

Country: ICELAND
Partner organisation: Public Health institute and SAA
Course site(s): Reykjavik
Contact person: Rafn M Jonsson

I. Basics

1. Are there any differences between the intended target groups for FreD goes net and what was actually achieved?

Below is a summary of the intended target groups as originally defined. Please delete the entries in the column "planned" and replace them with the correct information for your country in the new column "implemented".

Criterion	PLANNED (according to 2008 RAR)	IMPLEMENTED (Pilot phase 2009)	brief comment if necessary
Age	14 to 21-year-olds	16-21	
Access route	<ul style="list-style-type: none">- Police / judiciary system- School- Workplace	School, children welfare and from the street	Due to legal issues referrals were not possible from the police,
manner of (first) coming to notice	It is possible to also include youths that have come to notice several times on account of their drug use	As described	
Substances	<ul style="list-style-type: none">- Illegal drugs except heroin- Alcohol	Mostly alcohol and cannabis	As those are the most common substances
classification of drug user	Experimental to high risk drug user	As in criterion	

2. Meeting the main aims

2.1. Was it possible to implement FreD goes net in the pilot regions?

yes no

Comments:

As the main focus was at the schools succeeded in one pilot school at the level that it is noticed by other schools and welcomed by parents. In addition we got referrals from child welfare service for adolescents developing conduct disorder or substance abuse.

2.2. *In the pilot regions, has FreD goes net contributed to improving access to drug-consuming adolescents and young adults?*

yes no

Reasons for this:

It has given more channels for authorities to screen for substance abuse, specially those that are experimenting with drugs.

The access to drug-consuming adolescents have first and foremost improved in the secondary schools when school prevention counsellors got external resources.

2.3. *In the pilot regions, has FreD goes net contributed to developing or improving cooperative relationships between the chosen settings (police, schools etc) and drug counselling organisations/institutions (course sites)?*

yes no

Reasons for this:

Better relationship between school and treatment centre and understanding of the problem, how substances develops and influences the process of learning.

2.4. *If cooperation as set out in 2.3 was successfully established/developed, will it be sustainable and continue beyond the pilot phase?*

yes no

Reasons for this:

As there will be focus on prevention and health promotion in the coming years in the secondary schools, it is our understanding that FreD will be one of the projects that the Ministry of education will support.

2.5. *Were there any specific conditions/changes (political, economic) in your country during the first two years of FreD goes net that affected the implementation of the project?*

yes no

If yes, what were they?

Due the financial crises we lost contacts with two of the pilot schools as the school nurses that where our contacts and acting as a prevention counsellors at the school. Their time as counsellors was either cut down or the position was closed.

II. RAR

In the first project year all partners used the method of RAR to carry out a stocktake of the current situation and current needs. This consisted of three elements:

- Background research,
- Interviews with key persons
- Identifying „good practice projects“.

Results were documented in country reports.

1. Did you identify good practice projects in your country that met the agreed criteria?

yes no

2. Looking at it retrospectively after concluding the pilot phase: Was the method of RAR useful in identifying suitable settings for your site(s)?

yes no

Reasons for this:

It made it easier to keep in contact with relevant individuals and the whole settings.

3. Judging by the results it achieved, and based on your professional perspective, was the time spent on the RAR exercise justified?

yes no

Reasons for this:

Saves time in later face to have explored the environment and possibilities.

4. Would you recommend this method of stocktaking to other early intervention projects?

yes no

Reasons for this:

It is important to have a clear picture of the situation, what is the main problem, what channels do you have and are there more alternatives. Very helpful to have a kind of a roadmap.

III. Cooperation

1. Implementation of FreD goes net requires **viable cooperative relationships between the participating institutions. What methods of establishing/maintaining these have proven successful in your pilot region?** (e.g. informal verbal agreements, formal written agreements, regular meetings, agreements at certain levels of hierarchy) Please describe these.

We found it very helpful to go in person and meet the relevant people. Mostly we made verbal agreements but also written. As SAA already had a relation with the schools the contact was easy.

2. **What difficulties were encountered in developing and maintaining cooperative relationships?**

Please describe these.

Mostly it was difficult to get support from schoolmasters and to get them to acknowledge or accept that this could be a part of the school responsibility.

3. **Did you enter into any written cooperation agreements?**

yes no

If yes: How many such agreements did you have and with which cooperation partners?

– Site 1:

The Commercial College of Iceland

– Site 2:

Children Welfare

4. **Was there a local steering group for implementing the FreD approach?**

yes no

If no steering group was created, why not?

Due to the size of the project and Iceland we were only working in Reykjavik, and the steering group consisted of the project manager, the counsellors and at a later level we had meetings with a high level staff from the ministry of education. No formal steering group, more an informal.

5. Please list those institutions/organisations/services that really did refer young persons to the courses.

Police / judicial system

Which institutions and divisions exactly were these? Who were your contact persons (function/position)? Why was cooperation successful in these specific cases?

Children welfare service of Reykjavik – Halldóra Gunnarsdóttir director of CWS is very interested in the program and formed a good cooperation and monthly meetings.

School

What types of school? Who were your contact persons (function/position)? What characterises the schools that were willing to cooperate/where cooperation was successful?

THE COMMERCIAL COLLEGE OF ICELAND – Ingibjorg O Vilhjálmsdóttir was the contact person, working as a teacher and prevention councillor.

It was because of interest for the project, good cooperation and improving their policy on substance use and that urge the staff of the school to work on the project.

Other settings, specifically:

What divisions/ contact persons (function/position)?

Why was cooperation successful in these cases?

Adolescents coming from the street to ambulant treatment were gathered in groups.

6. Chapter 4.4 of the manual gives recommendations for successfully establishing structures of cooperation. Did you find these tips helpful?

yes no

Reasons for this:

Those recommendations proved to be useful in Iceland. Also we know the ideology and have used it before in our treatment of adolescents'

7. Do you have any further suggestions or comments on the topic of "cooperation"?

IV. Access

1. The role of the respective legal provisions in facilitating access to FreD courses:

The manual presents an overview of the legal provisions that currently apply in each country. After completing the pilot phase, would you say these facilitate or obstruct access to drug-using youngsters?

Police context / judiciary system:

Current provisions facilitate access obstruct access

reasons for this:

We would have to say that this was not the way for us, as there is no tradition or legal means sentence adolescent to treatment.

School context:

Current provisions facilitate access obstruct access

reasons for this:

There was a clear lack of means for the schools and this gives opportunity.

Other (please state which):

Current provisions facilitate access obstruct access

2. Were there any differences between these legal provisions (and any other rules and agreements) 'on paper' and their implementation 'in real life'?

yes no

3. Which flyer did you use for 'your' young persons? Please enclose 5 copies.

yes no

Basically used the available flyer (the template) or developed our own flyer

4. Did you change any of the main messages of the template?

yes no

5. **Can the universal flyer for young persons (the emplate) be included as a recommendation in the handbook or does it need to be changed in any way?**

It could probably be included as it is simple and the messages are simple.

6. **What are typical situations for youngsters to come to the notice of a particular setting and be referred to FreD?**

Typical situation of coming to the notice...

of the police /
judiciary system

Under the influence in the streets or at bars,

of school

Under the influence at a school festival, absence from school,

of another setting

(please state which):

7. **What benefits** can young persons draw from taking part in a course that could motivate them enough to contact the course leader?

gains or benefits obtained from participation

Police / judiciary

The legal framework

School

The influence of development and the learning process and how that will affect the individual now and in the future

Other setting

(please state which):

8. FreD goes net works to the principle that “coming to notice on account of legal or illegal drug use is followed by intervention.” For your chosen settings, please describe a **typical chain of events/the individual steps from first being noticed all the way to completing the intervention** (bullet points; if needed refer to the chart “Alex is caught...” from the ppt of the kick-off workshop – see attachments of the e-mail that was used to send out this questionnaire).

A student is noticed at a school dance for the first or second time.

Interviewed by the school counsellor and asked to call FreD to make an appointment

Interviewed by FreD counsellor and either referred to the program or not

If referred they can proceed in school

Parents involved or made aware of the situation if student under 18 (legal issues)

Individual counselling and group work

School counsellor kept informed on the progress

Student graduates and continues at school

9. Were the parents involved in referring the youngsters to FreD?

yes no

If yes:

– How and in what form were they involved?

All parents of new students are made aware of the program in the beginning of each semester. Most of them welcomed the project. Parents of those referred to FreD and are under 18 (legal age) were involved. Most of them were glad and welcomed the project.

– Would you recommend parental involvement to new FreD sites?

yes no

Reasons for this:

Experience from this program and another program we have had here working with adolescents using substances showed that involving parents, specially mothers are more likely to have positive outcomes.

10. Do you have any other comments on the topic of access? What measures do you find helpful in facilitating access to the intake interview and/or course?

Personal contact is what makes it work, at least here.

V. Implementing the intervention (Intake and courses)

1. After the intake interview, what were typical reasons for you to find that FreD was unsuitable for the adolescent/young adult in question?

2. On average, how many weeks were there between the intake interview and the beginning of the course?

_____ weeks

3. Up to this point, at which sites did you carry out how many courses with how many participants?

Name of site 1: _____

_____ courses with _____ participants

In case of strongly divergent numbers, can you think of reasons?

4. How many sessions did you divide the course into?

2 sessions 3 sessions 4 sessions

5. Did some of the sessions also take place at weekends?

yes no

6. How satisfied are you generally with the exercises that currently make up the course?

Please rank on a scale from 1 to 4
(1 = very satisfied, 4 = not at all satisfied)

7. **Please name (up to 3) exercises that have proven particularly effective:** The following should definitely remain in the manual (please give the exercise name and number):

7.b1 My opinion – positioning yourself on questions of knowledge and attitude

9.b Blanket Turning

13.b How I would realize that I should change something about my consumption

8. **Were there any exercises in the course that proved ineffective or too difficult to implement?**

yes no

9. **Are there any other exercises you would like to be included in the manual?**

yes no

If yes: please write them out separately in the format of the manual and attach to this report.

10. **Was / is implementing the FreD courses something that enriches your work?**

Did you gain any particular insights? Did something unexpected happen?

The demand surprises us and also the parents where positive and interested in FreD. The FreD courses make the way for us to contact the schools and provide suitable course.

11. **What are your experiences with respect to group composition?**

(gender, age, different substances consumed, different patterns of consumption etc)

We mixed gender, ages and different substances consumed and it turns out to be ok. Most of the adolescents we saw where first and foremost drinking alcohol.

12. **Do you have any further comments/ideas/recommendations on the topic of course implementation?**

No

VI. Summary

1. Do you find the overall concept and approach of FreD goes net convincing?

Please rate on a scale from 1 (yes, very) to 4 (no, not at all)

1

Reason:

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

2. If you had several pilot sites: Were your experiences at each site fundamentally different? (e.g. with respect to cooperation, access or course implementation)

Skip this question if there was only one pilot site.

yes no

If yes: Please describe these differences.

3. Please summarise the aspects you consider central for each of the thematic blocks.

aspects that obstruct...

... cooperation	Lack of understanding that this is a cooperation
... access	Not necessarily a specified contact person at the sites
... course implementation	Lacking a holistic policy regarding brief intervention

aspects that facilitate...

... cooperation	Peoples interest in new approaches
... access	Peoples interest in new approaches
... course implementation	Peoples interest in new approaches in early treatment and the need for more variety in treatment.