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December 2010

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Project TAKE CARE c/o Landschaftsverband Westfalen-Lippe LWL-Koordinationsstelle Sucht, Warendorfer Strasse 27, D-48133 Münster Internet: www.project-take-care.eu , E-Mail. kswl@lwl.org

Responsible: Wolfgang Rometsch (wolfgang.rometsch@lwl.org) Editor's board: Nadja Wirth (nadja.wirth@lwl.org), Kathrin Horre

(kathrin.horre@lwl.org) Gerhild Meendermann (gerhild.meendermann@lwl.org)



### Reports from the project coordination

#### What's new in TAKE CARE?

#### Results of the RAR country reports

As is generally known the project proposal TAKE CARE is based on the successfully evaluated multilevel approach of the German project ,SeM – Sekundäre Prävention im Mehrebenenansatz (secondary prevention in a multilevel approach). When starting the European project, it was necessary to verify in the first place whether the original approach can be transferred into the participating partner countries or whether adaptations are required and further good ideas can be integrated.

The socio-scientific approach of Rapid Assessment and Response – RAR – was chosen as methodological basis for this examination. RAR is a method of collecting data which allows for rapid results and which can be done in an interactive manner. Existing knowledge and experiences are considered and the implementation of later interventions is already prepared by interviewing representatives of the target group(s).

The participating project partners from Belgium, Germany, Denmark, Greece, Ireland, Italy, Portugal, Slovenia, Slovakia and Cyprus investigated

- good practice projects according to a criteria catalogue which was developed in cooperation with all partners,
- the legal and cultural frame conditions for alcohol consumption of young people and
- the partners interviewed representatives of the four target groups (youths, parents, keypersons, retail personnel) regarding their demands and important aspects for the implementation of the project.

The RAR results have now been summarized by the project coordination. In the last chapter of the RAR report conclusions for the practical phase of TAKE CARE are drawn. In general the project partners have no objections against taking over the SeM methods. Some (minor) country and culture specific adoptions will be considered. Hence these approaches will be tested and evaluated in the pilot phase 2011.

#### **Further information:**

The summary of the RAR results can be seen on our TAKE CARE website www.project-take-care.eu.

#### Nadja Wirth



#### Good practice database online

As described above the first part of the RAR consisted in a research of good practice projects in all participating countries. The criteria upon which the assessment of these practical measures is based were determined in cooperation with all project partners. A total of 15 good practice projects was reported. They are shown on our project website www.project-take-care.eu.

#### **Kathrin Horre**

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#### Wishes for the New Year

We wish a prosperous new year to all TAKE CARE partners, collaborating partners and to the readers of this newsletter!

Join us in an exciting year 2011 when we will enter the pilot phase of TAKE CARE.

We look forward to many interesting experiences which can be integrated into the European multilevel approach.





### Reports from the European partner countries

# Ireland: Introduction of Test Purchasing of Intoxicating Liquor Scheme

According to the most recent European survey project on alcohol and drugs (ESPAD 2007) report on substance use among 15-16 year old students, Irish children report being drunk more often than those in most other countries. Almost half of girls and boys reported heavy drinking (5+ drinks on one occasion) during the previous month. Over half reported being drunk at least once by the age of 16 years and roughly three-quarters said it would be easy for them to obtain alcohol.¹ Adults surveyed in research on public attitudes towards alcohol in Ireland in 2008 showed that 76% agree that it is easy for under 18's to access alcohol in pubs and off-licenses.² In addition a report by the Office for Tobacco Control revealed that the average spend of Irish 16 and 17 year olds on alcohol is €20.9 per week which is a total annual spend by Irish adolescents of 145 million euro³.

Because of the pattern of drinking of younger people, they are at a greater risk of adverse effects related to binge drinking. Evidence shows that young people who start drinking before the age of 15 years are<sup>4</sup>:

- a. 4 times more lively to develop alcohol dependency than those who wait till 21years old
- b. 7 times more likely to be in a car crash
- c. 11 times more likely to suffer unintentional injuries
- d. more likely to have impaired brain development which could cause memory loss because of heavy use of alcohol during teenage years

To help address this problem of underage drinking; the intoxicating liquor act was amended by the insertion of a section 37C which allows the Gardaí to send teenagers of 15-17 years into licensed premises to buy alcohol. If a sale occurs Gardaí can apply for a closure order on the premises for between two and four days and/or a fine of up to €3,000 for a first offence. Second and subsequent convictions can lead to closure orders of up to 30 days and fines of €5,000. This test purchasing of alcohol scheme was signed into law on the 21<sup>st</sup> of September 2010 and commenced implementation on the 1<sup>st</sup> of October 2010 and the objective is to ascertain that a licensee is complying with statutory provisions regarding the sale of alcohol to underage persons in an attempt to further protect minors from alcohol related harm.

The scheme is governed by strict protocols/guidelines which outline the steps to be followed during all stages of test purchasing operations and the manner in which the





welfare of the young person must be protected<sup>5</sup>. The guidelines incorporate the protection standards set out under the Child First Guidelines and ensure the protection of the test purchaser at all stages of the operation. Parental or guardian consent is required for the participation of all test purchasers. Training is provided for test purchasers and the operation is to be cancelled if their safety is compromised in any way. Gardaí must ensure that risk assessment procedures are applied appropriately in each case. These guidelines were drawn up by a working group comprising representatives of the Gardaí, Office of the Minister for Children, Office of Tobacco Control and the Departments of Health and Children, and Justice and Law Reform, and they will be kept under review and revised in light of experience.

The effectiveness of such a programme as well as the moral ability to use children to entrap licensees to commit a criminal act has been questioned; however these concerns are not supported by evidence from other Countries in which similar schemes were introduced; In Scotland in 2007 a similar scheme was rolled out after a successful pilot<sup>6</sup>; evaluation of the pilot revealed that the scheme progressed very smoothly with a majority of licensees arguing that test purchasing should be implemented in tandem with a national proof of age card scheme, and possibly other measures such as increased surveillance and education of retail staff. The volunteers and their parents were very positive about their involvement in the pilot. They argued that the positive factors involved in participating in such a project greatly outweighed any negative factors and there were few grounds for concern for the young people taking part.

Prior to this, test purchasing of alcohol had been introduced in England and Wales in 2001 when the 1964 licensing laws were amended to accommodate the introduction of this scheme. Agencies involved reported; more people were being challenged for age identification by licensed premises and members of staff appeared to have a better grasp of spotting under – 18s and therefore reducing underage sales. Despite this; two challenges were identified:

- 1. Proxy sales; situation in which an adult buys alcohol for a young person
- 2. Licensees only selling to under aged people whom they knew. This problem is being addressed by working in partnership with the licensees, communication campaigns and use of covert surveillance by the police<sup>7</sup>.

An equality impact assessment of test purchasing of alcohol was conducted in Northern Ireland;<sup>8</sup> to provide guidelines for operating procedures this and experiences from England, Scotland and Wales were taken into consideration in the development of this scheme in Ireland. It is anticipated that in Ireland a



similar scheme in relation to delivery of alcohol to homes will be introduced in the near future.

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#### **Further information:**

www.hse.ie sandra.okome@hse.ie

Sandra Okome, Nazih Eldin (Health promotion department HSE Dublin North East Ireland)



### TAKE CARE partners present their organisations

### **Diakonisches Werk im Kirchenkreis Herford (Germany)**

#### What does "Diakonie" stand for?

Deaconry (German: Diakonie) sticks up for others, it is lived charity. Deaconry is the social work of the Protestant Church. Since the faith in Jesus Christ and lived charity belong together, the charitable institutions of the "Diakonie" offer various services. They help people in need or living under socially disadvantageous conditions. They try to remedy the causes of need. Deaconry is derived from the Greek word for service or ministering.

The "Diakonisches Werk" of the Prostestant Church in Germany is a registered non profit organisation. Among its members are the charitable organisations of the 22 established regional churches of the Protestant Church in Germany, nine non-denominational churches with their charitable organisations as well as 81 professional associations coming from various work fields.

These members work in approx. 27,500 independent institutions of different size and legal status with more than one million positions or places for help/support. Altogether they employ more than 435,000 people on full-or part-time basis.

Further the "Diakonisches Werk" comprises approx. 3,600 charitable self-help and support groups. The charitable work is supported by the approx. 18,000 communities of the national and non-denominational churches. About 400,000 employees are working as volunteers in the deaconry.

#### The "Diakonisches Werk im Kirchenkreis Herford e.V.

is one the above mentioned 27,500 independent institutions and provides of many decades of experience in the field of social and advisory work.

Their employees respect the individuality and value of every person and see him/her as a unity of mind, body and soul. The entire person is in the centre of their social services, regardless his/her background, confession and social position.

Salaried and voluntary employees fulfil the tasks of this organisation whose members are the 30 Protestant congregations of the church district Herford. The "Diakonisches Werk Herford" is currently involved in the following work fields:





- Association for guardianships
- Advisory service for handicapped people (single-case advisory service and leisure facilities)
- Open social work for older people (district centres, education and training of volunteers, agency for volunteers)
- Recovery (accompanied trips for seniors and families)
- Community-based deaconry (various offers for groups, visiting services)
- Placement office for mother (father)-child convalescent care and rehabs for women
- Migration expert services
- Advisory service regarding pregnancy, family and sexuality
- National competence centre for gamblers
- Substance abuse counselling
- Counselling for gamblers and their family
- Drugs counselling
- Counselling regarding abuse of alcohol and pharmaceuticals
- Ambulant drug rehabilitation
- Support of self-support groups
- Competence centres for addiction prevention

The Federal State Government of North Rhine-Westphalia (i. e. the largest German federal state, abbreviated as NRW) has started in 1992 transforming the prophylaxis places of the addiction counselling services into competence centres for addiction prevention.

In the meantime the prevention centres (with a minimum of two job positions) have become an important contact point for prevention in the various regions and form an indispensable part of the addiction prevention structure of North Rhine-Westphalia. As a consequence the prevention centres have gained national recognition and serve as model for similar institutions in other federal states.

Drug help in NRW is divided into three pillars: prevention, counselling and clinical treatment. Prevention in the form of a competence centre for addiction prevention presents an independent part within drug help.

#### Tasks of the competence centre for addiction prevention:

- Development and testing of prevention concepts in the individual region
- Planning and realisation of preventive actions and projects
- Offering advice and support in case of initiating, planning and implementation of prevention measures in pedagogic work
- Training for multiplicators (kindergardens, schools, youth work and business)
- Information desks (information and training material as well as special media)
- Promotion of preventive measures (health days, prevention weeks, etc.) and participation in the federal campaign "Addiction always has a history"



- Cooperation with local media (press, local radio station) regarding education on addiction hazards and possibilities of prevention
- Documentation of preventive measures in the region, evaluation and dissemination to interested persons.
- In this sense the competence centre for addiction prevention contributes its part in shaping the local youth, social and health policy.

#### Fields of work and target groups:

The work of the competence centre for addiction prevention refers to the following target groups:

- Family
- Elementary school (nurseries, etc.)
- Youth work and youth welfare (youth recreation facilities, educational and professional services for youths)
- Schools
- Business
- Adult education (adult evening classes, familiy education centres, etc.)
- Health care.

In all a. m. fields the competence centre for addiction prevention is the professional contact for prevention in the region.

#### **Further information:**

Barbara.Geisler-Hadler@dw-herford.de Uwe.Holdmann@dw-herford.de

Barbara Geisler-Hadler (Mitte), Eva Liesche (links), Uwe Holdmann (rechts) Fachstelle für Suchtvorbeugung, Diakonisches Werk Herford, Hämelinger Str. 10, D-32052 Herford





### **Organisation Against Drugs – OKANA (Greece)**

**OKANA** is the central inter ministerial body in the field of drug demand reduction in Greece. It is in charge of the implementation of demand reduction policy at all prevention levels and solely responsible for the operation of the substitution programme.



#### **General Statutory Framework**

OKANA was established pursuant to Law 2161/93 which was passed unanimously by the Greek Parliament, and began operating in 1995 as a legal person that is governed by private law and reports to the Ministry of Health and Social Solidarity.

#### **General Aims of the Organisation**

OKANA's goals are to

- plan, promote, coordinate and implement a national policy on prevention, treatment and rehabilitation of people addicted to drug-related substances,
- address the problem of drug addiction at a national level, provide valid and documented information, and raise public awareness,
- establish and effectively manage prevention centres, treatment units and social and professional reintegration centres.

#### **Partnerships**

Working together with other bodies and organisations inside and outside Greece is for OKANA an invaluable input to the effort of coordinating a coherent philosophy with a strategy complying with current needs so as to avoid overlaps and to optimise resources.

Within Greece, OKANA works together with the Ministries of Health and Welfare, Education and Religious Affairs, Public Order, Justice, Defence, Culture, Labour and Social Security, as well as with treatment bodies, local government authorities, universities, the Greek Documentation and Information Centre on Drugs (EKTEPN), the University Mental Health Research Institute (UMHRI) and other mental health bodies in an effort to coordinate actions focused on prevention and on the need to deal with drug-related problems but, also, to make such actions more effective.

Outside of Greece, OKANA works together with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the Horizontal Working Party on Drugs, the Pompidou Group of the Council of Europe, the Dublin Group, other organisations from EU Member States for the implementation of joint European programmes, as well as with the World Health Organisation and the United Nations.



#### **Prevention Policy**

In the mid-eighties, the Psychiatric Clinic of the University of Athens started off with the first pilot prevention programmes in schools and local communities based on similar programmes in other European countries. These programmes were inspired by the philosophy of a more global approach to drug use prevention that does not focus on use and use-related risks, nor does it seek any immediate gains. It focuses mainly on the causes of the problem, aiming to promote the overall psycho-social health of young people (boosting their self-esteem, mitigating their feelings of loneliness, developing their communication skills, building up their resistance to negative influences and their capacity to make informed decisions about their way of life) through a strict educational process based on modern methods of active learning.

This approach was the mainstay of the first systematic effort to implement prevention programmes in Greece back in 1995, when OKANA came up with a prevention centre development programme for the whole country.

#### **Prevention and Prevention Centres**

When it comes to prevention, OKANA has liaised with local government authorities in order to create an extended network of Prevention Centres all over Greece alongside several treatment and social reintegration programmes meeting the different needs of addicted persons.

OKANA has established 71 Prevention Centres which operate as non-profit organizations and are managed by a board of directors of statutory and non-statutory local services. OKANA forms a 3 year contract with the Prevention Centres, has the full responsibility and supervision of the scientific programme and its evaluation, while it also supports them financially.

One such Prevention Centre is "Hippocrates" in the island of Kos, which participates in the "Take Care" programme.

#### Presentation of "HIPPOCRATES" prevention center Kos Island-(Greece)

Prevention Centres, such as "HIPPOCRATES" (www.kpippokratiskos.gr), implement prevention programmes based on the philosophy of <u>health</u> education and promotion in order to raise the awareness of local communities and their bodies, and to involve them in the prevention effort.

"HIPPOCRATIS" Prevention Centre programmes are addressed to:

- Parents
- School children and adolescents
- Professionals coming into direct contact with the problem (teachers, professors, coaches, policemen, health professionals, priests, Army officers etc.)
- Sports clubs and teams
- Special population groups (minority groups, prisoners etc.)



#### • The broader community

The scientific team consists of three sociologists and one neurologistpsychiatrist who is the scientific director.

Depending on our target group, our interventions aim to:

- empower, support and train young people so that they opt for a more positive attitude, and develop skills and behaviours against addictive substance use
- provide counselling and support to families in order to strengthen the role of parents, and to improve communication
- raise the awareness of teachers and professors about prevention, and strengthen their pedagogical role and their relationship with their pupils
- keep the stakeholders informed on current treatment programmes
- inform, raise the awareness and involve the broader local community

Based on our experience, working in the field of prevention all these years, we strongly believe that it is "better to prevent than to cure", as Hippocrates, the "father" of medicine used to say.

The effectiveness of prevention can only be evident in the long run. And that's because prevention means:

- Making the right choices
- Being able to communicate with others
- Being open-minded to new information
- Realizing that problems can and must be solved without the use of any substance
- Being ready to change attitude towards life itself!

#### **Further information:**

www.okana.gr n.georgala@okana.gr

Niki Georgala, Athina Bakos, Nikiforos Farkonas, Maria Lambrou



#### **News**

### "bunt statt blau" - a poster action against binge drinking

In Germany more and more children and adolescents are taken to hospital with an alcohol intoxication. In the year 2008 approx. 25,700 children, youngsters and adolescents aged between 10 and 20 years were counted – an increase of 170 % compared to the year 2000.

It is against this background that the German health insurance company DAK has started their poster action "bunt statt blau – Kreativ gegen Komasaufen" (coloured instead of boozed – creativity against binge drinking). This poster action raised high interest with many young people. In spring 2010 approx. 8,000 pupils took part in this action with colourful paintings and cool messages, dealing with the topic of binge drinking in a critical way. The posters which rank among the 16 best posters can be seen in a touring exhibition at many German schools now, combined with information material about the risks of binge drinking. The German commissioner on drug-related issues.

there will be lively discussions in German classes about a responsible alcohol consumption and the risks of binge drinking on the occasion of the exhibition.

The DAK is going to continue the action in the forthcoming

Mechthild Dyckmans, patron of this action, hopes that

The DAK is going to continue the action in the forthcoming year.



www.buntstattblau.de www.presse.dak.de

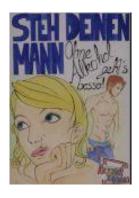
#### Kathrin Horre



1. place: Daniela Herbst (17) & Janine Conrad (16)



2. place: Philipp Della Pina (17)



3. place: Deborah Haarmeier (17)