

Country: Sweden
Partner organisation: Maria Ungdom
Course site(s): Maria Ungdom Stockholm
Contact person: Ulf Wahlgren

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	14 to 21-years-old	As planed
Access route	<ul style="list-style-type: none"> - Police / judiciary system - School - Workplace 	Police/judiciary system Social servic Adolescents	Surprising that adolescents who has taken the course recomend it to their friends
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	It's possible.	Many of the youths that comes to us i send by the social service because nothing else works. After the course they want treatment.
Substances	<ul style="list-style-type: none"> - Illegal drugs except heroin - Alcohol 	Illegal drugs, mostly cannabis Alcohol too.	We see that most of the youth is taking cannabis but many of them have experience of other drugs to.
classification of drug user	Experimental to high risk drug user	High risk to dependent	We rearly see any experimental user.

2. Meeting the main aims

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

yes no

Comments:

Yes. It was and is a sucess!

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:

*In a way. We reach a group of drugconsumer who, many times, the social service does not know what to do with when their methods did not work. This open up for more col-
laboration between the organizations.*

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:

*In a way. We reach a group of drug consumer who, many times, the social service does not know what to do with when their methods did not work. This open up for more
collaboration between the organizations.*

The Police finds it is a good complement to their work. The Prosicuting Office is also seeing this as a step forward as they can decide for treatment instead of fine.

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:

Definitely. They are a part of a referncegroup.

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

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 is not so different from what we use to do.

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:

It is never a waste of time to spend time on matters like this.

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

yes no

Reasons for this:

If you are inexperienced it is a good and easy method to get started with.

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 have informal verbal agreements and regular meetings. Also the different chiefs of the organizations make clear decisions that are possible to follow.

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

Please describe these.

It is always hard to get the right information out to the right persons. We discovered that the chiefs forgot to our brochures and sometimes other info send to their staff. Somone has to doublecheck that the info is getting were it is needed. Making them part of a referncegroup was a good idea. Now they can influence some of the detalis in the cooperation and become morr responsible for their end.

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

yes no

If not: Why not?

It is not common for our organization (Maria Ungdom, Health Care) to make written agreements about things like this. We are sopposed to give health care without agreements.

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

yes no

If yes, please list the members and rate the work of the steering group in implementing FreD goes net for each of the pilot sites.

– Site 1: (Name of town)

Ulf Wahlgren, Stefan Sparring, Daniel Ruseborn and Caroline Järkestig

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?

The Social Service in different municipalities in and around Stockholm, our own emergency ward, our own open care unit.

We had taken to several of the Social Service offices. Some spread the info to other offices. We informed our own organization so they would use this option.

When we have had two classes the rumor started to spread that there were a course for youth with low or no motivation to stop with drugs and the course had an effect on them!

The Police told about the course before leaving the youth to our emergency ward and they would enroll the person.

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?

No schools yet.

Other settings, specifically:

What divisions/ contact persons (function/position)?

Why was cooperation successful in these cases?

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:

As I said before this is not new to us so it follows quite well what we already do. In that meaning it fits well in to the structure we already have.

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

There is not so much problem to access drug-using youngsters legally. If the police and social service is working together most problems can be resolved. The only obstical would be that not all parts of the police system and social service is working like this. But they are slowly realising this.

School context:

Current provisions facilitate access obstruct access

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

If yes, which messages/statements did you change and why?

As you see our flyer looks different to yours because the workinggroup thought a flyer should be adapted for our country. We do not have harm reduction in Sweden.

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 can be used like a option or guideline.

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

They are arrested for minor drugoffence.

of school

–

of another setting
(please state which):

Coming with their parents to Maria Ungdom emergency ward.

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
system

The consequens is changed from a fine to treatment, time in the criminal record is changed from 5 or 10 to 3 years. Help permit for driverslicenced can be helpt from us.

School

–

Other setting
(please state which):

Get an opportunity to discusse drugs with a professional in drug/health care.

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).

Alex is caught by the Police for minor drugoffence. He is taken to Maria Ungdoms temporary policestation for interigation and urinsample. His parents are called by phone and asked to come to Maria Ungdom. On the way in a social secretary is talking to Alex about Maria Ungdom and what happens there and what kind of help he could get. After the interrogation the Police releases the youth to the Health Care, Maria Ungdom, and they motivate the family to come up for a first meeting at the emergency ward. This is a meeting involving assesment of what kind of help the family needs and a somatic/preliminary psychiatric assesment. In the end of the meeting the family gets appointments for two followup meetings. In one of these meetings they are getting the question about participating in a groupactivity (Fred goes net or MUMS as we call it in Sweden). If they agree the staff goes up to one of the offices where a courseleader sits and write up the information about the youth so the courseleader can call and book a time for interveiw. The parents are invited to a parent info meeting at the same time. This is usually a week before course start. After parrentmeeting and interview we check with social service so they know that the youth is taking part in MUMS and if the youth needs the legal help. After that it is coursstart. After the four times we book a meeting with the famely to make sure that they get the help they want, referral.

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

yes no

If yes:

- How and in what form were they involved?

If the youth is under 18 the parents are allways notified and supports this action. If the youth is over 18 we have to ask to contact the parents. In all cases that has been the case.

- Would you recommend parental involvement to new FreD sites?

yes no

Reasons for this:

All of our youth is still living at home. So this becomes a family problem. The parents has to understand the problem and how to support their youth in the change of the behaviour.

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?**

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?

Psychiatric illness, high crime behaviour, severe addiction.

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

___ One week

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

Name of site 1: Maria Ungdom

___ 9 ___ courses with ___ 63 ___ participants

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)

2

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):

6. *a/b Knowledge about risk and effects/ reasons-effects-consequences*
7.b.1 *My opinion*

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

yes no

If yes: please list a maximum of three together with the respective name and number.

13.2 How would I realize that I should change something about my consumption
It was too much harm reduction.

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

yes no

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

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

Definitely!

11. **What are your experiences with respect to group composition? (gender, age, different substances consumed, different patterns of consumption etc)**

That the older ones tend to make the younger ones to change their mind about drugs.

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

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:

We see that the youth which have participated in the course, most of them are willing to take treatment and change behavior.

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

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

aspects that obstruct...

... cooperation	Good
... access	Good
... course implementation	Good

aspects that facilitate...

... cooperation	Good
... access	Good
... course implementation	Good