# Strategies towards responsible alcohol consumption for adolescents in Europe

## **TAKE CARE Newsletter 5**

December 2011

TAKE

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LWL-Koordinatio Internet: <b>Responsibl</b>	AKE CARE c/o Landschaftsverband Westfalen-Lippe onsstelle Sucht, Warendorfer Strasse 27, D-48133 Müns : www.project-take-care.eu , e-mail: kswl@lwl.org e: Wolfgang Rometsch (wolfgang.rometsch@lwl.org) or's board: Nadja Wirth (nadja.wirth@lwl.org)	ster

Kathrin Horre (kathrin.horre@lwl.org)



## **Reports from the Project Coordination**

**Over the hump!** 

Milestones and Results of the first half of TAKE CARE's project duration

In August 2011, the first of the project duration of TAKE CARE has been reached. This gives a chance to outline the central milestones and results that have been achieved so far. All readers are invited to get further information through the given web links.

Report about Rapid Assessment and Response (RAR)

The ten partners of TAKE CARE have been drafting country reports, which have been recapped by the project coordinator. This summary can be obtained as a free download and reports about the following topics:

- overview about the legislation regarding the protection of the youth in the respective partner countries;
- respective culture-specific and social relevance of alcohol;
- requests of the four target groups (adolescents, parents, key-persons and employees in retail) regarding offers related to prevention of addiction;
- national good practice projects

#### Draft manual as a base for the conceptual and practical implementation of the interventions

The TAKE CARE project application described methods that have been implemented successfully in prior contexts ("original project" SeM of LWL-KS and the training session for employees in retail (CAD Limburg)).

These methods have been adapted to the European requirements, according to the results of the RAR country reports.

Name of TAKE CARE-Intervention	Target Groups	
ro.pe-Training <sup>©</sup>	adolescents	
Homeparty	parents	
Key Training	key-persons	
First rate retailer tools	employees in retail	

The draft version of the TAKE CARE manual is for internal use only.



#### Further training of two TAKE CARE experts each in those four types of interventions

In each of those intervention approaches, two prevention experts of the partner organisations received further training, in South Tyrol in March 2011. Eight instructors have been available to the experts during the one-week-training.

#### Development of evaluation tools by a scientific institute

A concept for the evaluation of TAKE CARE (see the special report in this newsletter issue), as well as standardised questionnaires for the four target groups have been developed by the mandated institute PHZ, Zurich/Switzerland.

#### Public relations

In addition to the general public relation by the respective partners the following material have been developed:

- Regular newsletters
- Flyer with general information
- **>** Brochure about the intermediate results of TAKE CARE
- Regular updating of the TAKE CARE-Homepage
  - www.project-take-care.eu

Nadja Wirth

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#### Sixth Meeting of the Steering Group

The steering group of the TAKE CARE project held another working session on 31st August 2011 in Münster. As a reminder, the steering group is formed by the following persons:

- Klaus Nothdurfter, Youth Office/South Tyrol (in charge of the implementation of the work package 3, the evaluation in TAKE CARE);
- Carlo Baeten, CAD Limburg/Belgium (in charge of the work package 8, interventions for employees in retail "first rate retailer tools";
- Wolfgang Rometsch, LWL-KS (project director)
- Nadja Wirth, LWL-KS (project coordinator)
- in advisory capacity: Walter Kern-Scheffeldt, executive of the mandated research institute PHZ/Switzerland



The main topic of the meeting has been the responses of the partners regarding the ro.pe-Pilot-Training<sup>©</sup>. Overall, the experts have been very satisfied with the performance during this first "try-out process" of the intervention with adolescents showing a risky consumption of alcohol. For further ro.pe-Trainings<sup>©</sup> there should be a focus on the adaption of the exercises with regard to the specific circumstances, such as gender-specific aspects, cognitive skills or the age of the participating adolescents. Furthermore, an emphasis should be on the – as far as possible – consistent structural implementation of the intervention (1 x 4 days with three over-night stays or 2 x 2 days with two over-night stays).

Further information about the implementation of the first ro.pe-Trainings<sup>@</sup> in different countries can be found in the table in the following article.

Nadja Wirth

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## "Try-out-process" of ro.pe-Pilot-Training<sup>©</sup> successful

Between May and July 2011, partners have been running the first "try-out process" of the ro.pe-training<sup>©</sup> with adolescents from selected environment-oriented sphere. There are reports about this training: their central aspects have been put in an overview in the following table:

- 1. Has the ro.pe-Pilot-Training<sup>©</sup> been run between May and July 2011?
- 2. How many adolescents registered for the ro.pe-training<sup>©</sup>? / How many completed the training regularly? (Remark: group size should be 12-15 participants maximum)
- 3. Which people or institutions transferred adolescents to the ro.pe-Training<sup>©</sup>?
- Evaluation of partners whether the ro.pe-Training<sup>©</sup> is suitable for achieving the goals mentioned in the concept.
   (Scaling between 1 and 10 (1 ves very suitable" to 10 no. not suitable at all"))

(Scaling between 1 and 10 (1 = "yes, very suitable" to 10 = "no, not suitable at all"))

# Strategies towards responsible alcohol consumption for adolescents in Europe

PARTNER	1. Ran a training	2. Registered P/P when completed	3. Referred by whom	4. Achieved goal?
CAD Limburg Belgium	yes	11/8	<ul> <li>school</li> <li>homeless shelter for young adults</li> </ul>	2
SSP Denmark	yes	9/4	<ul> <li>recruitment by TAKE CARE prevention experts in school classes</li> </ul>	2
DW Germany	yes	12/12	<ul> <li>social workers at schools</li> <li>head teacher</li> <li>parent-teacher conference at a school</li> <li>For boys: 2</li> <li>For girls: 7</li> </ul>	
OKANA Greece	yes	13/13	<ul> <li>teacher</li> <li>parents</li> <li>friends</li> </ul>	1
HSE Ireland	yes	15/9	<ul> <li>coordinators from youth 4</li> <li>centres</li> </ul>	
Youth Office, Italy	no			
IREFREA Portugal	yes	11/9	<ul> <li>teacher</li> <li>social workers at schools</li> <li>psychologists at schools</li> </ul>	
Preventia V&P Slovakia	yes	11/10	<ul> <li>school counsellors</li> <li>teachers in special needs education</li> </ul>	
PH Institute Slovenia	yes	11/9	> school	3
Kenthea Cyprus	yes	14/12	<ul> <li>teacher</li> <li>school counsellor</li> <li>media</li> </ul>	3
				(average: 2,88)

The participating adolescents universally emphasised the climbing and the positive group experience as a high light of the training. Recommendations for improvement by the TAKE CARE experts in charge have been the use of visualisations, for instance (limits for risky amounts of alcohol and effects and risks of alcohol), more intermissions and the integration of more getting-to-know-you exercises and group mingling.

Nadja Wirth

**Further information:** 

TAKE

nadja.wirth@lwl.org



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#### **Project Managers and Experts Meeting in Cyprus**

The practical testing of the multilevel approach of TAKE CARE is running at full speeds in the participating countries. In order to support the partners in this important period of the project as much as possible, in addition to the coaching visits, a conjoint workshop will be hosted in Paphos/Cyprus from 7<sup>th</sup> to 10<sup>th</sup> February 2012.

This workshop is going to focus on the exchange and discussion of the status of implementation of TAKE CARE's multilevel approach; it should also enable learning from each other. The project manager and one expert will be invited from each country.

Kathrin Horre

#### **Further information:**

kathrin.horre@lwl.org

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### TAKE CARE partners introduce themselves

#### **RPHI Maribor (Slovenia)**

The Centre for drug prevention (CPO) is a public social program, established in 1996. It functions under the Regional Institute of Public Health Maribor and is supported by the Ministry of social work, City community Maribor and surrounding areas.



The Centre for drug prevention is a high-level drug abstinence program, which means that the goal of the program is establishment of the wholesome abstinence from alcohol and illicit drugs, without taking substitute therapy. Our work includes a direct counselling work within individual therapy and group therapy.

Target group of the Centre of drug prevention is mostly young people aged 14 till 40, who still have the support from their social network. That can be addicted persons, youngsters, who experiment with drugs, family members, partners and key persons in user's lives, and volunteers, who represent ones important and non-dangerous network.



The person, included in rehabilitation in our centre, remains in home environment through the whole program and comes to the treatment, as the main goal is social inclusion and reintegration.

The program of rehabilitation has 5 goals:

- maintaining a stable abstinence in relation to non legal drugs and alcohol,
- education of the user or employment according to individual skills and motivation,
- establishment of a new, safe social support network,
- quality usage of free time and,
- creation of a positive family atmosphere.

The structure of the program:

- Admission centre, where we offer anonymous telephone advising and perform the motivational activities that lead to the inclusion into the appropriate programs.
- Social rehabilitation of the addicts the program lasts approximately 2 years. Direct counselling is conducted within individual therapy and group therapy. The aim of the program is identification of risk factors, developing skills and behaviour patterns for dealing with risk situations, structure their free time, daily activities and in order to prevent relapse, learning to act responsible, maintenance of abstinence and new life style.
- Social rehabilitation of experimentators and occasional drug users the program lasts approximately 1 year. Target group is young people who experiment with illicit drugs (mainly cannabis) with already existing behaviour and development disorders and first acts of delinquency.
- Parallel family therapy is for the relatives, partners and key persons of drug users in our program, as well as to those family members, whose relative does not won't to get better and is not involved in any program. It offers help and support in dealing with acceptance of addiction/drug use in the family, appropriate response to addicted family member, their role in prevention of the relapse and emotional distress related to the drug issue in the family.
- FreD goes net early intervention for first noticed drug and alcohol users, which is held in the form of courses. The main focus is on developing awareness of the risks associated with drug use.
- Project activities we monitor different projects with the aim to enter innovations in our work to improve the efficiency of the work in our professional field. So we joined to the European project TAKE CARE we want later to implement as a part of our regular activities.



Our work also represents:

- working with institutions,
- having different prevention workshops for youth, teachers as well as parents in primary and secondary school,
- drawing, dancing and creativity workshops,
- rising the awareness of public in the matter of drug problems,
- writing articles and appearing in media...

The team of workers in our centre consists of 6 members who are different professional profiles – pedagogic worker, psychologist, sociologist, and social worker. This is very important, because it allows a multidisciplinary approach to each individual. The experts of the team regularly attend different seminars, conferences and monthly they attend the external expert supervision.



Breda Lukavečki Družovec Karin Breznik

#### **Further information:**

http://cpo.zzv-mb.si/ igor.krampac@zzv-mb.si breda.lukavecki@zzv-mb.si Karin.breznik@zzv-mb.si

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### SSP & Prevention in Esbjerg Commune (Denmark)

SSP and Prevention count a total of 11 permanent employees. We belong to the organizational management "Children and Culture" in Esbjerg Commune.



Esbjerg Kommune

#### What is SSP?

SSP is a collaboration between:

- Schools
- Social authorities
- Police

In Esbjerg Commune the coordination of the overall cooperation is located within the department SSP & Prevention, which is housed in Skolegade 39, in Esbjerg. Besides the main office SSP & Prevention has local offices in Bramming and Ribe, each manned by one SSP consultant.

SSP & Prevention provides a number of varied tasks with a focus on welfare and wellbeing of children and young persons in Esbjerg Commune. Some of our key partners include the police, schools, youth clubs, social services, volunteers and professionals in the local areas.

#### What are our goals?

We work to secure and strengthen:

- Continued development of a systematic and focused approach within the addiction and crime prevention field
- A formalized interdisciplinary collaboration on the secondary prevention of the damage that has not yet happened - or is limited
   As a side effect, it is also our goal to reduce resource consumption in the abuse & crime, therapeutic sectors.

Our primary target group is the 13-18 year olds.

#### What can SSP & Prevention offer?

- anonymous counselling and guidance to the under 18 year old children and adolescents and their parents about, drug/alcohol abuse and crime among other things
- outreach on street level in the 6 districts of the Commune,
- a task provided by the local SSP-consultant
- guest teacher function in community schools, primarily 6th-9th classes, with a optional





parents networking events preformed by the Prevention-consultants

- advice/counselling to other professionals working with children and young people
- Check Point a "drop in" meeting place for young people based in Skolegade 39, Esbjerg.
- An anonymous and free text message service called "SMASH" where you can sign up to receive two text messages a day for almost 30 days. You can choose to receive text messages with facts/ knowledge about alcohol, cannabis or other drugs, or you can receive text messages of support if you want to stop using cannabis or other drugs.

#### **Check Point**

Check Point is a meeting place for 12-18 year olds, where there is opportunity to:

- get information on leisure activities in Esbjerg
- talk about alcohol and drugs
- talk to an adult about what is difficult maybe the situation at home with mum/dad, siblings, problems with friends or boy/girlfriend issues
- or just a game of foosball or Wii
- what may prove necessary such as homework, girl groups, sexuality, etc.

The young people who visit Check Point has influence, and therefore the opportunity to make there own proposals in relation to their own needs.



In addition, Check Point is current being used as a base for the youth democracy project in Esbjerg Commune.

Check Point is open Mondays-Thursdays at 14-17.

#### We also have seasonal offers, such as

- "fireworks campaign" before new years eve
- "last day of school celebrations" at the end at elementary school
- "Blue Action Card" whish is five action packed Mondays in the spring - for the seventh graders whom has the choice of being "confirmed"





#### Time - limited projects and staff



#### Active Leisure

is a four-year project, which among other ...

- aims to help highly disadvantaged children and young people aged eight to 18 years in association activities
- will advise, guide and support children, young people and their parents in relation to getting an active leisure
- will help to increase vulnerable children and young people's physical activity
- will give vulnerable children and young people a positive place to identify and relate to peers
- will help to ensure greater parental support
- includes an education for and in close collaboration with the voluntary sector
- is rooted in the SSP and Prevention in Esbjerg Commune
- is financed by the Ministry of Social Affairs with € 698.000,00
- has two full-time recreation supervisors to perform the tasks

#### - and of course TAKE CARE

Tanni and I have just finished one of our ro.pe trainings<sup>©</sup> with a great group of teenagers. Here are a few pictures we would like to share with you all.



Charlotte Pødenphant

Further information: chp@esbjergkommune.dk

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## **Further Topics**

### TAKE CARE – an Intervention Project and its Evaluation

# PH Zürich 💻

This evaluation of the TAKE CARE project has several components: The main one is the evaluation of the project goals (pre-post-surveys). Additionally however, the evaluators observe the interventions in action and participate in meetings discussing the project regularly. This process leads to optimization of the project by providing evaluation feedback throughout the development of the project. The following notes explain the methods.

Background of the TAKE CARE project :	Background of the evaluators:	
<ul> <li>Binge drinking by 33% of adolescents in Europe (Eurobarometer 2010)</li> <li>Adolescents are not aware of dangers and risks of such alcohol consumption and are not aware of the laws about these issues</li> <li>Secondary prevention concepts are rarely known</li> </ul>	<ul> <li>Expertise in public health models and in prevention-related approaches that are relevant for the project</li> <li>Expertise in flexible evaluation through both pragmatic feedback and scientific approach</li> </ul>	

With this professional background and process, we support the project as it refines its content.

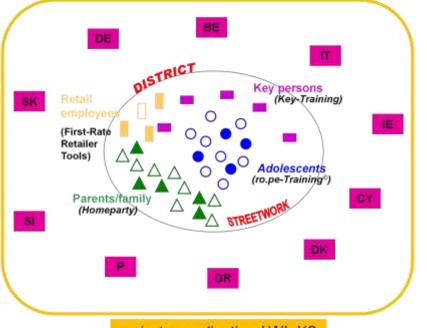
TAKE CARE project goals :		Goals of the evaluation :		
	Reduce alcohol consumption and subsequent health problems of adolescents and young adults in the 10 participating countries.	<ul> <li>Empirical results for the following questions:</li> <li>Are target groups reached in every country?</li> </ul>		
4	Support adolescents and young adults in order to deal responsibly with alcohol. Strengthen their ability to deal safely with risk.	<ul> <li>Are the interventions accepted by participants?</li> <li>Are the interventions effective?</li> <li>Can the course of the project be</li> </ul>		
	Support parents and other keypersons to develop a clear and reflective personal position concerning alcohol consumption of the adolescents.	<ul> <li>optimized?</li> <li>Is a multi-level approach feasible and effective?</li> <li>Participatory and interactive process:</li> </ul>		
>	Retailers and salespeople are educated in how to deal effectively with difficult	Some elements of the evaluation are being developed with the involved partners and		



but frequent selling situations and to actually follow the statutory regulations for alcohol sales. target groups.

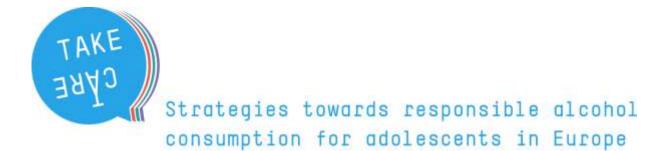
During the course of project, the findings of the evaluation are reported regularly to the project coordinators and intervention partners of the 10 countries.

# The interactive and participatory nature of the evaluation process provides a substantial amount of information in order to optimize the project.



project co-ordination LWL-KS

TAKE CARE target groups :	Stakeholder of the evaluation:			
Adolescents	Principal steering group			
<ul><li>Parents</li><li>Key persons</li></ul>	Designated person of the steering group responsible for the evaluation			
Retailers and sales people	<ul> <li>Project coordinators of LWL in Münster (D)</li> </ul>			
	<ul> <li>Intervention partners in the 10 countries</li> </ul>			
	<ul> <li>Target groups in every country (adolescents, parents, key persons, retailers)</li> </ul>			



#### The evaluators interact with every group of stakeholders including project management and target groups for the interventions. This guarantees a broad-based evaluation of the feasibility and impact of the project.

TAKE CARE interventions :	Methodical approach of the evaluation:
ro.pe Training <sup>©</sup> Homeparties	→ Questionnaire-surveys with every target group, partly at multiple time points
Training of the key persons 'First rate retailer tools'	→ Careful evaluation of documents to validate the analysis of data and the analysis of other material as intervention manual etc.
	→ Semi standardized survey of relevant information by workshop modules, telephone interviews, written feedback from the partners
	→ Participation in meetings of the principal steering group and in workshops located in different participating nations in order to exchange information and reflect on the evaluation results.

The complete evaluation must integrate the standards of social science research methodology with a practice and outcome oriented approach. This is quite challenging. Besides the quality criteria such as validity, reliability and objectivity, communication and transparency are also important.

Course of the TAKE CARE project			Course of the evaluation
Development of interventions Agreement / communication	Kick off meeting March 2010		Placing criteria of scientific effect analysis for the implementation of the
concerning project goals, target groups, group sizes,	Research on good practice projects		interventions (e.g.
programming,	Workshop I (evaluation & RAR) June 2010	K	concerning multilevel approach)
Instruction for the people leading the interventions	Drafting the manual (prototype)	K	Instruction of partners concerning methods of
Implementation of the interventions	Workshop II (training on methods) March 2011		evaluation Ongoing feedback for
interventions by exchanging	Practical testing in the partner countries Workshop III (exchange of experiences) February 2012		partners concerning (intermediate) results of evaluation





# The ongoing evaluation process formatively supports the course of the project over time by being integrated into the project development at different feedback steps.

Sincere **THANKS** are given to **ALL PARTICIPANTS AND PARTNERS**. Thank you to the intervention partners in all countries, the project coordination in Münster, the principal steering group, as well as to the adolescents, parents, key persons and the retail employees in all countries!

Walter Kern-Scheffeldt Michael Frais Esther Kirchhoff (Zurich University of Teacher Education, Switzerland)

#### **Further information:**

phzh.takecare@phzh.ch

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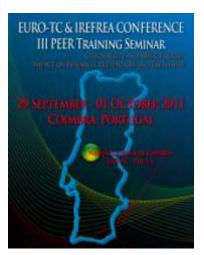
#### TAKE CARE presented at EURO-TC & IREFREA Conference

The annual EURO-TC & IREFREA conference took place Coimbra/Portugal between 29th September and 1st October 2011 this year. It was titled "Civil Society and Drug Policies – Impact on Research, Prevention and Treatment". Around 80 experts from all over Europe came together. The co-operation of these two networks, one representing the field of treatment, the other one the field of prevention, enabled a vibrant exchange from different perspectives.

# Strategies towards responsible alcohol consumption for adolescents in Europe

Topics of focus of the conference have been "Role of Civil Society for European Drug Policies", "Prevention and Research", "Treatment and Research", "Effects of Harm Reduction", treatment: "Substitution, Recovery and Integrative Approaches" and "Peer Education".

Unfortunately, I could only join at the second day of the conference. Obviously, there was a great intimacy among colleagues. Many of them know each other from a long-running, good and motivating collaboration. Still, also the new participants have been welcomed. Overall, there was an atmosphere, in which things could be discussed with respectful appreciation, but also critically. I have been able to bring many suggestions back to Germany.



The presentation of the TAKE CARE project had been scheduled for the topic group "Peer Education" at the end of the conference. Walter Kern-Scheffeldt (PHZ, Zurich/Switzerland) presented his hitherto research results about peer education in his introductory contribution. TAKE CARE, which is a project directed towards social environments in the first place, fit very well into this sequence. The ro-pe-Training<sup>®</sup> with adolescents as well as the home parties with information for parents very likely have an effect on groups of the same age. Even if this is not the defined goal, it is a positive side effect, if the offers are well received.

In another project of LWL-KS, the federal pilot project Eltern.aktiv, we just learned from interviewing parents that parents do not consult experts in the first place. They ask for support of friends or family, if their children have a drinking problem or smokes weed. Perfect, if not ideological attitudes but knowledge is the base of advice.

In addition to many substantial inputs, I also learned that Coimbra is said to be the oldest university in Europe; a really magnificent, impressing building. And now I also know what "Fado" is. But I do not explain that here. Readers should find out themselves.

#### **Doris Sarrazin**

**Further information:** 

www.euro-tc.org

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#### Announcement

Already today, we would like to draw the attention of all TAKE CARE supporters and other people interested to the fact that the project results will be presented as part of an international congress on **24th and 25th October 2012 in Münster/Germany**. In addition to the presentation of the TAKE CARE concept and the project results, further topic groups regarding prevention and cooperation will be introduced. We will be pleased, if you could put down these dates in your calendar right away. You will be provided with further information in due time by us.

Kathrin Horre

Further information:

kathrin.horre@lwl.org

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We wish all readers that they will have a peaceful festive season. We would like to thank all project partners, mentors and supporters for a good and successful collaboration in 2011. For all of you, 2012 may be a successful year as well!

The TAKE CARE coordination team

