



Prevention in the Social Environment

Strategies towards responsible alcohol consumption for adolescents in Europe

LWL

Für die Menschen,
Für Westfalen-Lippe.



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Content

Foreword	2
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I. Description of the Point of Departure 3

1. The Point of Departure	3
2. SeM – the Basis	5
3. euro net	7

II. TAKE CARE: Ideas and Objectives 9

1. Project Procedure	10
2. Target Groups	11
3. Interventions	12
4. Multilevel Approach	14
5. Scientific Monitoring	15

III. TAKE CARE: Expectations and First Results 17

1. Objectives and Expectations	17
2. Good Practice and RAR	18
3. Homepage and Newsletter	21

IV. TAKE CARE: Project Partners 22

1. Project Coordination	22
2. Project Partners	23
3. Steering Group	25
4. Collaborating Partners	26

Literature	28
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Foreword

The image of adolescents listening to loud music and having a chat and – quite commonly – also drinking significant amounts of alcohol in parks or play-grounds, has become very familiar to most of us in recent years.

The so-called binge drinking or “coma drinking”, which means the consumption of a significant amount of alcohol in a short period, similarly, is no new, but still a serious problem. This is even more so, because the entry age for alcohol consumption became as low as 14 years in the previous years and, increasingly, minors have to be treated with alcohol intoxication in hospitals.

Many countries in Europe have to deal with alcohol misuse by adolescents. Therefore, it makes much sense to learn from each other and develop effective tools of intervention together.

The European project TAKE CARE aims to support strategies regarding responsible alcohol consumption for adolescents. Within this project a multilevel approach is developed and tested, in order to reduce the alcohol consumption of adolescents and young adults in the long run and to achieve more compliance with the Protection of Young Persons Act.

Experts from ten different countries are going to work with the four target groups (adolescents, parents, key persons and retail employees) informatively and interventively, so that the complete environment of an adolescent can be integrated. Primarily, fully developed methods of addiction prevention have been selected and adapted for the preventive work with adolescents and the social environment.

Experiences and requests for adjustments of various project partners regarding this intervention-approach will be pooled in a handbook at the end of the project procedure. By this, the knowledge transfer in other cities and countries should be enabled and ensured.

This information brochure will give you a first glance about structures, methods and previous experiences.

Hans Meyer
Member of Provincial Government



I. Description of the Point of Departure

1. The Point of Departure

International studies confirm that Europe holds the dubious leading position regarding the consumption of alcohol worldwide. Alcohol consumption is deeply rooted in most EU countries (HBSC¹- study 2005/2006).

For instance, it is quite common to drink alcohol at lunchtime in the Southern countries in Europe. 40 % of all drinking situations occur during dinner time (IAS² 2006).

Since many years, alcohol is the number one party drug. This risky use of alcohol by adolescents and young adults is an eminent challenge for youth and addiction help services all over Europe.

On the European level it becomes quite obvious, how important it is to tackle the consumption of alcoholic beverages in general and problematic drinking behaviour in particular.

Drinking behaviour of young people depends on many cultural, social and political characteristics; still, the continuing trend for excessive drinking, so-called binge drinking or buzz drinking (more than five units per drinking occasion), remains worrying.

Additionally, in order to avoid bans on alcohol or the need to buy expensive alcohol at certain events, the risky practice of predrinking has been evolving.

This trend of problematic drinking behaviour is exemplified by the growing number of young people to be treated with alcohol intoxication in hospitals.

According to Eurobarometer 2010, the percentage of adolescents among so-called binge drinkers is alarming 33 %. Even worse, the young people are not aware of the dangers and risks of their alcohol consumption.

The HBSC-study 2005/2006 reveals that 5 % of the 11-year-olds, 11 % of the 13-year-olds, and 26 % of the 15-year-olds drink alcohol regularly. Significantly, the apparent legislation regarding selling alcoholic beverages

1 HBSC = Health Behaviour in School-Aged Children

2 IAS = Institute of Alcohol Studies, UK



to children and adolescents is widely disregarded in many countries.

In addition to the individual health damage, the excessive use of alcohol commonly goes along with disorderly conduct, material damages, physical violence and unprotected sexual contacts.

Adults (parents, key persons, for example) are not always aware of their responsibilities as good examples.

Furthermore, retailers are facing difficulties in complying with the Young Persons Act when selling alcohol to minors.

82 % of all students (average age 15,1 years) reported having drunk alcoholic beverages in the past year, according to ESPAD-study¹ 2007. On average 43 % of the students reported about intense episodic alcohol consumption in the past 30 days; these figures went up significantly between 1995 and 2007.

When the ESPAD-students have been asked, whether it is easy to buy alco-

holic beverages most of them confirmed that this is not very difficult:

78% of the students reported that it is fairly easy to buy beer, 70 % stated that it is easy to purchase wine and the respective figure for spirituous beverages is 56 %.

One key factor that encourages adolescents to drink alcoholic beverages is, in addition to the availability, the affordability of those beverages.

The prices for alcohol have been decreasing in the past twelve years, quite in contrast to many other consumer goods (RAND 2009).



1 ESPAD = European School Survey Project on Alcohol and other Drugs



Furthermore, it seems striking that the average figures about the consumption of alcohol in the past 30 days vary severely from country to country. For instance, 80% of the Austrian and Danish students (limited comparability) reported that they had consumed alcohol in the past 30 days.

In contrast, only 31 % of the Icelandic and 35 % of the Armenian students drank alcohol within this period.

Besides, it is worth noticing that the total amount of consumed alcohol is higher in countries with a lesser frequency of alcohol consumption.

Yet, there are countries, where alcohol is consumed more frequently, but the overall quantity of consumed alcohol is not that high.

Students in Austria and Denmark drink much and often. Denmark is the country with the highest quantity on average: A Danish student drinks three to four times more than a student from a country with the lowest average consumption, for example, Armenia or Cyprus.



2. SeM – the Basis

In contrast, there are only a few concepts about secondary prevention that may have an effective influence on this phenomenon.

An internet research¹ by the LWL-Coordination Office for Drug-Related Issues has shown that the existing tools and strategies majorly target the primary or universal prevention.

These prevention-offers, which do not aim at a specific target group, usually put the emphasis on the promotion of resources and protective factors of children and adolescents on the one

¹ for example at the European Alcohol and Health Forum or in the EDDRA data base



hand, and the knowledge transfer about addiction and drug consumption on the other hand.

Also, in most cases they do not address more than one target group ("level") simultaneously.

Instead, concepts of secondary prevention address more precisely those adolescents, who went beyond some try-outs and show a risky consumption behaviour.

The step towards a more responsible consumption of drugs is the central aspect of the offers.

The point of origin for the European project TAKE CARE has been the model project

"SeM¹ - Secondary prevention in a multilevel approach". This project has been developed by the LWL-Coordination Office for Drug-Related Issues and the office for children, young people and families of the city of Münster between 2004 and 2007.

Young repatriates of German origin and young adults from CIS-countries, who

have been noticed for their risky use of alcohol and illegal drugs, have been the primary target group of this project. The objective has been to avoid slipping into addiction by interventions on many levels.

Another central element of the SeM-project has been to test the multilevel approach in a specific social community: Here, in addition to the adolescents, parents and relatives as well as key persons have been integrated into the chain of interventions.

Some target groups participated in further instructions and trainings for the purpose of consolidation.

Here, approved and established methods and concepts have been made use of, for example:

- street-work, in order to gain access to adolescents at public places
- training of risk competences "ro.pe©" (risk optimisation and peer education) for young people,
- "home parties" for coaching parents (inspired by the concept of Tupperware parties) and
- MOVE (motivational short intervention that takes into account the period of decision about a change of behaviour) for key persons.

1 The original name of the project has been: "SeM – Secondary prevention in a multilevel approach for young repatriates".



The SeM-project has been monitored and evaluated by the Society for Research and Advice in the Health and Social Sector mbH – FOGS, Cologne

In brief, it can be said that all three target groups (adolescents, parents and key persons) have been very satisfied with the content and the conduct of the intervention. Also, the risk awareness regarding the consumption of substances and the attitude towards the consumption of alcohol and drugs has been influenced positively.

Overall, these groups of young people eventually showed a more sensible and less ecstatic consumption behaviour. The consumption of cannabis has been reduced drastically. Also, the target group of the parents confirmed an improvement of their knowledge about substances causing addiction (61,4%) and the key persons reported the change of attitudes (45,2%) of the young people, as well as the change of consumption behaviour (26,2%).

Sustainability should be achieved by the means of simultaneous intervention on multiple levels in the environment of the target groups.

Besides, the availability of alcohol is an aspect to be taken into consideration in future projects.



3. euro net

euro net has been founded in 1996. It is an European Network for Practical Approaches in Addiction Prevention. It unites organisations, institutions and facilities from all over Europe, which work in the field of prevention of addiction and are interested in the development and testing of innovative methods.

The objectives of this network are to establish and consolidate a European network for drug prevention based on collaboration in projects as well as the promotion of the exchange of ideas and experiences. The main topics of the members of that network are the substantial understanding about central aspects of drug prevention in Europe and the implementation of innovative prevention concepts and strategies.

During an euro net-workshop in Dortmund in February 2009, on invita-



tion by the LWL-Coordination Office for Drug-Related Issues, the network partners discussed the situation of alcohol consumption by adolescents in general and binge drinking in their countries in particular.

In that meeting, the idea of adapting the multilevel approach of SeM to the work with adolescents, who consume critical amounts of alcohol, has been discussed thoroughly and considered promising. In co-operation with all partners, the main features of SeM have been amended and enlarged by well-established best practice methods and needs in different countries.

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II. TAKE CARE: Ideas and Objectives

The idea to draft a European project and submit it to the EAHC¹, in order to receive funding under the programme for public health, came true:

The project *TAKE CARE – Strategies towards responsible alcohol consumption for adolescents in Europe* wants to give an answer to the problem of “risky alcohol consumption”.

The multilevel approach of TAKE CARE relies on the assumption explained above that interventions are more effective and mutual reinforcing, if there is the option of working with different target groups simultaneously. In addition to the adolescents, other target groups have to be addressed, who may influence the consumption behaviour: parents, key persons and retail employees.

An important objective here is the compliance with the legislation regarding the sales of alcoholic beverages under the Protection of Young Persons Act.

Furthermore, the adolescents will be coached in order to improve their risk competence. Parents and so-called key persons receive support, so that they can develop a clear and thoughtful attitude towards the use of alcohol. Retailers and their staff in the social environment receive instructions regarding everyday-sales-situations and about the compliance with the legislation on sales of alcohol.

TAKE CARE started in March 2010, organised by the LWL-Coordination Office for Drug-Related Issues; it has a duration of 33 months. The project is funded by the health programme of the European Commission. Also, the participating organisations from different countries contribute a great deal with their own resources.

Right now ten euro net members collaborate in the EU-project “TAKE CARE – Strategies towards responsible alcohol consumption for adolescents in Europe”. The project is scientifically monitored by the Zurich University of Teacher Education, Switzerland.

1 Executive Agency for Health and Consumers, Luxembourg



1. Project Procedure

The objective in the first year of the project has been the intense research and preparation for the implementation period on all four levels.

It has been possible to attune the criteria for the relevant best-practice-methods during the Kick-Off Meeting in Luxembourg in March 2010.

Then the evaluation criteria of the EMCDDA¹-guidelines have been amended by project-specific criteria for inclusion and exclusion.



Experts in the different countries have begun researching on good national practical methods according to this catalogue of criteria. They have been evaluating them and identified interfaces with the TAKE CARE-approach. The results have been presented during the first workshop in Navan/Ireland in June 2010 and conjointly evaluated.

Also, the experts received instructions on the method of RAR – Rapid Assessment and Response (see chapter III). All results collected during this needs assessment have been used to adapt the multilevel approach and have been incorporated into the pilot version of the TAKE CARE manual.

The experts have been coached in Kaltern/Italy at the end of March 2011. The coaching has been focusing intensively on the different approaches for all four levels.

At the same time the scientific counselors gave an introduction to the application of the evaluation instruments.

1 EMCDDA – European Monitoring Centre for Drugs and Drug Addiction



Experts at Workshop 1 in Ireland

All project partners are going to run the ro.pe-training[©] as a pilot course in early summer 2011; the participative design is meant to support an optimisation of the training.

In practice this means that the young people should be actively incorporated in the design of the risk competence training. Participation encourages personal skills, for instance, communication and social skills; on the other hand, it reduces risk factors due to the integration at the design of their own social environment¹.

1 Also see the Australian Gatehouse project:
www.gatehouseproject.com

The draft manual will be supplemented and adapted according to the practical experiences of the participating partner countries at the end of the implementation period. This practice manual TAKE CARE will enable the transfer among the partner countries, but also among countries in the EU that do not participate so far.

2. Target Groups

The TAKE CARE project addresses four different target groups (levels): adolescents and young adults, parents and relatives, key persons and retail employees.



The main target group is adolescents and young adults between 12 and 21 years, who have been noticed for risky alcohol consumption. This group is divided into two sub-categories:

- 12 – 16/18-year-olds, who are not allowed to buy and consume alcoholic beverages by national law,
- up to 21-year-olds, who are legal to drink alcohol, but who have been noticed for their alcohol consumption.

A second main target group is parents and relatives. They belong to the most important people in an adolescent's life and play a central role. There is a high probability that the family can have an influence on the alcohol consumption.

Key persons (third target group) are guardians, who have a special contact to adolescents with a risky consumption behaviour and are accepted by them. Among these people can be staff of youth centres, street workers, volunteer-students, and coaches in a sports club.

The fourth target group is employees in retail, who are, so to speak, the link between adolescents and alcoholic beverages, which means they are selling them in super markets, gas stations and kiosks.

3. Interventions

Specific interventions have been developed for or adapted to each target group; these interventions cater the needs and requirements respectively and serve the goal achievement of TAKE CARE.

Adolescents

The rope-training[©] is based on the reflecting[©]-approach and on the results of the Austrian Risk'n Fun project. This is a preventive offer for groups of young people between 12 and 18/21 years, who consume alcohol riskily, and some also other addictive substances.

The training, lasting several days, teaches the adolescents how to deal with risky situations and aims to improve the individual risk competence when dealing with alcohol.





Hence, the methods concentrate in particular on elements of adventure-based education and psychoeducation.

Parents

Home parties are a tool that has been developed in the Netherlands for the work with parents of migrants in the 90s. This low-threshold intervention is based on the idea of Tupperware parties; this approach proved a certain value for parents who can hardly be reached by the usual offers of prevention.

A similar method has been used under the label of "Femmes Tische"¹ in Switzerland for more than ten years.

A home party is held at the family's place. Parents invite other parents. A prevention expert serves as a moderator. Substantially, in addition to the knowledge transfer, these parties shall improve the performing competence of parents. The goal is to deal thoughtfully and constructively with the topic of juvenile alcohol consumption.

1 www.femmestische.ch

Key Persons

Identified key persons in the social environment receive a disseminator training, so that they may appeal to adolescents in an appropriate and motivating manner. Subsequently, the adolescents can deal with their alcohol consumption critically. Key persons should be capable of transferring young people to the ro.pe-training[®] when required after the "key training".

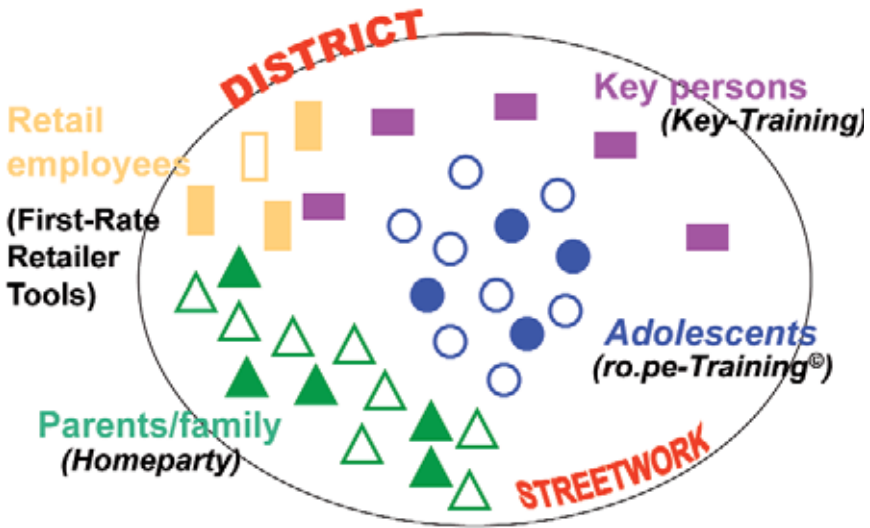
In addition to factual issues regarding addiction, addictive substances and law, there shall be exercises on attitudes and selected techniques as defined by the Motivational Interviewing

Employees in Retail

The CAD Limburg, Belgium, developed the course "First-Rate Retailer Tools" for TAKE CARE, addressing employees in retail and gastronomy.

This training can be conducted with groups, but also individually. The focus is on the handling of the national legislation regarding the retail of alcoholic beverages and on the handling of difficult sales situations with adolescents.

All activities of TAKE CARE are referring to urban districts or social environments.



4. Multilevel Approach

The innovative aspect of this project lies in the multilevel approach, which allows it to address diverse target groups with different interventions in selected local settings, for example an urban quarter or a small town. The combination of all methods permits the implementation of a community-related, selective-preventive intervention.

Synergy effects can be expected due to the diverse approaches; therefore, this is more effective than one-dimensional interventions and projects.

Another fact, associated with the social environment-design, is that not only a change of the consumption behaviour of adolescents may occur, but also an influence on the social and cultural attitude towards alcohol consumption in the sense of a more responsible behaviour can be detected.

In essence, all activities target the compliance with the national legislation and the avoidance of alcohol consumption of adolescents before the legal age.

Because of the fact that ten countries participate in the project, it contributes



significantly to the creation of a joint professional base on the EU level; this base may also serve those countries, which do not participate in the project directly.

5. Scientific Monitoring

The Zurich University of Teacher Education (PHZ), Switzerland, is in charge of the external evaluation at TAKE CARE.

This university has a department for research and development in addition to the sections for basic and advanced training. This department consists of an evaluation unit and seven research groups concentrating on different topics.

The TAKE CARE project co-operates with the research group on “Public Health and Special Educational Needs” of the PHZ.

The objective of this evaluation is to explore the specific effectiveness of the multilevel approach of TAKE CARE compared to single interventions.

For the sake of this objective, there will be a longitudinal study with a be-

fore/after-comparison of the intervention for the target groups of the adolescents and the key persons. This study will also include a follow-up-analysis.

The target groups of parents and retail employees will be interviewed about their experiences after the interventions.

The plan is to collect data about the number of contacted people and the number of participants in the interventions; moreover information about realised changes regarding knowledge, attitude, and behaviour towards alcohol consumption shall be obtained.

The following key points are of special interest in this research:

- changes in the frequency and quantity of the alcohol consumption,
- changes in the competence to deal with risky situations,
- changes of the level of knowledge about the legal background regarding drinking minors,
- changes of the level of knowledge regarding the consequences of drinking for the health,
- changes of the successful handling of alcoholic consumption and problems arising from that.



All participants of the different interventions will be interviewed about the intervention process and the results. Also, there will be questions about the satisfaction regarding the intervention and the usability of the newly obtained point of view and behaviour.

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III. TAKE CARE: Expectations and First Results

1. Objectives and Expectations

The evaluation report is going to describe the effectiveness of the instruments in comparison with the initial situation. The access to young people and the discussion about alcohol consumption in general, as well as the juvenile risky consumption in particular, are going to increase; the same is true of the related risks and the legal framework.

All these aspects shall lead to a behaviour change with a reduced consumption of alcohol.

The results shall be presented according to the desired effects to the target groups. Improvements regarding the knowledge, attitude and behavioural changes towards alcohol are expected.

All four target groups are sensitised about the dangers of consuming alcoholic beverages at a young age. Cases of alcohol consumption of minors and binge drinking in the age group of the up-to-16/18-year-olds should be reduced. With adolescents and young adults up to 21-year-old, a more

responsible handling of alcoholic beverages should be achieved.

Parents and relatives should become more aware of the negative effects of alcohol consumption on health in general and in relation to adolescents in particular. They shall be sensitised about the legislation regarding alcohol consumption of minors and their own responsibilities. Finally, they shall receive an insight into their own cultural and social mechanisms and the relevance of their own drinking behaviour. Also, they should see into their responsibility as an authority and role-model for the young people. They will be coached about how to deal with the alcohol consumption of minors.

After the training, key persons should be capable of identifying adolescents with drinking problems and to motivate them to deal with their alcoholic consumption critically.

Retail dealers, who form the link between adolescents and alcoholic beverages, will receive information about the legal norms in the different countries and their responsibilities resulting from those.



A special focus shall be put on young retailers and employees, who receive respective instructions.

A new, widespread and transferrable concept of TAKE CARE shall be developed. Ideally, this is attuned to the different cultural, social and legal settings in the partner countries.

The final manual of TAKE CARE ensures that the practically tested intervention tools can be transferred to other countries, cities or social communities.

The incorporation of the RAR results guarantees that there can be an adoption of this model, tailored to the respective culture, and a transfer of the European level of knowledge.

Transfer events are supposed to support the sustainability of TAKE CARE after a successful evaluation.



2. Good Practice and RAR

The multilevel approach has been tested regarding its transferability for the European TAKE CARE project in detail, for which the evaluation of the identified best practice methods in the ten countries has been used. Good ideas have been integrated and necessary adaptations of the original approaches of SeM have been attuned together.

The examples of good practice identified in those countries have been presented to and discussed by the prevention experts at the Workshop I in Ireland.

These examples have been edited and published on the TAKE CARE website, in order to make the European ideas and experiences available to interested experts.

The following table may give a short overview about positively evaluated projects from different countries.



Good Practice Projects

	Project name	Target Group ¹			
		I	II	III	IV
Belgium	100 days	X			X
Denmark	Parent – backup		X		
	Safe – Night Life	X			
	Social misunderstandings / Social exaggerations	X			
Germany	b. free	X			
	HaLT – Hart am Limit	X			X
	Alkohol? Jetzt lieber nicht!	X			X
Greece	Information and sensitisation on the implementation of measures regarding the provision of alcohol (under 18 years)				X
Ireland	Club cork project / smart serve				X
	Putting the pieces together	X	X		
	Club4U	X		X	
	Strengthening families program for teens	X	X		
Portugal	Before you get burnt: University Peer Education	X		X	
	Decide yourself	X	X	X	
	Drinks – it's your decision	X			
Slovakia	Age matters				X
	Adventure Way of Upbringing – Manual for parents		X		
Slovenia	Alcohol? The adults can influence!	X	X	X	
Cyprus	Safer Clubbing Intervention	X			
	Safe Alcohol Serving / Distribution				X

¹ Target groups:

I: adolescents, II: parents, III: key persons and IV: retail employees



In the aftermath of this research, all partner countries have been conducting an analysis of the situation and requirements in their country. The socio-scientific approach of Rapid Assessment and

Response – RAR – has been chosen as the methodological foundation. This approach has been developed by Stimson et al. (2003) for the WHO. It helps to evaluate complex health topics and behaviour in a short time. Based on the collected data, suitable programme methods and interventions can be worked out.

At TAKE CARE the RAR-procedure is conducted in different steps: collecting existing information, semi-structured interviews with different representatives of the four target groups about the situation and their ideas about effective intervention, focus groups for the discussion of inconsistent information.

The objective is to gain information about how to adapt the project idea of TAKE CARE to the national customs in the participating countries.

The major advantage of this socio-scientific approach is that by the way of conducting these interviews, some initial network structures can be esta-

blished, which can later be used for the implementation of the intervention itself.

Additionally, this approach helps to learn more about the needs of the target groups, to profit from good ideas of the interviewees and to keep an eye on emerging obstacles.

All in all, it can be noted as a result of the RAR¹ in TAKE CARE that in principle all project partners think that a take-over of the multilevel approach, as it has been developed, is possible (with a few culture and nation-specific alignments).

Among those recommended alignments are the following remarks:

1. Alcohol consumption is deeply rooted in all participating countries. Therefore, it is essential for the implementation of TAKE CARE that all people working on this project are aware of the individual, social, cultural and economic aspects and deal with them sensitively.

¹ The complete report about the results of the RAR is available as download under www.project-take-care.eu.



2. The Belgian partner recommended establishing local steering groups, which accompany the procedure on-site. Prevention experts, representatives of the key persons and political decision makers should participate in this.
3. The local PR work as an incentive for participating in the TAKE CARE project, especially for points of sale and key persons, should gain special importance.

Bearing in mind these, and a few minor, country-specific alignments, the multilevel approach of TAKE CARE will be tested and evaluated during the pilot period 2011.

3. Homepage and Newsletter

In order to keep all project and collaborating partners as well as interested experts updated about the TAKE CARE project, there will be a homepage at **www.project-take-care.eu** and a quarterly TAKE CARE-newsletter. In addition to the latest developments there will be reports from the project sites, which may give a good insight into the European dimension of the multilevel approach.

The newsletter can be subscribed to at the homepage for free.

Additionally, there are reports, for example, about the results of the RAR and the Good Practice projects that may be relevant to TAKE CARE available as downloads on this homepage.



IV. TAKE CARE: Project Partners

1. Project Coordination

The LWL-Coordination Office for Drug-Related Issues (LWL-KS) is part of the regional authority of Westphalia-Lippe. Münster/Germany is the headquarter, which understands itself as a central hub and competence centre regarding the topic of addiction and prevention in Westphalia-Lippe.



The guiding idea is to use and continuously further develop the existing framework for the re-socialisation of addicts or endangered people. This is especially, in addition to counselling, information and further education in the field of addiction and youth aid, the development of innovative projects about prevention, early intervention, addiction and migration, peer work, quality management, and so on. Pilot projects contribute to the enhancements and specialisation of the drug, addiction and youth counselling; in principle, they are scientifically monitored and evaluated.

Since the founding in 1982, LWL-KS has initiated and conducted more than 35 regional, national and international pilot projects.

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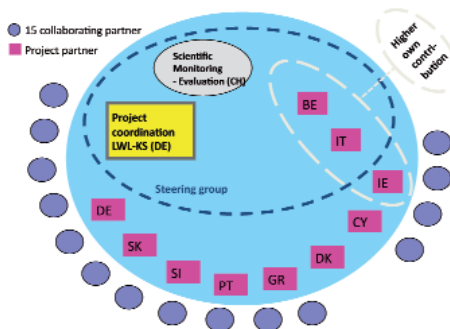


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More than 25 organisations from all over Europe work on this project, fulfilling different tasks.



Below you will find a list of all partners, their function and contact details.

2. Project Partners

The ten associated partners of the TAKE CARE project are distinguished providers of prevention work; they can also rely on rich experiences in project work. Because of this expertise and their work, they are qualified to implement and test the multilevel approach. Besides, almost all project partners are also members of the European prevention network euro net.



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Slovenia

Regional Public Health
Institute Maribor
Prvomajska No 1
SI-2000 Maribor
Dr. Igor Krampac, project manager
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Cyprus

Centre of Education about
Drugs and Treatment of
Drug Addicted Persons
KENTHEA
41 Eleftherias Avenue
CY-7107 Aradippou-Larnaka
Gavriella Gavriel, project manager
psykana@cytanet.com.cy

3. Steering Group

In order to do justice to all cultural and national characteristics in the development and implementation of the multi-level approach of TAKE CARE, a steering group with members from four countries has been set up. The purpose of this group is, among others, to discuss and coordinate closely the different perspectives and points of view regarding relevant developments and decisions.

The members of the steering group of TAKE CARE are:

- Project Coordination LWL, Germany:
Wolfgang Rometsch (Head of Project)
Nadja Wirth (Project Coordinator)
- CAD Limburg, Belgium
Carlo Baeten (project manager)
- Office for Youth Work, Italy
Klaus Nothdurfter (project manager)
- PHZH, Switzerland
Walter Kern-Scheffeldt (Evaluator)



4. Collaborating Partners

Many institutions and organisations from all over Europe have agreed to accept the status of a collaborating partner in the TAKE CARE project, in order to support this project professionally.

In the first place this means, they will give some advice as cooperation partners and will get involved in some workshops during the project procedure, if necessary.

Another special function of these collaborating partners is that they shall also help with the proliferation and transfer of TAKE CARE into other countries in Europe, which do not participate in the project.

Below is a list of all cooperation partners:

Germany

Gesellschaft für technische
Zusammenarbeit – GTZ
Merle Achten
Potsdamer Platz 10
D-10785 Berlin

MISTEL SPI Forschung gGmbH
Prof. Dr. Wolfgang Heckmann
Wilhelm-Külz-Str. 8
D-39108 Magdeburg

Bundesministerium für Gesundheit
Gaby Kirschbaum
Friedrichstr. 108
D-10117 Berlin

Finland

Prevnet Network
c/o A-Clinic Foundation
Teuvo Peltoniemi
Paasivuorenkatu 2a
FI-00530 Helsinki

The Mannerheim League for
Child Welfare
Seppo Soine-Rajanummi
Toinen Linja 17
FI-00530 Helsinki



France

Observatoire franc. des drogues
et des toxicomanies
Abdalla Toufik
3 Avenue du Stade de France
FR-93218 Saint Denis la Plaine Cedex

Luxembourg

Centre de prevention des toxicomanies
Thérèse Michaelis
8-10, rue de la Fonderie
L-1531 Luxembourg

Latvia

Educational Centre for Families and
Schools
Solvita Lazdina
Aizkraukles 14
LV-1006 Latvia

Netherlands

Tactus – Instelling voor
Verslavingszorg
Hans Keizer
Institutenweg 1
NL-7521 PH Enschede

Netherlands Institute of Mental Health
and Addiction (Trimbos-Instituut)
Franz Trautmann
Da Costakade 45
NL-3521 VS Utrecht

Austria

Österreichische ARGE
Suchtvorbeugung
Christoph Lagemann
c/o Institut Suchtprävention pro mente
Hirschgasse 44
A-4020 Linz

Institut Suchtprävention pro mente
Herbert Baumgartner
Hirschgasse 44
A-4020 Linz

Poland

State Agency for Prevention of
Alcohol-Related Problems, Families
and Youth Department
Krzysztof Brzoska
Ul. Szancowa 25
PL-01-458 Warsaw

Romania

National Anti-Drug Agency
Catalina Niculae
Bvd. Unirii 37
RO-030823 Bucharest

Sweden

Stockholms Läns Landsting
Stefan Sparring
SE-11281 Stockholm



V. Literature

*DEUTSCHE HAUPTSTELLE FÜR
SUCHTFRAGEN (DHS), (2010):*

1. Factsheet: Alkohol und Jugendliche
2. Factsheet: Binge-Drinking und Alkoholvergiftung

HIBELL, B., GUTTORMSSON, U. et al., (2007):

The 2007 ESPAD Report
Substance Use Among Students in
35 European Countries.

KOLLER, G., RÖGL, N. (o.J.)

Risiflecting. Grundlagen, State-
ments und
Modelle zur Rausch- und Risiko-
pädagogik.

*LANDSCHAFTSVERBAND WESTFA-
LEN-LIPPE, (2007):*

LWL-Koordinationsstelle Sucht
SeM – Sekundäre Suchtprävention
im Mehrebenenansatz für ausge-
siedelte Jugendliche - Handbuch

RABINOVICH, L., BRUTSCHER, P. et al., (2009):

RAND Europe

The affordability of alcoholic beve-
rages in the European Union
Understanding the link between
alcohol affordability, consumption
and harms.

*STIMSON, G.V. et al., Hrsg. WHO,
(2003):*

RAR-Review

an international review of rapid
assessments conducted on drug
use

*WORLD HEALTH ORGANIZATION
(WHO), (2008):*

Inequalities in young people's
health. HBSC international report
from the 2005/2006 survey

QUALITÄT SICHERN - HILFEN VERNETZEN

Quality Assurance by Networking Support

The Coordination Office for Drug-Related Issues (LWL-KS) of the Landschaftsverband Westfalen-Lippe (LWL) addresses the growing incidence of addiction and drug misuse and the large number of

dependency-related illnesses by providing information, advice, training and future-centred preventive pilot projects. The services provided by the



Coordination Office for Drug-Related Issues are mainly used by about 900 organisations dealing with addiction in Westphalia-Lippe.

As adviser and coordinator (among other functions) in the field of working with addicts the LWL-KS is the central contact point for local authority specialist organisations, LWL clinics, parents' groups and committees. This is true especially at regional level, but also applies at federal and European level. The LWL-KS trains workers in the area, provides practical working aids, and provides information on research results and current legislation.

Since its establishment in 1982, the LWL Coordination Office for Drug-Related Issues has provided further training to over 18,000 individuals working in institutions and initiatives providing assistance to addicts. This includes workshops and specialist conferences, as well as expert training provided parallel to employment. Among other qualifications offered, the

LWL-KS trains those working with addicts to be addiction counsellors or social/addiction therapists.

The model projects designed and tested by the LWL-KS are a force driving the further development of the work with addicts - and not just in Westphalia-



Lippe. Projects such as »Emergency Aid for Drug Addicts«, which provides treatment places within 48 hours, or »FreD - Early

Intervention for New Drug Users«, operating in eight German states, inject progressive impulses into the help system for addicts.

The Westphalia-Lippe Regional Council (LWL) works as a communal association for the 8.5 million people in the Westphalia-Lippe region. The LWL has 13 000 employees and provides services in the fields of social welfare, psychiatry, hospital treatment orders, youth/school and culture. It includes 35 special schools, 19 hospitals, 17 museums and is one of the largest German care providers for handicapped people. The LWL provides its services in the fields of social welfare, care for the handicapped and the youth, psychiatry and culture across the whole of Westphalia in order to operate more effectively. The nine urban districts and the 18 districts in Westphalia-Lippe are members of the LWL. They support and finance the regional council, which is controlled by a parliament consisting of 101 members from the local authorities.

LWL-KOORDINATIONSSTELLE

Sucht Fragen Sie uns
doch einfach.