



Strategies towards responsible alcohol consumption for adolescents in Europe

TAKE CARE Newsletter 4 August 2011

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Strategies towards responsible alcohol consumption for adolescents in Europe

Reports from the project coordination

Coaching as a tool

The project TAKE CARE has meanwhile reached the practical phase. First pilot trainings with adolescents took place in the individual countries. Our Belgian partner CAD Limburg is working full speed on preparing the materials for the retailer trainings. The implementation of the multilevel approach TAKE CARE with all four target groups (adolescents, parents, key persons and retailer/employees) is ready for start after an intensive time of preparation.

During the following nine months the projects executing body will visit the partners in order to ensure a smooth implementation phase for the individual levels. These coaching visits will serve – next to a presentation of the state of implementation – to clarify unforeseen (difficult) situations as well as questions concerning the national transfer.

Kathrin Horre

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New information brochure TAKE CARE

We are pleased to introduce our recently issued TAKE CARE info brochure which provides interesting information on the present state and first results of the project. The brochure informs about the targets and methods which form the basis of the multilevel approach. Currently it is available in printed form in German with the LWL Coordination Office for Drug-Related Issues and is also available on our website www.project-take-care.eu free of charge. By the end of August 2011 an English version will be available as download.

Kathrin Horre

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ro.pe-pilot-training[©] with youth

Presently pilot courses with adolescents are taking place in the individual countries. The participatory approach of the ro.pe-training[©] is intended to optimise the access route, structure and course of the training. In practical terms this means that the adolescents are actively involved in the design of the risk competence training. By involving the adolescents in building up their own social environment participation supports personal skills such as communicative and social skills and reduces risk factors. At the same time the adolescents are more likely to accept the intervention.

The impressions and experiences of the experts during the practical implementation of the ro.pe-training[©] and also the feedback of the adolescents on this form of intervention will be considered in the adaption of the TAKE CARE manual.

The experts' reports on the ro.pe-training[©] in some of the participating countries can be read below.

Kathrin Horre

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Experience reports of ro.pe-pilot-training[©] from the partner countries

Belgium:

The first ro.pe-training[©] in Belgium took place in the time from June 24th till 27th. The region with the most mountains in Belgium are 'the Ardens', better known from the battle of the Bulge during World War II. We chose our location in the valley of the 'Ourthe', a river well known for its kayaking trails and climbing locations. The perfect scenery for an adventurous journey of 8 youngsters and 2 trainers.

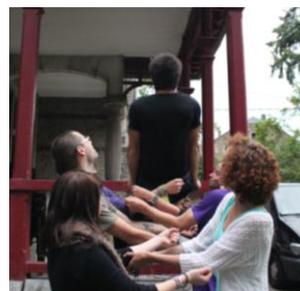




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At first we were supposed to be with 11 youngsters. But the day before leaving we got a phone call saying some of them were not coming because of other things to do, like soccer practice and exams. This made it clear to us that working with these youngsters wouldn't be a picnic in the park.

Luckily the other 8 youngsters turned up on that cold Friday morning at the CAD Limburg headquarters. When we arrived at Marcourt we got the feeling it was a very 'chill' group, not that active and adventurous. The first day was spent on introductions and some basics about risk optimisation. The introduction was experienced a bit too short by the youngsters. They mentioned it would be better to spend more time on this in the future.



On the second day we headed for our first day of climbing at Sy. We teamed up with our climbing instructor 'Luc' and headed to the hills on foot. He was a bit surprised by the footwear some of our youngsters were wearing to face those hills. First up was a 'Bergsteig' of 500 meters. We were tied to each other, so working together, trust and helping each other was of utmost importance during this 2 hours climb. The climbing went very smooth, there was a lot of working together and fellowship. Even when someone panicked there was the group to support her or him.



Afterwards there were some other risks to be taken like a 'death ride' and 'rappelling' from a steep cliff. Some did the 'rappel' and some didn't. The 'No's' were respected by the group. The third day was packed with a ropes course, a pamper pole and an adventurous walk. During this day everybody of the group came across his limits. Time for some relaxation.

The last day started a bit on a rough patch when we discovered some boys in the girls room, speaking of risky behavior! This minor incident was used during the start of the day, the rest of the day was spent on personal drinking habits and linking it with the previous days of the training.

We were pleasantly surprised by the reflections made by some youngsters. Some of them underlined the importance of ensuring yourself with 'lifelines' when you go out. Others were confronted with their drinking behaviour and the risks that were caused by doing so. 'Maybe it is time for a change', someone said. At the end we did a group evaluation. We got very positive reactions from the youngsters about the training as a whole.



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When looking back at the training I have a satisfied feeling about the concept. But we have to take more time to do proper introductions. We also skipped some exercises in the evening because we had the feeling the group needed a time-out to let the first impressions of the day settle. It was a fantastic group and an unforgettable experience for all of them.



David Fraters, Belgium

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Cyprus:

Our ro.pe-training[®] took place in the time from June 27th till 30th. It was fortunate for us that the rock climbing site was situated in the very picturesque area of the Akamas peninsula which enabled us to find accommodation at the Palates hotel in the nearby village of Drousheia. For practical reasons it was decided that our first group of 12 youths would consist of the ages of 14 to 15, with eight girls and four boys.



The 4-day adventure started when we all met at our pre-arranged meeting point, and after receiving all 12 signed parent consent forms we made our way to the village. Though some of the youths were familiarised with each other due to the fact that Paphos municipality is a small enough area, and also during the bus ride to the village; nevertheless after checking in to their rooms at the hotel, we embarked on some “getting to know each other” exercises. Tasks such as “describe yourself by means of a hobby” and other “ice-breaker” exercises made the group feel more relaxed and at ease with each other. We continued the day by explaining a bit about the TAKE CARE project and in particular the ro.pe-training[®]. Foreseeable, the most successful bonding and cooperation exercise of the project was the “floating egg” which our youths enjoyed very much. They tried to find ways to pass obstacles and communicated with each other about which route to follow, while keeping the egg from falling, which they succeeded in!



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We were very impressed by the group's creativity and ability to "think outside the box" during the photography exercise, for which the group was divided and asked to take a walk in the village and apply substance use to nature. They came back with impressive ways of how we can view substance use (through plants, alcohol and tobacco) to the consequences of this use (e.g. car crash). In the feedback the group discussed how substances are everywhere in our lives and that the consequences of their use greatly vary.

The second and third day of the ro.pe-training[®] were their rock-climbing days which could not have been better for them and for us, all under the instruction of P.T. Mountain Sports & Rescue from Nicosia, who assisted us greatly, not only with the training but also with further ideas to enhance the following ro.pe-training[®] workshops. The feedback received for the rock climbing was very positive and though their patience was tested when they had to learn all about the safety issues and the equipment, they realised that it was worth it, when they had the chance to really try rock climbing. Even the youths that were very weary of trying it, were amazed at how much they loved it, and how important it was to know all the safety issues and also to trust the rest of the team. Furthermore, it was really good to see how supportive everyone was of each other, cheering them on and congratulating them for their effort whether they reached the top or not.

During the abseiling exercise they realised their limits and their readiness to take a risk, and though most were willing and able to take that risk, equipped with the knowledge about the activity they were about to undertake, there were some youths that did not feel confident to take that risk. This was also reflected upon and the rest of the group showed support and understanding of the decision of these participants, which made the team even stronger as a group.

The last day of the ro.pe-training[®] comprised the theoretical part of the workshop, in which we discussed alcohol, the difference between recreational use, hazardous consumption and addiction, and alcohol and the law. It was difficult to motivate them to begin with, perhaps because they have just finished the school year, and perhaps because the thought of a "lecture" style seminar is unappealing to most of us. However, when they realized that the format of the seminar was quite the opposite to a standard "lecture" they showed a surprising amount of interest and interaction with us. They were not just sticking to the format regarding the different patterns of drinking, but were also expanding more on the subject and raising questions and discussions points with each other. Furthermore, though most of the participants revealed at the beginning of the ro.pe-training[®] that they didn't think they could go out and have a good time without alcohol, it was surprising how many activities all the participants could think of that did not involve alcohol consumption in the "piano model" exercise, where they have to list alternatives to alcohol consumption. This even surprised them.



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An important aspect for us was the lack of knowledge about alcohol and law, something that reflects our culture in Cyprus. It was very interesting for them to learn about the law and a lot of discussions were made as to the effectiveness of the laws and why they are in place which was very productive.

All in all, apart from minor administrative negative feedback we received from the participants (some of the participants felt that the time-keeping by other participants was bad and unacceptable) the feedback was very positive, which was proved by the fact that they did not want to leave!

Misiel Kkeli, Cyprus

Further information:

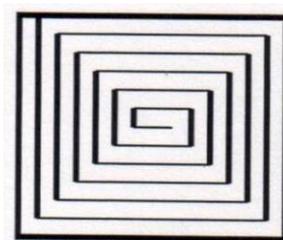
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Slovakia:

Our preparations for the pilot ro.pe-training[®] started in May 2011 when we were deciding about target group, location, climbing professionals and date of the training. At that time we have been doing screening and psychological testing in schools of children with problem behavior as a part of community prevention in the particular project area. So we decided to give opportunity to 10 of these children aged between 13 and 15 years attending the 7th or 8th grade at the elementary school with experience in alcohol consumption. First contact was made by school educational counselors accompanied with a brief information sheet about the training for children and their parents.



The training itself took place from June 16th till 19th about 40 km from Bratislava in the lower mountains of Male Karpaty in a small village named Modra – Harmonia.

The children – 8 boys and 2 girls – were very enthusiastic from the beginning and worked with interest and motivation from the start. Regarding the practical realization of the ro.pe-training[®] we added some own social psychological techniques (e.g. on group dynamics) to the project's draft manual.



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First day programme started after arrival and lunch with introduction of the lecturers, project, training programme and participants through activities e.g. "Introduce your neighbor" "Draw what characterizes you" with link to their experience with alcohol consumption by very powerful activities when children were sharing their own experiences "My worst experience with drunk persons..." pointing on usual aggressiveness of unknown drunk people on streets but also on personal experience of domestic violence and fathers' alcohol addiction. Secondly "My worst experience with my own hangover" when children shared their first experiences with risky drinking. The youngsters enjoyed the photo story carried out in three groups which ended with nice presentations or activity "License to be curious" revealing some other information about their habits concerning smoking or drinking. Feedback on the first day was very positive.

The second day started with a short morning session to sum up the previous day and prepare for a new day. Then our two climbing instructors Vlado and Igor from the Slovak



National Climbing Association and School (www.james.sk) arrived so that the risky and fun part could start. All youngsters were very focused, attentive and responding to the instructors. Our climbing rock was about 20 minutes by walk from the pension in the middle of woods and its name was "Bear Rock" suitable for beginners (about 15 meters high). After an introduction of the climbing material and basic climbing exercises the youngsters had 3 climbing routes of different difficulty levels.

Almost all of them really enjoyed climbing and some of them climbed even 5 or 7 times. This experience was processed in the evening group also with the mountaineers and the programme ended with a camp fire.

The third day (and second day of climbing) was a bit exhausting for the children because of a lack of sleep (after 2 nights), but new climbing techniques and more difficult routes were interesting enough to overcome it and improve their newly built skills. The evening programme was devoted to the connection between risk behavior and alcohol consumption with some information provided. Their experience and perception of risk behavior was processed by the risk scale and by doing the quiz they received more information on risky alcohol consumption. As every evening everybody received the "prize of the day" for positive behavior, characteristics etc. The last morning the children had the opportunity to leave important messages for next training's participants by writing a letter to them in 3 groups. Their personal appreciations to each other were done by "I am giving this flower to...because...".



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And our training finished with the handing over of the certificates. Besides evaluation questionnaires we have also done a testing with our own set of psycho diagnostic tools which should be helpful for evaluation¹. What children appreciated most was our way of leading the “camp” comparing to their experience with teachers or other adults who present rules and schedule with no discussion. The youngsters appreciated the possibility to participate and contribute to the programme, rules or schedule in common decision making, things which they found unique and positive. After summer holiday we plan to have a follow-up session with this group of children and their parents.

Alena Kopányiová, Zuzana Vojtová, Eva Smikova & Štefan Matula, Slovakia

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¹ Editor’s note: In the frame of the ro.pe-training[®], Prevencia V&P provides additional data to the evaluation institute, alike the partner in Italy (Amt für Jugendarbeit).



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TAKE CARE partners introduce themselves

IREFREA (Portugal)

- **About Irefrea**

The **IREFREA**² network was founded in 1988 with experts from several European countries and it is one of the oldest professional drug networks. The areas covered by IREFREA include alcohol and drug prevention (research, evaluation and programme implementation) covering questions like risk factors, risky behaviors, related violence and programmes efficiency among others.

IREFREA members are very active in several professional and scientific arenas, having been invited to collaborate with organizations including EMCDDA, EC, NIDA, UNODC and the PNSD (Spanish National Plan on Drugs) and actively participate in networks such as Eurocare, EU-SPR, DC&D and The Civil Society Forum on Drugs.

In Portugal, we started officially working in IREFREA in 1999. Actually we are partners with several private and public organizations, participating in municipalities and national projects and also collaborating with many universities in their projects. Our main publications are related to family, recreational context, and school prevention.

- **Some recent European projects**

European Family Empowerment – Improving family skills to prevent alcohol and drug related problems (2010-2012)

Its main objective is to explore and develop the preventive possibilities of current European families on their childrens' alcohol and drug use and abuse and to find the conditions through which these skills could be enhanced, by identifying the conditions that will facilitate parents' empowerment when managing their children risk behaviours.

TRAVELS – Tourism, Recreation and Violence and European Level Study (2009-2011)

There is increasing demand among the European youth population to experience nightlife abroad, facilitated by factors such as cheap airfares and increased access to information on international entertainment opportunities. Recent evidence suggests that, compared with

² IREFREA = Institut de la **R**echerche des **F**acteurs de **R**isque en **E**nfance et **A**dolescence, European Institute of Studies on Prevention



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their behavior at home, young people's risk taking in the forms of alcohol and drug use and risky sexual behavior increases when holidaying abroad.

Club Health (2010-2013)

The "Club Health – Healthy and Safer Nightlife of Youth" project aims to reduce diseases (especially addictions and sexually transmitted infections), accidents, injuries and violence among youth with a focus on specific environments of nightlife. The project aims to facilitate more consistent implementation of strategies and laws in the field of youth risk behavior on the one hand, and increase sensitivity of media, advertising industry and politically relevant actors (e.g. policy and decision makers) on their responsibility for action on the other hand. The project builds on the work of the previous EC co-financed project "Recreational Culture as a Tool to Prevent Risk Behaviours" (another IREFREA European study), and complements other EC co-financed projects in the field of youth risk behaviour.



Democracy, Cities and Drugs II – DC&D II (2008-2011)

The "Democracy, Cities and Drugs" project is the alliance of a network of 300 European cities and their representative organizations to promote local and integrated responses to the drug phenomenon. Based on the comparison between the experiments undertaken by a pilot network of cities and NGOs, the project intends to support the creation of local partnerships and to set up a sustainable network of exchange of know-how.

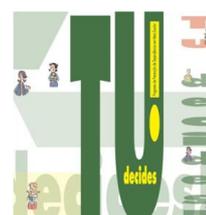


Based on the lessons learned from the 1st Democracy, Cities & Drugs project (2005 - 2007), the DC&D II project has as its main objective to support EU cities to develop local partnership-based drug policies involving relevant stakeholders (local authorities, health services criminal justice services, and communities including visible minorities and drug service users). The ultimate goal is to develop a coordinated, participative, targeted, and thus resource-effective approach towards drug-related problems.

▪ **Some national projects...**

Decide Yourself (seit 2009)

Decide Yourself is a programme based on decision-making, put in practice by teachers, using interactive and group techniques, which goes on for around 10-12 hours, with a module of four sessions for the families.





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This programme has modules related to the new preventive demands and promoting some possibilities (about behavioral — or not chemical — addictions), strengthening the synergy of the preventive actions with the family, adapting its presentation to the new technologies (power point, videos, support web...) and brings it into line with the social requirements and realities. Currently we are covering all the Region of Azores, and starting the programme in the Center Region of the continent.

For more information: www.programatudecides.blogspot.com

Before you get Burnt (seit 2007)

IREFREA collaborates with Peer-Education's group (*Atelier de Expressividade* from Nursing School of Coimbra) and develops interventions in recreational context to prevent the abusive alcohol consumption and to promote fun without risk. Peer-Education makes use of peer influence in a positive way because it is a pedagogical strategy whereby well-trained and motivated people undertake organized educational activities with their peers. Information is transmitted more easily if the educators and the audience share background and interests in areas, use of the language, family themes, and role demands (cultural adequacy). Mainly nursing students become Peer Educators by a specialised training course (at least 30h with training counseling skills).

▪ ... and now international ...

Bô Kit a Disidi – Decide Yourself (seit 2011)

As an invitation of the Minister of Youth of Cape Vert Republic, we are now doing the cultural adaptations to our programme Decide Yourself. This programme will now include some new modules on violence, and it will be adapted to a more community level.

We will start this programme officially in July 2011.

Rosário Mendes, Irma Brito & Fernando Mendes, Portugal

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Health Promotion Department HSE Dublin North East (Ireland)

The Health Service Executive (HSE) is the statutory organisation charged with delivery of public health services in the Republic of Ireland. Structurally, services are delivered through four regional areas. The Health Promotion Department described in this article is situated in the Dublin North Eastern area (DNE) which covers North Dublin and counties Louth, Meath, Cavan and Monaghan.



Our Departments aims are to promote, protect and improve the health of the people of the Dublin North East Area (population of over 900,000). From a strategic perspective we address the determinants of health and health inequalities, through partnership and capacity building approaches (programme development, education and training, social marketing and advocacy, research and evaluation, and the development of policies and frameworks) in 3 main settings:

- 1) Education
- 2) Community
- 3) Health Services.

We target, in particular, cardiovascular health, cancer, mental health, unintentional injuries and sexual health, which have been identified as key priority areas and are the main causes of morbidity and mortality.

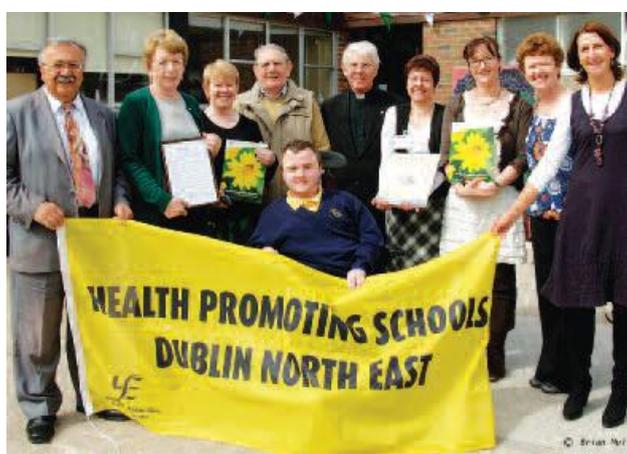
The Health Promotion Department HSE DNE employs 60 people approximately; this workforce includes Health Promotion Officers with responsibility for several topics e.g. smoking prevention, alcohol, dental health, drug education, sexual health, workplace, ethnic minorities' health etc. We also employ Physical Activity Co-ordinators, Dieticians, School Health Promotion Teams and Community Developments Teams.



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Health Promotion Priorities in the Education Setting

Within the education setting, the priority objective is to develop and implement an agreed model for pre-school, primary, post-primary, third level and out of school sectors based on existing health promoting school approaches.



Presentation of a yellow flag to a health promoting school in Dublin North East area

Health Promotion Priorities in the Health Setting

Within the health setting, our approach focuses on creating an appropriate balance between the treatment and prevention of illness. The objectives for the health setting are the development of a Health Promoting Health Service in which the organisation itself becomes health promoting and not just a place in which health promotion is done. This means that the environment, the staff-patient relationship, and the services are designed to improve and sustain health and well-being. This approach builds on the Health Service Executive's existing commitment to the Health Promoting Hospitals initiative.

Health Promotion Priorities in the Community Setting

Within the community setting, the priority objective is to develop and implement an agreed model for health promoting communities that will enable and empower individuals and communities to have greater influence over factors that affect their health.

All objectives are achieved through integration across the entire health service spectrum and collaborations with local council/authorities, schools/department of education, community organisation and non-governmental organisations.



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Some new innovative programmes include:

- Multilevel community family focused Obesity project – Up4It (Cavan & Monaghan families working together)
- Be Active ASAP: After school Physical activity programme targeting parents and children in schools, which recently won a National health literacy award for the department. For more information about this programme visit www.bactiveasap.ie

Useful Links:



For information, support & advice: www.yourdrinking.ie and www.drugs.ie

Dr. Nazih Eldin (Head of Health promotion Department HSE Dublin North East Area)
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News

EMCDDA – prevention profiles from 30 countries

‘What are countries in Europe doing to prevent illicit drug use?’ The EMCDDA has been dealing with this question for years and currently provides an overview of the prevention profiles of 30 European countries.

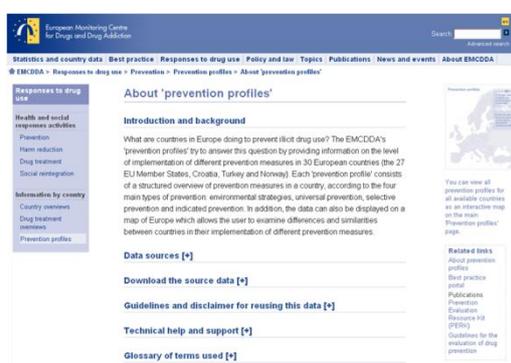
Next to information on the state of implementation of the measures regarding structural, universal, selective and indicated prevention, facts are compared with each other.

Kathrin Horre

Further information:

www.emcdda.europa.eu

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Experts agree upon a new European alcohol action

In May 2011 an expert meeting on the alcohol policy of the EU member states took place in Zurich/Switzerland.

The experts discussed about the draft of a new European alcohol action plan as well as about a series of planned surveys on alcohol and health. The draft of the action plan will be further discussed at the 61st meeting of the WHO regional committee for Europe in September 2011.

“The action plan provides information on the harmful use of alcohol and proposes many evidence-based options for action, including protecting young people, increasing the capacity and quality of health services for disorders arising out of alcohol use, and taxing and limiting the availability of alcohol products.”

Further a survey will be conducted to update European information systems on alcohol and health. Its results will be launched in early 2012.



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The key message was that there is no safe level of drinking, instead people should talk about risk levels. Alcohol is the number one risk factor for health and premature death among people aged 15–59 years.

Kathrin Horre

Further information:

Source and text in full length (German):

www.euro.who.int

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Charta on early diagnosis and early intervention

Approximately 200 experts took part at the Swiss conference „Early diagnosis and early intervention for children and adolescents at risk“ which was organised by the specialist association RADIX on June 16th, 2011 and developed a charta.

The multidisciplinary conference brought together experts from different working fields (prevention, treatment, policy) and gave room for discussion and networking on this topic. The commonly formulated charta reveals the basic attitude where early diagnosis and early intervention in Switzerland shall be based upon.

Read here the „Oltner Charta – Früherkennung und Frühintervention bei gefährdeten Kindern und Jugendlichen“ (in German).

Kathrin Horre

Further information:

www.lwl.org

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