in the 12 EU countries was the greatest overall challenge.

Both the transfer of the “classic” approach (access to illegal drug users via the police and judiciary system) and its development (extending the settings and including alcohol) were **nearly all successful**. As shown in the table taken from the evaluation report (table 12, p. 18), 36.3% participants were referred to courses by the police/judiciary system, and another 31.9% by schools and other settings.

	female		male		total	
	no.	%	no.	%	no.	%
police	56	17.7	311	32.5	367	28.8
judiciary system	13	4.1	83	8.7	96	7.5
school	131	41.3	276	28.8	407	31.9
workplace	8	2.5	29	3.0	37	2.9
family	21	6.6	90	9.4	111	8.7
other route	53	16.7	104	10.8	157	12.3
no referral	35	11.0	65	6.8	100	7.8
total	317	100.0	958	100.0	1.275	100.0

Tab. 3: Referring institutions (number of persons referred and percentage of total)

Results also show that alcohol users can be accessed successfully (see also the evaluation report):

- 29.3 % of all participants were referred on account of alcohol,
- 49.9 % on account of a combination of alcohol and illegal drugs, and
- 20.9 % on account of illegal drugs.

The conditions that lead to successful structures and processes of co-operation are described in more detail in the chapter on detailed success factors, specific access routes, and choosing suitable settings.

During the course of the project the original FreD approach not only adapted, but also **conceptually extended in several areas**:

- Settings:

Apart from the originally selected access routes, pilot partners also co-operated with (pediatric) hospitals, physicians, social and youth welfare services, and the military.

- Conceptual extension of the intervention:

- Stronger parental involvement

The majority of pilot partners suggested that the intervention should include parents. One reason is a systemic one, suggesting that the effectiveness of the intervention could be increased by offering parents the opportunity to reflect and support their children. Another was that parents could additionally motivate (or press) their child to take part in FreD.

- Outtake interview

Some pilot partners extended the structure of the intervention by adding an outtake interview. This served to give the youngster feedback on their drug use, and made it possible to discuss further measures where appropriate. Parents can be included in the outtake interview if necessary.

2.3.2 Target group related aims

C. To improve access of vulnerable, high-risk adolescent drug users to drug prevention and drug services

Apart from Austria all pilot partners confirmed that FreD had led to **improved overall access to young drug users**. The EU project application had set a target for the nine partner organisations to reach a total of 1,170 youths. Due to three additional pilot partners (Cyprus, Sweden and Luxembourg), the twelve partners achieved a total of 1,284 intake interviews. 939 youths subsequently took part in the course.

Instead of the 130 youths that were intended to be reached per country, only 107 young persons took part in an intake interview on a country average. The spread, however, is rather large, as indicated by the following table (see the Appendix of the evaluation report, table 7, p. 14):

2. Results

	number of intake users	course participation recommended	participation in course “yes”	number of course participants interviewed in follow up survey
Austria	14	13	0	0
Belgium*	234	123*	106	105
Cyprus	91	80	76	75
Germany	151	149	103	92
Ireland	81	50	50	50
Iceland	120	116	116	105
Latvia	124	113	95	82
Poland	171	142	131	130
Sweden	59	57	47	52
Slovenia	86	85	76	72
Romania	105	105	92	79
Luxembourg	48	46	47	59**
total	1,284	1,079	939	901

Tab. 4: Course utilisation by country

* Belgian sites offered a group course as an alternative to FreD goes net for addicts

** In case of Luxembourg more completed participant surveys were available than user documentation sheets.

The project clearly achieved its aim of reaching drug-using youngsters **early**. The average age of those reached was just under 17 years (16.98 years). Importantly, adolescents and young adults were to be reached before the onset of addiction, which the scientific evaluation confirms was also achieved. “Those that were reached by FreD goes net had so far mostly consumed alcohol (97.9%) and cannabis (79.1%). Some also had experience with other psychoactive substances. Most active drug users consume drugs sporadically and/or on weekends.” (FreD goes net manual, 2010, chapter VI.2, p. 133)

In summary, piloting the successful German approach at a European level has **confirmed FreD as a suitable intervention for reaching high-risk young drug users at an early stage.**

D. To strengthen the intrinsic motivation within the target group to change their drug-related behaviour

Put briefly, the intervention was set to lead to improved levels of knowledge and changed attitude and behaviour with respect to drug use. With respect to these aims, the scientific evaluation report states the following:

“A follow-up survey of participants was carried out after completion of the course. The great majority stated that participation in the course was important to them personally and that it improved their knowledge on the effects and risks of using psychoactive substances. A clear majority also stated that participation in the course had changed their attitude to drug use and that they intended to consume less as a result. With a view to illegal drugs, a majority also stated that they now intended to quit using drugs altogether. Only one in four, however, stated they intended to quit drinking altogether. The majority of participants also stated that they now felt better equipped to resolve problems and had better knowledge of the available support system. Last not least, the majority of participants also intended to make some changes in their personal situation.” (FreD goes net manual, 2010, chapter VI.3, p. 139)

2.3.3 Transfer of the project and sustainability

A central concern for the European Commission in approving funding is the long-term sustainability of the project. Successful models are to be transferred into self-sustaining structures in the respective countries wherever this is possible. This was one of the reasons why transfer played such a pivotal role in years 2 and 3 of the project. Following the successful completion of the pilot phase, the aims were:

- to disseminate the project within the pilot countries,
- to implement it in associated countries,
- to bring in countries not yet involved in the project.

The project co-ordination team therefore organised **two central transfer workshops** in Berlin and Vienna (both in June 2010). Flyers inviting applications to the workshops were distributed across Europe, and additional PR work was done by the partners. The qualification measures were also uploaded to the Grundtvig database, so that interested persons were able to apply to their National Agencies to cover the costs of the workshops.

In total, 19 participants from 7 countries made use of the transfer workshops, representing Slovakia, Lithuania, Poland, Romania, Luxembourg, Cyprus and (as a new country) Italy. Both workshops were rated very positively by the participating experts in the final evaluation.

The aim had been to attract further countries not yet involved in FreD goes net. With the exception of Italy, this unfortunately was not achieved. Also, it was not possible to implement the project in all associated countries. Reasons included other early intervention projects that had since been developed there, as well as financial difficulties resulting from the global economic crisis.

2. Results

Up and above these Europe-wide events, some pilot countries also successfully carried out **national transfer events** (e. g. Poland, Romania, Germany). In September 2010, there were 64 certified FreD trainers in Europe and 88 in Germany. Up and beyond the project period, partners in Cyprus, Romania, Slovenia, Slovakia, Lithuania and Germany are planning (further) transfer seminars to nationally disseminate the FreD approach.

Nine pilot partners reported that the co-operation established as part of FreD goes net **would continue to exist beyond the project period** (Cyprus, Poland, Germany, Sweden, Luxembourg, Iceland, Romania, Austria, Belgium, Slovenia). Ireland and Latvia were concerned about the long-term stability of co-operation, and may be faced with problems in financing the project in future as a consequence of the economic crisis.

In principle, it can be said that transfer aims were partly reached right at the beginning of the project, when the Swedish and Luxembourg partners upgraded to pilot partner status at their own expense and when the Cyprus Anti Drugs Council could be attracted as a partner.

2.4 Summary of the evaluation report²

“FreD goes net” successfully tested an early intervention programme for young alcohol and drug users at a European level. In addition to developing a European manual, the intervention (consisting of an intake interview and a group phase) was implemented successfully at various sites in eleven European countries.

The project succeeded in realising the European transfer of the German project “FreD – Early intervention in first-time drug offenders”. It also extended the German FreD approach by including schools and the workplace as additional access routes and trialling the application of the concept in young alcohol consumers. Project evaluation results show that:

- the intervention not only reaches those persons that come to notice on account of illegal drugs, but also those that do so on account of alcohol.
- access to the intervention is possible via the police and judicial system, as well as school and the workplace and other means (e.g. family). A broad range of access routes is therefore feasible.

Evaluation results also show the following:

² This summary of the FreD goes net evaluation report was taken from the evaluation report provided by the FOGS research institute (Authors: Wilfried Görgen and Rüdiger Hartmann, FOGS).

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- In a period of 13 months a total of 1,284 users were reached. Of the 939 who took advantage of the course, 90.6% completed it. The overall satisfaction rate was 82.4%. Taken together, results indicate a high degree of acceptance of the intervention in the young persons reached.
 - The average age of those that were reached was 16.98 years. The survey of consumption patterns shows that the great majority were not yet addicted. 75.1% had not made use of any support in connection with drugs or alcohol up to this point. Results show that the intended target group of the project could be reached and that the intervention is indeed a form of early intervention.
 - Participants claimed a variety of effects after completing the course. One was that they felt better informed and had better knowledge on alcohol and drug use. Another was that their attitude had changed, in particular to drug use. The majority of participants stated they intended to consume less drugs in future or quit using altogether. Last not least, they stated that they felt better equipped to tackle problems and were more willing to make some changes to their personal situation.

The evaluation results confirm the evaluation results of the original project “FreD – Early intervention in first-time drug offenders”. They therefore demonstrate that the intervention can be used successfully as a form of early intervention in young consumers of psychoactive substances.

3. Conclusions

3.1 Achieving the aims of FreD goes net

Chapter 1.2 describes the aims of the project, and chapter 2.3 sets out whether these were reached (e.g. by referring to indicators).

The central aims of the project were clearly reached in that both the transfer and the development of the FreD approach were successful. In the pilot countries access to drug-using youths was improved, and co-operation was established with 'new' partners that successfully referred youths to the project. The scientific evaluation also confirmed the intervention to be effective (intake and course).

The following refers to the specific aims of the project. Some aspects are then revisited in more detail in the next chapter, which deals with the success factors important in implementing the FreD programme.

Transfer of the early intervention approach "FreD"

FreD goes net was one of the first national projects of addiction prevention that was transferred to an international context. Naturally, one-to-one transfer is neither possible nor desired. The project thus had to be adapted to various cultural, (drug) policy-related, structural and economic conditions in the pilot countries. The transfer succeeded with very few exceptions.

Development of the FreD approach

In addition to simply transferring the FreD approach, the idea was also to develop it further. Additional settings were to be tested that might give access to the FreD course, and alcohol was to be included as an additional reason for intervening. Partners also made some structural adjustments to the project during the pilot phase. Some partners added an individual intake interview directly after the group phase, and many recommend the inclusion of parents in the intervention.

Naturally, the various access routes met with varying success in the different European countries. Success depended on the legal framework and its ability to provide access to the intervention, the available resources, the overall conceptual orientation in the country, and the respective cultural context. The fact that the project was successfully implemented in eleven out of twelve pilot countries in the midst of a global economic crisis must be counted as a resounding success of FreD goes net and everyone who contributed to it.

Access to young alcohol and drug users

Successful access to young, high-risk users is an indispensable prerequisite for early intervention. Access is therefore an early indicator of the likely success of an early intervention measure.

With the exception of Austria, pilot partners reported that access to drug-using youths had visibly improved during the pilot phase. FreD goes net was able to reach young drug users early both in terms of their age (the average age was seventeen) and their patterns of drug use (which was predominantly sporadic and/or weekend consumption). This was well in line with the aims of the project (see chapter 2.3.2).

Experiences in the German and European project show that access to the FreD programme cannot be taken for granted if it is entirely voluntary, i.e. relies on the intrinsic motivation of participants. Access works on the basis of coming to notice and the building of social, legal or other disciplinary pressure. With a view to the different systems, this implies that the intervention will only be successful if it involves co-operation partners that are able and willing to exert such pressure. Access to the target group is therefore closely linked to successful co-operation.

Building co-operation

The German FreD and the European FreD goes net project initiated wholly new forms of co-operation that either had not existed in the pilot countries before (especially with the police or judiciary system) or had not been used for the purpose of early intervention (especially schools/the workplace).

Co-operation structures were established successfully in all pilot countries. In most countries these have proven sustainable, meaning they will continue to exist beyond the actual project period.

Implementation of the intervention

The evaluation of the intervention shows that in the FreD course, young drug users were usually open and willing to reflect on their drug use. In the anonymous survey that was done after the course, a large part of the participating youngsters stated that they wanted to use drugs more responsibly in future. Their overall rating of the course was mostly positive, and the great majority said they would recommend it to their friends.

A key aim had been to provide young drug users with an intervention they find acceptable and interesting, which encourages individual and group reflection, and which yields positive effects. This aim was clearly reached.

In summary, the FreD goes net project has shown that a national, successfully tested intervention concept can be transferred. FreD goes net also showed that the approach is suitable for reaching high-risk young drug users early, independent of the setting, the manner of coming to notice or the drug that is being used. The intervention is able to achieve effects within a relatively short period of time, such as exerting a positive influence on the patterns of drug use in the participating youngsters.

3. Conclusions

3.2 Success factors in implementing the FreD programme

Access to the target group is essential if a programme is to be made available to them. Although this sounds basic, it often emerges as the most difficult step in addiction prevention. How can we make sure that the target group learns what is on offer, and how can we motivate them to make use of it?

Various actions and levels need to be taken into account to be successful here. First of all,

- (1) **effective access routes** need to be identified to drug-using youngsters to enable them to make use of the intervention. Then,
- (2) **reliable co-operation** has to be built between all the actors involved, and – in parallel to this co-operation –
- (3) an **intervention** has to be offered to the target group that is **attractive** in its own right.

These three interrelated factors are described in more detail below.

3.2.1 Drawing up a list of potential referring institutions/co-operation partners

The German FreD project was developed and successfully implemented with the police and judiciary system as co-operation partners. In FreD goes net, partners also tested these, together with schools as the main additional access route. Course participants had come to notice on account of alcohol, illegal drugs or both.

During the course of FreD goes net, additional important settings emerged for reaching adolescents: (pediatric) hospitals, GPs, youth welfare services, social services, the military, and – as a special experience in the European FreD goes net – parents or other family members.

Apart from the tried and tested settings new FreD sites should be open to additional co-operation partners – for instance, where the structural framework conditions necessitate the inclusion of another partner or where the number of referrals is on the low side.

Early during the RAR and the needs analysis, the brainstorming session should therefore draw up a list with all the potential access routes and co-operative settings.

3.2.2 Carrying out a stocktake and needs analysis using Rapid Assessment and Response (RAR) prior to implementation

In the reports on the pilot phase eleven out of twelve partners recommended to carry out an RAR before implementing any addiction prevention projects. This method is particularly worthwhile for establishing and strengthening co-opera-

tive relationships, and allows for the specific needs of the co-operation partners to be taken into account. Early inclusion of (potential) co-operation partners also increases their willingness and motivation to become actively engaged in the project.

3.2.3 Youths draw a distinct benefit from participating in the course

A key aspect in the successful implementation of FreD is that young people have to see a tangible benefit in attending a FreD course. Experiences from the pilot countries confirm that the motivation to participate in an early intervention project springs from the motivation to obtain some personal benefit or advantage (e.g. to avoid criminal proceedings or to be punished less severely). This is probably normal human behaviour – we only engage in things that appear promising.

Prior to implementation (probably within the RAR), research should therefore be done on the mechanisms that could offer this so-called benefit to the youngsters in the various settings. Here are some practical examples:

In the setting police/judiciary system, the benefit could be that punishment is suspended if the young person was in possession of only a small amount of illegal drugs and if they also complete a FreD course.

At school, drinking is usually forbidden at school parties or on school trips. Someone violating this rule is often barred from the next events. The benefit of taking part in FreD could be to avoid this consequence.

3.2.3.1 The law permits a pedagogical health-related intervention instead of further criminal proceedings

A considerable advantage is where the respective national legislation permits a pedagogical and/or health-based intervention as a response to committing an infringement. This means that the judiciary system (e.g. the prosecutor's office) can specify certain conditions under which further criminal proceedings can be avoided. This possibility exists in most of the FreD goes net partner countries; in Cyprus it was developed as part of FreD goes net. Only Slovakia does not permit this under the current legislation; there, any infringements are punished by a fine or a prison sentence.

In the German state of North-Rhine Westphalia a circular decree issued by several ministries made it impossible for schools to directly access the FreD programme. In this state, teachers have to report any pupil who is noticed in connection with illegal drugs to the police. In other federal states, teachers can respond more flexibly, which means they can (initially) prioritise pedagogical interventions as long as the pupil was not dealing with drugs.

3. Conclusions

3.2.3.2 The referring institutions have clear rules for dealing with drug use in adolescents (e.g. intervention chains as staged possibilities to respond)

In schools, the existence of agreed intervention chains is an advantage and good starting point. These are set procedures for heads and teachers to adhere to if a pupil is noticed as a drug user. In Poland, the procedure to be followed is even set out in national law. A set intervention chain reassures teachers that they can become active in early intervention (see good practice example in chapter 2.1.1).

Agreed intervention chains, however, are no good if the prerequisites for implementing them do not exist. Many project partners report on feedback received from teachers, stating that they had difficulties in recognising risky drug use and approaching the pupil constructively. This suggests that flanking measures will be required for successfully implementing the FreD approach in schools. These could be training for teachers on drug-related topics, but also more active support lent by the school.

As a rule, however, attention to drug use at school and the willingness to lend pedagogical support to drug-using pupils cannot be prescribed. The aspects listed above are therefore unlikely to apply to all schools. The potential managing organisations of the FreD programme should therefore carefully select those schools that demonstrate both willingness and (creative) ability to act.

3.2.3.3 The presence of a “third party” (parents, school psychologists)

Countries with traditionally closer contact between parents and the school, such as Slovenia, Belgium or Ireland, found it easier to implement the FreD project in this setting. In these countries, parents tend to approach the teachers and vice versa in case of any difficulties.

The normal presence of a school psychologist or school social worker can also be helpful in this setting. Usually, the relationship between these professionals and pupils is of a different nature; this was successfully used in several instances to refer pupils to the FreD course (e.g. in Romania).

3.2.4 Active involvement of parents

The main element that emerged from the continued development of the German FreD approach is the stronger involvement of parents.

Parents were ‘employed’ as motivators and used to encourage their children to take part in the FreD course. This was done by addressing them directly, for example by sending them a letter. Some partners took this further by actively including parents in the intervention. Parents were invited to take part in the

intake or outtake interview, and there were even specific provisions for this target group such as group-based information for parents during the first part of the course.

The structural integration of parents in the FreD concept is based on the understanding that parents are guardians and responsible for their children's upbringing. There is also the view that a youngster's alcohol and/or drug use should be regarded from a systemic perspective. Additional provisions for parents should therefore strengthen the positive effects achieved by the FreD course.

3.2.5 A motivating intake interview

The so-called intake interview plays a special role in the context of access and motivating youngsters to take part in the FreD course. The interview serves several purposes:

- to get to know the youngsters before the course. This helps in putting together the group and estimating the likely group dynamics; course contents and the exercises can then be adapted accordingly.
- using diagnostic instruments / criteria, to establish whether FreD is a suitable intervention for the youngster or not.
- to motivate the youngster to take part in the course. The course leader's empathy should be received as a signal by the youngster that there will be no additional pressure. To the contrary, the message should be that pressure is now off, e.g. by making clear that it is up to the youngster to decide on how they want to use drugs in future.

If the course leader can engender curiosity and gain the youngster's trust, it is highly likely that some of the often purely external pressure will change into internal motivation to take part in the course.

3.2.6 Successful co-operation

An early intervention concept such as FreD, which requires various sectors (judicial system, school, police, youth welfare, health system, addiction support etc) to work together in a targeted way, can only succeed if the partners are willing to engage. This experience, which has been referred to before and was made in the initial FreD project, was confirmed by the European FreD goes net. The approach was successfully implemented wherever the partners were interested and engaged and willing to be creative. Difficulties or slow implementation were experienced where the approach was just part of everyday routine.

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If FreD is implemented in a country for the first time, it helps if the initiative is taken by an organisation with national influence on policy. If FreD is initiated by a practicing organisation, it is recommended that support is sought from an influential institution in the respective setting (e.g. asking for a letter of recommendation).

As mentioned above, (potential) co-operation partners should be involved in implementing the project as early as possible. Experience shows that motivation increases if co-operation partners can help shape co-operation structures and processes. Potential stumbling blocks can also be identified and removed early on.

Specific agreements with co-operation partners are a very good idea and a definite recommendation. Ideally, they should be put in writing. Fixing them on paper quickly shows whether some (unspoken) concerns might still exist. These should then be picked up and discussed again in order to remove any potential obstacles as early as possible.

One institution or person respectively should take the lead. They are then responsible for calling regular meetings, ensuring good flow of information and obtaining/giving feedback on the utilisation of the intervention.

3.2.7 Short intervention as an attractive group offer

In the survey done at the beginning of the project, project managers thought it would be difficult to gain access to drug using youths. They were also pessimistic with respect to any changes that might be achieved in the attitude and behaviour of high-risk drug using youths just using a pedagogical and health-based intervention (see Tab. 7 in the Appendix of the evaluation report). In nearly all pilot countries, the opposite proved to be true.

Despite their participation on account of external pressure, 82.4% of the youths surveyed in an anonymous questionnaire stated they were (very or rather) satisfied with the course. 84.6% would recommend it to their friends (just think: which consumer product can boast a similarly high recommendation rate?). In terms of effectiveness, the scientific evaluation report confirms that FreD course participants were motivated to use drugs and/or alcohol in a less risky way.

Following aspects are relevant:

3.2.7.1 FreD is a group provision for similarly affected

Technical exchanges and the country reports have confirmed that drug using youths are very interested in exchanging views and having an open discussion on drug use. Having their questions and insecurities taken seriously, exchanging opinions, and giving feedback to each other in a protected setting is attractive to young persons and can be used constructively in early intervention.

Events are also helped by the fact that all those participating in the course are in a similar starting position.

3.2.7.2 FreD is a short intervention

FreD is conceived for young persons that show risky patterns of drug use but are not yet addicted. As a rule, this means they will not need any further addiction treatment. What is attractive to young persons is the prospect of 'being rid of the hassle' within a relatively short period of time and to be able to regard participation in the course as a success. It is only later, during the course of the intervention, that the participating youngsters consider the course to be interesting, informative and supportive.

Several studies have shown the effectiveness of short intervention (see e.g. Bien, Miller and Tonigan 1993 for an overview). In our opinion, this particularly applies to young persons since we humans tend to be more adaptable and open to change the younger we are.

Investment in target-group specific addiction prevention is therefore worthwhile on two accounts. First is the point of adults taking seriously their responsibility towards adolescents. Second is the economic argument, since early intervention is clearly cheaper than bearing the costs for (expensive) addiction treatment and the secondary consequences. This of course is quite apart from the human suffering that is experienced in families on account of addiction.

3.2.7.3 FreD is interesting for youths in terms of its contents

In order to motivate adolescents to stay on the FreD course all the way to the end, the course contents need to be attractive.

For this reason the course starts with taking up the very topic that has caused the participants to take part in the course, which is their legal situation. This is followed by information on the effects and risks of various psychoactive substances. Personal issues are not addressed until later, when some trust has already been built. These include how participants describe their own patterns of drug use, or how they can use their personal protection factors to stop themselves from becoming addicted. The course concludes with information on where to go for further support. All exercises are interactive and as participative as possible. They are designed to get participants thinking about the various topics.

Participants have repeatedly commented on the open atmosphere of the course, which also allows difficult topics to be discussed, and its interesting way of presenting knowledge.

3.2.8 Experienced experts work with a manual

All pilot countries confirmed that using experienced staff to implement the intervention was a great advantage. The specific professional background seems less important; what matters is good knowledge of the subject, experience in drug counselling or youth services, sensitivity, and up-to-date knowledge on the topics discussed. The competence of working with groups is also an advantage.

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Once young persons have found access to the FreD offer, they need to meet experts who make them feel understood and whom they trust will address their specific needs.

Successful first contact is thus a prerequisite for achieving positive effects through FreD. Motivational Interviewing is an important basis in this context and is therefore taught at all FreD training courses.

The structured, manual-based approach reassures course leaders and also protects the quality of the approach. It also reduces the work involved since the working materials needed for each unit can be copied from the manual. Alternatives are provided in case an exercise is unsuitable for a group.

3.3 Stumbling blocks in implementing the FreD programme

It goes without saying that the stumbling blocks in implementing the FreD programme are the reverse of the success factors. Nevertheless, the central aspects that can impede the successful implementation of the programme are provided here as an explicit list.

3.3.1 Insufficient financial resources

The use of positively evaluated measures of addiction prevention is an opportunity of avoiding, or at least reducing, harm to individuals or society before it develops. A recent cost-benefit analysis from Switzerland found that successful prevention can significantly reduce follow-on costs such as medical treatment, loss of time at work or addiction therapy: "Every Swiss Franc invested in the prevention of smoking yields a net benefit of 41 Swiss Francs (between 28 and 48 Swiss Francs depending on the degree of uncertainty). This corresponds to other results provided in the international literature (Hopkins et al. 2001; Abelson et al. 2003)."

(Wieser et al.: „Synthesebericht – Ökonomische Evaluation von Präventionsmassnahmen in der Schweiz“. Bericht im Auftrag des Schweizerischen Bundesamtes für Gesundheit, 2010, p. 65)

When it comes to reducing the consumption of addictive substances in young persons, addiction prevention is therefore considered an important field of action from a political, technical and economic point of view. As a rule, however, this stated importance is not matched by appropriate levels of funding. A similar mismatch can be found in the field of general health promotion and medical prevention measures.

Belgium is a positive counter-example of a country with well-funded addiction prevention services. The province of Limburg has twelve employees dedicated to addiction prevention per 100,000 inhabitants, with an added two experts trained in intercultural relations. In North Rhine Westphalia (a German state), the same number of inhabitants only has 0.5 employees working in addiction prevention.

In order to place the FreD programme on a continuous footing, and to guarantee its ongoing implementation and quality, sufficient human and capital resources need to be made available. FreD providers therefore depend on the willingness of municipal or regional contracting organisations to invest in addiction prevention – in this case, FreD – in order to prevent direct and indirect negative consequences of addiction-related illnesses to individuals and society. Lack of funding is a common obstacle in addiction prevention, but is emphasized here explicitly because it has played such a dominant role in nearly all participating countries. The situation was further exacerbated by the global financial and economic crisis, which fully hit many countries during the course of the project. Lack of finances is also listed as a potential obstacle because it is closely linked to the next potential obstacle.

3.3.2 Lack of support from the team

Ideally, the implementation of FreD in an organisation should be accompanied by employing additional staff. In most EU countries, however, addiction prevention is underfunded, so that the introduction of a new programme is likely to add to the workload of existing staff. If this is the case, FreD experts will struggle to implement FreD in their organisation if they cannot rely on the support from the rest of the team. Particularly in the start-up phase, the ability to respond quickly to the demands and difficulties with co-operation partners is important, often on an ad hoc basis. FreD staff then need to rely on their colleagues to help them out and take up some of their other tasks at work in the meantime.

Management therefore needs to create the necessary team solidarity by working with all personnel affected. If the introduction of FreD leads to cutbacks in other provisions or to cancelling other projects entirely, this should be openly communicated.

3.3.3 Difficulties in co-operation

Both the German model project and its European counterpart showed that sufficient time needs to be allocated to building and maintaining co-operation during the implementation of FreD (about six months). FreD is a co-operation project that relies on the continuous referral of young persons by the co-operation partners. Perfectly smooth co-operation, however, tends to be the exception rather than the rule.

In some countries, co-operation partners were initially very enthusiastic about the project and promised to refer many youngsters to FreD. Reality then told a different story, with no youngsters arriving in the courses at all.

This shows the importance of bilateral meetings with individual co-operation partners, in particular during the difficult phase of first establishing co-operation.

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These meetings should identify the obstacles in the referral process and seek to eliminate them. Typical obstacles include:

- Insufficient numbers of cases—despite the high number of high-risk drug-using adolescents at a European level.
- Different priorities set by the co-operation partner (e.g. the police: fighting drug dealing, teachers: improving the school's PISA results). These priorities should be identified in detail.
- Those responsible at the technical or political level have different attitudes to drug use or opinions that contravene the FreD approach (e.g. “anyone with a drug problem should be sent to prison”, or “access to the FreD course should be entirely voluntary, participants should not hope to gain any benefit”).
- Staff turnover and replacement of the persons responsible for FreD within the co-operation partners. This usually necessitates a new round of introductory talks. Written agreements between the participating institutions were an advantage here as those involved in the project could refer to them.
- Insecurity amongst the co-operation partners (e.g. teachers) in being able to recognise risky drug use and to talk to the youngsters in question in a targeted way.
- Difficulties in exerting pedagogical pressure, e.g. insisting on rules being adhered to and carrying through the agreed consequences if youngsters fail to do so.
- In some partner countries it was taken as a sign of low appreciation or importance if co-operation talks did not respect the appropriate levels of hierarchy. School principals, for example, should be contacted by the director of the prevention provider or the funding organisation rather than the prevention experts.
- Declining numbers of referrals can also be a sign of declining motivation in a co-operation partner. Direct talks should clarify whether fewer youngsters come to notice or whether fewer youngsters are referred: this can be followed by discussing the reasons. One reason for declining motivation may be that the referring organisation is not receiving enough feedback from the FreD provider, for example on the number of youngsters actually ‘arriving’ in the courses.

3.4 Tips for new sites

In Germany the LWL Koordinationsstelle Sucht will gladly answer any questions regarding the implementation of the FreD project.

For the countries that took part in FreD goes net, the institutions responsible for disseminating the approach and ensuring its continued quality are listed in chapter 1.5. Anyone interested in implementing FreD in these countries should first contact the national project managers. They have the necessary experience and can give advice on any critical points during implementation.

Potential new sites interested in offering FreD must ensure that anything provided under the label “FreD” conforms to the FreD goes net quality guidelines (see chapter 1.4).

To help potential new sites with their decision, the following gives an **overview of the necessary human and capital resources**.

To be able to offer FreD courses on a continuous basis, at least two experts should be instructed in FreD.

Tasks can be divided into the development and maintenance of co-operation on the one hand and carrying out the intervention with the youngsters (intake and course) on the other. Whether these are best done by different people or one and the same person depends on the situation on site. It is recommended that one person is designated as project leader.

Courses should always be carried out by two people.

In the 2007 follow-up survey on the German FreD project (in which 112 FreD sites participated) experienced projects estimated that on average, 22.4 working hours per month were spent on the project. Since estimates did diverge, it is best to assume that more time will be needed, equivalent to $\frac{1}{4}$ of a full time position (ca. 10 hours per week) if FreD is to be offered on a continuous basis. This is based on the assumption of one course per month including all necessary preparation and follow-up, as well as the various intake interviews. It also includes the time needed for co-operation work. Note that more time will be needed to set up FreD and to make sure it is off to a good start.

In terms of material resources, the first requirement is a suitable room which is friendly and large enough. It helps if the course is not held in a place that is also frequented by visibly chronic addicts.

To run the course, the prevention experts need the materials described in the manual (which are inexpensive). Drinks and snacks (fruit, biscuits) should be provided for the participants to create a feeling of welcome.

Some pilot partners used a special FreD mobile phone (with a dedicated number) so they could be easily and directly reached by (potential) participants. It also helps to send a short text reminder to the participants before the course is due to begin.

A budget needs to be made available for the design and printing of flyers. FreD information flyers are needed for co-operation partners and any other interested parties, and dedicated flyers are needed for the participants. Photocopied sheets should only be used as an exception.

Covering these costs, of course, is only part of the successful implementation of

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FreD. **Content-related** aspects also play a role. These are set out in chapters 2 (results) and 3 (conclusion). In summary, FreD can be recommended to sites that meet the following basic conditions:

- One or several potential settings are in a position to successfully refer drug-using youngsters to a health-based intervention (facilitated for instance by a legal framework that permits ‘help rather than punishment’) – see also chapters 2.2 and 3.2, section heading “youths benefit from participating in the course”
- The site has experts that are experienced in working with drug-using youngsters and in building co-operation.

The experience of the European project partners confirms that the FreD programme is able to reach drug using youngsters successfully and early, thus helping to pre-empt potential drug abuse and the development of addiction. FreD is suitable for ‘getting into’ early prevention work, but it can also help to close gaps in existing programmes of addiction treatment and prevention.

Additional flanking measures can be developed around the FreD approach (e.g. a group course for the parents of drug-using youths, or training for teachers to become more constructive and assertive in handling affected pupils).

3.5 General experiences with working at a European level

In a Europe that is growing ever closer, co-operation can no longer be restricted to the economy, legislation or research. Co-operation is also needed at the hands-on practical level. Nothing can beat the direct experience of the range of approaches, provisions, basic attitudes and methods used in different countries. As many countries as possible should be involved since this diversity is instrumental for understanding the different societal framework conditions, and the social and health-related work that springs from them. Solutions can then be found and argued for more easily.

The continued development of prevention purely at a national level eventually reaches a natural limit. This applies to innovative thought and scope for action ‘because things are the way they are’. In FreD goes net, the involvement of parents is a case in point. Even before the European project, some FreD sites had made available special provisions for parents to accompany the FreD courses. But it took the confrontation with other systems and experiences to recognise parents as a target group in their own right and to include them in the structural organisation of FreD next to their children.

The European Commission pursues the principle that countries advanced in certain fields should share their experiences with structurally less developed countries. Obviously, much can be learned in joint projects from more advanced countries and the best practices they have accumulated. At a second glance, however, joint projects allow everybody to learn from everybody, especially since

the supposedly less advanced countries are often highly creative in meeting the challenges they are faced with. This was certainly the case in FreD goes net.

Working together therefore makes good sense in that it generates understanding across borders and forms the basis for EU-wide networking.

The European dimension of FreD goes net was innovative and successful on two accounts. Even though early intervention has become more of a focal issue in practice, FreD goes net was the first European project of its kind. It is also a practical transfer project, which only has few precursors in Europe in the field of addiction and drug-related work.

The evaluation that accompanied the project has confirmed the positive effects that could be demonstrated for the German FreD project for the European level. This shows that national developments can be successfully transferred to other countries, provided that certain needs for adaptation are taken into account. It can thus be said that FreD was exported to Europe as FreD goes net, that it was further developed there, and that it was returned to Germany after three years much improved.

This experience should encourage others to make available successful national concepts to other European countries.

This type of co-operation, however, is highly demanding in terms of human and financial resources. For most European organisations working in practical drug prevention, the need to provide 50% of the total cost in co-funding is a huge challenge. This share should therefore be limited to 20%.

Project applications should also be given pre-approval based on three- to four page project sketches before the considerable effort is undertaken to prepare a formal project application with highly uncertain outcome.

The transfer of practical knowledge, however, cannot just rely on joint European projects. It would be excellent progress if the number of projects funded were to once again reach the number funded at the beginning of the decade. At the same time, work in European networks needs to be developed and the use of the EDDRA database strengthened. This is based on the recognition that Europe is a "Europe of Regions", and that co-operation between nation states is unlikely to be viable or effective in the long term at the level of practical work.

Practice-oriented networks such as euro net are indispensable prerequisites for the continued co-operation at the European level. At the same time, an engine is needed to keep the process going. Many organisations doing practical work are very busy and limited in their scope for taking on such supranational tasks.

The documentation of successful projects in the EDDRA database is very important, but this is underused by many countries. Documentation only reaches

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practitioners if it is accompanied by national or international initiatives. Making available such documentation in the respective national languages can help to make it more accessible and remove barriers of use.

International co-operation at a practical level benefits the providing institutions and organisations and their staff, but particularly also the persons that are reached by the work of these institutions directly and indirectly.