

Together we are successful

FreD

Early Intervention in First-Time Drug Offenders

Gefördert durch:



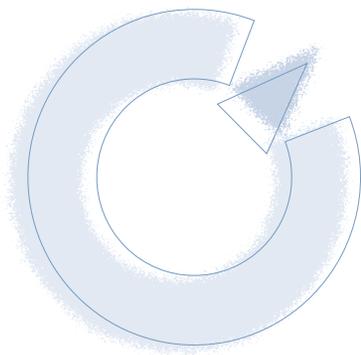
Bundesministerium  
für Gesundheit

aufgrund eines Beschlusses  
des Deutschen Bundestages

**LWL**

Für die Menschen.

Für Westfalen-Lippe.



LWL-Koordinationsstelle Sucht

FRÜHINTERVENTION



BEI ERSTAUFFÄLLIGEN  
DROGENKONSUMENTEN



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Why FreD?



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## The Point of Departure

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Many adolescents have problems with dependence causing substances. This refers not only to Germany, but to all over Europe. This is not new. Yet, that does not mean that it has been solved.

However, it can also be observed that the problem has shifted in recent years: On the one hand, the number of adolescents consuming drugs nowadays is less in comparison to five or ten years ago; on the other hand, a high-risk group among adolescents has been established, which consumes a lot of drugs. One may summarise this trend by saying: Less people consume more and more drugs.

Whereas universal prevention of addiction has a positive effect on many adolescents, in contrast, it has no significant effect on this high-risk group at all. Consequently, these cases require a more custom-fit and selective prevention, which appeals to the needs of young people who already have a record as drug users.

### Cannabis Remains the Number One of Illegal Drugs

Cannabis remains the most commonly used illegal drug for many years. Still, cannabis consumption of adolescents has reached a peak at the end of the 90ties to mid of the 2000s. For instance, the Drug Affinity Study (DAS), on behalf of the Federal Centre of Health Education, showed more than 31 % of the adolescents between 12 and 25 years having used cannabis at least one time in 2004. Later on, in 2008, this figure was down to 28.3 %. In many cases this use remains the first and only time. However, the DAS 2008 reveals that 3.7 % of all adolescents up to 25 have been using cannabis in the past 30 days. Male adolescents even show a figure of 4.8 %.

### Trends: Alcohol Abuse and Mixed Use of Drugs

The use of alcohol among adolescents has reached a completely new dimension. A recent study by DAK (Health Insurance) in 2010 points out that 43 % of all children and adolescents between 10 and 18 years report drinking five glasses of alcoholic beverages successively, at least once a month: beer, mixers, shorts. Among the 15-year-olds 50 % admit this kind of binge drinking behaviour.

This is verified by the DAS on behalf of the Federal Centre of Health Education from 2010. Even though the regular use of alcohol among adolescents and young adults is regressive, the number of heavy binge drinkers with extremely risky consumption patterns, remains unaltered high, with the exception of the 12- to 15-year-olds.

After all, the regular use and permanent of drugs is problematic enough. Furthermore, permanent use of one drug (even nicotine) makes people more prone to the regular consumption of other drugs. The mixed use of a number of legal or illegal drugs has become more and more popular these days. This can lead to quite dangerous drug careers. According to a 2010 HSBC study about the health-related behaviour of children and adolescents, 47 % of all 15-year-olds, who use cannabis once or several times, also drink alcohol regularly. By comparison: only 19.9 % of all 15-year-olds drink alcohol regularly.



### Focus on First Noticed Drug Offenders

Staff members of Addiction and Drug Centres therefore face the following question: How can we prevent risky drug use and addiction? Because it is the best for any young person not to start with any drug at all, preventative measures at schools or other youth facilities are always helpful. However, no preventative action will stop the risky use of drugs entirely. A certain curiosity about drugs will always remain. Similarly, there is pressure, when other members of a clique drink or take drugs, and motivate or even abet others to do the same.

Therefore, adolescents will have first-time experiences with illegal drugs or excessive use of alcohol again and again. Hence, in addition to prevention and treatment for addicted persons, it is crucial to keep an eye on first noticed drug offenders.

### Importance of Early Intervention

Young people, who begin to take significant amounts of drugs or drink, catch somebody's attention sooner or later; it may be at the police or courts, schools, workplaces, youth facilities or home. This first moment is crucial and important. It may be determined now, where the path leads to, because one thing is for sure: The longer a certain habit like the use of drugs has crept in, the more difficult it is to change directions.

The use of drugs by adolescents happens without too much reflection at this point. As a result, it is quite important to intervene immediately, so that the adolescent receives customised information and, therefore, becomes motivated to reflect upon his/her way of consuming drugs. Finally, in the best case, he or she may reduce or even discontinue using drugs.

It is a major challenge for the current system of support for drug users to reach these young people at precisely this crucial moment and to get them involved. Still, there is a gap between the existing prevention programs and the treatments offered to addicts.

### FreD is Closing a Gap

FreD is closing this gap at more and more locations in Germany and Europe for more than 10 years now. Early Intervention in First-Time Drug Offenders – FreD was developed and implemented on the basis of a pilot concept formulated by the LWL-Coordination Office for Drug-Related Issues. The idea is a co-operation of all institutions where adolescents have been recorded as drug users. These settings help to get access to the young people.

The pilot project, between 2000 and 2002, tried to answer the question, how first-time offenders in the age between 14 and 21 years with a record of using illegal drugs (usually cannabis) in Germany, can be motivated to have a counselling interview and a brief intervention. The background for this approach is a significant boost of adolescents taking drugs, especially cannabis, at the end of the 90ties, and the fact that these young people did not see any need for counselling. Furthermore criminal prosecution was refrained

## At least one experience with illegal drugs:

Figures regarding the use of illegal drugs by adolescents

### Male adolescents

between 12 and 17 ..... **12.0 %**

between 18 and 25 .....

**47.3 %**

### Female adolescents

between 12 and 17 ..... **8.0 %**

between 18 and 25 .....

**35.8 %**

Source: Drug Affinity Study (DAS) on behalf of Federal Centre of Health Education (BZgA), (2010)

from in the case of more than 100,000 consumers per year after a conspicuity with narcotic substances. The legal base is §31a of the German Narcotics Act.

In 2007 the LWL-Coordination Office for Drug-Related Issues has been transferring the FreD short intervention approach to other European countries under the label "FreD goes net". For this purpose the FreD approach has been broadened and supplemented: The focus now is also on other mediators and cooperation partners, such as schools, workplaces, youth facilities and parents. Furthermore, the program has been extended as a reaction to current developments regarding the risky use of alcohol.

The FreD-approach is based on the motto: A conspicuity with legal and/or illegal drugs is followed by a health-related intervention.

# What is FreD?



## Goal and concept

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The main goal of FreD is to protect adolescents, who have been noticed for the first time regarding the use of drugs, against any addiction by an early intervention. FreD relies on a strategy of initiating a critical self-reflection of those adolescents.

This program is based on the approach of early and short intervention: FreD counteracts this risky use of drugs by a brief, customised offer, so that the use will not consolidate. Adolescents receive support through a course, which enables them to find their own positions towards their use of drugs and, finally, deal with drugs responsibly.

FreD mainly relies on two methods:

- ♦ The **Transtheoretical Model of Behaviour Change (TTM)** perceives changes regarding health-related behaviour as a continuous process: Initially, a

person is not aware of a certain problem and, consequently, does not see any reason to change his or her behaviour. Next, he or she is evaluating the pros and cons of a change of behaviour, until in the end, he or she plans or tests specific changes, and then, tries to persevere with them.

- ♦ The method of **Motivational Interviewing** is a counselling concept, which aims to support a person's motivation to change a certain behaviour of his or her. The interviewer explores the ambivalence: For example, the feeling of pleasure when using drugs is contrasted with the costs of that use. Subsequently, the counsellor supports the person in question to set up individual goals and strategies about how to reach these goals.

### Encourage Self-reflection about the Use of Drugs

A major prerequisite for critical self-reflection about the use of drugs by affected adolescents is to make them begin to think about the penal consequences and health risks of their behaviour. In contrast, this does not happen quite often in many other situations in the adolescent's life (so-called settings), in which they usually act; neither friends, who might consider the use of drugs cool, nor family, school or workplace, accomplish this. Discussions do not take place here or the use is simply ignored.

As a rule, adolescents only recently taking risky drugs do not see any need for support. They would never attend any course from their own accord, even though this course, offering to reflect on their use of drugs, is very suitable for them.

### FreD is a Co-operation Project

How to gain access to adolescents, who have a record as first noticed drug offenders? This can only work through intermediation and collaboration. The collaboration should be among police, justice, school, workplace, families and youth service. This is where adolescents are typically recorded as drug users. This is where access can be established. This is where FreD has to start.

Therefore, it is an important condition that FreD acquires these institutions as mediators and co-operation

partners. Still, it is not easy. Families, employers, but also schools hesitate to establish contacts with drug counselling services. Even the co-operation between police and justice on the one hand and drug counselling services on the other hand, is not free of complications. FreD's concept assists in reducing scepticism on all sides. FreD offers an approach of changing the behaviour of first-time offenders regarding the use of drugs, without criminalisation, school suspension and job-losses.

FreD does not see itself as a sanction, but as a precocious empowerment for self-help. As an early intervention tool, FreD steps in when it makes sense. This program does not rely on sanctions, but stimulates and motivates self-reflection. In conclusion, the program contributes to keep it a single incident.

## Target group

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FreD is directed towards young people at the age between 14 and 21, who have come to the authorities' attention at police or justice, school or workplace, or any other kind of setting, because of their experimenting or risky use of drugs. Among the substances are alcohol as well as any kind of illegal drugs except heroin and alcohol. FreD is not the suited offer for manifestly addicted adolescents; they should be transferred to other kinds of addiction care offer.

## History

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The initial idea for FreD has been developed at the end of the 90ties at the Coordination Office for Drug-Related Issues (LWL-KS) of the Landschaftsverband Westphalia-Lippe. The Federal Ministry of Health and Social Security supported the concept; FreD has been running as a pilot project at 15 locations in eight different States between 2000 and 2002. In the beginning, the target group has only been users of illegal drugs (usually cannabis). The project administrator has been the Coordination Office for Drug-Related Issues. In 2003 the transfer period followed. Immediately FreD became a story of success: In 2011 about 120 registrated locations that implemented FreD or those that at least closely follow FreD's concept, offer early intervention for first noticed drug offenders in Germany. You may find an updated list of all German FreD offers on the FreD-website.

Additionally, FreD already received positive feedback in many European countries during the transfer period. First talks had been revealing that these countries face similar problems as Germany regarding the use of drugs by adolescents. Between 2007 and 2010, partners in 17 European countries worked according to the FreD concept under the label of "FreD goes net". In time, the project team has been broadening the original FreD approach; because of the increasing relevance of the problem, the focus has also been put on adolescents with a noticeable and risky use of alcohol.

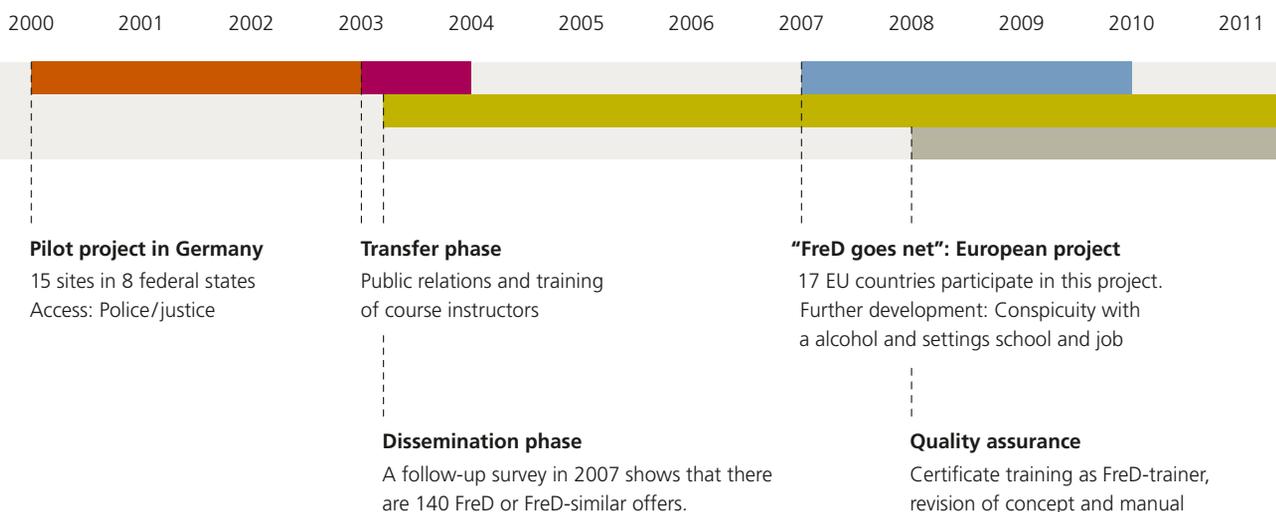
### The Project Administrator: Coordination Office for Drug-Related Issues

The Coordination Office for Drug-Related Issues is part of the Regional Association of Westphalia-Lippe (LWL), which – as an association of districts municipalities – is in charge of various social, health related and cultural tasks.

It updates, advises, and evaluates about 900 institutions and services in the field of drug counselling and prevention in Westphalia-Lippe since 1982. The Coordination Office contributes to further advancement in this area by running some pilot projects.

The LWL-Coordination Office for Drug-Related Issues develops, coordinates and governs the whole project as administrator of FreD. One of the most important tasks during the two initial try-out periods of FreD as well as of "FreD goes net" has been the assistance of partners, who could contact the LWL-Coordination Office for Drug-Related Issues regarding any questions about establishing a co-operation, difficulties in gaining access to the adolescents as well as implementing the courses.

## Development of the FreD-project



**“FreD works well,  
if everybody is doing  
his job well.”**



**Flash-interview with prosecution lawyer Jörn Patzak, legal counsel of FreD:**

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**Prosecuting lawyer Jörn Patzak (Trier) is legal advisor for any kind of legal questions regarding the FreD-program. He has been publishing several books about drug law, regularly gives presentations regarding this topic and hosts the useful website [www.betaeubungsmittelrecht.info](http://www.betaeubungsmittelrecht.info).**

**Mr. Patzak, what can the FreD-program achieve that judicial institutions cannot deliver?**

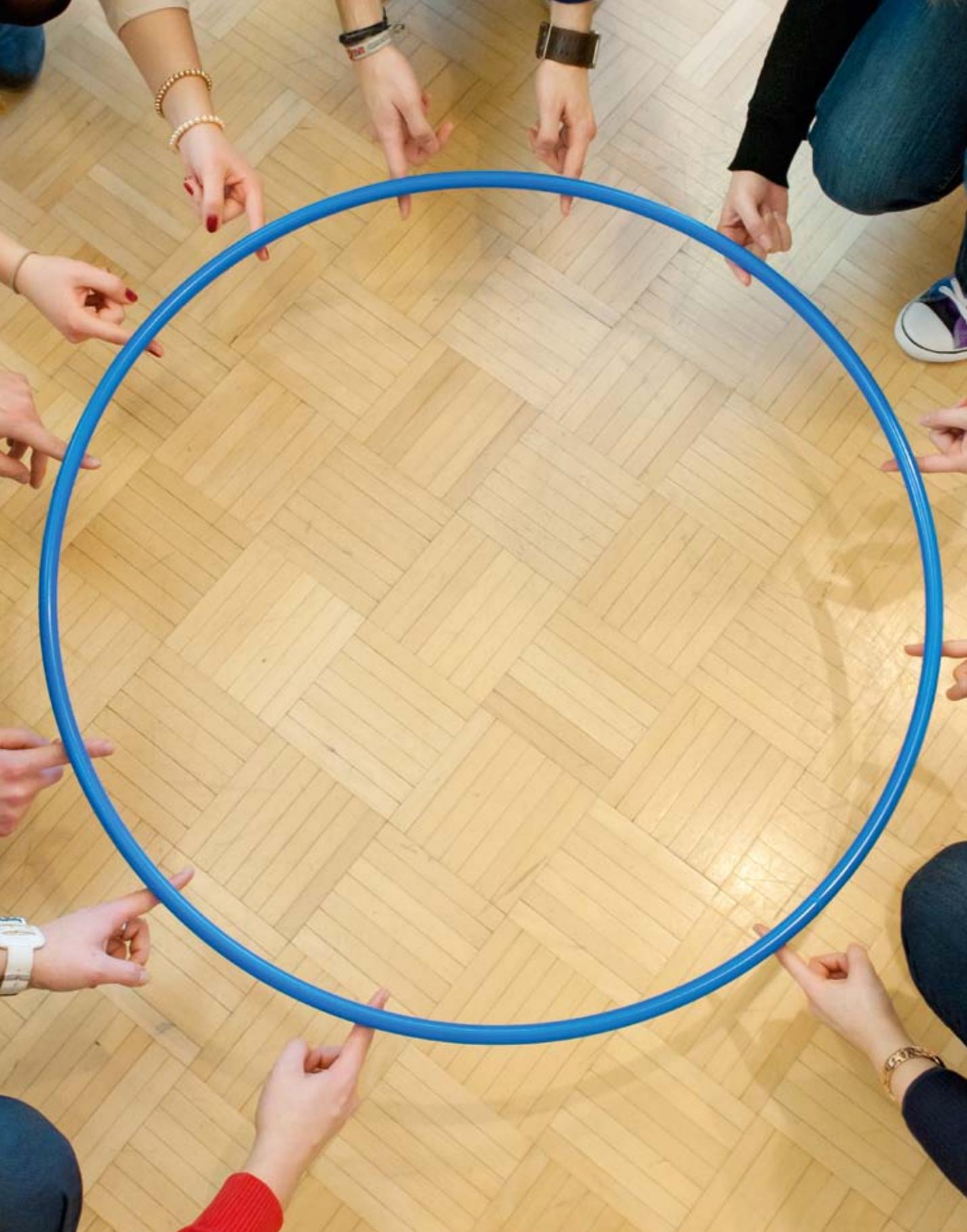
Criminal Justice works primarily repressively. The task is to sanction certain behaviour. FreD enables us to include prevention into the criminal trial.

**How do you evaluate the co-operation between the judiciary and the FreD-program? What is a showcase? Where is room for improvement?**

According to my experience FreD works best, if all co-operation partners – FreD administrators, judicial institutions as well as juvenile court representatives – try their best. If there is only one weaker link in this chain, in many cases the complete program will collapse. For the area of the district court Trier, in which I work, I may say, that the co-operation works very well.

**Which are the positive effects of participating in a FreD course for the preliminary proceedings that a young offender is going to face?**

If an adolescent successfully participates in a FreD course already during the preliminary proceedings, he will not be prosecuted at all. But even if the FreD course has been ordered by a judge, the defendant may profit as there will be no further sanctions, such as a fine or community services.



# How does FreD work?

Straftaten und Ordnungswidrigkeiten

**§ 31 a Absehen von der Verfolgung.** (1) Hat das Verbrechen nach § 29 Abs. 1, 2 oder 4 zum Gegenstand, so kann die Verfolgung abgesehen werden, wenn die Schuld des Täters die Betäubungsmittel lediglich zum Eigenverbrauchen herstellt, einführt, ausführt, durchführt, erwirbt, in einem Drogenkonsumraum Betäubungsmittel in einem Drogenkonsumraum Betäubungsmittel zugleich im Besitz einer schriftlichen Verordnung besitzt. Von der Verfolgung soll abgesehen werden, wenn die Verfolgung bereits erhoben ist.

(2) Ist die Klage bereits erhoben, so kann die Verfolgung abgesehen werden, wenn die Verfolgung bereits erhoben ist.

§ 32

## Model of the FreD-program from placement to the course

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### Point of departure

An adolescent is noticed as a drug user by one of the co-operation partners for the first time. For example, this may happen at the police, if he or she has usually violated the Drug Act and preliminary procedures have been initiated. Or he or she has a first record as a user of alcohol, because he or she ramped while being drunk, or has insulted a cop or committed a similar offence. Likewise, he or she will have to face sanctions. If the incident has happened at school or at the workplace, there may be similar consequences for the adolescent: from suspension to expulsion, from warning to notice of termination. Any of the co-operation partners usually has the option of attenuating or suspending the sanction, if the adolescent has successfully attended a FreD course. These very obvious advantages are helpful for the course leaders in gaining access, because the positive effects are evident to the adolescents.

### Step 1: Referral

FreD's co-operation partners in the field of police, justice, school, and workplace transfer first noticed drug offenders to a FreD site. Either the adolescent can report to a course administrator voluntarily or he or she is instructed to do so. There are good arguments for both ways, depending on the pedagogic and judicial attitude. If the adolescent reports voluntarily, he or she reveals responsible behaviour right from the start. On the other hand, the instruction secures that the person concerned actually reports at FreD.

### Step 2: First Contact

Usually the adolescent establishes a first contact with the person in charge of a FreD course by calling in. He or she reports on the personal situation and makes an appointment. In order to make this work, some FreD sites have their own "FreD mobile number".

### Step 3: Intake-Interview

Adolescents and course leader get to know each other in a 30–45 minutes interview. Additionally, the adolescent receives further information about content and rules of a FreD course. The intake-interview pursues the aim of making adolescents curious and motivating them for the course. The goal is to create a positive atmosphere: It is not about imposing any pressure on them, but about giving adolescents support tailored to their needs. If it emerges that FreD is not the right offer (for example, because the adolescent is manifestly addicted or he or she is blocking the offer totally), there is still the option of transferring him or her to a different institution.

### Step 4: Consumption-Reflection-Course

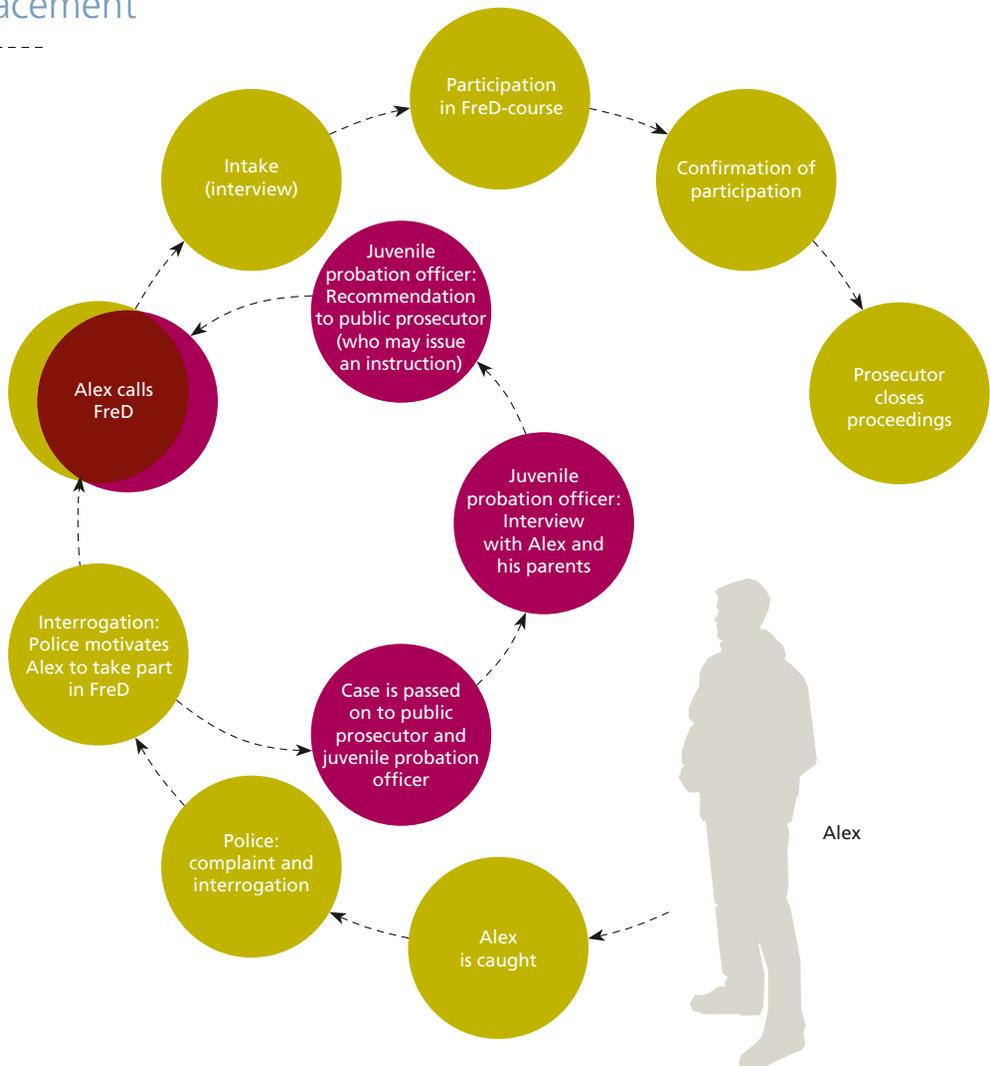
The adolescents meet each other in a group of six to twelve participants and one or two course leaders. Each course consists of eight hours, which may be divided into two to four days. The course leader gives some information about effects and risks of certain drugs, as well as about certain legal aspects, and some advice about how to reduce or terminate the use of drugs. The adolescents then reflect on their way of

using drugs as well as their motives. The target is that the people concerned learn how to differentiate between different patterns of drug use. Interaction is very important in this matter: The course should not be like a lecture, but the adolescents should learn by way of reports and feedbacks of other participants. The course leader, on the other hand, should use the well-established method of "motivational interviewing" as a motivating way of running the discussions.

### Step 5: Certificate

The adolescents receive a certificate about their attendance at the end of the course. Whether and how this certificate is handed over to the mediator is decided by the FreD-course leaders together with the participants or the co-operation partners.

## Process of placement





## Securing the Quality

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In addition to reports from a number of FreD sites, previous experiences with the pilot project FreD in Germany and Europe prove: The more precise the concept is implemented, the higher are the chances for success. In order to provide course leaders and FreD-trainers with a road map for a successful program and secure the quality of FreD, the project administrator – the LWL-Coordination Office for Drug-Related Issues – has drafted quality standards and offers a training to become a certified FreD-trainer.

## Firstly: Guidelines

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### FreD

- ♦ is an offer for adolescents and young adults. The target group is young people at the age of 14 to 21; the program can be extended to 13- to 25-year-olds.
- ♦ relies on the following preventative approach: A young consumer has been noticed as a user of illegal drugs or alcohol and receives an offer for a health-related intervention. Therefore, FreD is no universal preventative offer for a group or class.
- ♦ is an early intervention, directed to young people, who as first noticed drug offenders did not have any or little contact with professional counselling.
- ♦ is a co-operation project. The FreD-administrators closely work together with institutions that establish contact with first noticed drug offenders.

### The FreD course

- ♦ imparts knowledge about effects and risks of different drugs.
- ♦ gives information about legal aspects.
- ♦ motivates adolescents to reflect upon their patterns and motives of drug use.
- ♦ gives practical advice about reducing or terminating the use of drugs.
- ♦ gives information about other regional offers for counselling and support.



## FreD-trainers

- ◆ impart content not by lecturing, but interactively.
- ◆ apply the method of “motivational interviewings”.
- ◆ are experienced experts; at least one course leader at each site should be FreD-certified.

## Secondly: Certified Trainers

Having qualified course leaders is a perfect condition to make early intervention work. In order to secure the quality and professional standards of the FreD program, the administrator of the project – the LWL Coordination Office for Drug-Related Issues – offers a five-day-training for becoming a certified FreD-trainer in the past years. This certificate is not only a proof of professional competence, but it can also be helpful in discussions with local organisations when funding for a FreD program is negotiated. Furthermore, trained FreD-trainers exclusively receive the FreD handbook, which works as a manual for the local implementation of the FreD-programme and as a guideline for the actual coursework.

### Who works as a FreD-trainer?

FreD-trainers usually are experts in prevention, health education or qualified drug counsellors (e. g. social workers, pedagogues, or psychologists), who are already experienced in working with drug users and adolescents.

### What are the subjects of the training?

- ◆ structure and itinerary of the FreD program.
- ◆ information about national legislation regarding drugs and alcohol and additional legal background.
- ◆ establishing structures to be able to co-operate with local partners.
- ◆ imparting a methodological basis, especially the “motivational interviewing”.
- ◆ the practical accomplishment of FreD-intervention – from the early contact with a first noticed drug offender over the intake-interview to the FreD course.

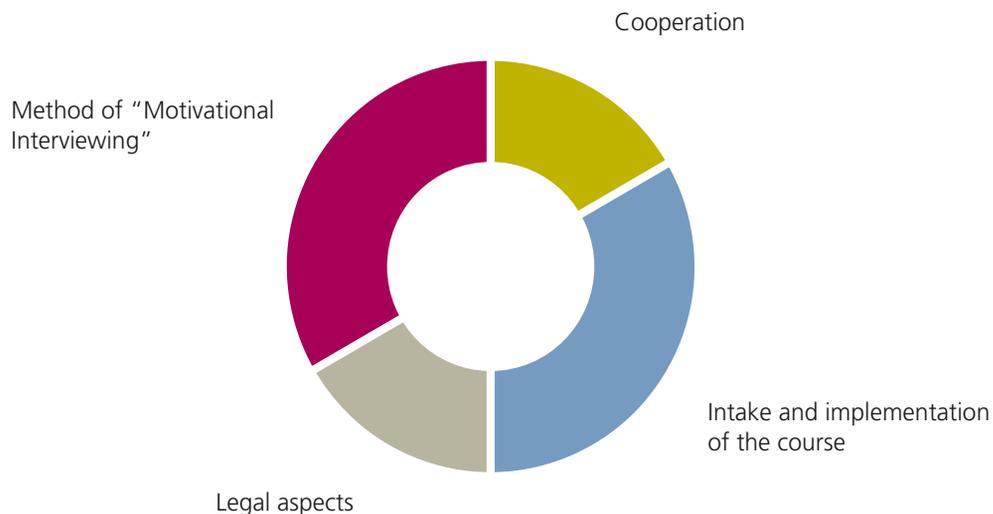
### Which are the skills of a FreD-trainer?

- ♦ a FreD trainer has to gain access to adolescents with a risky drug-related behaviour. This is only possible with a trustful collaboration among partners like police, judiciary, schools, employers and other institutions. A FreD-trainer therefore has to be able to communicate with those partners and understand their often different opinions and motives.
- ♦ he or she must be able to run the courses with the adolescents competently, based on theoretical knowledge, but also be able to apply that knowledge. For this purpose, he or she should be able to talk youth language and understand the world and life-style of young people. The goal should be to motivate young people and to initiate some sort of self-reflection about their drug use. In doing so, he or she relies on established pedagogic methods.

## Contents of the FreD-Trainer Certification Course

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Scope: 48 lessons





„The right offer even reaches initially non-motivated people.”



#### Interview with FreD-trainer Markus Müller

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Markus Müller is FreD-trainer at the Centre for Youth Advice and Addiction Support in Rheingau-Taunus-District. He is a certified social pedagogue and an alternative practitioner in psycho-therapy.

**Mr. Müller, which skills should a FreD-trainer have, so that he can gain access to the adolescents in the courses?**

What is relevant to me is a curiosity towards the participants and their individuality, as well as an attitude, which incorporates the disposition to change your own views, all in addition to expertise about information regarding drugs and youth-specific aspects of the use of drugs. If I work with young people and try to initiate changes, similarly, I have to be ready to change myself. As a result, working together can become a process of mutual

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learning; if things run smoothly this can be a highly interesting and motivating process for both sides.

**Which period of the FreD-Program is the most exciting to you?**

From my point of view, there are several moments that can be essential: The first talk, the so-called intake-interview, later, the first hour and the last 30 minutes of the course. The intake-interview is characterised by the question, whether I can establish a relationship with the counterpart. This means, I receive a leap of faith – and he or she is curious and goes for some self-awareness and the knowledge I may be able to deliver to him or her. Meeting the group in the course is a risk and an incident with unpredictable ending for everybody, including myself. Finally, the end of a course shows, whether I have been successfully incorporating the needs of all participants adequately.

**What are your feelings when the participants return to their normal life at the end of a course?**

That is always a bit sad, because it is a farewell. I will never see most of them again. But generally, I have positive feelings: the joy of working together, satisfaction with myself, and last, but not least, the feeling of being touched and having touched emotionally. Finally, often: Confidence that these young people take along something that will remain fruitful to them.

**Are there any examples that the contacts last even beyond the course?**

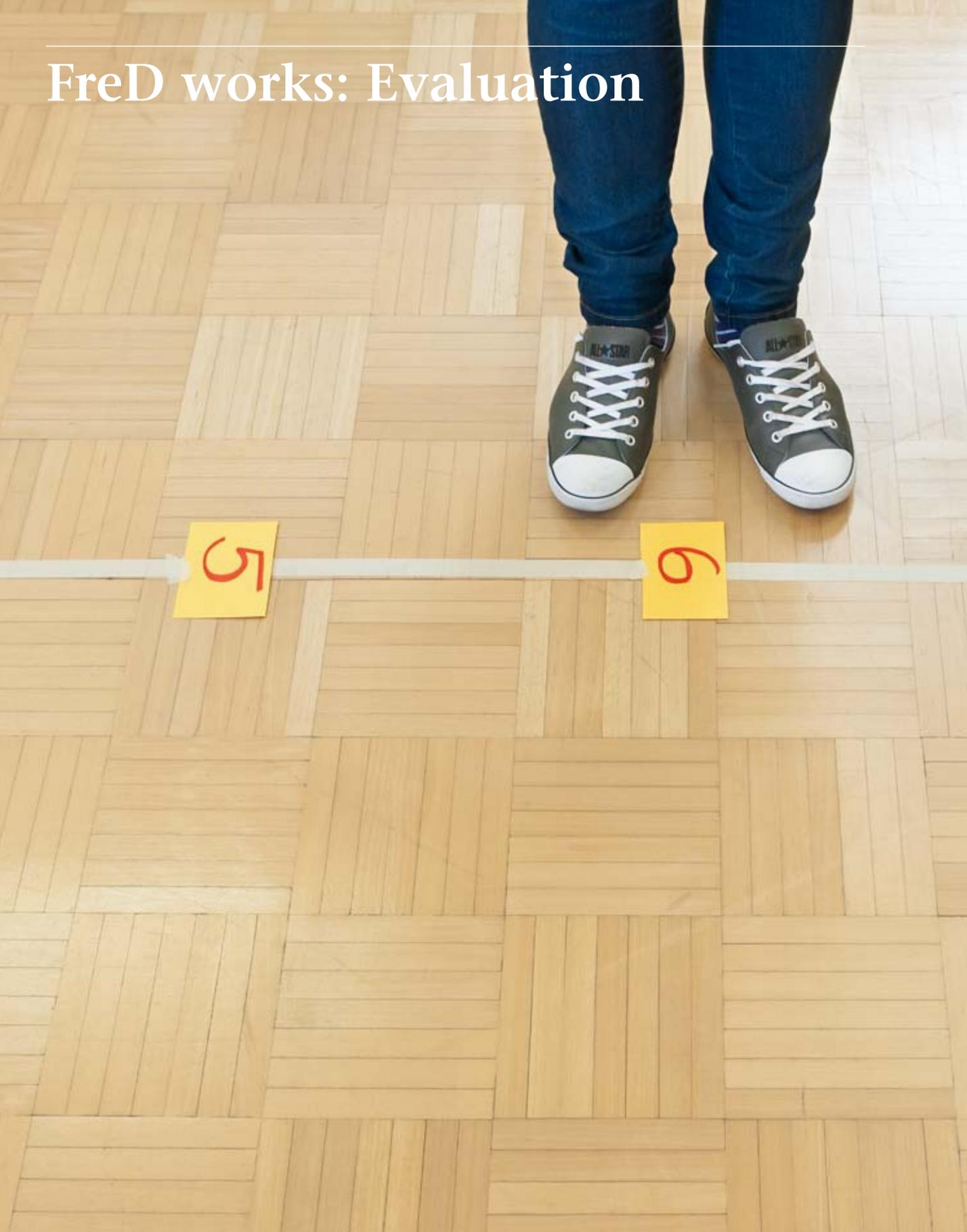
Not too often, but once in a while former participants come back to us. Either because there are still working on the topic of drug use and request additional support or they want to discuss something completely different with us. That is usually a confirmation to me that they understood our concerns and accepted them. For instance, I can very well recall a young man around 20, who requested another appointment a few weeks after the course. In our conversation it became obvious

that he had been able to reduce the use of cannabis, but still was not completely satisfied and requested further assistance. Subsequently, we kept working together for a while, until he indeed quit smoking weed totally and even continued with his education at school. My last information about him is that he intended to complete his Certificate of Lower Secondary Education.

**Which personal conclusions have you been drawing from your experiences as a FreD-trainer?**

That even apparently unmotivated people can be reached by a tailored offer. This is not always easy, but if it works, it is very enriching, personally and professionally.

# FreD works: Evaluation



## Target group has been reached, behaviour changed: the FreD pilot project

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The Society for Research and Advisory in the Social Area (FOGS) from Cologne has been evaluating the FreD pilot project.

The result: FreD is a success.

The gist is:

- ◆ FreD reaches the intended young target group.
- ◆ There is a high level of acceptance among the target group.
- ◆ Attitude and behaviour change.
- ◆ The knowledge about medical, social and legal aspects of the use of drugs increases.
- ◆ The consequence: better understanding of risks, application of rules regarding the use of drugs and even abstinence.
- ◆ Adolescents attach high personal importance to their participation in a FreD course.

The participants of the German FreD pilot project had an average age of 17.7 years. Mainly, they had used cannabis (95.8%). In addition to alcohol they had – usually occasional – experiences with MDMA/ecstasy (11.5%), mushrooms (7.7%) and amphetamines (6.7%). Only some adolescents had used heroin and cocaine once. One third of the participants indicated having used cannabis on seven of the past 30 days; 24.8 % every day.

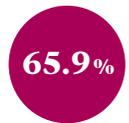
The main reasons for using drugs according to the participants have been:



having fun



enjoy



recreation

89% of all participants had not received any support regarding the use of drugs before. The adolescent participants' social situation has been comparatively stable and normal. Most of them were staying with their parents (83.1%). They attended school (48.6%), received some professional training (23.4%) or were unemployed (7%).

# 514

adolescents have been advised to participate in a course by one of the cooperation partners.

# 446

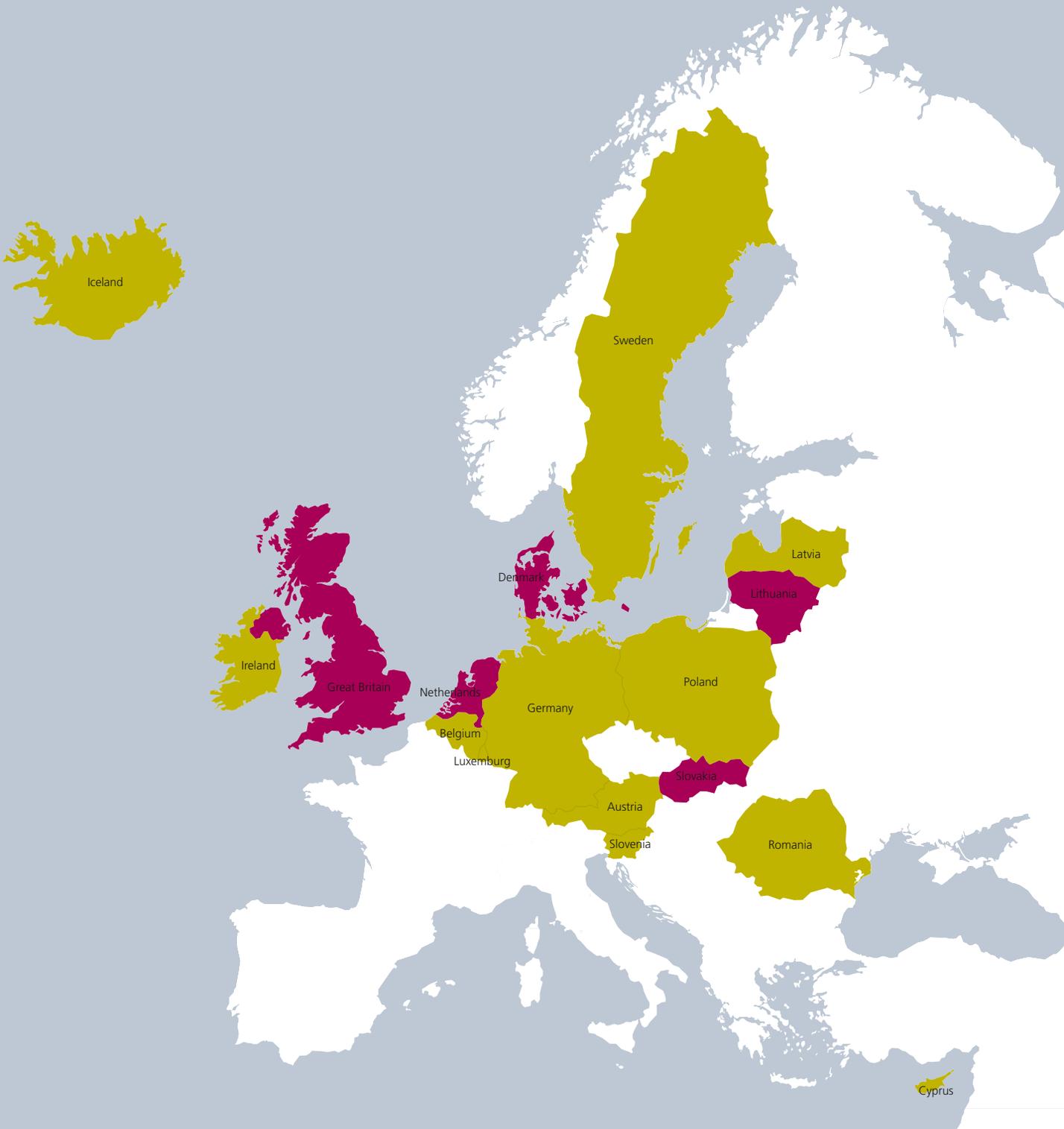
of them actually participated.

# 83.3%

of them regularly completed the course.

A good result, if one takes into account that the participation has usually been voluntary and most of the young participants did not see any need for counselling before the course at all. The feedback of the adolescents has been respectively positive: 87.5% considered the FreD-course either "good" or "very good".

# “FreD goes net”



Consequently, the program, in an amended form, has been shifted from the LWL-Coordination Office for Drug-Related Issues to the European level under the label “FreD goes net”. 19 partners in 17 European countries participated in the project between November 2007 and October 2010. The point was not implementing the FreD approach in other countries without any changes, as it has been approved in Germany, but trying to adapt it according to the cultural and legal situation in each country, maybe even extending the concept, yet, without watering down the quality claim and original intent of FreD.

“FreD goes net” received funding from the European Union as part of the “Public Health” program and from the German Federal Ministry of Health.

### New focus on alcohol

The legal drug alcohol has been in the focus whilst extending the program. Several studies show that there is a pan-European problem regarding excessive and regular consumption of alcohol among young people. Also, the Annual Report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) from 2010 shows that the simultaneous use of alcohol and other drugs is one of the key factors regarding the drug problem in Europe.

But how can access to adolescents, who consume risky amounts of alcohol, be created successfully? There are no reliable data to answer the question whether the referral via judicial institutions and police (classic and tested with illegal drugs), works correspondingly for adolescents with a problematic drinking behaviour. Therefore, “FreD goes net” extended the approach by alternative ways of access. In addition to police and judiciary, the project also began to focus on co-operation partners at school, at youth services, in families and in some cases even at the workplaces. This extended the spectrum of access options, but at the same time it increased the need for a trustful collaboration with diverse co-operation partners.

## The concept reaches out of Europe

Right from the start there has been a major interest in the FreD concept in other European countries. Swiftly it became obvious that the analysis of the administrators is true in other countries as well, namely that there is a gap between universal prevention and treatment of addiction. Moreover, that FreD is a convincing approach to close this gap according to a number of international experts.

Project partners in “FreD goes net”

■ Pilot countries

■ Associated countries

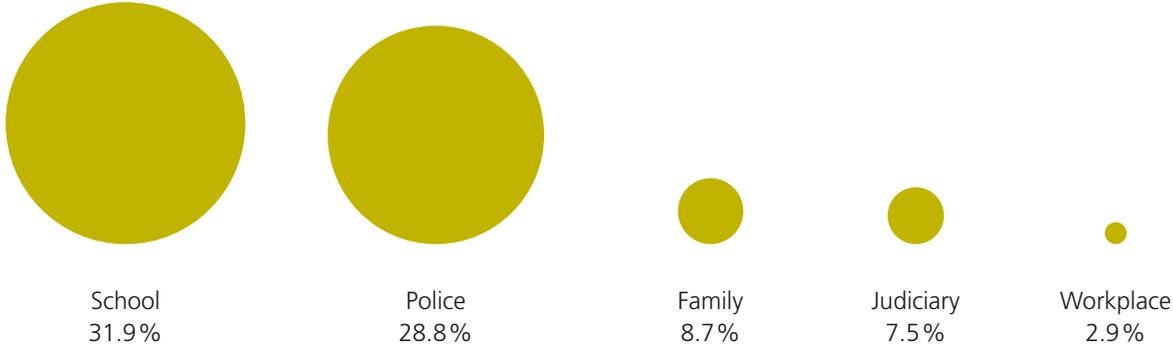
## Results of “FreD goes net”

Adolescents reached by the “FreD goes net”-program ..... **1284**  
(from 10/2008 to 01/2010)

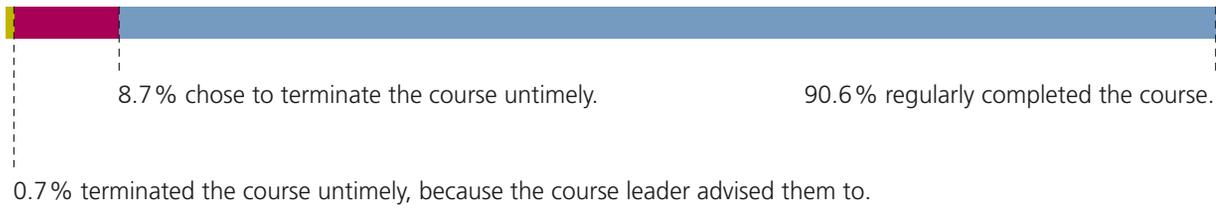
of which are female ..... **24.8%**  
of which are male ..... **75.1%**

Average age ..... **16.9 years**

### Most common ways of access



### Of all participants



82.4% of all participants qualified the course as **“very satisfactory”** or **“primarily satisfactory”**.

84.6% of all participants indicated that they would **recommend** the course.



# Details about FreD



Three steps are usually required to set up a successful FreD-Program:

### Step 1: Analysis of the situation

The following questions are essential:

- ◆ How are the adolescents noticed? Which drugs are relevant, how are they used and which role does alcohol play?
- ◆ Where do adolescents become conspicuous? It can be police, judiciary, school or workplace, youth services or family.
- ◆ Which are the laws and regulations governing the referral of adolescents to a FreD intervention?

Answers may be found in talks with key personalities, who are especially competent to evaluate the adolescents and their use of drugs.

### Step 2: Setting up structures of co-operation

Police, judiciary, school, workplace or youth services are potential referral partners. It makes sense to integrate co-operation partners into the program-planning as early as possible: The earlier everybody is consulted, the quicker the necessary trust can be established.

### Step 3: Maintaining the co-operation by a steering group

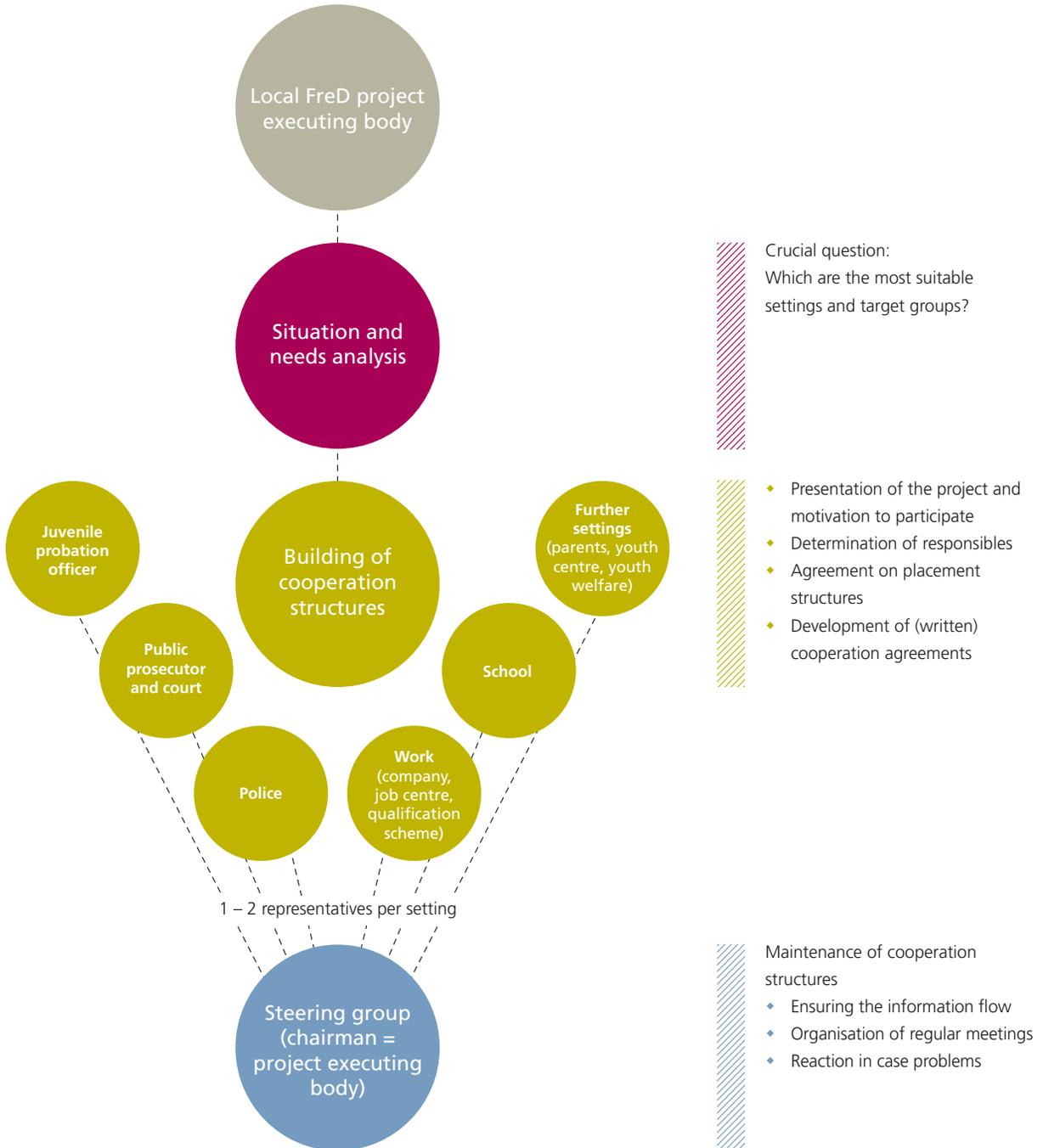
FreD-steering groups are a forum, where representatives of the co-operation partners and the administrator can discuss, for example, how the referral works and how the feedback after the course can be organised. Additionally, problems that occurred during the programs can be discussed.

## Method, structure and co-operation partner

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A project structure has been developed, based on the experiences with the pilot project FreD and with “FreD goes net” on the European level, which is recommended by the administrators of the whole project and the partners of the pilot project to all institutions planning to use FreD. In addition to a high standard in running the FreD course, it is equally important to set up a smooth co-operation, because good courses alone are not enough to build up the FreD offer successfully. If FreD is meant to be successful, it is essential to have a good and trustful collaboration with all institutions that are supposed to acquire participants.

# Local implementation of FreD



## “The Hamburg police tunes in a mandatory procedure with the implementation of FreD”



Interview with Birgit Vitense, police officer

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**Birgit Vitense works at the State Office of Criminal Investigation (LKA) Hamburg in the department of drug and addiction prevention. This office had good experiences with FreD so far.**

**Mrs. Vitense, the Hamburg police has a significant rate regarding bringing first noticed drug offenders into the FreD-program. How do you operate? Who is making the young people aware of FreD? When does it happen?**

Hamburg police is using a standardised mandatory procedure in order to implement FreD: When the police notice during a preliminary procedure that an adolescent is a user of illegal drugs, he or she receives a form with information about the option of participating in an information- and counselling-course. If the defendant is underage, the legal guardian receives the copy of that form. The

defendant has the opportunity to contact a counselling centre within a period of three weeks. Attached to that form is an answer sheet; the centre can fill in some information about the initial talk in that sheet and then send it back to the police. Additionally, the form stresses the fact that participating in a course can have a positive effect on the preliminary procedure. The counselling centre “Kö 16a”, an administrative office of the German ministry BSG, which is responsible for social affairs, family, health and consumer protection is in charge of the intake-interviews and the courses.

**Do your colleagues, who deal with drug offenses, know about the underlying concept of FreD? How does the knowledge transfer work?**

By order of the Chief of police, the FreD concept has become mandatory and is well-known by all colleagues in the area of drug-related crime through further education seminars.

**Do you think that FreD is sustainable? Or will there be a second and third meeting with first noticed drug offenders?**

We can only evaluate the sustainability of the project related to those people that have been actually reached. According to the latest evaluation report, Hamburg police sends out 400 to 500 of those forms annually. Almost half of the addressees reported to the counselling centre “Kö 16a” came for a talk, of which then half of them have been advised to have an intake-interview. Finally, two third of those people participated in a course. Of those participants 75 % reported about a reduction or even suspension of drug use. After all, FreD is appreciated as an effective tool of prevention with a high effectiveness on potential cannabis users and, at the same time, with comparatively little time and effort required of the relevant institutions.



## Access by cooperation

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Before making an offer to a certain target group, you first have to get access to its members. This may sound trivial, but still is quite often the most difficult step: In the beginning, the information has to get through to the target group; secondly, the offer has to be accurately fitting to that group, so that it can be motivated to accept that offer. The pilot period of FreD has proven: adolescents can be motivated to participate in a course, if they see any personal advantage in doing so. Depending on the pedagogic attitude or instructions by the court, referral partners may stress those advantages, which will be a promotion to young people so that they will participate in a FreD course.

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## Overview over ways of access and potential advantages

### Police and Judiciary

During the German pilot period, FreD has been focusing on a referral by police and judiciary. This is a rather efficient access: the personal data of first-time offenders are recorded and they have to face noticeable sanctions. Judiciary and police have different options of presenting the advantages an adolescent may have when participating in a FreD course: For example, suspension of the preliminary procedure or advantages during a criminal trial. Putting those advantages on the FreD flyer can be the best promotion for the FreD intervention.

### School

The access at school is part of the European extension of “FreD goes net”, tested by international pilot partners. The more actively and naturally schools dealt with the topic of “use of legal and illegal drugs”, the better the referral worked. The drug or alcohol use of students could be detected when they have been under the influence of those drugs during class, at school-parties or excursions, or when clueless parents asked for support, a teacher learned about the use of drugs in a talk or even caught somebody, who was consuming drugs or passed them on, red-handed. In collaboration with FreD the school can also create advantages for participants: no report at the police, no suspension for the next party or excursion, no school suspension.

### further settings

During the project there have been additional settings that have been proven as suitable access points: workplaces, hospitals, general practitioners, youth or social services, parents or other family members. The list of potential settings becomes longer and longer. This means, new FreD administrators should always be open to new co-operation partners in addition to the established ones.

### role of parents

There are good reasons for having parents involved in the FreD program as early as possible. First of all, parents then have the opportunity to motivate their children to participate in a FreD-course; this actually happens quite often as the pilot projects show. Furthermore, parents generally should be informed, if their children are in trouble. Only if parents are aware that their children are using drugs, they can deal with that use responsibly. A letter by the referring co-operation partner, FreD-Info-Flyers especially designed for parents, a talk with an adolescent accompanied by his or her parents (for example, at the beginning of an intake-talk) or a specific and short group discussion for parents of kids participating in a FreD course are options of getting parents involved.

## Frequently Asked Questions

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We, the LWL- Coordination Office for Drug-Related Issues, invite local administrators at new FreD sites or other people to send us any questions related to the FreD program. Here, we have been assembling the most common of those. If you have any further questions, feel free to contact us. Contact persons can be found at the contact details section of this brochure.

### How much time in advance is required, before FreD actually takes off?

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A good start should be well-prepared. Usually it takes about three to five months to motivate, brief partners, and fix co-operation agreements. Next, the offer has to go public, and then financial and human resources have to be organised. In brief, a FreD-course can only be started after six to eight months.

### Who is entitled to use the FreD-Logo?

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Those who observe the quality guidelines are entitled to use the FreD-Logo.

### How can the funding be secured?

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Early intervention offers should be a standard offer in any drug advisory and prevention institution. Additional funding should be negotiated with the local government (respectively, the State). Besides, agreements about purpose-built-hours or participation fees can be taken into account. Other means of funding can be donations, fines, and sponsoring.

### Does FreD work in cases of alcohol use as well?

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A clear "yes"; the European project "FreD goes net" confirmed this. You will find additional information about this project on our website, too.

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**Can I put FreD into action with a complete class at school?**

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The basic principle of FreD is to have an intervention right after having been noticed when using drugs. It is very rare that a complete class had an incident together. Therefore, the intervention should be limited to those adolescents involved in an incident.

**Which role do parents play at FreD?**

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Parents act in two different ways: On the one hand, parents may send their children to a FreD course, if they are concerned about their sons or daughters using drugs. On the other hand, some FreD sites have offers especially designed to parents, to which parents of FreD-participants are invited to come along.

**Which should be the frequency of FreD offers?**

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There should be six to twelve courses every year, so that the time between incident and intervention is not too long.

**Why do the enquiries for FreD sometimes break off?**

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Some co-operation partners tend to forget the FreD program over time, because of the task load of these institutions. Also, there can be a change of the people in charge or temporary replacements due to sickness so that information is not handed over. For this reason, there should be a continuous contact to the co-operation partners, either personal or by calling them.

**Where should the FreD-Program be settled best?**

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Most administrators prefer a more neutral location, for example, not rooms in an Addiction and Drug Advice Centre where long-term drug addicts hang out at the same time. Administrators can be the Drug Advice Centre, an institution for prevention, the youth service or any other local partner.

**We already offer other programs (e. g. SKOLL, Realize it, CANDIS) – Does FreD still make sense?**

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It is important to differentiate, which program should reach which target group and what form of intervention is preferred. FreD is an early and short intervention; the above mentioned programs are more of mid-term type and even can be categorised as a sort of therapy. Consequently, it is necessary to look in-depth into the different programs and their specific features.



## LWL-Coordination Office for Drug-Related Issues

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.

### Advice and coordination

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.

### Further training

Since its establishment in 1982, the LWL-KS 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.

### Model projects

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 in First-Time Drug Offenders”, operating in eight German states, inject progressive impulses into the help system for addicts.

### The Westphalia-Lippe Regional Council (LWL)

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.

## Website addresses

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[www.fred-projekt.de](http://www.fred-projekt.de)

[www.fred-goes-net.org](http://www.fred-goes-net.org)

[www.lwl-ks.de](http://www.lwl-ks.de)

## Contact

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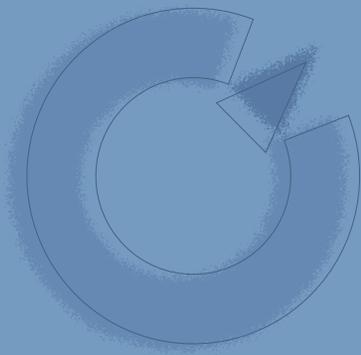
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